

2020

Formulary/ Formulario

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

Ohio

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 The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

MolinaMarketplace.com



Your Extended Family.

Legend

What are the Requirements and Limits on the drug list?

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

Requirements/Limits	Description
AGE	Age limits apply. We only pay for this drug or dosage form for certain age groups based on information about the drug's safety, efficacy, and cost.
MED	Morphine Equivalent Dose limits apply. Quantities of this drug are limited to the equivalent ("EQ") of 80 milligrams of morphine per day of supply filled.
OTC	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
PA	Prior Authorization is required. We require advanced approval of coverage on some drugs before they will be paid for. If Prior Authorization is required for a drug or dosage form, providers must show you have a medically accepted use for the drug and other treatments have not worked or are not appropriate. Other requirements may apply depending on the drug.
QL	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
ST	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

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

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

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

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

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

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

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

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

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

Leyenda

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

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

Requisitos/límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la efectividad y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 80 miligramos de morfina al día de suministro adquirido.
OTC	Las formas farmacéuticas de venta sin receta están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere Autorización previa. Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican límites de cantidad. Pagaremos por un monto máximo diario según la información acerca del uso y del costo aceptados por razones médicas del medicamento.
ST	Se requiere Terapia escalonada. Si hemos pagado para que tenga el(los) medicamento(s) de Terapia escalonada necesario(s) anteriormente, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de Terapia escalonada o Autorización previa. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

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

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

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	MAIL, PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	MAIL, PA
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	MAIL, PA
<i>mefenamic acid cap 250 mg</i>	Tier 3	MAIL, PA
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 4	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 80 mg Morphine EQ Dose per day

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

Drug Name	Drug Tier	Requirements/Limits
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 325 mg (Acephen)	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC
SALICYLATES		
aspirin chew tab 81 mg (St Joseph Low Dose Aspiri)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab 325 mg (Sm Aspirin)	Tier 1	OTC, MAIL
aspirin tab delayed release 81 mg (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
aspirin tab delayed release 325 mg	Tier 1	OTC, MAIL
diflunisal tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
salsalate tab 500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
salsalate tab 750 mg	Tier 1	QL (120 tabs / 30 days), MAIL
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
codeine sulfate tab 30 mg	Tier 1	QL (360 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

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

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	Tier 3	PA; MED
HYSINGLA ER TAB 20 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 30 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 40 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 60 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 80 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 100 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
HYSINGLA ER TAB 120 MG (<i>hydrocodone bitartrate</i>)	Tier 3	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>NUCYNTA ER TAB 50MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA ER TAB 100MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA ER TAB 150MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA ER TAB 200MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA ER TAB 250MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA TAB 50MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA TAB 75MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>NUCYNTA TAB 100MG (tapentadol hcl)</i>	Tier 3	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 3	PA; MED
OXYCONTIN TAB 10MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 3	PA
<i>oxandrolone tab 10 mg</i>	Tier 3	PA
ANDROGENS		
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
VASODILATING AGENTS		
<i>RECTIV OIN 0.4% (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
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg (Sm Foaming Antacid)</i>	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)</i>	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)</i>	Tier 1	OTC
<i>MI-ACID CHW (calcium carbonate-mag hydrox)</i>	Tier 1	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)</i>	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)</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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 3	PA
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
NEBUPENT INH 300MG (<i>pentamidine isethionate</i>)	Tier 3	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 3	
<i>trimethoprim tab 100 mg</i>	Tier 1	
XIFAXAN TAB 200MG (<i>rifaximin</i>)	Tier 4	PA
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
ALINIA TAB 500MG (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL
ANTI ANXIETY AGENTS		
<i>ANTI ANXIETY AGENTS - MISC.</i>		
<i>bupirone hcl tab 5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	AGE, QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 3	QL (90 tabs / 30 days)

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

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	MAIL, PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
--	--------	------

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 30 days), MAIL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER (<i>albuterol sulfate</i>)	Tier 2	QL (8.5 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL AER HFA (<i>albuterol sulfate</i>)	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER (<i>albuterol sulfate</i>)	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.

XANTHINES

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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

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

Drug Name	Drug Tier	Requirements/Limits
<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
DIRECT FACTOR XA INHIBITORS		
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
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 4	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 4	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 4	QL (36 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QL (30 vials / 30 days), PA; Max 14 day supply then PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 4	PA
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 4	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
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
ANTICONSULSANTS		
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	
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<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)
VALTOCO LIQ 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
ANTICONSULSANTS - 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
BANZEL TAB 400MG (<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 80 mg Morphine EQ Dose per day

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 225MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
<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 3	MAIL
<i>felbamate tab 400 mg</i>	Tier 3	MAIL
<i>felbamate tab 600 mg</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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 12 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 16 mg</i>	Tier 3	MAIL
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 4	QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	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
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
ANTI DEPRESSANTS		
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

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	MAIL, PA
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	MAIL, PA
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amoxapine tab 25 mg</i>	Tier 1	MAIL
<i>amoxapine tab 50 mg</i>	Tier 1	MAIL
<i>amoxapine tab 100 mg</i>	Tier 1	MAIL
<i>amoxapine tab 150 mg</i>	Tier 1	MAIL
<i>clomipramine hcl cap 25 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 50 mg</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>clomipramine hcl cap 75 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>desipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>desipramine hcl tab 75 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>desipramine hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>doxepin hcl cap 10 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 25 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 50 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>doxepin hcl cap 75 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 100 mg</i>	Tier 1	AGE, QL (90 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl cap 150 mg</i>	Tier 1	AGE, QL (60 caps / 30 days), MAIL; AGE (Max 64 years)
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>imipramine hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	MAIL

ANTI-DIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>miglitol tab 25 mg</i>	Tier 3	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA
SYMLINPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
glyburide-metformin tab 5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
JANUMET TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 (linagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 (linagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 (linagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (linagliptin-metformin hcl)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (linagliptin-metformin hcl)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-500MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-500MG (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
<i>BIGUANIDES</i>		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (<i>glucagon hcl (rdna)</i>)	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
PROGLYCEM SUS 50MG/ML (<i>diazoxide</i>)	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)	Tier 2	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
INSULIN		
ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
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.

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
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (6 pens / 30 days), MAIL
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 FLEXTUOC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
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
<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

Drug Name	Drug Tier	Requirements/Limits
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

CHEMET CAP 100MG (<i>succimer</i>)	Tier 3	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	PA
FERRIPROX TAB 500MG (<i>deferiprone</i>)	Tier 4	PA
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	Tier 4	PA

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 30 days)

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)	Tier 3	PA
CESAMET CAP 1MG (<i>nabilone</i>)	Tier 3	PA
<i>dronabinol cap 2.5 mg</i>	Tier 3	PA
<i>dronabinol cap 5 mg</i>	Tier 3	PA
<i>dronabinol cap 10 mg</i>	Tier 3	PA
<i>fructose-dextrose-phosphoric acid oral soln</i> (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG (<i>isavuconazonium sulfate</i>)	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

ANTI HISTAMINES

ANTI HISTAMINES - ALKYLAMINES

<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy)	Tier 1	OTC
<i>chlorpheniramine maleate tab 4 mg</i> (Eq Chlortabs)	Tier 1	OTC
<i>chlorpheniramine maleate tab er 12 mg</i> (Chlorphen Sr)	Tier 1	OTC, QL (60 tabs / 30 days)
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i> (Ryclora)	Tier 1	

ANTI HISTAMINES - ETHANOLAMINES

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
<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; AGE (Max 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	AGE; 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; 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	AGE, 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 3	QL (30 tabs / 30 days)
<i>fexofenadine hcl tab 60 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<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	AGE, 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, AGE, 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)
ANTI-HISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl suppos 12.5 mg</i>	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl suppos 25 mg</i>	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	MAIL, PA
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40- 75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 5	QL (30 tabs / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>lovastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>lovastatin tab 40 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 40 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>pravastatin sodium tab 80 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1

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

Drug Name	Drug Tier	Requirements/Limits
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

NICOTINIC ACID DERIVATIVES

<i>niacin (antihyperlipidemic) tab 500 mg</i> (Niacor)	Tier 3	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 3	QL (120 tabs / 30 days), MAIL

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 4	PA
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>telmisartan tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)	Tier 3	MAIL, PA
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (<i>mecamylamine hcl</i>)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 4	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 4	PA
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 4	PA
<i>temozolomide cap 20 mg</i>	Tier 4	PA
<i>temozolomide cap 100 mg</i>	Tier 4	PA
<i>temozolomide cap 140 mg</i>	Tier 4	PA
<i>temozolomide cap 180 mg</i>	Tier 4	PA
<i>temozolomide cap 250 mg</i>	Tier 4	PA
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	PA
ANTINEOPLASTIC - ANTIBODIES		
RITUXAN INJ 100MG (<i>rituximab</i>)	Tier 4	PA
RITUXAN INJ 500MG (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 4	PA
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 4	PA
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 4	PA
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 4	QL (30 per 30 days), PA
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 4	QL (30 per 30 days), PA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	QL (120 per 30 days), PA
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA
<i>exemestane tab 25 mg</i>	Tier 3	MAIL, PA
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 3	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>nilutamide tab 150 mg</i>	Tier 4	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 4	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 4	PA
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (49 per 28 days), PA
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (70 per 28 days), PA
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	QL (91 per 28 days), PA
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 4	QL (90 per 30 days), PA
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA
AFINITOR TAB 2.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 7.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA
ALECENSA CAP 150MG (<i>allectinib hcl</i>)	Tier 4	QL (240 per 30 days), PA
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 4	QL (120 per 30 days), MAIL, PA
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 4	QL (60 per 30 days), PA
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 4	QL (30 per 30 days), PA
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (90 per 30 days), PA
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (60 per 30 days), PA
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (120 per 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 2.5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 7.5 mg</i>	Tier 4	QL (30 per 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	QL (60 per 30 days), PA
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (60 per 30 days), PA
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	QL (90 per 30 days), PA
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (30 per 30 days), PA
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (30 per 30 days), PA
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 4	QL (120 per 30 days), PA
RUBRACA TAB 200MG (<i>rucaparib camsylate</i>)	Tier 4	PA
RUBRACA TAB 250MG (<i>rucaparib camsylate</i>)	Tier 4	PA
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	QL (90 per 30 days), PA
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 4	QL (90 per 30 days), PA
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 4	QL (120 per 30 days), PA
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 4	QL (60 per 30 days), PA
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 25MG (<i>erlotinib hcl</i>)	Tier 4	QL (90 per 30 days), PA
TARCEVA TAB 100MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 150MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	Tier 4	QL (180 per 30 days), PA
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	QL (120 per 30 days), PA
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	QL (90 per 30 days), PA
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	QL (120 per 30 days), PA
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	PA
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG (<i>palifermin</i>)	Tier 4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
<i>APOKYN INJ 10MG/ML (apomorphine hydrochloride)</i>	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.25 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.5 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.75 mL / 30 days); AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.875 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.315 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.75 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (2.65 mL / 90 days); AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 3 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 6 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 9 mg</i>	Tier 3	MAIL, PA
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 3	AGE, QL (60 ea / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	AGE, QL (480 mL / 30 days), MAIL; AGE (Min 5 years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
<i>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	MAIL, PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (1.6 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (2.4 mL / 30 days); 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 80 mg Morphine EQ Dose per day

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RESCRIPTOR TAB 200MG (<i>delavirdine mesylate</i>)	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML (<i>maraviroc</i>)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (<i>maraviroc</i>)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (<i>maraviroc</i>)	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB (<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (<i>dolutegravir sodium</i>)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG (<i>cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG (<i>didanosine</i>)	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
FOSCAVIR INJ 24MG/ML (<i>foscarnet sodium</i>)	Tier 3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL (<i>entecavir</i>)	Tier 3	PA
DAKLINZA TAB 30MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
DAKLINZA TAB 60MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
<i>entecavir tab 0.5 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)	Tier 3	QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 4	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB (<i>ombitasvir-paritaprevir-ritonavir</i>)	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 4	QL (28 tablets / 28 days), PA
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 4	QL (28 tablets / 28 days), PA
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
oseltamivir phosphate for susp 6 mg/ml (base equiv)	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE (zanamivir)	Tier 2	QL (2 inhalers / year)
rimantadine hydrochloride tab 100 mg	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (baloxavir marboxil)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (baloxavir marboxil)	Tier 2	QL (2 tabs / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol tab 3.125 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 6.25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
carvedilol tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
labetalol hcl tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
labetalol hcl tab 200 mg	Tier 1	QL (120 tabs / 30 days), MAIL
labetalol hcl tab 300 mg	Tier 1	QL (180 tabs / 30 days), MAIL
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	Tier 1	MAIL
acebutolol hcl cap 400 mg	Tier 1	MAIL
atenolol tab 25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
atenolol tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
atenolol tab 100 mg	Tier 1	QL (60 tabs / 30 days), MAIL
betaxolol hcl tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
betaxolol hcl tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
bisoprolol fumarate tab 5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
bisoprolol fumarate tab 10 mg	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (nebivolol hcl)	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG (nebivolol hcl)	Tier 3	MAIL, PA
BYSTOLIC TAB 10MG (nebivolol hcl)	Tier 3	MAIL, PA
BYSTOLIC TAB 20MG (nebivolol hcl)	Tier 3	MAIL, PA
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) 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

Drug Name	Drug Tier	Requirements/Limits
CALCIUM CHANNEL BLOCKERS		
CALCIUM CHANNEL BLOCKERS		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	MAIL, PA
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<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

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

CARDIOTONICS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

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

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA

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

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA

SINUS NODE INHIBITORS

CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

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

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

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

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 (<i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (Velivet)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	Tier 5	QL (39 tablets / 28 days), MAIL
FALESSA KIT (<i>levonorgestrel-ethinyl estradiol & folic acid</i>)	Tier 5	QL (75 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (30 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (39 tablets / 28 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (<i>norethin acet & estrad-fe</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	Tier 5	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (<i>copper (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	Tier 5	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	Tier 5	OTC, QL (4 tabs / 90 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name Drug Tier Requirements/Limits

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL

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

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

Drug Name	Drug Tier	Requirements/Limits
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC
adapalene lotion 0.1%	Tier 1	AGE, QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
benzoyl peroxide gel 5% (Bp Gel)	Tier 1	OTC
benzoyl peroxide gel 10% (Clean & Clear Persa-gel M)	Tier 1	OTC
benzoyl peroxide liq 5% (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)
benzoyl peroxide liq 10% (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 30 days)
benzoyl peroxide-erythromycin gel 5-3%	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 3	PA
clindamycin phosphate gel 1%	Tier 3	QL (60 gm / 30 days)
clindamycin phosphate lotion 1%	Tier 3	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 3	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 3	PA
isotretinoin cap 20 mg (Amnesteem)	Tier 3	PA
isotretinoin cap 30 mg	Tier 3	PA
isotretinoin cap 40 mg	Tier 3	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	
sulfacetamide sodium-sulfur in urea emulsion 10-4% (Bp Cleansing Wash)	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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.1%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.025%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)	Tier 3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), PA
<i>diclofenac sodium gel 1%</i>	Tier 1	OTC, QL (200 gm / 30 days), PA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 25 days)
ciclopirox solution 8%	Tier 1	QL (6.6 mL / 25 days)
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 3	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 3	PA
MENTAX CRE 1% (butenafine hcl)	Tier 2	
miconazole nitrate aerosol pow 2% (Lotrimin Af Deodorant Pow)	Tier 1	OTC
miconazole nitrate cream 2%	Tier 1	OTC
miconazole nitrate ointment 2% (Triple Paste Af)	Tier 1	OTC
miconazole nitrate powder 2% (Cvs Anti-fungal Powder)	Tier 1	OTC
naftifine hcl cream 1%	Tier 3	PA
naftifine hcl gel 1%	Tier 3	PA
NAFTIN GEL 1% (naftifine hcl)	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	QL (30 gm / 30 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 3	QL (60 gm / 30 days)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 3	QL (60 gm / 30 days)
oxiconazole nitrate cream 1%	Tier 3	QL (90 gm / 30 days), PA
OXISTAT LOT 1% (oxiconazole nitrate)	Tier 3	PA
sulconazole nitrate cream 1%	Tier 3	PA
terbinafine hcl cream 1%	Tier 1	OTC, QL (30 gm / 30 days)
tolnaftate aerosol pow 1% (Cvs Af Spray Powder)	Tier 1	OTC
tolnaftate cream 1%	Tier 1	OTC
tolnaftate powder 1% (Anti-fungal Powder)	Tier 1	OTC
tolnaftate soln 1% (Mycocide Clinical Ns Anti)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES-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 3	
PANRETIN GEL 0.1% (<i>alitretinoin</i>)	Tier 4	PA
PICATO GEL 0.05% (<i>ingenol mebutate</i>)	Tier 3	PA
PICATO GEL 0.015% (<i>ingenol mebutate</i>)	Tier 3	PA
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	Tier 4	PA
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Tier 3	PA
<i>acitretin cap 17.5 mg</i>	Tier 3	PA
<i>acitretin cap 25 mg</i>	Tier 3	PA
<i>calcipotriene oint 0.005%</i>	Tier 3	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 3	PA
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (<i>anthralin</i>)	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (<i>risankizumab-rzaa</i>)	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 (<i>ustekinumab</i>)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	Tier 4	PA; Preferred Brand
<i>tazarotene cream 0.1%</i>	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% (<i>tazarotene</i>)	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% (<i>tazarotene</i>)	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% (<i>tazarotene</i>)	Tier 3	QL (100 gm / 30 days), PA
ANTISEBORRHEIC PRODUCTS		
<i>selenium sulfide lotion 1%</i> (Cvs Anti-dandruff)	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (<i>docosanol</i>)	Tier 1	OTC, QL (2 gm / 30 days)
<i>acyclovir oint 5%</i>	Tier 3	PA
DENAVIR CRE 1% (<i>penciclovir</i>)	Tier 2	PA
<i>docosanol cream 10%</i>	Tier 1	OTC, QL (2 gm / 30 days)
BURN PRODUCTS		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>silver sulfadiazine cream 1%</i>	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM (<i>mafenide acetate</i>)	Tier 3	QL (454 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 80 mg Morphine EQ Dose per day

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 3	QL (60 gm / 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (<i>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 3	QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 3	QL (120 gm / 30 days), PA
<i>clobetasol propionate cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM (<i>flurandrenolide</i>)	Tier 3	PA
<i>desonide cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>desoximetasone cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone cream 0.25%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone gel 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>desoximetasone oint 0.25%</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>diflorasone diacetate oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 3	QL (120 mL / 30 days)
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide cream 0.05%</i>	Tier 1	QL (150 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide gel 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluocinonide soln 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>flurandrenolide cream 0.05%</i>	Tier 3	QL (30 gm / 30 days)
<i>flurandrenolide lotion 0.05%</i>	Tier 3	QL (120 mL / 30 days)
<i>fluticasone propionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>fluticasone propionate oint 0.005%</i>	Tier 1	QL (60 gm / 30 days)
<i>halcinonide cream 0.1%</i>	Tier 3	QL (60 gm / 30 days), PA
<i>halobetasol propionate cream 0.05%</i>	Tier 3	QL (50 gm / 30 days)
<i>halobetasol propionate oint 0.05%</i>	Tier 3	QL (50 gm / 30 days)
HALOG CRE 0.1% (<i>halcinonide</i>)	Tier 3	QL (60 gm / 30 days), PA
HALOG OIN 0.1% (<i>halcinonide</i>)	Tier 3	QL (60 gm / 30 days), PA
<i>hydrocortisone acetate cream 1%</i> (Lanacort 10)	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 0.5%</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 1%</i> (Ra Hydrocortisone Plus 12)	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone cream 2.5%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone gel 1%</i> (Cortizone-10)	Tier 1	OTC, QL (56 gm / 30 days)
<i>hydrocortisone lotion 1%</i> (Cvs Cortisone Maximum Str)	Tier 1	OTC, QL (120 gm / 30 days)
<i>hydrocortisone lotion 2.5%</i>	Tier 1	QL (60 mL / 30 days)
<i>hydrocortisone oint 0.5%</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone oint 1%</i> (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone oint 2.5%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream 0.5%</i>	Tier 1	OTC, QL (60 gm / 30 days)
<i>hydrocortisone-aloe vera cream 1%</i> (Cortizone-10 Plus)	Tier 1	OTC
<i>mometasone furoate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL / 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 3	QL (60 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 3	QL (60 gm / 30 days)
TACLONEX SUS (<i>calcipotriene-betamethasone dipropionate</i>)	Tier 3	QL (120 gm / 30 days), PA
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (60 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 3	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 3	QL (30 gm / 30 days), PA
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5%</i>	Tier 3	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	Tier 3	PA
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20%</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MIRVASO GEL 0.33% (<i>brimonidine tartrate (topical)</i>)	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (<i>crotamiton</i>)	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide</i>)	Tier 1	OTC
SKLICE LOT 0.5% (<i>ivermectin (pediculicide)</i>)	Tier 3	QL (117 gm / 30 days), PA
<i>spinosad susp 0.9%</i>	Tier 3	QL (120 per 30 days)
WOUND CARE PRODUCTS		
REGANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG (<i>thyrotropin alfa</i>)	Tier 4	PA
DIAGNOSTIC TESTS		
RELION KETON TES (<i>acetone (urine) test</i>)	Tier 2	OTC
TRUE METRIX TES GLUCOSE (<i>glucose blood</i>)	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL

DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50 (<i>spironolactone & hydrochlorothiazide</i>)	Tier 2	MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torsemide tab 5 mg</i>	Tier 1	MAIL
<i>torsemide tab 10 mg</i>	Tier 1	MAIL
<i>torsemide tab 20 mg</i>	Tier 1	MAIL
<i>torsemide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG (<i>triamterene</i>)	Tier 3	MAIL
DYRENIUM CAP 100MG (<i>triamterene</i>)	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 4	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG (<i>cetorelix acetate</i>)	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA

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

Drug Name Drug Tier Requirements/Limits

LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS

LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML (<i>idursulfase</i>)	Tier 4	PA
FABRAZYME INJ 5MG (<i>agalsidase beta</i>)	Tier 4	PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 2MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 5MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 10MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 3	MAIL, PA
SENSIPAR TAB 30MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 60MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 90MG (<i>cinacalcet hcl</i>)	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	MAIL, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	MAIL, PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG (<i>tolvaptan</i>)	Tier 4	PA
SAMSCA TAB 30MG (<i>tolvaptan</i>)	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 0.75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 3	
<i>ofloxacin tab 300 mg</i>	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>febuxostat tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA

URICOSURICS

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

HEMATOLOGICAL AGENTS - MI SC.

ANTIHEMOPHILIC PRODUCTS

ADVATE INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 2000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 3000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 4000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPROLIX INJ 250UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 1000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 2000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 3000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 4000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
BENEFIX INJ 250UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 500UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
MONOCLATE-P INJ 1000UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
NOVOEIGHT INJ 1500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 4	MAIL, PA
NOVOSEVEN RT INJ 1MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 2MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 5MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NOVOSEVEN RT INJ 8MG (<i>coagulation factor viia (recombinant)</i>)	Tier 4	PA
NUWIQ INJ 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ INJ 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
PROFILNINE INJ 1500UNIT (<i>factor ix complex</i>)	Tier 4	PA
RECOMBINATE INJ (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 220-400 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 401-800 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA

HEMATOPOIETIC AGENTS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA

COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC

FOLIC ACID/FOLATES

<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
FULPHILA INJ 6/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	QL (0.6 per 14 days), PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 4	PA
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim</i>)	Tier 4	QL (0.6 per 14 days), PA
NEUPOGEN INJ 300/0.5 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 300MCG (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480/0.8 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480MCG (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
UDENYCA INJ 6MG/.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	QL (0.6 per 14 days), PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 4	QL (0.6 per 14 days), PA
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>)	Tier 1	OTC
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG (<i>ferrous fumarate</i>)	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (<i>carbonyl iron</i>)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (<i>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 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

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

Drug Name	Drug Tier	Requirements/Limits
BARBITURATE HYPNOTICS		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	AGE, QL (1500 mL / 30 days); AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	MAIL, PA
SILENOR TAB 3MG (<i>doxepin hcl (sleep)</i>)	Tier 3	MAIL, PA
SILENOR TAB 6MG (<i>doxepin hcl (sleep)</i>)	Tier 3	MAIL, PA
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)

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

OREXIN RECEPTOR ANTAGONISTS

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

SELECTIVE MELATONIN RECEPTOR AGONISTS

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

LAXATIVES

BULK LAXATIVES

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
OSMOPREP TAB 1.5GM (<i>sodium phosphate monobasic-sodium phosphate dibasic</i>)	Tier 3	PA
<i>sodium phosphates - enema</i>	Tier 1	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i> (Cvs Gentle Laxative)	Tier 1	OTC
<i>bisacodyl tab delayed release 5 mg</i> (Stimulant Laxative)	Tier 1	OTC
<i>sennosides chew tab 15 mg</i> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC, MAIL
<i>sennosides tab 8.6 mg</i> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<i>sennosides tab 25 mg</i> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
<i>docusate calcium cap 240 mg</i> (Stool Softener)	Tier 1	OTC
<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 (<i>benzocaine-docusate sodium</i>)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (<i>docusate sodium</i>)	Tier 1	OTC
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE; 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; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; 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 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
<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>)	Tier 5	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 26MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 30MM (<i>cervical caps</i>)	Tier 5	
OMNIFLEX DPR (<i>diaphragms</i>)	Tier 5	
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>)	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE (<i>respiratory therapy supplies</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	

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

Drug Name	Drug Tier	Requirements/Limits
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (12 tabs / 30 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 3	QL (2 mL / 30 days); Vials
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (9 tabs / 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (6 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
ZOMIG SPR 2.5MG (<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
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
<i>oyster shell calcium tab 500 mg</i>	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (<i>calcium carbonate-ergocalciferol</i>)	Tier 1	OTC, MAIL
RISACAL-D TAB (<i>calcium & phosphorus w/ vitamin d</i>)	Tier 1	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (<i>sodium fluoride</i>)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (<i>magnesium chloride</i>)	Tier 1	OTC
MAGDELAY TAB 70MG (<i>magnesium chloride</i>)	Tier 1	OTC
<i>magnesium chloride tab dr 64 mg (elemental mg)</i> (Magdelay)	Tier 1	OTC
<i>magnesium gluconate tab 27.5 mg (elemental 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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
magnesium gluconate tab 500 mg (27 mg elemental mg) (Mag-g)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
sodium chloride tab 1 gm	Tier 1	OTC
ZINC		
zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (penicillamine)	Tier 2	
DEPEN TITRA TAB 250MG (penicillamine)	Tier 2	
penicillamine tab 250 mg	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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NULOJIX INJ 250MG (<i>belatacept</i>)	Tier 3	PA
RAPAMUNE SOL 1MG/ML (<i>sirolimus</i>)	Tier 3	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg</i> (Virt-caps)	Tier 1	
<i>b-complex w/ c & folic acid tab</i> (Vita-bee/c)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 5 mg</i> (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab</i> (Stress Formula W/iron)	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 80 mg Morphine EQ Dose per day

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 (Ocuвите/lutein)	Tier 1	OTC
MULTIVITAMINS		
MULTI VITAMI TAB D-3	Tier 1	OTC
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd 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
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	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)

Drug Name	Drug Tier	Requirements/Limits
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
POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamin w/ c)	Tier 2	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 A/C/D (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)
CALNA TAB (prenatal vitamin)	Tier 1	OTC, QL (30 tabs / 30 days)
CENTRUM SPEC PAK PRENATAL (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	OTC, QL (30 tabs / 30 days)
CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY (prenatal multivitamins & minerals w/ folic acid-fish oil)	Tier 1	OTC, QL (30 tabs / 30 days)
ENFAMIL MIS EXPECTA (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	OTC, QL (60 tabs / 30 days)
EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa)	Tier 1	OTC, QL (30 caps / 30 days)
KPN PRENATAL TAB (prenatal multivit-min w/fe-fa)	Tier 1	OTC, QL (30 tabs / 30 days)
MYNATAL CAP (prenatal multivit-min w/fe-fa)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (prenatal vit w/ docusate-iron carbonyl-folic acid)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (prenatal vit w/ docusate-fe fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (prenatal vit without vit a w/ fe bisglycinate-folic acid)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (prenatal vitamins w/ ferrous succinate-folic acid)	Tier 1	OTC, QL (30 tabs / 30 days)
O-CAL TAB PRENATAL (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids)	Tier 1	OTC, QL (30 caps / 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 80 mg Morphine EQ Dose per day

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

Drug Name	Drug Tier	Requirements/Limits
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 3	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	AGE, QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	

VISCOSUPPLEMENTS

EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 4	QL (3 syringes / 180 days), PA
VISCO-3 INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (<i>phenylephrine hcl (oral)</i>)	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (<i>onabotulinumtoxina</i>)	Tier 4	PA
BOTOX INJ 200UNIT (<i>onabotulinumtoxina</i>)	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear ophth ointment</i> (Akwa Tears)	Tier 1	OTC, MAIL
<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
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
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.5%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth soln 0.5%	Tier 1	QL (10 mL / 30 days), MAIL
timolol maleate ophth soln 0.25%	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 / 30 days), MAIL
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitracin-zn-polymyxin 5(3.5)mg-400unit-10000unit op oint</i>	Tier 1	
<i>neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)	Tier 3	MAIL, PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% (<i>difluprednate</i>)	Tier 3	PA
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX SUS 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
loteprednol etabonate ophth susp 0.5%	Tier 3	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% (<i>tobramycin-dexamethasone</i>)	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% (<i>nedocromil sodium (ophth)</i>)	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP (<i>iodoxamide tromethamine</i>)	Tier 3	MAIL, PA
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (<i>brinzolamide</i>)	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% (<i>bepotastine besilate</i>)	Tier 3	MAIL, PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 3	
cromolyn sodium ophth soln 4%	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	Tier 3	MAIL, PA
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	MAIL, PA
epinastine hcl ophth soln 0.05%	Tier 1	QL (5 mL / 30 days), MAIL
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	QL (10 mL / 30 days)
ketorolac tromethamine ophth soln 0.5%	Tier 1	QL (10 mL / 30 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 3	QL (5 mL / 30 days), MAIL, PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% (<i>travoprost</i>)	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> (Ra Ear Drying Agent)	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
CIPRODEX SUS 0.3-0.1% (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	PA
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	

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

Drug Name	Drug Tier	Requirements/Limits
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 4	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 10-800 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 20-1600 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
HYQVIA INJ 30-2400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA
PENICILLINS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 3	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone micronized cap 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>progesterone micronized cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML (<i>sodium oxybate</i>)	Tier 4	PA
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	MAIL, PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	Tier 4	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 4	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 4	PA
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
TECFIDERA CAP 120MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA CAP 240MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA MIS STARTER (<i>dimethyl fumarate</i>)	Tier 4	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	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
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH (<i>nicotine</i>)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	Tier 5	QL (40 mL / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 4	PA
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 4	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 195MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 260MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 325MG (<i>thyroid</i>)	Tier 2	MAIL
SYNTHROID TAB 25MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
<i>thyroid tab 15 mg (1/4 grain)</i> (Np Thyroid 15)	Tier 1	MAIL
<i>thyroid tab 30 mg (1/2 grain)</i> (Np Thyroid 30)	Tier 1	MAIL
<i>thyroid tab 60 mg (1 grain)</i> (Np Thyroid 60)	Tier 1	MAIL
<i>thyroid tab 90 mg (1 1/2 grain)</i> (Np Thyroid 90)	Tier 1	MAIL
<i>thyroid tab 120 mg (2 grain)</i> (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-2 TAB 120MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-3 TAB 180MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
WP THYROID TAB 81.25MG (<i>thyroid</i>)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>ranitidine hcl tab 75 mg</i> (Sm Acid Reducer)	Tier 1	OTC, MAIL
<i>ranitidine hcl tab 150 mg</i>	Tier 1	MAIL
<i>ranitidine hcl tab 300 mg</i>	Tier 1	MAIL
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (<i>dexlansoprazole</i>)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR (<i>dexlansoprazole</i>)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML (<i>omeprazole</i>)	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 30 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (<i>omeprazole magnesium</i>)	Tier 1	OTC, QL (60 tabs / 30 days), MAIL
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)	Tier 3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (<i>oxybutynin</i>)	Tier 2	OTC, QL (8 ea / 30 days), MAIL
<i>solifenacin succinate tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG (<i>solifenacin succinate</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
VESICARE TAB 10MG (<i>solifenacin succinate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 5	QL (Max 4 injections per lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)

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

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	AGE, QL (Max 2 injections per lifetime); AGE (Min 50 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	AGE, QL (Max 3 injections per lifetime); AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	AGE, QL (Max 1 injection per lifetime); AGE (Min 50 years)

VAGINAL PRODUCTS

SPERMICIDES

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm / 30 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Sm Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal cream 2% (Miconazole 7)	Tier 1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream)	Tier 1	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit (Gnp Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal suppos 100 mg (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal)	Tier 1	OTC
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 3	
tioconazole vaginal oint 6.5% (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	Tier 1	QL (42.5 gm / 30 days), MAIL
estradiol vaginal tab 10 mcg	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (progesterone vaginal)	Tier 3	PA
PROGESTERONE SUP VGS 200 (progesterone vaginal)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (epinephrine anaphylaxis)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (epinephrine anaphylaxis)	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (epinephrine anaphylaxis)	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (epinephrine anaphylaxis)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG (droxidopa)	Tier 4	PA
NORTHERA CAP 200MG (droxidopa)	Tier 4	PA
NORTHERA CAP 300MG (droxidopa)	Tier 4	PA
VASOPRESSORS		
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	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 80 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
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)
WATER SOLUBLE VITAMINS		
<i>ascorbic acid tab 500 mg</i> (Hm Vitamin C/rose Hips)	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab er 200 mg</i>	Tier 1	OTC
<i>riboflavin tab 100 mg</i> (Cvs Vitamin B-2)	Tier 1	OTC
<i>thiamine hcl tab 50 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 100 mg</i>	Tier 1	OTC
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC

Index

- 1
12 Hour Decongestant
 see *pseudoephedrine hcl tab er 12hr 120 mg* 135
- 3
3ML SYRINGE MIS REG TIP..... 122
- A
abacavir sulfate soln 20 mg/ml (base equiv)76
abacavir sulfate tab 300 mg (base equiv)76
abacavir sulfate-lamivudine tab 600-300 mg76
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg76
abacavir-dolutegravir-lamivudine
 see TRIUMEQ TAB78
abaloparatide
 see TYMLOS INJ 102
abatacept
 see ORENCIA CLCK INJ 125MG/ML . 9
 see ORENCIA INJ 125MG/ML..... 10
 see ORENCIA INJ 250MG 10
 see ORENCIA INJ 50/0.4 10
 see ORENCIA INJ 87.5/0.7..... 10
ABILIFY MAIN INJ 300MG75
ABILIFY MAIN INJ 400MG75
abiraterone acetate tab 250 mg ..64
ABREVA CRE 10%95
acamprosate calcium tab delayed release 333 mg..... 142
acarbose tab 100 mg37
acarbose tab 25 mg37
acarbose tab 50 mg37
acebutolol hcl cap 200 mg80
acebutolol hcl cap 400 mg80
Acephen
 see *acetaminophen suppos 325 mg*11
acetaminophen
 see FEVERALL INF SUP 80MG11
 see FEVERALL SUP 325MG11
 see NORTEMP SUS INFANTS11
acetaminophen cap 500 mg10
acetaminophen chew tab 80 mg..10
acetaminophen disintegrating tab 160 mg11
acetaminophen disintegrating tab 80 mg10
acetaminophen elixir 160 mg/5ml11
acetaminophen liquid 160 mg/5ml11
acetaminophen liquid 167 mg/5ml11
*acetaminophen soln 160 mg/5ml*11
acetaminophen suppos 120 mg...11
acetaminophen suppos 325 mg...11
acetaminophen suppos 650 mg...11
acetaminophen susp 160 mg/5ml11
acetaminophen tab 325 mg11
acetaminophen tab 500 mg11
acetaminophen tab er 650 mg11
acetaminophen w/ codeine soln 120-12 mg/5ml15
acetaminophen w/ codeine tab 300-15 mg15
acetaminophen w/ codeine tab 300-30 mg15
acetaminophen w/ codeine tab 300-60 mg15
acetazolamide cap er 12hr 500 mg100
acetazolamide tab 125 mg100
acetazolamide tab 250 mg100
acetic acid irrigation soln 0.25%108
acetic acid otic soln 2%139
acetone (urine) test
 see RELION KETON TES 99
acetylcysteine inhal soln 10%92
acetylcysteine inhal soln 20%92
Acid Gone
 see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml*17
acitretin cap 10 mg95
acitretin cap 17.5 mg95
acitretin cap 25 mg95

aclidinium bromide	
see TUDORZA PRES AER 400/ACT	.23
ACNE MEDICAT LOT 10%	92
ACNE MEDICAT LOT 5%	92
ACTEMRA INJ 162/0.9	7
ACTEMRA INJ 200/10ML	7
ACTEMRA INJ 400/20ML	7
ACTEMRA INJ 80MG/4ML	7
ACTEMRA INJ ACTPEN	7
ACTIMMUNE INJ 2MU/0.5	67
acyclovir cap 200 mg	79
acyclovir oint 5%	95
acyclovir susp 200 mg/5ml	79
acyclovir tab 400 mg	79
acyclovir tab 800 mg	79
ADACEL INJ	147
adalimumab	
see HUMIRA INJ 10/0.1ML	6
see HUMIRA INJ 10MG/0.2	6
see HUMIRA INJ 20/0.2ML	6
see HUMIRA INJ 40/0.4ML	6
see HUMIRA KIT 20MG/0.4	6
see HUMIRA KIT 40MG/0.8	6
see HUMIRA PEDIA INJ CROHNS	6
see HUMIRA PEN INJ 40/0.4ML	6
see HUMIRA PEN INJ CD/UC/HS	6
see HUMIRA PEN KIT CD/UC/HS	6
see HUMIRA PEN KIT PS/UV	6
adapalene	
see DIFFERIN GEL 0.1%	92
adapalene lotion 0.1%	92
adefovir dipivoxil tab 10 mg	79
ADEMPAS TAB 0.5MG	86
ADEMPAS TAB 1.5MG	86
ADEMPAS TAB 1MG	86
ADEMPAS TAB 2.5MG	86
ADEMPAS TAB 2MG	86
ADMELOG INJ 100U/ML	43
ADMELOG SOLO INJ 100U/ML	44
ADULT MASK MIS LARGE	122
ADVATE INJ 1000UNIT	109
ADVATE INJ 1500UNIT	109
ADVATE INJ 2000UNIT	109
ADVATE INJ 250UNIT	109
ADVATE INJ 3000UNIT	109
ADVATE INJ 4000UNIT	109
ADVATE INJ 500UNIT	109
Advil Junior Strength	
see ibuprofen tab 100 mg	8
afatinib dimaleate	
see GILOTRIF TAB 20MG	66
see GILOTRIF TAB 30MG	66
see GILOTRIF TAB 40MG	66
AFINITOR DIS TAB 2MG	65
AFINITOR DIS TAB 3MG	65
AFINITOR DIS TAB 5MG	65
AFINITOR TAB 10MG	65
AFINITOR TAB 2.5MG	65
AFINITOR TAB 5MG	65
AFINITOR TAB 7.5MG	65
AFLURIA QUAD INJ 2019-20	151
AFREZZA POW 12 UNIT	44
AFREZZA POW 4-8 UNIT	44
AFREZZA POW 4-8-12	44
AFREZZA POW 4UNIT	44
AFREZZA POW 8 UNIT	44
AFREZZA POW 8-12UNIT	44
agalsidase beta	
see FABRAZYME INJ 5MG	103
Akwa Tears	
see artificial tear ophth ointment	135
AKYNZEO CAP 300-0.5	49
albuterol sulfate	
see PROAIR HFA AER	26
see PROVENTIL AER HFA	27
see VENTOLIN HFA AER	27
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	24
albuterol sulfate soln nebu 0.5% (5 mg/ml)	24
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	24
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	24
albuterol sulfate syrup 2 mg/5ml	24
albuterol sulfate tab 2 mg	24
albuterol sulfate tab 4 mg	24
alcaftadine	
see LASTACAPT SOL 0.25%	138
alclometasone dipropionate cream 0.05%	96
alclometasone dipropionate oint 0.05%	96

ALCOHOL PREP PAD MED 70%.....	121	<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	38
<i>alcohol swabs</i>		<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	38
see ALCOHOL PREP PAD MED 70%		<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	38
.....	121	<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	38
ALDACTAZIDE TAB 50/50.....	100	<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	38
ALECENSA CAP 150MG.....	65	<i>alogliptin-pioglitazone tab 25-15 mg</i>	38
<i>alectinib hcl</i>		<i>alogliptin-pioglitazone tab 25-30 mg</i>	38
see ALECENSA CAP 150MG.....	65	<i>alogliptin-pioglitazone tab 25-45 mg</i>	38
<i>alendronate sodium tab 10 mg</i> ..	101	ALOMIDE SOL 0.1% OP.....	138
<i>alendronate sodium tab 35 mg</i> ..	101	<i>alose tron hcl tab 0.5 mg (base equiv)</i>	107
<i>alendronate sodium tab 40 mg</i> ..	102	<i>alose tron hcl tab 1 mg (base equiv)</i>	107
<i>alendronate sodium tab 5 mg</i>	101	<i>alpha1-proteinase inhibitor (human)</i>	
<i>alendronate sodium tab 70 mg</i> ..	102	see GLASSIA INJ.....	145
ALER-DRYL TAB 50MG.....	50	see PROLASTIN-C INJ 1000MG....	145
<i>alfuzosin hcl tab er 24hr 10 mg</i> ..	108	ALPHANINE SD INJ 1500UNIT.....	109
ALINIA SUS 100/5ML.....	18	ALPHANINE SD INJ 500UNIT.....	109
ALINIA TAB 500MG.....	18	<i>alprazolam tab 0.25 mg</i>	21
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	62	<i>alprazolam tab 0.5 mg</i>	21
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	62	<i>alprazolam tab 1 mg</i>	21
<i>alitretinoin</i>		<i>alprazolam tab 2 mg</i>	21
see PANRETIN GEL 0.1%.....	95	ALPROLIX INJ 1000UNIT.....	109
All Day Allergy D		ALPROLIX INJ 2000UNIT.....	109
see <i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	91	ALPROLIX INJ 250UNIT.....	109
Allergy Relief		ALPROLIX INJ 3000UNIT.....	109
see <i>loratadine tab 10 mg</i>	51	ALPROLIX INJ 4000UNIT.....	109
<i>allopurinol tab 100 mg</i>	108	ALPROLIX INJ 500UNIT.....	109
<i>allopurinol tab 300 mg</i>	108	ALREX SUS 0.2%.....	137
Almacone		ALTABAX OIN 1%.....	93
see <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	17	<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	17
Almacone Double Strength		<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	17
see <i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	17	<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	17
<i>almotriptan malate tab 12.5 mg</i>	123	<i>aluminum chloride</i>	
<i>almotriptan malate tab 6.25 mg</i>	123	see DRY SOL SOL 20%.....	98
ALOCRI SOL 2%.....	138		
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	42		
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	42		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	42		

<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	17	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	60
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	17	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	60
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	17	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	60
<i>amantadine hcl cap 100 mg</i>	68	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	60
<i>amantadine hcl syrup 50 mg/5ml</i>	68	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	60
<i>ambrisentan</i>		<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	60
see LETAIRIS TAB 10MG	85	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	60
see LETAIRIS TAB 5MG	85	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	60
<i>ambrisentan tab 10 mg</i>	85	Amnesteem	
<i>ambrisentan tab 5 mg</i>	85	see <i>isotretinoin cap 20 mg</i>	92
<i>amcinonide cream 0.1%</i>	96	<i>amoxapine tab 100 mg</i>	36
<i>amcinonide lotion 0.1%</i>	96	<i>amoxapine tab 150 mg</i>	36
AMCINONIDE OIN 0.1%	96	<i>amoxapine tab 25 mg</i>	36
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	100	<i>amoxapine tab 50 mg</i>	36
<i>amiloride hcl tab 5 mg</i>	101	<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	141
<i>aminocaproic acid tab 1000 mg</i>	115	<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	141
<i>aminocaproic acid tab 500 mg</i>	115	<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	141
<i>aminosalicylic acid</i>		<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	141
see PASER GRA 4GM	63	<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	141
<i>amiodarone hcl tab 200 mg</i>	22	<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	141
AMITIZA CAP 24MCG	106	<i>amoxicillin & k clavulanate tab 250-125 mg</i>	141
AMITIZA CAP 8MCG	106	<i>amoxicillin & k clavulanate tab 500-125 mg</i>	142
<i>amitriptyline hcl tab 10 mg</i>	35	<i>amoxicillin & k clavulanate tab 875-125 mg</i>	142
<i>amitriptyline hcl tab 100 mg</i>	36	<i>amoxicillin & pot clavulanate</i>	
<i>amitriptyline hcl tab 150 mg</i>	36	see AUGMENTIN SUS 125/5ML	142
<i>amitriptyline hcl tab 25 mg</i>	36	<i>amoxicillin (trihydrate) cap 250 mg</i>	141
<i>amitriptyline hcl tab 50 mg</i>	36	<i>amoxicillin (trihydrate) cap 500 mg</i>	141
<i>amitriptyline hcl tab 75 mg</i>	36		
Amlactin			
see <i>lactic acid (ammonium lactate) lotion 12%</i>	98		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	82		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	82		
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	82		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	60		
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	60		

amoxicillin (trihydrate) chew tab	
125 mg	141
amoxicillin (trihydrate) chew tab	
250 mg	141
amoxicillin (trihydrate) for susp	
125 mg/5ml	141
amoxicillin (trihydrate) for susp	
200 mg/5ml	141
amoxicillin (trihydrate) for susp	
250 mg/5ml	141
amoxicillin (trihydrate) for susp	
400 mg/5ml	141
amoxicillin (trihydrate) tab 500 mg	
.....	141
amoxicillin (trihydrate) tab 875 mg	
.....	141
amphetamine-dextroamphetamine	
cap er 24hr 10 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 15 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 20 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 25 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 30 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 5 mg	1
amphetamine-dextroamphetamine	
tab 10 mg	1
amphetamine-dextroamphetamine	
tab 12.5 mg	1
amphetamine-dextroamphetamine	
tab 15 mg	1
amphetamine-dextroamphetamine	
tab 20 mg	1
amphetamine-dextroamphetamine	
tab 30 mg	1
amphetamine-dextroamphetamine	
tab 5 mg	1
amphetamine-dextroamphetamine	
tab 7.5 mg	1
ampicillin cap 500 mg	141
ANADROL-50 TAB 50MG	16
anagrelide hcl cap 0.5 mg	112
anagrelide hcl cap 1 mg	112
anakinra	
see KINERET INJ	7
anastrozole tab 1 mg	64
ANIMAL SHAPE CHW IRON	130
ANORO ELLIPT AER 62.5-25	24
Antacid	
see alum & mag hydroxide-	
simethicone susp 200-200-20	
mg/5ml	17
anthralin	
see DRITHO-CREME CRE HP 1%....	95
Anti-diarrheal	
see loperamide hcl liq 1 mg/5ml	
(0.2 mg/ml)	48
Anti-fungal Powder	
see tolnaftate powder 1%	94
antihemophilic factor (human)	
see HEMOFIL M INJ 1700UNIT	110
see KOATE-DVI INJ 1000UNIT.....	110
see KOATE-DVI INJ 250UNIT	110
see KOATE-DVI INJ 500UNIT	110
see MONOCLATE-P INJ 1000UNIT	111
antihemophilic factor (rcmb) bd	
truncated (bd trunc-rfviii)	
see NOVOEIGHT INJ 1500UNIT ...	111
antihemophilic factor (rcmb)	
simoctocog alfa(bdd-rfviii,sim)	
see NUWIQ INJ 1000UNIT	111
see NUWIQ INJ 2000UNIT	111
see NUWIQ INJ 2500UNIT	111
see NUWIQ INJ 250UNIT	111
see NUWIQ INJ 3000UNIT	111
see NUWIQ INJ 4000UNIT	111
see NUWIQ INJ 500UNIT	111
see NUWIQ KIT 1000UNIT	111
see NUWIQ KIT 2000UNIT	111
see NUWIQ KIT 2500UNIT	111
see NUWIQ KIT 250UNIT.....	111
see NUWIQ KIT 3000UNIT	111
see NUWIQ KIT 4000UNIT	111
see NUWIQ KIT 500UNIT.....	111
antihemophilic factor	
(recombinant)	
see HELIXATE FS INJ 2000UNIT ..	110
see HELIXATE FS INJ 3000UNIT ..	110
see HELIXATE FS INJ 500UNIT	110
see KOGENATE FS INJ 1000UNIT.	110
see KOGENATE FS INJ 2000UNIT.	110

see KOGENATE FS INJ 250UNIT ..	110	see APOKYN INJ 10MG/ML	68
see KOGENATE FS INJ 3000UNIT.	110	apraclonidine hcl ophth soln 0.5%	
see RECOMBINATE INJ	111	(base equivalent)	137
see RECOMBINATE INJ 220-400 ..	111	apremilast	
see RECOMBINATE INJ 401-800 ..	111	see OTEZLA TAB 10/20/30	9
see RECOMBINATE INJ 801-1240	112	see OTEZLA TAB 30MG	9
antihemophilic factor		aprepitant capsule 125 mg	49
(recombinant) plasma/albumin		aprepitant capsule 40 mg	49
free		aprepitant capsule 80 mg	49
see XYNTHA SOLOF INJ 1000UNIT		aprepitant capsule therapy pack 80	
.....	112	& 125 mg	49
see XYNTHA SOLOF INJ 2000UNIT		APRISO CAP 0.375GM.....	106
.....	112	APTIOM TAB 200MG	29
see XYNTHA SOLOF INJ 3000UNIT		APTIOM TAB 400MG	29
.....	112	APTIOM TAB 600MG	29
see XYNTHA SOLOF INJ 500UNIT.	112	APTIOM TAB 800MG	29
see XYNTHA SOLOF KIT 250UNIT	112	APTIVUS CAP 250MG	76
antihemophilic factor rahf-pfm		APTIVUS SOL.....	76
see ADVATE INJ 1000UNIT	109	Aquadeks	
see ADVATE INJ 1500UNIT	109	see pediatric multiple vitamin w/	
see ADVATE INJ 2000UNIT	109	minerals & c drops 45 mg/ml	
see ADVATE INJ 250UNIT	109	.....	130
see ADVATE INJ 3000UNIT	109	Aqueous Vitamin D Infants	
see ADVATE INJ 4000UNIT	109	see cholecalciferol oral liquid 10	
see ADVATE INJ 500UNIT	109	mcg/ml (400 unit/ml)	154
see KOVALTRY INJ 1000UNIT.....	110	ARANESP INJ 100MCG	113
see KOVALTRY INJ 2000UNIT.....	110	ARANESP INJ 10MCG	113
see KOVALTRY INJ 250UNIT.....	110	ARANESP INJ 150MCG	113
see KOVALTRY INJ 3000UNIT.....	110	ARANESP INJ 200MCG	114
see KOVALTRY INJ 500UNIT.....	110	ARANESP INJ 25MCG	113
antihemophilic factor/von		ARANESP INJ 300MCG	114
willebrand factor complex		ARANESP INJ 40MCG	113
(human)		ARANESP INJ 500MCG	114
see HUMATE-P SOL 2400UNIT.....	110	ARANESP INJ 60MCG	113
see HUMATE-P SOL 500-1200	110	ARCALYST INJ 220MG.....	7
antiinhibitor coagulant complex		ARCAPTA CAP 75MCG	24
see FEIBA INJ	110	arformoterol tartrate	
ANZEMET TAB 100MG	48	see BROVANA NEB 15MCG.....	25
ANZEMET TAB 50MG	48	aripiprazole	
APEXICON E CRE 0.05%	96	see ABILIFY MAIN INJ 300MG	75
APIDRA INJ SOLOSTAR	44	see ABILIFY MAIN INJ 400MG	75
APIDRA INJ U-100	44	aripiprazole lauroxil	
apixaban		see ARISTADA INJ 441MG/1.	75
see ELIQUIS TAB 2.5MG	28	see ARISTADA INJ 662MG/2	75
see ELIQUIS TAB 5MG.....	28	see ARISTADA INJ 882MG/3	76
APOKYN INJ 10MG/ML.....	68	aripiprazole oral solution 1 mg/ml	
apomorphine hydrochloride		.....	75

aripiprazole orally disintegrating tab 10 mg	75	ASMANEX HFA AER 100 MCG	24
aripiprazole orally disintegrating tab 15 mg	75	ASMANEX HFA AER 200 MCG	24
aripiprazole tab 10 mg	75	ASMANEX HFA AER 50MCG	24
aripiprazole tab 15 mg	75	aspirin chew tab 81 mg	11
aripiprazole tab 2 mg	75	Aspirin Low Dose	
aripiprazole tab 20 mg	75	see aspirin tab delayed release 81 mg	11
aripiprazole tab 30 mg	75	aspirin tab 325 mg	11
aripiprazole tab 5 mg	75	aspirin tab delayed release 325 mg	11
ARISTADA INJ 441MG/1	75	aspirin tab delayed release 81 mg	11
ARISTADA INJ 662MG/2	75	aspirin-dipyridamole cap er 12hr 25-200 mg	112
ARISTADA INJ 882MG/3	76	atazanavir sulfate cap 150 mg (base equiv)	76
armodafinil tab 150 mg	3	atazanavir sulfate cap 200 mg (base equiv)	76
armodafinil tab 200 mg	3	atazanavir sulfate cap 300 mg (base equiv)	76
armodafinil tab 250 mg	3	atazanavir sulfate-cobicistat	
armodafinil tab 50 mg	3	see EVOTAZ TAB 300-150	77
ARMOUR THYRO TAB 120MG	146	atenolol & chlorthalidone tab 100-25 mg	60
ARMOUR THYRO TAB 15MG	145	atenolol & chlorthalidone tab 50-25 mg	60
ARMOUR THYRO TAB 180MG	146	atenolol tab 100 mg	80
ARMOUR THYRO TAB 240MG	146	atenolol tab 25 mg	80
ARMOUR THYRO TAB 300MG	146	atenolol tab 50 mg	80
ARMOUR THYRO TAB 30MG	146	atomoxetine hcl cap 10 mg (base equiv)	2
ARMOUR THYRO TAB 60MG	146	atomoxetine hcl cap 100 mg (base equiv)	3
ARMOUR THYRO TAB 90MG	146	atomoxetine hcl cap 18 mg (base equiv)	2
artemether-lumefantrine		atomoxetine hcl cap 25 mg (base equiv)	3
see COARTEM TAB 20-120MG	62	atomoxetine hcl cap 40 mg (base equiv)	3
artificial tear insert		atomoxetine hcl cap 60 mg (base equiv)	3
see LACRISERT MIS 5MG OP	136	atomoxetine hcl cap 80 mg (base equiv)	3
artificial tear ophth ointment	135	atorvastatin calcium tab 10 mg (base equivalent)	52
artificial tear ophth solution	135	atorvastatin calcium tab 20 mg (base equivalent)	52
Artificial Tears			
see dextran 70-hypromellose ophth soln 0.1-0.3%	136		
see polyvinyl alcohol ophth soln 1.4%	136		
ascorbic acid tab 500 mg	154		
asenapine maleate			
see SAPHRIS SUB 10MG	74		
see SAPHRIS SUB 2.5MG	74		
see SAPHRIS SUB 5MG	74		
ASMANEX 120 AER 220MCG	23		
ASMANEX 14 AER 220MCG	23		
ASMANEX 30 AER 110MCG	23		
ASMANEX 30 AER 220MCG	23		
ASMANEX 60 AER 220MCG	23		
ASMANEX 7 AER 110MCG	23		

atorvastatin calcium tab 40 mg (base equivalent)52
atorvastatin calcium tab 80 mg (base equivalent)52
atovaquone susp 750 mg/5ml.....18
atovaquone-proguanil hcl tab 250-100 mg62
atovaquone-proguanil hcl tab 62.5-25 mg62
 ATRIPLA TAB76
 ATROPINE SUL SOL 1% OP.....136
 ATROVENT HFA AER 17MCG23
 AUBAGIO TAB 14MG143
 AUBAGIO TAB 7MG.....143
 AUGMENTIN SUS 125/5ML142
auranofin
 see RIDAURA CAP 3MG 7
 AVANDIA TAB 2MG46
 AVANDIA TAB 4MG46
 Avita
 see **tretinoin gel 0.025%**.....93
 AVONEX KIT 30MCG143
 AVONEX PEN KIT 30MCG.....143
 AVONEX PREFL KIT 30MCG.....143
 AZASITE SOL 1%137
azathioprine tab 50 mg128
azelastine hcl nasal spray 0.1% (137 mcg/spray)134
azelastine hcl ophth soln 0.05%138
azilsartan medoxomil
 see EDARBI TAB 40MG57
 see EDARBI TAB 80MG57
azithromycin (ophth)
 see AZASITE SOL 1%.....137
azithromycin for susp 100 mg/5ml
119
azithromycin for susp 200 mg/5ml
119
azithromycin powd pack for susp 1 gm119
azithromycin tab 250 mg.....119
azithromycin tab 500 mg.....119
azithromycin tab 600 mg.....119
 AZOPT SUS 1% OP138
aztreonam lysine
 see CAYSTON INH 75MG18

B
bacitracin oint 500 unit/gm93
bacitracin ophth oint 500 unit/gm
137
bacitracin zinc oint 500 unit/gm .93
bacitracin-polymyxin b oint.....93
bacitracin-polymyxin b ophth oint
137
bacitracin-polymyxin-neomycin hc
 see CORTISPORIN OIN 1%93
bacitracin-polymyxin-neomycin-hc ophth oint 1%137
baclofen tab 10 mg133
baclofen tab 20 mg133
 BALCOLTRA TAB 0.1-2087
baloxavir marboxil
 see XOFLUZA TAB 20MG80
 see XOFLUZA TAB 40MG80
balsalazide disodium cap 750 mg
106
 BANZEL SUS 40MG/ML29
 BANZEL TAB 200MG29
 BANZEL TAB 400MG29
 BAOSIMI ONE POW 3MG/DOSE42
 BARACLUDGE SOL79
 BASAGLAR INJ 100UNIT44
 BAXDELA TAB 450MG105
b-complex w/ c & folic acid cap 1 mg129
b-complex w/ c & folic acid tab .129
b-complex w/ c & folic acid tab 0.8 mg129
b-complex w/ c & folic acid tab 5 mg129
 BD U-500 MIS 31GX6MM120
 BE WELL PAK ROUNDED.....131
becaplermin
 see REGRANEX GEL 0.01%99
beclomethasone dipropionate hfa
 see QVAR REDIIHA AER 80MCG.....24
 see QVAR REDIIHAL AER 40MCG24
bedaquiline fumarate
 see SIRTURO TAB 100MG63
belatacept
 see NULOJIX INJ 250MG128
 BELSOMRA TAB 10MG117
 BELSOMRA TAB 15MG117

BELSOMRA TAB 20MG.....	117	besifloxacin hcl	
BELSOMRA TAB 5MG	117	see BESIVANCE SUS 0.6%	137
bempedoic acid		BESIVANCE SUS 0.6%.....	137
see NEXLETOL TAB 180MG	51	betaine	
bempedoic acid-ezetimibe		see CYSTADANE POW	103
see NEXLIZET TAB 180/10MG	51	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented cream 0.05%	96
tab 10-12.5 mg	60	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented gel 0.05%	96
tab 20-12.5 mg	60	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented lotion 0.05%	96
tab 20-25 mg	60	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented oint 0.05%	96
tab 5-6.25 mg	60	betamethasone dipropionate cream	
benazepril hcl tab 10 mg	55	0.05%	96
benazepril hcl tab 20 mg	55	betamethasone dipropionate lotion	
benazepril hcl tab 40 mg	55	0.05%	96
benazepril hcl tab 5 mg	55	betamethasone dipropionate oint	
BENEFIX INJ 1000UNIT	110	0.05%	96
BENEFIX INJ 2000UNIT	110	betamethasone valerate cream	
BENEFIX INJ 250UNIT.....	109	0.1% (base equivalent)	96
BENEFIX INJ 3000UNIT	110	betamethasone valerate oint 0.1%	
BENEFIX INJ 500UNIT.....	109	(base equivalent)	96
BENZNIDAZOLE TAB 100MG	18	betaxolol hcl ophth soln 0.5% ...	136
BENZNIDAZOLE TAB 12.5MG	18	betaxolol hcl tab 10 mg	80
benzocaine-docusate sodium		betaxolol hcl tab 20 mg	80
see DOCUSOL PLUS ENE 20-283 .	119	bethanechol chloride tab 10 mg	151
benzonatate cap 100 mg	91	bethanechol chloride tab 25 mg	151
benzonatate cap 200 mg	91	bethanechol chloride tab 5 mg ..	151
benzoyl peroxide		bethanechol chloride tab 50 mg	151
see ACNE MEDICAT LOT 10%.....	92	BEVESPI AER 9-4.8MCG	24
see ACNE MEDICAT LOT 5%	92	bexarotene (topical)	
benzoyl peroxide gel 10%	92	see TARGRETIN GEL 1%	95
benzoyl peroxide gel 5%	92	bexarotene cap 75 mg	67
benzoyl peroxide liq 10%	92	bicalutamide tab 50 mg	64
benzoyl peroxide liq 5%	92	bictegravir-emtricitabine-tenofovir	
Benzoyl Peroxide Wash		alafenamide fumarate	
see benzoyl peroxide liq 10% ...	92	see BIKTARVY TAB	76
benzoyl peroxide-erythromycin gel		BIKTARVY TAB.....	76
5-3%	92	bimatoprost	
benztropine mesylate tab 0.5 mg	68	see LUMIGAN SOL 0.01%.....	139
benztropine mesylate tab 1 mg ...	68	bimatoprost ophth soln 0.03% ..	139
benztropine mesylate tab 2 mg ...	68	bisacodyl suppos 10 mg	119
bepotastine besilate		bisacodyl tab delayed release 5 mg	
see BEPREVE DRO 1.5%.....	138	.....	119
BEPREVE DRO 1.5%	138	Bismatrol	
BERINERT INJ 500UNIT.....	112		

see **bismuth subsalicylate susp 262 mg/15ml**.....48

bismuth subsalicylate chew tab 262 mg48

bismuth subsalicylate susp 262 mg/15ml48

bismuth subsalicylate susp 525 mg/15ml48

bismuth subsalicylate tab 262 mg48

bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....60

bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....60

bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....60

bisoprolol fumarate tab 10 mg80

bisoprolol fumarate tab 5 mg.....80

blood glucose monitoring supplies
see TRUE METRIX KIT AIR 121

BOOSTRIX INJ 147

bosentan
see TRACLEER TAB 125MG85
see TRACLEER TAB 32MG85
see TRACLEER TAB 62.5MG85

bosentan tab 125 mg85

bosentan tab 62.5 mg85

BOTOX INJ 100UNIT 135

BOTOX INJ 200UNIT 135

Bp Cleansing Wash
see **sulfacetamide sodium-sulfur in urea emulsion 10-4%**92

Bp Gel
see **benzoyl peroxide gel 5%**92

Bp Wash
see **benzoyl peroxide liq 5%**92

Bprotected Pedia Poly-vit
see **pediatric multiple vitamin w/ c soln 35 mg/ml** 131
see **pediatric multiple vitamins w/ iron drops 10 mg/ml**..... 130

Bprotected Pedia Tri-vite
see **pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml**131

BRAINSTRONG MIS PRENATAL 131

BREO ELLIPTA INH 100-2525

BREO ELLIPTA INH 200-2525

Briellyn
see **norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg**..88

BRILINTA TAB 60MG..... 112

BRILINTA TAB 90MG..... 112

brimonidine tartrate (topical)
see MIRVASO GEL 0.33%99

brimonidine tartrate ophth soln 0.15% 137

brimonidine tartrate ophth soln 0.2% 137

brimonidine tartrate-timolol maleate
see COMBIGAN SOL 0.2/0.5% 136

brinzolamide
see AZOPT SUS 1% OP 138

brinzolamide-brimonidine tartrate
see SIMBRINZA SUS 1-0.2% 137

bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)
..... 138

bromocriptine mesylate (diabetes)
see CYCLOSET TAB 0.8MG 42

bromocriptine mesylate cap 5 mg (base equivalent) 68

bromocriptine mesylate tab 2.5 mg (base equivalent) 68

brompheniramine & pseudoephedrine elixir 1-15 mg/5ml91

BROTAPP DM LIQ 15-1-5/5.....91

BROVANA NEB 15MCG25

BRUKINSA CAP 80MG 65

budesonide (inhalation)
see PULMICORT INH 180MCG 24
see PULMICORT INH 90MCG 24

budesonide delayed release particles cap 3 mg90

budesonide inhalation susp 0.25 mg/2ml 24

budesonide inhalation susp 0.5 mg/2ml 24

budesonide nasal susp 32 mcg/act
..... 134

budesonide-formoterol fumarate dihydrate
see SYMBICORT AER 160-4.5..... 27

see SYMBICORT AER 80-4.5	27
bumetanide tab 0.5 mg	100
bumetanide tab 1 mg	100
bumetanide tab 2 mg	101
buprenorphine hcl sl tab 2 mg (base equiv)	16
buprenorphine hcl sl tab 8 mg (base equiv)	16
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	16
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	16
buprenorphine td patch weekly 10 mcg/hr	16
buprenorphine td patch weekly 15 mcg/hr	16
buprenorphine td patch weekly 20 mcg/hr	16
buprenorphine td patch weekly 5 mcg/hr	16
buprenorphine td patch weekly 7.5 mcg/hr	16
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	144
bupropion hcl tab 100 mg	33
bupropion hcl tab 75 mg	33
bupropion hcl tab er 12hr 100 mg	33
bupropion hcl tab er 12hr 150 mg	33
bupropion hcl tab er 12hr 200 mg	33
bupropion hcl tab er 24hr 150 mg	33
bupropion hcl tab er 24hr 300 mg	33
bupirone hcl tab 10 mg	20
bupirone hcl tab 15 mg	20
bupirone hcl tab 30 mg	20
bupirone hcl tab 5 mg	20
bupirone hcl tab 7.5 mg	20
butalbital-acetaminophen tab 50- 325 mg	10
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	15
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	15

butalbital-acetaminophen-caffeine cap 50-300-40 mg	10
butalbital-acetaminophen-caffeine cap 50-325-40 mg	10
butalbital-acetaminophen-caffeine tab 50-325-40 mg	10
butalbital-aspirin-caffeine cap 50- 325-40 mg	10
butenafine hcl see MENTAX CRE 1%	94
butoconazole nitrate (one dose) see GYNAZOLE-1 CRE 2%	152
butorphanol tartrate nasal soln 10 mg/ml	16
BYSTOLIC TAB 10MG	80
BYSTOLIC TAB 2.5MG	80
BYSTOLIC TAB 20MG	80
BYSTOLIC TAB 5MG	80
BYVALSON TAB 5-80MG	60
C	
c1 esterase inhibitor (human) see BERINERT INJ 500UNIT	112
cabergoline tab 0.5 mg	104
cabozantinib s-malate see COMETRIQ KIT 100MG	65
see COMETRIQ KIT 140MG	65
see COMETRIQ KIT 60MG	65
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2	
calcipotriene oint 0.005%	95
calcipotriene soln 0.005% (50 mcg/ml)	95
calcipotriene-betamethasone dipropionate see TACLONEX SUS	97
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	96
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	96
calcitonin (salmon) nasal soln 200 unit/act	102
Calcitrate see calcium citrate tab 950 mg (200 mg elemental ca)	125
calcitriol cap 0.25 mcg	103

<i>calcitriol cap 0.5 mcg</i>	103	<i>calcium carbonate-cholecalciferol</i>	
<i>calcitriol oint 3 mcg/gm</i>	95	<i>chew tab 500 mg-400 unit</i>	124
<i>calcium & phosphorus w/ vitamin d</i>		<i>calcium carbonate-cholecalciferol</i>	
see RISACAL-D TAB	126	<i>chew tab 500 mg-600 unit</i>	124
Calcium 500 + D		<i>calcium carbonate-cholecalciferol</i>	
see <i>calcium carbonate-vitamin d</i>		<i>tab 250 mg-125 unit</i>	124
<i>tab 500 mg-125 unit</i>	125	<i>calcium carbonate-cholecalciferol</i>	
Calcium 500/d		<i>tab 500 mg-125 unit</i>	125
see <i>calcium carbonate-</i>		<i>calcium carbonate-cholecalciferol</i>	
<i>cholecalciferol chew tab 500</i>		<i>tab 500 mg-200 unit</i>	125
<i>mg-400 unit</i>	124	<i>calcium carbonate-cholecalciferol</i>	
Calcium 600		<i>tab 500 mg-400 unit</i>	125
see <i>calcium carbonate tab 600 mg</i>		<i>calcium carbonate-cholecalciferol</i>	
.....	124	<i>tab 500 mg-600 unit</i>	125
Calcium 600 With Vitamin		<i>calcium carbonate-cholecalciferol</i>	
see <i>calcium carbonate-vitamin d</i>		<i>tab 600 mg-200 unit</i>	125
<i>chew tab 600 mg-400 unit</i> ...	125	<i>calcium carbonate-cholecalciferol</i>	
Calcium 600/vitamin D3		<i>tab 600 mg-400 unit</i>	125
see <i>calcium carbonate-</i>		<i>calcium carbonate-cholecalciferol</i>	
<i>cholecalciferol tab 600 mg-800</i>		<i>tab 600 mg-800 unit</i>	125
<i>unit</i>	125	<i>calcium carbonate-ergocalciferol</i>	
<i>calcium acetate (phosphate binder)</i>		see RA OYS SHL/D TAB 500MG ...	126
<i>cap 667 mg (169 mg ca)</i>	107	<i>calcium carbonate-mag hydrox</i>	
Calcium Antacid		see MI-ACID CHW	17
see <i>calcium carbonate (antacid)</i>		<i>calcium carbonate-mag hydroxide</i>	
<i>chew tab 500 mg</i>	17	<i>chew tab 675-135 mg</i>	17
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-mag hydroxide</i>	
<i>tab 1000 mg</i>	17	<i>susp 400-135 mg/5ml</i>	17
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d cap</i>	
<i>tab 400 mg</i>	17	<i>600 mg-200 unit</i>	125
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d chew</i>	
<i>tab 500 mg</i>	17	<i>tab 600 mg-400 unit</i>	125
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>tab 750 mg</i>	17	<i>250 mg-125 unit</i>	125
<i>calcium carbonate (antacid) susp</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>1250 mg/5ml</i>	18	<i>500 mg-125 unit</i>	125
<i>calcium carbonate tab 1250 mg</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>(500 mg elemental ca)</i>	124	<i>500 mg-200 unit</i>	125
<i>calcium carbonate tab 1500 mg</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>(600 mg elemental ca)</i>	124	<i>500 mg-400 unit</i>	125
<i>calcium carbonate tab 600 mg</i> ..	124	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-125 unit</i>	125
see CALTRATE 600 CHW 600-800	125	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-200 unit</i>	125
<i>cap 600 mg-500 unit</i>	124	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-400 unit</i>	125
<i>chew tab 500 mg-100 unit</i>	124		

calcium carb-vit d w/ minerals	
chew tab 600 mg-400 unit	124
calcium carb-vit d w/ minerals	
chew tab 600 mg-800 unit	124
CALCIUM CITR TAB 200MG.....	125
Calcium Citrate + D3	
see calcium citrate-vitamin d tab	
250 mg-200 unit (elemental ca)	
.....	125
calcium citrate tab 950 mg (200	
mg elemental ca)	125
calcium citrate-vitamin d tab 200	
mg-250 unit (elemental ca)	125
calcium citrate-vitamin d tab 250	
mg-200 unit (elemental ca)	125
calcium citrate-vitamin d tab 315	
mg-200 unit (elemental ca)	125
calcium citrate-vitamin d tab 315	
mg-250 unit (elemental ca)	125
Calcium Plus Vitamin D3	
see calcium carbonate-	
cholecalciferol cap 600 mg-500	
unit	124
calcium polycarbophil tab 625 mg	
.....	117
CALCIUM TAB 600MG	125
calcium-magnesium-zinc tab 333-	
133-5 mg	125
CALNA TAB.....	131
CALTRATE 600 CHW 600-800	125
candesartan cilexetil tab 16 mg ..	57
candesartan cilexetil tab 32 mg ..	57
candesartan cilexetil tab 4 mg	57
candesartan cilexetil tab 8 mg	57
capecitabine tab 150 mg	63
capecitabine tab 500 mg	63
CAPRELSA TAB 100MG.....	65
CAPRELSA TAB 300MG.....	65
capsaicin cream 0.1%	98
captopril & hydrochlorothiazide tab	
25-15 mg	60
captopril & hydrochlorothiazide tab	
25-25 mg	60
captopril & hydrochlorothiazide tab	
50-15 mg	60
captopril & hydrochlorothiazide tab	
50-25 mg	61
captopril tab 100 mg	55
captopril tab 12.5 mg	55
captopril tab 25 mg	55
captopril tab 50 mg	55
carbamazepine cap er 12hr 100 mg	
.....	30
carbamazepine cap er 12hr 200 mg	
.....	30
carbamazepine cap er 12hr 300 mg	
.....	30
carbamazepine chew tab 100 mg	30
carbamazepine susp 100 mg/5ml	
.....	30
carbamazepine tab 200 mg	30
carbamazepine tab er 12hr 100 mg	
.....	30
carbamazepine tab er 12hr 200 mg	
.....	30
carbamazepine tab er 12hr 400 mg	
.....	30
carbamide peroxide 6.5% otic soln	
.....	139
carbidopa & levodopa orally	
disintegrating tab 10-100 mg ...	68
carbidopa & levodopa orally	
disintegrating tab 25-100 mg ...	68
carbidopa & levodopa orally	
disintegrating tab 25-250 mg ...	68
carbidopa & levodopa tab 10-100	
mg	68
carbidopa & levodopa tab 25-100	
mg	68
carbidopa & levodopa tab 25-250	
mg	68
carbidopa & levodopa tab er 25-	
100 mg	68
carbidopa & levodopa tab er 50-	
200 mg	68
carbidopa tab 25 mg	68
carbidopa-levodopa-entacapone	
tabs 12.5-50-200 mg	68
carbidopa-levodopa-entacapone	
tabs 18.75-75-200 mg	69
carbidopa-levodopa-entacapone	
tabs 25-100-200 mg	69
carbidopa-levodopa-entacapone	
tabs 31.25-125-200 mg	69

<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	69	<i>cefixime cap 400 mg</i>	87
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	69	<i>cefixime for susp 100 mg/5ml</i>	87
<i>carbinoxamine maleate soln 4 mg/5ml</i>	50	<i>cefixime for susp 200 mg/5ml</i>	87
<i>carbinoxamine maleate tab 4 mg</i> 50		<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	87
<i>carbonyl iron</i>		<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	87
see IRON CHW PEDIATRI.....	115	<i>cefpodoxime proxetil tab 100 mg</i> 87	
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	114	<i>cefpodoxime proxetil tab 200 mg</i> 87	
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	135	<i>cefprozil for susp 125 mg/5ml</i>	86
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	135	<i>cefprozil for susp 250 mg/5ml</i>	86
CARIMUNE NF INJ 12GM	140	<i>cefprozil tab 250 mg</i>	86
<i>cariprazine hcl</i>		<i>cefprozil tab 500 mg</i>	86
see VRAYLAR CAP 1.5MG	70	<i>ceftriaxone sodium for inj 1 gm</i> ..	87
see VRAYLAR CAP 3MG.....	70	<i>cefuroxime axetil tab 250 mg</i>	87
see VRAYLAR CAP 4.5MG.....	70	<i>cefuroxime axetil tab 500 mg</i>	87
see VRAYLAR CAP 6MG.....	70	<i>celecoxib cap 100 mg</i>	7
<i>carisoprodol tab 350 mg</i>	133	<i>celecoxib cap 200 mg</i>	7
<i>carteolol hcl ophth soln 1%</i>	136	<i>celecoxib cap 400 mg</i>	7
<i>carvedilol tab 12.5 mg</i>	80	<i>celecoxib cap 50 mg</i>	7
<i>carvedilol tab 25 mg</i>	80	<i>cellulose</i>	
<i>carvedilol tab 3.125 mg</i>	80	see UNIFIBER POW	118
<i>carvedilol tab 6.25 mg</i>	80	CELONTIN CAP 300MG.....	32
CAYA DPR	120	CENTRUM SPEC PAK PRENATAL.....	131
CAYSTON INH 75MG	18	<i>cephalexin cap 250 mg</i>	86
<i>cefaclor cap 250 mg</i>	86	<i>cephalexin cap 500 mg</i>	86
<i>cefaclor cap 500 mg</i>	86	<i>cephalexin for susp 125 mg/5ml</i> 86	
<i>cefaclor for susp 125 mg/5ml</i>	86	<i>cephalexin for susp 250 mg/5ml</i> 86	
<i>cefaclor for susp 250 mg/5ml</i>	86	CERDELGA CAP 84MG	113
<i>cefaclor for susp 375 mg/5ml</i>	86	<i>ceritinib</i>	
<i>cefadroxil cap 500 mg</i>	86	see ZYKADIA CAP 150MG	67
<i>cefadroxil for susp 250 mg/5ml</i> ..	86	<i>certolizumab pegol</i>	
<i>cefadroxil for susp 500 mg/5ml</i> ..	86	see CIMZIA KIT.....	106
<i>cefadroxil tab 1 gm</i>	86	see CIMZIA KIT STARTER.....	106
<i>cefdinir cap 300 mg</i>	87	see CIMZIA PREFL KIT 200MG/ML	106
<i>cefdinir for susp 125 mg/5ml</i>	87	<i>cervical caps</i>	
<i>cefdinir for susp 250 mg/5ml</i>	87	see FEMCAP MIS 22MM	120
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	87	see FEMCAP MIS 26MM	120
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	87	see FEMCAP MIS 30MM	120
<i>cefixime</i>		CESAMET CAP 1MG	49
see SUPRAX CAP 400MG.....	87	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	50
		<i>cetirizine hcl tab 10 mg</i>	50
		<i>cetirizine hcl tab 5 mg</i>	50
		<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	91
		<i>cetorelix acetate</i>	

see CETROTIDE KIT 0.25MG 102
 CETROTIDE KIT 0.25MG..... 102
cevimeline hcl cap 30 mg 129
 CHANTIX PAK 0.5& 1MG..... 144
 CHANTIX TAB 0.5MG 144
 CHANTIX TAB 1MG 144
 CHEMET CAP 100MG 48
 Chewable Vite Childrens
 see **pediatric multiple vitamin w/
 c & fa chew tab** 131
 Chewable Vite With Iron/c
 see **pediatric multiple vitamins
 w/ iron chew tab 15 mg** 130
 Childrens Pain Reliever
 see **acetaminophen chew tab 80
 mg** 10
 Childrens Pepto
 see **calcium carbonate (antacid)
 chew tab 400 mg** 17
 Childrens Silfedrine
 see **pseudoephedrine hcl liq 15
 mg/5ml** 135
chlorambucil
 see LEUKERAN TAB 2MG 63
chlordiazepoxide hcl cap 10 mg ..21
chlordiazepoxide hcl cap 25 mg ..21
chlordiazepoxide hcl cap 5 mg21
chlorhexidine gluconate liquid 4%
 76
**chlorhexidine gluconate soln
 0.12%** 129
chloroquine phosphate tab 250 mg
 62
chloroquine phosphate tab 500 mg
 62
chlorothiazide tab 250 mg..... 101
chlorothiazide tab 500 mg..... 101
 Chlorphen Sr
 see **chlorpheniramine maleate tab
 er 12 mg** 50
**chlorpheniramine maleate syrup 2
 mg/5ml** 50
chlorpheniramine maleate tab 4 mg
 50
**chlorpheniramine maleate tab er
 12 mg** 50
chlorpromazine hcl tab 10 mg 74

chlorpromazine hcl tab 100 mg... 74
chlorpromazine hcl tab 200 mg... 74
chlorpromazine hcl tab 25 mg 74
chlorpromazine hcl tab 50 mg 74
chlorpropamide tab 100 mg 47
chlorpropamide tab 250 mg 47
chlorthalidone tab 25 mg 101
chlorthalidone tab 50 mg 101
chlorzoxazone tab 500 mg 133
**cholecalciferol cap 1.25 mg (50000
 unit)** 154
**cholecalciferol cap 125 mcg (5000
 unit)** 154
**cholecalciferol cap 25 mcg (1000
 unit)** 154
**cholecalciferol cap 250 mcg (10000
 unit)** 154
**cholecalciferol cap 50 mcg (2000
 unit)** 154
**cholecalciferol chew tab 10 mcg
 (400 unit)** 154
**cholecalciferol chew tab 25 mcg
 (1000 unit)** 154
**cholecalciferol drops 125 mcg/ml
 (5000 unit/ml)** 154
**cholecalciferol oral liquid 10
 mcg/ml (400 unit/ml)** 154
**cholecalciferol tab 10 mcg (400
 unit)** 154
**cholecalciferol tab 125 mcg (5000
 unit)** 154
**cholecalciferol tab 25 mcg (1000
 unit)** 154
**cholecalciferol tab 50 mcg (2000
 unit)** 154
**cholestyramine light powder 4
 gm/dose** 51
cholestyramine powder 4 gm/dose
 52
**choline fenofibrate cap dr 135 mg
 (fenofibric acid equiv)** 52
**choline fenofibrate cap dr 45 mg
 (fenofibric acid equiv)** 52
 CHOR GONADOT INJ 10000UNT 102
 Chromagen
 see **iron combination cap** 114
ciclesonide (nasal)

see OMNARIS SPR 134
ciclopirox olamine cream 0.77%
 (base equiv) 94
ciclopirox olamine susp 0.77%
 (base equiv) 94
ciclopirox solution 8%..... 94
cilostazol tab 100 mg 112
cilostazol tab 50 mg 112
 CIMDUO TAB 300-300 76
cimetidine tab 200 mg..... 148
cimetidine tab 300 mg..... 148
cimetidine tab 400 mg..... 148
cimetidine tab 800 mg..... 148
 CIMZIA KIT 106
 CIMZIA KIT STARTER..... 106
 CIMZIA PREFL KIT 200MG/ML 106
cinacalcet hcl
 see SENSIPAR TAB 30MG 103
 see SENSIPAR TAB 60MG 103
 see SENSIPAR TAB 90MG 103
cinacalcet hcl tab 30 mg (base equiv) 103
cinacalcet hcl tab 60 mg (base equiv) 103
cinacalcet hcl tab 90 mg (base equiv) 103
 CIPRO HC SUS OTIC 139
 CIPRODEX SUS 0.3-0.1% 140
ciprofloxacin hcl ophth soln 0.3%
 (base equivalent) 137
ciprofloxacin hcl otic soln 0.2%
 (base equivalent) 139
ciprofloxacin hcl tab 250 mg (base equiv) 105
ciprofloxacin hcl tab 500 mg (base equiv) 105
ciprofloxacin hcl tab 750 mg (base equiv) 105
ciprofloxacin-dexamethasone
 see CIPRODEX SUS 0.3-0.1% 140
ciprofloxacin-hydrocortisone
 see CIPRO HC SUS OTIC 139
citalopram hydrobromide oral soln 10 mg/5ml 33
citalopram hydrobromide tab 10 mg (base equiv) 33

citalopram hydrobromide tab 20 mg (base equiv) 33
citalopram hydrobromide tab 40 mg (base equiv) 33
 Claravis
 see *isotretinoin cap 10 mg* 92
clarithromycin for susp 125 mg/5ml 119
clarithromycin for susp 250 mg/5ml 119
clarithromycin tab 250 mg 119
clarithromycin tab 500 mg 119
 Clean & Clear Persa-gel M
 see *benzoyl peroxide gel 10%* .. 92
 Clear Soluble Fiber
 see *wheat dextrin oral powder* 118
clemastine fumarate tab 1.34 mg (1 mg base equiv) 50
clemastine fumarate tab 2.68 mg 50
 CLENPIQ SOL..... 118
clindamycin hcl cap 150 mg 18
clindamycin hcl cap 300 mg 18
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 18
clindamycin phosphate gel 1% .. 92
clindamycin phosphate lotion 1%
 92
clindamycin phosphate soln 1%.. 92
clindamycin phosphate vaginal cream 2%..... 152
clindamycin phosphate-tretinoin
 see VELTIN GEL 93
clindamycin phosphate-tretinoin gel 1.2-0.025% 92
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%
 92
clobazam tab 10 mg 29
clobazam tab 20 mg 29
clobetasol propionate cream 0.05% 96
clobetasol propionate gel 0.05% 96
clobetasol propionate oint 0.05%
 96
clobetasol propionate soln 0.05%
 96
clomipramine hcl cap 25 mg..... 36

<i>clomipramine hcl cap 50 mg</i>	36	see BENEFIX INJ 1000UNIT	110
<i>clomipramine hcl cap 75 mg</i>	36	see BENEFIX INJ 2000UNIT	110
<i>clonazepam tab 0.5 mg</i>	29	see BENEFIX INJ 250UNIT	109
<i>clonazepam tab 1 mg</i>	29	see BENEFIX INJ 3000UNIT	110
<i>clonazepam tab 2 mg</i>	29	see BENEFIX INJ 500UNIT	109
<i>clonidine hcl tab 0.1 mg</i>	58	see RIXUBIS INJ 1000UNIT	112
<i>clonidine hcl tab 0.2 mg</i>	59	see RIXUBIS INJ 2000UNIT	112
<i>clonidine hcl tab 0.3 mg</i>	59	see RIXUBIS INJ 250 UNIT	112
<i>clonidine td patch weekly 0.1 mg/24hr</i>	59	see RIXUBIS INJ 3000UNIT	112
<i>clonidine td patch weekly 0.2 mg/24hr</i>	59	see RIXUBIS INJ 500UNIT	112
<i>clonidine td patch weekly 0.3 mg/24hr</i>	59	coagulation factor viia (recombinant)	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	112	see NOVOSEVEN RT INJ 1MG	111
<i>clorazepate dipotassium tab 15 mg</i>	21	see NOVOSEVEN RT INJ 2MG	111
<i>clorazepate dipotassium tab 3.75 mg</i>	21	see NOVOSEVEN RT INJ 5MG	111
<i>clorazepate dipotassium tab 7.5 mg</i>	21	see NOVOSEVEN RT INJ 8MG	111
<i>clotrimazole cream 1%</i>	94	COARTEM TAB 20-120MG.....	62
<i>clotrimazole soln 1%</i>	94	cobicistat	
<i>clotrimazole troche 10 mg</i>	129	see TYBOST TAB 150MG.....	78
<i>clotrimazole vaginal cream 1%</i> .	152	CODEINE SULF TAB 60MG	11
<i>clotrimazole vaginal cream 2%</i> .	152	codeine sulfate tab 30 mg	11
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	94	colchicine tab 0.6 mg	108
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	94	colchicine w/ probenecid tab 0.5-500 mg	108
<i>clozapine tab 100 mg</i>	72	colesevelam hcl packet for susp 3.75 gm	52
<i>clozapine tab 200 mg</i>	72	colesevelam hcl tab 625 mg	52
<i>clozapine tab 25 mg</i>	72	colestipol hcl tab 1 gm	52
<i>clozapine tab 50 mg</i>	72	collagenase	
coagulation factor ix		see SANTYL OIN 250/GM.....	98
see ALPHANINE SD INJ 1500UNIT	109	COLY-MYCIN S SUS OTIC	140
see ALPHANINE SD INJ 500UNIT .	109	COMBIGAN SOL 0.2/0.5%	136
coagulation factor ix (recomb) fc fusion protein (rfixfc)		COMBIVENT AER 20-100	25
see ALPROLIX INJ 1000UNIT	109	COMETRIQ KIT 100MG.....	65
see ALPROLIX INJ 2000UNIT	109	COMETRIQ KIT 140MG.....	65
see ALPROLIX INJ 250UNIT	109	COMETRIQ KIT 60MG	65
see ALPROLIX INJ 3000UNIT	109	COMPLERA TAB.....	76
see ALPROLIX INJ 4000UNIT	109	CO-NATAL FA TAB 29-1MG	131
see ALPROLIX INJ 500UNIT	109	condoms - female	
coagulation factor ix (recombinant)		see FC2 FEMALE MIS CONDOM....	120
		conjugated estrogens-bazedoxifene	
		see DUAVEE TAB 0.45-20.....	104
		conjugated estrogens-medroxyprogesterone acetate	
		see PREMPHASE TAB	104
		see PREMPRO TAB	104

see PREMPRO TAB 0.3-1.5	104	CREON CAP 36000UNT.....	100
see PREMPRO TAB 0.45-1.5	104	CREON CAP 6000UNIT	99
see PREMPRO TAB 0.625-5	105	CRESEMBA CAP 186 MG.....	49
continuous blood glucose system		CRIXIVAN CAP 200MG	76
receiver		CRIXIVAN CAP 400MG	76
see DEXCOM G5 MIS RECEIVER ..	120	crizotinib	
see DEXCOM G6 MIS RECEIVER ..	120	see XALKORI CAP 200MG	67
see FREESTYLE MIS READER.....	121	see XALKORI CAP 250MG	67
continuous blood glucose system		cromolyn sodium nasal aerosol	
sensor		soln 5.2 mg/act (4%)	134
see DEXCOM G6 MIS SENSOR.....	120	cromolyn sodium ophth soln 4%	
see FREESTYLE KIT SENSOR	120	.....	138
see G5/G4 MIS SENSOR	121	cromolyn sodium soln nebu 20	
continuous blood glucose system		mg/2ml	22
transmitter		crotamiton	
see DEXCOM G5 MIS TRANSMIT ..	120	see EURAX CRE 10%	99
see DEXCOM G6 MIS TRANSMIT ..	120	CUVITRU INJ 4GM/20ML	140
copper (iud)		CUVITRU SOL 10GM/50M	140
see PARAGARD IUD T380A	89	CUVITRU SOL 1GM/5ML	140
CORDRAN 80X3 TAP 4MCG/CM	96	Cvs Af Spray Powder	
CORLANOR SOL 5MG/5ML	86	see tolnaftate aerosol pow 1% .	94
CORLANOR TAB 5MG	86	Cvs Allergy Relief Childr	
CORLANOR TAB 7.5MG	86	see diphenhydramine hcl liquid	
corn dextrin oral powder	117	12.5 mg/5ml	50
cortisone acetate tab 25 mg	90	Cvs Antacid Supreme	
CORTISPORIN OIN 1%.....	93	see calcium carbonate-mag	
Cortizone-10		hydroxide susp 400-135	
see hydrocortisone gel 1%	97	mg/5ml	17
Cortizone-10 Plus		Cvs Anti-dandruff	
see hydrocortisone-aloe vera		see selenium sulfide lotion 1% .	95
cream 1%	97	Cvs Anti-diarrheal	
COSENTYX INJ 150MG/ML	95	see loperamide hcl tab 2 mg	48
COSENTYX INJ 300DOSE.....	95	Cvs Anti-fungal Powder	
COSENTYX PEN INJ 150MG/ML.....	95	see miconazole nitrate powder	
COSENTYX PEN INJ 300DOSE	95	2%	94
COUMADIN TAB 10MG	27	Cvs B-12	
COUMADIN TAB 1MG	27	see cyanocobalamin sl tab 500	
COUMADIN TAB 2.5MG	27	mcg	113
COUMADIN TAB 2MG	27	Cvs Bismuth Maximum Stren	
COUMADIN TAB 3MG	27	see bismuth subsalicylate susp	
COUMADIN TAB 4MG	27	525 mg/15ml	48
COUMADIN TAB 5MG	27	Cvs Calcium Citrate + D	
COUMADIN TAB 6MG	27	see calcium citrate-vitamin d tab	
COUMADIN TAB 7.5MG	27	315 mg-250 unit (elemental ca)	
CREON CAP 12000UNT.....	100	.....	125
CREON CAP 24000UNT.....	100	Cvs Chocolate Laxative Pi	
CREON CAP 3000UNIT	99		

see sennosides chew tab 15 mg	119	Cvs Nasal Decongestant see pseudoephedrine hcl tab 30 mg	135
Cvs Cold & Cough Nighttim see diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	91	Cvs Nasal Decongestant Pe see phenylephrine hcl tab 10 mg	135
Cvs Cortisone Maximum Str see hydrocortisone lotion 1% ...	97	Cvs Nasal Spray see oxymetazoline hcl nasal soln 0.05%	135
Cvs D3 see cholecalciferol chew tab 25 mcg (1000 unit)	154	Cvs Natural Daily Fiber see psyllium powder 48.57% ..	117
Cvs Dry Eye Relief see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% ..	136	see psyllium powder 58.6%	118
Cvs Easy Fiber see corn dextrin oral powder ..	117	Cvs Natural Tears see dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	136
Cvs Fish Oil see omega-3 fatty acids cap delayed release 1200 mg	135	Cvs Nausea Relief see fructose-dextrose-phosphoric acid oral soln	49
Cvs Gas Relief see simethicone cap 125 mg ...	106	Cvs Nicotine Lozenge see nicotine polacrilex lozenge 2 mg	144
Cvs Gas Relief Drops Extr see simethicone liquid 40 mg/0.6ml	106	Cvs Nicotine Polacrilex see nicotine polacrilex gum 4 mg	144
Cvs Gas Relief Extra Stre see simethicone chew tab 125 mg	106	Cvs Nicotine Transdermal see nicotine td patch 24hr 21 mg/24hr	144
Cvs Gentle Laxative see bisacodyl suppos 10 mg	119	Cvs Omeprazole Magnesium see omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	149
Cvs Glycerin Adult see glycerin suppos 2 gm	118	Cvs Oyster Shell Calcium see calcium carbonate-cholecalciferol tab 500 mg-125 unit	125
Cvs Heartburn Relief see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	17	Cvs Pain & Fever Children see acetaminophen susp 160 mg/5ml	11
Cvs Ibuprofen Infants see ibuprofen susp 40 mg/ml	8	Cvs Pinworm Treatment see pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	18
Cvs Lubricant Eye Drops see carboxymethylcellulose sodium ophth soln 0.5%	135	CVS PRENATAL CHW GUMMY	131
Cvs Melatonin see melatonin cap 5 mg	5	Cvs Saline Nasal Spray see saline nasal spray 0.65% ..	134
Cvs Motion Sickness see dimenhydrinate tab 50 mg ..	49	Cvs Sleep Aid Nighttime	
Cvs Motion Sickness Relie see meclizine hcl chew tab 25 mg	49		

see **diphenhydramine hcl (sleep)**
tab 25 mg 115
 Cvs Smooth Antacid Extra
 see **calcium carbonate (antacid)**
chew tab 750 mg 17
 Cvs Sodium Chloride
 see **sodium chloride hypertonic**
ophth oint 5% 139
 see **sodium chloride hypertonic**
ophth soln 5% 139
 Cvs Triple Antibiotic
 see **neomycin-bacitracin-**
polymyxin oint 93
 Cvs Vitamin B-12 Tr
 see **cyanocobalamin tab er 1000**
mcg 113
 Cvs Vitamin B-2
 see **riboflavin tab 100 mg** 154
cyanocobalamin inj 1000 mcg/ml
 113
cyanocobalamin sl tab 1000 mcg
 113
cyanocobalamin sl tab 2500 mcg
 113
cyanocobalamin sl tab 500 mcg 113
cyanocobalamin tab 100 mcg 113
cyanocobalamin tab 1000 mcg .. 113
cyanocobalamin tab 250 mcg 113
cyanocobalamin tab 500 mcg 113
cyanocobalamin tab er 1000 mcg
 113
cyclobenzaprine hcl tab 10 mg .. 133
cyclobenzaprine hcl tab 5 mg 133
cyclopentolate hcl ophth soln 1%
 136
cyclophosphamide cap 25 mg 63
cyclophosphamide cap 50 mg 63
cycloserine cap 250 mg 63
 CYCLOSET TAB 0.8MG 42
cyclosporine
 see SANDIMMUNE CAP 100MG 128
 see SANDIMMUNE CAP 25MG 128
cyclosporine (ophth)
 see RESTASIS EMU 0.05% 137
cyclosporine cap 100 mg 128
cyclosporine cap 25 mg 128

cyclosporine modified (for
microemulsion)
 see NEORAL CAP 100MG 128
 see NEORAL CAP 25MG 128
cyclosporine modified cap 100 mg
 128
cyclosporine modified cap 25 mg
 128
cyclosporine modified cap 50 mg
 128
cyclosporine modified oral soln 100
mg/ml 128
cyproheptadine hcl syrup 2
mg/5ml 51
cyproheptadine hcl tab 4 mg 51
 CYSTADANE POW 103
 CYSTAGON CAP 150MG 108
 CYSTAGON CAP 50MG 108
 CYSTARAN SOL 0.44% 138
cysteamine bitartrate
 see CYSTAGON CAP 150MG 108
 see CYSTAGON CAP 50MG 108
cysteamine hcl
 see CYSTARAN SOL 0.44% 138
D
 D 1000
 see **cholecalciferol cap 25 mcg**
(1000 unit) 154
 D 5000
 see **cholecalciferol cap 125 mcg**
(5000 unit) 154
 D2000 Ultra Strength
 see **cholecalciferol cap 50 mcg**
(2000 unit) 154
 D3 Maximum Strength
 see **cholecalciferol drops 125**
mcg/ml (5000 unit/ml) 154
dabigatran etexilate mesylate
 see PRADAXA CAP 110MG 29
 see PRADAXA CAP 150MG 29
 see PRADAXA CAP 75MG 29
dabrafenib mesylate
 see TAFINLAR CAP 50MG 67
 see TAFINLAR CAP 75MG 67
daclatasvir dihydrochloride
 see DAKLINZA TAB 30MG 79
 see DAKLINZA TAB 60MG 79

Daily Vite	
see multiple vitamin tab	130
DAKLINZA TAB 30MG.....	79
DAKLINZA TAB 60MG.....	79
dalfampridine tab er 12hr 10 mg	
.....	143
DALIRESP TAB 250MCG	23
DALIRESP TAB 500MCG	23
dalteparin sodium	
see FRAGMIN INJ 10000/ML	28
see FRAGMIN INJ 12500UNT	28
see FRAGMIN INJ 15000UNT	29
see FRAGMIN INJ 18000UNT	29
see FRAGMIN INJ 2500/0.2.....	28
see FRAGMIN INJ 5000/0.2.....	28
see FRAGMIN INJ 7500/0.3.....	28
danazol cap 100 mg	16
danazol cap 200 mg	16
danazol cap 50 mg	16
dantrolene sodium cap 100 mg ..	133
dantrolene sodium cap 25 mg ..	133
dantrolene sodium cap 50 mg ..	133
dapagliflozin propanediol	
see FARXIGA TAB 10MG	47
see FARXIGA TAB 5MG.....	47
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	41
see XIGDUO XR TAB 10-500MG....	41
see XIGDUO XR TAB 2.5-1000	41
see XIGDUO XR TAB 5-1000MG....	41
see XIGDUO XR TAB 5-500MG	41
dapsone tab 100 mg	18
dapsone tab 25 mg	18
DARAPRIM TAB 25MG	62
darbepoetin alfa	
see ARANESP INJ 100MCG	113
see ARANESP INJ 10MCG.....	113
see ARANESP INJ 150MCG	113
see ARANESP INJ 200MCG	114
see ARANESP INJ 25MCG.....	113
see ARANESP INJ 300MCG	114
see ARANESP INJ 40MCG.....	113
see ARANESP INJ 500MCG	114
see ARANESP INJ 60MCG.....	113
darifenacin hydrobromide tab er	
24hr 15 mg (base equiv)	150
darifenacin hydrobromide tab er	
24hr 7.5 mg (base equiv)	150
darunavir ethanolate	
see PREZISTA SUS 100MG/ML	77
see PREZISTA TAB 150MG	77
see PREZISTA TAB 600MG	77
see PREZISTA TAB 75MG.....	77
see PREZISTA TAB 800MG	77
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	77
darunavir-cobicistat-emtricitabine-	
tenofovir alafenamide	
see SYMTUZA TAB	78
dasatinib	
see SPRYCEL TAB 100MG	67
see SPRYCEL TAB 140MG	67
see SPRYCEL TAB 20MG	66
see SPRYCEL TAB 50MG	66
see SPRYCEL TAB 70MG	66
see SPRYCEL TAB 80MG	66
deferasirox tab for oral susp 125	
mg	48
deferasirox tab for oral susp 250	
mg	48
deferasirox tab for oral susp 500	
mg	48
deferiprone	
see FERRIPROX TAB 1000MG	48
see FERRIPROX TAB 500MG.....	48
degarelix acetate	
see FIRMAGON INJ 80MG	64
delafloxacin meglumine	
see BAXDELA TAB 450MG.....	105
delavirdine mesylate	
see RESCRIPTOR TAB 200MG.....	78
DELSTRIGO TAB.....	76
demeclocycline hcl tab 150 mg .	145
demeclocycline hcl tab 300 mg .	145
DENAVIR CRE 1%	95
denosumab	
see PROLIA SOL 60MG/ML	102
see XGEVA INJ	102
DEPEN TITRA TAB 250MG	127
DEPO-SQ PROV INJ 104	89
Dermacerin	
see skin protectants misc - cream	
.....	98

DESCOVY TAB 200/25.....	76	<i>dexamethasone tab 2 mg</i>	90
<i>desipramine hcl tab 10 mg</i>	36	<i>dexamethasone tab 4 mg</i>	90
<i>desipramine hcl tab 100 mg</i>	36	<i>dexamethasone tab 6 mg</i>	90
<i>desipramine hcl tab 150 mg</i>	36	<i>dexchlorpheniramine maleate oral</i>	
<i>desipramine hcl tab 25 mg</i>	36	<i>soln 2 mg/5ml</i>	50
<i>desipramine hcl tab 50 mg</i>	36	DEXCOM G5 MIS RECEIVER.....	120
<i>desipramine hcl tab 75 mg</i>	36	DEXCOM G5 MIS TRANSMIT	120
<i>desloratadine tab 5 mg</i>	50	DEXCOM G6 MIS RECEIVER.....	120
<i>desmopressin acetate</i>		DEXCOM G6 MIS SENSOR	120
see STIMATE SOL 1.5MG/ML	104	DEXCOM G6 MIS TRANSMIT	120
<i>desmopressin acetate nasal spray</i>		DEXILANT CAP 30MG DR.....	148
<i>soln 0.01%</i>	104	DEXILANT CAP 60MG DR.....	148
<i>desmopressin acetate nasal spray</i>		<i>dexlansoprazole</i>	
<i>soln 0.01% (refrigerated)</i>	104	see DEXILANT CAP 30MG DR	148
<i>desmopressin acetate tab 0.1 mg</i>		see DEXILANT CAP 60MG DR	148
.....	104	<i>dexmethylphenidate hcl tab 10 mg</i>	
<i>desmopressin acetate tab 0.2 mg</i>		.....	4
.....	104	<i>dexmethylphenidate hcl tab 2.5 mg</i>	
<i>desogest-eth estrad & eth estrad</i>		.....	3
<i>tab 0.15-0.02/0.01 mg(21/5)</i> ..	87	<i>dexmethylphenidate hcl tab 5 mg</i>	3
<i>desogest-ethin est tab 0.1-</i>		<i>dextran 70-hypromellose (pf)</i>	
<i>0.025/0.125-0.025/0.15-</i>		<i>ophth soln 0.1-0.3%</i>	136
<i>0.025mg-mg</i>	87	<i>dextran 70-hypromellose ophth</i>	
<i>desogestrel & ethinyl estradiol tab</i>		<i>soln 0.1-0.3%</i>	136
<i>0.15 mg-30 mcg</i>	87	<i>dextroamphetamine sulfate cap er</i>	
<i>desonide cream 0.05%</i>	96	<i>24hr 10 mg</i>	1
<i>desonide oint 0.05%</i>	96	<i>dextroamphetamine sulfate cap er</i>	
<i>desoximetasone cream 0.05%</i> ...	96	<i>24hr 15 mg</i>	2
<i>desoximetasone cream 0.25%</i> ...	96	<i>dextroamphetamine sulfate cap er</i>	
<i>desoximetasone gel 0.05%</i>	96	<i>24hr 5 mg</i>	1
<i>desoximetasone oint 0.05%</i>	96	<i>dextroamphetamine sulfate tab 10</i>	
<i>desoximetasone oint 0.25%</i>	96	<i>mg</i>	2
<i>desvenlafaxine succinate tab er</i>		<i>dextroamphetamine sulfate tab 5</i>	
<i>24hr 100 mg (base equiv)</i>	35	<i>mg</i>	2
<i>desvenlafaxine succinate tab er</i>		<i>dextromethorphan hbr</i>	
<i>24hr 50 mg (base equiv)</i>	35	see ROBITUSSIN SYP 7.5/5ML	91
<i>dexamethasone elixir 0.5 mg/5ml</i>		<i>dextromethorphan-guaifenesin</i>	
.....	90	<i>liquid 10-100 mg/5ml</i>	91
<i>dexamethasone sodium phosphate</i>		<i>dextromethorphan-guaifenesin</i>	
<i>inj 10 mg/ml</i>	90	<i>liquid 10-200 mg/5ml</i>	91
<i>dexamethasone sodium phosphate</i>		<i>dextromethorphan-guaifenesin</i>	
<i>ophth soln 0.1%</i>	138	<i>syrup 10-100 mg/5ml</i>	91
<i>dexamethasone soln 0.5 mg/5ml</i>	90	<i>dextromethorphan-guaifenesin tab</i>	
<i>dexamethasone tab 0.5 mg</i>	90	<i>er 12hr 30-600 mg</i>	91
<i>dexamethasone tab 0.75 mg</i>	90	<i>dextrose (diabetic use)</i>	
<i>dexamethasone tab 1 mg</i>	90	see GNP GLUCOSE CHW ORANGE ..	42
<i>dexamethasone tab 1.5 mg</i>	90	Diabetic Siltussin-dm	

see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	91	diazoxide susp 50 mg/ml	42
Diabetic Tussin Allergy		dibucaine perianal ointment 1%	17
see chlorpheniramine maleate syrup 2 mg/5ml	50	diclofenac potassium tab 50 mg ...	7
Diabetic Tussin Maximum S		diclofenac sodium gel 1%	93
see dextromethorphan-guaifenesin liquid 10-200 mg/5ml	91	diclofenac sodium ophth soln 0.1%	138
DIACOMIT CAP 250MG	30	diclofenac sodium tab delayed release 25 mg	7
DIACOMIT CAP 500MG	30	diclofenac sodium tab delayed release 50 mg	7
DIACOMIT PAK 250MG	30	diclofenac sodium tab delayed release 75 mg	7
DIACOMIT PAK 500MG	30	diclofenac sodium tab er 24hr 100 mg	8
diaphragm arc-spring		dicloxacillin sodium cap 250 mg 142	
see CAYA DPR	120	dicloxacillin sodium cap 500 mg 142	
diaphragm wide seal		dicyclomine hcl cap 10 mg	147
see WIDE-SEAL DPR KIT 60	120	dicyclomine hcl oral soln 10 mg/5ml	147
see WIDE-SEAL DPR KIT 65	120	dicyclomine hcl tab 20 mg	147
see WIDE-SEAL DPR KIT 70	120	didanosine	
see WIDE-SEAL DPR KIT 75	120	see VIDEX EC CAP 125MG	78
see WIDE-SEAL DPR KIT 80	120	didanosine delayed release capsule 200 mg	76
see WIDE-SEAL DPR KIT 85	120	didanosine delayed release capsule 250 mg	76
see WIDE-SEAL DPR KIT 90	120	didanosine delayed release capsule 400 mg	76
see WIDE-SEAL DPR KIT 95	120	DIFFERIN GEL 0.1%	92
diaphragms		DIFICID TAB 200MG	120
see OMNIFLEX DPR	120	diflorasone diacetate cream 0.05%	96
diazepam (anticonvulsant)		diflorasone diacetate emollient base	
see VALTOCO LIQ 15MG	29	see APEXICON E CRE 0.05%.....	96
see VALTOCO LIQ 20MG	29	diflorasone diacetate oint 0.05% 96	
see VALTOCO SPR 10MG	29	diflunisal tab 500 mg	11
see VALTOCO SPR 5MG	29	difluprednate	
diazepam conc 5 mg/ml	21	see DUREZOL EMU 0.05%	138
Diazepam Intensol		digoxin	
see diazepam conc 5 mg/ml	21	see LANOXIN TAB 0.125MG	84
diazepam oral soln 1 mg/ml	21	see LANOXIN TAB 0.25MG	84
diazepam rectal gel delivery system 10 mg	29	digoxin oral soln 0.05 mg/ml	84
diazepam rectal gel delivery system 2.5 mg	29	digoxin tab 125 mcg (0.125 mg) .84	
diazepam rectal gel delivery system 20 mg	29	digoxin tab 250 mcg (0.25 mg) ...84	
diazepam tab 10 mg	21	dihydroergotamine mesylate inj 1 mg/ml	122
diazepam tab 2 mg	21		
diazepam tab 5 mg	21		
diazoxide			
see PROGLYCEM SUS 50MG/ML	42		

DILANTIN CAP 100MG.....	32	<i>diphenhydramine hcl elixir 12.5</i>	
DILANTIN CAP 30MG	32	<i>mg/5ml</i>	50
<i>diltiazem hcl cap er 12hr 120 mg</i>	82	<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	82	.....	50
<i>diltiazem hcl cap er 24hr 180 mg</i>	82	<i>diphenhydramine hcl liquid 12.5</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	82	<i>mg/5ml</i>	50
<i>diltiazem hcl coated beads cap er</i>		<i>diphenhydramine hcl tab 25 mg</i> ..	50
<i>24hr 120 mg.....</i>	82	<i>diphenhydramine hcl tab disint</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>12.5 mg.....</i>	50
<i>24hr 180 mg.....</i>	82	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>liq 6.25-2.5 mg/5ml</i>	91
<i>24hr 240 mg.....</i>	82	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>tab 25-10 mg.....</i>	91
<i>24hr 300 mg.....</i>	82	<i>diphenhydramine-zinc acetate</i>	
<i>diltiazem hcl extended release</i>		<i>cream 2-0.1%</i>	95
<i>beads cap er 24hr 120 mg</i>	82	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>diltiazem hcl extended release</i>		<i>0.025 mg.....</i>	48
<i>beads cap er 24hr 180 mg</i>	82	<i>dipyridamole tab 25 mg</i>	113
<i>diltiazem hcl extended release</i>		<i>dipyridamole tab 50 mg</i>	113
<i>beads cap er 24hr 240 mg</i>	82	<i>dipyridamole tab 75 mg</i>	113
<i>diltiazem hcl extended release</i>		<i>disopyramide phosphate cap 100</i>	
<i>beads cap er 24hr 300 mg</i>	82	<i>mg.....</i>	22
<i>diltiazem hcl extended release</i>		<i>disopyramide phosphate cap 150</i>	
<i>beads cap er 24hr 360 mg</i>	82	<i>mg.....</i>	22
<i>diltiazem hcl extended release</i>		<i>disulfiram tab 250 mg.....</i>	142
<i>beads cap er 24hr 420 mg</i>	82	<i>disulfiram tab 500 mg.....</i>	142
<i>diltiazem hcl tab 120 mg.....</i>	82	<i>divalproex sodium cap delayed</i>	
<i>diltiazem hcl tab 30 mg.....</i>	82	<i>release sprinkle 125 mg</i>	32
<i>diltiazem hcl tab 60 mg.....</i>	82	<i>divalproex sodium tab delayed</i>	
<i>diltiazem hcl tab 90 mg.....</i>	82	<i>release 125 mg.....</i>	32
<i>dimenhydrinate tab 50 mg.....</i>	49	<i>divalproex sodium tab delayed</i>	
<i>dimethyl fumarate</i>		<i>release 250 mg.....</i>	32
see TECFIDERA CAP 120MG.....	144	<i>divalproex sodium tab delayed</i>	
see TECFIDERA CAP 240MG.....	144	<i>release 500 mg.....</i>	32
see TECFIDERA MIS STARTER	144	<i>divalproex sodium tab er 24 hr 250</i>	
DIPENTUM CAP 250MG	106	<i>mg.....</i>	32
<i>diphenhydramine hcl</i>		<i>divalproex sodium tab er 24 hr 500</i>	
see ALER-DRYL TAB 50MG	50	<i>mg.....</i>	32
<i>diphenhydramine hcl (sleep) tab</i>		<i>docosahexaenoic acid cap 200 mg</i>	
<i>25 mg.....</i>	115	.....	135
<i>diphenhydramine hcl (sleep) tab</i>		<i>docosanol</i>	
<i>50 mg.....</i>	115	see ABREVA CRE 10%.....	95
<i>diphenhydramine hcl cap 25 mg</i> ..	50	<i>docosanol cream 10%.....</i>	95
<i>diphenhydramine hcl cap 50 mg</i> ..	50	<i>docusate calcium cap 240 mg ...</i>	119
<i>diphenhydramine hcl chew tab</i>		<i>docusate sodium</i>	
<i>12.5 mg.....</i>	50	see PEDIA-LAX LIQ 50MG.....	119
		<i>docusate sodium cap 100 mg....</i>	119

docusate sodium cap 250 mg	119	DOVATO TAB 50-300MG	76
docusate sodium cap 50 mg	119	doxazosin mesylate tab 1 mg	59
docusate sodium liquid 150 mg/15ml	119	doxazosin mesylate tab 2 mg	59
docusate sodium syrup 60 mg/15ml	119	doxazosin mesylate tab 4 mg	59
docusate sodium tab 100 mg	119	doxazosin mesylate tab 8 mg	59
DOCUSOL PLUS ENE 20-283	119	doxepin hcl (sleep)	
dofetilide cap 125 mcg (0.125 mg)	22	see SILENOR TAB 3MG.....	116
dofetilide cap 250 mcg (0.25 mg)	22	see SILENOR TAB 6MG.....	116
dofetilide cap 500 mcg (0.5 mg)	22	doxepin hcl (sleep) tab 3 mg (base equiv)	116
Dok		doxepin hcl (sleep) tab 6 mg (base equiv)	116
see docusate sodium tab 100 mg	119	doxepin hcl cap 10 mg	36
dolasetron mesylate		doxepin hcl cap 100 mg	37
see ANZEMET TAB 100MG	48	doxepin hcl cap 150 mg	37
see ANZEMET TAB 50MG	48	doxepin hcl cap 25 mg	36
dolutegravir sodium		doxepin hcl cap 50 mg	36
see TIVICAY PD TAB 5MG	78	doxepin hcl cap 75 mg	37
see TIVICAY TAB 10MG	78	doxepin hcl conc 10 mg/ml	37
see TIVICAY TAB 25MG	78	doxercalciferol cap 0.5 mcg	103
see TIVICAY TAB 50MG	78	doxercalciferol cap 1 mcg	103
dolutegravir sodium-lamivudine		doxercalciferol cap 2.5 mcg	103
see DOVATO TAB 50-300MG	76	doxycycline hyclate cap 100 mg	145
dolutegravir sodium-rilpivirine hcl		doxycycline hyclate cap 50 mg ..	145
see JULUCA TAB 50-25MG	77	doxycycline hyclate tab 100 mg	145
donepezil hydrochloride orally disintegrating tab 10 mg	142	doxycycline hyclate tab 20 mg ..	145
donepezil hydrochloride orally disintegrating tab 5 mg	142	doxycycline monohydrate cap 100 mg	145
donepezil hydrochloride tab 10 mg	142	doxycycline monohydrate cap 50 mg	145
donepezil hydrochloride tab 5 mg	142	doxycycline monohydrate tab 100 mg	145
doravirine		doxycycline monohydrate tab 50 mg	145
see PIFELTRO TAB 100MG	77	doxylamine succinate (sleep) tab 25 mg	115
doravirine-lamivudine-tenofovir disoproxil fumarate		D-PENAMINE TAB 125MG	127
see DELSTRIGO TAB	76	DRITHO-CREME CRE HP 1%	95
dornase alfa		dronabinol cap 10 mg	49
see PULMOZYME SOL 1MG/ML.....	145	dronabinol cap 2.5 mg	49
dorzolamide hcl ophth soln 2%	138	dronabinol cap 5 mg	49
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	136	dronedarone hcl	
Double Antibiotic		see MULTAQ TAB 400MG	22
see bacitracin-polymyxin b oint	93	drospirenone-ethinyl estradiol tab 3-0.02 mg	87
		drospirenone-ethinyl estradiol tab 3-0.03 mg	87

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	87	efavirenz tab 600 mg	77
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	87	efavirenz-emtricitabine-tenofovir disoproxil fumarate see ATRIPLA TAB.....	76
droxidopa see NORTHERA CAP 100MG	153	efavirenz-lamivudine-tenofovir disoproxil fumarate see SYMFI LO TAB	78
see NORTHERA CAP 200MG	153	see SYMFI TAB.....	78
see NORTHERA CAP 300MG	153	ELAPRASE INJ 6MG/3ML	103
DRYSOL SOL 20%	98	elbasvir-grazoprevir see ZEPATIER TAB 50-100MG	79
DUAVEE TAB 0.45-20.....	104	eletriptan hydrobromide tab 20 mg (base equivalent)	123
dulaglutide see TRULICITY INJ 0.75/0.5.....	43	eletriptan hydrobromide tab 40 mg (base equivalent)	123
see TRULICITY INJ 1.5/0.5	43	ELIGARD INJ 22.5MG.....	64
DULERA AER 100-5MCG	25	ELIGARD INJ 7.5MG	64
DULERA AER 200-5MCG	26	eliglustat tartrate see CERDELGA CAP 84MG	113
DULERA AER 50-5MCG.....	25	ELIQUIS TAB 2.5MG	28
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	35	ELIQUIS TAB 5MG	28
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	35	ELLA TAB 30MG	89
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	35	ELMIRON CAP 100MG	108
dupilumab see DUPIXENT INJ 200/1.14	23	eltrombopag olamine see PROMACTA TAB 12.5MG	114
see DUPIXENT INJ 300/2ML.....	98	see PROMACTA TAB 25MG	114
DUPIXENT INJ 200/1.14.....	23	see PROMACTA TAB 50MG	114
DUPIXENT INJ 300/2ML	98	see PROMACTA TAB 75MG	114
DUREZOL EMU 0.05%.....	138	Eluryng see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 89	
dutasteride cap 0.5 mg	108	elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide see GENVOYA TAB.....	77
DYRENIUM CAP 100MG	101	elvitegravir-cobicistat-emtricitabine-tenofovir df see STRIBILD TAB	78
DYRENIUM CAP 50MG	101	EMADINE SOL 0.05% OP.....	138
E		EMBEDA CAP 100-4MG	12
Ear Drops Earwax Removal see carbamide peroxide 6.5% otic soln	139	EMBEDA CAP 20-0.8MG	11
EASY NEB MIS	122	EMBEDA CAP 30-1.2MG	11
echothiophate iodide see PHOSPHOLINE SOL 0.125%OP	136	EMBEDA CAP 50-2MG	12
econazole nitrate cream 1%	94	EMBEDA CAP 60-2.4MG	12
EDARBI TAB 40MG	57	EMBEDA CAP 80-3.2MG	12
EDARBI TAB 80MG	57	EMCYT CAP 140MG.....	64
EDURANT TAB 25MG.....	77	emedastine difumarate	
efavirenz cap 200 mg	77		
efavirenz cap 50 mg	77		

see EMADINE SOL 0.05% OP	138	enalapril maleate &	
emicizumab-kxwh		hydrochlorothiazide tab 5-12.5	
see HEMLIBRA INJ 105/0.7	110	mg	61
see HEMLIBRA INJ 150/ML	110	enalapril maleate tab 10 mg	55
see HEMLIBRA INJ 30MG/ML	110	enalapril maleate tab 2.5 mg	55
see HEMLIBRA INJ 60/0.4	110	enalapril maleate tab 20 mg	55
emollient - ointment	98	enalapril maleate tab 5 mg	55
empagliflozin		ENBREL INJ 25/0.5ML	10
see JARDIANCE TAB 10MG	47	ENBREL INJ 25MG	10
see JARDIANCE TAB 25MG	47	ENBREL INJ 50MG/ML	10
empagliflozin-metformin hcl		ENBREL MINI INJ 50MG/ML	10
see SYNJARDY TAB	39	ENBREL SRCLK INJ 50MG/ML	10
see SYNJARDY TAB 12.5-500	40	ENCARE SUP 100MG	152
see SYNJARDY TAB 5-1000MG	40	ENFAMIL MIS EXPECTA	131
see SYNJARDY TAB 5-500MG	40	enfuvirtide	
see SYNJARDY XR TAB	40	see FUZEON INJ 90MG	77
see SYNJARDY XR TAB 10-1000 ...	40	ENGERIX-B INJ 10/0.5ML	151
see SYNJARDY XR TAB 25-1000 ...	40	ENGERIX-B INJ 20MCG/ML	151
see SYNJARDY XR TAB 5-1000MG ..	40	enoxaparin sodium inj 100 mg/ml	
EMSAM DIS 12MG/24H	33	.....	28
EMSAM DIS 6MG/24HR	33	enoxaparin sodium inj 120	
EMSAM DIS 9MG/24HR	33	mg/0.8ml	28
emtricitabine		enoxaparin sodium inj 150 mg/ml	
see EMTRIVA CAP 200MG	77	.....	28
see EMTRIVA SOL 10MG/ML	77	enoxaparin sodium inj 30	
emtricitabine-rilpivirine-tenofovir		mg/0.3ml	28
alafenamide fumarate		enoxaparin sodium inj 300 mg/3ml	
see ODEFSEY TAB	77	.....	28
emtricitabine-rilpivirine-tenofovir		enoxaparin sodium inj 40	
disoproxil fumarate		mg/0.4ml	28
see COMPLERA TAB	76	enoxaparin sodium inj 60	
emtricitabine-tenofovir		mg/0.6ml	28
alafenamide fumarate		enoxaparin sodium inj 80	
see DESCOVY TAB 200/25	76	mg/0.8ml	28
emtricitabine-tenofovir disoproxil		entacapone tab 200 mg	68
fumarate		entecavir	
see TRUVADA TAB 100-150	78	see BARACLUDE SOL	79
see TRUVADA TAB 133-200	78	entecavir tab 0.5 mg	79
see TRUVADA TAB 167-250	78	entecavir tab 1 mg	79
see TRUVADA TAB 200-300	78	ENTRESTO TAB 24-26MG	84
EMTRIVA CAP 200MG	77	ENTRESTO TAB 49-51MG	84
EMTRIVA SOL 10MG/ML	77	ENTRESTO TAB 97-103MG	84
enalapril maleate &		epinastine hcl ophth soln 0.05%	
hydrochlorothiazide tab 10-25		.....	138
mg	61	epinephrine (anaphylaxis)	
		see EPIPEN 2-PAK INJ 0.3MG	153
		see EPIPEN-JR INJ 0.15MG	153

see SYMJEPI INJ 0.15MG	153	ERIVEDGE CAP 150MG.....	64
see SYMJEPI INJ 0.3MG.....	153	erlotinib hcl	
EPIPEN 2-PAK INJ 0.3MG.....	153	see TARCEVA TAB 100MG.....	67
EPIPEN-JR INJ 0.15MG.....	153	see TARCEVA TAB 150MG.....	67
Epitol		see TARCEVA TAB 25MG	67
see carbamazepine tab 200 mg .	30	erlotinib hcl tab 100 mg (base	
EPIVIR HBV SOL 5MG/ML	79	equivalent)	65
eplerenone tab 25 mg	62	erlotinib hcl tab 150 mg (base	
eplerenone tab 50 mg	62	equivalent)	65
epoetin alfa		erlotinib hcl tab 25 mg (base	
see EPOGEN INJ 10000/ML	114	equivalent)	65
see EPOGEN INJ 20000/ML	114	ERTACZO CRE 2%	94
see EPOGEN INJ 3000/ML.....	114	Ery-tab	
see EPOGEN INJ 4000/ML.....	114	see erythromycin tab delayed	
see PROCREDIT INJ 2000/ML	114	release 250 mg	120
see PROCREDIT INJ 3000/ML	114	see erythromycin tab delayed	
see PROCREDIT INJ 40000/ML	114	release 333 mg	120
epoetin alfa-epbx		see erythromycin tab delayed	
see RETACRIT INJ 10000UNT	114	release 500 mg	120
see RETACRIT INJ 2000UNIT.....	114	Erythrocin Stearate	
see RETACRIT INJ 3000UNIT.....	114	see erythromycin stearate tab	
see RETACRIT INJ 40000UNT	114	250 mg	119
see RETACRIT INJ 4000UNIT.....	114	erythromycin ethylsuccinate for	
EPOGEN INJ 10000/ML.....	114	susp 200 mg/5ml	119
EPOGEN INJ 20000/ML.....	114	erythromycin ethylsuccinate for	
EPOGEN INJ 3000/ML	114	susp 400 mg/5ml	119
EPOGEN INJ 4000/ML	114	erythromycin ethylsuccinate tab	
eprosartan mesylate tab 600 mg .	57	400 mg	119
Eq Chlortabs		erythromycin ophth oint 5 mg/gm	
see chlorpheniramine maleate tab		.....	137
4 mg	50	erythromycin soln 2%	92
Eq Natural Vegetable Laxa		erythromycin stearate tab 250 mg	
see sennosides tab 8.6 mg	119	.....	119
Eq Nicotine Polacrilex		erythromycin tab 250 mg	120
see nicotine polacrilex lozenge 4		erythromycin tab 500 mg	120
mg	144	erythromycin tab delayed release	
Eq Pain Relief Adult/rapi		250 mg	120
see acetaminophen liquid 167		erythromycin tab delayed release	
mg/5ml	11	333 mg	120
ergocalciferol cap 1.25 mg (50000		erythromycin tab delayed release	
unit)	154	500 mg	120
ergoloid mesylates tab 1 mg	144	ESBRIET CAP 267MG	145
ERGOMAR SUB 2MG	122	ESBRIET TAB 267MG	145
ergotamine tartrate		ESBRIET TAB 801MG	145
see ERGOMAR SUB 2MG.....	122	escitalopram oxalate soln 5	
ergotamine w/ caffeine tab 1-100		mg/5ml (base equiv)	33
mg	122		

escitalopram oxalate tab 10 mg (base equiv)	33	estropipate tab 3 mg	105
escitalopram oxalate tab 20 mg (base equiv)	34	eszopiclone tab 1 mg	116
escitalopram oxalate tab 5 mg (base equiv)	33	eszopiclone tab 2 mg	116
Esgic		eszopiclone tab 3 mg	116
see butalbital-acetaminophen-caffeine cap 50-325-40 mg	10	etanercept	
eslicarbazepine acetate		see ENBREL INJ 25/0.5ML	10
see APTIOM TAB 200MG	29	see ENBREL INJ 25MG	10
see APTIOM TAB 400MG	29	see ENBREL INJ 50MG/ML	10
see APTIOM TAB 600MG	29	see ENBREL MINI INJ 50MG/ML	10
see APTIOM TAB 800MG	29	see ENBREL SRCLK INJ 50MG/ML ..	10
esomeprazole magnesium cap delayed release 20 mg (base eq)	148	ethacrynic acid tab 25 mg	101
estazolam tab 1 mg	116	ethambutol hcl tab 100 mg	63
estazolam tab 2 mg	116	ethambutol hcl tab 400 mg	63
esterified estrogens		ethionamide	
see MENEST TAB 0.3MG	105	see TRECATOR TAB 250MG	63
see MENEST TAB 0.625MG	105	ethosuximide cap 250 mg	32
see MENEST TAB 1.25MG	105	ethosuximide soln 250 mg/5ml ..	32
estradiol & norethindrone acetate tab 0.5-0.1 mg	104	ethotoin	
estradiol & norethindrone acetate tab 1-0.5 mg	104	see PEGANONE TAB 250MG	32
estradiol tab 0.5 mg	105	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	87
estradiol tab 1 mg	105	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	87
estradiol tab 2 mg	105	etidronate disodium tab 200 mg	102
estradiol vaginal cream 0.1 mg/gm	153	etidronate disodium tab 400 mg	102
estradiol vaginal tab 10 mcg	153	etodolac tab 400 mg	8
estradiol valerate-dienogest		etodolac tab 500 mg	8
see NATAZIA TAB	88	etonogestrel	
estramustine phosphate sodium		see NEXPLANON IMP 68MG	89
see EMCYT CAP 140MG	64	etonogestrel-ethinyl estradiol	
estrogens, conjugated		see NUVARING MIS	89
see PREMARIN TAB 0.3MG	105	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	89
see PREMARIN TAB 0.45MG	105	etoposide cap 50 mg	68
see PREMARIN TAB 0.625MG	105	etravirine	
see PREMARIN TAB 0.9MG	105	see INTELENCE TAB 100MG	77
see PREMARIN TAB 1.25MG	105	see INTELENCE TAB 200MG	77
estrogens, conjugated vaginal		see INTELENCE TAB 25MG	77
see PREMARIN VAG CRE 0.625MG	153	EUFLEXXA INJ 10MG/ML	133
estropipate tab 0.75 mg	105	EURAX CRE 10%	99
estropipate tab 1.5 mg	105	everolimus	
		see AFINITOR DIS TAB 2MG	65
		see AFINITOR DIS TAB 3MG	65
		see AFINITOR DIS TAB 5MG	65
		see AFINITOR TAB 10MG	65
		see AFINITOR TAB 2.5MG	65
		see AFINITOR TAB 5MG	65

see AFINITOR TAB 7.5MG.....	65	FANAPT TAB 12MG	70
everolimus (immunosuppressant)		FANAPT TAB 1MG	70
see ZORTRESS TAB 0.25MG.....	129	FANAPT TAB 2MG	70
see ZORTRESS TAB 0.5MG	129	FANAPT TAB 4MG	70
see ZORTRESS TAB 0.75MG.....	129	FANAPT TAB 6MG	70
see ZORTRESS TAB 1MG	129	FANAPT TAB 8MG	70
everolimus tab 0.25 mg	128	FARXIGA TAB 10MG	47
everolimus tab 0.5 mg	128	FARXIGA TAB 5MG	47
everolimus tab 0.75 mg	128	FARYDAK CAP 10MG	66
everolimus tab 2.5 mg	65	FARYDAK CAP 15MG	66
everolimus tab 5 mg	65	FARYDAK CAP 20MG	66
everolimus tab 7.5 mg	65	FC2 FEMALE MIS CONDOM	120
evolocumab		fe fumarate w/ b12-vit c-fa-ifc cap	
see REPATHA INJ 140MG/ML.....	55	110-0.015-75-0.5-240 mg	114
see REPATHA PUSH INJ 420/3.5 ...	55	FE GLUCONATE TAB 239MG.....	115
see REPATHA SURE INJ 140MG/ML	55	febuxostat	
EVOTAZ TAB 300-150	77	see ULORIC TAB 40MG	109
EXELDERM CRE 1%	94	see ULORIC TAB 80MG	109
EXELDERM SOL 1%	94	febuxostat tab 40 mg	109
exemestane tab 25 mg	64	febuxostat tab 80 mg	109
EXTAVIA INJ 0.3MG	143	FEIBA INJ.....	110
ezetimibe tab 10 mg	55	felbamate susp 600 mg/5ml	31
ezetimibe-simvastatin tab 10-10		felbamate tab 400 mg	31
mg	51	felbamate tab 600 mg	31
ezetimibe-simvastatin tab 10-20		felodipine tab er 24hr 10 mg	83
mg	51	felodipine tab er 24hr 2.5 mg	82
ezetimibe-simvastatin tab 10-40		felodipine tab er 24hr 5 mg	83
mg	51	FEMCAP MIS 22MM.....	120
ezetimibe-simvastatin tab 10-80		FEMCAP MIS 26MM.....	120
mg	51	FEMCAP MIS 30MM.....	120
EZFE FORTE CAP	131	fenofibrate micronized cap 134 mg	
F		.....	52
Fa-8		fenofibrate micronized cap 200 mg	
see folic acid cap 0.8 mg	113	.....	52
FABRAZYME INJ 5MG	103	fenofibrate micronized cap 43 mg	
factor ix complex		.....	52
see PROFILNINE INJ 1500UNIT ...	111	fenofibrate micronized cap 67 mg	
FALESSA KIT	87	.....	52
famciclovir tab 125 mg	79	fenofibrate tab 145 mg	52
famciclovir tab 250 mg	79	fenofibrate tab 160 mg	52
famciclovir tab 500 mg	79	fenofibrate tab 48 mg	52
famotidine for susp 40 mg/5ml	148	fenofibrate tab 54 mg	52
famotidine tab 10 mg	148	fenofibric acid tab 35 mg	52
famotidine tab 20 mg	148	fenopropfen calcium tab 600 mg	8
famotidine tab 40 mg	148	fenentanyl td patch 72hr 100 mcg/hr	
FANAPT PAK	70	.....	12
FANAPT TAB 10MG	70		

fentanyl td patch 72hr 12 mcg/hr	12	ferrous sulfate tab er 50 mg (elemental fe)	115
fentanyl td patch 72hr 25 mcg/hr	12	fesoterodine fumarate see TOVIAZ TAB 4MG	150
fentanyl td patch 72hr 50 mcg/hr	12	see TOVIAZ TAB 8MG	150
fentanyl td patch 72hr 75 mcg/hr	12	FETZIMA CAP 120MG	35
Ferate		FETZIMA CAP 20MG.....	35
see ferrous gluconate tab 240 mg (27 mg elemental fe)	115	FETZIMA CAP 40MG.....	35
FERRETTS TAB 325MG	115	FETZIMA CAP 80MG.....	35
FERREX 150 CAP FORTE.....	114	FETZIMA CAP TITRATIO	35
FERRIPROX TAB 1000MG.....	48	FEVERALL INF SUP 80MG	11
FERRIPROX TAB 500MG	48	FEVERALL SUP 325MG	11
ferrous fumarate		fexofenadine hcl tab 180 mg	51
see FERRETTS TAB 325MG.....	115	fexofenadine hcl tab 60 mg	50
ferrous fumarate tab 324 mg (106 mg elemental fe)	115	FIASP FLEX INJ TOUCH	44
FERROUS GLUC TAB 324MG	115	FIASP INJ 100/ML	44
ferrous gluconate tab 240 mg (27 mg elemental fe)	115	FIASP PENFIL INJ U-100	44
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	115	Fiber Laxative	
FERROUS SUL LIQ 220/5ML.....	115	see psyllium cap 0.52 gm	117
FERROUS SULF TAB 324MG EC	115	fidaxomicin	
ferrous sulfate		see DIFICID TAB 200MG	120
see SLOW FE TAB 45MG	115	filgrastim	
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	115	see NEUPOGEN INJ 300/0.5.....	114
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	115	see NEUPOGEN INJ 300MCG	114
ferrous sulfate dried tab er 45 mg (fe equivalent)	115	see NEUPOGEN INJ 480/0.8.....	114
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	115	see NEUPOGEN INJ 480MCG	114
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	115	filgrastim-aafi	
ferrous sulfate tab 325 mg (65 mg elemental fe)	115	see NIVESTYM INJ 300/0.5.....	114
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	115	see NIVESTYM INJ 300MCG	114
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	115	see NIVESTYM INJ 480/0.8.....	114
ferrous sulfate tab er 47.5 mg (elemental fe)	115	see NIVESTYM INJ 480MCG	114
		filgrastim-sndz	
		see ZARXIO INJ 300/0.5	114
		see ZARXIO INJ 480/0.8	114
		finasteride tab 5 mg	108
		ingolimod hcl	
		see GILENYA CAP 0.5MG	143
		FIRAZYR INJ 30MG/3ML	112
		FIRMAGON INJ 80MG.....	64
		FIRST-OMEPRASUS 2MG/ML.....	148
		FIRVANQ SOL 25MG/ML	18
		FIRVANQ SOL 50MG/ML	18
		flavoxate hcl tab 100 mg	151
		FLEBOGAMMA INJ DIF 5%.....	140
		flecainide acetate tab 100 mg	22
		flecainide acetate tab 150 mg	22
		flecainide acetate tab 50 mg	22

FLOVENT HFA AER 110MCG	24	fluoxetine hcl solution 20 mg/5ml	34
FLOVENT HFA AER 44MCG	24	.....	34
FLUARIX QUAD INJ 2019-20	151	fluphenazine decanoate inj 25	74
FLUBLOK QUAD INJ 2019-20	151	mg/ml	74
FLUCLVX QUAD INJ 2019-20	151	fluphenazine hcl tab 1 mg	74
fluconazole for susp 10 mg/ml	49	fluphenazine hcl tab 10 mg	74
fluconazole for susp 40 mg/ml	49	fluphenazine hcl tab 2.5 mg	74
fluconazole tab 100 mg	49	fluphenazine hcl tab 5 mg	74
fluconazole tab 150 mg	50	Flura-drops	
fluconazole tab 200 mg	50	see sodium fluoride soln 0.25	
fluconazole tab 50 mg	49	mg/drop f (from 0.55 mg/drop	
flucytosine cap 250 mg	49	naf)	126
flucytosine cap 500 mg	49	flurandrenolide	
fludrocortisone acetate tab 0.1 mg	90	see CORDRAN 80X3 TAP 4MCG/CM	96
.....	90	flurandrenolide cream 0.05%	97
FLULAVAL QUA INJ 2019-20	151	flurandrenolide lotion 0.05%	97
FLUMIST QUAD SUS 2019-20	152	flurazepam hcl cap 15 mg	116
flunisolide nasal soln 25 mcg/act		flurazepam hcl cap 30 mg	116
(0.025%)	134	flurbiprofen sodium ophth soln	
fluocinolone acetonide (otic) oil		0.03%	138
0.01%	140	flurbiprofen tab 100 mg	8
fluocinolone acetonide cream		flurbiprofen tab 50 mg	8
0.025%	96	flutamide cap 125 mg	64
fluocinolone acetonide oil 0.01%		fluticasone furoate-vilanterol	
(body oil)	96	see BREO ELLIPTA INH 100-25	25
fluocinolone acetonide oil 0.01%		see BREO ELLIPTA INH 200-25	25
(scalp oil)	96	fluticasone propionate cream	
fluocinolone acetonide oint 0.025%		0.05%	97
.....	96	fluticasone propionate hfa	
fluocinonide cream 0.05%	96	see FLOVENT HFA AER 110MCG	24
fluocinonide emulsified base cream		see FLOVENT HFA AER 44MCG	24
0.05%	97	fluticasone propionate nasal susp	
fluocinonide gel 0.05%	97	50 mcg/act	134
fluocinonide oint 0.05%	97	fluticasone propionate oint 0.005%	
fluocinonide soln 0.05%	97	.....	97
FLUORABON DRO	126	fluticasone-salmeterol aer powder	
Fluoritab		ba 100-50 mcg/dose	26
see sodium fluoride soln 0.125		fluticasone-salmeterol aer powder	
mg/drop f (0.275 mg/drop naf)		ba 113-14 mcg/act	26
.....	126	fluticasone-salmeterol aer powder	
fluorometholone ophth susp 0.1%		ba 232-14 mcg/act	26
.....	138	fluticasone-salmeterol aer powder	
fluorouracil cream 5%	95	ba 250-50 mcg/dose	26
fluoxetine hcl cap 10 mg	34	fluticasone-salmeterol aer powder	
fluoxetine hcl cap 20 mg	34	ba 500-50 mcg/dose	26
fluoxetine hcl cap 40 mg	34	fluticasone-salmeterol aer powder	
		ba 55-14 mcg/act	26

fluvastatin sodium cap 20 mg (base equivalent)	53	FRAGMIN INJ 5000/0.2	28
fluvastatin sodium cap 40 mg (base equivalent)	53	FRAGMIN INJ 7500/0.3	28
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	53	FREESTYLE KIT SENSOR	120
fluvoxamine maleate tab 100 mg	34	FREESTYLE MIS READER	121
fluvoxamine maleate tab 25 mg	34	frovatriptan succinate tab 2.5 mg (base equivalent)	123
fluvoxamine maleate tab 50 mg	34	fructose-dextrose-phosphoric acid oral soln	49
FLUZONE QUAD INJ 2019-20	152	FULPHILA INJ 6/0.6ML	114
Folbee Plus		furosemide oral soln 10 mg/ml	101
see b-complex w/ c & folic acid		furosemide oral soln 8 mg/ml	101
tab 5 mg	129	furosemide tab 20 mg	101
folic acid cap 0.8 mg	113	furosemide tab 40 mg	101
folic acid tab 1 mg	113	furosemide tab 80 mg	101
folic acid tab 400 mcg	113	FUZEON INJ 90MG	77
folic acid tab 800 mcg	113	FYCOMPA TAB 10MG	29
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	28	FYCOMPA TAB 12MG	29
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	28	FYCOMPA TAB 2MG	29
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	28	FYCOMPA TAB 4MG	29
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	28	FYCOMPA TAB 6MG	29
FORTEO SOL 600/2.4	102	FYCOMPA TAB 8MG	29
fosamprenavir calcium tab 700 mg (base equiv)	77	G	
foscarnet sodium		G5/G4 MIS SENSOR	121
see FOSCAVIR INJ 24MG/ML	79	gabapentin cap 100 mg	30
FOSCAVIR INJ 24MG/ML	79	gabapentin cap 300 mg	30
fosfomycin tromethamine		gabapentin cap 400 mg	30
see MONUROL PAK GRANULES	149	gabapentin oral soln 250 mg/5ml	30
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	61	gabapentin tab 600 mg	30
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	61	gabapentin tab 800 mg	30
fosinopril sodium tab 10 mg	55	galantamine hydrobromide cap er 24hr 16 mg	142
fosinopril sodium tab 20 mg	56	galantamine hydrobromide cap er 24hr 24 mg	142
fosinopril sodium tab 40 mg	56	galantamine hydrobromide cap er 24hr 8 mg	142
FRAGMIN INJ 10000/ML	28	galantamine hydrobromide tab 12 mg	143
FRAGMIN INJ 12500UNT	28	galantamine hydrobromide tab 4 mg	143
FRAGMIN INJ 15000UNT	29	galantamine hydrobromide tab 8 mg	143
FRAGMIN INJ 18000UNT	29	GAMASTAN INJ	140
FRAGMIN INJ 2500/0.2	28	GAMMAGARD INJ 1GM/10ML	140
		GAMMAGARD SD INJ 10GM HU	140
		ganciclovir ophthalmic	
		see ZIRGAN GEL 0.15%	137

ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	102
Gas Relief	
see simethicone susp 40 mg/0.6ml	106
gatifloxacin ophth soln 0.5%	137
gemfibrozil tab 600 mg	52
Gentak	
see gentamicin sulfate ophth oint 0.3%	137
gentamicin sulfate cream 0.1% ...93	
gentamicin sulfate oint 0.1%	93
gentamicin sulfate ophth oint 0.3%	137
gentamicin sulfate ophth soln 0.3%	137
Genteal Tears Night-time	
see white petrolatum-mineral oil ophth ointment	136
GENVOYA TAB	77
GILENYA CAP 0.5MG	143
GILOTRIF TAB 20MG	66
GILOTRIF TAB 30MG	66
GILOTRIF TAB 40MG	66
GLASSIA INJ.....	145
glatiramer acetate soln prefilled syringe 20 mg/ml	143
glatiramer acetate soln prefilled syringe 40 mg/ml	143
Glatopa	
see glatiramer acetate soln prefilled syringe 20 mg/ml ..	143
GLEOSTINE CAP 100MG	63
GLEOSTINE CAP 10MG	63
GLEOSTINE CAP 40MG	63
glimepiride tab 1 mg	47
glimepiride tab 2 mg	47
glimepiride tab 4 mg	47
glipizide tab 10 mg	47
glipizide tab 5 mg	47
glipizide tab er 24hr 10 mg	47
glipizide tab er 24hr 2.5 mg	47
glipizide tab er 24hr 5 mg	47
glipizide-metformin hcl tab 2.5-250 mg	38
glipizide-metformin hcl tab 2.5-500 mg	38
glipizide-metformin hcl tab 5-500 mg	38
GLUCAGEN INJ HYPOKIT	42
glucagon	
see BAQSIMI ONE POW 3MG/DOSE42	
glucagon (rdna)	
see GLUCAGON KIT 1MG	42
glucagon hcl (rdna)	
see GLUCAGEN INJ HYPOKIT.....	42
GLUCAGON KIT 1MG	42
glucose blood	
see TRUE METRIX TES GLUCOSE ...	99
glucose-vitamin c	
see TGT GLUCOSE CHW GRAPE	42
glyburide micronized tab 1.5 mg .47	
glyburide micronized tab 3 mg	47
glyburide micronized tab 6 mg	47
glyburide tab 1.25 mg	48
glyburide tab 2.5 mg	48
glyburide tab 5 mg	48
glyburide-metformin tab 1.25-250 mg	38
glyburide-metformin tab 2.5-500 mg	38
glyburide-metformin tab 5-500 mg	39
glycerin suppos 1.2 gm	118
glycerin suppos 2 gm	118
glycerin suppos 2.1 gm	118
glycerin suppos 80.7%	118
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	136
glycopyrrolate tab 1 mg	147
glycopyrrolate tab 2 mg	147
glycopyrrolate-formoterol fumarate	
see BEVESPI AER 9-4.8MCG	24
Gnp Allergy Relief	
see diphenhydramine hcl chew tab 12.5 mg	50
Gnp Antacid Ultra Strengt	
see calcium carbonate (antacid) chew tab 1000 mg	17
Gnp Anti-diarrheal	
see loperamide hcl cap 2 mg	48
Gnp Artificial Tears	

see polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	136	see SIMPONI INJ 50/0.5ML.....	6
Gnp Calcium 500 +d3		GOLYTELY SOL.....	118
see calcium carbonate-cholecalciferol tab 500 mg-600 unit	125	Goodsense Nasal Allergy S	
Gnp Calcium 500/d		see triamcinolone acetonide nasal aerosol suspension 55 mcg/act	134
see calcium carbonate-vitamin d tab 500 mg-200 unit	125	goserelin acetate	
Gnp Clotrimazole 3		see ZOLADEX IMP 10.8MG	65
see clotrimazole vaginal cream 2%	152	see ZOLADEX IMP 3.6MG	65
Gnp Dayhist Allergy		granisetron hcl tab 1 mg	48
see clemastine fumarate tab 1.34 mg (1 mg base equiv)	50	griseofulvin microsize susp 125 mg/5ml	49
Gnp Fiber Therapy		Guaiatussin Ac	
see methylcellulose tab 500 mg	117	see guaifenesin-codeine soln 100-10 mg/5ml	91
GNP GLUCOSE CHW ORANGE.....	42	guaifenesin liquid 100 mg/5ml ...	91
Gnp Glycerin Adult		guaifenesin syrup 100 mg/5ml ...	91
see glycerin suppos 2.1 gm	118	guaifenesin tab 200 mg	91
Gnp Glycerin Child		guaifenesin tab 400 mg	92
see glycerin suppos 1.2 gm	118	guaifenesin tab er 12hr 600 mg ..	92
Gnp Lidocaine Pain Relief		guaifenesin-codeine soln 100-10 mg/5ml	91
see lidocaine patch 4%	98	guanfacine hcl tab 1 mg	59
Gnp Loratadine		guanfacine hcl tab 2 mg	59
see loratadine syrup 5 mg/5ml ..	51	guanfacine hcl tab er 24hr 1 mg (base equiv)	3
Gnp Magnesium		guanfacine hcl tab er 24hr 2 mg (base equiv)	3
see magnesium oxide tab 250 mg	18	guanfacine hcl tab er 24hr 3 mg (base equiv)	3
Gnp Magnesium Citrate		guanfacine hcl tab er 24hr 4 mg (base equiv)	3
see magnesium citrate soln	118	GUANIDINE TAB 125MG.....	63
Gnp Miconazole 3		GYNAZOLE-1 CRE 2%.....	152
see miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	153	GYNOL II GEL 3%	152
Gnp Mucus Er		H	
see guaifenesin tab er 12hr 600 mg	92	halcinonide	
Gnp Natural Fiber		see HALOG CRE 0.1%	97
see psyllium powder 28.3%	117	see HALOG OIN 0.1%	97
Gnp Pink Bismuth		halcinonide cream 0.1%	97
see bismuth subsalicylate chew tab 262 mg	48	halobetasol propionate cream 0.05%	97
golimumab		halobetasol propionate oint 0.05%	97
see SIMPONI INJ 100MG/ML	6	HALOG CRE 0.1%.....	97
		HALOG OIN 0.1%.....	97

haloperidol decanoate im soln 100 mg/ml	72	see HEPLISAV-B INJ 20MCG	152
haloperidol decanoate im soln 50 mg/ml	72	HEPLISAV-B INJ 20/0.5ML	152
haloperidol lactate inj 5 mg/ml	72	HEPLISAV-B INJ 20MCG	152
haloperidol lactate oral conc 2 mg/ml	72	HETLIOZ CAP 20MG	117
haloperidol tab 0.5 mg	72	HIZENTRA INJ 10/50ML	140
haloperidol tab 1 mg	72	HIZENTRA INJ 1GM/5ML	140
haloperidol tab 10 mg	72	HIZENTRA INJ 2GM/10ML	140
haloperidol tab 2 mg	72	HIZENTRA INJ 4GM/20ML	140
haloperidol tab 20 mg	72	HIZENTRA SOL 20%	140
haloperidol tab 5 mg	72	Hm Fish Oil	
HAVRIX INJ 1440UNIT	152	see omega-3 fatty acids cap delayed release 1000 mg	135
HAVRIX INJ 720UNIT	152	Hm Lubricating Plus	
HELIXATE FS INJ 2000UNIT	110	see carboxymethylcellulose sodium (pf) ophth soln 0.5%	135
HELIXATE FS INJ 3000UNIT	110	Hm Nicotine Transdermal S	
HELIXATE FS INJ 500UNIT	110	see nicotine td patch 24hr 14 mg/24hr	144
HEMLIBRA INJ 105/0.7	110	Hm Vitamin C/rose Hips	
HEMLIBRA INJ 150/ML	110	see ascorbic acid tab 500 mg ..	154
HEMLIBRA INJ 30MG/ML	110	HUMALOG INJ 100/ML	44
HEMLIBRA INJ 60/0.4	110	HUMALOG JR INJ 100/ML	44
HEMOFIL M INJ 1700UNIT	110	HUMALOG KWIK INJ 100/ML	44
heparin sodium (porcine) inj 1000 unit/ml	29	HUMALOG MIX INJ 50/50	44
heparin sodium (porcine) inj 10000 unit/ml	29	HUMALOG MIX INJ 50/50KWP	45
heparin sodium (porcine) pf inj 5000 unit/0.5ml	29	HUMALOG MIX INJ 75/25KWP	45
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines		HUMALOG MIX SUS 75/25	45
see TWINRIX INJ	152	HUMATE-P SOL 2400UNIT	110
hepatitis a vaccine		HUMATE-P SOL 500-1200	110
see HAVRIX INJ 1440UNIT	152	HUMIRA INJ 10/0.1ML	6
see HAVRIX INJ 720UNIT	152	HUMIRA INJ 10MG/0.2	6
see VAQTA INJ 25/0.5ML	152	HUMIRA INJ 20/0.2ML	6
see VAQTA INJ 50UNT/ML	152	HUMIRA INJ 40/0.4ML	6
hepatitis b vaccine (recomb)		HUMIRA KIT 20MG/0.4	6
see ENGERIX-B INJ 10/0.5ML	151	HUMIRA KIT 40MG/0.8	6
see ENGERIX-B INJ 20MCG/ML	151	HUMIRA PEDIA INJ CROHNS	6
see RECOMBIVA HB INJ 10MCG/ML	152	HUMIRA PEN INJ 40/0.4ML	6
see RECOMBIVA HB INJ 5MCG/0.5	152	HUMIRA PEN INJ CD/UC/HS	6
hepatitis b vaccine recombinant adjuvanted		HUMIRA PEN KIT CD/UC/HS	6
see HEPLISAV-B INJ 20/0.5ML	152	HUMIRA PEN KIT PS/UV	6
		HUMULIN INJ 70/30	45
		HUMULIN INJ 70/30KWP	45
		HUMULIN N INJ U-100	45
		HUMULIN N INJ U-100KWP	45
		HUMULIN R INJ U-100	45
		HUMULIN R INJ U-500	45

hydralazine hcl tab 10 mg	62	hydrocortisone perianal cream	
hydralazine hcl tab 100 mg	62	2.5%	17
hydralazine hcl tab 25 mg	62	hydrocortisone tab 10 mg	90
hydralazine hcl tab 50 mg	62	hydrocortisone tab 20 mg	90
hydrochlorothiazide cap 12.5 mg		hydrocortisone tab 5 mg	90
.....	101	hydrocortisone valerate cream	
hydrochlorothiazide tab 12.5 mg		0.2%	97
.....	101	hydrocortisone w/ acetic acid otic	
hydrochlorothiazide tab 25 mg.	101	soln 1-2%	140
hydrochlorothiazide tab 50 mg.	101	hydrocortisone-aloe vera cream	
hydrocodone bitartrate		0.5%	97
see HYSINGLA ER TAB 100 MG.....	12	hydrocortisone-aloe vera cream	
see HYSINGLA ER TAB 120 MG.....	12	1%	97
see HYSINGLA ER TAB 20 MG	12	hydromorphone hcl tab 2 mg	12
see HYSINGLA ER TAB 30 MG	12	hydromorphone hcl tab 4 mg	12
see HYSINGLA ER TAB 40 MG	12	hydromorphone hcl tab 8 mg	12
see HYSINGLA ER TAB 60 MG	12	hydromorphone hcl tab er 24hr	
see HYSINGLA ER TAB 80 MG	12	deter 12 mg	12
hydrocodone w/ homatropine		hydromorphone hcl tab er 24hr	
syrup 5-1.5 mg/5ml	91	deter 16 mg	12
hydrocodone-acetaminophen soln		hydromorphone hcl tab er 24hr	
7.5-325 mg/15ml	15	deter 32 mg	12
hydrocodone-acetaminophen tab		hydromorphone hcl tab er 24hr	
10-325 mg	15	deter 8 mg	12
hydrocodone-acetaminophen tab 5-		Hydrophor	
325 mg	15	see emollient - ointment	98
hydrocodone-acetaminophen tab		hydroxychloroquine sulfate tab 200	
7.5-325 mg	15	mg	62
hydrocodone-ibuprofen tab 10-200		hydroxyprogesterone caproate im	
mg	15	in oil 1.25 gm/5ml	64
hydrocodone-ibuprofen tab 7.5-		hydroxyprogesterone caproate im	
200 mg	15	in oil 250 mg/ml	142
Hydrocortisone 1% In Abso		hydroxyurea cap 500 mg	67
see hydrocortisone oint 1%	97	hydroxyzine hcl syrup 10 mg/5ml	
hydrocortisone acetate cream 1%		.....	20
.....	97	hydroxyzine hcl tab 10 mg	20
hydrocortisone cream 0.5%	97	hydroxyzine hcl tab 25 mg	20
hydrocortisone cream 1%	97	hydroxyzine hcl tab 50 mg	20
hydrocortisone cream 2.5%	97	hydroxyzine pamoate cap 100 mg	
hydrocortisone enema 100		.....	20
mg/60ml	17	hydroxyzine pamoate cap 25 mg.	20
hydrocortisone gel 1%	97	hydroxyzine pamoate cap 50 mg.	20
hydrocortisone lotion 1%	97	hyoscyamine sulfate elixir 0.125	
hydrocortisone lotion 2.5%	97	mg/5ml	147
hydrocortisone oint 0.5%	97	hyoscyamine sulfate sl tab 0.125	
hydrocortisone oint 1%	97	mg	147
hydrocortisone oint 2.5%	97		

hyoscyamine sulfate soln 0.125 mg/ml	147	see FIRAZYR INJ 30MG/3ML	112
hyoscyamine sulfate tab 0.125 mg	147	icatibant acetate inj 30 mg/3ml (base equivalent)	112
hyoscyamine sulfate tab disint 0.125 mg	147	ICLUSIG TAB 15MG	66
hyoscyamine sulfate tab er 12hr 0.375 mg	147	ICLUSIG TAB 45MG	66
Hyosyne		idelalisib	
see hyoscyamine sulfate elixir 0.125 mg/5ml	147	see ZYDELIG TAB 100MG	67
hypromellose ophth soln 0.3% ..	136	see ZYDELIG TAB 150MG	67
HYQVIA INJ 10-800	141	idursulfase	
HYQVIA INJ 2.5-200	141	see ELAPRASE INJ 6MG/3ML	103
HYQVIA INJ 20-1600	141	iloperidone	
HYQVIA INJ 30-2400	141	see FANAPT PAK	70
HYQVIA INJ 5-400	141	see FANAPT TAB 10MG	70
HYSINGLA ER TAB 100 MG	12	see FANAPT TAB 12MG	70
HYSINGLA ER TAB 120 MG	12	see FANAPT TAB 1MG	70
HYSINGLA ER TAB 20 MG	12	see FANAPT TAB 2MG	70
HYSINGLA ER TAB 30 MG	12	see FANAPT TAB 4MG	70
HYSINGLA ER TAB 40 MG	12	see FANAPT TAB 6MG	70
HYSINGLA ER TAB 60 MG	12	see FANAPT TAB 8MG	70
HYSINGLA ER TAB 80 MG	12	iloprost	
I		see VENTAVIS SOL 10MCG/ML	85
ibandronate sodium tab 150 mg (base equivalent)	102	see VENTAVIS SOL 20MCG/ML	85
IBRANCE CAP 100MG	66	imatinib mesylate tab 100 mg (base equivalent)	66
IBRANCE CAP 125MG	66	imatinib mesylate tab 400 mg (base equivalent)	66
IBRANCE CAP 75MG	66	IMBRUVICA CAP 140MG	66
IBRANCE TAB 100MG	66	imipramine hcl tab 10 mg	37
IBRANCE TAB 125MG	66	imipramine hcl tab 25 mg	37
IBRANCE TAB 75MG	66	imipramine hcl tab 50 mg	37
ibrutinib		imiquimod cream 5%	98
see IMBRUVICA CAP 140MG	66	immune globulin (human) im	
ibuprofen cap 200 mg	8	see GAMASTAN INJ	140
ibuprofen chew tab 100 mg	8	immune globulin (human) iv	
Ibuprofen Childrens		see CARIMUNE NF INJ 12GM	140
see ibuprofen susp 100 mg/5ml ..	8	see FLEBOGAMMA INJ DIF 5%	140
ibuprofen susp 100 mg/5ml	8	see GAMMAGARD SD INJ 10GM HU	140
ibuprofen susp 40 mg/ml	8	see OCTAGAM INJ 5GM	140
ibuprofen tab 100 mg	8	see PRIVIGEN INJ 20GRAMS	140
ibuprofen tab 200 mg	8	immune globulin (human) iv or subcutaneous	
ibuprofen tab 400 mg	8	see GAMMAGARD INJ 1GM/10ML ..	140
ibuprofen tab 600 mg	8	immune globulin (human) subcutaneous	
ibuprofen tab 800 mg	8	see CUVITRU INJ 4GM/20ML	140
icatibant acetate		see CUVITRU SOL 10GM/50M	140

see CUVITRU SOL 1GM/5ML..... 140
 see HIZENTRA INJ 10/50ML..... 140
 see HIZENTRA INJ 1GM/5ML 140
 see HIZENTRA INJ 2GM/10ML 140
 see HIZENTRA INJ 4GM/20ML 140
 see HIZENTRA SOL 20% 140
**immune globulin (human)-
 hyaluronidase (human
 recombinant)**
 see HYQVIA INJ 10-800..... 141
 see HYQVIA INJ 2.5-200..... 141
 see HYQVIA INJ 20-1600..... 141
 see HYQVIA INJ 30-2400..... 141
 see HYQVIA INJ 5-400 141
 Inatal Gt
 see **prenatal vit w/ dss-iron
 carbonyl-fa tab 90-1 mg** 132
 INCRELEX INJ 40MG/4ML 102
 INCRUSE ELPT INH 62.5MCG 23
indacaterol maleate
 see ARCAPTA CAP 75MCG..... 24
indapamide tab 1.25 mg..... 101
indapamide tab 2.5 mg..... 101
indinavir sulfate
 see CRIXIVAN CAP 200MG 76
 see CRIXIVAN CAP 400MG 76
indomethacin cap 25 mg 8
indomethacin cap 50 mg 8
 INFLECTRA INJ 100MG..... 106
infliximab
 see REMICADE INJ 100MG 107
infliximab-abda
 see RENFLEXIS INJ 100MG 107
infliximab-dyyb
 see INFLECTRA INJ 100MG 106
**influenza virus vac recomb
 hemagglutinin (ha) quadrivalent**
 see FLUBLOK QUAD INJ 2019-20. 151
**influenza virus vaccine live
 quadrivalent**
 see FLUMIST QUAD SUS 2019-20 152
**influenza virus vaccine split
 quadrivalent**
 see AFLURIA QUAD INJ 2019-20 . 151
 see FLUARIX QUAD INJ 2019-20 . 151
 see FLULAVAL QUA INJ 2019-20.. 151
 see FLUZONE QUAD INJ 2019-20 152

**influenza virus vaccine tissue-
 cultured subunit quadrivalent**
 see FLUCLVX QUAD INJ 2019-20. 151
ingenol mebutate
 see PICATO GEL 0.015% 95
 see PICATO GEL 0.05%..... 95
inositol niacinate cap 500 mg..... 84
 INSPIRACHAMB MIS LARGE..... 122
insulin aspart
 see NOVOLOG INJ 100/ML 46
 see NOVOLOG INJ FLEXPEN 46
 see NOVOLOG INJ PENFILL..... 46
insulin aspart (with niacinamide)
 see FIASP FLEX INJ TOUCH..... 44
 see FIASP INJ 100/ML..... 44
 see FIASP PENFIL INJ U-100 44
**insulin aspart protamine & aspart
 (human)**
 see NOVOLOG MIX INJ 70/30..... 46
 see NOVOLOG MIX INJ FLEXPEN... 46
insulin degludec
 see TRESIBA FLEX INJ 100UNIT ... 46
 see TRESIBA FLEX INJ 200UNIT ... 46
 see TRESIBA INJ 100UNIT 46
insulin detemir
 see LEVEMIR INJ 45
 see LEVEMIR INJ FLEXTouc 45
insulin glargine
 see BASAGLAR INJ 100UNIT 44
insulin glulisine
 see APIDRA INJ SOLOSTAR..... 44
 see APIDRA INJ U-100 44
 INSULIN LISP INJ 100/ML 45
insulin lispro
 see ADMELOG INJ 100U/ML 43
 see ADMELOG SOLO INJ 100U/ML . 44
 see HUMALOG INJ 100/ML 44
 see HUMALOG JR INJ 100/ML..... 44
 see HUMALOG KWIK INJ 100/ML ... 44
insulin lispro protamine & lispro
 see HUMALOG MIX INJ 50/50..... 44
 see HUMALOG MIX INJ 50/50KWP . 45
 see HUMALOG MIX INJ 75/25KWP . 45
 see HUMALOG MIX SUS 75/25 45
insulin nph (human) (isophane)
 see HUMULIN N INJ U-100..... 45
 see HUMULIN N INJ U-100KWP 45

see NOVOLIN N INJ U-100	46	see INSULIN SYRG MIS 0.5/31G .	121
insulin nph isophane & reg		see INSULIN SYRG MIS 1ML/28G	121
(human)		see INSULIN SYRG MIS 1ML/29G	121
see HUMULIN INJ 70/30	45	see INSULIN SYRG MIS 1ML/30G	121
see HUMULIN INJ 70/30KWP.....	45	see INSULIN SYRG MIS 1ML/31G	122
see NOVOLIN INJ 70/30	45	insulin syringe/needle u-500	
see NOVOLIN INJ 70/30 FP.....	45	see BD U-500 MIS 31GX6MM.....	120
insulin pen needle		INTELENCE TAB 100MG	77
see PEN NEEDLES MIS 29GX10MM		INTELENCE TAB 200MG	77
.....	122	INTELENCE TAB 25MG	77
see PEN NEEDLES MIS 29GX12.7	122	interferon alfa-2b	
see PEN NEEDLES MIS 29GX12MM		see INTRON A INJ 10MU.....	67
.....	122	see INTRON A INJ 18MU.....	67
see PEN NEEDLES MIS 31GX5MM	122	see INTRON A INJ 25MU.....	67
see PEN NEEDLES MIS 31GX6MM	122	see INTRON A INJ 50MU.....	67
see PEN NEEDLES MIS 31GX8MM	122	interferon beta-1a	
see PEN NEEDLES MIS 32GX4MM	122	see AVONEX KIT 30MCG.....	143
see PEN NEEDLES MIS 32GX6MM	122	see AVONEX PEN KIT 30MCG.....	143
see PEN NEEDLES MIS 32GX8MM	122	see AVONEX PREFL KIT 30MCG ...	143
insulin regular (human)		interferon beta-1b	
see AFREZZA POW 12 UNIT	44	see EXTAVIA INJ 0.3MG	143
see AFREZZA POW 4-8 UNIT	44	interferon gamma-1b	
see AFREZZA POW 4-8-12	44	see ACTIMMUNE INJ 2MU/0.5	67
see AFREZZA POW 4UNIT	44	INTRON A INJ 10MU	67
see AFREZZA POW 8 UNIT	44	INTRON A INJ 18MU	67
see AFREZZA POW 8-12UNIT	44	INTRON A INJ 25MU	67
see HUMULIN R INJ U-100	45	INTRON A INJ 50MU	67
see HUMULIN R INJ U-500	45	INVEGA SUST INJ 117/0.75.....	70
see NOVOLIN R INJ U-100	46	INVEGA SUST INJ 156MG/ML.....	71
INSULIN SYRG MIS 0.3/29G	121	INVEGA SUST INJ 234/1.5	71
INSULIN SYRG MIS 0.3/30G	121	INVEGA SUST INJ 39/0.25	70
INSULIN SYRG MIS 0.3/31G	121	INVEGA SUST INJ 78/0.5ML	70
INSULIN SYRG MIS 0.5/28G	121	INVEGA TRINZ INJ 273MG.....	71
INSULIN SYRG MIS 0.5/29G	121	INVEGA TRINZ INJ 410MG.....	71
INSULIN SYRG MIS 0.5/30G	121	INVEGA TRINZ INJ 546MG.....	71
INSULIN SYRG MIS 0.5/31G	121	INVEGA TRINZ INJ 819MG.....	71
INSULIN SYRG MIS 1ML/28G	121	INVIRASE TAB 500MG	77
INSULIN SYRG MIS 1ML/29G	121	ipratropium bromide hfa	
INSULIN SYRG MIS 1ML/30G	121	see ATROVENT HFA AER 17MCG....	23
INSULIN SYRG MIS 1ML/31G	122	ipratropium bromide inhal soln	
insulin syringe/needle u-100		0.02%	23
see INSULIN SYRG MIS 0.3/29G..	121	ipratropium bromide nasal soln	
see INSULIN SYRG MIS 0.3/30G..	121	0.03% (21 mcg/spray)	134
see INSULIN SYRG MIS 0.3/31G..	121	ipratropium bromide nasal soln	
see INSULIN SYRG MIS 0.5/28G..	121	0.06% (42 mcg/spray)	134
see INSULIN SYRG MIS 0.5/29G..	121	ipratropium-albuterol	
see INSULIN SYRG MIS 0.5/30G..	121	see COMBIVENT AER 20-100	25

ipratropium-albuterol nebu soln	
0.5-2.5(3) mg/3ml	26
irbesartan tab 150 mg	58
irbesartan tab 300 mg	58
irbesartan tab 75 mg	58
irbesartan-hydrochlorothiazide tab	
150-12.5 mg	61
irbesartan-hydrochlorothiazide tab	
300-12.5 mg	61
IRON CHW PEDIATRI	115
iron combination cap	114
iron polysacch complex-vit b12-fa	
cap 150-0.025-1 mg	114
irrigation solution, physiological	129
isavuconazonium sulfate	
see CRESEMBA CAP 186 MG	49
ISENTRESS CHW 100MG	77
ISENTRESS CHW 25MG	77
ISENTRESS HD TAB 600MG	77
ISENTRESS POW 100MG	77
ISENTRESS TAB 400MG	77
isocarboxazid	
see MARPLAN TAB 10MG	33
isoniazid syrup 50 mg/5ml	63
isoniazid tab 100 mg	63
isoniazid tab 300 mg	63
isoniazid-rifampin w/	
pyrazinamide	
see RIFATER TAB	63
isopropyl alcohol-glycerin otic	
liquid 95-5%	139
isosorbide dinitrate tab 10 mg	19
isosorbide dinitrate tab 20 mg	19
isosorbide dinitrate tab 30 mg	19
isosorbide dinitrate tab 5 mg	19
isosorbide mononitrate tab 10 mg	
.....	19
isosorbide mononitrate tab 20 mg	
.....	19
isosorbide mononitrate tab er 24hr	
120 mg	19
isosorbide mononitrate tab er 24hr	
30 mg	19
isosorbide mononitrate tab er 24hr	
60 mg	19
isotretinoin cap 10 mg	92
isotretinoin cap 20 mg	92
isotretinoin cap 30 mg	92
isotretinoin cap 40 mg	92
isradipine cap 2.5 mg	83
isradipine cap 5 mg	83
itraconazole cap 100 mg	50
ivabradine hcl	
see CORLANOR SOL 5MG/5ML	86
see CORLANOR TAB 5MG	86
see CORLANOR TAB 7.5MG	86
ivacaftor	
see KALYDECO PAK 25MG	145
see KALYDECO PAK 50MG	145
see KALYDECO PAK 75MG	145
see KALYDECO TAB 150MG	145
ivermectin (pediculicide)	
see SKLICE LOT 0.5%	99
ivermectin tab 3 mg	18
J	
JAKAFI TAB 10MG	66
JAKAFI TAB 15MG	66
JAKAFI TAB 20MG	66
JAKAFI TAB 25MG	66
JAKAFI TAB 5MG	66
JANUMET TAB 50-1000	39
JANUMET TAB 50-500MG	39
JANUMET XR TAB 100-1000	39
JANUMET XR TAB 50-1000	39
JANUMET XR TAB 50-500MG	39
JANUVIA TAB 100MG	42
JANUVIA TAB 25MG	42
JANUVIA TAB 50MG	42
JARDIANCE TAB 10MG	47
JARDIANCE TAB 25MG	47
JENTADUETO TAB 2.5-1000	39
JENTADUETO TAB 2.5-500	39
JENTADUETO TAB 2.5-850	39
JENTADUETO TAB XR	39
Jinteli	
see norethindrone acetate-ethinyl	
estradiol tab 1 mg-5 mcg	104
JULUCA TAB 50-25MG	77
Junel 1.5/30	
see norethindrone ace & ethinyl	
estradiol tab 1.5 mg-30 mcg ..	88
Junel Fe 1.5/30	

see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**88

K

KALETRA TAB 100-25MG77
 KALETRA TAB 200-50MG77
 KALYDECO PAK 25MG145
 KALYDECO PAK 50MG145
 KALYDECO PAK 75MG145
 KALYDECO TAB 150MG145

Kelnor 1/50

see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**87

KEPIVANCE INJ 6.25MG67
ketoconazole cream 2%94
ketoconazole shampoo 2%94
ketoconazole tab 200 mg50
ketorolac tromethamine ophth soln 0.4%138
ketorolac tromethamine ophth soln 0.5%138
ketorolac tromethamine tab 10 mg8

ketotifen fumarate ophth soln 0.025% (base equiv)138

KEVZARA INJ 150/1.147
 KEVZARA INJ 200/1.147
 KINERET INJ7
 KISQALI 200 PAK FEMARA65
 KISQALI 400 PAK FEMARA65
 KISQALI 600 PAK FEMARA65
 KISQALI TAB 200DOSE66
 KISQALI TAB 400DOSE66
 KISQALI TAB 600DOSE66

Klor-con/ef

see **potassium bicarbonate effer tab 25 meq**127

KOATE-DVI INJ 1000UNIT110
 KOATE-DVI INJ 250UNIT110
 KOATE-DVI INJ 500UNIT110
 KOGENATE FS INJ 1000UNIT110
 KOGENATE FS INJ 2000UNIT110
 KOGENATE FS INJ 250UNIT110
 KOGENATE FS INJ 3000UNIT110

Konsyl

see **psyllium powder 30.9%**117
 KONSYL DAILY POW 100%117

KONSYL DAILY POW 28.3%117
 KONSYL-D POW 52.3%117
 KOVALTRY INJ 1000UNIT110
 KOVALTRY INJ 2000UNIT110
 KOVALTRY INJ 250UNIT110
 KOVALTRY INJ 3000UNIT110
 KOVALTRY INJ 500UNIT110

Kp Vitamin D

see **cholecalciferol chew tab 10 mcg (400 unit)**154

KPN PRENATAL TAB131
 KUVAN TAB 100MG103
 KYLEENA IUD 19.5MG89

L

labetalol hcl tab 100 mg80
labetalol hcl tab 200 mg80
labetalol hcl tab 300 mg80

lacosamide

see VIMPAT SOL 10MG/ML31
 see VIMPAT TAB 100MG31
 see VIMPAT TAB 150MG31
 see VIMPAT TAB 200MG31
 see VIMPAT TAB 50MG31

LACRISERT MIS 5MG OP136

lactic acid (ammonium lactate)

cream 12%98

lactic acid (ammonium lactate)

lotion 12%98

lactulose (encephalopathy)

solution 10 gm/15ml107

lactulose solution 10 gm/15ml .118

lamivudine (hbv)

see EPIVIR HBV SOL 5MG/ML79

lamivudine oral soln 10 mg/ml ...77

lamivudine tab 100 mg (hbv)79

lamivudine tab 150 mg77

lamivudine tab 300 mg77

lamivudine-tenofovir disoproxil fumarate

see CIMDUO TAB 300-30076

lamivudine-zidovudine tab 150-300 mg77

lamotrigine tab 100 mg30

lamotrigine tab 150 mg30

lamotrigine tab 200 mg30

lamotrigine tab 25 mg30

lamotrigine tab chewable dispersible 25 mg	30	see REVLIMID CAP 15MG.....	128
lamotrigine tab chewable dispersible 5 mg	30	see REVLIMID CAP 2.5MG.....	128
Lanacort 10		see REVLIMID CAP 20MG.....	128
see hydrocortisone acetate cream 1%	97	see REVLIMID CAP 25MG.....	128
lanadelumab-flyo		see REVLIMID CAP 5MG	128
see TAKHZYRO INJ 300/2ML	112	lenvatinib mesylate	
LANCETS MIS 30G.....	121	see LENVIMA CAP 10 MG.....	66
Land Before Time Multivit		see LENVIMA CAP 12MG	66
see pediatric multiple vitamin w/ extra c & fa chew tab	131	see LENVIMA CAP 14 MG.....	66
LANOXIN TAB 0.125MG	84	see LENVIMA CAP 18 MG.....	66
LANOXIN TAB 0.25MG	84	see LENVIMA CAP 20 MG.....	66
lansoprazole cap delayed release 15 mg	148	see LENVIMA CAP 24 MG.....	66
lansoprazole cap delayed release 30 mg	149	see LENVIMA CAP 4MG.....	66
lanthanum carbonate chew tab 1000 mg (elemental)	107	see LENVIMA CAP 8 MG.....	66
lanthanum carbonate chew tab 500 mg (elemental)	107	LENVIMA CAP 10 MG	66
lanthanum carbonate chew tab 750 mg (elemental)	107	LENVIMA CAP 12MG	66
lapatinib ditosylate		LENVIMA CAP 14 MG	66
see TYKERB TAB 250MG	67	LENVIMA CAP 18 MG	66
Larin 24 Fe		LENVIMA CAP 20 MG	66
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	88	LENVIMA CAP 24 MG	66
LASTACFT SOL 0.25%.....	138	LENVIMA CAP 4MG	66
latanoprost ophth soln 0.005%	139	LENVIMA CAP 8 MG	66
LATUDA TAB 120MG	70	LETAIRIS TAB 10MG.....	85
LATUDA TAB 20MG.....	70	LETAIRIS TAB 5MG.....	85
LATUDA TAB 40MG.....	70	letrozole tab 2.5 mg	64
LATUDA TAB 60MG.....	70	leucovorin calcium tab 10 mg	67
LATUDA TAB 80MG.....	70	leucovorin calcium tab 15 mg	67
LEDIP-SOFOSB TAB 90-400MG	79	leucovorin calcium tab 25 mg	67
Leena		leucovorin calcium tab 5 mg	67
see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	88	LEUKERAN TAB 2MG.....	63
leflunomide tab 10 mg	9	LEUKINE INJ 250MCG	114
leflunomide tab 20 mg	9	leuprolide acetate	
lenalidomide		see ELIGARD INJ 7.5MG	64
see REVLIMID CAP 10MG.....	128	see LUPRON DEPOT INJ 3.75MG....	64
		see LUPRON DEPOT INJ 7.5MG.....	64
		leuprolide acetate & norethindrone acetate	
		see LUPANETA KIT 11.25-5.....	103
		see LUPANETA KIT 3.75-5	103
		leuprolide acetate (3 month)	
		see ELIGARD INJ 22.5MG	64
		see LUPRON DEPOT INJ 11.25MG..	64
		see LUPRON DEPOT INJ 22.5MG....	64
		leuprolide acetate (cpp)	
		see LUPR DEP-PED INJ 11.25MG .	103
		see LUPR DEP-PED INJ 15MG.....	103
		see LUPR DEP-PED INJ 7.5MG.....	103

leuprolide acetate (cpp) (3 month)	
see LUPR DEP-PED INJ 11.25MG..	103
see LUPR DEP-PED INJ 3M 30MG.	103
leuprolide acetate inj kit 5 mg/ml	64
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	26
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	26
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	26
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	26
LEVEMIR INJ.....	45
LEVEMIR INJ FLEXTOU.....	45
levetiracetam oral soln 100 mg/ml	30
levetiracetam tab 1000 mg	30
levetiracetam tab 250 mg	30
levetiracetam tab 500 mg	30
levetiracetam tab 750 mg	30
levetiracetam tab er 24hr 500 mg	30
levetiracetam tab er 24hr 750 mg	30
levobunolol hcl ophth soln 0.5%	136
levocarnitine oral soln 1 gm/10ml (10%)	103
levocarnitine tab 330 mg	103
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	51
levocetirizine dihydrochloride tab 5 mg	51
levofloxacin ophth soln 0.5%	137
levofloxacin oral soln 25 mg/ml	105
levofloxacin tab 250 mg	105
levofloxacin tab 500 mg	105
levofloxacin tab 750 mg	105
levomilnacipran hcl	
see FETZIMA CAP 120MG	35
see FETZIMA CAP 20MG	35
see FETZIMA CAP 40MG	35
see FETZIMA CAP 80MG	35
see FETZIMA CAP TITRATIO.....	35
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	87
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	88
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	88
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	88
levonorgestrel (iud)	
see KYLEENA IUD 19.5MG	89
see LILETTA IUD 52MG	89
see MIRENA IUD SYSTEM	89
see SKYLA IUD 13.5MG	89
levonorgestrel tab 1.5 mg	89
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	88
levonorgestrel-ethinyl estradiol & folic acid	
see FALESSA KIT.....	87
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	88
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	
see BALCOLTRA TAB 0.1-20.....	87
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	87
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	88
levothyroxine sodium	
see SYNTHROID TAB 100MCG	146
see SYNTHROID TAB 112MCG	146
see SYNTHROID TAB 125MCG	146
see SYNTHROID TAB 137MCG	146
see SYNTHROID TAB 150MCG	146
see SYNTHROID TAB 175MCG	146
see SYNTHROID TAB 200MCG	146
see SYNTHROID TAB 25MCG.....	146
see SYNTHROID TAB 300MCG.....	147
see SYNTHROID TAB 50MCG.....	146
see SYNTHROID TAB 75MCG.....	146
see SYNTHROID TAB 88MCG.....	146
levothyroxine sodium tab 100 mcg	146

levothyroxine sodium tab 112 mcg	
.....	146
levothyroxine sodium tab 125 mcg	
.....	146
levothyroxine sodium tab 137 mcg	
.....	146
levothyroxine sodium tab 150 mcg	
.....	146
levothyroxine sodium tab 175 mcg	
.....	146
levothyroxine sodium tab 200 mcg	
.....	146
levothyroxine sodium tab 25 mcg	
.....	146
levothyroxine sodium tab 300 mcg	
.....	146
levothyroxine sodium tab 50 mcg	
.....	146
levothyroxine sodium tab 75 mcg	
.....	146
levothyroxine sodium tab 88 mcg	
.....	146
Levoxyl	
see levothyroxine sodium tab 112 mcg	146
see levothyroxine sodium tab 125 mcg	146
see levothyroxine sodium tab 137 mcg	146
see levothyroxine sodium tab 150 mcg	146
see levothyroxine sodium tab 175 mcg	146
see levothyroxine sodium tab 25 mcg	146
see levothyroxine sodium tab 50 mcg	146
see levothyroxine sodium tab 75 mcg	146
see levothyroxine sodium tab 88 mcg	146
Lice Killing Maximum Stre	
see pyrethrins-piperonyl butoxide shampoo 0.33-4%	99
Lice Treatment	
see permethrin creme rinse 1%	99
lidocaine cream 4%	98
lidocaine hcl gel 2%	98
lidocaine hcl soln 4%	98
lidocaine hcl urethral/mucosal gel 2%	98
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	98
lidocaine hcl viscous soln 2%	129
lidocaine patch 4%	98
lidocaine patch 5%	98
lidocaine-prilocaine cream 2.5-2.5%	98
lidocaine-tetracaine	
see SYNERA DIS 70-70MG	98
LILETTA IUD 52MG	89
linaclotide	
see LINZESS CAP 145MCG	107
see LINZESS CAP 290MCG	107
see LINZESS CAP 72MCG	107
linagliptin	
see TRADJENTA TAB 5MG	42
linagliptin-metformin hcl	
see JENTADUETO TAB 2.5-1000	39
see JENTADUETO TAB 2.5-500	39
see JENTADUETO TAB 2.5-850	39
see JENTADUETO TAB XR	39
lindane shampoo 1%	99
linezolid for susp 100 mg/5ml	19
linezolid tab 600 mg	19
LINZESS CAP 145MCG	107
LINZESS CAP 290MCG	107
LINZESS CAP 72MCG	107
liothyronine sodium tab 25 mcg	146
liothyronine sodium tab 5 mcg	146
liothyronine sodium tab 50 mcg	146
liotrix (t3-t4)	
see THYROLAR-1 TAB 60MG	147
see THYROLAR-1/2 TAB 30MG	147
see THYROLAR-1/4 TAB 15MG	147
see THYROLAR-2 TAB 120MG	147
see THYROLAR-3 TAB 180MG	147
Liquid Calcium/vitamin D	
see calcium carbonate-vitamin d cap 600 mg-200 unit	125
liraglutide	
see VICTOZA INJ 18MG/3ML	43
lisdexamfetamine dimesylate	
see VYVANSE CAP 10MG	2

see VYVANSE CAP 20MG	2	loratadine & pseudoephedrine tab	
see VYVANSE CAP 30MG	2	er 12hr 5-120 mg	91
see VYVANSE CAP 40MG	2	loratadine & pseudoephedrine tab	
see VYVANSE CAP 50MG	2	er 24hr 10-240 mg	91
see VYVANSE CAP 60MG	2	loratadine rapidly-disintegrating	
see VYVANSE CAP 70MG	2	tab 10 mg	51
lisinopril & hydrochlorothiazide tab		loratadine syrup 5 mg/5ml	51
10-12.5 mg	61	loratadine tab 10 mg	51
lisinopril & hydrochlorothiazide tab		Loratadine-d 12hr	
20-12.5 mg	61	see loratadine & pseudoephedrine	
lisinopril & hydrochlorothiazide tab		tab er 12hr 5-120 mg	91
20-25 mg	61	Loratadine-d 24hr	
lisinopril tab 10 mg	56	see loratadine & pseudoephedrine	
lisinopril tab 2.5 mg	56	tab er 24hr 10-240 mg	91
lisinopril tab 20 mg	56	lorazepam conc 2 mg/ml	22
lisinopril tab 30 mg	56	lorazepam tab 0.5 mg	22
lisinopril tab 40 mg	56	lorazepam tab 1 mg	22
lisinopril tab 5 mg	56	lorazepam tab 2 mg	22
lithium carbonate cap 150 mg	69	losartan potassium &	
lithium carbonate cap 300 mg	69	hydrochlorothiazide tab 100-12.5	
lithium carbonate cap 600 mg	69	mg	61
lithium carbonate tab 300 mg	70	losartan potassium &	
lithium carbonate tab er 300 mg	70	hydrochlorothiazide tab 100-25	
lithium carbonate tab er 450 mg	70	mg	61
LITHIUM SOL 8MEQ/5ML	70	losartan potassium &	
LO LOESTRIN TAB 1-10-10	88	hydrochlorothiazide tab 50-12.5	
lodoxamide tromethamine		mg	61
see ALOMIDE SOL 0.1% OP	138	losartan potassium tab 100 mg	58
lomustine		losartan potassium tab 25 mg	58
see GLEOSTINE CAP 100MG	63	losartan potassium tab 50 mg	58
see GLEOSTINE CAP 10MG	63	LOTEMAX GEL 0.5%	138
see GLEOSTINE CAP 40MG	63	LOTEMAX OIN 0.5%	138
LONSURF TAB 15-6.14	65	LOTEMAX SUS 0.5%	138
LONSURF TAB 20-8.19	65	loteprednol etabonate	
loperamide hcl cap 2 mg	48	see ALREX SUS 0.2%	137
loperamide hcl liq 1 mg/5ml (0.2		see LOTEMAX GEL 0.5%	138
mg/ml)	48	see LOTEMAX OIN 0.5%	138
loperamide hcl liq 1 mg/7.5ml	48	see LOTEMAX SUS 0.5%	138
loperamide hcl tab 2 mg	48	loteprednol etabonate ophth susp	
lopinavir-ritonavir		0.5%	138
see KALETRA TAB 100-25MG	77	Lotrimin Af Deodorant Pow	
see KALETRA TAB 200-50MG	77	see miconazole nitrate aerosol	
lopinavir-ritonavir soln 400-100		pow 2%	94
mg/5ml (80-20 mg/ml)	77	lovastatin tab 10 mg	53
Lopreeza		lovastatin tab 20 mg	53
see estradiol & norethindrone		lovastatin tab 40 mg	53
acetate tab 1-0.5 mg	104	Low-ogestrel	

see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**.....89
loxapine succinate cap 10 mg.....73
loxapine succinate cap 25 mg.....73
loxapine succinate cap 5 mg72
loxapine succinate cap 50 mg.....73
lubiprostone
 see AMITIZA CAP 24MCG..... 106
 see AMITIZA CAP 8MCG 106
 Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 136
luliconazole cream 1%94
 LUMIGAN SOL 0.01%..... 139
 LUPANETA KIT 11.25-5 103
 LUPANETA KIT 3.75-5 103
 LUPR DEP-PED INJ 11.25MG 103
 LUPR DEP-PED INJ 15MG..... 103
 LUPR DEP-PED INJ 3M 30MG 103
 LUPR DEP-PED INJ 7.5MG..... 103
 LUPRON DEPOT INJ 11.25MG.....64
 LUPRON DEPOT INJ 22.5MG64
 LUPRON DEPOT INJ 3.75MG64
 LUPRON DEPOT INJ 7.5MG64
lurasidone hcl
 see LATUDA TAB 120MG.....70
 see LATUDA TAB 20MG70
 see LATUDA TAB 40MG70
 see LATUDA TAB 60MG70
 see LATUDA TAB 80MG70
 LYRICA CAP 100MG30
 LYRICA CAP 150MG30
 LYRICA CAP 200MG30
 LYRICA CAP 225MG31
 LYRICA CAP 25MG30
 LYRICA CAP 300MG31
 LYRICA CAP 50MG30
 LYRICA CAP 75MG30
 LYSODREN TAB 500MG64
M
macitentan
 see OPSUMIT TAB 10MG.....85
mafenide acetate
 see SULFAMYLLON CRE 85MG/GM...95
mafenide acetate packet for topical soln 5% (50 gm)95
 MAG64 TAB 64MG 126

Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)**..... 126
 MAGDELAY TAB 70MG..... 126
 Mag-g
 see **magnesium gluconate tab 500 mg (27 mg elemental mg)** ... 127
magnesium chloride
 see MAG64 TAB 64MG..... 126
 see MAGDELAY TAB 70MG 126
magnesium chloride tab dr 64 mg (elemental mg) 126
magnesium citrate soln..... 118
magnesium gluconate tab 27.5 mg (elemental mg) 126
magnesium gluconate tab 500 mg (27 mg elemental mg)..... 127
magnesium hydroxide susp 400 mg/5ml 118
magnesium hydroxide susp concentrate 2400 mg/10ml.... 118
magnesium oxide cap 500 mg (elemental mg) 127
magnesium oxide tab 250 mg18
magnesium oxide tab 250 mg (mg supplement) 127
magnesium oxide tab 400 mg (240 mg elemental mg) 127
magnesium oxide tab 400 mg (241.3 mg elemental mg)..... 127
magnesium oxide tab 420 mg18
magnesium oxide tab 500 mg (mg supplement) 127
magnesium tab 250 mg..... 127
 Magnesium-oxide
 see **magnesium oxide tab 400 mg (241.3 mg elemental mg)** 127
malathion lotion 0.5%99
 Maox
 see **magnesium oxide tab 420 mg** 18
 Mapap
 see **acetaminophen liquid 160 mg/5ml** 11
 see **acetaminophen tab 325 mg** 11
maprotiline hcl tab 25 mg 33
maprotiline hcl tab 50 mg 33

maprotiline hcl tab 75 mg	33	melatonin tab 1 mg	5
maraviroc		melatonin tab 3 mg	5
see SELZENTRY SOL 20MG/ML	78	melatonin tab 300 mcg	5
see SELZENTRY TAB 150MG	78	melatonin tab 5 mg	5
see SELZENTRY TAB 25MG	78	melatonin tab er 10 mg	5
see SELZENTRY TAB 300MG	78	melatonin tablet disintegrating 5 mg	5
see SELZENTRY TAB 75MG	78	Melatonin Tr/vitamin B-6	
MARPLAN TAB 10MG	33	see melatonin-pyridoxine tab er 3-10 mg	6
MATULANE CAP 50MG	67	Melatonin/vitamin B-6 Ext	
MAYZENT TAB 0.25MG	144	see melatonin-pyridoxine tab 3-1 mg	6
mecamylamine hcl		melatonin-pyridoxine tab 3-1 mg.	6
see VECAMYL TAB 2.5MG	62	melatonin-pyridoxine tab 3-2 mg.	6
mecasermin		melatonin-pyridoxine tab er 3-10 mg	6
see INCRELEX INJ 40MG/4ML	102	Melodetta 24 Fe	
meclizine hcl chew tab 25 mg	49	see norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	88
meclizine hcl tab 12.5 mg	49	meloxicam tab 15 mg	8
meclizine hcl tab 25 mg	49	meloxicam tab 7.5 mg	8
meclofenamate sodium cap 100 mg	8	melphalan tab 2 mg	63
meclofenamate sodium cap 50 mg	8	memantine hcl cap er 24hr 14 mg	143
MEDI-LAXX CAP 8.6-50MG	118	memantine hcl cap er 24hr 21 mg	143
Medi-profen		memantine hcl cap er 24hr 28 mg	143
see ibuprofen cap 200 mg	8	memantine hcl cap er 24hr 7 mg	143
medroxyprogesterone acetate (contraceptive)		memantine hcl oral solution 2 mg/ml	143
see DEPO-SQ PROV INJ 104	89	memantine hcl tab 10 mg	143
medroxyprogesterone acetate im susp 150 mg/ml	89	memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	143
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	89	memantine hcl tab 5 mg	143
medroxyprogesterone acetate tab 10 mg	142	MENEST TAB 0.3MG	105
medroxyprogesterone acetate tab 2.5 mg	142	MENEST TAB 0.625MG	105
medroxyprogesterone acetate tab 5 mg	142	MENEST TAB 1.25MG	105
mefenamic acid cap 250 mg	8	MENTAX CRE 1%	94
mefloquine hcl tab 250 mg	62	menthol-zinc oxide oint 0.44-20%	98
megestrol acetate susp 40 mg/ml	64	meperidine hcl oral soln 50 mg/5ml	12
megestrol acetate tab 20 mg	64	meperidine hcl tab 100 mg	12
megestrol acetate tab 40 mg	64		
MEKINIST TAB 0.5MG	66		
MEKINIST TAB 2MG	66		
melatonin cap 3 mg	5		
melatonin cap 5 mg	5		
MELATONIN LIQ 1MG/4ML	5		

meperidine hcl tab 50 mg	12	methotrexate sodium inj 50	
mepolizumab		mg/2ml (25 mg/ml)	63
see NUCALA INJ 100MG	23	methotrexate sodium inj pf 250	
meprobamate tab 200 mg	20	mg/10ml (25 mg/ml)	64
meprobamate tab 400 mg	20	methotrexate sodium inj pf 50	
mercaptapurine tab 50 mg	63	mg/2ml (25 mg/ml)	64
mesalamine		methotrexate sodium tab 2.5 mg	
see APRISO CAP 0.375GM	106	(base equiv)	64
mesalamine cap er 24hr 0.375 gm		methscopolamine bromide tab 2.5	
.....	106	mg	147
mesalamine enema 4 gm	106	methscopolamine bromide tab 5	
mesalamine tab delayed release		mg	148
800 mg	106	methsuximide	
METAMUCIL POW 28%ORG.....	117	see CELONTIN CAP 300MG	32
METAMUCIL POW 58.12%	117	methylclothiazide tab 5 mg	101
METAMUCIL WAF.....	117	methylcellulose tab 500 mg	117
metaproterenol sulfate syrup 10		methylidopa tab 250 mg	59
mg/5ml	26	methylidopa tab 500 mg	59
metaproterenol sulfate tab 10 mg		methylergonovine maleate tab 0.2	
.....	26	mg	140
metaproterenol sulfate tab 20 mg		methylnaltrexone bromide	
.....	26	see RELISTOR INJ 12/0.6ML	107
metaxalone tab 800 mg	133	see RELISTOR TAB 150MG.....	107
metformin hcl tab 1000 mg	41	methylphenidate hcl cap er 10 mg	
metformin hcl tab 500 mg	41	(cd)	4
metformin hcl tab 850 mg	41	methylphenidate hcl cap er 20 mg	
metformin hcl tab er 24hr 500 mg		(cd)	4
.....	41	methylphenidate hcl cap er 24hr 10	
metformin hcl tab er 24hr 750 mg		mg (la)	4
.....	41	methylphenidate hcl cap er 24hr 20	
methadone hcl soln 10 mg/5ml ...	13	mg (la)	4
methadone hcl soln 5 mg/5ml	12	methylphenidate hcl cap er 24hr 30	
methadone hcl tab 10 mg	13	mg (la)	4
methadone hcl tab 5 mg	13	methylphenidate hcl cap er 24hr 40	
methamphetamine hcl tab 5 mg ...	2	mg (la)	4
methazolamide tab 25 mg	100	methylphenidate hcl cap er 30 mg	
methazolamide tab 50 mg	100	(cd)	4
methenamine hippurate tab 1 gm		methylphenidate hcl cap er 40 mg	
.....	149	(cd)	4
methimazole tab 10 mg	145	methylphenidate hcl cap er 50 mg	
methimazole tab 5 mg	145	(cd)	4
METHITEST TAB 10MG	16	methylphenidate hcl cap er 60 mg	
methocarbamol tab 500 mg	133	(cd)	4
methocarbamol tab 750 mg	133	methylphenidate hcl soln 10	
methotrexate sodium inj 250		mg/5ml	4
mg/10ml (25 mg/ml)	64	methylphenidate hcl soln 5	
		mg/5ml	4

methylphenidate hcl tab 10 mg	4
methylphenidate hcl tab 20 mg	4
methylphenidate hcl tab 5 mg	4
methylphenidate hcl tab er 10 mg	5
methylphenidate hcl tab er 20 mg	5
methylphenidate hcl tab er 24hr 18 mg	5
methylphenidate hcl tab er 24hr 27 mg	5
methylphenidate hcl tab er 24hr 36 mg	5
methylphenidate hcl tab er 24hr 54 mg	5
methylphenidate hcl tab er osmotic release (osm) 18 mg	5
methylphenidate hcl tab er osmotic release (osm) 27 mg	5
methylphenidate hcl tab er osmotic release (osm) 36 mg	5
methylphenidate hcl tab er osmotic release (osm) 54 mg	5
methylprednisolone tab 16 mg	90
methylprednisolone tab 32 mg	90
methylprednisolone tab 4 mg	90
methylprednisolone tab 8 mg	90
methylprednisolone tab therapy pack 4 mg (21)	90
methyltestosterone	
see METHITEST TAB 10MG	16
methyltestosterone cap 10 mg	16
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	106
metoclopramide hcl tab 10 mg (base equivalent)	106
metoclopramide hcl tab 5 mg (base equivalent)	106
metolazone tab 10 mg	101
metolazone tab 2.5 mg	101
metolazone tab 5 mg	101
metoprolol & hydrochlorothiazide tab 100-25 mg	61
metoprolol & hydrochlorothiazide tab 100-50 mg	61
metoprolol & hydrochlorothiazide tab 50-25 mg	61
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	81
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	81
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	80
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	81
metoprolol tartrate tab 100 mg	81
metoprolol tartrate tab 25 mg	81
metoprolol tartrate tab 50 mg	81
metronidazole cream 0.75%	98
metronidazole gel 0.75%	98
metronidazole lotion 0.75%	98
metronidazole tab 250 mg	18
metronidazole tab 500 mg	18
metronidazole vaginal gel 0.75%	153
mexiletine hcl cap 150 mg	22
mexiletine hcl cap 200 mg	22
mexiletine hcl cap 250 mg	22
MI-ACID CHW	17
miconazole (mouth-throat)	
see ORAVIG TAB 50MG	129
Miconazole 7	
see miconazole nitrate vaginal cream 2%	153
see miconazole nitrate vaginal suppos 100 mg	153
miconazole nitrate aerosol pow 2%	94
miconazole nitrate cream 2%	94
miconazole nitrate ointment 2%	94
miconazole nitrate powder 2%	94
miconazole nitrate vaginal	
see MONISTAT 7 KIT COMBO PK .	153
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	153
miconazole nitrate vaginal cream 2%	153
miconazole nitrate vaginal cream 4% (200 mg/5gm)	153
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	153
miconazole nitrate vaginal suppos 100 mg	153
midodrine hcl tab 10 mg	153
midodrine hcl tab 2.5 mg	153
midodrine hcl tab 5 mg	153

miglitol tab 100 mg	37	see ASMANEX 120 AER 220MCG	... 23
miglitol tab 25 mg	37	see ASMANEX 14 AER 220MCG	.... 23
miglitol tab 50 mg	37	see ASMANEX 30 AER 110MCG	.... 23
miglustat cap 100 mg	113	see ASMANEX 30 AER 220MCG	.... 23
Milk Of Magnesia		see ASMANEX 60 AER 220MCG	.... 23
see magnesium hydroxide susp		see ASMANEX 7 AER 110MCG	..... 23
400 mg/5ml	118	see ASMANEX HFA AER 100 MCG	..24
Milk Of Magnesia Concentr		see ASMANEX HFA AER 200 MCG	..24
see magnesium hydroxide susp		see ASMANEX HFA AER 50MCG	.... 24
concentrate 2400 mg/10ml	118	mometasone furoate cream 0.1%	
milnacipran hcl		.....	97
see SAVELLA MIS TITR PAK	..... 143	mometasone furoate oint 0.1%	...97
see SAVELLA TAB 100MG	..... 143	mometasone furoate solution 0.1%	
see SAVELLA TAB 12.5MG	..... 143	(lotion)	97
see SAVELLA TAB 25MG	..... 143	mometasone furoate-formoterol	
see SAVELLA TAB 50MG	..... 143	fumarate dihydrate	
mineral oil	118	see DULERA AER 100-5MCG	..... 25
mineral oil enema	118	see DULERA AER 200-5MCG	..... 26
Minitran		see DULERA AER 50-5MCG	..... 25
see nitroglycerin td patch 24hr		MONISTAT 7 KIT COMBO PK	..... 153
0.6 mg/hr	20	MONOCLATE-P INJ 1000UNIT	..... 111
minocycline hcl cap 100 mg	..... 145	montelukast sodium chew tab 4 mg	
minocycline hcl cap 50 mg	..... 145	(base equiv)	23
minocycline hcl cap 75 mg	..... 145	montelukast sodium chew tab 5 mg	
minoxidil tab 10 mg	62	(base equiv)	23
minoxidil tab 2.5 mg	62	montelukast sodium tab 10 mg	
Mintox Plus		(base equiv)	23
see alum & mag hydroxide-		MONUROL PAK GRANULES	..... 149
simethicone chew tab 200-200-		morphine sulfate oral soln 10	
25 mg	17	mg/5ml	13
mirabegron		morphine sulfate oral soln 100	
see MYRBETRIQ TAB 25MG	..... 151	mg/5ml (20 mg/ml)	13
see MYRBETRIQ TAB 50MG	..... 151	morphine sulfate oral soln 20	
MIRENA IUD SYSTEM.....	89	mg/5ml	13
mirtazapine tab 15 mg	32	morphine sulfate tab 15 mg	13
mirtazapine tab 30 mg	32	morphine sulfate tab 30 mg	13
mirtazapine tab 45 mg	33	morphine sulfate tab er 100 mg ..	13
MIRVASO GEL 0.33%.....	99	morphine sulfate tab er 15 mg	13
misoprostol tab 100 mcg	149	morphine sulfate tab er 200 mg ..	13
misoprostol tab 200 mcg	149	morphine sulfate tab er 30 mg	13
mitotane		morphine sulfate tab er 60 mg	13
see LYSODREN TAB 500MG.....	64	morphine-naltrexone	
modafinil tab 100 mg	5	see EMBEDA CAP 100-4MG.....	12
modafinil tab 200 mg	5	see EMBEDA CAP 20-0.8MG.....	11
moexipril hcl tab 15 mg	56	see EMBEDA CAP 30-1.2MG.....	11
moexipril hcl tab 7.5 mg	56	see EMBEDA CAP 50-2MG.....	12
mometasone furoate (inhalation)		see EMBEDA CAP 60-2.4MG.....	12

see EMBEDA CAP 80-3.2MG 12
 MOVANTIK TAB 12.5MG 107
 MOVANTIK TAB 25MG 107
 MOVIPREP SOL 118
**moxifloxacin hcl ophth soln 0.5%
 (base equiv)** 137
**moxifloxacin hcl tab 400 mg (base
 equiv)** 105
 Mucus-dm
 see **dextromethorphan-
 guaifenesin tab er 12hr 30-600
 mg** 91
 MULT VITAM DRO 130
 MULTAQ TAB 400MG 22
 MULTI VITAMI TAB D-3 130
 Multi-delyn
 see **pediatric multiple vitamin liq**
 131
multiple vitamin cap 130
multiple vitamin tab 130
multiple vitamins w/ iron tab... 129
multiple vitamins w/ minerals cap
 130
**multiple vitamins w/ minerals
 liquid** 130
multiple vitamins w/ minerals tab
 130
 Multi-vit/iron/fluoride
 see **pediatric multiple vitamins
 w/ fl-fe drops 0.25-10 mg/ml**
 130
 Multivitamin & Mineral
 see **multiple vitamins w/ minerals
 liquid** 130
 MULTIVITAMIN DRO /IRON 130
 Multivitamin With Fluorid
 see **pediatric multiple vitamins
 w/ fluoride soln 0.25 mg/ml** 130
 see **pediatric multiple vitamins
 w/ fluoride soln 0.5 mg/ml** . 130
 Multivitamin/fluoride
 see **pediatric multiple vitamins
 w/ fluoride chew tab 0.25 mg**
 130
 see **pediatric multiple vitamins
 w/ fluoride chew tab 0.5 mg** 130

see **pediatric multiple vitamins
 w/ fluoride chew tab 1 mg** .. 130
mupirocin oint 2% 93
 Mv-one
 see **multiple vitamin cap** 130
 Mvw Complete Formulation
 see **pediatric multiple vitamin w/
 minerals & c chew tab** 130
 My Way
 see **levonorgestrel tab 1.5 mg**... 89
 Mycocide Clinical Ns Anti
 see **tolnaftate soln 1%** 94
mycophenolate mofetil cap 250 mg
 128
mycophenolate mofetil tab 500 mg
 128
**mycophenolate sodium tab dr 180
 mg (mycophenolic acid equiv)** 128
**mycophenolate sodium tab dr 360
 mg (mycophenolic acid equiv)** 128
 MYNATAL CAP 131
 MYNATAL TAB 131
 MYNATE 90 TAB PLUS 131
 MYRBETRIQ TAB 25MG 151
 MYRBETRIQ TAB 50MG 151
N
nabilone
 see CESAMET CAP 1MG 49
nabumetone tab 500 mg 9
nabumetone tab 750 mg 9
nadolol tab 20 mg 81
nadolol tab 40 mg 81
nadolol tab 80 mg 81
nafarelin acetate
 see SYNAREL SOL 2MG/ML 103
naftifine hcl
 see NAFTIN GEL 1% 94
 see NAFTIN GEL 2% 94
naftifine hcl cream 1% 94
naftifine hcl gel 1% 94
 NAFTIN GEL 1% 94
 NAFTIN GEL 2% 94
naldemedine tosylate
 see SYMPROIC TAB 0.2MG 107
naloxegol oxalate
 see MOVANTIK TAB 12.5MG 107
 see MOVANTIK TAB 25MG 107

<i>naloxone hcl</i>	
see NARCAN SPR.....	48
<i>naloxone hcl inj 0.4 mg/ml</i>	48
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	48
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	48
<i>naltrexone</i>	
see VIVITROL INJ 380MG	48
<i>naltrexone hcl tab 50 mg</i>	48
Naproxen Dr	
see <i>naproxen tab ec 375 mg</i>	9
see <i>naproxen tab ec 500 mg</i>	9
<i>naproxen sodium tab 220 mg</i>	9
<i>naproxen susp 125 mg/5ml</i>	9
<i>naproxen tab 250 mg</i>	9
<i>naproxen tab 375 mg</i>	9
<i>naproxen tab 500 mg</i>	9
<i>naproxen tab ec 375 mg</i>	9
<i>naproxen tab ec 500 mg</i>	9
<i>naratriptan hcl tab 1 mg (base equiv)</i>	123
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	123
NARCAN SPR	48
NASAL DECON SYP 30MG/5ML	135
NASAL DECONG LIQ 30MG/5ML	135
NAT FIBER POW 58.6%.....	117
NATACYN SUS 5% OP	137
<i>natalizumab</i>	
see TYSABRI INJ 300/15ML	144
NATALVIT TAB 75-1MG	131
<i>natamycin</i>	
see NATACYN SUS 5% OP	137
NATAZIA TAB.....	88
<i>nateglinide tab 120 mg</i>	46
<i>nateglinide tab 60 mg</i>	46
NATURE THROI TAB 162.5MG	146
NATURE-THROI TAB 113.75MG	146
NATURE-THROI TAB 130MG.....	146
NATURE-THROI TAB 146.25MG	146
NATURE-THROI TAB 16.25MG.....	146
NATURE-THROI TAB 195MG.....	146
NATURE-THROI TAB 260MG.....	146
NATURE-THROI TAB 32.5MG.....	146
NATURE-THROI TAB 325MG.....	146
NATURE-THROI TAB 48.75MG.....	146
NATURE-THROI TAB 65MG	146
NATURE-THROI TAB 97.5MG	146
<i>nebivolol hcl</i>	
see BYSTOLIC TAB 10MG	80
see BYSTOLIC TAB 2.5MG	80
see BYSTOLIC TAB 20MG	80
see BYSTOLIC TAB 5MG	80
<i>nebivolol-valsartan</i>	
see BYVALSON TAB 5-80MG	60
<i>nebulizers</i>	
see EASY NEB MIS.....	122
NEBUPENT INH 300MG	18
Nebusal	
see <i>sodium chloride soln nebu 3%</i>	92
<i>nedocromil sodium (ophth)</i>	
see ALOCRI SOL 2%	138
<i>needle (disp) 18 g</i>	
see NEEDLES MIS 18GX1.5.....	122
NEEDLES MIS 18GX1.5	122
<i>nefazodone hcl tab 100 mg</i>	34
<i>nefazodone hcl tab 150 mg</i>	34
<i>nefazodone hcl tab 200 mg</i>	34
<i>nefazodone hcl tab 250 mg</i>	34
<i>nefazodone hcl tab 50 mg</i>	34
<i>nelfinavir mesylate</i>	
see VIRACEPT TAB 250MG.....	78
see VIRACEPT TAB 625MG.....	78
<i>neomycin sulfate tab 500 mg</i>	6
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	137
<i>neomycin-bacitracin-polymyxin oint</i>	93
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	94
<i>neomycin-colistin-hc-thonzonium</i>	
see COLY-MYCIN S SUS OTIC	140
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	137
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	138
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	138

neomycin-polymyxin-hc otic soln	
1%	140
neomycin-polymyxin-hc otic susp	
3.5 mg/ml-10000 unit/ml-1%	140
NEORAL CAP 100MG	128
NEORAL CAP 25MG	128
nepafenac	
see NEVANAC SUS 0.1%	138
NESTABS TAB	131
netupitant-palonosetron	
see AKYNZEO CAP 300-0.5	49
NEULASTA INJ 6MG/0.6M	114
NEUPOGEN INJ 300/0.5	114
NEUPOGEN INJ 300MCG	114
NEUPOGEN INJ 480/0.8	114
NEUPOGEN INJ 480MCG	114
NEUPRO DIS 1MG/24HR	69
NEUPRO DIS 2MG/24HR	69
NEUPRO DIS 3MG/24HR	69
NEUPRO DIS 4MG/24HR	69
NEUPRO DIS 6MG/24HR	69
NEUPRO DIS 8MG/24HR	69
NEVANAC SUS 0.1%	138
nevirapine susp 50 mg/5ml	77
nevirapine tab 200 mg	77
nevirapine tab er 24hr 100 mg	77
nevirapine tab er 24hr 400 mg	77
NEXAVAR TAB 200MG	66
NEXLETOL TAB 180MG	51
NEXLIZET TAB 180/10MG	51
NEXPLANON IMP 68MG	89
niacin (antihyperlipidemic) tab 500	
mg	55
niacin cap er 250 mg	154
niacin cap er 500 mg	154
Niacin Flush Free	
see inositol niacinate cap 500 mg	
.....	84
niacin tab 100 mg	154
niacin tab 250 mg	154
niacin tab 50 mg	154
niacin tab 500 mg	154
niacin tab er 250 mg	154
niacin tab er 500 mg	154
niacin tab er 500 mg	
(antihyperlipidemic)	55
niacin tab er 750 mg	154
niacinamide tab 500 mg	154
Niacor	
see niacin (antihyperlipidemic)	
tab 500 mg	55
nicardipine hcl cap 20 mg	83
nicardipine hcl cap 30 mg	83
nicotine	
see NICOTROL INH	144
see NICOTROL NS SPR 10MG/ML	144
nicotine polacrilex gum 2 mg	144
nicotine polacrilex gum 4 mg	144
nicotine polacrilex lozenge 2 mg	
.....	144
nicotine polacrilex lozenge 4 mg	
.....	144
NICOTINE SYS KIT TRANSDER	144
nicotine td patch 24hr 14 mg/24hr	
.....	144
nicotine td patch 24hr 21 mg/24hr	
.....	144
nicotine td patch 24hr 7 mg/24hr	
.....	144
Nicotine Transdermal Syst	
see nicotine td patch 24hr 7	
mg/24hr	144
NICOTROL INH	144
NICOTROL NS SPR 10MG/ML	144
nifedipine cap 10 mg	83
nifedipine cap 20 mg	83
nifedipine tab er 24hr 30 mg	83
nifedipine tab er 24hr 60 mg	83
nifedipine tab er 24hr 90 mg	83
nifedipine tab er 24hr osmotic	
release 30 mg	83
nifedipine tab er 24hr osmotic	
release 60 mg	83
nifedipine tab er 24hr osmotic	
release 90 mg	83
nilotinib hcl	
see TASIGNA CAP 150MG	67
see TASIGNA CAP 200MG	67
see TASIGNA CAP 50MG	67
nilutamide tab 150 mg	65
nimodipine cap 30 mg	83
niraparib tosylate	
see ZEJULA CAP 100MG	67
nisoldipine tab er 24hr 17 mg	83

<i>nisoldipine tab er 24hr 20 mg</i>	83	<i>nonoxynol-9</i>	
<i>nisoldipine tab er 24hr 25.5 mg</i>	83	see ENCARE SUP 100MG	152
<i>nisoldipine tab er 24hr 30 mg</i>	83	see GYNOL II GEL 3%	152
<i>nisoldipine tab er 24hr 34 mg</i>	83	see SHUR-SEAL GEL 2%	152
<i>nisoldipine tab er 24hr 40 mg</i>	83	see TODAY SPONGE MIS	152
<i>nisoldipine tab er 24hr 8.5 mg</i>	83	see VCF VAGINAL AER CONTRACP152	
<i>nitazoxanide</i>		see VCF VAGINAL MIS CONTRACP152	
see ALINIA SUS 100/5ML	18	<i>nonoxynol-9 gel 4%</i>	152
see ALINIA TAB 500MG	18	<i>norelgestromin-ethinyl estradiol td</i>	
<i>nitisinone</i>		<i>ptwk 150-35 mcg/24hr</i>	89
see ORFADIN CAP 10MG	103	<i>norethin acet & estrad-fe</i>	
see ORFADIN CAP 20MG	103	see TAYTULLA CAP 1MG/20MC	89
see ORFADIN CAP 2MG	103	<i>norethindrone & ethinyl estradiol</i>	
see ORFADIN CAP 5MG	103	<i>tab 0.4 mg-35 mcg</i>	88
<i>nitisinone cap 10 mg</i>	103	<i>norethindrone & ethinyl estradiol</i>	
<i>nitisinone cap 2 mg</i>	103	<i>tab 0.5 mg-35 mcg</i>	88
<i>nitisinone cap 5 mg</i>	103	<i>norethindrone & ethinyl estradiol</i>	
<i>nitrofurantoin macrocrystalline cap</i>		<i>tab 1 mg-35 mcg</i>	88
<i>100 mg</i>	149	<i>norethindrone & ethinyl estradiol-</i>	
<i>nitrofurantoin macrocrystalline cap</i>		<i>fe chew tab 0.4 mg-35 mcg</i>	88
<i>50 mg</i>	149	<i>norethindrone & ethinyl estradiol-</i>	
<i>nitrofurantoin monohydrate</i>		<i>fe chew tab 0.8 mg-25 mcg</i>	88
<i>macrocrystalline cap 100 mg</i>	149	<i>norethindrone ace & ethinyl</i>	
<i>nitrofurantoin susp 25 mg/5ml</i>	149	<i>estradiol tab 1 mg-20 mcg</i>	88
<i>nitroglycerin (intra-anal)</i>		<i>norethindrone ace & ethinyl</i>	
see RECTIV OIN 0.4%	17	<i>estradiol tab 1.5 mg-30 mcg</i>	88
<i>nitroglycerin sl tab 0.3 mg</i>	19	<i>norethindrone ace & ethinyl</i>	
<i>nitroglycerin sl tab 0.4 mg</i>	19	<i>estradiol-fe tab 1 mg-20 mcg</i>	88
<i>nitroglycerin sl tab 0.6 mg</i>	19	<i>norethindrone ace & ethinyl</i>	
<i>nitroglycerin td patch 24hr 0.1</i>		<i>estradiol-fe tab 1.5 mg-30 mcg</i>	88
<i>mg/hr</i>	19	<i>norethindrone ace-eth estradiol-fe</i>	
<i>nitroglycerin td patch 24hr 0.2</i>		<i>chew tab 1 mg-20 mcg (24)</i>	88
<i>mg/hr</i>	19	<i>norethindrone ace-ethinyl</i>	
<i>nitroglycerin td patch 24hr 0.4</i>		<i>estradiol-fe tab 1 mg-20 mcg</i>	
<i>mg/hr</i>	20	<i>(24)</i>	88
<i>nitroglycerin td patch 24hr 0.6</i>		<i>norethindrone acetate tab 5 mg</i>	142
<i>mg/hr</i>	20	<i>norethindrone acetate-ethinyl</i>	
NIVESTYM INJ 300/0.5	114	<i>estradiol tab 0.5 mg-2.5 mcg</i>	104
NIVESTYM INJ 300MCG	114	<i>norethindrone acetate-ethinyl</i>	
NIVESTYM INJ 480/0.8	114	<i>estradiol tab 1 mg-5 mcg</i>	104
NIVESTYM INJ 480MCG	114	<i>norethindrone acetate-ethinyl</i>	
<i>nizatidine cap 150 mg</i>	148	<i>estradiol-fe fum (biphasic)</i>	
<i>nizatidine cap 300 mg</i>	148	see LO LOESTRIN TAB 1-10-10	88
<i>nizatidine oral soln 15 mg/ml</i>	148	<i>norethindrone ac-ethinyl estrad-fe</i>	
Non-aspirin Junior Streng		<i>tab 1-20/1-30/1-35 mg-mcg</i>	88
see <i>acetaminophen chew tab 160</i>		<i>norethindrone tab 0.35 mg</i>	89
<i>mg</i>	10		

norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg ..88	Np Thyroid 120 see thyroid tab 120 mg (2 grain) 147
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg....88	Np Thyroid 15 see thyroid tab 15 mg (1/4 grain) 147
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg .....88	Np Thyroid 30 see thyroid tab 30 mg (1/2 grain) 147
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg .89	Np Thyroid 60 see thyroid tab 60 mg (1 grain) 147
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg .89	Np Thyroid 90 see thyroid tab 90 mg (1 1/2 grain) 147
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg .....89	NUCALA INJ 100MG .....23
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg .....89	NUCYNTA ER TAB 100MG 13
NORTEMP SUS INFANTS.....11	NUCYNTA ER TAB 150MG 13
NORTHERA CAP 100MG 153	NUCYNTA ER TAB 200MG 13
NORTHERA CAP 200MG 153	NUCYNTA ER TAB 250MG 13
NORTHERA CAP 300MG 153	NUCYNTA ER TAB 50MG 13
Nortrel 0.5/35 (28) see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg ..88	NUCYNTA ER TAB 100MG 13
Nortrel 1/35 see norethindrone & ethinyl estradiol tab 1 mg-35 mcg .....88	NUCYNTA ER TAB 150MG 13
Nortrel 7/7/7 see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg.....88	NUCYNTA ER TAB 200MG 13
nortriptyline hcl cap 10 mg .....37	NUCYNTA ER TAB 250MG 13
nortriptyline hcl cap 25 mg .....37	NUCYNTA ER TAB 50MG 13
nortriptyline hcl cap 50 mg .....37	NUCYNTA TAB 100MG 13
nortriptyline hcl cap 75 mg .....37	NUCYNTA TAB 50MG .....13
NORVIR SOL 80MG/ML.....77	NUCYNTA TAB 75MG 13
NOVOEIGHT INJ 1500UNIT 111	NULOJIX INJ 250MG 128
NOVOLIN INJ 70/30.....45	NUTRIENTS TAB PRENATAL 131
NOVOLIN INJ 70/30 FP .....45	NUVARING MIS .....89
NOVOLIN N INJ U-100 .....46	NUWIQ INJ 1000UNIT 111
NOVOLIN R INJ U-100.....46	NUWIQ INJ 2000UNIT 111
NOVOLOG INJ 100/ML .....46	NUWIQ INJ 2500UNIT 111
NOVOLOG INJ FLEXPEN .....46	NUWIQ INJ 250UNIT 111
NOVOLOG INJ FLEXPEN .....46	NUWIQ INJ 3000UNIT 111
NOVOLOG MIX INJ 70/30 .....46	NUWIQ INJ 4000UNIT 111
NOVOLOG MIX INJ FLEXPEN .....46	NUWIQ INJ 500UNIT 111
NOVOSEVEN RT INJ 1MG.....111	NUWIQ KIT 1000UNIT 111
NOVOSEVEN RT INJ 2MG..... 111	NUWIQ KIT 2000UNIT 111
NOVOSEVEN RT INJ 5MG.....111	NUWIQ KIT 2500UNIT 111
NOVOSEVEN RT INJ 8MG..... 111	NUWIQ KIT 250UNIT 111
	NUWIQ KIT 3000UNIT 111
	NUWIQ KIT 4000UNIT 111
	NUWIQ KIT 500UNIT 111
	nystatin cream 100000 unit/gm .94
	nystatin oint 100000 unit/gm ....94
	nystatin susp 100000 unit/ml ... 129
	nystatin tab 500000 unit.....49
	nystatin topical powder 100000 unit/gm.....94

<i>nystatin-triamcinolone cream</i>	
100000-0.1 unit/gm-%	94
<i>nystatin-triamcinolone oint</i>	
100000-0.1 unit/gm-%	94
Nystop	
see <i>nystatin topical powder</i>	
100000 unit/gm	94
O	
O-CAL TAB PRENATAL	131
OCTAGAM INJ 5GM	140
<i>octreotide acetate</i>	
see SANDOSTATIN KIT LAR 10MG	104
see SANDOSTATIN KIT LAR 20MG	104
see SANDOSTATIN KIT LAR 30MG	104
<i>octreotide acetate inj 100 mcg/ml</i>	
(0.1 mg/ml)	104
<i>octreotide acetate inj 1000 mcg/ml</i>	
(1 mg/ml)	104
<i>octreotide acetate inj 200 mcg/ml</i>	
(0.2 mg/ml)	104
<i>octreotide acetate inj 50 mcg/ml</i>	
(0.05 mg/ml)	104
<i>octreotide acetate inj 500 mcg/ml</i>	
(0.5 mg/ml)	104
Ocuvite/lutein	
see <i>multiple vitamins w/ minerals</i>	
tab	130
ODEFSEY TAB	77
ODOMZO CAP 200MG	64
<i>ofloxacin ophth soln 0.3%</i>	137
<i>ofloxacin otic soln 0.3%</i>	139
<i>ofloxacin tab 300 mg</i>	105
<i>ofloxacin tab 400 mg</i>	105
Ogestrel	
see <i>norgestrel & ethinyl estradiol</i>	
tab 0.5 mg-50 mcg	89
<i>olanzapine pamoate</i>	
see ZYPREXA RELP INJ 210MG	74
see ZYPREXA RELP INJ 300MG	74
see ZYPREXA RELP INJ 405MG	74
<i>olanzapine tab 10 mg</i>	73
<i>olanzapine tab 15 mg</i>	73
<i>olanzapine tab 2.5 mg</i>	73
<i>olanzapine tab 20 mg</i>	73
<i>olanzapine tab 5 mg</i>	73
<i>olanzapine tab 7.5 mg</i>	73
<i>olmesartan medoxomil tab 20 mg</i>	
.....	58
<i>olmesartan medoxomil tab 40 mg</i>	
.....	58
<i>olmesartan medoxomil tab 5 mg</i>	58
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 20-12.5</i>	
mg	61
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-12.5</i>	
mg	61
<i>olmesartan medoxomil-</i>	
<i>hydrochlorothiazide tab 40-25</i>	
mg	61
<i>olodaterol hcl</i>	
see STRIVERDI AER 2.5MCG	27
<i>olopatadine hcl nasal soln 0.6%</i>	134
<i>olopatadine hcl ophth soln 0.1%</i>	
(base equivalent)	139
<i>olopatadine hcl ophth soln 0.2%</i>	
(base equivalent)	139
<i>olsalazine sodium</i>	
see DIPENTUM CAP 250MG	106
<i>omalizumab</i>	
see XOLAIR INJ 150MG/ML	23
see XOLAIR INJ 75/0.5	23
see XOLAIR SOL 150MG	23
<i>ombitasvir-paritaprevir-ritonavir</i>	
see TECHNIVIE TAB	79
<i>omega-3 fatty acids cap 1000 mg</i>	
.....	135
<i>omega-3 fatty acids cap 1200 mg</i>	
.....	135
<i>omega-3 fatty acids cap 300 mg</i>	135
<i>omega-3 fatty acids cap 500 mg</i>	135
<i>omega-3 fatty acids cap delayed</i>	
<i>release 1000 mg</i>	135
<i>omega-3 fatty acids cap delayed</i>	
<i>release 1200 mg</i>	135
<i>omega-3-acid ethyl esters cap 1</i>	
gm	51
<i>omeprazole</i>	
see FIRST-OMEPRASUS 2MG/ML	148
<i>omeprazole cap delayed release 10</i>	
mg	149
<i>omeprazole cap delayed release 20</i>	
mg	149

omeprazole cap delayed release 40 mg	149	oseltamivir phosphate cap 75 mg (base equiv)	79
omeprazole magnesium		oseltamivir phosphate for susp 6 mg/ml (base equiv)	80
see PRILOSEC OTC TAB 20MG.....	149	osimertinib mesylate	
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	149	see TAGRISSO TAB 40MG.....	67
OMNARIS SPR.....	134	see TAGRISSO TAB 80MG.....	67
OMNIFLEX DPR.....	120	OSMOPREP TAB 1.5GM.....	119
OMNITROPE INJ 10/1.5ML.....	102	OTEZLA TAB 10/20/30.....	9
OMNITROPE INJ 5.8MG.....	102	OTEZLA TAB 30MG.....	9
OMNITROPE INJ 5/1.5ML.....	102	oxandrolone tab 10 mg	16
onabotulinumtoxin		oxandrolone tab 2.5 mg	16
see BOTOX INJ 100UNIT.....	135	oxaprozin tab 600 mg	9
see BOTOX INJ 200UNIT.....	135	oxazepam cap 10 mg	22
ondansetron hcl oral soln 4 mg/5ml	49	oxazepam cap 15 mg	22
ondansetron hcl tab 4 mg	49	oxazepam cap 30 mg	22
ondansetron hcl tab 8 mg	49	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	31
ondansetron orally disintegrating tab 4 mg	49	oxcarbazepine tab 150 mg	31
ondansetron orally disintegrating tab 8 mg	49	oxcarbazepine tab 300 mg	31
ONE A DAY MIS PRENATAL.....	131	oxcarbazepine tab 600 mg	31
OPSUMIT TAB 10MG.....	85	oxiconazole nitrate	
oral electrolyte solution	126	see OXISTAT LOT 1%.....	94
ORAVIG TAB 50MG.....	129	oxiconazole nitrate cream 1%	94
ORENCIA CLCK INJ 125MG/ML.....	9	OXISTAT LOT 1%.....	94
ORENCIA INJ 125MG/ML.....	10	oxybutynin	
ORENCIA INJ 250MG.....	10	see OXYTROL/WOMN DIS 3.9MG/24.....	150
ORENCIA INJ 50/0.4.....	10	oxybutynin chloride syrup 5 mg/5ml	150
ORENCIA INJ 87.5/0.7.....	10	oxybutynin chloride tab 5 mg	150
ORENITRAM TAB 0.125MG.....	84	oxybutynin chloride tab er 24hr 10 mg	150
ORENITRAM TAB 0.25MG.....	84	oxybutynin chloride tab er 24hr 15 mg	150
ORENITRAM TAB 1MG.....	84	oxybutynin chloride tab er 24hr 5 mg	150
ORENITRAM TAB 2.5MG.....	84	oxycodone hcl	
ORENITRAM TAB 5MG.....	84	see OXYCONTIN TAB 10MG CR.....	14
ORFADIN CAP 10MG.....	103	see OXYCONTIN TAB 15MG CR.....	14
ORFADIN CAP 20MG.....	103	see OXYCONTIN TAB 20MG CR.....	14
ORFADIN CAP 2MG.....	103	see OXYCONTIN TAB 30MG CR.....	14
ORFADIN CAP 5MG.....	103	see OXYCONTIN TAB 40MG CR.....	14
see OXYCONTIN TAB 60MG CR.....	14	see OXYCONTIN TAB 80MG CR.....	14
orphenadrine citrate tab er 12hr 100 mg	133	oxycodone hcl soln 5 mg/5ml	13
oseltamivir phosphate cap 30 mg (base equiv)	79	oxycodone hcl tab 10 mg	14
oseltamivir phosphate cap 45 mg (base equiv)	79		

<i>oxycodone hcl tab 15 mg</i>	14	<i>oxymorphone hcl tab er 12hr 30 mg</i>	14
<i>oxycodone hcl tab 20 mg</i>	14	<i>oxymorphone hcl tab er 12hr 40 mg</i>	14
<i>oxycodone hcl tab 30 mg</i>	14	<i>oxymorphone hcl tab er 12hr 5 mg</i>	14
<i>oxycodone hcl tab 5 mg</i>	13	<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	14	OXYTROL/WOMN DIS 3.9MG/24.....	150
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	14	Oysco 500+d	
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	14	see <i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	124
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	14	Oyster Shell Calcium Plus	
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	14	see <i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	125
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	14	<i>oyster shell calcium tab 500 mg</i>	126
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	14	Oystercal-d	
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	16	see <i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	125
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	16	OZEMPIC INJ 2/1.5ML.....	43
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	16	P	
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	16	Pain & Fever Childrens	
<i>oxycodone-ibuprofen tab 5-400 mg</i>	16	see <i>acetaminophen soln 160 mg/5ml</i>	11
OXYCONTIN TAB 10MG CR.....	14	<i>palbociclib</i>	
OXYCONTIN TAB 15MG CR.....	14	see IBRANCE CAP 100MG.....	66
OXYCONTIN TAB 20MG CR.....	14	see IBRANCE CAP 125MG.....	66
OXYCONTIN TAB 30MG CR.....	14	see IBRANCE CAP 75MG.....	66
OXYCONTIN TAB 40MG CR.....	14	see IBRANCE TAB 100MG.....	66
OXYCONTIN TAB 60MG CR.....	14	see IBRANCE TAB 125MG.....	66
OXYCONTIN TAB 80MG CR.....	14	see IBRANCE TAB 75MG.....	66
<i>oxymetazoline hcl nasal soln 0.05%</i>	135	<i>palifermin</i>	
<i>oxymetholone</i>		see KEPIVANCE INJ 6.25MG.....	67
see ANADROL-50 TAB 50MG.....	16	<i>paliperidone palmitate</i>	
<i>oxymorphone hcl tab 10 mg</i>	14	see INVEGA SUST INJ 117/0.75....	70
<i>oxymorphone hcl tab 5 mg</i>	14	see INVEGA SUST INJ 156MG/ML..	71
<i>oxymorphone hcl tab er 12hr 10 mg</i>	14	see INVEGA SUST INJ 234/1.5.....	71
<i>oxymorphone hcl tab er 12hr 15 mg</i>	14	see INVEGA SUST INJ 39/0.25.....	70
<i>oxymorphone hcl tab er 12hr 20 mg</i>	14	see INVEGA SUST INJ 78/0.5ML....	70
		see INVEGA TRINZ INJ 273MG.....	71
		see INVEGA TRINZ INJ 410MG.....	71
		see INVEGA TRINZ INJ 546MG.....	71
		see INVEGA TRINZ INJ 819MG.....	71
		<i>paliperidone tab er 24hr 1.5 mg</i> ..	71

paliperidone tab er 24hr 3 mg	71		see POLY-VI-SOL SOL 50MG/ML..	131
paliperidone tab er 24hr 6 mg	71		pediatric multiple vitamin w/ c & fa	
paliperidone tab er 24hr 9 mg	71		chew tab	131
palivizumab			pediatric multiple vitamin w/ c	
see SYNAGIS INJ 100MG/ML.....	141		soln 35 mg/ml	131
see SYNAGIS INJ 50MG.....	141		pediatric multiple vitamin w/ extra	
pancrelipase (lipase-protease-			c & fa chew tab	131
amylase)			pediatric multiple vitamin w/	
see CREON CAP 12000UNT.....	100		minerals & c chew tab	130
see CREON CAP 24000UNT.....	100		pediatric multiple vitamin w/	
see CREON CAP 3000UNIT.....	99		minerals & c drops 45 mg/ml ..	130
see CREON CAP 36000UNT.....	100		pediatric multiple vitamins	
see CREON CAP 6000UNIT.....	99		see MULT VITAM DRO.....	130
see ZENPEP CAP 10000UNT.....	100		pediatric multiple vitamins w/ fl-fe	
see ZENPEP CAP 15000UNT.....	100		drops 0.25-10 mg/ml	130
see ZENPEP CAP 20000UNT.....	100		pediatric multiple vitamins w/	
see ZENPEP CAP 25000.....	100		fluoride chew tab 0.25 mg	130
see ZENPEP CAP 3000UNIT.....	100		pediatric multiple vitamins w/	
see ZENPEP CAP 40000.....	100		fluoride chew tab 0.5 mg	130
see ZENPEP CAP 5000UNIT.....	100		pediatric multiple vitamins w/	
panobinostat lactate			fluoride chew tab 1 mg	130
see FARYDAK CAP 10MG.....	66		pediatric multiple vitamins w/	
see FARYDAK CAP 15MG.....	66		fluoride soln 0.25 mg/ml	130
see FARYDAK CAP 20MG.....	66		pediatric multiple vitamins w/	
PANRETIN GEL 0.1%.....	95		fluoride soln 0.5 mg/ml	130
pantoprazole sodium ec tab 20 mg			pediatric multiple vitamins w/ iron	
(base equiv)	149		see ANIMAL SHAPE CHW IRON....	130
pantoprazole sodium ec tab 40 mg			see MULTIVITAMIN DRO /IRON ...	130
(base equiv)	149		pediatric multiple vitamins w/ iron	
PARAGARD IUD T380A.....	89		chew tab 15 mg	130
paricalcitol cap 1 mcg	103		pediatric multiple vitamins w/ iron	
paricalcitol cap 2 mcg	103		drops 10 mg/ml	130
paricalcitol cap 4 mcg	103		pediatric vitamins acd w/ fluoride	
paromomycin sulfate cap 250 mg ..	6		soln 0.25 mg/ml	130
paroxetine hcl tab 10 mg	34		pediatric vitamins acd w/ fluoride	
paroxetine hcl tab 20 mg	34		soln 0.5 mg/ml	130
paroxetine hcl tab 30 mg	34		pediatric vitamins adc	
paroxetine hcl tab 40 mg	34		see TRI-VI-SOL SOL A/C/D.....	131
PASER GRA 4GM.....	63		pediatric vitamins adc drops 750	
pazopanib hcl			unit-400 unit-35 mg/ml	131
see VOTRIENT TAB 200MG.....	67		peg 3350-kcl-na bicarb-nacl-na	
PEAK AIR FLO MIS ADLT/PED.....	122		sulfate for soln 236 gm	118
peak flow meter			peg 3350-kcl-na bicarb-nacl-na	
see PEAK AIR FLO MIS ADLT/PED	122		sulfate for soln 240 gm	118
PEDIA-LAX LIQ 50MG.....	119		peg 3350-kcl-nacl-na sulfate-na	
pediatric multiple vitamin liq	131		ascorbate-ascorbic acid	
pediatric multiple vitamin w/ c			see MOVIPREP SOL.....	118

see PLENVU SOL..... 118
peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... 118
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate
 see GOLYTELY SOL 118
 PEGANONE TAB 250MG 32
 PEGASYS INJ 79
 PEGASYS INJ 180MCG/M..... 79
pegfilgrastim
 see NEULASTA INJ 6MG/0.6M 114
pegfilgrastim-bmez
 see ZIEXTENZO INJ 6/0.6ML 114
pegfilgrastim-cbqv
 see UDENYCA INJ 6MG/.6ML 114
pegfilgrastim-jmdb
 see FULPHILA INJ 6/0.6ML 114
peginterferon alfa-2a
 see PEGASYS INJ..... 79
 see PEGASYS INJ 180MCG/M 79
peginterferon beta-1a
 see PLEGRIDY INJ..... 144
 see PLEGRIDY INJ PEN 144
 see PLEGRIDY INJ STARTER..... 144
 see PLEGRIDY PEN INJ STARTER . 144
pegvisomant
 see SOMAVERT INJ 10MG 102
 see SOMAVERT INJ 15MG 102
 see SOMAVERT INJ 20MG 102
 PEN NEEDLES MIS 29GX10MM 122
 PEN NEEDLES MIS 29GX12.7 122
 PEN NEEDLES MIS 29GX12MM 122
 PEN NEEDLES MIS 31GX5MM..... 122
 PEN NEEDLES MIS 31GX6MM..... 122
 PEN NEEDLES MIS 31GX8MM..... 122
 PEN NEEDLES MIS 32GX4MM..... 122
 PEN NEEDLES MIS 32GX6MM..... 122
 PEN NEEDLES MIS 32GX8MM..... 122
 penciclovir
 see DENAVIR CRE 1% 95
penicillamine
 see DEPEN TITRA TAB 250MG 127
 see D-PENAMINE TAB 125MG..... 127
penicillamine tab 250 mg 127
penicillin v potassium for soln 125 mg/5ml 141

penicillin v potassium for soln 250 mg/5ml 141
penicillin v potassium tab 250 mg
 141
penicillin v potassium tab 500 mg
 141
pentamidine isethionate
 see NEBUPENT INH 300MG 18
pentamidine isethionate for nebulization soln 300 mg 18
pentosan polysulfate sodium
 see ELMIRON CAP 100MG..... 108
pentoxifylline tab er 400 mg 112
perampanel
 see FYCOMPA TAB 10MG 29
 see FYCOMPA TAB 12MG 29
 see FYCOMPA TAB 2MG 29
 see FYCOMPA TAB 4MG 29
 see FYCOMPA TAB 6MG 29
 see FYCOMPA TAB 8MG 29
perindopril erbumine tab 2 mg... 56
perindopril erbumine tab 4 mg... 56
perindopril erbumine tab 8 mg... 56
permethrin & pyrethrins-piperonyl butoxide
 see RA LICE KIT SOLUTION 99
permethrin aerosol 0.5% 99
permethrin cream 5% 99
permethrin creme rinse 1% 99
permethrin lotion 1%..... 99
perphenazine tab 16 mg..... 74
perphenazine tab 2 mg..... 74
perphenazine tab 4 mg..... 74
perphenazine tab 8 mg..... 74
 PERRY PRENAT CAP 132
 Pharbedryl
 see **diphenhydramine hcl cap 25 mg** 50
phenazopyridine hcl tab 100 mg108
phenazopyridine hcl tab 200 mg108
phendimetrazine tartrate tab 35 mg..... 2
phenelzine sulfate tab 15 mg 33
phenobarbital elixir 20 mg/5ml 116
phenobarbital tab 100 mg 116
phenobarbital tab 15 mg 116
phenobarbital tab 16.2 mg 116

phenobarbital tab 30 mg	116	pioglitazone hcl tab 45 mg (base equiv)	46
phenobarbital tab 32.4 mg	116	pirfenidone	
phenobarbital tab 60 mg	116	see ESBRIET CAP 267MG.....	145
phenobarbital tab 64.8 mg	116	see ESBRIET TAB 267MG.....	145
phenobarbital tab 97.2 mg	116	see ESBRIET TAB 801MG.....	145
phenoxybenzamine hcl cap 10 mg	57	piroxicam cap 10 mg	9
phenylephrine hcl (oral)		piroxicam cap 20 mg	9
see SUDAFED PE SOL CHILDREN .	135	PLEGRIDY INJ.....	144
phenylephrine hcl tab 10 mg	135	PLEGRIDY INJ PEN.....	144
PHENYTEK CAP 200MG.....	32	PLEGRIDY INJ STARTER.....	144
PHENYTEK CAP 300MG.....	32	PLEGRIDY PEN INJ STARTER.....	144
phenytoin chew tab 50 mg	32	PLENVU SOL.....	118
phenytoin sodium extended		pneumococcal 13-valent conjugate vaccine	
see DILANTIN CAP 100MG.....	32	see PREVNAR 13 INJ.....	151
see DILANTIN CAP 30MG.....	32	pneumococcal vac polyvalent	
see PHENYTEK CAP 200MG.....	32	see PNEUMOVAX 23 INJ 25/0.5... ..	151
see PHENYTEK CAP 300MG.....	32	PNEUMOVAX 23 INJ 25/0.5.....	151
phenytoin sodium extended cap 100 mg	32	podofilox soln 0.5%	98
phenytoin sodium extended cap 200 mg	32	Polycin	
phenytoin sodium extended cap 300 mg	32	see bacitracin-polymyxin b ophth oint	137
phenytoin susp 125 mg/5ml	32	polyethylene glycol 3350 oral packet 17 gm	118
PHOSPHOLINE SOL 0.125%OP.....	136	polyethylene glycol 3350 oral powder 17 gm/scoop	118
Physiolyte		polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	136
see irrigation solution, physiological	129	Poly-iron 150	
phytonadione tab 5 mg	154	see polysaccharide iron complex cap 150 mg (iron equivalent)	115
PICATO GEL 0.015%.....	95	Poly-iron 150 Forte	
PICATO GEL 0.05%.....	95	see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg . ..	114
PIFELTRO TAB 100MG.....	77	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	137
pilocarpine hcl ophth soln 1% ...	136	polysaccharide iron complex cap 150 mg (iron equivalent)	115
pilocarpine hcl ophth soln 2% ...	137	polysaccharide iron-folic acid-vit b12	
pilocarpine hcl ophth soln 4% ...	137	see FERREX 150 CAP FORTE.....	114
pilocarpine hcl tab 5 mg	129	polyvinyl alcohol ophth soln 1.4%	136
pilocarpine hcl tab 7.5 mg	129	polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	136
pimozide tab 1 mg	144		
pimozide tab 2 mg	144		
pindolol tab 10 mg	81		
pindolol tab 5 mg	81		

POLY-VI-SOL SOL 50MG/ML.....	131	<i>potassium citrate tab er 5 meq</i>	
Polyvitamin/iron		(540 mg)	108
see <i>pediatric multiple vitamin w/</i>		PRADAXA CAP 110MG	29
<i>minerals & c chew tab</i>	130	PRADAXA CAP 150MG	29
<i>pomalidomide</i>		PRADAXA CAP 75MG.....	29
see POMALYST CAP 1MG	65	<i>pramipexole dihydrochloride tab</i>	
see POMALYST CAP 2MG	65	0.125 mg	69
see POMALYST CAP 3MG	65	<i>pramipexole dihydrochloride tab</i>	
see POMALYST CAP 4MG	65	0.25 mg	69
POMALYST CAP 1MG	65	<i>pramipexole dihydrochloride tab</i>	
POMALYST CAP 2MG	65	0.5 mg	69
POMALYST CAP 3MG	65	<i>pramipexole dihydrochloride tab</i>	
POMALYST CAP 4MG	65	0.75 mg	69
<i>ponatinib hcl</i>		<i>pramipexole dihydrochloride tab 1</i>	
see ICLUSIG TAB 15MG.....	66	mg	69
see ICLUSIG TAB 45MG.....	66	<i>pramipexole dihydrochloride tab</i>	
<i>pot phos monobasic w/sod phos di</i>		1.5 mg	69
<i>& monobas tab 155-852-130mg</i>		<i>pramlintide acetate</i>	
.....	127	see SYMLINPEN 60 INJ 1000MCG ..	38
<i>potassium bicarbonate effer tab 25</i>		see SYMLINPEN 120 INJ 1000MCG..	38
<i>meq</i>	127	<i>pramox-pe-glycerin-petrolatum</i>	
<i>potassium chloride cap er 10 meq</i>		<i>perianal cream 1-0.25-14.4-15%</i>	
.....	127	.....	17
<i>potassium chloride cap er 8 meq</i>		<i>prasugrel hcl tab 10 mg (base</i>	
.....	127	<i>equiv)</i>	113
<i>potassium chloride</i>		<i>prasugrel hcl tab 5 mg (base</i>	
<i>microencapsulated crys er tab 10</i>		<i>equiv)</i>	113
<i>meq</i>	127	<i>pravastatin sodium tab 10 mg</i>	53
<i>potassium chloride</i>		<i>pravastatin sodium tab 20 mg</i>	53
<i>microencapsulated crys er tab 20</i>		<i>pravastatin sodium tab 40 mg</i>	53
<i>meq</i>	127	<i>pravastatin sodium tab 80 mg</i>	53
<i>potassium chloride oral soln 10%</i>		<i>praziquantel tab 600 mg</i>	18
<i>(20 meq/15ml)</i>	127	<i>prazosin hcl cap 1 mg</i>	59
<i>potassium chloride oral soln 20%</i>		<i>prazosin hcl cap 2 mg</i>	59
<i>(40 meq/15ml)</i>	127	<i>prazosin hcl cap 5 mg</i>	59
<i>potassium chloride tab er 10 meq</i>		<i>prednicarbate cream 0.1%</i>	97
.....	127	<i>prednicarbate oint 0.1%</i>	97
<i>potassium chloride tab er 20 meq</i>		<i>prednisolone acetate ophth susp</i>	
<i>(1500 mg)</i>	127	1%	138
<i>potassium chloride tab er 8 meq</i>		<i>prednisolone sod phosph oral soln</i>	
<i>(600 mg)</i>	127	6.7 mg/5ml (5 mg/5ml base) ..	90
<i>potassium citrate & citric acid soln</i>		<i>prednisolone sod phosphate oral</i>	
1100-334 mg/5ml	108	soln 15 mg/5ml (base equiv) ..	90
<i>potassium citrate tab er 10 meq</i>		<i>prednisolone sodium phosphate</i>	
<i>(1080 mg)</i>	108	oral soln 25 mg/5ml (base eq) .	90
<i>potassium citrate tab er 15 meq</i>		<i>prednisolone syrup 15 mg/5ml</i>	
<i>(1620 mg)</i>	108	<i>(usp solution equivalent)</i>	90

prednisone oral soln 5 mg/5ml ... 90
prednisone tab 1 mg 90
prednisone tab 10 mg 90
prednisone tab 2.5 mg 90
prednisone tab 20 mg 90
prednisone tab 5 mg 90
prednisone tab 50 mg 90
prednisone tab therapy pack 10 mg (21) 90
prednisone tab therapy pack 10 mg (48) 90
prednisone tab therapy pack 5 mg (21) 90
prednisone tab therapy pack 5 mg (48) 90
pregabalin
 see LYRICA CAP 100MG 30
 see LYRICA CAP 150MG 30
 see LYRICA CAP 200MG 30
 see LYRICA CAP 225MG 31
 see LYRICA CAP 25MG 30
 see LYRICA CAP 300MG 31
 see LYRICA CAP 50MG 30
 see LYRICA CAP 75MG 30
 PREGABALIN CAP 100 MG 31
 PREGABALIN CAP 150 MG 31
 PREGABALIN CAP 200 MG 31
 PREGABALIN CAP 225 MG 31
 PREGABALIN CAP 25 MG 31
 PREGABALIN CAP 300 MG 31
 PREGABALIN CAP 50 MG 31
 PREGABALIN CAP 75 MG 31
 PREMARIN TAB 0.3MG 105
 PREMARIN TAB 0.45MG 105
 PREMARIN TAB 0.625MG 105
 PREMARIN TAB 0.9MG 105
 PREMARIN TAB 1.25MG 105
 PREMARIN VAG CRE 0.625MG 153
 PREMPHASE TAB 104
 PREMPRO TAB 104
 PREMPRO TAB 0.3-1.5 104
 PREMPRO TAB 0.45-1.5 104
 PREMPRO TAB 0.625-5 105
 PRENAT MULTI CAP +DHA 132
 Prenatabs Rx
 see *prenatal vit w/ iron carbonyl-fa tab 29-1 mg* 132

Prenatal 19
 see *prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg* 132
 see *prenatal vit w/ fe fumarate-fa chew tab 29-1 mg* 132
 PRENATAL 19 TAB 29-1MG 132
 PRENATAL CAP FORMULA 132
 PRENATAL CAP OMEGA-3 132
 Prenatal Dha
 see *docosahexaenoic acid cap 200 mg* 135
 PRENATAL DHA PAK MULTI 132
 PRENATAL FRM TAB A-FREE 132
 PRENATAL MUL CAP +DHA 132
prenatal multivitamins & minerals w/ folic acid-fish oil
 see CVS PRENATAL CHW GUMMY 131
prenatal multivit-min w/fe-fa
 see KPN PRENATAL TAB 131
 see MYNATAL CAP 131
 see PRENATAL/FE TAB 132
prenatal mv & min w/ methylfolate-choline-fish oil
 see PRENATAL DHA PAK MULTI ... 132
prenatal mv & min w/fe carbonyl-fa-dha
 see BRAINSTRONG MIS PRENATAL 131
prenatal mv & min w/fe fumarate-fa-dha
 see CENTRUM SPEC PAK PRENATAL 131
 see ENFAMIL MIS EXPECTA 131
 see PRENAT MULTI CAP +DHA ... 132
 see PRENATAL+DHA MIS 132
 see THERANATAL MIS COMPLETE 132
 PRENATAL TAB 132
 PRENATAL TAB COMPLETE 132
 PRENATAL TAB FORMULA 132
prenatal vit w/ docusate-fe fumarate-folic acid
 see MYNATE 90 TAB PLUS 131
 see PRENATAL 19 TAB 29-1MG ... 132
prenatal vit w/ docusate-iron carbonyl-folic acid
 see MYNATAL TAB 131

prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	132	see PRENATAL TAB FORMULA.....	132
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	132	see VINATE M TAB.....	133
prenatal vit w/ fe bisglycinate chelate-folic acid		prenatal vit without vit a w/ fe bisglycinate-folic acid	
see VINATE II TAB.....	133	see NESTABS TAB	131
prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid		prenatal vitamin	
see BE WELL PAK ROUNDED	131	see CALNA TAB	131
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	132	prenatal vitamins w/ ferrous succinate-folic acid	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	132	see NUTRIENTS TAB PRENATAL... ..	131
prenatal vit w/ ferrous fumarate-fa-fish oil		prenatal without a vit w/ fe fumarate-folic acid	
see PRENATAL CAP OMEGA-3.....	132	see PRENATAL FRM TAB A-FREE ..	132
prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids		prenatal without vit a w/ iron polysaccharide complex-fa	
see ONE A DAY MIS PRENATAL....	131	see EZFE FORTE CAP	131
see PRENATAL CAP FORMULA.....	132	PRENATAL/FE TAB	132
see PRENATAL MUL CAP +DHA....	132	PRENATAL+DHA MIS	132
see SM ONE DAILY MIS PRENATAL	132	PREPOPIK PAK	118
prenatal vit w/ ferrous fumarate-folic acid		PREVNAR 13 INJ	151
see CO-NATAL FA TAB 29-1MG....	131	PREZCOBIX TAB 800-150.....	77
see NATALVIT TAB 75-1MG.....	131	PREZISTA SUS 100MG/ML.....	77
see O-CAL TAB PRENATAL	131	PREZISTA TAB 150MG	77
see PERRY PRENAT CAP.....	132	PREZISTA TAB 600MG	77
see PRENATAL TAB	132	PREZISTA TAB 75MG	77
see PRENATAL TAB COMPLETE	132	PREZISTA TAB 800MG	77
see RA PRENATAL TAB FORMULA.	132	PRIFTIN TAB 150MG	63
see SE-NATAL 19 CHW.....	132	PRILOSEC OTC TAB 20MG	149
see TRINATAL RX TAB 1	133	primaquine phosphate tab 26.3 mg (15 mg base)	62
see VITAFOL-OB TAB 65-1MG	133	primidone tab 250 mg	31
see VOL-PLUS TAB.....	133	primidone tab 50 mg	31
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid		PRIVIGEN INJ 20GRAMS	140
see TL FOLATE TAB.....	132	PROAIR HFA AER.....	26
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	132	probenecid tab 500 mg	109
prenatal vit w/ iron carbonyl-folic acid		procarbazine hcl	
see VOL-TAB RX TAB	133	see MATULANE CAP 50MG	67
prenatal vit w/ selenium-fe fumarate-folic acid		prochlorperazine maleate tab 10 mg (base equivalent)	75
		prochlorperazine maleate tab 5 mg (base equivalent)	75
		prochlorperazine suppos 25 mg ..	75
		PROCRIT INJ 2000/ML	114
		PROCRIT INJ 3000/ML	114
		PROCRIT INJ 40000/ML.....	114
		PROFILNINE INJ 1500UNIT.....	111
		progesterone (vaginal)	

see PROGESTERONE SUP VGS 100	
.....	153
see PROGESTERONE SUP VGS 200	
.....	153
progesterone micronized cap 100 mg	142
progesterone micronized cap 200 mg	142
PROGESTERONE SUP VGS 100	153
PROGESTERONE SUP VGS 200	153
PROGLYCEM SUS 50MG/ML	42
PROLASTIN-C INJ 1000MG	145
PROLIA SOL 60MG/ML	102
PROMACTA TAB 12.5MG	114
PROMACTA TAB 25MG	114
PROMACTA TAB 50MG	114
PROMACTA TAB 75MG	114
promethazine & phenylephrine syrup 6.25-5 mg/5ml	91
promethazine hcl suppos 12.5 mg	51
promethazine hcl suppos 25 mg	51
promethazine hcl syrup 6.25 mg/5ml	51
promethazine hcl tab 12.5 mg	51
promethazine hcl tab 25 mg	51
promethazine hcl tab 50 mg	51
promethazine w/ codeine syrup 6.25-10 mg/5ml	91
promethazine-dm syrup 6.25-15 mg/5ml	91
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	91
propafenone hcl tab 150 mg	22
propafenone hcl tab 225 mg	22
propafenone hcl tab 300 mg	22
proparacaine hcl ophth soln 0.5%	137
propranolol hcl cap er 24hr 120 mg	81
propranolol hcl cap er 24hr 160 mg	81
propranolol hcl cap er 24hr 60 mg	81
propranolol hcl cap er 24hr 80 mg	81
propranolol hcl oral soln 20 mg/5ml	81
propranolol hcl oral soln 40 mg/5ml	81
propranolol hcl tab 10 mg	81
propranolol hcl tab 20 mg	81
propranolol hcl tab 40 mg	81
propranolol hcl tab 60 mg	81
propranolol hcl tab 80 mg	81
propylene glycol-glycerin ophth soln 1-0.3%	136
propylthiouracil tab 50 mg	145
protriptyline hcl tab 10 mg	37
protriptyline hcl tab 5 mg	37
PROVENTIL AER HFA	27
pseudoephed-bromphen-dm	
see BROAPP DM LIQ 15-1-5/5	91
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	91
pseudoephedrine hcl	
see NASAL DECON SYP 30MG/5ML	135
see NASAL DECONG LIQ 30MG/5ML	135
pseudoephedrine hcl liq 15 mg/5ml	135
pseudoephedrine hcl tab 30 mg	135
pseudoephedrine hcl tab 60 mg	135
pseudoephedrine hcl tab er 12hr 120 mg	135
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	91
psyllium	
see KONSYL DAILY POW 100%	117
see KONSYL DAILY POW 28.3%	117
see KONSYL-D POW 52.3%	117
see METAMUCIL POW 28%ORG	117
see METAMUCIL POW 58.12%	117
see METAMUCIL WAF	117
see NAT FIBER POW 58.6%	117
psyllium cap 0.52 gm	117
psyllium cap 400 mg	117
psyllium powder 100%	118
psyllium powder 28.3%	117
psyllium powder 30.9%	117
psyllium powder 33%	117
psyllium powder 48.57%	117

<i>psyllium powder 58.6%</i>	118	<i>quetiapine fumarate tab er 24hr</i>	
<i>psyllium powder 95%</i>	118	200 mg	74
PULMICORT INH 180MCG	24	<i>quetiapine fumarate tab er 24hr</i>	
PULMICORT INH 90MCG	24	300 mg	74
PULMONEB LT MIS NEBULIZE	122	<i>quetiapine fumarate tab er 24hr</i>	
PULMOZYME SOL 1MG/ML	145	400 mg	74
Pure & Gentle Lubricant		<i>quetiapine fumarate tab er 24hr 50</i>	
see <i>hypromellose ophth soln</i>		mg	73
0.3%	136	<i>quinapril hcl tab 10 mg</i>	56
Px Iron		<i>quinapril hcl tab 20 mg</i>	56
see <i>ferrous sulfate dried tab 200</i>		<i>quinapril hcl tab 40 mg</i>	56
mg (65 mg elemental fe)	115	<i>quinapril hcl tab 5 mg</i>	56
<i>pyrantel pamoate susp 144 mg/ml</i>		<i>quinapril-hydrochlorothiazide tab</i>	
(50 mg/ml base equiv)	18	10-12.5 mg	61
<i>pyrazinamide tab 500 mg</i>	63	<i>quinapril-hydrochlorothiazide tab</i>	
<i>pyreth-piperonyl butox sham-</i>		20-12.5 mg	61
<i>permeth aero-nit remover gel kit</i>		<i>quinapril-hydrochlorothiazide tab</i>	
.....	99	20-25 mg	61
<i>pyrethrins-piperonyl butoxide liq</i>		<i>quinidine sulfate tab 200 mg</i>	22
0.3-3%	99	<i>quinidine sulfate tab 300 mg</i>	22
<i>pyrethrins-piperonyl butoxide liq</i>		<i>quinine sulfate cap 324 mg</i>	62
0.33-4%	99	QVAR REDIHA AER 80MCG	24
<i>pyrethrins-piperonyl butoxide</i>		QVAR REDIHAL AER 40MCG	24
<i>shampoo 0.33-4%</i>	99	R	
<i>pyridostigmine bromide tab 60 mg</i>		Ra Acetaminophen Rapid Me	
.....	63	see <i>acetaminophen disintegrating</i>	
<i>pyridoxine hcl tab 100 mg</i>	154	tab 160 mg	11
<i>pyridoxine hcl tab 25 mg</i>	154	see <i>acetaminophen disintegrating</i>	
<i>pyridoxine hcl tab 50 mg</i>	154	tab 80 mg	10
<i>pyridoxine hcl tab er 200 mg</i>	154	Ra Budesonide Nasal Spray	
<i>pyrimethamine</i>		see <i>budesonide nasal susp 32</i>	
see DARAPRIM TAB 25MG	62	mcg/act	134
Q		Ra Calcium 600 Plus Vitam	
Qc 3 Day Vaginal Cream		see <i>calcium carb-vit d w/</i>	
see <i>miconazole nitrate vaginal</i>		minerals chew tab 600 mg-400	
cream 4% (200 mg/5gm) ...	153	unit	124
Qc Natural Vegetable		Ra Cetirizine	
see <i>psyllium powder 95%</i>	118	see <i>cetirizine hcl tab 10 mg</i>	50
<i>quetiapine fumarate tab 100 mg</i> .73		Ra Col-rite	
<i>quetiapine fumarate tab 200 mg</i> .73		see <i>docusate sodium cap 50 mg</i>	
<i>quetiapine fumarate tab 25 mg</i> ...73		.....	119
<i>quetiapine fumarate tab 300 mg</i> .73		Ra Ear Drying Agent	
<i>quetiapine fumarate tab 400 mg</i> .73		see <i>isopropyl alcohol-glycerin otic</i>	
<i>quetiapine fumarate tab 50 mg</i> ...73		liquid 95-5%	139
<i>quetiapine fumarate tab er 24hr</i>		Ra Glycerin Child	
150 mg	73	see <i>glycerin suppos 80.7%</i>	118
		Ra Hemorrhoidal	

see pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	17	ramipril cap 1.25 mg	56
Ra Hydrocortisone Plus 12		ramipril cap 10 mg	56
see hydrocortisone cream 1% ...	97	ramipril cap 2.5 mg	56
Ra Ibuprofen		ramipril cap 5 mg	56
see ibuprofen tab 200 mg	8	ranitidine hcl tab 150 mg	148
Ra Laxative		ranitidine hcl tab 300 mg	148
see polyethylene glycol 3350 oral packet 17 gm	118	ranitidine hcl tab 75 mg	148
see polyethylene glycol 3350 oral powder 17 gm/scoop	118	ranolazine tab er 12hr 1000 mg ..	19
Ra Laxative Maximum Stren		ranolazine tab er 12hr 500 mg ...	19
see sennosides tab 25 mg	119	RAPAMUNE SOL 1MG/ML	128
RA LICE KIT SOLUTION	99	rasagiline mesylate tab 0.5 mg (base equiv)	69
Ra Lubricant Eye Drops		rasagiline mesylate tab 1 mg (base equiv)	69
see propylene glycol-glycerin ophth soln 1-0.3%	136	RECOMBINATE INJ	111
Ra Melatonin		RECOMBINATE INJ 220-400.....	111
see melatonin-pyridoxine tab 3-2 mg	6	RECOMBINATE INJ 401-800.....	111
Ra Mucus Relief D		RECOMBINATE INJ 801-1240.....	112
see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	91	RECOMBIVA HB INJ 10MCG/ML	152
RA OYS SHL/D TAB 500MG	126	RECOMBIVA HB INJ 5MCG/0.5	152
Ra Oyster Shell Calcium/v		RECTIV OIN 0.4%	17
see calcium carbonate-vitamin d tab 250 mg-125 unit	125	Regenecare Ha	
RA PRENATAL TAB FORMULA	132	see lidocaine hcl gel 2%	98
Ra Slow Release Iron		regorafenib	
see ferrous sulfate tab er 47.5 mg (elemental fe)	115	see STIVARGA TAB 40MG	67
Ra Tioconazole 1		REGRANEX GEL 0.01%	99
see tioconazole vaginal oint 6.5%	153	Reguloid	
rabeprazole sodium ec tab 20 mg	149	see psyllium cap 400 mg	117
raloxifene hcl tab 60 mg	102	RELENZA MIS DISKHALE	80
raltegravir potassium		RELION KETON TES.....	99
see ISENTRESS CHW 100MG	77	RELISTOR INJ 12/0.6ML.....	107
see ISENTRESS CHW 25MG	77	RELISTOR TAB 150MG	107
see ISENTRESS HD TAB 600MG.....	77	REMICADE INJ 100MG	107
see ISENTRESS POW 100MG.....	77	REMODULIN INJ 10MG/ML	85
see ISENTRESS TAB 400MG.....	77	REMODULIN INJ 1MG/ML	85
ramelteon		REMODULIN INJ 2.5MG/ML.....	85
see ROZEREM TAB 8MG.....	117	REMODULIN INJ 5MG/ML	85
ramelteon tab 8 mg	117	Rena-vite	
		see b-complex w/ c & folic acid tab 0.8 mg	129
		RENFLEXIS INJ 100MG.....	107
		repaglinide tab 0.5 mg	46
		repaglinide tab 1 mg	46
		repaglinide tab 2 mg	46
		REPATHA INJ 140MG/ML	55
		REPATHA PUSH INJ 420/3.5	55
		REPATHA SURE INJ 140MG/ML.....	55

RESCRIPTOR TAB 200MG	78	<i>riluzole tab 50 mg</i>	135
<i>respiratory therapy supplies</i>		<i>rimantadine hydrochloride tab 100 mg</i>	80
see PULMONEB LT MIS NEBULIZE	122	RINVOQ TAB 15MG ER.....	6
RESTASIS EMU 0.05%	137	<i>riociguat</i>	
RETACRIT INJ 10000UNT	114	see ADEMPAS TAB 0.5MG.....	86
RETACRIT INJ 2000UNIT	114	see ADEMPAS TAB 1.5MG.....	86
RETACRIT INJ 3000UNIT	114	see ADEMPAS TAB 1MG.....	86
RETACRIT INJ 40000UNT	114	see ADEMPAS TAB 2.5MG.....	86
RETACRIT INJ 4000UNIT	114	see ADEMPAS TAB 2MG.....	86
<i>retapamulin</i>		RISACAL-D TAB	126
see ALTABAX OIN 1%	93	<i>risankizumab-rzaa</i>	
REVLIMID CAP 10MG	128	see SKYRIZI INJ 150DOSE.....	95
REVLIMID CAP 15MG	128	<i>risedronate sodium tab 150 mg</i>	102
REVLIMID CAP 2.5MG	128	<i>risedronate sodium tab 30 mg</i> ..	102
REVLIMID CAP 20MG	128	<i>risedronate sodium tab 35 mg</i> ..	102
REVLIMID CAP 25MG	128	<i>risedronate sodium tab 5 mg</i>	102
REVLIMID CAP 5MG.....	128	RISPERDAL INJ 12.5MG	71
<i>rho d immune globulin (human)</i>		RISPERDAL INJ 25MG	71
see RHOGAM PLUS INJ 300MCG ..	140	RISPERDAL INJ 37.5MG	71
RHOGAM PLUS INJ 300MCG.....	140	RISPERDAL INJ 50MG	71
Ribasphere		<i>risperidone microspheres</i>	
see <i>ribavirin cap 200 mg</i>	79	see RISPERDAL INJ 12.5MG.....	71
<i>ribavirin cap 200 mg</i>	79	see RISPERDAL INJ 25MG.....	71
<i>ribavirin tab 200 mg</i>	79	see RISPERDAL INJ 37.5MG.....	71
<i>ribociclib succinate</i>		see RISPERDAL INJ 50MG.....	71
see KISQALI TAB 200DOSE.....	66	<i>risperidone orally disintegrating tab 0.25 mg</i>	71
see KISQALI TAB 400DOSE.....	66	<i>risperidone orally disintegrating tab 0.5 mg</i>	71
see KISQALI TAB 600DOSE.....	66	<i>risperidone orally disintegrating tab 1 mg</i>	71
<i>ribociclib succinate-letrozole</i>		<i>risperidone orally disintegrating tab 2 mg</i>	71
see KISQALI 200 PAK FEMARA	65	<i>risperidone orally disintegrating tab 3 mg</i>	71
see KISQALI 400 PAK FEMARA	65	<i>risperidone orally disintegrating tab 4 mg</i>	71
see KISQALI 600 PAK FEMARA	65	<i>risperidone soln 1 mg/ml</i>	71
<i>riboflavin tab 100 mg</i>	154	<i>risperidone tab 0.25 mg</i>	72
RIDAURA CAP 3MG	7	<i>risperidone tab 0.5 mg</i>	72
<i>rifabutin cap 150 mg</i>	63	<i>risperidone tab 1 mg</i>	72
<i>rifampin cap 150 mg</i>	63	<i>risperidone tab 2 mg</i>	72
<i>rifampin cap 300 mg</i>	63	<i>risperidone tab 3 mg</i>	72
<i>rifapentine</i>		<i>risperidone tab 4 mg</i>	72
see PRIFTIN TAB 150MG.....	63	<i>ritonavir</i>	
RIFATER TAB	63	see NORVIR SOL 80MG/ML	77
<i>rifaximin</i>			
see XIFAXAN TAB 200MG	18		
see XIFAXAN TAB 550MG	18		
<i>rilonacept</i>			
see ARCALYST INJ 220MG	7		
<i>rilpivirine hcl</i>			
see EDURANT TAB 25MG	77		

ritonavir tab 100 mg	78	rizatriptan benzoate tab 10 mg	
RITUXAN INJ 100MG	64	(base equivalent)	123
RITUXAN INJ 500MG	64	rizatriptan benzoate tab 5 mg	
rituximab		(base equivalent)	123
see RITUXAN INJ 100MG	64	Robafen	
see RITUXAN INJ 500MG	64	see guaifenesin syrup 100	
rituximab-abbs		mg/5ml	91
see TRUXIMA INJ 100/10ML	64	ROBITUSSIN SYP 7.5/5ML	91
see TRUXIMA INJ 500/50ML	64	roflumilast	
rituximab-pvvr		see DALIRESP TAB 250MCG	23
see RUXIENCE INJ 100/10ML	64	see DALIRESP TAB 500MCG	23
see RUXIENCE INJ 500/50ML	64	ropinirole hydrochloride tab 0.25	
rivaroxaban		mg	69
see XARELTO STAR TAB 15/20MG	28	ropinirole hydrochloride tab 0.5 mg	
see XARELTO TAB 10MG	28	.....	69
see XARELTO TAB 15MG	28	ropinirole hydrochloride tab 1 mg	
see XARELTO TAB 2.5MG	28	.....	69
see XARELTO TAB 20MG	28	ropinirole hydrochloride tab 2 mg	
rivastigmine tartrate cap 1.5 mg		.....	69
(base equivalent)	143	ropinirole hydrochloride tab 3 mg	
rivastigmine tartrate cap 3 mg		.....	69
(base equivalent)	143	ropinirole hydrochloride tab 4 mg	
rivastigmine tartrate cap 4.5 mg		.....	69
(base equivalent)	143	ropinirole hydrochloride tab 5 mg	
rivastigmine tartrate cap 6 mg		.....	69
(base equivalent)	143	rosiglitazone maleate	
rivastigmine td patch 24hr 13.3		see AVANDIA TAB 2MG	46
mg/24hr	143	see AVANDIA TAB 4MG	46
rivastigmine td patch 24hr 4.6		rosuvastatin calcium tab 10 mg ..	54
mg/24hr	143	rosuvastatin calcium tab 20 mg ..	54
rivastigmine td patch 24hr 9.5		rosuvastatin calcium tab 40 mg ..	54
mg/24hr	143	rosuvastatin calcium tab 5 mg	54
Rivelsa		rotigotine	
see levonor-eth est tab 0.15-		see NEUPRO DIS 1MG/24HR	69
0.02/0.025/0.03 mg &eth est		see NEUPRO DIS 2MG/24HR	69
0.01 mg	87	see NEUPRO DIS 3MG/24HR	69
RIXUBIS INJ 1000UNIT	112	see NEUPRO DIS 4MG/24HR	69
RIXUBIS INJ 2000UNIT	112	see NEUPRO DIS 6MG/24HR	69
RIXUBIS INJ 250 UNIT	112	see NEUPRO DIS 8MG/24HR	69
RIXUBIS INJ 3000UNIT	112	ROZEREM TAB 8MG	117
RIXUBIS INJ 500UNIT	112	RUBRACA TAB 200MG	66
rizatriptan benzoate oral		RUBRACA TAB 250MG	66
disintegrating tab 10 mg (base		RUBRACA TAB 300MG	66
eq)	123	rucaparib camsylate	
rizatriptan benzoate oral		see RUBRACA TAB 200MG	66
disintegrating tab 5 mg (base eq)		see RUBRACA TAB 250MG	66
.....	123	see RUBRACA TAB 300MG	66

rufinamide	
see BANZEL SUS 40MG/ML	29
see BANZEL TAB 200MG	29
see BANZEL TAB 400MG	29
RUXIENCE INJ 100/10ML	64
RUXIENCE INJ 500/50ML	64
ruxolitinib phosphate	
see JAKAFI TAB 10MG	66
see JAKAFI TAB 15MG	66
see JAKAFI TAB 20MG	66
see JAKAFI TAB 25MG	66
see JAKAFI TAB 5MG	66
RYBELSUS TAB 14MG	43
RYBELSUS TAB 3MG	43
RYBELSUS TAB 7MG	43
Ryclora	
see dexchlorpheniramine maleate	
oral soln 2 mg/5ml	50
S	
sacubitril-valsartan	
see ENTRESTO TAB 24-26MG	84
see ENTRESTO TAB 49-51MG	84
see ENTRESTO TAB 97-103MG	84
saline nasal spray 0.65%	134
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	27
salsalate tab 500 mg	11
salsalate tab 750 mg	11
SAMSCA TAB 15MG	104
SAMSCA TAB 30MG	104
SANDIMMUNE CAP 100MG	128
SANDIMMUNE CAP 25MG	128
SANDOSTATIN KIT LAR 10MG	104
SANDOSTATIN KIT LAR 20MG	104
SANDOSTATIN KIT LAR 30MG	104
SANTYL OIN 250/GM	98
SAPHRIS SUB 10MG	74
SAPHRIS SUB 2.5MG	74
SAPHRIS SUB 5MG	74
sapropterin dihydrochloride	
see KUVAN TAB 100MG	103
saquinavir mesylate	
see INVIRASE TAB 500MG	77
sargramostim	
see LEUKINE INJ 250MCG	114
sarilumab	
see KEVZARA INJ 150/1.14	7
see KEVZARA INJ 200/1.14	7
SAVELLA MIS TITR PAK	143
SAVELLA TAB 100MG	143
SAVELLA TAB 12.5MG	143
SAVELLA TAB 25MG	143
SAVELLA TAB 50MG	143
Sb Fib Lax Orange	
see psyllium powder 33%	117
Sb Lice Treatment	
see pyrethrins-piperonyl butoxide	
liq 0.3-3%	99
scopolamine td patch 72hr 1	
mg/3days	49
secukinumab	
see COSENTYX INJ 150MG/ML	95
see COSENTYX INJ 300DOSE	95
see COSENTYX PEN INJ 150MG/ML	95
see COSENTYX PEN INJ 300DOSE	95
selegiline	
see EMSAM DIS 12MG/24H	33
see EMSAM DIS 6MG/24HR	33
see EMSAM DIS 9MG/24HR	33
selegiline hcl cap 5 mg	69
selegiline hcl tab 5 mg	69
selenium sulfide lotion 1%	95
selenium sulfide lotion 2.5%	95
selexipag	
see UPTRAVI TAB 1000MCG	86
see UPTRAVI TAB 1200MCG	86
see UPTRAVI TAB 1400MCG	86
see UPTRAVI TAB 1600MCG	86
see UPTRAVI TAB 200/800	85
see UPTRAVI TAB 200MCG	85
see UPTRAVI TAB 400MCG	85
see UPTRAVI TAB 600MCG	85
see UPTRAVI TAB 800MCG	86
SELZENTRY SOL 20MG/ML	78
SELZENTRY TAB 150MG	78
SELZENTRY TAB 25MG	78
SELZENTRY TAB 300MG	78
SELZENTRY TAB 75MG	78
semaglutide	
see OZEMPIC INJ 2/1.5ML	43
see RYBELSUS TAB 14MG	43
see RYBELSUS TAB 3MG	43
see RYBELSUS TAB 7MG	43
SE-NATAL 19 CHW	132

sennosides chew tab 15 mg	119	silver sulfadiazine cream 1%	95
sennosides syrup 8.8 mg/5ml ...	119	SIMBRINZA SUS 1-0.2%	137
sennosides tab 25 mg	119	simethicone cap 125 mg	106
sennosides tab 8.6 mg	119	simethicone cap 180 mg	106
sennosides-docusate sodium		simethicone chew tab 125 mg ...	106
see MEDI-LAXX CAP 8.6-50MG	118	simethicone chew tab 80 mg	106
sennosides-docusate sodium tab		simethicone liquid 40 mg/0.6ml	106
8.6-50 mg	118	simethicone susp 40 mg/0.6ml .	106
SENSIPAR TAB 30MG	103	SIMPONI INJ 100MG/ML	6
SENSIPAR TAB 60MG	103	SIMPONI INJ 50/0.5ML	6
SENSIPAR TAB 90MG	103	simvastatin tab 10 mg	54
SEREVENT DIS AER 50MCG	27	simvastatin tab 20 mg	54
sertaconazole nitrate		simvastatin tab 40 mg	54
see ERTACZO CRE 2%	94	simvastatin tab 5 mg	54
sertraline hcl oral concentrate for		simvastatin tab 80 mg	54
solution 20 mg/ml	34	sinecatechins	
sertraline hcl tab 100 mg	34	see VEREGEN OIN 15%	93
sertraline hcl tab 25 mg	34	siponimod fumarate	
sertraline hcl tab 50 mg	34	see MAYZENT TAB 0.25MG	144
sevelamer carbonate packet 0.8		sirolimus	
gm	107	see RAPAMUNE SOL 1MG/ML	128
sevelamer carbonate packet 2.4		sirolimus oral soln 1 mg/ml	128
gm	107	sirolimus tab 0.5 mg	128
sevelamer carbonate tab 800 mg		sirolimus tab 1 mg	128
.....	107	sirolimus tab 2 mg	128
Sf		SIRTURO TAB 100MG	63
see sodium fluoride gel 1.1%		sitagliptin phosphate	
(0.5% f)	129	see JANUVIA TAB 100MG	42
Sf 5000 Plus		see JANUVIA TAB 25MG	42
see sodium fluoride cream 1.1%		see JANUVIA TAB 50MG	42
.....	129	sitagliptin-metformin hcl	
SHINGRIX INJ 50/0.5ML.....	152	see JANUMET TAB 50-1000	39
SHUR-SEAL GEL 2%	152	see JANUMET TAB 50-500MG	39
Silace		see JANUMET XR TAB 100-1000 ...	39
see docusate sodium liquid 150		see JANUMET XR TAB 50-1000	39
mg/15ml	119	see JANUMET XR TAB 50-500MG ...	39
see docusate sodium syrup 60		skin protectants misc - cream	98
mg/15ml	119	SKLICE LOT 0.5%	99
sildenafil citrate tab 20 mg	85	SKYLA IUD 13.5MG	89
SILENOR TAB 3MG	116	SKYRIZI INJ 150DOSE	95
SILENOR TAB 6MG	116	Sleep Aid	
silodosin cap 4 mg	108	see doxylamine succinate (sleep)	
silodosin cap 8 mg	108	tab 25 mg	115
Siltussin-dm		SLOW FE TAB 45MG	115
see dextromethorphan-		Slow Iron	
guaifenesin syrup 10-100			
mg/5ml	91		

see ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	115	see bismuth subsalicylate tab 262 mg	48
Slow Release Iron		sodium bicarbonate tab 325 mg ..	17
see ferrous sulfate tab er 50 mg (elemental fe)	115	sodium bicarbonate tab 650 mg ..	17
Slow-release Iron		sodium chloride hypertonic ophth oint 5%	139
see ferrous sulfate dried tab er 45 mg (fe equivalent)	115	sodium chloride hypertonic ophth soln 5%	139
Sm Acid Reducer		sodium chloride irrigation soln 0.9%	108
see ranitidine hcl tab 75 mg	148	sodium chloride soln nebu 0.9% ..	92
Sm Anti-itch Extra Streng		sodium chloride soln nebu 3%	92
see diphenhydramine-zinc acetate cream 2-0.1%	95	sodium chloride soln nebu 7%	92
Sm Artificial Tears		sodium chloride tab 1 gm	127
see artificial tear ophth solution	135	sodium citrate & citric acid soln 500-334 mg/5ml	108
Sm Aspirin		sodium fluoride	
see aspirin tab 325 mg	11	see FLUORABON DRO	126
Sm Bedding Lice Treatment		sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	126
see permethrin aerosol 0.5%	99	sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	126
Sm Calcium 600 + D Plus M		sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	126
see calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	124	sodium fluoride cream 1.1%	129
Sm Chest Congestion Relie		sodium fluoride gel 1.1% (0.5% f)	129
see guaifenesin tab 400 mg	92	sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	126
Sm Esomeprazole Magnesium		sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	126
see esomeprazole magnesium cap delayed release 20 mg (base eq)	148	sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	126
Sm Foaming Antacid		sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	126
see aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	17	sodium hyaluronate (viscosupplement)	
Sm Ibuprofen Ib		see EUFLEXXA INJ 10MG/ML	133
see ibuprofen chew tab 100 mg .	8	see VISCO-3 INJ 25/2.5ML	133
Sm Lice Treatment		sodium oxybate	
see permethrin lotion 1%	99	see XYREM SOL 500MG/ML	142
Sm Miconazole 3		sodium phenylbutyrate tab 500 mg	103
see miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	153	sodium phosphate monobasic-sodium phosphate dibasic	
SM ONE DAILY MIS PRENATAL	132	see OSMOPREP TAB 1.5GM	119
Sm Pain Reliever Extra St			
see acetaminophen cap 500 mg 10			
Sm Stomach Relief			

sodium phosphates - enema	119		
sodium picosulfate-magnesium oxide-anhydrous citric acid			
see CLENPIQ SOL	118		
see PREPOPIK PAK	118		
sodium polystyrene sulfonate oral susp 15 gm/60ml	129		
sodium polystyrene sulfonate powder	129		
sodium sulfate-potassium sulfate- magnesium sulfate			
see SUPREP BOWEL SOL PREP KIT	118		
SOFOS/VELPAT TAB 400-100	79		
sofosbuvir			
see SOVALDI TAB 400MG	79		
sofosbuvir-velpatasvir-voxilaprevir			
see VOSEVI TAB	79		
solifenacin succinate			
see VESICARE TAB 10MG	151		
see VESICARE TAB 5MG	151		
solifenacin succinate tab 10 mg	150		
solifenacin succinate tab 5 mg ..	150		
somatropin			
see OMNITROPE INJ 10/1.5ML	102		
see OMNITROPE INJ 5.8MG.....	102		
see OMNITROPE INJ 5/1.5ML	102		
SOMAVERT INJ 10MG	102		
SOMAVERT INJ 15MG	102		
SOMAVERT INJ 20MG	102		
sonidegib phosphate			
see ODOMZO CAP 200MG	64		
sorafenib tosylate			
see NEXAVAR TAB 200MG	66		
sotalol hcl (afib/afI) tab 120 mg	.81		
sotalol hcl (afib/afI) tab 160 mg	.81		
sotalol hcl (afib/afI) tab 80 mg ...	.81		
sotalol hcl tab 120 mg.....	.81		
sotalol hcl tab 160 mg.....	.81		
sotalol hcl tab 240 mg.....	.81		
sotalol hcl tab 80 mg.....	.81		
SOVALDI TAB 400MG.....	79		
spacer/aerosol-holding chambers			
see INSPIRACHAMB MIS LARGE ..	122		
spinosad susp 0.9%	99		
spironolactone & hydrochlorothiazide			
see ALDACTAZIDE TAB 50/50	100		
spironolactone & hydrochlorothiazide tab 25-25 mg	100		
spironolactone tab 100 mg	101		
spironolactone tab 25 mg	101		
spironolactone tab 50 mg	101		
SPRYCEL TAB 100MG	67		
SPRYCEL TAB 140MG	67		
SPRYCEL TAB 20MG.....	66		
SPRYCEL TAB 50MG.....	66		
SPRYCEL TAB 70MG.....	66		
SPRYCEL TAB 80MG.....	66		
St Joseph Low Dose Aspiri			
see aspirin chew tab 81 mg	11		
stavudine cap 15 mg	78		
stavudine cap 20 mg	78		
stavudine cap 30 mg	78		
stavudine cap 40 mg	78		
STELARA INJ 45MG/0.5.....	95		
STELARA INJ 5MG/ML	107		
STELARA INJ 90MG/ML	95		
STIMATE SOL 1.5MG/ML	104		
Stimulant Laxative			
see bisacodyl tab delayed release 5 mg	119		
STIOLTO AER 2.5-2.5	27		
stiripentol			
see DIACOMIT CAP 250MG	30		
see DIACOMIT CAP 500MG	30		
see DIACOMIT PAK 250MG	30		
see DIACOMIT PAK 500MG	30		
STIVARGA TAB 40MG	67		
Stool Softener			
see docusate calcium cap 240 mg	119		
see docusate sodium cap 100 mg	119		
Stop Lice Complete Lice T			
see pyreth-piperonyl butox sham- permeth aero-nit remover gel kit	99		
Stop Lice Maximum Strengt			
see pyrethrins-piperonyl butoxide liq 0.33-4%	99		
Stress Formula W/iron			

see multiple vitamins w/ iron tab	129
STRIBILD TAB.....	78
STRIVERDI AER 2.5MCG	27
succimer	
see CHEMET CAP 100MG	48
sucralfate tab 1 gm	148
sucroferric oxyhydroxide	
see VELPHORO CHW 500MG	108
SUDAFED PE SOL CHILDREN.....	135
sulconazole nitrate	
see EXELDERM CRE 1%.....	94
see EXELDERM SOL 1%.....	94
sulconazole nitrate cream 1%	94
sulfacetamide sodium lotion 10%	
(<i>acne</i>).....	92
sulfacetamide sodium ophth soln	
10%	137
sulfacetamide sodium-prednisolone	
ophth soln 10-0.23(0.25)%	138
sulfacetamide sodium-sulfur in	
urea emulsion 10-4%	92
SULFADIAZINE TAB 500MG	145
sulfamethoxazole-trimethoprim	
susp 200-40 mg/5ml	18
sulfamethoxazole-trimethoprim tab	
400-80 mg	18
sulfamethoxazole-trimethoprim tab	
800-160 mg	18
SULFAMYLON CRE 85MG/GM	95
sulfasalazine tab 500 mg	107
sulfasalazine tab delayed release	
500 mg	107
sulindac tab 150 mg	9
sulindac tab 200 mg	9
sumatriptan succinate inj 6	
mg/0.5ml	123
sumatriptan succinate tab 100 mg	
.....	123
sumatriptan succinate tab 25 mg	
.....	123
sumatriptan succinate tab 50 mg	
.....	123
sunitinib malate	
see SUTENT CAP 12.5MG.....	67
see SUTENT CAP 25MG	67
see SUTENT CAP 37.5MG.....	67

see SUTENT CAP 50MG	67
SUPRAX CAP 400MG	87
SUPREP BOWEL SOL PREP KIT	118
SUTENT CAP 12.5MG	67
SUTENT CAP 25MG.....	67
SUTENT CAP 37.5MG	67
SUTENT CAP 50MG.....	67
suvorexant	
see BELSOMRA TAB 10MG	117
see BELSOMRA TAB 15MG	117
see BELSOMRA TAB 20MG	117
see BELSOMRA TAB 5MG.....	117
SYMBICORT AER 160-4.5	27
SYMBICORT AER 80-4.5	27
SYMFI LO TAB.....	78
SYMFI TAB	78
SYMJEPI INJ 0.15MG	153
SYMJEPI INJ 0.3MG	153
SYMLINPEN 60 INJ 1000MCG.....	38
SYMLINPEN 120 INJ 1000MCG	38
SYMPROIC TAB 0.2MG	107
SYMTUZA TAB.....	78
SYNAGIS INJ 100MG/ML	141
SYNAGIS INJ 50MG	141
SYNAREL SOL 2MG/ML.....	103
SYNERA DIS 70-70MG	98
SYNJARDY TAB	39
SYNJARDY TAB 12.5-500.....	40
SYNJARDY TAB 5-1000MG	40
SYNJARDY TAB 5-500MG.....	40
SYNJARDY XR TAB.....	40
SYNJARDY XR TAB 10-1000.....	40
SYNJARDY XR TAB 25-1000.....	40
SYNJARDY XR TAB 5-1000MG	40
SYNTHROID TAB 100MCG	146
SYNTHROID TAB 112MCG	146
SYNTHROID TAB 125MCG	146
SYNTHROID TAB 137MCG	146
SYNTHROID TAB 150MCG	146
SYNTHROID TAB 175MCG	146
SYNTHROID TAB 200MCG	146
SYNTHROID TAB 25MCG	146
SYNTHROID TAB 300MCG	147
SYNTHROID TAB 50MCG	146
SYNTHROID TAB 75MCG	146
SYNTHROID TAB 88MCG	146
syringe (disposable)	

see 3ML SYRINGE MIS REG TIP ...	122	TAZORAC GEL 0.05%	95
T		TAZORAC GEL 0.1%	95
TABLOID TAB 40MG.....	64	TDVAX INJ 2-2 LF.....	147
TACLONEX SUS.....	97	TECFIDERA CAP 120MG	144
tacrolimus cap 0.5 mg	128	TECFIDERA CAP 240MG	144
tacrolimus cap 1 mg	128	TECFIDERA MIS STARTER	144
tacrolimus cap 5 mg	128	TECHNIVIE TAB	79
tacrolimus oint 0.03%	98	telmisartan tab 20 mg	58
tacrolimus oint 0.1%	98	telmisartan tab 40 mg	58
tadalafil tab 20 mg (pah)	85	telmisartan tab 80 mg	58
TAFINLAR CAP 50MG	67	temazepam cap 15 mg	116
TAFINLAR CAP 75MG	67	temazepam cap 30 mg	116
tafluprost		temozolomide cap 100 mg	63
see ZIOPTAN DRO 0.0015%	139	temozolomide cap 140 mg	63
TAGRISSE TAB 40MG	67	temozolomide cap 180 mg	63
TAGRISSE TAB 80MG	67	temozolomide cap 20 mg	63
TAKHZYRO INJ 300/2ML.....	112	temozolomide cap 250 mg	63
tamoxifen citrate tab 10 mg (base		temozolomide cap 5 mg	63
equivalent)	65	TENIVAC INJ 5-2LF.....	147
tamoxifen citrate tab 20 mg (base		tenofovir disoproxil fumarate	
equivalent)	65	see VIREAD TAB 150MG	78
tamsulosin hcl cap 0.4 mg	108	see VIREAD TAB 200MG	78
tapentadol hcl		see VIREAD TAB 250MG	78
see NUCYNTA ER TAB 100MG.....	13	tenofovir disoproxil fumarate tab	
see NUCYNTA ER TAB 150MG.....	13	300 mg	78
see NUCYNTA ER TAB 200MG.....	13	terazosin hcl cap 1 mg (base	
see NUCYNTA ER TAB 250MG.....	13	equivalent)	59
see NUCYNTA ER TAB 50MG.....	13	terazosin hcl cap 10 mg (base	
see NUCYNTA TAB 100MG	13	equivalent)	59
see NUCYNTA TAB 50MG	13	terazosin hcl cap 2 mg (base	
see NUCYNTA TAB 75MG	13	equivalent)	59
TARCEVA TAB 100MG	67	terazosin hcl cap 5 mg (base	
TARCEVA TAB 150MG	67	equivalent)	59
TARCEVA TAB 25MG	67	terbinafine hcl cream 1%	94
TARGRETIN GEL 1%	95	terbinafine hcl tab 250 mg	49
TASIGNA CAP 150MG.....	67	terbutaline sulfate tab 2.5 mg	27
TASIGNA CAP 200MG.....	67	terbutaline sulfate tab 5 mg	27
TASIGNA CAP 50MG	67	terconazole vaginal cream 0.4%	
tasimelteon		.....	153
see HETLIOZ CAP 20MG	117	terconazole vaginal cream 0.8%	
TAYTULLA CAP 1MG/20MC.....	89	.....	153
tazarotene		terconazole vaginal suppos 80 mg	
see TAZORAC CRE 0.05%.....	95	.....	153
see TAZORAC GEL 0.05%.....	95	teriflunomide	
see TAZORAC GEL 0.1%.....	95	see AUBAGIO TAB 14MG	143
tazarotene cream 0.1%	95	see AUBAGIO TAB 7MG	143
TAZORAC CRE 0.05%	95	teriparatide (recombinant)	

see FORTEO SOL 600/2.4	102	thioridazine hcl tab 25 mg	75
testosterone cypionate im inj in oil		thioridazine hcl tab 50 mg	75
100 mg/ml	16	thiothixene cap 1 mg	76
testosterone cypionate im inj in oil		thiothixene cap 10 mg	76
200 mg/ml	16	thiothixene cap 2 mg	76
testosterone enanthate im inj in oil		thiothixene cap 5 mg	76
200 mg/ml	16	THYROGEN INJ 1.1MG	99
tetanus toxoid-diphtheria-acellular		thyroid	
pertussis adsorb (tdap)		see ARMOUR THYRO TAB 120MG .	146
see ADACEL INJ	147	see ARMOUR THYRO TAB 15MG...	145
see BOOSTRIX INJ.....	147	see ARMOUR THYRO TAB 180MG .	146
tetanus-diphtheria toxoids (td)		see ARMOUR THYRO TAB 240MG .	146
see TDVAX INJ 2-2 LF	147	see ARMOUR THYRO TAB 300MG .	146
see TENIVAC INJ 5-2LF	147	see ARMOUR THYRO TAB 30MG...	146
tetrabenazine tab 12.5 mg	143	see ARMOUR THYRO TAB 60MG...	146
tetrabenazine tab 25 mg	143	see ARMOUR THYRO TAB 90MG...	146
tetracycline hcl cap 250 mg	145	see NATURE THROI TAB 162.5MG	146
tetracycline hcl cap 500 mg	145	see NATURE-THROI TAB 113.75MG	
Tgt Antacid Extra Strengt		.....	146
see calcium carbonate-mag		see NATURE-THROI TAB 130MG ..	146
hydroxide chew tab 675-135		see NATURE-THROI TAB 146.25MG	
mg	17	.....	146
TGT GLUCOSE CHW GRAPE	42	see NATURE-THROI TAB 16.25MG	146
thalidomide		see NATURE-THROI TAB 195MG ..	146
see THALOMID CAP 100MG.....	128	see NATURE-THROI TAB 260MG ..	146
see THALOMID CAP 150MG.....	128	see NATURE-THROI TAB 32.5MG .	146
see THALOMID CAP 200MG.....	128	see NATURE-THROI TAB 325MG ..	146
see THALOMID CAP 50MG.....	128	see NATURE-THROI TAB 48.75MG	146
THALOMID CAP 100MG	128	see NATURE-THROI TAB 65MG...	146
THALOMID CAP 150MG	128	see NATURE-THROI TAB 97.5MG .	146
THALOMID CAP 200MG	128	see WP THYROID TAB 81.25MG...	147
THALOMID CAP 50MG	128	thyroid tab 120 mg (2 grain)	147
theophylline soln 80 mg/15ml	27	thyroid tab 15 mg (1/4 grain) ...	147
theophylline tab er 12hr 100 mg .	27	thyroid tab 30 mg (1/2 grain) ...	147
theophylline tab er 12hr 200 mg .	27	thyroid tab 60 mg (1 grain)	147
theophylline tab er 12hr 300 mg .	27	thyroid tab 90 mg (1 1/2 grain)	147
theophylline tab er 12hr 450 mg .	27	THYROLAR-1 TAB 60MG	147
theophylline tab er 24hr 400 mg .	27	THYROLAR-1/2 TAB 30MG	147
theophylline tab er 24hr 600 mg .	27	THYROLAR-1/4 TAB 15MG	147
THERANATAL MIS COMPLETE.....	132	THYROLAR-2 TAB 120MG	147
thiamine hcl tab 100 mg	154	THYROLAR-3 TAB 180MG	147
thiamine hcl tab 250 mg	154	thyrotropin alfa	
thiamine hcl tab 50 mg	154	see THYROGEN INJ 1.1MG	99
thioguanine		tiagabine hcl tab 12 mg	32
see TABLOID TAB 40MG	64	tiagabine hcl tab 16 mg	32
thioridazine hcl tab 10 mg	75	tiagabine hcl tab 2 mg	32
thioridazine hcl tab 100 mg	75	tiagabine hcl tab 4 mg	32

ticagrelor	
see BRILINTA TAB 60MG	112
see BRILINTA TAB 90MG	112
Tilia Fe	
see norethindrone ac-ethinyl	
estradiol tab 1-20/1-30/1-35	
mg-mcg	88
timolol maleate ophth gel forming	
soln 0.25%	136
timolol maleate ophth gel forming	
soln 0.5%	136
timolol maleate ophth soln 0.25%	
.....	136
timolol maleate ophth soln 0.5%	
.....	136
timolol maleate tab 10 mg	81
timolol maleate tab 20 mg	81
timolol maleate tab 5 mg	81
tioconazole vaginal oint 6.5% ...	153
tiotropium bromide-olodaterol hcl	
see STIOLTO AER 2.5-2.5.....	27
tipranavir	
see APTIVUS CAP 250MG.....	76
see APTIVUS SOL	76
TIVICAY PD TAB 5MG.....	78
TIVICAY TAB 10MG.....	78
TIVICAY TAB 25MG.....	78
TIVICAY TAB 50MG.....	78
tizanidine hcl tab 2 mg (base	
equivalent)	133
tizanidine hcl tab 4 mg (base	
equivalent)	133
TL FOLATE TAB	132
TOBRADEX OIN 0.3-0.1%	138
tobramycin nebu soln 300 mg/5ml	
.....	6
tobramycin ophth soln 0.3%	137
tobramycin-dexamethasone	
see TOBRADEX OIN 0.3-0.1%	138
tobramycin-dexamethasone ophth	
susp 0.3-0.1%	138
tocilizumab	
see ACTEMRA INJ 162/0.9	7
see ACTEMRA INJ 200/10ML	7
see ACTEMRA INJ 400/20ML	7
see ACTEMRA INJ 80MG/4ML	7
see ACTEMRA INJ ACTPEN	7
TODAY SPONGE MIS.....	152
tofacitinib citrate	
see XELJANZ TAB 10MG	7
see XELJANZ TAB 5MG	6
see XELJANZ XR TAB 11MG	7
see XELJANZ XR TAB 22MG	7
tolazamide tab 250 mg	48
tolazamide tab 500 mg	48
tolbutamide tab 500 mg	48
tolcapone tab 100 mg	68
tolmetin sodium cap 400 mg	9
tolmetin sodium tab 200 mg	9
tolmetin sodium tab 600 mg	9
tolnaftate aerosol pow 1%	94
tolnaftate cream 1%	94
tolnaftate powder 1%	94
tolnaftate soln 1%	94
tolterodine tartrate tab 1 mg	150
tolterodine tartrate tab 2 mg	150
tolvaptan	
see SAMSCA TAB 15MG.....	104
see SAMSCA TAB 30MG.....	104
tolvaptan tab 30 mg	104
topiramate sprinkle cap 15 mg	31
topiramate sprinkle cap 25 mg	31
topiramate tab 100 mg	31
topiramate tab 200 mg	31
topiramate tab 25 mg	31
topiramate tab 50 mg	31
toremide tab 10 mg	101
toremide tab 100 mg	101
toremide tab 20 mg	101
toremide tab 5 mg	101
TOVIAZ TAB 4MG	150
TOVIAZ TAB 8MG	150
TRACLEER TAB 125MG.....	85
TRACLEER TAB 32MG.....	85
TRACLEER TAB 62.5MG	85
TRADJENTA TAB 5MG	42
tramadol hcl tab 50 mg	14
tramadol hcl tab er 24hr 100 mg .15	
tramadol hcl tab er 24hr 200 mg .15	
tramadol hcl tab er 24hr 300 mg .15	
tramadol hcl tab er 24hr biphasic	
release 100 mg	15
tramadol hcl tab er 24hr biphasic	
release 200 mg	15

tramadol hcl tab er 24hr biphasic release 300 mg	15	tretinoin cream 0.05%	93
trametinib dimethyl sulfoxide		tretinoin cream 0.1%	93
see MEKINIST TAB 0.5MG.....	66	tretinoin gel 0.01%	93
see MEKINIST TAB 2MG	66	tretinoin gel 0.025%	93
trandolapril tab 1 mg	56	triamcinolone acetonide cream 0.025%	97
trandolapril tab 2 mg	56	triamcinolone acetonide cream 0.1%	97
trandolapril tab 4 mg	57	triamcinolone acetonide cream 0.5%	97
tranexamic acid tab 650 mg	115	triamcinolone acetonide dental paste 0.1%	129
tranylcypromine sulfate tab 10 mg	33	triamcinolone acetonide lotion 0.025%	98
TRAVATAN Z DRO 0.004%	139	triamcinolone acetonide lotion 0.1%	97
travoprost		triamcinolone acetonide nasal aerosol suspension 55 mcg/act	134
see TRAVATAN Z DRO 0.004%....	139	triamcinolone acetonide oint 0.025%	98
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	139	triamcinolone acetonide oint 0.1%	98
trazodone hcl tab 100 mg	34	triamcinolone acetonide oint 0.5%	98
trazodone hcl tab 150 mg	35	triamterene	
trazodone hcl tab 50 mg	34	see DYRENIUM CAP 100MG.....	101
TRECATOR TAB 250MG	63	see DYRENIUM CAP 50MG	101
TRELSTAR MIX INJ 11.25MG	65	triamterene & hydrochlorothiazide cap 37.5-25 mg	100
TRELSTAR MIX INJ 3.75MG.....	65	triamterene & hydrochlorothiazide tab 37.5-25 mg	100
treprostinil		triamterene & hydrochlorothiazide tab 75-50 mg	100
see REMODULIN INJ 10MG/ML	85	triamterene cap 100 mg	101
see REMODULIN INJ 1MG/ML	85	triamterene cap 50 mg	101
see REMODULIN INJ 2.5MG/ML	85	triazolam tab 0.125 mg	117
see REMODULIN INJ 5MG/ML	85	triazolam tab 0.25 mg	117
treprostinil diolamine		Tricon	
see ORENITRAM TAB 0.125MG	84	see fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	114
see ORENITRAM TAB 0.25MG	84	trifluoperazine hcl tab 1 mg (base equivalent)	75
see ORENITRAM TAB 1MG	84	trifluoperazine hcl tab 10 mg (base equivalent)	75
see ORENITRAM TAB 2.5MG.....	84		
see ORENITRAM TAB 5MG	84		
treprostinil inj soln 100 mg/20ml (5 mg/ml)	85		
treprostinil inj soln 20 mg/20ml (1 mg/ml)	85		
treprostinil inj soln 200 mg/20ml (10 mg/ml)	85		
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	85		
TRESIBA FLEX INJ 100UNIT.....	46		
TRESIBA FLEX INJ 200UNIT.....	46		
TRESIBA INJ 100UNIT.....	46		
tretinoin cap 10 mg	67		
tretinoin cream 0.025%	93		

trifluoperazine hcl tab 2 mg (base equivalent)	75	trospium chloride tab 20 mg	151
trifluoperazine hcl tab 5 mg (base equivalent)	75	TRUE METRIX KIT AIR.....	121
trifluridine ophth soln 1%	137	TRUE METRIX TES GLUCOSE	99
trifluridine-tipiracil		TRULICITY INJ 0.75/0.5	43
see LONSURF TAB 15-6.14	65	TRULICITY INJ 1.5/0.5.....	43
see LONSURF TAB 20-8.19	65	TRUVADA TAB 100-150.....	78
trihexyphenidyl hcl oral soln 0.4 mg/ml	68	TRUVADA TAB 133-200.....	78
trihexyphenidyl hcl tab 2 mg	68	TRUVADA TAB 167-250.....	78
trihexyphenidyl hcl tab 5 mg	68	TRUVADA TAB 200-300.....	78
trimethobenzamide hcl cap 300 mg	49	TRUXIMA INJ 100/10ML	64
trimethoprim tab 100 mg	18	TRUXIMA INJ 500/50ML	64
trimipramine maleate cap 100 mg	37	TUDORZA PRES AER 400/ACT	23
trimipramine maleate cap 25 mg	37	TWINRIX INJ	152
trimipramine maleate cap 50 mg	37	TYBOST TAB 150MG	78
TRINATAL RX TAB 1.....	133	Tydemy	
Trinate		see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	87
see prenatal vit w/ fe fumarate-fa tab 28-1 mg	132	TYKERB TAB 250MG	67
TRINTELLIX TAB 10MG.....	35	TYMLOS INJ.....	102
TRINTELLIX TAB 20MG.....	35	TYSABRI INJ 300/15ML	144
TRINTELLIX TAB 5MG	35	U	
Triple Antibiotic Plus		UDENYCA INJ 6MG/.6ML	114
see neomycin-bacitracin-polymyxin-pramoxine oint 1%	94	ulipristal acetate	
Triple Paste Af		see ELLA TAB 30MG.....	89
see miconazole nitrate ointment 2%	94	ULORIC TAB 40MG	109
triptorelin pamoate		ULORIC TAB 80MG	109
see TRELSTAR MIX INJ 11.25MG ...	65	umeclidinium bromide	
see TRELSTAR MIX INJ 3.75MG	65	see INCRUSE ELPT INH 62.5MCG ..	23
TRIUMEQ TAB	78	umeclidinium-vilanterol	
TRI-VI-SOL SOL A/C/D.....	131	see ANORO ELLIPT AER 62.5-25....	24
Tri-vitamin/fluoride		UNIFIBER POW	118
see pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	130	upadacitinib	
see pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	130	see RINVOQ TAB 15MG ER	6
tropicamide ophth soln 0.5%	136	UPTRAVI TAB 1000MCG	86
tropicamide ophth soln 1%	136	UPTRAVI TAB 1200MCG	86
trospium chloride cap er 24hr 60 mg	150	UPTRAVI TAB 1400MCG	86
		UPTRAVI TAB 1600MCG	86
		UPTRAVI TAB 200/800.....	85
		UPTRAVI TAB 200MCG	85
		UPTRAVI TAB 400MCG	85
		UPTRAVI TAB 600MCG	85
		UPTRAVI TAB 800MCG	86
		ursodiol cap 300 mg	106
		ursodiol tab 250 mg	106
		ursodiol tab 500 mg	106
		ustekinumab	

see STELARA INJ 45MG/0.5	95	VCF VAGINAL AER CONTRACP.....	152
see STELARA INJ 90MG/ML.....	95	Vcf Vaginal Contraceptive	
ustekinumab (iv)		see nonoxynol-9 gel 4%	152
see STELARA INJ 5MG/ML.....	107	VCF VAGINAL MIS CONTRACP.....	152
V		VECAMYL TAB 2.5MG	62
valacyclovir hcl tab 1 gm	79	Velivet	
valacyclovir hcl tab 500 mg	79	see desogest-ethin est tab 0.1-	
valganciclovir hcl for soln 50		0.025/0.125-0.025/0.15-	
mg/ml (base equiv)	79	0.025mg-mg	87
valganciclovir hcl tab 450 mg (base		VELPHORO CHW 500MG.....	108
equivalent)	79	VELTIN GEL.....	93
valproate sodium oral soln 250		venlafaxine hcl cap er 24hr 150 mg	
mg/5ml (base equiv)	32	(base equivalent)	35
valproic acid cap 250 mg	32	venlafaxine hcl cap er 24hr 37.5	
valsartan tab 160 mg	58	mg (base equivalent)	35
valsartan tab 320 mg	58	venlafaxine hcl cap er 24hr 75 mg	
valsartan tab 40 mg	58	(base equivalent)	35
valsartan tab 80 mg	58	venlafaxine hcl tab 100 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	35
160-12.5 mg	62	venlafaxine hcl tab 25 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	35
160-25 mg	62	venlafaxine hcl tab 37.5 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	35
320-12.5 mg	62	venlafaxine hcl tab 50 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	35
320-25 mg	62	venlafaxine hcl tab 75 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	35
80-12.5 mg	61	VENTAVIS SOL 10MCG/ML	85
VALTOCO LIQ 15MG	29	VENTAVIS SOL 20MCG/ML	85
VALTOCO LIQ 20MG	29	VENTOLIN HFA AER.....	27
VALTOCO SPR 10MG	29	verapamil hcl cap er 24hr 100 mg	
VALTOCO SPR 5MG.....	29	.....	83
vancomycin hcl		verapamil hcl cap er 24hr 120 mg	
see FIRVANQ SOL 25MG/ML.....	18	.....	83
see FIRVANQ SOL 50MG/ML.....	18	verapamil hcl cap er 24hr 180 mg	
vandetanib		.....	83
see CAPRELSA TAB 100MG	65	verapamil hcl cap er 24hr 240 mg	
see CAPRELSA TAB 300MG	65	.....	83
VAQTA INJ 25/0.5ML	152	verapamil hcl cap er 24hr 300 mg	
VAQTA INJ 50UNT/ML	152	.....	84
varenicline tartrate		verapamil hcl cap er 24hr 360 mg	
see CHANTIX PAK 0.5& 1MG	144	.....	84
see CHANTIX TAB 0.5MG	144	verapamil hcl tab 120 mg	84
see CHANTIX TAB 1MG.....	144	verapamil hcl tab 40 mg	84
V-c Forte		verapamil hcl tab 80 mg	84
see multiple vitamins w/ minerals		verapamil hcl tab er 120 mg	84
cap	130	verapamil hcl tab er 180 mg	84

verapamil hcl tab er 240 mg	84	VOL-PLUS TAB.....	133
VEREGEN OIN 15%	93	VOL-TAB RX TAB.....	133
VESICARE TAB 10MG.....	151	vorapaxar sulfate	
VESICARE TAB 5MG.....	151	see ZONTIVITY TAB 2.08MG	113
VICTOZA INJ 18MG/3ML.....	43	voriconazole tab 200 mg	50
VIDEX EC CAP 125MG.....	78	voriconazole tab 50 mg	50
vigabatrin powd pack 500 mg	32	vorinostat	
vigabatrin tab 500 mg	32	see ZOLINZA CAP 100MG	67
Vigadrone		vortioxetine hbr	
see vigabatrin powd pack 500 mg		see TRINTELLIX TAB 10MG	35
.....	32	see TRINTELLIX TAB 20MG	35
VIIBRYD KIT STARTER	35	see TRINTELLIX TAB 5MG.....	35
VIIBRYD TAB 10MG	35	VOSEVI TAB	79
VIIBRYD TAB 20MG	35	VOTRIENT TAB 200MG.....	67
VIIBRYD TAB 40MG	35	VRAYLAR CAP 1.5MG	70
vilazodone hcl		VRAYLAR CAP 3MG	70
see VIIBRYD KIT STARTER.....	35	VRAYLAR CAP 4.5MG	70
see VIIBRYD TAB 10MG.....	35	VRAYLAR CAP 6MG	70
see VIIBRYD TAB 20MG.....	35	VYVANSE CAP 10MG	2
see VIIBRYD TAB 40MG.....	35	VYVANSE CAP 20MG	2
VIMPAT SOL 10MG/ML	31	VYVANSE CAP 30MG	2
VIMPAT TAB 100MG.....	31	VYVANSE CAP 40MG	2
VIMPAT TAB 150MG.....	31	VYVANSE CAP 50MG	2
VIMPAT TAB 200MG.....	31	VYVANSE CAP 60MG	2
VIMPAT TAB 50MG	31	VYVANSE CAP 70MG.....	2
VINATE II TAB	133	W	
VINATE M TAB	133	Wal-dryl Allergy Relief C	
VIRACEPT TAB 250MG	78	see diphenhydramine hcl tab	
VIRACEPT TAB 625MG	78	disint 12.5 mg	50
VIREAD TAB 150MG.....	78	Wal-dryl Pe Allergy/sinu	
VIREAD TAB 200MG.....	78	see diphenhydramine-	
VIREAD TAB 250MG.....	78	phenylephrine tab 25-10 mg ..	91
Virt-caps		Wal-itin Aller-melts	
see b-complex w/ c & folic acid		see loratadine rapidly-	
cap 1 mg	129	disintegrating tab 10 mg	51
Virt-phos 250 Neutral		Wal-tap Cold & Allergy	
see pot phos monobasic w/sod		see brompheniramine &	
phos di & monobas tab 155-		pseudoephedrine elixir 1-15	
852-130mg	127	mg/5ml	91
VISCO-3 INJ 25/2.5ML.....	133	warfarin sodium	
vismodegib		see COUMADIN TAB 10MG.....	27
see ERIVEDGE CAP 150MG	64	see COUMADIN TAB 1MG	27
Vita-bee/c		see COUMADIN TAB 2.5MG.....	27
see b-complex w/ c & folic acid		see COUMADIN TAB 2MG	27
tab	129	see COUMADIN TAB 3MG	27
VITAFOL-OB TAB 65-1MG.....	133	see COUMADIN TAB 4MG	27
VIVITROL INJ 380MG.....	48	see COUMADIN TAB 5MG	27

see COUMADIN TAB 6MG.....	27	XGEVA INJ	102
see COUMADIN TAB 7.5MG.....	27	XIFAXAN TAB 200MG.....	18
warfarin sodium tab 1 mg	27	XIFAXAN TAB 550MG.....	18
warfarin sodium tab 10 mg	28	XIGDUO XR TAB 10-1000.....	41
warfarin sodium tab 2 mg	27	XIGDUO XR TAB 10-500MG.....	41
warfarin sodium tab 2.5 mg	27	XIGDUO XR TAB 2.5-1000.....	41
warfarin sodium tab 3 mg	27	XIGDUO XR TAB 5-1000MG.....	41
warfarin sodium tab 4 mg	27	XIGDUO XR TAB 5-500MG.....	41
warfarin sodium tab 5 mg	28	XOFLUZA TAB 20MG.....	80
warfarin sodium tab 6 mg	28	XOFLUZA TAB 40MG.....	80
warfarin sodium tab 7.5 mg	28	XOLAIR INJ 150MG/ML	23
water for irrigation, sterile		XOLAIR INJ 75/0.5	23
irrigation soln	129	XOLAIR SOL 150MG	23
Wee Care		Xulane	
see carbonyl iron susp 15		see norelgestromin-ethinyl	
mg/1.25ml (elemental iron) 114		estradiol td ptwk 150-35	
wheat dextrin oral powder	118	mcg/24hr	89
white petrolatum-mineral oil ophth		XYNTHA SOLOF INJ 1000UNIT	112
ointment	136	XYNTHA SOLOF INJ 2000UNIT	112
WIDE-SEAL DPR KIT 60	120	XYNTHA SOLOF INJ 3000UNIT	112
WIDE-SEAL DPR KIT 65	120	XYNTHA SOLOF INJ 500UNIT.....	112
WIDE-SEAL DPR KIT 70	120	XYNTHA SOLOF KIT 250UNIT.....	112
WIDE-SEAL DPR KIT 75	120	XYREM SOL 500MG/ML	142
WIDE-SEAL DPR KIT 80	120	Z	
WIDE-SEAL DPR KIT 85	120	zafirlukast tab 10 mg	23
WIDE-SEAL DPR KIT 90	120	zafirlukast tab 20 mg	23
WIDE-SEAL DPR KIT 95	120	zaleplon cap 10 mg	117
Wixela Inhub		zaleplon cap 5 mg	117
see fluticasone-salmeterol aer		zanamivir	
powder ba 100-50 mcg/dose .26		see RELENZA MIS DISKHALE	80
see fluticasone-salmeterol aer		zanubrutinib	
powder ba 250-50 mcg/dose .26		see BRUKINSA CAP 80MG.....	65
see fluticasone-salmeterol aer		ZARXIO INJ 300/0.5	114
powder ba 500-50 mcg/dose .26		ZARXIO INJ 480/0.8.....	114
WP THYROID TAB 81.25MG	147	ZEJULA CAP 100MG.....	67
X		ZENPEP CAP 10000UNT.....	100
XALKORI CAP 200MG.....	67	ZENPEP CAP 15000UNT.....	100
XALKORI CAP 250MG.....	67	ZENPEP CAP 20000UNT.....	100
XARELTO STAR TAB 15/20MG.....	28	ZENPEP CAP 25000	100
XARELTO TAB 10MG	28	ZENPEP CAP 3000UNIT	100
XARELTO TAB 15MG	28	ZENPEP CAP 40000	100
XARELTO TAB 2.5MG	28	ZENPEP CAP 5000UNIT	100
XARELTO TAB 20MG	28	ZEPATIER TAB 50-100MG.....	79
XELJANZ TAB 10MG.....	7	zidovudine cap 100 mg	78
XELJANZ TAB 5MG.....	6	zidovudine syrup 10 mg/ml	78
XELJANZ XR TAB 11MG	7	zidovudine tab 300 mg	78
XELJANZ XR TAB 22MG	7	ZIEXTENZO INJ 6/0.6ML	114

<i>zileuton tab er 12hr 600 mg</i>	23	<i>zolmitriptan tab 2.5 mg</i>	124
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	127	<i>zolmitriptan tab 5 mg</i>	124
Zinc-220		<i>zolpidem tartrate tab 10 mg</i>	117
see <i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	127	<i>zolpidem tartrate tab 5 mg</i>	117
Zinc-oxyde Plus		ZOMIG SPR 2.5MG	124
see <i>menthol-zinc oxide oint 0.44-20%</i>	98	ZOMIG SPR 5MG	124
ZIOPTAN DRO 0.0015%	139	<i>zonisamide cap 100 mg</i>	31
<i>ziprasidone hcl cap 20 mg</i>	70	<i>zonisamide cap 25 mg</i>	31
<i>ziprasidone hcl cap 40 mg</i>	70	<i>zonisamide cap 50 mg</i>	31
<i>ziprasidone hcl cap 60 mg</i>	70	ZONTIVITY TAB 2.08MG.....	113
<i>ziprasidone hcl cap 80 mg</i>	70	ZORTRESS TAB 0.25MG	129
ZIRGAN GEL 0.15%.....	137	ZORTRESS TAB 0.5MG.....	129
ZOLADEX IMP 10.8MG	65	ZORTRESS TAB 0.75MG	129
ZOLADEX IMP 3.6MG	65	ZORTRESS TAB 1MG.....	129
<i>zoledronic acid iv soln 5 mg/100ml</i>	102	ZOSTAVAX INJ.....	152
ZOLINZA CAP 100MG.....	67	<i>zoster vaccine live</i>	
<i>zolmitriptan</i>		see ZOSTAVAX INJ	152
see ZOMIG SPR 2.5MG.....	124	<i>zoster vaccine recombinant adjuvanted</i>	
see ZOMIG SPR 5MG.....	124	see SHINGRIX INJ 50/0.5ML.....	152
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	123	ZYDELIG TAB 100MG	67
<i>zolmitriptan orally disintegrating tab 5 mg</i>	124	ZYDELIG TAB 150MG	67
		ZYKADIA CAP 150MG.....	67
		ZYPREXA RELP INJ 210MG.....	74
		ZYPREXA RELP INJ 300MG.....	74
		ZYPREXA RELP INJ 405MG.....	74



PO Box 349020 Columbus, Ohio 43234-9020

Product offered by Molina Healthcare of
Ohio, Inc., a wholly owned subsidiary of Molina Healthcare, Inc.

Producto ofrecido por Molina Healthcare of
Ohio, Inc., una filial de completa propiedad de Molina Healthcare, Inc.