



Molina Complete Care

**October 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

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



## Table of Contents

<b>CONTENTS/CONTENIDO .....</b>	<b>18</b>
<b>FORMULARY GUIDE (ENGLISH).....</b>	<b>18</b>
INTRODUCTION .....	18
PREFACE .....	18
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE .....	18
DRUG LIST PRODUCT DESCRIPTIONS .....	18
GENERIC SUBSTITUTION .....	19
PLAN DESIGN .....	19
PRIOR AUTHORIZATION REQUEST PROCEDURE .....	20
PRIOR AUTHORIZATION HELPFUL HINTS .....	20
EXCLUDED SERVICES .....	20
NOTICE.....	20
FORMULARY UPDATES .....	21
<b>LEGEND .....</b>	<b>29</b>
<b>GUÍA DE FORMULARIO (ESPAÑOL).....</b>	<b>30</b>
INTRODUCCIÓN .....	30
PREFACIO .....	30
COMITÉ DE FARMACIA Y TERAPÉUTICA (P&T).....	30
DESCRIPCIONES DE LOS PRODUCTOS DE LA LISTA DE MEDICAMENTOS ....	30
SUSTITUCIÓN GENÉRICA .....	31
DISEÑO DE PLANES.....	31
PROCEDIMIENTO DE SOLICITUD DE AUTORIZACIÓN PREVIA .....	32
CONSEJOS ÚTILES DE AUTORIZACIÓN PREVIA .....	32
SERVICIOS EXCLUIDOS .....	33
AVISO .....	33
ACTUALIZACIONES DEL FORMULARIO.....	33
<b>LEYENDA.....</b>	<b>42</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>43</b>
AMPHETAMINES .....	43
ANALEPTICS .....	44
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS .....	44
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS).....	44
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS .....	44
STIMULANTS - MISC. ....	45
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES .....</b>	<b>46</b>
ALLERGENIC EXTRACTS.....	46
<b>ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES.....</b>	<b>46</b>
ALTERNATIVE MEDICINE - A'S.....	46
ALTERNATIVE MEDICINE - C'S.....	46
ALTERNATIVE MEDICINE - G'S .....	47
ALTERNATIVE MEDICINE - M'S .....	47
ALTERNATIVE MEDICINE COMBINATIONS.....	47
<b>AMEBICIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>48</b>

AMEBICIDES - DRUGS TO TREAT INFECTIONS .....	48
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>48</b>
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS .....	48
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS .....</b>	<b>48</b>
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES .....	48
ANTIRHEUMATIC - ENZYME INHIBITORS .....	49
ANTIRHEUMATIC ANTIMETABOLITES.....	49
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) .....	49
INTERLEUKIN-1BETA BLOCKERS.....	49
INTERLEUKIN-6 RECEPTOR INHIBITORS .....	49
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) .....	49
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	51
PYRIMIDINE SYNTHESIS INHIBITORS .....	51
SELECTIVE COSTIMULATION MODULATORS .....	51
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	51
<b>ANALGESICS - NONNARCOTIC .....</b>	<b>52</b>
ANALGESIC COMBINATIONS .....	52
ANALGESICS OTHER .....	52
SALICYLATES .....	53
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN .....</b>	<b>54</b>
OPIOID AGONISTS.....	54
OPIOID COMBINATIONS .....	56
OPIOID PARTIAL AGONISTS.....	58
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..</b>	<b>59</b>
ANDROGENS .....	59
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....</b>	<b>59</b>
INTRARECTAL STEROIDS.....	59
RECTAL COMBINATIONS.....	59
RECTAL LOCAL ANESTHETICS .....	60
RECTAL STEROIDS.....	60
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>60</b>
ANTACID COMBINATIONS.....	60
ANTACIDS - ALUMINUM SALTS.....	60
ANTACIDS - BICARBONATE.....	61
ANTACIDS - CALCIUM SALTS .....	61
ANTACIDS - MAGNESIUM SALTS.....	61
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....</b>	<b>62</b>
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES .....	62
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..</b>	<b>62</b>
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS .....	62
ANTI-INFECTIVE MISC. - COMBINATIONS.....	62
ANTIPROTOZOAL AGENTS .....	62
GLYCOPEPTIDES.....	62
LEPROSTATICS.....	62
LINCOSAMIDES .....	62
MONOBACTAMS.....	62

OXAZOLIDINONES .....	62
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS .....	63
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>63</b>
ANTIANGINALS-OTHER.....	63
NITRATES .....	63
<b>ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY .....</b>	<b>63</b>
ANTIANSXIETY AGENTS - MISC. ....	63
BENZODIAZEPINES.....	63
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>64</b>
ANTIARRHYTHMICS TYPE I-B .....	64
ANTIARRHYTHMICS TYPE I-C .....	64
ANTIARRHYTHMICS TYPE III .....	64
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....</b>	<b>64</b>
ANTIASTHMATIC - MONOCLONAL ANTIBODIES .....	64
BRONCHODILATORS - ANTICHOLINERGICS .....	64
LEUKOTRIENE MODULATORS .....	64
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	65
STEROID INHALANTS .....	65
SYMPATHOMIMETICS .....	65
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>67</b>
COUMARIN ANTICOAGULANTS .....	67
DIRECT FACTOR XA INHIBITORS .....	67
HEPARINS AND HEPARINOID-LIKE AGENTS .....	67
THROMBIN INHIBITORS .....	68
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES .....</b>	<b>68</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS.....	68
ANTICONVULSANTS - BENZODIAZEPINES.....	68
ANTICONVULSANTS - MISC. ....	68
CARBAMATES.....	70
GABA MODULATORS .....	70
HYDANTOINS .....	71
SUCCINIMIDES.....	71
VALPROIC ACID.....	71
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION .....</b>	<b>71</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS).....	71
ANTIDEPRESSANTS - MISC. ....	71
MONOAMINE OXIDASE INHIBITORS (MAOIS).....	72
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) .....	72
SEROTONIN MODULATORS .....	74
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) .....	74
TRICYCLIC AGENTS.....	75
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES .....</b>	<b>75</b>
ALPHA-GLUCOSIDASE INHIBITORS.....	75
ANTIDIABETIC - AMYLIN ANALOGS .....	75
ANTIDIABETIC COMBINATIONS .....	75

BIGUANIDES .....	78
DIABETIC OTHER .....	78
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS .....	80
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS).....	80
INSULIN .....	81
INSULIN SENSITIZING AGENTS.....	82
MEGLITINIDE ANALOGUES.....	82
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	83
SULFONYLUREAS .....	83
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>	
.....	<b>83</b>
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	83
ANTIDIARRHEAL/PROBIOTIC COMBINATIONS .....	86
ANTIPERISTALTIC AGENTS .....	87
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE</b>	
<b>OR POISONING.....</b>	<b>87</b>
ANTIDOTES - CHELATING AGENTS .....	87
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR	
POISONING .....	87
OPIOID ANTAGONISTS .....	87
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....</b>	<b>88</b>
5-HT3 RECEPTOR ANTAGONISTS .....	88
ANTIEMETICS - ANTICHOLINERGIC.....	88
ANTIEMETICS - ANTIDOPAMINERGIC .....	88
ANTIEMETICS - MISCELLANEOUS .....	88
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....	89
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>89</b>
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	89
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS .....	89
IMIDAZOLE-RELATED ANTIFUNGALS .....	89
<b>ANTIHIAMINES - DRUGS TO TREAT ALLERGIES .....</b>	<b>89</b>
ANTIHIAMINES - ALKYLAMINES .....	89
ANTIHIAMINES - ETHANOLAMINES.....	90
ANTIHIAMINES - NON-SEDATING.....	90
ANTIHIAMINES - PHENOTHIAZINES.....	92
ANTIHIAMINES - PIPERIDINES.....	92
<b>ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ....</b>	<b>92</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS .....	92
ANTIHYPERLIPIDEMICS - COMBINATIONS .....	92
ANTIHYPERLIPIDEMICS - MISC.....	92
BILE ACID SEQUESTRANTS .....	92
FIBRIC ACID DERIVATIVES .....	93
HMG COA REDUCTASE INHIBITORS .....	93
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	94
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS .....	94
NICOTINIC ACID DERIVATIVES .....	94
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS .....	94

<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..</b>	<b>94</b>
ACE INHIBITORS .....	94
AGENTS FOR PHEOCHROMOCYTOMA.....	95
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	95
ANTIADRENERGIC ANTIHYPERTENSIVES .....	96
ANTIHYPERTENSIVE COMBINATIONS .....	96
DIRECT RENIN INHIBITORS .....	101
VASODILATORS.....	101
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA.....</b>	<b>101</b>
ANTIMALARIAL COMBINATIONS .....	101
ANTIMALARIALS - DRUGS TO TREAT MALARIA .....	101
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....</b>	<b>102</b>
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....	102
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS....</b>	<b>102</b>
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS .....	102
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>102</b>
ALKYLATING AGENTS .....	102
ANTIMETABOLITES .....	102
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS.....	102
ANTINEOPLASTIC - ANTI-HER2 AGENTS .....	102
ANTINEOPLASTIC - ANTIBODIES .....	102
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS.....	103
ANTINEOPLASTIC ANTIBIOTICS.....	103
ANTINEOPLASTIC ENZYME INHIBITORS.....	103
ANTINEOPLASTICS MISC. ....	103
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS .....	103
MITOTIC INHIBITORS.....	103
TOPOISOMERASE I INHIBITORS .....	103
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE .....</b>	<b>103</b>
ANTIPARKINSON ANTICHOLINERGICS.....	103
ANTIPARKINSON DOPAMINERGICS .....	104
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....	104
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES .....</b>	<b>104</b>
ANTIMANIC AGENTS .....	104
ANTIPSYCHOTICS - MISC. ....	105
BENZISOXAZOLES .....	105
BUTYROPHENONES .....	106
DIBENZAPINES.....	106
DIHYDROINDOLONES.....	107
PHENOTHIAZINES.....	107
QUINOLINONE DERIVATIVES .....	107
THIOXANTHENES.....	108

<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT .....</b>	<b>108</b>
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT .....	108
CHLORINE ANTISEPTICS .....	108
IODINE ANTISEPTICS.....	108
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>108</b>
ANTIRETROVIRALS .....	108
HEPATITIS AGENTS.....	113
HERPES AGENTS .....	113
INFLUENZA AGENTS.....	114
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND</b>	
<b>HEART CONDITIONS.....</b>	<b>114</b>
ALPHA-BETA BLOCKERS .....	114
BETA BLOCKERS CARDIO-SELECTIVE.....	114
BETA BLOCKERS NON-SELECTIVE.....	114
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD</b>	
<b>PRESSURE AND HEART CONDITIONS.....</b>	<b>115</b>
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
AND HEART CONDITIONS .....	115
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>117</b>
CARDIAC GLYCOSIDES.....	117
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND</b>	
<b>CIRCULATION CONDITIONS .....</b>	<b>117</b>
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	117
IMPOTENCE AGENTS .....	118
PROSTAGLANDIN VASODILATORS .....	118
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS .	119
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS .....	119
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST.....	119
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR .	119
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....</b>	<b>119</b>
CEPHALOSPORINS - 1ST GENERATION.....	119
CEPHALOSPORINS - 2ND GENERATION .....	119
CEPHALOSPORINS - 3RD GENERATION .....	120
<b>CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....</b>	<b>120</b>
ACIDS, BASES, & BUFFERS .....	120
BULK CHEMICALS - E'S.....	120
BULK CHEMICALS - I'S .....	120
BULK CHEMICALS - P'S.....	120
BULK CHEMICALS - S'S .....	120
LIQUIDS.....	120
SOLIDS .....	121
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....</b>	<b>121</b>
COMBINATION CONTRACEPTIVES - ORAL .....	121
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	125
COMBINATION CONTRACEPTIVES - VAGINAL .....	125
COPPER CONTRACEPTIVES - IUD.....	125
PROGESTIN CONTRACEPTIVES - IMPLANTS .....	125

PROGESTIN CONTRACEPTIVES - INJECTABLE .....	125
PROGESTIN CONTRACEPTIVES - IUD .....	125
PROGESTIN CONTRACEPTIVES - ORAL .....	125
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>	
.....	<b>126</b>
GLUCOCORTICOSTEROIDS .....	126
MINERALOCORTICOIDS .....	126
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS</b>	
.....	<b>126</b>
ANTITUSSIVES .....	126
COUGH/COLD/ALLERGY COMBINATIONS .....	127
EXPECTORANTS.....	132
MISC. RESPIRATORY INHALANTS.....	133
MUCOLYTICS.....	133
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....</b>	<b>133</b>
ACNE PRODUCTS .....	133
ANALGESICS - TOPICAL .....	135
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	135
ANTIBIOTICS - TOPICAL.....	136
ANTIFUNGALS - TOPICAL.....	137
ANTIHISTAMINES-TOPICAL.....	138
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	139
ANTIPSORIATICS .....	139
ANTISEBORRHEIC PRODUCTS .....	139
ANTIVIRALS - TOPICAL.....	140
BURN PRODUCTS.....	140
CORTICOSTEROIDS - TOPICAL .....	140
DIAPER RASH PRODUCTS .....	143
ECZEMA AGENTS .....	143
EMOLLIENT/KERATOLYTIC AGENTS .....	143
EMOLLIENTS .....	143
IMMUNOMODULATING AGENTS - TOPICAL.....	144
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	144
KERATOLYTIC/ANTIMITOTIC AGENTS .....	145
LINIMENTS .....	145
LOCAL ANESTHETICS - TOPICAL.....	145
MISC. TOPICAL.....	146
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL .....	150
ROSACEA AGENTS .....	150
SCABICIDES & PEDICULICIDES .....	150
TAR PRODUCTS .....	151
WOUND CARE PRODUCTS .....	151
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....</b>	<b>155</b>
DIAGNOSTIC TESTS.....	155
<b>DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION</b>	
.....	<b>156</b>
DIETARY MANAGEMENT PRODUCTS .....	156

NUTRITIONAL SUPPLEMENTS .....	156
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>157</b>
DIGESTIVE ENZYMES .....	157
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>157</b>
CARBONIC ANHYDRASE INHIBITORS .....	157
DIURETIC COMBINATIONS.....	157
LOOP DIURETICS.....	157
POTASSIUM SPARING DIURETICS.....	158
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	158
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....</b>	<b>158</b>
BONE DENSITY REGULATORS.....	158
GROWTH HORMONES.....	158
HORMONE RECEPTOR MODULATORS.....	159
METABOLIC MODIFIERS .....	159
POSTERIOR PITUITARY HORMONES .....	159
PROLACTIN INHIBITORS.....	159
SOMATOSTATIC AGENTS .....	159
VASOPRESSIN RECEPTOR ANTAGONISTS .....	159
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>159</b>
ESTROGEN COMBINATIONS .....	159
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....	159
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....</b>	<b>160</b>
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	160
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>160</b>
5-HT4 RECEPTOR AGONISTS.....	160
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) .....	160
ANTIFLATULENTS .....	160
BILE ACID SYNTHESIS DISORDER AGENTS.....	161
FARNESOID X RECEPTOR (FXR) AGONISTS.....	161
GALLSTONE SOLUBILIZING AGENTS .....	161
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS .....	161
GASTROINTESTINAL STIMULANTS .....	161
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS.....	161
INFLAMMATORY BOWEL AGENTS .....	161
INTESTINAL ACIDIFIERS .....	162
IRRITABLE BOWEL SYNDROME (IBS) AGENTS .....	162
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	162
PHOSPHATE BINDER AGENTS.....	162
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS .....</b>	<b>163</b>
ALKALINIZERS .....	163
GENITOURINARY IRRIGANTS .....	163
PROSTATIC HYPERTROPHY AGENTS .....	163
URINARY ANALGESICS .....	164



<b>GOUT AGENTS - DRUGS TO TREAT GOUT.....</b>	<b>164</b>
GOUT AGENT COMBINATIONS .....	164
GOUT AGENTS - DRUGS TO TREAT GOUT .....	164
URICOSURICS .....	164
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD</b>	
<b>DISORDERS .....</b>	<b>164</b>
BRADYKININ B2 RECEPTOR ANTAGONISTS .....	164
COMPLEMENT INHIBITORS .....	164
HEMATORHEOLOGIC AGENTS.....	164
PLASMA KALLIKREIN INHIBITORS.....	164
PLATELET AGGREGATION INHIBITORS .....	165
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .</b>	<b>165</b>
AGENTS FOR GAUCHER DISEASE.....	165
COBALAMINS .....	165
FOLIC ACID/FOLATES.....	165
HEMATOPOIETIC GROWTH FACTORS.....	166
HEMATOPOIETIC MIXTURES.....	166
IRON.....	167
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>168</b>
HEMOSTATICS - SYSTEMIC .....	168
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO</b>	
<b>TREAT SLEEP DISORDERS.....</b>	<b>168</b>
ANTI-HISTAMINE HYPNOTICS.....	168
BARBITURATE HYPNOTICS.....	168
HYPNOTICS - TRICYCLIC AGENTS .....	168
NON-BARBITURATE HYPNOTICS .....	168
OREXIN RECEPTOR ANTAGONISTS.....	169
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	169
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION.....</b>	<b>169</b>
BULK LAXATIVES .....	169
LAXATIVE COMBINATIONS.....	170
LAXATIVES - MISCELLANEOUS .....	170
LUBRICANT LAXATIVES .....	171
SALINE LAXATIVES .....	171
STIMULANT LAXATIVES .....	172
SURFACTANT LAXATIVES.....	172
<b>LOCAL ANESTHETICS-PARENTERAL .....</b>	<b>173</b>
LOCAL ANESTHETIC COMBINATIONS .....	173
LOCAL ANESTHETICS - AMIDES.....	173
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>173</b>
AZITHROMYCIN .....	173
CLARITHROMYCIN .....	173
ERYTHROMYCINS.....	173
FIDAXOMICIN .....	174
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES</b>	
<b>FOR DIAGNOSIS, TREATMENT, OR MONITORING.....</b>	<b>174</b>
BLOOD PRESSURE DEVICES.....	174

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....	174
DIABETIC SUPPLIES.....	174
ENTERAL NUTRITION SUPPLIES.....	175
MISC. DEVICES .....	175
PARENTERAL THERAPY SUPPLIES.....	176
RESPIRATORY THERAPY SUPPLIES .....	185
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES .....</b>	<b>186</b>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .....	186
MIGRAINE COMBINATIONS .....	187
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES .....	187
SEROTONIN AGONISTS .....	187
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION.....</b>	<b>188</b>
CALCIUM .....	188
ELECTROLYTE MIXTURES.....	191
FLUORIDE.....	191
MAGNESIUM .....	191
MINERAL COMBINATIONS.....	192
PHOSPHATE .....	192
POTASSIUM .....	192
SODIUM .....	193
TRACE MINERALS .....	193
ZINC.....	193
<b>MISCELLANEOUS THERAPEUTIC CLASSES.....</b>	<b>193</b>
CHELATING AGENTS .....	193
IMMUNOSUPPRESSIVE AGENTS.....	193
IRRIGATION SOLUTIONS.....	193
MISC NATURAL PRODUCTS .....	193
POTASSIUM REMOVING AGENTS .....	197
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT .....</b>	<b>197</b>
ANESTHETICS TOPICAL ORAL.....	197
ANTI-INFECTIVES - THROAT .....	198
ANTISEPTICS - MOUTH/THROAT.....	198
DENTAL PRODUCTS .....	198
LOZENGES.....	198
STEROIDS - MOUTH/THROAT/DENTAL.....	198
THROAT PRODUCTS - MISC. ....	198
<b>MULTIVITAMINS - DRUGS FOR NUTRITION.....</b>	<b>198</b>
B-COMPLEX VITAMINS .....	198
B-COMPLEX W/ C.....	199
B-COMPLEX W/ FOLIC ACID .....	199
BIOFLAVONOID PRODUCTS.....	200
MULTIPLE VITAMINS W/ CALCIUM .....	201
MULTIPLE VITAMINS W/ IRON.....	201
MULTIPLE VITAMINS W/ MINERALS.....	201
MULTIVITAMINS - DRUGS FOR NUTRITION .....	205
PED MULTIPLE VITAMINS W/ MINERALS .....	206

PED MV W/ FLUORIDE .....	207
PED MV W/ IRON .....	207
PEDIATRIC MULTIPLE VITAMINS .....	207
PEDIATRIC VITAMINS.....	208
PRENATAL VITAMINS .....	208
SPECIALTY VITAMINS PRODUCTS .....	209
VITAMIN MIXTURES .....	210
VITAMINS W/ LIPOTROPICS .....	210
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE</b>	
<b>SPASMS .....</b>	<b>211</b>
CENTRAL MUSCLE RELAXANTS .....	211
DIRECT MUSCLE RELAXANTS .....	211
MUSCLE RELAXANT COMBINATIONS .....	211
VISCOSUPPLEMENTS.....	211
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>	<b>212</b>
NASAL AGENT COMBINATIONS.....	212
NASAL AGENTS - MISC.....	212
NASAL ANTIALLERGY .....	212
NASAL ANTICHOLINERGICS .....	212
NASAL STEROIDS .....	212
SYMPATHOMIMETIC DECONGESTANTS .....	213
<b>NUTRIENTS - DRUGS FOR NUTRITION .....</b>	<b>213</b>
CARBOHYDRATES .....	213
LIPOTROPICS .....	213
MISC. NUTRITIONAL SUBSTANCES .....	213
PROTEINS.....	214
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....</b>	<b>214</b>
ARTIFICIAL TEARS AND LUBRICANTS.....	214
BETA-BLOCKERS - OPHTHALMIC.....	215
CHOLINERGIC AGONISTS .....	216
CYCLOPLEGIC MYDRIATICS.....	216
MIOTICS.....	216
OPHTHALMIC ADRENERGIC AGENTS .....	216
OPHTHALMIC ANTI-INFECTIVES .....	216
OPHTHALMIC DECONGESTANTS .....	217
OPHTHALMIC IMMUNOMODULATORS .....	217
OPHTHALMIC INTEGRIN ANTAGONISTS.....	218
OPHTHALMIC KINASE INHIBITORS .....	218
OPHTHALMIC LOCAL ANESTHETICS .....	218
OPHTHALMIC STEROIDS.....	218
OPHTHALMICS - MISC. ....	219
PROSTAGLANDINS - OPHTHALMIC.....	220
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR .....</b>	<b>220</b>
OTIC AGENTS - MISCELLANEOUS .....	220
OTIC ANTI-INFECTIVES .....	220
OTIC COMBINATIONS.....	220
OTIC STEROIDS .....	220

<b>OXYTOCICS - DRUGS FOR PREGNANCY .....</b>	<b>220</b>
OXYTOCICS - DRUGS FOR PREGNANCY .....	220
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>220</b>
AMINOPENICILLINS .....	220
NATURAL PENICILLINS .....	221
PENICILLIN COMBINATIONS .....	221
PENICILLINASE-RESISTANT PENICILLINS .....	221
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG</b>	
<b>COMPOUNDING .....</b>	<b>221</b>
FLAVORING AGENTS .....	221
GELATIN CAPSULES (EMPTY) .....	223
LIQUID VEHICLES .....	223
PHARMACEUTICAL EXCIPIENTS .....	224
SEMI SOLID VEHICLES .....	224
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....</b>	<b>225</b>
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES .....	225
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS</b>	
<b>TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>225</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	225
ANTIDEMENTIA AGENTS .....	225
COMBINATION PSYCHOTHERAPEUTICS .....	226
FIBROMYALGIA AGENTS .....	226
MOVEMENT DISORDER DRUG THERAPY .....	226
MULTIPLE SCLEROSIS AGENTS.....	227
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS .....	227
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS .....	228
PSEUDOBULBAR AFFECT (PBA) AGENTS .....	228
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO	
TREAT NERVOUS SYSTEM DISORDERS .....	228
RESTLESS LEG SYNDROME (RLS) AGENTS .....	228
SMOKING DETERRENDS.....	228
VASOMOTOR SYMPTOM AGENTS.....	228
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....</b>	<b>228</b>
CYSTIC FIBROSIS AGENTS .....	228
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....</b>	<b>229</b>
TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....	229
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>229</b>
ANTITHYROID AGENTS.....	229
THYROID HORMONES.....	229
<b>TOXOIDS - DRUGS TO PREVENT INFECTIONS .....</b>	<b>229</b>
TOXOID COMBINATIONS .....	229
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR</b>	
<b>ULCERS AND STOMACH ACID .....</b>	<b>230</b>
ANTISPASMODICS .....	230
H-2 ANTAGONISTS .....	230
MISC. ANTI-ULCER .....	230
PROTON PUMP INHIBITORS .....	230

ULCER DRUGS - PROSTAGLANDINS .....	231
ULCER THERAPY COMBINATIONS.....	231
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY</b>	
<b>INCONTINENCE .....</b>	<b>232</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)...	232
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....	232
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS .....	232
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS .....	232
<b>VACCINES - DRUGS TO PREVENT INFECTIONS .....</b>	<b>232</b>
BACTERIAL VACCINES.....	232
VIRAL VACCINES .....	233
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL</b>	
<b>CONDITIONS .....</b>	<b>234</b>
MISCELLANEOUS VAGINAL PRODUCTS .....	234
SPERMICIDES .....	234
VAGINAL ANTI-INFECTIVES .....	234
VAGINAL ESTROGENS .....	235
VAGINAL PROGESTINS .....	235
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION</b>	
<b>CONDITIONS .....</b>	<b>235</b>
ANAPHYLAXIS THERAPY AGENTS .....	235
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION	
CONDITIONS.....	235
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>235</b>
OIL SOLUBLE VITAMINS .....	235
WATER SOLUBLE VITAMINS .....	237
<b>Index.....</b>	<b>240</b>

# CONTENTS/CONTENIDO

(10/01/2022)

## 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](http://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](http://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:

<b>Class of Medication/Diagnosis</b>	<b>Requested Clinical Information</b>
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: (800) 424-4524 (TTY 711)
- Medallion 4.0: (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	MED= Max 90 mg Morphine Equivalent Dose Per Day

Date Effective	Product Name	Change	Notes
7/15/2022	ACIPHEX SPR CAP 10MG	Remove from formulary	
7/15/2022	ACIPHEX SPR CAP 5MG	Remove from formulary	
7/15/2022	ACTIGALL CAP 300MG	Remove brand from formulary	
7/15/2022	ACTOPLUS MET TAB 15-500MG	Remove brand from formulary	
7/15/2022	ACZONE GEL 5%	Remove brand from formulary	
7/15/2022	ACZONE GEL 7.5%	Remove brand from formulary	
7/15/2022	ADALAT CC TAB 30MG ER	Remove brand from formulary	
7/15/2022	ADALAT CC TAB 60MG ER	Remove brand from formulary	
7/15/2022	ADALAT CC TAB 90MG ER	Remove brand from formulary	
7/15/2022	ADLARITY 10 MG/DAY PATCH	Add to formulary, non-preferred	

Date Effective	Product Name	Change	Notes
7/15/2022	ADLARITY 5 MG/DAY PATCH	Add to formulary, non-preferred	
7/15/2022	AIMOVIG INJ 140MG/ML	Updated from preferred to non-preferred	
7/15/2022	AIMOVIG INJ 70MG/ML	Updated from preferred to non-preferred	
7/15/2022	ALOXI INJ 0.25MG/5	Remove brand from formulary	
7/15/2022	ANDROGEL GEL 1.62%	Remove brand from formulary	
7/15/2022	ANDROGEL GEL 1.62%	Remove brand from formulary	
7/15/2022	ANZEMET 50 MG TABLET	Add to formulary, non-preferred, fill limit	10 per fill
7/15/2022	ARANESP INJ 300MCG	Remove from formulary	
7/15/2022	ASENAPINE SUB 10MG	Updated from preferred to non-preferred	
7/15/2022	ASENAPINE SUB 2.5MG	Updated from preferred to non-preferred	
7/15/2022	ASENAPINE SUB 5MG	Updated from preferred to non-preferred	
7/15/2022	BENZACLIN GEL 1-5%	Remove brand from formulary	
7/15/2022	BLEPH-10 SOL 10% OP	Remove brand from formulary	
7/15/2022	BLEPHAMIDE SUS OP	Remove from formulary	
7/15/2022	BLEPHAMIDE SUS OP	Remove from formulary	
7/15/2022	BRIMONIDINE-TIMOLOL 0.2%-0.5%	Add generic to formulary, non-preferred	
7/15/2022	BYDUREON PEN INJ 2MG	Remove from formulary	
7/15/2022	CATAPRES TAB 0.1MG	Remove brand from formulary	
7/15/2022	CATAPRES TAB 0.2MG	Remove brand from formulary	
7/15/2022	CATAPRES TAB 0.3MG	Remove brand from formulary	
7/15/2022	CHLORPROMAZINE 100 MG/ML CONC	Add to formulary, preferred, Age limit	min age 18
7/15/2022	CHLORPROMAZINE 30 MG/ML CONC	Add to formulary, preferred, Age limit	min age 18
7/15/2022	CIPROFLOX-DEXAMETH OTIC SUSP	Add generic to formulary, non-preferred	

Date Effective	Product Name	Change	Notes
7/15/2022	CUTIVATE LOT 0.05%	Remove brand from formulary	
7/15/2022	DESONATE GEL 0.05%	Remove from formulary	
7/15/2022	DEXLANSOPRAZOLE DR 30 MG CAP	Add generic to formulary, non-preferred	
7/15/2022	DEXLANSOPRAZOLE DR 60 MG CAP	Add generic to formulary, non-preferred	
7/15/2022	DICLOFENAC 2% SOLUTION PUMP	Add generic to formulary, non-preferred	
7/15/2022	DICLOFEX DC MIS	Remove from formulary	
7/15/2022	DURAGESIC DIS 100MCG/H	Remove brand from formulary	
7/15/2022	DURAGESIC DIS 12MCG/HR	Remove brand from formulary	
7/15/2022	DURAGESIC DIS 25MCG/HR	Remove brand from formulary	
7/15/2022	DURAGESIC DIS 50MCG/HR	Remove brand from formulary	
7/15/2022	DURAGESIC DIS 75MCG/HR	Remove brand from formulary	
7/15/2022	EMGALITY INJ 100MG/ML	Updated from preferred to non-preferred	
7/15/2022	ENTOCORT EC CAP 3MG DR	Remove brand from formulary	
7/15/2022	EPSOLAY 5% CREAM PUMP	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	FIBRICOR TAB 105MG	Remove brand from formulary	
7/15/2022	FIBRICOR TAB 35MG	Remove brand from formulary	
7/15/2022	FIORINAL/COD CAP 30MG	Remove brand from formulary	
7/15/2022	FLAGYL TAB 250MG	Remove brand from formulary	
7/15/2022	FLAGYL TAB 500MG	Remove brand from formulary	
7/15/2022	FLUPHENAZINE 2.5 MG/ML VIAL	Add to formulary, preferred, Age limit	min age 18
7/15/2022	FORTAMET TAB 1000MG	Remove brand from formulary	
7/15/2022	FORTAMET TAB 500MG	Remove brand from formulary	

Date Effective	Product Name	Change	Notes
7/15/2022	GLATIRAMER INJ 20MG/ML	Updated from preferred to non-preferred	
7/15/2022	GLUCOTROL TAB 10MG	Remove brand from formulary	
7/15/2022	GLUCOTROL TAB 5MG	Remove brand from formulary	
7/15/2022	GLYSET TAB 100MG	Remove brand from formulary	
7/15/2022	GLYSET TAB 25MG	Remove brand from formulary	
7/15/2022	GLYSET TAB 50MG	Remove brand from formulary	
7/15/2022	HALDOL INJ 5MG/ML	Remove brand from formulary	
7/15/2022	IBSRELA 50 MG TABLET	Add to formulary, non- preferred, Age limit	min age 18
7/15/2022	INTRAROSA SUP 6.5MG	Remove from formulary	
7/15/2022	INTRAROSA SUP 6.5MG	Remove from formulary	
7/15/2022	ISOPTO CARP SOL 4% OP	Remove brand from formulary	
7/15/2022	KADIAN CAP 100MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 10MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 200MG ER	Remove from formulary	
7/15/2022	KADIAN CAP 20MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 30MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 40MG ER	Remove from formulary	
7/15/2022	KADIAN CAP 50MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 60MG ER	Remove brand from formulary	
7/15/2022	KADIAN CAP 80MG ER	Remove brand from formulary	
7/15/2022	KRILL OIL CAP 300MG	Remove from formulary	
7/15/2022	LACOSAMIDE 10 MG/ML SOLUTION	Add generic to formulary, non-preferred	

Date Effective	Product Name	Change	Notes
7/15/2022	LEVAMLODIPINE MALEATE 5 MG TAB	Add to formulary, non-preferred	
7/15/2022	LYVISPAH 10 MG GRANULE PACKET	Add to formulary, non-preferred	
7/15/2022	LYVISPAH 20 MG GRANULE PACKET	Add to formulary, non-preferred	
7/15/2022	LYVISPAH 5 MG GRANULE PACKET	Add to formulary, non-preferred	
7/15/2022	MAXI-TUSS LIQ CD	Remove from formulary	
7/15/2022	MESALAMINE ER 500 MG CAPSULE	Add generic to formulary, non-preferred	
7/15/2022	MORPHINE SUL CAP 40MG ER	Remove from formulary	
7/15/2022	MOUNJARO 10 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	MOUNJARO 12.5 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	MOUNJARO 15 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	MOUNJARO 2.5 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	MOUNJARO 5 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	MOUNJARO 7.5 MG/0.5 ML PEN	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	NAMENDA XR CAP 14MG	Remove brand from formulary	
7/15/2022	NAMENDA XR CAP 21MG	Remove brand from formulary	
7/15/2022	NAMENDA XR CAP 28MG	Remove brand from formulary	
7/15/2022	NAMENDA XR CAP 7MG	Remove brand from formulary	
7/15/2022	NAPROSYN SUS 125/5ML	Remove brand from formulary	
7/15/2022	NASONEX SPR 50MCG/AC	Remove brand from formulary	
7/15/2022	NORCO TAB 10- 325MG	Remove brand from formulary	
7/15/2022	NORCO TAB 5- 325MG	Remove brand from formulary	
7/15/2022	NORCO TAB 7.5- 325	Remove brand from formulary	

Date Effective	Product Name	Change	Notes
7/15/2022	NORLIQVA 1 MG/ML SOLUTION	Add to formulary, non-preferred	
7/15/2022	OLUMIANT 4 MG TABLET	Add to formulary, non-preferred, Age limit	min age 18
7/15/2022	ORTIKOS ER 6 MG CAPSULE	Add to formulary, non-preferred	
7/15/2022	ORTIKOS ER 9 MG CAPSULE	Add to formulary, non-preferred	
7/15/2022	OXYCOD/ASA TAB	Remove from formulary	
7/15/2022	OZOBAX SOL 5MG/5ML	Remove brand from formulary	
7/15/2022	PRAVACHOL TAB 20MG	Remove brand from formulary	
7/15/2022	PRAVACHOL TAB 40MG	Remove brand from formulary	
7/15/2022	PROCARDIA CAP 10MG	Remove brand from formulary	
7/15/2022	PROMETHAZINE SOL 6.25/5ML	Remove from formulary	
7/15/2022	QUVIVIQ 25 MG TABLET	Add to formulary, non-preferred	
7/15/2022	QUVIVIQ 50 MG TABLET	Add to formulary, non-preferred	
7/15/2022	SCALPICIN SOL 1%	Remove from formulary	
7/15/2022	SEGLENTIS 56 MG-44 MG TABLET	Add to formulary, non-preferred, QL, Age limit	4 per day, min age 18
7/15/2022	SKYRIZI 360 MG/2.4 ML ON-BODY	Add to formulary, non-preferred	
7/15/2022	SKYRIZI 600 MG/10 ML VIAL	Add to formulary, non-preferred	
7/15/2022	STARLIX TAB 120MG	Remove brand from formulary	
7/15/2022	STARLIX TAB 60MG	Remove brand from formulary	
7/15/2022	TARKA TAB 2-180 CR	Remove brand from formulary	
7/15/2022	TARKA TAB 2-240 CR	Remove brand from formulary	
7/15/2022	TARKA TAB 4-240 CR	Remove brand from formulary	
7/15/2022	TARPEYO DR 4 MG CAPSULE	Add to formulary, non-preferred	
7/15/2022	TAZORAC CRE 0.1%	Remove brand from formulary	

Date Effective	Product Name	Change	Notes
7/15/2022	TEMOVATE CRE 0.05%	Remove brand from formulary	
7/15/2022	TIGAN CAP 300MG	Remove brand from formulary	
7/15/2022	TOLMETIN SOD CAP 400MG	Remove from formulary	
7/15/2022	TOLMETIN SOD TAB 600MG	Remove from formulary	
7/15/2022	TRIUMEQ PD 60-5-30 MG TAB SUSP	Add to formulary, preferred, QL	1 per day
7/15/2022	TRUDHESA NASAL SPRAY	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 16 MCG CARTRIDGE	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 16-32 MCG TITR KIT	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 16-32-48 MCG TITRAT	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 32 MCG CARTRIDGE	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 32-48 MCG MAINT KIT	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 48 MCG CARTRIDGE	Add to formulary, non- preferred	
7/15/2022	TYVASO DPI 64 MCG CARTRIDGE	Add to formulary, non- preferred	
7/15/2022	VARENICLINE STARTING MONTH BOX	Add generic to formulary, preferred	
7/15/2022	VILAZODONE HCL 10 MG TABLET	Add generic to formulary, non-preferred	
7/15/2022	VILAZODONE HCL 20 MG TABLET	Add generic to formulary, non-preferred	
7/15/2022	VILAZODONE HCL 40 MG TABLET	Add generic to formulary, non-preferred	
7/15/2022	VIRAMUNE SUS 50MG/5ML	Remove brand from formulary	
7/15/2022	VOLTAREN GEL 1%	Remove brand from formulary	
7/15/2022	VTAMA 1% CREAM	Add to formulary, non- preferred, Age limit	min age 18
7/15/2022	XARELTO 1 MG/ML SUSPENSION	Add to formulary, preferred	
7/15/2022	XOFLUZA TAB 40MG	Remove from formulary	

Date Effective	Product Name	Change	Notes
7/15/2022	ZIMHI 5 MG/0.5 ML SYRINGE	Add to formulary, preferred	
7/15/2022	ZOFRAN TAB 4MG	Remove brand from formulary	
7/15/2022	ZOFRAN TAB 8MG	Remove brand from formulary	



## LEGEND

<b>AGE</b>	Age Limit
<b>MED</b>	Max 90 mg Morphine Equivalent Dose per day
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug
<b>ST</b>	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](http://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](http://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:

<b>Clase de medicamento o diagnóstico</b>	<b>Información clínica solicitada</b>
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**

La información contenida en esta guía es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. ©2022. Todos los derechos reservados.

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: (800) 424-4524 (TTY 711)
- Medallion 4.0: (800) 424-4518 (TTY 711)

<b>Siglas</b>			
EDAD = Límite de Edad	ST = Terapia Progresiva	OTC = Medicamentos de Venta Libre	PA = Autorización Previa
PA, QL = Límite de Cantidad que se aplica después de la aprobación de la Autorización Previa	QL = Límite de Cantidad	SP = Medicamentos Especializados	MED = Dosis Máxima Equivalente a 90 mg de Morphine al Día

<b>Fecha de vigencia</b>	<b>Nombre del producto</b>	<b>Cambio</b>	<b>Notas</b>
7/15/2022	ACIPHEX SPR CAP 10MG	Retirar del formulario	
7/15/2022	ACIPHEX SPR CAP 5MG	Retirar del formulario	
7/15/2022	ACTIGALL CAP 300MG	Eliminar marca del formulario	
7/15/2022	ACTOPLUS MET TAB 15-500MG	Eliminar marca del formulario	
7/15/2022	ACZONE GEL 5%	Eliminar marca del formulario	
7/15/2022	ACZONE GEL 7.5%	Eliminar marca del formulario	
7/15/2022	ADALAT CC TAB 30MG ER	Eliminar marca del formulario	
7/15/2022	ADALAT CC TAB 60MG ER	Eliminar marca del formulario	
7/15/2022	ADALAT CC TAB 90MG ER	Eliminar marca del formulario	
7/15/2022	ADLARITY 10 MG/DAY PATCH	Agregar al formulario, producto no preferido	
7/15/2022	ADLARITY 5 MG/DAY PATCH	Agregar al formulario, producto no preferido	
7/15/2022	AIMOVIG INJ 140MG/ML	Actualizado de producto preferido a no preferido	
7/15/2022	AIMOVIG INJ 70MG/ML	Actualizado de producto preferido a no preferido	
7/15/2022	ALOXI INJ 0.25MG/5	Eliminar marca del formulario	
7/15/2022	ANDROGEL GEL 1.62%	Eliminar marca del formulario	
7/15/2022	ANDROGEL GEL 1.62%	Eliminar marca del formulario	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	ANZEMET 50 MG TABLET	Agregar al formulario, producto no preferido, límite de surtido	10 por surtido
7/15/2022	ARANESP INJ 300MCG	Retirar del formulario	
7/15/2022	ASENAPINE SUB 10MG	Actualizado de producto preferido a no preferido	
7/15/2022	ASENAPINE SUB 2.5MG	Actualizado de producto preferido a no preferido	
7/15/2022	ASENAPINE SUB 5MG	Actualizado de producto preferido a no preferido	
7/15/2022	BENZACLIN GEL 1-5%	Eliminar marca del formulario	
7/15/2022	BLEPH-10 SOL 10% OP	Eliminar marca del formulario	
7/15/2022	BLEPHAMIDE SUS OP	Retirar del formulario	
7/15/2022	BLEPHAMIDE SUS OP	Retirar del formulario	
7/15/2022	BRIMONIDINE- TIMOLOL 0.2%-0.5%	Agregar genérico al formulario, producto no preferido	
7/15/2022	BYDUREON PEN INJ 2MG	Retirar del formulario	
7/15/2022	CATAPRES TAB 0.1MG	Eliminar marca del formulario	
7/15/2022	CATAPRES TAB 0.2MG	Eliminar marca del formulario	
7/15/2022	CATAPRES TAB 0.3MG	Eliminar marca del formulario	
7/15/2022	CHLORPROMAZINE 100 MG/ML CONC	Agregar al formulario, producto preferido, límite de edad	edad mínima de 18 años
7/15/2022	CHLORPROMAZINE 30 MG/ML CONC	Agregar al formulario, producto preferido, límite de edad	edad mínima de 18 años
7/15/2022	CIPROFLOX-DEXAMETH OTIC SUSP	Agregar genérico al formulario, producto no preferido	
7/15/2022	CUTIVATE LOT 0.05%	Eliminar marca del formulario	
7/15/2022	DESONATE GEL 0.05%	Retirar del formulario	
7/15/2022	DEXLANSOPRAZOLE DR 30 MG CAP	Agregar genérico al formulario, producto no preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	DEXLANSOPRAZOLE DR 60 MG CAP	Agregar genérico al formulario, producto no preferido	
7/15/2022	DICLOFENAC 2% SOLUTION PUMP	Agregar genérico al formulario, producto no preferido	
7/15/2022	DICLOFEX DC MIS	Retirar del formulario	
7/15/2022	DURAGESIC DIS 100MCG/H	Eliminar marca del formulario	
7/15/2022	DURAGESIC DIS 12MCG/HR	Eliminar marca del formulario	
7/15/2022	DURAGESIC DIS 25MCG/HR	Eliminar marca del formulario	
7/15/2022	DURAGESIC DIS 50MCG/HR	Eliminar marca del formulario	
7/15/2022	DURAGESIC DIS 75MCG/HR	Eliminar marca del formulario	
7/15/2022	EMGALITY INJ 100MG/ML	Actualizado de producto preferido a no preferido	
7/15/2022	ENTOCORT EC CAP 3MG DR	Eliminar marca del formulario	
7/15/2022	EPSOLAY 5% CREAM PUMP	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	FIBRICOR TAB 105MG	Eliminar marca del formulario	
7/15/2022	FIBRICOR TAB 35MG	Eliminar marca del formulario	
7/15/2022	FIORINAL/COD CAP 30MG	Eliminar marca del formulario	
7/15/2022	FLAGYL TAB 250MG	Eliminar marca del formulario	
7/15/2022	FLAGYL TAB 500MG	Eliminar marca del formulario	
7/15/2022	FLUPHENAZINE 2.5 MG/ML VIAL	Agregar al formulario, producto preferido, límite de edad	edad mínima de 18 años
7/15/2022	FORTAMET TAB 1000MG	Eliminar marca del formulario	
7/15/2022	FORTAMET TAB 500MG	Eliminar marca del formulario	
7/15/2022	GLATIRAMER INJ 20MG/ML	Actualizado de producto preferido a no preferido	
7/15/2022	GLUCOTROL TAB 10MG	Eliminar marca del formulario	
7/15/2022	GLUCOTROL TAB 5MG	Eliminar marca del formulario	



Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	GLYSET TAB 100MG	Eliminar marca del formulario	
7/15/2022	GLYSET TAB 25MG	Eliminar marca del formulario	
7/15/2022	GLYSET TAB 50MG	Eliminar marca del formulario	
7/15/2022	HALDOL INJ 5MG/ML	Eliminar marca del formulario	
7/15/2022	IBSRELA 50 MG TABLET	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	INTRAROSA SUP 6.5MG	Retirar del formulario	
7/15/2022	INTRAROSA SUP 6.5MG	Retirar del formulario	
7/15/2022	ISOPTO CARP SOL 4% OP	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 100MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 10MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 200MG ER	Retirar del formulario	
7/15/2022	KADIAN CAP 20MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 30MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 40MG ER	Retirar del formulario	
7/15/2022	KADIAN CAP 50MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 60MG ER	Eliminar marca del formulario	
7/15/2022	KADIAN CAP 80MG ER	Eliminar marca del formulario	
7/15/2022	KRILL OIL CAP 300MG	Retirar del formulario	
7/15/2022	LACOSAMIDE 10 MG/ML SOLUTION	Agregar genérico al formulario, producto no preferido	
7/15/2022	LEVAMLODIPINE MALEATE 5 MG TAB	Agregar al formulario, producto no preferido	
7/15/2022	LYVISPAH 10 MG GRANULE PACKET	Agregar al formulario, producto no preferido	
7/15/2022	LYVISPAH 20 MG GRANULE PACKET	Agregar al formulario, producto no preferido	
7/15/2022	LYVISPAH 5 MG GRANULE PACKET	Agregar al formulario, producto no preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	MAXI-TUSS LIQ CD	Retirar del formulario	
7/15/2022	MESALAMINE ER 500 MG CAPSULE	Agregar genérico al formulario, producto no preferido	
7/15/2022	MORPHINE SUL CAP 40MG ER	Retirar del formulario	
7/15/2022	MOUNJARO 10 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	MOUNJARO 12.5 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	MOUNJARO 15 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	MOUNJARO 2.5 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	MOUNJARO 5 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	MOUNJARO 7.5 MG/0.5 ML PEN	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	NAMENDA XR CAP 14MG	Eliminar marca del formulario	
7/15/2022	NAMENDA XR CAP 21MG	Eliminar marca del formulario	
7/15/2022	NAMENDA XR CAP 28MG	Eliminar marca del formulario	
7/15/2022	NAMENDA XR CAP 7MG	Eliminar marca del formulario	
7/15/2022	NAPROSYN SUS 125/5ML	Eliminar marca del formulario	
7/15/2022	NASONEX SPR 50MCG/AC	Eliminar marca del formulario	
7/15/2022	NORCO TAB 10-325MG	Eliminar marca del formulario	
7/15/2022	NORCO TAB 5-325MG	Eliminar marca del formulario	
7/15/2022	NORCO TAB 7.5-325	Eliminar marca del formulario	
7/15/2022	NORLIQVA 1 MG/ML SOLUTION	Agregar al formulario, producto no preferido	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	OLUMIANT 4 MG TABLET	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	ORTIKOS ER 6 MG CAPSULE	Agregar al formulario, producto no preferido	
7/15/2022	ORTIKOS ER 9 MG CAPSULE	Agregar al formulario, producto no preferido	
7/15/2022	OXYCOD/ASA TAB	Retirar del formulario	
7/15/2022	OZOBAX SOL 5MG/5ML	Eliminar marca del formulario	
7/15/2022	PRAVACHOL TAB 20MG	Eliminar marca del formulario	
7/15/2022	PRAVACHOL TAB 40MG	Eliminar marca del formulario	
7/15/2022	PROCARDIA CAP 10MG	Eliminar marca del formulario	
7/15/2022	PROMETHAZINE SOL 6.25/5ML	Retirar del formulario	
7/15/2022	QUVIVIQ 25 MG TABLET	Agregar al formulario, producto no preferido	
7/15/2022	QUVIVIQ 50 MG TABLET	Agregar al formulario, producto no preferido	
7/15/2022	SCALPICIN SOL 1%	Retirar del formulario	
7/15/2022	SEGLENTIS 56 MG-44 MG TABLET	Agregar al formulario, producto no preferido, QL, límite de edad	4 por día, edad mínima de 18 años
7/15/2022	SKYRIZI 360 MG/2.4 ML ON-BODY	Agregar al formulario, producto no preferido	
7/15/2022	SKYRIZI 600 MG/10 ML VIAL	Agregar al formulario, producto no preferido	
7/15/2022	STARLIX TAB 120MG	Eliminar marca del formulario	
7/15/2022	STARLIX TAB 60MG	Eliminar marca del formulario	
7/15/2022	TARKA TAB 2-180 CR	Eliminar marca del formulario	
7/15/2022	TARKA TAB 2-240 CR	Eliminar marca del formulario	
7/15/2022	TARKA TAB 4-240 CR	Eliminar marca del formulario	
7/15/2022	TARPEYO DR 4 MG CAPSULE	Agregar al formulario, producto no preferido	
7/15/2022	TAZORAC CRE 0.1%	Eliminar marca del formulario	
7/15/2022	TEMOVATE CRE 0.05%	Eliminar marca del formulario	
7/15/2022	TIGAN CAP 300MG	Eliminar marca del formulario	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	TOLMETIN SOD CAP 400MG	Retirar del formulario	
7/15/2022	TOLMETIN SOD TAB 600MG	Retirar del formulario	
7/15/2022	TRIUMEQ PD 60-5-30 MG TAB SUSP	Agregar al formulario, producto preferido, QL	1 por día
7/15/2022	TRUDHESA NASAL SPRAY	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 16 MCG CARTRIDGE	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 16-32 MCG TITR KIT	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 16-32-48 MCG TITRAT	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 32 MCG CARTRIDGE	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 32-48 MCG MAINT KIT	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 48 MCG CARTRIDGE	Agregar al formulario, producto no preferido	
7/15/2022	TYVASO DPI 64 MCG CARTRIDGE	Agregar al formulario, producto no preferido	
7/15/2022	VARENICLINE STARTING MONTH BOX	Agregar genérico al formulario, producto preferido	
7/15/2022	VILAZODONE HCL 10 MG TABLET	Agregar genérico al formulario, producto no preferido	
7/15/2022	VILAZODONE HCL 20 MG TABLET	Agregar genérico al formulario, producto no preferido	
7/15/2022	VILAZODONE HCL 40 MG TABLET	Agregar genérico al formulario, producto no preferido	
7/15/2022	VIRAMUNE SUS 50MG/5ML	Eliminar marca del formulario	
7/15/2022	VOLTAREN GEL 1%	Eliminar marca del formulario	
7/15/2022	VTAMA 1% CREAM	Agregar al formulario, producto no preferido, límite de edad	edad mínima de 18 años
7/15/2022	XARELTO 1 MG/ML SUSPENSION	Agregar al formulario, producto preferido	
7/15/2022	XOFLUZA TAB 40MG	Retirar del formulario	

Fecha de vigencia	Nombre del producto	Cambio	Notas
7/15/2022	ZIMHI 5 MG/0.5 ML SYRINGE	Agregar al formulario, producto preferido	
7/15/2022	ZOFRAN TAB 4MG	Eliminar marca del formulario	
7/15/2022	ZOFRAN TAB 8MG	Eliminar marca del formulario	

## LEYENDA

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

## Molina Complete Care Effective 10/01/2022

### 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 4, Max 17)
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 10MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 15MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 20MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL TAB 30MG	Non-Pref	PA; AGE (Min 4, Max 17)
ADDERALL XR CAP 5MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 10MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 15MG	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 20MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 25MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADDERALL XR CAP 30MG	Pref	QL (2 caps / 1 day); AGE (Min 4, Max 17)
ADZENYS XR-ODT TBED 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>amphetamine sulfate tabs 5mg, 10mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE (Min 4, Max 17)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE (Min 4, Max 17)

**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DESOXYN TABS 5mg	Non-Pref	PA; AGE (Min 4, Max 17)
DEXEDRINE CP24 10mg, 15mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>dextroamphetamine sulfate tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	Pref	AGE (Min 4, Max 17)
DYANAVEL XR SUER 2.5mg/ml	Non-Pref	PA; AGE (Min 4, Max 17)
EVEKEO TABS 5mg, 10mg	Non-Pref	PA; AGE (Min 4, Max 17)
EVEKEO ODT TBDP 5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methamphetamine hcl tabs 5mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 25MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE (Min 4, Max 17)
MYDAYIS CAP 50MG	Non-Pref	PA; AGE (Min 4, Max 17)
<i>procentra soln 5mg/5ml</i>	Non-Pref	PA; AGE (Min 4, Max 17)
VYVANSE CAPS 10mg; CHEW 10mg, 20mg, 30mg, 40mg, 50mg, 60mg	Pref	AGE (Min 4, Max 17)
VYVANSE CAPS 20mg, 30mg, 40mg, 50mg, 60mg, 70mg	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>zenzedi tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)

### **ANALEPTICS**

<i>awake maximum strength tabs 200mg</i>	Pref	OTC
<i>caffeine tabs 200mg</i>	Pref	OTC
<i>cvs caffeine tabs 200mg</i>	Pref	OTC
<i>eql stay awake tabs 200mg</i>	Pref	OTC
<i>gnp alert aid tabs 200mg</i>	Pref	OTC
<i>keep alert tabs 200mg</i>	Pref	OTC
<i>stay awake maximum streng tabs 200mg</i>	Pref	OTC

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>clonidine hcl (adhd) tb12 .1mg</i>	Pref	90 day supply
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Pref	90 day supply
INTUNIV TB24 1mg, 2mg, 3mg, 4mg	Non-Pref	PA; 90 day supply
QELBREE CP24 100mg, 150mg, 200mg	Non-Pref	PA; AGE (Min 6, Max 17)
STRATTERA CAPS 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)

### **DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**

SUNOSI TABS 75mg, 150mg	Non-Pref	PA
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### **HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**

WAKIX TABS 4.45mg, 17.8mg	Non-Pref	SP, PA
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Drug Name	Drug Tier	Requirements/Limits
<b>STIMULANTS - MISC.</b>		
ADHANSIA XR CP24 25mg, 35mg, 45mg, 55mg, 70mg, 85mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 6, Max 17)
APTENSIO XR CP24 10mg	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
APTENSIO XR CP24 15mg	Non-Pref	PA; AGE (Min 4, Max 17)
APTENSIO XR CP24 20mg, 30mg, 40mg, 50mg, 60mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Non-Pref	PA
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE (Min 6, Max 17)
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE (Min 6, Max 17)
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE (Min 6, Max 17)
CONCERTA TBCR 18mg, 27mg, 54mg	Pref	QL (1 tab / 1 day); AGE (Min 4, Max 17)
CONCERTA TBCR 36mg	Pref	QL (2 tabs / 1 day); AGE (Min 4, Max 17)
COTEMPLA XR-ODT TBED 8.6mg, 17.3mg, 25.9mg	Non-Pref	PA; AGE (Min 4, Max 17)
DAYTRANA PTCH 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr	Pref	QL (1 patch / 1 day); AGE (Min 4, Max 17)
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 4, Max 17)
FOCALIN TABS 2.5mg, 5mg, 10mg	Non-Pref	PA; AGE (Min 4, Max 17)
FOCALIN XR CP24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg	Pref	QL (1 cap / 1 day); AGE (Min 4, Max 17)
JORNAY PM CP24 20mg, 40mg, 60mg, 80mg, 100mg	Non-Pref	PA; AGE (Min 4, Max 17)
METHYLIN SOLN 5mg/5ml, 10mg/5ml	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 15mg, 60mg; soln 5mg/5ml, 10mg/5ml; tbc 10mg, 20mg</i>	Non-Pref	PA; AGE (Min 4, Max 17)
<i>methylphenidate hcl cp24 10mg</i>	Non-Pref	PA, QL (2 caps / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl tabs 5mg, 10mg, 20mg</i>	Pref	AGE (Min 4, Max 17)
<i>methylphenidate hcl tb24 18mg, 27mg, 54mg; tbc 18mg, 27mg, 54mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 4, Max 17)
<i>methylphenidate hcl tb24 36mg; tbc 36mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 4, Max 17)
METHYLPHENIDATE HYDROCHLO TBCR 72mg	Non-Pref	PA; AGE (Min 4, Max 17)
<i>modafinil tabs 100mg, 200mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
NUVIGIL TABS 50mg, 150mg, 200mg, 250mg	Non-Pref	PA
PROVIGIL TABS 100mg, 200mg	Non-Pref	PA, QL (1 tab / 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

Drug Name	Drug Tier	Requirements/Limits
QUILLICHEW ER CHER 20mg, 30mg, 40mg	Non-Pref	PA; AGE (Min 4, Max 17)
QUILLIVANT XR SRER 25mg/5ml	Non-Pref	PA; AGE (Min 4, Max 17)
RELEXXII TBCR 72mg	Non-Pref	PA; AGE (Min 4, Max 17)
RITALIN TABS 5mg, 10mg, 20mg	Non-Pref	PA; AGE (Min 4, Max 17)
RITALIN LA CP24 10mg, 20mg, 30mg, 40mg	Non-Pref	PA, QL (1 cap / 1 day); AGE (Min 4, Max 17)

## ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

### ALLERGENIC EXTRACTS

ORALAIR SUB 300 IR	Non-Pref	PA; AGE (Min 5)
PALFORZIA CAP ESCALAT	Non-Pref	SP, PA, QL (0.434 ea / 1 day)
PALFORZIA CAP LEVEL 3	Non-Pref	SP, PA, QL (1.5 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 10	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA LEVEL 1 CSPK 1mg	Non-Pref	SP, PA, QL (1.5 ea / 1 day)
PALFORZIA LEVEL 2 CSPK 1mg	Non-Pref	SP, PA, QL (3 ea / 1 day)
PALFORZIA LEVEL 4 CSPK 20mg	Non-Pref	SP, PA, QL (0.5 ea / 1 day)
PALFORZIA LEVEL 5 CSPK 20mg	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA LEVEL 6 CSPK 20mg	Non-Pref	SP, PA, QL (2 ea / 1 day)
PALFORZIA LEVEL 9 CSPK 100mg	Non-Pref	SP, PA, QL (31 ea / 27 days)
PALFORZIA LEVEL 11 (MAINT PACK 300mg)	Non-Pref	SP, PA, QL (31 packets / 27 days)
PALFORZIA LEVEL 11 (TITRA PACK 300mg)	Non-Pref	SP, PA, QL (0.5 packets / 1 day)

## ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES

### ALTERNATIVE MEDICINE - A'S

<i>alpha-lipoic acid (thioctic acid) caps 100mg</i>	Pref	OTC
<i>tyler lipoic acid caps 100mg</i>	Pref	OTC

### ALTERNATIVE MEDICINE - C'S

<i>co q10 maximum strength caps 200mg</i>	Pref	OTC
COENZYME Q10 TABS 100mg	Pref	OTC
<i>coenzyme q10 (ubidecarenone) caps 30mg, 50mg, 100mg, 200mg</i>	Pref	OTC
COQ-10 TR CPCR 100mg	Pref	OTC
<i>cvs coq-10 caps 50mg, 100mg, 200mg</i>	Pref	OTC
<i>eql coq10 caps 100mg, 200mg</i>	Pref	OTC
<i>gnp co q10 caps 100mg, 200mg</i>	Pref	OTC
<i>gnp co q-10 caps 100mg</i>	Pref	OTC
<i>hm coq-10 caps 200mg</i>	Pref	OTC
<i>pronutrients coq10 caps 100mg</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>q-sorb co q-10 caps 100mg, 200mg</i>	Pref	OTC
<i>ra coenzyme q-10 caps 100mg</i>	Pref	OTC
<i>sm co q-10 caps 200mg</i>	Pref	OTC
<i>sm coq-10 caps 50mg</i>	Pref	OTC
<b>ALTERNATIVE MEDICINE - G'S</b>		
<i>garlic caps 500mg</i>	Pref	OTC
<i>genicin caps 500mg</i>	Pref	OTC
<i>glucosamine sulfate caps 500mg</i>	Pref	OTC
<i>synovacin caps 500mg</i>	Pref	OTC
<b>ALTERNATIVE MEDICINE - M'S</b>		
<i>hm melatonin tabs 5mg</i>	Pref	OTC
<i>kp melatonin tabs 3mg</i>	Pref	OTC
MELATONIN SUBL 3mg	Pref	OTC
<i>melatonin tabs 1mg, 3mg, 5mg; tbdp 3mg</i>	Pref	OTC
<i>qc melatonin maximum stre tabs 5mg</i>	Pref	OTC
<i>ra melatonin tabs 3mg, 5mg</i>	Pref	OTC
<i>sm melatonin tabs 3mg</i>	Pref	OTC
<i>sv melatonin tabs 5mg; tbdp 3mg</i>	Pref	OTC
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
<i>cosamin ds</i>	Pref	OTC
<i>cvs glucosamine/chondroit</i>	Pref	OTC
<i>eql melatonin/vitamin b-6</i>	Pref	OTC
<i>ez flex gc</i>	Pref	OTC
GLUCOS/CHOND TAB DOUBLE	Pref	OTC
GLUCOS/CHOND TAB MSM/ADV	Pref	OTC
<i>glucosamine 1500 complex</i>	Pref	OTC
<i>glucosamine chondroitin 1</i>	Pref	OTC
<i>glucosamine chondroitin 5</i>	Pref	OTC
<i>glucosamine chondroitin c</i>	Pref	OTC
<i>glucosamine chondroitin m</i>	Pref	OTC
<i>*glucosamine-chondroitin-vit c-manganese cap***</i>	Pref	OTC
<i>*glucosamine-chondroitin-vit c-manganese tab***</i>	Pref	OTC
<i>glucosamine/chondroitin p</i>	Pref	OTC
<i>kp glucosamine chondroiti</i>	Pref	OTC
<i>melatin</i>	Pref	OTC
MELATONIN TAB 1-10MG	Pref	OTC
MELATONIN TAB 3-10MG	Pref	OTC
<i>melatonin-pyridoxine tab 5-1 mg</i>	Pref	OTC
<i>melatonin-pyridoxine tab 5-10 mg</i>	Pref	OTC
<i>melatonin/vitamin b-6 ext</i>	Pref	OTC
RA GLUCOSAMI CAP CHONDROI	Pref	OTC
<i>ra glucosamine/chondroiti</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

Drug Name	Drug Tier	Requirements/Limits
RA MELATONIN TAB 3MG	Pref	OTC
<i>sm glucosamine/chondroitin</i>	Pref	OTC
SM MELATONIN TAB	Pref	OTC

## AMEBICIDES - DRUGS TO TREAT INFECTIONS

### AMEBICIDES - DRUGS TO TREAT INFECTIONS

SOLOSEC PACK 2gm	Non-Pref	PA
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## AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

### AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

ARIKAYCE SUSP 590mg/8.4ml	Non-Pref	PA, QL (236 mL / 22 days); AGE (Min 18)
BETHKIS NEBU 300mg/4ml	Pref	SP, QL (224 each / 22 days); AGE (Min 6)
KITABIS PAK NEBU 300mg/5ml	Pref	SP, QL (280 each / 22 days); AGE (Min 6)
<i>neomycin sulfate tabs 500mg</i>	Pref	
<i>paromomycin sulfate caps 250mg</i>	Non-Pref	PA
TOBI NEBU 300mg/5ml	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min 6)
TOBI PODHALER CAPS 28mg	Pref	SP, PA, QL (224 caps / 22 days); AGE (Min 6)
<i>tobramycin nebu 300mg/4ml</i>	Non-Pref	SP, PA, QL (224 mL / 22 days); AGE (Min 6)
<i>tobramycin nebu 300mg/5ml</i>	Non-Pref	SP, PA, QL (280 each / 22 days); AGE (Min 6)

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

### ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA PSKT 10mg/0.1ml, 20mg/0.2ml, 40mg/0.4ml, 40mg/0.8ml	Pref	SP
HUMIRA PEDIA INJ CROHNS	Pref	SP
HUMIRA PEDIATRIC CROHNS D PSKT 80mg/0.8ml	Pref	SP
HUMIRA PEN PNKT 40mg/0.4ml, 40mg/0.8ml, 80mg/0.8ml	Pref	SP
HUMIRA PEN KIT PS/UV	Pref	SP
HUMIRA PEN-CD/UC/HS START PNKT 40mg/0.8ml, 80mg/0.8ml	Pref	SP
HUMIRA PEN-PEDIATRIC UC S PNKT 80mg/0.8ml	Pref	SP
HUMIRA PEN-PS/UV STARTER PNKT 40mg/0.8ml	Pref	SP
SIMPONI SOAJ 50mg/0.5ml, 100mg/ml; SOSY 50mg/0.5ml, 100mg/ml	Non-Pref	SP, PA
SIMPONI ARIA SOLN 50mg/4ml	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
OLUMIANT TABS 1mg, 2mg	Non-Pref	SP, PA; AGE (Min 18)
OLUMIANT TABS 4mg	Non-Pref	PA
RINVOQ TB24 15mg	Non-Pref	SP, PA; Preferred agent for Rheumatoid Arthritis and Psoriatic Arthritis
RINVOQ TB24 30mg, 45mg	Non-Pref	SP, PA
XELJANZ SOLN 1mg/ml; TABS 5mg, 10mg	Non-Pref	SP, PA
XELJANZ XR TB24 11mg, 22mg	Non-Pref	SP, PA
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
OTREXUP SOAJ 10mg/0.4ml, 12.5mg/0.4ml, 15mg/0.4ml, 17.5mg/0.4ml, 20mg/0.4ml, 22.5mg/0.4ml, 25mg/0.4ml	Non-Pref	PA
RASUVO SOAJ 7.5mg/0.15ml, 10mg/0.2ml, 12.5mg/0.25ml, 15mg/0.3ml, 17.5mg/0.35ml, 20mg/0.4ml, 22.5mg/0.45ml, 25mg/0.5ml, 30mg/0.6ml	Non-Pref	PA
REDITREX SOSY 7.5mg/0.3ml, 10mg/0.4ml, 12.5mg/0.5ml, 15mg/0.6ml, 17.5mg/0.7ml, 20mg/0.8ml, 22.5mg/0.9ml, 25mg/ml	Non-Pref	SP, PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET SOSY 100mg/0.67ml	Non-Pref	SP, PA
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS SOLN 150mg/ml	Non-Pref	SP, PA
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA SOLN 80mg/4ml, 200mg/10ml, 400mg/20ml; SOSY 162mg/0.9ml	Non-Pref	SP, PA
ACTEMRA ACTPEN SOAJ 162mg/0.9ml	Non-Pref	SP, PA
KEVZARA SOAJ 150mg/1.14ml, 200mg/1.14ml; SOSY 150mg/1.14ml, 200mg/1.14ml	Non-Pref	SP, PA; AGE (Min 18)
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>all day pain relief tabs 220mg</i>	Pref	OTC; 90 day supply
<i>all day relief tabs 220mg</i>	Pref	OTC; 90 day supply
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAPS 50mg, 400mg	Non-Pref	PA
CELEBREX CAPS 100mg	Non-Pref	PA, QL (3 caps / 1 day)
CELEBREX CAPS 200mg	Non-Pref	PA, QL (2 caps / 1 day)
<i>celecoxib caps 50mg, 400mg</i>	Non-Pref	PA
<i>celecoxib caps 100mg</i>	Pref	QL (3 caps / 1 day)
<i>celecoxib caps 200mg</i>	Pref	QL (2 caps / 1 day)
<i>childrens ibuprofen susp 100mg/5ml</i>	Pref	OTC; 90 day supply
DAYPRO TABS 600mg	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac potassium caps 25mg; tabs 25mg, 50mg</i>	Non-Pref	PA
<i>diclofenac sodium tb24 100mg</i>	Non-Pref	PA
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Pref	90 day supply
<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 tbec 375mg, 500mg</i>	Pref	90 day supply
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg</i>	Pref	
<i>etodolac tb24 400mg, 500mg, 600mg</i>	Non-Pref	PA
FELDENE CAPS 10mg, 20mg	Non-Pref	PA
<i>fenoprofen calcium caps 400mg; tabs 600mg</i>	Non-Pref	PA
<i>flurbiprofen tabs 100mg</i>	Pref	
<i>gnp ibuprofen childrens chew 100mg</i>	Pref	OTC
<i>gnp naproxen tabs 220mg</i>	Pref	OTC; 90 day supply
<i>gnp naproxen sodium caps 220mg</i>	Pref	OTC; 90 day supply
<i>goodsense naproxen sodium tabs 220mg</i>	Pref	OTC; 90 day supply
<i>hm ibuprofen tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibu tabs 400mg, 600mg, 800mg</i>	Pref	90 day supply
<i>ibu-200 tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen caps 200mg; tabs 200mg</i>	Pref	OTC; 90 day supply
<i>ibuprofen susp 100mg/5ml; tabs 400mg, 600mg, 800mg</i>	Pref	90 day supply
<i>ibuprofen childrens susp 100mg/5ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen infants susp 50mg/1.25ml</i>	Pref	OTC; 90 day supply
<i>ibuprofen junior strength chew 100mg</i>	Pref	OTC
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUPP 50mg; SUSP 25mg/5ml	Non-Pref	PA
<i>indomethacin caps 25mg, 50mg</i>	Pref	
<i>indomethacin cpcr 75mg</i>	Non-Pref	PA
<i>ketoprofen cp24 200mg</i>	Non-Pref	PA
KETOROLAC TROMETHAMINE SOLN 15.75mg/spray	Non-Pref	PA
<i>ketorolac tromethamine tabs 10mg</i>	Pref	
<i>lofena tabs 25mg</i>	Non-Pref	PA
<i>meclofenamate sodium caps 50mg, 100mg</i>	Non-Pref	PA
<i>mefenamic acid caps 250mg</i>	Non-Pref	PA
<i>meloxicam caps 5mg, 10mg</i>	Non-Pref	PA
<i>meloxicam tabs 7.5mg, 15mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nabumetone tabs 500mg, 750mg</i>	Non-Pref	PA
NALFON CAPS 400mg; TABS 600mg	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAPRELAN TB24 375mg, 500mg, 750mg	Non-Pref	PA
<i>naproxen susp 125mg/5ml</i>	Non-Pref	PA
<i>naproxen tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	Pref	90 day supply
<i>naproxen sodium caps 220mg</i>	Pref	OTC; 90 day supply
<i>naproxen sodium tabs 275mg</i>	Pref	
<i>naproxen sodium tabs 550mg</i>	Pref	90 day supply
<i>naproxen sodium tb24 375mg, 500mg, 750mg</i>	Non-Pref	PA
<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 tabs 600mg</i>	Non-Pref	PA
<i>piroxicam caps 10mg, 20mg</i>	Non-Pref	PA
<i>qc ibuprofen tabs 200mg</i>	Pref	OTC; 90 day supply
RELAFEN DS TABS 1000mg	Non-Pref	PA
<i>sm ibuprofen caps 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen ib tabs 200mg</i>	Pref	OTC; 90 day supply
<i>sm ibuprofen ib childrens chew 100mg</i>	Pref	OTC
SPRIX SOLN 15.75mg/spray	Non-Pref	PA
<i>sulindac tabs 150mg, 200mg</i>	Pref	90 day supply
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
ZIPSOR CAPS 25mg	Non-Pref	PA
ZORVOLEX CAPS 18mg, 35mg	Non-Pref	PA

#### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

OTEZLA TABS 30mg	Non-Pref	SP, PA
OTEZLA TAB 10/20/30	Non-Pref	SP, PA

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

<i>leflunomide tabs 10mg, 20mg</i>	Pref	
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#### **SELECTIVE COSTIMULATION MODULATORS**

ORENCIA SOLR 250mg; SOSY 50mg/0.4ml, 87.5mg/0.7ml, 125mg/ml	Non-Pref	SP, PA
ORENCIA CLICKJECT SOAJ 125mg/ml	Non-Pref	SP, PA

#### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL SOLN 25mg/0.5ml	Pref	SP, QL (0.3 vials / 1 day); AGE (Min 2)
ENBREL SOSY 25mg/0.5ml	Pref	SP, QL (0.3 syringes / 1 day); AGE (Min 2)
ENBREL SOSY 50mg/ml	Pref	SP, QL (0.27 syringes / 1 day); AGE (Min 2)
ENBREL MINI SOCT 50mg/ml	Pref	SP, QL (0.27 injections / 1 day); AGE (Min 2)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ENBREL SURECLICK SOAJ 50mg/ml	Pref	SP, QL (0.27 pens / 1 day); AGE (Min 2)

## **ANALGESICS - NONNARCOTIC**

### **ANALGESIC COMBINATIONS**

<i>aspirin-acetaminophen-caffeine tab 250-250-65 mg</i>	Pref	OTC
<i>bac</i>	Pref	QL (6 tabs / 1 day)
<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</i>	Pref	QL (6 caps / 1 day)
<i>panadol extra</i>	Pref	OTC
<i>ra tension headache pain</i>	Pref	OTC
<i>tension headache</i>	Pref	OTC
<i>zebutal</i>	Pref	QL (6 caps / 1 day)

### **ANALGESICS OTHER**

<i>acetaminophen liqd 160mg/5ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg</i>	Pref	OTC
<i>acetaminophen chew tab 160 mg chew 160mg</i>	Pref	OTC
<i>acetaminophen extra stren caps 500mg</i>	Pref	OTC
<i>acetaminophen susp 160 mg/5ml susp 160mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg tabs 325mg</i>	Pref	OTC
<i>acetaminophen tab 500 mg tabs 500mg</i>	Pref	OTC
<i>acetaminophen tab er 650 mg tbc 650mg</i>	Pref	OTC
<i>childrens apap chew 80mg</i>	Pref	OTC
<i>childrens medi-tabs chew 80mg</i>	Pref	OTC
<i>childrens non-aspirin chew 80mg</i>	Pref	OTC
<i>childrens pain reliever chew 80mg</i>	Pref	OTC
<i>childrens silapap liqd 160mg/5ml</i>	Pref	OTC
<i>cvs acetaminophen caps 325mg</i>	Pref	OTC
<i>cvs acetaminophen extra s liqd 500mg/15ml</i>	Pref	OTC
<i>cvs childs non-aspirin chew 80mg</i>	Pref	OTC
<i>cvs fever reducing childr supp 120mg</i>	Pref	OTC
<i>ed-apap liqd 160mg/5ml</i>	Pref	OTC
<i>feverall adults supp 650mg</i>	Pref	OTC
<i>feverall childrens supp 120mg</i>	Pref	OTC
FEVERALL INFANTS SUPP 80mg	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FEVERALL JUNIOR STRENGTH SUPP 325mg	Pref	OTC
<i>liquid acetaminophen liqd 160mg/5ml</i>	Pref	OTC
<i>liquid pain relief liqd 160mg/5ml</i>	Pref	OTC
<i>little remedies for fever liqd 160mg/5ml</i>	Pref	OTC
<i>m-pap liqd 160mg/5ml</i>	Pref	OTC
<i>mapap caps 500mg</i>	Pref	OTC
<i>mapap acetaminophen extra liqd 500mg/15ml</i>	Pref	OTC
<i>mapap childrens chew 80mg</i>	Pref	OTC
<i>pain relief extra strengt caps 500mg; liqd 500mg/15ml</i>	Pref	OTC
<i>pain reliever liqd 500mg/15ml</i>	Pref	OTC
<i>pain reliever/fever reduc supp 120mg</i>	Pref	OTC
<i>sb non-aspirin chew 80mg</i>	Pref	OTC

### **SALICYLATES**

<i>adult aspirin regimen tbec 81mg</i>	Pref	OTC
ASPIRIN SUPP 300mg	Pref	OTC
<i>aspirin tbec 81mg</i>	Pref	OTC
<i>aspirin tbec 81mg</i>	Pref	OTC
<i>aspirin adult low dose tbec 81mg</i>	Pref	OTC
<i>aspirin ec low dose tbec 81mg</i>	Pref	OTC
<i>aspirin low chw 81mg chew 81mg</i>	Pref	OTC
<i>aspirin low dose tbec 81mg</i>	Pref	OTC
<i>aspirin tab 325 mg tabs 325mg</i>	Pref	OTC
<i>bayer advanced aspirin ex tabs 500mg</i>	Pref	OTC
<i>bayer aspirin ec low dose tbec 81mg</i>	Pref	OTC
<i>bayer aspirin extra stren tabs 500mg</i>	Pref	OTC
<i>bayer low dose tbec 81mg</i>	Pref	OTC
<i>cvs aspirin low dose tbec 81mg</i>	Pref	OTC
<i>cvs aspirin low strength tbec 81mg</i>	Pref	OTC
<i>diflunisal tabs 500mg</i>	Pref	
<i>ecotrin low strength tbec 81mg</i>	Pref	OTC
<i>gnp aspirin tbec 81mg</i>	Pref	OTC
<i>gnp aspirin low dose tbec 81mg</i>	Pref	OTC
<i>goodsense aspirin tbec 81mg</i>	Pref	OTC
<i>kls aspirin low dose tbec 81mg</i>	Pref	OTC
<i>kp aspirin tbec 81mg</i>	Pref	OTC
<i>px enteric aspirin tbec 81mg</i>	Pref	OTC
<i>ra aspirin ec tbec 81mg</i>	Pref	OTC
<i>sb aspirin tab 325mg ec tbec 325mg</i>	Pref	OTC
<i>sm aspirin low dose tbec 81mg</i>	Pref	OTC
<i>st joseph low dose aspiri tbec 81mg</i>	Pref	OTC
<i>tri-buffered aspirin</i>	Pref	QL (24 tabs / 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN</b>		
<b>OPIOID AGONISTS</b>		
ACTIQ LPOP 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg	Non-Pref	PA; MED
CODEINE SULFATE TABS 15mg, 60mg	Non-Pref	PA; AGE (Min 12); MED
<i>codeine sulfate tabs 30mg</i>	Non-Pref	PA; AGE (Min 12); MED
CONZIP CP24 100mg, 200mg, 300mg	Non-Pref	PA; AGE (Min 12); MED
DILAUDID LIQD 1mg/ml	Non-Pref	PA; MED
DILAUDID TABS 2mg	Non-Pref	PA, QL (11.2 tabs / 1 day); MED
DILAUDID TABS 4mg	Non-Pref	PA, QL (5.6 tabs / 1 day); MED
DILAUDID TABS 8mg	Non-Pref	PA, QL (2.8 tabs / 1 day); MED
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 50mcg/hr, 75mcg/hr, 100mcg/hr</i>	Pref	PA, QL (0.334 patches / 1 day); MED
<i>fentanyl pt72 37.5mcg/hr, 62.5mcg/hr, 87.5mcg/hr</i>	Non-Pref	PA; MED
<i>fentanyl citrate lpop 200mcg, 400mcg, 600mcg, 800mcg, 1200mcg, 1600mcg; tabs 100mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	Non-Pref	PA; MED
FENTORA TABS 100mcg, 200mcg, 400mcg, 600mcg, 800mcg	Non-Pref	PA; MED
<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	Non-Pref	PA; MED
<i>hydromorphone hcl liqd 1mg/ml; tb24 8mg, 12mg, 16mg, 32mg</i>	Non-Pref	PA; MED
HYDROMORPHONE HCL SUPP 3mg	Non-Pref	PA; MED
<i>hydromorphone hcl tabs 2mg</i>	Pref	PA, QL (11.2 tabs / 1 day); MED
<i>hydromorphone hcl tabs 4mg</i>	Pref	PA, QL (5.6 tabs / 1 day); MED
<i>hydromorphone hcl tabs 8mg</i>	Pref	PA, QL (2.8 tabs / 1 day); MED
HYSINGLA ER T24A 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg	Non-Pref	PA; MED
<i>levorphanol tartrate tabs 2mg, 3mg</i>	Non-Pref	PA; MED
<i>meperidine hcl soln 50mg/5ml; tabs 50mg</i>	Non-Pref	PA; MED
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg; tbso 40mg</i>	Non-Pref	PA; AGE (Max 1); MED
METHADOSE CONC 10mg/ml	Non-Pref	PA; AGE (Max 1); MED
<i>methadose tbso 40mg</i>	Non-Pref	PA; AGE (Max 1); MED
METHADOSE SUGAR-FREE CONC 10mg/ml	Non-Pref	PA; AGE (Max 1); 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 50mg, 60mg, 80mg, 100mg; supp 5mg, 10mg, 20mg, 30mg</i>	Non-Pref	PA; MED
<i>morphine sulfate soln 10mg/5ml</i>	Pref	PA, QL (45 mL / 1 day); MED
<i>morphine sulfate soln 20mg/5ml</i>	Pref	PA, QL (22.5 mL / 1 day); MED
<i>morphine sulfate soln 20mg/ml</i>	Pref	PA, QL (4.5 mL / 1 day); MED
<i>morphine sulfate tabs 15mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>morphine sulfate tabs 30mg; tbcr 30mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>morphine sulfate tbcr 15mg</i>	Pref	PA, QL (4 tabs / 1 day); MED
<i>morphine sulfate tbcr 60mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
<i>morphine sulfate tbcr 100mg, 200mg</i>	Pref	PA, QL (1 tab / 1 day); MED
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Non-Pref	PA; MED
MS CONTIN TBCR 15mg	Non-Pref	PA, QL (4 tabs / 1 day); MED
MS CONTIN TBCR 30mg	Non-Pref	PA, QL (3 tabs / 1 day); MED
MS CONTIN TBCR 60mg	Non-Pref	PA, QL (2 tabs / 1 day); MED
MS CONTIN TBCR 100mg, 200mg	Non-Pref	PA, QL (1 tab / 1 day); MED
NUCYNTA TABS 50mg, 75mg, 100mg	Non-Pref	PA; MED
NUCYNTA ER TB12 50mg, 100mg, 150mg, 200mg, 250mg	Non-Pref	PA; MED
OXAYDO TABS 5mg	Non-Pref	PA, QL (12 tabs / 1 day); MED
OXAYDO TABS 7.5mg	Non-Pref	PA; MED
<i>oxycodone hcl caps 5mg</i>	Pref	PA, QL (12 caps / 1 day); MED
<i>oxycodone hcl conc 100mg/5ml; t12a 10mg, 20mg, 40mg, 80mg</i>	Non-Pref	PA; MED
<i>oxycodone hcl soln 5mg/5ml</i>	Pref	PA, QL (60 mL / 1 day); MED
<i>oxycodone hcl tabs 5mg</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>oxycodone hcl tabs 10mg</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>oxycodone hcl tabs 15mg</i>	Pref	PA, QL (4 tabs / 1 day); MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tabs 20mg</i>	Pref	PA, QL (3 tabs / 1 day); MED
<i>oxycodone hcl tabs 30mg</i>	Pref	PA, QL (2 tabs / 1 day); MED
OXYCONTIN T12A 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80mg	Non-Pref	PA; MED
<i>oxymorphone hcl tabs 5mg, 10mg; tb12 5mg, 7.5mg, 10mg, 15mg, 20mg, 30mg, 40mg</i>	Non-Pref	PA; MED
ROXICODONE TABS 5mg	Non-Pref	PA, QL (12 tabs / 1 day); MED
ROXICODONE TABS 15mg	Non-Pref	PA, QL (4 tabs / 1 day); MED
ROXICODONE TABS 30mg	Non-Pref	PA, QL (2 tabs / 1 day); MED
<i>tramadol hcl cp24 100mg, 200mg, 300mg; tabs 100mg; tb24 100mg, 200mg, 300mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>tramadol hcl tabs 50mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
TRAMADOL HYDROCHLORIDE SOLN 5mg/ml	Non-Pref	PA; AGE (Min 12); MED
ULTRAM TABS 50mg	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
XTAMPZA ER C12A 9mg, 13.5mg, 18mg, 27mg, 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 12); MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min 12); MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	PA, QL (10 tabs / 1 day); AGE (Min 12); MED
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; AGE (Min 12); MED
APADAZ TAB 4.08-325	Non-Pref	PA; AGE (Min 18); MED
APADAZ TAB 6.12-325	Non-Pref	PA; AGE (Min 18); MED
APADAZ TAB 8.16-325	Non-Pref	PA; AGE (Min 18); MED
<i>ascomp/codeine</i>	Non-Pref	PA; AGE (Min 12); MED
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; AGE (Min 18); MED
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; AGE (Min 18); MED
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; AGE (Min 18); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Non-Pref	PA; AGE (Min 12); MED
<i>endocet</i>	Pref	PA, QL (12 tabs / 1 day); MED
<i>endocet</i>	Pref	PA, QL (6 tabs / 1 day); MED
<i>endocet</i>	Pref	PA, QL (8 tabs / 1 day); MED
FIORICET CAP CODEINE	Non-Pref	PA; AGE (Min 12); MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	PA, QL (180 mL / 1 day)
<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)
LORTAB ELX 10-300MG	Non-Pref	PA; MED
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Pref	PA, QL (60 mL / 1 day)
<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
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

**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
SEGLENTIS TAB 56-44MG	Non-Pref	PA, QL (4 tabs / 1 day); AGE (Min 18)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED
ULTRACET TAB 37.5-325	Non-Pref	PA, QL (8 tabs / 1 day); AGE (Min 12); MED

### **OPIOID PARTIAL AGONISTS**

BELBUCA FILM 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg	Non-Pref	PA; MED
<i>buprenorphine ptwk 5mcg/hr, 10mcg/hr</i>	Pref	PA, QL (0.29 patches / 1 day); MED
<i>buprenorphine ptwk 7.5mcg/hr</i>	Pref	PA, QL (0.29 ea / 1 day); MED
<i>buprenorphine ptwk 15mcg/hr, 20mcg/hr</i>	Pref	PA, QL (0.145 patches / 1 day); MED
<i>buprenorphine hcl subl 2mg</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>buprenorphine hcl subl 8mg</i>	Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
<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 16)
<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 16)
<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 16)
<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 16)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	PA, QL (3 tabs / 1 day); AGE (Min 16)
<i>butorphanol tartrate soln 10mg/ml</i>	Non-Pref	PA; MED
BUTRANS PTWK 5mcg/hr, 7.5mcg/hr, 10mcg/hr	Pref	PA, QL (0.29 patches / 1 day); MED
BUTRANS PTWK 15mcg/hr, 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 SOSY 100mg/0.5ml, 300mg/1.5ml	Pref	SP
SUBOXONE MIS 2-0.5MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
SUBOXONE MIS 4-1MG	Pref	PA, QL (1 film / 1 day; 90 day supply); AGE (Min 16)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUBOXONE MIS 8-2MG	Pref	PA, QL (3 films / 1 day; 90 day supply); AGE (Min 16)
SUBOXONE MIS 12-3MG	Pref	PA, QL (2 films / 1 day; 90 day supply); AGE (Min 16)
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 16)

## **ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES**

### **ANDROGENS**

ANDRODERM PT24 2mg/24hr	Pref	QL (1 patch / 1 day); AGE (Min 18)
ANDRODERM PT24 4mg/24hr	Pref	QL (1 ea / 1 day); AGE (Min 18)
ANDROGEL GEL 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm	Non-Pref	PA; AGE (Min 18)
ANDROGEL PUMP GEL 1.62%	Pref	QL (5 gm / 1 day); AGE (Min 18)
FORTESTA GEL 10mg/act	Non-Pref	PA; AGE (Min 18)
NATESTO GEL 5.5mg/act	Non-Pref	PA; AGE (Min 18)
TESTIM GEL 1%	Non-Pref	PA; AGE (Min 18)
<i>testosterone gel 1%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Non-Pref	PA; AGE (Min 18)
<i>testosterone gel 1.62%</i>	Pref	QL (5 gm / 1 day); AGE (Min 18)
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	Pref	
VOGELXO GEL 50mg/5gm	Non-Pref	PA; AGE (Min 18)
VOGELXO PUMP GEL 1%	Non-Pref	PA; AGE (Min 18)

## **ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS**

### **INTRARECTAL STEROIDS**

UCERIS FOAM 2mg/act	Non-Pref	PA
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### **RECTAL COMBINATIONS**

<i>avedana hemorrhoidal cool</i>	Pref	OTC
<i>cvs hemorrhoidal</i>	Pref	OTC
<i>gnp hemorrhoidal</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hemorrhoidal</i>	Pref	OTC
<i>hemorrhoidal cooling</i>	Pref	OTC
<i>hemorrhoidal maximum stre</i>	Pref	OTC
<i>hemorrhoidal suppositorie</i>	Pref	OTC
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Pref	OTC
<i>preparation h</i>	Pref	OTC
<i>px hemorrhoidal</i>	Pref	OTC
<i>qc hemorrhoidal maximum f</i>	Pref	OTC
<i>qc hemorrhoidal/aloe</i>	Pref	OTC
<i>ra hemorrhoidal</i>	Pref	OTC
<i>sb hemorrhoid</i>	Pref	OTC
<i>sm hemorrhoidal cooling g</i>	Pref	OTC

### **RECTAL LOCAL ANESTHETICS**

<i>anecream5 crea 5%</i>	Pref	OTC
<i>gnp anorectal instant rel crea 5%</i>	Pref	OTC
<i>hemorrhoidal relief cream crea 5%</i>	Pref	OTC
<i>lidocaine (anorectal) crea 5%</i>	Pref	OTC
<i>lipocaine 5 crea 5%</i>	Pref	OTC
<i>pramoxine hcl (rectal) foam 1%</i>	Pref	OTC
<i>ra anorectal crea 5%</i>	Pref	OTC
<i>rectasmothe crea 5%</i>	Pref	OTC

### **RECTAL STEROIDS**

<i>ANUSOL-HC CREA 2.5%</i>	Pref	
<i>hydrocortisone (rectal) crea 2.5%</i>	Pref	
<i>procto-med hc crea 2.5%</i>	Pref	
<i>PROCTOCORT CREA 1%</i>	Pref	
<i>proctosol hc crea 2.5%</i>	Pref	
<i>proctozone-hc crea 2.5%</i>	Pref	

## **ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID**

### **ANTACID COMBINATIONS**

<i>acid gone</i>	Pref	OTC
<i>antacid extra strength</i>	Pref	OTC
<i>antacid plus sus gas rel</i>	Pref	OTC
<i>antacid sus antigas</i>	Pref	OTC
<i>cvs heartburn relief</i>	Pref	OTC
<i>gnp antacid extra strengt</i>	Pref	OTC
<i>heartburn antacid extra s</i>	Pref	OTC
<i>MAG-AL LIQ</i>	Pref	OTC
<i>mintox plus</i>	Pref	OTC
<i>qc heartburn antacid</i>	Pref	OTC

### **ANTACIDS - ALUMINUM SALTS**

<i>ALUMINUM HYDROXIDE SUSP 320mg/5ml</i>	Pref	OTC
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Drug Name	Drug Tier	Requirements/Limits
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	Pref	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>alka-seltzer heartburn re chew 750mg</i>	Pref	OTC
ANTACID CHEW 1177mg	Pref	OTC
<i>antacid flavor chews chew 750mg</i>	Pref	OTC
<i>antacid maximum chew 1000mg</i>	Pref	OTC
ANTACID SOFT CHEWS CHEW 1177mg	Pref	OTC
<i>antacid ultra strength chew 1000mg</i>	Pref	OTC
<i>calcium antacid extra str chew 750mg</i>	Pref	OTC
CALCIUM CARBONATE TABS 648mg	Pref	OTC
<i>calcium carbonate (antacid) susp 1250mg/5ml</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 500 mg chew 500mg</i>	Pref	OTC
<i>childrens pepto chew 400mg</i>	Pref	OTC
<i>childrens soothe chew 400mg</i>	Pref	OTC
<i>cvs antacid kids chew 750mg</i>	Pref	OTC
CVS ANTACID SOFT CHEWS UL CHEW 1177mg	Pref	OTC
<i>cvs antacid ultra strengt chew 1000mg</i>	Pref	OTC
<i>cvs chewy not chalky flav chew 750mg</i>	Pref	OTC
<i>cvs smooth antacid extra chew 750mg</i>	Pref	OTC
<i>eq antacid extra strength chew 750mg</i>	Pref	OTC
<i>eq antacid ultra strength chew 1000mg</i>	Pref	OTC
<i>eq1 antacid ultra strengt chew 1000mg</i>	Pref	OTC
<i>gnp antacid extra strengt chew 750mg</i>	Pref	OTC
<i>gnp antacid ultra strengt chew 1000mg</i>	Pref	OTC
<i>goodsense antacid/ultra s chew 1000mg</i>	Pref	OTC
<i>hm antacid extra strength chew 750mg</i>	Pref	OTC
<i>maalox childrens chew 400mg</i>	Pref	OTC
<i>px antacid maximum streng chew 1000mg</i>	Pref	OTC
<i>qc antacid extra strength chew 750mg</i>	Pref	OTC
<i>qc antacid ultra strength chew 1000mg</i>	Pref	OTC
<i>ra antacid ultra strength chew 1000mg</i>	Pref	OTC
<i>sm antacid extra strength chew 750mg</i>	Pref	OTC
<i>smooth antacid extra stre chew 750mg</i>	Pref	OTC
TUMS CHEWY DELIGHTS CHEW 1177mg	Pref	OTC
<i>tums smoothies chew 750mg</i>	Pref	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
MAGNESIUM CAPS 500mg	Pref	OTC
<i>magnesium oxide tabs 250mg, 400mg, 420mg</i>	Pref	OTC
<i>maox tabs 420mg</i>	Pref	OTC
<i>qc magnesium tabs 250mg</i>	Pref	OTC
URO MAG CAPS 140mg	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>		
<i>albendazole tabs 200mg</i>	Pref	PA, QL (4 tabs / 1 day)
BENZNIDAZOLE TABS 12.5mg, 100mg	Pref	AGE (Min 2, Max 12)
<i>ivermectin tabs 3mg</i>	Pref	
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
AEMCOLO TBEC 194mg	Non-Pref	PA
FLAGYL CAPS 375mg	Non-Pref	PA
<i>metronidazole caps 375mg</i>	Non-Pref	PA
<i>metronidazole tabs 250mg, 500mg</i>	Pref	
<i>pentamidine isethionate solr 300mg</i>	Pref	
<i>tinidazole tabs 250mg, 500mg</i>	Non-Pref	PA
TRIMETHOPRIM TABS 100mg	Pref	
XIFAXAN TABS 200mg, 550mg	Non-Pref	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<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 pediatric</i>	Pref	90 day supply
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750mg/5ml</i>	Pref	PA
<i>nitazoxanide tabs 500mg</i>	Non-Pref	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOLR 25mg/ml, 50mg/ml	Pref	
VANCOCIN CAPS 125mg, 250mg	Non-Pref	PA
<i>vancomycin hcl caps 125mg, 250mg</i>	Pref	
VANCOMYCIN HYDROCHLORIDE SOLR 250mg/5ml	Non-Pref	PA
VANCOMYCIN INJ 750MG	Pref	
<b>LEPROSTATICS</b>		
<i>dapsone tabs 25mg, 100mg</i>	Pref	
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Pref	QL (4 caps / 1 day)
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Pref	QL (70 mL / 1 day)
<b>MONOBACTAMS</b>		
CAYSTON SOLR 75mg	Non-Pref	SP, PA, QL (84 vials / 22 days); AGE (Min 7)
<b>OXAZOLIDINONES</b>		
<i>linezolid tabs 600mg</i>	Pref	QL (2 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine pack 3gm</i>	Pref	
<i>methenamine hippurate tabs 1gm</i>	Pref	
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Pref	
<i>nitrofurantoin monohyd macro caps 100mg</i>	Pref	
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tb12 500mg, 1000mg</i>	Pref	QL (2 tabs / 1 day)
<b>NITRATES</b>		
<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
<i>isosorbide mononitrate tabs 10mg, 20mg; tb24 30mg, 60mg, 120mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>NITRO-BID OINT 2%</i>	Pref	QL (4 gm / 1 day; 90 day supply)
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr</i>	Pref	QL (1 patch / 1 day; 90 day supply)
<i>nitroglycerin subl .3mg, .4mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<b>ANTIANKXIETY AGENTS - DRUGS TO TREAT ANXIETY</b>		
<b>ANTIANKXIETY AGENTS - MISC.</b>		
<i>buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Pref	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml</i>	Pref	
<i>hydroxyzine hcl syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate caps 25mg, 50mg</i>	Pref	AGE (Min 2)
<i>hydroxyzine pamoate caps 100mg</i>	Pref	
<b>BENZODIAZEPINES</b>		
<i>alprazolam tabs 2mg</i>	Pref	QL (5 tabs / 1 day)
<i>alprazolam tabs .25mg, .5mg, 1mg</i>	Pref	QL (4 tabs / 1 day)
<i>chlordiazepoxide hcl caps 5mg</i>	Pref	QL (4 caps / 1 day)
<i>chlordiazepoxide hcl caps 10mg</i>	Pref	QL (30 caps / 1 day)
<i>chlordiazepoxide hcl caps 25mg</i>	Pref	QL (12 caps / 1 day)
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Non-Pref	PA
<i>diazepam conc 5mg/ml; soln 5mg/5ml; tabs 2mg, 5mg, 10mg</i>	Pref	
<i>lorazepam tabs 2mg</i>	Pref	QL (5 tabs / 1 day)
<i>lorazepam tabs .5mg, 1mg</i>	Pref	QL (3 tabs / 1 day)
<i>TRANXENE T TABS 7.5mg</i>	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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS</b>		
<b>ANTIARRHYTHMICS TYPE I-B</b>		
LIDOCAINE HCL SOLN 100mg/5ml	Pref	
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Pref	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	Pref	
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	Pref	
<i>pacerone tabs 100mg, 200mg, 400mg</i>	Pref	
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE</b>		
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
NUCALA SOAJ 100mg/ml	Pref	SP, PA, QL (0.04 injections / 1 day)
NUCALA SOSY 100mg/ml	Pref	SP, PA, QL (0.04 syringes / 1 day)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AERS 17mcg/act	Pref	90 day supply
INCRUSE ELLIPTA AEPB 62.5mcg/inh	Non-Pref	PA
<i>ipratropium bromide soln .02%</i>	Pref	90 day supply
LONHALA MAGNAIR STARTER K SOLN 25mcg/ml	Non-Pref	PA
SPIRIVA HANDIHALER CAPS 18mcg	Pref	90 day supply
SPIRIVA RESPIMAT AERS 1.25mcg/act, 2.5mcg/act	Pref	
TUDORZA PRESSAIR AEPB 400mcg/act	Non-Pref	PA
YUPELRI SOLN 175mcg/3ml	Non-Pref	PA
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE TABS 10mg, 20mg	Non-Pref	PA
<i>montelukast sodium chew 4mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max 5)
<i>montelukast sodium chew 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Max 14)
<i>montelukast sodium pack 4mg</i>	Non-Pref	PA; 90 day supply
<i>montelukast sodium tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
SINGULAIR CHEW 4mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max 5)
SINGULAIR CHEW 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Max 14)
SINGULAIR PACK 4mg	Non-Pref	PA; 90 day supply
SINGULAIR TABS 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>zafirlukast tabs 10mg, 20mg</i>	Non-Pref	PA
<i>zileuton tb12 600mg</i>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYFLO TABS 600mg	Non-Pref	PA
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TABS 250mcg, 500mcg	Non-Pref	PA
<b>STEROID INHALANTS</b>		
ALVESCO AERS 80mcg/act, 160mcg/act	Non-Pref	PA
ARMONAIR DIGIHALER AEPB 55mcg/act, 113mcg/act, 232mcg/act	Non-Pref	PA
ARNUITY ELLIPTA AEPB 50mcg/act, 100mcg/act, 200mcg/act	Non-Pref	PA
ASMANEX HFA AERO 50mcg/act, 100mcg/act, 200mcg/act	Non-Pref	PA
ASMANEX TWISTHALER 14 MET AEPB 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 30 MET AEPB 110mcg/inh, 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 60 MET AEPB 220mcg/inh	Pref	90 day supply
ASMANEX TWISTHALER 120 ME AEPB 220mcg/inh	Pref	90 day supply
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Pref	
FLOVENT DISKUS AEPB 50mcg/blist, 100mcg/blist, 250mcg/blist	Pref	90 day supply
FLOVENT HFA AERO 44mcg/act, 110mcg/act, 220mcg/act	Pref	90 day supply
FLUTICASONE PROPIONATE HF AERO 44mcg/act, 110mcg/act, 220mcg/act	Non-Pref	PA
PULMICORT SUSP .25mg/2ml, .5mg/2ml, 1mg/2ml	Non-Pref	PA
PULMICORT FLEXHALER AEPB 90mcg/act, 180mcg/act	Pref	90 day supply
QVAR REDIHALER AERB 40mcg/act, 80mcg/act	Non-Pref	PA
<b>SYMPATHOMIMETICS</b>		
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>albuterol sulfate aers 108mcg/act</i>	Pref	QL (0.119 inhalers / 1 day; 90 day supply)
<i>albuterol sulfate nebu 2.5mg/0.5ml</i>	Pref	QL (18 each / 1 day)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml</i>	Pref	QL (18 each / 1 day; 90 day supply)
<i>albuterol sulfate syrp 2mg/5ml</i>	Pref	
ANORO ELLIPT AER 62.5-25	Pref	90 day supply
<i>arformoterol tartrate nebu 15mcg/2ml</i>	Non-Pref	PA
<i>asthmanefrin refill nebu 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 NEBU 15mcg/2ml	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
FLUTIC/VILAN INH 100-25	Non-Pref	PA
FLUTIC/VILAN INH 200-25	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</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/act</i>	Non-Pref	PA; 90 day supply
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Non-Pref	PA; 90 day supply
<i>formoterol fumarate nebu 20mcg/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 nebu .31mg/3ml, .63mg/3ml, 1.25mg/0.5ml, 1.25mg/3ml</i>	Non-Pref	PA
<i>levalbuterol tartrate aero 45mcg/act</i>	Non-Pref	PA
PERFOROMIST NEBU 20mcg/2ml	Non-Pref	PA
PROAIR DIGIHALER AEPB 108mcg/act	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROAIR HFA AERS 108mcg/act	Pref	QL (0.094 inhalers / 1 day; 90 day supply)
PROAIR RESPICLICK AEPB 108mcg/act	Non-Pref	PA
PROVENTIL HFA AERS 108mcg/act	Non-Pref	PA, QL (6 inhalers / 72 days; 90 day supply)
SEREVENT DISKUS AEPB 50mcg/dose	Pref	QL (2 inhalations / 1 day; 90 day supply); AGE (Min 3)
STIOLTO AER 2.5-2.5	Pref	90 day supply
STRIVERDI RESPIMAT AERS 2.5mcg/act	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 100MCG	Non-Pref	PA
TRELEGY AER 200MCG	Non-Pref	PA
VENTOLIN HFA AERS 108mcg/act	Pref	QL (0.083 inhalers / 1 day; 90 day supply)
VENTOLIN HFA AERS 108mcg/act	Pref	QL (0.188 inhalers / 1 day; 90 day supply)
<i>wixela inhub</i>	Non-Pref	PA; 90 day supply
XOPENEX NEBU .31mg/3ml, .63mg/3ml, 1.25mg/3ml	Non-Pref	PA
XOPENEX CONCENTRATE NEBU 1.25mg/0.5ml	Non-Pref	PA
XOPENEX HFA AERO 45mcg/act	Non-Pref	PA

## **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

### **COUMARIN ANTICOAGULANTS**

<i>jantoven tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Pref	90 day supply
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<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Pref	90 day supply
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### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS TABS 2.5mg, 5mg	Pref	90 day supply
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ELIQUIS STARTER PACK TBPK 5mg	Pref	
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SAVAYSA TABS 15mg, 30mg, 60mg	Non-Pref	PA
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XARELTO SUSR 1mg/ml	Pref	
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XARELTO TABS 2.5mg, 10mg, 15mg, 20mg	Pref	90 day supply
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XARELTO STAR TAB 15/20MG	Pref	
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### **HEPARINS AND HEPARINOID-LIKE AGENTS**

ARIXTRA SOLN 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml	Non-Pref	PA
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<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Pref	
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<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Non-Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
FRAGMIN SOLN 95000unit/3.8ml; SOSY 2500unit/0.2ml, 5000unit/0.2ml, 7500unit/0.3ml, 10000unit/ml, 12500unit/0.5ml, 15000unit/0.6ml, 18000unt/0.72ml	Non-Pref	PA
<i>heparin sodium (porcine) soln 5000unit/0.5ml</i>	Pref	
LOVENOX SOLN 300mg/3ml; SOSY 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml	Non-Pref	PA

### **THROMBIN INHIBITORS**

PRADAXA CAPS 75mg, 110mg, 150mg	Pref	90 day supply
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### **ANTICNVULSANTS - DRUGS TO TREAT SEIZURES**

#### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

FYCOMPA SUSP .5mg/ml; TABS 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Non-Pref	PA
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#### **ANTICNVULSANTS - BENZODIAZEPINES**

<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Pref	
<i>clonazepam tabs .5mg, 1mg, 2mg</i>	Pref	
<i>clonazepam tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Non-Pref	PA
DIASTAT ACUDIAL GEL 10mg, 20mg	Pref	
DIASTAT PEDIATRIC GEL 2.5mg	Pref	
<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	Pref	
KLONOPIN TABS .5mg, 1mg, 2mg	Non-Pref	PA
NAYZILAM SOLN 5mg/0.1ml	Non-Pref	PA
ONFI SUSP 2.5mg/ml; TABS 10mg, 20mg	Non-Pref	PA
SYMPAZAN FILM 5mg, 10mg, 20mg	Non-Pref	PA
VALTOCO LIQD 5mg/0.1ml, 10mg/0.1ml; LQPK 7.5mg/0.1ml, 10mg/0.1ml	Pref	

#### **ANTICNVULSANTS - MISC.**

APTIOM TABS 200mg, 400mg, 600mg, 800mg	Non-Pref	PA
BANZEL SUSP 40mg/ml; TABS 200mg, 400mg	Non-Pref	PA
BRIVIACT SOLN 10mg/ml; TABS 10mg, 25mg, 50mg, 75mg, 100mg	Non-Pref	PA
<i>carbamazepine chew 100mg; susp 100mg/5ml; tabs 200mg</i>	Pref	90 day supply
<i>carbamazepine cp12 100mg, 200mg, 300mg; tb12 100mg, 200mg, 400mg</i>	Non-Pref	PA; 90 day supply
CARBATROL CP12 100mg, 200mg, 300mg	Pref	90 day supply
DIACOMIT CAPS 250mg, 500mg; PACK 250mg, 500mg	Non-Pref	SP, PA
ELEPSIA XR TB24 1000mg, 1500mg	Non-Pref	PA
EPIDIOLEX SOLN 100mg/ml	Pref	SP, PA; AGE (Min 1)
<i>epitol tabs 200mg</i>	Pref	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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPRONTIA SOLN 25mg/ml	Non-Pref	PA
FINTEPLA SOLN 2.2mg/ml	Non-Pref	PA; AGE (Min 2, Max 18)
<i>gabapentin caps 100mg, 300mg, 400mg</i>	Pref	QL (9 caps / 1 day)
<i>gabapentin soln 250mg/5ml, 300mg/6ml</i>	Pref	QL (72 mL / 1 day)
<i>gabapentin tabs 600mg</i>	Pref	QL (6 tabs / 1 day)
<i>gabapentin tabs 800mg</i>	Pref	QL (5 tabs / 1 day)
KEPPRA SOLN 100mg/ml; TABS 250mg, 500mg, 750mg, 1000mg	Non-Pref	PA; 90 day supply
KEPPRA XR TB24 500mg, 750mg	Non-Pref	PA; 90 day supply
<i>iacosamide soln 10mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA
LAMICTAL TABS 25mg, 100mg, 150mg, 200mg	Non-Pref	PA; 90 day supply
LAMICTAL CHEWABLE DISPERS CHEW 5mg, 25mg	Non-Pref	PA; 90 day supply
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT TBDP 25mg, 50mg, 100mg, 200mg	Pref	
LAMICTAL ODT KIT	Pref	
LAMICTAL STARTER/TAKING V KIT 25mg	Non-Pref	PA
LAMICTAL XR TB24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg	Non-Pref	PA; 90 day supply
LAMICTAL XR KIT	Non-Pref	PA
<i>lamotrigine chew 5mg, 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg</i>	Pref	90 day supply
<i>lamotrigine kit 25mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Non-Pref	PA
<i>levetiracetam soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Pref	90 day supply
LYRICA CAPS 25mg, 50mg, 75mg, 100mg, 150mg, 200mg	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAPS 225mg, 300mg	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOLN 20mg/ml	Non-Pref	PA
MYSOLINE TABS 50mg, 250mg	Non-Pref	PA; 90 day supply
NEURONTIN CAPS 100mg, 300mg, 400mg	Non-Pref	PA, QL (9 caps / 1 day)
NEURONTIN SOLN 250mg/5ml	Non-Pref	PA, QL (72 mL / 1 day)
NEURONTIN TABS 600mg	Non-Pref	PA, QL (6 tabs / 1 day)
NEURONTIN TABS 800mg	Non-Pref	PA, QL (5 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxcarbazepine susp 300mg/5ml</i>	Non-Pref	PA; 90 day supply
<i>oxcarbazepine tabs 150mg, 300mg, 600mg</i>	Pref	90 day supply
OXTELLAR XR TB24 150mg, 300mg, 600mg	Non-Pref	PA
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin caps 225mg, 300mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20mg/ml</i>	Non-Pref	PA
<i>primidone tabs 50mg, 250mg</i>	Pref	90 day supply
QUDEXY XR CS24 25mg, 50mg, 100mg, 150mg, 200mg	Non-Pref	PA
<i>roweepra tabs 500mg</i>	Pref	90 day supply
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Non-Pref	PA
SPRITAM TB3D 250mg, 500mg, 750mg, 1000mg	Non-Pref	PA
<i>subvenite tabs 25mg, 100mg, 150mg, 200mg</i>	Pref	90 day supply
<i>subvenite starter kit/blu kit 25mg</i>	Non-Pref	PA
<i>subvenite starter kit/gre</i>	Non-Pref	PA
<i>subvenite starter kit/ora</i>	Non-Pref	PA
TEGRETOL SUSP 100mg/5ml; TABS 200mg	Non-Pref	PA; 90 day supply
TEGRETOL-XR TB12 100mg, 200mg, 400mg	Pref	90 day supply
TOPAMAX TABS 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply
TOPAMAX SPRINKLE CPSP 15mg, 25mg	Non-Pref	PA; 90 day supply
<i>topiramate cpsp 15mg, 25mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA
TRILEPTAL SUSP 300mg/5ml	Pref	90 day supply
TRILEPTAL TABS 150mg, 300mg, 600mg	Non-Pref	PA; 90 day supply
TROKENDI XR CP24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA
VIMPAT SOLN 10mg/ml; TABS 50mg, 100mg, 150mg, 200mg	Pref	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Pref	90 day supply

### **CARBAMATES**

<i>felbamate susp 600mg/5ml; tabs 400mg, 600mg</i>	Non-Pref	PA
FELBATOL SUSP 600mg/5ml; TABS 400mg, 600mg	Non-Pref	PA
XCOPRI TABS 50mg, 100mg, 150mg, 200mg	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

### **GABA MODULATORS**

GABITRIL TABS 2mg, 4mg, 12mg, 16mg	Pref	
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**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SABRIL PACK 500mg; TABS 500mg	Non-Pref	PA
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Non-Pref	PA
<i>vigabatrin pack 500mg; tabs 500mg</i>	Non-Pref	PA
<i>vigadrone pack 500mg</i>	Non-Pref	PA

### **HYDANTOINS**

DILANTIN CAPS 30mg	Pref	
DILANTIN CAPS 100mg	Non-Pref	PA; 90 day supply
DILANTIN INFATABS CHEW 50mg	Non-Pref	PA; 90 day supply
DILANTIN-125 SUSP 125mg/5ml	Non-Pref	PA; 90 day supply
PHENYTEK CAPS 200mg, 300mg	Non-Pref	PA; 90 day supply
<i>phenytoin susp 100mg/4ml, 125mg/5ml</i>	Pref	90 day supply
<i>phenytoin infatabs chew 50mg</i>	Pref	90 day supply
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Pref	90 day supply

### **SUCCINIMIDES**

CELONTIN CAPS 300mg	Non-Pref	PA
<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Pref	90 day supply
ZARONTIN CAPS 250mg; SOLN 250mg/5ml	Non-Pref	PA; 90 day supply

### **VALPROIC ACID**

DEPAKOTE TBEC 125mg, 250mg, 500mg	Non-Pref	PA; 90 day supply
DEPAKOTE ER TB24 250mg, 500mg	Non-Pref	PA; 90 day supply
DEPAKOTE SPRINKLES CSDR 125mg	Non-Pref	PA; 90 day supply
<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	Pref	90 day supply
<i>valproate sodium soln 250mg/5ml</i>	Pref	90 day supply
<i>valproic acid caps 250mg</i>	Pref	90 day supply

## **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine tabs 7.5mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>mirtazapine tabs 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
REMERON TABS 15mg, 30mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
REMERON SOLTAB TBDP 15mg, 30mg, 45mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

### **ANTIDEPRESSANTS - MISC.**

APLENZIN TB24 174mg, 348mg, 522mg	Non-Pref	PA
<i>bupropion hcl tabs 75mg</i>	Pref	QL (6 tabs / 1 day; 90 day supply)
<i>bupropion hcl tabs 100mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>bupropion hcl tb12 100mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl tb12 150mg, 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>bupropion hcl tb24 150mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>bupropion hcl tb24 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>bupropion hcl tb24 450mg</i>	Non-Pref	PA
FORFIVO XL TB24 450mg	Non-Pref	PA
WELLBUTRIN SR TB12 100mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
WELLBUTRIN SR TB12 150mg, 200mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
WELLBUTRIN XL TB24 150mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
WELLBUTRIN XL TB24 300mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)

### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

EMSAM PT24 6mg/24hr, 9mg/24hr, 12mg/24hr	Non-Pref	PA
MARPLAN TABS 10mg	Non-Pref	PA
NARDIL TABS 15mg	Non-Pref	PA, QL (6 tabs / 1 day)
<i>phenelzine sulfate tabs 15mg</i>	Pref	QL (6 tabs / 1 day)
<i>tranylcypromine sulfate tabs 10mg</i>	Non-Pref	PA

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

CELEXA TABS 10mg, 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CITALOPRAM HYDROBROMIDE CAPS 30mg	Non-Pref	PA
<i>citalopram hydrobromide soln 10mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>citalopram hydrobromide tabs 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>escitalopram oxalate soln 5mg/5ml</i>	Non-Pref	PA
<i>escitalopram oxalate tabs 5mg, 10mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>escitalopram oxalate tabs 20mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluoxetine hcl caps 10mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>fluoxetine hcl caps 20mg</i>	Pref	QL (4 caps / 1 day)
<i>fluoxetine hcl caps 40mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>fluoxetine hcl cpdr 90mg; tabs 10mg, 20mg, 60mg</i>	Non-Pref	PA
<i>fluoxetine hcl soln 20mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
FLUOXETINE HYDROCHLORIDE TABS 60mg	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate cp24 100mg, 150mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tabs 25mg, 50mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fluvoxamine maleate tabs 100mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
LEXAPRO TABS 5mg, 10mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
LEXAPRO TABS 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl susp 10mg/5ml; tb24 12.5mg, 25mg, 37.5mg</i>	Non-Pref	PA
<i>paroxetine hcl tabs 10mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>paroxetine hcl tabs 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>paroxetine hcl tabs 30mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
PAXIL SUSP 10mg/5ml	Non-Pref	PA
PAXIL TABS 10mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
PAXIL TABS 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PAXIL TABS 30mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PAXIL CR TB24 12.5mg, 25mg, 37.5mg	Non-Pref	PA
PEXEVA TABS 10mg, 20mg, 30mg	Non-Pref	PA
PROZAC CAPS 10mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
PROZAC CAPS 20mg	Non-Pref	PA, QL (4 caps / 1 day)
PROZAC CAPS 40mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
<i>sertraline hcl conc 20mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>sertraline hcl tabs 25mg, 50mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
<i>sertraline hcl tabs 100mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
SERTRALINE HYDROCHLORIDE CAPS 150mg, 200mg	Non-Pref	PA
ZOLOFT CONC 20mg/ml	Non-Pref	PA, QL (10 mL / 1 day; 90 day supply)
ZOLOFT TABS 25mg, 50mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZOLOFT TABS 100mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tabs 50mg, 100mg, 150mg, 200mg, 250mg</i>	Non-Pref	PA
<i>trazodone hcl tabs 50mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 100mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>trazodone hcl tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TRINTELLIX TABS 5mg, 10mg, 20mg	Non-Pref	PA
VIIBRYD TABS 10mg, 20mg, 40mg	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	Non-Pref	PA
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CPEP 20mg, 30mg	Non-Pref	PA, QL (1 cap / 1 day)
CYMBALTA CPEP 60mg	Non-Pref	PA, QL (2 caps / 1 day)
DESVENLAFAXINE ER TB24 50mg, 100mg	Non-Pref	PA; 90 day supply
<i>desvenlafaxine succinate tb24 25mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>desvenlafaxine succinate tb24 50mg, 100mg</i>	Pref	QL (1 tab / 1 day)
DRIZALMA SPRINKLE CSDR 20mg, 30mg, 40mg, 60mg	Non-Pref	PA
<i>duloxetine hcl cpep 20mg</i>	Pref	QL (1 cap / 1 day)
<i>duloxetine hcl cpep 30mg</i>	Pref	QL (1 ea / 1 day)
<i>duloxetine hcl cpep 40mg</i>	Non-Pref	PA
<i>duloxetine hcl cpep 60mg</i>	Pref	QL (2 ea / 1 day)
EFFEXOR XR CP24 37.5mg, 150mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
EFFEXOR XR CP24 75mg	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
FETZIMA CP24 20mg, 40mg, 80mg, 120mg	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TB24 25mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PRISTIQ TB24 50mg, 100mg	Non-Pref	PA, QL (1 tab / 1 day)
<i>venlafaxine hcl cp24 37.5mg, 150mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>venlafaxine hcl cp24 75mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Pref	90 day supply
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Pref	
<i>amoxapine tabs 25mg, 50mg, 100mg, 150mg</i>	Pref	
<i>clomipramine hcl caps 25mg, 50mg, 75mg</i>	Pref	
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Pref	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	Pref	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	Pref	
<i>imipramine pamoate caps 75mg, 100mg, 125mg, 150mg</i>	Pref	
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg</i>	Pref	

## ANTIDIABETICS - DRUGS TO TREAT DIABETES

### ALPHA-GLUCOSIDASE INHIBITORS

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

### ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500mcg/1.5ml	Non-Pref	PA
SYMLINPEN 120 SOPN 2700mcg/2.7ml	Non-Pref	PA

### ANTIDIABETIC COMBINATIONS

ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA; AGE (Min 18)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 18)
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)
GLYXAMBI TAB 10-5 MG	Non-Pref	PA; AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
GLYXAMBI TAB 25-5 MG	Non-Pref	PA; AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET TAB 150-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN
INVOKAMET XR TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
INVOKAMET XR TAB 150-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JANUMET TAB 50-500MG	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JANUMET TAB 50-1000	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JANUMET XR TAB 50-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JANUMET XR TAB 50-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET XR TAB 100-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-850	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB 2.5-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
JENTADUETO TAB XR	Non-Pref	PA; AGE (Min 18)
KAZANO 12.5- TAB 500MG	Non-Pref	PA; AGE (Min 18)
KAZANO 12.5- TAB 1000MG	Non-Pref	PA; AGE (Min 18)
KOMBIGLYZ XR TAB 2.5-1000	Non-Pref	PA; AGE (Min 18)
KOMBIGLYZ XR TAB 5-500MG	Non-Pref	PA; AGE (Min 18)
KOMBIGLYZ XR TAB 5-1000MG	Non-Pref	PA; AGE (Min 18)
OSENI TAB 12.5-15	Non-Pref	PA; AGE (Min 18)
OSENI TAB 12.5-30	Non-Pref	PA; AGE (Min 18)
OSENI TAB 12.5-45	Non-Pref	PA; AGE (Min 18)
OSENI TAB 25-15MG	Non-Pref	PA; AGE (Min 18)
OSENI TAB 25-30MG	Non-Pref	PA; AGE (Min 18)
OSENI TAB 25-45MG	Non-Pref	PA; AGE (Min 18)
<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
QTERN TAB 5-5MG	Non-Pref	PA; AGE (Min 18)
QTERN TAB 10-5MG	Non-Pref	PA; AGE (Min 18)
SEGLUROMET TAB 2.5-500	Non-Pref	PA; AGE (Min 18)
SEGLUROMET TAB 2.5-1000	Non-Pref	PA; AGE (Min 18)
SEGLUROMET TAB 7.5-500	Non-Pref	PA; AGE (Min 18)
SEGLUROMET TAB 7.5-1000	Non-Pref	PA; AGE (Min 18)
SOLIQUA INJ 100/33	Non-Pref	PA
STEGLUJAN TAB 5-100MG	Non-Pref	PA; AGE (Min 18)
STEGLUJAN TAB 15-100MG	Non-Pref	PA; AGE (Min 18)
SYNJARDY TAB	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 5-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB 5-1000MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY TAB 12.5-500	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
SYNJARDY XR TAB	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 10-1000	Non-Pref	PA; AGE (Min 18)
SYNJARDY XR TAB 25-1000	Non-Pref	PA; AGE (Min 18)
TRIJARDY XR TAB	Non-Pref	PA; AGE (Min 18)
XIGDUO XR TAB 2.5-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 5-1000MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-500MG	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XIGDUO XR TAB 10-1000	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
XULTOPHY INJ 100/3.6	Non-Pref	PA
<b>BIGUANIDES</b>		
GLUMETZA TB24 500mg, 1000mg	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl soln 500mg/5ml; tb24 500mg, 1000mg</i>	Non-Pref	PA; AGE (Min 10)
<i>metformin hcl tabs 500mg; tb24 500mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply); AGE (Min 10)
<i>metformin hcl tabs 850mg; tb24 750mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 10)
<i>metformin hcl tabs 1000mg</i>	Pref	QL (2.5 tabs / 1 day; 90 day supply); AGE (Min 10)
RIOMET SOLN 500mg/5ml	Non-Pref	PA; AGE (Min 10)
<b>DIABETIC OTHER</b>		
BAQSIMI ONE PACK POWD 3mg/dose	Pref	QL (2 ea / 24 days)
BAQSIMI TWO PACK POWD 3mg/dose	Pref	QL (2 ea / 24 days)
CVS GLUCOSE CHW FRUIT	Pref	OTC
CVS GLUCOSE CHW GRAPE	Pref	OTC
CVS GLUCOSE CHW ORANGE	Pref	OTC
CVS GLUCOSE CHW RASPBERRY	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CVS GLUCOSE CHW TROP BLS	Pref	OTC
DEX4 CHW FRUIT	Pref	OTC
DEX4 CHW GRAPE	Pref	OTC
DEX4 CHW ORANGE	Pref	OTC
DEX4 CHW RASPBERR	Pref	OTC
DEX4 CHW RASPBERRY	Pref	OTC
DEX4 CHW SOUR APL	Pref	OTC
DEX4 CHW TROP FRT	Pref	OTC
DEX4 CHW WATERMLN	Pref	OTC
DEX4 GLUCOSE CHW	Pref	OTC
DEX4 NATURAL CHW ORANGE	Pref	OTC
DEX4 POUCH CHW PACK	Pref	OTC
GLUCAGEN HYPOKIT SOLR 1mg	Pref	QL (2 syringes / 24 days)
<i>glucagon (rdna) kit 1mg</i>	Pref	QL (2 kits / 24 days)
GLUCOSE CHW 4-0.006	Pref	OTC
GLUCOSE CHW 4-.006GM	Pref	OTC
GLUCOSE CHW 4GM	Pref	OTC
GLUCOSE CHW FRT PNCH	Pref	OTC
GLUCOSE CHW FRUIT	Pref	OTC
GLUCOSE CHW GRAPE	Pref	OTC
GLUCOSE CHW ORANGE	Pref	OTC
GLUCOSE CHW RASPBERRY	Pref	OTC
GLUCOSE CHW RASPBRRY	Pref	OTC
GLUCOSE CHW TROP FRT	Pref	OTC
GLUCOSE CHW WATERMLN	Pref	OTC
GNP GLUCOSE CHW GRAPE	Pref	OTC
GNP GLUCOSE CHW ORANGE	Pref	OTC
GNP GLUCOSE CHW RASPBERRY	Pref	OTC
GNP GLUCOSE CHW WATERMLN	Pref	OTC
GVOKE HYPOPEN 1-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Pref	
GVOKE HYPOPEN 2-PACK SOAJ .5mg/0.1ml, 1mg/0.2ml	Pref	
GVOKE PFS SOSY 1mg/0.2ml	Pref	QL (0.035 syringes / 1 day)
GVOKE PFS SOSY .5mg/0.1ml	Pref	QL (0.07 syringes / 1 day)
KROG GLUCOSE CHW GRAPE	Pref	OTC
KROG GLUCOSE CHW ORANGE	Pref	OTC
KROG GLUCOSE CHW RASPBERRY	Pref	OTC
KROG GLUCOSE CHW TROP FRT	Pref	OTC
KROG GLUCOSE CHW WATERMLN	Pref	OTC
PX GLUCOSE CHW FRUIT	Pref	OTC
PX GLUCOSE CHW ORANGE	Pref	OTC
PX GLUCOSE CHW RASPBERRY	Pref	OTC
PX GLUCOSE CHW SOUR APL	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PX GLUCOSE CHW TROP FRU	Pref	OTC
RA GLUCOSE CHW GRAPE	Pref	OTC
RA GLUCOSE CHW ORANGE	Pref	OTC
RA GLUCOSE CHW RASPBERRY	Pref	OTC
RA GLUCOSE CHW TROP FRT	Pref	OTC
RELION GLUCO CHW 4GM	Pref	OTC
SM GLUCOSE CHW ORANGE	Pref	OTC
SM GLUCOSE CHW RASPBERRY	Pref	OTC
SMART SENSE CHW 4GM	Pref	OTC
SMART SENSE CHW GLUCOSE	Pref	OTC
TGT GLUCOSE CHW GRAPE	Pref	OTC
TGT GLUCOSE CHW ORANGE	Pref	OTC
TGT GLUCOSE CHW RASPBERRY	Pref	OTC
TGT GLUCOSE CHW TROP FRT	Pref	OTC
UP&UP CHW GRAPE	Pref	OTC
UP&UP CHW ORANGE	Pref	OTC
UP&UP CHW RASPBERRY	Pref	OTC
VP GLUCOSE CHW FRUIT	Pref	OTC
VP GLUCOSE CHW GRAPE	Pref	OTC

**DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Non-Pref	PA; AGE (Min 18)
JANUVIA TABS 25mg, 50mg, 100mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
NESINA TABS 6.25mg, 12.5mg, 25mg	Non-Pref	PA; AGE (Min 18)
ONGLYZA TABS 2.5mg, 5mg	Non-Pref	PA; AGE (Min 18)
TRADJENTA TABS 5mg	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply

**INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)**

ADLYXIN SOPN 20mcg/0.2ml	Non-Pref	PA
ADLYXIN INJ 10/20MCG	Non-Pref	PA
BYDUREON BCISE AUIJ 2mg/0.85ml	Non-Pref	PA
BYETTA SOPN 5mcg/0.02ml, 10mcg/0.04ml	Pref	90 day supply
MOUNJARO SOPN 2.5mg/0.5ml, 5mg/0.5ml, 7.5mg/0.5ml, 10mg/0.5ml, 12.5mg/0.5ml, 15mg/0.5ml	Non-Pref	PA; AGE (Min 18)
OZEMPIC SOPN 2mg/1.5ml	Non-Pref	PA
OZEMPIC SOPN 4mg/3ml	Non-Pref	PA; AGE (Min 18)
OZEMPIC INJ 8MG/3ML	Non-Pref	PA; AGE (Min 18)
RYBELSUS TABS 3mg, 7mg, 14mg	Non-Pref	PA; AGE (Min 18)
TRULICITY SOPN .75mg/0.5ml, 1.5mg/0.5ml, 3mg/0.5ml, 4.5mg/0.5ml	Pref	90 day supply
VICTOZA SOPN 18mg/3ml	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INSULIN</b>		
ADMELOG SOLN 100unit/ml	Pref	90 day supply
ADMELOG SOLOSTAR SOPN 100unit/ml	Pref	
AFREZZA POWD 4unit, 8unit, 12unit	Non-Pref	PA
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
APIDRA SOLN 100unit/ml	Non-Pref	PA
APIDRA SOLOSTAR SOPN 100unit/ml	Non-Pref	PA
BASAGLAR KWIKPEN SOPN 100unit/ml	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 SOCT 100unit/ml; SOLN 100unit/ml	Pref	90 day supply
HUMALOG JUNIOR KWIKPEN SOPN 100unit/ml	Pref	
HUMALOG KWIKPEN SOPN 100unit/ml	Pref	
HUMALOG KWIKPEN SOPN 200unit/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 SUSP 100unit/ml	Pref	OTC; 90 day supply
HUMULIN N KWIKPEN SUPN 100unit/ml	Pref	OTC; 90 day supply
HUMULIN R SOLN 100unit/ml	Pref	OTC; 90 day supply
HUMULIN R U-500 (CONCENTR SOLN 500unit/ml)	Pref	90 day supply
HUMULIN R U-500 KWIKPEN SOPN 500unit/ml	Pref	90 day supply
INS ASP PROT INJ FLEXPEN	Pref	90 day supply
INSULIN ASPA INJ 70/30	Pref	90 day supply
INSULIN ASPART SOLN 100unit/ml	Pref	90 day supply
INSULIN ASPART FLEXPEN SOPN 100unit/ml	Pref	90 day supply
INSULIN ASPART PENFILL SOCT 100unit/ml	Pref	90 day supply
INSULIN GLARGINE SOLN 100unit/ml	Non-Pref	PA
INSULIN GLARGINE SOLN 100unit/ml; SOPN 100unit/ml	Pref	
INSULIN GLARGINE SOLOSTAR SOPN 100unit/ml	Non-Pref	PA
INSULIN LISP INJ PROTAMIN	Pref	
INSULIN LISPRO SOLN 100unit/ml	Pref	90 day supply
INSULIN LISPRO JUNIOR KWI SOPN 100unit/ml	Pref	
INSULIN LISPRO KWIKPEN SOPN 100unit/ml	Pref	
LANTUS SOLN 100unit/ml	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS SOLOSTAR SOPN 100unit/ml	Pref	90 day supply
LEVEMIR SOLN 100unit/ml	Pref	90 day supply
LEVEMIR FLEXTOUCH SOPN 100unit/ml	Pref	90 day supply
LYUMJEV SOLN 100unit/ml	Non-Pref	PA
LYUMJEV KWIKPEN SOPN 100unit/ml, 200unit/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 SUSP 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N FLEXPEN SUPN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN N RELION SUSP 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R SOLN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLIN R FLEXPEN SOPN 100unit/ml	Non-Pref	PA, OTC
NOVOLIN R RELION SOLN 100unit/ml	Non-Pref	PA, OTC; 90 day supply
NOVOLOG SOLN 100unit/ml	Pref	90 day supply
NOVOLOG FLEXPEN SOPN 100unit/ml	Pref	90 day supply
NOVOLOG FLEXPEN RELION SOPN 100unit/ml	Pref	
NOVOLOG MIX INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEX REL	Non-Pref	PA; 90 day supply
NOVOLOG MIX INJ FLEXPEN	Non-Pref	PA; 90 day supply
NOVOLOG PENFILL SOCT 100unit/ml	Pref	90 day supply
NOVOLOG RELI INJ 70/30	Non-Pref	PA; 90 day supply
NOVOLOG RELION SOLN 100unit/ml	Pref	90 day supply
SEMGLEE SOLN 100unit/ml; SOPN 100unit/ml	Non-Pref	PA
TOUJEO MAX SOLOSTAR SOPN 300unit/ml	Non-Pref	PA
TOUJEO SOLOSTAR SOPN 300unit/ml	Non-Pref	PA
TRESIBA SOLN 100unit/ml	Non-Pref	PA
TRESIBA FLEXTOUCH SOPN 100unit/ml, 200unit/ml	Non-Pref	PA

### **INSULIN SENSITIZING AGENTS**

ACTOS TABS 15mg, 30mg, 45mg	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Pref	QL (1 tab / 1 day); AGE (Min 18)

### **MEGLITINIDE ANALOGUES**

<i>nateglinide tabs 60mg, 120mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>repaglinide tabs 2mg</i>	Pref	QL (8 tabs / 1 day; 90 day supply); AGE (Min 18)
<i>repaglinide tabs .5mg, 1mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply); AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TABS 5mg, 10mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
INVOKANA TABS 100mg	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
INVOKANA TABS 300mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18); PRIOR USE OF METFORMIN
JARDIANCE TABS 10mg, 25mg	Pref	AGE (Min 18); PRIOR USE OF METFORMIN; 90 day supply
STEGLATRO TABS 5mg, 15mg	Non-Pref	PA; AGE (Min 18)

### **SULFONYLUREAS**

AMARYL TABS 1mg, 2mg, 4mg	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glipizide xl tb24 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
GLUCOTROL XL TB24 2.5mg, 5mg, 10mg	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>glyburide tabs 1.25mg, 2.5mg, 5mg</i>	Pref	AGE (Min 18); 90 day supply
<i>glyburide micronized tabs 1.5mg, 3mg, 6mg</i>	Pref	AGE (Min 18); 90 day supply
GLYNASE TABS 1.5mg, 3mg, 6mg	Non-Pref	PA; AGE (Min 18); 90 day supply

### **ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA**

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

<i>abatineX caps 680mg</i>	Pref	OTC
ACIDOPHILUS WAFR 1mg	Pref	OTC
<i>acidophilus extra strengt</i>	Pref	OTC
<i>acidophilus probiotic caps 10mg, 100mg; tabs .5mg</i>	Pref	OTC
ACIDOPHILUS TAB BLEND	Pref	OTC
ACIDOPHILUS/ WAF BIFIDUS	Pref	OTC
<i>align chew 10.5mg</i>	Pref	OTC
<i>align jr for kids chew 10.5mg</i>	Pref	OTC
<i>azo complete feminine bal</i>	Pref	OTC
AZO DUAL CAP PROTECT	Pref	OTC
BACID TAB	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIOGAIA CHW 100M CEL	Pref	OTC
BIOGAIA CHW GASTRUS	Pref	OTC
BIOGAIA DRO PROBIOTI	Pref	OTC
BIOGAIA DRO PRODENTI	Pref	OTC
BIOGAIA PROT DRO BABY	Pref	OTC
<i>biohm childrens probiotic</i>	Pref	OTC
BIOMEPRO CAP	Pref	OTC
<i>biotinex caps 3.5mg</i>	Pref	OTC
<i>bismatrol chew 262mg</i>	Pref	OTC
<i>bismuth subsalicylate chew 262mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml susp 262mg/15ml, 525mg/30ml, 527mg/30ml</i>	Pref	OTC
<i>childrens probiotic</i>	Pref	OTC
CULTURELLE CAP WOMENS	Pref	OTC
CULTURELLE CHW KIDS	Pref	OTC
<i>culturelle health &amp; welln caps 50mg</i>	Pref	OTC
<i>culturelle immune defense</i>	Pref	OTC
CULTURELLE KIDS PACK 5bcell	Pref	OTC
<i>culturelle kids immune de</i>	Pref	OTC
CULTURELLE KIDS PURELY PR CHEW 26mg; PACK 23mg	Pref	OTC
<i>culturelle prenatal welln</i>	Pref	OTC
<i>culturelle probiotics</i>	Pref	OTC
<i>culturelle probiotics kid</i>	Pref	OTC
CULTURELLE PROBIOTICS KID PACK 5bcell	Pref	OTC
<i>culturelle total balance</i>	Pref	OTC
<i>cvs acidophilus probiotic tabs .5mg, 5mg</i>	Pref	OTC
<i>cvs advanced probiotic gu</i>	Pref	OTC
<i>cvs chewable probiotic ch</i>	Pref	OTC
<i>cvs digestive probiotic caps 250mg</i>	Pref	OTC
<i>cvs probiotic caps 10bcell</i>	Pref	OTC
<i>cvs probiotic childrens</i>	Pref	OTC
<i>daily probiotic supplemen caps 250mg</i>	Pref	OTC
<i>dialyvite chewable probio</i>	Pref	OTC
DIGESTIVE AD TAB FIBR SUP	Pref	OTC
<i>digestive advantage daily chew 3.33mg</i>	Pref	OTC
<i>digestive advantage kids chew 3.33mg</i>	Pref	OTC
<i>digestive advantage multi</i>	Pref	OTC
<i>digestive advantage prebi</i>	Pref	OTC
<i>digestive advantage probi</i>	Pref	OTC
<i>eq probiotic digestive sy</i>	Pref	OTC
EQL 4X TAB PROBIOTC	Pref	OTC
<i>eql digestive probiotic</i>	Pref	OTC
<i>eql stomach relief chew 262mg</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



Drug Name	Drug Tier	Requirements/Limits
FLORAJEN CAP ACIDOPHI	Pref	OTC
FLORAJEN CAP WOMEN	Pref	OTC
<i>floranex</i>	Pref	OTC
FLORASTOR BABY PACK 250mg	Pref	OTC
FLORASTOR KIDS PACK 250mg	Pref	OTC
GERBR SOOTHE DRO COLIC	Pref	OTC
<i>gnp pink bismuth chew 262mg</i>	Pref	OTC
GOOD START CHW GROW KID	Pref	OTC
<i>goodsense stomach relief/ susp 1050mg/30ml</i>	Pref	OTC
<i>hm probiotic digestive he caps 20bcell</i>	Pref	OTC
<i>kaopectate tabs 262mg</i>	Pref	OTC
<i>kaopectate extra strength susp 525mg/15ml</i>	Pref	OTC
KIDS PROBIOT PAK FIBER	Pref	OTC
<i>lactobacillus tabs .5mg</i>	Pref	OTC
<i>*lactobacillus - packet**</i>	Pref	OTC
<i>*lactobacillus cap**</i>	Pref	OTC
<i>lactobacillus extra stren</i>	Pref	OTC
<i>lactobacillus probiotic</i>	Pref	OTC
<i>*lactobacillus tab**</i>	Pref	OTC
<i>medi-bismuth chew 262mg</i>	Pref	OTC
MOMMYS BLISS PROBIOTIC PACK 5bcell	Pref	OTC
MORE-DOPHILUS ACIDOPHILUS POWD 1550mg/1.55gm	Pref	OTC
NEWFLORA CAP PROBIOTI	Pref	OTC
PEDIA-LAX CHW YUMS	Pref	OTC
<i>pink bismuth maximum stre susp 525mg/15ml</i>	Pref	OTC
PREB-2 PAK	Pref	OTC
<i>primadophilus</i>	Pref	OTC
<i>probiata</i>	Pref	OTC
<i>probiotic acidophilus</i>	Pref	OTC
PROBIOTIC CAP	Pref	OTC
PROBIOTIC CAP PEARLS CAPS 4mg, 6mg, 25mg	Pref	OTC
<i>probiotic chewable childr</i>	Pref	OTC
<i>probiotic choclate bears</i>	Pref	OTC
PROBIOTIC DRO COLIC	Pref	OTC
<i>probiotic gold extra stre</i>	Pref	OTC
<i>probiotic gummies chew 30mg</i>	Pref	OTC
PROBIOTIC LIQ 15 DAY	Pref	OTC
PROBIOTIC LIQ NEWBORN	Pref	OTC
<i>probiotic packets childre</i>	Pref	OTC
<i>*probiotic product - chew tab**</i>	Pref	OTC
PROBIOTIC TAB	Pref	OTC
PROBIOTIC TAB 2 IN 1	Pref	OTC
PROBIOTIC TAB ENZYME	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROBIOTIC TAB TRIPLE	Pref	OTC
<i>probiotic-10 chewable</i>	Pref	OTC
PROVELLA TAB	Pref	OTC
<i>px stomach relief chew 262mg</i>	Pref	OTC
<i>px stomach relief maximum susp 525mg/15ml</i>	Pref	OTC
<i>qc pink bismuth tabs 262mg</i>	Pref	OTC
<i>qc stomach relief chew 262mg; tabs 262mg</i>	Pref	OTC
<i>ra digestive health</i>	Pref	OTC
<i>ra probiotic gummies</i>	Pref	OTC
REJUVAFLOR CAP	Pref	OTC
REPHRESH CAP PRO-B	Pref	OTC
RISA-BID TAB PROBIO	Pref	OTC
<i>saccharomyces boulardii caps 250mg</i>	Pref	OTC
<i>saccharomycin df caps 250mg</i>	Pref	OTC
<i>sb bismuth tabs 262mg</i>	Pref	OTC
SM 4X TAB PROBIOTI	Pref	OTC
<i>sm acidophilus caps 10mg</i>	Pref	OTC
<i>sm probiotic caps 250mg</i>	Pref	OTC
<i>sm stomach relief chew 262mg</i>	Pref	OTC
<i>smarty pants kids probiot</i>	Pref	OTC
<i>soothe chew 262mg; tabs 262mg</i>	Pref	OTC
<i>soothe maximum strength susp 525mg/15ml</i>	Pref	OTC
<i>stablegi caps 250mg</i>	Pref	OTC
<i>stomach relief chew 262mg; tabs 262mg</i>	Pref	OTC
<i>stomach relief extra stre susp 525mg/15ml</i>	Pref	OTC
<i>stomach relief plus susp 525mg/15ml</i>	Pref	OTC
<i>trubiotics digestive + im</i>	Pref	OTC
<i>trubiotics kids</i>	Pref	OTC
<i>up4 probiotics</i>	Pref	OTC
<i>up4 probiotics kids</i>	Pref	OTC
<i>up4 probiotics kids cubes</i>	Pref	OTC
<i>up4 probiotics mind &amp; bod</i>	Pref	OTC
<i>upspring dual prenatal im</i>	Pref	OTC
4X PROBIOTIC TAB	Pref	OTC
4X PROBIOTIC TAB DR	Pref	OTC

**ANTIDIARRHEAL/PROBIOTIC COMBINATIONS**

ACIDOPHILUS/ TAB CIT PECT	Pref	OTC
<i>*bacillus coagulans-inulin cap**</i>	Pref	OTC
BIOGAIA IMMU DRO ACTIVE	Pref	OTC
BIOGAIA PROT DRO VIT D	Pref	OTC
CULTR ULTIMA CAP STRENGTH	Pref	OTC
CULTUR DIGES CAP DAILY	Pref	OTC
CULTURELLE CAP	Pref	OTC
CULTURELLE CAP DIGESTIV	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
CULTURELLE CAP HLTH/WEL	Pref	OTC
CULTURELLE CHW DIGESTIV	Pref	OTC
DIGESTIVE CAP SUPPORT	Pref	OTC
<i>eql probiotic acidophilus</i>	Pref	OTC
GERBER SOOTH DRO VIT D	Pref	OTC
KALA TAB	Pref	OTC
<i>*lactobacillus acidophilus-pectin cap**</i>	Pref	OTC
<i>probiotic formula</i>	Pref	OTC
<i>probiotic/prebiotic</i>	Pref	OTC
VIACTIV CHW DIGESTIV	Pref	OTC

### ANTIPERISTALTIC AGENTS

<i>anti-diarrheal liqd 1mg/7.5ml; tabs 2mg</i>	Pref	OTC
<i>diamode tabs 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-diarrheal liqd 1mg/7.5ml</i>	Pref	OTC
<i>loperamide hcl caps 2mg</i>	Pref	
<i>loperamide hcl liqd 1mg/7.5ml; soln 1mg/7.5ml, 2mg/15ml; susp 1mg/7.5ml; tabs 2mg</i>	Pref	OTC
<i>qc anti-diarrheal caps 2mg</i>	Pref	OTC
<i>sm anti-diarrheal caps 2mg; liqd 1mg/7.5ml; tabs 2mg</i>	Pref	OTC

### ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

#### ANTIDOTES - CHELATING AGENTS

<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbs 125mg, 250mg, 500mg</i>	Pref	PA
<i>deferiprone tabs 500mg</i>	Pref	PA

#### ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

<i>charcoal activated caps 260mg</i>	Pref	OTC
<i>charcocaps caps 260mg</i>	Pref	OTC
<i>requa activated charcoal caps 260mg</i>	Pref	OTC

#### OPIOID ANTAGONISTS

KLOXXADO LIQD 8mg/0.1ml	Pref	
<i>naloxone hcl liqd 4mg/0.1ml; soct .4mg/ml; soln .4mg/ml, 4mg/10ml; sosy 2mg/2ml</i>	Pref	
<i>naltrexone hcl tabs 50mg</i>	Pref	
NARCAN LIQD 4mg/0.1ml	Pref	
VIVITROL SUSR 380mg	Pref	
ZIMHI SOSY 5mg/0.5ml	Pref	

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS</b>		
ANZEMET TABS 50mg	Non-Pref	PA; Max 10 Per Claim
<i>granisetron hcl soln 1mg/ml; tabs 1mg</i>	Non-Pref	PA
<i>ondansetron tbdp 4mg</i>	Pref	QL (24 each / 27 days)
<i>ondansetron tbdp 8mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl soln 4mg/2ml, 40mg/20ml; sosalon 4mg/2ml</i>	Non-Pref	PA
<i>ondansetron hcl soln 4mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>ondansetron hcl tabs 4mg, 8mg</i>	Pref	QL (24 tabs / 27 days)
<i>ondansetron hcl tabs 24mg</i>	Pref	
<i>palonosetron hcl soln .25mg/5ml; sosalon .25mg/5ml</i>	Non-Pref	PA
PALONOSETRON HYDROCHLORID SOLN .25mg/2ml	Non-Pref	PA
SANCUSO PTCH 3.1mg/24hr	Non-Pref	PA
SUSTOL PRSY 10mg/0.4ml	Non-Pref	PA
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
ANTIVERT CHEW 25mg	Pref	
DIMENHYDRINATE SOLN 50mg/ml	Non-Pref	PA
<i>driminate tabs 50mg</i>	Pref	OTC
<i>gnp motion sickness relief tabs 25mg</i>	Pref	OTC
<i>hm motion sickness relief tabs 25mg</i>	Pref	OTC
<i>meclizine hcl chew 25mg; tabs 12.5mg</i>	Pref	OTC
<i>meclizine hcl tabs 12.5mg, 25mg</i>	Pref	
<i>motion sickness relief tabs 50mg</i>	Pref	OTC
<i>motion sickness relief/le tabs 25mg</i>	Pref	OTC
<i>motion-time chew 25mg</i>	Pref	OTC
<i>scopolamine pt72 1.5mg</i>	Non-Pref	PA
TIGAN SOLN 100mg/ml	Non-Pref	PA
TRANSDERM-SCOP PT72 1mg/3days	Non-Pref	PA
<i>trimethobenzamide hcl caps 300mg</i>	Pref	
<b>ANTIEMETICS - ANTIDOPAMINERGIC</b>		
BARHEMSYS SOLN 5mg/2ml, 10mg/4ml	Non-Pref	PA
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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 18)
DICLEGIS TAB 10-10MG	Non-Pref	PA; AGE (Min 18)
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Pref	PA, QL (5 caps / 1 day)
MARINOL CAPS 2.5mg	Non-Pref	PA, QL (5 caps / 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

Drug Name	Drug Tier	Requirements/Limits
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Non-Pref	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Non-Pref	PA
CINVANTI EMUL 130mg/18ml	Non-Pref	PA
EMEND CAPS 80mg	Non-Pref	PA
EMEND SOLR 150mg; SUSR 125mg/5ml	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine solr 150mg</i>	Non-Pref	PA

**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

**ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

BREXAFEMME TABS 150mg	Non-Pref	PA
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**ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

ANCOBON CAPS 250mg, 500mg	Non-Pref	PA
<i>flucytosine caps 250mg, 500mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125mg/5ml</i>	Pref	90 day supply
<i>griseofulvin microsize tabs 500mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Non-Pref	PA
<i>nystatin tabs 500000unit</i>	Pref	90 day supply
<i>terbinafine hcl tabs 250mg</i>	Pref	90 day supply

**IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA CAPS 186mg	Non-Pref	PA
DIFLUCAN SUSR 10mg/ml, 40mg/ml; TABS 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply
DIFLUCAN TABS 150mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>fluconazole tabs 150mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Non-Pref	PA
<i>ketoconazole tabs 200mg</i>	Non-Pref	PA
NOXAFIL SUSP 40mg/ml; TBEC 100mg	Non-Pref	PA
<i>posaconazole tbec 100mg</i>	Non-Pref	PA
SPORANOX CAPS 100mg; SOLN 10mg/ml	Non-Pref	PA
SPORANOX PULSEPAK CAPS 100mg	Non-Pref	PA
TOLSURA CAPS 65mg	Non-Pref	PA
VFEND SUSR 40mg/ml; TABS 50mg, 200mg	Non-Pref	PA
<i>voriconazole susr 40mg/ml; tabs 50mg, 200mg</i>	Non-Pref	PA

**ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES**

**ANTIHIISTAMINES - ALKYLAMINES**

<i>chlorphenir tab 4mg tabs 4mg</i>	Pref	OTC
<i>chlorpheniramine maleate tbc 12mg</i>	Pref	OTC
<i>cvs allergy relief tbc 12mg</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diabetic tussin allergy syrpf 2mg/5ml</i>	Pref	OTC
<i>ed chlorped jr syrpf 2mg/5ml</i>	Pref	OTC
<b>ANTIHISTAMINES - ETHANOLAMINES</b>		
<i>allergy relf cap 25mg caps 25mg</i>	Pref	OTC
<i>allergy relief childrens tbdp 12.5mg</i>	Pref	OTC
<i>banophen caps 50mg</i>	Pref	OTC
<i>carbinoxamine maleate soln 4mg/5ml; tabs 4mg</i>	Pref	AGE (Min 2)
<i>clemastine fumarate tabs 2.68mg</i>	Pref	AGE (Min 2)
<i>cvs allergy relief childr chew 12.5mg; tbdp 12.5mg</i>	Pref	OTC
<i>diphenhydramine hcl caps 50mg; chew 12.5mg</i>	Pref	OTC
<i>diphenhydramine hcl elix 12.5mg/5ml; soln 50mg/ml</i>	Pref	
<i>diphenhydramine hcl liquid 12.5 mg/5ml liqd 12.5mg/5ml, 25mg/10ml, 50mg/20ml</i>	Pref	OTC
<i>eql allergy relief childr tbdp 12.5mg</i>	Pref	OTC
<i>gnp allergy relief chew 12.5mg</i>	Pref	OTC
<i>pharbedryl caps 50mg</i>	Pref	OTC
<i>RYVENT TABS 6mg</i>	Pref	AGE (Min 2)
<i>sm allergy tab 25mg tabs 25mg</i>	Pref	OTC
<i>wal-dryl allergy relief c tbdp 12.5mg</i>	Pref	OTC
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<i>all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>aller-ease tabs 60mg</i>	Non-Pref	PA, OTC
<i>allergy 24-hr tabs 180mg</i>	Non-Pref	PA, OTC
<i>allergy childrens syrpf 5mg/5ml</i>	Pref	QL (5 mL / 1 day), OTC; AGE (Min 2)
<i>allergy childrens syrpf 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>allergy relief caps 10mg</i>	Non-Pref	PA, OTC
<i>allergy relief 24hr tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>allergy relief childrens soln 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>allergy relief childrens soln 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>allergy relief/indoor/out tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>cetirizine hcl chew 5mg, 10mg</i>	Non-Pref	PA, OTC
<i>cetirizine hcl soln 1mg/ml</i>	Pref	QL (10 mL / 1 day; 90 day supply)
<i>cetirizine hcl tabs 5mg</i>	Pref	OTC; 90 day supply
<i>cetirizine hcl tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine hcl allergy ch soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>cetirizine hydrochloride soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
CLARINEX TABS 5mg	Non-Pref	PA
<i>desloratadine tabs 5mg; tbdp 2.5mg, 5mg</i>	Non-Pref	PA
<i>fexofenadine hcl tabs 60mg, 180mg</i>	Non-Pref	PA, OTC
<i>gnp all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>gnp all day allergy relie caps 10mg</i>	Non-Pref	PA, OTC
<i>gnp allergy relief tabs 180mg</i>	Non-Pref	PA, OTC
<i>gnp loratadine tbdp 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>goodsense all day allergy soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>goodsense aller-ease tabs 180mg</i>	Non-Pref	PA, OTC
<i>goodsense allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm all day allergy childr soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>hm allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>hm allergy relief tabs 60mg, 180mg</i>	Non-Pref	PA, OTC
<i>hm loratadine childrens syrps 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>24hr allergy relief tabs 180mg</i>	Non-Pref	PA, OTC
<i>levocetirizine dihydrochloride soln 2.5mg/5ml</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>loratadine tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>loratadine childrens chew 5mg</i>	Non-Pref	PA, OTC; AGE (Min 2)
<i>loratadine childrens syrps 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>qc all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>qc childrens allergy soln 5mg/5ml</i>	Pref	QL (10 mL / 1 day; 90 day supply), OTC
<i>sm all day allergy tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC
<i>sm all day allergy relief tabs 10mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>sm allergy childrens syrps 5mg/5ml</i>	Pref	QL (5 mL / 1 day; 90 day supply), OTC; AGE (Min 2)
<i>sm allergy relief tabs 60mg</i>	Non-Pref	PA, OTC
<i>sm loratadine tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply), OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-HISTAMINES - PHENOTHIAZINES</b>		
PHENERGAN SOLN 25mg/ml, 50mg/ml	Non-Pref	PA
<i>promethazine hcl soln 25mg/ml, 50mg/ml</i>	Pref	
<i>promethazine hcl supp 12.5mg, 25mg; tabs 12.5mg, 25mg</i>	Pref	AGE (Min 2)
<i>promethegan supp 12.5mg, 25mg, 50mg</i>	Pref	AGE (Min 2)
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Pref	AGE (Min 2)
<b>ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TABS 180mg	Non-Pref	PA; AGE (Min 18)
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<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 18)
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
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>icosapent ethyl caps 1gm</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 CAPS 1gm	Non-Pref	PA, QL (4 caps / 1 day)
VASCEPA CAPS .5gm	Non-Pref	PA; AGE (Min 18)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>cholestyramine light pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>cholestyramine light powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	Non-Pref	PA
COLESTID GRAN 5gm; PACK 5gm	Non-Pref	PA
COLESTID TABS 1gm	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
COLESTID FLAVORED GRAN 5gm; PACK 5gm/7.5gm	Non-Pref	PA
<i>colestipol hcl gran 5gm; pack 5gm</i>	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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>colestipol hcl tabs 1gm</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>prevalite pack 4gm</i>	Pref	QL (4 packets / 1 day; 90 day supply)
<i>prevalite powd 4gm/dose</i>	Pref	QL (24 gm / 1 day; 90 day supply)
QUESTRAN PACK 4gm	Non-Pref	PA, QL (4 packets / 1 day; 90 day supply)
QUESTRAN POWD 4gm/dose	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
QUESTRAN LIGHT POWD 4gm/dose	Non-Pref	PA, QL (24 gm / 1 day; 90 day supply)
WELCHOL PACK 3.75gm; TABS 625mg	Non-Pref	PA

### **FIBRIC ACID DERIVATIVES**

ANTARA CAPS 30mg, 90mg	Non-Pref	PA
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Non-Pref	PA
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 54mg, 120mg, 160mg</i>	Non-Pref	PA
<i>fenofibrate tabs 48mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>fenofibrate tabs 145mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fenofibrate micronized caps 30mg, 43mg, 67mg, 90mg, 130mg, 134mg, 200mg</i>	Non-Pref	PA
<i>fenofibric acid tabs 35mg</i>	Pref	QL (2 tabs / 1 day)
<i>fenofibric acid tabs 105mg</i>	Non-Pref	PA
FENOGLIDE TABS 40mg, 120mg	Non-Pref	PA
<i>gemfibrozil tabs 600mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LIPOFEN CAPS 50mg, 150mg	Non-Pref	PA
LOPID TABS 600mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TABS 48mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
TRICOR TABS 145mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
TRILIPIX CPDR 45mg, 135mg	Non-Pref	PA

### **HMG COA REDUCTASE INHIBITORS**

ALTOPREV TB24 20mg, 40mg, 60mg	Non-Pref	PA
<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CRESTOR TABS 5mg, 10mg, 20mg, 40mg	Non-Pref	PA, QL (1 tab / 1 day)
EZALLOR SPRINKLE CPSP 5mg, 10mg, 20mg, 40mg	Non-Pref	PA
<i>fluvastatin sodium caps 20mg, 40mg; tb24 80mg</i>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LESCOL XL TB24 80mg	Non-Pref	PA
LIPITOR TABS 10mg, 20mg, 40mg, 80mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
LIVALO TABS 1mg, 2mg, 4mg	Non-Pref	PA
<i>lovastatin tabs 10mg, 20mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lovastatin tabs 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>pravastatin sodium tabs 80mg</i>	Pref	90 day supply
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tabs 5mg, 80mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>simvastatin tabs 10mg, 20mg, 40mg</i>	Pref	QL (1.5 tabs / 1 day; 90 day supply)
ZOCOR TABS 10mg, 20mg, 40mg	Non-Pref	PA, QL (1.5 tabs / 1 day; 90 day supply)
ZYPITAMAG TABS 2mg, 4mg	Non-Pref	PA

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

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

### **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

JUXTAPID CAPS 5mg, 10mg, 20mg, 30mg	Non-Pref	SP, PA
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### **NICOTINIC ACID DERIVATIVES**

<i>niacin (antihyperlipidemic) tbc 500mg</i>	Pref	QL (3 tabs / 1 day)
<i>niacin (antihyperlipidemic) tbc 750mg, 1000mg</i>	Pref	QL (2 tabs / 1 day)
NIASPAN TBCR 1000mg	Non-Pref	PA, QL (2 tabs / 1 day)

### **PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS**

LEQVIO SOSY 284mg/1.5ml	Non-Pref	PA
PRALUENT SOAJ 75mg/ml, 150mg/ml	Non-Pref	PA
REPATHA SOSY 140mg/ml	Non-Pref	PA
REPATHA PUSHTRONEX SYSTEM SOCT 420mg/3.5ml	Non-Pref	PA
REPATHA SURECLICK SOAJ 140mg/ml	Non-Pref	PA

### **ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE**

#### **ACE INHIBITORS**

ACCUPRIL TABS 5mg, 10mg, 20mg, 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ALTACE CAPS 1.25mg, 2.5mg, 5mg, 10mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hcl tabs 5mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>benazepril hcl tabs 10mg, 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>benazepril hcl tabs 20mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Non-Pref	PA
<i>enalapril maleate soln 1mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tabs 2.5mg, 5mg, 10mg, 20mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
EPANED SOLN 1mg/ml	Non-Pref	PA
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Pref	QL (2 tabs / 1 day)
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lisinopril tabs 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TABS 10mg, 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
LOTENSIN TABS 20mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Non-Pref	PA
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	Non-Pref	PA
QBRELIS SOLN 1mg/ml	Non-Pref	PA
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Pref	QL (2 tabs / 1 day)
VASOTEC TABS 2.5mg, 5mg, 10mg, 20mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
ZESTRIL TABS 2.5mg, 5mg, 10mg, 20mg, 30mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
ZESTRIL TABS 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>metyrosine caps 250mg</i>	Pref	PA
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### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND TABS 4mg, 8mg, 16mg, 32mg	Non-Pref	PA
AVAPRO TABS 75mg, 150mg, 300mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
BENICAR TABS 5mg, 20mg, 40mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Non-Pref	PA
COZAAR TABS 25mg, 50mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)

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

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	Non-Pref	PA; 90 day supply
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Pref	90 day supply
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Pref	90 day supply
<i>guanfacine hcl tabs 1mg, 2mg</i>	Pref	90 day supply
<i>methyldopa tabs 500mg</i>	Pref	90 day supply
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Pref	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Pref	90 day supply

#### **ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC TAB 10-12.5	Non-Pref	PA
ACCURETIC TAB 20-12.5	Non-Pref	PA
ACCURETIC TAB 20-25MG	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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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)
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Non-Pref	PA
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 &amp; chlorthalidone tab 50-25 mg</i>	Pref	
<i>atenolol &amp; 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>benazepril &amp; 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 &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	
<i>bisoprolol &amp; 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 &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Pref	90 day supply
<i>enalapril maleate &amp; 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Non-Pref	PA
<i>fosinopril sodium &amp; 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 &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>losartan potassium &amp; 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)
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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTREL CAP 10-40MG	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Pref	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	
<i>metoprolol &amp; 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
<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
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	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



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

### **DIRECT RENIN INHIBITORS**

<i>aliskiren fumarate tabs 150mg, 300mg</i>	Non-Pref	PA
TEKTURNA TABS 150mg, 300mg	Non-Pref	PA

### **VASODILATORS**

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Pref	90 day supply
<i>minoxidil tabs 2.5mg, 10mg</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 tabs 250mg, 500mg</i>	Pref	PA
<i>hydroxychloroquine sulfate tabs 200mg</i>	Pref	
<i>mefloquine hcl tabs 250mg</i>	Pref	
<i>quinine sulfate caps 324mg</i>	Pref	QL (42 caps / 292 days)

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS</b>		

**ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

<i>pyridostigmine bromide soln 60mg/5ml; tabs 60mg</i>	Pref	
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**ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

**ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

<i>ethambutol hcl tabs 100mg, 400mg</i>	Pref	
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<i>isoniazid syrps 50mg/5ml; tabs 100mg, 300mg</i>	Pref	
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<i>rifabutin caps 150mg</i>	Pref	PA
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<i>rifampin caps 150mg, 300mg</i>	Pref	
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**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER**

**ALKYLATING AGENTS**

<i>carboplatin soln 50mg/5ml, 450mg/45ml, 600mg/60ml</i>	Pref	
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<i>cyclophosphamide caps 25mg, 50mg</i>	Pref	SP, PA
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CYCLOPHOSPHAMIDE TABS 25mg, 50mg	Pref	PA
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LEUKERAN TABS 2mg	Pref	
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<i>melphalan tabs 2mg</i>	Pref	
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MYLERAN TABS 2mg	Pref	
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<i>paraplatin soln 50mg/5ml, 450mg/45ml</i>	Pref	
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<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Pref	SP, PA
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**ANTIMETABOLITES**

<i>capecitabine tabs 150mg, 500mg</i>	Pref	SP, PA
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<i>decitabine solr 50mg</i>	Pref	
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<i>mercaptopurine tabs 50mg</i>	Pref	
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<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm; tabs 2.5mg</i>	Pref	90 day supply
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TREXALL TABS 5mg, 7.5mg, 10mg, 15mg	Non-Pref	PA
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XATMEP SOLN 2.5mg/ml	Non-Pref	PA
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**ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS**

MVASI SOLN 100mg/4ml, 400mg/16ml	Pref	PA
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ZIRABEV SOLN 100mg/4ml, 400mg/16ml	Pref	PA
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**ANTINEOPLASTIC - ANTI-HER2 AGENTS**

HERZUMA SOLR 150mg, 420mg	Pref	PA
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KANJINTI SOLR 150mg, 420mg	Pref	PA
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OGIVRI SOLR 150mg, 420mg	Pref	PA
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ONTRUZANT SOLR 150mg, 420mg	Pref	PA
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TRAZIMERA SOLR 150mg, 420mg	Pref	PA
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**ANTINEOPLASTIC - ANTIBODIES**

RUXIENCE SOLN 100mg/10ml, 500mg/50ml	Pref	SP, PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUXIMA SOLN 100mg/10ml, 500mg/50ml	Pref	SP, PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tabs 250mg</i>	Pref	SP, PA, QL (4 tabs / 1 day)
<i>abiraterone acetate tabs 500mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>anastrozole tabs 1mg</i>	Pref	
<i>bicalutamide tabs 50mg</i>	Pref	
<i>exemestane tabs 25mg</i>	Pref	
<i>flutamide caps 125mg</i>	Pref	
<i>hydroxyprogesterone caproate (antineoplastic) soln 1.25gm/5ml</i>	Non-Pref	PA
<i>letrozole tabs 2.5mg</i>	Pref	
<i>megestrol acetate susp 40mg/ml, 400mg/10ml; tabs 20mg, 40mg</i>	Pref	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Pref	
<b>ANTINEOPLASTIC ANTIBIOTICS</b>		
<i>adriamycin solr 50mg</i>	Pref	
<i>bleomycin sulfate solr 15unit, 30unit</i>	Pref	PA
<i>doxorubicin hcl solr 10mg, 50mg</i>	Pref	
<i>mitomycin solr 5mg, 20mg, 40mg</i>	Pref	
<i>mutamycin solr 5mg, 20mg, 40mg</i>	Pref	
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
<i>imatinib mesylate tabs 100mg</i>	Pref	SP, PA, QL (8 tabs / 1 day)
<i>imatinib mesylate tabs 400mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>sunitinib malate caps 12.5mg</i>	Pref	SP, PA, QL (7 caps / 1 day)
<i>sunitinib malate caps 25mg</i>	Pref	SP, PA, QL (3 caps / 1 day)
<i>sunitinib malate caps 37.5mg, 50mg</i>	Pref	SP, PA, QL (1 cap / 1 day)
<b>ANTINEOPLASTICS MISC.</b>		
<i>hydroxyurea caps 500mg</i>	Pref	
<i>tretinoin (chemotherapy) caps 10mg</i>	Pref	PA, QL (90 caps / 292 days)
<b>CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS</b>		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Pref	
<b>MITOTIC INHIBITORS</b>		
<i>etoposide caps 50mg</i>	Pref	
<b>TOPOISOMERASE I INHIBITORS</b>		
<i>irinotecan hcl soln 100mg/5ml, 300mg/15ml</i>	Pref	
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE</b>		
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Pref	90 day supply
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl caps 100mg</i>	Pref	
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Pref	90 day supply
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Pref	90 day supply
<i>carbidopa &amp; 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 TB24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg	Non-Pref	PA
NEUPRO PT24 1mg/24hr, 2mg/24hr, 3mg/24hr, 4mg/24hr, 6mg/24hr, 8mg/24hr	Non-Pref	PA
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Pref	90 day supply
<i>pramipexole dihydrochloride tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Pref	90 day supply
<i>ropinirole hydrochloride tb24 2mg, 8mg</i>	Pref	QL (1 tab / 1 day)
<i>ropinirole hydrochloride tb24 4mg, 6mg, 12mg</i>	Non-Pref	PA

**ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

*selegiline hcl caps 5mg; tabs 5mg* Pref

**ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES**

**ANTIMANIC AGENTS**

*lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 300mg, 450mg* Pref 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPSYCHOTICS - MISC.</b>		
CAPLYTA CAPS 42mg	Non-Pref	PA; AGE (Min 18)
EQUETRO CP12 100mg, 200mg, 300mg	Non-Pref	PA
GEODON CAPS 20mg, 40mg, 60mg	Non-Pref	PA
GEODON CAPS 80mg	Non-Pref	PA; AGE (Min 18)
GEODON SOLR 20mg	Non-Pref	PA; AGE (Min 18)
LATUDA TABS 20mg, 40mg, 60mg, 120mg	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
LATUDA TABS 80mg	Pref	AGE (Min 18)
NUPLAZID CAPS 34mg	Non-Pref	SP, PA, QL (2 caps / 1 day); AGE (Min 18)
NUPLAZID TABS 10mg	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
VRAYLAR CAPS 1.5mg, 3mg, 4.5mg, 6mg	Non-Pref	PA; AGE (Min 18)
VRAYLAR CAP 1.5-3MG	Non-Pref	PA; AGE (Min 18)
<i>ziprasidone hcl caps 20mg, 40mg, 60mg</i>	Pref	
<i>ziprasidone hcl caps 80mg</i>	Pref	AGE (Min 18)
<i>ziprasidone mesylate solr 20mg</i>	Non-Pref	PA; AGE (Min 18)
<b>BENZISOXAZOLES</b>		
FANAPT TABS 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
FANAPT PAK	Non-Pref	PA; AGE (Min 18)
INVEGA TB24 1.5mg, 3mg, 6mg, 9mg	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
INVEGA HAFYERA SUSY 1092mg/3.5ml, 1560mg/5ml	Pref	AGE (Min 18)
INVEGA SUSTENNA SUSY 39mg/0.25ml, 78mg/0.5ml, 117mg/0.75ml, 156mg/ml, 234mg/1.5ml	Pref	AGE (Min 18)
INVEGA TRINZA SUSY 273mg/0.88ml, 410mg/1.32ml, 546mg/1.75ml, 819mg/2.63ml	Pref	AGE (Min 18)
<i>paliperidone tb24 1.5mg, 3mg, 6mg, 9mg</i>	Non-Pref	PA, QL (1 tab / 1 day); AGE (Min 18)
PERSERIS PRSY 90mg, 120mg	Non-Pref	PA; AGE (Min 18)
RISPERDAL SOLN 1mg/ml; TABS .5mg, 1mg, 2mg, 4mg	Non-Pref	PA; AGE (Min 18)
RISPERDAL TABS 3mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply); AGE (Min 18)
RISPERDAL CONSTA SRER 12.5mg, 25mg, 37.5mg, 50mg	Pref	QL (0.072 vials / 1 day); AGE (Min 18)
<i>risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg</i>	Pref	AGE (Min 18)
<i>risperidone tabs 3mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 18)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BUTYROPHENONES</b>		
HALDOL DECANOATE 50 SOLN 50mg/ml	Non-Pref	PA; AGE (Min 18); 90 day supply
HALDOL DECANOATE 100 SOLN 100mg/ml	Non-Pref	PA; AGE (Min 18); 90 day supply
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol decanoate soln 50mg/ml, 100mg/ml</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol lactate conc 2mg/ml</i>	Pref	AGE (Min 18); 90 day supply
<i>haloperidol lactate soln 5mg/ml</i>	Pref	AGE (Min 18)
<b>DIBENZAPINES</b>		
<i>asenapine maleate subl 2.5mg, 5mg, 10mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
<i>clozapine tabs 25mg, 50mg, 100mg, 200mg</i>	Pref	AGE (Min 18)
<i>clozapine tbdp 12.5mg, 25mg, 100mg, 150mg, 200mg</i>	Non-Pref	PA; AGE (Min 18)
CLOZARIL TABS 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; AGE (Min 18)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Pref	AGE (Min 18); 90 day supply
<i>olanzapine solr 10mg</i>	Pref	AGE (Min 18); 90 day supply
<i>olanzapine tabs 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg</i>	Pref	AGE (Min 18)
<i>quetiapine fumarate tabs 25mg, 100mg, 200mg, 300mg, 400mg; tb24 50mg, 200mg, 300mg, 400mg</i>	Pref	AGE (Min 18)
<i>quetiapine fumarate tabs 50mg; tb24 150mg</i>	Pref	
SAPHRIS SUBL 2.5mg, 5mg, 10mg	Non-Pref	PA, QL (2 tabs / 1 day); AGE (Min 18)
SECUADO PT24 3.8mg/24hr, 5.7mg/24hr, 7.6mg/24hr	Non-Pref	PA
SEROQUEL TABS 25mg, 100mg, 200mg, 300mg, 400mg	Non-Pref	PA; AGE (Min 18)
SEROQUEL TABS 50mg	Non-Pref	PA
SEROQUEL XR TB24 50mg, 200mg, 300mg, 400mg	Non-Pref	PA; AGE (Min 18)
SEROQUEL XR TB24 150mg	Non-Pref	PA
VERSACLOZ SUSP 50mg/ml	Non-Pref	PA; AGE (Min 18)
ZYPREXA SOLR 10mg	Non-Pref	PA; AGE (Min 18); 90 day supply
ZYPREXA TABS 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 18)
ZYPREXA RELPREVV SUSR 210mg, 300mg, 405mg	Non-Pref	PA; AGE (Min 18)

**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYPREXA ZYDIS TBDP 5mg, 10mg, 15mg, 20mg	Non-Pref	PA; AGE (Min 18)
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tabs 5mg, 10mg, 25mg</i>	Non-Pref	PA; AGE (Min 18)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml</i>	Pref	
<i>chlorpromazine hcl tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Pref	AGE (Min 18); 90 day supply
CHLORPROMAZINE HYDROCHLOR CONC 30mg/ml, 100mg/ml	Pref	AGE (Min 18)
<i>compro supp 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate soln 25mg/ml</i>	Pref	AGE (Min 18); 90 day supply
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
<i>fluphenazine hcl soln 2.5mg/ml</i>	Pref	AGE (Min 18)
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Pref	AGE (Min 18); 90 day supply
<i>prochlorperazine supp 25mg</i>	Non-Pref	PA
<i>prochlorperazine edisylate soln 10mg/2ml</i>	Non-Pref	PA; AGE (Min 2)
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Pref	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Pref	AGE (Min 18); 90 day supply
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY TABS 2mg, 5mg, 10mg, 15mg, 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
ABILIFY TABS 30mg	Non-Pref	PA; AGE (Min 18)
ABILIFY MAINTENA PRSY 300mg, 400mg; SRER 300mg, 400mg	Pref	AGE (Min 18)
ABILIFY MYCITE MAINTENANC TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Non-Pref	PA; AGE (Min 18)
ABILIFY MYCITE STARTER KI TABS 2mg, 5mg, 10mg, 15mg, 20mg, 30mg	Non-Pref	PA; AGE (Min 18)
<i>aripiprazole soln 1mg/ml; tbdp 10mg, 15mg</i>	Non-Pref	PA; AGE (Min 18)
<i>aripiprazole tabs 2mg, 5mg, 10mg, 15mg, 20mg</i>	Pref	QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
<i>aripiprazole tabs 30mg</i>	Pref	AGE (Min 18)
ARISTADA PRSY 441mg/1.6ml, 662mg/2.4ml, 882mg/3.2ml, 1064mg/3.9ml	Pref	AGE (Min 18)
ARISTADA INITIO PRSY 675mg/2.4ml	Pref	AGE (Min 18)
REXULTI TABS .25mg, .5mg, 1mg, 2mg, 3mg, 4mg	Non-Pref	PA; AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
<b>THIOXANTHENES</b>		
<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Pref	AGE (Min 18); 90 day supply
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT</b>		
KERR TRIPLE MIS DYE SWAB	Pref	OTC
<b>CHLORINE ANTISEPTICS</b>		
<i>h-chlor 12 soln .125%</i>	Pref	OTC
<i>hysept soln .25%</i>	Pref	OTC
<b>IODINE ANTISEPTICS</b>		
<i>eq first aid antiseptic soln 10%</i>	Pref	OTC
<i>hm povidone-iodine soln 10%</i>	Pref	OTC
IODINE TIN STRONG	Pref	OTC
<i>povidone-iodine soln 10%</i>	Pref	OTC
<i>qc povidone iodine soln 10%</i>	Pref	OTC
<i>ra antiseptic soln 10%</i>	Pref	OTC
<i>scrub care povidone-iodin soln 10%</i>	Pref	OTC
<i>sm povidone-iodine soln 10%</i>	Pref	OTC
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20mg/ml</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>abacavir sulfate tabs 300mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
APRETUDE SUER 600mg/3ml	Pref	
APTIVUS CAPS 250mg	Pref	QL (4 caps / 1 day; 90 day supply)
<i>atazanavir sulfate caps 150mg, 300mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>atazanavir sulfate caps 200mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
BIKTARVY TAB	Pref	QL (1 tab / 1 day)
BIKTARVY TAB	Pref	QL (1 tab / 1 day; 90 day supply)
CABENUVA SUS 400-600	Pref	90 day supply
CABENUVA SUS 600-900	Pref	90 day supply
CIMDUO TAB 300-300	Pref	QL (1 tab / 1 day; 90 day supply)
COMBIVIR TAB 150-300	Pref	QL (2 tabs / 1 day; 90 day supply)
COMPLERA TAB	Pref	QL (1 tab / 1 day; 90 day supply)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DELSTRIGO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
DESCOVY TAB 120-15MG	Pref	QL (1 tab / 1 day)
DESCOVY TAB 200/25MG	Pref	QL (1 tab / 1 day; 90 day supply)
DOVATO TAB 50-300MG	Pref	QL (1 tab / 1 day; 90 day supply)
EDURANT TABS 25mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>efavirenz caps 50mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>efavirenz caps 200mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>efavirenz tabs 600mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine caps 200mg</i>	Pref	QL (24 caps / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
EMTRIVA CAPS 200mg	Pref	QL (24 caps / 1 day; 90 day supply)
EMTRIVA SOLN 10mg/ml	Pref	QL (1 mL / 1 day; 90 day supply)
EPIVIR SOLN 10mg/ml	Pref	QL (30 mL / 1 day; 90 day supply)
EPIVIR TABS 150mg	Pref	QL (2 tabs / 1 day; 90 day supply)
EPIVIR TABS 300mg	Pref	QL (1 tab / 1 day; 90 day supply)
EPZICOM TAB 600-300	Pref	QL (1 tab / 1 day; 90 day supply)
<i>etravirine tabs 100mg, 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVOTAZ TAB 300-150	Pref	QL (1 tab / 1 day; 90 day supply)
<i>fosamprenavir calcium tabs 700mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
FUZEON SOLR 90mg	Pref	QL (2 vials / 1 day; 90 day supply)
GENVOYA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
INTELENCE TABS 25mg	Pref	QL (4 tabs / 1 day; 90 day supply)
INTELENCE TABS 100mg, 200mg	Pref	QL (2 tabs / 1 day; 90 day supply)
ISENTRESS CHEW 25mg, 100mg	Pref	QL (6 tabs / 1 day; 90 day supply)
ISENTRESS PACK 100mg	Pref	QL (2 packets / 1 day; 90 day supply)
ISENTRESS TABS 400mg	Pref	QL (2 tabs / 1 day; 90 day supply)
ISENTRESS HD TABS 600mg	Pref	90 day supply
JULUCA TAB 50-25MG	Pref	QL (1 tab / 1 day; 90 day supply)
KALETRA SOL	Pref	QL (4 mL / 1 day; 90 day supply)
KALETRA TAB 100-25MG	Pref	QL (10 tabs / 1 day; 90 day supply)
KALETRA TAB 200-50MG	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lamivudine soln 10mg/ml</i>	Pref	QL (30 mL / 1 day; 90 day supply)
<i>lamivudine tabs 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>lamivudine tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
LEXIVA SUSP 50mg/ml	Pref	QL (56 mL / 1 day ; 90 day supply)
LEXIVA TABS 700mg	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (4 mL / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (10 tabs / 1 day; 90 day supply)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>maraviroc tabs 150mg</i>	Pref	QL (2 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>maraviroc tabs 300mg</i>	Pref	QL (4 tabs / 1 day)
<i>nevirapine susp 50mg/5ml</i>	Pref	QL (40 mL / 1 day; 90 day supply)
<i>nevirapine tabs 200mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nevirapine tb24 100mg, 400mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
NORVIR PACK 100mg	Pref	QL (12 packets / 1 day; 90 day supply)
NORVIR SOLN 80mg/ml	Pref	QL (15 mL / 1 day; 90 day supply)
NORVIR TABS 100mg	Pref	QL (12 tabs / 1 day; 90 day supply)
ODEFSEY TAB	Pref	QL (1 tab / 1 day; 90 day supply)
PIFELTRO TABS 100mg	Pref	QL (1 tab / 1 day; 90 day supply)
PREZCOBIX TAB 800-150	Pref	QL (1 tab / 1 day; 90 day supply)
PREZISTA SUSP 100mg/ml	Pref	QL (12 mL / 1 day; 90 day supply)
PREZISTA TABS 75mg, 150mg, 600mg	Pref	QL (2 tabs / 1 day; 90 day supply)
PREZISTA TABS 800mg	Pref	QL (1 tab / 1 day; 90 day supply)
RETROVIR CAPS 100mg	Pref	QL (2 caps / 1 day; 90 day supply)
RETROVIR SYRP 50mg/5ml	Pref	QL (60 mL / 1 day; 90 day supply)
REYATAZ CAPS 200mg	Pref	QL (2 caps / 1 day; 90 day supply)
REYATAZ CAPS 300mg	Pref	QL (1 cap / 1 day; 90 day supply)
REYATAZ PACK 50mg	Pref	QL (6 packets / 1 day; 90 day supply)
<i>ritonavir tabs 100mg</i>	Pref	QL (12 tabs / 1 day; 90 day supply)
RUKOBIA TB12 600mg	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY SOLN 20mg/ml	Pref	90 day supply
SELZENTRY TABS 25mg	Pref	QL (8 tabs / 1 day; 90 day supply)
SELZENTRY TABS 75mg, 150mg	Pref	QL (2 tabs / 1 day; 90 day supply)
SELZENTRY TABS 300mg	Pref	QL (4 tabs / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>stavudine caps 30mg</i>	Pref	
STRIBILD TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SUSTIVA CAPS 50mg	Pref	QL (3 caps / 1 day; 90 day supply)
SUSTIVA CAPS 200mg	Pref	QL (2 caps / 1 day; 90 day supply)
SUSTIVA TABS 600mg	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI LO TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMFI TAB	Pref	QL (1 tab / 1 day; 90 day supply)
SYMTUZA TAB	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
TIVICAY TABS 10mg, 25mg, 50mg	Pref	QL (2 tabs / 1 day; 90 day supply)
TIVICAY PD TBSO 5mg	Pref	90 day supply
TRIUMEQ PD TAB	Pref	QL (1 tab / 1 day)
TRIUMEQ TAB	Pref	QL (1 tab / 1 day; 90 day supply)
TRIZIVIR TAB	Pref	QL (2 tabs / 1 day; 90 day supply)
TROGARZO SOLN 200mg/1.33ml	Non-Pref	PA
TRUVADA TAB 100-150	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 133-200	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 167-250	Pref	QL (1 tab / 1 day; 90 day supply)
TRUVADA TAB 200-300	Pref	QL (1 tab / 1 day; 90 day supply)
TYBOST TABS 150mg	Pref	QL (1 tab / 1 day; 90 day supply)
VIRACEPT TABS 250mg	Pref	QL (10 tabs / 1 day; 90 day supply)
VIRACEPT TABS 625mg	Pref	QL (4 tabs / 1 day; 90 day supply)
VIREAD POWD 40mg/gm	Pref	QL (1 gm / 1 day; 90 day supply)
VIREAD TABS 150mg	Pref	QL (8 tabs / 1 day; 90 day supply)
VIREAD TABS 200mg, 250mg, 300mg	Pref	QL (1 tab / 1 day; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIAGEN SOLN 20mg/ml	Pref	QL (30 mL / 1 day; 90 day supply)
ZIAGEN TABS 300mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>zidovudine caps 100mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>zidovudine syrp 50mg/5ml</i>	Pref	QL (60 mL / 1 day; 90 day supply)
<i>zidovudine tabs 300mg</i>	Pref	90 day supply

### **HEPATITIS AGENTS**

<i>entecavir tabs 1mg</i>	Pref	QL (1 tab / 1 day)
<i>entecavir tabs .5mg</i>	Pref	PA, QL (1 tab / 1 day)
EPCLUSA PAK 150-37.5	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA PAK 200-50MG	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA TAB 200-50MG	Non-Pref	SP, PA; AGE (Min 3)
EPCLUSA TAB 400-100	Non-Pref	SP, PA; AGE (Min 6)
HARVONI PAK	Non-Pref	SP, PA; AGE (Min 3)
HARVONI PAK 45-200MG	Non-Pref	SP, PA; AGE (Min 3)
HARVONI TAB 45-200MG	Non-Pref	SP, PA; AGE (Min 3)
HARVONI TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3)
<i>lamivudine (hbv) tabs 100mg</i>	Pref	
LEDIP-SOFOSB TAB 90-400MG	Non-Pref	SP, PA; AGE (Min 3)
MAVYRET PAK 50-20MG	Pref	SP; AGE (Min 3); 84 day supply
MAVYRET TAB 100-40MG	Pref	SP; AGE (Min 3); 84 day supply
PEGASYS SOLN 180mcg/ml; SOSY 180mcg/0.5ml	Non-Pref	SP, PA
<i>ribavirin (hepatitis c) caps 200mg</i>	Pref	SP, QL (6 caps / 1 day)
<i>ribavirin (hepatitis c) tabs 200mg</i>	Pref	SP, QL (6 tabs / 1 day)
SOFOS/VELPAT TAB 400-100	Pref	SP; AGE (Min 6)
SOVALDI PACK 150mg, 200mg; TABS 200mg, 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 caps 200mg; susp 200mg/5ml; tabs 400mg, 800mg</i>	Pref	90 day supply
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	Pref	90 day supply
SITAVIG TABS 50mg	Non-Pref	PA
<i>valacyclovir hcl tabs 500mg, 1000mg</i>	Pref	90 day supply
VALTREX TABS 1gm, 500mg	Non-Pref	PA; 90 day supply
ZOVIRAX SUSP 200mg/5ml	Non-Pref	PA; 90 day supply

Drug Name	Drug Tier	Requirements/Limits
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg</i>	Pref	QL (20 each / 292 days)
<i>oseltamivir phosphate susr 6mg/ml</i>	Pref	QL (6 mL / 1 day)
RELENZA DISKHALER AEPB 5mg/blister	Non-Pref	PA
<i>rimantadine hydrochloride tabs 100mg</i>	Non-Pref	PA
TAMIFLU CAPS 30mg, 45mg, 75mg	Non-Pref	PA, QL (20 caps / 292 days)
TAMIFLU SUSR 6mg/ml	Non-Pref	PA, QL (6 mL / 1 day)
XOFLUZA TBPK 40mg, 80mg	Non-Pref	PA

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

### ALPHA-BETA BLOCKERS

<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Pref	90 day supply
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Non-Pref	PA
COREG TABS 3.125mg, 6.25mg, 12.5mg, 25mg	Non-Pref	PA; 90 day supply
COREG CR CP24 10mg, 20mg, 40mg, 80mg	Non-Pref	PA
<i>labetalol hcl tabs 100mg, 200mg, 300mg</i>	Pref	90 day supply

### BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl caps 200mg, 400mg</i>	Pref	
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Pref	90 day supply
<i>betaxolol hcl tabs 10mg, 20mg</i>	Non-Pref	PA
<i>bisoprolol fumarate tabs 5mg, 10mg</i>	Pref	90 day supply
BYSTOLIC TABS 2.5mg, 5mg, 10mg, 20mg	Non-Pref	PA
KAPSPARGO SPRINKLE CS24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA
LOPRESSOR TABS 50mg, 100mg	Non-Pref	PA; 90 day supply
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Pref	90 day supply
<i>metoprolol tartrate tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Pref	90 day supply
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Non-Pref	PA
TENORMIN TABS 25mg, 50mg, 100mg	Non-Pref	PA; 90 day supply
TOPROL XL TB24 25mg, 50mg, 100mg, 200mg	Non-Pref	PA; 90 day supply

### BETA BLOCKERS NON-SELECTIVE

BETAPACE TABS 80mg, 120mg, 160mg	Non-Pref	PA; 90 day supply
BETAPACE AF TABS 80mg, 160mg	Non-Pref	PA; 90 day supply
BETAPACE AF TABS 120mg	Non-Pref	PA
CORGARD TABS 20mg, 40mg, 80mg	Non-Pref	PA
HEMANGEOL SOLN 4.28mg/ml	Non-Pref	PA
INDERAL LA CP24 60mg, 80mg, 120mg, 160mg	Non-Pref	PA; 90 day supply
INDERAL XL CP24 80mg, 120mg	Non-Pref	PA
INNOPRAN XL CP24 80mg, 120mg	Non-Pref	PA
<i>nadolol tabs 20mg, 40mg, 80mg</i>	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pindolol tabs 5mg, 10mg</i>	Non-Pref	PA
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Pref	90 day supply
<i>sorine tabs 80mg, 120mg, 160mg, 240mg</i>	Pref	90 day supply
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/af) tabs 80mg, 160mg</i>	Pref	90 day supply
<i>sotalol hcl (afib/af) tabs 120mg</i>	Pref	
SOTYLIZE SOLN 5mg/ml	Non-Pref	PA
<i>timolol maleate tabs 5mg, 10mg, 20mg</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 tabs 2.5mg, 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
CALAN SR TBCR 120mg, 180mg, 240mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
CARDIZEM TABS 30mg, 60mg, 120mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
CARDIZEM CD CP24 120mg	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
CARDIZEM CD CP24 180mg	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
CARDIZEM CD CP24 240mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
CARDIZEM CD CP24 300mg, 360mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
CARDIZEM LA TB24 120mg	Non-Pref	PA
CARDIZEM LA TB24 180mg	Non-Pref	PA, QL (3 tabs / 1 day)
CARDIZEM LA TB24 240mg	Non-Pref	PA, QL (2 tabs / 1 day)
CARDIZEM LA TB24 300mg, 360mg, 420mg	Non-Pref	PA, QL (1 tab / 1 day)
<i>cartia xt cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>cartia xt cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>cartia xt cp24 240mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>cartia xt cp24 300mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>dilt-xr cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>dilt-xr cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>dilt-xr cp24 240mg</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 240mg; tabs 90mg</i>	Pref	90 day supply
<i>diltiazem hcl cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl tabs 30mg, 60mg, 120mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 240mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)
<i>diltiazem hcl coated beads cp24 300mg, 360mg</i>	Pref	QL (1 cap / 1 day; 90 day supply)
<i>diltiazem hcl coated beads tb24 180mg</i>	Pref	QL (3 tabs / 1 day)
<i>diltiazem hcl coated beads tb24 240mg</i>	Pref	QL (2 tabs / 1 day)
<i>diltiazem hcl coated beads tb24 300mg, 360mg, 420mg</i>	Pref	QL (1 tab / 1 day)
<i>diltiazem hcl extended release beads cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>diltiazem hcl extended release beads cp24 240mg, 300mg, 360mg, 420mg</i>	Pref	90 day supply
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Pref	QL (1 tab / 1 day)
<i>isradipine caps 2.5mg, 5mg</i>	Non-Pref	PA
KATERZIA SUSP 1mg/ml	Non-Pref	PA
<i>levamlodipine maleate tabs 5mg</i>	Non-Pref	PA
<i>matzim la tb24 180mg</i>	Non-Pref	PA, QL (3 tabs / 1 day)
<i>matzim la tb24 240mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>matzim la tb24 300mg, 360mg, 420mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
<i>nicardipine hcl caps 20mg, 30mg</i>	Non-Pref	PA
<i>nifedipine caps 10mg, 20mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>nifedipine tb24 30mg, 90mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>nifedipine tb24 60mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>nisoldipine tb24 8.5mg, 17mg, 20mg, 25.5mg, 30mg, 34mg, 40mg</i>	Non-Pref	PA
NORLIQVA SOLN 1mg/ml	Non-Pref	PA
NORVASC TABS 2.5mg, 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROCARDIA XL TB24 30mg, 90mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROCARDIA XL TB24 60mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
SULAR TB24 8.5mg, 17mg, 34mg	Non-Pref	PA
<i>taztia xt cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>taztia xt cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>taztia xt cp24 240mg, 300mg, 360mg</i>	Pref	90 day supply
<i>tiadylt er cp24 120mg</i>	Pref	QL (4 caps / 1 day; 90 day supply)
<i>tiadylt er cp24 180mg</i>	Pref	QL (3 caps / 1 day; 90 day supply)
<i>tiadylt er cp24 240mg, 300mg, 360mg, 420mg</i>	Pref	90 day supply
TIAZAC CP24 120mg	Non-Pref	PA, QL (4 caps / 1 day; 90 day supply)
TIAZAC CP24 180mg	Non-Pref	PA, QL (3 caps / 1 day; 90 day supply)
TIAZAC CP24 240mg, 300mg, 360mg, 420mg	Non-Pref	PA; 90 day supply
<i>verapamil hcl cp24 100mg, 200mg, 300mg, 360mg</i>	Non-Pref	PA
<i>verapamil hcl cp24 120mg, 180mg, 240mg</i>	Pref	QL (1 cap / 1 day)
<i>verapamil hcl tabs 80mg, 120mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>verapamil hcl tbc 120mg, 180mg, 240mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>verapamil inj 5mg/2ml soln 2.5mg/ml</i>	Pref	
VERELAN CP24 120mg, 180mg, 240mg	Non-Pref	PA, QL (1 cap / 1 day)
VERELAN CP24 360mg	Non-Pref	PA
VERELAN PM CP24 100mg, 200mg, 300mg	Non-Pref	PA

## **CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS**

### **CARDIAC GLYCOSIDES**

<i>digitek tabs 125mcg, 250mcg</i>	Pref	90 day supply
<i>digoxin soln .05mg/ml; tabs 125mcg, 250mcg</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 18)
ENTRESTO TAB 49-51MG	Pref	QL (2 tabs / 1 day); AGE (Min 18)
ENTRESTO TAB 97-103MG	Pref	QL (2 tabs / 1 day); AGE (Min 18)

**IMPOTENCE AGENTS**

CIALIS TABS 2.5mg, 5mg	Non-Pref	PA
<i>tadalafil tabs 2.5mg, 5mg</i>	Non-Pref	PA

**PROSTAGLANDIN VASODILATORS**

ORENITRAM TBCR .125mg, .25mg, 1mg, 2.5mg, 5mg	Non-Pref	SP, PA
TYVASO SOLN .6mg/ml	Non-Pref	SP, PA
TYVASO DPI MAINTENANCE KI POWD 16mcg, 32mcg, 48mcg, 64mcg	Non-Pref	SP, PA
TYVASO DPI POW 16-32-48	Non-Pref	SP, PA
TYVASO DPI POW 16-32MCG	Non-Pref	SP, PA
TYVASO DPI POW 32-48MCG	Non-Pref	SP, PA
TYVASO REFILL SOLN .6mg/ml	Non-Pref	SP, PA
TYVASO STARTER SOLN .6mg/ml	Non-Pref	SP, PA
VENTAVIS SOLN 10mcg/ml, 20mcg/ml	Pref	SP, PA, QL (9 mL / 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

Drug Name	Drug Tier	Requirements/Limits
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tabs 5mg, 10mg</i>	Pref	SP, PA, QL (1 tab / 1 day); AGE (Min 18)
<i>bosentan tabs 62.5mg, 125mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TABS 5mg, 10mg	Non-Pref	SP, PA, QL (1 tab / 1 day); AGE (Min 18)
OPSUMIT TABS 10mg	Non-Pref	SP, PA
TRACLEER TABS 62.5mg, 125mg	Pref	SP, PA, QL (2 tabs / 1 day)
TRACLEER TBSO 32mg	Non-Pref	SP, PA

<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TABS 20mg	Non-Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
<i>alyq tabs 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)
REVATIO SUSR 10mg/ml	Non-Pref	SP, PA, QL (6 mL / 1 day); AGE (Min 18)
REVATIO TABS 20mg	Non-Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min 18)
<i>sildenafil citrate (pulmonary hypertension) susr 10mg/ml</i>	Pref	SP, PA, QL (6 mL / 1 day); AGE (Min 18)
<i>sildenafil citrate (pulmonary hypertension) tabs 20mg</i>	Pref	SP, PA, QL (3 tabs / 1 day); AGE (Min 18)
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Pref	SP, PA, QL (2 tabs / 1 day); AGE (Min 18)

<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TABS 200mcg, 400mcg, 600mcg, 800mcg, 1000mcg, 1200mcg, 1400mcg, 1600mcg	Non-Pref	SP, PA
UPTRAVI TAB 200/800	Non-Pref	SP, PA

<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TABS .5mg, 1mg, 1.5mg, 2mg, 2.5mg	Non-Pref	SP, PA

## CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

<b>CEPHALOSPORINS - 1ST GENERATION</b>		
<i>cefadroxil caps 500mg; susr 500mg/5ml; tabs 1gm</i>	Pref	
<i>cephalexin caps 250mg, 500mg; susr 125mg/5ml, 250mg/5ml</i>	Pref	

<b>CEPHALOSPORINS - 2ND GENERATION</b>		
<i>cefaclor caps 250mg, 500mg</i>	Pref	
<i>cefaclor susr 125mg/5ml, 250mg/5ml, 375mg/5ml</i>	Non-Pref	PA
CEFACLOR ER TB12 500mg	Non-Pref	PA
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cefuroxime axetil tabs 250mg, 500mg	Pref	
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml	Pref	
cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml	Non-Pref	PA
cefpodoxime proxetil susr 50mg/5ml, 100mg/5ml; tabs 100mg, 200mg	Non-Pref	PA
SUPRAX CAPS 400mg; CHEW 100mg, 200mg; SUSR 200mg/5ml, 500mg/5ml	Non-Pref	PA
<b>CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING</b>		
<b>ACIDS, BASES, &amp; BUFFERS</b>		
HYDROCHLORIC ACID LIQD 10%	Pref	
<b>BULK CHEMICALS - E'S</b>		
EUCALYPTOL LIQ	Pref	
EUCALYPTOL LIQ	Pref	OTC
<b>BULK CHEMICALS - I'S</b>		
IODINE SOL STRONG	Pref	
IODINE SOL STRONG	Pref	OTC
iodine solution strong (Iugol's) (bulk)	Pref	
<b>BULK CHEMICALS - P'S</b>		
PINE NEEDLE OIL	Pref	
<b>BULK CHEMICALS - S'S</b>		
SAGE LEAF POW	Pref	
SOD BISULFIT GRA	Pref	
SOD BISULFIT GRA	Pref	OTC
<b>LIQUIDS</b>		
ACETONE SOL	Pref	
ACETONE SOL	Pref	OTC
ANISE OIL	Pref	OTC
CINNAMON OIL	Pref	OTC
CINNAMON OIL ARTIFIC	Pref	OTC
DENATURED ALCOHOL SOLN 95%	Pref	OTC
ETHYL ALCOHOL SDA SOLN 95%	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 SOLN 99%	Pref	OTC
METHANOL SOL	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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
SODIUM SILICATE SOLN 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 1/35</i>	Pref	365 day supply
<i>alyacen 7/7/7</i>	Pref	365 day supply
<i>amethia</i>	Pref	365 day supply
<i>amethyst</i>	Pref	365 day supply
<i>apri</i>	Pref	365 day supply
<i>aranelle</i>	Pref	365 day supply
<i>ashlyna</i>	Pref	365 day supply
<i>aurovela 1.5/30</i>	Pref	365 day supply
<i>aurovela 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>aurovela 24 fe</i>	Pref	365 day supply
<i>azurette</i>	Pref	365 day supply
BALCOLTRA TAB 0.1-20	Pref	365 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>balziva</i>	Pref	365 day supply
<i>blisovi 24 fe</i>	Pref	365 day supply
<i>briellyn</i>	Pref	365 day supply
<i>camrese</i>	Pref	365 day supply
<i>camrese lo</i>	Pref	365 day supply
<i>caziant</i>	Pref	365 day supply
<i>charlotte 24 fe</i>	Pref	365 day supply
<i>cryselle-28</i>	Pref	365 day supply
<i>cyred</i>	Pref	365 day supply
<i>cyred eq</i>	Pref	365 day supply
<i>dasetta 1/35</i>	Pref	365 day supply
<i>dasetta 7/7/7</i>	Pref	365 day supply
<i>daysee</i>	Pref	365 day supply
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	365 day supply
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	365 day supply
<i>dolishale</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</i>	Pref	365 day supply
<i>emoquette</i>	Pref	365 day supply
<i>enpresse-28</i>	Pref	365 day supply
<i>enskyce</i>	Pref	365 day supply
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	365 day supply
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	365 day supply
<i>fayosim</i>	Pref	365 day supply
<i>finzala</i>	Pref	
<i>gemmily</i>	Pref	365 day supply
<i>hailey 1.5/30</i>	Pref	365 day supply
<i>hailey 24 fe</i>	Pref	365 day supply
<i>iclevia</i>	Pref	365 day supply
<i>introvale</i>	Pref	365 day supply
<i>isibloom</i>	Pref	365 day supply
<i>jaimiess</i>	Pref	365 day supply
<i>jasmiel</i>	Pref	365 day supply
<i>jolessa</i>	Pref	365 day supply
<i>juleber</i>	Pref	365 day supply
<i>junel 1.5/30</i>	Pref	365 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>junel 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>junel fe 24</i>	Pref	365 day supply
<i>kaitlib fe</i>	Pref	365 day supply
<i>kalliga</i>	Pref	365 day supply
<i>kariva</i>	Pref	365 day supply
<i>kelnor 1/35</i>	Pref	365 day supply
<i>kelnor 1/50</i>	Pref	365 day supply
<i>larin 1.5/30</i>	Pref	365 day supply
<i>larin 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>larin 24 fe</i>	Pref	365 day supply
<i>layolis fe</i>	Pref	365 day supply
<i>leena</i>	Pref	365 day supply
<i>levonest</i>	Pref	365 day supply
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	365 day supply
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	365 day supply
<i>levonorgestrel &amp; 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
<b>LO LOESTRIN TAB 1-10-10</b>	Pref	365 day supply
<i>lo-zumandimine</i>	Pref	365 day supply
<i>loestrin 1.5/30-21</i>	Pref	365 day supply
<i>loestrin 1/20-21</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>loestrin fe tab 1.5/30</i>	Pref	365 day supply
<i>lojaimiess</i>	Pref	365 day supply
<i>loryna</i>	Pref	365 day supply
<i>low-ogestrel</i>	Pref	365 day supply
<i>merzee</i>	Pref	365 day supply
<i>microgestin 1.5/30</i>	Pref	365 day supply
<i>microgestin 1/20</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>microgestin 24 fe</i>	Pref	365 day supply
<i>mono-lynyah tab 0.25-35</i>	Pref	365 day supply
<b>NATAZIA TAB</b>	Pref	365 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>necon 0.5/35-28</i>	Pref	365 day supply
NEXTSTELLIS TAB 3-14.2MG	Pref	365 day supply
<i>nikki</i>	Pref	365 day supply
<i>noreth/ethin tab fe 1/20</i>	Pref	365 day supply
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	365 day supply
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	365 day supply
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Pref	
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	QL (1 tab / 1 day; 365 day supply)
<i>norethindrone ace &amp; 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 0.5/35 (28)</i>	Pref	365 day supply
<i>nortrel 1/35</i>	Pref	365 day supply
<i>nortrel 7/7/7</i>	Pref	365 day supply
<i>nylia 1/35</i>	Pref	365 day supply
<i>nylia 7/7/7</i>	Pref	365 day supply
<i>ocella</i>	Pref	365 day supply
<i>philith</i>	Pref	365 day supply
<i>pimtreea</i>	Pref	365 day supply
<i>pirmella 1/35</i>	Pref	365 day supply
<i>pirmella 7/7/7</i>	Pref	365 day supply
<i>portia-28 tab</i>	Pref	365 day supply
<i>reclipsen</i>	Pref	365 day supply
<i>rivelsa</i>	Pref	365 day supply
<i>setlakin</i>	Pref	365 day supply
<i>simliya</i>	Pref	365 day supply
<i>simpesse</i>	Pref	365 day supply
<i>syeda</i>	Pref	365 day supply
<i>tarina 24 fe</i>	Pref	365 day supply
<i>taysofy</i>	Pref	365 day supply
<i>tilia fe</i>	Pref	365 day supply
<i>tri-legest fe</i>	Pref	365 day supply
<i>tri-lo-estarylla</i>	Pref	365 day supply
<i>tri-lo-marzia</i>	Pref	365 day supply
<i>tri-lo-mili</i>	Pref	365 day supply
<i>tri-lo-sprintec</i>	Pref	365 day supply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-nymyo tab</i>	Pref	365 day supply
<i>tri-vylibra lo</i>	Pref	365 day supply
<i>trivora-28</i>	Pref	365 day supply
TYBLUME CHW 0.1-0.02	Pref	365 day supply
<i>tydemy</i>	Pref	365 day supply
<i>velivet</i>	Pref	365 day supply
<i>vestura</i>	Pref	365 day supply
<i>viorele</i>	Pref	365 day supply
<i>volnea</i>	Pref	365 day supply
<i>vyfemla</i>	Pref	365 day supply
<i>wera</i>	Pref	365 day supply
<i>wymzya fe</i>	Pref	365 day supply
<i>zovia 1/35</i>	Pref	365 day supply
<i>zumandimine</i>	Pref	365 day supply
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>xulane</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
<i>zafemy</i>	Pref	QL (0.12 patches / 1 day; 365 day supply)
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>eluryng</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)
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A	Pref	365 day supply
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMPL 68mg	Pref	365 day supply
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA CONTRACEPTIV SUSP 150mg/ml; SUSY 150mg/ml	Non-Pref	PA, QL (0.04 injections / 1 day; 365 day supply)
DEPO-SUBQ PROVERA 104 SUSY 104mg/0.65ml	Non-Pref	PA; 365 day supply
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	Pref	QL (0.04 injections / 1 day; 365 day supply)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5mg	Pref	365 day supply
LILETTA IUD 20.1mcg/day	Pref	365 day supply
MIRENA IUD 20mcg/day	Pref	365 day supply
SKYLA IUD 13.5mg	Pref	365 day supply
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norlyroc tab 0.35mg tabs .35mg</i>	Pref	365 day supply
SLYND TABS 4mg	Pref	365 day supply

**Drug Name Drug Tier Requirements/Limits**  
**CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

**GLUCOCORTICOSTEROIDS**

ALKINDI SPRINKLE CPSP .5mg, 1mg, 2mg, 5mg	Non-Pref	SP, PA; AGE (Max 17)
<i>budesonide cpep 3mg</i>	Pref	
<i>budesonide tb24 9mg</i>	Non-Pref	PA
CORTEF TABS 5mg, 10mg, 20mg	Non-Pref	PA
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg</i>	Pref	
<i>dexamethasone tbpk 1.5mg</i>	Non-Pref	PA
DEXAMETHASONE INTENSOL CONC 1mg/ml	Pref	
<i>dexamethasone sodium phosphate soln 10mg/ml</i>	Pref	
EMFLAZA SUSP 22.75mg/ml; TABS 6mg, 18mg, 30mg, 36mg	Non-Pref	SP, PA; AGE (Min 2)
HEMADY TABS 20mg	Non-Pref	PA
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Pref	
MEDROL TABS 2mg, 4mg, 8mg, 16mg, 32mg	Non-Pref	PA
MEDROL DOSEPAK TBPK 4mg	Non-Pref	PA
<i>methylprednisolone tabs 4mg; tbpk 4mg</i>	Pref	
<i>methylprednisolone tabs 8mg, 16mg, 32mg</i>	Non-Pref	PA
ORTIKOS CP24 6mg, 9mg	Non-Pref	PA
<i>prednisolone soln 15mg/5ml</i>	Pref	
<i>prednisolone sodium phosphate soln 6.7mg/5ml, 15mg/5ml, 25mg/5ml</i>	Pref	
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	Non-Pref	PA
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Pref	90 day supply
PREDNISONE INTENSOL CONC 5mg/ml	Pref	
RAYOS TBEC 1mg, 2mg, 5mg	Non-Pref	PA
<i>taperdex 6-day tbpk 1.5mg</i>	Non-Pref	PA
<i>taperdex 7-day tbpk 1.5mg</i>	Non-Pref	PA
<i>taperdex 12-day tbpk 1.5mg</i>	Non-Pref	PA
TARPEYO CPDR 4mg	Non-Pref	PA
UCERIS TB24 9mg	Non-Pref	PA

**MINERALOCORTICOIDS**

<i>fludrocortisone acetate tabs .1mg</i>	Pref	
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**COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

**ANTITUSSIVES**

<i>benzonatate caps 100mg</i>	Pref	QL (6 caps / 1 day); AGE (Min 6)
<i>benzonatate caps 200mg</i>	Pref	QL (2 caps / 1 day)
<i>cough dm suer 30mg/5ml</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cvs cough dm suer 30mg/5ml</i>	Pref	OTC
<i>cvs tussin cough caps 15mg</i>	Pref	OTC
<i>cvs tussin long-acting liqd 15mg/5ml</i>	Pref	OTC
<i>dextromethorphan hbr caps 15mg</i>	Pref	OTC
<i>dextromethorphan polistirex suer 30mg/5ml</i>	Pref	OTC
<i>eq cough dm suer 30mg/5ml</i>	Pref	OTC
<i>eql cough dm suer 30mg/5ml</i>	Pref	OTC
<i>giltuss honey dm liqd 30mg/10ml</i>	Pref	OTC
<i>giltuss honey dm children liqd 15mg/5ml</i>	Pref	OTC
<i>gnp cough dm er suer 30mg/5ml</i>	Pref	OTC
<i>gnp cough gels caps 15mg</i>	Pref	OTC
<i>gnp tussin cough long act syrpf 15mg/5ml</i>	Pref	OTC
<i>hm cough dm suer 30mg/5ml</i>	Pref	OTC
HYCODAN SYP 5-1.5/5	Pref	QL (30 mL / 1 day); AGE (Min 6)
HYCODAN TAB 5-1.5MG	Non-Pref	PA; AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Pref	QL (30 mL / 1 day); AGE (Min 6)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Non-Pref	PA; AGE (Min 6)
<i>hydromet</i>	Pref	QL (30 mL / 1 day); AGE (Min 6)
<i>px tussin max syrpf 15mg/5ml</i>	Pref	OTC
<i>qc cough relief liqd 15mg/5ml</i>	Pref	OTC
<i>ra cough dm suer 30mg/5ml</i>	Pref	OTC
<i>robitussin 12 hour cough suer 30mg/5ml</i>	Pref	OTC
<i>sm cough dm childrens suer 30mg/5ml</i>	Pref	OTC
<i>sm cough relief syrpf 15mg/5ml</i>	Pref	OTC
<i>wal-tussin cough caps 15mg; syrpf 15mg/5ml</i>	Pref	OTC
<i>wal-tussin cough long act liqd 15mg/5ml</i>	Pref	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
ABATUSS DMX LIQ 30-1-15	Pref	OTC
ACTICON SOL 1-30	Pref	OTC
ACTICON TAB 2-60MG	Pref	OTC
ACTINEL LIQ PEDIATRI	Pref	OTC
<i>all day allergy-d</i>	Non-Pref	PA, OTC
<i>allergy multi-symptom day</i>	Pref	OTC
<i>allergy relief d</i>	Non-Pref	PA, OTC
<i>allergy relief d-12</i>	Non-Pref	PA, OTC
<i>allergy relief d-24</i>	Non-Pref	PA, OTC
<i>allergy relief nasal deco</i>	Non-Pref	PA, OTC
<i>allergy relief/nasal deco</i>	Non-Pref	PA, OTC
<i>antihistamine/nasal decon</i>	Pref	QL (2 tabs / 1 day), OTC
<i>aprodine</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Non-Pref	PA, OTC
<i>childrens cold &amp; allergy</i>	Pref	OTC
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>cold &amp; allergy</i>	Pref	OTC
<i>cold &amp; flu relief nightti</i>	Pref	OTC
<i>cold multi-symptom daytim</i>	Pref	OTC
<i>cold/flu liq daytime</i>	Pref	OTC
CONEX SOL CLD/ALRG	Pref	OTC
CONEX TAB 2-60MG	Pref	OTC
<i>coricidin d cold/flu/sinu</i>	Pref	OTC
<i>cough cold &amp; sore throat</i>	Pref	OTC
<i>cvs cold &amp; sinus relief</i>	Pref	OTC
<i>cvs cold relief multi-sym</i>	Pref	OTC
<i>cvs cold/flu &amp; sore throa</i>	Pref	OTC
<i>cvs cold/flu relief night</i>	Pref	OTC
<i>cvs mucus d extended rele</i>	Pref	OTC
<i>cvs mucus dm er</i>	Pref	OTC
<i>cvs mucus dm maximum stre</i>	Pref	OTC
<i>cvs multi-symptom cold ch</i>	Pref	OTC
<i>cvs multi-symptoms cold &amp;</i>	Pref	OTC
<i>cvs sinus pain &amp; congesti</i>	Pref	OTC
<i>cvs sinus pe &amp; allergy ma</i>	Pref	OTC
<i>cvs stuffy nose &amp; cold ch</i>	Pref	OTC
<i>despec dm</i>	Pref	OTC
<i>despec dm-g</i>	Pref	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	OTC
<i>dextromethorphan-guaifenesin tab 20-400 mg</i>	Pref	OTC
<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>diabetic tussin cough/che</i>	Pref	QL (10 mL / 1 day), OTC
<i>ed a-hist</i>	Pref	OTC
<i>ed a-hist dm</i>	Pref	OTC
<i>eq cold multi-symptom day</i>	Pref	OTC
<i>eq daytime/nighttime cold</i>	Pref	OTC
<i>eq mucus dm maximum stren</i>	Pref	OTC
<i>eq mucus relief dm</i>	Pref	OTC
<i>eq mucus-d</i>	Pref	OTC
<i>eq multi-symptom cold &amp; f</i>	Pref	OTC
<i>eq multi-symptom cold chi</i>	Pref	OTC
<i>eq suphedrine pe sinus &amp;</i>	Pref	OTC
<i>eql mucus-dm</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eql sinus &amp; allergy pe</i>	Pref	OTC
<i>fexofenadine-pseudoephedrine tab er 12hr 60-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
GILTUSS CGH TAB ALG/SINU	Pref	OTC
GLENMAX PEB LIQ DM	Pref	OTC
<i>gnp all day allergy-d</i>	Non-Pref	PA, OTC
<i>gnp allergy &amp; congestion</i>	Non-Pref	PA, OTC
<i>gnp allergy multi-symptom</i>	Pref	OTC
<i>gnp cold + head congestio</i>	Pref	OTC
<i>gnp cold max day/night ad</i>	Pref	OTC
<i>gnp cold max daytime for</i>	Pref	OTC
<i>gnp fexofenadine/pseudoep</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp mucus dm maximum stre</i>	Pref	OTC
<i>gnp mucus relief maximum</i>	Pref	OTC
<i>gnp night time cold &amp; flu</i>	Pref	OTC
<i>gnp tussin cf cough &amp; col</i>	Pref	OTC
<i>goodsense cold max</i>	Pref	OTC
<i>goodsense cold multi-symp</i>	Pref	OTC
<i>goodsense mucus dm</i>	Pref	OTC
<i>goodsense mucus relief ch</i>	Pref	OTC
<i>goodsense mucus relief se</i>	Pref	OTC
<i>guaiaatussin ac</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min 6)
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Pref	QL (60 mL / 1 day), OTC; AGE (Min 6)
<i>head congestion cold reli</i>	Pref	OTC
<i>herbiomed severe cold &amp; f</i>	Pref	OTC
HISTEX-AC SYP	Non-Pref	PA, OTC; AGE (Min 6)
<i>hm allergy &amp; congestion</i>	Non-Pref	PA, OTC
<i>hm allergy relief &amp; nasal</i>	Non-Pref	PA, OTC
<i>hm cold &amp; sinus relief</i>	Pref	OTC
<i>hm mucus relief dm</i>	Pref	OTC
<i>hm nighttime cold &amp; flu r</i>	Pref	OTC
<i>12hr allergy/congestion r</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 6)
<i>ibuprofen cold &amp; sinus</i>	Pref	OTC
LOHIST-DM SYP 5-2-10MG	Pref	OTC
<i>loratadine-d 12hr</i>	Non-Pref	PA, OTC
<i>loratadine-d 24hr</i>	Non-Pref	PA, OTC
LORTUSS LQ LIQ	Pref	OTC
M-CLEAR WC LIQ 100-6.3	Non-Pref	PA, OTC; AGE (Min 6)
M-END PE LIQ	Non-Pref	PA, OTC; AGE (Min 6)
<i>mapap cold formula multi-</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAR-COF CG LIQ 225-7.5	Non-Pref	PA, OTC; AGE (Min 6)
<i>maxi-tuss gmx</i>	Pref	QL (10 mL / 1 day), OTC
<i>medicidin-d</i>	Pref	OTC
MUCINEX CGH GRA 5-100MG	Pref	OTC
<i>mucinex dm liq 20-400</i>	Pref	OTC
<i>mucinex freefrom severe c</i>	Pref	OTC
<i>mucus congestion &amp; cough</i>	Pref	OTC
<i>mucus d</i>	Pref	OTC
<i>mucus dm</i>	Pref	OTC
<i>mucus relief childrens</i>	Pref	OTC
<i>mucus relief cold flu &amp; s</i>	Pref	OTC
<i>mucus relief cold/flu/sor</i>	Pref	OTC
<i>mucus relief d</i>	Pref	OTC
<i>mucus relief dm</i>	Pref	OTC
<i>mucus relief dm maximum s</i>	Pref	OTC
<i>mucus relief multi sympto</i>	Pref	OTC
<i>mucus-d</i>	Pref	OTC
<i>mucus-dm</i>	Pref	OTC
<i>multi-symptom cold childr</i>	Pref	OTC
NINJACOF-XG LIQ 200-8/5	Non-Pref	PA, OTC; AGE (Min 6)
<i>nohist-dm</i>	Pref	OTC
<i>nohist-lq</i>	Pref	OTC
PHENAGIL CH TAB	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 6)
<i>pres gen</i>	Pref	OTC
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine vc</i>	Pref	AGE (Min 6)
<i>promethazine vc/codeine</i>	Non-Pref	PA; AGE (Min 6)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Pref	AGE (Min 6)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Pref	AGE (Min 2)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Non-Pref	PA; AGE (Min 6)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Pref	AGE (Min 2)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Pref	OTC
<i>px allergy sinus pe</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>px cold relief multi-symp</i>	Pref	OTC
<i>px daytime cold</i>	Pref	OTC
<i>px dibromm cold/allergy c</i>	Pref	OTC
<i>px ibuprofen cold &amp; sinus</i>	Pref	OTC
<i>px nightttime cold</i>	Pref	OTC
<i>px nitetime cold/flu reli</i>	Pref	OTC
<i>qc cough &amp; cold hbp</i>	Pref	OTC
<i>qc ibuprofen cold/sinus</i>	Pref	OTC
<i>qc nightttime multi-sympto</i>	Pref	OTC
<i>ra ibu-profen cold/sinus</i>	Pref	OTC
<i>ra mucus relief d</i>	Pref	OTC
<i>ra mucus relief dm</i>	Pref	OTC
<i>ra multi-symptom cold rel</i>	Pref	OTC
<i>ra suphedrine pe</i>	Pref	OTC
<i>ra tussin cough &amp; cold mu</i>	Pref	OTC
<i>ra tussin cough/chest con</i>	Pref	QL (10 mL / 1 day), OTC
<i>robitussin severe multi-s</i>	Pref	OTC
<i>rompe pecho max multi sym</i>	Pref	OTC
<i>rynex pe</i>	Pref	OTC
<i>rynex pse</i>	Pref	OTC
<i>sb allergy multi-symptom</i>	Pref	OTC
<i>sb cold &amp; allergy childre</i>	Pref	OTC
<i>sb cold &amp; cough hbp</i>	Pref	OTC
<i>sb cold &amp; flu hbp</i>	Pref	OTC
<i>sb cold multi-symptom day</i>	Pref	OTC
<i>sb sinus &amp; allergy maximu</i>	Pref	OTC
<i>sb sinus congestion &amp; pai</i>	Pref	OTC
<i>sm cold &amp; allergy childre</i>	Pref	OTC
<i>sm cold &amp; allergy pe</i>	Pref	OTC
<i>sm cold &amp; sinus relief</i>	Pref	OTC
<i>sm cold head congestion n</i>	Pref	OTC
<i>sm loratadine d 12hr</i>	Non-Pref	PA, OTC
<i>sm severe congestion &amp; co</i>	Pref	OTC
<i>sm tussin cf</i>	Pref	OTC
<i>teo-tus</i>	Pref	OTC
<i>theraflu expressmax sever</i>	Pref	OTC
<i>theraflu severe cold &amp; co</i>	Pref	OTC
TUSNEL PED DRO 7.5-50	Pref	OTC
TUSNEL PEDI LIQ 15-5-50	Pref	OTC
<i>tussi-pres</i>	Pref	OTC
<i>tussi-pres pe pediatric</i>	Pref	OTC
<i>tussin cf severe multi-sy</i>	Pref	OTC
<i>tussin dm liq 10-100mg</i>	Pref	OTC
TUSSLIN LIQ PEDIATRI	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valihist</i>	Pref	OTC
VCKS DAYQUIL LIQ MUCUS DM	Pref	OTC
<i>vicks nyquil cold &amp; flu n</i>	Pref	OTC
<i>wal-act</i>	Pref	OTC
<i>wal-phed pe sinus/allergy</i>	Pref	OTC
<i>wal-profen cold &amp; sinus</i>	Pref	OTC
<i>wal-tap cold &amp; allergy</i>	Pref	OTC
<i>wal-tussin cf</i>	Pref	OTC
<i>wal-tussin cf max</i>	Pref	OTC
<i>wal-tussin cf max multi-s</i>	Pref	OTC

### **EXPECTORANTS**

<i>altarussin syrp 100mg/5ml</i>	Pref	OTC
<i>chest congestion relief syrp 100mg/5ml; tabs 400mg</i>	Pref	OTC
<i>coughtab tabs 200mg</i>	Pref	OTC
<i>cvs mucus extended releas tb12 600mg, 1200mg</i>	Pref	OTC
<i>diabetic tussin ex syrp 100mg/5ml</i>	Pref	OTC
<i>eq 12 hour mucus relief tb12 600mg</i>	Pref	OTC
<i>eq mucus er tb12 600mg, 1200mg</i>	Pref	OTC
<i>gnp mucus er tb12 600mg, 1200mg</i>	Pref	OTC
<i>gnp mucus relief tabs 400mg</i>	Pref	OTC
<i>gnp tab tussin tabs 400mg</i>	Pref	OTC
<i>goodsense mucus er tb12 600mg</i>	Pref	OTC
<i>goodsense mucus er maximu tb12 1200mg</i>	Pref	OTC
<i>guaifenesin tabs 200mg, 400mg; tb12 600mg</i>	Pref	OTC
<i>guaifenesin liquid 100 mg/5ml liqd 100mg/5ml, 200mg/10ml, 400mg/20ml; soln 100mg/5ml</i>	Pref	OTC
MUCINEX FOR KIDS PACK 100mg	Pref	OTC
<i>mucosa tabs 400mg</i>	Pref	OTC
<i>mucus relief tb12 600mg</i>	Pref	OTC
<i>pharbinex tabs 400mg</i>	Pref	OTC
<i>qc medifin 400 tabs 400mg</i>	Pref	OTC
<i>qc mucus relief er 12 hou tb12 1200mg</i>	Pref	OTC
<i>qc mucus relief maximum s tb12 1200mg</i>	Pref	OTC
<i>ra mucus relief tb12 600mg</i>	Pref	OTC
<i>ra tussin chest congestio syrp 100mg/5ml</i>	Pref	OTC
<i>refenesen 400 tabs 400mg</i>	Pref	OTC
<i>sb cough control syrp 100mg/5ml</i>	Pref	OTC
<i>sb coughtab tabs 200mg</i>	Pref	OTC
<i>siltussin sa syrp 100mg/5ml</i>	Pref	OTC
<i>sm mucus relief maximum s tb12 1200mg</i>	Pref	OTC
<i>sm mucus relief/12 hour tb12 600mg</i>	Pref	OTC
<i>tussin mucus + chest cong syrp 100mg/5ml</i>	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>xpect tabs 400mg</i>	Pref	OTC

**MISC. RESPIRATORY INHALANTS**

<i>simply saline baby aers .9%</i>	Pref	OTC
<i>sodium chloride (inhalant) aers .9%</i>	Pref	OTC
<i>sodium chloride (inhalant) nebu .9%</i>	Pref	

**MUCOLYTICS**

<i>acetylcysteine soln 10%, 20%</i>	Pref	
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**DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS**

**ACNE PRODUCTS**

ACANYA GEL 1.2-2.5%	Non-Pref	PA; AGE (Max 18)
<i>acutane caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>acne maximum strength crea 10%</i>	Pref	OTC
<i>acne medication 2.5 gel 2.5%</i>	Pref	OTC; AGE (Max 18)
<i>acne medication 5 gel 5%</i>	Pref	OTC; AGE (Max 18)
ACNE MEDICATION 5 LOTN 5%	Pref	OTC; AGE (Max 18)
<i>acne medication 10 gel 10%</i>	Pref	OTC; AGE (Max 18)
ACNE MEDICATION 10 LOTN 10%	Pref	OTC; AGE (Max 18)
<i>adapalene crea .1%; gel .3%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene gel .1%</i>	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA; AGE (Max 18)
AKLIEF CREA .005%	Non-Pref	PA; AGE (Max 18)
ALTRENO LOTN .05%	Non-Pref	PA; AGE (Max 18)
<i>amnestem caps 10mg, 20mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
AMZEEQ FOAM 4%	Non-Pref	PA; AGE (Max 18)
ARAZLO LOTN .045%	Non-Pref	PA; AGE (Max 18)
ATRALIN GEL .05%	Non-Pref	PA; AGE (Max 18)
<i>avar cleanser</i>	Non-Pref	PA; AGE (Max 18)
AVAR LS LIQ 10-2%	Non-Pref	PA; AGE (Max 18)
<i>avar-e emollient</i>	Non-Pref	PA; AGE (Max 18)
<i>avar-e green</i>	Non-Pref	PA; AGE (Max 18)
AVAR-E LS CRE 10-2%	Non-Pref	PA; AGE (Max 18)
<i>avita crea .025%; gel .025%</i>	Non-Pref	PA; AGE (Max 18)
BENZAMYCIN GEL 5-3%	Non-Pref	PA; AGE (Max 18)
<i>benzefoam foam 5.3%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>benzoyl peroxide gel 2.5%, 5%, 10%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide topical liqd 10%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide wash liqd 5%</i>	Pref	OTC; AGE (Max 18)
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Non-Pref	PA; AGE (Max 18)
<i>bp 10-1</i>	Non-Pref	PA; AGE (Max 18)
<i>bp cleansing wash</i>	Non-Pref	PA; AGE (Max 18)
<i>bpo foaming cloths misc 6%</i>	Non-Pref	PA, OTC; AGE (Max 18)
<i>claravis caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clearasil daily clear van crea 10%</i>	Pref	OTC
<i>clearasil rapid rescue sp crea 10%</i>	Pref	OTC
<i>clearskin crea 10%</i>	Pref	OTC
CLEOCIN-T LOTN 1%	Non-Pref	PA; AGE (Max 18)
<i>clindacin etz pledgets swab 1%</i>	Pref	AGE (Max 18)
CLINDACIN KIT ETZ 1%	Non-Pref	PA; AGE (Max 18)
CLINDACIN KIT PAC 1%	Non-Pref	PA; AGE (Max 18)
<i>clindacin-p swab 1%</i>	Pref	AGE (Max 18)
CLINDAGEL GEL 1%	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (1.5 gm / 1 day); AGE (Max 18)
<i>clindamycin phosphate (topical) foam 1%; gel 1%; lotn 1%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate (topical) soln 1%; swab 1%</i>	Pref	AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Non-Pref	PA; AGE (Max 18)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA; AGE (Max 18)
<i>cvs acne crea 10%</i>	Pref	OTC
<i>cvs acne control cleanser crea 10%</i>	Pref	OTC
<i>dapsone (topical) gel 5%, 7.5%</i>	Non-Pref	PA; AGE (Max 18)
DIFFERIN CREA .1%; GEL .3%; LOTN .1%	Non-Pref	PA; AGE (Max 18)
DIFFERIN GEL .1%	Pref	QL (1.5 gm / 1 day), OTC; AGE (Max 18)
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA; AGE (Max 18)
EPSOLAY CREA 5%	Non-Pref	PA; AGE (Min 18)
<i>ery pads 2%</i>	Non-Pref	PA; AGE (Max 18)
ERYGEL GEL 2%	Non-Pref	PA; AGE (Max 18)
<i>erythromycin (acne aid) gel 2%</i>	Non-Pref	PA; AGE (Max 18)
<i>erythromycin (acne aid) soln 2%</i>	Pref	AGE (Max 18)
EVOCLIN FOAM 1%	Non-Pref	PA; AGE (Max 18)
FABIOR FOAM .1%	Non-Pref	PA; AGE (Max 18)
<i>isotretinoin caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>myorisan caps 10mg, 20mg, 30mg, 40mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>neuac</i>	Non-Pref	PA, QL (1.5 gm / 1 day); AGE (Max 18)
NEUAC KIT 1.2-5%	Non-Pref	PA; AGE (Max 18)
ONEXTON GEL 1.2-3.75	Non-Pref	PA; AGE (Max 18)
RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	Pref	AGE (Max 18)
RETIN-A MICRO GEL .04%, .06%, .1%	Non-Pref	PA; AGE (Max 18)
RETIN-A MICRO PUMP GEL .04%, .08%, .1%	Non-Pref	PA; AGE (Max 18)
SOD SUL/SULF EMU 10-5%	Non-Pref	PA; AGE (Max 18)

**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOD SUL/SULF SUS 10-5%	Non-Pref	PA; AGE (Max 18)
sss 10%-5%	Non-Pref	PA; AGE (Max 18)
sss 10-5	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium (acne) lotn 10%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 10-2%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleanser 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cleansing pad 10-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cream 10-2%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur cream 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur lotion 10-5%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur susp 8-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur wash 9-4%	Non-Pref	PA; AGE (Max 18)
sulfacetamide sodium w/ sulfur wash 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMADAN KIT	Non-Pref	PA; AGE (Max 18)
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMADAN XLT KIT 9-4.5%	Non-Pref	PA; AGE (Max 18)
SUMAXIN CP KIT	Non-Pref	PA; AGE (Max 18)
TAZAROTENE FOAM .1%	Pref	AGE (Max 18)
tretinoin crea .025%, .05%, .1%; gel .01%, .025%	Pref	AGE (Max 18)
tretinoin gel .05%	Non-Pref	PA; AGE (Max 18)
tretinoin microsphere gel .04%, .1%	Non-Pref	PA; AGE (Max 18)
TWYNEO CRE 0.1-3%	Non-Pref	PA
WINLEVI CREA 1%	Non-Pref	PA; AGE (Min 12, Max 18)
zenatane caps 10mg, 20mg, 30mg, 40mg	Pref	PA, QL (2 caps / 1 day)
ZIANA GEL	Non-Pref	PA; AGE (Max 18)

### **ANALGESICS - TOPICAL**

bengay vanishing scent gel 2.5%	Pref	OTC
blue gel gel 2%	Pref	OTC
cvs sore muscle rub gel 2.5%	Pref	OTC
cvs therapeutic menthol gel 2%	Pref	OTC
ice blue gel gel 2%	Pref	OTC
mineral ice gel 2%	Pref	OTC
muscle & joint gel 2.5%	Pref	OTC

### **ANTI-INFLAMMATORY AGENTS - TOPICAL**

arthritis pain reliever gel 1%	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
diclofenac epolamine ptch 1.3%	Pref	QL (2 ea / 1 day)
diclofenac sodium (topical) gel 1%	Pref	QL (1000 gm / 27 days; 90 day supply)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diclofenac sodium (topical) gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
<i>diclofenac sodium (topical) soln 1.5%, 2%</i>	Non-Pref	PA
FLECTOR PTCH 1.3%	Non-Pref	PA, QL (2 patches / 1 day)
<i>goodsense arthritis pain gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC
LICART PT24 1.3%	Non-Pref	PA
PENNSAID SOLN 2%	Non-Pref	PA
<i>qc diclofenac sodiium gel 1%</i>	Pref	QL (1000 gm / 27 days; 90 day supply), OTC

### **ANTIBIOTICS - TOPICAL**

<i>antibiotic ointment oint 500unit/gm</i>	Pref	OTC
<i>bacitracin (topical) oint 500unit/gm</i>	Pref	OTC
<i>bacitracin zinc oint 500unit/gm</i>	Pref	OTC
<i>bacitraycin plus oint 500unit/gm</i>	Pref	OTC
CENTANY OINT 2%	Non-Pref	PA
CENTANY AT KIT 2%	Non-Pref	PA
<i>cvs antibiotic</i>	Pref	OTC
<i>cvs antibiotic pain/scar</i>	Pref	OTC
<i>cvs antibiotic/pain relie</i>	Pref	OTC
<i>cvs triple antibiotic/pai</i>	Pref	OTC
<i>double antibiotic</i>	Pref	OTC
<i>eq triple antibiotic</i>	Pref	OTC
<i>eql first aid antibiotic</i>	Pref	OTC
<i>first aid antibiotic</i>	Pref	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Pref	
<i>gnp antibiotic + pain rel</i>	Pref	OTC
<i>gnp triple antibiotic</i>	Pref	OTC
<i>hm double antibiotic</i>	Pref	OTC
<i>hm triple antibiotic</i>	Pref	OTC
<i>lanabiotic</i>	Pref	OTC
<i>multi antibiotic plus</i>	Pref	OTC
<i>mupirocin oint 2%</i>	Pref	
<i>neosporin</i>	Pref	OTC
<i>neosporin + pain relief m</i>	Pref	OTC
<i>neosporin pain/itch/scar</i>	Pref	OTC
<i>neosporin/burn relief</i>	Pref	OTC
<i>poly bacitracin</i>	Pref	OTC
<i>px triple ointment</i>	Pref	OTC
<i>qc bacitracin oint 500unit/gm</i>	Pref	OTC
<i>qc triple antibiotic</i>	Pref	OTC
<i>qc triple antibiotic maxi</i>	Pref	OTC
<i>ra antibiotic + pain reli</i>	Pref	OTC
<i>ra antibiotic plus</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ra antibiotic/pain relief</i>	Pref	OTC
<i>ra triple antibiotic</i>	Pref	OTC
<i>sb triple antibiotic</i>	Pref	OTC
<i>sm antibiotic oint 500unit/gm</i>	Pref	OTC
<i>sm antibiotic plus pain r</i>	Pref	OTC
<i>sm triple antibiotic orig</i>	Pref	OTC
<i>triple antibiotic</i>	Pref	OTC
<i>triple antibiotic + pain</i>	Pref	OTC
<i>triple antibiotic plus</i>	Pref	OTC
<i>triple antibiotic plus ma</i>	Pref	OTC
<i>wal-sporin</i>	Pref	OTC

### **ANTIFUNGALS - TOPICAL**

ALEVAZOL OINT 1%	Non-Pref	PA, OTC
<i>anti-fungal powder powd 1%</i>	Pref	OTC
<i>antifungal crea 1%</i>	Pref	OTC
<i>antifungal powder powd 2%</i>	Non-Pref	PA, OTC
<i>athletes foot crea 1%</i>	Pref	OTC
<i>athletes foot antifungal aerp 1%</i>	Non-Pref	PA, OTC
<i>athletes foot powder spra aerp 2%</i>	Non-Pref	PA, OTC
<i>athletes foot spray aero 1%</i>	Pref	OTC
<i>butenafine hcl crea 1%</i>	Non-Pref	PA, OTC
<i>ciclodan soln 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox gel .77%; sham 1%</i>	Non-Pref	PA
<i>ciclopirox soln 8%</i>	Pref	QL (0.22 mL / 1 day)
<i>ciclopirox olamine crea .77%; susp .77%</i>	Non-Pref	PA
<i>ciclopirox treatment</i>	Non-Pref	PA
<i>clotrimazole (topical) crea 1%; soln 1%</i>	Pref	
<i>clotrimazole (topical) soln 1%</i>	Pref	OTC
<i>clotrimazole antifungal crea 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 crea 1%</i>	Non-Pref	PA
ERTACZO CREA 2%	Non-Pref	PA
EXELDERM CREA 1%; SOLN 1%	Non-Pref	PA
EXTINA FOAM 2%	Non-Pref	PA
FUNGOID TINCTURE SOLN 2%	Non-Pref	PA, OTC
<i>gnp miconazorb af powd 2%</i>	Non-Pref	PA, OTC
<i>gnp terbinafine hydrochlo crea 1%</i>	Pref	OTC
JUBLIA SOLN 10%	Non-Pref	PA
KERYDIN SOLN 5%	Non-Pref	PA
<i>ketoconazole (topical) crea 2%; sham 2%</i>	Pref	
<i>ketoconazole (topical) foam 2%</i>	Non-Pref	PA
<i>ketodan foam 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOPROX CREA .77%; SUSP .77%	Non-Pref	PA
LOPROX KIT KIT .77%	Non-Pref	PA
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHAMPOO SHAM 1%	Non-Pref	PA
<i>luliconazole crea 1%</i>	Non-Pref	PA
LUZU CREA 1%	Non-Pref	PA
MENTAX CREA 1%	Non-Pref	PA
<i>miconazole nitrate (topical) crea 2%</i>	Pref	OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>micotrin ac crea 1%</i>	Pref	OTC
<i>micotrin al soln 1%</i>	Pref	OTC
<i>micotrin ap powd 2%</i>	Non-Pref	PA, OTC
<i>mycozyl ac crea 1%</i>	Pref	OTC
<i>mycozyl al soln 1%</i>	Pref	OTC
<i>mycozyl ap powd 2%</i>	Non-Pref	PA, OTC
<i>naftifine hcl crea 1%, 2%</i>	Non-Pref	PA
NAFTIN GEL 1%, 2%	Non-Pref	PA
<i>nyamyc powd 100000unit/gm</i>	Pref	
<i>nystatin (topical) crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/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 powd 100000unit/gm</i>	Pref	
<i>oxiconazole nitrate crea 1%</i>	Non-Pref	PA
OXISTAT CREA 1%; LOTN 1%	Non-Pref	PA
<i>sm antifungal miconazole crea 2%</i>	Pref	OTC
<i>sm antifungal tolnaftate crea 1%</i>	Pref	OTC
<i>sulconazole nitrate crea 1%; soln 1%</i>	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>tolnaftate crea 1%; powd 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA

### **ANTI-HISTAMINES-TOPICAL**

<i>anti-itch</i>	Pref	OTC
<i>banophen</i>	Pref	OTC
<i>cvs itch relief extra str</i>	Pref	OTC
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Pref	OTC
<i>itch relief extra strengt</i>	Pref	OTC
<i>qc anti-itch extra streng</i>	Pref	OTC
<i>ra allergy cream</i>	Pref	OTC
<i>ra anti-itch &amp; skin prote</i>	Pref	OTC
<i>sm anti-itch extra streng</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>wal-dryl</i>	Pref	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	QL (3.334 gm / 1 day)
<i>fluorouracil (topical) crea 5%; soln 5%</i>	Pref	
<b>ANTIPSORIATICS</b>		
<i>calcipotriene crea .005%; oint .005%</i>	Pref	QL (2 gm / 1 day)
<i>calcipotriene foam .005%</i>	Non-Pref	PA
<i>calcipotriene soln .005%</i>	Pref	QL (2 mL / 1 day)
<i>calcitriol (topical) oint 3mcg/gm</i>	Non-Pref	PA; AGE (Max 18)
COSENTYX SOSY 75mg/0.5ml, 150mg/ml	Non-Pref	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150mg/ml	Non-Pref	SP, PA
DOVONEX CREA .005%	Non-Pref	PA, QL (2 gm / 1 day)
ILUMYA SOSY 100mg/ml	Non-Pref	SP, PA; AGE (Min 18)
SILIQ SOSY 210mg/1.5ml	Non-Pref	SP, PA; AGE (Min 18)
SKYRIZI PSKT 75mg/0.83ml; SOSY 150mg/ml	Non-Pref	SP, PA
SKYRIZI PEN SOAJ 150mg/ml	Non-Pref	SP, PA
SORILUX FOAM .005%	Non-Pref	PA
STELARA SOLN 45mg/0.5ml; SOSY 45mg/0.5ml, 90mg/ml	Non-Pref	SP, PA
TALTZ SOAJ 80mg/ml; SOSY 80mg/ml	Non-Pref	SP, PA
<i>tazarotene crea .1%</i>	Non-Pref	PA; AGE (Max 18)
TREMFYA SOPN 100mg/ml; SOSY 100mg/ml	Non-Pref	SP, PA
VECTICAL OINT 3mcg/gm	Non-Pref	PA; AGE (Max 18)
VTAMA CREA 1%	Non-Pref	PA; AGE (Min 18)
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>anti-dandruff shampoo sham 1%</i>	Pref	OTC
<i>beta med sham 2%</i>	Pref	OTC
<i>controlgx anti-dandruff sham 1%</i>	Pref	OTC
<i>cvs dandruff everyday cle sham 1%</i>	Pref	OTC
<i>dandruff 2 in 1 sham 1%</i>	Pref	OTC
<i>dandruff dry scalp care sham 1%</i>	Pref	OTC
<i>dandruff shampoo lotn 1%; sham 1%</i>	Pref	OTC
<i>dermazinc shampoo sham 2%</i>	Pref	OTC
<i>eql dry scalp 2 in 1 sham 1%</i>	Pref	OTC
<i>eql everyday clean 2 in 1 sham 1%</i>	Pref	OTC
<i>eql everyday clean dandru sham 1%</i>	Pref	OTC
<i>eql itchy scalp 2 in 1 sham 1%</i>	Pref	OTC
<i>eql smooth spice 2 in 1 sham 1%</i>	Pref	OTC
OVACE PLUS CREA 10%; FOAM 9.8%; LOTN 9.8%; SHAM 10%	Non-Pref	PA; AGE (Max 18)
OVACE PLUS WASH GEL 10%; LIQD 10%	Non-Pref	PA; AGE (Max 18)
OVACE WASH LIQD 10%	Non-Pref	PA; AGE (Max 18)
SEBEX SHA	Pref	OTC
<i>selenium sulfide lotn 2.5%; sham 2.25%</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selsun blue full &amp; thick sham 1%</i>	Pref	OTC
<i>sm dandruff 2 in 1 sham 1%</i>	Pref	OTC
<i>sulfacetamide sodium gel 10%; liqd 10%; sham 10%</i>	Non-Pref	PA; AGE (Max 18)

### **ANTIVIRALS - TOPICAL**

<i>acyclovir topical crea 5%</i>	Pref	QL (0.167 gm / 1 day)
<i>acyclovir topical oint 5%</i>	Pref	
DENAVIR CREA 1%	Non-Pref	PA
<i>docosanol crea 10%</i>	Pref	OTC
<i>hm docosanol crea 10%</i>	Pref	OTC
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CREA 5%	Non-Pref	PA, QL (0.167 gm / 1 day)
ZOVIRAX OINT 5%	Non-Pref	PA

### **BURN PRODUCTS**

<i>silver sulfadiazine crea 1%</i>	Pref	
<i>ssd crea 1%</i>	Pref	

### **CORTICOSTEROIDS - TOPICAL**

<i>alclometasone dipropionate crea .05%; oint .05%</i>	Non-Pref	PA
<i>amcinonide crea .1%; lotn .1%</i>	Non-Pref	PA
<i>anti-itch maximum strengt crea 1%</i>	Pref	OTC
APEXICON E CREA .05%	Non-Pref	PA
<i>aquanil hc lotn 1%</i>	Pref	OTC
<i>beta hc lotn 1%</i>	Pref	OTC
<i>betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented crea .05%</i>	Pref	
<i>betamethasone dipropionate augmented gel .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>betamethasone valerate crea .1%; lotn .1%; oint .1%</i>	Pref	
<i>betamethasone valerate foam .12%</i>	Non-Pref	PA
BRYHALI LOTN .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 SHAM .01%	Non-Pref	PA
<i>clobetasol propionate crea .05%; gel .05%; oint .05%; soln .05%</i>	Pref	
<i>clobetasol propionate foam .05%; liqd .05%; lotn .05%; sham .05%</i>	Non-Pref	PA
<i>clobetasol propionate emollient base crea .05%</i>	Pref	
<i>clobetasol propionate emulsion foam .05%</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLOBEX LIQD .05%; SHAM .05%	Non-Pref	PA
<i>clocortolone pivalate crea .1%</i>	Non-Pref	PA
<i>clodan sham .05%</i>	Non-Pref	PA
CLODAN KIT KIT .05%	Non-Pref	PA
CLODERM CREA .1%	Non-Pref	PA
<i>cortizone-10 diabetics sk lotn 1%</i>	Pref	OTC
<i>cortizone-10 eczema lotn 1%</i>	Pref	OTC
<i>cortizone-10 hydratensive lotn 1%</i>	Pref	OTC
<i>cortizone-10 psoriasis lotn 1%</i>	Pref	OTC
<i>cvs cortisone maximum str lotn 1%</i>	Pref	OTC
DERMA-SMOOTH/FS BODY OIL .01%	Non-Pref	PA
DERMA-SMOOTH/FS SCALP OIL .01%	Non-Pref	PA
<i>dermarest eczema lotn 1%</i>	Pref	OTC
<i>desonide crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>desoximetasone crea .05%, .25%; gel .05%; liqd .25%; oint .05%, .25%</i>	Non-Pref	PA
<i>diflorasone diacetate crea .05%; oint .05%</i>	Non-Pref	PA
DIPROLENE OINT .05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA; AGE (Min 18)
<i>fluocinolone acetonide crea .01%, .025%; oil .01%; oint .025%; soln .01%</i>	Non-Pref	PA
<i>fluocinonide crea .05%, .1%; gel .05%; oint .05%; soln .05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base crea .05%</i>	Non-Pref	PA
<i>flurandrenolide crea .05%; lotn .05%; oint .05%</i>	Non-Pref	PA
<i>fluticasone propionate crea .05%; oint .005%</i>	Pref	
<i>fluticasone propionate lotn .05%</i>	Non-Pref	PA
<i>gnp hydrocortisone crea .5%</i>	Pref	OTC
<i>gnp hydrocortisone plus crea 1%</i>	Pref	OTC
<i>halcinonide crea .1%</i>	Non-Pref	PA
<i>halobetasol propionate crea .05%</i>	Pref	
HALOBETASOL PROPIONATE FOAM .05%	Non-Pref	PA
<i>halobetasol propionate oint .05%</i>	Non-Pref	PA
HALOG CREA .1%; OINT .1%; SOLN .1%	Non-Pref	PA
HC/ALOE CRE 0.5%	Pref	OTC
<i>hm hydrocortisone plus</i>	Pref	OTC
<i>hm hydrocortisone/aloe ma</i>	Pref	OTC
<i>hydrocortisone (topical) crea 1%, 2.5%; lotn 2.5%; oint 1%, 2.5%</i>	Pref	
<i>hydrocortisone (topical) crea 1%; lotn 1%; oint .5%</i>	Pref	OTC
<i>hydrocortisone acetate (topical) crea 1%; oint 1%</i>	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; soln .1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base crea .1%</i>	Non-Pref	PA
<i>hydrocortisone maximum st crea 1%; oint 1%</i>	Pref	OTC
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Non-Pref	PA
<i>hydrocortisone/aloe maxim</i>	Pref	OTC
IMPEKLO LOTN .15mg/act	Non-Pref	PA
KENALOG AERS .147mg/gm	Non-Pref	PA
LEXETTE FOAM .05%	Non-Pref	PA
LOCOID LOTN .1%	Non-Pref	PA
LOCOID LIPOCREAM CREA .1%	Non-Pref	PA
LUXIQ FOAM .12%	Non-Pref	PA
<i>mometasone furoate crea .1%; oint .1%; soln .1%</i>	Pref	
OLUX FOAM .05%	Non-Pref	PA
OLUX-E FOAM .05%	Non-Pref	PA
PANDEL CREA .1%	Non-Pref	PA
<i>prednicarbate oint .1%</i>	Non-Pref	PA
<i>qc anti-itch intensive he crea 1%</i>	Pref	OTC
<i>qc anti-itch/aloe</i>	Pref	OTC
<i>sarnol-hc lotn 1%</i>	Pref	OTC
<i>scalp relief maximum stre soln 1%</i>	Pref	OTC
<i>scalpicin maximum strengt soln 1%</i>	Pref	OTC
<i>sm hydrocortisone crea 1%</i>	Pref	OTC
<i>sm hydrocortisone maximum oint 1%</i>	Pref	OTC
<i>sm hydrocortisone plus</i>	Pref	OTC
SYNALAR CREA .025%; OINT .025%; SOLN .01%	Non-Pref	PA
SYNALAR CREAM KIT KIT .025%	Non-Pref	PA
SYNALAR OINTMENT KIT KIT .025%	Non-Pref	PA
SYNALAR TS KIT .01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TEXACORT SOLN 2.5%	Non-Pref	PA
TOPICORT CREA .05%, .25%; GEL .05%; LIQD .25%; OINT .05%, .25%	Non-Pref	PA
<i>tovet foam .05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide (topical) aers .147mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetonide (topical) crea .025%, .1%, .5%; lotn .025%, .1%; oint .025%, .05%, .1%, .5%</i>	Pref	
<i>trianex oint .05%</i>	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
ULTRAVATE LOTN .05%	Non-Pref	PA
VANICREAM HC MAXIMUM STRE CREA 1.12%	Pref	OTC
VANOS CREA .1%	Non-Pref	PA

### DIAPER RASH PRODUCTS

A+D DIAPER CRE RASH	Pref	OTC
A+D TREAT CRE	Pref	OTC
<i>aveeno baby soothing mult</i>	Pref	OTC
<i>balmex multi-purpose oint 51.1%</i>	Pref	OTC
BENSONS CRE BOTTOM	Pref	OTC
<i>cerave baby healing ointm oint 46.5%</i>	Pref	OTC
<i>cvs all-purpose skin prot</i>	Pref	OTC
CVS DIAPER CRE A/D ZINC	Pref	OTC
<i>cvs pediatric ointment</i>	Pref	OTC
<i>desitin multi-purpose hea oint 71.3%</i>	Pref	OTC
<i>flanders buttocks</i>	Pref	OTC
<i>medi-paste</i>	Pref	OTC
<i>paladin</i>	Pref	OTC
<i>pinxav</i>	Pref	OTC

### ECZEMA AGENTS

ADBRY SOSY 150mg/ml	Non-Pref	SP, PA; AGE (Min 18)
CIBINQO TABS 50mg, 100mg, 200mg	Non-Pref	PA
DUPIXENT SOPN 200mg/1.14ml, 300mg/2ml; SOSY 100mg/0.67ml, 200mg/1.14ml, 300mg/2ml	Non-Pref	SP, PA; AGE (Min 6)
OPZELURA CREA 1.5%	Non-Pref	PA; AGE (Min 12)

### EMOLLIENT/KERATOLYTIC AGENTS

<i>gormel creme crea 20%</i>	Pref	OTC
<i>urea 20 intensive hydrati crea 20%</i>	Pref	OTC
<i>ureacin-20 crea 20%</i>	Pref	OTC

### EMOLLIENTS

<i>a&amp;d</i>	Pref	OTC
<i>a+d prevent</i>	Pref	OTC
<i>al12 lotn 12%</i>	Pref	OTC
<i>amlactin daily lotn 12%</i>	Pref	OTC
<i>aqua-cerin</i>	Pref	OTC
<i>baby vitamin a &amp; d</i>	Pref	OTC
<i>beauty lotion</i>	Pref	OTC
<i>cocoa butter skin cream</i>	Pref	OTC
<i>complete moisture</i>	Pref	OTC
<i>cvs beauty 360 pure vitam oil 28000unit/29ml</i>	Pref	OTC
<i>cvs dry skin therapy</i>	Pref	OTC
<i>cvs extra moisturizing</i>	Pref	OTC
<i>cvs gentle skin cleanser</i>	Pref	OTC
<i>cvs moisturizing lotion</i>	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cvs skin treatment body l lotn 12%</i>	Pref	OTC
<i>cvs special care</i>	Pref	OTC
<i>cvs vitamin a&amp;d ointment</i>	Pref	OTC
<i>cvs vitamin e moisturizin</i>	Pref	OTC
<i>dml</i>	Pref	OTC
<i>e-oil oil 933.333unit/ml, 30000unit</i>	Pref	OTC
EMOLLIENT - CREAM CREA 70%	Pref	OTC
<i>*emollient - cream**</i>	Pref	OTC
EMOLLIENT - LOTION	Pref	OTC
<i>eq vitamins a &amp; d</i>	Pref	OTC
<i>eql absolute moisture dry</i>	Pref	OTC
<i>eql advanced recovery ski</i>	Pref	OTC
<i>eql advanced skin therapy</i>	Pref	OTC
<i>eql aloe after sun</i>	Pref	OTC
<i>eql vitamin e ultra stren oil 20000unit</i>	Pref	OTC
<i>gnp vitamin a &amp; d</i>	Pref	OTC
<i>gordomatic</i>	Pref	OTC
LAC-HYDRIN FIVE LOTN 5%	Pref	OTC
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Pref	
<i>lactic acid (ammonium lactate) crea 12%; lotn 12%</i>	Pref	OTC
<i>lubricating skin lotion</i>	Pref	OTC
<i>minerin</i>	Pref	OTC
<i>moisture lotion</i>	Pref	OTC
<i>moisture recovery</i>	Pref	OTC
<i>moisturizing cream</i>	Pref	OTC
<i>moisturizing lotion</i>	Pref	OTC
<i>moisturizing sensitive sk</i>	Pref	OTC
<i>refreshing aloe</i>	Pref	OTC
<i>sm dry skin therapy</i>	Pref	OTC
<i>thera-derm</i>	Pref	OTC
<i>vitamin e beauty oil oil 49000unit/52ml</i>	Pref	OTC
<i>vitamin e skin oil oil 12000unit, 56000unit</i>	Pref	OTC
<i>vitamins a &amp; d (topical) oint 95%, 96%</i>	Pref	OTC
<i>*vitamins a &amp; d oint**</i>	Pref	OTC

**IMMUNOMODULATING AGENTS - TOPICAL**

<i>imiquimod crea 5%</i>	Pref	QL (0.434 packets / 1 day); AGE (Min 12)
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**IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

ELIDEL CREA 1%	Pref	PA; AGE (Min 2)
<i>pimecrolimus crea 1%</i>	Non-Pref	PA; AGE (Min 2)
PROTOPIC OINT .1%	Non-Pref	PA; AGE (Min 18)
PROTOPIC OINT .03%	Non-Pref	PA; AGE (Min 2)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tacrolimus (topical) oint .1%</i>	Pref	PA; AGE (Min 18)
<i>tacrolimus (topical) oint .03%</i>	Pref	PA; AGE (Min 2)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
BENSAL HP OINT 3%	Non-Pref	PA
BETASAL SHAM 3%	Pref	OTC
CVS PSORIASIS MEDICATED S SHAM 3%	Pref	OTC
DENOREX EXTRA STRENGTH ME SHAM 3%	Pref	OTC
<i>dermacinrx atrix antibact liqd 2%</i>	Non-Pref	PA, OTC; AGE (Max 18)
DERMAREST PSORIASIS MEDIC SHAM 3%	Pref	OTC
NEUTROGENA T/SAL SHAM 3%	Pref	OTC
<i>podofilox soln .5%</i>	Pref	
SELSUN BLUE DEEP CLEANSIN SHAM 3%	Pref	OTC
SELSUN BLUE NATURALS DRY SHAM 3%	Pref	OTC
THERAPEUTIC DANDRUFF SHAM 3%	Pref	OTC
THERAPEUTIC T+PLUS MAXIMU SHAM 3%	Pref	OTC
<b>LINIMENTS</b>		
<i>amplify relief mm</i>	Pref	OTC
<i>analgesic balm</i>	Pref	OTC
<i>arthritis hot</i>	Pref	OTC
<i>calypxo</i>	Pref	OTC
<i>calypxo hp</i>	Pref	OTC
<i>cool &amp; heat extra strengt</i>	Pref	OTC
<i>cool n heat extra strengt</i>	Pref	OTC
<i>cool n heat muscle &amp; join</i>	Pref	OTC
<i>cvs cold &amp; hot pain relie</i>	Pref	OTC
<i>eql cool heat extra stren</i>	Pref	OTC
<i>goodsense muscle rub</i>	Pref	OTC
<i>icy hot extra strength</i>	Pref	OTC
<i>icy hot original pain rel</i>	Pref	OTC
<i>muscle rub</i>	Pref	OTC
<i>pain relieving cream</i>	Pref	OTC
<i>qc muscle rub</i>	Pref	OTC
<i>ra hot &amp; cold pain reliev</i>	Pref	OTC
<i>sm cold &amp; hot therapy pa</i>	Pref	OTC
<i>sm muscle rub</i>	Pref	OTC
<i>thera-gesic</i>	Pref	OTC
<i>thera-gesic plus</i>	Pref	OTC
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>anecream crea 4%</i>	Pref	OTC
<i>arthritis pain relieving crea .075%</i>	Pref	OTC
<i>aspercreme w/lidocaine crea 4%</i>	Pref	OTC
<i>aspercreme/lidocaine crea 4%</i>	Pref	OTC
<i>bengay lidocaine crea 4%</i>	Pref	OTC
<i>blue tube pain relieving/ crea 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

Drug Name	Drug Tier	Requirements/Limits
<i>capsaicin crea .025%, .1%</i>	Pref	OTC
<i>cvs lidocaine maximum str crea 4%</i>	Pref	OTC
<i>cvs pain relief/maximum s crea 4%</i>	Pref	OTC
<i>eq lidocaine pain relievi crea 4%</i>	Pref	OTC
<i>gnp lidocaine pain reliev crea 4%</i>	Pref	OTC
<i>gold bond multi-symptom/i crea 4%</i>	Pref	OTC
<i>lidocaine crea 4%</i>	Pref	OTC
LIDOCAINE CREA 5%	Pref	OTC
<i>lidocaine oint 5%</i>	Pref	
<i>lidocaine ptch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine hcl crea 4%</i>	Pref	OTC
<i>lidocaine pain relief max crea 4%</i>	Pref	OTC
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	
LIDODERM PTCH 5%	Non-Pref	PA, QL (3 patches / 1 day)
<i>pain relieving/lidocaine crea 4%</i>	Pref	OTC
<i>qc pain relieving/lidocai crea 4%</i>	Pref	OTC
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
<i>ra pain relief crea 4%</i>	Pref	OTC
ZTLIDO PTCH 1.8%	Non-Pref	PA

### MISC. TOPICAL

A+D FIRST OIN AID	Pref	OTC
<i>a.e.r. traveler</i>	Pref	OTC
<i>a.e.r. witch hazel</i>	Pref	OTC
A/D ZINC OXI CRE	Pref	OTC
ABSORBASE OIN	Pref	OTC
ACNE-AID BAR	Pref	OTC
ALCOHOL WIPES MISC 70%	Pref	OTC
<i>aloe vesta cleansing foam</i>	Pref	OTC
<i>aloe vesta perineal/skin</i>	Pref	OTC
ALOE VESTA PROTECTIVE OINT 43%	Pref	OTC
<i>aluminum sulfat &amp; calcium acetate powd pack</i>	Pref	OTC
AMERIDERM PERISHIELD OINT 3.8%	Pref	OTC
<i>ameriphor</i>	Pref	OTC
AQUAPHOR LIP OIN REPAIR	Pref	OTC
AVEENO ACTIV PAD ULT-CALM	Pref	OTC
AVEENO ACTIV PAD WIPES	Pref	OTC
AVEENO CALM PAD RESTORE	Pref	OTC
AVEENO INTENSE RELIEF OVE CREA 1.3%	Pref	OTC
AVEENO MOIST BAR	Pref	OTC
BABY EYELID PAD CLEANSER	Pref	OTC
<i>balmex skin protectant oint 51.1%</i>	Pref	OTC
BALNEOL LOT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
BASIS BAR ALL CLEA	Pref	OTC
BASIS BAR COMBINAT	Pref	OTC
BASIS BAR NORM/DRY	Pref	OTC
BASIS BAR SEN SKIN	Pref	OTC
BASIS BAR XTRA DRY	Pref	OTC
<i>boro-packs</i>	Pref	OTC
<i>boudreauxs butt paste max oint 40%</i>	Pref	OTC
CA-REZZ LIQ NORISC	Pref	OTC
CALAMINE LOT	Pref	OTC
CALAMINE LOT 8-8%	Pref	OTC
CALAMINE LOT PHENOLAT	Pref	OTC
CALAMINE SUS 8-8%	Pref	OTC
<i>calmoseptine</i>	Pref	OTC
<i>calprotect</i>	Pref	OTC
CARMEX OIN LIP BALM	Pref	OTC
CAVILON DURABLE BARRIER CREA 1.3%	Pref	OTC
CHAPSTICK OVERNIGHT OINT 2%	Pref	OTC
CLEAN EYELID PAD	Pref	OTC
CLEAN EYELID PAD PADS	Pref	OTC
CLEAN&CLEAR PAD SHEETS	Pref	OTC
COLEMAN 100 MAX INSECT RE AERO 98.11%; LIQD 98.11%	Pref	OTC
COLEMAN INSECT REPELLENT/ AERO 25%, 40%	Pref	OTC
CONTAC LENS BAR SOAP	Pref	OTC
CONTI CASTIL BAR SOAP	Pref	OTC
CUTTER AERO 10%	Pref	OTC
CUTTER ALL FAMILY AERO 7%; LIQD 7%	Pref	OTC
CUTTER BACKWOODS LIQD 25%	Pref	OTC
CUTTER BACKWOODS DRY AERO 25%	Pref	OTC
CUTTER DRY AERO 10%	Pref	OTC
CUTTER SKINSATIONS AERO 7%; LIQD 7%	Pref	OTC
CUTTER SPORT AERO 15%	Pref	OTC
<i>cvs astringent solution s</i>	Pref	OTC
CVS EYELID PAD WIPES	Pref	OTC
CVS HYGIENIC LOT CLEANSNG	Pref	OTC
CVS INSECT REPELLENT AERO 15%	Pref	OTC
DAILY CARE LIQ FOAM	Pref	OTC
DEODORANT BAR SOAP	Pref	OTC
<i>dermafix</i>	Pref	OTC
<i>diaper rash oint 40%</i>	Pref	OTC
DICKINSONS PAD WITCH HZ	Pref	OTC
EQ CALAMINE SUS 8-8%	Pref	OTC
<i>eq diaper rash oint 40%</i>	Pref	OTC
EUCERIN BAR	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
EYE-SCRUB PAD	Pref	OTC
EYELID WIPES PAD	Pref	OTC
GNP CALAMINE LOT 8-8%	Pref	OTC
GNP CALAMINE LOT PHENOLAT	Pref	OTC
<i>gnp zinc oxide oint 20%</i>	Pref	OTC
GRANDPAS BAR BAKE SOD	Pref	OTC
GRANDPAS BAR INDN CRN	Pref	OTC
GRANDPAS BAR LOOFAH	Pref	OTC
GRANDPAS BAR OATMEAL	Pref	OTC
GRANDPAS BAR ORANGE	Pref	OTC
GRANDPAS BAR PATCHOUL	Pref	OTC
GRANDPAS BAR SHEA BTR	Pref	OTC
GRANDPAS BAR WITCH HZ	Pref	OTC
HM CALAMINE LOT 8-8%	Pref	OTC
HM EYELID PAD WIPES	Pref	OTC
<i>hygienic cleansing</i>	Pref	OTC
JOHNSONS BAR BABY	Pref	OTC
LANTISEPTIC LIQ NR FOAM	Pref	OTC
LANTISEPTIC SPR BODY WSH	Pref	OTC
LANTISEPTIC SPR PERINEAL	Pref	OTC
<i>lip balm/vitamin e/aloe</i>	Pref	OTC
MAKEUP PAD REMOVER	Pref	OTC
MAKEUP REMOV PAD TOWELET	Pref	OTC
MAXI DEET LIQD 98.11%	Pref	OTC
<i>medicated wipes</i>	Pref	OTC
MEDPURA ALCOHOL PADS MISC 70%	Pref	OTC
<i>medpura hydroseptine</i>	Pref	OTC
MENTHOL-ZINC OIN	Pref	OTC
MOIST BEAUTY BAR SENSITVE	Pref	OTC
<i>moisture barrier</i>	Pref	OTC
MOISTURIZING BAR BEAUTY	Pref	OTC
MULTI-PURPOS OIN	Pref	OTC
NATRAPEL LIQD 20%	Pref	OTC
NATURE DE FR BAR ALGOLI	Pref	OTC
NATURE DE FR BAR ARGILE B	Pref	OTC
NATURE DE FR BAR ARGIMIEL	Pref	OTC
NEOSPORIN LIP HEALTH OVER OINT 77.4%	Pref	OTC
NEUTROGENA BAR CLEANSIN	Pref	OTC
NEUTROGENA BAR ORIGINAL	Pref	OTC
NEUTROGENA BAR UNSCENT	Pref	OTC
OCUSO EYELID PAD CLEANSNG	Pref	OTC
OCUSOFT LID PAD ALLERGY	Pref	OTC
OCUSOFT LID PAD ORIGINAL	Pref	OTC
OCUSOFT LID PAD SCRUB PL	Pref	OTC



Drug Name	Drug Tier	Requirements/Limits
OFF ACTIVE AERO 15%	Pref	OTC
OFF DEEP WOODS AERO 25%; LIQD 25%	Pref	OTC
OFF DEEP WOODS SPORTSMEN AERO 30%; LIQD 98.25%	Pref	OTC
OFF FAMILYCARE CLEAN FEEL LIQD 5%	Pref	OTC
OFF FAMILYCARE SMOOTH & D AERO 15%	Pref	OTC
OFF FAMILYCARE TROPICAL F LIQD 5%	Pref	OTC
OFF FAMILYCARE UNSCENTED LIQD 7%	Pref	OTC
OILATUM BAR 7.5%	Pref	OTC
ONE STEP PERINEAL LOTN 2%	Pref	OTC
OUST DEMODEX PAD CLEANSER	Pref	OTC
PERICLEAN LIQ	Pref	OTC
PERINEAL SKIN CLEANSER LIQD .1%	Pref	OTC
<i>periscent</i>	Pref	OTC
<i>perishield</i>	Pref	OTC
PETROL JELLY OIN LIP TRTM	Pref	OTC
<i>preparation pad h pads 20%, 50%</i>	Pref	OTC
PROSHIELD PLUS SKIN PROTE CREA 1%	Pref	OTC
PROSHIELD SPR CLEANSER	Pref	OTC
PX CALAMINE LOT	Pref	OTC
<i>qc zinc oxide oint 20%</i>	Pref	OTC
RA CALAMINE SUS 8-8%	Pref	OTC
RA EYELID PAD WIPES	Pref	OTC
<i>ra hemorrhoidal medicated</i>	Pref	OTC
RA ISOPROPYL ALCOHOL WIPE MISC 70%	Pref	OTC
RANGER READY REPELLENT LIQD 20%	Pref	OTC
REPEL 100 LIQD 98.11%	Pref	OTC
REPEL FAMILY AERO 15%	Pref	OTC
REPEL FAMILY DRY AERO 10%	Pref	OTC
REPEL HUNTERS FORMULA AERO 25%	Pref	OTC
REPEL SPORTSMEN AERO 25%	Pref	OTC
REPEL SPORTSMEN MAX AERO 40%; LIQD 40%; LOTN 40%	Pref	OTC
RISAMINE OIN	Pref	OTC
SAWYER INSECT REPELLENT AERO 30%	Pref	OTC
SAWYER INSECT REPELLENT C LOTN 20%	Pref	OTC
SAWYER PREMIUM INSECT REP LIQD 20%	Pref	OTC
<i>sb hemorrhoid</i>	Pref	OTC
<i>sensi-care perineal/skin</i>	Pref	OTC
SM CALAMINE LOT	Pref	OTC
SM CALAMINE LOT PHENOLAT	Pref	OTC
<i>sm hygienic cleansing</i>	Pref	OTC
SOOTHE&COOL LIQ SHAMPOO	Pref	OTC
SUMMERS EVE BAR NIGHT	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ULTRASMOOTH OIN FORTIFY	Pref	OTC
ULTRASMOOTH OIN NOURISH	Pref	OTC
ULTRASMOOTH OIN REJUVENA	Pref	OTC
ULTRASMOOTH OIN SOOTHE	Pref	OTC
ULTRATHON INSECT REPELLEN AERO 25%; LOTN 34.34%	Pref	OTC
VANICREAM BAR	Pref	OTC
VISTA MEIBO PAD EYELID	Pref	OTC
<i>zinc oxide (topical) oint 20%, 40%</i>	Pref	OTC

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OINT 2%	Pref	PA; AGE (Min 3 months)
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### **ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Non-Pref	PA
FINACEA FOAM 15%	Non-Pref	PA; AGE (Max 19)
FINACEA GEL 15%	Non-Pref	PA
<i>ivermectin (rosacea) crea 1%</i>	Pref	QL (1.5 gm / 1 day)
METROCREAM CREA .75%	Pref	
METROGEL GEL 1%	Pref	
<i>metronidazole (topical) crea .75%; gel 1%; lotn .75%</i>	Pref	
<i>metronidazole (topical) gel .75%</i>	Non-Pref	PA
MIRVASO GEL .33%	Non-Pref	PA
NORITATE CREA 1%	Non-Pref	PA
RHOFADE CREA 1%	Non-Pref	PA
<i>rosadan crea .75%; gel .75%</i>	Non-Pref	PA
ROSDAN KIT KIT .75%	Non-Pref	PA
SOOLANTRA CREA 1%	Non-Pref	PA, QL (1.5 gm / 1 day)
ZILXI FOAM 1.5%	Non-Pref	PA; AGE (Min 18)

### **SCABICIDES & PEDICULICIDES**

<i>cvs lice treatment liqd 1%</i>	Pref	OTC
<i>eq lice killing maximum s</i>	Pref	OTC
<i>gnp lice treatment</i>	Pref	OTC
<i>goodsense lice killing cr liqd 1%</i>	Pref	OTC
IVERMECTIN LOTN .5%	Pref	OTC
<i>ivermectin (pediculicide) lotn .5%</i>	Pref	
<i>lice killing shampoo</i>	Pref	OTC
<i>lice treatment creme rins liqd 1%</i>	Pref	OTC
<i>permethrin crea 5%</i>	Pref	
<i>ra lice treatment lotn 1%</i>	Pref	OTC
<i>rid lice killing shampoo</i>	Pref	OTC
<i>sm lice killing</i>	Pref	OTC
<i>sm lice treatment lotn 1%</i>	Pref	OTC
<i>stop lice maximum strengt</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TAR PRODUCTS</b>		
<i>cvs therapeutic sham .5%</i>	Pref	OTC
<i>eql therapeutic sham .5%</i>	Pref	OTC
<i>sm anti-dandruff coal tar sham .5%</i>	Pref	OTC
<i>therapeutic shampoo sham .5%</i>	Pref	OTC
<i>therapeutic t+plus sham .5%</i>	Pref	OTC
<b>WOUND CARE PRODUCTS</b>		
ADAPTIC PAD 3" X 3"	Pref	OTC
ALLEVYN ADH PAD 3"X3"	Pref	OTC
ALLEVYN ADH PAD 5"X5"	Pref	OTC
ALLEVYN ADH PAD 7"X7"	Pref	OTC
ALLEVYN ADH PAD 9"X9"	Pref	OTC
ALLEVYN BORD PAD MULTISIT	Pref	OTC
ALLEVYN GENT PAD 2"X2"	Pref	OTC
ALLEVYN GENT PAD 3"X3"	Pref	OTC
ALLEVYN GENT PAD 4"X4"	Pref	OTC
ALLEVYN GENT PAD 5"X5"	Pref	OTC
ALLEVYN GENT PAD 6"X6"	Pref	OTC
ALLEVYN GENT PAD 7"X7"	Pref	OTC
ALLEVYN HEEL PAD	Pref	OTC
ALLEVYN HEEL PAD 9"X9-1/8	Pref	OTC
ALLEVYN LIFE PAD 4"X4"	Pref	OTC
ALLEVYN LIFE PAD 5-1/16"	Pref	OTC
ALLEVYN LIFE PAD 6-1/16"	Pref	OTC
ALLEVYN LIFE PAD 8-1/4"	Pref	OTC
ALLEVYN LIFE PAD HEEL	Pref	OTC
ALLEVYN LITE PAD 2"X2"	Pref	OTC
ALLEVYN LITE PAD 2-1/8"	Pref	OTC
ALLEVYN LITE PAD 3"X3"	Pref	OTC
ALLEVYN LITE PAD 4"X4"	Pref	OTC
ALLEVYN LITE PAD 6"X6"	Pref	OTC
ALLEVYN NON- PAD ADH 2X2"	Pref	OTC
ALLEVYN NON- PAD ADH 4X4"	Pref	OTC
ALLEVYN NON- PAD ADH 6X6"	Pref	OTC
ALLEVYN NON- PAD ADH 8X8"	Pref	OTC
ALLEVYN SACR PAD 6-3/4"	Pref	OTC
ALLEVYN SACR PAD 6-5/8"	Pref	OTC
ALLEVYN SACR PAD 8.5"X9"	Pref	OTC
ALLVYN TRACH PAD 3.5X3.5"	Pref	OTC
AQUACEL AG PAD 2"X2"	Pref	OTC
AQUACEL AG PAD 4"X5"	Pref	OTC
AQUACEL FOAM PAD 3.2X3.2"	Pref	OTC
AQUACEL FOAM PAD 4"X4"	Pref	OTC
AQUACEL FOAM PAD 5"X5"	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AQUACEL FOAM PAD 6"X6"	Pref	OTC
AQUACEL FOAM PAD 6"X8"	Pref	OTC
AQUACEL FOAM PAD 7"X7"	Pref	OTC
AQUACEL FOAM PAD 8"X5.5"	Pref	OTC
AQUACEL FOAM PAD 8"X7"	Pref	OTC
AQUACEL HG PAD 6"X6"	Pref	OTC
AQUASITE DRS PAD 2"X2"	Pref	OTC
AQUASITE DRS PAD 4"X4"	Pref	OTC
AQUASITE DRS PAD 4"X8"	Pref	OTC
AQUASITE PAD 2"X2"	Pref	OTC
AQUASITE PAD 4"X4"	Pref	OTC
BURN JACKET PAD 17"X20"	Pref	OTC
BURN JACKET PAD 31"X32"	Pref	OTC
CARBOFLEX PAD 3"X6"	Pref	OTC
CARBOFLEX PAD 4"X4"	Pref	OTC
CARBOFLEX PAD 6"X8"	Pref	OTC
COMFORT-AID PAD 1.5"X2.5	Pref	OTC
CURITY HEAVY PAD DRAINAGE	Pref	OTC
CURTY SALINE PAD 8"X4"	Pref	OTC
DERMAGRAN PAD 2"X2"	Pref	OTC
DERMAGRAN PAD 4"X4"	Pref	OTC
DERMAGRAN PAD 8"X4"	Pref	OTC
DOME-PASTE PAD BANDAGE	Pref	OTC
DRAWTEX PAD 2"X2"	Pref	OTC
DRAWTEX PAD 3"X3"	Pref	OTC
DRAWTEX PAD 4"X4"	Pref	OTC
DRAWTEX PAD 6"X8"	Pref	OTC
DRAWTEX PAD 8"X8"	Pref	OTC
DRS CHOICE PAD BLISTER	Pref	OTC
DRS CHOICE PAD BURNS	Pref	OTC
DUDRESS DRS PAD 4"X4"	Pref	OTC
DUDRESS DRS PAD 6"X6"	Pref	OTC
ELASTO-GEL PAD 2"X3"	Pref	OTC
ELASTO-GEL PAD 3" ROUND	Pref	OTC
ELASTO-GEL PAD 4"X4"	Pref	OTC
ELASTO-GEL PAD 5"X5"	Pref	OTC
ELASTO-GEL PAD 6"X8"	Pref	OTC
ELASTO-GEL PAD 8"X8"	Pref	OTC
ELASTO-GEL PAD 8"X16"	Pref	OTC
ELASTO-GEL PAD 12"X12"	Pref	OTC
ELASTO-GEL PAD FACE MSK	Pref	OTC
EXU-DRY ARM PAD 27"X31"	Pref	OTC
EXU-DRY BUTT PAD 23"X53"	Pref	OTC
EXU-DRY FACE PAD 9"X14"	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EXU-DRY INCI PAD 3"X9"	Pref	OTC
EXU-DRY NECK PAD 6"X25"	Pref	OTC
EXU-DRY NON PAD 24"X36"	Pref	OTC
EXU-DRY PAD 3"X4"	Pref	OTC
EXU-DRY PAD 4"X6"	Pref	OTC
EXU-DRY PAD 6"X9"	Pref	OTC
EXU-DRY PAD 9"X15"	Pref	OTC
EXU-DRY PAD 15"X18"	Pref	OTC
EXU-DRY PAD 15"X24"	Pref	OTC
EXU-DRY PAD 20"X28"	Pref	OTC
EXU-DRY PERM PAD 24"X36"	Pref	OTC
FIBRACOL PAD 2"X2"	Pref	OTC
FIBRACOL PAD 4X8-3/4"	Pref	OTC
FOAM DRESSIN PAD BORDERED	Pref	OTC
FOAM DRESSIN PAD CIRCULAR	Pref	OTC
FOAM DRESSIN PAD NON-BORD	Pref	OTC
HYDROCOL II PAD	Pref	OTC
HYDROCOL II PAD SACRAL	Pref	OTC
HYDROCOL II PAD THIN	Pref	OTC
HYDROCOL PAD 6"X8"	Pref	OTC
HYPAFIX PAD 2"X11YDS	Pref	OTC
KALTOSTAT FO PAD 4"X4"	Pref	OTC
KALTOSTAT PAD 2"X2"	Pref	OTC
KALTOSTAT PAD 3X4-3/4"	Pref	OTC
KALTOSTAT PAD 4"X8"	Pref	OTC
KALTOSTAT PAD 6"X9-1/2	Pref	OTC
KALTOSTAT PAD 12"X24"	Pref	OTC
KERLIX SPONG PAD SALINE	Pref	OTC
MEDI-PAK ABD PAD 8"X7.5"	Pref	OTC
MEPILEX LITE PAD 4"X4"	Pref	OTC
NU-GEL PAD 3.75X3.7	Pref	OTC
NU-GEL PAD 6"X8"	Pref	OTC
PADDED HAND PAD 12"X13"	Pref	OTC
PADDED HAND PAD CHLD 8X8	Pref	OTC
PRIMACOL DRE PAD 4"X4"	Pref	OTC
PRIMACOL DRE PAD 6"X6"	Pref	OTC
PRIMACOL DRS PAD 2"X2"	Pref	OTC
PRIMACOL DRS PAD 4"X4"	Pref	OTC
PRIMACOL DRS PAD 6"X6"	Pref	OTC
PRIMACOL DRS PAD 8"X8"	Pref	OTC
PRIMACOL PAD DRESSING	Pref	OTC
REPLICA THIN PAD 2"X2.75"	Pref	OTC
REPLICA THIN PAD 3.5"X5"	Pref	OTC
REPLICA THIN PAD 6"X8"	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REPLICA ULTR PAD 4"X4"	Pref	OTC
REPLICA ULTR PAD 6"X6"	Pref	OTC
REPLICA ULTR PAD SAC 7X8"	Pref	OTC
REPLICARE PAD 1.5X2.5"	Pref	OTC
REPLICARE PAD 4"X4"	Pref	OTC
REPLICARE PAD 6"X6"	Pref	OTC
REPLICARE PAD 8"X8"	Pref	OTC
RESTORE CX PAD 4 X 4	Pref	OTC
RESTORE CX PAD 6 X 8	Pref	OTC
RESTORE CX PAD 8 X 8	Pref	OTC
RESTORE HYDR PAD 4"X4"	Pref	OTC
RESTORE PLUS PAD 4"X4"	Pref	OTC
RESTORE PLUS PAD 6"X6"	Pref	OTC
RESTORE PLUS PAD 6"X8"	Pref	OTC
RESTORE PLUS PAD 8"X8"	Pref	OTC
RESTORE PLUS PAD TRIANGLE	Pref	OTC
RESTORE PSOR PAD 4 X 4	Pref	OTC
RESTORE PSOR PAD 8 X 8	Pref	OTC
RESTORE THIN PAD 4"X4"	Pref	OTC
RESTORE THIN PAD 6"X8"	Pref	OTC
RESTORE THIN PAD 8"X8"	Pref	OTC
RESTORE WOUN PAD 4"X4"	Pref	OTC
RESTORE WOUN PAD 4"X5"	Pref	OTC
RESTORE WOUN PAD 6"X6"	Pref	OTC
RESTORE WOUN PAD 6"X8"	Pref	OTC
RESTORE WOUN PAD 8"X8"	Pref	OTC
SLIT TUBE PAD 2"X3"	Pref	OTC
SORBACELL PAD 1"X8"	Pref	OTC
SORBACELL PAD 4"X4"	Pref	OTC
SORBSAN PAD 2 X 2	Pref	OTC
SORBSAN PAD 3 X 3	Pref	OTC
SORBSAN PAD 4 X 4	Pref	OTC
SORBSAN PAD 4 X 8	Pref	OTC
SORBSAN PAD 12"	Pref	OTC
TEGADERM HG PAD ALG 4X4	Pref	OTC
TEGADERM HI PAD ALG 4X4	Pref	OTC
TOE-AID PAD	Pref	OTC
TRIPLE HELIX PAD 2"X2"	Pref	OTC
TUBE FOIL PAD 1/2"X72"	Pref	OTC
VASELINE PET PAD 1"X8"	Pref	OTC
VASELINE PET PAD 1"X36"	Pref	OTC
VASELINE PET PAD 3" X 9"	Pref	OTC
VASELINE PET PAD 3"X9"	Pref	OTC
VASELINE PET PAD 3"X18"	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VASELINE PET PAD 3"X36"	Pref	OTC
VASELINE PET PAD 6"X36"	Pref	OTC
VIGILON DRES PAD 3"X8"	Pref	OTC
VIGILON DRES PAD 4"X4"	Pref	OTC
VIGILON DRES PAD 6"X8"	Pref	OTC
VIGILON DRES PAD 13"X24"	Pref	OTC
WOUNDGARD PAD 2.5"X2.5	Pref	OTC
WOUNDGARD PAD 4"X4.25"	Pref	OTC
WOUNDGARD PAD 4"X6"	Pref	OTC

## **DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS**

### **DIAGNOSTIC TESTS**

BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
BINAXNOW COV KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 4)
CARESTART KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
CLINITEST KIT SELF-TST	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
COVID-19 AT- KIT 4-PACK	Pref	QL (8 kits / 30 days), OTC
DIATRUST KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC
FLOWFLEX KIT TEST	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 2-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 5-PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
IHEALTH 40PK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
INDICAID KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 15)
LUCIRA CHECK KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
ON/GO COVID KIT ANTIGEN	Pref	QL (8 kits / 30 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (8 kits / 30 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (8 kits / 30 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (8 kits / 30 days), OTC; AGE (Min 2)
RELION TRUE TES METRIX	Pref	QL (10 strips / 1 day), 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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>l-methylfolate tabs 7.5mg</i>	Pref	
L-METHYLFOLATE CALCIUM TABS 7.5mg	Pref	
METAFOLBIC TAB	Pref	
METAFOLBIC TAB PLUS RF	Pref	
METHYLFOL/CA TAB ME-CBL	Pref	
NIVA-FOL TAB	Pref	OTC
<i>westab max</i>	Pref	

### NUTRITIONAL SUPPLEMENTS

BOOST PUDDIN MIS BUTTSCTH	Pref	OTC
BOOST PUDDIN MIS CHOCOLAT	Pref	OTC
BOOST PUDDIN MIS VANILLA	Pref	OTC
ENSURE HARVE LIQ 1.2 CAL	Pref	OTC
ENSURE PUDD MIS BTRSCTCH	Pref	OTC
ENSURE PUDD MIS CHOCOLAT	Pref	OTC
ENSURE PUDD MIS TAPIOCA	Pref	OTC
ENSURE PUDD MIS VANILLA	Pref	OTC
ENSURE PUDDI MIS CHOCOLAT	Pref	OTC
LIQ HOPE PEP LIQ HIGH PRO	Pref	OTC
NOURISH PEPT LIQ BERRY	Pref	OTC
NUTREN 1.5 LIQ UNFLAV	Pref	OTC
NUTRITIONAL SUPPLEMENTS	Pref	OTC
PEDIASUR 1.0 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ PEPTIDE	Pref	OTC
PEDIASUR 1.5 LIQ W/FIBER	Pref	OTC
PEDIASURE LIQ ENTERAL	Pref	OTC
PEDIASURE LIQ HARVEST	Pref	OTC
PEDIASURE LIQ W/FIBER	Pref	OTC
REAL FOOD LIQ BLENDS	Pref	OTC
REAL FOOD LIQ MINI	Pref	OTC
THRIVACIN 30 LIQ	Pref	
THRIVACIN LIQ DETOX	Pref	



Drug Name	Drug Tier	Requirements/Limits
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**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 cp12 500mg; tabs 125mg, 250mg</i>	Pref	
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***DIURETIC COMBINATIONS***

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Pref	
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Pref	
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Pref	90 day supply
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Pref	90 day supply

***LOOP DIURETICS***

<i>bumetanide tabs 2mg</i>	Pref	QL (5 tabs / 1 day; 90 day supply)
<i>bumetanide tabs .5mg, 1mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<i>furosemide soln 8mg/ml, 10mg/ml</i>	Pref	
<i>furosemide tabs 20mg, 40mg, 80mg</i>	Pref	90 day supply
<i>torseamide tabs 5mg, 10mg, 20mg, 100mg</i>	Pref	90 day supply

### **POTASSIUM SPARING DIURETICS**

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

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

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

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

### **BONE DENSITY REGULATORS**

ACTONEL TABS 35mg, 150mg	Non-Pref	PA
<i>alendronate sodium soln 70mg/75ml</i>	Non-Pref	PA
<i>alendronate sodium tabs 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>alendronate sodium tabs 35mg, 70mg</i>	Pref	QL (0.15 tabs / 1 day; 90 day supply)
ATELVIA TBEC 35mg	Non-Pref	PA
<i>calcitonin (salmon) soln 200unit/act</i>	Pref	QL (0.13 mL / 1 day; 90 day supply)
FOSAMAX TABS 70mg	Non-Pref	PA, QL (0.15 tabs / 1 day; 90 day supply)
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
<i>ibandronate sodium tabs 150mg</i>	Pref	QL (0.04 tabs / 1 day; 90 day supply)
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg; tbec 35mg</i>	Non-Pref	PA
TYMLOS SOPN 3120mcg/1.56ml	Non-Pref	SP, PA

### **GROWTH HORMONES**

GENOTROPIN CART 5mg, 12mg	Pref	SP, PA
GENOTROPIN MINIQUICK PRSY .2mg, .4mg, .6mg, .8mg, 1mg, 1.2mg, 1.4mg, 1.6mg, 1.8mg, 2mg	Pref	SP, PA
HUMATROPE CART 6mg, 12mg, 24mg	Non-Pref	SP, PA
NORDITROPIN FLEXPLO SOPN 5mg/1.5ml, 10mg/1.5ml, 15mg/1.5ml, 30mg/3ml	Pref	SP, PA
NUTROPIN AQ NUSPIN 5 SOPN 5mg/2ml	Non-Pref	SP, PA
NUTROPIN AQ NUSPIN 10 SOPN 10mg/2ml	Non-Pref	SP, PA
NUTROPIN AQ NUSPIN 20 SOPN 20mg/2ml	Non-Pref	SP, PA

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE SOCT 5mg/1.5ml, 10mg/1.5ml; SOLR 5.8mg	Non-Pref	SP, PA
SAIZEN SOLR 5mg, 8.8mg	Non-Pref	SP, PA
SAIZENPREP RECONSTITUTION SOLR 8.8mg	Non-Pref	SP, PA
SEROSTIM SOLR 4mg, 5mg, 6mg	Non-Pref	SP, PA
SKYTROFA CART 3mg, 3.6mg, 4.3mg, 5.2mg, 6.3mg, 7.6mg, 9.1mg, 11mg, 13.3mg	Non-Pref	SP, PA
ZOMACTON SOLR 5mg, 10mg	Non-Pref	SP, PA
ZORBTIVE SOLR 8.8mg	Non-Pref	SP, PA

### **HORMONE RECEPTOR MODULATORS**

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

### **METABOLIC MODIFIERS**

<i>calcitriol caps .25mcg, .5mcg</i>	Pref	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Pref	PA, QL (2 tabs / 1 day)
<i>javygtor pack 100mg</i>	Pref	SP, PA
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Pref	SP, PA

### **POSTERIOR PITUITARY HORMONES**

<i>desmopressin acetate tabs .1mg, .2mg</i>	Pref	
STIMATE SOLN 1.5mg/ml	Pref	SP

### **PROLACTIN INHIBITORS**

<i>cabergoline tabs .5mg</i>	Pref	
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### **SOMATOSTATIC AGENTS**

<i>octreotide acetate soln 50mcg/ml, 100mcg/ml, 500mcg/ml</i>	Pref	SP, PA
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### **VASOPRESSIN RECEPTOR ANTAGONISTS**

JYNARQUE TABS 15mg	Pref	SP, PA, QL (1 tab / 1 day)
JYNARQUE TABS 30mg	Pref	SP, PA, QL (2 tabs / 1 day)
<i>tolvaptan tabs 15mg</i>	Pref	SP, PA, QL (1 each / 1 day)
<i>tolvaptan tabs 30mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)

## **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

### **ESTROGEN COMBINATIONS**

<i>amabelz</i>	Pref	QL (1 tab / 1 day)
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>mimvey</i>	Pref	QL (1 tab / 1 day)

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

ALORA PTTW .025mg/24hr	Pref	QL (0.29 ea / 1 day)
ALORA PTTW .075mg/24hr, .1mg/24hr	Pref	QL (0.29 patches / 1 day)
<i>dotti pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Pref	QL (0.29 ea / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Pref	QL (0.29 ea / 1 day)
<i>estradiol ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr</i>	Pref	QL (0.15 patches / 1 day)
<i>estradiol tabs .5mg, 1mg, 2mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>estradiol valerate oil 20mg/ml, 40mg/ml</i>	Pref	
<i>lyllana pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr</i>	Pref	QL (0.29 ea / 1 day)

## **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

<i>BAXDELA TABS 450mg</i>	Non-Pref	PA
<i>CIPRO SUSR 5gm/100ml</i>	Non-Pref	PA, QL (7 mL / 1 day)
<i>CIPRO SUSR 500mg/5ml</i>	Non-Pref	PA, QL (10 mL / 1 day)
<i>CIPRO TABS 250mg, 500mg</i>	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	Pref	QL (2 tabs / 1 day)
<i>levofloxacin soln 25mg/ml</i>	Non-Pref	PA
<i>levofloxacin tabs 250mg, 500mg, 750mg</i>	Pref	
<i>moxifloxacin hcl tabs 400mg</i>	Non-Pref	PA
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Pref	
<i>ofloxacin tabs 300mg, 400mg</i>	Non-Pref	PA

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

### **5-HT4 RECEPTOR AGONISTS**

<i>MOTEGRITY TABS 1mg, 2mg</i>	Non-Pref	PA; AGE (Min 18)
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### **AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

<i>TRULANCE TABS 3mg</i>	Non-Pref	PA; AGE (Min 18)
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### **ANTIFLATULENTS**

<i>cvs gas relief infants susp 20mg/0.3ml</i>	Pref	OTC
<i>eq gas relief caps 125mg</i>	Pref	OTC
<i>eq gas relief extra stren caps 125mg</i>	Pref	OTC
<i>eq gas relief infants susp 20mg/0.3ml</i>	Pref	OTC
<i>eql gas relief ultra stre caps 180mg</i>	Pref	OTC
<i>gas relief infants liqd 20mg/0.3ml; susp 20mg/0.3ml</i>	Pref	OTC
<i>gas relief ultra strength caps 180mg</i>	Pref	OTC
<i>gas-x extra strength caps 125mg</i>	Pref	OTC
<i>gas-x infant drops liqd 20mg/0.3ml</i>	Pref	OTC
<i>gas-x ultra strength caps 180mg</i>	Pref	OTC
<i>gnp anti-gas caps 180mg</i>	Pref	OTC
<i>gnp anti-gas ultra streng caps 180mg</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gnp infant gas relief susp 20mg/0.3ml</i>	Pref	OTC
<i>infants simethicone susp 20mg/0.3ml</i>	Pref	OTC
<i>little remedies for tummy susp 20mg/0.3ml</i>	Pref	OTC
<i>little remedies gas relie susp 20mg/0.3ml</i>	Pref	OTC
<i>simeped susp 40mg/0.6ml</i>	Pref	OTC
<i>simethicone caps 125mg; susp 40mg/0.6ml</i>	Pref	OTC
<i>simethicone chew tab 125 mg chew 125mg</i>	Pref	OTC
<i>simethicone chw 80mg chew 80mg</i>	Pref	OTC
<i>simethicone drops infants susp 20mg/0.3ml</i>	Pref	OTC
<i>simethicone ultra strengt caps 180mg</i>	Pref	OTC
<i>sm gas relief caps 180mg</i>	Pref	OTC
<i>sm gas relief infants dro susp 40mg/0.6ml</i>	Pref	OTC
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAPS 50mg, 250mg	Non-Pref	SP, PA
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OICALIVA TABS 5mg, 10mg	Non-Pref	SP, PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TABS 250mg	Non-Pref	SP, PA
RELTONE CAPS 200mg, 400mg	Non-Pref	PA
URSO 250 TABS 250mg	Non-Pref	PA
URSO FORTE TABS 500mg	Non-Pref	PA
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	Pref	
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAPS 8mcg, 24mcg	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min 18)
<i>lubiprostone caps 8mcg, 24mcg</i>	Pref	PA, QL (2 caps / 1 day; 90 day supply); AGE (Min 18)
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI SOLN 15mg/act	Non-Pref	PA
<i>metoclopramide hcl soln 5mg/5ml, 5mg/ml, 10mg/10ml; tabs 5mg, 10mg</i>	Pref	
<i>metoclopramide hcl tbdp 5mg</i>	Non-Pref	PA
REGLAN TABS 5mg, 10mg	Non-Pref	PA
<b>ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS</b>		
BYLVAY CAPS 400mcg, 1200mcg	Non-Pref	SP, PA
BYLVAY (PELLETS) CPSP 200mcg, 600mcg	Non-Pref	SP, PA
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CP24 .375gm	Pref	90 day supply
ASACOL HD TBEC 800mg	Non-Pref	PA
AVSOLA SOLR 100mg	Non-Pref	SP, PA
AZULFIDINE TABS 500mg	Non-Pref	PA; 90 day supply
AZULFIDINE EN-TABS TBEC 500mg	Non-Pref	PA; 90 day supply
<i>balsalazide disodium caps 750mg</i>	Pref	90 day supply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CANASA SUPP 1000mg	Non-Pref	PA; 90 day supply
CIMZIA KIT 200mg; PSKT 200mg/ml	Non-Pref	SP, PA
CIMZIA STARTER KIT PSKT 200mg/ml	Non-Pref	SP, PA
COLAZAL CAPS 750mg	Non-Pref	PA; 90 day supply
DELZICOL CPDR 400mg	Non-Pref	PA
DIPENTUM CAPS 250mg	Non-Pref	PA
ENTYVIO SOLR 300mg	Non-Pref	SP, PA
INFLECTRA SOLR 100mg	Pref	SP
INFLIXIMAB SOLR 100mg	Non-Pref	SP, PA
LIALDA TBEC 1.2gm	Non-Pref	PA
<i>mesalamine cp24 .375gm; enem 4gm; supp 1000mg</i>	Pref	90 day supply
<i>mesalamine cpcr 500mg</i>	Non-Pref	PA
<i>mesalamine cpdr 400mg; tbec 1.2gm, 800mg</i>	Pref	
<i>mesalamine w/ cleanser kit 4gm</i>	Non-Pref	PA
PENTASA CPCR 250mg, 500mg	Pref	90 day supply
REMICADE SOLR 100mg	Non-Pref	SP, PA
RENFLEXIS SOLR 100mg	Non-Pref	SP, PA
ROWASA KIT 4gm	Non-Pref	PA
SFROWASA ENEM 4gm/60ml	Non-Pref	PA
SKYRIZI SOCT 360mg/2.4ml; SOLN 600mg/10ml	Non-Pref	PA
STELARA SOLN 130mg/26ml	Non-Pref	PA
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	Pref	90 day supply
<b>INTESTINAL ACIDIFIERS</b>		
<i>enulose soln 10gm/15ml</i>	Pref	
<i>generlac soln 10gm/15ml</i>	Pref	
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Pref	
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tabs .5mg, 1mg</i>	Non-Pref	PA; AGE (Min 18)
IBSRELA TABS 50mg	Non-Pref	PA; AGE (Min 18)
LINZESS CAPS 72mcg, 145mcg, 290mcg	Pref	PA, QL (1 cap / 1 day; 90 day supply)
LOTRONEX TABS .5mg, 1mg	Non-Pref	PA; AGE (Min 18)
VIBERZI TABS 75mg, 100mg	Non-Pref	PA; AGE (Min 18)
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TABS 12.5mg, 25mg	Pref	PA, QL (1 tab / 1 day; 90 day supply); AGE (Min 18)
RELISTOR SOLN 8mg/0.4ml, 12mg/0.6ml; TABS 150mg	Non-Pref	PA; AGE (Min 18)
SYMPROIC TABS .2mg	Non-Pref	PA; AGE (Min 18)
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TABS 210mg	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Pref	
<i>calcium acetate (phosphate binder) tabs 667mg</i>	Pref	OTC
FOSRENOL CHEW 500mg, 750mg, 1000mg; PACK 750mg, 1000mg	Non-Pref	PA
<i>lanthanum carbonate chew 500mg, 750mg</i>	Pref	
<i>lanthanum carbonate chew 1000mg</i>	Non-Pref	PA
PHOSLYRA SOLN 667mg/5ml	Non-Pref	PA
RENAGEL TABS 800mg	Non-Pref	PA
RENVELA PACK .8gm, 2.4gm; TABS 800mg	Non-Pref	PA
<i>sevelamer carbonate pack .8gm, 2.4gm</i>	Non-Pref	PA
<i>sevelamer carbonate tabs 800mg</i>	Pref	
<i>sevelamer hcl tabs 400mg, 800mg</i>	Non-Pref	PA
VELPHORO CHEW 500mg	Non-Pref	PA

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

### **ALKALINIZERS**

<i>cytra k crystals</i>	Pref	
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate (alkalinizer) tbc 540mg, 1080mg, 1620mg</i>	Pref	
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Pref	

### **GENITOURINARY IRRIGANTS**

<i>acetic acid soln .25%</i>	Pref	
<i>sodium chloride (gu irrigant) soln .9%</i>	Pref	

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl tb24 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
AVODART CAPS .5mg	Non-Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>dutasteride caps .5mg</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 tabs 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
FLOMAX CAPS .4mg	Non-Pref	PA, QL (2 caps / 1 day; 90 day supply)
JALYN CAP	Non-Pref	PA
PROSCAR TABS 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
RAPAFLO CAPS 4mg, 8mg	Non-Pref	PA
<i>silodosin caps 4mg, 8mg</i>	Non-Pref	PA
<i>tamsulosin hcl caps .4mg</i>	Pref	QL (2 caps / 1 day; 90 day supply)

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	Pref	
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<b>GOUT AGENTS - DRUGS TO TREAT GOUT</b>		
<i>allopurinol tabs 100mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply)
<i>allopurinol tabs 300mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>colchicine caps .6mg</i>	Pref	QL (2 caps / 1 day)
<i>colchicine tabs .6mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
COLCRYS TABS .6mg	Non-Pref	PA, QL (4 tabs / 1 day; 90 day supply)
<i>febuxostat tabs 40mg, 80mg</i>	Non-Pref	PA
GLOPERBA SOLN .6mg/5ml	Non-Pref	PA
MITIGARE CAPS .6mg	Non-Pref	PA, QL (2 caps / 1 day)
ULORIC TABS 40mg, 80mg	Non-Pref	PA
ZYLOPRIM TABS 100mg	Non-Pref	PA, QL (3 tabs / 1 day; 90 day supply)
<b>URICOSURICS</b>		
<i>probenecid tabs 500mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS</b>		
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
FIRAZYR SOLN 30mg/3ml	Non-Pref	SP, PA; AGE (Min 18)
<i>icatibant acetate soln 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min 18)
<i>sajazir soln 30mg/3ml</i>	Non-Pref	SP, PA; AGE (Min 18)
<b>COMPLEMENT INHIBITORS</b>		
BERINERT KIT 500unit	Pref	SP, PA; AGE (Min 6)
CINRYZE SOLR 500unit	Pref	SP, PA; AGE (Min 6)
HAEGARDA SOLR 2000unit, 3000unit	Non-Pref	SP, PA; AGE (Min 12)
RUCONEST SOLR 2100unit	Non-Pref	SP, PA; AGE (Min 13)
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tbcr 400mg</i>	Pref	
<b>PLASMA KALLIKREIN INHIBITORS</b>		
KALBITOR SOLN 10mg/ml	Pref	SP, PA; AGE (Min 12)
ORLADEYO CAPS 110mg, 150mg	Non-Pref	SP, PA; AGE (Min 12)
TAKHZYRO SOLN 300mg/2ml	Non-Pref	SP, PA; AGE (Min 12)
TAKHZYRO SOSY 300mg/2ml	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



Drug Name	Drug Tier	Requirements/Limits
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Non-Pref	PA
BRILINTA TABS 60mg, 90mg	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>cilostazol tabs 50mg, 100mg</i>	Pref	QL (2 tabs / 1 day)
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
EFFIENT TABS 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PLAVIX TABS 75mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>prasugrel hcl tabs 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
ZONTIVITY TABS 2.08mg	Non-Pref	PA; AGE (Min 18)

## HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

### AGENTS FOR GAUCHER DISEASE

VPRIV SOLR 400unit	Pref	SP, PA
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### COBALAMINS

B-12 DOTS TBDP 500mcg	Pref	OTC
<i>b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>cvs b-12 tabs 500mcg</i>	Pref	OTC
<i>cvs vitamin b12 tabs 1000mcg</i>	Pref	OTC
<i>cvs vitamin b12 tr tbc 1000mcg</i>	Pref	OTC
<i>cvs vitamin b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>cyanocobalamin soln 1000mcg/ml</i>	Pref	
<i>cyanocobalamin subl 2500mcg; tabs 100mcg, 250mcg, 500mcg, 1000mcg; tbc 1000mcg</i>	Pref	OTC
<i>dodex soln 1000mcg/ml</i>	Pref	
<i>eql b-12 tabs 1000mcg</i>	Pref	OTC
<i>gnp b-12 subl 2500mcg</i>	Pref	OTC
<i>gnp vitamin b-12 tabs 500mcg</i>	Pref	OTC
<i>gnp vitamin b-12 prolonge tbc 1000mcg</i>	Pref	OTC
<i>hm vitamin b12 tabs 500mcg</i>	Pref	OTC
<i>qc vitamin b12 tabs 500mcg; tbc 1000mcg</i>	Pref	OTC
<i>ra vitamin b-12 tabs 100mcg</i>	Pref	OTC
<i>ra vitamin b-12 tr tbc 1000mcg</i>	Pref	OTC
<i>sm vitamin b12 tabs 500mcg</i>	Pref	OTC
<i>sm vitamin b12 tr tbc 1000mcg</i>	Pref	OTC
<i>sm vitamin b-12 tabs 100mcg, 500mcg</i>	Pref	OTC
<i>sv vitamin b12 tr tbc 1000mcg</i>	Pref	OTC

### FOLIC ACID/FOLATES

<i>fa-8 caps .8mg</i>	Pref	OTC
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**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

Drug Name	Drug Tier	Requirements/Limits
<i>folate tabs 400mcg</i>	Pref	OTC
FOLIC ACID CAPS 20mg	Pref	OTC
<i>folic acid caps 800mcg; tabs 400mcg, 800mcg</i>	Pref	OTC
<i>folic acid tabs 1mg</i>	Pref	
<i>kp folic acid tabs 1mg</i>	Pref	OTC
<i>sm folic acid tabs 400mcg</i>	Pref	OTC
<i>yl folic acid tabs 400mcg</i>	Pref	OTC

### HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25mcg/ml, 40mcg/ml, 60mcg/ml, 100mcg/ml, 200mcg/ml; SOSY 10mcg/0.4ml, 25mcg/0.42ml, 40mcg/0.4ml, 60mcg/0.3ml, 100mcg/0.5ml, 150mcg/0.3ml, 200mcg/0.4ml, 300mcg/0.6ml, 500mcg/ml	Non-Pref	PA
EPOGEN SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml	Pref	
FULPHILA SOSY 6mg/0.6ml	Pref	PA
MIRCERA SOSY 30mcg/0.3ml, 50mcg/0.3ml, 75mcg/0.3ml, 100mcg/0.3ml, 150mcg/0.3ml, 200mcg/0.3ml	Non-Pref	PA
NIVESTYM SOLN 300mcg/ml, 480mcg/1.6ml; SOSY 300mcg/0.5ml, 480mcg/0.8ml	Pref	PA
PROCRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 10000unit/ml, 20000unit/ml, 40000unit/ml	Non-Pref	PA
RETACRIT SOLN 2000unit/ml, 3000unit/ml, 4000unit/ml, 20000unit/2ml, 20000unit/ml, 40000unit/ml	Pref	
UDENYCA SOSY 6mg/0.6ml	Pref	PA
ZARXIO SOSY 300mcg/0.5ml, 480mcg/0.8ml	Pref	PA
ZIEXTENZO SOSY 6mg/0.6ml	Pref	PA

### HEMATOPOIETIC MIXTURES

<i>abatron af</i>	Pref	OTC
<i>airavite</i>	Pref	
D 1000 PLUS TAB ALOE	Pref	OTC
<i>fe c tab</i>	Pref	OTC
<i>fe c tab plus</i>	Pref	OTC
<i>ferocon</i>	Pref	
<i>ferrocite plus</i>	Pref	
<i>folbee</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</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>foltrin</i>	Pref	
<i>hematinic plus vitamins/m</i>	Pref	
<i>hematinic/folic acid</i>	Pref	
<i>hemax</i>	Pref	OTC
<i>iron 100 plus</i>	Pref	OTC
<i>iron 100/c</i>	Pref	OTC
<i>iron-vitamin c tab 100-250 mg</i>	Pref	OTC
<i>nufol</i>	Pref	
RX SUPPORT TAB HEARTBUR	Pref	OTC
<i>westab one</i>	Pref	

## **IRON**

<i>bprotected pedia iron soln 15mg/ml</i>	Pref	OTC
<i>cvs iron tabs 27mg</i>	Pref	OTC
<i>cvs iron tabs 325mg</i>	Pref	OTC
<i>cvs slow release iron tbc 45mg, 143mg</i>	Pref	OTC
<i>eql iron supplement thera tabs 325mg</i>	Pref	OTC
<i>eql slow release iron tbc 160mg</i>	Pref	OTC
<i>fe tabs tbec 325mg</i>	Pref	OTC
<i>fe-vite iron soln 15mg/ml</i>	Pref	OTC
<i>ferate tabs 27mg</i>	Pref	OTC
<i>fergon tabs 240mg</i>	Pref	OTC
<i>ferosul tabs 325mg</i>	Pref	OTC
<i>ferrex 150 caps 150mg</i>	Pref	OTC
<i>ferric x-150 caps 150mg</i>	Pref	OTC
<i>ferrocite tabs 324mg</i>	Pref	OTC
<i>ferrotabs tabs 240mg</i>	Pref	OTC
<i>ferrous fumarate tabs 324mg</i>	Pref	OTC
<i>ferrous gluconate tabs 27mg, 240mg</i>	Pref	OTC
FERROUS GLUCONATE TABS 324mg	Pref	OTC
<i>ferrous sulfate elix 220mg/5ml; soln 15mg/ml; syrp 300mg/5ml; tabs 27mg; tbc 50mg, 142mg; tbec 325mg</i>	Pref	OTC
FERROUS SULFATE LIQD 220mg/5ml; SOLN 300mg/6.8ml; TBEC 324mg	Pref	OTC
<i>ferrous sulfate tabs 325mg</i>	Pref	OTC
<i>gnp iron tabs 200mg; tbc 45mg</i>	Pref	OTC
<i>iferex 150 caps 150mg</i>	Pref	OTC
<i>iron slow release tbc 45mg, 142mg, 143mg</i>	Pref	OTC
<i>iron supplement elix 220mg/5ml</i>	Pref	OTC
<i>iron supplement childrens soln 15mg/ml</i>	Pref	OTC
<i>kp ferrous gluconate tabs 324mg</i>	Pref	OTC
<i>nat-rul iron tabs 325mg</i>	Pref	OTC
<i>nu-iron 150 caps 150mg</i>	Pref	OTC
<i>pc pediatric iron drops soln 15mg/ml</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>poly-iron 150 caps 150mg</i>	Pref	OTC
<i>polysaccharide iron complex caps 150mg</i>	Pref	OTC
<i>px iron tabs 27mg, 200mg</i>	Pref	OTC
<i>ra high potency iron tabs 27mg</i>	Pref	OTC
<i>ra iron tabs 27mg</i>	Pref	OTC
<i>ra iron tabs 325mg</i>	Pref	OTC
<i>ra slow release iron tbc 45mg</i>	Pref	OTC
<i>slow iron tbc 160mg</i>	Pref	OTC
<i>slow release iron tbc 45mg, 50mg</i>	Pref	OTC
SLOW RELEASE IRON TBC 47.5mg	Pref	OTC
<i>slow-release iron tbc 45mg</i>	Pref	OTC
<i>sm iron tabs 325mg</i>	Pref	OTC
<i>sm iron slow release tbc 142mg, 160mg</i>	Pref	OTC
<i>sm slow release iron tbc 45mg, 142mg</i>	Pref	OTC
SM SLOW RELEASE IRON TBC 143mg	Pref	OTC

## **HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMOSTATICS - SYSTEMIC**

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

### **ANTI-HISTAMINE HYPNOTICS**

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

<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Pref	
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### **HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	Non-Pref	PA
SILENOR TABS 3mg, 6mg	Non-Pref	PA

### **NON-BARBITURATE HYPNOTICS**

AMBIEN TABS 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day)
AMBIEN CR TBC 6.25mg, 12.5mg	Non-Pref	PA
EDLUAR SUBL 5mg, 10mg	Non-Pref	PA
<i>eszopiclone tabs 1mg, 2mg</i>	Non-Pref	PA
<i>eszopiclone tabs 1mg, 2mg</i>	Pref	QL (1 tab / 1 day)
<i>eszopiclone tabs 3mg</i>	Pref	QL (1 tab / 1 day); AGE (Max 65)
<i>flurazepam hcl caps 15mg, 30mg</i>	Non-Pref	PA
HALCION TABS .25mg	Non-Pref	PA, QL (2 tabs / 1 day)
LUNESTA TABS 1mg, 2mg	Non-Pref	PA, QL (1 tab / 1 day)
LUNESTA TABS 3mg	Non-Pref	PA, QL (1 tab / 1 day); AGE (Max 65)

Drug Name	Drug Tier	Requirements/Limits
RESTORIL CAPS 7.5mg, 22.5mg	Non-Pref	PA
RESTORIL CAPS 15mg, 30mg	Non-Pref	PA, QL (1 cap / 1 day)
temazepam caps 7.5mg, 22.5mg	Non-Pref	PA
temazepam caps 15mg, 30mg	Pref	QL (1 cap / 1 day)
triazolam tabs .25mg	Pref	QL (2 tabs / 1 day)
triazolam tabs .125mg	Pref	QL (1 tab / 1 day)
zaleplon caps 5mg, 10mg	Pref	QL (1 cap / 1 day)
zolpidem tartrate subl 1.75mg, 3.5mg; tbc 6.25mg, 12.5mg	Non-Pref	PA
zolpidem tartrate tabs 5mg, 10mg	Pref	QL (1 tab / 1 day)

### OREXIN RECEPTOR ANTAGONISTS

BELSOMRA TABS 5mg, 10mg, 15mg, 20mg	Non-Pref	PA
DAYVIGO TABS 5mg, 10mg	Non-Pref	PA
QUVIVIQ TABS 25mg, 50mg	Non-Pref	PA

### SELECTIVE MELATONIN RECEPTOR AGONISTS

HETLIOZ CAPS 20mg	Non-Pref	SP, PA; AGE (Min 16)
HETLIOZ LQ SUSP 4mg/ml	Non-Pref	PA; AGE (Min 3, Max 15)
ramelteon tabs 8mg	Non-Pref	PA
ROZEREM TABS 8mg	Non-Pref	PA

## LAXATIVES - DRUGS TO TREAT CONSTIPATION

### BULK LAXATIVES

BENEFIBER ON POW THE GO	Pref	OTC
BENEFIBER POW DRINK MX	Pref	OTC
cvs daily fiber caps .52gm	Pref	OTC
cvs fiber caps .52gm	Pref	OTC
cvs natural daily fiber powd 48.57%, 58.6%	Pref	OTC
cvs natural fiber supplem powd 100%	Pref	OTC
cvs soluble fiber therapy tabs 500mg	Pref	OTC
daily fiber caps 400mg; powd 43%, 51.7%	Pref	OTC
eq daily fiber caps 400mg; powd 51.7%	Pref	OTC
eq fiber therapy caps .52gm	Pref	OTC
eq fiber therapy powd 28.3%, 48.57%	Pref	OTC
eq smooth texture fiber powd 51.7%	Pref	OTC
gnp natural fiber caps .52gm; powd 28.3%, 48.57%	Pref	OTC
goodsense fiber tabs 500mg	Pref	OTC
goodsense psyllium fiber powd 51.7%	Pref	OTC
hm fiber caps 400mg; powd 51.7%; tabs 500mg	Pref	OTC
hm fiber powder powd 25%, 43%	Pref	OTC
konsyl daily fiber powd 28.3%	Pref	OTC
KONSYL DAILY FIBER POWD 60.3%	Pref	OTC
medi-mucil caps .52gm	Pref	OTC
metamucil smooth texture powd 28.3%, 58.6%	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATURAL FIBER LAXATIVE POWD 30.9%	Pref	OTC
<i>natural fiber laxative powd 58.6%</i>	Pref	OTC
<i>natural psyllium seed ind powd 100%</i>	Pref	OTC
<i>natural vegetable fiber powd 48.57%</i>	Pref	OTC
<i>onelax fiber therapy powd 25%</i>	Pref	OTC
<i>psyllium caps .52gm; powd 28.3%</i>	Pref	OTC
<i>px fiber caps .52gm</i>	Pref	OTC
<i>qc fiber laxative caps .52gm</i>	Pref	OTC
<i>qc fiber therapy tabs 500mg</i>	Pref	OTC
<i>qc natural vegetable powd 95%</i>	Pref	OTC
<i>ra multihealth fiber supp powd 48.57%, 58.6%</i>	Pref	OTC
<i>reguloid caps .52gm; powd 28.3%, 43%, 48.57%, 51.7%</i>	Pref	OTC
REGULOID POWD 57.6%	Pref	OTC
<i>sb fiber laxative powd 48.57%</i>	Pref	OTC
<i>sm fiber caps 400mg; powd 28.3%, 48.57%, 51.7%, 58.6%</i>	Pref	OTC
<i>sm fiber laxative tabs 500mg</i>	Pref	OTC
<i>sm fiber powder powd 25%</i>	Pref	OTC
<i>sm fiber tab 625mg tabs 625mg</i>	Pref	OTC
<i>soluble fiber</i>	Pref	OTC
<i>wal-mucil caps .52gm; powd 28.3%, 43%, 48.57%, 51.7%, 58.6%</i>	Pref	OTC

### **LAXATIVE COMBINATIONS**

<i>gavilyte-g</i>	Pref	
<i>gavilyte-n/flavor pack</i>	Pref	
<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-3350/electrolytes/asc</i>	Pref	
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Pref	OTC

### **LAXATIVES - MISCELLANEOUS**

<i>constulose soln 10gm/15ml</i>	Pref	
<i>cvs glycerin adult supp 2.1gm</i>	Pref	OTC
<i>cvs glycerin child supp 1gm</i>	Pref	OTC
<i>cvs purelax pack 17gm</i>	Pref	OTC
<i>glycerin (laxative) supp 1.2gm, 2gm, 2.1gm</i>	Pref	OTC
<i>glycerin childrens supp 1gm</i>	Pref	OTC
<i>gnp clearlax pack 17gm</i>	Pref	OTC
<i>gnp glycerin adult supp 2.1gm</i>	Pref	OTC
<i>gnp glycerin child supp 1.2gm</i>	Pref	OTC
<i>healthylax pack 17gm</i>	Pref	OTC
<i>hm clearlax pack 17gm</i>	Pref	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEDIA-LAX SUPP 2.8gm	Pref	OTC
<i>polyethylene glycol 3350 pack 17gm</i>	Pref	OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop powd 17gm/scoop</i>	Pref	OTC
<i>px glycerin supp 2.1gm</i>	Pref	OTC
<i>ra glycerin child supp 80.7%</i>	Pref	OTC
<i>sb glycerin adult supp 2.1gm</i>	Pref	OTC
<i>sb glycerin pediatric supp 1.2gm</i>	Pref	OTC
<i>sm glycerin laxative pedi supp 1.2gm</i>	Pref	OTC
<i>sm glycerin pediatric supp 80.7%</i>	Pref	OTC
<i>smooth lax pack 17gm</i>	Pref	OTC

### **LUBRICANT LAXATIVES**

<i>cvs mineral oil</i>	Pref	OTC
<i>eq mineral oil oil 100%</i>	Pref	OTC
<i>gnp mineral oil</i>	Pref	OTC
<i>goodsense mineral oil lub oil 99.9%</i>	Pref	OTC
<i>hm enema mineral oil enem 100%</i>	Pref	OTC
<i>hm mineral oil oil 99.9%</i>	Pref	OTC
<i>mineral oil oil 100%</i>	Pref	OTC
<i>qc mineral oil heavy</i>	Pref	OTC
<i>ra mineral oil</i>	Pref	OTC
<i>sm enema</i>	Pref	OTC
<i>sm mineral oil oil 99.9%</i>	Pref	OTC

### **SALINE LAXATIVES**

<i>citroma soln 1.745gm/30ml</i>	Pref	OTC
<i>cvs enema disposable</i>	Pref	OTC
<i>cvs laxative dietary supp tabs 500mg</i>	Pref	OTC
<i>enema disposable</i>	Pref	OTC
<i>enema ready-to-use</i>	Pref	OTC
<i>eq enema</i>	Pref	OTC
<i>eql ready-to-use enema</i>	Pref	OTC
<i>goodsense ready to use en</i>	Pref	OTC
<i>hm enema saline laxative</i>	Pref	OTC
<i>magnesium citrate soln 1.745gm/30ml</i>	Pref	OTC
<i>milk of magn sus 400/5ml susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	Pref	OTC
MILK OF MAGNESIA CONCENTR SUSP 2400mg/10ml	Pref	OTC
<i>pediatric enema</i>	Pref	OTC
PHILLIPS MILK OF MAGNESIA CHEW 311mg	Pref	OTC
<i>qc enema</i>	Pref	OTC
<i>ra saline enema</i>	Pref	OTC
<i>sm enema</i>	Pref	OTC
<i>sm magnesium citrate soln 1.745gm/30ml</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>*sodium phosphates - enema***</i>	Pref	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl supp 10mg</i>	Pref	OTC
<i>bisacodyl tab delayed release 5 mg tbec 5mg</i>	Pref	OTC
<i>chocolated laxative chew 15mg</i>	Pref	OTC
<i>chocolated laxative regul chew 15mg</i>	Pref	OTC
<i>cvs chocolate laxative pi chew 15mg</i>	Pref	OTC
<i>cvs laxative pills maximu tabs 25mg</i>	Pref	OTC
<i>cvs senna-extra tabs 17.2mg</i>	Pref	OTC
<i>eq laxative maximum stren tabs 25mg</i>	Pref	OTC
<i>eql laxative eql laxative chew 15mg</i>	Pref	OTC
<i>eql laxative maximum stre tabs 25mg</i>	Pref	OTC
<i>ex-lax maximum strength tabs 25mg</i>	Pref	OTC
<i>gentle laxative supp 10mg</i>	Pref	OTC
<i>goodsense laxative pills tabs 25mg</i>	Pref	OTC
<i>hm gentle laxative supp 10mg</i>	Pref	OTC
<i>laxative supp 10mg</i>	Pref	OTC
<i>laxative maximum strength tabs 25mg</i>	Pref	OTC
<i>onelax supp 10mg</i>	Pref	OTC
<i>qc gentle laxative supp 10mg</i>	Pref	OTC
<i>ra fast relief laxative supp 10mg</i>	Pref	OTC
<i>ra laxative chew 15mg</i>	Pref	OTC
<i>sb laxative supp 10mg</i>	Pref	OTC
<i>SENNA SYRP 176mg/5ml</i>	Pref	OTC
<i>sennazon syrup 8.8mg/5ml</i>	Pref	OTC
<i>sennosides liqd 8.8mg/5ml; syrup 8.8mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg tabs 8.6mg</i>	Pref	OTC
<i>senokot extra strength tabs 17.2mg</i>	Pref	OTC
<i>sm laxative supp 10mg</i>	Pref	OTC
<i>the magic bullet supp 10mg</i>	Pref	OTC
<b>SURFACTANT LAXATIVES</b>		
<i>correctol extra gentle caps 100mg</i>	Pref	OTC
<i>cvs stool softener caps 50mg, 240mg</i>	Pref	OTC
<i>docu liqd 50mg/5ml, 100mg/10ml</i>	Pref	OTC
<i>docusate calcium caps 240mg</i>	Pref	OTC
<i>docusate mini enem 283mg/5ml</i>	Pref	OTC
<i>docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg</i>	Pref	OTC
<i>DOCUSATE SODIUM SYRP 60mg/15ml</i>	Pref	OTC
<i>docusol mini enem 283mg/5ml</i>	Pref	OTC
<i>DOCUSOL PLUS ENE 20-283</i>	Pref	OTC
<i>dok tabs 100mg</i>	Pref	OTC
<i>dulcolax pink stool softene caps 100mg</i>	Pref	OTC
<i>dulcolax stool softener caps 100mg</i>	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>easy-lax caps 100mg</i>	Pref	OTC
<i>enemeez mini enem 283mg/5ml</i>	Pref	OTC
ENEMEEZ PLUS ENE 20-283	Pref	OTC
<i>eq stool softener caps 100mg</i>	Pref	OTC
<i>gnp stool softener caps 240mg, 250mg</i>	Pref	OTC
<i>healthy mama move it alon tabs 100mg</i>	Pref	OTC
<i>hm stool softener caps 100mg, 250mg</i>	Pref	OTC
<i>phillips stool softener caps 100mg</i>	Pref	OTC
<i>qc stool softener caps 100mg</i>	Pref	OTC
<i>ra col-rite caps 100mg, 250mg</i>	Pref	OTC
<i>silace liqd 150mg/15ml</i>	Pref	OTC
<i>sm stool softener tabs 100mg</i>	Pref	OTC
<i>stool softener caps 100mg; liqd 50mg/5ml</i>	Pref	OTC
<i>stool softener extra stre caps 250mg</i>	Pref	OTC
<i>surfak caps 240mg</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-mpf/epinephri</i>	Pref	
<i>sensorcaine/epinephrine</i>	Pref	

### **LOCAL ANESTHETICS - AMIDES**

<i>lidocaine hcl (local anesth.) soln .5%</i>	Pref	
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## **MACROLIDES - DRUGS TO TREAT INFECTIONS**

### **AZITHROMYCIN**

<i>azithromycin pack 1gm; susr 100mg/5ml, 200mg/5ml; tabs 500mg, 600mg</i>	Pref	
<i>azithromycin tabs 250mg</i>	Pref	QL (6 tabs / 4 days)
ZITHROMAX PACK 1gm; SUSR 100mg/5ml, 200mg/5ml; TABS 500mg	Non-Pref	PA
ZITHROMAX TABS 250mg	Non-Pref	PA, QL (6 tabs / 4 days)
ZITHROMAX TRI-PAK TABS 500mg	Non-Pref	PA
ZITHROMAX Z-PAK TABS 250mg	Non-Pref	PA, QL (6 tabs / 4 days)

### **CLARITHROMYCIN**

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Pref	
<i>clarithromycin tb24 500mg</i>	Non-Pref	PA

### **ERYTHROMYCINS**

<i>e.e.s. 400 tabs 400mg</i>	Non-Pref	PA
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**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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
E.E.S. GRANULES SUSR 200mg/5ml	Pref	
<i>ery-tab tbec 250mg, 333mg, 500mg</i>	Non-Pref	PA
ERYPED 200 SUSR 200mg/5ml	Non-Pref	PA
ERYPED 400 SUSR 400mg/5ml	Non-Pref	PA
<i>erythrocin stearate tabs 250mg</i>	Non-Pref	PA
<i>erythromycin base cpep 250mg</i>	Pref	
<i>erythromycin base tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate susr 200mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate susr 400mg/5ml; tabs 400mg</i>	Non-Pref	PA

### **FIDAXOMICIN**

DIFICID SUSR 40mg/ml; TABS 200mg	Non-Pref	PA
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## **MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING**

### **BLOOD PRESSURE DEVICES**

BLOOD PRESSURE MONITORING	Pref	OTC
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### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

CONDOMS LATEX LUBRICATED - MALE	Pref	OTC
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### **DIABETIC SUPPLIES**

AMBI-TRAY MIS	Pref	OTC
COUNT-A-DOSE MIS	Pref	OTC
DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each / 292 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 72 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 292 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (0.08 boxes / 1 day)
FREESTYLE MIS READER	Pref	PA, QL (1 each / 292 days)
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 5 G6 KIT INTRO	Pref	PA
OMNIPOD 5 G6 MIS PODS	Pref	PA
OMNIPOD DASH KIT INTRO	Pref	PA
OMNIPOD DASH MIS PODS	Pref	PA
OMNIPOD MIS CLASSIC	Pref	PA
OMNIPOD PDM KIT CLASSIC	Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE METRIX SOL LEVEL 1	Pref	OTC
TRUE METRIX SOL LEVEL 2	Pref	OTC
TRUE METRIX SOL LEVEL 3	Pref	OTC
V-GO 20 KIT	Pref	PA
V-GO 30 KIT	Pref	PA
V-GO 40 KIT	Pref	PA
VIVI CAP1 MIS	Pref	OTC
VIVI CAP MIS	Pref	OTC

**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	
MONOJECT ENT MIS 60ML SYR	Pref	
MONOJECT ENT MIS SYR CAP	Pref	
STOMA MEASUR MIS DEVICE	Pref	

**MISC. DEVICES**

ALCOHOL SWABS PADS 70%	Pref	OTC
CHEMO GLOVES MIS LARGE	Pref	
CHEMO GLOVES MIS MEDIUM	Pref	
CHEMO GLOVES MIS SMALL	Pref	
CHEMO GLOVES MIS X-LARGE	Pref	
DISPOSABLE GLOVES	Pref	OTC
ENEMA BOTTLE MIS 120ML	Pref	
ESSENTRA WIPES 9X9" CLEAN SHEE 70%	Pref	
LATEX GLOVE MIS LARGE	Pref	
LATEX GLOVE MIS MEDIUM	Pref	
LATEX GLOVE MIS SMALL	Pref	
LATEX GLOVES MIS MEDIUM	Pref	
MEDICAL DEVICES AND SUPPLIES - RUBBER GOODS	Pref	OTC
NEOPRENE GLV MIS LARGE	Pref	
NEOPRENE GLV MIS MEDIUM	Pref	
NEOPRENE GLV MIS SMALL	Pref	
NEOPRENE GLV MIS X-LARGE	Pref	
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	

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

### **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	
AUM MINI PEN MIS 33GX5MM	Pref	OTC; 90 day supply
AUM MINI PEN MIS 33GX6MM	Pref	OTC; 90 day supply
AUM SAFETY MIS 31GX4MM	Pref	OTC; 90 day supply
AUTOSHIELD MIS 29X3/16"	Pref	OTC; 90 day supply
BD ECLIPSE MIS 25GX1"	Pref	
BD FILTR NDL MIS 5 MICRON	Pref	OTC
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 SHARPS MIS 1.4QT	Pref	QL (1 box / 1 day), OTC
BD U-500 MIS 31GX6MM	Pref	90 day supply
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
CAREPOINT SY MIS 20GX1"	Pref	
CAREPOINT SY MIS 20GX1.5"	Pref	
CAREPOINT SY MIS 22G X 1"	Pref	
CAREPOINT SY MIS 22GX1.5"	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CAREPOINT SY MIS 23GX1"	Pref	
CAREPOINT SY MIS 23GX1.5"	Pref	
CAREPOINT SY MIS 25GX1"	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
COMPL NEEDLE MIS COLL SYS	Pref	QL (1 box / 1 day), OTC
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	
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	

**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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
5ML 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	
3ML LL SYRNG MIS 21GX1"	Pref	
5ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
5ML LL SYRNG MIS 21GX1.5"	Pref	OTC
3ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
5ML 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	



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEEDL COLLEC MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
NEEDLE COLLE MIS DISPOSAL	Pref	QL (1 box / 1 day), OTC
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
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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
SHARP CONTAI MIS	Pref	QL (1 box / 1 day)
SHARPS CONT MIS 1QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 2QUART	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 5GAL	Pref	QL (1 box / 1 day), OTC
SHARPS CONT MIS 14QT	Pref	QL (1 box / 1 day)
SHARPS CONT MIS HOME	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 1 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 1 QUART	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 2 GALLON	Pref	QL (1 box / 1 day), OTC
SHARPS DISP MIS 3 GALLON	Pref	QL (1 box / 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SLIP TIP 1ML MIS	Pref	OTC
SLIP TIP 1ML MIS 26GX5/8"	Pref	OTC
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	
SYRG/NDL 3ML MIS 22G X 1"	Pref	OTC
SYRG/NDL 3ML MIS 23GX1"	Pref	OTC
SYRG/NDL 3ML MIS 25GX5/8"	Pref	OTC
SYRINGE (DISPOSABLE) 1 ML	Pref	
SYRINGE (DISPOSABLE) 10 ML	Pref	OTC
SYRINGE BARR MIS LUER10ML	Pref	OTC
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	
5ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
10ML 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
3ML SYRINGE MIS 20GX1.5"	Pref	
10ML SYRINGE MIS 20GX1.5"	Pref	OTC
3ML SYRINGE MIS 21GX1"	Pref	
3ML SYRINGE MIS 21GX1"	Pref	OTC
3ML SYRINGE MIS 21GX1.5"	Pref	
3ML SYRINGE MIS 21GX1.5"	Pref	OTC
3ML SYRINGE MIS 22G X 1"	Pref	OTC
3ML SYRINGE MIS 22GX1"	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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
3ML SYRINGE MIS 22GX1.5"	Pref	
10ML 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	
3ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC
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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RESPIRATORY THERAPY SUPPLIES</b>		
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	
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
HOLDING CHAM MIS ADULT	Pref	OTC
HOLDING CHAM MIS CHILD	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 AD	Pref	
NEBULIZER MIS MASK CH	Pref	
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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
PURE COMFORT MIS SPACER	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	
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 SOAJ 70mg/ml, 140mg/ml	Non-Pref	PA; AGE (Min 18)
AJOVY SOAJ 225mg/1.5ml; SOSY 225mg/1.5ml	Pref	PA; AGE (Min 18)

**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

Drug Name	Drug Tier	Requirements/Limits
EMGALITY SOAJ 120mg/ml; SOSY 120mg/ml	Pref	PA; AGE (Min 18)
EMGALITY SOSY 100mg/ml	Non-Pref	PA; AGE (Min 18)
NURTEC TBDP 75mg	Pref	QL (17 tabs / 27 days); AGE (Min 18)
QULIPTA TABS 10mg, 30mg, 60mg	Non-Pref	PA; AGE (Min 18)
UBRELVY TABS 50mg	Non-Pref	PA
UBRELVY TABS 100mg	Non-Pref	PA; AGE (Min 18)

### **MIGRAINE COMBINATIONS**

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

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

TRUDHESA AERS .725mg/act	Non-Pref	PA
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### **SEROTONIN AGONISTS**

<i>almotriptan malate tabs 6.25mg, 12.5mg</i>	Non-Pref	PA
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	Non-Pref	PA
FROVA TABS 2.5mg	Non-Pref	PA
<i>frovatriptan succinate tabs 2.5mg</i>	Non-Pref	PA
IMITREX SOLN 5mg/act, 20mg/act	Pref	QL (6 inhalers / 27 days)
IMITREX TABS 25mg, 50mg, 100mg	Non-Pref	PA, QL (0.3 tabs / 1 day)
IMITREX STATDOSE REFILL SOCT 4mg/0.5ml, 6mg/0.5ml	Non-Pref	PA, QL (0.334 injections / 1 day)
IMITREX STATDOSE SYSTEM SOAJ 4mg/0.5ml, 6mg/0.5ml	Non-Pref	PA, QL (0.334 injections / 1 day)
MAXALT TABS 10mg	Non-Pref	PA, QL (0.6 tabs / 1 day)
MAXALT-MLT TBDP 10mg	Non-Pref	PA, QL (0.6 tabs / 1 day)
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Non-Pref	PA
ONZETRA XSAIL EXHP 11mg/nosepc	Non-Pref	PA
RELPAK TABS 20mg, 40mg	Non-Pref	PA
REYVOW TABS 50mg, 100mg	Non-Pref	PA; AGE (Min 18)
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Pref	QL (0.6 tabs / 1 day)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Pref	QL (6 inhalers / 27 days)
<i>sumatriptan succinate soaj 4mg/0.5ml, 6mg/0.5ml; soct 4mg/0.5ml, 6mg/0.5ml; soln 6mg/0.5ml</i>	Pref	QL (0.334 injections / 1 day)
<i>sumatriptan succinate tabs 25mg, 50mg, 100mg</i>	Pref	QL (0.3 tabs / 1 day)
TOSYMRA SOLN 10mg/act	Non-Pref	PA
ZEMBRACE SYMTOUCH SOAJ 3mg/0.5ml	Non-Pref	PA
<i>zolmitriptan soln 2.5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Non-Pref	PA
<i>zolmitriptan soln 5mg</i>	Non-Pref	PA
ZOMIG SOLN 2.5mg; TABS 2.5mg, 5mg	Non-Pref	PA
ZOMIG SOLN 5mg	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
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**MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

**CALCIUM**

CAL-CITRATE TAB PLUS D	Pref	OTC
CAL-MINT CHEW 260mg	Pref	OTC
<i>calcitrate plus d</i>	Pref	OTC
<i>calcium 500 + d</i>	Pref	OTC
<i>calcium 500 +d</i>	Pref	OTC
<i>calcium 500 +d3</i>	Pref	OTC
<i>calcium 500+d3</i>	Pref	OTC
<i>calcium 500+d high potenc</i>	Pref	OTC
<i>calcium 500/d</i>	Pref	OTC
<i>calcium 500/vitamin d</i>	Pref	OTC
<i>calcium 600 tabs 600mg</i>	Pref	OTC
<i>calcium 600 + d</i>	Pref	OTC
CALCIUM 600 TAB +D	Pref	OTC
<i>calcium 600+d</i>	Pref	OTC
<i>calcium 600+d3</i>	Pref	OTC
<i>calcium 600+d high potenc</i>	Pref	OTC
<i>calcium 600/vitamin d</i>	Pref	OTC
CALCIUM ACETATE TABS 668mg	Non-Pref	PA, OTC
CALCIUM CARBONATE CHEW 260mg, 500mg	Pref	OTC
<i>calcium carbonate tabs 600mg, 1250mg</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</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 carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d cap 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 250 mg-125 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Pref	OTC
CALCIUM CHW 500MG	Pref	OTC
CALCIUM CIT/ TAB VIT D	Pref	OTC
<i>calcium citrate tabs 200mg</i>	Pref	OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium citrate +</i>	Pref	OTC
<i>calcium citrate + d</i>	Pref	OTC
<i>calcium citrate + d3</i>	Pref	OTC
<i>calcium citrate + d3 max</i>	Pref	OTC
<i>calcium citrate +d</i>	Pref	OTC
<i>calcium citrate+ d</i>	Pref	OTC
<i>calcium citrate+d3</i>	Pref	OTC
<i>calcium citrate+d3 petite</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-200 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	Pref	OTC
<i>calcium citrate/d3</i>	Pref	OTC
<i>calcium high potency + vi</i>	Pref	OTC
<i>calcium plus vitamin d</i>	Pref	OTC
<i>calcium plus vitamin d3</i>	Pref	OTC
<i>calcium+d3</i>	Pref	OTC
<i>calcium+d3 gradual releas</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-5 mg</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 333-133-8.3 mg</i>	Pref	OTC
<i>calcium-magnesium-zinc tab 334-134-5 mg</i>	Pref	OTC
<i>CALCIUM/C/D CHW 500MG</i>	Pref	OTC
<i>CALCIUM/D3 CAP 600-2500</i>	Pref	OTC
<i>calcium/vitamin d3</i>	Pref	OTC
<i>cvs calcium</i>	Pref	OTC
<i>cvs calcium 600 &amp; vitamin</i>	Pref	OTC
<i>cvs calcium 600+d</i>	Pref	OTC
<i>cvs calcium &amp; vitamin d3</i>	Pref	OTC
<i>cvs calcium carbonate tabs 1250mg</i>	Pref	OTC
<i>cvs calcium citrate+d3 pe</i>	Pref	OTC
<i>cvs calcium/magnesium/zin</i>	Pref	OTC
<i>cvs oyster shell calcium/</i>	Pref	OTC
<i>600+d3</i>	Pref	OTC
<i>eq calcium 500+d</i>	Pref	OTC
<i>eq calcium citrate+d</i>	Pref	OTC
<i>eq calcium citrate+d3</i>	Pref	OTC
<i>eql calcium 600mg/vitamin</i>	Pref	OTC
<i>eql calcium citrate/ vita</i>	Pref	OTC
<i>eql calcium/vitamin d</i>	Pref	OTC
<i>gnp calcium 500 +d3</i>	Pref	OTC
<i>gnp calcium 600 +d3</i>	Pref	OTC
<i>gnp calcium citrate +d3</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gnp calcium citrate+d3 ma</i>	Pref	OTC
<i>hm calcium tabs 600mg</i>	Pref	OTC
<i>kp calcium 600+d</i>	Pref	OTC
<i>kp calcium 600+d3</i>	Pref	OTC
<i>kp calcium citrate+d</i>	Pref	OTC
<i>kp calcium/magnesium/zinc</i>	Pref	OTC
<i>liquid calcium/d3</i>	Pref	OTC
<i>liquid calcium/vitamin d</i>	Pref	OTC
<i>nat-rul oyster calcium +</i>	Pref	OTC
<i>os-cal calcium + d3</i>	Pref	OTC
<i>os-cal extra d3</i>	Pref	OTC
OYS SHELL CA TAB 500 + D	Pref	OTC
<i>oysco 500+d</i>	Pref	OTC
OYST SHELL/D TAB 500MG	Pref	OTC
<i>oyster calcium/d3</i>	Pref	OTC
<i>oyster shell tabs 500mg</i>	Pref	OTC
<i>oyster shell calcium 250+</i>	Pref	OTC
<i>oyster shell calcium 500+</i>	Pref	OTC
<i>oyster shell calcium + d3</i>	Pref	OTC
<i>oyster shell calcium plus</i>	Pref	OTC
<i>oyster shell calcium/d3</i>	Pref	OTC
<i>oyster shell calcium/vita</i>	Pref	OTC
<i>pure calcium carbonate tabs 600mg</i>	Pref	OTC
<i>px calcium&amp;d</i>	Pref	OTC
<i>ra calcium 600 plus vitam</i>	Pref	OTC
<i>ra calcium citrate plus v</i>	Pref	OTC
<i>ra calcium citrate/vitami</i>	Pref	OTC
<i>ra calcium high potency tabs 600mg</i>	Pref	OTC
<i>ra calcium plus vitamin d</i>	Pref	OTC
<i>ra hi cal</i>	Pref	OTC
<i>sb calcium + d</i>	Pref	OTC
<i>sm calcium 500/vitamin d3</i>	Pref	OTC
<i>sm calcium 600/vitamin d</i>	Pref	OTC
<i>sm calcium /vitamin d</i>	Pref	OTC
<i>sm calcium citrate + d</i>	Pref	OTC
<i>sm calcium citrate+ w/vit</i>	Pref	OTC
<i>sm calcium citrate+vitami</i>	Pref	OTC
<i>sm calcium/magnesium/zinc</i>	Pref	OTC
<i>sm calcium/vitamin d</i>	Pref	OTC
SM CORAL CALCIUM TABS 1000mg	Pref	OTC
<i>sm oyster shell calcium/v</i>	Pref	OTC
<i>super calcium tabs 600mg</i>	Pref	OTC
<i>super calcium 600 + d3</i>	Pref	OTC
<i>super calcium 600+d3 400</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ELECTROLYTE MIXTURES</b>		
BIOLYTE SOL BERRY	Pref	OTC
BIOLYTE SOL CITRUS	Pref	OTC
BIOLYTE SOL TROPICAL	Pref	OTC
CERASPORT SOL	Pref	OTC
CERASPORT SOL EX1	Pref	OTC
ENFAMIL SOL ENFALYTE	Pref	OTC
HYDRALATE SOL BERRY	Pref	OTC
HYDRALYTE SOL BERRY	Pref	OTC
HYDRALYTE SOL LEMONADE	Pref	OTC
HYDRALYTE SOL ORANGE	Pref	OTC
KINDERLYTE SOL	Pref	OTC
KINDERLYTE SOL PREMAX	Pref	OTC
<i>oral electrolyte solution</i>	Pref	OTC
<b>FLUORIDE</b>		
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml</i>	Pref	
<i>sodium fluoride soln .5mg/ml</i>	Pref	OTC
<b>MAGNESIUM</b>		
BEELITH TAB	Pref	OTC
<i>cvs magnesium oxide tabs 250mg</i>	Pref	OTC
<i>high absorption magnesium tabs 100mg</i>	Pref	OTC
MAG-G TABS 500mg	Pref	OTC
MAGNESIUM CAPS 400mg	Pref	OTC
<i>magnesium tabs 100mg</i>	Pref	OTC
MAGNESIUM CITRATE TABS 100mg	Pref	OTC
MAGNESIUM ELEMENTAL CAPS 300mg; TABS 30mg	Pref	OTC
MAGNESIUM EXTRA STRENGTH CAPS 400mg	Pref	OTC
<i>magnesium gluconate tabs 27.5mg</i>	Pref	OTC
MAGNESIUM GLUCONATE TABS 500mg	Pref	OTC
MAGNESIUM OXIDE CAPS 400mg; TABS 420mg	Pref	OTC
<i>magnesium oxide (mg supplement) caps 500mg; tabs 250mg, 400mg, 500mg</i>	Pref	OTC
<i>magnesium tab 400 mg</i>	Pref	OTC
<i>magnesium-oxide tabs 400mg</i>	Pref	OTC
MAGONATE LIQ 1000/5ML	Pref	OTC
<i>mgo tabs 400mg</i>	Pref	OTC
NU-MAG TAB 71.5-119	Pref	OTC
<i>ra magnesium caps 500mg</i>	Pref	OTC
SLOW-MAG TAB	Pref	OTC
SLOW-MAG TAB 71.5-119	Pref	OTC
SLOWMAG MG TAB MUS/HRT	Pref	OTC
<i>sm magnesium tabs 250mg</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>MINERAL COMBINATIONS</b>		
ADVANCED CA/ TAB D/MAGNES	Pref	OTC
BONE DENSITY TAB BUILDER	Pref	OTC
CA CITRATE+D TAB MAGNESIU	Pref	OTC
CA/MG/ZN TAB	Pref	OTC
CA/MG/ZN TAB VIT D3	Pref	OTC
CAL MAG ZINC TAB +D3	Pref	OTC
CAL-MAG-ZINC TAB -D	Pref	OTC
CAL-MAG-ZINC TAB -D3	Pref	OTC
CALC 600+D3 TAB MINERALS	Pref	OTC
<i>calcium citrate +</i>	Pref	OTC
<i>calcium citrate plus</i>	Pref	OTC
<i>calcium citrate plus/magn</i>	Pref	OTC
CALCIUM MAGN TAB /D	Pref	OTC
CITRACAL PLS TAB	Pref	OTC
CITRACAL TAB MAX PLUS	Pref	OTC
CVS CALCIUM TAB CITR/D3	Pref	OTC
FEM-CAL TAB CITRATE	Pref	OTC
<i>gnp cal mag zinc +d3</i>	Pref	OTC
MULTI MEGA TAB MINERALS	Pref	OTC
<i>*multiple minerals w/ vitamins tab**</i>	Pref	OTC
PROSTEON TAB	Pref	OTC
THERACAL TAB	Pref	OTC
THERACAL TAB D2000	Pref	OTC
THERACAL TAB D4000	Pref	OTC
<b>PHOSPHATE</b>		
<i>phospha 250 neutral</i>	Pref	
<i>phospho-trin 250 neutral</i>	Pref	
<i>phospho-trin k500 tabs 500mg</i>	Pref	
<i>potassium &amp; sodium phosphates powder pack 280-160-250 mg</i>	Pref	OTC
<b>POTASSIUM</b>		
<i>effer-k tbeif 25meq</i>	Pref	
<i>klor-con pack 20meq</i>	Pref	90 day supply
<i>klor-con 8 tbc 8meq</i>	Pref	90 day supply
<i>klor-con 10 tbc 10meq</i>	Pref	90 day supply
<i>klor-con m10 tbc 10meq</i>	Pref	
<i>klor-con m20 tbc 20meq</i>	Pref	90 day supply
<i>klor-con/ef tbeif 25meq</i>	Pref	
<i>potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 20%; tbc 8meq, 10meq</i>	Pref	90 day supply
<i>potassium chloride soln 10%; tbc 20meq</i>	Pref	
<i>potassium chloride tbc 8meq</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride microencapsulated crystals er tbc</i> 10meq	Pref	
<i>potassium chloride microencapsulated crystals er tbc</i> 20meq	Pref	90 day supply
<b>SODIUM</b>		
<i>sodium chloride tabs</i> 1gm	Pref	OTC
<i>sodium chloride flush soln</i> .9%	Pref	
<b>TRACE MINERALS</b>		
<i>chromium picolinate tabs</i> 200mcg	Pref	OTC
<i>chromium picolinate/calci</i>	Pref	OTC
<i>sm chromium picolinate tabs</i> 200mcg	Pref	OTC
<b>ZINC</b>		
<i>cvs zinc tabs</i> 50mg	Pref	OTC
<i>eql natural zinc tabs</i> 50mg	Pref	OTC
<i>orazinc caps</i> 220mg	Pref	OTC
<i>qc zinc tabs</i> 50mg	Pref	OTC
<i>ra zinc tabs</i> 50mg	Pref	OTC
<i>sm zinc tabs</i> 50mg	Pref	OTC
<i>zinc tabs</i> 50mg	Pref	OTC
<i>zinc gluconate tabs</i> 50mg	Pref	OTC
<i>zinc sulfate caps</i> 220mg	Pref	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>penicillamine tabs</i> 250mg	Pref	PA, QL (4 tabs / 1 day)
<i>trientine hcl caps</i> 250mg	Pref	PA
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine tabs</i> 50mg	Pref	90 day supply
<i>cyclosporine modified (for microemulsion) caps</i> 25mg, 100mg; <i>soln</i> 100mg/ml	Pref	
ENSPRYNG SOLN 120mg/ml	Non-Pref	SP, PA
<i>gengraf caps</i> 25mg, 100mg; <i>soln</i> 100mg/ml	Pref	
<i>mycophenolate mofetil caps</i> 250mg; <i>sus</i> 200mg/ml; <i>tabs</i> 500mg	Pref	
<i>mycophenolate sodium tbec</i> 180mg, 360mg	Pref	
<i>sirolimus soln</i> 1mg/ml; <i>tabs</i> .5mg, 1mg, 2mg	Pref	
<i>tacrolimus caps</i> 1mg	Pref	QL (8 caps / 1 day)
<i>tacrolimus caps</i> 5mg	Pref	QL (4 caps / 1 day)
<i>tacrolimus caps</i> .5mg	Pref	QL (2 caps / 1 day)
UPLIZNA SOLN 100mg/10ml	Non-Pref	SP, PA
<b>IRRIGATION SOLUTIONS</b>		
<i>water for irrigation, sterile irrigation soln</i>	Pref	
<b>MISC NATURAL PRODUCTS</b>		
ACAI+SUPERFR TAB GREENTEA	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ADV TURMERIC CAP CUR CMPX	Pref	OTC
<i>advanced joint relief</i>	Pref	OTC
ALLERDHQ CAP	Pref	OTC
ALZ CAP	Pref	OTC
ARTHRI-FLEX TAB ADVANTAG	Pref	OTC
ATRANTIL CAP	Pref	OTC
BEAUTY&SKIN TAB THERAPY	Pref	OTC
BETA-SITOSTE CAP PLT STER	Pref	OTC
<i>bio-flav</i>	Pref	OTC
BLACK COHOSH PAK MENOPAUS	Pref	OTC
<i>blood sugar 360</i>	Pref	OTC
BLOOD SUGAR TAB BALANCE	Pref	OTC
BRAINSTRONG TAB MEMORY	Pref	OTC
CALCIUM PLUS TAB ADVANCED	Pref	OTC
CALCIUM PYRUVATE CAPS 600mg	Pref	OTC
CANDICIDAL CAP	Pref	OTC
CARDIO HEALT CAP FORMULA	Pref	OTC
<i>cholesterol relief</i>	Pref	OTC
CHROMIUM CAP FORTE	Pref	OTC
COLD DEFENSE CAP FIGHTER	Pref	OTC
<i>colon cleanse</i>	Pref	OTC
<i>colon herbal cleanser</i>	Pref	OTC
COLONX CAP	Pref	OTC
COLOX CAP	Pref	OTC
<i>cordymax cs-4 caps 525mg</i>	Pref	OTC
CORTISOL TAB MANAGER	Pref	OTC
CORTISOLV CAP	Pref	OTC
<i>cosamin asu advanced life</i>	Pref	OTC
<i>cosamin asu for joint hea</i>	Pref	OTC
COSAMIN TAB VERDE	Pref	OTC
CRAMP RELEAF CAP	Pref	OTC
CRANBERRY CAP FORTE	Pref	OTC
CRANBERRY TAB PROBIOTI	Pref	OTC
CRANBLADDER CAP RELEAF	Pref	OTC
CURCUMAX PRO TAB	Pref	OTC
CVS PROSTATE TAB MAX +	Pref	OTC
DEEP HEALTH CAP	Pref	OTC
DEEP SLEEP CAP	Pref	OTC
DETOXAREX CAP	Pref	OTC
DIMENSION 3 CAP	Pref	OTC
EARLY ALERT CAP	Pref	OTC
END FATIGUE CAP SLEEP FM	Pref	OTC
ENERGEL CAP 125-12.5	Pref	OTC
ESSIAC TONIC CAP	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESTROVEN + TAB ENERGY	Pref	OTC
ESTROVEN TAB ENERGY	Pref	OTC
FLEXCIN JNT CAP MOBILITY	Pref	OTC
GARLIN TAB	Pref	OTC
GLUC/CHOND/ TAB MSM/D-3	Pref	OTC
GLUC/CHONDR TAB DBL STR	Pref	OTC
GLUC/CHONDR TAB TRIP STR	Pref	OTC
GLUCOLESS CAP	Pref	OTC
GLUCOS CHOND TAB /MSM	Pref	OTC
GLUCOS CHOND TAB MSM	Pref	OTC
GLUCOS CHOND TAB MSM FORM	Pref	OTC
GLUCOS/CHOND TAB	Pref	OTC
GLUCOS/CHOND TAB /MSM	Pref	OTC
GLUCOS/CHOND TAB ADVANCED	Pref	OTC
GLUCOS/CHOND TAB COMP/MSM	Pref	OTC
GLUCOS/CHOND TAB COMPLEX	Pref	OTC
GLUCOS/CHOND TAB MSM	Pref	OTC
GLUCOS/CHOND TAB MSM COMP	Pref	OTC
GLUCOS/CHOND TAB MSM TRPL	Pref	OTC
GLUCOS/CHOND TAB MSM TURM	Pref	OTC
GLUCOS/CHOND TAB MSM/D	Pref	OTC
GLUCOS/CHOND TAB SULFATE	Pref	OTC
GLUCOS/CHOND TAB TRPL STR	Pref	OTC
GLUCOSA FACT CAP DOC HIGH	Pref	OTC
GLUCOSA IMMU CAP BOOSTER	Pref	OTC
<i>glucosamine chondroitin p</i>	Pref	OTC
GLUCOSAMINE TAB	Pref	OTC
GLUCOSAMINE TAB CHONDROI	Pref	OTC
<i>grape seed complex</i>	Pref	OTC
GREEN TEA TAB	Pref	OTC
GREEN TEA TAB SLIM	Pref	OTC
HDL RX TAB	Pref	OTC
HM ESTROPLUS TAB MENOPAUS	Pref	OTC
HOODIA PLUS CAP 375MG	Pref	OTC
HORNY GOAT CAP WEED	Pref	OTC
HOT FLASHEX TAB	Pref	OTC
IMUHANCE CAP	Pref	OTC
INDOLPLEX CAP	Pref	OTC
ITI MAN CAP	Pref	OTC
ITI WOMAN CAP	Pref	OTC
JOINT CAP SUPPORT	Pref	OTC
JOINT HEALTH CAP	Pref	OTC
JOINT HEALTH TAB ULTRA	Pref	OTC
7-KETO LEAN CAP	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAXATIVE TAB FORMULA	Pref	OTC
LEG VEIN & TAB CIRCULAT	Pref	OTC
LIVER PROTCT CAP	Pref	OTC
LOVIRAL CAP	Pref	OTC
LUNG TONIC CAP	Pref	OTC
LYDIA PINKHA TAB	Pref	OTC
LYMPHATONIC CAP	Pref	OTC
MAGIC MUSHRO CAP MIX	Pref	OTC
MALE POTENCY TAB	Pref	OTC
MAXIMUM TAB ENERGY	Pref	OTC
MEDCAPS CAP MENOPAUS	Pref	OTC
MEMORY/FOCUS TAB FORMULA	Pref	OTC
MENOPAUSE TAB HEALTH	Pref	OTC
MENOPAUTONIC CAP	Pref	OTC
MENS POTENT TAB FORMULA	Pref	OTC
METABO-STYLE TAB	Pref	OTC
MILKFLOW CAP	Pref	OTC
MILKFLOW MAX CAP	Pref	OTC
<i>misc natural products caps 10mg, 500mg</i>	Pref	OTC
<i>*misc natural products cap**</i>	Pref	OTC
MISEFLEX TAB	Pref	OTC
MISEFLEX-C TAB	Pref	OTC
MIXED TOCOTR CAP VIT E	Pref	OTC
NARCOSOFT CAP HERB LAX	Pref	OTC
NARCOSOFT II CAP	Pref	OTC
NEURIVA CAP	Pref	OTC
NEURO-ESSENT TAB	Pref	OTC
NRF2 ACTIVAT CAP	Pref	OTC
OCTACOSANOL TAB	Pref	OTC
OMEGA 3/GRN CAP TEA/CLA	Pref	OTC
ORTHODIET TAB	Pref	OTC
OSTEO BI-FLX TAB 5-LOXIN	Pref	OTC
OSTEO BI-FLX TAB ADVANCED	Pref	OTC
OSTEO BI-FLX TAB TRIPLE	Pref	OTC
PANTETHINE TAB PLUS	Pref	OTC
PARA-GARD CAP	Pref	OTC
PETADOLEX 50 CAPS 50mg	Pref	OTC
PETADOLEX 75 CAPS 75mg	Pref	OTC
PHYTOCILLIN CAP	Pref	OTC
PMS FORMULA TAB INDOLPLX	Pref	OTC
PRO CUT CAP	Pref	OTC
PRO NUTRIENT TAB FRU/VEG	Pref	OTC
PROSTATE CAP COMPLEX	Pref	OTC
<i>prostate control</i>	Pref	OTC



Drug Name	Drug Tier	Requirements/Limits
PROSTATE TAB HEALTH	Pref	OTC
RA ESTROPLUS TAB MAX STRE	Pref	OTC
<i>recharge</i>	Pref	OTC
RED WINE EXT CAP PLUS	Pref	OTC
REFEX CAP	Pref	OTC
RELAX & TAB SLEEP	Pref	OTC
RESPIRATONIC CAP	Pref	OTC
<i>rest and relaxation</i>	Pref	OTC
RESVERATIN CAP PLUS	Pref	OTC
RESVERATROL CAP DIET	Pref	OTC
RESVERATROL CAP RED WINE	Pref	OTC
RESVERATROL CAP ULTRA	Pref	OTC
SEASONAL IC TAB	Pref	OTC
<i>seredyn</i>	Pref	OTC
SKELAGESIC CAP	Pref	OTC
SLEEP TONITE TAB	Pref	OTC
<i>sm echinacea/goldenseal</i>	Pref	OTC
<i>sm saw palmetto complex e</i>	Pref	OTC
STRESS CAP RELEAF	Pref	OTC
SUPER ENERGY TAB	Pref	OTC
<i>super-d3+</i>	Pref	OTC
T-150 CAP	Pref	OTC
<i>tart cherry advanced</i>	Pref	OTC
TESTOSTERONE CAP FORMULA	Pref	OTC
<i>thisilibin caps 300mg</i>	Pref	OTC
<i>toprophan</i>	Pref	OTC
TOTAL BODY TAB CLEANSE	Pref	OTC
TRIPLE FLEX CAP	Pref	OTC
TUMERSAID TAB	Pref	OTC
UPSPRING CAP FERTILIT	Pref	OTC
UPSPRING CAP MILKFLOW	Pref	OTC
URINOZINC CAP PROSTATE	Pref	OTC
URINOZINC TAB PLUS	Pref	OTC
VALINEX CAP	Pref	OTC
VARIVODA TAB	Pref	OTC

**POTASSIUM REMOVING AGENTS**

*\*sodium polystyrene sulfonate powder\*\** Pref

**MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT**

**ANESTHETICS TOPICAL ORAL**

<i>lidocaine hcl (mouth-throat) soln 2%</i>	Pref	
<i>sore throat</i>	Pref	OTC
<i>sore throat lozenges</i>	Pref	OTC
<i>ultra throat lozenges</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troc 10mg</i>	Non-Pref	PA
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	Pref	90 day supply
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chloraseptic warming sore liqd 1.4%</i>	Pref	OTC
<i>chlorhexidine gluconate (mouth-throat) soln .12%</i>	Pref	
<i>cvs sore throat spray liqd 1.4%</i>	Pref	OTC
<i>goodsense sore throat spr liqd 1.4%</i>	Pref	OTC
<i>ora relief sore throat liqd 1.4%</i>	Pref	OTC
<i>oral relief liqd 1.4%</i>	Pref	OTC
<i>oralseptic liqd 1.4%</i>	Pref	OTC
<i>phenaseptic liqd 1.4%</i>	Pref	OTC
<i>sore throat spray liqd 1.4%</i>	Pref	OTC
<b>DENTAL PRODUCTS</b>		
<i>denta 5000 plus crea 1.1%</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sf 5000 plus crea 1.1%</i>	Pref	
<i>sodium fluoride 5000 plus crea 1.1%</i>	Pref	
<i>sodium fluoride 5000 ppm crea 1.1%; gel 1.1%</i>	Pref	
<i>sodium fluoride (dental) gel 1.1%</i>	Pref	
<b>LOZENGES</b>		
<i>cough drops lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>cough drops sugar free lozg 5.8mg</i>	Pref	OTC
<i>cvs cough drops sugar fre lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>eql cough drops lozg 5.8mg, 7.6mg</i>	Pref	OTC
<i>medikoff drops lozg 7.6mg</i>	Pref	OTC
<i>qc cough drops lozg 5.8mg</i>	Pref	OTC
<i>ra cough drops lozg 7mg</i>	Pref	OTC
<i>sm cough drops lozg 5.8mg, 7mg</i>	Pref	OTC
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dental paste pste .1%</i>	Pref	
<i>triamcinolone acetonide (mouth) pste .1%</i>	Pref	
<b>THROAT PRODUCTS - MISC.</b>		
<i>eql cold sore treatment</i>	Pref	QL (24 gm / 1 day), OTC
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
<b>B-COMPLEX VITAMINS</b>		
<i>b-complex plus b-12</i>	Pref	OTC
<i>*b-complex vitamin cap**</i>	Pref	OTC
<i>*b-complex vitamin tab**</i>	Pref	OTC
<i>brewers yeast tabs 487.5mg</i>	Pref	OTC
<i>*brewers yeast tab***</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ra b-complex</i>	Pref	OTC
<i>ra b-complex with b-12</i>	Pref	OTC
<b>B-COMPLEX W/ C</b>		
<i>allbee plus vitamin c</i>	Pref	OTC
<i>*b-complex w/ c cap**</i>	Pref	OTC
<i>*b-complex w/ c tab**</i>	Pref	OTC
<i>bec/zinc</i>	Pref	OTC
<i>better b complex</i>	Pref	OTC
<i>cvs b complex plus c</i>	Pref	OTC
<i>cvs stress formula/zinc</i>	Pref	OTC
<i>cvs super b complex/c</i>	Pref	OTC
<i>eql stress b-complex/vita</i>	Pref	OTC
<i>hm b-complex with vitamin</i>	Pref	OTC
<i>sm super b complex-vitami</i>	Pref	OTC
<i>sm vitamin b complex with</i>	Pref	OTC
<i>stress b/zinc</i>	Pref	OTC
<i>stress formula/zinc</i>	Pref	OTC
<i>stress plus zinc</i>	Pref	OTC
<i>super b with c</i>	Pref	OTC
<i>vitamin b complex-c</i>	Pref	OTC
<i>zinc-vites</i>	Pref	OTC
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b complex formula #1</i>	Pref	OTC
<i>b-50 complex</i>	Pref	OTC
<i>b-100</i>	Pref	OTC
<i>b-compleet-50</i>	Pref	OTC
<i>b-compleet-100</i>	Pref	OTC
<i>b-complex balanced</i>	Pref	OTC
<b>B-COMPLEX TAB C/FA/BIO</b>	Pref	OTC
<i>*b-complex w/ c &amp; folic acid tab***</i>	Pref	OTC
<i>*b-complex w/ folic acid cap**</i>	Pref	OTC
<i>*b-complex w/ folic acid tab**</i>	Pref	OTC
<i>*b-complex w/biotin &amp; folic acid tab***</i>	Pref	OTC
<i>balance b-50</i>	Pref	OTC
<i>balanced b complex</i>	Pref	OTC
<i>balanced b-50</i>	Pref	OTC
<i>balanced b-100</i>	Pref	OTC
<i>benfotiamine multi-b neur</i>	Pref	OTC
<i>big 100</i>	Pref	OTC
<b>BIOTIN FORTE TAB</b>	Pref	OTC
<b>BIOTIN FORTE TAB /ZINC</b>	Pref	OTC
<b>DIALYVIT 800 TAB ZINC 15</b>	Pref	OTC
<i>dialyvite</i>	Pref	
<i>dialyvite 800</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIALYVITE TAB 800/ZINC	Pref	OTC
DIALYVITE WAF PLUS D	Pref	OTC
<i>eql b complex 50</i>	Pref	OTC
<i>eql super b complex/vitam</i>	Pref	OTC
<i>folbee plus</i>	Pref	
<i>folbee plus cz</i>	Pref	
FULL SPECT TAB B/ VIT C	Pref	OTC
<i>kobee</i>	Pref	OTC
<i>kp b complex/c</i>	Pref	OTC
<i>nephro vitamins</i>	Pref	OTC
<i>nephronex</i>	Pref	
NEPHRONEX LIQ 0.9/5ML	Pref	OTC
<i>quin b strong b-25</i>	Pref	OTC
<i>ra balanced b-50</i>	Pref	OTC
<i>ra balanced b-100</i>	Pref	OTC
<i>rena-vite</i>	Pref	OTC
<i>rena-vite rx</i>	Pref	OTC
<i>renal caps</i>	Pref	
<i>renal multivitamin formul</i>	Pref	OTC
<i>renal vitamin</i>	Pref	OTC
<i>renal-vite</i>	Pref	OTC
<i>reno caps</i>	Pref	OTC
<i>sm b super vitamin comple</i>	Pref	OTC
<i>sm b-complex</i>	Pref	OTC
SM B-COMPLEX TAB /VIT C	Pref	OTC
<i>sm balanced b-50</i>	Pref	OTC
<i>sm ballanced b-100</i>	Pref	OTC
<i>sm vitamin b100 complex</i>	Pref	OTC
<i>stress formula</i>	Pref	OTC
<i>super b-50</i>	Pref	OTC
<i>super b-100</i>	Pref	OTC
<i>super b-complex</i>	Pref	OTC
<i>super b-complex/folic aci</i>	Pref	OTC
<i>super b-complex/vitamin c</i>	Pref	OTC
<i>super dec b-100</i>	Pref	OTC
<i>super quints b-50</i>	Pref	OTC
<i>triphrocaps</i>	Pref	
<i>virt-caps</i>	Pref	
VITAL-D RX TAB	Pref	
<i>vp-vite rx</i>	Pref	
<i>wescaps</i>	Pref	
<i>yl balanced b-100</i>	Pref	OTC
<b>BIOFLAVONOID PRODUCTS</b>		
ADVANCED C TAB PLUS	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>anti-allergy</i>	Pref	OTC
<i>*bioflavonoid products tab**</i>	Pref	OTC
<i>bioflex</i>	Pref	OTC
<i>easy-c</i>	Pref	OTC
<i>ester-c</i>	Pref	OTC
<i>flexgen</i>	Pref	OTC
FRUIT C CHW 200MG	Pref	OTC
<i>hi c-500</i>	Pref	OTC
<i>pan-c 500/bioflavonoids</i>	Pref	OTC
<i>span c</i>	Pref	OTC
<i>super c-500</i>	Pref	OTC
<i>super c-1000</i>	Pref	OTC
<i>tri super flavons</i>	Pref	OTC
<i>vasoflex</i>	Pref	OTC
<i>vasoflex hd</i>	Pref	OTC
VITAMIN C CHW 500MG	Pref	OTC
<i>vitamin c/bioflavonoids/w</i>	Pref	OTC
<b>MULTIPLE VITAMINS W/ CALCIUM</b>		
CALCI-MAX CAP	Pref	OTC
<i>essential one daily multi</i>	Pref	OTC
<i>gnp one daily womens heal</i>	Pref	OTC
<i>signacal</i>	Pref	OTC
SM ONE DAILY TAB ESSENTIA	Pref	OTC
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>daily vitamin formula+ir</i>	Pref	OTC
<i>daily vitamin formula+iro</i>	Pref	OTC
<i>daily vite multivitamin/i</i>	Pref	OTC
<i>daily-vitamin/iron</i>	Pref	OTC
<i>multi vitamin with iron</i>	Pref	OTC
<i>multi-vitamins/iron</i>	Pref	OTC
<i>*multiple vitamins w/ iron tab**</i>	Pref	OTC
<i>multivitamin plus iron ad</i>	Pref	OTC
<i>nat-rul daily-vite + iron</i>	Pref	OTC
<i>one-daily multi-vitamin/i</i>	Pref	OTC
<i>one-daily/iron</i>	Pref	OTC
<i>qc daily multivitamins/ir</i>	Pref	OTC
<i>sm multiple vitamins/iron</i>	Pref	OTC
<i>stress b complex/iron</i>	Pref	OTC
<i>stress formula/iron</i>	Pref	OTC
<i>tab-a-vite multivitamin/i</i>	Pref	OTC
TAB-A-VITE TAB IRON/BET	Pref	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>a thru z select</i>	Pref	OTC
ABC COMPLETE TAB WOMEN	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ACTIVE 55 LIQ PLUS	Pref	OTC
ADV DIABETIC TAB MULTIVIT	Pref	OTC
<i>advanced multi ea</i>	Pref	OTC
<i>airborne</i>	Pref	OTC
<i>airborne gummies</i>	Pref	OTC
<i>airborne immune system</i>	Pref	OTC
<i>airborne kids</i>	Pref	OTC
AIRBORNE+NAT LIQ ENERGY	Pref	OTC
ALGAE BASED TAB CALCIUM	Pref	OTC
ALIVE 50+ TAB ENERGY	Pref	OTC
ALIVE 50+ TAB WOMENS	Pref	OTC
ALIVE DAILY TAB WOMENS	Pref	OTC
ALIVE ENERGY TAB MENS	Pref	OTC
ALIVE ENERGY TAB WOMENS	Pref	OTC
ALIVE LIQ MULT-VIT	Pref	OTC
ANTIOXIDANT TAB FORMULA	Pref	OTC
AZO HORMONAL TAB HEALTH	Pref	OTC
BASIC AM TAB	Pref	OTC
BASIC PM TAB	Pref	OTC
<i>bprotected multi-vite</i>	Pref	OTC
CAL-DAY 1000 TAB	Pref	OTC
CENT MATURE TAB ADLT 50+	Pref	OTC
CENTRAL-VITE TAB	Pref	OTC
CENTRAVITES TAB 50 PLUS	Pref	OTC
CENTRAVITES TAB ADULTS	Pref	OTC
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
CERTAVITE/ TAB ANTIOXID	Pref	OTC
<i>complete multivitamin/mul</i>	Pref	OTC
<i>corvita</i>	Pref	
<i>cvs airshield</i>	Pref	OTC
<i>cvs daily gummies adult</i>	Pref	OTC
<i>cvs mens daily gummies</i>	Pref	OTC
<i>cvs womens daily gummies</i>	Pref	OTC
DERMAVITE TAB	Pref	OTC
EQ COMPLETE TAB ADULT	Pref	OTC
EQ ONE DAILY TAB MENS	Pref	OTC
EQ ONE DAILY TAB WOMENS	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EQL CENTURY TAB MENS	Pref	OTC
EQL CENTURY TAB WOMENS	Pref	OTC
ESTROVEN MEN TAB SUPPLEM	Pref	OTC
EYE HEALTH TAB LUTEIN	Pref	OTC
EYE MULTIVIT TAB SODIUM	Pref	OTC
FITNESS TABS TAB MEN	Pref	OTC
FITNESS TABS TAB WOMEN	Pref	OTC
FREEDAVITE TAB	Pref	OTC
GERI-FREEDA TAB SENIOR	Pref	OTC
HAIR SKIN & TAB NAILS AD	Pref	OTC
HI POT MV/ TAB BETA-CAR	Pref	OTC
HIGH POTENCY TAB MV/FA	Pref	OTC
HM COMPLETE TAB MEN	Pref	OTC
HM HAIR/SKIN TAB /NAILS	Pref	OTC
ICAPS AREDS TAB FORMULA	Pref	OTC
K-PAX TAB PROF ST	Pref	OTC
LIVER DETOX TAB	Pref	OTC
LUTEIN PLUS TAB ZEAXANTH	Pref	OTC
<i>lysiplex plus</i>	Pref	OTC
MEGA MULTI TAB MEN	Pref	OTC
MEGA MULTI TAB WOMEN	Pref	OTC
MEGAVITE TAB FRT/VEG	Pref	OTC
MEGAVITE TAB GOLD 55+	Pref	OTC
MENS MULTI TAB VIT/MIN	Pref	OTC
MENS MULTIPL TAB	Pref	OTC
<i>multi + omega-3 adult gum</i>	Pref	OTC
<i>multi adult gummies</i>	Pref	OTC
MULTI VITAMN TAB MINERALS	Pref	OTC
MULTI-BETIC TAB DIABETES	Pref	OTC
MULTI-VITAMI TAB MONOCAPS	Pref	OTC
<i>multi-vitamin gummies</i>	Pref	OTC
MULTI-VITE LIQ	Pref	OTC
MULTIPLE VITAMINS W/ MINERALS	Pref	
<i>multiple vitamins w/ minerals</i>	Pref	OTC
<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>multivitamin</i>	Pref	OTC
<i>multivitamin &amp; mineral</i>	Pref	OTC
<i>multivitamin gummies adul</i>	Pref	OTC
<i>multivitamin gummies mens</i>	Pref	OTC
<i>multivitamin gummies wome</i>	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MULTIVITAMIN TAB ADULTS	Pref	OTC
MULTIVITAMIN TAB MEN	Pref	OTC
MULTIVITAMIN TAB WOMEN	Pref	OTC
MULTIVITAMIN TAB ZINC STR	Pref	OTC
NAT-RUL THER TAB M	Pref	OTC
NATRUL-VITES TAB	Pref	OTC
NUTRIENT 45+ TAB WOMEN	Pref	OTC
NUTRIENT 50+ TAB MEN	Pref	OTC
NUTRIENTS TAB MEN	Pref	OTC
NUTRIENTS TAB TEENS	Pref	OTC
NUTRIENTS TAB WOMEN	Pref	OTC
<i>nutrifac zx</i>	Pref	
OCULAR TAB VITAMINS	Pref	OTC
<i>ocuvite eye health gummie</i>	Pref	OTC
ONCOVITE TAB	Pref	OTC
ONE DAILY MN TAB W/O IRON	Pref	OTC
ONE DAILY MV TAB WOMENS	Pref	OTC
ONE DAILY TAB MENS	Pref	OTC
ONE DAILY TAB MENS 50+	Pref	OTC
ONE DAILY TAB WMNS 50+	Pref	OTC
ONE DAILY TAB WOMENS	Pref	OTC
ONE-A-DAY TAB 50+ ADV	Pref	OTC
ONE-A-DAY TAB 50+ MENS	Pref	OTC
ONE-A-DAY TAB 50+ WMN	Pref	OTC
ONE-A-DAY TAB 65+	Pref	OTC
ONE-A-DAY TAB ENERGY	Pref	OTC
ONE-A-DAY TAB MENOPAUS	Pref	OTC
ONE-A-DAY TAB MENS	Pref	OTC
ONE-A-DAY TAB PROEDGE	Pref	OTC
ONE-A-DAY TAB TEEN/HIM	Pref	OTC
ONE-A-DAY TAB WOMENS	Pref	OTC
OPURITY TAB	Pref	OTC
OSTEOPRIME TAB PLUS	Pref	OTC
PARVLEX TAB	Pref	OTC
PHYTOMULTI TAB	Pref	OTC
PRESERVISION TAB AREDS	Pref	OTC
PRO-CAL TAB	Pref	OTC
PROCERV HP TAB	Pref	OTC
PRORENAL +D TAB	Pref	OTC
PRORENAL+D TAB	Pref	OTC
PROVIT TAB	Pref	OTC
QC MULTI-VIT TAB	Pref	OTC
QUIN B TAB STRONG	Pref	OTC
QUINTABS-M TAB	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RENAPLEX-D TAB	Pref	OTC
SENTRY SENIO TAB LUTEIN	Pref	OTC
SENTRY TAB	Pref	OTC
SENTRY TAB SENIOR	Pref	OTC
SM ONE DAILY TAB MENS	Pref	OTC
SM ONE DAILY TAB WOMENS	Pref	OTC
SOLO TAB	Pref	OTC
SPECTRAVITE TAB	Pref	OTC
SPECTRAVITE TAB ADLT 50+	Pref	OTC
SPECTRAVITE TAB ADULTS	Pref	OTC
SPECTRAVITE TAB MEN 50+	Pref	OTC
SPECTRAVITE TAB ULT MEN	Pref	OTC
SPECTRAVITE TAB ULT WMN	Pref	OTC
<i>super 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
THERA-TABS M TAB	Pref	OTC
THERABETIC TAB MULTIVIT	Pref	OTC
THERAGRAN-M TAB	Pref	OTC
THERAGRAN-M TAB 50 PLUS	Pref	OTC
THERAGRAN-M TAB ADVANCED	Pref	OTC
THERAGRAN-M TAB PREMIER	Pref	OTC
THEREMS-M TAB	Pref	OTC
<i>tropical liquid nutrition</i>	Pref	OTC
ULTRA POTENC TAB WOMEN 50	Pref	OTC
<i>v-c forte</i>	Pref	
<i>vita s forte</i>	Pref	
VITALINE TAB FORMULA2	Pref	OTC
VITALINE TAB FORMULA3	Pref	OTC
VITAMIN D3 TAB COMPLETE	Pref	OTC
VITASANA TAB	Pref	OTC
<i>vitatum</i>	Pref	OTC
VITATRUM TAB	Pref	OTC
VITEYES CLAS TAB MULTIVIT	Pref	OTC
VITEYES OPTI TAB NERV SUP	Pref	OTC
VITRUM 50+ TAB ADT- MUL	Pref	OTC
VITRUM TAB ADULT	Pref	OTC
VITRUM TAB SENIOR	Pref	OTC
WOMENS MULTI TAB VIT/MIN	Pref	OTC
YELETS TEEN TAB FORMULA	Pref	OTC
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
DAILY MULTI TAB VITAMINS	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
ESTROFACTORS TAB	Pref	OTC
HIGH POTENCY TAB MULTIVIT	Pref	OTC
MULTI VITAMI TAB	Pref	OTC
MULTI VITAMI TAB D-3	Pref	OTC
<i>multiple vitamin tab</i>	Pref	OTC
MULTIVITAMIN TAB	Pref	OTC
MULTIVITAMIN TAB ADULT	Pref	OTC
NEOMULTIVITE TAB	Pref	OTC
OMNICAP TAB	Pref	OTC
ONE DAILY TAB ESSENTL	Pref	OTC
ONE-A-DAY CHW VITACRAV	Pref	OTC
QUINTABS TAB	Pref	OTC
THERA TAB	Pref	OTC
THEREMS TAB MULTIVIT	Pref	OTC

**PED MULTIPLE VITAMINS W/ MINERALS**

ACTIVNUTRIEN CHW	Pref	OTC
<i>alive gummies for childre</i>	Pref	OTC
<i>alive multi-vitamin child</i>	Pref	OTC
CENTRUM KIDS CHW	Pref	OTC
CENTRUM KIDS CHW FLAV BST	Pref	OTC
<i>childrens gummies</i>	Pref	OTC
<i>cvs gummy dinos</i>	Pref	OTC
<i>cvs gummy dinos childrens</i>	Pref	OTC
<i>cvs gummy multivitamin ki</i>	Pref	OTC
<i>eq multivitamin gummies c</i>	Pref	OTC
<i>eq multivitamins children</i>	Pref	OTC
FLINTSTONES CHW TODDLER	Pref	OTC
<i>flintstones gummies plus</i>	Pref	OTC
<i>gummi bear multivitamin/m</i>	Pref	OTC
HEALTHY KIDS CHW GUMMIES	Pref	OTC
<i>healthy kids overall hea</i>	Pref	OTC
KIDZ MULTVIT CHW PROBIOTI	Pref	OTC
MULTIVITAMIN CHW GUMMIES	Pref	OTC
<i>multivitamin gummies chil</i>	Pref	OTC
MVW COMPLETE CHW GRAPE	Pref	OTC
MVW COMPLETE DRO PEDIATRI	Pref	OTC
<i>mvw complete formulation</i>	Pref	OTC
NF FORMULAS CHW CHILDREN	Pref	OTC
<i>sea buddies daily multipl</i>	Pref	OTC
<i>smarty pants kids complet</i>	Pref	OTC
<i>spongebob squarepants gum</i>	Pref	OTC
<i>vitachew multiple vitamin</i>	Pref	OTC
VITALETS CHW CHILD	Pref	OTC
ZOO FRIENDS CHW COMPLETE	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zoo friends multi gummies</i>	Pref	OTC
<b>PED MV W/ FLUORIDE</b>		
FLORIVA DRO PLUS	Pref	
<i>multi-vitamin/fluoride dr</i>	Pref	
MULTIV+FLUOR CHW 0.5MG	Pref	OTC
MULTIV+FLUOR CHW 0.25MG	Pref	OTC
MULTIV+FLUOR CHW 1MG	Pref	OTC
<i>multivitamin with fluorid</i>	Pref	OTC
<i>multivitamin/fluoride</i>	Pref	
QUFLORA PED DRO 0.25MG	Pref	
<b>PED MV W/ IRON</b>		
<i>bite-a-mins/iron</i>	Pref	OTC
<i>cerovite jr</i>	Pref	OTC
<i>childrens animal shapes c</i>	Pref	OTC
<i>childrens chewable multiv</i>	Pref	OTC
<i>cvs chewable childrens vi</i>	Pref	OTC
<i>cvs childrens chewable co</i>	Pref	OTC
<i>eq complete chewable mult</i>	Pref	OTC
<i>eq1 childrens multivitami</i>	Pref	OTC
<i>flintstones complete</i>	Pref	OTC
<i>flintstones w/iron</i>	Pref	OTC
<i>fruity chews/iron</i>	Pref	OTC
<i>gnp childrens chewables/i</i>	Pref	OTC
HONEY BEARS CHW IRON-ZIN	Pref	OTC
<i>land before time multivit</i>	Pref	OTC
<i>little animals plus iron</i>	Pref	OTC
MULTIVITAMIN CHW IRON	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	OTC
POLY-VITE SOL IRON	Pref	OTC
<i>px childrens vitamin</i>	Pref	OTC
<i>qc childrens chewable com</i>	Pref	OTC
<i>qc childrens chewable vit</i>	Pref	OTC
<i>ra chewable vitamins comp</i>	Pref	OTC
SCOOBY-DOO CHW	Pref	OTC
<i>sm animal shapes complete</i>	Pref	OTC
<i>ultra choice multivitamin</i>	Pref	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
<i>animal chews</i>	Pref	OTC
<i>bite-a-mins</i>	Pref	OTC
<i>childrens chewable multiv</i>	Pref	OTC
<i>childrens chewable vitami</i>	Pref	OTC
<i>flintstones gummies plus</i>	Pref	OTC
<i>flintstones multivitamin</i>	Pref	OTC
<i>flintstones plus calcium</i>	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flintstones plus extra c</i>	Pref	OTC
<i>flintstones/my first</i>	Pref	OTC
<i>fruity chews</i>	Pref	OTC
<i>gerber grow mighty</i>	Pref	OTC
<i>gnp childrens chewables/e</i>	Pref	OTC
<i>gnp little ones childrens</i>	Pref	OTC
<i>land before time multivit</i>	Pref	OTC
<i>little animals</i>	Pref	OTC
PED POLY-VIT DRO	Pref	OTC
POLY-VI-SOL SOL 50MG/ML	Pref	OTC
POLY-VITA DRO	Pref	OTC
POLY-VITE DRO	Pref	OTC
POLY-VITE SOL 50MG/ML	Pref	OTC
<i>qc childrens chewable vit</i>	Pref	OTC
<i>sm animal shapes kids fir</i>	Pref	OTC
<i>zoo friends/extra c</i>	Pref	OTC

**PEDIATRIC VITAMINS**

HONEY BEARS CHW	Pref	OTC
MULTIVITAMIN CHW CHILD	Pref	OTC
TRI-VI-SOL SOL A/C/D	Pref	OTC

**PRENATAL VITAMINS**

BRAINSTRONG MIS PRENATAL	Pref	OTC
CL PRENATAL TAB 28-0.8MG	Pref	OTC
COMPLETENATE CHW	Pref	
CVS PRENATAL CHW GUMMY	Pref	OTC
CVS PRENATAL TAB 27-0.8MG	Pref	OTC
ENFAMIL MIS EXPECTA	Pref	OTC
EQL PRENATAL TAB FORMULA	Pref	OTC
GNP PRENATAL TAB 28-0.8MG	Pref	OTC
KP PRENATAL TAB MULTIVIT	Pref	OTC
KPN PRENATAL TAB	Pref	OTC
M-NATAL PLUS TAB	Pref	
MASONATAL TAB	Pref	OTC
MULTI PRENAT TAB	Pref	OTC
NEONATAL VIT TAB 27-0.8MG	Pref	OTC
NIVA-PLUS TAB	Pref	
ONE A DAY MIS PRENATAL	Pref	OTC
ONE A DAY PAK PRENATAL	Pref	OTC
ONE VITE TAB 27-0.8MG	Pref	OTC
PERRY PRENAT CAP	Pref	OTC
PRENAT MULTI CAP +DHA	Pref	OTC
PRENATABS FA TAB 29-1MG	Pref	OTC
<i>prenatabs rx</i>	Pref	
<i>prenatal 19</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENATAL 19 TAB	Pref	OTC
PRENATAL CAP FORMULA	Pref	OTC
PRENATAL FRM TAB A-FREE	Pref	OTC
PRENATAL MUL CAP +DHA	Pref	OTC
PRENATAL MV MIS + DHA	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
PRENATAL TAB COMPLETE	Pref	OTC
PRENATAL TAB FORTE	Pref	OTC
PRENATAL TAB IRON	Pref	OTC
PRENATAL TAB MULTIVIT	Pref	OTC
PRENATAL TAB PLUS	Pref	
PRENATAL VIT TAB 28-0.8MG	Pref	OTC
PRENATAL VIT TAB MINERALS	Pref	OTC
PRENATAL+DHA MIS	Pref	OTC
PRENATAL+DHA MIS WOMENS	Pref	OTC
PRENATAL-U CAP 106.5-1	Pref	
PRENATAL/FE TAB	Pref	OTC
PRENATL MULT CAP + DHA	Pref	OTC
PRENTAT MULT CAP PLUS DHA	Pref	OTC
PX PRENATAL TAB MULTIVIT	Pref	OTC
QC PRENATAL TAB 28-0.8MG	Pref	OTC
RA PRENATAL TAB 28-0.8MG	Pref	OTC
RA PRENATAL TAB FORMULA	Pref	OTC
SE-NATAL 19 CHW	Pref	
SE-NATAL 19 TAB	Pref	
SM PRENATAL TAB VITAMINS	Pref	OTC
THERANATAL TAB 27-1	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**

<i>a thru z advantage</i>	Pref	OTC
ADRENAL TAB CALM	Pref	OTC
ALLERWELL TAB ALLERGY	Pref	OTC
BIOTIN PLUS TAB KERATIN	Pref	OTC
BRAIN MIGHT TAB	Pref	OTC
CENTRUM SPEC TAB ENERGY	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CENTRUM TAB PERFORMA	Pref	OTC
<i>cvs hair skin &amp; nails/an</i>	Pref	OTC
CVS HAIR/SKN TAB NAILS	Pref	OTC
<i>cvs menopause support</i>	Pref	OTC
ELON MATRIX TAB 5000	Pref	OTC
ELON MATRIX TAB 5000 COM	Pref	OTC
ELON MATRIX TAB COMPLETE	Pref	OTC
ELON MATRIX TAB PLUS	Pref	OTC
ELON R3 TAB	Pref	OTC
HAIR FARE TAB	Pref	OTC
HAIR NOURISH TAB SUPPLEMN	Pref	OTC
HEALTHY TAB HEART	Pref	OTC
HEART TABS TAB	Pref	OTC
ICAPS LUTEIN TAB ZEAXANTH	Pref	OTC
LIPIDSHIELD TAB PLUS	Pref	OTC
MG PLUS TAB PROTEIN	Pref	OTC
MIL ADREGEN TAB	Pref	OTC
<i>milltrium stamina plus</i>	Pref	OTC
RA EAR CARE TAB	Pref	OTC
THERABETIC TAB EYE HLTH	Pref	OTC
<i>ultimate fat burner</i>	Pref	OTC
UPSPRING TAB HE NATAL	Pref	OTC
<i>urosex</i>	Pref	
<i>varisan vitality</i>	Pref	OTC
<i>vitamins for hair</i>	Pref	OTC
<i>weight loss daily multi</i>	Pref	OTC
<b>VITAMIN MIXTURES</b>		
<i>cod liver oil/vitamins a</i>	Pref	OTC
<i>norwegian cod liver oil</i>	Pref	OTC
<i>qc cod liver oil</i>	Pref	OTC
<i>ra cod liver oil</i>	Pref	OTC
<i>sm cod liver oil</i>	Pref	OTC
<i>*vitamins a &amp; d cap***</i>	Pref	OTC
<i>yl natural vitamin a &amp; d</i>	Pref	OTC
<b>VITAMINS W/ LIPOTROPICS</b>		
ACTIFLOVIT TAB EAR HEAL	Pref	OTC
B-100 COMP TAB TR	Pref	OTC
<i>b-complex formula 1</i>	Pref	OTC
<i>b-stress</i>	Pref	OTC
<i>balance b-100</i>	Pref	OTC
<i>balanced b-50 complex</i>	Pref	OTC
<i>cvs balanced b50</i>	Pref	OTC
<i>cvs inner ear plus</i>	Pref	OTC
<i>ear health formula</i>	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ear health plus</i>	Pref	OTC
<i>lipo flavonoid plus</i>	Pref	OTC
<i>lipoflavovit</i>	Pref	OTC
<i>mega multiple w/chelated</i>	Pref	OTC
<i>methacholine/liver</i>	Pref	OTC
<i>multi-vitamin hp/minerals</i>	Pref	OTC
<i>nat-rul b-50</i>	Pref	OTC
<i>px b-50</i>	Pref	OTC
<i>risanoid plus</i>	Pref	OTC
<i>ultra b-100 complex</i>	Pref	OTC
<i>*vitamins w/ lipotropics tab**</i>	Pref	OTC

## **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

### **CENTRAL MUSCLE RELAXANTS**

AMRIX CP24 15mg, 30mg	Non-Pref	PA
<i>baclofen soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Pref	
<i>carisoprodol tabs 250mg</i>	Non-Pref	PA
<i>carisoprodol tabs 350mg</i>	Pref	
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	Pref	
<i>cyclobenzaprine hcl cp24 15mg, 30mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Pref	
<i>fexmid tabs 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUSP 25mg/5ml	Non-Pref	PA
<i>lorzone tabs 375mg, 750mg</i>	Non-Pref	PA
LYVISPAH PACK 5mg, 10mg, 20mg	Non-Pref	PA
<i>metaxalone tabs 400mg, 800mg</i>	Non-Pref	PA
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>	Pref	
<i>orphenadrine citrate tb12 100mg</i>	Pref	
SOMA TABS 250mg, 350mg	Non-Pref	PA
<i>tizanidine hcl caps 2mg, 4mg, 6mg</i>	Non-Pref	PA
<i>tizanidine hcl tabs 2mg, 4mg</i>	Pref	
ZANAFLEX CAPS 2mg, 4mg, 6mg; TABS 4mg	Non-Pref	PA

### **DIRECT MUSCLE RELAXANTS**

DANTRIUM CAPS 25mg	Non-Pref	PA
<i>dantrolene sodium caps 25mg, 50mg, 100mg</i>	Pref	

### **MUSCLE RELAXANT COMBINATIONS**

NORGESIC TAB FORTE	Non-Pref	PA
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### **VISCOSUPPLEMENTS**

EUFLEXXA SOSY 20mg/2ml	Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
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**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 6)
DYMISTA SPR 137-50	Non-Pref	PA; AGE (Min 6)

**NASAL AGENTS - MISC.**

AJR NASAL DROPS SOLN .65%	Pref	OTC
AJR NASAL MIST ALLERGY & SOLN 2.65%	Pref	OTC
<i>ajr saline nasal</i>	Pref	OTC
<i>nasogel</i>	Pref	OTC
<i>*saline nasal gel**</i>	Pref	OTC
<i>saline nasal spray 0.65% soln .65%</i>	Pref	OTC

**NASAL ANTIALLERGY**

<i>azelastine hcl soln 137mcg/spray</i>	Pref	QL (0.067 bottles / 1 day)
<i>azelastine hcl soln .15%</i>	Non-Pref	PA
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	Pref	OTC
<i>olopatadine hcl (nasal) soln .6%</i>	Non-Pref	PA
PATANASE SOLN .6%	Non-Pref	PA

**NASAL ANTICHOLINERGICS**

<i>ipratropium bromide (nasal) soln .03%, .06%</i>	Pref	QL (2 mL / 1 day)
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**NASAL STEROIDS**

BECONASE AQ SUSP 42mcg/spray	Non-Pref	PA
FLONASE SENSIMIST SUSP 27.5mcg/spray	Pref	OTC
<i>flunisolide (nasal) soln .025%</i>	Non-Pref	PA
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Pref	QL (0.038 bottles / 1 day)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>gnp 24 hour nasal allerg aero 55mcg/act</i>	Pref	QL (1 bottle / 24 days), OTC
<i>gnp budesonide nasal spra susp 32mcg/act</i>	Non-Pref	PA, OTC
<i>gnp fluticasone propionat susp 50mcg/act</i>	Pref	QL (0.038 bottles / 1 day), OTC
<i>goodsense nasal allergy s aero 55mcg/act</i>	Pref	QL (1 bottle / 24 days), OTC
<i>hm 24 hour nasal allergy aero 55mcg/act</i>	Non-Pref	PA, QL (1 bottle / 24 days), OTC
<i>mometasone furoate (nasal) susp 50mcg/act</i>	Non-Pref	PA
OMNARIS SUSP 50mcg/act	Non-Pref	PA
<i>qc allergy relief susp 50mcg/act</i>	Pref	QL (0.038 bottles / 1 day), OTC
QNASL AERS 80mcg/act	Non-Pref	PA
QNASL CHILDRENS AERS 40mcg/act	Non-Pref	PA
<i>sm allergy relief nasal s susp 50mcg/act</i>	Pref	QL (0.038 bottles / 1 day), OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sm allergy relief nasal s susp 50mcg/act</i>	Non-Pref	PA, QL (0.038 bottles / 1 day), OTC
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	Pref	QL (1 bottle / 24 days), OTC
XHANCE EXHU 93mcg/act	Non-Pref	PA
ZETONNA AERS 37mcg/act	Non-Pref	PA

### **SYMPATHOMIMETIC DECONGESTANTS**

<i>cvs nasal decongestant pe tabs 10mg</i>	Pref	OTC
<i>gnp nasal decongestant pe tabs 10mg</i>	Pref	OTC
<i>nasal decong spr 0.05% soln .05%</i>	Pref	OTC
<i>nexafed taba 30mg</i>	Pref	OTC
<i>non-pseudo sinus deconges tabs 10mg</i>	Pref	OTC
<i>phenylephrine hcl (oral) tabs 10mg</i>	Pref	OTC
<i>phenylephrine hcl nasal soln 1% soln 1%</i>	Pref	OTC
<i>pseudoephedrine hcl tabs 60mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg tabs 30mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg tb12 120mg</i>	Pref	OTC
<i>ra sinus pressure/congest tabs 10mg</i>	Pref	OTC
<i>sm nasal decongestant pe tabs 10mg</i>	Pref	OTC
SUDAFED SINUS CONGESTION TB24 240mg	Pref	OTC
<i>sudogest tabs 60mg</i>	Pref	OTC
<i>wal-phed pe tabs 10mg</i>	Pref	OTC
<i>zephrex-d taba 30mg</i>	Pref	OTC

### **NUTRIENTS - DRUGS FOR NUTRITION**

#### **CARBOHYDRATES**

<i>dextrose soln 5%</i>	Pref	
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#### **LIPOTROPICS**

<i>cvs lecithin caps 1200mg</i>	Pref	OTC
<i>lecithin caps 1200mg</i>	Pref	OTC
<i>sm soya lecithin caps 1200mg</i>	Pref	OTC

#### **MISC. NUTRITIONAL SUBSTANCES**

<i>cvs fish oil</i>	Pref	OTC
<i>eql omega-3 fish oil</i>	Pref	OTC
FISH OIL CAP 183.33MG	Pref	OTC
<i>fish oil concentrate</i>	Pref	OTC
<i>fish oil pearls</i>	Pref	OTC
<i>gnp fish oil maximum stre</i>	Pref	OTC
<i>kp omega-3 fish oil</i>	Pref	OTC
OMEGA-3 CAP 1400MG	Pref	OTC
<i>omega-3 fatty acids caps 1000mg</i>	Pref	OTC
<i>*omega-3 fatty acids cap 300 mg**</i>	Pref	OTC
<i>sm fish oil</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>PROTEINS</b>		
<i>cvs l-lysine tabs 500mg</i>	Pref	OTC
<i>eql l-lysine tabs 500mg</i>	Pref	OTC
<i>g-levocarnitine s/f soln 1gm/10ml</i>	Pref	OTC
L-TRYPTOPHAN CAPS 500mg; TABS 500mg	Pref	OTC
<i>levocarnitine soln 1gm/10ml</i>	Pref	OTC
<i>lysine tabs 500mg</i>	Pref	OTC
<i>lysine hcl tabs 500mg</i>	Pref	OTC
<i>nac caps 600mg</i>	Pref	OTC
<i>nac 600 caps 600mg</i>	Pref	OTC
<i>ra l-lysine tabs 500mg</i>	Pref	OTC
<i>sd l-lysine tabs 500mg</i>	Pref	OTC
<i>sm l-lysine tabs 500mg</i>	Pref	OTC

## OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS

<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
<i>artificial tears soln 1.4%</i>	Pref	OTC
<i>biolle gel tears gel 1%</i>	Pref	OTC
<i>biolle tears soln .5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium (ophth) soln .5%</i>	Pref	OTC
<i>clear eyes natural tears</i>	Pref	OTC
<i>cvs artificial tears</i>	Pref	OTC
<i>cvs dry eye relief</i>	Pref	OTC
<i>cvs lubricant eye drops soln .5%, .6%</i>	Pref	OTC
<i>cvs lubricant eye drops p soln .5%</i>	Pref	OTC
<i>cvs lubricant gel drops gel 1%</i>	Pref	OTC
<i>cvs lubricating eye drops</i>	Pref	OTC
<i>cvs natural tears pf</i>	Pref	OTC
<i>dry eye relief gel 1%</i>	Pref	OTC
<i>dry eye relief drops</i>	Pref	OTC
<i>eq restore plus lubricant soln .5%</i>	Pref	OTC
<i>eq restore tears soln .5%</i>	Pref	OTC
GENTEAL SEVERE TEARS GEL .3%	Pref	OTC
<i>genteal tears liquid drop</i>	Pref	OTC
<i>gnp eye drops dry eye rel</i>	Pref	OTC
<i>goniotaire soln 2.5%</i>	Pref	OTC
<i>goodsense lubricating plu soln .5%</i>	Pref	OTC
<i>hm dry eye relief</i>	Pref	OTC
ISOPTO TEARS SOLN .5%	Pref	OTC
<i>just tears eye drops</i>	Pref	OTC
<i>lubricant eye drops soln .5%, .6%</i>	Pref	OTC
<i>lubricant eye drops/dual-</i>	Pref	OTC
<i>lubricating plus eye drop soln .5%</i>	Pref	OTC
<i>lubricating tears eye dro</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUBRICANT GEL DRO 0.25-0.3	Pref	OTC
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Pref	OTC
<i>polyvinyl alcohol soln 1.4%</i>	Pref	OTC
PURE & GENTLE LUBRICANT SOLN 3mg/ml	Pref	OTC
<i>qc artificial tears</i>	Pref	OTC
<i>ra artificial tears eye c</i>	Pref	OTC
<i>ra lubricant eye drops</i>	Pref	OTC
<i>refresh celluvisc gel 1%</i>	Pref	OTC
REFRESH DRO OP	Pref	OTC
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>retaine cmc soln .5%</i>	Pref	OTC
RETAINE HPMC SOLN .3%	Pref	OTC
<i>sm artificial tears</i>	Pref	OTC
<i>sm dry eye relief</i>	Pref	OTC
<i>soothe hydration soln 1.25%</i>	Pref	OTC
<i>soothe xp</i>	Pref	OTC
<i>soothe xp/xtra protection</i>	Pref	OTC
<i>stye</i>	Pref	OTC
<i>systane contacts soothing</i>	Pref	OTC
<i>theratears liquid gel nig gel 1%</i>	Pref	OTC
<i>ultra fresh soln .5%</i>	Pref	OTC
<i>ultra lubricating eye dro</i>	Pref	OTC

### **BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl (ophth) soln .5%</i>	Pref	QL (0.54 mL / 1 day)
BETIMOL SOLN .25%, .5%	Non-Pref	PA
BETOPTIC-S SUSP .25%	Non-Pref	PA
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
<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 SOLN .5%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
levobunolol hcl soln .5%	Pref	QL (0.4 mL / 1 day)
timolol maleate (ophth) solg .25%, .5%; soln .25%	Pref	QL (0.286 mL / 1 day)
timolol maleate (ophth) soln .5%	Pref	QL (0.334 mL / 1 day)
timolol maleate (ophth) soln .5%	Non-Pref	PA
timolol maleate in ocudos soln .5%	Pref	QL (0.334 ea / 1 day)
TIMOPTIC SOLN .5%	Non-Pref	PA, QL (0.334 mL / 1 day)
TIMOPTIC SOLN .25%	Non-Pref	PA, QL (0.286 mL / 1 day)
TIMOPTIC OCUDOSE SOLN .5%	Non-Pref	PA, QL (0.334 ea / 1 day)
TIMOPTIC OCUDOSE SOLN .25%	Non-Pref	PA
TIMOPTIC-XE SOLG .25%, .5%	Non-Pref	PA, QL (0.286 mL / 1 day)

### **CHOLINERGIC AGONISTS**

TYRVAYA SOLN .03mg/act	Non-Pref	PA
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### **CYCLOPLEGIC MYDRIATICS**

atropine sulfate (ophthalmic) oint 1%; soln 1%	Pref	
cyclopentolate hcl soln .5%, 1%, 2%	Pref	
ISOPTO ATROPINE SOLN 1%	Pref	
tropicamide soln .5%, 1%	Pref	

### **MIOTICS**

PHOSPHOLINE IODIDE SOLR .125%	Non-Pref	PA
pilocarpine hcl soln 1%, 2%, 4%	Pref	QL (0.54 mL / 1 day)

### **OPHTHALMIC ADRENERGIC AGENTS**

ALPHAGAN P SOLN .1%, .15%	Pref	QL (0.4 mL / 1 day)
apraclonidine hcl soln .5%	Non-Pref	PA
brimonidine tartrate soln .15%, .2%	Pref	QL (0.4 mL / 1 day)
IOPIDINE SOLN 1%	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Non-Pref	PA

### **OPHTHALMIC ANTI-INFECTIVES**

ak-poly-bac	Pref	QL (0.434 gm / 1 day)
AZASITE SOLN 1%	Non-Pref	PA
bacitracin (ophthalmic) oint 500unit/gm	Pref	QL (0.434 gm / 1 day)
bacitracin-polymyxin b ophth oint	Pref	QL (0.434 gm / 1 day)
BESIVANCE SUSP .6%	Non-Pref	PA
CILOXAN OINT .3%	Non-Pref	PA
ciprofloxacin hcl (ophth) soln .3%	Pref	QL (0.767 mL / 1 day)
erythromycin (ophth) oint 5mg/gm	Pref	QL (0.54 gm / 1 day)
gatifloxacin (ophth) soln .5%	Non-Pref	PA
gentak oint .3%	Pref	QL (0.54 gm / 1 day)
gentamicin sulfate (ophth) soln .3%	Pref	QL (2.143 mL / 1 day)
levofloxacin (ophth) soln .5%	Non-Pref	PA
moxifloxacin hcl (ophth) soln .5%	Pref	QL (0.434 mL / 1 day)
moxifloxacin hcl (ophth) soln .5%	Non-Pref	PA
neo-polycin	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 SOLN .3%	Non-Pref	PA, QL (1.47 mL / 1 day)
<i>ofloxacin (ophth) soln .3%</i>	Pref	QL (1.47 mL / 1 day)
<i>polycin</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%; soln 10%</i>	Non-Pref	PA
<i>tobramycin (ophth) soln .3%</i>	Pref	QL (2.143 mL / 1 day)
VIGAMOX SOLN .5%	Non-Pref	PA, QL (0.434 mL / 1 day)
ZYMAXID SOLN .5%	Non-Pref	PA

### **OPHTHALMIC DECONGESTANTS**

<i>cvs astringent eye drops</i>	Pref	OTC
<i>cvs eye drops</i>	Pref	OTC
<i>cvs eye drops original soln .05%</i>	Pref	OTC
<i>eq eye drops soln .05%</i>	Pref	OTC
<i>eql advanced relief eye d</i>	Pref	OTC
<i>eql eye drops soln .05%</i>	Pref	OTC
<i>eql eye drops ac</i>	Pref	OTC
<i>eye drops soln .05%</i>	Pref	OTC
<i>eye drops advanced relief</i>	Pref	OTC
<i>eye drops ar</i>	Pref	OTC
<i>eye drops maximum relief</i>	Pref	OTC
<i>gnp eye drops soln .05%</i>	Pref	OTC
<i>gnp eye drops seasonal re</i>	Pref	OTC
<i>goodsense eye drops</i>	Pref	OTC
<i>hm eye drops soln .05%</i>	Pref	OTC
<i>px sterile eye drops soln .05%</i>	Pref	OTC
<i>qc eye drops soln .05%</i>	Pref	OTC
<i>redness reliever eye drop soln .05%</i>	Pref	OTC
<i>relief drops</i>	Pref	OTC
<i>relief eye drops</i>	Pref	OTC
<i>sm eye drops soln .05%</i>	Pref	OTC
<i>visine-ac</i>	Pref	OTC

### **OPHTHALMIC IMMUNOMODULATORS**

CEQUA SOLN .09%	Non-Pref	PA
<i>cyclosporine (ophth) emul .05%</i>	Non-Pref	PA
RESTASIS EMUL .05%	Pref	
RESTASIS MULTIDOSE EMUL .05%	Pref	

Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA SOLN 5%	Pref	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOLN .02%	Pref	QL (0.1 mL / 1 day)
ROCKLATAN DRO	Pref	QL (0.1 mL / 1 day)
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl soln .5%</i>	Pref	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUSP .2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
BLEPHAMIDE OIN S.O.P.	Non-Pref	PA
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Non-Pref	PA
<i>difluprednate emul .05%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
DUREZOL EMUL .05%	Pref	QL (0.334 mL / 1 day)
EYSUVIS SUSP .25%	Non-Pref	PA, QL (8.3 mL / 72 days)
FLAREX SUSP .1%	Non-Pref	PA
<i>fluorometholone (ophth) susp .1%</i>	Pref	
FML OINT .1%	Non-Pref	PA
FML FORTE SUSP .25%	Non-Pref	PA
FML LIQUIFILM SUSP .1%	Non-Pref	PA
INVELTYS SUSP 1%	Non-Pref	PA
LOTEMAX GEL .5%; SUSP .5%	Non-Pref	PA
LOTEMAX OINT .5%	Non-Pref	PA
LOTEMAX SM GEL .38%	Non-Pref	PA
<i>loteprednol etabonate gel .5%; susp .5%</i>	Pref	
MAXIDEX SUSP .1%	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin hc</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 SUSP 1%	Non-Pref	PA
PRED MILD SUSP .12%	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	
PREDNISOLONE SODIUM PHOSP SOLN 1%	Non-Pref	PA
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	

Drug Name	Drug Tier	Requirements/Limits
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 SOLN .5%	Non-Pref	PA, QL (0.5 mL / 1 day)
ACULAR LS SOLN .4%	Non-Pref	PA
ACUVAIL SOLN .45%	Non-Pref	PA
<i>alaway soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
<i>alaway childrens allergy soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
ALOCRIL SOLN 2%	Non-Pref	PA
ALOMIDE SOLN .1%	Non-Pref	PA
<i>altachlore oint 5%; soln 5%</i>	Pref	OTC
<i>azelastine hcl (ophth) soln .05%</i>	Pref	QL (0.267 mL / 1 day)
AZOPT SUSP 1%	Pref	QL (0.334 mL / 1 day)
<i>bepotastine besilate soln 1.5%</i>	Non-Pref	PA, QL (0.334 mL / 1 day)
BEPREVE SOLN 1.5%	Non-Pref	PA, QL (0.334 mL / 1 day)
<i>brinzolamide susp 1%</i>	Pref	QL (0.334 mL / 1 day)
<i>bromfenac sodium (ophth) soln .09%</i>	Non-Pref	PA
BROMSITE SOLN .075%	Non-Pref	PA
<i>cromolyn sodium (ophth) soln 4%</i>	Pref	
<i>diclofenac sodium (ophth) soln .1%</i>	Pref	
<i>dorzolamide hcl soln 2%</i>	Pref	QL (0.4 mL / 1 day)
<i>epinastine hcl (ophth) soln .05%</i>	Pref	QL (0.286 mL / 1 day)
<i>eye allergy itch relief soln .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye allergy itch/redness soln .1%</i>	Pref	QL (0.286 mL / 1 day), OTC
<i>eye itch relief soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
EYE STREAM SOL OP	Pref	OTC
<i>flurbiprofen sodium soln .03%</i>	Pref	
<i>gnp olopatadine hydrochlo soln .1%, .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
ILEVRO SUSP .3%	Non-Pref	PA
<i>ketorolac tromethamine (ophth) soln .4%</i>	Pref	
<i>ketorolac tromethamine (ophth) soln .5%</i>	Pref	QL (0.5 mL / 1 day)
<i>ketotifen fumarate (ophth) soln .025%</i>	Pref	QL (0.167 mL / 1 day), OTC
MURO 128 SOLN 2%	Pref	OTC
NEVANAC SUSP .1%	Non-Pref	PA
<i>olopatadine hcl soln .1%</i>	Pref	QL (0.286 mL / 1 day)
<i>olopatadine hcl soln .1%, .2%</i>	Pref	QL (0.286 mL / 1 day), OTC
PATADAY SOLN .1%, .2%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PATADAY EXTRA STRENGTH SOLN .7%	Non-Pref	PA, QL (0.286 mL / 1 day), OTC
PROLENSA SOLN .07%	Non-Pref	PA

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride hypertonic oint 5%; soln 5%</i>	Pref	OTC
TRUSOPT SOLN 2%	Non-Pref	PA, QL (0.4 mL / 1 day)
ZADITOR SOLN .025%	Pref	QL (0.167 mL / 1 day), OTC
ZERVIATE SOLN .24%	Non-Pref	PA

### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost soln .03%</i>	Non-Pref	PA
<i>latanoprost soln .005%</i>	Pref	QL (0.13 mL / 1 day)
LUMIGAN SOLN .01%	Non-Pref	PA
TRAVATAN Z SOLN .004%	Pref	QL (0.167 mL / 1 day)
<i>travoprost soln .004%</i>	Pref	QL (0.167 mL / 1 day)
VYZULTA SOLN .024%	Non-Pref	PA
XALATAN SOLN .005%	Non-Pref	PA, QL (0.13 mL / 1 day)
XELPROS EMUL .005%	Non-Pref	PA
ZIOPTAN SOLN .015mg/ml	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 soln 6.5%</i>	Pref	OTC

#### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl (otic) soln .2%</i>	Non-Pref	PA
<i>ofloxacin (otic) soln .3%</i>	Pref	QL (0.334 mL / 1 day)

#### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	Non-Pref	PA
CIPRODEX SUS 0.3-0.1%	Pref	QL (0.257 mL / 1 day)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Non-Pref	PA, QL (0.257 mL / 1 day)
<i>ciprofloxacin-fluocinolone acetone (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	

#### **OTIC STEROIDS**

<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Pref	
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### **OXYTOCICS - DRUGS FOR PREGNANCY**

#### **OXYTOCICS - DRUGS FOR PREGNANCY**

<i>methergine tabs .2mg</i>	Pref	QL (6 tabs / 1 day)
<i>methylergonovine maleate tabs .2mg</i>	Pref	QL (6 tabs / 1 day)

### **PENICILLINS - DRUGS TO TREAT INFECTIONS**

#### **AMINOPENICILLINS**

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Pref	
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Drug Name	Drug Tier	Requirements/Limits
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Pref	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Pref	
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Pref	

**PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING**

<b>FLAVORING AGENTS</b>		
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
BEEF FLAVOR LIQ NATURAL	Pref	OTC
BEEF FLAVOR LIQ OIL SOLU	Pref	OTC
BITTER MASK LIQ FLAVOR	Pref	OTC
BITTERNESS LIQ SUPPRESS	Pref	OTC
BLOOD ORANGE LIQ OS	Pref	OTC
BLUEBERRY LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ CONCENTR	Pref	OTC
BUBBLE GUM LIQ FLAVOR	Pref	OTC
BUBBLE GUM LIQ OS	Pref	OTC
BUBBLE GUM LIQ WS	Pref	OTC
BUBBLEGUM LIQ FLAVOR	Pref	OTC
BUTTERSCOTCH LIQ FLAVOR	Pref	OTC
CARAMEL LIQ FLAVOR	Pref	OTC
CARAMEL OS LIQ	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
CREME OS LIQ	Pref	OTC
FLAVORING AGENT - OIL	Pref	
FLAVORING AGENTS	Pref	
FLAVORX LIQ	Pref	OTC
GRAPE CONCOR LIQ OS	Pref	OTC
GRAPE LIQ FLAVOR	Pref	OTC
GREEN APPLE LIQ OS	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
MANGO PASSIO LIQ FRUIT OS	Pref	OTC
MARSHMALLOW LIQ FLAVOR	Pref	OTC
MARSHMALLOW LIQ OS	Pref	OTC
MARSHMALLOW LIQ WS	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
PEPPERMINT LIQ BURST OS	Pref	OTC
PINA COLADA LIQ FLAVOR	Pref	OTC
PINEAPPLE LIQ FLAVOR	Pref	OTC
RASPBERRY LIQ FLAVOR	Pref	OTC
RASPBERRY LIQ OS	Pref	OTC
SARDINE LIQ FLAVOR	Pref	OTC
SPEARMINT LIQ OS	Pref	OTC
STRAWBERRY LIQ FLAVOR	Pref	OTC
STRAWBERRY LIQ OS	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SWEETENING LIQ ENHANCER	Pref	OTC
TROPICAL FUS LIQ WS	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
VANILLA OS LIQ	Pref	OTC
VERY BERRY LIQ OS	Pref	OTC
VITAMIN/IRON LIQ MASKING	Pref	OTC
WATERMELON LIQ FLAVOR	Pref	OTC
WILD CHERRY LIQ FLAVOR	Pref	OTC

**GELATIN CAPSULES (EMPTY)**

CAPSULE SZ 1 CAP LACTOSE	Pref	OTC
EMPTY CAPSUL CAP #0	Pref	OTC
EMPTY CAPSUL CAP #00	Pref	OTC
EMPTY CAPSUL CAP SIZE 0	Pref	OTC
EMPTY CAPSUL CAP SIZE 1	Pref	OTC
EMPTY CAPSUL CAP SIZE 2	Pref	OTC
EMPTY CAPSUL CAP SIZE 3	Pref	OTC
EMPTY CAPSUL CAP SIZE 4	Pref	OTC
EMPTY CAPSUL CAP SIZE 5	Pref	OTC
EMPTY CAPSUL CAP SIZE 7	Pref	OTC
EMPTY CAPSUL CAP SIZE 00	Pref	OTC
EMPTY CAPSUL CAP SIZE 10	Pref	OTC
EMPTY CAPSUL CAP SIZE 11	Pref	OTC
EMPTY CAPSUL CAP SIZE 13	Pref	OTC
EMPTY CAPSUL CAP SIZE 000	Pref	OTC

**LIQUID VEHICLES**

FLAVOR SWEET SYP S/F	Pref	OTC
GRAPE SYP	Pref	OTC
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
ORAL SUSPEND LIQ	Pref	OTC
ORAL SYP FLAVORED	Pref	OTC
ORAL SYP SF	Pref	OTC
ORAPENN SD LIQ SWEET	Pref	OTC
ORAPENN SD LIQ UNSWEET	Pref	OTC
RASPBERRY SYP	Pref	OTC
SIMPLE SYP	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMPLE SYRUP SYP NF	Pref	OTC
SOSWEET SYP	Pref	OTC
SYRPALTA SYRP 83%	Pref	OTC
SYRSPEND SF LIQ	Pref	OTC
SYRUP NF SYRP 85%	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
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 PROTECTANT OINT 41%	Pref	OTC
DAILY MOISTURIZER OINT 41%	Pref	OTC
LANOLIN ANHY OIN	Pref	OTC
PEG 3350 POW	Pref	
PEG 3350 POW	Pref	OTC
PETROLATUM OINT 42%	Pref	OTC
<i>petrolatum gel</i>	Pref	OTC
PETROLATUM OIN WHITE	Pref	OTC
PETROLATUM OIN YELLOW	Pref	OTC
PETROLEUM OIN BABY	Pref	OTC
PETROLEUM OIN JELLY	Pref	OTC
POLY GLYCOL GRA 3350	Pref	

Drug Name	Drug Tier	Requirements/Limits
RA PETROLEUM OIN	Pref	OTC
SKIN PROTECTANT PETROLATU OINT 44.28%	Pref	OTC
<i>vaseline</i>	Pref	
WHITE PETROLATUM OINT 100%	Pref	OTC
<i>white petrolatum gel</i>	Pref	

## PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

### PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

AYGESTIN TABS 5mg	Non-Pref	PA
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	Non-Pref	SP, PA
MAKENA SOAJ 275mg/1.1ml	Pref	SP
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Pref	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Non-Pref	PA
<i>norethindrone acetate tabs 5mg</i>	Pref	
<i>progesterone caps 100mg, 200mg; oil 50mg/ml</i>	Pref	
PROMETRIUM CAPS 100mg, 200mg	Non-Pref	PA
PROVERA TABS 2.5mg, 5mg, 10mg	Non-Pref	PA

## PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

### AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	Pref	
<i>disulfiram tabs 250mg, 500mg</i>	Pref	

### ANTIDEMENTIA AGENTS

ADLARITY PTWK 5mg/day, 10mg/day	Non-Pref	PA
ARICEPT TABS 5mg, 10mg	Non-Pref	PA; 90 day supply
ARICEPT TABS 23mg	Non-Pref	PA; AGE (Min 40)
<i>donepezil hydrochloride tabs 5mg, 10mg; tbdp 10mg</i>	Pref	90 day supply
<i>donepezil hydrochloride tabs 23mg</i>	Pref	AGE (Min 40)
<i>donepezil hydrochloride tbdp 5mg</i>	Pref	AGE (Min 40); 90 day supply
EXELON PT24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr	Pref	90 day supply
<i>galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg</i>	Non-Pref	PA
<i>memantine hcl cp24 7mg; soln 2mg/ml</i>	Non-Pref	PA; 90 day supply
<i>memantine hcl cp24 14mg, 21mg, 28mg</i>	Non-Pref	PA
<i>memantine hcl tabs 5mg</i>	Pref	QL (3 tabs / 1 day; 90 day supply); AGE (Min 40)
<i>memantine hcl tabs 10mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply); AGE (Min 40)
NAMENDA TABS 5mg	Non-Pref	PA, QL (3 each / 1 day); AGE (Min 40)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAMENDA TABS 10mg	Non-Pref	PA, QL (2 each / 1 day); AGE (Min 40)
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 CP24 8mg, 16mg, 24mg	Non-Pref	PA
<i>rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr</i>	Pref	90 day supply
<i>rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg</i>	Non-Pref	PA

### **COMBINATION PSYCHOTHERAPEUTICS**

LYBALVI TAB 5-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 10-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 15-10MG	Non-Pref	PA; AGE (Min 18)
LYBALVI TAB 20-10MG	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE (Min 18)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE (Min 18); 90 day supply
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE (Min 18); 90 day supply
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE (Min 18)
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE (Min 18)

### **FIBROMYALGIA AGENTS**

SAVELLA TABS 12.5mg, 25mg, 50mg, 100mg	Non-Pref	PA
SAVELLA MIS TITR PAK	Non-Pref	PA

### **MOVEMENT DISORDER DRUG THERAPY**

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

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AMPYRA TB12 10mg	Non-Pref	SP, PA
AUBAGIO TABS 7mg, 14mg	Non-Pref	SP, PA
AVONEX PSKT 30mcg/0.5ml	Pref	SP
AVONEX PEN AJKT 30mcg/0.5ml	Pref	SP
BAFIERTAM CPDR 95mg	Non-Pref	SP, PA
BETASERON KIT .3mg	Pref	SP
COPAXONE SOSY 20mg/ml	Pref	SP
COPAXONE SOSY 40mg/ml	Non-Pref	SP, PA
<i>dalfampridine tb12 10mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	Pref	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Pref	SP
EXTAVIA KIT .3mg	Non-Pref	SP, PA
GILENYA CAPS .5mg	Non-Pref	SP, PA
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	Non-Pref	SP, PA
<i>glatopa sosy 20mg/ml, 40mg/ml</i>	Non-Pref	SP, PA
KESIMPTA SOAJ 20mg/0.4ml	Pref	PA; AGE (Min 18)
MAVENCLAD TBPK 10mg	Non-Pref	SP, PA
MAYZENT TABS 1mg	Non-Pref	PA
MAYZENT TABS .25mg, 2mg	Non-Pref	SP, PA
MAYZENT STARTER PACK TBPK .25mg	Non-Pref	PA
MAYZENT STARTER PACK TBPK .25mg	Non-Pref	SP, PA
PLEGRIDY SOPN 125mcg/0.5ml; SOSY 125mcg/0.5ml	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TABS 20mg	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF SOSY 22mcg/0.5ml, 44mcg/0.5ml	Non-Pref	SP, PA
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA
REBIF REBIDOSE SOAJ 22mcg/0.5ml, 44mcg/0.5ml	Non-Pref	SP, PA
REBIF TITRTN INJ PACK	Non-Pref	SP, PA
TECFIDERA CPDR 120mg, 240mg	Non-Pref	SP, PA
TECFIDERA MIS STARTER	Non-Pref	SP, PA
VUMERITY CPDR 231mg	Non-Pref	SP, PA
ZEPOSIA CAPS .92mg	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE TABS 300mg, 600mg	Non-Pref	PA
LYRICA CR TB24 82.5mg, 165mg, 330mg	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	Non-Pref	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (pddd) tabs 10mg, 20mg</i>	Non-Pref	PA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
<i>NUEDEXTA CAP 20-10MG</i>	Pref	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>pimozide tabs 1mg, 2mg</i>	Non-Pref	PA; AGE (Min 18)
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
<i>HORIZANT TBCR 300mg, 600mg</i>	Non-Pref	PA
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
<i>gnp nicotine mini lozenge lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine polacrilex m lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>gnp nicotine transdermal pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>hm nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>hm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>nicotine polacrilex gum 2 mg gum 2mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex gum 4 mg gum 4mg</i>	Pref	QL (24 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg lozg 2mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>NICOTINE SYS KIT TRANSDER</i>	Pref	QL (0.018 kits / 1 day), OTC
<i>nicotine transdermal syst pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>NICOTROL INHALER INHA 10mg</i>	Non-Pref	PA
<i>NICOTROL NS SOLN 10mg/ml</i>	Non-Pref	PA
<i>qc nicotine transdermal s pt24 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>sm nicotine polacrilex lozg 4mg</i>	Pref	QL (24 lozgs / 1 day), OTC
<i>sm nicotine transdermal s pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>varenicline tartrate tabs .5mg, 1mg</i>	Pref	QL (2 tabs / 1 day)
<i>varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</i>	Pref	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	Non-Pref	PA
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS</b>		
<b>CYSTIC FIBROSIS AGENTS</b>		
<i>PULMOZYME SOLN 2.5mg/2.5ml</i>	Pref	SP, PA, QL (5 mL / 1 day)



Drug Name	Drug Tier	Requirements/Limits
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>doxycycline (monohydrate) caps 50mg, 100mg; tabs 50mg, 100mg</i>	Pref	
<i>doxycycline hyclate caps 50mg, 100mg; tabs 20mg, 100mg</i>	Pref	
<i>minocycline hcl caps 50mg</i>	Pref	QL (4 caps / 1 day)
<i>minocycline hcl caps 75mg, 100mg</i>	Pref	QL (2 caps / 1 day)

**THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

**ANTITHYROID AGENTS**

<i>methimazole tabs 5mg, 10mg</i>	Pref	
<i>propylthiouracil tabs 50mg</i>	Pref	

**THYROID HORMONES**

ARMOUR THYROID TABS 180mg, 240mg, 300mg	Pref	
<i>euthyrox tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Pref	90 day supply
<i>levo-t tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply
<i>levothyroxine sodium tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply
<i>levoxyl tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg</i>	Pref	90 day supply
<i>liothyronine sodium tabs 5mcg, 25mcg, 50mcg</i>	Pref	
<i>np thyroid 15 tabs 15mg</i>	Pref	
<i>np thyroid 30 tabs 30mg</i>	Pref	
<i>np thyroid 60 tabs 60mg</i>	Pref	
<i>np thyroid 90 tabs 90mg</i>	Pref	
<i>np thyroid 120 tabs 120mg</i>	Pref	
<i>unithroid tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Pref	90 day supply

**TOXOIDS - DRUGS TO PREVENT INFECTIONS**

**TOXOID COMBINATIONS**

ADACEL INJ	Pref	AGE (Min 19)
BOOSTRIX INJ	Pref	AGE (Min 19)
DAPTACEL INJ	Pref	
DIP/TET PED INJ 25-5LFU	Pref	
INFANRIX INJ	Pref	
PEDIARIX INJ 0.5ML	Pref	

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INJ	Pref	
QUADRACEL INJ	Pref	
QUADRACEL INJ 0.5ML	Pref	
TDVAX INJ 2-2 LF	Pref	AGE (Min 19); 1 fill per lifetime
TENIVAC INJ 5-2LF	Pref	AGE (Min 19); 1 fill per lifetime

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

### ANTISPASMODICS

<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Pref	
<i>glycopyrrolate tabs 1mg, 2mg</i>	Pref	

### H-2 ANTAGONISTS

<i>acid reducer maximum stre tabs 20mg</i>	Pref	OTC; 90 day supply
<i>acid reducer original str tabs 10mg</i>	Pref	OTC; 90 day supply
<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Non-Pref	PA
<i>cimetidine hcl soln 300mg/5ml</i>	Non-Pref	PA
<i>famotidine susr 40mg/5ml</i>	Pref	AGE (Max 11); 90 day supply
<i>famotidine tabs 10mg</i>	Pref	OTC; 90 day supply
<i>famotidine tabs 20mg, 40mg</i>	Pref	90 day supply
<i>famotidine maximum streng tabs 20mg</i>	Pref	OTC; 90 day supply
<i>heartburn relief tabs 10mg</i>	Pref	OTC; 90 day supply
<i>heartburn relief maximum tabs 20mg</i>	Pref	OTC; 90 day supply
<i>nizatidine caps 150mg, 300mg</i>	Non-Pref	PA
PEPCID TABS 20mg, 40mg	Non-Pref	PA; 90 day supply
<i>qc acid controller tabs 10mg</i>	Pref	OTC; 90 day supply
<i>qc acid controller maximu tabs 20mg</i>	Pref	OTC; 90 day supply

### MISC. ANTI-ULCER

<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Pref	
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### PROTON PUMP INHIBITORS

<i>acid reducer cpdr 20.6mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
DEXILANT CPDR 30mg, 60mg	Non-Pref	PA
<i>dexlansoprazole cpdr 30mg, 60mg</i>	Non-Pref	PA
<i>esomeprazole magnesium cpdr 20mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>esomeprazole magnesium cpdr 20mg, 40mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>esomeprazole magnesium pack 10mg, 20mg, 40mg</i>	Non-Pref	PA
<i>esomeprazole magnesium tbec 20mg</i>	Non-Pref	PA, QL (2 tabs / 1 day), OTC
<i>gnp omeprazole cpdr 20.6mg</i>	Non-Pref	PA, QL (1 cap / 1 day), OTC
<i>gnp omeprazole tbec 20mg</i>	Non-Pref	PA, OTC
<i>gnp omeprazole odt tbdd 20mg</i>	Pref	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lansoprazole cpdr 15mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>lansoprazole cpdr 15mg, 30mg</i>	Pref	PA, QL (1 cap / 1 day)
<i>lansoprazole tbdd 15mg, 30mg</i>	Non-Pref	PA
NEXIUM CPDR 20mg, 40mg	Non-Pref	PA, QL (1 cap / 1 day)
NEXIUM PACK 2.5mg, 5mg, 10mg, 20mg, 40mg	Non-Pref	PA
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Pref	PA, QL (1 cap / 1 day; 90 day supply)
<i>omeprazole tbdd 20mg</i>	Pref	PA, OTC
<i>omeprazole tbec 20mg</i>	Non-Pref	PA, OTC
<i>omeprazole magnesium cpdr 20.6mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>omeprazole magnesium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day), OTC
<i>pantoprazole sodium pack 40mg</i>	Pref	PA; 90 day supply
<i>pantoprazole sodium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day)
<i>pantoprazole sodium tbec 20mg</i>	Pref	PA, QL (1 tab / 1 day; 90 day supply)
<i>pantoprazole sodium tbec 40mg</i>	Pref	PA, QL (2 tabs / 1 day; 90 day supply)
PREVACID CPDR 30mg	Non-Pref	PA, QL (1 cap / 1 day)
PREVACID 24HR CPDR 15mg	Non-Pref	PA, QL (1 cap / 1 day), OTC
PREVACID SOLUTAB TBDD 15mg, 30mg	Non-Pref	PA
PRILOSEC PACK 2.5mg, 10mg	Non-Pref	PA
PROTONIX PACK 40mg	Pref	PA; 90 day supply
PROTONIX TBEC 20mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
PROTONIX TBEC 40mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
<i>qc esomeprazole magnesium cpdr 20mg</i>	Pref	PA, QL (1 cap / 1 day), OTC
<i>rabeprazole sodium tbec 20mg</i>	Non-Pref	PA

### **ULCER DRUGS - PROSTAGLANDINS**

<i>misoprostol tabs 100mcg, 200mcg</i>	Pref	
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### **ULCER THERAPY COMBINATIONS**

<i>acid reducer complete</i>	Non-Pref	PA, OTC
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Pref	QL (112 ea / 292 days)
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

Drug Name	Drug Tier	Requirements/Limits
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 tb24 7.5mg, 15mg</i>	Non-Pref	PA
DETROL TABS 1mg, 2mg	Non-Pref	PA
DETROL LA CP24 2mg, 4mg	Non-Pref	PA
DITROPAN XL TB24 5mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
DITROPAN XL TB24 10mg	Non-Pref	PA, QL (2 tabs / 1 day; 90 day supply)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrpf 5mg/5ml</i>	Pref	QL (20 mL / 1 day; 90 day supply)
<i>oxybutynin chloride tabs 5mg</i>	Pref	QL (4 tabs / 1 day; 90 day supply)
<i>oxybutynin chloride tb24 5mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>oxybutynin chloride tb24 10mg, 15mg</i>	Pref	QL (2 tabs / 1 day; 90 day supply)
OXYTROL PTTW 3.9mg/24hr	Non-Pref	PA
OXYTROL FOR WOMEN PTTW 3.9mg/24hr	Non-Pref	PA, OTC
<i>solifenacin succinate tabs 5mg, 10mg</i>	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Non-Pref	PA
TOVIAZ TB24 4mg, 8mg	Pref	QL (1 tab / 1 day; 90 day supply)
<i>tropium chloride cp24 60mg</i>	Pref	QL (1 cap / 1 day)
<i>tropium chloride tabs 20mg</i>	Non-Pref	PA
VESICARE TABS 5mg, 10mg	Non-Pref	PA, QL (1 tab / 1 day; 90 day supply)
VESICARE LS SUSP 5mg/5ml	Non-Pref	PA

### URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

GEMTESA TABS 75mg	Non-Pref	PA
MYRBETRIQ SRER 8mg/ml; TB24 25mg, 50mg	Non-Pref	PA

### URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Pref	
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### URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

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

### BACTERIAL VACCINES

ACTHIB INJ	Pref	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BIOTHRAX INJ	Pref	
HIBERIX SOLR 10mcg	Pref	
PEDVAX HIB SUSP 7.5mcg/0.5ml	Pref	
PNEUMOVAX 23 INJ 25mcg/0.5ml	Pref	AGE (Min 19); 2 fills per lifetime
PREVNAR 13 INJ	Pref	AGE (Min 19); 1 fill per lifetime
PREVNAR 20 INJ	Pref	AGE (Min 19); 1 fill per lifetime
VAXCHORA SUS	Pref	
VAXNEUVANCE INJ	Pref	AGE (Min 19); 1 fill per lifetime

### **VIRAL VACCINES**

AFLURIA QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
ENGERIX-B SUSP 10mcg/0.5ml, 20mcg/ml	Pref	AGE (Min 19); 3 fills per lifetime
FLUAD QUADRI INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUARIX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUBLOK QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUCLVX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLULAVAL QUA INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
FLUMIST QUAD SUS 2022-23	Pref	AGE (Min 19, Max 49); 1 fill per 180 days
FLUZONE HD INJ 2022-23	Pref	AGE (Min 65); max 1 fill per 180 days
FLUZONE QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill per 180 days
GARDASIL 9 INJ	Pref	AGE (Min 19); max 3 fills per lifetime
HAVRIX SUSP 720elu/0.5ml, 1440elu/ml	Pref	AGE (Min 19); 2 fills per lifetime
HEPLISAV-B SOSY 20mcg/0.5ml	Pref	AGE (Min 19); 3 fills per lifetime
IPOL INJ INACTIVE	Pref	
JANSSEN COVID-19 VACCINE SUSP .5ml	Pref	AGE (Min 18)
M-M-R II INJ	Pref	AGE (Min 19)
MODERNA COVID-19 VACCINE SUSP 100mcg/0.5ml	Pref	AGE (Min 18)
PFIZER-BIONTECH COVID-19 SUSP 30mcg/0.3ml	Pref	

Drug Name	Drug Tier	Requirements/Limits
PRIORIX INJ	Pref	AGE (Min 19)
PROQUAD INJ	Pref	
RECOMBIVAX HB SUSP 5mcg/0.5ml, 10mcg/ml	Pref	AGE (Min 19); 3 fills per lifetime
RECOMBIVAX HB SUSP 40mcg/ml	Pref	
ROTARIX SUS	Pref	
ROTATEQ SOL	Pref	
SHINGRIX SUSR 50mcg/0.5ml	Pref	AGE (Min 18); 2 fills per lifetime
SPIKEVAX COVID-19 VACCINE SUSP 100mcg/0.5ml	Pref	
TWINRIX INJ	Pref	AGE (Min 19); 3 fills per lifetime
VAQTA SUSP 25unit/0.5ml, 50unit/ml	Pref	AGE (Min 19); 2 fills per lifetime

## VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

### MISCELLANEOUS VAGINAL PRODUCTS

INTRAROSA INST 6.5mg	Pref	QL (1 supp / 1 day)
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### SPERMICIDES

VCF VAGINAL CONTRACEPTIVE FOAM 12.5%	Pref	OTC
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### VAGINAL ANTI-INFECTIVES

CLEOCIN CREA 2%	Non-Pref	PA
CLEOCIN SUPP 100mg	Pref	
<i>clindamycin phosphate vaginal crea 2%</i>	Non-Pref	PA
CLINDESSE CREA 2%	Pref	
<i>clotrimazole vaginal crea 1%</i>	Pref	OTC
<i>cvs clotrimazole 3 crea 2%</i>	Pref	OTC
<i>cvs miconazole 3</i>	Pref	OTC
<i>cvs miconazole 7 crea 2%</i>	Pref	OTC
<i>3 day vaginal crea 2%</i>	Pref	OTC
<i>eq miconazole 1</i>	Pref	OTC
<i>gnp clotrimazole 3 crea 2%</i>	Pref	OTC
<i>gnp miconazole 1 combinat</i>	Pref	OTC
<i>medicated douche soln .3%</i>	Pref	OTC
<i>metronidazole vaginal gel .75%</i>	Pref	
MICONAZOLE 1 KIT COMBO	Pref	OTC
<i>miconazole 3 combination</i>	Pref	OTC
<i>miconazole 7 crea 2%; supp 100mg</i>	Pref	OTC
<i>miconazole nitrate vaginal crea 2%</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>qc 3 day vaginal cream crea 4%</i>	Pref	OTC
<i>qc clotrimazole crea 1%</i>	Pref	OTC
<i>qc miconazole 7 crea 2%</i>	Pref	OTC
<i>sm miconazole 3</i>	Pref	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>sm miconazole 7 supp 100mg</i>	Pref	OTC
<i>summers eve medicated soln .3%</i>	Pref	OTC
<i>terconazole vaginal crea .4%, .8%</i>	Pref	
<i>terconazole vaginal supp 80mg</i>	Pref	QL (1.5 supp / 1 day)
<i>vagistat-3</i>	Pref	OTC
VANDAZOLE GEL .75%	Pref	

### **VAGINAL ESTROGENS**

ESTRACE CREA .1mg/gm	Non-Pref	PA, QL (4 gm / 1 day)
<i>estradiol vaginal crea .1mg/gm</i>	Pref	QL (4 gm / 1 day)
<i>estradiol vaginal tabs 10mcg</i>	Pref	QL (1 tab / 1 day)
ESTRING RING 2mg	Non-Pref	PA
FEMRING RING .05mg/24hr, .1mg/24hr	Non-Pref	PA
IMVEXXY MAINTENANCE PACK INST 4mcg, 10mcg	Non-Pref	PA
IMVEXXY STARTER PACK INST 4mcg, 10mcg	Non-Pref	PA
PREMARIN CREA .625mg/gm	Pref	QL (2 gm / 1 day)
VAGIFEM TABS 10mcg	Pref	QL (1 tab / 1 day)
<i>yuvafem tabs 10mcg</i>	Pref	QL (1 tab / 1 day)

### **VAGINAL PROGESTINS**

CRINONE GEL 4%, 8%	Non-Pref	PA
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## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ANAPHYLAXIS THERAPY AGENTS**

<i>epinephrine (anaphylaxis) soaj .15mg/0.3ml, .3mg/0.3ml</i>	Pref	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Non-Pref	PA
<i>epinephrine (anaphylaxis) soln 30mg/30ml</i>	Pref	
EIPEN 2-PAK SOAJ .3mg/0.3ml	Non-Pref	PA
EIPEN-JR 2-PAK SOAJ .15mg/0.3ml	Non-Pref	PA
SYMJEPI SOSY .15mg/0.3ml, .3mg/0.3ml	Non-Pref	PA

### **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

<i>epinephrine sosy 1mg/10ml</i>	Pref	
EPINEPHRINE SOSY 1mg/10ml	Pref	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Pref	

## **VITAMINS - DRUGS FOR NUTRITION**

### **OIL SOLUBLE VITAMINS**

<i>a-10000 caps 10000unit</i>	Pref	OTC
<i>aqueous vitamin d infants liqd 10mcg/ml</i>	Pref	OTC
<i>bprotected pedia d-vite liqd 400unit/ml</i>	Pref	OTC
<i>calcidol soln 200mcg/ml</i>	Pref	OTC
<i>cholecalciferol caps 1.25mg, 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit, 50000unit; chew 5000unit; liqd 400unit/ml; tabs 25mcg, 50mcg, 125mcg, 400unit, 1000unit, 2000unit, 5000unit</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cvs d3 caps 400unit, 1000unit, 2000unit, 5000unit</i>	Pref	OTC
<i>cvs vitamin e caps 180mg, 400unit</i>	Pref	OTC
<i>d3 2000 caps 2000unit</i>	Pref	OTC
<i>d3 5000 caps 5000unit</i>	Pref	OTC
<i>d3 high potency caps 50mcg, 1000unit, 2000unit, 5000unit; tabs 400unit</i>	Pref	OTC
<i>d3 maximum strength caps 5000unit</i>	Pref	OTC
<i>d3 super strength caps 2000unit</i>	Pref	OTC
<i>d3-50 caps 50000unit</i>	Pref	OTC
<i>d3-1000 caps 1000unit</i>	Pref	OTC
<i>d 1000 caps 1000unit</i>	Pref	OTC
<i>d-vite pediatric liqd 400unit/ml</i>	Pref	OTC
<i>decara caps 50000unit</i>	Pref	OTC
<i>delta d3 tabs 400unit</i>	Pref	OTC
<i>dialyvite vitamin d3 max tabs 50000unit</i>	Pref	OTC
<i>dialyvite vitamin d 5000 caps 5000unit</i>	Pref	OTC
<i>e400 caps 400unit</i>	Pref	OTC
<i>e-200 caps 200unit</i>	Pref	OTC
<i>e-400 caps 180mg, 400unit</i>	Pref	OTC
<i>e-1000 caps 1000unit</i>	Pref	OTC
<i>eql vitamin d3 caps 400unit, 5000unit</i>	Pref	OTC
<i>eql vitamin e caps 400unit</i>	Pref	OTC
<i>ergocalciferol caps 1.25mg, 50000unit</i>	Pref	
<i>ergocalciferol soln 8000unit/ml</i>	Pref	OTC
<i>finest nutrition vitamin caps 25mcg</i>	Pref	OTC
<i>gnp d 1000 caps 1000unit</i>	Pref	OTC
<i>gnp vitamin d tabs 1000unit</i>	Pref	OTC
<i>gnp vitamin d3 extra stre tabs 1000unit</i>	Pref	OTC
<i>gnp vitamin d super stren tabs 5000unit</i>	Pref	OTC
<i>gnp vitamin d-400 tabs 400unit</i>	Pref	OTC
<i>gnp vitamin e caps 400unit</i>	Pref	OTC
<i>hm e vitamin caps 180mg</i>	Pref	OTC
<i>hm vitamin d3 tabs 25mcg</i>	Pref	OTC
<i>kls d3 caps 2000unit</i>	Pref	OTC
<i>kp vitamin d caps 1000unit</i>	Pref	OTC
<i>kp vitamin d3 caps 2000unit</i>	Pref	OTC
<i>nat-rul vitamin d tabs 5000unit</i>	Pref	OTC
<i>natural vitamin a caps 10000unit</i>	Pref	OTC
<i>natural vitamin e caps 400unit</i>	Pref	OTC
<i>optimal d3 caps 50000unit</i>	Pref	OTC
<i>opurity vitamin d chew 5000unit</i>	Pref	OTC
<i>pharmacist choice d-vitam liqd 400unit/ml</i>	Pref	OTC
<i>phytonadione tabs 5mg</i>	Pref	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>px vitamin e caps 400unit</i>	Pref	OTC
<i>qc vitamin d3 caps 1000unit, 2000unit; tabs 400unit, 1000unit, 2000unit, 5000unit</i>	Pref	OTC
<i>qc vitamin e caps 400unit</i>	Pref	OTC
<i>ra vitamin a caps 10000unit</i>	Pref	OTC
<i>ra vitamin d-3 caps 2000unit; tabs 1000unit</i>	Pref	OTC
<i>radiance platinum vitamin tabs 5000unit</i>	Pref	OTC
<i>sm vitamin d tabs 400unit</i>	Pref	OTC
<i>sm vitamin d3 caps 50mcg</i>	Pref	OTC
<i>sm vitamin e caps 400unit</i>	Pref	OTC
<i>thera-d 2000 tabs 2000unit</i>	Pref	OTC
<i>vitamin a caps 10000unit</i>	Pref	OTC
<i>vitamin d3 high potency caps 2000unit</i>	Pref	OTC
<i>vitamin d3 ultra potency tabs 50000unit</i>	Pref	OTC
<i>vitamin e caps 100unit, 180mg, 200unit, 400unit, 1000unit</i>	Pref	OTC
<i>VITAMIN E TABS 100unit</i>	Pref	OTC
<i>weekly-d caps 1.25mg</i>	Pref	OTC

### **WATER SOLUBLE VITAMINS**

<i>acerola c-500 chew 500mg</i>	Pref	OTC
<i>ARKALIOX CAPS 200mg</i>	Pref	OTC
<i>ascorbic acid chew 250mg, 500mg; cpcr 500mg; tabs 250mg, 500mg, 1000mg</i>	Pref	OTC
<i>ascorbic acid tab 500 mg</i>	Pref	OTC
<i>ascorbic acid tab 1000 mg</i>	Pref	OTC
<i>b6 natural tabs 100mg</i>	Pref	OTC
<i>c 250 tabs 250mg</i>	Pref	OTC
<i>c 500</i>	Pref	OTC
<i>c 1000 tabs 1000mg</i>	Pref	OTC
<i>c-250 chew 250mg; tabs 250mg</i>	Pref	OTC
<i>c-500 chew 500mg; tabs 500mg</i>	Pref	OTC
<i>c-500 non-acid tabs 500mg</i>	Pref	OTC
<i>c-500 sr cpcr 500mg</i>	Pref	OTC
<i>c-1000 tabs 1000mg</i>	Pref	OTC
<i>c-1000/rose hips tabs 1000mg</i>	Pref	OTC
<i>c-chewable chew 500mg</i>	Pref	OTC
<i>calcium ascorbate tabs 500mg</i>	Pref	OTC
<i>cvs b1 tabs 100mg</i>	Pref	OTC
<i>cvs b6 tabs 100mg</i>	Pref	OTC
<i>cvs b-1 tabs 100mg</i>	Pref	OTC
<i>cvs chewable c with rose</i>	Pref	OTC
<i>cvs vitamin c tabs 1000mg</i>	Pref	OTC
<i>endur-acin tbc 250mg, 750mg</i>	Pref	OTC
<i>endur-acin tbc 500mg</i>	Pref	QL (3 tabs / 1 day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eql b-6 tabs 100mg</i>	Pref	OTC
<i>eql vitamin c tabs 1000mg</i>	Pref	OTC
<i>eql vitamin c/rose hips tabs 1000mg</i>	Pref	OTC
<i>fruit c 500</i>	Pref	OTC
<i>fruity c chew 250mg</i>	Pref	OTC
<i>gnp vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>gnp vitamin c tabs 250mg, 1000mg</i>	Pref	OTC
<i>gnp vitamin c/rose hips</i>	Pref	OTC
<i>hm vitamin c</i>	Pref	OTC
<i>kp niacin tabs 500mg</i>	Pref	OTC
<i>niacin cpcr 250mg; tabs 50mg, 100mg, 250mg, 500mg; tbc 250mg, 750mg</i>	Pref	OTC
<i>niacin tbc 500mg</i>	Pref	QL (3 tabs / 1 day), OTC
<i>NIACIN TR TBC 1000mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>niacinamide tabs 500mg</i>	Pref	OTC
<i>pureway-c tabs 500mg</i>	Pref	OTC
<i>pyridoxine hcl tabs 25mg, 50mg, 100mg</i>	Pref	OTC
<i>qc c with rose hips</i>	Pref	OTC
<i>qc vitamin b1 tabs 100mg</i>	Pref	OTC
<i>qc vitamin b6 tabs 100mg</i>	Pref	OTC
<i>qc vitamin c tabs 500mg, 1000mg</i>	Pref	OTC
<i>ra niacin tabs 100mg, 500mg</i>	Pref	OTC
<i>ra vitamin b-1 tabs 100mg</i>	Pref	OTC
<i>ra vitamin b-6 tabs 50mg, 100mg</i>	Pref	OTC
<i>ra vitamin c chew 250mg; tabs 250mg</i>	Pref	OTC
<i>ra vitamin c/acerola chew 500mg</i>	Pref	OTC
<i>ra vitamin c/rose hips tabs 1000mg</i>	Pref	OTC
<i>riboflavin tabs 25mg</i>	Pref	OTC
<i>sm chewable c chew 500mg</i>	Pref	OTC
<i>sm chewable vitamin c</i>	Pref	OTC
<i>sm niacin cr tbc 250mg</i>	Pref	OTC
<i>sm vit c/rose hips tabs 1000mg</i>	Pref	OTC
<i>sm vitamin b1 tabs 100mg</i>	Pref	OTC
<i>sm vitamin b6 tabs 100mg</i>	Pref	OTC
<i>sm vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>sm vitamin c chew 500mg; tabs 250mg, 500mg, 1000mg</i>	Pref	OTC
<i>sunkist vitamin c</i>	Pref	OTC
<i>thiamine hcl tabs 50mg, 100mg</i>	Pref	OTC
<i>thiamine mononitrate tabs 100mg</i>	Pref	OTC
<i>vitamin c immune health</i>	Pref	OTC
<i>vitamin c plus bioflavono</i>	Pref	OTC
<i>vitamin c plus wild rose</i>	Pref	OTC
<i>vitamin c/natural rose hi tabs 1000mg</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>yl vitamin b-6 tabs 100mg</i>	Pref	OTC
<i>yl vitamin c tabs 1000mg</i>	Pref	OTC
<i>yl vitamin c/rose hips tabs 1000mg</i>	Pref	OTC

## Index

<b>*</b>	
<i>*bacillus coagulans-inulin cap**</i> .....	84
<i>*b-complex vitamin cap**</i> .....	196
<i>*b-complex vitamin tab**</i> .....	196
<i>*b-complex w/ c &amp; folic acid tab***</i> .....	197
<i>*b-complex w/ c cap**</i> .....	197
<i>*b-complex w/ c tab**</i> .....	197
<i>*b-complex w/ folic acid cap**</i> .....	197
<i>*b-complex w/ folic acid tab**</i> .....	197
<i>*b-complex w/biotin &amp; folic acid tab***</i> .....	197
<i>*bioflavonoid products tab**</i> .....	199
<i>*brewers yeast tab***</i> .....	196
<i>*emollient - cream**</i> .....	142
<i>*glucosamine-chondroitin-vit c- manganese cap***</i> .....	45
<i>*glucosamine-chondroitin-vit c- manganese tab***</i> .....	45
<i>*lactobacillus - packet**</i> .....	83
<i>*lactobacillus acidophilus-pectin cap**</i> .....	85
<i>*lactobacillus cap**</i> .....	83
<i>*lactobacillus tab**</i> .....	83
<i>*misc natural products cap**</i> .....	194
<i>*multiple minerals w/ vitamins tab**</i> .....	190
<i>*multiple vitamins w/ iron tab**</i> ....	199
<i>*omega-3 fatty acids cap 300 mg**</i> .....	211
<i>*probiotic product - chew tab**</i> .....	83
<i>*saline nasal gel**</i> .....	210
<i>*sodium phosphates - enema***</i> ...	170
<i>*sodium polystyrene sulfonate powder**</i> .....	195
<i>*vitamins a &amp; d cap***</i> .....	208
<i>*vitamins a &amp; d oint**</i> .....	142
<i>*vitamins w/ lipotropics tab**</i> .....	209
<b>1</b>	
10ML LL SYRN MIS 20GX1 .....	177
10ML LL SYRN MIS 20GX1.5 .....	177
10ML LL SYRN MIS 21GX1 .....	177
10ML LL SYRN MIS 21GX1.5 .....	178
10ML LL SYRN MIS 22GX1 .....	178
10ML SYRINGE MIS 18GX1.5 .....	181
10ML SYRINGE MIS 20GX1.5 .....	181
10ML SYRINGE MIS 22GX1.5 .....	182
12hr allergy/congestion r .....	127
1M ALLR SYR MIS 27GX1/2 .....	178
1ML ALLR SYR MIS 27GX1/2 .....	174
1ML SLIP TIP MIS 25GX5/8 .....	181
1ML SLIP TIP MIS 26GX3/8 .....	181
1ML SYRINGE MIS 25GX5/8 .....	182
1ML SYRINGE MIS 26GX3/8 .....	182
1ML SYRINGE MIS 27GX1/2 .....	182
1ML SYRINGE MIS 28GX1/2 .....	182
1ML SYRINGE MIS LUER LOC .....	182
1ML SYRINGE MIS LUER SLI .....	182
1ML SYRINGE MIS LUER SLP .....	182
1ML TB SYRNG MIS 25GX1 .....	182
1ML TB SYRNG MIS 25GX5/8 .....	182
1ML TB SYRNG MIS 26GX3/8 .....	182
1ML TB SYRNG MIS 26GX5/8 .....	182
1ML TB SYRNG MIS 27GX1/2 .....	182
1ML TB SYRNG MIS 28GX1/2 .....	182
1ML TB SYRNG MIS REG LUER .....	182
<b>2</b>	
2 CPAP HOSE MIS HANGER .....	183
24hr allergy relief .....	89
<b>3</b>	
3 day vaginal .....	232
3 ML SYRINGE MIS 22X1-1/2 .....	182
30ML SYRINGE MIS LUER LOC .....	182
30ML SYRINGE MIS LUER LOK .....	182
30ML SYRINGE MIS LUER-LOK .....	182
3ML LL SYRNG MIS 18GX1.5 .....	178
3ML LL SYRNG MIS 20GX1 .....	178
3ML LL SYRNG MIS 20GX1.5 .....	178
3ML LL SYRNG MIS 20GX3/4 .....	178
3ML LL SYRNG MIS 21GX1 .....	178
3ML LL SYRNG MIS 21GX1.5 .....	178
3ML LL SYRNG MIS 22GX1 .....	178
3ML LL SYRNG MIS 22GX1.5 .....	178
3ML LL SYRNG MIS 22GX3/4 .....	178
3ML LL SYRNG MIS 23GX1 .....	178
3ML LL SYRNG MIS 23GX1.5 .....	178
3ML LL SYRNG MIS 25GX1 .....	178
3ML LL SYRNG MIS 25GX1.5 .....	178
3ML LL SYRNG MIS 25GX5/8 .....	178
3ML LL SYRNG MIS 26GX5/8 .....	178
3ML LL SYRNG MIS 27GX1.25 .....	178

3ML LUER LOC MIS 21GX1.5.....	178	A+D DIAPER CRE RASH .....	141
3ML LUER LOC MIS 22GX1 .....	178	A+D FIRST OIN AID .....	144
3ML LUER LOC MIS 22GX1.5.....	178	<i>a+d prevent</i> .....	141
3ML LUER LOC MIS 23GX1 .....	178	A+D TREAT CRE.....	141
3ML LUER LOC MIS 23GX1.5.....	178	<i>a-10000</i> .....	233
3ML LUER LOC MIS 25GX1 .....	178	<i>abacavir sulfata</i> .....	106
3ML LUER LOC MIS 25GX1.5.....	178	<i>abacavir sulfata-lamivudine tab 600-</i>	
3ML LUER LOC MIS 25GX5/8 .....	178	<i>300 mg</i> .....	106
3ML SYRINGE MIS 18GX1.....	181	<i>abatine</i> x.....	81
3ML SYRINGE MIS 18GX1.5.....	181	<i>abatron af</i> .....	164
3ML SYRINGE MIS 19GX1.....	181	ABATUSS DMX LIQ 30-1-15.....	125
3ML SYRINGE MIS 19GX1.5.....	181	ABC COMPLETE TAB WOMEN .....	199
3ML SYRINGE MIS 20GX1.....	181	ABILIFY.....	105
3ML SYRINGE MIS 20GX1.5.....	181	ABILIFY MAINTENA.....	105
3ML SYRINGE MIS 21GX1.....	181	ABILIFY MYCITE MAINTENANC .....	105
3ML SYRINGE MIS 21GX1.5.....	181	ABILIFY MYCITE STARTER KI .....	105
3ML SYRINGE MIS 22G X 1.....	181	<i>abiraterone acetate</i> .....	101
3ML SYRINGE MIS 22GX1.....	181	ABSORBASE OIN .....	144
3ML SYRINGE MIS 22GX1.5.....	182	ACAI+SUPERFR TAB GREENTEA .....	191
3ML SYRINGE MIS 23GX1.....	182	<i>acamprosate calcium</i> .....	223
3ML SYRINGE MIS 23GX1.5.....	182	ACANYA GEL 1.2-2.5% .....	131
3ML SYRINGE MIS 25GX1.....	182	<i>acarbose</i> .....	73
3ML SYRINGE MIS 25GX1.25 .....	182	ACCOLATE.....	62
3ML SYRINGE MIS 25GX1.5.....	182	ACCUPRIL .....	92
3ML SYRINGE MIS 27GX1.25 .....	182	ACCURETIC TAB 10-12.5.....	94
<b>4</b>		ACCURETIC TAB 20-12.5.....	94
4X PROBIOTIC TAB.....	84	ACCURETIC TAB 20-25MG .....	94
4X PROBIOTIC TAB DR.....	84	<i>accutane</i> .....	131
<b>5</b>		ACE AERO CLD MIS ENHANCER.....	183
5ML LL SYRNG MIS 20GX1 .....	178	<i>acebutolol hcl</i> .....	112
5ML LL SYRNG MIS 21GX1 .....	178	<i>acerola c-500</i> .....	235
5ML LL SYRNG MIS 21GX1.5.....	178	<i>acetaminophen</i> .....	50
5ML LL SYRNG MIS 22GX1.5.....	178	<i>acetaminophen chew tab 160 mg</i> .....	50
5ML SYRINGE MIS 18GX1.....	181	<i>acetaminophen extra stren</i> .....	50
5ML SYRINGE MIS 20GX1.....	181	<i>acetaminophen susp 160 mg/5ml</i> .....	50
5ML SYRINGES MIS 21GX1.....	182	<i>acetaminophen tab 325 mg</i> .....	50
<b>6</b>		<i>acetaminophen tab 500 mg</i> .....	50
600+d3.....	187	<i>acetaminophen tab er 650 mg</i> .....	50
<b>7</b>		<i>acetaminophen w/ codeine soln 120-12</i>	
7-KETO LEAN CAP .....	193	<i>mg/5ml</i> .....	54
<b>A</b>		<i>acetaminophen w/ codeine tab 300-15</i>	
<i>a thru z advantage</i> .....	207	<i>mg</i> .....	54
<i>a thru z select</i> .....	199	<i>acetaminophen w/ codeine tab 300-30</i>	
<i>a&amp;d</i> .....	141	<i>mg</i> .....	54
<i>a.e.r. traveler</i> .....	144	<i>acetaminophen w/ codeine tab 300-60</i>	
<i>a.e.r. witch hazel</i> .....	144	<i>mg</i> .....	54
A/D ZINC OXI CRE .....	144		

<i>acetaminophen-caffeine-</i> <i>dihydrocodeine cap 320.5-30-16 mg</i> .....	54	<i>adapalene-benzoyl peroxide gel 0.1-</i> <i>2.5%</i> .....	131
<i>acetazolamide</i> .....	155	<i>adapalene-benzoyl peroxide gel 0.3-</i> <i>2.5%</i> .....	131
<i>acetic acid</i> .....	161	ADAPTIC PAD 3.....	149
<i>acetic acid (otic)</i> .....	218	ADBRY.....	141
ACETONE SOL.....	118	ADCIRCA.....	117
<i>acetylcysteine</i> .....	131	ADDERALL TAB 10MG .....	41
<i>acid gone</i> .....	58	ADDERALL TAB 12.5MG .....	41
<i>acid reducer</i> .....	228	ADDERALL TAB 15MG .....	41
<i>acid reducer complete</i> .....	229	ADDERALL TAB 20MG .....	41
<i>acid reducer maximum stre</i> .....	228	ADDERALL TAB 30MG .....	41
<i>acid reducer original str</i> .....	228	ADDERALL TAB 5MG .....	41
ACIDOPHILUS.....	81	ADDERALL TAB 7.5MG .....	41
<i>acidophilus extra strengt</i> .....	81	ADDERALL XR CAP 10MG .....	41
<i>acidophilus probiotic</i> .....	81	ADDERALL XR CAP 15MG .....	41
ACIDOPHILUS TAB BLEND .....	81	ADDERALL XR CAP 20MG .....	41
ACIDOPHILUS/ TAB CIT PECT .....	84	ADDERALL XR CAP 25MG .....	41
ACIDOPHILUS/ WAF BIFIDUS.....	81	ADDERALL XR CAP 30MG .....	41
<i>acne maximum strength</i> .....	131	ADDERALL XR CAP 5MG .....	41
<i>acne medication 10</i> .....	131	ADEMPAS.....	117
ACNE MEDICATION 10 .....	131	ADHANSIA XR.....	43
<i>acne medication 2.5</i> .....	131	ADLARITY.....	223
<i>acne medication 5</i> .....	131	ADLYXIN .....	78
ACNE MEDICATION 5.....	131	ADLYXIN INJ 10/20MCG .....	78
ACNE-AID BAR.....	144	ADMELOG .....	79
ACTEMRA .....	47	ADMELOG SOLOSTAR .....	79
ACTEMRA ACTPEN .....	47	ADRENAL TAB CALM .....	207
ACTHIB INJ .....	230	<i>adriamycin</i> .....	101
ACTICON SOL 1-30.....	125	<i>adult aspirin regimen</i> .....	51
ACTICON TAB 2-60MG .....	125	ADULT MASK MIS.....	183
ACTIFLOVIT TAB EAR HEAL .....	208	ADULT MASK MIS LARGE .....	183
ACTINEL LIQ PEDIATRI .....	125	ADV DIABETIC TAB MULTIVIT .....	200
ACTIQ.....	52	ADV TURMERIC CAP CUR CMPX.....	192
ACTIVE 55 LIQ PLUS.....	200	ADVAIR DISKU AER 100/50.....	63
ACTIVITY PCH MIS .....	183	ADVAIR DISKU AER 250/50.....	63
ACTIVNUTRIEN CHW .....	204	ADVAIR DISKU AER 500/50.....	63
ACTONEL.....	156	ADVAIR HFA AER 115/21 .....	63
ACTOPLUS MET TAB 15-850MG.....	73	ADVAIR HFA AER 230/21 .....	63
ACTOS.....	80	ADVAIR HFA AER 45/21 .....	63
ACULAR .....	217	ADVANCED C TAB PLUS .....	198
ACULAR LS .....	217	ADVANCED CA/ TAB D/MAGNES.....	190
ACUVAIL .....	217	<i>advanced joint relief</i> .....	192
<i>acyclovir</i> .....	111	<i>advanced multi ea</i> .....	200
<i>acyclovir topical</i> .....	138	ADZENYS XR-ODT .....	41
ADACEL INJ.....	227	AEMCOLO.....	60
<i>adapalene</i> .....	131	AEROBIKA MIS .....	183

AEROSOL MASK MIS ADULT .....	183	ALIVE ENERGY TAB WOMENS .....	200
AEROTRC PLUS MIS.....	183	<i>alive gummies for childre</i> .....	204
AFLURIA QUAD INJ 2022-23 .....	231	ALIVE LIQ MULT-VIT.....	200
AFREZZA.....	79	<i>alive multi-vitamin child</i> .....	204
AFREZZA POW 4-8 UNIT .....	79	<i>alka-seltzer heartburn re</i> .....	59
AFREZZA POW 4-8-12.....	79	ALKINDI SPRINKLE.....	124
AFREZZA POW 8-12UNIT.....	79	<i>all day allergy</i> .....	88
AIMOVIG.....	184	<i>all day allergy-d</i> .....	125
AIR TUBE MIS /PLUGS .....	183	<i>all day pain relief</i> .....	47
<i>airavite</i> .....	164	<i>all day relief</i> .....	47
<i>airborne</i> .....	200	<i>allbee plus vitamin c</i> .....	197
<i>airborne gummies</i> .....	200	ALLERDQ CAP .....	192
<i>airborne immune system</i> .....	200	<i>aller-ease</i> .....	88
<i>airborne kids</i> .....	200	ALLERGIST KIT 1MLX27G.....	174
AIRBORNE+NAT LIQ ENERGY.....	200	ALLERGIST KIT 1MLX28G.....	174
AIRDUO DGHLR INH 113-14 .....	63	ALLERGIST KIT 27GX1/2.....	174
AIRDUO DGHLR INH 232-14 .....	63	<i>allergy 24-hr</i> .....	88
AIRDUO DGHLR INH 55-14.....	63	<i>allergy childrens</i> .....	88
AIRDUO RESPI INH 113-14 .....	63	<i>allergy multi-symptom day</i> .....	125
AIRDUO RESPI INH 232-14 .....	63	<i>allergy relf cap 25mg</i> .....	88
AIRDUO RESPI INH 55-14 .....	63	<i>allergy relief</i> .....	88
AIRS PEDIATR MIS MASK .....	183	<i>allergy relief 24hr</i> .....	88
AJOVY.....	184	<i>allergy relief childrens</i> .....	88
AKLIEF.....	131	<i>allergy relief d</i> .....	125
<i>ak-poly-bac</i> .....	214	<i>allergy relief d-12</i> .....	125
AKYNZEO CAP 300-0.5.....	86	<i>allergy relief d-24</i> .....	125
AKYNZEO INJ.....	86	<i>allergy relief nasal deco</i> .....	125
AKYNZEO INJ 235-0.25 .....	86	<i>allergy relief/indoor/out</i> .....	88
<i>al12</i> .....	141	<i>allergy relief/nasal deco</i> .....	125
<i>alaway</i> .....	217	ALLERGY SYRG MIS 1ML/27G .....	174
<i>alaway childrens allergy</i> .....	217	ALLERGY TRAY KIT 27GX1/2.....	174
<i>albendazole</i> .....	60	ALLERWELL TAB ALLERGY .....	207
<i>albuterol sulfate</i> .....	64	ALLEVYN ADH PAD 3.....	149
<i>alclometasone dipropionate</i> .....	138	ALLEVYN ADH PAD 5.....	149
ALCOHOL SWABS.....	173	ALLEVYN ADH PAD 7.....	149
ALCOHOL WIPES .....	144	ALLEVYN ADH PAD 9.....	149
<i>alendronate sodium</i> .....	156	ALLEVYN BORD PAD MULTISIT.....	149
ALEVAZOL .....	135	ALLEVYN GENT PAD 2 .....	149
<i>alfuzosin hcl</i> .....	161	ALLEVYN GENT PAD 3 .....	149
ALGAE BASED TAB CALCIUM .....	200	ALLEVYN GENT PAD 4 .....	149
<i>align</i> .....	81	ALLEVYN GENT PAD 5 .....	149
<i>align jr for kids</i> .....	81	ALLEVYN GENT PAD 6 .....	149
<i>aliskiren fumarate</i> .....	99	ALLEVYN GENT PAD 7 .....	149
ALIVE 50+ TAB ENERGY.....	200	ALLEVYN HEEL PAD .....	149
ALIVE 50+ TAB WOMENS .....	200	ALLEVYN HEEL PAD 9.....	149
ALIVE DAILY TAB WOMENS .....	200	ALLEVYN LIFE PAD 4.....	149
ALIVE ENERGY TAB MENS .....	200	ALLEVYN LIFE PAD 5-1/16.....	149

ALLEVYN LIFE PAD 6-1/16.....	149	ALUMINUM HYDROXIDE .....	58
ALLEVYN LIFE PAD 8-1/4.....	149	<i>aluminum sulfate &amp; calcium acetate</i>	
ALLEVYN LIFE PAD HEEL .....	149	<i>powd pack</i> .....	144
ALLEVYN LITE PAD 2.....	149	ALVESCO .....	63
ALLEVYN LITE PAD 2-1/8.....	149	<i>alyacen 1/35</i> .....	119
ALLEVYN LITE PAD 3.....	149	<i>alyacen 7/7/7</i> .....	119
ALLEVYN LITE PAD 4.....	149	<i>alyq</i> .....	117
ALLEVYN LITE PAD 6.....	149	ALZ CAP.....	192
ALLEVYN NON- PAD ADH 2X2 .....	149	<i>amabelz</i> .....	157
ALLEVYN NON- PAD ADH 4X4 .....	149	<i>amantadine hcl</i> .....	102
ALLEVYN NON- PAD ADH 6X6 .....	149	AMARYL .....	81
ALLEVYN NON- PAD ADH 8X8 .....	149	AMBIEN .....	166
ALLEVYN SACR PAD 6-3/4 .....	149	AMBIEN CR.....	166
ALLEVYN SACR PAD 6-5/8 .....	149	AMBI-TRAY MIS .....	172
ALLEVYN SACR PAD 8.5 .....	149	<i>ambrisentan</i> .....	117
<i>allopurinol</i> .....	162	<i>amcinonide</i> .....	138
ALLVYN TRACH PAD 3.5X3.5.....	149	AMERIDERM PERISHIELD .....	144
<i>almotriptan malate</i> .....	185	<i>ameriphor</i> .....	144
ALOCRIL .....	217	<i>amethia</i> .....	119
<i>aloe vesta cleansing foam</i> .....	144	<i>amethyst</i> .....	119
<i>aloe vesta perineal/skin</i> .....	144	<i>amiloride &amp; hydrochlorothiazide tab 5-</i>	
ALOE VESTA PROTECTIVE .....	144	<i>50 mg</i> .....	155
<i>alogliptin benzoate</i> .....	78	<i>amiloride hcl</i> .....	156
<i>alogliptin-metformin hcl tab 12.5-1000</i>		<i>amiodarone hcl</i> .....	62
<i>mg</i> .....	73	AMITIZA .....	159
<i>alogliptin-metformin hcl tab 12.5-500</i>		<i>amitriptyline hcl</i> .....	73
<i>mg</i> .....	73	<i>amlactin daily</i> .....	141
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>		<i>amlodipine besylate</i> .....	113
.....	73	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>		<i>calcium tab 10-10 mg</i> .....	116
.....	73	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 25-15 mg</i> .....	73	<i>calcium tab 10-20 mg</i> .....	116
<i>alogliptin-pioglitazone tab 25-30 mg</i> .....	73	<i>amlodipine besylate-atorvastatin</i>	
<i>alogliptin-pioglitazone tab 25-45 mg</i> .....	73	<i>calcium tab 10-40 mg</i> .....	116
ALOMIDE.....	217	<i>amlodipine besylate-atorvastatin</i>	
ALORA .....	157	<i>calcium tab 10-80 mg</i> .....	116
<i>alosetron hcl</i> .....	160	<i>amlodipine besylate-atorvastatin</i>	
ALPHAGAN P.....	214	<i>calcium tab 2.5-10 mg</i> .....	115
<i>alpha-lipoic acid (thioctic acid)</i> .....	44	<i>amlodipine besylate-atorvastatin</i>	
<i>alprazolam</i> .....	61	<i>calcium tab 2.5-20 mg</i> .....	115
ALREX.....	216	<i>amlodipine besylate-atorvastatin</i>	
ALTACE .....	92	<i>calcium tab 2.5-40 mg</i> .....	115
<i>altachlore</i> .....	217	<i>amlodipine besylate-atorvastatin</i>	
<i>altarussin</i> .....	130	<i>calcium tab 5-10 mg</i> .....	116
ALTERA NEB MIS HANDSET .....	183	<i>amlodipine besylate-atorvastatin</i>	
ALTOPREV .....	91	<i>calcium tab 5-20 mg</i> .....	116
ALTRENO.....	131		



<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-40 mg</i> .....	116
<i>amlodipine besylate-atorvastatin</i>	
<i>calcium tab 5-80 mg</i> .....	116
<i>amlodipine besylate-benazepril hcl cap</i>	
10-20 mg .....	94
<i>amlodipine besylate-benazepril hcl cap</i>	
10-40 mg .....	95
<i>amlodipine besylate-benazepril hcl cap</i>	
2.5-10 mg .....	94
<i>amlodipine besylate-benazepril hcl cap</i>	
5-10 mg .....	94
<i>amlodipine besylate-benazepril hcl cap</i>	
5-20 mg .....	94
<i>amlodipine besylate-benazepril hcl cap</i>	
5-40 mg .....	94
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-20 mg</i> .....	95
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 10-40 mg</i> .....	95
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-20 mg</i> .....	95
<i>amlodipine besylate-olmesartan</i>	
<i>medoxomil tab 5-40 mg</i> .....	95
<i>amlodipine besylate-valsartan tab 10-</i>	
160 mg .....	95
<i>amlodipine besylate-valsartan tab 10-</i>	
320 mg .....	95
<i>amlodipine besylate-valsartan tab 5-</i>	
160 mg .....	95
<i>amlodipine besylate-valsartan tab 5-</i>	
320 mg .....	95
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-12.5</i>	
<i>mg</i> .....	95
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-160-25</i>	
<i>mg</i> .....	95
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 10-320-25</i>	
<i>mg</i> .....	95
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-12.5</i>	
<i>mg</i> .....	95
<i>amlodipine-valsartan-</i>	
<i>hydrochlorothiazide tab 5-160-25 mg</i>	
.....	95
<i>amnesteam</i> .....	131
<i>amoxapine</i> .....	73
<i>amoxicillin</i> .....	218
<i>amoxicillin &amp; k clavulanate chew tab</i>	
200-28.5 mg .....	219
<i>amoxicillin &amp; k clavulanate chew tab</i>	
400-57 mg .....	219
<i>amoxicillin &amp; k clavulanate for susp</i>	
200-28.5 mg/5ml .....	219
<i>amoxicillin &amp; k clavulanate for susp</i>	
250-62.5 mg/5ml .....	219
<i>amoxicillin &amp; k clavulanate for susp</i>	
400-57 mg/5ml .....	219
<i>amoxicillin &amp; k clavulanate for susp</i>	
600-42.9 mg/5ml .....	219
<i>amoxicillin &amp; k clavulanate tab 250-125</i>	
<i>mg</i> .....	219
<i>amoxicillin &amp; k clavulanate tab 500-125</i>	
<i>mg</i> .....	219
<i>amoxicillin &amp; k clavulanate tab 875-125</i>	
<i>mg</i> .....	219
<i>amoxicillin cap-clarithro tab-lansopraz</i>	
<i>cap dr therapy pack</i> .....	229
<i>amphetamine sulfate</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 10 mg</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 15 mg</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 20 mg</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 25 mg</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 30 mg</i> .....	41
<i>amphetamine-dextroamphetamine cap</i>	
<i>er 24hr 5 mg</i> .....	41
<i>amphetamine-dextroamphetamine tab</i>	
10 mg .....	41
<i>amphetamine-dextroamphetamine tab</i>	
12.5 mg .....	41
<i>amphetamine-dextroamphetamine tab</i>	
15 mg .....	41
<i>amphetamine-dextroamphetamine tab</i>	
20 mg .....	41
<i>amphetamine-dextroamphetamine tab</i>	
30 mg .....	41

<i>amphetamine-dextroamphetamine tab</i>	APIDRA SOLOSTAR.....	79
5 mg.....	APLENZIN .....	69
<i>amphetamine-dextroamphetamine tab</i>	APPLE FLAVOR LIQ .....	219
7.5 mg.....	<i>apraclonidine hcl</i> .....	214
<i>amplify relief mm</i> .....	<i>aprepitant</i> .....	87
AMPYRA .....	<i>aprepitant capsule therapy pack 80 &amp;</i>	
AMRIX .....	125 mg .....	87
AMZEEQ.....	APRETUDE.....	106
<i>analgesic balm</i> .....	<i>apri</i> .....	119
<i>anastrozole</i> .....	APRISO .....	159
ANCOBON .....	<i>aprodine</i> .....	125
ANDRODERM .....	APTENSIO XR .....	43
ANDROGEL.....	APTIOM.....	66
ANDROGEL PUMP .....	APTIVUS .....	106
<i>anecream</i> .....	AQUACEL AG PAD 2.....	149
<i>anecream5</i> .....	AQUACEL AG PAD 4.....	149
<i>animal chews</i> .....	AQUACEL FOAM PAD 3.2X3.2.....	149
ANISE OIL .....	AQUACEL FOAM PAD 4.....	149
ANORO ELLIPT AER 62.5-25 .....	AQUACEL FOAM PAD 5.....	149
ANTACID.....	AQUACEL FOAM PAD 6.....	150
<i>antacid extra strength</i> .....	AQUACEL FOAM PAD 7.....	150
<i>antacid flavor chews</i> .....	AQUACEL FOAM PAD 8.....	150
<i>antacid maximum</i> .....	AQUACEL HG PAD 6.....	150
<i>antacid plus sus gas rel</i> .....	<i>aqua-cerin</i> .....	141
ANTACID SOFT CHEWS .....	<i>aquanil hc</i> .....	138
<i>antacid sus antigas</i> .....	AQUAPHOR LIP OIN REPAIR.....	144
<i>antacid ultra strength</i> .....	AQUASITE DRS PAD 2.....	150
ANTARA .....	AQUASITE DRS PAD 4.....	150
<i>anti-allergy</i> .....	AQUASITE PAD 2.....	150
<i>antibiotic ointment</i> .....	AQUASITE PAD 4.....	150
<i>anti-dandruff shampoo</i> .....	<i>aqueous vitamin d infants</i> .....	233
<i>anti-diarrheal</i> .....	<i>aranelle</i> .....	119
<i>antifungal</i> .....	ARANESP ALBUMIN FREE .....	164
<i>antifungal powder</i> .....	ARAZLO .....	131
<i>anti-fungal powder</i> .....	<i>arformoterol tartrate</i> .....	64
<i>antihistamine/nasal decon</i> .....	ARICEPT .....	223
<i>anti-itch</i> .....	ARIKAYCE .....	46
<i>anti-itch maximum strengt</i> .....	<i>aripiprazole</i> .....	105
ANTIOXIDANT TAB FORMULA.....	ARISTADA .....	105
ANTIVERT .....	ARISTADA INITIO.....	105
ANUSOL-HC.....	ARIXTRA .....	65
ANZEMET .....	ARKALIOX .....	235
APADAZ TAB 4.08-325.....	<i>armodafinil</i> .....	43
APADAZ TAB 6.12-325.....	ARMONAIR DIGIHALER .....	63
APADAZ TAB 8.16-325.....	ARMOUR THYROID .....	227
APEXICON E .....	ARNUITY ELLIPTA.....	63
APIDRA.....	ARTHRI-FLEX TAB ADVANTAG.....	192

<i>arthritis hot</i> .....	143	<i>athletes foot powder spra</i> .....	135
<i>arthritis pain reliever</i> .....	133	<i>athletes foot spray</i> .....	135
<i>arthritis pain relieving</i> .....	143	<i>atomoxetine hcl</i> .....	42
ARTHROTEC 50 TAB .....	47	<i>atorvastatin calcium</i> .....	91
ARTHROTEC 75 TAB .....	47	<i>atovaquone</i> .....	60
<i>artificial tears</i> .....	212	<i>atovaquone-proguanil hcl tab 250-100</i>	
ASACOL HD .....	159	<i>mg</i> .....	99
<i>ascomp/codeine</i> .....	54	<i>atovaquone-proguanil hcl tab 62.5-25</i>	
<i>ascorbic acid</i> .....	235	<i>mg</i> .....	99
<i>ascorbic acid tab 1000 mg</i> .....	235	ATRALIN .....	131
<i>ascorbic acid tab 500 mg</i> .....	235	ATRANTIL CAP .....	192
<i>asenapine maleate</i> .....	104	<i>atropine sulfate (ophthalmic)</i> .....	214
<i>ashlyna</i> .....	119	ATROVENT HFA.....	62
ASMANEX HFA .....	63	AUBAGIO .....	225
ASMANEX TWISTHALER 120 ME .....	63	AUM MINI PEN MIS 33GX5MM.....	174
ASMANEX TWISTHALER 14 MET .....	63	AUM MINI PEN MIS 33GX6MM.....	174
ASMANEX TWISTHALER 30 MET .....	63	AUM SAFETY MIS 31GX4MM .....	174
ASMANEX TWISTHALER 60 MET .....	63	<i>aurovela 1.5/30</i> .....	119
<i>aspercreme w/lidocaine</i> .....	143	<i>aurovela 1/20</i> .....	119
<i>aspercreme/lidocaine</i> .....	143	<i>aurovela 24 fe</i> .....	119
<i>aspirin</i> .....	51	AURYXIA .....	160
ASPIRIN.....	51	AUSTEDO.....	224
<i>aspirin adult low dose</i> .....	51	AUTOSHIELD MIS 29X3/16.....	174
<i>aspirin ec low dose</i> .....	51	AVALIDE TAB 150-12.5.....	95
<i>aspirin low chw 81mg</i> .....	51	AVALIDE TAB 300-12.5 .....	95
<i>aspirin low dose</i> .....	51	AVAPRO .....	93
<i>aspirin tab 325 mg</i> .....	51	<i>avar cleanser</i> .....	131
<i>aspirin-acetaminophen-caffeine tab</i>		AVAR LS LIQ 10-2% .....	131
<i>250-250-65 mg</i> .....	50	<i>avar-e emollient</i> .....	131
<i>aspirin-dipyridamole cap er 12hr 25-</i>		<i>avar-e green</i> .....	131
<i>200 mg</i> .....	163	AVAR-E LS CRE 10-2% .....	131
ASSEMBLY MIS FIXTURE .....	174	<i>avedana hemorrhoidal cool</i> .....	57
<i>asthmanefrin refill</i> .....	64	AVEENO ACTIV PAD ULT-CALM .....	144
ASTRAGALUS POW ROOT .....	222	AVEENO ACTIV PAD WIPES .....	144
ATACAND .....	93	<i>aveeno baby soothing mult</i> .....	141
ATACAND HCT TAB 16-12.5.....	95	AVEENO CALM PAD RESTORE .....	144
ATACAND HCT TAB 32-12.5.....	95	AVEENO INTENSE RELIEF OVE .....	144
ATACAND HCT TAB 32-25MG .....	95	AVEENO MOIST BAR .....	144
<i>atazanavir sulfate</i> .....	106	<i>avita</i> .....	131
AELVIA.....	156	AVODART.....	161
<i>atenolol</i> .....	112	AVONEX .....	225
<i>atenolol &amp; chlorthalidone tab 100-25</i>		AVONEX PEN .....	225
<i>mg</i> .....	95	AVSOLA .....	159
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>		<i>awake maximum strength</i> .....	42
.....	95	AYGESTIN .....	223
<i>athletes foot</i> .....	135	AYR NASAL DROPS .....	210
<i>athletes foot antifungal</i> .....	135	AYR NASAL MIST ALLERGY & .....	210

<i>ayr saline nasal</i> .....	210	<i>balance b-100</i> .....	208
AZASITE .....	214	<i>balance b-50</i> .....	197
<i>azathioprine</i> .....	191	<i>balanced b complex</i> .....	197
<i>azelaic acid</i> .....	148	<i>balanced b-100</i> .....	197
<i>azelastine hcl</i> .....	210	<i>balanced b-50</i> .....	197
<i>azelastine hcl (ophth)</i> .....	217	<i>balanced b-50 complex</i> .....	208
<i>azelastine hcl-fluticasone prop nasal</i> <i>spray 137-50 mcg/act</i> .....	210	BALCOLTRA TAB 0.1-20 .....	119
<i>azithromycin</i> .....	171	<i>balmex multi-purpose</i> .....	141
<i>azo complete feminine bal</i> .....	81	<i>balmex skin protectant</i> .....	144
AZO DUAL CAP PROTECT.....	81	BALNEOL LOT .....	144
AZO HORMONAL TAB HEALTH.....	200	<i>balsalazide disodium</i> .....	159
AZOPT .....	217	<i>balziva</i> .....	120
AZOR TAB 10-20MG .....	95	BANANA CREAM LIQ FLAVOR .....	219
AZOR TAB 10-40MG .....	95	BANANA CREME LIQ FLAVOR .....	219
AZOR TAB 5-20MG .....	95	BANANA LIQ FLAVOR.....	219
AZOR TAB 5-40MG .....	95	<i>banophen</i> .....	88, 136
AZSTARYS CAP 26.1-5.2 .....	43	BANZEL .....	66
AZSTARYS CAP 39.2-7.8 .....	43	BAQSIMI ONE PACK.....	76
AZSTARYS CAP 52.3-10. ....	43	BAQSIMI TWO PACK.....	76
AZULFIDINE .....	159	BARD PISTON MIS IRR SYR .....	173
AZULFIDINE EN-TABS.....	159	BARHEMSYS .....	86
<i>azurette</i> .....	119	BASAGLAR KWIKPEN .....	79
<b>B</b>		BASIC AM TAB.....	200
<i>b complex formula #1</i> .....	197	BASIC PM TAB .....	200
<i>b-100</i> .....	197	BASIS BAR ALL CLEA .....	145
B-100 COMP TAB TR .....	208	BASIS BAR COMBINAT.....	145
B-12 DOTS .....	163	BASIS BAR NORM/DRY .....	145
<i>b-12 tr</i> .....	163	BASIS BAR SEN SKIN .....	145
<i>b-50 complex</i> .....	197	BASIS BAR XTRA DRY.....	145
<i>b6 natural</i> .....	235	BAXDELA .....	158
BABY EYELID PAD CLEANSER.....	144	<i>bayer advanced aspirin ex</i> .....	51
BABY SKIN PROTECTANT.....	222	<i>bayer aspirin ec low dose</i> .....	51
<i>baby vitamin a &amp; d</i> .....	141	<i>bayer aspirin extra stren</i> .....	51
<i>bac</i> .....	50	<i>bayer low dose</i> .....	51
BACID TAB .....	81	<i>b-compleet-100</i> .....	197
<i>bacitracin (ophthalmic)</i> .....	214	<i>b-compleet-50</i> .....	197
<i>bacitracin (topical)</i> .....	134	<i>b-complex balanced</i> .....	197
<i>bacitracin zinc</i> .....	134	<i>b-complex formula 1</i> .....	208
<i>bacitracin-polymyxin b ophth oint</i> ...	214	<i>b-complex plus b-12</i> .....	196
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	216	B-COMPLEX TAB C/FA/BIO .....	197
<i>bacitraycin plus</i> .....	134	BD ECLIPSE MIS 25GX1 .....	174
<i>baclofen</i> .....	209	BD FILTR NDL MIS 5 MICRON .....	174
BACON FLAVOR LIQ.....	219	BD HYPO NEED MIS 16GX1 .....	174
BACON FLAVOR LIQ NATURAL.....	219	BD HYPO NEED MIS 19GX1.5.....	174
BAFIERTAM .....	225	BD HYPO NEED MIS 21GX2 .....	174
		BD HYPO NEED MIS 23GX3/4 .....	174
		BD HYPO NEED MIS 26GX1/2 .....	174

BD INTEGRA MIS 25GX1 .....	174	BENZHY/ACETA TAB 8.16-325 .....	54
BD NEEDLES MIS 16GX1.5 .....	174	BENZNIDAZOLE .....	60
BD NEEDLES MIS 25GX7/8 .....	174	<i>benzonatate</i> .....	124
BD NEEDLES MIS 27GX1/2 .....	174	<i>benzoyl peroxide</i> .....	131
BD NEEDLES MIS 30GX1/2 .....	174	<i>benzoyl peroxide topical</i> .....	131
BD PLASTIPAK MIS 21GX1 .....	174	<i>benzoyl peroxide wash</i> .....	131
BD PRECISION MIS 23GX1.5 .....	174	<i>benzoyl peroxide-erythromycin gel 5-</i>	
BD SHARPS MIS 1.4QT .....	174	<i>3%</i> .....	131
BD U-500 MIS 31GX6MM .....	174	<i>benztropine mesylate</i> .....	101
<i>beauty lotion</i> .....	141	<i>bepotastine besilate</i> .....	217
BEAUTY&SKIN TAB THERAPY .....	192	BEPREVE .....	217
<i>bec/zinc</i> .....	197	BERINERT .....	162
BECONASE AQ .....	210	BESIVANCE .....	214
BEEF BRAISED LIQ FLAVOR .....	219	<i>beta hc</i> .....	138
BEEF FLAVOR LIQ .....	219	<i>beta med</i> .....	137
BEEF FLAVOR LIQ NATURAL .....	219	<i>betamethasone dipropionate (topical)</i>	
BEEF FLAVOR LIQ OIL SOLU .....	219	.....	138
BEELITH TAB .....	189	<i>betamethasone dipropionate</i>	
BEES WAX MIS WHITE .....	222	<i>augmented</i> .....	138
BEESWAX MIS WHITE .....	222	<i>betamethasone valerate</i> .....	138
BEESWAX MIS YELLOW .....	222	BETAPACE .....	112
BELBUCA .....	56	BETAPACE AF .....	112
BELSOMRA .....	167	BETASAL .....	143
<i>benazepril &amp; hydrochlorothiazide tab</i>		BETASERON .....	225
<i>10-12.5 mg</i> .....	96	BETA-SITOSTE CAP PLT STER .....	192
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>betaxolol hcl</i> .....	112
<i>20-12.5 mg</i> .....	96	<i>betaxolol hcl (ophth)</i> .....	213
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>bethanechol chloride</i> .....	230
<i>20-25 mg</i> .....	96	BETHKIS .....	46
<i>benazepril &amp; hydrochlorothiazide tab 5-</i>		BETIMOL .....	213
<i>6.25 mg</i> .....	96	BETOPTIC-S .....	213
<i>benazepril hcl</i> .....	93	<i>better b complex</i> .....	197
BENEFIBER ON POW THE GO .....	167	BEVESPI AER 9-4.8MCG .....	64
BENEFIBER POW DRINK MX .....	167	BHT GRA .....	119
<i>benfotiamine multi-b neur</i> .....	197	BHT GRA USP/NF .....	119
<i>bengay lidocaine</i> .....	143	BHT POW .....	119
<i>bengay vanishing scent</i> .....	133	<i>bicalutamide</i> .....	101
BENICAR .....	93	<i>big 100</i> .....	197
BENICAR HCT TAB 20-12.5 .....	96	BIKTARVY TAB .....	106
BENICAR HCT TAB 40-12.5 .....	96	<i>bimatoprost</i> .....	218
BENICAR HCT TAB 40-25MG .....	96	BINAXNOW COV KIT HOME TES .....	153
BENSAL HP .....	143	<i>bio-flav</i> .....	192
BENSONS CRE BOTTOM .....	141	<i>bioflex</i> .....	199
BENZAMYCIN GEL 5-3% .....	131	BIOGAIA CHW 100M CEL .....	82
<i>benzefoam</i> .....	131	BIOGAIA CHW GASTRUS .....	82
BENZHY/ACETA TAB 4.08-325 .....	54	BIOGAIA DRO PROBIOTI .....	82
BENZHY/ACETA TAB 6.12-325 .....	54	BIOGAIA DRO PRODENTI .....	82

BIOGAIA IMMU DRO ACTIVE.....	84	BOOST PUDDIN MIS BUTTSCTH.....	154
BIOGAIA PROT DRO BABY.....	82	BOOST PUDDIN MIS CHOCOLAT.....	154
BIOGAIA PROT DRO VIT D.....	84	BOOST PUDDIN MIS VANILLA.....	154
<i>biohm childrens probiotic</i> .....	82	BOOSTRIX INJ.....	227
<i>biolle gel tears</i> .....	212	<i>boro-packs</i> .....	145
<i>biolle tears</i> .....	212	<i>bosentan</i> .....	117
BIOLYTE SOL BERRY.....	189	<i>boudreauxs butt paste max</i> .....	145
BIOLYTE SOL CITRUS.....	189	<i>bp 10-1</i> .....	131
BIOLYTE SOL TROPICAL.....	189	<i>bp cleansing wash</i> .....	131
BIOMEPRO CAP.....	82	<i>bpo foaming cloths</i> .....	131
BIOTHRAX INJ.....	231	<i>bprotected multi-vite</i> .....	200
BIOTIN FORTE TAB.....	197	<i>bprotected pedia d-vite</i> .....	233
BIOTIN FORTE TAB /ZINC.....	197	<i>bprotected pedia iron</i> .....	165
BIOTIN PLUS TAB KERATIN.....	207	BRAIN MIGHT TAB.....	207
<i>biotinex</i> .....	82	BRAINSTRONG MIS PRENATAL.....	206
<i>bisacodyl</i> .....	170	BRAINSTRONG TAB MEMORY.....	192
<i>bisacodyl tab delayed release 5 mg</i>	170	BREATHERITE MIS MDI CHMB.....	183
<i>bismatrol</i> .....	82	BREO ELLIPTA INH 100-25.....	64
<i>bismuth subsalicylate</i> .....	82	BREO ELLIPTA INH 200-25.....	64
<i>bismuth subsalicylate susp 262</i>		<i>brewers yeast</i> .....	196
<i>mg/15ml</i> .....	82	BREXAFEMME.....	87
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		BREZTRI AERO AER SPHERE.....	64
<i>10-6.25 mg</i> .....	96	<i>briellyn</i> .....	120
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		BRILINTA.....	163
<i>2.5-6.25 mg</i> .....	96	<i>brimonidine tartrate</i> .....	214
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		<i>brimonidine tartrate-timolol maleate</i>	
<i>6.25 mg</i> .....	96	<i>ophth soln 0.2-0.5%</i> .....	213
<i>bisoprolol fumarate</i> .....	112	<i>brinzolamide</i> .....	217
<i>bite-a-mins</i> .....	205	BRIVIACT.....	66
<i>bite-a-mins/iron</i> .....	205	<i>bromfenac sodium (ophth)</i> .....	217
BITTER MASK LIQ FLAVOR.....	219	BROMSITE.....	217
BITTERNESS LIQ SUPPRESS.....	219	BROVANA.....	64
BLACK COHOSH PAK MENOPAUS....	192	BRYHALI.....	138
<i>bleomycin sulfate</i> .....	101	<i>b-stress</i> .....	208
BLEPHAMIDE OIN S.O.P.....	216	BUBBLE GUM LIQ CONCENTR.....	219
<i>blisovi 24 fe</i> .....	120	BUBBLE GUM LIQ FLAVOR.....	219
BLOOD ORANGE LIQ OS.....	219	BUBBLE GUM LIQ OS.....	219
BLOOD PRESSURE MONITORING....	172	BUBBLE GUM LIQ WS.....	219
<i>blood sugar 360</i> .....	192	BUBBLEGUM LIQ FLAVOR.....	219
BLOOD SUGAR TAB BALANCE.....	192	<i>budesonide</i> .....	124
<i>blue gel</i> .....	133	<i>budesonide (inhalation)</i> .....	63
<i>blue tube pain relieving/</i> .....	143	<i>budesonide-formoterol fumarate dihyd</i>	
BLUEBERRY LIQ FLAVOR.....	219	<i>aerosol 160-4.5 mcg/act</i> .....	64
BLUNT CANNUL MIS 20GX1.5.....	174	<i>budesonide-formoterol fumarate dihyd</i>	
BLUNT CANNUL MIS 21GX1.....	174	<i>aerosol 80-4.5 mcg/act</i> .....	64
BONE DENSITY TAB BUILDER.....	190	<i>bumetanide</i> .....	155
BONJESTA TAB 20-20MG.....	86		

<i>bupivacaine inj 0.25% w/ epinephrine</i>	
1:200000 .....	171
<i>bupivacaine inj 0.25% w/ epinephrine</i>	
1:200000 (pf) .....	171
<i>bupivacaine inj 0.5% w/ epinephrine</i>	
1:200000 .....	171
<i>bupivacaine inj 0.5% w/ epinephrine</i>	
1:200000 (pf) .....	171
<i>buprenorphine</i> .....	56
<i>buprenorphine hcl</i> .....	56
<i>buprenorphine hcl-naloxone hcl sl film</i>	
12-3 mg (base equiv) .....	56
<i>buprenorphine hcl-naloxone hcl sl film</i>	
2-0.5 mg (base equiv) .....	56
<i>buprenorphine hcl-naloxone hcl sl film</i>	
4-1 mg (base equiv) .....	56
<i>buprenorphine hcl-naloxone hcl sl film</i>	
8-2 mg (base equiv) .....	56
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
2-0.5 mg (base equiv) .....	56
<i>buprenorphine hcl-naloxone hcl sl tab</i>	
8-2 mg (base equiv) .....	56
<i>bupropion hcl</i> .....	69, 70
<i>bupropion hcl (smoking deterrent)</i> .	226
BURN JACKET PAD 17 .....	150
BURN JACKET PAD 31 .....	150
<i>bupirone hcl</i> .....	61
<i>butalbital-acetaminophen tab 50-325</i>	
mg .....	50
<i>butalbital-acetaminophen-caff w/ cod</i>	
cap 50-300-40-30 mg .....	54
<i>butalbital-acetaminophen-caff w/ cod</i>	
cap 50-325-40-30 mg .....	54
<i>butalbital-acetaminophen-caffeine cap</i>	
50-300-40 mg.....	50
<i>butalbital-acetaminophen-caffeine cap</i>	
50-325-40 mg.....	50
<i>butalbital-acetaminophen-caffeine tab</i>	
50-325-40 mg.....	50
<i>butalbital-aspirin-caff w/ codeine cap</i>	
50-325-40-30 mg.....	55
<i>butalbital-aspirin-caffeine cap 50-325-</i>	
40 mg .....	50
<i>butenafine hcl</i> .....	135
<i>butorphanol tartrate</i> .....	56
BUTRANS .....	56
BUTTERSCOTCH LIQ FLAVOR .....	219
BYDUREON BCISE .....	78
BYETTA.....	78
BYLVAY .....	159
BYLVAY (PELLETS) .....	159
BYSTOLIC .....	112
<b>C</b>	
<i>c 1000</i> .....	235
<i>c 250</i> .....	235
<i>c 500</i> .....	235
<i>c-1000</i> .....	235
<i>c-1000/rose hips</i> .....	235
<i>c-250</i> .....	235
<i>c-500</i> .....	235
<i>c-500 non-acid</i> .....	235
<i>c-500 sr</i> .....	235
CA CITRATE+D TAB MAGNESIU ....	190
CA/MG/ZN TAB .....	190
CA/MG/ZN TAB VIT D3.....	190
CABENUVA SUS 400-600 .....	106
CABENUVA SUS 600-900 .....	106
<i>cabergoline</i> .....	157
CADUET TAB 10-10MG.....	116
CADUET TAB 10-20MG.....	116
CADUET TAB 10-40MG.....	116
CADUET TAB 10-80MG.....	116
CADUET TAB 5-10MG .....	116
CADUET TAB 5-20MG .....	116
CADUET TAB 5-40MG .....	116
CADUET TAB 5-80MG .....	116
<i>caffeine</i> .....	42
CAL MAG ZINC TAB +D3 .....	190
CALAMINE LOT .....	145
CALAMINE LOT 8-8%.....	145
CALAMINE LOT PHENOLAT.....	145
CALAMINE SUS 8-8% .....	145
CALAN SR .....	113
CALC 600+D3 TAB MINERALS.....	190
<i>calcidol</i> .....	233
CALCI-MAX CAP .....	199
<i>calcipotriene</i> .....	137
<i>calcipotriene-betamethasone</i>	
<i>dipropionate oint 0.005-0.064%</i> ..	138
<i>calcipotriene-betamethasone</i>	
<i>dipropionate susp 0.005-0.064%</i> ..	138
<i>calcitonin (salmon)</i> .....	156
<i>calcitrate plus d</i> .....	186
CAL-CITRATE TAB PLUS D .....	186

<i>calcitriol</i> .....	157	<i>calcium citrate</i> .....	186
<i>calcitriol (topical)</i> .....	137	<i>calcium citrate +</i> .....	187, 190
<i>calcium 500 + d</i> .....	186	<i>calcium citrate + d</i> .....	187
<i>calcium 500 +d</i> .....	186	<i>calcium citrate + d3</i> .....	187
<i>calcium 500 +d3</i> .....	186	<i>calcium citrate + d3 max</i> .....	187
<i>calcium 500/d</i> .....	186	<i>calcium citrate +d</i> .....	187
<i>calcium 500/vitamin d</i> .....	186	<i>calcium citrate plus</i> .....	190
<i>calcium 500+d high potenc</i> .....	186	<i>calcium citrate plus/magn</i> .....	190
<i>calcium 500+d3</i> .....	186	<i>calcium citrate/d3</i> .....	187
<i>calcium 600</i> .....	186	<i>calcium citrate+ d</i> .....	187
<i>calcium 600 + d</i> .....	186	<i>calcium citrate+d3</i> .....	187
CALCIUM 600 TAB +D.....	186	<i>calcium citrate+d3 petite</i> .....	187
<i>calcium 600/vitamin d</i> .....	186	<i>calcium citrate-vitamin d tab 200 mg-</i> <i>250 unit (elemental ca)</i> .....	187
<i>calcium 600+d</i> .....	186	<i>calcium citrate-vitamin d tab 315 mg-</i> <i>200 unit (elemental ca)</i> .....	187
<i>calcium 600+d high potenc</i> .....	186	<i>calcium citrate-vitamin d tab 315 mg-</i> <i>250 unit (elemental ca)</i> .....	187
<i>calcium 600+d3</i> .....	186	<i>calcium high potency + vi</i> .....	187
CALCIUM ACETATE .....	186	CALCIUM MAGN TAB /D .....	190
<i>calcium acetate (phosphate binder)</i>	161	CALCIUM PLUS TAB ADVANCED ....	192
<i>calcium antacid extra str</i> .....	59	<i>calcium plus vitamin d</i> .....	187
<i>calcium ascorbate</i> .....	235	<i>calcium plus vitamin d3</i> .....	187
<i>calcium carbonate</i> .....	186	CALCIUM PYRUVATE .....	192
CALCIUM CARBONATE .....	59, 186	CALCIUM/C/D CHW 500MG.....	187
<i>calcium carbonate (antacid)</i> .....	59	CALCIUM/D3 CAP 600-2500 .....	187
<i>calcium carbonate (antacid) chew tab</i> <i>500 mg</i> .....	59	<i>calcium/vitamin d3</i> .....	187
<i>calcium carbonate-cholecalciferol cap</i> <i>600 mg-500 unit</i> .....	186	<i>calcium+d3</i> .....	187
<i>calcium carbonate-cholecalciferol chew</i> <i>tab 500 mg-400 unit</i> .....	186	<i>calcium+d3 gradual releas</i> .....	187
<i>calcium carbonate-cholecalciferol tab</i> <i>250 mg-125 unit</i> .....	186	<i>calcium-magnesium-zinc tab 333-133-</i> <i>5 mg</i> .....	187
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-200 unit</i> .....	186	<i>calcium-magnesium-zinc tab 333-133-</i> <i>8.3 mg</i> .....	187
<i>calcium carbonate-cholecalciferol tab</i> <i>500 mg-400 unit</i> .....	186	<i>calcium-magnesium-zinc tab 334-134-</i> <i>5 mg</i> .....	187
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-200 unit</i> .....	186	CAL-DAY 1000 TAB.....	200
<i>calcium carbonate-cholecalciferol tab</i> <i>600 mg-400 unit</i> .....	186	CAL-MAG-ZINC TAB -D .....	190
<i>calcium carbonate-vitamin d cap 600</i> <i>mg-200 unit</i> .....	186	CAL-MAG-ZINC TAB -D3 .....	190
<i>calcium carbonate-vitamin d tab 250</i> <i>mg-125 unit</i> .....	186	CAL-MINT.....	186
<i>calcium carbonate-vitamin d tab 600</i> <i>mg-200 unit</i> .....	186	<i>calmoseptine</i> .....	145
CALCIUM CHW 500MG .....	186	<i>calprotect</i> .....	145
CALCIUM CIT/ TAB VIT D .....	186	<i>calypxo</i> .....	143
		<i>calypxo hp</i> .....	143
		<i>camrese</i> .....	120
		<i>camrese lo</i> .....	120
		CANASA .....	160
		<i>candesartan cilexetil</i> .....	93



<i>candesartan cilexetil- hydrochlorothiazide tab 16-12.5 mg</i> .....	96	<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	102
<i>candesartan cilexetil- hydrochlorothiazide tab 32-12.5 mg</i> .....	96	<i>carbinoxamine maleate</i> .....	88
<i>candesartan cilexetil- hydrochlorothiazide tab 32-25 mg</i> .96		CARBOFLEX PAD 3 .....	150
CANDICIDAL CAP .....	192	CARBOFLEX PAD 4 .....	150
<i>capecitabine</i> .....	100	CARBOFLEX PAD 6 .....	150
CAPEX .....	138	<i>carboplatin</i> .....	100
CAPLYTA .....	103	<i>carboxymethylcellulose sodium (ophth)</i> .....	212
<i>capsaicin</i> .....	144	CARDIO HEALT CAP FORMULA .....	192
CAPSULE SZ 1 CAP LACTOSE .....	221	CARDIZEM .....	113
<i>captopril</i> .....	93	CARDIZEM CD .....	113
CAMEL LIQ FLAVOR .....	219	CARDIZEM LA .....	113
CAMEL OS LIQ .....	219	CAREPOINT SY MIS 20GX1 .....	174
<i>carbamazepine</i> .....	66	CAREPOINT SY MIS 20GX1.5 .....	174
<i>carbamide peroxide 6.5% otic soln</i> .218		CAREPOINT SY MIS 22G X 1 .....	174
CARBATROL.....	66	CAREPOINT SY MIS 22GX1.5 .....	174
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i> .....	102	CAREPOINT SY MIS 23GX1 .....	175
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i> .....	102	CAREPOINT SY MIS 23GX1.5 .....	175
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i> .....	102	CAREPOINT SY MIS 25GX1 .....	175
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	102	CARESTART KIT COVID-19 .....	153
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	102	CARETOUCH MIS CPAP .....	183
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	102	CA-REZZ LIQ NORISC .....	145
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	102	<i>carisoprodol</i> .....	209
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	102	CARMEX OIN LIP BALM .....	145
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	102	<i>carteolol hcl (ophth)</i> .....	213
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	102	<i>cartia xt</i> .....	113
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	102	<i>carvedilol</i> .....	112
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	102	<i>carvedilol phosphate</i> .....	112
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	102	CAVILON DURABLE BARRIER .....	145
		CAYSTON .....	60
		<i>caziant</i> .....	120
		<i>c-chewable</i> .....	235
		<i>cefaclor</i> .....	117
		CEFACTOR ER .....	117
		<i>cefadroxil</i> .....	117
		<i>cefdinir</i> .....	118
		<i>cefixime</i> .....	118
		<i>cefpodoxime proxetil</i> .....	118
		<i>cefprozil</i> .....	117
		<i>cefuroxime axetil</i> .....	118
		CELEBEX .....	47
		<i>celecoxib</i> .....	47
		CELEXA.....	70
		CELONTIN .....	69
		CENT MATURE TAB ADLT 50+ .....	200
		CENTANY .....	134

CENTANY AT .....	134	<i>childrens cold &amp; allergy</i> .....	126
CENTRAL-VITE TAB .....	200	<i>childrens gummies</i> .....	204
CENTRAVITES TAB 50 PLUS.....	200	<i>childrens ibuprofen</i> .....	47
CENTRAVITES TAB ADULTS .....	200	<i>childrens medi-tabs</i> .....	50
CENTRUM KIDS CHW .....	204	<i>childrens non-aspirin</i> .....	50
CENTRUM KIDS CHW FLAV BST.....	204	<i>childrens pain reliever</i> .....	50
CENTRUM SPEC TAB ENERGY.....	207	<i>childrens pepto</i> .....	59
CENTRUM SPEC TAB HEART.....	200	<i>childrens probiotic</i> .....	82
CENTRUM SPEC TAB IMMUNE .....	200	<i>childrens silapap</i> .....	50
CENTRUM SPEC TAB VISION.....	200	<i>childrens soothe</i> .....	59
CENTRUM TAB CARDIO .....	200	<i>chloraseptic warming sore</i> .....	196
CENTRUM TAB MEN .....	200	<i>chlordiazepoxide hcl</i> .....	61
CENTRUM TAB PERFORMA .....	208	<i>chlorhexidine gluconate (mouth-throat)</i> .....	196
CENTRUM TAB SILVER .....	200	<i>chloroquine phosphate</i> .....	99
CENTRUM TAB ULTRA .....	200	<i>chlorphenir tab 4mg</i> .....	87
<i>cephalexin</i> .....	117	<i>chlorpheniramine maleate</i> .....	87
CEQUA.....	215	<i>chlorpromazine hcl</i> .....	105
CERASPORT SOL .....	189	CHLORPROMAZINE HYDROCHLOR ..	105
CERASPORT SOL EX1.....	189	<i>chlorthalidone</i> .....	156
<i>cerave baby healing ointm</i> .....	141	<i>chlorzoxazone</i> .....	209
<i>cerovite jr</i> .....	205	CHOCOLATE LIQ FLAVOR .....	220
CERTAVITE TAB SENIOR .....	200	<i>chocolated laxative</i> .....	170
CERTAVITE/ TAB ANTIOXID.....	200	<i>chocolated laxative regul</i> .....	170
<i>cetirizine hcl</i> .....	88	CHOLBAM.....	159
<i>cetirizine hcl allergy ch</i> .....	89	<i>cholecalciferol</i> .....	233
<i>cetirizine hydrochloride</i> .....	89	<i>cholesterol relief</i> .....	192
<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i> .....	126	<i>cholestyramine</i> .....	90
CHAPSTICK OVERNIGHT .....	145	<i>cholestyramine light</i> .....	90
<i>charcoal activated</i> .....	85	<i>choline fenofibrate</i> .....	91
<i>charcocaps</i> .....	85	CHROMIUM CAP FORTE .....	192
<i>charlotte 24 fe</i> .....	120	<i>chromium picolinate</i> .....	191
CHCK FLAVOR LIQ OIL MISC.....	220	<i>chromium picolinate/calci</i> .....	191
CHEESECAKE LIQ FLAVOR .....	220	CIALIS .....	116
CHEMO GLOVES MIS LARGE .....	173	CIBINQO .....	141
CHEMO GLOVES MIS MEDIUM.....	173	<i>ciclodan</i> .....	135
CHEMO GLOVES MIS SMALL .....	173	<i>ciclopirox</i> .....	135
CHEMO GLOVES MIS X-LARGE .....	173	<i>ciclopirox olamine</i> .....	135
CHENODAL .....	159	<i>ciclopirox treatment</i> .....	135
CHERRY LIQ FLAVOR .....	220	<i>cilostazol</i> .....	163
<i>chest congestion relief</i> .....	130	CILOXAN .....	214
CHICKEN LIQ FLAVOR.....	220	CIMDUO TAB 300-300 .....	106
CHICKEN LIQ ROASTED .....	220	<i>cimetidine</i> .....	228
<i>childrens animal shapes c</i> .....	205	<i>cimetidine hcl</i> .....	228
<i>childrens apap</i> .....	50	CIMZIA .....	160
<i>childrens chewable multiv</i> .....	205	CIMZIA STARTER KIT .....	160
<i>childrens chewable vitami</i> .....	205	<i>cinacalcet hcl</i> .....	157

CINNAMON OIL .....	118	<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i> .....	132
CINNAMON OIL ARTIFIC.....	118	<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i> .....	132
CINNAMON OIL FLAVOR .....	220	<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i> .....	132
CINRYZE .....	162	<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	132
CINVANTI.....	87	CLINDESSE .....	232
CIPRO .....	158	CLINITEST KIT SELF-TST .....	153
CIPRO HC SUS OTIC .....	218	<i>clobazam</i> .....	66
CIPRODEX SUS 0.3-0.1% .....	218	<i>clobetasol propionate</i> .....	138
<i>ciprofloxacin hcl</i> .....	158	<i>clobetasol propionate emollient base</i> .....	138
<i>ciprofloxacin hcl (ophth)</i> .....	214	<i>clobetasol propionate emulsion</i> .....	138
<i>ciprofloxacin hcl (otic)</i> .....	218	CLOBEX .....	139
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	218	<i>clocortolone pivalate</i> .....	139
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> .....	218	<i>clodan</i> .....	139
<i>citalopram hydrobromide</i> .....	70	CLODAN KIT .....	139
CITALOPRAM HYDROBROMIDE .....	70	CLODERM.....	139
CITRACAL PLS TAB .....	190	<i>clomipramine hcl</i> .....	73
CITRACAL TAB MAX PLUS .....	190	<i>clonazepam</i> .....	66
<i>citroma</i> .....	169	<i>clonidine</i> .....	94
CL PRENATAL TAB 28-0.8MG .....	206	<i>clonidine hcl</i> .....	94
<i>claravis</i> .....	131	<i>clonidine hcl (adhd)</i> .....	42
CLARINEX .....	89	<i>clopidogrel bisulfate</i> .....	163
CLARINEX-D TAB 2.5-120 .....	126	<i>clorazepate dipotassium</i> .....	61
<i>clarithromycin</i> .....	171	<i>clotrimazole</i> .....	196
CLEAN EYELID PAD.....	145	<i>clotrimazole (topical)</i> .....	135
CLEAN EYELID PAD PADS .....	145	<i>clotrimazole antifungal</i> .....	135
CLEAN&CLEAR PAD SHEETS.....	145	<i>clotrimazole vaginal</i> .....	232
<i>clear eyes natural tears</i> .....	212	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	135
CLEAR GLASS MIS VIAL 5ML.....	175	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	135
<i>clearasil daily clear van</i> .....	132	<i>clozapine</i> .....	104
<i>clearasil rapid rescue sp</i> .....	132	CLOZARIL .....	104
CLEARDETECT KIT COVID-19.....	153	CO MONITOR MIS T PIECES.....	183
<i>clearskin</i> .....	132	<i>co q10 maximum strength</i> .....	44
<i>clemastine fumarate</i> .....	88	<i>cocoa butter skin cream</i> .....	141
CLEOCIN .....	232	<i>cod liver oil/vitamins a</i> .....	208
CLEOCIN-T .....	132	<i>codeine sulfate</i> .....	52
<i>clindacin etz pledgets</i> .....	132	CODEINE SULFATE .....	52
CLINDACIN KIT ETZ 1% .....	132	COENZYME Q10 .....	44
CLINDACIN KIT PAC 1%.....	132	<i>coenzyme q10 (ubidecarenone)</i> .....	44
<i>clindacin-p</i> .....	132	COLAZAL.....	160
CLINDAGEL .....	132	<i>colchicine</i> .....	162
<i>clindamycin hcl</i> .....	60		
<i>clindamycin palmitate hydrochloride</i> .60			
<i>clindamycin phosphate (topical)</i> .....	132		
<i>clindamycin phosphate vaginal</i> .....	232		

<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	162	<i>cool n heat extra strengt</i> .....	143
COLCRYS .....	162	<i>cool n heat muscle &amp; join</i> .....	143
<i>cold &amp; allergy</i> .....	126	COPAXONE .....	225
<i>cold &amp; flu relief nightti</i> .....	126	COQ-10 TR .....	44
COLD DEFENSE CAP FIGHTER .....	192	<i>cordymax cs-4</i> .....	192
<i>cold multi-symptom daytim</i> .....	126	COREG .....	112
<i>cold/flu liq daytime</i> .....	126	COREG CR .....	112
COLEMAN 100 MAX INSECT RE .....	145	CORGARD .....	112
COLEMAN INSECT REPELLENT/ .....	145	<i>coricidin d cold/flu/sinu</i> .....	126
<i>colesevelam hcl</i> .....	90	<i>correctol extra gentle</i> .....	170
COLESTID .....	90	CORTEF .....	124
COLESTID FLAVORED .....	90	CORTISOL TAB MANAGER .....	192
<i>colestipol hcl</i> .....	90, 91	CORTISOLV CAP .....	192
<i>colon cleanse</i> .....	192	<i>cortizone-10 diabetics sk</i> .....	139
<i>colon herbal cleanser</i> .....	192	<i>cortizone-10 eczema</i> .....	139
COLONX CAP .....	192	<i>cortizone-10 hydratensive</i> .....	139
COLOX CAP .....	192	<i>cortizone-10 psoriasis</i> .....	139
COMBIGAN SOL 0.2/0.5% .....	213	<i>corvita</i> .....	200
COMBIVENT AER 20-100 .....	64	<i>cosamin asu advanced life</i> .....	192
COMBIVIR TAB 150-300 .....	106	<i>cosamin asu for joint hea</i> .....	192
COMFORT TOUC MIS 31GX4MM .....	175	<i>cosamin ds</i> .....	45
COMFORT TOUC MIS 33GX1/4 .....	175	COSAMIN TAB VERDE .....	192
COMFORT TOUC MIS 33GX3/16 .....	175	COSENTYX .....	137
COMFORT-AID PAD 1.5 .....	150	COSENTYX SENSOREADY PEN .....	137
COMPL NEEDLE MIS COLL SYS .....	175	COSOFT PF SOL 2%-0.5% .....	213
COMPLERA TAB .....	106	COSOFT SOL 22.3-6.8 .....	213
<i>complete moisture</i> .....	141	COTEMPLA XR-ODT .....	43
<i>complete multivitamin/mul</i> .....	200	COTTON CANDY LIQ FLAVOR .....	220
COMPLETENATE CHW .....	206	<i>cough cold &amp; sore throat</i> .....	126
<i>compro</i> .....	105	<i>cough dm</i> .....	124
CONCERTA .....	43	<i>cough drops</i> .....	196
CONDOMS LATEX LUBRICATED - MALE .....	172	<i>cough drops sugar free</i> .....	196
CONEX SOL CLD/ALRG .....	126	<i>coughtab</i> .....	130
CONEX TAB 2-60MG .....	126	COUNT-A-DOSE MIS .....	172
CONNECTOR MIS LUER LOC .....	175	COVID-19 AT- KIT 1-PACK .....	153
CONNECTOR MIS Y-SITE .....	175	COVID-19 AT- KIT 4-PACK .....	153
<i>constulose</i> .....	168	COZAAR .....	93, 94
CONTAC LENS BAR SOAP .....	145	CPAP & BIPAP MIS HOSE .....	183
CONTI CASTIL BAR SOAP .....	145	CPAP MASK MIS WIPES .....	183
<i>controlgx anti-dandruff</i> .....	137	CPAP NEURAL MIS PRE-WASH .....	183
CONVERSION MIS BABY SZ1 .....	183	CRAMP RELEAF CAP .....	192
CONVERSION MIS BABY SZ2 .....	183	CRANBERRY CAP FORTE .....	192
CONVERSION MIS BABY SZ3 .....	183	CRANBERRY TAB PROBIOTI .....	192
CONZIP .....	52	CRANBLADDER CAP RELEAF .....	192
<i>cool &amp; heat extra strengt</i> .....	143	CREME DE OIL MENTHE .....	220
		CREME DEMENT LIQ FLAVOR .....	220
		CREME OS LIQ .....	220

CREON CAP 12000UNT.....	155	<i>cvs allergy relief childr</i> .....	88
CREON CAP 24000UNT.....	155	<i>cvs all-purpose skin prot</i> .....	141
CREON CAP 3000UNIT .....	155	<i>cvs antacid kids</i> .....	59
CREON CAP 36000UNT.....	155	CVS ANTACID SOFT CHEWS UL.....	59
CREON CAP 6000UNIT .....	155	<i>cvs antacid ultra strengt</i> .....	59
CRESEMBA .....	87	<i>cvs antibiotic</i> .....	134
CRESTOR .....	91	<i>cvs antibiotic pain/scar</i> .....	134
CRINONE .....	233	<i>cvs antibiotic/pain relie</i> .....	134
<i>cromolyn sodium (nasal)</i> .....	210	<i>cvs artificial tears</i> .....	212
<i>cromolyn sodium (ophth)</i> .....	217	<i>cvs aspirin low dose</i> .....	51
<i>cryselle-28</i> .....	120	<i>cvs aspirin low strength</i> .....	51
CULTR ULTIMA CAP STRENGTH .....	84	<i>cvs astringent eye drops</i> .....	215
CULTUR DIGES CAP DAILY .....	84	<i>cvs astringent solution s</i> .....	145
CULTURELLE CAP .....	84	<i>cvs b complex plus c</i> .....	197
CULTURELLE CAP DIGESTIV .....	84	<i>cvs b1</i> .....	235
CULTURELLE CAP HLTH/WEL.....	85	<i>cvs b-1</i> .....	235
CULTURELLE CAP WOMENS .....	82	<i>cvs b-12</i> .....	163
CULTURELLE CHW DIGESTIV .....	85	<i>cvs b6</i> .....	235
CULTURELLE CHW KIDS .....	82	<i>cvs balanced b50</i> .....	208
<i>culturelle health &amp; welln</i> .....	82	<i>cvs beauty 360 pure vitam</i> .....	141
<i>culturelle immune defense</i> .....	82	<i>cvs caffeine</i> .....	42
CULTURELLE KIDS.....	82	<i>cvs calcium</i> .....	187
<i>culturelle kids immune de</i> .....	82	<i>cvs calcium &amp; vitamin d3</i> .....	187
CULTURELLE KIDS PURELY PR.....	82	<i>cvs calcium 600 &amp; vitamin</i> .....	187
<i>culturelle prenatal welln</i> .....	82	<i>cvs calcium 600+d</i> .....	187
<i>culturelle probiotics</i> .....	82	<i>cvs calcium carbonate</i> .....	187
<i>culturelle probiotics kid</i> .....	82	<i>cvs calcium citrate+d3 pe</i> .....	187
CULTURELLE PROBIOTICS KID.....	82	CVS CALCIUM TAB CITR/D3.....	190
<i>culturelle total balance</i> .....	82	<i>cvs calcium/magnesium/zin</i> .....	187
CURCUMAX PRO TAB .....	192	<i>cvs chewable c with rose</i> .....	235
CURITY HEAVY PAD DRAINAGE .....	150	<i>cvs chewable childrens vi</i> .....	205
CURTY SALINE PAD 8.....	150	<i>cvs chewable probiotic ch</i> .....	82
CUTTER.....	145	<i>cvs chewy not chalky flav</i> .....	59
CUTTER ALL FAMILY .....	145	<i>cvs childrens chewable co</i> .....	205
CUTTER BACKWOODS.....	145	<i>cvs childs non-aspirin</i> .....	50
CUTTER BACKWOODS DRY .....	145	<i>cvs chocolate laxative pi</i> .....	170
CUTTER DRY.....	145	<i>cvs clotrimazole 3</i> .....	232
CUTTER SKINSATIONS.....	145	<i>cvs cold &amp; hot pain relie</i> .....	143
CUTTER SPORT .....	145	<i>cvs cold &amp; sinus relief</i> .....	126
<i>cvs acetaminophen</i> .....	50	<i>cvs cold relief multi-sym</i> .....	126
<i>cvs acetaminophen extra s</i> .....	50	<i>cvs cold/flu &amp; sore throa</i> .....	126
<i>cvs acidophilus probiotic</i> .....	82	<i>cvs cold/flu relief night</i> .....	126
<i>cvs acne</i> .....	132	<i>cvs coq-10</i> .....	44
<i>cvs acne control cleanser</i> .....	132	<i>cvs cortisone maximum str</i> .....	139
<i>cvs advanced probiotic gu</i> .....	82	<i>cvs cough dm</i> .....	125
<i>cvs airshield</i> .....	200	<i>cvs cough drops sugar fre</i> .....	196
<i>cvs allergy relief</i> .....	87	<i>cvs d3</i> .....	234

<i>cvs daily fiber</i> .....	167	<i>cvs magnesium oxide</i> .....	189
<i>cvs daily gummies adult</i> .....	200	<i>cvs menopause support</i> .....	208
<i>cvs dandruff everyday cle</i> .....	137	<i>cvs mens daily gummies</i> .....	200
CVS DIAPER CRE A/D ZINC .....	141	<i>cvs miconazole 3</i> .....	232
<i>cvs digestive probiotic</i> .....	82	<i>cvs miconazole 7</i> .....	232
<i>cvs dry eye relief</i> .....	212	<i>cvs mineral oil</i> .....	169
<i>cvs dry skin therapy</i> .....	141	<i>cvs moisturizing lotion</i> .....	141
<i>cvs enema disposable</i> .....	169	<i>cvs mucus d extended rele</i> .....	126
<i>cvs extra moisturizing</i> .....	141	<i>cvs mucus dm er</i> .....	126
<i>cvs eye drops</i> .....	215	<i>cvs mucus dm maximum stre</i> .....	126
<i>cvs eye drops original</i> .....	215	<i>cvs mucus extended releas</i> .....	130
CVS EYELID PAD WIPES .....	145	<i>cvs multi-symptom cold ch</i> .....	126
<i>cvs fever reducing childr</i> .....	50	<i>cvs multi-symptoms cold &amp;</i> .....	126
<i>cvs fiber</i> .....	167	<i>cvs nasal decongestant pe</i> .....	211
<i>cvs fish oil</i> .....	211	<i>cvs natural daily fiber</i> .....	167
<i>cvs gas relief infants</i> .....	158	<i>cvs natural fiber supplem</i> .....	167
<i>cvs gentle skin cleanser</i> .....	141	<i>cvs natural tears pf</i> .....	212
<i>cvs glucosamine/chondroit</i> .....	45	<i>cvs oyster shell calcium/</i> .....	187
CVS GLUCOSE CHW FRUIT .....	76	<i>cvs pain relief/maximum s</i> .....	144
CVS GLUCOSE CHW GRAPE .....	76	<i>cvs pediatric ointment</i> .....	141
CVS GLUCOSE CHW ORANGE .....	76	CVS PRENATAL CHW GUMMY .....	206
CVS GLUCOSE CHW RASPBERRY .....	76	CVS PRENATAL TAB 27-0.8MG .....	206
CVS GLUCOSE CHW TROP BLS .....	77	<i>cvs probiotic</i> .....	82
<i>cvs glycerin adult</i> .....	168	<i>cvs probiotic childrens</i> .....	82
<i>cvs glycerin child</i> .....	168	CVS PROSTATE TAB MAX + .....	192
<i>cvs gummy dinos</i> .....	204	CVS PSORIASIS MEDICATED S .....	143
<i>cvs gummy dinos childrens</i> .....	204	<i>cvs purelax</i> .....	168
<i>cvs gummy multivitamin ki</i> .....	204	<i>cvs senna-extra</i> .....	170
<i>cvs hair skin &amp; nails/an</i> .....	208	<i>cvs sinus pain &amp; congesti</i> .....	126
CVS HAIR/SKN TAB NAILS .....	208	<i>cvs sinus pe &amp; allergy ma</i> .....	126
<i>cvs heartburn relief</i> .....	58	<i>cvs skin treatment body l</i> .....	142
<i>cvs hemorrhoidal</i> .....	57	<i>cvs slow release iron</i> .....	165
CVS HYGIENIC LOT CLEANSNG .....	145	<i>cvs smooth antacid extra</i> .....	59
<i>cvs inner ear plus</i> .....	208	<i>cvs soluble fiber therapy</i> .....	167
CVS INSECT REPELLENT .....	145	<i>cvs sore muscle rub</i> .....	133
<i>cvs iron</i> .....	165	<i>cvs sore throat spray</i> .....	196
<i>cvs itch relief extra str</i> .....	136	<i>cvs special care</i> .....	142
<i>cvs laxative dietary supp</i> .....	169	<i>cvs stool softener</i> .....	170
<i>cvs laxative pills maximu</i> .....	170	<i>cvs stress formula/zinc</i> .....	197
<i>cvs lecithin</i> .....	211	<i>cvs stuffy nose &amp; cold ch</i> .....	126
<i>cvs lice treatment</i> .....	148	<i>cvs super b complex/c</i> .....	197
<i>cvs lidocaine maximum str</i> .....	144	<i>cvs therapeutic</i> .....	149
<i>cvs l-lysine</i> .....	212	<i>cvs therapeutic menthol</i> .....	133
<i>cvs lubricant eye drops</i> .....	212	<i>cvs triple antibiotic/pai</i> .....	134
<i>cvs lubricant eye drops p</i> .....	212	<i>cvs tussin cough</i> .....	125
<i>cvs lubricant gel drops</i> .....	212	<i>cvs tussin long-acting</i> .....	125
<i>cvs lubricating eye drops</i> .....	212	<i>cvs vitamin a&amp;d ointment</i> .....	142

<i>cvs vitamin b12</i> .....	163	<i>dapsone</i> .....	60
<i>cvs vitamin b12 tr</i> .....	163	<i>dapsone (topical)</i> .....	132
<i>cvs vitamin b-12 tr</i> .....	163	DAPTACEL INJ .....	227
<i>cvs vitamin c</i> .....	235	<i>darifenacin hydrobromide</i> .....	230
<i>cvs vitamin e</i> .....	234	<i>dasetta 1/35</i> .....	120
<i>cvs vitamin e moisturizin</i> .....	142	<i>dasetta 7/7/7</i> .....	120
<i>cvs womens daily gummies</i> .....	200	DAYPRO .....	47
<i>cvs zinc</i> .....	191	<i>daysee</i> .....	120
<i>cyanocobalamin</i> .....	163	DAYTRANA .....	43
<i>cyclobenzaprine hcl</i> .....	209	DAYVIGO .....	167
<i>cyclopentolate hcl</i> .....	214	<i>decara</i> .....	234
<i>cyclophosphamide</i> .....	100	<i>decitabine</i> .....	100
CYCLOPHOSPHAMIDE .....	100	DEEP HEALTH CAP.....	192
<i>cyclosporine (ophth)</i> .....	215	DEEP SLEEP CAP .....	192
<i>cyclosporine modified (for</i> <i>microemulsion)</i> .....	191	<i>deferasirox</i> .....	85
CYMBALTA.....	72	<i>deferiprone</i> .....	85
<i>cyproheptadine hcl</i> .....	90	DELSTRIGO TAB.....	107
<i>cyred</i> .....	120	<i>delta d3</i> .....	234
<i>cyred eq</i> .....	120	DELZICOL .....	160
<i>cytra k crystals</i> .....	161	DENATURED ALCOHOL.....	118
<b>D</b>		DENAVIR.....	138
<i>d 1000</i> .....	234	DENOREX EXTRA STRENGTH ME ....	143
D 1000 PLUS TAB ALOE .....	164	<i>denta 5000 plus</i> .....	196
<i>d3 2000</i> .....	234	<i>dentagel</i> .....	196
<i>d3 5000</i> .....	234	DEODORANT BAR SOAP .....	145
<i>d3 high potency</i> .....	234	DEPAKOTE .....	69
<i>d3 maximum strength</i> .....	234	DEPAKOTE ER.....	69
<i>d3 super strength</i> .....	234	DEPAKOTE SPRINKLES.....	69
<i>d3-1000</i> .....	234	DEPO-PROVERA CONTRACEPTIV ....	123
<i>d3-50</i> .....	234	DEPO-SUBQ PROVERA 104 .....	123
DAILY CARE LIQ FOAM.....	145	<i>dermacinrx atrix antibact</i> .....	143
<i>daily fiber</i> .....	167	<i>dermafix</i> .....	145
DAILY MOISTURIZER .....	222	DERMAGRAN PAD 2 .....	150
DAILY MULTI TAB VITAMINS .....	203	DERMAGRAN PAD 4 .....	150
<i>daily probiotic supplemen</i> .....	82	DERMAGRAN PAD 8 .....	150
<i>daily vitamin formula+ir</i> .....	199	<i>dermarest eczema</i> .....	139
<i>daily vitamin formula+iro</i> .....	199	DERMAREST PSORIASIS MEDIC ....	143
<i>daily vite multivitamin/i</i> .....	199	DERMA-SMOOTH/FS BODY .....	139
<i>daily-vitamin/iron</i> .....	199	DERMA-SMOOTH/FS SCALP .....	139
<i>dalfampridine</i> .....	225	DERMAVITE TAB .....	200
DALIRESP.....	63	<i>dermazinc shampoo</i> .....	137
<i>dandruff 2 in 1</i> .....	137	DESCOVY TAB 120-15MG .....	107
<i>dandruff dry scalp care</i> .....	137	DESCOVY TAB 200/25MG .....	107
<i>dandruff shampoo</i> .....	137	<i>desipramine hcl</i> .....	73
DANTRIUM .....	209	<i>desitin multi-purpose hea</i> .....	141
<i>dantrolene sodium</i> .....	209	<i>desloratadine</i> .....	89
		<i>desmopressin acetate</i> .....	157

<i>desogest-eth estrad &amp; eth estrad tab</i>	<i>dextromethorphan-phenylephrine-apap</i>
0.15-0.02/0.01 mg(21/5).....	cap 10-5-325 mg .....
120	126
<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	<i>dextrose</i> .....
mg-30 mcg.....	211
120	DHIVY TAB 25-100MG .....
<i>desonide</i> .....	102
139	<i>diabetic tussin allergy</i> .....
<i>desoximetasone</i> .....	88
139	<i>diabetic tussin cough/che</i> .....
DESOXYN .....	126
42	<i>diabetic tussin ex</i> .....
<i>despec dm</i> .....	130
126	DIACOMIT .....
<i>despec dm-g</i> .....	66
126	DIALYVIT 800 TAB ZINC 15.....
DESVENLAFAXINE ER.....	197
72	<i>dialyvite</i> .....
<i>desvenlafaxine succinate</i> .....	197
72	<i>dialyvite 800</i> .....
DETOXAREX CAP.....	197
192	<i>dialyvite chewable probio</i> .....
DETROL .....	82
230	DIALYVITE TAB 800/ZINC .....
DETROL LA.....	198
230	<i>dialyvite vitamin d 5000</i> .....
DEX4 CHW FRUIT.....	234
77	<i>dialyvite vitamin d3 max</i> .....
DEX4 CHW GRAPE.....	234
77	DIALYVITE WAF PLUS D .....
DEX4 CHW ORANGE .....	198
77	<i>diamode</i> .....
DEX4 CHW RASPBERR .....	85
77	<i>diaper rash</i> .....
DEX4 CHW RASPBERRY.....	145
77	DIASTAT ACUDIAL .....
DEX4 CHW SOUR APL .....	66
77	DIASTAT PEDIATRIC.....
DEX4 CHW TROP FRT.....	66
77	DIATRUST KIT COVID-19 .....
DEX4 CHW WATERMLN .....	153
77	<i>diazepam</i> .....
DEX4 GLUCOSE CHW .....	61
77	<i>diazepam (anticonvulsant)</i> .....
DEX4 NATURAL CHW ORANGE .....	66
77	DICKINSONS PAD WITCH HZ.....
DEX4 POUCH CHW PACK.....	145
77	DICLEGIS TAB 10-10MG .....
<i>dexamethasone</i> .....	86
124	<i>diclofenac epolamine</i> .....
DEXAMETHASONE INTENSOL.....	133
124	<i>diclofenac potassium</i> .....
<i>dexamethasone sodium phosphate</i> .	48
124	<i>diclofenac sodium</i> .....
<i>dexamethasone sodium phosphate</i>	48
( <i>ophth</i> ) .....	<i>diclofenac sodium (actinic keratoses)</i>
216	.....
DEXCOM G6 MIS RECEIVER.....	137
172	<i>diclofenac sodium (ophth)</i> .....
DEXCOM G6 MIS SENSOR .....	217
172	<i>diclofenac sodium (topical)</i> .....
DEXCOM G6 MIS TRANSMIT .....	133, 134
172	<i>diclofenac w/ misoprostol tab delayed</i>
DEXEDRINE .....	<i>release 50-0.2 mg</i> .....
42	48
DEXILANT .....	<i>diclofenac w/ misoprostol tab delayed</i>
228	<i>release 75-0.2 mg</i> .....
<i>dexlansoprazole</i> .....	48
228	<i>dicloxacillin sodium</i> .....
<i>dexmethylphenidate hcl</i> .....	219
43	<i>dicyclomine hcl</i> .....
<i>dextroamphetamine sulfate</i> .....	228
42	DIFFERIN .....
<i>dextromethorphan hbr</i> .....	132
125	DIFICID .....
<i>dextromethorphan polistirex</i> .....	172
125	<i>diflorasone diacetate</i> .....
<i>dextromethorphan-guaifenesin syrup</i>	139
10-100 mg/5ml.....	DIFLUCAN .....
126	87
<i>dextromethorphan-guaifenesin tab 20-</i>	<i>diflunisal</i> .....
400 mg .....	51
126	<i>difluprednate</i> .....
<i>dextromethorphan-guaifenesin tab er</i>	216
12hr 60-1200 mg .....	DIGESTIVE AD TAB FIBR SUP .....
126	82
	<i>digestive advantage daily</i> .....
	82
	<i>digestive advantage kids</i> .....
	82



<i>digestive advantage multi</i> .....	82	<i>docu</i> .....	170
<i>digestive advantage prebi</i> .....	82	<i>docusate calcium</i> .....	170
<i>digestive advantage probi</i> .....	82	<i>docusate mini</i> .....	170
DIGESTIVE CAP SUPPORT.....	85	<i>docusate sodium</i> .....	170
<i>digitek</i> .....	115	DOCUSATE SODIUM.....	170
<i>digoxin</i> .....	115	<i>docusol mini</i> .....	170
DILANTIN.....	69	DOCUSOL PLUS ENE 20-283.....	170
DILANTIN INFATABS.....	69	<i>dodex</i> .....	163
DILANTIN-125.....	69	<i>dok</i> .....	170
DILAUDID.....	52	<i>dolishale</i> .....	120
<i>diltiazem hcl</i> .....	114	DOME-PASTE PAD BANDAGE.....	150
<i>diltiazem hcl coated beads</i> .....	114	<i>donepezil hydrochloride</i> .....	223
<i>diltiazem hcl extended release beads</i> .....	114	<i>dorzolamide hcl</i> .....	217
<i>dilt-xr</i> .....	113	<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> .....	213
DIMENHYDRINATE.....	86	<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	213
DIMENSION 3 CAP.....	192	<i>dotti</i> .....	157
<i>dimethyl fumarate</i> .....	225	<i>double antibiotic</i> .....	134
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i> .....	225	DOVATO TAB 50-300MG.....	107
DIOVAN.....	94	DOVONEX.....	137
DIOVAN HCT TAB 160-12.5.....	96	<i>doxazosin mesylate</i> .....	94
DIOVAN HCT TAB 160-25MG.....	96	<i>doxepin hcl</i> .....	73
DIOVAN HCT TAB 320-12.5.....	96	<i>doxepin hcl (sleep)</i> .....	166
DIOVAN HCT TAB 320-25MG.....	96	<i>doxorubicin hcl</i> .....	101
DIOVAN HCT TAB 80/12.5.....	96	<i>doxycycline (monohydrate)</i> .....	227
DIP/TET PED INJ 25-5LFU.....	227	<i>doxycycline hyclate</i> .....	227
DIPENTUM.....	160	<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....	86
<i>diphenhydramine hcl</i> .....	88	DRAWTEX PAD 2.....	150
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> .....	88	DRAWTEX PAD 3.....	150
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i> .....	166	DRAWTEX PAD 4.....	150
<i>diphenhydramine-zinc acetate cream 2-0.1%</i> .....	136	DRAWTEX PAD 6.....	150
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i> .....	85	DRAWTEX PAD 8.....	150
<i>diphenoxylate w/ atropine tab 2.5- 0.025 mg</i> .....	85	<i>drimate</i> .....	86
DIPROLENE.....	139	DRIZALMA SPRINKLE.....	72
<i>dipyridamole</i> .....	163	<i>dronabinol</i> .....	86
DISPOSABLE GLOVES.....	173	<i>drospirenone-ethinyl estradiol tab 3- 0.02 mg</i> .....	120
<i>disulfiram</i> .....	223	<i>drospirenone-ethinyl estradiol tab 3- 0.03 mg</i> .....	120
DITROPAN XL.....	230	<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.02-0.451 mg</i> .....	120
<i>divalproex sodium</i> .....	69	<i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i> .....	120
<i>dml</i> .....	142		
<i>docosanol</i> .....	138		

DRS CHOICE PAD BLISTER .....	150	<i>ed chlorped jr</i> .....	88
DRS CHOICE PAD BURNS .....	150	<i>ed-apap</i> .....	50
<i>dry eye relief</i> .....	212	EDARBI.....	94
<i>dry eye relief drops</i> .....	212	EDARBYCLOR TAB 40-12.5 .....	96
DUAKLIR AER 400/12 .....	64	EDARBYCLOR TAB 40-25MG .....	96
DUDRESS DRS PAD 4 .....	150	EDLUAR .....	166
DUDRESS DRS PAD 6 .....	150	EDURANT .....	107
DUETACT TAB 30-2MG .....	73	<i>efavirenz</i> .....	107
DUETACT TAB 30-4MG .....	73	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DUEXIS TAB 800-26.6 .....	48	<i>600-200-300 mg</i> .....	107
<i>dulcolax pink stool softe</i> .....	170	<i>efavirenz-lamivudine-tenofovir df tab</i>	
<i>dulcolax stool softener</i> .....	170	<i>400-300-300 mg</i> .....	107
DULERA AER 100-5MCG .....	64	<i>efavirenz-lamivudine-tenofovir df tab</i>	
DULERA AER 200-5MCG .....	64	<i>600-300-300 mg</i> .....	107
DULERA AER 50-5MCG.....	64	<i>effer-k</i> .....	190
<i>duloxetine hcl</i> .....	72	EFFEXOR XR .....	72
DUOBRII LOT.....	139	EFFIENT .....	163
DUPIXENT .....	141	ELASTO-GEL PAD 12.....	150
DUREZOL .....	216	ELASTO-GEL PAD 2 .....	150
<i>dutasteride</i> .....	161	ELASTO-GEL PAD 3 .....	150
<i>dutasteride-tamsulosin hcl cap 0.5-0.4</i>		ELASTO-GEL PAD 4 .....	150
<i>mg</i> .....	161	ELASTO-GEL PAD 5 .....	150
<i>d-vite pediatric</i> .....	234	ELASTO-GEL PAD 6 .....	150
DYANAVEL XR.....	42	ELASTO-GEL PAD 8 .....	150
DYMISTA SPR 137-50 .....	210	ELASTO-GEL PAD FACE MSK.....	150
<b>E</b>		ELEPSIA XR .....	66
<i>e.e.s. 400</i> .....	171	<i>eletriptan hydrobromide</i> .....	185
E.E.S. GRANULES.....	172	ELIDEL.....	142
<i>e-1000</i> .....	234	<i>elinest</i> .....	120
<i>e-200</i> .....	234	ELIQUIS .....	65
<i>e400</i> .....	234	ELIQUIS STARTER PACK.....	65
<i>e-400</i> .....	234	ELLUME COV19 KIT HOME TES.....	153
<i>ear health formula</i> .....	208	ELON MATRIX TAB 5000 .....	208
<i>ear health plus</i> .....	209	ELON MATRIX TAB 5000 COM .....	208
EARLY ALERT CAP .....	192	ELON MATRIX TAB COMPLETE.....	208
EASY GLIDE MIS 1ML SYR .....	175	ELON MATRIX TAB PLUS .....	208
EASY GLIDE MIS 30ML SYR .....	175	ELON R3 TAB .....	208
<i>easy-c</i> .....	199	<i>eluryng</i> .....	123
<i>easy-lax</i> .....	171	EMEND .....	87
EASYPOINT MIS 23GX1 .....	175	EMEND TRIPAC PAK 80 & 125.....	87
EASYPOINT MIS 25GX1 .....	175	EMFLAZA.....	124
EASYPOINT MIS 25GX5/8.....	175	EMGALITY .....	185
<i>ec-naproxen</i> .....	48	EMOLLIENT - CREAM .....	142
<i>econazole nitrate</i> .....	135	EMOLLIENT - LOTION .....	142
<i>ecotrin low strength</i> .....	51	<i>emoquette</i> .....	120
<i>ed a-hist</i> .....	126	EMPTY CAPSUL CAP #0 .....	221
<i>ed a-hist dm</i> .....	126	EMPTY CAPSUL CAP #00 .....	221

EMPTY CAPSUL CAP SIZE 0.....	221	ENSTILAR AER.....	139
EMPTY CAPSUL CAP SIZE 00.....	221	ENSURE HARVE LIQ 1.2 CAL.....	154
EMPTY CAPSUL CAP SIZE 000.....	221	ENSURE PUDD MIS BTRSCTCH.....	154
EMPTY CAPSUL CAP SIZE 1.....	221	ENSURE PUDD MIS CHOCOLAT.....	154
EMPTY CAPSUL CAP SIZE 10.....	221	ENSURE PUDD MIS TAPIOCA.....	154
EMPTY CAPSUL CAP SIZE 11.....	221	ENSURE PUDD MIS VANILLA.....	154
EMPTY CAPSUL CAP SIZE 13.....	221	ENSURE PUDDI MIS CHOCOLAT.....	154
EMPTY CAPSUL CAP SIZE 2.....	221	<i>entecavir</i> .....	111
EMPTY CAPSUL CAP SIZE 3.....	221	ENTERAL NUTRITION SUPPLIES.....	173
EMPTY CAPSUL CAP SIZE 4.....	221	ENTRESTO TAB 24-26MG.....	116
EMPTY CAPSUL CAP SIZE 5.....	221	ENTRESTO TAB 49-51MG.....	116
EMPTY CAPSUL CAP SIZE 7.....	221	ENTRESTO TAB 97-103MG.....	116
EMSAM.....	70	ENTYVIO.....	160
<i>emtricitabine</i> .....	107	<i>enulose</i> .....	160
<i>emtricitabine-tenofovir disoproxil</i>		<i>e-oil</i> .....	142
<i>fumarate tab 100-150 mg</i> .....	107	EPANED.....	93
<i>emtricitabine-tenofovir disoproxil</i>		EPCLUSA PAK 150-37.5.....	111
<i>fumarate tab 133-200 mg</i> .....	107	EPCLUSA PAK 200-50MG.....	111
<i>emtricitabine-tenofovir disoproxil</i>		EPCLUSA TAB 200-50MG.....	111
<i>fumarate tab 167-250 mg</i> .....	107	EPCLUSA TAB 400-100.....	111
<i>emtricitabine-tenofovir disoproxil</i>		EPIDIOLEX.....	66
<i>fumarate tab 200-300 mg</i> .....	107	EPIDUO FORTE GEL 0.3-2.5%.....	132
EMTRIVA.....	107	<i>epinastine hcl (ophth)</i> .....	217
<i>enalapril maleate</i> .....	93	<i>epinephrine</i> .....	233
<i>enalapril maleate &amp; hydrochlorothiazide</i>		EPINEPHRINE.....	233
<i>tab 10-25 mg</i> .....	96	<i>epinephrine (anaphylaxis)</i> .....	233
<i>enalapril maleate &amp; hydrochlorothiazide</i>		EPIPEN 2-PAK.....	233
<i>tab 5-12.5 mg</i> .....	96	EPIPEN-JR 2-PAK.....	233
ENBREL.....	49	<i>epitol</i> .....	66
ENBREL MINI.....	49	EPIVIR.....	107
ENBREL SURECLICK.....	50	EPOGEN.....	164
END FATIGUE CAP SLEEP FM.....	192	EPRONTIA.....	67
<i>endocet</i> .....	55	EPSOLAY.....	132
<i>endur-acin</i> .....	235	EPZICOM TAB 600-300.....	107
ENEMA BOTTLE MIS 120ML.....	173	<i>eq 12 hour mucus relief</i> .....	130
<i>enema disposable</i> .....	169	<i>eq antacid extra strength</i> .....	59
<i>enema ready-to-use</i> .....	169	<i>eq antacid ultra strength</i> .....	59
<i>enemeez mini</i> .....	171	EQ CALAMINE SUS 8-8%.....	145
ENEMEEZ PLUS ENE 20-283.....	171	<i>eq calcium 500+d</i> .....	187
ENERGEL CAP 125-12.5.....	192	<i>eq calcium citrate+d</i> .....	187
ENFAMIL MIS EXPECTA.....	206	<i>eq calcium citrate+d3</i> .....	187
ENFAMIL SOL ENFALYTE.....	189	<i>eq cold multi-symptom day</i> .....	126
ENGERIX-B.....	231	<i>eq complete chewable mult</i> .....	205
<i>enoxaparin sodium</i> .....	65	EQ COMPLETE TAB ADULT.....	200
<i>enpresse-28</i> .....	120	<i>eq cough dm</i> .....	125
<i>enskyce</i> .....	120	<i>eq daily fiber</i> .....	167
ENSPRYNG.....	191	<i>eq daytime/nighttime cold</i> .....	126

<i>eq diaper rash</i> .....	145	<i>eq cold sore treatment</i> .....	196
<i>eq enema</i> .....	169	<i>eq cool heat extra stren</i> .....	143
<i>eq eye drops</i> .....	215	<i>eql coq10</i> .....	44
<i>eq fiber therapy</i> .....	167	<i>eql cough dm</i> .....	125
<i>eq first aid antiseptic</i> .....	106	<i>eql cough drops</i> .....	196
<i>eq gas relief</i> .....	158	<i>eql digestive probiotic</i> .....	82
<i>eq gas relief extra stren</i> .....	158	<i>eql dry scalp 2 in 1</i> .....	137
<i>eq gas relief infants</i> .....	158	<i>eql everyday clean 2 in 1</i> .....	137
<i>eq laxative maximum stren</i> .....	170	<i>eql everyday clean dandru</i> .....	137
<i>eq lice killing maximum s</i> .....	148	<i>eql eye drops</i> .....	215
<i>eq lidocaine pain relievi</i> .....	144	<i>eql eye drops ac</i> .....	215
<i>eq miconazole 1</i> .....	232	<i>eql fiber therapy</i> .....	167
<i>eq mineral oil</i> .....	169	<i>eql first aid antibiotic</i> .....	134
<i>eq mucus dm maximum stren</i> .....	126	<i>eql gas relief ultra stre</i> .....	158
<i>eq mucus er</i> .....	130	<i>eql iron supplement thera</i> .....	165
<i>eq mucus relief dm</i> .....	126	<i>eql itchy scalp 2 in 1</i> .....	137
<i>eq mucus-d</i> .....	126	<i>eql laxative eql laxative</i> .....	170
<i>eq multi-symptom cold &amp; f</i> .....	126	<i>eql laxative maximum stre</i> .....	170
<i>eq multi-symptom cold chi</i> .....	126	<i>eql l-lysine</i> .....	212
<i>eq multivitamin gummies c</i> .....	204	<i>eql melatonin/vitamin b-6</i> .....	45
<i>eq multivitamins children</i> .....	204	<i>eql mucus-dm</i> .....	126
EQ ONE DAILY TAB MENS.....	200	<i>eql natural zinc</i> .....	191
EQ ONE DAILY TAB WOMENS.....	200	<i>eql omega-3 fish oil</i> .....	211
<i>eq probiotic digestive sy</i> .....	82	EQL PRENATAL TAB FORMULA.....	206
<i>eq restore plus lubricant</i> .....	212	<i>eql probiotic acidophilus</i> .....	85
<i>eq restore tears</i> .....	212	<i>eql ready-to-use enema</i> .....	169
<i>eq stool softener</i> .....	171	<i>eql sinus &amp; allergy pe</i> .....	127
<i>eq suphedrine pe sinus &amp;</i> .....	126	<i>eql slow release iron</i> .....	165
<i>eq triple antibiotic</i> .....	134	<i>eql smooth spice 2 in 1</i> .....	137
<i>eq vitamins a &amp; d</i> .....	142	<i>eql smooth texture fiber</i> .....	167
EQL 4X TAB PROBIOTC .....	82	<i>eql stay awake</i> .....	42
<i>eql absolute moisture dry</i> .....	142	<i>eql stomach relief</i> .....	82
<i>eql advanced recovery ski</i> .....	142	<i>eql stress b-complex/vita</i> .....	197
<i>eql advanced relief eye d</i> .....	215	<i>eql super b complex/vitam</i> .....	198
<i>eql advanced skin therapy</i> .....	142	<i>eql therapeutic</i> .....	149
<i>eql allergy relief childr</i> .....	88	<i>eql vitamin c</i> .....	236
<i>eql aloe after sun</i> .....	142	<i>eql vitamin c/rose hips</i> .....	236
<i>eql antacid ultra strengt</i> .....	59	<i>eql vitamin d3</i> .....	234
<i>eql b complex 50</i> .....	198	<i>eql vitamin e</i> .....	234
<i>eql b-12</i> .....	163	<i>eql vitamin e ultra stren</i> .....	142
<i>eql b-6</i> .....	236	EQUETRO .....	103
<i>eql calcium 600mg/vitamin</i> .....	187	ERAPID NEB MIS HANDSET .....	183
<i>eql calcium citrate/ vita</i> .....	187	<i>ergocalciferol</i> .....	234
<i>eql calcium/vitamin d</i> .....	187	ERTACZO .....	135
EQL CENTURY TAB MENS .....	201	<i>ery</i> .....	132
EQL CENTURY TAB WOMENS.....	201	ERYGEL.....	132
<i>eql childrens multivitami</i> .....	205	ERYPED 200 .....	172

ERYPED 400 .....	172	EVOCLIN .....	132
<i>ery-tab</i> .....	172	EVOTAZ TAB 300-150 .....	108
<i>erythrocin stearate</i> .....	172	EXELDERM .....	135
<i>erythromycin (acne aid)</i> .....	132	EXELON .....	223
<i>erythromycin (ophth)</i> .....	214	<i>exemestane</i> .....	101
<i>erythromycin base</i> .....	172	EXFORGE TAB 10-160MG .....	96
<i>erythromycin ethylsuccinate</i> .....	172	EXFORGE TAB 10-320MG .....	97
<i>escitalopram oxalate</i> .....	70	EXFORGE TAB 5-160MG .....	96
<i>esgic</i> .....	50	EXFORGE TAB 5-320MG .....	96
<i>esomeprazole magnesium</i> .....	228	EXFORGEH/10- TAB 160-12.5.....	97
<i>essential one daily multi</i> .....	199	EXFORGEH/10- TAB 160-25.....	97
ESSENTRA WIPES 9X9 .....	173	EXFORGEH/10- TAB 320-25.....	97
ESSIAC TONIC CAP.....	192	EXFORGEH/5- TAB 160-12.5.....	97
<i>estazolam</i> .....	166	EXFORGEH/5- TAB 160-25 .....	97
<i>ester-c</i> .....	199	<i>ex-lax maximum strength</i> .....	170
ESTRACE.....	233	EXTAVIA .....	225
<i>estradiol</i> .....	158	EXTINA .....	135
<i>estradiol &amp; norethindrone acetate tab</i> <i>1-0.5 mg</i> .....	157	EXU-DRY ARM PAD 27 .....	150
<i>estradiol vaginal</i> .....	233	EXU-DRY BUTT PAD 23 .....	150
<i>estradiol valerate</i> .....	158	EXU-DRY FACE PAD 9 .....	150
ESTRING .....	233	EXU-DRY INCI PAD 3 .....	151
ESTROFACTORS TAB .....	204	EXU-DRY NECK PAD 6.....	151
ESTROVEN + TAB ENERGY .....	193	EXU-DRY NON PAD 24 .....	151
ESTROVEN MEN TAB SUPPLEM.....	201	EXU-DRY PAD 15.....	151
ESTROVEN TAB ENERGY.....	193	EXU-DRY PAD 20.....	151
<i>eszopiclone</i> .....	166	EXU-DRY PAD 3 .....	151
<i>ethambutol hcl</i> .....	100	EXU-DRY PAD 4 .....	151
<i>ethosuximide</i> .....	69	EXU-DRY PAD 6 .....	151
ETHYL ALCOHOL SDA.....	118	EXU-DRY PAD 9 .....	151
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-35 mcg</i> .....	120	EXU-DRY PERM PAD 24 .....	151
<i>ethynodiol diacetate &amp; ethinyl estradiol</i> <i>tab 1 mg-50 mcg</i> .....	120	<i>eye allergy itch relief</i> .....	217
<i>etodolac</i> .....	48	<i>eye allergy itch/redness</i> .....	217
<i>etonogestrel-ethinyl estradiol va ring</i> <i>0.120-0.015 mg/24hr</i> .....	123	<i>eye drops</i> .....	215
<i>etoposide</i> .....	101	<i>eye drops advanced relief</i> .....	215
<i>etravirine</i> .....	107	<i>eye drops ar</i> .....	215
EUCALYPTOL LIQ.....	118	<i>eye drops maximum relief</i> .....	215
EUCERIN BAR .....	145	EYE HEALTH TAB LUTEIN .....	201
EUCRISA .....	148	<i>eye itch relief</i> .....	217
EUFLEXXA .....	209	EYE MULTIVIT TAB SODIUM .....	201
<i>euthyrox</i> .....	227	EYE STREAM SOL OP .....	217
EVEKEO .....	42	EYELID WIPES PAD.....	146
EVEKEO ODT .....	42	EYE-SCRUB PAD.....	146
EVISTA .....	157	EYSUVIS .....	216
		<i>ez flex gc</i> .....	45
		EZALLOR SPRINKLE.....	91
		<i>ezetimibe</i> .....	92
		<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	90

ezetimibe-simvastatin tab 10-20 mg.90  
 ezetimibe-simvastatin tab 10-40 mg.90  
 ezetimibe-simvastatin tab 10-80 mg.90

**F**

fa-8 ..... 163  
 FABIOR ..... 132  
 famciclovir ..... 111  
 famotidine ..... 228  
 famotidine maximum streng ..... 228  
 FANAPT ..... 103  
 FANAPT PAK ..... 103  
 FARXIGA ..... 81  
 fayosim ..... 120  
 fe c tab ..... 164  
 fe c tab plus ..... 164  
 fe tabs ..... 165  
 febuxostat ..... 162  
 felbamate ..... 68  
 FELBATOL ..... 68  
 FELDENE ..... 48  
 felodipine ..... 114  
 FEM-CAL TAB CITRATE ..... 190  
 FEMRING ..... 233  
 fenofibrate ..... 91  
 fenofibrate micronized ..... 91  
 fenofibric acid ..... 91  
 FENOGLIDE ..... 91  
 fenoprofen calcium ..... 48  
 fentanyl ..... 52  
 fentanyl citrate ..... 52  
 FENTORA ..... 52  
 ferate ..... 165  
 fergon ..... 165  
 ferocon ..... 164  
 ferosul ..... 165  
 ferrex 150 ..... 165  
 ferric x-150 ..... 165  
 ferrocite ..... 165  
 ferrocite plus ..... 164  
 ferrotabs ..... 165  
 ferrous fumarate ..... 165  
 ferrous gluconate ..... 165  
 FERROUS GLUCONATE ..... 165  
 ferrous sulfate ..... 165  
 FERROUS SULFATE ..... 165  
 FETZIMA ..... 72  
 FETZIMA CAP TITRATIO ..... 72

feverall adults ..... 50  
 feverall childrens ..... 50  
 FEVERALL INFANTS ..... 50  
 FEVERALL JUNIOR STRENGTH ..... 51  
 fe-vite iron ..... 165  
 fexmid ..... 209  
 fexofenadine hcl ..... 89  
 fexofenadine-pseudoephedrine tab er  
 12hr 60-120 mg ..... 127  
 FIASP FLEX INJ TOUCH ..... 79  
 FIASP INJ 100/ML ..... 79  
 FIASP PENFIL INJ U-100 ..... 79  
 FIBRACOL PAD 2 ..... 151  
 FIBRACOL PAD 4X8-3/4 ..... 151  
 FILTER AIR MIS PP ..... 183  
 FILTER NEEDL MIS 18GX1.5 ..... 175  
 FILTER NEEDL MIS 20GX1.5 ..... 175  
 FINACEA ..... 148  
 finasteride ..... 161  
 finest nutrition vitamin ..... 234  
 FINTEPLA ..... 67  
 finzala ..... 120  
 FIORICET CAP CODEINE ..... 55  
 FIRAZYR ..... 162  
 first aid antibiotic ..... 134  
 FIRVANQ ..... 60  
 FISH OIL CAP 183.33MG ..... 211  
 fish oil concentrate ..... 211  
 fish oil pearls ..... 211  
 FITNESS TABS TAB MEN ..... 201  
 FITNESS TABS TAB WOMEN ..... 201  
 FLAGYL ..... 60  
 flanders buttocks ..... 141  
 FLAREX ..... 216  
 FLAVOR SWEET SYP S/F ..... 221  
 FLAVORING AGENT - OIL ..... 220  
 FLAVORING AGENTS ..... 220  
 FLAVORX LIQ ..... 220  
 flavoxate hcl ..... 230  
 flecainide acetate ..... 62  
 FLECTOR ..... 134  
 FLEQSUVY ..... 209  
 FLEXCIN JNT CAP MOBILITY ..... 193  
 flexgen ..... 199  
 FLEXICHAMBER MIS MASK LRG ..... 183  
 FLEXICHAMBER MIS MASK SM ..... 183  
 FLINTSTONES CHW TODDLER ..... 204

<i>flintstones complete</i> .....	205	<i>fluticasone propionate (nasal)</i> .....	210
<i>flintstones gummies plus</i> .....	204, 205	FLUTICASONE PROPIONATE HF .....	63
<i>flintstones multivitamin</i> .....	205	<i>fluticasone-salmeterol aer powder ba</i>	
<i>flintstones plus calcium</i> .....	205	100-50 mcg/act .....	64
<i>flintstones plus extra c</i> .....	206	<i>fluticasone-salmeterol aer powder ba</i>	
<i>flintstones w/iron</i> .....	205	113-14 mcg/act .....	64
<i>flintstones/my first</i> .....	206	<i>fluticasone-salmeterol aer powder ba</i>	
FLOMAX .....	161	232-14 mcg/act .....	64
FLONASE SENSIMIST .....	210	<i>fluticasone-salmeterol aer powder ba</i>	
FLORAJEN CAP ACIDOPHI .....	83	250-50 mcg/act .....	64
FLORAJEN CAP WOMEN .....	83	<i>fluticasone-salmeterol aer powder ba</i>	
<i>floranex</i> .....	83	500-50 mcg/act .....	64
FLORASTOR BABY .....	83	<i>fluticasone-salmeterol aer powder ba</i>	
FLORASTOR KIDS .....	83	55-14 mcg/act .....	64
FLORIVA DRO PLUS .....	205	<i>fluvastatin sodium</i> .....	91
FLOVENT DISKUS .....	63	<i>fluvoxamine maleate</i> .....	71
FLOVENT HFA .....	63	FLUZONE HD INJ 2022-23 .....	231
FLOW-EZE MIS VENTED .....	175	FLUZONE QUAD INJ 2022-23 .....	231
FLOWFLEX KIT TEST .....	153	FML .....	216
FLUAD QUADRI INJ 2022-23 .....	231	FML FORTE .....	216
FLUARIX QUAD INJ 2022-23 .....	231	FML LIQUIFILM .....	216
FLUBLOK QUAD INJ 2022-23 .....	231	FOAM DRESSIN PAD BORDERED ....	151
FLUCLVX QUAD INJ 2022-23 .....	231	FOAM DRESSIN PAD CIRCULAR .....	151
<i>fluconazole</i> .....	87	FOAM DRESSIN PAD NON-BORD ....	151
<i>flucytosine</i> .....	87	FOCALIN .....	43
<i>fludrocortisone acetate</i> .....	124	FOCALIN XR .....	43
FLULAVAL QUA INJ 2022-23 .....	231	<i>folate</i> .....	164
FLUMIST QUAD SUS 2022-23 .....	231	<i>folbee</i> .....	164
<i>flunisolide (nasal)</i> .....	210	<i>folbee plus</i> .....	198
<i>fluocinolone acetonide</i> .....	139	<i>folbee plus cz</i> .....	198
<i>fluocinonide</i> .....	139	FOLBIC RF TAB .....	154
<i>fluocinonide emulsified base</i> .....	139	FOLBIC TAB .....	154
<i>fluorometholone (ophth)</i> .....	216	<i>folic acid</i> .....	164
<i>fluorouracil (topical)</i> .....	137	FOLIC ACID .....	164
<i>fluoxetine hcl</i> .....	70	<i>folic acid-vitamin b6-vitamin b12 tab</i>	
<i>fluoxetine hcl (pmd)</i> .....	226	2.2-25-0.5 mg .....	164
FLUOXETINE HYDROCHLORIDE .....	70	FOLINIC-PLUS TAB 4-50-2MG .....	164
<i>fluphenazine decanoate</i> .....	105	FOLITAB 500 TAB .....	164
<i>fluphenazine hcl</i> .....	105	<i>folplex 2.2</i> .....	164
<i>flurandrenolide</i> .....	139	FOLTANX RF CAP .....	154
<i>flurazepam hcl</i> .....	166	FOLTANX TAB .....	154
<i>flurbiprofen</i> .....	48	<i>foltrin</i> .....	165
<i>flurbiprofen sodium</i> .....	217	<i>fondaparinux sodium</i> .....	65
<i>flutamide</i> .....	101	FORFIVO XL .....	70
FLUTIC/VILAN INH 100-25 .....	64	<i>formoterol fumarate</i> .....	64
FLUTIC/VILAN INH 200-25 .....	64	FORTESTA .....	57
<i>fluticasone propionate</i> .....	139	FOSAMAX .....	156

FOSAMAX + D TAB 70-2800 .....	156	<i>gemfibrozil</i> .....	91
FOSAMAX + D TAB 70-5600 .....	156	<i>gemmily</i> .....	120
<i>fosamprenavir calcium</i> .....	108	GEMTESA .....	230
<i>fosaprepitant dimeglumine</i> .....	87	<i>generlac</i> .....	160
<i>fosfomycin tromethamine</i> .....	61	<i>gengraf</i> .....	191
<i>fosinopril sodium</i> .....	93	<i>genicin</i> .....	45
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 10-12.5 mg</i> .....	97	GENOTROPIN.....	156
<i>fosinopril sodium &amp; hydrochlorothiazide</i> <i>tab 20-12.5 mg</i> .....	97	GENOTROPIN MINIQUICK.....	156
FOSRENOL .....	161	<i>gentak</i> .....	214
FRAGMIN .....	66	<i>gentamicin sulfate (ophth)</i> .....	214
FREEDAVITE TAB.....	201	<i>gentamicin sulfate (topical)</i> .....	134
FREESTY LIBR KIT 2 SENSOR .....	172	GENTEAL SEVERE TEARS .....	212
FREESTY LIBR MIS 2 READER .....	172	<i>genteal tears liquid drop</i> .....	212
FREESTYLE KIT SENSOR .....	172	<i>gentle laxative</i> .....	170
FREESTYLE MIS READER .....	172	GENVOYA TAB .....	108
FROVA .....	185	GEODON .....	103
<i>frovatriptan succinate</i> .....	185	<i>gerber grow mighty</i> .....	206
<i>fruit c 500</i> .....	236	GERBER SOOTH DRO VIT D.....	85
FRUIT C CHW 200MG.....	199	GERBR SOOTHE DRO COLIC .....	83
<i>fruity c</i> .....	236	GERI-FREEDA TAB SENIOR.....	201
<i>fruity chews</i> .....	206	GILENYA .....	225
<i>fruity chews/iron</i> .....	205	GILTUSS CGH TAB ALG/SINU .....	127
FULL KIT NEB MIS SET.....	183	<i>giltuss honey dm</i> .....	125
FULL SPECT TAB B/ VIT C.....	198	<i>giltuss honey dm children</i> .....	125
FULPHILA .....	164	GIMOTI.....	159
FUNGOID TINCTURE .....	135	<i>glatiramer acetate</i> .....	225
<i>furosemide</i> .....	156	<i>glatopa</i> .....	225
FUZEON .....	108	GLENMAX PEB LIQ DM .....	127
FYCOMPA .....	66	<i>g-levocarnitine s/f</i> .....	212
<b>G</b>		<i>glimepiride</i> .....	81
<i>gabapentin</i> .....	67	<i>glipizide</i> .....	81
GABITRIL .....	68	<i>glipizide xl</i> .....	81
<i>galantamine hydrobromide</i> .....	223	<i>glipizide-metformin hcl tab 2.5-250 mg</i> .....	73
GARDASIL 9 INJ.....	231	<i>glipizide-metformin hcl tab 2.5-500 mg</i> .....	73
<i>garlic</i> .....	45	<i>glipizide-metformin hcl tab 5-500 mg</i> .....	74
GARLIN TAB .....	193	GLOPERBA .....	162
<i>gas relief infants</i> .....	158	GLUC/CHOND/ TAB MSM/D-3 .....	193
<i>gas relief ultra strength</i> .....	158	GLUC/CHONDR TAB DBL STR.....	193
<i>gas-x extra strength</i> .....	158	GLUC/CHONDR TAB TRIP STR.....	193
<i>gas-x infant drops</i> .....	158	GLUCAGEN HYPOKIT.....	77
<i>gas-x ultra strength</i> .....	158	<i>glucagon (rdna)</i> .....	77
<i>gatifloxacin (ophth)</i> .....	214	GLUCOLESS CAP .....	193
<i>gavilyte-g</i> .....	168	GLUCOS CHOND TAB /MSM .....	193
<i>gavilyte-n/flavor pack</i> .....	168	GLUCOS CHOND TAB MSM .....	193
GELNIQUE .....	230	GLUCOS CHOND TAB MSM FORM ...	193



GLUCOS/CHOND TAB.....	193	GLYCINE SOYA SOL PROTEIN .....	118
GLUCOS/CHOND TAB /MSM.....	193	<i>glycopyrrolate</i> .....	228
GLUCOS/CHOND TAB ADVANCED ...	193	GLYNASE .....	81
GLUCOS/CHOND TAB COMP/MSM...	193	GLYXAMBI TAB 10-5 MG .....	74
GLUCOS/CHOND TAB COMPLEX .....	193	GLYXAMBI TAB 25-5 MG .....	74
GLUCOS/CHOND TAB DOUBLE .....	45	<i>gnp 24 hour nasal allerg</i> .....	210
GLUCOS/CHOND TAB MSM .....	193	<i>gnp alert aid</i> .....	42
GLUCOS/CHOND TAB MSM COMP ...	193	<i>gnp all day allergy</i> .....	89
GLUCOS/CHOND TAB MSM TRPL ....	193	<i>gnp all day allergy relie</i> .....	89
GLUCOS/CHOND TAB MSM TURM ...	193	<i>gnp all day allergy-d</i> .....	127
GLUCOS/CHOND TAB MSM/ADV .....	45	<i>gnp allergy &amp; congestion</i> .....	127
GLUCOS/CHOND TAB MSM/D.....	193	<i>gnp allergy multi-symptom</i> .....	127
GLUCOS/CHOND TAB SULFATE .....	193	<i>gnp allergy relief</i> .....	88, 89
GLUCOS/CHOND TAB TRPL STR .....	193	<i>gnp anorectal instant rel</i> .....	58
GLUCOSA FACT CAP DOC HIGH.....	193	<i>gnp antacid extra strengt</i> .....	58, 59
GLUCOSA IMMU CAP BOOSTER .....	193	<i>gnp antacid ultra strengt</i> .....	59
<i>glucosamine 1500 complex</i> .....	45	<i>gnp antibiotic + pain rel</i> .....	134
<i>glucosamine chondroitin 1</i> .....	45	<i>gnp anti-gas</i> .....	158
<i>glucosamine chondroitin 5</i> .....	45	<i>gnp anti-gas ultra streng</i> .....	158
<i>glucosamine chondroitin c</i> .....	45	<i>gnp aspirin</i> .....	51
<i>glucosamine chondroitin m</i> .....	45	<i>gnp aspirin low dose</i> .....	51
<i>glucosamine chondroitin p</i> .....	193	<i>gnp b-12</i> .....	163
<i>glucosamine sulfate</i> .....	45	<i>gnp budesonide nasal spra</i> .....	210
GLUCOSAMINE TAB .....	193	<i>gnp cal mag zinc +d3</i> .....	190
GLUCOSAMINE TAB CHONDROI .....	193	GNP CALAMINE LOT 8-8%.....	146
<i>glucosamine/chondroitin p</i> .....	45	GNP CALAMINE LOT PHENOLAT.....	146
GLUCOSE CHW 4-.006GM.....	77	<i>gnp calcium 500 +d3</i> .....	187
GLUCOSE CHW 4-0.006 .....	77	<i>gnp calcium 600 +d3</i> .....	187
GLUCOSE CHW 4GM .....	77	<i>gnp calcium citrate +d3</i> .....	187
GLUCOSE CHW FRT PNCH .....	77	<i>gnp calcium citrate+d3 ma</i> .....	188
GLUCOSE CHW FRUIT .....	77	<i>gnp childrens chewables/e</i> .....	206
GLUCOSE CHW GRAPE .....	77	<i>gnp childrens chewables/i</i> .....	205
GLUCOSE CHW ORANGE .....	77	GNP CINNAMON OIL.....	118
GLUCOSE CHW RASPBERRY.....	77	<i>gnp clearlax</i> .....	168
GLUCOSE CHW RASPBRRY.....	77	<i>gnp clotrimazole 3</i> .....	232
GLUCOSE CHW TROP FRT.....	77	<i>gnp co q10</i> .....	44
GLUCOSE CHW WATERMLN .....	77	<i>gnp co q-10</i> .....	44
GLUCOTROL XL.....	81	<i>gnp cold + head congestio</i> .....	127
GLUMETZA .....	76	<i>gnp cold max day/night ad</i> .....	127
<i>glyburide</i> .....	81	<i>gnp cold max daytime for</i> .....	127
<i>glyburide micronized</i> .....	81	<i>gnp cough dm er</i> .....	125
<i>glyburide-metformin tab 1.25-250 mg</i> .....	74	<i>gnp cough gels</i> .....	125
<i>glyburide-metformin tab 2.5-500 mg</i>	74	<i>gnp d 1000</i> .....	234
<i>glyburide-metformin tab 5-500 mg</i> ...	74	<i>gnp eye drops</i> .....	215
<i>glycerin (laxative)</i> .....	168	<i>gnp eye drops dry eye rel</i> .....	212
<i>glycerin childrens</i> .....	168	<i>gnp eye drops seasonal re</i> .....	215
		<i>gnp fexofenadine/pseudoep</i> .....	127

<i>gnp fish oil maximum stre</i> .....	211	<i>gnp vitamin b-12</i> .....	163
<i>gnp fluticasone propionat</i> .....	210	<i>gnp vitamin b-12 prolonge</i> .....	163
GNP GLUCOSE CHW GRAPE .....	77	<i>gnp vitamin b-6</i> .....	236
GNP GLUCOSE CHW ORANGE.....	77	<i>gnp vitamin c</i> .....	236
GNP GLUCOSE CHW RASPBERRY .....	77	<i>gnp vitamin c/rose hips</i> .....	236
GNP GLUCOSE CHW WATERMLN .....	77	<i>gnp vitamin d</i> .....	234
<i>gnp glycerin adult</i> .....	168	<i>gnp vitamin d super stren</i> .....	234
<i>gnp glycerin child</i> .....	168	<i>gnp vitamin d3 extra stre</i> .....	234
<i>gnp hemorrhoidal</i> .....	57	<i>gnp vitamin d-400</i> .....	234
<i>gnp hydrocortisone</i> .....	139	<i>gnp vitamin e</i> .....	234
<i>gnp hydrocortisone plus</i> .....	139	<i>gnp zinc oxide</i> .....	146
<i>gnp ibuprofen childrens</i> .....	48	<i>gold bond multi-symptom/i</i> .....	144
<i>gnp infant gas relief</i> .....	159	<i>goniotaire</i> .....	212
<i>gnp iron</i> .....	165	GOOD START CHW GROW KID.....	83
<i>gnp lice treatment</i> .....	148	<i>goodsense all day allergy</i> .....	89
<i>gnp lidocaine pain relief</i> .....	144	<i>goodsense aller-ease</i> .....	89
<i>gnp little ones childrens</i> .....	206	<i>goodsense allergy relief</i> .....	89
<i>gnp loratadine</i> .....	89	<i>goodsense antacid/ultra s</i> .....	59
<i>gnp miconazole 1 combinat</i> .....	232	<i>goodsense arthritis pain</i> .....	134
<i>gnp miconazorb af</i> .....	135	<i>goodsense aspirin</i> .....	51
<i>gnp mineral oil</i> .....	169	<i>goodsense cold max</i> .....	127
<i>gnp motion sickness relie</i> .....	86	<i>goodsense cold multi-symp</i> .....	127
<i>gnp mucus dm maximum stre</i> .....	127	<i>goodsense eye drops</i> .....	215
<i>gnp mucus er</i> .....	130	<i>goodsense fiber</i> .....	167
<i>gnp mucus relief</i> .....	130	<i>goodsense laxative pills</i> .....	170
<i>gnp mucus relief maximum</i> .....	127	<i>goodsense lice killing cr</i> .....	148
<i>gnp naproxen</i> .....	48	<i>goodsense lubricating plu</i> .....	212
<i>gnp naproxen sodium</i> .....	48	<i>goodsense mineral oil lub</i> .....	169
<i>gnp nasal decongestant pe</i> .....	211	<i>goodsense mucus dm</i> .....	127
<i>gnp natural fiber</i> .....	167	<i>goodsense mucus er</i> .....	130
<i>gnp nicotine mini lozenge</i> .....	226	<i>goodsense mucus er maximu</i> .....	130
<i>gnp nicotine polacrilex m</i> .....	226	<i>goodsense mucus relief ch</i> .....	127
<i>gnp nicotine transdermal</i> .....	226	<i>goodsense mucus relief se</i> .....	127
<i>gnp night time cold &amp; flu</i> .....	127	<i>goodsense muscle rub</i> .....	143
<i>gnp olopatadine hydrochlo</i> .....	217	<i>goodsense naproxen sodium</i> .....	48
<i>gnp omeprazole</i> .....	228	<i>goodsense nasal allergy s</i> .....	210
<i>gnp omeprazole odt</i> .....	228	<i>goodsense psyllium fiber</i> .....	167
<i>gnp one daily womens heal</i> .....	199	<i>goodsense ready to use en</i> .....	169
<i>gnp pink bismuth</i> .....	83	<i>goodsense sore throat spr</i> .....	196
GNP PRENATAL TAB 28-0.8MG .....	206	<i>goodsense stomach relief/</i> .....	83
<i>gnp stool softener</i> .....	171	<i>gordomatic</i> .....	142
<i>gnp tab tussin</i> .....	130	<i>gormel creme</i> .....	141
<i>gnp terbinafine hydrochlo</i> .....	135	GRALISE .....	225
<i>gnp triple antibiotic</i> .....	134	GRANDPAS BAR BAKE SOD .....	146
<i>gnp tussin cf cough &amp; col</i> .....	127	GRANDPAS BAR INDN CRN.....	146
<i>gnp tussin cough long act</i> .....	125	GRANDPAS BAR LOOFAH.....	146
<i>gnp vitamin a &amp; d</i> .....	142	GRANDPAS BAR OATMEAL.....	146

GRANDPAS BAR ORANGE .....	146	HAVRIX.....	231
GRANDPAS BAR PATCHOUL .....	146	HC/ALOE CRE 0.5%.....	139
GRANDPAS BAR SHEA BTR .....	146	<i>h-chlor 12</i> .....	106
GRANDPAS BAR WITCH HZ.....	146	HDL RX TAB .....	193
<i>granisetron hcl</i> .....	86	<i>head congestion cold reli</i> .....	127
GRAPE CONCOR LIQ OS .....	220	HEALTHY KIDS CHW GUMMIES .....	204
GRAPE LIQ FLAVOR .....	220	<i>healthy kids overall hea</i> .....	204
<i>grape seed complex</i> .....	193	<i>healthy mama move it alon</i> .....	171
GRAPE SYP .....	221	HEALTHY TAB HEART .....	208
GREEN APPLE LIQ OS .....	220	<i>healthylax</i> .....	168
GREEN TEA TAB .....	193	HEART TABS TAB .....	208
GREEN TEA TAB SLIM .....	193	<i>heartburn antacid extra s</i> .....	58
<i>griseofulvin microsize</i> .....	87	<i>heartburn relief</i> .....	228
<i>griseofulvin ultramicrosize</i> .....	87	<i>heartburn relief maximum</i> .....	228
<i>guaifatussin ac</i> .....	127	HEMADY.....	124
<i>guaifenesin</i> .....	130	HEMANGEOL.....	112
<i>guaifenesin liquid 100 mg/5ml</i> .....	130	<i>hematinic plus vitamins/m</i> .....	165
<i>guaifenesin-codeine soln 100-10</i> <i>mg/5ml</i> .....	127	<i>hematinic/folic acid</i> .....	165
<i>guanfacine hcl</i> .....	94	<i>hemax</i> .....	165
<i>guanfacine hcl (adhd)</i> .....	42	<i>hemorrhoidal</i> .....	58
GUAVA FLAVOR LIQ.....	220	<i>hemorrhoidal cooling</i> .....	58
<i>gummi bear multivitamin/m</i> .....	204	<i>hemorrhoidal maximum stre</i> .....	58
GVOKE HYOPEN 1-PACK .....	77	<i>hemorrhoidal relief cream</i> .....	58
GVOKE HYOPEN 2-PACK .....	77	<i>hemorrhoidal suppositorie</i> .....	58
GVOKE PFS.....	77	<i>heparin sodium (porcine)</i> .....	66
<b>H</b>		HEPLISAV-B .....	231
HAEGARDA .....	162	<i>herbiomed severe cold &amp; f</i> .....	127
<i>hailey 1.5/30</i> .....	120	HERZUMA.....	100
<i>hailey 24 fe</i> .....	120	HETLIOZ .....	167
HAIR FARE TAB .....	208	HETLIOZ LQ .....	167
HAIR NOURISH TAB SUPPLEMN.....	208	<i>hi c-500</i> .....	199
HAIR SKIN & TAB NAILS AD .....	201	HI POT MV/ TAB BETA-CAR .....	201
<i>halcinonide</i> .....	139	HIBERIX.....	231
HALCION.....	166	<i>high absorption magnesium</i> .....	189
HALDOL DECANOATE 100.....	104	HIGH POTENCY TAB MULTIVIT .....	204
HALDOL DECANOATE 50 .....	104	HIGH POTENCY TAB MV/FA.....	201
<i>halobetasol propionate</i> .....	139	HISTEX-AC SYP.....	127
HALOBETASOL PROPIONATE .....	139	<i>hm 24 hour nasal allergy</i> .....	210
HALOG.....	139	<i>hm all day allergy childr</i> .....	89
<i>haloperidol</i> .....	104	<i>hm allergy &amp; congestion</i> .....	127
<i>haloperidol decanoate</i> .....	104	<i>hm allergy relief</i> .....	89
<i>haloperidol lactate</i> .....	104	<i>hm allergy relief &amp; nasal</i> .....	127
HARVONI PAK .....	111	<i>hm antacid extra strength</i> .....	59
HARVONI PAK 45-200MG .....	111	<i>hm anti-diarrheal</i> .....	85
HARVONI TAB 45-200MG .....	111	<i>hm b-complex with vitamin</i> .....	197
HARVONI TAB 90-400MG .....	111	HM CALAMINE LOT 8-8% .....	146
		<i>hm calcium</i> .....	188

<i>hm clearlax</i> .....	168	HOT FLASHEX TAB .....	193
<i>hm cold &amp; sinus relief</i> .....	127	HUBER NEEDLE MIS 20GX3/4 .....	175
HM COMPLETE TAB MEN.....	201	HUBER NEEDLE MIS 22GX3/4 .....	175
<i>hm coq-10</i> .....	44	HUMALOG .....	79
<i>hm cough dm</i> .....	125	HUMALOG JUNIOR KWIKPEN .....	79
<i>hm docosanol</i> .....	138	HUMALOG KWIKPEN .....	79
<i>hm double antibiotic</i> .....	134	HUMALOG MIX INJ 50/50 .....	79
<i>hm dry eye relief</i> .....	212	HUMALOG MIX INJ 50/50KWP.....	79
<i>hm e vitamin</i> .....	234	HUMALOG MIX INJ 75/25KWP.....	79
<i>hm enema mineral oil</i> .....	169	HUMALOG MIX SUS 75/25.....	79
<i>hm enema saline laxative</i> .....	169	HUMATROPE .....	156
HM ESTROPLUS TAB MENOPAUS ....	193	HUMIRA .....	46
<i>hm eye drops</i> .....	215	HUMIRA PEDIA INJ CROHNS .....	46
HM EYELID PAD WIPES .....	146	HUMIRA PEDIATRIC CROHNS D .....	46
<i>hm fiber</i> .....	167	HUMIRA PEN.....	46
<i>hm fiber powder</i> .....	167	HUMIRA PEN KIT PS/UV .....	46
<i>hm gentle laxative</i> .....	170	HUMIRA PEN-CD/UC/HS START.....	46
HM HAIR/SKIN TAB /NAILS .....	201	HUMIRA PEN-PEDIATRIC UC S .....	46
<i>hm hydrocortisone plus</i> .....	139	HUMIRA PEN-PS/UV STARTER.....	46
<i>hm hydrocortisone/aloe ma</i> .....	139	HUMULIN INJ 70/30 .....	79
<i>hm ibuprofen</i> .....	48	HUMULIN INJ 70/30KWP .....	79
<i>hm loratadine childrens</i> .....	89	HUMULIN N .....	79
<i>hm melatonin</i> .....	45	HUMULIN N KWIKPEN .....	79
<i>hm mineral oil</i> .....	169	HUMULIN R .....	79
<i>hm motion sickness relief</i> .....	86	HUMULIN R U-500 (CONCENTR.....	79
<i>hm mucus relief dm</i> .....	127	HUMULIN R U-500 KWIKPEN .....	79
<i>hm nicotine polacrilex</i> .....	226	HYCODAN SYP 5-1.5/5.....	125
<i>hm nicotine transdermal s</i> .....	226	HYCODAN TAB 5-1.5MG .....	125
<i>hm nighttime cold &amp; flu r</i> .....	127	HYDRALATE SOL BERRY .....	189
<i>hm povidone-iodine</i> .....	106	<i>hydralazine hcl</i> .....	99
<i>hm probiotic digestive he</i> .....	83	HYDRALYTE SOL BERRY .....	189
<i>hm stool softener</i> .....	171	HYDRALYTE SOL LEMONADE.....	189
<i>hm triple antibiotic</i> .....	134	HYDRALYTE SOL ORANGE .....	189
<i>hm vitamin b12</i> .....	163	HYDROCHLORIC ACID.....	118
<i>hm vitamin c</i> .....	236	<i>hydrochlorothiazide</i> .....	156
<i>hm vitamin d3</i> .....	234	<i>hydrocod polst-chlorphen polst er susp</i> 10-8 mg/5ml .....	127
HOLD CHAMBER MIS ADLT LG .....	183	<i>hydrocodone bitart-homatropine</i> <i>methylbrom soln 5-1.5 mg/5ml</i> ...	125
HOLD CHAMBER MIS MEDIUM.....	183	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i> .....	125
HOLD CHAMBER MIS SMALL .....	183	<i>hydrocodone bitartrate</i> .....	52
HOLDING CHAM MIS ADULT .....	183	<i>hydrocodone-acetaminophen soln 7.5-</i> <i>325 mg/15ml</i> .....	55
HOLDING CHAM MIS CHILD.....	183	<i>hydrocodone-acetaminophen tab 10-</i> <i>300 mg</i> .....	55
HONEY BEARS CHW.....	206		
HONEY BEARS CHW IRON-ZIN .....	205		
HONEY FLAVOR LIQ.....	220		
HOODIA PLUS CAP 375MG.....	193		
HORIZANT .....	226		
HORNY GOAT CAP WEED.....	193		

<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	55	HYPO NEEDLE MIS 16GX1 .....	175
<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	55	HYPO NEEDLE MIS 16GX1.5 .....	175
<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	55	HYPO NEEDLE MIS 16GX3/4 .....	175
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....	55	HYPO NEEDLE MIS 16GX5/8 .....	175
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	55	HYPO NEEDLE MIS 18GX1 .....	175
<i>hydrocodone-ibuprofen tab 10-200 mg</i> .....	55	HYPO NEEDLE MIS 18GX1.25.....	175
<i>hydrocodone-ibuprofen tab 5-200 mg</i> .....	55	HYPO NEEDLE MIS 18GX1.5 .....	175
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> .....	55	HYPO NEEDLE MIS 19GX1 .....	175
HYDROCOL II PAD .....	151	HYPO NEEDLE MIS 19GX1.5 .....	175
HYDROCOL II PAD SACRAL.....	151	HYPO NEEDLE MIS 20GX1 .....	175
HYDROCOL II PAD THIN .....	151	HYPO NEEDLE MIS 20GX1.5 .....	175
HYDROCOL PAD 6 .....	151	HYPO NEEDLE MIS 20GX3/4 .....	175
<i>hydrocortisone</i> .....	124	HYPO NEEDLE MIS 21GX1 .....	175
<i>hydrocortisone (rectal)</i> .....	58	HYPO NEEDLE MIS 21GX1.25.....	175
<i>hydrocortisone (topical)</i> .....	139	HYPO NEEDLE MIS 21GX1.5 .....	175
<i>hydrocortisone acetate (topical)</i> .....	139	HYPO NEEDLE MIS 21GX2 .....	175
<i>hydrocortisone butyrate</i> .....	140	HYPO NEEDLE MIS 22GX1 .....	175
<i>hydrocortisone butyrate hydrophilic lipo base</i> .....	140	HYPO NEEDLE MIS 22GX1.5 .....	175
<i>hydrocortisone maximum st</i> .....	140	HYPO NEEDLE MIS 22GX3/4 .....	176
<i>hydrocortisone valerate</i> .....	140	HYPO NEEDLE MIS 23GX1 .....	176
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i> .....	218	HYPO NEEDLE MIS 23GX1.25.....	176
<i>hydrocortisone/aloe maxim</i> .....	140	HYPO NEEDLE MIS 23GX1.5 .....	176
<i>hydromet</i> .....	125	HYPO NEEDLE MIS 23GX3/4 .....	176
<i>hydromorphone hcl</i> .....	52	HYPO NEEDLE MIS 24GX1 .....	176
HYDROMORPHONE HCL.....	52	HYPO NEEDLE MIS 24GX1.25.....	176
<i>hydroxychloroquine sulfate</i> .....	99	HYPO NEEDLE MIS 25GX1 .....	176
<i>hydroxyprogesterone caproate</i> .....	223	HYPO NEEDLE MIS 25GX1.25.....	176
<i>hydroxyprogesterone caproate (antineoplastic)</i> .....	101	HYPO NEEDLE MIS 25GX1.5 .....	176
<i>hydroxyurea</i> .....	101	HYPO NEEDLE MIS 25GX2 .....	176
<i>hydroxyzine hcl</i> .....	61	HYPO NEEDLE MIS 25GX3/4 .....	176
<i>hydroxyzine pamoate</i> .....	61	HYPO NEEDLE MIS 25GX5/8 .....	176
<i>hygienic cleansing</i> .....	146	HYPO NEEDLE MIS 26GX1/2 .....	176
HYPAFIX PAD 2 .....	151	HYPO NEEDLE MIS 26GX3/8 .....	176
HYPO NEEDLE MIS 14GX1 .....	175	HYPO NEEDLE MIS 26GX5/8 .....	176
HYPO NEEDLE MIS 14GX1.5 .....	175	HYPO NEEDLE MIS 27GX1.25.....	176
HYPO NEEDLE MIS 14GX2 .....	175	HYPO NEEDLE MIS 27GX1.5 .....	176
		HYPO NEEDLE MIS 27GX1/2 .....	176
		HYPO NEEDLE MIS 30G X 1 .....	176
		HYPO NEEDLE MIS 30GX1/2 .....	176
		HYPO NEEDLE MIS 30GX3/4 .....	176
		HYPO NEEDLE MIS 31GX5/16 .....	176
		HYPO NEEDLE MIS 32GX5/16 .....	176
		<i>hysept</i> .....	106
		HYSINGLA ER .....	52
		HYZAAR TAB 100-12.5.....	97
		HYZAAR TAB 100-25.....	97
		HYZAAR TAB 50-12.5.....	97

<b>I</b>	
<i>ibandronate sodium</i> .....	156
IBSRELA.....	160
<i>ibu</i> .....	48
<i>ibu-200</i> .....	48
<i>ibuprofen</i> .....	48
<i>ibuprofen childrens</i> .....	48
<i>ibuprofen cold &amp; sinus</i> .....	127
<i>ibuprofen infants</i> .....	48
<i>ibuprofen junior strength</i> .....	48
<i>ibuprofen-famotidine tab 800-26.6 mg</i> .....	48
ICAPS AREDS TAB FORMULA .....	201
ICAPS LUTEIN TAB ZEAXANTH .....	208
<i>icatibant acetate</i> .....	162
<i>ice blue gel</i> .....	133
<i>iclevia</i> .....	120
<i>icosapent ethyl</i> .....	90
<i>icy hot extra strength</i> .....	143
<i>icy hot original pain rel</i> .....	143
<i>iferex 150</i> .....	165
IHEALTH 2-PK KIT COVID-19 .....	153
IHEALTH 40PK KIT COVID-19 .....	153
IHEALTH 5-PK KIT COVID-19 .....	153
ILARIS .....	47
ILEVRO .....	217
ILUMYA .....	137
<i>imatinib mesylate</i> .....	101
<i>imipramine hcl</i> .....	73
<i>imipramine pamoate</i> .....	73
<i>imiquimod</i> .....	142
IMITREX.....	185
IMITREX STATDOSE REFILL.....	185
IMITREX STATDOSE SYSTEM .....	185
IMPEKLO .....	140
IMUHANCE CAP .....	193
IMVEXXY MAINTENANCE PACK .....	233
IMVEXXY STARTER PACK.....	233
IN-CHK FLOW MIS METER .....	183
INCRUSE ELLIPTA.....	62
<i>indapamide</i> .....	156
INDERAL LA.....	112
INDERAL XL.....	112
INDICAID KIT COVID-19 .....	153
INDOCIN .....	48
INDOLPLEX CAP .....	193
<i>indomethacin</i> .....	48
INFANRIX INJ .....	227
<i>infants simethicone</i> .....	159
INFLECTRA.....	160
INFLIXIMAB.....	160
INFUSION MIS ADAPTER.....	176
INFUSION MIS CLAMP.....	176
INGREZZA.....	224
INGREZZA CAP 40-80MG .....	224
INJECTOR CAP MIS PHASEAL.....	176
INJECTOR MIS LUER LOC .....	176
INNOPRAN XL.....	112
INS ASP PROT INJ FLEXPEN.....	79
INSUL-CAP MIS.....	172
INSUL-EZE MIS.....	172
INSULIN ASPA INJ 70/30 .....	79
INSULIN ASPART.....	79
INSULIN ASPART FLEXPEN .....	79
INSULIN ASPART PENFILL .....	79
INSULIN GLARGINE.....	79
INSULIN GLARGINE SOLOSTAR.....	79
INSULIN LISP INJ PROTAMIN.....	79
INSULIN LISPRO .....	79
INSULIN LISPRO JUNIOR KWI.....	79
INSULIN LISPRO KWIKPEN .....	79
INSULIN MIS BARR 1ML.....	172
INSULIN PEN MIS 31GX4MM.....	176
INSULIN SYR MIS BARR 1ML .....	172
INSULIN SYRG MIS 0.3/29G .....	176
INSULIN SYRG MIS 0.3/30G .....	176
INSULIN SYRG MIS 0.3/31G ...	176, 177
INSULIN SYRG MIS 0.5/27G .....	177
INSULIN SYRG MIS 0.5/28G .....	177
INSULIN SYRG MIS 0.5/29G .....	177
INSULIN SYRG MIS 0.5/30G .....	177
INSULIN SYRG MIS 0.5/31G .....	177
INSULIN SYRG MIS 1ML.....	177
INSULIN SYRG MIS 1ML/25G.....	177
INSULIN SYRG MIS 1ML/26G.....	177
INSULIN SYRG MIS 1ML/27G.....	177
INSULIN SYRG MIS 1ML/28G.....	177
INSULIN SYRG MIS 1ML/29G.....	177
INSULIN SYRG MIS 1ML/30G.....	177
INSULIN SYRG MIS 1ML/31G.....	177
INSULIN SYRG MIS 27GX1/2 .....	177
INSUPEN MIS 33GX4MM .....	177
INTELENCE.....	108
INTELISWAB KIT COVID-19.....	153

INTRAROSA .....	232	<i>isosorbide dinitrate</i> .....	61
<i>introvale</i> .....	120	<i>isosorbide mononitrate</i> .....	61
INTUNIV .....	42	<i>isotretinoin</i> .....	132
INVEGA.....	103	<i>isradipine</i> .....	114
INVEGA HAFYERA.....	103	ISTALOL.....	213
INVEGA SUSTENNA .....	103	<i>itch relief extra strengt</i> .....	136
INVEGA TRINZA .....	103	ITI MAN CAP.....	193
INVELTYS.....	216	ITI WOMAN CAP.....	193
INVOKAMET TAB 150-1000.....	74	<i>itraconazole</i> .....	87
INVOKAMET TAB 150-500 .....	74	IV BAG HANGR MIS PHASEAL .....	177
INVOKAMET TAB 50-1000 .....	74	<i>ivermectin</i> .....	60
INVOKAMET TAB 50-500MG.....	74	IVERMECTIN.....	148
INVOKAMET XR TAB 150-1000.....	74	<i>ivermectin (pediculicide)</i> .....	148
INVOKAMET XR TAB 150-500.....	74	<i>ivermectin (rosacea)</i> .....	148
INVOKAMET XR TAB 50-1000.....	74	<b>J</b>	
INVOKAMET XR TAB 50-500MG.....	74	<i>jaimiess</i> .....	120
INVOKANA .....	81	JALYN CAP.....	161
IODINE SOL STRONG.....	118	JANSSEN COVID-19 VACCINE .....	231
<i>iodine solution strong (lugol's) (bulk)</i>		<i>jantoven</i> .....	65
.....	118	JANUMET TAB 50-1000 .....	74
IODINE TIN STRONG .....	106	JANUMET TAB 50-500MG .....	74
IOPIDINE .....	214	JANUMET XR TAB 100-1000.....	75
IPOL INJ INACTIVE .....	231	JANUMET XR TAB 50-1000 .....	74
I-PORT ADV MIS 6MM .....	176	JANUMET XR TAB 50-500MG.....	74
I-PORT ADV MIS 9MM .....	176	JANUVIA .....	78
<i>ipratropium bromide</i> .....	62	JARDIANCE .....	81
<i>ipratropium bromide (nasal)</i> .....	210	<i>jasmiel</i> .....	120
<i>ipratropium-albuterol nebu soln 0.5-</i>		<i>javygtor</i> .....	157
<i>2.5(3) mg/3ml</i> .....	64	JENTADUETO TAB 2.5-1000.....	75
<i>irbesartan</i> .....	94	JENTADUETO TAB 2.5-500 .....	75
<i>irbesartan-hydrochlorothiazide tab</i>		JENTADUETO TAB 2.5-850 .....	75
<i>150-12.5 mg</i> .....	97	JENTADUETO TAB XR.....	75
<i>irbesartan-hydrochlorothiazide tab</i>		JOHNSONS BAR BABY.....	146
<i>300-12.5 mg</i> .....	97	JOINT CAP SUPPORT.....	193
<i>irinotecan hcl</i> .....	101	JOINT HEALTH CAP.....	193
<i>iron 100 plus</i> .....	165	JOINT HEALTH TAB ULTRA .....	193
<i>iron 100/c</i> .....	165	<i>jolessa</i> .....	120
<i>iron slow release</i> .....	165	JORNAY PM .....	43
<i>iron supplement</i> .....	165	JUBLIA.....	135
<i>iron supplement childrens</i> .....	165	<i>juleber</i> .....	120
<i>iron-vitamin c tab 100-250 mg</i> .....	165	JULUCA TAB 50-25MG.....	108
ISENTRESS.....	108	<i>junel 1.5/30</i> .....	120
ISENTRESS HD .....	108	<i>junel 1/20</i> .....	121
<i>isibloom</i> .....	120	<i>junel fe 24</i> .....	121
<i>isoniazid</i> .....	100	<i>just tears eye drops</i> .....	212
ISOPTO ATROPINE .....	214	JUXTAPID.....	92
ISOPTO TEARS.....	212	JYNARQUE.....	157

<b>K</b>	
<i>kaitlib fe</i> .....	121
KALA TAB.....	85
KALBITOR .....	162
KALETRA SOL .....	108
KALETRA TAB 100-25MG.....	108
KALETRA TAB 200-50MG.....	108
<i>kalliga</i> .....	121
KALTOSTAT FO PAD 4.....	151
KALTOSTAT PAD 12.....	151
KALTOSTAT PAD 2.....	151
KALTOSTAT PAD 3X4-3/4.....	151
KALTOSTAT PAD 4.....	151
KALTOSTAT PAD 6.....	151
KANJINTI .....	100
<i>kaopectate</i> .....	83
<i>kaopectate extra strength</i> .....	83
KAPSPARGO SPRINKLE .....	112
<i>kariva</i> .....	121
KATERZIA .....	114
KAZANO 12.5- TAB 1000MG .....	75
KAZANO 12.5- TAB 500MG.....	75
<i>keep alert</i> .....	42
<i>kelnor 1/35</i> .....	121
<i>kelnor 1/50</i> .....	121
KENALOG .....	140
KEPPRA.....	67
KEPPRA XR.....	67
KERLIX SPONG PAD SALINE .....	151
KERR TRIPLE MIS DYE SWAB .....	106
KERYDIN.....	135
KESIMPTA .....	225
<i>ketoconazole</i> .....	87
<i>ketoconazole (topical)</i> .....	135
<i>ketodan</i> .....	135
KETODAN KIT 2% .....	135
<i>ketoprofen</i> .....	48
<i>ketorolac tromethamine</i> .....	48
KETOROLAC TROMETHAMINE.....	48
<i>ketorolac tromethamine (ophth)</i> .....	217
<i>ketotifen fumarate (ophth)</i> .....	217
KEVZARA .....	47
KIDS PROBIOT PAK FIBER.....	83
KIDZ MULTVIT CHW PROBIOTI .....	204
KINDERLYTE SOL .....	189
KINDERLYTE SOL PREMAX.....	189
KINERET .....	47
KITABIS PAK .....	46
KLONOPIN.....	66
<i>klor-con</i> .....	190
<i>klor-con 10</i> .....	190
<i>klor-con 8</i> .....	190
<i>klor-con m10</i> .....	190
<i>klor-con m20</i> .....	190
<i>klor-con/ef</i> .....	190
KLOXXADO.....	85
<i>klis aspirin low dose</i> .....	51
<i>klis d3</i> .....	234
<i>kobee</i> .....	198
KOMBIGLYZ XR TAB 2.5-1000.....	75
KOMBIGLYZ XR TAB 5-1000MG.....	75
KOMBIGLYZ XR TAB 5-500MG.....	75
<i>konsyl daily fiber</i> .....	167
KONSYL DAILY FIBER .....	167
<i>kp aspirin</i> .....	51
<i>kp b complex/c</i> .....	198
<i>kp calcium 600+d</i> .....	188
<i>kp calcium 600+d3</i> .....	188
<i>kp calcium citrate+d</i> .....	188
<i>kp calcium/magnesium/zinc</i> .....	188
<i>kp ferrous gluconate</i> .....	165
<i>kp folic acid</i> .....	164
<i>kp glucosamine chondroitin</i> .....	45
<i>kp melatonin</i> .....	45
<i>kp niacin</i> .....	236
<i>kp omega-3 fish oil</i> .....	211
KP PRENATAL TAB MULTIVIT .....	206
<i>kp vitamin d</i> .....	234
<i>kp vitamin d3</i> .....	234
K-PAX TAB PROF ST .....	201
KPN PRENATAL TAB.....	206
KROG GLUCOSE CHW GRAPE.....	77
KROG GLUCOSE CHW ORANGE .....	77
KROG GLUCOSE CHW RASPBERRY .....	77
KROG GLUCOSE CHW TROP FRT .....	77
KROG GLUCOSE CHW WATERMLN ...	77
KYLEENA.....	123
<b>L</b>	
<i>labetalol hcl</i> .....	112
LAC-HYDRIN FIVE .....	142
<i>lacosamide</i> .....	67
<i>lactic acid (ammonium lactate)</i> .....	142
<i>lactobacillus</i> .....	83
<i>lactobacillus extra stren</i> .....	83



<i>lactobacillus probiotic</i> .....	83	LAVENDER OIL FRAGRANC .....	118
<i>lactulose</i> .....	168	LAVENDER OIL NATURAL.....	118
<i>lactulose (encephalopathy)</i> .....	160	<i>laxative</i> .....	170
LAMICTAL.....	67	<i>laxative maximum strength</i> .....	170
LAMICTAL CHEWABLE DISPERS.....	67	LAXATIVE TAB FORMULA.....	194
LAMICTAL KIT START 49 .....	67	<i>layolis fe</i> .....	121
LAMICTAL KIT START 98 .....	67	<i>lecithin</i> .....	211
LAMICTAL ODT.....	67	LEDIP-SOFOSB TAB 90-400MG .....	111
LAMICTAL ODT KIT.....	67	<i>leena</i> .....	121
LAMICTAL STARTER/TAKING V.....	67	<i>leflunomide</i> .....	49
LAMICTAL XR.....	67	LEG VEIN & TAB CIRCULAT.....	194
LAMICTAL XR KIT.....	67	LEMON FLAVOR LIQ.....	220
<i>lamivudine</i> .....	108	LEMON FLAVOR OIL.....	220
<i>lamivudine (hbv)</i> .....	111	LEMON LIQ FLAVOR.....	220
<i>lamivudine-zidovudine tab 150-300 mg</i> .....	108	LEQVIO.....	92
<i>lamotrigine</i> .....	67	LESCOL XL .....	92
<i>lamotrigine tab 25 mg (42) &amp; 100 mg</i> <i>(7) starter kit</i> .....	67	LETAIRIS .....	117
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100</i> <i>mg starter kit</i> .....	67	<i>letrozole</i> .....	101
<i>lamotrigine tab disint 25 (14) &amp; 50 mg</i> <i>(14) &amp; 100 mg (7) kit</i> .....	67	<i>leucovorin calcium</i> .....	101
<i>lanabiotic</i> .....	134	LEUKERAN.....	100
LANCET DEVICES .....	172	<i>levabuterol hcl</i> .....	64
LANCETS.....	172	<i>levabuterol tartrate</i> .....	64
LANCETS KIT .....	172	<i>levamlodipine maleate</i> .....	114
LANCETS MISC. ....	172	LEVEMIR .....	80
<i>land before time multivit</i> .....	205, 206	LEVEMIR FLEXTOUCH .....	80
LANOLIN ANHY OIN .....	222	<i>levetiracetam</i> .....	67
<i>lansoprazole</i> .....	229	<i>levobunolol hcl</i> .....	214
<i>lanthanum carbonate</i> .....	161	<i>levocarnitine</i> .....	212
LANTISEPTIC LIQ NR FOAM .....	146	<i>levocetirizine dihydrochloride</i> .....	89
LANTISEPTIC SPR BODY WSH.....	146	<i>levofloxacin</i> .....	158
LANTISEPTIC SPR PERINEAL.....	146	<i>levofloxacin (ophth)</i> .....	214
LANTUS .....	79	<i>levonest</i> .....	121
LANTUS SOLOSTAR .....	80	<i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &amp; eth est 0.01</i> <i>mg</i> .....	121
<i>larin 1.5/30</i> .....	121	<i>levonorgestrel &amp; ethinyl estradiol (91-</i> <i>day) tab 0.15-0.03 mg</i> .....	121
<i>larin 1/20</i> .....	121	<i>levonorgestrel &amp; ethinyl estradiol tab</i> <i>0.1 mg-20 mcg</i> .....	121
<i>larin 24 fe</i> .....	121	<i>levonorgestrel-eth estra tab 0.05-</i> <i>30/0.075-40/0.125-30mg-mcg</i> ...	121
<i>latanoprost</i> .....	218	<i>levonorgestrel-ethinyl estradiol</i> <i>(continuous) tab 90-20 mcg</i> .....	121
LATEX GLOVE MIS LARGE.....	173	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i> <i>eth est tab 0.01mg(7)</i> .....	121
LATEX GLOVE MIS MEDIUM .....	173	<i>levonorg-eth est tab 0.15-0.03mg(84)</i> <i>&amp; eth est tab 0.01mg(7)</i> .....	121
LATEX GLOVE MIS SMALL.....	173		
LATEX GLOVES MIS MEDIUM .....	173		
LATUDA .....	103		
LAVENDER OIL.....	118		

<i>levorphanol tartrate</i> .....	52	<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>	
<i>levo-t</i> .....	227	<i>25 mg</i> .....	97
<i>levothyroxine sodium</i> .....	227	LITETOUCH MIS MASK LG .....	183
<i>levoxyl</i> .....	227	LITETOUCH MIS MASK MD .....	183
LEXAPRO.....	71	LITETOUCH MIS MASK SM.....	183
LEXETTE .....	140	<i>lithium carbonate</i> .....	102
LEXIVA .....	108	<i>little animals</i> .....	206
LIALDA .....	160	<i>little animals plus iron</i> .....	205
LICART .....	134	<i>little remedies for fever</i> .....	51
<i>lice killing shampoo</i> .....	148	<i>little remedies for tummy</i> .....	159
<i>lice treatment creme rins</i> .....	148	<i>little remedies gas relie</i> .....	159
<i>lidocaine</i> .....	144	LIVALO .....	92
LIDOCAINE.....	144	LIVER DETOX TAB .....	201
<i>lidocaine (anorectal)</i> .....	58	LIVER FLAVOR LIQ .....	220
<i>lidocaine hcl</i> .....	144	LIVER LIQ CONCNR .....	220
LIDOCAINE HCL .....	62	LIVER PROTCT CAP.....	194
<i>lidocaine hcl (local anesth.)</i> .....	171	L-METHYL- TAB B6-B12 .....	154
<i>lidocaine hcl (mouth-throat)</i> .....	195	L-METHYLFOLA CAP FORTE.....	154
<i>lidocaine inj 2% w/ epinephrine-</i>		L-METHYLFOLA CAP FORTE 15 .....	154
<i>1:100000</i> .....	171	<i>l-methylfolate</i> .....	154
<i>lidocaine pain relief max</i> .....	144	L-METHYLFOLATE CALCIUM .....	154
<i>lidocaine-prilocaine cream 2.5-2.5%</i>		L-METHYL-MC TAB.....	154
.....	144	LO LOESTRIN TAB 1-10-10.....	121
LIDODERM .....	144	LOCOID .....	140
LILETTA .....	123	LOCOID LIPOCREAM .....	140
<i>linezolid</i> .....	60	<i>loestrin 1.5/30-21</i> .....	121
LINSEED OIL RAW .....	118	<i>loestrin 1/20-21</i> .....	121
LINZESS .....	160	<i>loestrin fe tab 1.5/30</i> .....	121
<i>liothyronine sodium</i> .....	227	<i>lofena</i> .....	48
<i>lip balm/vitamin e/aloe</i> .....	146	LOHIST-DM SYP 5-2-10MG.....	127
LIPIDSHIELD TAB PLUS.....	208	<i>lojaimiess</i> .....	121
LIPITOR .....	92	LONHALA MAGNAIR STARTER K .....	62
<i>lipo flavonoid plus</i> .....	209	<i>loperamide hcl</i> .....	85
<i>lipocaine 5</i> .....	58	LOPID .....	91
LIPOFEN.....	91	<i>lopinavir-ritonavir soln 400-100</i>	
<i>lipoflavovit</i> .....	209	<i>mg/5ml (80-20 mg/ml)</i> .....	108
LIQ HOPE PEP LIQ HIGH PRO .....	154	<i>lopinavir-ritonavir tab 100-25 mg</i> ...	108
<i>liquid acetaminophen</i> .....	51	<i>lopinavir-ritonavir tab 200-50 mg</i> ...	108
<i>liquid calcium/d3</i> .....	188	LOPRESSOR.....	112
<i>liquid calcium/vitamin d</i> .....	188	LOPROX .....	136
<i>liquid pain relief</i> .....	51	LOPROX KIT .....	136
<i>lisinopril</i> .....	93	LOPROX KIT 0.77% .....	136
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		LOPROX SHAMPOO .....	136
<i>12.5 mg</i> .....	97	<i>loratadine</i> .....	89
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		<i>loratadine childrens</i> .....	89
<i>12.5 mg</i> .....	97	<i>loratadine-d 12hr</i> .....	127
		<i>loratadine-d 24hr</i> .....	127

<i>lorazepam</i> .....	61
LORTAB ELX 10-300MG .....	55
LORTUSS LQ LIQ .....	127
<i>loryna</i> .....	121
<i>lorzone</i> .....	209
<i>losartan potassium</i> .....	94
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-12.5 mg</i> .....	97
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 100-25 mg</i>	97
<i>losartan potassium &amp;</i> <i>hydrochlorothiazide tab 50-12.5 mg</i> .....	97
LOTEMAX .....	216
LOTEMAX SM .....	216
LOTENSIN .....	93
LOTENSIN HCT TAB 10-12.5 .....	97
LOTENSIN HCT TAB 20-12.5 .....	97
LOTENSIN HCT TAB 20-25MG .....	97
<i>loteprednol etabonate</i> .....	216
LOTREL CAP 10-20MG .....	97
LOTREL CAP 10-40MG .....	98
LOTREL CAP 5-10MG .....	97
LOTREL CAP 5-20MG .....	97
LOTRONEX .....	160
<i>lovastatin</i> .....	92
LOVAZA CAP 1GM .....	90
LOVENOX .....	66
LOVIRAL CAP .....	194
<i>low-ogestrel</i> .....	121
<i>loxapine succinate</i> .....	104
<i>lo-zumandimine</i> .....	121
L-TRYPTOPHAN .....	212
<i>lubiprostone</i> .....	159
<i>lubricant eye drops</i> .....	212
<i>lubricant eye drops/dual-</i> .....	212
<i>lubricating plus eye drop</i> .....	212
<i>lubricating skin lotion</i> .....	142
<i>lubricating tears eye dro</i> .....	212
LUBRICNT GEL DRO 0.25-0.3 .....	213
LUCIRA CHECK KIT COVID-19 .....	153
LUER-LOK SYR MIS 1ML/20G .....	178
<i>luliconazole</i> .....	136
LUMIGAN .....	218
LUNESTA .....	166
LUNG TONIC CAP .....	194

LUTEIN PLUS TAB ZEAXANTH .....	201
LUXIQ .....	140
LUZU .....	136
LYBALVI TAB 10-10MG .....	224
LYBALVI TAB 15-10MG .....	224
LYBALVI TAB 20-10MG .....	224
LYBALVI TAB 5-10MG .....	224
LYDIA PINKHA TAB .....	194
<i>lyllana</i> .....	158
LYMPHATONIC CAP .....	194
LYRICA .....	67
LYRICA CR .....	225
<i>lysine</i> .....	212
<i>lysine hcl</i> .....	212
<i>lysiplex plus</i> .....	201
LYUMJEV .....	80
LYUMJEV KWIKPEN .....	80
LYVISPAH .....	209

## **M**

<i>maalox childrens</i> .....	59
MAG-AL LIQ .....	58
MAG-G .....	189
MAGIC MUSHRO CAP MIX .....	194
<i>magnesium</i> .....	189
MAGNESIUM .....	59, 189
<i>magnesium citrate</i> .....	169
MAGNESIUM CITRATE .....	189
MAGNESIUM ELEMENTAL .....	189
MAGNESIUM EXTRA STRENGTH .....	189
<i>magnesium gluconate</i> .....	189
MAGNESIUM GLUCONATE .....	189
<i>magnesium oxide</i> .....	59
MAGNESIUM OXIDE .....	189
<i>magnesium oxide (mg supplement)</i> .....	189
<i>magnesium tab 400 mg</i> .....	189
<i>magnesium-oxide</i> .....	189
MAGONATE LIQ 1000/5ML .....	189
MAKENA .....	223
MAKEUP PAD REMOVER .....	146
MAKEUP REMOV PAD TOWELET .....	146
MALE POTENCY TAB .....	194
MANGO FLAVOR LIQ .....	220
MANGO PASSIO LIQ FRUIT OS .....	220
<i>maox</i> .....	59
<i>mapap</i> .....	51
<i>mapap acetaminophen extra</i> .....	51
<i>mapap childrens</i> .....	51

<i>mapap cold formula multi-</i> .....	127	<i>medroxyprogesterone acetate</i>	
<i>maraviroc</i> .....	108, 109	<i>(contraceptive)</i> .....	123
MAR-COF CG LIQ 225-7.5 .....	128	<i>mefenamic acid</i> .....	48
MARINOL .....	86	<i>mefloquine hcl</i> .....	99
MARPLAN .....	70	MEGA MULTI TAB MEN .....	201
MARSHMALLOW LIQ FLAVOR .....	220	MEGA MULTI TAB WOMEN .....	201
MARSHMALLOW LIQ OS .....	220	<i>mega multiple w/chelated</i> .....	209
MARSHMALLOW LIQ WS.....	220	MEGAVITE TAB FRT/VEG .....	201
MASK VORTEX/ MIS FROG.....	183	MEGAVITE TAB GOLD 55+.....	201
MASK VORTEX/ MIS LADY BUG .....	183	<i>megestrol acetate</i> .....	101
MASONATAL TAB.....	206	<i>megestrol acetate (appetite)</i> .....	223
<i>matzim la</i> .....	114	<i>melatin</i> .....	45
MAVENCLAD .....	225	<i>melatonin</i> .....	45
MAVYRET PAK 50-20MG .....	111	MELATONIN.....	45
MAVYRET TAB 100-40MG .....	111	MELATONIN TAB 1-10MG .....	45
MAXALT .....	185	MELATONIN TAB 3-10MG .....	45
MAXALT-MLT .....	185	<i>melatonin/vitamin b-6 ext</i> .....	45
MAXI DEET .....	146	<i>melatonin-pyridoxine tab 5-1 mg</i> ....	45
MAXICOMFORT MIS 27GX1/2.....	178	<i>melatonin-pyridoxine tab 5-10 mg</i> ...	45
MAXIDEX.....	216	<i>meloxicam</i> .....	48
MAXIMUM TAB ENERGY .....	194	<i>melphalan</i> .....	100
MAXITROL OIN 0.1% OP .....	216	<i>memantine hcl</i> .....	223
MAXITROL SUS 0.1% OP.....	216	MEMORY/FOCUS TAB FORMULA .....	194
<i>maxi-tuss gmx</i> .....	128	M-END PE LIQ.....	127
MAYZENT .....	225	MENOPAUSE TAB HEALTH .....	194
MAYZENT STARTER PACK .....	225	MENOPAUTONIC CAP .....	194
M-CLEAR WC LIQ 100-6.3 .....	127	MENS MULTI TAB VIT/MIN.....	201
<i>meclizine hcl</i> .....	86	MENS MULTIPL TAB .....	201
<i>meclofenamate sodium</i> .....	48	MENS POTENT TAB FORMULA .....	194
MED PREP MIS CANNULA.....	178	MENTAX.....	136
MEDCAPS CAP MENOPAUS.....	194	MENTHOL-ZINC OIN .....	146
<i>medi-bismuth</i> .....	83	<i>mepерidine hcl</i> .....	52
MEDICAL DEVICES AND SUPPLIES -		MEPILEX LITE PAD 4.....	151
RUBBER GOODS.....	173	<i>mercaptopurine</i> .....	100
<i>medicated douche</i> .....	232	<i>merzee</i> .....	121
<i>medicated wipes</i> .....	146	<i>mesalamine</i> .....	160
<i>medicidin-d</i> .....	128	<i>mesalamine w/ cleanser</i> .....	160
<i>medikoff drops</i> .....	196	METABO-STYLE TAB .....	194
<i>medi-mucil</i> .....	167	METAFOBIC TAB .....	154
MEDI-PAK ABD PAD 8 .....	151	METAFOBIC TAB PLUS RF .....	154
<i>medi-paste</i> .....	141	<i>metamucil smooth texture</i> .....	167
MEDPURA ALCOHOL PADS .....	146	<i>metaxalone</i> .....	209
<i>medpura hydroseptine</i> .....	146	<i>metformin hcl</i> .....	76
MEDROL.....	124	<i>methacholine/liver</i> .....	209
MEDROL DOSEPAK .....	124	<i>methadone hcl</i> .....	52
<i>medroxyprogesterone acetate</i> .....	223	<i>methadose</i> .....	52
		METHADOSE.....	52

METHADOSE SUGAR-FREE.....	52	<i>miconazole nitrate vaginal</i> .....	232
<i>methamphetamine hcl</i> .....	42	<i>miconazole-zinc oxide-white</i>	
METHANOL .....	118	<i>petrolatum oint 0.25-15-81.35%</i> .....	136
METHANOL SOL .....	118	<i>micotrin ac</i> .....	136
<i>methenamine hippurate</i> .....	61	<i>micotrin al</i> .....	136
<i>methergine</i> .....	218	<i>micotrin ap</i> .....	136
<i>methimazole</i> .....	227	<i>microgestin 1.5/30</i> .....	121
<i>methocarbamol</i> .....	209	<i>microgestin 1/20</i> .....	121
<i>methotrexate sodium</i> .....	100	<i>microgestin 24 fe</i> .....	121
METHYL ALCOH SOL .....	119	<i>midodrine hcl</i> .....	233
METHYLCELLUL POW.....	222	<i>miglitol</i> .....	73
METHYLCELLUL POW 1500CPS .....	222	MIL ADREGEN TAB .....	208
METHYLCELLUL POW 4000CPS .....	222	<i>milk of magn sus 400/5ml</i> .....	169
METHYLCELLUL POW 400CPS.....	222	MILK OF MAGNESIA CONCENTR.....	169
<i>methyldopa</i> .....	94	MILKFLOW CAP .....	194
<i>methylergonovine maleate</i> .....	218	MILKFLOW MAX CAP .....	194
METHYLFOL/CA TAB ME-CBL.....	154	<i>milltrium stamina plus</i> .....	208
METHYLIN .....	43	<i>mimvey</i> .....	157
<i>methylphenidate hcl</i> .....	43	<i>mineral ice</i> .....	133
METHYLPHENIDATE HYDROCHLO .....	43	<i>mineral oil</i> .....	169
<i>methylprednisolone</i> .....	124	<i>minerin</i> .....	142
<i>metoclopramide hcl</i> .....	159	<i>minocycline hcl</i> .....	227
<i>metolazone</i> .....	156	<i>minoxidil</i> .....	99
<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>mintox plus</i> .....	58
100-25 mg .....	98	MIRAPEX ER .....	102
<i>metoprolol &amp; hydrochlorothiazide tab</i>		MIRCERA.....	164
100-50 mg .....	98	MIRENA .....	123
<i>metoprolol &amp; hydrochlorothiazide tab</i>		<i>mirtazapine</i> .....	69
50-25 mg .....	98	MIRVASO .....	148
<i>metoprolol succinate</i> .....	112	<i>misc natural products</i> .....	194
<i>metoprolol tartrate</i> .....	112	MISEFLEX TAB .....	194
METROCREAM.....	148	MISEFLEX-C TAB.....	194
METROGEL .....	148	<i>misoprostol</i> .....	229
<i>metronidazole</i> .....	60	MITIGARE .....	162
<i>metronidazole (topical)</i> .....	148	<i>mitomycin</i> .....	101
<i>metronidazole vaginal</i> .....	232	MIXED TOCOTR CAP VIT E.....	194
<i>metyrosine</i> .....	93	M-M-R II INJ.....	231
MG PLUS TAB PROTEIN .....	208	M-NATAL PLUS TAB .....	206
<i>mgo</i> .....	189	<i>modafinil</i> .....	43
MICARDIS .....	94	MODERNA COVID-19 VACCINE .....	231
MICARDIS HCT TAB 40/12.5 .....	98	<i>moexipril hcl</i> .....	93
MICARDIS HCT TAB 80/12.5 .....	98	MOIST BEAUTY BAR SENSITVE .....	146
MICARDIS HCT TAB 80-25MG .....	98	<i>moisture barrier</i> .....	146
MICONAZOLE 1 KIT COMBO.....	232	<i>moisture lotion</i> .....	142
<i>miconazole 3 combination</i> .....	232	<i>moisture recovery</i> .....	142
<i>miconazole 7</i> .....	232	MOISTURIZING BAR BEAUTY .....	146
<i>miconazole nitrate (topical)</i> .....	136	<i>moisturizing cream</i> .....	142

<i>moisturizing lotion</i> .....	142	<i>mucus-dm</i> .....	128
<i>moisturizing sensitive sk</i> .....	142	<i>multi + omega-3 adult gum</i> .....	201
<i>molindone hcl</i> .....	105	<i>multi adult gummies</i> .....	201
<i>mometasone furoate</i> .....	140	<i>multi antibiotic plus</i> .....	134
<i>mometasone furoate (nasal)</i> .....	210	MULTI MEGA TAB MINERALS .....	190
MOMMYS BLISS PROBIOTIC.....	83	MULTI PRENAT TAB .....	206
MONOJECT ENT MIS 12ML SYR .....	173	MULTI VITAMI TAB .....	204
MONOJECT ENT MIS 1ML SYR .....	173	MULTI VITAMI TAB D-3 .....	204
MONOJECT ENT MIS 35ML SYR .....	173	<i>multi vitamin with iron</i> .....	199
MONOJECT ENT MIS 60ML SYR .....	173	MULTI VITAMN TAB MINERALS.....	201
MONOJECT ENT MIS 6ML SYR .....	173	MULTI-BETIC TAB DIABETES .....	201
MONOJECT ENT MIS SYR CAP .....	173	MULTI-DRAW MIS 20GX1 .....	178
MONOJECT LS MIS CANN/BLN.....	178	MULTI-DRAW MIS 21GX1 .....	178
<i>mono-lynyah tab 0.25-35</i> .....	121	MULTI-DRAW MIS 22GX1 .....	178
<i>montelukast sodium</i> .....	62	<i>multiple vitamin tab</i> .....	204
MORE-DOPHILUS ACIDOPHILUS.....	83	<i>multiple vitamins w/ minerals</i> .....	201
<i>morphine sulfate</i> .....	53	MULTIPLE VITAMINS W/ MINERALS	201
<i>morphine sulfate beads</i> .....	53	<i>multiple vitamins w/ minerals cap</i> ..	201
MOTEGRITY .....	158	MULTIPLE VITAMINS W/ MINERALS	
<i>motion sickness relief</i> .....	86	CAP .....	201
<i>motion sickness relief/le</i> .....	86	MULTIPLE VITAMINS W/ MINERALS	
<i>motion-time</i> .....	86	CHEW TAB.....	201
MOUNJARO.....	78	MULTI-PURPOS OIN.....	146
MOVANTIK .....	160	<i>multi-symptom cold childr</i> .....	128
<i>moxifloxacin hcl</i> .....	158	MULTIV+FLUOR CHW 0.25MG.....	205
<i>moxifloxacin hcl (ophth)</i> .....	214	MULTIV+FLUOR CHW 0.5MG .....	205
<i>moxifloxacin hcl 400 mg/250ml in</i>		MULTIV+FLUOR CHW 1MG .....	205
<i>sodium chloride 0.8% inj</i> .....	158	MULTI-VITAMI TAB MONOCAPS.....	201
<i>m-pap</i> .....	51	<i>multivitamin</i> .....	201
MS CONTIN .....	53	<i>multivitamin &amp; mineral</i> .....	201
MUCINEX CGH GRA 5-100MG .....	128	MULTIVITAMIN CHW CHILD.....	206
<i>mucinex dm liq 20-400</i> .....	128	MULTIVITAMIN CHW GUMMIES .....	204
MUCINEX FOR KIDS.....	130	MULTIVITAMIN CHW IRON .....	205
<i>mucinex freefrom severe c</i> .....	128	<i>multi-vitamin gummies</i> .....	201
<i>mucosa</i> .....	130	<i>multivitamin gummies adul</i> .....	201
<i>mucus congestion &amp; cough</i> .....	128	<i>multivitamin gummies chil</i> .....	204
<i>mucus d</i> .....	128	<i>multivitamin gummies mens</i> .....	201
<i>mucus dm</i> .....	128	<i>multivitamin gummies wome</i> .....	201
<i>mucus relief</i> .....	130	<i>multi-vitamin hp/minerals</i> .....	209
<i>mucus relief childrens</i> .....	128	<i>multivitamin plus iron ad</i> .....	199
<i>mucus relief cold flu &amp; s</i> .....	128	MULTIVITAMIN TAB .....	201, 204
<i>mucus relief cold/flu/sor</i> .....	128	MULTIVITAMIN TAB ADULT.....	201, 204
<i>mucus relief d</i> .....	128	MULTIVITAMIN TAB ADULTS.....	202
<i>mucus relief dm</i> .....	128	MULTIVITAMIN TAB MEN.....	202
<i>mucus relief dm maximum s</i> .....	128	MULTIVITAMIN TAB WOMEN .....	202
<i>mucus relief multi sympto</i> .....	128	MULTIVITAMIN TAB ZINC STR .....	202
<i>mucus-d</i> .....	128	<i>multivitamin with fluorid</i> .....	205

<i>multivitamin/fluoride</i> .....	205	<i>naproxen-esomeprazole magnesium</i>	
<i>multi-vitamin/fluoride dr</i> .....	205	<i>tab dr 375-20 mg</i> .....	49
<i>multi-vitamins/iron</i> .....	199	<i>naproxen-esomeprazole magnesium</i>	
MULTI-VITE LIQ .....	201	<i>tab dr 500-20 mg</i> .....	49
<i>mupirocin</i> .....	134	<i>naratriptan hcl</i> .....	185
MURO 128 .....	217	NARCAN .....	85
<i>muscle &amp; joint</i> .....	133	NARCOSOFT CAP HERB LAX .....	194
<i>muscle rub</i> .....	143	NARCOSOFT II CAP .....	194
<i>mutamycin</i> .....	101	NARDIL .....	70
MVASI .....	100	<i>nasal decong spr 0.05%</i> .....	211
MVW COMPLETE CHW GRAPE .....	204	<i>nasogel</i> .....	210
MVW COMPLETE DRO PEDIATRI .....	204	NATAZIA TAB .....	121
<i>mvw complete formulation</i> .....	204	<i>nateglinide</i> .....	80
MX-SOL SF SYP .....	221	NATESTO .....	57
MX-SOL SYP .....	221	NATRAPEL .....	146
<i>mycophenolate mofetil</i> .....	191	<i>nat-rul b-50</i> .....	209
<i>mycophenolate sodium</i> .....	191	<i>nat-rul daily-vite + iron</i> .....	199
<i>mycozyl ac</i> .....	136	<i>nat-rul iron</i> .....	165
<i>mycozyl al</i> .....	136	<i>nat-rul oyster calcium +</i> .....	188
<i>mycozyl ap</i> .....	136	NAT-RUL THER TAB M .....	202
MYDAYIS CAP 12.5MG .....	42	<i>nat-rul vitamin d</i> .....	234
MYDAYIS CAP 25MG .....	42	NATRUL-VITES TAB .....	202
MYDAYIS CAP 37.5MG .....	42	<i>natural fiber laxative</i> .....	168
MYDAYIS CAP 50MG .....	42	NATURAL FIBER LAXATIVE .....	168
MYLERAN .....	100	NATURAL LIQ CAMEL .....	220
<i>myorisan</i> .....	132	<i>natural psyllium seed ind</i> .....	168
MYRBETRIQ .....	230	<i>natural vegetable fiber</i> .....	168
MYSOLINE .....	67	<i>natural vitamin a</i> .....	234
<b>N</b>		<i>natural vitamin e</i> .....	234
<i>nabumetone</i> .....	48	NATURE DE FR BAR ALGOLI .....	146
<i>nac</i> .....	212	NATURE DE FR BAR ARGILE B .....	146
<i>nac 600</i> .....	212	NATURE DE FR BAR ARGIMIEL .....	146
<i>nadolol</i> .....	112	NAYZILAM .....	66
<i>naftifine hcl</i> .....	136	<i>nebivolol hcl</i> .....	112
NAFTIN .....	136	NEBULIZER MIS MASK AD .....	183
NALFON .....	48	NEBULIZER MIS MASK CH .....	183
<i>naloxone hcl</i> .....	85	NEBULIZER MIS MASK CHD .....	183
<i>naltrexone hcl</i> .....	85	NEBULIZER MIS MASK INF .....	183
NAMENDA .....	223, 224	<i>necon 0.5/35-28</i> .....	122
NAMZARIC CAP .....	224	NEEDL COLLEC MIS DISPOSAL .....	179
NAMZARIC CAP 14-10MG .....	224	NEEDLE COLLE MIS DISPOSAL .....	179
NAMZARIC CAP 21-10MG .....	224	NEEDLE TIP MIS 16GX1.5 .....	179
NAMZARIC CAP 28-10MG .....	224	NEEDLELESS MIS CONNECTO .....	179
NAMZARIC CAP 7-10MG .....	224	NEEDLELESS MIS PORT CON .....	179
NAPRELAN .....	49	NEEDLES MIS 18GX1 .....	179
<i>naproxen</i> .....	49	NEEDLES MIS 18GX1.5 .....	179
<i>naproxen sodium</i> .....	49	NEEDLES MIS 19GX1 .....	179

NEEDLES MIS 19GX1.5 .....	179	<i>neosporin + pain relief m</i> .....	134
NEEDLES MIS 20GX1 .....	179	NEOSPORIN LIP HEALTH OVER .....	146
NEEDLES MIS 20GX1.5 .....	179	<i>neosporin pain/itch/scar</i> .....	134
NEEDLES MIS 21GX1 .....	179	<i>neosporin/burn relief</i> .....	134
NEEDLES MIS 21GX1.5 .....	179	<i>nephro vitamins</i> .....	198
NEEDLES MIS 22GX1 .....	179	<i>nephronex</i> .....	198
NEEDLES MIS 22GX1.5 .....	179	NEPHRONEX LIQ 0.9/5ML .....	198
NEEDLES MIS 22GX3/4 .....	179	NESINA .....	78
NEEDLES MIS 23GX1 .....	179	<i>neuac</i> .....	132
NEEDLES MIS 23GX1.5 .....	179	NEUAC KIT 1.2-5% .....	132
NEEDLES MIS 23GX5/8 .....	179	NEUPRO .....	102
NEEDLES MIS 25GX1 .....	179	NEURIVA CAP .....	194
NEEDLES MIS 25GX1.5 .....	179	NEURO-ESSENT TAB .....	194
NEEDLES MIS 25GX5/8 .....	179	NEURONTIN .....	67
NEEDLES MIS 26X1/2 .....	179	NEUTROGENA BAR CLEANSIN .....	146
NEEDLES MIS 27GX1 .....	179	NEUTROGENA BAR ORIGINAL .....	146
NEEDLES MIS 27GX1/2 .....	179	NEUTROGENA BAR UNSCENT .....	146
NEEDLES MIS 28GX1/2 .....	179	NEUTROGENA T/SAL .....	143
NEEDLES MIS 29GX1/2 .....	179	NEVANAC .....	217
NEEDLES MIS 30GX1/2 .....	179	<i>nevirapine</i> .....	109
NEEDLES MIS 30GX5/16 .....	179	NEWFLORA CAP PROBIOTI .....	83
NEEDLES MIS 31GX5/16 .....	179	<i>nexafed</i> .....	211
<i>nefazodone hcl</i> .....	72	NEXIUM .....	229
NEOMULTIVITE TAB .....	204	NEXLETOL .....	90
<i>neomycin sulfate</i> .....	46	NEXLIZET TAB 180/10MG .....	90
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</i> .....	215	NEXPLANON .....	123
<i>neomycin-polymy-gramicid op sol</i> <i>1.75-10000-0.025mg-unt-mg/ml</i>	215	NEXTSTELLIS TAB 3-14.2MG .....	122
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i> .....	216	NF FORMULAS CHW CHILDREN .....	204
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i> .....	216	<i>niacin</i> .....	236
<i>neomycin-polymyxin-hc ophth susp</i>	216	<i>niacin (antihyperlipidemic)</i> .....	92
<i>neomycin-polymyxin-hc otic soln 1%</i> .....	218	NIACIN TR .....	236
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i> .....	218	<i>niacinamide</i> .....	236
NEONATAL VIT TAB 27-0.8MG .....	206	NIASPAN .....	92
<i>neo-polycin</i> .....	214	<i>nicardipine hcl</i> .....	114
<i>neo-polycin hc</i> .....	216	<i>nicotine polacrilex</i> .....	226
NEOPRENE GLV MIS LARGE .....	173	<i>nicotine polacrilex gum 2 mg</i> .....	226
NEOPRENE GLV MIS MEDIUM .....	173	<i>nicotine polacrilex gum 4 mg</i> .....	226
NEOPRENE GLV MIS SMALL .....	173	<i>nicotine polacrilex lozenge 2 mg</i> ....	226
NEOPRENE GLV MIS X-LARGE .....	173	NICOTINE SYS KIT TRANSDER .....	226
<i>neosporin</i> .....	134	<i>nicotine transdermal syst</i> .....	226
		NICOTROL INHALER .....	226
		NICOTROL NS .....	226
		<i>nifedipine</i> .....	114
		<i>nikki</i> .....	122
		NINJACOF-XG LIQ 200-8/5 .....	128
		<i>nisoldipine</i> .....	114
		<i>nitazoxanide</i> .....	60



NITRILE GLOV MIS BLUE/L .....	173	<i>norgestimate-eth estrad tab 0.18-</i>	
NITRILE GLOV MIS BLUE/M .....	173	<i>25/0.215-25/0.25-25 mg-mcg ....</i>	122
NITRILE GLOV MIS BLUE/S.....	173	NORITATE .....	148
NITRILE GLOV MIS BLUE/XL .....	173	NORLIQVA.....	114
NITRILE GLOV MIS LARGE.....	173	<i>norlyroc tab 0.35mg</i> .....	123
NITRILE GLOV MIS MEDIUM .....	173	<i>nortrel 0.5/35 (28)</i> .....	122
NITRILE GLOV MIS SIZE 10.....	174	<i>nortrel 1/35</i> .....	122
NITRILE GLOV MIS SIZE 6.....	173	<i>nortrel 7/7/7</i> .....	122
NITRILE GLOV MIS SIZE 6.5 .....	174	<i>nortriptyline hcl</i> .....	73
NITRILE GLOV MIS SIZE 7.....	174	NORVASC.....	114
NITRILE GLOV MIS SIZE 7.5 .....	174	NORVIR .....	109
NITRILE GLOV MIS SIZE 8.....	174	<i>norwegian cod liver oil</i> .....	208
NITRILE GLOV MIS SIZE 8.5 .....	174	NOURISH PEPT LIQ BERRY .....	154
NITRILE GLOV MIS SIZE 9.....	174	NOVOLIN INJ 70/30.....	80
NITRILE GLOV MIS SIZE 9.5 .....	174	NOVOLIN INJ 70/30 FP .....	80
NITRILE GLOV MIS SMALL.....	174	NOVOLIN N .....	80
NITRILE GLOV MIS X-LARGE.....	174	NOVOLIN N FLEXPEN .....	80
NITRO-BID .....	61	NOVOLIN N RELION.....	80
<i>nitrofurantoin macrocrystal</i> .....	61	NOVOLIN R .....	80
<i>nitrofurantoin monohyd macro</i> .....	61	NOVOLIN R FLEXPEN .....	80
<i>nitroglycerin</i> .....	61	NOVOLIN R RELION.....	80
NIVA-FOL TAB .....	154	NOVOLIN70/30 INJ RELION .....	80
NIVA-PLUS TAB.....	206	NOVOLOG .....	80
NIVESTYM .....	164	NOVOLOG FLEXPEN .....	80
<i>nizatidine</i> .....	228	NOVOLOG FLEXPEN RELION .....	80
<i>nohist-dm</i> .....	128	NOVOLOG MIX INJ 70/30 .....	80
<i>nohist-lq</i> .....	128	NOVOLOG MIX INJ FLEX REL .....	80
<i>non-pseudo sinus deconges</i> .....	211	NOVOLOG MIX INJ FLEXPEN .....	80
NORDITROPIN FLEXPRO.....	156	NOVOLOG PENFILL.....	80
<i>noreth/ethin tab fe 1/20</i> .....	122	NOVOLOG RELI INJ 70/30 .....	80
<i>norethindrone &amp; ethinyl estradiol-fe</i>		NOVOLOG RELION.....	80
<i>chew tab 0.4 mg-35 mcg</i> .....	122	NOVOTWIST MIS 32GX5MM.....	179
<i>norethindrone &amp; ethinyl estradiol-fe</i>		NOXAFIL .....	87
<i>chew tab 0.8 mg-25 mcg</i> .....	122	<i>np thyroid 120</i> .....	227
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>np thyroid 15</i> .....	227
<i>tab 1 mg-20 mcg</i> .....	122	<i>np thyroid 30</i> .....	227
<i>norethindrone ace &amp; ethinyl estradiol</i>		<i>np thyroid 60</i> .....	227
<i>tab 1.5 mg-30 mcg</i> .....	122	<i>np thyroid 90</i> .....	227
<i>norethindrone ace-eth estradiol-fe</i>		NRF2 ACTIVAT CAP .....	194
<i>chew tab 1 mg-20 mcg (24)</i> .....	122	NUCALA .....	62
<i>norethindrone ace-ethinyl estradiol-fe</i>		NUCYNTA .....	53
<i>cap 1 mg-20 mcg (24)</i> .....	122	NUCYNTA ER .....	53
<i>norethindrone acetate</i> .....	223	NUEDEXTA CAP 20-10MG .....	226
<i>norethindrone ac-ethinyl estrad-fe tab</i>		<i>nufol</i> .....	165
<i>1-20/1-30/1-35 mg-mcg</i> .....	122	NU-GEL PAD 3.75X3.7 .....	151
NORGESIC TAB FORTE.....	209	NU-GEL PAD 6 .....	151
		<i>nu-iron 150</i> .....	165

NU-MAG TAB 71.5-119.....	189	<i>ofloxacin</i> .....	158
NUPLAZID .....	103	<i>ofloxacin (ophth)</i> .....	215
NURTEC .....	185	<i>ofloxacin (otic)</i> .....	218
NUTREN 1.5 LIQ UNFLAV.....	154	OGIVRI .....	100
NUTRIENT 45+ TAB WOMEN.....	202	OILATUM.....	147
NUTRIENT 50+ TAB MEN.....	202	<i>olanzapine</i> .....	104
NUTRIENTS TAB MEN.....	202	<i>olanzapine-fluoxetine hcl cap 12-25 mg</i> .....	224
NUTRIENTS TAB TEENS.....	202	<i>olanzapine-fluoxetine hcl cap 12-50 mg</i> .....	224
NUTRIENTS TAB WOMEN.....	202	<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> .....	224
<i>nutrifac zx</i> .....	202	<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> .....	224
NUTRITIONAL SUPPLEMENTS.....	154	<i>olanzapine-fluoxetine hcl cap 6-50 mg</i> .....	224
NUTROPIN AQ NUSPIN 10 .....	156	OLEIC ACID LIQ.....	222
NUTROPIN AQ NUSPIN 20 .....	156	OLIVE OIL .....	119
NUTROPIN AQ NUSPIN 5 .....	156	<i>olmesartan medoxomil</i> .....	94
NUVESSA .....	232	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 20-12.5 mg</i> .....	98
NUVIGIL.....	43	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-12.5 mg</i> .....	98
<i>nyamyc</i> .....	136	<i>olmesartan medoxomil-</i> <i>hydrochlorothiazide tab 40-25 mg</i> .98	
<i>nylia 1/35</i> .....	122	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 20-5-12.5</i> <i>mg</i> .....	98
<i>nylia 7/7/7</i> .....	122	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-12.5</i> <i>mg</i> .....	98
<i>nystatin</i> .....	87	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-10-25 mg</i> .....	98
<i>nystatin (mouth-throat)</i> .....	196	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-12.5</i> <i>mg</i> .....	98
<i>nystatin (topical)</i> .....	136	<i>olmesartan-amlodipine-</i> <i>hydrochlorothiazide tab 40-5-25 mg</i> .....	98
<i>nystatin-triamcinolone cream 100000-</i> <i>0.1 unit/gm-%</i> .....	136	<i>olopatadine hcl</i> .....	217
<i>nystatin-triamcinolone oint 100000-0.1</i> <i>unit/gm-%</i> .....	136	<i>olopatadine hcl (nasal)</i> .....	210
<i>nystop</i> .....	136	OLUMIANT.....	47
●		OLUX .....	140
OCALIVA .....	159	OLUX-E.....	140
<i>ocella</i> .....	122		
OCTACOSANOL TAB.....	194		
<i>octreotide acetate</i> .....	157		
OCUFLOX .....	215		
OCULAR TAB VITAMINS .....	202		
OCUSO EYELID PAD CLEANSNG .....	146		
OCUSOFT LID PAD ALLERGY .....	146		
OCUSOFT LID PAD ORIGINAL .....	146		
OCUSOFT LID PAD SCRUB PL.....	146		
<i>ocuvite eye health gummie</i> .....	202		
ODEFSEY TAB .....	109		
OFF ACTIVE.....	147		
OFF DEEP WOODS.....	147		
OFF DEEP WOODS SPORTSMEN .....	147		
OFF FAMILYCARE CLEAN FEEL.....	147		
OFF FAMILYCARE SMOOTH & D.....	147		
OFF FAMILYCARE TROPICAL F.....	147		
OFF FAMILYCARE UNSCENTED .....	147		

OMECLAMOX- MIS PAK .....	229	ONE-A-DAY TAB MENS.....	202
OMEGA 3/GRN CAP TEA/CLA.....	194	ONE-A-DAY TAB PROEDGE .....	202
OMEGA-3 CAP 1400MG .....	211	ONE-A-DAY TAB TEEN/HIM.....	202
<i>omega-3 fatty acids</i> .....	211	ONE-A-DAY TAB WOMENS .....	202
<i>omega-3-acid ethyl esters cap 1 gm</i> .90		<i>one-daily multi-vitamin/i</i> .....	199
<i>omeprazole</i> .....	229	<i>one-daily/iron</i> .....	199
<i>omeprazole magnesium</i> .....	229	<i>onelix</i> .....	170
<i>omeprazole-sodium bicarbonate cap</i>		<i>onelix fiber therapy</i> .....	168
20-1100 mg.....	229	ONEXTON GEL 1.2-3.75 .....	132
<i>omeprazole-sodium bicarbonate cap</i>		ONFI .....	66
40-1100 mg.....	229	ONGLYZA .....	78
<i>omeprazole-sodium bicarbonate powd</i>		ONTRUZANT .....	100
<i>pack for susp 20-1680 mg</i> .....	229	ONZETRA XSAIL.....	185
<i>omeprazole-sodium bicarbonate powd</i>		OPSUMIT .....	117
<i>pack for susp 40-1680 mg</i> .....	229	<i>optimal d3</i> .....	234
OMNARIS .....	210	OPURITY TAB.....	202
OMNICAP TAB.....	204	<i>opurity vitamin d</i> .....	234
OMNIPOD 5 G6 KIT INTRO .....	172	OPZELURA.....	141
OMNIPOD 5 G6 MIS PODS .....	172	<i>ora relief sore throat</i> .....	196
OMNIPOD DASH KIT INTRO .....	172	<i>oral electrolyte solution</i> .....	189
OMNIPOD DASH MIS PODS.....	172	<i>oral relief</i> .....	196
OMNIPOD MIS CLASSIC .....	172	ORAL SUSPEND LIQ.....	221
OMNIPOD PDM KIT CLASSIC.....	172	ORAL SYP FLAVORED .....	221
OMNITROPE.....	157	ORAL SYP SF .....	221
ON/GO COVID KIT ANTIGEN .....	153	ORALAIR SUB 300 IR.....	44
ON/GO ONE KIT COVID-19 .....	153	<i>oralone dental paste</i> .....	196
ONCOVITE TAB .....	202	<i>oralseptic</i> .....	196
<i>ondansetron</i> .....	86	ORANGE CONC LIQ.....	220
<i>ondansetron hcl</i> .....	86	ORANGE LIQ FLAVOR.....	220
ONE A DAY MIS PRENATAL .....	206	ORANGE OIL.....	119
ONE A DAY PAK PRENATAL .....	206	ORANGE OIL FLORIDA .....	119
ONE DAILY MN TAB W/O IRON.....	202	ORAPENN SD LIQ SWEET .....	221
ONE DAILY MV TAB WOMENS .....	202	ORAPENN SD LIQ UNSWEET .....	221
ONE DAILY TAB ESSENTL .....	204	ORA-PLUS LIQ .....	221
ONE DAILY TAB MENS.....	202	ORA-SWEET SF SYP.....	221
ONE DAILY TAB MENS 50+ .....	202	ORA-SWEET SYP .....	221
ONE DAILY TAB WMNS 50+ .....	202	<i>orazinc</i> .....	191
ONE DAILY TAB WOMENS.....	202	ORENCIA.....	49
ONE STEP PERINEAL.....	147	ORENCIA CLICKJECT .....	49
ONE VITE TAB 27-0.8MG.....	206	ORENITRAM.....	116
ONE-A-DAY CHW VITACRAV .....	204	ORLADEYO .....	162
ONE-A-DAY TAB 50+ ADV .....	202	<i>orphenadrine citrate</i> .....	209
ONE-A-DAY TAB 50+ MENS .....	202	ORTHODIET TAB .....	194
ONE-A-DAY TAB 50+ WMN .....	202	ORTIKOS.....	124
ONE-A-DAY TAB 65+ .....	202	<i>os-cal calcium + d3</i> .....	188
ONE-A-DAY TAB ENERGY.....	202	<i>os-cal extra d3</i> .....	188
ONE-A-DAY TAB MENOPAUS .....	202	<i>oseltamivir phosphate</i> .....	112

OSENI TAB 12.5-15 .....	75	<i>oyster shell calcium + d3</i> .....	188
OSENI TAB 12.5-30 .....	75	<i>oyster shell calcium 250+</i> .....	188
OSENI TAB 12.5-45 .....	75	<i>oyster shell calcium 500+</i> .....	188
OSENI TAB 25-15MG .....	75	<i>oyster shell calcium plus</i> .....	188
OSENI TAB 25-30MG .....	75	<i>oyster shell calcium/d3</i> .....	188
OSENI TAB 25-45MG .....	75	<i>oyster shell calcium/vita</i> .....	188
OSPHENA .....	157	OZEMPIC.....	78
OSTEO BI-FLX TAB 5-LOXIN .....	194	OZEMPIC INJ 8MG/3ML .....	78
OSTEO BI-FLX TAB ADVANCED .....	194	<b>P</b>	
OSTEO BI-FLX TAB TRIPLE .....	194	<i>pacerone</i> .....	62
OSTEOPRIME TAB PLUS .....	202	PADDED HAND PAD 12 .....	151
OTC ANTIGENT KIT 1-PACK .....	153	PADDED HAND PAD CHLD 8X8.....	151
OTC ANTIGENT KIT 2-PACK .....	153	<i>pain relief extra strengt</i> .....	51
OTEZLA.....	49	<i>pain reliever</i> .....	51
OTEZLA TAB 10/20/30 .....	49	<i>pain reliever/fever reduc</i> .....	51
OTREXUP .....	47	<i>pain relieving cream</i> .....	143
OUST DEMODEX PAD CLEANSER ....	147	<i>pain relieving/lidocaine</i> .....	144
OVACE PLUS .....	137	<i>paladin</i> .....	141
OVACE PLUS WASH .....	137	PALFORZIA CAP ESCALAT.....	44
OVACE WASH .....	137	PALFORZIA CAP LEVEL 10 .....	44
<i>oxaprozin</i> .....	49	PALFORZIA CAP LEVEL 3 .....	44
OXAYDO.....	53	PALFORZIA CAP LEVEL 7 .....	44
<i>oxcarbazepine</i> .....	68	PALFORZIA CAP LEVEL 8 .....	44
<i>oxiconazole nitrate</i> .....	136	PALFORZIA LEVEL 1 .....	44
OXISTAT .....	136	PALFORZIA LEVEL 11 (MAINT .....	44
OXTELLAR XR .....	68	PALFORZIA LEVEL 11 (TITRA .....	44
<i>oxybutynin chloride</i> .....	230	PALFORZIA LEVEL 2 .....	44
<i>oxycodone hcl</i> .....	53, 54	PALFORZIA LEVEL 4 .....	44
<i>oxycodone w/ acetaminophen soln 5-</i> <i>325 mg/5ml</i> .....	55	PALFORZIA LEVEL 5 .....	44
<i>oxycodone w/ acetaminophen tab 10-</i> <i>325 mg</i> .....	55	PALFORZIA LEVEL 6 .....	44
<i>oxycodone w/ acetaminophen tab 2.5-</i> <i>325 mg</i> .....	55	PALFORZIA LEVEL 9 .....	44
<i>oxycodone w/ acetaminophen tab 5-</i> <i>325 mg</i> .....	55	<i>paliperidone</i> .....	103
<i>oxycodone w/ acetaminophen tab 7.5-</i> <i>325 mg</i> .....	55	<i>palonosetron hcl</i> .....	86
OXYCONTIN.....	54	PALONOSETRON HYDROCHLORID ....	86
<i>oxymorphone hcl</i> .....	54	<i>panadol extra</i> .....	50
OXYTROL .....	230	<i>pan-c 500/bioflavonoids</i> .....	199
OXYTROL FOR WOMEN.....	230	PANCREAZE CAP 10500UNT.....	155
OYS SHELL CA TAB 500 + D .....	188	PANCREAZE CAP 16800UNT.....	155
<i>oysco 500+d</i> .....	188	PANCREAZE CAP 21000UNT.....	155
OYST SHELL/D TAB 500MG.....	188	PANCREAZE CAP 2600UNIT .....	155
<i>oyster calcium/d3</i> .....	188	PANCREAZE CAP 37000 .....	155
<i>oyster shell</i> .....	188	PANCREAZE CAP 4200UNIT .....	155
		PANDA MASK MIS LARGE .....	183
		PANDA MASK MIS MEDIUM.....	183
		PANDA MASK MIS PEDIATRI .....	183
		PANDA MASK MIS SMALL .....	184
		PANDEL .....	140

PANTETHINE TAB PLUS .....	194	<i>peg-3350/electrolytes/asc</i> .....	168
<i>pantoprazole sodium</i> .....	229	PEGASYS.....	111
PARAFFIN MIS .....	222	PEN NEEDLE MIS 29GX3/16 .....	179
PARAFFIN MIS BEADS .....	222	PEN NEEDLE MIS 29GX5/16 .....	179
PARA-GARD CAP .....	194	PEN NEEDLES MIS 29GX10MM.....	179
PARAGARD IUD T380A.....	123	PEN NEEDLES MIS 29GX12.7.....	179
<i>paraplatin</i> .....	100	PEN NEEDLES MIS 29GX12MM.....	179
PARENTERAL THERAPY SUPPLIES ...	179	PEN NEEDLES MIS 30GX3/16.....	179
PARI EXPIRAT MIS FILTER.....	184	PEN NEEDLES MIS 30GX5/16.....	179
PARI MANUAL MIS INTERRUPT.....	184	PEN NEEDLES MIS 30GX5MM.....	179
PARI MASK MIS SIZE 3 .....	184	PEN NEEDLES MIS 31GX5MM.....	179
PARI PLASTIC MIS MASK.....	184	PEN NEEDLES MIS 31GX6MM.....	179
PARI PLASTIC MIS MASK PED .....	184	PEN NEEDLES MIS 31GX8MM.....	179
PARI TREK S KIT COMBO .....	184	PEN NEEDLES MIS 32GX4MM.....	180
<i>paromomycin sulfate</i> .....	46	PEN NEEDLES MIS 32GX6MM.....	180
<i>paroxetine hcl</i> .....	71	PEN NEEDLES MIS 32GX8MM.....	180
<i>paroxetine mesylate (vasomotor)</i> ...	226	PEN NEEDLES MIS 33GX5MM.....	180
PARVLEX TAB.....	202	PEN NEEDLES MIS 33GX6MM.....	180
PATADAY.....	217	<i>penicillamine</i> .....	191
PATADAY EXTRA STRENGTH .....	217	<i>penicillin v potassium</i> .....	219
PATANASE .....	210	PENNSAID .....	134
PATIENT SAFE MIS SYR 30ML .....	179	PENTACEL INJ.....	228
PAXIL .....	71	<i>pentamidine isethionate</i> .....	60
PAXIL CR.....	71	PENTASA.....	160
<i>pc pediatric iron drops</i> .....	165	<i>pentazocine w/ naloxone hcl tab 50-0.5</i> <i>mg</i> .....	56
PEACH FLAVOR LIQ .....	220	<i>pentoxifylline</i> .....	162
PEAK FLOW METER.....	184	PEPCID .....	228
PEANUT BUTTR LIQ FLAVOR .....	220	PEPPERMINT LIQ BURST OS .....	220
PEANUT BUTTR OIL FLAVOR .....	220	PEPPERMINT OIL.....	119
PEANUT OIL.....	119	PERCOCET TAB 10-325MG.....	56
PED POLY-VIT DRO.....	206	PERCOCET TAB 2.5-325 .....	55
PEDIA-LAX .....	169	PERCOCET TAB 5-325MG .....	55
PEDIA-LAX CHW YUMS.....	83	PERCOCET TAB 7.5-325 .....	56
PEDIARIX INJ 0.5ML .....	227	PERFOROMIST .....	64
PEDIASUR 1.0 LIQ PEPTIDE.....	154	PERICLEAN LIQ.....	147
PEDIASUR 1.5 LIQ PEPTIDE.....	154	<i>perindopril erbumine</i> .....	93
PEDIASUR 1.5 LIQ W/FIBER .....	154	PERINEAL SKIN CLEANSER.....	147
PEDIASURE LIQ ENTERAL.....	154	<i>periscent</i> .....	147
PEDIASURE LIQ HARVEST .....	154	<i>perishield</i> .....	147
PEDIASURE LIQ W/FIBER .....	154	<i>permethrin</i> .....	148
<i>pediatric enema</i> .....	169	<i>perphenazine</i> .....	105
PEDVAX HIB .....	231	<i>perphenazine-amitriptyline tab 2-10</i> <i>mg</i> .....	224
PEG 3350 POW .....	222	<i>perphenazine-amitriptyline tab 2-25</i> <i>mg</i> .....	224
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i> .....	168		
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> .....	168		

<i>perphenazine-amitriptyline tab 4-10</i>		<i>phenylephrine-apap-gg tab 5-325-200</i>	
<i>mg</i> .....	224	<i>mg</i> .....	128
<i>perphenazine-amitriptyline tab 4-25</i>		<i>phenylephrine-brompheniramine-dm</i>	
<i>mg</i> .....	224	<i>liquid 2.5-1-5 mg/5ml</i> .....	128
<i>perphenazine-amitriptyline tab 4-50</i>		<i>phenylephrine-cocoa butter suppos</i>	
<i>mg</i> .....	224	<i>0.25-88.44%</i> .....	58
PERRY PRENAT CAP .....	206	<i>phenylephrine-dm-gg w/ apap tab 5-</i>	
PERSERIS.....	103	<i>10-200-325 mg</i> .....	128
PERTZYE CAP 16000U .....	155	PHENYTEK.....	69
PERTZYE CAP 24000U .....	155	<i>phenytoin</i> .....	69
PERTZYE CAP 4000UNIT.....	155	<i>phenytoin infatabs</i> .....	69
PERTZYE CAP 8000UNIT.....	155	<i>phenytoin sodium extended</i> .....	69
PETADOLEX 50.....	194	<i>philith</i> .....	122
PETADOLEX 75.....	194	PHILLIPS MILK OF MAGNESIA.....	169
PETROL JELLY OIN LIP TRTM.....	147	<i>phillips stool softener</i> .....	171
PETROLATUM.....	222	PHOSLYRA.....	161
<i>petrolatum gel</i> .....	222	<i>phospha 250 neutral</i> .....	190
PETROLATUM OIN WHITE .....	222	PHOSPHOLINE IODIDE.....	214
PETROLATUM OIN YELLOW .....	222	<i>phospho-trin 250 neutral</i> .....	190
PETROLEUM OIN BABY .....	222	<i>phospho-trin k500</i> .....	190
PETROLEUM OIN JELLY .....	222	PHYTOCILLIN CAP .....	194
PEXEVA.....	71	PHYTOMULTI TAB.....	202
PFIZER-BIONTECH COVID-19 .....	231	<i>phytonadione</i> .....	234
PFLEX MIS.....	184	PIFELTRO .....	109
PFT FILTER MIS 1000.....	184	PILLOW MASK MIS ADULT .....	184
PFT FILTER MIS 2000.....	184	PILLOW MASK MIS CHILD .....	184
PFT FILTER MIS 3000.....	184	PILLOW MASK MIS PEDIATRI.....	184
PFT FILTER MIS 4000.....	184	<i>pilocarpine hcl</i> .....	214
PFT FILTER MIS 5000.....	184	<i>pimecrolimus</i> .....	142
PFT FILTER MIS 6000.....	184	<i>pimozide</i> .....	226
PFT FILTER MIS 7000.....	184	<i>pimtrea</i> .....	122
<i>pharbedryl</i> .....	88	PINA COLADA LIQ FLAVOR .....	220
<i>pharbinex</i> .....	130	<i>pindolol</i> .....	113
PHARM TRAY MIS 1ML/REG .....	180	PINE NEEDLE OIL .....	118
<i>pharmacist choice d-vitam</i> .....	234	PINE TAR LIQ .....	119
PHENAGIL CH TAB.....	128	PINEAPPLE LIQ FLAVOR .....	220
<i>phenaseptic</i> .....	196	<i>pink bismuth maximum stre</i> .....	83
<i>phenazopyridine hcl</i> .....	162	<i>pinxav</i> .....	141
<i>phenelzine sulfate</i> .....	70	<i>pioglitazone hcl</i> .....	80
PHENERGAN .....	90	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>phenobarbital</i> .....	166	<i>mg</i> .....	75
<i>phenylephrine hcl (oral)</i> .....	211	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>phenylephrine hcl nasal soln 1%</i> ....	211	<i>mg</i> .....	75
<i>phenylephrine w/ acetaminophen tab</i>		<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>5-325 mg</i> .....	128	<i>500 mg</i> .....	75
<i>phenylephrine w/ dm-gg liqd 5-10-100</i>		<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>mg/5ml</i> .....	128	<i>850 mg</i> .....	75

<i>pirmella 1/35</i> .....	122	<i>potassium citrate (alkalinizer)</i> .....	161
<i>pirmella 7/7/7</i> .....	122	<i>povidone-iodine</i> .....	106
<i>piroxicam</i> .....	49	PRADAXA .....	66
PLAVIX.....	163	PRALUENT .....	92
PLEGRIDY.....	225	<i>pramipexole dihydrochloride</i> .....	102
PLEGRIDY INJ STARTER .....	225	<i>pramoxine hcl (rectal)</i> .....	58
PLEGRIDY PEN INJ STARTER.....	225	<i>prasugrel hcl</i> .....	163
PMS FORMULA TAB INDOLPLX .....	194	<i>pravastatin sodium</i> .....	92
PNEUMOVAX 23 .....	231	<i>prazosin hcl</i> .....	94
<i>podofilox</i> .....	143	PREB-2 PAK.....	83
<i>poly bacitracin</i> .....	134	PRECISIONGLI MIS 27GX1.5 .....	180
POLY GLYCOL GRA 3350 .....	222	PRECOSE .....	73
POLY HUB MIS 23GX1.5 .....	180	PRED FORTE.....	216
POLY HUB MIS 27GX1.25 .....	180	PRED MILD.....	216
POLY HUB MIS 27GX1/2.....	180	PRED-G S.O.P OIN OP.....	216
POLY HUB MIS 30GX1/2.....	180	PRED-G SUS OP .....	216
<i>polycin</i> .....	215	<i>prednicarbate</i> .....	140
<i>polyethylene glycol 3350</i> .....	169	<i>prednisolone</i> .....	124
<i>polyethylene glycol 3350 oral powder</i> <i>17 gm/scoop</i> .....	169	<i>prednisolone acetate (ophth)</i> .....	216
<i>polyethylene glycol-propylene glycol</i> <i>ophth soln 0.4-0.3%</i> .....	213	PREDNISOLONE SODIUM PHOSP....	216
<i>poly-iron 150</i> .....	166	<i>prednisolone sodium phosphate</i> ....	124
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i> .....	215	<i>prednisone</i> .....	124
<i>polysaccharide iron complex</i> .....	166	PREDNISONE INTENSOL .....	124
POLYSORBATE LIQ 60.....	119	<i>pregabalin</i> .....	68
POLYTRIM SOL OP.....	215	<i>pregabalin (once-daily)</i> .....	226
POLY-TUSSIN LIQ 10-4-10 .....	128	PREMARIN.....	233
<i>polyvinyl alcohol</i> .....	213	PRENAT MULTI CAP +DHA .....	206
POLY-VI-SOL SOL 50MG/ML.....	206	PRENATABS FA TAB 29-1MG.....	206
POLY-VI-SOL SOL IRON .....	205	<i>prenatabs rx</i> .....	206
POLY-VITA DRO .....	206	<i>prenatal 19</i> .....	206
POLY-VITE DRO .....	206	PRENATAL 19 TAB .....	207
POLY-VITE SOL 50MG/ML .....	206	PRENATAL CAP FORMULA .....	207
POLY-VITE SOL IRON.....	205	PRENATAL FRM TAB A-FREE.....	207
PONVORY .....	225	PRENATAL MUL CAP +DHA .....	207
PONVORY TAB STARTER.....	225	PRENATAL MV MIS + DHA .....	207
<i>portia-28 tab</i> .....	122	PRENATAL ONE TAB DAILY .....	207
<i>posaconazole</i> .....	87	PRENATAL TAB.....	207
<i>potassium &amp; sodium phosphates</i> <i>powder pack 280-160-250 mg</i> ....	190	PRENATAL TAB 27-0.8MG.....	207
<i>potassium chloride</i> .....	190	PRENATAL TAB 27-1MG.....	207
<i>potassium chloride microencapsulated</i> <i>crystals er</i> .....	191	PRENATAL TAB 28-0.8MG.....	207
<i>potassium citrate &amp; citric acid soln</i> <i>1100-334 mg/5ml</i> .....	161	PRENATAL TAB COMPLETE.....	207
		PRENATAL TAB FORTE .....	207
		PRENATAL TAB IRON .....	207
		PRENATAL TAB MULTIVIT .....	207
		PRENATAL TAB PLUS .....	207
		PRENATAL VIT TAB 28-0.8MG .....	207
		PRENATAL VIT TAB MINERALS .....	207

PRENATAL/FE TAB .....	207	PROBIOTIC LIQ NEWBORN .....	83
PRENATAL+DHA MIS .....	207	<i>probiotic packets childre</i> .....	83
PRENATAL+DHA MIS WOMENS .....	207	PROBIOTIC TAB .....	83
PRENATAL-U CAP 106.5-1 .....	207	PROBIOTIC TAB 2 IN 1 .....	83
PRENATL MULT CAP + DHA.....	207	PROBIOTIC TAB ENZYME.....	83
PRENTAT MULT CAP PLUS DHA.....	207	PROBIOTIC TAB TRIPLE .....	84
<i>preparation h</i> .....	58	<i>probiotic/prebiotic</i> .....	85
<i>preparation pad h</i> .....	147	<i>probiotic-10 chewable</i> .....	84
<i>pres gen</i> .....	128	PRO-CAL TAB.....	202
PRESERVISION TAB AREDS .....	202	PROCARDIA XL .....	115
PREVACID .....	229	PROCARE MIS ADULT .....	184
PREVACID 24HR.....	229	PROCARE MIS CHILD .....	184
PREVACID SOLUTAB .....	229	<i>procentra</i> .....	42
<i>prevalite</i> .....	91	PROCERV HP TAB.....	202
PREVNAR 13 INJ .....	231	<i>prochlorperazine</i> .....	105
PREVNAR 20 INJ .....	231	<i>prochlorperazine edisylate</i> .....	105
PREZCOBIX TAB 800-150 .....	109	<i>prochlorperazine maleate</i> .....	105
PREZISTA.....	109	PROCRIT .....	164
PRILOSEC.....	229	PROCTOCORT .....	58
PRIMACOL DRE PAD 4.....	151	<i>procto-med hc</i> .....	58
PRIMACOL DRE PAD 6.....	151	<i>proctosol hc</i> .....	58
PRIMACOL DRS PAD 2.....	151	<i>proctozone-hc</i> .....	58
PRIMACOL DRS PAD 4.....	151	<i>progesterone</i> .....	223
PRIMACOL DRS PAD 6.....	151	PROLENSA.....	217
PRIMACOL DRS PAD 8.....	151	<i>promethazine &amp; phenylephrine syrup</i>	
PRIMACOL PAD DRESSING .....	151	6.25-5 mg/5ml .....	128
<i>primadophilus</i> .....	83	<i>promethazine hcl</i> .....	90
<i>primidone</i> .....	68	<i>promethazine vc</i> .....	128
PRIORIX INJ .....	232	<i>promethazine vc/codeine</i> .....	128
PRISTIQ .....	72	<i>promethazine w/ codeine syrup 6.25-</i>	
PRO CUT CAP.....	194	10 mg/5ml .....	128
PRO NUTRIENT TAB FRU/VEG .....	194	<i>promethazine-dm syrup 6.25-15</i>	
PROAIR DIGIHALER .....	64	mg/5ml.....	128
PROAIR HFA .....	65	<i>promethazine-phenylephrine-codeine</i>	
PROAIR RESPICLICK .....	65	<i>syrup 6.25-5-10 mg/5ml</i> .....	128
<i>probenecid</i> .....	162	<i>promethegan</i> .....	90
<i>probiata</i> .....	83	PROMETRIUM .....	223
<i>probiotic acidophilus</i> .....	83	<i>pronutrients coq10</i> .....	44
PROBIOTIC CAP .....	83	<i>propafenone hcl</i> .....	62
PROBIOTIC CAP PEARLS.....	83	<i>proparacaine hcl</i> .....	216
<i>probiotic chewable childr</i> .....	83	<i>propranolol hcl</i> .....	113
<i>probiotic choclate bears</i> .....	83	<i>propylthiouracil</i> .....	227
PROBIOTIC DRO COLIC.....	83	PROQUAD INJ .....	232
<i>probiotic formula</i> .....	85	PRORENAL +D TAB.....	202
<i>probiotic gold extra stre</i> .....	83	PRORENAL+D TAB.....	202
<i>probiotic gummies</i> .....	83	PROSCAR .....	161
PROBIOTIC LIQ 15 DAY.....	83	PROSHIELD PLUS SKIN PROTE.....	147



PROSHIELD SPR CLEANSER .....	147	PX GLUCOSE CHW SOUR APL.....	77
PROSTATE CAP COMPLEX .....	194	PX GLUCOSE CHW TROP FRU.....	78
<i>prostate control</i> .....	194	<i>px glycerin</i> .....	169
PROSTATE TAB HEALTH .....	195	<i>px hemorrhoidal</i> .....	58
PROSTEON TAB.....	190	<i>px ibuprofen cold &amp; sinus</i> .....	129
PROTECTOR 14 MIS PHASEAL.....	180	<i>px iron</i> .....	166
PROTECTOR 21 MIS PHASEAL.....	180	<i>px nighttime cold</i> .....	129
PROTECTOR 28 MIS PHASEAL.....	180	<i>px nitetime cold/flu reli</i> .....	129
PROTECTOR 50 MIS PHASEAL.....	180	PX PRENATAL TAB MULTIVIT .....	207
PROTONIX.....	229	<i>px sterile eye drops</i> .....	215
PROTOPIC .....	142	<i>px stomach relief</i> .....	84
PROVELLA TAB.....	84	<i>px stomach relief maximum</i> .....	84
PROVENTIL HFA .....	65	<i>px triple ointment</i> .....	134
PROVERA .....	223	<i>px tussin max</i> .....	125
PROVIGIL.....	43	<i>px vitamin e</i> .....	235
PROVIT TAB.....	202	PYLERA CAP.....	229
PROZAC .....	71	<i>pyridostigmine bromide</i> .....	100
<i>pseudoephed-bromphen-dm syrup 30-</i>		<i>pyridoxine hcl</i> .....	236
<i>2-10 mg/5ml</i> .....	128	<b>Q</b>	
<i>pseudoephedrine hcl</i> .....	211	QBRELIS .....	93
<i>pseudoephedrine hcl tab 30 mg</i> .....	211	<i>qc 3 day vaginal cream</i> .....	232
<i>pseudoephedrine hcl tab er 12hr 120</i>		<i>qc acid controller</i> .....	228
<i>mg</i> .....	211	<i>qc acid controller maximu</i> .....	228
<i>pseudoephedrine-guaifenesin tab er</i>		<i>qc all day allergy</i> .....	89
<i>12hr 60-600 mg</i> .....	128	<i>qc allergy relief</i> .....	210
<i>psyllium</i> .....	168	<i>qc antacid extra strength</i> .....	59
PULMICORT .....	63	<i>qc antacid ultra strength</i> .....	59
PULMICORT FLEXHALER .....	63	<i>qc anti-diarrheal</i> .....	85
PULMOZYME .....	226	<i>qc anti-itch extra streng</i> .....	136
PURE & GENTLE LUBRICANT .....	213	<i>qc anti-itch intensive he</i> .....	140
<i>pure calcium carbonate</i> .....	188	<i>qc anti-itch/aloe</i> .....	140
PURE COMFORT MIS SPACER.....	184	<i>qc artificial tears</i> .....	213
<i>pureway-c</i> .....	236	<i>qc bacitracin</i> .....	134
<i>px allergy sinus pe</i> .....	128	<i>qc c with rose hips</i> .....	236
<i>px antacid maximum streng</i> .....	59	<i>qc childrens allergy</i> .....	89
<i>px b-50</i> .....	209	<i>qc childrens chewable com</i> .....	205
PX CALAMINE LOT .....	147	<i>qc childrens chewable vit</i> .....	205, 206
<i>px calcium&amp;d</i> .....	188	<i>qc clotrimazole</i> .....	232
<i>px childrens vitamin</i> .....	205	<i>qc cod liver oil</i> .....	208
<i>px cold relief multi-symp</i> .....	129	<i>qc cough &amp; cold hbp</i> .....	129
<i>px daytime cold</i> .....	129	<i>qc cough drops</i> .....	196
<i>px dibromm cold/allergy c</i> .....	129	<i>qc cough relief</i> .....	125
<i>px enteric aspirin</i> .....	51	<i>qc daily multivitamins/ir</i> .....	199
<i>px fiber</i> .....	168	<i>qc diclofenac sodiium</i> .....	134
PX GLUCOSE CHW FRUIT .....	77	<i>qc enema</i> .....	169
PX GLUCOSE CHW ORANGE.....	77	<i>qc esomeprazole magnesium</i> .....	229
PX GLUCOSE CHW RASPBERRY .....	77	<i>qc eye drops</i> .....	215

<i>qc fiber laxative</i> .....	168	QUESTRAN LIGHT .....	91
<i>qc fiber therapy</i> .....	168	<i>quetiapine fumarate</i> .....	104
<i>qc gentle laxative</i> .....	170	QUFLORA PED DRO 0.25MG.....	205
<i>qc heartburn antacid</i> .....	58	QUICKVUE HOM KIT COVID-19 .....	153
<i>qc hemorrhoidal maximum f</i> .....	58	QUILLICHEW ER.....	44
<i>qc hemorrhoidal/aloe</i> .....	58	QUILLIVANT XR .....	44
<i>qc ibuprofen</i> .....	49	<i>quin b strong b-25</i> .....	198
<i>qc ibuprofen cold/sinus</i> .....	129	QUIN B TAB STRONG.....	202
<i>qc magnesium</i> .....	59	<i>quinapril hcl</i> .....	93
<i>qc medifin 400</i> .....	130	<i>quinapril-hydrochlorothiazide tab 10-</i> <i>12.5 mg</i> .....	98
<i>qc melatonin maximum stre</i> .....	45	<i>quinapril-hydrochlorothiazide tab 20-</i> <i>12.5 mg</i> .....	98
<i>qc miconazole 7</i> .....	232	<i>quinapril-hydrochlorothiazide tab 20-25</i> <i>mg</i> .....	98
<i>qc mineral oil heavy</i> .....	169	<i>quinine sulfate</i> .....	99
<i>qc mucus relief er 12 hou</i> .....	130	QUINTABS TAB .....	204
<i>qc mucus relief maximum s</i> .....	130	QUINTABS-M TAB.....	202
QC MULTI-VIT TAB .....	202	QULIPTA .....	185
<i>qc muscle rub</i> .....	143	QUTENZA KIT 8% 1-PCH.....	144
<i>qc natural vegetable</i> .....	168	QUTENZA KIT 8% 2-PCH.....	144
<i>qc nicotine transdermal s</i> .....	226	QUTENZA KIT 8% 4-PCH.....	144
<i>qc nightttime multi-sympto</i> .....	129	QUVIVIQ .....	167
<i>qc pain relieving/lidocai</i> .....	144	QVAR REDIHALER .....	63
<i>qc pink bismuth</i> .....	84	<b>R</b>	
<i>qc povidone iodine</i> .....	106	<i>ra allergy cream</i> .....	136
QC PRENATAL TAB 28-0.8MG.....	207	<i>ra anorectal</i> .....	58
<i>qc stomach relief</i> .....	84	<i>ra antacid ultra strength</i> .....	59
<i>qc stool softener</i> .....	171	<i>ra antibiotic + pain reli</i> .....	134
QC SWEET OIL.....	119	<i>ra antibiotic plus</i> .....	134
<i>qc triple antibiotic</i> .....	134	<i>ra antibiotic/pain relief</i> .....	135
<i>qc triple antibiotic maxi</i> .....	134	<i>ra anti-itch &amp; skin prote</i> .....	136
<i>qc vitamin b1</i> .....	236	<i>ra antiseptic</i> .....	106
<i>qc vitamin b12</i> .....	163	<i>ra artificial tears eye c</i> .....	213
<i>qc vitamin b6</i> .....	236	<i>ra aspirin ec</i> .....	51
<i>qc vitamin c</i> .....	236	<i>ra balanced b-100</i> .....	198
<i>qc vitamin d3</i> .....	235	<i>ra balanced b-50</i> .....	198
<i>qc vitamin e</i> .....	235	<i>ra b-complex</i> .....	197
<i>qc zinc</i> .....	191	<i>ra b-complex with b-12</i> .....	197
<i>qc zinc oxide</i> .....	147	RA CALAMINE SUS 8-8%.....	147
QELBREE.....	42	<i>ra calcium 600 plus vitam</i> .....	188
QNASL .....	210	<i>ra calcium citrate plus v</i> .....	188
QNASL CHILDRENS .....	210	<i>ra calcium citrate/vitami</i> .....	188
<i>q-sorb co q-10</i> .....	45	<i>ra calcium high potency</i> .....	188
QTERN TAB 10-5MG .....	75	<i>ra calcium plus vitamin d</i> .....	188
QTERN TAB 5-5MG .....	75	<i>ra chewable vitamins comp</i> .....	205
QUADRACEL INJ.....	228	<i>ra cod liver oil</i> .....	208
QUADRACEL INJ 0.5ML .....	228		
QUDEXY XR .....	68		
QUESTRAN .....	91		

<i>ra coenzyme q-10</i> .....	45	<i>ra tension headache pain</i> .....	50
<i>ra col-rite</i> .....	171	<i>ra triple antibiotic</i> .....	135
<i>ra cough dm</i> .....	125	<i>ra tussin chest congestio</i> .....	130
<i>ra cough drops</i> .....	196	<i>ra tussin cough &amp; cold mu</i> .....	129
<i>ra digestive health</i> .....	84	<i>ra tussin cough/chest con</i> .....	129
RA EAR CARE TAB .....	208	<i>ra vitamin a</i> .....	235
RA ESTROPLUS TAB MAX STRE .....	195	<i>ra vitamin b-1</i> .....	236
RA EYELID PAD WIPES.....	147	<i>ra vitamin b-12</i> .....	163
<i>ra fast relief laxative</i> .....	170	<i>ra vitamin b-12 tr</i> .....	163
RA GLUCOSAMI CAP CHONDROI .....	45	<i>ra vitamin b-6</i> .....	236
<i>ra glucosamine/chondroitin</i> .....	45	<i>ra vitamin c</i> .....	236
RA GLUCOSE CHW GRAPE .....	78	<i>ra vitamin c/acerola</i> .....	236
RA GLUCOSE CHW ORANGE.....	78	<i>ra vitamin c/rose hips</i> .....	236
RA GLUCOSE CHW RASPBERRY.....	78	<i>ra vitamin d-3</i> .....	235
RA GLUCOSE CHW TROP FRT .....	78	<i>ra zinc</i> .....	191
<i>ra glycerin child</i> .....	169	<i>rabeprazole sodium</i> .....	229
<i>ra hemorrhoidal</i> .....	58	<i>radiance platinum vitamin</i> .....	235
<i>ra hemorrhoidal medicated</i> .....	147	<i>raloxifene hcl</i> .....	157
<i>ra hi cal</i> .....	188	<i>ramelteon</i> .....	167
<i>ra high potency iron</i> .....	166	<i>ramipril</i> .....	93
<i>ra hot &amp; cold pain reliev</i> .....	143	RANGER READY REPELLENT.....	147
<i>ra ibu-profen cold/sinus</i> .....	129	<i>ranolazine</i> .....	61
<i>ra iron</i> .....	166	RAPAFLO .....	161
RA ISOPROPYL ALCOHOL WIPE .....	147	RASPBERRY LIQ FLAVOR .....	220
<i>ra laxative</i> .....	170	RASPBERRY LIQ OS .....	220
<i>ra lice treatment</i> .....	148	RASPBERRY SYP.....	221
<i>ra l-lysine</i> .....	212	RASUVO.....	47
<i>ra lubricant eye drops</i> .....	213	RAYOS .....	124
<i>ra magnesium</i> .....	189	RAZADYNE ER.....	224
<i>ra melatonin</i> .....	45	REAL FOOD LIQ BLENDS .....	154
RA MELATONIN TAB 3MG .....	46	REAL FOOD LIQ MINI.....	154
<i>ra mineral oil</i> .....	169	REBIF .....	225
<i>ra mucus relief</i> .....	130	REBIF REBIDO INJ TITRATN .....	225
<i>ra mucus relief d</i> .....	129	REBIF REBIDOSE .....	225
<i>ra mucus relief dm</i> .....	129	REBIF TITRTN INJ PACK .....	225
<i>ra multihealth fiber supp</i> .....	168	<i>recharge</i> .....	195
<i>ra multi-symptom cold rel</i> .....	129	<i>reclipsen</i> .....	122
<i>ra niacin</i> .....	236	RECOMBIVAX HB.....	232
<i>ra pain relief</i> .....	144	<i>rectasmoothe</i> .....	58
RA PETROLEUM OIN .....	223	RED WINE EXT CAP PLUS .....	195
RA PRENATAL TAB 28-0.8MG .....	207	REDITREX .....	47
RA PRENATAL TAB FORMULA .....	207	<i>redness reliever eye drop</i> .....	215
<i>ra probiotic gummies</i> .....	84	<i>refenesen 400</i> .....	130
<i>ra saline enema</i> .....	169	REFEX CAP .....	195
<i>ra sinus pressure/congest</i> .....	211	<i>refresh celluvisc</i> .....	213
<i>ra slow release iron</i> .....	166	REFRESH DRO OP .....	213
<i>ra suphedrine pe</i> .....	129	REFRESH DRO RELIEVA .....	213

REFRESH GEL OPTIVE .....	213	REPEL SPORTSMEN MAX .....	147
<i>refresh lacr oin op</i> .....	213	REPHRESH CAP PRO-B .....	84
REFRESH OPT SOL MEGA-3 .....	213	REPLACEMENT MIS FILTER .....	184
REFRESH OPTI DRO 0.5-0.9% .....	213	REPLICA THIN PAD 2 .....	151
REFRESH SOL DIGITAL .....	213	REPLICA THIN PAD 3.5 .....	151
REFRESH SOL OPTIVE.....	213	REPLICA THIN PAD 6 .....	151
<i>refreshing aloe</i> .....	142	REPLICA ULTR PAD 4 .....	152
REGLAN .....	159	REPLICA ULTR PAD 6 .....	152
<i>reguloid</i> .....	168	REPLICA ULTR PAD SAC 7X8.....	152
RĒGULOID.....	168	REPLICARE PAD 1.5X2.5 .....	152
REJUVAFLOR CAP .....	84	REPLICARE PAD 4 .....	152
RELAFEN DS .....	49	REPLICARE PAD 6 .....	152
RELAX & TAB SLEEP .....	195	REPLICARE PAD 8 .....	152
<i>relaxation</i>		<i>requa activated charcoal</i> .....	85
and <i>rest</i> .....	195	RESPIRATONIC CAP.....	195
RELENZA DISKHALER .....	112	RESPIRATORY THERAPY SUPPLIES .	184
RELEXXII .....	44	<i>rest</i>	
<i>relief drops</i> .....	215	and <i>relaxation</i> .....	195
<i>relief eye drops</i> .....	215	RESTASIS .....	215
RELION GLUCO CHW 4GM .....	78	RESTASIS MULTIDOSE.....	215
RELION TRUE TES METRIX .....	153	RESTORE CX PAD 4 X 4 .....	152
RELISTOR .....	160	RESTORE CX PAD 6 X 8 .....	152
RELPAK .....	185	RESTORE CX PAD 8 X 8 .....	152
RELTONE.....	159	RESTORE HYDR PAD 4 .....	152
REMERON.....	69	RESTORE PLUS PAD 4.....	152
REMERON SOLTAB.....	69	RESTORE PLUS PAD 6.....	152
REMICADE.....	160	RESTORE PLUS PAD 8.....	152
RENAGEL.....	161	RESTORE PLUS PAD TRIANGLE .....	152
<i>renal caps</i> .....	198	RESTORE PSOR PAD 4 X 4.....	152
<i>renal multivitamin formul</i> .....	198	RESTORE PSOR PAD 8 X 8.....	152
<i>renal vitamin</i> .....	198	RESTORE THIN PAD 4 .....	152
<i>renal-vite</i> .....	198	RESTORE THIN PAD 6 .....	152
RENAPLEX-D TAB .....	203	RESTORE THIN PAD 8.....	152
<i>rena-vite</i> .....	198	RESTORE WOUN PAD 4 .....	152
<i>rena-vite rx</i> .....	198	RESTORE WOUN PAD 6 .....	152
RENFLEXIS .....	160	RESTORE WOUN PAD 8 .....	152
<i>reno caps</i> .....	198	RESTORIL .....	167
RENVELA.....	161	RESVERATIN CAP PLUS .....	195
<i>repaglinide</i> .....	80	RESVERATROL CAP DIET .....	195
REPATHA.....	92	RESVERATROL CAP RED WINE .....	195
REPATHA PUSHTRONEX SYSTEM .....	92	RESVERATROL CAP ULTRA .....	195
REPATHA SURECLICK.....	92	RETACRIT .....	164
REPEL 100.....	147	<i>retaine cmc</i> .....	213
REPEL FAMILY.....	147	RETAINĒ HPMC .....	213
REPEL FAMILY DRY .....	147	RETIN-A.....	132
REPEL HUNTERS FORMULA .....	147	RETIN-A MICRO .....	132
REPEL SPORTSMEN.....	147	RETIN-A MICRO PUMP .....	132

RETROVIR .....	109	RUKOBIA .....	109
REVATIO .....	117	RUXIENCE .....	100
REXULTI.....	105	RX SUPPORT TAB HEARTBUR.....	165
REYATAZ.....	109	RYBELSUS .....	78
REYVOW .....	185	<i>rynex pe</i> .....	129
RHOFADE.....	148	<i>rynex pse</i> .....	129
RHOPRESSA .....	216	RYVENT .....	88
<i>ribavirin (hepatitis c)</i> .....	111	<b>S</b>	
<i>riboflavin</i> .....	236	SABRIL .....	69
<i>rid lice killing shampoo</i> .....	148	<i>saccharomyces boulardii</i> .....	84
<i>rifabutin</i> .....	100	<i>saccharomycin df</i> .....	84
<i>rifampin</i> .....	100	SAFTY NEEDLE MIS 18GX1 .....	180
<i>rimantadine hydrochloride</i> .....	112	SAFTY NEEDLE MIS 18GX1.5 .....	180
RINVOQ .....	47	SAFTY NEEDLE MIS 19GX1 .....	180
RIOMET.....	76	SAFTY NEEDLE MIS 19GX1.5 .....	180
RISA-BID TAB PROBIO.....	84	SAFTY NEEDLE MIS 20GX1 .....	180
RISAMINE OIN .....	147	SAFTY NEEDLE MIS 20GX1.5 .....	180
<i>risanoid plus</i> .....	209	SAFTY NEEDLE MIS 21GX1 .....	180
<i>risedronate sodium</i> .....	156	SAFTY NEEDLE MIS 21GX1.5 .....	180
RISPERDAL.....	103	SAFTY NEEDLE MIS 22GX1 .....	180
RISPERDAL CONSTA .....	103	SAFTY NEEDLE MIS 22GX1.5 .....	180
<i>risperidone</i> .....	103	SAFTY NEEDLE MIS 23GX1 .....	180
RITALIN .....	44	SAFTY NEEDLE MIS 23GX5/8 .....	180
RITALIN LA.....	44	SAFTY NEEDLE MIS 25GX1 .....	180
<i>ritonavir</i> .....	109	SAFTY NEEDLE MIS 25GX5/8 .....	180
<i>rivastigmine</i> .....	224	SAGE LEAF POW .....	118
<i>rivastigmine tartrate</i> .....	224	SAIZEN.....	157
<i>rivelsa</i> .....	122	SAIZENPREP RECONSTITUTION .....	157
<i>rizatriptan benzoate</i> .....	185	<i>sajazir</i> .....	162
<i>robitussin 12 hour cough</i> .....	125	<i>saline nasal spray 0.65%</i> .....	210
<i>robitussin severe multi-s</i> .....	129	SANCUSO.....	86
ROCKLATAN DRO .....	216	SAPHRIS .....	104
<i>rompe pecho max multi sym</i> .....	129	<i>sapropterin dihydrochloride</i> .....	157
<i>ropinirole hydrochloride</i> .....	102	SARDINE LIQ FLAVOR.....	220
<i>rosadan</i> .....	148	<i>sarnol-hc</i> .....	140
ROSADAN KIT .....	148	SASSAFRAS OIL.....	119
ROSE OIL.....	119	SAVAYSA .....	65
ROSEMARY OIL .....	119	SAVELLA .....	224
<i>rosuvastatin calcium</i> .....	92	SAVELLA MIS TITR PAK.....	224
ROTARIX SUS .....	232	SAWYER INSECT REPELLENT .....	147
ROTATEQ SOL.....	232	SAWYER INSECT REPELLENT C .....	147
ROWASA .....	160	SAWYER PREMIUM INSECT REP .....	147
<i>roweepra</i> .....	68	<i>sb allergy multi-symptom</i> .....	129
ROXICODONE .....	54	<i>sb aspirin tab 325mg ec</i> .....	51
ROZEREM.....	167	<i>sb bismuth</i> .....	84
RUCONEST .....	162	<i>sb calcium + d</i> .....	188
<i>rufinamide</i> .....	68	<i>sb cold &amp; allergy childre</i> .....	129

<i>sb cold &amp; cough hbp</i> .....	129	<i>sennosides-docusate sodium tab 8.6-</i>	
<i>sb cold &amp; flu hbp</i> .....	129	50 mg .....	168
<i>sb cold multi-symptom day</i> .....	129	<i>senokot extra strength</i> .....	170
<i>sb cough control</i> .....	130	<i>sensi-care perineal/skin</i> .....	147
<i>sb coughtab</i> .....	130	<i>sensorcaine/epinephrine</i> .....	171
<i>sb fiber laxative</i> .....	168	<i>sensorcaine-mpf/epinephri</i> .....	171
<i>sb glycerin adult</i> .....	169	SENTRY SENIO TAB LUTEIN.....	203
<i>sb glycerin pediatric</i> .....	169	SENTRY TAB .....	203
<i>sb hemorrhoid</i> .....	58, 147	SENTRY TAB SENIOR .....	203
<i>sb laxative</i> .....	170	<i>seredyn</i> .....	195
<i>sb non-aspirin</i> .....	51	SEREVENT DISKUS.....	65
<i>sb sinus &amp; allergy maximu</i> .....	129	SEROQUEL .....	104
<i>sb sinus congestion &amp; pai</i> .....	129	SEROQUEL XR .....	104
<i>sb triple antibiotic</i> .....	135	SEROSTIM.....	157
<i>scalp relief maximum stre</i> .....	140	<i>sertraline hcl</i> .....	71
<i>scalpicin maximum strengt</i> .....	140	SERTRALINE HYDROCHLORIDE .....	71
SCOOBY-DOO CHW .....	205	SESAME OIL .....	119
<i>scopolamine</i> .....	86	<i>setlakin</i> .....	122
<i>scrub care povidone-iodin</i> .....	106	<i>sevelamer carbonate</i> .....	161
<i>sd l-lysine</i> .....	212	<i>sevelamer hcl</i> .....	161
<i>sea buddies daily multipl</i> .....	204	<i>sf196</i>	
SEASONAL IC TAB .....	195	<i>sf 5000 plus</i> .....	196
SEBEX SHA.....	137	SFROWASA .....	160
SECONDARY MIS SET/DRIP .....	180	SHARP CONTAI MIS.....	180
SECUADO.....	104	SHARPS CONT MIS 14QT .....	180
SECURESAFE MIS 19GX1.5.....	180	SHARPS CONT MIS 1QUART .....	180
SECURESAFE MIS 23GX1.5.....	180	SHARPS CONT MIS 2QUART .....	180
SECURESAFE MIS 26GX1/2 .....	180	SHARPS CONT MIS 5GAL.....	180
SECURESAFE MIS 27GX1/2 .....	180	SHARPS CONT MIS HOME.....	180
SEGLENTIS TAB 56-44MG .....	56	SHARPS DISP MIS 1 GALLON.....	180
SEGLUROMET TAB 2.5-1000 .....	75	SHARPS DISP MIS 1 QUART .....	180
SEGLUROMET TAB 2.5-500.....	75	SHARPS DISP MIS 2 GALLON.....	180
SEGLUROMET TAB 7.5-1000 .....	75	SHARPS DISP MIS 3 GALLON.....	180
SEGLUROMET TAB 7.5-500.....	75	SHINGRIX .....	232
<i>selegiline hcl</i> .....	102	SIDESTREAM MIS MASK.....	184
<i>selenium sulfide</i> .....	137	SIDESTREAM MIS PED MASK .....	184
SELSUN BLUE DEEP CLEANSIN.....	143	<i>signacal</i> .....	199
<i>selsun blue full &amp; thick</i> .....	138	<i>silace</i> .....	171
SELSUN BLUE NATURALS DRY .....	143	<i>sildenafil citrate (pulmonary</i>	
SELZENTRY .....	109	<i>hypertension)</i> .....	117
SEMGLEE .....	80	SILENOR.....	166
SE-NATAL 19 CHW .....	207	SILICONE MSK MIS ADULT .....	184
SE-NATAL 19 TAB.....	207	SILICONE MSK MIS INFANT.....	184
SENNA.....	170	SILICONE MSK MIS PED.....	184
<i>sennazon</i> .....	170	SILIQ.....	137
<i>sennosides</i> .....	170	<i>silodosin</i> .....	161
<i>sennosides tab 8.6 mg</i> .....	170	<i>siltussin sa</i> .....	130

<i>silver sulfadiazine</i> .....	138	<i>sm antacid extra strength</i> .....	59
SIMBRINZA SUS 1-0.2%.....	214	<i>sm antibiotic</i> .....	135
<i>simaped</i> .....	159	<i>sm antibiotic plus pain r</i> .....	135
<i>simethicone</i> .....	159	<i>sm anti-dandruff coal tar</i> .....	149
<i>simethicone chew tab 125 mg</i> .....	159	<i>sm anti-diarrheal</i> .....	85
<i>simethicone chw 80mg</i> .....	159	<i>sm antifungal miconazole</i> .....	136
<i>simethicone drops infants</i> .....	159	<i>sm antifungal tolnaftate</i> .....	136
<i>simethicone ultra strengt</i> .....	159	<i>sm anti-itch extra streng</i> .....	136
<i>simliya</i> .....	122	<i>sm artificial tears</i> .....	213
<i>simpesse</i> .....	122	<i>sm aspirin low dose</i> .....	51
SIMPLE SYP .....	221	<i>sm b super vitamin comple</i> .....	198
SIMPLE SYRUP SYP NF .....	222	<i>sm balanced b-50</i> .....	198
<i>simply saline baby</i> .....	131	<i>sm ballanced b-100</i> .....	198
SIMPONI .....	46	<i>sm b-complex</i> .....	198
SIMPONI ARIA .....	46	SM B-COMPLEX TAB /VIT C .....	198
<i>simvastatin</i> .....	92	SM CALAMINE LOT .....	147
SINGULAIR.....	62	SM CALAMINE LOT PHENOLAT .....	147
<i>sirolimus</i> .....	191	<i>sm calcium /vitamin d</i> .....	188
SITAVIG.....	111	<i>sm calcium 500/vitamin d3</i> .....	188
SKELAGESIC CAP .....	195	<i>sm calcium 600/vitamin d</i> .....	188
SKIN PROTECTANT PETROLATU.....	223	<i>sm calcium citrate + d</i> .....	188
SKYLA.....	123	<i>sm calcium citrate+ w/vit</i> .....	188
SKYRIZI .....	137, 160	<i>sm calcium citrate+vitami</i> .....	188
SKYRIZI PEN .....	137	<i>sm calcium/magnesium/zinc</i> .....	188
SKYTROFA.....	157	<i>sm calcium/vitamin d</i> .....	188
SLEEP TONITE TAB .....	195	<i>sm chewable c</i> .....	236
SLIP TIP 1ML MIS.....	181	<i>sm chewable vitamin c</i> .....	236
SLIP TIP 1ML MIS 26GX5/8 .....	181	<i>sm chromium picolinate</i> .....	191
SLIT TUBE PAD 2 .....	152	<i>sm co q-10</i> .....	45
<i>slow iron</i> .....	166	<i>sm cod liver oil</i> .....	208
<i>slow release iron</i> .....	166	<i>sm cold &amp; allergy childre</i> .....	129
SLOW RELEASE IRON .....	166	<i>sm cold &amp; allergy pe</i> .....	129
SLOWMAG MG TAB MUS/HRT.....	189	<i>sm cold &amp; hot therapy pa</i> .....	143
SLOW-MAG TAB .....	189	<i>sm cold &amp; sinus relief</i> .....	129
SLOW-MAG TAB 71.5-119 .....	189	<i>sm cold head congestion n</i> .....	129
<i>slow-release iron</i> .....	166	<i>sm coq-10</i> .....	45
SLYND .....	123	SM CORAL CALCIUM .....	188
SM 4X TAB PROBIOTI .....	84	<i>sm cough dm childrens</i> .....	125
<i>sm acidophilus</i> .....	84	<i>sm cough drops</i> .....	196
<i>sm all day allergy</i> .....	89	<i>sm cough relief</i> .....	125
<i>sm all day allergy relief</i> .....	89	<i>sm dandruff 2 in 1</i> .....	138
<i>sm allergy childrens</i> .....	89	<i>sm dry eye relief</i> .....	213
<i>sm allergy relief</i> .....	89	<i>sm dry skin therapy</i> .....	142
<i>sm allergy relief nasal s</i> .....	210, 211	<i>sm echinacea/goldenseal</i> .....	195
<i>sm allergy tab 25mg</i> .....	88	<i>sm enema</i> .....	169
<i>sm animal shapes complete</i> .....	205	<i>sm eye drops</i> .....	215
<i>sm animal shapes kids fir</i> .....	206	<i>sm fiber</i> .....	168

<i>sm fiber laxative</i> .....	168	<i>sm povidone-iodine</i> .....	106
<i>sm fiber powder</i> .....	168	SM PRENATAL TAB VITAMINS .....	207
<i>sm fiber tab 625mg</i> .....	168	<i>sm probiotic</i> .....	84
<i>sm fish oil</i> .....	211	<i>sm saw palmetto complex e</i> .....	195
<i>sm folic acid</i> .....	164	<i>sm severe congestion &amp; co</i> .....	129
<i>sm gas relief</i> .....	159	<i>sm slow release iron</i> .....	166
<i>sm gas relief infants dro</i> .....	159	SM SLOW RELEASE IRON .....	166
<i>sm glucosamine/chondroiti</i> .....	46	<i>sm soya lecithin</i> .....	211
SM GLUCOSE CHW ORANGE .....	78	<i>sm stomach relief</i> .....	84
SM GLUCOSE CHW RASPBERRY .....	78	<i>sm stool softener</i> .....	171
<i>sm glycerin laxative pedi</i> .....	169	<i>sm super b complex-vitami</i> .....	197
<i>sm glycerin pediatric</i> .....	169	SM SWEET OIL.....	119
<i>sm hemorrhoidal cooling g</i> .....	58	<i>sm triple antibiotic orig</i> .....	135
<i>sm hydrocortisone</i> .....	140	<i>sm tussin cf</i> .....	129
<i>sm hydrocortisone maximum</i> .....	140	<i>sm vit c/rose hips</i> .....	236
<i>sm hydrocortisone plus</i> .....	140	<i>sm vitamin b complex with</i> .....	197
<i>sm hygienic cleansing</i> .....	147	<i>sm vitamin b1</i> .....	236
<i>sm ibuprofen</i> .....	49	<i>sm vitamin b100 complex</i> .....	198
<i>sm ibuprofen ib</i> .....	49	<i>sm vitamin b12</i> .....	163
<i>sm ibuprofen ib childrens</i> .....	49	<i>sm vitamin b-12</i> .....	163
<i>sm iron</i> .....	166	<i>sm vitamin b12 tr</i> .....	163
<i>sm iron slow release</i> .....	166	<i>sm vitamin b6</i> .....	236
<i>sm laxative</i> .....	170	<i>sm vitamin b-6</i> .....	236
<i>sm lice killing</i> .....	148	<i>sm vitamin c</i> .....	236
<i>sm lice treatment</i> .....	148	<i>sm vitamin d</i> .....	235
<i>sm l-lysine</i> .....	212	<i>sm vitamin d3</i> .....	235
<i>sm loratadine</i> .....	89	<i>sm vitamin e</i> .....	235
<i>sm loratadine d 12hr</i> .....	129	<i>sm zinc</i> .....	191
<i>sm magnesium</i> .....	189	SMART SENSE CHW 4GM .....	78
<i>sm magnesium citrate</i> .....	169	SMART SENSE CHW GLUCOSE .....	78
<i>sm melatonin</i> .....	45	SMARTIP SYR MIS /CANNULA .....	181
SM MELATONIN TAB .....	46	<i>smarty pants kids complet</i> .....	204
<i>sm miconazole 3</i> .....	232	<i>smarty pants kids probiot</i> .....	84
<i>sm miconazole 7</i> .....	233	<i>smooth antacid extra stre</i> .....	59
<i>sm mineral oil</i> .....	169	<i>smooth lax</i> .....	169
<i>sm mucus relief maximum s</i> .....	130	SOD BISULFIT GRA .....	118
<i>sm mucus relief/12 hour</i> .....	130	SOD SUL/SULF EMU 10-5%.....	132
<i>sm multiple vitamins/iron</i> .....	199	SOD SUL/SULF SUS 10-5% .....	133
<i>sm muscle rub</i> .....	143	<i>sodium bicarbonate (antacid)</i> .....	59
<i>sm nasal decongestant pe</i> .....	211	<i>sodium chloride</i> .....	191
<i>sm niacin cr</i> .....	236	<i>sodium chloride (gu irrigant)</i> .....	161
<i>sm nicotine polacrilex</i> .....	226	<i>sodium chloride (inhalant)</i> .....	131
<i>sm nicotine transdermal s</i> .....	226	<i>sodium chloride flush</i> .....	191
SM ONE DAILY TAB ESSENTIA .....	199	<i>sodium chloride hypertonic</i> .....	218
SM ONE DAILY TAB MENS .....	203	<i>sodium citrate &amp; citric acid soln 500-</i> <i>334 mg/5ml</i> .....	161
SM ONE DAILY TAB WOMENS .....	203	<i>sodium fluoride</i> .....	189
<i>sm oyster shell calcium/v</i> .....	188		



<i>sodium fluoride (dental)</i> .....	196	SPECTRAVITE TAB MEN 50+ .....	203
<i>sodium fluoride 5000 plus</i> .....	196	SPECTRAVITE TAB ULT MEN .....	203
<i>sodium fluoride 5000 ppm</i> .....	196	SPECTRAVITE TAB ULT WMN .....	203
SODIUM SILICATE .....	119	SPIKEVAX COVID-19 VACCINE.....	232
SOFOS/VELPAT TAB 400-100.....	111	SPIRIVA HANDIHALER .....	62
<i>solifenacin succinate</i> .....	230	SPIRIVA RESPIMAT.....	62
SOLIQUA INJ 100/33 .....	75	<i>spironolactone</i> .....	156
SOLO TAB .....	203	<i>spironolactone &amp; hydrochlorothiazide</i>	
SOLOSEC .....	46	<i>tab 25-25 mg</i> .....	155
<i>soluble fiber</i> .....	168	<i>spongebob squarepants gum</i> .....	204
SOMA .....	209	SPORANOX.....	87
SOOLANTRA .....	148	SPORANOX PULSEPAK .....	87
<i>soothe</i> .....	84	SPRITAM .....	68
<i>soothe hydration</i> .....	213	SPRIX .....	49
<i>soothe maximum strength</i> .....	84	<i>ssd</i> .....	138
<i>soothe xp</i> .....	213	<i>sss 10%-5%</i> .....	133
<i>soothe xp/xtra protection</i> .....	213	<i>sss 10-5</i> .....	133
SOOTHE&COOL LIQ SHAMPOO .....	147	<i>st joseph low dose aspiri</i> .....	51
SORBACELL PAD 1.....	152	<i>stablegi</i> .....	84
SORBACELL PAD 4.....	152	<i>stavudine</i> .....	110
SORBITOL POW.....	119	<i>stay awake maximum streng</i> .....	42
SORBSAN PAD 12.....	152	STEARIC ACID POW .....	222
SORBSAN PAD 2 X 2 .....	152	STEARYL MIS ALCOHOL .....	222
SORBSAN PAD 3 X 3 .....	152	STEARYL POW ALCOHOL .....	222
SORBSAN PAD 4 X 4 .....	152	STEGLATRO.....	81
SORBSAN PAD 4 X 8.....	152	STEGLUJAN TAB 15-100MG .....	75
<i>sore throat</i> .....	195	STEGLUJAN TAB 5-100MG .....	75
<i>sore throat lozenges</i> .....	195	STELARA .....	137, 160
<i>sore throat spray</i> .....	196	STIMATE .....	157
SORILUX .....	137	STIOLTO AER 2.5-2.5 .....	65
<i>sorine</i> .....	113	STOMA MEASUR MIS DEVICE.....	173
SOSWEET SYP .....	222	<i>stomach relief</i> .....	84
<i>sotalol hcl</i> .....	113	<i>stomach relief extra stre</i> .....	84
<i>sotalol hcl (afib/afl)</i> .....	113	<i>stomach relief plus</i> .....	84
SOTYLIZE.....	113	<i>stool softener</i> .....	171
SOVALDI.....	111	<i>stool softener extra stre</i> .....	171
SPACER CHAMB MIS ADULT.....	184	<i>stop lice maximum strengt</i> .....	148
SPACER CHAMB MIS CHILD .....	184	STRATTERA .....	42
SPACER CHAMB MIS INFANT .....	184	STRAWBERRY LIQ FLAVOR .....	220
SPACER/AEROSOL-HOLDING		STRAWBERRY LIQ OS .....	220
CHAMBERS .....	184	<i>stress b complex/iron</i> .....	199
<i>span c</i> .....	199	<i>stress b/zinc</i> .....	197
SPEARMINT LIQ OS .....	220	STRESS CAP RELEAF .....	195
SPEARMINT OIL .....	119	<i>stress formula</i> .....	198
SPECTRAVITE TAB .....	203	<i>stress formula/iron</i> .....	199
SPECTRAVITE TAB ADLT 50+ .....	203	<i>stress formula/zinc</i> .....	197
SPECTRAVITE TAB ADULTS.....	203	<i>stress plus zinc</i> .....	197

STRIBILD TAB.....	110	<i>sulfamethoxazole-trimethoprim tab</i>	
STRIVERDI RESPIMAT.....	65	800-160 mg .....	60
<i>stye</i> .....	213	<i>sulfasalazine</i> .....	160
SUBLOCADE .....	56	<i>sulfatrim pediatric</i> .....	60
SUBOXONE MIS 12-3MG .....	57	<i>sulindac</i> .....	49
SUBOXONE MIS 2-0.5MG .....	56	SUMADAN KIT .....	133
SUBOXONE MIS 4-1MG .....	56	SUMADAN WASH LIQ 9-4.5% .....	133
SUBOXONE MIS 8-2MG .....	57	SUMADAN XLT KIT 9-4.5%.....	133
<i>subvenite</i> .....	68	<i>sumatriptan</i> .....	185
<i>subvenite starter kit/blu</i> .....	68	<i>sumatriptan succinate</i> .....	185
<i>subvenite starter kit/gre</i> .....	68	<i>sumatriptan-naproxen sodium tab 85-</i>	
<i>subvenite starter kit/ora</i> .....	68	500 mg .....	185
<i>sucralfate</i> .....	228	SUMAXIN CP KIT .....	133
SUDAFED SINUS CONGESTION .....	211	SUMMERS EVE BAR NIGHT .....	147
<i>sudogest</i> .....	211	<i>summers eve medicated</i> .....	233
SULAR .....	115	<i>sunitinib malate</i> .....	101
<i>sulconazole nitrate</i> .....	136	<i>sunkist vitamin c</i> .....	236
<i>sulfacetamide sodium</i> .....	138	SUNOSI .....	42
<i>sulfacetamide sodium (acne)</i> .....	133	<i>super b with c</i> .....	197
<i>sulfacetamide sodium (ophth)</i> .....	215	<i>super b-100</i> .....	198
<i>sulfacetamide sodium w/ sulfur</i>		<i>super b-50</i> .....	198
<i>cleanser 10-2%</i> .....	133	<i>super b-complex</i> .....	198
<i>sulfacetamide sodium w/ sulfur</i>		<i>super b-complex/folic aci</i> .....	198
<i>cleanser 10-5%</i> .....	133	<i>super b-complex/vitamin c</i> .....	198
<i>sulfacetamide sodium w/ sulfur</i>		<i>super c-1000</i> .....	199
<i>cleanser 9.8-4.8%</i> .....	133	<i>super c-500</i> .....	199
<i>sulfacetamide sodium w/ sulfur</i>		<i>super calcium</i> .....	188
<i>cleansing pad 10-4%</i> .....	133	<i>super calcium 600 + d3</i> .....	188
<i>sulfacetamide sodium w/ sulfur cream</i>		<i>super calcium 600+d3 400</i> .....	188
10-2% .....	133	<i>super dec b-100</i> .....	198
<i>sulfacetamide sodium w/ sulfur cream</i>		SUPER ENERGY TAB .....	195
10-5% .....	133	<i>super nu-thera</i> .....	203
<i>sulfacetamide sodium w/ sulfur lotion</i>		<i>super quintz b-50</i> .....	198
10-5% .....	133	<i>super-d3+</i> .....	195
<i>sulfacetamide sodium w/ sulfur susp 8-</i>		SUPRAX .....	118
4% .....	133	SURE COMFORT MIS 0.5/31G .....	181
<i>sulfacetamide sodium w/ sulfur wash</i>		SURE COMFORT MIS 31GX6MM.....	181
9-4% .....	133	<i>surfak</i> .....	171
<i>sulfacetamide sodium w/ sulfur wash</i>		SUSTIVA .....	110
9-4.5% .....	133	SUSTOL .....	86
<i>sulfacetamide sodium-prednisolone</i>		<i>sv melatonin</i> .....	45
<i>ophth soln 10-0.23(0.25)%</i> .....	216	<i>sv vitamin b12 tr</i> .....	163
<i>sulfamethoxazole-trimethoprim susp</i>		SWEET OIL.....	119
200-40 mg/5ml .....	60	SWEETENING LIQ ENHANCER .....	221
<i>sulfamethoxazole-trimethoprim tab</i>		<i>syeda</i> .....	122
400-80 mg .....	60	SYMBICORT AER 160-4.5 .....	65
		SYMBICORT AER 80-4.5 .....	65

SYMBYAX CAP 3-25MG.....	224	<i>systeme contacts soothing</i> .....	213
SYMBYAX CAP 6-25MG.....	224	SYSTANE ICAP TAB AREDS2 .....	203
SYMFI LO TAB.....	110	<b>T</b>	
SYMFI TAB .....	110	T-150 CAP .....	195
SYMJEPI.....	233	<i>tab-a-vite multivitamin/i</i> .....	199
SYMLINPEN 120 .....	73	TAB-A-VITE TAB IRON/BET.....	199
SYMLINPEN 60.....	73	TACLONEX OIN .....	140
SYMPAZAN .....	66	TACLONEX SUS.....	140
SYMPROIC.....	160	<i>tacrolimus</i> .....	191
SYMTUZA TAB.....	110	<i>tacrolimus (topical)</i> .....	143
SYNALAR.....	140	<i>tadalafil</i> .....	116
SYNALAR CREAM KIT .....	140	<i>tadalafil (pulmonary hypertension)</i> .	117
SYNALAR OINTMENT KIT.....	140	TAKHZYRO .....	162
SYNALAR TS .....	140	TALICIA CAP.....	229
SYNJARDY TAB.....	75	TALTZ.....	137
SYNJARDY TAB 12.5-500.....	76	TAMIFLU .....	112
SYNJARDY TAB 5-1000MG.....	76	<i>tamoxifen citrate</i> .....	101
SYNJARDY TAB 5-500MG.....	75	<i>tamsulosin hcl</i> .....	161
SYNJARDY XR TAB.....	76	<i>taperdex 12-day</i> .....	124
SYNJARDY XR TAB 10-1000.....	76	<i>taperdex 6-day</i> .....	124
SYNJARDY XR TAB 25-1000.....	76	<i>taperdex 7-day</i> .....	124
SYNJARDY XR TAB 5-1000MG .....	76	<i>tarina 24 fe</i> .....	122
<i>synovacin</i> .....	45	TARPEYO.....	124
SYR FILTER MIS 65MM.....	181	<i>tart cherry advanced</i> .....	195
SYR FILTER MIS 90MM.....	181	<i>tavaborole</i> .....	136
SYR/FILT/MEM MIS TITAN3 .....	181	<i>taysofy</i> .....	122
SYRG/NDL 3ML MIS 22G X 1.....	181	<i>tazarotene</i> .....	137
SYRG/NDL 3ML MIS 23GX1.....	181	TAZAROTENE.....	133
SYRG/NDL 3ML MIS 25GX5/8.....	181	<i>taztia xt</i> .....	115
SYRINGE (DISPOSABLE) 1 ML.....	181	TB SYRINGE MIS 0.5/28G .....	182
SYRINGE (DISPOSABLE) 10 ML.....	181	TDVAX INJ 2-2 LF.....	228
SYRINGE BARR MIS LUER 1ML.....	181	TECFIDERA.....	225
SYRINGE BARR MIS LUER 3ML.....	181	TECFIDERA MIS STARTER .....	225
SYRINGE BARR MIS LUER 5ML.....	181	TEGADERM HG PAD ALG 4X4.....	152
SYRINGE BARR MIS LUER10ML.....	181	TEGADERM HI PAD ALG 4X4.....	152
SYRINGE BARR MIS UNI 10ML.....	181	TEGRETOL.....	68
SYRINGE BARR MIS UNI 3ML.....	181	TEGRETOL-XR.....	68
SYRINGE BARR MIS UNI 5ML.....	181	TEKTURNA .....	99
SYRINGE FILT MIS 25MM .....	181	TEKTURNA HCT TAB 150-12.5 .....	98
SYRINGE FILT MIS 32MM .....	181	TEKTURNA HCT TAB 150-25MG.....	98
SYRINGE FILT MIS 33MM .....	181	TEKTURNA HCT TAB 300-12.5 .....	98
SYRINGE FLTR MIS 32MM.....	181	TEKTURNA HCT TAB 300-25MG.....	98
SYRINGE LUER MIS -LOK 1ML.....	181	<i>telmisartan</i> .....	94
SYRINGE TRAY MIS PHASEAL.....	182	<i>telmisartan-amlodipine tab 40-10 mg</i>	
SYRPALTA .....	222	.....	98
SYRSPEND SF LIQ .....	222	<i>telmisartan-amlodipine tab 40-5 mg</i> .	98
SYRUP NF.....	222		

<i>telmisartan-amlodipine tab 80-10 mg</i>	203
.....	98
<i>telmisartan-amlodipine tab 80-5 mg</i>	98
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	98
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	98
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	98
<i>temazepam</i>	167
<i>temozolomide</i>	100
TENIVAC INJ 5-2LF	228
<i>tenofovir disoproxil fumarate</i>	110
TENORETIC TAB 100	98
TENORETIC TAB 50	98
TENORMIN	112
<i>tension headache</i>	50
<i>teo-tus</i>	129
<i>terazosin hcl</i>	94
<i>terbinafine hcl</i>	87
<i>terconazole vaginal</i>	233
TESTIM	57
<i>testosterone</i>	57
TESTOSTERONE CAP FORMULA	195
<i>testosterone cypionate</i>	57
<i>tetrabenazine</i>	224
TEXACORT	140
TGT GLUCOSE CHW GRAPE	78
TGT GLUCOSE CHW ORANGE	78
TGT GLUCOSE CHW RASPBERRY	78
TGT GLUCOSE CHW TROP FRT	78
<i>the magic bullet</i>	170
THERA M PLUS TAB	203
THERA TAB	204
THERABETIC TAB EYE HLTH	208
THERABETIC TAB MULTIVIT	203
THERACAL TAB	190
THERACAL TAB D2000	190
THERACAL TAB D4000	190
<i>thera-d 2000</i>	235
<i>thera-derm</i>	142
<i>theraflu expressmax sever</i>	129
<i>theraflu severe cold &amp; co</i>	129
<i>thera-gesic</i>	143
<i>thera-gesic plus</i>	143
THERAGRAN-M TAB	203
THERAGRAN-M TAB 50 PLUS	203
THERAGRAN-M TAB ADVANCED	203
THERAGRAN-M TAB PREMIER	203
THERA-M TAB	203
THERANATAL TAB 27-1	207
THERAPEUTIC DANDRUFF	143
<i>therapeutic shampoo</i>	149
<i>therapeutic t+plus</i>	149
THERAPEUTIC T+PLUS MAXIMU	143
THERA-TABS M TAB	203
<i>theratears liquid gel nig</i>	213
THEREMS TAB MULTIVIT	204
THEREMS-M TAB	203
<i>thiamine hcl</i>	236
<i>thiamine mononitrate</i>	236
<i>thioridazine hcl</i>	105
<i>thiothixene</i>	106
<i>thisilibin</i>	195
THRESHOLD MIS IMT	184
THRESHOLD MIS PEP	184
THRIVACIN 30 LIQ	154
THRIVACIN LIQ DETOX	154
THRIVITE RX TAB 29-1MG	207
<i>tiadylt er</i>	115
<i>tiagabine hcl</i>	69
TIAZAC	115
TIGAN	86
<i>tilia fe</i>	122
<i>timolol maleate</i>	113
<i>timolol maleate (ophth)</i>	214
<i>timolol maleate in ocudos</i>	214
TIMOPTIC	214
TIMOPTIC OCUDOSE	214
TIMOPTIC-XE	214
<i>tinidazole</i>	60
TIVICAY	110
TIVICAY PD	110
<i>tizanidine hcl</i>	209
TOBI	46
TOBI PODHALER	46
TOBRADEX OIN 0.3-0.1%	216
TOBRADEX ST SUS 0.3-0.05	217
TOBRADEX SUS 0.3-0.1%	217
<i>tobramycin</i>	46
<i>tobramycin (ophth)</i>	215
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	217
TOE-AID PAD	152

<i>tolnaftate</i> .....	136	TRESIBA FLEXTOUCH.....	80
TOLSURA .....	87	<i>tretinoin</i> .....	133
<i>tolterodine tartrate</i> .....	230	<i>tretinoin (chemotherapy)</i> .....	101
<i>tolvaptan</i> .....	157	<i>tretinoin microsphere</i> .....	133
TOPAMAX .....	68	TREXALL .....	100
TOPAMAX SPRINKLE .....	68	TREXIMET TAB 85-500MG .....	185
TOPICORT .....	140	<i>tri super flavons</i> .....	199
<i>topiramate</i> .....	68	<i>triamcinolone acetonide (mouth)</i> ....	196
TOPROL XL.....	112	<i>triamcinolone acetonide (nasal)</i> .....	211
<i>toprophan</i> .....	195	<i>triamcinolone acetonide (topical)</i> ....	140
<i>torse mide</i> .....	156	<i>triamterene &amp; hydrochlorothiazide cap</i>	
TOSYMRA.....	185	37.5-25 mg .....	155
TOTAL BODY TAB CLEANSE .....	195	<i>triamterene &amp; hydrochlorothiazide tab</i>	
TOUJEO MAX SOLOSTAR .....	80	37.5-25 mg .....	155
TOUJEO SOLOSTAR .....	80	<i>triamterene &amp; hydrochlorothiazide tab</i>	
<i>tovet</i> .....	140	75-50 mg .....	155
TOVET KIT KIT 0.05%.....	140	<i>trianex</i> .....	140
TOVIAZ .....	230	<i>triazolam</i> .....	167
TRACLEER .....	117	TRIBENZOR20- TAB 5-12.5MG.....	98
TRADJENTA .....	78	TRIBENZOR40- TAB 10-12.5.....	99
TRAGACANTH POW.....	222	TRIBENZOR40- TAB 10-25MG.....	99
<i>tramadol hcl</i> .....	54	TRIBENZOR40- TAB 5-12.5MG.....	99
TRAMADOL HYDROCHLORIDE .....	54	TRIBENZOR40- TAB 5-25MG.....	99
<i>tramadol-acetaminophen tab 37.5-325</i>		<i>tri-buffered aspirin</i> .....	51
mg .....	56	TRICARE TAB PRENATAL .....	207
<i>trandolapril</i> .....	93	TRICOR.....	91
<i>trandolapril-verapamil hcl tab er 1-240</i>		<i>trientine hcl</i> .....	191
mg .....	98	<i>trifluoperazine hcl</i> .....	105
<i>trandolapril-verapamil hcl tab er 2-180</i>		<i>trihexyphenidyl hcl</i> .....	101
mg .....	98	TRIJARDY XR TAB .....	76
<i>trandolapril-verapamil hcl tab er 2-240</i>		<i>tri-legest fe</i> .....	122
mg .....	98	TRILEPTAL.....	68
<i>trandolapril-verapamil hcl tab er 4-240</i>		TRILIPIX .....	91
mg .....	98	<i>tri-lo-estarylla</i> .....	122
<i>tranexamic acid</i> .....	166	<i>tri-lo-marzia</i> .....	122
TRANSDERM-SCOP .....	86	<i>tri-lo-mili</i> .....	122
TRANSFER NDL MIS 20GX1 .....	182	<i>tri-lo-sprintec</i> .....	122
TRANXENE T.....	61	<i>trimethobenzamide hcl</i> .....	86
<i>tranylcypromine sulfat e</i> .....	70	TRIMETHOPRIM.....	60
TRAVATAN Z.....	218	TRINATAL RX TAB 1.....	207
<i>travoprost</i> .....	218	TRINTELLIX .....	72
TRAZIMERA .....	100	<i>tri-nymyo tab</i> .....	123
<i>trazodone hcl</i> .....	72	<i>triphrocaps</i> .....	198
TRELEGY AER 100MCG.....	65	<i>triple antibiotic</i> .....	135
TRELEGY AER 200MCG.....	65	<i>triple antibiotic + pain</i> .....	135
TREMFYA.....	137	<i>triple antibiotic plus</i> .....	135
TRESIBA .....	80	<i>triple antibiotic plus ma</i> .....	135

TRIPLE FLEX CAP.....	195	TUTTI FRUTTI LIQ FLAVOR .....	221
TRIPLE HELIX PAD 2 .....	152	T-VITES TAB.....	203
TRIUMEQ PD TAB .....	110	TWINRIX INJ .....	232
TRIUMEQ TAB .....	110	TWYNEO CRE 0.1-3% .....	133
TRI-VI-SOL SOL A/C/D.....	206	TYBLUME CHW 0.1-0.02.....	123
<i>trivora-28</i> .....	123	TYBOST .....	110
<i>tri-vylibra lo</i> .....	123	<i>tydemy</i> .....	123
TRIZIVIR TAB .....	110	<i>tyler lipoic acid</i> .....	44
TROGARZO.....	110	TYMLOS .....	156
TROKENDI XR.....	68	TYRVAYA.....	214
TROPICAL FUS LIQ WS.....	221	TYVASO .....	116
<i>tropical liquid nutrition</i> .....	203	TYVASO DPI MAINTENANCE KI .....	116
TROPICAL PUN LIQ FLAVOR.....	221	TYVASO DPI POW 16-32-48.....	116
<i>tropicamide</i> .....	214	TYVASO DPI POW 16-32MCG.....	116
<i>trospium chloride</i> .....	230	TYVASO DPI POW 32-48MCG.....	116
<i>trubiotics digestive + im</i> .....	84	TYVASO REFILL.....	116
<i>trubiotics kids</i> .....	84	TYVASO STARTER .....	116
TRUDHESA .....	185	<b>U</b>	
TRUE METRIX SOL LEVEL 1.....	173	UBRELVY.....	185
TRUE METRIX SOL LEVEL 2.....	173	UCERIS.....	57, 124
TRUE METRIX SOL LEVEL 3.....	173	UDENYCA.....	164
TRUE METRIX TES GLUCOSE.....	154	ULORIC.....	162
TRULANCE .....	158	ULTICARE MIS 30GX3/16 .....	182
TRULICITY.....	78	<i>ultimate fat burner</i> .....	208
TRUSOPT .....	218	<i>ultra b-100 complex</i> .....	209
TRUVADA TAB 100-150.....	110	<i>ultra choice multivitamin</i> .....	205
TRUVADA TAB 133-200.....	110	<i>ultra fresh</i> .....	213
TRUVADA TAB 167-250.....	110	<i>ultra lubricating eye dro</i> .....	213
TRUVADA TAB 200-300.....	110	ULTRA POTENC TAB WOMEN 50 .....	203
TRUXIMA.....	101	<i>ultra throat lozenges</i> .....	195
TRUZONE PEAK MIS FLOW MTR .....	184	ULTRACET TAB 37.5-325.....	56
TUBE CLEANIN MIS BRUSH.....	184	ULTRAM .....	54
TUBE FOIL PAD 1/2 .....	152	ULTRASMOOTH OIN FORTIFY.....	148
TUDORZA PRESSAIR.....	62	ULTRASMOOTH OIN NOURISH .....	148
TUMERSAID TAB .....	195	ULTRASMOOTH OIN REJUVENA .....	148
TUMS CHEWY DELIGHTS .....	59	ULTRASMOOTH OIN SOOTHE.....	148
<i>tums smoothies</i> .....	59	ULTRATHON INSECT REPELLEN .....	148
TUNA FLAVOR LIQ .....	221	ULTRAVATE .....	141
TUNA TYPE LIQ FLAVR OS .....	221	UNIFINE PNTP MIS 30GX3/16 .....	182
TUSNEL PED DRO 7.5-50 .....	129	<i>unithroid</i> .....	227
TUSNEL PEDI LIQ 15-5-50.....	129	UP&UP CHW GRAPE.....	78
<i>tussin cf severe multi-sy</i> .....	129	UP&UP CHW ORANGE .....	78
<i>tussin dm liq 10-100mg</i> .....	129	UP&UP CHW RASPBERRY .....	78
<i>tussin mucus + chest cong</i> .....	130	<i>up4 probiotics</i> .....	84
<i>tussi-pres</i> .....	129	<i>up4 probiotics kids</i> .....	84
<i>tussi-pres pe pediatric</i> .....	129	<i>up4 probiotics kids cubes</i> .....	84
TUSSLIN LIQ PEDIATRI .....	129	<i>up4 probiotics mind &amp; bod</i> .....	84

UPLIZNA .....	191	VANILLA OS LIQ.....	221
UPSPRING CAP FERTILIT .....	195	VANOS.....	141
UPSPRING CAP MILKFLOW .....	195	VAQTA.....	232
<i>upspring dual prenatal im</i> .....	84	<i>varenicline tartrate</i> .....	226
UPSPRING TAB HE NATAL.....	208	<i>varenicline tartrate tab 0.5 mg x 11 &amp;</i> <i>tab 1 mg x 42 pack</i> .....	226
UPTRAVI .....	117	<i>varisan vitality</i> .....	208
UPTRAVI TAB 200/800 .....	117	VARIVODA TAB .....	195
<i>urea 20 intensive hydrati</i> .....	141	VASCEPA.....	90
<i>ureacin-20</i> .....	141	<i>vaseline</i> .....	223
URINOZINC CAP PROSTATE.....	195	VASELINE PET PAD 1 .....	152
URINOZINC TAB PLUS.....	195	VASELINE PET PAD 3.....	152, 153
URO MAG .....	59	VASELINE PET PAD 6 .....	153
<i>urosex</i> .....	208	VASERETIC TAB 10-25MG .....	99
URSO 250 .....	159	<i>vasoflex</i> .....	199
URSO FORTE .....	159	<i>vasoflex hd</i> .....	199
<i>ursodiol</i> .....	159	VASOTEC .....	93
<b>V</b>		VAXCHORA SUS .....	231
VACUUM FILTR MIS 0.20UM .....	182	VAXNEUVANCE INJ.....	231
VAGIFEM.....	233	<i>v-c forte</i> .....	203
<i>vagistat-3</i> .....	233	VCF VAGINAL CONTRACEPTIVE .....	232
<i>valacyclovir hcl</i> .....	111	VCKS DAYQUIL LIQ MUCUS DM.....	130
<i>valihist</i> .....	130	VECTICAL.....	137
VALINEX CAP .....	195	<i>velivet</i> .....	123
<i>valproate sodium</i> .....	69	VELPHORO .....	161
<i>valproic acid</i> .....	69	<i>venlafaxine hcl</i> .....	72
<i>valsartan</i> .....	94	VENTAVIS .....	116
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>12.5 mg</i> .....	99	VENTOLIN HFA.....	65
<i>valsartan-hydrochlorothiazide tab 160-</i> <i>25 mg</i> .....	99	<i>verapamil hcl</i> .....	115
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>12.5 mg</i> .....	99	<i>verapamil inj 5mg/2ml</i> .....	115
<i>valsartan-hydrochlorothiazide tab 320-</i> <i>25 mg</i> .....	99	VERELAN.....	115
<i>valsartan-hydrochlorothiazide tab 80-</i> <i>12.5 mg</i> .....	99	VERELAN PM.....	115
VALTOCO .....	66	VERSACLOZ.....	104
VALTRESX.....	111	VERY BERRY LIQ OS .....	221
VANOCOCIN .....	60	VESICARE .....	230
<i>vancomycin hcl</i> .....	60	VESICARE LS .....	230
VANCOMYCIN HYDROCHLORIDE.....	60	<i>vestura</i> .....	123
VANCOMYCIN INJ 750MG .....	60	VFEND .....	87
VANDAZOLE .....	233	V-GO 20 KIT.....	173
VANICREAM BAR.....	148	V-GO 30 KIT.....	173
VANICREAM HC MAXIMUM STRE ....	141	V-GO 40 KIT.....	173
VANILLA LIQ BUTTERNU.....	221	VIActiv CHW DIGESTIV .....	85
VANILLA LIQ FLAVOR.....	221	VIAL ACCESS MIS CANN 6ML.....	182
		VIAL STOPPER MIS 13MM.....	182
		VIBERZI.....	160
		<i>vicks nyquil cold &amp; flu n</i> .....	130
		VICTOZA.....	78

VIEKIRA PAK TAB.....	111	<i>vitamins for hair</i> .....	208
<i>vigabatrin</i> .....	69	VITASANA TAB.....	203
<i>vigadrone</i> .....	69	<i>vitatum</i> .....	203
VIGAMOX.....	215	VITATRUM TAB.....	203
VIGILON DRES PAD 13.....	153	VITEYES CLAS TAB MULTIVIT.....	203
VIGILON DRES PAD 3.....	153	VITEYES OPTI TAB NERV SUP.....	203
VIGILON DRES PAD 4.....	153	VITRUM 50+ TAB ADT- MUL.....	203
VIGILON DRES PAD 6.....	153	VITRUM TAB ADULT.....	203
VIIBRYD.....	72	VITRUM TAB SENIOR.....	203
VIIBRYD KIT STARTER.....	72	VIVI CAP MIS.....	173
<i>vilazodone hcl</i> .....	72	VIVI CAP1 MIS.....	173
VIMOVO TAB 375-20MG.....	49	VIVITROL.....	85
VIMOVO TAB 500-20MG.....	49	VOGELXO.....	57
VIMPAT.....	68	VOGELXO PUMP.....	57
VINATE ONE TAB.....	207	<i>volnea</i> .....	123
VIOKACE TAB 10440.....	155	<i>voriconazole</i> .....	87
VIOKACE TAB 20880.....	155	VORTEX/MASK MIS CHILDS.....	184
<i>viorele</i> .....	123	VORTEX/MASK MIS TODDLER.....	184
VIRACEPT.....	110	VOSEVI TAB.....	111
VIREAD.....	110	VP GLUCOSE CHW FRUIT.....	78
<i>virt-caps</i> .....	198	VP GLUCOSE CHW GRAPE.....	78
<i>visine-ac</i> .....	215	VPRIV.....	163
VISTA MEIBO PAD EYELID.....	148	<i>vp-vite rx</i> .....	198
<i>vita s forte</i> .....	203	VRAYLAR.....	103
<i>vitachew multiple vitamin</i> .....	204	VRAYLAR CAP 1.5-3MG.....	103
VITAFOL-OB TAB 65-1MG.....	207	VTAMA.....	137
VITAL-D RX TAB.....	198	VUMERITY.....	225
VITALETS CHW CHILD.....	204	VUSION OIN.....	136
VITALINE TAB FORMULA2.....	203	<i>vyfemla</i> .....	123
VITALINE TAB FORMULA3.....	203	VYTORIN TAB 10-10MG.....	90
<i>vitamin a</i> .....	235	VYTORIN TAB 10-20MG.....	90
<i>vitamin b complex-c</i> .....	197	VYTORIN TAB 10-40MG.....	90
VITAMIN C CHW 500MG.....	199	VYTORIN TAB 10-80MG.....	90
<i>vitamin c immune health</i> .....	236	VYVANSE.....	42
<i>vitamin c plus bioflavono</i> .....	236	VYZULTA.....	218
<i>vitamin c plus wild rose</i> .....	236	<b>W</b>	
<i>vitamin c/bioflavonoids/w</i> .....	199	WAKIX.....	42
<i>vitamin c/natural rose hi</i> .....	236	<i>wal-act</i> .....	130
<i>vitamin d3 high potency</i> .....	235	<i>wal-dryl</i> .....	137
VITAMIN D3 TAB COMPLETE.....	203	<i>wal-dryl allergy relief c</i> .....	88
<i>vitamin d3 ultra potency</i> .....	235	<i>wal-mucil</i> .....	168
<i>vitamin e</i> .....	235	<i>wal-phed pe</i> .....	211
VITAMIN E.....	235	<i>wal-phed pe sinus/allergy</i> .....	130
<i>vitamin e beauty oil</i> .....	142	<i>wal-profen cold &amp; sinus</i> .....	130
<i>vitamin e skin oil</i> .....	142	<i>wal-sporin</i> .....	135
VITAMIN/IRON LIQ MASKING.....	221	<i>wal-tap cold &amp; allergy</i> .....	130
<i>vitamins a &amp; d (topical)</i> .....	142	<i>wal-tussin cf</i> .....	130



<i>wal-tussin cf max</i> .....	130
<i>wal-tussin cf max multi-s</i> .....	130
<i>wal-tussin cough</i> .....	125
<i>wal-tussin cough long act</i> .....	125
<i>warfarin sodium</i> .....	65
<i>water for injection</i> .....	222
<i>water for irrigation, sterile irrigation soln</i> .....	191
WATERMELON LIQ FLAVOR.....	221
<i>weekly-d</i> .....	235
<i>weight loss daily multi</i> .....	208
WELCHOL.....	91
WELLBUTRIN SR .....	70
WELLBUTRIN XL.....	70
<i>wera</i> .....	123
<i>wescaps</i> .....	198
<i>westab max</i> .....	154
<i>westab one</i> .....	165
WESTAB PLUS TAB 27-1MG .....	207
WHITE PETROLATUM .....	223
<i>white petrolatum gel</i> .....	223
WHITE WAX MIS .....	222
WILD CHERRY LIQ FLAVOR.....	221
WINDMILL MIS TRAINER .....	184
WINLEVI .....	133
<i>wixela inhub</i> .....	65
WOMENS MULTI TAB VIT/MIN.....	203
WOUNDGARD PAD 2.5 .....	153
WOUNDGARD PAD 4 .....	153
<i>wymzya fe</i> .....	123
<b>X</b>	
XALATAN.....	218
XARELTO.....	65
XARELTO STAR TAB 15/20MG .....	65
XATMEP .....	100
XCOPRI.....	68
XCOPRI PAK 100-150 .....	68
XCOPRI PAK 12.5-25 .....	68
XCOPRI PAK 150-200 .....	68
XCOPRI PAK 50-100MG.....	68
XELJANZ .....	47
XELJANZ XR .....	47
XELPROS.....	218
XENAZINE .....	224
XERESE CRE 5-1% .....	138
XHANCE .....	211
XIFAXAN .....	60

XIGDUO XR TAB 10-1000.....	76
XIGDUO XR TAB 10-500MG .....	76
XIGDUO XR TAB 2.5-1000.....	76
XIGDUO XR TAB 5-1000MG .....	76
XIGDUO XR TAB 5-500MG.....	76
XIIDRA .....	216
XOFLUZA .....	112
XOPENEX .....	65
XOPENEX CONCENTRATE .....	65
XOPENEX HFA.....	65
<i>xpect</i> .....	131
XTAMPZA ER.....	54
<i>xulane</i> .....	123
XULTOPHY INJ 100/3.6 .....	76
<b>Y</b>	
YALE NEEDLES MIS 21GX1.25 .....	182
YELETS TEEN TAB FORMULA.....	203
YELLOW WAX MIS BEESWAX .....	222
<i>yl balanced b-100</i> .....	198
<i>yl folic acid</i> .....	164
<i>yl natural vitamin a &amp; d</i> .....	208
<i>yl vitamin b-6</i> .....	237
<i>yl vitamin c</i> .....	237
<i>yl vitamin c/rose hips</i> .....	237
YUPELRI.....	62
<i>yuvafem</i> .....	233
<b>Z</b>	
ZADITOR.....	218
<i>zafemy</i> .....	123
<i>zafirlukast</i> .....	62
<i>zaleplon</i> .....	167
ZANAFLEX .....	209
ZARONTIN.....	69
ZARXIO.....	164
<i>zebutal</i> .....	50
ZEGERID CAP 20-1100 .....	229
ZEGERID CAP 40-1100 .....	229
ZEGERID POW 20-1680 .....	230
ZEGERID POW 40-1680 .....	230
ZEMBRACE SYMTOUCH .....	185
<i>zenatane</i> .....	133
ZENPEP CAP 10000UNT.....	155
ZENPEP CAP 15000UNT.....	155
ZENPEP CAP 20000UNT.....	155
ZENPEP CAP 25000 .....	155
ZENPEP CAP 3000UNIT .....	155
ZENPEP CAP 40000 .....	155

ZENPEP CAP 5000UNIT .....	155	ZITHROMAX .....	171
<i>zenzedi</i> .....	42	ZITHROMAX TRI-PAK.....	171
ZEPATIER TAB 50-100MG.....	111	ZITHROMAX Z-PAK.....	171
<i>zephrex-d</i> .....	211	ZOCOR .....	92
ZEPOSIA .....	225	<i>zolmitriptan</i> .....	185
ZEPOSIA 7DAY CAP STR PACK .....	225	ZOLOFT .....	71
ZEPOSIA CAP STR KIT .....	225	<i>zolpidem tartrate</i> .....	167
ZERVIAE.....	218	ZOMACTON .....	157
ZESTORETIC TAB 10-12.5 .....	99	ZOMIG.....	185
ZESTORETIC TAB 20-12.5 .....	99	<i>zonisamide</i> .....	68
ZESTORETIC TAB 20-25MG .....	99	ZONTIVITY .....	163
ZESTRIL.....	93	ZOO FRIENDS CHW COMPLETE .....	204
ZETIA .....	92	<i>zoo friends multi gummies</i> .....	205
ZETONNA.....	211	<i>zoo friends/extra c</i> .....	206
ZIAC TAB 10/6.25 .....	99	ZORBTIVE .....	157
ZIAC TAB 2.5/6.25 .....	99	ZORVOLEX .....	49
ZIAC TAB 5-6.25MG .....	99	<i>zovia 1/35</i> .....	123
ZIAGEN.....	111	ZOVIRAX.....	111, 138
ZIANA GEL .....	133	ZTLIDO.....	144
<i>zidovudine</i> .....	111	ZUBSOLV SUB 0.7-0.18 .....	57
ZIEXTENZO .....	164	ZUBSOLV SUB 1.4-0.36 .....	57
<i>zileuton</i> .....	62	ZUBSOLV SUB 11.4-2.9 .....	57
ZILXI .....	148	ZUBSOLV SUB 2.9-0.71 .....	57
ZIMHI .....	85	ZUBSOLV SUB 5.7-1.4 .....	57
<i>zinc</i> .....	191	ZUBSOLV SUB 8.6-2.1 .....	57
<i>zinc gluconate</i> .....	191	<i>zumandimine</i> .....	123
<i>zinc oxide (topical)</i> .....	148	ZYFLO.....	63
<i>zinc sulfate</i> .....	191	ZYLET SUS 0.5-0.3%.....	217
<i>zinc-vites</i> .....	197	ZYLOPRIM .....	162
ZIOPTAN .....	218	ZYMAXID .....	215
<i>ziprasidone hcl</i> .....	103	ZYPITAMAG .....	92
<i>ziprasidone mesylate</i> .....	103	ZYPREXA.....	104
ZIPSOR.....	49	ZYPREXA RELPREVV .....	104
ZIRABEV .....	100	ZYPREXA ZYDIS .....	105