



Molina Complete Care

April 2022

Molina Complete Care

Medicaid

**Preferred Drug List
(Formulary)/**

**Lista de Medicamentos Preferidos
(Formulario)**



Discrimination is against the law

Molina Complete Care (MCC) follows the law. We treat all people equally. We do not discriminate against anyone based on:

- Race
- Color
- National origin
- Age
- Disability
- Sex

We provide free help and services to people with disabilities. We want you to be able to communicate with us easily. We offer:

- Qualified sign language interpreters.
- Written information in many formats. These may include:
 - Large print
 - Audio
 - Accessible electronic formats
 - Other formats

We also provide free language services to people whose first language is not English. We offer:

- Qualified interpreters
- Information that is written in other languages

Contact us at 1-800-424-4524 (TTY 711) for Commonwealth Coordinated Care Plus (CCC Plus), or 1-800-424-4518 (TTY 711) for Medallion 4.0 if you need any of these services.

If you believe we have not provided these services or discriminated in another way, you may file a report by calling the Molina AlertLine at 1-866-606-3889 or online at <https://molinahealthcare.alertline.com>.

You can also file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights. You may do this online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Or you may do this by mail or phone.

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

TDD: 1-800-537-7697

Complaint forms are available online. You may find them at <http://www.hhs.gov/ocr/office/file/index.html>.

Table of Contents

CONTENTS/CONTENIDO	20
FORMULARY GUIDE (ENGLISH).....	20
INTRODUCTION	20
PREFACE	20
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE.....	20
DRUG LIST PRODUCT DESCRIPTIONS.....	20
GENERIC SUBSTITUTION.....	21
PLAN DESIGN.....	21
PRIOR AUTHORIZATION REQUEST PROCEDURE.....	22
PRIOR AUTHORIZATION HELPFUL HINTS	22
EXCLUDED SERVICES	22
NOTICE.....	22
FORMULARY UPDATES	23
LEGEND	24
GUÍA DE FORMULARIO (ESPAÑOL).....	25
INTRODUCCIÓN.....	25
PREFACIO	25
COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)	25
DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS	25
SUSTITUCIÓN GENÉRICA	26
DISEÑO DE PLANES	26
PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA.....	27
CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA.....	27
SERVICIOS EXCLUIDOS	28
AVISO.....	28
ACTUALIZACIONES DEL FORMULARIO	28
LEYENDA.....	30
.....	30
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	31
AMPHETAMINES.....	31
ANALEPTICS.....	35
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS..	35
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)	36
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS	36
STIMULANTS - MISC.	36
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES	43
ALLERGENIC EXTRACTS.....	43
ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES	44

ALTERNATIVE MEDICINE - C'S	44
ALTERNATIVE MEDICINE - M'S.....	44
ALTERNATIVE MEDICINE COMBINATIONS	44
AMEBICIDES - DRUGS TO TREAT INFECTIONS	44
AMEBICIDES - DRUGS TO TREAT INFECTIONS	44
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	44
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	44
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS.....	45
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES.....	45
ANTIRHEUMATIC - ENZYME INHIBITORS.....	45
ANTIRHEUMATIC ANTIMETABOLITES	45
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA).....	46
INTERLEUKIN-1BETA BLOCKERS	46
INTERLEUKIN-6 RECEPTOR INHIBITORS	46
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS).....	46
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	50
PYRIMIDINE SYNTHESIS INHIBITORS	50
SELECTIVE COSTIMULATION MODULATORS.....	50
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	50
ANALGESICS - NONNARCOTIC	50
ANALGESIC COMBINATIONS.....	50
ANALGESICS OTHER	51
SALICYLATES	51
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	52
OPIOID AGONISTS.....	52
OPIOID COMBINATIONS	58
OPIOID PARTIAL AGONISTS	60
ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES.....	62
ANDROGENS	62
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	63
INTRARECTAL STEROIDS	63
RECTAL COMBINATIONS	63
RECTAL LOCAL ANESTHETICS.....	63
RECTAL STEROIDS.....	63
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	64
ANTACID COMBINATIONS	64
ANTACIDS - ALUMINUM SALTS	64
ANTACIDS - BICARBONATE	64
ANTACIDS - CALCIUM SALTS.....	64
ANTACIDS - MAGNESIUM SALTS.....	64

ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	64
.....	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES ...	64
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	65
.....	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	65
ANTI-INFECTIVE MISC. - COMBINATIONS	65
ANTIPROTOZOAL AGENTS	65
GLYCOPEPTIDES	65
LEPROSTATICS	66
LINCOSAMIDES	66
MONOBACTAMS	66
OXAZOLIDINONES	66
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS	66
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	66
.....	
ANTIANGINALS-OTHER	66
NITRATES	66
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	67
.....	
ANTIANSXIETY AGENTS - MISC.	67
BENZODIAZEPINES	67
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS	68
.....	
ANTIARRHYTHMICS TYPE I-B	68
ANTIARRHYTHMICS TYPE I-C	68
ANTIARRHYTHMICS TYPE III	68
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	68
.....	
ANTIASTHMATIC - MONOCLONAL ANTIBODIES	68
BRONCHODILATORS - ANTICHOLINERGICS	68
LEUKOTRIENE MODULATORS	69
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	69
STEROID INHALANTS	69
SYMPATHOMIMETICS	70
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	73
.....	
COUMARIN ANTICOAGULANTS	73
DIRECT FACTOR XA INHIBITORS	73
HEPARINS AND HEPARINOID-LIKE AGENTS	73
THROMBIN INHIBITORS	74
ANTICONSULSANTS - DRUGS TO TREAT SEIZURES	74
.....	
AMPA GLUTAMATE RECEPTOR ANTAGONISTS	74
ANTICONSULSANTS - BENZODIAZEPINES	75

ANTICONVULSANTS - MISC.....	75
CARBAMATES	80
GABA MODULATORS.....	81
HYDANTOINS	81
SUCCINIMIDES.....	81
VALPROIC ACID	81
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION.....	82
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	82
ANTIDEPRESSANTS - MISC.	82
MONOAMINE OXIDASE INHIBITORS (MAOIS)	83
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	83
SEROTONIN MODULATORS.....	86
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	86
TRICYCLIC AGENTS	88
ANTIDIABETICS - DRUGS TO TREAT DIABETES.....	89
ALPHA-GLUCOSIDASE INHIBITORS	89
ANTIDIABETIC - AMYLIN ANALOGS	89
ANTIDIABETIC COMBINATIONS	89
BIGUANIDES	94
DIABETIC OTHER	95
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	95
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)	96
INSULIN	97
INSULIN SENSITIZING AGENTS	98
MEGLITINIDE ANALOGUES	99
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	99
SULFONYLUREAS	100
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT	
DIARRHEA	101
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	101
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS	102
ANTIPERISTALTIC AGENTS	102
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR	
OVERDOSE OR POISONING.....	102
ANTIDOTES - CHELATING AGENTS	102
OPIOID ANTAGONISTS	102
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....	103
5-HT3 RECEPTOR ANTAGONISTS.....	103
ANTIEMETICS - ANTICHOLINERGIC	103
ANTIEMETICS - ANTIDOPAMINERGIC	104
ANTIEMETICS - MISCELLANEOUS	104
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	104
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	104

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	104
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS	105
IMIDAZOLE-RELATED ANTIFUNGALS.....	105
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES	106
ANTIHISTAMINES - ALKYLAMINES	106
ANTIHISTAMINES - ETHANOLAMINES	106
ANTIHISTAMINES - NON-SEDATING	106
ANTIHISTAMINES - PHENOTHIAZINES	108
ANTIHISTAMINES - PIPERIDINES	108
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL	
.....	109
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS ...	109
ANTIHYPERTENSIVES - COMBINATIONS	109
ANTIHYPERTENSIVES - MISC.	109
BILE ACID SEQUESTRANTS	109
FIBRIC ACID DERIVATIVES.....	110
HMG COA REDUCTASE INHIBITORS	111
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	113
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS	
.....	113
NICOTINIC ACID DERIVATIVES	113
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS	
.....	113
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD	
PRESSURE.....	113
ACE INHIBITORS.....	113
AGENTS FOR PHEOCHROMOCYTOMA	116
ANGIOTENSIN II RECEPTOR ANTAGONISTS	116
ANTIADRENERGIC ANTIHYPERTENSIVES	118
ANTIHYPERTENSIVE COMBINATIONS	118
DIRECT RENIN INHIBITORS.....	124
VASODILATORS	124
ANTIMALARIALS - DRUGS TO TREAT MALARIA	124
ANTIMALARIAL COMBINATIONS	124
ANTIMALARIALS - DRUGS TO TREAT MALARIA	124
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT	
MUSCLE DISORDERS.....	124
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT	
MUSCLE DISORDERS	124
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	
.....	124
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS ...	124

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	125
ALKYLATING AGENTS	125
ANTIMETABOLITES	125
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	126
ANTINEOPLASTIC - ANTI-HER2 AGENTS.....	126
ANTINEOPLASTIC - ANTIBODIES	126
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	126
ANTINEOPLASTIC ANTIBIOTICS	127
ANTINEOPLASTIC ENZYME INHIBITORS	127
ANTINEOPLASTICS MISC.....	127
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	127
MITOTIC INHIBITORS	127
TOPOISOMERASE I INHIBITORS.....	128
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE	128
ANTIPARKINSON ANTICHOLINERGICS	128
ANTIPARKINSON DOPAMINERGICS.....	128
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS	130
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	130
ANTIMANIC AGENTS	130
ANTIPSYCHOTICS - MISC.....	130
BENZISOXAZOLES.....	131
BUTYROPHENONES.....	134
DIBENZAPINES	135
DIHYDROINDOLONES	139
PHENOTHIAZINES	139
QUINOLINONE DERIVATIVES	141
THIOXANTHENES	143
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	143
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	143
CHLORINE ANTISEPTICS	143
IODINE ANTISEPTICS	143
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	144
ANTIRETROVIRALS.....	144
HEPATITIS AGENTS	147
HERPES AGENTS	148
INFLUENZA AGENTS	148
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	149
ALPHA-BETA BLOCKERS	149
BETA BLOCKERS CARDIO-SELECTIVE.....	149

BETA BLOCKERS NON-SELECTIVE	150
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	152
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	152
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS	156
CARDIAC GLYCOSIDES	156
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	157
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	157
IMPOTENCE AGENTS.....	157
PROSTAGLANDIN VASODILATORS	158
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	158
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS.....	159
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST	159
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR	159
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS	159
CEPHALOSPORINS - 1ST GENERATION.....	159
CEPHALOSPORINS - 2ND GENERATION	160
CEPHALOSPORINS - 3RD GENERATION	160
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING	160
ACIDS, BASES, & BUFFERS.....	160
BULK CHEMICALS - E'S	161
BULK CHEMICALS - I'S.....	161
BULK CHEMICALS - P'S	161
BULK CHEMICALS - S'S	161
LIQUIDS	161
SOLIDS.....	162
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL.....	162
COMBINATION CONTRACEPTIVES - ORAL	162
COMBINATION CONTRACEPTIVES - TRANSDERMAL	166
COMBINATION CONTRACEPTIVES - VAGINAL	166
COPPER CONTRACEPTIVES - IUD.....	166
PROGESTIN CONTRACEPTIVES - IMPLANTS	166
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	166
PROGESTIN CONTRACEPTIVES - IUD	166
PROGESTIN CONTRACEPTIVES - ORAL	167
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE	167
GLUCOCORTICOSTEROIDS	167

MINERALOCORTICOIDS	169
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS	169
ANTITUSSIVES	169
COUGH/COLD/ALLERGY COMBINATIONS	170
EXPECTORANTS	173
MISC. RESPIRATORY INHALANTS	174
MUCOLYTICS	174
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS ...	174
ACNE PRODUCTS	174
ANALGESICS - TOPICAL	180
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	180
ANTIBIOTICS - TOPICAL	180
ANTIFUNGALS - TOPICAL	181
ANTI-HISTAMINES-TOPICAL	183
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	183
ANTIPSORIATICS	183
ANTISEBORRHEIC PRODUCTS.....	184
ANTIVIRALS - TOPICAL	184
BURN PRODUCTS	185
CORTICOSTEROIDS - TOPICAL.....	185
DIAPER RASH PRODUCTS.....	189
ECZEMA AGENTS	189
EMOLLIENT/KERATOLYTIC AGENTS	189
EMOLLIENTS	189
IMMUNOMODULATING AGENTS - TOPICAL.....	190
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	190
KERATOLYTIC/ANTIMITOTIC AGENTS.....	190
LINIMENTS.....	190
LOCAL ANESTHETICS - TOPICAL	190
MISC. TOPICAL	191
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	192
ROSACEA AGENTS.....	192
SCABICIDES & PEDICULICIDES.....	192
TAR PRODUCTS	193
WOUND CARE PRODUCTS	193
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	193
DIAGNOSTIC TESTS	193
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION	193
DIETARY MANAGEMENT PRODUCTS	193
NUTRITIONAL SUPPLEMENTS.....	193

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	194
DIGESTIVE ENZYMES.....	194
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	194
CARBONIC ANHYDRASE INHIBITORS	194
DIURETIC COMBINATIONS	194
LOOP DIURETICS	195
POTASSIUM SPARING DIURETICS	195
THIAZIDES AND THIAZIDE-LIKE DIURETICS	195
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....	195
BONE DENSITY REGULATORS	195
GROWTH HORMONES	196
HORMONE RECEPTOR MODULATORS.....	197
METABOLIC MODIFIERS	197
POSTERIOR PITUITARY HORMONES	198
PROLACTIN INHIBITORS	198
SOMATOSTATIC AGENTS.....	198
VASOPRESSIN RECEPTOR ANTAGONISTS	198
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	198
ESTROGEN COMBINATIONS.....	198
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES	198
FLUROQUINOLONES - DRUGS TO TREAT INFECTIONS	199
FLUROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	199
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS	200
5-HT4 RECEPTOR AGONISTS	200
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)	200
ANTIFLATULENTS	200
BILE ACID SYNTHESIS DISORDER AGENTS.....	200
FARNESOID X RECEPTOR (FXR) AGONISTS.....	200
GALLSTONE SOLUBILIZING AGENTS.....	201
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS	201
GASTROINTESTINAL STIMULANTS.....	201
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS.....	201
INFLAMMATORY BOWEL AGENTS.....	202
INTESTINAL ACIDIFIERS	202
IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	203
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	203
PHOSPHATE BINDER AGENTS	203
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS	204
ALKALINIZERS.....	204

GENITOURINARY IRRIGANTS	204
PROSTATIC HYPERTROPHY AGENTS	204
URINARY ANALGESICS	205
GOUT AGENTS - DRUGS TO TREAT GOUT	205
GOUT AGENT COMBINATIONS	205
GOUT AGENTS - DRUGS TO TREAT GOUT	205
URICOSURICS	206
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD	
DISORDERS	206
BRADYKININ B2 RECEPTOR ANTAGONISTS	206
COMPLEMENT INHIBITORS	206
HEMATORHEOLOGIC AGENTS	206
PLASMA KALLIKREIN INHIBITORS	206
PLATELET AGGREGATION INHIBITORS	206
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD	
DISORDERS	207
AGENTS FOR GAUCHER DISEASE	207
COBALAMINS	207
FOLIC ACID/FOLATES	207
HEMATOPOIETIC GROWTH FACTORS	208
HEMATOPOIETIC MIXTURES	209
IRON	209
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....	210
HEMOSTATICS - SYSTEMIC	210
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO	
TREAT SLEEP DISORDERS	210
ANTIHISTAMINE HYPNOTICS	210
BARBITURATE HYPNOTICS	210
HYPNOTICS - TRICYCLIC AGENTS.....	210
NON-BARBITURATE HYPNOTICS	210
OREXIN RECEPTOR ANTAGONISTS	211
SELECTIVE MELATONIN RECEPTOR AGONISTS	212
LAXATIVES - DRUGS TO TREAT CONSTIPATION	212
BULK LAXATIVES	212
LAXATIVE COMBINATIONS	212
LAXATIVES - MISCELLANEOUS	213
LUBRICANT LAXATIVES	213
SALINE LAXATIVES.....	213
STIMULANT LAXATIVES.....	214
SURFACTANT LAXATIVES	214
LOCAL ANESTHETICS-PARENTERAL	215
LOCAL ANESTHETIC COMBINATIONS	215
LOCAL ANESTHETICS - AMIDES	215

MACROLIDES - DRUGS TO TREAT INFECTIONS	215
AZITHROMYCIN	215
CLARITHROMYCIN	215
ERYTHROMYCINS	216
FIDAXOMICIN	216
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING ...	216
BLOOD PRESSURE DEVICES	216
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	216
DIABETIC SUPPLIES	216
ENTERAL NUTRITION SUPPLIES	217
MISC. DEVICES.....	218
PARENTERAL THERAPY SUPPLIES	240
RESPIRATORY THERAPY SUPPLIES.....	248
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	250
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG ..	250
MIGRAINE COMBINATIONS.....	251
SEROTONIN AGONISTS.....	251
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION	253
CALCIUM.....	253
ELECTROLYTE MIXTURES	254
FLUORIDE	254
MAGNESIUM.....	254
MINERAL COMBINATIONS	255
PHOSPHATE	255
POTASSIUM.....	255
SODIUM.....	256
TRACE MINERALS.....	256
ZINC	256
MISCELLANEOUS THERAPEUTIC CLASSES	256
CHELATING AGENTS.....	256
IMMUNOSUPPRESSIVE AGENTS.....	256
IRRIGATION SOLUTIONS.....	257
MISC NATURAL PRODUCTS.....	257
POTASSIUM REMOVING AGENTS	257
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT	257
ANESTHETICS TOPICAL ORAL	257
ANTI-INFECTIVES - THROAT	257
ANTISEPTICS - MOUTH/THROAT	257
DENTAL PRODUCTS	257
LOZENGES	258

STERIODS - MOUTH/THROAT/DENTAL	258
MULTIVITAMINS - DRUGS FOR NUTRITION	258
B-COMPLEX VITAMINS	258
B-COMPLEX W/ C	258
B-COMPLEX W/ FOLIC ACID	258
BIOFLAVONOID PRODUCTS	259
MULTIPLE VITAMINS W/ CALCIUM	259
MULTIPLE VITAMINS W/ IRON	259
MULTIPLE VITAMINS W/ MINERALS	259
MULTIVITAMINS - DRUGS FOR NUTRITION	260
PED MULTIPLE VITAMINS W/ MINERALS	260
PED MV W/ FLUORIDE.....	260
PED MV W/ IRON	261
PEDIATRIC MULTIPLE VITAMINS	261
PEDIATRIC VITAMINS	261
PRENATAL VITAMINS	261
SPECIALTY VITAMINS PRODUCTS	262
VITAMIN MIXTURES.....	262
VITAMINS W/ LIPOTROPICS	262
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT	
MUSCLE SPASMS.....	263
CENTRAL MUSCLE RELAXANTS	263
DIRECT MUSCLE RELAXANTS	264
MUSCLE RELAXANT COMBINATIONS	264
VISCOSUPPLEMENTS	264
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE	
NOSE	264
NASAL AGENT COMBINATIONS	264
NASAL AGENTS - MISC.	264
NASAL ANTIALLERGY	264
NASAL ANTICHOLINERGICS.....	264
NASAL STEROIDS.....	264
SYMPATHOMIMETIC DECONGESTANTS	265
NUTRIENTS - DRUGS FOR NUTRITION	266
CARBOHYDRATES.....	266
LIPOTROPICS	266
MISC. NUTRITIONAL SUBSTANCES	266
PROTEINS	266
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS..	266
ARTIFICIAL TEARS AND LUBRICANTS	266
BETA-BLOCKERS - OPHTHALMIC	267
CHOLINERGIC AGONISTS.....	268
CYCLOPLEGIC MYDRIATICS	268

MIOTICS	268
OPHTHALMIC ADRENERGIC AGENTS	268
OPHTHALMIC ANTI-INFECTIVES	268
OPHTHALMIC DECONGESTANTS	269
OPHTHALMIC IMMUNOMODULATORS	270
OPHTHALMIC INTEGRIN ANTAGONISTS.....	270
OPHTHALMIC KINASE INHIBITORS	270
OPHTHALMIC LOCAL ANESTHETICS	270
OPHTHALMIC STEROIDS	270
OPHTHALMICS - MISC.....	271
PROSTAGLANDINS - OPHTHALMIC.....	273
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR...273	
OTIC AGENTS - MISCELLANEOUS	273
OTIC ANTI-INFECTIVES.....	273
OTIC COMBINATIONS	273
OTIC STEROIDS.....	273
OXYTOCICS - DRUGS FOR PREGNANCY	273
OXYTOCICS - DRUGS FOR PREGNANCY	273
PENICILLINS - DRUGS TO TREAT INFECTIONS	273
AMINOPENICILLINS	273
NATURAL PENICILLINS.....	274
PENICILLIN COMBINATIONS	274
PENICILLINASE-RESISTANT PENICILLINS	274
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING.....	274
FLAVORING AGENTS.....	274
LIQUID VEHICLES	276
PHARMACEUTICAL EXCIPIENTS	276
SEMI SOLID VEHICLES.....	277
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	277
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	277
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	278
AGENTS FOR CHEMICAL DEPENDENCY	278
ANTIDEMENTIA AGENTS	278
COMBINATION PSYCHOTHERAPEUTICS	279
FIBROMYALGIA AGENTS.....	280
MOVEMENT DISORDER DRUG THERAPY.....	280
MULTIPLE SCLEROSIS AGENTS	281
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS ...	282
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS	282
PSEUDOBULBAR AFFECT (PBA) AGENTS	282

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	282
RESTLESS LEG SYNDROME (RLS) AGENTS	283
SMOKING DETERRENDS	283
VASOMOTOR SYMPTOM AGENTS	284
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS	284
CYSTIC FIBROSIS AGENTS	284
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	284
TETRACYCLINES - DRUGS TO TREAT INFECTIONS	284
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS ..	285
ANTITHYROID AGENTS	285
THYROID HORMONES	285
TOXOIDS - DRUGS TO PREVENT INFECTIONS	287
TOXOID COMBINATIONS	287
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	287
ANTISPASMODICS.....	287
H-2 ANTAGONISTS.....	287
MISC. ANTI-ULCER.....	288
PROTON PUMP INHIBITORS	288
ULCER DRUGS - PROSTAGLANDINS	289
ULCER THERAPY COMBINATIONS	289
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE	290
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)	290
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS	291
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS	291
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS.....	291
VACCINES - DRUGS TO PREVENT INFECTIONS.....	291
BACTERIAL VACCINES	291
VIRAL VACCINES.....	292
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS	292
MISCELLANEOUS VAGINAL PRODUCTS.....	292
SPERMICIDES	292
VAGINAL ANTI-INFECTIVES	292
VAGINAL ESTROGENS.....	293
VAGINAL PROGESTINS.....	293
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	293
ANAPHYLAXIS THERAPY AGENTS.....	293

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS	293
VITAMINS - DRUGS FOR NUTRITION	294
OIL SOLUBLE VITAMINS	294
WATER SOLUBLE VITAMINS	294
Index	296

CONTENTS/CONTENIDO

(04/01/2022)

FORMULARY GUIDE (ENGLISH)

INTRODUCTION

We are pleased to provide the *2022 Molina Complete Care (MCC) Preferred Drug List (Formulary)* as a useful reference and informational tool. This guide can help medical providers select clinically appropriate and cost-effective products for their patients.

The drugs in this guide have been reviewed by a Pharmacy and Therapeutics (P&T) Committee and are approved before being included. This guide reflects current medical practice as of the date of review.

The information in this guide is provided solely for the benefit of medical providers. We do not guarantee accuracy of such information. This guide is not intended to be comprehensive in nature. All the information in the guide is provided as a reference for drug therapy selection.

This guide is subject to state-specific regulations and rules, including, but not limited to, those about generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

MCC is not responsible for the actions or omissions of any medical provider based on information in this guide. The medical provider should check the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

This guide is organized by sections. Each section is divided by therapeutic drug class by type.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

We use the services of a Pharmacy and Therapeutics Committee ("P&T Committee") to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists who all have a broad background of clinical and academic expertise on prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

DRUG LIST PRODUCT DESCRIPTIONS

To help you understand which specific strengths and dosage forms are covered, some general guidelines are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., atorvastatin).

- The second column (labeled Drug Tier) will list what tier the drug is placed on in the Drug Formulary.
- The third column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms will be consistent with the category and use where listed.

GENERIC SUBSTITUTION

Generic substitution is when your pharmacy may dispense a generic version instead of a prescribed brand-name product. In this guide, lowercase italicized type means a generic version is available. In most instances, if there's a generic product available, the brand-name version will become non-formulary. The generic product will be covered instead of the brand-name version. However, this guide is subject to state specific regulations and rules for generic substitution and mandatory generic rules apply where appropriate.

Prescription generic drugs are:

- Usually priced lower than their brand-name equivalents
- Approved by the U.S. Food and Drug Administration for safety and effectiveness. They are manufactured under the same strict standards that apply to brand-name drugs
- Tested in humans to make sure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter how safe and effective they are
- Manufactured in the same strength and dosage form as the brand-name drugs

When a generic drug is substituted for a brand-name drug, the generic should be just as safe and effective as the brand-name drug (therapeutic equivalence).

PLAN DESIGN

- This guide represents MCC and Virginia Medicaid's Common Core Formulary. Generic medications are typically available at the lowest cost. Brand-name medications usually cost more than generic versions. Medications not on the list will usually cost the most.

This guide lists drugs in the following manner:

Preferred Drugs

Non-Preferred Drugs

The medications listed in this guide are covered by MCC as represented. MCC covers certain medications on the list if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.). MCC will review requests for such medications outside of their listed criteria for medical necessity. If a medication is not listed, you may request a formulary exception for coverage. We will review medical necessity or formulary exception requests based on

drug-specific prior authorization criteria or standard non-formulary prescription request criteria. Log into www.MCCofVA.com to check coverage.

PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the MCC Drug Formulary may be approved when medically necessary and when formulary options have proven not to work. When this happens, the physician may fax a completed drug prior authorization form to MCC at (844) 278-5731. You can find these forms at www.MCCofVA.com. We will not consider trials of pharmaceutical samples as rationale for approving a prior authorization request.

PRIOR AUTHORIZATION HELPFUL HINTS

For the quickest response possible from MCC's pharmacy department, please provide relevant information with the Prior Authorization request.

The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

EXCLUDED SERVICES

Please note that certain medications are excluded. These include, but are not limited to:

- Drugs used for anorexia or weight gain
- Drugs used to promote fertility
- Agents used for cosmetic purposes or hair growth
- Agents used for the treatment of sexual or erectile dysfunction, unless such agents are used to treat a condition other than sexual or erectile dysfunction, for which the agents have been approved by the FDA
- All DESI (Drug Efficacy Study Implementation) drugs as defined by the FDA to be less than effective. Compound prescriptions, which include a DESI drug, are not covered
- Drugs which have been recalled
- Experimental drugs or non-FDA-approved drugs
- Any legend drugs marketed by a manufacturer who does not participate in the Medicaid Drug Rebate program

NOTICE

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This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

FORMULARY UPDATES

Please review the formulary changes which pertain to the pharmacy benefit. If you have questions, contact MCC Member Services. We're available Monday through Friday from 8 a.m. to 8 p.m. local time.

- Commonwealth Coordinated Care Plus: 1-800-424-4524 (TTY 711)
- Medallion 4.0: 1-800-424-4518 (TTY 711)

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose Per Day

LEGEND

AGE	Age Limit
MED	Max 90 mg Morphine Equivalent Dose per day
OTC	Over-the-counter, covered benefit with a prescription
PA	Prior Authorization
PA, QL	Quantity Limit is applied after Prior Authorization approval
QL	Quantity Limit
SP	Specialty Drug; these drugs must be obtained through a specialty pharmacy
ST	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

GUÍA DE FORMULARIO (ESPAÑOL)

INTRODUCCIÓN

Nos complace proporcionar la *Lista de Medicamentos Preferidos de [Molina Complete Care (MCC)] [2022] (Formulario)* como una herramienta de referencia e información útil. Esta guía puede ayudar a los proveedores médicos a seleccionar productos clínicamente apropiados y rentables para sus pacientes.

Los medicamentos que se indican en esta guía fueron revisados por un Comité de Farmacia y Terapéutica (P&T, *Pharmacy and Therapeutics*) y están aprobados antes de su inclusión. Esta guía refleja la práctica médica actual a la fecha de revisión.

La información en esta guía se proporciona únicamente para el beneficio de los proveedores médicos. No garantizamos la exactitud de dicha información. Esta guía no fue hecha con un propósito integral. Toda la información de esta guía se proporciona como referencia para la selección de la terapia con medicamentos.

Esta guía está sujeta a normas y reglamentos específicos del estado, incluidos, entre otros, aquellos relacionados con la sustitución genérica, los programas de sustancias de administración controlada, la preferencia de marcas y los genéricos obligatorios cuando corresponda.

[MCC] no asume la responsabilidad por las acciones u omisiones de cualquier proveedor médico en función de la información contenida en esta guía. El proveedor médico debe revisar la documentación del producto provista por el fabricante del medicamento o las referencias estándar para obtener información más detallada.

PREFACIO

Esta guía está organizada en secciones. Cada sección se divide según la clase terapéutica del fármaco, por tipo.

COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T)

Utilizamos los servicios de un Comité de Farmacia y Terapéutica (P&T) para aprobar tratamientos con medicamentos seguros y clínicamente eficaces. El Comité de P&T es un organismo asesor de profesionales clínicos. Entre los miembros votantes del Comité de P&T, se encuentran médicos y farmacéuticos, los cuales tienen una amplia experiencia clínica y académica en medicamentos recetados. Los miembros votantes del Comité de P&T deben divulgar cualquier relación financiera o conflicto de intereses con cualquier fabricante farmacéutico.

DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS

Para ayudar a entender cuáles son las fortalezas específicas y las formas de dosificación cubiertas, algunas pautas generales se describen a continuación.

- En la primera columna del cuadro se indica el nombre del medicamento. Los medicamentos de marca están en letra mayúscula (p. ej., LIPITOR). Los medicamentos genéricos se indican en letra minúscula en cursiva (p. ej., atorvastatin).
- En la segunda columna (categoría de medicamento etiquetado) se indica en qué categoría se ubica el medicamento en el formulario.
- La tercera columna (Requisitos/Límites) contiene cualquier requisito especial para la cobertura de su medicamento.
- Si las versiones de productos de venta libre (OTC, *Over The Counter*) y las versiones de productos con receta médica están cubiertas, se indican ambas.
- Los productos de liberación prolongada y de liberación retardada requieren su propia entrada.
- Las formas de dosificación serán coherentes con la categoría y el uso en que se clasificaron.

SUSTITUCIÓN GENÉRICA

La sustitución genérica es cuando su farmacia puede administrar una versión genérica en lugar de un producto de marca recetado. En esta guía, la letra minúscula en cursiva significa que hay una versión genérica disponible. En la mayoría de los casos, si hay un producto genérico disponible, la versión de marca registrada no tendrá formulario. El producto genérico estará cubierto en lugar de la versión de marca registrada. Sin embargo, esta guía está sujeta a regulaciones y normas específicas del estado sobre la sustitución genérica y se aplican normas genéricas obligatorias si corresponde.

Los medicamentos genéricos con receta médica cuentan con las siguientes características:

- Normalmente, tienen un precio menor que sus equivalentes de marca.
- Están aprobados por la Administración de Alimentos y Medicamentos de los EE. UU. en términos de seguridad y eficacia. Se fabrican bajo las mismas normas estrictas que se aplican a medicamentos de marca.
- Se probaron en humanos para garantizar que el genérico sea absorbido en el torrente sanguíneo en una tasa y extensión similares en comparación con el medicamento de marca (bioequivalencia). Los genéricos pueden ser diferentes de los de la marca en cuanto a tamaño, color e ingredientes inactivos, pero esto no altera lo efectivos ni seguros que son.
- Se fabrican con la misma concentración y dosificación que los medicamentos de marca.

Cuando un medicamento genérico es sustituido por un medicamento de marca, el medicamento genérico debe ser igual de efectivo y seguro que el medicamento de marca (equivalencia terapéutica).

DISEÑO DE PLANES

Esta guía representa el Formulario Básico Común de [MCC] y Virginia Medicaid. Los medicamentos que se presentan en el documento pueden tener un costo variable para el miembro del plan. Los medicamentos genéricos suelen estar disponibles al menor precio. Los medicamentos de marca, por lo general, serán más caros que las versiones genéricas. Los medicamentos que no están presentes en la lista suelen tener el mayor precio.

En esta guía se indican los medicamentos de la siguiente manera:

Categoría 1: Medicamentos Genéricos Preferidos

Categoría 2: Medicamentos de Marca Preferidos

Categoría 3: Medicamentos de Marca no Preferidos: Los medicamentos que no aparecen en el documento se consideran como “No Preferidos”

Los medicamentos que aparecen en esta guía están cubiertos por [MCC] según lo que se representa. [MCC] cubra algunos medicamentos de la lista si se cumplen los criterios de administración de utilización (es decir, terapia progresiva, autorización previa, límites de cantidad, etc.). [MCC] revisará las solicitudes de dichos medicamentos que estén fuera de los criterios enumerados se revisarán según la necesidad médica. Si un medicamento no aparece, puede solicitar una excepción de formulario para la cobertura. Revisaremos las solicitudes de necesidad médica o de excepción de formulario en función de los criterios de autorización previos específicos para el medicamento o los criterios estándar de solicitud de receta médica no convencional. Inicie sesión en [www.MCCofVA.com] para revisar la cobertura.

PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA

Las recetas de medicamentos que requieren aprobación previa o para medicamentos que no están incluidos en el Formulario de Medicamentos de [MCC] pueden ser aprobadas cuando son médicamente necesarias y cuando se haya demostrado que las alternativas del formulario no funcionan. Cuando esto ocurra, su proveedor puede enviar por fax un formulario completado de autorización previa de medicamentos a [MCC] al [(844) 278-5731]. Puede encontrar estos formularios en [www.MCCofVA.com]. No consideraremos los ensayos de muestras farmacéuticas como justificativos para la aprobación de una solicitud de autorización previa.

CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA

Para la respuesta más rápida posible del Departamento de Farmacia de [MCC], proporcione la información pertinente con la solicitud de autorización previa.

Observe los siguientes ejemplos:

Clase de medicamento o diagnóstico	Información clínica solicitada
Reducción de colesterol	Perfil lipídico, factores de riesgo cardiovasculares
Diabetes	Resultados de prueba de A1c
Medicamento no preferido/fuera del formulario	Los Registros de Medicamentos o Notas de Progreso en los cuales se documente que el medicamento del formulario se utilizó con anterioridad

SERVICIOS EXCLUIDOS

Tenga en cuenta que algunos medicamentos están excluidos. Estos incluyen, entre otros:

- Medicamentos contra la anorexia, pérdida de peso o aumento de peso.
- Medicamentos para promover la fertilidad.
- Medicamentos para fines cosméticos o el crecimiento del cabello.
- Medicamentos para el tratamiento de disfunción sexual o eréctil; a menos que dichos medicamentos se utilicen para tratar una afección distinta de la disfunción eréctil; para la que los medicamentos estén aprobados por la FDA.
- Todos los medicamentos DESI (*Drug Efficacy Study Implementation*, Implementación del Estudio de la Eficacia de los Medicamentos) que, según la definición de la FDA, no tengan el nivel requerido de eficacia. Recetas de compuestos, lo que incluye medicamentos DESI no cubiertos.
- Medicamentos que se hayan retirado del Mercado.
- Medicamentos experimentales o no aprobados por la FDA.
- Cualquier medicamento de venta bajo receta archivada que se comercialice por un fabricante no perteneciente al Programa de Devolución de Medicamentos de Medicaid.

AVISO

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Este documento contiene referencias a medicamentos con receta que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos.

ACTUALIZACIONES DEL FORMULARIO

Revise los cambios de formulario que pertenecen al beneficio de farmacia. Si tiene preguntas, comuníquese con el Departamento de Servicios para Miembros de [MCC]. Atendemos de lunes a viernes, de 8:00 a.m. a 8:00 p.m., hora local.

- Commonwealth Coordinated Care Plus: [1-800-424-4524 (TTY 711)]
- Medallion 4.0: [1-800-424-4518 (TTY 711)]

Key			
AGE= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA= Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	MED= Max 90 mg Morphine Equivalent Dose Per Day

LEYENDA

AGE	Límite de edad
MED	Dosis equivalente de morfina de 90 mg como máximo por día
OTC	Medicamento de venta libre, beneficio cubierto con una receta médica
PA	Autorización previa
PA, QL	Límite de cantidad que se aplica después de la aprobación de la Autorización Previa
QL	Límite de Cantidad
SP	Medicamento de especialidad; estos medicamentos se deben obtener a través de una farmacia de especialidad
ST	Terapia progresiva
<i>minúscula</i>	Indica disponibilidad genérica
MAYÚSCULA	Indica disponibilidad de la marca

Molina Complete Care Effective 04/01/2022

Drug Name Drug Tier Requirements/Limits ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AMPHETAMINES

ADDERALL TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL TAB 30MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 20MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 25MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADDERALL XR CAP 30MG	Pref	QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 3.1MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 6.3MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 9.4MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
ADZENYS XR TAB 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 15.7 MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
ADZENYS XR TAB 18.8MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
DESOXYN TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DEXEDRINE CAP 5MG CR	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DEXEDRINE CAP 10MG CR	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DEXEDRINE CAP 15MG CR	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 15 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>dextroamphetamine sulfate tab 30 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
DYANAVEL XR SUS 2.5MG/ML	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO ODT TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
EVEKEO TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methamphetamine hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 25MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
MYDAYIS CAP 50MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>procentra sol 5mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 10MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 20MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 30MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 40MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 50MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 60MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CAP 70MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 10MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 20MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 30MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 40MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 50MG	Pref	AGE (Min age 4 years and Max age 17 years)
VYVANSE CHW 60MG	Pref	AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>zenzedi tab 2.5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 7.5mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 10mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 15mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 20mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>zenzedi tab 30mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

ANALEPTICS

<i>alert aid tab 200mg</i>	Pref	OTC
<i>caffeine tab 200 mg</i>	Pref	OTC
<i>stay awake tab 200mg</i>	Pref	OTC

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Pref	90 day supply
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Pref	90 day supply
INTUNIV TAB 1MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 2MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 3MG	Non-Pref	PA; 90 day supply
INTUNIV TAB 4MG	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
QELBREE CAP 100MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
QELBREE CAP 150MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
QELBREE CAP 200MG ER	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
STRATTERA CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 18MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 25MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 60MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 80MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
STRATTERA CAP 100MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)

SUNOSI TAB 75MG	Non-Pref	PA
SUNOSI TAB 150MG	Non-Pref	PA

HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS

WAKIX TAB 4.45MG	Non-Pref	SP, PA
WAKIX TAB 17.8MG	Non-Pref	SP, PA

STIMULANTS - MISC.

ADHANSIA XR CAP 25MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 35MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 45MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 55MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
ADHANSIA XR CAP 70MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
ADHANSIA XR CAP 85MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 6 years and Max age 17 years)
APTENSIO XR CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 15MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 50MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
APTENSIO XR CAP 60MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>armodafinil tab 50 mg</i>	Non-Pref	PA
<i>armodafinil tab 150 mg</i>	Non-Pref	PA
<i>armodafinil tab 200 mg</i>	Non-Pref	PA
<i>armodafinil tab 250 mg</i>	Non-Pref	PA
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE (Min age 6 years and Max age 17 years)
CONCERTA TAB 18MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
CONCERTA TAB 27MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
CONCERTA TAB 36MG	Pref	QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
CONCERTA TAB 54MG	Pref	QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 8.6MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 17.3MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
COTEMPLA TAB 25.9MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 10MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 15MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 20MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
DAYTRANA DIS 30MG/9HR	Pref	QL (1 patch / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 2.5MG	Pref	AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 5MG	Pref	AGE (Min age 4 years and Max age 17 years)
FOCALIN TAB 10MG	Pref	AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 20MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 25MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 30MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 35MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
FOCALIN XR CAP 40MG	Pref	QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 20MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 40MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
JORNAY PM CAP 60MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 80MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
JORNAY PM CAP 100MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
METHYLIN SOL 5MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max Age 17 years)
METHYLIN SOL 10MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max Age 17 years)
METHYLPHENID TAB 72MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 5 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl chew tab 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 5 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 10 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab 20 mg</i>	Pref	AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 10 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab er 20 mg</i>	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 4 years and Max age 17 years)
<i>modafinil tab 100 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>modafinil tab 200 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
NUVIGIL TAB 50MG	Non-Pref	PA
NUVIGIL TAB 150MG	Non-Pref	PA
NUVIGIL TAB 200MG	Non-Pref	PA
NUVIGIL TAB 250MG	Non-Pref	PA
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day)
PROVIGIL TAB 200MG	Non-Pref	PA, QL (1 tab / 1 day)
QUILLICHEW CHW 20MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLICHEW CHW 30MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLICHEW CHW 40MG ER	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
QUILLIVANT SUS 25MG/5ML	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

Drug Name	Drug Tier	Requirements/Limits
RELEXII TAB 72MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN LA CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 5MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 10MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)
RITALIN TAB 20MG	Non-Pref	PA; AGE (Min age 4 years and Max age 17 years)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	Non-Pref	PA; AGE (Min age 5 years)
PALFORZIA CAP ESCALAT	Non-Pref	SP, PA, QL (0.434 ea / 1 day)
PALFORZIA CAP LEVEL 1	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA CAP LEVEL 2	Non-Pref	SP, PA, QL (3 ea / 1 day)
PALFORZIA CAP LEVEL 3	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA CAP LEVEL 4	Non-Pref	SP, PA, QL (0.5 ea / 1 day)
PALFORZIA CAP LEVEL 5	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA CAP LEVEL 6	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA CAP LEVEL 7	Non-Pref	SP, PA, QL (1.034 ea / 1 day)
PALFORZIA CAP LEVEL 8	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA CAP LEVEL 9	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA CAP LEVEL 10	Non-Pref	SP, PA, QL (2 ea / 1 day)

Drug Name	Drug Tier	Requirements/Limits
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA, QL (0.5 packets / 1 day)
PALFORZIA POW LEVEL 11	Non-Pref	SP, PA, QL (31 packets / 27 days)

ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - C'S

<i>coenzyme q10 cap 50 mg</i>	Pref	OTC
<i>coenzyme q10 cap 100 mg</i>	Pref	OTC
COENZYME Q10 TAB 100MG	Pref	OTC
<i>coq10 cap 100mg</i>	Pref	OTC

ALTERNATIVE MEDICINE - M'S

<i>melatonin tab 3 mg</i>	Pref	OTC
<i>melatonin tab 5mg</i>	Pref	OTC
<i>sm melatonin tab 3mg</i>	Pref	OTC

ALTERNATIVE MEDICINE COMBINATIONS

<i>glucos/chond tab 500-400</i>	Pref	OTC
<i>glucos/chond tab 750-600</i>	Pref	OTC
<i>melatonin-pyridoxine tab 5-10 mg</i>	Pref	OTC

AMEBICIDES - DRUGS TO TREAT INFECTIONS

AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC GRA 2GM	Non-Pref	PA
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUS	Non-Pref	PA, QL (236 mL / 22 days); AGE (Min age 18 years)
BETHKIS NEB 300/4ML	Pref	SP, QL (224 each / 22 days); AGE (Min age 6 years)
KITABIS PAK NEB 300/5ML	Pref	SP, QL (280 each / 22 days); AGE (Min age 6 years)
<i>neomycin sulfate tab 500 mg</i>	Pref	
<i>paromomycin sulfate cap 250 mg</i>	Non-Pref	PA
TOBI NEB 300/5ML	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min age 6 years)
TOBI PODHALR CAP 28MG	Pref	SP, PA, QL (224 caps / 22 days); AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin nebu soln 300 mg/4ml</i>	Non-Pref	SP, PA, QL (224 mL / 22 days); AGE (Min age 6 years)
<i>tobramycin nebu soln 300 mg/5ml</i>	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min age 6 years)

ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML	Pref	SP
HUMIRA INJ 20/0.2ML	Pref	SP
HUMIRA INJ 40/0.4ML	Pref	SP
HUMIRA KIT 40MG/0.8	Pref	SP
HUMIRA PEDIA INJ CROHNS	Pref	SP
HUMIRA PEN INJ 40/0.4ML	Pref	SP
HUMIRA PEN INJ 40MG/0.8	Pref	SP
HUMIRA PEN INJ 80/0.8ML	Pref	SP
HUMIRA PEN INJ CD/UC/HS	Pref	SP
HUMIRA PEN INJ PS/UV	Pref	SP
HUMIRA PEN KIT CD/UC/HS	Pref	SP
HUMIRA PEN KIT PED UC	Pref	SP
HUMIRA PEN KIT PS/UV	Pref	SP
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

OLUMIANT TAB 1MG	Non-Pref	SP, PA; AGE (Min age 18 years)
OLUMIANT TAB 2MG	Non-Pref	SP, PA; AGE (Min age 18 years)
RINVOQ TAB 15MG ER	Non-Pref	SP, PA; Preferred agent for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TAB 30MG	Non-Pref	PA
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA
XELJANZ TAB 5MG	Non-Pref	SP, PA
XELJANZ TAB 10MG	Non-Pref	SP, PA
XELJANZ XR TAB 11MG	Non-Pref	SP, PA
XELJANZ XR TAB 22MG	Non-Pref	SP, PA

ANTIRHEUMATIC ANTIMETABOLITES

OTREXUP INJ 10MG	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
OTREXUP INJ 12.5/0.4	Non-Pref	PA
OTREXUP INJ 15MG	Non-Pref	PA
OTREXUP INJ 17.5/0.4	Non-Pref	PA
OTREXUP INJ 20MG	Non-Pref	PA
OTREXUP INJ 22.5/0.4	Non-Pref	PA
OTREXUP INJ 25MG	Non-Pref	PA
RASUVO INJ 7.5MG	Non-Pref	PA
RASUVO INJ 10MG	Non-Pref	PA
RASUVO INJ 12.5MG	Non-Pref	PA
RASUVO INJ 15MG	Non-Pref	PA
RASUVO INJ 17.5MG	Non-Pref	PA
RASUVO INJ 20MG	Non-Pref	PA
RASUVO INJ 22.5MG	Non-Pref	PA
RASUVO INJ 25MG	Non-Pref	PA
RASUVO INJ 30MG	Non-Pref	PA
REDITREX INJ 7.5/.3ML	Non-Pref	SP, PA
REDITREX INJ 10/.4ML	Non-Pref	SP, PA
REDITREX INJ 12.5/0.5	Non-Pref	SP, PA
REDITREX INJ 15/.6ML	Non-Pref	SP, PA
REDITREX INJ 17.5/0.7	Non-Pref	SP, PA
REDITREX INJ 20/.8ML	Non-Pref	SP, PA
REDITREX INJ 22.5/0.9	Non-Pref	SP, PA
REDITREX INJ 25MG/ML	Non-Pref	SP, PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ	Non-Pref	SP, PA
INTERLEUKIN-1BETA BLOCKERS		
ILARIS INJ 150MG/ML	Non-Pref	SP, PA
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML	Non-Pref	SP, PA
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA
ACTEMRA INJ 200/10ML	Non-Pref	SP, PA
ACTEMRA INJ 400/20ML	Non-Pref	SP, PA
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA
KEVZARA INJ 150/1.14	Non-Pref	SP, PA; AGE (Min age 18 years)
KEVZARA INJ 200/1.14	Non-Pref	SP, PA; AGE (Min age 18 years)
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>all day pain tab 220mg</i>	Pref	OTC; 90 day supply
<i>all day relf tab 220mg</i>	Pref	OTC; 90 day supply
ARTHROTEC 50 TAB	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA
CELEBREX CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
CELEBREX CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
CELEBREX CAP 400MG	Non-Pref	PA
<i>celecoxib cap 50 mg</i>	Non-Pref	PA
<i>celecoxib cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>celecoxib cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>celecoxib cap 400 mg</i>	Non-Pref	PA
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium tab 50 mg</i>	Non-Pref	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	90 day supply
<i>diclofenac sodium tab er 24hr 100 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg</i>	Pref	90 day supply
<i>ec-naproxen tab 500mg</i>	Pref	90 day supply
<i>etodolac cap 200 mg</i>	Pref	
<i>etodolac cap 300 mg</i>	Pref	
<i>etodolac tab 400 mg</i>	Pref	
<i>etodolac tab 500 mg</i>	Pref	
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Pref	
<i>gnp naproxen cap 220mg</i>	Pref	OTC; 90 day supply
<i>hm ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
<i>ibu tab 400mg</i>	Pref	90 day supply
<i>ibu tab 600mg</i>	Pref	90 day supply
<i>ibu tab 800mg</i>	Pref	90 day supply
<i>ibu-200 tab 200mg</i>	Pref	OTC; 90 day supply
IBUPAK KIT	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen cap 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen ch sus 100/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen chw 100mg</i>	Pref	OTC
<i>ibuprofen dro 50/1.25</i>	Pref	OTC; 90 day supply
<i>ibuprofen ib chw 100mg</i>	Pref	OTC
<i>ibuprofen jr chw 100mg</i>	Pref	OTC
<i>ibuprofen sus 100/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen sus 200/10ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen susp 100 mg/5ml</i>	Pref	90 day supply
<i>ibuprofen tab 200 mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen tab 400 mg</i>	Pref	90 day supply
<i>ibuprofen tab 600 mg</i>	Pref	90 day supply
<i>ibuprofen tab 800 mg</i>	Pref	90 day supply
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUP 50MG	Non-Pref	PA
INDOCIN SUS 25MG/5ML	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	
<i>indomethacin cap 50 mg</i>	Pref	
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap 75 mg</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	
<i>lofena tab 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>meloxicam tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
MOBIC TAB 7.5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
MOBIC TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>nabumetone tab 500 mg</i>	Non-Pref	PA
<i>nabumetone tab 750 mg</i>	Non-Pref	PA
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
NAPROSYN SUS 125/5ML	Non-Pref	PA
<i>naproxen sod tab 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium cap 220 mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium tab 275 mg</i>	Pref	
<i>naproxen sodium tab 550 mg</i>	Pref	90 day supply
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i>	Non-Pref	PA
<i>naproxen tab 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen tab 250 mg</i>	Pref	90 day supply
<i>naproxen tab 375 mg</i>	Pref	90 day supply
<i>naproxen tab 500 mg</i>	Pref	90 day supply
<i>naproxen tab ec 375 mg</i>	Pref	90 day supply
<i>naproxen tab ec 500 mg</i>	Pref	90 day supply
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tab 600 mg</i>	Non-Pref	PA
<i>piroxicam cap 10 mg</i>	Non-Pref	PA
<i>piroxicam cap 20 mg</i>	Non-Pref	PA
<i>qc ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
RELAFEN DS TAB 1000MG	Non-Pref	PA
<i>sm ibuprofen cap 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen chw 100mg</i>	Pref	OTC
<i>sm ibuprofen tab 200mg</i>	Pref	OTC; 90 day supply
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	90 day supply
<i>sulindac tab 200 mg</i>	Pref	90 day supply
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
VIVLODEX CAP 5MG	Non-Pref	PA
VIVLODEX CAP 10MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	Non-Pref	PA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30	Non-Pref	SP, PA
OTEZLA TAB 30MG	Non-Pref	SP, PA
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Pref	
<i>leflunomide tab 20 mg</i>	Pref	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 250MG	Non-Pref	SP, PA
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	Pref	SP, QL (0.3 syringes / 1 day); AGE (Min age 2 years)
ENBREL INJ 25MG	Pref	SP, QL (0.25 syringes / 1 day); AGE (Min age 2 years)
ENBREL INJ 25MG	Pref	SP, QL (0.3 vials / 1 day); AGE (Min age 2 years)
ENBREL INJ 50MG/ML	Pref	SP, QL (0.27 syringes / 1 day); AGE (Min age 2 years)
ENBREL MINI INJ 50MG/ML	Pref	SP, QL (0.27 injections / 1 day); AGE (Min age 2 years)
ENBREL SRCLK INJ 50MG/ML	Pref	SP, QL (0.27 pens / 1 day); AGE (Min age 2 years)
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	Pref	OTC
<i>bac tab</i>	Pref	QL (6 tabs / 1 day)
<i>bupap tab 50-300mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen cap 50-300 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen tab 50-300 mg</i>	Pref	QL (6 tabs / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 50

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen tab 50-325 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Pref	QL (6 tabs / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Pref	QL (6 caps / 1 day)
<i>esgic cap</i>	Pref	QL (6 caps / 1 day)
<i>panadol extr tab 500-65mg</i>	Pref	OTC
<i>tension tab 500-65mg</i>	Pref	OTC
<i>zebutal cap</i>	Pref	QL (6 caps / 1 day)

ANALGESICS OTHER

<i>acetaminophen liq 160/5ml</i>	Pref	OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	OTC
<i>acetaminophen suppos 650 mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg</i>	Pref	OTC
<i>chld meditab chw 80mg</i>	Pref	OTC
<i>chld silapap liq 160/5ml</i>	Pref	OTC
<i>ed-apap liq 80mg/2.5</i>	Pref	OTC
FEVERALL INF SUP 80MG	Pref	OTC
<i>feverall sup 120mg</i>	Pref	OTC
FEVERALL SUP 325MG	Pref	OTC
<i>feverall sup 650mg</i>	Pref	OTC
<i>m-pap liq 160/5ml</i>	Pref	OTC
<i>mapap apap liq 500/15ml</i>	Pref	OTC
<i>mapap cap 500mg</i>	Pref	OTC
<i>mapap child chw 80mg</i>	Pref	OTC
<i>pain relief cap 500mg</i>	Pref	OTC
<i>sb non-asa chw 80mg frt</i>	Pref	OTC
<i>sb non-asa chw 80mg grp</i>	Pref	OTC

SALICYLATES

<i>aspirin low chw 81mg</i>	Pref	OTC
ASPIRIN SUP 300MG	Pref	OTC
<i>aspirin tab 81mg ec</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin tab 325 mg</i>	Pref	OTC
<i>diflunisal tab 500 mg</i>	Pref	
<i>sb aspirin tab 325mg ec</i>	Pref	OTC
<i>tri-buff asa tab 325mg</i>	Pref	QL (24 tabs / 1 day), OTC

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

ACTIQ LOZ 200MCG	Non-Pref	PA; MED
ACTIQ LOZ 400MCG	Non-Pref	PA; MED
ACTIQ LOZ 600MCG	Non-Pref	PA; MED
ACTIQ LOZ 800MCG	Non-Pref	PA; MED
ACTIQ LOZ 1200MCG	Non-Pref	PA; MED
ACTIQ LOZ 1600MCG	Non-Pref	PA; MED
CODEINE SULF TAB 15MG	Non-Pref	PA; AGE (Min age 12 years); MED
CODEINE SULF TAB 60MG	Non-Pref	PA; AGE (Min age 12 years); MED
<i>codeine sulfate tab 30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 100MG	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 200MG	Non-Pref	PA; AGE (Min age 12 years); MED
CONZIP CAP 300MG	Non-Pref	PA; AGE (Min age 12 years); MED
DILAUDID LIQ 1MG/ML	Non-Pref	PA; MED
DILAUDID TAB 2MG	Non-Pref	PA, QL (11.2 tabs / 1 day); MED
DILAUDID TAB 4MG	Non-Pref	PA, QL (5.6 tabs / 1 day); MED
DILAUDID TAB 8MG	Non-Pref	PA, QL (2.8 tabs / 1 day); MED
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA; MED
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA; MED
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
FENTORA TAB 100MCG	Non-Pref	PA; MED
FENTORA TAB 200MCG	Non-Pref	PA; MED
FENTORA TAB 400MCG	Non-Pref	PA; MED
FENTORA TAB 600MCG	Non-Pref	PA; MED
FENTORA TAB 800MCG	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Non-Pref	PA; MED
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Non-Pref	PA; MED
HYDROCODONE CAP 10MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 15MG ER	Non-Pref	PA; MED

Drug Name	Drug Tier	Requirements/Limits
HYDROCODONE CAP 20MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 30MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 40MG ER	Non-Pref	PA; MED
HYDROCODONE CAP 50MG ER	Non-Pref	PA; MED
HYDROMORPHON SUP 3MG	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1 mg/ml</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Pref	PA, QL (11.2 tabs / 1 day); MED
<i>hydromorphone hcl tab 4 mg</i>	Pref	PA, QL (5.6 tabs / 1 day); MED
<i>hydromorphone hcl tab 8 mg</i>	Pref	PA, QL (2.8 tabs / 1 day); MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MED
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MED
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MED
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MED
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA; MED
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA; MED
<i>methadone hcl conc 10 mg/ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
METHADOSE CON 10MG/ML	Non-Pref	PA; AGE (Max age 1 year); MED

Drug Name	Drug Tier	Requirements/Limits
METHADOSE SF CON 10MG/ML	Non-Pref	PA; AGE (Max age 1 year); MED
<i>methadose tab 40mg</i>	Non-Pref	PA; AGE (Max age 1 year); MED
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Pref	PA, QL (45 mL / 1 day); MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Pref	PA, QL (22.5 mL / 1 day); MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Pref	PA, QL (4.5 mL / 1 day); MED
<i>morphine sulfate suppos 5 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 10 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 20 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate suppos 30 mg</i>	Non-Pref	PA; MED
<i>morphine sulfate tab 15 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>morphine sulfate tab 30 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tab er 15 mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>morphine sulfate tab er 30 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tab er 60 mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>morphine sulfate tab er 100 mg</i>	Pref	PA, QL (1 tab / 1 day); MED
<i>morphine sulfate tab er 200 mg</i>	Pref	PA, QL (1 tab / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TAB 15MG ER	Non-Pref	PA, QL (4 tabs / 1 day); MED
MS CONTIN TAB 30MG ER	Non-Pref	PA, QL (3 tabs / 1 day); MED
MS CONTIN TAB 60MG ER	Non-Pref	PA, QL (2 tabs / 1 day); MED
MS CONTIN TAB 100MG ER	Non-Pref	PA, QL (1 tab / 1 day); MED
MS CONTIN TAB 200MG ER	Non-Pref	PA, QL (1 tab / 1 day); MED
NUCYNTA ER TAB 50MG	Non-Pref	PA; MED
NUCYNTA ER TAB 100MG	Non-Pref	PA; MED
NUCYNTA ER TAB 150MG	Non-Pref	PA; MED
NUCYNTA ER TAB 200MG	Non-Pref	PA; MED
NUCYNTA ER TAB 250MG	Non-Pref	PA; MED
NUCYNTA TAB 50MG	Non-Pref	PA; MED
NUCYNTA TAB 75MG	Non-Pref	PA; MED
NUCYNTA TAB 100MG	Non-Pref	PA; MED
OXAYDO TAB 5MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
OXAYDO TAB 7.5MG	Non-Pref	PA; MED
<i>oxycodone hcl cap 5 mg</i>	Pref	PA, QL (12 caps / 1 day); MED
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	PA, QL (60 mL / 1 day); MED
<i>oxycodone hcl tab 5 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone hcl tab 10 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>oxycodone hcl tab 15 mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>oxycodone hcl tab 20 mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>oxycodone hcl tab 30 mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA; MED
OXYCONTIN TAB 10MG CR	Non-Pref	PA; MED
OXYCONTIN TAB 15MG CR	Non-Pref	PA; MED

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 56

Drug Name	Drug Tier	Requirements/Limits
OXYCONTIN TAB 20MG CR	Non-Pref	PA; MED
OXYCONTIN TAB 30MG CR	Non-Pref	PA; MED
OXYCONTIN TAB 40MG CR	Non-Pref	PA; MED
OXYCONTIN TAB 60MG CR	Non-Pref	PA; MED
OXYCONTIN TAB 80MG CR	Non-Pref	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MED
ROXICODONE TAB 5MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
ROXICODONE TAB 15MG	Non-Pref	PA, QL (4 tabs / 1 day); MED
ROXICODONE TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day); MED
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab 50 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED
<i>tramadol hcl tab 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED

Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
ULTRAM TAB 50MG	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED
XTAMPZA ER CAP 9MG	Non-Pref	PA; MED
XTAMPZA ER CAP 13.5MG	Non-Pref	PA; MED
XTAMPZA ER CAP 18MG	Non-Pref	PA; MED
XTAMPZA ER CAP 27MG	Non-Pref	PA; MED
XTAMPZA ER CAP 36MG	Non-Pref	PA; MED

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	PA, QL (150 mL / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min age 12 years); MED
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
APADAZ TAB 4.08-325	Non-Pref	PA; AGE (Min age 18 years); MED
APADAZ TAB 6.12-325	Non-Pref	PA; AGE (Min age 18 years); MED
APADAZ TAB 8.16-325	Non-Pref	PA; AGE (Min age 18 years); MED
<i>ascomp/cod cap 30mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; AGE (Min age 18 years); MED
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; AGE (Min age 18 years); MED
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; AGE (Min age 18 years); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min age 12 years); MED
<i>endocet tab 5-325mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>endocet tab 7.5-325</i>	Pref	PA, QL (8 tabs / 1 day); MED
<i>endocet tab 10-325mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min age 12 years); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	PA, QL (180 mL / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	PA, QL (9 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	PA, QL (5 tabs / 1 day); MED
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	PA, QL (6 tabs / 1 day); MED

Drug Name	Drug Tier	Requirements/Limits
PERCOCET TAB 2.5-325	Non-Pref	PA, QL (12 tabs / 1 day); MED
PERCOCET TAB 5-325MG	Non-Pref	PA, QL (12 tabs / 1 day); MED
PERCOCET TAB 7.5-325	Non-Pref	PA, QL (8 tabs / 1 day); MED
PERCOCET TAB 10-325MG	Non-Pref	PA, QL (6 tabs / 1 day); MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED
ULTRACET TAB 37.5-325	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min age 12 years); MED

OPIOID PARTIAL AGONISTS

BELBUCA MIS 75MCG	Non-Pref	PA; MED
BELBUCA MIS 150MCG	Non-Pref	PA; MED
BELBUCA MIS 300MCG	Non-Pref	PA; MED
BELBUCA MIS 450MCG	Non-Pref	PA; MED
BELBUCA MIS 600MCG	Non-Pref	PA; MED
BELBUCA MIS 750MCG	Non-Pref	PA; MED
BELBUCA MIS 900MCG	Non-Pref	PA; MED
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min age 16 years)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Pref	PA, QL (0.29 ea / 1 day); MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA; MED
BUTRANS DIS 5MCG/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 7.5/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 10MCG/HR	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS DIS 15MCG/HR	Pref	PA, QL (0.145 patches / 1 day); MED
BUTRANS DIS 20MCG/HR	Pref	PA, QL (0.145 patches / 1 day); MED
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MED
SUBLOCADE INJ 100/0.5	Pref	SP, PA
SUBLOCADE INJ 300/1.5	Pref	SP, PA
SUBOXONE MIS 2-0.5MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 4-1MG	Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 8-2MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min age 16 years)
SUBOXONE MIS 12-3MG	Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min age 16 years)
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 61

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 16 years)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

ANDRODERM DIS 2MG/24HR	Pref	QL (1 patch / 1 day); AGE (Min age 18 years)
ANDRODERM DIS 4MG/24HR	Pref	QL (1 ea / 1 day); AGE (Min age 18 years)
ANDROGEL GEL 1%(25MG)	Non-Pref	PA; AGE (Min age 18 years)
ANDROGEL GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
ANDROGEL GEL 1.62%	Pref	QL (5 gm / 1 day); AGE (Min age 18 years)
ANDROGEL GEL 1.62%	Non-Pref	PA; AGE (Min age 18 years)
FORTESTA GEL 10MG/ACT	Non-Pref	PA; AGE (Min age 18 years)
NATESTO GEL 5.5MG	Non-Pref	PA; AGE (Min age 18 years)
TESTIM GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	
<i>testosterone td gel 10mg/act (2%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 12.5 mg/act (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Pref	QL (5 gm / 1 day); AGE (Min age 18 years)
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>testosterone td gel 50 mg/5gm (1%)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA; AGE (Min age 18 years)
VOGELXO GEL 1%(50MG)	Non-Pref	PA; AGE (Min age 18 years)
VOGELXO GEL PUMP 1%	Non-Pref	PA; AGE (Min age 18 years)

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

UCERIS AER 2MG/ACT	Non-Pref	PA
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RECTAL COMBINATIONS

<i>hemorrhoidal cre</i>	Pref	OTC
<i>hemorrhoidal cre max st</i>	Pref	OTC
<i>hemorrhoidal oin</i>	Pref	OTC
<i>hemorrhoidal sup 0.25%</i>	Pref	OTC
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Pref	
<i>lidocort cre 3-0.5%</i>	Pref	
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Pref	OTC
<i>preparation sup h</i>	Pref	OTC
PROCTOFOAM AER HC 1%	Pref	
<i>qc hemorroi cre aloe</i>	Pref	OTC
<i>sb hemorrhoi oin</i>	Pref	OTC
<i>sm hemorrhoi gel cooling</i>	Pref	OTC

RECTAL LOCAL ANESTHETICS

<i>gnp anorctal cre 5%</i>	Pref	OTC
<i>hemorrhoidal cre relief</i>	Pref	OTC
<i>lidocaine anorectal cream 5%</i>	Pref	OTC
<i>pramoxine hcl perianal foam 1%</i>	Pref	OTC
<i>rectasmoothe cre 5%</i>	Pref	OTC

RECTAL STEROIDS

ANUSOL-HC CRE 2.5%	Pref	
<i>hydrocortisone perianal cream 2.5%</i>	Pref	
<i>procto-med cre hc 2.5%</i>	Pref	
PROCTOCORT CRE 1%	Pref	
<i>proctosol hc cre 2.5%</i>	Pref	
<i>proctozone cre -hc 2.5%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTACID COMBINATIONS		
<i>acid gone chw</i>	Pref	OTC
<i>acid gone sus</i>	Pref	OTC
<i>antacid chw</i>	Pref	OTC
<i>antacid plus sus gas rel</i>	Pref	OTC
<i>antacid sus antigas</i>	Pref	OTC
<i>gnp antacid chw 160-105</i>	Pref	OTC
<i>heartbrn ant chw 160-105</i>	Pref	OTC
MAG-AL LIQ	Pref	OTC
<i>mintox plus chw</i>	Pref	OTC
ANTACIDS - ALUMINUM SALTS		
ALUM HYDROX SUS 320/5ML	Pref	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Pref	OTC
<i>sodium bicarbonate tab 650 mg</i>	Pref	OTC
ANTACIDS - CALCIUM SALTS		
<i>antacid chw 750mg</i>	Pref	OTC
<i>antacid chw 1000mg</i>	Pref	OTC
<i>calc antacid chw 750mg</i>	Pref	OTC
CALCIUM CARB TAB 648MG	Pref	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	OTC
<i>childrens chw pepto</i>	Pref	OTC
<i>gnp antacid chw 750mg</i>	Pref	OTC
<i>gnp antacid chw 1000mg</i>	Pref	OTC
<i>hm antacid chw 750mg</i>	Pref	OTC
<i>maalox child chw</i>	Pref	OTC
<i>qc antacid chw 1000mg</i>	Pref	OTC
TUMS CHW DEL CHW 1177MG	Pref	OTC
<i>tums smoothi chw 750mg</i>	Pref	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 400 mg</i>	Pref	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	Pref	PA, QL (4 tabs / 1 day)
BENZNIDAZOLE TAB 12.5MG	Pref	AGE (Min age 2 years and Max age 12 years)

Drug Name	Drug Tier	Requirements/Limits
BENZNIDAZOLE TAB 100MG	Pref	AGE (Min age 2 years and Max age 12 years)
<i>ivermectin tab 3 mg</i>	Pref	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
AEMCOLO TAB 194MG	Non-Pref	PA
FLAGYL CAP 375MG	Non-Pref	PA
<i>metronidazole cap 375 mg</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	
<i>metronidazole tab 500 mg</i>	Pref	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Pref	
<i>pentamidine isethionate for soln 300 mg</i>	Pref	
<i>tinidazole tab 250 mg</i>	Non-Pref	PA
<i>tinidazole tab 500 mg</i>	Non-Pref	PA
TRIMETHOPRIM TAB 100MG	Pref	
XIFAXAN TAB 200MG	Non-Pref	PA
XIFAXAN TAB 550MG	Non-Pref	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	90 day supply
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	90 day supply
<i>sulfatrim pd sus 200-40/5</i>	Pref	90 day supply
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	Pref	PA
<i>nitazoxanide tab 500 mg</i>	Non-Pref	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOCIN CAP 250MG	Non-Pref	PA
VANCOCIN HCL CAP 125MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Pref	
VANCOMYCIN INJ 750MG	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Pref	
<i>dapsone tab 100 mg</i>	Pref	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin hcl cap 150 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin hcl cap 300 mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Pref	QL (70 mL / 1 day)
MONOBACTAMS		
CAYSTON INH 75MG	Non-Pref	SP, PA, QL (84 vials / 22 days); AGE (Min age 7 years)
OXAZOLIDINONES		
<i>linezolid tab 600 mg</i>	Pref	QL (2 tabs / 1 day)
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomicin tromethamine powd pack 3 gm (base equivalent)</i>	Pref	
<i>methenamine hippurate tab 1 gm</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Pref	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Pref	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	QL (2 tabs / 1 day)
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
NITRO-BID OIN 2%	Pref	QL (4 gm / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)

ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Pref	
<i>bupirone hcl tab 7.5 mg</i>	Pref	
<i>bupirone hcl tab 10 mg</i>	Pref	
<i>bupirone hcl tab 15 mg</i>	Pref	
<i>bupirone hcl tab 30 mg</i>	Pref	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 10 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 25 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine hcl tab 50 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Pref	AGE (Min age 2 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	

BENZODIAZEPINES

<i>alprazolam tab 0.5 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 0.25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 1 mg</i>	Pref	QL (4 tabs / 1 day)
<i>alprazolam tab 2 mg</i>	Pref	QL (5 tabs / 1 day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Pref	QL (4 caps / 1 day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Pref	QL (30 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>chlordiazepoxide hcl cap 25 mg</i>	Pref	QL (12 caps / 1 day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Non-Pref	PA
<i>clorazepate dipotassium tab 7.5 mg</i>	Non-Pref	PA
<i>clorazepate dipotassium tab 15 mg</i>	Non-Pref	PA
<i>diazepam conc 5 mg/ml</i>	Pref	
<i>diazepam oral soln 1 mg/ml</i>	Pref	
<i>diazepam tab 2 mg</i>	Pref	
<i>diazepam tab 5 mg</i>	Pref	
<i>diazepam tab 10 mg</i>	Pref	
<i>lorazepam tab 0.5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>lorazepam tab 1 mg</i>	Pref	QL (3 tabs / 1 day)
<i>lorazepam tab 2 mg</i>	Pref	QL (5 tabs / 1 day)
TRANXENE T TAB 7.5MG	Non-Pref	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-B

LIDOCAINE INJ 20MG/ML	Pref	
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Pref	
<i>flecainide acetate tab 100 mg</i>	Pref	
<i>flecainide acetate tab 150 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	
<i>propafenone hcl tab 225 mg</i>	Pref	
<i>propafenone hcl tab 300 mg</i>	Pref	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 100 mg</i>	Pref	
<i>amiodarone hcl tab 200 mg</i>	Pref	
<i>amiodarone hcl tab 400 mg</i>	Pref	
<i>pacerone tab 100mg</i>	Pref	
<i>pacerone tab 200mg</i>	Pref	
<i>pacerone tab 400mg</i>	Pref	

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTIASTHMATIC - MONOCLONAL ANTIBODIES

NUCALA INJ 100MG/ML	Pref	SP, PA, QL (0.04 injections / 1 day)
NUCALA INJ 100MG/ML	Pref	SP, PA, QL (0.04 syringes / 1 day)

BRONCHODILATORS - ANTICHOLINERGICS

ATROVENT HFA AER 17MCG	Pref	90 day supply
INCRUSE ELPT INH 62.5MCG	Non-Pref	PA
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
LONHALA MAGN SOL 25MCG	Non-Pref	PA
SPIRIVA AER 1.25MCG	Non-Pref	PA
SPIRIVA CAP HANDIHLR	Pref	90 day supply
SPIRIVA SPR 2.5MCG	Non-Pref	PA
TUDORZA PRES AER 400/ACT	Non-Pref	PA
YUPELRI SOL	Non-Pref	PA

LEUKOTRIENE MODULATORS

ACCOLATE TAB 10MG	Non-Pref	PA
ACCOLATE TAB 20MG	Non-Pref	PA
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max age 5 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max age 14 years)
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Non-Pref	PA; 90 day supply
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
SINGULAIR CHW 4MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max age 5 years)
SINGULAIR CHW 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max age 14 years)
SINGULAIR GRA 4MG	Non-Pref	PA; 90 day supply
SINGULAIR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>zafirlukast tab 10 mg</i>	Non-Pref	PA
<i>zafirlukast tab 20 mg</i>	Non-Pref	PA
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA

SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS

DALIRESP TAB 250MCG	Non-Pref	PA
DALIRESP TAB 500MCG	Non-Pref	PA

STEROID INHALANTS

ALVESCO AER 80MCG	Non-Pref	PA
ALVESCO AER 160MCG	Non-Pref	PA
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 14 AER 220MCG	Pref	90 day supply
ASMANEX 30 AER 110MCG	Pref	90 day supply
ASMANEX 30 AER 220MCG	Pref	90 day supply
ASMANEX 60 AER 220MCG	Pref	90 day supply
ASMANEX 120 AER 220MCG	Pref	90 day supply
ASMANEX HFA AER 50MCG	Non-Pref	PA
ASMANEX HFA AER 100 MCG	Non-Pref	PA
ASMANEX HFA AER 200 MCG	Non-Pref	PA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Pref	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Pref	
<i>budesonide inhalation susp 1 mg/2ml</i>	Pref	
FLOVENT DISK AER 50MCG	Pref	90 day supply
FLOVENT DISK AER 100MCG	Pref	90 day supply
FLOVENT DISK AER 250MCG	Pref	90 day supply
FLOVENT HFA AER 44MCG	Pref	90 day supply
FLOVENT HFA AER 110MCG	Pref	90 day supply
FLOVENT HFA AER 220MCG	Pref	90 day supply
PULMICORT INH 90MCG	Pref	90 day supply
PULMICORT INH 180MCG	Pref	90 day supply
PULMICORT SUS 0.5MG/2	Non-Pref	PA
PULMICORT SUS 0.25MG/2	Non-Pref	PA
PULMICORT SUS 1MG/2ML	Non-Pref	PA
QVAR REDIIHA AER 80MCG	Non-Pref	PA
QVAR REDIIHAL AER 40MCG	Non-Pref	PA

SYMPATHOMIMETICS

ADVAIR DISKU AER 100/50	Pref	90 day supply
ADVAIR DISKU AER 250/50	Pref	90 day supply
ADVAIR DISKU AER 500/50	Pref	90 day supply
ADVAIR HFA AER 45/21	Pref	90 day supply
ADVAIR HFA AER 115/21	Pref	90 day supply
ADVAIR HFA AER 230/21	Pref	90 day supply
AIRDUO DGHLR INH 55-14	Non-Pref	PA
AIRDUO DGHLR INH 113-14	Non-Pref	PA
AIRDUO DGHLR INH 232-14	Non-Pref	PA
AIRDUO RESPI INH 55-14	Non-Pref	PA
AIRDUO RESPI INH 113-14	Non-Pref	PA
AIRDUO RESPI INH 232-14	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	90 day supply
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	QL (0.044 inhalers / 1 day; 90 day supply)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	QL (0.119 inhalers / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	QL (18 each / 1 day)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	
ANORO ELLIPT AER 62.5-25	Pref	90 day supply
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Non-Pref	PA
<i>asthmanefrin neb 2.25%</i>	Pref	OTC
BEVESPI AER 9-4.8MCG	Non-Pref	PA; 90 day supply
BREO ELLIPTA INH 100-25	Non-Pref	PA
BREO ELLIPTA INH 200-25	Non-Pref	PA
BREZTRI AERO AER SPHERE	Non-Pref	PA
BROVANA NEB 15MCG	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non-Pref	PA; 90 day supply
COMBIVENT AER 20-100	Pref	90 day supply
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	90 day supply
DULERA AER 100-5MCG	Pref	90 day supply
DULERA AER 200-5MCG	Pref	90 day supply
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i>	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i>	Non-Pref	PA; 90 day supply
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	90 day supply
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA
PERFOROMIST NEB 20MCG	Non-Pref	PA
PROAIR DIGIH AER	Non-Pref	PA
PROAIR HFA AER	Pref	QL (0.094 inhalers / 1 day; 90 day supply)
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Non-Pref	PA; 90 day supply
SEREVENT DIS AER 50MCG	Pref	QL (2 inhalations / 1 day; 90 day supply); AGE (Min age 3 years)
STIOLTO AER 2.5-2.5	Pref	90 day supply
STRIVERDI AER 2.5MCG	Pref	QL (0.036 inhalers / 1 day)
SYMBICORT AER 80-4.5	Pref	90 day supply
SYMBICORT AER 160-4.5	Pref	90 day supply
TRELEGY AER ELLIPTA	Non-Pref	PA
VENTOLIN HFA AER	Pref	QL (0.083 inhalers / 1 day; 90 day supply)
VENTOLIN HFA AER	Pref	QL (0.188 inhalers / 1 day; 90 day supply)
<i>wixela inhub aer 100/50</i>	Non-Pref	PA; 90 day supply
<i>wixela inhub aer 250/50</i>	Non-Pref	PA; 90 day supply
<i>wixela inhub aer 500/50</i>	Non-Pref	PA; 90 day supply
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA
XOPENEX HFA AER	Non-Pref	PA
XOPENEX NEB 0.31MG	Non-Pref	PA
XOPENEX NEB 0.63MG	Non-Pref	PA
XOPENEX NEB 1.25/3ML	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 72

Drug Name Drug Tier Requirements/Limits
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>jantoven tab 1mg</i>	Pref	90 day supply
<i>jantoven tab 2.5mg</i>	Pref	90 day supply
<i>jantoven tab 2mg</i>	Pref	90 day supply
<i>jantoven tab 3mg</i>	Pref	90 day supply
<i>jantoven tab 4mg</i>	Pref	90 day supply
<i>jantoven tab 5mg</i>	Pref	90 day supply
<i>jantoven tab 6mg</i>	Pref	90 day supply
<i>jantoven tab 7.5mg</i>	Pref	90 day supply
<i>jantoven tab 10mg</i>	Pref	90 day supply
<i>warfarin sodium tab 1 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 2 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 2.5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 3 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 4 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 6 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 7.5 mg</i>	Pref	90 day supply
<i>warfarin sodium tab 10 mg</i>	Pref	90 day supply

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG	Pref	
ELIQUIS TAB 2.5MG	Pref	90 day supply
ELIQUIS TAB 5MG	Pref	90 day supply
SAVAYSA TAB 15MG	Non-Pref	PA
SAVAYSA TAB 30MG	Non-Pref	PA
SAVAYSA TAB 60MG	Non-Pref	PA
XARELTO STAR TAB 15/20MG	Pref	
XARELTO TAB 2.5MG	Pref	90 day supply
XARELTO TAB 10MG	Pref	90 day supply
XARELTO TAB 15MG	Pref	90 day supply
XARELTO TAB 20MG	Pref	90 day supply

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5	Non-Pref	PA
ARIXTRA INJ 5/0.4ML	Non-Pref	PA
ARIXTRA INJ 7.5/0.6	Non-Pref	PA
ARIXTRA INJ 10/0.8ML	Non-Pref	PA
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Pref	
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Pref	
<i>enoxaparin sodium inj 100 mg/ml</i>	Pref	
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium inj 150 mg/ml</i>	Pref	
<i>enoxaparin sodium inj 300 mg/3ml</i>	Pref	
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	Pref	
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	Pref	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Non-Pref	PA
FRAGMIN INJ 2500/0.2	Non-Pref	PA
FRAGMIN INJ 5000/0.2	Non-Pref	PA
FRAGMIN INJ 7500/0.3	Non-Pref	PA
FRAGMIN INJ 10000/ML	Non-Pref	PA
FRAGMIN INJ 12500UNT	Non-Pref	PA
FRAGMIN INJ 15000UNT	Non-Pref	PA
FRAGMIN INJ 18000UNT	Non-Pref	PA
FRAGMIN INJ 95000UNT	Non-Pref	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Pref	
LOVENOX INJ 30/0.3ML	Non-Pref	PA
LOVENOX INJ 40/0.4ML	Non-Pref	PA
LOVENOX INJ 60/0.6ML	Non-Pref	PA
LOVENOX INJ 80/0.8ML	Non-Pref	PA
LOVENOX INJ 100MG/ML	Non-Pref	PA
LOVENOX INJ 120/0.8	Non-Pref	PA
LOVENOX INJ 150MG/ML	Non-Pref	PA
LOVENOX INJ 300/3ML	Non-Pref	PA

THROMBIN INHIBITORS

PRADAXA CAP 75MG	Pref	90 day supply
PRADAXA CAP 110MG	Pref	90 day supply
PRADAXA CAP 150MG	Pref	90 day supply

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	Non-Pref	PA
FYCOMPA TAB 2MG	Non-Pref	PA
FYCOMPA TAB 4MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA TAB 6MG	Non-Pref	PA
FYCOMPA TAB 8MG	Non-Pref	PA
FYCOMPA TAB 10MG	Non-Pref	PA
FYCOMPA TAB 12MG	Non-Pref	PA

ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	Pref	
<i>clobazam tab 10 mg</i>	Pref	
<i>clobazam tab 20 mg</i>	Pref	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 1 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 2 mg</i>	Non-Pref	PA
<i>clonazepam tab 0.5 mg</i>	Pref	
<i>clonazepam tab 1 mg</i>	Pref	
<i>clonazepam tab 2 mg</i>	Pref	
DIASTAT ACDL GEL 5-10MG	Pref	
DIASTAT ACDL GEL 12.5-20	Pref	
DIASTAT PED GEL 2.5M GEL	Pref	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Non-Pref	PA
<i>diazepam rectal gel delivery system 10 mg</i>	Non-Pref	PA
<i>diazepam rectal gel delivery system 20 mg</i>	Non-Pref	PA
KLONOPIN TAB 1MG	Non-Pref	PA
NAYZILAM SPR 5MG	Non-Pref	PA
ONFI SUS 2.5MG/ML	Non-Pref	PA
ONFI TAB 10MG	Non-Pref	PA
ONFI TAB 20MG	Non-Pref	PA
SYMPAZAN MIS 5MG	Non-Pref	PA
SYMPAZAN MIS 10MG	Non-Pref	PA
SYMPAZAN MIS 20MG	Non-Pref	PA
VALTOCO SPR 5MG	Pref	
VALTOCO SPR 10MG	Pref	
VALTOCO SPR 15MG	Pref	
VALTOCO SPR 20MG	Pref	

ANTICONVULSANTS - MISC.

APTIOM TAB 200MG	Non-Pref	PA
APTIOM TAB 400MG	Non-Pref	PA
APTIOM TAB 600MG	Non-Pref	PA
APTIOM TAB 800MG	Non-Pref	PA
BANZEL SUS 40MG/ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
BANZEL TAB 200MG	Non-Pref	PA
BANZEL TAB 400MG	Non-Pref	PA
BRIVIACT SOL 10MG/ML	Non-Pref	PA
BRIVIACT TAB 10MG	Non-Pref	PA
BRIVIACT TAB 25MG	Non-Pref	PA
BRIVIACT TAB 50MG	Non-Pref	PA
BRIVIACT TAB 75MG	Non-Pref	PA
BRIVIACT TAB 100MG	Non-Pref	PA
<i>carbamazepine cap er 12hr 100 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine cap er 12hr 200 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine cap er 12hr 300 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine chew tab 100 mg</i>	Pref	90 day supply
<i>carbamazepine susp 100 mg/5ml</i>	Pref	90 day supply
<i>carbamazepine tab 200 mg</i>	Pref	90 day supply
<i>carbamazepine tab er 12hr 100 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine tab er 12hr 200 mg</i>	Non-Pref	PA; 90 day supply
<i>carbamazepine tab er 12hr 400 mg</i>	Non-Pref	PA; 90 day supply
CARBATROL CAP 100MG	Pref	90 day supply
CARBATROL CAP 200MG	Pref	90 day supply
CARBATROL CAP 300MG	Pref	90 day supply
DIACOMIT CAP 250MG	Non-Pref	SP, PA
DIACOMIT CAP 500MG	Non-Pref	SP, PA
DIACOMIT PAK 250MG	Non-Pref	SP, PA
DIACOMIT PAK 500MG	Non-Pref	SP, PA
ELEPSIA XR TAB 1000MG	Non-Pref	PA
ELEPSIA XR TAB 1500MG	Non-Pref	PA
EPIDIOLEX SOL 100MG/ML	Pref	SP, PA; AGE (Min age 1 year)
<i>epitol tab 200mg</i>	Pref	90 day supply
EPRONTIA SOL 25MG/ML	Non-Pref	PA
FINTEPLA SOL 2.2MG/ML	Non-Pref	PA; AGE (Min age 2 years and Max age 18 years)
<i>gabapentin cap 100 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin cap 300 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin cap 400 mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin oral soln 250 mg/5ml</i>	Pref	QL (72 mL / 1 day)
<i>gabapentin tab 600 mg</i>	Pref	QL (6 tabs / 1 day)
<i>gabapentin tab 800 mg</i>	Pref	QL (5 tabs / 1 day)
KEPPRA SOL 100MG/ML	Non-Pref	PA; 90 day supply
KEPPRA TAB 250MG	Non-Pref	PA; 90 day supply
KEPPRA TAB 500MG	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TAB 750MG	Non-Pref	PA; 90 day supply
KEPPRA TAB 1000MG	Non-Pref	PA; 90 day supply
KEPPRA XR TAB 500MG	Non-Pref	PA; 90 day supply
KEPPRA XR TAB 750MG	Non-Pref	PA; 90 day supply
LAMICTAL CHW 5MG	Non-Pref	PA; 90 day supply
LAMICTAL CHW 25MG	Non-Pref	PA; 90 day supply
LAMICTAL KIT START 35	Non-Pref	PA
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT KIT	Pref	
LAMICTAL ODT TAB 25MG	Pref	
LAMICTAL ODT TAB 50MG	Pref	
LAMICTAL ODT TAB 100MG	Pref	
LAMICTAL ODT TAB 200MG	Pref	
LAMICTAL TAB 25MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 100MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 150MG	Non-Pref	PA; 90 day supply
LAMICTAL TAB 200MG	Non-Pref	PA; 90 day supply
LAMICTAL XR KIT	Non-Pref	PA
LAMICTAL XR TAB 25MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 50MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 100MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 200MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 250MG	Non-Pref	PA; 90 day supply
LAMICTAL XR TAB 300MG	Non-Pref	PA; 90 day supply
<i>lamotrigine orally disintegrating tab 25 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 100 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg</i>	Pref	90 day supply
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 100 mg</i>	Pref	90 day supply
<i>lamotrigine tab 150 mg</i>	Pref	90 day supply
<i>lamotrigine tab 200 mg</i>	Pref	90 day supply
<i>lamotrigine tab chewable dispersible 5 mg</i>	Pref	90 day supply
<i>lamotrigine tab chewable dispersible 25 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 25 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 50 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 100 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 200 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 250 mg</i>	Pref	90 day supply
<i>lamotrigine tab er 24hr 300 mg</i>	Pref	90 day supply
<i>levetiracetam oral soln 100 mg/ml</i>	Pref	90 day supply
<i>levetiracetam tab 250 mg</i>	Pref	90 day supply
<i>levetiracetam tab 500 mg</i>	Pref	90 day supply
<i>levetiracetam tab 750 mg</i>	Pref	90 day supply
<i>levetiracetam tab 1000 mg</i>	Pref	90 day supply
<i>levetiracetam tab er 24hr 500 mg</i>	Pref	90 day supply
<i>levetiracetam tab er 24hr 750 mg</i>	Pref	90 day supply
LYRICA CAP 25MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 50MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 150MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 225MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA CAP 300MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOL 20MG/ML	Non-Pref	PA
MYSOLINE TAB 50MG	Non-Pref	PA; 90 day supply
MYSOLINE TAB 250MG	Non-Pref	PA; 90 day supply
NEURONTIN CAP 100MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN CAP 300MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN CAP 400MG	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN SOL 250/5ML	Non-Pref	PA, QL (72 mL / 1 day)
NEURONTIN TAB 600MG	Non-Pref	PA, QL (6 tabs / 1 day)
NEURONTIN TAB 800MG	Non-Pref	PA, QL (5 tabs / 1 day)
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Non-Pref	PA; 90 day supply
<i>oxcarbazepine tab 150 mg</i>	Pref	90 day supply
<i>oxcarbazepine tab 300 mg</i>	Pref	90 day supply
<i>oxcarbazepine tab 600 mg</i>	Pref	90 day supply
OXTELLAR XR TAB 150MG	Non-Pref	PA
OXTELLAR XR TAB 300MG	Non-Pref	PA
OXTELLAR XR TAB 600MG	Non-Pref	PA
<i>pregabalin cap 25 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 50 mg</i>	Pref	QL (3 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>pregabalin cap 75 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 150 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 225 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin cap 300 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20 mg/ml</i>	Non-Pref	PA
<i>primidone tab 50 mg</i>	Pref	90 day supply
<i>primidone tab 250 mg</i>	Pref	90 day supply
QUDEXY XR CAP 25/24HR	Non-Pref	PA
QUDEXY XR CAP 50/24HR	Non-Pref	PA
QUDEXY XR CAP 100/24HR	Non-Pref	PA
QUDEXY XR CAP 150/24HR	Non-Pref	PA
QUDEXY XR CAP 200/24HR	Non-Pref	PA
<i>roweepra tab 500mg</i>	Pref	90 day supply
<i>rufinamide susp 40 mg/ml</i>	Non-Pref	PA
<i>rufinamide tab 200 mg</i>	Non-Pref	PA
<i>rufinamide tab 400 mg</i>	Non-Pref	PA
SPRITAM TAB 250MG	Non-Pref	PA
SPRITAM TAB 500MG	Non-Pref	PA
SPRITAM TAB 750MG	Non-Pref	PA
SPRITAM TAB 1000MG	Non-Pref	PA
<i>subvenite kit start 35</i>	Non-Pref	PA
<i>subvenite kit start 49</i>	Non-Pref	PA
<i>subvenite kit start 98</i>	Non-Pref	PA
<i>subvenite tab 25mg</i>	Pref	90 day supply
<i>subvenite tab 100mg</i>	Pref	90 day supply
<i>subvenite tab 150mg</i>	Pref	90 day supply
<i>subvenite tab 200mg</i>	Pref	90 day supply
TEGRETOL SUS 100/5ML	Non-Pref	PA; 90 day supply
TEGRETOL TAB 200MG	Non-Pref	PA; 90 day supply
TEGRETOL-XR TAB 100MG	Pref	90 day supply
TEGRETOL-XR TAB 200MG	Pref	90 day supply
TEGRETOL-XR TAB 400MG	Pref	90 day supply
TOPAMAX SPR CAP 15MG	Non-Pref	PA; 90 day supply
TOPAMAX SPR CAP 25MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 25MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 50MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 100MG	Non-Pref	PA; 90 day supply
TOPAMAX TAB 200MG	Non-Pref	PA; 90 day supply
<i>topiramate cap er 24hr sprinkle 25 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>topiramate cap er 24hr sprinkle 50 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	Non-Pref	PA
<i>topiramate sprinkle cap 15 mg</i>	Pref	90 day supply
<i>topiramate sprinkle cap 25 mg</i>	Pref	90 day supply
<i>topiramate tab 25 mg</i>	Pref	90 day supply
<i>topiramate tab 50 mg</i>	Pref	90 day supply
<i>topiramate tab 100 mg</i>	Pref	90 day supply
<i>topiramate tab 200 mg</i>	Pref	90 day supply
TRILEPTAL SUS 300MG/5M	Pref	90 day supply
TRILEPTAL TAB 150MG	Non-Pref	PA; 90 day supply
TRILEPTAL TAB 300MG	Non-Pref	PA; 90 day supply
TRILEPTAL TAB 600MG	Non-Pref	PA; 90 day supply
TROKENDI XR CAP 25MG	Non-Pref	PA
TROKENDI XR CAP 50MG	Non-Pref	PA
TROKENDI XR CAP 100MG	Non-Pref	PA
TROKENDI XR CAP 200MG	Non-Pref	PA
VIMPAT SOL 10MG/ML	Pref	
VIMPAT TAB 50MG	Pref	
VIMPAT TAB 100MG	Pref	
VIMPAT TAB 150MG	Pref	
VIMPAT TAB 200MG	Pref	
<i>zonisamide cap 25 mg</i>	Pref	90 day supply
<i>zonisamide cap 50 mg</i>	Pref	90 day supply
<i>zonisamide cap 100 mg</i>	Pref	90 day supply

CARBAMATES

<i>felbamate susp 600 mg/5ml</i>	Non-Pref	PA
<i>felbamate tab 400 mg</i>	Non-Pref	PA
<i>felbamate tab 600 mg</i>	Non-Pref	PA
FELBATOL SUS 600/5ML	Non-Pref	PA
FELBATOL TAB 400MG	Non-Pref	PA
FELBATOL TAB 600MG	Non-Pref	PA
XCOPRI PAK 12.5-25	Non-Pref	PA
XCOPRI PAK 50-100MG	Non-Pref	PA
XCOPRI PAK 100-150	Non-Pref	PA
XCOPRI PAK 150-200	Non-Pref	PA
XCOPRI TAB 50MG	Non-Pref	PA
XCOPRI TAB 100MG	Non-Pref	PA
XCOPRI TAB 150MG	Non-Pref	PA
XCOPRI TAB 200MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
GABA MODULATORS		
GABITRIL TAB 2MG	Pref	
GABITRIL TAB 4MG	Pref	
GABITRIL TAB 12MG	Pref	
GABITRIL TAB 16MG	Pref	
SABRIL POW 500MG	Non-Pref	PA
SABRIL TAB 500MG	Non-Pref	PA
<i>tiagabine hcl tab 2 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 4 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 12 mg</i>	Non-Pref	PA
<i>tiagabine hcl tab 16 mg</i>	Non-Pref	PA
<i>vigabatrin powd pack 500 mg</i>	Non-Pref	PA
<i>vigabatrin tab 500 mg</i>	Non-Pref	PA
<i>vigadrone pow 500mg</i>	Non-Pref	PA
HYDANTOINS		
DILANTIN CAP 30MG	Pref	
DILANTIN CAP 100MG	Non-Pref	PA; 90 day supply
DILANTIN CHW 50MG	Non-Pref	PA; 90 day supply
DILANTIN-125 SUS 125/5ML	Non-Pref	PA; 90 day supply
PHENYTEK CAP 200MG	Non-Pref	PA; 90 day supply
PHENYTEK CAP 300MG	Non-Pref	PA; 90 day supply
<i>phenytoin chw 50mg</i>	Pref	90 day supply
<i>phenytoin sodium extended cap 100 mg</i>	Pref	90 day supply
<i>phenytoin sodium extended cap 200 mg</i>	Pref	90 day supply
<i>phenytoin sodium extended cap 300 mg</i>	Pref	90 day supply
<i>phenytoin susp 125 mg/5ml</i>	Pref	90 day supply
SUCCINIMIDES		
CELONTIN CAP 300MG	Non-Pref	PA
<i>ethosuximide cap 250 mg</i>	Pref	90 day supply
<i>ethosuximide soln 250 mg/5ml</i>	Pref	90 day supply
ZARONTIN CAP 250MG	Non-Pref	PA; 90 day supply
ZARONTIN SOL 250/5ML	Non-Pref	PA; 90 day supply
VALPROIC ACID		
DEPAKOTE ER TAB 250MG	Non-Pref	PA; 90 day supply
DEPAKOTE ER TAB 500MG	Non-Pref	PA; 90 day supply
DEPAKOTE SPR CAP 125MG	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 125MG DR	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 250MG DR	Non-Pref	PA; 90 day supply
DEPAKOTE TAB 500MG DR	Non-Pref	PA; 90 day supply
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 125 mg</i>	Pref	90 day supply
<i>divalproex sodium tab delayed release 250 mg</i>	Pref	90 day supply
<i>divalproex sodium tab delayed release 500 mg</i>	Pref	90 day supply
<i>divalproex sodium tab er 24 hr 250 mg</i>	Pref	90 day supply
<i>divalproex sodium tab er 24 hr 500 mg</i>	Pref	90 day supply
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Pref	90 day supply
<i>valproic acid cap 250 mg</i>	Pref	90 day supply

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine orally disintegrating tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine orally disintegrating tab 45 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 7.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>mirtazapine tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>mirtazapine tab 45 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SLTB TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

ANTIDEPRESSANTS - MISC.

ALENZIN TAB 174MG	Non-Pref	PA
ALENZIN TAB 348MG	Non-Pref	PA
ALENZIN TAB 522MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab 75 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab 100 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 100 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 12hr 200 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 150 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>bupropion hcl tab er 24hr 450 mg</i>	Non-Pref	PA
FORFIVO XL TAB 450MG	Non-Pref	PA
WELLBUTRIN TAB 100MG SR	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB 150MG SR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB 200MG SR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB XL 150MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
WELLBUTRIN TAB XL 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

MONOAMINE OXIDASE INHIBITORS (MAOIS)

EMSAM DIS 6MG/24HR	Non-Pref	PA
EMSAM DIS 9MG/24HR	Non-Pref	PA
EMSAM DIS 12MG/24H	Non-Pref	PA
MARPLAN TAB 10MG	Non-Pref	PA
NARDIL TAB 15MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>phenelzine sulfate tab 15 mg</i>	Pref	QL (6 tabs / 1 day)
<i>tranylcypromine sulfate tab 10 mg</i>	Non-Pref	PA

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CELEXA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CELEXA TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluoxetine hcl cap 10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>fluoxetine hcl cap 20 mg</i>	Pref	QL (4 caps / 1 day)
<i>fluoxetine hcl cap 40 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non-Pref	PA
<i>fluoxetine hcl solution 20 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>fluoxetine hcl tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 20 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 60 mg</i>	Non-Pref	PA
FLUOXETINE TAB 60MG	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tab 25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tab 50 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
LEXAPRO TAB 5MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>paroxetine hcl tab 10 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tab 30 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 25 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Non-Pref	PA
PAXIL CR TAB 12.5MG	Non-Pref	PA
PAXIL CR TAB 25MG	Non-Pref	PA
PAXIL CR TAB 37.5MG	Non-Pref	PA
PAXIL SUS 10MG/5ML	Non-Pref	PA
PAXIL TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
PAXIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PAXIL TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PAXIL TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PEXEVA TAB 10MG	Non-Pref	PA
PEXEVA TAB 20MG	Non-Pref	PA
PEXEVA TAB 30MG	Non-Pref	PA
PEXEVA TAB 40MG	Non-Pref	PA
PROZAC CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
PROZAC CAP 20MG	Non-Pref	PA, QL (4 caps / 1 day)
PROZAC CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
SERTRALINE CAP 150MG	Non-Pref	PA
SERTRALINE CAP 200MG	Non-Pref	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>sertraline hcl tab 25 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>sertraline hcl tab 50 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 100 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
ZOLOFT CON 20MG/ML	Non-Pref	PA, QL (10 mL / 1 day; 90 day supply)
ZOLOFT TAB 25MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TAB 50MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 100 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 150 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 200 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 250 mg</i>	Non-Pref	PA
<i>trazodone hcl tab 50 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>trazodone hcl tab 100 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>trazodone hcl tab 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>trazodone hcl tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TRINTELLIX TAB 5MG	Non-Pref	PA
TRINTELLIX TAB 10MG	Non-Pref	PA
TRINTELLIX TAB 20MG	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
VIIBRYD TAB 10MG	Non-Pref	PA
VIIBRYD TAB 20MG	Non-Pref	PA
VIIBRYD TAB 40MG	Non-Pref	PA

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

CYMBALTA CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CAP 60MG	Non-Pref	PA, QL (2 caps / 1 day)
DESVENLAFAX TAB 50MG ER	Non-Pref	PA; 90 day supply
DESVENLAFAX TAB 100MG ER	Non-Pref	PA; 90 day supply
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Pref	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Pref	QL (1 tab / 1 day)
DRIZALMA CAP 20MG DR	Non-Pref	PA
DRIZALMA CAP 30MG DR	Non-Pref	PA
DRIZALMA CAP 40MG DR	Non-Pref	PA
DRIZALMA CAP 60MG DR	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Pref	QL (1 cap / 1 day)
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	QL (1 ea / 1 day)
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Non-Pref	PA
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Pref	QL (2 ea / 1 day)
EFFEXOR XR CAP 37.5MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
EFFEXOR XR CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
EFFEXOR XR CAP 150MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
FETZIMA CAP 20MG	Non-Pref	PA
FETZIMA CAP 40MG	Non-Pref	PA
FETZIMA CAP 80MG	Non-Pref	PA
FETZIMA CAP 120MG	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TAB 25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PRISTIQ TAB 50MG	Non-Pref	PA, QL (1 tab / 1 day)
PRISTIQ TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Pref	90 day supply
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	Pref
<i>amitriptyline hcl tab 25 mg</i>	Pref
<i>amitriptyline hcl tab 50 mg</i>	Pref
<i>amitriptyline hcl tab 75 mg</i>	Pref
<i>amitriptyline hcl tab 100 mg</i>	Pref
<i>amitriptyline hcl tab 150 mg</i>	Pref
<i>amoxapine tab 25 mg</i>	Pref
<i>amoxapine tab 50 mg</i>	Pref
<i>amoxapine tab 100 mg</i>	Pref
<i>amoxapine tab 150 mg</i>	Pref
<i>clomipramine hcl cap 25 mg</i>	Pref
<i>clomipramine hcl cap 50 mg</i>	Pref
<i>clomipramine hcl cap 75 mg</i>	Pref
<i>desipramine hcl tab 10 mg</i>	Pref
<i>desipramine hcl tab 25 mg</i>	Pref
<i>desipramine hcl tab 50 mg</i>	Pref
<i>desipramine hcl tab 75 mg</i>	Pref
<i>desipramine hcl tab 100 mg</i>	Pref
<i>desipramine hcl tab 150 mg</i>	Pref
<i>doxepin hcl cap 10 mg</i>	Pref
<i>doxepin hcl cap 25 mg</i>	Pref
<i>doxepin hcl cap 50 mg</i>	Pref
<i>doxepin hcl cap 75 mg</i>	Pref
<i>doxepin hcl cap 100 mg</i>	Pref
<i>doxepin hcl cap 150 mg</i>	Pref
<i>doxepin hcl conc 10 mg/ml</i>	Pref
<i>imipramine hcl tab 10 mg</i>	Pref
<i>imipramine hcl tab 25 mg</i>	Pref
<i>imipramine hcl tab 50 mg</i>	Pref
<i>imipramine pamoate cap 75 mg</i>	Pref
<i>imipramine pamoate cap 100 mg</i>	Pref
<i>imipramine pamoate cap 125 mg</i>	Pref

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine pamoate cap 150 mg</i>	Pref	
<i>nortriptyline hcl cap 10 mg</i>	Pref	
<i>nortriptyline hcl cap 25 mg</i>	Pref	
<i>nortriptyline hcl cap 50 mg</i>	Pref	
<i>nortriptyline hcl cap 75 mg</i>	Pref	

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>acarbose tab 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>acarbose tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>miglitol tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>miglitol tab 50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>miglitol tab 100 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
PRECOSE TAB 25MG	Non-Pref	PA, QL (12 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
PRECOSE TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
PRECOSE TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG	Non-Pref	PA
SYMLINPEN 120 INJ 1000MCG	Non-Pref	PA

ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-500MG	Non-Pref	PA
ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
DUETACT TAB 30-2MG	Non-Pref	PA
DUETACT TAB 30-4MG	Non-Pref	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
GLYXAMBI TAB 10-5 MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
GLYXAMBI TAB 25-5 MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 90 Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
INVOKAMET TAB 150-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKAMET XR TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET TAB 50-500MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUMET TAB 50-1000	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUMET XR TAB 50-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 50-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 100-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB 2.5-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-850	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB XR	Non-Pref	PA; AGE (Min age 18 years)
KAZANO 12.5- TAB 500MG	Non-Pref	PA; AGE (Min age 18 years)
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; AGE (Min age 18 years)
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 12.5-15	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 12.5-30	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 12.5-45	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-15MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-30MG	Non-Pref	PA; AGE (Min age 18 years)
OSENI TAB 25-45MG	Non-Pref	PA; AGE (Min age 18 years)
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
QTERN TAB 5-5MG	Non-Pref	PA; AGE (Min age 18 years)
QTERN TAB 10-5MG	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 2.5-500	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 7.5-500	Non-Pref	PA; AGE (Min age 18 years)
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; AGE (Min age 18 years)
SOLIQUA INJ 100/33	Non-Pref	PA
STEGLUJAN TAB 5-100MG	Non-Pref	PA; AGE (Min age 18 years)
STEGLUJAN TAB 15-100MG	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY TAB	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-1000MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 12.5-500	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY XR TAB	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 10-1000	Non-Pref	PA; AGE (Min age 18 years)
SYNJARDY XR TAB 25-1000	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB	Non-Pref	PA; AGE (Min age 18 years)
XIGDUO XR TAB 2.5-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-1000MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-500MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-1000	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
XULTOPHY INJ 100/3.6	Non-Pref	PA
BIGUANIDES		
GLUMETZA TAB 500MG	Non-Pref	PA; AGE (Min age 10 years)
GLUMETZA TAB 1000MG	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl oral soln 500 mg/5ml</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab 500 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab 850 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab 1000 mg</i>	Pref	QL (2.5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 10 years)

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 10 years)
<i>metformin hcl tab er 24hr modified release 500 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non-Pref	PA; AGE (Min age 10 years)
RIOMET SOL	Non-Pref	PA; AGE (Min age 10 years)
RIOMET SOL 500/5ML	Non-Pref	PA; AGE (Min age 10 years)

DIABETIC OTHER

BAQSIMI ONE POW 3MG/DOSE	Pref	QL (2 ea / 24 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	QL (2 ea / 24 days)
GLUCAGEN INJ HYPOKIT	Pref	QL (2 syringes / 24 days)
<i>glucagon (rdna) for inj kit 1 mg</i>	Pref	QL (2 kits / 24 days)
GVOKE HYPO 1 INJ 1MG/.2ML	Pref	
GVOKE HYPO 1 INJ .5/.1ML	Pref	
GVOKE HYPO 2 INJ 1MG/.2ML	Pref	
GVOKE HYPO 2 INJ .5/.1ML	Pref	
GVOKE PFS INJ	Pref	QL (0.035 syringes / 1 day)
GVOKE PFS INJ	Pref	QL (0.07 syringes / 1 day)

DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
JANUVIA TAB 25MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 50MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JANUVIA TAB 100MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
NESINA TAB 6.25MG	Non-Pref	PA; AGE (Min age 18 years)
NESINA TAB 12.5MG	Non-Pref	PA; AGE (Min age 18 years)
NESINA TAB 25MG	Non-Pref	PA; AGE (Min age 18 years)
ONGLYZA TAB 2.5MG	Non-Pref	PA; AGE (Min age 18 years)
ONGLYZA TAB 5MG	Non-Pref	PA; AGE (Min age 18 years)
TRADJENTA TAB 5MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply

INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)

ADLYXIN INJ 10/20MCG	Non-Pref	PA
ADLYXIN INJ 20MCG	Non-Pref	PA
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA
BYETTA INJ 5MCG	Pref	90 day supply
BYETTA INJ 10MCG	Pref	90 day supply
OZEMPIC INJ 2/1.5ML	Non-Pref	PA
OZEMPIC INJ 4MG/3ML	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 7MG	Non-Pref	PA; AGE (Min age 18 years)
RYBELSUS TAB 14MG	Non-Pref	PA; AGE (Min age 18 years)
TRULICITY INJ 0.75/0.5	Pref	90 day supply
TRULICITY INJ 1.5/0.5	Pref	90 day supply
TRULICITY INJ 3/0.5	Pref	90 day supply
TRULICITY INJ 4.5/0.5	Pref	90 day supply
VICTOZA INJ 18MG/3ML	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN		
ADMELOG INJ 100U/ML	Pref	90 day supply
ADMELOG SOLO INJ 100U/ML	Pref	
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 4UNIT	Non-Pref	PA
AFREZZA POW 8 UNIT	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
AFREZZA POW 12 UNIT	Non-Pref	PA
APIDRA INJ SOLOSTAR	Non-Pref	PA
APIDRA INJ U-100	Non-Pref	PA
BASAGLAR INJ 100UNIT	Pref	90 day supply
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG INJ 100/ML	Pref	90 day supply
HUMALOG JR INJ 100/ML	Pref	
HUMALOG KWIK INJ 100/ML	Pref	
HUMALOG KWIK INJ 200/ML	Non-Pref	PA
HUMALOG MIX INJ 50/50	Pref	90 day supply
HUMALOG MIX INJ 50/50KWP	Pref	
HUMALOG MIX INJ 75/25KWP	Pref	
HUMALOG MIX SUS 75/25	Pref	90 day supply
HUMULIN INJ 70/30	Pref	OTC; 90 day supply
HUMULIN INJ 70/30KWP	Pref	OTC; 90 day supply
HUMULIN N INJ U-100	Pref	OTC; 90 day supply
HUMULIN N INJ U-100KWP	Pref	OTC; 90 day supply
HUMULIN R INJ U-100	Pref	OTC; 90 day supply
HUMULIN R INJ U-500	Pref	90 day supply
INS ASP PROT INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ 70/30	Pref	90 day supply
INSULIN ASPA INJ 100/ML	Pref	90 day supply
INSULIN ASPA INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ PENFILL	Pref	90 day supply
INSULIN GLAR INJ 100U/ML	Pref	
INSULIN GLAR SOL 100U/ML	Pref	
INSULIN LISP INJ 100/ML	Pref	
INSULIN LISP INJ 100/ML	Pref	90 day supply
INSULIN LISP INJ JUNIOR	Pref	
INSULIN LISP INJ PROTAMIN	Pref	
LANTUS INJ 100/ML	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
LANTUS SOLOS INJ 100/ML	Pref	90 day supply
LEVEMIR INJ	Pref	90 day supply
LEVEMIR INJ FLEXTOUC	Pref	90 day supply
LYUMJEV INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30	Non-Pref	PA, OTC; 90 day supply
NOVOLIN INJ 70/30 FP	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ 100 UNIT	Non-Pref	PA, OTC
NOVOLIN R INJ RELION	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R INJ U-100	Non-Pref	PA, OTC; 90 day supply
NOVOLOG INJ 100/ML	Pref	90 day supply
NOVOLOG INJ FLEXPEN	Pref	90 day supply
NOVOLOG INJ PENFILL	Pref	90 day supply
NOVOLOG INJ RELION	Pref	90 day supply
NOVOLOG MIX INJ 70/30	Pref	90 day supply
NOVOLOG MIX INJ FLEX REL	Pref	90 day supply
NOVOLOG MIX INJ FLEXPEN	Pref	90 day supply
NOVOLOG RELI INJ 70/30	Pref	90 day supply
SEMGLEE INJ 100U/ML	Pref	90 day supply
SEMGLEE INJ 100U/ML	Non-Pref	PA
SEMGLEE SOL 100U/ML	Pref	90 day supply
SEMGLEE SOL 100U/ML	Non-Pref	PA
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA
TRESIBA INJ 100UNIT	Non-Pref	PA

INSULIN SENSITIZING AGENTS

ACTOS TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
ACTOS TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
ACTOS TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); AGE (Min age 18 years)

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>nateglinide tab 120 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 0.5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 1 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>repaglinide tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS

FARXIGA TAB 5MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
FARXIGA TAB 10MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKANA TAB 100MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
INVOKANA TAB 300MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years); PRIOR USE OF METFORMIN
JARDIANCE TAB 10MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 25MG	Pref	AGE (Min age 18 years); PRIOR USE OF METFORMIN; 90 day supply
STEGLATRO TAB 5MG	Non-Pref	PA; AGE (Min age 18 years)
STEGLATRO TAB 15MG	Non-Pref	PA; AGE (Min age 18 years)
SULFONYLUREAS		
AMARYL TAB 1MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
AMARYL TAB 2MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
AMARYL TAB 4MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glimepiride tab 4 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab er 24hr 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide tab er 24hr 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 2.5mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 5mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glipizide xl tab 10mg</i>	Pref	AGE (Min age 18 years); 90 day supply
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLUCOTROL XL TAB 5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 100
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TAB 10MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 1.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 3 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide micronized tab 6 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 1.25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>glyburide tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
GLYNASE TAB 1.5MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLYNASE TAB 3MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
GLYNASE TAB 6MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>acidophilus cap 10mg</i>	Pref	OTC
<i>align chw</i>	Pref	OTC
<i>align jr chw for kids</i>	Pref	OTC
<i>bismatrol chw 262mg</i>	Pref	OTC
<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC
<i>dialyvite chw probioti</i>	Pref	OTC
<i>floranex gra</i>	Pref	OTC
<i>floranex tab</i>	Pref	OTC
GNP 4X TAB PROBIOTI	Pref	OTC
<i>lactobacillus - packet</i>	Pref	OTC
<i>lactobacillus tab</i>	Pref	OTC
<i>medi-bismuth chw 262mg</i>	Pref	OTC
MORE-DOPHILU POW ACIDOPHI	Pref	OTC
PEDIA-LAX CHW YUMS	Pref	OTC
<i>pink bismuth chw 262mg</i>	Pref	OTC
<i>pink bismuth sus max str</i>	Pref	OTC
<i>pink bismuth tab 262mg</i>	Pref	OTC
PRO NUTRIENT POW PROBIOTI	Pref	OTC
PROBIOTIC CAP PEARLS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
PROVELLA TAB	Pref	OTC
RISA-BID TAB PROBIO	Pref	OTC
<i>sb bismuth tab 262mg</i>	Pref	OTC
<i>stomach relf chw 262mg</i>	Pref	OTC
<i>stomach relf sus 525/15ml</i>	Pref	OTC
<i>stomach relf tab 262mg</i>	Pref	OTC
4X PROBIOTIC TAB	Pref	OTC

ANTIDIARRHEAL/PROBIOTIC COMBINATIONS

KALA TAB	Pref	OTC
<i>lactobacillus acidophilus-pectin cap</i>	Pref	OTC

ANTIPERISTALTIC AGENTS

<i>anti-diarrhe cap 2mg</i>	Pref	OTC
<i>anti-diarrhe liq 1mg/7.5</i>	Pref	OTC
<i>anti-diarrhe tab 2mg</i>	Pref	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Pref	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Pref	
<i>hm anti-diar liq 1mg/7.5</i>	Pref	OTC
<i>loperamide hcl cap 2 mg</i>	Pref	
<i>loperamide hcl liq 1 mg/7.5ml</i>	Pref	OTC
<i>loperamide hcl soln 2 mg/15ml</i>	Pref	OTC
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
<i>qc anti-diar cap 2mg</i>	Pref	OTC
<i>sm anti-diar liq 1mg/7.5</i>	Pref	OTC
<i>sm anti-diar tab 2mg</i>	Pref	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

<i>deferasirox granules packet 90 mg</i>	Pref	PA
<i>deferasirox granules packet 180 mg</i>	Pref	PA
<i>deferasirox granules packet 360 mg</i>	Pref	PA
<i>deferasirox tab 90 mg</i>	Pref	PA
<i>deferasirox tab 180 mg</i>	Pref	PA
<i>deferasirox tab 360 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 125 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 250 mg</i>	Pref	PA
<i>deferasirox tab for oral susp 500 mg</i>	Pref	PA
<i>deferiprone tab 500 mg</i>	Pref	PA

OPIOID ANTAGONISTS

KLOXXADO SPR 8MG	Non-Pref	PA
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Pref	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	
<i>naltrexone hcl tab 50 mg</i>	Pref	
NARCAN SPR	Pref	
VIVITROL INJ 380MG	Pref	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

<i>ALOXI INJ 0.25MG/5</i>	Non-Pref	PA
<i>granisetron hcl inj 1 mg/ml</i>	Non-Pref	PA
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Non-Pref	PA
<i>granisetron hcl tab 1 mg</i>	Non-Pref	PA
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Non-Pref	PA
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>ondansetron hcl tab 4 mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tab 8 mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tab 24 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	QL (24 each / 27 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	QL (24 tabs / 27 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Non-Pref	PA
PALONOSETRON INJ 0.25/2ML	Non-Pref	PA
SANCUSO DIS 3.1MG	Non-Pref	PA
SUSTOL INJ 10/0.4ML	Non-Pref	PA
ZUPLENZ MIS 4MG	Non-Pref	PA

ANTIEMETICS - ANTICHOLINERGIC

<i>DIMENHYDRIN INJ 50MG/ML</i>	Non-Pref	PA
<i>driminate tab 50mg</i>	Pref	OTC
<i>meclizine hcl chew tab 25 mg</i>	Pref	OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	
<i>meclizine hcl tab 12.5 mg</i>	Pref	OTC
<i>meclizine hcl tab 25 mg</i>	Pref	
<i>meclizine hcl tab 25 mg</i>	Pref	OTC
<i>motion relf tab 25mg</i>	Pref	OTC
<i>motion sick tab 25mg</i>	Pref	OTC
<i>motion sick tab 50mg</i>	Pref	OTC
<i>motion sickn tab 25 mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>motion-time chw 25mg</i>	Pref	OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Non-Pref	PA
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA
<i>trimethobenzamide hcl cap 300 mg</i>	Pref	
ANTIEMETICS - ANTIDOPAMINERGIC		
BARHEMSYS INJ 5MG/2ML	Non-Pref	PA
BARHEMSYS INJ 10MG/4ML	Non-Pref	PA
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Non-Pref	PA
AKYNZEO INJ 235-0.25	Non-Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA; AGE (Min age 18 years)
DICLEGIS TAB 10-10MG	Non-Pref	PA; AGE (Min age 18 years)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>dronabinol cap 2.5 mg</i>	Pref	PA, QL (5 caps / 1 day)
<i>dronabinol cap 5 mg</i>	Pref	PA, QL (5 caps / 1 day)
<i>dronabinol cap 10 mg</i>	Pref	PA, QL (5 caps / 1 day)
MARINOL CAP 2.5MG	Non-Pref	PA, QL (5 caps / 1 day)
MARINOL CAP 5MG	Non-Pref	PA, QL (5 caps / 1 day)
MARINOL CAP 10MG	Non-Pref	PA, QL (5 caps / 1 day)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Non-Pref	PA
<i>aprepitant capsule 80 mg</i>	Non-Pref	PA
<i>aprepitant capsule 125 mg</i>	Non-Pref	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Non-Pref	PA
CINVANTI INJ 130/18ML	Non-Pref	PA
EMEND CAP 80MG	Non-Pref	PA
EMEND SOL 150MG	Non-Pref	PA
EMEND SUS 125MG	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Non-Pref	PA
VARUBI TAB 90MG	Non-Pref	PA
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 104
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
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ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANCOBON CAP 250MG	Non-Pref	PA
ANCOBON CAP 500MG	Non-Pref	PA
<i>flucytosine cap 250 mg</i>	Non-Pref	PA
<i>flucytosine cap 500 mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	90 day supply
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	90 day supply
<i>terbinafine hcl tab 250 mg</i>	Pref	90 day supply

IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	Non-Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN SUS 40MG/ML	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 50MG	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 100MG	Non-Pref	PA; 90 day supply
DIFLUCAN TAB 150MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIFLUCAN TAB 200MG	Non-Pref	PA; 90 day supply
<i>fluconazole for susp 10 mg/ml</i>	Pref	90 day supply
<i>fluconazole for susp 40 mg/ml</i>	Pref	90 day supply
<i>fluconazole tab 50 mg</i>	Pref	90 day supply
<i>fluconazole tab 100 mg</i>	Pref	90 day supply
<i>fluconazole tab 150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluconazole tab 200 mg</i>	Pref	90 day supply
<i>itraconazole cap 100 mg</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Non-Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX CAP PULSEPAK	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
<i>voriconazole for susp 40 mg/ml</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>voriconazole tab 50 mg</i>	Non-Pref	PA
<i>voriconazole tab 200 mg</i>	Non-Pref	PA

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ANTI-HISTAMINES - ALKYLAMINES

<i>allergy tab 12mg cr</i>	Pref	OTC
<i>chlorphenir tab 4mg</i>	Pref	OTC
<i>chlorpheniramine maleate tab er 12 mg</i>	Pref	OTC
<i>ed chlorped syp jr</i>	Pref	OTC

ANTI-HISTAMINES - ETHANOLAMINES

<i>allergy relf cap 25mg</i>	Pref	OTC
<i>allrgy relf tab 12.5mg</i>	Pref	OTC
<i>banophen cap 50mg</i>	Pref	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>carbinoxamine maleate tab 4 mg</i>	Pref	AGE (Min age 2 years)
<i>clemastine fumarate tab 2.68 mg</i>	Pref	AGE (Min age 2 years)
<i>diphenhydramine hcl cap 50 mg</i>	Pref	OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	OTC
<i>gnp allergy chw 12.5mg</i>	Pref	OTC
RYVENT TAB 6MG	Pref	AGE (Min age 2 years)
<i>sm allergy tab 25mg</i>	Pref	OTC

ANTI-HISTAMINES - NON-SEDATING

<i>all day allg cap 10mg</i>	Non-Pref	PA, OTC
<i>all day allg sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>all day allg sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>all day allg tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>aller-ease tab 60mg</i>	Non-Pref	PA, OTC
<i>aller-ease tab 180mg</i>	Non-Pref	PA, OTC
<i>allergy chld sol 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>allergy chld syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>allergy rel cap 10mg</i>	Non-Pref	PA, OTC
<i>allergy relf sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relf sol 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>allergy relf tab 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relf tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relf tab 180mg</i>	Non-Pref	PA, OTC
<i>allergy reli tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl chew tab 5 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl chew tab 10 mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>cetirizine hcl tab 5 mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>cetirizine sol 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>cetirizine sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>child allrgy sol 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>fexofenadine hcl tab 60 mg</i>	Non-Pref	PA, OTC
<i>fexofenadine hcl tab 180 mg</i>	Non-Pref	PA, OTC
<i>gnp all day tab allergy</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm allergy tab 60mg</i>	Non-Pref	PA, OTC
<i>hm allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>24hr allergy tab 180mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>levocetirizine dihydrochloride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 107
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>loratadine chw 5mg</i>	Non-Pref	PA, OTC; AGE (Min age 2 years)
<i>loratadine sol 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine sol 10/10ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>loratadine tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>loratadine tab 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>qc allergy tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day tab allergy</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm allergy syp 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min age 2 years)
<i>sm allergy tab 60mg</i>	Non-Pref	PA, OTC
<i>sm loratadin tab 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

<i>PHENERGAN INJ 25MG/ML</i>	Non-Pref	PA
<i>PHENERGAN INJ 50MG/ML</i>	Non-Pref	PA
<i>promethazine hcl inj 25 mg/ml</i>	Pref	
<i>promethazine hcl inj 50 mg/ml</i>	Pref	
<i>promethazine hcl suppos 12.5 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl suppos 25 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	
<i>promethazine hcl tab 12.5 mg</i>	Pref	AGE (Min age 2 years)
<i>promethazine hcl tab 25 mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 12.5mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 25mg</i>	Pref	AGE (Min age 2 years)
<i>promethegan sup 50mg</i>	Pref	AGE (Min age 2 years)

ANTI-HISTAMINES - PIPERIDINES

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	AGE (Min age 2 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 108
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	Non-Pref	PA; AGE (Min age 18 years)

ANTHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Non-Pref	PA
NEXLIZET TAB 180/10MG	Non-Pref	PA; AGE (Min age 18 years)
VYTORIN TAB 10-10MG	Non-Pref	PA
VYTORIN TAB 10-20MG	Non-Pref	PA
VYTORIN TAB 10-40MG	Non-Pref	PA
VYTORIN TAB 10-80MG	Non-Pref	PA

ANTHYPERLIPIDEMICS - MISC.		
<i>icosapent ethyl cap 1 gm</i>	Non-Pref	PA, QL (4 caps / 1 day)
LOVAZA CAP 1GM	Non-Pref	PA, QL (4 caps / 1 day)
<i>omega-3-acid ethyl esters cap 1 gm</i>	Pref	QL (4 each / 1 day)
VASCEPA CAP 0.5GM	Non-Pref	PA; AGE (Min age 18 years)
VASCEPA CAP 1GM	Non-Pref	PA, QL (4 caps / 1 day)

BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine light powder packets 4 gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine powder 4 gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine powder packets 4 gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>colesevelam hcl packet for susp 3.75 gm</i>	Non-Pref	PA
<i>colesevelam hcl tab 625 mg</i>	Non-Pref	PA
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA
COLESTID FLA GRA 5GM	Non-Pref	PA
COLESTID GRA 5GM	Non-Pref	PA
COLESTID POW 5GM	Non-Pref	PA
COLESTID TAB 1GM	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>colestipol hcl granule packets 5 gm</i>	Non-Pref	PA
<i>colestipol hcl granules 5 gm</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>prevalite pow 4gm</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>prevalite pow 4gm pk</i>	Pref	QL (4 packets / 1 day; 90 day supply)
QUESTRAN POW 4GM	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
QUESTRAN POW 4GM	Non-Pref	PA, QL (4 packets / 1 day; 90 day supply)
QUESTRAN POW 4GM LITE	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA

FIBRIC ACID DERIVATIVES

ANTARA CAP 30MG	Non-Pref	PA
ANTARA CAP 90MG	Non-Pref	PA
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Non-Pref	PA
FENOFIB MICR CAP 30MG	Non-Pref	PA
FENOFIB MICR CAP 90MG	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 67 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 200 mg</i>	Non-Pref	PA
<i>fenofibrate tab 40 mg</i>	Non-Pref	PA
<i>fenofibrate tab 48 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>fenofibrate tab 54 mg</i>	Non-Pref	PA
<i>fenofibrate tab 120 mg</i>	Non-Pref	PA
<i>fenofibrate tab 145 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fenofibrate tab 160 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 35 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA
FENOGLIDE TAB 120MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
FIBRICOR TAB 105MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TAB 48MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TAB 145MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA

HMG COA REDUCTASE INHIBITORS

ALTOPREV TAB 20MG ER	Non-Pref	PA
ALTOPREV TAB 40MG ER	Non-Pref	PA
ALTOPREV TAB 60MG ER	Non-Pref	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CRESTOR TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CRESTOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EZALLOR SPR CAP 5MG	Non-Pref	PA
EZALLOR SPR CAP 10MG	Non-Pref	PA
EZALLOR SPR CAP 20MG	Non-Pref	PA
EZALLOR SPR CAP 40MG	Non-Pref	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Non-Pref	PA
LESCOL XL TAB 80MG	Non-Pref	PA
LIPITOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
LIPITOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIPITOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIPITOR TAB 80MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIVALO TAB 1MG	Non-Pref	PA
LIVALO TAB 2MG	Non-Pref	PA
LIVALO TAB 4MG	Non-Pref	PA
<i>lovastatin tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tab 80 mg</i>	Pref	90 day supply
<i>rosuvastatin calcium tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>rosuvastatin calcium tab 40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tab 10 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 20 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 40 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>simvastatin tab 80 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZOCOR TAB 10MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ZOCOR TAB 20MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TAB 40MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TAB 80MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZETIA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS

JUXTAPID CAP 5MG	Non-Pref	SP, PA
JUXTAPID CAP 10MG	Non-Pref	SP, PA
JUXTAPID CAP 20MG	Non-Pref	SP, PA
JUXTAPID CAP 30MG	Non-Pref	SP, PA

NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Pref	QL (3 tabs / 1 day)
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Pref	QL (2 tabs / 1 day)
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Pref	QL (2 tabs / 1 day)
NIASPAN TAB 500MG ER	Non-Pref	PA, QL (3 tabs / 1 day)
NIASPAN TAB 750MG ER	Non-Pref	PA, QL (2 tabs / 1 day)
NIASPAN TAB 1000 ER	Non-Pref	PA, QL (2 tabs / 1 day)

PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

LEQVIO SOL	Non-Pref	PA
PRALUENT INJ 75MG/ML	Non-Pref	PA
PRALUENT INJ 150MG/ML	Non-Pref	PA
REPATHA INJ 140MG/ML	Non-Pref	PA
REPATHA PUSH INJ 420/3.5	Non-Pref	PA
REPATHA SURE INJ 140MG/ML	Non-Pref	PA

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ACCUPRIL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ACCUPRIL TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
ACCUPRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ALTACE CAP 1.25MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
ALTACE CAP 2.5MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
ALTACE CAP 5MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
ALTACE CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
<i>benazepril hcl tab 5 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 20 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>benazepril hcl tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>captopril tab 12.5 mg</i>	Non-Pref	PA
<i>captopril tab 25 mg</i>	Non-Pref	PA
<i>captopril tab 50 mg</i>	Non-Pref	PA
<i>captopril tab 100 mg</i>	Non-Pref	PA
<i>enalapril maleate oral soln 1 mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tab 2.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>enalapril maleate tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fosinopril sodium tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>fosinopril sodium tab 40 mg</i>	Pref	QL (2 tabs / 1 day)
<i>lisinopril tab 2.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TAB 20MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
LOTENSIN TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA
QBRELIS SOL 1MG/ML	Non-Pref	PA
<i>quinapril hcl tab 5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 20 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>quinapril hcl tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>ramipril cap 1.25 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 2.5 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 5 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>ramipril cap 10 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>trandolapril tab 1 mg</i>	Pref	QL (2 tabs / 1 day)
<i>trandolapril tab 2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>trandolapril tab 4 mg</i>	Pref	QL (2 tabs / 1 day)
VASOTEC TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
VASOTEC TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
VASOTEC TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTRIL TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine cap 250 mg</i>	Pref	PA
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND TAB 4MG	Non-Pref	PA
ATACAND TAB 8MG	Non-Pref	PA
ATACAND TAB 16MG	Non-Pref	PA
ATACAND TAB 32MG	Non-Pref	PA
AVAPRO TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AVAPRO TAB 150MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AVAPRO TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR TAB 5MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
BENICAR TAB 20MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
BENICAR TAB 40MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
<i>candesartan cilexetil tab 4 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 8 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 16 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 32 mg</i>	Non-Pref	PA
COZAAR TAB 25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
COZAAR TAB 50MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
COZAAR TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIOVAN TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN TAB 160MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN TAB 320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EDARBI TAB 40MG	Non-Pref	PA
EDARBI TAB 80MG	Non-Pref	PA
<i>irbesartan tab 75 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>irbesartan tab 150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>irbesartan tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium tab 25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium tab 50 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium tab 100 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
MICARDIS TAB 20MG	Non-Pref	PA
MICARDIS TAB 40MG	Non-Pref	PA
MICARDIS TAB 80MG	Non-Pref	PA
<i>olmesartan medoxomil tab 5 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>olmesartan medoxomil tab 20 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>olmesartan medoxomil tab 40 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>telmisartan tab 20 mg</i>	Non-Pref	PA
<i>telmisartan tab 40 mg</i>	Non-Pref	PA
<i>telmisartan tab 80 mg</i>	Non-Pref	PA
<i>valsartan tab 40 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan tab 80 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan tab 160 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan tab 320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

ANTIADRENERGIC ANTIHYPERTENSIVES

<i>CATAPRES-TTS DIS 0.1/24HR</i>	Pref	90 day supply
<i>CATAPRES-TTS DIS 0.2/24HR</i>	Pref	90 day supply
<i>CATAPRES-TTS DIS 0.3/24HR</i>	Pref	90 day supply
<i>clonidine hcl tab 0.1 mg</i>	Pref	90 day supply
<i>clonidine hcl tab 0.2 mg</i>	Pref	90 day supply
<i>clonidine hcl tab 0.3 mg</i>	Pref	90 day supply
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>doxazosin mesylate tab 1 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 2 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 4 mg</i>	Pref	90 day supply
<i>doxazosin mesylate tab 8 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab 1 mg</i>	Pref	90 day supply
<i>guanfacine hcl tab 2 mg</i>	Pref	90 day supply
<i>METHYLDOPA TAB 250MG</i>	Pref	90 day supply
<i>METHYLDOPA TAB 500MG</i>	Pref	90 day supply
<i>prazosin hcl cap 1 mg</i>	Pref	
<i>prazosin hcl cap 2 mg</i>	Pref	
<i>prazosin hcl cap 5 mg</i>	Pref	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	90 day supply
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	90 day supply

ANTIHYPERTENSIVE COMBINATIONS

<i>ACCURETIC TAB 20-25MG</i>	Non-Pref	PA
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ATACAND HCT TAB 16-12.5	Non-Pref	PA
ATACAND HCT TAB 32-12.5	Non-Pref	PA
ATACAND HCT TAB 32-25MG	Non-Pref	PA
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Pref	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Pref	
AVALIDE TAB 150-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
AVALIDE TAB 300-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 5-20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 5-40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 10-20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
AZOR TAB 10-40MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENAZEPR/HCTZ TAB 5-6.25	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR HCT TAB 40-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Pref	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Pref	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Non-Pref	PA
DIOVAN HCT TAB 80/12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 160-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
DIOVAN HCT TAB 320-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DIOVAN HCT TAB 320-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Pref	90 day supply
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-160MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
EXFORGE TAB 5-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGE TAB 10-160MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 120 Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
EXFORGE TAB 10-320MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA
EXFORGEH/5- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA
EXFORGEH/10- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 320-25	Non-Pref	PA
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
HYZAAR TAB 50-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LOTREL CAP 5-10MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 121
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 5-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 10-20MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTREL CAP 10-40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Pref	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Pref	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Pref	
MICARDIS HCT TAB 40/12.5	Non-Pref	PA
MICARDIS HCT TAB 80-25MG	Non-Pref	PA
MICARDIS HCT TAB 80/12.5	Non-Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Non-Pref	PA
TEKTURNA HCT TAB 150-12.5	Non-Pref	PA
TEKTURNA HCT TAB 150-25MG	Non-Pref	PA
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 122
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA
TENORETIC TAB 100	Non-Pref	PA
TRANDO/VERAP TAB 2-180 ER	Non-Pref	PA
TRANDO/VERAP TAB 2-240 ER	Non-Pref	PA
TRANDO/VERAP TAB 4-240 ER	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
VASERETIC TAB 10-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 10-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 20-12.5	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTORETIC TAB 20-25MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZIAC TAB 2.5/6.25	Non-Pref	PA
ZIAC TAB 5-6.25MG	Non-Pref	PA
ZIAC TAB 10/6.25	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Non-Pref	PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Non-Pref	PA
TEKTURNA TAB 150MG	Non-Pref	PA
TEKTURNA TAB 300MG	Non-Pref	PA
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 25 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 50 mg</i>	Pref	90 day supply
<i>hydralazine hcl tab 100 mg</i>	Pref	90 day supply
<i>minoxidil tab 2.5 mg</i>	Pref	
<i>minoxidil tab 10 mg</i>	Pref	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Pref	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Pref	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	Pref	PA
<i>chloroquine phosphate tab 500 mg</i>	Pref	PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Pref	
<i>mefloquine hcl tab 250 mg</i>	Pref	
<i>quinine sulfate cap 324 mg</i>	Pref	QL (42 caps / 292 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Pref	
<i>pyridostigmine bromide tab 60 mg</i>	Pref	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>ethambutol hcl tab 100 mg</i>	Pref	
<i>ethambutol hcl tab 400 mg</i>	Pref	
<i>isoniazid syrup 50 mg/5ml</i>	Pref	
<i>isoniazid tab 100 mg</i>	Pref	
<i>isoniazid tab 300 mg</i>	Pref	
<i>rifabutin cap 150 mg</i>	Pref	PA
<i>rifampin cap 150 mg</i>	Pref	
<i>rifampin cap 300 mg</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 124

Drug Name Drug Tier Requirements/Limits
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT
CANCER

ALKYLATING AGENTS

<i>carboplatin iv soln 50 mg/5ml</i>	Pref	
<i>carboplatin iv soln 150 mg/15ml</i>	Pref	
<i>carboplatin iv soln 450 mg/45ml</i>	Pref	
<i>carboplatin iv soln 600 mg/60ml</i>	Pref	
CYCLOPHOSPH TAB 25MG	Pref	PA
CYCLOPHOSPH TAB 50MG	Pref	PA
<i>cyclophosphamide cap 25 mg</i>	Pref	SP, PA
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, PA
LEUKERAN TAB 2MG	Pref	
<i>melphalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	
<i>paraplatin inj 50mg/5ml</i>	Pref	
<i>paraplatin inj 150/15ml</i>	Pref	
<i>paraplatin inj 450/45ml</i>	Pref	
<i>paraplatin inj 600/60ml</i>	Pref	
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i>	Pref	SP, PA
<i>temozolomide cap 140 mg</i>	Pref	SP, PA
<i>temozolomide cap 180 mg</i>	Pref	SP, PA
<i>temozolomide cap 250 mg</i>	Pref	SP, PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Pref	SP, PA
<i>capecitabine tab 500 mg</i>	Pref	SP, PA
<i>decitabine for inj 50 mg</i>	Pref	
<i>mercaptopurine tab 50 mg</i>	Pref	
<i>methotrexate sodium for inj 1 gm</i>	Pref	90 day supply
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	90 day supply
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	90 day supply
TREXALL TAB 5MG	Non-Pref	PA
TREXALL TAB 7.5MG	Non-Pref	PA
TREXALL TAB 10MG	Non-Pref	PA
TREXALL TAB 15MG	Non-Pref	PA
XATMEP SOL 2.5MG/ML	Non-Pref	PA

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

MVASI INJ 100MG	Pref	PA
MVASI INJ 400MG	Pref	PA
ZIRABEV INJ 100/4ML	Pref	PA
ZIRABEV INJ 400/16ML	Pref	PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERZUMA INJ 150MG	Pref	PA
HERZUMA INJ 420MG	Pref	PA
KANJINTI INJ 420MG	Pref	PA
KANJINTI SOL 150MG	Pref	PA
OGIVRI INJ 150MG	Pref	PA
OGIVRI INJ 420MG	Pref	PA
ONTRUZANT INJ 150MG	Pref	PA
ONTRUZANT INJ 420MG	Pref	PA
TRAZIMERA INJ 150MG	Pref	PA
TRAZIMERA INJ 420MG	Pref	PA

ANTINEOPLASTIC - ANTIBODIES

RUXIENCE INJ 100/10ML	Pref	SP, PA
RUXIENCE INJ 500/50ML	Pref	SP, PA
TRUXIMA INJ 100/10ML	Pref	SP, PA
TRUXIMA INJ 500/50ML	Pref	SP, PA

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>abiraterone acetate tab 500 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>anastrozole tab 1 mg</i>	Pref	
<i>bicalutamide tab 50 mg</i>	Pref	
<i>exemestane tab 25 mg</i>	Pref	
<i>flutamide cap 125 mg</i>	Pref	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Non-Pref	PA
<i>letrozole tab 2.5 mg</i>	Pref	
<i>megestrol acetate susp 40 mg/ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>megestrol acetate tab 20 mg</i>	Pref	
<i>megestrol acetate tab 40 mg</i>	Pref	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	
ANTINEOPLASTIC ANTIBIOTICS		
<i>adriamycin inj 50mg</i>	Pref	
<i>bleomycin sulfate for inj 15 unit</i>	Pref	PA
<i>bleomycin sulfate for inj 30 unit</i>	Pref	PA
<i>doxorubicin hcl for inj 10 mg</i>	Pref	
<i>mitomycin for iv soln 5 mg</i>	Pref	
<i>mitomycin for iv soln 20 mg</i>	Pref	
<i>mitomycin for iv soln 40 mg</i>	Pref	
<i>mutamycin inj 5mg</i>	Pref	
<i>mutamycin inj 20mg</i>	Pref	
<i>mutamycin inj 40mg</i>	Pref	
ANTINEOPLASTIC ENZYME INHIBITORS		
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Pref	SP, PA, QL (8 tabs / 1 day)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Pref	SP, PA, QL (7 caps / 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Pref	SP, PA, QL (3 caps / 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap / 1 day)
ANTINEOPLASTICS MISC.		
<i>hydroxyurea cap 500 mg</i>	Pref	
<i>tretinoin cap 10 mg</i>	Pref	PA, QL (90 caps / 292 days)
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Pref	
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
TOPOISOMERASE I INHIBITORS		
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Pref	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Pref	
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 1 mg</i>	Pref	90 day supply
<i>benztropine mesylate tab 2 mg</i>	Pref	90 day supply
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Pref	
<i>trihexyphenidyl hcl tab 2 mg</i>	Pref	
<i>trihexyphenidyl hcl tab 5 mg</i>	Pref	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Pref	
CARB/LEVO TAB 10-100MG	Pref	90 day supply
CARB/LEVO TAB 25-100MG	Pref	90 day supply
CARB/LEVO TAB 25-250MG	Pref	90 day supply
<i>carbidopa & levodopa tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 25-100 mg</i>	Pref	90 day supply
<i>carbidopa & levodopa tab er 50-200 mg</i>	Pref	90 day supply
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Pref	
DHIVY TAB 25-100MG	Pref	90 day supply
MIRAPEX ER TAB 0.75MG	Non-Pref	PA
MIRAPEX ER TAB 0.375MG	Non-Pref	PA
MIRAPEX ER TAB 1.5MG	Non-Pref	PA
MIRAPEX ER TAB 2.25MG	Non-Pref	PA
MIRAPEX ER TAB 3.75MG	Non-Pref	PA
MIRAPEX ER TAB 3MG	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 128

Drug Name	Drug Tier	Requirements/Limits
MIRAPEX ER TAB 4.5MG	Non-Pref	PA
NEUPRO DIS 1MG/24HR	Non-Pref	PA
NEUPRO DIS 2MG/24HR	Non-Pref	PA
NEUPRO DIS 3MG/24HR	Non-Pref	PA
NEUPRO DIS 4MG/24HR	Non-Pref	PA
NEUPRO DIS 6MG/24HR	Non-Pref	PA
NEUPRO DIS 8MG/24HR	Non-Pref	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>selegiline hcl cap 5 mg</i>	Pref
<i>selegiline hcl tab 5 mg</i>	Pref

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Pref	90 day supply
<i>lithium carbonate cap 300 mg</i>	Pref	90 day supply
<i>lithium carbonate cap 600 mg</i>	Pref	90 day supply
<i>lithium carbonate tab 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 300 mg</i>	Pref	90 day supply
<i>lithium carbonate tab er 450 mg</i>	Pref	90 day supply

ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 42MG	Non-Pref	PA; AGE (Min age 18 years)
EQUETRO CAP 100MG	Non-Pref	PA
EQUETRO CAP 200MG	Non-Pref	PA
EQUETRO CAP 300MG	Non-Pref	PA
GEODON CAP 20MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 60MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON CAP 80MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GEODON INJ 20MG	Non-Pref	PA
LATUDA TAB 20MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 40MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 60MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 80MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
LATUDA TAB 120MG	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
NUPLAZID CAP 34MG	Non-Pref	SP, PA; AGE (Min age 18 years)
NUPLAZID TAB 10MG	Non-Pref	SP, PA; AGE (Min age 18 years)
VRAYLAR CAP 1.5-3MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 1.5MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 3MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 4.5MG	Non-Pref	PA; AGE (Min age 18 years)
VRAYLAR CAP 6MG	Non-Pref	PA; AGE (Min age 18 years)
<i>ziprasidone hcl cap 20 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 40 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 60 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone hcl cap 80 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Non-Pref	PA
BENZISOXAZOLES		
FANAPT PAK	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
FANAPT TAB 4MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 6MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 8MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 10MG	Non-Pref	PA; AGE (Min age 18 years)
FANAPT TAB 12MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA HAFYE INJ 1092MG	Pref	AGE (Min age 18 years)
INVEGA HAFYE INJ 1560MG	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 39/0.25	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 78/0.5ML	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 117/0.75	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 156MG/ML	Pref	AGE (Min age 18 years)
INVEGA SUST INJ 234/1.5	Pref	AGE (Min age 18 years)
INVEGA TAB 1.5MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 6MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TAB 9MG	Non-Pref	PA; AGE (Min age 18 years)
INVEGA TRINZ INJ 273MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 410MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 546MG	Pref	AGE (Min age 18 years)
INVEGA TRINZ INJ 819MG	Pref	AGE (Min age 18 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 3 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 6 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 9 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
PERSERIS INJ 90MG	Non-Pref	PA; AGE (Min age 18 years)
PERSERIS INJ 120MG	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL INJ 12.5MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 25MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 37.5MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL INJ 50MG	Pref	QL (0.072 vials / 1 day); AGE (Min age 18 years)
RISPERDAL SOL 1MG/ML	Non-Pref	PA, QL (16 mL / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 0.5MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 1MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 2MG	Non-Pref	PA, QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 3MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
RISPERDAL TAB 4MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone orally disintegrating tab 4 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone soln 1 mg/ml</i>	Pref	QL (16 mL / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 0.5 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 0.25 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 1 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 2 mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 3 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>risperidone tab 4 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

BUTYROPHENONES

HALDOL DECAN INJ 50MG/ML	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
HALDOL DECAN INJ 100MG/ML	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
<i>haloperidol decanoate im soln 50 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol decanoate im soln 100 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol lactate inj 5 mg/ml</i>	Pref	AGE (Min age 18 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 0.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>haloperidol tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>haloperidol tab 20 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 100 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 150 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine orally disintegrating tab 200 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>clozapine tab 25 mg</i>	Pref	QL (18 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 50 mg</i>	Pref	QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 100 mg</i>	Pref	QL (9 tabs / 1 day); AGE (Min age 18 years)
<i>clozapine tab 200 mg</i>	Pref	QL (4 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 25MG	Non-Pref	PA, QL (18 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 100MG	Non-Pref	PA, QL (9 tabs / 1 day); AGE (Min age 18 years)
CLOZARIL TAB 200MG	Non-Pref	PA, QL (4 tabs / 1 day); AGE (Min age 18 years)
<i>loxapine succinate cap 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>loxapine succinate cap 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>loxapine succinate cap 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>loxapine succinate cap 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>olanzapine for im inj 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>olanzapine orally disintegrating tab 5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 10 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 2.5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 5 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 7.5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 10 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>olanzapine tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 25 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 200 mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab 400 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SAPHRIS SUB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SAPHRIS SUB 5MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SAPHRIS SUB 10MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
SECUADO DIS 3.8MG	Non-Pref	PA
SECUADO DIS 5.7MG	Non-Pref	PA
SECUADO DIS 7.6MG	Non-Pref	PA
SEROQUEL TAB 25MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 200MG	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL TAB 400MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 50MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 150MG	Non-Pref	PA, QL (5 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 200MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 300MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
SEROQUEL XR TAB 400MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
VERSACLOZ SUS 50MG/ML	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA INJ 10MG	Non-Pref	PA; AGE (Min age 18 years); 90 day supply
ZYPREXA RELP INJ 210MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 300MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 405MG	Non-Pref	PA; AGE (Min age 18 years)
ZYPREXA TAB 2.5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 138
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZYPREXA TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 7.5MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 10MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 15MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 10MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 15MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min age 18 years)
ZYPREXA ZYDI TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>molindone hcl tab 10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>molindone hcl tab 25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

PHENOTHIAZINES

<i>chlorpromazine hcl inj 25 mg/ml</i>	Pref	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Pref	
<i>chlorpromazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl tab 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 100 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>chlorpromazine hcl tab 200 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>compro sup 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 2.5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>fluphenazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 4 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 8 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine tab 16 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Non-Pref	PA; AGE (Min age 2 years)
<i>prochlorperazine edisylate inj 50 mg/10ml</i>	Non-Pref	PA; AGE (Min age 2 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	
<i>prochlorperazine suppos 25 mg</i>	Non-Pref	PA
<i>thioridazine hcl tab 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thioridazine hcl tab 25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 140
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>thioridazine hcl tab 50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thioridazine hcl tab 100 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Pref	AGE (Min age 18 years); 90 day supply

QUINOLINONE DERIVATIVES

ABILIFY MAIN INJ 300MG	Pref	AGE (Min age 18 years)
ABILIFY MAIN INJ 400MG	Pref	AGE (Min age 18 years)
ABILIFY MYCI TAB 2MG	Non-Pref	PA
ABILIFY MYCI TAB 2MG MANT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 2MG STRT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 5MG	Non-Pref	PA
ABILIFY MYCI TAB 5MG MANT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 5MG STRT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 10MG	Non-Pref	PA
ABILIFY MYCI TAB 10MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 10MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 15MG	Non-Pref	PA
ABILIFY MYCI TAB 15MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 15MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 20MG	Non-Pref	PA
ABILIFY MYCI TAB 20MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 20MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 30MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ABILIFY MYCI TAB 30MG MNT	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 30MG STR	Non-Pref	PA; AGE (Min age 18 years)
ABILIFY TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 15MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ABILIFY TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>aripiprazole tab 2 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 15 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
<i>aripiprazole tab 20 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 142
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
ARISTADA INJ 441MG/1.	Pref	AGE (Min age 18 years)
ARISTADA INJ 662MG/2	Pref	AGE (Min age 18 years)
ARISTADA INJ 882MG/3	Pref	AGE (Min age 18 years)
ARISTADA INJ 1064MG	Pref	AGE (Min age 18 years)
ARISTADA INJ INITIO	Pref	AGE (Min age 18 years)
REXULTI TAB 0.5MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 0.25MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
REXULTI TAB 4MG	Non-Pref	PA; AGE (Min age 18 years)

THIOXANTHENES

<i>thiothixene cap 1 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 2 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 5 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>thiothixene cap 10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

KERR TRIPLE MIS DYE SWAB	Pref	OTC
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CHLORINE ANTISEPTICS

<i>h-chlor 12 sol 0.125%</i>	Pref	OTC
<i>hysept sol 0.25%</i>	Pref	OTC

IODINE ANTISEPTICS

<i>hm povid-iod sol 10%</i>	Pref	OTC
<i>povidone-iodine soln 10%</i>	Pref	OTC
<i>povidone/iod sol 10%</i>	Pref	OTC
<i>sm povid-iod sol 10%</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	90 day supply
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	90 day supply
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	90 day supply
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Pref	90 day supply
APRETUDE SUS 600MG ER	Pref	
APTIVUS CAP 250MG	Pref	90 day supply
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	90 day supply
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	90 day supply
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	90 day supply
ATRIPLA TAB	Pref	90 day supply
BIKTARVY TAB	Pref	
BIKTARVY TAB	Pref	90 day supply
CABENUVA SUS 400-600	Pref	90 day supply
CABENUVA SUS 600-900	Pref	90 day supply
CIMDUO TAB 300-300	Pref	90 day supply
COMBIVIR TAB 150-300	Pref	90 day supply
COMPLERA TAB	Pref	90 day supply
DELSTRIGO TAB	Pref	90 day supply
DESCOVY TAB 200/25MG	Pref	90 day supply
DOVATO TAB 50-300MG	Pref	90 day supply
EDURANT TAB 25MG	Pref	90 day supply
<i>efavirenz cap 50 mg</i>	Pref	90 day supply
<i>efavirenz cap 200 mg</i>	Pref	90 day supply
<i>efavirenz tab 600 mg</i>	Pref	90 day supply
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	90 day supply
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	90 day supply
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	90 day supply
<i>emtricitabine caps 200 mg</i>	Pref	90 day supply
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	90 day supply
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	90 day supply
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	90 day supply
EMTRIVA CAP 200MG	Pref	90 day supply
EMTRIVA SOL 10MG/ML	Pref	90 day supply
EPIVIR SOL 10MG/ML	Pref	90 day supply
EPIVIR TAB 150MG	Pref	90 day supply
EPIVIR TAB 300MG	Pref	90 day supply
EPZICOM TAB 600-300	Pref	90 day supply
<i>etravirine tab 100 mg</i>	Pref	90 day supply
<i>etravirine tab 200 mg</i>	Pref	90 day supply
EVOTAZ TAB 300-150	Pref	90 day supply
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	90 day supply
FUZEON INJ 90MG	Pref	90 day supply
GENVOYA TAB	Pref	90 day supply
INTELENCE TAB 25MG	Pref	90 day supply
INTELENCE TAB 100MG	Pref	90 day supply
INTELENCE TAB 200MG	Pref	90 day supply
INVIRASE TAB 500MG	Pref	90 day supply
ISENTRESS CHW 25MG	Pref	90 day supply
ISENTRESS CHW 100MG	Pref	90 day supply
ISENTRESS HD TAB 600MG	Pref	90 day supply
ISENTRESS POW 100MG	Pref	90 day supply
ISENTRESS TAB 400MG	Pref	90 day supply
JULUCA TAB 50-25MG	Pref	90 day supply
KALETRA SOL	Pref	90 day supply
KALETRA TAB 100-25MG	Pref	90 day supply
KALETRA TAB 200-50MG	Pref	90 day supply
<i>lamivudine oral soln 10 mg/ml</i>	Pref	90 day supply
<i>lamivudine tab 150 mg</i>	Pref	90 day supply
<i>lamivudine tab 300 mg</i>	Pref	90 day supply
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	90 day supply
LEXIVA SUS 50MG/ML	Pref	90 day supply
LEXIVA TAB 700MG	Pref	90 day supply
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	90 day supply
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	90 day supply
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	90 day supply
NEVIRAPINE SUS 50MG/5ML	Pref	90 day supply
<i>nevirapine tab 200 mg</i>	Pref	90 day supply
<i>nevirapine tab er 24hr 100 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>nevirapine tab er 24hr 400 mg</i>	Pref	90 day supply
NORVIR POW 100MG	Pref	90 day supply
NORVIR SOL 80MG/ML	Pref	90 day supply
NORVIR TAB 100MG	Pref	90 day supply
ODEFSEY TAB	Pref	90 day supply
PIFELTRO TAB 100MG	Pref	90 day supply
PREZCOBIX TAB 800-150	Pref	90 day supply
PREZISTA SUS 100MG/ML	Pref	90 day supply
PREZISTA TAB 75MG	Pref	90 day supply
PREZISTA TAB 150MG	Pref	90 day supply
PREZISTA TAB 600MG	Pref	90 day supply
PREZISTA TAB 800MG	Pref	90 day supply
RETROVIR CAP 100MG	Pref	90 day supply
RETROVIR SYP 50MG/5ML	Pref	90 day supply
REYATAZ CAP 200MG	Pref	90 day supply
REYATAZ CAP 300MG	Pref	90 day supply
REYATAZ POW 50MG	Pref	90 day supply
<i>ritonavir tab 100 mg</i>	Pref	90 day supply
RUKOBIA TAB 600MG ER	Pref	90 day supply
SELZENTRY SOL 20MG/ML	Pref	90 day supply
SELZENTRY TAB 25MG	Pref	90 day supply
SELZENTRY TAB 75MG	Pref	90 day supply
SELZENTRY TAB 150MG	Pref	90 day supply
SELZENTRY TAB 300MG	Pref	90 day supply
<i>stavudine cap 30 mg</i>	Pref	
STRIBILD TAB	Pref	90 day supply
SUSTIVA CAP 50MG	Pref	90 day supply
SUSTIVA CAP 200MG	Pref	90 day supply
SUSTIVA TAB 600MG	Pref	90 day supply
SYMFI LO TAB	Pref	90 day supply
SYMFI TAB	Pref	90 day supply
SYMTUZA TAB	Pref	90 day supply
TEMIXYS TAB 300-300	Pref	90 day supply
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	90 day supply
TIVICAY PD TAB 5MG	Pref	90 day supply
TIVICAY TAB 10MG	Pref	90 day supply
TIVICAY TAB 25MG	Pref	90 day supply
TIVICAY TAB 50MG	Pref	90 day supply
TRIUMEQ TAB	Pref	90 day supply
TRIZIVIR TAB	Pref	90 day supply
TROGARZO INJ 150MG/ML	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 100-150	Pref	90 day supply
TRUVADA TAB 133-200	Pref	90 day supply
TRUVADA TAB 167-250	Pref	90 day supply
TRUVADA TAB 200-300	Pref	90 day supply
TYBOST TAB 150MG	Pref	90 day supply
VIRACEPT TAB 250MG	Pref	90 day supply
VIRACEPT TAB 625MG	Pref	90 day supply
VIRAMUNE XR TAB 400MG	Pref	90 day supply
VIREAD POW 40MG/GM	Pref	90 day supply
VIREAD TAB 150MG	Pref	90 day supply
VIREAD TAB 200MG	Pref	90 day supply
VIREAD TAB 250MG	Pref	90 day supply
VIREAD TAB 300MG	Pref	90 day supply
ZIAGEN SOL 20MG/ML	Pref	90 day supply
ZIAGEN TAB 300MG	Pref	90 day supply
<i>zidovudine cap 100 mg</i>	Pref	90 day supply
<i>zidovudine syrup 10 mg/ml</i>	Pref	90 day supply
<i>zidovudine tab 300 mg</i>	Pref	90 day supply

HEPATITIS AGENTS

<i>entecavir tab 0.5 mg</i>	Pref	PA, QL (1 tab / 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	Non-Pref	PA; AGE (Min age 3 years)
EPCLUSA PAK 200-50MG	Non-Pref	PA; AGE (Min age 3 years)
EPCLUSA TAB 200-50MG	Non-Pref	SP, PA; AGE (Min age 3 years)
EPCLUSA TAB 400-100	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI PAK	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI PAK 45-200MG	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI TAB 45-200MG	Non-Pref	SP, PA; AGE (Min age 3 years)
HARVONI TAB 90-400MG	Non-Pref	SP, PA; AGE (Min age 3 years)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	
LEDIP-SOFOSB TAB 90-400MG	Non-Pref	SP, PA; AGE (Min age 3 years)
MAVYRET PAK 50-20MG	Pref	AGE (Min age 3 years); 84 day supply

Drug Name	Drug Tier	Requirements/Limits
MAVYRET TAB 100-40MG	Pref	SP; AGE (Min age 3 years); 84 day supply
PEGASYS INJ	Non-Pref	SP, PA
PEGASYS INJ 180MCG/M	Non-Pref	SP, PA
<i>ribavirin cap 200 mg</i>	Pref	SP, QL (6 caps / 1 day)
<i>ribavirin tab 200 mg</i>	Pref	SP, QL (6 tabs / 1 day)
SOFOS/VELPAT TAB 400-100	Pref	SP; AGE (Min age 3 years); 84 day supply
SOVALDI PAK 150MG	Non-Pref	SP, PA
SOVALDI PAK 200MG	Non-Pref	SP, PA
SOVALDI TAB 200MG	Non-Pref	SP, PA
SOVALDI TAB 400MG	Non-Pref	SP, PA
VIEKIRA PAK TAB	Non-Pref	SP, PA
VOSEVI TAB	Non-Pref	SP, PA
ZEPATIER TAB 50-100MG	Non-Pref	SP, PA

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Pref	90 day supply
<i>acyclovir susp 200 mg/5ml</i>	Pref	90 day supply
<i>acyclovir tab 400 mg</i>	Pref	90 day supply
<i>acyclovir tab 800 mg</i>	Pref	90 day supply
<i>famciclovir tab 125 mg</i>	Pref	90 day supply
<i>famciclovir tab 250 mg</i>	Pref	90 day supply
<i>famciclovir tab 500 mg</i>	Pref	90 day supply
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	90 day supply
<i>valacyclovir hcl tab 500 mg</i>	Pref	90 day supply
VALTREX TAB 1GM	Non-Pref	PA; 90 day supply
VALTREX TAB 500MG	Non-Pref	PA; 90 day supply
ZOVIRAX SUS 200/5ML	Non-Pref	PA; 90 day supply

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	QL (6 mL / 1 day)
RELENZA MIS DISKHALE	Non-Pref	PA
<i>rimantadine hydrochloride tab 100 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAP 30MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU CAP 45MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU CAP 75MG	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (6 mL / 1 day)
XOFLUZA TAB 20MG	Non-Pref	PA
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Non-Pref	PA
<i>carvedilol tab 3.125 mg</i>	Pref	90 day supply
<i>carvedilol tab 6.25 mg</i>	Pref	90 day supply
<i>carvedilol tab 12.5 mg</i>	Pref	90 day supply
<i>carvedilol tab 25 mg</i>	Pref	90 day supply
COREG CR CAP 10MG	Non-Pref	PA
COREG CR CAP 20MG	Non-Pref	PA
COREG CR CAP 40MG	Non-Pref	PA
COREG CR CAP 80MG	Non-Pref	PA
COREG TAB 3.125MG	Non-Pref	PA; 90 day supply
COREG TAB 6.25MG	Non-Pref	PA; 90 day supply
COREG TAB 12.5MG	Non-Pref	PA; 90 day supply
COREG TAB 25MG	Non-Pref	PA; 90 day supply
<i>labetalol hcl tab 100 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 200 mg</i>	Pref	90 day supply
<i>labetalol hcl tab 300 mg</i>	Pref	90 day supply

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	Pref	
<i>acebutolol hcl cap 400 mg</i>	Pref	
<i>atenolol tab 25 mg</i>	Pref	90 day supply
<i>atenolol tab 50 mg</i>	Pref	90 day supply
<i>atenolol tab 100 mg</i>	Pref	90 day supply
<i>betaxolol hcl tab 10 mg</i>	Non-Pref	PA
<i>betaxolol hcl tab 20 mg</i>	Non-Pref	PA
<i>bisoprolol fumarate tab 5 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>bisoprolol fumarate tab 10 mg</i>	Pref	90 day supply
BYSTOLIC TAB 2.5MG	Non-Pref	PA
BYSTOLIC TAB 5MG	Non-Pref	PA
BYSTOLIC TAB 10MG	Non-Pref	PA
BYSTOLIC TAB 20MG	Non-Pref	PA
KAPSPARGO CAP 25MG	Non-Pref	PA
KAPSPARGO CAP 50MG	Non-Pref	PA
KAPSPARGO CAP 100MG	Non-Pref	PA
KAPSPARGO CAP 200MG	Non-Pref	PA
LOPRESSOR TAB 50MG	Non-Pref	PA; 90 day supply
LOPRESSOR TAB 100MG	Non-Pref	PA; 90 day supply
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	90 day supply
<i>metoprolol tartrate tab 25 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 50 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 75 mg</i>	Pref	90 day supply
<i>metoprolol tartrate tab 100 mg</i>	Pref	90 day supply
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Non-Pref	PA
TENORMIN TAB 25MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 50MG	Non-Pref	PA; 90 day supply
TENORMIN TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 25MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 50MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 100MG	Non-Pref	PA; 90 day supply
TOPROL XL TAB 200MG	Non-Pref	PA; 90 day supply
BETA BLOCKERS NON-SELECTIVE		
BETAPACE AF TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE AF TAB 120MG	Non-Pref	PA
BETAPACE AF TAB 160MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 80MG	Non-Pref	PA; 90 day supply
BETAPACE TAB 120MG	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
BETAPACE TAB 160MG	Non-Pref	PA; 90 day supply
CORGARD TAB 80MG	Non-Pref	PA
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 80MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 120MG	Non-Pref	PA; 90 day supply
INDERAL LA CAP 160MG	Non-Pref	PA; 90 day supply
INDERAL XL CAP 80MG	Non-Pref	PA
INDERAL XL CAP 120MG	Non-Pref	PA
INNOPRAN XL CAP 80MG	Non-Pref	PA
INNOPRAN XL CAP 120MG	Non-Pref	PA
<i>nadolol tab 20 mg</i>	Non-Pref	PA
<i>nadolol tab 40 mg</i>	Non-Pref	PA
<i>nadolol tab 80 mg</i>	Non-Pref	PA
<i>pindolol tab 5 mg</i>	Non-Pref	PA
<i>pindolol tab 10 mg</i>	Non-Pref	PA
<i>propranolol hcl cap er 24hr 60 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	90 day supply
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	90 day supply
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	90 day supply
<i>propranolol hcl tab 10 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 20 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 40 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 60 mg</i>	Pref	90 day supply
<i>propranolol hcl tab 80 mg</i>	Pref	90 day supply
<i>sorine tab 80mg</i>	Pref	90 day supply
<i>sorine tab 120mg</i>	Pref	90 day supply
<i>sorine tab 160mg</i>	Pref	90 day supply
<i>sorine tab 240mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Pref	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 80 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 120 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 160 mg</i>	Pref	90 day supply
<i>sotalol hcl tab 240 mg</i>	Pref	90 day supply
SOTYLIZE SOL 5MG/ML	Non-Pref	PA
TIMOLOL MAL TAB 20MG	Non-Pref	PA
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 120MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 180MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CALAN SR TAB 240MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CARDIZEM CD CAP 120MG/24	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 180MG/24	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 240MG/24	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
CARDIZEM CD CAP 300MG/24	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
CARDIZEM CD CAP 360MG/24	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA, QL (3 tabs / 1 day)
CARDIZEM LA TAB 240MG	Non-Pref	PA, QL (2 tabs / 1 day)
CARDIZEM LA TAB 300MG/24	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM LA TAB 360MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM LA TAB 420MG/24	Non-Pref	PA, QL (1 tab / 1 day)
CARDIZEM TAB 30MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
CARDIZEM TAB 60MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
CARDIZEM TAB 120MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>cartia xt cap 120/24hr</i>	Pref	QL (4 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>cartia xt cap 180/24hr</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>cartia xt cap 240/24hr</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>cartia xt cap 300/24hr</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dilt-xr cap 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>dilt-xr cap 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>dilt-xr cap 240mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	90 day supply
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	Pref	QL (2 tabs / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	90 day supply
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 30 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl tab 60 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl tab 90 mg</i>	Pref	90 day supply
<i>diltiazem hcl tab 120 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>felodipine tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>felodipine tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
KATERZIA SUS 1MG/ML	Non-Pref	PA
<i>matzim la tab 180mg/24</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>matzim la tab 240mg/24</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>matzim la tab 300mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>matzim la tab 360mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>matzim la tab 420mg/24</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA
<i>nifedipine cap 10 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine cap 20 mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nifedipine tab er 24hr 90 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 154
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nisoldipine tab er 24hr 8.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 17 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 34 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA
NORVASC TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
NORVASC TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
NORVASC TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TAB 30MG CR	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TAB 60MG CR	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PROCARDIA XL TAB 90MG CR	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
SULAR TAB 8.5MG	Non-Pref	PA
SULAR TAB 17MG	Non-Pref	PA
SULAR TAB 34MG	Non-Pref	PA
<i>taztia xt cap 120mg/24</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>taztia xt cap 180mg/24</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>taztia xt cap 240mg/24</i>	Pref	90 day supply
<i>taztia xt cap 300mg er</i>	Pref	90 day supply
<i>taztia xt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 120mg/24</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>tiadylt cap 180mg/24</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>tiadylt cap 240mg/24</i>	Pref	90 day supply
<i>tiadylt cap 300mg/24</i>	Pref	90 day supply
<i>tiadylt cap 360mg/24</i>	Pref	90 day supply
<i>tiadylt cap 420mg/24</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CAP 120MG/24	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
TIAZAC CAP 180MG/24	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
TIAZAC CAP 240MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 300MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 360MG/24	Non-Pref	PA; 90 day supply
TIAZAC CAP 420MG/24	Non-Pref	PA; 90 day supply
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 120 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 180 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 240 mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA
<i>verapamil hcl tab 80 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tab 120 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tab er 120 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil hcl tab er 180 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil hcl tab er 240 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil inj 5mg/2ml</i>	Pref	
VERELAN CAP 120MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 180MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 240MG SR	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CAP 360MG SR	Non-Pref	PA
VERELAN PM CAP 100MG ER	Non-Pref	PA
VERELAN PM CAP 200MG ER	Non-Pref	PA
VERELAN PM CAP 300MG ER	Non-Pref	PA

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digitek tab 0.25mg</i>	Pref	90 day supply
<i>digitek tab 0.125mg</i>	Pref	90 day supply
<i>digox tab 0.25mg</i>	Pref	90 day supply
<i>digox tab 0.125mg</i>	Pref	90 day supply
<i>digoxin oral soln 0.05 mg/ml</i>	Pref	90 day supply
<i>digoxin tab 125 mcg (0.125 mg)</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	90 day supply

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
CADUET TAB 5-10MG	Non-Pref	PA
CADUET TAB 5-20MG	Non-Pref	PA
CADUET TAB 5-40MG	Non-Pref	PA
CADUET TAB 5-80MG	Non-Pref	PA
CADUET TAB 10-10MG	Non-Pref	PA
CADUET TAB 10-20MG	Non-Pref	PA
CADUET TAB 10-40MG	Non-Pref	PA
CADUET TAB 10-80MG	Non-Pref	PA
ENTRESTO TAB 24-26MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
ENTRESTO TAB 49-51MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)
ENTRESTO TAB 97-103MG	Pref	QL (2 tabs / 1 day); AGE (Min age 18 years)

IMPOTENCE AGENTS

CIALIS TAB 2.5MG	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
CIALIS TAB 5MG	Non-Pref	PA
<i>tadalafil tab 2.5 mg</i>	Non-Pref	PA
<i>tadalafil tab 5 mg</i>	Non-Pref	PA

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG	Non-Pref	SP, PA
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA
ORENITRAM TAB 1MG	Non-Pref	SP, PA
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA
ORENITRAM TAB 5MG	Non-Pref	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO SOL 0.6MG/ML	Non-Pref	SP, PA
TYVASO START SOL 0.6MG/ML	Non-Pref	SP, PA
VENTAVIS SOL 10MCG/ML	Pref	SP, PA, QL (9 mL / 1 day)
VENTAVIS SOL 20MCG/ML	Pref	SP, PA, QL (9 mL / 1 day)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>bosentan tab 125 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TAB 5MG	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
LETAIRIS TAB 10MG	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min age 18 years)
OPSUMIT TAB 10MG	Non-Pref	SP, PA
TRACLEER TAB 32MG	Non-Pref	SP, PA
TRACLEER TAB 62.5MG	Pref	SP, PA, QL (2 tabs / 1 day)
TRACLEER TAB 125MG	Pref	SP, PA, QL (2 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
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PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TAB 20MG	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
<i>alyq tab 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)
REVATIO SUS 10MG/ML	Non-Pref	SP, PA, QL (6 mL / 1 day); AGE (Min age 18 years)
REVATIO TAB 20MG	Non-Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Pref	SP, PA, QL (6 mL / 1 day); AGE (Min age 18 years)
<i>sildenafil citrate tab 20 mg</i>	Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min age 18 years)
<i>tadalafil tab 20 mg (pah)</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min age 18 years)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200/800	Non-Pref	SP, PA
UPTRAVI TAB 200MCG	Non-Pref	SP, PA
UPTRAVI TAB 400MCG	Non-Pref	SP, PA
UPTRAVI TAB 600MCG	Non-Pref	SP, PA
UPTRAVI TAB 800MCG	Non-Pref	SP, PA
UPTRAVI TAB 1000MCG	Non-Pref	SP, PA
UPTRAVI TAB 1200MCG	Non-Pref	SP, PA
UPTRAVI TAB 1400MCG	Non-Pref	SP, PA
UPTRAVI TAB 1600MCG	Non-Pref	SP, PA

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG	Non-Pref	SP, PA
ADEMPAS TAB 1.5MG	Non-Pref	SP, PA
ADEMPAS TAB 1MG	Non-Pref	SP, PA
ADEMPAS TAB 2.5MG	Non-Pref	SP, PA
ADEMPAS TAB 2MG	Non-Pref	SP, PA

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>cefadroxil tab 1 gm</i>	Pref	
<i>cephalexin cap 250 mg</i>	Pref	
<i>cephalexin cap 500 mg</i>	Pref	
<i>cephalexin cap 750 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	
<i>cephalexin tab 250 mg</i>	Pref	
<i>cephalexin tab 500 mg</i>	Pref	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Pref	
<i>cefaclor cap 500 mg</i>	Pref	
CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefaclor for susp 125 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 250 mg/5ml</i>	Non-Pref	PA
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	
<i>cefprozil tab 500 mg</i>	Pref	
<i>cefuroxime axetil tab 250 mg</i>	Pref	
<i>cefuroxime axetil tab 500 mg</i>	Pref	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir cap 300 mg</i>	Pref	
<i>cefdinir for susp 125 mg/5ml</i>	Pref	
<i>cefdinir for susp 250 mg/5ml</i>	Pref	
<i>cefixime cap 400 mg</i>	Non-Pref	PA
<i>cefixime for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefixime for susp 200 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil tab 100 mg</i>	Non-Pref	PA
<i>cefpodoxime proxetil tab 200 mg</i>	Non-Pref	PA
SUPRAX CAP 400MG	Non-Pref	PA
SUPRAX CHW 100MG	Non-Pref	PA
SUPRAX CHW 200MG	Non-Pref	PA
SUPRAX SUS 100/5ML	Non-Pref	PA
SUPRAX SUS 200/5ML	Non-Pref	PA
SUPRAX SUS 500/5ML	Non-Pref	PA

CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING

ACIDS, BASES, & BUFFERS

HYDROCHL ACD LIQ 10%	Pref	
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Drug Name	Drug Tier	Requirements/Limits
BULK CHEMICALS - E'S		
EUCALYPTOL LIQ	Pref	
EUCALYPTOL LIQ	Pref	OTC
BULK CHEMICALS - I'S		
IODINE SOL STRONG	Pref	
IODINE SOL STRONG	Pref	OTC
<i>iodine solution strong (lugol's) (bulk)</i>	Pref	
BULK CHEMICALS - P'S		
PINE NEEDLE OIL	Pref	
BULK CHEMICALS - S'S		
SAGE LEAF POW	Pref	
SOD BISULFIT GRA	Pref	
SOD BISULFIT GRA	Pref	OTC
LIQUIDS		
ACETONE SOL	Pref	
ACETONE SOL	Pref	OTC
ANISE OIL	Pref	OTC
CINNAMON OIL	Pref	OTC
CINNAMON OIL ARTIFIC	Pref	OTC
GLYCINE SOYA SOL PROTEIN	Pref	
GNP CINNAMON OIL	Pref	OTC
LAVENDER OIL	Pref	OTC
LAVENDER OIL FRAGRANC	Pref	
LAVENDER OIL NATURAL	Pref	
LAVENDER OIL NATURAL	Pref	OTC
LINSEED OIL RAW	Pref	
METHANOL SOL	Pref	
METHANOL SOL 99%	Pref	OTC
METHYL ALCOH SOL	Pref	OTC
OLIVE OIL	Pref	
OLIVE OIL	Pref	OTC
ORANGE OIL	Pref	OTC
ORANGE OIL FLORIDA	Pref	OTC
PEANUT OIL	Pref	
PEANUT OIL	Pref	OTC
PEPPERMINT OIL	Pref	
PEPPERMINT OIL	Pref	OTC
PINE TAR LIQ	Pref	
POLYSORBATE LIQ 60	Pref	
QC SWEET OIL	Pref	OTC
ROSE OIL	Pref	

Drug Name	Drug Tier	Requirements/Limits
ROSE OIL	Pref	OTC
ROSEMARY OIL	Pref	
ROSEMARY OIL	Pref	OTC
SASSAFRAS OIL	Pref	
SESAME OIL	Pref	
SESAME OIL	Pref	OTC
SM SWEET OIL	Pref	OTC
SOD SILICATE SOL 40%	Pref	OTC
SPEARMINT OIL	Pref	
SPEARMINT OIL	Pref	OTC
SWEET OIL	Pref	OTC

SOLIDS

BHT GRA	Pref	
BHT GRA USP/NF	Pref	
BHT POW	Pref	
SORBITOL POW	Pref	

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL COMBINATION CONTRACEPTIVES - ORAL

<i>alyacen tab 1/35</i>	Pref	365 day supply
<i>alyacen tab 7/7/7</i>	Pref	365 day supply
<i>amethia tab</i>	Pref	365 day supply
<i>amethyst tab 90-20mcg</i>	Pref	365 day supply
<i>apri tab</i>	Pref	365 day supply
<i>aranelle tab</i>	Pref	365 day supply
<i>ashlyna tab</i>	Pref	365 day supply
<i>aurovela 24 tab fe 1/20</i>	Pref	365 day supply
<i>aurovela tab 1.5/30</i>	Pref	365 day supply
<i>aurovela tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>azurette tab</i>	Pref	365 day supply
<i>azurette tab 28 day</i>	Pref	365 day supply
BALCOLTRA TAB 0.1-20	Pref	365 day supply
<i>balziva tab</i>	Pref	365 day supply
<i>blisovi 24 tab fe 1/20</i>	Pref	365 day supply
<i>briellyn tab</i>	Pref	365 day supply
<i>camrese lo tab</i>	Pref	365 day supply
<i>camrese tab</i>	Pref	365 day supply
<i>caziant pak</i>	Pref	365 day supply
<i>charlotte 24 chw fe 1/20</i>	Pref	365 day supply
<i>cryselle-28 tab 28 tabs</i>	Pref	365 day supply
<i>cyclafem tab 1/35</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>cyclafem tab 7/7/7</i>	Pref	365 day supply
<i>cyred eq tab</i>	Pref	365 day supply
<i>cyred tab</i>	Pref	365 day supply
<i>dasetta tab 1/35</i>	Pref	365 day supply
<i>dasetta tab 7/7/7</i>	Pref	365 day supply
<i>daysee tab</i>	Pref	365 day supply
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	365 day supply
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>dolishale tab 90-20mcg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref	365 day supply
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref	365 day supply
<i>elinest tab</i>	Pref	365 day supply
<i>emoquette tab</i>	Pref	365 day supply
<i>enpresse-28 tab</i>	Pref	365 day supply
<i>enskyce tab</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	365 day supply
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	365 day supply
<i>fayosim tab</i>	Pref	365 day supply
<i>gemmily cap 1/20</i>	Pref	365 day supply
<i>hailey 24 tab fe</i>	Pref	365 day supply
<i>hailey tab 1.5/30</i>	Pref	365 day supply
<i>iclevia tab</i>	Pref	365 day supply
<i>introvale tab</i>	Pref	365 day supply
<i>isibloom tab</i>	Pref	365 day supply
<i>jaimiess tab</i>	Pref	365 day supply
<i>jasmiel tab 3-0.02mg</i>	Pref	365 day supply
<i>jolessa tab</i>	Pref	365 day supply
<i>juleber tab</i>	Pref	365 day supply
<i>junel 1.5/30 tab</i>	Pref	365 day supply
<i>junel 1/20 tab</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>junel fe 24 tab 1/20</i>	Pref	365 day supply
<i>kaitlib fe chw</i>	Pref	365 day supply
<i>kalliga tab</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>kariva tab 28 day</i>	Pref	365 day supply
<i>kelnor 1/50 tab</i>	Pref	365 day supply
<i>kelnor tab 1/35</i>	Pref	365 day supply
<i>larin 24 tab fe 1/20</i>	Pref	365 day supply
<i>larin tab 1.5/30</i>	Pref	365 day supply
<i>larin tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>layolis fe chw</i>	Pref	365 day supply
<i>leena tab</i>	Pref	365 day supply
<i>levonest tab</i>	Pref	365 day supply
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	365 day supply
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	365 day supply
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	365 day supply
<i>LO LOESTRIN TAB 1-10-10</i>	Pref	365 day supply
<i>lo-zumandimi tab 3-0.02mg</i>	Pref	365 day supply
<i>loestrin 21 tab 1.5/30</i>	Pref	365 day supply
<i>loestrin fe tab 1.5/30</i>	Pref	365 day supply
<i>loestrin tab 1/20-21</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>lojaimiess tab</i>	Pref	365 day supply
<i>loryna tab 3-0.02mg</i>	Pref	365 day supply
<i>low-ogestrel tab</i>	Pref	365 day supply
<i>merzee cap 1/20</i>	Pref	365 day supply
<i>micrgstin 24 tab fe 1/20</i>	Pref	365 day supply
<i>microgestin tab 1.5/30</i>	Pref	365 day supply
<i>microgestin tab 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>mono-linyah tab 0.25-35</i>	Pref	365 day supply
<i>NATAZIA TAB</i>	Pref	365 day supply
<i>necon tab 0.5/35</i>	Pref	365 day supply
<i>NEXTSTELLIS TAB 3-14.2MG</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>nikki tab 3-0.02mg</i>	Pref	365 day supply
<i>noreth/ethin tab fe 1/20</i>	Pref	365 day supply
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	365 day supply
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	365 day supply
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	365 day supply
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref	365 day supply
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Pref	365 day supply
<i>nortrel tab 0.5/35</i>	Pref	365 day supply
<i>nortrel tab 1/35</i>	Pref	365 day supply
<i>nortrel tab 7/7/7</i>	Pref	365 day supply
<i>nylia tab 1/35</i>	Pref	365 day supply
<i>nylia tab 7/7/7</i>	Pref	365 day supply
<i>ocella tab 3-0.03mg</i>	Pref	365 day supply
<i>philith tab 0.4-35</i>	Pref	365 day supply
<i>pimtreea tab</i>	Pref	365 day supply
<i>pirmella tab 1/35</i>	Pref	365 day supply
<i>pirmella tab 7/7/7</i>	Pref	365 day supply
<i>portia-28 tab</i>	Pref	365 day supply
<i>reclipsen tab</i>	Pref	365 day supply
<i>rivelsa tab</i>	Pref	365 day supply
<i>setlakin tab</i>	Pref	365 day supply
<i>simliya tab 28 day</i>	Pref	365 day supply
<i>simpesse tab</i>	Pref	365 day supply
<i>syeda tab 3-0.03mg</i>	Pref	365 day supply
<i>tarina 24 fe tab</i>	Pref	365 day supply
<i>taysofy cap 1/20</i>	Pref	365 day supply
<i>tilia fe tab</i>	Pref	365 day supply
<i>tri-legest tab fe</i>	Pref	365 day supply
<i>tri-lo tab estaryll</i>	Pref	365 day supply
<i>tri-lo- tab marzia</i>	Pref	365 day supply
<i>tri-lo- tab sprintec</i>	Pref	365 day supply
<i>tri-lo-mili tab</i>	Pref	365 day supply
<i>tri-nymyo tab</i>	Pref	365 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>tri-vylibra tab lo</i>	Pref	365 day supply
<i>trivora-28 tab</i>	Pref	365 day supply
TYBLUME CHW 0.1-0.02	Pref	365 day supply
<i>tydemy tab</i>	Pref	365 day supply
<i>velivet pak</i>	Pref	365 day supply
<i>vestura tab 3-0.02mg</i>	Pref	365 day supply
<i>viorele tab</i>	Pref	365 day supply
<i>volnea tab</i>	Pref	365 day supply
<i>vyfemla tab 0.4-35</i>	Pref	365 day supply
<i>wera tab 0.5/35</i>	Pref	365 day supply
<i>wymzya fe chw 0.4mg-35</i>	Pref	365 day supply
<i>zovia 1/35 tab</i>	Pref	365 day supply
<i>zovia 1/35e tab</i>	Pref	365 day supply
<i>zumandimine tab 3-0.03mg</i>	Pref	365 day supply
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>xulane dis 150-35</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
<i>zafemy dis 150/35</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>eluryng mis</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Pref	QL (0.04 rings / 1 day; 365 day supply)
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG	Pref	365 day supply
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	Non-Pref	PA, QL (0.04 injections / 1 day; 365 day supply)
DEPO-SQ PROV INJ 104	Non-Pref	PA; 365 day supply
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Pref	365 day supply
LILETTA IUD 52MG	Pref	365 day supply
MIRENA IUD SYSTEM	Pref	365 day supply
SKYLA IUD 13.5MG	Pref	365 day supply

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 166
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norlyroc tab 0.35mg</i>	Pref	365 day supply
SLYND TAB 4MG	Pref	365 day supply
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
ALKINDI SPRI CAP 0.5MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 1MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 2MG	Non-Pref	SP, PA; AGE (Max age 17 years)
ALKINDI SPRI CAP 5MG	Non-Pref	SP, PA; AGE (Max age 17 years)
<i>budesonide delayed release particles cap 3 mg</i>	Pref	
<i>budesonide tab er 24hr 9 mg</i>	Non-Pref	PA
CORTEF TAB 5MG	Non-Pref	PA
CORTEF TAB 10MG	Non-Pref	PA
CORTEF TAB 20MG	Non-Pref	PA
<i>decadron tab 0.5mg</i>	Pref	
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Pref	
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	
<i>dexamethasone tab 0.5 mg</i>	Pref	
<i>dexamethasone tab 0.75 mg</i>	Pref	
<i>dexamethasone tab 1 mg</i>	Pref	
<i>dexamethasone tab 1.5 mg</i>	Pref	
<i>dexamethasone tab 2 mg</i>	Pref	
<i>dexamethasone tab 4 mg</i>	Pref	
<i>dexamethasone tab 6 mg</i>	Pref	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Non-Pref	PA
EMFLAZA SUS 22.75/ML	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 6MG	Non-Pref	SP, PA; AGE (Min age 2 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 167

Drug Name	Drug Tier	Requirements/Limits
EMFLAZA TAB 18MG	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 30MG	Non-Pref	SP, PA; AGE (Min age 2 years)
EMFLAZA TAB 36MG	Non-Pref	SP, PA; AGE (Min age 2 years)
HEMADY TAB 20MG	Non-Pref	PA
<i>hydrocortisone tab 5 mg</i>	Pref	
<i>hydrocortisone tab 10 mg</i>	Pref	
<i>hydrocortisone tab 20 mg</i>	Pref	
MEDROL TAB 2MG	Non-Pref	PA
MEDROL TAB 4MG	Non-Pref	PA
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA
MEDROL TAB 32MG	Non-Pref	PA
<i>methylprednisolone tab 4 mg</i>	Pref	
<i>methylprednisolone tab 8 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 16 mg</i>	Non-Pref	PA
<i>methylprednisolone tab 32 mg</i>	Non-Pref	PA
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	
MILLIPRED TAB 5MG	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Non-Pref	PA
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Pref	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Pref	
PREDNISON CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Pref	90 day supply

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 168
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 1 mg</i>	Pref	90 day supply
<i>prednisone tab 2.5 mg</i>	Pref	90 day supply
<i>prednisone tab 5 mg</i>	Pref	90 day supply
<i>prednisone tab 10 mg</i>	Pref	90 day supply
<i>prednisone tab 20 mg</i>	Pref	90 day supply
<i>prednisone tab 50 mg</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	90 day supply
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	90 day supply
RAYOS TAB 1MG	Non-Pref	PA
RAYOS TAB 2MG	Non-Pref	PA
RAYOS TAB 5MG	Non-Pref	PA
<i>taperdex pak 6 day</i>	Non-Pref	PA
<i>taperdex pak 7-day</i>	Non-Pref	PA
<i>taperdex pak 12-day</i>	Non-Pref	PA
UCERIS TAB 9MG	Non-Pref	PA

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Pref
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES

<i>benzonatate cap 100 mg</i>	Pref	QL (6 caps / 1 day); AGE (Min age 6 years)
<i>benzonatate cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>cough dm sus 30mg/5ml</i>	Pref	OTC
<i>cough gels cap 15mg</i>	Pref	OTC
<i>cough relief liq 15mg/5ml</i>	Pref	OTC
<i>dextromethorphan hbr cap 15 mg</i>	Pref	OTC
<i>dextromethorphan polistirex extended release susp 30 mg/5ml</i>	Pref	OTC
<i>gnp cough cap 15mg</i>	Pref	OTC
<i>gnp cough dm sus 30mg/5ml</i>	Pref	OTC
<i>hm cough dm sus 30mg/5ml</i>	Pref	OTC
HYCODAN SYP 5-1.5/5	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
HYCODAN TAB 5-1.5MG	Non-Pref	PA, AGE
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	Non-Pref	PA; AGE (Min age 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>hydromet syp 5-1.5/5</i>	Pref	QL (30 mL / 1 day); AGE (Min age 6 years)
<i>robitussin sus 30mg/5ml</i>	Pref	OTC
<i>sm cough dm sus 30mg/5ml</i>	Pref	OTC
<i>sm cough rel syp 15mg/5ml</i>	Pref	OTC
<i>tussin cough cap 15mg</i>	Pref	OTC
<i>tussin cough syp 15mg/5ml</i>	Pref	OTC

COUGH/COLD/ALLERGY COMBINATIONS

<i>aller/conges tab 10-240mg</i>	Non-Pref	PA, OTC
<i>allergy d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy rel/ tab deconges</i>	Non-Pref	PA, OTC
<i>allergy relf tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy relf tab d-24</i>	Non-Pref	PA, OTC
<i>allergy relf tab deconges</i>	Non-Pref	PA, OTC
<i>allergy tab multi-sy</i>	Pref	OTC
<i>allergy-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allergy/cong tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allgy comp-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>allrgy d-12 tab 5-120mg</i>	Non-Pref	PA, OTC
<i>antihistamin tab 60-120mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>aprodine tab 2.5-60mg</i>	Pref	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
<i>CLARINEX-D TAB 2.5-120</i>	Non-Pref	PA
<i>cld head cng tab nighttim</i>	Pref	OTC
<i>cold & flu cap nighttime</i>	Pref	OTC
<i>cold & sinus tab 30-200mg</i>	Pref	OTC
<i>cold & sinus tab relief</i>	Pref	OTC
<i>cold head tab congesti</i>	Pref	OTC
<i>cold max tab 10/5/325</i>	Pref	OTC
<i>cold/allergy elx children</i>	Pref	OTC
<i>cold/flu liq daytime</i>	Pref	OTC
<i>cold/flu rel cap nitetime</i>	Pref	OTC
<i>CONEX SOL CLD/ALRG</i>	Pref	OTC
<i>CONEX TAB 2-60MG</i>	Pref	OTC
<i>cough & cold tab 4-30mg</i>	Pref	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-guaifenesin tab er 12hr 60-1200 mg</i>	Pref	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Pref	OTC
<i>ed a-hist dm liq</i>	Pref	OTC
<i>ed a-hist tab 4-10mg</i>	Pref	OTC
<i>fexofen/pse tab 60-120mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>gnp allergy tab relief</i>	Pref	OTC
<i>gnp cld max mis day/nght</i>	Pref	OTC
<i>gnp cld max tab daytime</i>	Pref	OTC
<i>gnp cld/hd tab cngst</i>	Pref	OTC
<i>gnp tussin syp cf</i>	Pref	OTC
<i>guaiatuss ac syp 100-10/5</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
HISTEX-AC SYP	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>hm mucus dm tab 60-1200</i>	Pref	OTC
<i>12hr allergy tab 60-120mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>ibuprofen tab cold/sin</i>	Pref	OTC
LOHIST-DM SYP 5-2-10MG	Pref	OTC
<i>lorata-dine tab d 24hr</i>	Non-Pref	PA, OTC
<i>loratadine d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>loratadine-d tab 5-120mg</i>	Non-Pref	PA, OTC
<i>loratadine-d tab 10-240mg</i>	Non-Pref	PA, OTC
M-CLEAR WC LIQ 100-6.3	Non-Pref	PA, OTC; AGE (Min age 6 years)
M-END PE LIQ	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>mapap cold tab 10-5-325</i>	Pref	OTC
MAR-COF CG LIQ 225-7.5	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>maxi-tuss ac sol</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
MAXI-TUSS LIQ CD	Non-Pref	PA, OTC; AGE (Min age 6 years)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 171
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>maxi-tuss liq gmx</i>	Pref	QL (10 mL / 1 day), OTC
MUCINEX CGH GRA 5-100MG	Pref	OTC
<i>mucinex dm liq 20-400</i>	Pref	OTC
<i>mucinex free liq cong/cgh</i>	Pref	OTC
<i>mucus d tab 60-600mg</i>	Pref	OTC
<i>mucus dm tab 30-600mg</i>	Pref	OTC
<i>mucus dm tab 60-1200</i>	Pref	OTC
<i>mucus relief liq child</i>	Pref	OTC
<i>mucus relief liq children</i>	Pref	OTC
<i>mucus relief liq max st</i>	Pref	OTC
<i>mucus relief liq multi sy</i>	Pref	OTC
<i>mucus relief tab 30-600er</i>	Pref	OTC
<i>mucus relief tab 60-1200</i>	Pref	OTC
<i>mucus-d tab 60-600mg</i>	Pref	OTC
<i>mucus-dm max tab 60-1200</i>	Pref	OTC
<i>mucus-dm tab 30-600mg</i>	Pref	OTC
<i>night time cap cold/flu</i>	Pref	OTC
<i>nighttime cap cold/flu</i>	Pref	OTC
NINJACOF-XG LIQ 200-8/5	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>nohist-dm liq</i>	Pref	OTC
<i>nohist-lq liq 4-10/5ml</i>	Pref	OTC
<i>phenylephrine w/ acetaminophen tab 5-325 mg</i>	Pref	OTC
<i>phenylephrine w/ dm-gg liqd 5-10-100 mg/5ml</i>	Pref	OTC
<i>phenylephrine-apap-gg tab 5-325-200 mg</i>	Pref	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Pref	OTC
<i>phenylephrine-dm-gg w/ apap tab 5-10-200-325 mg</i>	Pref	QL (1 tab / 1 day), OTC
POLY-TUSSIN LIQ 10-4-10	Non-Pref	PA, OTC; AGE (Min age 6 years)
<i>prometh vc syp 6.25-5/5</i>	Pref	AGE (Min age 6 years)
<i>prometh vc/ syp codeine</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	AGE (Min age 6 years)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	AGE (Min age 6 years)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	AGE (Min age 2 years)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Non-Pref	PA; AGE (Min age 6 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	AGE (Min age 2 years)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC
<i>qc ibuprofen tab cold/sin</i>	Pref	OTC
<i>qc nighttime cap cold/flu</i>	Pref	OTC
<i>robitussin liq severe</i>	Pref	OTC
<i>rynex pe elx</i>	Pref	OTC
<i>rynex pse liq</i>	Pref	OTC
<i>sb allergy tab multi-sy</i>	Pref	OTC
<i>sb cld/alrgy elx children</i>	Pref	OTC
<i>sb cold mult pak day/nght</i>	Pref	OTC
<i>sb cold/cgh tab hbp</i>	Pref	OTC
<i>sb cold/flu tab hbp</i>	Pref	OTC
<i>sb sinus cng tab /pain</i>	Pref	OTC
<i>severe cong liq cough</i>	Pref	OTC
<i>sinus/alergy tab max st</i>	Pref	OTC
<i>sm cold tab alrgy pe</i>	Pref	OTC
<i>sm tussin cf liq</i>	Pref	OTC
<i>theraflu exp tab cold/cgh</i>	Pref	OTC
TUSNEL PED DRO 7.5-50	Pref	OTC
TUSNEL PEDI LIQ 15-5-50	Pref	OTC
<i>tussin cf liq cgh/flu</i>	Pref	OTC
<i>tussin dm liq 10-100mg</i>	Pref	OTC
VCKS DAYQUIL LIQ MUCUS DM	Pref	OTC
<i>vicks nyquil cap cold/flu</i>	Pref	OTC
<i>virtussin ac liq 100-10/5</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
<i>virtussin ac sol 100-10/5</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min age 6 years)
VIRTUSSIN SOL DAC	Pref	OTC; AGE (Min age 6 years)

EXPECTORANTS

<i>chest conges syp 100/5ml</i>	Pref	OTC
<i>chest conges tab 400mg</i>	Pref	OTC
<i>coughtab tab 200mg</i>	Pref	OTC
<i>gnp mucus er tab 600mg</i>	Pref	OTC
<i>gnp mucus er tab 1200mg</i>	Pref	OTC
<i>guaifenesin liquid 100 mg/5ml</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin tab 200 mg</i>	Pref	OTC
<i>guaifenesin tab 400 mg</i>	Pref	OTC
<i>medifin 400 tab 400mg</i>	Pref	OTC
MUCINEX/KIDS GRA 100MG	Pref	OTC
<i>mucus er max tab 1200mg</i>	Pref	OTC
<i>mucus relief tab 200mg</i>	Pref	OTC
<i>mucus relief tab 400mg</i>	Pref	OTC
<i>mucus relief tab 600mg er</i>	Pref	OTC
<i>mucus relief tab 1200 er</i>	Pref	OTC
<i>mucus relief tab 1200mg</i>	Pref	OTC
<i>sb cgh contr syp 100/5ml</i>	Pref	OTC
<i>sb coughtab tab 200mg</i>	Pref	OTC
<i>siltussin sa syp 100/5ml</i>	Pref	OTC
<i>sm mucus rel tab 600mg er</i>	Pref	OTC
<i>sm mucus rel tab 1200 er</i>	Pref	OTC
<i>tab tussin tab 400mg</i>	Pref	OTC
<i>tussin chest syp 100/5ml</i>	Pref	OTC
<i>xpect tab 400mg</i>	Pref	OTC

MISC. RESPIRATORY INHALANTS

<i>simply salin aer baby</i>	Pref	OTC
<i>sodium chloride aero soln 0.9%</i>	Pref	OTC
<i>sodium chloride soln nebu 0.9%</i>	Pref	

MUCOLYTICS

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	

DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

ACANYA GEL 1.2-2.5%	Non-Pref	PA; AGE (Max age 18 years)
<i>acutane cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acutane cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acutane cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acutane cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acne medicat gel 2.5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>acne medicat gel 5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>acne medicat gel 10%</i>	Pref	OTC; AGE (Max age 18 years)
ACNE MEDICAT LOT 5%	Pref	OTC; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
ACNE MEDICAT LOT 10%	Pref	OTC; AGE (Max age 18 years)
<i>adapalene cream 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene gel 0.1%</i>	Pref	QL (1.5 gm / 1 day); AGE (Max age 18 years)
<i>adapalene gel 0.1%</i>	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max age 18 years)
<i>adapalene gel 0.3%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA, AGE
AKLIEF CRE 0.005%	Non-Pref	PA; AGE (Max age 18 years)
ALTRENO LOT 0.05%	Non-Pref	PA; AGE (Max age 18 years)
<i>amnesteem cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amnesteem cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amnesteem cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
AMZEEQ AER 4%	Non-Pref	PA; AGE (Max age 18 years)
ARAZLO LOT 0.045%	Non-Pref	PA; AGE (Max age 18 years)
ATRALIN GEL 0.05%	Non-Pref	PA; AGE (Max age 18 years)
<i>avar cleanse liq 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
AVAR LS LIQ 10-2%	Non-Pref	PA; AGE (Max age 18 years)
<i>avar-e emoll cre 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>avar-e green cre 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
AVAR-E LS CRE 10-2%	Non-Pref	PA; AGE (Max age 18 years)
<i>avita cre 0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>avita gel 0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
BENZAMYCIN GEL 5-3%	Non-Pref	PA; AGE (Max age 18 years)
<i>benzefoam aer 5.3%</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>benzepro liq creamy</i>	Pref	AGE (Max age 18 years)
<i>benzoyl per liq 5% wash</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl per liq 10% wash</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 2.5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 5%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide gel 10%</i>	Pref	OTC; AGE (Max age 18 years)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bp 10-1 emu</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bp cleansing emu 10-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>bpo cloths mis 6%</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>claravis cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>claravis cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
CLEOCIN-T LOT 1%	Non-Pref	PA; AGE (Max age 18 years)
CLINDACIN KIT ETZ 1%	Non-Pref	PA; AGE (Max age 18 years)
CLINDACIN KIT PAC 1%	Non-Pref	PA; AGE (Max age 18 years)
<i>clindacin mis etz 1%</i>	Pref	AGE (Max age 18 years)
<i>clindacin-p pad 1%</i>	Pref	AGE (Max age 18 years)
CLINDAGEL GEL 1%	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (1.5 gm / 1 day); AGE (Max age 18 years)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate soln 1%</i>	Pref	AGE (Max age 18 years)
<i>clindamycin phosphate swab 1%</i>	Pref	AGE (Max age 18 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>dapsone gel 5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>dapsone gel 7.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN CRE 0.1%	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN GEL 0.1%	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max age 18 years)
DIFFERIN GEL 0.3%	Non-Pref	PA; AGE (Max age 18 years)
DIFFERIN LOT 0.1%	Non-Pref	PA; AGE (Max age 18 years)
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA; AGE (Max age 18 years)
<i>ery pad 2%</i>	Non-Pref	PA; AGE (Max age 18 years)
ERYGEL GEL 2%	Non-Pref	PA; AGE (Max age 18 years)
<i>erythromycin gel 2%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>erythromycin soln 2%</i>	Pref	AGE (Max age 18 years)
EVOCLIN AER 1%	Non-Pref	PA; AGE (Max age 18 years)
FABIOR AER 0.1%	Non-Pref	PA
<i>isotretinoin cap 10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 30 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>isotretinoin cap 40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>myorisan cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>neuac gel 1.2-5%</i>	Non-Pref	PA, QL (1.5 gm / 1 day); AGE (Max age 18 years)
NEUAC KIT 1.2-5%	Non-Pref	PA; AGE (Max age 18 years)
ONEXTON GEL 1.2-3.75	Non-Pref	PA; AGE (Max age 18 years)
<i>pr benzoyl liq 7% wash</i>	Pref	AGE (Max age 18 years)
RETIN-A CRE 0.1%	Pref	AGE (Max age 18 years)
RETIN-A CRE 0.05%	Pref	AGE (Max age 18 years)
RETIN-A CRE 0.025%	Pref	AGE (Max age 18 years)
RETIN-A GEL 0.01%	Pref	AGE (Max age 18 years)
RETIN-A GEL 0.025%	Pref	AGE (Max age 18 years)
RETIN-A MICR GEL 0.1%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.04%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.04%PMP	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.06%	Non-Pref	PA; AGE (Max age 18 years)
RETIN-A MICR GEL 0.08%	Non-Pref	PA; AGE (Max age 18 years)
SOD SUL/SULF EMU 10-5%	Non-Pref	PA; AGE (Max age 18 years)
SOD SUL/SULF SUS 10-5%	Non-Pref	PA; AGE (Max age 18 years)
<i>sss 10-5 aer 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sss cre 10%-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium lotion 10% (acne)</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Non-Pref	PA; AGE (Max age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN KIT	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA; AGE (Max age 18 years)
SUMADAN XLT KIT 9-4.5%	Non-Pref	PA; AGE (Max age 18 years)
SUMAXIN CP KIT	Non-Pref	PA; AGE (Max age 18 years)
TAZAROTENE AER 0.1%	Pref	
<i>tretinoin cream 0.1%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin cream 0.05%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin cream 0.025%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin gel 0.01%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin gel 0.05%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>tretinoin gel 0.025%</i>	Pref	AGE (Max age 18 years)
<i>tretinoin microsphere gel 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>tretinoin microsphere gel 0.04%</i>	Non-Pref	PA; AGE (Max age 18 years)
WINLEVI CRE 1%	Non-Pref	PA, AGE
<i>zenatane cap 10mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 20mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 30mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>zenatane cap 40mg</i>	Pref	PA, QL (2 caps / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 179
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZIANA GEL	Non-Pref	PA; AGE (Max age 18 years)
ANALGESICS - TOPICAL		
<i>blue gel 2%</i>	Pref	OTC
<i>ice blue gel 2%</i>	Pref	OTC
<i>mineral ice gel 2%</i>	Pref	OTC
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>arthr pain gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac epolamine patch 1.3%</i>	Pref	QL (2 ea / 1 day)
<i>diclofenac sodium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply)
<i>diclofenac sodium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac sodium soln 1.5%</i>	Non-Pref	PA
DICLOTREX PAK	Non-Pref	PA
FLECTOR DIS 1.3%	Non-Pref	PA, QL (2 patches / 1 day)
<i>goodsense gel art pain</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
<i>qc diclofena gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>venngel one kit 1%</i>	Non-Pref	PA
ANTIBIOTICS - TOPICAL		
<i>antib + pain cre relief</i>	Pref	OTC
<i>antibiotic oin 500unit</i>	Pref	OTC
<i>bacitracin oin 500/gm</i>	Pref	OTC
<i>bacitracin oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA
<i>double antib oin</i>	Pref	OTC
<i>double oin antibiot</i>	Pref	OTC
<i>first aid oin antibiot</i>	Pref	OTC
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	
<i>gnp triple oin antibiot</i>	Pref	OTC
<i>hm triple oin antibiot</i>	Pref	OTC
<i>mupirocin oint 2%</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 180
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>poly bacitra oin</i>	Pref	OTC
<i>sb triple oin antibiot</i>	Pref	OTC
<i>sm antibioti cre plus</i>	Pref	OTC
<i>sm antibioti oin 500/gm</i>	Pref	OTC
<i>sm triple oin antibiot</i>	Pref	OTC
<i>triple antib oin</i>	Pref	OTC
<i>triple antib oin max st</i>	Pref	OTC
<i>triple antib oin pain rlf</i>	Pref	OTC
<i>triple antib oin plus</i>	Pref	OTC

ANTIFUNGALS - TOPICAL

<i>ALEVAZOL OIN 1%</i>	Non-Pref	PA, OTC
<i>anti-fungal pow 1%</i>	Pref	OTC
<i>antifungal cre 1%</i>	Pref	OTC
<i>antifungal pow 2%</i>	Non-Pref	PA, OTC
<i>ath foot spr aer 1%</i>	Pref	OTC
<i>athlete foot aer 2%</i>	Non-Pref	PA, OTC
<i>athlete foot cre 1%</i>	Pref	OTC
<i>athletes ft aer 1% pow</i>	Non-Pref	PA, OTC
<i>butenafine hcl cream 1%</i>	Non-Pref	PA, OTC
<i>ciclodan sol 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Non-Pref	PA
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Non-Pref	PA
<i>ciclopirox shampoo 1%</i>	Non-Pref	PA
<i>ciclopirox solution 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>clotrimazole cre 1%</i>	Pref	OTC
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
<i>ERTACZO CRE 2%</i>	Non-Pref	PA
<i>EXELDERM CRE 1%</i>	Non-Pref	PA
<i>EXELDERM SOL 1%</i>	Non-Pref	PA
<i>EXTINA AER 2%</i>	Non-Pref	PA
<i>FUNGOID TINC SOL 2%</i>	Non-Pref	PA, OTC
<i>JUBLIA SOL 10%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
KERYDIN SOL 5%	Non-Pref	PA
<i>ketoconazole cream 2%</i>	Pref	
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	
<i>ketodan aer 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX CRE 0.77%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>miconazorb pow af 2%</i>	Non-Pref	PA, OTC
<i>micotrin ac cre 1%</i>	Pref	OTC
<i>micotrin al liq 1%</i>	Pref	OTC
<i>micotrin ap pow 2%</i>	Non-Pref	PA, OTC
<i>mycozyl ac cre 1%</i>	Pref	OTC
<i>mycozyl ap pow 2%</i>	Non-Pref	PA, OTC
<i>myozyl al sol 1%</i>	Pref	OTC
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
<i>naftifine hcl gel 1%</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA
NAFTIN GEL 2%	Non-Pref	PA
<i>nyamyc pow 100000</i>	Pref	
<i>nystatin cream 100000 unit/gm</i>	Pref	
<i>nystatin oint 100000 unit/gm</i>	Pref	
<i>nystatin topical powder 100000 unit/gm</i>	Pref	
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Non-Pref	PA
<i>nystop pow 100000</i>	Pref	
<i>oxiconazole nitrate cream 1%</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA
<i>sm antifungl cre 1%</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm antifungl cre 2%</i>	Pref	OTC
<i>sulconazole nitrate cream 1%</i>	Non-Pref	PA
<i>sulconazole nitrate solution 1%</i>	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>terbinafine cre 1%</i>	Pref	OTC
<i>tolnaftate cream 1%</i>	Pref	OTC
<i>tolnaftate powder 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA

ANTI-HISTAMINES-TOPICAL

<i>anti-itch cre 2-0.1%</i>	Pref	OTC
<i>banophen cre 2-0.1%</i>	Pref	OTC
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Pref	OTC
<i>itch relief cre ex st</i>	Pref	OTC
<i>qc anti-itch cre 2-0.1%</i>	Pref	OTC
<i>sm anti-itch cre 2-0.1%</i>	Pref	OTC

ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL

<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	QL (3.334 gm / 1 day)
<i>fluorouracil cream 5%</i>	Pref	
<i>fluorouracil soln 5%</i>	Pref	

ANTIPSORIATICS

<i>calcipotriene cream 0.005%</i>	Pref	QL (2 gm / 1 day)
<i>calcipotriene foam 0.005%</i>	Non-Pref	PA
<i>calcipotriene oint 0.005%</i>	Pref	QL (2 gm / 1 day)
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	QL (2 mL / 1 day)
<i>calcitriol oint 3 mcg/gm</i>	Non-Pref	PA; AGE (Max age 18 years)
COSENTYX INJ 75MG/0.5	Non-Pref	SP, PA
COSENTYX INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX INJ 300DOSE	Non-Pref	SP, PA
COSENTYX PEN INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX PEN INJ 300DOSE	Non-Pref	SP, PA
DOVONEX CRE 0.005%	Non-Pref	PA, QL (2 gm / 1 day)
ILUMYA SOL 100MG/ML	Non-Pref	SP, PA; AGE (Min age 18 years)
SILIQ INJ 210/1.5	Non-Pref	SP, PA; AGE (Min age 18 years)
SKYRIZI INJ 150DOSE	Non-Pref	SP, PA
SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA
SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA
SORILUX AER 0.005%	Non-Pref	PA
STELARA INJ 45MG/0.5	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 90MG/ML	Non-Pref	SP, PA
TALTZ INJ 80MG/ML	Non-Pref	SP, PA
<i>tazarotene cream 0.1%</i>	Non-Pref	PA; AGE (Max age 18 years)
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA
VECTICAL OIN 3MCG/GM	Non-Pref	PA; AGE (Max age 18 years)

ANTISEBORRHEIC PRODUCTS

<i>anti-dandruff sha 1%</i>	Pref	OTC
<i>dandruff sha 1%</i>	Pref	OTC
OVACE PLUS AER 9.8%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS CRE 10%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS GEL 10% WASH	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS LIQ 10% WASH	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS LOT 9.8%	Non-Pref	PA; AGE (Max age 18 years)
OVACE PLUS SHA 10%	Non-Pref	PA; AGE (Max age 18 years)
OVACE WASH LIQ 10%	Non-Pref	PA; AGE (Max age 18 years)
SEBEX SHA	Pref	OTC
<i>selenium sulfide lotion 2.5%</i>	Pref	
<i>selenium sulfide shampoo 2.25%</i>	Pref	
<i>sm dandruff sha 2 in 1</i>	Pref	OTC
<i>sulfacetamide sodium cleansing gel 10%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium liquid 10%</i>	Non-Pref	PA; AGE (Max age 18 years)
<i>sulfacetamide sodium shampoo 10%</i>	Non-Pref	PA; AGE (Max age 18 years)

ANTIVIRALS - TOPICAL

<i>acyclovir cream 5%</i>	Pref	QL (0.167 gm / 1 day)
<i>acyclovir oint 5%</i>	Non-Pref	PA
DENAVIR CRE 1%	Non-Pref	PA
<i>docosanol cream 10%</i>	Pref	OTC
<i>hm docosan cre 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CRE 5%	Pref	QL (0.167 gm / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 184
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZOVIRAX OIN 5%	Non-Pref	PA
BURN PRODUCTS		
<i>silver sulfadiazine cream 1%</i>	Pref	
<i>ssd cre 1%</i>	Pref	
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide cream 0.1%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
<i>anti-itch cre 1%</i>	Pref	OTC
APEXICON E CRE 0.05%	Non-Pref	PA
<i>aquanil hc lot 1%</i>	Pref	OTC
<i>betamethasone dipropionate augmented cream 0.05%</i>	Pref	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>betamethasone valerate aerosol foam 0.12%</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol e cre 0.05%</i>	Pref	
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Pref	
<i>clobetasol propionate emulsion foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 185
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i>	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
CUTIVATE LOT 0.05%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05%</i>	Non-Pref	PA
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.25%</i>	Non-Pref	PA
<i>desoximetasone gel 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.25%</i>	Non-Pref	PA
<i>desoximetasone spray 0.25%</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA; AGE (Min age 18 years)
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i>	Non-Pref	PA
<i>fluocinonide cream 0.1%</i>	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA
<i>flurandrenolide oint 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>gnp hydrocor cre 1% plus</i>	Pref	OTC
<i>halcinonide cream 0.1%</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Non-Pref	PA
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
HALOG SOL 0.1%	Non-Pref	PA
HC/ALOE CRE 0.5%	Pref	OTC
<i>hm hydrocort cre 1% plus</i>	Pref	OTC
<i>hydrocort cre 0.5%</i>	Pref	OTC
<i>hydrocort cre 1%</i>	Pref	OTC
<i>hydrocort cre 1% aloe</i>	Pref	OTC
<i>hydrocort oin 1%</i>	Pref	OTC
HYDROCORT OIN 1%	Pref	OTC
<i>hydrocort/ cre aloe 1%</i>	Pref	OTC
<i>hydrocortisone acetate cream 1%</i>	Pref	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 1%</i>	Pref	
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 2.5%</i>	Pref	
<i>hydrocortisone lotion 2.5%</i>	Pref	
<i>hydrocortisone oint 0.5%</i>	Pref	OTC
<i>hydrocortisone oint 1%</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	
<i>mometasone furoate oint 0.1%</i>	Pref	
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA
PSORCON CRE 0.05%	Non-Pref	PA
<i>sarnol-hc lot 1%</i>	Pref	OTC
<i>scalpicin sol 1%</i>	Non-Pref	PA, OTC
<i>sm hydrocort cre 1%</i>	Pref	OTC
<i>sm hydrocort cre 1% plus</i>	Pref	OTC
<i>sm hydrocort oin 1%</i>	Pref	OTC
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TEMOVATE CRE 0.05%	Non-Pref	PA
TEMOVATE OIN 0.05%	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetone aerosol soln 0.147 mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetone cream 0.1%</i>	Pref	
<i>triamcinolone acetone cream 0.5%</i>	Pref	
<i>triamcinolone acetone cream 0.025%</i>	Pref	
<i>triamcinolone acetone lotion 0.1%</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Non-Pref	PA
TRILOCICLO KIT 0.1-8%	Non-Pref	PA
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA

DIAPER RASH PRODUCTS

<i>medi-paste oin</i>	Pref	OTC
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ECZEMA AGENTS

ADBRY INJ 150MG/ML	Non-Pref	PA; AGE (Min age 18 years)
DUPIXENT INJ 100/0.67	Non-Pref	PA; AGE (Min age 6 years)
DUPIXENT INJ 200/1.14	Non-Pref	SP, PA; AGE (Min age 6 years)
DUPIXENT INJ 200MG	Non-Pref	SP, PA; AGE (Min age 6 years)
DUPIXENT INJ 300/2ML	Non-Pref	SP, PA; AGE (Min age 6 years)
OPZELURA CRE 1.5%	Non-Pref	PA; AGE (Min age 12 years)

EMOLLIENT/KERATOLYTIC AGENTS

<i>urea 20 intrn cre 20%</i>	Pref	OTC
<i>ureacin-20 cre 20%</i>	Pref	OTC

EMOLLIENTS

<i>a&d oin</i>	Pref	OTC
<i>a+d prevent oin</i>	Pref	OTC
<i>amlactin lot daily</i>	Pref	OTC
<i>dml lot</i>	Pref	OTC
EMOLLIENT - CREAM	Pref	OTC
EMOLLIENT - LOTION	Pref	OTC
<i>gnp vit a&d oin</i>	Pref	OTC
LAC-HYDRIN LOT FIVE	Pref	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	OTC
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	OTC
<i>lubricating lot skin</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>minerin lot</i>	Pref	OTC
<i>moisturizing lot ex dry</i>	Pref	OTC
<i>sm dry skin lot therapy</i>	Pref	OTC
<i>thera-derm lot</i>	Pref	OTC
<i>vitamin a&d oin</i>	Pref	OTC
<i>vitamins a & d oint</i>	Pref	OTC
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Pref	QL (0.434 packets / 1 day); AGE (Min age 12 years)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CRE 1%	Pref	AGE (Min age 2 years)
<i>pimecrolimus cream 1%</i>	Non-Pref	PA; AGE (Min age 2 years)
PROTOPIC OIN 0.1%	Non-Pref	PA; AGE (Min age 18 years)
PROTOPIC OIN 0.03%	Non-Pref	PA; AGE (Min age 2 years)
<i>tacrolimus oint 0.1%</i>	Pref	AGE (Min age 18 years)
<i>tacrolimus oint 0.03%</i>	Pref	AGE (Min age 2 years)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>atrix liq 2% toner</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
<i>atrix liq 2% wash</i>	Non-Pref	PA, OTC; AGE (Max age 18 years)
BENSAL HP OIN	Non-Pref	PA
DHS SAL SHA 3%	Pref	OTC
<i>podofilox soln 0.5%</i>	Pref	
THERAPEUTIC SHA 3%	Pref	OTC
LINIMENTS		
<i>muscle rub cre</i>	Pref	OTC
<i>pain cre relievng</i>	Pref	OTC
<i>sm cold& hot cre extra st</i>	Pref	OTC
<i>sm muscle cre rub</i>	Pref	OTC
<i>thera-gesic cre</i>	Pref	OTC
<i>thera-gesic cre plus</i>	Pref	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>arth pain cre 0.075%</i>	Pref	OTC
<i>capsaicin cream 0.1%</i>	Pref	OTC
<i>capsaicin cream 0.025%</i>	Pref	OTC
<i>lidocaine cre pain 4%</i>	Pref	OTC

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 190

Drug Name	Drug Tier	Requirements/Limits
<i>lidocaine cream 4%</i>	Pref	OTC
<i>lidocaine hcl cream 4%</i>	Pref	OTC
<i>lidocaine oint 5%</i>	Pref	
<i>lidocaine patch 5%</i>	Pref	QL (3 packets / 1 day)
<i>lidocaine patch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Pref	
LIDODERM DIS 5%	Non-Pref	PA, QL (3 patches / 1 day)
QUTENZA KIT 8% 1-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 2-PCH	Non-Pref	SP, PA
QUTENZA KIT 8% 4-PCH	Non-Pref	SP, PA
ZTLIDO PAD 1.8%	Non-Pref	PA

MISC. TOPICAL

A+D FIRST OIN AID	Pref	OTC
A/D ZINC OXI CRE	Pref	OTC
ABSORBASE OIN	Pref	OTC
ACNE-AID BAR	Pref	OTC
ALCOHOL PADS MIS 70%	Pref	OTC
ALCOHOL WIPE MIS 70%	Pref	OTC
ALOE VESTA OIN PROTECT	Pref	OTC
<i>aluminum sulfate & calcium acetate powd pack</i>	Pref	OTC
<i>ameriphor oin</i>	Pref	OTC
BALNEOL LOT	Pref	OTC
CALAMINE LOT	Pref	OTC
CALAMINE LOT 8-8%	Pref	OTC
<i>calprotect oin</i>	Pref	OTC
CHAPSTICK OIN OVRNIGHT	Pref	OTC
<i>dermafix oin</i>	Pref	OTC
<i>diaper rash oin 40%</i>	Pref	OTC
EYE-SCRUB PAD	Pref	OTC
GNP CALAMINE LOT 8-8%	Pref	OTC
GNP CALAMINE LOT PHENOLAT	Pref	OTC
<i>gnp zinc oxi oin 20%</i>	Pref	OTC
HM CALAMINE LOT 8-8%	Pref	OTC
<i>medpura oin hydrosep</i>	Pref	OTC
OILATUM BAR	Pref	OTC
PERICLEAN LIQ	Pref	OTC
<i>periscent spr</i>	Pref	OTC
<i>perishield oin</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>preparation pad h</i>	Pref	OTC
PROSHIELD SPR CLEANSER	Pref	OTC
RISAMINE OIN	Pref	OTC
<i>sb hemorrhoi pad</i>	Pref	OTC
SM CALAMINE LOT	Pref	OTC
SM CALAMINE LOT PHENOLAT	Pref	OTC
<i>sm hygienic pad cleansng</i>	Pref	OTC
SOOTHE&COOL LIQ SHAMPOO	Pref	OTC
ULTRASMOOTH OIN FORTIFY	Pref	OTC
ULTRASMOOTH OIN NOURISH	Pref	OTC
ULTRASMOOTH OIN REJUVENA	Pref	OTC
ULTRASMOOTH OIN SOOTHE	Pref	OTC
<i>zinc oxide oin 20%</i>	Pref	OTC
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	Pref	PA; AGE (Min age 3 months)
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	Non-Pref	PA
FINACEA AER 15%	Non-Pref	PA; AGE (Max age 19 years)
FINACEA GEL 15%	Non-Pref	PA
<i>ivermectin cream 1%</i>	Pref	QL (1.5 gm / 1 day)
METROCREAM CRE 0.75%	Pref	
METROGEL GEL 1%	Pref	
<i>metronidazole cream 0.75%</i>	Pref	
<i>metronidazole gel 0.75%</i>	Non-Pref	PA
<i>metronidazole gel 1%</i>	Pref	
<i>metronidazole lotion 0.75%</i>	Pref	
MIRVASO GEL 0.33%	Non-Pref	PA
NORITATE CRE 1%	Non-Pref	PA
RHOFADE CRE 1%	Non-Pref	PA
<i>rosadan cre 0.75%</i>	Non-Pref	PA
<i>rosadan gel 0.75%</i>	Non-Pref	PA
ROSADAN KIT 0.75%	Non-Pref	PA
SOOLANTRA CRE 1%	Non-Pref	PA, QL (1.5 gm / 1 day)
ZILXI AER 1.5%	Non-Pref	PA; AGE (Min age 18 years)
SCABICIDES & PEDICULICIDES		
IVERMECTIN LOT 0.5%	Pref	OTC
<i>ivermectin lotion 0.5%</i>	Pref	
<i>lice killing sha</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>lice killing sha 0.33-4%</i>	Pref	OTC
<i>lice treatmt liq 1%</i>	Pref	OTC
<i>lice treatmt lot 1%</i>	Pref	OTC
<i>lice treatmt sha 0.33-4%</i>	Pref	OTC
<i>lice trtmnt liq 1%</i>	Pref	OTC
<i>permethrin cream 5%</i>	Pref	
TAR PRODUCTS		
<i>anti-dandruf sha coal tar</i>	Pref	OTC
<i>therapeutic sha</i>	Pref	OTC
WOUND CARE PRODUCTS		
DOME-PASTE PAD BANDAGE	Pref	OTC
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC TESTS		
RELION TRUE TES METRIX	Pref	QL (10 strips / 1 day), OTC
TRUE METRIX TES GLUCOSE	Pref	QL (10 strips / 1 day), OTC
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
DIETARY MANAGEMENT PRODUCTS		
FOLBIC RF TAB	Pref	
FOLBIC TAB	Pref	OTC
FOLTANX RF CAP	Pref	
FOLTANX TAB	Pref	
L-METHYL- TAB B6-B12	Pref	
L-METHYL-MC TAB	Pref	
L-METHYLFOLA CAP FORTE	Pref	
L-METHYLFOLA CAP FORTE 15	Pref	
L-METHYLFOLA TAB 7.5MG	Pref	
<i>l-methylfolate tab 7.5 mg</i>	Pref	
LEVOMEFOLATE CAP ALGAL	Pref	
METAFOLBIC TAB	Pref	
METAFOLBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
METHYLFOL/ME CAP CBL/P5P	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max tab 2.5-25-2</i>	Pref	
NUTRITIONAL SUPPLEMENTS		
BOOST PUDDIN MIS BUTTSCTH	Pref	OTC
BOOST PUDDIN MIS CHOCOLAT	Pref	OTC
BOOST PUDDIN MIS VANILLA	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
NUTRITIONAL SUPPLEMENTS	Pref	OTC
THRIVACIN 30 LIQ	Pref	
THRIVACIN LIQ DETOX	Pref	

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	PA; 90 day supply
CREON CAP 6000UNIT	Pref	PA; 90 day supply
CREON CAP 12000UNT	Pref	PA; 90 day supply
CREON CAP 24000UNT	Pref	PA; 90 day supply
CREON CAP 36000UNT	Pref	PA; 90 day supply
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA
PANCREAZE CAP 21000UNT	Non-Pref	PA
PANCREAZE CAP 37000	Non-Pref	PA
PERTZYE CAP 4000UNIT	Non-Pref	PA
PERTZYE CAP 8000UNIT	Non-Pref	PA
PERTZYE CAP 16000U	Non-Pref	PA
PERTZYE CAP 24000U	Non-Pref	PA
VIOKACE TAB 10440	Non-Pref	PA
VIOKACE TAB 20880	Non-Pref	PA
ZENPEP CAP 3000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 5000UNIT	Pref	PA; 90 day supply
ZENPEP CAP 10000UNT	Pref	PA; 90 day supply
ZENPEP CAP 15000UNT	Pref	PA; 90 day supply
ZENPEP CAP 20000UNT	Pref	PA; 90 day supply
ZENPEP CAP 25000	Pref	PA; 90 day supply
ZENPEP CAP 40000	Pref	PA; 90 day supply

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	
<i>acetazolamide tab 125 mg</i>	Pref	
<i>acetazolamide tab 250 mg</i>	Pref	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Pref	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Pref	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Pref	90 day supply

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>furosemide oral soln 8 mg/ml</i>	Pref	
<i>furosemide oral soln 10 mg/ml</i>	Pref	
<i>furosemide tab 20 mg</i>	Pref	90 day supply
<i>furosemide tab 40 mg</i>	Pref	90 day supply
<i>furosemide tab 80 mg</i>	Pref	90 day supply
<i>torseamide tab 5 mg</i>	Pref	90 day supply
<i>torseamide tab 10 mg</i>	Pref	90 day supply
<i>torseamide tab 20 mg</i>	Pref	90 day supply
<i>torseamide tab 100 mg</i>	Pref	90 day supply

POTASSIUM SPARING DIURETICS

<i>amiloride hcl tab 5 mg</i>	Pref	
<i>spironolactone tab 25 mg</i>	Pref	90 day supply
<i>spironolactone tab 50 mg</i>	Pref	90 day supply
<i>spironolactone tab 100 mg</i>	Pref	90 day supply

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorthalidone tab 25 mg</i>	Pref	90 day supply
<i>chlorthalidone tab 50 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 25 mg</i>	Pref	90 day supply
<i>hydrochlorothiazide tab 50 mg</i>	Pref	90 day supply
<i>indapamide tab 1.25 mg</i>	Pref	
<i>indapamide tab 2.5 mg</i>	Pref	
<i>metolazone tab 2.5 mg</i>	Pref	
<i>metolazone tab 5 mg</i>	Pref	
<i>metolazone tab 10 mg</i>	Pref	

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS

<i>ACTONEL TAB 35MG</i>	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
ACTONEL TAB 150MG	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Non-Pref	PA
<i>alendronate sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>alendronate sodium tab 35 mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
<i>alendronate sodium tab 70 mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
ATELVIA TAB	Non-Pref	PA
BONIVA TAB 150MG	Non-Pref	PA, QL (0.04 tabs / 1 day; 90 day supply)
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	QL (0.13 mL / 1 day; 90 day supply)
FORTEO INJ 620/2.48	Non-Pref	SP, PA
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
FOSAMAX TAB 70MG	Non-Pref	PA, QL (0.15 tabs / 1 day; 90 day supply)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Pref	QL (0.04 tabs / 1 day; 90 day supply)
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 150 mg</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i>	Non-Pref	PA
TYMLOS INJ	Non-Pref	SP, PA

GROWTH HORMONES

GENOTROPIN INJ 0.2MG	Pref	SP, PA
GENOTROPIN INJ 0.4MG	Pref	SP, PA
GENOTROPIN INJ 0.6MG	Pref	SP, PA
GENOTROPIN INJ 0.8MG	Pref	SP, PA
GENOTROPIN INJ 1.2MG	Pref	SP, PA
GENOTROPIN INJ 1.4MG	Pref	SP, PA
GENOTROPIN INJ 1.6MG	Pref	SP, PA
GENOTROPIN INJ 1.8MG	Pref	SP, PA
GENOTROPIN INJ 1MG	Pref	SP, PA
GENOTROPIN INJ 2MG	Pref	SP, PA
GENOTROPIN INJ 5MG	Pref	SP, PA
GENOTROPIN INJ 12MG	Pref	SP, PA
HUMATROPE INJ 6MG	Non-Pref	SP, PA
HUMATROPE INJ 12MG	Non-Pref	SP, PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 196
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
HUMATROPE INJ 24MG	Non-Pref	SP, PA
NORDITROPIN INJ 5/1.5ML	Pref	SP, PA
NORDITROPIN INJ 10/1.5ML	Pref	SP, PA
NORDITROPIN INJ 15/1.5ML	Pref	SP, PA
NORDITROPIN INJ 30/3ML	Pref	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	SP, PA
OMNITROPE INJ 5.8MG	Non-Pref	SP, PA
OMNITROPE INJ 5/1.5ML	Non-Pref	SP, PA
OMNITROPE INJ 10/1.5ML	Non-Pref	SP, PA
SAIZEN INJ 5MG	Non-Pref	SP, PA
SAIZEN INJ 8.8MG	Non-Pref	SP, PA
SAIZENPREP INJ 8.8MG	Non-Pref	SP, PA
SEROSTIM INJ 4MG	Non-Pref	SP, PA
SEROSTIM INJ 5MG	Non-Pref	SP, PA
SEROSTIM INJ 6MG	Non-Pref	SP, PA
SKYTROFA INJ 3.6MG	Non-Pref	SP, PA
SKYTROFA INJ 3MG	Non-Pref	SP, PA
SKYTROFA INJ 4.3MG	Non-Pref	SP, PA
SKYTROFA INJ 5.2MG	Non-Pref	SP, PA
SKYTROFA INJ 6.3MG	Non-Pref	SP, PA
SKYTROFA INJ 7.6MG	Non-Pref	SP, PA
SKYTROFA INJ 9.1MG	Non-Pref	SP, PA
SKYTROFA INJ 11MG	Non-Pref	SP, PA
SKYTROFA INJ 13.3MG	Non-Pref	SP, PA
ZOMACTON INJ 5MG	Non-Pref	SP, PA
ZOMACTON INJ 10MG	Non-Pref	SP, PA
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA

HORMONE RECEPTOR MODULATORS

EVISTA TAB 60MG	Non-Pref	PA; 90 day supply
OSPHENA TAB 60MG	Pref	QL (1 tab / 1 day)
<i>raloxifene hcl tab 60 mg</i>	Pref	90 day supply

METABOLIC MODIFIERS

<i>calcitriol cap 0.5 mcg</i>	Pref	
<i>calcitriol cap 0.25 mcg</i>	Pref	
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day)
<i>sapropterin dihydrochloride powder packet 100 mg</i>	Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<i>sapropterin dihydrochloride powder packet 500 mg</i>	Pref	SP, PA
<i>sapropterin dihydrochloride tab 100 mg</i>	Pref	SP, PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate tab 0.1 mg</i>	Pref	
<i>desmopressin acetate tab 0.2 mg</i>	Pref	
STIMATE SOL 1.5MG/ML	Pref	SP
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Pref	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Pref	SP, PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
JYNARQUE TAB 15MG	Pref	SP, PA, QL (1 tab / 1 day)
JYNARQUE TAB 30MG	Pref	SP, PA, QL (2 tabs / 1 day)
SAMSCA TAB 15MG	Pref	SP, PA, QL (1 tab / 1 day)
<i>tolvaptan tab 30 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
<i>amabelz tab 1-0.5mg</i>	Pref	QL (1 tab / 1 day)
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>mimvey tab 1-0.5mg</i>	Pref	QL (1 tab / 1 day)
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ALORA DIS 0.1MG	Pref	QL (0.29 patches / 1 day)
ALORA DIS 0.05MG	Pref	QL (0.29 ea / 1 day)
ALORA DIS 0.025MG	Pref	QL (0.29 ea / 1 day)
ALORA DIS 0.075MG	Pref	QL (0.29 patches / 1 day)
<i>dotti dis 0.1mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.05mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.025mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.075mg</i>	Pref	QL (0.29 ea / 1 day)
<i>dotti dis 0.0375mg</i>	Pref	QL (0.29 ea / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 198
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol tab 0.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol tab 1 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol tab 2 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol valerate im in oil 20 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	
<i>lyllana dis 0.1mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.05mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.025mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.075mg</i>	Pref	QL (0.29 ea / 1 day)
<i>lyllana dis 0.0375mg</i>	Pref	QL (0.29 ea / 1 day)

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>BAXDELA TAB 450MG</i>	Non-Pref	PA
<i>CIPRO (5%) SUS 250MG/5</i>	Non-Pref	PA, QL (7 mL / 1 day)
<i>CIPRO (10%) SUS 500MG/5</i>	Non-Pref	PA, QL (10 mL / 1 day)
<i>CIPRO TAB 250MG</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>CIPRO TAB 500MG</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin tab 250 mg</i>	Pref	
<i>levofloxacin tab 500 mg</i>	Pref	
<i>levofloxacin tab 750 mg</i>	Pref	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Pref	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
MOTEGRITY TAB 2MG	Non-Pref	PA; AGE (Min age 18 years)

AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non-Pref	PA; AGE (Min age 18 years)
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ANTIFLATULENTS

<i>anti-gas cap 180mg</i>	Pref	OTC
<i>gas relief cap 125mg</i>	Pref	OTC
<i>gas relief cap 180mg</i>	Pref	OTC
<i>gas relief dro 20/0.3ml</i>	Pref	OTC
<i>gas relief dro 40/0.6ml</i>	Pref	OTC
<i>gas relief dro infants</i>	Pref	OTC
<i>gas-x cap 125mg</i>	Pref	OTC
<i>gas-x cap 180mg</i>	Pref	OTC
<i>gnp anti-gas cap 180mg</i>	Pref	OTC
<i>simethicone cap 180mg</i>	Pref	OTC
<i>simethicone chew tab 125 mg</i>	Pref	OTC
<i>simethicone chw 80mg</i>	Pref	OTC
<i>simethicone dro 20/0.3ml</i>	Pref	OTC
<i>simethicone dro infants</i>	Pref	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Pref	OTC
<i>sm gas relie cap 180mg</i>	Pref	OTC

BILE ACID SYNTHESIS DISORDER AGENTS

CHOLBAM CAP 50MG	Non-Pref	SP, PA
CHOLBAM CAP 250MG	Non-Pref	SP, PA

FARNESOID X RECEPTOR (FXR) AGONISTS

OICALIVA TAB 5MG	Non-Pref	SP, PA
OICALIVA TAB 10MG	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
GALLSTONE SOLUBILIZING AGENTS		
CHENODAL TAB 250MG	Non-Pref	SP, PA
RELTONE CAP 200MG	Non-Pref	PA
RELTONE CAP 400MG	Non-Pref	PA
URSO 250 TAB 250MG	Non-Pref	PA
URSO FORTE TAB 500MG	Non-Pref	PA
<i>ursodiol cap 300 mg</i>	Pref	
<i>ursodiol tab 250 mg</i>	Pref	
<i>ursodiol tab 500 mg</i>	Pref	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
AMITIZA CAP 8MCG	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
AMITIZA CAP 24MCG	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>lubiprostone cap 8 mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
<i>lubiprostone cap 24 mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min age 18 years)
GASTROINTESTINAL STIMULANTS		
GIMOTI SPR 15MG	Non-Pref	PA
METOCLOPRAMI TAB 10MG ODT	Non-Pref	PA
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Pref	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Non-Pref	PA
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Pref	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	
REGLAN TAB 5MG	Non-Pref	PA
REGLAN TAB 10MG	Non-Pref	PA
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
BYLVAY CAP 200MCG	Non-Pref	SP, PA
BYLVAY CAP 400MCG	Non-Pref	SP, PA
BYLVAY CAP 600MCG	Non-Pref	SP, PA
BYLVAY CAP 1200MCG	Non-Pref	SP, PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 201

Drug Name	Drug Tier	Requirements/Limits
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	Pref	90 day supply
ASACOL HD TAB 800MG	Non-Pref	PA
AVSOLA INJ 100MG	Non-Pref	SP, PA
AZULFIDINE TAB 500MG	Non-Pref	PA; 90 day supply
AZULFIDINE TAB 500MG EN	Non-Pref	PA; 90 day supply
<i>balsalazide disodium cap 750 mg</i>	Pref	90 day supply
CANASA SUP 1000MG	Non-Pref	PA; 90 day supply
CIMZIA KIT 200MG	Non-Pref	SP, PA
CIMZIA PREFL KIT 200MG/ML	Non-Pref	SP, PA
CIMZIA START KIT 200MG/ML	Non-Pref	SP, PA
COLAZAL CAP 750MG	Non-Pref	PA; 90 day supply
DELZICOL CAP 400MG	Non-Pref	PA
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	SP, PA
INFLECTRA INJ 100MG	Non-Pref	SP, PA
INFLIXIMAB INJ 100MG	Non-Pref	SP, PA
LIALDA TAB 1.2GM	Non-Pref	PA
<i>mesalamine cap dr 400 mg</i>	Pref	
<i>mesalamine cap er 24hr 0.375 gm</i>	Pref	90 day supply
<i>mesalamine enema 4 gm</i>	Pref	90 day supply
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Non-Pref	PA
<i>mesalamine suppos 1000 mg</i>	Pref	90 day supply
<i>mesalamine tab delayed release 1.2 gm</i>	Pref	
<i>mesalamine tab delayed release 800 mg</i>	Pref	
PENTASA CAP 250MG CR	Pref	90 day supply
PENTASA CAP 500MG CR	Pref	90 day supply
REMICADE INJ 100MG	Non-Pref	SP, PA
RENFLEXIS INJ 100MG	Pref	SP
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
STELARA INJ 5MG/ML	Non-Pref	SP, PA
<i>sulfasalazine tab 500 mg</i>	Pref	90 day supply
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	90 day supply
INTESTINAL ACIDIFIERS		
<i>enulose sol 10gm/15</i>	Pref	
<i>generlac sol 10gm/15</i>	Pref	
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>alosetron hcl tab 1 mg (base equiv)</i>	Non-Pref	PA; AGE (Min age 18 years)
LINZESS CAP 72MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LINZESS CAP 145MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LINZESS CAP 290MCG	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTRONEX TAB 0.5MG	Non-Pref	PA; AGE (Min age 18 years)
LOTRONEX TAB 1MG	Non-Pref	PA; AGE (Min age 18 years)
VIBERZI TAB 75MG	Non-Pref	PA; AGE (Min age 18 years)
VIBERZI TAB 100MG	Non-Pref	PA; AGE (Min age 18 years)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
MOVANTIK TAB 25MG	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min age 18 years)
RELISTOR INJ 8/0.4ML	Non-Pref	PA; AGE (Min age 18 years)
RELISTOR INJ 12/0.6ML	Non-Pref	PA; AGE (Min age 18 years)
RELISTOR TAB 150MG	Non-Pref	PA; AGE (Min age 18 years)
SYMPROIC TAB 0.2MG	Non-Pref	PA; AGE (Min age 18 years)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	Non-Pref	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
FOSRENOL CHW 500MG	Non-Pref	PA
FOSRENOL CHW 750MG	Non-Pref	PA
FOSRENOL CHW 1000MG	Non-Pref	PA
FOSRENOL POW 750MG	Non-Pref	PA
FOSRENOL POW 1000MG	Non-Pref	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Pref	
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Pref	
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Non-Pref	PA
PHOSLYRA SOL	Non-Pref	PA
RENAGEL TAB 800MG	Non-Pref	PA
REVELA POW 0.8GM	Non-Pref	PA
REVELA POW 2.4GM	Non-Pref	PA
REVELA TAB 800MG	Non-Pref	PA
<i>sevelamer carbonate packet 0.8 gm</i>	Non-Pref	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Non-Pref	PA
<i>sevelamer carbonate tab 800 mg</i>	Pref	
<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA
<i>sevelamer hcl tab 800 mg</i>	Non-Pref	PA
VELPHORO CHW 500MG	Non-Pref	PA

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>cytra k gra crystals</i>	Pref	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Pref	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Pref	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Pref	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Pref	

GENITOURINARY IRRIGANTS

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

PROSTATIC HYPERTROPHY AGENTS

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
AVODART CAP 0.5MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>dutasteride cap 0.5 mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
FLOMAX CAP 0.4MG	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i>	Non-Pref	PA
<i>silodosin cap 8 mg</i>	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)

URINARY ANALGESICS

<i>phenazo tab 200mg</i>	Pref	
<i>phenazopyridine hcl tab 100 mg</i>	Pref	
<i>phenazopyridine hcl tab 200 mg</i>	Pref	

GOUT AGENTS - DRUGS TO TREAT GOUT

GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
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GOUT AGENTS - DRUGS TO TREAT GOUT

<i>allopurinol tab 100 mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>allopurinol tab 300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>colchicine cap 0.6 mg</i>	Pref	QL (2 caps / 1 day)
<i>colchicine tab 0.6 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
COLCRYS TAB 0.6MG	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>febuxostat tab 40 mg</i>	Non-Pref	PA
<i>febuxostat tab 80 mg</i>	Non-Pref	PA
GLOPERBA SOL 0.6/5ML	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA, QL (2 caps / 1 day)
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZYLOPRIM TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
URICOSURICS		
<i>probenecid tab 500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML	Non-Pref	SP, PA; AGE (Min age 18 years)
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Non-Pref	SP, PA; AGE (Min age 18 years)
<i>sajazir inj 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min age 18 years)
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT	Pref	SP, PA; AGE (Min age 6 years)
CINRYZE SOL 500 UNIT	Pref	SP, PA; AGE (Min age 6 years)
HAEGARDA INJ 2000UNIT	Non-Pref	SP, PA; AGE (Min age 12 years)
HAEGARDA INJ 3000UNIT	Non-Pref	SP, PA; AGE (Min age 12 years)
RUCONEST INJ 2100UNIT	Non-Pref	SP, PA; AGE (Min age 13 years)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Pref	
PLASMA KALLIKREIN INHIBITORS		
KALBITOR INJ 10MG/ML	Pref	SP, PA; AGE (Min age 12 years)
ORLADEYO CAP 110MG	Non-Pref	SP, PA; AGE (Min age 12 years)
ORLADEYO CAP 150MG	Non-Pref	SP, PA; AGE (Min age 12 years)
TAKHZYRO INJ 300/2ML	Non-Pref	SP, PA; AGE (Min age 12 years)
PLATELET AGGREGATION INHIBITORS		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA
BRILINTA TAB 60MG	Pref	QL (2 tabs / 1 day; 90 day supply)
BRILINTA TAB 90MG	Pref	QL (2 tabs / 1 day; 90 day supply)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 206

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol tab 50 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cilostazol tab 100 mg</i>	Pref	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>dipyridamole tab 25 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>dipyridamole tab 50 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>dipyridamole tab 75 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
EFFIENT TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
EFFIENT TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PLAVIX TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZONTIVITY TAB 2.08MG	Non-Pref	PA; AGE (Min age 18 years)

HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR GAUCHER DISEASE

VPRIV INJ 400UNIT	Pref	SP, PA
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COBALAMINS

<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>cyanocobalamin sl tab 2500 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 500 mcg</i>	Pref	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Pref	OTC
<i>cyanocobalamin tab er 1000 mcg</i>	Pref	OTC
<i>sm vit b-12 tab 100mcg</i>	Pref	OTC
<i>sm vit b-12 tab 500mcg</i>	Pref	OTC

FOLIC ACID/FOLATES

<i>folic acid tab 1 mg</i>	Pref	
<i>folic acid tab 400 mcg</i>	Pref	OTC
<i>folic acid tab 800 mcg</i>	Pref	OTC
<i>sm folic acid tab 400mcg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG	Non-Pref	PA
ARANESP INJ 25MCG	Non-Pref	PA
ARANESP INJ 40MCG	Non-Pref	PA
ARANESP INJ 60MCG	Non-Pref	PA
ARANESP INJ 100MCG	Non-Pref	PA
ARANESP INJ 150MCG	Non-Pref	PA
ARANESP INJ 200MCG	Non-Pref	PA
ARANESP INJ 300MCG	Non-Pref	PA
ARANESP INJ 500MCG	Non-Pref	PA
EPOGEN INJ 2000/ML	Pref	
EPOGEN INJ 3000/ML	Pref	
EPOGEN INJ 4000/ML	Pref	
EPOGEN INJ 10000/ML	Pref	
EPOGEN INJ 20000/ML	Pref	
FULPHILA INJ 6/0.6ML	Pref	PA
MIRCERA INJ 30MCG	Non-Pref	PA
MIRCERA INJ 50MCG	Non-Pref	PA
MIRCERA INJ 75MCG	Non-Pref	PA
MIRCERA INJ 100MCG	Non-Pref	PA
MIRCERA INJ 150MCG	Non-Pref	PA
MIRCERA INJ 200MCG	Non-Pref	PA
NIVESTYM INJ 300/0.5	Pref	PA
NIVESTYM INJ 300MCG	Pref	PA
NIVESTYM INJ 480/0.8	Pref	PA
NIVESTYM INJ 480MCG	Pref	PA
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	
RETACRIT INJ 3000UNIT	Pref	
RETACRIT INJ 4000UNIT	Pref	
RETACRIT INJ 10000UNT	Pref	
RETACRIT INJ 20000UNI	Pref	
RETACRIT INJ 40000UNT	Pref	
UDENYCA INJ 6MG/.6ML	Pref	PA
ZARXIO INJ 300/0.5	Pref	PA
ZARXIO INJ 480/0.8	Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ZIEXTENZO INJ 6/0.6ML	Pref	PA
HEMATOPOIETIC MIXTURES		
<i>airavite tab</i>	Pref	
<i>ferocon cap</i>	Pref	
<i>ferotrinsic cap</i>	Pref	
<i>ferrocite tab plus</i>	Pref	
<i>folbee tab</i>	Pref	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	Pref	
FOLINIC-PLUS TAB 4-50-2MG	Pref	OTC
FOLITAB 500 TAB	Pref	OTC
<i>folplex 2.2 tab</i>	Pref	
<i>foltrin cap</i>	Pref	
<i>hematinic pl tab vit/min</i>	Pref	
<i>hematinic/fa tab</i>	Pref	
<i>iron 100 tab plus</i>	Pref	OTC
<i>iron 100/c tab 100-250</i>	Pref	OTC
<i>nufol tab</i>	Pref	
<i>tl-hem 150 tab</i>	Pref	
<i>tricon cap</i>	Pref	
<i>westab one tab 2.5-25-1</i>	Pref	
IRON		
<i>fe-vite iron sol 15mg/ml</i>	Pref	OTC
<i>ferate tab 27mg</i>	Pref	OTC
<i>ferosul tab 325mg</i>	Pref	OTC
<i>ferrex 150 cap 150mg</i>	Pref	OTC
<i>ferrocite tab 324mg</i>	Pref	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Pref	OTC
FERROUS GLUC TAB 324MG	Pref	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Pref	OTC
FERROUS SULF LIQ 44MG/5ML	Pref	OTC
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
<i>gnp iron tab 45mg</i>	Pref	OTC
<i>gnp iron tab 65mg</i>	Pref	OTC
<i>iferex 150 cap</i>	Pref	OTC
<i>iron supplmt dro 15mg/ml</i>	Pref	OTC
<i>nu-iron 150 cap 150mg</i>	Pref	OTC
<i>poly-iron cap 150mg</i>	Pref	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Pref	OTC
<i>SLOW REL FE TAB 143MG CR</i>	Pref	OTC
<i>sm iron slow tab 160mg cr</i>	Pref	OTC
<i>sm iron tab 325mg</i>	Pref	OTC

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>tranexamic acid tab 650 mg</i>	Pref	QL (6 tabs / 1 day)
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HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Pref	OTC
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BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	Pref	
<i>phenobarbital tab 15 mg</i>	Pref	
<i>phenobarbital tab 16.2 mg</i>	Pref	
<i>phenobarbital tab 30 mg</i>	Pref	
<i>phenobarbital tab 32.4 mg</i>	Pref	
<i>phenobarbital tab 60 mg</i>	Pref	
<i>phenobarbital tab 64.8 mg</i>	Pref	
<i>phenobarbital tab 97.2 mg</i>	Pref	
<i>phenobarbital tab 100 mg</i>	Pref	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Non-Pref	PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Non-Pref	PA
<i>SILENOR TAB 3MG</i>	Non-Pref	PA
<i>SILENOR TAB 6MG</i>	Non-Pref	PA

NON-BARBITURATE HYPNOTICS

<i>AMBIEN CR TAB 6.25MG</i>	Non-Pref	PA
<i>AMBIEN CR TAB 12.5MG</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
AMBIEN TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
AMBIEN TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
EDLUAR SUB 5MG	Non-Pref	PA
EDLUAR SUB 10MG	Non-Pref	PA
<i>estazolam tab 1 mg</i>	Non-Pref	PA
<i>estazolam tab 2 mg</i>	Non-Pref	PA
<i>eszopiclone tab 1 mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tab 2 mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tab 3 mg</i>	Pref	QL (1 tab / 1 day); AGE (Max age 65 years)
<i>flurazepam hcl cap 15 mg</i>	Non-Pref	PA
<i>flurazepam hcl cap 30 mg</i>	Non-Pref	PA
HALCION TAB 0.25MG	Non-Pref	PA, QL (2 tabs / 1 day)
LUNESTA TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
LUNESTA TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day)
LUNESTA TAB 3MG	Non-Pref	PA, QL (1 tab / 1 day); AGE (Max age 65 years)
RESTORIL CAP 7.5MG	Non-Pref	PA
RESTORIL CAP 15MG	Non-Pref	PA, QL (1 cap / 1 day)
RESTORIL CAP 22.5MG	Non-Pref	PA
RESTORIL CAP 30MG	Non-Pref	PA, QL (1 cap / 1 day)
<i>temazepam cap 7.5 mg</i>	Non-Pref	PA
<i>temazepam cap 15 mg</i>	Pref	QL (1 cap / 1 day)
<i>temazepam cap 22.5 mg</i>	Non-Pref	PA
<i>temazepam cap 30 mg</i>	Pref	QL (1 cap / 1 day)
<i>triazolam tab 0.25 mg</i>	Pref	QL (2 tabs / 1 day)
<i>triazolam tab 0.125 mg</i>	Pref	QL (1 tab / 1 day)
<i>zaleplon cap 5 mg</i>	Pref	QL (1 cap / 1 day)
<i>zaleplon cap 10 mg</i>	Pref	QL (1 cap / 1 day)
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non-Pref	PA
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>zolpidem tartrate tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>zolpidem tartrate tab er 6.25 mg</i>	Non-Pref	PA
<i>zolpidem tartrate tab er 12.5 mg</i>	Non-Pref	PA
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG	Non-Pref	PA
BELSOMRA TAB 10MG	Non-Pref	PA
BELSOMRA TAB 15MG	Non-Pref	PA
BELSOMRA TAB 20MG	Non-Pref	PA
DAYVIGO TAB 5MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
DAYVIGO TAB 10MG	Non-Pref	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	Non-Pref	SP, PA; AGE (Min age 16 years)
HETLIOZ LQ SUS 4MG/ML	Non-Pref	PA; AGE (Min age 3 years and Max Age 15 years)
<i>ramelteon tab 8 mg</i>	Non-Pref	PA
ROZEREM TAB 8MG	Non-Pref	PA
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
BULK LAXATIVES		
BENEFIBER POW DRINK MX	Pref	OTC
<i>fiber laxtiv cap 0.52gm</i>	Pref	OTC
<i>fiber therap tab 500mg</i>	Pref	OTC
<i>gnp fiber cap 0.52gm</i>	Pref	OTC
<i>hm fiber tab 500mg</i>	Pref	OTC
<i>konsyl daily pow 28.3%</i>	Pref	OTC
KONSYL DAILY POW 28.3%	Pref	OTC
KONSYL DAILY POW 60.3%	Pref	OTC
<i>medi-mucil cap 0.52gm</i>	Pref	OTC
<i>metamucil pow 28.3%org</i>	Pref	OTC
<i>metamucil pow 58.6%</i>	Pref	OTC
<i>metamucil pow 58.6% sf</i>	Pref	OTC
<i>metamucil pow 58.6%org</i>	Pref	OTC
<i>nat fiber pow 48.57%</i>	Pref	OTC
<i>naturl fiber pow 28.3%</i>	Pref	OTC
NATURL FIBER POW 30.9%	Pref	OTC
<i>naturl fiber pow 58.6%</i>	Pref	OTC
<i>onelax fiber pow 25%</i>	Pref	OTC
<i>psyllium see pow 100%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>sb fib lax pow 48.57%</i>	Pref	OTC
<i>sm fiber lax tab 500mg</i>	Pref	OTC
<i>sm fiber pow 28.3%</i>	Pref	OTC
<i>sm fiber pow 48.57%</i>	Pref	OTC
<i>sm fiber pow 58.6%</i>	Pref	OTC
<i>sm fiber tab 625mg</i>	Pref	OTC
<i>soluble fib pow therapy</i>	Pref	OTC
LAXATIVE COMBINATIONS		
<i>gavilyte-c sol</i>	Pref	
<i>gavilyte-g sol</i>	Pref	
<i>gavilyte-n sol flav pk</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 212

Drug Name	Drug Tier	Requirements/Limits
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	
<i>peg/nasul/c/ sol nacl/pot</i>	Pref	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC
LAXATIVES - MISCELLANEOUS		
<i>constulose sol 10gm/15</i>	Pref	
<i>glycerin ped sup 1.2gm</i>	Pref	OTC
<i>glycerin sup 1gm</i>	Pref	OTC
<i>glycerin suppos 2 gm</i>	Pref	OTC
<i>gnp clearlax pak 3350 nf</i>	Pref	OTC
<i>gnp glycerin sup 1.2gm</i>	Pref	OTC
<i>gnp glycerin sup 2.1gm</i>	Pref	OTC
<i>healthylax pow</i>	Pref	OTC
<i>hm clearlax pow</i>	Pref	OTC
<i>lactulose solution 10 gm/15ml</i>	Pref	
<i>PEDIA-LAX SUP 2.8GM</i>	Pref	OTC
<i>polyethylene glycol 3350 oral packet 17 gm</i>	Pref	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	Pref	OTC
<i>sb glycerin sup 1.2gm</i>	Pref	OTC
<i>sb glycerin sup 2.1gm</i>	Pref	OTC
<i>sm glycerin sup 80.7%</i>	Pref	OTC
<i>smooth lax pow 3350 nf</i>	Pref	OTC
LUBRICANT LAXATIVES		
<i>gnp mineral oil</i>	Pref	OTC
<i>mineral oil</i>	Pref	OTC
<i>mineral oil ene</i>	Pref	OTC
<i>qc mineral oil heavy</i>	Pref	OTC
<i>sm enema ene</i>	Pref	OTC
SALINE LAXATIVES		
<i>enema ready- ene to-use</i>	Pref	OTC
<i>hm enema ene r-t-u</i>	Pref	OTC
<i>mag citrate sol cherry</i>	Pref	OTC
<i>mag citrate sol grape</i>	Pref	OTC
<i>magnesium citrate soln</i>	Pref	OTC
<i>milk of magn sus 400/5ml</i>	Pref	OTC
<i>milk of magn sus 2400/10</i>	Pref	OTC
<i>milk of magn sus 2400mg</i>	Pref	OTC
<i>qc enema ene</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm enema ene</i>	Pref	OTC
<i>sm magnesium sol cherry</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
STIMULANT LAXATIVES		
<i>bisacodyl suppos 10 mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	OTC
<i>choc laxativ chw 15mg</i>	Pref	OTC
<i>ex-lax tab max st</i>	Pref	OTC
<i>gentle laxat sup 10mg</i>	Pref	OTC
<i>laxative max tab 25mg</i>	Pref	OTC
<i>onelax sup 10mg</i>	Pref	OTC
<i>qc laxative sup 10mg</i>	Pref	OTC
<i>sb laxative sup 10mg</i>	Pref	OTC
SENNA SYP	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
<i>sm laxative sup 10mg</i>	Pref	OTC
SURFACTANT LAXATIVES		
<i>docu liq 50mg/5ml</i>	Pref	OTC
<i>docu liq 100/10ml</i>	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	OTC
<i>docusate min ene 283mg</i>	Pref	OTC
<i>docusate sodium cap 100 mg</i>	Pref	OTC
<i>docusate sodium cap 250 mg</i>	Pref	OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<i>docusol mini ene</i>	Pref	OTC
DOCUSOL PLUS ENE 20-283	Pref	OTC
<i>dok cap 100mg</i>	Pref	OTC
<i>dok tab 100mg</i>	Pref	OTC
<i>dulcolax ss cap 100mg</i>	Pref	OTC
<i>enemeez mini ene</i>	Pref	OTC
ENEMEEZ PLUS ENE 20-283	Pref	OTC
<i>hm stool sof cap 100mg</i>	Pref	OTC
<i>silace liq 10mg/ml</i>	Pref	OTC
<i>silace syp 60/15ml</i>	Pref	OTC
<i>stool soft cap 240mg</i>	Pref	OTC
<i>stool soften cap 100mg</i>	Pref	OTC
<i>stool soften cap 250mg</i>	Pref	OTC
<i>stool softnr cap 100mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>stool softnr cap 240mg</i>	Pref	OTC
<i>stool softnr cap 250mg</i>	Pref	OTC
<i>stool softnr tab 100mg</i>	Pref	OTC

LOCAL ANESTHETICS-PARENTERAL

LOCAL ANESTHETIC COMBINATIONS

<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	Pref	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	Pref	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	Pref	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	Pref	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	Pref	
<i>sensorcaine inj -mpf/epi</i>	Pref	
<i>sensorcaine/ inj epi 0.5%</i>	Pref	
<i>sensorcaine/ inj epi 0.25</i>	Pref	

LOCAL ANESTHETICS - AMIDES

<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Pref	
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MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin for susp 100 mg/5ml</i>	Pref	
<i>azithromycin for susp 200 mg/5ml</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	
<i>azithromycin tab 250 mg</i>	Pref	QL (6 tabs / 4 days)
<i>azithromycin tab 500 mg</i>	Pref	
<i>azithromycin tab 600 mg</i>	Pref	
ZITHROMAX POW 1GM PAK	Non-Pref	PA
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA, QL (6 tabs / 4 days)
ZITHROMAX TAB 500MG	Non-Pref	PA
ZITHROMAX TAB TRI-PAK	Non-Pref	PA
ZITHROMAX TAB Z-PAK	Non-Pref	PA, QL (6 tabs / 4 days)

CLARITHROMYCIN

<i>clarithromycin for susp 125 mg/5ml</i>	Pref	
<i>clarithromycin for susp 250 mg/5ml</i>	Pref	
<i>clarithromycin tab 250 mg</i>	Pref	
<i>clarithromycin tab 500 mg</i>	Pref	
<i>clarithromycin tab er 24hr 500 mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
<i>e.e.s. 400 tab 400mg</i>	Non-Pref	PA
E.E.S. GRAN SUS 200/5ML	Pref	
<i>ery-tab tab 250mg ec</i>	Non-Pref	PA
<i>ery-tab tab 333mg ec</i>	Non-Pref	PA
<i>ery-tab tab 500mg ec</i>	Non-Pref	PA
ERYPED SUS 200/5ML	Non-Pref	PA
ERYPED SUS 400/5ML	Non-Pref	PA
<i>erythrocin tab 250mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate tab 400 mg</i>	Non-Pref	PA
<i>erythromycin tab 250 mg</i>	Non-Pref	PA
<i>erythromycin tab 500 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 250 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 333 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 500 mg</i>	Non-Pref	PA
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Pref	
FIDAXOMICIN		
DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING		
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE MONITORING	Pref	OTC
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CONDOMS LATEX LUBRICATED - MALE	Pref	OTC
DIABETIC SUPPLIES		
AMBI-TRAY MIS	Pref	OTC
COUNT-A-DOSE MIS	Pref	OTC
DEXCOM G5 MIS RECEIVER	Pref	PA, QL (1 each / 292 days)
DEXCOM G5 MIS TRANSMIT	Pref	PA, QL (1 box / 72 days)
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each / 292 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (1 box / 24 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 72 days)

Drug Name	Drug Tier	Requirements/Limits
ENLITE GLUCO MIS SENSOR	Pref	PA, QL (0.08 boxes / 1 day), AGE
EVERSENSE MIS SENSOR	Pref	PA, QL (0.08 boxes / 1 day), AGE
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (1 box / 24 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 292 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (1 box / 24 days)
FREESTYLE MIS READER	Pref	PA, QL (1 each / 292 days)
G4 PLAT PED MIS RVC/SHAR	Pref	PA, AGE
G4 PLATINUM MIS PEDIATRC	Pref	PA, AGE
G4 PLATINUM MIS RCV/SHAR	Pref	PA; AGE (Min age 18 years)
G4 PLATINUM MIS RECEIVER	Pref	PA, AGE
G4 SENSOR MIS	Pref	PA, QL (0.08 boxes / 1 day); AGE (Min age 18 years)
G5/G4 MIS SENSOR	Pref	PA, QL (1 box / 24 days)
GUARDIAN MIS SENSOR 3	Pref	PA, QL (0.08 each / 1 day), AGE
GUARDIAN RT MIS REPL PED	Pref	PA, AGE
INSUL-CAP MIS	Pref	OTC
INSUL-EZE MIS	Pref	OTC
INSULIN MIS BARR 1ML	Pref	OTC
INSULIN SYR MIS BARR 1ML	Pref	OTC
LANCET DEVICES	Pref	OTC
LANCETS	Pref	OTC
LANCETS KIT	Pref	OTC
LANCETS MISC.	Pref	OTC
OMNIPOD KIT STARTER	Pref	PA
OMNIPOD MIS 5 PACK	Pref	PA
V-GO 20 KIT	Pref	PA
V-GO 30 KIT	Pref	PA
V-GO 40 KIT	Pref	PA

ENTERAL NUTRITION SUPPLIES

BARD PISTON MIS IRR SYR	Pref	
ENTERAL NUTRITION SUPPLIES	Pref	OTC
MONOJECT ENT MIS 1ML SYR	Pref	
MONOJECT ENT MIS 6ML SYR	Pref	
MONOJECT ENT MIS 12ML SYR	Pref	
MONOJECT ENT MIS 35ML SYR	Pref	

Drug Name	Drug Tier	Requirements/Limits
MONOJECT ENT MIS 60ML SYR	Pref	
MONOJECT ENT MIS SYR CAP	Pref	
STOMA MEASUR MIS DEVICE	Pref	

MISC. DEVICES

AD FOLD CANE MIS YORK HAN	Pref	QL (1 box / 1 day), OTC
ADAPTER CAP MIS 18MM	Pref	QL (1 box / 1 day)
ADAPTER CAP MIS 20MM	Pref	QL (1 box / 1 day)
ADAPTER CAP MIS 22MM	Pref	QL (1 box / 1 day)
ADAPTER CAP MIS 24MM	Pref	QL (1 box / 1 day)
ADAPTER CAP MIS 28MM	Pref	QL (1 box / 1 day)
ADD-VANTAGE MIS ADDAPTOR	Pref	QL (1 box / 1 day)
ADJUST CANE MIS 3/4" ALM	Pref	QL (1 box / 1 day), OTC
ADJUST CANE MIS 5/8" ALM	Pref	QL (1 box / 1 day), OTC
ADJUST CANE MIS 7/8" ALM	Pref	QL (1 box / 1 day), OTC
ADJUSTABLE MIS COMMODE	Pref	QL (1 box / 1 day), OTC
ADULT CRUTCH MIS FOREARM	Pref	QL (1 box / 1 day), OTC
AIR FILTER MIS AUTOCLAV	Pref	QL (1 box / 1 day)
ALCOHOL SWABS	Pref	OTC
ALEVE TENS MIS GEL PADS	Pref	QL (1 box / 1 day), OTC
ALKAL BATTER MIS SIZE AA	Pref	QL (1 each / 1 day), OTC
ALL-BODY MIS MASSAGE	Pref	QL (1 box / 1 day), OTC
ALPHAMOP MIS PADS	Pref	QL (1 box / 1 day)
ALU FLIP OFF MIS SEAL13MM	Pref	QL (1 each / 1 day)
ALU FLIP OFF MIS SEAL13MM	Pref	QL (1 each / 1 day), OTC
ALU FLIP OFF MIS SEAL20MM	Pref	QL (1 each / 1 day)
ALUM CANE MIS 3/4"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS 5/8"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS 7/8"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS ADJUSTBL	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS BARIATRC	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS BLK 3/4"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS LG 3/4"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS MED 7/8"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS OFFSET	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS ORTH3/4"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS ORTHO	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS SLVR3/4"	Pref	QL (1 box / 1 day), OTC
ALUM CANE MIS YORK7/8"	Pref	QL (1 box / 1 day), OTC
ALUM COMMODE MIS ARMRESTS	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS ADLT PTG	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS ADULT	Pref	QL (1 each / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ALUM CRUTCH MIS ADULT PB	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS LARGE	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS MEDIUM	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS TALL	Pref	QL (1 each / 1 day), OTC
ALUM CRUTCH MIS YOUT PTG	Pref	QL (1 box / 1 day), OTC
ALUM CRUTCH MIS YOUTH	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS BRONZE	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS DEVON	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS LAD HNDL	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS MEN HNDL	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS ORTHO	Pref	QL (1 box / 1 day), OTC
ALUMIN CANE MIS STD HNDL	Pref	QL (1 box / 1 day), OTC
AMBER GLASS MIS BOTTLE	Pref	QL (1 box / 1 day)
AMBER GLASS MIS VIAL 2ML	Pref	QL (1 box / 1 day)
AMBER VIALS MIS 2ML/13MM	Pref	QL (1 each / 1 day)
AMBER VIALS MIS 30ML/20M	Pref	QL (1 each / 1 day)
AMEDA ADAPT MIS CAP	Pref	QL (1 box / 1 day), OTC
AMEDA MIS DIAPHRAG	Pref	QL (1 each / 1 day), OTC
AMEDA MIS FINESSE	Pref	QL (1 box / 1 day), OTC
AMEDA MIS FLEXSHLD	Pref	QL (1 box / 1 day), OTC
AMEDA MIS VALVES	Pref	QL (1 each / 1 day), OTC
AMEDA MYA MIS PUMP	Pref	QL (1 box / 1 day), OTC
AMEDA ONE-HA KIT MANUAL	Pref	QL (1 box / 1 day), OTC
AMEDA PLATNM MIS PUMP	Pref	QL (1 box / 1 day), OTC
AMEDA SILICO MIS TUBING	Pref	QL (1 box / 1 day), OTC
AMEDA TUBING MIS ADAPTER	Pref	QL (1 box / 1 day), OTC
AMIELLE VAG MIS RESTORE	Pref	QL (1 box / 1 day), OTC
AMIELLE VAG MIS TRAINER	Pref	QL (1 box / 1 day)
AMIELLE VAG MIS TRAINER	Pref	QL (1 box / 1 day), OTC
ANGEL WING MIS 23GX3/4"	Pref	QL (1 box / 1 day)
ANGEL WING MIS 25GX3/4"	Pref	QL (1 box / 1 day)
ANGEL WING MIS TRANSFER	Pref	QL (1 box / 1 day)
ANGEL WING MIS TUBE HLD	Pref	QL (1 box / 1 day)
ANKLE WALKER MIS LOW/SM	Pref	QL (1 box / 1 day), OTC
APNEASTRIP MIS	Pref	QL (1 box / 1 day)
AUTOCLAVE MIS PAPER	Pref	QL (1 each / 1 day)
BABY FRIDGE MIS	Pref	QL (1 box / 1 day), OTC
BACK CUSHION MIS CONTOUR	Pref	QL (1 box / 1 day), OTC
BAMBOO CANE MIS	Pref	QL (1 box / 1 day), OTC
BANDAGE MIS SCISSORS	Pref	QL (1 each / 1 day), OTC
BATH BENCH MIS /BACK	Pref	QL (1 box / 1 day), OTC

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 219
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
BATH MAT MIS RUBBER	Pref	QL (1 box / 1 day), OTC
BATH SHOWER MIS SEAT	Pref	QL (1 box / 1 day), OTC
BATH/SHOWER MIS ADJUST	Pref	QL (1 box / 1 day), OTC
BATH/SHOWER MIS SEAT	Pref	QL (1 box / 1 day), OTC
BATH/SHOWER MIS SEAT/BAC	Pref	QL (1 box / 1 day), OTC
BATHTUB RAIL MIS TRI-GRIP	Pref	QL (1 box / 1 day), OTC
BD SAFE CLIP MIS NDL CLPR	Pref	QL (1 box / 1 day), OTC
BD SAFE-CLIP MIS BY MAIL	Pref	QL (1 box / 1 day), OTC
BEARD NET MIS	Pref	QL (1 each / 1 day), OTC
BED PAN MIS PLASTIC	Pref	QL (1 box / 1 day), OTC
BED RAILS MIS HOME STY	Pref	QL (1 box / 1 day), OTC
BED WEDGE MIS 7"	Pref	QL (1 box / 1 day), OTC
BED WEDGE MIS 10"	Pref	QL (1 box / 1 day), OTC
BED WEDGE MIS 12"	Pref	QL (1 box / 1 day), OTC
BEDSIDE RAIL MIS EXTNDBLE	Pref	QL (1 box / 1 day), OTC
BEDSIDE TOIL MIS 3-IN-1	Pref	QL (1 box / 1 day), OTC
BEUTLICH MIS ROLL	Pref	QL (1 ea / 1 day), OTC
BI-FOCAL MIS MAGNFIER	Pref	QL (1 each / 1 day), OTC
BLANKET SUPP MIS ALUMINUM	Pref	QL (1 box / 1 day), OTC
BLISTER PACK MIS MEDI-RDT	Pref	QL (1 box / 1 day)
BLOOD COLLEC MIS TUBE HOL	Pref	QL (1 box / 1 day), OTC
BLOOD PRESSU MIS CARD	Pref	QL (1 each / 1 day), OTC
BLOOD TUBE MIS 2ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 3ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 4.5ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 4ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 5ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 7ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 10ML	Pref	QL (1 box / 1 day), OTC
BLOOD TUBE MIS 15ML	Pref	QL (1 box / 1 day), OTC
BMI DIGITAL MIS SMRT SCA	Pref	QL (1 box / 1 day), OTC
BMI SCALE MIS DIGITAL	Pref	QL (1 box / 1 day), OTC
BOTTLE 2OZ/ MIS DROPPER	Pref	QL (1 box / 1 day)
BOTTLE 8OZ MIS CAP	Pref	QL (1 box / 1 day)
BOTTLE 500ML MIS /CAP	Pref	QL (1 box / 1 day)
BOTTLE ADAPT MIS PRESS-IN	Pref	QL (1 box / 1 day)
BOTTLE AMBER MIS 8OZ	Pref	QL (1 box / 1 day)
BOTTLE AMBER MIS 16OZ	Pref	QL (1 box / 1 day)
BOTTLE AMBER MIS 33OZ GLS	Pref	QL (1 each / 1 day)
BOTTLE MIS 2OZ	Pref	QL (1 box / 1 day)
BOTTLE MIS 4OZ	Pref	QL (1 box / 1 day)

Drug Name	Drug Tier	Requirements/Limits
BOTTLE WHITE MIS 6OZ	Pref	QL (1 box / 1 day)
BOTTLE/SPRAY MIS 120ML	Pref	QL (1 box / 1 day)
BOTTLES MIS 30ML	Pref	QL (1 box / 1 day)
BOTTLES MIS 90ML	Pref	QL (1 box / 1 day)
BOTTLETOP MIS ADAPTER	Pref	QL (1 box / 1 day)
BOTTLETOP MIS DISPENSER	Pref	QL (1 box / 1 day)
BOULES QUIES MIS EAR PLUG	Pref	QL (1 box / 1 day), OTC
BREAST FLANG MIS 25MM	Pref	QL (1 box / 1 day), OTC
BREAST FLANG MIS 28.5MM	Pref	QL (1 box / 1 day), OTC
BREAST FLANG MIS 30.5MM	Pref	QL (1 box / 1 day), OTC
BREAST PROST MIS ILLUSION	Pref	QL (1 box / 1 day)
BREAST PROST MIS REFLECT	Pref	QL (1 box / 1 day)
BREAST PROST MIS REFLECT	Pref	QL (1 box / 1 day), OTC
BREAST PROST MIS VIRAGE	Pref	QL (1 box / 1 day)
BREAST PUMP MIS	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS DBL ELEC	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS EASYFEED	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS ELECTRIC	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS ELITE	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS HARMONY	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS MANUAL	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS NURSER	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS SIGN PRO	Pref	QL (1 box / 1 day), OTC
BREAST PUMP MIS SIMPLYGO	Pref	QL (1 box / 1 day), OTC
BREASTFEED MIS PILLOW	Pref	QL (1 box / 1 day), OTC
BREASTMILK MIS COLLECT	Pref	QL (1 box / 1 day), OTC
BREATHE AID MIS INTRA	Pref	QL (1 box / 1 day), OTC
BREATHE AID MIS SPORT	Pref	QL (1 box / 1 day), OTC
BREATHE COMF MIS NASAL IR	Pref	QL (1 box / 1 day), OTC
BREATHE EASE MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
BUBBLE POINT MIS TST KIT	Pref	QL (1 each / 1 day)
BULB/VALVE MIS DISP	Pref	QL (1 box / 1 day), OTC
CANE HOLDER MIS	Pref	QL (1 box / 1 day), OTC
CANE MENS MIS	Pref	QL (1 box / 1 day), OTC
CANE MIS	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS 1"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS 3/4"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS 5/8"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS 7/8"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS 7/8"-1"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS BLK 3/4"	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
CANE TIPS MIS GRY 3/4"	Pref	QL (1 box / 1 day), OTC
CANE TIPS MIS ICE GRIP	Pref	QL (1 box / 1 day), OTC
CANE/ADJUST MIS PAISLEY	Pref	QL (1 box / 1 day), OTC
CANE/LADY MIS BRONZE	Pref	QL (1 box / 1 day), OTC
CANE/MEN STD MIS WALNUT	Pref	QL (1 box / 1 day), OTC
CANE/MEN STD MIS WOOD/1"	Pref	QL (1 box / 1 day), OTC
CANE/MENS MIS ROSEWOOD	Pref	QL (1 box / 1 day), OTC
CANE/OFFSET MIS GR PAISL	Pref	QL (1 box / 1 day), OTC
CANE/STANDAR MIS BLK HAND	Pref	QL (1 box / 1 day), OTC
CANE/STANDAR MIS BRONZE	Pref	QL (1 box / 1 day), OTC
CANE/T-HANDL MIS BLCKBLUE	Pref	QL (1 each / 1 day), OTC
CANE/T-HANDL MIS LADY/BLK	Pref	QL (1 box / 1 day), OTC
CANE/T-HANDL MIS MENS/BLK	Pref	QL (1 box / 1 day), OTC
CANE/T-HANDL MIS WOOD/1"	Pref	QL (1 box / 1 day), OTC
CANE/W/STRAP MIS BLACK	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS 1" BLACK	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS 1" NATRL	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS 7/8"	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS 13/16"	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS LADIES	Pref	QL (1 box / 1 day), OTC
CANE/WOOD MIS WALNUT	Pref	QL (1 box / 1 day), OTC
CAREX COCCYX MIS CUSHION	Pref	QL (1 box / 1 day), OTC
CAREX ULTRA MIS GRABBER	Pref	QL (1 each / 1 day), OTC
CATH URINE KIT SYSTEM	Pref	QL (0.04 kits / 1 day), OTC
CERV PILLOW MIS BREATHEZ	Pref	QL (1 box / 1 day), OTC
CERV PILLOW MIS CONTOUR	Pref	QL (1 box / 1 day), OTC
CERV PILLOW MIS COVER	Pref	QL (1 box / 1 day), OTC
CERV PILLOW MIS ORTHO	Pref	QL (1 box / 1 day), OTC
CERVICAL MIS PILLOW	Pref	QL (1 box / 1 day), OTC
CERVICL ROLL MIS MCKENZIE	Pref	QL (1 box / 1 day), OTC
CHEMO GLOVES MIS LARGE	Pref	
CHEMO GLOVES MIS MEDIUM	Pref	
CHEMO GLOVES MIS SMALL	Pref	
CHEMO GLOVES MIS X-LARGE	Pref	
CHEMO TRANSF MIS PIN	Pref	QL (1 box / 1 day), OTC
CINIS PREEMI MIS HALO LG	Pref	QL (1 box / 1 day), OTC
CINIS PREEMI MIS HALO MED	Pref	QL (1 box / 1 day), OTC
CINIS PREEMI MIS HALO SM	Pref	QL (1 box / 1 day), OTC
CLASSICS ROL MIS WALKER	Pref	QL (1 box / 1 day), OTC
CLEANROOM MIS MAT	Pref	QL (1 each / 1 day)

Drug Name	Drug Tier	Requirements/Limits
CLEAR GLASS MIS VIAL 2ML	Pref	QL (1 box / 1 day)
CLEAR GLASS MIS VL 10ML	Pref	QL (1 box / 1 day)
CLINERE MIS EARWAX	Pref	QL (1 box / 1 day), OTC
CLIP & STOR MIS	Pref	QL (1 box / 1 day), OTC
COLLECT SET MIS SAFE CAP	Pref	QL (1 box / 1 day)
COLLECT SET MIS TUBE HLD	Pref	QL (1 box / 1 day)
COMAR ADAPT MIS 24MM	Pref	QL (1 each / 1 day)
COMFORT FIT MIS FLANGES	Pref	QL (1 box / 1 day), OTC
COMFORT FOAM MIS EAR PLUG	Pref	QL (1 box / 1 day), OTC
COMFORT PERS MIS CART	Pref	QL (1 box / 1 day), OTC
COMFORT PERS MIS MICROWAV	Pref	QL (1 box / 1 day), OTC
COMFORT PERS MIS SHAM CAP	Pref	QL (1 each / 1 day), OTC
COMMODE MIS 3-IN-1	Pref	QL (1 box / 1 day), OTC
COMMODE MIS BEDSIDE	Pref	QL (1 box / 1 day), OTC
COMMODE MIS EX-WIDE	Pref	QL (1 box / 1 day), OTC
COMMODE MIS FOLDING	Pref	QL (1 box / 1 day), OTC
COMMODE PAIL MIS 12QT	Pref	QL (1 box / 1 day), OTC
COMMODE SPEC MIS COLLECT	Pref	QL (1 box / 1 day), OTC
COTTON GLOVE MIS EX-LARGE	Pref	QL (1 box / 1 day), OTC
COTTON GLOVE MIS LARGE	Pref	QL (1 box / 1 day), OTC
COTTON GLOVE MIS SM/MED	Pref	QL (1 box / 1 day), OTC
14-COUNT MIS WARMER	Pref	QL (1 box / 1 day), OTC
COVERAL/HOOD MIS /SMALL	Pref	QL (1 each / 1 day)
COVERALL MIS BOOTS	Pref	QL (1 each / 1 day)
COVERALL MIS HOOD/3XL	Pref	QL (1 each / 1 day)
COVERALL MIS HOOD/XL	Pref	QL (1 each / 1 day)
COVERALL MIS HOOD/XXL	Pref	QL (1 each / 1 day)
COVERALL/ MIS HOOD/L	Pref	QL (1 each / 1 day)
COVERALL/ MIS HOOD/M	Pref	QL (1 each / 1 day)
COVERALL/ MIS HOOD/S	Pref	QL (1 each / 1 day)
COVERALL/ MIS HOOD/XL	Pref	QL (1 each / 1 day)
COVERALLS MIS MEDIUM	Pref	QL (1 box / 1 day)
CRUTCH ACCES MIS KIT	Pref	QL (1 box / 1 day), OTC
CRUTCH ALUMI MIS ADULT	Pref	QL (1 box / 1 day), OTC
CRUTCH MIS ARMPADS	Pref	QL (1 box / 1 day), OTC
CRUTCH MIS HANDGRIP	Pref	QL (1 box / 1 day), OTC
CRUTCH MIS YOUTH PB	Pref	QL (1 box / 1 day), OTC
CRUTCH PAD MIS FOAM	Pref	QL (1 box / 1 day), OTC
CRUTCH PADS MIS UNDERARM	Pref	QL (1 box / 1 day), OTC
CRUTCH PILLO MIS ARM/HAND	Pref	QL (1 box / 1 day), OTC
CRUTCH PREMI MIS HANDGRIP	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
CRUTCH SOLID MIS HANDGRIP	Pref	QL (1 box / 1 day), OTC
CRUTCH SPLIT MIS HANDGRIP	Pref	QL (1 box / 1 day), OTC
CRUTCH TIP MIS STANDARD	Pref	QL (1 box / 1 day), OTC
CRUTCH TIPS MIS JUMBO	Pref	QL (1 box / 1 day), OTC
CRUTCH TIPS MIS REGULAR	Pref	QL (1 box / 1 day), OTC
CRUTCH TIPS MIS SUP GRIP	Pref	QL (1 box / 1 day), OTC
CRUTCH TIPS MIS SUPER	Pref	QL (1 box / 1 day), OTC
CRUTCH TIPS MIS XL 7/8"	Pref	QL (1 box / 1 day), OTC
CRUTCH-MATE MIS ARM	Pref	QL (1 box / 1 day), OTC
CRUTCH-MATE MIS FOREARM	Pref	QL (1 box / 1 day), OTC
CRUTCH-MATE MIS HND GRIP	Pref	QL (1 box / 1 day), OTC
CRUTCHES MIS ALUMINUM	Pref	QL (1 each / 1 day), OTC
CUSTOM-FLEX MIS	Pref	QL (1 box / 1 day), OTC
CVS CANE MIS	Pref	QL (1 each / 1 day), OTC
CVS CRUTCHES MIS UNIVERSA	Pref	QL (1 box / 1 day), OTC
CVS PILL MIS SPLITTER	Pref	QL (1 each / 1 day), OTC
CVS PULSE MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
CVS QUAD MIS CANE	Pref	QL (1 box / 1 day), OTC
DEEP-TISSUE MIS	Pref	QL (1 box / 1 day), OTC
DENTAL GUARD MIS	Pref	QL (1 box / 1 day), OTC
DENTAL GUARD MIS DURA-COM	Pref	QL (1 box / 1 day), OTC
DENTAL GUARD MIS SLIM	Pref	QL (1 box / 1 day), OTC
DENTAL MIS GUARD	Pref	QL (1 each / 1 day), OTC
DEODORANT MIS TUBES	Pref	QL (1 box / 1 day)
DIABETIC ORG MIS PORTABLE	Pref	QL (1 box / 1 day), OTC
DIAL-A-DOSE MIS SYR 15ML	Pref	QL (1 box / 1 day)
DIAL-A-DOSE MIS SYR 30ML	Pref	QL (1 box / 1 day)
DIAL-A-DOSE MIS SYR 60ML	Pref	QL (1 box / 1 day)
DIFFUSER ULT MIS LAVENDER	Pref	QL (1 box / 1 day), OTC
DISPENSER MD MIS 0.5ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 1.0ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 1.5ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 6.5ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 15ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 30ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 50ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 80ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 100ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 150ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 200ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS 240ML	Pref	QL (1 box / 1 day)

Drug Name	Drug Tier	Requirements/Limits
DISPENSER MD MIS JAR/50ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS SYR 5ML	Pref	QL (1 box / 1 day)
DISPENSER MD MIS SYR 10ML	Pref	QL (1 box / 1 day)
DISPENSER MIS 50ML	Pref	QL (1 box / 1 day)
DISPENSER MIS MD FOAME	Pref	QL (1 box / 1 day)
DISPENSER MIS MEGAPUMP	Pref	QL (1 box / 1 day)
DISPOSABLE GLOVES	Pref	OTC
DIVERT VALVE MIS	Pref	QL (1 box / 1 day), OTC
DROP BOTTLE MIS 30ML	Pref	QL (1 box / 1 day)
DROPPER/CAP MIS 4OZ	Pref	QL (1 box / 1 day)
DROPTAINER MIS TIP CAPS	Pref	QL (1 each / 1 day), OTC
DROPTAINERS MIS 3ML OP	Pref	QL (1 box / 1 day)
DROPTAINERS MIS 7ML OP	Pref	QL (1 box / 1 day)
DROPTAINERS MIS 10ML	Pref	QL (1 each / 1 day)
DROPTAINERS MIS 15ML OP	Pref	QL (1 box / 1 day)
EAR PLUGS MIS	Pref	QL (1 box / 1 day), OTC
EAR PLUGS MIS FLIGHT	Pref	QL (1 box / 1 day), OTC
EAR PLUGS/ MIS SILICONE	Pref	QL (1 box / 1 day), OTC
EAR WAX REMO MIS KIT	Pref	QL (1 box / 1 day), OTC
EARPLUGS MIS	Pref	QL (1 box / 1 day), OTC
EARPLUGS MIS SOFT FOA	Pref	QL (1 box / 1 day), OTC
EARPOPPER MIS MID EAR	Pref	QL (1 each / 1 day)
ECO-SMART MIS FUNNEL	Pref	QL (1 box / 1 day)
EGG&NIT REM MIS STP LICE	Pref	QL (1 box / 1 day), OTC
EGGCRATE PAD MIS 2" FULL	Pref	QL (1 box / 1 day), OTC
EGGCRATE PAD MIS 2" QUEEN	Pref	QL (1 box / 1 day), OTC
EGGCRATE PAD MIS 2" TWIN	Pref	QL (1 box / 1 day), OTC
EGGCRATE PAD MIS 2"CALKNG	Pref	QL (1 box / 1 day), OTC
EGGCRATE PAD MIS 2"DUALKG	Pref	QL (1 box / 1 day), OTC
ELECTRODES MIS 2"X2"	Pref	QL (1 each / 1 day), OTC
ELECTROTHRPY KIT 2.5 X 4	Pref	QL (1 box / 1 day), OTC
ELON PROFESS MIS NAIL	Pref	QL (1 each / 1 day), OTC
EMPTY VIAL MIS 3ML	Pref	QL (1 box / 1 day)
ENDOSCOPIC MIS DEL SYS	Pref	QL (1 box / 1 day), OTC
ENDURANCE HD MIS COMMODE	Pref	QL (1 box / 1 day), OTC
ENDURANCE MIS LEG SEAT	Pref	QL (1 box / 1 day), OTC
ENEMA BOTTLE MIS 2OZ	Pref	QL (1 box / 1 day)
ENEMA BOTTLE MIS 120ML	Pref	
ENTERALITE MIS POLE CLM	Pref	QL (1 box / 1 day), OTC
ESSENTRA MIS 9X9"	Pref	
EVERYDAY MIS PICK	Pref	QL (1 each / 1 day), OTC

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 225
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
EXERCISER MIS PEDAL	Pref	QL (1 box / 1 day), OTC
EXTRA COMFOR MIS PROTECTO	Pref	QL (1 box / 1 day), OTC
EYE/EAR MIS DROPPER	Pref	QL (1 each / 1 day), OTC
FACE SHIELD MIS	Pref	QL (1 box / 1 day), OTC
FACE SHIELD MIS FL LNGTH	Pref	QL (1 box / 1 day)
FASHION CANE MIS T-HANDLE	Pref	QL (1 box / 1 day), OTC
FETAL DOPPLE MIS	Pref	QL (1 box / 1 day), OTC
FILTER 0.2 MIS MICRON	Pref	QL (1 box / 1 day)
FILTER 0.22 MIS MICRON	Pref	QL (1 box / 1 day)
FILTER FLUOR MIS 0.22MICR	Pref	QL (1 box / 1 day)
FILTER MIS 50MM	Pref	QL (1 box / 1 day)
FILTER MIS ATTACHME	Pref	QL (1 box / 1 day)
FITTED SHEET MIS 36"X80"	Pref	QL (1 box / 1 day), OTC
FLANGE INSER MIS 22.5MM	Pref	QL (1 box / 1 day), OTC
FLAORTHO MIS WALKER	Pref	QL (1 pack / 1 day), OTC
FLEX SHIELD MIS EAR LOOP	Pref	QL (1 box / 1 day), OTC
FLEX SHIELD MIS TIE STRN	Pref	QL (1 box / 1 day), OTC
FLEX THERAPY MIS	Pref	QL (1 box / 1 day), OTC
FLOOR STAND MIS TRACTION	Pref	QL (1 box / 1 day), OTC
FOAM CHAIR MIS CUSHION	Pref	QL (1 each / 1 day), OTC
FOAM CUSHION MIS	Pref	QL (1 box / 1 day), OTC
FOAM CUSHION MIS LARGE	Pref	QL (1 box / 1 day), OTC
FOAM CUSHION MIS MEDIUM	Pref	QL (1 box / 1 day), OTC
FOAM EAR MIS PLUGS	Pref	QL (1 each / 1 day), OTC
FOAM RING MIS 2"	Pref	QL (1 box / 1 day)
FOIL WRAPPER MIS 3" X 3"	Pref	QL (1 box / 1 day)
FOLD PADDLE MIS WALKER	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS 32"-36"	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS 36" BLCK	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS ADJ/ORTH	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS ADJUST	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS BLIND	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS FLEX&GO	Pref	QL (1 box / 1 day), OTC
FOLDING CANE MIS GEL GRIP	Pref	QL (1 each / 1 day), OTC
FOLDING MIS CANE	Pref	QL (1 box / 1 day), OTC
FOLDING WLKR MIS ADULT	Pref	QL (1 box / 1 day), OTC
FOOT BATH MIS VIBRATE	Pref	QL (1 box / 1 day), OTC
FOOT MASSAGE MIS HEAT/AER	Pref	QL (1 box / 1 day), OTC
FORA GATEWAY MIS	Pref	QL (1 box / 1 day), OTC
FORA GW9014 MIS GATEWAY	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
FORA TN'G MIS SCL 550	Pref	QL (1 box / 1 day), OTC
FREESTYLE MIS PUMP	Pref	QL (1 box / 1 day), OTC
GLASS BOTTLE MIS 15ML	Pref	QL (1 box / 1 day)
GLASS BOTTLE MIS 30ML	Pref	QL (1 each / 1 day)
GLASS BOTTLE MIS 60ML	Pref	QL (1 box / 1 day)
GLASS SCALE MIS DIGITAL	Pref	QL (1 box / 1 day), OTC
GLASS VIAL MIS 2ML	Pref	QL (1 box / 1 day)
GLASS VIAL MIS 3ML	Pref	QL (1 box / 1 day)
GLIDE WHEELS MIS 1-1/8"	Pref	QL (1 box / 1 day), OTC
GNP REACHER MIS 32INCH	Pref	QL (1 box / 1 day), OTC
GOJJI WEIGHT MIS SCALE	Pref	QL (1 box / 1 day), OTC
GROOVE ROLL MIS WALKER	Pref	QL (1 box / 1 day), OTC
HAND HELD MIS SHOWER	Pref	QL (1 box / 1 day), OTC
HANDGRIPS MIS SPLIT	Pref	QL (1 box / 1 day), OTC
HEAD COVER MIS 21"	Pref	QL (1 each / 1 day), OTC
HEAD COVER MIS CIRC 21"	Pref	QL (0.01 packs / 1 day)
HEAD COVER MIS CIRC 21"	Pref	QL (1 each / 1 day), OTC
HEAD COVERS MIS 24"	Pref	QL (1 box / 1 day)
HEAD HALTER MIS REPLACE	Pref	QL (1 box / 1 day), OTC
HEAD HALTER MIS ROPE/10'	Pref	QL (1 box / 1 day), OTC
HEAD HALTER MIS TRACTION	Pref	QL (1 box / 1 day), OTC
HEAD LICE MIS COMB	Pref	QL (1 each / 1 day), OTC
HEAT THERAPY MIS	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS LARGE	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS LAUNDRY	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS LINER LG	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS LINER RG	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS REGULAR	Pref	QL (1 box / 1 day), OTC
HEELBOOT MIS WALK PAD	Pref	QL (1 box / 1 day), OTC
HEMI WALKER MIS FOLDING	Pref	QL (1 box / 1 day), OTC
HIBICLENS FT MIS PEDAL	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS DISP/FT	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS DISP/HND	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS NON FOAM	Pref	QL (1 each / 1 day), OTC
HIBICLENS MIS PMP 16OZ	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS PMP 32OZ	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS PMP ASMB	Pref	QL (1 box / 1 day), OTC
HIBICLENS MIS PMP GAL	Pref	QL (1 box / 1 day), OTC
HOT-COLD MIS THERAPY	Pref	QL (1 box / 1 day), OTC
HURRICAINA MIS CAP	Pref	QL (1 each / 1 day), OTC
HURRICAINA MIS DISPENSE	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
HURRICAINA MIS EX TUBES	Pref	QL (1 box / 1 day), OTC
HURRICAINA MIS EXT TUBE	Pref	QL (1 box / 1 day), OTC
HURRIPAK MIS	Pref	QL (1 box / 1 day), OTC
HURRIPAK MIS TIPS	Pref	QL (1 box / 1 day), OTC
HURRYCANE MIS CANE BL	Pref	QL (1 box / 1 day), OTC
HYDROTHERAPY MIS FOOT BAT	Pref	QL (1 box / 1 day), OTC
HYGIENIKIT MIS SYSTEM	Pref	QL (1 box / 1 day), OTC
ICY DIAMOND MIS TOTE	Pref	QL (1 box / 1 day), OTC
ICY HOT TENS MIS REFILL	Pref	QL (1 box / 1 day), OTC
INDICATOR KIT BIO TEST	Pref	QL (0.04 kits / 1 day)
INF CUSHION MIS /VINYL	Pref	QL (1 box / 1 day), OTC
INFLAT CUSHN MIS RUBBER	Pref	QL (1 box / 1 day), OTC
INFLAT CUSHN MIS VINYL	Pref	QL (1 box / 1 day), OTC
INFLATE RING MIS 16"	Pref	QL (1 box / 1 day), OTC
INH VIAL W/ MIS CAP/BLUE	Pref	QL (1 each / 1 day)
INH VIAL W/ MIS CAP/GREE	Pref	QL (1 each / 1 day)
INH VIAL W/ MIS CAP/ORAN	Pref	QL (1 each / 1 day)
INH VIAL W/ MIS CAP/RED	Pref	QL (1 each / 1 day)
INH VIAL W/ MIS CAP/WHTE	Pref	QL (1 each / 1 day)
INH VIAL W/ MIS CAP/YLOW	Pref	QL (1 each / 1 day)
INH VIAL W/O MIS CAP/AMBR	Pref	QL (1 each / 1 day)
INH WRK STAT MIS 50 HOLES	Pref	QL (1 box / 1 day)
INHALAT VIAL MIS CAP/BLUE	Pref	QL (1 each / 1 day)
INHALAT VIAL MIS CAP/GRN	Pref	QL (1 each / 1 day)
INHALAT VIAL MIS CAP/ORNG	Pref	QL (1 box / 1 day)
INHALAT VIAL MIS CAP/RED	Pref	QL (1 each / 1 day)
INHALAT VIAL MIS CAP/WHTE	Pref	QL (1 each / 1 day)
INHALAT VIAL MIS CAP/YLW	Pref	QL (1 box / 1 day)
INVALID CUSH MIS FOAM	Pref	QL (1 box / 1 day), OTC
J&J ANTISEP MIS WIPES	Pref	QL (1 box / 1 day), OTC
J&J COLD PAC MIS INSTANT	Pref	QL (1 box / 1 day), OTC
J&J TOURNIQU MIS 36"X3/4"	Pref	QL (1 box / 1 day), OTC
JAR/8OZ/ MIS WHT LID	Pref	QL (1 each / 1 day)
JOURNEY ROLL MIS WALKER	Pref	QL (1 each / 1 day), OTC
JUG AMBER 4L MIS GLASS	Pref	QL (1 ea / 1 day)
KEGEL BALL MIS TRAINER	Pref	QL (1 box / 1 day), OTC
KNEE AND LEG MIS WALKER	Pref	QL (1 box / 1 day), OTC
LAB COAT LG MIS DISPOSAB	Pref	QL (1 each / 1 day)
LAB COAT MED MIS DISPOSAB	Pref	QL (1 each / 1 day)
LAB COAT MIS DISPOSAB	Pref	QL (1 each / 1 day), OTC
LAB COAT MIS LARGE	Pref	QL (1 each / 1 day)

Drug Name	Drug Tier	Requirements/Limits
LAB COAT MIS MEDIUM	Pref	QL (1 each / 1 day)
LAB COAT MIS SMALL	Pref	QL (1 each / 1 day)
LAB COAT MIS XLARGE	Pref	QL (1 each / 1 day)
LAB COAT SM MIS DISPOSAB	Pref	QL (1 each / 1 day)
LAB COAT XL MIS DISPOSAB	Pref	QL (1 each / 1 day)
LAB COAT XXL MIS DISPOSAB	Pref	QL (1 each / 1 day)
LADYCARE MIS MENOPAUS	Pref	QL (1 box / 1 day), OTC
LANSINOH MIS SMARTPUM	Pref	QL (1 box / 1 day), OTC
LATCH ASSIST MIS EVERTER	Pref	QL (1 box / 1 day), OTC
LATEX GLOVE MIS LARGE	Pref	
LATEX GLOVE MIS MEDIUM	Pref	
LATEX GLOVE MIS SMALL	Pref	
LATEX GLOVES MIS MEDIUM	Pref	
LAYER BREAST MIS SHAPERS	Pref	QL (1 box / 1 day)
LMA MAD MIS NASAL	Pref	QL (1 box / 1 day)
LULLABY ELEC MIS BRST PUM	Pref	QL (1 box / 1 day), OTC
LUMBAR MIS CUSHION	Pref	QL (1 box / 1 day), OTC
MAD NASAL MIS	Pref	QL (1 box / 1 day)
MAD NASAL MIS ATOMIZAT	Pref	QL (1 box / 1 day)
MAGNETIX MIS ANKLE	Pref	QL (1 box / 1 day), OTC
MAGNETIX MIS BACK	Pref	QL (1 box / 1 day), OTC
MAGNETIX MIS ELBOW	Pref	QL (1 box / 1 day), OTC
MAGNETIX MIS OPN KNEE	Pref	QL (1 box / 1 day), OTC
MAGNETIX MIS SELF-ADH	Pref	QL (1 box / 1 day), OTC
MAGNETIX MIS WRIST	Pref	QL (1 box / 1 day), OTC
MAGNIFIER MIS	Pref	QL (1 each / 1 day), OTC
MASSAGE CUSH MIS COMFORT	Pref	QL (1 box / 1 day), OTC
MASSAGER MIS 2 SPEED	Pref	QL (1 each / 1 day), OTC
MASSAGER MIS 5-IN-1	Pref	QL (1 box / 1 day), OTC
MASSAGER MIS COMFORT	Pref	QL (1 box / 1 day), OTC
MASSAGER MIS RECHARGE	Pref	QL (1 box / 1 day), OTC
MASSAGER MIS SWEDISH	Pref	QL (1 box / 1 day), OTC
MATTRESS COV MIS DELUXE	Pref	QL (1 box / 1 day), OTC
MATTRESS COV MIS ECONOMY	Pref	QL (1 box / 1 day), OTC
MATTRESS CVR MIS CONTOUR	Pref	QL (1 box / 1 day), OTC
MATTRESS CVR MIS ZIPPERED	Pref	QL (1 box / 1 day), OTC
MATTRESS PAD MIS EGGCR/2"	Pref	QL (1 box / 1 day), OTC
MATTRESS PAD MIS EGGCR/3"	Pref	QL (1 box / 1 day), OTC
MATTRESS PAD MIS EGGCR/4"	Pref	QL (1 box / 1 day), OTC
MAZERUSTAR MIS MIXER	Pref	QL (1 each / 1 day)
MEDELA BREAS MIS PUMP	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
MEDELA MIS LACTINA	Pref	QL (1 box / 1 day), OTC
MEDELA PUMP MIS IN STYLE	Pref	QL (1 box / 1 day), OTC
MEDI-COOLER MIS	Pref	QL (1 box / 1 day), OTC
MEDI-FRIDGE MIS IIX	Pref	QL (1 box / 1 day), OTC
MEDICAL DEVICES AND SUPPLIES - RUBBER GOODS	Pref	OTC
MEDICINE CUP MIS	Pref	QL (1 box / 1 day), OTC
MEDICINE MIS DROPPER	Pref	QL (1 each / 1 day), OTC
MEDICINE MIS SPOON	Pref	QL (1 pack / 1 day), OTC
METAL REACHR MIS 27"	Pref	QL (1 box / 1 day), OTC
METAL REACHR MIS 32"	Pref	QL (1 box / 1 day), OTC
MICROCLENS MIS BRACKET	Pref	QL (1 box / 1 day), OTC
MINI DIFFUSE MIS COOL MIS	Pref	QL (1 box / 1 day), OTC
MINI MALLET MIS 3/4"	Pref	QL (1 box / 1 day)
MINI TRANS MIS PIN	Pref	QL (1 box / 1 day), OTC
MIXER MAZERU MIS 250-300	Pref	QL (1 box / 1 day)
MIXER MAZERU MIS ADAPTER	Pref	QL (1 box / 1 day)
MIXER MAZERU MIS KK-300SS	Pref	QL (1 box / 1 day)
MIXER MAZERU MIS KK-400W	Pref	QL (1 box / 1 day)
MIXER MAZERU MIS PUMP	Pref	QL (1 box / 1 day)
MN8 MIS	Pref	QL (1 box / 1 day), OTC
MOIST-SURE MIS COVER/LG	Pref	QL (1 box / 1 day), OTC
MOIST-SURE MIS COVER/MD	Pref	QL (1 box / 1 day), OTC
MOIST-SURE MIS CVR/PET	Pref	QL (1 box / 1 day), OTC
MOISTUREPLS MIS COVER/LG	Pref	QL (1 box / 1 day), OTC
MOISTUREPLS MIS COVR/MED	Pref	QL (1 box / 1 day), OTC
MOISTUREPLS MIS CVR/PET	Pref	QL (1 box / 1 day), OTC
MONOJECT LUE MIS ADAPTER	Pref	QL (1 box / 1 day)
MONOJECT MIS HOLDER	Pref	QL (1 box / 1 day)
MONOJECT SET MIS 19GX3/4"	Pref	QL (1 box / 1 day)
MONOJECT SET MIS 21GX3/4"	Pref	QL (1 box / 1 day)
MONOJECT SET MIS 23GX3/4"	Pref	QL (1 box / 1 day)
MONOJECT SET MIS 25GX3/4"	Pref	QL (1 box / 1 day)
MONOJECT SET MIS 25GX3/4"	Pref	QL (1 box / 1 day), OTC
MUCOSAL ATOM MIS DEVICE	Pref	QL (1 box / 1 day), OTC
MUSTCH/BEARD MIS SCISSORS	Pref	QL (1 box / 1 day), OTC
NAIL CLIPPER MIS	Pref	QL (1 box / 1 day), OTC
NAIL POLISH MIS BOTTLE	Pref	QL (1 each / 1 day)
NASADOCK MIS	Pref	QL (1 box / 1 day), OTC
NASAL SPRAY MIS PMP 15ML	Pref	QL (1 box / 1 day)
NASAL SPRAY MIS PUMP	Pref	QL (1 box / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 230
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
NATRL WOOD MIS WALK STK	Pref	QL (1 box / 1 day), OTC
NATURAL WOOD MIS CANE	Pref	QL (1 box / 1 day), OTC
NATURESPIRIT MIS PULSE	Pref	QL (1 box / 1 day), OTC
NECK REST MIS INFLATAB	Pref	QL (1 box / 1 day), OTC
NECKBAND MIS STRAPS	Pref	QL (1 box / 1 day), OTC
NEEDL COLLEC MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEEDLE COLLE MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEOPRENE GLV MIS LARGE	Pref	
NEOPRENE GLV MIS MEDIUM	Pref	
NEOPRENE GLV MIS SMALL	Pref	
NEOPRENE GLV MIS X-LARGE	Pref	
NEXCARE EAR MIS PLUGS	Pref	QL (1 box / 1 day), OTC
NG SECURE MIS	Pref	QL (1 box / 1 day), OTC
NITRILE GLOV MIS BLUE/L	Pref	
NITRILE GLOV MIS BLUE/M	Pref	
NITRILE GLOV MIS BLUE/S	Pref	
NITRILE GLOV MIS BLUE/XL	Pref	
NITRILE GLOV MIS LARGE	Pref	
NITRILE GLOV MIS MEDIUM	Pref	
NITRILE GLOV MIS SIZE 6	Pref	
NITRILE GLOV MIS SIZE 6.5	Pref	
NITRILE GLOV MIS SIZE 7	Pref	
NITRILE GLOV MIS SIZE 7.5	Pref	
NITRILE GLOV MIS SIZE 8	Pref	
NITRILE GLOV MIS SIZE 8.5	Pref	
NITRILE GLOV MIS SIZE 9	Pref	
NITRILE GLOV MIS SIZE 9.5	Pref	
NITRILE GLOV MIS SIZE 10	Pref	
NITRILE GLOV MIS SMALL	Pref	
NITRILE GLOV MIS X-LARGE	Pref	
NOVA BATH MIS SEAT	Pref	QL (1 box / 1 day), OTC
NOVA CUSHION MIS SEAT	Pref	QL (1 box / 1 day), OTC
NUASKIN FACL MIS SCRUBBER	Pref	QL (1 box / 1 day), OTC
NUASKIN MIS VACUUM	Pref	QL (1 box / 1 day), OTC
NUASKIN SKIN MIS TAG RMVR	Pref	QL (1 box / 1 day), OTC
NVZZLER MIS ELECTRIC	Pref	QL (1 box / 1 day), OTC
NVZZLER PRO MIS DOUBLE	Pref	QL (1 box / 1 day), OTC
O-RING MIS 16" DIAM	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS /STRAP	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS BLACK	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS BLUE ICE	Pref	QL (1 each / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
OFFSET CANE MIS BRONZE	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS BRQ TEAL	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS CHROME	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS GRN ICE	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS HNDSTH	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS MOBILITY	Pref	QL (1 box / 1 day), OTC
OFFSET CANE MIS MTLC BLK	Pref	QL (1 each / 1 day), OTC
OFFSET CANE MIS ROSE PRT	Pref	QL (1 each / 1 day), OTC
OINTMENT TUB MIS 1/8OZ OP	Pref	QL (1 box / 1 day)
OINTMENT TUB MIS 1OZ	Pref	QL (1 box / 1 day)
OINTMENT TUB MIS 2OZ	Pref	QL (1 box / 1 day)
OINTMENT TUB MIS 4OZ	Pref	QL (1 box / 1 day)
OINTMENT TUB MIS 6OZ	Pref	QL (1 box / 1 day)
OINTMENT TUB MIS 8OZ	Pref	QL (1 box / 1 day)
ONE OUNCE MIS CUPS	Pref	QL (1 each / 1 day), OTC
ONE-DAY-AT-A MIS TIME	Pref	QL (1 box / 1 day), OTC
ONE-HAND MIS PUMP	Pref	QL (1 box / 1 day), OTC
ORAL DOSE MIS SYRINGE	Pref	QL (1 each / 1 day), OTC
ORAL ENDOTRA MIS DEVICE	Pref	QL (1 box / 1 day), OTC
ORAL MEDICIN MIS DROPPER	Pref	QL (1 pack / 1 day), OTC
ORAL SYRINGE MIS /BRUSH	Pref	QL (1 each / 1 day), OTC
PAPER AUTOCL MIS 36"X36"	Pref	QL (1 each / 1 day)
PKET TISSUE MIS	Pref	QL (1 box / 1 day), OTC
PELVIC MUSCL MIS TRAINER	Pref	QL (1 box / 1 day)
PERS WARMER MIS 14-COUNT	Pref	QL (1 box / 1 day), OTC
PERS WARMER MIS 28-COUNT	Pref	QL (1 box / 1 day), OTC
PERSONALFIT MIS CONNECT	Pref	QL (1 box / 1 day), OTC
PH ACCESSORI MIS STORAGE	Pref	QL (1 box / 1 day)
PILL BOX MIS 7 DAY	Pref	QL (1 pack / 1 day), OTC
PILL CRUSHER MIS	Pref	QL (1 each / 1 day), OTC
PILL CRUSHER MIS /CONTAIN	Pref	QL (1 each / 1 day), OTC
PILL POUCH MIS	Pref	QL (1 each / 1 day), OTC
PILL SPLITTR MIS	Pref	QL (1 box / 1 day), OTC
PLAST SCOOP MIS 1ML	Pref	QL (1 box / 1 day)
PLASTIC JAR MIS 6OZ	Pref	QL (1 box / 1 day)
PLATINUM MIS REACHER	Pref	QL (1 box / 1 day), OTC
POCKET MIS MAGNFIER	Pref	QL (1 each / 1 day), OTC
POCKET PRO+ MIS RPL SENS	Pref	QL (1 box / 1 day)
POLYPROPYLEN MIS CAP	Pref	QL (1 box / 1 day)
POSIDYNE FIL MIS 0.2UM	Pref	QL (1 box / 1 day)
POSTPARTUM MIS WASH	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
POSTURE SEAT MIS	Pref	QL (1 box / 1 day), OTC
POWER ADAPT MIS	Pref	QL (1 box / 1 day), OTC
PREC SPUTUM MIS COLLECTR	Pref	QL (1 box / 1 day), OTC
PRECIS STOOL MIS COLLECTR	Pref	QL (1 box / 1 day), OTC
PRECISEDOSSE MIS TIP CAP	Pref	QL (1 box / 1 day)
PRECISION KIT MIDSTRM	Pref	QL (0.02 kits / 1 day), OTC
PREMIUM PILL MIS CRUSHER	Pref	QL (1 each / 1 day), OTC
PRO COMFORT MIS FOOTBATH	Pref	QL (1 box / 1 day), OTC
PROBE COVERS MIS DINAMAP	Pref	QL (1 box / 1 day), OTC
PROTECTIVE MIS EYEWARE	Pref	QL (1 box / 1 day), OTC
PULSE FINGER MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
PULSE MIS OXIMETER	Pref	QL (1 box / 1 day)
PULSE MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
PULSE OXIMTR MIS DELUXE	Pref	QL (1 box / 1 day), OTC
PUMP ADAPTER MIS	Pref	QL (1 box / 1 day), OTC
PUMP IN STYL MIS ADVANCED	Pref	QL (1 box / 1 day), OTC
PUMP IN STYL MIS MAXFLOW	Pref	QL (1 box / 1 day), OTC
PUMP IN STYL MIS TUBING	Pref	QL (1 box / 1 day), OTC
PUMP SET MIS 1200ML	Pref	QL (1 box / 1 day), OTC
PUMPING BRA MIS LRG-PLUS	Pref	QL (1 box / 1 day), OTC
PUMPING BRA MIS XS-L	Pref	QL (1 box / 1 day), OTC
PUMPING SET KIT EXTRA	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS LG BASE	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS LG/DEVON	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS LG/SHOVL	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS ORTHO	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS SM BASE	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS SM/DEVON	Pref	QL (1 box / 1 day), OTC
QUAD CANE MIS SM/SHOVL	Pref	QL (1 box / 1 day), OTC
QUAD TIP MIS 4 PRONG	Pref	QL (1 box / 1 day), OTC
QUAD TIPS MIS 1/2"	Pref	QL (1 box / 1 day), OTC
QUAD TIPS MIS 3/4"	Pref	QL (1 box / 1 day), OTC
QUAD TIPS MIS 5/8"	Pref	QL (1 box / 1 day), OTC
QUAD TIPS MIS 5/8"SUCT	Pref	QL (1 box / 1 day), OTC
QUICK-FIT MIS CRUTCHES	Pref	QL (1 each / 1 day), OTC
RA PULSE MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
REACHER MIS FOLDING	Pref	QL (1 box / 1 day), OTC
READY SET GO MIS BTH BNCH	Pref	QL (1 box / 1 day), OTC
RELION PULSE MIS OXIMETER	Pref	QL (1 box / 1 day), OTC
RIDVANTAGE MIS LICE COM	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
RING CUSHION MIS 14"	Pref	QL (1 box / 1 day), OTC
RING CUSHION MIS 16"	Pref	QL (1 box / 1 day), OTC
RING CUSHION MIS 18"	Pref	QL (1 box / 1 day), OTC
ROLLATOR ULT MIS LIGHT	Pref	QL (1 box / 1 day), OTC
ROLLER MIS WALKER	Pref	QL (1 box / 1 day), OTC
ROLLING MIS WALKER	Pref	QL (1 box / 1 day), OTC
RUBBER CUSH MIS INFLAT	Pref	QL (1 box / 1 day), OTC
RX LOCKING MIS CAP	Pref	QL (1 each / 1 day), OTC
SAFETY RAIL MIS BATHTUB	Pref	QL (1 box / 1 day), OTC
SEAL-TIGHT MIS CAST/BAN	Pref	QL (1 box / 1 day), OTC
SEAL-TIGHT MIS MID-ARM	Pref	QL (1 box / 1 day), OTC
SEALS ALUMIN MIS 13MM	Pref	QL (1 each / 1 day)
SEAT CANE MIS FOLDING	Pref	QL (1 box / 1 day), OTC
SEATING CANE MIS 8-1/2"	Pref	QL (1 box / 1 day), OTC
SERUM BOTTLE MIS 2ML	Pref	QL (1 box / 1 day)
SERUM BOTTLE MIS 5ML	Pref	QL (1 each / 1 day)
SERUM BOTTLE MIS 20ML	Pref	QL (1 box / 1 day)
SERUM BOTTLE MIS 20ML/20M	Pref	QL (1 each / 1 day)
SERUM BOTTLE MIS 30ML	Pref	QL (1 box / 1 day)
SERUM BOTTLE MIS 30ML/20M	Pref	QL (1 each / 1 day)
SERUM BOTTLE MIS 50ML/20M	Pref	QL (1 each / 1 day)
SERUM BOTTLE MIS 250ML	Pref	QL (1 box / 1 day)
SERUM BOTTLE MIS STOPPER	Pref	QL (1 box / 1 day)
SETTL PLATE MIS SDA/29ML	Pref	QL (1 each / 1 day)
SETTL PLATE MIS TSA/25ML	Pref	QL (1 each / 1 day)
SHEET PROTEC MIS REUSABLE	Pref	QL (1 each / 1 day), OTC
SHOE COVER MIS NON-SKID	Pref	QL (1 each / 1 day), OTC
SHOWER STOOL MIS ROUND	Pref	QL (1 box / 1 day), OTC
SHOWER-PAK MIS	Pref	QL (1 box / 1 day), OTC
SIDE RESTER MIS CUSHION	Pref	QL (1 each / 1 day), OTC
SILCONE EAR MIS PLUGS	Pref	QL (1 box / 1 day), OTC
SITZ BATH MIS	Pref	QL (1 box / 1 day), OTC
SKIN CARE MIS TOOL	Pref	QL (1 box / 1 day), OTC
SM FOAM EAR MIS PLUGS	Pref	QL (1 each / 1 day), OTC
SM WALKER MIS YOUTH	Pref	QL (1 box / 1 day), OTC
SMART PUMP MIS TOTE BAG	Pref	QL (1 each / 1 day), OTC
SNAP-ON CHLO MIS STOPPER	Pref	QL (1 each / 1 day)
SOOTHIES GEL MIS PADS	Pref	QL (1 box / 1 day), OTC
SPECIMEN MIS CATCH	Pref	QL (1 box / 1 day), OTC
SPECIMEN MIS CONATINR	Pref	QL (1 box / 1 day), OTC
SPECIMEN MIS CONTAINR	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
SPECIMN CONT MIS 118ML	Pref	QL (1 box / 1 day), OTC
SPLASH GUARD MIS COMMODE	Pref	QL (1 box / 1 day), OTC
SPLSH SHIELD MIS FLL FACE	Pref	QL (1 box / 1 day), OTC
SPLSH SHIELD MIS SHORT	Pref	QL (1 box / 1 day), OTC
SPRAY APP MIS KIT	Pref	QL (1 box / 1 day)
SPRAY APP MIS KIT	Pref	QL (1 box / 1 day), OTC
SPRAY BOTTLE MIS 120ML	Pref	QL (1 box / 1 day)
STEEL ROLLIN MIS WALKER	Pref	QL (1 box / 1 day), OTC
STEP COUNTER MIS	Pref	QL (1 each / 1 day), OTC
STEP N REST MIS WALKER	Pref	QL (1 box / 1 day), OTC
STEP N' REST MIS II WALKR	Pref	QL (1 box / 1 day), OTC
STEP N' REST MIS W/WHEELS	Pref	QL (1 box / 1 day), OTC
STEP N' REST MIS WALKER	Pref	QL (1 box / 1 day), OTC
STETHOSCOPE MIS DISP	Pref	QL (1 box / 1 day), OTC
STETHOSCOPE MIS DUAL	Pref	QL (1 box / 1 day), OTC
STETHOSCOPE MIS NURSES	Pref	QL (1 box / 1 day), OTC
STETHOSCOPE MIS SINGLE	Pref	QL (1 box / 1 day), OTC
STETHOSCOPE MIS SPRAGUE	Pref	QL (1 box / 1 day), OTC
STIR ROD/GLA MIS 12X1/4"	Pref	QL (1 box / 1 day)
STOCKING APP MIS PETITE	Pref	QL (1 box / 1 day), OTC
STOCKING APP MIS REGULAR	Pref	QL (1 box / 1 day), OTC
STRAINER/SS MIS 2-1/2"	Pref	QL (1 each / 1 day)
SUCTION GRAB MIS BAR	Pref	QL (1 box / 1 day), OTC
SUCTION TIPS MIS TR BENCH	Pref	QL (1 box / 1 day), OTC
SUMP DRAIN MIS 20FR/20"	Pref	QL (1 box / 1 day)
SUMP DRAIN MIS 24FR/20"	Pref	QL (1 box / 1 day)
SUMP DRAIN MIS 28FR/20"	Pref	QL (1 box / 1 day)
SUPPOS MOLD/ MIS ALUM 2GM	Pref	QL (1 box / 1 day)
SUPPOS SHELL MIS 2.4ML	Pref	QL (1 each / 1 day)
SUPPOS SHELL MIS RACK	Pref	QL (1 box / 1 day)
SUPPOSITORY MIS 1.3ML	Pref	QL (1 box / 1 day), OTC
SUPPOSITORY MIS 2.0ML	Pref	QL (1 each / 1 day)
SUPPOSITORY MIS 2.0ML	Pref	QL (1 each / 1 day), OTC
SUPPOSITORY MIS 2.25ML	Pref	QL (1 box / 1 day), OTC
SUPPOSITORY MIS MOLD	Pref	QL (1 box / 1 day), OTC
SUPPOSITORY MIS MOLD 2CC	Pref	QL (1 box / 1 day), OTC
SUPPOSITORY MIS MOLD 2ML	Pref	QL (1 box / 1 day), OTC
SUPPOSITORY MIS MOLD 3ML	Pref	QL (1 box / 1 day), OTC
SWIM MIS EARPLUGS	Pref	QL (1 box / 1 day), OTC
SWIVEL WHEEL MIS 3"	Pref	QL (1 box / 1 day), OTC
SWIVEL WHEEL MIS 5"	Pref	QL (1 box / 1 day), OTC

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 235
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
SYMPHONY DBL MIS PUMP SYS	Pref	QL (1 box / 1 day), OTC
SYRINGE DIAL MIS -A-DOSE	Pref	QL (1 box / 1 day)
TABLET CUTTR MIS /CRUSHER	Pref	QL (1 each / 1 day), OTC
TABLET CUTTR MIS /SAFETY	Pref	QL (1 each / 1 day), OTC
TAKEAWAY RET MIS ENV SYS	Pref	QL (1 box / 1 day), OTC
TAKEAWAY RET MIS ENVELOPE	Pref	QL (1 box / 1 day), OTC
TALL EXT LEG MIS WALKER	Pref	QL (1 box / 1 day), OTC
TAP-N-CLICK MIS PAD	Pref	QL (1 each / 1 day)
TIP CAP TRAY MIS LEUR	Pref	QL (1 each / 1 day)
TIP RECT/VAG MIS PERFORAT	Pref	QL (1 each / 1 day)
TISSUE GRIND MIS 15ML	Pref	QL (1 box / 1 day), OTC
TISSUE GRIND MIS 50ML	Pref	QL (1 box / 1 day), OTC
TISSUE MIS GRINDER	Pref	QL (1 box / 1 day), OTC
TOILET FRAME MIS SAEFTY	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS E-Z LOCK	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS ELEVATOR	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS LOCK	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS LOCK/ARM	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS RAIS/LFT	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS RAIS/RGT	Pref	QL (1 box / 1 day), OTC
TOILET SEAT MIS RAISED	Pref	QL (1 box / 1 day), OTC
TOMMEE TIPPE MIS PUMP	Pref	QL (1 box / 1 day), OTC
TONGUE MIS CLEANER	Pref	QL (1 each / 1 day), OTC
TONGUE MIS DEPRESSO	Pref	QL (0.001 packs / 1 day), OTC
TOOTHETTE MIS BITE BLK	Pref	QL (1 each / 1 day), OTC
TOPI-CLICK MIS BLACK	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS BLACK	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS BLUE	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS BLUE	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS DOSE CK	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS GOLD	Pref	QL (1 box / 1 day)
TOPI-CLICK MIS GOLD	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS GREEN	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS GREEN	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS NOZZLE	Pref	QL (1 box / 1 day)
TOPI-CLICK MIS ORANGE	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS ORN/WHT	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS PERL	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS PERL SYS	Pref	QL (1 box / 1 day)
TOPI-CLICK MIS PINK	Pref	QL (1 each / 1 day)

Drug Name	Drug Tier	Requirements/Limits
TOPI-CLICK MIS PINK	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS PURPLE	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS PURPLE	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS RED	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS RED	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS SILVER	Pref	QL (1 box / 1 day)
TOPI-CLICK MIS SILVER	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS VAG APPL	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS VAG LOAD	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS VAG SYS	Pref	QL (1 box / 1 day), OTC
TOPI-CLICK MIS WHITE	Pref	QL (1 each / 1 day)
TOPI-CLICK MIS WHITE	Pref	QL (1 box / 1 day), OTC
TOTAL COMFRT MIS CUSHION	Pref	QL (1 box / 1 day), OTC
TRACH TUBE MIS HOLDER	Pref	QL (1 box / 1 day), OTC
TRACT PELVIC MIS BELT	Pref	QL (1 box / 1 day), OTC
TRACT WEIGHT MIS BAG 20LB	Pref	QL (1 box / 1 day), OTC
TRANSF BENCH MIS COMMODE	Pref	QL (1 box / 1 day), OTC
TRANSF BENCH MIS COMPOSIT	Pref	QL (1 box / 1 day), OTC
TRANSF BENCH MIS FUL SEAT	Pref	QL (1 box / 1 day), OTC
TRANSF BENCH MIS MOLDED	Pref	QL (1 box / 1 day), OTC
TRANSF BOARD MIS	Pref	QL (1 box / 1 day), OTC
TRANSFER MIS BENCH	Pref	QL (1 box / 1 day), OTC
TRANSFER PIN MIS	Pref	QL (1 box / 1 day), OTC
TRANSPORT MIS CHAIR	Pref	QL (1 box / 1 day), OTC
TRAVEL POUCH MIS	Pref	QL (1 box / 1 day), OTC
TRIGGER REL MIS WALKER	Pref	QL (1 box / 1 day), OTC
TRIO ROLLING MIS WALKER	Pref	QL (1 box / 1 day), OTC
TROCHE MOLD MIS 30 CAVIT	Pref	QL (1 ea / 1 day)
TUB TRANSFER MIS BOARD	Pref	QL (1 box / 1 day), OTC
TWIN MEDICIN MIS SPOON	Pref	QL (1 pack / 1 day), OTC
TYVEK PROTEC MIS SLEEVES	Pref	QL (1 box / 1 day)
UNGUATOR 1MM MIS VARIONOZ	Pref	QL (1 box / 1 day)
UNGUATOR 4MM MIS VARIONOZ	Pref	QL (1 box / 1 day)
UNGUATOR AIR MIS 300/390	Pref	QL (1 each / 1 day)
UNGUATOR AIR MIS 500/600	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 15/20	Pref	QL (1 box / 1 day)
UNGUATOR JAR MIS 15/28	Pref	QL (1 box / 1 day)
UNGUATOR JAR MIS 20/33	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 30/42	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 50/70	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 100/140	Pref	QL (1 box / 1 day)

Drug Name	Drug Tier	Requirements/Limits
UNGUATOR JAR MIS 200/280	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 300/390	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS 500/600	Pref	QL (1 each / 1 day)
UNGUATOR JAR MIS AIRDYNAM	Pref	QL (1 box / 1 day)
UNGUATOR LID MIS 500ML	Pref	QL (1 box / 1 day)
UNGUATOR LID MIS 1000ML	Pref	QL (1 box / 1 day)
UNGUATOR MIS 0.5ML	Pref	QL (1 box / 1 day)
UNGUATOR MIS 1" SHORT	Pref	QL (1 box / 1 day)
UNGUATOR MIS 2.5" LNG	Pref	QL (1 box / 1 day)
UNGUATOR MIS 36MM	Pref	QL (1 box / 1 day)
UNGUATOR MIS 57MM	Pref	QL (1 box / 1 day)
UNGUTOR 50 MIS 43MM	Pref	QL (1 box / 1 day)
UNIVERSAL MIS CRUTCH	Pref	QL (1 box / 1 day), OTC
UNIVERSAL MIS TIPS 1"	Pref	QL (1 box / 1 day), OTC
URINE SPECIM KIT SYSTEM	Pref	QL (1 box / 1 day), OTC
VAGINAL APPL MIS SUPPOSIT	Pref	QL (1 each / 1 day)
VANISHPOINT MIS BLOOD	Pref	QL (1 box / 1 day)
VAPOR INHALE MIS INTRA	Pref	QL (1 box / 1 day), OTC
VARITHENA MIS ADMIN PK	Pref	QL (1 box / 1 day)
VERSAJET II MIS EXA 8MM	Pref	QL (1 box / 1 day)
VERSAJET II MIS EXA 14MM	Pref	QL (1 box / 1 day)
VERSAJET II MIS PLS 8MM	Pref	QL (1 box / 1 day)
VERSAJET II MIS PLS 14MM	Pref	QL (1 box / 1 day)
VIBE 6 MIS	Pref	QL (1 box / 1 day), OTC
VIDA CELLULA MIS SCALE	Pref	QL (1 box / 1 day), OTC
WALKER ADULT MIS FOLDING	Pref	QL (1 box / 1 day), OTC
WALKER ATTCH MIS PLATFORM	Pref	QL (1 box / 1 day), OTC
WALKER BASKT MIS	Pref	QL (1 box / 1 day), OTC
WALKER GLIDE MIS 1-1/8"	Pref	QL (1 box / 1 day), OTC
WALKER MIS EXT FRAM	Pref	QL (1 box / 1 day), OTC
WALKER MIS FOLDING	Pref	QL (1 box / 1 day), OTC
WALKER MIS ORGANIZE	Pref	QL (1 box / 1 day), OTC
WALKER SKI MIS 1-1/8"	Pref	QL (1 box / 1 day), OTC
WALKER SKI MIS GLIDE/1"	Pref	QL (1 box / 1 day), OTC
WALKER TIPS MIS 1-1/8"	Pref	QL (1 box / 1 day), OTC
WALKER WHEEL MIS FIXED 3"	Pref	QL (1 box / 1 day), OTC
WALKER WHEEL MIS FIXED 5"	Pref	QL (1 box / 1 day), OTC
WALKER YOUTH MIS FOLDING	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS TEXT/12"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS TEXT/16"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS TEXT/18"	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
WALL BAR MIS TEXT/24"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS TEXT/32"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS WHIT/12"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS WHIT/16"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS WHIT/18"	Pref	QL (1 box / 1 day), OTC
WALL BAR MIS WHIT/24"	Pref	QL (1 box / 1 day), OTC
WASH GLOVES MIS PRE-MOIS	Pref	QL (1 each / 1 day), OTC
2-WAY FOLEY MIS STABILIZ	Pref	QL (1 box / 1 day)
WEIGH BOAT MIS PLASTIC	Pref	QL (1 box / 1 day)
WEIGHT SCALE MIS DIGITAL	Pref	QL (1 box / 1 day), OTC
WET-STOP 3 MIS	Pref	QL (1 box / 1 day), OTC
3 WHEEL ROLL MIS WALKER	Pref	QL (1 box / 1 day), OTC
WHEELCHAIR MIS	Pref	QL (1 box / 1 day), OTC
WHEELCHAIR MIS CUSHION	Pref	QL (1 box / 1 day), OTC
WHEELCHAIR MIS RING	Pref	QL (1 each / 1 day), OTC
WODDEN CANE MIS 7/8"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS ASH 1"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS ASH 7/8"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS BLACK 1"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS BLK 7/8"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS RSWD 1"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS WLNT3/4"	Pref	QL (1 box / 1 day), OTC
WOOD CANE MIS WLNT7/8"	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS 34"-42"	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS 48"-60"	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS ADLT PTG	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS ADULT	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS MEDIUM	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS YOUT PTG	Pref	QL (1 box / 1 day), OTC
WOOD CRUTCH MIS YOUTH	Pref	QL (1 box / 1 day), OTC
WOODEN CANE MIS 7/8"	Pref	QL (1 box / 1 day), OTC
WOODEN CANE MIS 7/8" WAL	Pref	QL (1 box / 1 day), OTC
WORK BELT MIS	Pref	QL (1 box / 1 day), OTC
WRIST BRACE MIS	Pref	QL (1 box / 1 day), OTC
WRIST SLEEP MIS SUPPORT	Pref	QL (1 box / 1 day), OTC
WRIST STRAP MIS CANE	Pref	QL (1 box / 1 day), OTC
WTRPRF SHEET MIS 36"X54"	Pref	QL (1 box / 1 day), OTC
WTRPRF SHEET MIS 36"X66"	Pref	QL (1 box / 1 day), OTC
YANKAUER MIS HOLDER	Pref	QL (1 each / 1 day), OTC
YOUTH CRUTCH MIS FOREARM	Pref	QL (1 box / 1 day), OTC
ZOOM 20 MIS WALKER	Pref	QL (1 box / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
PARENTERAL THERAPY SUPPLIES		
ALLERGIST KIT 1MLX27G	Pref	
ALLERGIST KIT 1MLX28G	Pref	
ALLERGIST KIT 27GX1/2"	Pref	OTC
ALLERGY SYRG MIS 1ML/27G	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
ASSEMBLY MIS FIXTURE	Pref	
ASSURE ID MIS 30GX3/16	Pref	OTC; 90 day supply
AUM PEN NEED MIS 33GX5MM	Pref	OTC; 90 day supply
AUM PEN NEED MIS 33GX6MM	Pref	OTC; 90 day supply
AUTOSHIELD MIS 29X3/16"	Pref	OTC; 90 day supply
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1.5"	Pref	OTC
BD HYPO NEED MIS 21GX2"	Pref	OTC
BD HYPO NEED MIS 23GX3/4"	Pref	OTC
BD HYPO NEED MIS 26GX1/2"	Pref	OTC; 90 day supply
BD INTEGRA MIS 25GX1"	Pref	OTC
BD NEEDLES MIS 16GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX7/8"	Pref	OTC; 90 day supply
BD NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
BD NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
BD PLASTIPAK MIS 21GX1"	Pref	OTC
BD PRECISION MIS 23GX1.5"	Pref	OTC
BD U-500 MIS 31GX6MM	Pref	90 day supply
BD YALE LNR MIS 26GX1/2"	Pref	OTC
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
CLEAR GLASS MIS VIAL 5ML	Pref	
COMFORT TOUC MIS 31GX4MM	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX1/4"	Pref	OTC; 90 day supply
COMFORT TOUC MIS 33GX3/16	Pref	OTC; 90 day supply
CONNECTOR MIS LUER LOC	Pref	
CONNECTOR MIS Y-SITE	Pref	
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY GLIDE MIS 30ML SYR	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	90 day supply
FILTER NEEDL MIS 18GX1.5"	Pref	
FILTER NEEDL MIS 20GX1.5"	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 240
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
FLOW-EZE MIS VENTED	Pref	OTC
HUBER NEEDLE MIS 20GX3/4"	Pref	OTC
HUBER NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 14GX1"	Pref	
HYPO NEEDLE MIS 14GX1.5"	Pref	
HYPO NEEDLE MIS 14GX2"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	OTC
HYPO NEEDLE MIS 16GX1.5"	Pref	
HYPO NEEDLE MIS 16GX1.5"	Pref	OTC
HYPO NEEDLE MIS 16GX3/4"	Pref	
HYPO NEEDLE MIS 16GX5/8"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	
HYPO NEEDLE MIS 18GX1.5"	Pref	
HYPO NEEDLE MIS 18GX1.25	Pref	OTC
HYPO NEEDLE MIS 19GX1"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1.5"	Pref	
HYPO NEEDLE MIS 20GX3/4"	Pref	OTC
HYPO NEEDLE MIS 21GX1"	Pref	
HYPO NEEDLE MIS 21GX1.5"	Pref	
HYPO NEEDLE MIS 21GX1.25	Pref	OTC
HYPO NEEDLE MIS 21GX2"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	
HYPO NEEDLE MIS 22GX3/4"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1.25	Pref	OTC
HYPO NEEDLE MIS 23GX3/4"	Pref	
HYPO NEEDLE MIS 23GX3/4"	Pref	OTC
HYPO NEEDLE MIS 24GX1"	Pref	OTC
HYPO NEEDLE MIS 24GX1.25	Pref	OTC
HYPO NEEDLE MIS 25GX1"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	
HYPO NEEDLE MIS 25GX1.25	Pref	
HYPO NEEDLE MIS 25GX2"	Pref	
HYPO NEEDLE MIS 25GX3/4"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 25GX5/8"	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 26GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 26GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX3/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 26GX5/8"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 27GX1.5"	Pref	
HYPO NEEDLE MIS 27GX1.5"	Pref	OTC
HYPO NEEDLE MIS 27GX1.25	Pref	
HYPO NEEDLE MIS 27GX1.25	Pref	OTC
HYPO NEEDLE MIS 27GX1/2"	Pref	90 day supply
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30G X 1"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 30GX3/4"	Pref	90 day supply
HYPO NEEDLE MIS 31GX5/16	Pref	OTC; 90 day supply
HYPO NEEDLE MIS 32GX5/16	Pref	OTC; 90 day supply
I-PORT ADV MIS 6MM	Pref	
I-PORT ADV MIS 9MM	Pref	
INFUSION MIS ADAPTER	Pref	
INFUSION MIS CLAMP	Pref	
INJECTOR CAP MIS PHASEAL	Pref	
INJECTOR MIS LUER LOC	Pref	
INSULIN PEN MIS 31GX4MM	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML	Pref	90 day supply
INSULIN SYRG MIS 1ML	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/25G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/26G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	90 day supply
INSULIN SYRG MIS 1ML/27G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE; 90 day supply
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS; 90 day supply
INSULIN SYRG MIS 27GX1/2"	Pref	OTC; 90 day supply
INSUPEN MIS 33GX4MM	Pref	OTC; 90 day supply
IV BAG HANGR MIS PHASEAL	Pref	
10ML LL SYRN MIS 20GX1"	Pref	OTC
10ML LL SYRN MIS 20GX1.5"	Pref	OTC
10ML LL SYRN MIS 21GX1"	Pref	OTC
10ML LL SYRN MIS 21GX1.5"	Pref	OTC
10ML LL SYRN MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
3ML LL SYRNG MIS 20GX1"	Pref	OTC
3ML LL SYRNG MIS 20GX1.5"	Pref	
3ML LL SYRNG MIS 20GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX3/4"	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 243
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
3ML LL SYRNG MIS 21GX1"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
3ML LL SYRNG MIS 21GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
3ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX3/4"	Pref	OTC
3ML LL SYRNG MIS 23GX1"	Pref	
3ML LL SYRNG MIS 23GX1"	Pref	OTC
3ML LL SYRNG MIS 23GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX1"	Pref	
3ML LL SYRNG MIS 25GX1"	Pref	OTC
3ML LL SYRNG MIS 25GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX5/8"	Pref	
3ML LL SYRNG MIS 25GX5/8"	Pref	OTC
3ML LL SYRNG MIS 26GX5/8"	Pref	OTC
3ML LL SYRNG MIS 27GX1.25	Pref	
3ML LL SYRNG MIS 27GX1.25	Pref	OTC
3ML LUER LOC MIS 21GX1.5"	Pref	OTC
3ML LUER LOC MIS 22GX1"	Pref	OTC
3ML LUER LOC MIS 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	Pref	OTC
MAXICOMFORT MIS 27GX1/2	Pref	OTC; 90 day supply
MAXICOMFORT MIS 27GX1/2"	Pref	OTC; 90 day supply
MED PREP MIS CANNULA	Pref	
MONOJECT LS MIS CANN/BLN	Pref	
MULTI-DRAW MIS 20GX1"	Pref	
MULTI-DRAW MIS 21GX1"	Pref	
MULTI-DRAW MIS 22GX1"	Pref	
NEEDLE TIP MIS 16GX1.5"	Pref	
NEEDLELESS MIS CONNECTO	Pref	
NEEDLELESS MIS PORT CON	Pref	
NEEDLES MIS 18GX1"	Pref	OTC
NEEDLES MIS 18GX1.5"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
NEEDLES MIS 19GX1"	Pref	OTC
NEEDLES MIS 19GX1.5"	Pref	OTC
NEEDLES MIS 20GX1"	Pref	OTC
NEEDLES MIS 20GX1.5"	Pref	OTC
NEEDLES MIS 21GX1"	Pref	OTC
NEEDLES MIS 21GX1.5"	Pref	OTC
NEEDLES MIS 22GX1"	Pref	OTC
NEEDLES MIS 22GX1.5"	Pref	OTC
NEEDLES MIS 22GX3/4"	Pref	OTC
NEEDLES MIS 23GX1"	Pref	OTC
NEEDLES MIS 23GX1.5"	Pref	OTC
NEEDLES MIS 23GX5/8"	Pref	OTC
NEEDLES MIS 25GX1"	Pref	OTC
NEEDLES MIS 25GX1.5"	Pref	OTC
NEEDLES MIS 25GX5/8"	Pref	OTC; 90 day supply
NEEDLES MIS 26X1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1"	Pref	OTC; 90 day supply
NEEDLES MIS 27GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 28GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 29GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX1/2"	Pref	OTC; 90 day supply
NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
NEEDLES MIS 31GX5/16	Pref	OTC; 90 day supply
NOVOTWIST MIS 32GX5MM	Pref	OTC; 90 day supply
PARENTERAL THERAPY SUPPLIES	Pref	OTC
PATIENT SAFE MIS SYR 30ML	Pref	OTC
PEN NEEDLE MIS 29GX3/16	Pref	OTC; 90 day supply
PEN NEEDLE MIS 29GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 29GX10MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 30GX3/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5/16	Pref	OTC; 90 day supply
PEN NEEDLES MIS 30GX5MM	Pref	OTC; 90 day supply
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 33GX5MM	Pref	OTC; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 33GX6MM	Pref	OTC; 90 day supply
PHARM TRAY MIS 1ML/REG	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 27GX1.25	Pref	OTC
POLY HUB MIS 27GX1/2"	Pref	OTC; 90 day supply
POLY HUB MIS 30GX1/2"	Pref	OTC; 90 day supply
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
PROTECTOR 14 MIS PHASEAL	Pref	
PROTECTOR 21 MIS PHASEAL	Pref	
PROTECTOR 28 MIS PHASEAL	Pref	
PROTECTOR 50 MIS PHASEAL	Pref	
SAFTY NEEDLE MIS 18GX1"	Pref	
SAFTY NEEDLE MIS 18GX1.5"	Pref	
SAFTY NEEDLE MIS 19GX1"	Pref	
SAFTY NEEDLE MIS 19GX1.5"	Pref	
SAFTY NEEDLE MIS 20GX1"	Pref	
SAFTY NEEDLE MIS 20GX1.5"	Pref	
SAFTY NEEDLE MIS 21GX1"	Pref	
SAFTY NEEDLE MIS 21GX1.5"	Pref	
SAFTY NEEDLE MIS 22GX1"	Pref	
SAFTY NEEDLE MIS 22GX1.5"	Pref	
SAFTY NEEDLE MIS 23GX1"	Pref	
SAFTY NEEDLE MIS 23GX5/8"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	90 day supply
SECONDARY MIS SET/DRIP	Pref	
SECURESAFE MIS 19GX1.5"	Pref	OTC
SECURESAFE MIS 23GX1.5"	Pref	OTC
SECURESAFE MIS 26GX1/2"	Pref	OTC; 90 day supply
SECURESAFE MIS 27GX1/2"	Pref	OTC; 90 day supply
1ML SLIP TIP MIS 25GX5/8"	Pref	OTC
1ML SLIP TIP MIS 26GX3/8"	Pref	OTC
SMARTIP SYR MIS /CANNULA	Pref	
SURE COMFORT MIS 0.5/31G	Pref	OTC; 90 day supply
SURE COMFORT MIS 31GX6MM	Pref	OTC; 90 day supply
SYR FILTER MIS 65MM	Pref	
SYR FILTER MIS 90MM	Pref	
SYR/FILT/MEM MIS TITAN3	Pref	
SYRINGE (DISPOSABLE) 1 ML	Pref	
SYRINGE (DISPOSABLE) 10 ML	Pref	OTC
SYRINGE BARR MIS LUER10ML	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE BARR MIS LUER 1ML	Pref	
SYRINGE BARR MIS LUER 1ML	Pref	OTC
SYRINGE BARR MIS LUER 3ML	Pref	OTC
SYRINGE BARR MIS LUER 5ML	Pref	OTC
SYRINGE BARR MIS UNI 3ML	Pref	OTC
SYRINGE BARR MIS UNI 5ML	Pref	OTC
SYRINGE BARR MIS UNI 10ML	Pref	OTC
SYRINGE FILT MIS 25MM	Pref	
SYRINGE FILT MIS 32MM	Pref	
SYRINGE FILT MIS 33MM	Pref	
SYRINGE FLTR MIS 32MM	Pref	
SYRINGE LUER MIS -LOK 1ML	Pref	OTC
3ML SYRINGE MIS 18GX1"	Pref	
12ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
3ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 19GX1"	Pref	OTC
3ML SYRINGE MIS 19GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
5ML SYRINGE MIS 20GX1"	Pref	OTC
12ML SYRINGE MIS 20GX1.5"	Pref	
12ML SYRINGE MIS 20GX1.5"	Pref	OTC
3ML SYRINGE MIS 21GX1"	Pref	
5ML SYRINGE MIS 21GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1.5"	Pref	
10ML SYRINGE MIS 21GX1.5"	Pref	OTC
3ML SYRINGE MIS 22G X 1"	Pref	OTC
5ML SYRINGE MIS 22GX1"	Pref	OTC
3ML SYRINGE MIS 22GX1.5"	Pref	
5ML SYRINGE MIS 22GX1.5"	Pref	OTC
3 ML SYRINGE MIS 22X1-1/2	Pref	OTC
3ML SYRINGE MIS 23GX1"	Pref	
3ML SYRINGE MIS 23GX1"	Pref	OTC
3ML SYRINGE MIS 23GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1"	Pref	
1ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
5ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 27GX1/2"	Pref	OTC
1ML SYRINGE MIS 28GX1/2"	Pref	OTC
30ML SYRINGE MIS LUER LOC	Pref	
1ML SYRINGE MIS LUER LOC	Pref	OTC
30ML SYRINGE MIS LUER LOK	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	OTC
30ML SYRINGE MIS LUER-LOK	Pref	OTC
SYRINGE TRAY MIS PHASEAL	Pref	
5ML SYRINGES MIS 21GX1"	Pref	OTC
TB SYRINGE MIS 0.5/28G	Pref	
1ML TB SYRNG MIS 25GX1"	Pref	OTC
1ML TB SYRNG MIS 25GX5/8"	Pref	
1ML TB SYRNG MIS 25GX5/8"	Pref	OTC
1ML TB SYRNG MIS 26GX3/8"	Pref	
1ML TB SYRNG MIS 26GX3/8"	Pref	OTC
1ML TB SYRNG MIS 26GX5/8"	Pref	OTC
1ML TB SYRNG MIS 27GX1/2"	Pref	
1ML TB SYRNG MIS 27GX1/2"	Pref	OTC
1ML TB SYRNG MIS 28GX1/2"	Pref	
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS REG LUER	Pref	OTC
TRANSFER NDL MIS 20GX1"	Pref	OTC
ULTICARE MIS 30GX3/16	Pref	OTC; 90 day supply
UNIFINE PNTP MIS 30GX3/16	Pref	OTC; 90 day supply
VACUUM FILTR MIS 0.20UM	Pref	
VIAL ACCESS MIS CANN 6ML	Pref	
VIAL STOPPER MIS 13MM	Pref	
YALE NEEDLES MIS 21GX1.25	Pref	OTC

RESPIRATORY THERAPY SUPPLIES

ACE AERO CLD MIS ENHANCER	Pref	
ACTIVITY PCH MIS	Pref	
ADULT MASK MIS	Pref	
ADULT MASK MIS LARGE	Pref	
AEROBIKA MIS	Pref	
AEROSOL MASK MIS ADULT	Pref	
AEROTRC PLUS MIS	Pref	
AIR TUBE MIS /PLUGS	Pref	
AIRS PEDIATR MIS MASK	Pref	
ALTERA NEB MIS HANDSET	Pref	

Drug Name	Drug Tier	Requirements/Limits
BREATHERITE MIS MDI CHMB	Pref	
CARETOUCH MIS CPAP	Pref	
CO MONITOR MIS T PIECES	Pref	
CONVERSION MIS BABY SZ1	Pref	
CONVERSION MIS BABY SZ2	Pref	
CONVERSION MIS BABY SZ3	Pref	
CPAP & BIPAP MIS HOSE	Pref	
2 CPAP HOSE MIS HANGER	Pref	
CPAP MASK MIS WIPES	Pref	
CPAP NEURAL MIS PRE-WASH	Pref	
ERAPID NEB MIS HANDSET	Pref	
FILTER AIR MIS PP	Pref	
FLEXICHAMBER MIS MASK LRG	Pref	
FLEXICHAMBER MIS MASK SM	Pref	
FULL KIT NEB MIS SET	Pref	
HOLD CHAMBER MIS ADLT LG	Pref	OTC
HOLD CHAMBER MIS MEDIUM	Pref	OTC
HOLD CHAMBER MIS SMALL	Pref	OTC
IN-CHK FLOW MIS METER	Pref	
LITETOUCH MIS MASK LG	Pref	
LITETOUCH MIS MASK MD	Pref	
LITETOUCH MIS MASK SM	Pref	
MASK VORTEX/ MIS FROG	Pref	OTC
MASK VORTEX/ MIS LADY BUG	Pref	OTC
NEBULIZER MIS MASK CHD	Pref	
NEBULIZER MIS MASK INF	Pref	
PANDA MASK MIS LARGE	Pref	OTC
PANDA MASK MIS MEDIUM	Pref	OTC
PANDA MASK MIS PEDIATRI	Pref	OTC
PANDA MASK MIS SMALL	Pref	OTC
PARI EXPIRAT MIS FILTER	Pref	
PARI MANUAL MIS INTERRUPT	Pref	
PARI MASK MIS SIZE 3	Pref	
PARI PLASTIC MIS MASK	Pref	
PARI PLASTIC MIS MASK PED	Pref	
PARI TREK S KIT COMBO	Pref	
PEAK FLOW METER	Pref	OTC
PFLEX MIS	Pref	
PFT FILTER MIS 1000	Pref	
PFT FILTER MIS 2000	Pref	
PFT FILTER MIS 3000	Pref	

Drug Name	Drug Tier	Requirements/Limits
PFT FILTER MIS 4000	Pref	
PFT FILTER MIS 5000	Pref	
PFT FILTER MIS 6000	Pref	
PFT FILTER MIS 7000	Pref	
PILLOW MASK MIS ADULT	Pref	
PILLOW MASK MIS CHILD	Pref	
PILLOW MASK MIS PEDIATRI	Pref	
PROCARE MIS ADULT	Pref	OTC
PROCARE MIS CHILD	Pref	OTC
REPLACEMENT MIS FILTER	Pref	
RESPIRATORY THERAPY SUPPLIES	Pref	OTC
SIDESTREAM MIS MASK	Pref	
SIDESTREAM MIS PED MASK	Pref	
SILICONE MSK MIS ADULT	Pref	
SILICONE MSK MIS INFANT	Pref	
SILICONE MSK MIS PED	Pref	
SPACE CHAMBR MIS ANTI-STA	Pref	OTC
SPACE CHAMBR MIS LARGE	Pref	OTC
SPACE CHAMBR MIS MEDIUM	Pref	OTC
SPACE CHAMBR MIS SMALL	Pref	OTC
SPACER CHAMB MIS ADULT	Pref	OTC
SPACER CHAMB MIS CHILD	Pref	OTC
SPACER CHAMB MIS INFANT	Pref	OTC
SPACER/AEROSOL-HOLDING CHAMBERS	Pref	
THRESHOLD MIS IMT	Pref	
THRESHOLD MIS PEP	Pref	
TRUZONE PEAK MIS FLOW MTR	Pref	
TUBE CLEANIN MIS BRUSH	Pref	
VORTEX/MASK MIS CHILDS	Pref	
VORTEX/MASK MIS TODDLER	Pref	
WINDMILL MIS TRAINER	Pref	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG INJ 70MG/ML	Pref	PA, QL (0.067 pens / 1 day); AGE (Min age 18 years)
AIMOVIG INJ 140MG/ML	Pref	PA, QL (0.04 pens / 1 day); AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
AJOVY INJ 225/1.5	Pref	PA, QL (0.038 pens / 1 day); AGE (Min age 18 years)
AJOVY INJ 225/1.5	Pref	PA, QL (0.038 syringes / 1 day); AGE (Min age 18 years)
EMGALITY INJ 100MG/ML	Pref	PA, QL (0.1 syringes / 1 day); AGE (Min age 18 years)
EMGALITY INJ 120MG/ML	Pref	PA, QL (0.04 pens / 1 day); AGE (Min age 18 years)
EMGALITY INJ 120MG/ML	Pref	PA, QL (0.04 syringes / 1 day); AGE (Min age 18 years)
NURTEC TAB 75MG ODT	Non-Pref	PA; AGE (Min age 18 years)
QULIPTA TAB 10MG	Non-Pref	PA; AGE (Min age 18 years)
QULIPTA TAB 30MG	Non-Pref	PA; AGE (Min age 18 years)
QULIPTA TAB 60MG	Non-Pref	PA; AGE (Min age 18 years)
UBRELVY TAB 50MG	Pref	PA, QL (0.54 ea / 1 day); AGE (Min age 18 years)
UBRELVY TAB 100MG	Pref	PA, QL (0.54 ea / 1 day); AGE (Min age 18 years)

MIGRAINE COMBINATIONS

<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Non-Pref	PA
TREXIMET TAB 85-500MG	Non-Pref	PA

SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
AMERGE TAB 1MG	Non-Pref	PA
AMERGE TAB 2.5MG	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Non-Pref	PA
FROVA TAB 2.5MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX INJ 6MG/0.5	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX SPR 5MG/ACT	Pref	QL (6 inhalers / 27 days)
IMITREX SPR 20MG/ACT	Pref	QL (6 inhalers / 27 days)
IMITREX TAB 25MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX TAB 50MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX TAB 100MG	Non-Pref	PA, QL (0.3 tabs / 1 day)
MAXALT TAB 10MG	Non-Pref	PA, QL (0.6 tabs / 1 day)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (0.6 tabs / 1 day)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Non-Pref	PA
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAX TAB 20MG	Non-Pref	PA
RELPAX TAB 40MG	Non-Pref	PA
REYVOW TAB 50MG	Non-Pref	PA; AGE (Min age 18 years)
REYVOW TAB 100MG	Non-Pref	PA; AGE (Min age 18 years)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (0.6 tabs / 1 day)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	QL (0.6 tabs / 1 day)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (0.6 tabs / 1 day)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	QL (0.6 tabs / 1 day)
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 252
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>sumatriptan succinate tab 25 mg</i>	Pref	QL (0.3 tabs / 1 day)
<i>sumatriptan succinate tab 50 mg</i>	Pref	QL (0.3 tabs / 1 day)
<i>sumatriptan succinate tab 100 mg</i>	Pref	QL (0.3 tabs / 1 day)
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

CAL-CITRATE TAB PLUS D	Pref	OTC
CAL-MINT CHW 260MG	Pref	OTC
CALC ACETATE TAB 668MG	Non-Pref	PA, OTC
<i>calcium 600 tab + d</i>	Pref	OTC
<i>calcium + d tab 600-200</i>	Pref	OTC
CALCIUM CARB CHW 260MG	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium cit/ tab vit d</i>	Pref	OTC
<i>calcium citr tab +d</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium tab 500/d</i>	Pref	OTC
<i>calcium+d3 tab 600-800</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>calcium+d tab 600-800</i>	Pref	OTC
<i>calcium/d3 tab</i>	Pref	OTC
<i>gnp calcium tab cit +d3</i>	Pref	OTC
<i>os calcium tab /vit d</i>	Pref	OTC
<i>os-cal + d3 tab 500-200</i>	Pref	OTC
<i>os-cal extra tab d3</i>	Pref	OTC
<i>oys shell+d chw 500-400</i>	Pref	OTC
<i>oys shell+d tab 250-125</i>	Pref	OTC
<i>oysco 500+d tab</i>	Pref	OTC
<i>oyst shell/d tab 500-5mcg</i>	Pref	OTC
<i>oyst shell/d tab 500mg</i>	Pref	OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC
<i>sm ca/mg/zn tab</i>	Pref	OTC
<i>sm calcium tab /vit d3</i>	Pref	OTC
<i>sm calcium/d tab 600-400</i>	Pref	OTC
SM CORAL CAL TAB 1000MG	Pref	OTC

ELECTROLYTE MIXTURES

ENFAMIL SOL ENFALYTE	Pref	OTC
<i>oral electrolyte solution</i>	Pref	OTC

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	

MAGNESIUM

BEELITH TAB	Pref	OTC
MAG CITRATE TAB 100MG	Pref	OTC
MAG-G TAB 500MG	Pref	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Pref	OTC
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Pref	OTC
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i>	Pref	OTC
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Pref	OTC
<i>magnesium tab 100 mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium tab 250mg</i>	Pref	OTC
<i>magnesium-ox tab 400mg</i>	Pref	OTC
MAGONATE LIQ 1000/5ML	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC

MINERAL COMBINATIONS

<i>ca citrate + tab</i>	Pref	OTC
<i>cal-mag-zinc tab +d3</i>	Pref	OTC
FEM-CAL TAB CITRATE	Pref	OTC

PHOSPHATE

K-PHOS TAB	Pref	
<i>phospha 250 tab neutral</i>	Pref	
<i>phospho-trin tab 250 neut</i>	Pref	
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	Pref	
<i>potassium & sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC
<i>virt-phos tab 250 neut</i>	Pref	

POTASSIUM

<i>effer-k tab 25meq ef</i>	Pref	
<i>klor-con 8 tab 8meq er</i>	Pref	90 day supply
<i>klor-con 10 tab 10meq er</i>	Pref	90 day supply
<i>klor-con m10 tab 10meq er</i>	Pref	
<i>klor-con m20 tab 20meq er</i>	Pref	90 day supply
<i>klor-con pak 20meq</i>	Pref	90 day supply
<i>klor-con/ef tab 25meq fr</i>	Pref	
<i>potassium chloride cap er 8 meq</i>	Pref	90 day supply
<i>potassium chloride cap er 10 meq</i>	Pref	90 day supply
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Pref	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	90 day supply
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	90 day supply
<i>potassium chloride powder packet 20 meq</i>	Pref	90 day supply
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	90 day supply
<i>potassium chloride tab er 10 meq</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Pref	
SODIUM		
<i>sodium chloride flush iv soln 0.9%</i>	Pref	
<i>sodium chloride tab 1 gm</i>	Pref	OTC
TRACE MINERALS		
<i>chromium picolinate tab 200 mcg</i>	Pref	OTC
<i>sm chrom pic tab 200mcg</i>	Pref	OTC
ZINC		
<i>sm zinc tab 50mg</i>	Pref	OTC
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Pref	OTC
<i>zinc tab 50 mg</i>	Pref	OTC
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
<i>penicillamine tab 250 mg</i>	Pref	PA, QL (4 tabs / 1 day)
<i>trientine hcl cap 250 mg</i>	Pref	PA
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Pref	90 day supply
<i>cyclosporine modified cap 25 mg</i>	Pref	
<i>cyclosporine modified cap 100 mg</i>	Pref	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	
ENSPRYNG INJ	Non-Pref	SP, PA
<i>gengraf cap 25mg</i>	Pref	
<i>gengraf cap 100mg</i>	Pref	
<i>gengraf sol 100mg/ml</i>	Pref	
<i>mycophenolate mofetil cap 250 mg</i>	Pref	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Pref	
<i>mycophenolate mofetil tab 500 mg</i>	Pref	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Pref	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Pref	
<i>sirolimus oral soln 1 mg/ml</i>	Pref	
<i>sirolimus tab 0.5 mg</i>	Pref	
<i>sirolimus tab 1 mg</i>	Pref	
<i>sirolimus tab 2 mg</i>	Pref	
<i>tacrolimus cap 0.5 mg</i>	Pref	QL (2 caps / 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (8 caps / 1 day)
<i>tacrolimus cap 5 mg</i>	Pref	QL (4 caps / 1 day)
UPLIZNA SOL 100MG	Non-Pref	SP, PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 256

Drug Name	Drug Tier	Requirements/Limits
IRRIGATION SOLUTIONS		
<i>water for irrigation, sterile irrigation soln</i>	Pref	
MISC NATURAL PRODUCTS		
CA PYRUVATE CAP 600MG	Pref	OTC
<i>echinacea/ cap glandseal</i>	Pref	OTC
GARLIN TAB	Pref	OTC
GLUCOS/CHOND TAB /MSM	Pref	OTC
GLUCOS/CHOND TAB ADVANCED	Pref	OTC
<i>misc natural products cap</i>	Pref	OTC
OCTACOSANOL TAB	Pref	OTC
PRO NUTRIENT TAB FRU/VEG	Pref	OTC
RED WINE CAP EXTRACT	Pref	OTC
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate powder</i>	Pref	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	Pref	
<i>lidocaine hcl viscous soln 2%</i>	Pref	
<i>sore throat loz 15-2.6mg</i>	Pref	OTC
<i>sore throat loz 15-3.6mg</i>	Pref	OTC
<i>sore throat loz cherry</i>	Pref	OTC
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Non-Pref	PA
<i>nystatin susp 100000 unit/ml</i>	Pref	90 day supply
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Pref	
<i>phenaseptic liq 1.4%</i>	Pref	OTC
<i>sore throat spr 1.4%</i>	Pref	OTC
DENTAL PRODUCTS		
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
LOZENGES		
<i>cough drops loz 5.8mg</i>	Pref	OTC
<i>cough drops loz 7.6mg</i>	Pref	OTC
<i>cough drops loz cherry</i>	Pref	OTC
<i>cough drops loz sf menth</i>	Pref	OTC
STERIODS - MOUTH/THROAT/DENTAL		
<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX VITAMINS		
<i>b-complex vitamin cap</i>	Pref	OTC
<i>b-complex vitamin tab</i>	Pref	OTC
B-COMPLEX W/ C		
<i>b-complex w/ c tab</i>	Pref	OTC
<i>stress form/ tab zinc</i>	Pref	OTC
<i>super b comp tab vit c</i>	Pref	OTC
B-COMPLEX W/ FOLIC ACID		
<i>b-plex tab</i>	Pref	
DIALYVIT 800 TAB ZINC 15	Pref	OTC
<i>dialyvite tab</i>	Pref	
<i>dialyvite tab 800</i>	Pref	OTC
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE WAF PLUS D	Pref	OTC
<i>folbee plus tab</i>	Pref	
<i>folbee plus tab cz</i>	Pref	
<i>kobee tab</i>	Pref	OTC
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
<i>nephronex tab</i>	Pref	
<i>quin b stron tab b-25</i>	Pref	OTC
<i>rena-vite rx tab</i>	Pref	OTC
<i>rena-vite tab</i>	Pref	OTC
<i>renal cap</i>	Pref	
<i>renal vitamn tab</i>	Pref	OTC
<i>renal-vite tab</i>	Pref	OTC
<i>reno cap</i>	Pref	
<i>sm balanced tab b-50</i>	Pref	OTC
<i>sm balanced tab b-100</i>	Pref	OTC
<i>super dec tab b-100</i>	Pref	OTC
<i>super quints tab</i>	Pref	OTC
<i>triphrocaps cap</i>	Pref	
<i>virt-caps cap</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
VITAL-D RX TAB	Pref	
<i>vp-vite rx tab</i>	Pref	
<i>wescaps cap</i>	Pref	
BIOFLAVONOID PRODUCTS		
<i>anti-allergy tab</i>	Pref	OTC
<i>ester-c tab 500mg</i>	Pref	OTC
FRUIT C CHW 200MG	Pref	OTC
<i>pan-c 500 tab bioflavo</i>	Pref	OTC
<i>span c tab</i>	Pref	OTC
<i>tri super tab flavons</i>	Pref	OTC
MULTIPLE VITAMINS W/ CALCIUM		
<i>one daily tab womens</i>	Pref	OTC
MULTIPLE VITAMINS W/ IRON		
<i>daily multi tab vit/iron</i>	Pref	OTC
<i>daily vit tab +iron</i>	Pref	OTC
<i>daily vit tab iron</i>	Pref	OTC
<i>multiple vitamins w/ iron tab</i>	Pref	OTC
<i>sm multiple tab vit/iron</i>	Pref	OTC
<i>tab-a-vite tab /iron</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS		
ALGAE BASED TAB CALCIUM	Pref	OTC
<i>b-plex plus tab</i>	Pref	
CENTRUM SPEC TAB HEART	Pref	OTC
CENTRUM SPEC TAB IMMUNE	Pref	OTC
CENTRUM SPEC TAB VISION	Pref	OTC
CENTRUM TAB CARDIO	Pref	OTC
CENTRUM TAB MEN	Pref	OTC
CENTRUM TAB SILVER	Pref	OTC
CENTRUM TAB ULTRA	Pref	OTC
CERTAVITE TAB SENIOR	Pref	OTC
DERMAVITE TAB	Pref	OTC
DIALYVITE TAB SUPREM D	Pref	
FREEDAVITE TAB	Pref	OTC
GERI-FREEDA TAB SENIOR	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
MEGA MULTIVI TAB MEN	Pref	OTC
MEGA MULTIVI TAB WOMEN	Pref	OTC
MULTI-VITAMI TAB MONOCAPS	Pref	OTC
MULTI-VITE LIQ	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS	Pref	
<i>multiple vitamins w/ minerals</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamins w/ minerals cap</i>	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS CAP	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS CHEW TAB	Pref	OTC
<i>nutrifac zx tab</i>	Pref	
<i>ocuvite eye chw health</i>	Pref	OTC
ONCOVITE TAB	Pref	OTC
PARVLEX TAB	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D TAB	Pref	OTC
QUIN B TAB STRONG	Pref	OTC
QUINTABS-M TAB	Pref	OTC
RENAPLEX-D TAB	Pref	OTC
<i>super liq nu-thera</i>	Pref	OTC
SYSTANE ICAP TAB AREDS2	Pref	OTC
T-VITES TAB	Pref	OTC
THERA M PLUS TAB	Pref	OTC
THERA-M TAB	Pref	OTC
THEREMS-M TAB	Pref	OTC
<i>v-c forte cap</i>	Pref	
<i>vita s forte tab</i>	Pref	
YELETS TEEN TAB FORMULA	Pref	OTC
MULTIVITAMINS - DRUGS FOR NUTRITION		
<i>multiple vitamin tab</i>	Pref	OTC
QUINTABS TAB	Pref	OTC
THERA TAB	Pref	OTC
PED MULTIPLE VITAMINS W/ MINERALS		
AQUADEKS DRO	Pref	OTC
CENTRUM KIDS CHW	Pref	OTC
CENTRUM KIDS CHW FLAV BST	Pref	OTC
VITALETS CHW CHILD	Pref	OTC
<i>zoo friends chw</i>	Pref	OTC
ZOO FRIENDS CHW COMPLETE	Pref	OTC
PED MV W/ FLUORIDE		
FLORIVA DRO PLUS	Pref	
<i>multi vit/fl chw 0.25mg</i>	Pref	
MULTI-VIT-FL CHW 0.5MG	Pref	
MULTI-VIT-FL CHW 0.25MG	Pref	
MULTI-VIT-FL CHW 1MG	Pref	
<i>multivit/fl chw 0.5mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>multivit/fl chw 0.25mg</i>	Pref	
<i>multivit/fl chw 1mg</i>	Pref	
<i>multivit/fl dro 0.25mg</i>	Pref	
<i>multivit/fl dro 0.25mg</i>	Pref	OTC
QUFLORA PED DRO 0.25MG	Pref	
PED MV W/ IRON		
<i>animal shape chw complete</i>	Pref	OTC
ANIMAL SHAPE CHW IRON	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>child multiv chw iron</i>	Pref	OTC
<i>childrens chw /iron</i>	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	OTC
POLY-VITE SOL IRON	Pref	OTC
<i>qc childrens chw complete</i>	Pref	OTC
<i>qc childrens chw iron</i>	Pref	OTC
<i>sm animal sh chw complete</i>	Pref	OTC
<i>zoo friends chw pls iron</i>	Pref	OTC
PEDIATRIC MULTIPLE VITAMINS		
<i>animal chews chw</i>	Pref	OTC
<i>child chew/ chw extra c</i>	Pref	OTC
<i>gnp little chw ones</i>	Pref	OTC
<i>multivitamin chw children</i>	Pref	OTC
POLY-VI-SOL SOL 50MG/ML	Pref	OTC
POLY-VITA DRO	Pref	OTC
POLY-VITE SOL 50MG/ML	Pref	OTC
<i>qc childrens chw extra c</i>	Pref	OTC
<i>sm animal chw shapes</i>	Pref	OTC
<i>zoo friends chw extra c</i>	Pref	OTC
<i>zoo friends chw gummies</i>	Pref	OTC
PEDIATRIC VITAMINS		
TRI-VI-SOL SOL A/C/D	Pref	OTC
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	Pref	OTC
CO-NATAL FA TAB 29-1MG	Pref	
COMPLETENATE CHW	Pref	
ENFAMIL MIS EXPECTA	Pref	OTC
GNP PRENATAL TAB 28-0.8MG	Pref	OTC
KPN PRENATAL TAB	Pref	OTC
M-NATAL PLUS TAB	Pref	
NIVA-PLUS TAB	Pref	
ONE VITE TAB 1MG PLUS	Pref	

Drug Name	Drug Tier	Requirements/Limits
ONE VITE TAB 27-0.8MG	Pref	OTC
PNV TABS TAB 29-1MG	Pref	
PRENATABS FA TAB 29-1MG	Pref	OTC
<i>prenatabs rx tab</i>	Pref	
<i>prenatal 19 chw tab</i>	Pref	
PRENATAL 19 TAB	Pref	OTC
PRENATAL FRM TAB A-FREE	Pref	OTC
PRENATAL ONE TAB DAILY	Pref	OTC
PRENATAL TAB	Pref	OTC
PRENATAL TAB 27-0.8MG	Pref	OTC
PRENATAL TAB 27-1MG	Pref	
PRENATAL TAB 28-0.8MG	Pref	OTC
<i>prenatal tab plus</i>	Pref	
PRENATAL VIT TAB LOW IRON	Pref	
PRENATAL-U CAP 106.5-1	Pref	
PRENATVITE TAB RX	Pref	
PREPLUS TAB 27-1MG	Pref	
PRETAB TAB 29-1MG	Pref	
QC PRENATAL TAB 28-0.8MG	Pref	OTC
SE-NATAL 19 CHW	Pref	
SE-NATAL 19 TAB	Pref	
SM PRENATAL TAB VITAMINS	Pref	OTC
THRIVITE RX TAB 29-1MG	Pref	
TRICARE TAB PRENATAL	Pref	
TRINATAL RX TAB 1	Pref	
VINATE ONE TAB	Pref	
VITAFOL-OB TAB 65-1MG	Pref	
WESTAB PLUS TAB 27-1MG	Pref	
SPECIALTY VITAMINS PRODUCTS		
CENTRUM SPEC TAB ENERGY	Pref	OTC
CENTRUM TAB PERFORMA	Pref	OTC
GNP CENTURY TAB ENERGY	Pref	OTC
ICAPS LUTEIN TAB ZEAXANTH	Pref	OTC
<i>urosex tab</i>	Pref	
VITAMIN MIXTURES		
<i>cod liver cap</i>	Pref	OTC
VITAMINS W/ LIPOTROPICS		
<i>lipoflavovit tab</i>	Pref	OTC
<i>risanoid tab plus</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	Non-Pref	PA
DANTRIUM CAP 50MG	Non-Pref	PA
<i>dantrolene sodium cap 25 mg</i>	Pref	
<i>dantrolene sodium cap 50 mg</i>	Pref	
<i>dantrolene sodium cap 100 mg</i>	Pref	
MUSCLE RELAXANT COMBINATIONS		
<i>carisoprodol w/ aspirin & codeine tab 200-325-16 mg</i>	Non-Pref	PA; AGE (Min age 12 years)
NORGESIC TAB FORTE	Non-Pref	PA
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML	Pref	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Non-Pref	PA; AGE (Min age 6 years)
DYMISTA SPR 137-50	Non-Pref	PA; AGE (Min age 6 years)
NASAL AGENTS - MISC.		
AYR ALLERGY SPR & SINUS	Pref	OTC
AYR NASAL DRO 0.65%	Pref	OTC
<i>ayr saline gel nasal</i>	Pref	OTC
<i>saline nasal spray 0.65%</i>	Pref	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	QL (0.067 bottles / 1 day)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Non-Pref	PA
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Pref	OTC
<i>olopatadine hcl nasal soln 0.6%</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Pref	QL (2 mL / 1 day)
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Pref	QL (2 mL / 1 day)
NASAL STEROIDS		
<i>allergy relf spr 50mcg</i>	Pref	QL (0.03 bottles / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>allergy relf spr 50mcg</i>	Non-Pref	PA, QL (0.049 bottles / 1 day), OTC
<i>allgy relief spr 50mcg</i>	Pref	QL (0.034 bottles / 1 day), OTC
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Non-Pref	PA, OTC
FLONASE SENS SUS 27.5MCG	Pref	OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (0.038 bottles / 1 day)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (0.034 bottles / 1 day), OTC
<i>fluticasone spr 50mcg</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>fluticasone sus 50mcg</i>	Pref	OTC
<i>24 hr nasal spr allergy</i>	Pref	QL (0.033 bottles / 1 day), OTC
<i>24 hr nasal spr allergy</i>	Non-Pref	PA, QL (0.033 bottles / 1 day), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
<i>nasal allrgy spr 55mcg/ac</i>	Pref	QL (0.033 bottles / 1 day), OTC
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetone nasal aerosol suspension 55 mcg/act</i>	Pref	QL (0.033 bottles / 1 day), OTC
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

SYMPATHOMIMETIC DECONGESTANTS

<i>nasal decong spr 0.05%</i>	Pref	OTC
<i>nasal decong tab 10mg</i>	Pref	OTC
<i>phenylephrine hcl nasal soln 1%</i>	Pref	OTC
<i>phenylephrine hcl tab 10 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Pref	OTC
<i>sm nasal dec tab 10mg pe</i>	Pref	OTC
<i>sudogest tab 60mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
<i>dextrose inj 5%</i>	Pref	
LIPOTROPICS		
<i>soya lecithn cap 1200mg</i>	Pref	OTC
MISC. NUTRITIONAL SUBSTANCES		
OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Pref	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Pref	OTC
PROTEINS		
L-TRYPTOPHAN TAB 500MG	Pref	OTC
<i>levocarnitine (dietary) oral soln 1 gm/10ml</i>	Pref	OTC
<i>lysine hcl tab 500 mg</i>	Pref	OTC
<i>sm l-lysine tab 500mg</i>	Pref	OTC
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artifi tears sol 1.4% op</i>	Pref	OTC
<i>artificial sol 0.5-0.6%</i>	Pref	OTC
<i>artificial sol tears</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
<i>dry eye relf dro 0.4-0.3%</i>	Pref	OTC
<i>dry eye relf gel 1%</i>	Pref	OTC
<i>dry eye rlf dro</i>	Pref	OTC
<i>eye drops dro 0.5-0.9%</i>	Pref	OTC
<i>eye drops sol relief</i>	Pref	OTC
GENTEAL GEL 0.3%	Pref	OTC
<i>genteal tear sol moderate</i>	Pref	OTC
<i>hm dry eye sol relief</i>	Pref	OTC
ISOPTO TEARS SOL 0.5% OP	Pref	OTC
<i>lubricant dro eye 0.6%</i>	Pref	OTC
<i>lubricating dro 0.5%</i>	Pref	OTC
<i>lubricating sol tears</i>	Pref	OTC
<i>lubricnt eye dro 0.4-0.3%</i>	Pref	OTC
<i>lubricnt eye dro 0.5% op</i>	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
<i>refresh cell gel 1% op</i>	Pref	OTC
REFRESH DRO OP	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
REFRESH DRO RELIEVA	Pref	OTC
REFRESH GEL OPTIVE	Pref	OTC
<i>refresh lacr oin op</i>	Pref	OTC
REFRESH OPT SOL MEGA-3	Pref	OTC
REFRESH OPTI DRO 0.5-0.9%	Pref	OTC
REFRESH SOL DIGITAL	Pref	OTC
REFRESH SOL OPTIVE	Pref	OTC
<i>sm artificia sol tears</i>	Pref	OTC
<i>sm dry eye sol relief</i>	Pref	OTC
<i>soothe xp dro</i>	Pref	OTC
<i>systane dro contacts</i>	Pref	OTC
SYSTANE GEL 0.3%	Pref	OTC
<i>tears pure sol</i>	Pref	OTC

BETA-BLOCKERS - OPHTHALMIC

<i>betaxolol hcl ophth soln 0.5%</i>	Pref	QL (0.54 mL / 1 day)
BETIMOL SOL 0.5%	Non-Pref	PA
BETIMOL SOL 0.25%	Non-Pref	PA
BETOPTIC-S SUS 0.25% OP	Non-Pref	PA
<i>carteolol hcl ophth soln 1%</i>	Pref	QL (0.334 mL / 1 day)
COMBIGAN SOL 0.2/0.5%	Pref	QL (0.334 mL / 1 day)
COSOPT PF SOL 2%-0.5%	Non-Pref	PA
COSOPT SOL 22.3-6.8	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	Non-Pref	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Pref	QL (0.334 mL / 1 day)
ISTALOL SOL 0.5% OP	Non-Pref	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Pref	QL (0.4 mL / 1 day)
<i>timolol mal sol 0.5% op</i>	Pref	QL (0.334 ea / 1 day)
<i>timolol maleate ophth gel forming soln 0.5%</i>	Pref	QL (0.286 mL / 1 day)
<i>timolol maleate ophth gel forming soln 0.25%</i>	Pref	QL (0.286 mL / 1 day)
<i>timolol maleate ophth soln 0.5%</i>	Pref	QL (0.334 mL / 1 day)
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Non-Pref	PA
<i>timolol maleate ophth soln 0.25%</i>	Pref	QL (0.286 mL / 1 day)
TIMOPTIC OCU SOL 0.5% OP	Non-Pref	PA, QL (0.334 ea / 1 day)
TIMOPTIC OCU SOL 0.25% OP	Non-Pref	PA
TIMOPTIC SOL 0.5% OP	Non-Pref	PA, QL (0.334 mL / 1 day)

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC SOL 0.25% OP	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC-XE SOL 0.5% OP	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC-XE SOL 0.25% OP	Non-Pref	PA, QL (0.286 mL / 1 day)

CHOLINERGIC AGONISTS

TYRVAYA SOL 0.03MG	Non-Pref	PA
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CYCLOPLEGIC MYDRIATICS

<i>atropine sulfate ophth oint 1%</i>	Pref	
<i>atropine sulfate ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 0.5%</i>	Pref	
<i>cyclopentolate hcl ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 2%</i>	Pref	
ISOPTO ATROP SOL 1% OP	Pref	
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1%</i>	Pref	

MIOTICS

ISOPTO CARP SOL 1% OP	Non-Pref	PA, QL (0.54 mL / 1 day)
ISOPTO CARP SOL 2% OP	Non-Pref	PA, QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 1%</i>	Pref	QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 2%</i>	Pref	QL (0.54 mL / 1 day)
<i>pilocarpine hcl ophth soln 4%</i>	Pref	QL (0.54 mL / 1 day)

OPHTHALMIC ADRENERGIC AGENTS

ALPHAGAN P SOL 0.1%	Pref	QL (0.4 mL / 1 day)
ALPHAGAN P SOL 0.15%	Pref	QL (0.4 mL / 1 day)
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non-Pref	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	QL (0.4 mL / 1 day)
<i>brimonidine tartrate ophth soln 0.15%</i>	Pref	QL (0.4 mL / 1 day)
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Non-Pref	PA

OPHTHALMIC ANTI-INFECTIVES

<i>ak-poly-bac oin op</i>	Pref	QL (0.434 gm / 1 day)
AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Pref	QL (0.434 gm / 1 day)
<i>bacitracin-polymyxin b ophth oint</i>	Pref	QL (0.434 gm / 1 day)
BESIVANCE SUS 0.6%	Non-Pref	PA
BLEPH-10 SOL 10% OP	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
CILOXAN SOL 0.3% OP	Non-Pref	PA, QL (0.767 mL / 1 day)
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	QL (0.767 mL / 1 day)
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	QL (0.54 gm / 1 day)
<i>gatifloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Pref	QL (0.54 gm / 1 day)
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	QL (2.143 mL / 1 day)
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
MOXEZA SOL 0.5%	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Pref	QL (0.434 mL / 1 day)
<i>neo-polycin oin op</i>	Non-Pref	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA
OCUFLOX DRO 0.3% OP	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>ofloxacin ophth soln 0.3%</i>	Pref	QL (1.47 mL / 1 day)
<i>polycin oin op</i>	Pref	QL (0.434 gm / 1 day)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	QL (1.47 mL / 1 day)
POLYTRIM SOL OP	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>sulfacetamide sodium ophth oint 10%</i>	Non-Pref	PA
<i>sulfacetamide sodium ophth soln 10%</i>	Non-Pref	PA
<i>tobramycin ophth soln 0.3%</i>	Pref	QL (2.143 mL / 1 day)
TOBEX OIN 0.3% OP	Non-Pref	PA
VIGAMOX DRO 0.5%	Non-Pref	PA, QL (0.434 mL / 1 day)
ZYMAXID SOL 0.5%	Non-Pref	PA

OPHTHALMIC DECONGESTANTS

<i>eye drops ar sol op</i>	Pref	OTC
<i>eye drops dro adv relf</i>	Pref	OTC
<i>eye drops sol 0.05% op</i>	Pref	OTC
<i>eye drops sol a/r</i>	Pref	OTC
<i>eye drops sol op</i>	Pref	OTC
<i>gnp eye dro</i>	Pref	OTC
<i>gnp eye drop sol 0.05% op</i>	Pref	OTC
<i>hm eye drops sol 0.05% op</i>	Pref	OTC
<i>qc eye drops dro</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm eye dro</i>	Pref	OTC
<i>sm eye drops sol 0.05% op</i>	Pref	OTC
OPHTHALMIC IMMUNOMODULATORS		
CEQUA SOL 0.09%	Non-Pref	PA
RESTASIS EMU 0.05%	Pref	
RESTASIS MUL EMU 0.05%	Pref	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	Pref	
OPHTHALMIC KINASE INHIBITORS		
RHOPRESSA SOL 0.02%	Pref	QL (0.1 mL / 1 day)
ROCKLATAN DRO	Pref	QL (0.1 mL / 1 day)
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Pref	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
BLEPHAMIDE SUS OP	Non-Pref	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Non-Pref	PA
<i>difluprednate ophth emulsion 0.05%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
DUREZOL EMU 0.05%	Pref	QL (0.334 mL / 1 day)
EYSUVIS DRO 0.25%	Non-Pref	PA, QL (8.3 mL / 72 days)
FLAREX SUS 0.1% OP	Non-Pref	PA
<i>fluorometholone ophth susp 0.1%</i>	Pref	
FML FORTE SUS 0.25% OP	Non-Pref	PA
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA
FML OIN 0.1% OP	Non-Pref	PA
INVELTYS SUS 1%	Non-Pref	PA
LOTEMAX GEL 0.5%	Non-Pref	PA
LOTEMAX OIN 0.5%	Non-Pref	PA
LOTEMAX SM GEL 0.38%	Non-Pref	PA
LOTEMAX SUS 0.5%	Non-Pref	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Pref	
<i>loteprednol etabonate ophth susp 0.5%</i>	Pref	
MAXIDEX SUS 0.1% OP	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>neo-polycin oin hc 1%op</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUS 1% OP	Non-Pref	PA
PRED MILD SUS 0.12% OP	Non-Pref	PA
PRED SOD PHO SOL 1% OP	Non-Pref	PA
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS OP	Non-Pref	PA
<i>prednisolone acetate ophth susp 1%</i>	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	
TOBRADEX ST SUS 0.3-0.05	Non-Pref	PA
TOBRADEX SUS 0.3-0.1%	Pref	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Pref	
ZYLET SUS 0.5-0.3%	Non-Pref	PA

OPHTHALMICS - MISC.

ACULAR LS SOL 0.4%	Non-Pref	PA
ACULAR SOL 0.5% OP	Non-Pref	PA, QL (0.5 mL / 1 day)
ACUVAIL SOL 0.45%	Non-Pref	PA
<i>alaway child dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
<i>alaway dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
ALOCRIL SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Pref	QL (0.267 mL / 1 day)
AZOPT SUS 1% OP	Pref	QL (0.334 mL / 1 day)
<i>bepotastine besilate ophth soln 1.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
BEPREVE DRO 1.5%	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>brinzolamide ophth susp 1%</i>	Pref	QL (0.334 mL / 1 day)
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 271

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl ophth soln 2%</i>	Pref	QL (0.4 mL / 1 day)
<i>epinastine hcl ophth soln 0.05%</i>	Pref	QL (0.286 mL / 1 day)
<i>eye allergy sol itch rel</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye allergy sol itch/red</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye itch rel dro 0.025%op</i>	Pref	QL (0.167 mL / 1 day), OTC
EYE STREAM SOL OP	Pref	OTC
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
<i>gnp olopatad sol 0.2%</i>	Pref	QL (0.286 mL / 1 day), OTC
ILEVRO DRO 0.3% OP	Non-Pref	PA
<i>ketorolac tromethamine ophth soln 0.4%</i>	Pref	
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	QL (0.5 mL / 1 day)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	QL (0.167 mL / 1 day), OTC
MURO 128 SOL 2% OP	Pref	OTC
NEVANAC SUS 0.1%	Non-Pref	PA
<i>olopatadine dro 0.1% op</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Pref	QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.1%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.2%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY SOL 0.7%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PROLENSA SOL 0.07%	Non-Pref	PA
<i>sodium chloride hypertonic ophth oint 5%</i>	Pref	OTC
<i>sodium chloride hypertonic ophth soln 5%</i>	Pref	OTC
TRUSOPT SOL 2% OP	Non-Pref	PA, QL (0.4 mL / 1 day)
ZADITOR DRO 0.025%OP	Pref	QL (0.167 mL / 1 day), OTC
ZERVIATE DRO 0.24%	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 272
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005%</i>	Pref	QL (0.13 mL / 1 day)
LUMIGAN SOL 0.01%	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Pref	QL (0.167 mL / 1 day)
<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	Pref	QL (0.167 mL / 1 day)
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA, QL (0.13 mL / 1 day)
XELPROS EMU 0.005%	Non-Pref	PA
ZIOPTAN DRO 0.0015%	Non-Pref	PA
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Pref	
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	QL (0.334 mL / 1 day)
OTIPRIO SUS 60MG/ML	Non-Pref	PA
OTIC COMBINATIONS		
CIPRO HC SUS OTIC	Non-Pref	PA
CIPRO/FLUOC DRO PF	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	QL (0.257 mL / 1 day)
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Pref	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Pref	
OTOVEL DRO	Non-Pref	PA
OTIC STEROIDS		
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methergine tab 0.2mg</i>	Pref	QL (6 tabs / 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (6 tabs / 1 day)
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 273
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Pref	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	

NATURAL PENICILLINS

<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	
<i>penicillin v potassium tab 250 mg</i>	Pref	
<i>penicillin v potassium tab 500 mg</i>	Pref	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Pref	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Pref	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Pref	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Pref	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Pref	
<i>dicloxacillin sodium cap 500 mg</i>	Pref	

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING FLAVORING AGENTS

APPLE FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ	Pref	OTC
BACON FLAVOR LIQ NATURAL	Pref	OTC
BANANA CREAM LIQ FLAVOR	Pref	OTC
BANANA CREME LIQ FLAVOR	Pref	OTC
BANANA LIQ FLAVOR	Pref	OTC
BEEF BRAISED LIQ FLAVOR	Pref	OTC
BEEF FLAVOR LIQ	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
BEEF FLAVOR LIQ NATURAL	Pref	OTC
BEEF FLAVOR LIQ OIL SOLU	Pref	OTC
BITTER MASK LIQ FLAVOR	Pref	OTC
BITTERNESS LIQ SUPPRESS	Pref	OTC
BLUEBERRY LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ CONCENTR	Pref	OTC
BUBBLE GUM LIQ FLAVOR	Pref	OTC
BUBBLEGUM LIQ FLAVOR	Pref	OTC
BUTTERSCOTCH LIQ FLAVOR	Pref	OTC
CARAMEL LIQ FLAVOR	Pref	OTC
CHCK FLAVOR LIQ OIL MISC	Pref	OTC
CHEESECAKE LIQ FLAVOR	Pref	OTC
CHERRY LIQ FLAVOR	Pref	OTC
CHICKEN LIQ FLAVOR	Pref	OTC
CHICKEN LIQ ROASTED	Pref	OTC
CHOCOLATE LIQ FLAVOR	Pref	OTC
CINNAMON OIL FLAVOR	Pref	OTC
COTTON CANDY LIQ FLAVOR	Pref	OTC
CREME DE OIL MENTHE	Pref	OTC
CREME DEMENT LIQ FLAVOR	Pref	OTC
FLAVORING AGENT - OIL	Pref	
FLAVORING AGENTS	Pref	
FLAVORX LIQ	Pref	OTC
GRAPE LIQ FLAVOR	Pref	OTC
GUAVA FLAVOR LIQ	Pref	OTC
HONEY FLAVOR LIQ	Pref	OTC
LEMON FLAVOR LIQ	Pref	OTC
LEMON FLAVOR OIL	Pref	OTC
LEMON LIQ FLAVOR	Pref	OTC
LIVER FLAVOR LIQ	Pref	OTC
LIVER LIQ CONCNR	Pref	OTC
MANGO FLAVOR LIQ	Pref	OTC
MARSHMALLOW LIQ FLAVOR	Pref	OTC
NATURAL LIQ CARAMEL	Pref	OTC
ORANGE CONC LIQ	Pref	OTC
ORANGE LIQ FLAVOR	Pref	OTC
PEACH FLAVOR LIQ	Pref	OTC
PEANUT BUTTR LIQ FLAVOR	Pref	OTC
PEANUT BUTTR OIL FLAVOR	Pref	OTC
PINA COLADA LIQ FLAVOR	Pref	OTC
PINEAPPLE LIQ FLAVOR	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
RASPBERRY LIQ FLAVOR	Pref	OTC
SARDINE LIQ FLAVOR	Pref	OTC
STRAWBERRY LIQ FLAVOR	Pref	OTC
SWEETENING LIQ ENHANCER	Pref	OTC
TROPICAL PUN LIQ FLAVOR	Pref	OTC
TUNA FLAVOR LIQ	Pref	OTC
TUNA TYPE LIQ FLAVR OS	Pref	OTC
TUTTI FRUTTI LIQ FLAVOR	Pref	OTC
VANILLA LIQ BUTTERNU	Pref	OTC
VANILLA LIQ FLAVOR	Pref	OTC
VITAMIN/IRON LIQ MASKING	Pref	OTC
WATERMELON LIQ FLAVOR	Pref	OTC
WILD CHERRY LIQ FLAVOR	Pref	OTC

LIQUID VEHICLES

MX-SOL SF SYP	Pref	OTC
MX-SOL SYP	Pref	OTC
ORA-PLUS LIQ	Pref	OTC
ORA-SWEET SF SYP	Pref	OTC
ORA-SWEET SYP	Pref	OTC
SIMPLE SYRUP SYP NF	Pref	OTC
SOSWEET SYP	Pref	OTC
<i>water for injection</i>	Pref	

PHARMACEUTICAL EXCIPIENTS

ASTRAGALUS POW ROOT	Pref	
BEES WAX MIS WHITE	Pref	
BEESWAX MIS WHITE	Pref	
BEESWAX MIS WHITE	Pref	OTC
BEESWAX MIS YELLOW	Pref	
METHYLCELLUL POW	Pref	OTC
METHYLCELLUL POW 400CPS	Pref	OTC
METHYLCELLUL POW 1500CPS	Pref	OTC
METHYLCELLUL POW 4000CPS	Pref	
METHYLCELLUL POW 4000CPS	Pref	OTC
OLEIC ACID LIQ	Pref	
PARAFFIN MIS	Pref	
PARAFFIN MIS	Pref	OTC
PARAFFIN MIS BEADS	Pref	OTC
STEARIC ACID POW	Pref	
STEARIC ACID POW	Pref	OTC
STEARYL MIS ALCOHOL	Pref	
STEARYL MIS ALCOHOL	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
STEARYL POW ALCOHOL	Pref	
TRAGACANTH POW	Pref	
TRAGACANTH POW	Pref	OTC
WHITE WAX MIS	Pref	
WHITE WAX MIS	Pref	OTC
YELLOW WAX MIS BEESWAX	Pref	OTC

SEMI SOLID VEHICLES

BABY SKIN OIN PROTECT	Pref	OTC
DAILY MOIST OIN	Pref	OTC
PEG 3350 POW	Pref	
PEG 3350 POW	Pref	OTC
<i>petrolatum gel</i>	Pref	OTC
PETROLATUM OIN 42%	Pref	OTC
PETROLATUM OIN WHITE	Pref	OTC
PETROLEUM OIN BABY	Pref	OTC
PETROLEUM OIN JELLY	Pref	OTC
POLY GLYCOL GRA 3350	Pref	
<i>vaseline gel</i>	Pref	
<i>white petrolatum gel</i>	Pref	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TAB 5MG	Non-Pref	PA
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Non-Pref	SP, PA
MAKENA INJ 275MG	Pref	SP
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Pref	
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	
<i>megestrol acetate susp 625 mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tab 5 mg</i>	Pref	
<i>progesterone cap 100 mg</i>	Pref	
<i>progesterone cap 200 mg</i>	Pref	
<i>progesterone im in oil 50 mg/ml</i>	Pref	
PROMETRIUM CAP 100MG	Non-Pref	PA
PROMETRIUM CAP 200MG	Non-Pref	PA
PROVERA TAB 2.5MG	Non-Pref	PA
PROVERA TAB 5MG	Non-Pref	PA
PROVERA TAB 10MG	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl tab 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min age 40 years)
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Non-Pref	PA
NAMENDA TAB 5-10MG	Non-Pref	PA
NAMENDA XR CAP 7MG	Non-Pref	PA; 90 day supply
NAMENDA XR CAP 14MG	Non-Pref	PA
NAMENDA XR CAP 21MG	Non-Pref	PA
NAMENDA XR CAP 28MG	Non-Pref	PA
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Pref	90 day supply
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Pref	90 day supply
COMBINATION PSYCHOTHERAPEUTICS		
LYBALVI TAB 5-10MG	Non-Pref	PA, AGE
LYBALVI TAB 10-10MG	Non-Pref	PA, AGE
LYBALVI TAB 15-10MG	Non-Pref	PA, AGE
LYBALVI TAB 20-10MG	Non-Pref	PA, AGE
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE (Min age 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE (Min age 18 years); 90 day supply
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE (Min age 18 years)
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE (Min age 18 years)

FIBROMYALGIA AGENTS

SAVELLA MIS TITR PAK	Non-Pref	PA
SAVELLA TAB 12.5MG	Non-Pref	PA
SAVELLA TAB 25MG	Non-Pref	PA
SAVELLA TAB 50MG	Non-Pref	PA
SAVELLA TAB 100MG	Non-Pref	PA

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TAB 6MG	Pref	SP, PA, QL (4 tabs / 1 day)
AUSTEDO TAB 9MG	Pref	SP, PA, QL (4 tabs / 1 day)
AUSTEDO TAB 12MG	Pref	SP, PA, QL (4 tabs / 1 day)
INGREZZA CAP 40-80MG	Pref	SP, PA, QL (1 cap / 1 day)
INGREZZA CAP 40MG	Pref	SP, PA, QL (1 cap / 1 day)
INGREZZA CAP 60MG	Pref	PA, QL (1 cap / 1 day)
INGREZZA CAP 80MG	Pref	SP, PA, QL (1 cap / 1 day)
<i>tetrabenazine tab 12.5 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>tetrabenazine tab 25 mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
XENAZINE TAB 12.5MG	Pref	SP, PA, QL (4 tabs / 1 day)

Drug Name	Drug Tier	Requirements/Limits
XENAZINE TAB 25MG	Pref	SP, PA, QL (4 tabs / 1 day)

MULTIPLE SCLEROSIS AGENTS

AMPYRA TAB 10MG	Non-Pref	SP, PA
AUBAGIO TAB 7MG	Non-Pref	SP, PA
AUBAGIO TAB 14MG	Non-Pref	SP, PA
AVONEX PEN KIT 30MCG	Pref	SP, QL (0.15 injections / 1 day)
AVONEX PREFL KIT 30MCG	Pref	SP, QL (0.15 injections / 1 day)
BAFIERTAM CAP 95MG	Non-Pref	SP, PA
BETASERON INJ 0.3MG	Pref	SP, QL (0.5 injections / 1 day)
COPAXONE INJ 20MG/ML	Pref	SP, QL (1 injection / 1 day)
COPAXONE INJ 40MG/ML	Non-Pref	SP, PA
<i>dalfampridine tab er 12hr 10 mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Pref	SP, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP, QL (2 caps / 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Pref	SP, QL (0.033 kits / 1 day)
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA, QL (0.5 injections / 1 day)
GILENYA CAP 0.5MG	Non-Pref	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Pref	SP, QL (1 injection / 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA, QL (1 injection / 1 day)
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA
KESIMPTA INJ 20/.4ML	Pref	PA; AGE (Min age 18 years)
MAVENCLAD PAK 10MG(4)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(5)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(6)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(7)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
MAYZENT PAK STARTER	Non-Pref	SP, PA
MAYZENT TAB 0.25MG	Non-Pref	SP, PA
MAYZENT TAB 2MG	Non-Pref	SP, PA
PLEGRIDY INJ	Non-Pref	SP, PA
PLEGRIDY INJ PEN	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TAB 20MG	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF INJ 22/0.5	Non-Pref	SP, PA
REBIF INJ 44/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA
REBIF TITRTN INJ PACK	Non-Pref	SP, PA
TECFIDERA CAP 120MG	Pref	SP, QL (2 caps / 1 day)
TECFIDERA CAP 240MG	Pref	SP, QL (2 caps / 1 day)
TECFIDERA MIS STARTER	Pref	SP, QL (0.033 kits / 1 day)
VUMERITY CAP 231MG	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP .92MG	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

GRALISE TAB 300MG	Non-Pref	PA
GRALISE TAB 600MG	Non-Pref	PA
LYRICA CR TAB 82.5MG	Non-Pref	PA
LYRICA CR TAB 165MG	Non-Pref	PA
LYRICA CR TAB 330MG	Non-Pref	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 165 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 330 mg</i>	Non-Pref	PA

PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS

<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non-Pref	PA

PSEUDOBULBAR AFFECT (PBA) AGENTS

NUEDEXTA CAP 20-10MG	Pref	PA
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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>pimozide tab 1 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
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Drug Name	Drug Tier	Requirements/Limits
<i>pimozide tab 2 mg</i>	Non-Pref	PA; AGE (Min age 18 years)
RESTLESS LEG SYNDROME (RLS) AGENTS		
HORIZANT TAB 300MG ER	Non-Pref	PA
HORIZANT TAB 600MG ER	Non-Pref	PA
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>gnp nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>gnp nicotine loz 4mg cher</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine loz 4mg cinn</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (24 lozgs / 1 day), OTC
NICOTINE SYS KIT TRANSDER	Pref	QL (0.018 kits / 1 day), OTC
<i>nicotine td dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis step 1</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td dis step 3</i>	Pref	QL (1 patch / 1 day), OTC
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
<i>qc nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>qc nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 7mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 14mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine dis 21mg/24h</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine loz 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine loz 4mg cinn</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine loz 4mg mint</i>	Pref	QL (24 lozgs / 1 day), OTC
VARENICLINE TAB 0.5MG	Pref	QL (2 tabs / 1 day)
VARENICLINE TAB 1MG	Pref	QL (2 tabs / 1 day)

VASOMOTOR SYMPTOM AGENTS

BRISDELLE CAP 7.5MG	Non-Pref	PA
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Non-Pref	PA

RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS

CYSTIC FIBROSIS AGENTS

PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (5 mL / 1 day)
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>doxycycline hyclate cap 50 mg</i>	Pref	
<i>doxycycline hyclate cap 100 mg</i>	Pref	
<i>doxycycline hyclate tab 20 mg</i>	Pref	
<i>doxycycline hyclate tab 100 mg</i>	Pref	
<i>doxycycline monohydrate cap 50 mg</i>	Pref	
<i>doxycycline monohydrate cap 100 mg</i>	Pref	

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 284
Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** -
Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>doxycycline monohydrate tab 50 mg</i>	Pref	
<i>doxycycline monohydrate tab 100 mg</i>	Pref	
<i>minocycline hcl cap 50 mg</i>	Pref	QL (4 caps / 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps / 1 day)

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	Pref	
<i>methimazole tab 10 mg</i>	Pref	
<i>propylthiouracil tab 50 mg</i>	Pref	

THYROID HORMONES

ARMOUR THYRO TAB 180MG	Pref	
ARMOUR THYRO TAB 240MG	Pref	
ARMOUR THYRO TAB 300MG	Pref	
<i>euthyrox tab 25mcg</i>	Pref	90 day supply
<i>euthyrox tab 50mcg</i>	Pref	90 day supply
<i>euthyrox tab 75mcg</i>	Pref	90 day supply
<i>euthyrox tab 88mcg</i>	Pref	90 day supply
<i>euthyrox tab 100mcg</i>	Pref	90 day supply
<i>euthyrox tab 112mcg</i>	Pref	90 day supply
<i>euthyrox tab 125mcg</i>	Pref	90 day supply
<i>euthyrox tab 137mcg</i>	Pref	90 day supply
<i>euthyrox tab 150mcg</i>	Pref	90 day supply
<i>euthyrox tab 175mcg</i>	Pref	90 day supply
<i>euthyrox tab 200mcg</i>	Pref	90 day supply
<i>levo-t tab 25mcg</i>	Pref	90 day supply
<i>levo-t tab 50mcg</i>	Pref	90 day supply
<i>levo-t tab 75mcg</i>	Pref	90 day supply
<i>levo-t tab 88mcg</i>	Pref	90 day supply
<i>levo-t tab 100mcg</i>	Pref	90 day supply
<i>levo-t tab 112mcg</i>	Pref	90 day supply
<i>levo-t tab 125mcg</i>	Pref	90 day supply
<i>levo-t tab 137mcg</i>	Pref	90 day supply
<i>levo-t tab 150mcg</i>	Pref	90 day supply
<i>levo-t tab 175mcg</i>	Pref	90 day supply
<i>levo-t tab 200 mcg</i>	Pref	90 day supply
<i>levo-t tab 300 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 25 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 50 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 75 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 88 mcg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
<i>levothyroxine sodium tab 100 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 112 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 125 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 137 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 150 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 175 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 200 mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tab 300 mcg</i>	Pref	90 day supply
<i>levoxyl tab 25mcg</i>	Pref	90 day supply
<i>levoxyl tab 50mcg</i>	Pref	90 day supply
<i>levoxyl tab 75mcg</i>	Pref	90 day supply
<i>levoxyl tab 88mcg</i>	Pref	90 day supply
<i>levoxyl tab 100mcg</i>	Pref	90 day supply
<i>levoxyl tab 112mcg</i>	Pref	90 day supply
<i>levoxyl tab 125mcg</i>	Pref	90 day supply
<i>levoxyl tab 137mcg</i>	Pref	90 day supply
<i>levoxyl tab 150mcg</i>	Pref	90 day supply
<i>levoxyl tab 175mcg</i>	Pref	90 day supply
<i>levoxyl tab 200mcg</i>	Pref	90 day supply
<i>liothyronine sodium tab 5 mcg</i>	Pref	
<i>liothyronine sodium tab 25 mcg</i>	Pref	
<i>liothyronine sodium tab 50 mcg</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	
<i>np thyroid tab 30mg</i>	Pref	
<i>np thyroid tab 60mg</i>	Pref	
<i>np thyroid tab 90mg</i>	Pref	
<i>np thyroid tab 120mg</i>	Pref	
<i>unithroid tab 25mcg</i>	Pref	90 day supply
<i>unithroid tab 50mcg</i>	Pref	90 day supply
<i>unithroid tab 75mcg</i>	Pref	90 day supply
<i>unithroid tab 88mcg</i>	Pref	90 day supply
<i>unithroid tab 100mcg</i>	Pref	90 day supply
<i>unithroid tab 112mcg</i>	Pref	90 day supply
<i>unithroid tab 125mcg</i>	Pref	90 day supply
<i>unithroid tab 137mcg</i>	Pref	90 day supply
<i>unithroid tab 150mcg</i>	Pref	90 day supply
<i>unithroid tab 175mcg</i>	Pref	90 day supply
<i>unithroid tab 200mcg</i>	Pref	90 day supply
<i>unithroid tab 300mcg</i>	Pref	90 day supply

Drug Name	Drug Tier	Requirements/Limits
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TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

DAPTACEL INJ	Pref	
DIP/TET PED INJ 25-5LFU	Pref	
INFANRIX INJ	Pref	
PEDIARIX INJ 0.5ML	Pref	
PENTACEL INJ	Pref	
QUADRACEL INJ	Pref	
QUADRACEL INJ 0.5ML	Pref	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	
<i>dicyclomine hcl tab 20 mg</i>	Pref	
<i>glycopyrrolate tab 1 mg</i>	Pref	
<i>glycopyrrolate tab 2 mg</i>	Pref	

H-2 ANTAGONISTS

<i>acid control tab 10mg</i>	Pref	OTC; 90 day supply
<i>acid control tab 20mg</i>	Pref	OTC; 90 day supply
<i>acid reducer tab 10mg</i>	Pref	OTC; 90 day supply
<i>acid reducer tab 20mg</i>	Pref	OTC; 90 day supply
<i>cimetidine hcl soln 300 mg/5ml</i>	Non-Pref	PA
<i>cimetidine tab 200 mg</i>	Non-Pref	PA
<i>cimetidine tab 300 mg</i>	Non-Pref	PA
<i>cimetidine tab 400 mg</i>	Non-Pref	PA
<i>cimetidine tab 800 mg</i>	Non-Pref	PA
<i>famotidine for susp 40 mg/5ml</i>	Pref	AGE (Max age 11 years); 90 day supply
<i>famotidine tab 10 mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 20 mg</i>	Pref	90 day supply
<i>famotidine tab 20mg</i>	Pref	OTC; 90 day supply
<i>famotidine tab 40 mg</i>	Pref	90 day supply
<i>heartburn tab 20mg</i>	Pref	OTC; 90 day supply
<i>heartburn tab relief</i>	Pref	OTC; 90 day supply
<i>nizatidine cap 150 mg</i>	Non-Pref	PA
<i>nizatidine cap 300 mg</i>	Non-Pref	PA
<i>nizatidine oral soln 15 mg/ml</i>	Non-Pref	PA
PEPCID TAB 20MG	Non-Pref	PA; 90 day supply
PEPCID TAB 40MG	Non-Pref	PA; 90 day supply
<i>sm acid redu tab 200mg</i>	Non-Pref	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
MISC. ANTI-ULCER		
<i>sucralfate susp 1 gm/10ml</i>	Pref	
<i>sucralfate tab 1 gm</i>	Pref	
PROTON PUMP INHIBITORS		
<i>acid reducer cap 20.6mgdr</i>	Pref	PA, QL (1 cap / 1 day), OTC
ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>esomeprazole cap 20mg dr</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium tab delayed release 20 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp omeprazo cap 20mg</i>	Non-Pref	PA, QL (1 cap / 1 day), OTC
<i>gnp omeprazo tab 20mg odt</i>	Pref	PA, OTC
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole cap delayed release 15 mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>lansoprazole cap delayed release 30 mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Non-Pref	PA
NEXIUM CAP 20MG	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM CAP 40MG	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM GRA 2.5MG DR	Non-Pref	PA
NEXIUM GRA 5MG DR	Non-Pref	PA
NEXIUM GRA 10MG DR	Non-Pref	PA
NEXIUM GRA 20MG DR	Non-Pref	PA

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy 288

Drug Name	Drug Tier	Requirements/Limits
NEXIUM GRA 40MG DR	Non-Pref	PA
<i>omeprazole cap delayed release 10 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole cap delayed release 20 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole cap delayed release 40 mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole delayed release tab 20 mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Pref	PA, QL (1 tab / 1 day), OTC
<i>omeprazole tab 20mg</i>	Non-Pref	PA, OTC
<i>omeprazole tablet delayed release disintegrating 20 mg</i>	Pref	PA, OTC
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	PA, QL (2 each / 1 day; 90 day supply)
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Pref	PA; 90 day supply
PREVACID 24H CAP 15MG DR	Non-Pref	PA, QL (1 cap / 1 day), OTC
PREVACID CAP 30MG DR	Non-Pref	PA, QL (1 cap / 1 day)
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX PAK 40MG	Pref	PA; 90 day supply
PROTONIX TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROTONIX TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Pref	
<i>misoprostol tab 200 mcg</i>	Pref	
ULCER THERAPY COMBINATIONS		
<i>acid reducer chw complete</i>	Non-Pref	PA, OTC

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Pref	QL (112 ea / 292 days)
HELIDAC MIS THERAPY	Non-Pref	PA
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Non-Pref	PA
PYLERA CAP	Pref	QL (120 caps / 292 days)
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DITROPAN XL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>oxybutynin chloride tab 5 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

AGE - Age Limit **MED** - Max Morphine EQ Dose Per Day **Non-Pref** - Non-Preferred **OTC** - 290 Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
OXYTROL DIS 3.9MG/24	Non-Pref	PA
OXYTROL/WOMN DIS 3.9MG/24	Non-Pref	PA, OTC
<i>solifenacin succinate tab 5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>solifenacin succinate tab 10 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	QL (1 tab / 1 day; 90 day supply)
TOVIAZ TAB 8MG	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tropium chloride cap er 24hr 60 mg</i>	Pref	QL (1 cap / 1 day)
<i>tropium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
VESICARE TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TAB 75MG	Non-Pref	PA
MYRBETRIQ SUS 8MG/ML	Non-Pref	PA
MYRBETRIQ TAB 25MG	Non-Pref	PA
MYRBETRIQ TAB 50MG	Non-Pref	PA

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Pref	
<i>bethanechol chloride tab 10 mg</i>	Pref	
<i>bethanechol chloride tab 25 mg</i>	Pref	
<i>bethanechol chloride tab 50 mg</i>	Pref	

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

ACTHIB INJ	Pref	
BIOTHRAX INJ	Pref	
HIBERIX SOL 10MCG	Pref	
PEDVAX HIB INJ	Pref	

Drug Name	Drug Tier	Requirements/Limits
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VAXCHORA SUS

Pref

VIRAL VACCINES

IPOL INJ INACTIVE

Pref

JANSSEN VACC INJ COVID-19

Pref

AGE (Min age 16 years)

MODERNA VAC INJ COVID-19

Pref

AGE (Min age 18 years)

PFIZER VACC INJ COVID-19

Pref

AGE (Min age 12 years)

PROQUAD INJ

Pref

RECOMBIVA-HB INJ 40MCG/ML

Pref

ROTARIX SUS

Pref

ROTATEQ SOL

Pref

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA SUP 6.5MG

Pref

QL (1 supp / 1 day)

SPERMICIDES

VCF VAGINAL AER CONTRACP

Pref

OTC

VAGINAL ANTI-INFECTIVES

CLEOCIN CRE 2% VAG

Non-Pref

PA

CLEOCIN SUP 100MG

Pref

clindamycin phosphate vaginal cream 2%

Non-Pref

PA

CLINDESSE CRE 2%

Pref

clotrimazole cre 2%

Pref

OTC

clotrimazole cre 3 day

Pref

OTC

clotrimazole vaginal cream 1%

Pref

OTC

3 day vaginl cre 2%

Pref

OTC

3 day vagnal cre 4%

Pref

OTC

metronidazole vaginal gel 0.75%

Pref

miconazole 1 kit 1200-2%

Pref

OTC

miconazole 3 kit combinat

Pref

OTC

miconazole 3 kit combo pk

Pref

OTC

miconazole 7 cre

Pref

OTC

miconazole 7 cre 2%

Pref

OTC

miconazole 7 cre tube/kit

Pref

OTC

miconazole 7 sup 100mg

Pref

OTC

miconazole nitrate vaginal cream 2%

Pref

OTC

miconazole nitrate vaginal supp 1200 mg & 2% cream kit

Pref

OTC

NUVESSA GEL 1.3%

Pref

sm micon 7 sup 100mg

Pref

OTC

summers eve sol 0.3%

Pref

OTC

terconazole vaginal cream 0.4%

Pref

Drug Name	Drug Tier	Requirements/Limits
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>terconazole vaginal suppos 80 mg</i>	Pref	QL (1.5 supp / 1 day)
VANAZOLE GEL 0.75%	Pref	

VAGINAL ESTROGENS

ESTRACE VAG CRE 0.01%	Non-Pref	PA, QL (4 gm / 1 day)
<i>estradiol vaginal cream 0.1 mg/gm</i>	Pref	QL (4 gm / 1 day)
<i>estradiol vaginal tab 10 mcg</i>	Pref	QL (1 tab / 1 day)
ESTRING MIS 2MG	Non-Pref	PA
FEMRING MIS 0.1MG/24	Non-Pref	PA
FEMRING MIS 0.05/24H	Non-Pref	PA
IMVEXXY MAIN SUP 4MCG	Non-Pref	PA
IMVEXXY MAIN SUP 10MCG	Non-Pref	PA
IMVEXXY STRT SUP 4MCG	Non-Pref	PA
IMVEXXY STRT SUP 10MCG	Non-Pref	PA
PREMARIN VAG CRE 0.625MG	Pref	QL (2 gm / 1 day)
VAGIFEM TAB 10MCG	Pref	QL (1 tab / 1 day)
<i>yuvafem tab 10mcg</i>	Pref	QL (1 tab / 1 day)

VAGINAL PROGESTINS

CRINONE GEL 4% VAG	Non-Pref	PA
CRINONE GEL 8% VAG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS

<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Pref	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Pref	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Non-Pref	PA
EPIPEN 2-PAK INJ 0.3MG	Non-Pref	PA
EPIPEN-JR INJ 0.15MG	Non-Pref	PA
SYMJEPI INJ 0.3MG	Non-Pref	PA
SYMJEPI INJ 0.15MG	Non-Pref	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

EPINEPHRINE INJ 0.1MG/ML	Pref	
EPINEPHRINE INJ 1MG/10ML	Pref	
<i>midodrine hcl tab 2.5 mg</i>	Pref	
<i>midodrine hcl tab 5 mg</i>	Pref	

Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl tab 10 mg</i>	Pref	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>calcidol dro 8000/ml</i>	Pref	OTC
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Pref	OTC
<i>cholecalciferol cap 10 mcg (400 unit)</i>	Pref	OTC
<i>cholecalciferol cap 50 mcg (2000 unit)</i>	Pref	OTC
<i>cholecalciferol cap 125 mcg (5000 unit)</i>	Pref	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i>	Pref	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Pref	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Pref	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Pref	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Pref	OTC
<i>d3 cap 1000unit</i>	Pref	OTC
<i>d3 super str cap 2000unit</i>	Pref	OTC
<i>d 400 tab 400unit</i>	Pref	OTC
<i>d-vite pedia dro 400unit</i>	Pref	OTC
<i>decara cap 50000unt</i>	Pref	OTC
<i>delta d3 tab 400unit</i>	Pref	OTC
<i>dialyvite d cap 5000unit</i>	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	
<i>ergocalciferol soln 200 mcg/ml (8000 unit/ml)</i>	Pref	OTC
<i>phytonadione tab 5 mg</i>	Pref	PA
<i>vitamin a cap 3 mg (10000 unit)</i>	Pref	OTC
<i>vitamin d3 cap 1000unit</i>	Pref	OTC
<i>vitamin d3 dro 10mcg/ml</i>	Pref	OTC
<i>vitamin d3 tab 50000unt</i>	Pref	OTC
<i>vitamin d tab 400unit</i>	Pref	OTC
<i>vitamin d tab 1000unit</i>	Pref	OTC
<i>vitamin d-3 tab 5000unit</i>	Pref	OTC
VITAMIN E TAB 100UNIT	Pref	OTC
<i>weekly-d cap 50000unt</i>	Pref	OTC
WATER SOLUBLE VITAMINS		
<i>ascorbic acid chew tab 250 mg</i>	Pref	OTC
<i>ascorbic acid chew tab 500 mg</i>	Pref	OTC
<i>ascorbic acid tab 250 mg</i>	Pref	OTC
<i>ascorbic acid tab 500 mg</i>	Pref	OTC
<i>ascorbic acid tab 1000 mg</i>	Pref	OTC
<i>c 250 tab</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>c-1000/rh tab 1000mg</i>	Pref	OTC
<i>calcium ascorbate tab 500 mg</i>	Pref	OTC
<i>chewable c chw 500mg</i>	Pref	OTC
<i>fruit c chw 500mg</i>	Pref	OTC
<i>niacin cap er 250 mg</i>	Pref	OTC
<i>niacin tab 50 mg</i>	Pref	OTC
<i>niacin tab 100 mg</i>	Pref	OTC
<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 750 mg</i>	Pref	OTC
NIACIN TR TAB 1000MG	Pref	QL (2 tabs / 1 day), OTC
<i>niacinamide tab 500 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 25 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 100 mg</i>	Pref	OTC
<i>sm vit b-6 tab 100mg</i>	Pref	OTC
<i>sm vit c/rh tab 1000mg</i>	Pref	OTC
<i>sm vitamin c chw 500mg</i>	Pref	OTC
<i>sm vitamin c tab 250mg</i>	Pref	OTC
<i>sm vitamin c tab 1000mg</i>	Pref	OTC
<i>thiamine hcl tab 50 mg</i>	Pref	OTC
<i>thiamine hcl tab 100 mg</i>	Pref	OTC
<i>thiamine mononitrate tab 100 mg</i>	Pref	OTC

Index

1		3ML LL SYRNG MIS 20GX1	243
10ML LL SYRN MIS 20GX1	243	3ML LL SYRNG MIS 20GX1.5.....	243
10ML LL SYRN MIS 20GX1.5	243	3ML LL SYRNG MIS 20GX3/4	243
10ML LL SYRN MIS 21GX1	243	3ML LL SYRNG MIS 21GX1	244
10ML LL SYRN MIS 21GX1.5.....	243	3ML LL SYRNG MIS 21GX1.5.....	244
10ML LL SYRN MIS 22GX1	243	3ML LL SYRNG MIS 22GX1	244
10ML SYRINGE MIS 21GX1.5	247	3ML LL SYRNG MIS 22GX1.5.....	244
<i>12hr allergy tab 60-120mg</i>	171	3ML LL SYRNG MIS 22GX3/4	244
12ML SYRINGE MIS 18GX1.....	247	3ML LL SYRNG MIS 23GX1	244
12ML SYRINGE MIS 20GX1.5	247	3ML LL SYRNG MIS 23GX1.5.....	244
14-COUNT MIS WARMER.....	223	3ML LL SYRNG MIS 25GX1	244
1M ALLR SYR MIS 27GX1/2	244	3ML LL SYRNG MIS 25GX1.5.....	244
1ML ALLR SYR MIS 27GX1/2.....	240	3ML LL SYRNG MIS 25GX5/8	244
1ML SLIP TIP MIS 25GX5/8	246	3ML LL SYRNG MIS 26GX5/8	244
1ML SLIP TIP MIS 26GX3/8	246	3ML LL SYRNG MIS 27GX1.25....	244
1ML SYRINGE MIS 25GX1	247	3ML LUER LOC MIS 21GX1.5.....	244
1ML SYRINGE MIS 25GX5/8	247	3ML LUER LOC MIS 22GX1	244
1ML SYRINGE MIS 26GX3/8	247	3ML LUER LOC MIS 22GX1.5.....	244
1ML SYRINGE MIS 27GX1/2	248	3ML LUER LOC MIS 23GX1	244
1ML SYRINGE MIS 28GX1/2	248	3ML LUER LOC MIS 23GX1.5.....	244
1ML SYRINGE MIS LUER LOC	248	3ML LUER LOC MIS 25GX1	244
1ML SYRINGE MIS LUER SLI.....	248	3ML LUER LOC MIS 25GX1.5.....	244
1ML SYRINGE MIS LUER SLP	248	3ML LUER LOC MIS 25GX5/8	244
1ML TB SYRNG MIS 25GX1.....	248	3ML SYRINGE MIS 18GX1	247
1ML TB SYRNG MIS 25GX5/8.....	248	3ML SYRINGE MIS 18GX1.5.....	247
1ML TB SYRNG MIS 26GX3/8.....	248	3ML SYRINGE MIS 19GX1	247
1ML TB SYRNG MIS 26GX5/8.....	248	3ML SYRINGE MIS 19GX1.5.....	247
1ML TB SYRNG MIS 27GX1/2.....	248	3ML SYRINGE MIS 20GX1	247
1ML TB SYRNG MIS 28GX1/2.....	248	3ML SYRINGE MIS 21GX1	247
1ML TB SYRNG MIS REG LUER ...	248	3ML SYRINGE MIS 21GX1.5.....	247
2		3ML SYRINGE MIS 22G X 1.....	247
<i>24hr allergy tab 180mg</i>	107	3ML SYRINGE MIS 22GX1.5.....	247
<i>24 hr nasal spr allergy</i>	265	3 ML SYRINGE MIS 22X1-1/2.....	247
2 CPAP HOSE MIS HANGER	249	3ML SYRINGE MIS 23GX1	247
2-WAY FOLEY MIS STABILIZ.....	239	3ML SYRINGE MIS 23GX1.5.....	247
3		3ML SYRINGE MIS 25GX1	247
30ML SYRINGE MIS LUER LOC ...	248	3ML SYRINGE MIS 25GX1.25	247
30ML SYRINGE MIS LUER LOK ...	248	3ML SYRINGE MIS 25GX1.5.....	247
30ML SYRINGE MIS LUER-LOK ...	248	3ML SYRINGE MIS 27GX1.25	248
<i>3 day vaginl cre 2%</i>	292	3 WHEEL ROLL MIS WALKER.....	239
<i>3 day vagnal cre 4%</i>	292	4	
3ML LL SYRNG MIS 18GX1.5.....	243	4X PROBIOTIC TAB	102

5	
5ML SYRINGE MIS 20GX1	247
5ML SYRINGE MIS 21GX1	247
5ML SYRINGE MIS 22GX1	247
5ML SYRINGE MIS 22GX1.5.....	247
5ML SYRINGE MIS 25GX5/8	247
5ML SYRINGES MIS 21GX1.....	248
A	
A/D ZINC OXI CRE	191
<i>a&d oin</i>	189
A+D FIRST OIN AID	191
<i>a+d prevent oin</i>	189
<i>abacavir sulfate-lamivudine tab</i>	
<i>600-300 mg</i>	144
<i>abacavir sulfate-lamivudine-</i>	
<i>zidovudine tab 300-150-300 mg</i>	
.....	144
<i>abacavir sulfate soln 20 mg/ml</i>	
<i>(base equiv)</i>	144
<i>abacavir sulfate tab 300 mg (base</i>	
<i>equiv)</i>	144
ABILIFY MAIN INJ 300MG.....	141
ABILIFY MAIN INJ 400MG.....	141
ABILIFY MYCI TAB 10MG.....	141
ABILIFY MYCI TAB 10MG MNT	141
ABILIFY MYCI TAB 10MG STR	141
ABILIFY MYCI TAB 15MG.....	141
ABILIFY MYCI TAB 15MG MNT	141
ABILIFY MYCI TAB 15MG STR	141
ABILIFY MYCI TAB 20MG.....	141
ABILIFY MYCI TAB 20MG MNT	141
ABILIFY MYCI TAB 20MG STR	141
ABILIFY MYCI TAB 2MG.....	141
ABILIFY MYCI TAB 2MG MANT....	141
ABILIFY MYCI TAB 2MG STRT	141
ABILIFY MYCI TAB 30MG.....	141
ABILIFY MYCI TAB 30MG MNT	142
ABILIFY MYCI TAB 30MG STR	142
ABILIFY MYCI TAB 5MG.....	141
ABILIFY MYCI TAB 5MG MANT....	141
ABILIFY MYCI TAB 5MG STRT	141
ABILIFY TAB 10MG.....	142
ABILIFY TAB 15MG.....	142
ABILIFY TAB 20MG.....	142
ABILIFY TAB 2MG.....	142
ABILIFY TAB 30MG.....	142
<i>abiraterone acetate tab 250 mg</i> .	126
<i>abiraterone acetate tab 500 mg</i> .	126
ABSORBASE OIN.....	191
<i>acamprosate calcium tab delayed</i>	
<i>release 333 mg</i>	278
ACANYA GEL 1.2-2.5%	174
<i>acarbose tab 100 mg</i>	89
<i>acarbose tab 25 mg</i>	89
<i>acarbose tab 50 mg</i>	89
ACCOLATE TAB 10MG.....	69
ACCOLATE TAB 20MG.....	69
ACCUPRIL TAB 10MG.....	113
ACCUPRIL TAB 20MG.....	113
ACCUPRIL TAB 40MG.....	114
ACCUPRIL TAB 5MG.....	113
ACCURETIC TAB 20-25MG.....	118
<i>accutane cap 10mg</i>	174
<i>accutane cap 20mg</i>	174
<i>accutane cap 30mg</i>	174
<i>accutane cap 40mg</i>	174
ACE AERO CLD MIS ENHANCER..	248
<i>acebutolol hcl cap 200 mg</i>	149
<i>acebutolol hcl cap 400 mg</i>	149
<i>acetaminophe liq 160/5ml</i>	51
<i>acetaminophen-caffeine-</i>	
<i>dihydrocodeine cap 320.5-30-16</i>	
<i>mg</i>	58
<i>acetaminophen chew tab 160 mg</i> .	51
<i>acetaminophen liquid 160 mg/5ml</i>	
.....	51
<i>acetaminophen soln 160 mg/5ml</i> .	51
<i>acetaminophen suppos 120 mg</i>	51
<i>acetaminophen suppos 650 mg</i>	51
<i>acetaminophen susp 160 mg/5ml</i> .	51
<i>acetaminophen tab 325 mg</i>	51
<i>acetaminophen tab 500 mg</i>	51
<i>acetaminophen tab er 650 mg</i>	51
<i>acetaminophen w/ codeine soln</i>	
<i>120-12 mg/5ml</i>	58

<i>acetaminophen w/ codeine tab 300-15 mg</i>	58	ACTIVITY PCH MIS	248
<i>acetaminophen w/ codeine tab 300-30 mg</i>	58	ACTONEL TAB 150MG	196
<i>acetaminophen w/ codeine tab 300-60 mg</i>	58	ACTONEL TAB 35MG	195
<i>acetazolamide cap er 12hr 500 mg</i>	194	ACTOPLUS MET TAB 15-500MG....	89
<i>acetazolamide tab 125 mg</i>	194	ACTOPLUS MET TAB 15-850MG....	89
<i>acetazolamide tab 250 mg</i>	194	ACTOS TAB 15MG	98
<i>acetic acid irrigation soln 0.25%</i>	204	ACTOS TAB 30MG	98
<i>acetic acid otic soln 2%</i>	273	ACTOS TAB 45MG	98
ACETONE SOL	161	ACULAR LS SOL 0.4%	271
<i>acetylcysteine inhal soln 10%</i>	174	ACULAR SOL 0.5% OP	271
<i>acetylcysteine inhal soln 20%</i>	174	ACUVAIL SOL 0.45%	271
<i>acid control tab 10mg</i>	287	<i>acyclovir cap 200 mg</i>	148
<i>acid control tab 20mg</i>	287	<i>acyclovir cream 5%</i>	184
<i>acid gone chw</i>	64	<i>acyclovir oint 5%</i>	184
<i>acid gone sus</i>	64	<i>acyclovir susp 200 mg/5ml</i>	148
<i>acidophilus cap 10mg</i>	101	<i>acyclovir tab 400 mg</i>	148
<i>acid reducer cap 20.6mgdr</i>	288	<i>acyclovir tab 800 mg</i>	148
<i>acid reducer chw complete</i>	289	<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	175
<i>acid reducer tab 10mg</i>	287	<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	175
<i>acid reducer tab 20mg</i>	287	<i>adapalene cream 0.1%</i>	175
ACIPHEX TAB 20MG	288	<i>adapalene gel 0.1%</i>	175
ACNE-AID BAR	191	<i>adapalene gel 0.3%</i>	175
<i>acne medicat gel 10%</i>	174	ADAPTER CAP MIS 18MM	218
<i>acne medicat gel 2.5%</i>	174	ADAPTER CAP MIS 20MM	218
<i>acne medicat gel 5%</i>	174	ADAPTER CAP MIS 22MM	218
ACNE MEDICAT LOT 10%	175	ADAPTER CAP MIS 24MM	218
ACNE MEDICAT LOT 5%	174	ADAPTER CAP MIS 28MM	218
ACTEMRA INJ 162/0.9	46	ADBRY INJ 150MG/ML	189
ACTEMRA INJ 200/10ML	46	ADCIRCA TAB 20MG	159
ACTEMRA INJ 400/20ML	46	ADDERALL TAB 10MG	31
ACTEMRA INJ 80MG/4ML	46	ADDERALL TAB 12.5MG	31
ACTEMRA INJ ACTPEN	46	ADDERALL TAB 15MG	31
ACTHIB INJ	291	ADDERALL TAB 20MG	31
ACTIQ LOZ 1200MCG	52	ADDERALL TAB 30MG	31
ACTIQ LOZ 1600MCG	52	ADDERALL TAB 5MG	31
ACTIQ LOZ 200MCG	52	ADDERALL TAB 7.5MG	31
ACTIQ LOZ 400MCG	52	ADDERALL XR CAP 10MG	31
ACTIQ LOZ 600MCG	52	ADDERALL XR CAP 15MG	31
ACTIQ LOZ 800MCG	52	ADDERALL XR CAP 20MG	31
		ADDERALL XR CAP 25MG	31
		ADDERALL XR CAP 30MG	31

ADDERALL XR CAP 5MG.....	31	AFREZZA POW 4-8-12	97
ADD-VANTAGE MIS ADDAPTOR..	218	AFREZZA POW 4-8 UNIT	97
ADEMPAS TAB 0.5MG	159	AFREZZA POW 4UNIT	97
ADEMPAS TAB 1.5MG	159	AFREZZA POW 8-12UNIT	97
ADEMPAS TAB 1MG	159	AFREZZA POW 8 UNIT	97
ADEMPAS TAB 2.5MG	159	AIMOVIG INJ 140MG/ML	250
ADEMPAS TAB 2MG	159	AIMOVIG INJ 70MG/ML	250
AD FOLD CANE MIS YORK HAN ..	218	<i>airavite tab</i>	209
ADHANSIA XR CAP 25MG	36	AIRDUO DGHLR INH 113-14.....	70
ADHANSIA XR CAP 35MG.....	36	AIRDUO DGHLR INH 232-14.....	70
ADHANSIA XR CAP 45MG	36	AIRDUO DGHLR INH 55-14	70
ADHANSIA XR CAP 55MG	36	AIRDUO RESPI INH 113-14	70
ADHANSIA XR CAP 70MG.....	36	AIRDUO RESPI INH 232-14	70
ADHANSIA XR CAP 85MG	37	AIRDUO RESPI INH 55-14	70
ADJUSTABLE MIS COMMODE	218	AIR FILTER MIS AUTOCLAV	218
ADJUST CANE MIS 3/4.....	218	AIRS PEDIATR MIS MASK.....	248
ADJUST CANE MIS 5/8.....	218	AIR TUBE MIS /PLUGS	248
ADJUST CANE MIS 7/8.....	218	AJOVY INJ 225/1.5.....	251
ADLYXIN INJ 10/20MCG.....	96	AKLIEF CRE 0.005%.....	175
ADLYXIN INJ 20MCG	96	<i>ak-poly-bac oin op</i>	268
ADMELOG INJ 100U/ML	97	AKYNZEO CAP 300-0.5	104
ADMELOG SOLO INJ 100U/ML.....	97	AKYNZEO INJ	104
<i>adriamycin inj 50mg</i>	127	AKYNZEO INJ 235-0.25.....	104
ADULT CRUTCH MIS FOREARM...218		<i>alaway child dro 0.025%op</i>	271
ADULT MASK MIS.....	248	<i>alaway dro 0.025%op</i>	271
ADULT MASK MIS LARGE	248	<i>albendazole tab 200 mg</i>	64
ADVAIR DISKU AER 100/50.....	70	<i>albuterol sulfate inhal aero 108</i>	
ADVAIR DISKU AER 250/50.....	70	<i>mcg/act (90mcg base equiv)</i>	71
ADVAIR DISKU AER 500/50.....	70	<i>albuterol sulfate soln nebu 0.083%</i>	
ADVAIR HFA AER 115/21	70	<i>(2.5 mg/3ml)</i>	71
ADVAIR HFA AER 230/21	70	<i>albuterol sulfate soln nebu 0.5% (5</i>	
ADVAIR HFA AER 45/21	70	<i>mg/ml)</i>	71
ADZENYS XR TAB 12.5MG.....	32	<i>albuterol sulfate soln nebu 0.63</i>	
ADZENYS XR TAB 15.7 MG.....	32	<i>mg/3ml (base equiv)</i>	71
ADZENYS XR TAB 18.8MG.....	32	<i>albuterol sulfate soln nebu 1.25</i>	
ADZENYS XR TAB 3.1MG.....	31	<i>mg/3ml (base equiv)</i>	71
ADZENYS XR TAB 6.3MG.....	31	<i>albuterol sulfate syrup 2 mg/5ml .71</i>	
ADZENYS XR TAB 9.4MG.....	31	<i>alclometasone dipropionate cream</i>	
AEMCOLO TAB 194MG	65	<i>0.05%</i>	185
AEROBIKA MIS	248	<i>alclometasone dipropionate oint</i>	
AEROSOL MASK MIS ADULT	248	<i>0.05%</i>	185
AEROTRC PLUS MIS.....	248	ALCOHOL PADS MIS 70%.....	191
AFREZZA POW 12 UNIT	97	ALCOHOL SWABS.....	218

ALCOHOL WIPE MIS 70%	191	<i>allergy relf sol 1mg/ml</i>	106
<i>alendronate sodium oral soln 70</i>		<i>allergy relf sol 5mg/5ml</i>	107
<i>mg/75ml</i>	196	<i>allergy relf spr 50mcg</i>	264, 265
<i>alendronate sodium tab 10 mg</i> ...	196	<i>allergy relf tab 10mg</i>	107
<i>alendronate sodium tab 35 mg</i> ...	196	<i>allergy relf tab 180mg</i>	107
<i>alendronate sodium tab 70 mg</i> ...	196	<i>allergy relf tab 5-120mg</i>	170
<i>alert aid tab 200mg</i>	35	<i>allergy relf tab 5mg</i>	107
ALEVAZOL OIN 1%.....	181	<i>allergy relf tab d-24</i>	170
ALEVE TENS MIS GEL PADS	218	<i>allergy relf tab deconges</i>	170
<i>alfuzosin hcl tab er 24hr 10 mg</i> ..	204	<i>allergy reli tab 10mg</i>	107
ALGAE BASED TAB CALCIUM	259	ALLERGY SYRG MIS 1ML/27G	240
<i>align chw</i>	101	<i>allergy tab 12mg cr</i>	106
<i>align jr chw for kids</i>	101	<i>allergy tab 180mg</i>	107
<i>aliskiren fumarate tab 150 mg (base</i>		<i>allergy tab multi-sy</i>	170
<i>equivalent)</i>	124	ALLERGY TRAY KIT 27GX1/2.....	240
<i>aliskiren fumarate tab 300 mg (base</i>		<i>allgy comp-d tab 5-120mg</i>	170
<i>equivalent)</i>	124	<i>allgy relief spr 50mcg</i>	265
ALKAL BATTER MIS SIZE AA	218	<i>allopurinol tab 100 mg</i>	205
ALKINDI SPRI CAP 0.5MG	167	<i>allopurinol tab 300 mg</i>	205
ALKINDI SPRI CAP 1MG	167	<i>allrgy d-12 tab 5-120mg</i>	170
ALKINDI SPRI CAP 2MG	167	<i>allrgy relf tab 12.5mg</i>	106
ALKINDI SPRI CAP 5MG	167	<i>almotriptan malate tab 12.5 mg</i> ..	251
ALL-BODY MIS MASSAGE	218	<i>almotriptan malate tab 6.25 mg</i> ..	251
<i>all day allg cap 10mg</i>	106	ALOCRIIL SOL 2%	271
<i>all day allg sol 1mg/ml</i>	106	ALOE VESTA OIN PROTECT.....	191
<i>all day allg sol 5mg/5ml</i>	106	<i>alogliptin benzoate tab 12.5 mg</i>	
<i>all day allg tab 10mg</i>	106	<i>(base equiv)</i>	95
<i>all day pain tab 220mg</i>	46	<i>alogliptin benzoate tab 25 mg (base</i>	
<i>all day relf tab 220mg</i>	46	<i>equiv)</i>	95
<i>aller/conges tab 10-240mg</i>	170	<i>alogliptin benzoate tab 6.25 mg</i>	
<i>aller-ease tab 180mg</i>	106	<i>(base equiv)</i>	95
<i>aller-ease tab 60mg</i>	106	<i>alogliptin-metformin hcl tab 12.5-</i>	
ALLERGIST KIT 1MLX27G	240	<i>1000 mg</i>	89
ALLERGIST KIT 1MLX28G	240	<i>alogliptin-metformin hcl tab 12.5-</i>	
ALLERGIST KIT 27GX1/2.....	240	<i>500 mg</i>	89
<i>allergy/cong tab 5-120mg</i>	170	<i>alogliptin-pioglitazone tab 12.5-15</i>	
<i>allergy chld sol 5mg/5ml</i>	106	<i>mg</i>	90
<i>allergy chld syp 5mg/5ml</i>	106	<i>alogliptin-pioglitazone tab 12.5-30</i>	
<i>allergy d tab 5-120mg</i>	170	<i>mg</i>	90
<i>allergy-d tab 5-120mg</i>	170	<i>alogliptin-pioglitazone tab 12.5-45</i>	
<i>allergy rel/ tab deconges</i>	170	<i>mg</i>	90
<i>allergy rel cap 10mg</i>	106	<i>alogliptin-pioglitazone tab 25-15 mg</i>	
<i>allergy relf cap 25mg</i>	106	.....	90

<i>alogliptin-pioglitazone tab 25-30 mg</i>	ALUM CANE MIS ORTHO.....	218
.....	ALUM CANE MIS SLVR3/4.....	218
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ALUM CANE MIS YORK7/8	218
.....	ALUM COMMODE MIS ARMRESTS	
ALOMIDE SOL 0.1% OP .....	.....	218
ALORA DIS 0.025MG	ALUM CRUTCH MIS ADLT PTG	218
ALORA DIS 0.05MG	ALUM CRUTCH MIS ADULT	218
ALORA DIS 0.075MG	ALUM CRUTCH MIS ADULT PB....	219
ALORA DIS 0.1MG.....	ALUM CRUTCH MIS LARGE	219
<i>alose tron hcl tab 0.5 mg (base</i>	ALUM CRUTCH MIS MEDIUM	219
<i>equiv)</i>	ALUM CRUTCH MIS TALL	219
<i>alose tron hcl tab 1 mg (base equiv)</i>	ALUM CRUTCH MIS YOUTH	219
.....	ALUM CRUTCH MIS YOUT PTG....	219
ALOXI INJ 0.25MG/5	ALUM HYDROX SUS 320/5ML.....	64
ALPHAGAN P SOL 0.1%	ALUMIN CANE MIS BRONZE.....	219
ALPHAGAN P SOL 0.15%.....	ALUMIN CANE MIS DEVON	219
ALPHAMOP MIS PADS	ALUMIN CANE MIS LAD HNDL	219
<i>alprazolam tab 0.25 mg</i>	ALUMIN CANE MIS MEN HNDL ...	219
<i>alprazolam tab 0.5 mg</i>	ALUMIN CANE MIS ORTHO	219
<i>alprazolam tab 1 mg</i>	ALUMIN CANE MIS STD HNDL....	219
<i>alprazolam tab 2 mg</i>	<i>aluminum sulfate & calcium acetate</i>	
ALREX SUS 0.2%	<i>powd pack</i>	191
ALTACE CAP 1.25MG	ALVESCO AER 160MCG.....	69
ALTACE CAP 10MG	ALVESCO AER 80MCG.....	69
ALTACE CAP 2.5MG	<i>alyacen tab 1/35</i>	162
ALTACE CAP 5MG.....	<i>alyacen tab 7/7/7</i>	162
ALTERA NEB MIS HANDSET	<i>alyq tab 20mg</i>	159
ALTOPREV TAB 20MG ER.....	<i>amabelz tab 1-0.5mg</i>	198
ALTOPREV TAB 40MG ER.....	<i>amantadine hcl cap 100 mg</i>	128
ALTOPREV TAB 60MG ER.....	AMARYL TAB 1MG	100
ALTRENO LOT 0.05%.....	AMARYL TAB 2MG	100
ALU FLIP OFF MIS SEAL13MM	AMARYL TAB 4MG	100
ALU FLIP OFF MIS SEAL20MM	AMBER GLASS MIS BOTTLE	219
ALUM CANE MIS 3/4.....	AMBER GLASS MIS VIAL 2ML....	219
ALUM CANE MIS 5/8.....	AMBER VIALS MIS 2ML/13MM....	219
ALUM CANE MIS 7/8.....	AMBER VIALS MIS 30ML/20M	219
ALUM CANE MIS ADJUSTBL	AMBIEN CR TAB 12.5MG	210
ALUM CANE MIS BARIATRC	AMBIEN CR TAB 6.25MG	210
ALUM CANE MIS BLK 3/4.....	AMBIEN TAB 10MG.....	211
ALUM CANE MIS LG 3/4	AMBIEN TAB 5MG.....	211
ALUM CANE MIS MED 7/8.....	AMBI-TRAY MIS	216
ALUM CANE MIS OFFSET	<i>ambrisentan tab 10 mg</i>	158
ALUM CANE MIS ORTH3/4	<i>ambrisentan tab 5 mg</i>	158

<i>amcinonide cream 0.1%</i>	185	<i>amlodipine besylate-atorvastatin</i>	
<i>amcinonide lotion 0.1%</i>	185	<i>calcium tab 2.5-10 mg</i>	157
AMEDA ADAPT MIS CAP	219	<i>amlodipine besylate-atorvastatin</i>	
AMEDA MIS DIAPHRAG	219	<i>calcium tab 2.5-20 mg</i>	157
AMEDA MIS FINESSE	219	<i>amlodipine besylate-atorvastatin</i>	
AMEDA MIS FLEXSHLD.....	219	<i>calcium tab 2.5-40 mg</i>	157
AMEDA MIS VALVES	219	<i>amlodipine besylate-atorvastatin</i>	
AMEDA MYA MIS PUMP	219	<i>calcium tab 5-10 mg</i>	157
AMEDA ONE-HA KIT MANUAL.....	219	<i>amlodipine besylate-atorvastatin</i>	
AMEDA PLATNM MIS PUMP	219	<i>calcium tab 5-20 mg</i>	157
AMEDA SILICO MIS TUBING	219	<i>amlodipine besylate-atorvastatin</i>	
AMEDA TUBING MIS ADAPTER ...	219	<i>calcium tab 5-40 mg</i>	157
AMERGE TAB 1MG.....	251	<i>amlodipine besylate-atorvastatin</i>	
AMERGE TAB 2.5MG	251	<i>calcium tab 5-80 mg</i>	157
<i>ameriphor oin</i>	191	<i>amlodipine besylate-benazepril hcl</i>	
<i>amethia tab</i>	162	<i>cap 10-20 mg</i>	118
<i>amethyst tab 90-20mcg</i>	162	<i>amlodipine besylate-benazepril hcl</i>	
AMIELLE VAG MIS RESTORE	219	<i>cap 10-40 mg</i>	119
AMIELLE VAG MIS TRAINER.....	219	<i>amlodipine besylate-benazepril hcl</i>	
<i>amiloride & hydrochlorothiazide tab</i>		<i>cap 2.5-10 mg</i>	118
<i>5-50 mg</i>	194	<i>amlodipine besylate-benazepril hcl</i>	
<i>amiloride hcl tab 5 mg</i>	195	<i>cap 5-10 mg</i>	118
<i>amiodarone hcl tab 100 mg</i>	68	<i>amlodipine besylate-benazepril hcl</i>	
<i>amiodarone hcl tab 200 mg</i>	68	<i>cap 5-20 mg</i>	118
<i>amiodarone hcl tab 400 mg</i>	68	<i>amlodipine besylate-benazepril hcl</i>	
AMITIZA CAP 24MCG	201	<i>cap 5-40 mg</i>	118
AMITIZA CAP 8MCG.....	201	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 100 mg</i>	88	<i>medoxomil tab 10-20 mg</i>	119
<i>amitriptyline hcl tab 10 mg</i>	88	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 150 mg</i>	88	<i>medoxomil tab 10-40 mg</i>	119
<i>amitriptyline hcl tab 25 mg</i>	88	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl tab 50 mg</i>	88	<i>medoxomil tab 5-20 mg</i>	119
<i>amitriptyline hcl tab 75 mg</i>	88	<i>amlodipine besylate-olmesartan</i>	
<i>amlactin lot daily</i>	189	<i>medoxomil tab 5-40 mg</i>	119
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate tab 10 mg</i>	
<i>calcium tab 10-10 mg</i>	157	<i>(base equivalent)</i>	152
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate tab 2.5 mg</i>	
<i>calcium tab 10-20 mg</i>	157	<i>(base equivalent)</i>	152
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate tab 5 mg (base</i>	
<i>calcium tab 10-40 mg</i>	157	<i>equivalent)</i>	152
<i>amlodipine besylate-atorvastatin</i>		<i>amlodipine besylate-valsartan tab</i>	
<i>calcium tab 10-80 mg</i>	157	<i>10-160 mg</i>	119

<i>amlodipine besylate-valsartan tab</i>	
10-320 mg	119
<i>amlodipine besylate-valsartan tab 5-</i>	
160 mg	119
<i>amlodipine besylate-valsartan tab 5-</i>	
320 mg	119
<i>amnestem cap 10mg</i>	175
<i>amnestem cap 20mg</i>	175
<i>amnestem cap 40mg</i>	175
<i>amoxapine tab 100 mg</i>	88
<i>amoxapine tab 150 mg</i>	88
<i>amoxapine tab 25 mg</i>	88
<i>amoxapine tab 50 mg</i>	88
<i>amoxicillin (trihydrate) cap 250 mg</i>	
.....	273
<i>amoxicillin (trihydrate) cap 500 mg</i>	
.....	273
<i>amoxicillin (trihydrate) chew tab</i>	
125 mg	273
<i>amoxicillin (trihydrate) chew tab</i>	
250 mg	274
<i>amoxicillin (trihydrate) for susp 125</i>	
<i>mg/5ml</i>	274
<i>amoxicillin (trihydrate) for susp 200</i>	
<i>mg/5ml</i>	274
<i>amoxicillin (trihydrate) for susp 250</i>	
<i>mg/5ml</i>	274
<i>amoxicillin (trihydrate) for susp 400</i>	
<i>mg/5ml</i>	274
<i>amoxicillin (trihydrate) tab 500 mg</i>	
.....	274
<i>amoxicillin (trihydrate) tab 875 mg</i>	
.....	274
<i>amoxicillin & k clavulanate chew tab</i>	
200-28.5 mg.....	274
<i>amoxicillin & k clavulanate chew tab</i>	
400-57 mg	274
<i>amoxicillin & k clavulanate for susp</i>	
200-28.5 mg/5ml	274
<i>amoxicillin & k clavulanate for susp</i>	
250-62.5 mg/5ml	274
<i>amoxicillin & k clavulanate for susp</i>	
400-57 mg/5ml.....	274
<i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml	274
<i>amoxicillin & k clavulanate tab 250-</i>	
125 mg	274
<i>amoxicillin & k clavulanate tab 500-</i>	
125 mg	274
<i>amoxicillin & k clavulanate tab 875-</i>	
125 mg	274
<i>amoxicillin cap-clarithro tab-</i>	
<i>lansopraz cap dr therapy pack</i>	290
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 10 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 15 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 20 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 25 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 30 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>cap er 24hr 5 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 10 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 12.5 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 15 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 20 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 30 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 5 mg</i>	32
<i>amphetamine-dextroamphetamine</i>	
<i>tab 7.5 mg</i>	32
<i>amphetamine sulfate tab 10 mg</i> ..	32
<i>amphetamine sulfate tab 5 mg</i>	32
AMPYRA TAB 10MG	281
AMRIX CAP 15MG.....	263
AMRIX CAP 30MG.....	263
AMZEEQ AER 4%	175
<i>anastrozole tab 1 mg</i>	126

ANCOBON CAP 250MG	105	APEXICON E CRE 0.05%	185
ANCOBON CAP 500MG	105	APIDRA INJ SOLOSTAR.....	97
ANDRODERM DIS 2MG/24HR.....	62	APIDRA INJ U-100	97
ANDRODERM DIS 4MG/24HR.....	62	APLENZIN TAB 174MG	82
ANDROGEL GEL 1.62%	62	APLENZIN TAB 348MG	82
ANDROGEL GEL 1%(25MG).....	62	APLENZIN TAB 522MG	82
ANDROGEL GEL 1%(50MG).....	62	APNEASTRIP MIS	219
ANGEL WING MIS 23GX3/4	219	APPLE FLAVOR LIQ.....	274
ANGEL WING MIS 25GX3/4	219	<i>apraclonidine hcl ophth soln 0.5%</i>	
ANGEL WING MIS TRANSFER.....	219	<i>(base equivalent)</i>	268
ANGEL WING MIS TUBE HLD	219	<i>aprepitant capsule 125 mg</i>	104
<i>animal chews chw</i>	261	<i>aprepitant capsule 40 mg.....</i>	104
<i>animal shape chw complete.....</i>	261	<i>aprepitant capsule 80 mg.....</i>	104
ANIMAL SHAPE CHW IRON	261	<i>aprepitant capsule therapy pack 80</i>	
ANISE OIL.....	161	<i>& 125 mg</i>	104
ANKLE WALKER MIS LOW/SM	219	APRETUDE SUS 600MG ER	144
ANORO ELLIPT AER 62.5-25	71	APRISO CAP 0.375GM.....	202
<i>antacid chw</i>	64	<i>apri tab</i>	162
<i>antacid chw 1000mg</i>	64	<i>aprodine tab 2.5-60mg</i>	170
<i>antacid chw 750mg</i>	64	APTENSIO XR CAP 10MG.....	37
<i>antacid plus sus gas rel</i>	64	APTENSIO XR CAP 15MG.....	37
<i>antacid sus antigas</i>	64	APTENSIO XR CAP 20MG.....	37
ANTARA CAP 30MG	110	APTENSIO XR CAP 30MG.....	37
ANTARA CAP 90MG	110	APTENSIO XR CAP 40MG.....	37
<i>anti-allergy tab</i>	259	APTENSIO XR CAP 50MG.....	37
<i>antib + pain cre relief</i>	180	APTENSIO XR CAP 60MG.....	37
<i>antibiotic oin 500unit.....</i>	180	APTIOM TAB 200MG	75
<i>anti-dandruf sha 1%</i>	184	APTIOM TAB 400MG	75
<i>anti-dandruf sha coal tar</i>	193	APTIOM TAB 600MG	75
<i>anti-diarrhe cap 2mg</i>	102	APTIOM TAB 800MG	75
<i>anti-diarrhe liq 1mg/7.5.....</i>	102	APTIVUS CAP 250MG	144
<i>anti-diarrhe tab 2mg</i>	102	AQUADEKS DRO	260
<i>antifungal cre 1%</i>	181	<i>aquanil hc lot 1%.....</i>	185
<i>anti-fungal pow 1%.....</i>	181	<i>aranelle tab.....</i>	162
<i>antifungal pow 2%</i>	181	ARANESP INJ 100MCG	208
<i>anti-gas cap 180mg.....</i>	200	ARANESP INJ 10MCG.....	208
<i>antihistamin tab 60-120mg</i>	170	ARANESP INJ 150MCG	208
<i>anti-itch cre 1%.....</i>	185	ARANESP INJ 200MCG	208
<i>anti-itch cre 2-0.1%</i>	183	ARANESP INJ 25MCG.....	208
ANUSOL-HC CRE 2.5%	63	ARANESP INJ 300MCG	208
APADAZ TAB 4.08-325	58	ARANESP INJ 40MCG.....	208
APADAZ TAB 6.12-325	58	ARANESP INJ 500MCG	208
APADAZ TAB 8.16-325	58	ARANESP INJ 60MCG.....	208

ARAZLO LOT 0.045%.....	175	ARTHROTEC 75 TAB	47
<i>arformoterol tartrate soln nebu 15</i>		<i>arthr pain gel 1%</i>	180
<i>mcg/2ml (base equiv)</i>	71	<i>artificial sol 0.5-0.6%</i>	266
ARICEPT TAB 10MG.....	278	<i>artificial sol tears</i>	266
ARICEPT TAB 23MG.....	278	<i>artifi tears sol 1.4% op</i>	266
ARICEPT TAB 5MG.....	278	ASACOL HD TAB 800MG.....	202
ARIKAYCE SUS	44	<i>ascomp/cod cap 30mg</i>	58
<i>aripiprazole orally disintegrating tab</i>		<i>ascorbic acid chew tab 250 mg</i> ..	294
<i>10 mg</i>	142	<i>ascorbic acid chew tab 500 mg</i> ..	294
<i>aripiprazole orally disintegrating tab</i>		<i>ascorbic acid tab 1000 mg</i>	294
<i>15 mg</i>	142	<i>ascorbic acid tab 250 mg</i>	294
<i>aripiprazole oral solution 1 mg/ml</i>		<i>ascorbic acid tab 500 mg</i>	294
.....	142	<i>asenapine maleate sl tab 10 mg</i>	
<i>aripiprazole tab 10 mg</i>	142	<i>(base equiv)</i>	135
<i>aripiprazole tab 15 mg</i>	142	<i>asenapine maleate sl tab 2.5 mg</i>	
<i>aripiprazole tab 20 mg</i>	142	<i>(base equiv)</i>	135
<i>aripiprazole tab 2 mg</i>	142	<i>asenapine maleate sl tab 5 mg</i>	
<i>aripiprazole tab 30 mg</i>	143	<i>(base equiv)</i>	135
<i>aripiprazole tab 5 mg</i>	142	<i>ashlyna tab</i>	162
ARISTADA INJ 1064MG.....	143	ASMANEX 120 AER 220MCG.....	70
ARISTADA INJ 441MG/1.....	143	ASMANEX 14 AER 220MCG.....	70
ARISTADA INJ 662MG/2.....	143	ASMANEX 30 AER 110MCG.....	70
ARISTADA INJ 882MG/3.....	143	ASMANEX 30 AER 220MCG.....	70
ARISTADA INJ INITIO.....	143	ASMANEX 60 AER 220MCG.....	70
ARIXTRA INJ 10/0.8ML	73	ASMANEX HFA AER 100 MCG.....	70
ARIXTRA INJ 2.5/0.5.....	73	ASMANEX HFA AER 200 MCG.....	70
ARIXTRA INJ 5/0.4ML.....	73	ASMANEX HFA AER 50MCG	70
ARIXTRA INJ 7.5/0.6.....	73	<i>aspirin-acetaminophen-caffeine tab</i>	
<i>armodafinil tab 150 mg</i>	37	<i>250-250-65 mg</i>	50
<i>armodafinil tab 200 mg</i>	37	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>armodafinil tab 250 mg</i>	37	<i>200 mg</i>	206
<i>armodafinil tab 50 mg</i>	37	<i>aspirin low chw 81mg</i>	51
ARMONAIR DIG AER 113MCG	69	ASPIRIN SUP 300MG.....	51
ARMONAIR DIG AER 232MCG	69	<i>aspirin tab 325 mg</i>	52
ARMONAIR DIG AER 55MCG.....	69	<i>aspirin tab 81mg ec</i>	51
ARMOUR THYRO TAB 180MG	285	ASSEMBLY MIS FIXTURE	240
ARMOUR THYRO TAB 240MG	285	ASSURE ID MIS 30GX3/16	240
ARMOUR THYRO TAB 300MG	285	<i>asthmanefrin neb 2.25%</i>	71
ARNUITY ELPT INH 100MCG	70	ASTRAGALUS POW ROOT.....	276
ARNUITY ELPT INH 200MCG	70	ATACAND HCT TAB 16-12.5.....	119
ARNUITY ELPT INH 50MCG.....	70	ATACAND HCT TAB 32-12.5.....	119
<i>arth pain cre 0.075%</i>	190	ATACAND HCT TAB 32-25MG.....	119
ARTHROTEC 50 TAB.....	46	ATACAND TAB 16MG	116

ATACAND TAB 32MG	116	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	124
ATACAND TAB 4MG	116	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	124
ATACAND TAB 8MG	116	<i>atovaquone susp 750 mg/5ml</i>	65
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	144	ATRALIN GEL 0.05%	175
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	144	ATRIPLA TAB	144
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	144	<i>atrix liq 2% toner</i>	190
ATELVIA TAB	196	<i>atrix liq 2% wash</i>	190
<i>atenolol & chlorthalidone tab 100-25 mg</i>	119	<i>atropine sulfate ophth oint 1%</i>	268
<i>atenolol & chlorthalidone tab 50-25 mg</i>	119	<i>atropine sulfate ophth soln 1%</i>	268
<i>atenolol tab 100 mg</i>	149	ATROVENT HFA AER 17MCG	68
<i>atenolol tab 25 mg</i>	149	AUBAGIO TAB 14MG	281
<i>atenolol tab 50 mg</i>	149	AUBAGIO TAB 7MG	281
<i>ath foot spr aer 1%</i>	181	AUM PEN NEED MIS 33GX5MM	240
<i>athlete foot aer 2%</i>	181	AUM PEN NEED MIS 33GX6MM	240
<i>athlete foot cre 1%</i>	181	<i>aurovela 24 tab fe 1/20</i>	162
<i>athletes ft aer 1% pow</i>	181	<i>aurovela tab 1/20</i>	162
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	35	<i>aurovela tab 1.5/30</i>	162
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	35	AURYXIA TAB 210MG	203
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	35	AUSTEDO TAB 12MG	280
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	35	AUSTEDO TAB 6MG	280
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	35	AUSTEDO TAB 9MG	280
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	35	AUTOCLAVE MIS PAPER	219
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	35	AUTOSHIELD MIS 29X3/16	240
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	111	AVALIDE TAB 150-12.5	119
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	111	AVALIDE TAB 300-12.5	119
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	111	AVAPRO TAB 150MG	116
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	111	AVAPRO TAB 300MG	116
		AVAPRO TAB 75MG	116
		<i>avar cleanse liq 10-5%</i>	175
		<i>avar-e emoll cre 10-5%</i>	175
		<i>avar-e green cre 10-5%</i>	175
		AVAR-E LS CRE 10-2%	175
		AVAR LS LIQ 10-2%	175
		<i>avita cre 0.025%</i>	175
		<i>avita gel 0.025%</i>	175
		AVODART CAP 0.5MG	204
		AVONEX PEN KIT 30MCG	281
		AVONEX PREFL KIT 30MCG	281
		AVSOLA INJ 100MG	202
		AYGESTIN TAB 5MG	277
		AYR ALLERGY SPR & SINUS	264

AYR NASAL DRO 0.65%264
ayr saline gel nasal264
 AZASITE SOL 1%268
azathioprine tab 50 mg256
azelaic acid gel 15%192
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act264
azelastine hcl nasal spray 0.1% (137 mcg/spray)264
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)264
azelastine hcl ophth soln 0.05%271
azithromycin for susp 100 mg/5ml215
azithromycin for susp 200 mg/5ml215
azithromycin powd pack for susp 1 gm215
azithromycin tab 250 mg215
azithromycin tab 500 mg215
azithromycin tab 600 mg215
 AZOPT SUS 1% OP271
 AZOR TAB 10-20MG119
 AZOR TAB 10-40MG119
 AZOR TAB 5-20MG119
 AZOR TAB 5-40MG119
 AZSTARYS CAP 26.1-5.237
 AZSTARYS CAP 39.2-7.837
 AZSTARYS CAP 52.3-1037
 AZULFIDINE TAB 500MG202
 AZULFIDINE TAB 500MG EN202
azurette tab162
azurette tab 28 day162

B

BABY FRIDGE MIS219
 BABY SKIN OIN PROTECT277
bacitracin oin 500/gm180
bacitracin oint 500 unit/gm180
bacitracin ophth oint 500 unit/gm268
bacitracin-polymyxin b ophth oint268

bacitracin-polymyxin-neomycin-hc ophth oint 1%270
bacitracin zinc oint 500 unit/gm180
 BACK CUSHION MIS CONTOUR ..219
baclofen tab 10 mg263
baclofen tab 20 mg263
baclofen tab 5 mg263
 BACON FLAVOR LIQ274
 BACON FLAVOR LIQ NATURAL....274
bac tab50
 BAFIERTAM CAP 95MG281
 BALCOLTRA TAB 0.1-20162
 BALNEOL LOT191
balsalazide disodium cap 750 mg202
balziva tab162
 BAMBOO CANE MIS219
 BANANA CREAM LIQ FLAVOR274
 BANANA CREME LIQ FLAVOR274
 BANANA LIQ FLAVOR.....274
 BANDAGE MIS SCISSORS219
banophen cap 50mg106
banophen cre 2-0.1%183
 BANZEL SUS 40MG/ML75
 BANZEL TAB 200MG76
 BANZEL TAB 400MG76
 BAQSIMI ONE POW 3MG/DOSE....95
 BAQSIMI TWO POW 3MG/DOSE ...95
 BARD PISTON MIS IRR SYR217
 BARHEMSYS INJ 10MG/4ML.....104
 BARHEMSYS INJ 5MG/2ML104
 BASAGLAR INJ 100UNIT97
 BATH/SHOWER MIS ADJUST220
 BATH/SHOWER MIS SEAT220
 BATH/SHOWER MIS SEAT/BAC ..220
 BATH BENCH MIS /BACK219
 BATH MAT MIS RUBBER220
 BATH SHOWER MIS SEAT.....220
 BATHTUB RAIL MIS TRI-GRIP220
 BAXDELA TAB 450MG199
b-complex vitamin cap258
b-complex vitamin tab258
b-complex w/ c tab258

BD HYPO NEED MIS 16GX1	240	BELSOMRA TAB 5MG	211
BD HYPO NEED MIS 19GX1.5.....	240	BENAZEP/HCTZ TAB 5-6.25.....	119
BD HYPO NEED MIS 21GX2	240	<i>benazepril & hydrochlorothiazide tab</i>	
BD HYPO NEED MIS 23GX3/4	240	<i>10-12.5 mg</i>	<i>119</i>
BD HYPO NEED MIS 26GX1/2	240	<i>benazepril & hydrochlorothiazide tab</i>	
BD INTEGRA MIS 25GX1	240	<i>20-12.5 mg</i>	<i>119</i>
BD NEEDLES MIS 16GX1.5	240	<i>benazepril & hydrochlorothiazide tab</i>	
BD NEEDLES MIS 25GX7/8.....	240	<i>20-25 mg</i>	<i>120</i>
BD NEEDLES MIS 27GX1/2.....	240	<i>benazepril hcl tab 10 mg.....</i>	<i>114</i>
BD NEEDLES MIS 30GX1/2.....	240	<i>benazepril hcl tab 20 mg.....</i>	<i>114</i>
BD PLASTIPAK MIS 21GX1	240	<i>benazepril hcl tab 40 mg.....</i>	<i>114</i>
BD PRECISION MIS 23GX1.5	240	<i>benazepril hcl tab 5 mg.....</i>	<i>114</i>
BD SAFE-CLIP MIS BY MAIL.....	220	BENEFIBER POW DRINK MX.....	212
BD SAFE CLIP MIS NDL CLPR.....	220	BENICAR HCT TAB 20-12.5.....	120
BD U-500 MIS 31GX6MM	240	BENICAR HCT TAB 40-12.5.....	120
BD YALE LNR MIS 26GX1/2	240	BENICAR HCT TAB 40-25MG.....	120
BEARD NET MIS.....	220	BENICAR TAB 20MG	116
BECONASE AQ SUS 0.042%	265	BENICAR TAB 40MG	116
BED PAN MIS PLASTIC.....	220	BENICAR TAB 5MG.....	116
BED RAILS MIS HOME STY	220	BENSAL HP OIN	190
BEDSIDE RAIL MIS EXTNDBLE ...	220	BENZAMYCIN GEL 5-3%.....	176
BEDSIDE TOIL MIS 3-IN-1	220	<i>benzefoam aer 5.3%</i>	<i>176</i>
BED WEDGE MIS 10	220	<i>benzebro liq creamy</i>	<i>176</i>
BED WEDGE MIS 12	220	BENZHY/ACETA TAB 4.08-325	58
BED WEDGE MIS 7	220	BENZHY/ACETA TAB 6.12-325	58
BEEF BRAISED LIQ FLAVOR.....	274	BENZHY/ACETA TAB 8.16-325	58
BEEF FLAVOR LIQ	274	BENZNIDAZOLE TAB 100MG.....	65
BEEF FLAVOR LIQ NATURAL.....	275	BENZNIDAZOLE TAB 12.5MG.....	64
BEEF FLAVOR LIQ OIL SOLU	275	<i>benzonatate cap 100 mg.....</i>	<i>169</i>
BEELITH TAB.....	254	<i>benzonatate cap 200 mg.....</i>	<i>169</i>
BEESWAX MIS WHITE.....	276	<i>benzoyl per liq 10% wash</i>	<i>176</i>
BEES WAX MIS WHITE.....	276	<i>benzoyl per liq 5% wash</i>	<i>176</i>
BEESWAX MIS YELLOW	276	<i>benzoyl peroxide-erythromycin gel</i>	
BELBUCA MIS 150MCG	60	<i>5-3%</i>	<i>176</i>
BELBUCA MIS 300MCG	60	<i>benzoyl peroxide gel 10%</i>	<i>176</i>
BELBUCA MIS 450MCG	60	<i>benzoyl peroxide gel 2.5%</i>	<i>176</i>
BELBUCA MIS 600MCG	60	<i>benzoyl peroxide gel 5%</i>	<i>176</i>
BELBUCA MIS 750MCG	60	<i>benztropine mesylate tab 0.5 mg</i>	
BELBUCA MIS 75MCG	60	.....	<i>128</i>
BELBUCA MIS 900MCG	60	<i>benztropine mesylate tab 1 mg ..</i>	<i>128</i>
BELSOMRA TAB 10MG	211	<i>benztropine mesylate tab 2 mg ..</i>	<i>128</i>
BELSOMRA TAB 15MG	211	<i>bepotastine besilate ophth soln</i>	
BELSOMRA TAB 20MG	211	<i>1.5%</i>	<i>271</i>

BEPREVE DRO 1.5%	271	BEUTLICH MIS ROLL.....	220
BERINERT INJ 500UNIT	206	BEVESPI AER 9-4.8MCG.....	71
BESIVANCE SUS 0.6%	268	BHT GRA.....	162
<i>betamethasone dipropionate</i>		BHT GRA USP/NF	162
<i>augmented cream 0.05%</i>	185	BHT POW	162
<i>betamethasone dipropionate</i>		<i>bicalutamide tab 50 mg</i>	126
<i>augmented gel 0.05%</i>	185	BI-FOCAL MIS MAGNFIER.....	220
<i>betamethasone dipropionate</i>		BIKTARVY TAB.....	144
<i>augmented lotion 0.05%</i>	185	<i>bimatoprost ophth soln 0.03% ...</i>	273
<i>betamethasone dipropionate</i>		BIOTHRAX INJ	291
<i>augmented oint 0.05%.....</i>	185	<i>bisacodyl suppos 10 mg</i>	214
<i>betamethasone dipropionate cream</i>		<i>bisacodyl tab delayed release 5 mg</i>	
<i>0.05%</i>	185	.....	214
<i>betamethasone dipropionate lotion</i>		<i>bismatrol chw 262mg</i>	101
<i>0.05%</i>	185	<i>bismuth subsalicylate chew tab 262</i>	
<i>betamethasone dipropionate oint</i>		<i>mg</i>	101
<i>0.05%</i>	185	<i>bismuth subsalicylate susp 262</i>	
<i>betamethasone valerate aerosol</i>		<i>mg/15ml</i>	101
<i>foam 0.12%</i>	185	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>betamethasone valerate cream</i>		<i>10-6.25 mg</i>	120
<i>0.1% (base equivalent)</i>	185	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>betamethasone valerate lotion 0.1%</i>		<i>2.5-6.25 mg</i>	120
<i>(base equivalent)</i>	185	<i>bisoprolol & hydrochlorothiazide tab</i>	
<i>betamethasone valerate oint 0.1%</i>		<i>5-6.25 mg</i>	120
<i>(base equivalent)</i>	185	<i>bisoprolol fumarate tab 10 mg ...</i>	150
BETAPACE AF TAB 120MG	150	<i>bisoprolol fumarate tab 5 mg.....</i>	149
BETAPACE AF TAB 160MG	150	BITTER MASK LIQ FLAVOR	275
BETAPACE AF TAB 80MG.....	150	BITTERNESS LIQ SUPPRESS	275
BETAPACE TAB 120MG.....	150	BLANKET SUPP MIS ALUMINUM..	220
BETAPACE TAB 160MG.....	151	<i>bleomycin sulfate for inj 15 unit .</i>	127
BETAPACE TAB 80MG	150	<i>bleomycin sulfate for inj 30 unit .</i>	127
BETASERON INJ 0.3MG.....	281	BLEPH-10 SOL 10% OP.....	268
<i>betaxolol hcl ophth soln 0.5%</i>	267	BLEPHAMIDE OIN S.O.P.	270
<i>betaxolol hcl tab 10 mg</i>	149	BLEPHAMIDE SUS OP.....	270
<i>betaxolol hcl tab 20 mg</i>	149	<i>blisovi 24 tab fe 1/20.....</i>	162
<i>bethanechol chloride tab 10 mg .</i>	291	BLISTER PACK MIS MEDI-RDT ...	220
<i>bethanechol chloride tab 25 mg .</i>	291	BLOOD COLLEC MIS TUBE HOL ..	220
<i>bethanechol chloride tab 50 mg .</i>	291	BLOOD PRESSU MIS CARD	220
<i>bethanechol chloride tab 5 mg ...</i>	291	BLOOD PRESSURE MONITORING	216
BETHKIS NEB 300/4ML.....	44	BLOOD TUBE MIS 10ML	220
BETIMOL SOL 0.25%	267	BLOOD TUBE MIS 15ML	220
BETIMOL SOL 0.5%.....	267	BLOOD TUBE MIS 2ML.....	220
BETOPTIC-S SUS 0.25% OP	267	BLOOD TUBE MIS 3ML	220

BLOOD TUBE MIS 4.5ML	220	BREAST PROST MIS ILLUSION ...	221
BLOOD TUBE MIS 4ML	220	BREAST PROST MIS REFLECT	221
BLOOD TUBE MIS 5ML	220	BREAST PROST MIS VIRAGE	221
BLOOD TUBE MIS 7ML	220	BREAST PUMP MIS	221
BLUEBERRY LIQ FLAVOR	275	BREAST PUMP MIS DBL ELEC.....	221
<i>blue gel 2%</i>	180	BREAST PUMP MIS EASYFEED	221
BLUNT CANNUL MIS 20GX1.5	240	BREAST PUMP MIS ELECTRIC.....	221
BLUNT CANNUL MIS 21GX1	240	BREAST PUMP MIS ELITE	221
BMI DIGITAL MIS SMRT SCA	220	BREAST PUMP MIS HARMONY	221
BMI SCALE MIS DIGITAL.....	220	BREAST PUMP MIS MANUAL.....	221
BONIVA TAB 150MG	196	BREAST PUMP MIS NURSER.....	221
BONJESTA TAB 20-20MG.....	104	BREAST PUMP MIS SIGN PRO	221
BOOST PUDDIN MIS BUTTSCTH .	193	BREAST PUMP MIS SIMPLYGO....	221
BOOST PUDDIN MIS CHOCOLAT.	193	BREATHE AID MIS INTRA	221
BOOST PUDDIN MIS VANILLA	193	BREATHE AID MIS SPORT.....	221
<i>bosentan tab 125 mg</i>	158	BREATHE COMF MIS NASAL IR...221	
<i>bosentan tab 62.5 mg</i>	158	BREATHE EASE MIS OXIMETER ..221	
BOTTLE/SPRAY MIS 120ML.....	221	BREATHERITE MIS MDI CHMB....	249
BOTTLE 2OZ/ MIS DROPPER.....	220	BREO ELLIPTA INH 100-25.....	71
BOTTLE 500ML MIS /CAP	220	BREO ELLIPTA INH 200-25.....	71
BOTTLE 8OZ MIS CAP.....	220	BREXAFEMME TAB 150MG	104
BOTTLE ADAPT MIS PRESS-IN ...	220	BREZTRI AERO AER SPHERE.....	71
BOTTLE AMBER MIS 16OZ	220	<i>briellyn tab</i>	162
BOTTLE AMBER MIS 33OZ GLS ..	220	BRILINTA TAB 60MG.....	206
BOTTLE AMBER MIS 8OZ.....	220	BRILINTA TAB 90MG.....	206
BOTTLE MIS 2OZ	220	<i>brimonidine tartrate ophth soln</i>	
BOTTLE MIS 4OZ	220	<i>0.15%</i>	268
BOTTLES MIS 30ML.....	221	<i>brimonidine tartrate ophth soln</i>	
BOTTLES MIS 90ML.....	221	<i>0.2%</i>	268
BOTTLETOP MIS ADAPTER.....	221	<i>brinzolamide ophth susp 1%</i>	271
BOTTLETOP MIS DISPENSER	221	BRISDELLE CAP 7.5MG	284
BOTTLE WHITE MIS 6OZ	221	BRIVIACT SOL 10MG/ML.....	76
BOULES QUIES MIS EAR PLUG ...	221	BRIVIACT TAB 100MG	76
<i>bp 10-1 emu</i>	176	BRIVIACT TAB 10MG	76
<i>bp cleansing emu 10-4%</i>	176	BRIVIACT TAB 25MG	76
<i>b-plex plus tab</i>	259	BRIVIACT TAB 50MG	76
<i>b-plex tab</i>	258	BRIVIACT TAB 75MG	76
<i>bpo cloths mis 6%</i>	176	<i>bromfenac sodium ophth soln</i>	
BREASTFEED MIS PILLOW	221	<i>0.09% (base equiv) (once-daily)</i>	
BREAST FLANG MIS 25MM.....	221	.....	271
BREAST FLANG MIS 28.5MM.....	221	BROMSITE DRO 0.075%	271
BREAST FLANG MIS 30.5MM.....	221	BROVANA NEB 15MCG.....	71
BREASTMILK MIS COLLECT	221	BRYHALI LOT 0.01%	185

BUBBLE GUM LIQ CONCENTR.....	275	<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	60
BUBBLEGUM LIQ FLAVOR	275	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	60
BUBBLE GUM LIQ FLAVOR	275	<i>buprenorphine td patch weekly 10 mcg/hr</i>	61
BUBBLE POINT MIS TST KIT	221	<i>buprenorphine td patch weekly 15 mcg/hr</i>	61
<i>budesonide delayed release particles cap 3 mg</i>	167	<i>buprenorphine td patch weekly 20 mcg/hr</i>	61
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> ..	71	<i>buprenorphine td patch weekly 5 mcg/hr</i>	61
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> ...	71	<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	61
<i>budesonide inhalation susp 0.25 mg/2ml</i>	70	<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	283
<i>budesonide inhalation susp 0.5 mg/2ml</i>	70	<i>bupropion hcl tab 100 mg</i>	83
<i>budesonide inhalation susp 1 mg/2ml</i>	70	<i>bupropion hcl tab 75 mg</i>	83
<i>budesonide sus 32mcg</i>	265	<i>bupropion hcl tab er 12hr 100 mg</i>	83
<i>budesonide tab er 24hr 9 mg</i>	167	<i>bupropion hcl tab er 12hr 150 mg</i>	83
BULB/VALVE MIS DISP.....	221	<i>bupropion hcl tab er 12hr 200 mg</i>	83
<i>bumetanide tab 0.5 mg</i>	195	<i>bupropion hcl tab er 24hr 150 mg</i>	83
<i>bumetanide tab 1 mg</i>	195	<i>bupropion hcl tab er 24hr 300 mg</i>	83
<i>bumetanide tab 2 mg</i>	195	<i>bupropion hcl tab er 24hr 450 mg</i>	83
<i>bupap tab 50-300mg</i>	50	<i>bupirone hcl tab 10 mg</i>	67
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	215	<i>bupirone hcl tab 15 mg</i>	67
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	215	<i>bupirone hcl tab 30 mg</i>	67
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	215	<i>bupirone hcl tab 5 mg</i>	67
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	215	<i>bupirone hcl tab 7.5 mg</i>	67
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	60	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	51
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	60	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	51
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	60	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	51
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	60	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	58
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	60	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	59
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	60	<i>butalbital-acetaminophen cap 50-300 mg</i>	50
		<i>butalbital-acetaminophen tab 50-300 mg</i>	50

<i>butalbital-acetaminophen tab 50-325 mg</i>	51	CALAMINE LOT 8-8%.....	191
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	51	CALAN SR TAB 120MG.....	152
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	59	CALAN SR TAB 180MG.....	152
<i>butenafine hcl cream 1%</i>	181	CALAN SR TAB 240MG.....	152
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	61	CALC ACETATE TAB 668MG.....	253
BUTRANS DIS 10MCG/HR.....	61	<i>calc antacid chw 750mg</i>	64
BUTRANS DIS 15MCG/HR.....	61	<i>calcidol dro 8000/ml</i>	294
BUTRANS DIS 20MCG/HR.....	61	<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	185
BUTRANS DIS 5MCG/HR.....	61	<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	185
BUTRANS DIS 7.5/HR.....	61	<i>calcipotriene cream 0.005%</i>	183
BUTTERSCOTCH LIQ FLAVOR.....	275	<i>calcipotriene foam 0.005%</i>	183
BYDUREON BC INJ 2/0.85ML.....	96	<i>calcipotriene oint 0.005%</i>	183
BYETTA INJ 10MCG.....	96	<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	183
BYETTA INJ 5MCG.....	96	<i>calcitonin (salmon) nasal soln 200 unit/act</i>	196
BYLVAY CAP 1200MCG.....	201	CAL-CITRATE TAB PLUS D.....	253
BYLVAY CAP 200MCG.....	201	<i>calcitriol cap 0.25 mcg</i>	197
BYLVAY CAP 400MCG.....	201	<i>calcitriol cap 0.5 mcg</i>	197
BYLVAY CAP 600MCG.....	201	<i>calcitriol oint 3 mcg/gm</i>	183
BYSTOLIC TAB 10MG.....	150	<i>calcium/d3 tab</i>	254
BYSTOLIC TAB 2.5MG.....	150	<i>calcium+d3 tab 600-800</i>	253
BYSTOLIC TAB 20MG.....	150	<i>calcium + d tab 600-200</i>	253
BYSTOLIC TAB 5MG.....	150	<i>calcium+d tab 600-800</i>	254
C		<i>calcium 600 tab + d</i>	253
<i>c-1000/rh tab 1000mg</i>	295	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	203
<i>c 250 tab</i>	294	<i>calcium acetate (phosphate binder) tab 667 mg</i>	203
CABENUVA SUS 400-600.....	144	<i>calcium ascorbate tab 500 mg</i> ...295	
CABENUVA SUS 600-900.....	144	CALCIUM CARB CHW 260MG.....	253
<i>cabergoline tab 0.5 mg</i>	198	<i>calcium carbonate (antacid) chew tab 500 mg</i>	64
<i>ca citrate + tab</i>	255	<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	64
CADUET TAB 10-10MG.....	157	<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	253
CADUET TAB 10-20MG.....	157	<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	253
CADUET TAB 10-40MG.....	157		
CADUET TAB 10-80MG.....	157		
CADUET TAB 5-10MG.....	157		
CADUET TAB 5-20MG.....	157		
CADUET TAB 5-40MG.....	157		
CADUET TAB 5-80MG.....	157		
<i>caffeine tab 200 mg</i>	35		
CALAMINE LOT.....	191		

<i>calcium carbonate-cholecalciferol</i> <i>tab 500 mg-400 unit</i>	253	CANE/T-HANDL MIS MENS/BLK..	222
<i>calcium carbonate-cholecalciferol</i> <i>tab 600 mg-200 unit</i>	253	CANE/T-HANDL MIS WOOD/1	222
<i>calcium carbonate tab 1500 mg</i> <i>(600 mg elemental ca)</i>	253	CANE/W/STRAP MIS BLACK	222
CALCIUM CARB TAB 648MG	64	CANE/WOOD MIS 1	222
<i>calcium cit/ tab vit d</i>	253	CANE/WOOD MIS 13/16.....	222
<i>calcium citrate-vitamin d tab 200</i> <i>mg-250 unit (elemental ca)</i>	253	CANE/WOOD MIS 7/8	222
<i>calcium citrate-vitamin d tab 315</i> <i>mg-250 unit (elemental ca)</i>	253	CANE/WOOD MIS LADIES.....	222
<i>calcium citr tab +d</i>	253	CANE/WOOD MIS WALNUT	222
<i>calcium tab 500/d</i>	253	CANE HOLDER MIS.....	221
<i>cal-mag-zinc tab +d3</i>	255	CANE MENS MIS	221
CAL-MINT CHW 260MG	253	CANE MIS	221
<i>calprotect oin</i>	191	CANE TIPS MIS 1	221
<i>camrese lo tab</i>	162	CANE TIPS MIS 3/4	221
<i>camrese tab</i>	162	CANE TIPS MIS 5/8	221
CANASA SUP 1000MG.....	202	CANE TIPS MIS 7/8	221
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5</i> <i>mg</i>	120	CANE TIPS MIS BLK 3/4.....	221
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5</i> <i>mg</i>	120	CANE TIPS MIS GRY 3/4	222
<i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i>	120	CANE TIPS MIS ICE GRIP	222
<i>candesartan cilexetil tab 16 mg</i> ..	116	<i>capecitabine tab 150 mg</i>	125
<i>candesartan cilexetil tab 32 mg</i> ..	116	<i>capecitabine tab 500 mg</i>	125
<i>candesartan cilexetil tab 4 mg</i> ...	116	CAPEX SHA 0.01%	185
<i>candesartan cilexetil tab 8 mg</i> ...	116	CAPLYTA CAP 42MG.....	130
CANE/ADJUST MIS PAISLEY.....	222	<i>capsaicin cream 0.025%</i>	190
CANE/LADY MIS BRONZE	222	<i>capsaicin cream 0.1%</i>	190
CANE/MENS MIS ROSEWOOD	222	<i>captopril tab 100 mg</i>	114
CANE/MEN STD MIS WALNUT	222	<i>captopril tab 12.5 mg</i>	114
CANE/MEN STD MIS WOOD/1	222	<i>captopril tab 25 mg</i>	114
CANE/OFFSET MIS GR PAISL	222	<i>captopril tab 50 mg</i>	114
CANE/STANDAR MIS BLK HAND .	222	CA PYRUVATE CAP 600MG.....	257
CANE/STANDAR MIS BRONZE	222	CARAMEL LIQ FLAVOR	275
CANE/T-HANDL MIS BLCKBLUE ..	222	CARB/LEVO TAB 10-100MG	128
CANE/T-HANDL MIS LADY/BLK...	222	CARB/LEVO TAB 25-100MG	128
		CARB/LEVO TAB 25-250MG	128
		<i>carbamazepine cap er 12hr 100 mg</i>	76
		<i>carbamazepine cap er 12hr 200 mg</i>	76
		<i>carbamazepine cap er 12hr 300 mg</i>	76
		<i>carbamazepine chew tab 100 mg</i> .	76
		<i>carbamazepine susp 100 mg/5ml</i> .	76
		<i>carbamazepine tab 200 mg</i>	76

<i>carbamazepine tab er 12hr 100 mg</i>	CARDIZEM CD CAP 120MG/24 ...152
.....76	CARDIZEM CD CAP 180MG/24 ...152
<i>carbamazepine tab er 12hr 200 mg</i>	CARDIZEM CD CAP 240MG/24 ...152
.....76	CARDIZEM CD CAP 300MG/24 ...152
<i>carbamazepine tab er 12hr 400 mg</i>	CARDIZEM CD CAP 360MG/24 ...152
.....76	CARDIZEM LA TAB 120MG.....152
<i>carbamide peroxide 6.5% otic soln</i>	CARDIZEM LA TAB 180MG.....152
.....273	CARDIZEM LA TAB 240MG.....152
CARBATROL CAP 100MG .....76	CARDIZEM LA TAB 300MG/24 ....152
CARBATROL CAP 200MG .....76	CARDIZEM LA TAB 360MG.....152
CARBATROL CAP 300MG .....76	CARDIZEM LA TAB 420MG/24 ....152
<i>carbidopa & levodopa tab 10-100</i>	CARDIZEM TAB 120MG .....152
<i>mg</i> .....128	CARDIZEM TAB 30MG.....152
<i>carbidopa & levodopa tab 25-100</i>	CARDIZEM TAB 60MG.....152
<i>mg</i> .....128	CARETOUCH MIS CPAP .....249
<i>carbidopa & levodopa tab 25-250</i>	CAREX COCCYX MIS CUSHION...222
<i>mg</i> .....128	CAREX ULTRA MIS GRABBER ....222
<i>carbidopa & levodopa tab er 25-100</i>	<i>carisoprodol tab 250 mg</i> .....263
<i>mg</i> .....128	<i>carisoprodol tab 350 mg</i> .....263
<i>carbidopa & levodopa tab er 50-200</i>	<i>carisoprodol w/ aspirin & codeine</i>
<i>mg</i> .....128	<i>tab 200-325-16 mg</i> .....264
<i>carbidopa-levodopa-entacapone</i>	<i>carteolol hcl ophth soln 1%</i> .....267
<i>tabs 12.5-50-200 mg</i> .....128	<i>cartia xt cap 120/24hr</i> .....152
<i>carbidopa-levodopa-entacapone</i>	<i>cartia xt cap 180/24hr</i> .....153
<i>tabs 18.75-75-200 mg</i> .....128	<i>cartia xt cap 240/24hr</i> .....153
<i>carbidopa-levodopa-entacapone</i>	<i>cartia xt cap 300/24hr</i> .....153
<i>tabs 25-100-200 mg</i> .....128	<i>carvedilol phosphate cap er 24hr 10</i>
<i>carbidopa-levodopa-entacapone</i>	<i>mg</i> .....149
<i>tabs 31.25-125-200 mg</i> .....128	<i>carvedilol phosphate cap er 24hr 20</i>
<i>carbidopa-levodopa-entacapone</i>	<i>mg</i> .....149
<i>tabs 37.5-150-200 mg</i> .....128	<i>carvedilol phosphate cap er 24hr 40</i>
<i>carbidopa-levodopa-entacapone</i>	<i>mg</i> .....149
<i>tabs 50-200-200 mg</i> .....128	<i>carvedilol phosphate cap er 24hr 80</i>
<i>carbinoxamine maleate soln 4</i>	<i>mg</i> .....149
<i>mg/5ml</i>.....106	<i>carvedilol tab 12.5 mg</i> .....149
<i>carbinoxamine maleate tab 4 mg</i>	<i>carvedilol tab 25 mg</i>.....149
.....106	<i>carvedilol tab 3.125 mg</i> .....149
<i>carboplatin iv soln 150 mg/15ml</i> 125	<i>carvedilol tab 6.25 mg</i> .....149
<i>carboplatin iv soln 450 mg/45ml</i> 125	CATAPRES-TTS DIS 0.1/24HR....118
<i>carboplatin iv soln 50 mg/5ml</i>....125	CATAPRES-TTS DIS 0.2/24HR....118
<i>carboplatin iv soln 600 mg/60ml</i> 125	CATAPRES-TTS DIS 0.3/24HR....118
<i>carboxymethylcellulose sodium</i>	CATH URINE KIT SYSTEM.....222
<i>ophth soln 0.5%</i>.....266	CAYSTON INH 75MG .....66

<i>caziant pak</i>	162	CENTANY OIN 2%	180
<i>cefaclor cap 250 mg</i>	160	CENTRUM KIDS CHW	260
<i>cefaclor cap 500 mg</i>	160	CENTRUM KIDS CHW FLAV BST..	260
CEFACLOR ER TAB 500MG	160	CENTRUM SPEC TAB ENERGY....	262
<i>cefaclor for susp 125 mg/5ml</i>	160	CENTRUM SPEC TAB HEART.....	259
<i>cefaclor for susp 250 mg/5ml</i>	160	CENTRUM SPEC TAB IMMUNE	259
<i>cefaclor for susp 375 mg/5ml</i>	160	CENTRUM SPEC TAB VISION.....	259
<i>cefadroxil cap 500 mg</i>	159	CENTRUM TAB CARDIO	259
<i>cefadroxil for susp 500 mg/5ml</i> ..	159	CENTRUM TAB MEN	259
<i>cefadroxil tab 1 gm</i>	160	CENTRUM TAB PERFORMA	262
<i>cefdinir cap 300 mg</i>	160	CENTRUM TAB SILVER	259
<i>cefdinir for susp 125 mg/5ml</i>	160	CENTRUM TAB ULTRA	259
<i>cefdinir for susp 250 mg/5ml</i>	160	<i>cephalexin cap 250 mg</i>	160
<i>cefixime cap 400 mg</i>	160	<i>cephalexin cap 500 mg</i>	160
<i>cefixime for susp 100 mg/5ml</i>	160	<i>cephalexin cap 750 mg</i>	160
<i>cefixime for susp 200 mg/5ml</i>	160	<i>cephalexin for susp 125 mg/5ml</i>	160
<i>cefpodoxime proxetil for susp 100</i>		<i>cephalexin for susp 250 mg/5ml</i>	160
<i>mg/5ml</i>	160	<i>cephalexin tab 250 mg</i>	160
<i>cefpodoxime proxetil for susp 50</i>		<i>cephalexin tab 500 mg</i>	160
<i>mg/5ml</i>	160	CEQUA SOL 0.09%.....	270
<i>cefpodoxime proxetil tab 100 mg</i>		<i>cerovite jr chw</i>	261
.....	160	CERTAVITE TAB SENIOR	259
<i>cefpodoxime proxetil tab 200 mg</i>		CERVICAL MIS PILLOW	222
.....	160	CERVICL ROLL MIS MCKENZIE ...	222
<i>cefprozil for susp 125 mg/5ml</i>	160	CERV PILLOW MIS BREATHEZ	222
<i>cefprozil for susp 250 mg/5ml</i>	160	CERV PILLOW MIS CONTOUR.....	222
<i>cefprozil tab 250 mg</i>	160	CERV PILLOW MIS COVER	222
<i>cefprozil tab 500 mg</i>	160	CERV PILLOW MIS ORTHO.....	222
<i>cefuroxime axetil tab 250 mg</i>	160	<i>cetirizine hcl chew tab 10 mg</i>	107
<i>cefuroxime axetil tab 500 mg</i>	160	<i>cetirizine hcl chew tab 5 mg</i>	107
CELEBREX CAP 100MG	47	<i>cetirizine hcl oral soln 1 mg/ml (5</i>	
CELEBREX CAP 200MG	47	<i>mg/5ml)</i>	107
CELEBREX CAP 400MG	47	<i>cetirizine hcl tab 10 mg</i>	107
CELEBREX CAP 50MG	47	<i>cetirizine hcl tab 5 mg</i>	107
<i>celecoxib cap 100 mg</i>	47	<i>cetirizine-pseudoephedrine tab er</i>	
<i>celecoxib cap 200 mg</i>	47	<i>12hr 5-120 mg</i>	170
<i>celecoxib cap 400 mg</i>	47	<i>cetirizine sol 1mg/ml</i>	107
<i>celecoxib cap 50 mg</i>	47	<i>cetirizine sol 5mg/5ml</i>	107
CELEXA TAB 10MG	83	CHAPSTICK OIN OVRNIGHT	191
CELEXA TAB 20MG	83	<i>charlotte 24 chw fe 1/20</i>	162
CELEXA TAB 40MG	83	CHCK FLAVOR LIQ OIL MISC.....	275
CELONTIN CAP 300MG	81	CHEESECAKE LIQ FLAVOR.....	275
CENTANY AT KIT 2%	180	CHEMO GLOVES MIS LARGE	222

CHEMO GLOVES MIS MEDIUM....	222	<i>chlorzoxazone tab 750 mg</i>	263
CHEMO GLOVES MIS SMALL	222	<i>choc laxativ chw 15mg</i>	214
CHEMO GLOVES MIS X-LARGE ...	222	CHOCOLATE LIQ FLAVOR	275
CHEMO TRANSF MIS PIN.....	222	CHOLBAM CAP 250MG	200
CHENODAL TAB 250MG.....	201	CHOLBAM CAP 50MG	200
CHERRY LIQ FLAVOR	275	<i>cholecalciferol cap 1.25 mg (50000</i>	
<i>chest conges syp 100/5ml</i>	173	<i>unit)</i>	294
<i>chest conges tab 400mg</i>	173	<i>cholecalciferol cap 10 mcg (400</i>	
<i>chewable c chw 500mg</i>	295	<i>unit)</i>	294
CHICKEN LIQ FLAVOR.....	275	<i>cholecalciferol cap 125 mcg (5000</i>	
CHICKEN LIQ ROASTED	275	<i>unit)</i>	294
<i>child allrgy sol 5mg/5ml</i>	107	<i>cholecalciferol cap 50 mcg (2000</i>	
<i>child chew/ chw extra c</i>	261	<i>unit)</i>	294
<i>child multiv chw iron</i>	261	<i>cholecalciferol oral liquid 10 mcg/ml</i>	
<i>childrens chw /iron</i>	261	<i>(400 unit/ml)</i>	294
<i>childrens chw pepto</i>	64	<i>cholecalciferol tab 10 mcg (400</i>	
<i>chld meditab chw 80mg</i>	51	<i>unit)</i>	294
<i>chld silapap liq 160/5ml</i>	51	<i>cholecalciferol tab 125 mcg (5000</i>	
<i>chlordiazepoxide hcl cap 10 mg</i> ...	67	<i>unit)</i>	294
<i>chlordiazepoxide hcl cap 25 mg</i> ...	68	<i>cholecalciferol tab 25 mcg (1000</i>	
<i>chlordiazepoxide hcl cap 5 mg</i>	67	<i>unit)</i>	294
<i>chlorhexidine gluconate soln 0.12%</i>		<i>cholecalciferol tab 50 mcg (2000</i>	
.....	257	<i>unit)</i>	294
<i>chloroquine phosphate tab 250 mg</i>		<i>cholestyramine light powder 4</i>	
.....	124	<i>gm/dose</i>	109
<i>chloroquine phosphate tab 500 mg</i>		<i>cholestyramine light powder packets</i>	
.....	124	<i>4 gm</i>	109
<i>chlorpheniramine maleate tab er 12</i>		<i>cholestyramine powder 4 gm/dose</i>	
<i>mg</i>	106	.....	109
<i>chlorphenir tab 4mg</i>	106	<i>cholestyramine powder packets 4</i>	
<i>chlorpromazine hcl inj 25 mg/ml</i>	139	<i>gm</i>	109
<i>chlorpromazine hcl inj 50 mg/2ml</i>		<i>choline fenofibrate cap dr 135 mg</i>	
.....	139	<i>(fenofibric acid equiv)</i>	110
<i>chlorpromazine hcl tab 100 mg</i> ..	140	<i>choline fenofibrate cap dr 45 mg</i>	
<i>chlorpromazine hcl tab 10 mg</i>	139	<i>(fenofibric acid equiv)</i>	110
<i>chlorpromazine hcl tab 200 mg</i> ..	140	<i>chromium picolinate tab 200 mcg</i>	
<i>chlorpromazine hcl tab 25 mg</i>	139	.....	256
<i>chlorpromazine hcl tab 50 mg</i>	140	CIALIS TAB 2.5MG	157
<i>chlorthalidone tab 25 mg</i>	195	CIALIS TAB 5MG	158
<i>chlorthalidone tab 50 mg</i>	195	<i>ciclodan sol 8%</i>	181
<i>chlorzoxazone tab 250 mg</i>	263	<i>ciclopirox gel 0.77%</i>	181
<i>chlorzoxazone tab 375 mg</i>	263	<i>ciclopirox kit 8%</i>	181
<i>chlorzoxazone tab 500 mg</i>	263		

<i>ciclopirox olamine cream 0.77% (base equiv)</i>	181	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	199
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	181	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	199
<i>ciclopirox shampoo 1%</i>	181	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	199
<i>ciclopirox solution 8%</i>	181	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	199
<i>cilostazol tab 100 mg</i>	207	CIPRO HC SUS OTIC	273
<i>cilostazol tab 50 mg</i>	207	CIPRO TAB 250MG	199
CILOXAN OIN 0.3% OP	268	CIPRO TAB 500MG	199
CILOXAN SOL 0.3% OP	269	<i>cialopram hydrobromide oral soln 10 mg/5ml</i>	84
CIMDUO TAB 300-300	144	<i>cialopram hydrobromide tab 10 mg (base equiv)</i>	84
<i>cimetidine hcl soln 300 mg/5ml</i> ..	287	<i>cialopram hydrobromide tab 20 mg (base equiv)</i>	84
<i>cimetidine tab 200 mg</i>	287	<i>cialopram hydrobromide tab 40 mg (base equiv)</i>	84
<i>cimetidine tab 300 mg</i>	287	<i>claravis cap 10mg</i>	176
<i>cimetidine tab 400 mg</i>	287	<i>claravis cap 20mg</i>	176
<i>cimetidine tab 800 mg</i>	287	<i>claravis cap 30mg</i>	176
CIMZIA KIT 200MG	202	<i>claravis cap 40mg</i>	176
CIMZIA PREFL KIT 200MG/ML	202	CLARINEX-D TAB 2.5-120	170
CIMZIA START KIT 200MG/ML ...	202	CLARINEX TAB 5MG	107
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	197	<i>clarithromycin for susp 125 mg/5ml</i>	215
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	197	<i>clarithromycin for susp 250 mg/5ml</i>	215
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	197	<i>clarithromycin tab 250 mg</i>	215
CINIS PREEMI MIS HALO LG	222	<i>clarithromycin tab 500 mg</i>	215
CINIS PREEMI MIS HALO MED ...	222	<i>clarithromycin tab er 24hr 500 mg</i>	215
CINIS PREEMI MIS HALO SM	222	CLASSICS ROL MIS WALKER.....	222
CINNAMON OIL.....	161	<i>cld head cng tab nighttim</i>	170
CINNAMON OIL ARTIFIC	161	CLEANROOM MIS MAT	222
CINNAMON OIL FLAVOR.....	275	CLEAR GLASS MIS VIAL 2ML.....	223
CINRYZE SOL 500 UNIT	206	CLEAR GLASS MIS VIAL 5ML.....	240
CINVANTI INJ 130/18ML	104	CLEAR GLASS MIS VL 10ML.....	223
CIPRO/FLUOC DRO PF	273	<i>clemastine fumarate tab 2.68 mg</i>	106
CIPRO (10%) SUS 500MG/5	199	CLEOCIN CRE 2% VAG.....	292
CIPRO (5%) SUS 250MG/5.....	199	CLEOCIN SUP 100MG	292
CIPRODEX SUS 0.3-0.1%.....	273		
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	273		
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	269		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	273		

CLEOCIN-T LOT 1%.....	176	<i>clobetasol propionate gel 0.05%</i>	186
CLINDACIN KIT ETZ 1%.....	176	<i>clobetasol propionate lotion 0.05%</i>	186
CLINDACIN KIT PAC 1%.....	176	.....	186
<i>clindacin mis etz 1%</i>	176	<i>clobetasol propionate oint 0.05%</i>	186
<i>clindacin-p pad 1%</i>	176	.....	186
CLINDAGEL GEL 1%	176	<i>clobetasol propionate shampoo</i>	186
<i>clindamycin hcl cap 150 mg</i>	66	0.05%	186
<i>clindamycin hcl cap 300 mg</i>	66	<i>clobetasol propionate soln 0.05%</i>	186
<i>clindamycin hcl cap 75 mg</i>	66	.....	186
<i>clindamycin palmitate hcl for soln 75</i>	66	<i>clobetasol propionate spray 0.05%</i>	186
<i>mg/5ml (base equiv)</i>	66	.....	186
<i>clindamycin phosphate-benzoyl</i>	177	CLOBEX SHA 0.05%	186
<i>peroxide gel 1.2-2.5%</i>	177	CLOBEX SPR 0.05%	186
<i>clindamycin phosphate-benzoyl</i>	177	<i>clocortolone pivalate cream 0.1%</i>	186
<i>peroxide gel 1-5%</i>	177	.....	186
<i>clindamycin phosphate foam 1%</i>	176	CLODAN KIT 0.05%.....	186
<i>clindamycin phosphate gel 1%</i> ...	177	<i>clodan sha 0.05%</i>	186
<i>clindamycin phosphate lotion 1%</i>	177	CLODERM CRE 0.1%	186
.....	177	<i>clomipramine hcl cap 25 mg</i>	88
<i>clindamycin phosphate soln 1%</i> .	177	<i>clomipramine hcl cap 50 mg</i>	88
<i>clindamycin phosphate swab 1%</i>	177	<i>clomipramine hcl cap 75 mg</i>	88
<i>clindamycin phosphate-tretinoin gel</i>	177	<i>clonazepam orally disintegrating tab</i>	75
<i>1.2-0.025%</i>	177	0.125 mg	75
<i>clindamycin phosphate vaginal</i>	292	<i>clonazepam orally disintegrating tab</i>	75
<i>cream 2%</i>	292	0.25 mg	75
<i>clindamycin phosph-benzoyl</i>	176	<i>clonazepam orally disintegrating tab</i>	75
<i>peroxide (refrig) gel 1.2 (1)-5%</i>	176	0.5 mg	75
.....	176	<i>clonazepam orally disintegrating tab</i>	75
CLINDESSE CRE 2%	292	1 mg	75
CLINERE MIS EARWAX.....	223	<i>clonazepam orally disintegrating tab</i>	75
CLIP & STOR MIS	223	2 mg	75
<i>clobazam suspension 2.5 mg/ml</i> ..	75	<i>clonazepam tab 0.5 mg</i>	75
<i>clobazam tab 10 mg</i>	75	<i>clonazepam tab 1 mg</i>	75
<i>clobazam tab 20 mg</i>	75	<i>clonazepam tab 2 mg</i>	75
<i>clobetasol e cre 0.05%</i>	185	<i>clonidine hcl tab 0.1 mg</i>	118
<i>clobetasol propionate cream 0.05%</i>	185	<i>clonidine hcl tab 0.2 mg</i>	118
.....	185	<i>clonidine hcl tab 0.3 mg</i>	118
<i>clobetasol propionate emollient base</i>	185	<i>clonidine hcl tab er 12hr 0.1 mg</i> ..	35
<i>cream 0.05%</i>	185	<i>clonidine td patch weekly 0.1</i>	118
<i>clobetasol propionate emulsion foam</i>	185	mg/24hr.....	118
0.05%	185	<i>clonidine td patch weekly 0.2</i>	118
<i>clobetasol propionate foam 0.05%</i>	185	mg/24hr.....	118
.....	185		

<i>clonidine td patch weekly 0.3 mg/24hr</i>	118	CODEINE SULF TAB 15MG.....	52
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	207	CODEINE SULF TAB 60MG.....	52
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	207	<i>cod liver cap</i>	262
<i>clorazepate dipotassium tab 15 mg</i>	68	<i>coenzyme q10 cap 100 mg</i>	44
<i>clorazepate dipotassium tab 3.75 mg</i>	68	<i>coenzyme q10 cap 50 mg</i>	44
<i>clorazepate dipotassium tab 7.5 mg</i>	68	COENZYME Q10 TAB 100MG.....	44
<i>clotrimazole cre 1%</i>	181	COLAZAL CAP 750MG	202
<i>clotrimazole cre 2%</i>	292	<i>colchicine cap 0.6 mg</i>	205
<i>clotrimazole cre 3 day</i>	292	<i>colchicine tab 0.6 mg</i>	205
<i>clotrimazole cream 1%</i>	181	<i>colchicine w/ probenecid tab 0.5-500 mg</i>	205
<i>clotrimazole soln 1%</i>	181	COLCRYS TAB 0.6MG.....	205
<i>clotrimazole troche 10 mg</i>	257	<i>cold/allergy elx children</i>	170
<i>clotrimazole vaginal cream 1%</i> ..	292	<i>cold/flu liq daytime</i>	170
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	181	<i>cold/flu rel cap nitetime</i>	170
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	181	<i>cold & flu cap nighttime</i>	170
<i>clozapine orally disintegrating tab 100 mg</i>	135	<i>cold & sinus tab 30-200mg</i>	170
<i>clozapine orally disintegrating tab 12.5 mg</i>	135	<i>cold & sinus tab relief</i>	170
<i>clozapine orally disintegrating tab 150 mg</i>	135	<i>cold head tab congesti</i>	170
<i>clozapine orally disintegrating tab 200 mg</i>	135	<i>cold max tab 10/5/325</i>	170
<i>clozapine orally disintegrating tab 25 mg</i>	135	<i>colesevelam hcl packet for susp 3.75 gm</i>	109
<i>CLOZARIL TAB 100MG</i>	135	<i>colesevelam hcl tab 625 mg</i>	109
<i>CLOZARIL TAB 200MG</i>	135	COLESTID FLA GRA 5/7.5GM	109
<i>CLOZARIL TAB 25MG</i>	135	COLESTID FLA GRA 5GM.....	109
<i>CLOZARIL TAB 50MG</i>	135	COLESTID GRA 5GM.....	109
<i>CL PRENATAL TAB 28-0.8MG</i>	261	COLESTID POW 5GM	109
<i>codeine sulfate tab 30 mg</i>	52	COLESTID TAB 1GM	109
		<i>colestipol hcl granule packets 5 gm</i>	109
		<i>colestipol hcl granules 5 gm</i>	109
		<i>colestipol hcl tab 1 gm</i>	110
		COLLECT SET MIS SAFE CAP.....	223
		COLLECT SET MIS TUBE HLD	223
		COMAR ADAPT MIS 24MM	223
		COMBIGAN SOL 0.2/0.5%	267
		COMBIVENT AER 20-100.....	71
		COMBIVIR TAB 150-300.....	144
		COMFORT FIT MIS FLANGES	223
		COMFORT FOAM MIS EAR PLUG ..	223
		COMFORT PERS MIS CART.....	223
		COMFORT PERS MIS MICROWAV ..	223
		COMFORT PERS MIS SHAM CAP ..	223

COMFORT TOUC MIS 31GX4MM	.240	CORTEF TAB 10MG	.....167
COMFORT TOUC MIS 33GX1/4	...240	CORTEF TAB 20MG	.....167
COMFORT TOUC MIS 33GX3/16	.240	CORTEF TAB 5MG	.....167
COMMODE MIS 3-IN-1	.....223	COSENTYX INJ 150MG/ML	.....183
COMMODE MIS BEDSIDE	.....223	COSENTYX INJ 300DOSE	.....183
COMMODE MIS EX-WIDE	.....223	COSENTYX INJ 75MG/0.5	.....183
COMMODE MIS FOLDING	.....223	COSENTYX PEN INJ 150MG/ML	..183
COMMODE PAIL MIS 12QT	.....223	COSENTYX PEN INJ 300DOSE	....183
COMMODE SPEC MIS COLLECT	..223	COSOPT PF SOL 2%-0.5%	.....267
CO MONITOR MIS T PIECES	.....249	COSOPT SOL 22.3-6.8	.....267
COMPLERA TAB	.....144	COTEMPLA TAB 17.3MG	.....38
COMPLETENATE CHW	.....261	COTEMPLA TAB 25.9MG	.....38
<i>compro sup 25mg</i>	.....140	COTEMPLA TAB 8.6MG	.....38
CO-NATAL FA TAB 29-1MG	.....261	COTTON CANDY LIQ FLAVOR	....275
CONCERTA TAB 18MG	.....37	COTTON GLOVE MIS EX-LARGE	..223
CONCERTA TAB 27MG	.....37	COTTON GLOVE MIS LARGE	.....223
CONCERTA TAB 36MG	.....37	COTTON GLOVE MIS SM/MED	....223
CONCERTA TAB 54MG	.....38	<i>cough & cold tab 4-30mg</i>	.....170
CONDOMS LATEX LUBRICATED -		<i>cough dm sus 30mg/5ml</i>	.....169
MALE	.....216	<i>cough drops loz 5.8mg</i>	.....258
CONEX SOL CLD/ALRG	.....170	<i>cough drops loz 7.6mg</i>	.....258
CONEX TAB 2-60MG	.....170	<i>cough drops loz cherry</i>	.....258
CONNECTOR MIS LUER LOC	.....240	<i>cough drops loz sf menth</i>	.....258
CONNECTOR MIS Y-SITE	.....240	<i>cough gels cap 15mg</i>	.....169
<i>constulose sol 10gm/15</i>	.....213	<i>cough relief liq 15mg/5ml</i>	.....169
CONVERSION MIS BABY SZ1	....249	<i>coughtab tab 200mg</i>	.....173
CONVERSION MIS BABY SZ2	....249	COUNT-A-DOSE MIS	.....216
CONVERSION MIS BABY SZ3	....249	COVERAL/HOOD MIS /SMALL	.....223
CONZIP CAP 100MG	.....52	COVERALL/ MIS HOOD/L	.....223
CONZIP CAP 200MG	.....52	COVERALL/ MIS HOOD/M	.....223
CONZIP CAP 300MG	.....52	COVERALL/ MIS HOOD/S	.....223
COPAXONE INJ 20MG/ML	.....281	COVERALL/ MIS HOOD/XL	.....223
COPAXONE INJ 40MG/ML	.....281	COVERALL MIS BOOTS	.....223
<i>coq10 cap 100mg</i>	.....44	COVERALL MIS HOOD/3XL	.....223
COREG CR CAP 10MG	.....149	COVERALL MIS HOOD/XL	.....223
COREG CR CAP 20MG	.....149	COVERALL MIS HOOD/XXL	.....223
COREG CR CAP 40MG	.....149	COVERALLS MIS MEDIUM	.....223
COREG CR CAP 80MG	.....149	COZAAR TAB 100MG	.....117
COREG TAB 12.5MG	.....149	COZAAR TAB 25MG	.....116
COREG TAB 25MG	.....149	COZAAR TAB 50MG	.....117
COREG TAB 3.125MG	.....149	CPAP & BIPAP MIS HOSE	.....249
COREG TAB 6.25MG	.....149	CPAP MASK MIS WIPES	.....249
CORGARD TAB 80MG	.....151	CPAP NEURAL MIS PRE-WASH	....249

CREME DEMENT LIQ FLAVOR	275	CVS QUAD MIS CANE	224
CREME DE OIL MENTHE	275	<i>cyanocobalamin inj 1000 mcg/ml</i>	
CREON CAP 12000UNT	194	.....	207
CREON CAP 24000UNT	194	<i>cyanocobalamin sl tab 2500 mcg</i>	207
CREON CAP 3000UNIT	194	<i>cyanocobalamin tab 1000 mcg...</i>	207
CREON CAP 36000UNT	194	<i>cyanocobalamin tab 500 mcg.....</i>	207
CREON CAP 6000UNIT	194	<i>cyanocobalamin tab er 1000 mcg</i>	
CRESEMBA CAP 186 MG.....	105	.....	207
CRESTOR TAB 10MG.....	111	<i>cyclafem tab 1/35</i>	162
CRESTOR TAB 5MG	111	<i>cyclafem tab 7/7/7.....</i>	163
CRINONE GEL 4% VAG	293	<i>cyclobenzaprine hcl cap er 24hr 15</i>	
CRINONE GEL 8% VAG	293	<i>mg</i>	263
<i>cromolyn sodium nasal aerosol soln</i>		<i>cyclobenzaprine hcl cap er 24hr 30</i>	
<i>5.2 mg/act (4%)</i>	264	<i>mg</i>	263
<i>cromolyn sodium ophth soln 4%</i>	271	<i>cyclobenzaprine hcl tab 10 mg...263</i>	
CRUTCH ACCES MIS KIT	223	<i>cyclobenzaprine hcl tab 5 mg.....263</i>	
CRUTCH ALUMI MIS ADULT	223	<i>cyclobenzaprine hcl tab 7.5 mg ..263</i>	
CRUTCHES MIS ALUMINUM	224	<i>cyclopentolate hcl ophth soln 0.5%</i>	
CRUTCH-MATE MIS ARM	224	.....	268
CRUTCH-MATE MIS FOREARM	224	<i>cyclopentolate hcl ophth soln 1%</i>	
CRUTCH-MATE MIS HND GRIP ...	224	.....	268
CRUTCH MIS ARMPADS.....	223	<i>cyclopentolate hcl ophth soln 2%</i>	
CRUTCH MIS HANDGRIP	223	.....	268
CRUTCH MIS YOUTH PB	223	<i>cyclophosphamide cap 25 mg ....125</i>	
CRUTCH PAD MIS FOAM.....	223	<i>cyclophosphamide cap 50 mg ....125</i>	
CRUTCH PADS MIS UNDERARM ..	223	CYCLOPHOSPH TAB 25MG	125
CRUTCH PILLO MIS ARM/HAND..	223	CYCLOPHOSPH TAB 50MG	125
CRUTCH PREMI MIS HANDGRIP..	223	<i>cyclosporine modified cap 100 mg</i>	
CRUTCH SOLID MIS HANDGRIP..	224	.....	256
CRUTCH SPLIT MIS HANDGRIP ..	224	<i>cyclosporine modified cap 25 mg</i>	256
CRUTCH TIP MIS STANDARD	224	<i>cyclosporine modified oral soln 100</i>	
CRUTCH TIPS MIS JUMBO	224	<i>mg/ml.....</i>	256
<i>cryselle-28 tab 28 tabs</i>	162	CYMBALTA CAP 20MG.....	86
CUSTOM-FLEX MIS	224	CYMBALTA CAP 30MG.....	86
CUTIVATE LOT 0.05%.....	186	CYMBALTA CAP 60MG.....	86
CVS CANE MIS.....	224	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
CVS CRUTCHES MIS UNIVERSA..	224	.....	108
CVS PILL MIS SPLITTER	224	<i>cyproheptadine hcl tab 4 mg</i>	108
CVS PULSE MIS OXIMETER.....	224	<i>cyred eq tab.....</i>	163
		<i>cyred tab</i>	163
		<i>cytra k gra crystals.....</i>	204
		D	
		<i>d3 cap 1000unit.....</i>	294

<i>d3 super str cap 2000unit</i>	294	<i>deferasirox granules packet 90 mg</i>	
<i>d 400 tab 400unit</i>	294	.....	102
DAILY MOIST OIN	277	<i>deferasirox tab 180 mg</i>	102
<i>daily multi tab vit/iron</i>	259	<i>deferasirox tab 360 mg</i>	102
<i>daily vit tab +iron</i>	259	<i>deferasirox tab 90 mg</i>	102
<i>daily vit tab iron</i>	259	<i>deferasirox tab for oral susp 125 mg</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	281	.....	102
DALIRESP TAB 250MCG	69	<i>deferasirox tab for oral susp 250 mg</i>	
DALIRESP TAB 500MCG	69	.....	102
<i>dandruff sha 1%</i>	184	<i>deferasirox tab for oral susp 500 mg</i>	
DANTRIUM CAP 25MG.....	264	.....	102
DANTRIUM CAP 50MG.....	264	<i>deferiprone tab 500 mg</i>	102
<i>dantrolene sodium cap 100 mg</i> ..	264	DELSTRIGO TAB	144
<i>dantrolene sodium cap 25 mg</i>	264	<i>delta d3 tab 400unit</i>	294
<i>dantrolene sodium cap 50 mg</i>	264	DELZICOL CAP 400MG	202
<i>dapsone gel 5%</i>	177	DENAVIR CRE 1%	184
<i>dapsone gel 7.5%</i>	177	<i>denta 5000 cre plus</i>	257
<i>dapsone tab 100 mg</i>	66	<i>denta 5000 cre plus 2pk</i>	257
<i>dapsone tab 25 mg</i>	66	<i>dentagel gel 1.1%</i>	257
DAPTACEL INJ	287	DENTAL GUARD MIS.....	224
<i>darifenacin hydrobromide tab er</i>		DENTAL GUARD MIS DURA-COM	224
<i>24hr 15 mg (base equiv)</i>	290	DENTAL GUARD MIS SLIM	224
<i>darifenacin hydrobromide tab er</i>		DENTAL MIS GUARD.....	224
<i>24hr 7.5 mg (base equiv)</i>	290	DEODORANT MIS TUBES.....	224
<i>dasetta tab 1/35</i>	163	DEPAKOTE ER TAB 250MG	81
<i>dasetta tab 7/7/7</i>	163	DEPAKOTE ER TAB 500MG	81
DAYPRO TAB 600MG	47	DEPAKOTE SPR CAP 125MG	81
<i>daysee tab</i>	163	DEPAKOTE TAB 125MG DR.....	81
DAYTRANA DIS 10MG/9HR.....	38	DEPAKOTE TAB 250MG DR.....	81
DAYTRANA DIS 15MG/9HR.....	38	DEPAKOTE TAB 500MG DR.....	81
DAYTRANA DIS 20MG/9HR.....	38	DEPO-PROVERA INJ 150MG/ML..	166
DAYTRANA DIS 30MG/9HR.....	38	DEPO-SQ PROV INJ 104	166
DAYVIGO TAB 10MG.....	212	<i>dermafix oin</i>	191
DAYVIGO TAB 5MG.....	211	DERMA-SMOOTH OIL /FS BODY .	186
<i>decadron tab 0.5mg</i>	167	DERMA-SMOOTH OIL /FS SCLP ..	186
<i>decara cap 50000unt</i>	294	DERMAVITE TAB	259
<i>decitabine for inj 50 mg</i>	125	DESCOVY TAB 200/25MG.....	144
DEEP-TISSUE MIS.....	224	<i>desipramine hcl tab 100 mg</i>	88
<i>deferasirox granules packet 180 mg</i>		<i>desipramine hcl tab 10 mg</i>	88
.....	102	<i>desipramine hcl tab 150 mg</i>	88
<i>deferasirox granules packet 360 mg</i>		<i>desipramine hcl tab 25 mg</i>	88
.....	102	<i>desipramine hcl tab 50 mg</i>	88
		<i>desipramine hcl tab 75 mg</i>	88

<i>desloratadine tab 5 mg</i>	107	<i>dexamethasone tab 0.5 mg</i>	167
<i>desloratadine tab orally</i>		<i>dexamethasone tab 0.75 mg</i>	167
<i>disintegrating 2.5 mg</i>	107	<i>dexamethasone tab 1.5 mg</i>	167
<i>desloratadine tab orally</i>		<i>dexamethasone tab 1 mg</i>	167
<i>disintegrating 5 mg</i>	107	<i>dexamethasone tab 2 mg</i>	167
<i>desmopressin acetate tab 0.1 mg</i>		<i>dexamethasone tab 4 mg</i>	167
.....	198	<i>dexamethasone tab 6 mg</i>	167
<i>desmopressin acetate tab 0.2 mg</i>		<i>dexamethasone tab therapy pack</i>	
.....	198	1.5 mg (21)	167
<i>desogest-eth estrad & eth estrad</i>		<i>dexamethasone tab therapy pack</i>	
<i>tab 0.15-0.02/0.01 mg(21/5)</i> ..	163	1.5 mg (35)	167
<i>desogestrel & ethinyl estradiol tab</i>		<i>dexamethasone tab therapy pack</i>	
0.15 mg-30 mcg	163	1.5 mg (51)	167
<i>desonide cream 0.05%</i>	186	DEXCOM G5 MIS RECEIVER	216
<i>desonide lotion 0.05%</i>	186	DEXCOM G5 MIS TRANSMIT	216
<i>desonide oint 0.05%</i>	186	DEXCOM G6 MIS RECEIVER	216
<i>desoximetasone cream 0.05%</i> ...	186	DEXCOM G6 MIS SENSOR	216
<i>desoximetasone cream 0.25%</i> ...	186	DEXCOM G6 MIS TRANSMIT	216
<i>desoximetasone gel 0.05%</i>	186	DEXEDRINE CAP 10MG CR	33
<i>desoximetasone oint 0.05%</i>	186	DEXEDRINE CAP 15MG CR	33
<i>desoximetasone oint 0.25%</i>	186	DEXEDRINE CAP 5MG CR	33
<i>desoximetasone spray 0.25%</i>	186	DEXILANT CAP 30MG DR	288
DESOXYN TAB 5MG	33	DEXILANT CAP 60MG DR	288
<i>desvenlafaxine succinate tab er</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
24hr 100 mg (base equiv)	87	10 mg	38
<i>desvenlafaxine succinate tab er</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
24hr 25 mg (base equiv)	86	15 mg	38
<i>desvenlafaxine succinate tab er</i>		<i>dexmethylphenidate hcl cap er 24 hr</i>	
24hr 50 mg (base equiv)	86	20 mg	38
DESVENLAFAX TAB 100MG ER	86	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DESVENLAFAX TAB 50MG ER	86	25 mg	38
DETROL LA CAP 2MG	290	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DETROL LA CAP 4MG	290	30 mg	38
DETROL TAB 1MG	290	<i>dexmethylphenidate hcl cap er 24 hr</i>	
DETROL TAB 2MG	290	35 mg	38
DEXAMETHASON CON 1MG/ML ..	167	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>dexamethasone elixir 0.5 mg/5ml</i>		40 mg	39
.....	167	<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>dexamethasone sodium phosphate</i>		5 mg	38
<i>ophth soln 0.1%</i>	270	<i>dexmethylphenidate hcl tab 10 mg</i>	
<i>dexamethasone sod phosphate</i>		.....	39
<i>preservative free inj 10 mg/ml</i>	167	<i>dexmethylphenidate hcl tab 2.5 mg</i>	
<i>dexamethasone soln 0.5 mg/5ml</i>	167	.....	39

<i>dexmethylphenidate hcl tab 5 mg</i>	39	DIALYVIT 800 TAB ZINC 15	258
<i>dextroamphetamine sulfate cap er</i>		<i>dialyvite chw probioti</i>	101
24hr 10 mg	33	<i>dialyvite d cap 5000unit</i>	294
<i>dextroamphetamine sulfate cap er</i>		<i>dialyvite tab</i>	258
24hr 15 mg	33	<i>dialyvite tab 800</i>	258
<i>dextroamphetamine sulfate cap er</i>		DIALYVITE TAB 800/ZINC	258
24hr 5 mg	33	DIALYVITE TAB SUPREM D	259
<i>dextroamphetamine sulfate oral</i>		DIALYVITE WAF PLUS D	258
solution 5 mg/5ml	33	<i>diaper rash oin 40%</i>	191
<i>dextroamphetamine sulfate tab 10</i>		DIASTAT ACDL GEL 12.5-20	75
mg	33	DIASTAT ACDL GEL 5-10MG	75
<i>dextroamphetamine sulfate tab 15</i>		DIASTAT PED GEL 2.5M GEL	75
mg	33	<i>diazepam conc 5 mg/ml</i>	68
<i>dextroamphetamine sulfate tab 20</i>		<i>diazepam oral soln 1 mg/ml</i>	68
mg	33	<i>diazepam rectal gel delivery system</i>	
<i>dextroamphetamine sulfate tab 30</i>		10 mg	75
mg	33	<i>diazepam rectal gel delivery system</i>	
<i>dextroamphetamine sulfate tab 5</i>		2.5 mg	75
mg	33	<i>diazepam rectal gel delivery system</i>	
<i>dextromethorphan-guaifenesin</i>		20 mg	75
syrup 10-100 mg/5ml	170	<i>diazepam tab 10 mg</i>	68
<i>dextromethorphan-guaifenesin tab</i>		<i>diazepam tab 2 mg</i>	68
20-400 mg	170	<i>diazepam tab 5 mg</i>	68
<i>dextromethorphan-guaifenesin tab</i>		DICLEGIS TAB 10-10MG	104
er 12hr 60-1200 mg	171	<i>diclofenac epolamine patch 1.3%</i>	
<i>dextromethorphan hbr cap 15 mg</i>		.....	180
.....	169	<i>diclofenac potassium tab 50 mg</i>	47
<i>dextromethorphan-phenylephrine-</i>		<i>diclofenac sodium (actinic</i>	
<i>apap cap 10-5-325 mg</i>	171	<i>keratoses) gel 3%</i>	183
<i>dextromethorphan polistirex</i>		<i>diclofenac sodium gel 1%</i>	180
<i>extended release susp 30 mg/5ml</i>		<i>diclofenac sodium ophth soln 0.1%</i>	
.....	169	.....	271
<i>dextrose inj 5%</i>	266	<i>diclofenac sodium soln 1.5%</i>	180
DHIVY TAB 25-100MG	128	<i>diclofenac sodium tab delayed</i>	
DHS SAL SHA 3%	190	<i>release 25 mg</i>	47
DIABETIC ORG MIS PORTABLE	224	<i>diclofenac sodium tab delayed</i>	
DIACOMIT CAP 250MG	76	<i>release 50 mg</i>	47
DIACOMIT CAP 500MG	76	<i>diclofenac sodium tab delayed</i>	
DIACOMIT PAK 250MG	76	<i>release 75 mg</i>	47
DIACOMIT PAK 500MG	76	<i>diclofenac sodium tab er 24hr 100</i>	
DIAL-A-DOSE MIS SYR 15ML	224	mg	47
DIAL-A-DOSE MIS SYR 30ML	224	<i>diclofenac w/ misoprostol tab</i>	
DIAL-A-DOSE MIS SYR 60ML	224	<i>delayed release 50-0.2 mg</i>	47

<i>diclofenac w/ misoprostol tab</i>	
<i>delayed release 75-0.2 mg</i>	47
DICLOTREX PAK.....	180
<i>dicloxacillin sodium cap 250 mg</i> .	274
<i>dicloxacillin sodium cap 500 mg</i> .	274
<i>dicyclomine hcl cap 10 mg</i>	287
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
.....	287
<i>dicyclomine hcl tab 20 mg</i>	287
DIFFERIN CRE 0.1%	177
DIFFERIN GEL 0.1%	177
DIFFERIN GEL 0.3%	177
DIFFERIN LOT 0.1%	177
DIFFUSER ULT MIS LAVENDER...	224
DIFICID SUS	216
DIFICID TAB 200MG	216
<i>diflorasone diacetate cream 0.05%</i>	
.....	186
<i>diflorasone diacetate oint 0.05%</i>	186
DIFLUCAN SUS 10MG/ML	105
DIFLUCAN SUS 40MG/ML	105
DIFLUCAN TAB 100MG	105
DIFLUCAN TAB 150MG	105
DIFLUCAN TAB 200MG	105
DIFLUCAN TAB 50MG.....	105
<i>diflunisal tab 500 mg</i>	52
<i>difluprednate ophth emulsion 0.05%</i>	
.....	270
<i>digitek tab 0.125mg</i>	156
<i>digitek tab 0.25mg</i>	156
<i>digoxin oral soln 0.05 mg/ml</i>	156
<i>digoxin tab 125 mcg (0.125 mg)</i>	156
<i>digoxin tab 250 mcg (0.25 mg)</i> ..	157
<i>digox tab 0.125mg</i>	156
<i>digox tab 0.25mg</i>	156
DILANTIN-125 SUS 125/5ML	81
DILANTIN CAP 100MG	81
DILANTIN CAP 30MG	81
DILANTIN CHW 50MG.....	81
DILAUDID LIQ 1MG/ML.....	52
DILAUDID TAB 2MG	52
DILAUDID TAB 4MG	52
DILAUDID TAB 8MG	52
<i>diltiazem hcl cap er 12hr 120 mg</i>	
.....	153
<i>diltiazem hcl cap er 12hr 60 mg</i> .	153
<i>diltiazem hcl cap er 12hr 90 mg</i> .	153
<i>diltiazem hcl cap er 24hr 120 mg</i>	
.....	153
<i>diltiazem hcl cap er 24hr 180 mg</i>	
.....	153
<i>diltiazem hcl cap er 24hr 240 mg</i>	
.....	153
<i>diltiazem hcl coated beads cap er</i>	
<i>24hr 120 mg</i>	153
<i>diltiazem hcl coated beads cap er</i>	
<i>24hr 180 mg</i>	153
<i>diltiazem hcl coated beads cap er</i>	
<i>24hr 240 mg</i>	153
<i>diltiazem hcl coated beads cap er</i>	
<i>24hr 300 mg</i>	153
<i>diltiazem hcl coated beads cap er</i>	
<i>24hr 360 mg</i>	153
<i>diltiazem hcl coated beads tab er</i>	
<i>24hr 180 mg</i>	153
<i>diltiazem hcl coated beads tab er</i>	
<i>24hr 240 mg</i>	153
<i>diltiazem hcl coated beads tab er</i>	
<i>24hr 300 mg</i>	153
<i>diltiazem hcl coated beads tab er</i>	
<i>24hr 360 mg</i>	153
<i>diltiazem hcl coated beads tab er</i>	
<i>24hr 420 mg</i>	153
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 120 mg</i>	153
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 180 mg</i>	154
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 240 mg</i>	154
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 300 mg</i>	154
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 360 mg</i>	154
<i>diltiazem hcl extended release</i>	
<i>beads cap er 24hr 420 mg</i>	154
<i>diltiazem hcl tab 120 mg</i>	154

<i>diltiazem hcl tab 30 mg</i>	154	DISPENSER MD MIS 0.5ML	224
<i>diltiazem hcl tab 60 mg</i>	154	DISPENSER MD MIS 1.0ML	224
<i>diltiazem hcl tab 90 mg</i>	154	DISPENSER MD MIS 1.5ML	224
<i>dilt-xr cap 120mg</i>	153	DISPENSER MD MIS 100ML	224
<i>dilt-xr cap 180mg</i>	153	DISPENSER MD MIS 150ML	224
<i>dilt-xr cap 240mg</i>	153	DISPENSER MD MIS 15ML	224
DIMENHYDRIN INJ 50MG/ML	103	DISPENSER MD MIS 200ML	224
<i>dimethyl fumarate capsule delayed</i>		DISPENSER MD MIS 240ML	224
<i>release 120 mg</i>	281	DISPENSER MD MIS 30ML	224
<i>dimethyl fumarate capsule delayed</i>		DISPENSER MD MIS 50ML	224
<i>release 240 mg</i>	281	DISPENSER MD MIS 6.5ML	224
<i>dimethyl fumarate capsule dr starter</i>		DISPENSER MD MIS 80ML	224
<i>pack 120 mg & 240 mg</i>	281	DISPENSER MD MIS JAR/50ML...	225
DIOVAN HCT TAB 160-12.5	120	DISPENSER MD MIS SYR 10ML...	225
DIOVAN HCT TAB 160-25MG	120	DISPENSER MD MIS SYR 5ML	225
DIOVAN HCT TAB 320-12.5	120	DISPENSER MIS 50ML	225
DIOVAN HCT TAB 320-25MG	120	DISPENSER MIS MD FOAME.....	225
DIOVAN HCT TAB 80/12.5	120	DISPENSER MIS MEGAPUMP	225
DIOVAN TAB 160MG.....	117	DISPOSABLE GLOVES	225
DIOVAN TAB 320MG.....	117	<i>disulfiram tab 250 mg</i>	278
DIOVAN TAB 40MG.....	117	<i>disulfiram tab 500 mg</i>	278
DIOVAN TAB 80MG.....	117	DITROPAN XL TAB 10MG.....	290
DIP/TET PED INJ 25-5LFU	287	DITROPAN XL TAB 5MG.....	290
DIPENTUM CAP 250MG	202	<i>divalproex sodium cap delayed</i>	
<i>diphenhydramine-acetaminophen</i>		<i>release sprinkle 125 mg</i>	81
<i>tab 25-500 mg (sleep)</i>	210	<i>divalproex sodium tab delayed</i>	
<i>diphenhydramine hcl cap 50 mg</i> .106		<i>release 125 mg</i>	82
<i>diphenhydramine hcl elixir 12.5</i>		<i>divalproex sodium tab delayed</i>	
<i>mg/5ml</i>	106	<i>release 250 mg</i>	82
<i>diphenhydramine hcl inj 50 mg/ml</i>		<i>divalproex sodium tab delayed</i>	
.....	106	<i>release 500 mg</i>	82
<i>diphenhydramine hcl liquid 12.5</i>		<i>divalproex sodium tab er 24 hr 250</i>	
<i>mg/5ml</i>	106	<i>mg</i>	82
<i>diphenhydramine-zinc acetate</i>		<i>divalproex sodium tab er 24 hr 500</i>	
<i>cream 2-0.1%</i>	183	<i>mg</i>	82
<i>diphenoxylate w/ atropine liq 2.5-</i>		DIVERT VALVE MIS	225
<i>0.025 mg/5ml</i>	102	<i>dml lot</i>	189
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>docosanol cream 10%</i>	184
<i>0.025 mg</i>	102	<i>docu liq 100/10ml</i>	214
DIPROLENE OIN 0.05%.....	186	<i>docu liq 50mg/5ml</i>	214
<i>dipyridamole tab 25 mg</i>	207	<i>docusate calcium cap 240 mg</i>	214
<i>dipyridamole tab 50 mg</i>	207	<i>docusate min ene 283mg</i>	214
<i>dipyridamole tab 75 mg</i>	207	<i>docusate sodium cap 100 mg</i>	214

<i>docusate sodium cap 250 mg</i>	214	<i>doxepin hcl cap 10 mg</i>	88
<i>docusate sodium liquid 150 mg/15ml</i>	214	<i>doxepin hcl cap 150 mg</i>	88
<i>docusate sodium tab 100 mg</i>	214	<i>doxepin hcl cap 25 mg</i>	88
<i>docusol mini ene</i>	214	<i>doxepin hcl cap 50 mg</i>	88
DOCUSOL PLUS ENE 20-283.....	214	<i>doxepin hcl cap 75 mg</i>	88
<i>dok cap 100mg</i>	214	<i>doxepin hcl conc 10 mg/ml</i>	88
<i>dok tab 100mg</i>	214	<i>doxorubicin hcl for inj 10 mg</i>	127
<i>dolishale tab 90-20mcg</i>	163	<i>doxycycline hyclate cap 100 mg</i> .	284
DOME-PASTE PAD BANDAGE	193	<i>doxycycline hyclate cap 50 mg</i> ...	284
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	278	<i>doxycycline hyclate tab 100 mg</i> .	284
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	278	<i>doxycycline hyclate tab 20 mg</i> ...	284
<i>donepezil hydrochloride tab 10 mg</i>	278	<i>doxycycline monohydrate cap 100 mg</i>	284
<i>donepezil hydrochloride tab 23 mg</i>	278	<i>doxycycline monohydrate cap 50 mg</i>	284
<i>donepezil hydrochloride tab 5 mg</i>	278	<i>doxycycline monohydrate tab 100 mg</i>	285
<i>doxycycline monohydrate tab 50 mg</i>	285	<i>doxycycline monohydrate tab 50 mg</i>	285
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	104	<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	104
<i>driminate tab 50mg</i>	103	<i>DRIZALMA CAP 20MG DR</i>	87
DRIZALMA CAP 20MG DR.....	87	<i>DRIZALMA CAP 30MG DR</i>	87
DRIZALMA CAP 30MG DR.....	87	<i>DRIZALMA CAP 40MG DR</i>	87
DRIZALMA CAP 40MG DR.....	87	<i>DRIZALMA CAP 60MG DR</i>	87
DRIZALMA CAP 60MG DR.....	87	<i>dronabinol cap 10 mg</i>	104
<i>dronabinol cap 10 mg</i>	104	<i>dronabinol cap 2.5 mg</i>	104
<i>dronabinol cap 2.5 mg</i>	104	<i>dronabinol cap 5 mg</i>	104
<i>dronabinol cap 5 mg</i>	104	DROP BOTTLE MIS 30ML.....	225
DROP BOTTLE MIS 30ML.....	225	DROPPER/CAP MIS 4OZ	225
DROPPER/CAP MIS 4OZ	225	DROPTAINER MIS TIP CAPS.....	225
DROPTAINER MIS TIP CAPS.....	225	DROPTAINERS MIS 10ML	225
DROPTAINERS MIS 10ML	225	DROPTAINERS MIS 15ML OP.....	225
DROPTAINERS MIS 15ML OP.....	225	DROPTAINERS MIS 3ML OP	225
DROPTAINERS MIS 3ML OP	225	DROPTAINERS MIS 7ML OP	225
DROPTAINERS MIS 7ML OP	225	<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	163
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	163	<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	163
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	163	<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	163
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	163		

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg163
dry eye relf dro 0.4-0.3%.....266
dry eye relf gel 1%.....266
dry eye rlf dro266
 DUAKLIR AER 400/1271
 DUETACT TAB 30-2MG90
 DUETACT TAB 30-4MG90
 DUEXIS TAB 800-26.647
dulcolax ss cap 100mg.....214
 DULERA AER 100-5MCG.....71
 DULERA AER 200-5MCG.....71
 DULERA AER 50-5MCG71
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....87
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....87
duloxetine hcl enteric coated pellets cap 40 mg (base eq).....87
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....87
 DUOBRII LOT186
 DUPIXENT INJ 100/0.67.....189
 DUPIXENT INJ 200/1.14.....189
 DUPIXENT INJ 200MG.....189
 DUPIXENT INJ 300/2ML189
 DUREZOL EMU 0.05%.....270
dutasteride cap 0.5 mg205
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....205
d-vite pedia dro 400unit.....294
 DYANAVAL XR SUS 2.5MG/ML.....33
 DYMISTA SPR 137-50264

E

e.e.s. 400 tab 400mg216
 E.E.S. GRAN SUS 200/5ML216
 EAR PLUGS/ MIS SILICONE225
 EARPLUGS MIS225
 EAR PLUGS MIS225
 EAR PLUGS MIS FLIGHT225
 EARPLUGS MIS SOFT FOA225
 EARPOPPER MIS MID EAR225
 EAR WAX REMO MIS KIT225
 EASY GLIDE MIS 1ML SYR240
 EASY GLIDE MIS 30ML SYR240
 EASYPOINT MIS 23GX1240
 EASYPOINT MIS 25GX1240
 EASYPOINT MIS 25GX5/8.....240
echinacea/ cap gldnseal257
ec-naproxen tab 375mg.....47
ec-naproxen tab 500mg.....47
econazole nitrate cream 1%181
 ECO-SMART MIS FUNNEL225
ed a-hist dm liq171
ed a-hist tab 4-10mg.....171
ed-apap liq 80mg/2.5.....51
 EDARBI TAB 40MG117
 EDARBI TAB 80MG117
 EDARBYCLOR TAB 40-12.5120
 EDARBYCLOR TAB 40-25MG120
ed chlorped syp jr106
 EDLUAR SUB 10MG211
 EDLUAR SUB 5MG211
 EDURANT TAB 25MG144
efavirenz cap 200 mg144
efavirenz cap 50 mg144
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....144
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....144
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....144
efavirenz tab 600 mg.....144
effer-k tab 25meq ef255
 EFFEXOR XR CAP 150MG87
 EFFEXOR XR CAP 37.5MG87
 EFFEXOR XR CAP 75MG87
 EFFIENT TAB 10MG207
 EFFIENT TAB 5MG207
 EGG&NIT REM MIS STP LICE225
 EGGCRATE PAD MIS 2225
 ELECTRODES MIS 2.....225
 ELECTROTHRYPY KIT 2.5 X 4.....225
 ELEPSIA XR TAB 1000MG.....76
 ELEPSIA XR TAB 1500MG.....76

<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	251	<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	120
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	251	<i>enalapril maleate oral soln 1 mg/ml</i>	114
ELIDEL CRE 1%	190	<i>enalapril maleate tab 10 mg</i>	114
<i>elinest tab</i>	163	<i>enalapril maleate tab 2.5 mg</i>	114
ELIQUIS ST P TAB 5MG	73	<i>enalapril maleate tab 20 mg</i>	114
ELIQUIS TAB 2.5MG	73	<i>enalapril maleate tab 5 mg</i>	114
ELIQUIS TAB 5MG	73	ENBREL INJ 25/0.5ML	50
ELON PROFESS MIS NAIL	225	ENBREL INJ 25MG	50
<i>eluryng mis</i>	166	ENBREL INJ 50MG/ML	50
EMEND CAP 80MG	104	ENBREL MINI INJ 50MG/ML	50
EMEND SOL 150MG	104	ENBREL SRCLK INJ 50MG/ML	50
EMEND SUS 125MG	104	<i>endocet tab 10-325mg</i>	59
EMEND TRIPAC PAK 80 & 125 ...	104	<i>endocet tab 5-325mg</i>	59
EMFLAZA SUS 22.75/ML	167	<i>endocet tab 7.5-325</i>	59
EMFLAZA TAB 18MG	168	ENDOSCOPIC MIS DEL SYS	225
EMFLAZA TAB 30MG	168	ENDURANCE HD MIS COMM MODE	225
EMFLAZA TAB 36MG	168	ENDURANCE MIS LEG SEAT	225
EMFLAZA TAB 6MG	167	ENEMA BOTTLE MIS 120ML	225
EMGALITY INJ 100MG/ML	251	ENEMA BOTTLE MIS 2OZ	225
EMGALITY INJ 120MG/ML	251	<i>enema ready- ene to-use</i>	213
EMOLLIENT - CREAM	189	<i>enemeez mini ene</i>	214
EMOLLIENT - LOTION	189	ENEMEEZ PLUS ENE 20-283	214
<i>emoquette tab</i>	163	ENFAMIL MIS EXPECTA	261
EMPTY VIAL MIS 3ML	225	ENFAMIL SOL ENFALYTE	254
EMSAM DIS 12MG/24H	83	ENLITE GLUCO MIS SENSOR	217
EMSAM DIS 6MG/24HR	83	<i>enoxaparin sodium inj 100 mg/ml</i>	73
EMSAM DIS 9MG/24HR	83	<i>enoxaparin sodium inj 120 mg/0.8ml</i>	73
<i>emtricitabine caps 200 mg</i>	144	<i>enoxaparin sodium inj 150 mg/ml</i>	74
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	144	<i>enoxaparin sodium inj 300 mg/3ml</i>	74
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	144	<i>enoxaparin sodium inj 30 mg/0.3ml</i>	73
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	144	<i>enoxaparin sodium inj 40 mg/0.4ml</i>	73
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	145	<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	74
EMTRIVA CAP 200MG	145	<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	74
EMTRIVA SOL 10MG/ML	145	<i>enpresse-28 tab</i>	163
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	120		

<i>enskyce tab</i>	163	EQUETRO CAP 100MG.....	130
ENSPRYNG INJ.....	256	EQUETRO CAP 200MG.....	130
ENSTILAR AER.....	186	EQUETRO CAP 300MG.....	130
<i>entecavir tab 0.5 mg</i>	147	ERAPID NEB MIS HANDSET	249
<i>entecavir tab 1 mg</i>	147	<i>ergocalciferol cap 1.25 mg (50000</i> <i>unit)</i>	294
ENTERALITE MIS POLE CLM	225	<i>ergocalciferol soln 200 mcg/ml</i> <i>(8000 unit/ml)</i>	294
ENTERAL NUTRITION SUPPLIES .	217	ERTACZO CRE 2%.....	181
ENTRESTO TAB 24-26MG	157	ERYGEL GEL 2%	177
ENTRESTO TAB 49-51MG	157	<i>ery pad 2%</i>	177
ENTRESTO TAB 97-103MG	157	ERYPED SUS 200/5ML	216
ENTYVIO INJ 300MG.....	202	ERYPED SUS 400/5ML	216
<i>enulose sol 10gm/15</i>	202	<i>ery-tab tab 250mg ec</i>	216
EPANED SOL 1MG/ML	114	<i>ery-tab tab 333mg ec</i>	216
EPCLUSA PAK 150-37.5	147	<i>ery-tab tab 500mg ec</i>	216
EPCLUSA PAK 200-50MG.....	147	<i>erythrocin tab 250mg</i>	216
EPCLUSA TAB 200-50MG.....	147	<i>erythromycin ethylsuccinate for</i> <i>susp 200 mg/5ml</i>	216
EPCLUSA TAB 400-100	147	<i>erythromycin ethylsuccinate for</i> <i>susp 400 mg/5ml</i>	216
EPIDIOLEX SOL 100MG/ML	76	<i>erythromycin ethylsuccinate tab 400</i> <i>mg</i>	216
EPIDUO FORTE GEL 0.3-2.5%....	177	<i>erythromycin gel 2%</i>	177
<i>epinastine hcl ophth soln 0.05%</i>	272	<i>erythromycin ophth oint 5 mg/gm</i>	269
EPINEPHRINE INJ 0.1MG/ML.....	293	<i>erythromycin soln 2%</i>	177
EPINEPHRINE INJ 1MG/10ML	293	<i>erythromycin tab 250 mg</i>	216
<i>epinephrine inj 30 mg/30ml (1</i> <i>mg/ml) (1:1000)</i>	293	<i>erythromycin tab 500 mg</i>	216
<i>epinephrine solution auto-injector</i> <i>0.15 mg/0.15ml (1:1000)</i>	293	<i>erythromycin tab delayed release</i> <i>250 mg</i>	216
<i>epinephrine solution auto-injector</i> <i>0.15 mg/0.3ml (1:2000)</i>	293	<i>erythromycin tab delayed release</i> <i>333 mg</i>	216
<i>epinephrine solution auto-injector</i> <i>0.3 mg/0.3ml (1:1000)</i>	293	<i>erythromycin tab delayed release</i> <i>500 mg</i>	216
EPIPEN 2-PAK INJ 0.3MG	293	<i>erythromycin w/ delayed release</i> <i>particles cap 250 mg</i>	216
EPIPEN-JR INJ 0.15MG.....	293	<i>escitalopram oxalate soln 5 mg/5ml</i> <i>(base equiv)</i>	84
<i>epitol tab 200mg</i>	76	<i>escitalopram oxalate tab 10 mg</i> <i>(base equiv)</i>	84
EPIVIR SOL 10MG/ML	145	<i>escitalopram oxalate tab 20 mg</i> <i>(base equiv)</i>	84
EPIVIR TAB 150MG.....	145		
EPIVIR TAB 300MG.....	145		
EPOGEN INJ 10000/ML	208		
EPOGEN INJ 2000/ML	208		
EPOGEN INJ 20000/ML	208		
EPOGEN INJ 3000/ML	208		
EPOGEN INJ 4000/ML	208		
EPRONTIA SOL 25MG/ML	76		
EPZICOM TAB 600-300	145		

<i>escitalopram oxalate tab 5 mg (base equiv)</i>	84	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	199
<i>esgic cap</i>	51	<i>estradiol td patch weekly 0.05 mg/24hr</i>	199
<i>esomeprazole cap 20mg dr</i>	288	<i>estradiol td patch weekly 0.06 mg/24hr</i>	199
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	288	<i>estradiol td patch weekly 0.075 mg/24hr</i>	199
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	288	<i>estradiol td patch weekly 0.1 mg/24hr</i>	199
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	288	<i>estradiol vaginal cream 0.1 mg/gm</i>	293
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	288	<i>estradiol vaginal tab 10 mcg</i>	293
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	288	<i>estradiol valerate im in oil 20 mg/ml</i>	199
<i>esomeprazole magnesium tab delayed release 20 mg</i>	288	<i>estradiol valerate im in oil 40 mg/ml</i>	199
ESSENTRA MIS 9X9.....	225	ESTRING MIS 2MG	293
<i>estazolam tab 1 mg</i>	211	<i>eszopiclone tab 1 mg</i>	211
<i>estazolam tab 2 mg</i>	211	<i>eszopiclone tab 2 mg</i>	211
<i>ester-c tab 500mg</i>	259	<i>eszopiclone tab 3 mg</i>	211
ESTRACE VAG CRE 0.01%	293	<i>ethambutol hcl tab 100 mg</i>	124
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	198	<i>ethambutol hcl tab 400 mg</i>	124
<i>estradiol tab 0.5 mg</i>	199	<i>ethosuximide cap 250 mg</i>	81
<i>estradiol tab 1 mg</i>	199	<i>ethosuximide soln 250 mg/5ml</i>	81
<i>estradiol tab 2 mg</i>	199	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	163
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	199	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	163
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	199	<i>etodolac cap 200 mg</i>	47
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	199	<i>etodolac cap 300 mg</i>	47
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	199	<i>etodolac tab 400 mg</i>	47
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	199	<i>etodolac tab 500 mg</i>	47
<i>estradiol td patch weekly 0.025 mg/24hr</i>	199	<i>etodolac tab er 24hr 400 mg</i>	47
		<i>etodolac tab er 24hr 500 mg</i>	47
		<i>etodolac tab er 24hr 600 mg</i>	47
		<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	166
		<i>etoposide cap 50 mg</i>	127
		<i>etravirine tab 100 mg</i>	145
		<i>etravirine tab 200 mg</i>	145
		EUCALYPTOL LIQ	161
		EUCRISA OIN 2%.....	192

EUFLEXXA INJ 10MG/ML	264	EYE/EAR MIS DROPPER.....	226
<i>euthyrox tab 100mcg</i>	285	<i>eye allergy sol itch/red</i>	272
<i>euthyrox tab 112mcg</i>	285	<i>eye allergy sol itch rel</i>	272
<i>euthyrox tab 125mcg</i>	285	<i>eye drops ar sol op</i>	269
<i>euthyrox tab 137mcg</i>	285	<i>eye drops dro 0.5-0.9%</i>	266
<i>euthyrox tab 150mcg</i>	285	<i>eye drops dro adv relf</i>	269
<i>euthyrox tab 175mcg</i>	285	<i>eye drops sol 0.05% op</i>	269
<i>euthyrox tab 200mcg</i>	285	<i>eye drops sol a/r</i>	269
<i>euthyrox tab 25mcg</i>	285	<i>eye drops sol op</i>	269
<i>euthyrox tab 50mcg</i>	285	<i>eye drops sol relief</i>	266
<i>euthyrox tab 75mcg</i>	285	<i>eye itch rel dro 0.025%op</i>	272
<i>euthyrox tab 88mcg</i>	285	EYE-SCRUB PAD	191
EVEKEO ODT TAB 10MG	33	EYE STREAM SOL OP	272
EVEKEO ODT TAB 15MG	33	EYSUVIS DRO 0.25%.....	270
EVEKEO ODT TAB 20MG	33	EZALLOR SPR CAP 10MG.....	111
EVEKEO ODT TAB 5MG	33	EZALLOR SPR CAP 20MG.....	111
EVEKEO TAB 10MG	33	EZALLOR SPR CAP 40MG.....	111
EVEKEO TAB 5MG	33	EZALLOR SPR CAP 5MG	111
EVERSENSE MIS SENSOR.....	217	<i>ezetimibe-simvastatin tab 10-10 mg</i>	
EVERYDAY MIS PICK.....	225	.....	109
EVISTA TAB 60MG.....	197	<i>ezetimibe-simvastatin tab 10-20 mg</i>	
EVOCLIN AER 1%.....	177	.....	109
EVOTAZ TAB 300-150.....	145	<i>ezetimibe-simvastatin tab 10-40 mg</i>	
EXELDERM CRE 1%	181	.....	109
EXELDERM SOL 1%	181	<i>ezetimibe-simvastatin tab 10-80 mg</i>	
EXELON DIS 13.3/24	278	.....	109
EXELON DIS 4.6MG/24	278	<i>ezetimibe tab 10 mg</i>	113
EXELON DIS 9.5MG/24	278	F	
<i>exemestane tab 25 mg</i>	126	FABIOR AER 0.1%.....	177
EXERCISER MIS PEDAL	226	FACE SHIELD MIS	226
EXFORGEH/10- TAB 160-12.5....	121	FACE SHIELD MIS FL LNGTH.....	226
EXFORGEH/10- TAB 160-25.....	121	<i>famciclovir tab 125 mg</i>	148
EXFORGEH/10- TAB 320-25.....	121	<i>famciclovir tab 250 mg</i>	148
EXFORGEH/5- TAB 160-12.5.....	121	<i>famciclovir tab 500 mg</i>	148
EXFORGEH/5- TAB 160-25	121	<i>famotidine for susp 40 mg/5ml</i> ..	287
EXFORGE TAB 10-160MG	120	<i>famotidine tab 10 mg</i>	287
EXFORGE TAB 10-320MG	121	<i>famotidine tab 20mg</i>	287
EXFORGE TAB 5-160MG.....	120	<i>famotidine tab 20 mg</i>	287
EXFORGE TAB 5-320MG	120	<i>famotidine tab 40 mg</i>	287
<i>ex-lax tab max st</i>	214	FANAPT PAK	131
EXTAVIA INJ 0.3MG.....	281	FANAPT TAB 10MG	132
EXTINA AER 2%.....	181	FANAPT TAB 12MG	132
EXTRA COMFOR MIS PROTECTO.	226	FANAPT TAB 1MG.....	131

FANAPT TAB 2MG.....	131	<i>fenofibrate tab 54 mg.....</i>	110
FANAPT TAB 4MG.....	132	<i>fenofibric acid tab 105 mg.....</i>	110
FANAPT TAB 6MG.....	132	<i>fenofibric acid tab 35 mg.....</i>	110
FANAPT TAB 8MG.....	132	FENOGLIDE TAB 120MG.....	110
FARXIGA TAB 10MG.....	99	FENOGLIDE TAB 40MG.....	110
FARXIGA TAB 5MG.....	99	<i>fenoprofen calcium cap 400 mg ...</i>	47
FASHION CANE MIS T-HANDLE ..	226	<i>fenoprofen calcium tab 600 mg....</i>	47
<i>fayosim tab.....</i>	163	<i>fantanyl citrate buccal tab 100 mcg</i>	
<i>febuxostat tab 40 mg</i>	205	<i>(base equiv).....</i>	52
<i>febuxostat tab 80 mg</i>	205	<i>fantanyl citrate buccal tab 200 mcg</i>	
<i>felbamate susp 600 mg/5ml.....</i>	80	<i>(base equiv).....</i>	52
<i>felbamate tab 400 mg</i>	80	<i>fantanyl citrate buccal tab 400 mcg</i>	
<i>felbamate tab 600 mg</i>	80	<i>(base equiv).....</i>	52
FELBATOL SUS 600/5ML.....	80	<i>fantanyl citrate buccal tab 600 mcg</i>	
FELBATOL TAB 400MG.....	80	<i>(base equiv).....</i>	52
FELBATOL TAB 600MG.....	80	<i>fantanyl citrate buccal tab 800 mcg</i>	
FELDENE CAP 10MG.....	47	<i>(base equiv).....</i>	52
FELDENE CAP 20MG.....	47	<i>fantanyl citrate lozenge on a handle</i>	
<i>felodipine tab er 24hr 10 mg</i>	154	<i>1200 mcg.....</i>	53
<i>felodipine tab er 24hr 2.5 mg</i>	154	<i>fantanyl citrate lozenge on a handle</i>	
<i>felodipine tab er 24hr 5 mg</i>	154	<i>1600 mcg.....</i>	53
FEM-CAL TAB CITRATE.....	255	<i>fantanyl citrate lozenge on a handle</i>	
FEMRING MIS 0.05/24H.....	293	<i>200 mcg</i>	53
FEMRING MIS 0.1MG/24	293	<i>fantanyl citrate lozenge on a handle</i>	
FENOFIB MICR CAP 30MG	110	<i>400 mcg</i>	53
FENOFIB MICR CAP 90MG	110	<i>fantanyl citrate lozenge on a handle</i>	
<i>fenofibrate cap 150 mg.....</i>	110	<i>600 mcg</i>	53
<i>fenofibrate cap 50 mg.....</i>	110	<i>fantanyl citrate lozenge on a handle</i>	
<i>fenofibrate micronized cap 130 mg</i>		<i>800 mcg</i>	53
.....	110	<i>fantanyl td patch 72hr 100 mcg/hr</i>	
<i>fenofibrate micronized cap 134 mg</i>		.....	53
.....	110	<i>fantanyl td patch 72hr 12 mcg/hr.</i>	53
<i>fenofibrate micronized cap 200 mg</i>		<i>fantanyl td patch 72hr 25 mcg/hr.</i>	53
.....	110	<i>fantanyl td patch 72hr 37.5 mcg/hr</i>	
<i>fenofibrate micronized cap 43 mg</i>		.....	53
.....	110	<i>fantanyl td patch 72hr 50 mcg/hr.</i>	53
<i>fenofibrate micronized cap 67 mg</i>		<i>fantanyl td patch 72hr 62.5 mcg/hr</i>	
.....	110	.....	53
<i>fenofibrate tab 120 mg</i>	110	<i>fantanyl td patch 72hr 75 mcg/hr.</i>	53
<i>fenofibrate tab 145 mg</i>	110	<i>fantanyl td patch 72hr 87.5 mcg/hr</i>	
<i>fenofibrate tab 160 mg</i>	110	.....	53
<i>fenofibrate tab 40 mg.....</i>	110	FENTORA TAB 100MCG.....	53
<i>fenofibrate tab 48 mg.....</i>	110	FENTORA TAB 200MCG.....	53

FENTORA TAB 400MCG	53	<i>fexofenadine-pseudoephedrine tab</i>	
FENTORA TAB 600MCG	53	<i>er 12hr 60-120 mg</i>	171
FENTORA TAB 800MCG	53	FIASP FLEX INJ TOUCH	97
<i>ferate tab 27mg</i>	209	FIASP INJ 100/ML	97
<i>ferocon cap</i>	209	FIASP PENFIL INJ U-100	97
<i>ferosul tab 325mg</i>	209	<i>fiber laxtiv cap 0.52gm</i>	212
<i>ferotrinsic cap</i>	209	<i>fiber therap tab 500mg</i>	212
<i>ferrex 150 cap 150mg</i>	209	FIBRICOR TAB 105MG	111
<i>ferrocite tab 324mg</i>	209	FILTER 0.22 MIS MICRON	226
<i>ferrocite tab plus</i>	209	FILTER 0.2 MIS MICRON	226
<i>ferrous fumarate tab 324 mg (106</i>		FILTER AIR MIS PP	249
<i>mg elemental fe)</i>	209	FILTER FLUOR MIS 0.22MICR.....	226
<i>ferrous gluconate tab 240 mg (27</i>		FILTER MIS 50MM	226
<i>mg elemental fe)</i>	209	FILTER MIS ATTACHME	226
FERROUS GLUC TAB 324MG	209	FILTER NEEDL MIS 18GX1.5	240
<i>ferrous sulfate elixir 220 mg/5ml</i>		FILTER NEEDL MIS 20GX1.5	240
<i>(44 mg/5ml elemental fe)</i>	209	FINACEA AER 15%	192
<i>ferrous sulfate soln 75 mg/ml (15</i>		FINACEA GEL 15%	192
<i>mg/ml elemental fe)</i>	209	<i>finasteride tab 5 mg</i>	205
<i>ferrous sulfate syrup 300 mg/5ml</i>		FINTEPLA SOL 2.2MG/ML	76
<i>(60 mg/5ml elemental fe)</i>	209	FIORICET CAP CODEINE	59
<i>ferrous sulfate tab 325 mg (65 mg</i>		FIRAZYR INJ 30MG/3ML	206
<i>elemental fe)</i>	210	<i>first aid oin antibiot</i>	180
<i>ferrous sulfate tab ec 325 mg (65</i>		FIRVANQ SOL 25MG/ML	65
<i>mg fe equivalent)</i>	210	FIRVANQ SOL 50MG/ML	65
FERROUS SULF LIQ 44MG/5ML ..	209	FITTED SHEET MIS 36	226
FERROUS SULF TAB 324MG EC ..	209	FLAGYL CAP 375MG	65
FETAL DOPPLE MIS	226	FLANGE INSER MIS 22.5MM	226
FETZIMA CAP 120MG	87	FLAORTHO MIS WALKER	226
FETZIMA CAP 20MG	87	FLAREX SUS 0.1% OP	270
FETZIMA CAP 40MG	87	FLAVORING AGENT - OIL	275
FETZIMA CAP 80MG	87	FLAVORING AGENTS	275
FETZIMA CAP TITRATIO	87	FLAVORX LIQ	275
FEVERALL INF SUP 80MG	51	<i>flavoxate hcl tab 100 mg</i>	291
<i>feverall sup 120mg</i>	51	<i>flecainide acetate tab 100 mg</i>	68
FEVERALL SUP 325MG	51	<i>flecainide acetate tab 150 mg</i>	68
<i>feverall sup 650mg</i>	51	<i>flecainide acetate tab 50 mg</i>	68
<i>fe-vite iron sol 15mg/ml</i>	209	FLECTOR DIS 1.3%	180
<i>fexmid tab 7.5mg</i>	263	FLEXICHAMBER MIS MASK LRG ..	249
<i>fexofen/pse tab 60-120mg</i>	171	FLEXICHAMBER MIS MASK SM ...	249
<i>fexofenadine hcl tab 180 mg</i>	107	FLEX SHIELD MIS EAR LOOP	226
<i>fexofenadine hcl tab 60 mg</i>	107	FLEX SHIELD MIS TIE STRN	226
		FLEX THERAPY MIS	226

FLOMAX CAP 0.4MG	205	<i>fluocinonide soln 0.05%</i>	187
FLOMAX CAP 0.4MG	205	<i>fluorometholone ophth susp 0.1%</i>	
FLOMAX CAP 0.4MG	205	.....	270
FLOMAX CAP 0.4MG	205	<i>fluorouracil cream 5%</i>	183
FLOMAX CAP 0.4MG	205	<i>fluorouracil soln 5%</i>	183
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl (pmdd) tab 10 mg</i>	282
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl (pmdd) tab 20 mg</i>	282
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl cap 10 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl cap 20 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl cap 40 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl cap delayed release</i>	
FLOMAX CAP 0.4MG	205	<i>90 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl solution 20 mg/5ml</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl tab 10 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl tab 20 mg</i>	84
FLOMAX CAP 0.4MG	205	<i>fluoxetine hcl tab 60 mg</i>	84
FLOMAX CAP 0.4MG	205	FLUOXETINE TAB 60MG	84
FLOMAX CAP 0.4MG	205	<i>fluphenazine decanoate inj 25</i>	
FLOMAX CAP 0.4MG	205	<i>mg/ml</i>	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
FLOMAX CAP 0.4MG	205	.....	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl oral conc 5 mg/ml</i>	
FLOMAX CAP 0.4MG	205	.....	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl tab 10 mg</i>	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl tab 1 mg</i>	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl tab 2.5 mg</i>	140
FLOMAX CAP 0.4MG	205	<i>fluphenazine hcl tab 5 mg</i>	140
FLOMAX CAP 0.4MG	205	<i>flurandrenolide cream 0.05%</i>	187
FLOMAX CAP 0.4MG	205	<i>flurandrenolide lotion 0.05%</i>	187
FLOMAX CAP 0.4MG	205	<i>flurandrenolide oint 0.05%</i>	187
FLOMAX CAP 0.4MG	205	<i>flurazepam hcl cap 15 mg</i>	211
FLOMAX CAP 0.4MG	205	<i>flurazepam hcl cap 30 mg</i>	211
FLOMAX CAP 0.4MG	205	<i>flurbiprofen sodium ophth soln</i>	
FLOMAX CAP 0.4MG	205	<i>0.03%</i>	272
FLOMAX CAP 0.4MG	205	<i>flurbiprofen tab 100 mg</i>	47
FLOMAX CAP 0.4MG	205	<i>flutamide cap 125 mg</i>	126
FLOMAX CAP 0.4MG	205	<i>fluticasone propionate cream 0.05%</i>	
FLOMAX CAP 0.4MG	205	.....	187
FLOMAX CAP 0.4MG	205	<i>fluticasone propionate lotion 0.05%</i>	
FLOMAX CAP 0.4MG	205	.....	187
FLOMAX CAP 0.4MG	205	<i>fluticasone propionate nasal susp 50</i>	
FLOMAX CAP 0.4MG	205	<i>mcg/act</i>	265

<i>fluticasone propionate oint 0.005%</i>	187	FOCALIN XR CAP 20MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 100-50 mcg/dose</i>	71	FOCALIN XR CAP 25MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 113-14 mcg/act</i>	71	FOCALIN XR CAP 30MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 232-14 mcg/act</i>	71	FOCALIN XR CAP 35MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 250-50 mcg/dose</i>	71	FOCALIN XR CAP 40MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 500-50 mcg/dose</i>	72	FOCALIN XR CAP 5MG	39
<i>fluticasone-salmeterol aer powder</i> <i>ba 55-14 mcg/act</i>	71	FOIL WRAPPER MIS 3	226
<i>fluticasone spr 50mcg</i>	265	<i>folbee plus tab</i>	258
<i>fluticasone sus 50mcg</i>	265	<i>folbee plus tab cz</i>	258
<i>fluvastatin sodium cap 20 mg (base</i> <i>equivalent)</i>	111	<i>folbee tab</i>	209
<i>fluvastatin sodium cap 40 mg (base</i> <i>equivalent)</i>	111	FOLBIC RF TAB	193
<i>fluvastatin sodium tab er 24 hr 80</i> <i>mg (base equivalent)</i>	111	FOLBIC TAB	193
<i>fluvoxamine maleate cap er 24hr</i> <i>100 mg</i>	84	FOLDING CANE MIS.....	226
<i>fluvoxamine maleate cap er 24hr</i> <i>150 mg</i>	84	FOLDING CANE MIS 32	226
<i>fluvoxamine maleate tab 100 mg</i>	84	FOLDING CANE MIS 36	226
<i>fluvoxamine maleate tab 25 mg</i>	84	FOLDING CANE MIS ADJ/ORTH ..	226
<i>fluvoxamine maleate tab 50 mg</i>	84	FOLDING CANE MIS ADJUST.....	226
FML FORTE SUS 0.25% OP	270	FOLDING CANE MIS BLIND.....	226
FML LIQUIFLM SUS 0.1% OP	270	FOLDING CANE MIS FLEX&GO....	226
FML OIN 0.1% OP	270	FOLDING CANE MIS GEL GRIP ...	226
FOAM CHAIR MIS CUSHION.....	226	FOLDING MIS CANE.....	226
FOAM CUSHION MIS.....	226	FOLDING WLKR MIS ADULT	226
FOAM CUSHION MIS LARGE	226	FOLD PADDLE MIS WALKER.....	226
FOAM CUSHION MIS MEDIUM	226	<i>folic acid tab 1 mg</i>	207
FOAM EAR MIS PLUGS	226	<i>folic acid tab 400 mcg</i>	207
FOAM RING MIS 2	226	<i>folic acid tab 800 mcg</i>	207
FOCALIN TAB 10MG	39	<i>folic acid-vitamin b6-vitamin b12</i> <i>tab 2.2-25-0.5 mg</i>	209
FOCALIN TAB 2.5MG	39	FOLINIC-PLUS TAB 4-50-2MG	209
FOCALIN TAB 5MG	39	FOLITAB 500 TAB.....	209
FOCALIN XR CAP 10MG	39	<i>folplex 2.2 tab</i>	209
FOCALIN XR CAP 15MG	39	FOLTANX RF CAP	193
		FOLTANX TAB	193
		<i>foltrin cap</i>	209
		<i>fondaparinux sodium subcutaneous</i> <i>inj 10 mg/0.8ml</i>	74
		<i>fondaparinux sodium subcutaneous</i> <i>inj 2.5 mg/0.5ml</i>	74
		<i>fondaparinux sodium subcutaneous</i> <i>inj 5 mg/0.4ml</i>	74
		<i>fondaparinux sodium subcutaneous</i> <i>inj 7.5 mg/0.6ml</i>	74
		FOOT BATH MIS VIBRATE.....	226

FOOT MASSAGE MIS HEAT/AER .226	FREESTYLE MIS READER .....217
FORA GATEWAY MIS.....226	FREESTY LIBR KIT 2 SENSOR ....217
FORA GW9014 MIS GATEWAY ....226	FREESTY LIBR MIS 2 READER ....217
FORA TN'G MIS SCL 550 .....227	FROVA TAB 2.5MG .....251
FORFIVO XL TAB 450MG .....83	<i>frovatriptan succinate tab 2.5 mg</i>
<i>formoterol fumarate soln nebu 20</i>	<i>(base equivalent) .....252</i>
<i>mcg/2ml .....72</i>	FRUIT C CHW 200MG.....259
FORTEO INJ 620/2.48.....196	<i>fruit c chw 500mg .....295</i>
FORTESTA GEL 10MG/ACT .....62	FULL KIT NEB MIS SET.....249
FOSAMAX + D TAB 70-2800 .....196	FULPHILA INJ 6/0.6ML .....208
FOSAMAX + D TAB 70-5600 .....196	FUNGOID TINC SOL 2% .....181
FOSAMAX TAB 70MG .....196	<i>furosemide oral soln 10 mg/ml ..195</i>
<i>fosamprenavir calcium tab 700 mg</i>	<i>furosemide oral soln 8 mg/ml ....195</i>
<i>(base equiv) .....145</i>	<i>furosemide tab 20 mg.....195</i>
<i>fosaprepitant dimeglumine for iv</i>	<i>furosemide tab 40 mg.....195</i>
<i>infusion 150 mg (base eq) .....104</i>	<i>furosemide tab 80 mg.....195</i>
<i>fosfomycin tromethamine powd</i>	FUZEON INJ 90MG .....145
<i>pack 3 gm (base equivalent).....66</i>	FYCOMPA SUS 0.5MG/ML.....74
<i>fosinopril sodium &</i>	FYCOMPA TAB 10MG .....75
<i>hydrochlorothiazide tab 10-12.5</i>	FYCOMPA TAB 12MG .....75
<i>mg .....121</i>	FYCOMPA TAB 2MG .....74
<i>fosinopril sodium &</i>	FYCOMPA TAB 4MG .....74
<i>hydrochlorothiazide tab 20-12.5</i>	FYCOMPA TAB 6MG .....75
<i>mg .....121</i>	FYCOMPA TAB 8MG .....75
<i>fosinopril sodium tab 10 mg .....114</i>	G
<i>fosinopril sodium tab 20 mg .....114</i>	G4 PLATINUM MIS PEDIATRC.....217
<i>fosinopril sodium tab 40 mg .....114</i>	G4 PLATINUM MIS RCV/SHAR ....217
FOSRENOL CHW 1000MG .....204	G4 PLATINUM MIS RECEIVER.....217
FOSRENOL CHW 500MG.....204	G4 PLAT PED MIS RVC/SHAR .....217
FOSRENOL CHW 750MG.....204	G4 SENSOR MIS .....217
FOSRENOL POW 1000MG .....204	G5/G4 MIS SENSOR .....217
FOSRENOL POW 750MG.....204	<i>gabapentin cap 100 mg .....76</i>
FRAGMIN INJ 10000/ML.....74	<i>gabapentin cap 300 mg .....76</i>
FRAGMIN INJ 12500UNT .....74	<i>gabapentin cap 400 mg .....76</i>
FRAGMIN INJ 15000UNT .....74	<i>gabapentin oral soln 250 mg/5ml.76</i>
FRAGMIN INJ 18000UNT .....74	<i>gabapentin tab 600 mg.....76</i>
FRAGMIN INJ 2500/0.2.....74	<i>gabapentin tab 800 mg.....76</i>
FRAGMIN INJ 5000/0.2.....74	GABITRIL TAB 12MG .....81
FRAGMIN INJ 7500/0.3.....74	GABITRIL TAB 16MG .....81
FRAGMIN INJ 95000UNT .....74	GABITRIL TAB 2MG .....81
FREEDAVITE TAB .....259	GABITRIL TAB 4MG .....81
FREESTYLE KIT SENSOR .....217	<i>galantamine hydrobromide cap er</i>
FREESTYLE MIS PUMP.....227	<i>24hr 16 mg .....278</i>

<i>galantamine hydrobromide cap er</i>	
24hr 24 mg	278
<i>galantamine hydrobromide cap er</i>	
24hr 8 mg	278
<i>galantamine hydrobromide oral soln</i>	
4 mg/ml	278
<i>galantamine hydrobromide tab 12</i>	
mg	278
<i>galantamine hydrobromide tab 4 mg</i>	
.....	278
<i>galantamine hydrobromide tab 8 mg</i>	
.....	278
GARLIN TAB	257
<i>gas relief cap 125mg</i>	200
<i>gas relief cap 180mg</i>	200
<i>gas relief dro 20/0.3ml</i>	200
<i>gas relief dro 40/0.6ml</i>	200
<i>gas relief dro infants</i>	200
<i>gas-x cap 125mg</i>	200
<i>gas-x cap 180mg</i>	200
<i>gatifloxacin ophth soln 0.5%</i>	269
<i>gavilyte-c sol</i>	212
<i>gavilyte-g sol</i>	212
<i>gavilyte-n sol flav pk</i>	212
GELNIQUE GEL 10%	290
<i>gemfibrozil tab 600 mg</i>	111
<i>gemmily cap 1/20</i>	163
GEMTESA TAB 75MG	291
<i>generlac sol 10gm/15</i>	202
<i>gengraf cap 100mg</i>	256
<i>gengraf cap 25mg</i>	256
<i>gengraf sol 100mg/ml</i>	256
GENOTROPIN INJ 0.2MG	196
GENOTROPIN INJ 0.4MG	196
GENOTROPIN INJ 0.6MG	196
GENOTROPIN INJ 0.8MG	196
GENOTROPIN INJ 1.2MG	196
GENOTROPIN INJ 1.4MG	196
GENOTROPIN INJ 1.6MG	196
GENOTROPIN INJ 1.8MG	196
GENOTROPIN INJ 12MG	196
GENOTROPIN INJ 1MG	196
GENOTROPIN INJ 2MG	196
GENOTROPIN INJ 5MG	196
<i>gentak oin 0.3% op</i>	269
<i>gentamicin sulfate cream 0.1%</i> ..	180
<i>gentamicin sulfate oint 0.1%</i>	180
<i>gentamicin sulfate ophth soln 0.3%</i>	
.....	269
GENTEAL GEL 0.3%.....	266
<i>genteal tear sol moderate</i>	266
<i>gentle laxat sup 10mg</i>	214
GENVOYA TAB	145
GEODON CAP 20MG	130
GEODON CAP 40MG	130
GEODON CAP 60MG	130
GEODON CAP 80MG	130
GEODON INJ 20MG	130
GERI-FREEDA TAB SENIOR.....	259
GILENYA CAP 0.5MG.....	281
GIMOTI SPR 15MG	201
GLASS BOTTLE MIS 15ML.....	227
GLASS BOTTLE MIS 30ML.....	227
GLASS BOTTLE MIS 60ML.....	227
GLASS SCALE MIS DIGITAL	227
GLASS VIAL MIS 2ML.....	227
GLASS VIAL MIS 3ML.....	227
<i>glatiramer acetate soln prefilled</i>	
<i>syringe 20 mg/ml</i>	281
<i>glatiramer acetate soln prefilled</i>	
<i>syringe 40 mg/ml</i>	281
<i>glatopa inj 20mg/ml</i>	281
<i>glatopa inj 40mg/ml</i>	281
GLIDE WHEELS MIS 1-1/8.....	227
<i>glimepiride tab 1 mg</i>	100
<i>glimepiride tab 2 mg</i>	100
<i>glimepiride tab 4 mg</i>	100
<i>glipizide-metformin hcl tab 2.5-250</i>	
<i>mg</i>	90
<i>glipizide-metformin hcl tab 2.5-500</i>	
<i>mg</i>	90
<i>glipizide-metformin hcl tab 5-500</i>	
<i>mg</i>	90
<i>glipizide tab 10 mg</i>	100
<i>glipizide tab 5 mg</i>	100
<i>glipizide tab er 24hr 10 mg</i>	100

<i>glipizide tab er 24hr 2.5 mg</i>	100	<i>gnp allergy chw 12.5mg</i>	106
<i>glipizide tab er 24hr 5 mg</i>	100	<i>gnp allergy tab relief</i>	171
<i>glipizide xl tab 10mg</i>	100	<i>gnp anorctal cre 5%</i>	63
<i>glipizide xl tab 2.5mg</i>	100	<i>gnp antacid chw 1000mg</i>	64
<i>glipizide xl tab 5mg</i>	100	<i>gnp antacid chw 160-105</i>	64
GLOPERBA SOL 0.6/5ML	205	<i>gnp antacid chw 750mg</i>	64
GLUCAGEN INJ HYPOKIT.....	95	<i>gnp anti-gas cap 180mg</i>	200
<i>glucagon (rdna) for inj kit 1 mg</i> ...	95	GNP CALAMINE LOT 8-8%.....	191
GLUCOS/CHOND TAB /MSM.....	257	GNP CALAMINE LOT PHENOLAT..	191
<i>glucos/chond tab 500-400</i>	44	<i>gnp calcium tab cit +d3</i>	254
<i>glucos/chond tab 750-600</i>	44	GNP CENTURY TAB ENERGY.....	262
GLUCOS/CHOND TAB ADVANCED		GNP CINNAMON OIL.....	161
.....	257	<i>gnp cld/hd tab cngst</i>	171
GLUCOTROL XL TAB 10MG	101	<i>gnp cld max mis day/nght</i>	171
GLUCOTROL XL TAB 2.5MG	100	<i>gnp cld max tab daytime</i>	171
GLUCOTROL XL TAB 5MG	100	<i>gnp clearlax pak 3350 nf</i>	213
GLUMETZA TAB 1000MG.....	94	<i>gnp cough cap 15mg</i>	169
GLUMETZA TAB 500MG.....	94	<i>gnp cough dm sus 30mg/5ml</i>	169
<i>glyburide-metformin tab 1.25-250</i>		<i>gnp eye dro</i>	269
<i>mg</i>	90	<i>gnp eye drop sol 0.05% op</i>	269
<i>glyburide-metformin tab 2.5-500</i>		<i>gnp fiber cap 0.52gm</i>	212
<i>mg</i>	90	<i>gnp glycerin sup 1.2gm</i>	213
<i>glyburide-metformin tab 5-500 mg</i>		<i>gnp glycerin sup 2.1gm</i>	213
.....	90	<i>gnp hydrocor cre 1% plus</i>	187
<i>glyburide micronized tab 1.5 mg</i>	101	<i>gnp iron tab 45mg</i>	210
<i>glyburide micronized tab 3 mg</i> ...	101	<i>gnp iron tab 65mg</i>	210
<i>glyburide micronized tab 6 mg</i> ...	101	<i>gnp little chw ones</i>	261
<i>glyburide tab 1.25 mg</i>	101	<i>gnp mineral oil</i>	213
<i>glyburide tab 2.5 mg</i>	101	<i>gnp mucus er tab 1200mg</i>	173
<i>glyburide tab 5 mg</i>	101	<i>gnp mucus er tab 600mg</i>	173
<i>glycerin ped sup 1.2gm</i>	213	<i>gnp naproxen cap 220mg</i>	47
<i>glycerin sup 1gm</i>	213	<i>gnp nicotine dis 14mg/24h</i>	283
<i>glycerin suppos 2 gm</i>	213	<i>gnp nicotine dis 21mg/24h</i>	283
GLYCINE SOYA SOL PROTEIN	161	<i>gnp nicotine dis 7mg/24hr</i>	283
<i>glycopyrrolate tab 1 mg</i>	287	<i>gnp nicotine loz 4mg cher</i>	283
<i>glycopyrrolate tab 2 mg</i>	287	<i>gnp nicotine loz 4mg mint</i>	283
GLYNASE TAB 1.5MG.....	101	<i>gnp olopatad sol 0.2%</i>	272
GLYNASE TAB 3MG.....	101	<i>gnp omeprazo cap 20mg</i>	288
GLYNASE TAB 6MG.....	101	<i>gnp omeprazo tab 20mg odt</i>	288
GLYXAMBI TAB 10-5 MG	90	GNP PRENATAL TAB 28-0.8MG ...	261
GLYXAMBI TAB 25-5 MG	90	GNP REACHER MIS 32INCH	227
GNP 4X TAB PROBIOTI.....	101	<i>gnp triple oin antibiot</i>	180
<i>gnp all day tab allergy</i>	107	<i>gnp tussin syp cf</i>	171

<i>gnp vit a&d oin</i>	189	GVOKE PFS INJ.....	95
<i>gnp zinc oxi oin 20%</i>	191	H	
GOJJI WEIGHT MIS SCALE	227	HAEGARDA INJ 2000UNIT	206
<i>goodsense gel art pain</i>	180	HAEGARDA INJ 3000UNIT	206
GRALISE TAB 300MG.....	282	<i>hailey 24 tab fe</i>	163
GRALISE TAB 600MG.....	282	<i>hailey tab 1.5/30</i>	163
<i>granisetron hcl inj 1 mg/ml</i>	103	<i>halcinonide cream 0.1%</i>	187
<i>granisetron hcl inj 4 mg/4ml (1</i> <i>mg/ml)</i>	103	HALCION TAB 0.25MG	211
<i>granisetron hcl tab 1 mg</i>	103	HALDOL DECAN INJ 100MG/ML ..	134
GRAPE LIQ FLAVOR	275	HALDOL DECAN INJ 50MG/ML....	134
<i>griseofulvin microsize susp 125</i> <i>mg/5ml</i>	105	HALOBETASOL AER 0.05%	187
<i>griseofulvin microsize tab 500 mg</i>	105	<i>halobetasol propionate cream</i> <i>0.05%</i>	187
<i>griseofulvin ultramicrosize tab 125</i> <i>mg</i>	105	<i>halobetasol propionate oint 0.05%</i>	187
<i>griseofulvin ultramicrosize tab 250</i> <i>mg</i>	105	HALOG CRE 0.1%	187
GROOVE ROLL MIS WALKER	227	HALOG OIN 0.1%.....	187
<i>guaifenesin ac syp 100-10/5</i>	171	HALOG SOL 0.1%	187
<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i>	171	<i>haloperidol decanoate im soln 100</i> <i>mg/ml</i>	134
<i>guaifenesin liquid 100 mg/5ml</i> ...	173	<i>haloperidol decanoate im soln 50</i> <i>mg/ml</i>	134
<i>guaifenesin tab 200 mg</i>	174	<i>haloperidol lactate inj 5 mg/ml</i> ..	134
<i>guaifenesin tab 400 mg</i>	174	<i>haloperidol lactate oral conc 2</i> <i>mg/ml</i>	134
<i>guanfacine hcl tab 1 mg</i>	118	<i>haloperidol tab 0.5 mg</i>	134
<i>guanfacine hcl tab 2 mg</i>	118	<i>haloperidol tab 10 mg</i>	135
<i>guanfacine hcl tab er 24hr 1 mg</i> <i>(base equiv)</i>	35	<i>haloperidol tab 1 mg</i>	134
<i>guanfacine hcl tab er 24hr 2 mg</i> <i>(base equiv)</i>	35	<i>haloperidol tab 20 mg</i>	135
<i>guanfacine hcl tab er 24hr 3 mg</i> <i>(base equiv)</i>	35	<i>haloperidol tab 2 mg</i>	134
<i>guanfacine hcl tab er 24hr 4 mg</i> <i>(base equiv)</i>	35	<i>haloperidol tab 5 mg</i>	135
GUARDIAN MIS SENSOR 3	217	HANDGRIPS MIS SPLIT	227
GUARDIAN RT MIS REPL PED.....	217	HAND HELD MIS SHOWER.....	227
GUAVA FLAVOR LIQ.....	275	HARVONI PAK.....	147
GVOKE HYPO 1 INJ .5/.1ML.....	95	HARVONI PAK 45-200MG	147
GVOKE HYPO 1 INJ 1MG/.2ML	95	HARVONI TAB 45-200MG	147
GVOKE HYPO 2 INJ .5/.1ML.....	95	HARVONI TAB 90-400MG	147
GVOKE HYPO 2 INJ 1MG/.2ML	95	HC/ALOE CRE 0.5%.....	187
		<i>h-chlor 12 sol 0.125%</i>	143
		HEAD COVER MIS 21	227
		HEAD COVER MIS CIRC 21	227
		HEAD COVERS MIS 24	227
		HEAD HALTER MIS REPLACE.....	227

HEAD HALTER MIS ROPE/10'	227	<i>hm antacid chw 750mg</i>	64
HEAD HALTER MIS TRACTION.....	227	<i>hm anti-diar liq 1mg/7.5</i>	102
HEAD LICE MIS COMB	227	HM CALAMINE LOT 8-8%	191
<i>healthylax pow</i>	213	<i>hm clearlax pow</i>	213
<i>heartbrn ant chw 160-105</i>	64	<i>hm cough dm sus 30mg/5ml</i>	169
<i>heartburn tab 20mg</i>	287	<i>hm docosan cre 10%</i>	184
<i>heartburn tab relief</i>	287	<i>hm dry eye sol relief</i>	266
HEAT THERAPY MIS.....	227	<i>hm enema ene r-t-u</i>	213
HEELBOOT MIS LARGE.....	227	<i>hm eye drops sol 0.05% op</i>	269
HEELBOOT MIS LAUNDRY.....	227	<i>hm fiber tab 500mg</i>	212
HEELBOOT MIS LINER LG.....	227	<i>hm hydrocort cre 1% plus</i>	187
HEELBOOT MIS LINER RG	227	<i>hm ibuprofen tab 200mg</i>	47
HEELBOOT MIS REGULAR.....	227	<i>hm mucus dm tab 60-1200</i>	171
HEELBOOT MIS WALK PAD	227	<i>hm nicotine dis 14mg/24h</i>	283
HELIDAC MIS THERAPY.....	290	<i>hm nicotine dis 21mg/24h</i>	283
HEMADY TAB 20MG	168	<i>hm nicotine dis 7mg/24hr</i>	283
HEMANGEOL SOL 4.28/ML.....	151	<i>hm nicotine loz 4mg cinn</i>	283
<i>hematinic/fa tab</i>	209	<i>hm nicotine loz 4mg mint</i>	283
<i>hematinic pl tab vit/min</i>	209	<i>hm povid-iod sol 10%</i>	143
HEMI WALKER MIS FOLDING	227	<i>hm stool sof cap 100mg</i>	214
<i>hemorrhoidal cre</i>	63	<i>hm triple oin antibiot</i>	180
<i>hemorrhoidal cre max st</i>	63	HOLD CHAMBER MIS ADLT LG ...	249
<i>hemorrhoidal cre relief</i>	63	HOLD CHAMBER MIS MEDIUM....	249
<i>hemorrhoidal oin</i>	63	HOLD CHAMBER MIS SMALL	249
<i>hemorrhoidal sup 0.25%</i>	63	HONEY FLAVOR LIQ.....	275
<i>heparin sodium (porcine) pf inj 5000</i> <i>unit/0.5ml</i>	74	HORIZANT TAB 300MG ER.....	283
HERZUMA INJ 150MG	126	HORIZANT TAB 600MG ER.....	283
HERZUMA INJ 420MG	126	HOT-COLD MIS THERAPY	227
HETLIOZ CAP 20MG.....	212	HUBER NEEDLE MIS 20GX3/4	241
HETLIOZ LQ SUS 4MG/ML	212	HUBER NEEDLE MIS 22GX3/4	241
HIBERIX SOL 10MCG.....	291	HUMALOG INJ 100/ML	97
HIBICLENS FT MIS PEDAL	227	HUMALOG JR INJ 100/ML.....	97
HIBICLENS MIS DISP/FT	227	HUMALOG KWIK INJ 100/ML	97
HIBICLENS MIS DISP/HND	227	HUMALOG KWIK INJ 200/ML	97
HIBICLENS MIS NON FOAM	227	HUMALOG MIX INJ 50/50.....	97
HIBICLENS MIS PMP 16OZ	227	HUMALOG MIX INJ 50/50KWP.....	97
HIBICLENS MIS PMP 32OZ	227	HUMALOG MIX INJ 75/25KWP.....	97
HIBICLENS MIS PMP ASMB.....	227	HUMALOG MIX SUS 75/25.....	97
HIBICLENS MIS PMP GAL	227	HUMATROPE INJ 12MG	196
HISTEX-AC SYP	171	HUMATROPE INJ 24MG	197
<i>hm allergy tab 180mg</i>	107	HUMATROPE INJ 6MG	196
<i>hm allergy tab 60mg</i>	107	HUMIRA INJ 10/0.1ML.....	45
		HUMIRA INJ 20/0.2ML	45

HUMIRA INJ 40/0.4ML	45	<i>hydrocodone-acetaminophen tab 5-325 mg</i>	59
HUMIRA KIT 40MG/0.8	45	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	59
HUMIRA PEDIA INJ CROHNS.....	45	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	59
HUMIRA PEN INJ 40/0.4ML.....	45	<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	53
HUMIRA PEN INJ 40MG/0.8	45	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	53
HUMIRA PEN INJ 80/0.8ML.....	45	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	53
HUMIRA PEN INJ CD/UC/HS	45	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	53
HUMIRA PEN INJ PS/UV	45	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	53
HUMIRA PEN KIT CD/UC/HS	45	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	53
HUMIRA PEN KIT PED UC	45	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	53
HUMIRA PEN KIT PS/UV.....	45	HYDROCODONE CAP 10MG ER.....	53
HUMULIN INJ 70/30	97	HYDROCODONE CAP 15MG ER.....	53
HUMULIN INJ 70/30KWP.....	97	HYDROCODONE CAP 20MG ER.....	54
HUMULIN N INJ U-100.....	97	HYDROCODONE CAP 30MG ER.....	54
HUMULIN N INJ U-100KWP.....	97	HYDROCODONE CAP 40MG ER.....	54
HUMULIN R INJ U-100	97	HYDROCODONE CAP 50MG ER.....	54
HUMULIN R INJ U-500	97	<i>hydrocodone-ibuprofen tab 10-200 mg</i>	59
HURRICAINES MIS CAP.....	227	<i>hydrocodone-ibuprofen tab 5-200 mg</i>	59
HURRICAINES MIS DISPENSE.....	227	<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	59
HURRICAINES MIS EXT TUBE	228	<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	169
HURRICAINES MIS EX TUBES	228	<i>hydrocodone w/ homatropine tab 5-1.5 mg</i>	169
HURRIPAK MIS	228	<i>hydrocodone polst-chlorphen polst er susp 10-8 mg/5ml</i>	171
HURRIPAK MIS TIPS	228	hydrocort/ cre aloe 1%	187
HURRYCANE MIS CANE BL.....	228	hydrocort cre 0.5%	187
HYCODAN SYP 5-1.5/5.....	169	hydrocort cre 1%	187
HYCODAN TAB 5-1.5MG	169	hydrocort cre 1% aloe	187
<i>hydralazine hcl tab 100 mg</i>	124		
<i>hydralazine hcl tab 10 mg</i>	124		
<i>hydralazine hcl tab 25 mg</i>	124		
<i>hydralazine hcl tab 50 mg</i>	124		
HYDROCHL ACD LIQ 10%.....	160		
<i>hydrochlorothiazide cap 12.5 mg</i>	195		
<i>hydrochlorothiazide tab 12.5 mg</i>	195		
<i>hydrochlorothiazide tab 25 mg</i> ...	195		
<i>hydrochlorothiazide tab 50 mg</i> ...	195		
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	59		
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	59		
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	59		
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	59		

<i>hydrocortisone acetate cream 1%</i>		<i>hydromorphone hcl tab er 24hr 8</i>	
.....	187	mg	54
<i>hydrocortisone butyrate cream</i>		HYDROMORPHON SUP 3MG	54
0.1%	187	HYDROTHERAPY MIS FOOT BAT .228	
<i>hydrocortisone butyrate hydrophilic</i>		<i>hydroxychloroquine sulfate tab 200</i>	
<i>lipo base cream 0.1%</i>	187	mg	124
<i>hydrocortisone butyrate lotion 0.1%</i>		<i>hydroxyprogesterone caproate im in</i>	
.....	187	<i>oil 1.25 gm/5ml</i>	126
<i>hydrocortisone butyrate oint 0.1%</i>		<i>hydroxyprogesterone caproate im in</i>	
.....	187	<i>oil 250 mg/ml</i>	277
<i>hydrocortisone butyrate soln 0.1%</i>		<i>hydroxyurea cap 500 mg</i>	127
.....	187	<i>hydroxyzine hcl im soln 25 mg/ml</i>	67
<i>hydrocortisone cream 1%</i>	187	<i>hydroxyzine hcl im soln 50 mg/ml</i>	67
<i>hydrocortisone cream 2.5%</i>	187	<i>hydroxyzine hcl syrup 10 mg/5ml</i>	67
<i>hydrocortisone lotion 2.5%</i>	187	<i>hydroxyzine hcl tab 10 mg</i>	67
<i>hydrocortisone oint 0.5%</i>	187	<i>hydroxyzine hcl tab 25 mg</i>	67
<i>hydrocortisone oint 1%</i>	187	<i>hydroxyzine hcl tab 50 mg</i>	67
<i>hydrocortisone oint 2.5%</i>	187	<i>hydroxyzine pamoate cap 100 mg</i>	67
<i>hydrocortisone perianal cream 2.5%</i>		<i>hydroxyzine pamoate cap 25 mg</i> ..	67
.....	63	<i>hydroxyzine pamoate cap 50 mg</i> ..	67
<i>hydrocortisone tab 10 mg</i>	168	HYGIENIKIT MIS SYSTEM.....	228
<i>hydrocortisone tab 20 mg</i>	168	HYPO NEEDLE MIS 14GX1	241
<i>hydrocortisone tab 5 mg</i>	168	HYPO NEEDLE MIS 14GX1.5	241
<i>hydrocortisone valerate cream 0.2%</i>		HYPO NEEDLE MIS 14GX2	241
.....	187	HYPO NEEDLE MIS 16GX1	241
<i>hydrocortisone valerate oint 0.2%</i>		HYPO NEEDLE MIS 16GX1.5	241
.....	187	HYPO NEEDLE MIS 16GX3/4	241
<i>hydrocortisone w/ acetic acid otic</i>		HYPO NEEDLE MIS 16GX5/8	241
<i>soln 1-2%</i>	273	HYPO NEEDLE MIS 18GX1	241
<i>hydrocort oin 1%</i>	187	HYPO NEEDLE MIS 18GX1.25.....	241
HYDROCORT OIN 1%	187	HYPO NEEDLE MIS 18GX1.5	241
<i>hydromet syp 5-1.5/5</i>	170	HYPO NEEDLE MIS 19GX1	241
<i>hydromorphone hcl liqd 1 mg/ml</i> .54		HYPO NEEDLE MIS 19GX1.5	241
<i>hydromorphone hcl tab 2 mg</i>	54	HYPO NEEDLE MIS 20GX1	241
<i>hydromorphone hcl tab 4 mg</i>	54	HYPO NEEDLE MIS 20GX1.5	241
<i>hydromorphone hcl tab 8 mg</i>	54	HYPO NEEDLE MIS 20GX3/4	241
<i>hydromorphone hcl tab er 24hr 12</i>		HYPO NEEDLE MIS 21GX1	241
mg	54	HYPO NEEDLE MIS 21GX1.25.....	241
<i>hydromorphone hcl tab er 24hr 16</i>		HYPO NEEDLE MIS 21GX1.5	241
mg	54	HYPO NEEDLE MIS 21GX2	241
<i>hydromorphone hcl tab er 24hr 32</i>		HYPO NEEDLE MIS 22GX1	241
mg	54	HYPO NEEDLE MIS 22GX1.5	241
		HYPO NEEDLE MIS 22GX3/4	241

HYPO NEEDLE MIS 23GX1	241
HYPO NEEDLE MIS 23GX1.25.....	241
HYPO NEEDLE MIS 23GX1.5	241
HYPO NEEDLE MIS 23GX3/4	241
HYPO NEEDLE MIS 24GX1	241
HYPO NEEDLE MIS 24GX1.25.....	241
HYPO NEEDLE MIS 25GX1	241
HYPO NEEDLE MIS 25GX1.25.....	241
HYPO NEEDLE MIS 25GX1.5	241
HYPO NEEDLE MIS 25GX2	241
HYPO NEEDLE MIS 25GX3/4	241
HYPO NEEDLE MIS 25GX5/8	241
HYPO NEEDLE MIS 26GX1/2	242
HYPO NEEDLE MIS 26GX3/8	242
HYPO NEEDLE MIS 26GX5/8	242
HYPO NEEDLE MIS 27GX1/2	242
HYPO NEEDLE MIS 27GX1.25.....	242
HYPO NEEDLE MIS 27GX1.5	242
HYPO NEEDLE MIS 30G X 1	242
HYPO NEEDLE MIS 30GX1/2	242
HYPO NEEDLE MIS 30GX3/4	242
HYPO NEEDLE MIS 31GX5/16 ...	242
HYPO NEEDLE MIS 32GX5/16 ...	242
<i>hysept sol 0.25%</i>	143
HYSINGLA ER TAB 100 MG.....	54
HYSINGLA ER TAB 120 MG.....	54
HYSINGLA ER TAB 20 MG.....	54
HYSINGLA ER TAB 30 MG.....	54
HYSINGLA ER TAB 40 MG.....	54
HYSINGLA ER TAB 60 MG.....	54
HYSINGLA ER TAB 80 MG.....	54
HYZAAR TAB 100-12.5.....	121
HYZAAR TAB 100-25	121
HYZAAR TAB 50-12.5	121

I

<i>ibandronate sodium tab 150 mg</i> (base equivalent)	196
<i>ibu-200 tab 200mg</i>	47
IBUPAK KIT.....	47
<i>ibuprofen cap 200 mg</i>	48
<i>ibuprofen ch sus 100/5ml</i>	48
<i>ibuprofen chw 100mg</i>	48
<i>ibuprofen dro 50/1.25</i>	48

<i>ibuprofen-famotidine tab 800-26.6</i> <i>mg</i>	48
<i>ibuprofen ib chw 100mg</i>	48
<i>ibuprofen jr chw 100mg</i>	48
<i>ibuprofen sus 100/5ml</i>	48
<i>ibuprofen sus 200/10ml</i>	48
<i>ibuprofen susp 100 mg/5ml</i>	48
<i>ibuprofen tab 200 mg</i>	48
<i>ibuprofen tab 400 mg</i>	48
<i>ibuprofen tab 600 mg</i>	48
<i>ibuprofen tab 800 mg</i>	48
<i>ibuprofen tab cold/sin</i>	171
<i>ibu tab 400mg</i>	47
<i>ibu tab 600mg</i>	47
<i>ibu tab 800mg</i>	47
ICAPS AREDS TAB FORMULA	259
ICAPS LUTEIN TAB ZEAXANTH ...	262
<i>icatibant acetate inj 30 mg/3ml</i> (base equivalent)	206
<i>ice blue gel 2%</i>	180
<i>iclevia tab</i>	163
<i>icosapent ethyl cap 1 gm</i>	109
ICY DIAMOND MIS TOTE	228
ICY HOT TENS MIS REFILL	228
<i>iferex 150 cap</i>	210
ILARIS INJ 150MG/ML	46
ILEVRO DRO 0.3% OP	272
ILUMYA SOL 100MG/ML	183
<i>imatinib mesylate tab 100 mg (base</i> <i>equivalent)</i>	127
<i>imatinib mesylate tab 400 mg (base</i> <i>equivalent)</i>	127
<i>imipramine hcl tab 10 mg</i>	88
<i>imipramine hcl tab 25 mg</i>	88
<i>imipramine hcl tab 50 mg</i>	88
<i>imipramine pamoate cap 100 mg</i> .	88
<i>imipramine pamoate cap 125 mg</i> .	88
<i>imipramine pamoate cap 150 mg</i> .	89
<i>imipramine pamoate cap 75 mg</i> ...	88
<i>imiquimod cream 5%</i>	190
IMITREX INJ 4MG/0.5	252
IMITREX INJ 6MG/0.5	252
IMITREX SPR 20MG/ACT	252

IMITREX SPR 5MG/ACT	252	INHALAT VIAL MIS CAP/YLW.....	228
IMITREX TAB 100MG	252	INH VIAL W/ MIS CAP/BLUE	228
IMITREX TAB 25MG	252	INH VIAL W/ MIS CAP/GREE	228
IMITREX TAB 50MG	252	INH VIAL W/ MIS CAP/ORAN	228
IMPEKLO LOT 0.05%	187	INH VIAL W/ MIS CAP/RED.....	228
IMVEXXY MAIN SUP 10MCG	293	INH VIAL W/ MIS CAP/WHTE	228
IMVEXXY MAIN SUP 4MCG.....	293	INH VIAL W/ MIS CAP/YLOW	228
IMVEXXY STRT SUP 10MCG	293	INH VIAL W/O MIS CAP/AMBR ...	228
IMVEXXY STRT SUP 4MCG	293	INH WRK STAT MIS 50 HOLES ...	228
IN-CHK FLOW MIS METER	249	INJECTOR CAP MIS PHASEAL.....	242
INCRUSE ELPT INH 62.5MCG	68	INJECTOR MIS LUER LOC	242
<i>indapamide tab 1.25 mg</i>	195	INNOPRAN XL CAP 120MG.....	151
<i>indapamide tab 2.5 mg</i>	195	INNOPRAN XL CAP 80MG	151
INDERAL LA CAP 120MG	151	INS ASP PROT INJ FLEXPEN	97
INDERAL LA CAP 160MG	151	INSUL-CAP MIS	217
INDERAL LA CAP 60MG	151	INSUL-EZE MIS.....	217
INDERAL LA CAP 80MG	151	INSULIN ASPA INJ 100/ML	97
INDERAL XL CAP 120MG	151	INSULIN ASPA INJ 70/30	97
INDERAL XL CAP 80MG	151	INSULIN ASPA INJ FLEXPEN	97
INDICATOR KIT BIO TEST	228	INSULIN ASPA INJ PENFILL	97
INDOCIN SUP 50MG	48	INSULIN GLAR INJ 100U/ML.....	97
INDOCIN SUS 25MG/5ML.....	48	INSULIN GLAR SOL 100U/ML.....	97
<i>indomethacin cap 25 mg</i>	48	INSULIN LISP INJ 100/ML	97
<i>indomethacin cap 50 mg</i>	48	INSULIN LISP INJ JUNIOR.....	97
<i>indomethacin cap er 75 mg</i>	48	INSULIN LISP INJ PROTAMIN.....	97
INFANRIX INJ	287	INSULIN MIS BARR 1ML.....	217
INF CUSHION MIS /VINYL	228	INSULIN PEN MIS 31GX4MM.....	242
INFLAT CUSHN MIS RUBBER.....	228	INSULIN SYRG MIS 0.3/29G	242
INFLAT CUSHN MIS VINYL.....	228	INSULIN SYRG MIS 0.3/30G	242
INFLATE RING MIS 16	228	INSULIN SYRG MIS 0.3/31G	242
INFLECTRA INJ 100MG.....	202	INSULIN SYRG MIS 0.5/27G	242
INFLIXIMAB INJ 100MG	202	INSULIN SYRG MIS 0.5/28G	242
INFUSION MIS ADAPTER.....	242	INSULIN SYRG MIS 0.5/29G	242
INFUSION MIS CLAMP	242	INSULIN SYRG MIS 0.5/30G242,	
INGREZZA CAP 40-80MG	280	243	
INGREZZA CAP 40MG	280	INSULIN SYRG MIS 0.5/31G	243
INGREZZA CAP 60MG	280	INSULIN SYRG MIS 1ML.....	243
INGREZZA CAP 80MG	280	INSULIN SYRG MIS 1ML/25G.....	243
INHALAT VIAL MIS CAP/BLUE	228	INSULIN SYRG MIS 1ML/26G	243
INHALAT VIAL MIS CAP/GRN	228	INSULIN SYRG MIS 1ML/27G	243
INHALAT VIAL MIS CAP/ORNG ...	228	INSULIN SYRG MIS 1ML/28G	243
INHALAT VIAL MIS CAP/RED.....	228	INSULIN SYRG MIS 1ML/29G	243
INHALAT VIAL MIS CAP/WHTE ...	228	INSULIN SYRG MIS 1ML/30G.....	243

INSULIN SYRG MIS 1ML/31G	243	<i>iodine solution strong (lugol's)</i>	
INSULIN SYRG MIS 27GX1/2	243	<i>(bulk)</i>	161
INSULIN SYR MIS BARR 1ML	217	IOPIDINE SOL 1% OP	268
INSUPEN MIS 33GX4MM	243	IPOL INJ INACTIVE.....	292
INTELENCE TAB 100MG	145	I-PORT ADV MIS 6MM.....	242
INTELENCE TAB 200MG	145	I-PORT ADV MIS 9MM.....	242
INTELENCE TAB 25MG	145	<i>ipratropium-albuterol nebu soln 0.5-</i>	
INTRAROSA SUP 6.5MG	292	<i>2.5(3) mg/3ml</i>	72
<i>introvale tab</i>	163	<i>ipratropium bromide inhal soln</i>	
INTUNIV TAB 1MG	35	<i>0.02%</i>	68
INTUNIV TAB 2MG	35	<i>ipratropium bromide nasal soln</i>	
INTUNIV TAB 3MG	35	<i>0.03% (21 mcg/spray)</i>	264
INTUNIV TAB 4MG	35	<i>ipratropium bromide nasal soln</i>	
INVALID CUSH MIS FOAM	228	<i>0.06% (42 mcg/spray)</i>	264
INVEGA HAFYE INJ 1092MG.....	132	<i>irbesartan-hydrochlorothiazide tab</i>	
INVEGA HAFYE INJ 1560MG.....	132	<i>150-12.5 mg</i>	121
INVEGA SUST INJ 117/0.75.....	132	<i>irbesartan-hydrochlorothiazide tab</i>	
INVEGA SUST INJ 156MG/ML.....	132	<i>300-12.5 mg</i>	121
INVEGA SUST INJ 234/1.5	132	<i>irbesartan tab 150 mg</i>	117
INVEGA SUST INJ 39/0.25	132	<i>irbesartan tab 300 mg</i>	117
INVEGA SUST INJ 78/0.5ML	132	<i>irbesartan tab 75 mg</i>	117
INVEGA TAB 1.5MG	132	<i>irinotecan hcl inj 100 mg/5ml (20</i>	
INVEGA TAB 3MG.....	132	<i>mg/ml)</i>	128
INVEGA TAB 6MG.....	132	<i>irinotecan hcl inj 300 mg/15ml (20</i>	
INVEGA TAB 9MG.....	132	<i>mg/ml)</i>	128
INVEGA TRINZ INJ 273MG.....	132	<i>iron 100/c tab 100-250</i>	209
INVEGA TRINZ INJ 410MG.....	132	<i>iron 100 tab plus</i>	209
INVEGA TRINZ INJ 546MG.....	132	<i>iron supplmt dro 15mg/ml</i>	210
INVEGA TRINZ INJ 819MG.....	132	ISENTRESS CHW 100MG.....	145
INVELTYS SUS 1%	270	ISENTRESS CHW 25MG.....	145
INVIRASE TAB 500MG	145	ISENTRESS HD TAB 600MG	145
INVOKAMET TAB 150-1000	91	ISENTRESS POW 100MG	145
INVOKAMET TAB 150-500	91	ISENTRESS TAB 400MG	145
INVOKAMET TAB 50-1000	90	<i>isibloom tab</i>	163
INVOKAMET TAB 50-500MG	90	<i>isoniazid syrup 50 mg/5ml</i>	124
INVOKAMET XR TAB 150-1000	91	<i>isoniazid tab 100 mg</i>	124
INVOKAMET XR TAB 150-500	91	<i>isoniazid tab 300 mg</i>	124
INVOKAMET XR TAB 50-1000	91	ISOPTO ATROP SOL 1% OP	268
INVOKAMET XR TAB 50-500MG ...	91	ISOPTO CARP SOL 1% OP	268
INVOKANA TAB 100MG.....	99	ISOPTO CARP SOL 2% OP	268
INVOKANA TAB 300MG.....	99	ISOPTO TEARS SOL 0.5% OP.....	266
IODINE SOL STRONG	161	<i>isosorbide dinitrate tab 10 mg</i>	66
		<i>isosorbide dinitrate tab 20 mg</i>	66

<i>isosorbide dinitrate tab 30 mg</i>	66	JANUMET XR TAB 100-1000	91
<i>isosorbide dinitrate tab 5 mg</i>	66	JANUMET XR TAB 50-1000	91
<i>isosorbide mononitrate tab 10 mg</i>	66	JANUMET XR TAB 50-500MG	91
<i>isosorbide mononitrate tab 20 mg</i>	67	JANUVIA TAB 100MG	96
<i>isosorbide mononitrate tab er 24hr</i>		JANUVIA TAB 25MG	95
<i>120 mg</i>	67	JANUVIA TAB 50MG	96
<i>isosorbide mononitrate tab er 24hr</i>		JAR/8OZ/ MIS WHT LID	228
<i>30 mg</i>	67	JARDIANCE TAB 10MG	99
<i>isosorbide mononitrate tab er 24hr</i>		JARDIANCE TAB 25MG	100
<i>60 mg</i>	67	<i>jasmiel tab 3-0.02mg</i>	163
<i>isotretinoin cap 10 mg</i>	177	JENTADUETO TAB 2.5-1000	92
<i>isotretinoin cap 20 mg</i>	177	JENTADUETO TAB 2.5-500	92
<i>isotretinoin cap 30 mg</i>	177	JENTADUETO TAB 2.5-850	92
<i>isotretinoin cap 40 mg</i>	177	JENTADUETO TAB XR	92
<i>isradipine cap 2.5 mg</i>	154	<i>jolessa tab</i>	163
<i>isradipine cap 5 mg</i>	154	JORNAY PM CAP 100MG ER	40
ISTALOL SOL 0.5% OP	267	JORNAY PM CAP 20MG ER	39
<i>itch relief cre ex st</i>	183	JORNAY PM CAP 40MG ER	39
<i>itraconazole cap 100 mg</i>	105	JORNAY PM CAP 60MG ER	40
<i>itraconazole oral soln 10 mg/ml</i>	105	JORNAY PM CAP 80MG ER	40
IV BAG HANGR MIS PHASEAL	243	JOURNEY ROLL MIS WALKER	228
<i>ivermectin cream 1%</i>	192	JUBLIA SOL 10%	181
IVERMECTIN LOT 0.5%	192	JUG AMBER 4L MIS GLASS	228
<i>ivermectin lotion 0.5%</i>	192	<i>juleber tab</i>	163
<i>ivermectin tab 3 mg</i>	65	JULUCA TAB 50-25MG	145
J		<i>junel 1/20 tab</i>	163
J&J ANTISEP MIS WIPES	228	<i>junel 1.5/30 tab</i>	163
J&J COLD PAC MIS INSTANT	228	<i>junel fe 24 tab 1/20</i>	163
J&J TOURNIQU MIS 36	228	JUXTAPID CAP 10MG	113
<i>jaimiess tab</i>	163	JUXTAPID CAP 20MG	113
JALYN CAP	205	JUXTAPID CAP 30MG	113
JANSSEN VACC INJ COVID-19 ...	292	JUXTAPID CAP 5MG	113
<i>jantoven tab 10mg</i>	73	JYNARQUE TAB 15MG	198
<i>jantoven tab 1mg</i>	73	JYNARQUE TAB 30MG	198
<i>jantoven tab 2.5mg</i>	73	K	
<i>jantoven tab 2mg</i>	73	<i>kaitlib fe chw</i>	163
<i>jantoven tab 3mg</i>	73	KALA TAB	102
<i>jantoven tab 4mg</i>	73	KALBITOR INJ 10MG/ML	206
<i>jantoven tab 5mg</i>	73	KALETRA SOL	145
<i>jantoven tab 6mg</i>	73	KALETRA TAB 100-25MG	145
<i>jantoven tab 7.5mg</i>	73	KALETRA TAB 200-50MG	145
JANUMET TAB 50-1000	91	<i>kalliga tab</i>	163
JANUMET TAB 50-500MG	91	KANJINTI INJ 420MG	126

KANJINTI SOL 150MG.....	126	KITABIS PAK NEB 300/5ML	44
KAPSPARGO CAP 100MG.....	150	KLONOPIN TAB 1MG.....	75
KAPSPARGO CAP 200MG.....	150	<i>klor-con/ef tab 25meq fr</i>	255
KAPSPARGO CAP 25MG.....	150	<i>klor-con 10 tab 10meq er</i>	255
KAPSPARGO CAP 50MG.....	150	<i>klor-con 8 tab 8meq er</i>	255
<i>kariva tab 28 day</i>	164	<i>klor-con m10 tab 10meq er</i>	255
KATERZIA SUS 1MG/ML.....	154	<i>klor-con m20 tab 20meq er</i>	255
KAZANO 12.5- TAB 1000MG.....	92	<i>klor-con pak 20meq</i>	255
KAZANO 12.5- TAB 500MG.....	92	KLOXXADO SPR 8MG.....	102
KEGEL BALL MIS TRAINER.....	228	KNEE AND LEG MIS WALKER	228
<i>kelnor 1/50 tab</i>	164	<i>kobee tab</i>	258
<i>kelnor tab 1/35</i>	164	KOMBIGLYZ XR TAB 2.5-1000	92
KENALOG AER SPRAY	187	KOMBIGLYZ XR TAB 5-1000MG....	92
KEPPRA SOL 100MG/ML.....	76	KOMBIGLYZ XR TAB 5-500MG	92
KEPPRA TAB 1000MG	77	<i>konsyl daily pow 28.3%</i>	212
KEPPRA TAB 250MG	76	KONSYL DAILY POW 28.3%.....	212
KEPPRA TAB 500MG	76	KONSYL DAILY POW 60.3%.....	212
KEPPRA TAB 750MG	77	K-PHOS TAB.....	255
KEPPRA XR TAB 500MG	77	KPN PRENATAL TAB.....	261
KEPPRA XR TAB 750MG	77	KYLEENA IUD 19.5MG.....	166
KERR TRIPLE MIS DYE SWAB.....	143	L	
KERYDIN SOL 5%	182	LAB COAT LG MIS DISPOSAB.....	228
KESIMPTA INJ 20/.4ML	281	LAB COAT MED MIS DISPOSAB ..	228
<i>ketoconazole cream 2%</i>	182	LAB COAT MIS DISPOSAB	228
<i>ketoconazole foam 2%</i>	182	LAB COAT MIS LARGE.....	228
<i>ketoconazole shampoo 2%</i>	182	LAB COAT MIS MEDIUM	229
<i>ketoconazole tab 200 mg</i>	105	LAB COAT MIS SMALL.....	229
<i>ketodan aer 2%</i>	182	LAB COAT MIS XLARGE.....	229
KETODAN KIT 2%	182	LAB COAT SM MIS DISPOSAB	229
<i>ketoprofen cap 75 mg</i>	48	LAB COAT XL MIS DISPOSAB.....	229
<i>ketoprofen cap er 24hr 200 mg</i> ...	48	LAB COAT XXL MIS DISPOSAB ...	229
<i>ketorolac tromethamine ophth soln</i>		<i>labetalol hcl tab 100 mg</i>	149
<i>0.4%</i>	272	<i>labetalol hcl tab 200 mg</i>	149
<i>ketorolac tromethamine ophth soln</i>		<i>labetalol hcl tab 300 mg</i>	149
<i>0.5%</i>	272	LAC-HYDRIN LOT FIVE.....	189
<i>ketorolac tromethamine tab 10 mg</i>		<i>lactic acid (ammonium lactate)</i>	
.....	48	<i>cream 12%</i>	189
KETOR TROMET SPR 15.75MG	48	<i>lactic acid (ammonium lactate)</i>	
<i>ketotifen fumarate ophth soln</i>		<i>lotion 12%</i>	189
<i>0.025% (base equiv)</i>	272	<i>lactobacillus acidophilus-pectin cap</i>	
KEVZARA INJ 150/1.14.....	46	.....	102
KEVZARA INJ 200/1.14.....	46	<i>lactobacillus - packet</i>	101
KINERET INJ	46	<i>lactobacillus tab</i>	101

<i>lactulose (encephalopathy) solution</i>		<i>lamotrigine tab 25 mg (42) & 100</i>	
10 gm/15ml.....	202	mg (7) starter kit	77
<i>lactulose solution 10 gm/15ml ...</i>	213	<i>lamotrigine tab 35 x 25 mg starter</i>	
LADYCARE MIS MENOPAUS	229	kit.....	77
LAMICTAL CHW 25MG	77	<i>lamotrigine tab 84 x 25 mg & 14 x</i>	
LAMICTAL CHW 5MG	77	100 mg starter kit	77
LAMICTAL KIT START 35.....	77	<i>lamotrigine tab chewable dispersible</i>	
LAMICTAL KIT START 49.....	77	25 mg	77
LAMICTAL KIT START 98.....	77	<i>lamotrigine tab chewable dispersible</i>	
LAMICTAL ODT KIT	77	5 mg	77
LAMICTAL ODT TAB 100MG.....	77	<i>lamotrigine tab disint 25 (14) & 50</i>	
LAMICTAL ODT TAB 200MG.....	77	mg (14) & 100 mg (7) kit.....	78
LAMICTAL ODT TAB 25MG.....	77	<i>lamotrigine tab er 24hr 100 mg ...</i>	78
LAMICTAL ODT TAB 50MG.....	77	<i>lamotrigine tab er 24hr 200 mg ...</i>	78
LAMICTAL TAB 100MG.....	77	<i>lamotrigine tab er 24hr 250 mg ...</i>	78
LAMICTAL TAB 150MG.....	77	<i>lamotrigine tab er 24hr 25 mg</i>	78
LAMICTAL TAB 200MG.....	77	<i>lamotrigine tab er 24hr 300 mg ...</i>	78
LAMICTAL TAB 25MG.....	77	<i>lamotrigine tab er 24hr 50 mg</i>	78
LAMICTAL XR KIT	77	LANCET DEVICES	217
LAMICTAL XR TAB 100MG	77	LANCETS	217
LAMICTAL XR TAB 200MG	77	LANCETS KIT.....	217
LAMICTAL XR TAB 250MG	77	LANCETS MISC.	217
LAMICTAL XR TAB 25MG.....	77	LANSINOH MIS SMARTPUM	229
LAMICTAL XR TAB 300MG	77	<i>lansoprazole cap delayed release 15</i>	
LAMICTAL XR TAB 50MG.....	77	mg	288
<i>lamivudine oral soln 10 mg/ml...145</i>		<i>lansoprazole cap delayed release 30</i>	
<i>lamivudine tab 100 mg (hbv).....147</i>		mg	288
<i>lamivudine tab 150 mg</i>	145	<i>lansoprazole tab delayed release</i>	
<i>lamivudine tab 300 mg</i>	145	orally disintegrating 15 mg	288
<i>lamivudine-zidovudine tab 150-300</i>		<i>lansoprazole tab delayed release</i>	
mg	145	orally disintegrating 30 mg	288
<i>lamotrigine orally disintegrating tab</i>		<i>lanthanum carbonate chew tab 1000</i>	
100 mg.....	77	mg (elemental)	204
<i>lamotrigine orally disintegrating tab</i>		<i>lanthanum carbonate chew tab 500</i>	
200 mg.....	77	mg (elemental)	204
<i>lamotrigine orally disintegrating tab</i>		<i>lanthanum carbonate chew tab 750</i>	
25 mg	77	mg (elemental)	204
<i>lamotrigine orally disintegrating tab</i>		LANTUS INJ 100/ML	97
50 mg	77	LANTUS SOLOS INJ 100/ML.....	98
<i>lamotrigine tab 100 mg</i>	77	<i>larin 24 tab fe 1/20</i>	164
<i>lamotrigine tab 150 mg</i>	77	<i>larin tab 1/20</i>	164
<i>lamotrigine tab 200 mg</i>	77	<i>larin tab 1.5/30</i>	164
<i>lamotrigine tab 25 mg</i>	77	<i>latanoprost ophth soln 0.005% ..</i>	273

LATCH ASSIST MIS EVERTER.....	229	LEVEMIR INJ	98
LATEX GLOVE MIS LARGE.....	229	LEVEMIR INJ FLEXTOUC.....	98
LATEX GLOVE MIS MEDIUM	229	<i>levetiracetam oral soln 100 mg/ml</i>	
LATEX GLOVE MIS SMALL.....	229	.....	78
LATEX GLOVES MIS MEDIUM	229	<i>levetiracetam tab 1000 mg</i>	78
LATUDA TAB 120MG	131	<i>levetiracetam tab 250 mg</i>	78
LATUDA TAB 20MG.....	130	<i>levetiracetam tab 500 mg</i>	78
LATUDA TAB 40MG.....	130	<i>levetiracetam tab 750 mg</i>	78
LATUDA TAB 60MG.....	130	<i>levetiracetam tab er 24hr 500 mg</i>	78
LATUDA TAB 80MG.....	131	<i>levetiracetam tab er 24hr 750 mg</i>	78
LAVENDER OIL	161	<i>levobunolol hcl ophth soln 0.5%.</i>	267
LAVENDER OIL FRAGRANC	161	<i>levocarnitine (dietary) oral soln 1</i>	
LAVENDER OIL NATURAL.....	161	<i>gm/10ml</i>	266
<i>laxative max tab 25mg</i>	214	<i>levocetirizine dihydrochloride soln</i>	
LAYER BREAST MIS SHAPERS	229	<i>2.5 mg/5ml (0.5 mg/ml)</i>	107
<i>layolis fe chw.....</i>	164	<i>levocetirizine dihydrochloride tab 5</i>	
LEDIP-SOFOSB TAB 90-400MG ..	147	<i>mg</i>	107
<i>leena tab</i>	164	<i>levofloxacin ophth soln 0.5%</i>	269
<i>leflunomide tab 10 mg.....</i>	50	<i>levofloxacin oral soln 25 mg/ml..</i>	199
<i>leflunomide tab 20 mg.....</i>	50	<i>levofloxacin tab 250 mg</i>	200
LEMON FLAVOR LIQ.....	275	<i>levofloxacin tab 500 mg</i>	200
LEMON FLAVOR OIL.....	275	<i>levofloxacin tab 750 mg</i>	200
LEMON LIQ FLAVOR.....	275	LEVOMEFOLATE CAP ALGAL.....	193
LEQVIO SOL	113	<i>levonest tab</i>	164
LESCOL XL TAB 80MG.....	111	<i>levonor-eth est tab 0.15-</i>	
LETAIRIS TAB 10MG	158	<i>0.02/0.025/0.03 mg &eth est 0.01</i>	
LETAIRIS TAB 5MG.....	158	<i>mg</i>	164
<i>letrozole tab 2.5 mg</i>	126	<i>levonorgestrel & ethinyl estradiol</i>	
<i>leucovorin calcium tab 10 mg</i>	127	<i>(91-day) tab 0.15-0.03 mg</i>	164
<i>leucovorin calcium tab 15 mg</i>	127	<i>levonorgestrel & ethinyl estradiol</i>	
<i>leucovorin calcium tab 25 mg</i>	127	<i>tab 0.1 mg-20 mcg</i>	164
<i>leucovorin calcium tab 5 mg</i>	127	<i>levonorgestrel-eth estra tab 0.05-</i>	
LEUKERAN TAB 2MG.....	125	<i>30/0.075-40/0.125-30mg-mcg</i>	164
<i>levabuterol hcl soln nebu 0.31</i>		<i>levonorgestrel-ethinyl estradiol</i>	
<i>mg/3ml (base equiv)</i>	72	<i>(continuous) tab 90-20 mcg....</i>	164
<i>levabuterol hcl soln nebu 0.63</i>		<i>levonorg-eth est tab 0.1-</i>	
<i>mg/3ml (base equiv)</i>	72	<i>0.02mg(84) & eth est tab</i>	
<i>levabuterol hcl soln nebu 1.25</i>		<i>0.01mg(7).....</i>	164
<i>mg/3ml (base equiv)</i>	72	<i>levonorg-eth est tab 0.15-</i>	
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>0.03mg(84) & eth est tab</i>	
<i>mg/0.5ml (base equiv)</i>	72	<i>0.01mg(7).....</i>	164
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levorphanol tartrate tab 2 mg.....</i>	54
<i>mcg/act (base equiv)</i>	72	<i>levorphanol tartrate tab 3 mg.....</i>	54

<i>levothyroxine sodium tab 100 mcg</i>	286	<i>levoxyl tab 25mcg</i>	286
<i>levothyroxine sodium tab 112 mcg</i>	286	<i>levoxyl tab 50mcg</i>	286
<i>levothyroxine sodium tab 125 mcg</i>	286	<i>levoxyl tab 75mcg</i>	286
<i>levothyroxine sodium tab 137 mcg</i>	286	<i>levoxyl tab 88mcg</i>	286
<i>levothyroxine sodium tab 150 mcg</i>	286	LEXAPRO TAB 10MG	84
<i>levothyroxine sodium tab 175 mcg</i>	286	LEXAPRO TAB 20MG	84
<i>levothyroxine sodium tab 200 mcg</i>	286	LEXAPRO TAB 5MG	84
<i>levothyroxine sodium tab 25 mcg</i>	285	LEXETTE AER 0.05%	188
<i>levothyroxine sodium tab 300 mcg</i>	286	LEXIVA SUS 50MG/ML	145
<i>levothyroxine sodium tab 50 mcg</i>	285	LEXIVA TAB 700MG	145
<i>levothyroxine sodium tab 75 mcg</i>	285	LIALDA TAB 1.2GM	202
<i>levothyroxine sodium tab 88 mcg</i>	285	LICART DIS 1.3%	180
<i>levo-t tab 100mcg</i>	285	<i>lice killing sha</i>	192
<i>levo-t tab 112mcg</i>	285	<i>lice killing sha 0.33-4%</i>	193
<i>levo-t tab 125mcg</i>	285	<i>lice treatmt liq 1%</i>	193
<i>levo-t tab 137mcg</i>	285	<i>lice treatmt lot 1%</i>	193
<i>levo-t tab 150mcg</i>	285	<i>lice treatmt sha 0.33-4%</i>	193
<i>levo-t tab 175mcg</i>	285	<i>lice trtmnt liq 1%</i>	193
<i>levo-t tab 200 mcg</i>	285	<i>lidocaine anorectal cream 5%</i>	63
<i>levo-t tab 25mcg</i>	285	<i>lidocaine cream 4%</i>	191
<i>levo-t tab 300 mcg</i>	285	<i>lidocaine cre pain 4%</i>	190
<i>levo-t tab 50mcg</i>	285	<i>lidocaine hcl cream 4%</i>	191
<i>levo-t tab 75mcg</i>	285	<i>lidocaine hcl laryngotracheal soln</i>	
<i>levo-t tab 88mcg</i>	285	<i>4%</i>	257
<i>levo-t tab 100mcg</i>	285	<i>lidocaine hcl local preservative free</i>	
<i>levo-t tab 112mcg</i>	285	<i>(pf) inj 0.5%</i>	215
<i>levo-t tab 125mcg</i>	285	<i>lidocaine hcl viscous soln 2%</i>	257
<i>levo-t tab 137mcg</i>	285	<i>lidocaine-hydrocortisone acetate</i>	
<i>levo-t tab 150mcg</i>	285	<i>perianal cream 3-0.5%</i>	63
<i>levo-t tab 175mcg</i>	285	<i>lidocaine inj 2% w/ epinephrine-</i>	
<i>levo-t tab 200 mcg</i>	285	<i>1:100000</i>	215
<i>levo-t tab 25mcg</i>	285	LIDOCAINE INJ 20MG/ML	68
<i>levo-t tab 300 mcg</i>	285	<i>lidocaine oint 5%</i>	191
<i>levo-t tab 50mcg</i>	285	<i>lidocaine patch 5%</i>	191
<i>levo-t tab 75mcg</i>	285	<i>lidocaine-prilocaine cream 2.5-2.5%</i>	
<i>levo-t tab 88mcg</i>	285		191
<i>levoxyl tab 100mcg</i>	286	<i>lidocaine-prilocaine cream kit 2.5-</i>	
<i>levoxyl tab 112mcg</i>	286	<i>2.5%</i>	191
<i>levoxyl tab 125mcg</i>	286	<i>lidocort cre 3-0.5%</i>	63
<i>levoxyl tab 137mcg</i>	286	LIDODERM DIS 5%	191
<i>levoxyl tab 150mcg</i>	286	LILETTA IUD 52MG	166
<i>levoxyl tab 175mcg</i>	286	<i>linezolid tab 600 mg</i>	66
<i>levoxyl tab 200mcg</i>	286	LINSEED OIL RAW	161

LINZESS CAP 145MCG	203	<i>l-methylfolate tab 7.5 mg</i>	193
LINZESS CAP 290MCG	203	L-METHYL-MC TAB	193
LINZESS CAP 72MCG.....	203	L-METHYL- TAB B6-B12	193
<i>liothyronine sodium tab 25 mcg</i> .	286	LOCOID LIPO CRE 0.1%.....	188
<i>liothyronine sodium tab 50 mcg</i> .	286	LOCOID LOT 0.1%	188
<i>liothyronine sodium tab 5 mcg</i> ...	286	<i>loestrin 21 tab 1.5/30</i>	164
LIPITOR TAB 10MG.....	111	<i>loestrin fe tab 1.5/30</i>	164
LIPITOR TAB 20MG.....	112	<i>loestrin tab 1/20-21</i>	164
LIPITOR TAB 40MG.....	112	<i>lofena tab 25mg</i>	48
LIPITOR TAB 80MG.....	112	LOHIST-DM SYP 5-2-10MG	171
LIPOFEN CAP 150MG	111	<i>lojaimiess tab</i>	164
LIPOFEN CAP 50MG	111	LO LOESTRIN TAB 1-10-10.....	164
<i>lipoflavovit tab</i>	262	LONHALA MAGN SOL 25MCG	69
<i>lisinopril & hydrochlorothiazide tab</i> <i>10-12.5 mg</i>	121	<i>loperamide hcl cap 2 mg</i>	102
<i>lisinopril & hydrochlorothiazide tab</i> <i>20-12.5 mg</i>	121	<i>loperamide hcl liq 1 mg/7.5ml</i> ...	102
<i>lisinopril & hydrochlorothiazide tab</i> <i>20-25 mg</i>	121	<i>loperamide hcl soln 2 mg/15ml</i> ..	102
<i>lisinopril tab 10 mg</i>	114	<i>loperamide hcl tab 2 mg</i>	102
<i>lisinopril tab 2.5 mg</i>	114	LOPID TAB 600MG	111
<i>lisinopril tab 20 mg</i>	115	<i>lopinavir-ritonavir soln 400-100</i> <i>mg/5ml (80-20 mg/ml)</i>	145
<i>lisinopril tab 30 mg</i>	115	<i>lopinavir-ritonavir tab 100-25 mg</i>	145
<i>lisinopril tab 40 mg</i>	115	<i>lopinavir-ritonavir tab 200-50 mg</i>	145
<i>lisinopril tab 5 mg</i>	114	LOPRESSOR TAB 100MG	150
LITETOUCH MIS MASK LG	249	LOPRESSOR TAB 50MG	150
LITETOUCH MIS MASK MD	249	LOPROX CRE 0.77%	182
LITETOUCH MIS MASK SM.....	249	LOPROX KIT 0.77%	182
<i>lithium carbonate cap 150 mg</i>	130	LOPROX SHA 1%	182
<i>lithium carbonate cap 300 mg</i>	130	LOPROX SUS 0.77%	182
<i>lithium carbonate cap 600 mg</i>	130	<i>loratadine chw 5mg</i>	108
<i>lithium carbonate tab 300 mg</i>	130	<i>loratadine-d tab 10-240mg</i>	171
<i>lithium carbonate tab er 300 mg</i>	130	<i>loratadine d tab 5-120mg</i>	171
<i>lithium carbonate tab er 450 mg</i>	130	<i>loratadine-d tab 5-120mg</i>	171
LIVALO TAB 1MG	112	<i>loratadine sol 10/10ml</i>	108
LIVALO TAB 2MG	112	<i>loratadine sol 5mg/5ml</i>	108
LIVALO TAB 4MG	112	<i>loratadine syp 5mg/5ml</i>	108
LIVER FLAVOR LIQ	275	<i>loratadine tab 10mg</i>	108
LIVER LIQ CONCNR	275	<i>loratadine tab 10 mg</i>	108
LMA MAD MIS NASAL.....	229	<i>lorata-dine tab d 24hr</i>	171
L-METHYLFOLA CAP FORTE.....	193	<i>lorazepam tab 0.5 mg</i>	68
L-METHYLFOLA CAP FORTE 15 ...	193	<i>lorazepam tab 1 mg</i>	68
L-METHYLFOLA TAB 7.5MG.....	193	<i>lorazepam tab 2 mg</i>	68

LORTAB ELX 10-300MG	59	LOVENOX INJ 30/0.3ML	74
<i>loryna tab 3-0.02mg</i>	164	LOVENOX INJ 300/3ML	74
<i>lorzone tab 375mg</i>	263	LOVENOX INJ 40/0.4ML	74
<i>lorzone tab 750mg</i>	263	LOVENOX INJ 60/0.6ML	74
<i>losartan potassium &</i>		LOVENOX INJ 80/0.8ML	74
<i>hydrochlorothiazide tab 100-12.5</i>		<i>low-ogestrel tab</i>	164
<i>mg</i>	121	<i>loxapine succinate cap 10 mg</i>	136
<i>losartan potassium &</i>		<i>loxapine succinate cap 25 mg</i>	136
<i>hydrochlorothiazide tab 100-25</i>		<i>loxapine succinate cap 50 mg</i>	136
<i>mg</i>	121	<i>loxapine succinate cap 5 mg</i>	135
<i>losartan potassium &</i>		<i>lo-zumandimi tab 3-0.02mg</i>	164
<i>hydrochlorothiazide tab 50-12.5</i>		L-TRYPTOPHAN TAB 500MG.....	266
<i>mg</i>	121	<i>lubiprostone cap 24 mcg</i>	201
<i>losartan potassium tab 100 mg</i> ..	117	<i>lubiprostone cap 8 mcg</i>	201
<i>losartan potassium tab 25 mg</i>	117	<i>lubricant dro eye 0.6%</i>	266
<i>losartan potassium tab 50 mg</i>	117	<i>lubricating dro 0.5%</i>	266
LOTEMAX GEL 0.5%	270	<i>lubricating lot skin</i>	189
LOTEMAX OIN 0.5%	270	<i>lubricating sol tears</i>	266
LOTEMAX SM GEL 0.38%	270	<i>lubricnt eye dro 0.4-0.3%</i>	266
LOTEMAX SUS 0.5%	270	<i>lubricnt eye dro 0.5% op</i>	266
LOTENSIN HCT TAB 10-12.5.....	121	LUER-LOK SYR MIS 1ML/20G.....	244
LOTENSIN HCT TAB 20-12.5.....	121	<i>luliconazole cream 1%</i>	182
LOTENSIN HCT TAB 20-25MG	121	LULLABY ELEC MIS BRST PUM....	229
LOTENSIN TAB 10MG.....	115	LUMBAR MIS CUSHION	229
LOTENSIN TAB 20MG.....	115	LUMIGAN SOL 0.01%	273
LOTENSIN TAB 40MG.....	115	LUNESTA TAB 1MG.....	211
<i>loteprednol etabonate ophth gel</i>		LUNESTA TAB 2MG.....	211
<i>0.5%</i>	270	LUNESTA TAB 3MG.....	211
<i>loteprednol etabonate ophth susp</i>		LUXIQ AER 0.12%.....	188
<i>0.5%</i>	270	LUZU CRE 1%	182
LOTREL CAP 10-20MG	122	LYBALVI TAB 10-10MG	279
LOTREL CAP 10-40MG	122	LYBALVI TAB 15-10MG	279
LOTREL CAP 5-10MG	121	LYBALVI TAB 20-10MG	279
LOTREL CAP 5-20MG	122	LYBALVI TAB 5-10MG	279
LOTRONEX TAB 0.5MG.....	203	<i>lyllana dis 0.025mg</i>	199
LOTRONEX TAB 1MG	203	<i>lyllana dis 0.0375mg</i>	199
<i>lovastatin tab 10 mg</i>	112	<i>lyllana dis 0.05mg</i>	199
<i>lovastatin tab 20 mg</i>	112	<i>lyllana dis 0.075mg</i>	199
<i>lovastatin tab 40 mg</i>	112	<i>lyllana dis 0.1mg</i>	199
LOVAZA CAP 1GM	109	LYRICA CAP 100MG.....	78
LOVENOX INJ 100MG/ML	74	LYRICA CAP 150MG.....	78
LOVENOX INJ 120/0.8	74	LYRICA CAP 200MG.....	78
LOVENOX INJ 150MG/ML	74	LYRICA CAP 225MG.....	78

LYRICA CAP 25MG	78	MANGO FLAVOR LIQ.....	275
LYRICA CAP 300MG.....	78	<i>mapap apap liq 500/15ml</i>	51
LYRICA CAP 50MG	78	<i>mapap cap 500mg</i>	51
LYRICA CAP 75MG	78	<i>mapap child chw 80mg</i>	51
LYRICA CR TAB 165MG	282	<i>mapap cold tab 10-5-325</i>	171
LYRICA CR TAB 330MG	282	MAR-COF CG LIQ 225-7.5	171
LYRICA CR TAB 82.5MG	282	MARINOL CAP 10MG.....	104
LYRICA SOL 20MG/ML	78	MARINOL CAP 2.5MG.....	104
<i>lysine hcl tab 500 mg</i>	266	MARINOL CAP 5MG.....	104
LYUMJEV INJ 100UT/ML.....	98	MARPLAN TAB 10MG	83
LYUMJEV KWPN INJ 100UT/ML.....	98	MARSHMALLOW LIQ FLAVOR	275
LYUMJEV KWPN INJ 200UT/ML.....	98	MASK VORTEX/ MIS FROG.....	249
M		MASK VORTEX/ MIS LADY BUG ..	249
<i>maalox child chw</i>	64	MASSAGE CUSH MIS COMFORT..	229
MAD NASAL MIS	229	MASSAGER MIS 2 SPEED	229
MAD NASAL MIS ATOMIZAT.....	229	MASSAGER MIS 5-IN-1	229
MAG-AL LIQ	64	MASSAGER MIS COMFORT	229
<i>mag citrate sol cherry</i>	213	MASSAGER MIS RECHARGE	229
<i>mag citrate sol grape</i>	213	MASSAGER MIS SWEDISH.....	229
MAG CITRATE TAB 100MG	254	MATTRESS COV MIS DELUXE.....	229
MAG-G TAB 500MG	254	MATTRESS COV MIS ECONOMY ..	229
<i>magnesium citrate soln</i>	213	MATTRESS CVR MIS CONTOUR ..	229
<i>magnesium gluconate tab 27.5 mg</i>		MATTRESS CVR MIS ZIPPERED ..	229
<i>(elemental mg)</i>	254	MATTRESS PAD MIS EGGCR/2 ...	229
<i>magnesium oxide tab 400 mg</i>	64	MATTRESS PAD MIS EGGCR/3 ...	229
<i>magnesium oxide tab 400 mg (240</i>		MATTRESS PAD MIS EGGCR/4 ...	229
<i>mg elemental mg)</i>	254	<i>matzim la tab 180mg/24</i>	154
<i>magnesium oxide tab 400 mg</i>		<i>matzim la tab 240mg/24</i>	154
<i>(241.3 mg elemental mg)</i>	254	<i>matzim la tab 300mg/24</i>	154
<i>magnesium oxide tab 500 mg (mg</i>		<i>matzim la tab 360mg/24</i>	154
<i>supplement)</i>	254	<i>matzim la tab 420mg/24</i>	154
<i>magnesium-ox tab 400mg</i>	255	MAVENCLAD PAK 10MG(10)	281
<i>magnesium tab 100 mg</i>	254	MAVENCLAD PAK 10MG(4)	281
<i>magnesium tab 250mg</i>	255	MAVENCLAD PAK 10MG(5)	281
MAGNETIX MIS ANKLE	229	MAVENCLAD PAK 10MG(6)	281
MAGNETIX MIS BACK	229	MAVENCLAD PAK 10MG(7)	281
MAGNETIX MIS ELBOW	229	MAVENCLAD PAK 10MG(8)	281
MAGNETIX MIS OPN KNEE	229	MAVENCLAD PAK 10MG(9)	281
MAGNETIX MIS SELF-ADH	229	MAVYRET PAK 50-20MG	147
MAGNETIX MIS WRIST.....	229	MAVYRET TAB 100-40MG	148
MAGNIFIER MIS	229	MAXALT-MLT TAB 10MG.....	252
MAGONATE LIQ 1000/5ML.....	255	MAXALT TAB 10MG.....	252
MAKENA INJ 275MG	277	MAXICOMFORT MIS 27GX1/2.....	244

MAXIDEX SUS 0.1% OP	270	<i>medroxyprogesterone acetate tab</i>	
MAXITROL OIN 0.1% OP	270	10 mg	277
MAXITROL SUS 0.1% OP	270	<i>medroxyprogesterone acetate tab</i>	
<i>maxi-tuss ac sol</i>	171	2.5 mg	277
MAXI-TUSS LIQ CD	171	<i>medroxyprogesterone acetate tab 5</i>	
<i>maxi-tuss liq gmx</i>	172	mg	277
MAYZENT PAK STARTER	282	<i>mefenamic acid cap 250 mg</i>	48
MAYZENT TAB 0.25MG	282	<i>mefloquine hcl tab 250 mg</i>	124
MAYZENT TAB 2MG	282	MEGA MULTIVI TAB MEN	259
MAZERUSTAR MIS MIXER	229	MEGA MULTIVI TAB WOMEN	259
M-CLEAR WC LIQ 100-6.3	171	<i>megestrol acetate susp 40 mg/ml</i>	
<i>meclizine hcl chew tab 25 mg</i>	103	.....	126
<i>meclizine hcl tab 12.5 mg</i>	103	<i>megestrol acetate susp 625 mg/5ml</i>	
<i>meclizine hcl tab 25 mg</i>	103	.....	277
<i>meclofenamate sodium cap 100 mg</i>		<i>megestrol acetate tab 20 mg</i>	127
.....	48	<i>megestrol acetate tab 40 mg</i>	127
<i>meclofenamate sodium cap 50 mg</i>		<i>melatonin-pyridoxine tab 5-10 mg</i>	
.....	48	.....	44
MEDELA BREAS MIS PUMP	229	<i>melatonin tab 3 mg</i>	44
MEDELA MIS LACTINA	230	<i>melatonin tab 5mg</i>	44
MEDELA PUMP MIS IN STYLE	230	<i>meloxicam cap 10 mg</i>	48
<i>medi-bismuth chw 262mg</i>	101	<i>meloxicam cap 5 mg</i>	48
MEDICAL DEVICES AND SUPPLIES -		<i>meloxicam tab 15 mg</i>	48
RUBBER GOODS	230	<i>meloxicam tab 7.5 mg</i>	48
MEDICINE CUP MIS	230	<i>melphalan tab 2 mg</i>	125
MEDICINE MIS DROPPER	230	<i>memantine hcl cap er 24hr 14 mg</i>	
MEDICINE MIS SPOON	230	.....	278
MEDI-COOLER MIS	230	<i>memantine hcl cap er 24hr 21 mg</i>	
<i>medifin 400 tab 400mg</i>	174	.....	278
MEDI-FRIDGE MIS IIX	230	<i>memantine hcl cap er 24hr 28 mg</i>	
<i>medi-mucil cap 0.52gm</i>	212	.....	278
<i>medi-paste oin</i>	189	<i>memantine hcl cap er 24hr 7 mg</i>	278
MED PREP MIS CANNULA	244	<i>memantine hcl oral solution 2</i>	
<i>medpura oin hydrosep</i>	191	mg/ml	278
MEDROL TAB 16MG	168	<i>memantine hcl tab 10 mg</i>	279
MEDROL TAB 2MG	168	<i>memantine hcl tab 28 x 5 mg & 21</i>	
MEDROL TAB 32MG	168	x 10 mg titration pack	279
MEDROL TAB 4MG	168	<i>memantine hcl tab 5 mg</i>	278
MEDROL TAB 8MG	168	M-END PE LIQ	171
<i>medroxyprogesterone acetate im</i>		MENTAX CRE 1%	182
<i>susp 150 mg/ml</i>	166	<i>meperidine hcl oral soln 50 mg/5ml</i>	
<i>medroxyprogesterone acetate im</i>		.....	54
<i>susp prefilled syr 150 mg/ml</i> ...	166	<i>meperidine hcl tab 50 mg</i>	54

<i>mercaptapurine tab 50 mg</i>	125	<i>methadone hcl tab for oral susp 40</i>	
<i>merzee cap 1/20</i>	164	<i>mg</i>	54
<i>mesalamine cap dr 400 mg</i>	202	METHADOSE CON 10MG/ML	54
<i>mesalamine cap er 24hr 0.375 gm</i>		METHADOSE SF CON 10MG/ML....	55
.....	202	<i>methadose tab 40mg</i>	55
<i>mesalamine enema 4 gm</i>	202	<i>methamphetamine hcl tab 5 mg</i> ..	33
<i>mesalamine rectal enema 4 gm &</i>		METHANOL SOL	161
<i>cleanser wipe kit</i>	202	METHANOL SOL 99%.....	161
<i>mesalamine suppos 1000 mg</i>	202	<i>methenamine hippurate tab 1 gm</i>	66
<i>mesalamine tab delayed release 1.2</i>		<i>methergine tab 0.2mg</i>	273
<i>gm</i>	202	<i>methimazole tab 10 mg</i>	285
<i>mesalamine tab delayed release 800</i>		<i>methimazole tab 5 mg</i>	285
<i>mg</i>	202	<i>methocarbamol inj 1000 mg/10ml</i>	
METAFOLBIC TAB.....	193	.....	263
METAFOLBIC TAB PLUS RF	193	<i>methocarbamol tab 500 mg</i>	263
METAL REACHR MIS 27	230	<i>methocarbamol tab 750 mg</i>	263
METAL REACHR MIS 32.....	230	<i>methotrexate sodium for inj 1 gm</i>	
<i>metamucil pow 28.3%org</i>	212	.....	125
<i>metamucil pow 58.6%</i>	212	<i>methotrexate sodium inj 250</i>	
<i>metamucil pow 58.6%org</i>	212	<i>mg/10ml (25 mg/ml)</i>	125
<i>metamucil pow 58.6% sf</i>	212	<i>methotrexate sodium inj 50 mg/2ml</i>	
<i>metaxalone tab 400 mg</i>	263	<i>(25 mg/ml)</i>	125
<i>metaxalone tab 800 mg</i>	263	<i>methotrexate sodium inj pf 1000</i>	
<i>metformin hcl oral soln 500 mg/5ml</i>		<i>mg/40ml (25 mg/ml)</i>	125
.....	94	<i>methotrexate sodium inj pf 250</i>	
<i>metformin hcl tab 1000 mg</i>	94	<i>mg/10ml (25 mg/ml)</i>	125
<i>metformin hcl tab 500 mg</i>	94	<i>methotrexate sodium inj pf 50</i>	
<i>metformin hcl tab 850 mg</i>	94	<i>mg/2ml (25 mg/ml)</i>	125
<i>metformin hcl tab er 24hr 500 mg</i>	94	<i>methotrexate sodium tab 2.5 mg</i>	
<i>metformin hcl tab er 24hr 750 mg</i>	95	<i>(base equiv)</i>	126
<i>metformin hcl tab er 24hr modified</i>		METHYL ALCOH SOL	161
<i>release 1000 mg</i>	95	METHYLCELLUL POW	276
<i>metformin hcl tab er 24hr modified</i>		METHYLCELLUL POW 1500CPS...	276
<i>release 500 mg</i>	95	METHYLCELLUL POW 4000CPS...	276
<i>metformin hcl tab er 24hr osmotic</i>		METHYLCELLUL POW 400CPS.....	276
<i>1000 mg</i>	95	METHYLDOPA TAB 250MG	118
<i>metformin hcl tab er 24hr osmotic</i>		METHYLDOPA TAB 500MG	118
<i>500 mg</i>	95	<i>methylergonovine maleate tab 0.2</i>	
<i>methadone hcl conc 10 mg/ml</i>	54	<i>mg</i>	273
<i>methadone hcl soln 10 mg/5ml</i>	54	METHYLFOL/CA TAB ME-CBL.....	193
<i>methadone hcl soln 5 mg/5ml</i>	54	METHYLFOL/ME CAP CBL/P5P	193
<i>methadone hcl tab 10 mg</i>	54	METHYLIN SOL 10MG/5ML	40
<i>methadone hcl tab 5 mg</i>	54	METHYLIN SOL 5MG/5ML	40

<i>methylphenidate hcl cap er 10 mg (cd)</i>	40	<i>methylphenidate hcl soln 10 mg/5ml</i>	41
<i>methylphenidate hcl cap er 20 mg (cd)</i>	40	<i>methylphenidate hcl soln 5 mg/5ml</i>	41
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	40	<i>methylphenidate hcl tab 10 mg</i>	41
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	40	<i>methylphenidate hcl tab 20 mg</i>	41
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	40	<i>methylphenidate hcl tab 5 mg</i>	41
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	40	<i>methylphenidate hcl tab er 10 mg</i>	41
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	40	<i>methylphenidate hcl tab er 20 mg</i>	42
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	40	<i>methylphenidate hcl tab er 24hr 18 mg</i>	42
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	40	<i>methylphenidate hcl tab er 24hr 27 mg</i>	42
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	40	<i>methylphenidate hcl tab er 24hr 36 mg</i>	42
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	41	<i>methylphenidate hcl tab er 24hr 54 mg</i>	42
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	41	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	42
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	41	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	42
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	41	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	42
<i>methylphenidate hcl cap er 30 mg (cd)</i>	41	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	42
<i>methylphenidate hcl cap er 40 mg (cd)</i>	41	METHYLPHENID TAB 72MG ER	40
<i>methylphenidate hcl cap er 50 mg (cd)</i>	41	<i>methylprednisolone tab 16 mg</i> ...168	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	41	<i>methylprednisolone tab 32 mg</i> ...168	
<i>methylphenidate hcl chew tab 10 mg</i>	41	<i>methylprednisolone tab 4 mg</i>.....168	
<i>methylphenidate hcl chew tab 2.5 mg</i>	41	<i>methylprednisolone tab 8 mg</i>.....168	
<i>methylphenidate hcl chew tab 5 mg</i>	41	<i>methylprednisolone tab therapy pack 4 mg (21)</i>	168
		<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	201
		<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	201
		<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	201
		<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	201
		<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	201

METOCLOPRAMI TAB 10MG ODT 201	<i>miconazole 7 cre</i>.....292
<i>metolazone tab 10 mg</i> .....195	<i>miconazole 7 cre 2%</i> .....292
<i>metolazone tab 2.5 mg</i> .....195	<i>miconazole 7 cre tube/kit</i>.....292
<i>metolazone tab 5 mg</i>.....195	<i>miconazole 7 sup 100mg</i>.....292
<i>metoprolol & hydrochlorothiazide</i>	<i>miconazole nitrate cream 2%</i> ....182
<i>tab 100-25 mg</i> .....122	<i>miconazole nitrate vaginal cream</i>
<i>metoprolol & hydrochlorothiazide</i>	2%.....292
<i>tab 100-50 mg</i> .....122	<i>miconazole nitrate vaginal supp</i>
<i>metoprolol & hydrochlorothiazide</i>	1200 mg & 2% cream kit.....292
<i>tab 50-25 mg</i>.....122	<i>miconazole-zinc oxide-white</i>
<i>metoprolol succinate tab er 24hr</i>	<i>petrolatum oint 0.25-15-81.35%</i>
100 mg (tartrate equiv).....150	.....182
<i>metoprolol succinate tab er 24hr</i>	<i>miconazorb pow af 2%</i> .....182
200 mg (tartrate equiv).....150	<i>micotrin ac cre 1%</i> .....182
<i>metoprolol succinate tab er 24hr 25</i>	<i>micotrin al liq 1%</i>.....182
mg (tartrate equiv).....150	<i>micotrin ap pow 2%</i> .....182
<i>metoprolol succinate tab er 24hr 50</i>	<i>micrgstin 24 tab fe 1/20</i> .....164
mg (tartrate equiv).....150	MICROCLENS MIS BRACKET .....230
<i>metoprolol tartrate tab 100 mg</i> ..150	<i>microgestin tab 1/20</i> .....164
<i>metoprolol tartrate tab 25 mg</i>....150	<i>microgestin tab 1.5/30</i> .....164
<i>metoprolol tartrate tab 37.5 mg</i> ..150	<i>midodrine hcl tab 10 mg</i> .....294
<i>metoprolol tartrate tab 50 mg</i>....150	<i>midodrine hcl tab 2.5 mg</i> .....293
<i>metoprolol tartrate tab 75 mg</i>....150	<i>midodrine hcl tab 5 mg</i> .....293
METROCREAM CRE 0.75% .....192	<i>miglitol tab 100 mg</i>.....89
METROGEL GEL 1% .....192	<i>miglitol tab 25 mg</i> .....89
<i>metronidazole cap 375 mg</i> .....65	<i>miglitol tab 50 mg</i> .....89
<i>metronidazole cream 0.75%</i>.....192	<i>milk of magn sus 2400/10</i>.....213
<i>metronidazole gel 0.75%</i> .....192	<i>milk of magn sus 2400mg</i> .....213
<i>metronidazole gel 1%</i>.....192	<i>milk of magn sus 400/5ml</i>.....213
<i>metronidazole lotion 0.75%</i>.....192	MILLIPRED TAB 5MG .....168
<i>metronidazole tab 250 mg</i> .....65	<i>mimvey tab 1-0.5mg</i> .....198
<i>metronidazole tab 500 mg</i> .....65	<i>mineral ice gel 2%</i> .....180
<i>metronidazole vaginal gel 0.75%</i> 292	<i>mineral oil</i>.....213
<i>metyrosine cap 250 mg</i> .....116	<i>mineral oil ene</i>.....213
MICARDIS HCT TAB 40/12.5.....122	<i>minerin lot</i> .....190
MICARDIS HCT TAB 80/12.5.....122	MINI DIFFUSE MIS COOL MIS ....230
MICARDIS HCT TAB 80-25MG ....122	MINI Mallet MIS 3/4.....230
MICARDIS TAB 20MG .....117	MINI TRANS MIS PIN .....230
MICARDIS TAB 40MG .....117	<i>minocycline hcl cap 100 mg</i>.....285
MICARDIS TAB 80MG .....117	<i>minocycline hcl cap 50 mg</i> .....285
<i>miconazole 1 kit 1200-2%</i>.....292	<i>minocycline hcl cap 75 mg</i> .....285
<i>miconazole 3 kit combinat</i> .....292	<i>minoxidil tab 10 mg</i> .....124
<i>miconazole 3 kit combo pk</i> .....292	<i>minoxidil tab 2.5 mg</i> .....124

<i>mintox plus chw</i>	64	<i>modafinil tab 200 mg</i>	42
MIRAPEX ER TAB 0.375MG	128	MODERNA VAC INJ COVID-19	292
MIRAPEX ER TAB 0.75MG	128	<i>moexipril hcl tab 15 mg</i>	115
MIRAPEX ER TAB 1.5MG.....	128	<i>moexipril hcl tab 7.5 mg</i>	115
MIRAPEX ER TAB 2.25MG.....	128	MOIST-SURE MIS COVER/LG	230
MIRAPEX ER TAB 3.75MG.....	128	MOIST-SURE MIS COVER/MD.....	230
MIRAPEX ER TAB 3MG	128	MOIST-SURE MIS CVR/PET.....	230
MIRAPEX ER TAB 4.5MG.....	129	MOISTUREPLS MIS COVER/LG ...	230
MIRCERA INJ 100MCG	208	MOISTUREPLS MIS COVR/MED...230	
MIRCERA INJ 150MCG	208	MOISTUREPLS MIS CVR/PET	230
MIRCERA INJ 200MCG	208	<i>moisturizing lot ex dry</i>	190
MIRCERA INJ 30MCG	208	<i>molindone hcl tab 10 mg</i>	139
MIRCERA INJ 50MCG	208	<i>molindone hcl tab 25 mg</i>	139
MIRCERA INJ 75MCG	208	<i>molindone hcl tab 5 mg</i>	139
MIRENA IUD SYSTEM.....	166	<i>mometasone furoate cream 0.1%</i>	188
<i>mirtazapine orally disintegrating tab</i> <i>15 mg</i>	82	<i>mometasone furoate nasal susp 50</i> <i>mcg/act</i>	265
<i>mirtazapine orally disintegrating tab</i> <i>30 mg</i>	82	<i>mometasone furoate oint 0.1%</i> ..	188
<i>mirtazapine orally disintegrating tab</i> <i>45 mg</i>	82	<i>mometasone furoate solution 0.1%</i> <i>(lotion)</i>	188
<i>mirtazapine tab 15 mg</i>	82	MONOJECT ENT MIS 12ML SYR ..	217
<i>mirtazapine tab 30 mg</i>	82	MONOJECT ENT MIS 1ML SYR	217
<i>mirtazapine tab 45 mg</i>	82	MONOJECT ENT MIS 35ML SYR ..	217
<i>mirtazapine tab 7.5 mg</i>	82	MONOJECT ENT MIS 60ML SYR ..	218
MIRVASO GEL 0.33%	192	MONOJECT ENT MIS 6ML SYR	217
<i>misc natural products cap</i>	257	MONOJECT ENT MIS SYR CAP	218
<i>misoprostol tab 100 mcg</i>	289	MONOJECT LS MIS CANN/BLN....	244
<i>misoprostol tab 200 mcg</i>	289	MONOJECT LUE MIS ADAPTER ...	230
MITIGARE CAP 0.6MG.....	205	MONOJECT MIS HOLDER.....	230
<i>mitomycin for iv soln 20 mg</i>	127	MONOJECT SET MIS 19GX3/4	230
<i>mitomycin for iv soln 40 mg</i>	127	MONOJECT SET MIS 21GX3/4	230
<i>mitomycin for iv soln 5 mg</i>	127	MONOJECT SET MIS 23GX3/4	230
MIXER MAZERU MIS 250-300	230	MONOJECT SET MIS 25GX3/4	230
MIXER MAZERU MIS ADAPTER ...	230	<i>mono-lynyah tab 0.25-35</i>	164
MIXER MAZERU MIS KK-300SS ..	230	<i>montelukast sodium chew tab 4 mg</i> <i>(base equiv)</i>	69
MIXER MAZERU MIS KK-400W ...	230	<i>montelukast sodium chew tab 5 mg</i> <i>(base equiv)</i>	69
MIXER MAZERU MIS PUMP	230	<i>montelukast sodium oral granules</i> <i>packet 4 mg (base equiv)</i>	69
MN8 MIS.....	230	<i>montelukast sodium tab 10 mg</i> <i>(base equiv)</i>	69
M-NATAL PLUS TAB	261		
MOBIC TAB 15MG	48		
MOBIC TAB 7.5MG	48		
<i>modafinil tab 100 mg</i>	42		

MORE-DOPHILU POW ACIDOPHI 101	<i>morphine sulfate tab er 60 mg</i>.....55
<i>morphine sulfate beads cap er 24hr</i>	MOTEGRITY TAB 1MG .....200
120 mg .....55	MOTEGRITY TAB 2MG .....200
<i>morphine sulfate beads cap er 24hr</i>	<i>motion relf tab 25mg</i>.....103
30 mg .....55	<i>motion sickn tab 25 mg</i> .....103
<i>morphine sulfate beads cap er 24hr</i>	<i>motion sick tab 25mg</i> .....103
45 mg .....55	<i>motion sick tab 50mg</i> .....103
<i>morphine sulfate beads cap er 24hr</i>	<i>motion-time chw 25mg</i> .....104
60 mg .....55	MOVANTIK TAB 12.5MG .....203
<i>morphine sulfate beads cap er 24hr</i>	MOVANTIK TAB 25MG.....203
75 mg .....55	MOXEZA SOL 0.5% .....269
<i>morphine sulfate beads cap er 24hr</i>	<i>moxifloxacin hcl 400 mg/250ml in</i>
90 mg .....55	<i>sodium chloride 0.8% inj</i> .....200
<i>morphine sulfate cap er 24hr 100</i>	<i>moxifloxacin hcl ophth soln 0.5%</i>
<i>mg</i> .....55	<i>(base eq) (2 times daily)</i> .....269
<i>morphine sulfate cap er 24hr 10 mg</i>	<i>moxifloxacin hcl ophth soln 0.5%</i>
.....55	<i>(base equiv)</i> .....269
<i>morphine sulfate cap er 24hr 20 mg</i>	<i>moxifloxacin hcl tab 400 mg (base</i>
.....55	<i>equiv)</i>.....200
<i>morphine sulfate cap er 24hr 30 mg</i>	<i>m-pap liq 160/5ml</i> .....51
.....55	MS CONTIN TAB 100MG ER .....56
<i>morphine sulfate cap er 24hr 50 mg</i>	MS CONTIN TAB 15MG ER.....56
.....55	MS CONTIN TAB 200MG ER .....56
<i>morphine sulfate cap er 24hr 60 mg</i>	MS CONTIN TAB 30MG ER.....56
.....55	MS CONTIN TAB 60MG ER.....56
<i>morphine sulfate cap er 24hr 80 mg</i>	MUCINEX/KIDS GRA 100MG .....174
.....55	MUCINEX CGH GRA 5-100MG ....172
<i>morphine sulfate oral soln 100</i>	<i>mucinex dm liq 20-400</i> .....172
<i>mg/5ml (20 mg/ml)</i>.....55	<i>mucinex free liq cong/cgh</i> .....172
<i>morphine sulfate oral soln 10</i>	MUCOSAL ATOM MIS DEVICE.....230
<i>mg/5ml</i>.....55	<i>mucus-dm max tab 60-1200</i> ....172
<i>morphine sulfate oral soln 20</i>	<i>mucus dm tab 30-600mg</i> .....172
<i>mg/5ml</i>.....55	<i>mucus-dm tab 30-600mg</i>.....172
<i>morphine sulfate suppos 10 mg</i> ...55	<i>mucus dm tab 60-1200</i>.....172
<i>morphine sulfate suppos 20 mg</i> ...55	<i>mucus d tab 60-600mg</i>.....172
<i>morphine sulfate suppos 30 mg</i> ...55	<i>mucus-d tab 60-600mg</i> .....172
<i>morphine sulfate suppos 5 mg</i> .....55	<i>mucus er max tab 1200mg</i>.....174
<i>morphine sulfate tab 15 mg</i> .....55	<i>mucus relief liq child</i>.....172
<i>morphine sulfate tab 30 mg</i> .....55	<i>mucus relief liq children</i> .....172
<i>morphine sulfate tab er 100 mg</i> ...55	<i>mucus relief liq max st</i>.....172
<i>morphine sulfate tab er 15 mg</i>.....55	<i>mucus relief liq multi sy</i> .....172
<i>morphine sulfate tab er 200 mg</i> ...55	<i>mucus relief tab 1200 er</i> .....174
<i>morphine sulfate tab er 30 mg</i>.....55	<i>mucus relief tab 1200mg</i> .....174

<i>mucus relief tab 200mg</i>	174
<i>mucus relief tab 30-600er</i>	172
<i>mucus relief tab 400mg</i>	174
<i>mucus relief tab 600mg er</i>	174
<i>mucus relief tab 60-1200</i>	172
MULTI-DRAW MIS 20GX1	244
MULTI-DRAW MIS 21GX1	244
MULTI-DRAW MIS 22GX1	244
<i>multiple vitamins w/ iron tab</i>	259
<i>multiple vitamins w/ minerals</i>	259
MULTIPLE VITAMINS W/ MINERALS	259
<i>multiple vitamins w/ minerals cap</i>	260
MULTIPLE VITAMINS W/ MINERALS CAP	260
MULTIPLE VITAMINS W/ MINERALS CHEW TAB.....	260
<i>multiple vitamin tab</i>	260
<i>multivit/fl chw 0.25mg</i>	261
<i>multi vit/fl chw 0.25mg</i>	260
<i>multivit/fl chw 0.5mg</i>	260
<i>multivit/fl chw 1mg</i>	261
<i>multivit/fl dro 0.25mg</i>	261
<i>multivitamin chw children</i>	261
MULTI-VITAMI TAB MONOCAPS..	259
MULTI-VITE LIQ	259
MULTI-VIT-FL CHW 0.25MG.....	260
MULTI-VIT-FL CHW 0.5MG	260
MULTI-VIT-FL CHW 1MG	260
<i>mupirocin oint 2%</i>	180
MURO 128 SOL 2% OP.....	272
<i>muscle rub cre</i>	190
MUSTCH/BEARD MIS SCISSORS.	230
<i>mutamycin inj 20mg</i>	127
<i>mutamycin inj 40mg</i>	127
<i>mutamycin inj 5mg</i>	127
MVASI INJ 100MG.....	126
MVASI INJ 400MG.....	126
MX-SOL SF SYP	276
MX-SOL SYP	276
<i>mycophenolate mofetil cap 250 mg</i>	256
<i>mycophenolate mofetil for oral susp</i> <i>200 mg/ml</i>	256
<i>mycophenolate mofetil tab 500 mg</i>	256
<i>mycophenolate sodium tab dr 180</i> <i>mg (mycophenolic acid equiv)</i> .	256
<i>mycophenolate sodium tab dr 360</i> <i>mg (mycophenolic acid equiv)</i> .	256
<i>mycozyl ac cre 1%</i>	182
<i>mycozyl ap pow 2%</i>	182
MYDAYIS CAP 12.5MG	34
MYDAYIS CAP 25MG.....	34
MYDAYIS CAP 37.5MG	34
MYDAYIS CAP 50MG.....	34
MYLERAN TAB 2MG	125
<i>myorisan cap 10mg</i>	177
<i>myorisan cap 20mg</i>	178
<i>myorisan cap 30mg</i>	178
<i>myorisan cap 40mg</i>	178
<i>myozyl al sol 1%</i>	182
MYRBETRIQ SUS 8MG/ML.....	291
MYRBETRIQ TAB 25MG	291
MYRBETRIQ TAB 50MG	291
MYSOLINE TAB 250MG	78
MYSOLINE TAB 50MG	78
N	
<i>nabumetone tab 500 mg</i>	48
<i>nabumetone tab 750 mg</i>	48
<i>nadolol tab 20 mg</i>	151
<i>nadolol tab 40 mg</i>	151
<i>nadolol tab 80 mg</i>	151
<i>naftifine hcl cream 1%</i>	182
<i>naftifine hcl cream 2%</i>	182
<i>naftifine hcl gel 1%</i>	182
NAFTIN GEL 1%.....	182
NAFTIN GEL 2%.....	182
NAIL CLIPPER MIS.....	230
NAIL POLISH MIS BOTTLE	230
NALFON CAP 400MG.....	48
NALFON TAB 600MG.....	48
<i>naloxone hcl inj 0.4 mg/ml</i>	102
<i>naloxone hcl inj 4 mg/10ml</i>	103

<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	103	<i>naratriptan hcl tab 1 mg (base equiv)</i>	252
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	103	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	252
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	103	NARCAN SPR	103
<i>naltrexone hcl tab 50 mg</i>	103	NARDIL TAB 15MG	83
NAMENDA TAB 5-10MG.....	279	NASADOCK MIS	230
NAMENDA XR CAP 14MG	279	<i>nasal allrgy spr 55mcg/ac</i>	265
NAMENDA XR CAP 21MG	279	<i>nasal decong spr 0.05%</i>	265
NAMENDA XR CAP 28MG	279	<i>nasal decong tab 10mg</i>	265
NAMENDA XR CAP 7MG.....	279	NASAL SPRAY MIS PMP 15ML.....	230
NAMZARIC CAP.....	279	NASAL SPRAY MIS PUMP	230
NAMZARIC CAP 14-10MG	279	NATAZIA TAB	164
NAMZARIC CAP 21-10MG	279	<i>nateglinide tab 120 mg</i>	99
NAMZARIC CAP 28-10MG	279	<i>nateglinide tab 60 mg</i>	99
NAMZARIC CAP 7-10MG.....	279	NATESTO GEL 5.5MG	62
NAPRELAN TAB 375MG CR	49	<i>nat fiber pow 48.57%</i>	212
NAPRELAN TAB 500MG CR	49	NATRL WOOD MIS WALK STK	231
NAPRELAN TAB 750MG CR	49	NATURAL LIQ CARAMEL	275
NAPROSYN SUS 125/5ML.....	49	NATURAL WOOD MIS CANE	231
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	49	NATURESPIRIT MIS PULSE	231
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	49	<i>naturl fiber pow 28.3%</i>	212
<i>naproxen sodium cap 220 mg</i>	49	NATURL FIBER POW 30.9%	212
<i>naproxen sodium tab 275 mg</i>	49	<i>naturl fiber pow 58.6%</i>	212
<i>naproxen sodium tab 550 mg</i>	49	NAYZILAM SPR 5MG.....	75
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	49	<i>nebivolol hcl tab 10 mg (base equivalent)</i>	150
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	49	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	150
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	49	<i>nebivolol hcl tab 20 mg (base equivalent)</i>	150
<i>naproxen sod tab 220mg</i>	49	<i>nebivolol hcl tab 5 mg (base equivalent)</i>	150
<i>naproxen susp 125 mg/5ml</i>	49	NEBULIZER MIS MASK CHD	249
<i>naproxen tab 220mg</i>	49	NEBULIZER MIS MASK INF	249
<i>naproxen tab 250 mg</i>	49	NECKBAND MIS STRAPS	231
<i>naproxen tab 375 mg</i>	49	NECK REST MIS INFLATAB	231
<i>naproxen tab 500 mg</i>	49	<i>necon tab 0.5/35</i>	164
<i>naproxen tab ec 375 mg</i>	49	NEEDL COLLEC MIS DISPOSAL...231	
<i>naproxen tab ec 500 mg</i>	49	NEEDLE COLLE MIS DISPOSAL...231	
		NEEDLELESS MIS CONNECTO ....244	
		NEEDLELESS MIS PORT CON ....244	
		NEEDLES MIS 18GX1	244

NEEDLES MIS 18GX1.5	244	<i>neomycin-polymyxin-hc ophth susp</i>	271
NEEDLES MIS 19GX1	245	.....
NEEDLES MIS 19GX1.5	245	<i>neomycin-polymyxin-hc otic soln</i>	
NEEDLES MIS 20GX1	245	1%	273
NEEDLES MIS 20GX1.5	245	<i>neomycin-polymyxin-hc otic susp</i>	
NEEDLES MIS 21GX1	245	3.5 mg/ml-10000 unit/ml-1%	273
NEEDLES MIS 21GX1.5	245	<i>neomycin sulfate tab 500 mg</i>	44
NEEDLES MIS 22GX1	245	<i>neo-polycin oin hc 1%op</i>	271
NEEDLES MIS 22GX1.5	245	<i>neo-polycin oin op</i>	269
NEEDLES MIS 22GX3/4	245	NEOPRENE GLV MIS LARGE	231
NEEDLES MIS 23GX1	245	NEOPRENE GLV MIS MEDIUM.....	231
NEEDLES MIS 23GX1.5	245	NEOPRENE GLV MIS SMALL	231
NEEDLES MIS 23GX5/8	245	NEOPRENE GLV MIS X-LARGE	231
NEEDLES MIS 25GX1	245	NEPHRONEX LIQ 0.9/5ML.....	258
NEEDLES MIS 25GX1.5	245	<i>nephronex tab</i>	258
NEEDLES MIS 25GX5/8	245	NESINA TAB 12.5MG	96
NEEDLES MIS 26X1/2	245	NESINA TAB 25MG	96
NEEDLES MIS 27GX1	245	NESINA TAB 6.25MG	96
NEEDLES MIS 27GX1/2	245	<i>neuac gel 1.2-5%</i>	178
NEEDLES MIS 28GX1/2	245	NEUAC KIT 1.2-5%	178
NEEDLES MIS 29GX1/2	245	NEUPRO DIS 1MG/24HR.....	129
NEEDLES MIS 30GX1/2	245	NEUPRO DIS 2MG/24HR.....	129
NEEDLES MIS 30GX5/16	245	NEUPRO DIS 3MG/24HR.....	129
NEEDLES MIS 31GX5/16	245	NEUPRO DIS 4MG/24HR.....	129
NEEDLE TIP MIS 16GX1.5	244	NEUPRO DIS 6MG/24HR.....	129
<i>nefazodone hcl tab 100 mg</i>	86	NEUPRO DIS 8MG/24HR.....	129
<i>nefazodone hcl tab 150 mg</i>	86	NEURONTIN CAP 100MG	78
<i>nefazodone hcl tab 200 mg</i>	86	NEURONTIN CAP 300MG	78
<i>nefazodone hcl tab 250 mg</i>	86	NEURONTIN CAP 400MG	78
<i>nefazodone hcl tab 50 mg</i>	86	NEURONTIN SOL 250/5ML	78
<i>neomycin-bacitrac zn-polymyx</i>		NEURONTIN TAB 600MG	78
5(3.5)mg-400unt-10000unt op oin		NEURONTIN TAB 800MG	78
.....	269	NEVANAC SUS 0.1%.....	272
<i>neomycin-polymy-gramicid op sol</i>		NEVIRAPINE SUS 50MG/5ML	145
1.75-10000-0.025mg-unt-mg/ml		<i>nevirapine tab 200 mg</i>	145
.....	269	<i>nevirapine tab er 24hr 100 mg</i> ...	145
<i>neomycin-polymyxin-</i>		<i>nevirapine tab er 24hr 400 mg</i> ...	146
<i>dexamethasone ophth oint 0.1%</i>		NEXCARE EAR MIS PLUGS	231
.....	271	NEXIUM CAP 20MG.....	288
<i>neomycin-polymyxin-</i>		NEXIUM CAP 40MG.....	288
<i>dexamethasone ophth susp 0.1%</i>		NEXIUM GRA 10MG DR	288
.....	271	NEXIUM GRA 2.5MG DR	288
		NEXIUM GRA 20MG DR	288

NEXIUM GRA 40MG DR	289	<i>nifedipine tab er 24hr osmotic</i>	
NEXIUM GRA 5MG DR.....	288	<i>release 30 mg</i>	154
NEXLETOL TAB 180MG.....	109	<i>nifedipine tab er 24hr osmotic</i>	
NEXLIZET TAB 180/10MG.....	109	<i>release 60 mg</i>	155
NEXPLANON IMP 68MG	166	<i>nifedipine tab er 24hr osmotic</i>	
NEXTSTELLIS TAB 3-14.2MG	164	<i>release 90 mg</i>	155
NG SECURE MIS	231	<i>nighttime cap cold/flu</i>	172
<i>niacinamide tab 500 mg.....</i>	<i>295</i>	<i>night time cap cold/flu</i>	<i>172</i>
<i>niacin cap er 250 mg</i>	<i>295</i>	<i>nikki tab 3-0.02mg.....</i>	<i>165</i>
<i>niacin tab 100 mg</i>	<i>295</i>	NINJACOF-XG LIQ 200-8/5.....	172
<i>niacin tab 500 mg</i>	<i>295</i>	<i>nisoldipine tab er 24hr 17 mg</i>	<i>155</i>
<i>niacin tab 50 mg</i>	<i>295</i>	<i>nisoldipine tab er 24hr 20 mg</i>	<i>155</i>
<i>niacin tab er 1000 mg</i>		<i>nisoldipine tab er 24hr 25.5 mg .</i>	<i>155</i>
<i>(antihyperlipidemic).....</i>	<i>113</i>	<i>nisoldipine tab er 24hr 30 mg</i>	<i>155</i>
<i>niacin tab er 500 mg</i>		<i>nisoldipine tab er 24hr 34 mg</i>	<i>155</i>
<i>(antihyperlipidemic).....</i>	<i>113</i>	<i>nisoldipine tab er 24hr 40 mg</i>	<i>155</i>
<i>niacin tab er 750 mg</i>	<i>295</i>	<i>nisoldipine tab er 24hr 8.5 mg ...</i>	<i>155</i>
<i>niacin tab er 750 mg</i>		<i>nitazoxanide tab 500 mg</i>	<i>65</i>
<i>(antihyperlipidemic).....</i>	<i>113</i>	NITRILE GLOV MIS BLUE/L	231
NIACIN TR TAB 1000MG	295	NITRILE GLOV MIS BLUE/M	231
NIASPAN TAB 1000 ER.....	113	NITRILE GLOV MIS BLUE/S.....	231
NIASPAN TAB 500MG ER.....	113	NITRILE GLOV MIS BLUE/XL	231
NIASPAN TAB 750MG ER.....	113	NITRILE GLOV MIS LARGE.....	231
<i>nicardipine hcl cap 20 mg.....</i>	<i>154</i>	NITRILE GLOV MIS MEDIUM	231
<i>nicardipine hcl cap 30 mg.....</i>	<i>154</i>	NITRILE GLOV MIS SIZE 10	231
<i>nicotine polacrilex gum 2 mg</i>	<i>283</i>	NITRILE GLOV MIS SIZE 6.....	231
<i>nicotine polacrilex gum 4 mg</i>	<i>283</i>	NITRILE GLOV MIS SIZE 6.5.....	231
<i>nicotine polacrilex lozenge 2 mg.</i>	<i>283</i>	NITRILE GLOV MIS SIZE 7.....	231
<i>nicotine polacrilex lozenge 4 mg.</i>	<i>283</i>	NITRILE GLOV MIS SIZE 7.5.....	231
NICOTINE SYS KIT TRANSDER...283		NITRILE GLOV MIS SIZE 8.....	231
<i>nicotine td dis 14mg/24h</i>	<i>283</i>	NITRILE GLOV MIS SIZE 8.5.....	231
<i>nicotine td dis 21mg/24h</i>	<i>284</i>	NITRILE GLOV MIS SIZE 9.....	231
<i>nicotine td dis 7mg/24hr</i>	<i>283</i>	NITRILE GLOV MIS SIZE 9.5.....	231
<i>nicotine td dis step 1</i>	<i>284</i>	NITRILE GLOV MIS SMALL.....	231
<i>nicotine td dis step 3</i>	<i>284</i>	NITRILE GLOV MIS X-LARGE.....	231
NICOTROL INH	284	NITRO-BID OIN 2%	67
NICOTROL NS SPR 10MG/ML	284	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nifedipine cap 10 mg</i>	<i>154</i>	<i>100 mg</i>	<i>66</i>
<i>nifedipine cap 20 mg</i>	<i>154</i>	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nifedipine tab er 24hr 30 mg</i>	<i>154</i>	<i>25 mg</i>	<i>66</i>
<i>nifedipine tab er 24hr 60 mg</i>	<i>154</i>	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nifedipine tab er 24hr 90 mg</i>	<i>154</i>	<i>50 mg</i>	<i>66</i>

<i>nitrofurantoin monohydrate</i>	
<i>macrocrystalline cap 100 mg</i>	66
<i>nitroglycerin sl tab 0.3 mg</i>	67
<i>nitroglycerin sl tab 0.4 mg</i>	67
<i>nitroglycerin td patch 24hr 0.1</i>	
<i>mg/hr</i>	67
<i>nitroglycerin td patch 24hr 0.2</i>	
<i>mg/hr</i>	67
NIVA-FOL TAB	193
NIVA-PLUS TAB	261
NIVESTYM INJ 300/0.5	208
NIVESTYM INJ 300MCG.....	208
NIVESTYM INJ 480/0.8	208
NIVESTYM INJ 480MCG.....	208
<i>nizatidine cap 150 mg</i>	287
<i>nizatidine cap 300 mg</i>	287
<i>nizatidine oral soln 15 mg/ml</i>	287
<i>nohist-dm liq</i>	172
<i>nohist-lq liq 4-10/5ml</i>	172
NORDITROPIN INJ 10/1.5ML.....	197
NORDITROPIN INJ 15/1.5ML.....	197
NORDITROPIN INJ 30/3ML	197
NORDITROPIN INJ 5/1.5ML	197
<i>noreth/ethin tab fe 1/20</i>	165
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.4 mg-35 mcg</i>	165
<i>norethindrone & ethinyl estradiol-fe</i>	
<i>chew tab 0.8 mg-25 mcg</i>	165
<i>norethindrone ace & ethinyl</i>	
<i>estradiol tab 1.5 mg-30 mcg</i> ...	165
<i>norethindrone ace & ethinyl</i>	
<i>estradiol tab 1 mg-20 mcg</i>	165
<i>norethindrone ace-eth estradiol-fe</i>	
<i>chew tab 1 mg-20 mcg (24)</i>	165
<i>norethindrone ace-ethinyl estradiol-</i>	
<i>fe cap 1 mg-20 mcg (24)</i>	165
<i>norethindrone acetate tab 5 mg</i> .	277
NORGESIC TAB FORTE.....	264
<i>norgestimate-eth estrad tab 0.18-</i>	
<i>25/0.215-25/0.25-25 mg-mcg</i> 165	
NORITATE CRE 1%.....	192
<i>norlyroc tab 0.35mg</i>	167
<i>nortrel tab 0.5/35</i>	165
<i>nortrel tab 1/35</i>	165
<i>nortrel tab 7/7/7</i>	165
<i>nortriptyline hcl cap 10 mg</i>	89
<i>nortriptyline hcl cap 25 mg</i>	89
<i>nortriptyline hcl cap 50 mg</i>	89
<i>nortriptyline hcl cap 75 mg</i>	89
NORVASC TAB 10MG	155
NORVASC TAB 2.5MG	155
NORVASC TAB 5MG	155
NORVIR POW 100MG.....	146
NORVIR SOL 80MG/ML.....	146
NORVIR TAB 100MG.....	146
NOVA BATH MIS SEAT	231
NOVA CUSHION MIS SEAT	231
NOVOLIN70/30 INJ RELION.....	98
NOVOLIN INJ 70/30	98
NOVOLIN INJ 70/30 FP	98
NOVOLIN N INJ 100 UNIT	98
NOVOLIN N INJ RELION	98
NOVOLIN N INJ U-100	98
NOVOLIN R INJ 100 UNIT	98
NOVOLIN R INJ RELION	98
NOVOLIN R INJ U-100	98
NOVOLOG INJ 100/ML	98
NOVOLOG INJ FLEXPEN	98
NOVOLOG INJ PENFILL	98
NOVOLOG INJ RELION.....	98
NOVOLOG MIX INJ 70/30.....	98
NOVOLOG MIX INJ FLEXPEN.....	98
NOVOLOG MIX INJ FLEX REL	98
NOVOLOG RELI INJ 70/30.....	98
NOVOTWIST MIS 32GX5MM.....	245
NOXAFIL SUS 40MG/ML	105
NOXAFIL TAB 100MG.....	105
<i>np thyroid tab 120mg</i>	286
<i>np thyroid tab 15mg</i>	286
<i>np thyroid tab 30mg</i>	286
<i>np thyroid tab 60mg</i>	286
<i>np thyroid tab 90mg</i>	286
NUASKIN FACL MIS SCRUBBER..	231
NUASKIN MIS VACUUM	231
NUASKIN SKIN MIS TAG RMVR ..	231
NUCALA INJ 100MG/ML	68

NUCYNTA ER TAB 100MG	56	OCALIVA TAB 5MG	200
NUCYNTA ER TAB 150MG	56	<i>ocella tab 3-0.03mg</i>	165
NUCYNTA ER TAB 200MG	56	OCTACOSANOL TAB	257
NUCYNTA ER TAB 250MG	56	<i>octreotide acetate inj 100 mcg/ml</i>	
NUCYNTA ER TAB 50MG.....	56	<i>(0.1 mg/ml)</i>	198
NUCYNTA TAB 100MG	56	<i>octreotide acetate inj 500 mcg/ml</i>	
NUCYNTA TAB 50MG	56	<i>(0.5 mg/ml)</i>	198
NUCYNTA TAB 75MG	56	<i>octreotide acetate inj 50 mcg/ml</i>	
NUEDEXTA CAP 20-10MG	282	<i>(0.05 mg/ml)</i>	198
<i>nufol tab</i>	209	OCUFLOX DRO 0.3% OP.....	269
<i>nu-iron 150 cap 150mg</i>	210	<i>ocuvite eye chw health</i>	260
NU-MAG TAB 71.5-119	255	ODEFSEY TAB.....	146
NUPLAZID CAP 34MG	131	OFFSET CANE MIS /STRAP	231
NUPLAZID TAB 10MG	131	OFFSET CANE MIS BLACK.....	231
NURTEC TAB 75MG ODT.....	251	OFFSET CANE MIS BLUE ICE.....	231
<i>nutrifac zx tab</i>	260	OFFSET CANE MIS BRONZE	232
NUTRITIONAL SUPPLEMENTS.....	194	OFFSET CANE MIS BRQ TEAL.....	232
NUTROPIN AQ INJ 10MG/2ML	197	OFFSET CANE MIS CHROME.....	232
NUTROPIN AQ INJ 20MG/2ML	197	OFFSET CANE MIS GRN ICE.....	232
NUTROPIN AQ INJ NUSPIN 5	197	OFFSET CANE MIS HNDSTH.....	232
NUVESSA GEL 1.3%	292	OFFSET CANE MIS MOBILITY	232
NUVIGIL TAB 150MG.....	42	OFFSET CANE MIS MTLC BLK.....	232
NUVIGIL TAB 200MG.....	42	OFFSET CANE MIS ROSE PRT.....	232
NUVIGIL TAB 250MG.....	42	<i>ofloxacin ophth soln 0.3%</i>	269
NUVIGIL TAB 50MG.....	42	<i>ofloxacin otic soln 0.3%</i>	273
NVZZLER MIS ELECTRIC	231	<i>ofloxacin tab 300 mg</i>	200
NVZZLER PRO MIS DOUBLE.....	231	<i>ofloxacin tab 400 mg</i>	200
<i>nyamyc pow 100000</i>	182	OGIVRI INJ 150MG.....	126
<i>nylia tab 1/35</i>	165	OGIVRI INJ 420MG.....	126
<i>nylia tab 7/7/7</i>	165	OILATUM BAR.....	191
<i>nystatin cream 100000 unit/gm</i> .	182	OINTMENT TUB MIS 1/8OZ OP...	232
<i>nystatin oint 100000 unit/gm</i>	182	OINTMENT TUB MIS 1OZ.....	232
<i>nystatin susp 100000 unit/ml</i>	257	OINTMENT TUB MIS 2OZ.....	232
<i>nystatin tab 500000 unit</i>	105	OINTMENT TUB MIS 4OZ.....	232
<i>nystatin topical powder 100000</i>		OINTMENT TUB MIS 6OZ.....	232
<i>unit/gm</i>	182	OINTMENT TUB MIS 8OZ.....	232
<i>nystatin-triamcinolone cream</i>		<i>olanzapine-fluoxetine hcl cap 12-25</i>	
<i>100000-0.1 unit/gm-%</i>	182	<i>mg</i>	279
<i>nystatin-triamcinolone oint 100000-</i>		<i>olanzapine-fluoxetine hcl cap 12-50</i>	
<i>0.1 unit/gm-%</i>	182	<i>mg</i>	280
<i>nystop pow 100000</i>	182	<i>olanzapine-fluoxetine hcl cap 3-25</i>	
○		<i>mg</i>	279
OCALIVA TAB 10MG	200		

<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	279	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	122
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	279	<i>olmesartan medoxomil tab 20 mg</i>	117
<i>olanzapine for im inj 10 mg</i>	136	<i>olmesartan medoxomil tab 40 mg</i>	117
<i>olanzapine orally disintegrating tab 10 mg</i>	136	<i>olmesartan medoxomil tab 5 mg</i>	117
<i>olanzapine orally disintegrating tab 15 mg</i>	136	<i>olopatadine dro 0.1% op</i>	272
<i>olanzapine orally disintegrating tab 20 mg</i>	136	<i>olopatadine hcl nasal soln 0.6%</i>	.264
<i>olanzapine orally disintegrating tab 5 mg</i>	136	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	272
<i>olanzapine tab 10 mg</i>	136	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	272
<i>olanzapine tab 15 mg</i>	136	OLUMIANT TAB 1MG	45
<i>olanzapine tab 2.5 mg</i>	136	OLUMIANT TAB 2MG	45
<i>olanzapine tab 20 mg</i>	136	OLUX AER 0.05%	188
<i>olanzapine tab 5 mg</i>	136	OLUX-E AER 0.05%	188
<i>olanzapine tab 7.5 mg</i>	136	OMECLAMOX- MIS PAK	290
OLEIC ACID LIQ	276	<i>omega-3-acid ethyl esters cap 1 gm</i>	109
OLIVE OIL	161	OMEGA-3 CAP 1400MG	266
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	122	<i>omega-3 fatty acids cap 1000 mg</i>	266
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	122	<i>omega-3 fatty acids cap delayed release 1200 mg</i>	266
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	122	<i>omeprazole cap delayed release 10 mg</i>	289
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	122	<i>omeprazole cap delayed release 20 mg</i>	289
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	122	<i>omeprazole cap delayed release 40 mg</i>	289
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	122	<i>omeprazole delayed release tab 20 mg</i>	289
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	122	<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i>	289
		<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	289
		<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	290
		<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	290

<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	290	ONTRUZANT INJ 150MG.....	126
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	290	ONTRUZANT INJ 420MG.....	126
<i>omeprazole tab 20mg.....</i>	289	ONZETRA XSAI MIS 11MG.....	252
<i>omeprazole tablet delayed release disintegrating 20 mg.....</i>	289	OPSUMIT TAB 10MG.....	158
OMNARIS SPR.....	265	OPZELURA CRE 1.5%.....	189
OMNIPOD KIT STARTER.....	217	ORALAIR SUB 300 IR.....	43
OMNIPOD MIS 5 PACK.....	217	ORAL DOSE MIS SYRINGE.....	232
OMNITROPE INJ 10/1.5ML.....	197	<i>oral electrolyte solution.....</i>	254
OMNITROPE INJ 5/1.5ML.....	197	ORAL ENDOTRA MIS DEVICE.....	232
OMNITROPE INJ 5.8MG.....	197	ORAL MEDICIN MIS DROPPER....	232
ONCOVITE TAB.....	260	<i>oralone dent pst 0.1%.....</i>	258
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml).....</i>	103	ORAL SYRINGE MIS /BRUSH.....	232
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml).....</i>	103	ORANGE CONC LIQ.....	275
<i>ondansetron hcl oral soln 4 mg/5ml</i>	103	ORANGE LIQ FLAVOR.....	275
<i>ondansetron hcl tab 24 mg.....</i>	103	ORANGE OIL.....	161
<i>ondansetron hcl tab 4 mg.....</i>	103	ORANGE OIL FLORIDA.....	161
<i>ondansetron hcl tab 8 mg.....</i>	103	ORA-PLUS LIQ.....	276
<i>ondansetron orally disintegrating tab 4 mg.....</i>	103	ORA-SWEET SF SYP.....	276
<i>ondansetron orally disintegrating tab 8 mg.....</i>	103	ORA-SWEET SYP.....	276
<i>one daily tab womens.....</i>	259	ORENCIA CLCK INJ 125MG/ML....	50
ONE-DAY-AT-A MIS TIME.....	232	ORENCIA INJ 125MG/ML.....	50
ONE-HAND MIS PUMP.....	232	ORENCIA INJ 250MG.....	50
<i>onelax fiber pow 25%.....</i>	212	ORENCIA INJ 50/0.4ML.....	50
<i>onelax sup 10mg.....</i>	214	ORENCIA INJ 87.5/0.7.....	50
ONE OUNCE MIS CUPS.....	232	ORENITRAM TAB 0.125MG.....	158
ONE VITE TAB 1MG PLUS.....	261	ORENITRAM TAB 0.25MG.....	158
ONE VITE TAB 27-0.8MG.....	262	ORENITRAM TAB 1MG.....	158
ONEXTON GEL 1.2-3.75.....	178	ORENITRAM TAB 2.5MG.....	158
ONFI SUS 2.5MG/ML.....	75	ORENITRAM TAB 5MG.....	158
ONFI TAB 10MG.....	75	O-RING MIS 16.....	231
ONFI TAB 20MG.....	75	ORLADEYO CAP 110MG.....	206
ONGLYZA TAB 2.5MG.....	96	ORLADEYO CAP 150MG.....	206
ONGLYZA TAB 5MG.....	96	<i>orphenadrine citrate tab er 12hr 100 mg.....</i>	263
		<i>os-cal + d3 tab 500-200.....</i>	254
		<i>os calcium tab /vit d.....</i>	254
		<i>os-cal extra tab d3.....</i>	254
		<i>oseltamivir phosphate cap 30 mg (base equiv).....</i>	148
		<i>oseltamivir phosphate cap 45 mg (base equiv).....</i>	148
		<i>oseltamivir phosphate cap 75 mg (base equiv).....</i>	148

<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	148	<i>oxybutynin chloride tab 5 mg</i>	290
OSENI TAB 12.5-15	92	<i>oxybutynin chloride tab er 24hr 10 mg</i>	290
OSENI TAB 12.5-30	92	<i>oxybutynin chloride tab er 24hr 15 mg</i>	291
OSENI TAB 12.5-45	92	<i>oxybutynin chloride tab er 24hr 5 mg</i>	290
OSENI TAB 25-15MG.....	92	<i>oxycodone hcl cap 5 mg</i>	56
OSENI TAB 25-30MG.....	92	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	56
OSENI TAB 25-45MG.....	92	<i>oxycodone hcl soln 5 mg/5ml</i>	56
OSPHENA TAB 60MG	197	<i>oxycodone hcl tab 10 mg</i>	56
OTEZLA TAB 10/20/30.....	50	<i>oxycodone hcl tab 15 mg</i>	56
OTEZLA TAB 30MG.....	50	<i>oxycodone hcl tab 20 mg</i>	56
OTIPRIO SUS 60MG/ML	273	<i>oxycodone hcl tab 30 mg</i>	56
OTOVEL DRO.....	273	<i>oxycodone hcl tab 5 mg</i>	56
OTREXUP INJ 10MG	45	<i>oxycodone hcl tab er 12hr deter 10 mg</i>	56
OTREXUP INJ 12.5/0.4	46	<i>oxycodone hcl tab er 12hr deter 20 mg</i>	56
OTREXUP INJ 15MG	46	<i>oxycodone hcl tab er 12hr deter 40 mg</i>	56
OTREXUP INJ 17.5/0.4	46	<i>oxycodone hcl tab er 12hr deter 80 mg</i>	56
OTREXUP INJ 20MG	46	<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	59
OTREXUP INJ 22.5/0.4	46	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	59
OTREXUP INJ 25MG	46	<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	59
OVACE PLUS AER 9.8%.....	184	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	59
OVACE PLUS CRE 10%.....	184	OXYCONTIN TAB 10MG CR.....	56
OVACE PLUS GEL 10% WASH	184	OXYCONTIN TAB 15MG CR.....	56
OVACE PLUS LIQ 10% WASH.....	184	OXYCONTIN TAB 20MG CR.....	57
OVACE PLUS LOT 9.8%.....	184	OXYCONTIN TAB 30MG CR.....	57
OVACE PLUS SHA 10%	184	OXYCONTIN TAB 40MG CR.....	57
OVACE WASH LIQ 10%.....	184	OXYCONTIN TAB 60MG CR.....	57
<i>oxaprozin tab 600 mg</i>	49	OXYCONTIN TAB 80MG CR.....	57
OXAYDO TAB 5MG	56	<i>oxymorphone hcl tab 10 mg</i>	57
OXAYDO TAB 7.5MG.....	56	<i>oxymorphone hcl tab 5 mg</i>	57
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	78	<i>oxymorphone hcl tab er 12hr 10 mg</i>	57
<i>oxcarbazepine tab 150 mg</i>	78		
<i>oxcarbazepine tab 300 mg</i>	78		
<i>oxcarbazepine tab 600 mg</i>	78		
<i>oxiconazole nitrate cream 1%</i>	182		
OXISTAT CRE 1%.....	182		
OXISTAT LOT 1%.....	182		
OXTELLAR XR TAB 150MG.....	78		
OXTELLAR XR TAB 300MG.....	78		
OXTELLAR XR TAB 600MG.....	78		
<i>oxybutynin chloride syrup 5 mg/5ml</i>	290		

<i>oxymorphone hcl tab er 12hr 15 mg</i>	<i>paliperidone tab er 24hr 9 mg</i>....132
.....57	<i>palonosetron hcl iv soln 0.25</i>
<i>oxymorphone hcl tab er 12hr 20 mg</i>	<i>mg/5ml (base equivalent)</i>.....103
.....57	<i>palonosetron hcl iv soln pref syr</i>
<i>oxymorphone hcl tab er 12hr 30 mg</i>	<i>0.25 mg/5ml (base equiv)</i> .....103
.....57	PALONOSETRON INJ 0.25/2ML...103
<i>oxymorphone hcl tab er 12hr 40 mg</i>	<i>panadol extr tab 500-65mg</i>.....51
.....57	<i>pan-c 500 tab bioflavo</i>.....259
<i>oxymorphone hcl tab er 12hr 5 mg</i>	PANCREAZE CAP 10500UNT.....194
.....57	PANCREAZE CAP 16800UNT.....194
<i>oxymorphone hcl tab er 12hr 7.5</i>	PANCREAZE CAP 21000UNT.....194
<i>mg</i>.....57	PANCREAZE CAP 2600UNIT .....194
OXYTROL/WOMN DIS 3.9MG/24.291	PANCREAZE CAP 37000 .....194
OXYTROL DIS 3.9MG/24 .....291	PANCREAZE CAP 4200UNIT .....194
<i>oysco 500+d tab</i>.....254	PANDA MASK MIS LARGE .....249
<i>oys shell+d chw 500-400</i>.....254	PANDA MASK MIS MEDIUM.....249
<i>oys shell+d tab 250-125</i>.....254	PANDA MASK MIS PEDIATRI .....249
<i>oyster shell calcium tab 500 mg</i> .254	PANDA MASK MIS SMALL .....249
<i>oyst shell/d tab 500-5mcg</i>.....254	PANDEL CRE 0.1% .....188
<i>oyst shell/d tab 500mg</i>.....254	<i>pantoprazole sodium ec tab 20 mg</i>
OZEMPIC INJ 2/1.5ML .....96	<i>(base equiv)</i> .....289
OZEMPIC INJ 4MG/3ML.....96	<i>pantoprazole sodium ec tab 40 mg</i>
P	<i>(base equiv)</i> .....289
<i>pacerone tab 100mg</i> .....68	<i>pantoprazole sodium for delayed</i>
<i>pacerone tab 200mg</i> .....68	<i>release susp packet 40 mg</i> ....289
<i>pacerone tab 400mg</i> .....68	PAPER AUTOCL MIS 36 .....232
<i>pain cre relievng</i> .....190	PARAFFIN MIS .....276
<i>pain relief cap 500mg</i>.....51	PARAFFIN MIS BEADS.....276
PALFORZIA CAP ESCALAT .....43	PARAGARD IUD T380A.....166
PALFORZIA CAP LEVEL 1.....43	<i>paraplatin inj 150/15ml</i> .....125
PALFORZIA CAP LEVEL 10 .....43	<i>paraplatin inj 450/45ml</i> .....125
PALFORZIA CAP LEVEL 2.....43	<i>paraplatin inj 50mg/5ml</i>.....125
PALFORZIA CAP LEVEL 3.....43	<i>paraplatin inj 600/60ml</i> .....125
PALFORZIA CAP LEVEL 4.....43	PARENTERAL THERAPY SUPPLIES
PALFORZIA CAP LEVEL 5.....43	.....245
PALFORZIA CAP LEVEL 6.....43	PARI EXPIRAT MIS FILTER.....249
PALFORZIA CAP LEVEL 7.....43	PARI MANUAL MIS INTERRUPT ....249
PALFORZIA CAP LEVEL 8.....43	PARI MASK MIS SIZE 3 .....249
PALFORZIA CAP LEVEL 9.....43	PARI PLASTIC MIS MASK.....249
PALFORZIA POW LEVEL 11 .....44	PARI PLASTIC MIS MASK PED ....249
<i>paliperidone tab er 24hr 1.5 mg</i> .132	PARI TREK S KIT COMBO .....249
<i>paliperidone tab er 24hr 3 mg</i>....132	<i>paromomycin sulfat cap 250 mg</i> .44
<i>paliperidone tab er 24hr 6 mg</i>....132	

<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	85	PEGASYS INJ	148
<i>paroxetine hcl tab 10 mg</i>	85	PEGASYS INJ 180MCG/M.....	148
<i>paroxetine hcl tab 20 mg</i>	85	PELVIC MUSCL MIS TRAINER.....	232
<i>paroxetine hcl tab 30 mg</i>	85	<i>penicillamine tab 250 mg</i>	256
<i>paroxetine hcl tab 40 mg</i>	85	<i>penicillin v potassium for soln 125 mg/5ml</i>	274
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	85	<i>penicillin v potassium for soln 250 mg/5ml</i>	274
<i>paroxetine hcl tab er 24hr 25 mg</i>	85	<i>penicillin v potassium tab 250 mg</i>	274
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	85	<i>penicillin v potassium tab 500 mg</i>	274
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	284	PEN NEEDLE MIS 29GX3/16	245
PARVLEX TAB	260	PEN NEEDLE MIS 29GX5/16	245
PATADAY SOL 0.1%	272	PEN NEEDLES MIS 29GX10MM ...	245
PATADAY SOL 0.2%	272	PEN NEEDLES MIS 29GX12.7.....	245
PATADAY SOL 0.7%	272	PEN NEEDLES MIS 29GX12MM ...	245
PATANASE SPR 0.6%.....	264	PEN NEEDLES MIS 30GX3/16.....	245
PATIENT SAFE MIS SYR 30ML	245	PEN NEEDLES MIS 30GX5/16.....	245
PAXIL CR TAB 12.5MG	85	PEN NEEDLES MIS 30GX5MM.....	245
PAXIL CR TAB 25MG.....	85	PEN NEEDLES MIS 31GX5MM.....	245
PAXIL CR TAB 37.5MG.....	85	PEN NEEDLES MIS 31GX6MM.....	245
PAXIL SUS 10MG/5ML	85	PEN NEEDLES MIS 31GX8MM.....	245
PAXIL TAB 10MG	85	PEN NEEDLES MIS 32GX4MM.....	245
PAXIL TAB 20MG	85	PEN NEEDLES MIS 32GX6MM.....	245
PAXIL TAB 30MG	85	PEN NEEDLES MIS 32GX8MM.....	245
PAXIL TAB 40MG	85	PEN NEEDLES MIS 33GX5MM.....	245
PKET TISSUE MIS.....	232	PEN NEEDLES MIS 33GX6MM.....	246
PEACH FLAVOR LIQ	275	PENNSAID SOL 2%	180
PEAK FLOW METER.....	249	PENTACEL INJ	287
PEANUT BUTTR LIQ FLAVOR	275	<i>pentamidine isethionate for nebulization soln 300 mg</i>	65
PEANUT BUTTR OIL FLAVOR	275	<i>pentamidine isethionate for soln 300 mg</i>	65
PEANUT OIL	161	PENTASA CAP 250MG CR	202
PEDIA-LAX CHW YUMS	101	PENTASA CAP 500MG CR	202
PEDIA-LAX SUP 2.8GM.....	213	<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	61
PEDIARIX INJ 0.5ML.....	287	<i>pentoxifylline tab er 400 mg</i>	206
PEDVAX HIB INJ	291	PEPCID TAB 20MG.....	287
<i>peg/nasul/c/ sol nacl/pot</i>	213	PEPCID TAB 40MG.....	287
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	213	PEPPERMINT OIL.....	161
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	213	PERCOCET TAB 10-325MG	60
PEG 3350 POW	277		

PERCOCET TAB 2.5-325.....	60	PFIZER VACC INJ COVID-19	292
PERCOCET TAB 5-325MG	60	PFLEX MIS	249
PERCOCET TAB 7.5-325.....	60	PFT FILTER MIS 1000	249
PERFOROMIST NEB 20MCG	72	PFT FILTER MIS 2000	249
PERICLEAN LIQ.....	191	PFT FILTER MIS 3000	249
<i>perindopril erbumine tab 2 mg</i> ...	115	PFT FILTER MIS 4000	250
<i>perindopril erbumine tab 4 mg</i> ...	115	PFT FILTER MIS 5000	250
<i>perindopril erbumine tab 8 mg</i> ...	115	PFT FILTER MIS 6000	250
<i>periscent spr</i>	191	PFT FILTER MIS 7000	250
<i>perishield oin</i>	191	PH ACCESSORI MIS STORAGE ...	232
<i>permethrin cream 5%</i>	193	PHARM TRAY MIS 1ML/REG	246
<i>perphenazine-amitriptyline tab 2-10</i> <i>mg</i>	280	<i>phenaseptic liq 1.4%</i>	257
<i>perphenazine-amitriptyline tab 2-25</i> <i>mg</i>	280	<i>phenazopyridine hcl tab 100 mg</i> ..	205
<i>perphenazine-amitriptyline tab 4-10</i> <i>mg</i>	280	<i>phenazopyridine hcl tab 200 mg</i> ..	205
<i>perphenazine-amitriptyline tab 4-25</i> <i>mg</i>	280	<i>phenazo tab 200mg</i>	205
<i>perphenazine-amitriptyline tab 4-50</i> <i>mg</i>	280	<i>phenelzine sulfate tab 15 mg</i>	83
<i>perphenazine tab 16 mg</i>	140	PHENERGAN INJ 25MG/ML	108
<i>perphenazine tab 2 mg</i>	140	PHENERGAN INJ 50MG/ML	108
<i>perphenazine tab 4 mg</i>	140	<i>phenobarbital elixir 20 mg/5ml</i> ..	210
<i>perphenazine tab 8 mg</i>	140	<i>phenobarbital tab 100 mg</i>	210
PERSERIS INJ 120MG	132	<i>phenobarbital tab 15 mg</i>	210
PERSERIS INJ 90MG	132	<i>phenobarbital tab 16.2 mg</i>	210
PERSONALFIT MIS CONNECT	232	<i>phenobarbital tab 30 mg</i>	210
PERS WARMER MIS 14-COUNT...232		<i>phenobarbital tab 32.4 mg</i>	210
PERS WARMER MIS 28-COUNT...232		<i>phenobarbital tab 60 mg</i>	210
PERTZYE CAP 16000U.....	194	<i>phenobarbital tab 64.8 mg</i>	210
PERTZYE CAP 24000U.....	194	<i>phenobarbital tab 97.2 mg</i>	210
PERTZYE CAP 4000UNIT.....	194	<i>phenylephrine-apap-gg tab 5-325-</i> <i>200 mg</i>	172
PERTZYE CAP 8000UNIT.....	194	<i>phenylephrine-brompheniramine-dm</i> <i>liquid 2.5-1-5 mg/5ml</i>	172
<i>petrolatum gel</i>	277	<i>phenylephrine-cocoa butter suppos</i> <i>0.25-88.44%</i>	63
PETROLATUM OIN 42%.....	277	<i>phenylephrine-dm-gg w/ apap tab</i> <i>5-10-200-325 mg</i>	172
PETROLATUM OIN WHITE.....	277	<i>phenylephrine hcl nasal soln 1%</i> ..	265
PETROLEUM OIN BABY.....	277	<i>phenylephrine hcl tab 10 mg</i>	265
PETROLEUM OIN JELLY	277	<i>phenylephrine w/ acetaminophen</i> <i>tab 5-325 mg</i>	172
PEXEVA TAB 10MG.....	85	<i>phenylephrine w/ dm-gg liqd 5-10-</i> <i>100 mg/5ml</i>	172
PEXEVA TAB 20MG.....	85	PHENYTEK CAP 200MG	81
PEXEVA TAB 30MG.....	85	PHENYTEK CAP 300MG	81
PEXEVA TAB 40MG.....	85		

<i>phenytoin chw 50mg</i>	81	<i>pioglitazone hcl-metformin hcl tab</i>	
<i>phenytoin sodium extended cap 100</i>		<i>15-500 mg</i>	92
<i>mg</i>	81	<i>pioglitazone hcl-metformin hcl tab</i>	
<i>phenytoin sodium extended cap 200</i>		<i>15-850 mg</i>	92
<i>mg</i>	81	<i>pioglitazone hcl tab 15 mg (base</i>	
<i>phenytoin sodium extended cap 300</i>		<i>equiv)</i>	98
<i>mg</i>	81	<i>pioglitazone hcl tab 30 mg (base</i>	
<i>phenytoin susp 125 mg/5ml</i>	81	<i>equiv)</i>	99
<i>philith tab 0.4-35</i>	165	<i>pioglitazone hcl tab 45 mg (base</i>	
PHOSLYRA SOL.....	204	<i>equiv)</i>	99
<i>phospha 250 tab neutral</i>	255	<i>pirmella tab 1/35</i>	165
<i>phospho-trin tab 250 neut</i>	255	<i>pirmella tab 7/7/7</i>	165
<i>phytonadione tab 5 mg</i>	294	<i>piroxicam cap 10 mg</i>	49
PIFELTRO TAB 100MG.....	146	<i>piroxicam cap 20 mg</i>	49
PILL BOX MIS 7 DAY.....	232	PLASTIC JAR MIS 6OZ	232
PILL CRUSHER MIS.....	232	PLAST SCOOP MIS 1ML.....	232
PILL CRUSHER MIS /CONTAIN ...	232	PLATINUM MIS REACHER	232
PILLOW MASK MIS ADULT	250	PLAVIX TAB 75MG.....	207
PILLOW MASK MIS CHILD	250	PLEGRIDY INJ.....	282
PILLOW MASK MIS PEDIATRI.....	250	PLEGRIDY INJ PEN	282
PILL POUCH MIS	232	PLEGRIDY INJ STARTER	282
PILL SPLITTR MIS	232	PLEGRIDY PEN INJ STARTER.....	282
<i>pilocarpine hcl ophth soln 1%</i> ...	268	PNV TABS TAB 29-1MG	262
<i>pilocarpine hcl ophth soln 2%</i> ...	268	POCKET MIS MAGNFIER	232
<i>pilocarpine hcl ophth soln 4%</i> ...	268	POCKET PRO+ MIS RPL SENS ...	232
<i>pimecrolimus cream 1%</i>	190	<i>podofilox soln 0.5%</i>	190
<i>pimozide tab 1 mg</i>	282	<i>poly bacitra oin</i>	181
<i>pimozide tab 2 mg</i>	283	<i>polycin oin op</i>	269
<i>pimtrea tab</i>	165	<i>polyethylene glycol 3350 oral packet</i>	
PINA COLADA LIQ FLAVOR	275	<i>17 gm</i>	213
<i>pindolol tab 10 mg</i>	151	<i>polyethylene glycol 3350 oral</i>	
<i>pindolol tab 5 mg</i>	151	<i>powder 17 gm/scoop</i>	213
PINEAPPLE LIQ FLAVOR	275	<i>polyethylene glycol-propylene glycol</i>	
PINE NEEDLE OIL.....	161	<i>ophth soln 0.4-0.3%</i>	266
PINE TAR LIQ	161	POLY GLYCOL GRA 3350	277
<i>pink bismuth chw 262mg</i>	101	POLY HUB MIS 23GX1.5	246
<i>pink bismuth sus max str</i>	101	POLY HUB MIS 27GX1/2.....	246
<i>pink bismuth tab 262mg</i>	101	POLY HUB MIS 27GX1.25	246
<i>pioglitazone hcl-glimepiride tab 30-2</i>		POLY HUB MIS 30GX1/2.....	246
<i>mg</i>	92	<i>poly-iron cap 150mg</i>	210
<i>pioglitazone hcl-glimepiride tab 30-4</i>		<i>polymyxin b-trimethoprim ophth</i>	
<i>mg</i>	92	<i>soln 10000 unit/ml-0.1%</i>	269
		POLYPROPYLEN MIS CAP	232

<i>polysaccharide iron complex cap</i>	
150 mg (iron equivalent)	210
POLYSORBATE LIQ 60.....	161
POLYTRIM SOL OP.....	269
POLY-TUSSIN LIQ 10-4-10	172
<i>polyvinyl alcohol ophth soln 1.4%</i>	
.....	266
POLY-VI-SOL SOL 50MG/ML	261
POLY-VI-SOL SOL IRON	261
POLY-VITA DRO	261
POLY-VITE SOL 50MG/ML.....	261
POLY-VITE SOL IRON.....	261
PONVORY TAB 20MG	282
PONVORY TAB STARTER.....	282
<i>portia-28 tab</i>	165
<i>posaconazole tab delayed release</i>	
100 mg	105
POSIDYNE FIL MIS 0.2UM	232
POSTPARTUM MIS WASH	232
POSTURE SEAT MIS.....	233
<i>potassium & sodium phosphates</i>	
<i>powder pack 280-160-250 mg</i>	255
<i>potassium chloride cap er 10 meq</i>	
.....	255
<i>potassium chloride cap er 8 meq</i>	255
<i>potassium chloride</i>	
<i>microencapsulated crys er tab 10</i>	
<i>meq</i>	255
<i>potassium chloride</i>	
<i>microencapsulated crys er tab 20</i>	
<i>meq</i>	255
<i>potassium chloride oral soln 10%</i>	
(20 meq/15ml)	255
<i>potassium chloride oral soln 20%</i>	
(40 meq/15ml)	255
<i>potassium chloride powder packet</i>	
20 meq	255
<i>potassium chloride tab er 10 meq</i>	
.....	255
<i>potassium chloride tab er 20 meq</i>	
(1500 mg).....	256
<i>potassium chloride tab er 8 meq</i>	
(600 mg)	255
<i>potassium citrate & citric acid soln</i>	
1100-334 mg/5ml	204
<i>potassium citrate tab er 10 meq</i>	
(1080 mg).....	204
<i>potassium citrate tab er 15 meq</i>	
(1620 mg).....	204
<i>potassium citrate tab er 5 meq (540</i>	
<i>mg)</i>	204
<i>pot phos monobasic w/sod phos di &</i>	
<i>monobas tab 155-852-130mg</i>	255
<i>povidone/iod sol 10%</i>	143
<i>povidone-iodine soln 10%</i>	143
POWER ADAPT MIS	233
PRADAXA CAP 110MG.....	74
PRADAXA CAP 150MG.....	74
PRADAXA CAP 75MG	74
PRALUENT INJ 150MG/ML	113
PRALUENT INJ 75MG/ML	113
<i>pramipexole dihydrochloride tab</i>	
0.125 mg	129
<i>pramipexole dihydrochloride tab</i>	
0.25 mg	129
<i>pramipexole dihydrochloride tab 0.5</i>	
<i>mg</i>	129
<i>pramipexole dihydrochloride tab</i>	
0.75 mg	129
<i>pramipexole dihydrochloride tab 1.5</i>	
<i>mg</i>	129
<i>pramipexole dihydrochloride tab 1</i>	
<i>mg</i>	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 0.375 mg	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 0.75 mg.....	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 1.5 mg	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 2.25 mg.....	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 3.75 mg.....	129
<i>pramipexole dihydrochloride tab er</i>	
24hr 3 mg	129

<i>pramipexole dihydrochloride tab er</i>	
24hr 4.5 mg	129
<i>pramoxine hcl perianal foam 1%</i> ..	63
<i>prasugrel hcl tab 10 mg (base</i>	
equiv)	207
<i>prasugrel hcl tab 5 mg (base equiv)</i>	
.....	207
<i>pravastatin sodium tab 10 mg</i> ...	112
<i>pravastatin sodium tab 20 mg</i> ...	112
<i>pravastatin sodium tab 40 mg</i> ...	112
<i>pravastatin sodium tab 80 mg</i> ...	112
<i>prazosin hcl cap 1 mg</i>	118
<i>prazosin hcl cap 2 mg</i>	118
<i>prazosin hcl cap 5 mg</i>	118
<i>pr benzoyl liq 7% wash</i>	178
PRECISEDOSSE MIS TIP CAP	233
PRECISIONGLI MIS 27GX1.5	246
PRECISION KIT MIDSTRM	233
PRECIS STOOL MIS COLLECTR...233	
PRECOSE TAB 100MG.....	89
PRECOSE TAB 25MG.....	89
PRECOSE TAB 50MG.....	89
PREC SPUTUM MIS COLLECTR....233	
PRED FORTE SUS 1% OP	271
PRED-G S.O.P OIN OP.....	271
PRED-G SUS OP.....	271
PRED MILD SUS 0.12% OP	271
<i>prednicarbate oint 0.1%</i>	188
<i>prednisolone acetate ophth susp 1%</i>	
.....	271
<i>prednisolone sodium phosphate oral</i>	
<i>soln 25 mg/5ml (base eq)</i>	168
<i>prednisolone sod phos orally</i>	
<i>disintegr tab 10 mg (base eq)</i> .	168
<i>prednisolone sod phos orally</i>	
<i>disintegr tab 15 mg (base eq)</i> .	168
<i>prednisolone sod phos orally</i>	
<i>disintegr tab 30 mg (base eq)</i> .	168
<i>prednisolone sod phosphate oral</i>	
<i>soln 10 mg/5ml (base equiv)</i> ..	168
<i>prednisolone sod phosphate oral</i>	
<i>soln 15 mg/5ml (base equiv)</i> ..	168
<i>prednisolone sod phosphate oral</i>	
<i>soln 20 mg/5ml (base equiv)</i> ..	168
<i>prednisolone sod phosph oral soln</i>	
6.7 mg/5ml (5 mg/5ml base) ..	168
<i>prednisolone syrup 15 mg/5ml (usp</i>	
<i>solution equivalent)</i>	168
PREDNISON CON 5MG/ML	168
<i>prednisone oral soln 5 mg/5ml</i> ...168	
<i>prednisone tab 10 mg</i>	169
<i>prednisone tab 1 mg</i>	169
<i>prednisone tab 2.5 mg</i>	169
<i>prednisone tab 20 mg</i>	169
<i>prednisone tab 50 mg</i>	169
<i>prednisone tab 5 mg</i>	169
<i>prednisone tab therapy pack 10 mg</i>	
(21).....	169
<i>prednisone tab therapy pack 10 mg</i>	
(48).....	169
<i>prednisone tab therapy pack 5 mg</i>	
(21).....	169
<i>prednisone tab therapy pack 5 mg</i>	
(48).....	169
PRED SOD PHO SOL 1% OP.....	271
<i>pregabalin cap 100 mg</i>	79
<i>pregabalin cap 150 mg</i>	79
<i>pregabalin cap 200 mg</i>	79
<i>pregabalin cap 225 mg</i>	79
<i>pregabalin cap 25 mg</i>	78
<i>pregabalin cap 300 mg</i>	79
<i>pregabalin cap 50 mg</i>	78
<i>pregabalin cap 75 mg</i>	79
<i>pregabalin soln 20 mg/ml</i>	79
<i>pregabalin tab er 24hr 165 mg</i> ...282	
<i>pregabalin tab er 24hr 330 mg</i> ...282	
<i>pregabalin tab er 24hr 82.5 mg</i> ..282	
PREMARIN VAG CRE 0.625MG....293	
PREMIUM PILL MIS CRUSHER	233
PRENATABS FA TAB 29-1MG.....	262
<i>prenatabs rx tab</i>	262
<i>prenatal 19 chw tab</i>	262
PRENATAL 19 TAB.....	262
PRENATAL FRM TAB A-FREE.....	262
PRENATAL ONE TAB DAILY	262

PRENATAL TAB	262	<i>procentra sol 5mg/5ml</i>	34
PRENATAL TAB 27-0.8MG.....	262	<i>prochlorperazine edisylate inj 10</i>	
PRENATAL TAB 27-1MG	262	<i>mg/2ml.....</i>	140
PRENATAL TAB 28-0.8MG.....	262	<i>prochlorperazine edisylate inj 50</i>	
<i>prenatal tab plus.....</i>	262	<i>mg/10ml</i>	140
PRENATAL-U CAP 106.5-1	262	<i>prochlorperazine maleate tab 10 mg</i>	
PRENATAL VIT TAB LOW IRON ...	262	<i>(base equivalent)</i>	140
PRENATVITE TAB RX.....	262	<i>prochlorperazine maleate tab 5 mg</i>	
<i>preparation pad h</i>	192	<i>(base equivalent)</i>	140
<i>preparation sup h</i>	63	<i>prochlorperazine suppos 25 mg..</i>	140
PREPLUS TAB 27-1MG	262	PRO COMFORT MIS FOOTBATH ..	233
PRESERVISION TAB AREDS	260	PROCRIT INJ 10000/ML	208
PRETAB TAB 29-1MG	262	PROCRIT INJ 2000/ML	208
PREVACID 24H CAP 15MG DR	289	PROCRIT INJ 20000/ML	208
PREVACID CAP 30MG DR.....	289	PROCRIT INJ 3000/ML	208
PREVACID TAB 15MG STB	289	PROCRIT INJ 4000/ML	208
PREVACID TAB 30MG STB	289	PROCRIT INJ 40000/ML	208
<i>prevalite pow 4gm</i>	110	PROCTOCORT CRE 1%	63
<i>prevalite pow 4gm pk</i>	110	PROCTOFOAM AER HC 1%	63
PREZCOBIX TAB 800-150.....	146	<i>procto-med cre hc 2.5%</i>	63
PREZISTA SUS 100MG/ML.....	146	<i>proctosol hc cre 2.5%.....</i>	63
PREZISTA TAB 150MG	146	<i>proctozone cre -hc 2.5%.....</i>	63
PREZISTA TAB 600MG	146	<i>progesterone cap 100 mg.....</i>	277
PREZISTA TAB 75MG	146	<i>progesterone cap 200 mg.....</i>	277
PREZISTA TAB 800MG	146	<i>progesterone im in oil 50 mg/ml</i>	277
PRILOSEC POW 10MG.....	289	PROLENSA SOL 0.07%.....	272
PRILOSEC POW 2.5MG.....	289	<i>promethazine & phenylephrine</i>	
<i>primidone tab 250 mg</i>	79	<i>syrup 6.25-5 mg/5ml</i>	172
<i>primidone tab 50 mg.....</i>	79	<i>promethazine-dm syrup 6.25-15</i>	
PRISTIQ TAB 100MG	87	<i>mg/5ml.....</i>	172
PRISTIQ TAB 25MG	87	<i>promethazine hcl inj 25 mg/ml ..</i>	108
PRISTIQ TAB 50MG	87	<i>promethazine hcl inj 50 mg/ml ..</i>	108
PROAIR DIGIH AER	72	<i>promethazine hcl suppos 12.5 mg</i>	
PROAIR HFA AER	72	<i>.....</i>	108
PROAIR RESPI AER	72	<i>promethazine hcl suppos 25 mg.</i>	108
PROBE COVERS MIS DINAMAP ...	233	<i>promethazine hcl syrup 6.25</i>	
<i>probenecid tab 500 mg</i>	206	<i>mg/5ml.....</i>	108
PROBIOTIC CAP PEARLS	101	<i>promethazine hcl tab 12.5 mg ...</i>	108
PROCARDIA XL TAB 30MG CR	155	<i>promethazine hcl tab 25 mg</i>	108
PROCARDIA XL TAB 60MG CR	155	<i>promethazine-phenylephrine-</i>	
PROCARDIA XL TAB 90MG CR	155	<i>codeine syrup 6.25-5-10 mg/5ml</i>	
PROCARE MIS ADULT	250	<i>.....</i>	173
PROCARE MIS CHILD.....	250		

<i>promethazine w/ codeine syrup</i>	PROTECTOR 50 MIS PHASEAL....	246
6.25-10 mg/5ml.....	PROTONIX PAK 40MG	289
<i>promethegan sup 12.5mg</i>	PROTONIX TAB 20MG	289
108	PROTONIX TAB 40MG	289
<i>promethegan sup 25mg</i>	PROTOPIC OIN 0.03%	190
108	PROTOPIC OIN 0.1%	190
<i>promethegan sup 50mg</i>	PROVELLA TAB	102
108	PROVENTIL AER HFA	72
<i>prometh vc/ syp codeine</i>	PROVERA TAB 10MG.....	277
172	PROVERA TAB 2.5MG.....	277
<i>prometh vc syp 6.25-5/5</i>	PROVERA TAB 5MG	277
172	PROVIGIL TAB 100MG	42
PROMETRIUM CAP 100MG	PROVIGIL TAB 200MG	42
277	PROZAC CAP 10MG	85
PROMETRIUM CAP 200MG	PROZAC CAP 20MG	85
277	PROZAC CAP 40MG	85
PRO NUTRIENT POW PROBIOTI..	<i>pseudoephed-bromphen-dm syrup</i>	
101	30-2-10 mg/5ml.....	173
PRO NUTRIENT TAB FRU/VEG	<i>pseudoephedrine-guaifenesin tab er</i>	
257	12hr 60-600 mg.....	173
<i>propafenone hcl tab 150 mg</i>	<i>pseudoephedrine hcl tab 30 mg</i> .	265
68	<i>pseudoephedrine hcl tab 60 mg</i> .	265
<i>propafenone hcl tab 225 mg</i>	<i>pseudoephedrine hcl tab er 12hr</i>	
68	120 mg	265
<i>propafenone hcl tab 300 mg</i>	PSORCON CRE 0.05%.....	188
68	<i>psyllium see pow 100%</i>	212
<i>proparacaine hcl ophth soln 0.5%</i>	PULMICORT INH 180MCG.....	70
.....	PULMICORT INH 90MCG	70
270	PULMICORT SUS 0.25MG/2	70
<i>propranolol hcl cap er 24hr 120 mg</i>	PULMICORT SUS 0.5MG/2	70
.....	PULMICORT SUS 1MG/2ML.....	70
151	PULMOZYME SOL 1MG/ML.....	284
<i>propranolol hcl cap er 24hr 160 mg</i>	PULSE FINGER MIS OXIMETER...	233
.....	PULSE MIS OXIMETER	233
151	PULSE OXIMTR MIS DELUXE	233
<i>propranolol hcl cap er 24hr 60 mg</i>	PUMP ADAPTER MIS	233
.....	PUMPING BRA MIS LRG-PLUS	233
151	PUMPING BRA MIS XS-L.....	233
<i>propranolol hcl cap er 24hr 80 mg</i>	PUMPING SET KIT EXTRA	233
.....	PUMP IN STYL MIS ADVANCED...	233
151	PUMP IN STYL MIS MAXFLOW	233
<i>propranolol hcl oral soln 20 mg/5ml</i>	PUMP IN STYL MIS TUBING	233
.....	PUMP SET MIS 1200ML	233
151		
<i>propranolol hcl oral soln 40 mg/5ml</i>		
.....		
151		
<i>propranolol hcl tab 10 mg</i>		
151		
<i>propranolol hcl tab 20 mg</i>		
151		
<i>propranolol hcl tab 40 mg</i>		
151		
<i>propranolol hcl tab 60 mg</i>		
151		
<i>propranolol hcl tab 80 mg</i>		
151		
<i>propylthiouracil tab 50 mg</i>		
285		
PROQUAD INJ.....		
292		
PRORENAL+D TAB		
260		
PRORENAL +D TAB.....		
260		
PROSCAR TAB 5MG		
205		
PROSHIELD SPR CLEANSER.....		
192		
PROTECTIVE MIS EYEWARE.....		
233		
PROTECTOR 14 MIS PHASEAL....		
246		
PROTECTOR 21 MIS PHASEAL....		
246		
PROTECTOR 28 MIS PHASEAL....		
246		

PYLERA CAP	290	QUAD CANE MIS SM/SHOVL	233
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	124	QUAD CANE MIS SM BASE.....	233
<i>pyridostigmine bromide tab 60 mg</i>	124	QUADRACEL INJ.....	287
<i>pyridoxine hcl tab 100 mg</i>	295	QUADRACEL INJ 0.5ML	287
<i>pyridoxine hcl tab 25 mg</i>	295	QUAD TIP MIS 4 PRONG.....	233
<i>pyridoxine hcl tab 50 mg</i>	295	QUAD TIPS MIS 1/2.....	233
Q		QUAD TIPS MIS 3/4.....	233
QBRELIS SOL 1MG/ML	115	QUAD TIPS MIS 5/8.....	233
<i>qc allergy tab 10mg</i>	108	QUDEXY XR CAP 100/24HR	79
<i>qc antacid chw 1000mg</i>	64	QUDEXY XR CAP 150/24HR	79
<i>qc anti-diar cap 2mg</i>	102	QUDEXY XR CAP 200/24HR	79
<i>qc anti-itch cre 2-0.1%</i>	183	QUDEXY XR CAP 25/24HR	79
<i>qc childrens chw complete</i>	261	QUDEXY XR CAP 50/24HR.....	79
<i>qc childrens chw extra c</i>	261	QUESTRAN POW 4GM	110
<i>qc childrens chw iron</i>	261	QUESTRAN POW 4GM LITE	110
<i>qc diclofena gel 1%</i>	180	<i>quetiapine fumarate tab 100 mg</i> 137	
<i>qc enema ene</i>	213	<i>quetiapine fumarate tab 200 mg</i> 137	
<i>qc eye drops dro</i>	269	<i>quetiapine fumarate tab 25 mg</i> ..136	
<i>qc hemorroi cre aloe</i>	63	<i>quetiapine fumarate tab 300 mg</i> 137	
<i>qc ibuprofen tab 200mg</i>	49	<i>quetiapine fumarate tab 400 mg</i> 137	
<i>qc ibuprofen tab cold/sin</i>	173	<i>quetiapine fumarate tab 50 mg</i> ..137	
<i>qc laxative sup 10mg</i>	214	<i>quetiapine fumarate tab er 24hr 150 mg</i>	137
<i>qc mineral oil heavy</i>	213	<i>quetiapine fumarate tab er 24hr 200 mg</i>	137
<i>qc natural pow vegetabl</i>	212	<i>quetiapine fumarate tab er 24hr 300 mg</i>	137
<i>qc nicotine dis 14mg/24h</i>	284	<i>quetiapine fumarate tab er 24hr 400 mg</i>	137
<i>qc nicotine dis 21mg/24h</i>	284	<i>quetiapine fumarate tab er 24hr 50 mg</i>	137
<i>qc nighttime cap cold/flu</i>	173	QUFLORA PED DRO 0.25MG.....	261
QC PRENATAL TAB 28-0.8MG.....	262	QUICK-FIT MIS CRUTCHES	233
QC SWEET OIL	161	QUILLICHEW CHW 20MG ER.....	42
QELBREE CAP 100MG ER	36	QUILLICHEW CHW 30MG ER.....	42
QELBREE CAP 150MG ER	36	QUILLICHEW CHW 40MG ER.....	42
QELBREE CAP 200MG ER	36	QUILLIVANT SUS 25MG/5ML	42
QNASL AER 80MCG	265	<i>quinapril hcl tab 10 mg</i>	115
QNASL CHILD SPR 40MCG.....	265	<i>quinapril hcl tab 20 mg</i>	115
QTERN TAB 10-5MG	93	<i>quinapril hcl tab 40 mg</i>	115
QTERN TAB 5-5MG.....	93	<i>quinapril hcl tab 5 mg</i>	115
QUAD CANE MIS LG/DEVON	233	<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	122
QUAD CANE MIS LG/SHOVL.....	233		
QUAD CANE MIS LG BASE	233		
QUAD CANE MIS ORTHO	233		
QUAD CANE MIS SM/DEVON.....	233		

<i>quinapril-hydrochlorothiazide tab</i>	RAYOS TAB 5MG	169
20-12.5 mg	RAZADYNE ER CAP 16MG	279
<i>quinapril-hydrochlorothiazide tab</i>	RAZADYNE ER CAP 24MG	279
20-25 mg	RAZADYNE ER CAP 8MG	279
<i>quin b stron tab b-25</i>	REACHER MIS FOLDING	233
QUIN B TAB STRONG.....	READY SET GO MIS BTH BNCH ..	233
<i>quinine sulfate cap 324 mg</i>	REBIF INJ 22/0.5	282
QUINTABS-M TAB	REBIF INJ 44/0.5	282
QUINTABS TAB	REBIF REBIDO INJ 22/0.5	282
QULIPTA TAB 10MG.....	REBIF REBIDO INJ 44/0.5	282
QULIPTA TAB 30MG.....	REBIF REBIDO INJ TITRATN	282
QULIPTA TAB 60MG.....	REBIF TITRTN INJ PACK	282
QUTENZA KIT 8% 1-PCH.....	<i>reclipsen tab</i>	165
QUTENZA KIT 8% 2-PCH.....	RECOMBIVA-HB INJ 40MCG/ML..	292
QUTENZA KIT 8% 4-PCH.....	<i>rectasmothe cre 5%</i>	63
QVAR REDIHA AER 80MCG	REDITREX INJ 10/.4ML	46
QVAR REDIHAL AER 40MCG	REDITREX INJ 12.5/0.5	46
R	REDITREX INJ 15/.6ML	46
<i>rabeprazole sodium ec tab 20 mg</i>	REDITREX INJ 17.5/0.7	46
.....	REDITREX INJ 20/.8ML	46
<i>raloxifene hcl tab 60 mg</i>	REDITREX INJ 22.5/0.9	46
<i>ramelteon tab 8 mg</i>	REDITREX INJ 25MG/ML	46
<i>ramipril cap 1.25 mg</i>	REDITREX INJ 7.5/.3ML	46
<i>ramipril cap 10 mg</i>	RED WINE CAP EXTRACT.....	257
<i>ramipril cap 2.5 mg</i>	<i>refresh cell gel 1% op</i>	266
<i>ramipril cap 5 mg</i>	REFRESH DRO OP	266
<i>ranolazine tab er 12hr 1000 mg</i> ...66	REFRESH DRO RELIEVA	267
<i>ranolazine tab er 12hr 500 mg</i>.....66	REFRESH GEL OPTIVE.....	267
RAPAFLO CAP 4MG	<i>refresh lacr oin op</i>	267
RAPAFLO CAP 8MG	REFRESH OPTI DRO 0.5-0.9% ...	267
RA PULSE MIS OXIMETER.....	REFRESH OPT SOL MEGA-3	267
RASPBERRY LIQ FLAVOR.....	REFRESH SOL DIGITAL	267
RASUVO INJ 10MG	REFRESH SOL OPTIVE.....	267
RASUVO INJ 12.5MG	REGLAN TAB 10MG.....	201
RASUVO INJ 15MG	REGLAN TAB 5MG	201
RASUVO INJ 17.5MG	RELAFEN DS TAB 1000MG	49
RASUVO INJ 20MG	RELENZA MIS DISKHALE	148
RASUVO INJ 22.5MG	RELEXXII TAB 72MG.....	43
RASUVO INJ 25MG	RELION PULSE MIS OXIMETER ...	233
RASUVO INJ 30MG	RELION TRUE TES METRIX	193
RASUVO INJ 7.5MG	RELISTOR INJ 12/0.6ML.....	203
RAYOS TAB 1MG	RELISTOR INJ 8/0.4ML	203
RAYOS TAB 2MG	RELISTOR TAB 150MG	203

RELPAK TAB 20MG	252	RETIN-A CRE 0.025%	178
RELPAK TAB 40MG	252	RETIN-A CRE 0.05%	178
RELTONE CAP 200MG	201	RETIN-A CRE 0.1%	178
RELTONE CAP 400MG	201	RETIN-A GEL 0.01%	178
REMERON SLTB TAB 15MG	82	RETIN-A GEL 0.025%	178
REMERON SLTB TAB 30MG	82	RETIN-A MICR GEL 0.04%	178
REMERON SLTB TAB 45MG	82	RETIN-A MICR GEL 0.04%PMP ...	178
REMERON TAB 15MG	82	RETIN-A MICR GEL 0.06%	178
REMERON TAB 30MG	82	RETIN-A MICR GEL 0.08%	178
REMICADE INJ 100MG	202	RETIN-A MICR GEL 0.1%	178
RENAGEL TAB 800MG	204	RETIN-A MICR GEL 0.1%PUMP ...	178
<i>renal cap</i>	258	RETROVIR CAP 100MG	146
<i>renal vitamn tab</i>	258	RETROVIR SYP 50MG/5ML	146
<i>renal-vite tab</i>	258	REVATIO SUS 10MG/ML	159
RENAPLEX-D TAB	260	REVATIO TAB 20MG	159
<i>rena-vite rx tab</i>	258	REXULTI TAB 0.25MG	143
<i>rena-vite tab</i>	258	REXULTI TAB 0.5MG	143
RENFLEXIS INJ 100MG	202	REXULTI TAB 1MG	143
<i>reno cap</i>	258	REXULTI TAB 2MG	143
REVELA POW 0.8GM	204	REXULTI TAB 3MG	143
REVELA POW 2.4GM	204	REXULTI TAB 4MG	143
REVELA TAB 800MG	204	REYATAZ CAP 200MG	146
<i>repaglinide tab 0.5 mg</i>	99	REYATAZ CAP 300MG	146
<i>repaglinide tab 1 mg</i>	99	REYATAZ POW 50MG	146
<i>repaglinide tab 2 mg</i>	99	REYVOW TAB 100MG	252
REPATHA INJ 140MG/ML	113	REYVOW TAB 50MG	252
REPATHA PUSH INJ 420/3.5	113	RHOFADE CRE 1%	192
REPATHA SURE INJ 140MG/ML ...	113	RHOPRESSA SOL 0.02%	270
REPLACEMENT MIS FILTER	250	<i>ribavirin cap 200 mg</i>	148
RESPIRATORY THERAPY SUPPLIES	250	<i>ribavirin tab 200 mg</i>	148
.....	250	RIDVANTAGE MIS LICE COM	233
RESTASIS EMU 0.05%	270	<i>rifabutin cap 150 mg</i>	124
RESTASIS MUL EMU 0.05%	270	<i>rifampin cap 150 mg</i>	124
RESTORIL CAP 15MG	211	<i>rifampin cap 300 mg</i>	124
RESTORIL CAP 22.5MG	211	<i>rimantadine hydrochloride tab 100</i>	
RESTORIL CAP 30MG	211	<i>mg</i>	148
RESTORIL CAP 7.5MG	211	RING CUSHION MIS 14	234
RETACRIT INJ 10000UNT	208	RING CUSHION MIS 16	234
RETACRIT INJ 20000UNI	208	RING CUSHION MIS 18	234
RETACRIT INJ 2000UNIT	208	RINVOQ TAB 15MG ER	45
RETACRIT INJ 3000UNIT	208	RINVOQ TAB 30MG	45
RETACRIT INJ 40000UNT	208	RIOMET SOL	95
RETACRIT INJ 4000UNIT	208	RIOMET SOL 500/5ML	95

RISA-BID TAB PROBIO.....	102	RITALIN TAB 20MG	43
RISAMINE OIN.....	192	RITALIN TAB 5MG.....	43
<i>risanoid tab plus</i>	262	<i>ritonavir tab 100 mg</i>	146
<i>risedronate sodium tab 150 mg</i> ..	196	<i>rivastigmine tartrate cap 1.5 mg</i> (base equivalent)	279
<i>risedronate sodium tab 30 mg</i> ...	196	<i>rivastigmine tartrate cap 3 mg (base</i> equivalent)	279
<i>risedronate sodium tab 35 mg</i> ...	196	<i>rivastigmine tartrate cap 4.5 mg</i> (base equivalent)	279
<i>risedronate sodium tab 5 mg</i>	196	<i>rivastigmine tartrate cap 6 mg (base</i> equivalent)	279
<i>risedronate sodium tab delayed</i> <i>release 35 mg</i>	196	<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i>	279
RISPERDAL INJ 12.5MG	133	<i>rivastigmine td patch 24hr 4.6</i> <i>mg/24hr</i>	279
RISPERDAL INJ 25MG	133	<i>rivastigmine td patch 24hr 9.5</i> <i>mg/24hr</i>	279
RISPERDAL INJ 37.5MG	133	<i>rivelsa tab</i>	165
RISPERDAL INJ 50MG	133	<i>rizatriptan benzoate oral</i> <i>disintegrating tab 10 mg (base eq)</i>	252
RISPERDAL SOL 1MG/ML.....	133	<i>rizatriptan benzoate oral</i> <i>disintegrating tab 5 mg (base eq)</i>	252
RISPERDAL TAB 0.5MG	133	<i>rizatriptan benzoate tab 10 mg</i> (base equivalent)	252
RISPERDAL TAB 1MG.....	133	<i>rizatriptan benzoate tab 5 mg (base</i> equivalent)	252
RISPERDAL TAB 2MG.....	133	<i>robitussin liq severe</i>	173
RISPERDAL TAB 3MG.....	133	<i>robitussin sus 30mg/5ml</i>	170
RISPERDAL TAB 4MG.....	133	ROCKLATAN DRO	270
<i>risperidone orally disintegrating tab</i> <i>0.25 mg</i>	133	ROLLATOR ULT MIS LIGHT	234
<i>risperidone orally disintegrating tab</i> <i>0.5 mg</i>	133	ROLLER MIS WALKER	234
<i>risperidone orally disintegrating tab</i> <i>1 mg</i>	133	ROLLING MIS WALKER.....	234
<i>risperidone orally disintegrating tab</i> <i>2 mg</i>	133	<i>ropinirole hydrochloride tab 0.25 mg</i>	129
<i>risperidone orally disintegrating tab</i> <i>3 mg</i>	133	<i>ropinirole hydrochloride tab 0.5 mg</i>	129
<i>risperidone orally disintegrating tab</i> <i>4 mg</i>	134	<i>ropinirole hydrochloride tab 1 mg</i>	129
<i>risperidone soln 1 mg/ml</i>	134	<i>ropinirole hydrochloride tab 2 mg</i>	129
<i>risperidone tab 0.25 mg</i>	134		
<i>risperidone tab 0.5 mg</i>	134		
<i>risperidone tab 1 mg</i>	134		
<i>risperidone tab 2 mg</i>	134		
<i>risperidone tab 3 mg</i>	134		
<i>risperidone tab 4 mg</i>	134		
RITALIN LA CAP 10MG.....	43		
RITALIN LA CAP 20MG.....	43		
RITALIN LA CAP 30MG.....	43		
RITALIN LA CAP 40MG.....	43		
RITALIN TAB 10MG	43		

ropinirole hydrochloride tab 3 mg
129
ropinirole hydrochloride tab 4 mg
129
ropinirole hydrochloride tab 5 mg
129
ropinirole hydrochloride tab er 24hr
12 mg (base equivalent).....130
ropinirole hydrochloride tab er 24hr
2 mg (base equivalent)129
ropinirole hydrochloride tab er 24hr
4 mg (base equivalent)129
ropinirole hydrochloride tab er 24hr
6 mg (base equivalent)129
ropinirole hydrochloride tab er 24hr
8 mg (base equivalent)129
rosadan cre 0.75%.....192
rosadan gel 0.75%.....192
 ROSADAN KIT 0.75%192
 ROSEMARY OIL.....162
 ROSE OIL161, 162
rosuvastatin calcium tab 10 mg .112
rosuvastatin calcium tab 20 mg .112
rosuvastatin calcium tab 40 mg .112
rosuvastatin calcium tab 5 mg ...112
 ROTARIX SUS.....292
 ROTATEQ SOL292
 ROWASA KIT 4GM.....202
roweepra tab 500mg79
 ROXICODONE TAB 15MG57
 ROXICODONE TAB 30MG57
 ROXICODONE TAB 5MG57
 ROZEREM TAB 8MG212
 RUBBER CUSH MIS INFLAT.....234
 RUCONEST INJ 2100UNIT206
rufinamide susp 40 mg/ml79
rufinamide tab 200 mg79
rufinamide tab 400 mg79
 RUKOBIA TAB 600MG ER.....146
 RUXIENCE INJ 100/10ML126
 RUXIENCE INJ 500/50ML126
 RX LOCKING MIS CAP.....234
 RYBELSUS TAB 14MG96

RYBELSUS TAB 3MG.....96
 RYBELSUS TAB 7MG.....96
rynex pe elx173
rynex pse liq173
 RYVENT TAB 6MG.....106
S
 SABRIL POW 500MG81
 SABRIL TAB 500MG.....81
 SAFETY RAIL MIS BATHTUB.....234
 SAFTY NEEDLE MIS 18GX1246
 SAFTY NEEDLE MIS 18GX1.5246
 SAFTY NEEDLE MIS 19GX1246
 SAFTY NEEDLE MIS 19GX1.5246
 SAFTY NEEDLE MIS 20GX1246
 SAFTY NEEDLE MIS 20GX1.5246
 SAFTY NEEDLE MIS 21GX1246
 SAFTY NEEDLE MIS 21GX1.5246
 SAFTY NEEDLE MIS 22GX1246
 SAFTY NEEDLE MIS 22GX1.5246
 SAFTY NEEDLE MIS 23GX1246
 SAFTY NEEDLE MIS 23GX5/8246
 SAFTY NEEDLE MIS 25GX1246
 SAFTY NEEDLE MIS 25GX5/8246
 SAGE LEAF POW161
 SAIZEN INJ 5MG197
 SAIZEN INJ 8.8MG197
 SAIZENPREP INJ 8.8MG197
sajazir inj 30mg/3ml206
saline nasal spray 0.65%264
 SAMSCA TAB 15MG198
 SANCUSO DIS 3.1MG103
 SAPHRIS SUB 10MG137
 SAPHRIS SUB 2.5MG137
 SAPHRIS SUB 5MG.....137
sapropterin dihydrochloride powder
packet 100 mg197
sapropterin dihydrochloride powder
packet 500 mg198
sapropterin dihydrochloride tab 100
mg198
 SARDINE LIQ FLAVOR.....276
sarnol-hc lot 1%188
 SASSAFRAS OIL.....162

SAVAYSA TAB 15MG.....	73	SECURES SAFE MIS 27GX1/2	246
SAVAYSA TAB 30MG.....	73	SEGLUROMET TAB 2.5-1000.....	93
SAVAYSA TAB 60MG.....	73	SEGLUROMET TAB 2.5-500	93
SAVELLA MIS TITR PAK.....	280	SEGLUROMET TAB 7.5-1000.....	93
SAVELLA TAB 100MG.....	280	SEGLUROMET TAB 7.5-500	93
SAVELLA TAB 12.5MG.....	280	<i>selegiline hcl cap 5 mg</i>	130
SAVELLA TAB 25MG	280	<i>selegiline hcl tab 5 mg</i>	130
SAVELLA TAB 50MG	280	<i>selenium sulfide lotion 2.5%</i>	184
<i>sb allergy tab multi-sy</i>	173	<i>selenium sulfide shampoo 2.25%</i>	184
<i>sb aspirin tab 325mg ec</i>	52	.....	184
<i>sb bismuth tab 262mg</i>	102	SELZENTRY SOL 20MG/ML	146
<i>sb cgh contr sy 100/5ml</i>	174	SELZENTRY TAB 150MG.....	146
<i>sb cld/alrgy elx children</i>	173	SELZENTRY TAB 25MG.....	146
<i>sb cold/cgh tab hbp</i>	173	SELZENTRY TAB 300MG	146
<i>sb cold/flu tab hbp</i>	173	SELZENTRY TAB 75MG.....	146
<i>sb cold mult pak day/nght</i>	173	SEMGLEE INJ 100U/ML	98
<i>sb cough tab 200mg</i>	174	SEMGLEE SOL 100U/ML	98
<i>sb fib lax pow 48.57%</i>	212	SE-NATAL 19 CHW	262
<i>sb glycerin sup 1.2gm</i>	213	SE-NATAL 19 TAB	262
<i>sb glycerin sup 2.1gm</i>	213	SENN A SYP	214
<i>sb hemorrhoi oin</i>	63	<i>sennosides-docusate sodium tab</i>	
<i>sb hemorrhoi pad</i>	192	<i>8.6-50 mg</i>	213
<i>sb laxative sup 10mg</i>	214	<i>sennosides syrup 8.8 mg/5ml</i>	214
<i>sb non-asa chw 80mg frt</i>	51	<i>sennosides tab 8.6 mg</i>	214
<i>sb non-asa chw 80mg grp</i>	51	<i>senokot extr tab 17.2mg</i>	214
<i>sb sinus cng tab /pain</i>	173	<i>sensorcaine/ inj epi 0.25</i>	215
<i>sb triple oin antibiot</i>	181	<i>sensorcaine/ inj epi 0.5%</i>	215
<i>scalpicin sol 1%</i>	188	<i>sensorcaine inj -mpf/epi</i>	215
<i>scopolamine td patch 72hr 1</i>		SEREVENT DIS AER 50MCG.....	72
<i>mg/3days</i>	104	SEROQUEL TAB 100MG	138
SEALS ALUMIN MIS 13MM	234	SEROQUEL TAB 200MG	138
SEAL-TIGHT MIS CAST/BAN	234	SEROQUEL TAB 25MG.....	137
SEAL-TIGHT MIS MID-ARM	234	SEROQUEL TAB 300MG	138
SEAT CANE MIS FOLDING	234	SEROQUEL TAB 400MG	138
SEATING CANE MIS 8-1/2	234	SEROQUEL TAB 50MG.....	138
SEBEX SHA	184	SEROQUEL XR TAB 150MG	138
SECONDARY MIS SET/DRIP	246	SEROQUEL XR TAB 200MG	138
SECUADO DIS 3.8MG	137	SEROQUEL XR TAB 300MG	138
SECUADO DIS 5.7MG	137	SEROQUEL XR TAB 400MG	138
SECUADO DIS 7.6MG	137	SEROQUEL XR TAB 50MG.....	138
SECURES SAFE MIS 19GX1.5.....	246	SEROSTIM INJ 4MG	197
SECURES SAFE MIS 23GX1.5.....	246	SEROSTIM INJ 5MG	197
SECURES SAFE MIS 26GX1/2	246	SEROSTIM INJ 6MG.....	197

SERTRALINE CAP 150MG	85	<i>sildenafil citrate for suspension 10</i>	
SERTRALINE CAP 200MG	85	<i>mg/ml.....</i>	159
<i>sertraline hcl oral concentrate for</i>		<i>sildenafil citrate tab 20 mg</i>	159
<i>solution 20 mg/ml</i>	85	SILENOR TAB 3MG	210
<i>sertraline hcl tab 100 mg</i>	86	SILENOR TAB 6MG	210
<i>sertraline hcl tab 25 mg.....</i>	85	SILICONE MSK MIS ADULT	250
<i>sertraline hcl tab 50 mg.....</i>	85	SILICONE MSK MIS INFANT.....	250
SERUM BOTTLE MIS 20ML	234	SILICONE MSK MIS PED.....	250
SERUM BOTTLE MIS 20ML/20M ..	234	SILIQ INJ 210/1.5.....	183
SERUM BOTTLE MIS 250ML	234	<i>silodosin cap 4 mg</i>	205
SERUM BOTTLE MIS 2ML.....	234	<i>silodosin cap 8 mg</i>	205
SERUM BOTTLE MIS 30ML	234	<i>siltussin sa syp 100/5ml.....</i>	174
SERUM BOTTLE MIS 30ML/20M ..	234	<i>silver sulfadiazine cream 1%</i>	185
SERUM BOTTLE MIS 50ML/20M ..	234	SIMBRINZA SUS 1-0.2%.....	268
SERUM BOTTLE MIS 5ML.....	234	<i>simethicone cap 180mg</i>	200
SERUM BOTTLE MIS STOPPER....	234	<i>simethicone chew tab 125 mg....</i>	200
SESAME OIL	162	<i>simethicone chw 80mg</i>	200
<i>setlakin tab</i>	165	<i>simethicone dro 20/0.3ml</i>	200
SETTL PLATE MIS SDA/29ML	234	<i>simethicone dro infants.....</i>	200
SETTL PLATE MIS TSA/25ML.....	234	<i>simethicone susp 40 mg/0.6ml ..</i>	200
<i>sevelamer carbonate packet 0.8 gm</i>		<i>simliya tab 28 day.....</i>	165
.....	204	<i>simpesse tab</i>	165
<i>sevelamer carbonate packet 2.4 gm</i>		SIMPLE SYRUP SYP NF	276
.....	204	<i>simply salin aer baby.....</i>	174
<i>sevelamer carbonate tab 800 mg</i>		SIMPONI ARIA SOL 50MG/4ML	45
.....	204	SIMPONI INJ 100MG/ML	45
<i>sevelamer hcl tab 400 mg</i>	204	SIMPONI INJ 50/0.5ML.....	45
<i>sevelamer hcl tab 800 mg</i>	204	<i>simvastatin tab 10 mg</i>	112
<i>severe cong liq cough</i>	173	<i>simvastatin tab 20 mg</i>	112
<i>sf 5000 plus cre 1.1%.....</i>	257	<i>simvastatin tab 40 mg</i>	112
<i>sf gel 1.1%</i>	257	<i>simvastatin tab 5 mg.....</i>	112
SFROWASA ENE 4GM.....	202	<i>simvastatin tab 80 mg</i>	112
SHEET PROTEC MIS REUSABLE ..	234	SINGULAIR CHW 4MG	69
SHOE COVER MIS NON-SKID.....	234	SINGULAIR CHW 5MG	69
SHOWER-PAK MIS.....	234	SINGULAIR GRA 4MG	69
SHOWER STOOL MIS ROUND.....	234	SINGULAIR TAB 10MG	69
SIDE RESTER MIS CUSHION.....	234	<i>sinus/alergy tab max st</i>	173
SIDESTREAM MIS MASK.....	250	<i>sirolimus oral soln 1 mg/ml</i>	256
SIDESTREAM MIS PED MASK	250	<i>sirolimus tab 0.5 mg.....</i>	256
<i>silace liq 10mg/ml.....</i>	214	<i>sirolimus tab 1 mg</i>	256
<i>silace syp 60/15ml</i>	214	<i>sirolimus tab 2 mg</i>	256
SILCONE EAR MIS PLUGS.....	234	SITAVIG TAB 50MG	148
		SITZ BATH MIS.....	234

SKELAXIN TAB 800MG	263	<i>sm calcium/d tab 600-400.....</i>	254
SKIN CARE MIS TOOL.....	234	<i>sm calcium tab /vit d3</i>	254
SKYLA IUD 13.5MG	166	<i>sm chrom pic tab 200mcg</i>	256
SKYRIZI INJ 150DOSE	183	<i>sm cold& hot cre extra st</i>	190
SKYRIZI INJ 150MG/ML	183	<i>sm cold tab alrgy pe</i>	173
SKYRIZI PEN INJ 150MG/ML.....	183	SM CORAL CAL TAB 1000MG	254
SKYTROFA INJ 11MG	197	<i>sm cough dm sus 30mg/5ml.....</i>	170
SKYTROFA INJ 13.3MG	197	<i>sm cough rel syp 15mg/5ml</i>	170
SKYTROFA INJ 3.6MG	197	<i>sm dandruff sha 2 in 1</i>	184
SKYTROFA INJ 3MG.....	197	<i>sm dry eye sol relief.....</i>	267
SKYTROFA INJ 4.3MG	197	<i>sm dry skin lot therapy</i>	190
SKYTROFA INJ 5.2MG	197	<i>sm enema ene.....</i>	213, 214
SKYTROFA INJ 6.3MG	197	<i>sm eye dro.....</i>	270
SKYTROFA INJ 7.6MG	197	<i>sm eye drops sol 0.05% op</i>	270
SKYTROFA INJ 9.1MG	197	<i>sm fiber lax tab 500mg</i>	212
SLOWMAG MG TAB MUS/HRT.....	255	<i>sm fiber pow 28.3%</i>	212
SLOW-MAG TAB	255	<i>sm fiber pow 48.57%</i>	212
SLOW-MAG TAB 71.5-119	255	<i>sm fiber pow 58.6%</i>	212
SLOW REL FE TAB 143MG CR.....	210	<i>sm fiber tab 625mg.....</i>	212
SLYND TAB 4MG	167	SM FOAM EAR MIS PLUGS	234
<i>sm acid redu tab 200mg</i>	287	<i>sm folic acd tab 400mcg</i>	207
<i>sm all day tab 10mg.....</i>	108	<i>sm gas relie cap 180mg</i>	200
<i>sm all day tab allergy</i>	108	<i>sm glycerin sup 80.7%</i>	213
<i>sm allergy syp 5mg/5ml</i>	108	<i>sm hemorrhoi gel cooling.....</i>	63
<i>sm allergy tab 25mg</i>	106	<i>sm hydrocort cre 1%.....</i>	188
<i>sm allergy tab 60mg</i>	108	<i>sm hydrocort cre 1% plus</i>	188
<i>sm animal chw shapes</i>	261	<i>sm hydrocort oin 1%.....</i>	188
<i>sm animal sh chw complete.....</i>	261	<i>sm hygienic pad cleansng.....</i>	192
<i>sm antibioti cre plus</i>	181	<i>sm ibuprofen cap 200mg</i>	49
<i>sm antibioti oin 500/gm.....</i>	181	<i>sm ibuprofen chw 100mg.....</i>	49
<i>sm anti-diar liq 1mg/7.5</i>	102	<i>sm ibuprofen tab 200mg.....</i>	49
<i>sm anti-diar tab 2mg.....</i>	102	<i>sm iron slow tab 160mg cr</i>	210
<i>sm antifungl cre 1%</i>	182	<i>sm iron tab 325mg.....</i>	210
<i>sm antifungl cre 2%</i>	183	<i>sm laxative sup 10mg.....</i>	214
<i>sm anti-itch cre 2-0.1%.....</i>	183	<i>sm l-lysine tab 500mg</i>	266
<i>sm artificia sol tears</i>	267	<i>sm loratadin tab 10mg.....</i>	108
SMARTIP SYR MIS /CANNULA	246	<i>sm magnesium sol cherry</i>	214
SMART PUMP MIS TOTE BAG	234	<i>sm melatonin tab 3mg.....</i>	44
<i>sm balanced tab b-100</i>	258	<i>sm micon 7 sup 100mg.....</i>	292
<i>sm balanced tab b-50.....</i>	258	<i>sm mucus rel tab 1200 er</i>	174
<i>sm ca/mg/zn tab</i>	254	<i>sm mucus rel tab 600mg er.....</i>	174
SM CALAMINE LOT	192	<i>sm multiple tab vit/iron.....</i>	259
SM CALAMINE LOT PHENOLAT ...	192	<i>sm muscle cre rub.....</i>	190

<i>sm nasal dec tab 10mg pe</i>	265	<i>sodium fluoride chew tab 0.25 mg f</i> (from 0.55 mg naf)	254
<i>sm nicotine dis 14mg/24h</i>	284	<i>sodium fluoride chew tab 0.5 mg f</i> (from 1.1 mg naf)	254
<i>sm nicotine dis 21mg/24h</i>	284	<i>sodium fluoride chew tab 1 mg f</i> (from 2.2 mg naf)	254
<i>sm nicotine dis 7mg/24hr</i>	284	<i>sodium fluoride gel 1.1% (0.5% f)</i>	257
<i>sm nicotine loz 4mg</i>	284	<i>sodium fluoride soln 0.5 mg/ml f</i> (from 1.1 mg/ml naf)	254
<i>sm nicotine loz 4mg cinn</i>	284	<i>sodium phosphates - enema</i>	214
<i>sm nicotine loz 4mg mint</i>	284	<i>sodium polystyrene sulfonate</i> powder	257
<i>smooth lax pow 3350 nf</i>	213	SOD SILICATE SOL 40%	162
<i>sm povid-iod sol 10%</i>	143	SOD SUL/SULF EMU 10-5%	178
SM PRENATAL TAB VITAMINS	262	SOD SUL/SULF SUS 10-5%	178
SM SWEET OIL	162	SOFOS/VELPAT TAB 400-100....	148
<i>sm triple oin antibiot</i>	181	<i>solifenacin succinate tab 10 mg.</i>	291
<i>sm tussin cf liq</i>	173	<i>solifenacin succinate tab 5 mg</i> ...	291
<i>sm vitamin c chw 500mg</i>	295	SOLIQUA INJ 100/33	93
<i>sm vitamin c tab 1000mg</i>	295	SOLOSEC GRA 2GM	44
<i>sm vitamin c tab 250mg</i>	295	<i>soluble fib pow therapy</i>	212
<i>sm vit b-12 tab 100mcg</i>	207	SOMA TAB 250MG	263
<i>sm vit b-12 tab 500mcg</i>	207	SOMA TAB 350MG	263
<i>sm vit b-6 tab 100mg</i>	295	SOOLANTRA CRE 1%	192
<i>sm vit c/rh tab 1000mg</i>	295	SOOTHE&COOL LIQ SHAMPOO ...	192
SM WALKER MIS YOUTH	234	<i>soothe xp dro</i>	267
<i>sm zinc tab 50mg</i>	256	SOOTHIES GEL MIS PADS	234
SNAP-ON CHLO MIS STOPPER....	234	SORBITOL POW	162
SOD BISULFIT GRA	161	<i>sore throat loz 15-2.6mg</i>	257
<i>sod fluoride gel 1.1%</i>	257	<i>sore throat loz 15-3.6mg</i>	257
<i>sodium bicarbonate tab 325 mg</i> ...	64	<i>sore throat loz cherry</i>	257
<i>sodium bicarbonate tab 650 mg</i> ...	64	<i>sore throat spr 1.4%</i>	257
<i>sodium chloride aero soln 0.9%</i> .	174	SORILUX AER 0.005%	183
<i>sodium chloride flush iv soln 0.9%</i>	256	<i>sorine tab 120mg</i>	151
<i>sodium chloride hypertonic ophth</i> oint 5%	272	<i>sorine tab 160mg</i>	151
<i>sodium chloride hypertonic ophth</i> soln 5%	272	<i>sorine tab 240mg</i>	151
<i>sodium chloride irrigation soln 0.9%</i>	204	<i>sorine tab 80mg</i>	151
<i>sodium chloride soln nebu 0.9%</i> .	174	SOSWEET SYP	276
<i>sodium chloride tab 1 gm</i>	256	<i>sotalol hcl (afib/afl) tab 120 mg</i> .	151
<i>sodium citrate & citric acid soln 500-</i> <i>334 mg/5ml</i>	204	<i>sotalol hcl (afib/afl) tab 160 mg</i> .	151
<i>sodium fluor cre 5000 pls</i>	257	<i>sotalol hcl (afib/afl) tab 80 mg</i> ...	151
<i>sodium fluor cre 5000 ppm</i>	257	<i>sotalol hcl tab 120 mg</i>	151

<i>sotalol hcl tab 160 mg</i>	151	SPRITAM TAB 500MG	79
<i>sotalol hcl tab 240 mg</i>	151	SPRITAM TAB 750MG	79
<i>sotalol hcl tab 80 mg</i>	151	SPRIX SPR 15.75MG.....	49
SOTYLIZE SOL 5MG/ML.....	151	<i>ssd cre 1%</i>	185
SOVALDI PAK 150MG	148	<i>sss 10-5 aer 10-5%</i>	178
SOVALDI PAK 200MG	148	<i>sss cre 10%-5%</i>	178
SOVALDI TAB 200MG	148	<i>stavudine cap 30 mg</i>	146
SOVALDI TAB 400MG	148	<i>stay awake tab 200mg</i>	35
<i>soya lecithn cap 1200mg</i>	266	STEARIC ACID POW	276
SPACE CHAMBR MIS ANTI-STA ..	250	STEARYL MIS ALCOHOL	276
SPACE CHAMBR MIS LARGE.....	250	STEARYL POW ALCOHOL	277
SPACE CHAMBR MIS MEDIUM	250	STEEL ROLLIN MIS WALKER	235
SPACE CHAMBR MIS SMALL.....	250	STEGLATRO TAB 15MG	100
SPACER/AEROSOL-HOLDING		STEGLATRO TAB 5MG.....	100
CHAMBERS	250	STEGLUJAN TAB 15-100MG.....	93
SPACER CHAMB MIS ADULT.....	250	STEGLUJAN TAB 5-100MG.....	93
SPACER CHAMB MIS CHILD	250	STELARA INJ 45MG/0.5.....	183
SPACER CHAMB MIS INFANT	250	STELARA INJ 5MG/ML.....	202
<i>span c tab</i>	259	STELARA INJ 90MG/ML	184
SPEARMINT OIL	162	STEP COUNTER MIS	235
SPECIMEN MIS CATCH	234	STEP N' REST MIS II WALKR.....	235
SPECIMEN MIS CONATINR.....	234	STEP N' REST MIS W/WHEELS ...	235
SPECIMEN MIS CONTAINR.....	234	STEP N' REST MIS WALKER	235
SPECIMN CONT MIS 118ML	235	STEP N REST MIS WALKER	235
SPIRIVA AER 1.25MCG	69	STETHOSCOPE MIS DISP	235
SPIRIVA CAP HANDIHLR	69	STETHOSCOPE MIS DUAL.....	235
SPIRIVA SPR 2.5MCG	69	STETHOSCOPE MIS NURSES.....	235
<i>spironolactone &</i>		STETHOSCOPE MIS SINGLE.....	235
<i>hydrochlorothiazide tab 25-25 mg</i>		STETHOSCOPE MIS SPRAGUE	235
.....	194	STIMATE SOL 1.5MG/ML	198
<i>spironolactone tab 100 mg</i>	195	STIOLTO AER 2.5-2.5.....	72
<i>spironolactone tab 25 mg</i>	195	STIR ROD/GLA MIS 12X1/4	235
<i>spironolactone tab 50 mg</i>	195	STOCKING APP MIS PETITE	235
SPLASH GUARD MIS COMMODE .	235	STOCKING APP MIS REGULAR....	235
SPLSH SHIELD MIS FLL FACE.....	235	<i>stomach relf chw 262mg</i>	102
SPLSH SHIELD MIS SHORT.....	235	<i>stomach relf sus 525/15ml</i>	102
SPORANOX CAP 100MG	105	<i>stomach relf tab 262mg</i>	102
SPORANOX CAP PULSEPAK.....	105	STOMA MEASUR MIS DEVICE.....	218
SPORANOX SOL 10MG/ML	105	<i>stool soft cap 240mg</i>	214
SPRAY APP MIS KIT	235	<i>stool soften cap 100mg</i>	214
SPRAY BOTTLE MIS 120ML	235	<i>stool soften cap 250mg</i>	214
SPRITAM TAB 1000MG.....	79	<i>stool softnr cap 100mg</i>	214
SPRITAM TAB 250MG	79	<i>stool softnr cap 240mg</i>	215

<i>stool softnr cap 250mg</i>	215	<i>sulfacetamide sodium ophth oint</i>	
<i>stool softnr tab 100mg</i>	215	10%	269
STRAINER/SS MIS 2-1/2	235	<i>sulfacetamide sodium ophth soln</i>	
STRATTERA CAP 100MG.....	36	10%	269
STRATTERA CAP 10MG	36	<i>sulfacetamide sodium-prednisolone</i>	
STRATTERA CAP 18MG	36	ophth soln 10-0.23(0.25)%	271
STRATTERA CAP 25MG	36	<i>sulfacetamide sodium shampoo</i>	
STRATTERA CAP 40MG	36	10%	184
STRATTERA CAP 60MG	36	<i>sulfacetamide sodium w/ sulfur</i>	
STRATTERA CAP 80MG	36	cleanser 10-2%.....	178
STRAWBERRY LIQ FLAVOR	276	<i>sulfacetamide sodium w/ sulfur</i>	
<i>stress form/ tab zinc</i>	258	cleanser 10-5%.....	179
STRIBILD TAB	146	<i>sulfacetamide sodium w/ sulfur</i>	
STRIVERDI AER 2.5MCG	72	cleanser 9.8-4.8%	178
SUBLOCADE INJ 100/0.5	61	<i>sulfacetamide sodium w/ sulfur</i>	
SUBLOCADE INJ 300/1.5	61	cleansing pad 10-4%	179
SUBOXONE MIS 12-3MG.....	61	<i>sulfacetamide sodium w/ sulfur</i>	
SUBOXONE MIS 2-0.5MG.....	61	cream 10-2%.....	179
SUBOXONE MIS 4-1MG.....	61	<i>sulfacetamide sodium w/ sulfur</i>	
SUBOXONE MIS 8-2MG.....	61	cream 10-5%.....	179
<i>subvenite kit start 35</i>	79	<i>sulfacetamide sodium w/ sulfur</i>	
<i>subvenite kit start 49</i>	79	lotion 10-5%.....	179
<i>subvenite kit start 98</i>	79	<i>sulfacetamide sodium w/ sulfur susp</i>	
<i>subvenite tab 100mg</i>	79	8-4%	179
<i>subvenite tab 150mg</i>	79	<i>sulfacetamide sodium w/ sulfur</i>	
<i>subvenite tab 200mg</i>	79	wash 9-4.5%	179
<i>subvenite tab 25mg</i>	79	<i>sulfacetamide sodium w/ sulfur</i>	
<i>sucralfate susp 1 gm/10ml</i>	288	wash 9-4%	179
<i>sucralfate tab 1 gm</i>	288	<i>sulfamethoxazole-trimethoprim susp</i>	
SUCTION GRAB MIS BAR.....	235	200-40 mg/5ml.....	65
SUCTION TIPS MIS TR BENCH ...	235	<i>sulfamethoxazole-trimethoprim tab</i>	
<i>sudogest tab 60mg</i>	265	400-80 mg	65
SULAR TAB 17MG.....	155	<i>sulfamethoxazole-trimethoprim tab</i>	
SULAR TAB 34MG.....	155	800-160 mg	65
SULAR TAB 8.5MG.....	155	<i>sulfasalazine tab 500 mg</i>	202
<i>sulconazole nitrate cream 1%</i>	183	<i>sulfasalazine tab delayed release</i>	
<i>sulconazole nitrate solution 1%</i> ..	183	500 mg	202
<i>sulfacetamide sodium cleansing gel</i>		<i>sulfatrim pd sus 200-40/5</i>	65
10%	184	<i>sulindac tab 150 mg</i>	49
<i>sulfacetamide sodium liquid 10%</i>		<i>sulindac tab 200 mg</i>	49
.....	184	SUMADAN KIT	179
<i>sulfacetamide sodium lotion 10%</i>		SUMADAN WASH LIQ 9-4.5%	179
(acne).....	178	SUMADAN XLT KIT 9-4.5%.....	179

<i>sumatriptan-naproxen sodium tab</i>	SUPPOSITORY MIS 2.25ML.....	235
85-500 mg	SUPPOSITORY MIS MOLD.....	235
<i>sumatriptan nasal spray 20 mg/act</i>	SUPPOSITORY MIS MOLD 2CC ...	235
.....	SUPPOSITORY MIS MOLD 2ML ...	235
<i>sumatriptan nasal spray 5 mg/act</i>	SUPPOSITORY MIS MOLD 3ML ...	235
.....	SUPPOS MOLD/ MIS ALUM 2GM .	235
<i>sumatriptan succinate inj 6</i>	SUPPOS SHELL MIS 2.4ML.....	235
<i>mg/0.5ml</i>	SUPPOS SHELL MIS RACK	235
<i>sumatriptan succinate solution auto-</i>	SUPRAX CAP 400MG.....	160
<i>injector 4 mg/0.5ml</i>	SUPRAX CHW 100MG.....	160
<i>sumatriptan succinate solution auto-</i>	SUPRAX CHW 200MG.....	160
<i>injector 6 mg/0.5ml</i>	SUPRAX SUS 100/5ML	160
<i>sumatriptan succinate solution</i>	SUPRAX SUS 200/5ML	160
<i>cartridge 4 mg/0.5ml</i>	SUPRAX SUS 500/5ML	160
<i>sumatriptan succinate solution</i>	SURE COMFORT MIS 0.5/31G ...	246
<i>cartridge 6 mg/0.5ml</i>	SURE COMFORT MIS 31GX6MM..	246
<i>sumatriptan succinate tab 100 mg</i>	SUSTIVA CAP 200MG.....	146
.....	SUSTIVA CAP 50MG	146
<i>sumatriptan succinate tab 25 mg</i>	SUSTIVA TAB 600MG.....	146
.....	SUSTOL INJ 10/0.4ML	103
<i>sumatriptan succinate tab 50 mg</i>	SWEETENING LIQ ENHANCER ...	276
.....	SWEET OIL.....	162
SUMAXIN CP KIT.....	SWIM MIS EARPLUGS	235
<i>summers eve sol 0.3%</i>	SWIVEL WHEEL MIS 3	235
SUMP DRAIN MIS 20FR/20	SWIVEL WHEEL MIS 5	235
SUMP DRAIN MIS 24FR/20	<i>syeda tab 3-0.03mg</i>	165
SUMP DRAIN MIS 28FR/20	SYMBICORT AER 160-4.5.....	72
<i>sunitinib malate cap 12.5 mg (base</i>	SYMBICORT AER 80-4.5.....	72
<i>equivalent)</i>	SYMBYAX CAP 3-25MG.....	280
<i>sunitinib malate cap 25 mg (base</i>	SYMBYAX CAP 6-25MG.....	280
<i>equivalent)</i>	SYMFI LO TAB	146
<i>sunitinib malate cap 37.5 mg (base</i>	SYMFI TAB	146
<i>equivalent)</i>	SYMJEPI INJ 0.15MG	293
<i>sunitinib malate cap 50 mg (base</i>	SYMJEPI INJ 0.3MG	293
<i>equivalent)</i>	SYMLINPEN 60 INJ 1000MCG.....	89
SUNOSI TAB 150MG.....	SYMLNPEN 120 INJ 1000MCG	89
SUNOSI TAB 75MG	SYMPAZAN MIS 10MG	75
<i>super b comp tab vit c</i>	SYMPAZAN MIS 20MG	75
<i>super dec tab b-100</i>	SYMPAZAN MIS 5MG	75
<i>super liq nu-thera</i>	SYMPHONY DBL MIS PUMP SYS..	236
<i>super quints tab</i>	SYMPROIC TAB 0.2MG	203
SUPPOSITORY MIS 1.3ML.....	SYMPTUZA TAB	146
SUPPOSITORY MIS 2.0ML.....	SYNALAR CRE 0.025%.....	188

SYNALAR KIT 0.025%.....	188	<i>tacrolimus cap 5 mg</i>	256
SYNALAR OIN 0.025%	188	<i>tacrolimus oint 0.03%</i>	190
SYNALAR SOL 0.01%.....	188	<i>tacrolimus oint 0.1%</i>	190
SYNALAR TS KIT 0.01%	188	<i>tadalafil tab 2.5 mg</i>	158
SYNJARDY TAB	93	<i>tadalafil tab 20 mg (pah)</i>	159
SYNJARDY TAB 12.5-500	93	<i>tadalafil tab 5 mg</i>	158
SYNJARDY TAB 5-1000MG.....	93	TAKEAWAY RET MIS ENVELOPE..	236
SYNJARDY TAB 5-500MG	93	TAKEAWAY RET MIS ENV SYS	236
SYNJARDY XR TAB	93	TAKHZYRO INJ 300/2ML	206
SYNJARDY XR TAB 10-1000.....	93	TALICIA CAP	290
SYNJARDY XR TAB 25-1000.....	93	TALL EXT LEG MIS WALKER.....	236
SYNJARDY XR TAB 5-1000MG.....	93	TALTZ INJ 80MG/ML.....	184
SYR/FILT/MEM MIS TITAN3	246	TAMIFLU CAP 30MG.....	149
SYR FILTER MIS 65MM.....	246	TAMIFLU CAP 45MG.....	149
SYR FILTER MIS 90MM.....	246	TAMIFLU CAP 75MG.....	149
SYRINGE (DISPOSABLE) 10 ML..	246	TAMIFLU SUS 6MG/ML.....	149
SYRINGE (DISPOSABLE) 1 ML....	246	<i>tamoxifen citrate tab 10 mg (base</i>	
SYRINGE BARR MIS LUER10ML ..	246	<i>equivalent)</i>	127
SYRINGE BARR MIS LUER 1ML ...	247	<i>tamoxifen citrate tab 20 mg (base</i>	
SYRINGE BARR MIS LUER 3ML ...	247	<i>equivalent)</i>	127
SYRINGE BARR MIS LUER 5ML ...	247	<i>tamsulosin hcl cap 0.4 mg</i>	205
SYRINGE BARR MIS UNI 10ML ...	247	<i>taperdex pak 12-day</i>	169
SYRINGE BARR MIS UNI 3ML.....	247	<i>taperdex pak 6 day</i>	169
SYRINGE BARR MIS UNI 5ML.....	247	<i>taperdex pak 7-day</i>	169
SYRINGE DIAL MIS -A-DOSE	236	TAP-N-CLICK MIS PAD	236
SYRINGE FILT MIS 25MM	247	<i>tarina 24 fe tab</i>	165
SYRINGE FILT MIS 32MM	247	<i>tavaborole soln 5%</i>	183
SYRINGE FILT MIS 33MM	247	<i>taysofy cap 1/20</i>	165
SYRINGE FLTR MIS 32MM	247	TAZAROTENE AER 0.1%.....	179
SYRINGE LUER MIS -LOK 1ML....	247	<i>tazarotene cream 0.1%</i>	184
SYRINGE TRAY MIS PHASEAL.....	248	<i>taztia xt cap 120mg/24</i>	155
<i>systeme dro contacts</i>	267	<i>taztia xt cap 180mg/24</i>	155
SYSTANE GEL 0.3%.....	267	<i>taztia xt cap 240mg/24</i>	155
SYSTANE ICAP TAB AREDS2	260	<i>taztia xt cap 300mg er</i>	155
T		<i>taztia xt cap 360mg/24</i>	155
<i>tab-a-vite tab /iron</i>	259	TB SYRINGE MIS 0.5/28G	248
TABLET CUTTR MIS /CRUSHER...	236	<i>tears pure sol</i>	267
TABLET CUTTR MIS /SAFETY.....	236	TECFIDERA CAP 120MG	282
<i>tab tussin tab 400mg</i>	174	TECFIDERA CAP 240MG	282
TACLONEX OIN	188	TECFIDERA MIS STARTER	282
TACLONEX SUS.....	188	TEGRETOL SUS 100/5ML	79
<i>tacrolimus cap 0.5 mg</i>	256	TEGRETOL TAB 200MG	79
<i>tacrolimus cap 1 mg</i>	256	TEGRETOL-XR TAB 100MG	79

TEGRETOL-XR TAB 200MG	79	TENORMIN TAB 25MG.....	150
TEGRETOL-XR TAB 400MG	79	TENORMIN TAB 50MG.....	150
TEKTURNA HCT TAB 150-12.5 ...	122	<i>tension tab 500-65mg</i>	<i>51</i>
TEKTURNA HCT TAB 150-25MG..	122	<i>terazosin hcl cap 10 mg (base</i>	
TEKTURNA HCT TAB 300-12.5 ...	122	<i>equivalent)</i>	<i>118</i>
TEKTURNA HCT TAB 300-25MG..	122	<i>terazosin hcl cap 1 mg (base</i>	
TEKTURNA TAB 150MG	124	<i>equivalent)</i>	<i>118</i>
TEKTURNA TAB 300MG	124	<i>terazosin hcl cap 2 mg (base</i>	
<i>telmisartan-amlodipine tab 40-10</i>		<i>equivalent)</i>	<i>118</i>
<i>mg</i>	<i>122</i>	<i>terazosin hcl cap 5 mg (base</i>	
<i>telmisartan-amlodipine tab 40-5 mg</i>		<i>equivalent)</i>	<i>118</i>
<i>.....</i>	<i>122</i>	<i>terbinafine cre 1%</i>	<i>183</i>
<i>telmisartan-amlodipine tab 80-10</i>		<i>terbinafine hcl tab 250 mg</i>	<i>105</i>
<i>mg</i>	<i>123</i>	<i>terconazole vaginal cream 0.4% 292</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i>		<i>terconazole vaginal cream 0.8% 293</i>	
<i>.....</i>	<i>123</i>	<i>terconazole vaginal suppos 80 mg</i>	
<i>telmisartan-hydrochlorothiazide tab</i>		<i>.....</i>	<i>293</i>
<i>40-12.5 mg</i>	<i>123</i>	TESTIM GEL 1%(50MG).....	62
<i>telmisartan-hydrochlorothiazide tab</i>		<i>testosterone cypionate im inj in oil</i>	
<i>80-12.5 mg</i>	<i>123</i>	<i>100 mg/ml</i>	<i>62</i>
<i>telmisartan-hydrochlorothiazide tab</i>		<i>testosterone cypionate im inj in oil</i>	
<i>80-25 mg</i>	<i>123</i>	<i>200 mg/ml</i>	<i>62</i>
<i>telmisartan tab 20 mg</i>	<i>117</i>	<i>testosterone td gel 10mg/act (2%)</i>	
<i>telmisartan tab 40 mg</i>	<i>117</i>	<i>.....</i>	<i>62</i>
<i>telmisartan tab 80 mg</i>	<i>117</i>	<i>testosterone td gel 12.5 mg/act</i>	
<i>temazepam cap 15 mg</i>	<i>211</i>	<i>(1%)</i>	<i>62</i>
<i>temazepam cap 22.5 mg.....</i>	<i>211</i>	<i>testosterone td gel 20.25</i>	
<i>temazepam cap 30 mg</i>	<i>211</i>	<i>mg/1.25gm (1.62%)</i>	<i>62</i>
<i>temazepam cap 7.5 mg</i>	<i>211</i>	<i>testosterone td gel 20.25 mg/act</i>	
TEMIXYS TAB 300-300.....	146	<i>(1.62%).....</i>	<i>62</i>
TEMOVATE CRE 0.05%	188	<i>testosterone td gel 25 mg/2.5gm</i>	
TEMOVATE OIN 0.05%.....	188	<i>(1%)</i>	<i>62</i>
<i>temozolomide cap 100 mg</i>	<i>125</i>	<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>temozolomide cap 140 mg</i>	<i>125</i>	<i>(1.62%).....</i>	<i>62</i>
<i>temozolomide cap 180 mg</i>	<i>125</i>	<i>testosterone td gel 50 mg/5gm</i>	
<i>temozolomide cap 20 mg</i>	<i>125</i>	<i>(1%)</i>	<i>63</i>
<i>temozolomide cap 250 mg</i>	<i>125</i>	<i>testosterone td soln 30 mg/act ...</i>	<i>63</i>
<i>temozolomide cap 5 mg</i>	<i>125</i>	<i>tetrabenazine tab 12.5 mg</i>	<i>280</i>
<i>tenofovir disoproxil fumarate tab</i>		<i>tetrabenazine tab 25 mg</i>	<i>280</i>
<i>300 mg</i>	<i>146</i>	TEXACORT SOL 2.5%	188
TENORETIC TAB 100	123	<i>thera-derm lot.....</i>	<i>190</i>
TENORETIC TAB 50	123	<i>theraflu exp tab cold/cgh</i>	<i>173</i>
TENORMIN TAB 100MG	150	<i>thera-gesic cre</i>	<i>190</i>

<i>thera-gesic cre plus</i>	190	<i>timolol maleate ophth gel forming soln 0.25%</i>	267
THERA M PLUS TAB.....	260	<i>timolol maleate ophth gel forming soln 0.5%</i>	267
THERA-M TAB.....	260	<i>timolol maleate ophth soln 0.25%</i>	267
<i>therapeutic sha</i>	193	<i>timolol maleate ophth soln 0.5%</i>	267
THERAPEUTIC SHA 3%.....	190	<i>timolol maleate ophth soln 0.5% (once-daily)</i>	267
THERA TAB.....	260	<i>timolol maleate tab 10 mg</i>	152
THEREMS-M TAB.....	260	<i>timolol maleate tab 5 mg</i>	151
<i>thiamine hcl tab 100 mg</i>	295	<i>timolol mal sol 0.5% op</i>	267
<i>thiamine hcl tab 50 mg</i>	295	TIMOLOL MAL TAB 20MG.....	151
<i>thiamine mononitrate tab 100 mg</i>	295	TIMOPTIC OCU SOL 0.25% OP...	267
<i>thioridazine hcl tab 100 mg</i>	141	TIMOPTIC OCU SOL 0.5% OP....	267
<i>thioridazine hcl tab 10 mg</i>	140	TIMOPTIC SOL 0.25% OP.....	268
<i>thioridazine hcl tab 25 mg</i>	140	TIMOPTIC SOL 0.5% OP.....	267
<i>thioridazine hcl tab 50 mg</i>	141	TIMOPTIC-XE SOL 0.25% OP....	268
<i>thiothixene cap 10 mg</i>	143	TIMOPTIC-XE SOL 0.5% OP.....	268
<i>thiothixene cap 1 mg</i>	143	<i>tinidazole tab 250 mg</i>	65
<i>thiothixene cap 2 mg</i>	143	<i>tinidazole tab 500 mg</i>	65
<i>thiothixene cap 5 mg</i>	143	TIP CAP TRAY MIS LEUR.....	236
THRESHOLD MIS IMT.....	250	TIP RECT/VAG MIS PERFORAT ...	236
THRESHOLD MIS PEP.....	250	TISSUE GRIND MIS 15ML.....	236
THRIVACIN 30 LIQ.....	194	TISSUE GRIND MIS 50ML.....	236
THRIVACIN LIQ DETOX.....	194	TISSUE MIS GRINDER.....	236
THRIVITE RX TAB 29-1MG.....	262	TIVICAY PD TAB 5MG.....	146
<i>tiadylt cap 120mg/24</i>	155	TIVICAY TAB 10MG.....	146
<i>tiadylt cap 180mg/24</i>	155	TIVICAY TAB 25MG.....	146
<i>tiadylt cap 240mg/24</i>	155	TIVICAY TAB 50MG.....	146
<i>tiadylt cap 300mg/24</i>	155	<i>tizanidine hcl cap 2 mg (base equivalent)</i>	263
<i>tiadylt cap 360mg/24</i>	155	<i>tizanidine hcl cap 4 mg (base equivalent)</i>	263
<i>tiadylt cap 420mg/24</i>	155	<i>tizanidine hcl cap 6 mg (base equivalent)</i>	263
<i>tiagabine hcl tab 12 mg</i>	81	<i>tizanidine hcl tab 2 mg (base equivalent)</i>	263
<i>tiagabine hcl tab 16 mg</i>	81	<i>tizanidine hcl tab 4 mg (base equivalent)</i>	263
<i>tiagabine hcl tab 2 mg</i>	81	<i>tl-hem 150 tab</i>	209
<i>tiagabine hcl tab 4 mg</i>	81	TOBI NEB 300/5ML.....	44
TIAZAC CAP 120MG/24.....	156	TOBI PODHALR CAP 28MG.....	44
TIAZAC CAP 180MG/24.....	156		
TIAZAC CAP 240MG/24.....	156		
TIAZAC CAP 300MG/24.....	156		
TIAZAC CAP 360MG/24.....	156		
TIAZAC CAP 420MG/24.....	156		
TIGAN INJ 100MG/ML.....	104		
<i>tilia fe tab</i>	165		

TOBRADEX OIN 0.3-0.1%	271	TOPI-CLICK MIS GREEN	236
TOBRADEX ST SUS 0.3-0.05.....	271	TOPI-CLICK MIS NOZZLE	236
TOBRADEX SUS 0.3-0.1%	271	TOPI-CLICK MIS ORANGE.....	236
<i>tobramycin-dexamethasone ophth</i>		TOPI-CLICK MIS ORN/WHT.....	236
<i>susp 0.3-0.1%</i>	271	TOPI-CLICK MIS PERL.....	236
<i>tobramycin nebu soln 300 mg/4ml</i>		TOPI-CLICK MIS PERL SYS	236
.....	45	TOPI-CLICK MIS PINK.....	236, 237
<i>tobramycin nebu soln 300 mg/5ml</i>		TOPI-CLICK MIS PURPLE	237
.....	45	TOPI-CLICK MIS RED.....	237
<i>tobramycin ophth soln 0.3%.....</i>	269	TOPI-CLICK MIS SILVER	237
TOBREX OIN 0.3% OP	269	TOPI-CLICK MIS VAG APPL	237
TOILET FRAME MIS SAEFTY	236	TOPI-CLICK MIS VAG LOAD	237
TOILET SEAT MIS ELEVATOR	236	TOPI-CLICK MIS VAG SYS	237
TOILET SEAT MIS E-Z LOCK	236	TOPI-CLICK MIS WHITE	237
TOILET SEAT MIS LOCK	236	TOPICORT CRE 0.05%	188
TOILET SEAT MIS LOCK/ARM.....	236	TOPICORT CRE 0.25%	188
TOILET SEAT MIS RAIS/LFT.....	236	TOPICORT GEL 0.05%	188
TOILET SEAT MIS RAIS/RGT.....	236	TOPICORT OIN 0.05%	188
TOILET SEAT MIS RAISED	236	TOPICORT OIN 0.25%	188
<i>tolnaftate cream 1%.....</i>	183	TOPICORT SPR 0.25%	188
<i>tolnaftate powder 1%</i>	183	<i>topiramate cap er 24hr sprinkle 100</i>	
TOLSURA CAP 65MG.....	105	<i>mg</i>	80
<i>tolterodine tartrate cap er 24hr 2</i>		<i>topiramate cap er 24hr sprinkle 150</i>	
<i>mg</i>	291	<i>mg</i>	80
<i>tolterodine tartrate cap er 24hr 4</i>		<i>topiramate cap er 24hr sprinkle 200</i>	
<i>mg</i>	291	<i>mg</i>	80
<i>tolterodine tartrate tab 1 mg</i>	291	<i>topiramate cap er 24hr sprinkle 25</i>	
<i>tolterodine tartrate tab 2 mg</i>	291	<i>mg</i>	79
<i>tolvaptan tab 30 mg</i>	198	<i>topiramate cap er 24hr sprinkle 50</i>	
TOMMEE TIPPE MIS PUMP	236	<i>mg</i>	80
TONGUE MIS CLEANER	236	<i>topiramate sprinkle cap 15 mg ...</i>	80
TONGUE MIS DEPRESSO	236	<i>topiramate sprinkle cap 25 mg ...</i>	80
TOOTHETTE MIS BITE BLK	236	<i>topiramate tab 100 mg.....</i>	80
TOPAMAX SPR CAP 15MG.....	79	<i>topiramate tab 200 mg.....</i>	80
TOPAMAX SPR CAP 25MG.....	79	<i>topiramate tab 25 mg.....</i>	80
TOPAMAX TAB 100MG	79	<i>topiramate tab 50 mg.....</i>	80
TOPAMAX TAB 200MG	79	TOPROL XL TAB 100MG.....	150
TOPAMAX TAB 25MG	79	TOPROL XL TAB 200MG.....	150
TOPAMAX TAB 50MG	79	TOPROL XL TAB 25MG	150
TOPI-CLICK MIS BLACK	236	TOPROL XL TAB 50MG	150
TOPI-CLICK MIS BLUE	236	<i>torseamide tab 100 mg</i>	195
TOPI-CLICK MIS DOSE CK.....	236	<i>torseamide tab 10 mg</i>	195
TOPI-CLICK MIS GOLD.....	236	<i>torseamide tab 20 mg</i>	195

<i>torseamide tab 5 mg</i>	195	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	123
TOSYMRA SOL 10MG	253	<i>tranexamic acid tab 650 mg</i>	210
TOTAL COMFRT MIS CUSHION ...	237	TRANSDERM-SC DIS 1MG/3DAY.	104
TOUJEO MAX INJ 300IU/ML	98	TRANSF BENCH MIS COMMODE .	237
TOUJEO SOLO INJ 300IU/ML	98	TRANSF BENCH MIS COMPOSIT .	237
<i>tovet aer 0.05%</i>	188	TRANSF BENCH MIS FUL SEAT ...	237
TOVET KIT KIT 0.05%	188	TRANSF BENCH MIS MOLDED	237
TOVIAZ TAB 4MG	291	TRANSF BOARD MIS	237
TOVIAZ TAB 8MG	291	TRANSFER MIS BENCH.....	237
TRACH TUBE MIS HOLDER.....	237	TRANSFER NDL MIS 20GX1	248
TRACLEER TAB 125MG	158	TRANSFER PIN MIS	237
TRACLEER TAB 32MG	158	TRANSPORT MIS CHAIR	237
TRACLEER TAB 62.5MG.....	158	TRANXENE T TAB 7.5MG	68
TRACT PELVIC MIS BELT	237	<i>tranylcypromine sulfate tab 10 mg</i>	
TRACT WEIGHT MIS BAG 20LB ..	237	.....	83
TRADJENTA TAB 5MG	96	TRAVATAN Z DRO 0.004%	273
TRAGACANTH POW.....	277	TRAVEL POUCH MIS	237
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	60	<i>travoprost ophth soln 0.004%</i>	
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	57	(benzalkonium free) (bak free)	273
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	57	TRAZIMERA INJ 150MG.....	126
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	57	TRAZIMERA INJ 420MG.....	126
<i>tramadol hcl tab 100 mg</i>	57	<i>trazodone hcl tab 100 mg</i>	86
<i>tramadol hcl tab 50 mg</i>	57	<i>trazodone hcl tab 150 mg</i>	86
<i>tramadol hcl tab er 24hr 100 mg</i> .	57	<i>trazodone hcl tab 300 mg</i>	86
<i>tramadol hcl tab er 24hr 200 mg</i> .	57	<i>trazodone hcl tab 50 mg</i>	86
<i>tramadol hcl tab er 24hr 300 mg</i> .	57	TRELEGY AER ELLIPTA.....	72
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	57	TREMFYA INJ 100MG/ML	184
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	57	TRESIBA FLEX INJ 100UNIT	98
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	58	TRESIBA FLEX INJ 200UNIT	98
TRANDO/VERAP TAB 2-180 ER...123		TRESIBA INJ 100UNIT	98
TRANDO/VERAP TAB 2-240 ER...123		<i>tretinoin cap 10 mg</i>	127
TRANDO/VERAP TAB 4-240 ER...123		<i>tretinoin cream 0.025%</i>	179
<i>trandolapril tab 1 mg</i>	115	<i>tretinoin cream 0.05%</i>	179
<i>trandolapril tab 2 mg</i>	115	<i>tretinoin cream 0.1%</i>	179
<i>trandolapril tab 4 mg</i>	115	<i>tretinoin gel 0.01%</i>	179
		<i>tretinoin gel 0.025%</i>	179
		<i>tretinoin gel 0.05%</i>	179
		<i>tretinoin microsphere gel 0.04%</i>	179
		<i>tretinoin microsphere gel 0.1%</i> ..	179
		TREXALL TAB 10MG.....	126
		TREXALL TAB 15MG.....	126
		TREXALL TAB 5MG	126

TREXALL TAB 7.5MG.....	126	TRICOR TAB 145MG	111
TREXIMET TAB 85-500MG	251	TRICOR TAB 48MG	111
<i>triamcinolone acetonide aerosol soln</i>		<i>trientine hcl cap 250 mg</i>	256
<i>0.147 mg/gm.....</i>	188	<i>trifluoperazine hcl tab 10 mg (base</i>	
<i>triamcinolone acetonide cream</i>		<i>equivalent)</i>	141
<i>0.025%.....</i>	188	<i>trifluoperazine hcl tab 1 mg (base</i>	
<i>triamcinolone acetonide cream 0.1%</i>		<i>equivalent)</i>	141
.....	188	<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>triamcinolone acetonide cream 0.5%</i>		<i>equivalent)</i>	141
.....	188	<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>triamcinolone acetonide dental</i>		<i>equivalent)</i>	141
<i>paste 0.1%.....</i>	258	TRIGGER REL MIS WALKER	237
<i>triamcinolone acetonide lotion</i>		<i>trihexyphenidyl hcl oral soln 0.4</i>	
<i>0.025%.....</i>	189	<i>mg/ml.....</i>	128
<i>triamcinolone acetonide lotion 0.1%</i>		<i>trihexyphenidyl hcl tab 2 mg</i>	128
.....	188	<i>trihexyphenidyl hcl tab 5 mg</i>	128
<i>triamcinolone acetonide nasal</i>		TRIJARDY XR TAB	94
<i>aerosol suspension 55 mcg/act</i>	265	<i>tri-legest tab fe.....</i>	165
<i>triamcinolone acetonide oint</i>		TRILEPTAL SUS 300MG/5M	80
<i>0.025%.....</i>	189	TRILEPTAL TAB 150MG	80
<i>triamcinolone acetonide oint 0.05%</i>		TRILEPTAL TAB 300MG	80
.....	189	TRILEPTAL TAB 600MG	80
<i>triamcinolone acetonide oint 0.1%</i>		TRILIPIX CAP 135MG.....	111
.....	189	TRILIPIX CAP 45MG.....	111
<i>triamcinolone acetonide oint 0.5%</i>		TRILOCICLO KIT 0.1-8%.....	189
.....	189	<i>tri-lo-mili tab</i>	165
<i>triamterene & hydrochlorothiazide</i>		<i>tri-lo tab estaryll</i>	165
<i>cap 37.5-25 mg</i>	194	<i>tri-lo- tab marzia</i>	165
<i>triamterene & hydrochlorothiazide</i>		<i>tri-lo- tab sprintec.....</i>	165
<i>tab 37.5-25 mg</i>	195	<i>trimethobenzamide hcl cap 300 mg</i>	
<i>triamterene & hydrochlorothiazide</i>		.....	104
<i>tab 75-50 mg.....</i>	195	TRIMETHOPRIM TAB 100MG.....	65
<i>trianex oin 0.05%</i>	189	TRINATAL RX TAB 1	262
<i>triazolam tab 0.125 mg.....</i>	211	TRINTELLIX TAB 10MG	86
<i>triazolam tab 0.25 mg</i>	211	TRINTELLIX TAB 20MG	86
TRIBENZOR20- TAB 5-12.5MG ...	123	TRINTELLIX TAB 5MG	86
TRIBENZOR40- TAB 10-12.5.....	123	<i>tri-nymyo tab</i>	165
TRIBENZOR40- TAB 10-25MG	123	TRIO ROLLING MIS WALKER.....	237
TRIBENZOR40- TAB 5-12.5MG ...	123	<i>triphrocaps cap.....</i>	258
TRIBENZOR40- TAB 5-25MG.....	123	<i>triple antib oin</i>	181
<i>tri-buff asa tab 325mg.....</i>	52	<i>triple antib oin max st.....</i>	181
TRICARE TAB PRENATAL	262	<i>triple antib oin pain rlf</i>	181
<i>tricon cap.....</i>	209	<i>triple antib oin plus</i>	181

<i>tri super tab flavons</i>	259	<i>tussin cough cap 15mg</i>	170
TRIUMEQ TAB.....	146	<i>tussin cough syp 15mg/5ml</i>	170
TRI-VI-SOL SOL A/C/D	261	<i>tussin dm liq 10-100mg</i>	173
<i>trivora-28 tab</i>	166	TUTTI FRUTTI LIQ FLAVOR	276
<i>tri-vylibra tab lo</i>	166	T-VITES TAB	260
TRIZIVIR TAB	146	TWIN MEDICIN MIS SPOON	237
TROCHE MOLD MIS 30 CAVIT	237	TYBLUME CHW 0.1-0.02.....	166
TROGARZO INJ 150MG/ML	146	TYBOST TAB 150MG	147
TROKENDI XR CAP 100MG	80	<i>tydemy tab</i>	166
TROKENDI XR CAP 200MG	80	TYMLOS INJ	196
TROKENDI XR CAP 25MG	80	TYRVAYA SOL 0.03MG	268
TROKENDI XR CAP 50MG	80	TYVASO REFIL SOL 0.6MG/ML....	158
TROPICAL PUN LIQ FLAVOR.....	276	TYVASO SOL 0.6MG/ML	158
<i>tropicamide ophth soln 0.5%</i>	268	TYVASO START SOL 0.6MG/ML ..	158
<i>tropicamide ophth soln 1%</i>	268	TYVEK PROTEC MIS SLEEVES	237
<i>trospium chloride cap er 24hr 60 mg</i>	291	U	
<i>trospium chloride tab 20 mg</i>	291	UBRELVY TAB 100MG	251
TRUE METRIX TES GLUCOSE	193	UBRELVY TAB 50MG	251
TRULANCE TAB 3MG.....	200	UCERIS AER 2MG/ACT.....	63
TRULICITY INJ 0.75/0.5.....	96	UCERIS TAB 9MG	169
TRULICITY INJ 1.5/0.5	96	UDENYCA INJ 6MG/.6ML	208
TRULICITY INJ 3/0.5	96	ULORIC TAB 40MG	205
TRULICITY INJ 4.5/0.5	96	ULORIC TAB 80MG	205
TRUSOPT SOL 2% OP	272	ULTICARE MIS 30GX3/16.....	248
TRUVADA TAB 100-150.....	147	ULTRACET TAB 37.5-325	60
TRUVADA TAB 133-200.....	147	ULTRAM TAB 50MG	58
TRUVADA TAB 167-250.....	147	ULTRASMOOTH OIN FORTIFY.....	192
TRUVADA TAB 200-300.....	147	ULTRASMOOTH OIN NOURISH ...	192
TRUXIMA INJ 100/10ML	126	ULTRASMOOTH OIN REJUVENA ..	192
TRUXIMA INJ 500/50ML	126	ULTRASMOOTH OIN SOOTHE.....	192
TRUZONE PEAK MIS FLOW MTR .	250	ULTRAVATE LOT 0.05%	189
TUBE CLEANIN MIS BRUSH	250	UNGUATOR 1MM MIS VARIONOZ	237
TUB TRANSFER MIS BOARD.....	237	UNGUATOR 4MM MIS VARIONOZ	237
TUDORZA PRES AER 400/ACT.....	69	UNGUATOR AIR MIS 300/390	237
TUMS CHW DEL CHW 1177MG.....	64	UNGUATOR AIR MIS 500/600	237
<i>tums smoothi chw 750mg</i>	64	UNGUATOR JAR MIS 100/140	237
TUNA FLAVOR LIQ.....	276	UNGUATOR JAR MIS 15/20.....	237
TUNA TYPE LIQ FLAVR OS	276	UNGUATOR JAR MIS 15/28.....	237
TUSNEL PED DRO 7.5-50	173	UNGUATOR JAR MIS 20/33.....	237
TUSNEL PEDI LIQ 15-5-50.....	173	UNGUATOR JAR MIS 200/280	238
<i>tussin cf liq cgh/flu</i>	173	UNGUATOR JAR MIS 30/42.....	237
<i>tussin chest syp 100/5ml</i>	174	UNGUATOR JAR MIS 300/390	238
		UNGUATOR JAR MIS 50/70.....	237

UNGUATOR JAR MIS 500/600	238	URSO FORTE TAB 500MG	201
UNGUATOR JAR MIS AIRDYNAM	238	V	
UNGUATOR LID MIS 1000ML	238	VACUUM FILTR MIS 0.20UM	248
UNGUATOR LID MIS 500ML	238	VAGIFEM TAB 10MCG	293
UNGUATOR MIS 0.5ML.....	238	VAGINAL APPL MIS SUPPOSIT....	238
UNGUATOR MIS 1	238	<i>valacyclovir hcl tab 1 gm.....</i>	148
UNGUATOR MIS 2.5	238	<i>valacyclovir hcl tab 500 mg</i>	148
UNGUATOR MIS 36MM.....	238	<i>valproate sodium oral soln 250</i>	
UNGUATOR MIS 57MM.....	238	<i>mg/5ml (base equiv)</i>	82
UNGUTOR 50 MIS 43MM	238	<i>valproic acid cap 250 mg</i>	82
UNIFINE PNTF MIS 30GX3/16	248	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 100mcg</i>	286	<i>160-12.5 mg.....</i>	123
<i>unithroid tab 112mcg</i>	286	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 125mcg</i>	286	<i>160-25 mg</i>	123
<i>unithroid tab 137mcg</i>	286	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 150mcg</i>	286	<i>320-12.5 mg.....</i>	123
<i>unithroid tab 175mcg</i>	286	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 200mcg</i>	286	<i>320-25 mg</i>	123
<i>unithroid tab 25mcg</i>	286	<i>valsartan-hydrochlorothiazide tab</i>	
<i>unithroid tab 300mcg</i>	286	<i>80-12.5 mg</i>	123
<i>unithroid tab 50mcg</i>	286	<i>valsartan tab 160 mg</i>	118
<i>unithroid tab 75mcg</i>	286	<i>valsartan tab 320 mg</i>	118
<i>unithroid tab 88mcg</i>	286	<i>valsartan tab 40 mg</i>	117
UNIVERSAL MIS CRUTCH	238	<i>valsartan tab 80 mg</i>	117
UNIVERSAL MIS TIPS 1.....	238	VALTOCO SPR 10MG	75
UPLIZNA SOL 100MG.....	256	VALTOCO SPR 15MG	75
UPTRAVI TAB 1000MCG	159	VALTOCO SPR 20MG	75
UPTRAVI TAB 1200MCG	159	VALTOCO SPR 5MG	75
UPTRAVI TAB 1400MCG	159	VALTRESX TAB 1GM.....	148
UPTRAVI TAB 1600MCG	159	VALTRESX TAB 500MG.....	148
UPTRAVI TAB 200/800	159	VANCOCCIN CAP 250MG.....	65
UPTRAVI TAB 200MCG	159	VANCOCCIN HCL CAP 125MG	65
UPTRAVI TAB 400MCG	159	<i>vancomycin hcl cap 125 mg (base</i>	
UPTRAVI TAB 600MCG	159	<i>equivalent).....</i>	65
UPTRAVI TAB 800MCG	159	<i>vancomycin hcl cap 250 mg (base</i>	
<i>urea 20 intn cre 20%.....</i>	189	<i>equivalent).....</i>	65
<i>ureacin-20 cre 20%.....</i>	189	VANCOMYCIN INJ 750MG.....	65
URINE SPECIM KIT SYSTEM.....	238	VANCOMYCIN SOL 250/5ML	65
<i>urosex tab</i>	262	VANDAZOLE GEL 0.75%	293
URSO 250 TAB 250MG	201	VANILLA LIQ BUTTERNU	276
<i>ursodiol cap 300 mg</i>	201	VANILLA LIQ FLAVOR	276
<i>ursodiol tab 250 mg</i>	201	VANISHPOINT MIS BLOOD	238
<i>ursodiol tab 500 mg</i>	201	VANOS CRE 0.1%	189

VAPOR INHALE MIS INTRA	238	<i>venlafaxine hcl tab er 24hr 75 mg</i>	
VARENICLINE TAB 0.5MG.....	284	<i>(base equivalent)</i>	88
VARENICLINE TAB 1MG.....	284	<i>venngel one kit 1%</i>	180
VARITHENA MIS ADMIN PK.....	238	VENTAVIS SOL 10MCG/ML	158
VARUBI TAB 90MG	104	VENTAVIS SOL 20MCG/ML	158
VASCEPA CAP 0.5GM	109	VENTOLIN HFA AER.....	72
VASCEPA CAP 1GM.....	109	<i>verapamil hcl cap er 24hr 100 mg</i>	
<i>vaseline gel</i>	277	.....	156
VASERETIC TAB 10-25MG	123	<i>verapamil hcl cap er 24hr 120 mg</i>	
VASOTEC TAB 10MG.....	116	.....	156
VASOTEC TAB 2.5MG.....	115	<i>verapamil hcl cap er 24hr 180 mg</i>	
VASOTEC TAB 20MG.....	116	.....	156
VASOTEC TAB 5MG	115	<i>verapamil hcl cap er 24hr 200 mg</i>	
VAXCHORA SUS	292	.....	156
<i>v-c forte cap</i>	260	<i>verapamil hcl cap er 24hr 240 mg</i>	
VCF VAGINAL AER CONTRACP....	292	.....	156
VCKS DAYQUIL LIQ MUCUS DM..	173	<i>verapamil hcl cap er 24hr 300 mg</i>	
VECTICAL OIN 3MCG/GM	184	.....	156
<i>velivet pak</i>	166	<i>verapamil hcl cap er 24hr 360 mg</i>	
VELPHORO CHW 500MG.....	204	.....	156
<i>venlafaxine hcl cap er 24hr 150 mg</i>		<i>verapamil hcl tab 120 mg</i>	156
<i>(base equivalent)</i>	87	<i>verapamil hcl tab 80 mg</i>	156
<i>venlafaxine hcl cap er 24hr 37.5 mg</i>		<i>verapamil hcl tab er 120 mg</i>	156
<i>(base equivalent)</i>	87	<i>verapamil hcl tab er 180 mg</i>	156
<i>venlafaxine hcl cap er 24hr 75 mg</i>		<i>verapamil hcl tab er 240 mg</i>	156
<i>(base equivalent)</i>	87	<i>verapamil inj 5mg/2ml</i>	156
<i>venlafaxine hcl tab 100 mg (base</i>		VERELAN CAP 120MG SR.....	156
<i>equivalent)</i>	87	VERELAN CAP 180MG SR.....	156
<i>venlafaxine hcl tab 25 mg (base</i>		VERELAN CAP 240MG SR.....	156
<i>equivalent)</i>	87	VERELAN CAP 360MG SR.....	156
<i>venlafaxine hcl tab 37.5 mg (base</i>		VERELAN PM CAP 100MG ER.....	156
<i>equivalent)</i>	87	VERELAN PM CAP 200MG ER.....	156
<i>venlafaxine hcl tab 50 mg (base</i>		VERELAN PM CAP 300MG ER.....	156
<i>equivalent)</i>	87	VERSACLOZ SUS 50MG/ML.....	138
<i>venlafaxine hcl tab 75 mg (base</i>		VERSAJET II MIS EXA 14MM	238
<i>equivalent)</i>	87	VERSAJET II MIS EXA 8MM.....	238
<i>venlafaxine hcl tab er 24hr 150 mg</i>		VERSAJET II MIS PLS 14MM	238
<i>(base equivalent)</i>	88	VERSAJET II MIS PLS 8MM	238
<i>venlafaxine hcl tab er 24hr 225 mg</i>		VESICARE LS SUS 5MG/5ML.....	291
<i>(base equivalent)</i>	88	VESICARE TAB 10MG.....	291
<i>venlafaxine hcl tab er 24hr 37.5 mg</i>		VESICARE TAB 5MG	291
<i>(base equivalent)</i>	88	<i>vestura tab 3-0.02mg</i>	166
		VFEND SUS 40MG/ML.....	105

VFEND TAB 200MG.....	105	<i>virtussin ac liq 100-10/5</i>	173
VFEND TAB 50MG	105	<i>virtussin ac sol 100-10/5</i>	173
V-GO 20 KIT.....	217	VIRTUSSIN SOL DAC	173
V-GO 30 KIT.....	217	VITAFOL-OB TAB 65-1MG.....	262
V-GO 40 KIT.....	217	VITAL-D RX TAB	259
VIAL ACCESS MIS CANN 6ML.....	248	VITALETS CHW CHILD	260
VIAL STOPPER MIS 13MM.....	248	VITAMIN/IRON LIQ MASKING ...	276
VIBE 6 MIS	238	<i>vitamin a&d oin</i>	190
VIBERZI TAB 100MG	203	<i>vitamin a cap 3 mg (10000 unit)</i>	294
VIBERZI TAB 75MG	203	<i>vitamin d3 cap 1000unit</i>	294
<i>vicks nyquil cap cold/flu</i>	173	<i>vitamin d3 dro 10mcg/ml</i>	294
VICTOZA INJ 18MG/3ML	96	<i>vitamin d3 tab 50000unt</i>	294
VIDA CELLULA MIS SCALE.....	238	<i>vitamin d-3 tab 5000unit</i>	294
VIEKIRA PAK TAB.....	148	<i>vitamin d tab 1000unit</i>	294
<i>vigabatrin powd pack 500 mg</i>	81	<i>vitamin d tab 400unit</i>	294
<i>vigabatrin tab 500 mg</i>	81	VITAMIN E TAB 100UNIT.....	294
<i>vigadrone pow 500mg</i>	81	<i>vitamins a & d oint</i>	190
VIGAMOX DRO 0.5%	269	<i>vita s forte tab</i>	260
VIIBRYD KIT STARTER.....	86	VIVITROL INJ 380MG.....	103
VIIBRYD TAB 10MG.....	86	VIVLODEX CAP 10MG	49
VIIBRYD TAB 20MG.....	86	VIVLODEX CAP 5MG	49
VIIBRYD TAB 40MG.....	86	VOGELXO GEL 1%(50MG)	63
VIMOVO TAB 375-20MG	49	VOGELXO GEL PUMP 1%.....	63
VIMOVO TAB 500-20MG	49	<i>volnea tab</i>	166
VIMPAT SOL 10MG/ML.....	80	<i>voriconazole for susp 40 mg/ml</i> .	105
VIMPAT TAB 100MG	80	<i>voriconazole tab 200 mg</i>	106
VIMPAT TAB 150MG	80	<i>voriconazole tab 50 mg</i>	106
VIMPAT TAB 200MG	80	VORTEX/MASK MIS CHILDS.....	250
VIMPAT TAB 50MG	80	VORTEX/MASK MIS TODDLER ...	250
VINATE ONE TAB	262	VOSEVI TAB	148
VIOKACE TAB 10440	194	VPRIV INJ 400UNIT	207
VIOKACE TAB 20880	194	<i>vp-vite rx tab</i>	259
<i>viorele tab</i>	166	VRAYLAR CAP 1.5-3MG	131
VIRACEPT TAB 250MG	147	VRAYLAR CAP 1.5MG	131
VIRACEPT TAB 625MG	147	VRAYLAR CAP 3MG.....	131
VIRAMUNE XR TAB 400MG	147	VRAYLAR CAP 4.5MG	131
VIREAD POW 40MG/GM	147	VRAYLAR CAP 6MG.....	131
VIREAD TAB 150MG	147	VUMERITY CAP 231MG.....	282
VIREAD TAB 200MG	147	VUSION OIN.....	183
VIREAD TAB 250MG	147	<i>vyfemla tab 0.4-35</i>	166
VIREAD TAB 300MG	147	VYTORIN TAB 10-10MG	109
<i>virt-caps cap</i>	258	VYTORIN TAB 10-20MG	109
<i>virt-phos tab 250 neut</i>	255	VYTORIN TAB 10-40MG	109

VYTORIN TAB 10-80MG	109	<i>warfarin sodium tab 2 mg</i>	73
VYVANSE CAP 10MG.....	34	<i>warfarin sodium tab 3 mg</i>	73
VYVANSE CAP 20MG.....	34	<i>warfarin sodium tab 4 mg</i>	73
VYVANSE CAP 30MG.....	34	<i>warfarin sodium tab 5 mg</i>	73
VYVANSE CAP 40MG.....	34	<i>warfarin sodium tab 6 mg</i>	73
VYVANSE CAP 50MG.....	34	<i>warfarin sodium tab 7.5 mg</i>	73
VYVANSE CAP 60MG.....	34	WASH GLOVES MIS PRE-MOIS ...	239
VYVANSE CAP 70MG.....	34	<i>water for injection</i>	276
VYVANSE CHW 10MG	34	<i>water for irrigation, sterile irrigation</i>	
VYVANSE CHW 20MG	34	<i>soln</i>	257
VYVANSE CHW 30MG	34	WATERMELON LIQ FLAVOR.....	276
VYVANSE CHW 40MG	34	<i>weekly-d cap 50000unt</i>	294
VYVANSE CHW 50MG	34	WEIGH BOAT MIS PLASTIC.....	239
VYVANSE CHW 60MG	34	WEIGHT SCALE MIS DIGITAL.....	239
VYZULTA SOL 0.024%	273	WELCHOL PAK 3.75GM	110
W		WELCHOL TAB 625MG	110
WAKIX TAB 17.8MG	36	WELLBUTRIN TAB 100MG SR.....	83
WAKIX TAB 4.45MG	36	WELLBUTRIN TAB 150MG SR.....	83
WALKER ADULT MIS FOLDING ...	238	WELLBUTRIN TAB 200MG SR.....	83
WALKER ATTCH MIS PLATFORM .	238	WELLBUTRIN TAB XL 150MG	83
WALKER BASKT MIS	238	WELLBUTRIN TAB XL 300MG	83
WALKER GLIDE MIS 1-1/8	238	<i>wera tab 0.5/35</i>	166
WALKER MIS EXT FRAM	238	<i>wescaps cap</i>	259
WALKER MIS FOLDING	238	<i>westab max tab 2.5-25-2</i>	193
WALKER MIS ORGANIZE	238	<i>westab one tab 2.5-25-1</i>	209
WALKER SKI MIS 1-1/8.....	238	WESTAB PLUS TAB 27-1MG	262
WALKER SKI MIS GLIDE/1.....	238	WET-STOP 3 MIS	239
WALKER TIPS MIS 1-1/8	238	WHEELCHAIR MIS	239
WALKER WHEEL MIS FIXED 3	238	WHEELCHAIR MIS CUSHION	239
WALKER WHEEL MIS FIXED 5	238	WHEELCHAIR MIS RING	239
WALKER YOUTH MIS FOLDING ...	238	<i>white petrolatum gel</i>	277
WALL BAR MIS TEXT/12.....	238	WHITE WAX MIS	277
WALL BAR MIS TEXT/16.....	238	WILD CHERRY LIQ FLAVOR.....	276
WALL BAR MIS TEXT/18.....	238	WINDMILL MIS TRAINER.....	250
WALL BAR MIS TEXT/24.....	239	WINLEVI CRE 1%.....	179
WALL BAR MIS TEXT/32.....	239	<i>wixela inhub aer 100/50</i>	72
WALL BAR MIS WHIT/12	239	<i>wixela inhub aer 250/50</i>	72
WALL BAR MIS WHIT/16	239	<i>wixela inhub aer 500/50</i>	72
WALL BAR MIS WHIT/18	239	WODDEN CANE MIS 7/8.....	239
WALL BAR MIS WHIT/24	239	WOOD CANE MIS ASH 1.....	239
<i>warfarin sodium tab 10 mg</i>	73	WOOD CANE MIS ASH 7/8.....	239
<i>warfarin sodium tab 1 mg</i>	73	WOOD CANE MIS BLACK 1	239
<i>warfarin sodium tab 2.5 mg</i>	73	WOOD CANE MIS BLK 7/8	239

WOOD CANE MIS RSWD 1	239	XIFAXAN TAB 200MG	65
WOOD CANE MIS WLNT3/4	239	XIFAXAN TAB 550MG	65
WOOD CANE MIS WLNT7/8	239	XIGDUO XR TAB 10-1000.....	94
WOOD CRUTCH MIS 34.....	239	XIGDUO XR TAB 10-500MG.....	94
WOOD CRUTCH MIS 48.....	239	XIGDUO XR TAB 2.5-1000.....	94
WOOD CRUTCH MIS ADLT PTG...239		XIGDUO XR TAB 5-1000MG.....	94
WOOD CRUTCH MIS ADULT	239	XIGDUO XR TAB 5-500MG.....	94
WOOD CRUTCH MIS MEDIUM.....	239	XIIDRA DRO 5%	270
WOOD CRUTCH MIS YOUTH.....	239	XOFLUZA TAB 20MG	149
WOOD CRUTCH MIS YOUT PTG ..239		XOFLUZA TAB 40MG	149
WOODEN CANE MIS 7/8.....	239	XOFLUZA TAB 80MG	149
WORK BELT MIS	239	XOPENEX CONC NEB 1.25/0.5	72
WRIST BRACE MIS	239	XOPENEX HFA AER.....	72
WRIST SLEEP MIS SUPPORT	239	XOPENEX NEB 0.31MG	72
WRIST STRAP MIS CANE	239	XOPENEX NEB 0.63MG	72
WTRPRF SHEET MIS 36.....	239	XOPENEX NEB 1.25/3ML	72
<i>wymzya fe chw 0.4mg-35</i>	<i>166</i>	<i>xpect tab 400mg.....</i>	<i>174</i>
X		XTAMPZA ER CAP 13.5MG	58
XALATAN SOL 0.005%	273	XTAMPZA ER CAP 18MG.....	58
XARELTO STAR TAB 15/20MG.....	73	XTAMPZA ER CAP 27MG.....	58
XARELTO TAB 10MG.....	73	XTAMPZA ER CAP 36MG.....	58
XARELTO TAB 15MG.....	73	XTAMPZA ER CAP 9MG	58
XARELTO TAB 2.5MG.....	73	<i>xulane dis 150-35</i>	<i>166</i>
XARELTO TAB 20MG.....	73	XULTOPHY INJ 100/3.6.....	94
XATMEP SOL 2.5MG/ML	126	Y	
XCOPRI PAK 100-150	80	YALE NEEDLES MIS 21GX1.25 ...	248
XCOPRI PAK 12.5-25.....	80	YANKAUER MIS HOLDER	239
XCOPRI PAK 150-200	80	YELETS TEEN TAB FORMULA	260
XCOPRI PAK 50-100MG	80	YELLOW WAX MIS BEESWAX	277
XCOPRI TAB 100MG	80	YOUTH CRUTCH MIS FOREARM ..	239
XCOPRI TAB 150MG	80	YUPELRI SOL.....	69
XCOPRI TAB 200MG	80	<i>yuvaferm tab 10mcg.....</i>	<i>293</i>
XCOPRI TAB 50MG	80	Z	
XELJANZ SOL 1MG/ML.....	45	ZADITOR DRO 0.025%OP	272
XELJANZ TAB 10MG	45	<i>zafemy dis 150/35</i>	<i>166</i>
XELJANZ TAB 5MG	45	<i>zafirlukast tab 10 mg</i>	<i>69</i>
XELJANZ XR TAB 11MG.....	45	<i>zafirlukast tab 20 mg</i>	<i>69</i>
XELJANZ XR TAB 22MG.....	45	<i>zaleplon cap 10 mg</i>	<i>211</i>
XELPROS EMU 0.005%	273	<i>zaleplon cap 5 mg</i>	<i>211</i>
XENAZINE TAB 12.5MG.....	280	ZANAFLEX CAP 2MG	263
XENAZINE TAB 25MG	281	ZANAFLEX CAP 4MG	263
XERESE CRE 5-1%	184	ZANAFLEX CAP 6MG	263
XHANCE MIS 93MCG	265	ZANAFLEX TAB 4MG	263

ZARONTIN CAP 250MG	81	ZETONNA AER 37MCG	265
ZARONTIN SOL 250/5ML	81	ZIAC TAB 10/6.25	123
ZARXIO INJ 300/0.5	208	ZIAC TAB 2.5/6.25	123
ZARXIO INJ 480/0.8	208	ZIAC TAB 5-6.25MG	123
<i>zebutal cap</i>	51	ZIAGEN SOL 20MG/ML.....	147
ZEGERID CAP 20-1100	290	ZIAGEN TAB 300MG	147
ZEGERID CAP 40-1100	290	ZIANA GEL.....	180
ZEGERID POW 20-1680	290	<i>zidovudine cap 100 mg</i>	147
ZEGERID POW 40-1680	290	<i>zidovudine syrup 10 mg/ml</i>	147
ZEMBRACE SYM INJ 3/0.5ML	253	<i>zidovudine tab 300 mg</i>	147
<i>zenatane cap 10mg</i>	179	ZIEXTENZO INJ 6/0.6ML	209
<i>zenatane cap 20mg</i>	179	<i>zileuton tab er 12hr 600 mg</i>	69
<i>zenatane cap 30mg</i>	179	ZILXI AER 1.5%.....	192
<i>zenatane cap 40mg</i>	179	<i>zinc oxide oin 20%</i>	192
ZENPEP CAP 10000UNT.....	194	<i>zinc sulfate cap 220 mg (50 mg</i> <i>elemental zn)</i>	256
ZENPEP CAP 15000UNT.....	194	<i>zinc tab 50 mg</i>	256
ZENPEP CAP 20000UNT.....	194	ZIOPTAN DRO 0.0015%.....	273
ZENPEP CAP 25000	194	<i>ziprasidone hcl cap 20 mg</i>	131
ZENPEP CAP 3000UNIT	194	<i>ziprasidone hcl cap 40 mg</i>	131
ZENPEP CAP 40000	194	<i>ziprasidone hcl cap 60 mg</i>	131
ZENPEP CAP 5000UNIT	194	<i>ziprasidone hcl cap 80 mg</i>	131
<i>zenzedi tab 10mg</i>	35	<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i>	131
<i>zenzedi tab 15mg</i>	35	ZIPSOR CAP 25MG	49
<i>zenzedi tab 2.5mg</i>	35	ZIRABEV INJ 100/4ML	126
<i>zenzedi tab 20mg</i>	35	ZIRABEV INJ 400/16ML.....	126
<i>zenzedi tab 30mg</i>	35	ZITHROMAX POW 1GM PAK	215
<i>zenzedi tab 5mg</i>	35	ZITHROMAX SUS 100/5ML	215
<i>zenzedi tab 7.5mg</i>	35	ZITHROMAX SUS 200/5ML	215
ZEPATIER TAB 50-100MG.....	148	ZITHROMAX TAB 250MG	215
ZEPOSIA 7DAY CAP STR PACK ...	282	ZITHROMAX TAB 500MG	215
ZEPOSIA CAP .92MG	282	ZITHROMAX TAB TRI-PAK	215
ZEPOSIA CAP STR KIT	282	ZITHROMAX TAB Z-PAK	215
ZERVIAE DRO 0.24%	272	ZOCOR TAB 10MG.....	112
ZESTORETIC TAB 10-12.5	123	ZOCOR TAB 20MG.....	113
ZESTORETIC TAB 20-12.5	123	ZOCOR TAB 40MG.....	113
ZESTORETIC TAB 20-25MG	123	ZOCOR TAB 80MG.....	113
ZESTRIL TAB 10MG	116	<i>zolmitriptan nasal spray 2.5</i> <i>mg/spray unit</i>	253
ZESTRIL TAB 2.5MG	116	<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i>	253
ZESTRIL TAB 20MG	116		
ZESTRIL TAB 30MG	116		
ZESTRIL TAB 40MG	116		
ZESTRIL TAB 5MG.....	116		
ZETIA TAB 10MG	113		

<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	253	<i>zovia 1/35e tab</i>	166
<i>zolmitriptan orally disintegrating tab 5 mg</i>	253	<i>zovia 1/35 tab</i>	166
<i>zolmitriptan tab 2.5 mg</i>	253	ZOVIRAX CRE 5%	184
<i>zolmitriptan tab 5 mg</i>	253	ZOVIRAX OIN 5%	185
ZOLOFT CON 20MG/ML.....	86	ZOVIRAX SUS 200/5ML.....	148
ZOLOFT TAB 100MG.....	86	ZTLIDO PAD 1.8%.....	191
ZOLOFT TAB 25MG.....	86	ZUBSOLV SUB 0.7-0.18	61
ZOLOFT TAB 50MG.....	86	ZUBSOLV SUB 1.4-0.36	61
<i>zolpidem tartrate sl tab 1.75 mg</i> 211		ZUBSOLV SUB 11.4-2.9	62
<i>zolpidem tartrate sl tab 3.5 mg</i> ..211		ZUBSOLV SUB 2.9-0.71	61
<i>zolpidem tartrate tab 10 mg</i>	211	ZUBSOLV SUB 5.7-1.4.....	62
<i>zolpidem tartrate tab 5 mg</i>	211	ZUBSOLV SUB 8.6-2.1.....	62
<i>zolpidem tartrate tab er 12.5 mg</i> 211		<i>zumandimine tab 3-0.03mg</i>	166
<i>zolpidem tartrate tab er 6.25 mg</i> 211		ZUPLENZ MIS 4MG.....	103
ZOMACTON INJ 10MG.....	197	ZYFLO TAB 600MG	69
ZOMACTON INJ 5MG	197	ZYLET SUS 0.5-0.3%.....	271
ZOMIG SPR 2.5MG	253	ZYLOPRIM TAB 100MG.....	206
ZOMIG SPR 5MG	253	ZYMAXID SOL 0.5%	269
ZOMIG TAB 2.5MG	253	ZYPITAMAG TAB 2MG	113
ZOMIG TAB 5MG	253	ZYPITAMAG TAB 4MG	113
<i>zonisamide cap 100 mg</i>	80	ZYPREXA INJ 10MG	138
<i>zonisamide cap 25 mg</i>	80	ZYPREXA RELP INJ 210MG.....	138
<i>zonisamide cap 50 mg</i>	80	ZYPREXA RELP INJ 300MG.....	138
ZONTIVITY TAB 2.08MG.....	207	ZYPREXA RELP INJ 405MG.....	138
<i>zoo friends chw</i>	260	ZYPREXA TAB 10MG	139
ZOO FRIENDS CHW COMPLETE ..260		ZYPREXA TAB 15MG	139
<i>zoo friends chw extra c</i>	261	ZYPREXA TAB 2.5MG	138
<i>zoo friends chw gummies</i>	261	ZYPREXA TAB 20MG	139
<i>zoo friends chw pls iron</i>	261	ZYPREXA TAB 5MG.....	139
ZOOM 20 MIS WALKER	239	ZYPREXA TAB 7.5MG	139
ZORBTIVE INJ 8.8MG	197	ZYPREXA ZYDI TAB 10MG	139
ZORVOLEX CAP 18MG	50	ZYPREXA ZYDI TAB 15MG	139
ZORVOLEX CAP 35MG	50	ZYPREXA ZYDI TAB 20MG	139
		ZYPREXA ZYDI TAB 5MG	139