

2020

# Formulary/ Formulario

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

# Texas

The information in this document is effective as of October 1st, 2020.

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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](https://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.

[MolinaMarketplace.com](https://MolinaMarketplace.com)



Your Extended Family.

10012020

# Contents

Welcome to Molina Healthcare!.....	ii
Molina Healthcare Drug Formulary (List of Drugs) .....	ii
Using the Drug Formulary as your prescription drug coverage guide .....	iii
Prior authorization and exception request procedure .....	iv
Prior authorization .....	iv
Requesting an Exception.....	v
Complaints and Appeals .....	v
Notice.....	vi
Legend.....	vii

# Welcome to Molina Healthcare!

## Molina Healthcare Drug Formulary (List of Drugs)

Molina Healthcare has a list of drugs that it will cover. The list is called the Drug Formulary. The formulary changes from plan year to plan year. The drugs on the list are chosen by a group of doctors and pharmacists from Molina Healthcare and the medical community. The group meets every three months to talk about the drugs that are in the formulary. They review new drugs and changes in health care. They try to find the most effective drugs for different conditions. Drugs are added or removed from the Drug Formulary for different reasons. Reasons may include:

- Changes in medical practice
- Medical technology
- When new FDA-approved drugs come on the market
- When drugs are removed from the market by the FDA
- When a drug is identified with a new safety issue

Within the current plan year, we only make certain changes to the formulary. These changes may include:

- Addition of drugs or dosage forms
- Movement of a drug from one drug tier to another that results in less cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions on a drug or dosage form

When updates happen through our standard process, Molina Healthcare will publish any changes on a monthly basis. Your plan's most current drug list is on our website [MolinaMarketplace.com](https://www.molina.com/Marketplace.com).

### **Does the drug list include injectable drugs that a Provider gives to me in a clinic or other location?**

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from Molina on how to get you approved for drugs they buy and help give to you. Some injectable drugs can be approved to get from a pharmacy using your prescription drug benefit.

### **I have questions about how my plan covers drugs.**

This guide contains many details for common questions. You may also call Molina Healthcare and ask specific coverage questions about a drug:

- Can my prescription be filled at a retail pharmacy?
- What is the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

Call toll-free 1 (888) 560-2025, Monday through Friday, 8:00 a.m. through 6:00 p.m. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

## If a drug is listed on the formulary, will I be prescribed that drug?

A drug being listed on the formulary does not guarantee that your doctor will prescribe it for you. This guide lets you and your doctor know which prescription drugs are covered by your plan. Drugs that are not on this list may not be covered by your plan and may cost you more. You may ask for nonformulary drugs to be covered. Requests for nonformulary drugs will be considered for a medically accepted use when formulary options cannot be used and/or other coverage requirements are met. Details are included in this guide.

# Using the Drug Formulary as your prescription drug coverage guide

## How do I locate a drug that is on the drug list?

The list of drugs is organized alphabetically by therapeutic category and class using the American Hospital Formulary Service (AHFS) classification. Within category and class, drug names are also organized in alphabetical order. If you do not know the category or class for the drug you are looking for, there are two ways to search for the drug by name.

- If you are using an electronic version of the drug list, you can use the PDF Search Function by pressing Ctrl + F on your computer keyboard. Type the name of the drug you are looking for in the search box.
- If you are using a print version of the drug list, you can search for the name of the drug in the Index at the end of this guide.

Drug entries on the list contain the Drug Name, Drug Tier, and other coverage details for all the drugs and items covered under your plan's prescription drug benefit.

Here are examples of how a drug may be displayed on the drug list (actual coverage may differ from this example).

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TAB 1MG ( <i>warfarin sodium</i> )	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

## What drug names are used on the list?

The drug list uses trademarked brand names and non-proprietary or "generic" names to show what form of the drug is covered. There are also trademarked names used by certain generic drugs. The way a drug name is shown on the drug list will tell you if the branded form, the generic form, or the trademarked generic form is what is covered. The example above shows the branded, generic, and trademarked generic forms of the drug "warfarin sodium".

When the branded form of a drug is covered, the drug name will be listed in all CAPITAL letters as its BRAND NAME. The non-proprietary or "**generic name**" for the branded drug will follow in parentheses and in all **bold and italicized lowercase** letters. When the generic form of the drug is covered, it is listed separately by its **generic name(s)** in all **bold and italicized lowercase** letters. A generic drug that is covered as the trademarked generic form will be listed separately by its **generic name** followed by the trademarked name in parentheses. The trademarked generic name will be shown with the first letter of each word capitalized.

If both the brand form and the generic form for a drug are covered on the formulary, they will each be listed as separate drug entries. For example, COUMADIN and **warfarin sodium** are listed separately to show both the brand form and the generic form are covered on the formulary. In this example, a trademarked generic form (Jantoven) is also displayed. Different Drug Tier and Requirements/Limits may apply for a trademarked form versus a generic form of a drug if multiple drug forms are listed as covered on the actual drug list.

## 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. To use the Check Drug Cost tool, click on the "Drug Look-Up" link for your plan on our [View Plans](#) webpage. 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.

# Prior authorization and exception request procedure

## Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test

results to show a drug is right for you. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to Molina at 1 (888) 487-9251. The forms may be obtained on our website [MolinaHealthcare.com](http://MolinaHealthcare.com).

If your prescription requires a Prior Authorization, the request can be considered under Standard or Urgent Circumstances.

- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.
- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function.

We will reach a decision no later than:

- 24 hours following receipt of request with Urgent Circumstances.
- 72 hours following receipt of request with Standard Circumstances.

If the request is approved, Molina will send a letter to you and your doctor. We will tell you how long the request is approved for. If the request is denied, we will send a letter with the reasons why and give instructions on your rights for follow up.

## Requesting an Exception

### **Can I have a drug covered if it is not on the formulary or does not follow plan requirements such as step therapy?**

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not in the formulary but that he or she believes is best for you. Or, you may be taking a drug that is no longer on the drug list. Your doctor can ask us to keep covering it for you by sending us a Prior Authorization request.

Exceptions may be considered when formulary options cannot be used and/or other requirements are met. The drug must be safe and effective for your medical condition. Your doctor must write your prescription for the usual amount of the drug for you. Molina may consider an exception under the following conditions:

- There is documentation of a specific need in your medical record.
- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past; or the options have caused you harm or are reasonably expected by the prescriber to cause you harm or to be ineffective because of the clinical features of your condition.

If the request is approved, Molina will send a letter to you and your doctor. If the request is denied, we will send a letter with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision.

## Complaints and Appeals

If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. You may file a grievance or complaint by contacting the Molina Customer Support Center at (888) 560-2025. For more information refer to the section in your Agreement (policy) titled "Complaints and Appeals".

# Notice

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. All rights reserved. This document contains references to brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers. Partner names and services such as CVS Caremark, CVS Specialty, and Caremark.com are proprietary to and operated by CVS Health Corporation.

# Legend

## What are the Requirements and Limits on the drug list?

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

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

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

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



# 2020

## Guía de Formulario (Español)

### Molina Marketplace - Texas

**MolinaMarketplace.com**

**La información en este documento está vigente a partir del 1 de octubre de 2020.**

Aviso: El formulario está sujeto a cambios y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en [MolinaMarketplace.com](https://MolinaMarketplace.com).

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).

# Contenido

¡Bienvenidos a Molina Healthcare! .....	ii
Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos) .....	ii
Cómo utilizar el Formulario de Medicamentos como su guía de cobertura de medicamentos recetados .....	iii
Procedimiento de solicitud de excepción y autorización previa .....	v
Autorización previa .....	v
Cómo solicitar una Excepción .....	vi
Quejas y Apelaciones .....	vi
Aviso .....	vii
Leyenda .....	viii

# ¡Bienvenido a Molina Healthcare!

## Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos)

Molina Healthcare tiene una lista de medicamentos que serán cubiertos. Esta lista se denomina Formulario de Medicamentos. El formulario cambia de acuerdo al año del plan. Los medicamentos que aparecen en la lista son elegidos por un grupo de médicos y farmacéuticos de Molina Healthcare y la comunidad médica. El grupo se reúne cada tres meses para conversar sobre los medicamentos que están en el formulario. Revisan los nuevos medicamentos y cambios en la atención médica. Tratan de encontrar los medicamentos más efectivos para las diferentes afecciones. Los medicamentos se agregan o retiran del Formulario de Medicamentos por diferentes motivos. Estos motivos pueden incluir:

- Cambios en la práctica médica.
- Tecnología médica
- Cuando nuevos medicamentos aprobados por la Administración de Alimentos y Medicamentos (FDA, por sus siglas en inglés) salen al mercado
- Cuando la FDA retira medicamentos del mercado
- Cuando un medicamento es identificado con un nuevo problema de seguridad

Dentro del plan del año en curso, solo se realizan ciertos cambios en el formulario. Estos cambios pueden incluir:

- Adición de medicamentos o formas farmacéuticas
- Movimiento de un medicamento de una categoría de medicamento a otra que conlleva una distribución de costos menor
- Cambios en el estado de preferencia entre medicamentos similares en la lista
- Retiro de restricciones de un medicamento o forma farmacéutica

Cuando se realizan actualizaciones durante nuestro proceso estándar, Molina Healthcare publica y notifica dichos cambios mensualmente. La lista de medicamentos actualizada de su plan se encuentra en nuestro sitio Web [MolinaMarketplace.com](http://MolinaMarketplace.com).

### ¿La lista de medicamentos incluye los medicamentos inyectables que un Proveedor me puede administrar en una clínica u otro establecimiento?

En general, los medicamentos de la lista de medicamentos son aquellos que su proveedor le receta para que los obtenga en una farmacia y usted mismo los pueda utilizar. La mayoría de los medicamentos inyectables que requieren la ayuda de un proveedor para utilizarlos están cubiertos bajo el beneficio médico en lugar del beneficio de medicamentos recetados ("farmacia"). Su proveedor tiene instrucciones de Molina sobre cómo obtener la aprobación para los medicamentos que compran y le ayudan a utilizar. Algunos medicamentos inyectables pueden ser aprobados para obtenerlos de una farmacia utilizando su beneficio de medicamentos recetados.

### Tengo algunas preguntas sobre cómo mi plan cubre los medicamentos.

Esta guía contiene varios detalles para preguntas comunes. Además, puede llamar a Molina Healthcare y preguntar por la cobertura específica de un medicamento:

- ¿Mi receta se puede adquirir en una farmacia minorista?
- ¿Cuál es el monto en dólares de distribución de costos para mi receta?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización previa?
- ¿Cómo puedo solicitar una Excepción para un medicamento que no está en el formulario o tiene requisitos de

terapia escalonada?

- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el de beneficio médico?

Comuníquese gratuitamente llamando al 1 (888) 560-2025, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. Si es sordo o tiene problemas de audición, marque el 711 del Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

### **Si un medicamento figura en el formulario, ¿se me recetará ese medicamento?**

El que un medicamento figure en el formulario no garantiza que su médico se lo recetará. Esta guía le informa a usted y a su médico qué medicamentos recetados están cubiertos por su plan. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y pueden costarle más. Puede solicitar que se cubran medicamentos que no están en el formulario. Las solicitudes para medicamentos que no están en el formulario se considerarán para un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar y/o se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

# **Cómo utilizar el Formulario de Medicamentos como su guía de cobertura de medicamentos recetados**

### **¿Cómo ubico un medicamento que está en la lista de medicamentos?**

La lista de medicamentos está organizada alfabéticamente por categoría terapéutica y clase utilizando la clasificación del Servicio de Formularios de Hospitales Norteamericanos (American Hospital Formulary Service, AHFS). Dentro de la categoría y clase, los nombres de los medicamentos también están organizados en orden alfabético. Si no conoce la categoría o clase del medicamento que está buscando, existen dos maneras de buscar el medicamento por nombre.

- Si está utilizando una versión electrónica de la lista de medicamentos, puede utilizar la función de búsqueda de PDF al presionar Ctrl + F en el teclado de la computadora. Escriba el nombre del medicamento que está buscando en la casilla de búsqueda.
- Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el índice al final de esta guía.

Las entradas de los medicamentos en la lista contienen el nombre del medicamento, la categoría del medicamento y otros detalles de cobertura para todos los medicamentos y artículos cubiertos bajo el beneficio de medicamentos recetados de su plan.

Aquí mostramos algunos ejemplos de cómo se puede indicar un medicamento en la lista de medicamentos (la cobertura real puede diferir del ejemplo).

<b>Nombre del medicamento</b>	<b>Categoría del medicamento</b>	<b>Requisitos/Límites</b>
COUMADIN TAB 1MG ( <i>warfarin sodium</i> )	Tier 2	QL (300 tab. / 30 días); MAIL
<i>warfarina sodium tab. 1 mg</i>	Tier 1	QL (300 tab. / 30 días); MAIL
<i>warfarin sodium tab. 1 mg</i> (Jantoven)	Tier 1	QL (300 c/u / 30 días); MAIL

### ¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos utiliza nombres de marcas registradas y nombres no patentados o "genéricos" para mostrar qué forma del medicamento está cubierta. También hay nombres de marcas comerciales utilizadas por ciertos medicamentos genéricos. De acuerdo a como se muestra el nombre de un medicamento en la lista de medicamentos, le indicará si la forma de marca, la forma genérica o la forma genérica comercial es la que está cubierta. El ejemplo anterior muestra las formas de marca, genérica y genérica comercial del medicamento "warfarina sódica".

Cuando se cubre la forma de marca de un medicamento, el nombre del medicamento aparecerá en MAYÚSCULAS como su NOMBRE DE MARCA. El nombre no patentado o "*genérico*" del medicamento de marca aparece luego entre paréntesis, en letras *minúsculas negritas y cursivas*. Cuando se cubre la forma genérica del medicamento, se indica(n) por separado su(s) *nombre(s) genérico(s)* en letras *minúsculas negritas y cursivas*. Un medicamento genérico que está cubierto como la forma genérica comercial, se indica por separado por su *nombre genérico* seguido del nombre comercial entre paréntesis. El nombre genérico comercial se mostrará con la primera letra de cada palabra en mayúscula.

Si la forma de marca y la forma genérica de un medicamento están cubiertas en el formulario, cada una se enumera como entradas de medicamentos separados. Por ejemplo, el COUMADIN y la *warfarina sódica* se enumeran por separado para mostrar que tanto la forma de marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica comercial (Jantoven). Se pueden aplicar diferentes Categorías de medicamento, así como Requisitos/Límites para una forma de marca, en comparación con la forma genérica de un medicamento, si ambas están enumeradas en la lista de medicamentos.

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

Clasificamos los medicamentos en diferentes niveles, denominados categorías, en función de cuán bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan cuenta con las siguientes categorías. Para las Categorías 1 a 4, cuanto menor sea la Categoría del medicamento, menor será su parte del costo.

Aquí le presentamos más detalles sobre qué medicamentos se encuentran en determinadas categorías.

<b>Categoría del medicamento</b>	<b>Descripción</b>
<b>Tier 1</b>	Medicamentos Genéricos preferidos y de Nombre de marca de bajo costo; la menor distribución de costos para el afiliado
<b>Tier 2</b>	Medicamentos de Nombre de marca preferido; distribución de costos más alta que la Categoría 1
<b>Tier 3</b>	Medicamentos de Nombre de marca y Genéricos, no preferidos; distribución de costos más alta que los medicamentos de categorías inferiores utilizados para tratar las mismas afecciones

<b>Tier 4</b>	Medicamentos de especialidad, tanto de Nombre de marca como Genéricos; distribución de costos más alta que los medicamentos de categorías inferiores utilizados para tratar las mismas afecciones, si están disponibles. La mayoría de los Medicamentos de especialidad cubiertos en su plan estarán disponibles a través de una Farmacia especializada. Es posible que le solicitemos que use nuestra exclusiva Farmacia especializada dentro de la red
<b>Tier 5</b>	Medicamentos del servicio de prevención
<b>DME</b>	Equipo médico duradero (DME, por sus siglas en inglés); se puede aplicar distribución de costos para productos que no son medicamentos en la lista de medicamentos

---

De acuerdo con la Ley de Atención Médica Asequible, su plan cubre medicamentos del servicio de prevención y formas farmacéuticas (Categoría 5) reconocidos a nivel nacional con una distribución de costos de \$0.

### ¿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.

## Procedimiento de solicitud de excepción y autorización previa

### Autorización previa

Los medicamentos que requieren una aprobación anticipada para obtener cobertura son revisados en base a las normas estándar para determinar su necesidad médica. Los proveedores deben demostrar que usted tiene un uso médicamente aceptado para el medicamento y que otros tratamientos no le han funcionado o que no son clínicamente apropiados. Pueden aplicarse otros requisitos dependiendo del medicamento. Es posible que se requieran ciertos resultados de pruebas para mostrar que un medicamento es adecuado para usted. La respuesta de un afiliado a muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará como un motivo para evitar las normas estándar de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización previa de medicamentos a Molina al 1 (888) 487-9251. Estos formularios se pueden obtener en nuestro sitio Web [MolinaHealthcare.com](http://MolinaHealthcare.com).

Si su receta requiere una Autorización previa, la solicitud puede considerarse bajo Circunstancias estándar o urgentes.

- Cualquier solicitud que no sea para una Circunstancia urgente se considera una solicitud de Excepción estándar.
- Una solicitud se considera urgente si es para tratar una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar al máximo su funcionalidad.

Tomaremos a una decisión a más tardar:

- 24 horas después de la recepción de una solicitud con Circunstancias urgentes;
- 72 horas después de la recepción de una solicitud con Circunstancias estándar.

Si se aprueba la solicitud, Molina le enviará una carta a usted y a su médico. Se le comunicará por cuánto tiempo se ha aprobado la solicitud. Si la solicitud no se aprueba, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de revisión.

## **Cómo solicitar una excepción**

### **¿Puedo recibir un medicamento cubierto si no está en el formulario o no cumple con los requisitos del plan, como la terapia escalonada?**

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario, o que tienen requisitos o límites bajo su plan. Su médico puede ordenar un medicamento que no está en el formulario, pero que piensa que es el más adecuado para usted. O puede estar tomando un medicamento que ya no se encuentra en la lista de medicamentos. Su médico puede solicitarnos seguir cubriendo dicho medicamento enviándonos una solicitud de Autorización previa.

Se pueden considerar las excepciones cuando no se pueden utilizar las opciones del formulario y/o se cumplen otros requisitos. El medicamento debe ser seguro y efectivo para su afección médica. Su médico debe elaborar su receta para obtener la cantidad usual del medicamento para usted. Molina puede considerar una excepción bajo las siguientes condiciones:

- Existe documentación de una necesidad específica en su registro médico.
- Su médico ha certificado que en el pasado usted tomó los medicamentos del formulario y no le ayudaron; o que las otras opciones le han causado daños o el médico que receta piensa de manera razonable que los medicamentos le causarán daño o serán ineficaces debido a las características clínicas de su afección.

Si se aprueba la solicitud, Molina le enviará una carta a usted y a su médico. Si la solicitud no se aprueba, le enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de revisión. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión.

## **Quejas y Apelaciones**

Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Puede presentar un reclamo o queja comunicándose con el Centro de Asistencia al Cliente de Molina al (888) 560-2025. Para obtener más información, consulte la sección de su Acuerdo (póliza) titulada “Quejas y Apelaciones”.

# Aviso

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres de socios y servicios como CVS Caremark, CVS Specialty y Caremark.com son propiedad de y están operados por CVS Health Corporation.



# 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:

<b>Requisitos/Límites</b>	<b>Descripción</b>
<b>AGE</b>	Se aplican límites de edad. Solo pagamos este medicamento o forma farmacéutica para ciertos grupos de edad en base a la información sobre la seguridad, eficacia y costo del medicamento.
<b>MED</b>	Se aplican límites de Dosis equivalentes de morfina (MED, por sus siglas en inglés). Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina por día de suministro.
<b>OTC</b>	Las formas farmacéuticas de venta sin receta (OTC, por sus siglas en inglés) están cubiertas en la lista de medicamentos con la receta válida de un proveedor.
<b>PA</b>	Se requiere Autorización previa (PA, por sus siglas en inglés). Requerimos aprobación anticipada de la cobertura para algunos medicamentos antes de realizar su pago. Si la Autorización previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso medicamento aceptado para dicho medicamento y que otros tratamientos no le han funcionado o no son apropiados. Pueden aplicarse otros requisitos dependiendo del medicamento.
<b>QL</b>	Se aplican Límites de cantidad (QL, por sus siglas en inglés). Pagaremos una cantidad diaria máxima en base a la información sobre el uso medicamento aceptado y el costo del medicamento.
<b>ST</b>	Se requiere Terapia escalonada (ST, por sus siglas en inglés). Si en el pasado hemos pagado para que usted reciba el/los medicamento(s) de Terapia escalonada necesario(s), este medicamento se pagará en la farmacia sin necesidad de una Autorización previa o solicitud de excepción de la Terapia escalonada. La lista de medicamentos le mostrará qué medicamentos se requieren primero y durante cuánto tiempo.

Algunos medicamentos están designados como "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 de necesidad médica a algunos Medicamentos de especialidad de Categoría 4.

La lista de medicamentos también indicará si un medicamento es elegible para los programas de Pedido por correo (**MAIL**) en la columna Requisitos/Límites. Usted elige libremente si desea utilizar los programas de Pedido por correo. Es posible que tenga una distribución de costos más baja con el Pedido por correo de algunos medicamentos.



## Molina Texas 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
10/1/2020	IBRANCE CAP 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

Effective Date	Formulary Change	Change	Notes
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	

Effective Date	Formulary Change	Change	Notes
10/1/2020	POLY-VI-SOL SOL IRON	Adding to formulary, Tier 2	
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

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

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

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

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



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

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

#### **ALTERNATIVE MEDICINES**

##### ***ALTERNATIVE MEDICINE - M'S***

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

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

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

Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 5MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	Tier 3	MAIL, PA
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG ( <i>rilonacept</i> )	Tier 4	PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ ( <i>anakinra</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
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
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diclofenac sodium tab delayed release 75 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab er 24hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>etodolac tab 400 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>etodolac tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>fenoprofen calcium tab 600 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen cap 200 mg</i></b> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<b><i>ibuprofen chew tab 100 mg</i></b> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<b><i>ibuprofen susp 40 mg/ml</i></b> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<b><i>ibuprofen susp 100 mg/5ml</i></b> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<b><i>ibuprofen tab 100 mg</i></b> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 200 mg</i></b> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 400 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 800 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>indomethacin cap 25 mg</i></b>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>indomethacin cap 50 mg</i></b>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>ketorolac tromethamine tab 10 mg</i></b>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<b><i>meclofenamate sodium cap 50 mg</i></b>	Tier 3	MAIL, PA
<b><i>meclofenamate sodium cap 100 mg</i></b>	Tier 3	MAIL, PA
<b><i>mefenamic acid cap 250 mg</i></b>	Tier 3	MAIL, PA
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30 ( <i>apremilast</i> )	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG ( <i>apremilast</i> )	Tier 4	PA; Preferred Brand
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4 ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
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
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
<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)
<b>ANALGESICS OTHER</b>		
<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC

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

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



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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b>OPIOID COMBINATIONS</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>OPIOID PARTIAL AGONISTS</b>		
<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
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxandrolone tab 10 mg</i>	Tier 3	PA
<b>ANDROGENS</b>		
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
<b>RECTAL COMBINATIONS</b>		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4% ( <i>nitroglycerin (intra-anal)</i> )	Tier 3	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum &amp; 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
MI-ACID CHW ( <i>calcium carbonate-mag hydrox</i> )	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
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
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<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
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPROTOZOAL AGENTS</b>		
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
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
FIRVANQ SOL 50MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
<b>LEPROSTATICS</b>		
<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)
<b>LINCOSAMIDES</b>		
<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)
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG ( <i>aztreonam lysine</i> )	Tier 4	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<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
<b>NITRATES</b>		
<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

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



Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

#### ANTI ANXIETY AGENTS

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

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

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

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

#### ANTIARRHYTHMICS

##### **ANTIARRHYTHMICS TYPE I-A**

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

##### **ANTIARRHYTHMICS TYPE I-B**

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

##### **ANTIARRHYTHMICS TYPE I-C**

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

##### **ANTIARRHYTHMICS TYPE III**

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

Drug Name	Drug Tier	Requirements/Limits
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	Tier 3	MAIL, PA
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES</b>		
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
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 4	PA
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 4	PA
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
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>acclidinium bromide</i> )	Tier 2	QL (1 ea / 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<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
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG ( <i>roflumilast</i> )	Tier 3	MAIL, PA
DALIRESP TAB 500MCG ( <i>roflumilast</i> )	Tier 3	MAIL, PA
<b>STEROID INHALANTS</b>		
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

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 30 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR 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
<b>SYMPATHOMIMETICS</b>		
<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

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

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

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



Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>DIRECT FACTOR XA INHIBITORS</b>		
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
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
<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
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
<b>THROMBIN INHIBITORS</b>		
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
<b>ANTI CONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
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	
<b>ANTI CONVULSANTS - BENZODIAZEPINES</b>		
<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)
<b>ANTI CONVULSANTS - MISC.</b>		
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
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
PHENYTEK CAP 300MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
<b>SUCCINIMIDES</b>		
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
<b>VALPROIC ACID</b>		
<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
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIDEPRESSANTS - MISC.</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
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
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
VIIIBRYD KIT STARTER ( <i>vilazodone hcl</i> )	Tier 3	PA
VIIIBRYD TAB 10MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
VIIIBRYD TAB 20MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
VIIIBRYD TAB 40MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<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

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

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



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

Drug Name	Drug Tier	Requirements/Limits
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	MAIL

## ANTIDIABETICS

### ALPHA-GLUCOSIDASE INHIBITORS

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

### ANTIDIABETIC - AMYLIN ANALOGS

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

### ANTIDIABETIC COMBINATIONS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alogliptin-pioglitazone tab 12.5-15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-45 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-45 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b><i>glipizide-metformin hcl tab 2.5-250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glipizide-metformin hcl tab 2.5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glipizide-metformin hcl tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 1.25-250 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 2.5-500 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<b>JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

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

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

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
<b>BIGUANIDES</b>		
<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
<b>DIABETIC OTHER</b>		
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
<b>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b><i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i></b>		
CYCLOSET TAB 0.8MG ( <i>bromocriptine mesylate (diabetes)</i> )	Tier 2	QL (180 tabs / 30 days), MAIL
<b><i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i></b>		
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

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



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

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

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

Drug Name	Drug Tier	Requirements/Limits
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	MAIL, PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>MEGLITINIDE ANALOGUES</b>		
<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
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
<b>SULFONYLUREAS</b>		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		
<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
<b>ANTIPERISTALTIC AGENTS</b>		
<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
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS</b>		
<b>ANTIDOTES - CHELATING AGENTS</b>		
CHEMET CAP 100MG ( <i>succimer</i> )	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>deferasirox tab for oral susp 125 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 4	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 4	PA
FERRIPROX TAB 500MG ( <i>deferiprone</i> )	Tier 4	PA
FERRIPROX TAB 1000MG ( <i>deferiprone</i> )	Tier 4	PA
<b>OPIOID ANTAGONISTS</b>		
<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)
<b>ANTIEMETICS</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET TAB 50MG ( <i>dolasetron mesylate</i> )	Tier 3	PA
ANZEMET TAB 100MG ( <i>dolasetron mesylate</i> )	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relief)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 3	PA
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<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)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
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)
<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
<b>ANTI HISTAMINES</b>		
<b>ANTI HISTAMINES - ALKYLAMINES</b>		
<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	
<b>ANTI HISTAMINES - ETHANOLAMINES</b>		
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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>ANTI-HISTAMINES - NON-SEDATING</b>		
<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)
<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)
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>		
<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)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<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)
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
<i>NEXLETOL TAB 180MG (bempedoic acid)</i>	Tier 3	MAIL, PA
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	MAIL, PA
<i>NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)</i>	Tier 3	MAIL, PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
<b>FIBRIC ACID DERIVATIVES</b>		
<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

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



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

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

Drug Name	Drug Tier	Requirements/Limits
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL, ST; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>simvastatin tab 5 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<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
<b>NICOTINIC ACID DERIVATIVES</b>		
<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<b>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</b>		
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
<b>ANTI HYPERTENSIVES</b>		
<b>ACE INHIBITORS</b>		
<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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<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.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG ( <i>azilsartan medoxomil</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG ( <i>azilsartan medoxomil</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)</b>	Tier 3	MAIL, PA
<b><i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<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
<b>VASODILATORS</b>		
<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
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<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	
<b>ANTIMALARIALS</b>		
<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)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	Tier 3	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
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	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<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
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG ( <i>thioguanine</i> )	Tier 3	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RITUXAN INJ 100MG ( <i>rituximab</i> )	Tier 4	PA
RITUXAN INJ 500MG ( <i>rituximab</i> )	Tier 4	PA
RUXIENCE INJ 100/10ML ( <i>rituximab-pvvr</i> )	Tier 4	PA
RUXIENCE INJ 500/50ML ( <i>rituximab-pvvr</i> )	Tier 4	PA
TRUXIMA INJ 100/10ML ( <i>rituximab-abbs</i> )	Tier 4	PA
TRUXIMA INJ 500/50ML ( <i>rituximab-abbs</i> )	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	QL (120 per 30 days), PA
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 4	PA
ELIGARD INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 4	PA
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	Tier 4	PA
<i>exemestane tab 25 mg</i>	Tier 3	MAIL, PA
FIRMAGON INJ 80MG ( <i>degarelix acetate</i> )	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 3	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG ( <i>leuprolide acetate</i> )	Tier 4	PA
LUPRON DEPOT INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 4	PA
LUPRON DEPOT INJ 11.25MG ( <i>leuprolide acetate (3 month)</i> )	Tier 4	PA
LUPRON DEPOT INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 4	PA
LYSODREN TAB 500MG ( <i>mitotane</i> )	Tier 4	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 4	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
TRELSTAR MIX INJ 3.75MG ( <i>triptorelin pamoate</i> )	Tier 4	PA
TRELSTAR MIX INJ 11.25MG ( <i>triptorelin pamoate</i> )	Tier 4	PA
ZOLADEX IMP 3.6MG ( <i>goserelin acetate</i> )	Tier 4	PA
ZOLADEX IMP 10.8MG ( <i>goserelin acetate</i> )	Tier 4	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
TAGRISSO TAB 40MG ( <i>osimertinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
TAGRISSO TAB 80MG ( <i>osimertinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 25MG ( <i>erlotinib hcl</i> )	Tier 4	QL (90 per 30 days), PA
TARCEVA TAB 100MG ( <i>erlotinib hcl</i> )	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 150MG ( <i>erlotinib hcl</i> )	Tier 4	QL (30 per 30 days), PA
TASIGNA CAP 50MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 150MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 200MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	Tier 4	QL (180 per 30 days), PA
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	Tier 4	QL (120 per 30 days), PA
XALKORI CAP 200MG ( <i>crizotinib</i> )	Tier 4	QL (60 per 30 days), PA
XALKORI CAP 250MG ( <i>crizotinib</i> )	Tier 4	QL (60 per 30 days), PA
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	Tier 4	QL (90 per 30 days), PA
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	Tier 4	QL (120 per 30 days), PA
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	Tier 4	QL (60 per 30 days), PA
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	Tier 4	QL (60 per 30 days), PA
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 4	PA
<b>ANTINEOPLASTICS MISC.</b>		
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
<b>CHEMOTHERAPY ADJUNCTS</b>		
KEPIVANCE INJ 6.25MG ( <i>palifermin</i> )	Tier 4	PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<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
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 4	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)

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



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

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

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

Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>ANTIPSYCHOTICS - MISC.</b>		
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)
<b>BENZISOXAZOLES</b>		
FANAPT PAK ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 1MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 2MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 4MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 6MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 8MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 10MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
FANAPT TAB 12MG ( <i>iloperidone</i> )	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.25 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.5 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.75 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.875 mL / 90 days); AGE (Min 6 years)

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<b>BUTYROPHENONES</b>		
<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)
<b>DIBENZAPINES</b>		
<i>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
<b>quetiapine fumarate tab er 24hr 300 mg</b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 400 mg</b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG ( <b>asenapine maleate</b> )	Tier 2	MAIL, PA
SAPHRIS SUB 5MG ( <b>asenapine maleate</b> )	Tier 2	MAIL, PA
SAPHRIS SUB 10MG ( <b>asenapine maleate</b> )	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG ( <b>olanzapine pamoate</b> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG ( <b>olanzapine pamoate</b> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG ( <b>olanzapine pamoate</b> )	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
<b>PHENOTHIAZINES</b>		
<b>chlorpromazine hcl tab 10 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 25 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 50 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 100 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 200 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine decanoate inj 25 mg/ml</b>	Tier 1	AGE; AGE (Min 6 years)
<b>fluphenazine hcl tab 1 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine hcl tab 2.5 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine hcl tab 5 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine hcl tab 10 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>perphenazine tab 2 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 4 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 8 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 16 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b>	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 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>QUINOLINONE DERIVATIVES</b>		
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)



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)
<b>THIOXANTHENES</b>		
<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)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<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 90 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)

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

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

Drug Name	Drug Tier	Requirements/Limits
VIREAD TAB 250MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
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
<b>HEPATITIS AGENTS</b>		
<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
<b>HERPES AGENTS</b>		
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>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)
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

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

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

**CALCIUM CHANNEL BLOCKERS**

***CALCIUM CHANNEL BLOCKERS***

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

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

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



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

## CARDIOTONICS

### **CARDIAC GLYCOSIDES**

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

## CARDIOVASCULAR AGENTS - MISC.

### **CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

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

### **PERIPHERAL VASODILATORS**

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

### **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

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

Drug Name	Drug Tier	Requirements/Limits
ORENITRAM TAB 1MG ( <i>treprostinil diolamine</i> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG ( <i>treprostinil diolamine</i> )	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG ( <i>treprostinil diolamine</i> )	Tier 4	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 2.5MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 5MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 10MG/ML ( <i>treprostinil</i> )	Tier 4	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML ( <i>iloprost</i> )	Tier 4	PA
VENTAVIS SOL 20MCG/ML ( <i>iloprost</i> )	Tier 4	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<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
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<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
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800 ( <i>selexipag</i> )	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
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

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

Drug Name	Drug Tier	Requirements/Limits
ADEMPAS TAB 2MG ( <i>riociguat</i> )	Tier 4	QL (90 tabs / 30 days), PA
<b>SINUS NODE INHIBITORS</b>		
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
<b>CEPHALOSPORINS</b>		
<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<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)
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
SUPRAX CAP 400MG ( <i>cefixime</i> )	Tier 3	
<b>CONTRACEPTIVES</b>		
<b>COMBINATION CONTRACEPTIVES - ORAL</b>		
BALCOLTRA TAB 0.1-20 ( <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> )	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad &amp; 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 &amp; 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 &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate &amp; 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 &amp; 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 &amp; 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) &amp; eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 ( <i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i> )	Tier 5	QL (39 tablets / 28 days), MAIL
NATAZIA TAB ( <i>estradiol valerate-dienogest</i> )	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
<b>TAYTULLA CAP 1MG/20MC (norethin acet &amp; estrad-fe)</b>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	Tier 5	QL (1 ring / 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 90 mg Morphine EQ Dose per day

Drug Name	Drug Tier	Requirements/Limits
<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
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <i>copper (iud)</i> )	Tier 5	QL (1 IUD in lifetime)
<b>EMERGENCY CONTRACEPTIVES</b>		
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)
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <i>etonogestrel</i> )	Tier 5	QL (1 implant in lifetime)
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
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)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
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)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>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	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
<i>ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)</i>	Tier 1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold &amp; Allergy)</i>	Tier 1	OTC
<i>BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)</i>	Tier 1	OTC, QL (240 mL / 30 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)</i>	Tier 1	OTC, QL (60 ea / 30 days)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)</i>	Tier 1	OTC, QL (240 mL / 30 days)

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

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



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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 1%</i> (Cvs Anti-dandruff)	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
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)
<b>BURN PRODUCTS</b>		
<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)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<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
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<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
<b>MISC. TOPICAL</b>		
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
<b>ROSACEA AGENTS</b>		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <i>brimonidine tartrate (topical)</i> )	Tier 3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
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

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

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

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



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

Drug Name	Drug Tier	Requirements/Limits
<b>POTASSIUM SPARING DIURETICS</b>		
<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
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b>BONE DENSITY REGULATORS</b>		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4 ( <i>teriparatide (recombinant)</i> )	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROLIA SOL 60MG/ML ( <i>denosumab</i> )	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 4	PA
XGEVA INJ ( <i>denosumab</i> )	Tier 4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 4	PA
<b>FERTILITY REGULATORS</b>		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
<b>GNRH/LHRH ANTAGONISTS</b>		
CETROTIDE KIT 0.25MG ( <i>cetrotorelix acetate</i> )	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
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
<b>GROWTH HORMONES</b>		
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
<b>HORMONE RECEPTOR MODULATORS</b>		
<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
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	Tier 4	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 4	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; 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

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

Drug Name	Drug Tier	Requirements/Limits
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
<b>METABOLIC MODIFIERS</b>		
<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
<b>POSTERIOR PITUITARY HORMONES</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
<b>SOMATOSTATIC AGENTS</b>		
<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
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
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
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
DUAVEE TAB 0.45-20 ( <i>conjugated estrogens-bazedoxifene</i> )	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 ( <i>conjugated estrogens-medroxyprogesterone acetate</i> )	Tier 2	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<b>ESTROGENS</b>		
<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
<b>FLUOROQUINOLONES</b>		
<b>FLUOROQUINOLONES</b>		
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	
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RENFLEXIS INJ 100MG ( <i>infliximab-abda</i> )	Tier 4	PA
STELARA INJ 5MG/ML ( <i>ustekinumab (iv)</i> )	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<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
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
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
<b>PHOSPHATE BINDER AGENTS</b>		
<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 90 mg Morphine EQ Dose per day



Drug Name	Drug Tier	Requirements/Limits
VELPHORO CHW 500MG ( <i>sucroferric oxyhydroxide</i> )	Tier 3	MAIL, PA
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>potassium citrate &amp; 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 &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	
<b>CYSTINOSIS AGENTS</b>		
CYSTAGON CAP 50MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA
CYSTAGON CAP 150MG ( <i>cysteamine bitartrate</i> )	Tier 4	PA
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	Tier 3	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<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
<b>URINARY ANALGESICS</b>		
<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)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>febuxostat tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>febuxostat tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG ( <i>febuxostat</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG ( <i>febuxostat</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
BRILINTA TAB 60MG ( <i>ticagrelor</i> )	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG ( <i>ticagrelor</i> )	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfat</i> e)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA
<b>COBALAMINS</b>		
<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
<b>FOLIC ACID/FOLATES</b>		
<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

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

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

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO INJ 6/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 4	QL (0.6 per 14 days), PA
<b>HEMATOPOIETIC MIXTURES</b>		
<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)
<b>IRON</b>		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTTS TAB 325MG ( <i>ferrous fumarate</i> )	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI ( <i>carbonyl iron</i> )	Tier 1	OTC



Drug Name	Drug Tier	Requirements/Limits
<b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG ( <b>ferrous sulfate</b> )	Tier 1	OTC, MAIL
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<b>aminocaproic acid tab 500 mg</b>	Tier 1	PA
<b>aminocaproic acid tab 1000 mg</b>	Tier 1	PA
<b>tranexamic acid tab 650 mg</b>	Tier 1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
<b>diphenhydramine hcl (sleep) tab 25 mg</b> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<b>diphenhydramine hcl (sleep) tab 50 mg</b>	Tier 1	OTC, MAIL
<b>doxylamine succinate (sleep) tab 25 mg</b> (Sleep Aid)	Tier 1	OTC, MAIL
<b>BARBITURATE HYPNOTICS</b>		
<b>phenobarbital elixir 20 mg/5ml</b>	Tier 1	AGE, QL (1500 mL / 30 days); AGE (Max 12 years)
<b>phenobarbital tab 15 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 16.2 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 30 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 32.4 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 60 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 64.8 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>phenobarbital tab 97.2 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 100 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b>	Tier 3	MAIL, PA
<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b>	Tier 3	MAIL, PA
SILENOR TAB 3MG ( <b>doxepin hcl (sleep)</b> )	Tier 3	MAIL, PA
SILENOR TAB 6MG ( <b>doxepin hcl (sleep)</b> )	Tier 3	MAIL, PA
<b>NON-BARBITURATE HYPNOTICS</b>		
<b>estazolam tab 1 mg</b>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<b>estazolam tab 2 mg</b>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<b>eszopiclone tab 1 mg</b>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<b>eszopiclone tab 2 mg</b>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<b>eszopiclone tab 3 mg</b>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)

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

### **OREXIN RECEPTOR ANTAGONISTS**

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

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

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

### **LAXATIVES**

#### **BULK LAXATIVES**

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	Tier 3	PA
<b>MEDICAL DEVICES</b>		
<b>Parenteral Therapy Supplies</b>		
BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
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	
<b>DIABETIC SUPPLIES</b>		
DEXCOM G5 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	QL (1 box / 90 days), PA

Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	DME	OTC, QL (1 box / year)
<b>MISC. DEVICES</b>		
ALCOHOL PREP PAD MED 70% ( <i>alcohol swabs</i> )	Tier 1	OTC, QL (200 ea / 30 days)
<b>PARENTERAL THERAPY SUPPLIES</b>		
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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY THERAPY SUPPLIES</b>		
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)
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG ( <i>ergotamine tartrate</i> )	Tier 3	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)



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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
<b>MAGNESIUM</b>		
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
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i> (Mag-g)	Tier 1	OTC
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> (Magnesium-oxide)	Tier 1	OTC, MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium tab 250 mg</i>	Tier 1	OTC, MAIL
<b>PHOSPHATE</b>		
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
<b>POTASSIUM</b>		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
RAPAMUNE SOL 1MG/ML ( <i>sirolimus</i> )	Tier 3	MAIL
SANDIMMUNE CAP 25MG ( <i>cyclosporine</i> )	Tier 2	MAIL
SANDIMMUNE CAP 100MG ( <i>cyclosporine</i> )	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
ZORTRESS TAB 0.25MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
ZORTRESS TAB 0.75MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
ZORTRESS TAB 1MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<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
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<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
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<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

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

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

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



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

Drug Name	Drug Tier	Requirements/Limits
<b><i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i></b> (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
<b><i>PRENATAL+DHA MIS (prenatal mv &amp; min w/fe fumarate-fa-dha)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>PRENATAL/FE TAB (prenatal multivit-min w/fe-fa)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>RA PRENATAL TAB FORMULA (prenatal vit w/ferrous fumarate-folic acid)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>SE-NATAL 19 CHW (prenatal vit w/ferrous fumarate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>SM ONE DAILY MIS PRENATAL (prenatal vit w/ferrous fumarate-fa-omega 3 fatty acids)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>THERANATAL MIS COMPLETE (prenatal mv &amp; min w/fe fumarate-fa-dha)</i></b>	Tier 1	OTC, QL (30 tabs / 30 days)
<b><i>TL FOLATE TAB (prenatal vit w/ferrous fumarate-l methylfolate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>TRINATAL RX TAB 1 (prenatal vit w/ferrous fumarate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>VINATE II TAB (prenatal vit w/ fe bisglycinate chelate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>VINATE M TAB (prenatal vit w/ selenium-fe fumarate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>VITAFOL-OB TAB 65-1MG (prenatal vit w/ferrous fumarate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>VOL-PLUS TAB (prenatal vit w/ferrous fumarate-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>VOL-TAB RX TAB (prenatal vit w/ iron carbonyl-folic acid)</i></b>	Tier 1	QL (30 tabs / 30 days)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<b><i>baclofen tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>baclofen tab 20 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>carisoprodol tab 350 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>chlorzoxazone tab 500 mg</i></b>	Tier 1	QL (180 tabs / 30 days)
<b><i>cyclobenzaprine hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>cyclobenzaprine hcl tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>metaxalone tab 800 mg</i></b>	Tier 3	PA
<b><i>methocarbamol tab 500 mg</i></b>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Max 64 years)
<b><i>methocarbamol tab 750 mg</i></b>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<b><i>orphenadrine citrate tab er 12hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	AGE, QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
<b>DIRECT MUSCLE RELAXANTS</b>		
<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	
<b>VISCOSUPPLEMENTS</b>		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	QL (3 syringes / 180 days), PA
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
<i>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</i>	Tier 1	OTC
<b>NASAL ANTIALLERGY</b>		
<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
<b>NASAL ANTICHOLINERGICS</b>		
<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
<b>NASAL STEROIDS</b>		
<i>budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)</i>	Tier 1	OTC, QL (1 bottle / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
NASAL DECON SYP 30MG/5ML ( <i>pseudoephedrine hcl</i> )	Tier 1	OTC
NASAL DECON 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
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<i>riluzole tab 50 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ 100UNIT ( <i>onabotulinumtoxinA</i> )	Tier 4	PA
BOTOX INJ 200UNIT ( <i>onabotulinumtoxinA</i> )	Tier 4	PA
<b>NUTRIENTS</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<b>omega-3 fatty acids cap 1000 mg</b>	Tier 1	OTC
<b>omega-3 fatty acids cap 1200 mg</b>	Tier 1	OTC
<b>omega-3 fatty acids cap delayed release 1000 mg</b> (Hm Fish Oil)	Tier 1	OTC
<b>omega-3 fatty acids cap delayed release 1200 mg</b> (Cvs Fish Oil)	Tier 1	OTC

## OPHTHALMIC AGENTS

### ARTIFICIAL TEARS AND LUBRICANTS

<b>artificial tear ophth ointment</b> (Akwa Tears)	Tier 1	OTC, MAIL
<b>artificial tear ophth solution</b> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium ophth soln 0.5%</b> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
<b>hypromellose ophth soln 0.3%</b> (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP ( <b>artificial tear insert</b> )	Tier 3	MAIL, PA
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> (Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol ophth soln 1.4%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> (Gnp Artificial Tears)	Tier 1	OTC, MAIL
<b>propylene glycol-glycerin ophth soln 1-0.3%</b> (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>white petrolatum-mineral oil ophth ointment</b> (Genteal Tears Night-time)	Tier 1	OTC, MAIL

### BETA-BLOCKERS - OPHTHALMIC

<b>betaxolol hcl ophth soln 0.5%</b>	Tier 1	MAIL
<b>carteolol hcl ophth soln 1%</b>	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% ( <b>brimonidine tartrate-timolol maleate</b> )	Tier 2	QL (10 mL / 30 days), MAIL
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>levobunolol hcl ophth soln 0.5%</b>	Tier 1	QL (15 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.5%</b>	Tier 3	QL (5 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.25%</b>	Tier 3	QL (5 mL / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 / 30 days), MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP ( <i>echothiophate iodide</i> )	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<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
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
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-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
CYSTARAN SOL 0.44% ( <i>cysteamine hcl</i> )	Tier 3	MAIL, PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP ( <i>emedastine difumarate</i> )	Tier 3	MAIL, PA
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACFT SOL 0.25% ( <i>alcaftadine</i> )	Tier 3	MAIL, PA
NEVANAC SUS 0.1% ( <i>nepafenac</i> )	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 3	QL (5 mL / 30 days), MAIL, PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<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.
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC

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



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

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

Drug Name	Drug Tier	Requirements/Limits
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	
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ 50MG ( <i>palivizumab</i> )	Tier 4	PA
SYNAGIS INJ 100MG/ML ( <i>palivizumab</i> )	Tier 4	PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
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
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<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	
<b>NATURAL PENICILLINS</b>		
<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	

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-CATAPLECTIC AGENTS</b>		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 4	PA
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg &amp; 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
<b>FIBROMYALGIA AGENTS</b>		
<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 50MG (milnacipran hcl)</i>	Tier 3	MAIL, PA
<i>SAVELLA TAB 100MG (milnacipran hcl)</i>	Tier 3	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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
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
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<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
<b>SMOKING DETERRENTS</b>		
<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

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

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

## RESPIRATORY AGENTS - MI SC.

### **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	

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

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

## THYROID AGENTS

### ANTITHYROID AGENTS

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

### THYROID HORMONES

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

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

## TOXOIDS

### TOXOID COMBINATIONS

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



Drug Name	Drug Tier	Requirements/Limits
<b>ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS</b>		
<b>ANTI SPASMODICS</b>		
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
<b>H-2 ANTAGONISTS</b>		
<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
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<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
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVES</b>		
<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)
<b>URINARY ANTI SPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>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
<i>tropium 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
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
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
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>VACCINES</b>		
<b>BACTERIAL VACCINES</b>		
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)
<b>VIRAL VACCINES</b>		
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)
FLUMIST QUAD SUS 2019-20 ( <i>influenza virus vaccine live quadrivalent</i> )	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	Tier 5	AGE, QL (Max 2 injections per lifetime); AGE (Min 50 years)

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

## VAGINAL PRODUCTS

### SPERMICIDES

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

### VAGINAL ANTI-INFECTIVES

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

Drug Name	Drug Tier	Requirements/Limits
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG ( <i>estrogens, conjugated vaginal</i> )	Tier 2	QL (30 gm / 30 days), MAIL
<b>VAGINAL PROGESTINS</b>		
PROGESTERONE SUP VGS 100 ( <i>progesterone (vaginal)</i> )	Tier 3	PA
PROGESTERONE SUP VGS 200 ( <i>progesterone (vaginal)</i> )	Tier 3	PA
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPIPEN 2-PAK INJ 0.3MG ( <i>epinephrine (anaphylaxis)</i> )	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG ( <i>epinephrine (anaphylaxis)</i> )	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG ( <i>epinephrine (anaphylaxis)</i> )	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG ( <i>epinephrine (anaphylaxis)</i> )	Tier 2	QL (2 syringes / 30 days)
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP 100MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 200MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 300MG ( <i>droxidopa</i> )	Tier 4	PA
<b>VASOPRESSORS</b>		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<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

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

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



## Index

- 1  
12 Hour Decongestant  
    see *pseudoephedrine hcl tab er 12hr 120 mg* ..... 151
- 3  
3ML SYRINGE MIS REG TIP..... 137
- A
- abacavir sulfate soln 20 mg/ml (base equiv)* .....83
- abacavir sulfate tab 300 mg (base equiv)* .....83
- abacavir sulfate-lamivudine tab 600-300 mg* .....83
- abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* .....83
- abacavir-dolutegravir-lamivudine*  
    see TRIUMEQ TAB .....86
- abaloparatide*  
    see TYMLOS INJ ..... 113
- abatacept*  
    see ORENCIA CLCK INJ 125MG/ML 10  
    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 300MG .....82
- ABILIFY MAIN INJ 400MG .....82
- abiraterone acetate tab 250 mg* ..69
- ABREVA CRE 10% ..... 105
- acamprosate calcium tab delayed release 333 mg* ..... 159
- acarbose tab 100 mg* .....41
- acarbose tab 25 mg* .....40
- acarbose tab 50 mg* .....41
- acebutolol hcl cap 200 mg* .....88
- acebutolol hcl cap 400 mg* .....88
- Acephen  
    see *acetaminophen suppos 325 mg* .....11
- acetaminophen*  
    see FEVERALL INF SUP 80MG .....12  
    see FEVERALL SUP 325MG .....12  
    see NORTEMP SUS INFANTS .....12
- acetaminophen cap 500 mg* ..... 11
- acetaminophen chew tab 160 mg*11
- acetaminophen chew tab 80 mg*..11
- acetaminophen disintegrating tab 160 mg* .....11
- acetaminophen disintegrating tab 80 mg* .....11
- acetaminophen elixir 160 mg/5ml* .....11
- acetaminophen liquid 160 mg/5ml* .....11
- acetaminophen liquid 167 mg/5ml* .....11
- 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/5ml* .....11
- acetaminophen tab 325 mg* .....11
- acetaminophen tab 500 mg* .....11
- acetaminophen tab er 650 mg*....12
- acetaminophen w/ codeine soln 120-12 mg/5ml* ..... 16
- acetaminophen w/ codeine tab 300-15 mg* ..... 16
- acetaminophen w/ codeine tab 300-30 mg* ..... 16
- acetaminophen w/ codeine tab 300-60 mg* ..... 16
- acetazolamide cap er 12hr 500 mg* ..... 111
- acetazolamide tab 125 mg* ..... 111
- acetazolamide tab 250 mg* ..... 111
- acetic acid irrigation soln 0.25%* ..... 120
- acetic acid otic soln 2%* ..... 156
- acetone (urine) test*  
    see RELION KETON TES ..... 110
- acetylcysteine inhal soln 10%*... 101
- acetylcysteine inhal soln 20%*... 101
- Acid Gone  
    see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* ..... 19
- acitretin cap 10 mg* ..... 105

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

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

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

<i>amoxicillin (trihydrate) cap 500 mg</i>	158	<i>anagrelide hcl cap 1 mg</i>	125
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	158	<i>anakinra</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	158	see KINERET INJ	7
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	158	<i>anastrozole tab 1 mg</i>	69
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	158	ANIMAL SHAPE CHW IRON	146
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	158	ANORO ELLIPT AER 62.5-25	27
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	158	Antacid	
<i>amoxicillin (trihydrate) tab 500 mg</i>	158	see <i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	19
<i>amoxicillin (trihydrate) tab 875 mg</i>	158	<i>anthralin</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	see DRITHO-CREME CRE HP 1%..	105
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	Anti-diarrheal	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	see <i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	52
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	Anti-fungal Powder	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	see <i>tolnaftate powder 1%</i>	104
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	<i>antihemophilic factor (human)</i>	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	see HEMOFIL M INJ 1700UNIT	122
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	see KOATE-DVI INJ 1000UNIT	122
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	see KOATE-DVI INJ 250UNIT	122
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	see KOATE-DVI INJ 500UNIT	122
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	see MONOCLATE-P INJ 1000UNIT	123
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	see NOVOEIGHT INJ 1500UNIT	123
<i>ampicillin cap 500 mg</i>	158	<i>antihemophilic factor (rcmb) simoctocog alfa (bdd-rfviii, sim)</i>	
ANADROL-50 TAB 50MG	18	see NUWIQ INJ 1000UNIT	123
<i>anagrelide hcl cap 0.5 mg</i>	125	see NUWIQ INJ 2000UNIT	123
		see NUWIQ INJ 2500UNIT	123
		see NUWIQ INJ 250UNIT	123
		see NUWIQ INJ 250UNIT	123
		see NUWIQ INJ 3000UNIT	123
		see NUWIQ INJ 4000UNIT	124
		see NUWIQ INJ 500UNIT	123
		see NUWIQ KIT 1000UNIT	124
		see NUWIQ KIT 2000UNIT	124
		see NUWIQ KIT 250UNIT	124
		see NUWIQ KIT 250UNIT	124
		see NUWIQ KIT 3000UNIT	124
		see NUWIQ KIT 4000UNIT	124
		see NUWIQ KIT 500UNIT	124
		<i>antihemophilic factor (recombinant)</i>	
		see HELIXATE FS INJ 2000UNIT	122
		see HELIXATE FS INJ 3000UNIT	122
		see HELIXATE FS INJ 500UNIT	122

see KOGENATE FS INJ 1000UNIT.	123	APOKYN INJ 10MG/ML .....	74
see KOGENATE FS INJ 2000UNIT.	123	<b>apomorphine hydrochloride</b>	
see KOGENATE FS INJ 250UNIT ..	122	see APOKYN INJ 10MG/ML .....	74
see KOGENATE FS INJ 3000UNIT.	123	<b>apraclonidine hcl ophth soln 0.5%</b>	
see RECOMBINATE INJ .....	124	<b>(base equivalent)</b> .....	153
see RECOMBINATE INJ 220-400 ..	124	<b>apremilast</b>	
see RECOMBINATE INJ 401-800 ..	124	see OTEZLA TAB 10/20/30 .....	10
see RECOMBINATE INJ 801-1240	124	see OTEZLA TAB 30MG .....	10
<b>antihemophilic factor</b>		<b>aprepitant capsule 125 mg</b> .....	53
<b>(recombinant) plasma/albumin</b>		<b>aprepitant capsule 40 mg</b> .....	53
<b>free</b>		<b>aprepitant capsule 80 mg</b> .....	53
see XYNTHA SOLOF INJ 1000UNIT		<b>aprepitant capsule therapy pack 80</b>	
.....	125	<b>&amp; 125 mg</b> .....	53
see XYNTHA SOLOF INJ 2000UNIT		APRISO CAP 0.375GM.....	118
.....	125	APTIOM TAB 200MG .....	32
see XYNTHA SOLOF INJ 3000UNIT		APTIOM TAB 400MG .....	32
.....	125	APTIOM TAB 600MG .....	32
see XYNTHA SOLOF INJ 500UNIT.	124	APTIOM TAB 800MG .....	32
see XYNTHA SOLOF KIT 250UNIT	125	APTIVUS CAP 250MG .....	83
<b>antihemophilic factor rahf-pfm</b>		APTIVUS SOL.....	83
see ADVATE INJ 1000UNIT .....	121	Aquadeks	
see ADVATE INJ 1500UNIT .....	121	see <b>pediatric multiple vitamin w/</b>	
see ADVATE INJ 2000UNIT .....	121	<b>minerals &amp; c drops 45 mg/ml</b>	
see ADVATE INJ 250UNIT .....	121	.....	145
see ADVATE INJ 3000UNIT .....	121	Aqueous Vitamin D Infants	
see ADVATE INJ 4000UNIT .....	121	see <b>cholecalciferol oral liquid 10</b>	
see ADVATE INJ 500UNIT .....	121	<b>mcg/ml (400 unit/ml)</b> .....	173
see KOVALTRY INJ 1000UNIT.....	123	ARANESP INJ 100MCG .....	126
see KOVALTRY INJ 2000UNIT.....	123	ARANESP INJ 10MCG .....	126
see KOVALTRY INJ 250UNIT.....	123	ARANESP INJ 150MCG .....	126
see KOVALTRY INJ 3000UNIT.....	123	ARANESP INJ 200MCG .....	126
see KOVALTRY INJ 500UNIT.....	123	ARANESP INJ 25MCG .....	126
<b>antihemophilic factor/von</b>		ARANESP INJ 300MCG .....	126
<b>willebrand factor complex</b>		ARANESP INJ 40MCG .....	126
<b>(human)</b>		ARANESP INJ 500MCG .....	127
see HUMATE-P SOL 2400UNIT.....	122	ARANESP INJ 60MCG .....	126
see HUMATE-P SOL 500-1200 .....	122	ARCALYST INJ 220MG.....	7
<b>antiinhibitor coagulant complex</b>		ARCAPTA CAP 75MCG .....	27
see FEIBA INJ .....	122	<b>arformoterol tartrate</b>	
ANZEMET TAB 100MG .....	52	see BROVANA NEB 15MCG.....	27
ANZEMET TAB 50MG .....	52	<b>aripiprazole</b>	
APEXICON E CRE 0.05% .....	106	see ABILIFY MAIN INJ 300MG .....	82
APIDRA INJ SOLOSTAR .....	47	see ABILIFY MAIN INJ 400MG .....	82
APIDRA INJ U-100.....	47	<b>aripiprazole lauroxil</b>	
<b>apixaban</b>		see ARISTADA INJ 441MG/1. ....	82
see ELIQUIS TAB 2.5MG.....	30	see ARISTADA INJ 662MG/2 .....	82
see ELIQUIS TAB 5MG.....	30	see ARISTADA INJ 882MG/3 .....	82

<b>aripiprazole oral solution 1 mg/ml</b>	ASMANEX 60 AER 220MCG .....	26
.....	ASMANEX 7 AER 110MCG .....	26
<b>aripiprazole orally disintegrating</b>	ASMANEX HFA AER 100 MCG .....	26
<b>tab 10 mg</b> .....	ASMANEX HFA AER 200 MCG .....	26
<b>aripiprazole orally disintegrating</b>	ASMANEX HFA AER 50MCG .....	26
<b>tab 15 mg</b> .....	<b>aspirin chew tab 81 mg</b> .....	12
<b>aripiprazole tab 10 mg</b> .....	Aspirin Low Dose	
<b>aripiprazole tab 15 mg</b> .....	see <b>aspirin tab delayed release 81</b>	
<b>aripiprazole tab 2 mg</b> .....	<b>mg</b> .....	12
<b>aripiprazole tab 20 mg</b> .....	<b>aspirin tab 325 mg</b> .....	12
<b>aripiprazole tab 30 mg</b> .....	<b>aspirin tab delayed release 325 mg</b>	
<b>aripiprazole tab 5 mg</b> .....	.....	12
ARISTADA INJ 441MG/1 .....	<b>aspirin tab delayed release 81 mg</b>	
ARISTADA INJ 662MG/2 .....	.....	12
ARISTADA INJ 882MG/3 .....	<b>aspirin-dipyridamole cap er 12hr</b>	
<b>armodafinil tab 150 mg</b> .....	<b>25-200 mg</b> .....	125
<b>armodafinil tab 200 mg</b> .....	<b>atazanavir sulfate cap 150 mg</b>	
<b>armodafinil tab 250 mg</b> .....	<b>(base equiv)</b> .....	83
<b>armodafinil tab 50 mg</b> .....	<b>atazanavir sulfate cap 200 mg</b>	
ARMOUR THYRO TAB 120MG .....	<b>(base equiv)</b> .....	83
ARMOUR THYRO TAB 15MG .....	<b>atazanavir sulfate cap 300 mg</b>	
ARMOUR THYRO TAB 180MG .....	<b>(base equiv)</b> .....	83
ARMOUR THYRO TAB 240MG .....	<b>atazanavir sulfate-cobicistat</b>	
ARMOUR THYRO TAB 300MG .....	see EVOTAZ TAB 300-150 .....	84
ARMOUR THYRO TAB 30MG .....	<b>atenolol &amp; chlorthalidone tab 100-</b>	
ARMOUR THYRO TAB 60MG .....	<b>25 mg</b> .....	65
ARMOUR THYRO TAB 90MG .....	<b>atenolol &amp; chlorthalidone tab 50-25</b>	
<b>artemether-lumefantrine</b>	<b>mg</b> .....	65
see COARTEM TAB 20-120MG .....	<b>atenolol tab 100 mg</b> .....	88
<b>artificial tear insert</b>	<b>atenolol tab 25 mg</b> .....	88
see LACRISERT MIS 5MG OP .....	<b>atenolol tab 50 mg</b> .....	88
<b>artificial tear ophth ointment</b> ....	<b>atomoxetine hcl cap 10 mg (base</b>	
<b>artificial tear ophth solution</b> .....	<b>equiv)</b> .....	2
Artificial Tears	<b>atomoxetine hcl cap 100 mg (base</b>	
see <b>dextran 70-hypromellose</b>	<b>equiv)</b> .....	3
<b>ophth soln 0.1-0.3%</b> .....	<b>atomoxetine hcl cap 18 mg (base</b>	
see <b>polyvinyl alcohol ophth soln</b>	<b>equiv)</b> .....	3
<b>1.4%</b> .....	<b>atomoxetine hcl cap 25 mg (base</b>	
<b>ascorbic acid tab 500 mg</b> .....	<b>equiv)</b> .....	3
<b>asenapine maleate</b>	<b>atomoxetine hcl cap 40 mg (base</b>	
see SAPHRIS SUB 10MG .....	<b>equiv)</b> .....	3
see SAPHRIS SUB 2.5MG .....	<b>atomoxetine hcl cap 60 mg (base</b>	
see SAPHRIS SUB 5MG .....	<b>equiv)</b> .....	3
ASMANEX 120 AER 220MCG .....	<b>atomoxetine hcl cap 80 mg (base</b>	
ASMANEX 14 AER 220MCG .....	<b>equiv)</b> .....	3
ASMANEX 30 AER 110MCG .....	<b>atorvastatin calcium tab 10 mg</b>	
ASMANEX 30 AER 220MCG .....	<b>(base equivalent)</b> .....	57

<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	57	see CAYSTON INH 75MG .....	21
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	57	<b>B</b>	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	57	<i>bacitracin oint 500 unit/gm</i> .....	103
<i>atovaquone susp 750 mg/5ml</i> .....	20	<i>bacitracin ophth oint 500 unit/gm</i> .....	153
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	67	<i>bacitracin zinc oint 500 unit/gm</i> .....	103
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	67	<i>bacitracin-polymyxin b oint</i> .....	103
ATRIPLA TAB .....	83	<i>bacitracin-polymyxin b ophth oint</i> .....	153
ATROPINE SUL SOL 1% OP.....	153	<i>bacitracin-polymyxin-neomycin hc</i> .....	103
ATROVENT HFA AER 17MCG .....	25	see CORTISPORIN OIN 1% .....	103
AUBAGIO TAB 14MG .....	161	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i> .....	154
AUBAGIO TAB 7MG.....	160	<i>baclofen tab 10 mg</i> .....	149
AUGMENTIN SUS 125/5ML .....	159	<i>baclofen tab 20 mg</i> .....	149
<b>auranofin</b>		BALCOLTRA TAB 0.1-20 .....	96
see RIDAURA CAP 3MG .....	7	<b>baloxavir marboxil</b>	
AVANDIA TAB 2MG .....	50	see XOFLUZA TAB 20MG .....	88
AVANDIA TAB 4MG .....	50	see XOFLUZA TAB 40MG .....	88
Avita		<b>balsalazide disodium cap 750 mg</b> .....	118
see <i>tretinoin gel 0.025%</i> .....	103	BANZEL SUS 40MG/ML .....	32
AVONEX KIT 30MCG .....	161	BANZEL TAB 200MG .....	32
AVONEX PEN KIT 30MCG.....	161	BANZEL TAB 400MG .....	32
AVONEX PREFL KIT 30MCG.....	161	BAQSIMI ONE POW 3MG/DOSE .....	45
AZASITE SOL 1% .....	153	BARACLUDGE SOL.....	86
<i>azathioprine tab 50 mg</i> .....	143	BASAGLAR INJ 100UNIT.....	48
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	150	BAXDELA TAB 450MG .....	117
<i>azelastine hcl ophth soln 0.05%</i> .....	155	<b>b-complex w/ c &amp; folic acid cap 1 mg</b> .....	145
<i>azilsartan medoxomil</i>		<b>b-complex w/ c &amp; folic acid tab</b> .....	145
see EDARBI TAB 40MG.....	62	<b>b-complex w/ c &amp; folic acid tab 0.8 mg</b> .....	145
see EDARBI TAB 80MG.....	62	<b>b-complex w/ c &amp; folic acid tab 5 mg</b> .....	145
<b>azithromycin (ophth)</b>		BD U-500 MIS 31GX6MM .....	134
see AZASITE SOL 1%.....	153	BE WELL PAK ROUNDED.....	147
<i>azithromycin for susp 100 mg/5ml</i> .....	133	<b>becaplermin</b>	
<i>azithromycin for susp 200 mg/5ml</i> .....	133	see REGRANEX GEL 0.01%.....	110
<i>azithromycin powd pack for susp 1 gm</i> .....	133	<b>beclomethasone dipropionate hfa</b>	
<i>azithromycin tab 250 mg</i> .....	133	see QVAR REDIIHA AER 80MCG.....	26
<i>azithromycin tab 500 mg</i> .....	133	see QVAR REDIIHAL AER 40MCG .....	26
<i>azithromycin tab 600 mg</i> .....	133	<b>bedaquiline fumarate</b>	
AZOPT SUS 1% OP.....	155	see SIRTURO TAB 100MG.....	68
<b>aztreonam lysine</b>		<b>belatacept</b>	
		see NULOJIX INJ 250MG.....	143
		BELSOMRA TAB 10MG.....	130



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

see *bismuth subsalicylate susp*  
*262 mg/15ml*.....51  
*bismuth subsalicylate chew tab*  
*262 mg* .....51  
*bismuth subsalicylate susp 262*  
*mg/15ml* .....51  
*bismuth subsalicylate susp 525*  
*mg/15ml* .....52  
*bismuth subsalicylate tab 262 mg*  
 .....52  
*bisoprolol & hydrochlorothiazide*  
*tab 10-6.25 mg*.....65  
*bisoprolol & hydrochlorothiazide*  
*tab 2.5-6.25 mg*.....65  
*bisoprolol & hydrochlorothiazide*  
*tab 5-6.25 mg*.....65  
*bisoprolol fumarate tab 10 mg* ...88  
*bisoprolol fumarate tab 5 mg*.....88  
*blood glucose monitoring supplies*  
 see TRUE METRIX KIT AIR ..... 135  
 BOOSTRIX INJ ..... 165  
*bosentan*  
 see TRACLEER TAB 125MG ..... 93  
 see TRACLEER TAB 32MG ..... 93  
 see TRACLEER TAB 62.5MG ..... 93  
*bosentan tab 125 mg* ..... 93  
*bosentan tab 62.5 mg* ..... 93  
 BOTOX INJ 100UNIT ..... 151  
 BOTOX INJ 200UNIT ..... 151  
 Bp Cleansing Wash  
 see *sulfacetamide sodium-sulfur*  
*in urea emulsion 10-4%* ..... 102  
 Bp Gel  
 see *benzoyl peroxide gel 5%* .. 101  
 Bp Wash  
 see *benzoyl peroxide liq 5%* ... 101  
 Bprotected Pedia Poly-vit  
 see *pediatric multiple vitamin w/*  
*c soln 35 mg/ml* ..... 146  
 see *pediatric multiple vitamins*  
*w/ iron drops 10 mg/ml*..... 146  
 Bprotected Pedia Tri-vite  
 see *pediatric vitamins adc drops*  
*750 unit-400 unit-35 mg/ml*146  
 BRAINSTRONG MIS PRENATAL ..... 147  
 BREO ELLIPTA INH 100-25 .....27  
 BREO ELLIPTA INH 200-25 .....27

Briellyn  
 see *norethindrone & ethinyl*  
*estradiol tab 0.4 mg-35 mcg*..97  
 BRILINTA TAB 60MG..... 125  
 BRILINTA TAB 90MG..... 125  
*brimonidine tartrate (topical)*  
 see MIRVASO GEL 0.33% ..... 109  
*brimonidine tartrate ophth soln*  
*0.15%* ..... 153  
*brimonidine tartrate ophth soln*  
*0.2%* ..... 153  
*brimonidine tartrate-timolol*  
*maleate*  
 see COMBIGAN SOL 0.2/0.5% .... 152  
*brinzolamide*  
 see AZOPT SUS 1% OP ..... 155  
*brinzolamide-brimonidine tartrate*  
 see SIMBRINZA SUS 1-0.2% ..... 153  
*bromfenac sodium ophth soln*  
*0.09% (base equiv) (once-daily)*  
 ..... 155  
*bromocriptine mesylate (diabetes)*  
 see CYCLOSET TAB 0.8MG ..... 46  
*bromocriptine mesylate cap 5 mg*  
*(base equivalent)* ..... 74  
*bromocriptine mesylate tab 2.5 mg*  
*(base equivalent)* ..... 74  
*brompheniramine &*  
*pseudoephedrine elixir 1-15*  
*mg/5ml* ..... 100  
 BROTAPP DM LIQ 15-1-5/5..... 100  
 BROVANA NEB 15MCG .....27  
 BRUKINSA CAP 80MG ..... 70  
*budesonide (inhalation)*  
 see PULMICORT INH 180MCG ..... 26  
 see PULMICORT INH 90MCG ..... 26  
*budesonide delayed release*  
*particles cap 3 mg* .....99  
*budesonide inhalation susp 0.25*  
*mg/2ml* ..... 26  
*budesonide inhalation susp 0.5*  
*mg/2ml* ..... 26  
*budesonide nasal susp 32 mcg/act*  
 ..... 150  
*budesonide-formoterol fumarate*  
*dihydrate*  
 see SYMBICORT AER 160-4.5..... 29

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

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

*calcitriol cap 0.5 mcg* ..... 114  
*calcitriol oint 3 mcg/gm* ..... 105  
*calcium & phosphorus w/ vitamin d*  
 see RISACAL-D TAB ..... 141  
 Calcium 500 + D  
 see *calcium carbonate-vitamin d*  
*tab 500 mg-125 unit* ..... 140  
 Calcium 500/d  
 see *calcium carbonate-*  
*cholecalciferol chew tab 500*  
*mg-400 unit* ..... 139  
 Calcium 600  
 see *calcium carbonate tab 600 mg*  
 ..... 139  
 Calcium 600 With Vitamin  
 see *calcium carbonate-vitamin d*  
*chew tab 600 mg-400 unit* ... 140  
 Calcium 600/vitamin D3  
 see *calcium carbonate-*  
*cholecalciferol tab 600 mg-800*  
*unit* ..... 140  
*calcium acetate (phosphate binder)*  
*cap 667 mg (169 mg ca)* ..... 119  
 Calcium Antacid  
 see *calcium carbonate (antacid)*  
*chew tab 500 mg* ..... 19  
*calcium carbonate (antacid) chew*  
*tab 1000 mg* ..... 19  
*calcium carbonate (antacid) chew*  
*tab 400 mg* ..... 19  
*calcium carbonate (antacid) chew*  
*tab 500 mg* ..... 19  
*calcium carbonate (antacid) chew*  
*tab 750 mg* ..... 19  
*calcium carbonate (antacid) susp*  
*1250 mg/5ml* ..... 19  
*calcium carbonate tab 1250 mg*  
*(500 mg elemental ca)* ..... 139  
*calcium carbonate tab 1500 mg*  
*(600 mg elemental ca)* ..... 139  
*calcium carbonate tab 600 mg* .. 139  
*calcium carbonate-cholecalciferol*  
 see CALTRATE 600 CHW 600-800 141  
*calcium carbonate-cholecalciferol*  
*cap 600 mg-500 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*chew tab 500 mg-100 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*chew tab 500 mg-400 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*chew tab 500 mg-600 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*tab 250 mg-125 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*tab 500 mg-125 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*tab 500 mg-200 unit* ..... 139  
*calcium carbonate-cholecalciferol*  
*tab 500 mg-400 unit* ..... 140  
*calcium carbonate-cholecalciferol*  
*tab 500 mg-600 unit* ..... 140  
*calcium carbonate-cholecalciferol*  
*tab 600 mg-200 unit* ..... 140  
*calcium carbonate-cholecalciferol*  
*tab 600 mg-400 unit* ..... 140  
*calcium carbonate-cholecalciferol*  
*tab 600 mg-800 unit* ..... 140  
*calcium carbonate-ergocalciferol*  
 see RA OYS SHL/D TAB 500MG ... 141  
*calcium carbonate-mag hydrox*  
 see MI-ACID CHW ..... 19  
*calcium carbonate-mag hydroxide*  
*chew tab 675-135 mg* ..... 19  
*calcium carbonate-mag hydroxide*  
*susp 400-135 mg/5ml* ..... 19  
*calcium carbonate-vitamin d cap*  
*600 mg-200 unit* ..... 140  
*calcium carbonate-vitamin d chew*  
*tab 600 mg-400 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*250 mg-125 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*500 mg-125 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*500 mg-200 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*500 mg-400 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*600 mg-125 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*600 mg-200 unit* ..... 140  
*calcium carbonate-vitamin d tab*  
*600 mg-400 unit* ..... 140

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

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

see CETROTIDE KIT 0.25MG ..... 113  
 CETROTIDE KIT 0.25MG ..... 113  
**cevimeline hcl cap 30 mg** ..... 145  
 CHANTIX PAK 0.5& 1MG ..... 161  
 CHANTIX TAB 0.5MG ..... 161  
 CHANTIX TAB 1MG ..... 161  
 CHEMET CAP 100MG ..... 52  
 Chewable Vite Childrens  
   see **pediatric multiple vitamin w/  
   c & fa chew tab** ..... 146  
 Chewable Vite With Iron/c  
   see **pediatric multiple vitamins  
   w/ iron chew tab 15 mg** ..... 146  
 Childrens Pain Reliever  
   see **acetaminophen chew tab 80  
   mg** ..... 11  
 Childrens Pepto  
   see **calcium carbonate (antacid)  
   chew tab 400 mg** ..... 19  
 Childrens Silfedrine  
   see **pseudoephedrine hcl liq 15  
   mg/5ml** ..... 151  
**chlorambucil**  
   see LEUKERAN TAB 2MG ..... 68  
**chlordiazepoxide hcl cap 10 mg** ..23  
**chlordiazepoxide hcl cap 25 mg** ..23  
**chlordiazepoxide hcl cap 5 mg** ....23  
**chlorhexidine gluconate liquid 4%**  
   .....83  
**chlorhexidine gluconate soln  
   0.12%** ..... 144  
**chloroquine phosphate tab 250 mg**  
   .....67  
**chloroquine phosphate tab 500 mg**  
   .....67  
**chlorothiazide tab 250 mg**..... 112  
**chlorothiazide tab 500 mg**..... 112  
 Chlorphen Sr  
   see **chlorpheniramine maleate tab  
   er 12 mg** ..... 54  
**chlorpheniramine maleate syrup 2  
   mg/5ml** ..... 54  
**chlorpheniramine maleate tab 4 mg**  
   .....54  
**chlorpheniramine maleate tab er  
   12 mg** ..... 54  
**chlorpromazine hcl tab 10 mg** ..... 81

**chlorpromazine hcl tab 100 mg**... 81  
**chlorpromazine hcl tab 200 mg**... 81  
**chlorpromazine hcl tab 25 mg** ..... 81  
**chlorpromazine hcl tab 50 mg** ..... 81  
**chlorpropamide tab 100 mg** ..... 51  
**chlorpropamide tab 250 mg** ..... 51  
**chlorthalidone tab 25 mg** ..... 112  
**chlorthalidone tab 50 mg** ..... 112  
**chlorzoxazone tab 500 mg** ..... 149  
**cholecalciferol cap 1.25 mg (50000  
   unit)** ..... 173  
**cholecalciferol cap 125 mcg (5000  
   unit)** ..... 173  
**cholecalciferol cap 25 mcg (1000  
   unit)** ..... 173  
**cholecalciferol cap 250 mcg (10000  
   unit)** ..... 173  
**cholecalciferol cap 50 mcg (2000  
   unit)** ..... 173  
**cholecalciferol chew tab 10 mcg  
   (400 unit)** ..... 173  
**cholecalciferol chew tab 25 mcg  
   (1000 unit)** ..... 173  
**cholecalciferol drops 125 mcg/ml  
   (5000 unit/ml)** ..... 173  
**cholecalciferol oral liquid 10  
   mcg/ml (400 unit/ml)** ..... 173  
**cholecalciferol tab 10 mcg (400  
   unit)** ..... 173  
**cholecalciferol tab 125 mcg (5000  
   unit)** ..... 173  
**cholecalciferol tab 25 mcg (1000  
   unit)** ..... 173  
**cholecalciferol tab 50 mcg (2000  
   unit)** ..... 173  
**cholestyramine light powder 4  
   gm/dose** ..... 56  
**cholestyramine powder 4 gm/dose**  
   ..... 56  
**choline fenofibrate cap dr 135 mg  
   (fenofibric acid equiv)** ..... 56  
**choline fenofibrate cap dr 45 mg  
   (fenofibric acid equiv)** ..... 56  
 CHOR GONADOT INJ 10000UNT ..... 113  
 Chromagen  
   see **iron combination cap** ..... 128  
**ciclesonide (nasal)**

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

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



*clomipramine hcl cap 25 mg* ..... 39  
*clomipramine hcl cap 50 mg* ..... 39  
*clomipramine hcl cap 75 mg* ..... 39  
*clonazepam tab 0.5 mg* ..... 32  
*clonazepam tab 1 mg* ..... 32  
*clonazepam tab 2 mg* ..... 32  
*clonidine hcl tab 0.1 mg* ..... 63  
*clonidine hcl tab 0.2 mg* ..... 63  
*clonidine hcl tab 0.3 mg* ..... 63  
*clonidine td patch weekly 0.1 mg/24hr* ..... 63  
*clonidine td patch weekly 0.2 mg/24hr* ..... 63  
*clonidine td patch weekly 0.3 mg/24hr* ..... 63  
*clopidogrel bisulfate tab 75 mg (base equiv)* ..... 125  
*clorazepate dipotassium tab 15 mg* ..... 23  
*clorazepate dipotassium tab 3.75 mg* ..... 23  
*clorazepate dipotassium tab 7.5 mg* ..... 23  
*clotrimazole cream 1%* ..... 103  
*clotrimazole soln 1%* ..... 103  
*clotrimazole troche 10 mg* ..... 144  
*clotrimazole vaginal cream 1%* ..... 171  
*clotrimazole vaginal cream 2%* ..... 171  
*clotrimazole w/ betamethasone cream 1-0.05%* ..... 103  
*clotrimazole w/ betamethasone lotion 1-0.05%* ..... 103  
*clozapine tab 100 mg* ..... 79  
*clozapine tab 200 mg* ..... 79  
*clozapine tab 25 mg* ..... 79  
*clozapine tab 50 mg* ..... 79  
**coagulation factor ix**  
 see ALPHANINE SD INJ 1500UNIT ..... 121  
 see ALPHANINE SD INJ 500UNIT ..... 121  
**coagulation factor ix (recomb) fc fusion protein (rfixfc)**  
 see ALPROLIX INJ 1000UNIT ..... 121  
 see ALPROLIX INJ 2000UNIT ..... 121  
 see ALPROLIX INJ 250UNIT ..... 121  
 see ALPROLIX INJ 3000UNIT ..... 121  
 see ALPROLIX INJ 4000UNIT ..... 122  
 see ALPROLIX INJ 500UNIT ..... 121

**coagulation factor ix (recombinant)**  
 see BENEFIX INJ 1000UNIT ..... 122  
 see BENEFIX INJ 2000UNIT ..... 122  
 see BENEFIX INJ 250UNIT ..... 122  
 see BENEFIX INJ 3000UNIT ..... 122  
 see BENEFIX INJ 500UNIT ..... 122  
 see RIXUBIS INJ 1000UNIT ..... 124  
 see RIXUBIS INJ 2000UNIT ..... 124  
 see RIXUBIS INJ 250 UNIT ..... 124  
 see RIXUBIS INJ 3000UNIT ..... 124  
 see RIXUBIS INJ 500UNIT ..... 124  
**coagulation factor viia (recombinant)**  
 see NOVOSEVEN RT INJ 1MG ..... 123  
 see NOVOSEVEN RT INJ 2MG ..... 123  
 see NOVOSEVEN RT INJ 5MG ..... 123  
 see NOVOSEVEN RT INJ 8MG ..... 123  
 COARTEM TAB 20-120MG ..... 67  
**cobicistat**  
 see TYBOST TAB 150MG ..... 86  
 CODEINE SULF TAB 60MG ..... 12  
**codeine sulfate tab 30 mg** ..... 12  
**colchicine tab 0.6 mg** ..... 120  
**colchicine w/ probenecid tab 0.5-500 mg** ..... 120  
**colesevelam hcl packet for susp 3.75 gm** ..... 56  
**colesevelam hcl tab 625 mg** ..... 56  
**colestipol hcl tab 1 gm** ..... 56  
**collagenase**  
 see SANTYL OIN 250/GM ..... 108  
 COLY-MYCIN S SUS OTIC ..... 156  
 COMBIGAN SOL 0.2/0.5% ..... 152  
 COMBIVENT AER 20-100 ..... 27  
 COMETRIQ KIT 100MG ..... 71  
 COMETRIQ KIT 140MG ..... 71  
 COMETRIQ KIT 60MG ..... 70  
 COMPLERA TAB ..... 83  
 CO-NATAL FA TAB 29-1MG ..... 147  
**condoms - female**  
 see FC2 FEMALE MIS CONDOM.... 134  
**conjugated estrogens-bazedoxifene**  
 see DUAVEE TAB 0.45-20 ..... 115  
**conjugated estrogens-medroxyprogesterone acetate**  
 see PREMPHASE TAB ..... 116

see PREMPRO TAB .....	116	CREON CAP 3000UNIT .....	110
see PREMPRO TAB 0.3-1.5 .....	116	CREON CAP 36000UNT.....	110
see PREMPRO TAB 0.45-1.5 .....	116	CREON CAP 6000UNIT .....	110
see PREMPRO TAB 0.625-5 .....	116	CRESEMBA CAP 186 MG .....	53
<b>continuous blood glucose system</b>		CRIXIVAN CAP 200MG .....	83
<b>receiver</b>		CRIXIVAN CAP 400MG .....	83
see DEXCOM G5 MIS RECEIVER ..	135	<b>crizotinib</b>	
see DEXCOM G6 MIS RECEIVER ..	135	see XALKORI CAP 200MG .....	73
see FREESTYLE MIS READER.....	135	see XALKORI CAP 250MG .....	73
<b>continuous blood glucose system</b>		<b>cromolyn sodium nasal aerosol</b>	
<b>sensor</b>		<b>soln 5.2 mg/act (4%)</b> .....	150
see DEXCOM G6 MIS SENSOR.....	135	<b>cromolyn sodium ophth soln 4%</b>	
see FREESTYLE KIT SENSOR .....	135	.....	155
see G5/G4 MIS SENSOR.....	135	<b>cromolyn sodium soln nebu 20</b>	
<b>continuous blood glucose system</b>		<b>mg/2ml</b> .....	25
<b>transmitter</b>		<b>crotamiton</b>	
see DEXCOM G5 MIS TRANSMIT ..	135	see EURAX CRE 10% .....	109
see DEXCOM G6 MIS TRANSMIT ..	135	CUVITRU INJ 4GM/20ML .....	157
<b>copper (iud)</b>		CUVITRU SOL 10GM/50M .....	157
see PARAGARD IUD T380A .....	98	CUVITRU SOL 1GM/5ML .....	157
CORDRAN 80X3 TAP 4MCG/CM .....	106	Cvs Af Spray Powder	
CORLANOR SOL 5MG/5ML .....	94	see <b>tolnaftate aerosol pow 1%</b>	104
CORLANOR TAB 5MG .....	94	Cvs Allergy Relief Childr	
CORLANOR TAB 7.5MG .....	94	see <b>diphenhydramine hcl liquid</b>	
<b>corn dextrin oral powder</b> .....	131	<b>12.5 mg/5ml</b> .....	54
<b>cortisone acetate tab 25 mg</b> .....	99	Cvs Antacid Supreme	
CORTISPORIN OIN 1%.....	103	see <b>calcium carbonate-mag</b>	
Cortizone-10		<b>hydroxide susp 400-135</b>	
see <b>hydrocortisone gel 1%</b> .....	107	<b>mg/5ml</b> .....	19
Cortizone-10 Plus		Cvs Anti-dandruff	
see <b>hydrocortisone-aloe vera</b>		see <b>selenium sulfide lotion 1%</b>	105
<b>cream 1%</b> .....	108	Cvs Anti-diarrheal	
COSENTYX INJ 150MG/ML .....	105	see <b>loperamide hcl tab 2 mg</b> .....	52
COSENTYX INJ 300DOSE.....	105	Cvs Anti-fungal Powder	
COSENTYX PEN INJ 150MG/ML.....	105	see <b>miconazole nitrate powder</b>	
COSENTYX PEN INJ 300DOSE .....	105	<b>2%</b> .....	104
COUMADIN TAB 10MG .....	30	Cvs B-12	
COUMADIN TAB 1MG .....	29	see <b>cyanocobalamin sl tab 500</b>	
COUMADIN TAB 2.5MG .....	29	<b>mcg</b> .....	126
COUMADIN TAB 2MG .....	30	Cvs Bismuth Maximum Stren	
COUMADIN TAB 3MG .....	30	see <b>bismuth subsalicylate susp</b>	
COUMADIN TAB 4MG .....	30	<b>525 mg/15ml</b> .....	52
COUMADIN TAB 5MG .....	30	Cvs Calcium Citrate + D	
COUMADIN TAB 6MG .....	30	see <b>calcium citrate-vitamin d tab</b>	
COUMADIN TAB 7.5MG .....	30	<b>315 mg-250 unit (elemental ca)</b>	
CREON CAP 12000UNT.....	110	.....	140
CREON CAP 24000UNT.....	110	Cvs Chocolate Laxative Pi	

see <b>sennosides chew tab 15 mg</b> .....	133	Cvs Nasal Decongestant see <b>pseudoephedrine hcl tab 30 mg</b> .....	151
Cvs Cold & Cough Nighttim see <b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> .....	100	Cvs Nasal Decongestant Pe see <b>phenylephrine hcl tab 10 mg</b> .....	151
Cvs Cortisone Maximum Str see <b>hydrocortisone lotion 1%</b> ..	107	Cvs Nasal Spray see <b>oxymetazoline hcl nasal soln 0.05%</b> .....	151
Cvs D3 see <b>cholecalciferol chew tab 25 mcg (1000 unit)</b> .....	173	Cvs Natural Daily Fiber see <b>psyllium powder 48.57%</b> ..	131
Cvs Dry Eye Relief see <b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> ..	152	see <b>psyllium powder 58.6%</b> ....	131
Cvs Easy Fiber see <b>corn dextrin oral powder</b> ..	131	Cvs Natural Tears see <b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> .....	152
Cvs Fish Oil see <b>omega-3 fatty acids cap delayed release 1200 mg</b> .....	151	Cvs Nausea Relief see <b>fructose-dextrose-phosphoric acid oral soln</b> .....	53
Cvs Gas Relief see <b>simethicone cap 125 mg</b> ...	117	Cvs Nicotine Lozenge see <b>nicotine polacrilex lozenge 2 mg</b> .....	162
Cvs Gas Relief Drops Extr see <b>simethicone liquid 40 mg/0.6ml</b> .....	117	Cvs Nicotine Polacrilex see <b>nicotine polacrilex gum 4 mg</b> .....	162
Cvs Gas Relief Extra Stre see <b>simethicone chew tab 125 mg</b> .....	117	Cvs Nicotine Transdermal see <b>nicotine td patch 24hr 21 mg/24hr</b> .....	162
Cvs Gentle Laxative see <b>bisacodyl suppos 10 mg</b> ....	132	Cvs Omeprazole Magnesium see <b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	167
Cvs Glycerin Adult see <b>glycerin suppos 2 gm</b> .....	132	Cvs Oyster Shell Calcium see <b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> .....	139
Cvs Heartburn Relief see <b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> .....	19	Cvs Pain & Fever Children see <b>acetaminophen susp 160 mg/5ml</b> .....	11
Cvs Ibuprofen Infants see <b>ibuprofen susp 40 mg/ml</b> ....	8	Cvs Pinworm Treatment see <b>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</b> .....	20
Cvs Lubricant Eye Drops see <b>carboxymethylcellulose sodium ophth soln 0.5%</b> .....	152	CVS PRENATAL CHW GUMMY .....	147
Cvs Melatonin see <b>melatonin cap 5 mg</b> .....	6	Cvs Saline Nasal Spray see <b>saline nasal spray 0.65%</b> ..	150
Cvs Motion Sickness see <b>dimenhydrinate tab 50 mg</b> ..	53	Cvs Sleep Aid Nighttime	
Cvs Motion Sickness Relie see <b>meclizine hcl chew tab 25 mg</b> .....	53		

see **diphenhydramine hcl (sleep)**  
**tab 25 mg** ..... 129  
 Cvs Smooth Antacid Extra  
 see **calcium carbonate (antacid)**  
**chew tab 750 mg** ..... 19  
 Cvs Sodium Chloride  
 see **sodium chloride hypertonic**  
**ophth oint 5%** ..... 155  
 see **sodium chloride hypertonic**  
**ophth soln 5%** ..... 155  
 Cvs Triple Antibiotic  
 see **neomycin-bacitracin-**  
**polymyxin oint** ..... 103  
 Cvs Vitamin B-12 Tr  
 see **cyanocobalamin tab er 1000**  
**mcg** ..... 126  
 Cvs Vitamin B-2  
 see **riboflavin tab 100 mg** ..... 174  
**cyanocobalamin inj 1000 mcg/ml**  
 ..... 126  
**cyanocobalamin sl tab 1000 mcg**  
 ..... 126  
**cyanocobalamin sl tab 2500 mcg**  
 ..... 126  
**cyanocobalamin sl tab 500 mcg** 126  
**cyanocobalamin tab 100 mcg** .... 126  
**cyanocobalamin tab 1000 mcg** .. 126  
**cyanocobalamin tab 250 mcg** .... 126  
**cyanocobalamin tab 500 mcg** .... 126  
**cyanocobalamin tab er 1000 mcg**  
 ..... 126  
**cyclobenzaprine hcl tab 10 mg** .. 149  
**cyclobenzaprine hcl tab 5 mg** .... 149  
**cyclopentolate hcl ophth soln 1%**  
 ..... 153  
**cyclophosphamide cap 25 mg** ..... 68  
**cyclophosphamide cap 50 mg** ..... 68  
**cycloserine cap 250 mg** ..... 67  
 CYCLOSET TAB 0.8MG ..... 46  
**cyclosporine**  
 see SANDIMMUNE CAP 100MG .... 144  
 see SANDIMMUNE CAP 25MG ..... 144  
**cyclosporine (ophth)**  
 see RESTASIS EMU 0.05% ..... 154  
**cyclosporine cap 100 mg** ..... 143  
**cyclosporine cap 25 mg** ..... 143

**cyclosporine modified (for**  
**microemulsion)**  
 see NEORAL CAP 100MG ..... 143  
 see NEORAL CAP 25MG ..... 143  
**cyclosporine modified cap 100 mg**  
 ..... 143  
**cyclosporine modified cap 25 mg**  
 ..... 143  
**cyclosporine modified cap 50 mg**  
 ..... 143  
**cyclosporine modified oral soln 100**  
**mg/ml** ..... 143  
**cyproheptadine hcl syrup 2**  
**mg/5ml** ..... 55  
**cyproheptadine hcl tab 4 mg** ..... 55  
 CYSTADANE POW ..... 114  
 CYSTAGON CAP 150MG ..... 120  
 CYSTAGON CAP 50MG ..... 120  
 CYSTARAN SOL 0.44% ..... 155  
**cysteamine bitartrate**  
 see CYSTAGON CAP 150MG ..... 120  
 see CYSTAGON CAP 50MG ..... 120  
**cysteamine hcl**  
 see CYSTARAN SOL 0.44% ..... 155  
**D**  
 D 1000  
 see **cholecalciferol cap 25 mcg**  
**(1000 unit)** ..... 173  
 D 5000  
 see **cholecalciferol cap 125 mcg**  
**(5000 unit)** ..... 173  
 D2000 Ultra Strength  
 see **cholecalciferol cap 50 mcg**  
**(2000 unit)** ..... 173  
 D3 Maximum Strength  
 see **cholecalciferol drops 125**  
**mcg/ml (5000 unit/ml)** ..... 173  
**dabigatran etexilate mesylate**  
 see PRADAXA CAP 110MG ..... 31  
 see PRADAXA CAP 150MG ..... 31  
 see PRADAXA CAP 75MG ..... 31  
**dabrafenib mesylate**  
 see TAFINLAR CAP 50MG ..... 73  
 see TAFINLAR CAP 75MG ..... 73  
**daclatasvir dihydrochloride**  
 see DAKLINZA TAB 30MG ..... 87  
 see DAKLINZA TAB 60MG ..... 87

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

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

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

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



see PEDIA-LAX LIQ 50MG ..... 133  
**docusate sodium cap 100 mg** .... 133  
**docusate sodium cap 250 mg** .... 133  
**docusate sodium cap 50 mg** ..... 133  
**docusate sodium liquid 150 mg/15ml** ..... 133  
**docusate sodium syrup 60 mg/15ml** ..... 133  
**docusate sodium tab 100 mg**..... 133  
 DOCUSOL PLUS ENE 20-283 ..... 133  
**dofetilide cap 125 mcg (0.125 mg)** .....25  
**dofetilide cap 250 mcg (0.25 mg)**25  
**dofetilide cap 500 mcg (0.5 mg)** .25  
 Dok  
 see **docusate sodium tab 100 mg** ..... 133  
**dolasetron mesylate**  
 see ANZEMET TAB 100MG ..... 52  
 see ANZEMET TAB 50MG ..... 52  
**dolutegravir sodium**  
 see TIVICAY PD TAB 5MG ..... 86  
 see TIVICAY TAB 10MG ..... 86  
 see TIVICAY TAB 25MG ..... 86  
 see TIVICAY TAB 50MG ..... 86  
**dolutegravir sodium-lamivudine**  
 see DOVATO TAB 50-300MG ..... 84  
**dolutegravir sodium-rilpivirine hcl**  
 see JULUCA TAB 50-25MG ..... 84  
**donepezil hydrochloride orally disintegrating tab 10 mg** ..... 159  
**donepezil hydrochloride orally disintegrating tab 5 mg** ..... 159  
**donepezil hydrochloride tab 10 mg** ..... 159  
**donepezil hydrochloride tab 5 mg** ..... 159  
**doravirine**  
 see PIFELTRO TAB 100MG ..... 85  
**doravirine-lamivudine-tenofovir disoproxil fumarate**  
 see DELSTRIGO TAB ..... 83  
**dornase alfa**  
 see PULMOZYME SOL 1MG/ML..... 162  
**dorzolamide hcl ophth soln 2%** . 155  
**dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml**..... 152

Double Antibiotic  
 see **bacitracin-polymyxin b oint** ..... 103  
 DOVATO TAB 50-300MG ..... 84  
**doxazosin mesylate tab 1 mg**..... 63  
**doxazosin mesylate tab 2 mg**..... 63  
**doxazosin mesylate tab 4 mg**..... 64  
**doxazosin mesylate tab 8 mg**..... 64  
**doxepin hcl (sleep)**  
 see SILENOR TAB 3MG ..... 129  
 see SILENOR TAB 6MG ..... 129  
**doxepin hcl (sleep) tab 3 mg (base equiv)** ..... 129  
**doxepin hcl (sleep) tab 6 mg (base equiv)** ..... 129  
**doxepin hcl cap 10 mg** ..... 40  
**doxepin hcl cap 100 mg** ..... 40  
**doxepin hcl cap 150 mg** ..... 40  
**doxepin hcl cap 25 mg** ..... 40  
**doxepin hcl cap 50 mg** ..... 40  
**doxepin hcl cap 75 mg** ..... 40  
**doxepin hcl conc 10 mg/ml** ..... 40  
**doxercalciferol cap 0.5 mcg**..... 114  
**doxercalciferol cap 1 mcg**..... 114  
**doxercalciferol cap 2.5 mcg**..... 114  
**doxycycline hyclate cap 100 mg** 163  
**doxycycline hyclate cap 50 mg**.. 162  
**doxycycline hyclate tab 100 mg** 163  
**doxycycline hyclate tab 20 mg** .. 163  
**doxycycline monohydrate cap 100 mg** ..... 163  
**doxycycline monohydrate cap 50 mg** ..... 163  
**doxycycline monohydrate tab 100 mg** ..... 163  
**doxycycline monohydrate tab 50 mg** ..... 163  
**doxylamine succinate (sleep) tab 25 mg** ..... 129  
 D-PENAMINE TAB 125MG ..... 143  
 DRITHO-CREME CRE HP 1% ..... 105  
**dronabinol cap 10 mg**..... 53  
**dronabinol cap 2.5 mg**..... 53  
**dronabinol cap 5 mg**..... 53  
**dronedarone hcl**  
 see MULTAQ TAB 400MG ..... 25

<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b> .....	96	EDARBI TAB 80MG .....	62
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b> .....	96	EDURANT TAB 25MG .....	84
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b> .....	96	<b>efavirenz cap 200 mg</b> .....	84
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b> .....	96	<b>efavirenz cap 50 mg</b> .....	84
<b>droxidopa</b>		<b>efavirenz tab 600 mg</b> .....	84
see NORTHERA CAP 100MG .....	172	<b>efavirenz-emtricitabine-tenofovir disoproxil fumarate</b>	
see NORTHERA CAP 200MG .....	172	see ATRIPLA TAB.....	83
see NORTHERA CAP 300MG .....	172	<b>efavirenz-lamivudine-tenofovir disoproxil fumarate</b>	
DRYSOL SOL 20% .....	109	see SYMFI LO TAB .....	85
DUAVEE TAB 0.45-20.....	115	see SYMFI TAB.....	85
<b>dulaglutide</b>		ELAPRASE INJ 6MG/3ML .....	114
see TRULICITY INJ 0.75/0.5.....	47	<b>elbasvir-grazoprevir</b>	
see TRULICITY INJ 1.5/0.5 .....	47	see ZEPATIER TAB 50-100MG .....	87
DULERA AER 100-5MCG .....	28	<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b> .....	137
DULERA AER 200-5MCG .....	28	<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b> .....	137
DULERA AER 50-5MCG.....	27	ELIGARD INJ 22.5MG.....	69
<b>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</b> .....	38	ELIGARD INJ 7.5MG .....	69
<b>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</b> .....	38	<b>eliglustat tartrate</b>	
<b>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</b> .....	38	see CERDELGA CAP 84MG .....	126
<b>dupilumab</b>		ELIQUIS TAB 2.5MG .....	30
see DUPIXENT INJ 200/1.14 .....	25	ELIQUIS TAB 5MG .....	30
see DUPIXENT INJ 300/2ML.....	108	ELLA TAB 30MG .....	98
DUPIXENT INJ 200/1.14.....	25	ELMIRON CAP 100MG .....	120
DUPIXENT INJ 300/2ML .....	108	<b>eltrombopag olamine</b>	
DUREZOL EMU 0.05%.....	154	see PROMACTA TAB 12.5MG .....	127
<b>dutasteride cap 0.5 mg</b> .....	120	see PROMACTA TAB 25MG .....	127
DYRENIUM CAP 100MG .....	112	see PROMACTA TAB 50MG .....	127
DYRENIUM CAP 50MG .....	112	see PROMACTA TAB 75MG .....	127
<b>E</b>		Eluryng	
Ear Drops Earwax Removal		see <b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> 98	
see <b>carbamide peroxide 6.5% otic soln</b> .....	156	<b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
EASY NEB MIS .....	137	see GENVOYA TAB.....	84
<b>echothiophate iodide</b>		<b>elvitegravir-cobicistat-emtricitabine-tenofovir df</b>	
see PHOSPHOLINE SOL 0.125%OP .....	153	see STRIBILD TAB .....	85
<b>econazole nitrate cream 1%</b> .....	103	EMADINE SOL 0.05% OP.....	155
EDARBI TAB 40MG .....	62	EMBEDA CAP 100-4MG .....	12
		EMBEDA CAP 20-0.8MG .....	12
		EMBEDA CAP 30-1.2MG .....	12
		EMBEDA CAP 50-2MG .....	12

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

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

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

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

see AFINITOR TAB 2.5MG.....	70	FANAPT PAK .....	76
see AFINITOR TAB 5MG.....	70	FANAPT TAB 10MG .....	77
see AFINITOR TAB 7.5MG.....	70	FANAPT TAB 12MG .....	77
<b>everolimus (immunosuppressant)</b>		FANAPT TAB 1MG.....	76
see ZORTRESS TAB 0.25MG.....	144	FANAPT TAB 2MG.....	77
see ZORTRESS TAB 0.5MG .....	144	FANAPT TAB 4MG.....	77
see ZORTRESS TAB 0.75MG.....	144	FANAPT TAB 6MG.....	77
see ZORTRESS TAB 1MG .....	144	FANAPT TAB 8MG.....	77
<b>everolimus tab 0.25 mg</b> .....	143	FARXIGA TAB 10MG .....	50
<b>everolimus tab 0.5 mg</b> .....	143	FARXIGA TAB 5MG .....	50
<b>everolimus tab 0.75 mg</b> .....	143	FARYDAK CAP 10MG.....	71
<b>everolimus tab 2.5 mg</b> .....	71	FARYDAK CAP 15MG.....	71
<b>everolimus tab 5 mg</b> .....	71	FARYDAK CAP 20MG.....	71
<b>everolimus tab 7.5 mg</b> .....	71	FC2 FEMALE MIS CONDOM.....	134
<b>evolocumab</b>		<b>fe fumarate w/ b12-vit c-fa-ifc cap</b>	
see REPATHA INJ 140MG/ML.....	59	<b>110-0.015-75-0.5-240 mg</b> .....	128
see REPATHA PUSH INJ 420/3.5 ...	59	FE GLUCONATE TAB 239MG.....	128
see REPATHA SURE INJ 140MG/ML	59	<b>febuxostat</b>	
EVOTAZ TAB 300-150 .....	84	see ULORIC TAB 40MG.....	121
EXELDERM CRE 1% .....	104	see ULORIC TAB 80MG.....	121
EXELDERM SOL 1% .....	104	<b>febuxostat tab 40 mg</b> .....	120
<b>exemestane tab 25 mg</b> .....	69	<b>febuxostat tab 80 mg</b> .....	121
EXTAVIA INJ 0.3MG.....	161	FEIBA INJ.....	122
<b>ezetimibe tab 10 mg</b> .....	59	<b>felbamate susp 600 mg/5ml</b> .....	34
<b>ezetimibe-simvastatin tab 10-10</b>		<b>felbamate tab 400 mg</b> .....	34
<b>mg</b> .....	56	<b>felbamate tab 600 mg</b> .....	34
<b>ezetimibe-simvastatin tab 10-20</b>		<b>felodipine tab er 24hr 10 mg</b> .....	91
<b>mg</b> .....	56	<b>felodipine tab er 24hr 2.5 mg</b> .....	91
<b>ezetimibe-simvastatin tab 10-40</b>		<b>felodipine tab er 24hr 5 mg</b> .....	91
<b>mg</b> .....	56	FEMCAP MIS 22MM.....	134
<b>ezetimibe-simvastatin tab 10-80</b>		FEMCAP MIS 26MM.....	134
<b>mg</b> .....	56	FEMCAP MIS 30MM.....	134
EZFE FORTE CAP .....	147	<b>fenofibrate micronized cap 134 mg</b>	
<b>F</b>		.....	56
Fa-8		<b>fenofibrate micronized cap 200 mg</b>	
see <b>folic acid cap 0.8 mg</b> .....	126	.....	56
FABRAZYME INJ 5MG .....	114	<b>fenofibrate micronized cap 43 mg</b>	
<b>factor ix complex</b>		.....	56
see PROFILNINE INJ 1500UNIT ...	124	<b>fenofibrate micronized cap 67 mg</b>	
FALESSA KIT .....	96	.....	56
<b>famciclovir tab 125 mg</b> .....	87	<b>fenofibrate tab 145 mg</b> .....	56
<b>famciclovir tab 250 mg</b> .....	87	<b>fenofibrate tab 160 mg</b> .....	56
<b>famciclovir tab 500 mg</b> .....	87	<b>fenofibrate tab 48 mg</b> .....	56
<b>famotidine for susp 40 mg/5ml</b> .....	166	<b>fenofibrate tab 54 mg</b> .....	56
<b>famotidine tab 10 mg</b> .....	166	<b>fenofibric acid tab 35 mg</b> .....	57
<b>famotidine tab 20 mg</b> .....	166	<b>fenoprofen calcium tab 600 mg</b> ....	8
<b>famotidine tab 40 mg</b> .....	166		

<b>fentanyl td patch 72hr 100 mcg/hr</b>	13
<b>fentanyl td patch 72hr 12 mcg/hr</b>	12
<b>fentanyl td patch 72hr 25 mcg/hr</b>	13
<b>fentanyl td patch 72hr 50 mcg/hr</b>	13
<b>fentanyl td patch 72hr 75 mcg/hr</b>	13
Ferate	
see <b>ferrous gluconate tab 240 mg (27 mg elemental fe)</b>	128
FERRETTS TAB 325MG	128
FERREX 150 CAP FORTE	128
FERRIPROX TAB 1000MG	52
FERRIPROX TAB 500MG	52
<b>ferrous fumarate</b>	
see FERRETTS TAB 325MG	128
<b>ferrous fumarate tab 324 mg (106 mg elemental fe)</b>	128
FERROUS GLUC TAB 324MG	128
<b>ferrous gluconate tab 240 mg (27 mg elemental fe)</b>	128
<b>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</b>	128
FERROUS SUL LIQ 220/5ML	128
FERROUS SULF TAB 324MG EC	128
<b>ferrous sulfate</b>	
see SLOW FE TAB 45MG	129
<b>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</b>	128
<b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b>	128
<b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b>	128
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>	128
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>	128
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b>	128
<b>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</b>	128
<b>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</b>	128
<b>ferrous sulfate tab er 47.5 mg (elemental fe)</b>	128
<b>ferrous sulfate tab er 50 mg (elemental fe)</b>	128
<b>fesoterodine fumarate</b>	
see TOVIAZ TAB 4MG	169
see TOVIAZ TAB 8MG	169
FETZIMA CAP 120MG	38
FETZIMA CAP 20MG	38
FETZIMA CAP 40MG	38
FETZIMA CAP 80MG	38
FETZIMA CAP TITRATIO	38
FEVERALL INF SUP 80MG	12
FEVERALL SUP 325MG	12
<b>fexofenadine hcl tab 180 mg</b>	55
<b>fexofenadine hcl tab 60 mg</b>	55
FIASP FLEX INJ TOUCH	48
FIASP INJ 100/ML	48
FIASP PENFIL INJ U-100	48
Fiber Laxative	
see <b>psyllium cap 0.52 gm</b>	131
<b>fidaxomicin</b>	
see DIFICID TAB 200MG	134
<b>filgrastim</b>	
see NEUPOGEN INJ 300/0.5	127
see NEUPOGEN INJ 300MCG	127
see NEUPOGEN INJ 480/0.8	127
see NEUPOGEN INJ 480MCG	127
<b>filgrastim-aafi</b>	
see NIVESTYM INJ 300/0.5	127
see NIVESTYM INJ 300MCG	127
see NIVESTYM INJ 480/0.8	127
see NIVESTYM INJ 480MCG	127
<b>filgrastim-sndz</b>	
see ZARXIO INJ 300/0.5	127
see ZARXIO INJ 480/0.8	127
<b>finasteride tab 5 mg</b>	120
<b>fingolimod hcl</b>	
see GILENYA CAP 0.5MG	161
FIRAZYR INJ 30MG/3ML	125
FIRMAGON INJ 80MG	69
FIRST-OMEPRASUS 2MG/ML	167
FIRVANQ SOL 25MG/ML	20
FIRVANQ SOL 50MG/ML	20
<b>flavoxate hcl tab 100 mg</b>	170
FLEBOGAMMA INJ DIF 5%	157
<b>flecainide acetate tab 100 mg</b>	24

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



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

<b><i>ganciclovir ophthalmic</i></b>	
see ZIRGAN GEL 0.15% .....	154
<b><i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i></b>	113
Gas Relief	
see <b><i>simethicone susp 40 mg/0.6ml</i></b> .....	117
<b><i>gatifloxacin ophth soln 0.5%</i></b> ....	153
<b><i>gemfibrozil tab 600 mg</i></b> .....	57
Gentak	
see <b><i>gentamicin sulfate ophth oint 0.3%</i></b> .....	153
<b><i>gentamicin sulfate cream 0.1%</i></b> .	103
<b><i>gentamicin sulfate oint 0.1%</i></b> ....	103
<b><i>gentamicin sulfate ophth oint 0.3%</i></b> .....	153
<b><i>gentamicin sulfate ophth soln 0.3%</i></b> .....	153
Genteal Tears Night-time	
see <b><i>white petrolatum-mineral oil ophth ointment</i></b> .....	152
GENVOYA TAB .....	84
GILENYA CAP 0.5MG .....	161
GILOTRIF TAB 20MG .....	71
GILOTRIF TAB 30MG .....	71
GILOTRIF TAB 40MG .....	71
GLASSIA INJ.....	162
<b><i>glatiramer acetate soln prefilled syringe 20 mg/ml</i></b> .....	161
<b><i>glatiramer acetate soln prefilled syringe 40 mg/ml</i></b> .....	161
Glatopa	
see <b><i>glatiramer acetate soln prefilled syringe 20 mg/ml</i></b> ..	161
GLEOSTINE CAP 100MG .....	68
GLEOSTINE CAP 10MG .....	68
GLEOSTINE CAP 40MG .....	68
<b><i>glimepiride tab 1 mg</i></b> .....	51
<b><i>glimepiride tab 2 mg</i></b> .....	51
<b><i>glimepiride tab 4 mg</i></b> .....	51
<b><i>glipizide tab 10 mg</i></b> .....	51
<b><i>glipizide tab 5 mg</i></b> .....	51
<b><i>glipizide tab er 24hr 10 mg</i></b> .....	51
<b><i>glipizide tab er 24hr 2.5 mg</i></b> .....	51
<b><i>glipizide tab er 24hr 5 mg</i></b> .....	51
<b><i>glipizide-metformin hcl tab 2.5-250 mg</i></b> .....	42
<b><i>glipizide-metformin hcl tab 2.5-500 mg</i></b> .....	42
<b><i>glipizide-metformin hcl tab 5-500 mg</i></b> .....	42
GLUCAGEN INJ HYPOKIT .....	45
<b><i>glucagon</i></b>	
see BAQSIMI ONE POW 3MG/DOSE45	
<b><i>glucagon (rdna)</i></b>	
see GLUCAGON KIT 1MG .....	45
<b><i>glucagon hcl (rdna)</i></b>	
see GLUCAGEN INJ HYPOKIT.....	45
GLUCAGON KIT 1MG .....	45
<b><i>glucose blood</i></b>	
see TRUE METRIX TES GLUCOSE .	110
<b><i>glucose-vitamin c</i></b>	
see TGT GLUCOSE CHW GRAPE ....	45
<b><i>glyburide micronized tab 1.5 mg</i></b> .	51
<b><i>glyburide micronized tab 3 mg</i></b> ....	51
<b><i>glyburide micronized tab 6 mg</i></b> ....	51
<b><i>glyburide tab 1.25 mg</i></b> .....	51
<b><i>glyburide tab 2.5 mg</i></b> .....	51
<b><i>glyburide tab 5 mg</i></b> .....	51
<b><i>glyburide-metformin tab 1.25-250 mg</i></b> .....	42
<b><i>glyburide-metformin tab 2.5-500 mg</i></b> .....	42
<b><i>glyburide-metformin tab 5-500 mg</i></b> .....	42
<b><i>glycerin suppos 1.2 gm</i></b> .....	132
<b><i>glycerin suppos 2 gm</i></b> .....	132
<b><i>glycerin suppos 2.1 gm</i></b> .....	132
<b><i>glycerin suppos 80.7%</i></b> .....	132
<b><i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i></b> .....	152
<b><i>glycopyrrolate tab 1 mg</i></b> .....	165
<b><i>glycopyrrolate tab 2 mg</i></b> .....	165
<b><i>glycopyrrolate-formoterol fumarate</i></b>	
see BEVESPI AER 9-4.8MCG .....	27
Gnp Allergy Relief	
see <b><i>diphenhydramine hcl chew tab 12.5 mg</i></b> .....	54
Gnp Antacid Ultra Strengt	
see <b><i>calcium carbonate (antacid) chew tab 1000 mg</i></b> .....	19
Gnp Anti-diarrheal	
see <b><i>loperamide hcl cap 2 mg</i></b> .....	52
Gnp Artificial Tears	

see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** ..... 152

Gnp Calcium 500 +d3  
see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** ..... 140

Gnp Calcium 500/d  
see **calcium carbonate-vitamin d tab 500 mg-200 unit** ..... 140

Gnp Clotrimazole 3  
see **clotrimazole vaginal cream 2%** ..... 171

Gnp Dayhist Allergy  
see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** ..... 54

Gnp Fiber Therapy  
see **methylcellulose tab 500 mg** ..... 131

GNP GLUCOSE CHW ORANGE ..... 45

Gnp Glycerin Adult  
see **glycerin suppos 2.1 gm** ..... 132

Gnp Glycerin Child  
see **glycerin suppos 1.2 gm** ..... 132

Gnp Lidocaine Pain Relief  
see **lidocaine patch 4%** ..... 109

Gnp Loratadine  
see **loratadine syrup 5 mg/5ml** ..... 55

Gnp Magnesium  
see **magnesium oxide tab 250 mg** ..... 19

Gnp Magnesium Citrate  
see **magnesium citrate soln** ..... 132

Gnp Miconazole 3  
see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit** ..... 172

Gnp Mucus Er  
see **guaifenesin tab er 12hr 600 mg** ..... 101

Gnp Natural Fiber  
see **psyllium powder 28.3%** ..... 131

Gnp Pink Bismuth  
see **bismuth subsalicylate chew tab 262 mg** ..... 51

**golimumab**  
see SIMPONI INJ 100MG/ML ..... 7

see SIMPONI INJ 50/0.5ML ..... 7

GOLYTELY SOL ..... 131

Goodsense Nasal Allergy S  
see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** ..... 150

**goserelin acetate**  
see ZOLADEX IMP 10.8MG ..... 70  
see ZOLADEX IMP 3.6MG ..... 70

**granisetron hcl tab 1 mg** ..... 52

**griseofulvin microsize susp 125 mg/5ml** ..... 53

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

**guaifenesin liquid 100 mg/5ml** ..... 101

**guaifenesin syrup 100 mg/5ml** ..... 101

**guaifenesin tab 200 mg** ..... 101

**guaifenesin tab 400 mg** ..... 101

**guaifenesin tab er 12hr 600 mg** ..... 101

**guaifenesin-codeine soln 100-10 mg/5ml** ..... 100

**guanfacine hcl tab 1 mg** ..... 64

**guanfacine hcl tab 2 mg** ..... 64

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

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

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

**guanfacine hcl tab er 24hr 4 mg (base equiv)** ..... 3

GUANIDINE TAB 125MG ..... 67

GYNAZOLE-1 CRE 2% ..... 171

GYNOL II GEL 3% ..... 171

H

**halcinonide**  
see HALOG CRE 0.1% ..... 107  
see HALOG OIN 0.1% ..... 107

**halcinonide cream 0.1%** ..... 107

**halobetasol propionate cream 0.05%** ..... 107

**halobetasol propionate oint 0.05%** ..... 107

HALOG CRE 0.1% ..... 107

HALOG OIN 0.1% ..... 107

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

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

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

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

**influenza virus vaccine tissue-  
 cultured subunit quadrivalent**  
 see FLUCLVX QUAD INJ 2019-20. 170  
**ingenol mebutate**  
 see PICATO GEL 0.015%..... 105  
 see PICATO GEL 0.05%..... 105  
**inositol niacinate cap 500 mg**..... 92  
 INSPIRACHAMB MIS LARGE..... 137  
**insulin aspart**  
 see NOVOLOG INJ 100/ML..... 49  
 see NOVOLOG INJ FLEXPEN..... 49  
 see NOVOLOG INJ PENFILL..... 49  
**insulin aspart (with niacinamide)**  
 see FIASP FLEX INJ TOUCH..... 48  
 see FIASP INJ 100/ML..... 48  
 see FIASP PENFIL INJ U-100..... 48  
**insulin aspart protamine & aspart  
 (human)**  
 see NOVOLOG MIX INJ 70/30..... 49  
 see NOVOLOG MIX INJ FLEXPEN... 49  
**insulin degludec**  
 see TRESIBA FLEX INJ 100UNIT ... 50  
 see TRESIBA FLEX INJ 200UNIT ... 50  
 see TRESIBA INJ 100UNIT..... 50  
**insulin detemir**  
 see LEVEMIR INJ..... 49  
 see LEVEMIR INJ FLEXTOU... 49  
**insulin glargine**  
 see BASAGLAR INJ 100UNIT..... 48  
**insulin glulisine**  
 see APIDRA INJ SOLOSTAR..... 47  
 see APIDRA INJ U-100..... 47  
 INSULIN LISP INJ 100/ML..... 49  
**insulin lispro**  
 see ADMELOG INJ 100U/ML..... 47  
 see ADMELOG SOLO INJ 100U/ML . 47  
 see HUMALOG INJ 100/ML..... 48  
 see HUMALOG JR INJ 100/ML..... 48  
 see HUMALOG KWIK INJ 100/ML... 48  
**insulin lispro protamine & lispro**  
 see HUMALOG MIX INJ 50/50..... 48  
 see HUMALOG MIX INJ 50/50KWP . 48  
 see HUMALOG MIX INJ 75/25KWP . 48  
 see HUMALOG MIX SUS 75/25..... 48  
**insulin nph (human) (isophane)**  
 see HUMULIN N INJ U-100..... 49  
 see HUMULIN N INJ U-100KWP..... 49

see NOVOLIN N INJ U-100 .....49

**insulin nph isophane & reg (human)**

see HUMULIN INJ 70/30 .....48

see HUMULIN INJ 70/30KWP .....49

see NOVOLIN INJ 70/30 .....49

see NOVOLIN INJ 70/30 FP .....49

**insulin pen needle**

see PEN NEEDLES MIS 29GX10MM  
..... 136

see PEN NEEDLES MIS 29GX12.7 136

see PEN NEEDLES MIS 29GX12MM  
..... 136

see PEN NEEDLES MIS 31GX5MM 136

see PEN NEEDLES MIS 31GX6MM 136

see PEN NEEDLES MIS 31GX8MM 136

see PEN NEEDLES MIS 32GX4MM 136

see PEN NEEDLES MIS 32GX6MM 136

see PEN NEEDLES MIS 32GX8MM 137

**insulin regular (human)**

see AFREZZA POW 12 UNIT .....47

see AFREZZA POW 4-8 UNIT .....47

see AFREZZA POW 4-8-12 .....47

see AFREZZA POW 4UNIT .....47

see AFREZZA POW 8 UNIT .....47

see AFREZZA POW 8-12UNIT .....47

see HUMULIN R INJ U-100 .....49

see HUMULIN R INJ U-500 .....49

see NOVOLIN R INJ U-100 .....49

INSULIN SYRG MIS 0.3/29G ..... 135

INSULIN SYRG MIS 0.3/30G ..... 135

INSULIN SYRG MIS 0.3/31G ..... 135

INSULIN SYRG MIS 0.5/28G ..... 135

INSULIN SYRG MIS 0.5/29G ..... 135

INSULIN SYRG MIS 0.5/30G ...135, 136

INSULIN SYRG MIS 0.5/31G ..... 136

INSULIN SYRG MIS 1ML/28G ..... 136

INSULIN SYRG MIS 1ML/29G ..... 136

INSULIN SYRG MIS 1ML/30G ..... 136

INSULIN SYRG MIS 1ML/31G ..... 136

**insulin syringe/needle u-100**

see INSULIN SYRG MIS 0.3/29G.. 135

see INSULIN SYRG MIS 0.3/30G.. 135

see INSULIN SYRG MIS 0.3/31G.. 135

see INSULIN SYRG MIS 0.5/28G.. 135

see INSULIN SYRG MIS 0.5/29G.. 135

see INSULIN SYRG MIS 0.5/30G 135, 136

see INSULIN SYRG MIS 0.5/31G . 136

see INSULIN SYRG MIS 1ML/28G 136

see INSULIN SYRG MIS 1ML/29G 136

see INSULIN SYRG MIS 1ML/30G 136

see INSULIN SYRG MIS 1ML/31G 136

**insulin syringe/needle u-500**

see BD U-500 MIS 31GX6MM ..... 134

INTELENCE TAB 100MG .....84

INTELENCE TAB 200MG .....84

INTELENCE TAB 25MG .....84

**interferon alfa-2b**

see INTRON A INJ 10MU.....73

see INTRON A INJ 18MU.....73

see INTRON A INJ 25MU.....73

see INTRON A INJ 50MU.....73

**interferon beta-1a**

see AVONEX KIT 30MCG..... 161

see AVONEX PEN KIT 30MCG ..... 161

see AVONEX PREFL KIT 30MCG ... 161

**interferon beta-1b**

see EXTAVIA INJ 0.3MG ..... 161

**interferon gamma-1b**

see ACTIMMUNE INJ 2MU/0.5 ..... 73

INTRON A INJ 10MU .....73

INTRON A INJ 18MU .....73

INTRON A INJ 25MU .....73

INTRON A INJ 50MU .....73

INVEGA SUST INJ 117/0.75.....77

INVEGA SUST INJ 156MG/ML.....77

INVEGA SUST INJ 234/1.5 .....77

INVEGA SUST INJ 39/0.25 .....77

INVEGA SUST INJ 78/0.5ML .....77

INVEGA TRINZ INJ 273MG.....77

INVEGA TRINZ INJ 410MG.....77

INVEGA TRINZ INJ 546MG.....77

INVEGA TRINZ INJ 819MG.....77

INVIRASE TAB 500MG .....84

**ipratropium bromide hfa**

see ATROVENT HFA AER 17MCG...25

**ipratropium bromide inhal soln 0.02%** .....25

**ipratropium bromide nasal soln 0.03% (21 mcg/spray)** ..... 150

**ipratropium bromide nasal soln 0.06% (42 mcg/spray)** ..... 150



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

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

**K**

KALETRA TAB 100-25MG ..... 84  
 KALETRA TAB 200-50MG ..... 84  
 KALYDECO PAK 25MG ..... 162  
 KALYDECO PAK 50MG ..... 162  
 KALYDECO PAK 75MG ..... 162  
 KALYDECO TAB 150MG ..... 162  
 Kelnor 1/50

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

KEPIVANCE INJ 6.25MG ..... 73  
**ketoconazole cream 2%** ..... 104  
**ketoconazole shampoo 2%** ..... 104  
**ketoconazole tab 200 mg** ..... 54  
**ketorolac tromethamine ophth soln 0.4%** ..... 155  
**ketorolac tromethamine ophth soln 0.5%** ..... 155  
**ketorolac tromethamine tab 10 mg** ..... 9

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

KEVZARA INJ 150/1.14 ..... 8  
 KEVZARA INJ 200/1.14 ..... 8  
 KINERET INJ ..... 7  
 KISQALI 200 PAK FEMARA ..... 70  
 KISQALI 400 PAK FEMARA ..... 70  
 KISQALI 600 PAK FEMARA ..... 70  
 KISQALI TAB 200DOSE ..... 72  
 KISQALI TAB 400DOSE ..... 72  
 KISQALI TAB 600DOSE ..... 72

Klor-con/ef

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

KOATE-DVI INJ 1000UNIT ..... 122  
 KOATE-DVI INJ 250UNIT ..... 122  
 KOATE-DVI INJ 500UNIT ..... 122  
 KOGENATE FS INJ 1000UNIT ..... 123  
 KOGENATE FS INJ 2000UNIT ..... 123  
 KOGENATE FS INJ 250UNIT ..... 122  
 KOGENATE FS INJ 3000UNIT ..... 123

Konsyl

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

KONSYL DAILY POW 28.3% ..... 131  
 KONSYL-D POW 52.3% ..... 131  
 KOVALTRY INJ 1000UNIT ..... 123  
 KOVALTRY INJ 2000UNIT ..... 123  
 KOVALTRY INJ 250UNIT ..... 123  
 KOVALTRY INJ 3000UNIT ..... 123  
 KOVALTRY INJ 500UNIT ..... 123

Kp Vitamin D

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

KPN PRENATAL TAB ..... 147  
 KUVAN TAB 100MG ..... 114  
 KYLEENA IUD 19.5MG ..... 98

**L**

**labetalol hcl tab 100 mg** ..... 88  
**labetalol hcl tab 200 mg** ..... 88  
**labetalol hcl tab 300 mg** ..... 88

**lacosamide**

see VIMPAT SOL 10MG/ML ..... 34  
 see VIMPAT TAB 100MG ..... 34  
 see VIMPAT TAB 150MG ..... 34  
 see VIMPAT TAB 200MG ..... 34  
 see VIMPAT TAB 50MG ..... 34

LACRISERT MIS 5MG OP ..... 152

**lactic acid (ammonium lactate)**

**cream 12%** ..... 108

**lactic acid (ammonium lactate)**

**lotion 12%** ..... 108

**lactulose (encephalopathy)**

**solution 10 gm/15ml** ..... 118

**lactulose solution 10 gm/15ml** . 132

**lamivudine (hbv)**

see EPIVIR HBV SOL 5MG/ML ..... 87

**lamivudine oral soln 10 mg/ml** ... 84

**lamivudine tab 100 mg (hbv)** ..... 87

**lamivudine tab 150 mg** ..... 84

**lamivudine tab 300 mg** ..... 85

**lamivudine-tenofovir disoproxil fumarate**

see CIMDUO TAB 300-300 ..... 83

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

**lamotrigine tab 100 mg** ..... 33

**lamotrigine tab 150 mg** ..... 33

**lamotrigine tab 200 mg** ..... 33

**lamotrigine tab 25 mg** ..... 33

<b>lamotrigine tab chewable dispersible 25 mg</b> .....	33	see REVLIMID CAP 15MG.....	143
<b>lamotrigine tab chewable dispersible 5 mg</b> .....	33	see REVLIMID CAP 2.5MG.....	143
Lanacort 10		see REVLIMID CAP 20MG.....	143
see <b>hydrocortisone acetate cream 1%</b> .....	107	see REVLIMID CAP 25MG.....	143
<b>lanadelumab-flyo</b>		see REVLIMID CAP 5MG .....	143
see TAKHZYRO INJ 300/2ML .....	125	<b>lenvatinib mesylate</b>	
LANCETS MIS 30G.....	135	see LENVIMA CAP 10 MG.....	72
Land Before Time Multivit		see LENVIMA CAP 12MG .....	72
see <b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> .....	146	see LENVIMA CAP 14 MG.....	72
LANOXIN TAB 0.125MG .....	92	see LENVIMA CAP 18 MG.....	72
LANOXIN TAB 0.25MG .....	92	see LENVIMA CAP 20 MG.....	72
<b>lansoprazole cap delayed release 15 mg</b> .....	167	see LENVIMA CAP 24 MG.....	72
<b>lansoprazole cap delayed release 30 mg</b> .....	167	see LENVIMA CAP 4MG.....	72
<b>lanthanum carbonate chew tab 1000 mg (elemental)</b> .....	119	see LENVIMA CAP 8 MG.....	72
<b>lanthanum carbonate chew tab 500 mg (elemental)</b> .....	119	LENVIMA CAP 10 MG .....	72
<b>lanthanum carbonate chew tab 750 mg (elemental)</b> .....	119	LENVIMA CAP 12MG .....	72
<b>lapatinib ditosylate</b>		LENVIMA CAP 14 MG .....	72
see TYKERB TAB 250MG .....	73	LENVIMA CAP 18 MG .....	72
Larin 24 Fe		LENVIMA CAP 20 MG .....	72
see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	97	LENVIMA CAP 24 MG .....	72
LASTACFT SOL 0.25%.....	155	LENVIMA CAP 4MG .....	72
<b>latanoprost ophth soln 0.005%</b> .....	155	LENVIMA CAP 8 MG .....	72
LATUDA TAB 120MG .....	76	LETAIRIS TAB 10MG.....	93
LATUDA TAB 20MG .....	76	LETAIRIS TAB 5MG.....	93
LATUDA TAB 40MG .....	76	<b>letrozole tab 2.5 mg</b> .....	69
LATUDA TAB 60MG .....	76	<b>leucovorin calcium tab 10 mg</b> .....	74
LATUDA TAB 80MG .....	76	<b>leucovorin calcium tab 15 mg</b> .....	74
LEDIP-SOFOSB TAB 90-400MG .....	87	<b>leucovorin calcium tab 25 mg</b> .....	74
Leena		<b>leucovorin calcium tab 5 mg</b> .....	73
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	97	LEUKERAN TAB 2MG.....	68
<b>leflunomide tab 10 mg</b> .....	10	LEUKINE INJ 250MCG .....	127
<b>leflunomide tab 20 mg</b> .....	10	<b>leuprolide acetate</b>	
<b>lenalidomide</b>		see ELIGARD INJ 7.5MG .....	69
see REVLIMID CAP 10MG.....	143	see LUPRON DEPOT INJ 3.75MG....	69
		see LUPRON DEPOT INJ 7.5MG.....	69
		<b>leuprolide acetate &amp; norethindrone acetate</b>	
		see LUPANETA KIT 11.25-5.....	114
		see LUPANETA KIT 3.75-5 .....	114
		<b>leuprolide acetate (3 month)</b>	
		see ELIGARD INJ 22.5MG .....	69
		see LUPRON DEPOT INJ 11.25MG ..	69
		see LUPRON DEPOT INJ 22.5MG....	69
		<b>leuprolide acetate (cpp)</b>	
		see LUPR DEP-PED INJ 11.25MG .	114
		see LUPR DEP-PED INJ 15MG .....	114
		see LUPR DEP-PED INJ 7.5MG .....	114

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

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

see VYVANSE CAP 10MG .....	2	see <i>estradiol &amp; norethindrone</i>	
see VYVANSE CAP 20MG .....	2	<i>acetate tab 1-0.5 mg</i> .....	115
see VYVANSE CAP 30MG .....	2	<i>loratadine &amp; pseudoephedrine tab</i>	
see VYVANSE CAP 40MG .....	2	<i>er 12hr 5-120 mg</i> .....	100
see VYVANSE CAP 50MG .....	2	<i>loratadine &amp; pseudoephedrine tab</i>	
see VYVANSE CAP 60MG .....	2	<i>er 24hr 10-240 mg</i> .....	100
see VYVANSE CAP 70MG .....	2	<i>loratadine rapidly-disintegrating</i>	
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<i>tab 10 mg</i> .....	55
<b>10-12.5 mg</b> .....	65	<i>loratadine syrup 5 mg/5ml</i> .....	55
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<i>loratadine tab 10 mg</i> .....	55
<b>20-12.5 mg</b> .....	66	Loratadine-d 12hr	
<b>lisinopril &amp; hydrochlorothiazide tab</b>		see <i>loratadine &amp; pseudoephedrine</i>	
<b>20-25 mg</b> .....	66	<i>tab er 12hr 5-120 mg</i> .....	100
<b>lisinopril tab 10 mg</b> .....	60	Loratadine-d 24hr	
<b>lisinopril tab 2.5 mg</b> .....	60	see <i>loratadine &amp; pseudoephedrine</i>	
<b>lisinopril tab 20 mg</b> .....	60	<i>tab er 24hr 10-240 mg</i> .....	100
<b>lisinopril tab 30 mg</b> .....	60	<i>lorazepam conc 2 mg/ml</i> .....	24
<b>lisinopril tab 40 mg</b> .....	60	<i>lorazepam tab 0.5 mg</i> .....	24
<b>lisinopril tab 5 mg</b> .....	60	<i>lorazepam tab 1 mg</i> .....	24
<b>lithium carbonate cap 150 mg</b> .....	76	<i>lorazepam tab 2 mg</i> .....	24
<b>lithium carbonate cap 300 mg</b> .....	76	<i>losartan potassium &amp;</i>	
<b>lithium carbonate cap 600 mg</b> .....	76	<i>hydrochlorothiazide tab 100-12.5</i>	
<b>lithium carbonate tab 300 mg</b> .....	76	<i>mg</i> .....	66
<b>lithium carbonate tab er 300 mg</b> .....	76	<i>losartan potassium &amp;</i>	
<b>lithium carbonate tab er 450 mg</b> .....	76	<i>hydrochlorothiazide tab 100-25</i>	
LITHIUM SOL 8MEQ/5ML .....	76	<i>mg</i> .....	66
LO LOESTRIN TAB 1-10-10 .....	97	<i>losartan potassium &amp;</i>	
<b>lodoxamide tromethamine</b>		<i>hydrochlorothiazide tab 50-12.5</i>	
see ALOMIDE SOL 0.1% OP .....	154	<i>mg</i> .....	66
<b>lomustine</b>		<i>losartan potassium tab 100 mg</i> .....	62
see GLEOSTINE CAP 100MG .....	68	<i>losartan potassium tab 25 mg</i> .....	62
see GLEOSTINE CAP 10MG .....	68	<i>losartan potassium tab 50 mg</i> .....	62
see GLEOSTINE CAP 40MG .....	68	LOTEMAX GEL 0.5% .....	154
LONSURF TAB 15-6.14 .....	70	LOTEMAX OIN 0.5% .....	154
LONSURF TAB 20-8.19 .....	70	LOTEMAX SUS 0.5% .....	154
<b>loperamide hcl cap 2 mg</b> .....	52	<b>loteprednol etabonate</b>	
<b>loperamide hcl liq 1 mg/5ml (0.2</b>		see ALREX SUS 0.2% .....	154
<b>mg/ml)</b> .....	52	see LOTEMAX GEL 0.5% .....	154
<b>loperamide hcl liq 1 mg/7.5ml</b> .....	52	see LOTEMAX OIN 0.5% .....	154
<b>loperamide hcl tab 2 mg</b> .....	52	see LOTEMAX SUS 0.5% .....	154
<b>lopinavir-ritonavir</b>		<b>loteprednol etabonate ophth susp</b>	
see KALETRA TAB 100-25MG .....	84	<b>0.5%</b> .....	154
see KALETRA TAB 200-50MG .....	84	Lotrimin Af Deodorant Pow	
<b>lopinavir-ritonavir soln 400-100</b>		see <i>miconazole nitrate aerosol</i>	
<b>mg/5ml (80-20 mg/ml)</b> .....	85	<i>pow 2%</i> .....	104
Lopreeza		<i>lovastatin tab 10 mg</i> .....	57
		<i>lovastatin tab 20 mg</i> .....	58

**lovastatin tab 40 mg** .....58  
 Low-ogestrel  
   see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**.....98  
**loxapine succinate cap 10 mg**.....79  
**loxapine succinate cap 25 mg**.....79  
**loxapine succinate cap 5 mg** .....79  
**loxapine succinate cap 50 mg**.....79  
**lubiprostone**  
   see AMITIZA CAP 24MCG..... 117  
   see AMITIZA CAP 8MCG ..... 117  
 Lubricant Eye Drops  
   see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 152  
**luliconazole cream 1%** ..... 104  
 LUMIGAN SOL 0.01%..... 155  
 LUPANETA KIT 11.25-5 ..... 114  
 LUPANETA KIT 3.75-5 ..... 114  
 LUPR DEP-PED INJ 11.25MG ..... 114  
 LUPR DEP-PED INJ 15MG..... 114  
 LUPR DEP-PED INJ 3M 30MG ..... 114  
 LUPR DEP-PED INJ 7.5MG..... 114  
 LUPRON DEPOT INJ 11.25MG.....69  
 LUPRON DEPOT INJ 22.5MG .....69  
 LUPRON DEPOT INJ 3.75MG .....69  
 LUPRON DEPOT INJ 7.5MG .....69  
**lurasidone hcl**  
   see LATUDA TAB 120MG.....76  
   see LATUDA TAB 20MG .....76  
   see LATUDA TAB 40MG .....76  
   see LATUDA TAB 60MG .....76  
   see LATUDA TAB 80MG .....76  
 LYRICA CAP 100MG .....33  
 LYRICA CAP 150MG .....33  
 LYRICA CAP 200MG .....33  
 LYRICA CAP 225MG .....33  
 LYRICA CAP 25MG .....33  
 LYRICA CAP 300MG .....33  
 LYRICA CAP 50MG .....33  
 LYRICA CAP 75MG .....33  
 LYSODREN TAB 500MG .....69

**M**

**macitentan**  
   see OPSUMIT TAB 10MG.....93  
**mafenide acetate**  
   see SULFAMYLON CRE 85MG/GM. 106

**mafenide acetate packet for topical soln 5% (50 gm)** ..... 106  
 MAG64 TAB 64MG ..... 141  
 Magdelay  
   see **magnesium chloride tab dr 64 mg (elemental mg)**..... 142  
 MAGDELAY TAB 70MG..... 141  
 Mag-g  
   see **magnesium gluconate tab 500 mg (27 mg elemental mg)** ... 142  
**magnesium chloride**  
   see MAG64 TAB 64MG..... 141  
   see MAGDELAY TAB 70MG ..... 141  
**magnesium chloride tab dr 64 mg (elemental mg)** ..... 142  
**magnesium citrate soln**..... 132  
**magnesium gluconate tab 27.5 mg (elemental mg)** ..... 142  
**magnesium gluconate tab 500 mg (27 mg elemental mg)**..... 142  
**magnesium hydroxide susp 400 mg/5ml** ..... 132  
**magnesium hydroxide susp concentrate 2400 mg/10ml**.... 132  
**magnesium oxide cap 500 mg (elemental mg)** ..... 142  
**magnesium oxide tab 250 mg** .....19  
**magnesium oxide tab 250 mg (mg supplement)** ..... 142  
**magnesium oxide tab 400 mg (240 mg elemental mg)** ..... 142  
**magnesium oxide tab 400 mg (241.3 mg elemental mg)**..... 142  
**magnesium oxide tab 420 mg** .....20  
**magnesium oxide tab 500 mg (mg supplement)** ..... 142  
**magnesium tab 250 mg**..... 142  
 Magnesium-oxide  
   see **magnesium oxide tab 400 mg (241.3 mg elemental mg)** .... 142  
**malathion lotion 0.5%** ..... 109  
 Maox  
   see **magnesium oxide tab 420 mg** .....20  
 Mapap  
   see **acetaminophen liquid 160 mg/5ml** ..... 11

see <i>acetaminophen tab 325 mg</i>	11	<i>melatonin cap 3 mg</i>	5
<i>maprotiline hcl tab 25 mg</i>	36	<i>melatonin cap 5 mg</i>	6
<i>maprotiline hcl tab 50 mg</i>	36	MELATONIN LIQ 1MG/4ML	6
<i>maprotiline hcl tab 75 mg</i>	36	<i>melatonin tab 1 mg</i>	6
<i>maraviroc</i>		<i>melatonin tab 3 mg</i>	6
see SELZENTRY SOL 20MG/ML	85	<i>melatonin tab 300 mcg</i>	6
see SELZENTRY TAB 150MG	85	<i>melatonin tab 5 mg</i>	6
see SELZENTRY TAB 25MG	85	<i>melatonin tab er 10 mg</i>	6
see SELZENTRY TAB 300MG	85	<i>melatonin tablet disintegrating 5 mg</i>	6
see SELZENTRY TAB 75MG	85	Melatonin Tr/vitamin B-6	
MARPLAN TAB 10MG	36	see <i>melatonin-pyridoxine tab er 3-10 mg</i>	6
MATULANE CAP 50MG	73	Melatonin/vitamin B-6 Ext	
MAYZENT TAB 0.25MG	161	see <i>melatonin-pyridoxine tab 3-1 mg</i>	6
<i>mecamylamine hcl</i>		<i>melatonin-pyridoxine tab 3-1 mg</i>	6
see VECAMYL TAB 2.5MG	66	<i>melatonin-pyridoxine tab 3-2 mg</i>	6
<i>mecasermin</i>		<i>melatonin-pyridoxine tab er 3-10 mg</i>	6
see INCRELEX INJ 40MG/4ML	113	Melodetta 24 Fe	
<i>meclizine hcl chew tab 25 mg</i>	53	see <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	97
<i>meclizine hcl tab 12.5 mg</i>	53	<i>meloxicam tab 15 mg</i>	9
<i>meclizine hcl tab 25 mg</i>	53	<i>meloxicam tab 7.5 mg</i>	9
<i>meclofenamate sodium cap 100 mg</i>	9	<i>melphalan tab 2 mg</i>	68
<i>meclofenamate sodium cap 50 mg</i>	9	<i>memantine hcl cap er 24hr 14 mg</i>	160
MEDI-LAXX CAP 8.6-50MG	131	.....	160
Medi-profen		<i>memantine hcl cap er 24hr 21 mg</i>	160
see <i>ibuprofen cap 200 mg</i>	8	.....	160
<i>medroxyprogesterone acetate (contraceptive)</i>		<i>memantine hcl cap er 24hr 28 mg</i>	160
see DEPO-SQ PROV INJ 104	98	.....	160
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	98	<i>memantine hcl cap er 24hr 7 mg</i>	160
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	98	.....	160
<i>medroxyprogesterone acetate tab 10 mg</i>	159	<i>memantine hcl oral solution 2 mg/ml</i>	160
<i>medroxyprogesterone acetate tab 2.5 mg</i>	159	<i>memantine hcl tab 10 mg</i>	160
<i>medroxyprogesterone acetate tab 5 mg</i>	159	<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	160
<i>mefenamic acid cap 250 mg</i>	9	<i>memantine hcl tab 5 mg</i>	160
<i>mefloquine hcl tab 250 mg</i>	67	MENEST TAB 0.3MG	116
<i>megestrol acetate susp 40 mg/ml</i>	69	MENEST TAB 0.625MG	116
.....	69	MENEST TAB 1.25MG	116
<i>megestrol acetate tab 20 mg</i>	69	MENTAX CRE 1%	104
<i>megestrol acetate tab 40 mg</i>	69	<i>menthol-zinc oxide oint 0.44-20%</i>	109
MEKINIST TAB 0.5MG	72	.....	109
MEKINIST TAB 2MG	72		



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

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

<i>midodrine hcl tab 10 mg</i> .....	172	<i>moexipril hcl tab 15 mg</i> .....	60
<i>midodrine hcl tab 2.5 mg</i> .....	172	<i>moexipril hcl tab 7.5 mg</i> .....	60
<i>midodrine hcl tab 5 mg</i> .....	172	<b><i>mometasone furoate (inhalation)</i></b>	
<i>miglitol tab 100 mg</i> .....	41	see ASMANEX 120 AER 220MCG....	26
<i>miglitol tab 25 mg</i> .....	41	see ASMANEX 14 AER 220MCG ....	26
<i>miglitol tab 50 mg</i> .....	41	see ASMANEX 30 AER 110MCG ....	26
<i>miglustat cap 100 mg</i> .....	126	see ASMANEX 30 AER 220MCG ....	26
Milk Of Magnesia		see ASMANEX 60 AER 220MCG ....	26
see <i>magnesium hydroxide susp</i>		see ASMANEX 7 AER 110MCG .....	26
<b><i>400 mg/5ml</i></b> .....	132	see ASMANEX HFA AER 100 MCG ..	26
Milk Of Magnesia Concentr		see ASMANEX HFA AER 200 MCG ..	26
see <i>magnesium hydroxide susp</i>		see ASMANEX HFA AER 50MCG ....	26
<b><i>concentrate 2400 mg/10ml</i></b> .	132	<b><i>mometasone furoate cream 0.1%</i></b>	
<b><i>milnacipran hcl</i></b>		.....	108
see SAVELLA MIS TITR PAK .....	160	<b><i>mometasone furoate oint 0.1%</i></b> .	108
see SAVELLA TAB 100MG .....	160	<b><i>mometasone furoate solution 0.1%</i></b>	
see SAVELLA TAB 12.5MG .....	160	<b><i>(lotion)</i></b> .....	108
see SAVELLA TAB 25MG .....	160	<b><i>mometasone furoate-formoterol</i></b>	
see SAVELLA TAB 50MG .....	160	<b><i>fumarate dihydrate</i></b>	
<b><i>mineral oil</i></b> .....	132	see DULERA AER 100-5MCG .....	28
<b><i>mineral oil enema</i></b> .....	132	see DULERA AER 200-5MCG .....	28
Minitran		see DULERA AER 50-5MCG .....	27
see <i>nitroglycerin td patch 24hr</i>		MONISTAT 7 KIT COMBO PK.....	172
<b><i>0.6 mg/hr</i></b> .....	22	MONOCLATE-P INJ 1000UNIT .....	123
<b><i>minocycline hcl cap 100 mg</i></b> .....	163	<b><i>montelukast sodium chew tab 4 mg</i></b>	
<b><i>minocycline hcl cap 50 mg</i></b> .....	163	<b><i>(base equiv)</i></b> .....	25
<b><i>minocycline hcl cap 75 mg</i></b> .....	163	<b><i>montelukast sodium chew tab 5 mg</i></b>	
<b><i>minoxidil tab 10 mg</i></b> .....	67	<b><i>(base equiv)</i></b> .....	25
<b><i>minoxidil tab 2.5 mg</i></b> .....	67	<b><i>montelukast sodium tab 10 mg</i></b>	
Mintox Plus		<b><i>(base equiv)</i></b> .....	25
see <i>alum &amp; mag hydroxide-</i>		MONUROL PAK GRANULES .....	168
<b><i>simethicone chew tab 200-200-</i></b>		<b><i>morphine sulfate oral soln 10</i></b>	
<b><i>25 mg</i></b> .....	19	<b><i>mg/5ml</i></b> .....	14
<b><i>mirabegron</i></b>		<b><i>morphine sulfate oral soln 100</i></b>	
see MYRBETRIQ TAB 25MG .....	169	<b><i>mg/5ml (20 mg/ml)</i></b> .....	14
see MYRBETRIQ TAB 50MG .....	169	<b><i>morphine sulfate oral soln 20</i></b>	
MIRENA IUD SYSTEM.....	98	<b><i>mg/5ml</i></b> .....	14
<b><i>mirtazapine tab 15 mg</i></b> .....	35	<b><i>morphine sulfate tab 15 mg</i></b> .....	14
<b><i>mirtazapine tab 30 mg</i></b> .....	35	<b><i>morphine sulfate tab 30 mg</i></b> .....	14
<b><i>mirtazapine tab 45 mg</i></b> .....	36	<b><i>morphine sulfate tab er 100 mg</i></b> ..	14
MIRVASO GEL 0.33%.....	109	<b><i>morphine sulfate tab er 15 mg</i></b> ....	14
<b><i>misoprostol tab 100 mcg</i></b> .....	168	<b><i>morphine sulfate tab er 200 mg</i></b> ..	14
<b><i>misoprostol tab 200 mcg</i></b> .....	168	<b><i>morphine sulfate tab er 30 mg</i></b> ....	14
<b><i>mitotane</i></b>		<b><i>morphine sulfate tab er 60 mg</i></b> ....	14
see LYSODREN TAB 500MG.....	69	<b><i>morphine-naltrexone</i></b>	
<b><i>modafinil tab 100 mg</i></b> .....	5	see EMBEDA CAP 100-4MG .....	12
<b><i>modafinil tab 200 mg</i></b> .....	5	see EMBEDA CAP 20-0.8MG .....	12

see EMBEDA CAP 30-1.2MG .....	12	see <i>pediatric multiple vitamins</i>	
see EMBEDA CAP 50-2MG .....	12	<i>w/ fluoride chew tab 0.5 mg</i>	145
see EMBEDA CAP 60-2.4MG .....	12	see <i>pediatric multiple vitamins</i>	
see EMBEDA CAP 80-3.2MG .....	12	<i>w/ fluoride chew tab 1 mg</i>	146
MOVANTIK TAB 12.5MG .....	119	<i>mupirocin oint 2%</i>	103
MOVANTIK TAB 25MG .....	119	Mv-one	
MOVIPREP SOL .....	131	see <i>multiple vitamin cap</i>	145
<i>moxifloxacin hcl ophth soln 0.5%</i>		Mvw Complete Formulation	
<i>(base equiv)</i>	153	see <i>pediatric multiple vitamin w/</i>	
<i>moxifloxacin hcl tab 400 mg (base</i>		<i>minerals &amp; c chew tab</i>	145
<i>equiv)</i>	117	My Way	
Mucus-dm		see <i>levonorgestrel tab 1.5 mg</i>	98
see <i>dextromethorphan-</i>		Mycocide Clinical Ns Anti	
<i>guaifenesin tab er 12hr 30-600</i>		see <i>tolnaftate soln 1%</i>	104
<i>mg</i>	100	<i>mycophenolate mofetil cap 250 mg</i>	143
MULT VITAM DRO .....	146	.....	143
MULTAQ TAB 400MG .....	25	<i>mycophenolate mofetil tab 500 mg</i>	143
MULTI VITAMI TAB D-3 .....	145	.....	143
Multi-delyn		<i>mycophenolate sodium tab dr 180</i>	
see <i>pediatric multiple vitamin liq</i>	146	<i>mg (mycophenolic acid equiv)</i>	143
.....	146	<i>mycophenolate sodium tab dr 360</i>	
<i>multiple vitamin cap</i>	145	<i>mg (mycophenolic acid equiv)</i>	143
<i>multiple vitamin tab</i>	145	MYNATAL CAP .....	147
<i>multiple vitamins w/ iron tab</i>	145	MYNATAL TAB .....	147
<i>multiple vitamins w/ minerals cap</i>	145	MYNATE 90 TAB PLUS .....	147
.....	145	MYRBETRIQ TAB 25MG .....	169
<i>multiple vitamins w/ minerals</i>		MYRBETRIQ TAB 50MG .....	169
<i>liquid</i>	145	N	
<i>multiple vitamins w/ minerals tab</i>	145	<i>nabilone</i>	
.....	145	see CESAMET CAP 1MG .....	53
Multi-vit/iron/fluoride		<i>nabumetone tab 500 mg</i>	9
see <i>pediatric multiple vitamins</i>		<i>nabumetone tab 750 mg</i>	9
<i>w/ fl-fe drops 0.25-10 mg/ml</i>	145	<i>nadolol tab 20 mg</i>	89
.....	145	<i>nadolol tab 40 mg</i>	89
Multivitamin & Mineral		<i>nadolol tab 80 mg</i>	89
see <i>multiple vitamins w/ minerals</i>		<i>nafarelin acetate</i>	
<i>liquid</i>	145	see SYNAREL SOL 2MG/ML .....	114
MULTIVITAMIN DRO /IRON .....	146	<i>naftifine hcl</i>	
Multivitamin With Fluorid		see NAFTIN GEL 1% .....	104
see <i>pediatric multiple vitamins</i>		see NAFTIN GEL 2% .....	104
<i>w/ fluoride soln 0.25 mg/ml</i>	146	<i>naftifine hcl cream 1%</i>	104
see <i>pediatric multiple vitamins</i>		<i>naftifine hcl gel 1%</i>	104
<i>w/ fluoride soln 0.5 mg/ml</i>	146	NAFTIN GEL 1% .....	104
Multivitamin/fluoride		NAFTIN GEL 2% .....	104
see <i>pediatric multiple vitamins</i>		<i>naldemedine tosylate</i>	
<i>w/ fluoride chew tab 0.25 mg</i>	146	see SYMPROIC TAB 0.2MG .....	119
.....	146	<i>naloxegol oxalate</i>	

see MOVANTIK TAB 12.5MG.....	119	NATURE-THROI TAB 325MG .....	164
see MOVANTIK TAB 25MG .....	119	NATURE-THROI TAB 48.75MG.....	164
<b>naloxone hcl</b>		NATURE-THROI TAB 65MG .....	164
see NARCAN SPR.....	52	NATURE-THROI TAB 97.5MG .....	164
<b>naloxone hcl inj 0.4 mg/ml</b> .....	52	<b>nebivolol hcl</b>	
<b>naloxone hcl soln cartridge 0.4</b>		see BYSTOLIC TAB 10MG .....	88
<b>mg/ml</b> .....	52	see BYSTOLIC TAB 2.5MG .....	88
<b>naloxone hcl soln prefilled syringe</b>		see BYSTOLIC TAB 20MG .....	89
<b>2 mg/2ml</b> .....	52	see BYSTOLIC TAB 5MG .....	88
<b>naltrexone</b>		<b>nebivolol-valsartan</b>	
see VIVITROL INJ 380MG .....	52	see BYVALSON TAB 5-80MG .....	65
<b>naltrexone hcl tab 50 mg</b> .....	52	<b>nebulizers</b>	
Naproxen Dr		see EASY NEB MIS.....	137
see <b>naproxen tab ec 375 mg</b> .....	9	NEBUPENT INH 300MG .....	20
see <b>naproxen tab ec 500 mg</b> .....	9	Nebusal	
<b>naproxen sodium tab 220 mg</b> .....	9	see <b>sodium chloride soln nebu</b>	
<b>naproxen susp 125 mg/5ml</b> .....	9	<b>3%</b> .....	101
<b>naproxen tab 250 mg</b> .....	9	<b>nedocromil sodium (ophth)</b>	
<b>naproxen tab 375 mg</b> .....	9	see ALOCRI SOL 2% .....	154
<b>naproxen tab 500 mg</b> .....	9	<b>needle (disp) 18 g</b>	
<b>naproxen tab ec 375 mg</b> .....	9	see NEEDLES MIS 18GX1.5.....	136
<b>naproxen tab ec 500 mg</b> .....	9	NEEDLES MIS 18GX1.5 .....	136
<b>naratriptan hcl tab 1 mg (base</b>		<b>nefazodone hcl tab 100 mg</b> .....	37
<b>equiv)</b> .....	138	<b>nefazodone hcl tab 150 mg</b> .....	37
<b>naratriptan hcl tab 2.5 mg (base</b>		<b>nefazodone hcl tab 200 mg</b> .....	37
<b>equiv)</b> .....	138	<b>nefazodone hcl tab 250 mg</b> .....	37
NARCAN SPR .....	52	<b>nefazodone hcl tab 50 mg</b> .....	37
NASAL DECON SYP 30MG/5ML .....	151	<b>nelfinavir mesylate</b>	
NASAL DECONG LIQ 30MG/5ML .....	151	see VIRACEPT TAB 250MG .....	86
NAT FIBER POW 58.6%.....	131	see VIRACEPT TAB 625MG.....	86
NATACYN SUS 5% OP .....	153	<b>neomycin sulfate tab 500 mg</b> .....	6
<b>natalizumab</b>		<b>neomycin-bacitrac zn-polymyx</b>	
see TYSABRI INJ 300/15ML .....	161	<b>5(3.5)mg-400unt-10000unt op</b>	
NATALVIT TAB 75-1MG .....	147	<b>oin</b> .....	153
<b>natamycin</b>		<b>neomycin-bacitracin-polymyxin</b>	
see NATACYN SUS 5% OP .....	153	<b>oint</b> .....	103
NATAZIA TAB.....	97	<b>neomycin-bacitracin-polymyxin-</b>	
<b>nateglinide tab 120 mg</b> .....	50	<b>pramoxine oint 1%</b> .....	103
<b>nateglinide tab 60 mg</b> .....	50	<b>neomycin-colistin-hc-thonzonium</b>	
NATURE THROI TAB 162.5MG .....	164	see COLY-MYCIN S SUS OTIC .....	156
NATURE-THROI TAB 113.75MG .....	164	<b>neomycin-polymy-gramicid op sol</b>	
NATURE-THROI TAB 130MG.....	164	<b>1.75-10000-0.025mg-unt-mg/ml</b>	
NATURE-THROI TAB 146.25MG .....	164	.....	153
NATURE-THROI TAB 16.25MG.....	164	<b>neomycin-polymyxin-</b>	
NATURE-THROI TAB 195MG.....	164	<b>dexamethasone ophth oint 0.1%</b>	
NATURE-THROI TAB 260MG.....	164	.....	154
NATURE-THROI TAB 32.5MG.....	164		

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

<b>niraparib tosylate</b>	
see ZEJULA CAP 100MG .....	73
<b>nisoldipine tab er 24hr 17 mg</b> .....	91
<b>nisoldipine tab er 24hr 20 mg</b> .....	91
<b>nisoldipine tab er 24hr 25.5 mg</b> .....	91
<b>nisoldipine tab er 24hr 30 mg</b> .....	91
<b>nisoldipine tab er 24hr 34 mg</b> .....	91
<b>nisoldipine tab er 24hr 40 mg</b> .....	91
<b>nisoldipine tab er 24hr 8.5 mg</b> .....	91
<b>nitazoxanide</b>	
see ALINIA SUS 100/5ML .....	20
see ALINIA TAB 500MG .....	20
<b>nitisinone</b>	
see ORFADIN CAP 10MG.....	114
see ORFADIN CAP 20MG.....	114
see ORFADIN CAP 2MG .....	114
see ORFADIN CAP 5MG .....	114
<b>nitisinone cap 10 mg</b> .....	114
<b>nitisinone cap 2 mg</b> .....	114
<b>nitisinone cap 5 mg</b> .....	114
<b>nitrofurantoin macrocrystalline cap</b>	
<b>100 mg</b> .....	168
<b>nitrofurantoin macrocrystalline cap</b>	
<b>50 mg</b> .....	168
<b>nitrofurantoin monohydrate</b>	
<b>macrocrystalline cap 100 mg</b> ..	168
<b>nitrofurantoin susp 25 mg/5ml</b> ..	168
<b>nitroglycerin (intra-anal)</b>	
see RECTIV OIN 0.4%.....	18
<b>nitroglycerin sl tab 0.3 mg</b> .....	21
<b>nitroglycerin sl tab 0.4 mg</b> .....	22
<b>nitroglycerin sl tab 0.6 mg</b> .....	22
<b>nitroglycerin td patch 24hr 0.1</b>	
<b>mg/hr</b> .....	22
<b>nitroglycerin td patch 24hr 0.2</b>	
<b>mg/hr</b> .....	22
<b>nitroglycerin td patch 24hr 0.4</b>	
<b>mg/hr</b> .....	22
<b>nitroglycerin td patch 24hr 0.6</b>	
<b>mg/hr</b> .....	22
<b>NIVESTYM INJ 300/0.5</b> .....	127
<b>NIVESTYM INJ 300MCG</b> .....	127
<b>NIVESTYM INJ 480/0.8</b> .....	127
<b>NIVESTYM INJ 480MCG</b> .....	127
<b>nizatidine cap 150 mg</b> .....	166
<b>nizatidine cap 300 mg</b> .....	166
<b>nizatidine oral soln 15 mg/ml</b> ...	166
<b>Non-aspirin Junior Streng</b>	
see <b>acetaminophen chew tab 160</b>	
<b>mg</b> .....	11
<b>nonoxynol-9</b>	
see ENCARE SUP 100MG .....	171
see GYNOL II GEL 3%.....	171
see SHUR-SEAL GEL 2%.....	171
see TODAY SPONGE MIS .....	171
see VCF VAGINAL AER CONTRACP	171
see VCF VAGINAL MIS CONTRACP	171
<b>nonoxynol-9 gel 4%</b> .....	171
<b>norelgestromin-ethinyl estradiol td</b>	
<b>ptwk 150-35 mcg/24hr</b> .....	98
<b>norethin acet &amp; estrad-fe</b>	
see TAYTULLA CAP 1MG/20MC .....	98
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 0.4 mg-35 mcg</b> .....	97
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 0.5 mg-35 mcg</b> .....	97
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 1 mg-35 mcg</b> .....	97
<b>norethindrone &amp; ethinyl estradiol-</b>	
<b>fe chew tab 0.4 mg-35 mcg</b> .....	97
<b>norethindrone &amp; ethinyl estradiol-</b>	
<b>fe chew tab 0.8 mg-25 mcg</b> .....	97
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1 mg-20 mcg</b> .....	97
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1.5 mg-30 mcg</b> ...	97
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg</b> ...	97
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1.5 mg-30 mcg</b>	97
<b>norethindrone ace-eth estradiol-fe</b>	
<b>chew tab 1 mg-20 mcg (24)</b> .....	97
<b>norethindrone ace-ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg</b>	
<b>(24)</b> .....	97
<b>norethindrone acetate tab 5 mg</b>	159
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol tab 0.5 mg-2.5 mcg</b> .	116
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol tab 1 mg-5 mcg</b> .....	116
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol-fe fum (biphasic)</b>	
see LO LOESTRIN TAB 1-10-10 .....	97

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



<i>nystatin tab 500000 unit</i> .....	53	<i>olanzapine tab 5 mg</i> .....	79
<i>nystatin topical powder 100000 unit/gm</i> .....	104	<i>olanzapine tab 7.5 mg</i> .....	79
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i> .....	104	<i>olmesartan medoxomil tab 20 mg</i> .....	62
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i> .....	104	<i>olmesartan medoxomil tab 40 mg</i> .....	62
Nystop		<i>olmesartan medoxomil tab 5 mg</i> .....	62
see <i>nystatin topical powder 100000 unit/gm</i> .....	104	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	66
O		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....	66
O-CAL TAB PRENATAL.....	147	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	66
OCTAGAM INJ 5GM.....	157	<i>olodaterol hcl</i>	
<i>octreotide acetate</i>		see STRIVERDI AER 2.5MCG.....	29
see SANDOSTATIN KIT LAR 10MG.....	115	<i>olopatadine hcl nasal soln 0.6%</i> .....	150
see SANDOSTATIN KIT LAR 20MG.....	115	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> .....	155
see SANDOSTATIN KIT LAR 30MG.....	115	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> .....	155
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> .....	115	<i>olsalazine sodium</i>	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i> .....	115	see DIPENTUM CAP 250MG.....	118
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i> .....	115	<i>omalizumab</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> .....	115	see XOLAIR INJ 150MG/ML.....	25
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> .....	115	see XOLAIR INJ 75/0.5.....	25
Ocuvite/lutein		see XOLAIR SOL 150MG.....	25
see <i>multiple vitamins w/ minerals tab</i> .....	145	<i>ombitasvir-paritaprevir-ritonavir</i>	
ODEFSEY TAB.....	85	see TECHNIVIE TAB.....	87
ODOMZO CAP 200MG.....	69	<i>omega-3 fatty acids cap 1000 mg</i> .....	151
<i>ofloxacin ophth soln 0.3%</i> .....	153	<i>omega-3 fatty acids cap 1200 mg</i> .....	151
<i>ofloxacin otic soln 0.3%</i> .....	156	<i>omega-3 fatty acids cap 300 mg</i> .....	151
<i>ofloxacin tab 300 mg</i> .....	117	<i>omega-3 fatty acids cap 500 mg</i> .....	151
<i>ofloxacin tab 400 mg</i> .....	117	<i>omega-3 fatty acids cap delayed release 1000 mg</i> .....	151
Ogestrel		<i>omega-3 fatty acids cap delayed release 1200 mg</i> .....	151
see <i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</i> .....	98	<i>omega-3-acid ethyl esters cap 1 gm</i> .....	56
<i>olanzapine pamoate</i>		<i>omeprazole</i>	
see ZYPREXA RELP INJ 210MG.....	81	see FIRST-OMEPRASUS 2MG/ML.....	167
see ZYPREXA RELP INJ 300MG.....	81	<i>omeprazole cap delayed release 10 mg</i> .....	167
see ZYPREXA RELP INJ 405MG.....	81		
<i>olanzapine tab 10 mg</i> .....	80		
<i>olanzapine tab 15 mg</i> .....	80		
<i>olanzapine tab 2.5 mg</i> .....	79		
<i>olanzapine tab 20 mg</i> .....	80		

<b>omeprazole cap delayed release 20 mg</b> .....	167	<b>oseltamivir phosphate cap 45 mg (base equiv)</b> .....	87
<b>omeprazole cap delayed release 40 mg</b> .....	167	<b>oseltamivir phosphate cap 75 mg (base equiv)</b> .....	87
<b>omeprazole magnesium</b>		<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> .....	88
see PRILOSEC OTC TAB 20MG.....	167	<b>osimertinib mesylate</b>	
<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	167	see TAGRISSO TAB 40MG.....	73
OMNARIS SPR.....	150	see TAGRISSO TAB 80MG.....	73
OMNIFLEX DPR .....	134	OSMOPREP TAB 1.5GM .....	132
OMNITROPE INJ 10/1.5ML .....	113	OTEZLA TAB 10/20/30.....	10
OMNITROPE INJ 5.8MG .....	113	OTEZLA TAB 30MG .....	10
OMNITROPE INJ 5/1.5ML.....	113	<b>oxandrolone tab 10 mg</b> .....	18
<b>onabotulinumtoxinA</b>		<b>oxandrolone tab 2.5 mg</b> .....	18
see BOTOX INJ 100UNIT .....	151	<b>oxaprozin tab 600 mg</b> .....	9
see BOTOX INJ 200UNIT .....	151	<b>oxazepam cap 10 mg</b> .....	24
<b>ondansetron hcl oral soln 4 mg/5ml</b> .....	52	<b>oxazepam cap 15 mg</b> .....	24
<b>ondansetron hcl tab 4 mg</b> .....	52	<b>oxazepam cap 30 mg</b> .....	24
<b>ondansetron hcl tab 8 mg</b> .....	52	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> .....	33
<b>ondansetron orally disintegrating tab 4 mg</b> .....	53	<b>oxcarbazepine tab 150 mg</b> .....	33
<b>ondansetron orally disintegrating tab 8 mg</b> .....	53	<b>oxcarbazepine tab 300 mg</b> .....	34
ONE A DAY MIS PRENATAL .....	147	<b>oxcarbazepine tab 600 mg</b> .....	34
OPSUMIT TAB 10MG .....	93	<b>oxiconazole nitrate</b>	
<b>oral electrolyte solution</b> .....	141	see OXISTAT LOT 1% .....	104
ORAVIG TAB 50MG.....	144	<b>oxiconazole nitrate cream 1%</b> ... 104	
ORENCIA CLCK INJ 125MG/ML .....	10	OXISTAT LOT 1%.....	104
ORENCIA INJ 125MG/ML .....	10	<b>oxybutynin</b>	
ORENCIA INJ 250MG .....	10	see OXYTROL/WOMN DIS 3.9MG/24 .....	169
ORENCIA INJ 50/0.4 .....	10	<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	168
ORENCIA INJ 87.5/0.7 .....	10	<b>oxybutynin chloride tab 5 mg</b> ....	168
ORENITRAM TAB 0.125MG.....	93	<b>oxybutynin chloride tab er 24hr 10 mg</b> .....	169
ORENITRAM TAB 0.25MG .....	92	<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	169
ORENITRAM TAB 1MG.....	93	<b>oxybutynin chloride tab er 24hr 5 mg</b> .....	168
ORENITRAM TAB 2.5MG .....	93	<b>oxycodone hcl</b>	
ORENITRAM TAB 5MG .....	93	see OXYCONTIN TAB 10MG CR.....	15
ORFADIN CAP 10MG .....	114	see OXYCONTIN TAB 15MG CR.....	15
ORFADIN CAP 20MG .....	114	see OXYCONTIN TAB 20MG CR.....	15
ORFADIN CAP 2MG .....	114	see OXYCONTIN TAB 30MG CR.....	15
ORFADIN CAP 5MG.....	114	see OXYCONTIN TAB 40MG CR.....	15
<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	149	see OXYCONTIN TAB 60MG CR.....	15
<b>oseltamivir phosphate cap 30 mg (base equiv)</b> .....	87	see OXYCONTIN TAB 80MG CR.....	15

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

see INVEGA TRINZ INJ 819MG .....77  
**paliperidone tab er 24hr 1.5 mg**..77  
**paliperidone tab er 24hr 3 mg** .....77  
**paliperidone tab er 24hr 6 mg** .....77  
**paliperidone tab er 24hr 9 mg** .....77  
**palivizumab**  
 see SYNAGIS INJ 100MG/ML ..... 157  
 see SYNAGIS INJ 50MG ..... 157  
**pancrelipase (lipase-protease-  
 amylase)**  
 see CREON CAP 12000UNT ..... 110  
 see CREON CAP 24000UNT ..... 110  
 see CREON CAP 3000UNIT ..... 110  
 see CREON CAP 36000UNT ..... 110  
 see CREON CAP 6000UNIT ..... 110  
 see ZENPEP CAP 10000UNT ..... 111  
 see ZENPEP CAP 15000UNT ..... 111  
 see ZENPEP CAP 20000UNT ..... 111  
 see ZENPEP CAP 25000 ..... 111  
 see ZENPEP CAP 3000UNIT ..... 110  
 see ZENPEP CAP 40000 ..... 111  
 see ZENPEP CAP 5000UNIT ..... 110  
**panobinostat lactate**  
 see FARYDAK CAP 10MG .....71  
 see FARYDAK CAP 15MG .....71  
 see FARYDAK CAP 20MG .....71  
 PANRETIN GEL 0.1% ..... 105  
**pantoprazole sodium ec tab 20 mg  
 (base equiv)** ..... 167  
**pantoprazole sodium ec tab 40 mg  
 (base equiv)** ..... 167  
 PARAGARD IUD T380A .....98  
**paricalcitol cap 1 mcg**..... 114  
**paricalcitol cap 2 mcg**..... 114  
**paricalcitol cap 4 mcg**..... 114  
**paromomycin sulfate cap 250 mg**. 6  
**paroxetine hcl tab 10 mg**.....37  
**paroxetine hcl tab 20 mg**.....37  
**paroxetine hcl tab 30 mg**.....37  
**paroxetine hcl tab 40 mg**.....37  
 PASER GRA 4GM .....68  
**pazopanib hcl**  
 see VOTRIENT TAB 200MG .....73  
 PEAK AIR FLO MIS ADLT/PED ..... 137  
**peak flow meter**  
 see PEAK AIR FLO MIS ADLT/PED 137  
 PEDIA-LAX LIQ 50MG ..... 133

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

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

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

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

**prednisolone syrup 15 mg/5ml**  
*(usp solution equivalent)* .....99

**prednisone oral soln 5 mg/5ml** ...99

**prednisone tab 1 mg** .....99

**prednisone tab 10 mg** .....99

**prednisone tab 2.5 mg** .....99

**prednisone tab 20 mg** .....99

**prednisone tab 5 mg** .....99

**prednisone tab 50 mg** .....99

**prednisone tab therapy pack 10 mg**  
**(21)**.....100

**prednisone tab therapy pack 10 mg**  
**(48)**.....100

**prednisone tab therapy pack 5 mg**  
**(21)**.....99

**prednisone tab therapy pack 5 mg**  
**(48)**.....99

**pregabalin**

see LYRICA CAP 100MG .....33

see LYRICA CAP 150MG .....33

see LYRICA CAP 200MG .....33

see LYRICA CAP 225MG .....33

see LYRICA CAP 25MG .....33

see LYRICA CAP 300MG .....33

see LYRICA CAP 50MG .....33

see LYRICA CAP 75MG .....33

PREGABALIN CAP 100 MG .....34

PREGABALIN CAP 150 MG .....34

PREGABALIN CAP 200 MG .....34

PREGABALIN CAP 225 MG .....34

PREGABALIN CAP 25 MG .....34

PREGABALIN CAP 300 MG .....34

PREGABALIN CAP 50 MG .....34

PREGABALIN CAP 75 MG .....34

PREMARIN TAB 0.3MG .....116

PREMARIN TAB 0.45MG .....116

PREMARIN TAB 0.625MG .....116

PREMARIN TAB 0.9MG .....116

PREMARIN TAB 1.25MG .....117

PREMARIN VAG CRE 0.625MG .....172

PREMPHASE TAB .....116

PREMPRO TAB .....116

PREMPRO TAB 0.3-1.5 .....116

PREMPRO TAB 0.45-1.5 .....116

PREMPRO TAB 0.625-5 .....116

PRENAT MULTI CAP +DHA .....147

see **prenatal vit w/ iron carbonyl-  
fa tab 29-1 mg**.....148

Prenatal 19

see **prenatal vit w/ dss-fe  
fumarate-fa tab 29-1 mg** .....148

see **prenatal vit w/ fe fumarate-fa  
chew tab 29-1 mg**.....148

PRENATAL 19 TAB 29-1MG .....147

PRENATAL CAP FORMULA .....148

PRENATAL CAP OMEGA-3 .....148

Prenatal Dha

see **docosahexaenoic acid cap  
200 mg** .....151

PRENATAL DHA PAK MULTI .....148

PRENATAL FRM TAB A-FREE .....148

PRENATAL MUL CAP +DHA .....148

**prenatal multivitamins & minerals  
w/ folic acid-fish oil**

see CVS PRENATAL CHW GUMMY 147

**prenatal multivit-min w/fe-fa**

see KPN PRENATAL TAB .....147

see MYNATAL CAP .....147

see PRENATAL/FE TAB .....148

**prenatal mv & min w/  
methylfolate-choline-fish oil**

see PRENATAL DHA PAK MULTI ...148

**prenatal mv & min w/fe carbonyl-  
fa-dha**

see BRAINSTRONG MIS PRENATAL  
.....147

**prenatal mv & min w/fe fumarate-  
fa-dha**

see CENTRUM SPEC PAK PRENATAL  
.....147

see ENFAMIL MIS EXPECTA.....147

see PRENAT MULTI CAP +DHA ....147

see PRENATAL+DHA MIS.....148

see THERANATAL MIS COMPLETE 148

PRENATAL TAB.....148

PRENATAL TAB COMPLETE.....148

PRENATAL TAB FORMULA .....148

**prenatal vit w/ docusate-fe  
fumarate-folic acid**

see MYNATE 90 TAB PLUS .....147

see PRENATAL 19 TAB 29-1MG ...147

**prenatal vit w/ docusate-iron  
carbonyl-folic acid**

Prenatabs Rx



see MYNATAL TAB ..... 147

**prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg**..... 148

**prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**..... 148

**prenatal vit w/ fe bisglycinate chelate-folic acid**  
see VINATE II TAB ..... 149

**prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid**  
see BE WELL PAK ROUNDED ..... 147

**prenatal vit w/ fe fumarate-fa chew tab 29-1 mg**..... 148

**prenatal vit w/ fe fumarate-fa tab 28-1 mg**..... 148

**prenatal vit w/ ferrous fumarate-fa-fish oil**  
see PRENATAL CAP OMEGA-3..... 148

**prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids**  
see ONE A DAY MIS PRENATAL.... 147  
see PRENATAL CAP FORMULA..... 148  
see PRENATAL MUL CAP +DHA.... 148  
see SM ONE DAILY MIS PRENATAL  
..... 148

**prenatal vit w/ ferrous fumarate-folic acid**  
see CO-NATAL FA TAB 29-1MG.... 147  
see NATALVIT TAB 75-1MG..... 147  
see O-CAL TAB PRENATAL ..... 147  
see PERRY PRENAT CAP..... 147  
see PRENATAL TAB ..... 148  
see PRENATAL TAB COMPLETE .... 148  
see RA PRENATAL TAB FORMULA. 148  
see SE-NATAL 19 CHW..... 148  
see TRINATAL RX TAB 1 ..... 148  
see VITAFOL-OB TAB 65-1MG ..... 149  
see VOL-PLUS TAB..... 149

**prenatal vit w/ ferrous fumarate-l methylfolate-folic acid**  
see TL FOLATE TAB..... 148

**prenatal vit w/ iron carbonyl-fa tab 29-1 mg**..... 148

**prenatal vit w/ iron carbonyl-folic acid**  
see VOL-TAB RX TAB ..... 149

**prenatal vit w/ selenium-fe fumarate-folic acid**  
see PRENATAL TAB FORMULA..... 148  
see VINATE M TAB..... 149

**prenatal vit without vit a w/ fe bisglycinate-folic acid**  
see NESTABS TAB ..... 147

**prenatal vitamin**  
see CALNA TAB ..... 147

**prenatal vitamins w/ ferrous succinate-folic acid**  
see NUTRIENTS TAB PRENATAL... 147

**prenatal without a vit w/ fe fumarate-folic acid**  
see PRENATAL FRM TAB A-FREE .. 148

**prenatal without vit a w/ iron polysaccharide complex-fa**  
see EZFE FORTE CAP ..... 147

PRENATAL/FE TAB ..... 148

PRENATAL+DHA MIS ..... 148

PREPOPIK PAK ..... 132

PREVNAR 13 INJ ..... 170

PREZCOBIX TAB 800-150 ..... 85

PREZISTA SUS 100MG/ML ..... 85

PREZISTA TAB 150MG ..... 85

PREZISTA TAB 600MG ..... 85

PREZISTA TAB 75MG ..... 85

PREZISTA TAB 800MG ..... 85

PRIFTIN TAB 150MG ..... 68

PRILOSEC OTC TAB 20MG ..... 167

**primaquine phosphate tab 26.3 mg (15 mg base)**..... 67

**primidone tab 250 mg**..... 34

**primidone tab 50 mg**..... 34

PRIVIGEN INJ 20GRAMS ..... 157

PROAIR HFA AER..... 29

**probenecid tab 500 mg** ..... 121

**procarbazine hcl**  
see MATULANE CAP 50MG ..... 73

**prochlorperazine maleate tab 10 mg (base equivalent)** ..... 81

**prochlorperazine maleate tab 5 mg (base equivalent)** ..... 81

**prochlorperazine suppos 25 mg** .. 81

PROCRIT INJ 2000/ML ..... 127

PROCRIT INJ 3000/ML ..... 127

PROCRIT INJ 40000/ML..... 127

PROFILNINE INJ 1500UNIT .....	124	<i>propranolol hcl cap er 24hr 80 mg</i>	89
<i>progesterone (vaginal)</i>		.....	89
see PROGESTERONE SUP VGS 100		<i>propranolol hcl oral soln 20</i>	
.....	172	<i>mg/5ml</i> .....	89
see PROGESTERONE SUP VGS 200		<i>propranolol hcl oral soln 40</i>	
.....	172	<i>mg/5ml</i> .....	89
<i>progesterone micronized cap 100</i>		<i>propranolol hcl tab 10 mg</i> .....	89
<i>mg</i> .....	159	<i>propranolol hcl tab 20 mg</i> .....	89
<i>progesterone micronized cap 200</i>		<i>propranolol hcl tab 40 mg</i> .....	89
<i>mg</i> .....	159	<i>propranolol hcl tab 60 mg</i> .....	89
PROGESTERONE SUP VGS 100 .....	172	<i>propranolol hcl tab 80 mg</i> .....	89
PROGESTERONE SUP VGS 200 .....	172	<i>propylene glycol-glycerin ophth</i>	
PROGLYCEM SUS 50MG/ML .....	45	<i>soln 1-0.3%</i> .....	152
PROLASTIN-C INJ 1000MG .....	162	<i>propylthiouracil tab 50 mg</i> .....	163
PROLIA SOL 60MG/ML .....	113	<i>protriptyline hcl tab 10 mg</i> .....	40
PROMACTA TAB 12.5MG .....	127	<i>protriptyline hcl tab 5 mg</i> .....	40
PROMACTA TAB 25MG .....	127	PROVENTIL AER HFA .....	29
PROMACTA TAB 50MG .....	127	<i>pseudoephed-bromphen-dm</i>	
PROMACTA TAB 75MG .....	127	see BROTAPP DM LIQ 15-1-5/5 ...	100
<i>promethazine &amp; phenylephrine</i>		<i>pseudoephed-bromphen-dm syrup</i>	
<i>syrup 6.25-5 mg/5ml</i> .....	100	<i>30-2-10 mg/5ml</i> .....	101
<i>promethazine hcl suppos 12.5 mg</i>		<i>pseudoephedrine hcl</i>	
.....	55	see NASAL DECON SYP 30MG/5ML	
<i>promethazine hcl suppos 25 mg</i> ..	55	.....	151
<i>promethazine hcl syrup 6.25</i>		see NASAL DECONG LIQ 30MG/5ML	
<i>mg/5ml</i> .....	55	.....	151
<i>promethazine hcl tab 12.5 mg</i> .....	55	<i>pseudoephedrine hcl liq 15 mg/5ml</i>	
<i>promethazine hcl tab 25 mg</i> .....	55	.....	151
<i>promethazine hcl tab 50 mg</i> .....	55	<i>pseudoephedrine hcl tab 30 mg</i> .....	151
<i>promethazine w/ codeine syrup</i>		<i>pseudoephedrine hcl tab 60 mg</i> .....	151
<i>6.25-10 mg/5ml</i> .....	101	<i>pseudoephedrine hcl tab er 12hr</i>	
<i>promethazine-dm syrup 6.25-15</i>		<i>120 mg</i> .....	151
<i>mg/5ml</i> .....	101	<i>pseudoephedrine-guaifenesin tab</i>	
<i>promethazine-phenylephrine-</i>		<i>er 12hr 60-600 mg</i> .....	101
<i>codeine syrup 6.25-5-10 mg/5ml</i>		<i>psyllium</i>	
.....	101	see KONSYL DAILY POW 100% ...	131
<i>propafenone hcl tab 150 mg</i> .....	24	see KONSYL DAILY POW 28.3% ..	131
<i>propafenone hcl tab 225 mg</i> .....	24	see KONSYL-D POW 52.3% .....	131
<i>propafenone hcl tab 300 mg</i> .....	24	see METAMUCIL POW 28%ORG ...	131
<i>proparacaine hcl ophth soln 0.5%</i>		see METAMUCIL POW 58.12% .....	131
.....	154	see METAMUCIL WAF .....	131
<i>propranolol hcl cap er 24hr 120 mg</i>		see NAT FIBER POW 58.6% .....	131
.....	89	<i>psyllium cap 0.52 gm</i> .....	131
<i>propranolol hcl cap er 24hr 160 mg</i>		<i>psyllium cap 400 mg</i> .....	131
.....	89	<i>psyllium powder 100%</i> .....	131
<i>propranolol hcl cap er 24hr 60 mg</i>		<i>psyllium powder 28.3%</i> .....	131
.....	89	<i>psyllium powder 30.9%</i> .....	131

<i>psyllium powder 33%</i> .....	131	<i>quetiapine fumarate tab er 24hr</i>	
<i>psyllium powder 48.57%</i> .....	131	<b>150 mg</b> .....	80
<i>psyllium powder 58.6%</i> .....	131	<i>quetiapine fumarate tab er 24hr</i>	
<i>psyllium powder 95%</i> .....	131	<b>200 mg</b> .....	80
PULMICORT INH 180MCG .....	26	<i>quetiapine fumarate tab er 24hr</i>	
PULMICORT INH 90MCG .....	26	<b>300 mg</b> .....	80
PULMONEB LT MIS NEBULIZE .....	137	<i>quetiapine fumarate tab er 24hr</i>	
PULMOZYME SOL 1MG/ML .....	162	<b>400 mg</b> .....	80
Pure & Gentle Lubricant		<i>quetiapine fumarate tab er 24hr</i>	
see <i>hypromellose ophth soln</i>		<b>50 mg</b> .....	80
<b>0.3%</b> .....	152	<i>quinapril hcl tab 10 mg</i> .....	61
Px Iron		<i>quinapril hcl tab 20 mg</i> .....	61
see <i>ferrous sulfate dried tab 200</i>		<i>quinapril hcl tab 40 mg</i> .....	61
<b>mg (65 mg elemental fe)</b> .....	128	<i>quinapril hcl tab 5 mg</i> .....	61
<i>pyrantel pamoate susp 144 mg/ml</i>		<i>quinapril-hydrochlorothiazide tab</i>	
<b>(50 mg/ml base equiv)</b> .....	20	<b>10-12.5 mg</b> .....	66
<i>pyrazinamide tab 500 mg</i> .....	68	<i>quinapril-hydrochlorothiazide tab</i>	
<i>pyreth-piperonyl butox sham-</i>		<b>20-12.5 mg</b> .....	66
<i>permeth aero-nit remover gel kit</i>		<i>quinapril-hydrochlorothiazide tab</i>	
.....	110	<b>20-25 mg</b> .....	66
<i>pyrethrins-piperonyl butoxide liq</i>		<i>quinidine sulfate tab 200 mg</i> .....	24
<b>0.3-3%</b> .....	110	<i>quinidine sulfate tab 300 mg</i> .....	24
<i>pyrethrins-piperonyl butoxide liq</i>		<i>quinine sulfate cap 324 mg</i> .....	67
<b>0.33-4%</b> .....	110	QVAR REDIHA AER 80MCG .....	26
<i>pyrethrins-piperonyl butoxide</i>		QVAR REDIHAL AER 40MCG .....	26
<i>shampoo 0.33-4%</i> .....	110	R	
<i>pyridostigmine bromide tab 60 mg</i>		Ra Acetaminophen Rapid Me	
.....	67	see <i>acetaminophen disintegrating</i>	
<i>pyridoxine hcl tab 100 mg</i> .....	173	<b>tab 160 mg</b> .....	11
<i>pyridoxine hcl tab 25 mg</i> .....	173	see <i>acetaminophen disintegrating</i>	
<i>pyridoxine hcl tab 50 mg</i> .....	173	<b>tab 80 mg</b> .....	11
<i>pyridoxine hcl tab er 200 mg</i> .....	174	Ra Budesonide Nasal Spray	
<i>pyrimethamine</i>		see <i>budesonide nasal susp 32</i>	
see DARAPRIM TAB 25MG .....	67	<b>mcg/act</b> .....	150
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>		<b>minerals chew tab 600 mg-400</b>	
<b>cream 4% (200 mg/5gm)</b> ...	171	<b>unit</b> .....	139
Qc Natural Vegetable		Ra Cetirizine	
see <i>psyllium powder 95%</i> .....	131	see <i>cetirizine hcl tab 10 mg</i> .....	55
<i>quetiapine fumarate tab 100 mg</i> .	80	Ra Col-rite	
<i>quetiapine fumarate tab 200 mg</i> .	80	see <i>docusate sodium cap 50 mg</i>	
<i>quetiapine fumarate tab 25 mg</i> ...	80	.....	133
<i>quetiapine fumarate tab 300 mg</i> .	80	Ra Ear Drying Agent	
<i>quetiapine fumarate tab 400 mg</i> .	80	see <i>isopropyl alcohol-glycerin otic</i>	
<i>quetiapine fumarate tab 50 mg</i> ...	80	<b>liquid 95-5%</b> .....	156
		Ra Glycerin Child	

see <b>glycerin suppos 80.7%</b> .....	132	see ROZEREM TAB 8MG .....	130
Ra Hemorrhoidal		<b>ramelteon tab 8 mg</b> .....	130
see <b>pramox-pe-glycerin- petrolatum perianal cream 1- 0.25-14.4-15%</b> .....	18	<b>ramipril cap 1.25 mg</b> .....	61
Ra Hydrocortisone Plus 12		<b>ramipril cap 10 mg</b> .....	61
see <b>hydrocortisone cream 1%</b> .....	107	<b>ramipril cap 2.5 mg</b> .....	61
Ra Ibuprofen		<b>ramipril cap 5 mg</b> .....	61
see <b>ibuprofen tab 200 mg</b> .....	9	<b>ranitidine hcl tab 150 mg</b> .....	166
Ra Laxative		<b>ranitidine hcl tab 300 mg</b> .....	166
see <b>polyethylene glycol 3350 oral packet 17 gm</b> .....	132	<b>ranitidine hcl tab 75 mg</b> .....	166
see <b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> .....	132	<b>ranolazine tab er 12hr 1000 mg</b> ..	21
Ra Laxative Maximum Stren		<b>ranolazine tab er 12hr 500 mg</b> ....	21
see <b>sennosides tab 25 mg</b> .....	133	RAPAMUNE SOL 1MG/ML.....	143
RA LICE KIT SOLUTION .....	110	<b>rasagiline mesylate tab 0.5 mg (base equiv)</b> .....	75
Ra Lubricant Eye Drops		<b>rasagiline mesylate tab 1 mg (base equiv)</b> .....	75
see <b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	152	RECOMBINATE INJ .....	124
Ra Melatonin		RECOMBINATE INJ 220-400.....	124
see <b>melatonin-pyridoxine tab 3-2 mg</b> .....	6	RECOMBINATE INJ 401-800.....	124
Ra Mucus Relief D		RECOMBINATE INJ 801-1240.....	124
see <b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> .....	101	RECOMBIVA HB INJ 10MCG/ML.....	171
RA OYS SHL/D TAB 500MG .....	141	RECOMBIVA HB INJ 5MCG/0.5 .....	171
Ra Oyster Shell Calcium/v		RECTIV OIN 0.4% .....	18
see <b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> .....	140	Regenecare Ha	
RA PRENATAL TAB FORMULA .....	148	see <b>lidocaine hcl gel 2%</b> .....	109
Ra Slow Release Iron		<b>regorafenib</b>	
see <b>ferrous sulfate tab er 47.5 mg (elemental fe)</b> .....	128	see STIVARGA TAB 40MG.....	72
Ra Tioconazole 1		REGANEX GEL 0.01% .....	110
see <b>tioconazole vaginal oint 6.5%</b> .....	172	Reguloid	
<b>rabeprazole sodium ec tab 20 mg</b> .....	168	see <b>psyllium cap 400 mg</b> .....	131
<b>raloxifene hcl tab 60 mg</b> .....	113	RELENZA MIS DISKHALE .....	88
<b>raltegravir potassium</b>		RELION KETON TES.....	110
see ISENTRESS CHW 100MG .....	84	RELISTOR INJ 12/0.6ML.....	119
see ISENTRESS CHW 25MG .....	84	RELISTOR TAB 150MG .....	119
see ISENTRESS HD TAB 600MG.....	84	REMICADE INJ 100MG .....	118
see ISENTRESS POW 100MG.....	84	REMODULIN INJ 10MG/ML.....	93
see ISENTRESS TAB 400MG.....	84	REMODULIN INJ 1MG/ML .....	93
<b>ramelteon</b>		REMODULIN INJ 2.5MG/ML.....	93
		REMODULIN INJ 5MG/ML .....	93
		Rena-vite	
		see <b>b-complex w/ c &amp; folic acid tab 0.8 mg</b> .....	145
		RENFLEXIS INJ 100MG.....	118
		<b>repaglinide tab 0.5 mg</b> .....	50
		<b>repaglinide tab 1 mg</b> .....	50
		<b>repaglinide tab 2 mg</b> .....	50
		REPATHA INJ 140MG/ML .....	59

REPATHA PUSH INJ 420/3.5 .....59  
 REPATHA SURE INJ 140MG/ML.....59  
 RESCRIPTOR TAB 200MG .....85  
**respiratory therapy supplies**  
   see PULMONEB LT MIS NEBULIZE 137  
 RESTASIS EMU 0.05% ..... 154  
 RETACRIT INJ 10000UNT ..... 127  
 RETACRIT INJ 2000UNIT ..... 127  
 RETACRIT INJ 3000UNIT ..... 127  
 RETACRIT INJ 40000UNT ..... 127  
 RETACRIT INJ 4000UNIT ..... 127  
**retapamulin**  
   see ALTABAX OIN 1% ..... 103  
 REVLIMID CAP 10MG ..... 143  
 REVLIMID CAP 15MG ..... 143  
 REVLIMID CAP 2.5MG ..... 143  
 REVLIMID CAP 20MG ..... 143  
 REVLIMID CAP 25MG ..... 143  
 REVLIMID CAP 5MG ..... 143  
**rho d immune globulin (human)**  
   see RHOGAM PLUS INJ 300MCG .. 157  
 RHOGAM PLUS INJ 300MCG..... 157  
 Ribasphere  
   see **ribavirin cap 200 mg** .....87  
**ribavirin cap 200 mg** .....87  
**ribavirin tab 200 mg**.....87  
**ribociclib succinate**  
   see KISQALI TAB 200DOSE.....72  
   see KISQALI TAB 400DOSE.....72  
   see KISQALI TAB 600DOSE.....72  
**ribociclib succinate-letrozole**  
   see KISQALI 200 PAK FEMARA .....70  
   see KISQALI 400 PAK FEMARA .....70  
   see KISQALI 600 PAK FEMARA .....70  
**riboflavin tab 100 mg** ..... 174  
 RIDAURA CAP 3MG ..... 7  
**rifabutin cap 150 mg** .....68  
**rifampin cap 150 mg** .....68  
**rifampin cap 300 mg** .....68  
**rifapentine**  
   see PRIFTIN TAB 150MG.....68  
 RIFATER TAB .....67  
**rifaximin**  
   see XIFAXAN TAB 200MG .....20  
   see XIFAXAN TAB 550MG .....20  
**rilonacept**  
   see ARCALYST INJ 220MG ..... 7

**rilpivirine hcl**  
   see EDURANT TAB 25MG .....84  
**riluzole tab 50 mg** ..... 151  
**rimantadine hydrochloride tab 100 mg** .....88  
 RINVOQ TAB 15MG ER..... 7  
**riociguat**  
   see ADEMPAS TAB 0.5MG ..... 94  
   see ADEMPAS TAB 1.5MG ..... 94  
   see ADEMPAS TAB 1MG ..... 94  
   see ADEMPAS TAB 2.5MG ..... 94  
   see ADEMPAS TAB 2MG ..... 94  
 RISACAL-D TAB ..... 141  
**risankizumab-rzaa**  
   see SKYRIZI INJ 150DOSE..... 105  
**risedronate sodium tab 150 mg** 113  
**risedronate sodium tab 30 mg** .. 113  
**risedronate sodium tab 35 mg** .. 113  
**risedronate sodium tab 5 mg** .... 113  
 RISPERDAL INJ 12.5MG .....77  
 RISPERDAL INJ 25MG .....77  
 RISPERDAL INJ 37.5MG .....77  
 RISPERDAL INJ 50MG .....78  
**risperidone microspheres**  
   see RISPERDAL INJ 12.5MG .....77  
   see RISPERDAL INJ 25MG .....77  
   see RISPERDAL INJ 37.5MG .....77  
   see RISPERDAL INJ 50MG .....78  
**risperidone orally disintegrating tab 0.25 mg** .....78  
**risperidone orally disintegrating tab 0.5 mg** .....78  
**risperidone orally disintegrating tab 1 mg** .....78  
**risperidone orally disintegrating tab 2 mg** .....78  
**risperidone orally disintegrating tab 3 mg** .....78  
**risperidone orally disintegrating tab 4 mg** .....78  
**risperidone soln 1 mg/ml** .....78  
**risperidone tab 0.25 mg** .....78  
**risperidone tab 0.5 mg** .....78  
**risperidone tab 1 mg** .....78  
**risperidone tab 2 mg** .....78  
**risperidone tab 3 mg** .....78  
**risperidone tab 4 mg** .....78

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

see RUBRACA TAB 200MG .....72  
see RUBRACA TAB 250MG .....72  
see RUBRACA TAB 300MG .....72

**rufinamide**

see BANZEL SUS 40MG/ML .....32  
see BANZEL TAB 200MG .....32  
see BANZEL TAB 400MG .....32  
RUXIENCE INJ 100/10ML .....69  
RUXIENCE INJ 500/50ML .....69

**ruxolitinib phosphate**

see JAKAFI TAB 10MG .....71  
see JAKAFI TAB 15MG .....71  
see JAKAFI TAB 20MG .....71  
see JAKAFI TAB 25MG .....72  
see JAKAFI TAB 5MG .....71  
RYBELSUS TAB 14MG .....46  
RYBELSUS TAB 3MG .....46  
RYBELSUS TAB 7MG .....46

Ryclora

see **dexchlorpheniramine maleate oral soln 2 mg/5ml** .....54

**S**

**sacubitril-valsartan**

see ENTRESTO TAB 24-26MG .....92  
see ENTRESTO TAB 49-51MG .....92  
see ENTRESTO TAB 97-103MG .....92

**saline nasal spray 0.65%** .....150

**salmeterol xinafoate**

see SEREVENT DIS AER 50MCG .....29

**salsalate tab 500 mg** .....12

**salsalate tab 750 mg** .....12

SAMSCA TAB 15MG .....115

SAMSCA TAB 30MG .....115

SANDIMMUNE CAP 100MG .....144

SANDIMMUNE CAP 25MG .....144

SANDOSTATIN KIT LAR 10MG .....115

SANDOSTATIN KIT LAR 20MG .....115

SANDOSTATIN KIT LAR 30MG .....115

SANTYL OIN 250/GM .....108

SAPHRIS SUB 10MG .....80

SAPHRIS SUB 2.5MG .....80

SAPHRIS SUB 5MG .....80

**sapropterin dihydrochloride**

see KUVAN TAB 100MG .....114

**saquinavir mesylate**

see INVIRASE TAB 500MG .....84

**sargramostim**

see LEUKINE INJ 250MCG .....127

**sarilumab**

see KEVZARA INJ 150/1.14 .....8

see KEVZARA INJ 200/1.14 .....8

SAVELLA MIS TITR PAK .....160

SAVELLA TAB 100MG .....160

SAVELLA TAB 12.5MG .....160

SAVELLA TAB 25MG .....160

SAVELLA TAB 50MG .....160

Sb Fib Lax Orange

see **psyllium powder 33%** .....131

Sb Lice Treatment

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

**scopolamine td patch 72hr 1**

**mg/3days** .....53

**secukinumab**

see COSENTYX INJ 150MG/ML ....105

see COSENTYX INJ 300DOSE .....105

see COSENTYX PEN INJ 150MG/ML  
.....105

see COSENTYX PEN INJ 300DOSE 105

**selegiline**

see EMSAM DIS 12MG/24H .....36

see EMSAM DIS 6MG/24HR .....36

see EMSAM DIS 9MG/24HR .....36

**selegiline hcl cap 5 mg** .....76

**selegiline hcl tab 5 mg** .....76

**selenium sulfide lotion 1%** .....105

**selenium sulfide lotion 2.5%** .....105

**selexipag**

see UPTRAVI TAB 1000MCG .....94

see UPTRAVI TAB 1200MCG .....94

see UPTRAVI TAB 1400MCG .....94

see UPTRAVI TAB 1600MCG .....94

see UPTRAVI TAB 200/800 .....94

see UPTRAVI TAB 200MCG .....94

see UPTRAVI TAB 400MCG .....94

see UPTRAVI TAB 600MCG .....94

see UPTRAVI TAB 800MCG .....94

SELZENTRY SOL 20MG/ML .....85

SELZENTRY TAB 150MG .....85

SELZENTRY TAB 25MG .....85

SELZENTRY TAB 300MG .....85

SELZENTRY TAB 75MG .....85

**semaglutide**

see OZEMPIC INJ 2/1.5ML .....46

see RYBELSUS TAB 14MG .....46  
 see RYBELSUS TAB 3MG .....46  
 see RYBELSUS TAB 7MG .....46  
 SE-NATAL 19 CHW .....148  
**sennosides chew tab 15 mg** .....133  
**sennosides syrup 8.8 mg/5ml** ...133  
**sennosides tab 25 mg** .....133  
**sennosides tab 8.6 mg** .....133  
**sennosides-docusate sodium**  
 see MEDI-LAXX CAP 8.6-50MG ....131  
**sennosides-docusate sodium tab**  
**8.6-50 mg** .....132  
 SENSIPAR TAB 30MG .....114  
 SENSIPAR TAB 60MG .....115  
 SENSIPAR TAB 90MG .....115  
 SEREVENT DIS AER 50MCG .....29  
**sertaconazole nitrate**  
 see ERTACZO CRE 2% .....103  
**sertraline hcl oral concentrate for**  
**solution 20 mg/ml** .....37  
**sertraline hcl tab 100 mg** .....37  
**sertraline hcl tab 25 mg** .....37  
**sertraline hcl tab 50 mg** .....37  
**sevelamer carbonate packet 0.8**  
**gm** .....119  
**sevelamer carbonate packet 2.4**  
**gm** .....119  
**sevelamer carbonate tab 800 mg**  
 .....119  
 Sf  
 see **sodium fluoride gel 1.1%**  
**(0.5% f)** .....144  
 Sf 5000 Plus  
 see **sodium fluoride cream 1.1%**  
 .....144  
 SHINGRIX INJ 50/0.5ML .....171  
 SHUR-SEAL GEL 2% .....171  
 Silace  
 see **docusate sodium liquid 150**  
**mg/15ml** .....133  
 see **docusate sodium syrup 60**  
**mg/15ml** .....133  
**sildenafil citrate tab 20 mg** .....94  
 SILENOR TAB 3MG .....129  
 SILENOR TAB 6MG .....129  
**silodosin cap 4 mg** .....120  
**silodosin cap 8 mg** .....120

Siltussin-dm  
 see **dextromethorphan-**  
**guaifenesin syrup 10-100**  
**mg/5ml** .....100  
**silver sulfadiazine cream 1%** ....106  
 SIMBRINZA SUS 1-0.2% .....153  
**simethicone cap 125 mg** .....117  
**simethicone cap 180 mg** .....117  
**simethicone chew tab 125 mg**...117  
**simethicone chew tab 80 mg**....117  
**simethicone liquid 40 mg/0.6ml**117  
**simethicone susp 40 mg/0.6ml** .117  
 SIMPONI INJ 100MG/ML .....7  
 SIMPONI INJ 50/0.5ML .....7  
**simvastatin tab 10 mg** .....59  
**simvastatin tab 20 mg** .....59  
**simvastatin tab 40 mg** .....59  
**simvastatin tab 5 mg** .....59  
**simvastatin tab 80 mg** .....59  
**sinecatechins**  
 see VEREGEN OIN 15% .....103  
**siponimod fumarate**  
 see MAYZENT TAB 0.25MG .....161  
**sirolimus**  
 see RAPAMUNE SOL 1MG/ML .....143  
**sirolimus oral soln 1 mg/ml** .....144  
**sirolimus tab 0.5 mg** .....144  
**sirolimus tab 1 mg** .....144  
**sirolimus tab 2 mg** .....144  
 SIRTURO TAB 100MG .....68  
**sitagliptin phosphate**  
 see JANUVIA TAB 100MG .....46  
 see JANUVIA TAB 25MG .....46  
 see JANUVIA TAB 50MG .....46  
**sitagliptin-metformin hcl**  
 see JANUMET TAB 50-1000 .....42  
 see JANUMET TAB 50-500MG .....42  
 see JANUMET XR TAB 100-1000 ...42  
 see JANUMET XR TAB 50-1000 .....42  
 see JANUMET XR TAB 50-500MG ...42  
**skin protectants misc - cream** ...109  
 SKLICE LOT 0.5% .....110  
 SKYLA IUD 13.5MG .....98  
 SKYRIZI INJ 150DOSE .....105  
 Sleep Aid  
 see **doxylamine succinate (sleep)**  
**tab 25 mg** .....129



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

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

see **pyrethrins-piperonyl butoxide liq 0.33-4%**..... 110  
 Stress Formula W/iron  
   see **multiple vitamins w/ iron tab**  
   ..... 145  
 STRIBILD TAB.....85  
 STRIVERDI AER 2.5MCG .....29  
**succimer**  
   see CHEMET CAP 100MG .....52  
**sucralfate tab 1 gm** ..... 166  
**sucroferriic oxyhydroxide**  
   see VELPHORO CHW 500MG ..... 119  
 SUDAFED PE SOL CHILDREN..... 151  
**sulconazole nitrate**  
   see EXELDERM CRE 1%..... 104  
   see EXELDERM SOL 1%..... 104  
**sulconazole nitrate cream 1%** ... 104  
**sulfacetamide sodium lotion 10%**  
   (*acne*)..... 102  
**sulfacetamide sodium ophth soln 10%** ..... 154  
**sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%**... 154  
**sulfacetamide sodium-sulfur in urea emulsion 10-4%**..... 102  
 SULFADIAZINE TAB 500MG ..... 162  
**sulfamethoxazole-trimethoprim susp 200-40 mg/5ml**.....20  
**sulfamethoxazole-trimethoprim tab 400-80 mg**.....20  
**sulfamethoxazole-trimethoprim tab 800-160 mg**.....20  
 SULFAMYLON CRE 85MG/GM ..... 106  
**sulfasalazine tab 500 mg**..... 118  
**sulfasalazine tab delayed release 500 mg** ..... 118  
**sulindac tab 150 mg**.....10  
**sulindac tab 200 mg**.....10  
**sumatriptan succinate inj 6 mg/0.5ml** ..... 138  
**sumatriptan succinate tab 100 mg**  
   ..... 138  
**sumatriptan succinate tab 25 mg**  
   ..... 138  
**sumatriptan succinate tab 50 mg**  
   ..... 138  
**sunitinib malate**

see SUTENT CAP 12.5MG.....72  
 see SUTENT CAP 25MG .....72  
 see SUTENT CAP 37.5MG.....72  
 see SUTENT CAP 50MG .....73  
 SUPRAX CAP 400MG .....96  
 SUPREP BOWEL SOL PREP KIT ..... 132  
 SUTENT CAP 12.5MG .....72  
 SUTENT CAP 25MG .....72  
 SUTENT CAP 37.5MG .....72  
 SUTENT CAP 50MG .....73  
**suvorexant**  
   see BELSOMRA TAB 10MG ..... 130  
   see BELSOMRA TAB 15MG ..... 130  
   see BELSOMRA TAB 20MG ..... 130  
   see BELSOMRA TAB 5MG ..... 130  
 SYMBICORT AER 160-4.5 .....29  
 SYMBICORT AER 80-4.5 .....29  
 SYMFI LO TAB.....85  
 SYMFI TAB .....85  
 SYMJEPI INJ 0.15MG ..... 172  
 SYMJEPI INJ 0.3MG ..... 172  
 SYMLINPEN 60 INJ 1000MCG..... 41  
 SYMLINPEN 120 INJ 1000MCG ..... 41  
 SYMPROIC TAB 0.2MG ..... 119  
 SYMTUZA TAB.....85  
 SYNAGIS INJ 100MG/ML ..... 157  
 SYNAGIS INJ 50MG ..... 157  
 SYNAREL SOL 2MG/ML..... 114  
 SYNERA DIS 70-70MG ..... 109  
 SYNJARDY TAB ..... 43  
 SYNJARDY TAB 12.5-500..... 43  
 SYNJARDY TAB 5-1000MG ..... 43  
 SYNJARDY TAB 5-500MG..... 43  
 SYNJARDY XR TAB..... 43  
 SYNJARDY XR TAB 10-1000..... 44  
 SYNJARDY XR TAB 25-1000..... 44  
 SYNJARDY XR TAB 5-1000MG ..... 44  
 SYNTHROID TAB 100MCG ..... 164  
 SYNTHROID TAB 112MCG ..... 164  
 SYNTHROID TAB 125MCG ..... 164  
 SYNTHROID TAB 137MCG ..... 164  
 SYNTHROID TAB 150MCG ..... 164  
 SYNTHROID TAB 175MCG ..... 164  
 SYNTHROID TAB 200MCG ..... 164  
 SYNTHROID TAB 25MCG ..... 164  
 SYNTHROID TAB 300MCG ..... 164  
 SYNTHROID TAB 50MCG ..... 164

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

see AUBAGIO TAB 14MG .....	161	see TABLOID TAB 40MG .....	68
see AUBAGIO TAB 7MG .....	160	<b>thioridazine hcl tab 10 mg</b> .....	81
<b>teriparatide (recombinant)</b>		<b>thioridazine hcl tab 100 mg</b> .....	82
see FORTEO SOL 600/2.4 .....	113	<b>thioridazine hcl tab 25 mg</b> .....	81
<b>testosterone cypionate im inj in oil</b>		<b>thioridazine hcl tab 50 mg</b> .....	82
<b>100 mg/ml</b> .....	18	<b>thiothixene cap 1 mg</b> .....	83
<b>testosterone cypionate im inj in oil</b>		<b>thiothixene cap 10 mg</b> .....	83
<b>200 mg/ml</b> .....	18	<b>thiothixene cap 2 mg</b> .....	83
<b>testosterone enanthate im inj in oil</b>		<b>thiothixene cap 5 mg</b> .....	83
<b>200 mg/ml</b> .....	18	THYROGEN INJ 1.1MG .....	110
<b>tetanus toxoid-diphtheria-acellular</b>		<b>thyroid</b>	
<b>pertussis adsorb (tdap)</b>		see ARMOUR THYRO TAB 120MG .	163
see ADACEL INJ .....	165	see ARMOUR THYRO TAB 15MG...	163
see BOOSTRIX INJ.....	165	see ARMOUR THYRO TAB 180MG .	163
<b>tetanus-diphtheria toxoids (td)</b>		see ARMOUR THYRO TAB 240MG .	163
see TDVAX INJ 2-2 LF .....	165	see ARMOUR THYRO TAB 300MG .	163
see TENIVAC INJ 5-2LF .....	165	see ARMOUR THYRO TAB 30MG...	163
<b>tetrabenazine tab 12.5 mg</b> .....	160	see ARMOUR THYRO TAB 60MG...	163
<b>tetrabenazine tab 25 mg</b> .....	160	see ARMOUR THYRO TAB 90MG...	163
<b>tetracycline hcl cap 250 mg</b> .....	163	see NATURE THROI TAB 162.5MG	164
<b>tetracycline hcl cap 500 mg</b> .....	163	see NATURE-THROI TAB 113.75MG	
Tgt Antacid Extra Strengt		.....	164
see <b>calcium carbonate-mag</b>		see NATURE-THROI TAB 130MG ..	164
<b>hydroxide chew tab 675-135</b>		see NATURE-THROI TAB 146.25MG	
<b>mg</b> .....	19	.....	164
TGT GLUCOSE CHW GRAPE .....	45	see NATURE-THROI TAB 16.25MG	164
<b>thalidomide</b>		see NATURE-THROI TAB 195MG ..	164
see THALOMID CAP 100MG.....	143	see NATURE-THROI TAB 260MG ..	164
see THALOMID CAP 150MG.....	143	see NATURE-THROI TAB 32.5MG .	164
see THALOMID CAP 200MG.....	143	see NATURE-THROI TAB 325MG ..	164
see THALOMID CAP 50MG.....	143	see NATURE-THROI TAB 48.75MG	164
THALOMID CAP 100MG .....	143	see NATURE-THROI TAB 65MG....	164
THALOMID CAP 150MG .....	143	see NATURE-THROI TAB 97.5MG .	164
THALOMID CAP 200MG .....	143	see WP THYROID TAB 81.25MG...	165
THALOMID CAP 50MG .....	143	<b>thyroid tab 120 mg (2 grain)</b> .....	165
<b>theophylline soln 80 mg/15ml</b> ....	29	<b>thyroid tab 15 mg (1/4 grain)</b> ...	164
<b>theophylline tab er 12hr 100 mg</b> .	29	<b>thyroid tab 30 mg (1/2 grain)</b> ...	165
<b>theophylline tab er 12hr 200 mg</b> .	29	<b>thyroid tab 60 mg (1 grain)</b> .....	165
<b>theophylline tab er 12hr 300 mg</b> .	29	<b>thyroid tab 90 mg (1 1/2 grain)</b>	165
<b>theophylline tab er 12hr 450 mg</b> .	29	THYROLAR-1 TAB 60MG .....	165
<b>theophylline tab er 24hr 400 mg</b> .	29	THYROLAR-1/2 TAB 30MG .....	165
<b>theophylline tab er 24hr 600 mg</b> .	29	THYROLAR-1/4 TAB 15MG .....	165
THERANATAL MIS COMPLETE.....	148	THYROLAR-2 TAB 120MG .....	165
<b>thiamine hcl tab 100 mg</b> .....	174	THYROLAR-3 TAB 180MG .....	165
<b>thiamine hcl tab 250 mg</b> .....	174	<b>thyrotropin alfa</b>	
<b>thiamine hcl tab 50 mg</b> .....	174	see THYROGEN INJ 1.1MG .....	110
<b>thioguanine</b>		<b>tiagabine hcl tab 12 mg</b> .....	34

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

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

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



<i>ursodiol cap 300 mg</i> .....	117	see CHANTIX TAB 1MG .....	161
<i>ursodiol tab 250 mg</i> .....	117	V-c Forte	
<i>ursodiol tab 500 mg</i> .....	117	see <b>multiple vitamins w/ minerals cap</b> .....	145
<b>ustekinumab</b>		VCF VAGINAL AER CONTRACP.....	171
see STELARA INJ 45MG/0.5 .....	105	Vcf Vaginal Contraceptive	
see STELARA INJ 90MG/ML.....	105	see <b>nonoxynol-9 gel 4%</b> .....	171
<b>ustekinumab (iv)</b>		VCF VAGINAL MIS CONTRACP.....	171
see STELARA INJ 5MG/ML.....	118	VECAMYL TAB 2.5MG .....	66
<b>V</b>		Velivet	
<i>valacyclovir hcl tab 1 gm</i> .....	87	see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	96
<i>valacyclovir hcl tab 500 mg</i> .....	87	VELPHORO CHW 500MG.....	119
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	86	VELTIN GEL.....	103
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	86	<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	38
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i> .....	35	<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	38
<i>valproic acid cap 250 mg</i> .....	35	<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	38
<i>valsartan tab 160 mg</i> .....	63	<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	39
<i>valsartan tab 320 mg</i> .....	63	<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	38
<i>valsartan tab 40 mg</i> .....	63	<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	38
<i>valsartan tab 80 mg</i> .....	63	<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	38
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> .....	66	<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	39
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> .....	66	VENTAVIS SOL 10MCG/ML .....	93
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> .....	66	VENTAVIS SOL 20MCG/ML .....	93
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> .....	66	VENTOLIN HFA AER.....	29
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	66	<b>verapamil hcl cap er 24hr 100 mg</b> .....	91
VALTOCO LIQ 15MG .....	32	<b>verapamil hcl cap er 24hr 120 mg</b> .....	91
VALTOCO LIQ 20MG .....	32	<b>verapamil hcl cap er 24hr 180 mg</b> .....	91
VALTOCO SPR 10MG .....	32	<b>verapamil hcl cap er 24hr 240 mg</b> .....	92
VALTOCO SPR 5MG.....	32	<b>verapamil hcl cap er 24hr 300 mg</b> .....	92
<b>vancomycin hcl</b>		<b>verapamil hcl cap er 24hr 360 mg</b> .....	92
see FIRVANQ SOL 25MG/ML.....	20	<b>verapamil hcl tab 120 mg</b> .....	92
see FIRVANQ SOL 50MG/ML.....	20		
<b>vandetanib</b>			
see CAPRELSA TAB 100MG .....	70		
see CAPRELSA TAB 300MG .....	70		
VAQTA INJ 25/0.5ML .....	171		
VAQTA INJ 50UNT/ML .....	171		
<b>varenicline tartrate</b>			
see CHANTIX PAK 0.5& 1MG .....	161		
see CHANTIX TAB 0.5MG .....	161		

<i>verapamil hcl tab 40 mg</i> .....	92	see <i>b-complex w/ c &amp; folic acid</i>	
<i>verapamil hcl tab 80 mg</i> .....	92	<i>tab</i> .....	145
<i>verapamil hcl tab er 120 mg</i> .....	92	VITAFOL-OB TAB 65-1MG.....	149
<i>verapamil hcl tab er 180 mg</i> .....	92	VIVITROL INJ 380MG.....	52
<i>verapamil hcl tab er 240 mg</i> .....	92	VOL-PLUS TAB.....	149
VEREGEN OIN 15% .....	103	VOL-TAB RX TAB.....	149
VESICARE TAB 10MG.....	169	<i>vorapaxar sulfate</i>	
VESICARE TAB 5MG.....	169	see ZONTIVITY TAB 2.08MG .....	126
VICTOZA INJ 18MG/3ML.....	47	<i>voriconazole tab 200 mg</i> .....	54
VIDEX EC CAP 125MG.....	86	<i>voriconazole tab 50 mg</i> .....	54
<i>vigabatrin powd pack 500 mg</i> .....	35	<i>vorinostat</i>	
<i>vigabatrin tab 500 mg</i> .....	35	see ZOLINZA CAP 100MG .....	73
Vigadrone		<i>vortioxetine hbr</i>	
see <i>vigabatrin powd pack 500 mg</i>		see TRINTELLIX TAB 10MG .....	38
.....	35	see TRINTELLIX TAB 20MG .....	38
VIIBRYD KIT STARTER .....	38	see TRINTELLIX TAB 5MG.....	38
VIIBRYD TAB 10MG .....	38	VOSEVI TAB .....	87
VIIBRYD TAB 20MG .....	38	VOTRIENT TAB 200MG.....	73
VIIBRYD TAB 40MG .....	38	VRAYLAR CAP 1.5MG .....	76
<i>vilazodone hcl</i>		VRAYLAR CAP 3MG .....	76
see VIIBRYD KIT STARTER.....	38	VRAYLAR CAP 4.5MG .....	76
see VIIBRYD TAB 10MG.....	38	VRAYLAR CAP 6MG .....	76
see VIIBRYD TAB 20MG.....	38	VYVANSE CAP 10MG .....	2
see VIIBRYD TAB 40MG.....	38	VYVANSE CAP 20MG .....	2
VIMPAT SOL 10MG/ML .....	34	VYVANSE CAP 30MG .....	2
VIMPAT TAB 100MG.....	34	VYVANSE CAP 40MG .....	2
VIMPAT TAB 150MG.....	34	VYVANSE CAP 50MG .....	2
VIMPAT TAB 200MG.....	34	VYVANSE CAP 60MG .....	2
VIMPAT TAB 50MG .....	34	VYVANSE CAP 70MG .....	2
VINATE II TAB .....	149	<b>W</b>	
VINATE M TAB .....	149	Wal-dryl Allergy Relief C	
VIRACEPT TAB 250MG .....	86	see <i>diphenhydramine hcl tab</i>	
VIRACEPT TAB 625MG .....	86	<i>disint 12.5 mg</i> .....	54
VIREAD TAB 150MG.....	86	Wal-dryl Pe Allergy/sinu	
VIREAD TAB 200MG.....	86	see <i>diphenhydramine-</i>	
VIREAD TAB 250MG.....	86	<i>phenylephrine tab 25-10 mg</i> 100	
Virt-caps		Wal-itin Aller-melts	
see <i>b-complex w/ c &amp; folic acid</i>		see <i>loratadine rapidly-</i>	
<i>cap 1 mg</i> .....	145	<i>disintegrating tab 10 mg</i> .....	55
Virt-phos 250 Neutral		Wal-tap Cold & Allergy	
see <i>pot phos monobasic w/sod</i>		see <i>brompheniramine &amp;</i>	
<i>phos di &amp; monobas tab 155-</i>		<i>pseudoephedrine elixir 1-15</i>	
<i>852-130mg</i> .....	142	<i>mg/5ml</i> .....	100
VISCO-3 INJ 25/2.5ML.....	149	<i>warfarin sodium</i>	
<i>vismodegib</i>		see COUMADIN TAB 10MG .....	30
see ERIVEDGE CAP 150MG .....	69	see COUMADIN TAB 1MG .....	29
Vita-bee/c		see COUMADIN TAB 2.5MG.....	29

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

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

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



5605 MacArthur Blvd, Suite 400, Irving, TX 75038

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

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