

# Essential Plan Preferred Drug List

Molina Healthcare of New York, Inc.

2022



Your Extended Family.



Your Extended Family.

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

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

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
  - Skilled sign language interpreters
  - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
  - Skilled interpreters
  - Written material translated in your language

If you need these services, contact Molina Member Services at 1-800-223-7242 or TTY: 711.

If you think that Molina failed to provide these services or treated you differently based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802

You can also email your complaint to [civil.rights@molinahealthcare.com](mailto:civil.rights@molinahealthcare.com). Or, fax your complaint to (310) 507-6186.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

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

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

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

## **Introduction**

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

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

### **• Formulary Preventive Drugs**

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

### **• Formulary Generic Medications**

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

### **• Formulary Preferred Brand Name Drugs**

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

### **• Formulary Non-Preferred Brand Name Drugs**

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

## **Getting an exception to the formulary**

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

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

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

## **Mail Service Pharmacy**

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

## **Subscriber Agreement**

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

## **How do Members Get Care?**

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

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

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



## Molina Healthcare New York Essential Plan

### 2022 Formulary Changes Effective January 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
7T LIDO GEL 2%	DRUG REMOVED FROM FORMULARY; REGENECARE GEL COVERED ON FORMULARY		
ABIRATERONE TAB 500MG	ADD TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ADACEL INJ	COVERAGE AT A PHARMACY NO LONGER LIMITED TO PREGNANCY STATUS		
ADVAIR DISKUS AEPB 100- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR DISKUS AEPB 250- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR DISKUS AEPB 500- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 115- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 230- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 45- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
AIMOVIG (140 MG DOSE) SOAJ 70MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
AIMOVIG SOAJ 140MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
AIMOVIG SOAJ 70MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
ALBENDAZOLE TAB 200MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
ALINIA TAB 500MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AMITIZA CAP 24MCG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
AMITIZA CAP 8MCG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AMPHETAMI ER SUS 1.25/ML	ADD TO FORMULARY TIER 1, MAX AGE 11 WITHOUT PRIOR AUTHORIZATION		
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML	MAX AGE 11 YEARS OR PRIOR AUTHORIZATION REQUIRED		
ATRIPLA TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
BANZEL SUS 40MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
BOOSTRIX INJ	COVERAGE AT A PHARMACY NO LONGER LIMITED TO PREGNANCY STATUS		
BREZTRI AERO AER SPHERE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
CABOMETYX TABS 20 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
CABOMETYX TABS 40 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
CABOMETYX TABS 60 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
CALCITRIOL OIN 3MCG/GM	PRIOR AUTHORIZATION REQUIRED		
CARISOPRODOL TAB ASA/COD	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
CDP/AMITRIP TAB 10-25MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
CDP/AMITRIP TAB 5-12.5MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
CELECOXIB CAP 100MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 200MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 400MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 50MG	REMOVED PRIOR AUTHORIZATION		
CHANTIX PAK 0.5 & 1MG	TWO NEW STARTS ALLOWED PER YEAR		
CHROMAGEN CAP	DRUG REMOVED FROM FORMULARY		
CIPRODEX SUS 0.3-0.1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
CLONIDINE TAB 0.1MG ER	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
COPAXONE 20 MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION		
COPAXONE 40 MG	ADD TO FORMULARY TIER3 WITH PRIOR AUTHORIZATION		
DARAPRIM TAB 25MG	DRUG REMOVED FROM FORMULARY; PYRIMETHAMINE/LEUCOVORIN COVERED ON FORMULARY		
DESVENLAFAX TAB 25MG ER	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
DEXCHLORPHEN SYP 2MG/5ML	DRUG REMOVED FROM FORMULARY; DIPHENHYDRAMINE COVERED ON FORMULARY		
DICLO/MISOPR TAB 50-0.2MG	ADD TO FORMULARY TIER 1 WITH QUANTITY LIMITS		
DICLO/MISOPR TAB 75-0.2MG	ADD TO FORMULARY TIER 1 WITH QUANTITY LIMITS		
DOXYCYCL HYC CAP 100MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCL HYC CAP 50MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCL HYC TAB 100MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCLINE TAB 20MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE 50MG OR 100MG COVERED ON FORMULARY		
DULERA AER 100-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DULERA AER 200-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DULERA AER 50-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DUTAST/TAMSU CAP 0.5-0.4	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
ELAPRASE INJ 6MG/3ML	DRUG REMOVED FROM FORMULARY; COVERED ON EXCEPTION		



Drug Name	Description of Formulary Change	Current Tier	New Tier
ELIQUIS ST P TAB 5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
ELIQUIS TAB 2.5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
ELIQUIS TAB 5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
EMGALITY (300 MG DOSE) SOSY 100MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
EMGALITY SOAJ 120MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
EMGALITY SOSY 120MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
EMTRIVA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ETODOLAC CAP 200MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
EVEROLIMUS TAB 1 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
EVEROLIMUS TAB FOR ORAL SUSP 2 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
EVEROLIMUS TAB FOR ORAL SUSP 3 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
EVEROLIMUS TAB FOR ORAL SUSP 5 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
EVEROLIMUS TAB FOR ORAL SUSP 10 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
FASENRA PEN SOAJ 30 MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
FABRAZYME INJ 5MG	DRUG REMOVED FROM FORMULARY		
FEIBA INJ	DRUG REMOVED FROM FORMULARY		
FERRIPROX TAB 500MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FLUTIC/SALME AER 100/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
FLUTIC/SALME AER 250/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME AER 500/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 113/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 232/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 55/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FULPHILA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
GARDASIL 9 INJ	COVERAGE AT A PHARMACY ADDED		
GLATIRAMER INJ 20MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATIRAMER INJ 40MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATOPA INJ 20MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATOPA INJ 40MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
HERZUMA SOLR 150MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
HERZUMA SOLR 420MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
HUMULIN INJ 70/30	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN INJ 70/30KWP	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN N INJ U-100	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
HUMULIN N INJ U-100KWP	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN R INJ U-100	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN R INJ U-500	CHANGED TIER	3	2
ICLUSIG TAB 10MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ICLUSIG TAB 30MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
IVERMECTIN TAB 3 MG	NEW QUANTITY LIMIT		
KANJINTI SOLR 150MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
KANJINTI SOLR 420MG	ADD TO FORMULARY, 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
KETOPROFEN CAP 50MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
KETOPROFEN CAP 75MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
KUVAN TAB 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LANSOPR/AMOX MIS /CLARITH	ADD TO FORMULARY TIER 1 WITH MAX DAY'S SUPPLY 10		
LINZESS CAP 145MCG	CHANGED TIER	3	2
LINZESS CAP 290MCG	CHANGED TIER	3	2
LINZESS CAP 72MCG	CHANGED TIER	3	2
LOKELMA 5 GM	ADD TO FORMULARY TIER 3 WITH QL		
LOKELMA 10 GM	ADD TO FORMULARY TIER 3 WITH QL		
METOCLOPRAM INJ 10MG/2ML	ADD TO FORMULARY TIER 1		
METOCLOPRAM INJ 5MG/ML	ADD TO FORMULARY TIER 1		
MONUROL POW 3GM	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
MOTOFEN TAB 1-0.025	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		

Drug Name	Description of Formulary Change	Current Tier	New Tier
MOVIPREP SOL	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NEBIVOLOL TAB 2.5 MG	GENERIC ADDED TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
NEBIVOLOL TAB 5 MG	GENERIC ADDED TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
NEBIVOLOL TAB 10 MG	GENERIC ADDED TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
NEBIVOLOL TAB 20 MG	GENERIC ADDED TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
NEULASTA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN INJ 300MCG	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN INJ 480MCG	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN SOSY 300MCG/0.5ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN SOSY 480MCG/0.8ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NITAZOXANIDE TABS 500MG	ADD TO FORMULARY, TIER 1 WITH PRIOR AUTHORIZATION		
NIVESTYM SOLN 300MCG/ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOLN 480MCG/1.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOSY 300MCG/0.5ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOSY 480MCG/0.8ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	ADD TO FORMULARY, TIER 5		
NORTHERA CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NORTHERA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NORTHERA CAP 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
NUPLAZID CAP 34MG	DRUG REMOVED FROM FORMULARY		
NUPLAZID TAB 10MG	DRUG REMOVED FROM FORMULARY		
NURTEC TAB 75MG ODT	DRUG REMOVED FROM FORMULARY; AIMOVIG OR EMGALITY (FOR PREVENTION) AND REYVOW (FOR TREATMENT) COVERED ON FORMULARY WITH PRIOR AUTHORIZATION		
OFEV CAP 100MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION		
OFEV CAP 150MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION		
OGIVRI SOLR 150MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
OGIVRI SOLR 420MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ONTRUZANT SOLR 150MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ONTRUZANT SOLR 420MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
OSPHENA TAB 60MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
PEGINTRON KIT 50MCG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION		
PERPHEN/AMIT TAB 2-10MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 2-25MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-10MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-25MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-50MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PINWORM TAB MEDICINE	ADD TO FORMULARY TIER 1		
PRED-G SUS OP	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		
PREVNAR 20 INJ	ADDED TO FORMULARY WITH QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
PROAIR HFA AER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PROGLYCEM SUS 50MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PROVENTIL AER HFA	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PYRIME/LEUCO CAP 12.5/2.5	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 25/10MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 25/5MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 50/10MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 50/20MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 50/25MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 75/25MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIMETHAMINE TAB 25 MG	DRUG REMOVED FROM FORMULARY; PYRIMETHAMINE/LEUCOVORIN COVERED ON FORMULARY		
REBIF REBIDOSE SOAJ 22MCG/0.5ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REBIF REBIDOSE SOAJ 44MCG/0.5ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22MCG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REBIF SOSY 22MCG/0.5ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REBIF SOSY 44MCG/0.5ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REBIF TITRATION PACK SOSY 6X8.8 & 6X22MCG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
REMICADE INJ 100MG	DRUG REMOVED FROM FORMULARY; INFLECTRA AND RENFLEXIS COVERED ON FORMULARY		
Reyvow TABS 100MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		

Drug Name	Description of Formulary Change	Current Tier	New Tier
Reyvow TABS 50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
RITUXAN INJ 100MG	DRUG REMOVED FROM FORMULARY; BIOSIMILARS COVERED ON FORMULARY		
RITUXAN INJ 500MG	DRUG REMOVED FROM FORMULARY; BIOSIMILARS COVERED ON FORMULARY		
RUXIENCE SOLN 100MG/10ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
RUXIENCE SOLN 500MG/50ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
RYCLORA SYP 2MG/5ML	DRUG REMOVED FROM FORMULARY; DIPHENHYDRAMINE COVERED ON FORMULARY		
SAMSCA TAB 15MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAMSCA TAB 30MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	MAX AGE 11 YEARS OR PRIOR AUTHORIZATION REQUIRED		
SHINGRIX INJ	MINIMUM AGE REQUIREMENT CHANGED FROM 50 TO 18 YEARS		
SKLICE LOT 0.5%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SOLIQUA SOPN 100-33UNT-MCG/ML	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
SPIRIVA HANDHALER CAPS 18MCG	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
SYMFI LO TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SYMFI TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TAYTULLA CAP 1MG/20MC	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TECFIDERA CAP 120MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TECFIDERA CAP 240MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TECFIDERA MIS STARTER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TINIDAZOLE TAB 250MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
TINIDAZOLE TAB 500MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
TOREMIFENE TAB 60MG	ADD TO FORMULARY TIER 1 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
TOUJEO SOLOSTAR SOPN 300UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
TRAMADL/APAP TAB 37.5-325	ADD TO FORMULARY TIER 1 WITH QUANTITY LIMIT, MED LIMITS, MAX 7 DAY INITIAL SUPPLY, DAILY OPIOID DOSE LIMIT APPLIES		
TRAZIMERA SOLR 150MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TRAZIMERA SOLR 420MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TRELEGY AER ELLIPTA	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		



Drug Name	Description of Formulary Change	Current Tier	New Tier
TREMFYA SOPN 100MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION, PREFERRED BRAND		
TREMFYA SOSY 100MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION, PREFERRED BRAND		
TRUVADA TAB 100-150	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRUVADA TAB 200-300	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRUXIMA SOLN 100MG/10ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TRUXIMA SOLN 500MG/50ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TYKERB TAB 250MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
Ubrelyv TABS 100MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
Ubrelyv TABS 50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
UDENYCA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZIEXTENZO PREFERRED		
ULESFIA LOT 5%	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
VAXNEUVANCE INJ	ADDED TO FORMULARY WITH QUANTITY LIMITS		
VELTASSA PACK 8.4 GM	ADD TO FORMULARY TIER 3 WITH QL		
VELTASSA PACK 16.8 GM	ADD TO FORMULARY TIER 3 WITH QL		
VELTASSA PACK 25.2 GM	ADD TO FORMULARY TIER 3 WITH QL		
VENTOLIN HFA AER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VUMERITY CPDR 231MG	ADD TO FORMULARY TIER 3 WITH PA AND QL		
WIXELA INHUB AER 100/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
WIXELA INHUB AER 250/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
WIXELA INHUB AER 500/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
XARELTO STAR TAB 15/20MG	REMOVED PRIOR AUTHORIZATION		
XARELTO TAB 10MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 15MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 2.5MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 20MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XTANDI CAPS 40 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
XTANDI TABS 40 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
XTAND TABS 80 MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
XULTOPHY SOPN 100-3.6UNIT- MG/ML	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
ZOSTAVAX INJ	AGE MINIMUM CHANGED FROM 50 YEARS TO 18 YEARS		
ZOMIG SPR 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ZOMIG SPR 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
Z-TUSS AC LIQ 2-9/5ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ZYLET SUS 0.5-0.3%	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		

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

**AMPHETAMINES**

<i>amphetamine extended release susp 1.25 mg/ml</i>	Tier 1	AGE (Max 11 years)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1	QL (150 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>dextroamphetamine sulfate cap er 24hr 10 mg</i></b>	Tier 1	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate cap er 24hr 15 mg</i></b>	Tier 1	PA, QL (60 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>methamphetamine hcl tab 5 mg</i></b>	Tier 1	PA, AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 10MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 20MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 30MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 40MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 50MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 60MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b>VYVANSE CAP 70MG (<i>lisdexamfetamine dimesylate</i>)</b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

### **ANALEPTICS**

<b><i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i></b>	Tier 1	QL (120 mL in lifetime), AGE; AGE (Max 1 year)
--	--------	--

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

<b><i>atomoxetine hcl cap 10 mg (base equiv)</i></b>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
--	--------	--

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 1	PA, QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>STIMULANTS - MISC.</b>		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>armodafinil tab 250 mg</i></b>	Tier 1	PA
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b>	Tier 1	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>methylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 20 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 20 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 18 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 27 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 36 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er 24hr 54 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>modafinil tab 100 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days)
<b><i>modafinil tab 200 mg</i></b>	Tier 1	PA, QL (60 tabs / 30 days)

## **ALTERNATIVE MEDICINES**

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

<b><i>melatonin cap 3 mg</i></b>	Tier 1	OTC
----------------------------------	--------	-----

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

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

#### **ALTERNATIVE MEDICINE COMBINATIONS**

<b>melatonin-pyridoxine tab 3-1 mg</b> (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
<b>melatonin-pyridoxine tab er 3-10 mg</b> (Melatonin Tr/vitamin B-6)	Tier 1	OTC
RA MELATONIN TAB 3MG ( <b>melatonin-pyridoxine</b> )	Tier 1	OTC

#### **AMINOGLYCOSIDES**

##### **AMINOGLYCOSIDES**

<b>neomycin sulfate tab 500 mg</b>	Tier 1	
<b>paromomycin sulfate cap 250 mg</b>	Tier 1	
<b>tobramycin nebu soln 300 mg/5ml</b>	Tier 1	PA

#### **ANALGESICS - ANTI-INFLAMMATORY**

##### **ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 10MG/0.2 ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 3	PA, QL (2 ea / year); Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 3	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS ( <b>adalimumab</b> )	Tier 3	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS ( <b>adalimumab</b> )	Tier 3	PA, QL (3 ea / year); Preferred Brand

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA PEN KIT PS/UV ( <i>adalimumab</i> )	Tier 3	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML ( <i>golimumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML ( <i>golimumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

### **ANTIRHEUMATIC - ENZYME INHIBITORS**

RINVOQ TAB 15MG ER ( <i>upadacitinib</i> )	Tier 3	PA; Preferred Brand
XELJANZ SOL 1MG/ML ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ TAB 5MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ TAB 10MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 11MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand
XELJANZ XR TAB 22MG ( <i>tofacitinib citrate</i> )	Tier 3	PA; Preferred Brand

### **GOLD COMPOUNDS**

RIDAURA CAP 3MG ( <i>auranofin</i> )	Tier 3	PA, MAIL
--------------------------------------	--------	----------

### **INTERLEUKIN-1 BLOCKERS**

ARCALYST INJ 220MG ( <i>rilonacept</i> )	Tier 3	PA
--	--------	----

### **INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)**

KINERET INJ ( <i>anakinra</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
---------------------------------	--------	--

### **INTERLEUKIN-6 RECEPTOR INHIBITORS**

ACTEMRA INJ 80MG/4ML ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ACTEMRA INJ 400/20ML ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ( <i>tocilizumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ( <i>sarilumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 ( <i>sarilumab</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fenoprofen calcium tab 600 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen cap 200 mg</i></b> (Medi-profen)	Tier 1	QL (120 caps / 30 days), OTC
<b><i>ibuprofen chew tab 100 mg</i></b> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs / 30 days), AGE, OTC; AGE (Max 12 years)
<b><i>ibuprofen susp 40 mg/ml</i></b> (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b><i>ibuprofen susp 100 mg/5ml</i></b> (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b><i>ibuprofen tab 100 mg</i></b> (Advil Junior Strength)	Tier 1	QL (120 tabs / 30 days), OTC
<b><i>ibuprofen tab 200 mg</i></b> (Ra Ibuprofen)	Tier 1	QL (120 tabs / 30 days), OTC
<b><i>ibuprofen tab 400 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 800 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>indomethacin cap 25 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>indomethacin cap 50 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>ketoprofen cap 50 mg</i></b>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<b><i>ketoprofen cap 75 mg</i></b>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<b><i>ketorolac tromethamine tab 10 mg</i></b>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<b><i>meclofenamate sodium cap 50 mg</i></b>	Tier 1	PA, MAIL
<b><i>meclofenamate sodium cap 100 mg</i></b>	Tier 1	PA, MAIL
<b><i>mefenamic acid cap 250 mg</i></b>	Tier 1	PA, MAIL
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>meloxicam tab 15 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG <i>(abatacept)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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

ENBREL INJ 25/0.5ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG <i>(etanercept)</i>	Tier 3	PA, QL (8 vials / 24 days); Preferred Brand
ENBREL INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL MINI INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML <i>(etanercept)</i>	Tier 3	PA, QL (4 mL / 24 days); Preferred Brand

### **ANALGESICS - NONNARCOTIC**

#### **ANALGESIC COMBINATIONS**

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS OTHER</b>		
<b>acetaminophen chew tab 80 mg</b> (Childrens Pain Reliever)	Tier 1	OTC
<b>acetaminophen chew tab 160 mg</b> (Non- aspirin Junior Streng)	Tier 1	OTC
<b>acetaminophen disintegrating tab 80 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen disintegrating tab 160 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen elixir 160 mg/5ml</b>	Tier 1	OTC
<b>acetaminophen liquid 160 mg/5ml</b> (Mapap)	Tier 1	OTC
<b>acetaminophen liquid 167 mg/5ml</b> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<b>acetaminophen soln 160 mg/5ml</b> (Pain & Fever Childrens)	Tier 1	OTC
<b>acetaminophen suppos 120 mg</b>	Tier 1	OTC
<b>acetaminophen suppos 650 mg</b>	Tier 1	OTC
<b>acetaminophen susp 160 mg/5ml</b> (Cvs Pain & Fever Children)	Tier 1	OTC
<b>acetaminophen tab 325 mg</b> (Mapap)	Tier 1	OTC
<b>acetaminophen tab 500 mg</b>	Tier 1	OTC
<b>acetaminophen tab 500 mg</b> (Sm Pain Relief Extra Stre)	Tier 1	OTC
<b>acetaminophen tab er 650 mg</b>	Tier 1	OTC
FEVERALL INF SUP 80MG <b>(acetaminophen)</b>	Tier 1	OTC
FEVERALL SUP 325MG <b>(acetaminophen)</b>	Tier 1	OTC
NORTEMP SUS INFANTS <b>(acetaminophen)</b>	Tier 1	OTC
<b>SALICYLATES</b>		
<b>aspirin chew tab 81 mg</b> (St Joseph Low Dose Aspiri)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b>aspirin tab 325 mg</b> (Sm Aspirin)	Tier 1	OTC, MAIL
<b>aspirin tab delayed release 81 mg</b> (Aspirin Low Dose)	PREV	OTC, MAIL; Prev for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b>aspirin tab delayed release 325 mg</b>	Tier 1	OTC, MAIL
<b>diflunisal tab 500 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>salsalate tab 500 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 50-2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 100-4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	PA; MED
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	PA; MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)</b>	Tier 3	PA; MED
<b>meperidine hcl oral soln 50 mg/5ml</b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b>meperidine hcl tab 50 mg</b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b>meperidine hcl tab 100 mg</b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b>methadone hcl soln 5 mg/5ml</b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b>methadone hcl soln 10 mg/5ml</b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b>methadone hcl tab 5 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b>methadone hcl tab 10 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<b>morphine sulfate oral soln 10 mg/5ml</b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b>morphine sulfate oral soln 20 mg/5ml</b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<b>morphine sulfate tab 15 mg</b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>morphine sulfate tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab er 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 30 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 60 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 100MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 150MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 200MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA ER TAB 250MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 50MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 75MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
NUCYNTA TAB 100MG ( <b><i>tapentadol hcl</i></b> )	Tier 3	PA; MED
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab er 12hr deter 10 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 15 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 20 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 30 mg</i></b>	Tier 1	PA; MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxycodone hcl tab er 12hr deter 40 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 60 mg</i></b>	Tier 1	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 80 mg</i></b>	Tier 1	PA; MED
<b>OXYCONTIN TAB 10MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 15MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 20MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 30MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 40MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 60MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b>OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)</b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 5 mg</i></b>	Tier 1	PA; MED
<b><i>oxymorphone hcl tab 10 mg</i></b>	Tier 1	PA; MED
<b><i>oxymorphone hcl tab er 12hr 5 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 7.5 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 10 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 15 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 20 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 30 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 40 mg</i></b>	Tier 1	PA, QL (120 tabs / 30 days); MED
<b><i>tramadol hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days); MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<b>OPIOID COMBINATIONS</b>		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 1	PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (300 tabs / 30 days); Max 7 day supply initial fill, MED

### **OPIOID PARTIAL AGONISTS**

<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	PA, QL (6 bottles / 25 days); MED

### **ANDROGENS-ANABOLIC**

#### **ANABOLIC STEROIDS**

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

#### **ANDROGENS**

<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs / 30 days)
<i>danazol cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METHITEST TAB 10MG <i>(methyltestosterone)</i>	Tier 3	PA
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	QL (1680 mL / 30 days)
---	--------	------------------------

### **RECTAL COMBINATIONS**

<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
---	--------	-----

### **RECTAL LOCAL ANESTHETICS**

<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
---------------------------------------	--------	-----

### **RECTAL STEROIDS**

<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
---	--------	--

### **VASODILATING AGENTS**

RECTIV OIN 0.4% <i>(nitroglycerin (intra-anal))</i>	Tier 3	
---	--------	--

## **ANTACIDS**

### **ANTACID COMBINATIONS**

<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)</i>	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)</i>	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)</i>	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)</i>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG <b>(aluminum hydroxide-mag trisil)</b>	Tier 1	OTC
MI-ACID CHW <b>(calcium carbonate-mag hydrox)</b>	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<b>sodium bicarbonate tab 325 mg</b>	Tier 1	OTC
<b>sodium bicarbonate tab 650 mg</b>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<b>calcium carbonate (antacid) chew tab 400 mg</b> (Childrens Pepto)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 500 mg</b> (Calcium Antacid)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 750 mg</b> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<b>calcium carbonate (antacid) chew tab 1000 mg</b> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<b>calcium carbonate (antacid) susp 1250 mg/5ml</b>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<b>magnesium oxide tab 250 mg</b> (Gnp Magnesium)	Tier 1	OTC
<b>magnesium oxide tab 420 mg</b> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<b>albendazole tab 200 mg</b>	Tier 1	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<b>ivermectin tab 3 mg</b>	Tier 1	QL (16 / 2 days); Max 1 fill per month, max 2 days supply
<b>praziquantel tab 600 mg</b>	Tier 1	PA
<b>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</b> (Cvs Pinworm Treatment)	Tier 1	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>metronidazole tab 250 mg</b>	Tier 1	
<b>metronidazole tab 500 mg</b>	Tier 1	
<b>pentamidine isethionate for nebulization soln 300 mg</b>	Tier 1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tinidazole tab 250 mg</i>	Tier 3	QL (56 tabs / 7 days); Max 7 days supply
<i>tinidazole tab 500 mg</i>	Tier 3	QL (28 tabs / 7 days); Max 7 days supply
<i>trimethoprim tab 100mg</i>	Tier 1	
XIFAXAN TAB 200MG ( <i>rifaximin</i> )	Tier 3	PA
XIFAXAN TAB 550MG ( <i>rifaximin</i> )	Tier 3	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUS 100/5ML ( <i>nitazoxanide</i> )	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	PA
<i>nitazoxanide tab 500 mg</i>	Tier 1	PA
<b>CARBAPENEMS</b>		
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
<b>CYCLIC LIPOPEPTIDES</b>		
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
FIRVANQ SOL 50MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG ( <i>aztreonam lysine</i> )	Tier 3	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	PA
<i>linezolid tab 600 mg</i>	Tier 1	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL



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

## **ANTI ANXIETY AGENTS**

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

<b><i>bupirone hcl tab 5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 7.5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 15 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine hcl tab 10 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine hcl tab 25 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 25 mg</i></b>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 50 mg</i></b>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>hydroxyzine pamoate cap 100 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>meprobamate tab 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>meprobamate tab 400 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b>BENZODIAZEPINES</b>		
<b><i>alprazolam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alprazolam tab 0.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>alprazolam tab 1 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>alprazolam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>chlordiazepoxide hcl cap 5 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>chlordiazepoxide hcl cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>chlordiazepoxide hcl cap 25 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 3.75 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>diazepam conc 5 mg/ml</i></b> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam oral soln 1 mg/ml</i></b>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>lorazepam conc 2 mg/ml</i></b>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)

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

## **ANTIARRHYTHMICS**

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

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

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

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

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

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

### **ANTIARRHYTHMICS TYPE III**

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

## **ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	MAIL
--	--------	------

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 30MG/ML ( <i>benralizumab</i> )	Tier 3	PA
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	Tier 3	PA
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 3	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 3	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 3	PA, QL (5 mL / 28 days)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 3	PA
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 3	PA, QL (3 vials / 28 days)
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG ( <i>ipratropium bromide hfa</i> )	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ( <i>umeclidinium bromide</i> )	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL
SPIRIVA AER 1.25MCG ( <i>tiotropium bromide monohydrate</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR ( <i>tiotropium bromide monohydrate</i> )	Tier 2	QL (60 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG ( <i>tiotropium bromide monohydrate</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 1	PA, MAIL
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG ( <i>roflumilast</i> )	Tier 3	PA, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DALIRESP TAB 500MCG ( <i>roflumilast</i> )	Tier 3	PA, MAIL
<b>STEROID INHALANTS</b>		
ASMANEX 7 AER 110MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIIHA AER 80MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIIHAL AER 40MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 2	QL (10.6 gm / 30 days), MAIL
<b>SYMPATHOMIMETICS</b>		
ADVAIR DISKU AER 100/50 ( <i>fluticasone-salmeterol</i> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR DISKU AER 250/50 ( <b>fluticasone-salmeterol</b> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 ( <b>fluticasone-salmeterol</b> )	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 ( <b>fluticasone-salmeterol</b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 ( <b>fluticasone-salmeterol</b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 ( <b>fluticasone-salmeterol</b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</b>	Tier 1	QL (1 inhaler / 30 days), MAIL; Generic Preferred
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	Tier 1	QL (150 ea / 30 days), MAIL
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	Tier 1	QL (300 mL / 30 days), MAIL
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	Tier 1	QL (225 mL / 30 days), MAIL
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	Tier 1	QL (150 mL / 30 days), MAIL
<b>albuterol sulfate syrup 2 mg/5ml</b>	Tier 1	MAIL
<b>albuterol sulfate tab 2 mg</b>	Tier 1	MAIL
<b>albuterol sulfate tab 4 mg</b>	Tier 1	MAIL
ANORO ELLIPT AER 62.5-25 ( <b>umeclidinium-vilanterol</b> )	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG ( <b>indacaterol maleate</b> )	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG ( <b>glycopyrrolate-formoterol fumarate</b> )	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE ( <b>budesonide-glycopyrrolate-formoterol fumarate</b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG ( <b>arformoterol tartrate</b> )	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 ( <b>ipratropium-albuterol</b> )	Tier 2	QL (4 gm / 30 days), MAIL
<b>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</b>	Tier 1	QL (360 mL / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b><i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b><i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b><i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i></b>	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b><i>metaproterenol sulfate syrup 10 mg/5ml</i></b>	Tier 1	MAIL
<b><i>metaproterenol sulfate tab 10 mg</i></b>	Tier 1	MAIL
<b><i>metaproterenol sulfate tab 20 mg</i></b>	Tier 1	MAIL
<b>SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)</b>	Tier 2	QL (60 inhalations / 30 days), MAIL
<b>STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)</b>	Tier 2	QL (4 gm / 30 days), MAIL
<b>STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)</b>	Tier 2	QL (4 gm / 30 days), MAIL
<b>SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	Tier 2	QL (10.2 gm / 30 days), MAIL
<b>SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)</b>	Tier 2	QL (10.2 gm / 30 days), MAIL
<b><i>terbutaline sulfate tab 2.5 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b><i>terbutaline sulfate tab 5 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b>TRELEGY AER ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>)</b>	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>XANTHINES</b>		
<b><i>aminophylline inj 25 mg/ml</i></b>	Tier 1	
<b><i>theophylline soln 80 mg/15ml</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 200 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 300 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 12hr 450 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 24hr 400 mg</i></b>	Tier 1	MAIL
<b><i>theophylline tab er 24hr 600 mg</i></b>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

## ANTICOAGULANTS

### COUMARIN ANTICOAGULANTS

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

### DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG ( <i>apixaban</i> )	Tier 2	QL (74 / 28 days); Max 1 fill per year
ELIQUIS TAB 2.5MG ( <i>apixaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG ( <i>apixaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO STAR TAB 15/20MG ( <i>rivaroxaban</i> )	Tier 2	QL (51 tabs / year)
XARELTO TAB 2.5MG ( <i>rivaroxaban</i> )	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG ( <i>rivaroxaban</i> )	Tier 2	QL (30 tabs / 30 days), MAIL

### HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 1	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 1	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 1	QL (60 mL / 30 days)
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 1	QL (30 vials / 30 days)
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i>	Tier 1	QL (36 mL / 30 days)
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i>	Tier 1	QL (48 mL / 30 days)
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 1	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	PA
FRAGMIN INJ 2500/0.2 ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 5000/0.2 ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 7500/0.3 ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 10000/ML ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 12500UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 15000UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
FRAGMIN INJ 18000UNT ( <i>dalteparin sodium</i> )	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
PRADAXA CAP 110MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
PRADAXA CAP 150MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	PA, MAIL
<b>ANTICONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB 2MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 4MG ( <i>perampanel</i> )	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FYCOMPA TAB 6MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 8MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 10MG ( <i>perampanel</i> )	Tier 3	
FYCOMPA TAB 12MG ( <i>perampanel</i> )	Tier 3	

### **ANTICONVULSANTS - BENZODIAZEPINES**

<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO SPR 5MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 20MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)

### **ANTICONVULSANTS - MISC.**

APTIOM TAB 200MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 400MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 600MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 800MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
BANZEL TAB 200MG ( <i>rufinamide</i> )	Tier 3	MAIL
BANZEL TAB 400MG ( <i>rufinamide</i> )	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Eptol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREGABALIN CAP 300 MG	Tier 1	PA, QL (60 caps / 30 days)
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>rufinamide susp 40 mg/ml</i>	Tier 1	MAIL
<i>rufinamide tab 200 mg</i>	Tier 1	MAIL
<i>rufinamide tab 400 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 50 mg</i>	Tier 1	MAIL
<i>topiramate tab 100 mg</i>	Tier 1	MAIL
<i>topiramate tab 200 mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 50MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 100MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 150MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 200MG ( <i>lacosamide</i> )	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	MAIL
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	Tier 1	MAIL
<i>felbamate tab 400 mg</i>	Tier 1	MAIL
<i>felbamate tab 600 mg</i>	Tier 1	MAIL
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 12 mg</i>	Tier 1	MAIL
<i>tiagabine hcl tab 16 mg</i>	Tier 1	MAIL
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 1	QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<b>HYDANTOINS</b>		
DILANTIN CAP 30MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
DILANTIN CAP 100MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
PEGANONE TAB 250MG ( <i>ethotoin</i> )	Tier 3	MAIL
PHENYTEK CAP 200MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PHENYTEK CAP 300MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL

### **SUCCINIMIDES**

CELONTIN CAP 300MG ( <i>methsuximide</i> )	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL

### **VALPROIC ACID**

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL

### **ANTIDEPRESSANTS**

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

<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

#### **ANTIDEPRESSANTS - MISC.**

<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL; AGE (Max 11 years)
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG ( <i>vortioxetine hbr</i> )	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG ( <i>vortioxetine hbr</i> )	Tier 3	PA, MAIL
TRINTELLIX TAB 20MG ( <i>vortioxetine hbr</i> )	Tier 3	PA, MAIL
VIIBRYD KIT STARTER ( <i>vilazodone hcl</i> )	Tier 3	PA
VIIBRYD TAB 10MG ( <i>vilazodone hcl</i> )	Tier 3	PA, MAIL
VIIBRYD TAB 20MG ( <i>vilazodone hcl</i> )	Tier 3	PA, MAIL

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

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



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

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

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>glyburide-metformin tab 2.5-500 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>glyburide-metformin tab 5-500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JENTADUETO TAB XR ( <i>linagliptin-metformin hcl</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
SOLIQUA INJ 100/33 ( <i>insulin glargine-lixisenatide</i> )	Tier 2	ST, QL (6 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin
SYNJARDY TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-500MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 12.5-500 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 10-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 25-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST, MAIL; Requires Trial of Metformin
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 10-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 25-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin
TRIJARDY XR TAB ( <i>empagliflozin-linagliptin-metformin</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin
XIGDUO XR TAB 2.5-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 5-1000MG <i>(dapagliflozin-metformin hcl)</i>	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-500MG <i>(dapagliflozin-metformin hcl)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-1000 <i>(dapagliflozin-metformin hcl)</i>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XULTOPHY INJ 100/3.6 <i>(insulin degludec-liraglutide)</i>	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin

### **BIGUANIDES**

<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE <i>(glucagon)</i>	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 1	MAIL
GLUCAGEN INJ HYPOKIT <i>(glucagon hcl rdna)</i>	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE <i>(dextrose diabetic use)</i>	Tier 1	OTC
TGT GLUCOSE CHW GRAPE <i>(glucose-vitamin c)</i>	Tier 1	OTC

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

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alogliptin benzoate tab 25 mg (base equiv)</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<b>TRADJENTA TAB 5MG (<i>linagliptin</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

#### **DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC**

<b>CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate (diabetes)</i>)</b>	Tier 2	QL (180 tabs / 30 days), MAIL
--	--------	-------------------------------

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

<b>OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)</b>	Tier 2	ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose
<b>OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)</b>	Tier 2	ST, QL (3 mL / 24 days), MAIL; 1 mg/dose
<b>OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)</b>	Tier 2	ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin
<b>RYBELSUS TAB 3MG (<i>semaglutide</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>RYBELSUS TAB 7MG (<i>semaglutide</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>RYBELSUS TAB 14MG (<i>semaglutide</i>)</b>	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)</b>	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRULICITY INJ 1.5/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 3/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 4.5/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin

### **INSULIN**

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FIASP INJ 100/ML ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (6 pens / 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (3 vials / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens / 30 days), MAIL; Novo Nordisk

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges / 30 days), MAIL; Novo Nordisk
INSULIN LISP INJ 100/ML	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
LEVEMIR INJ ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTouc ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB 2MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
<b>SULFONYLUREAS</b>		
<i>chlorpropamide tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

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

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

### **ANTIPERISTALTIC AGENTS**

ANTI-DIARRHE LIQ 1MG/5ML ( <i>loperamide hcl</i> )	Tier 1	OTC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC
MOTOFEN TAB 1-0.025 ( <i>difenoxin w/ atropine</i> )	Tier 3	PA, QL (100 tabs / 30 days)

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG ( <i>succimer</i> )	Tier 3	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 1	PA
<i>deferiprone tab 500 mg</i>	Tier 1	PA
FERRIPROX TAB 1000MG ( <i>deferiprone</i> )	Tier 3	PA

### **OPIOID ANTAGONISTS**

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>naloxone hcl soln prefilled syringe 2 mg/2ml</i></b>	Tier 1	
<b><i>naltrexone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b>NARCAN SPR (<i>naloxone hcl</i>)</b>	Tier 2	
<b>VIVITROL INJ 380MG (<i>naltrexone</i>)</b>	Tier 2	QL (1 injection / 28 days)

## **ANTIEMETICS**

### **5-HT3 RECEPTOR ANTAGONISTS**

<b><i>ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)</i></b>	Tier 3	PA
<b><i>ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)</i></b>	Tier 3	PA
<b><i>granisetron hcl tab 1 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i></b>	Tier 1	
<b><i>ondansetron hcl oral soln 4 mg/5ml</i></b>	Tier 1	QL (50 mL / 30 days), AGE; AGE (Max 12 years)
<b><i>ondansetron hcl tab 4 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>ondansetron hcl tab 8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>ondansetron orally disintegrating tab 4 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>ondansetron orally disintegrating tab 8 mg</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i></b>	Tier 1	PA

### **ANTIEMETICS - ANTICHOLINERGIC**

<b><i>dimenhydrinate tab 50 mg</i></b> (Cvs Motion Sickness)	Tier 1	OTC
<b><i>meclizine hcl chew tab 25 mg</i></b> (Cvs Motion Sickness Relie)	Tier 1	QL (120 tabs / 30 days), OTC
<b><i>meclizine hcl tab 12.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>meclizine hcl tab 25 mg</i></b>	Tier 1	QL (120 tabs / 30 days)
<b><i>scopolamine td patch 72hr 1 mg/3days</i></b>	Tier 1	QL (4 patches / 30 days)
<b><i>trimethobenzamide hcl cap 300 mg</i></b>	Tier 1	

### **ANTIEMETICS - MISCELLANEOUS**

<b><i>AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)</i></b>	Tier 3	PA
<b><i>CESAMET CAP 1MG (<i>nabilone</i>)</i></b>	Tier 3	PA
<b><i>dronabinol cap 2.5 mg</i></b>	Tier 1	PA
<b><i>dronabinol cap 5 mg</i></b>	Tier 1	PA
<b><i>dronabinol cap 10 mg</i></b>	Tier 1	PA
<b><i>fructose-dextrose-phosphoric acid oral soln</i></b> (Cvs Nausea Relief)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	Tier 1	PA
<i>aprepitant capsule 80 mg</i>	Tier 1	PA
<i>aprepitant capsule 125 mg</i>	Tier 1	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 1	PA

## ANTIFUNGALS

### ANTIFUNGALS

<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)

### IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG <i>(isavuconazonium sulfate)</i>	Tier 3	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 1	PA
<i>voriconazole tab 200 mg</i>	Tier 1	PA

## ANTIHI STAMINES

### ANTIHI STAMINES - ALKYLAMINES

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

### ANTIHI STAMINES - ETHANOLAMINES

ALER-DRYL TAB 50MG <i>(diphenhydramine hcl)</i>	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i></b> (Gnp Dayhist Allergy)	Tier 1	OTC
<b><i>clemastine fumarate tab 2.68 mg</i></b>	Tier 1	
<b><i>diphenhydramine hcl cap 25 mg</i></b> (Pharbedryl)	Tier 1	OTC
<b><i>diphenhydramine hcl cap 50 mg</i></b>	Tier 1	OTC
<b><i>diphenhydramine hcl chew tab 12.5 mg</i></b> (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b><i>diphenhydramine hcl elixir 12.5 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>diphenhydramine hcl inj 50 mg/ml</i></b>	Tier 1	
<b><i>diphenhydramine hcl liquid 12.5 mg/5ml</i></b> (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b><i>diphenhydramine hcl tab 25 mg</i></b>	Tier 1	OTC
<b><i>diphenhydramine hcl tab disint 12.5 mg</i></b> (Wal-dryl Allergy Relief C)	Tier 1	OTC

#### **ANTI HISTAMINES - NON-SEDATING**

<b><i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i></b>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<b><i>cetirizine hcl tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), OTC
<b><i>cetirizine hcl tab 10 mg</i></b> (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
<b><i>desloratadine tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>fexofenadine hcl tab 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), OTC
<b><i>fexofenadine hcl tab 180 mg</i></b>	Tier 1	QL (30 tabs / 30 days), OTC
<b><i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i></b>	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
<b><i>levocetirizine dihydrochloride tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days)
<b><i>loratadine rapidly-disintegrating tab 10 mg</i></b> (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
<b><i>loratadine syrup 5 mg/5ml</i></b> (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)
<b><i>loratadine tab 10 mg</i></b> (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC

#### **ANTI HISTAMINES - PHENOTHIAZINES**

<b><i>promethazine hcl inj 25 mg/ml</i></b>	Tier 1	
<b><i>promethazine hcl suppos 12.5 mg</i></b>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl suppos 25 mg</i>	Tier 1	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

### **ANTI HISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)

### **ANTIHYPERLIPIDEMICS**

#### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	Tier 3	PA, MAIL
--	--------	----------

#### **ANTIHYPERLIPIDEMICS - COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	PA, MAIL
NEXLIZET TAB 180/10MG ( <i>bempedoic acid-ezetimibe</i> )	Tier 3	PA, MAIL

#### **ANTIHYPERLIPIDEMICS - MISC.**

<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
---	--------	-------------------------------

#### **BILE ACID SEQUESTRANTS**

<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL

#### **FIBRIC ACID DERIVATIVES**

<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	QL (30 caps / 30 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

#### **HMG COA REDUCTASE INHIBITORS**

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	PREV	ST, QL (30 caps / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>simvastatin tab 5 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 20 mg</i>	PREV	QL (45 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 40 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 40-75, otherwise Tier 1
<i>simvastatin tab 80 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
----------------------------	--------	---

### **NICOTINIC ACID DERIVATIVES**

<i>niacin (antihyperlipidemic) tab 500 mg (Niacor)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

REPATHA INJ 140MG/ML ( <i>evolocumab</i> )	Tier 3	PA
REPATHA PUSH INJ 420/3.5 ( <i>evolocumab</i> )	Tier 3	PA
REPATHA SURE INJ 140MG/ML ( <i>evolocumab</i> )	Tier 3	PA

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

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

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	
---------------------------------------	--------	--

#### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

<i>candesartan cilexetil tab 4 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>telmisartan tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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



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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
-----------	-----------	---------------------

**SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

**VASODILATORS**

<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL

**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG ( <i>artemether-lumefantrine</i> )	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)

**ANTIMALARIALS**

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 1	QL (30 caps / 30 days)

## **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)

## **ANTIMYCOBACTERIAL AGENTS**

### **ANTI TB COMBINATIONS**

RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	Tier 3	
---	--------	--

### **ANTIMYCOBACTERIAL AGENTS**

CAPASTAT SUL INJ 1GM ( <i>capreomycin sulfate</i> )	Tier 3	
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM ( <i>aminosalicylic acid</i> )	Tier 3	
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG ( <i>bedaquiline fumarate</i> )	Tier 3	
TRECTOR TAB 250MG ( <i>ethionamide</i> )	Tier 3	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	Tier 1	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 1	PA
GLEOSTINE CAP 10MG ( <i>lomustine</i> )	Tier 3	PA
GLEOSTINE CAP 40MG ( <i>lomustine</i> )	Tier 3	PA
GLEOSTINE CAP 100MG ( <i>lomustine</i> )	Tier 3	PA
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 1	PA
<i>temozolomide cap 20 mg</i>	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>temozolomide cap 100 mg</i>	Tier 1	PA
<i>temozolomide cap 140 mg</i>	Tier 1	PA
<i>temozolomide cap 180 mg</i>	Tier 1	PA
<i>temozolomide cap 250 mg</i>	Tier 1	PA
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Tier 1	PA
<i>capecitabine tab 500 mg</i>	Tier 1	PA
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG ( <i>thioguanine</i> )	Tier 3	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
HERZUMA INJ 150MG ( <i>trastuzumab-pkrb</i> )	Tier 3	PA, QL (6 vials / 14 days)
HERZUMA INJ 420MG ( <i>trastuzumab-pkrb</i> )	Tier 3	PA, QL (2 vials / 14 days)
KANJINTI INJ 420MG ( <i>trastuzumab-anns</i> )	Tier 3	PA, QL (2 vials / 14 days)
KANJINTI SOL 150MG ( <i>trastuzumab-anns</i> )	Tier 3	PA, QL (6 vials / 14 days)
OGIVRI INJ 150MG ( <i>trastuzumab-dkst</i> )	Tier 3	PA, QL (6 vials / 14 days)
OGIVRI INJ 420MG ( <i>trastuzumab-dkst</i> )	Tier 3	PA, QL (2 vials / 14 days)
ONTRUZANT INJ 150MG ( <i>trastuzumab-dttb</i> )	Tier 3	PA, QL (6 vials / 14 days)
ONTRUZANT INJ 420MG ( <i>trastuzumab-dttb</i> )	Tier 3	PA, QL (2 vials / 14 days)
TRAZIMERA INJ 150MG ( <i>trastuzumab-qyyp</i> )	Tier 3	PA, QL (6 vials / 14 days)
TRAZIMERA INJ 420MG ( <i>trastuzumab-qyyp</i> )	Tier 3	PA, QL (2 vials / 14 days)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE INJ 100/10ML ( <i>rituximab-pvvr</i> )	Tier 3	PA, QL (10 vials / 7 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RUXIENCE INJ 500/50ML ( <i>rituximab-pvvr</i> )	Tier 3	PA, QL (2 vials / 7 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	Tier 3	PA, QL (30 per 30 days)
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	Tier 3	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Tier 1	PA, QL (120 per 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Prev for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 3	PA
ELIGARD INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 3	PA
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	Tier 3	PA
<i>exemestane tab 25 mg</i>	Tier 1	PA, MAIL; Prev for ages 35 and over, otherwise Tier 1
FIRMAGON INJ 80MG ( <i>degarelix acetate</i> )	Tier 3	PA
<i>flutamide cap 125 mg</i>	Tier 1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 1	PA
LUPRON DEPOT INJ 3.75MG ( <i>leuprolide acetate</i> )	Tier 3	PA
LUPRON DEPOT INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 3	PA
LUPRON DEPOT INJ 11.25MG ( <i>leuprolide acetate (3 month)</i> )	Tier 3	PA
LUPRON DEPOT INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 3	PA
LYSODREN TAB 500MG ( <i>mitotane</i> )	Tier 3	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 1	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tamoxifen citrate tab 10 mg (base equivalent)</i></b>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<b><i>tamoxifen citrate tab 20 mg (base equivalent)</i></b>	PREV	MAIL; Prev for ages 35 and over, otherwise Tier 1
<b><i>toremifene citrate tab 60 mg (base equivalent)</i></b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b>TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)</b>	Tier 3	PA
<b>TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)</b>	Tier 3	PA
<b>XTANDI CAP 40MG (<i>enzalutamide</i>)</b>	Tier 3	PA, QL (120 / 30 days)
<b>XTANDI TAB 40MG (<i>enzalutamide</i>)</b>	Tier 3	PA, QL (120 / 30 days)
<b>XTANDI TAB 80MG (<i>enzalutamide</i>)</b>	Tier 3	PA, QL (60 / 30 days)
<b>ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)</b>	Tier 3	PA
<b>ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)</b>	Tier 3	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
<b>POMALYST CAP 1MG (<i>pomalidomide</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>POMALYST CAP 2MG (<i>pomalidomide</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>POMALYST CAP 3MG (<i>pomalidomide</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>POMALYST CAP 4MG (<i>pomalidomide</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
<b>KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	Tier 3	PA, QL (49 per 28 days)
<b>KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	Tier 3	PA, QL (70 per 28 days)
<b>KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)</b>	Tier 3	PA, QL (91 per 28 days)
<b>LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)</b>	Tier 3	PA, QL (100 per 28 days)
<b>LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)</b>	Tier 3	PA, QL (100 per 28 days)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
<b>AFINITOR DIS TAB 2MG (<i>everolimus</i>)</b>	Tier 3	PA, QL (60 per 30 days)
<b>AFINITOR DIS TAB 3MG (<i>everolimus</i>)</b>	Tier 3	PA, QL (90 per 30 days)
<b>AFINITOR DIS TAB 5MG (<i>everolimus</i>)</b>	Tier 3	PA, QL (60 per 30 days)
<b>AFINITOR TAB 10MG (<i>everolimus</i>)</b>	Tier 3	PA, QL (30 per 30 days)
<b>ALECENSA CAP 150MG (<i>alectinib hcl</i>)</b>	Tier 3	PA, QL (240 per 30 days)
<b>BRUKINSA CAP 80MG (<i>zanubrutinib</i>)</b>	Tier 3	PA, QL (120 per 30 days)
<b>CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)</b>	Tier 3	PA, QL (30 / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CABOMETYX TAB 40MG ( <i>cabozantinib s-malate</i> )	Tier 3	PA, QL (30 / 30 days)
CABOMETYX TAB 60MG ( <i>cabozantinib s-malate</i> )	Tier 3	PA, QL (30 / 30 days)
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	Tier 3	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG ( <i>vandetanib</i> )	Tier 3	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG ( <i>cabozantinib s-malate</i> )	Tier 3	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG ( <i>cabozantinib s-malate</i> )	Tier 3	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG ( <i>cabozantinib s-malate</i> )	Tier 3	PA, QL (120 per 30 days)
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 1	PA, QL (90 per 30 days)
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 1	PA, QL (30 per 30 days)
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 2.5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 7.5 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab 10 mg</i>	Tier 1	PA, QL (30 per 30 days)
<i>everolimus tab for oral susp 2 mg</i>	Tier 1	PA, QL (60 per 30 days)
<i>everolimus tab for oral susp 3 mg</i>	Tier 1	PA, QL (90 per 30 days)
<i>everolimus tab for oral susp 5 mg</i>	Tier 1	PA, QL (60 per 30 days)
FARYDAK CAP 10MG ( <i>panobinostat lactate</i> )	Tier 3	PA, QL (6 per 21 days)
FARYDAK CAP 15MG ( <i>panobinostat lactate</i> )	Tier 3	PA, QL (6 per 21 days)
FARYDAK CAP 20MG ( <i>panobinostat lactate</i> )	Tier 3	PA, QL (6 per 21 days)
GILOTRIF TAB 20MG ( <i>afatinib dimaleate</i> )	Tier 3	PA, QL (30 per 30 days)
GILOTRIF TAB 30MG ( <i>afatinib dimaleate</i> )	Tier 3	PA, QL (30 per 30 days)
GILOTRIF TAB 40MG ( <i>afatinib dimaleate</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 75MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 100MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE CAP 125MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 75MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 100MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
IBRANCE TAB 125MG ( <i>palbociclib</i> )	Tier 3	PA, QL (30 per 30 days)
ICLUSIG TAB 10MG ( <i>ponatinib hcl</i> )	Tier 3	PA, QL (30 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG TAB 15MG ( <i>ponatinib hcl</i> )	Tier 3	PA, QL (60 per 30 days)
ICLUSIG TAB 30MG ( <i>ponatinib hcl</i> )	Tier 3	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 45MG ( <i>ponatinib hcl</i> )	Tier 3	PA, QL (30 per 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	PA, QL (90 per 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	PA, QL (60 per 30 days)
IMBRUVICA CAP 140MG ( <i>ibrutinib</i> )	Tier 3	PA, QL (90 per 30 days)
JAKAFI TAB 5MG ( <i>ruxolitinib phosphate</i> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 10MG ( <i>ruxolitinib phosphate</i> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 15MG ( <i>ruxolitinib phosphate</i> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 20MG ( <i>ruxolitinib phosphate</i> )	Tier 3	PA, QL (60 per 30 days)
JAKAFI TAB 25MG ( <i>ruxolitinib phosphate</i> )	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 200DOSE ( <i>ribociclib succinate</i> )	Tier 3	PA, QL (30 per 30 days)
KISQALI TAB 400DOSE ( <i>ribociclib succinate</i> )	Tier 3	PA, QL (60 per 30 days)
KISQALI TAB 600DOSE ( <i>ribociclib succinate</i> )	Tier 3	PA, QL (90 per 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	PA, QL (180 per 30 days)
LENVIMA CAP 4MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 8 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 10 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (30 per 30 days)
LENVIMA CAP 12MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 14 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 18 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (90 per 30 days)
LENVIMA CAP 20 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (60 per 30 days)
LENVIMA CAP 24 MG ( <i>lenvatinib mesylate</i> )	Tier 3	PA, QL (90 per 30 days)
LYNPARZA TAB 100MG ( <i>olaparib</i> )	Tier 3	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG ( <i>olaparib</i> )	Tier 3	PA, QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MEKINIST TAB 0.5MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 3	PA, QL (90 per 30 days)
MEKINIST TAB 2MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 3	PA, QL (30 per 30 days)
NEXAVAR TAB 200MG ( <b><i>sorafenib tosylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
RUBRACA TAB 200MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG ( <b><i>rucaparib camsylate</i></b> )	Tier 3	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG ( <b><i>dasatinib</i></b> )	Tier 3	PA, QL (30 per 30 days)
STIVARGA TAB 40MG ( <b><i>regorafenib</i></b> )	Tier 3	PA, QL (90 per 30 days)
SUTENT CAP 12.5MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (120 per 30 days)
SUTENT CAP 25MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (30 per 30 days)
SUTENT CAP 50MG ( <b><i>sunitinib malate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG ( <b><i>dabrafenib mesylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG ( <b><i>dabrafenib mesylate</i></b> )	Tier 3	PA, QL (120 per 30 days)
TAGRISSE TAB 40MG ( <b><i>osimertinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TAGRISSE TAB 80MG ( <b><i>osimertinib mesylate</i></b> )	Tier 3	PA, QL (30 per 30 days)
TASIGNA CAP 50MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 150MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
TASIGNA CAP 200MG ( <b><i>nilotinib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG ( <b><i>pazopanib hcl</i></b> )	Tier 3	PA, QL (120 per 30 days)
XALKORI CAP 200MG ( <b><i>crizotinib</i></b> )	Tier 3	PA, QL (60 per 30 days)
XALKORI CAP 250MG ( <b><i>crizotinib</i></b> )	Tier 3	PA, QL (60 per 30 days)
ZEJULA CAP 100MG ( <b><i>niraparib tosylate</i></b> )	Tier 3	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG ( <b><i>vorinostat</i></b> )	Tier 3	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG ( <b><i>idelalisib</i></b> )	Tier 3	PA, QL (60 per 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	Tier 3	PA, QL (60 per 30 days)
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 3	PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	Tier 3	PA
<i>bexarotene cap 75 mg</i>	Tier 1	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU ( <i>interferon alfa-2b</i> )	Tier 3	PA
INTRON A INJ 18MU ( <i>interferon alfa-2b</i> )	Tier 3	PA
INTRON A INJ 25MU ( <i>interferon alfa-2b</i> )	Tier 3	PA
INTRON A INJ 50MU ( <i>interferon alfa-2b</i> )	Tier 3	PA
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	Tier 3	PA
<i>tretinoin cap 10 mg</i>	Tier 1	PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 1	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	Tier 1	MAIL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 1	PA, MAIL
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amantadine hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>APOKYN INJ 10MG/ML (apomorphine hydrochloride)</i></b>	Tier 3	PA
<b><i>bromocriptine mesylate cap 5 mg (base equivalent)</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>carb/levo tab 25-100mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa tab 10-100 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa tab 25-100 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa tab 25-250 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa tab er 25-100 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa &amp; levodopa tab er 50-200 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i></b>	Tier 1	MAIL
<b><i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i></b>	Tier 1	QL (240 tabs / 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>NEUPRO DIS 1MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>NEUPRO DIS 2MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>NEUPRO DIS 3MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>NEUPRO DIS 4MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>NEUPRO DIS 6MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>NEUPRO DIS 8MG/24HR (rotigotine)</i></b>	Tier 3	PA, MAIL
<b><i>pramipexole dihydrochloride tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.25 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.75 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	Tier 1	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL

#### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

#### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

##### **ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)

##### **ANTIPSYCHOTICS - MISC.**

LATUDA TAB 20MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 40MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 60MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 80MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 120MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 3MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 6MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ziprasidone hcl cap 20 mg</i></b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>ziprasidone hcl cap 40 mg</i></b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>ziprasidone hcl cap 60 mg</i></b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>ziprasidone hcl cap 80 mg</i></b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

### **BENZISOXAZOLES**

<b>FANAPT PAK (<i>iloperidone</i>)</b>	Tier 3	PA
<b>FANAPT TAB 1MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 2MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 4MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 6MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 8MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 10MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>FANAPT TAB 12MG (<i>iloperidone</i>)</b>	Tier 3	PA, MAIL
<b>INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
<b>INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
<b>INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
<b>INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
<b>INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)
<b>INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (0.875 mL / 90 days), AGE; AGE (Min 6 years)
<b>INVEGA TRINZ INJ 410MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (1.315 mL / 90 days), AGE; AGE (Min 6 years)
<b>INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 6 years)
<b>INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 6 years)
<b><i>paliperidone tab er 24hr 1.5 mg</i></b>	Tier 1	PA, MAIL
<b><i>paliperidone tab er 24hr 3 mg</i></b>	Tier 1	PA, MAIL
<b><i>paliperidone tab er 24hr 6 mg</i></b>	Tier 1	PA, MAIL
<b><i>paliperidone tab er 24hr 9 mg</i></b>	Tier 1	PA, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 12.5MG ( <i>risperidone microspheres</i> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 25MG ( <i>risperidone microspheres</i> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 37.5MG ( <i>risperidone microspheres</i> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 50MG ( <i>risperidone microspheres</i> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	QL (480 mL / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)

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

Drug Name	Drug Tier	Requirements/Limits
<b>BUTYROPHENONES</b>		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>DIBENZAPINES</b>		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

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



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

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

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

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

### **QUINOLINONE DERIVATIVES**

<b>ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<b>ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 6 years)
<b><i>aripiprazole oral solution 1 mg/ml</i></b>	Tier 1	PA, MAIL; AGE (Max 11 years)
<b><i>aripiprazole orally disintegrating tab 10 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole orally disintegrating tab 15 mg</i></b>	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 15 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)</b>	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 6 years)
<b>ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)</b>	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 6 years)
<b>ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)</b>	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 6 years)
<b>ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>)</b>	Tier 2	QL (1 injection / 60 days); AGE (Min 6 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INJ INITIO ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (1 injection / 30 days); AGE (Min 6 years)

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
--	--------	-----

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG ( <i>tipranavir</i> )	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL ( <i>tipranavir</i> )	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
BIKTARVY TAB ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG ( <i>indinavir sulfate</i> )	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG ( <i>indinavir sulfate</i> )	Tier 2	QL (180 caps / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs / 30 days)
<b>didanosine delayed release capsule 200 mg</b>	Tier 1	QL (60 caps / 30 days)
<b>didanosine delayed release capsule 250 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>didanosine delayed release capsule 400 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)</b>	Tier 2	QL (30 tabs / 30 days)
<b>EDURANT TAB 25MG (rilpivirine hcl)</b>	Tier 2	QL (30 tabs / 30 days)
<b>efavirenz cap 50 mg</b>	Tier 1	QL (360 caps / 30 days)
<b>efavirenz cap 200 mg</b>	Tier 1	QL (90 caps / 30 days)
<b>efavirenz tab 600 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine caps 200 mg</b>	Tier 1	QL (30 caps / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b>	Tier 1	QL (30 tabs / 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b>	Tier 1	QL (30 tabs / 30 days); PREV for PrEP
<b>EMTRIVA SOL 10MG/ML (emtricitabine)</b>	Tier 2	QL (720 mL / 30 days)
<b>EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)</b>	Tier 2	QL (30 tabs / 30 days)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	Tier 1	QL (120 tabs / 30 days)
<b>FUZEON INJ 90MG (enfuvirtide)</b>	Tier 3	PA
<b>GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)</b>	Tier 2	QL (30 tabs / 30 days)
<b>INTELENCE TAB 25MG (etravirine)</b>	Tier 2	QL (480 tabs / 30 days)
<b>INTELENCE TAB 100MG (etravirine)</b>	Tier 2	QL (120 tabs / 30 days)
<b>INTELENCE TAB 200MG (etravirine)</b>	Tier 2	QL (60 tabs / 30 days)
<b>INVIRASE TAB 500MG (saquinavir mesylate)</b>	Tier 2	QL (300 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ISENTRESS CHW 25MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (30 mL / 30 days)
<i>nevirapine sus 50mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML ( <i>ritonavir</i> )	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG ( <i>doravirine</i> )	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ( <i>darunavir-cobicistat</i> )	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML ( <i>darunavir ethanolate</i> )	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG ( <i>delavirdine mesylate</i> )	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY SOL 20MG/ML ( <i>maraviroc</i> )	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG ( <i>maraviroc</i> )	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	Tier 2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB ( <i>abacavir-dolutegravir-lamivudine</i> )	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG ( <i>cobicistat</i> )	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ( <i>didanosine</i> )	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (120 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	PA
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days)
BARACLUDE SOL ( <i>entecavir</i> )	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DAKLINZA TAB 30MG ( <i>daclatasvir dihydrochloride</i> )	Tier 3	PA
DAKLINZA TAB 60MG ( <i>daclatasvir dihydrochloride</i> )	Tier 3	PA
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML ( <i>lamivudine (hbv)</i> )	Tier 3	PA, QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 3	PA, QL (28 tablets / 28 days); Preferred
PEGASYS INJ ( <i>peginterferon alfa-2a</i> )	Tier 3	PA
PEGASYS INJ 180MCG/M ( <i>peginterferon alfa-2a</i> )	Tier 3	PA
PEGINTRON KIT 50MCG ( <i>peginterferon alfa-2b</i> )	Tier 3	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 3	PA, QL (28 tablets / 28 days); Preferred
SOVALDI TAB 400MG ( <i>sofosbuvir</i> )	Tier 3	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	Tier 3	PA
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	Tier 3	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG ( <i>elbasvir-grazoprevir</i> )	Tier 3	PA, QL (28 tablets / 28 days)
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i></b>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
<b>RELENZA MIS DISKHALE (<i>zanamivir</i>)</b>	Tier 2	QL (2 inhalers / year)
<b><i>rimantadine hydrochloride tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b>XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)</b>	Tier 2	QL (2 tabs / 30 days)
<b>XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)</b>	Tier 2	QL (2 tabs / 30 days)

## **BETA BLOCKERS**

### **ALPHA-BETA BLOCKERS**

<b><i>carvedilol tab 3.125 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 6.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>carvedilol tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 200 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>labetalol hcl tab 300 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL

### **BETA BLOCKERS CARDIO-SELECTIVE**

<b><i>acebutolol hcl cap 200 mg</i></b>	Tier 1	MAIL
<b><i>acebutolol hcl cap 400 mg</i></b>	Tier 1	MAIL
<b><i>atenolol tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol tab 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>betaxolol hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>betaxolol hcl tab 20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>bisoprolol fumarate tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bisoprolol fumarate tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)</b>	Tier 3	PA, MAIL
<b>BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)</b>	Tier 3	PA, MAIL
<b>BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)</b>	Tier 3	PA, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)</b>	Tier 3	PA, MAIL
<b><i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>metoprolol tartrate tab 25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>metoprolol tartrate tab 50 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>metoprolol tartrate tab 100 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>nebivolol hcl tab 2.5 mg (base equivalent)</i></b>	Tier 1	PA, MAIL
<b><i>nebivolol hcl tab 5 mg (base equivalent)</i></b>	Tier 1	PA, MAIL
<b><i>nebivolol hcl tab 10 mg (base equivalent)</i></b>	Tier 1	PA, MAIL
<b><i>nebivolol hcl tab 20 mg (base equivalent)</i></b>	Tier 1	PA, MAIL
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<b><i>nadolol tab 20 mg</i></b>	Tier 1	MAIL
<b><i>nadolol tab 40 mg</i></b>	Tier 1	MAIL
<b><i>nadolol tab 80 mg</i></b>	Tier 1	MAIL
<b><i>pindolol tab 5 mg</i></b>	Tier 1	MAIL
<b><i>pindolol tab 10 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl cap er 24hr 60 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>propranolol hcl cap er 24hr 80 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>propranolol hcl cap er 24hr 120 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>propranolol hcl cap er 24hr 160 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>propranolol hcl oral soln 20 mg/5ml</i></b>	Tier 1	MAIL
<b><i>propranolol hcl oral soln 40 mg/5ml</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 10 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 20 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 40 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 60 mg</i></b>	Tier 1	MAIL
<b><i>propranolol hcl tab 80 mg</i></b>	Tier 1	MAIL
<b><i>sotalol hcl (afib/afi) tab 80 mg</i></b>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sotalol hcl (afib/afi) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afi) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

## **CALCIUM CHANNEL BLOCKERS**

### **CALCIUM CHANNEL BLOCKERS**

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

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

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

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

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

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

## **CARDIOVASCULAR AGENTS - MISC.**

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>PERIPHERAL VASODILATORS</b>		
<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
<b>PROSTAGLANDIN VASODILATORS</b>		
ORENITRAM TAB 0.25MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 0.125MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG ( <i>treprostinil diolamine</i> )	Tier 3	PA, QL (90 tabs / 30 days)
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA
VENTAVIS SOL 10MCG/ML ( <i>iloprost</i> )	Tier 3	PA
VENTAVIS SOL 20MCG/ML ( <i>iloprost</i> )	Tier 3	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 1	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 1	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG ( <i>macitentan</i> )	Tier 3	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG ( <i>bosentan</i> )	Tier 3	PA, QL (60 tabs / 30 days)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800 ( <i>selexipag</i> )	Tier 3	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 3	PA, QL (60 tabs / 30 days)

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

**SINUS NODE INHIBITORS**

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

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin sodium for inj 10 gm</i>	Tier 1	
<i>cefazolin sodium for inj 20 gm</i>	Tier 1	
<i>cefazolin sodium for inj 500 mg</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

### **CEPHALOSPORINS - 2ND GENERATION**

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)

### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefepime proxetil tab 100 mg</i>	Tier 1	
<i>cefepime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<i>cefepime hcl for inj 2 gm</i>	Tier 1	
<b>CEPHALOSPORINS - 5TH GENERATION</b>		
TEFLARO INJ 400MG ( <i>ceftaroline fosamil</i> )	Tier 3	
TEFLARO INJ 600MG ( <i>ceftaroline fosamil</i> )	Tier 3	

## CONTRACEPTIVES

### COMBINATION CONTRACEPTIVES - ORAL

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
<i>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	PREV	QL (39 tablets / 28 days), MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	PREV	QL (4 patches / 28 days), MAIL
TWIRLA DIS 120-30 ( <i>levonorgestrel-ethinyl estradiol</i> )	PREV	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS ( <i>segesterone acetate-ethinyl estradiol</i> )	PREV	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	PREV	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	PREV	QL (1 ring / 28 days), MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <i>copper (iud)</i> )	PREV	QL (1 IUD in lifetime)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	PREV	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	PREV	QL (4 tabs / 90 days), OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <i>etonogestrel</i> )	PREV	QL (1 implant in lifetime)
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SQ PROV INJ 104 ( <i>medroxyprogesterone acetate contraceptive</i> )	PREV	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	PREV	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	PREV	QL (1 injection / 90 days)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LILETTA IUD 52MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG ( <i>levonorgestrel (iud)</i> )	PREV	QL (1 IUD in lifetime)

### **PROGESTIN CONTRACEPTIVES - ORAL**

<i>norethindrone tab 0.35 mg</i>	PREV	QL (39 tablets / 28 days), MAIL
<i>SLYND TAB 4MG (drospirenone)</i>	PREV	

### **CORTICOSTEROIDS**

#### **GLUCOCORTICOSTEROIDS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

### **MINERALOCORTICIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
---	--------	------

### **COUGH/COLD/ALLERGY**

#### **ANTITUSSIVES**

<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML <i>(dextromethorphan hbr)</i>	Tier 1	OTC

#### **COUGH/COLD/ALLERGY COMBINATIONS**

<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 <i>(pseudoephed-bromphen-dm)</i>	Tier 1	QL (240 mL / 30 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Diabetic Tussin Maximum S)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i> (Mucus-dm)	Tier 1	OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i> (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
<i>diphenhydramine-phenylephrine tab 25-10 mg</i> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML <b>(chlorpheniramine w/ codeine)</b>	Tier 2	QL (240 mL / 25 days), OTC

#### **EXPECTORANTS**

<b>guaifenesin liquid 100 mg/5ml</b>	Tier 1	OTC
<b>guaifenesin syrup 100 mg/5ml</b> (Robafen)	Tier 1	OTC
<b>guaifenesin tab 200 mg</b>	Tier 1	OTC
<b>guaifenesin tab 400 mg</b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b>guaifenesin tab er 12hr 600 mg</b> (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC

#### **MISC. RESPIRATORY INHALANTS**

<b>sodium chloride soln nebu 0.9%</b>	Tier 1	
<b>sodium chloride soln nebu 3%</b> (Nebusal)	Tier 1	
<b>sodium chloride soln nebu 7%</b>	Tier 1	

#### **MUCOLYTICS**

<b>acetylcysteine inhal soln 10%</b>	Tier 1	
<b>acetylcysteine inhal soln 20%</b>	Tier 1	

#### **DERMATOLOGICALS**

##### **ACNE PRODUCTS**

ACNE MEDICAT LOT 5% <b>(benzoyl peroxide)</b>	Tier 1	OTC
ACNE MEDICAT LOT 10% <b>(benzoyl peroxide)</b>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>adapalene lotion 0.1%</i></b>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>benzoyl peroxide gel 5%</i></b> (Bp Gel)	Tier 1	OTC
<b><i>benzoyl peroxide gel 10%</i></b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b><i>benzoyl peroxide liq 5%</i></b> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b><i>benzoyl peroxide liq 10%</i></b> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b><i>benzoyl peroxide-erythromycin gel 5-3%</i></b>	Tier 1	PA
<b><i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i></b>	Tier 1	PA
<b><i>clindamycin phosphate gel 1%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>clindamycin phosphate lotion 1%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>clindamycin phosphate soln 1%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i></b>	Tier 1	PA
<b>DIFFERIN GEL 0.1% (<i>adapalene</i>)</b>	Tier 1	OTC
<b><i>erythromycin soln 2%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>isotretinoin cap 10 mg</i></b> (Claravis)	Tier 1	PA
<b><i>isotretinoin cap 20 mg</i></b> (Amnesteem)	Tier 1	PA
<b><i>isotretinoin cap 30 mg</i></b>	Tier 1	PA
<b><i>isotretinoin cap 40 mg</i></b>	Tier 1	PA
<b><i>sulfacetamide sodium lotion 10%</i></b> ( <i>acne</i> )	Tier 1	
<b><i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i></b> (Bp Cleansing Wash)	Tier 1	
<b><i>tretinoin cream 0.1%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin cream 0.05%</i></b>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin cream 0.025%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 1	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

### **AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS**

VEREGEN OIN 15% ( <i>sinecatechins</i> )	Tier 3	PA
--	--------	----

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

<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% ( <i>diclofenac sodium (topical)</i> )	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

### **ANTIBIOTICS - TOPICAL**

ALTABAX OIN 1% ( <i>retapamulin</i> )	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% ( <i>bacitracin-polymyxin-neomycin hc</i> )	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC

### **ANTIFUNGALS - TOPICAL**

<i>butenafine hcl cream 1%</i>	Tier 1	OTC
--------------------------------	--------	-----



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>tolnaftate aerosol pow 1%</b> (Cvs Af Spray Powder)	Tier 1	OTC
<b>tolnaftate cream 1%</b>	Tier 1	OTC
<b>tolnaftate powder 1%</b> (Anti-fungal Powder)	Tier 1	OTC
<b>tolnaftate soln 1%</b> (Mycocide Clinical Ns Anti)	Tier 1	OTC
<b>ANTIHIISTAMINES-TOPICAL</b>		
<b>diphenhydramine-zinc acetate cream 2-0.1%</b> (Sm Anti-itch Extra Streng)	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<b>fluorouracil cream 5%</b>	Tier 1	
PANRETIN GEL 0.1% ( <b>alitretinoin</b> )	Tier 3	PA
PICATO GEL 0.05% ( <b>ingenol mebutate</b> )	Tier 3	PA
PICATO GEL 0.015% ( <b>ingenol mebutate</b> )	Tier 3	PA
TARGRETIN GEL 1% ( <b>bexarotene (topical)</b> )	Tier 3	PA
<b>ANTIPSORIATICS</b>		
<b>acitretin cap 10 mg</b>	Tier 1	PA
<b>acitretin cap 17.5 mg</b>	Tier 1	PA
<b>acitretin cap 25 mg</b>	Tier 1	PA
<b>calcipotriene oint 0.005%</b>	Tier 1	PA
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	Tier 1	PA
<b>calcitriol oint 3 mcg/gm</b>	Tier 1	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 ( <b>secukinumab</b> )	Tier 3	PA; Preferred Brand
COSENTYX INJ 150MG/ML ( <b>secukinumab</b> )	Tier 3	PA; Preferred Brand
COSENTYX INJ 300DOSE ( <b>secukinumab</b> )	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML ( <b>secukinumab</b> )	Tier 3	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE ( <b>secukinumab</b> )	Tier 3	PA; Preferred Brand
DRITHO-CREME CRE HP 1% ( <b>anthralin</b> )	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE ( <b>risankizumab-rzaa</b> )	Tier 3	PA; Preferred Brand
SKYRIZI INJ 150MG/ML ( <b>risankizumab-rzaa</b> )	Tier 3	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML ( <b>risankizumab-rzaa</b> )	Tier 3	PA; Preferred Brand
STELARA INJ 45MG/0.5 ( <b>ustekinumab</b> )	Tier 3	PA; Preferred Brand
STELARA INJ 90MG/ML ( <b>ustekinumab</b> )	Tier 3	PA; Preferred Brand

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>tazarotene cream 0.1%</i></b>	Tier 1	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% ( <b><i>tazarotene</i></b> )	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% ( <b><i>tazarotene</i></b> )	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% ( <b><i>tazarotene</i></b> )	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML ( <b><i>guselkumab</i></b> )	Tier 3	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML ( <b><i>guselkumab</i></b> )	Tier 3	PA; Preferred Brand; Prefilled Syringe
<b>ANTISEBORRHEIC PRODUCTS</b>		
<b><i>selenium sulfide lotion 1%</i></b> (Cvs Anti-dandruff)	Tier 1	OTC
<b><i>selenium sulfide lotion 2.5%</i></b>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
ABREVA CRE 10% ( <b><i>docosanol</i></b> )	Tier 1	QL (2 gm / 30 days), OTC
<b><i>acyclovir oint 5%</i></b>	Tier 1	PA
DENAVIR CRE 1% ( <b><i>penciclovir</i></b> )	Tier 3	PA
<b><i>docosanol cream 10%</i></b>	Tier 1	QL (2 gm / 30 days), OTC
<b>BURN PRODUCTS</b>		
<b><i>mafenide acetate packet for topical soln 5% (50 gm)</i></b>	Tier 1	
<b><i>silver sulfadiazine cream 1%</i></b>	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM ( <b><i>mafenide acetate</i></b> )	Tier 3	QL (454 gm / 30 days)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<b><i>alclometasone dipropionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>alclometasone dipropionate oint 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>amcinonide cream 0.1%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>amcinonide lotion 0.1%</i></b>	Tier 1	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% ( <b><i>diflorasone diacetate emollient base</i></b> )	Tier 3	PA, QL (60 gm / 30 days)
<b><i>betamethasone dipropionate augmented cream 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented gel 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented lotion 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 200MG ( <i>dupilumab</i> )	Tier 3	PA
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	Tier 3	PA; Pen
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	Tier 3	PA; Prefilled Syringe
<b>EMOLLIENTS</b>		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 30 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM ( <i>collagenase</i> )	Tier 3	PA, QL (60 gm / 30 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 ea / 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>tacrolimus oint 0.1%</i>	Tier 1	PA, QL (30 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	Tier 1	PA, QL (30 gm / 30 days)
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	QL (90 gm / 30 days), OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC; Regenecare gel products preferred
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 1	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20% ( <i>aluminum chloride</i> )	Tier 1	QL (60 mL / 30 days)
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% ( <i>menthol-zinc oxide</i> )	Tier 1	OTC
<b>ROSACEA AGENTS</b>		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <i>brimonidine tartrate (topical)</i> )	Tier 3	PA

### **SCABICIDES & PEDICULICIDES**

EURAX CRE 10% ( <i>crotamiton</i> )	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
<i>ivermectin lotion 0.5%</i>	Tier 1	PA, QL (117 gm / 30 days)
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION ( <i>permethrin &amp; pyrethrins-piperonyl butoxide</i> )	Tier 1	OTC
<i>spinosad susp 0.9%</i>	Tier 1	QL (120 per 30 days)
ULESFIA LOT 5% ( <i>benzyl alcohol (pediculicide)</i> )	Tier 3	PA

### **WOUND CARE PRODUCTS**

REGANEX GEL 0.01% ( <i>becaplermin</i> )	Tier 3	PA, QL (15 gm / 30 days)
--	--------	--------------------------

### **DIAGNOSTIC PRODUCTS**

#### **DIAGNOSTIC DRUGS**

THYROGEN INJ 0.9MG ( <i>thyrotropin alfa</i> )	Tier 3	PA
--	--------	----

#### **DIAGNOSTIC TESTS**

RELION KETON TES ( <i>acetone (urine) test</i> )	Tier 2	OTC
--	--------	-----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELION TRUE TES METRIX ( <i>glucose blood</i> )	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users
TRUE METRIX TES GLUCOSE ( <i>glucose blood</i> )	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users

## **DIGESTIVE AIDS**

### ***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 ( <i>pancrelipase (lipase-protease-amylase)</i> )	Tier 2	QL (180 caps / 30 days), MAIL

## **DIURETICS**

### ***CARBONIC ANHYDRASE INHIBITORS***

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



Drug Name	Drug Tier	Requirements/Limits
<b>DIURETIC COMBINATIONS</b>		
<i>ALDACTAZIDE TAB 50/50 (spironolactone &amp; hydrochlorothiazide)</i>	Tier 2	MAIL
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 1	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 1	MAIL
<i>triamterene cap 100 mg</i>	Tier 1	MAIL
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### **BONE DENSITY REGULATORS**

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO INJ 620/2.48 ( <i>teriparatide (recombinant)</i> )	Tier 3	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML ( <i>denosumab</i> )	Tier 3	PA
<i>risedronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 1	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 3	PA
XGEVA INJ ( <i>denosumab</i> )	Tier 3	PA

### **FERTILITY REGULATORS**

<i>clomiphene citrate tab 50 mg</i>	Tier 1	PA, QL (10 tabs / 5 days); Max 5 days supply
-------------------------------------	--------	--

### **GROWTH HORMONE RECEPTOR ANTAGONISTS**

SOMAVERT INJ 10MG ( <i>pegvisomant</i> )	Tier 3	PA
--	--------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOMAVERT INJ 15MG ( <i>pegvisomant</i> )	Tier 3	PA
SOMAVERT INJ 20MG ( <i>pegvisomant</i> )	Tier 3	PA
<b>GROWTH HORMONES</b>		
OMNITROPE INJ 5.8MG ( <i>somatropin</i> )	Tier 3	PA
OMNITROPE INJ 5/1.5ML ( <i>somatropin</i> )	Tier 3	PA
OMNITROPE INJ 10/1.5ML ( <i>somatropin</i> )	Tier 3	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA TAB 60MG ( <i>ospemifene</i> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>raloxifene hcl tab 60 mg</i>	PREV	QL (30 tabs / 30 days), MAIL; Prev for ages 35 and over, otherwise Tier 1
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	Tier 3	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 3	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 3	PA
LUPR DEP-PED INJ 3M 30MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 3	PA
LUPR DEP-PED INJ 7.5MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 3	PA
LUPR DEP-PED INJ 15MG ( <i>leuprolide acetate (cpp)</i> )	Tier 3	PA
SYNAREL SOL 2MG/ML ( <i>nafarelin acetate</i> )	Tier 3	PA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA
CYSTADANE POW ( <i>betaine</i> )	Tier 3	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	PA, MAIL
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 3	PA
<i>paricalcitol cap 1 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 1	PA, MAIL
<i>paricalcitol iv soln 2 mcg/ml</i>	Tier 1	
<i>paricalcitol iv soln 5 mcg/ml</i>	Tier 1	
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 1	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 1	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 1	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ( <i>desmopressin acetate</i> )	Tier 3	PA
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA
<i>octreotide inj 50mcg/ml</i>	Tier 1	PA
SANDOSTATIN KIT LAR 10MG ( <i>octreotide acetate</i> )	Tier 3	PA
SANDOSTATIN KIT LAR 20MG ( <i>octreotide acetate</i> )	Tier 3	PA
SANDOSTATIN KIT LAR 30MG ( <i>octreotide acetate</i> )	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<i>tolvaptan tab 15 mg</i>	Tier 1	PA
<i>tolvaptan tab 30 mg</i>	Tier 1	PA

## ESTROGENS

### ESTROGEN COMBINATIONS

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

### ESTROGENS

<i>estradiol tab 0.5 mg</i>	Tier 1	MAIL
<i>estradiol tab 1 mg</i>	Tier 1	MAIL
<i>estradiol tab 2 mg</i>	Tier 1	MAIL
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	QL (8 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	QL (4 ea / 28 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>estradiol td patch weekly 0.05 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.06 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.025 mg/24hr</i></b>	Tier 1	QL (4 patches / 28 days), MAIL
<b><i>estradiol td patch weekly 0.075 mg/24hr</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i></b>	Tier 1	QL (4 ea / 28 days), MAIL
<b><i>MENEST TAB 0.3MG (esterified estrogens)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>MENEST TAB 0.625MG (esterified estrogens)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>MENEST TAB 1.25MG (esterified estrogens)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>PREMARIN TAB 0.3MG (estrogens, conjugated)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>PREMARIN TAB 0.9MG (estrogens, conjugated)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>PREMARIN TAB 0.45MG (estrogens, conjugated)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>PREMARIN TAB 0.625MG (estrogens, conjugated)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL
<b><i>PREMARIN TAB 1.25MG (estrogens, conjugated)</i></b>	Tier 2	QL (30 tabs / 30 days), MAIL

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

<b><i>BAXDELA TAB 450MG (delafloxacin meglumine)</i></b>	Tier 3	PA
<b><i>ciprofloxacin hcl tab 250 mg (base equiv)</i></b>	Tier 1	
<b><i>ciprofloxacin hcl tab 500 mg (base equiv)</i></b>	Tier 1	
<b><i>ciprofloxacin hcl tab 750 mg (base equiv)</i></b>	Tier 1	
<b><i>levofloxacin oral soln 25 mg/ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>levofloxacin tab 250 mg</i></b>	Tier 1	
<b><i>levofloxacin tab 500 mg</i></b>	Tier 1	
<b><i>levofloxacin tab 750 mg</i></b>	Tier 1	
<b><i>moxifloxacin hcl tab 400 mg (base equiv)</i></b>	Tier 1	
<b><i>ofloxacin tab 300 mg</i></b>	Tier 1	
<b><i>ofloxacin tab 400 mg</i></b>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>GASTROINTESTINAL AGENTS - MISC.</b>		
<b>ANTIFLATULENTS</b>		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<i>lubiprostone cap 8 mcg</i>	Tier 3	PA, MAIL
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL
<b>GASTROINTESTINAL STIMULANTS</b>		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
AVSOLA INJ 100MG ( <i>infliximab-axxq</i> )	Tier 3	PA
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT 200MG ( <i>certolizumab pegol</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML ( <i>certolizumab pegol</i> )	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIMZIA START KIT 200MG/ML <i>(certolizumab pegol)</i>	Tier 3	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG <i>(olsalazine sodium)</i>	Tier 3	MAIL
INFLECTRA INJ 100MG <i>(infliximab-dyyb)</i>	Tier 3	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	MAIL
RENFLEXIS INJ 100MG <i>(infliximab-abda)</i>	Tier 3	PA
STELARA INJ 5MG/ML <i>(ustekinumab (iv))</i>	Tier 3	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	PA, MAIL
LINZESS CAP 72MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
LINZESS CAP 145MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
LINZESS CAP 290MCG <i>(linaclotide)</i>	Tier 2	PA, MAIL
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG <i>(naloxegol oxalate)</i>	Tier 3	PA
MOVANTIK TAB 25MG <i>(naloxegol oxalate)</i>	Tier 3	PA
RELISTOR INJ 12/0.6ML <i>(methylnaltrexone bromide)</i>	Tier 3	PA
RELISTOR TAB 150MG <i>(methylnaltrexone bromide)</i>	Tier 3	PA
SYMPROIC TAB 0.2MG <i>(naldemedine tosylate)</i>	Tier 3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG ( <i>sucroferric oxyhydroxide</i> )	Tier 3	PA, MAIL

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **ALKALINIZERS**

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

### **CYSTITIS AGENTS**

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

### **GENITOURINARY IRRIGANTS**

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

### **INTERSTITIAL CYSTITIS AGENTS**

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

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>silodosin cap 8 mg</i>	Tier 1	PA, QL (30 caps / 30 days), MAIL
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>GOUT AGENTS</b>		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
FEBUXOSTAT TAB 40 MG	Tier 1	PA, QL (30 tabs / 30 days), MAIL
FEBUXOSTAT TAB 80 MG	Tier 1	PA, QL (30 tabs / 30 days), MAIL
<b>URICOSURICS</b>		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>ANTIHEMOPHILIC PRODUCTS</b>		
ALPHANINE SD INJ 500UNIT ( <i>coagulation factor ix</i> )	Tier 3	PA
ALPHANINE SD INJ 1500UNIT ( <i>coagulation factor ix</i> )	Tier 3	PA
HELIXATE FS INJ 500UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
HELIXATE FS INJ 2000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
HELIXATE FS INJ 3000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 250UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA
KOGENATE FS INJ 1000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOGENATE FS INJ 2000UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
KOGENATE FS INJ 3000UNIT <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
MONOCLATE-P INJ 1000UNIT <i>(antihemophilic factor (human))</i>	Tier 3	PA
RECOMBINATE INJ <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 220-400 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 401-800 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
RECOMBINATE INJ 801-1240 <i>(antihemophilic factor (recombinant) (rfviii))</i>	Tier 3	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 1	PA
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT <i>(c1 esterase inhibitor (human))</i>	Tier 3	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PLATELET AGGREGATION INHIBITORS</b>		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	PA, MAIL
BRILINTA TAB 60MG <i>(ticagrelor)</i>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
BRILINTA TAB 90MG <i>(ticagrelor)</i>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL

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

## HEMATOPOIETIC AGENTS

### AGENTS FOR GAUCHER DISEASE

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

### COBALAMINS

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

### FOLIC ACID/FOLATES

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

### HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 25MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 40MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 60MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 100MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 150MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 200MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP INJ 300MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
ARANESP INJ 500MCG ( <i>darbepoetin alfa</i> )	Tier 3	PA
EPOGEN INJ 3000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
EPOGEN INJ 4000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
EPOGEN INJ 10000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
EPOGEN INJ 20000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
PROCRIT INJ 2000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
PROCRIT INJ 3000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
PROCRIT INJ 40000/ML ( <i>epoetin alfa</i> )	Tier 3	PA
PROMACTA TAB 12.5MG ( <i>eltrombopag olamine</i> )	Tier 3	PA
PROMACTA TAB 25MG ( <i>eltrombopag olamine</i> )	Tier 3	PA
PROMACTA TAB 50MG ( <i>eltrombopag olamine</i> )	Tier 3	PA
PROMACTA TAB 75MG ( <i>eltrombopag olamine</i> )	Tier 3	PA
RETACRIT INJ 2000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
RETACRIT INJ 3000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
RETACRIT INJ 4000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
RETACRIT INJ 10000UNT ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
RETACRIT INJ 20000UNI ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
RETACRIT INJ 40000UNT ( <i>epoetin alfa-epbx</i> )	Tier 3	PA
ZARXIO INJ 300/0.5 ( <i>filgrastim-sndz</i> )	Tier 3	PA
ZARXIO INJ 480/0.8 ( <i>filgrastim-sndz</i> )	Tier 3	PA
ZIEXTENZO INJ 6/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 3	PA, QL (0.6 per 14 days)
<b>HEMATOPOIETIC MIXTURES</b>		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE ( <i>polysaccharide iron-folic acid-vit b12</i> )	Tier 1	OTC
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
<b>IRON</b>		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL

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

## HEMOSTATICS

### HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	

## HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

### ANTI-HISTAMINE HYPNOTICS

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg (Sleep Aid)</i>	Tier 1	OTC, MAIL
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	PA, MAIL
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	PA, MAIL
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)

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

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

### **OREXIN RECEPTOR ANTAGONISTS**

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

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

<b>HETLIOZ CAP 20MG (tasimelteon)</b>	Tier 3	PA
<b>ramelteon tab 8 mg</b>	Tier 1	PA, MAIL

## **LAXATIVES**

### **BULK LAXATIVES**

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>psyllium powder 28.3%</b> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 30.9%</b> (Konsyl)	Tier 1	OTC, MAIL
<b>psyllium powder 33%</b> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<b>psyllium powder 48.57%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 58.6%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 95%</b> (Qc Natural Vegetable)	Tier 1	OTC, MAIL
<b>psyllium powder 100%</b>	Tier 1	OTC, MAIL
UNIFIBER POW ( <b>cellulose</b> )	Tier 1	OTC
<b>wheat dextrin oral powder</b> (Clear Soluble Fiber)	Tier 1	OTC

### **LAXATIVE COMBINATIONS**

CLENPIQ SOL ( <b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> )	PREV	Prev for ages 45-74, otherwise Tier 3
GOLYTELY SOL ( <b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</b> )	PREV	Prev for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG ( <b>sennosides-docusate sodium</b> )	Tier 1	OTC, MAIL
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 3
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	PREV	Prev for ages 45-74, otherwise Tier 1
PLENVU SOL ( <b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b> )	PREV	Prev for ages 45-74, otherwise Tier 3
PREPOPIK PAK ( <b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> )	PREV	Prev for ages 45-74, otherwise Tier 3
<b>sennosides-docusate sodium tab 8.6-50 mg</b>	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT ( <b>sodium sulfate-potassium sulfate-magnesium sulfate</b> )	PREV	Prev for ages 45-74, otherwise Tier 3

### **LAXATIVES - MISCELLANEOUS**

<b>glycerin suppos 1.2 gm</b> (Gnp Glycerin Child)	Tier 1	OTC
<b>glycerin suppos 2 gm</b> (Cvs Glycerin Adult)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>glycerin suppos 2.1 gm</b> (Gnp Glycerin Adult)	Tier 1	OTC
<b>glycerin suppos 80.7%</b> (Ra Glycerin Child)	Tier 1	OTC
<b>lactulose solution 10 gm/15ml</b>	Tier 1	MAIL
<b>polyethylene glycol 3350 oral packet 17 gm</b> (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
<b>LUBRICANT LAXATIVES</b>		
<b>mineral oil</b>	Tier 1	OTC
<b>mineral oil enema</b>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
<b>magnesium citrate soln</b> (Gnp Magnesium Citrate)	Tier 1	OTC
<b>magnesium hydroxide susp 400 mg/5ml</b> (Milk Of Magnesia)	Tier 1	OTC
<b>magnesium hydroxide susp concentrate 2400 mg/10ml</b> (Milk Of Magnesia Concentr)	Tier 1	OTC
<b>OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)</b>	Tier 3	PA
<b>sodium phosphates - enema</b>	Tier 1	OTC
<b>STIMULANT LAXATIVES</b>		
<b>bisacodyl suppos 10 mg</b> (Cvs Gentle Laxative)	Tier 1	OTC
<b>bisacodyl tab delayed release 5 mg</b> (Stimulant Laxative)	Tier 1	OTC
<b>sennosides chew tab 15 mg</b> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<b>sennosides syrup 8.8 mg/5ml</b>	Tier 1	OTC, MAIL
<b>sennosides tab 8.6 mg</b> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<b>sennosides tab 25 mg</b> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
<b>SURFACTANT LAXATIVES</b>		
<b>docusate calcium cap 240 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 50 mg</b> (Ra Col-rite)	Tier 1	OTC
<b>docusate sodium cap 100 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 250 mg</b>	Tier 1	OTC

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

## MACROLIDES

### AZITHROMYCIN

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

### CLARITHROMYCIN

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

### ERYTHROMYCINS

<b><i>erythromycin ethylsuccinate for susp 200 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>erythromycin ethylsuccinate for susp 400 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>erythromycin ethylsuccinate tab 400 mg</i></b>	Tier 1	
<b><i>erythromycin stearate tab 250 mg</i></b> (Erythrocin Stearate)	Tier 1	
<b><i>erythromycin tab 250 mg</i></b>	Tier 1	
<b><i>erythromycin tab 500 mg</i></b>	Tier 1	
<b><i>erythromycin tab delayed release 250 mg</i></b> (Ery-tab)	Tier 1	
<b><i>erythromycin tab delayed release 333 mg</i></b> (Ery-tab)	Tier 1	
<b><i>erythromycin tab delayed release 500 mg</i></b> (Ery-tab)	Tier 1	

### FIDAXOMICIN

DIFICID TAB 200MG <b><i>(fidaxomicin)</i></b>	Tier 3	PA
---	--------	----

Drug Name	Drug Tier	Requirements/Limits
<b>MEDICAL DEVICES</b>		
<b><i>Parenteral Therapy Supplies</i></b>		
BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b><i>CONTRACEPTIVES</i></b>		
CAYA DPR ( <i>diaphragm arc-spring</i> )	PREV	
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	PREV	OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	PREV	
FEMCAP MIS 26MM ( <i>cervical caps</i> )	PREV	
FEMCAP MIS 30MM ( <i>cervical caps</i> )	PREV	
OMNIFLEX DPR ( <i>diaphragms</i> )	PREV	
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	PREV	
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	PREV	
<b><i>DIABETIC SUPPLIES</i></b>		
DEXCOM G5 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year)
DEXCOM G5 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box / 90 days)
DEXCOM G6 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year)
DEXCOM G6 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes / 30 days)
DEXCOM G6 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box / 90 days)
FREESTY LIBR KIT 2 SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes / 30 days)
FREESTY LIBR MIS 2 READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes / 30 days); 14 day
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes / 30 days); 10 day
FREESTYLE MIS READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each / year)
G5/G4 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (4 boxes / 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

#### **MISC. DEVICES**

ALCOHOL PREP PAD MED 70% ( <i>alcohol swabs</i> )	Tier 1	QL (200 ea / 30 days), OTC
---	--------	----------------------------

#### **PARENTERAL THERAPY SUPPLIES**

INSULIN SYRG MIS 0.3/29G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G ( <i>insulin syringe/needle u-100</i> )	DME	QL (150 ea / 30 days), OTC; TECHLITE

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 32GX8MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP ( <i>syringe (disposable)</i> )	DME	

### **RESPIRATORY THERAPY SUPPLIES**

ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS ( <i>nebulizers</i> )	Tier 2	OTC
INSPIRACHAMB MIS LARGE ( <i>spacer/aerosol-holding chambers</i> )	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED ( <i>peak flow meter</i> )	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE ( <i>nebulizers</i> )	Tier 2	QL (1 each / 30 days)

### **MIGRAINE PRODUCTS**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML ( <i>erenumab-aooe</i> )	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML ( <i>erenumab-aooe</i> )	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (2 syringes / 28 days)
UBRELVY TAB 50MG ( <i>ubrogepant</i> )	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG ( <i>ubrogepant</i> )	Tier 3	PA, QL (16 ea / 30 days)

#### **MIGRAINE COMBINATIONS**

<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 1	PA
--	--------	----

#### **MIGRAINE PRODUCTS**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	PA
ERGOMAR SUB 2MG ( <i>ergotamine tartrate</i> )	Tier 3	

#### **SEROTONIN AGONISTS**

<i>almotriptan malate tab 6.25 mg</i>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
---------------------------------------	--------	---

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>almotriptan malate tab 12.5 mg</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>eletriptan hydrobromide tab 20 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>eletriptan hydrobromide tab 40 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>frovatriptan succinate tab 2.5 mg (base equivalent)</i></b>	Tier 1	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>naratriptan hcl tab 1 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>naratriptan hcl tab 2.5 mg (base equiv)</i></b>	Tier 1	QL (9 tabs / 30 days)
<b>REYVOW TAB 50MG (<i>lasmiditan succinate</i>)</b>	Tier 3	PA, QL (8 tabs / 30 days)
<b>REYVOW TAB 100MG (<i>lasmiditan succinate</i>)</b>	Tier 3	PA, QL (8 tabs / 30 days)
<b><i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate tab 5 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>rizatriptan benzoate tab 10 mg (base equivalent)</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>sumatriptan succinate inj 6 mg/0.5ml</i></b>	Tier 1	QL (2 mL / 30 days); Vials
<b><i>sumatriptan succinate tab 25 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 50 mg</i></b>	Tier 1	QL (9 tabs / 30 days)
<b><i>sumatriptan succinate tab 100 mg</i></b>	Tier 1	QL (9 tabs / 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>zolmitriptan nasal spray 2.5 mg/spray unit</i></b>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan nasal spray 5 mg/spray unit</i></b>	Tier 1	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan orally disintegrating tab 2.5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan orally disintegrating tab 5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan tab 2.5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b><i>zolmitriptan tab 5 mg</i></b>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

## **MINERALS & ELECTROLYTES**

### **CALCIUM**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate-vitamin d tab 600 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> (Calcitrate)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> (Calcium Citrate + D3)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
<b>calcium-magnesium-zinc tab 333-133-5 mg</b>	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 ( <b>calcium carbonate-cholecalciferol</b> )	Tier 1	OTC, MAIL
<b>oyster shell calcium tab 500 mg</b>	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG ( <b>calcium carbonate-ergocalciferol</b> )	Tier 1	OTC, MAIL
RISACAL-D TAB ( <b>calcium &amp; phosphorus w/ vitamin d</b> )	Tier 1	OTC
<b>ELECTROLYTE MIXTURES</b>		
<b>oral electrolyte solution</b>	Tier 1	OTC
<b>FLUORIDE</b>		
FLUORABON DRO ( <b>sodium fluoride</b> )	PREV	QL (60 mL / 30 days), MAIL; Prev for ages 6 and under, otherwise Tier 2
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	PREV	QL (30 tabs / 30 days), MAIL; Prev for less than 6 years old, otherwise Tier 1

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

### **MAGNESIUM**

<b>MAG64 TAB 64MG (magnesium chloride)</b>	Tier 1	OTC
<b>MAG-G TAB 500MG (magnesium gluconate)</b>	Tier 1	OTC
<b>MAGDELAY TAB 70MG (magnesium chloride)</b>	Tier 1	OTC
<b>magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)</b>	Tier 1	OTC
<b>magnesium gluconate tab 27.5 mg (elemental mg)</b>	Tier 1	OTC
<b>magnesium oxide cap 500 mg (elemental mg)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 250 mg (mg supplement)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 400 mg (240 mg elemental mg)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 500 mg (mg supplement)</b>	Tier 1	OTC, MAIL
<b>magnesium sulfate inj 50%</b>	Tier 1	
<b>magnesium tab 250 mg</b>	Tier 1	OTC, MAIL

### **PHOSPHATE**

<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg (Virt-phos 250 Neutral)</b>	Tier 1	QL (120 tabs / 30 days), MAIL
---	--------	-------------------------------

Drug Name	Drug Tier	Requirements/Limits
<b>POTASSIUM</b>		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SODIUM</b>		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
<b>ZINC</b>		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> (Zinc-220)	Tier 1	OTC, MAIL
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
<b>IMMUNOMODULATORS</b>		
REVLIMID CAP 2.5MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 5MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 10MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 15MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 20MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 50MG ( <i>thalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 100MG ( <i>thalidomide</i> )	Tier 3	PA, QL (30 per 30 days)
THALOMID CAP 150MG ( <i>thalidomide</i> )	Tier 3	PA, QL (60 per 30 days)
THALOMID CAP 200MG ( <i>thalidomide</i> )	Tier 3	PA, QL (60 per 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 1	PA
<i>everolimus tab 0.25 mg</i>	Tier 1	PA
<i>everolimus tab 0.75 mg</i>	Tier 1	PA
<i>everolimus tab 1 mg</i>	Tier 1	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	MAIL
NEORAL CAP 25MG ( <i>cyclosporine modified (for microemulsion)</i> )	Tier 2	MAIL
NEORAL CAP 100MG ( <i>cyclosporine modified (for microemulsion)</i> )	Tier 2	MAIL
SANDIMMUNE CAP 25MG ( <i>cyclosporine</i> )	Tier 2	MAIL
SANDIMMUNE CAP 100MG ( <i>cyclosporine</i> )	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 1	MAIL
<i>sirolimus tab 1 mg</i>	Tier 1	MAIL
<i>sirolimus tab 2 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
ZORTRESS TAB 0.25MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
ZORTRESS TAB 0.75MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
ZORTRESS TAB 1MG ( <i>everolimus (immunosuppressant)</i> )	Tier 3	PA
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
LOKELMA PAK 10GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 16.8GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 25.2GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	Tier 3	PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg (Virt-caps)</i>	Tier 1	
<i>b-complex w/ c &amp; folic acid tab (Vita-bee/c)</i>	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg (Rena-vite)</i>	Tier 1	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>b-complex w/ c &amp; folic acid tab 5 mg</i></b> (Folbee Plus)	Tier 1	
<b>MULTIPLE VITAMINS W/ IRON</b>		
<b><i>multiple vitamins w/ iron tab</i></b> (Stress Formula W/iron)	Tier 1	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<b><i>multiple vitamins w/ minerals cap</i></b> (V-c Forte)	Tier 1	
<b><i>multiple vitamins w/ minerals liquid</i></b> (Multivitamin & Mineral)	Tier 1	OTC
<b><i>multiple vitamins w/ minerals tab</i></b> (Ocuville/lutein)	Tier 1	OTC
<b>MULTIVITAMINS</b>		
<b><i>multiple vitamin cap</i></b> (Mv-one)	Tier 1	OTC
<b><i>multiple vitamin tab</i></b> (Daily Vite)	Tier 1	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<b><i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i></b> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<b><i>AQUADEKS DRO (pediatric multiple vitamin w/ minerals &amp; c)</i></b>	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i></b> (Mvw Complete Formulation)	Tier 1	OTC
<b><i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i></b> (Polyvitamin/iron)	Tier 1	OTC
<b>PED MV W/ FLUORIDE</b>		
<b><i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i></b> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i></b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<b><i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i></b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
<b><i>pediatric vitamins acid w/ fluoride soln 0.5 mg/ml</i></b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b><i>pediatric vitamins acid w/ fluoride soln 0.25 mg/ml</i></b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)



Drug Name	Drug Tier	Requirements/Limits
<b>PED MV W/ IRON</b>		
ANIMAL SHAPE CHW IRON ( <i>pediatric multiple vitamins w/ iron</i> )	Tier 1	OTC
MULTIVITAMIN DRO /IRON ( <i>pediatric multiple vitamins w/ iron</i> )	Tier 2	OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i> (Chewable Vite With Iron/c)	Tier 1	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i> (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON ( <i>pediatric multiple vitamins w/ iron</i> )	Tier 1	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
MULT VITAM DRO ( <i>pediatric multiple vitamins</i> )	Tier 2	QL (50 / 30 days), OTC
<i>pediatric multiple vitamin liq</i> (Multi-delyn)	Tier 1	OTC
<i>pediatric multiple vitamin w/ c &amp; fa chew tab</i> (Chewable Vite Childrens)	Tier 1	OTC
<i>pediatric multiple vitamin w/ extra c &amp; fa chew tab</i> (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML ( <i>pediatric multiple vitamins</i> )	Tier 2	OTC
POLY-VITE DRO ( <i>pediatric multiple vitamins</i> )	Tier 1	OTC
<b>PEDIATRIC VITAMINS</b>		
<i>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</i> (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D ( <i>pediatric vitamins adc</i> )	Tier 2	QL (50 / 30 days), OTC
<b>PRENATAL VITAMINS</b>		
BE WELL PAK ROUNDED ( <i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i> )	Tier 1	OTC
BRAINSTRONG MIS PRENATAL ( <i>prenatal mv &amp; min w/fe carbonyl-fa-dha</i> )	Tier 1	QL (30 tabs / 30 days), OTC
CALNA TAB ( <i>prenatal vitamin</i> )	Tier 1	QL (30 tabs / 30 days), OTC
CENTRUM SPEC PAK PRENATAL ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	Tier 1	QL (30 tabs / 30 days), OTC
CO-NATAL FA TAB 29-1MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CVS PRENATAL CHW GUMMY ( <i>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</i> )	Tier 1	QL (30 tabs / 30 days), OTC
ENFAMIL MIS EXPECTA ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	Tier 1	QL (60 tabs / 30 days), OTC
EZFE FORTE CAP ( <i>prenatal without vit a w/ iron polysaccharide complex-fa</i> )	Tier 1	QL (30 caps / 30 days), OTC
KPN PRENATAL TAB ( <i>prenatal multivitamin w/fe-fa</i> )	Tier 1	QL (30 tabs / 30 days), OTC
MYNATAL CAP ( <i>prenatal multivitamin w/fe-fa</i> )	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB ( <i>prenatal vit w/ docusate-iron carbonyl-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB ( <i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL ( <i>prenatal vitamins w/ ferrous succinate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days), OTC
O-CAL TAB PRENATAL ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	Tier 1	QL (30 caps / 30 days), OTC
PERRY PRENAT CAP ( <i>prenatal vit w/ ferrous fumarate-folic acid</i> )	Tier 1	QL (30 caps / 30 days), OTC
PRENAT MULTI CAP +DHA ( <i>prenatal mv &amp; min w/fe fumarate-fa-dha</i> )	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL 19 TAB ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL 19 TAB 29-1MG ( <i>prenatal vit w/ docusate-fe fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA ( <i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i> )	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL CAP OMEGA-3 ( <i>prenatal vit w/ ferrous fumarate-fa-fish oil</i> )	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL DHA PAK MULTI ( <i>prenatal mv &amp; min w/ methylfolate-choline-fish oil</i> )	Tier 1	OTC
PRENATAL FRM TAB A-FREE ( <i>prenatal without a vit w/ fe fumarate-folic acid</i> )	Tier 1	QL (30 tabs / 30 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 caps / 30 days), OTC
<b>PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b><i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)</b>	Tier 1	QL (30 tabs / 30 days)
<b><i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)</b>	Tier 1	QL (30 tabs / 30 days)
<b><i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)</b>	Tier 1	QL (30 tabs / 30 days)
<b><i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)</b>	Tier 1	QL (30 tabs / 30 days)
<b>PRENATAL+DHA MIS (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>PRENATAL/FE TAB (<i>prenatal multivit-min w/fe-fa</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>RA PRENATAL TAB FORMULA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>SM ONE DAILY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>THERANATAL MIS COMPLETE (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 tabs / 30 days), OTC
<b>TL FOLATE TAB (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VINATE M TAB (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)
<b>VOL-TAB RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)</b>	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 1	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<b>MUSCLE RELAXANT COMBINATIONS</b>		
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	Tier 1	PA, QL (240 tabs / 30 days)
<b>VISCOSUPPLEMENTS</b>		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 3	PA, QL (3 syringes / 180 days)
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 3	PA, QL (3 syringes / 180 days)
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
<i>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	ST, QL (30 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	QL (52 mL / 30 days), OTC, MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	ST, QL (30.5 gm / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
<b>NASAL STEROIDS</b>		
<i>budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)</i>	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	ST, QL (25 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR ( <i>ciclesonide (nasal)</i> )	Tier 3	PA, MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)</i>	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
NASAL DECON SYP 30MG/5ML ( <i>pseudoephedrine hcl</i> )	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NASAL DECONG LIQ 30MG/5ML <i>(pseudoephedrine hcl)</i>	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN <i>(phenylephrine hcl (oral))</i>	Tier 1	OTC

## NEUROMUSCULAR AGENTS

### ALS AGENTS

<i>riluzole tab 50 mg</i>	Tier 1	PA, QL (60 tabs / 30 days), MAIL
---------------------------	--------	----------------------------------

### NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ 100UNIT <i>(onabotulinumtoxina)</i>	Tier 3	PA
BOTOX INJ 200UNIT <i>(onabotulinumtoxina)</i>	Tier 3	PA

## NUTRIENTS

### MISC. NUTRITIONAL SUBSTANCES

<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	QL (30 caps / 30 days), OTC
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i> (Hm Fish Oil)	Tier 1	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i> (Cvs Fish Oil)	Tier 1	OTC

## OPHTHALMIC AGENTS

### ARTIFICIAL TEARS AND LUBRICANTS

<i>artificial tear ophth solution</i> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP ( <b>artificial tear insert</b> )	Tier 3	PA
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> (Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol ophth soln 1.4%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> (Gnp Artificial Tears)	Tier 1	OTC, MAIL
<b>propylene glycol-glycerin ophth soln 1-0.3%</b> (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
PURE & GENTL DRO 0.3% ( <b>hypromellose (ophth)</b> )	Tier 1	OTC, MAIL
<b>white petrolatum-mineral oil ophth ointment</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>white petrolatum-mineral oil ophth ointment</b> (Gentel Tears Night-time)	Tier 1	OTC, MAIL
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<b>betaxolol hcl ophth soln 0.5%</b>	Tier 1	MAIL
<b>carteolol hcl ophth soln 1%</b>	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% ( <b>brimonidine tartrate-timolol maleate</b> )	Tier 2	QL (10 mL / 30 days), MAIL
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>levobunolol hcl ophth soln 0.5%</b>	Tier 1	QL (15 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.5%</b>	Tier 1	QL (5 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.25%</b>	Tier 1	QL (5 mL / 30 days), MAIL
<b>timolol maleate ophth soln 0.5%</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>timolol maleate ophth soln 0.25%</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<b>cyclopentolate hcl ophth soln 1%</b>	Tier 1	QL (15 / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP <i>(echothiophate iodide)</i>	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% <i>(brinzolamide- brimonidine tartrate)</i>	Tier 3	QL (8 mL / 30 days), MAIL
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1% <i>(azithromycin ophth)</i>	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% <i>(besifloxacin hcl)</i>	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> <i>(base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP <i>(natamycin)</i>	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIRGAN GEL 0.15% ( <i>ganciclovir ophthalmic</i> )	Tier 3	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% ( <i>cyclosporine ophth</i> )	Tier 3	PA, MAIL
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2% ( <i>loteprednol etabonate</i> )	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 1	PA
DUREZOL EMU 0.05% ( <i>difluprednate</i> )	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% ( <i>loteprednol etabonate</i> )	Tier 3	PA
LOTEMAX OIN 0.5% ( <i>loteprednol etabonate</i> )	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 1	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
PRED-G SUS OP ( <i>gentamicin-prednisolone acetate</i> )	Tier 3	QL (10 mL / 30 days)
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% ( <i>tobramycin-dexamethasone</i> )	Tier 2	QL (3.5 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL / 30 days)
ZYLET SUS 0.5-0.3% ( <i>loteprednol etabonate-tobramycin</i> )	Tier 3	QL (10 mL / 30 days)
<b>OPHTHALMICS - MISC.</b>		
ALOCRIOL SOL 2% ( <i>nedocromil sodium ophth</i> )	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP ( <i>loxamide tromethamine</i> )	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZOPT SUS 1% OP ( <i>brinzolamide</i> )	Tier 2	QL (10 mL / 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 1	PA, MAIL
BEPREVE DRO 1.5% ( <i>bepotastine besilate</i> )	Tier 3	PA, MAIL
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Tier 1	
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% ( <i>cysteamine hcl</i> )	Tier 3	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP ( <i>emedastine difumarate</i> )	Tier 3	PA, MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL
LASTACAFT SOL 0.25% ( <i>alcaftadine</i> )	Tier 3	PA, MAIL
NEVANAC SUS 0.1% ( <i>nepafenac</i> )	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.1% ( <i>olopatadine hcl</i> )	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% ( <i>olopatadine hcl</i> )	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5% (Cvs Sodium Chloride)</i>	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5% (Cvs Sodium Chloride)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% ( <i>bimatoprost</i> )	Tier 3	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% ( <i>tafluprost</i> )	Tier 2	ST, QL (30 ea / 30 days), MAIL; Prior use of latanoprost within the past 90 days.

## OTIC AGENTS

### OTIC AGENTS - MISCELLANEOUS

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

### OTIC ANTI-INFECTIVES

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

### OTIC COMBINATIONS

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

### OTIC STEROIDS

<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	

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

<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	
--	--------	--

**PASSIVE IMMUNIZING AND TREATMENT AGENTS**

***IMMUNE SERUMS***

CARIMUNE NF INJ 12GM ( <i>immune globulin (human) iv</i> )	Tier 3	PA
--	--------	----

CUVITRU INJ 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
--	--------	----

CUVITRU SOL 1GM/5ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
---	--------	----

CUVITRU SOL 10GM/50M ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
--	--------	----

FLEBOGAMMA INJ DIF 5% ( <i>immune globulin (human) iv</i> )	Tier 3	PA
---	--------	----

GAMASTAN INJ ( <i>immune globulin (human) im</i> )	Tier 3	PA
--	--------	----

GAMMAGARD INJ 1GM/10ML ( <i>immune globulin (human) iv or subcutaneous</i> )	Tier 3	PA
--	--------	----

GAMMAGARD SD INJ 10GM HU ( <i>immune globulin (human) iv</i> )	Tier 3	PA
--	--------	----

HIZENTRA INJ 1GM/5ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
--	--------	----

HIZENTRA INJ 2GM/10ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
---	--------	----

HIZENTRA INJ 4GM/20ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
---	--------	----

HIZENTRA INJ 10/50ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
--	--------	----

HIZENTRA SOL 20% ( <i>immune globulin (human) subcutaneous</i> )	Tier 3	PA
--	--------	----

OCTAGAM INJ 5GM ( <i>immune globulin (human) iv</i> )	Tier 3	PA
---	--------	----

PRIVIGEN INJ 20GRAMS ( <i>immune globulin (human) iv</i> )	Tier 3	PA
--	--------	----

RHOGAM PLUS INJ 300MCG ( <i>rho d immune globulin (human)</i> )	Tier 2	
---	--------	--

***MONOCLONAL ANTIBODIES***

SYNAGIS INJ 50MG ( <i>palivizumab</i> )	Tier 3	PA
---	--------	----

SYNAGIS INJ 100MG/ML ( <i>palivizumab</i> )	Tier 3	PA
---	--------	----

***PASSIVE IMMUNIZING AGENTS - COMBINATIONS***

HYQVIA INJ 2.5-200 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 3	PA
---	--------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA
<b>HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))</b>	Tier 3	PA

## **PENICILLINS**

### **AMINOPENICILLINS**

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

### **NATURAL PENICILLINS**

<b>penicillin v potassium for soln 125 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>penicillin v potassium for soln 250 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>penicillin v potassium tab 250 mg</b>	Tier 1	
<b>penicillin v potassium tab 500 mg</b>	Tier 1	

### **PENICILLIN COMBINATIONS**

<b>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin &amp; k clavulanate chew tab 400-57 mg</b>	Tier 1	AGE; AGE (Max 12 years)
<b>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<b>AUGMENTIN SUS 125/5ML (amoxicillin &amp; pot clavulanate)</b>	Tier 3	AGE; AGE (Max 12 years)
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	

#### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
<i>naftillin sodium for iv soln 10 gm</i>	Tier 1	

#### **PROGESTINS**

##### **PROGESTINS**

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 1	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)

#### **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.**

##### **AGENTS FOR CHEMICAL DEPENDENCY**

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTI-CATAPLECTIC AGENTS</b>		
<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 3	PA
<b>ANTIDEMENTIA AGENTS</b>		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>COMBINATION PSYCHOTHERAPEUTICS</b>		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 1	AGE (Max 64 years)
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 1	AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 1	PA, MAIL; AGE (Max 64 years)
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK ( <i>milnacipran hcl</i> )	Tier 3	PA, MAIL
SAVELLA TAB 12.5MG ( <i>milnacipran hcl</i> )	Tier 3	PA, MAIL
SAVELLA TAB 25MG ( <i>milnacipran hcl</i> )	Tier 3	PA, MAIL
SAVELLA TAB 50MG ( <i>milnacipran hcl</i> )	Tier 3	PA, MAIL
SAVELLA TAB 100MG ( <i>milnacipran hcl</i> )	Tier 3	PA, MAIL
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 1	PA
<i>tetrabenazine tab 25 mg</i>	Tier 1	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB 7MG ( <i>teriflunomide</i> )	Tier 3	PA
AUBAGIO TAB 14MG ( <i>teriflunomide</i> )	Tier 3	PA
AVONEX KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 3	PA
AVONEX PEN KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 3	PA
AVONEX PREFL KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 3	PA
COPAXONE INJ 20MG/ML ( <i>glatiramer acetate</i> )	Tier 3	PA; Preferred Brand
COPAXONE INJ 40MG/ML ( <i>glatiramer acetate</i> )	Tier 3	PA; Preferred Brand
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 1	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 1	PA
EXTAVIA INJ 0.3MG ( <i>interferon beta-1b</i> )	Tier 3	PA

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILENYA CAP 0.5MG ( <i>fingolimod hcl</i> )	Tier 3	PA
MAYZENT TAB 0.25MG ( <i>siponimod fumarate</i> )	Tier 3	PA
MAYZENT TAB 2MG ( <i>siponimod fumarate</i> )	Tier 3	PA
PLEGRIDY INJ ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY INJ PEN ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 3	PA
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 3	PA
REBIF INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF REBIDO INJ TITRATN ( <i>interferon beta-1a</i> )	Tier 3	PA
REBIF TITRTN INJ PACK ( <i>interferon beta-1a</i> )	Tier 3	PA
TYSABRI INJ 300/15ML ( <i>natalizumab</i> )	Tier 3	PA
VUMERITY CAP 231MG ( <i>diroximel fumarate</i> )	Tier 3	PA, QL (120 / 30 days)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SMOKING DETERRENTS</b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG ( <i>varenicline tartrate</i> )	PREV	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG ( <i>varenicline tartrate</i> )	PREV	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG ( <i>varenicline tartrate</i> )	PREV	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	PREV	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	PREV	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	PREV	QL (240 lozgs / 30 days), OTC, MAIL

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

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

## RESPIRATORY AGENTS - MISC.

### ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

### CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG ( <b>ivacaftor</b> )	Tier 3	PA
KALYDECO PAK 50MG ( <b>ivacaftor</b> )	Tier 3	PA
KALYDECO PAK 75MG ( <b>ivacaftor</b> )	Tier 3	PA
KALYDECO TAB 150MG ( <b>ivacaftor</b> )	Tier 3	PA
PULMOZYME SOL 1MG/ML ( <b>dornase alfa</b> )	Tier 3	PA

### PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG ( <b>pirfenidone</b> )	Tier 3	PA
ESBRIET TAB 267MG ( <b>pirfenidone</b> )	Tier 3	PA
ESBRIET TAB 801MG ( <b>pirfenidone</b> )	Tier 3	PA
OFEV CAP 100MG ( <b>nintedanib esylate</b> )	Tier 3	PA
OFEV CAP 150MG ( <b>nintedanib esylate</b> )	Tier 3	PA

## SULFONAMIDES

### SULFONAMIDES

SULFADIAZINE TAB 500MG	Tier 3
------------------------	--------

## TETRACYCLINES

### TETRACYCLINES

<b>demeclocycline hcl tab 150 mg</b>	Tier 1
<b>demeclocycline hcl tab 300 mg</b>	Tier 1
<b>doxycycline monohydrate cap 50 mg</b>	Tier 1
<b>doxycycline monohydrate cap 100 mg</b>	Tier 1
<b>doxycycline monohydrate tab 50 mg</b>	Tier 1
<b>doxycycline monohydrate tab 100 mg</b>	Tier 1
<b>minocycline hcl cap 50 mg</b>	Tier 1

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 1	
<i>tetracycline hcl cap 500 mg</i>	Tier 1	

## THYROID AGENTS

### ANTITHYROID AGENTS

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

### THYROID HORMONES

ARMOUR THYRO TAB 15MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 30MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 60MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 90MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 120MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 180MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 240MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 300MG ( <i>thyroid</i> )	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium iv soln 10 mcg/ml</i>	Tier 1	
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
NATURE THROI TAB 162.5MG ( <i>thyroid</i> )	Tier 2	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATURE-THROI TAB 16.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 32.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 48.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 65MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 97.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 113.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 130MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 146.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 195MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 260MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 325MG ( <i>thyroid</i> )	Tier 2	MAIL
SYNTHROID TAB 25MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 50MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 75MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 88MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 100MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 112MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 125MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 137MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 150MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 175MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 200MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 300MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
<i>thyroid tab 15 mg (1/4 grain)</i> (Np Thyroid 15)	Tier 1	MAIL
<i>thyroid tab 30 mg (1/2 grain)</i> (Np Thyroid 30)	Tier 1	MAIL
<i>thyroid tab 60 mg (1 grain)</i> (Np Thyroid 60)	Tier 1	MAIL
<i>thyroid tab 90 mg (1 1/2 grain)</i> (Np Thyroid 90)	Tier 1	MAIL
<i>thyroid tab 120 mg (2 grain)</i> (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG ( <i>liotrix (t3-t4)</i> )	Tier 2	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THYROLAR-1/2 TAB 30MG ( <i>liotrix (t3-t4)</i> )	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG ( <i>liotrix (t3-t4)</i> )	Tier 2	MAIL
THYROLAR-2 TAB 120MG ( <i>liotrix (t3-t4)</i> )	Tier 2	MAIL
THYROLAR-3 TAB 180MG ( <i>liotrix (t3-t4)</i> )	Tier 2	MAIL
WP THYROID TAB 81.25MG ( <i>thyroid</i> )	Tier 2	MAIL

## TOXOIDS

### TOXOID COMBINATIONS

ADACEL INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	PREV	
BOOSTRIX INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	PREV	
TDVAX INJ 2-2 LF ( <i>tetanus-diphtheria toxoids (td)</i> )	PREV	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)
TENIVAC INJ 5-2LF ( <i>tetanus-diphtheria toxoids (td)</i> )	PREV	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)

## ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

### ANTI SPASMODICS

<i>atropine sul inj 0.1mg/ml</i>	Tier 1	
<i>atropine sul inj 0.05mg/1</i>	Tier 1	
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>lansoprazole cap delayed release 15 mg</i></b>	Tier 1	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b><i>lansoprazole cap delayed release 30 mg</i></b>	Tier 1	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b><i>NEXIUM 24HR CAP 20MG (esomeprazole magnesium)</i></b>	Tier 1	QL (60 caps / 30 days), OTC, MAIL
<b><i>omeprazole cap delayed release 10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole cap delayed release 20 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole cap delayed release 40 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i></b> (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC
<b><i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days), OTC
<b><i>pantoprazole sodium ec tab 20 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>pantoprazole sodium ec tab 40 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>PRILOSEC OTC TAB 20MG (omeprazole magnesium)</i></b>	Tier 1	QL (60 tabs / 30 days), OTC
<b><i>rabeprazole sodium ec tab 20 mg</i></b>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b><i>ULCER DRUGS - PROSTAGLANDINS</i></b>		
<b><i>misoprostol tab 100 mcg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>misoprostol tab 200 mcg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>ULCER THERAPY COMBINATIONS</b>		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 1	Max 10 days supply
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVES</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<b>URINARY ANTISPASMODICS</b>		
<b>URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)</b>		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 ( <i>oxybutynin</i> )	Tier 2	QL (8 ea / 30 days), OTC, MAIL

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



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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREVNAR 13 INJ ( <i>pneumococcal 13-valent conjugate vaccine</i> )	PREV	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ ( <i>pneumococcal 20-valent conjugate vaccine</i> )	PREV	QL (1 inj / lifetime)
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	PREV	QL (1 inj / lifetime)

### **VIRAL VACCINES**

AFLURIA QUAD INJ 2021-22 ( <i>influenza virus vaccine split quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	PREV	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	PREV	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 ( <i>influenza virus vaccine split quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2021-22 ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 ( <i>influenza virus vaccine split quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 ( <i>influenza virus vaccine live quadrivalent</i> )	PREV	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 ( <i>influenza virus vac split high-dose quad preservative free</i> )	PREV	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 ( <i>influenza virus vaccine split quadrivalent</i> )	PREV	QL (Max 1 Injection per year)
GARDASIL 9 INJ ( <i>human papillomavirus (hvp) 9-valent recombinant vaccine</i> )	PREV	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	PREV	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	PREV	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	PREV	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	PREV	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 ( <i>covid-19 (sars-cov-2) adenovirus vaccine</i> )	PREV	
MODERNA VAC INJ COVID-19 ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	PREV	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PFIZER VACC INJ COVID-19 ( <i>covid-19 (sars-cov-2) mrna virus vaccine</i> )	PREV	
RECOMBIVA HB INJ 5MCG/0.5 ( <i>hepatitis b vaccine (recomb)</i> )	PREV	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	PREV	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	PREV	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	PREV	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML ( <i>hepatitis a vaccine</i> )	PREV	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ( <i>hepatitis a vaccine</i> )	PREV	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <i>zoster vaccine live</i> )	PREV	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

## VAGINAL PRODUCTS

### SPERMICIDES

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

### VAGINAL ANTI-INFECTIVES

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>VITAMINS</b>		
<b>OIL SOLUBLE VITAMINS</b>		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit) (D 1000)</i>	Tier 1	OTC
<i>cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)</i>	Tier 1	OTC
<i>cholecalciferol cap 125 mcg (5000 unit) (D 5000)</i>	Tier 1	OTC
<i>cholecalciferol cap 250 mcg (10000 unit)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)</i>	Tier 1	OTC
<i>cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)</i>	Tier 1	OTC
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)</i>	Tier 1	OTC
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)</i>	Tier 1	OTC
<i>cholecalciferol tab 10 mcg (400 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 25 mcg (1000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 50 mcg (2000 unit)</i>	Tier 1	OTC
<i>cholecalciferol tab 125 mcg (5000 unit)</i>	Tier 1	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	QL (150 tabs / 30 days)
<b>WATER SOLUBLE VITAMINS</b>		
<i>ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips)</i>	Tier 1	OTC
<i>niacin cap er 250 mg</i>	Tier 1	OTC
<i>niacin cap er 500 mg</i>	Tier 1	OTC
<i>niacin tab 50 mg</i>	Tier 1	OTC
<i>niacin tab 100 mg</i>	Tier 1	OTC
<i>niacin tab 250 mg</i>	Tier 1	OTC
<i>niacin tab 500 mg</i>	Tier 1	OTC
<i>niacin tab er 250 mg</i>	Tier 1	OTC
<i>niacin tab er 500 mg</i>	Tier 1	OTC
<i>niacin tab er 750 mg</i>	Tier 1	OTC
<i>niacinamide tab 500 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 25 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 50 mg</i>	Tier 1	OTC
<i>pyridoxine hcl tab 100 mg</i>	Tier 1	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>riboflavin tab 100 mg</i></b> (Cvs Vitamin B-2)	Tier 1	OTC
<b><i>thiamine hcl tab 50 mg</i></b>	Tier 1	OTC
<b><i>thiamine hcl tab 100 mg</i></b>	Tier 1	OTC
<b><i>thiamine hcl tab 250 mg</i></b>	Tier 1	OTC
<b><i>vitamin b-6 tab 200mg tr</i></b>	Tier 1	OTC

## Index

- 1**  
12 Hour Decongestant  
    see *pseudoephedrine hcl tab er 12hr 120 mg*..... 148
- 3**  
3ML SYRINGE MIS REG TIP ..... 133
- A**  
*abacavir sulfate soln 20 mg/ml (base equiv)*.....82  
*abacavir sulfate tab 300 mg (base equiv)* .....82  
*abacavir sulfate-lamivudine tab 600-300 mg* .....82  
*abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* .....82  
*abacavir-dolutegravir-lamivudine*  
    see TRIUMEQ TAB .....85  
*abaloparatide*  
    see TYMLOS INJ..... 112  
*abatacept*  
    see ORENCIA CLCK INJ 125MG/ML 11  
    see ORENCIA INJ 125MG/ML ..... 11  
    see ORENCIA INJ 250MG..... 11  
    see ORENCIA INJ 50/0.4ML ..... 11  
    see ORENCIA INJ 87.5/0.7 ..... 11  
ABILIFY MAIN INJ 300MG.....81  
ABILIFY MAIN INJ 400MG.....81  
*abiraterone acetate tab 250 mg* ..68  
*abiraterone acetate tab 500 mg* ..68  
ABREVA CRE 10%..... 105  
*acamprosate calcium tab delayed release 333 mg* ..... 156  
*acarbose tab 100 mg* .....40  
*acarbose tab 25 mg* .....40  
*acarbose tab 50 mg* .....40  
*acebutolol hcl cap 200 mg*.....87  
*acebutolol hcl cap 400 mg*.....87  
*acetaminophen*  
    see FEVERALL INF SUP 80MG.....12  
    see FEVERALL SUP 325MG.....12  
    see NORTEMP SUS INFANTS .....12  
*acetaminophen chew tab 160 mg*12  
*acetaminophen chew tab 80 mg*..12  
*acetaminophen disintegrating tab 160 mg* ..... 12  
*acetaminophen disintegrating tab 80 mg* ..... 12  
*acetaminophen elixir 160 mg/5ml* ..... 12  
*acetaminophen liquid 160 mg/5ml* ..... 12  
*acetaminophen liquid 167 mg/5ml* ..... 12  
*acetaminophen soln 160 mg/5ml*12  
*acetaminophen suppos 120 mg* ..12  
*acetaminophen suppos 650 mg* ..12  
*acetaminophen susp 160 mg/5ml* ..... 12  
*acetaminophen tab 325 mg* ..... 12  
*acetaminophen tab 500 mg* ..... 12  
*acetaminophen tab er 650 mg* .... 12  
*acetaminophen w/ codeine soln 120-12 mg/5ml* ..... 17  
*acetaminophen w/ codeine tab 300-15 mg* ..... 17  
*acetaminophen w/ codeine tab 300-30 mg* ..... 17  
*acetaminophen w/ codeine tab 300-60 mg* ..... 17  
*acetazolamide cap er 12hr 500 mg* ..... 110  
*acetazolamide tab 125 mg*..... 110  
*acetazolamide tab 250 mg*..... 110  
*acetic acid irrigation soln 0.25%* ..... 119  
*acetic acid otic soln 2%* ..... 153  
*acetone (urine) test*  
    see RELION KETON TES..... 109  
*acetylcysteine inhal soln 10%* .. 100  
*acetylcysteine inhal soln 20%* .. 100  
Acid Gone  
    see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* ..... 19  
*acitretin cap 10 mg*..... 104  
*acitretin cap 17.5 mg*..... 104  
*acitretin cap 25 mg*..... 104  
ACNE MEDICAT LOT 10% ..... 100

ACNE MEDICAT LOT 5% .....	100	see GILOTRIF TAB 30MG.....	70
ACTEMRA INJ 162/0.9 .....	7	see GILOTRIF TAB 40MG.....	70
ACTEMRA INJ 200/10ML .....	7	AFINITOR DIS TAB 2MG .....	69
ACTEMRA INJ 400/20ML .....	8	AFINITOR DIS TAB 3MG .....	69
ACTEMRA INJ 80MG/4ML .....	7	AFINITOR DIS TAB 5MG .....	69
ACTEMRA INJ ACTPEN .....	8	AFINITOR TAB 10MG.....	69
ACTIMMUNE INJ 2MU/0.5.....	73	AFLURIA QUAD INJ 2021-22 .....	168
<b>acyclovir cap 200 mg</b> .....	86	AFREZZA POW 12 UNIT .....	46
<b>acyclovir oint 5%</b> .....	105	AFREZZA POW 4-8 UNIT.....	46
<b>acyclovir susp 200 mg/5ml</b> .....	86	AFREZZA POW 4-8-12 .....	46
<b>acyclovir tab 400 mg</b> .....	86	AFREZZA POW 4UNIT.....	46
<b>acyclovir tab 800 mg</b> .....	86	AFREZZA POW 8 UNIT.....	46
ADACEL INJ .....	163	AFREZZA POW 8-12UNIT .....	46
<b>adalimumab</b>		AIMOVIG INJ 140MG/ML.....	133
see HUMIRA INJ 10/0.1ML.....	6	AIMOVIG INJ 70MG/ML.....	133
see HUMIRA INJ 10MG/0.2 .....	6	AKYNZEO CAP 300-0.5 .....	51
see HUMIRA INJ 20/0.2ML.....	6	<b>albendazole tab 200 mg</b> .....	20
see HUMIRA INJ 40/0.4ML.....	6	<b>albuterol sulfate inhal aero 108</b>	
see HUMIRA KIT 20MG/0.4.....	6	<b>mcg/act (90mcg base equiv) ...</b>	28
see HUMIRA KIT 40MG/0.8.....	6	<b>albuterol sulfate soln nebu 0.083%</b>	
see HUMIRA PEDIA INJ CROHNS ....	6	<b>(2.5 mg/3ml) .....</b>	28
see HUMIRA PEN INJ 40/0.4ML .....	6	<b>albuterol sulfate soln nebu 0.5% (5</b>	
see HUMIRA PEN INJ CD/UC/HS .....	6	<b>mg/ml).....</b>	28
see HUMIRA PEN KIT CD/UC/HS.....	6	<b>albuterol sulfate soln nebu 0.63</b>	
see HUMIRA PEN KIT PS/UV .....	7	<b>mg/3ml (base equiv) .....</b>	28
<b>adapalene</b>		<b>albuterol sulfate soln nebu 1.25</b>	
see DIFFERIN GEL 0.1% .....	101	<b>mg/3ml (base equiv) .....</b>	28
<b>adapalene lotion 0.1%</b> .....	101	<b>albuterol sulfate syrup 2 mg/5ml</b>	28
<b>adefovir dipivoxil tab 10 mg</b> .....	85	<b>albuterol sulfate tab 2 mg</b> .....	28
ADEMPAS TAB 0.5MG .....	93	<b>albuterol sulfate tab 4 mg</b> .....	28
ADEMPAS TAB 1.5MG .....	93	<b>alcaftadine</b>	
ADEMPAS TAB 1MG .....	93	see LASTACFT SOL 0.25%.....	152
ADEMPAS TAB 2.5MG .....	93	<b>aclometasone dipropionate cream</b>	
ADEMPAS TAB 2MG .....	93	<b>0.05% .....</b>	105
ADMELOG INJ 100U/ML .....	46	<b>aclometasone dipropionate oint</b>	
ADMELOG SOLO INJ 100U/ML.....	46	<b>0.05% .....</b>	105
ADULT MASK MIS LARGE .....	133	ALCOHOL PREP PAD MED 70% .....	131
ADVAIR DISKU AER 100/50.....	27	<b>alcohol swabs</b>	
ADVAIR DISKU AER 250/50.....	28	see ALCOHOL PREP PAD MED 70%	
ADVAIR DISKU AER 500/50.....	28	.....	131
ADVAIR HFA AER 115/21 .....	28	ALDACTAZIDE TAB 50/50 .....	111
ADVAIR HFA AER 230/21 .....	28	ALECENSA CAP 150MG .....	69
ADVAIR HFA AER 45/21 .....	28	<b>alectinib hcl</b>	
Advil Junior Strength		see ALECENSA CAP 150MG.....	69
see <b>ibuprofen tab 100 mg</b> .....	9	<b>alendronate sodium tab 10 mg</b> .	112
<b>afatinib dimaleate</b>		<b>alendronate sodium tab 35 mg</b> .	112
see GILOTRIF TAB 20MG.....	70	<b>alendronate sodium tab 40 mg</b> .	112



<i>alendronate sodium tab 5 mg</i> ....	112	<i>alogliptin-pioglitazone tab 25-30 mg</i> .....	41
<i>alendronate sodium tab 70 mg</i> ..	112	<i>alogliptin-pioglitazone tab 25-45 mg</i> .....	41
ALER-DRYL TAB 50MG .....	52	ALOMIDE SOL 0.1% OP .....	151
<i>alfuzosin hcl tab er 24hr 10 mg</i> .	119	<i>alosetron hcl tab 0.5 mg (base equiv)</i> .....	118
ALINIA SUS 100/5ML .....	21	<i>alosetron hcl tab 1 mg (base equiv)</i> .....	118
<i>aliskiren fumarate tab 150 mg (base equivalent)</i> .....	64	<i>alpha1-proteinase inhibitor (human)</i>	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i> .....	64	see GLASSIA INJ .....	160
<i>alitreinoin</i>		see PROLASTIN-C INJ 1000MG ...	160
see PANRETIN GEL 0.1%.....	104	ALPHANINE SD INJ 1500UNIT .....	120
All Day Allergy D		ALPHANINE SD INJ 500UNIT .....	120
see <i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> .....	99	<i>alprazolam tab 0.25 mg</i> .....	24
Allergy Relief		<i>alprazolam tab 0.5 mg</i> .....	23
see <i>loratadine tab 10 mg</i> .....	53	<i>alprazolam tab 1 mg</i> .....	24
<i>allopurinol tab 100 mg</i> .....	120	<i>alprazolam tab 2 mg</i> .....	24
<i>allopurinol tab 300 mg</i> .....	120	ALREX SUS 0.2%.....	151
Almacone		ALTABAX OIN 1% .....	102
see <i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> .....	19	<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> .....	19
Almacone Double Strength		<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> .....	19
see <i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> .....	19	<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> .....	19
<i>almotriptan malate tab 12.5 mg</i>	134	<i>aluminum chloride</i>	
<i>almotriptan malate tab 6.25 mg</i>	133	see DRY SOL SOL 20% .....	108
ALOCRI SOL 2%.....	151	<i>aluminum hydroxide-mag trisil</i>	
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i> .....	44	see FOAM ANTACID CHW 80-20MG 20	
<i>alogliptin benzoate tab 25 mg (base equiv)</i> .....	45	<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> .....	19
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i> .....	44	<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> .....	19
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i> .....	41	<i>amantadine hcl cap 100 mg</i> .....	73
<i>alogliptin-metformin hcl tab 12.5-500 mg</i> .....	41	<i>amantadine hcl soln 50 mg/5ml</i> .	73
<i>alogliptin-pioglitazone tab 12.5-15 mg</i> .....	41	<i>amantadine hcl tab 100 mg</i> .....	74
<i>alogliptin-pioglitazone tab 12.5-30 mg</i> .....	41	<i>ambrisentan tab 10 mg</i> .....	92
<i>alogliptin-pioglitazone tab 12.5-45 mg</i> .....	41	<i>ambrisentan tab 5 mg</i> .....	92
<i>alogliptin-pioglitazone tab 25-15 mg</i> .....	41	<i>amcinonide cream 0.1%</i> .....	105
		<i>amcinonide lotion 0.1%</i> .....	105
		AMCINONIDE OIN 0.1% .....	105
		<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i> .....	111

<i>amiloride hcl tab 5 mg</i> .....	111	<i>amoxapine tab 50 mg</i> .....	39
<i>aminocaproic acid tab 1000 mg</i> .....	124	<i>amoxicillin &amp; k clavulanate chew</i>	
<i>aminocaproic acid tab 500 mg</i> ..	124	<i>tab 200-28.5 mg</i> .....	155
<i>aminophylline inj 25 mg/ml</i> .....	29	<i>amoxicillin &amp; k clavulanate chew</i>	
<i>aminosalicylic acid</i>		<i>tab 400-57 mg</i> .....	155
see PASER GRA 4GM .....	66	<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>amiodarone hcl tab 200 mg</i> .....	25	<i>200-28.5 mg/5ml</i> .....	155
<i>amitriptyline hcl tab 10 mg</i> .....	38	<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>amitriptyline hcl tab 100 mg</i> .....	39	<i>250-62.5 mg/5ml</i> .....	156
<i>amitriptyline hcl tab 150 mg</i> .....	39	<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>amitriptyline hcl tab 25 mg</i> .....	39	<i>400-57 mg/5ml</i> .....	156
<i>amitriptyline hcl tab 50 mg</i> .....	39	<i>amoxicillin &amp; k clavulanate for susp</i>	
<i>amitriptyline hcl tab 75 mg</i> .....	39	<i>600-42.9 mg/5ml</i> .....	156
Amlactin		<i>amoxicillin &amp; k clavulanate tab</i>	
see <i>lactic acid (ammonium</i>		<i>250-125 mg</i> .....	156
<i>lactate) lotion 12%</i> .....	108	<i>amoxicillin &amp; k clavulanate tab</i>	
<i>amlodipine besylate tab 10 mg</i>		<i>500-125 mg</i> .....	156
<i>(base equivalent)</i> .....	89	<i>amoxicillin &amp; k clavulanate tab</i>	
<i>amlodipine besylate tab 2.5 mg</i>		<i>875-125 mg</i> .....	156
<i>(base equivalent)</i> .....	89	<i>amoxicillin &amp; pot clavulanate</i>	
<i>amlodipine besylate tab 5 mg</i>		see AUGMENTIN SUS 125/5ML ...	156
<i>(base equivalent)</i> .....	89	<i>amoxicillin (trihydrate) cap 250 mg</i>	
<i>amlodipine besylate-benazepril hcl</i>		.....	155
<i>cap 10-20 mg</i> .....	62	<i>amoxicillin (trihydrate) cap 500 mg</i>	
<i>amlodipine besylate-benazepril hcl</i>		.....	155
<i>cap 10-40 mg</i> .....	62	<i>amoxicillin (trihydrate) chew tab</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>125 mg</i> .....	155
<i>cap 2.5-10 mg</i> .....	62	<i>amoxicillin (trihydrate) chew tab</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>250 mg</i> .....	155
<i>cap 5-10 mg</i> .....	62	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>125 mg/5ml</i> .....	155
<i>cap 5-20 mg</i> .....	62	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-benazepril hcl</i>		<i>200 mg/5ml</i> .....	155
<i>cap 5-40 mg</i> .....	62	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-olmesartan</i>		<i>250 mg/5ml</i> .....	155
<i>medoxomil tab 10-20 mg</i> .....	63	<i>amoxicillin (trihydrate) for susp</i>	
<i>amlodipine besylate-olmesartan</i>		<i>400 mg/5ml</i> .....	155
<i>medoxomil tab 10-40 mg</i> .....	63	<i>amoxicillin (trihydrate) tab 500 mg</i>	
<i>amlodipine besylate-olmesartan</i>		.....	155
<i>medoxomil tab 5-20 mg</i> .....	62	<i>amoxicillin (trihydrate) tab 875 mg</i>	
<i>amlodipine besylate-olmesartan</i>		.....	155
<i>medoxomil tab 5-40 mg</i> .....	62	<i>amoxicillin cap-clarithro tab-</i>	
Amnesteem		<i>lansopraz cap dr therapy pack</i>	166
see <i>isotretinoin cap 20 mg</i> .....	101	<i>amphetamine extended release</i>	
<i>amoxapine tab 100 mg</i> .....	39	<i>susp 1.25 mg/ml</i> .....	1
<i>amoxapine tab 150 mg</i> .....	39	<i>amphetamine-dextroamphetamine</i>	
<i>amoxapine tab 25 mg</i> .....	39	<i>cap er 24hr 10 mg</i> .....	1

*amphetamine-dextroamphetamine cap er 24hr 15 mg* ..... 1  
*amphetamine-dextroamphetamine cap er 24hr 20 mg* ..... 1  
*amphetamine-dextroamphetamine cap er 24hr 25 mg* ..... 1  
*amphetamine-dextroamphetamine cap er 24hr 30 mg* ..... 1  
*amphetamine-dextroamphetamine cap er 24hr 5 mg* ..... 1  
*amphetamine-dextroamphetamine tab 10 mg* ..... 1  
*amphetamine-dextroamphetamine tab 12.5 mg* ..... 1  
*amphetamine-dextroamphetamine tab 15 mg* ..... 1  
*amphetamine-dextroamphetamine tab 20 mg* ..... 1  
*amphetamine-dextroamphetamine tab 30 mg* ..... 1  
*amphetamine-dextroamphetamine tab 5 mg* ..... 1  
*amphetamine-dextroamphetamine tab 7.5 mg* ..... 1  
*ampicillin cap 500 mg* ..... 155  
 ANADROL-50 TAB 50MG ..... 18  
*anagrelide hcl cap 0.5 mg* ..... 121  
*anagrelide hcl cap 1 mg* ..... 121  
*anakinra*  
   see KINERET INJ ..... 7  
*anastrozole tab 1 mg* ..... 68  
 ANDROXY TAB 10MG ..... 18  
 ANIMAL SHAPE CHW IRON ..... 143  
 ANNOVERA MIS ..... 97  
 ANORO ELLIPT AER 62.5-25 ..... 28  
 Antacid  
   see *alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml* ..... 19  
*anthralin*  
   see DRITHO-CREME CRE HP 1%.. 104  
 ANTI-DIARRHE LIQ 1MG/5ML ..... 50  
 Anti-fungal Powder  
   see *tolnaftate powder 1%* ..... 104  
*antihemophilic factor (human)*  
   see MONOCLATE-P INJ 1000UNIT 121

*antihemophilic factor (recombinant) (rfviii)*  
   see HELIXATE FS INJ 2000UNIT.. 120  
   see HELIXATE FS INJ 3000UNIT.. 120  
   see HELIXATE FS INJ 500UNIT.... 120  
   see KOGENATE FS INJ 1000UNIT 120  
   see KOGENATE FS INJ 2000UNIT 121  
   see KOGENATE FS INJ 250UNIT.. 120  
   see KOGENATE FS INJ 3000UNIT 121  
   see RECOMBINATE INJ ..... 121  
   see RECOMBINATE INJ 220-400.. 121  
   see RECOMBINATE INJ 401-800.. 121  
   see RECOMBINATE INJ 801-1240 121  
 ANZEMET TAB 100MG ..... 51  
 ANZEMET TAB 50MG ..... 51  
 APEXICON E CRE 0.05% ..... 105  
 APIDRA INJ SOLOSTAR..... 46  
 APIDRA INJ U-100 ..... 46  
*apixaban*  
   see ELIQUIS ST P TAB 5MG ..... 30  
   see ELIQUIS TAB 2.5MG ..... 30  
   see ELIQUIS TAB 5MG ..... 30  
 APOKYN INJ 10MG/ML ..... 74  
*apomorphine hydrochloride*  
   see APOKYN INJ 10MG/ML ..... 74  
*apraclonidine hcl ophth soln 0.5% (base equivalent)* ..... 150  
*apremilast*  
   see OTEZLA TAB 10/20/30 ..... 10  
   see OTEZLA TAB 30MG ..... 10  
*aprepitant capsule 125 mg* ..... 52  
*aprepitant capsule 40 mg* ..... 52  
*aprepitant capsule 80 mg* ..... 52  
*aprepitant capsule therapy pack 80 & 125 mg* ..... 52  
 APTIOM TAB 200MG ..... 32  
 APTIOM TAB 400MG ..... 32  
 APTIOM TAB 600MG ..... 32  
 APTIOM TAB 800MG ..... 32  
 APTIVUS CAP 250MG ..... 82  
 APTIVUS SOL ..... 82  
 AQUADEKS DRO ..... 142  
 Aqueous Vitamin D Infants  
   see *cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)* ..... 171  
 ARANESP INJ 100MCG ..... 122  
 ARANESP INJ 10MCG ..... 122

ARANESP INJ 150MCG .....	122	ARMOUR THYRO TAB 60MG .....	161
ARANESP INJ 200MCG .....	122	ARMOUR THYRO TAB 90MG .....	161
ARANESP INJ 25MCG .....	122	<b>artemether-lumefantrine</b>	
ARANESP INJ 300MCG .....	123	see COARTEM TAB 20-120MG .....	65
ARANESP INJ 40MCG .....	122	<b>artificial tear insert</b>	
ARANESP INJ 500MCG .....	123	see LACRISERT MIS 5MG OP .....	149
ARANESP INJ 60MCG .....	122	<b>artificial tear ophth solution</b> .....	148
ARCALYST INJ 220MG .....	7	Artificial Tears	
ARCAPTA CAP 75MCG .....	28	see <b>dextran 70-hypromellose</b>	
<b>arformoterol tartrate</b>		<b>ophth soln 0.1-0.3%</b> .....	149
see BROVANA NEB 15MCG .....	28	see <b>polyvinyl alcohol ophth soln</b>	
<b>aripiprazole</b>		<b>1.4%</b> .....	149
see ABILIFY MAIN INJ 300MG .....	81	see <b>white petrolatum-mineral oil</b>	
see ABILIFY MAIN INJ 400MG .....	81	<b>ophth ointment</b> .....	149
<b>aripiprazole lauroxil</b>		<b>ascorbic acid tab 500 mg</b> .....	171
see ARISTADA INJ 1064MG .....	81	<b>asenapine maleate sl tab 10 mg</b>	
see ARISTADA INJ 441MG/1. ....	81	<b>(base equiv)</b> .....	78
see ARISTADA INJ 662MG/2 .....	81	<b>asenapine maleate sl tab 2.5 mg</b>	
see ARISTADA INJ 882MG/3 .....	81	<b>(base equiv)</b> .....	78
see ARISTADA INJ INITIO .....	82	<b>asenapine maleate sl tab 5 mg</b>	
<b>aripiprazole oral solution 1 mg/ml</b>		<b>(base equiv)</b> .....	78
.....	81	ASMANEX 120 AER 220MCG .....	27
<b>aripiprazole orally disintegrating</b>		ASMANEX 14 AER 220MCG .....	27
<b>tab 10 mg</b> .....	81	ASMANEX 30 AER 110MCG .....	27
<b>aripiprazole orally disintegrating</b>		ASMANEX 30 AER 220MCG .....	27
<b>tab 15 mg</b> .....	81	ASMANEX 60 AER 220MCG .....	27
<b>aripiprazole tab 10 mg</b> .....	81	ASMANEX 7 AER 110MCG .....	27
<b>aripiprazole tab 15 mg</b> .....	81	ASMANEX HFA AER 100 MCG .....	27
<b>aripiprazole tab 2 mg</b> .....	81	ASMANEX HFA AER 200 MCG .....	27
<b>aripiprazole tab 20 mg</b> .....	81	ASMANEX HFA AER 50MCG .....	27
<b>aripiprazole tab 30 mg</b> .....	81	<b>aspirin chew tab 81 mg</b> .....	12
<b>aripiprazole tab 5 mg</b> .....	81	Aspirin Low Dose	
ARISTADA INJ 1064MG .....	81	see <b>aspirin tab delayed release 81</b>	
ARISTADA INJ 441MG/1. ....	81	<b>mg</b> .....	12
ARISTADA INJ 662MG/2 .....	81	<b>aspirin tab 325 mg</b> .....	12
ARISTADA INJ 882MG/3 .....	81	<b>aspirin tab delayed release 325 mg</b>	
ARISTADA INJ INITIO .....	82	.....	12
<b>armodafinil tab 150 mg</b> .....	3	<b>aspirin tab delayed release 81 mg</b>	
<b>armodafinil tab 200 mg</b> .....	3	.....	12
<b>armodafinil tab 250 mg</b> .....	4	<b>aspirin-dipyridamole cap er 12hr</b>	
<b>armodafinil tab 50 mg</b> .....	3	<b>25-200 mg</b> .....	121
ARMOUR THYRO TAB 120MG .....	161	<b>atazanavir sulfate cap 150 mg</b>	
ARMOUR THYRO TAB 15MG .....	161	<b>(base equiv)</b> .....	82
ARMOUR THYRO TAB 180MG .....	161	<b>atazanavir sulfate cap 200 mg</b>	
ARMOUR THYRO TAB 240MG .....	161	<b>(base equiv)</b> .....	82
ARMOUR THYRO TAB 300MG .....	161	<b>atazanavir sulfate cap 300 mg</b>	
ARMOUR THYRO TAB 30MG .....	161	<b>(base equiv)</b> .....	82

<b>atazanavir sulfate-cobicistat</b>	
see EVOTAZ TAB 300-150 .....	83
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> .....	63
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> .....	63
<b>atenolol tab 100 mg</b> .....	87
<b>atenolol tab 25 mg</b> .....	87
<b>atenolol tab 50 mg</b> .....	87
<b>atomoxetine hcl cap 10 mg (base equiv)</b> .....	2
<b>atomoxetine hcl cap 100 mg (base equiv)</b> .....	3
<b>atomoxetine hcl cap 18 mg (base equiv)</b> .....	3
<b>atomoxetine hcl cap 25 mg (base equiv)</b> .....	3
<b>atomoxetine hcl cap 40 mg (base equiv)</b> .....	3
<b>atomoxetine hcl cap 60 mg (base equiv)</b> .....	3
<b>atomoxetine hcl cap 80 mg (base equiv)</b> .....	3
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	55
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	55
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> .....	55
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> .....	55
<b>atovaquone susp 750 mg/5ml</b> ....	21
<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	65
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> .....	65
<b>atropine sul inj 0.05mg/1</b> .....	163
<b>atropine sul inj 0.1mg/ml</b> .....	163
ATROPINE SUL SOL 1% OP .....	149
ATROVENT HFA AER 17MCG .....	26
AUBAGIO TAB 14MG .....	158
AUBAGIO TAB 7MG .....	158
AUGMENTIN SUS 125/5ML .....	156
<b>auranofin</b>	
see RIDAURA CAP 3MG .....	7
AVANDIA TAB 2MG .....	48
AVANDIA TAB 4MG .....	49
Avita	
see <b>tretinoin gel 0.025%</b> .....	102
AVONEX KIT 30MCG .....	158
AVONEX PEN KIT 30MCG .....	158
AVONEX PREFL KIT 30MCG .....	158
AVSOLA INJ 100MG .....	117
AZASITE SOL 1% .....	150
<b>azathioprine tab 50 mg</b> .....	139
<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	147
<b>azelastine hcl ophth soln 0.05%</b>	151
<b>azilsartan medoxomil</b>	
see EDARBI TAB 40MG .....	60
see EDARBI TAB 80MG .....	60
<b>azithromycin (ophth)</b>	
see AZASITE SOL 1% .....	150
<b>azithromycin for susp 100 mg/5ml</b> .....	129
<b>azithromycin for susp 200 mg/5ml</b> .....	129
<b>azithromycin powd pack for susp 1 gm</b> .....	129
<b>azithromycin tab 250 mg</b> .....	129
<b>azithromycin tab 500 mg</b> .....	129
<b>azithromycin tab 600 mg</b> .....	129
AZOPT SUS 1% OP .....	152
<b>aztreonam lysine</b>	
see CAYSTON INH 75MG .....	21
<b>B</b>	
<b>bacitracin oint 500 unit/gm</b> .....	102
<b>bacitracin ophth oint 500 unit/gm</b> .....	150
<b>bacitracin zinc oint 500 unit/gm</b>	102
<b>bacitracin-polymyxin b oint</b> .....	102
<b>bacitracin-polymyxin b ophth oint</b> .....	150
<b>bacitracin-polymyxin-neomycin hc</b>	
see CORTISPORIN OIN 1% .....	102
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b> .....	151
<b>baclofen tab 10 mg</b> .....	146
<b>baclofen tab 20 mg</b> .....	146
BALCOLTRA TAB 0.1-20 .....	95
<b>baloxavir marboxil</b>	
see XOFLUZA TAB 20MG .....	87
see XOFLUZA TAB 40MG .....	87

<b>balsalazide disodium cap 750 mg</b>	BENZNIDAZOLE TAB 100MG .....	20
.....	BENZNIDAZOLE TAB 12.5MG .....	20
BANZEL TAB 200MG .....	<b>benzocaine-docusate sodium</b>	
BANZEL TAB 400MG .....	see DOCUSOL PLUS ENE 20-283 .	129
BAQSIMI ONE POW 3MG/DOSE.....	<b>benzonatate cap 100 mg</b> .....	99
BARACLUDGE SOL .....	<b>benzonatate cap 200 mg</b> .....	99
BASAGLAR INJ 100UNIT .....	<b>benzoyl peroxide</b>	
BAXDELA TAB 450MG .....	see ACNE MEDICAT LOT 10% .....	100
<b>b-complex w/ c &amp; folic acid cap 1</b>	see ACNE MEDICAT LOT 5% .....	100
<b>mg</b> .....	<b>benzoyl peroxide gel 10%</b> .....	101
<b>b-complex w/ c &amp; folic acid tab</b> .....	<b>benzoyl peroxide gel 5%</b> .....	101
<b>b-complex w/ c &amp; folic acid tab 0.8</b>	<b>benzoyl peroxide liq 10%</b> .....	101
<b>mg</b> .....	<b>benzoyl peroxide liq 5%</b> .....	101
<b>b-complex w/ c &amp; folic acid tab 5</b>	Benzoyl Peroxide Wash	
<b>mg</b> .....	see <b>benzoyl peroxide liq 10%</b> .....	101
BD U-500 MIS 31GX6MM .....	<b>benzoyl peroxide-erythromycin gel</b>	
BE WELL PAK ROUNDED .....	<b>5-3%</b> .....	101
<b>becaplermin</b>	<b>benztropine mesylate tab 0.5 mg</b> .....	73
see REGRANEX GEL 0.01%.....	<b>benztropine mesylate tab 1 mg</b> .....	73
<b>beclomethasone dipropionate hfa</b>	<b>benztropine mesylate tab 2 mg</b> .....	73
see QVAR REDIHA AER 80MCG.....	<b>benzyl alcohol (pediculicide)</b>	
see QVAR REDIHAL AER 40MCG .....	see ULESFIA LOT 5% .....	109
<b>bedaquiline fumarate</b>	<b>bepotastine besilate</b>	
see SIRTURO TAB 100MG .....	see BEPREVE DRO 1.5% .....	152
BELSOMRA TAB 10MG .....	<b>bepotastine besilate ophth soln</b>	
BELSOMRA TAB 15MG .....	<b>1.5%</b> .....	152
BELSOMRA TAB 20MG .....	BEPREVE DRO 1.5% .....	152
BELSOMRA TAB 5MG .....	BERINERT INJ 500UNIT .....	121
<b>bempedoic acid</b>	<b>besifloxacin hcl</b>	
see NEXLETOL TAB 180MG .....	see BESIVANCE SUS 0.6% .....	150
<b>bempedoic acid-ezetimibe</b>	BESIVANCE SUS 0.6% .....	150
see NEXLIZET TAB 180/10MG .....	<b>betaine</b>	
<b>benazepril &amp; hydrochlorothiazide</b>	see CYSTADANE POW.....	113
<b>tab 10-12.5 mg</b> .....	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>	<b>augmented cream 0.05%</b> .....	105
<b>tab 20-12.5 mg</b> .....	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>	<b>augmented gel 0.05%</b> .....	105
<b>tab 20-25 mg</b> .....	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>	<b>augmented lotion 0.05%</b> .....	105
<b>tab 5-6.25 mg</b> .....	<b>betamethasone dipropionate</b>	
<b>benazepril hcl tab 10 mg</b> .....	<b>augmented oint 0.05%</b> .....	106
<b>benazepril hcl tab 20 mg</b> .....	<b>betamethasone dipropionate cream</b>	
<b>benazepril hcl tab 40 mg</b> .....	<b>0.05%</b> .....	106
<b>benazepril hcl tab 5 mg</b> .....	<b>betamethasone dipropionate lotion</b>	
<b>benralizumab</b>	<b>0.05%</b> .....	106
see FASENRA INJ 30MG/ML .....	<b>betamethasone dipropionate oint</b>	
see FASENRA PEN INJ 30MG/ML.....	<b>0.05%</b> .....	106

<b>betamethasone valerate cream</b>	see TRUE METRIX KIT AIR..... 131
<b>0.1% (base equivalent)</b> .....	see TRUE METRIX KIT METER .... 131
<b>betamethasone valerate oint 0.1%</b>	see TRUE METRIX MIS AIR..... 131
<b>(base equivalent)</b> .....	BOOSTRIX INJ .....
106	163
<b>betaxolol hcl ophth soln 0.5%</b> ... 149	<b>bosentan</b>
<b>betaxolol hcl tab 10 mg</b> .....87	see TRACLEER TAB 32MG..... 92
<b>betaxolol hcl tab 20 mg</b> .....87	<b>bosentan tab 125 mg</b> ..... 92
<b>bethanechol chloride tab 10 mg</b> 167	<b>bosentan tab 62.5 mg</b> ..... 92
<b>bethanechol chloride tab 25 mg</b> 167	BOTOX INJ 100UNIT .....
<b>bethanechol chloride tab 5 mg</b> .. 167	148
<b>bethanechol chloride tab 50 mg</b> 167	BOTOX INJ 200UNIT .....
BEVESPI AER 9-4.8MCG.....28	148
<b>bexarotene (topical)</b>	Bp Cleansing Wash
see TARGRETIN GEL 1% .....	see <b>sulfacetamide sodium-sulfur</b>
104	<b>in urea emulsion 10-4%</b> ..... 101
<b>bexarotene cap 75 mg</b> .....	Bp Gel
73	see <b>benzoyl peroxide gel 5%</b> .. 101
<b>bicalutamide tab 50 mg</b> .....	Bp Wash
68	see <b>benzoyl peroxide liq 5%</b> ... 101
<b>bictegravir-emtricitabine-tenofovir</b>	Bprotected Pedia Tri-vite
<b>alafenamide fumarate</b>	see <b>pediatric vitamins adc drops</b>
see BIKTARVY TAB .....	<b>750 unit-400 unit-35 mg/ml</b> 143
82	BRAINSTRONG MIS PRENATAL .....
BIKTARVY TAB .....	143
82	BREO ELLIPTA INH 100-25..... 28
<b>bimatoprost</b>	BREO ELLIPTA INH 200-25..... 28
see LUMIGAN SOL 0.01%..... 153	BREZTRI AERO AER SPHERE .....
<b>bimatoprost ophth soln 0.03%</b> .. 153	28
<b>bisacodyl suppos 10 mg</b> ..... 128	Briellyn
<b>bisacodyl tab delayed release 5 mg</b>	see <b>norethindrone &amp; ethinyl</b>
..... 128	<b>estradiol tab 0.4 mg-35 mcg</b> . 96
Bismatrol	BRILINTA TAB 60MG .....
see <b>bismuth subsalicylate susp</b>	121
<b>262 mg/15ml</b> .....	BRILINTA TAB 90MG .....
50	121
<b>bismuth subsalicylate chew tab</b>	<b>brimonidine tartrate (topical)</b>
<b>262 mg</b> .....	see MIRVASO GEL 0.33%..... 109
50	<b>brimonidine tartrate ophth soln</b>
<b>bismuth subsalicylate susp 262</b>	<b>0.15%</b> .....
<b>mg/15ml</b> .....	150
50	<b>brimonidine tartrate ophth soln</b>
<b>bismuth subsalicylate susp 525</b>	<b>0.2%</b> .....
<b>mg/15ml</b> .....	150
50	<b>brimonidine tartrate-timolol</b>
<b>bismuth subsalicylate tab 262 mg</b>	<b>maleate</b>
.....	see COMBIGAN SOL 0.2/0.5% .... 149
50	<b>brinzolamide</b>
<b>bisoprolol &amp; hydrochlorothiazide</b>	see AZOPT SUS 1% OP..... 152
<b>tab 10-6.25 mg</b> .....	<b>brinzolamide-brimonidine tartrate</b>
63	see SIMBRINZA SUS 1-0.2% .....
<b>bisoprolol &amp; hydrochlorothiazide</b>	150
<b>tab 2.5-6.25 mg</b> .....	<b>bromfenac sodium ophth soln</b>
63	<b>0.09% (base equiv) (once-daily)</b>
<b>bisoprolol &amp; hydrochlorothiazide</b>	..... 152
<b>tab 5-6.25 mg</b> .....	<b>bromocriptine mesylate (diabetes)</b>
63	see CYCLOSET TAB 0.8MG .....
<b>bisoprolol fumarate tab 10 mg</b> ...87	45
<b>bisoprolol fumarate tab 5 mg</b> .....87	
<b>blood glucose monitoring supplies</b>	
see RELION TRUE KIT MET AIR ... 131	

<b>bromocriptine mesylate cap 5 mg (base equivalent)</b> .....	74	<b>buprenorphine td patch weekly 7.5 mcg/hr</b> .....	18
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b> .....	74	<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b> .....	159
<b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b> .....	99	<b>bupropion hcl tab 100 mg</b> .....	35
<b>BROTAPP DM LIQ 15-1-5/5</b> .....	99	<b>bupropion hcl tab 75 mg</b> .....	35
<b>BROVANA NEB 15MCG</b> .....	28	<b>bupropion hcl tab er 12hr 100 mg</b> .....	35
<b>BRUKINSA CAP 80MG</b> .....	69	<b>bupropion hcl tab er 12hr 150 mg</b> .....	35
<b>budesonide (inhalation)</b>		<b>bupropion hcl tab er 12hr 200 mg</b> .....	36
see PULMICORT INH 180MCG.....	27	<b>bupropion hcl tab er 24hr 150 mg</b> .....	36
see PULMICORT INH 90MCG.....	27	<b>bupropion hcl tab er 24hr 300 mg</b> .....	36
<b>budesonide delayed release particles cap 3 mg</b> .....	98	<b>buspirone hcl tab 10 mg</b> .....	23
<b>budesonide inhalation susp 0.25 mg/2ml</b> .....	27	<b>buspirone hcl tab 15 mg</b> .....	23
<b>budesonide inhalation susp 0.5 mg/2ml</b> .....	27	<b>buspirone hcl tab 30 mg</b> .....	23
<b>budesonide nasal susp 32 mcg/act</b> .....	147	<b>buspirone hcl tab 5 mg</b> .....	23
<b>budesonide-formoterol fumarate dihydrate</b>		<b>buspirone hcl tab 7.5 mg</b> .....	23
see SYMBICORT AER 160-4.5.....	29	<b>butalbital-acetaminophen tab 50-325 mg</b> .....	11
see SYMBICORT AER 80-4.5.....	29	<b>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</b> .....	17
<b>budesonide-glycopyrrolate-formoterol fumarate</b>		<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b> .....	17
see BREZTRI AERO AER SPHERE...	28	<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b> .....	11
<b>bumetanide tab 0.5 mg</b> .....	111	<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b> .....	11
<b>bumetanide tab 1 mg</b> .....	111	<b>butenafine hcl</b>	
<b>bumetanide tab 2 mg</b> .....	111	see MENTAX CRE 1%.....	103
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b> .....	18	<b>butenafine hcl cream 1%</b> .....	102
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b> .....	18	<b>butoconazole nitrate (one dose)</b>	
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b> .....	18	see GYNAZOLE-1 CRE 2%.....	169
<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b> .....	18	<b>butorphanol tartrate nasal soln 10 mg/ml</b> .....	18
<b>buprenorphine td patch weekly 10 mcg/hr</b> .....	18	<b>BYSTOLIC TAB 10MG</b> .....	87
<b>buprenorphine td patch weekly 15 mcg/hr</b> .....	18	<b>BYSTOLIC TAB 2.5MG</b> .....	87
<b>buprenorphine td patch weekly 20 mcg/hr</b> .....	18	<b>BYSTOLIC TAB 20MG</b> .....	88
<b>buprenorphine td patch weekly 5 mcg/hr</b> .....	18	<b>BYSTOLIC TAB 5MG</b> .....	87
		<b>BYVALSON TAB 5-80MG</b> .....	63
		<b>C</b>	
		<b>c1 esterase inhibitor (human)</b>	
		see BERINERT INJ 500UNIT.....	121
		<b>cabergoline tab 0.5 mg</b> .....	114



CABOMETYX TAB 20MG .....	69	see <i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i> .....	136
CABOMETYX TAB 40MG .....	70	<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i> .....	118
CABOMETYX TAB 60MG .....	70	Calcium Antacid	
<b><i>cabozantinib s-malate</i></b>		see <i>calcium carbonate (antacid) chew tab 500 mg</i> .....	20
see CABOMETYX TAB 20MG .....	69	<i>calcium carbonate (antacid) chew tab 1000 mg</i> .....	20
see CABOMETYX TAB 40MG .....	70	<i>calcium carbonate (antacid) chew tab 400 mg</i> .....	20
see CABOMETYX TAB 60MG .....	70	<i>calcium carbonate (antacid) chew tab 500 mg</i> .....	20
see COMETRIQ KIT 100MG .....	70	<i>calcium carbonate (antacid) chew tab 750 mg</i> .....	20
see COMETRIQ KIT 140MG .....	70	<i>calcium carbonate (antacid) susp 1250 mg/5ml</i> .....	20
see COMETRIQ KIT 60MG .....	70	<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i> .....	135
<b><i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2</i></b>		<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> .....	136
<b><i>calcipotriene oint 0.005%</i></b> .....	104	<i>calcium carbonate-cholecalciferol</i>	
<b><i>calcipotriene soln 0.005% (50 mcg/ml)</i></b> .....	104	see CALTRATE 600 CHW 600-800	137
<b><i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i></b> .....	106	<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i> .....	136
<b><i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i></b> .....	106	<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i> .....	136
<b><i>calcitonin (salmon) nasal soln 200 unit/act</i></b> .....	112	<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> .....	136
Calcitrate		<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i> .....	136
see <i>calcium citrate tab 950 mg (200 mg elemental ca)</i> .....	137	<i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i> .....	136
<b><i>calcitriol cap 0.25 mcg</i></b> .....	113	<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i> .....	136
<b><i>calcitriol cap 0.5 mcg</i></b> .....	113	<i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i> .....	136
<b><i>calcitriol oint 3 mcg/gm</i></b> .....	104	<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i> .....	136
<b><i>calcium &amp; phosphorus w/ vitamin d</i></b>		<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i> .....	136
see RISACAL-D TAB.....	137	<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i> .....	136
Calcium 500 + D			
see <i>calcium carbonate-cholecalciferol tab 500 mg-125 unit</i> .....	136		
Calcium 500/d			
see <i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> .....	136		
Calcium 600			
see <i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> ..	136		
Calcium 600 With Vitamin			
see <i>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</i> .....	136		
Calcium 600/vitamin D3			

<b>calcium carbonate-cholecalciferol tab 600 mg-400 unit</b> .....	136
<b>calcium carbonate-cholecalciferol tab 600 mg-800 unit</b> .....	136
<b>calcium carbonate-ergocalciferol</b> see RA OYS SHL/D TAB 500MG ...	137
<b>calcium carbonate-mag hydrox</b> see MI-ACID CHW .....	20
<b>calcium carbonate-mag hydroxide chew tab 675-135 mg</b> .....	19
<b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> .....	20
<b>calcium carbonate-vitamin d cap 600 mg-200 unit</b> .....	136
<b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> .....	136
<b>calcium carbonate-vitamin d tab 600 mg-125 unit</b> .....	137
<b>calcium carbonate-vitamin d tab 600 mg-400 unit</b> .....	137
<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b> .....	135
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	135
Calcium Citrate + D3 see <b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> .....	137
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> .....	137
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA) .....	137
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b> ....	137
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> ....	137
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b> ....	137
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> ....	137
Calcium Plus Vitamin D3 see <b>calcium carbonate-cholecalciferol cap 600 mg-500 unit</b> .....	136
<b>calcium polycarbophil tab 625 mg</b> .....	126
CALCIUM TAB 600MG .....	137
<b>calcium-magnesium-zinc tab 333-133-5 mg</b> .....	137
CALNA TAB .....	143
CALTRATE 600 CHW 600-800.....	137
<b>candesartan cilexetil tab 16 mg</b> ..	59
<b>candesartan cilexetil tab 32 mg</b> ..	60
<b>candesartan cilexetil tab 4 mg</b> ....	59
<b>candesartan cilexetil tab 8 mg</b> ....	59
CAPASTAT SUL INJ 1GM .....	66
<b>capecitabine tab 150 mg</b> .....	67
<b>capecitabine tab 500 mg</b> .....	67
CAPRELSA TAB 100MG .....	70
CAPRELSA TAB 300MG .....	70
<b>capreomycin sulfate</b> see CAPASTAT SUL INJ 1GM.....	66
<b>capsaicin cream 0.1%</b> .....	108
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b> .....	63
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b> .....	63
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b> .....	63
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b> .....	63
<b>captopril tab 100 mg</b> .....	58
<b>captopril tab 12.5 mg</b> .....	58
<b>captopril tab 25 mg</b> .....	58
<b>captopril tab 50 mg</b> .....	58
<b>carb/levo tab 25-100mg</b> .....	74
<b>carbamazepine cap er 12hr 100 mg</b> .....	32
<b>carbamazepine cap er 12hr 200 mg</b> .....	32
<b>carbamazepine cap er 12hr 300 mg</b> .....	32
<b>carbamazepine chew tab 100 mg</b> 32	
<b>carbamazepine susp 100 mg/5ml</b> .....	32
<b>carbamazepine tab 200 mg</b> .....	32
<b>carbamazepine tab er 12hr 100 mg</b> .....	32
<b>carbamazepine tab er 12hr 200 mg</b> .....	32
<b>carbamazepine tab er 12hr 400 mg</b> .....	33
<b>carbamide peroxide 6.5% otic soln</b> .....	153

<i>carbidopa &amp; levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i> ...	74
<i>carbidopa &amp; levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i> ...	74
<i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	74
<i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	74
<i>carbidopa &amp; levodopa tab 25-250 mg</i> .....	74
<i>carbidopa &amp; levodopa tab er 25-100 mg</i> .....	74
<i>carbidopa &amp; levodopa tab er 50-200 mg</i> .....	74
<i>carbidopa tab 25 mg</i> .....	73
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i> .....	74
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i> .....	74
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i> .....	74
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i> .....	74
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i> .....	74
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i> .....	74
<i>carbinoxamine maleate soln 4 mg/5ml</i> .....	52
<i>carbinoxamine maleate tab 4 mg</i>	52
<i>carbonyl iron</i>	
see IRON CHW PEDIATRI .....	124
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> .....	123
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i> .....	148
<i>carboxymethylcellulose sodium ophth soln 0.5%</i> .....	148
CARIMUNE NF INJ 12GM .....	154
<i>cariprazine hcl</i>	
see VRAYLAR CAP 1.5MG .....	75
see VRAYLAR CAP 3MG .....	75
see VRAYLAR CAP 4.5MG .....	75
see VRAYLAR CAP 6MG .....	75
<i>carisoprodol tab 350 mg</i> .....	146
<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i> .....	146
<i>carteolol hcl ophth soln 1%</i> .....	149
<i>carvedilol tab 12.5 mg</i> .....	87
<i>carvedilol tab 25 mg</i> .....	87
<i>carvedilol tab 3.125 mg</i> .....	87
<i>carvedilol tab 6.25 mg</i> .....	87
CAYA DPR.....	130
CAYSTON INH 75MG .....	21
<i>cefaclor cap 250 mg</i> .....	94
<i>cefaclor cap 500 mg</i> .....	94
<i>cefaclor for susp 125 mg/5ml</i> .....	94
<i>cefaclor for susp 250 mg/5ml</i> .....	94
<i>cefaclor for susp 375 mg/5ml</i> .....	94
<i>cefadroxil cap 500 mg</i> .....	93
<i>cefadroxil for susp 250 mg/5ml</i> ..	93
<i>cefadroxil for susp 500 mg/5ml</i> ..	93
<i>cefadroxil tab 1 gm</i> .....	93
<i>cefazolin sodium for inj 1 gm</i> .....	93
<i>cefazolin sodium for inj 10 gm</i> ....	94
<i>cefazolin sodium for inj 20 gm</i> ....	94
<i>cefazolin sodium for inj 500 mg</i> ..	94
<i>cefdinir cap 300 mg</i> .....	94
<i>cefdinir for susp 125 mg/5ml</i> .....	94
<i>cefdinir for susp 250 mg/5ml</i> .....	94
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i> .....	94
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i> .....	94
<i>cefepime hcl for inj 2 gm</i> .....	95
<i>cefixime cap 400 mg</i> .....	94
<i>cefixime for susp 100 mg/5ml</i> ....	94
<i>cefixime for susp 200 mg/5ml</i> ....	94
<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	94
<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	94
<i>cefpodoxime proxetil tab 100 mg</i>	95
<i>cefpodoxime proxetil tab 200 mg</i>	95
<i>cefprozil for susp 125 mg/5ml</i> ....	94
<i>cefprozil for susp 250 mg/5ml</i> ....	94
<i>cefprozil tab 250 mg</i> .....	94
<i>cefprozil tab 500 mg</i> .....	94
<i>ceftaroline fosamil</i>	
see TEFLARO INJ 400MG.....	95
see TEFLARO INJ 600MG.....	95
<i>ceftriaxone sodium for inj 1 gm</i> ..	95
<i>cefuroxime axetil tab 250 mg</i> .....	94
<i>cefuroxime axetil tab 500 mg</i> .....	94

<b>celecoxib cap 100 mg</b> .....	8		see <b>calcium carbonate (antacid)</b>
<b>celecoxib cap 200 mg</b> .....	8		<b>chew tab 400 mg</b> .....
<b>celecoxib cap 400 mg</b> .....	8	Childrens Silfedrine	20
<b>celecoxib cap 50 mg</b> .....	8		see <b>pseudoephedrine hcl liq 15</b>
<b>cellulose</b>			<b>mg/5ml</b> .....
see UNIFIBER POW .....	127		148
CELONTIN CAP 300MG .....	35	<b>chlorambucil</b>	
CENTRUM SPEC PAK PRENATAL .....	143	see LEUKERAN TAB 2MG.....	66
<b>cephalexin cap 250 mg</b> .....	94	<b>chlordiazepoxide hcl cap 10 mg</b> ..	24
<b>cephalexin cap 500 mg</b> .....	94	<b>chlordiazepoxide hcl cap 25 mg</b> ..	24
<b>cephalexin for susp 125 mg/5ml</b> .....	94	<b>chlordiazepoxide hcl cap 5 mg</b> ....	24
<b>cephalexin for susp 250 mg/5ml</b> .....	94	<b>chlordiazepoxide-amitriptyline tab</b>	
CERDELGA CAP 84MG.....	122	<b>10-25 mg</b> .....	158
<b>ceritinib</b>		<b>chlordiazepoxide-amitriptyline tab</b>	
see ZYKADIA CAP 150MG .....	73	<b>5-12.5 mg</b> .....	158
<b>certolizumab pegol</b>		<b>chlorhexidine gluconate liquid 4%</b>	
see CIMZIA KIT 200MG.....	117	.....	82
see CIMZIA PREFL KIT 200MG/ML	117	<b>chlorhexidine gluconate soln</b>	
see CIMZIA START KIT 200MG/ML	118	<b>0.12%</b> .....	141
		<b>chloroquine phosphate tab 250 mg</b>	
<b>cervical caps</b>		.....	65
see FEMCAP MIS 22MM .....	130	<b>chloroquine phosphate tab 500 mg</b>	
see FEMCAP MIS 26MM.....	130	.....	65
see FEMCAP MIS 30MM .....	130	<b>chlorothiazide tab 250 mg</b> .....	111
CESAMET CAP 1MG .....	51	<b>chlorothiazide tab 500 mg</b> .....	111
<b>cetirizine hcl oral soln 1 mg/ml (5</b>		Chlorphen Sr	
<b>mg/5ml)</b> .....	53	see <b>chlorpheniramine maleate tab</b>	
<b>cetirizine hcl tab 10 mg</b> .....	53	<b>er 12 mg</b> .....	52
<b>cetirizine hcl tab 5 mg</b> .....	53	<b>chlorpheniramine maleate syrup 2</b>	
<b>cetirizine-pseudoephedrine tab er</b>		<b>mg/5ml</b> .....	52
<b>12hr 5-120 mg</b> .....	99	<b>chlorpheniramine maleate tab 4 mg</b>	
<b>cevimeline hcl cap 30 mg</b> .....	141	.....	52
CHANTIX PAK 0.5& 1MG .....	159	<b>chlorpheniramine maleate tab er</b>	
CHANTIX TAB 0.5MG.....	159	<b>12 mg</b> .....	52
CHANTIX TAB 1MG.....	159	<b>chlorpheniramine w/ codeine</b>	
CHEMET CAP 100MG .....	50	see Z-TUSS AC LIQ 2-9/5ML.....	100
Chewable Vite Childrens		<b>chlorpromazine hcl tab 10 mg</b> ....	80
see <b>pediatric multiple vitamin w/</b>		<b>chlorpromazine hcl tab 100 mg</b> ... 80	
<b>c &amp; fa chew tab</b> .....	143	<b>chlorpromazine hcl tab 200 mg</b> ... 80	
Chewable Vite With Iron/c		<b>chlorpromazine hcl tab 25 mg</b> .... 80	
see <b>pediatric multiple vitamins</b>		<b>chlorpromazine hcl tab 50 mg</b> .... 80	
<b>w/ iron chew tab 15 mg</b> .....	143	<b>chlorpropamide tab 100 mg</b> .....	49
Childrens Pain Reliever		<b>chlorpropamide tab 250 mg</b> .....	49
see <b>acetaminophen chew tab 80</b>		<b>chlorthalidone tab 25 mg</b> .....	111
<b>mg</b> .....	12	<b>chlorthalidone tab 50 mg</b> .....	111
Childrens Pepto		<b>chlorzoxazone tab 500 mg</b> .....	146
		<b>cholecalciferol cap 1.25 mg (50000</b>	
		<b>unit)</b> .....	171

<b>cholecalciferol cap 125 mcg (5000 unit)</b> .....	171	CIMZIA PREFL KIT 200MG/ML.....	117
<b>cholecalciferol cap 25 mcg (1000 unit)</b> .....	171	CIMZIA START KIT 200MG/ML.....	118
<b>cholecalciferol cap 250 mcg (10000 unit)</b> .....	171	<b>cinacalcet hcl tab 30 mg (base equiv)</b> .....	113
<b>cholecalciferol cap 50 mcg (2000 unit)</b> .....	171	<b>cinacalcet hcl tab 60 mg (base equiv)</b> .....	113
<b>cholecalciferol chew tab 10 mcg (400 unit)</b> .....	171	<b>cinacalcet hcl tab 90 mg (base equiv)</b> .....	113
<b>cholecalciferol chew tab 25 mcg (1000 unit)</b> .....	171	CIPRO HC SUS OTIC .....	153
<b>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</b> .....	171	<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> .....	150
<b>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</b> .....	171	<b>ciprofloxacin hcl otic soln 0.2% (base equivalent)</b> .....	153
<b>cholecalciferol tab 10 mcg (400 unit)</b> .....	171	<b>ciprofloxacin hcl tab 250 mg (base equiv)</b> .....	116
<b>cholecalciferol tab 125 mcg (5000 unit)</b> .....	171	<b>ciprofloxacin hcl tab 500 mg (base equiv)</b> .....	116
<b>cholecalciferol tab 25 mcg (1000 unit)</b> .....	171	<b>ciprofloxacin hcl tab 750 mg (base equiv)</b> .....	116
<b>cholecalciferol tab 50 mcg (2000 unit)</b> .....	171	<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b> .....	153
<b>cholestyramine light powder 4 gm/dose</b> .....	54	<b>ciprofloxacin-hydrocortisone</b> see CIPRO HC SUS OTIC.....	153
<b>cholestyramine powder 4 gm/dose</b> .....	54	<b>cialopram hydrobromide oral soln 10 mg/5ml</b> .....	36
<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> .....	54	<b>cialopram hydrobromide tab 10 mg (base equiv)</b> .....	36
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b> .....	54	<b>cialopram hydrobromide tab 20 mg (base equiv)</b> .....	36
<b>ciclesonide (nasal)</b> see OMNARIS SPR.....	147	<b>cialopram hydrobromide tab 40 mg (base equiv)</b> .....	36
<b>ciclopirox olamine cream 0.77% (base equiv)</b> .....	103	Claravis see <b>isotretinoin cap 10 mg</b> .....	101
<b>ciclopirox olamine susp 0.77% (base equiv)</b> .....	103	<b>clarithromycin for susp 125 mg/5ml</b> .....	129
<b>ciclopirox solution 8%</b> .....	103	<b>clarithromycin for susp 250 mg/5ml</b> .....	129
<b>cilostazol tab 100 mg</b> .....	121	<b>clarithromycin tab 250 mg</b> .....	129
<b>cilostazol tab 50 mg</b> .....	121	<b>clarithromycin tab 500 mg</b> .....	129
CIMDUO TAB 300-300 .....	82	Clean & Clear Persa-gel M see <b>benzoyl peroxide gel 10%</b>	101
<b>cimetidine tab 200 mg</b> .....	164	Clear Soluble Fiber see <b>wheat dextrin oral powder</b>	127
<b>cimetidine tab 300 mg</b> .....	164	<b>clemastine fumarate tab 1.34 mg (1 mg base equiv)</b> .....	53
<b>cimetidine tab 400 mg</b> .....	164	<b>clemastine fumarate tab 2.68 mg</b>	53
<b>cimetidine tab 800 mg</b> .....	164	CLENPIQ SOL.....	127
CIMZIA KIT 200MG .....	117		

<i>clindamycin hcl cap 150 mg</i> .....	21	<i>clorazepate dipotassium tab 3.75</i>	
<i>clindamycin hcl cap 300 mg</i> .....	21	<i>mg</i> .....	24
<i>clindamycin palmitate hcl for soln</i>		<i>clorazepate dipotassium tab 7.5</i>	
<i>75 mg/5ml (base equiv)</i> .....	21	<i>mg</i> .....	24
<i>clindamycin phosphate gel 1%</i> .	101	<i>clotrimazole cream 1%</i> .....	103
<i>clindamycin phosphate lotion 1%</i>		<i>clotrimazole soln 1%</i> .....	103
.....	101	<i>clotrimazole troche 10 mg</i> .....	141
<i>clindamycin phosphate soln 1%</i>	101	<i>clotrimazole vaginal cream 1%</i> .	169
<i>clindamycin phosphate vaginal</i>		<i>clotrimazole vaginal cream 2%</i> .	169
<i>cream 2%</i> .....	169	<i>clotrimazole w/ betamethasone</i>	
<i>clindamycin phosphate-tretinoin</i>		<i>cream 1-0.05%</i> .....	103
<i>gel 1.2-0.025%</i> .....	101	<i>clotrimazole w/ betamethasone</i>	
<i>clindamycin phosph-benzoyl</i>		<i>lotion 1-0.05%</i> .....	103
<i>peroxide (refrig) gel 1.2 (1)-5%</i>		<i>clozapine tab 100 mg</i> .....	78
.....	101	<i>clozapine tab 200 mg</i> .....	78
<i>clobazam tab 10 mg</i> .....	32	<i>clozapine tab 25 mg</i> .....	78
<i>clobazam tab 20 mg</i> .....	32	<i>clozapine tab 50 mg</i> .....	78
<i>clobetasol propionate cream</i>		<i>coagulation factor ix</i>	
<i>0.05%</i> .....	106	see ALPHANINE SD INJ 1500UNIT	120
<i>clobetasol propionate gel 0.05%</i>		see ALPHANINE SD INJ 500UNIT.	120
.....	106	COARTEM TAB 20-120MG .....	65
<i>clobetasol propionate oint 0.05%</i>		<i>cobicistat</i>	
.....	106	see TYBOST TAB 150MG .....	85
<i>clobetasol propionate soln 0.05%</i>		CODEINE SULF TAB 60MG .....	13
.....	106	<i>codeine sulfate tab 30 mg</i> .....	13
<i>clomiphene citrate tab 50 mg</i> ....	112	<i>colchicine tab 0.6 mg</i> .....	120
<i>clomipramine hcl cap 25 mg</i> .....	39	<i>colchicine w/ probenecid tab 0.5-</i>	
<i>clomipramine hcl cap 50 mg</i> .....	39	<i>500 mg</i> .....	120
<i>clomipramine hcl cap 75 mg</i> .....	39	<i>colesevelam hcl packet for susp</i>	
<i>clonazepam tab 0.5 mg</i> .....	32	<i>3.75 gm</i> .....	54
<i>clonazepam tab 1 mg</i> .....	32	<i>colesevelam hcl tab 625 mg</i> .....	54
<i>clonazepam tab 2 mg</i> .....	32	<i>colestipol hcl tab 1 gm</i> .....	54
<i>clonidine hcl tab 0.1 mg</i> .....	61	<i>collagenase</i>	
<i>clonidine hcl tab 0.2 mg</i> .....	61	see SANTYL OIN 250/GM .....	108
<i>clonidine hcl tab 0.3 mg</i> .....	61	COLY-MYCIN S SUS OTIC .....	153
<i>clonidine hcl tab er 12hr 0.1 mg</i> ... 3		COMBIGAN SOL 0.2/0.5% .....	149
<i>clonidine td patch weekly 0.1</i>		COMBIVENT AER 20-100 .....	28
<i>mg/24hr</i> .....	61	COMETRIQ KIT 100MG .....	70
<i>clonidine td patch weekly 0.2</i>		COMETRIQ KIT 140MG .....	70
<i>mg/24hr</i> .....	61	COMETRIQ KIT 60MG .....	70
<i>clonidine td patch weekly 0.3</i>		COMPLERA TAB .....	82
<i>mg/24hr</i> .....	61	CO-NATAL FA TAB 29-1MG .....	143
<i>clopidogrel bisulfate tab 75 mg</i>		<i>condoms - female</i>	
<i>(base equiv)</i> .....	121	see FC2 FEMALE MIS CONDOM ...	130
<i>clorazepate dipotassium tab 15 mg</i>		<i>conjugated estrogens-</i>	
.....	24	<i>bazedoxifene</i>	
		see DUAVEE TAB 0.45-20 .....	115

<b>conjugated estrogens- medroxyprogesterone acetate</b>	
see PREMPHASE TAB .....	115
see PREMPRO TAB.....	115
see PREMPRO TAB 0.3-1.5.....	115
see PREMPRO TAB 0.45-1.5.....	115
see PREMPRO TAB 0.625-5.....	115
<b>continuous blood glucose system receiver</b>	
see DEXCOM G5 MIS RECEIVER ..	130
see DEXCOM G6 MIS RECEIVER ..	130
see FREESTY LIBR MIS 2 READER	130
see FREESTYLE MIS READER .....	131
<b>continuous blood glucose system sensor</b>	
see DEXCOM G6 MIS SENSOR.....	130
see FREESTY LIBR KIT 2 SENSOR	130
see FREESTYLE KIT SENSOR.....	131
see G5/G4 MIS SENSOR.....	131
<b>continuous blood glucose system transmitter</b>	
see DEXCOM G5 MIS TRANSMIT..	130
see DEXCOM G6 MIS TRANSMIT..	130
COPAXONE INJ 20MG/ML .....	158
COPAXONE INJ 40MG/ML .....	158
<b>copper (iud)</b>	
see PARAGARD IUD T380A .....	97
CORDRAN 80X3 TAP 4MCG/CM .....	106
CORLANOR SOL 5MG/5ML.....	93
CORLANOR TAB 5MG.....	93
CORLANOR TAB 7.5MG .....	93
<b>corn dextrin oral powder</b> .....	126
<b>cortisone acetate tab 25 mg</b> .....	98
CORTISPORIN OIN 1% .....	102
Cortizone-10	
see <b>hydrocortisone gel 1%</b> .....	107
Cortizone-10 Plus	
see <b>hydrocortisone-aloe vera cream 1%</b> .....	107
COSENTYX INJ 150MG/ML.....	104
COSENTYX INJ 300DOSE .....	104
COSENTYX INJ 75MG/0.5.....	104
COSENTYX PEN INJ 150MG/ML .....	104
COSENTYX PEN INJ 300DOSE .....	104
COUMADIN TAB 10MG .....	30
COUMADIN TAB 1MG.....	30
COUMADIN TAB 2.5MG .....	30
COUMADIN TAB 2MG .....	30
COUMADIN TAB 3MG .....	30
COUMADIN TAB 4MG .....	30
COUMADIN TAB 5MG .....	30
COUMADIN TAB 6MG .....	30
COUMADIN TAB 7.5MG.....	30
<b>covid-19 (sars-cov-2) adenovirus vaccine</b>	
see JANSSEN VACC INJ COVID-19 .....	168
<b>covid-19 (sars-cov-2) mrna virus vaccine</b>	
see MODERNA VAC INJ COVID-19	168
see PFIZER VACC INJ COVID-19 .	169
CREON CAP 12000UNT .....	110
CREON CAP 24000UNT .....	110
CREON CAP 3000UNIT.....	110
CREON CAP 36000UNT .....	110
CREON CAP 6000UNIT.....	110
CRESEMBA CAP 186 MG .....	52
CRIXIVAN CAP 200MG.....	82
CRIXIVAN CAP 400MG.....	82
<b>crizotinib</b>	
see XALKORI CAP 200MG .....	72
see XALKORI CAP 250MG.....	72
<b>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</b> .....	147
<b>cromolyn sodium ophth soln 4%</b> .....	152
<b>cromolyn sodium soln nebu 20 mg/2ml</b> .....	25
<b>crotamiton</b>	
see EURAX CRE 10%.....	109
CUVITRU INJ 4GM/20ML .....	154
CUVITRU SOL 10GM/50M.....	154
CUVITRU SOL 1GM/5ML.....	154
Cvs Af Spray Powder	
see <b>tolnaftate aerosol pow 1%</b>	104
Cvs Allergy Relief Childr	
see <b>diphenhydramine hcl liquid 12.5 mg/5ml</b> .....	53
Cvs Antacid Supreme	
see <b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> .....	20
Cvs Anti-dandruff	
see <b>selenium sulfide lotion 1%</b>	105

Cvs Anti-diarrheal	
see <b>loperamide hcl tab 2 mg</b> .....	50
Cvs Anti-fungal Powder	
see <b>miconazole nitrate powder 2%</b> .....	103
Cvs B-12	
see <b>cyanocobalamin sl tab 500 mcg</b> .....	122
Cvs Bismuth Maximum Stren	
see <b>bismuth subsalicylate susp 525 mg/15ml</b> .....	50
Cvs Calcium Citrate + D	
see <b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> .....	137
Cvs Chocolate Laxative Pi	
see <b>sennosides chew tab 15 mg</b> .....	128
Cvs Cold & Cough Nighttim	
see <b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> .....	99
Cvs Cortisone Maximum Str	
see <b>hydrocortisone lotion 1%</b> ..	107
Cvs D3	
see <b>cholecalciferol chew tab 25 mcg (1000 unit)</b> .....	171
Cvs Dry Eye Relief	
see <b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> ..	149
Cvs Easy Fiber	
see <b>corn dextrin oral powder</b> ..	126
Cvs Fish Oil	
see <b>omega-3 fatty acids cap delayed release 1200 mg</b> .....	148
Cvs Gas Relief	
see <b>simethicone cap 125 mg</b> ...	117
Cvs Gas Relief Drops Extr	
see <b>simethicone liquid 40 mg/0.6ml</b> .....	117
Cvs Gas Relief Extra Stre	
see <b>simethicone chew tab 125 mg</b> .....	117
Cvs Gentle Laxative	
see <b>bisacodyl suppos 10 mg</b> ....	128
Cvs Glycerin Adult	
see <b>glycerin suppos 2 gm</b> .....	127
Cvs Heartburn Relief	
see <b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> .....	19
Cvs Ibuprofen Infants	
see <b>ibuprofen susp 40 mg/ml</b> .....	9
Cvs Lubricant Eye Drops	
see <b>carboxymethylcellulose sodium ophth soln 0.5%</b> .....	148
Cvs Melatonin	
see <b>melatonin cap 5 mg</b> .....	6
Cvs Motion Sickness	
see <b>dimenhydrinate tab 50 mg</b> .	51
Cvs Motion Sickness Relie	
see <b>meclizine hcl chew tab 25 mg</b> .....	51
Cvs Nasal Decongestant	
see <b>pseudoephedrine hcl tab 30 mg</b> .....	148
Cvs Nasal Decongestant Pe	
see <b>phenylephrine hcl tab 10 mg</b> .....	148
Cvs Nasal Spray	
see <b>oxymetazoline hcl nasal soln 0.05%</b> .....	148
Cvs Natural Daily Fiber	
see <b>psyllium powder 48.57%</b> .	127
see <b>psyllium powder 58.6%</b> ...	127
Cvs Natural Tears	
see <b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> .....	149
Cvs Nausea Relief	
see <b>fructose-dextrose-phosphoric acid oral soln</b> .....	51
Cvs Nicotine Lozenge	
see <b>nicotine polacrilex lozenge 2 mg</b> .....	159
Cvs Nicotine Polacrilex	
see <b>nicotine polacrilex gum 4 mg</b> .....	159
Cvs Nicotine Transdermal	
see <b>nicotine td patch 24hr 21 mg/24hr</b> .....	160
Cvs Omeprazole Magnesium	
see <b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	165



Cvs Oyster Shell Calcium see <b>calcium carbonate- cholecalciferol tab 500 mg-125 unit</b> .....	136	<b>cyclobenzaprine hcl tab 5 mg</b> ....	146
Cvs Pain & Fever Children see <b>acetaminophen susp 160 mg/5ml</b> .....	12	<b>cyclopentolate hcl ophth soln 1%</b> .....	149
Cvs Pinworm Treatment see <b>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</b> .....	20	<b>cyclophosphamide cap 25 mg</b> .....	66
CVS PRENATAL CHW GUMMY .....	144	<b>cyclophosphamide cap 50 mg</b> .....	66
Cvs Saline Nasal Spray see <b>saline nasal spray 0.65%</b> .	146	<b>cycloserine cap 250 mg</b> .....	66
Cvs Sleep Aid Nighttime see <b>diphenhydramine hcl (sleep) tab 25 mg</b> .....	124	CYCLOSET TAB 0.8MG .....	45
Cvs Smooth Antacid Extra see <b>calcium carbonate (antacid) chew tab 750 mg</b> .....	20	<b>cyclosporine</b> see SANDIMMUNE CAP 100MG....	140
Cvs Sodium Chloride see <b>sodium chloride hypertonic ophth oint 5%</b> .....	152	see SANDIMMUNE CAP 25MG .....	140
see <b>sodium chloride hypertonic ophth soln 5%</b> .....	152	<b>cyclosporine (ophth)</b> see RESTASIS EMU 0.05% .....	151
Cvs Triple Antibiotic see <b>neomycin-bacitracin- polymyxin oint</b> .....	102	<b>cyclosporine cap 100 mg</b> .....	140
Cvs Vitamin B-12 Tr see <b>cyanocobalamin tab er 1000 mcg</b> .....	122	<b>cyclosporine cap 25 mg</b> .....	140
Cvs Vitamin B-2 see <b>riboflavin tab 100 mg</b> .....	172	<b>cyclosporine modified (for microemulsion)</b> see NEORAL CAP 100MG.....	140
<b>cyanocobalamin inj 1000 mcg/ml</b> .....	122	see NEORAL CAP 25MG.....	140
<b>cyanocobalamin sl tab 1000 mcg</b> .....	122	<b>cyclosporine modified cap 100 mg</b> .....	140
<b>cyanocobalamin sl tab 2500 mcg</b> .....	122	<b>cyclosporine modified cap 25 mg</b> .....	140
<b>cyanocobalamin sl tab 500 mcg</b>	122	<b>cyclosporine modified cap 50 mg</b> .....	140
<b>cyanocobalamin tab 100 mcg</b> ....	122	<b>cyclosporine modified oral soln 100 mg/ml</b> .....	140
<b>cyanocobalamin tab 1000 mcg</b> ..	122	<b>cyproheptadine hcl syrup 2 mg/5ml</b> .....	54
<b>cyanocobalamin tab 250 mcg</b> ....	122	<b>cyproheptadine hcl tab 4 mg</b> .....	54
<b>cyanocobalamin tab 500 mcg</b> ....	122	CYSTADANE POW .....	113
<b>cyanocobalamin tab er 1000 mcg</b> .....	122	CYSTAGON CAP 150MG .....	119
<b>cyclobenzaprine hcl tab 10 mg</b> ..	146	CYSTAGON CAP 50MG .....	119
		CYSTARAN SOL 0.44% .....	152
		<b>cysteamine bitartrate</b> see CYSTAGON CAP 150MG.....	119
		see CYSTAGON CAP 50MG .....	119
		<b>cysteamine hcl</b> see CYSTARAN SOL 0.44%.....	152
		<b>D</b>	
		D 1000 see <b>cholecalciferol cap 25 mcg (1000 unit)</b> .....	171
		D 5000 see <b>cholecalciferol cap 125 mcg (5000 unit)</b> .....	171
		D2000 Ultra Strength	

see <b>cholecalciferol cap 50 mcg (2000 unit)</b> .....	171	<b>dapsone tab 25 mg</b> .....	21
D3 Maximum Strength		<b>daptomycin for iv soln 500 mg</b> ....	21
see <b>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</b> .....	171	<b>darbepoetin alfa</b>	
<b>dabigatran etexilate mesylate</b>		see ARANESP INJ 100MCG .....	122
see PRADAXA CAP 110MG .....	31	see ARANESP INJ 10MCG .....	122
see PRADAXA CAP 150MG .....	31	see ARANESP INJ 150MCG .....	122
see PRADAXA CAP 75MG .....	31	see ARANESP INJ 200MCG .....	122
<b>dabrafenib mesylate</b>		see ARANESP INJ 25MCG .....	122
see TAFINLAR CAP 50MG .....	72	see ARANESP INJ 300MCG .....	123
see TAFINLAR CAP 75MG .....	72	see ARANESP INJ 40MCG .....	122
<b>daclatasvir dihydrochloride</b>		see ARANESP INJ 500MCG .....	123
see DAKLINZA TAB 30MG .....	86	see ARANESP INJ 60MCG .....	122
see DAKLINZA TAB 60MG .....	86	<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b> .....	166
Daily Vite		<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b> .....	166
see <b>multiple vitamin tab</b> .....	142	<b>darunavir ethanolate</b>	
DAKLINZA TAB 30MG .....	86	see PREZISTA SUS 100MG/ML .....	84
DAKLINZA TAB 60MG .....	86	see PREZISTA TAB 150MG .....	84
<b>dalfampridine tab er 12hr 10 mg</b> .....	158	see PREZISTA TAB 600MG .....	84
DALIRESP TAB 250MCG .....	26	see PREZISTA TAB 75MG .....	84
DALIRESP TAB 500MCG .....	27	see PREZISTA TAB 800MG .....	84
<b>dalteparin sodium</b>		<b>darunavir-cobicistat</b>	
see FRAGMIN INJ 10000/ML .....	31	see PREZCOBIX TAB 800-150.....	84
see FRAGMIN INJ 12500UNT.....	31	<b>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
see FRAGMIN INJ 15000UNT.....	31	see SYMTUZA TAB .....	85
see FRAGMIN INJ 18000UNT.....	31	<b>dasatinib</b>	
see FRAGMIN INJ 2500/0.2 .....	31	see SPRYCEL TAB 100MG .....	72
see FRAGMIN INJ 5000/0.2 .....	31	see SPRYCEL TAB 140MG .....	72
see FRAGMIN INJ 7500/0.3 .....	31	see SPRYCEL TAB 20MG.....	72
<b>danazol cap 100 mg</b> .....	18	see SPRYCEL TAB 50MG.....	72
<b>danazol cap 200 mg</b> .....	18	see SPRYCEL TAB 70MG.....	72
<b>danazol cap 50 mg</b> .....	18	see SPRYCEL TAB 80MG.....	72
<b>dantrolene sodium cap 100 mg</b> .....	146	<b>deferasirox tab for oral susp 125 mg</b> .....	50
<b>dantrolene sodium cap 25 mg</b> ... ..	146	<b>deferasirox tab for oral susp 250 mg</b> .....	50
<b>dantrolene sodium cap 50 mg</b> ... ..	146	<b>deferasirox tab for oral susp 500 mg</b> .....	50
<b>dapagliflozin propanediol</b>		<b>deferiprone</b>	
see FARXIGA TAB 10MG.....	49	see FERRIPROX TAB 1000MG.....	50
see FARXIGA TAB 5MG .....	49	<b>deferiprone tab 500 mg</b> .....	50
<b>dapagliflozin-metformin hcl</b>		<b>degarelix acetate</b>	
see XIGDUO XR TAB 10-1000 .....	44	see FIRMAGON INJ 80MG .....	68
see XIGDUO XR TAB 10-500MG ...	44	<b>delafloxacin meglumine</b>	
see XIGDUO XR TAB 2.5-1000 .....	43	see BAXDELA TAB 450MG .....	116
see XIGDUO XR TAB 5-1000MG ...	44		
see XIGDUO XR TAB 5-500MG .....	43		
<b>dapsone tab 100 mg</b> .....	21		

<b>delavirdine mesylate</b>	
see RESCRIPTOR TAB 200MG .....	84
DELSTRIGO TAB .....	83
<b>demeclocycline hcl tab 150 mg</b> ..	160
<b>demeclocycline hcl tab 300 mg</b> ..	160
DENAVIR CRE 1% .....	105
<b>denosumab</b>	
see PROLIA SOL 60MG/ML .....	112
see XGEVA INJ .....	112
DEPO-SQ PROV INJ 104 .....	97
Dermacerin	
see <b>skin protectants misc - cream</b>	
.....	108
DESCOVY TAB 200/25MG .....	83
<b>desipramine hcl tab 10 mg</b> .....	39
<b>desipramine hcl tab 100 mg</b> .....	39
<b>desipramine hcl tab 150 mg</b> .....	39
<b>desipramine hcl tab 25 mg</b> .....	39
<b>desipramine hcl tab 50 mg</b> .....	39
<b>desipramine hcl tab 75 mg</b> .....	39
<b>desloratadine tab 5 mg</b> .....	53
<b>desmopressin acetate</b>	
see STIMATE SOL 1.5MG/ML .....	114
<b>desmopressin acetate nasal spray</b>	
<b>soln 0.01%</b> .....	114
<b>desmopressin acetate nasal spray</b>	
<b>soln 0.01% (refrigerated)</b> .....	114
<b>desmopressin acetate tab 0.1 mg</b>	
.....	114
<b>desmopressin acetate tab 0.2 mg</b>	
.....	114
<b>desogest-eth estrad &amp; eth estrad</b>	
<b>tab 0.15-0.02/0.01 mg(21/5)</b> ..	95
<b>desogest-ethin est tab 0.1-</b>	
<b>0.025/0.125-0.025/0.15-</b>	
<b>0.025mg-mg</b> .....	95
<b>desogestrel &amp; ethinyl estradiol tab</b>	
<b>0.15 mg-30 mcg</b> .....	95
<b>desonide cream 0.05%</b> .....	106
<b>desonide oint 0.05%</b> .....	106
<b>desoximetasone cream 0.05%</b> ..	106
<b>desoximetasone cream 0.25%</b> ..	106
<b>desoximetasone gel 0.05%</b> .....	106
<b>desoximetasone oint 0.05%</b> .....	106
<b>desoximetasone oint 0.25%</b> .....	106
<b>desvenlafaxine succinate tab er</b>	
<b>24hr 100 mg (base equiv)</b> .....	38
<b>desvenlafaxine succinate tab er</b>	
<b>24hr 25 mg (base equiv)</b> .....	38
<b>desvenlafaxine succinate tab er</b>	
<b>24hr 50 mg (base equiv)</b> .....	38
<b>dexamethasone elixir 0.5 mg/5ml</b>	
.....	98
<b>dexamethasone sodium phosphate</b>	
<b>inj 10 mg/ml</b> .....	98
<b>dexamethasone sodium phosphate</b>	
<b>ophth soln 0.1%</b> .....	151
<b>dexamethasone soln 0.5 mg/5ml</b>	
.....	98
<b>dexamethasone tab 0.5 mg</b> .....	98
<b>dexamethasone tab 0.75 mg</b> .....	98
<b>dexamethasone tab 1 mg</b> .....	98
<b>dexamethasone tab 1.5 mg</b> .....	98
<b>dexamethasone tab 2 mg</b> .....	98
<b>dexamethasone tab 4 mg</b> .....	98
<b>dexamethasone tab 6 mg</b> .....	98
DEXCOM G5 MIS RECEIVER .....	130
DEXCOM G5 MIS TRANSMIT .....	130
DEXCOM G6 MIS RECEIVER .....	130
DEXCOM G6 MIS SENSOR .....	130
DEXCOM G6 MIS TRANSMIT .....	130
DEXILANT CAP 30MG DR .....	164
DEXILANT CAP 60MG DR .....	164
<b>dexlansoprazole</b>	
see DEXILANT CAP 30MG DR .....	164
see DEXILANT CAP 60MG DR .....	164
<b>dexmethylphenidate hcl tab 10 mg</b>	
.....	4
<b>dexmethylphenidate hcl tab 2.5 mg</b>	
.....	4
<b>dexmethylphenidate hcl tab 5 mg</b> ..	4
<b>dextran 70-hypromellose (pf)</b>	
<b>ophth soln 0.1-0.3%</b> .....	149
<b>dextran 70-hypromellose ophth</b>	
<b>soln 0.1-0.3%</b> .....	149
<b>dextroamphetamine sulfate cap er</b>	
<b>24hr 10 mg</b> .....	2
<b>dextroamphetamine sulfate cap er</b>	
<b>24hr 15 mg</b> .....	2
<b>dextroamphetamine sulfate cap er</b>	
<b>24hr 5 mg</b> .....	1
<b>dextroamphetamine sulfate tab 10</b>	
<b>mg</b> .....	2
<b>dextroamphetamine sulfate tab 5</b>	
<b>mg</b> .....	2

<b>dextromethorphan hbr</b>	
see ROBITUSSIN SYP 7.5/5ML .....	99
<b>dextromethorphan-guaifenesin</b>	
<b>liquid 10-100 mg/5ml</b> .....	99
<b>dextromethorphan-guaifenesin</b>	
<b>liquid 10-200 mg/5ml</b> .....	99
<b>dextromethorphan-guaifenesin</b>	
<b>syrup 10-100 mg/5ml</b> .....	99
<b>dextromethorphan-guaifenesin tab</b>	
<b>er 12hr 30-600 mg</b> .....	99
<b>dextrose (diabetic use)</b>	
see GNP GLUCOSE CHW ORANGE ..	44
Diabetic Siltussin-dm	
see <b>dextromethorphan-</b>	
<b>guaifenesin liquid 10-100</b>	
<b>mg/5ml</b> .....	99
Diabetic Tussin Allergy	
see <b>chlorpheniramine maleate</b>	
<b>syrup 2 mg/5ml</b> .....	52
Diabetic Tussin Maximum S	
see <b>dextromethorphan-</b>	
<b>guaifenesin liquid 10-200</b>	
<b>mg/5ml</b> .....	99
DIACOMIT CAP 250MG .....	33
DIACOMIT CAP 500MG .....	33
DIACOMIT PAK 250MG .....	33
DIACOMIT PAK 500MG .....	33
<b>diaphragm arc-spring</b>	
see CAYA DPR .....	130
<b>diaphragm wide seal</b>	
see WIDE-SEAL DPR KIT 60.....	130
see WIDE-SEAL DPR KIT 65.....	130
see WIDE-SEAL DPR KIT 70.....	130
see WIDE-SEAL DPR KIT 75.....	130
see WIDE-SEAL DPR KIT 80.....	130
see WIDE-SEAL DPR KIT 85.....	130
see WIDE-SEAL DPR KIT 90.....	130
see WIDE-SEAL DPR KIT 95.....	130
<b>diaphragms</b>	
see OMNIFLEX DPR .....	130
<b>diazepam (anticonvulsant)</b>	
see VALTOCO SPR 10MG .....	32
see VALTOCO SPR 15MG .....	32
see VALTOCO SPR 20MG .....	32
see VALTOCO SPR 5MG .....	32
<b>diazepam conc 5 mg/ml</b> .....	24
Diazepam Intensol	
see <b>diazepam conc 5 mg/ml</b> .....	24
<b>diazepam oral soln 1 mg/ml</b> .....	24
<b>diazepam rectal gel delivery</b>	
<b>system 10 mg</b> .....	32
<b>diazepam rectal gel delivery</b>	
<b>system 2.5 mg</b> .....	32
<b>diazepam rectal gel delivery</b>	
<b>system 20 mg</b> .....	32
<b>diazepam tab 10 mg</b> .....	24
<b>diazepam tab 2 mg</b> .....	24
<b>diazepam tab 5 mg</b> .....	24
<b>diazoxide susp 50 mg/ml</b> .....	44
<b>dibucaine perianal ointment 1%</b>	19
<b>diclofenac potassium tab 50 mg</b> ...	8
<b>diclofenac sodium (topical)</b>	
see VOLTAREN GEL 1% .....	102
<b>diclofenac sodium gel 1%</b> .....	102
<b>diclofenac sodium ophth soln 0.1%</b>	
.....	152
<b>diclofenac sodium tab delayed</b>	
<b>release 25 mg</b> .....	8
<b>diclofenac sodium tab delayed</b>	
<b>release 50 mg</b> .....	8
<b>diclofenac sodium tab delayed</b>	
<b>release 75 mg</b> .....	8
<b>diclofenac sodium tab er 24hr 100</b>	
<b>mg</b> .....	8
<b>diclofenac w/ misoprostol tab</b>	
<b>delayed release 50-0.2 mg</b> .....	8
<b>diclofenac w/ misoprostol tab</b>	
<b>delayed release 75-0.2 mg</b> .....	8
<b>dicloxacillin sodium cap 250 mg</b>	156
<b>dicloxacillin sodium cap 500 mg</b>	156
<b>dicyclomine hcl cap 10 mg</b> .....	163
<b>dicyclomine hcl oral soln 10</b>	
<b>mg/5ml</b> .....	163
<b>dicyclomine hcl tab 20 mg</b> .....	163
<b>didanosine</b>	
see VIDEX EC CAP 125MG.....	85
<b>didanosine delayed release capsule</b>	
<b>200 mg</b> .....	83
<b>didanosine delayed release capsule</b>	
<b>250 mg</b> .....	83
<b>didanosine delayed release capsule</b>	
<b>400 mg</b> .....	83
<b>difenoxin w/ atropine</b>	
see MOTOFEN TAB 1-0.025 .....	50

DIFFERIN GEL 0.1%.....	101	<i>diltiazem hcl extended release</i>	
DIFICID TAB 200MG.....	129	<i>beads cap er 24hr 420 mg</i> .....	89
<i>diflorasone diacetate cream 0.05%</i>		<i>diltiazem hcl tab 120 mg</i> .....	90
.....	106	<i>diltiazem hcl tab 30 mg</i> .....	90
<i>diflorasone diacetate emollient</i>		<i>diltiazem hcl tab 60 mg</i> .....	90
<i>base</i>		<i>diltiazem hcl tab 90 mg</i> .....	90
see APEXICON E CRE 0.05%.....	105	<i>dimenhydrinate tab 50 mg</i> .....	51
<i>diflorasone diacetate oint 0.05%</i>		<i>dimethyl fumarate capsule delayed</i>	
.....	106	<i>release 120 mg</i> .....	158
<i>diflunisal tab 500 mg</i> .....	12	<i>dimethyl fumarate capsule delayed</i>	
<i>difluprednate</i>		<i>release 240 mg</i> .....	158
see DUREZOL EMU 0.05% .....	151	<i>dimethyl fumarate capsule dr</i>	
<i>difluprednate ophth emulsion</i>		<i>starter pack 120 mg &amp; 240 mg</i>	158
<i>0.05%</i> .....	151	DIPENTUM CAP 250MG.....	118
<i>digoxin</i>		<i>diphenhydramine hcl</i>	
see LANOXIN TAB 0.125MG .....	91	see ALER-DRYL TAB 50MG .....	52
see LANOXIN TAB 0.25MG.....	91	<i>diphenhydramine hcl (sleep) tab</i>	
<i>digoxin oral soln 0.05 mg/ml</i> .....	91	<i>25 mg</i> .....	124
<i>digoxin tab 125 mcg (0.125 mg)</i> .	91	<i>diphenhydramine hcl (sleep) tab</i>	
<i>digoxin tab 250 mcg (0.25 mg)</i> ...	91	<i>50 mg</i> .....	125
<i>dihydroergotamine mesylate inj 1</i>		<i>diphenhydramine hcl cap 25 mg</i> .	53
<i>mg/ml</i> .....	133	<i>diphenhydramine hcl cap 50 mg</i> .	53
DILANTIN CAP 100MG .....	34	<i>diphenhydramine hcl chew tab</i>	
DILANTIN CAP 30MG .....	34	<i>12.5 mg</i> .....	53
<i>diltiazem hcl cap er 12hr 120 mg</i> 89		<i>diphenhydramine hcl elixir 12.5</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i> 89		<i>mg/5ml</i> .....	53
<i>diltiazem hcl cap er 24hr 180 mg</i> 89		<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i> 89		.....	53
<i>diltiazem hcl coated beads cap er</i>		<i>diphenhydramine hcl liquid 12.5</i>	
<i>24hr 120 mg</i> .....	89	<i>mg/5ml</i> .....	53
<i>diltiazem hcl coated beads cap er</i>		<i>diphenhydramine hcl tab 25 mg</i> .	53
<i>24hr 180 mg</i> .....	89	<i>diphenhydramine hcl tab disint</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>12.5 mg</i> .....	53
<i>24hr 240 mg</i> .....	89	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>liq 6.25-2.5 mg/5ml</i> .....	99
<i>24hr 300 mg</i> .....	89	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl extended release</i>		<i>tab 25-10 mg</i> .....	99
<i>beads cap er 24hr 120 mg</i> .....	89	<i>diphenhydramine-zinc acetate</i>	
<i>diltiazem hcl extended release</i>		<i>cream 2-0.1%</i> .....	104
<i>beads cap er 24hr 180 mg</i> .....	89	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>diltiazem hcl extended release</i>		<i>0.025 mg</i> .....	50
<i>beads cap er 24hr 240 mg</i> .....	89	<i>dipyridamole tab 25 mg</i> .....	121
<i>diltiazem hcl extended release</i>		<i>dipyridamole tab 50 mg</i> .....	121
<i>beads cap er 24hr 300 mg</i> .....	89	<i>dipyridamole tab 75 mg</i> .....	121
<i>diltiazem hcl extended release</i>		<i>diroximel fumarate</i>	
<i>beads cap er 24hr 360 mg</i> .....	89	see VUMERITY CAP 231MG.....	159

<b>disopyramide phosphate cap 100 mg</b> .....	25	see TIVICAY TAB 10MG .....	85
<b>disopyramide phosphate cap 150 mg</b> .....	25	see TIVICAY TAB 25MG .....	85
<b>disulfiram tab 250 mg</b> .....	156	see TIVICAY TAB 50MG .....	85
<b>disulfiram tab 500 mg</b> .....	156	<b>dolutegravir sodium-lamivudine</b>	
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> .....	35	see DOVATO TAB 50-300MG .....	83
<b>divalproex sodium tab delayed release 125 mg</b> .....	35	<b>dolutegravir sodium-rilpivirine hcl</b>	
<b>divalproex sodium tab delayed release 250 mg</b> .....	35	see JULUCA TAB 50-25MG .....	84
<b>divalproex sodium tab delayed release 500 mg</b> .....	35	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	157
<b>divalproex sodium tab er 24 hr 250 mg</b> .....	35	<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	157
<b>divalproex sodium tab er 24 hr 500 mg</b> .....	35	<b>donepezil hydrochloride tab 10 mg</b> .....	157
<b>docosahexaenoic acid cap 200 mg</b> .....	148	<b>donepezil hydrochloride tab 5 mg</b> .....	157
<b>docosanol</b>		<b>doravirine</b>	
see ABREVA CRE 10% .....	105	see PIFELTRO TAB 100MG .....	84
<b>docosanol cream 10%</b> .....	105	<b>doravirine-lamivudine-tenofovir disoproxil fumarate</b>	
<b>docusate calcium cap 240 mg</b> ...	128	see DELSTRIGO TAB .....	83
<b>docusate sodium</b>		<b>dornase alfa</b>	
see PEDIA-LAX LIQ 50MG .....	129	see PULMOZYME SOL 1MG/ML ...	160
<b>docusate sodium cap 100 mg</b> ....	128	<b>dorzolamide hcl ophth soln 2%</b>	152
<b>docusate sodium cap 250 mg</b> ....	128	<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> ....	149
<b>docusate sodium cap 50 mg</b> .....	128	Double Antibiotic	
<b>docusate sodium liquid 150 mg/15ml</b> .....	129	see <b>bacitracin-polymyxin b oint</b>	
<b>docusate sodium syrup 60 mg/15ml</b> .....	129	.....	102
<b>docusate sodium tab 100 mg</b> ....	129	DOVATO TAB 50-300MG .....	83
DOCUSOL PLUS ENE 20-283 .....	129	<b>doxazosin mesylate tab 1 mg</b> .....	61
<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	25	<b>doxazosin mesylate tab 2 mg</b> .....	61
<b>dofetilide cap 250 mcg (0.25 mg)</b>	25	<b>doxazosin mesylate tab 4 mg</b> .....	62
<b>dofetilide cap 500 mcg (0.5 mg)</b> .	25	<b>doxazosin mesylate tab 8 mg</b> .....	62
Dok		<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b> .....	125
see <b>docusate sodium tab 100 mg</b>		<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b> .....	125
.....	129	<b>doxepin hcl cap 10 mg</b> .....	39
<b>dolasetron mesylate</b>		<b>doxepin hcl cap 100 mg</b> .....	40
see ANZEMET TAB 100MG .....	51	<b>doxepin hcl cap 150 mg</b> .....	40
see ANZEMET TAB 50MG .....	51	<b>doxepin hcl cap 25 mg</b> .....	39
<b>dolutegravir sodium</b>		<b>doxepin hcl cap 50 mg</b> .....	39
see TIVICAY PD TAB 5MG .....	85	<b>doxepin hcl cap 75 mg</b> .....	40
		<b>doxepin hcl conc 10 mg/ml</b> .....	40
		<b>doxercalciferol cap 0.5 mcg</b> .....	113
		<b>doxercalciferol cap 1 mcg</b> .....	113
		<b>doxercalciferol cap 2.5 mcg</b> .....	113

**doxercalciferol inj 4 mcg/2ml (2 mcg/ml)** ..... 113  
**doxycycline monohydrate cap 100 mg** ..... 160  
**doxycycline monohydrate cap 50 mg** ..... 160  
**doxycycline monohydrate tab 100 mg** ..... 160  
**doxycycline monohydrate tab 50 mg** ..... 160  
**doxylamine succinate (sleep) tab 25 mg** ..... 125  
D-PENAMINE TAB 125MG ..... 139  
DRITHO-CREME CRE HP 1% ..... 104  
**dronabinol cap 10 mg** ..... 51  
**dronabinol cap 2.5 mg** ..... 51  
**dronabinol cap 5 mg** ..... 51  
**dronedarone hcl**  
see MULTAQ TAB 400MG ..... 25  
**drospirenone**  
see SLYND TAB 4MG ..... 98  
**drospirenone-ethinyl estradiol tab 3-0.02 mg** ..... 95  
**drospirenone-ethinyl estradiol tab 3-0.03 mg** ..... 95  
**drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg** ..... 95  
**drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg** ..... 95  
**droxidopa cap 100 mg** ..... 170  
**droxidopa cap 200 mg** ..... 170  
**droxidopa cap 300 mg** ..... 170  
DRYSOL SOL 20% ..... 108  
DUAVEE TAB 0.45-20 ..... 115  
**dulaglutide**  
see TRULICITY INJ 0.75/0.5 ..... 45  
see TRULICITY INJ 1.5/0.5 ..... 46  
see TRULICITY INJ 3/0.5 ..... 46  
see TRULICITY INJ 4.5/0.5 ..... 46  
**duloxetine hcl enteric coated pellets cap 20 mg (base eq)** ..... 38  
**duloxetine hcl enteric coated pellets cap 30 mg (base eq)** ..... 38  
**duloxetine hcl enteric coated pellets cap 60 mg (base eq)** ..... 38

**dupilumab**  
see DUPIXENT INJ 200/1.14 ..... 26  
see DUPIXENT INJ 200MG ..... 108  
see DUPIXENT INJ 300/2ML ..... 108  
DUPIXENT INJ 200/1.14 ..... 26  
DUPIXENT INJ 200MG ..... 108  
DUPIXENT INJ 300/2ML ..... 108  
DUREZOL EMU 0.05% ..... 151  
**dutasteride cap 0.5 mg** ..... 119  
**dutasteride-tamsulosin hcl cap 0.5-0.4 mg** ..... 119  
**E**  
Ear Drops Earwax Removal  
see **carbamide peroxide 6.5% otic soln** ..... 153  
EASY NEB MIS ..... 133  
**echothiophate iodide**  
see PHOSPHOLINE SOL 0.125%OP ..... 150  
**econazole nitrate cream 1%** ..... 103  
EDARBI TAB 40MG ..... 60  
EDARBI TAB 80MG ..... 60  
EDURANT TAB 25MG ..... 83  
**efavirenz cap 200 mg** ..... 83  
**efavirenz cap 50 mg** ..... 83  
**efavirenz tab 600 mg** ..... 83  
**efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg** ..... 83  
**efavirenz-lamivudine-tenofovir df tab 400-300-300 mg** ..... 83  
**efavirenz-lamivudine-tenofovir df tab 600-300-300 mg** ..... 83  
**elbasvir-grazoprevir**  
see ZEPATIER TAB 50-100MG ..... 86  
**eletriptan hydrobromide tab 20 mg (base equivalent)** ..... 134  
**eletriptan hydrobromide tab 40 mg (base equivalent)** ..... 134  
ELIGARD INJ 22.5MG ..... 68  
ELIGARD INJ 7.5MG ..... 68  
**eliglustat tartrate**  
see CERDELGA CAP 84MG ..... 122  
ELIQUIS ST P TAB 5MG ..... 30  
ELIQUIS TAB 2.5MG ..... 30  
ELIQUIS TAB 5MG ..... 30  
ELLA TAB 30MG ..... 97  
ELMIRON CAP 100MG ..... 119

<b>eltrombopag olamine</b>	
see PROMACTA TAB 12.5MG .....	123
see PROMACTA TAB 25MG .....	123
see PROMACTA TAB 50MG .....	123
see PROMACTA TAB 75MG .....	123
Eluryng	
see <b>etonogestrel-ethinyl estradiol     va ring 0.120-0.015 mg/24hr</b>	97
<b>elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide</b>	
see GENVOYA TAB .....	83
<b>elvitegravir-cobicistat- emtricitabine-tenofovir df</b>	
see STRIBILD TAB .....	85
EMADINE SOL 0.05% OP .....	152
EMBEDA CAP 100-4MG .....	13
EMBEDA CAP 20-0.8MG .....	13
EMBEDA CAP 30-1.2MG .....	13
EMBEDA CAP 50-2MG .....	13
EMBEDA CAP 60-2.4MG .....	13
EMBEDA CAP 80-3.2MG .....	13
EMCYT CAP 140MG .....	68
<b>emedastine difumarate</b>	
see EMADINE SOL 0.05% OP .....	152
EMGALITY INJ 100MG/ML .....	133
EMGALITY INJ 120MG/ML .....	133
<b>emollient - ointment</b> .....	108
<b>empagliflozin</b>	
see JARDIANCE TAB 10MG .....	49
see JARDIANCE TAB 25MG .....	49
<b>empagliflozin-linagliptin</b>	
see GLYXAMBI TAB 10-5 MG .....	42
see GLYXAMBI TAB 25-5 MG .....	42
<b>empagliflozin-linagliptin-metformin</b>	
see TRIJARDY XR TAB .....	43
<b>empagliflozin-metformin hcl</b>	
see SYNJARDY TAB .....	43
see SYNJARDY TAB 12.5-500 .....	43
see SYNJARDY TAB 5-1000MG .....	43
see SYNJARDY TAB 5-500MG .....	43
see SYNJARDY XR TAB .....	43
see SYNJARDY XR TAB 10-1000 ...	43
see SYNJARDY XR TAB 25-1000 ...	43
see SYNJARDY XR TAB 5-1000MG .	43
EMSAM DIS 12MG/24H .....	36
EMSAM DIS 6MG/24HR .....	36
EMSAM DIS 9MG/24HR .....	36
<b>emtricitabine</b>	
see EMTRIVA SOL 10MG/ML .....	83
<b>emtricitabine caps 200 mg</b> .....	83
<b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b>	
see ODEFSEY TAB .....	84
<b>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</b>	
see COMPLERA TAB .....	82
<b>emtricitabine-tenofovir alafenamide fumarate</b>	
see DESCOVY TAB 200/25MG .....	83
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> .....	83
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> .....	83
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> .....	83
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	83
EMTRIVA SOL 10MG/ML .....	83
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	63
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	63
<b>enalapril maleate tab 10 mg</b> .....	58
<b>enalapril maleate tab 2.5 mg</b> .....	58
<b>enalapril maleate tab 20 mg</b> .....	58
<b>enalapril maleate tab 5 mg</b> .....	58
ENBREL INJ 25/0.5ML .....	11
ENBREL INJ 25MG .....	11
ENBREL INJ 50MG/ML .....	11
ENBREL MINI INJ 50MG/ML .....	11
ENBREL SRCLK INJ 50MG/ML .....	11
ENCARE SUP 100MG .....	169
ENFAMIL MIS EXPECTA .....	144
<b>enfuvirtide</b>	
see FUZEON INJ 90MG .....	83
ENGERIX-B INJ 10/0.5ML .....	168
ENGERIX-B INJ 20MCG/ML .....	168
<b>enoxaparin sodium inj 100 mg/ml</b> .....	30
<b>enoxaparin sodium inj 120 mg/0.8ml</b> .....	30



<b>enoxaparin sodium inj 150 mg/ml</b> .....	31	see RETACRIT INJ 10000UNT .....	123
<b>enoxaparin sodium inj 30 mg/0.3ml</b> .....	30	see RETACRIT INJ 20000UNI .....	123
<b>enoxaparin sodium inj 300 mg/3ml</b> .....	31	see RETACRIT INJ 2000UNIT .....	123
<b>enoxaparin sodium inj 40 mg/0.4ml</b> .....	30	see RETACRIT INJ 3000UNIT .....	123
<b>enoxaparin sodium subcutaneous soln 60 mg/0.6ml</b> .....	31	see RETACRIT INJ 40000UNT .....	123
<b>enoxaparin sodium subcutaneous soln 80 mg/0.8ml</b> .....	31	see RETACRIT INJ 4000UNIT .....	123
<b>entacapone tab 200 mg</b> .....	73	EPOGEN INJ 10000/ML .....	123
<b>entecavir</b> see BARACLUDE SOL .....	85	EPOGEN INJ 20000/ML .....	123
<b>entecavir tab 0.5 mg</b> .....	86	EPOGEN INJ 3000/ML.....	123
<b>entecavir tab 1 mg</b> .....	86	EPOGEN INJ 4000/ML.....	123
ENTRESTO TAB 24-26MG .....	91	<b>eprosartan mesylate tab 600 mg</b>	60
ENTRESTO TAB 49-51MG .....	91	Eq Chlortabs see <b>chlorpheniramine maleate tab 4 mg</b> .....	52
ENTRESTO TAB 97-103MG .....	91	Eq Natural Vegetable Laxa see <b>sennosides tab 8.6 mg</b> .....	128
<b>enzalutamide</b> see XTANDI CAP 40MG .....	69	Eq Nicotine Polacrilex see <b>nicotine polacrilex lozenge 4 mg</b> .....	160
see XTANDI TAB 40MG .....	69	Eq Pain Relief Adult/rapi see <b>acetaminophen liquid 167 mg/5ml</b> .....	12
see XTANDI TAB 80MG .....	69	<b>erenumab-aooe</b> see AIMOVIG INJ 140MG/ML .....	133
<b>epinastine hcl ophth soln 0.05%</b> .....	152	see AIMOVIG INJ 70MG/ML .....	133
<b>epinephrine (anaphylaxis)</b> see EPIPEN 2-PAK INJ 0.3MG.....	170	<b>ergocalciferol cap 1.25 mg (50000 unit)</b> .....	171
see EPIPEN-JR INJ 0.15MG .....	170	<b>ergoloid mesylates tab 1 mg</b> .....	159
see SYMJEPI INJ 0.15MG.....	170	ERGOMAR SUB 2MG.....	133
see SYMJEPI INJ 0.3MG .....	170	<b>ergotamine tartrate</b> see ERGOMAR SUB 2MG .....	133
EPIPEN 2-PAK INJ 0.3MG .....	170	<b>ergotamine w/ caffeine tab 1-100 mg</b> .....	133
EPIPEN-JR INJ 0.15MG .....	170	ERIVEDGE CAP 150MG .....	68
Epitol see <b>carbamazepine tab 200 mg</b> .....	32	<b>erlotinib hcl tab 100 mg (base equivalent)</b> .....	70
EPIVIR HBV SOL 5MG/ML.....	86	<b>erlotinib hcl tab 150 mg (base equivalent)</b> .....	70
<b>eplerenone tab 25 mg</b> .....	65	<b>erlotinib hcl tab 25 mg (base equivalent)</b> .....	70
<b>eplerenone tab 50 mg</b> .....	65	ERTACZO CRE 2% .....	103
<b>epoetin alfa</b> see EPOGEN INJ 10000/ML.....	123	Ery-tab see <b>erythromycin tab delayed release 250 mg</b> .....	129
see EPOGEN INJ 20000/ML.....	123	see <b>erythromycin tab delayed release 333 mg</b> .....	129
see EPOGEN INJ 3000/ML.....	123		
see EPOGEN INJ 4000/ML.....	123		
see PROCRI INJ 2000/ML.....	123		
see PROCRI INJ 3000/ML.....	123		
see PROCRI INJ 40000/ML.....	123		
<b>epoetin alfa-epbx</b>			

see <b>erythromycin tab delayed release 500 mg</b> .....	129
Erythrocin Stearate	
see <b>erythromycin stearate tab 250 mg</b> .....	129
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> .....	129
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> .....	129
<b>erythromycin ethylsuccinate tab 400 mg</b> .....	129
<b>erythromycin ophth oint 5 mg/gm</b> .....	150
<b>erythromycin soln 2%</b> .....	101
<b>erythromycin stearate tab 250 mg</b> .....	129
<b>erythromycin tab 250 mg</b> .....	129
<b>erythromycin tab 500 mg</b> .....	129
<b>erythromycin tab delayed release 250 mg</b> .....	129
<b>erythromycin tab delayed release 333 mg</b> .....	129
<b>erythromycin tab delayed release 500 mg</b> .....	129
ESBRIET CAP 267MG.....	160
ESBRIET TAB 267MG.....	160
ESBRIET TAB 801MG.....	160
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> .....	36
<b>escitalopram oxalate tab 10 mg (base equiv)</b> .....	36
<b>escitalopram oxalate tab 20 mg (base equiv)</b> .....	36
<b>escitalopram oxalate tab 5 mg (base equiv)</b> .....	36
<b>eslicarbazepine acetate</b>	
see APTIOM TAB 200MG.....	32
see APTIOM TAB 400MG.....	32
see APTIOM TAB 600MG.....	32
see APTIOM TAB 800MG.....	32
<b>esomeprazole magnesium</b>	
see NEXIUM 24HR CAP 20MG.....	165
<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	164
<b>estazolam tab 1 mg</b> .....	125
<b>estazolam tab 2 mg</b> .....	125

<b>esterified estrogens</b>	
see MENEST TAB 0.3MG .....	116
see MENEST TAB 0.625MG .....	116
see MENEST TAB 1.25MG.....	116
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> .....	115
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	115
<b>estradiol tab 0.5 mg</b> .....	115
<b>estradiol tab 1 mg</b> .....	115
<b>estradiol tab 2 mg</b> .....	115
<b>estradiol td patch twice weekly 0.025 mg/24hr</b> .....	115
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> .....	115
<b>estradiol td patch twice weekly 0.05 mg/24hr</b> .....	115
<b>estradiol td patch twice weekly 0.075 mg/24hr</b> .....	115
<b>estradiol td patch twice weekly 0.1 mg/24hr</b> .....	115
<b>estradiol td patch weekly 0.025 mg/24hr</b> .....	116
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> .....	116
<b>estradiol td patch weekly 0.05 mg/24hr</b> .....	116
<b>estradiol td patch weekly 0.06 mg/24hr</b> .....	116
<b>estradiol td patch weekly 0.075 mg/24hr</b> .....	116
<b>estradiol td patch weekly 0.1 mg/24hr</b> .....	115
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	170
<b>estradiol vaginal tab 10 mcg</b> .....	170
<b>estradiol valerate-dienogest</b>	
see NATAZIA TAB .....	96
<b>estramustine phosphate sodium</b>	
see EMCYT CAP 140MG.....	68
<b>estrogens, conjugated</b>	
see PREMARIN TAB 0.3MG .....	116
see PREMARIN TAB 0.45MG.....	116
see PREMARIN TAB 0.625MG.....	116
see PREMARIN TAB 0.9MG .....	116
see PREMARIN TAB 1.25MG.....	116
<b>estrogens, conjugated vaginal</b>	

see PREMARIN VAG CRE 0.625MG170	see ZORTRESS TAB 0.75MG ..... 140
<b>eszopiclone tab 1 mg</b> ..... 125	see ZORTRESS TAB 1MG..... 140
<b>eszopiclone tab 2 mg</b> ..... 125	<b>everolimus tab 0.25 mg</b> ..... 140
<b>eszopiclone tab 3 mg</b> ..... 125	<b>everolimus tab 0.5 mg</b> ..... 140
<b>etanercept</b>	<b>everolimus tab 0.75 mg</b> ..... 140
see ENBREL INJ 25/0.5ML ..... 11	<b>everolimus tab 1 mg</b> ..... 140
see ENBREL INJ 25MG ..... 11	<b>everolimus tab 10 mg</b> ..... 70
see ENBREL INJ 50MG/ML ..... 11	<b>everolimus tab 2.5 mg</b> ..... 70
see ENBREL MINI INJ 50MG/ML..... 11	<b>everolimus tab 5 mg</b> ..... 70
see ENBREL SRCLK INJ 50MG/ML .. 11	<b>everolimus tab 7.5 mg</b> ..... 70
<b>ethacrynic acid tab 25 mg</b> ..... 111	<b>everolimus tab for oral susp 2 mg</b>
<b>ethambutol hcl tab 100 mg</b> ..... 66	..... 70
<b>ethambutol hcl tab 400 mg</b> ..... 66	<b>everolimus tab for oral susp 3 mg</b>
<b>ethionamide</b>	..... 70
see TRECATOR TAB 250MG..... 66	<b>everolimus tab for oral susp 5 mg</b>
<b>ethosuximide cap 250 mg</b> ..... 35	..... 70
<b>ethosuximide soln 250 mg/5ml</b> .. 35	<b>evolocumab</b>
<b>ethotoin</b>	see REPATHA INJ 140MG/ML ..... 57
see PEGANONE TAB 250MG ..... 34	see REPATHA PUSH INJ 420/3.5 ... 57
<b>ethynodiol diacetate &amp; ethinyl</b>	see REPATHA SURE INJ 140MG/ML 57
<b>estradiol tab 1 mg-35 mcg</b> ..... 95	EVOTAZ TAB 300-150 ..... 83
<b>ethynodiol diacetate &amp; ethinyl</b>	EXELDERM SOL 1% ..... 103
<b>estradiol tab 1 mg-50 mcg</b> ..... 95	<b>exemestane tab 25 mg</b> ..... 68
<b>etidronate disodium tab 200 mg</b> 112	EXTAVIA INJ 0.3MG ..... 158
<b>etidronate disodium tab 400 mg</b> 112	<b>ezetimibe tab 10 mg</b> ..... 57
<b>etodolac cap 200 mg</b> ..... 8	<b>ezetimibe-simvastatin tab 10-10</b>
<b>etodolac tab 400 mg</b> ..... 8	<b>mg</b> ..... 54
<b>etodolac tab 500 mg</b> ..... 8	<b>ezetimibe-simvastatin tab 10-20</b>
<b>etonogestrel</b>	<b>mg</b> ..... 54
see NEXPLANON IMP 68MG ..... 97	<b>ezetimibe-simvastatin tab 10-40</b>
<b>etonogestrel-ethinyl estradiol va</b>	<b>mg</b> ..... 54
<b>ring 0.120-0.015 mg/24hr</b> ..... 97	<b>ezetimibe-simvastatin tab 10-80</b>
<b>etoposide cap 50 mg</b> ..... 73	<b>mg</b> ..... 54
<b>etravirine</b>	EZFE FORTE CAP ..... 144
see INTELENCE TAB 100MG ..... 83	<b>F</b>
see INTELENCE TAB 200MG ..... 83	Fa-8
see INTELENCE TAB 25MG ..... 83	see <b>folic acid cap 0.8 mg</b> ..... 122
EUFLEXXA INJ 10MG/ML ..... 146	FALESSA KIT ..... 95
EURAX CRE 10% ..... 109	<b>famciclovir tab 125 mg</b> ..... 86
<b>everolimus</b>	<b>famciclovir tab 250 mg</b> ..... 86
see AFINITOR DIS TAB 2MG ..... 69	<b>famciclovir tab 500 mg</b> ..... 86
see AFINITOR DIS TAB 3MG ..... 69	<b>famotidine for susp 40 mg/5ml</b> 164
see AFINITOR DIS TAB 5MG ..... 69	<b>famotidine tab 10 mg</b> ..... 164
see AFINITOR TAB 10MG ..... 69	<b>famotidine tab 20 mg</b> ..... 164
<b>everolimus (immunosuppressant)</b>	<b>famotidine tab 40 mg</b> ..... 164
see ZORTRESS TAB 0.25MG ..... 140	FANAPT PAK ..... 76
see ZORTRESS TAB 0.5MG ..... 140	FANAPT TAB 10MG ..... 76

FANAPT TAB 12MG.....	76	<b>fentanyl td patch 72hr 25 mcg/hr</b>	13
FANAPT TAB 1MG.....	76	.....	
FANAPT TAB 2MG.....	76	<b>fentanyl td patch 72hr 50 mcg/hr</b>	13
FANAPT TAB 4MG.....	76	.....	
FANAPT TAB 6MG.....	76	<b>fentanyl td patch 72hr 75 mcg/hr</b>	13
FANAPT TAB 8MG.....	76	.....	
FARXIGA TAB 10MG .....	49	Ferate	
FARXIGA TAB 5MG.....	49	see <b>ferrous gluconate tab 240 mg</b>	
FARYDAK CAP 10MG.....	70	<b>(27 mg elemental fe)</b> .....	124
FARYDAK CAP 15MG.....	70	FERRETTS TAB 325MG .....	124
FARYDAK CAP 20MG.....	70	FERREX 150 CAP FORTE .....	123
FASENRA INJ 30MG/ML.....	26	FERRIPROX TAB 1000MG.....	50
FASENRA PEN INJ 30MG/ML .....	26	<b>ferrous fumarate</b>	
FC2 FEMALE MIS CONDOM.....	130	see FERRETTS TAB 325MG .....	124
<b>fe fumarate w/ b12-vit c-fa-ifc cap</b>		<b>ferrous fumarate tab 324 mg (106</b>	
<b>110-0.015-75-0.5-240 mg</b> .....	123	<b>mg elemental fe)</b> .....	124
FE GLUCONATE TAB 239MG .....	123	FERROUS GLUC TAB 324MG.....	124
FEBUXOSTAT TAB 40 MG .....	120	<b>ferrous gluconate tab 240 mg (27</b>	
FEBUXOSTAT TAB 80 MG .....	120	<b>mg elemental fe)</b> .....	124
<b>felbamate susp 600 mg/5ml</b> .....	34	<b>ferrous gluconate tab 324 mg (37.5</b>	
<b>felbamate tab 400 mg</b> .....	34	<b>mg elemental iron)</b> .....	124
<b>felbamate tab 600 mg</b> .....	34	FERROUS SUL LIQ 220/5ML .....	124
<b>felodipine tab er 24hr 10 mg</b> .....	90	FERROUS SULF TAB 324MG EC.....	124
<b>felodipine tab er 24hr 2.5 mg</b> .....	90	<b>ferrous sulfate</b>	
<b>felodipine tab er 24hr 5 mg</b> .....	90	see SLOW FE TAB 45MG .....	124
FEMCAP MIS 22MM .....	130	<b>ferrous sulfate dried tab 200 mg</b>	
FEMCAP MIS 26MM .....	130	<b>(65 mg elemental fe)</b> .....	124
FEMCAP MIS 30MM .....	130	<b>ferrous sulfate dried tab er 160 mg</b>	
<b>fenofibrate micronized cap 134 mg</b>		<b>(50 mg fe equivalent)</b> .....	124
.....	55	<b>ferrous sulfate dried tab er 45 mg</b>	
<b>fenofibrate micronized cap 200 mg</b>		<b>(fe equivalent)</b> .....	124
.....	55	<b>ferrous sulfate elixir 220 mg/5ml</b>	
<b>fenofibrate micronized cap 43 mg</b>		<b>(44 mg/5ml elemental fe)</b> .....	124
.....	55	<b>ferrous sulfate soln 75 mg/ml (15</b>	
<b>fenofibrate micronized cap 67 mg</b>		<b>mg/ml elemental fe)</b> .....	124
.....	55	<b>ferrous sulfate tab 325 mg (65 mg</b>	
<b>fenofibrate tab 145 mg</b> .....	55	<b>elemental fe)</b> .....	124
<b>fenofibrate tab 160 mg</b> .....	55	<b>ferrous sulfate tab ec 325 mg (65</b>	
<b>fenofibrate tab 48 mg</b> .....	55	<b>mg fe equivalent)</b> .....	124
<b>fenofibrate tab 54 mg</b> .....	55	<b>ferrous sulfate tab er 142 mg (45</b>	
<b>fenofibric acid tab 35 mg</b> .....	55	<b>mg fe equivalent)</b> .....	124
<b>fenoprofen calcium tab 600 mg</b> ....	9	<b>ferrous sulfate tab er 47.5 mg</b>	
<b>fentanyl td patch 72hr 100 mcg/hr</b>		<b>(elemental fe)</b> .....	124
.....	13	<b>ferrous sulfate tab er 50 mg</b>	
<b>fentanyl td patch 72hr 12 mcg/hr</b>		<b>(elemental fe)</b> .....	124
.....	13	<b>fesoterodine fumarate</b>	
		see TOVIAZ TAB 4MG.....	167

see TOVIAZ TAB 8MG ..... 167  
 FETZIMA CAP 120MG..... 38  
 FETZIMA CAP 20MG ..... 38  
 FETZIMA CAP 40MG ..... 38  
 FETZIMA CAP 80MG ..... 38  
 FETZIMA CAP TITRATIO..... 38  
 FEVERALL INF SUP 80MG ..... 12  
 FEVERALL SUP 325MG ..... 12  
**flexofenadine hcl tab 180 mg**..... 53  
**flexofenadine hcl tab 60 mg**..... 53  
 FIASP FLEX INJ TOUCH..... 46  
 FIASP INJ 100/ML..... 47  
 FIASP PENFIL INJ U-100 ..... 47  
 Fiber Laxative  
   see **psyllium cap 0.52 gm**..... 126  
**fidaxomicin**  
   see DIFICID TAB 200MG ..... 129  
**filgrastim-sndz**  
   see ZARXIO INJ 300/0.5 ..... 123  
   see ZARXIO INJ 480/0.8 ..... 123  
**finasteride tab 5 mg**..... 119  
**fingolimod hcl**  
   see GILENYA CAP 0.5MG ..... 159  
 FIRMAGON INJ 80MG ..... 68  
 FIRST-OMEPRASUS 2MG/ML..... 164  
 FIRVANQ SOL 25MG/ML..... 21  
 FIRVANQ SOL 50MG/ML..... 21  
**flavoxate hcl tab 100 mg**..... 167  
 FLEBOGAMMA INJ DIF 5%..... 154  
**flecainide acetate tab 100 mg** ..... 25  
**flecainide acetate tab 150 mg** ..... 25  
**flecainide acetate tab 50 mg** ..... 25  
 FLOVENT HFA AER 110MCG ..... 27  
 FLOVENT HFA AER 44MCG ..... 27  
 FLUARIX QUAD INJ 2021-22..... 168  
 FLUBLOK QUAD INJ 2021-22 ..... 168  
 FLUCLVX QUAD INJ 2021-22 ..... 168  
**fluconazole for susp 10 mg/ml**... 52  
**fluconazole for susp 40 mg/ml**... 52  
**fluconazole tab 100 mg**..... 52  
**fluconazole tab 150 mg**..... 52  
**fluconazole tab 200 mg**..... 52  
**fluconazole tab 50 mg**..... 52  
**flucytosine cap 250 mg** ..... 52  
**flucytosine cap 500 mg** ..... 52  
**fludarabine phosphate inj 25 mg/ml**..... 67

**fludrocortisone acetate tab 0.1 mg**  
   ..... 99  
 FLULAVAL QUA INJ 2021-22..... 168  
 FLUMIST QUAD SUS 2021-22..... 168  
**flunisolide nasal soln 25 mcg/act (0.025%)**..... 147  
**fluocinolone acetonide (otic) oil 0.01%** ..... 153  
**fluocinolone acetonide cream 0.025%**..... 106  
**fluocinolone acetonide oil 0.01% (body oil)**..... 106  
**fluocinolone acetonide oil 0.01% (scalp oil)** ..... 106  
**fluocinolone acetonide oint 0.025%**  
   ..... 106  
**fluocinonide cream 0.05%** ..... 106  
**fluocinonide emulsified base cream 0.05%** ..... 106  
**fluocinonide gel 0.05%**..... 106  
**fluocinonide oint 0.05%** ..... 106  
**fluocinonide soln 0.05%** ..... 106  
 FLUORABON DRO ..... 137  
 Fluoritab  
   see **sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)**  
   ..... 138  
**fluorometholone ophth susp 0.1%**  
   ..... 151  
**fluorouracil cream 5%** ..... 104  
**fluoxetine hcl cap 10 mg**..... 36  
**fluoxetine hcl cap 20 mg**..... 36  
**fluoxetine hcl cap 40 mg**..... 36  
**fluoxetine hcl solution 20 mg/5ml**  
   ..... 36  
**fluoxymesterone**  
   see ANDROXY TAB 10MG ..... 18  
**fluphenazine decanoate inj 25 mg/ml** ..... 80  
**fluphenazine hcl inj 2.5 mg/ml**... 80  
**fluphenazine hcl tab 1 mg**..... 80  
**fluphenazine hcl tab 10 mg**..... 80  
**fluphenazine hcl tab 2.5 mg**..... 80  
**fluphenazine hcl tab 5 mg**..... 80  
 Flura-drops

see <b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	138	FOAM ANTACID CHW 80-20MG .....	20
<b>flurandrenolide</b>		Folbee Plus	
see CORDRAN 80X3 TAP 4MCG/CM .....	106	see <b>b-complex w/ c &amp; folic acid tab 5 mg</b> .....	142
<b>flurandrenolide cream 0.05%</b> ...	106	<b>folic acid cap 0.8 mg</b> .....	122
<b>flurandrenolide lotion 0.05%</b> ....	106	<b>folic acid tab 1 mg</b> .....	122
<b>flurazepam hcl cap 15 mg</b> .....	125	<b>folic acid tab 400 mcg</b> .....	122
<b>flurazepam hcl cap 30 mg</b> .....	125	<b>folic acid tab 800 mcg</b> .....	122
<b>flurbiprofen sodium ophth soln 0.03%</b> .....	152	<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b> .....	31
<b>flurbiprofen tab 100 mg</b> .....	9	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b> .....	31
<b>flurbiprofen tab 50 mg</b> .....	9	<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b> .....	31
<b>flutamide cap 125 mg</b> .....	68	<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b> .....	31
<b>fluticasone furoate-vilanterol</b>		FORTEO INJ 620/2.48 .....	112
see BREO ELLIPTA INH 100-25 .....	28	<b>fosamprenavir calcium tab 700 mg (base equiv)</b> .....	83
see BREO ELLIPTA INH 200-25 .....	28	<b>fosfomycin tromethamine powd pack 3 gm (base equivalent)</b> ..	166
<b>fluticasone propionate cream 0.05%</b> .....	107	<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	63
<b>fluticasone propionate hfa</b>		<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	63
see FLOVENT HFA AER 110MCG ...	27	<b>fosinopril sodium tab 10 mg</b> .....	58
see FLOVENT HFA AER 44MCG .....	27	<b>fosinopril sodium tab 20 mg</b> .....	58
<b>fluticasone propionate nasal susp 50 mcg/act</b> .....	147	<b>fosinopril sodium tab 40 mg</b> .....	58
<b>fluticasone propionate oint 0.005%</b> .....	107	FRAGMIN INJ 10000/ML .....	31
<b>fluticasone-salmeterol</b>		FRAGMIN INJ 12500UNT .....	31
see ADVAIR DISKU AER 100/50 ...	27	FRAGMIN INJ 15000UNT .....	31
see ADVAIR DISKU AER 250/50 ...	28	FRAGMIN INJ 18000UNT .....	31
see ADVAIR DISKU AER 500/50 ...	28	FRAGMIN INJ 2500/0.2 .....	31
see ADVAIR HFA AER 115/21 .....	28	FRAGMIN INJ 5000/0.2 .....	31
see ADVAIR HFA AER 230/21 .....	28	FRAGMIN INJ 7500/0.3 .....	31
see ADVAIR HFA AER 45/21 .....	28	FREESTY LIBR KIT 2 SENSOR .....	130
<b>fluticasone-umeclidinium-vilanterol</b>		FREESTY LIBR MIS 2 READER .....	130
see TRELEGY AER ELLIPTA .....	29	FREESTYLE KIT SENSOR .....	131
<b>fluvastatin sodium cap 20 mg (base equivalent)</b> .....	55	FREESTYLE MIS READER .....	131
<b>fluvastatin sodium cap 40 mg (base equivalent)</b> .....	56	<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b> .....	134
<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</b> .....	56	<b>fructose-dextrose-phosphoric acid oral soln</b> .....	51
<b>fluvoxamine maleate tab 100 mg</b> ..	37	<b>furosemide oral soln 10 mg/ml</b> ..	111
<b>fluvoxamine maleate tab 25 mg</b> ..	36	<b>furosemide oral soln 8 mg/ml</b> ..	111
<b>fluvoxamine maleate tab 50 mg</b> ..	37		
FLUZONE HD INJ 2021-22 .....	168		
FLUZONE QUAD INJ 2021-22 .....	168		

<b>furosemide tab 20 mg</b> .....	111
<b>furosemide tab 40 mg</b> .....	111
<b>furosemide tab 80 mg</b> .....	111
FUZEON INJ 90MG .....	83
FYCOMPA TAB 10MG .....	32
FYCOMPA TAB 12MG .....	32
FYCOMPA TAB 2MG .....	31
FYCOMPA TAB 4MG .....	31
FYCOMPA TAB 6MG .....	32
FYCOMPA TAB 8MG .....	32

**G**

G5/G4 MIS SENSOR.....	131
<b>gabapentin cap 100 mg</b> .....	33
<b>gabapentin cap 300 mg</b> .....	33
<b>gabapentin cap 400 mg</b> .....	33
<b>gabapentin oral soln 250 mg/5ml</b> .....	33
<b>gabapentin tab 600 mg</b> .....	33
<b>gabapentin tab 800 mg</b> .....	33
<b>galantamine hydrobromide cap er</b> <b>24hr 16 mg</b> .....	157
<b>galantamine hydrobromide cap er</b> <b>24hr 24 mg</b> .....	157
<b>galantamine hydrobromide cap er</b> <b>24hr 8 mg</b> .....	157
<b>galantamine hydrobromide tab 12</b> <b>mg</b> .....	157
<b>galantamine hydrobromide tab 4</b> <b>mg</b> .....	157
<b>galantamine hydrobromide tab 8</b> <b>mg</b> .....	157
<b>galcanezumab-gnlm</b> see EMGALITY INJ 100MG/ML .....	133
see EMGALITY INJ 120MG/ML .....	133
GAMASTAN INJ.....	154
GAMMAGARD INJ 1GM/10ML .....	154
GAMMAGARD SD INJ 10GM HU .....	154
<b>ganciclovir ophthalmic</b> see ZIRGAN GEL 0.15%.....	151
GARDASIL 9 INJ .....	168
Gas Relief see <b>simethicone susp 40</b> <b>mg/0.6ml</b> .....	117
<b>gatifloxacin ophth soln 0.5%</b> ....	150
<b>gemfibrozil tab 600 mg</b> .....	55
Gentak	

see <b>gentamicin sulfate ophth oint</b> <b>0.3%</b> .....	150
<b>gentamicin sulfate cream 0.1%</b>	102
<b>gentamicin sulfate oint 0.1%</b> ....	102
<b>gentamicin sulfate ophth oint 0.3%</b> .....	150
<b>gentamicin sulfate ophth soln</b> <b>0.3%</b> .....	150
<b>gentamicin-prednisolone acetate</b> see PRED-G SUS OP.....	151
Genteal Tears Night-time see <b>white petrolatum-mineral oil</b> <b>ophth ointment</b> .....	149
GENVOYA TAB.....	83
GILENYA CAP 0.5MG .....	159
GILOTRIF TAB 20MG .....	70
GILOTRIF TAB 30MG .....	70
GILOTRIF TAB 40MG .....	70
GLASSIA INJ.....	160
<b>glatiramer acetate</b> see COPAXONE INJ 20MG/ML .....	158
see COPAXONE INJ 40MG/ML .....	158
GLEOSTINE CAP 100MG .....	66
GLEOSTINE CAP 10MG .....	66
GLEOSTINE CAP 40MG .....	66
<b>glimepiride tab 1 mg</b> .....	49
<b>glimepiride tab 2 mg</b> .....	49
<b>glimepiride tab 4 mg</b> .....	49
<b>glipizide tab 10 mg</b> .....	49
<b>glipizide tab 5 mg</b> .....	49
<b>glipizide tab er 24hr 10 mg</b> .....	50
<b>glipizide tab er 24hr 2.5 mg</b> .....	49
<b>glipizide tab er 24hr 5 mg</b> .....	50
<b>glipizide-metformin hcl tab 2.5-250</b> <b>mg</b> .....	41
<b>glipizide-metformin hcl tab 2.5-500</b> <b>mg</b> .....	41
<b>glipizide-metformin hcl tab 5-500</b> <b>mg</b> .....	41
GLUCAGEN INJ HYPOKIT.....	44
<b>glucagon</b> see BAQSIMI ONE POW 3MG/DOSE44	
<b>glucagon hcl (rdna)</b> see GLUCAGEN INJ HYPOKIT .....	44
GLUCAGON KIT 1MG.....	44
<b>glucose blood</b> see RELION TRUE TES METRIX ...	110

see TRUE METRIX TES GLUCOSE . 110

**glucose-vitamin c**  
 see TGT GLUCOSE CHW GRAPE..... 44

**glyburide micronized tab 1.5 mg** .50

**glyburide micronized tab 3 mg**.... 50

**glyburide micronized tab 6 mg**.... 50

**glyburide tab 1.25 mg**..... 50

**glyburide tab 2.5 mg**..... 50

**glyburide tab 5 mg**..... 50

**glyburide-metformin tab 1.25-250 mg** ..... 41

**glyburide-metformin tab 2.5-500 mg** ..... 42

**glyburide-metformin tab 5-500 mg** ..... 42

**glycerin suppos 1.2 gm** ..... 127

**glycerin suppos 2 gm**..... 127

**glycerin suppos 2.1 gm** ..... 128

**glycerin suppos 80.7%** ..... 128

**glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** ..... 149

**glycopyrrolate tab 1 mg**..... 163

**glycopyrrolate tab 2 mg**..... 163

**glycopyrrolate-formoterol fumarate**  
 see BEVESPI AER 9-4.8MCG ..... 28

GLYXAMBI TAB 10-5 MG ..... 42

GLYXAMBI TAB 25-5 MG ..... 42

Gnp Allergy Relief  
 see **diphenhydramine hcl chew tab 12.5 mg**..... 53

Gnp Antacid Ultra Strengt  
 see **calcium carbonate (antacid) chew tab 1000 mg**..... 20

Gnp Anti-diarrheal  
 see **loperamide hcl cap 2 mg**..... 50

Gnp Artificial Tears  
 see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** ..... 149

Gnp Calcium 500 +d3  
 see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** ..... 136

Gnp Calcium 500/d  
 see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** ..... 136

Gnp Clotrimazole 3  
 see **clotrimazole vaginal cream 2%**..... 169

Gnp Dayhist Allergy  
 see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** ..... 53

Gnp Fiber Therapy  
 see **methylcellulose tab 500 mg** ..... 126

GNP GLUCOSE CHW ORANGE ..... 44

Gnp Glycerin Adult  
 see **glycerin suppos 2.1 gm** .... 128

Gnp Glycerin Child  
 see **glycerin suppos 1.2 gm** .... 127

Gnp Lidocaine Pain Relief  
 see **lidocaine patch 4%** ..... 108

Gnp Loratadine  
 see **loratadine syrup 5 mg/5ml**. 53

Gnp Magnesium  
 see **magnesium oxide tab 250 mg** ..... 20

Gnp Magnesium Citrate  
 see **magnesium citrate soln** .... 128

Gnp Miconazole 3  
 see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit**..... 170

Gnp Mucus Er  
 see **guaifenesin tab er 12hr 600 mg**..... 100

Gnp Natural Fiber  
 see **psyllium powder 28.3%** ... 127

Gnp Pink Bismuth  
 see **bismuth subsalicylate chew tab 262 mg**..... 50

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

GOLYTELY SOL ..... 127

Goodsense Nasal Allergy S  
 see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** ..... 147

**goserelin acetate**  
 see ZOLADEX IMP 10.8MG ..... 69  
 see ZOLADEX IMP 3.6MG ..... 69

**granisetron hcl tab 1 mg**..... 51



<b>griseofulvin microsize susp 125 mg/5ml</b> .....	52	<b>haloperidol tab 20 mg</b> .....	78
Guaiatussin Ac		<b>haloperidol tab 5 mg</b> .....	78
see <b>guaifenesin-codeine soln 100-10 mg/5ml</b> .....	100	HAVRIX INJ 1440UNIT.....	168
<b>guaifenesin liquid 100 mg/5ml</b> .....	100	HAVRIX INJ 720UNIT.....	168
<b>guaifenesin syrup 100 mg/5ml</b> .....	100	<b>hc/aloe cre 0.5%</b> .....	107
<b>guaifenesin tab 200 mg</b> .....	100	HELIXATE FS INJ 2000UNIT.....	120
<b>guaifenesin tab 400 mg</b> .....	100	HELIXATE FS INJ 3000UNIT.....	120
<b>guaifenesin tab er 12hr 600 mg</b> .....	100	HELIXATE FS INJ 500UNIT.....	120
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> .....	100	<b>heparin sodium (porcine) inj 1000 unit/ml</b> .....	31
<b>guanfacine hcl tab 1 mg</b> .....	62	<b>heparin sodium (porcine) inj 10000 unit/ml</b> .....	31
<b>guanfacine hcl tab 2 mg</b> .....	62	<b>heparin sodium (porcine) pf inj 5000 unit/0.5ml</b> .....	31
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b> .....	3	<b>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</b>	
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b> .....	3	see TWINRIX INJ.....	169
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b> .....	3	<b>hepatitis a vaccine</b>	
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b> .....	3	see HAVRIX INJ 1440UNIT.....	168
GUANIDINE TAB 125MG.....	66	see HAVRIX INJ 720UNIT.....	168
<b>guselkumab</b>		see VAQTA INJ 25/0.5ML.....	169
see TREMFYA INJ 100MG/ML.....	105	see VAQTA INJ 50UNT/ML.....	169
GYNAZOLE-1 CRE 2%.....	169	<b>hepatitis b vaccine (recomb)</b>	
GYNOL II GEL 3%.....	169	see ENGERIX-B INJ 10/0.5ML.....	168
<b>H</b>		see ENGERIX-B INJ 20MCG/ML ...	168
<b>halcinonide</b>		see RECOMBIVA HB INJ 10MCG/ML.....	169
see HALOG OIN 0.1%.....	107	see RECOMBIVA HB INJ 5MCG/0.5.....	169
<b>halcinonide cream 0.1%</b> .....	107	<b>hepatitis b vaccine recombinant adjuvanted</b>	
<b>halobetasol propionate cream 0.05%</b> .....	107	see HEPLISAV-B INJ 20/0.5ML....	168
<b>halobetasol propionate oint 0.05%</b> .....	107	see HEPLISAV-B INJ 20MCG.....	168
HALOG OIN 0.1%.....	107	HEPLISAV-B INJ 20/0.5ML.....	168
<b>haloperidol decanoate im soln 100 mg/ml</b> .....	78	HEPLISAV-B INJ 20MCG.....	168
<b>haloperidol decanoate im soln 50 mg/ml</b> .....	78	HERZUMA INJ 150MG.....	67
<b>haloperidol lactate inj 5 mg/ml</b> ...78		HERZUMA INJ 420MG.....	67
<b>haloperidol lactate oral conc 2 mg/ml</b> .....	78	HETLIOZ CAP 20MG.....	126
<b>haloperidol tab 0.5 mg</b> .....	78	HIZENTRA INJ 10/50ML.....	154
<b>haloperidol tab 1 mg</b> .....	78	HIZENTRA INJ 1GM/5ML.....	154
<b>haloperidol tab 10 mg</b> .....	78	HIZENTRA INJ 2GM/10ML.....	154
<b>haloperidol tab 2 mg</b> .....	78	HIZENTRA INJ 4GM/20ML.....	154
		HIZENTRA SOL 20%.....	154
		Hm Fish Oil	
		see <b>omega-3 fatty acids cap delayed release 1000 mg</b> ....	148
		Hm Lubricating Plus	

see <b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b>	148	see HYSINGLA ER TAB 80 MG	14
Hm Nicotine Transdermal S		<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	99
see <b>nicotine td patch 24hr 14 mg/24hr</b>	160	<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	17
Hm Vitamin C/rose Hips		<b>hydrocodone-acetaminophen tab 10-325 mg</b>	17
see <b>ascorbic acid tab 500 mg</b>	171	<b>hydrocodone-acetaminophen tab 5-325 mg</b>	17
HUMALOG INJ 100/ML	47	<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	17
HUMALOG JR INJ 100/ML	47	<b>hydrocodone-ibuprofen tab 10-200 mg</b>	17
HUMALOG KWIK INJ 100/ML	47	<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	17
HUMALOG MIX INJ 50/50	47	Hydrocortisone 1% In Abso	
HUMALOG MIX INJ 50/50KWP	47	see <b>hydrocortisone oint 1%</b>	107
HUMALOG MIX INJ 75/25KWP	47	<b>hydrocortisone acetate cream 1%</b>	107
HUMALOG MIX SUS 75/25	47	<b>hydrocortisone cream 0.5%</b>	107
<b>human papillomavirus (hpv) 9-valent recombinant vaccine</b>		<b>hydrocortisone cream 1%</b>	107
see GARDASIL 9 INJ	168	<b>hydrocortisone cream 2.5%</b>	107
HUMIRA INJ 10/0.1ML	6	<b>hydrocortisone enema 100 mg/60ml</b>	19
HUMIRA INJ 10MG/0.2	6	<b>hydrocortisone gel 1%</b>	107
HUMIRA INJ 20/0.2ML	6	<b>hydrocortisone lotion 1%</b>	107
HUMIRA INJ 40/0.4ML	6	<b>hydrocortisone lotion 2.5%</b>	107
HUMIRA KIT 20MG/0.4	6	<b>hydrocortisone oint 0.5%</b>	107
HUMIRA KIT 40MG/0.8	6	<b>hydrocortisone oint 1%</b>	107
HUMIRA PEDIA INJ CROHNS	6	<b>hydrocortisone oint 2.5%</b>	107
HUMIRA PEN INJ 40/0.4ML	6	<b>hydrocortisone perianal cream 2.5%</b>	19
HUMIRA PEN INJ CD/UC/HS	6	<b>hydrocortisone tab 10 mg</b>	98
HUMIRA PEN KIT CD/UC/HS	6	<b>hydrocortisone tab 20 mg</b>	98
HUMIRA PEN KIT PS/UV	7	<b>hydrocortisone tab 5 mg</b>	98
HUMULIN R INJ U-500	47	<b>hydrocortisone valerate cream 0.2%</b>	107
<b>hydralazine hcl tab 10 mg</b>	65	<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	153
<b>hydralazine hcl tab 100 mg</b>	65	<b>hydrocortisone-aloe vera cream 1%</b>	107
<b>hydralazine hcl tab 25 mg</b>	65	<b>hydromorphone hcl tab 2 mg</b>	13
<b>hydralazine hcl tab 50 mg</b>	65	<b>hydromorphone hcl tab 4 mg</b>	13
<b>hydrochlorothiazide cap 12.5 mg</b>	111	<b>hydromorphone hcl tab 8 mg</b>	13
<b>hydrochlorothiazide tab 12.5 mg</b>	111	<b>hydromorphone hcl tab er 24hr 12 mg</b>	13
<b>hydrochlorothiazide tab 25 mg</b>	112		
<b>hydrochlorothiazide tab 50 mg</b>	112		
<b>hydrocodone bitartrate</b>			
see HYSINGLA ER TAB 100 MG	14		
see HYSINGLA ER TAB 120 MG	14		
see HYSINGLA ER TAB 20 MG	14		
see HYSINGLA ER TAB 30 MG	14		
see HYSINGLA ER TAB 40 MG	14		
see HYSINGLA ER TAB 60 MG	14		

**hydromorphone hcl tab er 24hr 16 mg** ..... 13  
**hydromorphone hcl tab er 24hr 32 mg** ..... 13  
**hydromorphone hcl tab er 24hr 8 mg** ..... 13  
 Hydrophor  
   see **emollient - ointment** ..... 108  
**hydroxychloroquine sulfate tab 200 mg** ..... 66  
**hydroxyprogesterone caproate im in oil 1.25 gm/5ml** ..... 68  
**hydroxyprogesterone caproate im in oil 250 mg/ml** ..... 156  
**hydroxyurea cap 500 mg** ..... 73  
**hydroxyzine hcl syrup 10 mg/5ml** ..... 23  
**hydroxyzine hcl tab 10 mg** ..... 23  
**hydroxyzine hcl tab 25 mg** ..... 23  
**hydroxyzine hcl tab 50 mg** ..... 23  
**hydroxyzine pamoate cap 100 mg** ..... 23  
**hydroxyzine pamoate cap 25 mg** ..... 23  
**hydroxyzine pamoate cap 50 mg** ..... 23  
**hyoscyamine sulfate elixir 0.125 mg/5ml** ..... 163  
**hyoscyamine sulfate sl tab 0.125 mg** ..... 163  
**hyoscyamine sulfate soln 0.125 mg/ml** ..... 163  
**hyoscyamine sulfate tab 0.125 mg** ..... 163  
**hyoscyamine sulfate tab disint 0.125 mg** ..... 163  
**hyoscyamine sulfate tab er 12hr 0.375 mg** ..... 163  
 Hyosyne  
   see **hyoscyamine sulfate elixir 0.125 mg/5ml** ..... 163  
**hypromellose (ophth)**  
   see PURE & GENTL DRO 0.3% ..... 149  
 HYQVIA INJ 10-800 ..... 155  
 HYQVIA INJ 2.5-200 ..... 154  
 HYQVIA INJ 20-1600 ..... 155  
 HYQVIA INJ 30-2400 ..... 155  
 HYQVIA INJ 5-400 ..... 155  
 HYSINGLA ER TAB 100 MG ..... 14

HYSINGLA ER TAB 120 MG ..... 14  
 HYSINGLA ER TAB 20 MG ..... 14  
 HYSINGLA ER TAB 30 MG ..... 14  
 HYSINGLA ER TAB 40 MG ..... 14  
 HYSINGLA ER TAB 60 MG ..... 14  
 HYSINGLA ER TAB 80 MG ..... 14

**I**

**ibandronate sodium tab 150 mg (base equivalent)** ..... 112  
 IBRANCE CAP 100MG ..... 70  
 IBRANCE CAP 125MG ..... 70  
 IBRANCE CAP 75MG ..... 70  
 IBRANCE TAB 100MG ..... 70  
 IBRANCE TAB 125MG ..... 70  
 IBRANCE TAB 75MG ..... 70  
**ibrutinib**  
   see IMBRUVICA CAP 140MG ..... 71  
**ibuprofen cap 200 mg** ..... 9  
**ibuprofen chew tab 100 mg** ..... 9  
 Ibuprofen Childrens  
   see **ibuprofen susp 100 mg/5ml** ..... 9  
**ibuprofen susp 100 mg/5ml** ..... 9  
**ibuprofen susp 40 mg/ml** ..... 9  
**ibuprofen tab 100 mg** ..... 9  
**ibuprofen tab 200 mg** ..... 9  
**ibuprofen tab 400 mg** ..... 9  
**ibuprofen tab 600 mg** ..... 9  
**ibuprofen tab 800 mg** ..... 9  
**icatibant acetate inj 30 mg/3ml (base equivalent)** ..... 121  
 ICLUSIG TAB 10MG ..... 70  
 ICLUSIG TAB 15MG ..... 71  
 ICLUSIG TAB 30MG ..... 71  
 ICLUSIG TAB 45MG ..... 71  
**idelalisib**  
   see ZYDELIG TAB 100MG ..... 72  
   see ZYDELIG TAB 150MG ..... 73  
**iloperidone**  
   see FANAPT PAK ..... 76  
   see FANAPT TAB 10MG ..... 76  
   see FANAPT TAB 12MG ..... 76  
   see FANAPT TAB 1MG ..... 76  
   see FANAPT TAB 2MG ..... 76  
   see FANAPT TAB 4MG ..... 76  
   see FANAPT TAB 6MG ..... 76  
   see FANAPT TAB 8MG ..... 76  
**iloprost**

see VENTAVIS SOL 10MCG/ML.....	92	INCRUSE ELPT INH 62.5MCG.....	26
see VENTAVIS SOL 20MCG/ML.....	92	<b>indacaterol maleate</b>	
<b>imatinib mesylate tab 100 mg</b>		see ARCAPTA CAP 75MCG .....	28
<b>(base equivalent).....</b>	71	<b>indapamide tab 1.25 mg</b> .....	112
<b>imatinib mesylate tab 400 mg</b>		<b>indapamide tab 2.5 mg</b> .....	112
<b>(base equivalent).....</b>	71	<b>indinavir sulfate</b>	
IMBRUVICA CAP 140MG.....	71	see CRIXIVAN CAP 200MG .....	82
<b>imipenem-cilastatin intravenous</b>		see CRIXIVAN CAP 400MG .....	82
<b>for soln 500 mg</b> .....	21	<b>indomethacin cap 25 mg</b> .....	9
<b>imipramine hcl tab 10 mg</b> .....	40	<b>indomethacin cap 50 mg</b> .....	9
<b>imipramine hcl tab 25 mg</b> .....	40	INFLECTRA INJ 100MG .....	118
<b>imipramine hcl tab 50 mg</b> .....	40	<b>infliximab-abda</b>	
<b>imiquimod cream 5%</b> .....	108	see RENFLEXIS INJ 100MG.....	118
<b>immune globulin (human) im</b>		<b>infliximab-axxq</b>	
see GAMASTAN INJ .....	154	see AVSOLA INJ 100MG .....	117
<b>immune globulin (human) iv</b>		<b>infliximab-dyyb</b>	
see CARIMUNE NF INJ 12GM.....	154	see INFLECTRA INJ 100MG.....	118
see FLEBOGAMMA INJ DIF 5% ....	154	<b>influenza virus vac recomb</b>	
see GAMMAGARD SD INJ 10GM HU		<b>hemagglutinin (ha) quadrivalent</b>	
.....	154	see FLUBLOK QUAD INJ 2021-22	168
see OCTAGAM INJ 5GM.....	154	<b>influenza virus vac split high-dose</b>	
see PRIVIGEN INJ 20GRAMS .....	154	<b>quad preservative free</b>	
<b>immune globulin (human) iv or</b>		see FLUZONE HD INJ 2021-22 ....	168
<b>subcutaneous</b>		<b>influenza virus vaccine live</b>	
see GAMMAGARD INJ 1GM/10ML.	154	<b>quadrivalent</b>	
<b>immune globulin (human)</b>		see FLUMIST QUAD SUS 2021-22	168
<b>subcutaneous</b>		<b>influenza virus vaccine split</b>	
see CUVITRU INJ 4GM/20ML.....	154	<b>quadrivalent</b>	
see CUVITRU SOL 10GM/50M ....	154	see AFLURIA QUAD INJ 2021-22 .	168
see CUVITRU SOL 1GM/5ML .....	154	see FLUARIX QUAD INJ 2021-22 .	168
see HIZENTRA INJ 10/50ML.....	154	see FLULAVAL QUA INJ 2021-22 .	168
see HIZENTRA INJ 1GM/5ML.....	154	see FLUZONE QUAD INJ 2021-22	168
see HIZENTRA INJ 2GM/10ML.....	154	<b>influenza virus vaccine tissue-</b>	
see HIZENTRA INJ 4GM/20ML.....	154	<b>cultured subunit quadrivalent</b>	
see HIZENTRA SOL 20% .....	154	see FLUCLVX QUAD INJ 2021-22.	168
<b>immune globulin (human)-</b>		<b>ingenol mebutate</b>	
<b>hyaluronidase (human</b>		see PICATO GEL 0.015% .....	104
<b>recombinant)</b>		see PICATO GEL 0.05% .....	104
see HYQVIA INJ 10-800 .....	155	<b>inositol niacinate cap 500 mg</b> ....	92
see HYQVIA INJ 2.5-200 .....	154	INSPIRACHAMB MIS LARGE .....	133
see HYQVIA INJ 20-1600.....	155	INSULIN ASPA INJ 100/ML.....	47
see HYQVIA INJ 30-2400.....	155	INSULIN ASPA INJ 70/30.....	47
see HYQVIA INJ 5-400 .....	155	INSULIN ASPA INJ FLEXPEN .....	47
Inatal Gt		INSULIN ASPA INJ PENFILL .....	48
see <b>prenatal vit w/ dss-iron</b>		<b>insulin aspart</b>	
<b>carbonyl-fa tab 90-1 mg</b> .....	145	see NOVOLOG INJ 100/ML .....	48
INCRELEX INJ 40MG/4ML.....	113	see NOVOLOG INJ FLEXPEN.....	48

see NOVOLOG INJ PENFILL..... 48

**insulin aspart (with niacinamide)**

see FIASP FLEX INJ TOUCH ..... 46

see FIASP INJ 100/ML..... 47

see FIASP PENFIL INJ U-100..... 47

**insulin aspart protamine & aspart (human)**

see NOVOLOG MIX INJ 70/30 ..... 48

see NOVOLOG MIX INJ FLEXPEN... 48

**insulin degludec**

see TRESIBA FLEX INJ 100UNIT .... 48

see TRESIBA FLEX INJ 200UNIT .... 48

see TRESIBA INJ 100UNIT..... 48

**insulin degludec-liraglutide**

see XULTOPHY INJ 100/3.6 ..... 44

**insulin detemir**

see LEVEMIR INJ..... 48

see LEVEMIR INJ FLEXTOUC ..... 48

**insulin glargine**

see BASAGLAR INJ 100UNIT ..... 46

see TOUJEO MAX INJ 300IU/ML.... 48

see TOUJEO SOLO INJ 300IU/ML... 48

**insulin glargine-lixisenatide**

see SOLIQUA INJ 100/33 ..... 43

**insulin glulisine**

see APIDRA INJ SOLOSTAR ..... 46

see APIDRA INJ U-100 ..... 46

INSULIN LISP INJ 100/ML ..... 48

**insulin lispro**

see ADMELOG INJ 100U/ML..... 46

see ADMELOG SOLO INJ 100U/ML .46

see HUMALOG INJ 100/ML..... 47

see HUMALOG JR INJ 100/ML..... 47

see HUMALOG KWIK INJ 100/ML... 47

**insulin lispro protamine & lispro**

see HUMALOG MIX INJ 50/50 ..... 47

see HUMALOG MIX INJ 50/50KWP .47

see HUMALOG MIX INJ 75/25KWP .47

see HUMALOG MIX SUS 75/25 ..... 47

**insulin nph (human) (isophane)**

see NOVOLIN N INJ 100 UNIT..... 48

see NOVOLIN N INJ U-100..... 48

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

see NOVOLIN INJ 70/30..... 48

see NOVOLIN INJ 70/30 FP..... 48

**insulin pen needle**

see PEN NEEDLES MIS 29GX10MM  
..... 132

see PEN NEEDLES MIS 29GX12.7 132

see PEN NEEDLES MIS 29GX12MM  
..... 132

see PEN NEEDLES MIS 31GX5MM 132

see PEN NEEDLES MIS 31GX6MM 132

see PEN NEEDLES MIS 31GX8MM 132

see PEN NEEDLES MIS 32GX4MM 132

see PEN NEEDLES MIS 32GX6MM 132

see PEN NEEDLES MIS 32GX8MM 133

**insulin regular (human)**

see AFREZZA POW 12 UNIT..... 46

see AFREZZA POW 4-8 UNIT ..... 46

see AFREZZA POW 4-8-12..... 46

see AFREZZA POW 4UNIT ..... 46

see AFREZZA POW 8 UNIT ..... 46

see AFREZZA POW 8-12UNIT..... 46

see HUMULIN R INJ U-500 ..... 47

see NOVOLIN R INJ 100 UNIT..... 48

see NOVOLIN R INJ U-100 ..... 48

INSULIN SYRG MIS 0.3/29G..... 131

INSULIN SYRG MIS 0.3/30G..... 131

INSULIN SYRG MIS 0.3/31G..... 131

INSULIN SYRG MIS 0.5/28G..... 131

INSULIN SYRG MIS 0.5/29G..... 131

INSULIN SYRG MIS 0.5/30G... 131, 132

INSULIN SYRG MIS 0.5/31G..... 132

INSULIN SYRG MIS 1ML/28G ..... 132

INSULIN SYRG MIS 1ML/29G ..... 132

INSULIN SYRG MIS 1ML/30G ..... 132

INSULIN SYRG MIS 1ML/31G ..... 132

**insulin syringe/needle u-100**

see INSULIN SYRG MIS 0.3/29G . 131

see INSULIN SYRG MIS 0.3/30G . 131

see INSULIN SYRG MIS 0.3/31G . 131

see INSULIN SYRG MIS 0.5/28G . 131

see INSULIN SYRG MIS 0.5/29G . 131

see INSULIN SYRG MIS 0.5/30G 131,  
132

see INSULIN SYRG MIS 0.5/31G . 132

see INSULIN SYRG MIS 1ML/28G 132

see INSULIN SYRG MIS 1ML/29G 132

see INSULIN SYRG MIS 1ML/30G 132

see INSULIN SYRG MIS 1ML/31G 132

**insulin syringe/needle u-500**

see BD U-500 MIS 31GX6MM..... 130

INTELENCE TAB 100MG .....	83	<i>ipratropium-albuterol nebu soln</i>	
INTELENCE TAB 200MG .....	83	<b>0.5-2.5(3) mg/3ml</b> .....	28
INTELENCE TAB 25MG .....	83	<i>irbesartan tab 150 mg</i> .....	60
<b>interferon alfa-2b</b>		<i>irbesartan tab 300 mg</i> .....	60
see INTRON A INJ 10MU .....	73	<i>irbesartan tab 75 mg</i> .....	60
see INTRON A INJ 18MU .....	73	<i>irbesartan-hydrochlorothiazide tab</i>	
see INTRON A INJ 25MU .....	73	<b>150-12.5 mg</b> .....	63
see INTRON A INJ 50MU .....	73	<i>irbesartan-hydrochlorothiazide tab</i>	
<b>interferon beta-1a</b>		<b>300-12.5 mg</b> .....	63
see AVONEX KIT 30MCG .....	158	IRON CHW PEDIATRI .....	124
see AVONEX PEN KIT 30MCG .....	158	<i>iron polysacch complex-vit b12-fa</i>	
see AVONEX PREFL KIT 30MCG .....	158	<b>cap 150-0.025-1 mg</b> .....	123
see REBIF INJ 22/0.5 .....	159	<i>irrigation solution, physiological</i>	140
see REBIF INJ 44/0.5 .....	159	<i>isavuconazonium sulfate</i>	
see REBIF REBIDO INJ 22/0.5 .....	159	see CRESEMBA CAP 186 MG .....	52
see REBIF REBIDO INJ 44/0.5 .....	159	ISENTRESS CHW 100MG .....	84
see REBIF REBIDO INJ TITRATN ..	159	ISENTRESS CHW 25MG .....	84
see REBIF TITRTN INJ PACK .....	159	ISENTRESS HD TAB 600MG .....	84
<b>interferon beta-1b</b>		ISENTRESS POW 100MG .....	84
see EXTAVIA INJ 0.3MG .....	158	ISENTRESS TAB 400MG .....	84
<b>interferon gamma-1b</b>		<i>isocarboxazid</i>	
see ACTIMMUNE INJ 2MU/0.5 .....	73	see MARPLAN TAB 10MG .....	36
INTRON A INJ 10MU .....	73	<i>isoniazid syrup 50 mg/5ml</i> .....	66
INTRON A INJ 18MU .....	73	<i>isoniazid tab 100 mg</i> .....	66
INTRON A INJ 25MU .....	73	<i>isoniazid tab 300 mg</i> .....	66
INTRON A INJ 50MU .....	73	<i>isoniazid-rifampin w/</i>	
INVEGA SUST INJ 117/0.75 .....	76	<b>pyrazinamide</b>	
INVEGA SUST INJ 156MG/ML .....	76	see RIFATER TAB .....	66
INVEGA SUST INJ 234/1.5 .....	76	<i>isopropyl alcohol-glycerin otic</i>	
INVEGA SUST INJ 39/0.25 .....	76	<b>liquid 95-5%</b> .....	153
INVEGA SUST INJ 78/0.5ML .....	76	<i>isosorbide dinitrate tab 10 mg</i> .....	22
INVEGA TRINZ INJ 273MG .....	76	<i>isosorbide dinitrate tab 20 mg</i> .....	22
INVEGA TRINZ INJ 410MG .....	76	<i>isosorbide dinitrate tab 30 mg</i> .....	22
INVEGA TRINZ INJ 546MG .....	76	<i>isosorbide dinitrate tab 5 mg</i> .....	22
INVEGA TRINZ INJ 819MG .....	76	<i>isosorbide mononitrate tab 10 mg</i>	
INVIRASE TAB 500MG .....	83	.....	22
<b>ipratropium bromide hfa</b>		<i>isosorbide mononitrate tab 20 mg</i>	
see ATROVENT HFA AER 17MCG .....	26	.....	22
<b>ipratropium bromide inhal soln</b>		<i>isosorbide mononitrate tab er 24hr</i>	
<b>0.02%</b> .....	26	<b>120 mg</b> .....	22
<b>ipratropium bromide nasal soln</b>		<i>isosorbide mononitrate tab er 24hr</i>	
<b>0.03% (21 mcg/spray)</b> .....	147	<b>30 mg</b> .....	22
<b>ipratropium bromide nasal soln</b>		<i>isosorbide mononitrate tab er 24hr</i>	
<b>0.06% (42 mcg/spray)</b> .....	147	<b>60 mg</b> .....	22
<b>ipratropium-albuterol</b>		<i>isotretinoin cap 10 mg</i> .....	101
see COMBIVENT AER 20-100 .....	28	<i>isotretinoin cap 20 mg</i> .....	101
		<i>isotretinoin cap 30 mg</i> .....	101

<b>isotretinoin cap 40 mg</b> .....	101
<b>isradipine cap 2.5 mg</b> .....	90
<b>isradipine cap 5 mg</b> .....	90
<b>itraconazole cap 100 mg</b> .....	52
<b>ivabradine hcl</b>	
see CORLANOR SOL 5MG/5ML .....	93
see CORLANOR TAB 5MG .....	93
see CORLANOR TAB 7.5MG.....	93
<b>ivacaftor</b>	
see KALYDECO PAK 25MG .....	160
see KALYDECO PAK 50MG .....	160
see KALYDECO PAK 75MG .....	160
see KALYDECO TAB 150MG .....	160
<b>ivermectin lotion 0.5%</b> .....	109
<b>ivermectin tab 3 mg</b> .....	20
<b>J</b>	
JAKAFI TAB 10MG .....	71
JAKAFI TAB 15MG .....	71
JAKAFI TAB 20MG .....	71
JAKAFI TAB 25MG .....	71
JAKAFI TAB 5MG .....	71
JANSSEN VACC INJ COVID-19 .....	168
JANUMET TAB 50-1000 .....	42
JANUMET TAB 50-500MG .....	42
JANUMET XR TAB 100-1000 .....	42
JANUMET XR TAB 50-1000 .....	42
JANUMET XR TAB 50-500MG .....	42
JANUVIA TAB 100MG .....	45
JANUVIA TAB 25MG .....	45
JANUVIA TAB 50MG .....	45
JARDIANCE TAB 10MG .....	49
JARDIANCE TAB 25MG .....	49
JENTADUETO TAB 2.5-1000 .....	42
JENTADUETO TAB 2.5-500 .....	42
JENTADUETO TAB 2.5-850 .....	42
JENTADUETO TAB XR .....	42, 43
Jinteli	
see <b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	115
JULUCA TAB 50-25MG .....	84
Junel 1.5/30	
see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> ..	96
Junel Fe 1.5/30	
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	96

<b>K</b>	
KALETRA TAB 100-25MG .....	84
KALETRA TAB 200-50MG .....	84
KALYDECO PAK 25MG .....	160
KALYDECO PAK 50MG .....	160
KALYDECO PAK 75MG .....	160
KALYDECO TAB 150MG.....	160
KANJINTI INJ 420MG .....	67
KANJINTI SOL 150MG .....	67
Kelnor 1/50	
see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> ....	95
<b>ketoconazole cream 2%</b> .....	103
<b>ketoconazole shampoo 2%</b> .....	103
<b>ketoconazole tab 200 mg</b> .....	52
<b>ketoprofen cap 50 mg</b> .....	9
<b>ketoprofen cap 75 mg</b> .....	9
<b>ketorolac tromethamine ophth soln 0.4%</b> .....	152
<b>ketorolac tromethamine ophth soln 0.5%</b> .....	152
<b>ketorolac tromethamine tab 10 mg</b> .....	9
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b> .....	152
KEVZARA INJ 150/1.14 .....	8
KEVZARA INJ 200/1.14 .....	8
KINERET INJ .....	7
KISQALI 200 PAK FEMARA .....	69
KISQALI 400 PAK FEMARA .....	69
KISQALI 600 PAK FEMARA .....	69
KISQALI TAB 200DOSE .....	71
KISQALI TAB 400DOSE .....	71
KISQALI TAB 600DOSE .....	71
Klor-con/ef	
see <b>potassium bicarbonate effer tab 25 meq</b> .....	139
KOGENATE FS INJ 1000UNIT.....	120
KOGENATE FS INJ 2000UNIT.....	121
KOGENATE FS INJ 250UNIT .....	120
KOGENATE FS INJ 3000UNIT.....	121
Konsyl	
see <b>psyllium powder 30.9%</b> ...	127
KONSYL DAILY POW 100% .....	126
KONSYL DAILY POW 28.3% .....	126
KONSYL-D POW 52.3% .....	126
Kp Vitamin D	

see **cholecalciferol chew tab 10 mcg (400 unit)** ..... 171  
 KPN PRENATAL TAB..... 144  
 KYLEENA IUD 19.5MG ..... 97  
**L**  
**labetalol hcl tab 100 mg**.....87  
**labetalol hcl tab 200 mg**.....87  
**labetalol hcl tab 300 mg**.....87  
**lacosamide**  
 see VIMPAT SOL 10MG/ML ..... 34  
 see VIMPAT TAB 100MG ..... 34  
 see VIMPAT TAB 150MG ..... 34  
 see VIMPAT TAB 200MG ..... 34  
 see VIMPAT TAB 50MG ..... 34  
 LACRISERT MIS 5MG OP ..... 149  
**lactic acid (ammonium lactate)**  
**cream 12%** ..... 108  
**lactic acid (ammonium lactate)**  
**lotion 12%** ..... 108  
**lactulose (encephalopathy)**  
**solution 10 gm/15ml** ..... 118  
**lactulose solution 10 gm/15ml** . 128  
**lamivudine (hbv)**  
 see EPIVIR HBV SOL 5MG/ML ..... 86  
**lamivudine oral soln 10 mg/ml** ...84  
**lamivudine tab 100 mg (hbv)** ..... 86  
**lamivudine tab 150 mg** ..... 84  
**lamivudine tab 300 mg** ..... 84  
**lamivudine-tenofovir disoproxil fumarate**  
 see CIMDUO TAB 300-300 ..... 82  
 see TEMIXYS TAB 300-300 ..... 85  
**lamivudine-zidovudine tab 150-300 mg** ..... 84  
**lamotrigine tab 100 mg**..... 33  
**lamotrigine tab 150 mg**..... 33  
**lamotrigine tab 200 mg**..... 33  
**lamotrigine tab 25 mg**..... 33  
**lamotrigine tab chewable dispersible 25 mg**..... 33  
**lamotrigine tab chewable dispersible 5 mg**..... 33  
 Lanacort 10  
 see **hydrocortisone acetate cream 1%** ..... 107  
 LANCETS MIS 30G ..... 131  
 Land Before Time Multivit

see **pediatric multiple vitamin w/ extra c & fa chew tab** ..... 143  
 LANOXIN TAB 0.125MG ..... 91  
 LANOXIN TAB 0.25MG ..... 91  
**lansoprazole cap delayed release 15 mg** ..... 165  
**lansoprazole cap delayed release 30 mg** ..... 165  
**lanthanum carbonate chew tab 1000 mg (elemental)** ..... 119  
**lanthanum carbonate chew tab 500 mg (elemental)** ..... 118  
**lanthanum carbonate chew tab 750 mg (elemental)** ..... 119  
**lapatinib ditosylate tab 250 mg (base equiv)** ..... 71  
 Larin 24 Fe  
 see **norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)** ..... 96  
**lasmiditan succinate**  
 see REYVOW TAB 100MG ..... 134  
 see REYVOW TAB 50MG ..... 134  
 LASTACRAFT SOL 0.25% ..... 152  
**latanoprost ophth soln 0.005%** 153  
 LATUDA TAB 120MG ..... 75  
 LATUDA TAB 20MG ..... 75  
 LATUDA TAB 40MG ..... 75  
 LATUDA TAB 60MG ..... 75  
 LATUDA TAB 80MG ..... 75  
 LEDIP-SOFOSB TAB 90-400MG ..... 86  
 Leena  
 see **norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg** ..... 97  
**leflunomide tab 10 mg**..... 10  
**leflunomide tab 20 mg**..... 10  
**lenalidomide**  
 see REVLIMID CAP 10MG ..... 139  
 see REVLIMID CAP 15MG ..... 139  
 see REVLIMID CAP 2.5MG ..... 139  
 see REVLIMID CAP 20MG ..... 139  
 see REVLIMID CAP 25MG ..... 139  
 see REVLIMID CAP 5MG ..... 139  
**lenvatinib mesylate**  
 see LENVIMA CAP 10 MG ..... 71  
 see LENVIMA CAP 12MG ..... 71



see LENVIMA CAP 14 MG.....	71	<b>levobunolol hcl ophth soln 0.5%</b>	
see LENVIMA CAP 18 MG.....	71	.....	149
see LENVIMA CAP 20 MG.....	71	<b>levocarnitine oral soln 1 gm/10ml</b>	
see LENVIMA CAP 24 MG.....	71	<b>(10%)</b> .....	114
see LENVIMA CAP 4MG .....	71	<b>levocarnitine tab 330 mg</b> .....	114
see LENVIMA CAP 8 MG .....	71	<b>levocetirizine dihydrochloride soln</b>	
LENVIMA CAP 10 MG .....	71	<b>2.5 mg/5ml (0.5 mg/ml)</b> .....	53
LENVIMA CAP 12MG .....	71	<b>levocetirizine dihydrochloride tab 5</b>	
LENVIMA CAP 14 MG .....	71	<b>mg</b> .....	53
LENVIMA CAP 18 MG .....	71	<b>levofloxacin ophth soln 0.5%</b> ...	150
LENVIMA CAP 20 MG .....	71	<b>levofloxacin oral soln 25 mg/ml</b>	116
LENVIMA CAP 24 MG .....	71	<b>levofloxacin tab 250 mg</b> .....	116
LENVIMA CAP 4MG.....	71	<b>levofloxacin tab 500 mg</b> .....	116
LENVIMA CAP 8 MG .....	71	<b>levofloxacin tab 750 mg</b> .....	116
<b>letrozole tab 2.5 mg</b> .....	68	<b>levomilnacipran hcl</b>	
<b>leucovorin calcium tab 10 mg</b> .....	73	see FETZIMA CAP 120MG .....	38
<b>leucovorin calcium tab 15 mg</b> .....	73	see FETZIMA CAP 20MG.....	38
<b>leucovorin calcium tab 25 mg</b> .....	73	see FETZIMA CAP 40MG.....	38
<b>leucovorin calcium tab 5 mg</b> .....	73	see FETZIMA CAP 80MG.....	38
LEUKERAN TAB 2MG.....	66	see FETZIMA CAP TITRATIO .....	38
<b>leuprolide acetate</b>		<b>levonor-eth est tab 0.15-</b>	
see ELIGARD INJ 7.5MG.....	68	<b>0.02/0.025/0.03 mg &amp;eth est</b>	
see LUPRON DEPOT INJ 3.75MG...	68	<b>0.01 mg</b> .....	95
see LUPRON DEPOT INJ 7.5MG .....	68	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>leuprolide acetate &amp; norethindrone</b>		<b>(91-day) tab 0.15-0.03 mg</b> .....	96
<b>acetate</b>		<b>levonorgestrel &amp; ethinyl estradiol</b>	
see LUPANETA KIT 11.25-5 .....	113	<b>tab 0.1 mg-20 mcg</b> .....	96
see LUPANETA KIT 3.75-5 .....	113	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>leuprolide acetate (3 month)</b>		<b>tab 0.15 mg-30 mcg</b> .....	96
see ELIGARD INJ 22.5MG .....	68	<b>levonorgestrel (iud)</b>	
see LUPRON DEPOT INJ 11.25MG ..	68	see KYLEENA IUD 19.5MG .....	97
see LUPRON DEPOT INJ 22.5MG....	68	see LILETTA IUD 52MG.....	98
<b>leuprolide acetate (cpp)</b>		see MIRENA IUD SYSTEM.....	98
see LUPR DEP-PED INJ 11.25MG .	113		
see LUPR DEP-PED INJ 15MG.....	113		
see LUPR DEP-PED INJ 7.5MG.....	113		
<b>leuprolide acetate (cpp) (3 month)</b>			
see LUPR DEP-PED INJ 11.25MG .	113		
see LUPR DEP-PED INJ 3M 30MG.	113		
<b>leuprolide acetate inj kit 5 mg/ml</b>			
.....	68		
<b>levabuterol hcl soln nebu 0.31</b>			
<b>mg/3ml (base equiv)</b> .....	29		
<b>levabuterol hcl soln nebu 0.63</b>			
<b>mg/3ml (base equiv)</b> .....	29		
<b>levabuterol hcl soln nebu 1.25</b>			
<b>mg/3ml (base equiv)</b> .....	29		

see SKYLA IUD 13.5MG.....98  
**levonorgestrel tab 1.5 mg**.....97  
**levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg**96  
**levonorgestrel-ethinyl estradiol**  
 see TWIRLA DIS 120-30.....97  
**levonorgestrel-ethinyl estradiol & folic acid**  
 see FALESSA KIT .....95  
**levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg**.....96  
**levonorgestrel-ethinyl estradiol-ferrous bisglycinate**  
 see BALCOLTRA TAB 0.1-20 .....95  
**levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)** .....95  
**levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)** .....95  
**levothyroxine sodium**  
 see SYNTHROID TAB 100MCG..... 162  
 see SYNTHROID TAB 112MCG..... 162  
 see SYNTHROID TAB 125MCG..... 162  
 see SYNTHROID TAB 137MCG..... 162  
 see SYNTHROID TAB 150MCG..... 162  
 see SYNTHROID TAB 175MCG..... 162  
 see SYNTHROID TAB 200MCG..... 162  
 see SYNTHROID TAB 25MCG..... 162  
 see SYNTHROID TAB 300MCG..... 162  
 see SYNTHROID TAB 50MCG..... 162  
 see SYNTHROID TAB 75MCG..... 162  
 see SYNTHROID TAB 88MCG..... 162  
**levothyroxine sodium tab 100 mcg** ..... 161  
**levothyroxine sodium tab 112 mcg** ..... 161  
**levothyroxine sodium tab 125 mcg** ..... 161  
**levothyroxine sodium tab 137 mcg** ..... 161  
**levothyroxine sodium tab 150 mcg** ..... 161  
**levothyroxine sodium tab 175 mcg** ..... 161  
**levothyroxine sodium tab 200 mcg** ..... 161

**levothyroxine sodium tab 25 mcg** ..... 161  
**levothyroxine sodium tab 300 mcg** ..... 161  
**levothyroxine sodium tab 50 mcg** ..... 161  
**levothyroxine sodium tab 75 mcg** ..... 161  
**levothyroxine sodium tab 88 mcg** ..... 161  
 Levoxyl  
 see **levothyroxine sodium tab 112 mcg**..... 161  
 see **levothyroxine sodium tab 125 mcg**..... 161  
 see **levothyroxine sodium tab 137 mcg**..... 161  
 see **levothyroxine sodium tab 150 mcg**..... 161  
 see **levothyroxine sodium tab 175 mcg**..... 161  
 see **levothyroxine sodium tab 25 mcg**..... 161  
 see **levothyroxine sodium tab 50 mcg**..... 161  
 see **levothyroxine sodium tab 75 mcg**..... 161  
 see **levothyroxine sodium tab 88 mcg**..... 161  
 Lice Killing Maximum Stre  
 see **pyrethrins-piperonyl butoxide shampoo 0.33-4%**..... 109  
 Lice Treatment  
 see **permethrin creme rinse 1%** ..... 109  
**lidocaine cream 4%** ..... 108  
**lidocaine hcl gel 2%** ..... 108  
**lidocaine hcl soln 4%**..... 108  
**lidocaine hcl urethral/mucosal gel 2%** ..... 108  
**lidocaine hcl urethral/mucosal gel prefilled syringe 2%** ..... 108  
**lidocaine hcl viscous soln 2%** ... 141  
**lidocaine patch 4%** ..... 108  
**lidocaine patch 5%** ..... 108  
**lidocaine-prilocaine cream 2.5-2.5%** ..... 108

LILETTA IUD 52MG .....	98	<b>lisinopril &amp; hydrochlorothiazide tab</b>	
<b>linaclotide</b>		<b>20-25 mg</b> .....	64
see LINZESS CAP 145MCG .....	118	<b>lisinopril tab 10 mg</b> .....	58
see LINZESS CAP 290MCG .....	118	<b>lisinopril tab 2.5 mg</b> .....	58
see LINZESS CAP 72MCG .....	118	<b>lisinopril tab 20 mg</b> .....	58
<b>linagliptin</b>		<b>lisinopril tab 30 mg</b> .....	58
see TRADJENTA TAB 5MG .....	45	<b>lisinopril tab 40 mg</b> .....	58
<b>linagliptin-metformin hcl</b>		<b>lisinopril tab 5 mg</b> .....	58
see JENTADUETO TAB 2.5-1000 ....	42	<b>lithium carbonate cap 150 mg</b> ....	75
see JENTADUETO TAB 2.5-500 .....	42	<b>lithium carbonate cap 300 mg</b> ....	75
see JENTADUETO TAB 2.5-850 .....	42	<b>lithium carbonate cap 600 mg</b> ....	75
see JENTADUETO TAB XR .....	42, 43	<b>lithium carbonate tab 300 mg</b> .....	75
<b>lindane shampoo 1%</b> .....	109	<b>lithium carbonate tab er 300 mg</b> ..	75
<b>linezolid for susp 100 mg/5ml</b> ....	21	<b>lithium carbonate tab er 450 mg</b> ..	75
<b>linezolid tab 600 mg</b> .....	21	LITHIUM SOL 8MEQ/5ML .....	75
LINZESS CAP 145MCG .....	118	LO LOESTRIN TAB 1-10-10 .....	96
LINZESS CAP 290MCG .....	118	<b>lodoxamide tromethamine</b>	
LINZESS CAP 72MCG .....	118	see ALOMIDE SOL 0.1% OP .....	151
<b>liothyronine sodium iv soln 10</b>		LOKELMA PAK 10GM .....	141
<b>mcg/ml</b> .....	161	LOKELMA PAK 5GM .....	141
<b>liothyronine sodium tab 25 mcg</b> ..	161	<b>lomustine</b>	
<b>liothyronine sodium tab 5 mcg</b> ..	161	see GLEOSTINE CAP 100MG .....	66
<b>liothyronine sodium tab 50 mcg</b> ..	161	see GLEOSTINE CAP 10MG .....	66
<b>liotrix (t3-t4)</b>		see GLEOSTINE CAP 40MG .....	66
see THYROLAR-1 TAB 60MG .....	162	LONSURF TAB 15-6.14 .....	69
see THYROLAR-1/2 TAB 30MG ....	163	LONSURF TAB 20-8.19 .....	69
see THYROLAR-1/4 TAB 15MG ....	163	<b>loperamide hcl</b>	
see THYROLAR-2 TAB 120MG .....	163	see ANTI-DIARRHE LIQ 1MG/5ML ..	50
see THYROLAR-3 TAB 180MG .....	163	<b>loperamide hcl cap 2 mg</b> .....	50
Liquid Calcium/vitamin D		<b>loperamide hcl liq 1 mg/7.5ml</b> ..	50
see <b>calcium carbonate-vitamin d</b>		<b>loperamide hcl tab 2 mg</b> .....	50
<b>cap 600 mg-200 unit</b> .....	136	<b>lopinavir-ritonavir</b>	
<b>liraglutide</b>		see KALETRA TAB 100-25MG .....	84
see VICTOZA INJ 18MG/3ML .....	46	see KALETRA TAB 200-50MG .....	84
<b>lisdexamfetamine dimesylate</b>		<b>lopinavir-ritonavir soln 400-100</b>	
see VYVANSE CAP 10MG .....	2	<b>mg/5ml (80-20 mg/ml)</b> .....	84
see VYVANSE CAP 20MG .....	2	Lopreeza	
see VYVANSE CAP 30MG .....	2	see <b>estradiol &amp; norethindrone</b>	
see VYVANSE CAP 40MG .....	2	<b>acetate tab 1-0.5 mg</b> .....	115
see VYVANSE CAP 50MG .....	2	<b>loratadine &amp; pseudoephedrine tab</b>	
see VYVANSE CAP 60MG .....	2	<b>er 12hr 5-120 mg</b> .....	100
see VYVANSE CAP 70MG .....	2	<b>loratadine &amp; pseudoephedrine tab</b>	
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<b>er 24hr 10-240 mg</b> .....	100
<b>10-12.5 mg</b> .....	63	<b>loratadine rapidly-disintegrating</b>	
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<b>tab 10 mg</b> .....	53
<b>20-12.5 mg</b> .....	64	<b>loratadine syrup 5 mg/5ml</b> .....	53
		<b>loratadine tab 10 mg</b> .....	53

Loratadine-d 12hr  
 see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** ..... 100

Loratadine-d 24hr  
 see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** ..... 100

**lorazepam conc 2 mg/ml** ..... 24

**lorazepam tab 0.5 mg** ..... 25

**lorazepam tab 1 mg** ..... 25

**lorazepam tab 2 mg** ..... 25

**losartan potassium & hydrochlorothiazide tab 100-12.5 mg** ..... 64

**losartan potassium & hydrochlorothiazide tab 100-25 mg** ..... 64

**losartan potassium & hydrochlorothiazide tab 50-12.5 mg** ..... 64

**losartan potassium tab 100 mg**... 60

**losartan potassium tab 25 mg**.... 60

**losartan potassium tab 50 mg**.... 60

LOTEMAX GEL 0.5% ..... 151

LOTEMAX OIN 0.5% ..... 151

**loteprednol etabonate**  
 see ALREX SUS 0.2% ..... 151  
 see LOTEMAX GEL 0.5% ..... 151  
 see LOTEMAX OIN 0.5%..... 151

**loteprednol etabonate ophth susp 0.5%**..... 151

**loteprednol etabonate-tobramycin**  
 see ZYLET SUS 0.5-0.3% ..... 151

Lotrimin Af Deodorant Pow  
 see **miconazole nitrate aerosol pow 2%** ..... 103

**lovastatin tab 10 mg** ..... 56

**lovastatin tab 20 mg** ..... 56

**lovastatin tab 40 mg** ..... 56

Low-ogestrel  
 see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg** ..... 97

**loxapine succinate cap 10 mg** ..... 78

**loxapine succinate cap 25 mg** ..... 78

**loxapine succinate cap 5 mg** ..... 78

**loxapine succinate cap 50 mg** ..... 78

**lubiprostone cap 24 mcg** ..... 117

**lubiprostone cap 8 mcg**..... 117

Lubricant Eye Drops  
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%** . 149

**luliconazole cream 1%** ..... 103

LUMIGAN SOL 0.01% ..... 153

LUPANETA KIT 11.25-5..... 113

LUPANETA KIT 3.75-5 ..... 113

LUPR DEP-PED INJ 11.25MG ..... 113

LUPR DEP-PED INJ 15MG ..... 113

LUPR DEP-PED INJ 3M 30MG ..... 113

LUPR DEP-PED INJ 7.5MG ..... 113

LUPRON DEPOT INJ 11.25MG ..... 68

LUPRON DEPOT INJ 22.5MG ..... 68

LUPRON DEPOT INJ 3.75MG ..... 68

LUPRON DEPOT INJ 7.5MG ..... 68

**lurasidone hcl**  
 see LATUDA TAB 120MG ..... 75  
 see LATUDA TAB 20MG ..... 75  
 see LATUDA TAB 40MG ..... 75  
 see LATUDA TAB 60MG ..... 75  
 see LATUDA TAB 80MG ..... 75

LYNPARZA TAB 100MG ..... 71

LYNPARZA TAB 150MG ..... 71

LYSODREN TAB 500MG ..... 68

## M

**macitentan**  
 see OPSUMIT TAB 10MG ..... 92

**mafenide acetate**  
 see SULFAMYLON CRE 85MG/GM 105

**mafenide acetate packet for topical soln 5% (50 gm)** ..... 105

MAG64 TAB 64MG ..... 138

Magdelay  
 see **magnesium chloride tab dr 64 mg (elemental mg)** ..... 138

MAGDELAY TAB 70MG ..... 138

MAG-G TAB 500MG ..... 138

**magnesium chloride**  
 see MAG64 TAB 64MG ..... 138  
 see MAGDELAY TAB 70MG ..... 138

**magnesium chloride tab dr 64 mg (elemental mg)** ..... 138

**magnesium citrate soln** ..... 128

**magnesium gluconate**  
 see MAG-G TAB 500MG ..... 138

**magnesium gluconate tab 27.5 mg (elemental mg)** ..... 138

<b>magnesium hydroxide susp 400 mg/5ml</b> .....	128	<b>meclizine hcl tab 12.5 mg</b> .....	51
<b>magnesium hydroxide susp concentrate 2400 mg/10ml</b> ....	128	<b>meclizine hcl tab 25 mg</b> .....	51
<b>magnesium oxide cap 500 mg (elemental mg)</b> .....	138	<b>meclofenamate sodium cap 100 mg</b> .....	9
<b>magnesium oxide tab 250 mg</b> .....	20	<b>meclofenamate sodium cap 50 mg</b>	9
<b>magnesium oxide tab 250 mg (mg supplement)</b> .....	138	MEDI-LAXX CAP 8.6-50MG.....	127
<b>magnesium oxide tab 400 mg (240 mg elemental mg)</b> .....	138	Medi-profen	
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b> .....	138	see <b>ibuprofen cap 200 mg</b> .....	9
<b>magnesium oxide tab 420 mg</b> .....	20	<b>medroxyprogesterone acetate (contraceptive)</b>	
<b>magnesium oxide tab 500 mg (mg supplement)</b> .....	138	see DEPO-SQ PROV INJ 104.....	97
<b>magnesium sulfate inj 50%</b> .....	138	<b>medroxyprogesterone acetate im susp 150 mg/ml</b> .....	97
<b>magnesium tab 250 mg</b> .....	138	<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b> ...	97
Magnesium-oxide		<b>medroxyprogesterone acetate tab 10 mg</b> .....	156
see <b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b> ....	138	<b>medroxyprogesterone acetate tab 2.5 mg</b> .....	156
<b>malathion lotion 0.5%</b> .....	109	<b>medroxyprogesterone acetate tab 5 mg</b> .....	156
Maox		<b>mefenamic acid cap 250 mg</b> .....	9
see <b>magnesium oxide tab 420 mg</b> .....	20	<b>mefloquine hcl tab 250 mg</b> .....	66
Mapap		<b>megestrol acetate susp 40 mg/ml</b> .....	68
see <b>acetaminophen liquid 160 mg/5ml</b> .....	12	<b>megestrol acetate tab 20 mg</b> .....	68
see <b>acetaminophen tab 325 mg</b>	12	<b>megestrol acetate tab 40 mg</b> .....	68
<b>maprotiline hcl tab 25 mg</b> .....	36	MEKINIST TAB 0.5MG.....	72
<b>maprotiline hcl tab 50 mg</b> .....	36	MEKINIST TAB 2MG.....	72
<b>maprotiline hcl tab 75 mg</b> .....	36	<b>melatonin cap 3 mg</b> .....	5
<b>maraviroc</b>		<b>melatonin cap 5 mg</b> .....	6
see SELZENTRY SOL 20MG/ML.....	85	MELATONIN LIQ 1MG/4ML.....	6
see SELZENTRY TAB 150MG.....	85	<b>melatonin tab 1-10mg</b> .....	6
see SELZENTRY TAB 25MG.....	85	<b>melatonin tab 3 mg</b> .....	6
see SELZENTRY TAB 300MG.....	85	<b>melatonin tab 300 mcg</b> .....	6
see SELZENTRY TAB 75MG.....	85	<b>melatonin tab 5 mg</b> .....	6
MARPLAN TAB 10MG.....	36	<b>melatonin tab er 10 mg</b> .....	6
MATULANE CAP 50MG.....	73	<b>melatonin tablet disintegrating 5 mg</b> .....	6
MAYZENT TAB 0.25MG.....	159	Melatonin Tr/vitamin B-6	
MAYZENT TAB 2MG.....	159	see <b>melatonin-pyridoxine tab er 3-10 mg</b> .....	6
<b>mecamylamine hcl</b>		Melatonin/vitamin B-6 Ext	
see VECAMYL TAB 2.5MG.....	64	see <b>melatonin-pyridoxine tab 3-1 mg</b> .....	6
<b>mecasermis</b>		<b>melatonin-pyridoxine</b>	
see INCRELEX INJ 40MG/4ML.....	113	see RA MELATONIN TAB 3MG.....	6
<b>meclizine hcl chew tab 25 mg</b> .....	51		

<b>melatonin-pyridoxine tab 3-1 mg</b> . 6	METAMUCIL POW 58.12%..... 126
<b>melatonin-pyridoxine tab er 3-10 mg</b> ..... 6	METAMUCIL WAF ..... 126
Melodetta 24 Fe	<b>metaproterenol sulfate syrup 10 mg/5ml</b> ..... 29
see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> ..... 96	<b>metaproterenol sulfate tab 10 mg</b> ..... 29
<b>meloxicam tab 15 mg</b> ..... 9	<b>metaproterenol sulfate tab 20 mg</b> ..... 29
<b>meloxicam tab 7.5 mg</b> ..... 9	<b>metaxalone tab 800 mg</b> ..... 146
<b>melphalan tab 2 mg</b> ..... 66	<b>metformin hcl tab 1000 mg</b> ..... 44
<b>memantine hcl cap er 24hr 14 mg</b> ..... 157	<b>metformin hcl tab 500 mg</b> ..... 44
<b>memantine hcl cap er 24hr 21 mg</b> ..... 157	<b>metformin hcl tab 850 mg</b> ..... 44
<b>memantine hcl cap er 24hr 28 mg</b> ..... 157	<b>metformin hcl tab er 24hr 500 mg</b> ..... 44
<b>memantine hcl cap er 24hr 7 mg</b> ..... 157	<b>metformin hcl tab er 24hr 750 mg</b> ..... 44
<b>memantine hcl oral solution 2 mg/ml</b> ..... 157	<b>methadone hcl soln 10 mg/5ml</b> .. 14
<b>memantine hcl tab 10 mg</b> ..... 157	<b>methadone hcl soln 5 mg/5ml</b> .... 14
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> ..... 157	<b>methadone hcl tab 10 mg</b> ..... 14
<b>memantine hcl tab 5 mg</b> ..... 157	<b>methadone hcl tab 5 mg</b> ..... 14
MENEST TAB 0.3MG ..... 116	<b>methamphetamine hcl tab 5 mg</b> ... 2
MENEST TAB 0.625MG ..... 116	<b>methazolamide tab 25 mg</b> ..... 110
MENEST TAB 1.25MG ..... 116	<b>methazolamide tab 50 mg</b> ..... 110
MENTAX CRE 1% ..... 103	<b>methenamine hippurate tab 1 gm</b> ..... 166
<b>menthol-zinc oxide</b>	<b>methimazole tab 10 mg</b> ..... 161
see ZINC-OXYDE OIN 0.44-20% . 108	<b>methimazole tab 5 mg</b> ..... 161
<b>meperidine hcl oral soln 50 mg/5ml</b> ..... 14	METHITEST TAB 10MG ..... 19
<b>meperidine hcl tab 100 mg</b> ..... 14	<b>methocarbamol tab 500 mg</b> ..... 146
<b>meperidine hcl tab 50 mg</b> ..... 14	<b>methocarbamol tab 750 mg</b> ..... 146
<b>mepolizumab</b>	<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b> ..... 67
see NUCALA INJ 100MG ..... 26	<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b> ..... 67
see NUCALA INJ 100MG/ML ..... 26	<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b> ..... 67
<b>meprobamate tab 200 mg</b> ..... 23	<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b> ..... 67
<b>meprobamate tab 400 mg</b> ..... 23	<b>methotrexate sodium tab 2.5 mg (base equiv)</b> ..... 67
<b>mercaptopurine tab 50 mg</b> ..... 67	<b>methscopolamine bromide tab 2.5 mg</b> ..... 163
<b>meropenem iv for soln 500 mg</b> .... 21	<b>methscopolamine bromide tab 5 mg</b> ..... 164
<b>mesalamine cap er 24hr 0.375 gm</b> ..... 118	<b>methsuximide</b>
<b>mesalamine enema 4 gm</b> ..... 118	see CELONTIN CAP 300MG ..... 35
<b>mesalamine tab delayed release 800 mg</b> ..... 118	<b>methyclothiazide tab 5 mg</b> ..... 112
METAMUCIL POW 28%ORG ..... 126	

<b><i>methylcellulose tab 500 mg</i></b> .....	126	<b><i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i></b> .....	5
<b><i>methylidopa tab 250mg</i></b> .....	62	<b><i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i></b> .....	5
<b><i>methylidopa tab 500mg</i></b> .....	62	<b><i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i></b> .....	5
<b><i>methylergonovine maleate tab 0.2 mg</i></b> .....	154	<b><i>methylprednisolone tab 16 mg</i></b> ...	98
<b><i>methylnaltrexone bromide</i></b>		<b><i>methylprednisolone tab 32 mg</i></b> ...	98
see RELISTOR INJ 12/0.6ML .....	118	<b><i>methylprednisolone tab 4 mg</i></b> ....	98
see RELISTOR TAB 150MG .....	118	<b><i>methylprednisolone tab 8 mg</i></b> ....	98
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b> .....	4	<b><i>methylprednisolone tab therapy pack 4 mg (21)</i></b> .....	98
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b> .....	4	<b><i>methyltestosterone</i></b>	
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b> .....	4	see METHITEST TAB 10MG .....	19
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b> .....	4	<b><i>methyltestosterone cap 10 mg</i></b> ...	19
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b> .....	4	<b><i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i></b> .....	117
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b> .....	4	<b><i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i></b> ...	117
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b> .....	4	<b><i>metoclopramide hcl tab 10 mg (base equivalent)</i></b> .....	117
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b> .....	4	<b><i>metoclopramide hcl tab 5 mg (base equivalent)</i></b> .....	117
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b> .....	4	<b><i>metolazone tab 10 mg</i></b> .....	112
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b> .....	4	<b><i>metolazone tab 2.5 mg</i></b> .....	112
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b> .....	4	<b><i>metolazone tab 5 mg</i></b> .....	112
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b> .....	4	<b><i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i></b> .....	64
<b><i>methylphenidate hcl tab 10 mg</i></b> ....	5	<b><i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i></b> .....	64
<b><i>methylphenidate hcl tab 20 mg</i></b> ....	5	<b><i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i></b> .....	64
<b><i>methylphenidate hcl tab 5 mg</i></b> .....	5	<b><i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i></b> .....	88
<b><i>methylphenidate hcl tab er 10 mg</i></b>	5	<b><i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i></b> .....	88
<b><i>methylphenidate hcl tab er 20 mg</i></b>	5	<b><i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i></b> .....	88
<b><i>methylphenidate hcl tab er 24hr 18 mg</i></b> .....	5	<b><i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i></b> .....	88
<b><i>methylphenidate hcl tab er 24hr 27 mg</i></b> .....	5	<b><i>metoprolol tartrate tab 100 mg</i></b> ..	88
<b><i>methylphenidate hcl tab er 24hr 36 mg</i></b> .....	5	<b><i>metoprolol tartrate tab 25 mg</i></b> ....	88
<b><i>methylphenidate hcl tab er 24hr 54 mg</i></b> .....	5	<b><i>metoprolol tartrate tab 50 mg</i></b> ....	88
<b><i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i></b> .....	5	<b><i>metronidazole cream 0.75%</i></b> .....	108
		<b><i>metronidazole gel 0.75%</i></b> .....	109
		<b><i>metronidazole lotion 0.75%</i></b> ....	109
		<b><i>metronidazole tab 250 mg</i></b> .....	20

<b>metronidazole tab 500 mg</b> .....	20	see SAVELLA TAB 100MG .....	158
<b>metronidazole vaginal gel 0.75%</b> .....	169	see SAVELLA TAB 12.5MG .....	158
<b>mexiletine hcl cap 150 mg</b> .....	25	see SAVELLA TAB 25MG .....	158
<b>mexiletine hcl cap 200 mg</b> .....	25	see SAVELLA TAB 50MG .....	158
<b>mexiletine hcl cap 250 mg</b> .....	25	<b>mineral oil</b> .....	128
MI-ACID CHW .....	20	<b>mineral oil enema</b> .....	128
<b>miconazole (mouth-throat)</b> see ORAVIG TAB 50MG .....	141	Minitran see <b>nitroglycerin td patch 24hr</b> <b>0.6 mg/hr</b> .....	23
Miconazole 7 see <b>miconazole nitrate vaginal</b> <b>cream 2%</b> .....	169	<b>minocycline hcl cap 100 mg</b> .....	161
see <b>miconazole nitrate vaginal</b> <b>suppos 100 mg</b> .....	170	<b>minocycline hcl cap 50 mg</b> .....	160
<b>miconazole nitrate aerosol pow 2%</b> .....	103	<b>minocycline hcl cap 75 mg</b> .....	161
<b>miconazole nitrate cream 2%</b> ...	103	<b>minoxidil tab 10 mg</b> .....	65
<b>miconazole nitrate ointment 2%</b> .....	103	<b>minoxidil tab 2.5 mg</b> .....	65
<b>miconazole nitrate powder 2%</b> .	103	Mintox Plus see <b>alum &amp; mag hydroxide-</b> <b>simethicone chew tab 200-200-</b> <b>25 mg</b> .....	19
<b>miconazole nitrate vaginal</b> see MONISTAT 7 KIT COMBO PK .	170	<b>mirabegron</b> see MYRBETRIQ TAB 25MG .....	167
<b>miconazole nitrate vaginal app 200</b> <b>mg &amp; 2% cream 9 gm kit</b> .....	169	see MYRBETRIQ TAB 50MG .....	167
<b>miconazole nitrate vaginal cream</b> <b>2%</b> .....	169	MIRENA IUD SYSTEM .....	98
<b>miconazole nitrate vaginal cream</b> <b>4% (200 mg/5gm)</b> .....	170	<b>mirtazapine tab 15 mg</b> .....	35
<b>miconazole nitrate vaginal supp</b> <b>200 mg &amp; 2% cream 9 gm kit</b> .	170	<b>mirtazapine tab 30 mg</b> .....	35
<b>miconazole nitrate vaginal suppos</b> <b>100 mg</b> .....	170	<b>mirtazapine tab 45 mg</b> .....	35
<b>midodrine hcl tab 10 mg</b> .....	170	MIRVASO GEL 0.33% .....	109
<b>midodrine hcl tab 2.5 mg</b> .....	170	<b>misoprostol tab 100 mcg</b> .....	165
<b>midodrine hcl tab 5 mg</b> .....	170	<b>misoprostol tab 200 mcg</b> .....	165
<b>miglitol tab 100 mg</b> .....	40	<b>mitotane</b> see LYSODREN TAB 500MG .....	68
<b>miglitol tab 25 mg</b> .....	40	<b>modafinil tab 100 mg</b> .....	5
<b>miglitol tab 50 mg</b> .....	40	<b>modafinil tab 200 mg</b> .....	5
<b>miglustat cap 100 mg</b> .....	122	MODERNA VAC INJ COVID-19 .....	168
Milk Of Magnesia see <b>magnesium hydroxide susp</b> <b>400 mg/5ml</b> .....	128	<b>moexipril hcl tab 15 mg</b> .....	58
Milk Of Magnesia Concentr see <b>magnesium hydroxide susp</b> <b>concentrate 2400 mg/10ml</b> .	128	<b>moexipril hcl tab 7.5 mg</b> .....	58
<b>milnacipran hcl</b> see SAVELLA MIS TITR PAK .....	158	<b>mometasone furoate (inhalation)</b> see ASMANEX 120 AER 220MCG ...	27
		see ASMANEX 14 AER 220MCG ....	27
		see ASMANEX 30 AER 110MCG ....	27
		see ASMANEX 30 AER 220MCG ....	27
		see ASMANEX 60 AER 220MCG ....	27
		see ASMANEX 7 AER 110MCG .....	27
		see ASMANEX HFA AER 100 MCG ..	27
		see ASMANEX HFA AER 200 MCG ..	27
		see ASMANEX HFA AER 50MCG .....	27
		<b>mometasone furoate cream 0.1%</b> .....	107



<b>mometasone furoate oint 0.1%</b>	107	<b>multiple vitamin cap</b> .....	142
<b>mometasone furoate solution 0.1%</b>		<b>multiple vitamin tab</b> .....	142
<b>(lotion)</b> .....	107	<b>multiple vitamins w/ iron tab</b> ...	142
MONISTAT 7 KIT COMBO PK.....	170	<b>multiple vitamins w/ minerals cap</b>	
MONOCLATE-P INJ 1000UNIT .....	121	.....	142
<b>montelukast sodium chew tab 4 mg</b>		<b>multiple vitamins w/ minerals</b>	
<b>(base equiv)</b> .....	26	<b>liquid</b> .....	142
<b>montelukast sodium chew tab 5 mg</b>		<b>multiple vitamins w/ minerals tab</b>	
<b>(base equiv)</b> .....	26	.....	142
<b>montelukast sodium tab 10 mg</b>		Multi-vit/iron/fluoride	
<b>(base equiv)</b> .....	26	see <b>pediatric multiple vitamins</b>	
<b>morphine sulfate oral soln 10</b>		<b>w/ fl-fe drops 0.25-10 mg/ml</b>	
<b>mg/5ml</b> .....	14	.....	142
<b>morphine sulfate oral soln 100</b>		Multivitamin & Mineral	
<b>mg/5ml (20 mg/ml)</b> .....	14	see <b>multiple vitamins w/ minerals</b>	
<b>morphine sulfate oral soln 20</b>		<b>liquid</b> .....	142
<b>mg/5ml</b> .....	14	MULTIVITAMIN DRO /IRON .....	143
<b>morphine sulfate tab 15 mg</b> .....	14	Multivitamin With Fluorid	
<b>morphine sulfate tab 30 mg</b> .....	15	see <b>pediatric multiple vitamins</b>	
<b>morphine sulfate tab er 100 mg</b> ..	15	<b>w/ fluoride soln 0.25 mg/ml</b> 142	
<b>morphine sulfate tab er 15 mg</b> ...	15	see <b>pediatric multiple vitamins</b>	
<b>morphine sulfate tab er 200 mg</b> ..	15	<b>w/ fluoride soln 0.5 mg/ml.</b> 142	
<b>morphine sulfate tab er 30 mg</b> ...	15	Multivitamin/fluoride	
<b>morphine sulfate tab er 60 mg</b> ...	15	see <b>pediatric multiple vitamins</b>	
<b>morphine-naltrexone</b>		<b>w/ fluoride chew tab 0.25 mg</b>	
see EMBEDA CAP 100-4MG.....	13	.....	142
see EMBEDA CAP 20-0.8MG.....	13	see <b>pediatric multiple vitamins</b>	
see EMBEDA CAP 30-1.2MG.....	13	<b>w/ fluoride chew tab 0.5 mg</b> 142	
see EMBEDA CAP 50-2MG .....	13	see <b>pediatric multiple vitamins</b>	
see EMBEDA CAP 60-2.4MG.....	13	<b>w/ fluoride chew tab 1 mg</b> .. 142	
see EMBEDA CAP 80-3.2MG.....	13	<b>mupirocin oint 2%</b> .....	102
MOTOFEN TAB 1-0.025 .....	50	Mv-one	
MOVANTIK TAB 12.5MG.....	118	see <b>multiple vitamin cap</b> .....	142
MOVANTIK TAB 25MG .....	118	Mvw Complete Formulation	
<b>moxifloxacin hcl ophth soln 0.5%</b>		see <b>pediatric multiple vitamin w/</b>	
<b>(base equiv)</b> .....	150	<b>minerals &amp; c chew tab</b> .....	142
<b>moxifloxacin hcl tab 400 mg (base</b>		My Way	
<b>equiv)</b> .....	116	see <b>levonorgestrel tab 1.5 mg</b> ..	97
Mucus-dm		Mycocide Clinical Ns Anti	
see <b>dextromethorphan-</b>		see <b>tolnaftate soln 1%</b> .....	104
<b>guaifenesin tab er 12hr 30-600</b>		<b>mycophenolate mofetil cap 250 mg</b>	
<b>mg</b> .....	99	.....	140
MULT VITAM DRO .....	143	<b>mycophenolate mofetil tab 500 mg</b>	
MULTAQ TAB 400MG .....	25	.....	140
Multi-delyn		<b>mycophenolate sodium tab dr 180</b>	
see <b>pediatric multiple vitamin liq</b>		<b>mg (mycophenolic acid equiv)</b> 140	
.....	143		

**mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)** 140  
 MYNATAL CAP ..... 144  
 MYNATAL TAB ..... 144  
 MYNATE 90 TAB PLUS..... 144  
 MYRBETRIQ TAB 25MG ..... 167  
 MYRBETRIQ TAB 50MG ..... 167

**N**

**nabilone**  
 see CESAMET CAP 1MG..... 51

**nabumetone tab 500 mg** ..... 10  
**nabumetone tab 750 mg** ..... 10  
**nadolol tab 20 mg** ..... 88  
**nadolol tab 40 mg** ..... 88  
**nadolol tab 80 mg** ..... 88

**nafarelin acetate**  
 see SYNAREL SOL 2MG/ML ..... 113

**naftifine hcl**  
 see NAFTIN GEL 2% ..... 103

**naftifine hcl cream 1%**..... 103  
**naftifine hcl gel 1%** ..... 103  
 NAFTIN GEL 2% ..... 103

**naldemedine tosylate**  
 see SYMPROIC TAB 0.2MG ..... 118

**naloxegol oxalate**  
 see MOVANTIK TAB 12.5MG ..... 118  
 see MOVANTIK TAB 25MG ..... 118

**naloxone hcl**  
 see NARCAN SPR ..... 51

**naloxone hcl inj 0.4 mg/ml** ..... 50  
**naloxone hcl soln cartridge 0.4 mg/ml**..... 50  
**naloxone hcl soln prefilled syringe 2 mg/2ml**..... 51

**naltrexone**  
 see VIVITROL INJ 380MG ..... 51

**naltrexone hcl tab 50 mg** ..... 51  
**naproxen sodium tab 220 mg**..... 10  
**naproxen susp 125 mg/5ml** ..... 10  
**naproxen tab 250 mg**..... 10  
**naproxen tab 375 mg**..... 10  
**naproxen tab 500 mg**..... 10  
**naproxen tab ec 375 mg** ..... 10  
**naproxen tab ec 500 mg** ..... 10

**naratriptan hcl tab 1 mg (base equiv)** ..... 134  
**naratriptan hcl tab 2.5 mg (base equiv)** ..... 134  
 NARCAN SPR ..... 51  
 NASAL DECON SYP 30MG/5ML..... 147  
 NASAL DECONG LIQ 30MG/5ML..... 148  
 NAT FIBER POW 58.6% ..... 126  
 NATACYN SUS 5% OP ..... 150

**natalizumab**  
 see TYSABRI INJ 300/15ML ..... 159  
 NATALVIT TAB 75-1MG..... 144

**natamycin**  
 see NATACYN SUS 5% OP ..... 150

NATAZIA TAB..... 96

**nateglinide tab 120 mg**..... 49  
**nateglinide tab 60 mg**..... 49  
 NATURE THROI TAB 162.5MG..... 161  
 NATURE-THROI TAB 113.75MG..... 162  
 NATURE-THROI TAB 130MG ..... 162  
 NATURE-THROI TAB 146.25MG..... 162  
 NATURE-THROI TAB 16.25MG ..... 162  
 NATURE-THROI TAB 195MG ..... 162  
 NATURE-THROI TAB 260MG ..... 162  
 NATURE-THROI TAB 32.5MG ..... 162  
 NATURE-THROI TAB 325MG ..... 162  
 NATURE-THROI TAB 48.75MG ..... 162  
 NATURE-THROI TAB 65MG..... 162  
 NATURE-THROI TAB 97.5MG ..... 162

**nebivolol hcl**  
 see BYSTOLIC TAB 10MG ..... 87  
 see BYSTOLIC TAB 2.5MG ..... 87  
 see BYSTOLIC TAB 20MG ..... 88  
 see BYSTOLIC TAB 5MG..... 87

**nebivolol hcl tab 10 mg (base equivalent)** ..... 88  
**nebivolol hcl tab 2.5 mg (base equivalent)** ..... 88  
**nebivolol hcl tab 20 mg (base equivalent)** ..... 88  
**nebivolol hcl tab 5 mg (base equivalent)** ..... 88

**nebivolol-valsartan**  
 see BYVALSON TAB 5-80MG ..... 63

**nebulizers**  
 see EASY NEB MIS ..... 133  
 see PULMONEB LT MIS NEBULIZE 133

Nebusal	
see <i>sodium chloride soln nebu</i>	
<b>3%</b> .....	100
<b>nedocromil sodium (ophth)</b>	
see ALOCRIL SOL 2%.....	151
<b>needle (disp) 18 g</b>	
see NEEDLES MIS 18GX1.5.....	132
NEEDLES MIS 18GX1.5.....	132
<b>nefazodone hcl tab 100 mg</b> .....	37
<b>nefazodone hcl tab 150 mg</b> .....	37
<b>nefazodone hcl tab 200 mg</b> .....	37
<b>nefazodone hcl tab 250 mg</b> .....	37
<b>nefazodone hcl tab 50 mg</b> .....	37
<b>nelfinavir mesylate</b>	
see VIRACEPT TAB 250MG.....	85
see VIRACEPT TAB 625MG.....	85
<b>neomycin sulfate tab 500 mg</b> .....	6
<b>neomycin-bacitrac zn-polymyx</b>	
<b>5(3.5)mg-400unt-10000unt op</b>	
<b>oin</b> .....	150
<b>neomycin-bacitracin-polymyxin</b>	
<b>oint</b> .....	102
<b>neomycin-bacitracin-polymyxin-</b>	
<b>pramoxine oint 1%</b> .....	102
<b>neomycin-colistin-hc-thonzonium</b>	
see COLY-MYCIN S SUS OTIC.....	153
<b>neomycin-polymy-gramicid op sol</b>	
<b>1.75-10000-0.025mg-unt-mg/ml</b>	
.....	150
<b>neomycin-polymyxin-</b>	
<b>dexamethasone ophth oint 0.1%</b>	
.....	151
<b>neomycin-polymyxin-</b>	
<b>dexamethasone ophth susp 0.1%</b>	
.....	151
<b>neomycin-polymyxin-hc otic soln</b>	
<b>1%</b> .....	153
<b>neomycin-polymyxin-hc otic susp</b>	
<b>3.5 mg/ml-10000 unit/ml-1%</b>	153
NEORAL CAP 100MG.....	140
NEORAL CAP 25MG.....	140
<b>nepafenac</b>	
see NEVANAC SUS 0.1%.....	152
NESTABS TAB.....	144
<b>netupitant-palonosetron</b>	
see AKYNZEO CAP 300-0.5.....	51
NEUPRO DIS 1MG/24HR.....	74
NEUPRO DIS 2MG/24HR.....	74
NEUPRO DIS 3MG/24HR.....	74
NEUPRO DIS 4MG/24HR.....	74
NEUPRO DIS 6MG/24HR.....	74
NEUPRO DIS 8MG/24HR.....	74
NEVANAC SUS 0.1%.....	152
<b>nevirapine sus 50mg/5ml</b> .....	84
<b>nevirapine tab 200 mg</b> .....	84
<b>nevirapine tab er 24hr 100 mg</b> ...	84
<b>nevirapine tab er 24hr 400 mg</b> ...	84
NEXAVAR TAB 200MG.....	72
NEXIUM 24HR CAP 20MG.....	165
NEXLETOL TAB 180MG.....	54
NEXLIZET TAB 180/10MG.....	54
NEXPLANON IMP 68MG.....	97
<b>niacin (antihyperlipidemic) tab 500</b>	
<b>mg</b> .....	57
<b>niacin cap er 250 mg</b> .....	171
<b>niacin cap er 500 mg</b> .....	171
Niacin Flush Free	
see <b>inositol niacinate cap 500 mg</b>	
.....	92
<b>niacin tab 100 mg</b> .....	171
<b>niacin tab 250 mg</b> .....	171
<b>niacin tab 50 mg</b> .....	171
<b>niacin tab 500 mg</b> .....	171
<b>niacin tab er 250 mg</b> .....	171
<b>niacin tab er 500 mg</b> .....	171
<b>niacin tab er 500 mg</b>	
<b>(antihyperlipidemic)</b> .....	57
<b>niacin tab er 750 mg</b> .....	171
<b>niacinamide tab 500 mg</b> .....	171
Niacor	
see <b>niacin (antihyperlipidemic)</b>	
<b>tab 500 mg</b> .....	57
<b>nicardipine hcl cap 20 mg</b> .....	90
<b>nicardipine hcl cap 30 mg</b> .....	90
<b>nicotine</b>	
see NICOTROL INH.....	160
see NICOTROL NS SPR 10MG/ML	160
<b>nicotine polacrilex gum 2 mg</b> ....	159
<b>nicotine polacrilex gum 4 mg</b> ....	159
<b>nicotine polacrilex lozenge 2 mg</b>	
.....	159
<b>nicotine polacrilex lozenge 4 mg</b>	
.....	160
NICOTINE SYS KIT TRANSDER.....	160

<i>nicotine td patch 24hr 14 mg/24hr</i>	114
.....	160
<i>nicotine td patch 24hr 21 mg/24hr</i>	166
.....	160
<i>nicotine td patch 24hr 7 mg/24hr</i>	166
.....	160
Nicotine Transdermal Syst	
see <i>nicotine td patch 24hr 7</i>	
<i>mg/24hr</i> .....	160
NICOTROL INH .....	160
NICOTROL NS SPR 10MG/ML .....	160
<i>nifedipine cap 10 mg</i> .....	90
<i>nifedipine cap 20 mg</i> .....	90
<i>nifedipine tab er 24hr 30 mg</i> .....	90
<i>nifedipine tab er 24hr 60 mg</i> .....	90
<i>nifedipine tab er 24hr 90 mg</i> .....	90
<i>nifedipine tab er 24hr osmotic</i>	
<i>release 30 mg</i> .....	90
<i>nifedipine tab er 24hr osmotic</i>	
<i>release 60 mg</i> .....	90
<i>nifedipine tab er 24hr osmotic</i>	
<i>release 90 mg</i> .....	90
<i>nilotinib hcl</i>	
see TASIGNA CAP 150MG .....	72
see TASIGNA CAP 200MG .....	72
see TASIGNA CAP 50MG .....	72
<i>nilutamide tab 150 mg</i> .....	68
<i>nimodipine cap 30 mg</i> .....	90
<i>nintedanib esylate</i>	
see OFEV CAP 100MG .....	160
see OFEV CAP 150MG .....	160
<i>niraparib tosylate</i>	
see ZEJULA CAP 100MG .....	72
<i>nisoldipine tab er 24hr 17 mg</i> .....	90
<i>nisoldipine tab er 24hr 20 mg</i> .....	90
<i>nisoldipine tab er 24hr 25.5 mg</i> ..	90
<i>nisoldipine tab er 24hr 30 mg</i> .....	90
<i>nisoldipine tab er 24hr 34 mg</i> .....	91
<i>nisoldipine tab er 24hr 40 mg</i> .....	91
<i>nisoldipine tab er 24hr 8.5 mg</i> ....	90
<i>nitazoxanide</i>	
see ALINIA SUS 100/5ML .....	21
<i>nitazoxanide tab 500 mg</i> .....	21
<i>nitisinone</i>	
see ORFADIN CAP 20MG .....	114
<i>nitisinone cap 10 mg</i> .....	114
<i>nitisinone cap 2 mg</i> .....	114
<i>nitrofurantoin macrocrystalline cap</i>	
<i>100 mg</i> .....	166
<i>nitrofurantoin macrocrystalline cap</i>	
<i>50 mg</i> .....	166
<i>nitrofurantoin monohydrate</i>	
<i>macrocrystalline cap 100 mg</i> .	166
<i>nitrofurantoin susp 25 mg/5ml</i> .	166
<i>nitroglycerin (intra-anal)</i>	
see RECTIV OIN 0.4% .....	19
<i>nitroglycerin sl tab 0.3 mg</i> .....	22
<i>nitroglycerin sl tab 0.4 mg</i> .....	22
<i>nitroglycerin sl tab 0.6 mg</i> .....	22
<i>nitroglycerin td patch 24hr 0.1</i>	
<i>mg/hr</i> .....	22
<i>nitroglycerin td patch 24hr 0.2</i>	
<i>mg/hr</i> .....	22
<i>nitroglycerin td patch 24hr 0.4</i>	
<i>mg/hr</i> .....	22
<i>nitroglycerin td patch 24hr 0.6</i>	
<i>mg/hr</i> .....	23
<i>nizatidine cap 150 mg</i> .....	164
<i>nizatidine cap 300 mg</i> .....	164
<i>nizatidine oral soln 15 mg/ml</i> ...	164
Non-aspirin Junior Streng	
see <i>acetaminophen chew tab 160</i>	
<i>mg</i> .....	12
<i>nonoxynol-9</i>	
see ENCARE SUP 100MG.....	169
see GYNOL II GEL 3% .....	169
see SHUR-SEAL GEL 2% .....	169
see TODAY SPONGE MIS.....	169
see VCF VAGINAL AER CONTRACP	169
see VCF VAGINAL GEL CONTRACE	169
see VCF VAGINAL MIS CONTRACP	169
<i>norelgestromin-ethinyl estradiol td</i>	
<i>ptwk 150-35 mcg/24hr</i> .....	97
<i>norethindrone &amp; ethinyl estradiol</i>	
<i>tab 0.4 mg-35 mcg</i> .....	96
<i>norethindrone &amp; ethinyl estradiol</i>	
<i>tab 0.5 mg-35 mcg</i> .....	96
<i>norethindrone &amp; ethinyl estradiol</i>	
<i>tab 1 mg-35 mcg</i> .....	96
<i>norethindrone &amp; ethinyl estradiol-</i>	
<i>fe chew tab 0.4 mg-35 mcg</i> .....	96
<i>norethindrone &amp; ethinyl estradiol-</i>	
<i>fe chew tab 0.8 mg-25 mcg</i> .....	96

*norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg* ..... 96  
*norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg* .... 96  
*norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg*... 96  
*norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg* 96  
*norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)* ..... 96  
*norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)* ..... 96  
*norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)* ..... 96  
*norethindrone acetate tab 5 mg* 156  
*norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg* . 115  
*norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg* ..... 115  
*norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*  
 see LO LOESTRIN TAB 1-10-10 ..... 96  
*norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg* ... 96  
*norethindrone tab 0.35 mg* ..... 98  
*norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* . 96  
*norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg* ... 97  
*norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg* ..... 97  
*norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg* . 97  
*norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg* . 97  
*norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg* ..... 97  
*norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg* ..... 97  
 NORTEMP SUS INFANTS ..... 12  
 Nortrel 0.5/35 (28)  
 see *norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg*.. 96  
 Nortrel 1/35

see *norethindrone & ethinyl estradiol tab 1 mg-35 mcg* .... 96  
 Nortrel 7/7/7  
 see *norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg* ..... 96  
*nortriptyline hcl cap 10 mg* ..... 40  
*nortriptyline hcl cap 25 mg* ..... 40  
*nortriptyline hcl cap 50 mg* ..... 40  
*nortriptyline hcl cap 75 mg* ..... 40  
 NORVIR SOL 80MG/ML ..... 84  
 NOVOLIN INJ 70/30 ..... 48  
 NOVOLIN INJ 70/30 FP ..... 48  
 NOVOLIN N INJ 100 UNIT ..... 48  
 NOVOLIN N INJ U-100 ..... 48  
 NOVOLIN R INJ 100 UNIT ..... 48  
 NOVOLIN R INJ U-100 ..... 48  
 NOVOLOG INJ 100/ML ..... 48  
 NOVOLOG INJ FLEXPEN ..... 48  
 NOVOLOG INJ PENFILL ..... 48  
 NOVOLOG MIX INJ 70/30 ..... 48  
 NOVOLOG MIX INJ FLEXPEN ..... 48  
 Np Thyroid 120  
 see *thyroid tab 120 mg (2 grain)*  
 ..... 162  
 Np Thyroid 15  
 see *thyroid tab 15 mg (1/4 grain)*  
 ..... 162  
 Np Thyroid 30  
 see *thyroid tab 30 mg (1/2 grain)*  
 ..... 162  
 Np Thyroid 60  
 see *thyroid tab 60 mg (1 grain)*  
 ..... 162  
 Np Thyroid 90  
 see *thyroid tab 90 mg (1 1/2 grain)* ..... 162  
 NUCALA INJ 100MG ..... 26  
 NUCALA INJ 100MG/ML ..... 26  
 NUCYNTA ER TAB 100MG ..... 15  
 NUCYNTA ER TAB 150MG ..... 15  
 NUCYNTA ER TAB 200MG ..... 15  
 NUCYNTA ER TAB 250MG ..... 15  
 NUCYNTA ER TAB 50MG ..... 15  
 NUCYNTA TAB 100MG ..... 15  
 NUCYNTA TAB 50MG ..... 15  
 NUCYNTA TAB 75MG ..... 15

NUTRIENTS TAB PRENATAL .....	144	see ZYPREXA RELP INJ 210MG .....	80
<i>nystatin cream 100000 unit/gm</i>	103	see ZYPREXA RELP INJ 300MG .....	80
<i>nystatin oint 100000 unit/gm</i> ...	103	see ZYPREXA RELP INJ 405MG .....	80
<i>nystatin susp 100000 unit/ml</i> ...	141	<b>olanzapine tab 10 mg</b> .....	79
<i>nystatin tab 500000 unit</i> .....	52	<b>olanzapine tab 15 mg</b> .....	79
<b><i>nystatin topical powder 100000</i></b>		<b>olanzapine tab 2.5 mg</b> .....	78
<b><i>unit/gm</i></b> .....	103	<b>olanzapine tab 20 mg</b> .....	79
<b><i>nystatin-triamcinolone cream</i></b>		<b>olanzapine tab 5 mg</b> .....	79
<b><i>100000-0.1 unit/gm-%</i></b> .....	103	<b>olanzapine tab 7.5 mg</b> .....	79
<b><i>nystatin-triamcinolone oint</i></b>		<b>olaparib</b>	
<b><i>100000-0.1 unit/gm-%</i></b> .....	103	see LYNPARZA TAB 100MG.....	71
Nystop		see LYNPARZA TAB 150MG.....	71
see <b><i>nystatin topical powder</i></b>		<b>olmesartan medoxomil tab 20 mg</b>	
<b><i>100000 unit/gm</i></b> .....	103	.....	60
<b>O</b>		<b>olmesartan medoxomil tab 40 mg</b>	
O-CAL TAB PRENATAL .....	144	.....	60
OCTAGAM INJ 5GM .....	154	<b>olmesartan medoxomil tab 5 mg</b>	60
<b><i>octreotide acetate</i></b>		<b>olmesartan medoxomil-</b>	
see SANDOSTATIN KIT LAR 10MG	114	<b><i>hydrochlorothiazide tab 20-12.5</i></b>	
see SANDOSTATIN KIT LAR 20MG	114	<b><i>mg</i></b> .....	64
see SANDOSTATIN KIT LAR 30MG	114	<b><i>olmesartan medoxomil-</i></b>	
<b><i>octreotide acetate inj 100 mcg/ml</i></b>		<b><i>hydrochlorothiazide tab 40-12.5</i></b>	
<b><i>(0.1 mg/ml)</i></b> .....	114	<b><i>mg</i></b> .....	64
<b><i>octreotide acetate inj 1000 mcg/ml</i></b>		<b><i>olmesartan medoxomil-</i></b>	
<b><i>(1 mg/ml)</i></b> .....	114	<b><i>hydrochlorothiazide tab 40-25</i></b>	
<b><i>octreotide acetate inj 200 mcg/ml</i></b>		<b><i>mg</i></b> .....	64
<b><i>(0.2 mg/ml)</i></b> .....	114	<b><i>olodaterol hcl</i></b>	
<b><i>octreotide acetate inj 500 mcg/ml</i></b>		see STRIVERDI AER 2.5MCG .....	29
<b><i>(0.5 mg/ml)</i></b> .....	114	<b><i>olopatadine hcl</i></b>	
<b><i>octreotide inj 50mcg/ml</i></b> .....	114	see PATADAY SOL 0.1% .....	152
Ocuvite/lutein		see PATADAY SOL 0.2% .....	152
see <b><i>multiple vitamins w/ minerals</i></b>		<b><i>olopatadine hcl nasal soln 0.6%</i></b>	147
<b><i>tab</i></b> .....	142	<b><i>olopatadine hcl ophth soln 0.1%</i></b>	
ODEFSEY TAB.....	84	<b><i>(base equivalent)</i></b> .....	152
ODOMZO CAP 200MG .....	68	<b><i>olopatadine hcl ophth soln 0.2%</i></b>	
OFEV CAP 100MG .....	160	<b><i>(base equivalent)</i></b> .....	152
OFEV CAP 150MG .....	160	<b><i>olsalazine sodium</i></b>	
<b><i>ofloxacin ophth soln 0.3%</i></b> .....	150	see DIPENTUM CAP 250MG .....	118
<b><i>ofloxacin otic soln 0.3%</i></b> .....	153	<b><i>omalizumab</i></b>	
<b><i>ofloxacin tab 300 mg</i></b> .....	116	see XOLAIR INJ 150MG/ML.....	26
<b><i>ofloxacin tab 400 mg</i></b> .....	116	see XOLAIR INJ 75/0.5 .....	26
Ogestrel		see XOLAIR SOL 150MG.....	26
see <b><i>norgestrel &amp; ethinyl estradiol</i></b>		<b><i>omega-3 fatty acids cap 1000 mg</i></b>	
<b><i>tab 0.5 mg-50 mcg</i></b> .....	97	.....	148
OGIVRI INJ 150MG .....	67	<b><i>omega-3 fatty acids cap 1200 mg</i></b>	
OGIVRI INJ 420MG .....	67	.....	148
<b><i>olanzapine pamoate</i></b>		<b><i>omega-3 fatty acids cap 300 mg</i></b>	148

<b>omega-3 fatty acids cap 500 mg</b>	148	ORENCIA INJ 125MG/ML	11
<b>omega-3 fatty acids cap delayed release 1000 mg</b>	148	ORENCIA INJ 250MG	11
<b>omega-3 fatty acids cap delayed release 1200 mg</b>	148	ORENCIA INJ 50/0.4ML	11
<b>omega-3-acid ethyl esters cap 1 gm</b>	54	ORENCIA INJ 87.5/0.7	11
<b>omeprazole</b>		ORENITRAM TAB 0.125MG	92
see FIRST-OMEPRASUS 2MG/ML	164	ORENITRAM TAB 0.25MG	92
<b>omeprazole cap delayed release 10 mg</b>	165	ORENITRAM TAB 1MG	92
<b>omeprazole cap delayed release 20 mg</b>	165	ORENITRAM TAB 2.5MG	92
<b>omeprazole cap delayed release 40 mg</b>	165	ORENITRAM TAB 5MG	92
<b>omeprazole magnesium</b>		ORFADIN CAP 20MG	114
see PRILOSEC OTC TAB 20MG	165	<b>orphenadrine citrate tab er 12hr 100 mg</b>	146
<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b>	165	<b>oseltamivir phosphate cap 30 mg (base equiv)</b>	86
<b>omeprazole magnesium delayed release tab 20 mg (base equiv)</b>	165	<b>oseltamivir phosphate cap 45 mg (base equiv)</b>	86
OMNARIS SPR	147	<b>oseltamivir phosphate cap 75 mg (base equiv)</b>	86
OMNIFLEX DPR	130	<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b>	87
OMNITROPE INJ 10/1.5ML	113	<b>osimertinib mesylate</b>	
OMNITROPE INJ 5.8MG	113	see TAGRISSO TAB 40MG	72
OMNITROPE INJ 5/1.5ML	113	see TAGRISSO TAB 80MG	72
<b>onabotulinumtoxinA</b>		OSMOPREP TAB 1.5GM	128
see BOTOX INJ 100UNIT	148	<b>ospemifene</b>	
see BOTOX INJ 200UNIT	148	see OSPHENA TAB 60MG	113
<b>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</b>	51	OSPHENA TAB 60MG	113
<b>ondansetron hcl oral soln 4 mg/5ml</b>	51	OTEZLA TAB 10/20/30	10
<b>ondansetron hcl tab 4 mg</b>	51	OTEZLA TAB 30MG	10
<b>ondansetron hcl tab 8 mg</b>	51	<b>oxandrolone tab 10 mg</b>	18
<b>ondansetron orally disintegrating tab 4 mg</b>	51	<b>oxandrolone tab 2.5 mg</b>	18
<b>ondansetron orally disintegrating tab 8 mg</b>	51	<b>oxaprozin tab 600 mg</b>	10
ONE A DAY MIS PRENATAL	144	<b>oxazepam cap 10 mg</b>	25
ONTRUZANT INJ 150MG	67	<b>oxazepam cap 15 mg</b>	25
ONTRUZANT INJ 420MG	67	<b>oxazepam cap 30 mg</b>	25
OPSUMIT TAB 10MG	92	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b>	33
<b>oral electrolyte solution</b>	137	<b>oxcarbazepine tab 150 mg</b>	33
ORAVIG TAB 50MG	141	<b>oxcarbazepine tab 300 mg</b>	33
ORENCIA CLCK INJ 125MG/ML	11	<b>oxcarbazepine tab 600 mg</b>	33
		<b>oxiconazole nitrate</b>	
		see OXISTAT LOT 1%	103
		<b>oxiconazole nitrate cream 1%</b>	103
		OXISTAT LOT 1%	103
		<b>oxybutynin</b>	
		see OXYTROL/WOMN DIS 3.9MG/24	166

<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	166	OXYCONTIN TAB 10MG CR.....	16
<b>oxybutynin chloride tab 5 mg</b> ....	166	OXYCONTIN TAB 15MG CR.....	16
<b>oxybutynin chloride tab er 24hr 10 mg</b> .....	166	OXYCONTIN TAB 20MG CR.....	16
<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	166	OXYCONTIN TAB 30MG CR.....	16
<b>oxybutynin chloride tab er 24hr 5 mg</b> .....	166	OXYCONTIN TAB 40MG CR.....	16
<b>oxycodone hcl</b>		OXYCONTIN TAB 60MG CR.....	16
see OXYCONTIN TAB 10MG CR.....	16	OXYCONTIN TAB 80MG CR.....	16
see OXYCONTIN TAB 15MG CR.....	16	<b>oxymetazoline hcl nasal soln 0.05%</b> .....	148
see OXYCONTIN TAB 20MG CR.....	16	<b>oxymetholone</b>	
see OXYCONTIN TAB 30MG CR.....	16	see ANADROL-50 TAB 50MG.....	18
see OXYCONTIN TAB 40MG CR.....	16	<b>oxymorphone hcl tab 10 mg</b> .....	16
see OXYCONTIN TAB 60MG CR.....	16	<b>oxymorphone hcl tab 5 mg</b> .....	16
see OXYCONTIN TAB 80MG CR.....	16	<b>oxymorphone hcl tab er 12hr 10 mg</b> .....	16
<b>oxycodone hcl soln 5 mg/5ml</b> .....	15	<b>oxymorphone hcl tab er 12hr 15 mg</b> .....	16
<b>oxycodone hcl tab 10 mg</b> .....	15	<b>oxymorphone hcl tab er 12hr 20 mg</b> .....	16
<b>oxycodone hcl tab 15 mg</b> .....	15	<b>oxymorphone hcl tab er 12hr 30 mg</b> .....	16
<b>oxycodone hcl tab 20 mg</b> .....	15	<b>oxymorphone hcl tab er 12hr 40 mg</b> .....	16
<b>oxycodone hcl tab 30 mg</b> .....	15	<b>oxymorphone hcl tab er 12hr 5 mg</b> .....	16
<b>oxycodone hcl tab 5 mg</b> .....	15	.....	16
<b>oxycodone hcl tab er 12hr deter 10 mg</b> .....	15	<b>oxymorphone hcl tab er 12hr 7.5 mg</b> .....	16
<b>oxycodone hcl tab er 12hr deter 15 mg</b> .....	15	OXYTROL/WOMN DIS 3.9MG/24 ....	166
<b>oxycodone hcl tab er 12hr deter 20 mg</b> .....	15	Oysco 500+d	
<b>oxycodone hcl tab er 12hr deter 30 mg</b> .....	15	see <b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> .....	136
<b>oxycodone hcl tab er 12hr deter 40 mg</b> .....	16	Oyster Shell Calcium Plus	
<b>oxycodone hcl tab er 12hr deter 60 mg</b> .....	16	see <b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> .....	136
<b>oxycodone hcl tab er 12hr deter 80 mg</b> .....	16	<b>oyster shell calcium tab 500 mg</b>	137
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> .....	18	Oystercal-d	
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> .....	17	see <b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> .....	136
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> .....	17	OZEMPIC INJ 2/1.5ML .....	45
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> .....	17	OZEMPIC INJ 4MG/3ML .....	45
<b>oxycodone-ibuprofen tab 5-400 mg</b> .....	18	<b>P</b>	
		Pain & Fever Childrens	
		see <b>acetaminophen soln 160 mg/5ml</b> .....	12



<b>palbociclib</b>	
see IBRANCE CAP 100MG .....	70
see IBRANCE CAP 125MG .....	70
see IBRANCE CAP 75MG.....	70
see IBRANCE TAB 100MG .....	70
see IBRANCE TAB 125MG .....	70
see IBRANCE TAB 75MG.....	70
<b>paliperidone palmitate</b>	
see INVEGA SUST INJ 117/0.75 ...	76
see INVEGA SUST INJ 156MG/ML ..	76
see INVEGA SUST INJ 234/1.5.....	76
see INVEGA SUST INJ 39/0.25.....	76
see INVEGA SUST INJ 78/0.5ML....	76
see INVEGA TRINZ INJ 273MG .....	76
see INVEGA TRINZ INJ 410MG .....	76
see INVEGA TRINZ INJ 546MG .....	76
see INVEGA TRINZ INJ 819MG .....	76
<b>paliperidone tab er 24hr 1.5 mg</b> ..	76
<b>paliperidone tab er 24hr 3 mg</b> .....	76
<b>paliperidone tab er 24hr 6 mg</b> .....	76
<b>paliperidone tab er 24hr 9 mg</b> .....	76
<b>palivizumab</b>	
see SYNAGIS INJ 100MG/ML.....	154
see SYNAGIS INJ 50MG .....	154
<b>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</b> .....	51
<b>pancrelipase (lipase-protease-amylase)</b>	
see CREON CAP 12000UNT .....	110
see CREON CAP 24000UNT .....	110
see CREON CAP 3000UNIT .....	110
see CREON CAP 36000UNT .....	110
see CREON CAP 6000UNIT .....	110
see ZENPEP CAP 10000UNT .....	110
see ZENPEP CAP 15000UNT .....	110
see ZENPEP CAP 20000UNT .....	110
see ZENPEP CAP 25000.....	110
see ZENPEP CAP 3000UNIT .....	110
see ZENPEP CAP 40000.....	110
see ZENPEP CAP 5000UNIT .....	110
<b>panobinostat lactate</b>	
see FARYDAK CAP 10MG .....	70
see FARYDAK CAP 15MG .....	70
see FARYDAK CAP 20MG .....	70
PANRETIN GEL 0.1% .....	104
<b>pantoprazole sodium ec tab 20 mg (base equiv)</b> .....	165
<b>pantoprazole sodium ec tab 40 mg (base equiv)</b> .....	165
PARAGARD IUD T380A .....	97
<b>paricalcitol cap 1 mcg</b> .....	114
<b>paricalcitol cap 2 mcg</b> .....	114
<b>paricalcitol cap 4 mcg</b> .....	114
<b>paricalcitol iv soln 2 mcg/ml</b> .....	114
<b>paricalcitol iv soln 5 mcg/ml</b> .....	114
<b>paromomycin sulfate cap 250 mg</b> .6	
<b>paroxetine hcl tab 10 mg</b> .....	37
<b>paroxetine hcl tab 20 mg</b> .....	37
<b>paroxetine hcl tab 30 mg</b> .....	37
<b>paroxetine hcl tab 40 mg</b> .....	37
PASER GRA 4GM .....	66
PATADAY SOL 0.1% .....	152
PATADAY SOL 0.2% .....	152
<b>patiromer sorbitex calcium</b>	
see VELTASSA POW 16.8GM.....	141
see VELTASSA POW 25.2GM.....	141
see VELTASSA POW 8.4GM .....	141
<b>pazopanib hcl</b>	
see VOTRIENT TAB 200MG .....	72
PEAK AIR FLO MIS ADLT/PED .....	133
<b>peak flow meter</b>	
see PEAK AIR FLO MIS ADLT/PED	133
PEDIA-LAX LIQ 50MG .....	129
<b>pediatric multiple vitamin liq</b> ....	143
<b>pediatric multiple vitamin w/ c &amp; fa chew tab</b> .....	143
<b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> .....	143
<b>pediatric multiple vitamin w/ minerals &amp; c</b>	
see AQUADEKS DRO .....	142
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> .....	142
<b>pediatric multiple vitamins</b>	
see MULT VITAM DRO.....	143
see POLY-VI-SOL SOL 50MG/ML..	143
see POLY-VITE DRO .....	143
<b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b> .....	142
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> .....	142
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> .....	142

<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> .....	142	see PLEGRIDY INJ.....	159
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b> .....	142	see PLEGRIDY INJ PEN.....	159
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b> .....	142	see PLEGRIDY INJ STARTER.....	159
<b>pediatric multiple vitamins w/ iron</b>		see PLEGRIDY PEN INJ STARTER.	159
see ANIMAL SHAPE CHW IRON....	143	PEGINTRON KIT 50MCG.....	86
see MULTIVITAMIN DRO /IRON...	143	<b>pegvisomant</b>	
see POLY-VITE SOL /IRON.....	143	see SOMAVERT INJ 10MG.....	112
<b>pediatric multiple vitamins w/ iron chew tab 15 mg</b> .....	143	see SOMAVERT INJ 15MG.....	113
<b>pediatric multiple vitamins w/ iron chew tab 18 mg</b> .....	143	see SOMAVERT INJ 20MG.....	113
<b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b> .....	142	PEN NEEDLES MIS 29GX10MM.....	132
<b>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</b> .....	142	PEN NEEDLES MIS 29GX12.7.....	132
<b>pediatric vitamins adc</b>		PEN NEEDLES MIS 29GX12MM.....	132
see TRI-VI-SOL SOL A/C/D.....	143	PEN NEEDLES MIS 31GX5MM.....	132
<b>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</b> .....	143	PEN NEEDLES MIS 31GX6MM.....	132
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b> .....	127	PEN NEEDLES MIS 31GX8MM.....	132
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b> .....	127	PEN NEEDLES MIS 32GX4MM.....	132
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</b>		PEN NEEDLES MIS 32GX6MM.....	132
see PLENVU SOL.....	127	PEN NEEDLES MIS 32GX8MM.....	133
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b> ...	127	<b>peniclovir</b>	
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b> .....	127	see DENAVIR CRE 1%.....	105
<b>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</b>		<b>penicillamine</b>	
see GOLYTELY SOL.....	127	see D-PENAMINE TAB 125MG....	139
PEGANONE TAB 250MG.....	34	<b>penicillamine tab 250 mg</b> .....	139
PEGASYS INJ.....	86	<b>penicillin v potassium for soln 125 mg/5ml</b> .....	155
PEGASYS INJ 180MCG/M.....	86	<b>penicillin v potassium for soln 250 mg/5ml</b> .....	155
<b>pegfilgrastim-bmez</b>		<b>penicillin v potassium tab 250 mg</b>	
see ZIEXTENZO INJ 6/0.6ML.....	123	.....	155
<b>peginterferon alfa-2a</b>		<b>penicillin v potassium tab 500 mg</b>	
see PEGASYS INJ.....	86	.....	155
see PEGASYS INJ 180MCG/M.....	86	<b>pentamidine isethionate for nebulization soln 300 mg</b> .....	20
<b>peginterferon alfa-2b</b>		<b>pentosan polysulfate sodium</b>	
see PEGINTRON KIT 50MCG.....	86	see ELMIRON CAP 100MG.....	119
<b>peginterferon beta-1a</b>		<b>pentoxifylline tab er 400 mg</b> .....	121
		<b>perampanel</b>	
		see FYCOMPA TAB 10MG.....	32
		see FYCOMPA TAB 12MG.....	32
		see FYCOMPA TAB 2MG.....	31
		see FYCOMPA TAB 4MG.....	31
		see FYCOMPA TAB 6MG.....	32
		see FYCOMPA TAB 8MG.....	32
		<b>perindopril erbumine tab 2 mg</b> ...	58
		<b>perindopril erbumine tab 4 mg</b> ...	58
		<b>perindopril erbumine tab 8 mg</b> ...	58

<b>permethrin &amp; pyrethrins-piperonyl butoxide</b>	
see RA LICE KIT SOLUTION .....	109
<b>permethrin aerosol 0.5%</b> .....	109
<b>permethrin cream 5%</b> .....	109
<b>permethrin creme rinse 1%</b> .....	109
<b>permethrin lotion 1%</b> .....	109
<b>perphenazine tab 16 mg</b> .....	80
<b>perphenazine tab 2 mg</b> .....	80
<b>perphenazine tab 4 mg</b> .....	80
<b>perphenazine tab 8 mg</b> .....	80
<b>perphenazine-amitriptyline tab 2-10 mg</b> .....	158
<b>perphenazine-amitriptyline tab 2-25 mg</b> .....	158
<b>perphenazine-amitriptyline tab 4-10 mg</b> .....	158
<b>perphenazine-amitriptyline tab 4-25 mg</b> .....	158
<b>perphenazine-amitriptyline tab 4-50 mg</b> .....	158
PERRY PRENAT CAP .....	144
PFIZER VACC INJ COVID-19 .....	169
Pharbedryl	
see <b>diphenhydramine hcl cap 25 mg</b> .....	53
<b>phenazopyridine hcl tab 100 mg</b>	120
<b>phenazopyridine hcl tab 200 mg</b>	120
<b>phenelzine sulfate tab 15 mg</b> .....	36
<b>phenobarbital elixir 20 mg/5ml</b>	125
<b>phenobarbital tab 100 mg</b> .....	125
<b>phenobarbital tab 15 mg</b> .....	125
<b>phenobarbital tab 16.2 mg</b> .....	125
<b>phenobarbital tab 30 mg</b> .....	125
<b>phenobarbital tab 32.4 mg</b> .....	125
<b>phenobarbital tab 60 mg</b> .....	125
<b>phenobarbital tab 64.8 mg</b> .....	125
<b>phenobarbital tab 97.2 mg</b> .....	125
<b>phenoxybenzamine hcl cap 10 mg</b> .....	59
<b>phenylephrine hcl (oral)</b>	
see SUDAFED PE SOL CHILDREN .....	148
<b>phenylephrine hcl tab 10 mg</b> .....	148
PHENYTEK CAP 200MG .....	34
PHENYTEK CAP 300MG .....	35
<b>phenytoin chew tab 50 mg</b> .....	35
<b>phenytoin sodium extended</b>	
see DILANTIN CAP 100MG .....	34
see DILANTIN CAP 30MG .....	34
see PHENYTEK CAP 200MG .....	34
see PHENYTEK CAP 300MG .....	35
<b>phenytoin sodium extended cap 100 mg</b> .....	35
<b>phenytoin sodium extended cap 200 mg</b> .....	35
<b>phenytoin sodium extended cap 300 mg</b> .....	35
<b>phenytoin susp 125 mg/5ml</b> .....	35
PHOSPHOLINE SOL 0.125%OP .....	150
Physiolyte	
see <b>irrigation solution, physiological</b> .....	140
<b>phytonadione tab 5 mg</b> .....	171
PICATO GEL 0.015% .....	104
PICATO GEL 0.05% .....	104
PIFELTRO TAB 100MG .....	84
<b>pilocarpine hcl ophth soln 1%</b> ..	150
<b>pilocarpine hcl ophth soln 2%</b> ..	150
<b>pilocarpine hcl ophth soln 4%</b> ..	150
<b>pilocarpine hcl tab 5 mg</b> .....	141
<b>pilocarpine hcl tab 7.5 mg</b> .....	141
<b>pimozide tab 1 mg</b> .....	159
<b>pimozide tab 2 mg</b> .....	159
<b>pindolol tab 10 mg</b> .....	88
<b>pindolol tab 5 mg</b> .....	88
<b>pioglitazone hcl tab 15 mg (base equiv)</b> .....	49
<b>pioglitazone hcl tab 30 mg (base equiv)</b> .....	49
<b>pioglitazone hcl tab 45 mg (base equiv)</b> .....	49
<b>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</b> .....	156
<b>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</b> .....	156
<b>pirfenidone</b>	
see ESBRIET CAP 267MG .....	160
see ESBRIET TAB 267MG .....	160
see ESBRIET TAB 801MG .....	160
<b>piroxicam cap 10 mg</b> .....	10
<b>piroxicam cap 20 mg</b> .....	10
PLEGRIDY INJ .....	159
PLEGRIDY INJ PEN .....	159
PLEGRIDY INJ STARTER .....	159

PLEGRIDY PEN INJ STARTER .....	159	POLY-VITE SOL /IRON.....	143
PLENVU SOL .....	127	<b>pomalidomide</b>	
<b>pneumococcal 13-valent conjugate vaccine</b>		see POMALYST CAP 1MG.....	69
see PREVNAR 13 INJ.....	168	see POMALYST CAP 2MG.....	69
<b>pneumococcal 15-valent conjugate vaccine</b>		see POMALYST CAP 3MG.....	69
see VAXNEUVANCE INJ .....	168	see POMALYST CAP 4MG.....	69
<b>pneumococcal 20-valent conjugate vaccine</b>		POMALYST CAP 1MG .....	69
see PREVNAR 20 INJ.....	168	POMALYST CAP 2MG .....	69
<b>pneumococcal vac polyvalent</b>		POMALYST CAP 3MG .....	69
see PNEUMOVAX 23 INJ 25/0.5 ...	167	POMALYST CAP 4MG .....	69
PNEUMOVAX 23 INJ 25/0.5 .....	167	<b>ponatinib hcl</b>	
<b>podofilox soln 0.5%</b> .....	108	see ICLUSIG TAB 10MG .....	70
Polycin		see ICLUSIG TAB 15MG .....	71
see <b>bacitracin-polymyxin b ophth oint</b> .....	150	see ICLUSIG TAB 30MG .....	71
<b>polyethylene glycol 3350 oral packet 17 gm</b> .....	128	see ICLUSIG TAB 45MG .....	71
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> .....	128	<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b>	
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> ....	149	.....	138
Poly-iron 150		<b>potassium bicarbonate effer tab 25 meq</b> .....	139
see <b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> .....	124	<b>potassium chloride cap er 10 meq</b> .....	139
Poly-iron 150 Forte		<b>potassium chloride cap er 8 meq</b> .....	139
see <b>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg.</b>	123	<b>potassium chloride microencapsulated crys er tab 10 meq</b> .....	139
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b> .....	150	<b>potassium chloride microencapsulated crys er tab 20 meq</b> .....	139
<b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> .....	124	<b>potassium chloride oral soln 10% (20 meq/15ml)</b> .....	139
<b>polysaccharide iron-folic acid-vit b12</b>		<b>potassium chloride oral soln 20% (40 meq/15ml)</b> .....	139
see FERREX 150 CAP FORTE .....	123	<b>potassium chloride tab er 10 meq</b> .....	139
<b>polyvinyl alcohol ophth soln 1.4%</b> .....	149	<b>potassium chloride tab er 20 meq (1500 mg)</b> .....	139
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> ....	149	<b>potassium chloride tab er 8 meq (600 mg)</b> .....	139
POLY-VI-SOL SOL 50MG/ML .....	143	<b>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</b> .....	119
Polyvitamin/iron		<b>potassium citrate tab er 10 meq (1080 mg)</b> .....	119
see <b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> .....	142	<b>potassium citrate tab er 15 meq (1620 mg)</b> .....	119
POLY-VITE DRO.....	143		

**potassium citrate tab er 5 meq (540 mg)** ..... 119  
**PRADAXA CAP 110MG**..... 31  
**PRADAXA CAP 150MG**..... 31  
**PRADAXA CAP 75MG** ..... 31  
**pramipexole dihydrochloride tab 0.125 mg**..... 74  
**pramipexole dihydrochloride tab 0.25 mg** ..... 74  
**pramipexole dihydrochloride tab 0.5 mg** ..... 74  
**pramipexole dihydrochloride tab 0.75 mg** ..... 74  
**pramipexole dihydrochloride tab 1 mg** ..... 75  
**pramipexole dihydrochloride tab 1.5 mg** ..... 75  
**pramlintide acetate**  
 see SYMLINPEN 60 INJ 1000MCG .. 41  
 see SYMLINPEN 120 INJ 1000MCG.. 41  
**pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%**  
 ..... 19  
**prasugrel hcl tab 10 mg (base equiv)** ..... 122  
**prasugrel hcl tab 5 mg (base equiv)** ..... 122  
**pravastatin sodium tab 10 mg**.... 56  
**pravastatin sodium tab 20 mg**.... 56  
**pravastatin sodium tab 40 mg**.... 56  
**pravastatin sodium tab 80 mg**.... 56  
**praziquantel tab 600 mg** ..... 20  
**prazosin hcl cap 1 mg** ..... 62  
**prazosin hcl cap 2 mg** ..... 62  
**prazosin hcl cap 5 mg** ..... 62  
**PRED-G SUS OP**..... 151  
**prednicarbate cream 0.1%**..... 107  
**prednicarbate oint 0.1%** ..... 107  
**prednisolone acetate ophth susp 1%**..... 151  
**prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)** .. 98  
**prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)** ... 98  
**prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)** .98

**prednisolone syrup 15 mg/5ml (usp solution equivalent)** ..... 98  
**prednisone oral soln 5 mg/5ml**... 98  
**prednisone tab 1 mg**..... 98  
**prednisone tab 10 mg**..... 99  
**prednisone tab 2.5 mg**..... 99  
**prednisone tab 20 mg**..... 99  
**prednisone tab 5 mg**..... 99  
**prednisone tab 50 mg**..... 99  
**prednisone tab therapy pack 10 mg (21)** ..... 99  
**prednisone tab therapy pack 10 mg (48)** ..... 99  
**prednisone tab therapy pack 5 mg (21)** ..... 99  
**prednisone tab therapy pack 5 mg (48)** ..... 99  
**PREGABALIN CAP 100 MG**..... 33  
**PREGABALIN CAP 150 MG**..... 33  
**PREGABALIN CAP 200 MG**..... 33  
**PREGABALIN CAP 225 MG**..... 33  
**PREGABALIN CAP 25 MG**..... 33  
**PREGABALIN CAP 300 MG**..... 34  
**PREGABALIN CAP 50 MG**..... 33  
**PREGABALIN CAP 75 MG**..... 33  
**PREMARIN TAB 0.3MG**..... 116  
**PREMARIN TAB 0.45MG**..... 116  
**PREMARIN TAB 0.625MG** ..... 116  
**PREMARIN TAB 0.9MG**..... 116  
**PREMARIN TAB 1.25MG**..... 116  
**PREMARIN VAG CRE 0.625MG** ..... 170  
**PREMPHASE TAB** ..... 115  
**PREMPRO TAB**..... 115  
**PREMPRO TAB 0.3-1.5**..... 115  
**PREMPRO TAB 0.45-1.5**..... 115  
**PREMPRO TAB 0.625-5**..... 115  
**PRENAT MULTI CAP +DHA** ..... 144  
 Prenatabs Rx  
 see **prenatal vit w/ iron carbonyl-fa tab 29-1 mg** ..... 145  
 Prenatal 19  
 see **prenatal vit w/ fe fumarate-fa chew tab 29-1 mg** ..... 145  
**PRENATAL 19 TAB** ..... 144  
**PRENATAL 19 TAB 29-1MG**..... 144  
**PRENATAL CAP FORMULA**..... 144  
**PRENATAL CAP OMEGA-3**..... 144

Prenatal Dha	
see <i>docosahexaenoic acid cap</i>	
<b>200 mg</b> .....	148
PRENATAL DHA PAK MULTI .....	144
PRENATAL FRM TAB A-FREE .....	144
PRENATAL MUL CAP +DHA .....	145
<b><i>prenatal multivitamins &amp; minerals</i></b>	
<b><i>w/ folic acid-fish oil</i></b>	
see CVS PRENATAL CHW GUMMY	144
<b><i>prenatal multivit-min w/fe-fa</i></b>	
see KPN PRENATAL TAB .....	144
see MYNATAL CAP .....	144
see PRENATAL/FE TAB .....	145
<b><i>prenatal mv &amp; min w/</i></b>	
<b><i>methylfolate-choline-fish oil</i></b>	
see PRENATAL DHA PAK MULTI ...	144
<b><i>prenatal mv &amp; min w/fe carbonyl-</i></b>	
<b><i>fa-dha</i></b>	
see BRAINSTRONG MIS PRENATAL	
.....	143
<b><i>prenatal mv &amp; min w/fe fumarate-</i></b>	
<b><i>fa-dha</i></b>	
see CENTRUM SPEC PAK PRENATAL	
.....	143
see ENFAMIL MIS EXPECTA .....	144
see PRENAT MULTI CAP +DHA ....	144
see PRENATAL+DHA MIS.....	145
see THERANATAL MIS COMPLETE	145
PRENATAL TAB .....	145
PRENATAL TAB COMPLETE .....	145
PRENATAL TAB FORMULA .....	145
<b><i>prenatal vit w/ docusate-fe</i></b>	
<b><i>fumarate-folic acid</i></b>	
see MYNATE 90 TAB PLUS .....	144
see PRENATAL 19 TAB .....	144
see PRENATAL 19 TAB 29-1MG ...	144
<b><i>prenatal vit w/ docusate-iron</i></b>	
<b><i>carbonyl-folic acid</i></b>	
see MYNATAL TAB .....	144
<b><i>prenatal vit w/ dss-iron carbonyl-</i></b>	
<b><i>fa tab 90-1 mg</i></b> .....	145
<b><i>prenatal vit w/ fe bisglycinate</i></b>	
<b><i>chelate-folic acid</i></b>	
see VINATE II TAB .....	145
<b><i>prenatal vit w/ fe bisglycinate-folic</i></b>	
<b><i>acid-omega 3 fatty acid</i></b>	
see BE WELL PAK ROUNDED .....	143
<b><i>prenatal vit w/ fe fumarate-fa</i></b>	
<b><i>chew tab 29-1 mg</i></b> .....	145
<b><i>prenatal vit w/ fe fumarate-fa tab</i></b>	
<b><i>28-1 mg</i></b> .....	145
<b><i>prenatal vit w/ ferrous fumarate-</i></b>	
<b><i>fa-fish oil</i></b>	
see PRENATAL CAP OMEGA-3 .....	144
<b><i>prenatal vit w/ ferrous fumarate-</i></b>	
<b><i>fa-omega 3 fatty acids</i></b>	
see ONE A DAY MIS PRENATAL ...	144
see PRENATAL CAP FORMULA .....	144
see PRENATAL MUL CAP +DHA ...	145
see SM ONE DAILY MIS PRENATAL	
.....	145
<b><i>prenatal vit w/ ferrous fumarate-</i></b>	
<b><i>folic acid</i></b>	
see CO-NATAL FA TAB 29-1MG ...	143
see NATALVIT TAB 75-1MG .....	144
see O-CAL TAB PRENATAL.....	144
see PERRY PRENAT CAP .....	144
see PRENATAL TAB .....	145
see PRENATAL TAB COMPLETE ...	145
see RA PRENATAL TAB FORMULA	145
see SE-NATAL 19 CHW .....	145
see TRINATAL RX TAB 1.....	145
see VITAFOL-OB TAB 65-1MG.....	145
see VOL-PLUS TAB.....	145
<b><i>prenatal vit w/ ferrous fumarate-l</i></b>	
<b><i>methylfolate-folic acid</i></b>	
see TL FOLATE TAB .....	145
<b><i>prenatal vit w/ iron carbonyl-fa tab</i></b>	
<b><i>29-1 mg</i></b> .....	145
<b><i>prenatal vit w/ iron carbonyl-folic</i></b>	
<b><i>acid</i></b>	
see VOL-TAB RX TAB.....	145
<b><i>prenatal vit w/ selenium-fe</i></b>	
<b><i>fumarate-folic acid</i></b>	
see PRENATAL TAB FORMULA .....	145
see VINATE M TAB .....	145
<b><i>prenatal vit without vit a w/ fe</i></b>	
<b><i>bisglycinate-folic acid</i></b>	
see NESTABS TAB.....	144
<b><i>prenatal vitamin</i></b>	
see CALNA TAB .....	143
<b><i>prenatal vitamins w/ ferrous</i></b>	
<b><i>succinate-folic acid</i></b>	
see NUTRIENTS TAB PRENATAL ..	144

<b>prenatal without a vit w/ fe fumarate-folic acid</b>	
see PRENATAL FRM TAB A-FREE ..	144
<b>prenatal without vit a w/ iron polysaccharide complex-fa</b>	
see EZFE FORTE CAP .....	144
PRENATAL/FE TAB.....	145
PRENATAL+DHA MIS.....	145
PREPOPIK PAK.....	127
PREVNAR 13 INJ.....	168
PREVNAR 20 INJ.....	168
PREZCOBIX TAB 800-150.....	84
PREZISTA SUS 100MG/ML.....	84
PREZISTA TAB 150MG .....	84
PREZISTA TAB 600MG .....	84
PREZISTA TAB 75MG.....	84
PREZISTA TAB 800MG .....	84
PRIFTIN TAB 150MG.....	66
PRILOSEC OTC TAB 20MG.....	165
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	66
<b>primidone tab 250 mg</b> .....	34
<b>primidone tab 50 mg</b> .....	34
PRIVIGEN INJ 20GRAMS .....	154
<b>probenecid tab 500 mg</b> .....	120
<b>procarbazine hcl</b>	
see MATULANE CAP 50MG .....	73
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	80
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	80
<b>prochlorperazine suppos 25 mg</b> ..	80
PROCRIT INJ 2000/ML .....	123
PROCRIT INJ 3000/ML .....	123
PROCRIT INJ 40000/ML .....	123
<b>progesterone (vaginal)</b>	
see PROGESTERONE SUP VGS 100 .....	170
see PROGESTERONE SUP VGS 200 .....	170
<b>progesterone cap 100 mg</b> .....	156
<b>progesterone cap 200 mg</b> .....	156
PROGESTERONE SUP VGS 100.....	170
PROGESTERONE SUP VGS 200.....	170
PROLASTIN-C INJ 1000MG .....	160
PROLIA SOL 60MG/ML .....	112
PROMACTA TAB 12.5MG .....	123
PROMACTA TAB 25MG .....	123
PROMACTA TAB 50MG .....	123
PROMACTA TAB 75MG .....	123
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	100
<b>promethazine hcl inj 25 mg/ml</b> ...	53
<b>promethazine hcl suppos 12.5 mg</b> .....	53
<b>promethazine hcl suppos 25 mg</b> .	54
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	54
<b>promethazine hcl tab 12.5 mg</b> ....	54
<b>promethazine hcl tab 25 mg</b> .....	54
<b>promethazine hcl tab 50 mg</b> .....	54
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	100
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	100
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b> .....	100
<b>propafenone hcl tab 150 mg</b> .....	25
<b>propafenone hcl tab 225 mg</b> .....	25
<b>propafenone hcl tab 300 mg</b> .....	25
<b>proparacaine hcl ophth soln 0.5%</b> .....	151
<b>propranolol hcl cap er 24hr 120 mg</b> .....	88
<b>propranolol hcl cap er 24hr 160 mg</b> .....	88
<b>propranolol hcl cap er 24hr 60 mg</b> .....	88
<b>propranolol hcl cap er 24hr 80 mg</b> .....	88
<b>propranolol hcl oral soln 20 mg/5ml</b> .....	88
<b>propranolol hcl oral soln 40 mg/5ml</b> .....	88
<b>propranolol hcl tab 10 mg</b> .....	88
<b>propranolol hcl tab 20 mg</b> .....	88
<b>propranolol hcl tab 40 mg</b> .....	88
<b>propranolol hcl tab 60 mg</b> .....	88
<b>propranolol hcl tab 80 mg</b> .....	88
<b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	149
<b>propylthiouracil tab 50 mg</b> .....	161
<b>protriptyline hcl tab 10 mg</b> .....	40

**protriptyline hcl tab 5 mg** ..... 40  
**pseudoephed-bromphen-dm**  
 see BROTAPP DM LIQ 15-1-5/5 ..... 99  
**pseudoephed-bromphen-dm syrup**  
**30-2-10 mg/5ml** ..... 100  
**pseudoephedrine hcl**  
 see NASAL DECON SYP 30MG/5ML  
 ..... 147  
 see NASAL DECONG LIQ 30MG/5ML  
 ..... 148  
**pseudoephedrine hcl liq 15 mg/5ml**  
 ..... 148  
**pseudoephedrine hcl tab 30 mg** 148  
**pseudoephedrine hcl tab 60 mg** 148  
**pseudoephedrine hcl tab er 12hr**  
**120 mg** ..... 148  
**pseudoephedrine-guaifenesin tab**  
**er 12hr 60-600 mg** ..... 100  
**psyllium**  
 see KONSYL DAILY POW 100% ... 126  
 see KONSYL DAILY POW 28.3% .. 126  
 see KONSYL-D POW 52.3% ..... 126  
 see METAMUCIL POW 28%ORG... 126  
 see METAMUCIL POW 58.12%..... 126  
 see METAMUCIL WAF ..... 126  
 see NAT FIBER POW 58.6% ..... 126  
**psyllium cap 0.52 gm** ..... 126  
**psyllium cap 400 mg** ..... 126  
**psyllium powder 100%** ..... 127  
**psyllium powder 28.3%** ..... 127  
**psyllium powder 30.9%** ..... 127  
**psyllium powder 33%** ..... 127  
**psyllium powder 48.57%** ..... 127  
**psyllium powder 58.6%** ..... 127  
**psyllium powder 95%** ..... 127  
 PULMICORT INH 180MCG ..... 27  
 PULMICORT INH 90MCG ..... 27  
 PULMONEB LT MIS NEBULIZE ..... 133  
 PULMOZYME SOL 1MG/ML ..... 160  
 PURE & GENTL DRO 0.3% ..... 149  
 Px Iron  
 see **ferrous sulfate dried tab 200**  
**mg (65 mg elemental fe)** ..... 124  
**pyrantel pamoate susp 144 mg/ml**  
**(50 mg/ml base equiv)** ..... 20  
**pyrazinamide tab 500 mg** ..... 66

**pyreth-piperonyl butox sham-**  
**permeth aero-nit remover gel kit**  
 ..... 109  
**pyrethrins-piperonyl butoxide liq**  
**0.3-3%** ..... 109  
**pyrethrins-piperonyl butoxide liq**  
**0.33-4%** ..... 109  
**pyrethrins-piperonyl butoxide**  
**shampoo 0.33-4%** ..... 109  
**pyridostigmine bromide tab 60 mg**  
 ..... 66  
**pyridoxine hcl tab 100 mg** ..... 171  
**pyridoxine hcl tab 25 mg** ..... 171  
**pyridoxine hcl tab 50 mg** ..... 171  
 PYRIME/LEUCO CAP 12.5/2.5 ..... 65  
 PYRIME/LEUCO CAP 25/10MG ..... 65  
 PYRIME/LEUCO CAP 25/5MG ..... 65  
 PYRIME/LEUCO CAP 50/10MG ..... 65  
 PYRIME/LEUCO CAP 50/20MG ..... 65  
 PYRIME/LEUCO CAP 50/25MG ..... 65  
 PYRIME/LEUCO CAP 75/25MG ..... 65  
**Q**  
 Qc 3 Day Vaginal Cream  
 see **miconazole nitrate vaginal**  
**cream 4% (200 mg/5gm)** ... 170  
 Qc Natural Vegetable  
 see **psyllium powder 95%** ..... 127  
**quetiapine fumarate tab 100 mg** 79  
**quetiapine fumarate tab 200 mg** 79  
**quetiapine fumarate tab 25 mg**... 79  
**quetiapine fumarate tab 300 mg** 79  
**quetiapine fumarate tab 400 mg** 79  
**quetiapine fumarate tab 50 mg**... 79  
**quetiapine fumarate tab er 24hr**  
**150 mg** ..... 79  
**quetiapine fumarate tab er 24hr**  
**200 mg** ..... 79  
**quetiapine fumarate tab er 24hr**  
**300 mg** ..... 79  
**quetiapine fumarate tab er 24hr**  
**400 mg** ..... 80  
**quetiapine fumarate tab er 24hr 50**  
**mg** ..... 79  
**quinapril hcl tab 10 mg** ..... 59  
**quinapril hcl tab 20 mg** ..... 59  
**quinapril hcl tab 40 mg** ..... 59  
**quinapril hcl tab 5 mg** ..... 58



**quinapril-hydrochlorothiazide tab 10-12.5 mg** ..... 64  
**quinapril-hydrochlorothiazide tab 20-12.5 mg** ..... 64  
**quinapril-hydrochlorothiazide tab 20-25 mg** ..... 64  
**quinidine sulfate tab 200 mg**..... 25  
**quinidine sulfate tab 300 mg**..... 25  
**quinine sulfate cap 324 mg** ..... 66  
QVAR REDIHA AER 80MCG ..... 27  
QVAR REDIHAL AER 40MCG ..... 27

**R**

Ra Acetaminophen Rapid Me  
see **acetaminophen disintegrating tab 160 mg** ..... 12  
see **acetaminophen disintegrating tab 80 mg** ..... 12

Ra Budesonide Nasal Spray  
see **budesonide nasal susp 32 mcg/act** ..... 147

Ra Calcium 600 Plus Vitam  
see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit** ..... 135

Ra Cetirizine  
see **cetirizine hcl tab 10 mg** ..... 53

Ra Col-rite  
see **docusate sodium cap 50 mg** ..... 128

Ra Ear Drying Agent  
see **isopropyl alcohol-glycerin otic liquid 95-5%** ..... 153

Ra Glycerin Child  
see **glycerin suppos 80.7%** ..... 128

Ra Hemorrhoidal  
see **pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%** ..... 19

Ra Hydrocortisone Plus 12  
see **hydrocortisone cream 1%** 107

Ra Ibuprofen  
see **ibuprofen tab 200 mg** ..... 9

Ra Laxative  
see **polyethylene glycol 3350 oral packet 17 gm** ..... 128  
see **polyethylene glycol 3350 oral powder 17 gm/scoop** ..... 128

Ra Laxative Maximum Stren  
see **sennosides tab 25 mg** ..... 128

RA LICE KIT SOLUTION ..... 109

Ra Lubricant Eye Drops  
see **propylene glycol-glycerin ophth soln 1-0.3%** ..... 149

RA MELATONIN TAB 3MG ..... 6

Ra Mucus Relief D  
see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** ..... 100

RA OYS SHL/D TAB 500MG ..... 137

Ra Oyster Shell Calcium/v  
see **calcium carbonate-vitamin d tab 250 mg-125 unit** ..... 136

RA PRENATAL TAB FORMULA ..... 145

Ra Slow Release Iron  
see **ferrous sulfate tab er 47.5 mg (elemental fe)** ..... 124

Ra Tioconazole 1  
see **tioconazole vaginal oint 6.5%** ..... 170

**rabeprazole sodium ec tab 20 mg** ..... 165

**raloxifene hcl tab 60 mg** ..... 113

**raltegravir potassium**  
see ISENTRESS CHW 100MG ..... 84  
see ISENTRESS CHW 25MG ..... 84  
see ISENTRESS HD TAB 600MG ... 84  
see ISENTRESS POW 100MG ..... 84  
see ISENTRESS TAB 400MG ..... 84

**ramelteon tab 8 mg** ..... 126

**ramipril cap 1.25 mg**..... 59

**ramipril cap 10 mg** ..... 59

**ramipril cap 2.5 mg** ..... 59

**ramipril cap 5 mg** ..... 59

**ranolazine tab er 12hr 1000 mg**.. 22

**ranolazine tab er 12hr 500 mg**... 22

**rasagiline mesylate tab 0.5 mg (base equiv)** ..... 75

**rasagiline mesylate tab 1 mg (base equiv)** ..... 75

REBIF INJ 22/0.5 ..... 159

REBIF INJ 44/0.5 ..... 159

REBIF REBIDO INJ 22/0.5 ..... 159

REBIF REBIDO INJ 44/0.5 ..... 159

REBIF REBIDO INJ TITRATN ..... 159

REBIF TITRTN INJ PACK ..... 159

RECOMBINATE INJ .....	121	REYVOW TAB 50MG .....	134
RECOMBINATE INJ 220-400 .....	121	<b><i>rho d immune globulin (human)</i></b>	
RECOMBINATE INJ 401-800 .....	121	see RHOGAM PLUS INJ 300MCG..	154
RECOMBINATE INJ 801-1240.....	121	RHOGAM PLUS INJ 300MCG .....	154
RECOMBIVA HB INJ 10MCG/ML.....	169	Ribasphere	
RECOMBIVA HB INJ 5MCG/0.5 .....	169	see <b><i>ribavirin cap 200 mg</i></b> .....	86
RECTIV OIN 0.4%.....	19	<b><i>ribavirin cap 200 mg</i></b> .....	86
Regenecare Ha		<b><i>ribavirin tab 200 mg</i></b> .....	86
see <b><i>lidocaine hcl gel 2%</i></b> .....	108	<b><i>ribociclib succinate</i></b>	
<b><i>regorafenib</i></b>		see KISQALI TAB 200DOSE .....	71
see STIVARGA TAB 40MG.....	72	see KISQALI TAB 400DOSE .....	71
REGRANEX GEL 0.01% .....	109	see KISQALI TAB 600DOSE .....	71
Reguloid		<b><i>ribociclib succinate-letrozole</i></b>	
see <b><i>psyllium cap 400 mg</i></b> .....	126	see KISQALI 200 PAK FEMARA.....	69
RELENZA MIS DISKHALE.....	87	see KISQALI 400 PAK FEMARA.....	69
RELION KETON TES.....	109	see KISQALI 600 PAK FEMARA.....	69
RELION TRUE KIT MET AIR.....	131	<b><i>riboflavin tab 100 mg</i></b> .....	172
RELION TRUE TES METRIX.....	110	RIDAURA CAP 3MG .....	7
RELISTOR INJ 12/0.6ML .....	118	<b><i>rifabutin cap 150 mg</i></b> .....	66
RELISTOR TAB 150MG .....	118	<b><i>rifampin cap 150 mg</i></b> .....	66
Rena-vite		<b><i>rifampin cap 300 mg</i></b> .....	66
see <b><i>b-complex w/ c &amp; folic acid</i></b>		<b><i>rifapentine</i></b>	
<b><i>tab 0.8 mg</i></b> .....	141	see PRIFTIN TAB 150MG .....	66
RENFLEXIS INJ 100MG .....	118	RIFATER TAB .....	66
<b><i>repaglinide tab 0.5 mg</i></b> .....	49	<b><i>rifaximin</i></b>	
<b><i>repaglinide tab 1 mg</i></b> .....	49	see XIFAXAN TAB 200MG .....	21
<b><i>repaglinide tab 2 mg</i></b> .....	49	see XIFAXAN TAB 550MG .....	21
REPATHA INJ 140MG/ML.....	57	<b><i>rilonacept</i></b>	
REPATHA PUSH INJ 420/3.5 .....	57	see ARCALYST INJ 220MG.....	7
REPATHA SURE INJ 140MG/ML .....	57	<b><i>rilpivirine hcl</i></b>	
RESCRIPTOR TAB 200MG .....	84	see EDURANT TAB 25MG .....	83
RESTASIS EMU 0.05%.....	151	<b><i>riluzole tab 50 mg</i></b> .....	148
RETACRIT INJ 10000UNT .....	123	<b><i>rimantadine hydrochloride tab 100</i></b>	
RETACRIT INJ 20000UNI.....	123	<b><i>mg</i></b> .....	87
RETACRIT INJ 2000UNIT.....	123	RINVOQ TAB 15MG ER .....	7
RETACRIT INJ 3000UNIT.....	123	<b><i>riociguat</i></b>	
RETACRIT INJ 40000UNT .....	123	see ADEMPAS TAB 0.5MG .....	93
RETACRIT INJ 4000UNIT.....	123	see ADEMPAS TAB 1.5MG .....	93
<b><i>retapamulin</i></b>		see ADEMPAS TAB 1MG .....	93
see ALTABAX OIN 1%.....	102	see ADEMPAS TAB 2.5MG .....	93
REVLIMID CAP 10MG.....	139	see ADEMPAS TAB 2MG .....	93
REVLIMID CAP 15MG.....	139	RISACAL-D TAB.....	137
REVLIMID CAP 2.5MG.....	139	<b><i>risankizumab-rzaa</i></b>	
REVLIMID CAP 20MG.....	139	see SKYRIZI INJ 150DOSE .....	104
REVLIMID CAP 25MG.....	139	see SKYRIZI INJ 150MG/ML .....	104
REVLIMID CAP 5MG .....	139	see SKYRIZI PEN INJ 150MG/ML .	104
REYVOW TAB 100MG.....	134	<b><i>risedronate sodium tab 150 mg</i></b>	112

<i>risedronate sodium tab 30 mg</i> ..	112	<i>rivastigmine tartrate cap 4.5 mg</i> (base equivalent) .....	157
<i>risedronate sodium tab 35 mg</i> ..	112	<i>rivastigmine tartrate cap 6 mg</i> (base equivalent) .....	157
<i>risedronate sodium tab 5 mg</i> ....	112	<i>rivastigmine td patch 24hr 13.3</i> <i>mg/24hr</i> .....	157
RISPERDAL INJ 12.5MG .....	77	<i>rivastigmine td patch 24hr 4.6</i> <i>mg/24hr</i> .....	157
RISPERDAL INJ 25MG .....	77	<i>rivastigmine td patch 24hr 9.5</i> <i>mg/24hr</i> .....	157
RISPERDAL INJ 37.5MG .....	77	Rivelsa	
RISPERDAL INJ 50MG .....	77	see <i>levonor-eth est tab 0.15-</i> <i>0.02/0.025/0.03 mg &amp;eth est</i> <i>0.01 mg</i> .....	95
<i>risperidone microspheres</i>		<i>rizatRIPTAN benzoate oral</i> <i>disintegrating tab 10 mg (base</i> <i>eq)</i> .....	134
see RISPERDAL INJ 12.5MG .....	77	<i>rizatRIPTAN benzoate oral</i> <i>disintegrating tab 5 mg (base eq)</i> .....	134
see RISPERDAL INJ 25MG .....	77	<i>rizatRIPTAN benzoate tab 10 mg</i> (base equivalent) .....	134
see RISPERDAL INJ 37.5MG .....	77	<i>rizatRIPTAN benzoate tab 5 mg</i> (base equivalent) .....	134
see RISPERDAL INJ 50MG .....	77	Robafen	
<i>risperidone orally disintegrating</i> <i>tab 0.25 mg</i> .....	77	see <i>guaifenesin syrup 100</i> <i>mg/5ml</i> .....	100
<i>risperidone orally disintegrating</i> <i>tab 0.5 mg</i> .....	77	ROBITUSSIN SYP 7.5/5ML .....	99
<i>risperidone orally disintegrating</i> <i>tab 1 mg</i> .....	77	<i>roflumilast</i>	
<i>risperidone orally disintegrating</i> <i>tab 2 mg</i> .....	77	see DALIRESP TAB 250MCG .....	26
<i>risperidone orally disintegrating</i> <i>tab 3 mg</i> .....	77	see DALIRESP TAB 500MCG .....	27
<i>risperidone orally disintegrating</i> <i>tab 4 mg</i> .....	77	<i>ropinirole hydrochloride tab 0.25</i> <i>mg</i> .....	75
<i>risperidone soln 1 mg/ml</i> .....	77	<i>ropinirole hydrochloride tab 0.5 mg</i> .....	75
<i>risperidone tab 0.25 mg</i> .....	77	<i>ropinirole hydrochloride tab 1 mg</i> .....	75
<i>risperidone tab 0.5 mg</i> .....	77	<i>ropinirole hydrochloride tab 2 mg</i> .....	75
<i>risperidone tab 1 mg</i> .....	77	<i>ropinirole hydrochloride tab 3 mg</i> .....	75
<i>risperidone tab 2 mg</i> .....	77	<i>ropinirole hydrochloride tab 4 mg</i> .....	75
<i>risperidone tab 3 mg</i> .....	77	<i>ropinirole hydrochloride tab 5 mg</i> .....	75
<i>risperidone tab 4 mg</i> .....	77	<i>rosiglitazone maleate</i>	
<i>ritonavir</i>		see AVANDIA TAB 2MG .....	48
see NORVIR SOL 80MG/ML .....	84		
<i>ritonavir tab 100 mg</i> .....	84		
<i>rituximab-pvvr</i>			
see RUXIENCE INJ 100/10ML .....	67		
see RUXIENCE INJ 500/50ML .....	68		
<i>rivaroxaban</i>			
see XARELTO STAR TAB 15/20MG .	30		
see XARELTO TAB 10MG .....	30		
see XARELTO TAB 15MG .....	30		
see XARELTO TAB 2.5MG .....	30		
see XARELTO TAB 20MG .....	30		
<i>rivastigmine tartrate cap 1.5 mg</i> (base equivalent) .....	157		
<i>rivastigmine tartrate cap 3 mg</i> (base equivalent) .....	157		

see AVANDIA TAB 4MG ..... 49  
**rosuvastatin calcium tab 10 mg** ..56  
**rosuvastatin calcium tab 20 mg** ..56  
**rosuvastatin calcium tab 40 mg** ..57  
**rosuvastatin calcium tab 5 mg** ....56  
**rotigotine**  
 see NEUPRO DIS 1MG/24HR ..... 74  
 see NEUPRO DIS 2MG/24HR ..... 74  
 see NEUPRO DIS 3MG/24HR ..... 74  
 see NEUPRO DIS 4MG/24HR ..... 74  
 see NEUPRO DIS 6MG/24HR ..... 74  
 see NEUPRO DIS 8MG/24HR ..... 74  
 RUBRACA TAB 200MG ..... 72  
 RUBRACA TAB 250MG ..... 72  
 RUBRACA TAB 300MG ..... 72  
**rucaparib camsylate**  
 see RUBRACA TAB 200MG ..... 72  
 see RUBRACA TAB 250MG ..... 72  
 see RUBRACA TAB 300MG ..... 72  
**rufinamide**  
 see BANZEL TAB 200MG ..... 32  
 see BANZEL TAB 400MG ..... 32  
**rufinamide susp 40 mg/ml**..... 34  
**rufinamide tab 200 mg**..... 34  
**rufinamide tab 400 mg**..... 34  
 RUXIENCE INJ 100/10ML ..... 67  
 RUXIENCE INJ 500/50ML ..... 68  
**ruxolitinib phosphate**  
 see JAKAFI TAB 10MG ..... 71  
 see JAKAFI TAB 15MG ..... 71  
 see JAKAFI TAB 20MG ..... 71  
 see JAKAFI TAB 25MG ..... 71  
 see JAKAFI TAB 5MG ..... 71  
 RYBELSUS TAB 14MG ..... 45  
 RYBELSUS TAB 3MG ..... 45  
 RYBELSUS TAB 7MG ..... 45  
**S**  
**sacubitril-valsartan**  
 see ENTRESTO TAB 24-26MG..... 91  
 see ENTRESTO TAB 49-51MG..... 91  
 see ENTRESTO TAB 97-103MG..... 91  
**saline nasal spray 0.65%** ..... 146  
**salmeterol xinafoate**  
 see SEREVENT DIS AER 50MCG .... 29  
**salsalate tab 500 mg**..... 12  
**salsalate tab 750 mg**..... 13  
 SANDIMMUNE CAP 100MG ..... 140

SANDIMMUNE CAP 25MG ..... 140  
 SANDOSTATIN KIT LAR 10MG ..... 114  
 SANDOSTATIN KIT LAR 20MG ..... 114  
 SANDOSTATIN KIT LAR 30MG ..... 114  
 SANTYL OIN 250/GM..... 108  
**sapropterin dihydrochloride tab 100 mg** ..... 114  
**saquinavir mesylate**  
 see INVIRASE TAB 500MG ..... 83  
**sarilumab**  
 see KEVZARA INJ 150/1.14 ..... 8  
 see KEVZARA INJ 200/1.14 ..... 8  
 SAVELLA MIS TITR PAK ..... 158  
 SAVELLA TAB 100MG ..... 158  
 SAVELLA TAB 12.5MG ..... 158  
 SAVELLA TAB 25MG ..... 158  
 SAVELLA TAB 50MG ..... 158  
 Sb Fib Lax Orange  
 see **psyllium powder 33%** ..... 127  
 Sb Lice Treatment  
 see **pyrethrins-piperonyl butoxide liq 0.3-3%**..... 109  
**scopolamine td patch 72hr 1 mg/3days** ..... 51  
**secukinumab**  
 see COSENTYX INJ 150MG/ML .... 104  
 see COSENTYX INJ 300DOSE..... 104  
 see COSENTYX INJ 75MG/0.5 ..... 104  
 see COSENTYX PEN INJ 150MG/ML ..... 104  
 see COSENTYX PEN INJ 300DOSE 104  
**segesterone acetate-ethinyl estradiol**  
 see ANNOVERA MIS ..... 97  
**selegiline**  
 see EMSAM DIS 12MG/24H ..... 36  
 see EMSAM DIS 6MG/24HR ..... 36  
 see EMSAM DIS 9MG/24HR ..... 36  
**selegiline hcl cap 5 mg** ..... 75  
**selegiline hcl tab 5 mg**..... 75  
**selenium sulfide lotion 1%** ..... 105  
**selenium sulfide lotion 2.5%** .... 105  
**selexipag**  
 see UPTRAVI TAB 1000MCG ..... 93  
 see UPTRAVI TAB 1200MCG ..... 93  
 see UPTRAVI TAB 1400MCG ..... 93  
 see UPTRAVI TAB 1600MCG ..... 93

see UPTRAVI TAB 200/800 .....	93	see <b>docusate sodium syrup 60 mg/15ml</b> .....	129
see UPTRAVI TAB 200MCG .....	93	<b>sildenafil citrate tab 20 mg</b> .....	92
see UPTRAVI TAB 400MCG .....	93	<b>silodosin cap 4 mg</b> .....	119
see UPTRAVI TAB 600MCG .....	93	<b>silodosin cap 8 mg</b> .....	120
see UPTRAVI TAB 800MCG .....	93	Siltussin-dm	
SELZENTRY SOL 20MG/ML .....	85	see <b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> .....	99
SELZENTRY TAB 150MG.....	85	<b>silver sulfadiazine cream 1%</b> ....	105
SELZENTRY TAB 25MG .....	85	SIMBRINZA SUS 1-0.2% .....	150
SELZENTRY TAB 300MG.....	85	<b>simethicone cap 125 mg</b> .....	117
SELZENTRY TAB 75MG .....	85	<b>simethicone cap 180 mg</b> .....	117
<b>semaglutide</b>		<b>simethicone chew tab 125 mg</b> ..	117
see OZEMPIC INJ 2/1.5ML.....	45	<b>simethicone chew tab 80 mg</b> ....	117
see OZEMPIC INJ 4MG/3ML .....	45	<b>simethicone liquid 40 mg/0.6ml</b>	117
see RYBELSUS TAB 14MG.....	45	<b>simethicone susp 40 mg/0.6ml</b> .	117
see RYBELSUS TAB 3MG .....	45	SIMPONI INJ 100MG/ML .....	7
see RYBELSUS TAB 7MG .....	45	SIMPONI INJ 50/0.5ML.....	7
SE-NATAL 19 CHW.....	145	<b>simvastatin tab 10 mg</b> .....	57
<b>sennosides chew tab 15 mg</b> .....	128	<b>simvastatin tab 20 mg</b> .....	57
<b>sennosides syrup 8.8 mg/5ml</b> ...	128	<b>simvastatin tab 40 mg</b> .....	57
<b>sennosides tab 25 mg</b> .....	128	<b>simvastatin tab 5 mg</b> .....	57
<b>sennosides tab 8.6 mg</b> .....	128	<b>simvastatin tab 80 mg</b> .....	57
<b>sennosides-docusate sodium</b>		<b>sinecatechins</b>	
see MEDI-LAXX CAP 8.6-50MG....	127	see VEREGEN OIN 15% .....	102
<b>sennosides-docusate sodium tab 8.6-50 mg</b> .....	127	<b>siponimod fumarate</b>	
SEREVENT DIS AER 50MCG .....	29	see MAYZENT TAB 0.25MG.....	159
<b>sertaconazole nitrate</b>		see MAYZENT TAB 2MG .....	159
see ERTACZO CRE 2% .....	103	<b>sirolimus oral soln 1 mg/ml</b> .....	140
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b> .....	37	<b>sirolimus tab 0.5 mg</b> .....	140
<b>sertraline hcl tab 100 mg</b> .....	37	<b>sirolimus tab 1 mg</b> .....	140
<b>sertraline hcl tab 25 mg</b> .....	37	<b>sirolimus tab 2 mg</b> .....	140
<b>sertraline hcl tab 50 mg</b> .....	37	SIRTURO TAB 100MG.....	66
<b>sevelamer carbonate tab 800 mg</b> .....	119	<b>sitagliptin phosphate</b>	
Sf		see JANUVIA TAB 100MG .....	45
see <b>sodium fluoride gel 1.1% (0.5% f)</b> .....	141	see JANUVIA TAB 25MG.....	45
Sf 5000 Plus		see JANUVIA TAB 50MG.....	45
see <b>sodium fluoride cream 1.1%</b> .....	141	<b>sitagliptin-metformin hcl</b>	
SHINGRIX INJ 50/0.5ML .....	169	see JANUMET TAB 50-1000 .....	42
SHUR-SEAL GEL 2%.....	169	see JANUMET TAB 50-500MG .....	42
Silace		see JANUMET XR TAB 100-1000....	42
see <b>docusate sodium liquid 150 mg/15ml</b> .....	129	see JANUMET XR TAB 50-1000 ....	42
		see JANUMET XR TAB 50-500MG...	42
		<b>skin protectants misc - cream</b> ...	108
		SKYLA IUD 13.5MG .....	98
		SKYRIZI INJ 150DOSE.....	104

SKYRIZI INJ 150MG/ML .....	104	see <b>acetaminophen tab 500 mg</b>	12
SKYRIZI PEN INJ 150MG/ML.....	104	Sm Stomach Relief	
Sleep Aid		see <b>bismuth subsalicylate tab 262 mg</b>	50
see <b>doxylamine succinate (sleep tab 25 mg)</b>	125	<b>sodium bicarbonate tab 325 mg</b> ..	20
SLOW FE TAB 45MG .....	124	<b>sodium bicarbonate tab 650 mg</b> ..	20
Slow Iron		<b>sodium chloride hypertonic ophthalmic 5%</b> .....	152
see <b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b>	124	<b>sodium chloride hypertonic ophthalmic soln 5%</b> .....	152
Slow Release Iron		<b>sodium chloride irrigation soln 0.9%</b> .....	119
see <b>ferrous sulfate tab er 50 mg (elemental fe)</b> .....	124	<b>sodium chloride soln nebu 0.9%</b>	100
Slow-release Iron		<b>sodium chloride soln nebu 3%</b> ..	100
see <b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> .....	124	<b>sodium chloride soln nebu 7%</b> ..	100
SLYND TAB 4MG .....	98	<b>sodium chloride tab 1 gm</b> .....	139
Sm Anti-itch Extra Streng		<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b> .....	119
see <b>diphenhydramine-zinc acetate cream 2-0.1%</b> .....	104	<b>sodium fluoride</b>	
Sm Artificial Tears		see FLUORABON DRO.....	137
see <b>artificial tear ophthalmic solution</b> .....	148	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	137
Sm Aspirin		<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	137
see <b>aspirin tab 325 mg</b> .....	12	<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	138
Sm Bedding Lice Treatment		<b>sodium fluoride cream 1.1%</b> .....	141
see <b>permethrin aerosol 0.5%</b> ..	109	<b>sodium fluoride gel 1.1% (0.5% f)</b> .....	141
Sm Calcium 600 + D Plus M		<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	138
see <b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	135	<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	138
Sm Chest Congestion Relie		<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b> .....	138
see <b>guaifenesin tab 400 mg</b> ....	100	<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b> .....	138
Sm Esomeprazole Magnesium		<b>sodium hyaluronate (viscosupplement)</b>	
see <b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	164	see EUFLEXXA INJ 10MG/ML.....	146
Sm Ibuprofen Ib		see VISCO-3 INJ 25/2.5ML.....	146
see <b>ibuprofen chew tab 100 mg</b> .	9	<b>sodium oxybate</b>	
Sm Lice Treatment		see XYREM SOL 500MG/ML .....	157
see <b>permethrin lotion 1%</b> .....	109	<b>sodium phenylbutyrate tab 500 mg</b> .....	114
Sm Miconazole 3			
see <b>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</b> .....	169		
SM ONE DAILY MIS PRENATAL.....	145		
Sm Pain Relief Extra Stre			

<b>sodium phosphate monobasic- sodium phosphate dibasic</b>	SOVALDI TAB 400MG .....	86
see OSMOPREP TAB 1.5GM.....	<b>spacer/aerosol-holding chambers</b>	
<b>sodium phosphates - enema</b> .....	see INSPIRACHAMB MIS LARGE ..	133
128	<b>spinosad susp 0.9%</b> .....	109
<b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b>	SPIRIVA AER 1.25MCG .....	26
see CLENPIQ SOL.....	SPIRIVA CAP HANDIHLR .....	26
127	SPIRIVA SPR 2.5MCG .....	26
see PREPOPIK PAK .....	<b>spironolactone &amp; hydrochlorothiazide</b>	
127	see ALDACTAZIDE TAB 50/50.....	111
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> .....	111
141	<b>spironolactone tab 100 mg</b> .....	111
<b>sodium polystyrene sulfonate powder</b> .....	<b>spironolactone tab 25 mg</b> .....	111
141	<b>spironolactone tab 50 mg</b> .....	111
<b>sodium sulfate-potassium sulfate- magnesium sulfate</b>	SPRYCEL TAB 100MG .....	72
see SUPREP BOWEL SOL PREP KIT .....	SPRYCEL TAB 140MG .....	72
127	SPRYCEL TAB 20MG .....	72
<b>sodium zirconium cyclosilicate</b>	SPRYCEL TAB 50MG .....	72
see LOKELMA PAK 10GM .....	SPRYCEL TAB 70MG .....	72
141	SPRYCEL TAB 80MG .....	72
see LOKELMA PAK 5GM.....	St Joseph Low Dose Aspiri	
141	see <b>aspirin chew tab 81 mg</b> .....	12
SOFOS/VELPAT TAB 400-100 .....	<b>stavudine cap 15 mg</b> .....	85
86	<b>stavudine cap 20 mg</b> .....	85
<b>sofosbuvir</b>	<b>stavudine cap 30 mg</b> .....	85
see SOVALDI TAB 400MG .....	<b>stavudine cap 40 mg</b> .....	85
86	STELARA INJ 45MG/0.5 .....	104
<b>sofosbuvir-velpatasvir-voxilaprevir</b>	STELARA INJ 5MG/ML .....	118
see VOSEVI TAB .....	STELARA INJ 90MG/ML.....	104
86	STIMATE SOL 1.5MG/ML.....	114
SOLIFENACIN SUCCINATE TAB 10 MG .....	Stimulant Laxative	
167	see <b>bisacodyl tab delayed release 5 mg</b> .....	128
SOLIFENACIN SUCCINATE TAB 5 MG .....	STIOLTO AER 2.5-2.5.....	29
167	<b>stiripentol</b>	
SOLIQUA INJ 100/33.....	see DIACOMIT CAP 250MG.....	33
43	see DIACOMIT CAP 500MG.....	33
<b>somatropin</b>	see DIACOMIT PAK 250MG.....	33
see OMNITROPE INJ 10/1.5ML ....	see DIACOMIT PAK 500MG.....	33
113	STIVARGA TAB 40MG .....	72
see OMNITROPE INJ 5.8MG .....	Stool Softener	
113	see <b>docusate calcium cap 240 mg</b> .....	128
see OMNITROPE INJ 5/1.5ML .....	see <b>docusate sodium cap 100 mg</b> .....	128
113		
SOMAVERT INJ 10MG .....		
112		
SOMAVERT INJ 15MG .....		
113		
SOMAVERT INJ 20MG .....		
113		
<b>sonidegib phosphate</b>		
see ODOMZO CAP 200MG .....		
68		
<b>sorafenib tosylate</b>		
see NEXAVAR TAB 200MG .....		
72		
<b>sotalol hcl (afib/afi) tab 120 mg</b> .89		
<b>sotalol hcl (afib/afi) tab 160 mg</b> .89		
<b>sotalol hcl (afib/afi) tab 80 mg</b> ...88		
<b>sotalol hcl tab 120 mg</b> .....89		
<b>sotalol hcl tab 160 mg</b> .....89		
<b>sotalol hcl tab 240 mg</b> .....89		
<b>sotalol hcl tab 80 mg</b> .....		
89		

Stop Lice Complete Lice T	
see <b>pyreth-piperonyl butox sham-</b>	
<b>permeth aero-nit remover gel</b>	
<b>kit</b> .....	109
Stop Lice Maximum Strengt	
see <b>pyrethrins-piperonyl butoxide</b>	
<b>liq 0.33-4%</b> .....	109
Stress Formula W/iron	
see <b>multiple vitamins w/ iron tab</b>	
.....	142
STRIBILD TAB .....	85
STRIVERDI AER 2.5MCG .....	29
<b>succimer</b>	
see CHEMET CAP 100MG .....	50
<b>sucralfate tab 1 gm</b> .....	164
<b>sucroferic oxyhydroxide</b>	
see VELPHORO CHW 500MG .....	119
SUDAFED PE SOL CHILDREN .....	148
<b>sulconazole nitrate</b>	
see EXELDERM SOL 1% .....	103
<b>sulconazole nitrate cream 1%</b> ... 103	
<b>sulconazole nitrate solution 1%</b> 103	
<b>sulfacetamide sodium lotion 10%</b>	
<b>(acne)</b> .....	101
<b>sulfacetamide sodium ophth soln</b>	
<b>10%</b> .....	150
<b>sulfacetamide sodium-prednisolone</b>	
<b>ophth soln 10-0.23(0.25)%</b> .... 151	
<b>sulfacetamide sodium-sulfur in</b>	
<b>urea emulsion 10-4%</b> ..... 101	
SULFADIAZINE TAB 500MG .....	160
<b>sulfamethoxazole-trimethoprim</b>	
<b>susp 200-40 mg/5ml</b> ..... 21	
<b>sulfamethoxazole-trimethoprim tab</b>	
<b>400-80 mg</b> .....	21
<b>sulfamethoxazole-trimethoprim tab</b>	
<b>800-160 mg</b> .....	21
SULFAMYLON CRE 85MG/GM .....	105
<b>sulfasalazine tab 500 mg</b> .....	118
<b>sulfasalazine tab delayed release</b>	
<b>500 mg</b> .....	118
<b>sulindac tab 150 mg</b> ..... 10	
<b>sulindac tab 200 mg</b> ..... 10	
<b>sumatriptan succinate inj 6</b>	
<b>mg/0.5ml</b> ..... 134	
<b>sumatriptan succinate tab 100 mg</b>	
.....	134

<b>sumatriptan succinate tab 25 mg</b>	
.....	134
<b>sumatriptan succinate tab 50 mg</b>	
.....	134
<b>sunitinib malate</b>	
see SUTENT CAP 12.5MG .....	72
see SUTENT CAP 25MG .....	72
see SUTENT CAP 37.5MG .....	72
see SUTENT CAP 50MG .....	72
SUPREP BOWEL SOL PREP KIT.....	127
SUTENT CAP 12.5MG .....	72
SUTENT CAP 25MG .....	72
SUTENT CAP 37.5MG .....	72
SUTENT CAP 50MG .....	72
<b>suvorexant</b>	
see BELSOMRA TAB 10MG.....	126
see BELSOMRA TAB 15MG.....	126
see BELSOMRA TAB 20MG.....	126
see BELSOMRA TAB 5MG .....	126
SYMBICORT AER 160-4.5.....	29
SYMBICORT AER 80-4.5 .....	29
SYMJEPI INJ 0.15MG.....	170
SYMJEPI INJ 0.3MG.....	170
SYMLINPEN 60 INJ 1000MCG .....	41
SYMLINPEN 120 INJ 1000MCG.....	41
SYMPROIC TAB 0.2MG.....	118
SYMTUZA TAB.....	85
SYNAGIS INJ 100MG/ML.....	154
SYNAGIS INJ 50MG.....	154
SYNAREL SOL 2MG/ML .....	113
SYNJARDY TAB.....	43
SYNJARDY TAB 12.5-500 .....	43
SYNJARDY TAB 5-1000MG .....	43
SYNJARDY TAB 5-500MG .....	43
SYNJARDY XR TAB.....	43
SYNJARDY XR TAB 10-1000 .....	43
SYNJARDY XR TAB 25-1000 .....	43
SYNJARDY XR TAB 5-1000MG.....	43
SYNTHROID TAB 100MCG .....	162
SYNTHROID TAB 112MCG .....	162
SYNTHROID TAB 125MCG.....	162
SYNTHROID TAB 137MCG.....	162
SYNTHROID TAB 150MCG .....	162
SYNTHROID TAB 175MCG .....	162
SYNTHROID TAB 200MCG .....	162
SYNTHROID TAB 25MCG.....	162
SYNTHROID TAB 300MCG .....	162



SYNTHROID TAB 50MCG .....	162	TDVAX INJ 2-2 LF .....	163
SYNTHROID TAB 75MCG .....	162	TEFLARO INJ 400MG .....	95
SYNTHROID TAB 88MCG .....	162	TEFLARO INJ 600MG .....	95
<b>syringe (disposable)</b>		<b>telmisartan tab 20 mg</b> .....	61
see 3ML SYRINGE MIS REG TIP ...	133	<b>telmisartan tab 40 mg</b> .....	61
<b>T</b>		<b>telmisartan tab 80 mg</b> .....	61
TABLOID TAB 40MG .....	67	<b>temazepam cap 15 mg</b> .....	125
<b>tacrolimus cap 0.5 mg</b> .....	140	<b>temazepam cap 30 mg</b> .....	126
<b>tacrolimus cap 1 mg</b> .....	140	TEMIXYS TAB 300-300 .....	85
<b>tacrolimus cap 5 mg</b> .....	140	<b>temozolomide cap 100 mg</b> .....	67
<b>tacrolimus oint 0.03%</b> .....	108	<b>temozolomide cap 140 mg</b> .....	67
<b>tacrolimus oint 0.1%</b> .....	108	<b>temozolomide cap 180 mg</b> .....	67
<b>tadalafil tab 20 mg (pah)</b> .....	92	<b>temozolomide cap 20 mg</b> .....	66
TAFINLAR CAP 50MG .....	72	<b>temozolomide cap 250 mg</b> .....	67
TAFINLAR CAP 75MG .....	72	<b>temozolomide cap 5 mg</b> .....	66
<b>tafluprost</b>		TENIVAC INJ 5-2LF .....	163
see ZIOPTAN DRO 0.0015% .....	153	<b>tenofovir alafenamide fumarate</b>	
TAGRISSO TAB 40MG .....	72	see VEMLIDY TAB 25MG .....	86
TAGRISSO TAB 80MG .....	72	<b>tenofovir disoproxil fumarate tab</b>	
<b>tamoxifen citrate tab 10 mg (base</b>		<b>300 mg</b> .....	85
<b>equivalent)</b> .....	69	<b>terazosin hcl cap 1 mg (base</b>	
<b>tamoxifen citrate tab 20 mg (base</b>		<b>equivalent)</b> .....	62
<b>equivalent)</b> .....	69	<b>terazosin hcl cap 10 mg (base</b>	
<b>tamsulosin hcl cap 0.4 mg</b> .....	120	<b>equivalent)</b> .....	62
<b>tapentadol hcl</b>		<b>terazosin hcl cap 2 mg (base</b>	
see NUCYNTA ER TAB 100MG .....	15	<b>equivalent)</b> .....	62
see NUCYNTA ER TAB 150MG .....	15	<b>terazosin hcl cap 5 mg (base</b>	
see NUCYNTA ER TAB 200MG .....	15	<b>equivalent)</b> .....	62
see NUCYNTA ER TAB 250MG .....	15	<b>terbinafine hcl cream 1%</b> .....	103
see NUCYNTA ER TAB 50MG .....	15	<b>terbinafine hcl tab 250 mg</b> .....	52
see NUCYNTA TAB 100MG .....	15	<b>terbutaline sulfate tab 2.5 mg</b> ...	29
see NUCYNTA TAB 50MG .....	15	<b>terbutaline sulfate tab 5 mg</b> .....	29
see NUCYNTA TAB 75MG .....	15	<b>terconazole vaginal cream 0.4%</b>	
TARGRETIN GEL 1% .....	104	.....	170
TASIGNA CAP 150MG .....	72	<b>terconazole vaginal cream 0.8%</b>	
TASIGNA CAP 200MG .....	72	.....	170
TASIGNA CAP 50MG .....	72	<b>terconazole vaginal suppos 80 mg</b>	
<b>tasimelteon</b>		.....	170
see HETLIOZ CAP 20MG .....	126	<b>teriflunomide</b>	
<b>tazarotene</b>		see AUBAGIO TAB 14MG .....	158
see TAZORAC CRE 0.05% .....	105	see AUBAGIO TAB 7MG .....	158
see TAZORAC GEL 0.05% .....	105	<b>teriparatide (recombinant)</b>	
see TAZORAC GEL 0.1% .....	105	see FORTEO INJ 620/2.48 .....	112
<b>tazarotene cream 0.1%</b> .....	105	<b>testosterone cypionate im inj in oil</b>	
TAZORAC CRE 0.05% .....	105	<b>100 mg/ml</b> .....	19
TAZORAC GEL 0.05% .....	105	<b>testosterone cypionate im inj in oil</b>	
TAZORAC GEL 0.1% .....	105	<b>200 mg/ml</b> .....	19

<b>testosterone enanthate im inj in oil</b>	
<b>200 mg/ml</b> .....	19
<b>tetanus toxoid-diphtheria-acellular</b>	
<b>pertussis adsorb (tdap)</b>	
see ADACEL INJ.....	163
see BOOSTRIX INJ.....	163
<b>tetanus-diphtheria toxoids (td)</b>	
see TDVAX INJ 2-2 LF.....	163
see TENIVAC INJ 5-2LF.....	163
<b>tetrabenazine tab 12.5 mg</b> .....	158
<b>tetrabenazine tab 25 mg</b> .....	158
<b>tetracycline hcl cap 250 mg</b> .....	161
<b>tetracycline hcl cap 500 mg</b> .....	161
Tgt Antacid Extra Strengt	
see <b>calcium carbonate-mag</b>	
<b>hydroxide chew tab 675-135</b>	
<b>mg</b> .....	19
TGT GLUCOSE CHW GRAPE.....	44
<b>thalidomide</b>	
see THALOMID CAP 100MG.....	139
see THALOMID CAP 150MG.....	139
see THALOMID CAP 200MG.....	139
see THALOMID CAP 50MG.....	139
THALOMID CAP 100MG.....	139
THALOMID CAP 150MG.....	139
THALOMID CAP 200MG.....	139
THALOMID CAP 50MG.....	139
<b>theophylline soln 80 mg/15ml</b> ....	29
<b>theophylline tab er 12hr 100 mg</b> ..	29
<b>theophylline tab er 12hr 200 mg</b> ..	29
<b>theophylline tab er 12hr 300 mg</b> ..	29
<b>theophylline tab er 12hr 450 mg</b> ..	29
<b>theophylline tab er 24hr 400 mg</b> ..	29
<b>theophylline tab er 24hr 600 mg</b> ..	29
THERANATAL MIS COMPLETE.....	145
<b>thiamine hcl tab 100 mg</b> .....	172
<b>thiamine hcl tab 250 mg</b> .....	172
<b>thiamine hcl tab 50 mg</b> .....	172
<b>thioguanine</b>	
see TABLOID TAB 40MG.....	67
<b>thioridazine hcl tab 10 mg</b> .....	80
<b>thioridazine hcl tab 100 mg</b> .....	81
<b>thioridazine hcl tab 25 mg</b> .....	81
<b>thioridazine hcl tab 50 mg</b> .....	81
<b>thiothixene cap 1 mg</b> .....	82
<b>thiothixene cap 10 mg</b> .....	82
<b>thiothixene cap 2 mg</b> .....	82
<b>thiothixene cap 5 mg</b> .....	82
THYROGEN INJ 0.9MG.....	109
<b>thyroid</b>	
see ARMOUR THYRO TAB 120MG	161
see ARMOUR THYRO TAB 15MG..	161
see ARMOUR THYRO TAB 180MG	161
see ARMOUR THYRO TAB 240MG	161
see ARMOUR THYRO TAB 300MG	161
see ARMOUR THYRO TAB 30MG..	161
see ARMOUR THYRO TAB 60MG..	161
see ARMOUR THYRO TAB 90MG..	161
see NATURE THROI TAB 162.5MG	161
see NATURE-THROI TAB 113.75MG	
.....	162
see NATURE-THROI TAB 130MG..	162
see NATURE-THROI TAB 146.25MG	
.....	162
see NATURE-THROI TAB 16.25MG	162
see NATURE-THROI TAB 195MG..	162
see NATURE-THROI TAB 260MG..	162
see NATURE-THROI TAB 32.5MG.	162
see NATURE-THROI TAB 325MG..	162
see NATURE-THROI TAB 48.75MG	162
see NATURE-THROI TAB 65MG...	162
see NATURE-THROI TAB 97.5MG.	162
see WP THYROID TAB 81.25MG..	163
<b>thyroid tab 120 mg (2 grain)</b> ....	162
<b>thyroid tab 15 mg (1/4 grain)</b> ..	162
<b>thyroid tab 30 mg (1/2 grain)</b> ..	162
<b>thyroid tab 60 mg (1 grain)</b> .....	162
<b>thyroid tab 90 mg (1 1/2 grain)</b>	162
THYROLAR-1 TAB 60MG.....	162
THYROLAR-1/2 TAB 30MG.....	163
THYROLAR-1/4 TAB 15MG.....	163
THYROLAR-2 TAB 120MG.....	163
THYROLAR-3 TAB 180MG.....	163
<b>thyrotropin alfa</b>	
see THYROGEN INJ 0.9MG.....	109
<b>tiagabine hcl tab 12 mg</b> .....	34
<b>tiagabine hcl tab 16 mg</b> .....	34
<b>tiagabine hcl tab 2 mg</b> .....	34
<b>tiagabine hcl tab 4 mg</b> .....	34
<b>ticagrelor</b>	
see BRILINTA TAB 60MG.....	121
see BRILINTA TAB 90MG.....	121
Tilia Fe	

see <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	96	see ACTEMRA INJ 80MG/4ML.....	7
<i>timolol maleate ophth gel forming soln 0.25%</i> .....	149	see ACTEMRA INJ ACTPEN.....	8
<i>timolol maleate ophth gel forming soln 0.5%</i> .....	149	TODAY SPONGE MIS .....	169
<i>timolol maleate ophth soln 0.25%</i> .....	149	<b><i>tofacitinib citrate</i></b>	
<i>timolol maleate ophth soln 0.5%</i> .....	149	see XELJANZ SOL 1MG/ML .....	7
<i>timolol maleate tab 10 mg</i> .....	89	see XELJANZ TAB 10MG.....	7
<i>timolol maleate tab 20 mg</i> .....	89	see XELJANZ TAB 5MG .....	7
<i>timolol maleate tab 5 mg</i> .....	89	see XELJANZ XR TAB 11MG .....	7
<i>tinidazole tab 250 mg</i> .....	21	see XELJANZ XR TAB 22MG .....	7
<i>tinidazole tab 500 mg</i> .....	21	<b><i>tolazamide tab 250 mg</i></b> .....	50
<i>tioconazole vaginal oint 6.5%</i> ...	170	<b><i>tolazamide tab 500 mg</i></b> .....	50
<b><i>tiotropium bromide monohydrate</i></b>		<b><i>tolbutamide tab 500 mg</i></b> .....	50
see SPIRIVA AER 1.25MCG .....	26	<b><i>tolcapone tab 100 mg</i></b> .....	73
see SPIRIVA CAP HANDIHLR.....	26	<b><i>tolmetin sodium cap 400 mg</i></b> .....	10
see SPIRIVA SPR 2.5MCG .....	26	<b><i>tolmetin sodium tab 200 mg</i></b> .....	10
<b><i>tiotropium bromide-olodaterol hcl</i></b>		<b><i>tolmetin sodium tab 600 mg</i></b> .....	10
see STIOLTO AER 2.5-2.5.....	29	<b><i>tolnaftate aerosol pow 1%</i></b> .....	104
<b><i>tipranavir</i></b>		<b><i>tolnaftate cream 1%</i></b> .....	104
see APTIVUS CAP 250MG .....	82	<b><i>tolnaftate powder 1%</i></b> .....	104
see APTIVUS SOL.....	82	<b><i>tolnaftate soln 1%</i></b> .....	104
TIVICAY PD TAB 5MG .....	85	<b><i>tolterodine tartrate tab 1 mg</i></b> ...	167
TIVICAY TAB 10MG .....	85	<b><i>tolterodine tartrate tab 2 mg</i></b> ...	167
TIVICAY TAB 25MG .....	85	<b><i>tolvaptan tab 15 mg</i></b> .....	115
TIVICAY TAB 50MG .....	85	<b><i>tolvaptan tab 30 mg</i></b> .....	115
<b><i>tizanidine hcl tab 2 mg (base equivalent)</i></b> .....	146	<b><i>topiramate sprinkle cap 15 mg</i></b> ...	34
<b><i>tizanidine hcl tab 4 mg (base equivalent)</i></b> .....	146	<b><i>topiramate sprinkle cap 25 mg</i></b> ...	34
TL FOLATE TAB.....	145	<b><i>topiramate tab 100 mg</i></b> .....	34
TOBRADEX OIN 0.3-0.1% .....	151	<b><i>topiramate tab 200 mg</i></b> .....	34
<b><i>tobramycin nebu soln 300 mg/5ml</i></b> .....	6	<b><i>topiramate tab 25 mg</i></b> .....	34
<b><i>tobramycin ophth soln 0.3%</i></b> .....	150	<b><i>topiramate tab 50 mg</i></b> .....	34
<b><i>tobramycin-dexamethasone</i></b>		<b><i>toremifene citrate tab 60 mg (base equivalent)</i></b> .....	69
see TOBRADEX OIN 0.3-0.1%.....	151	<b><i>toremide tab 10 mg</i></b> .....	111
<b><i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i></b> .....	151	<b><i>toremide tab 100 mg</i></b> .....	111
<b><i>tocilizumab</i></b>		<b><i>toremide tab 20 mg</i></b> .....	111
see ACTEMRA INJ 162/0.9.....	7	<b><i>toremide tab 5 mg</i></b> .....	111
see ACTEMRA INJ 200/10ML .....	7	TOUJEO MAX INJ 300IU/ML.....	48
see ACTEMRA INJ 400/20ML .....	8	TOUJEO SOLO INJ 300IU/ML .....	48
		TOVIAZ TAB 4MG .....	167
		TOVIAZ TAB 8MG .....	167
		TRACLEER TAB 32MG .....	92
		TRADJENTA TAB 5MG.....	45
		<b><i>tramadol hcl tab 50 mg</i></b> .....	16
		<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	16
		<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	16
		<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	16

<b>tramadol hcl tab er 24hr biphasic release 100 mg</b> .....	16	see ORENITRAM TAB 0.25MG .....	92
<b>tramadol hcl tab er 24hr biphasic release 200 mg</b> .....	16	see ORENITRAM TAB 1MG .....	92
<b>tramadol hcl tab er 24hr biphasic release 300 mg</b> .....	17	see ORENITRAM TAB 2.5MG .....	92
<b>tramadol-acetaminophen tab 37.5-325 mg</b> .....	18	see ORENITRAM TAB 5MG .....	92
<b>trametinib dimethyl sulfoxide</b>		<b>treprostinil inj soln 100 mg/20ml (5 mg/ml)</b> .....	92
see MEKINIST TAB 0.5MG .....	72	<b>treprostinil inj soln 20 mg/20ml (1 mg/ml)</b> .....	92
see MEKINIST TAB 2MG .....	72	<b>treprostinil inj soln 200 mg/20ml (10 mg/ml)</b> .....	92
<b>trandolapril tab 1 mg</b> .....	59	<b>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</b> .....	92
<b>trandolapril tab 2 mg</b> .....	59	TRESIBA FLEX INJ 100UNIT .....	48
<b>trandolapril tab 4 mg</b> .....	59	TRESIBA FLEX INJ 200UNIT .....	48
<b>tranexamic acid tab 650 mg</b> .....	124	TRESIBA INJ 100UNIT .....	48
<b>tranylcypromine sulfate tab 10 mg</b> .....	36	<b>tretinoin cap 10 mg</b> .....	73
<b>trastuzumab-anns</b>		<b>tretinoin cream 0.025%</b> .....	102
see KANJINTI INJ 420MG .....	67	<b>tretinoin cream 0.05%</b> .....	101
see KANJINTI SOL 150MG .....	67	<b>tretinoin cream 0.1%</b> .....	101
<b>trastuzumab-dkst</b>		<b>tretinoin gel 0.01%</b> .....	102
see OGIVRI INJ 150MG .....	67	<b>tretinoin gel 0.025%</b> .....	102
see OGIVRI INJ 420MG .....	67	<b>triamcinolone acetonide cream 0.025%</b> .....	107
<b>trastuzumab-dttb</b>		<b>triamcinolone acetonide cream 0.1%</b> .....	107
see ONTRUZANT INJ 150MG .....	67	<b>triamcinolone acetonide cream 0.5%</b> .....	107
see ONTRUZANT INJ 420MG .....	67	<b>triamcinolone acetonide dental paste 0.1%</b> .....	141
<b>trastuzumab-pkrb</b>		<b>triamcinolone acetonide lotion 0.025%</b> .....	107
see HERZUMA INJ 150MG .....	67	<b>triamcinolone acetonide lotion 0.1%</b> .....	107
see HERZUMA INJ 420MG .....	67	<b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b> .....	147
<b>trastuzumab-qyyp</b>		<b>triamcinolone acetonide oint 0.025%</b> .....	107
see TRAZIMERA INJ 150MG .....	67	<b>triamcinolone acetonide oint 0.1%</b> .....	107
see TRAZIMERA INJ 420MG .....	67	<b>triamcinolone acetonide oint 0.5%</b> .....	107
<b>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</b> .....	153	<b>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</b> .....	111
TRAZIMERA INJ 150MG .....	67	<b>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</b> .....	111
TRAZIMERA INJ 420MG .....	67		
<b>trazodone hcl tab 100 mg</b> .....	37		
<b>trazodone hcl tab 150 mg</b> .....	37		
<b>trazodone hcl tab 50 mg</b> .....	37		
TRECATOR TAB 250MG .....	66		
TRELEGY AER ELLIPTA .....	29		
TRELSTAR MIX INJ 11.25MG .....	69		
TRELSTAR MIX INJ 3.75MG .....	69		
TREMFYA INJ 100MG/ML .....	105		
<b>treprostinil diolamine</b>			
see ORENITRAM TAB 0.125MG .....	92		

<b>triamterene &amp; hydrochlorothiazide</b>	
<b>tab 75-50 mg</b> .....	111
<b>triamterene cap 100 mg</b> .....	111
<b>triamterene cap 50 mg</b> .....	111
<b>triazolam tab 0.125 mg</b> .....	126
<b>triazolam tab 0.25 mg</b> .....	126
Tricon	
see <b>fe fumarate w/ b12-vit c-fa- ifc cap 110-0.015-75-0.5-240 mg</b> .....	123
<b>trifluoperazine hcl tab 1 mg (base equivalent)</b> .....	81
<b>trifluoperazine hcl tab 10 mg (base equivalent)</b> .....	81
<b>trifluoperazine hcl tab 2 mg (base equivalent)</b> .....	81
<b>trifluoperazine hcl tab 5 mg (base equivalent)</b> .....	81
<b>trifluridine ophth soln 1%</b> .....	150
<b>trifluridine-tipiracil</b>	
see LONSURF TAB 15-6.14 .....	69
see LONSURF TAB 20-8.19 .....	69
<b>trihexyphenidyl hcl oral soln 0.4 mg/ml</b> .....	73
<b>trihexyphenidyl hcl tab 2 mg</b> .....	73
<b>trihexyphenidyl hcl tab 5 mg</b> .....	73
TRIJARDY XR TAB .....	43
<b>trimethobenzamide hcl cap 300 mg</b> .....	51
<b>trimethoprim tab 100mg</b> .....	21
<b>trimipramine maleate cap 100 mg</b> .....	40
<b>trimipramine maleate cap 25 mg</b> 40	
<b>trimipramine maleate cap 50 mg</b> 40	
TRINATAL RX TAB 1 .....	145
Trinate	
see <b>prenatal vit w/ fe fumarate-fa tab 28-1 mg</b> .....	145
TRINTELLIX TAB 10MG .....	37
TRINTELLIX TAB 20MG .....	37
TRINTELLIX TAB 5MG .....	37
Triple Antibiotic Plus	
see <b>neomycin-bacitracin- polymyxin-pramoxine oint 1%</b> .....	102
Triple Paste Af	
see <b>miconazole nitrate ointment 2%</b> .....	103
<b>triptorelin pamoate</b>	
see TRELSTAR MIX INJ 11.25MG... 69	
see TRELSTAR MIX INJ 3.75MG.... 69	
TRIUMEQ TAB .....	85
TRI-VI-SOL SOL A/C/D .....	143
Tri-vitamin/fluoride	
see <b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b> .....	142
see <b>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</b> .....	142
<b>tropicamide ophth soln 0.5%</b> ....	150
<b>tropicamide ophth soln 1%</b> .....	150
<b>tropium chloride cap er 24hr 60 mg</b> .....	167
<b>tropium chloride tab 20 mg</b> .....	167
TRUE METRIX KIT AIR .....	131
TRUE METRIX KIT METER.....	131
TRUE METRIX MIS AIR .....	131
TRUE METRIX TES GLUCOSE .....	110
TRULICITY INJ 0.75/0.5 .....	45
TRULICITY INJ 1.5/0.5 .....	46
TRULICITY INJ 3/0.5 .....	46
TRULICITY INJ 4.5/0.5 .....	46
TWINRIX INJ.....	169
TWIRLA DIS 120-30.....	97
TYBOST TAB 150MG.....	85
Tydemy	
see <b>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</b> .....	95
TYMLOS INJ .....	112
TYSABRI INJ 300/15ML .....	159
<b>U</b>	
UBRELVY TAB 100MG .....	133
UBRELVY TAB 50MG.....	133
<b>ubrogepant</b>	
see UBRELVY TAB 100MG .....	133
see UBRELVY TAB 50MG .....	133
ULESFIA LOT 5%.....	109
<b>ulipristal acetate</b>	
see ELLA TAB 30MG .....	97
Ultra Choice Multivitamin	
see <b>pediatric multiple vitamins w/ iron chew tab 18 mg</b> .....	143
<b>umeclidinium bromide</b>	

see INCRUSE ELPT INH 62.5MCG ..26  
**umeclidinium-vilanterol**  
 see ANORO ELLIPT AER 62.5-25....28  
 UNIFIBER POW ..... 127  
**upadacitinib**  
 see RINVOQ TAB 15MG ER ..... 7  
 UPTRAVI TAB 1000MCG ..... 93  
 UPTRAVI TAB 1200MCG ..... 93  
 UPTRAVI TAB 1400MCG ..... 93  
 UPTRAVI TAB 1600MCG ..... 93  
 UPTRAVI TAB 200/800 ..... 93  
 UPTRAVI TAB 200MCG ..... 93  
 UPTRAVI TAB 400MCG ..... 93  
 UPTRAVI TAB 600MCG ..... 93  
 UPTRAVI TAB 800MCG ..... 93  
**ursodiol cap 300 mg** ..... 117  
**ursodiol tab 250 mg** ..... 117  
**ursodiol tab 500 mg** ..... 117  
**ustekinumab**  
 see STELARA INJ 45MG/0.5 ..... 104  
 see STELARA INJ 90MG/ML ..... 104  
**ustekinumab (iv)**  
 see STELARA INJ 5MG/ML ..... 118  
**V**  
**valacyclovir hcl tab 1 gm** ..... 86  
**valacyclovir hcl tab 500 mg** ..... 86  
**valganciclovir hcl for soln 50**  
**mg/ml (base equiv)** ..... 85  
**valganciclovir hcl tab 450 mg (base**  
**equivalent)** ..... 85  
**valproate sodium oral soln 250**  
**mg/5ml (base equiv)** ..... 35  
**valproic acid cap 250 mg** ..... 35  
**valsartan tab 160 mg** ..... 61  
**valsartan tab 320 mg** ..... 61  
**valsartan tab 40 mg** ..... 61  
**valsartan tab 80 mg** ..... 61  
**valsartan-hydrochlorothiazide tab**  
**160-12.5 mg** ..... 64  
**valsartan-hydrochlorothiazide tab**  
**160-25 mg** ..... 64  
**valsartan-hydrochlorothiazide tab**  
**320-12.5 mg** ..... 64  
**valsartan-hydrochlorothiazide tab**  
**320-25 mg** ..... 64  
**valsartan-hydrochlorothiazide tab**  
**80-12.5 mg** ..... 64

VALTOCO SPR 10MG ..... 32  
 VALTOCO SPR 15MG ..... 32  
 VALTOCO SPR 20MG ..... 32  
 VALTOCO SPR 5MG ..... 32  
**vancomycin hcl**  
 see FIRVANQ SOL 25MG/ML ..... 21  
 see FIRVANQ SOL 50MG/ML ..... 21  
**vandetanib**  
 see CAPRELSA TAB 100MG ..... 70  
 see CAPRELSA TAB 300MG ..... 70  
 VAQTA INJ 25/0.5ML ..... 169  
 VAQTA INJ 50UNT/ML ..... 169  
**varenicline tartrate**  
 see CHANTIX PAK 0.5& 1MG ..... 159  
 see CHANTIX TAB 0.5MG ..... 159  
 see CHANTIX TAB 1MG ..... 159  
 VAXNEUVANCE INJ ..... 168  
 V-c Forte  
 see **multiple vitamins w/ minerals**  
**cap** ..... 142  
 VCF VAGINAL AER CONTRACP ..... 169  
 VCF VAGINAL GEL CONTRACE ..... 169  
 VCF VAGINAL MIS CONTRACP ..... 169  
 VECAMYL TAB 2.5MG ..... 64  
 Velivet  
 see **desogest-ethin est tab 0.1-**  
**0.025/0.125-0.025/0.15-**  
**0.025mg-mg** ..... 95  
 VELPHORO CHW 500MG ..... 119  
 VELTASSA POW 16.8GM ..... 141  
 VELTASSA POW 25.2GM ..... 141  
 VELTASSA POW 8.4GM ..... 141  
 VEMLIDY TAB 25MG ..... 86  
**venlafaxine hcl cap er 24hr 150 mg**  
**(base equivalent)** ..... 38  
**venlafaxine hcl cap er 24hr 37.5**  
**mg (base equivalent)** ..... 38  
**venlafaxine hcl cap er 24hr 75 mg**  
**(base equivalent)** ..... 38  
**venlafaxine hcl tab 100 mg (base**  
**equivalent)** ..... 38  
**venlafaxine hcl tab 25 mg (base**  
**equivalent)** ..... 38  
**venlafaxine hcl tab 37.5 mg (base**  
**equivalent)** ..... 38  
**venlafaxine hcl tab 50 mg (base**  
**equivalent)** ..... 38

<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	38	VIRACEPT TAB 625MG .....	85
VENTAVIS SOL 10MCG/ML .....	92	Virt-caps	
VENTAVIS SOL 20MCG/ML .....	92	see <b>b-complex w/ c &amp; folic acid cap 1 mg</b> .....	141
<b>verapamil hcl cap er 24hr 100 mg</b> .....	91	Virt-phos 250 Neutral	
<b>verapamil hcl cap er 24hr 120 mg</b> .....	91	see <b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> .....	138
<b>verapamil hcl cap er 24hr 180 mg</b> .....	91	VISCO-3 INJ 25/2.5ML .....	146
<b>verapamil hcl cap er 24hr 240 mg</b> .....	91	<b>vismodegib</b>	
<b>verapamil hcl cap er 24hr 300 mg</b> .....	91	see ERIVEDGE CAP 150MG .....	68
<b>verapamil hcl cap er 24hr 360 mg</b> .....	91	Vita-bee/c	
<b>verapamil hcl tab 120 mg</b> .....	91	see <b>b-complex w/ c &amp; folic acid tab</b> .....	141
<b>verapamil hcl tab 40 mg</b> .....	91	VITAFOL-OB TAB 65-1MG .....	145
<b>verapamil hcl tab 80 mg</b> .....	91	<b>vitamin b-6 tab 200mg tr</b> .....	172
<b>verapamil hcl tab er 120 mg</b> .....	91	VIVITROL INJ 380MG .....	51
<b>verapamil hcl tab er 180 mg</b> .....	91	VOL-PLUS TAB .....	145
<b>verapamil hcl tab er 240 mg</b> .....	91	VOL-TAB RX TAB .....	145
VEREGEN OIN 15% .....	102	VOLTAREN GEL 1% .....	102
VICTOZA INJ 18MG/3ML .....	46	<b>vorapaxar sulfate</b>	
VIDEX EC CAP 125MG .....	85	see ZONTIVITY TAB 2.08MG .....	122
<b>vigabatrin powd pack 500 mg</b> .....	34	<b>voriconazole tab 200 mg</b> .....	52
<b>vigabatrin tab 500 mg</b> .....	34	<b>voriconazole tab 50 mg</b> .....	52
Vigadrone		<b>vorinostat</b>	
see <b>vigabatrin powd pack 500 mg</b> .....	34	see ZOLINZA CAP 100MG .....	72
VIIBRYD KIT STARTER .....	37	<b>vortioxetine hbr</b>	
VIIBRYD TAB 10MG .....	37	see TRINTELLIX TAB 10MG .....	37
VIIBRYD TAB 20MG .....	37	see TRINTELLIX TAB 20MG .....	37
VIIBRYD TAB 40MG .....	38	see TRINTELLIX TAB 5MG .....	37
<b>vilazodone hcl</b>		VOSEVI TAB .....	86
see VIIBRYD KIT STARTER .....	37	VOTRIENT TAB 200MG .....	72
see VIIBRYD TAB 10MG .....	37	VRAYLAR CAP 1.5MG .....	75
see VIIBRYD TAB 20MG .....	37	VRAYLAR CAP 3MG .....	75
see VIIBRYD TAB 40MG .....	38	VRAYLAR CAP 4.5MG .....	75
VIMPAT SOL 10MG/ML .....	34	VRAYLAR CAP 6MG .....	75
VIMPAT TAB 100MG .....	34	VUMERITY CAP 231MG .....	159
VIMPAT TAB 150MG .....	34	VYVANSE CAP 10MG .....	2
VIMPAT TAB 200MG .....	34	VYVANSE CAP 20MG .....	2
VIMPAT TAB 50MG .....	34	VYVANSE CAP 30MG .....	2
VINATE II TAB .....	145	VYVANSE CAP 40MG .....	2
VINATE M TAB .....	145	VYVANSE CAP 50MG .....	2
VIRACEPT TAB 250MG .....	85	VYVANSE CAP 60MG .....	2
		VYVANSE CAP 70MG .....	2
		<b>W</b>	
		Wal-dryl Allergy Relief C	

see <b>diphenhydramine hcl tab disint 12.5 mg</b> .....	53
Wal-dryl Pe Allergy/sinu	
see <b>diphenhydramine-phenylephrine tab 25-10 mg</b> .	99
Wal-itin Aller-melts	
see <b>loratadine rapidly-disintegrating tab 10 mg</b> .....	53
Wal-tap Cold & Allergy	
see <b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b> .....	99
<b>warfarin sodium</b>	
see COUMADIN TAB 10MG.....	30
see COUMADIN TAB 1MG .....	30
see COUMADIN TAB 2.5MG.....	30
see COUMADIN TAB 2MG .....	30
see COUMADIN TAB 3MG .....	30
see COUMADIN TAB 4MG .....	30
see COUMADIN TAB 5MG .....	30
see COUMADIN TAB 6MG .....	30
see COUMADIN TAB 7.5MG.....	30
<b>warfarin sodium tab 1 mg</b> .....	30
<b>warfarin sodium tab 10 mg</b> .....	30
<b>warfarin sodium tab 2 mg</b> .....	30
<b>warfarin sodium tab 2.5 mg</b> .....	30
<b>warfarin sodium tab 3 mg</b> .....	30
<b>warfarin sodium tab 4 mg</b> .....	30
<b>warfarin sodium tab 5 mg</b> .....	30
<b>warfarin sodium tab 6 mg</b> .....	30
<b>warfarin sodium tab 7.5 mg</b> .....	30
<b>water for irrigation, sterile irrigation soln</b> .....	140
Wee Care	
see <b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	123
<b>wheat dextrin oral powder</b> .....	127
<b>white petrolatum-mineral oil ophthalm ointment</b> .....	149
WIDE-SEAL DPR KIT 60 .....	130
WIDE-SEAL DPR KIT 65 .....	130
WIDE-SEAL DPR KIT 70 .....	130
WIDE-SEAL DPR KIT 75 .....	130
WIDE-SEAL DPR KIT 80 .....	130
WIDE-SEAL DPR KIT 85 .....	130
WIDE-SEAL DPR KIT 90 .....	130
WIDE-SEAL DPR KIT 95 .....	130

WP THYROID TAB 81.25MG .....	163
<b>X</b>	
XALKORI CAP 200MG .....	72
XALKORI CAP 250MG .....	72
XARELTO STAR TAB 15/20MG .....	30
XARELTO TAB 10MG .....	30
XARELTO TAB 15MG .....	30
XARELTO TAB 2.5MG .....	30
XARELTO TAB 20MG .....	30
XELJANZ SOL 1MG/ML.....	7
XELJANZ TAB 10MG .....	7
XELJANZ TAB 5MG.....	7
XELJANZ XR TAB 11MG .....	7
XELJANZ XR TAB 22MG .....	7
XGEVA INJ.....	112
XIFAXAN TAB 200MG .....	21
XIFAXAN TAB 550MG .....	21
XIGDUO XR TAB 10-1000 .....	44
XIGDUO XR TAB 10-500MG.....	44
XIGDUO XR TAB 2.5-1000 .....	43
XIGDUO XR TAB 5-1000MG.....	44
XIGDUO XR TAB 5-500MG .....	43
XOFLUZA TAB 20MG .....	87
XOFLUZA TAB 40MG .....	87
XOLAIR INJ 150MG/ML.....	26
XOLAIR INJ 75/0.5 .....	26
XOLAIR SOL 150MG.....	26
XTANDI CAP 40MG .....	69
XTANDI TAB 40MG .....	69
XTANDI TAB 80MG .....	69
Xulane	
see <b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	97
XULTOPHY INJ 100/3.6.....	44
XYREM SOL 500MG/ML.....	157
<b>Z</b>	
<b>zafirlukast tab 10 mg</b> .....	26
<b>zafirlukast tab 20 mg</b> .....	26
<b>zaleplon cap 10 mg</b> .....	126
<b>zaleplon cap 5 mg</b> .....	126
<b>zanamivir</b>	
see RELENZA MIS DISKHALE .....	87
<b>zanubrutinib</b>	
see BRUKINSA CAP 80MG .....	69
ZARXIO INJ 300/0.5 .....	123
ZARXIO INJ 480/0.8 .....	123



ZEJULA CAP 100MG .....	72	<b>zolmitriptan nasal spray 5</b>	
ZENPEP CAP 10000UNT .....	110	<b>mg/spray unit</b> .....	135
ZENPEP CAP 15000UNT .....	110	<b>zolmitriptan orally disintegrating</b>	
ZENPEP CAP 20000UNT .....	110	<b>tab 2.5 mg</b> .....	135
ZENPEP CAP 25000 .....	110	<b>zolmitriptan orally disintegrating</b>	
ZENPEP CAP 3000UNIT .....	110	<b>tab 5 mg</b> .....	135
ZENPEP CAP 40000 .....	110	<b>zolmitriptan tab 2.5 mg</b> .....	135
ZENPEP CAP 5000UNIT .....	110	<b>zolmitriptan tab 5 mg</b> .....	135
ZEPATIER TAB 50-100MG .....	86	<b>zolidem tartrate tab 10 mg</b> .....	126
<b>zidovudine cap 100 mg</b> .....	85	<b>zolidem tartrate tab 5 mg</b> .....	126
<b>zidovudine syrup 10 mg/ml</b> .....	85	<b>zonisamide cap 100 mg</b> .....	34
<b>zidovudine tab 300 mg</b> .....	85	<b>zonisamide cap 25 mg</b> .....	34
ZIEXTENZO INJ 6/0.6ML .....	123	<b>zonisamide cap 50 mg</b> .....	34
<b>zileuton tab er 12hr 600 mg</b> .....	26	ZONTIVITY TAB 2.08MG .....	122
<b>zinc sulfate cap 220 mg (50 mg</b>		ZORTRESS TAB 0.25MG .....	140
<b>elemental zn)</b> .....	139	ZORTRESS TAB 0.5MG .....	140
Zinc-220		ZORTRESS TAB 0.75MG .....	140
see <b>zinc sulfate cap 220 mg (50</b>		ZORTRESS TAB 1MG .....	140
<b>mg elemental zn)</b> .....	139	ZOSTAVAX INJ .....	169
ZINC-OXYDE OIN 0.44-20% .....	108	<b>zoster vaccine live</b>	
ZIOPTAN DRO 0.0015%.....	153	see ZOSTAVAX INJ.....	169
<b>ziprasidone hcl cap 20 mg</b> .....	76	<b>zoster vaccine recombinant</b>	
<b>ziprasidone hcl cap 40 mg</b> .....	76	<b>adjuvanted</b>	
<b>ziprasidone hcl cap 60 mg</b> .....	76	see SHINGRIX INJ 50/0.5ML.....	169
<b>ziprasidone hcl cap 80 mg</b> .....	76	Z-TUSS AC LIQ 2-9/5ML .....	100
ZIRGAN GEL 0.15% .....	151	ZYDELIG TAB 100MG .....	72
ZOLADEX IMP 10.8MG .....	69	ZYDELIG TAB 150MG .....	73
ZOLADEX IMP 3.6MG.....	69	ZYKADIA CAP 150MG .....	73
ZOLINZA CAP 100MG .....	72	ZYLET SUS 0.5-0.3% .....	151
<b>zolmitriptan nasal spray 2.5</b>		ZYPREXA RELP INJ 210MG .....	80
<b>mg/spray unit</b> .....	135	ZYPREXA RELP INJ 300MG .....	80
		ZYPREXA RELP INJ 405MG .....	80



Member Services Department

**Tel:** (800) 223-7242 **Fax:** (315) 234-9812

Monday to Friday, 8:00 a.m. to 6:00 p.m.

(TTY: 711)

[www.MolinaHealthcare.com](http://www.MolinaHealthcare.com)