

2022 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

Molina Healthcare of California Marketplace

Notice:

The information in this document is current as of October 1, 2022.

The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at MolinaMarketplace.com.

Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Drug Look-Up tool.

Aviso:

La información de este documento está vigente a partir del 1 de octubre de 2022.

El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en MolinaMarketplace.com.

Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.



Effective January 1, 2021
En vigor desde el 1.º de enero del 2021

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.



Molina Healthcare Marketplace

2022 Formulary Changes Effective October 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
ABILIFY MAIN INJ 300MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 300MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 400MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 400MG	Minimum age requirement of 18 years added		
APAP/CODEINE SOL 120-12/5	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-15MG	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-30MG	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-60MG	Minimum age requirement of 12 years added		
ARISTADA INJ 1064MG	Minimum age requirement of 18 years added		
ARISTADA INJ 441MG/1.	Minimum age requirement of 18 years added		
ARISTADA INJ 662MG/2	Minimum age requirement of 18 years added		
ARISTADA INJ 882MG/3	Minimum age requirement of 18 years added		
ARISTADA INJ INITIO	Minimum age requirement of 18 years added		
BIKTARVY TAB 30-120-15 MG (low dose)	Added to formulary, tier 2, with age maximum of 12 years, quantity limit		
BRIMO/TIMOLO SOL 0.2/0.5%	Downtier from 3 to tier 1	3	1
CELECOXIB CAP 50MG	Quantity limit of 4 per day		
CODEINE SULF TAB 30MG	Minimum age requirement of 12 years added		
CODEINE SULF TAB 60MG	Minimum age requirement of 12 years added		
FESOTERODINE TAB 4MG ER	Generic added to formulary, tier 3 with Prior Authorization, quantity limit		
FESOTERODINE TAB 8MG ER	Generic added to formulary, tier 3 with Prior Authorization, quantity limit		
INVEGA SUST INJ 117/0.75	Minimum age requirement of 18 years added		

Drug Name	Description of Formulary Change	Current Tier	New Tier
INVEGA SUST INJ 156MG/ML	Minimum age requirement of 18 years added		
INVEGA SUST INJ 234/1.5	Minimum age requirement of 18 years added		
INVEGA SUST INJ 39/0.25	Minimum age requirement of 18 years added		
INVEGA SUST INJ 78/0.5ML	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 273MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 410MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 546MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 819MG	Minimum age requirement of 18 years added		
NUCALA INJ 40MG/0.4	Added to formulary, tier 4, with prior authorization requirement, quantity limit		
RISPERDAL INJ 12.5MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 25MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 37.5MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 50MG	Minimum age requirement of 18 years added		
SKYRIZI INJ 360/2.4	Added to formulary, tier 4, with prior authorization requirement, quantity limit		
SKYRIZI SOL 60MG/ML	Added to formulary, tier 4, with prior authorization requirement		
TINIDAZOLE TAB 250MG	Downtier from 3 to tier 1	3	1
TINIDAZOLE TAB 500MG	Downtier from 3 to tier 1	3	1
TRAMADL/APAP TAB 37.5-325	Minimum age requirement of 12 years added		
TRAMADOL HCL TAB 50MG	Minimum age requirement of 12 years added		
VARENICLINE PAK 0.5X1MG	Generic added to formulary, tier 1 with quantity limit		
VARENICLINE TAB 0.5MG	Generic added to formulary, tier 1 with quantity limit		
VARENICLINE TAB 1MG	Generic added to formulary, tier 1 with quantity limit		



Drug Name	Description of Formulary Change	Current Tier	New Tier
XOFLUZA TAB 80MG	Added to formulary, tier 2, with quantity of 1 every 30 days		
ZYPREXA RELP INJ 210MG	Minimum age requirement of 18 years added		
ZYPREXA RELP INJ 300MG	Minimum age requirement of 18 years added		
ZYPREXA RELP INJ 405MG	Minimum age requirement of 18 years added		

PA = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy

Contents

Contents	i
Welcome to Molina Healthcare!	ii
Molina Healthcare Drug Formulary (List of Drugs)	ii
Definitions	iii
Using the Drug Formulary as your prescription drug coverage guide	v
Finding a pharmacy to fill a prescription	vii
Pharmacy Network	vii
Specialty Pharmacy	vii
Mail Order Pharmacy	vii
Out-of-Network Pharmacy	vii
Prescription Claims Processor	vii
Urgent and After-Hours Medication Policy	vii
Prior authorization and exception request procedure	viii
Prior authorization	viii
Requesting an Exception	viii
Complaints and Appeals	ix
Notice	ix
Legend	x

Welcome to Molina Healthcare!

Molina Healthcare Drug Formulary (List of Drugs)

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

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

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

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

When updates happen through our standard process, Molina Healthcare will publish any changes on a monthly basis. Your plan's most current drug list is on our website MolinaMarketplace.com.

Does the drug list include injectable drugs that a Provider treats me with in a clinic or other location?

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

I have questions about how my plan covers drugs.

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

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

Call toll-free 1 (888) 858-2150, Monday through Friday, 8:00 a.m. through 6:00 p.m. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

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

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

Definitions

“Brand name drug” is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.

“Coinsurance” is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Copayment” is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“Deductible” is the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“Dosage form” is the physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

“Drug Tier” is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan’s prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee’s portion of the cost for the drug.

“Enrollee” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

“Exception request” is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee’s condition.

“Exigent circumstances” are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee’s life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

“Formulary” is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.

“Generic drug” is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in bold and italicized lowercase letters.

“Nonformulary drug” is a prescription drug that is not listed on the health plan’s formulary.

“Out-of-pocket costs” are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

“Prescribing provider” is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

“Prescription” is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.

“Prescription drug” is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

“Prior Authorization” is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

“Step therapy” is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee’s medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee’s prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

“Subscriber” means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Using the Drug Formulary as your prescription drug coverage guide

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

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

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

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

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

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

What drug names are used on the list?

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

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

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

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

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

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

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Non-Preferred Generic drugs and Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a pharmacy in the Specialty Pharmacy Network. Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution")
Tier 5	Preventative and family planning drugs and devices (ie, contraception) with \$0 cost sharing
DME	Durable Medical Equipment; Cost sharing follows the medical benefit cost sharing for DME for the non-drug product on the drug list

Following sections 1367.002, 1367.25, and 1367.51 of the Health and Safety Code:

- Your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.
- Your plan covers a variety of drug, device, and over-the-counter products for family planning (ie, contraception) under the prescription drug benefit, with \$0 cost sharing (Tier 5).
- Your plan covers treatment and testing for diabetes including insulin, glucagon, medically necessary devices and supplies on the DME tier, and other prescription drugs.

When coverage of nonformulary drugs are approved on formulary exception, enrollees pay Tier 3 cost sharing for Nonspecialty drugs or Tier 4 cost sharing for Specialty drugs. Please see your plan agreement for more details on cost sharing for formulary exceptions.

Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that applies.

- There are limits on your cost sharing for anticancer drugs taken by mouth.

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

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

Finding a pharmacy to fill a prescription

Pharmacy Network

Molina has networks of retail, mail order, and specialty pharmacies that can process and dispense medications using your coverage. To locate an in-network pharmacy, please use the "Find a Pharmacy" tool at MolinaMarketplace.com. The tool allows you to search pharmacies by zip code, city, country, and state. You can limit search results based on distance, or other specific criteria like store name, language spoken, or services offered.

Specialty Pharmacy

Molina has a network of specialty pharmacies that can process and dispense specialty medications. Specialty medications are placed on Tier 4 on the formulary. Some medications have limited distribution. Limited distribution means the medication is only sold by certain pharmacies. Molina's Pharmacy Benefit Manager, CVS Caremark, has a specialty pharmacy that provides clinical support to help enrollees manage their medications and conditions. Most specialty medications require Prior Authorization before they are covered. A prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the process. If mail delivery of the specialty medication is not an option for the enrollee, CVS offers the option to ship the medication to a local CVS pharmacy for pick up.

CVS Pharmacy Help Desk can be contacted by calling 1 (888) 407-6425.

Mail Order Pharmacy

Molina has a network of Mail Order pharmacies that can process and dispense up to 90 days' supply of eligible medications. Eligible medications are marked "MAIL" on the formulary.

Molina's Pharmacy Benefit Manager has a Mail Order pharmacy. To have prescriptions filled through their service the provider or enrollee can call the FastStart® toll-free number at 1 (800) 875-0867 Monday through Friday 7:00 a.m. to 7:00 p.m. or go to the www.caremark.com website.

Out-of-Network Pharmacy

If the in-network pharmacies do not meet the enrollee's needs an exception can be requested to obtain authorization to use a pharmacy outside of network. Exceptions will be reviewed for medical necessity on a case-by-case basis.

Prescription Claims Processor

Molina Healthcare has selected CVS Caremark as the Pharmacy Benefit Management (PBM) Company to manage the prescription benefit for Molina enrollees.

Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425. Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 858-2150. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Pacific Time. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075 Monday through Friday 8:30 a.m. – 5:00 p.m. Pacific Time.

Urgent and After-Hours Medication Policy

To prevent an enrollee's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before Prior Authorization may be obtained from Molina. (e.g., an enrollee is discharged from a hospital after regular business hours with a special antibiotic prescription).

Pharmacies are instructed to use their professional judgment. Molina will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call Molina at 1 (855) 322-4075 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Prior authorization and exception request procedure

Prior authorization

Drugs that require advanced approval for coverage are reviewed against standard rules to determine medical necessity. Providers must show you have a medically accepted use for the drug and that other treatments have not worked for you or are not clinically appropriate. Other requirements may apply depending on the drug. We may require certain test results to show a drug is right for you. This may be true for Specialty Drugs used to treat long term or other rare conditions. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for coverage.

Your provider may fax a completed drug Prior Authorization form to Molina at 1 (866) 508-6445. The clinical policies and forms are on our website MolinaMarketplace.com.

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

- Any request that is not considered an Exigent Circumstance is considered a Standard Exception request.
- A request is considered an Exigent Circumstance if you are suffering from a health condition that may seriously jeopardize your life, health, or ability to regain maximum function, or if you are undergoing current treatment using a nonformulary drug. Trials of pharmaceutical samples from your doctor or a manufacturer will not be considered as current treatment.

You and/or your provider will be notified of our decision, made no later than:

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

If a determination is not made within these timeframes, the request will automatically be approved.

If the request is approved, Molina will send a letter to you and your doctor. We will tell you how long the request is approved for before renewal of the authorization is required. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Following 1367.22 of the Health and Safety Code, if a drug request is approved, it will continue to be covered for the length of the prescription, including refills. Molina will not limit or exclude coverage for a drug if we previously approved it for your condition and your provider continues to prescribe it, as long as the drug is appropriately prescribed and continues to be safe and effective.

Requesting an Exception

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

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not on the formulary but that he or she believes is best for you. You may be taking a drug that is no longer on the new plan year's drug list. Your doctor may send Molina a formulary exception request using the Prior Authorization process and form.

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

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

Review timeframes and conditions are found in the "Prior Authorization" section of this guide. If the request is approved, Molina will send a letter to you and your doctor. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up. If you disagree with the denial reasons, you can appeal the decision. Your doctor can request an external exception review.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy on a formulary drug if you changed insurance plans and are continuing a drug that is now subject to step therapy requirements under your Molina plan. Your provider will have to notify us with an exception request so we can know you are continuing to take the drug from before, it is appropriately prescribed, and it is safe and effective for your condition.

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at (888) 858-2150. If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers "Complaints and Appeals". A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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

Legend

What are the Requirements and Limits on the drug list?

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

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

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

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

2022

Formulario

(Lista de Medicamentos Cubiertos)

Covered California – Molina Marketplace

MolinaMarketplace.com

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Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto Beneficios a Simple Vista o puede ingresar su información de recetas médicas y farmacias en la herramienta de Búsqueda de Medicamentos. Para utilizar la herramienta de Búsqueda de Medicamentos, haga clic en “Buscar Medicamentos” en MolinaMarketplace.com.



Contenido

Contenido.....	i
¡Bienvenido(a) a Molina Healthcare!.....	ii
Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos).....	ii
Definiciones.....	iii
Cómo utilizar el Formulario de Medicamentos como su guía de cobertura de medicamentos recetados	v
Cómo encontrar una farmacia para surtir una receta médica	vii
Red de Farmacias	vii
Farmacia de Especialidad.....	vii
Servicio de Farmacia por Correo.....	viii
Farmacia Fuera de la Red.....	viii
Procesador de Reclamaciones de Recetas Médicas	viii
Política de Medicamentos urgentes y Después del Horario de atención	viii
Procedimiento de solicitud de excepción y autorización previa	ix
Autorización previa	ix
Cómo solicitar una Excepción	ix
Quejas y Apelaciones	x
Aviso.....	x
Leyenda	xi

¡Bienvenido(a) a Molina Healthcare!

Formulario de Medicamentos de Molina Healthcare (Lista de Medicamentos)

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

- Cambios en la práctica médica.
- Tecnología médica.
- Cuando nuevos medicamentos aprobados por la Administración de Alimentos y Medicamentos (Food and Drug Administration, FDA) salen al mercado.
- Cuando la FDA retira medicamentos del mercado.
- Cuando se identifica un nuevo problema de seguridad en un medicamento.

Dentro del año del plan actual, solo realizamos ciertos cambios en el formulario. Estos cambios pueden incluir:

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

Cuando se efectúen actualizaciones a través de nuestro proceso estándar, Molina Healthcare publicará todo cambio mensualmente. La lista de medicamentos más actual de su plan se encuentra en nuestro sitio web MolinaMarketplace.com.

¿La lista de medicamentos incluye medicamentos inyectables que un Proveedor me administra en una clínica u otra ubicación?

En general, los medicamentos de la lista de medicamentos son aquellos que su proveedor le receta para que los obtenga en una farmacia y se los administre usted mismo. La mayoría de los medicamentos inyectables en los que necesita ayuda de un proveedor para utilizarlos tienen cobertura del beneficio médico en lugar del beneficio de medicamentos recetados (“farmacia”). Su proveedor tiene instrucciones de Molina sobre cómo obtener la aprobación para los medicamentos que compran y lo ayuda a administrarlos. Algunos medicamentos inyectables se pueden aprobar para obtenerse de una farmacia utilizando su beneficio de medicamentos recetados.

Tengo preguntas sobre cómo mi plan cubre medicamentos.

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

- ¿Mi receta médica se puede surtir en una farmacia minorista?
- ¿Cómo puedo encontrar estimaciones sobre el monto en dólares de los costos compartidos para mi receta médica?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?

- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el beneficio médico?

Llame al número de teléfono gratuito 1 (888) 858-2150, de lunes a viernes, de 8:00 a.m. a 6:00 p.m. Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

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

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

Definiciones

“Medicamento de marca” es un medicamento que se comercializa bajo un nombre protegido de marca registrada y que está patentado. El medicamento de marca registrada se deberá indicar completamente en MAYÚSCULAS.

“Coseguro” es un porcentaje del costo de un beneficio de atención médica cubierta que un afiliado paga después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Copago” es un monto fijo en dólares que un afiliado paga por el beneficio de atención médica cubierta después de haber pagado el deducible en el caso de que se aplique un deducible al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

“Deducible” es el monto que un afiliado paga por los beneficios de atención médica cubierta antes de que el plan de salud del afiliado comience a pagar, total o parcialmente, el costo del beneficio de atención médica según los términos de la póliza.

“Forma farmacéutica” es la forma física en la que se produce y se dispensa un medicamento recetado, tales como un comprimido, una cápsula o un inyectable.

“Categoría de Medicamento” es un grupo de medicamentos recetados que corresponde a una categoría específica de costos compartidos en la cobertura de medicamentos recetados del plan de salud. La categoría en la que se encuentra un medicamento recetado determina la parte del costo del afiliado por un medicamento.

“Afiliado” es una persona inscrita en un plan de salud que tiene derecho a recibir servicios del plan. Todas las referencias a los afiliados en esta plantilla de formulario también deberán incluir al suscriptor, tal como se define en la siguiente sección.

“Solicitud de excepción” es una solicitud para cubrir un medicamento recetado. Si un afiliado, su persona designada o proveedor de atención médica que receta envía una solicitud de excepción para cubrir un medicamento recetado, el plan de salud debe cubrir el medicamento con receta cuando se determina que el medicamento es necesario por razones médicas para tratar la afección del afiliado.

“Circunstancias urgentes” corresponde a cuando un afiliado sufre de una afección médica que puede poner en grave peligro su vida, salud o capacidad para recuperar la funcionalidad máxima, o cuando un afiliado se encuentra actualmente en tratamiento con un medicamento que no aparece en el formulario.

“Formulario” es la lista de medicamentos completa preferida para el uso y es elegible para la cobertura bajo un producto del plan de salud, e incluye todos los medicamentos cubiertos bajo el beneficio de medicamentos recetados para pacientes ambulatorios del producto del plan de salud. El formulario también es conocido como una lista de medicamentos recetados.

“Medicamento genérico” es el mismo medicamento que el equivalente de marca registrada en términos de dosis, seguridad, concentración, administración, calidad, desempeño y uso previsto. Un medicamento genérico se menciona en letras minúsculas negritas y cursivas.

“Medicamento que no está en el formulario” es un medicamento recetado que no figura en el formulario del plan de salud.

“Gastos de su bolsillo” son los copagos, los coseguros y el deducible correspondiente, además de todos los costos por los servicios de atención médica que el plan de salud no cubre.

“Proveedor que receta” es un proveedor de atención médica autorizado para escribir una receta médica con el fin de tratar una afección médica para un afiliado del plan de salud.

“Receta médica” es una orden oral, escrita o electrónica emitida por un proveedor que receta para un afiliado específico, la cual contiene el nombre del medicamento recetado, la cantidad del medicamento recetado, la fecha de emisión, el nombre y la información de contacto del proveedor que receta, la firma del proveedor que receta si la receta está por escrito y, si la solicita el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

“Medicamento recetado” es un medicamento que receta el proveedor que receta del afiliado y necesita una receta médica conforme a las leyes correspondientes.

“Autorización Previa” es un requisito del plan de salud en que el afiliado o el proveedor recetador del afiliado obtienen la autorización del plan de salud para recibir un medicamento recetado antes de que el plan de salud cubra dicho medicamento. El plan de salud deberá otorgar una autorización previa cuando sea médicamente necesario para que el afiliado obtenga el medicamento.

“Terapia progresiva” es un proceso que especifica la secuencia en la cual se recetan los distintos medicamentos recetados para una afección médica determinada y adecuados por razones médicas para un paciente en particular. El plan de salud puede requerir que el afiliado pruebe uno o más medicamentos para tratar su afección médica antes de que el plan de salud cubra un medicamento en particular para la afección conforme a la solicitud de terapia progresiva. Si el proveedor que receta del afiliado envía una solicitud para la excepción de terapia progresiva, el plan de salud deberá hacer excepciones para la terapia progresiva cuando se cumplan los criterios.

“Suscriptor” significa la persona que es responsable del pago de un plan o cuyo empleo u otro estado, excepto la dependencia familiar, es la base de elegibilidad para la afiliación en el plan.

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

¿Cómo encuentro un medicamento que está en la lista de medicamentos?

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

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

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

Estos son ejemplos de cómo un medicamento puede aparecer en la lista de medicamentos (la cobertura real puede diferir de este ejemplo).

Nombre del Medicamento	Categoría de Medicamento	Requisitos/Límites
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days); MAIL
<i>warfarin sodium tab 1 mg</i> (Jantoven)	Tier 1	QL (300 ea / 30 days); MAIL

¿Qué nombres de medicamentos se usan en la lista?

La lista de medicamentos usa nombres de marca comercial y nombres “genéricos” no patentados para mostrar qué forma del medicamento está cubierta. También hay nombres de marcas registradas utilizados por ciertos medicamentos genéricos. La manera en que el nombre de un medicamento se muestra en la lista de medicamentos le dirá si está cubierta la forma de marca, la forma genérica o la forma genérica de marca registrada. El ejemplo anterior muestra las formas de marca, genérica y genérica de marca registrada del medicamento “warfarin sodium” (warfarina sódica).

Cuando la forma de marca de un medicamento está cubierta, el nombre del medicamento se mencionará en letras MAYÚSCULAS como su NOMBRE DE MARCA REGISTRADA. Luego, se mencionará la denominación común o el “**nombre genérico**” del medicamento de marca entre paréntesis y todo en letras **minúsculas negritas y cursivas**. Si la forma genérica del medicamento tiene cobertura, se menciona de forma separada por sus **nombres genéricos** en letras **minúsculas negritas y cursivas**. Un medicamento genérico que tiene cobertura como la forma genérica de marca

registrada se mencionará de forma separada por su **nombre genérico** seguido del nombre de marca registrada entre paréntesis. El nombre genérico de marca registrada se mostrará con la primera letra de cada palabra en mayúscula.

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

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

Asignamos los medicamentos en distintos niveles llamados “categorías” en función de qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Por lo general, en el caso de las Categorías de la 1 a la 4, mientras más baja es la Categoría de Medicamento, más baja será su parte del costo.

A continuación, encontrará más detalles sobre los medicamentos que se encuentran en cada categoría.

Categoría de Medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos y medicamentos de marca registrada de bajo costo: los menores costos compartidos para el afiliado.
Tier 2	Medicamentos genéricos no preferidos y medicamentos de marca registrada preferidos: costos compartidos más altos que en la Categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca registrada y medicamentos genéricos: costos compartidos más altos que los medicamentos de categorías inferiores utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos de especialidad, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan para tratar las mismas afecciones, si están disponibles. La mayoría de los Medicamentos de Especialidad cubiertos por su plan se encontrarán disponibles a través de una farmacia que forme parte de la Red de Farmacias de Especialidad. Algunos Medicamentos de Especialidad se venden únicamente en ciertas farmacias que la empresa farmacéutica haya elegido (“Distribución Limitada”).
Tier 5	Medicamentos y dispositivos para servicios preventivos y de planificación familiar (es decir, anticoncepción) con costos compartidos de \$0.
DME	Equipo Médico Duradero: los costos compartidos son el resultado de los costos compartidos del beneficio médico para equipo médico duradero (Durable Medical Equipment, DME) del producto no farmacológico que aparece en la lista de medicamentos.

De acuerdo con las secciones 1367.002, 1367.25, y 1367.51 del Código de Salud y Seguridad:

- Su plan cubre medicamentos de servicios médicos preventivos y formas farmacéuticas reconocidos a nivel nacional (Categoría 5) con costos compartidos de \$0 si se recetan para que los utilice de acuerdo con esas recomendaciones.
- Su plan cubre una variedad de medicamentos, dispositivos y productos de venta libre para planificación familiar (es decir, anticonceptivos) bajo el beneficio de medicamentos recetados, con costos compartidos de \$0 (Categoría 5).
- Su plan cubre el tratamiento y las pruebas para la diabetes, lo que incluye insulina, glucagón, dispositivos y suministros médicamente necesarios en la categoría de DME, además de otros medicamentos recetados.

Cuando se aprueba la cobertura de medicamentos que no aparecen en el formulario con excepción de formulario, los afiliados pagan los costos compartidos de Categoría 3 para los medicamentos no especializados o los costos compartidos de Categoría 4 para los medicamentos de especialidad. Consulte el contrato de su plan para obtener más información sobre los costos compartidos de las excepciones de formulario.

Ciertos tipos de medicamentos cubiertos por su plan tienen límites de costos compartidos cada vez que los surte. Si su estado cuenta con límites específicos, los costos compartidos serán los costos compartidos más bajos del diseño de su plan o de cualquier límite que se aplique.

- Existen límites en sus costos compartidos para medicamentos contra el cáncer que se toman por vía oral.

¿Cómo puedo encontrar más información sobre cuánto costará mi medicamento?

Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto Beneficios a Simple Vista o puede ingresar su información de recetas médicas y farmacias en la herramienta de Verificación de Costo de Medicamentos. Esta herramienta le proporcionará una estimación de su costo. Si crea una cuenta en Caremark.com antes de utilizar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que usted paga en la farmacia.

Cómo encontrar una farmacia para surtir una receta médica

Red de Farmacias

Molina cuenta con redes de farmacias minoristas, servicio de farmacia por correo y farmacias de especialidad que pueden procesar y dispensar medicamentos con su cobertura. Para encontrar una farmacia dentro de la red, utilice la herramienta “Encontrar una farmacia” en MolinaMarketplace.com. La herramienta le permite buscar farmacias por código postal, ciudad, país y estado. Usted puede delimitar los resultados de búsqueda según la distancia u otros criterios específicos, tales como nombre de tienda, idioma hablado o servicios ofrecidos.

Farmacia de Especialidad

Molina cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos de especialidad se encuentran en la Categoría 4 del formulario. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que solo determinadas farmacias venden el medicamento. El Administrador de Beneficios Farmacéuticos de Molina, CVS Caremark, tiene una farmacia especializada que proporciona apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y a tratar sus afecciones. La mayoría de los medicamentos de especialidad requieren autorización previa antes de que tengan cobertura. Un recetador puede presentar solicitudes de Autorización Previa directamente a Molina o puede enviar una receta médica a CVS para

comenzar el proceso. Si la entrega por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para su retiro.

Se puede comunicar con la Línea de Ayuda Técnica Farmacéutica de CVS al 1 (888) 407-6425.

Servicio de Farmacia por Correo

Molina cuenta con una red de farmacias con el servicio de pedido por correo que pueden procesar y dispensar un suministro de hasta 90 días de medicamentos elegibles. Los medicamentos elegibles están marcados con la palabra "MAIL" (CORREO) en el formulario.

El Administrador de Beneficios Farmacéuticos de Molina cuenta con el servicio de farmacia por correo. Para surtir las recetas médicas a través de dicho servicio, el proveedor o el afiliado pueden llamar al número de teléfono gratuito de FastStart® al 1 (800) 875-0867, de lunes a viernes, de 7:00 a.m. a 7:00 p.m., o puede ingresar al sitio web www.caremark.com.

Farmacia Fuera de la Red

Si las farmacias de la red no cumplen con las necesidades del afiliado, se puede solicitar una excepción a fin de obtener autorización para utilizar una farmacia fuera de la red. Las excepciones se revisarán caso por caso en función de la necesidad médica.

Procesador de Reclamaciones de Recetas Médicas

Molina Healthcare seleccionó a CVS Caremark como la compañía de Administración de Beneficios Farmacéuticos (Pharmacy Benefit Management, "PBM") para administrar el beneficio de recetas médicas de las personas inscritas en Molina.

Las preguntas sobre cómo procesar las reclamaciones, estado del formulario o reclamaciones rechazadas se pueden dirigir al soporte técnico de CVS Caremark al 1 (888) 407-6425. La información sobre membresía, costos compartidos, beneficios de medicamentos recetados y las dudas sobre elegibilidad pueden abordarse llamando al Centro de Asistencia al Cliente de Molina al 1 (888) 858-2150. El Departamento de Servicios para Miembros atiende de lunes a viernes, de 8:00 a.m. a 6:00 p.m., hora del Pacífico. Las preguntas relacionadas con el proveedor se pueden resolver llamando a la Línea de Ayuda Técnica para Servicios de Proveedores de Molina al 1 (855) 322-4075, de lunes a viernes, de 8:30 a.m. a 5:00 p.m., hora del Pacífico.

Política de Medicamentos urgentes y Después del Horario de atención

Para evitar que la afección de un afiliado empeore en una situación urgente, es posible que sea necesario dispensar un suministro de 72 horas de un medicamento agudo, antes de que pueda obtenerse la Autorización Previa de Molina. (Por ejemplo, un afiliado recibe el alta de un hospital después del horario regular de atención con una receta de antibióticos especiales).

Se les instruye a las farmacias utilizar su juicio profesional. Molina reembolsará a las farmacias por un suministro de 72 horas de un medicamento agudo en tarifas contratadas para estas recetas. Las farmacias se pueden comunicar con la Línea de Ayuda Técnica de CVS Caremark al 1 (888) 407-6425 para obtener una anulación de un suministro de 72 horas.

Las farmacias pueden llamar a Molina al 1 (855) 322-4075 al siguiente día hábil para obtener una autorización que permita que la receta médica urgente o después del horario de atención se procese en línea. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

Procedimiento de solicitud de excepción y autorización previa

Autorización previa

Los medicamentos que requieren una aprobación anticipada para obtener cobertura se revisan en contraste con las normas estándares para determinar la necesidad médica. Los proveedores deben demostrar que su uso médico del medicamento está aceptado y que otros tratamientos no funcionaron ni son adecuados desde el punto de vista clínico. Pueden aplicarse otros requisitos dependiendo del medicamento. Podemos requerir ciertos resultados de prueba para demostrar que un medicamento es adecuado para usted. Esto puede ser correcto en el caso de los Medicamentos de Especialidad que se utilizan para tratar afecciones prolongadas u otras afecciones poco frecuentes. La respuesta de un afiliado a muestras de medicamentos de un proveedor o fabricante de medicamentos no se considerará un motivo para evitar las normas estándares de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización Previa de medicamentos para Molina al 1 (866) 508-6445. Las políticas y los formularios clínicos se encuentran en nuestro sitio web MolinaMarketplace.com.

Si su receta médica requiere una Autorización Previa o una Excepción de Formulario, la solicitud puede considerarse bajo Circunstancias Estándares o Urgentes.

- Cualquier solicitud que no se considere una Circunstancia Urgente se considera una solicitud de Excepción Estándar.
- Una solicitud se considera una Circunstancia Urgente si está sufriendo de una afección médica que puede poner en peligro su vida, salud o capacidad para recuperar la función máxima, o si se está sometiendo a un tratamiento actual utilizando un medicamento que no está en el formulario. Las pruebas de muestras farmacéuticas de su doctor o un fabricante no se considerarán tratamiento actual.

Se les notificará a usted o a su proveedor sobre nuestra decisión, a más tardar, en los siguientes plazos:

- 24 horas después de recibir la solicitud con Circunstancias Urgentes.
- 72 horas después de recibir la solicitud con Circunstancias Estándares.

Si no se realiza una determinación dentro de estos plazos, la solicitud se aprobará automáticamente.

Si se aprueba la solicitud, Molina le enviará una carta a usted y a su doctor. Le indicaremos en cuánto tiempo se aprueba la solicitud antes de que sea necesario realizar la renovación de la autorización. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento.

De acuerdo con 1367.22 del Código de Salud y Seguridad, si se aprueba una solicitud de medicamento, continuará estando cubierta para la duración de la receta, incluidas las renovaciones. Molina no limitará ni excluirá la cobertura de un medicamento si lo aprobamos anteriormente para su afección y su proveedor continúa recetándolo, siempre que el medicamento se recete de manera adecuada y continúe siendo seguro y efectivo.

Cómo solicitar una Excepción

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

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario o que tienen requisitos o límites bajo su plan. Su doctor puede solicitar un medicamento que no aparece en

el formulario, pero que considera que es lo mejor para usted. Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos nueva del año del plan. Su doctor puede enviar una solicitud de excepción de formulario a Molina por medio del proceso y el formulario de Autorización Previa.

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

- Existe documentación respecto a una necesidad específica en su historia clínica.
- Su doctor certificó que usted probó medicamentos del formulario, los cuales no lo ayudaron anteriormente.
- Su doctor certificó que las opciones le causaron daños o que el recetador espera razonablemente que le causen daños; o bien que sea ineficaz debido a las características clínicas de su afección.

En la sección “Autorización Previa” de esta guía, se encuentran los plazos y las condiciones de revisión. Si se aprueba la solicitud, Molina le enviará una carta a usted y a su doctor. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento. Si no está de acuerdo con los motivos del rechazo, puede apelar la decisión. Su doctor puede solicitar una revisión externa de la excepción.

De acuerdo con 1300.67.24 del Código de Salud y Seguridad, no podemos exigirle que repita la terapia progresiva con un medicamento del formulario si cambió de planes de seguro y continúa tomando un medicamento que ahora está sujeto a requisitos de terapia progresiva según su plan de Molina. Su proveedor tendrá que notificarnos con una solicitud de excepción, para que podamos saber que usted sigue tomando el medicamento desde antes, que este se receta de manera adecuada y que es seguro y eficiente para su afección.

Quejas y Apelaciones

Puede presentar un reclamo o queja comunicándose con el Centro de Apoyo al Cliente de Molina al (888) 858-2150. Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Para obtener más información, consulte la sección de su Contrato (póliza) que incluye “Quejas y Apelaciones”. Puede encontrar una copia del Contrato, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

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

Leyenda

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

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

Requisitos/Límites	Descripción
AGE	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la eficacia y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina (Morphine Equivalent Dose, MED). Las cantidades de este medicamento están limitadas al equivalente (“EQ”) de 90 miligramos de morfina por día de suministro surtido.
ONC	Abreviatura de “Oncología” o especialidad del cáncer. Los medicamentos que se ingieren por vía oral para tratar el cáncer tienen límites mensuales de costos compartidos de acuerdo con su plan.
OTC	Las formas farmacéuticas de venta sin receta (Over-the-Counter, OTC) están cubiertas en la lista de medicamentos con una receta médica válida emitida por un proveedor.
PA	Se requiere Autorización Previa (Prior Authorization, PA). Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización Previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y que otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican Límites de Cantidad (Quantity Limits, QL). Pagaremos por un monto diario máximo según la información sobre el costo y uso aceptado por razones médicas del medicamento.
ST	Se requiere Terapia Progresiva (Step Therapy, ST). Si en el pasado hemos pagado para que usted reciba los medicamentos de Terapia Progresiva necesarios, este medicamento se pagará en la farmacia sin necesidad de una Autorización Previa o solicitud de excepción de la Terapia Progresiva. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

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

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Usted elige si desea utilizar programas de Pedidos por Correo. Es posible que tenga costos compartidos más bajos cuando utilice el servicio de Pedidos por Correo de algunos medicamentos.

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

AMPHETAMINES

<i>amphetamine er sus 1.25/ml</i>	Tier 3	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 3	PA, QL (120 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

ANALEPTICS

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

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
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Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 3	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 3	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 3	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 3	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 3	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 3	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 3	PA, QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 3	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 3	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 3	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 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	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 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 3	PA, QL (30 tabs / 30 days)
<i>modafinil tab 200 mg</i>	Tier 3	PA, QL (60 tabs / 30 days)

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

<i>melatonin cap 3 mg</i>	Tier 1	OTC
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QL - Quantity Limits **ST** - Step Therapy

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

ALTERNATIVE MEDICINE COMBINATIONS

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 3	
tobramycin nebu soln 300 mg/5ml	Tier 4	PA

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

HUMIRA INJ 10/0.1ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (2 ea / year); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
HUMIRA PEN KIT PS/UV (<i>adalimumab</i>)	Tier 4	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	Tier 4	PA, QL (30 tabs / 30 days); Preferred Brand
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	PA, MAIL
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	QL (120 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 3	QL (60 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<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 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i>	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 3	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 3	PA, QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>OTEZLA TAB 10/20/30 (apremilast)</i>	Tier 4	PA; Preferred Brand
<i>OTEZLA TAB 30MG (apremilast)</i>	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG (etanercept)	Tier 4	PA, QL (8 vials / 24 days); Preferred Brand
ENBREL INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL MINI INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 1	QL (180 tabs / 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	Tier 1	QL (180 caps / 30 days), AGE; AGE (Max 64 years)

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

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

ANALGESICS - OPIOID

OPIOID AGONISTS

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
codeine sulfate tab 30 mg	Tier 1	QL (360 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
EMBEDA CAP 20-0.8MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (morphine-naltrexone)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (morphine-naltrexone)	Tier 3	PA; MED
fentanyl td patch 72hr 12 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 25 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 50 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 75 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 100 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
hydrocodone bitartrate tab er 24hr deter 20 mg	Tier 3	PA; MED
hydrocodone bitartrate tab er 24hr deter 30 mg	Tier 3	PA; MED
hydrocodone bitartrate tab er 24hr deter 40 mg	Tier 3	PA; MED
hydrocodone bitartrate tab er 24hr deter 60 mg	Tier 3	PA; MED
hydrocodone bitartrate tab er 24hr deter 80 mg	Tier 3	PA; MED
hydrocodone bitartrate tab er 24hr deter 100 mg	Tier 3	PA; MED

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Drug Name	Drug Tier	Requirements/Limits
hydrocodone bitartrate tab er 24hr deter 120 mg	Tier 3	PA; MED
hydromorphone hcl tab 2 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab 4 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab 8 mg	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
hydromorphone hcl tab er 24hr 8 mg	Tier 3	PA; MED
hydromorphone hcl tab er 24hr 12 mg	Tier 3	PA; MED
hydromorphone hcl tab er 24hr 16 mg	Tier 3	PA; MED
hydromorphone hcl tab er 24hr 32 mg	Tier 3	PA; MED
HYSINGLA ER TAB 20 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 30 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 40 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 60 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 80 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 100 MG (hydrocodone bitartrate)	Tier 3	PA; MED
HYSINGLA ER TAB 120 MG (hydrocodone bitartrate)	Tier 3	PA; MED
meperidine hcl oral soln 50 mg/5ml	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 50 mg	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
meperidine hcl tab 100 mg	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
methadone hcl soln 5 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
methadone hcl soln 10 mg/5ml	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED

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

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

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

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	AGE; Age (min 12 years); Max 7 day supply initial fill; MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
hydrocodone-ibuprofen tab 10-200 mg	Tier 3	PA, QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 5-325 mg	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 7.5-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone w/ acetaminophen tab 10-325 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
oxycodone-ibuprofen tab 5-400 mg	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
tramadol-acetaminophen tab 37.5-325 mg	Tier 1	QL (300 tabs / 30 days), AGE; Age (min 12 years); Max 7 day supply initial fill; MED
OPIOID PARTIAL AGONISTS		
buprenorphine hcl sl tab 2 mg (base equiv)	Tier 1	QL (360 tabs / 30 days)
buprenorphine hcl sl tab 8 mg (base equiv)	Tier 1	QL (90 tabs / 30 days)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	Tier 1	QL (90 / 30 days)
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	Tier 1	QL (90 / 30 days)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	Tier 1	QL (90 / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	QL (60 / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	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 3	PA
<i>oxandrolone tab 10 mg</i>	Tier 3	PA

ANDROGENS

<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs / 30 days)
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)

ANORECTAL AGENTS

INTRARECTAL STEROIDS

<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
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Drug Name	Drug Tier	Requirements/Limits
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i> (Ra Hemorrhoidal)	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 & mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG (<i>aluminum hydroxide-mag trisil</i>)	Tier 1	OTC
MI-ACID CHW (<i>calcium carbonate-mag hydrox</i>)	Tier 1	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC

ANTACIDS - MAGNESIUM SALTS

magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC

ANTHELMINTICS

ANTHELMINTICS

albendazole tab 200 mg	Tier 3	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	QL (16 / 2 days); Max 1 fill per month, max 2 days supply
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
tinidazole tab 250 mg	Tier 1	QL (56 tabs / 7 days); Max 7 days supply
tinidazole tab 500 mg	Tier 1	QL (28 tabs / 7 days); Max 7 days supply
trimethoprim tab 100mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 4	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 4	PA

ANTI-INFECTIVE MISC. - COMBINATIONS

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	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 3	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
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

ANTI-ANXIETY AGENTS

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
hydroxyzine hcl syrup 10 mg/5ml	Tier 1	QL (1800 mL / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 10 mg	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 25 mg	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine hcl tab 50 mg	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 25 mg	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 50 mg	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
hydroxyzine pamoate cap 100 mg	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
meprobamate tab 200 mg	Tier 3	QL (90 tabs / 30 days)
meprobamate tab 400 mg	Tier 3	QL (90 tabs / 30 days)
BENZODIAZEPINES		
alprazolam tab 0.5 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
alprazolam tab 0.25 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
alprazolam tab 1 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
alprazolam tab 2 mg	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
chlordiazepoxide hcl cap 5 mg	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
chlordiazepoxide hcl cap 10 mg	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
chlordiazepoxide hcl cap 25 mg	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>diazepam conc 5 mg/ml</i> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)
<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
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Drug Name	Drug Tier	Requirements/Limits
<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 3	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	PA, MAIL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (<i>benralizumab</i>)	Tier 4	PA
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	Tier 4	PA
NUCALA INJ 40MG/0.4 (<i>mepolizumab</i>)	Tier 4	PA, QL (1 syringe / 28 days)
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA, QL (3 vials / 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 4	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 4	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 4	PA, QL (5 mL / 28 days)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL
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 (30 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
LEUKOTRIENE MODULATORS		
<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 3	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	PA, MAIL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
ASMANEX HFA AER 100 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG (mometasone furoate (inhalation))	Tier 2	QL (13 gm / 30 days), MAIL
budesonide inhalation susp 0.5 mg/2ml	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
budesonide inhalation susp 0.25 mg/2ml	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (fluticasone propionate hfa)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG (budesonide (inhalation))	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG (beclomethasone dipropionate hfa)	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50 (fluticasone- salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 250/50 (fluticasone- salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR DISKU AER 500/50 (fluticasone- salmeterol)	Tier 2	QL (60 inhalations / 30 days), MAIL; Brand Preferred
ADVAIR HFA AER 45/21 (fluticasone- salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 (fluticasone- salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 (fluticasone- salmeterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	Tier 1	QL (1 inhaler / 30 days), MAIL; Generic Preferred
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Tier 1	QL (150 ea / 30 days), MAIL
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	Tier 1	QL (300 mL / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days), MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 3	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 <i>(umeclidinium-vilanterol)</i>	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	Tier 3	QL (30 caps / 30 days), MAIL
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 3	QL (120 mL / 30 days), MAIL
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE <i>(budesonide-glycopyrrolate-formoterol fumarate)</i>	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>)	Tier 2	QL (4 gm / 30 days), MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 30 days), MAIL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
metaproterenol sulfate tab 20 mg	Tier 1	MAIL
SEREVENT DIS AER 50MCG (salmeterol xinafoate)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)	Tier 2	QL (10.2 gm / 30 days), MAIL
terbutaline sulfate tab 2.5 mg	Tier 3	QL (240 tabs / 30 days), MAIL
terbutaline sulfate tab 5 mg	Tier 3	QL (180 tabs / 30 days), MAIL
TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 inhaler / 30 days), MAIL
TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol)	Tier 2	QL (1 inhaler / 30 days), MAIL

XANTHINES

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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

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

Drug Name	Drug Tier	Requirements/Limits
warfarin sodium tab 4 mg	Tier 1	MAIL
warfarin sodium tab 5 mg	Tier 1	MAIL
warfarin sodium tab 6 mg	Tier 1	MAIL
warfarin sodium tab 7.5 mg	Tier 1	MAIL
warfarin sodium tab 10 mg	Tier 1	MAIL
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (apixaban)	Tier 2	QL (74 / 28 days); Max 1 fill per year
ELIQUIS TAB 2.5MG (apixaban)	Tier 2	QL (60 tabs / 30 days), MAIL
ELIQUIS TAB 5MG (apixaban)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	QL (51 tabs / year)
XARELTO SUS 1MG/ML (rivaroxaban)	Tier 2	QL (310 mL / 30 days), MAIL; AGE (Max 11 years)
XARELTO TAB 2.5MG (rivaroxaban)	Tier 2	QL (60 tabs / 30 days), MAIL
XARELTO TAB 10MG (rivaroxaban)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 15MG (rivaroxaban)	Tier 2	QL (30 tabs / 30 days), MAIL
XARELTO TAB 20MG (rivaroxaban)	Tier 2	QL (30 tabs / 30 days), MAIL
HEPARINS AND HEPARINOID-LIKE AGENTS		
enoxaparin sodium inj 300 mg/3ml	Tier 3	QL (30 vials / 30 days)
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 3	QL (18 mL / 30 days)
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 3	QL (24 mL / 30 days)
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 3	QL (36 mL / 30 days)
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 3	QL (48 mL / 30 days)
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 3	QL (60 mL / 30 days)
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 3	QL (48 mL / 30 days)
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 3	QL (60 mL / 30 days)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 3	PA
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 3	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 3	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 3	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
THROMBIN INHIBITORS		
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
ANTICONSULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3	
ANTICONSULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
<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)
KLONOPIN TAB 0.5MG (<i>clonazepam</i>)	Tier 1	QL (300 tabs / 30 days)
KLONOPIN TAB 2MG (<i>clonazepam</i>)	Tier 1	QL (300 tabs / 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 (Eitol)</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	PA, MAIL
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 150 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>lacosamide tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 50 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 75 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 100 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 150 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 200 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 225 MG	Tier 3	PA, QL (60 caps / 30 days)
PREGABALIN CAP 300 MG	Tier 3	PA, QL (60 caps / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
primidone tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
primidone tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
rufinamide susp 40 mg/ml	Tier 3	MAIL
rufinamide tab 200 mg	Tier 3	MAIL
rufinamide tab 400 mg	Tier 3	MAIL
topiramate sprinkle cap 15 mg	Tier 1	MAIL
topiramate sprinkle cap 25 mg	Tier 1	MAIL
topiramate tab 25 mg	Tier 1	MAIL
topiramate tab 50 mg	Tier 1	MAIL
topiramate tab 100 mg	Tier 1	MAIL
topiramate tab 200 mg	Tier 1	MAIL
VIMPAT SOL 10MG/ML (lacosamide)	Tier 2	
VIMPAT TAB 50MG (lacosamide)	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 100MG (lacosamide)	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 150MG (lacosamide)	Tier 2	QL (120 tabs / 30 days)
VIMPAT TAB 200MG (lacosamide)	Tier 2	QL (90 tabs / 30 days)
zonisamide cap 25 mg	Tier 1	MAIL
zonisamide cap 50 mg	Tier 1	MAIL
zonisamide cap 100 mg	Tier 1	MAIL
CARBAMATES		
felbamate susp 600 mg/5ml	Tier 3	MAIL
felbamate tab 400 mg	Tier 3	MAIL
felbamate tab 600 mg	Tier 3	MAIL
GABA MODULATORS		
tiagabine hcl tab 2 mg	Tier 3	MAIL
tiagabine hcl tab 4 mg	Tier 3	MAIL
tiagabine hcl tab 12 mg	Tier 3	MAIL
tiagabine hcl tab 16 mg	Tier 3	MAIL
vigabatrin powd pack 500 mg (Vigadrone)	Tier 4	QL (180 packets / 30 days)
vigabatrin tab 500 mg	Tier 4	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (phenytoin sodium extended)	Tier 2	MAIL
DILANTIN CAP 100MG (phenytoin sodium extended)	Tier 2	MAIL
PEGANONE TAB 250MG (ethotoin)	Tier 3	MAIL
PHENYTEK CAP 200MG (phenytoin sodium extended)	Tier 2	MAIL
PHENYTEK CAP 300MG (phenytoin sodium extended)	Tier 2	MAIL
phenytoin chew tab 50 mg	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<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		
<i>CELONTIN CAP 300MG (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
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<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 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<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
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<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
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<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
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL

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

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

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<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 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	MAIL

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)	Tier 3	PA, MAIL
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per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
SYMLNPEN 120 INJ 1000MCG (pramlintide acetate)	Tier 3	PA, MAIL

ANTIDIABETIC COMBINATIONS

alogliptin-metformin hcl tab 12.5-500 mg	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-metformin hcl tab 12.5-1000 mg	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-15 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-30 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 12.5-45 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 25-15 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 25-30 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
alogliptin-pioglitazone tab 25-45 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glipizide-metformin hcl tab 5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL
glyburide-metformin tab 1.25-250 mg	Tier 1	QL (60 tabs / 30 days), MAIL
glyburide-metformin tab 2.5-500 mg	Tier 1	QL (60 tabs / 30 days), MAIL
glyburide-metformin tab 5-500 mg	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 2.5mg/1000 mg, 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 within last 180 days
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	Tier 2	ST, MAIL; Requires Trial of Metformin in the last 180 days
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 in the last 180 days
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 in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin in the last 180 days
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XIGDUO XR TAB 10-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days

BIGUANIDES

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

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

Drug Name	Drug Tier	Requirements/Limits
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (semaglutide)	Tier 2	ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose, Requires trial of Metformin in the last 180 days
OZEMPIC INJ 2/1.5ML (semaglutide)	Tier 2	ST, QL (3 mL / 24 days), MAIL; 1 mg/dose, Requires trial of Metformin in the last 180 days
OZEMPIC INJ 4MG/3ML (semaglutide)	Tier 2	ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
OZEMPIC INJ 8MG/3ML (semaglutide)	Tier 2	ST, QL (3 mL / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 3MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 7MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
RYBELSUS TAB 14MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 0.75/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 1.5/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 3/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days
TRULICITY INJ 4.5/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin in the last 180 days

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Drug Name	Drug Tier	Requirements/Limits
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin in the last 180 days
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
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.

Drug Name	Drug Tier	Requirements/Limits
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 protamine & 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 & 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 & 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 & 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
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

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Drug Name	Drug Tier	Requirements/Limits
LEVEMIR INJ FLEXTOUC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & 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 products preferred
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 & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
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
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
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

Drug Name	Drug Tier	Requirements/Limits
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	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
<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

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glyburide micronized tab 6 mg	Tier 1	MAIL
glyburide tab 1.25 mg	Tier 1	MAIL
glyburide tab 2.5 mg	Tier 1	MAIL
glyburide tab 5 mg	Tier 1	MAIL
tolbutamide tab 500 mg	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

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

OPIOID ANTAGONISTS

naloxone hcl inj 0.4 mg/ml	Tier 1	
naloxone hcl nasal spray 4 mg/0.1ml	Tier 1	
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR 4MG (naloxone hcl)	Tier 2	

Drug Name	Drug Tier	Requirements/Limits
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 28 days)

ANTIEMETICS

5-HT₃ RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine cap 250 mg</i>	Tier 3	PA
<i>flucytosine cap 500 mg</i>	Tier 3	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG <i>(isavuconazonium sulfate)</i>	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	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 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - 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
ANTIHIISTAMINES - ETHANOLAMINES		
ALER-DRYL TAB 50MG (<i>diphenhydramine hcl</i>)	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i> (Gnp Dayhist Allergy)	Tier 1	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC

ANTI-HISTAMINES - NON-SEDATING

cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	QL (30 tabs / 30 days), OTC
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	QL (60 tabs / 30 days), OTC
fexofenadine hcl tab 180 mg	Tier 1	QL (30 tabs / 30 days), OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)
loratadine tab 10 mg (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC

ANTI-HISTAMINES - PHENOTHIAZINES

promethazine hcl suppos 12.5 mg	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 12.5 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

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

Drug Name	Drug Tier	Requirements/Limits
<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 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	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 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

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

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

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 3	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
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NICOTINIC ACID DERIVATIVES

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

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

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

ANTIHYPERTENSIVES

ACE INHIBITORS

<i>benazepril hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>benazepril hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>benazepril hcl tab 40 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>captopril tab 12.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>captopril tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>enalapril maleate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fosinopril sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>moexipril hcl tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>perindopril erbumine tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>perindopril erbumine tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ramipril cap 2.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
ramipril cap 5 mg	Tier 1	QL (30 caps / 30 days), MAIL
ramipril cap 10 mg	Tier 1	QL (30 caps / 30 days), MAIL
trandolapril tab 1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
trandolapril tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
trandolapril tab 4 mg	Tier 1	QL (30 tabs / 30 days), MAIL

AGENTS FOR PHEOCHROMOCYTOMA

phenoxybenzamine hcl cap 10 mg	Tier 4	
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ANGIOTENSIN II RECEPTOR ANTAGONISTS

candesartan cilexetil tab 4 mg	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 8 mg	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 16 mg	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
candesartan cilexetil tab 32 mg	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 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.

Drug Name	Drug Tier	Requirements/Limits
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 3	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 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>telmisartan tab 20 mg</i>	Tier 3	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 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 80 mg</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>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	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
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methyldopa tab 500 mg</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

ANTIHYPERTENSIVE COMBINATIONS

<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (90 tabs / 30 days), MAIL
benazepril & hydrochlorothiazide tab 20-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	Tier 1	QL (90 tabs / 30 days), MAIL
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	Tier 1	QL (90 tabs / 30 days), MAIL
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
BYVALSON TAB 5-80MG (nebivolol-valsartan)	Tier 3	PA, MAIL
captopril & hydrochlorothiazide tab 25-15 mg	Tier 1	QL (60 tabs / 30 days), MAIL
captopril & hydrochlorothiazide tab 25-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
captopril & hydrochlorothiazide tab 50-15 mg	Tier 1	QL (60 tabs / 30 days), MAIL
captopril & hydrochlorothiazide tab 50-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 3	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (mecamylamine hcl)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
aliskiren fumarate tab 300 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
eplerenone tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	MAIL
hydralazine hcl tab 25 mg	Tier 1	MAIL
hydralazine hcl tab 50 mg	Tier 1	MAIL
hydralazine hcl tab 100 mg	Tier 1	MAIL
minoxidil tab 2.5 mg	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	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)

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

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Drug Name	Drug Tier	Requirements/Limits
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	Tier 1	QL (10 mL / 30 days), MAIL
methotrexate sodium tab 2.5 mg (base equiv)	Tier 1	MAIL
TABLOID TAB 40MG (thioguanine)	Tier 4	PA; ONC

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERZUMA INJ 150MG (trastuzumab-pkrb)	Tier 4	PA, QL (6 vials / 14 days); ONC
HERZUMA INJ 420MG (trastuzumab-pkrb)	Tier 4	PA, QL (2 vials / 14 days); ONC
KANJINTI INJ 420MG (trastuzumab-anns)	Tier 4	PA, QL (2 vials / 14 days); ONC
KANJINTI SOL 150MG (trastuzumab-anns)	Tier 4	PA, QL (6 vials / 14 days); ONC
OGIVRI INJ 150MG (trastuzumab-dkst)	Tier 4	PA, QL (6 vials / 14 days); ONC
OGIVRI INJ 420MG (trastuzumab-dkst)	Tier 4	PA, QL (2 vials / 14 days); ONC
ONTRUZANT INJ 150MG (trastuzumab-dttb)	Tier 4	PA, QL (6 vials / 14 days); ONC
ONTRUZANT INJ 420MG (trastuzumab-dttb)	Tier 4	PA, QL (2 vials / 14 days); ONC
TRAZIMERA INJ 150MG (trastuzumab-qyyp)	Tier 4	PA, QL (6 vials / 14 days); ONC
TRAZIMERA INJ 420MG (trastuzumab-qyyp)	Tier 4	PA, QL (2 vials / 14 days); ONC

ANTINEOPLASTIC - ANTIBODIES

RUXIENCE INJ 100/10ML (rituximab-pvvr)	Tier 4	PA, QL (10 vials / 7 days); ONC
RUXIENCE INJ 500/50ML (rituximab-pvvr)	Tier 4	PA, QL (2 vials / 7 days); ONC

ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS

ERIVEDGE CAP 150MG (vismodegib)	Tier 4	PA, QL (30 per 30 days); ONC
ODOMZO CAP 200MG (sonidegib phosphate)	Tier 4	PA, QL (30 per 30 days); ONC

ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS

abiraterone acetate tab 250 mg	Tier 4	PA, QL (120 per 30 days); ONC
abiraterone acetate tab 500 mg	Tier 4	PA, QL (60 tabs / 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 4	QL (90 tabs / 30 days); ONC
ELIGARD INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
ELIGARD INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
EMCYT CAP 140MG (<i>estramustine phosphate sodium</i>)	Tier 4	PA; ONC
<i>exemestane tab 25 mg</i>	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 3
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 4	ONC
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; ONC
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA; ONC
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	ONC
<i>megestrol acetate tab 20 mg</i>	Tier 1	ONC
<i>megestrol acetate tab 40 mg</i>	Tier 1	ONC
<i>nilutamide tab 150 mg</i>	Tier 4	PA; ONC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; ONC; Tier 5 for ages 35 and over, otherwise Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL; ONC
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
XTANDI CAP 40MG (enzalutamide)	Tier 4	PA, QL (120 / 30 days); ONC
XTANDI TAB 40MG (enzalutamide)	Tier 4	PA, QL (120 / 30 days); ONC
XTANDI TAB 80MG (enzalutamide)	Tier 4	PA, QL (60 / 30 days); ONC
ZOLADEX IMP 3.6MG (goserelin acetate)	Tier 4	PA
ZOLADEX IMP 10.8MG (goserelin acetate)	Tier 4	PA

ANTINEOPLASTIC - IMMUNOMODULATORS

POMALYST CAP 1MG (pomalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 2MG (pomalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 3MG (pomalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
POMALYST CAP 4MG (pomalidomide)	Tier 4	PA, QL (30 per 30 days); ONC

ANTINEOPLASTIC COMBINATIONS

KISQALI 200 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (49 per 28 days); ONC
KISQALI 400 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (70 per 28 days); ONC
KISQALI 600 PAK FEMARA (ribociclib succinate-letrozole)	Tier 4	PA, QL (91 per 28 days); ONC
LONSURF TAB 15-6.14 (trifluridine-tipiracil)	Tier 4	PA, QL (100 per 28 days); ONC
LONSURF TAB 20-8.19 (trifluridine-tipiracil)	Tier 4	PA, QL (100 per 28 days); ONC

ANTINEOPLASTIC ENZYME INHIBITORS

AFINITOR DIS TAB 2MG (everolimus)	Tier 4	PA, QL (60 per 30 days); ONC
AFINITOR DIS TAB 3MG (everolimus)	Tier 4	PA, QL (90 per 30 days); ONC
AFINITOR DIS TAB 5MG (everolimus)	Tier 4	PA, QL (60 per 30 days); ONC
AFINITOR TAB 10MG (everolimus)	Tier 4	PA, QL (30 per 30 days); ONC
ALECENSA CAP 150MG (alectinib hcl)	Tier 4	PA, QL (240 per 30 days); ONC
BRUKINSA CAP 80MG (zanubrutinib)	Tier 4	PA, QL (120 per 30 days); ONC
CABOMETYX TAB 20MG (cabozantinib s-malate)	Tier 4	PA, QL (30 / 30 days); ONC
CABOMETYX TAB 40MG (cabozantinib s-malate)	Tier 4	PA, QL (30 / 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (30 / 30 days); ONC
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 2.5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 7.5 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab 10 mg</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>everolimus tab for oral susp 2 mg</i>	Tier 4	PA, QL (60 per 30 days); ONC
<i>everolimus tab for oral susp 3 mg</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>everolimus tab for oral susp 5 mg</i>	Tier 4	PA, QL (60 per 30 days); ONC
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 4	PA, QL (6 per 21 days); ONC
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC

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Drug Name	Drug Tier	Requirements/Limits
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days); ONC
ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days); ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days); ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days); ONC
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	PA, QL (90 per 30 days); ONC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, QL (180 per 30 days); ONC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days); ONC

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Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 10 MG (lenvatinib mesylate)	Tier 4	PA, QL (30 per 30 days); ONC
LENVIMA CAP 12MG (lenvatinib mesylate)	Tier 4	PA, QL (90 per 30 days); ONC
LENVIMA CAP 14 MG (lenvatinib mesylate)	Tier 4	PA, QL (60 per 30 days); ONC
LENVIMA CAP 18 MG (lenvatinib mesylate)	Tier 4	PA, QL (90 per 30 days); ONC
LENVIMA CAP 20 MG (lenvatinib mesylate)	Tier 4	PA, QL (60 per 30 days); ONC
LENVIMA CAP 24 MG (lenvatinib mesylate)	Tier 4	PA, QL (90 per 30 days); ONC
LYNPARZA TAB 100MG (olaparib)	Tier 4	PA, QL (120 tabs / 30 days); ONC
LYNPARZA TAB 150MG (olaparib)	Tier 4	PA, QL (120 tabs / 30 days); ONC
MEKINIST TAB 0.5MG (trametinib dimethyl sulfoxide)	Tier 4	PA, QL (90 per 30 days); ONC
MEKINIST TAB 2MG (trametinib dimethyl sulfoxide)	Tier 4	PA, QL (30 per 30 days); ONC
NEXAVAR TAB 200MG (sorafenib tosylate)	Tier 4	PA, QL (120 per 30 days); ONC
RUBRACA TAB 200MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days); ONC
RUBRACA TAB 250MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days); ONC
RUBRACA TAB 300MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days); ONC
sorafenib tosylate tab 200 mg (base equivalent)	Tier 4	PA, QL (120 per 30 days); ONC
SPRYCEL TAB 20MG (dasatinib)	Tier 4	PA, QL (90 per 30 days); ONC
SPRYCEL TAB 50MG (dasatinib)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 70MG (dasatinib)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 80MG (dasatinib)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 100MG (dasatinib)	Tier 4	PA, QL (30 per 30 days); ONC
SPRYCEL TAB 140MG (dasatinib)	Tier 4	PA, QL (30 per 30 days); ONC
STIVARGA TAB 40MG (regorafenib)	Tier 4	PA, QL (90 per 30 days); ONC
sunitinib malate cap 12.5 mg (base equivalent)	Tier 4	PA, QL (120 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days); ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 4	PA, QL (30 per 30 days); ONC
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (60 per 30 days); ONC
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days); ONC
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	PA, QL (120 per 30 days); ONC
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	PA, QL (90 per 30 days); ONC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	PA, QL (120 per 30 days); ONC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days); ONC
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA; ONC
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bexarotene cap 75 mg</i>	Tier 4	PA; ONC
<i>hydroxyurea cap 500 mg</i>	Tier 1	ONC
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA; ONC
<i>tretinoin cap 10 mg</i>	Tier 4	PA; ONC
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL; ONC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL; ONC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 4	PA; ONC
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
<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
<i>amantadine hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>NEUPRO DIS 1MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 2MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 3MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 4MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 6MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>NEUPRO DIS 8MG/24HR (rotigotine)</i>	Tier 3	PA, MAIL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL

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

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<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
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
ziprasidone hcl cap 40 mg	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
ziprasidone hcl cap 60 mg	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
ziprasidone hcl cap 80 mg	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

BENZISOXAZOLES

FANAPT PAK (iloperidone)	Tier 3	PA
FANAPT TAB 1MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 2MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 4MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 6MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 8MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 10MG (iloperidone)	Tier 3	PA, MAIL
FANAPT TAB 12MG (iloperidone)	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 (paliperidone palmitate)	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 18 years)
INVEGA SUST INJ 78/0.5ML (paliperidone palmitate)	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 18 years)
INVEGA SUST INJ 117/0.75 (paliperidone palmitate)	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 18 years)
INVEGA SUST INJ 156MG/ML (paliperidone palmitate)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 18 years)
INVEGA SUST INJ 234/1.5 (paliperidone palmitate)	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 18 years)
INVEGA TRINZ INJ 273MG (paliperidone palmitate)	Tier 3	QL (0.88 mL / 90 days), AGE; AGE (Min 18 years)
INVEGA TRINZ INJ 410MG (paliperidone palmitate)	Tier 3	QL (1.32 mL / 90 days), AGE; AGE (Min 18 years)
INVEGA TRINZ INJ 546MG (paliperidone palmitate)	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 18 years)
INVEGA TRINZ INJ 819MG (paliperidone palmitate)	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 18 years)
paliperidone tab er 24hr 1.5 mg	Tier 3	PA, MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone tab er 24hr 3 mg</i>	Tier 3	PA, MAIL
<i>paliperidone tab er 24hr 6 mg</i>	Tier 3	PA, MAIL
<i>paliperidone tab er 24hr 9 mg</i>	Tier 3	PA, MAIL
RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 3	QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	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)

Drug Name	Drug Tier	Requirements/Limits
<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)

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 3	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)

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

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Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 150 mg	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 200 mg	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 300 mg	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 400 mg	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
ZYPREXA RELP INJ 300MG (olanzapine pamoate)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
ZYPREXA RELP INJ 405MG (olanzapine pamoate)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 18 years)
PHENOTHIAZINES		
chlorpromazine hcl tab 10 mg	Tier 3	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 25 mg	Tier 3	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 50 mg	Tier 3	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 100 mg	Tier 3	AGE, MAIL; AGE (Min 6 years)
chlorpromazine hcl tab 200 mg	Tier 3	AGE, MAIL; AGE (Min 6 years)
fluphenazine decanoate inj 25 mg/ml	Tier 1	AGE; AGE (Min 6 years)
fluphenazine hcl tab 1 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 2.5 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 5 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
fluphenazine hcl tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years)
perphenazine tab 2 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 4 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 90mg Morphine EQ Dose per day **ONC** - Drug treats cancer **OTC** - Over the counter **PA** - Prior Authorization
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Drug Name	Drug Tier	Requirements/Limits
perphenazine tab 8 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
perphenazine tab 16 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
prochlorperazine maleate tab 5 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
prochlorperazine maleate tab 10 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
prochlorperazine suppos 25 mg	Tier 3	AGE; AGE (Min 6 years)
thioridazine hcl tab 10 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
thioridazine hcl tab 25 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
thioridazine hcl tab 50 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
thioridazine hcl tab 100 mg	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
trifluoperazine hcl tab 1 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 2 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 5 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
trifluoperazine hcl tab 10 mg (base equivalent)	Tier 1	AGE, MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG (aripiprazole)	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 18 years)
ABILIFY MAIN INJ 400MG (aripiprazole)	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 18 years)
aripiprazole oral solution 1 mg/ml	Tier 3	PA, MAIL; AGE (Max 11 years)
aripiprazole orally disintegrating tab 10 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
aripiprazole orally disintegrating tab 15 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
aripiprazole tab 2 mg	Tier 3	QL (30 tabs / 30 days), MAIL
aripiprazole tab 5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
aripiprazole tab 10 mg	Tier 3	QL (30 tabs / 30 days), MAIL
aripiprazole tab 15 mg	Tier 3	QL (30 tabs / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 60 days), AGE; AGE (Min 18 years)
ARISTADA INJ INITIO (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 30 days), AGE; AGE (Min 18 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
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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)

Drug Name	Drug Tier	Requirements/Limits
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	Tier 2	AGE; 30-120-15 MG, AGE (Max 12)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days); 50-200-25 MG
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (indinavir sulfate)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (indinavir sulfate)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
didanosine delayed release capsule 200 mg	Tier 1	QL (60 caps / 30 days)
didanosine delayed release capsule 250 mg	Tier 1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
efavirenz cap 50 mg	Tier 1	QL (360 caps / 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps / 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine caps 200 mg	Tier 1	QL (30 caps / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	QL (30 tabs / 30 days)

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emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	QL (30 tabs / 30 days); Tier 5 for PrEP use
EMTRIVA SOL 10MG/ML (emtricitabine)	Tier 2	QL (720 mL / 30 days)
etravirine tab 100 mg	Tier 1	QL (120 tabs / 30 days)
etravirine tab 200 mg	Tier 1	QL (60 tabs / 30 days)
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)	Tier 2	QL (30 tabs / 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (enfuvirtide)	Tier 4	PA
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (etravirine)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (etravirine)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (etravirine)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (saquinavir mesylate)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (raltegravir potassium)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (dolutegravir sodium-rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (lopinavir-ritonavir)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (lopinavir-ritonavir)	Tier 2	QL (180 tabs / 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (900 mL / 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (30 mL / 30 days)
lopinavir-ritonavir tab 100-25 mg	Tier 1	QL (360 tabs / 30 days)
lopinavir-ritonavir tab 200-50 mg	Tier 1	QL (180 tabs / 30 days)

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nevirapine susp 50 mg/5ml	Tier 1	QL (1200 mL / 30 days)
nevirapine tab 200 mg	Tier 1	QL (60 tabs / 30 days)
nevirapine tab er 24hr 100 mg	Tier 1	QL (120 tabs / 30 days)
nevirapine tab er 24hr 400 mg	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML (ritonavir)	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB (emtricitabine-rilpivirine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG (doravirine)	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 (darunavir-cobicistat)	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML (darunavir)	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG (darunavir)	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG (darunavir)	Tier 2	QL (240 tabs / 30 days)
PREZISTA TAB 600MG (darunavir)	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG (darunavir)	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG (delavirdine mesylate)	Tier 2	QL (180 tabs / 30 days)
ritonavir tab 100 mg	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML (maraviroc)	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG (maraviroc)	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG (maraviroc)	Tier 2	QL (60 tabs / 30 days)
stavudine cap 15 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 20 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 30 mg	Tier 1	QL (60 caps / 30 days)
stavudine cap 40 mg	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB (elvitegravir-cobicistat-emtricitabine-tenofovir df)	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB (darunavir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
TEMIXYS TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
tenofovir disoproxil fumarate tab 300 mg	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG (dolutegravir sodium)	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG (dolutegravir sodium)	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG (dolutegravir sodium)	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ PD TAB (abacavir-dolutegravir-lamivudine)	Tier 2	QL (180 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
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)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL (<i>entecavir</i>)	Tier 3	PA
DAKLINZA TAB 30MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
DAKLINZA TAB 60MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
<i>entecavir tab 0.5 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)	Tier 3	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 4	PA, QL (28 tablets / 28 days); Preferred
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGINTRON KIT 50MCG (<i>peginterferon alfa-2b</i>)	Tier 4	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	PA, QL (28 tablets / 28 days); Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 4	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 4	PA, QL (28 tablets / 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 4	PA, QL (28 tablets / 28 days)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (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)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 80MG (<i>baloxavir marboxil</i>)	Tier 2	QL (1 / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Tier 3	MAIL
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 3	MAIL

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 3	PA, MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	PA, MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 3	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

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

Drug Name	Drug Tier	Requirements/Limits
verapamil hcl tab er 180 mg	Tier 1	QL (60 tabs / 30 days), MAIL
verapamil hcl tab er 240 mg	Tier 1	QL (90 tabs / 30 days), MAIL

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

inositol niacinate cap 500 mg (Niacin Flush Free)	Tier 1	OTC, MAIL
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PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 0.125MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG (treprostinil diolamine)	Tier 4	PA, QL (90 tabs / 30 days)
treprostinil inj soln 20 mg/20ml (1 mg/ml)	Tier 4	PA
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	Tier 4	PA
treprostinil inj soln 100 mg/20ml (5 mg/ml)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 4	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 4	PA

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	Tier 4	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA, QL (60 tabs / 30 days)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	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>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	

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Drug Name	Drug Tier	Requirements/Limits
cefprozil tab 500 mg	Tier 1	
cefuroxime axetil tab 250 mg	Tier 1	QL (20 tabs / 10 days)
cefuroxime axetil tab 500 mg	Tier 1	QL (20 tabs / 10 days)

CEPHALOSPORINS - 3RD GENERATION

cefdinir cap 300 mg	Tier 1	
cefdinir for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefdinir for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefditoren pivoxil tab 200 mg (base equivalent)	Tier 1	PA
cefditoren pivoxil tab 400 mg (base equivalent)	Tier 1	PA
cefixime cap 400 mg	Tier 3	
cefixime for susp 100 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
cefixime for susp 200 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
cefpodoxime proxetil for susp 50 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefpodoxime proxetil for susp 100 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
cefpodoxime proxetil tab 100 mg	Tier 1	
cefpodoxime proxetil tab 200 mg	Tier 1	
ceftriaxone sodium for inj 1 gm	Tier 1	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)	Tier 5	QL (28 tablets / 21 days), MAIL
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	Tier 5	QL (28 tablets / 21 days), MAIL
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	QL (28 tablets / 21 days), MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (28 tablets / 21 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (28 tablets / 21 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	QL (75 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (28 tablets / 24 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (28 tablets / 21 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 5	QL (28 caps / 21 days), MAIL; Max 365 Days Supply
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (28 tablets / 21 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (28 tablets / 21 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (28 tablets / 21 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)	Tier 5	QL (3 patches / 21 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	Tier 5	QL (1 ring / 21 days), MAIL
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (Eluryng)	Tier 5	QL (1 ring / 21 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (copper (iud))	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	Tier 5	QL (4 tabs / 90 days)
levonorgestrel tab 1.5 mg (My Way)	Tier 5	QL (4 tabs / 90 days), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (etonogestrel)	Tier 5	QL (1 implant in lifetime)

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 <i>(medroxyprogesterone acetate (contraceptive))</i>	Tier 5	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG <i>(levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG <i>(levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM <i>(levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG <i>(levonorgestrel (iud))</i>	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (28 tablets / 21 days), MAIL

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
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COUGH/COLD/ALLERGY

ANTITUSSIVES

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

COUGH/COLD/ALLERGY COMBINATIONS

ALLERGY CONG TAB 25-10MG <i>(diphenhydramine-phenylephrine)</i>	Tier 1	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 <i>(pseudoephed-bromphen-dm)</i>	Tier 1	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

Drug Name	Drug Tier	Requirements/Limits
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Cough/che)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML (chlorpheniramine w/ codeine)	Tier 2	QL (240 mL / 25 days), OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	Tier 1	
acetylcysteine inhal soln 20%	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC
adapalene gel 0.1%	Tier 1	QL (45 / 25 days)
adapalene gel 0.1% (Adapalene Treatment)	Tier 1	QL (45 / 25 days), OTC
adapalene lotion 0.1%	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
benzoyl peroxide gel 5% (Bp Gel)	Tier 1	OTC
benzoyl peroxide gel 10% (Clean & Clear Persa-gel M)	Tier 1	OTC
benzoyl peroxide liq 5% (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
benzoyl peroxide liq 10% (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
benzoyl peroxide-erythromycin gel 5-3%	Tier 3	PA
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	Tier 3	PA
clindamycin phosphate gel 1%	Tier 3	QL (60 gm / 30 days)
clindamycin phosphate lotion 1%	Tier 3	QL (60 mL / 30 days)
clindamycin phosphate soln 1%	Tier 1	QL (60 mL / 30 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	Tier 3	PA
DIFFERIN GEL 0.1% (adapalene)	Tier 1	QL (45 / 25 days), OTC
erythromycin soln 2%	Tier 1	QL (60 mL / 30 days)
isotretinoin cap 10 mg (Claravis)	Tier 3	PA
isotretinoin cap 20 mg (Amnesteem)	Tier 3	PA
isotretinoin cap 30 mg	Tier 3	PA
isotretinoin cap 40 mg	Tier 3	PA
sulfacetamide sodium lotion 10% (acne)	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i> (Bp Cleansing Wash)	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 3	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 cream 0.05%</i>	Tier 3	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 cream 0.025%</i>	Tier 3	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 3	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 3	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
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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	

Drug Name	Drug Tier	Requirements/Limits
gentamicin sulfate cream 0.1%	Tier 1	QL (60 gm / 30 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mupirocin oint 2%	Tier 1	QL (44 gm / 30 days)
neomycin-bacitracin-polymyxin oint (Cvs Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus)	Tier 1	OTC

ANTIFUNGALS - TOPICAL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 3	QL (60 gm / 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 3	QL (60 gm / 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 3	PA, QL (90 gm / 30 days)
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 3	PA
<i>sulconazole nitrate solution 1%</i>	Tier 3	PA
<i>terbinafine hcl cream 1%</i>	Tier 1	QL (30 gm / 30 days), OTC
<i>tolnaftate aerosol pow 1%</i> (Cvs Af Spray Powder)	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i> (Anti-fungal Powder)	Tier 1	OTC
<i>tolnaftate soln 1%</i> (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTIHISTAMINES-TOPICAL		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i> (Sm Anti-itch Extra Streng)	Tier 1	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
<i>bexarotene gel 1%</i>	Tier 4	PA
<i>fluorouracil cream 5%</i>	Tier 3	
PANRETIN GEL 0.1% (<i>alitretinoin</i>)	Tier 4	PA
PICATO GEL 0.05% (<i>ingenol mebutate</i>)	Tier 3	PA
PICATO GEL 0.015% (<i>ingenol mebutate</i>)	Tier 3	PA
TARGRETIN GEL 1% (<i>bexarotene (topical)</i>)	Tier 4	PA
ANTIPSORIATICS		
<i>acitretin cap 10 mg</i>	Tier 3	PA
<i>acitretin cap 17.5 mg</i>	Tier 3	PA
<i>acitretin cap 25 mg</i>	Tier 3	PA
<i>calcipotriene oint 0.005%</i>	Tier 3	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 3	PA
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX INJ 150MG/ML (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (<i>secukinumab</i>)	Tier 4	PA; Preferred Brand

Drug Name	Drug Tier	Requirements/Limits
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA; Preferred Brand
tazarotene cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% (tazarotene)	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Prefilled Syringe
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	QL (2 gm / 30 days), OTC
acyclovir oint 5%	Tier 3	PA
DENAVIR CRE 1% (penciclovir)	Tier 3	PA
docosanol cream 10%	Tier 1	QL (2 gm / 30 days), OTC
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)
amcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days)
amcinonide lotion 0.1%	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (diflorasone diacetate emollient base)	Tier 3	PA, QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented gel 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate augmented lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate augmented oint 0.05%	Tier 1	QL (50 gm / 30 days)
betamethasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
betamethasone dipropionate lotion 0.05%	Tier 1	QL (60 mL / 30 days)
betamethasone dipropionate oint 0.05%	Tier 1	QL (45 gm / 30 days)
betamethasone valerate cream 0.1% (base equivalent)	Tier 1	QL (454 gm / 30 days)
betamethasone valerate oint 0.1% (base equivalent)	Tier 1	QL (45 gm / 30 days)
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	Tier 3	PA, QL (100 gm / 30 days)
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Tier 3	PA, QL (120 gm / 30 days)
clobetasol propionate cream 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate gel 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate oint 0.05%	Tier 3	QL (60 gm / 30 days)
clobetasol propionate soln 0.05%	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM (flurandrenolide)	Tier 3	PA
desonide cream 0.05%	Tier 1	QL (60 gm / 30 days)
desonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
desoximetasone cream 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone cream 0.25%	Tier 3	QL (60 gm / 30 days)
desoximetasone gel 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone oint 0.05%	Tier 3	QL (60 gm / 30 days)
desoximetasone oint 0.25%	Tier 3	QL (60 gm / 30 days)
diflorasone diacetate cream 0.05%	Tier 3	QL (60 gm / 30 days)
diflorasone diacetate oint 0.05%	Tier 3	QL (60 gm / 30 days)
fluocinolone acetonide cream 0.025%	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
fluocinolone acetonide oil 0.01% (body oil)	Tier 3	QL (120 mL / 30 days)
fluocinolone acetonide oil 0.01% (scalp oil)	Tier 3	QL (120 mL / 30 days)
fluocinolone acetonide oint 0.025%	Tier 1	QL (60 gm / 30 days)
fluocinonide cream 0.05%	Tier 1	QL (150 gm / 30 days)
fluocinonide emulsified base cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide gel 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide oint 0.05%	Tier 1	QL (60 gm / 30 days)
fluocinonide soln 0.05%	Tier 1	QL (60 mL / 30 days)
flurandrenolide cream 0.05%	Tier 3	QL (30 gm / 30 days)
flurandrenolide lotion 0.05%	Tier 3	QL (120 mL / 30 days)
fluticasone propionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
fluticasone propionate oint 0.005%	Tier 1	QL (60 gm / 30 days)
halcinonide cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)
halobetasol propionate cream 0.05%	Tier 3	QL (50 gm / 30 days)
halobetasol propionate oint 0.05%	Tier 3	QL (50 gm / 30 days)
HALOG OIN 0.1% (halcinonide)	Tier 3	PA, QL (60 gm / 30 days)
hc/aloe cre 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone acetate cream 1% (Lanacort 10)	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone cream 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone gel 1% (Cortizone-10)	Tier 1	QL (56 gm / 30 days), OTC
hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)	Tier 1	QL (120 gm / 30 days), OTC
hydrocortisone lotion 2.5%	Tier 1	QL (60 mL / 30 days)
hydrocortisone oint 0.5%	Tier 1	QL (60 gm / 30 days), OTC
hydrocortisone oint 1% (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
hydrocortisone oint 2.5%	Tier 1	QL (60 gm / 30 days)
hydrocortisone valerate cream 0.2%	Tier 1	QL (60 gm / 30 days)
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL / 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 3	QL (60 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 3	QL (60 gm / 30 days)
<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)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67 (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT INJ 200MG (<i>dupilumab</i>)	Tier 4	PA
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA; Pen
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA; Prefilled Syringe
EMOLLIENTS		
<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
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 3	PA, QL (30 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	Tier 3	PA, QL (30 gm / 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	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	

Drug Name	Drug Tier	Requirements/Limits
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	Tier 1	
lidocaine patch 4% (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
lidocaine patch 5%	Tier 3	PA, QL (90 ea / 30 days)
lidocaine-prilocaine cream 2.5-2.5%	Tier 1	QL (60 gm / 30 days)
MISC. TOPICAL		
DRYSOL SOL 20% (aluminum chloride)	Tier 1	QL (60 mL / 30 days)
skin protectants misc - cream (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (menthol-zinc oxide)	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (brimonidine tartrate (topical))	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (crotamiton)	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
ivermectin lotion 0.5%	Tier 3	PA, QL (117 gm / 30 days)
lindane shampoo 1%	Tier 1	QL (60 mL / 30 days)
malathion lotion 0.5%	Tier 1	QL (59 mL / 30 days)
permethrin aerosol 0.5% (Sm Bedding Lice Treatment)	Tier 1	OTC
permethrin cream 5%	Tier 1	QL (120 gm / 30 days)
permethrin creme rinse 1% (Lice Treatment)	Tier 1	OTC
permethrin lotion 1% (Sm Lice Treatment)	Tier 1	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Stop Lice Complete Lice T)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.3-3% (Sb Lice Treatment)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)	Tier 1	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Maximum Stre)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
RA LICE KIT SOLUTION (<i>permethrin & pyrethrins-piperonyl butoxide spinosad susp 0.9%</i>)	Tier 1	OTC
ULESFIA LOT 5% (<i>benzyl alcohol (pediculicide)</i>)	Tier 3	PA

WOUND CARE PRODUCTS

REGSPANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	PA, QL (15 gm / 30 days)
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DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG (<i>thyrotropin alfa</i>)	Tier 4	PA
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DIAGNOSTIC TESTS

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

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

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

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<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 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<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 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 4	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA INJ 60MG/ML (<i>denosumab</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG (<i>ospemifene</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	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 4	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (octreotide acetate)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (octreotide acetate)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (octreotide acetate)	Tier 4	PA

VASOPRESSIN RECEPTOR ANTAGONISTS

tolvaptan tab 15 mg	Tier 4	PA
tolvaptan tab 30 mg	Tier 4	PA

ESTROGENS

ESTROGEN COMBINATIONS

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

ESTROGENS

estradiol tab 0.5 mg	Tier 1	MAIL
estradiol tab 1 mg	Tier 1	MAIL
estradiol tab 2 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
estradiol td patch twice weekly 0.1 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.05 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.025 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.075 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch weekly 0.1 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.05 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.06 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.025 mg/24hr	Tier 3	QL (4 patches / 28 days), MAIL
estradiol td patch weekly 0.075 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 3	QL (4 ea / 28 days), MAIL
MENEST TAB 0.3MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL

FLUOROQUINOLONES

FLUOROQUINOLONES

BAXDELA TAB 450MG (delafloxacin meglumine)	Tier 3	PA
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	
ciprofloxacin hcl tab 500 mg (base equiv)	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC

GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

<i>lubiprostone cap 8 mcg</i>	Tier 3	PA, MAIL
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL

GASTROINTESTINAL STIMULANTS

<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)

INFLAMMATORY BOWEL AGENTS

<i>AVSOLA INJ 100MG (infliximab-axxq)</i>	Tier 4	PA
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Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT 200MG (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA START KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
RENFLXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
SKYRIZI INJ 360/2.4 (<i>risankizumab-rzaa (crohn's)</i>)	Tier 4	PA, QL (1 injection / 60 days); Preferred Brand
SKYRIZI SOL 60MG/ML (<i>risankizumab-rzaa (crohn's)</i>)	Tier 4	PA; Preferred Brand
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	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
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA

PHOSPHATE BINDER AGENTS

<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	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 & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	

CYSTINOSIS AGENTS

CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 4	PA

GENITOURINARY IRRIGANTS

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

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (pentosan polysulfate sodium)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
dutasteride cap 0.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
finasteride tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
silodosin cap 4 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
silodosin cap 8 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
allopurinol tab 100 mg	Tier 1	MAIL
allopurinol tab 300 mg	Tier 1	MAIL
colchicine tab 0.6 mg	Tier 1	QL (30 tabs / 90 days)
febuxostat tab 40 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
febuxostat tab 80 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URICOSURICS		
probenecid tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALPHANINE SD INJ 500UNIT (coagulation factor ix)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (coagulation factor ix)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
HELIXATE FS INJ 500UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 250UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 1000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (antihemophilic factor (human))	Tier 4	PA
RECOMBINATE INJ (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 220-400 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 401-800 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 801-1240 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (c1 esterase inhibitor (human))	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	MAIL
anagrelide hcl cap 1 mg	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
aspirin-dipyridamole cap er 12hr 25-200 mg	Tier 3	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
cilostazol tab 50 mg	Tier 1	MAIL
cilostazol tab 100 mg	Tier 1	MAIL
clopidogrel bisulfate tab 75 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
dipyridamole tab 25 mg	Tier 1	MAIL
dipyridamole tab 50 mg	Tier 1	MAIL
dipyridamole tab 75 mg	Tier 1	MAIL
prasugrel hcl tab 5 mg (base equiv)	Tier 3	QL (30 tabs / 30 days), MAIL
prasugrel hcl tab 10 mg (base equiv)	Tier 3	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 4	PA
miglustat cap 100 mg	Tier 4	PA

COBALAMINS

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

FOLIC ACID/FOLATES

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

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 400 mcg</i>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (30 tabs / 30 days)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs / 30 days)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs / 30 days)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 4	PA, QL (7 mL / 14 days)
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 4	PA, QL (11.2 mL / 14 days)
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 4	PA, QL (0.6 per 14 days)

HEMATOPOIETIC MIXTURES

fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (polysaccharide iron-folic acid-vit b12)	Tier 1	OTC
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)

IRON

carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG (ferrous fumarate)	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (<i>carbonyl iron</i>)	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (<i>ferrous sulfate</i>)	Tier 1	OTC, MAIL

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL

BARBITURATE HYPNOTICS

<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)

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	PA, MAIL

NON-BARBITURATE HYPNOTICS

<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)

Drug Name	Drug Tier	Requirements/Limits
eszopiclone tab 1 mg	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
eszopiclone tab 2 mg	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
eszopiclone tab 3 mg	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
flurazepam hcl cap 15 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
flurazepam hcl cap 30 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
temazepam cap 15 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
temazepam cap 30 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
triazolam tab 0.25 mg	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
triazolam tab 0.125 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
zaleplon cap 5 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
zaleplon cap 10 mg	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
zolpidem tartrate tab 5 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
zolpidem tartrate tab 10 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 10MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 15MG (suvorexant)	Tier 3	PA
BELSOMRA TAB 20MG (suvorexant)	Tier 3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG (tasimelteon)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
ramelteon tab 8 mg	Tier 3	PA, MAIL

LAXATIVES

BULK LAXATIVES

calcium polycarbophil tab 625 mg	Tier 1	OTC
corn dextrin oral powder (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (psyllium)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (psyllium)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (psyllium)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (psyllium)	Tier 1	OTC, MAIL
METAMUCIL WAF (psyllium)	Tier 1	OTC, MAIL
methylcellulose tab 500 mg (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (psyllium)	Tier 1	OTC, MAIL
psyllium cap 0.52 gm (Fiber Laxative)	Tier 1	OTC, MAIL
psyllium cap 400 mg (Reguloid)	Tier 1	OTC, MAIL
psyllium powder 28.3% (Gnp Natural Fiber)	Tier 1	OTC, MAIL
psyllium powder 30.9% (Konsyl)	Tier 1	OTC, MAIL
psyllium powder 33% (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
psyllium powder 48.57% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 58.6% (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
psyllium powder 95% (Qc Natural Vegetable)	Tier 1	OTC, MAIL
psyllium powder 100%	Tier 1	OTC, MAIL
UNIFIBER POW (cellulose)	Tier 1	OTC
wheat dextrin oral powder (Clear Soluble Fiber)	Tier 1	OTC

LAXATIVE COMBINATIONS

CLENPIQ SOL (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC
sennosides chew tab 15 mg (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
sennosides syrup 8.8 mg/5ml	Tier 1	OTC, MAIL
sennosides tab 8.6 mg (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
sennosides tab 25 mg (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
SURFACTANT LAXATIVES		
docusate calcium cap 240 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 50 mg (Ra Col-rite)	Tier 1	OTC
docusate sodium cap 100 mg (Stool Softener)	Tier 1	OTC
docusate sodium cap 250 mg	Tier 1	OTC
docusate sodium liquid 150 mg/15ml (Silace)	Tier 1	OTC
docusate sodium syrup 60 mg/15ml (Silace)	Tier 1	OTC
docusate sodium tab 100 mg (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283	Tier 1	OTC
(benzocaine-docusate sodium)		
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
azithromycin powd pack for susp 1 gm	Tier 1	QL (2 packets / 30 days)
azithromycin tab 250 mg	Tier 1	QL (12 tabs / 30 days)
azithromycin tab 500 mg	Tier 1	QL (6 tabs / 30 days)
azithromycin tab 600 mg	Tier 1	QL (60 tabs / 30 days)
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
clarithromycin tab 250 mg	Tier 1	
clarithromycin tab 500 mg	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
erythromycin ethylsuccinate for susp 400 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
erythromycin ethylsuccinate tab 400 mg	Tier 3	
erythromycin stearate tab 250 mg (Erythrocin Stearate)	Tier 3	
erythromycin tab 250 mg	Tier 3	
erythromycin tab 500 mg	Tier 3	
erythromycin tab delayed release 250 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 333 mg (Ery-tab)	Tier 3	
erythromycin tab delayed release 500 mg (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (fidaxomicin)	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM (insulin syringe/needle u-500)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (diaphragm arc-spring)	Tier 5	
FC2 FEMALE MIS CONDOM (condoms - female)	Tier 5	QL (12 / 45 days), OTC
FEMCAP MIS 22MM (cervical caps)	Tier 5	
FEMCAP MIS 26MM (cervical caps)	Tier 5	
FEMCAP MIS 30MM (cervical caps)	Tier 5	
OMNIFLEX DPR (diaphragms)	Tier 5	
WIDE-SEAL DPR KIT 60 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 65 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 70 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 75 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 80 (diaphragm wide seal)	Tier 5	
WIDE-SEAL DPR KIT 85 (diaphragm wide seal)	Tier 5	

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Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	

DIABETIC SUPPLIES

DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days); Age 2 to 18 with history of insulin, no prior authorization
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days); 14 day; Age 2 to 18 with history of insulin, no prior authorization
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days); 10 day; Age 2 to 18 with history of insulin, no prior authorization
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization

Drug Name	Drug Tier	Requirements/Limits
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (4 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
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
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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
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

Drug Name	Drug Tier	Requirements/Limits
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
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	

Drug Name	Drug Tier	Requirements/Limits
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)
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	Tier 3	PA, QL (8 tabs / 30 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 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

Drug Name	Drug Tier	Requirements/Limits
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 3	ST, QL (2 mL / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	ST, QL (6 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>zolmitriptan tab 5 mg</i>	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

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Tier 1	OTC, MAIL
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i> (Calcium 600)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol cap 600 mg-500 unit</i> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

MAGNESIUM

MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAG-G TAB 500MG (magnesium gluconate)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL

PHOSPHATE

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

potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride microencapsulated crys er tab 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
potassium chloride microencapsulated crys er tab 20 meq	Tier 1	QL (150 tabs / 30 days), MAIL
potassium chloride oral soln 10% (20 meq/15ml)	Tier 3	MAIL
potassium chloride oral soln 20% (40 meq/15ml)	Tier 3	MAIL
potassium chloride tab er 8 meq (600 mg)	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 10 meq	Tier 1	QL (120 tabs / 30 days), MAIL
potassium chloride tab er 20 meq (1500 mg)	Tier 1	QL (150 tabs / 30 days), MAIL

SODIUM

sodium chloride tab 1 gm	Tier 1	OTC
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ZINC

zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)	Tier 1	OTC, MAIL
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MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

D-PENAMINE TAB 125MG (penicillamine)	Tier 2	
penicillamine tab 250 mg	Tier 1	

IMMUNOMODULATORS

lenalidomide cap 5 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 10 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 15 mg	Tier 4	PA, QL (30 per 30 days); ONC
lenalidomide cap 25 mg	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 2.5MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 5MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 10MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 15MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 20MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
REVLIMID CAP 25MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 50MG (thalidomide)	Tier 4	PA, QL (30 per 30 days); ONC

Drug Name	Drug Tier	Requirements/Limits
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days); ONC
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days); ONC
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days); ONC

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab 50 mg	Tier 1	QL (240 tabs / 30 days), MAIL
cyclosporine cap 25 mg	Tier 1	MAIL
cyclosporine cap 100 mg	Tier 1	MAIL
cyclosporine modified cap 25 mg	Tier 1	MAIL
cyclosporine modified cap 50 mg	Tier 1	MAIL
cyclosporine modified cap 100 mg	Tier 1	MAIL
cyclosporine modified oral soln 100 mg/ml	Tier 1	MAIL
everolimus tab 0.5 mg	Tier 4	PA
everolimus tab 0.25 mg	Tier 4	PA
everolimus tab 0.75 mg	Tier 4	PA
everolimus tab 1 mg	Tier 4	PA
mycophenolate mofetil cap 250 mg	Tier 1	MAIL
mycophenolate mofetil tab 500 mg	Tier 1	MAIL
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	Tier 3	MAIL
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	Tier 3	MAIL
NEORAL CAP 25MG (cyclosporine modified (for microemulsion))	Tier 2	MAIL
NEORAL CAP 100MG (cyclosporine modified (for microemulsion))	Tier 2	MAIL
SANDIMMUNE CAP 25MG (cyclosporine)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (cyclosporine)	Tier 2	MAIL
sirolimus oral soln 1 mg/ml	Tier 3	MAIL
sirolimus tab 0.5 mg	Tier 3	MAIL
sirolimus tab 1 mg	Tier 3	MAIL
sirolimus tab 2 mg	Tier 3	MAIL
tacrolimus cap 0.5 mg	Tier 1	MAIL
tacrolimus cap 1 mg	Tier 1	MAIL
tacrolimus cap 5 mg	Tier 1	MAIL
ZORTRESS TAB 0.5MG (everolimus (immunosuppressant))	Tier 4	PA
ZORTRESS TAB 0.25MG (everolimus (immunosuppressant))	Tier 4	PA
ZORTRESS TAB 0.75MG (everolimus (immunosuppressant))	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
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
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 10000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1%</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f)</i> (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

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

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Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (pediatric multiple vitamins)	Tier 2	QL (50 / 30 days), OTC
pediatric multiple vitamin liq (Multi-delyn)	Tier 1	OTC
pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens)	Tier 1	OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamins)	Tier 2	OTC
POLY-VITE DRO (pediatric multiple vitamins)	Tier 1	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)	Tier 2	QL (50 / 30 days), OTC
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (prenatal mv & min w/fe carbonyl-fa-dha)	Tier 1	QL (30 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
CALNA TAB (<i>prenatal vitamin</i>)	Tier 1	QL (30 tabs / 30 days), OTC
CENTRUM SPEC PAK PRENATAL (<i>prenatal mv & 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)
CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins & minerals w/ folic acid-fish oil</i>)	Tier 1	QL (30 tabs / 30 days), OTC
ENFAMIL MIS EXPECTA (<i>prenatal mv & 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 multivit-min w/fe-fa</i>)	Tier 1	QL (30 tabs / 30 days), OTC
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	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 & 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

Drug Name	Drug Tier	Requirements/Limits
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	Tier 1	QL (30 tabs / 30 days)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i> (Prenatabs Rx)	Tier 1	QL (30 tabs / 30 days)
PRENATAL+DHA MIS (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL/FE TAB (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 tabs / 30 days), OTC
RA PRENATAL TAB FORMULA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
SM ONE DAILY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 tabs / 30 days), OTC
THERANATAL MIS COMPLETE (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 tabs / 30 days), OTC
TL FOLATE TAB (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VINATE M TAB (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
VOL-PLUS TAB (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
VOL-TAB RX TAB (prenatal vit w/ iron carbonyl-folic acid)	Tier 1	QL (30 tabs / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

baclofen tab 10 mg	Tier 1	QL (90 tabs / 30 days), MAIL
baclofen tab 20 mg	Tier 1	QL (120 tabs / 30 days), MAIL
carisoprodol tab 350 mg	Tier 1	QL (120 tabs / 30 days)
chlorzoxazone tab 500 mg	Tier 1	QL (180 tabs / 30 days)
cyclobenzaprine hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days)
cyclobenzaprine hcl tab 10 mg	Tier 1	QL (90 tabs / 30 days)
metaxalone tab 800 mg	Tier 3	PA
methocarbamol tab 500 mg	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

DIRECT MUSCLE RELAXANTS

dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	

MUSCLE RELAXANT COMBINATIONS

carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Tier 3	PA, QL (240 tabs / 30 days)
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VISCOSUPPLEMENTS

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

NASAL AGENTS - SYSTEMIC AND TOPICAL

NASAL AGENTS - MISC.

saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
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Drug Name	Drug Tier	Requirements/Limits
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	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
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	QL (52 mL / 30 days), OTC, MAIL
olopatadine hcl nasal soln 0.6%	Tier 3	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
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	Tier 1	QL (30 mL / 30 days), MAIL
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
budesonide nasal susp 32 mcg/act (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
flunisolide nasal soln 25 mcg/act (0.025%)	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
fluticasone propionate nasal susp 50 mcg/act	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (ciclesonide (nasal))	Tier 3	PA, MAIL
triamcinolone acetonide nasal aerosol suspension 55 mcg/act (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (pseudoephedrine hcl)	Tier 1	OTC

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

NEUROMUSCULAR AGENTS

ALS AGENTS

riluzole tab 50 mg	Tier 3	PA, QL (60 tabs / 30 days), MAIL
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NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ 100UNIT (onabotulinumtoxina)	Tier 4	PA
BOTOX INJ 200UNIT (onabotulinumtoxina)	Tier 4	PA

NUTRIENTS

MISC. NUTRITIONAL SUBSTANCES

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

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

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

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

Drug Name	Drug Tier	Requirements/Limits
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
atropine sulfate ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 / 30 days), MAIL
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL
pilocarpine hcl ophth soln 2%	Tier 1	MAIL
pilocarpine hcl ophth soln 4%	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	QL (15 mL / 30 days), MAIL
brimonidine tartrate ophth soln 0.15%	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (brinzolamide- brimonidine tartrate)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (azithromycin ophth)	Tier 3	PA
bacitracin ophth oint 500 unit/gm	Tier 1	
bacitracin-polymyxin b ophth oint (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (besifloxacin hcl)	Tier 3	PA
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	Tier 1	
erythromycin ophth oint 5 mg/gm	Tier 1	
gatifloxacin ophth soln 0.5%	Tier 1	PA
gentamicin sulfate ophth oint 0.3% (Gentak)	Tier 1	
gentamicin sulfate ophth soln 0.3%	Tier 1	QL (5 mL / 30 days)
levofloxacin ophth soln 0.5%	Tier 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (natamycin)	Tier 3	PA
neomycin-bacitracin-polymyxin 5(3.5)mg-400unt-10000unt op oin	Tier 1	
neomycin-polymyxin-garamycin op sol 1.75-10000-0.025mg-unt-mg/ml	Tier 1	

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<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	Tier 3	PA, MAIL
RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	Tier 3	PA, MAIL
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 3	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 gel 0.5%</i>	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 3	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)

Drug Name	Drug Tier	Requirements/Limits
ZYLET SUS 0.5-0.3% (loteprednol etabonate-tobramycin)	Tier 3	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (nedocromil sodium (ophth))	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)	Tier 3	PA, MAIL
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (brinzolamide)	Tier 2	QL (10 mL / 30 days), MAIL
bepotastine besilate ophth soln 1.5%	Tier 3	PA, MAIL
BEPREVE DRO 1.5% (bepotastine besilate)	Tier 3	PA, MAIL
brinzolamide ophth susp 1%	Tier 1	QL (10 mL / 30 days), MAIL
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 3	
cromolyn sodium ophth soln 4%	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (cysteamine hcl)	Tier 4	PA
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (emedastine difumarate)	Tier 3	PA, MAIL
epinastine hcl ophth soln 0.05%	Tier 3	QL (5 mL / 30 days), MAIL
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	QL (10 mL / 30 days)
ketorolac tromethamine ophth soln 0.5%	Tier 1	QL (10 mL / 30 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 1	QL (5 mL / 30 days), OTC, MAIL
LASTACFT SOL 0.25% (alcaftadine)	Tier 3	PA, MAIL
NEVANAC SUS 0.1% (nepafenac)	Tier 3	PA
olopatadine hcl ophth soln 0.1% (base equivalent)	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic

Drug Name	Drug Tier	Requirements/Limits
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%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC

PROSTAGLANDINS - OPHTHALMIC

<i>bimatoprost ophth soln 0.03%</i>	Tier 1	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
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Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 3	PA
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
PRIVIGEN INJ 20GRAMS (immune globulin (human) iv)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (rho d immune globulin (human))	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (palivizumab)	Tier 4	PA
SYNAGIS INJ 100MG/ML (palivizumab)	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 3	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	

PROGESTINS

PROGESTINS

<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)

Drug Name Drug Tier Requirements/Limits
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTI-CATAPLECTIC AGENTS

<i>XYREM SOL 500MG/ML (sodium oxybate)</i>	Tier 4	PA
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ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	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 & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	PA, MAIL
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	AGE (Max 64 years)
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
FIBROMYALGIA AGENTS		
<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 50MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 100MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
<i>AUBAGIO TAB 7MG (teriflunomide)</i>	Tier 4	PA
<i>AUBAGIO TAB 14MG (teriflunomide)</i>	Tier 4	PA
<i>AVONEX KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>AVONEX PEN KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>AVONEX PREFL KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>COPAXONE INJ 20MG/ML (glatiramer acetate)</i>	Tier 4	PA; Preferred Brand
<i>COPAXONE INJ 40MG/ML (glatiramer acetate)</i>	Tier 4	PA; Preferred Brand

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Drug Name	Drug Tier	Requirements/Limits
dalfampridine tab er 12hr 10 mg	Tier 4	PA
dimethyl fumarate capsule delayed release 120 mg	Tier 4	PA
dimethyl fumarate capsule delayed release 240 mg	Tier 4	PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Tier 4	PA
EXTAVIA INJ 0.3MG (interferon beta-1b)	Tier 4	PA
GILENYA CAP 0.5MG (fingolimod hcl)	Tier 4	PA
MAYZENT TAB 0.25MG (siponimod fumarate)	Tier 4	PA
MAYZENT TAB 2MG (siponimod fumarate)	Tier 4	PA
PLEGRIDY INJ (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY INJ PEN (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY INJ STARTER (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	Tier 4	PA
REBIF INJ 22/0.5 (interferon beta-1a)	Tier 4	PA
REBIF INJ 44/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ 22/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ 44/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ TITRATN (interferon beta-1a)	Tier 4	PA
REBIF TITRTN INJ PACK (interferon beta-1a)	Tier 4	PA
TYSABRI INJ 300/15ML (natalizumab)	Tier 4	PA
VUMERITY CAP 231MG (diroximel fumarate)	Tier 4	PA, QL (120 / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	Tier 3	PA
pimozide tab 1 mg	Tier 1	QL (300 tabs / 30 days), MAIL
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills

Drug Name	Drug Tier	Requirements/Limits
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	QL (56 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH (nicotine)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	Tier 5	QL (40 mL / 30 days), MAIL
varenicline tartrate tab 0.5 mg (base equiv)	Tier 5	QL (60 tabs / 30 days), MAIL
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills
varenicline tartrate tab 1 mg (base equiv)	Tier 5	QL (60 tabs / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

GLASSIA INJ (alpha1-proteinase inhibitor (human))	Tier 4	PA
PROLASTIN-C INJ 1000MG (alpha1-proteinase inhibitor (human))	Tier 4	PA

CYSTIC FIBROSIS AGENTS

KALYDECO PAK 25MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 50MG (ivacaftor)	Tier 4	PA
KALYDECO PAK 75MG (ivacaftor)	Tier 4	PA
KALYDECO TAB 150MG (ivacaftor)	Tier 4	PA
PULMOZYME SOL 1MG/ML (dornase alfa)	Tier 4	PA

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 267MG (pirfenidone)	Tier 4	PA

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Drug Name	Drug Tier	Requirements/Limits
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA
OFEV CAP 100MG (<i>nintedanib esylate</i>)	Tier 4	PA
OFEV CAP 150MG (<i>nintedanib esylate</i>)	Tier 4	PA
<i>pirfenidone tab 267 mg</i>	Tier 4	PA
<i>pirfenidone tab 801 mg</i>	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500 MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
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

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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

dicyclomine hcl cap 10 mg	Tier 1	AGE; AGE (Max 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	AGE; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<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 (Hyosyne)</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	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)
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (dexlansoprazole)	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

Drug Name	Drug Tier	Requirements/Limits
DEXILANT CAP 60MG DR (dexlansoprazole)	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
dexlansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
dexlansoprazole cap delayed release 60 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 3	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG (esomeprazole magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
omeprazole cap delayed release 10 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 20 mg	Tier 1	QL (60 caps / 30 days), MAIL

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QL - Quantity Limits **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC
omeprazole magnesium delayed release tab 20 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), OTC
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (omeprazole magnesium)	Tier 1	QL (60 tabs / 30 days), OTC
rabeprazole sodium ec tab 20 mg	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

ULCER DRUGS - PROSTAGLANDINS

misoprostol tab 100 mcg	Tier 1	QL (120 tabs / 30 days), MAIL
misoprostol tab 200 mcg	Tier 1	QL (120 tabs / 30 days), MAIL

ULCER THERAPY COMBINATIONS

amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack	Tier 3	Max 10 days supply
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URINARY ANTI-INFECTIVES

URINARY ANTI-INFECTIVES

fosfomycin tromethamine powd pack 3 gm (base equivalent)	Tier 3	
methenamine hippurate tab 1 gm	Tier 1	
nitrofurantoin macrocrystalline cap 50 mg	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
nitrofurantoin macrocrystalline cap 100 mg	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
nitrofurantoin monohydrate macrocrystalline cap 100 mg	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
nitrofurantoin susp 25 mg/5ml	Tier 3	AGE; AGE (Max 12 years)

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

Drug Name	Drug Tier	Requirements/Limits
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tropium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

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

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
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VACCINES

BACTERIAL VACCINES

PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 5	QL (Max 4 injections per lifetime)
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	Tier 5	QL (1 inj / lifetime)
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	Tier 5	QL (1 inj / lifetime)

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)

Drug Name	Drug Tier	Requirements/Limits
FLUCLVX QUAD INJ 2021-22 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	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>)	Tier 5	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recombinant vaccine</i>)	Tier 5	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	Tier 5	
MODERNA VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 5	
PFIZER VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	Tier 5	
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

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Drug Name	Drug Tier	Requirements/Limits
VAGINAL PRODUCTS		
SPERMICIDES		
ENCARE SUP 100MG (<i>nonoxynol-9</i>)	Tier 5	OTC
GYNOL II GEL 3% (<i>nonoxynol-9</i>)	Tier 5	OTC
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	Tier 5	OTC
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VAGINAL ANTI-INFECTIVES		
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4%</i> (200 mg/5gm) (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 3	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (progesterone (vaginal))	Tier 3	PA
PROGESTERONE SUP VGS 200 (progesterone (vaginal))	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	Tier 4	PA
droxidopa cap 200 mg	Tier 4	PA
droxidopa cap 300 mg	Tier 4	PA
VASOPRESSORS		
midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	OTC
cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)	Tier 1	OTC
cholecalciferol cap 125 mcg (5000 unit) (D 5000)	Tier 1	OTC
cholecalciferol cap 250 mcg (10000 unit)	Tier 1	OTC
cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)	Tier 1	OTC
cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)	Tier 1	OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)	Tier 1	OTC
cholecalciferol tab 10 mcg (400 unit)	Tier 1	OTC
cholecalciferol tab 25 mcg (1000 unit)	Tier 1	OTC
cholecalciferol tab 50 mcg (2000 unit)	Tier 1	OTC
cholecalciferol tab 125 mcg (5000 unit)	Tier 1	OTC
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
phytonadione tab 5 mg	Tier 1	QL (150 tabs / 30 days)

WATER SOLUBLE VITAMINS

ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips)	Tier 1	OTC
niacin cap er 250 mg	Tier 1	OTC
niacin cap er 500 mg	Tier 1	OTC
niacin tab 50 mg	Tier 1	OTC
niacin tab 100 mg	Tier 1	OTC
niacin tab 250 mg	Tier 1	OTC
niacin tab 500 mg	Tier 1	OTC
niacin tab er 250 mg	Tier 1	OTC
niacin tab er 500 mg	Tier 1	OTC
niacin tab er 750 mg	Tier 1	OTC
niacinamide tab 500 mg	Tier 1	OTC
pyridoxine hcl tab 25 mg	Tier 1	OTC
pyridoxine hcl tab 50 mg	Tier 1	OTC
pyridoxine hcl tab 100 mg	Tier 1	OTC
riboflavin tab 100 mg (Cvs Vitamin B-2)	Tier 1	OTC
thiamine hcl tab 50 mg	Tier 1	OTC
thiamine hcl tab 100 mg	Tier 1	OTC
thiamine hcl tab 250 mg	Tier 1	OTC
vitamin b-6 tab 200mg tr	Tier 1	OTC

Index

- 1**
12 Hour Decongestant
 see *pseudoephedrine hcl tab er 12hr 120 mg*..... 152
- 3**
3ML SYRINGE MIS REG TIP 136
- A**
abacavir sulfate soln 20 mg/ml (base equiv).....85
abacavir sulfate tab 300 mg (base equiv)85
abacavir sulfate-lamivudine tab 600-300 mg85
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg85
abacavir-dolutegravir-lamivudine
 see TRIUMEQ PD TAB88
 see TRIUMEQ TAB89
abaloparatide
 see TYMLOS INJ..... 116
abatacept
 see ORENCIA CLCK INJ 125MG/ML 11
 see ORENCIA INJ 125MG/ML11
 see ORENCIA INJ 250MG.....11
 see ORENCIA INJ 50/0.4ML11
 see ORENCIA INJ 87.5/0.711
ABILIFY MAIN INJ 300MG.....84
ABILIFY MAIN INJ 400MG.....84
abiraterone acetate tab 250 mg ..69
abiraterone acetate tab 500 mg ..69
ABREVA CRE 10%..... 108
acamprosate calcium tab delayed release 333 mg 161
acarbose tab 100 mg41
acarbose tab 25 mg41
acarbose tab 50 mg41
acebutolol hcl cap 200 mg.....91
acebutolol hcl cap 400 mg.....91
acetaminophen
 see FEVERALL INF SUP 80MG.....12
 see FEVERALL SUP 325MG.....12
 see NORTEMP SUS INFANTS12
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 114
acetazolamide tab 125 mg 114
acetazolamide tab 250 mg 114
acetic acid irrigation soln 0.25% 122
acetic acid otic soln 2% 157
acetone (urine) test
 see RELION KETON TES 113
acetylcysteine inhal soln 10% .. 104
acetylcysteine inhal soln 20% .. 104
Acid Gone
 see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* 20
acitretin cap 10 mg 107
acitretin cap 17.5 mg 107
acitretin cap 25 mg 107
ACNE MEDICAT LOT 10% 104

ACNE MEDICAT LOT 5%	104	see ibuprofen tab 100 mg	9
ACTEMRA INJ 162/0.9	7	afatinib dimaleate	
ACTEMRA INJ 200/10ML	8	see GILOTRIF TAB 20MG.....	72
ACTEMRA INJ 400/20ML	8	see GILOTRIF TAB 30MG.....	72
ACTEMRA INJ 80MG/4ML	7	see GILOTRIF TAB 40MG.....	72
ACTEMRA INJ ACTPEN	8	AFINITOR DIS TAB 2MG	71
ACTIMMUNE INJ 2MU/0.5.....	75	AFINITOR DIS TAB 3MG	71
acyclovir cap 200 mg	90	AFINITOR DIS TAB 5MG	71
acyclovir oint 5%	108	AFINITOR TAB 10MG.....	71
acyclovir susp 200 mg/5ml	90	AFLURIA QUAD INJ 2021-22	172
acyclovir tab 400 mg	90	AFREZZA POW 12 UNIT	48
acyclovir tab 800 mg	90	AFREZZA POW 4-8 UNIT	48
ADACEL INJ	167	AFREZZA POW 4-8-12	48
adalimumab		AFREZZA POW 4UNIT.....	48
see HUMIRA INJ 10/0.1ML.....	6	AFREZZA POW 8 UNIT.....	48
see HUMIRA INJ 10MG/0.2	6	AFREZZA POW 8-12UNIT	48
see HUMIRA INJ 20/0.2ML.....	6	AIMOVIG INJ 140MG/ML.....	137
see HUMIRA INJ 40/0.4ML.....	6	AIMOVIG INJ 70MG/ML.....	137
see HUMIRA KIT 20MG/0.4.....	6	AKYNZEO CAP 300-0.5	53
see HUMIRA KIT 40MG/0.8.....	6	albendazole tab 200 mg	21
see HUMIRA PEDIA INJ CROHNS	6	albuterol sulfate inhal aero 108	
see HUMIRA PEN INJ 40/0.4ML	6	mcg/act (90mcg base equiv) ...	28
see HUMIRA PEN INJ CD/UC/HS	6	albuterol sulfate soln nebu 0.083%	
see HUMIRA PEN KIT CD/UC/HS.....	6	(2.5 mg/3ml)	29
see HUMIRA PEN KIT PS/UV	7	albuterol sulfate soln nebu 0.5% (5	
adapalene		mg/ml).....	28
see DIFFERIN GEL 0.1%	104	albuterol sulfate soln nebu 0.63	
adapalene gel 0.1%	104	mg/3ml (base equiv)	28
adapalene lotion 0.1%	104	albuterol sulfate soln nebu 1.25	
Adapalene Treatment		mg/3ml (base equiv)	29
see adapalene gel 0.1%	104	albuterol sulfate syrup 2 mg/5ml	29
adefovir dipivoxil tab 10 mg	89	albuterol sulfate tab 2 mg	29
ADEMPAS TAB 0.5MG	97	albuterol sulfate tab 4 mg	29
ADEMPAS TAB 1.5MG	97	alcaftadine	
ADEMPAS TAB 1MG	97	see LASTACRAFT SOL 0.25%.....	156
ADEMPAS TAB 2.5MG	97	alclometasone dipropionate cream	
ADEMPAS TAB 2MG.....	97	0.05%	108
ADMELOG INJ 100U/ML	48	alclometasone dipropionate oint	
ADMELOG SOLO INJ 100U/ML.....	48	0.05%	109
ADULT MASK MIS LARGE	137	ALCOHOL PREP PAD MED 70%	135
ADVAIR DISKU AER 100/50.....	28	alcohol swabs	
ADVAIR DISKU AER 250/50.....	28	see ALCOHOL PREP PAD MED 70%	
ADVAIR DISKU AER 500/50.....	28	.....	135
ADVAIR HFA AER 115/21	28	ALDACTAZIDE TAB 50/50	114
ADVAIR HFA AER 230/21	28	ALECENSA CAP 150MG	71
ADVAIR HFA AER 45/21.....	28	alectinib hcl	
Advil Junior Strength		see ALECENSA CAP 150MG.....	71

alendronate sodium tab 10 mg ..	115	alogliptin-pioglitazone tab 12.5-45 mg	42
alendronate sodium tab 35 mg ..	115	alogliptin-pioglitazone tab 25-15 mg	42
alendronate sodium tab 40 mg ..	115	alogliptin-pioglitazone tab 25-30 mg	42
alendronate sodium tab 5 mg	115	alogliptin-pioglitazone tab 25-45 mg	42
alendronate sodium tab 70 mg ..	115	ALOMIDE SOL 0.1% OP	156
ALER-DRYL TAB 50MG	54	alose tron hcl tab 0.5 mg (base equiv)	121
alfuzosin hcl tab er 24hr 10 mg .	123	alose tron hcl tab 1 mg (base equiv)	121
ALINIA SUS 100/5ML	22	alpha1-proteinase inhibitor (human)	
aliskiren fumarate tab 150 mg (base equivalent)	66	see GLASSIA INJ	164
aliskiren fumarate tab 300 mg (base equivalent)	66	see PROLASTIN-C INJ 1000MG ...	164
alitre tinoin		ALPHANINE SD INJ 1500UNIT	123
see PANRETIN GEL 0.1%.....	107	ALPHANINE SD INJ 500UNIT	123
All Day Allergy D		alprazolam tab 0.25 mg	24
see cetirizine-pseudoephedrine tab er 12hr 5-120 mg	102	alprazolam tab 0.5 mg	24
ALLERGY CONG TAB 25-10MG	102	alprazolam tab 1 mg	24
Allergy Relief		alprazolam tab 2 mg	24
see loratadine tab 10 mg	55	ALREX SUS 0.2%.....	155
allopurinol tab 100 mg	123	ALTABAX OIN 1%	105
allopurinol tab 300 mg	123	alum & mag hydroxide-simethicone chew tab 200-200-25 mg	20
Almacone		alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20	alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20
Almacone Double Strength		alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20
see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20	aluminum chloride	
almotriptan malate tab 12.5 mg	137	see DRY SOL SOL 20%	112
almotriptan malate tab 6.25 mg	137	aluminum hydroxide-mag trisil	
ALOCRI SOL 2%.....	156	see FOAM ANTACID CHW 80-20MG20	
alogliptin benzoate tab 12.5 mg (base equiv)	46	aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	20
alogliptin benzoate tab 25 mg (base equiv)	46	aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	20
alogliptin benzoate tab 6.25 mg (base equiv)	46	amantadine hcl cap 100 mg	76
alogliptin-metformin hcl tab 12.5-1000 mg	42	amantadine hcl soln 50 mg/5ml .	76
alogliptin-metformin hcl tab 12.5-500 mg	42	amantadine hcl tab 100 mg	76
alogliptin-pioglitazone tab 12.5-15 mg	42	ambrisentan tab 10 mg	96
alogliptin-pioglitazone tab 12.5-30 mg	42	ambrisentan tab 5 mg	96
		amcinonide cream 0.1%	109

amcinonide lotion 0.1%	109	amoxapine tab 100 mg	40
AMCINONIDE OIN 0.1%.....	109	amoxapine tab 150 mg	40
amiloride & hydrochlorothiazide		amoxapine tab 25 mg	40
tab 5-50 mg	114	amoxapine tab 50 mg	40
amiloride hcl tab 5 mg	115	amoxicillin & k clavulanate chew	
aminocaproic acid tab 1000 mg.	128	tab 200-28.5 mg	160
aminocaproic acid tab 500 mg ..	128	amoxicillin & k clavulanate chew	
aminosalicylic acid		tab 400-57 mg	160
see PASER GRA 4GM	68	amoxicillin & k clavulanate for susp	
amiodarone hcl tab 200 mg	26	200-28.5 mg/5ml	160
amitriptyline hcl tab 10 mg	39	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 100 mg	40	250-62.5 mg/5ml	160
amitriptyline hcl tab 150 mg	40	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 25 mg	39	400-57 mg/5ml	160
amitriptyline hcl tab 50 mg	40	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 75 mg	40	600-42.9 mg/5ml	160
Amlactin		amoxicillin & k clavulanate tab	
see lactic acid (ammonium		250-125 mg	160
lactate) lotion 12%	111	amoxicillin & k clavulanate tab	
amlodipine besylate tab 10 mg		500-125 mg	160
(base equivalent)	92	amoxicillin & k clavulanate tab	
amlodipine besylate tab 2.5 mg		875-125 mg	160
(base equivalent)	92	amoxicillin & pot clavulanate	
amlodipine besylate tab 5 mg		see AUGMENTIN SUS 125/5ML ...	160
(base equivalent)	92	amoxicillin (trihydrate) cap 250 mg	
amlodipine besylate-benazepril hcl		.....	159
cap 10-20 mg	64	amoxicillin (trihydrate) cap 500 mg	
amlodipine besylate-benazepril hcl		.....	159
cap 10-40 mg	64	amoxicillin (trihydrate) chew tab	
amlodipine besylate-benazepril hcl		125 mg	159
cap 2.5-10 mg	64	amoxicillin (trihydrate) chew tab	
amlodipine besylate-benazepril hcl		250 mg	159
cap 5-10 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-benazepril hcl		125 mg/5ml	159
cap 5-20 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-benazepril hcl		200 mg/5ml	159
cap 5-40 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-olmesartan		250 mg/5ml	159
medoxomil tab 10-20 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-olmesartan		400 mg/5ml	159
medoxomil tab 10-40 mg	64	amoxicillin (trihydrate) tab 500 mg	
amlodipine besylate-olmesartan		.....	159
medoxomil tab 5-20 mg	64	amoxicillin (trihydrate) tab 875 mg	
amlodipine besylate-olmesartan		.....	159
medoxomil tab 5-40 mg	64	amoxicillin cap-clarithro tab-	
Amnesteem		lansopraz cap dr therapy pack	170
see isotretinoin cap 20 mg	104	amphetami er sus 1.25/ml	1

amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg..... 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 1
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
ampicillin cap 500 mg 159
ANADROL-50 TAB 50MG19
anagrelide hcl cap 0.5 mg 124
anagrelide hcl cap 1 mg 124
anakinra
see KINERET INJ..... 7
anastrozole tab 1 mg70
ANDROXY TAB 10MG.....19
ANIMAL SHAPE CHW IRON 147
ANORO ELLIPT AER 62.5-2529
Antacid
see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**.....20
anthralin
see DRITHO-CREME CRE HP 1%.. 108
ANTI-DIARRHE LIQ 1MG/5ML52
Anti-fungal Powder
see **tolnaftate powder 1%** 107
antihemophilic factor (human)
see MONOCLATE-P INJ 1000UNIT 124

antihemophilic factor (recombinant) (rfviii)
see HELIXATE FS INJ 2000UNIT.. 124
see HELIXATE FS INJ 3000UNIT.. 124
see HELIXATE FS INJ 500UNIT.... 124
see KOGENATE FS INJ 1000UNIT 124
see KOGENATE FS INJ 2000UNIT 124
see KOGENATE FS INJ 250UNIT.. 124
see KOGENATE FS INJ 3000UNIT 124
see RECOMBIMATE INJ 124
see RECOMBIMATE INJ 220-400.. 124
see RECOMBIMATE INJ 401-800.. 124
see RECOMBIMATE INJ 801-1240 124
ANZEMET TAB 100MG 53
ANZEMET TAB 50MG 53
APEXICON E CRE 0.05%..... 109
APIDRA INJ SOLOSTAR..... 48
APIDRA INJ U-100 48
apixaban
see ELIQUIS ST P TAB 5MG..... 31
see ELIQUIS TAB 2.5MG 31
see ELIQUIS TAB 5MG 31
APOKYN INJ 10MG/ML..... 76
apomorphine hydrochloride
see APOKYN INJ 10MG/ML 76
apraclonidine hcl ophth soln 0.5% (base equivalent) 154
apremilast
see OTEZLA TAB 10/20/30 10
see OTEZLA TAB 30MG 10
aprepitant capsule 125 mg 53
aprepitant capsule 40 mg 53
aprepitant capsule 80 mg 53
aprepitant capsule therapy pack 80 & 125 mg 53
APTIOM TAB 200MG..... 33
APTIOM TAB 400MG..... 33
APTIOM TAB 600MG..... 33
APTIOM TAB 800MG..... 33
APTIVUS CAP 250MG 85
APTIVUS SOL 85
AQUADEKS DRO 146
Aqueous Vitamin D Infants
see **cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)** 176
ARANESP INJ 100MCG..... 126
ARANESP INJ 10MCG 126

ARANESP INJ 150MCG	126	ARMOUR THYRO TAB 300MG	165
ARANESP INJ 200MCG	126	ARMOUR THYRO TAB 30MG.....	165
ARANESP INJ 25MCG.....	126	ARMOUR THYRO TAB 60MG.....	165
ARANESP INJ 300MCG	126	ARMOUR THYRO TAB 90MG.....	165
ARANESP INJ 40MCG.....	126	artemether-lumefantrine	
ARANESP INJ 500MCG	126	see COARTEM TAB 20-120MG.....	67
ARANESP INJ 60MCG.....	126	artificial tear insert	
ARCALYST INJ 220MG	7	see LACRISERT MIS 5MG OP	153
ARCAPTA CAP 75MCG.....	29	artificial tear ophth solution	152
arformoterol tartrate		Artificial Tears	
see BROVANA NEB 15MCG	29	see dextran 70-hypromellose	
arformoterol tartrate soln nebu 15		ophth soln 0.1-0.3%	153
mcg/2ml (base equiv)	29	see polyvinyl alcohol ophth soln	
aripiprazole		1.4%	153
see ABILIFY MAIN INJ 300MG	84	see white petrolatum-mineral oil	
see ABILIFY MAIN INJ 400MG	84	ophth ointment	153
aripiprazole lauroxil		ascorbic acid tab 500 mg	176
see ARISTADA INJ 1064MG	85	asenapine maleate sl tab 10 mg	
see ARISTADA INJ 441MG/1.	85	(base equiv)	81
see ARISTADA INJ 662MG/2	85	asenapine maleate sl tab 2.5 mg	
see ARISTADA INJ 882MG/3	85	(base equiv)	81
see ARISTADA INJ INITIO	85	asenapine maleate sl tab 5 mg	
aripiprazole oral solution 1 mg/ml		(base equiv)	81
.....	84	ASMANEX 120 AER 220MCG.....	27
aripiprazole orally disintegrating		ASMANEX 14 AER 220MCG	27
tab 10 mg	84	ASMANEX 30 AER 110MCG	27
aripiprazole orally disintegrating		ASMANEX 30 AER 220MCG	27
tab 15 mg	84	ASMANEX 60 AER 220MCG	27
aripiprazole tab 10 mg	84	ASMANEX 7 AER 110MCG	27
aripiprazole tab 15 mg	84	ASMANEX HFA AER 100 MCG	28
aripiprazole tab 2 mg	84	ASMANEX HFA AER 200 MCG	28
aripiprazole tab 20 mg	85	ASMANEX HFA AER 50MCG	27
aripiprazole tab 30 mg	85	aspirin chew tab 81 mg	12
aripiprazole tab 5 mg	84	Aspirin Low Dose	
ARISTADA INJ 1064MG.....	85	see aspirin tab delayed release 81	
ARISTADA INJ 441MG/1.	85	mg	12
ARISTADA INJ 662MG/2	85	aspirin tab 325 mg	12
ARISTADA INJ 882MG/3	85	aspirin tab delayed release 325 mg	
ARISTADA INJ INITIO.....	85	.....	12
armodafinil tab 150 mg	3	aspirin tab delayed release 81 mg	
armodafinil tab 200 mg	3	.....	12
armodafinil tab 250 mg	4	aspirin-dipyridamole cap er 12hr	
armodafinil tab 50 mg	3	25-200 mg	125
ARMOUR THYRO TAB 120MG	165	atazanavir sulfate cap 150 mg	
ARMOUR THYRO TAB 15MG	165	(base equiv)	85
ARMOUR THYRO TAB 180MG	165	atazanavir sulfate cap 200 mg	
ARMOUR THYRO TAB 240MG	165	(base equiv)	86

atazanavir sulfate cap 300 mg (base equiv)	86	AVANDIA TAB 4MG	50
atazanavir sulfate-cobicistat		Avita	
see EVOTAZ TAB 300-150	87	see tretinoin gel 0.025%	105
atenolol & chlorthalidone tab 100-25 mg	64	AVONEX KIT 30MCG	162
atenolol & chlorthalidone tab 50-25 mg	64	AVONEX PEN KIT 30MCG	162
atenolol tab 100 mg	91	AVONEX PREFL KIT 30MCG	162
atenolol tab 25 mg	91	AVSOLA INJ 100MG	120
atenolol tab 50 mg	91	AZASITE SOL 1%	154
atomoxetine hcl cap 10 mg (base equiv)	2	azathioprine tab 50 mg	144
atomoxetine hcl cap 100 mg (base equiv)	3	azelastine hcl nasal spray 0.1% (137 mcg/spray)	151
atomoxetine hcl cap 18 mg (base equiv)	3	azelastine hcl ophth soln 0.05%	156
atomoxetine hcl cap 25 mg (base equiv)	3	azilsartan medoxomil	
atomoxetine hcl cap 40 mg (base equiv)	3	see EDARBI TAB 40MG	61
atomoxetine hcl cap 60 mg (base equiv)	3	see EDARBI TAB 80MG	62
atomoxetine hcl cap 80 mg (base equiv)	3	azithromycin (ophth)	
atorvastatin calcium tab 10 mg (base equivalent)	57	see AZASITE SOL 1%	154
atorvastatin calcium tab 20 mg (base equivalent)	57	azithromycin for susp 100 mg/5ml	132
atorvastatin calcium tab 40 mg (base equivalent)	57	azithromycin for susp 200 mg/5ml	132
atorvastatin calcium tab 80 mg (base equivalent)	57	azithromycin powd pack for susp 1 gm	132
atovaquone susp 750 mg/5ml	22	azithromycin tab 250 mg	132
atovaquone-proguanil hcl tab 250-100 mg	67	azithromycin tab 500 mg	132
atovaquone-proguanil hcl tab 62.5-25 mg	67	azithromycin tab 600 mg	132
ATROPINE SUL SOL 1% OP	154	AZOPT SUS 1% OP	156
atropine sulfate ophth soln 1% ..	154	aztreonam lysine	
ATROVENT HFA AER 17MCG	27	see CAYSTON INH 75MG.....	22
AUBAGIO TAB 14MG	162	B	
AUBAGIO TAB 7MG	162	bacitracin oint 500 unit/gm	105
AUGMENTIN SUS 125/5ML	160	bacitracin ophth oint 500 unit/gm	154
auranofin		bacitracin zinc oint 500 unit/gm	105
see RIDAURA CAP 3MG	7	bacitracin-polymyxin b oint	105
AVANDIA TAB 2MG	50	bacitracin-polymyxin b ophth oint	154
		bacitracin-polymyxin-neomycin hc	
		see CORTISPORIN OIN 1%.....	105
		bacitracin-polymyxin-neomycin-hc ophth oint 1%	155
		baclofen tab 10 mg	150
		baclofen tab 20 mg	150
		BALCOLTRA TAB 0.1-20.....	98
		baloxavir marboxil	
		see XOFLUZA TAB 20MG	90
		see XOFLUZA TAB 40MG	90

see XOFLUZA TAB 80MG	90	see FASENRA INJ 30MG/ML.....	26
balsalazide disodium cap 750 mg		see FASENRA PEN INJ 30MG/ML ...	26
.....	121	BENZNIDAZOLE TAB 100MG	21
BANZEL TAB 200MG	33	BENZNIDAZOLE TAB 12.5MG	21
BANZEL TAB 400MG	33	benzocaine-docusate sodium	
BAQSIMI ONE POW 3MG/DOSE.....	46	see DOCUSOL PLUS ENE 20-283 .	132
BARACLUDGE SOL	89	benzonatate cap 100 mg	102
BASAGLAR INJ 100UNIT	48	benzonatate cap 200 mg	102
BAXDELA TAB 450MG.....	119	benzoyl peroxide	
b-complex w/ c & folic acid cap 1 mg		see ACNE MEDICAT LOT 10%	104
.....	146	see ACNE MEDICAT LOT 5%	104
b-complex w/ c & folic acid tab	146	benzoyl peroxide gel 10%	104
b-complex w/ c & folic acid tab 0.8 mg		benzoyl peroxide gel 5%	104
.....	146	benzoyl peroxide liq 10%	104
b-complex w/ c & folic acid tab 5 mg		benzoyl peroxide liq 5%	104
.....	146	Benzoyl Peroxide Wash	
BD U-500 MIS 31GX6MM	133	see benzoyl peroxide liq 10% .	104
BE WELL PAK ROUNDED	147	benzoyl peroxide-erythromycin gel 5-3%	104
becaplermin		benztropine mesylate tab 0.5 mg	76
see REGRANEX GEL 0.01%.....	113	benztropine mesylate tab 1 mg ...	76
beclomethasone dipropionate hfa		benztropine mesylate tab 2 mg ...	76
see QVAR REDIHA AER 80MCG.....	28	benzyl alcohol (pediculicide)	
see QVAR REDIHAL AER 40MCG	28	see ULESFIA LOT 5%	113
bedaquiline fumarate		bepotastine besilate	
see SIRTURO TAB 100MG.....	68	see BEPREVE DRO 1.5%	156
see SIRTURO TAB 20MG	68	bepotastine besilate ophth soln 1.5%	156
BELSOMRA TAB 10MG	129	BEPREVE DRO 1.5%	156
BELSOMRA TAB 15MG	129	BERINERT INJ 500UNIT	124
BELSOMRA TAB 20MG	129	besifloxacin hcl	
BELSOMRA TAB 5MG	129	see BESIVANCE SUS 0.6%	154
bempedoic acid		BESIVANCE SUS 0.6%	154
see NEXLETOL TAB 180MG	56	betaine	
bempedoic acid-ezetimibe		see CYSTADANE POW	117
see NEXLIZET TAB 180/10MG	56	betamethasone dipropionate augmented cream 0.05%	109
benazepril & hydrochlorothiazide tab 10-12.5 mg		betamethasone dipropionate augmented gel 0.05%	109
.....	64	betamethasone dipropionate augmented lotion 0.05%	109
benazepril & hydrochlorothiazide tab 20-12.5 mg		betamethasone dipropionate augmented oint 0.05%	109
.....	65	betamethasone dipropionate cream 0.05%	109
benazepril & hydrochlorothiazide tab 20-25 mg		betamethasone dipropionate lotion 0.05%	109
.....	65		
benazepril & hydrochlorothiazide tab 5-6.25 mg			
.....	64		
benazepril hcl tab 10 mg	59		
benazepril hcl tab 20 mg	59		
benazepril hcl tab 40 mg	59		
benazepril hcl tab 5 mg	59		
benralizumab			

betamethasone dipropionate oint 0.05%	109	bisoprolol fumarate tab 5 mg	91
betamethasone valerate cream 0.1% (base equivalent)	109	blood glucose monitoring supplies	
betamethasone valerate oint 0.1% (base equivalent)	109	see RELION TRUE KIT MET AIR ...	135
betaxolol hcl ophth soln 0.5% ...	153	see TRUE METRIX KIT AIR.....	135
betaxolol hcl tab 10 mg	91	see TRUE METRIX KIT METER	135
betaxolol hcl tab 20 mg	91	see TRUE METRIX MIS AIR	135
bethanechol chloride tab 10 mg	172	BOOSTRIX INJ	167
bethanechol chloride tab 25 mg	172	bosentan	
bethanechol chloride tab 5 mg ..	172	see TRACLEER TAB 32MG.....	96
bethanechol chloride tab 50 mg	172	bosentan tab 125 mg	96
BEVESPI AER 9-4.8MCG.....	29	bosentan tab 62.5 mg	96
bexarotene (topical)		BOTOX INJ 100UNIT	152
see TARGRETIN GEL 1%	107	BOTOX INJ 200UNIT	152
bexarotene cap 75 mg	76	Bp Cleansing Wash	
bexarotene gel 1%	107	see sulfacetamide sodium-sulfur in urea emulsion 10-4%	105
bicalutamide tab 50 mg	70	Bp Gel	
bictegravir-emtricitabine-tenofovir alafenamide fumarate		see benzoyl peroxide gel 5% ..	104
see BIKTARVY TAB	86	Bp Wash	
BIKTARVY TAB	86	see benzoyl peroxide liq 5% ...	104
bimatoprost		Bprotected Pedia Tri-vite	
see LUMIGAN SOL 0.01%.....	157	see pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml	147
bimatoprost ophth soln 0.03% ..	157	BRAINSTRONG MIS PRENATAL	147
bisacodyl suppos 10 mg	132	BREO ELLIPTA INH 100-25.....	29
bisacodyl tab delayed release 5 mg	132	BREO ELLIPTA INH 200-25.....	29
Bismatrol		BREZTRI AERO AER SPHERE	29
see bismuth subsalicylate susp 262 mg/15ml	52	Briellyn	
bismuth subsalicylate chew tab 262 mg	52	see norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg .	99
bismuth subsalicylate susp 262 mg/15ml	52	BRILINTA TAB 60MG	125
bismuth subsalicylate susp 525 mg/15ml	52	BRILINTA TAB 90MG	125
bismuth subsalicylate tab 262 mg	52	brimonidine tartrate (topical)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	65	see MIRVASO GEL 0.33%.....	112
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	65	brimonidine tartrate ophth soln 0.15%	154
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	65	brimonidine tartrate ophth soln 0.2%	154
bisoprolol fumarate tab 10 mg	91	brimonidine tartrate-timolol maleate	
		see COMBIGAN SOL 0.2/0.5%	153
		brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% .	153
		brinzolamide	
		see AZOPT SUS 1% OP.....	156
		brinzolamide ophth susp 1%	156
		brinzolamide-brimonidine tartrate	

see SIMBRINZA SUS 1-0.2% 154

**bromfenac sodium ophth soln
0.09% (base equiv) (once-daily)**
..... 156

bromocriptine mesylate (diabetes)
see CYCLOSET TAB 0.8MG.....46

**bromocriptine mesylate cap 5 mg
(base equivalent).....77**

**bromocriptine mesylate tab 2.5 mg
(base equivalent).....77**

**brompheniramine &
pseudoephedrine elixir 1-15
mg/5ml..... 102**

BROTAPP DM LIQ 15-1-5/5 102

BROVANA NEB 15MCG.....29

BRUKINSA CAP 80MG.....71

budesonide (inhalation)
see PULMICORT INH 180MCG28
see PULMICORT INH 90MCG28

**budesonide delayed release
particles cap 3 mg..... 101**

**budesonide inhalation susp 0.25
mg/2ml.....28**

**budesonide inhalation susp 0.5
mg/2ml.....28**

**budesonide nasal susp 32 mcg/act
..... 151**

**budesonide-formoterol fumarate
dihydrate**
see SYMBICORT AER 160-4.530
see SYMBICORT AER 80-4.530

**budesonide-glycopyrrolate-
formoterol fumarate**
see BREZTRI AERO AER SPHERE ...29

bumetanide tab 0.5 mg 114

bumetanide tab 1 mg 114

bumetanide tab 2 mg 114

**buprenorphine hcl sl tab 2 mg
(base equiv).....18**

**buprenorphine hcl sl tab 8 mg
(base equiv).....18**

**buprenorphine hcl-naloxone hcl sl
film 12-3 mg (base equiv)19**

**buprenorphine hcl-naloxone hcl sl
film 2-0.5 mg (base equiv)18**

**buprenorphine hcl-naloxone hcl sl
film 4-1 mg (base equiv).....18**

**buprenorphine hcl-naloxone hcl sl
film 8-2 mg (base equiv)..... 18**

**buprenorphine hcl-naloxone hcl sl
tab 2-0.5 mg (base equiv)..... 19**

**buprenorphine hcl-naloxone hcl sl
tab 8-2 mg (base equiv) 19**

**buprenorphine td patch weekly 10
mcg/hr 19**

**buprenorphine td patch weekly 15
mcg/hr 19**

**buprenorphine td patch weekly 20
mcg/hr 19**

**buprenorphine td patch weekly 5
mcg/hr 19**

**buprenorphine td patch weekly 7.5
mcg/hr 19**

**bupropion hcl (smoking deterrent)
tab er 12hr 150 mg 163**

bupropion hcl tab 100 mg 36

bupropion hcl tab 75 mg 36

**bupropion hcl tab er 12hr 100 mg
..... 36**

**bupropion hcl tab er 12hr 150 mg
..... 36**

**bupropion hcl tab er 12hr 200 mg
..... 36**

**bupropion hcl tab er 24hr 150 mg
..... 37**

**bupropion hcl tab er 24hr 300 mg
..... 37**

buspironone hcl tab 10 mg 23

buspironone hcl tab 15 mg 23

buspironone hcl tab 30 mg 23

buspironone hcl tab 5 mg 23

buspironone hcl tab 7.5 mg 23

**butalbital-acetaminophen tab 50-
325 mg 11**

**butalbital-acetaminophen-caff w/
cod cap 50-300-40-30 mg 17**

**butalbital-acetaminophen-caff w/
cod cap 50-325-40-30 mg 17**

**butalbital-acetaminophen-caffeine
tab 50-325-40 mg 11**

**butalbital-aspirin-caffeine cap 50-
325-40 mg 11**

butenafine hcl
see MENTAX CRE 1% 106

butenafine hcl cream 1% 106
butoconazole nitrate (one dose)
 see GYNAZOLE-1 CRE 2% 174
butorphanol tartrate nasal soln 10 mg/ml.....19
 BYSTOLIC TAB 10MG.....91
 BYSTOLIC TAB 2.5MG.....91
 BYSTOLIC TAB 20MG.....91
 BYSTOLIC TAB 5MG91
 BYVALSON TAB 5-80MG..... 65

C

c1 esterase inhibitor (human)
 see BERINERT INJ 500UNIT 124
cabergoline tab 0.5 mg 117
 CABOMETYX TAB 20MG71
 CABOMETYX TAB 40MG71
 CABOMETYX TAB 60MG72
cabozantinib s-malate
 see CABOMETYX TAB 20MG71
 see CABOMETYX TAB 40MG71
 see CABOMETYX TAB 60MG72
 see COMETRIQ KIT 100MG72
 see COMETRIQ KIT 140MG72
 see COMETRIQ KIT 60MG72
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005%..... 107
calcipotriene soln 0.005% (50 mcg/ml) 107
calcipotriene-betamethasone dipropionate oint 0.005-0.064%
 109
calcipotriene-betamethasone dipropionate susp 0.005-0.064%
 109
calcitonin (salmon) nasal soln 200 unit/act 115
 Calcitrate
 see **calcium citrate tab 950 mg (200 mg elemental ca)** 140
calcitriol cap 0.25 mcg 117
calcitriol cap 0.5 mcg 117
calcitriol oint 3 mcg/gm..... 107
calcium & phosphorus w/ vitamin d
 see RISACAL-D TAB..... 141
 Calcium 500 + D

see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** 140
 Calcium 500/d
 see **calcium carbonate-cholecalciferol chew tab 500 mg-400 unit** 140
 Calcium 600
 see **calcium carbonate tab 1500 mg (600 mg elemental ca)** .. 139
 Calcium 600 With Vitamin
 see **calcium carbonate-cholecalciferol chew tab 600 mg-400 unit** 140
 Calcium 600/vitamin D3
 see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 140
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 122
 Calcium Antacid
 see **calcium carbonate (antacid) chew tab 500 mg**..... 21
calcium carbonate (antacid) chew tab 1000 mg 21
calcium carbonate (antacid) chew tab 400 mg 20
calcium carbonate (antacid) chew tab 500 mg 21
calcium carbonate (antacid) chew tab 750 mg 21
calcium carbonate (antacid) susp 1250 mg/5ml..... 21
calcium carbonate tab 1250 mg (500 mg elemental ca)..... 139
calcium carbonate tab 1500 mg (600 mg elemental ca)..... 139
calcium carbonate-cholecalciferol
 see CALTRATE 600 CHW 600-800 141
calcium carbonate-cholecalciferol cap 600 mg-500 unit..... 139
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit 140
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit 140
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit 140

calcium carbonate-cholecalciferol chew tab 600 mg-400 unit	140
calcium carbonate-cholecalciferol tab 250 mg-125 unit	140
calcium carbonate-cholecalciferol tab 500 mg-125 unit	140
calcium carbonate-cholecalciferol tab 500 mg-200 unit	140
calcium carbonate-cholecalciferol tab 500 mg-400 unit	140
calcium carbonate-cholecalciferol tab 500 mg-600 unit	140
calcium carbonate-cholecalciferol tab 600 mg-200 unit	140
calcium carbonate-cholecalciferol tab 600 mg-400 unit	140
calcium carbonate-cholecalciferol tab 600 mg-800 unit	140
calcium carbonate-ergocalciferol see RA OYS SHL/D TAB 500MG ...	141
calcium carbonate-mag hydrox see MI-ACID CHW	20
calcium carbonate-mag hydroxide chew tab 675-135 mg	20
calcium carbonate-mag hydroxide susp 400-135 mg/5ml	20
calcium carbonate-vitamin d cap 600 mg-200 unit	140
calcium carbonate-vitamin d tab 250 mg-125 unit	140
calcium carbonate-vitamin d tab 600 mg-125 unit	140
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	139
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	139
Calcium Citrate + D3 see calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)	141
calcium citrate tab 950 mg (200 mg elemental ca)	140
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	140
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	141
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) ...	141
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) ...	141
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) ...	141
Calcium Plus Vitamin D3 see calcium carbonate- cholecalciferol cap 600 mg-500 unit	139
calcium polycarbophil tab 625 mg	130
CALCIUM TAB 600MG	141
calcium-magnesium-zinc tab 333- 133-5 mg	141
CALNA TAB	148
CALTRATE 600 CHW 600-800	141
candesartan cilexetil tab 16 mg ..	61
candesartan cilexetil tab 32 mg ..	61
candesartan cilexetil tab 4 mg	61
candesartan cilexetil tab 8 mg	61
capecitabine tab 150 mg	68
capecitabine tab 500 mg	68
CAPRELSA TAB 100MG	72
CAPRELSA TAB 300MG	72
capsaicin cream 0.1%	111
captopril & hydrochlorothiazide tab 25-15 mg	65
captopril & hydrochlorothiazide tab 25-25 mg	65
captopril & hydrochlorothiazide tab 50-15 mg	65
captopril & hydrochlorothiazide tab 50-25 mg	65
captopril tab 100 mg	59
captopril tab 12.5 mg	59
captopril tab 25 mg	59
captopril tab 50 mg	59
carbamazepine cap er 12hr 100 mg	33
carbamazepine cap er 12hr 200 mg	33
carbamazepine cap er 12hr 300 mg	33
carbamazepine chew tab 100 mg 33	
carbamazepine susp 100 mg/5ml	33

carbamazepine tab 200 mg	33	carboxymethylcellulose sodium	
carbamazepine tab er 12hr 100 mg		ophth soln 0.5%	152
.....	33	CARIMUNE NF INJ 12GM.....	158
carbamazepine tab er 12hr 200 mg		cariprazine hcl	
.....	33	see VRAYLAR CAP 1.5MG	78
carbamazepine tab er 12hr 400 mg		see VRAYLAR CAP 3MG	78
.....	33	see VRAYLAR CAP 4.5MG	78
carbamide peroxide 6.5% otic soln		see VRAYLAR CAP 6MG	78
.....	157	carisoprodol tab 350 mg	150
carbidopa & levodopa orally		carisoprodol w/ aspirin & codeine	
disintegrating tab 10-100 mg ...	77	tab 200-325-16 mg	150
carbidopa & levodopa orally		carteolol hcl ophth soln 1%	153
disintegrating tab 25-100 mg ...	77	carvedilol tab 12.5 mg	90
carbidopa & levodopa orally		carvedilol tab 25 mg	90
disintegrating tab 25-250 mg ...	77	carvedilol tab 3.125 mg	90
carbidopa & levodopa tab 10-100		carvedilol tab 6.25 mg	90
mg	77	CAYA DPR.....	133
carbidopa & levodopa tab 25-100		CAYSTON INH 75MG	22
mg	77	cefaclor cap 250 mg	97
carbidopa & levodopa tab 25-250		cefaclor cap 500 mg	97
mg	77	cefaclor for susp 125 mg/5ml	97
carbidopa & levodopa tab er 25-		cefaclor for susp 250 mg/5ml	97
100 mg	77	cefaclor for susp 375 mg/5ml	97
carbidopa & levodopa tab er 50-		cefadroxil cap 500 mg	97
200 mg	77	cefadroxil for susp 250 mg/5ml ..	97
carbidopa tab 25 mg	76	cefadroxil for susp 500 mg/5ml ..	97
carbidopa-levodopa-entacapone		cefadroxil tab 1 gm	97
tabs 12.5-50-200 mg	77	cefdinir cap 300 mg	98
carbidopa-levodopa-entacapone		cefdinir for susp 125 mg/5ml	98
tabs 18.75-75-200 mg	77	cefdinir for susp 250 mg/5ml	98
carbidopa-levodopa-entacapone		cefditoren pivoxil tab 200 mg (base	
tabs 25-100-200 mg	77	equivalent)	98
carbidopa-levodopa-entacapone		cefditoren pivoxil tab 400 mg (base	
tabs 31.25-125-200 mg	77	equivalent)	98
carbidopa-levodopa-entacapone		cefixime cap 400 mg	98
tabs 37.5-150-200 mg	77	cefixime for susp 100 mg/5ml	98
carbidopa-levodopa-entacapone		cefixime for susp 200 mg/5ml	98
tabs 50-200-200 mg	77	cefpodoxime proxetil for susp 100	
carbinoxamine maleate soln 4		mg/5ml	98
mg/5ml	54	cefpodoxime proxetil for susp 50	
carbinoxamine maleate tab 4 mg	54	mg/5ml	98
carbonyl iron		cefpodoxime proxetil tab 100 mg	98
see IRON CHW PEDIATRI	128	cefpodoxime proxetil tab 200 mg	98
carbonyl iron susp 15 mg/1.25ml		cefprozil for susp 125 mg/5ml	97
(elemental iron)	127	cefprozil for susp 250 mg/5ml	97
carboxymethylcellulose sodium		cefprozil tab 250 mg	97
(pf) ophth soln 0.5%	152	cefprozil tab 500 mg	98

ceftriaxone sodium for inj 1 gm ..98	see acetaminophen chew tab 80 mg 12
cefuroxime axetil tab 250 mg.....98	Childrens Pepto
cefuroxime axetil tab 500 mg.....98	see calcium carbonate (antacid) chew tab 400 mg 20
celecoxib cap 100 mg 8	Childrens Silfedrine
celecoxib cap 200 mg 8	see pseudoephedrine hcl liq 15 mg/5ml 152
celecoxib cap 400 mg 8	chlorambucil
celecoxib cap 50 mg 8	see LEUKERAN TAB 2MG..... 68
cellulose	chlordiazepoxide hcl cap 10 mg .. 24
see UNIFIBER POW 130	chlordiazepoxide hcl cap 25 mg .. 24
CELONTIN CAP 300MG .....36	chlordiazepoxide hcl cap 5 mg 24
CENTRUM SPEC PAK PRENATAL 148	chlordiazepoxide-amitriptyline tab 10-25 mg 162
cephalexin cap 250 mg .....97	chlordiazepoxide-amitriptyline tab 5-12.5 mg 162
cephalexin cap 500 mg .....97	chlorhexidine gluconate liquid 4% 85
cephalexin for susp 125 mg/5ml .97	chlorhexidine gluconate soln 0.12% 145
cephalexin for susp 250 mg/5ml .97	chloroquine phosphate tab 250 mg 67
CERDELGA CAP 84MG..... 125	chloroquine phosphate tab 500 mg 67
ceritinib	chlorothiazide tab 250 mg 115
see ZYKADIA CAP 150MG 75	chlorothiazide tab 500 mg 115
certolizumab pegol	Chlorphen Sr
see CIMZIA KIT 200MG..... 121	see chlorpheniramine maleate tab er 12 mg 54
see CIMZIA PREFL KIT 200MG/ML121	chlorpheniramine maleate syrup 2 mg/5ml 54
see CIMZIA START KIT 200MG/ML 121	chlorpheniramine maleate tab 4 mg 54
cervical caps	chlorpheniramine maleate tab er 12 mg 54
see FEMCAP MIS 22MM 133	chlorpheniramine w/ codeine
see FEMCAP MIS 26MM 133	see Z-TUSS AC LIQ 2-9/5ML..... 103
see FEMCAP MIS 30MM 133	chlorpromazine hcl tab 10 mg 83
CESAMET CAP 1MG .....53	chlorpromazine hcl tab 100 mg ... 83
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) .....55	chlorpromazine hcl tab 200 mg ... 83
cetirizine hcl tab 10 mg.....55	chlorpromazine hcl tab 25 mg 83
cetirizine hcl tab 5 mg.....55	chlorpromazine hcl tab 50 mg 83
cetirizine-pseudoephedrine tab er 12hr 5-120 mg 102	chlorpropamide tab 100 mg 51
cevimeline hcl cap 30 mg 145	chlorpropamide tab 250 mg 51
CHANTIX PAK 0.5& 1MG 163	chlorthalidone tab 25 mg 115
CHANTIX TAB 0.5MG 164	chlorthalidone tab 50 mg 115
CHANTIX TAB 1MG..... 164	
CHEMET CAP 100MG .....52	
Chewable Vite Childrens	
see pediatric multiple vitamin w/ c & fa chew tab 147	
Chewable Vite With Iron/c	
see pediatric multiple vitamins w/ iron chew tab 15 mg 147	
Childrens Pain Reliever	

chlorzoxazone tab 500 mg	150	cimetidine tab 400 mg	168
cholecalciferol cap 1.25 mg (50000 unit)	175	cimetidine tab 800 mg	168
cholecalciferol cap 125 mcg (5000 unit)	175	CIMZIA KIT 200MG	121
cholecalciferol cap 25 mcg (1000 unit)	175	CIMZIA PREFL KIT 200MG/ML.....	121
cholecalciferol cap 250 mcg (10000 unit)	175	CIMZIA START KIT 200MG/ML.....	121
cholecalciferol cap 50 mcg (2000 unit)	175	cinacalcet hcl tab 30 mg (base equiv)	117
cholecalciferol chew tab 10 mcg (400 unit)	175	cinacalcet hcl tab 60 mg (base equiv)	117
cholecalciferol chew tab 25 mcg (1000 unit)	175	cinacalcet hcl tab 90 mg (base equiv)	117
cholecalciferol drops 125 mcg/ml (5000 unit/ml)	175	CIPRO HC SUS OTIC	157
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	176	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	154
cholecalciferol tab 10 mcg (400 unit)	176	ciprofloxacin hcl otic soln 0.2% (base equivalent)	157
cholecalciferol tab 125 mcg (5000 unit)	176	ciprofloxacin hcl tab 250 mg (base equiv)	119
cholecalciferol tab 25 mcg (1000 unit)	176	ciprofloxacin hcl tab 500 mg (base equiv)	119
cholecalciferol tab 50 mcg (2000 unit)	176	ciprofloxacin hcl tab 750 mg (base equiv)	120
cholestyramine light powder 4 gm/dose	56	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	158
cholestyramine powder 4 gm/dose	56	ciprofloxacin-hydrocortisone see CIPRO HC SUS OTIC.....	157
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	56	cialopram hydrobromide oral soln 10 mg/5ml	37
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	56	cialopram hydrobromide tab 10 mg (base equiv)	37
ciclesonide (nasal) see OMNARIS SPR.....	151	cialopram hydrobromide tab 20 mg (base equiv)	37
ciclopirox olamine cream 0.77% (base equiv)	106	cialopram hydrobromide tab 40 mg (base equiv)	37
ciclopirox olamine susp 0.77% (base equiv)	106	Claravis see isotretinoin cap 10 mg	104
ciclopirox solution 8%	106	clarithromycin for susp 125 mg/5ml	132
cilostazol tab 100 mg	125	clarithromycin for susp 250 mg/5ml	132
cilostazol tab 50 mg	125	clarithromycin tab 250 mg	132
CIMDUO TAB 300-300	86	clarithromycin tab 500 mg	132
cimetidine tab 200 mg	168	Clean & Clear Persa-gel M see benzoyl peroxide gel 10%	104
cimetidine tab 300 mg	168	Clear Soluble Fiber see wheat dextrin oral powder	130

clemastine fumarate tab 1.34 mg (1 mg base equiv)	54	clonidine td patch weekly 0.3 mg/24hr	63
clemastine fumarate tab 2.68 mg	54	clopidogrel bisulfate tab 75 mg (base equiv)	125
CLENPIQ SOL	130	clorazepate dipotassium tab 15 mg	25
clindamycin hcl cap 150 mg	22	clorazepate dipotassium tab 3.75 mg	25
clindamycin hcl cap 300 mg	22	clorazepate dipotassium tab 7.5 mg	25
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	22	clotrimazole cream 1%	106
clindamycin phosphate gel 1%	104	clotrimazole soln 1%	106
clindamycin phosphate lotion 1%	104	clotrimazole troche 10 mg	145
clindamycin phosphate soln 1%	104	clotrimazole vaginal cream 1%	174
clindamycin phosphate vaginal cream 2%	174	clotrimazole vaginal cream 2%	174
clindamycin phosphate-tretinoin gel 1.2-0.025%	104	clotrimazole w/ betamethasone cream 1-0.05%	106
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	104	clotrimazole w/ betamethasone lotion 1-0.05%	106
clobazam tab 10 mg	32	clozapine tab 100 mg	81
clobazam tab 20 mg	32	clozapine tab 200 mg	81
clobetasol propionate cream 0.05%	109	clozapine tab 25 mg	81
clobetasol propionate gel 0.05%	109	clozapine tab 50 mg	81
clobetasol propionate oint 0.05%	109	coagulation factor ix see ALPHANINE SD INJ 1500UNIT	123
clobetasol propionate soln 0.05%	109	see ALPHANINE SD INJ 500UNIT.	123
clomipramine hcl cap 25 mg	40	COARTEM TAB 20-120MG	67
clomipramine hcl cap 50 mg	40	cobicistat see TYBOST TAB 150MG	89
clomipramine hcl cap 75 mg	40	CODEINE SULF TAB 60MG	13
clonazepam see KLONOPIN TAB 0.5MG	33	codeine sulfate tab 30 mg	13
see KLONOPIN TAB 2MG	33	colchicine tab 0.6 mg	123
clonazepam tab 0.5 mg	32	colchicine w/ probenecid tab 0.5-500 mg	123
clonazepam tab 1 mg	32	colesevelam hcl packet for susp 3.75 gm	56
clonazepam tab 2 mg	32	colesevelam hcl tab 625 mg	56
clonidine hcl tab 0.1 mg	63	colestipol hcl tab 1 gm	56
clonidine hcl tab 0.2 mg	63	collagenase see SANTYL OIN 250/GM	111
clonidine hcl tab 0.3 mg	63	COLY-MYCIN S SUS OTIC	158
clonidine hcl tab er 12hr 0.1 mg	3	COMBIGAN SOL 0.2/0.5%	153
clonidine td patch weekly 0.1 mg/24hr	63	COMBIVENT AER 20-100	29
clonidine td patch weekly 0.2 mg/24hr	63	COMETRIQ KIT 100MG	72
		COMETRIQ KIT 140MG	72
		COMETRIQ KIT 60MG	72
		COMPLERA TAB	86

CO-NATAL FA TAB 29-1MG.....	148	COSENTYX INJ 75MG/0.5.....	107
condoms - female		COSENTYX PEN INJ 150MG/ML.....	107
see FC2 FEMALE MIS CONDOM ...	133	COSENTYX PEN INJ 300DOSE.....	108
conjugated estrogens-		COUMADIN TAB 10MG.....	30
bazedoxifene		COUMADIN TAB 1MG	30
see DUAVEE TAB 0.45-20.....	118	COUMADIN TAB 2.5MG.....	30
conjugated estrogens-		COUMADIN TAB 2MG	30
medroxyprogesterone acetate		COUMADIN TAB 3MG	30
see PREMPHASE TAB	118	COUMADIN TAB 4MG	30
see PREMPRO TAB.....	118	COUMADIN TAB 5MG	30
see PREMPRO TAB 0.3-1.5.....	118	COUMADIN TAB 6MG	30
see PREMPRO TAB 0.45-1.5.....	118	COUMADIN TAB 7.5MG.....	30
see PREMPRO TAB 0.625-5.....	118	covid-19 (sars-cov-2) adenovirus	
continuous blood glucose system		vaccine	
receiver		see JANSSEN VACC INJ COVID-19	
see DEXCOM G5 MIS RECEIVER ..	134	.....	173
see DEXCOM G6 MIS RECEIVER ..	134	covid-19 (sars-cov-2) mrna virus	
see FREESTY LIBR MIS 2 READER	134	vaccine	
see FREESTYLE MIS READER	134	see MODERNA VAC INJ COVID-19	173
continuous blood glucose system		see PFIZER VACC INJ COVID-19 .	173
sensor		CREON CAP 12000UNT	113
see DEXCOM G6 MIS SENSOR.....	134	CREON CAP 24000UNT	113
see FREESTY LIBR KIT 2 SENSOR	134	CREON CAP 3000UNIT.....	113
see FREESTYLE KIT SENSOR.....	134	CREON CAP 36000UNT	113
see G5/G4 MIS SENSOR.....	135	CREON CAP 6000UNIT.....	113
continuous blood glucose system		CRESEMBA CAP 186 MG	54
transmitter		CRIXIVAN CAP 200MG.....	86
see DEXCOM G5 MIS TRANSMIT..	134	CRIXIVAN CAP 400MG.....	86
see DEXCOM G6 MIS TRANSMIT..	134	crizotinib	
COPAXONE INJ 20MG/ML.....	162	see XALKORI CAP 200MG.....	75
COPAXONE INJ 40MG/ML.....	162	see XALKORI CAP 250MG.....	75
copper (iud)		cromolyn sodium nasal aerosol	
see PARAGARD IUD T380A	100	soln 5.2 mg/act (4%)	151
CORDRAN 80X3 TAP 4MCG/CM	109	cromolyn sodium ophth soln 4%	
CORLANOR SOL 5MG/5ML.....	97	.....	156
CORLANOR TAB 5MG.....	97	cromolyn sodium soln nebu 20	
CORLANOR TAB 7.5MG	97	mg/2ml	26
corn dextrin oral powder	130	crotamiton	
cortisone acetate tab 25 mg	101	see EURAX CRE 10%.....	112
CORTISPORIN OIN 1%	105	CUVITRU INJ 4GM/20ML.....	158
Cortizone-10		CUVITRU SOL 10GM/50M.....	158
see hydrocortisone gel 1%	110	CUVITRU SOL 1GM/5ML.....	158
Cortizone-10 Plus		Cvs Af Spray Powder	
see hydrocortisone-aloe vera		see tolnaftate aerosol pow 1%	107
cream 1%	110	Cvs Allergy Relief Childr	
COSENTYX INJ 150MG/ML.....	107	see diphenhydramine hcl liquid	
COSENTYX INJ 300DOSE	107	12.5 mg/5ml	55

Cvs Antacid Supreme	see calcium carbonate-mag hydroxide susp 400-135 mg/5ml.....20
Cvs Anti-dandruff	see selenium sulfide lotion 1% 108
Cvs Anti-diarrheal	see loperamide hcl tab 2 mg .....52
Cvs Anti-fungal Powder	see miconazole nitrate powder 2% 106
Cvs B-12	see cyanocobalamin sl tab 500 mcg 125
Cvs Bismuth Maximum Stren	see bismuth subsalicylate susp 525 mg/15ml .....52
Cvs Calcium Citrate + D	see calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) 141
Cvs Chocolate Laxative Pi	see sennosides chew tab 15 mg 132
Cvs Cold & Cough Nighttim	see diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml 103
Cvs Cortisone Maximum Str	see hydrocortisone lotion 1% . 110
Cvs D3	see cholecalciferol chew tab 25 mcg (1000 unit) 175
Cvs Dry Eye Relief	see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% . 153
Cvs Easy Fiber	see corn dextrin oral powder .. 130
Cvs Fish Oil	see omega-3 fatty acids cap delayed release 1200 mg 152
Cvs Gas Relief	see simethicone cap 125 mg ... 120
Cvs Gas Relief Drops Extr	see simethicone liquid 40 mg/0.6ml 120
Cvs Gas Relief Extra Stre	see simethicone chew tab 125 mg 120
Cvs Gentle Laxative	see bisacodyl suppos 10 mg ... 132
Cvs Glycerin Adult	see glycerin suppos 2 gm 131
Cvs Heartburn Relief	see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg 20
Cvs Ibuprofen Infants	see ibuprofen susp 40 mg/ml.....9
Cvs Lubricant Eye Drops	see carboxymethylcellulose sodium ophth soln 0.5% 152
Cvs Melatonin	see melatonin cap 5 mg.....6
Cvs Motion Sickness	see dimenhydrinate tab 50 mg .53
Cvs Motion Sickness Relie	see meclizine hcl chew tab 25 mg 53
Cvs Nasal Decongestant	see pseudoephedrine hcl tab 30 mg 152
Cvs Nasal Decongestant Pe	see phenylephrine hcl tab 10 mg 152
Cvs Nasal Spray	see oxymetazoline hcl nasal soln 0.05% 152
Cvs Natural Daily Fiber	see psyllium powder 48.57% . 130
	see psyllium powder 58.6% ... 130
Cvs Natural Tears	see dextran 70-hypromellose (pf) ophth soln 0.1-0.3% 153
Cvs Nausea Relief	see fructose-dextrose-phosphoric acid oral soln 53
Cvs Nicotine Lozenge	see nicotine polacrilex lozenge 2 mg 164
Cvs Nicotine Polacrilex	see nicotine polacrilex gum 4 mg 164
Cvs Nicotine Transdermal	

see **nicotine td patch 24hr 21 mg/24hr** 164
 Cvs Omeprazole Magnesium
 see **omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)**
 170
 Cvs Oyster Shell Calcium
 see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** 140
 Cvs Pain & Fever Children
 see **acetaminophen susp 160 mg/5ml**..... 12
 Cvs Pinworm Treatment
 see **pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)**
 21
 CVS PRENATAL CHW GUMMY 148
 Cvs Saline Nasal Spray
 see **saline nasal spray 0.65%** . 150
 Cvs Sleep Aid Nighttime
 see **diphenhydramine hcl (sleep) tab 25 mg**..... 128
 Cvs Smooth Antacid Extra
 see **calcium carbonate (antacid) chew tab 750 mg** 21
 Cvs Sodium Chloride
 see **sodium chloride hypertonic ophth oint 5%** 157
 see **sodium chloride hypertonic ophth soln 5%**..... 157
 Cvs Triple Antibiotic
 see **neomycin-bacitracin-polymyxin oint** 106
 Cvs Vitamin B-12 Tr
 see **cyanocobalamin tab er 1000 mcg** 125
 Cvs Vitamin B-2
 see **riboflavin tab 100 mg** 176
cyanocobalamin inj 1000 mcg/ml
 125
cyanocobalamin sl tab 1000 mcg
 125
cyanocobalamin sl tab 2500 mcg
 125
cyanocobalamin sl tab 500 mcg 125
cyanocobalamin tab 100 mcg 125

cyanocobalamin tab 1000 mcg.. 125
cyanocobalamin tab 250 mcg.... 125
cyanocobalamin tab 500 mcg.... 125
cyanocobalamin tab er 1000 mcg
 125
cyclobenzaprine hcl tab 10 mg.. 150
cyclobenzaprine hcl tab 5 mg.... 150
cyclopentolate hcl ophth soln 1%
 154
cyclophosphamide cap 25 mg 68
cyclophosphamide cap 50 mg 68
cycloserine cap 250 mg 68
 CYCLOSET TAB 0.8MG 46
cyclosporine
 see SANDIMMUNE CAP 100MG.... 144
 see SANDIMMUNE CAP 25MG 144
cyclosporine (ophth)
 see RESTASIS EMU 0.05% OP 155
cyclosporine (ophth) emulsion 0.05% 155
cyclosporine cap 100 mg 144
cyclosporine cap 25 mg 144
cyclosporine modified (for microemulsion)
 see NEORAL CAP 100MG 144
 see NEORAL CAP 25MG..... 144
cyclosporine modified cap 100 mg
 144
cyclosporine modified cap 25 mg
 144
cyclosporine modified cap 50 mg
 144
cyclosporine modified oral soln 100 mg/ml 144
cyproheptadine hcl syrup 2 mg/5ml 56
cyproheptadine hcl tab 4 mg..... 56
 CYSTADANE POW 117
 CYSTAGON CAP 150MG 122
 CYSTAGON CAP 50MG 122
 CYSTARAN SOL 0.44% 156
cysteamine bitartrate
 see CYSTAGON CAP 150MG 122
 see CYSTAGON CAP 50MG 122
cysteamine hcl
 see CYSTARAN SOL 0.44%..... 156

D	
D 1000	
see cholecalciferol cap 25 mcg (1000 unit)	175
D 5000	
see cholecalciferol cap 125 mcg (5000 unit)	175
D2000 Ultra Strength	
see cholecalciferol cap 50 mcg (2000 unit)	175
D3 Maximum Strength	
see cholecalciferol drops 125 mcg/ml (5000 unit/ml)	175
dabigatran etexilate mesylate	
see PRADAXA CAP 110MG	32
see PRADAXA CAP 150MG	32
see PRADAXA CAP 75MG	32
dabrafenib mesylate	
see TAFINLAR CAP 50MG	75
see TAFINLAR CAP 75MG	75
daclatasvir dihydrochloride	
see DAKLINZA TAB 30MG	89
see DAKLINZA TAB 60MG	89
Daily Vite	
see multiple vitamin tab	146
DAKLINZA TAB 30MG	89
DAKLINZA TAB 60MG	89
dalfampridine tab er 12hr 10 mg	
.....	163
DALIRESP TAB 250MCG	27
DALIRESP TAB 500MCG	27
dalteparin sodium	
see FRAGMIN INJ 10000/ML	32
see FRAGMIN INJ 12500UNT.....	32
see FRAGMIN INJ 15000UNT.....	32
see FRAGMIN INJ 18000UNT.....	32
see FRAGMIN INJ 2500/0.2	32
see FRAGMIN INJ 5000/0.2	32
see FRAGMIN INJ 7500/0.3	32
danazol cap 100 mg	19
danazol cap 200 mg	19
danazol cap 50 mg	19
dantrolene sodium cap 100 mg ..	150
dantrolene sodium cap 25 mg ...	150
dantrolene sodium cap 50 mg ...	150
dapagliflozin propanediol	
see FARXIGA TAB 10MG.....	51
see FARXIGA TAB 5MG	51
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	45
see XIGDUO XR TAB 10-500MG ...	45
see XIGDUO XR TAB 2.5-1000	45
see XIGDUO XR TAB 5-1000MG ...	45
see XIGDUO XR TAB 5-500MG	45
dapsone tab 100 mg	22
dapsone tab 25 mg	22
darbepoetin alfa	
see ARANESP INJ 100MCG	126
see ARANESP INJ 10MCG	126
see ARANESP INJ 150MCG	126
see ARANESP INJ 200MCG	126
see ARANESP INJ 25MCG	126
see ARANESP INJ 300MCG	126
see ARANESP INJ 40MCG	126
see ARANESP INJ 500MCG	126
see ARANESP INJ 60MCG	126
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	171
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	171
darunavir	
see PREZISTA SUS 100MG/ML	88
see PREZISTA TAB 150MG	88
see PREZISTA TAB 600MG	88
see PREZISTA TAB 75MG	88
see PREZISTA TAB 800MG	88
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	88
darunavir-cobicistat-emtricitabine-tenofovir alafenamide	
see SYMTUZA TAB	88
dasatinib	
see SPRYCEL TAB 100MG	74
see SPRYCEL TAB 140MG	74
see SPRYCEL TAB 20MG.....	74
see SPRYCEL TAB 50MG.....	74
see SPRYCEL TAB 70MG.....	74
see SPRYCEL TAB 80MG.....	74
deferasirox tab for oral susp 125 mg	52
deferasirox tab for oral susp 250 mg	52
deferasirox tab for oral susp 500 mg	52

deferiprone	
see FERRIPROX TAB 1000MG.....	52
deferiprone tab 1000 mg	52
deferiprone tab 500 mg	52
degarelix acetate	
see FIRMAGON INJ 80MG	70
delafloxacin meglumine	
see BAXDELA TAB 450MG	119
delavirdine mesylate	
see RESCRIPTOR TAB 200MG	88
DELSTRIGO TAB	86
demeclocycline hcl tab 150 mg .	165
demeclocycline hcl tab 300 mg .	165
DENAVIR CRE 1%	108
denosumab	
see PROLIA INJ 60MG/ML.....	115
see XGEVA INJ	116
DEPO-SQ PROV INJ 104.....	101
Dermacerin	
see skin protectants misc - cream	
.....	112
DESCOVY TAB 120-15MG.....	86
DESCOVY TAB 200/25MG.....	86
desipramine hcl tab 10 mg	40
desipramine hcl tab 100 mg	40
desipramine hcl tab 150 mg	40
desipramine hcl tab 25 mg	40
desipramine hcl tab 50 mg	40
desipramine hcl tab 75 mg	40
desloratadine tab 5 mg	55
desmopressin acetate	
see STIMATE SOL 1.5MG/ML.....	117
desmopressin acetate nasal spray	
soln 0.01%	117
desmopressin acetate nasal spray	
soln 0.01% (refrigerated)	117
desmopressin acetate tab 0.1 mg	
.....	117
desmopressin acetate tab 0.2 mg	
.....	117
desogest-eth estrad & eth estrad	
tab 0.15-0.02/0.01 mg(21/5) ..	98
desogest-ethin est tab 0.1-	
0.025/0.125-0.025/0.15-	
0.025mg-mg	98
desogestrel & ethinyl estradiol tab	
0.15 mg-30 mcg	98
desonide cream 0.05%	109
desonide oint 0.05%	109
desoximetasone cream 0.05% ..	109
desoximetasone cream 0.25% ..	109
desoximetasone gel 0.05%	109
desoximetasone oint 0.05%	109
desoximetasone oint 0.25%	109
desvenlafaxine succinate tab er	
24hr 100 mg (base equiv)	39
desvenlafaxine succinate tab er	
24hr 25 mg (base equiv)	39
desvenlafaxine succinate tab er	
24hr 50 mg (base equiv)	39
dexamethasone elixir 0.5 mg/5ml	
.....	101
dexamethasone sodium phosphate	
inj 10 mg/ml	101
dexamethasone sodium phosphate	
ophth soln 0.1%	155
dexamethasone soln 0.5 mg/5ml	
.....	101
dexamethasone tab 0.5 mg	101
dexamethasone tab 0.75 mg	101
dexamethasone tab 1 mg	101
dexamethasone tab 1.5 mg	101
dexamethasone tab 2 mg	101
dexamethasone tab 4 mg	101
dexamethasone tab 6 mg	101
DEXCOM G5 MIS RECEIVER	134
DEXCOM G5 MIS TRANSMIT.....	134
DEXCOM G6 MIS RECEIVER	134
DEXCOM G6 MIS SENSOR.....	134
DEXCOM G6 MIS TRANSMIT.....	134
DEXILANT CAP 30MG DR	168
DEXILANT CAP 60MG DR	169
dexlansoprazole	
see DEXILANT CAP 30MG DR.....	168
see DEXILANT CAP 60MG DR.....	169
dexlansoprazole cap delayed	
release 30 mg	169
dexlansoprazole cap delayed	
release 60 mg	169
dexmethylphenidate hcl tab 10 mg	
.....	4
dexmethylphenidate hcl tab 2.5 mg	
.....	4
dexmethylphenidate hcl tab 5 mg .	4

dextran 70-hypromellose (pf)	
ophth soln 0.1-0.3%	153
dextran 70-hypromellose ophth	
soln 0.1-0.3%	153
dextroamphetamine sulfate cap er	
24hr 10 mg	2
dextroamphetamine sulfate cap er	
24hr 15 mg	2
dextroamphetamine sulfate cap er	
24hr 5 mg	1
dextroamphetamine sulfate tab 10	
mg	2
dextroamphetamine sulfate tab 5	
mg	2
dextromethorphan hbr	
see ROBITUSSIN SYP 7.5/5ML	102
dextromethorphan-guaifenesin	
liquid 10-100 mg/5ml	103
dextromethorphan-guaifenesin	
liquid 10-200 mg/5ml	103
dextromethorphan-guaifenesin	
syrup 10-100 mg/5ml	103
dextromethorphan-guaifenesin tab	
er 12hr 30-600 mg	103
dextrose (diabetic use)	
see GNP GLUCOSE CHW ORANGE ..	46
Diabetic Siltussin-dm	
see dextromethorphan-	
guaifenesin liquid 10-100	
mg/5ml	103
Diabetic Tussin Allergy	
see chlorpheniramine maleate	
syrup 2 mg/5ml	54
Diabetic Tussin Cough/che	
see dextromethorphan-	
guaifenesin liquid 10-200	
mg/5ml	103
DIACOMIT CAP 250MG	33
DIACOMIT CAP 500MG	33
DIACOMIT PAK 250MG	33
DIACOMIT PAK 500MG	33
diaphragm arc-spring	
see CAYA DPR	133
diaphragm wide seal	
see WIDE-SEAL DPR KIT 60.....	133
see WIDE-SEAL DPR KIT 65.....	133
see WIDE-SEAL DPR KIT 70.....	133
see WIDE-SEAL DPR KIT 75	133
see WIDE-SEAL DPR KIT 80	133
see WIDE-SEAL DPR KIT 85	133
see WIDE-SEAL DPR KIT 90	134
see WIDE-SEAL DPR KIT 95	134
diaphragms	
see OMNIFLEX DPR	133
diazepam (anticonvulsant)	
see VALTOCO SPR 10MG.....	33
see VALTOCO SPR 15MG.....	33
see VALTOCO SPR 20MG.....	33
see VALTOCO SPR 5MG	33
diazepam conc 5 mg/ml	25
Diazepam Intensol	
see diazepam conc 5 mg/ml	25
diazepam oral soln 1 mg/ml	25
diazepam rectal gel delivery	
system 10 mg	33
diazepam rectal gel delivery	
system 2.5 mg	33
diazepam rectal gel delivery	
system 20 mg	33
diazepam tab 10 mg	25
diazepam tab 2 mg	25
diazepam tab 5 mg	25
diazoxide susp 50 mg/ml	46
dibucaine perianal ointment 1% .	20
diclofenac potassium tab 50 mg	8
diclofenac sodium (topical)	
see VOLTAREN GEL 1%	105
diclofenac sodium gel 1%	105
diclofenac sodium ophth soln 0.1%	
.....	156
diclofenac sodium tab delayed	
release 25 mg	8
diclofenac sodium tab delayed	
release 50 mg	8
diclofenac sodium tab delayed	
release 75 mg	8
diclofenac sodium tab er 24hr 100	
mg	8
diclofenac w/ misoprostol tab	
delayed release 50-0.2 mg	8
diclofenac w/ misoprostol tab	
delayed release 75-0.2 mg	8
dicloxacillin sodium cap 250 mg	160
dicloxacillin sodium cap 500 mg	160

dicyclomine hcl cap 10 mg	167
dicyclomine hcl oral soln 10 mg/5ml	167
dicyclomine hcl tab 20 mg	168
didanosine	
see VIDEX EC CAP 125MG	89
didanosine delayed release capsule 200 mg	86
didanosine delayed release capsule 250 mg	86
didanosine delayed release capsule 400 mg	86
difenoxin w/ atropine	
see MOTOFEN TAB 1-0.025	52
DIFFERIN GEL 0.1%	104
DIFICID TAB 200MG.....	133
diflorasone diacetate cream 0.05%	109
diflorasone diacetate emollient base	
see APEXICON E CRE 0.05%.....	109
diflorasone diacetate oint 0.05%	109
diflunisal tab 500 mg	12
difluprednate	
see DUREZOL EMU 0.05%	155
difluprednate ophth emulsion 0.05%	155
digoxin	
see LANOXIN TAB 0.125MG	95
see LANOXIN TAB 0.25MG.....	95
digoxin oral soln 0.05 mg/ml	95
digoxin tab 125 mcg (0.125 mg)	95
digoxin tab 250 mcg (0.25 mg)	95
dihydroergotamine mesylate inj 1 mg/ml	137
DILANTIN CAP 100MG	35
DILANTIN CAP 30MG	35
diltiazem hcl cap er 12hr 120 mg	92
diltiazem hcl cap er 24hr 120 mg	92
diltiazem hcl cap er 24hr 180 mg	92
diltiazem hcl cap er 24hr 240 mg	93
diltiazem hcl coated beads cap er 24hr 120 mg	93
diltiazem hcl coated beads cap er 24hr 180 mg	93
diltiazem hcl coated beads cap er 24hr 240 mg	93
diltiazem hcl coated beads cap er 24hr 300 mg	93
diltiazem hcl extended release beads cap er 24hr 120 mg	93
diltiazem hcl extended release beads cap er 24hr 180 mg	93
diltiazem hcl extended release beads cap er 24hr 240 mg	93
diltiazem hcl extended release beads cap er 24hr 300 mg	93
diltiazem hcl extended release beads cap er 24hr 360 mg	93
diltiazem hcl extended release beads cap er 24hr 420 mg	93
diltiazem hcl tab 120 mg	93
diltiazem hcl tab 30 mg	93
diltiazem hcl tab 60 mg	93
diltiazem hcl tab 90 mg	93
dimenhydrinate tab 50 mg	53
dimethyl fumarate capsule delayed release 120 mg	163
dimethyl fumarate capsule delayed release 240 mg	163
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	163
DIPENTUM CAP 250MG.....	121
diphenhydramine hcl	
see ALER-DRYL TAB 50MG	54
diphenhydramine hcl (sleep) tab 25 mg	128
diphenhydramine hcl (sleep) tab 50 mg	128
diphenhydramine hcl cap 25 mg	54
diphenhydramine hcl cap 50 mg	54
diphenhydramine hcl chew tab 12.5 mg	55
diphenhydramine hcl elixir 12.5 mg/5ml	55
diphenhydramine hcl inj 50 mg/ml	55
diphenhydramine hcl liquid 12.5 mg/5ml	55
diphenhydramine hcl tab 25 mg	55
diphenhydramine hcl tab disint 12.5 mg	55

diphenhydramine-phenylephrine	
see ALLERGY CONG TAB 25-10MG	
.....	102
diphenhydramine-phenylephrine	
liq 6.25-2.5 mg/5ml	103
diphenhydramine-phenylephrine	
tab 25-10 mg	103
diphenhydramine-zinc acetate	
cream 2-0.1%	107
diphenoxylate w/ atropine tab 2.5-	
0.025 mg	52
dipyridamole tab 25 mg	125
dipyridamole tab 50 mg	125
dipyridamole tab 75 mg	125
diroximel fumarate	
see VUMERITY CAP 231MG.....	163
disopyramide phosphate cap 100	
mg	25
disopyramide phosphate cap 150	
mg	26
disulfiram tab 250 mg	161
disulfiram tab 500 mg	161
divalproex sodium cap delayed	
release sprinkle 125 mg	36
divalproex sodium tab delayed	
release 125 mg	36
divalproex sodium tab delayed	
release 250 mg	36
divalproex sodium tab delayed	
release 500 mg	36
divalproex sodium tab er 24 hr 250	
mg	36
divalproex sodium tab er 24 hr 500	
mg	36
docosahexaenoic acid cap 200 mg	
.....	152
docosanol	
see ABREVA CRE 10%.....	108
docosanol cream 10%	108
docusate calcium cap 240 mg ...	132
docusate sodium	
see PEDIA-LAX LIQ 50MG.....	132
docusate sodium cap 100 mg	132
docusate sodium cap 250 mg	132
docusate sodium cap 50 mg	132
docusate sodium liquid 150	
mg/15ml	132
docusate sodium syrup 60	
mg/15ml	132
docusate sodium tab 100 mg	132
DOCUSOL PLUS ENE 20-283.....	132
dofetilide cap 125 mcg (0.125 mg)	
.....	26
dofetilide cap 250 mcg (0.25 mg)	26
dofetilide cap 500 mcg (0.5 mg) .	26
Dok	
see docusate sodium tab 100 mg	
.....	132
dolasetron mesylate	
see ANZEMET TAB 100MG.....	53
see ANZEMET TAB 50MG.....	53
dolutegravir sodium	
see TIVICAY PD TAB 5MG.....	88
see TIVICAY TAB 10MG.....	88
see TIVICAY TAB 25MG.....	88
see TIVICAY TAB 50MG.....	88
dolutegravir sodium-lamivudine	
see DOVATO TAB 50-300MG.....	86
dolutegravir sodium-rilpivirine hcl	
see JULUCA TAB 50-25MG.....	87
donepezil hydrochloride orally	
disintegrating tab 10 mg	161
donepezil hydrochloride orally	
disintegrating tab 5 mg	161
donepezil hydrochloride tab 10 mg	
.....	161
donepezil hydrochloride tab 5 mg	
.....	161
doravirine	
see PIFELTRO TAB 100MG.....	88
doravirine-lamivudine-tenofovir	
disoproxil fumarate	
see DELSTRIGO TAB.....	86
dornase alfa	
see PULMOZYME SOL 1MG/ML....	164
dorzolamide hcl ophth soln 2%	156
dorzolamide hcl-timolol maleate	
ophth soln 22.3-6.8 mg/ml	153
Double Antibiotic	
see bacitracin-polymyxin b oint	
.....	105
DOVATO TAB 50-300MG.....	86
doxazosin mesylate tab 1 mg	63
doxazosin mesylate tab 2 mg	63

doxazosin mesylate tab 4 mg63
doxazosin mesylate tab 8 mg63
doxepin hcl (sleep) tab 3 mg (base equiv) 128
doxepin hcl (sleep) tab 6 mg (base equiv) 128
doxepin hcl cap 10 mg40
doxepin hcl cap 100 mg41
doxepin hcl cap 150 mg41
doxepin hcl cap 25 mg40
doxepin hcl cap 50 mg40
doxepin hcl cap 75 mg40
doxepin hcl conc 10 mg/ml.....41
doxercalciferol cap 0.5 mcg 117
doxercalciferol cap 1 mcg 117
doxercalciferol cap 2.5 mcg 117
doxycycline monohydrate cap 100 mg 165
doxycycline monohydrate cap 50 mg 165
doxycycline monohydrate tab 100 mg 165
doxycycline monohydrate tab 50 mg 165
doxylamine succinate (sleep) tab 25 mg 128
D-PENAMINE TAB 125MG..... 143
DRITHO-CREME CRE HP 1% 108
dronabinol cap 10 mg53
dronabinol cap 2.5 mg53
dronabinol cap 5 mg53
dronedarone hcl
see MULTAQ TAB 400MG.....26
drospirenone-ethinyl estradiol tab 3-0.02 mg98
drospirenone-ethinyl estradiol tab 3-0.03 mg98
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg98
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg98
droxidopa cap 100 mg 175
droxidopa cap 200 mg 175
droxidopa cap 300 mg 175
DRYSOL SOL 20%..... 112

DUAVEE TAB 0.45-20 118
dulaglutide
see TRULICITY INJ 0.75/0.5 47
see TRULICITY INJ 1.5/0.5 47
see TRULICITY INJ 3/0.5..... 47
see TRULICITY INJ 4.5/0.5 47
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 39
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 39
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 39
dupilumab
see DUPIXENT INJ 100/0.67 111
see DUPIXENT INJ 200/1.14 26
see DUPIXENT INJ 200MG 111
see DUPIXENT INJ 300/2ML 111
DUPIXENT INJ 100/0.67 111
DUPIXENT INJ 200/1.14 26
DUPIXENT INJ 200MG 111
DUPIXENT INJ 300/2ML 111
DUREZOL EMU 0.05% 155
dutasteride cap 0.5 mg 123
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 123
E
Ear Drops Earwax Removal
see **carbamide peroxide 6.5% otic soln** 157
EASY NEB MIS 137
echothiophate iodide
see PHOSPHOLINE SOL 0.125%OP
..... 154
econazole nitrate cream 1% 106
EDARBI TAB 40MG..... 61
EDARBI TAB 80MG..... 62
EDURANT TAB 25MG 86
efavirenz cap 200 mg 86
efavirenz cap 50 mg 86
efavirenz tab 600 mg 86
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 86
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 86
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 86
elbasvir-grazoprevir

see ZEPATIER TAB 50-100MG	90	see GLYXAMBI TAB 10-5 MG	43
eletriptan hydrobromide tab 20 mg		see GLYXAMBI TAB 25-5 MG	43
(base equivalent)	138	empagliflozin-linagliptin-metformin	
eletriptan hydrobromide tab 40 mg		see TRIJARDY XR TAB	44, 45
(base equivalent)	138	empagliflozin-metformin hcl	
ELIGARD INJ 22.5MG	70	see SYNJARDY TAB	44
ELIGARD INJ 7.5MG	70	see SYNJARDY TAB 12.5-500.....	44
eliglustat tartrate		see SYNJARDY TAB 5-1000MG	44
see CERDELGA CAP 84MG	125	see SYNJARDY TAB 5-500MG.....	44
ELIQUIS ST P TAB 5MG	31	see SYNJARDY XR TAB.....	44
ELIQUIS TAB 2.5MG	31	see SYNJARDY XR TAB 10-1000	44
ELIQUIS TAB 5MG.....	31	see SYNJARDY XR TAB 25-1000	44
ELLA TAB 30MG.....	100	see SYNJARDY XR TAB 5-1000MG .	44
ELMIRON CAP 100MG	123	EMSAM DIS 12MG/24H.....	37
eltrombopag olamine		EMSAM DIS 6MG/24HR.....	37
see PROMACTA TAB 12.5MG	126	EMSAM DIS 9MG/24HR.....	37
see PROMACTA TAB 25MG.....	126	emtricitabine	
see PROMACTA TAB 50MG.....	126	see EMTRIVA SOL 10MG/ML	87
see PROMACTA TAB 75MG.....	126	emtricitabine caps 200 mg	86
Eluryng		emtricitabine-rilpivirine-tenofovir	
see etonogestrel-ethinyl estradiol		alafenamide fumarate	
va ring 0.120-0.015 mg/24hr		see ODEFSEY TAB	88
.....	100	emtricitabine-rilpivirine-tenofovir	
elvitegravir-cobicistat-		disoproxil fumarate	
emtricitabine-tenofovir		see COMPLERA TAB.....	86
alafenamide		emtricitabine-tenofovir	
see GENVOYA TAB	87	alafenamide fumarate	
elvitegravir-cobicistat-		see DESCOVY TAB 120-15MG	86
emtricitabine-tenofovir df		see DESCOVY TAB 200/25MG	86
see STRIBILD TAB.....	88	emtricitabine-tenofovir disoproxil	
EMADINE SOL 0.05% OP	156	fumarate tab 100-150 mg	86
EMBEDA CAP 100-4MG	13	emtricitabine-tenofovir disoproxil	
EMBEDA CAP 20-0.8MG	13	fumarate tab 133-200 mg	87
EMBEDA CAP 30-1.2MG	13	emtricitabine-tenofovir disoproxil	
EMBEDA CAP 50-2MG.....	13	fumarate tab 167-250 mg	87
EMBEDA CAP 60-2.4MG	13	emtricitabine-tenofovir disoproxil	
EMBEDA CAP 80-3.2MG	13	fumarate tab 200-300 mg	87
EMCYT CAP 140MG	70	EMTRIVA SOL 10MG/ML.....	87
emedastine difumarate		enalapril maleate &	
see EMADINE SOL 0.05% OP	156	hydrochlorothiazide tab 10-25	
EMGALITY INJ 100MG/ML.....	137	mg	65
EMGALITY INJ 120MG/ML.....	137	enalapril maleate &	
emollient - ointment	111	hydrochlorothiazide tab 5-12.5	
empagliflozin		mg	65
see JARDIANCE TAB 10MG	51	enalapril maleate tab 10 mg	60
see JARDIANCE TAB 25MG	51	enalapril maleate tab 2.5 mg	60
empagliflozin-linagliptin		enalapril maleate tab 20 mg	60

enalapril maleate tab 5 mg	60	EPIPEN 2-PAK INJ 0.3MG	175
ENBREL INJ 25/0.5ML.....	11	EPIPEN-JR INJ 0.15MG	175
ENBREL INJ 25MG.....	11	Epitol	
ENBREL INJ 50MG/ML.....	11	see carbamazepine tab 200 mg	33
ENBREL MINI INJ 50MG/ML	11	EPIVIR HBV SOL 5MG/ML.....	89
ENBREL SRCLK INJ 50MG/ML.....	11	eplerenone tab 25 mg	66
ENCARE SUP 100MG	174	eplerenone tab 50 mg	66
ENFAMIL MIS EXPECTA.....	148	epoetin alfa	
enfuvirtide		see EPOGEN INJ 10000/ML.....	126
see FUZEON INJ 90MG.....	87	see EPOGEN INJ 20000/ML.....	126
ENGERIX-B INJ 10/0.5ML.....	172	see EPOGEN INJ 3000/ML	126
ENGERIX-B INJ 20MCG/ML.....	172	see EPOGEN INJ 4000/ML	126
enoxaparin sodium inj 300 mg/3ml		see PROCREDIT INJ 2000/ML	126
.....	31	see PROCREDIT INJ 3000/ML	126
enoxaparin sodium inj soln pref syr		see PROCREDIT INJ 40000/ML.....	126
100 mg/ml	31	epoetin alfa-epbx	
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 10000UNT	126
120 mg/0.8ml	31	see RETACRIT INJ 20000UNI	126
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 2000UNIT	126
150 mg/ml	31	see RETACRIT INJ 3000UNIT	126
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 40000UNT	126
30 mg/0.3ml	31	see RETACRIT INJ 4000UNIT	126
enoxaparin sodium inj soln pref syr		EPOGEN INJ 10000/ML.....	126
40 mg/0.4ml	31	EPOGEN INJ 20000/ML.....	126
enoxaparin sodium inj soln pref syr		EPOGEN INJ 3000/ML.....	126
60 mg/0.6ml	31	EPOGEN INJ 4000/ML.....	126
enoxaparin sodium inj soln pref syr		eprosartan mesylate tab 600 mg	62
80 mg/0.8ml	31	Eq Chlortabs	
entacapone tab 200 mg	76	see chlorpheniramine maleate tab	
entecavir		4 mg	54
see BARACLUDGE SOL	89	Eq Natural Vegetable Laxa	
entecavir tab 0.5 mg	89	see sennosides tab 8.6 mg	132
entecavir tab 1 mg	89	Eq Nicotine Polacrilex	
ENTRESTO TAB 24-26MG	95	see nicotine polacrilex lozenge 4	
ENTRESTO TAB 49-51MG	95	mg	164
ENTRESTO TAB 97-103MG	95	Eq Pain Relief Adult/rapi	
enzalutamide		see acetaminophen liquid 167	
see XTANDI CAP 40MG	71	mg/5ml	12
see XTANDI TAB 40MG	71	erenumab-aooe	
see XTANDI TAB 80MG	71	see AIMOVIG INJ 140MG/ML	137
epinastine hcl ophth soln 0.05%		see AIMOVIG INJ 70MG/ML	137
.....	156	ergocalciferol cap 1.25 mg (50000	
epinephrine (anaphylaxis)		unit)	176
see EPIPEN 2-PAK INJ 0.3MG.....	175	ergoloid mesylates tab 1 mg	163
see EPIPEN-JR INJ 0.15MG	175	ERGOMAR SUB 2MG.....	137
see SYMJEPI INJ 0.15MG.....	175	ergotamine tartrate	
see SYMJEPI INJ 0.3MG	175	see ERGOMAR SUB 2MG	137

ergotamine w/ caffeine tab 1-100 mg	137	escitalopram oxalate tab 20 mg (base equiv)	37
ERIVEDGE CAP 150MG	69	escitalopram oxalate tab 5 mg (base equiv)	37
erlotinib hcl tab 100 mg (base equivalent)	72	eslicarbazepine acetate	
erlotinib hcl tab 150 mg (base equivalent)	72	see APTIOM TAB 200MG	33
erlotinib hcl tab 25 mg (base equivalent)	72	see APTIOM TAB 400MG	33
ERTACZO CRE 2%	106	see APTIOM TAB 600MG	33
Ery-tab		see APTIOM TAB 800MG	33
see erythromycin tab delayed release 250 mg	133	esomeprazole magnesium	
see erythromycin tab delayed release 333 mg	133	see NEXIUM 24HR CAP 20MG	169
see erythromycin tab delayed release 500 mg	133	esomeprazole magnesium cap delayed release 20 mg (base eq)	169
Erythrocin Stearate		estazolam tab 1 mg	128
see erythromycin stearate tab 250 mg	133	estazolam tab 2 mg	128
erythromycin ethylsuccinate for susp 200 mg/5ml	133	esterified estrogens	
erythromycin ethylsuccinate for susp 400 mg/5ml	133	see MENEST TAB 0.3MG	119
erythromycin ethylsuccinate tab 400 mg	133	see MENEST TAB 0.625MG	119
erythromycin ophth oint 5 mg/gm	154	see MENEST TAB 1.25MG	119
erythromycin soln 2%	104	estradiol & norethindrone acetate tab 0.5-0.1 mg	118
erythromycin stearate tab 250 mg	133	estradiol & norethindrone acetate tab 1-0.5 mg	118
erythromycin tab 250 mg	133	estradiol tab 0.5 mg	118
erythromycin tab 500 mg	133	estradiol tab 1 mg	118
erythromycin tab delayed release 250 mg	133	estradiol tab 2 mg	118
erythromycin tab delayed release 333 mg	133	estradiol td patch twice weekly 0.025 mg/24hr	119
erythromycin tab delayed release 500 mg	133	estradiol td patch twice weekly 0.0375 mg/24hr	119
ESBRIET CAP 267MG	164	estradiol td patch twice weekly 0.05 mg/24hr	119
ESBRIET TAB 267MG	164	estradiol td patch twice weekly 0.075 mg/24hr	119
ESBRIET TAB 801MG	165	estradiol td patch twice weekly 0.1 mg/24hr	119
escitalopram oxalate soln 5 mg/5ml (base equiv)	37	estradiol td patch weekly 0.025 mg/24hr	119
escitalopram oxalate tab 10 mg (base equiv)	37	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	119
		estradiol td patch weekly 0.05 mg/24hr	119
		estradiol td patch weekly 0.06 mg/24hr	119
		estradiol td patch weekly 0.075 mg/24hr	119

estradiol td patch weekly 0.1 mg/24hr	119
estradiol vaginal cream 0.1 mg/gm	174
estradiol vaginal tab 10 mcg	174
estradiol valerate-dienogest see NATAZIA TAB.....	99
estramustine phosphate sodium see EMCYT CAP 140MG	70
estrogens, conjugated see PREMARIN TAB 0.3MG.....	119
see PREMARIN TAB 0.45MG.....	119
see PREMARIN TAB 0.625MG	119
see PREMARIN TAB 0.9MG.....	119
see PREMARIN TAB 1.25MG.....	119
estrogens, conjugated vaginal see PREMARIN VAG CRE 0.625MG	175
eszopiclone tab 1 mg	129
eszopiclone tab 2 mg	129
eszopiclone tab 3 mg	129
etanercept see ENBREL INJ 25/0.5ML	11
see ENBREL INJ 25MG	11
see ENBREL INJ 50MG/ML	11
see ENBREL MINI INJ 50MG/ML.....	11
see ENBREL SRCLK INJ 50MG/ML ..	11
ethacrynic acid tab 25 mg	114
ethambutol hcl tab 100 mg	68
ethambutol hcl tab 400 mg	68
ethionamide see TRECATOR TAB 250MG.....	68
ethosuximide cap 250 mg	36
ethosuximide soln 250 mg/5ml ..	36
ethotoin see PEGANONE TAB 250MG	35
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	99
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	99
etidronate disodium tab 200 mg	115
etidronate disodium tab 400 mg	115
etodolac cap 200 mg	8
etodolac tab 400 mg	9
etodolac tab 500 mg	9
etonogestrel see NEXPLANON IMP 68MG	100
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	100
etoposide cap 50 mg	76
etravirine see INTELENCE TAB 100MG.....	87
see INTELENCE TAB 200MG.....	87
see INTELENCE TAB 25MG	87
etravirine tab 100 mg	87
etravirine tab 200 mg	87
EUFLEXXA INJ 10MG/ML	150
EURAX CRE 10%	112
everolimus see AFINITOR DIS TAB 2MG	71
see AFINITOR DIS TAB 3MG	71
see AFINITOR DIS TAB 5MG	71
see AFINITOR TAB 10MG	71
everolimus (immunosuppressant) see ZORTRESS TAB 0.25MG	144
see ZORTRESS TAB 0.5MG.....	144
see ZORTRESS TAB 0.75MG	144
see ZORTRESS TAB 1MG.....	145
everolimus tab 0.25 mg	144
everolimus tab 0.5 mg	144
everolimus tab 0.75 mg	144
everolimus tab 1 mg	144
everolimus tab 10 mg	72
everolimus tab 2.5 mg	72
everolimus tab 5 mg	72
everolimus tab 7.5 mg	72
everolimus tab for oral susp 2 mg	72
everolimus tab for oral susp 3 mg	72
everolimus tab for oral susp 5 mg	72
evolocumab see REPATHA INJ 140MG/ML	59
see REPATHA PUSH INJ 420/3.5 ...	59
see REPATHA SURE INJ 140MG/ML	59
EVOTAZ TAB 300-150	87
EXELDERM SOL 1%	106
exemestane tab 25 mg	70
EXTAVIA INJ 0.3MG	163
ezetimibe tab 10 mg	59
ezetimibe-simvastatin tab 10-10 mg	56

ezetimibe-simvastatin tab 10-20 mg	56	FEMCAP MIS 30MM	133
ezetimibe-simvastatin tab 10-40 mg	56	fenofibrate micronized cap 134 mg	56
ezetimibe-simvastatin tab 10-80 mg	56	fenofibrate micronized cap 200 mg	57
EZFE FORTE CAP	148	fenofibrate micronized cap 43 mg	56
F		fenofibrate micronized cap 67 mg	56
Fa-8		fenofibrate tab 145 mg	57
see folic acid cap 0.8 mg	125	fenofibrate tab 160 mg	57
FALESSA KIT	99	fenofibrate tab 48 mg	57
famciclovir tab 125 mg	90	fenofibrate tab 54 mg	57
famciclovir tab 250 mg	90	fenofibric acid tab 35 mg	57
famciclovir tab 500 mg	90	fenoprofen calcium tab 600 mg	9
famotidine for susp 40 mg/5ml	168	fantanyl td patch 72hr 100 mcg/hr	13
famotidine tab 10 mg	168	fantanyl td patch 72hr 12 mcg/hr	13
famotidine tab 20 mg	168	fantanyl td patch 72hr 25 mcg/hr	13
famotidine tab 40 mg	168	fantanyl td patch 72hr 50 mcg/hr	13
FANAPT PAK	79	fantanyl td patch 72hr 75 mcg/hr	13
FANAPT TAB 10MG	79	Ferate	
FANAPT TAB 12MG	79	see ferrous gluconate tab 240 mg (27 mg elemental fe)	127
FANAPT TAB 1MG	79	FERRETTS TAB 325MG	127
FANAPT TAB 2MG	79	FERREX 150 CAP FORTE	127
FANAPT TAB 4MG	79	FERRIPROX TAB 1000MG	52
FANAPT TAB 6MG	79	ferrous fumarate	
FANAPT TAB 8MG	79	see FERRETTS TAB 325MG	127
FARXIGA TAB 10MG	51	ferrous fumarate tab 324 mg (106 mg elemental fe)	127
FARXIGA TAB 5MG	51	FERROUS GLUC TAB 324MG	127
FARYDAK CAP 10MG	72	ferrous gluconate tab 240 mg (27 mg elemental fe)	127
FARYDAK CAP 15MG	72	ferrous gluconate tab 324 mg (37.5 mg elemental iron)	127
FARYDAK CAP 20MG	72	FERROUS SUL LIQ 220/5ML	127
FASENRA INJ 30MG/ML	26	FERROUS SULF TAB 324MG EC	127
FASENRA PEN INJ 30MG/ML	26	ferrous sulfate	
FC2 FEMALE MIS CONDOM	133	see SLOW FE TAB 45MG	128
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	127	ferrous sulfate dried tab 200 mg (65 mg elemental fe)	127
FE GLUCONATE TAB 239MG	127		
febuxostat tab 40 mg	123		
febuxostat tab 80 mg	123		
felbamate susp 600 mg/5ml	35		
felbamate tab 400 mg	35		
felbamate tab 600 mg	35		
felodipine tab er 24hr 10 mg	93		
felodipine tab er 24hr 2.5 mg	93		
felodipine tab er 24hr 5 mg	93		
FEMCAP MIS 22MM	133		
FEMCAP MIS 26MM	133		

ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	127	FIRMAGON INJ 80MG	70
ferrous sulfate dried tab er 45 mg (fe equivalent)	127	FIRST-OMEPRASUS 2MG/ML.....	169
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	127	FIRVANQ SOL 25MG/ML	22
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	127	FIRVANQ SOL 50MG/ML	22
ferrous sulfate tab 325 mg (65 mg elemental fe)	127	flavoxate hcl tab 100 mg	172
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	127	FLEBOGAMMA INJ DIF 5%	158
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	128	flecainide acetate tab 100 mg	26
ferrous sulfate tab er 47.5 mg (elemental fe)	127	flecainide acetate tab 150 mg	26
ferrous sulfate tab er 50 mg (elemental fe)	127	flecainide acetate tab 50 mg	26
fesoterodine fumarate		FLOVENT HFA AER 110MCG	28
see TOVIAZ TAB 4MG	171	FLOVENT HFA AER 44MCG	28
see TOVIAZ TAB 8MG	172	FLUARIX QUAD INJ 2021-22	172
fesoterodine fumarate tab er 24hr 4 mg	171	FLUBLOK QUAD INJ 2021-22.....	172
fesoterodine fumarate tab er 24hr 8 mg	171	FLUCLVX QUAD INJ 2021-22	173
FETZIMA CAP 120MG.....	39	fluconazole for susp 10 mg/ml ...	54
FETZIMA CAP 20MG	39	fluconazole for susp 40 mg/ml ...	54
FETZIMA CAP 40MG	39	fluconazole tab 100 mg	54
FETZIMA CAP 80MG	39	fluconazole tab 150 mg	54
FETZIMA CAP TITRATIO	39	fluconazole tab 200 mg	54
FEVERALL INF SUP 80MG	12	fluconazole tab 50 mg	54
FEVERALL SUP 325MG	12	flucytosine cap 250 mg	54
fexofenadine hcl tab 180 mg	55	flucytosine cap 500 mg	54
fexofenadine hcl tab 60 mg	55	fludrocortisone acetate tab 0.1 mg	102
FIASP FLEX INJ TOUCH.....	48	FLULAVAL QUA INJ 2021-22.....	173
FIASP INJ 100/ML	48	FLUMIST QUAD SUS 2021-22.....	173
FIASP PENFIL INJ U-100	48	flunisolide nasal soln 25 mcg/act (0.025%)	151
Fiber Laxative		fluocinolone acetonide (otic) oil 0.01%	158
see psyllium cap 0.52 gm	130	fluocinolone acetonide cream 0.025%	109
fidaxomicin		fluocinolone acetonide oil 0.01% (body oil)	110
see DIFICID TAB 200MG	133	fluocinolone acetonide oil 0.01% (scalp oil)	110
filgrastim-sndz		fluocinolone acetonide oint 0.025%	110
see ZARXIO INJ 300/0.5	127	fluocinonide cream 0.05%	110
see ZARXIO INJ 480/0.8	127	fluocinonide emulsified base cream 0.05%	110
finasteride tab 5 mg	123	fluocinonide gel 0.05%	110
fingolimod hcl		fluocinonide oint 0.05%	110
see GILENYA CAP 0.5MG	163	fluocinonide soln 0.05%	110
		FLUORABON DRO	141
		Fluoritab	

see **sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)** 142

fluorometholone ophth susp 0.1% 155

fluorouracil cream 5% 107

fluoxetine hcl cap 10 mg 37

fluoxetine hcl cap 20 mg 37

fluoxetine hcl cap 40 mg 37

fluoxetine hcl solution 20 mg/5ml 37

fluoxymerone
see ANDROXY TAB 10MG 19

fluphenazine decanoate inj 25 mg/ml..... 83

fluphenazine hcl tab 1 mg 83

fluphenazine hcl tab 10 mg 83

fluphenazine hcl tab 2.5 mg 83

fluphenazine hcl tab 5 mg 83

Flura-drops
see **sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)** 142

flurandrenolide
see CORDRAN 80X3 TAP 4MCG/CM 109

flurandrenolide cream 0.05% ... 110

flurandrenolide lotion 0.05% 110

flurazepam hcl cap 15 mg 129

flurazepam hcl cap 30 mg 129

flurbiprofen sodium ophth soln 0.03%..... 156

flurbiprofen tab 100 mg 9

flurbiprofen tab 50 mg 9

flutamide cap 125 mg 70

fluticasone furoate-vilanterol
see BREO ELLIPTA INH 100-25 29
see BREO ELLIPTA INH 200-25 29

fluticasone propionate cream 0.05%..... 110

fluticasone propionate hfa
see FLOVENT HFA AER 110MCG 28
see FLOVENT HFA AER 44MCG 28

fluticasone propionate nasal susp 50 mcg/act 151

fluticasone propionate oint 0.005% 110

fluticasone-salmeterol
see ADVAIR DISKU AER 100/50 28
see ADVAIR DISKU AER 250/50 28
see ADVAIR DISKU AER 500/50 28
see ADVAIR HFA AER 115/21 28
see ADVAIR HFA AER 230/21 28
see ADVAIR HFA AER 45/21 28

fluticasone-umeclidinium-vilanterol
see TRELEGY AER 100MCG..... 30
see TRELEGY AER 200MCG..... 30

fluvastatin sodium cap 20 mg (base equivalent) 57

fluvastatin sodium cap 40 mg (base equivalent) 57

fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 58

fluvoxamine maleate tab 100 mg 38

fluvoxamine maleate tab 25 mg.. 37

fluvoxamine maleate tab 50 mg.. 37

FLUZONE HD INJ 2021-22 173

FLUZONE QUAD INJ 2021-22 173

FOAM ANTACID CHW 80-20MG..... 20

Folbee Plus
see **b-complex w/ c & folic acid tab 5 mg** 146

folic acid cap 0.8 mg 125

folic acid tab 1 mg 125

folic acid tab 400 mcg..... 126

folic acid tab 800 mcg..... 126

fondaparinux sodium subcutaneous inj 10 mg/0.8ml..... 32

fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml..... 31

fondaparinux sodium subcutaneous inj 5 mg/0.4ml..... 31

fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml..... 32

FORTEO INJ 600/2.4 115

fosamprenavir calcium tab 700 mg (base equiv) 87

fosfomycin tromethamine powd pack 3 gm (base equivalent).. 170

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 65

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	65
fosinopril sodium tab 10 mg	60
fosinopril sodium tab 20 mg	60
fosinopril sodium tab 40 mg	60
FRAGMIN INJ 10000/ML.....	32
FRAGMIN INJ 12500UNT	32
FRAGMIN INJ 15000UNT	32
FRAGMIN INJ 18000UNT	32
FRAGMIN INJ 2500/0.2.....	32
FRAGMIN INJ 5000/0.2.....	32
FRAGMIN INJ 7500/0.3.....	32
FREESTY LIBR KIT 2 SENSOR	134
FREESTY LIBR MIS 2 READER.....	134
FREESTYLE KIT SENSOR	134
FREESTYLE MIS READER.....	134
frovatriptan succinate tab 2.5 mg (base equivalent)	138
fructose-dextrose-phosphoric acid oral soln	53
furosemide oral soln 10 mg/ml	114
furosemide oral soln 8 mg/ml	114
furosemide tab 20 mg	114
furosemide tab 40 mg	114
furosemide tab 80 mg	114
FUZEON INJ 90MG	87
FYCOMPA TAB 10MG	32
FYCOMPA TAB 12MG	32
FYCOMPA TAB 2MG	32
FYCOMPA TAB 4MG	32
FYCOMPA TAB 6MG	32
FYCOMPA TAB 8MG	32
G	
G5/G4 MIS SENSOR.....	135
gabapentin cap 100 mg	33
gabapentin cap 300 mg	33
gabapentin cap 400 mg	33
gabapentin oral soln 250 mg/5ml	34
gabapentin tab 600 mg	34
gabapentin tab 800 mg	34
galantamine hydrobromide cap er 24hr 16 mg	161
galantamine hydrobromide cap er 24hr 24 mg	161
galantamine hydrobromide cap er 24hr 8 mg	161
galantamine hydrobromide tab 12 mg	161
galantamine hydrobromide tab 4 mg	161
galantamine hydrobromide tab 8 mg	161
galcanezumab-gnlm	
see EMGALITY INJ 100MG/ML.....	137
see EMGALITY INJ 120MG/ML.....	137
GAMASTAN INJ	158
GAMMAGARD INJ 1GM/10ML.....	158
GAMMAGARD SD INJ 10GM HU.....	158
ganciclovir ophthalmic	
see ZIRGAN GEL 0.15%.....	155
GARDASIL 9 INJ	173
Gas Relief	
see simethicone susp 40 mg/0.6ml	120
gatifloxacin ophth soln 0.5%	154
gemfibrozil tab 600 mg	57
Gentak	
see gentamicin sulfate ophth oint 0.3%	154
gentamicin sulfate cream 0.1%	106
gentamicin sulfate oint 0.1%	106
gentamicin sulfate ophth oint 0.3%	154
gentamicin sulfate ophth soln 0.3%	154
gentamicin-prednisolone acetate	
see PRED-G SUS OP.....	155
Genteal Tears Night-time	
see white petrolatum-mineral oil ophth ointment	153
GENVOYA TAB.....	87
GILENYA CAP 0.5MG	163
GILOTRIF TAB 20MG	72
GILOTRIF TAB 30MG	72
GILOTRIF TAB 40MG	72
GLASSIA INJ.....	164
glatiramer acetate	
see COPAXONE INJ 20MG/ML	162
see COPAXONE INJ 40MG/ML	162
GLEOSTINE CAP 100MG	68
GLEOSTINE CAP 10MG	68

GLEOSTINE CAP 40MG68
glimepiride tab 1 mg51
glimepiride tab 2 mg51
glimepiride tab 4 mg51
glipizide tab 10 mg51
glipizide tab 5 mg51
glipizide tab er 24hr 10 mg51
glipizide tab er 24hr 2.5 mg51
glipizide tab er 24hr 5 mg51
glipizide-metformin hcl tab 2.5-250 mg42
glipizide-metformin hcl tab 2.5-500 mg42
glipizide-metformin hcl tab 5-500 mg42
GLUCAGEN INJ HYPOKIT46
glucagon
see BAQSIMI ONE POW 3MG/DOSE46
glucagon (rdna) for inj kit 1 mg ..46
glucagon hcl (rdna)
see GLUCAGEN INJ HYPOKIT46
GLUCAGON KIT 1MG46
glucose blood
see RELION TRUE TES METRIX.... 113
see TRUE METRIX TES GLUCOSE. 113
glucose-vitamin c
see TGT GLUCOSE CHW GRAPE....46
glyburide micronized tab 1.5 mg .51
glyburide micronized tab 3 mg51
glyburide micronized tab 6 mg52
glyburide tab 1.25 mg52
glyburide tab 2.5 mg52
glyburide tab 5 mg52
glyburide-metformin tab 1.25-250 mg42
glyburide-metformin tab 2.5-500 mg42
glyburide-metformin tab 5-500 mg42
glycerin suppos 1.2 gm 131
glycerin suppos 2 gm 131
glycerin suppos 2.1 gm 131
glycerin suppos 80.7% 131
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% 153
glycopyrrolate tab 1 mg 168
glycopyrrolate tab 2 mg 168

glycopyrrolate-formoterol fumarate
see BEVESPI AER 9-4.8MCG 29
GLYXAMBI TAB 10-5 MG 43
GLYXAMBI TAB 25-5 MG 43
Gnp Allergy Relief
see **diphenhydramine hcl chew tab 12.5 mg**..... 55
Gnp Antacid Ultra Strengt
see **calcium carbonate (antacid) chew tab 1000 mg**..... 21
Gnp Anti-diarrheal
see **loperamide hcl cap 2 mg** 52
Gnp Artificial Tears
see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** 153
Gnp Calcium 500 +d3
see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** 140
Gnp Calcium 500/d
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 140
Gnp Clotrimazole 3
see **clotrimazole vaginal cream 2%**..... 174
Gnp Dayhist Allergy
see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** 54
Gnp Fiber Therapy
see **methylcellulose tab 500 mg** 130
GNP GLUCOSE CHW ORANGE 46
Gnp Glycerin Adult
see **glycerin suppos 2.1 gm** 131
Gnp Glycerin Child
see **glycerin suppos 1.2 gm** 131
Gnp Lidocaine Pain Relief
see **lidocaine patch 4%** 112
Gnp Loratadine
see **loratadine syrup 5 mg/5ml**. 55
Gnp Magnesium
see **magnesium oxide tab 250 mg** 21
Gnp Magnesium Citrate
see **magnesium citrate soln** 131

Gnp Miconazole 3
 see **miconazole nitrate vaginal
 supp 200 mg & 2% cream 9 gm
 kit** 174

Gnp Mucus Er
 see **guaifenesin tab er 12hr 600
 mg** 103

Gnp Natural Fiber
 see **psyllium powder 28.3%**.... 130

Gnp Pink Bismuth
 see **bismuth subsalicylate chew
 tab 262 mg**52

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

GOLYTELY SOL 130

Goodsense Nasal Allergy S
 see **triamcinolone acetonide nasal
 aerosol suspension 55 mcg/act**
 151

goserelin acetate
 see ZOLADEX IMP 10.8MG.....71
 see ZOLADEX IMP 3.6MG71

granisetron hcl tab 1 mg53

**griseofulvin microsize susp 125
 mg/5ml**.....54

Guaiatussin Ac
 see **guaifenesin-codeine soln 100-
 10 mg/5ml** 103

guaifenesin liquid 100 mg/5ml . 103

guaifenesin syrup 100 mg/5ml . 103

guaifenesin tab 200 mg 103

guaifenesin tab 400 mg 103

guaifenesin tab er 12hr 600 mg 103

**guaifenesin-codeine soln 100-10
 mg/5ml**..... 103

guanfacine hcl tab 1 mg63

guanfacine hcl tab 2 mg63

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

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

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

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

GUANIDINE TAB 125MG.....67

guselkumab
 see TREMFYA INJ 100MG/ML 108

GYNAZOLE-1 CRE 2% 174

GYNOL II GEL 3%..... 174

H

halcinonide
 see HALOG OIN 0.1%..... 110

halcinonide cream 0.1% 110

**halobetasol propionate cream
 0.05%** 110

halobetasol propionate oint 0.05%
 110

HALOG OIN 0.1% 110

**haloperidol decanoate im soln 100
 mg/ml** 81

**haloperidol decanoate im soln 50
 mg/ml** 81

haloperidol lactate inj 5 mg/ml .. 81

**haloperidol lactate oral conc 2
 mg/ml** 81

haloperidol tab 0.5 mg..... 81

haloperidol tab 1 mg..... 81

haloperidol tab 10 mg..... 81

haloperidol tab 2 mg..... 81

haloperidol tab 20 mg..... 81

haloperidol tab 5 mg..... 81

HAVRIX INJ 1440UNIT..... 173

HAVRIX INJ 720UNIT 173

hc/aloe cre 0.5%..... 110

HELIXATE FS INJ 2000UNIT 124

HELIXATE FS INJ 3000UNIT 124

HELIXATE FS INJ 500UNIT 124

**heparin sodium (porcine) inj 1000
 unit/ml**..... 32

**heparin sodium (porcine) inj 10000
 unit/ml**..... 32

**heparin sodium (porcine) pf inj
 5000 unit/0.5ml** 32

**hepatitis a (inactivated)-hepatitis b
 (recombinant) vaccines**
 see TWINRIX INJ 173

hepatitis a vaccine
 see HAVRIX INJ 1440UNIT 173
 see HAVRIX INJ 720UNIT 173
 see VAQTA INJ 25/0.5ML 173
 see VAQTA INJ 50UNT/ML..... 173

hepatitis b vaccine (recomb)

see ENGERIX-B INJ 10/0.5ML	172	HUMIRA KIT 40MG/0.8	6
see ENGERIX-B INJ 20MCG/ML ...	172	HUMIRA PEDIA INJ CROHNS	6
see RECOMBIVA HB INJ 10MCG/ML		HUMIRA PEN INJ 40/0.4ML	6
.....	173	HUMIRA PEN INJ CD/UC/HS	6
see RECOMBIVA HB INJ 5MCG/0.5		HUMIRA PEN KIT CD/UC/HS.....	6
.....	173	HUMIRA PEN KIT PS/UV.....	7
hepatitis b vaccine recombinant		HUMULIN R INJ U-500.....	49
adjuvanted		hydralazine hcl tab 10 mg	66
see HEPLISAV-B INJ 20/0.5ML	173	hydralazine hcl tab 100 mg	66
see HEPLISAV-B INJ 20MCG	173	hydralazine hcl tab 25 mg	66
HEPLISAV-B INJ 20/0.5ML	173	hydralazine hcl tab 50 mg	66
HEPLISAV-B INJ 20MCG.....	173	hydrochlorothiazide cap 12.5 mg	
HERZUMA INJ 150MG	69	.....	115
HERZUMA INJ 420MG	69	hydrochlorothiazide tab 12.5 mg	
HETLIOZ CAP 20MG	129	.....	115
HIZENTRA INJ 10/50ML	158	hydrochlorothiazide tab 25 mg .	115
HIZENTRA INJ 1GM/5ML	158	hydrochlorothiazide tab 50 mg .	115
HIZENTRA INJ 2GM/10ML	158	hydrocodone bitart-homatropine	
HIZENTRA INJ 4GM/20ML	158	methylbrom soln 5-1.5 mg/5ml	
HIZENTRA SOL 20%.....	158	.....	102
Hm Fish Oil		hydrocodone bitartrate	
see omega-3 fatty acids cap		see HYSINGLA ER TAB 100 MG	14
delayed release 1000 mg	152	see HYSINGLA ER TAB 120 MG	14
Hm Lubricating Plus		see HYSINGLA ER TAB 20 MG	14
see carboxymethylcellulose		see HYSINGLA ER TAB 30 MG	14
sodium (pf) ophth soln 0.5%		see HYSINGLA ER TAB 40 MG	14
.....	152	see HYSINGLA ER TAB 60 MG	14
Hm Nicotine Transdermal S		see HYSINGLA ER TAB 80 MG	14
see nicotine td patch 24hr 14		hydrocodone bitartrate tab er 24hr	
mg/24hr	164	deter 100 mg	13
Hm Vitamin C/rose Hips		hydrocodone bitartrate tab er 24hr	
see ascorbic acid tab 500 mg ..	176	deter 120 mg	14
HUMALOG INJ 100/ML	48, 49	hydrocodone bitartrate tab er 24hr	
HUMALOG JR INJ 100/ML	49	deter 20 mg	13
HUMALOG KWIK INJ 100/ML	49	hydrocodone bitartrate tab er 24hr	
HUMALOG MIX INJ 50/50	49	deter 30 mg	13
HUMALOG MIX INJ 50/50KWP.....	49	hydrocodone bitartrate tab er 24hr	
HUMALOG MIX INJ 75/25KWP.....	49	deter 40 mg	13
HUMALOG MIX SUS 75/25.....	49	hydrocodone bitartrate tab er 24hr	
human papillomavirus (hpv) 9-		deter 60 mg	13
valent recombinant vaccine		hydrocodone bitartrate tab er 24hr	
see GARDASIL 9 INJ	173	deter 80 mg	13
HUMIRA INJ 10/0.1ML	6	hydrocodone-acetaminophen soln	
HUMIRA INJ 10MG/0.2	6	7.5-325 mg/15ml	17
HUMIRA INJ 20/0.2ML	6	hydrocodone-acetaminophen tab	
HUMIRA INJ 40/0.4ML	6	10-325 mg	18
HUMIRA KIT 20MG/0.4	6		

hydrocodone-acetaminophen tab 5-325 mg	18	hydroxychloroquine sulfate tab 200 mg	67
hydrocodone-acetaminophen tab 7.5-325 mg	18	hydroxyprogesterone caproate im in oil 1.25 gm/5ml	70
hydrocodone-ibuprofen tab 10-200 mg	18	hydroxyprogesterone caproate im in oil 250 mg/ml	160
hydrocodone-ibuprofen tab 7.5-200 mg	18	hydroxyurea cap 500 mg	76
Hydrocortisone 1% In Abso see hydrocortisone oint 1%	110	hydroxyzine hcl syrup 10 mg/5ml	24
hydrocortisone acetate cream 1%	110	hydroxyzine hcl tab 10 mg	24
hydrocortisone cream 0.5%	110	hydroxyzine hcl tab 25 mg	24
hydrocortisone cream 1%	110	hydroxyzine hcl tab 50 mg	24
hydrocortisone cream 2.5%	110	hydroxyzine pamoate cap 100 mg	24
hydrocortisone enema 100 mg/60ml	19	hydroxyzine pamoate cap 25 mg	24
hydrocortisone gel 1%	110	hydroxyzine pamoate cap 50 mg	24
hydrocortisone lotion 1%	110	hyoscyamine sulfate elixir 0.125 mg/5ml	168
hydrocortisone lotion 2.5%	110	hyoscyamine sulfate sl tab 0.125 mg	168
hydrocortisone oint 0.5%	110	hyoscyamine sulfate soln 0.125 mg/ml	168
hydrocortisone oint 1%	110	hyoscyamine sulfate tab 0.125 mg	168
hydrocortisone oint 2.5%	110	hyoscyamine sulfate tab disint 0.125 mg	168
hydrocortisone perianal cream 2.5%	20	hyoscyamine sulfate tab er 12hr 0.375 mg	168
hydrocortisone tab 10 mg	101	Hyosyne see hyoscyamine sulfate elixir 0.125 mg/5ml	168
hydrocortisone tab 20 mg	101	hypromellose (ophth) see PURE & GENTL DRO 0.3%	153
hydrocortisone tab 5 mg	101	HYQVIA INJ 10-800	159
hydrocortisone valerate cream 0.2%	110	HYQVIA INJ 2.5-200	159
hydrocortisone w/ acetic acid otic soln 1-2%	158	HYQVIA INJ 20-1600	159
hydrocortisone-aloe vera cream 1%	110	HYQVIA INJ 30-2400	159
hydromorphone hcl tab 2 mg	14	HYQVIA INJ 5-400	159
hydromorphone hcl tab 4 mg	14	HYSINGLA ER TAB 100 MG	14
hydromorphone hcl tab 8 mg	14	HYSINGLA ER TAB 120 MG	14
hydromorphone hcl tab er 24hr 12 mg	14	HYSINGLA ER TAB 20 MG	14
hydromorphone hcl tab er 24hr 16 mg	14	HYSINGLA ER TAB 30 MG	14
hydromorphone hcl tab er 24hr 32 mg	14	HYSINGLA ER TAB 40 MG	14
hydromorphone hcl tab er 24hr 8 mg	14	HYSINGLA ER TAB 60 MG	14
Hydrophor see emollient - ointment	111	HYSINGLA ER TAB 80 MG	14

I	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	115
IBRANCE CAP 100MG	73
IBRANCE CAP 125MG	73
IBRANCE CAP 75MG	72
IBRANCE TAB 100MG	73
IBRANCE TAB 125MG	73
IBRANCE TAB 75MG	73
<i>ibrutinib</i>	
see IMBRUVICA CAP 140MG	73
<i>ibuprofen cap 200 mg</i>	9
<i>ibuprofen chew tab 100 mg</i>	9
Ibuprofen Childrens	
see <i>ibuprofen susp 100 mg/5ml</i> 9	
<i>ibuprofen susp 100 mg/5ml</i>	9
<i>ibuprofen susp 40 mg/ml</i>	9
<i>ibuprofen tab 100 mg</i>	9
<i>ibuprofen tab 200 mg</i>	9
<i>ibuprofen tab 400 mg</i>	9
<i>ibuprofen tab 600 mg</i>	9
<i>ibuprofen tab 800 mg</i>	9
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	124
ICLUSIG TAB 10MG	73
ICLUSIG TAB 15MG	73
ICLUSIG TAB 30MG	73
ICLUSIG TAB 45MG	73
<i>idelalisib</i>	
see ZYDELIG TAB 100MG	75
see ZYDELIG TAB 150MG	75
<i>iloperidone</i>	
see FANAPT PAK	79
see FANAPT TAB 10MG	79
see FANAPT TAB 12MG	79
see FANAPT TAB 1MG	79
see FANAPT TAB 2MG	79
see FANAPT TAB 4MG	79
see FANAPT TAB 6MG	79
see FANAPT TAB 8MG	79
<i>iloprost</i>	
see VENTAVIS SOL 10MCG/ML.....	96
see VENTAVIS SOL 20MCG/ML.....	96
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	73
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	73
IMBRUVICA CAP 140MG	73
<i>imipramine hcl tab 10 mg</i>	41
<i>imipramine hcl tab 25 mg</i>	41
<i>imipramine hcl tab 50 mg</i>	41
<i>imiquimod cream 5%</i>	111
<i>immune globulin (human) im</i>	
see GAMASTAN INJ	158
<i>immune globulin (human) iv</i>	
see CARIMUNE NF INJ 12GM	158
see FLEBOGAMMA INJ DIF 5%	158
see GAMMAGARD SD INJ 10GM HU	158
see OCTAGAM INJ 5GM.....	158
see PRIVIGEN INJ 20GRAMS.....	159
<i>immune globulin (human) iv or subcutaneous</i>	
see GAMMAGARD INJ 1GM/10ML.	158
<i>immune globulin (human) subcutaneous</i>	
see CUVITRU INJ 4GM/20ML	158
see CUVITRU SOL 10GM/50M	158
see CUVITRU SOL 1GM/5ML	158
see HIZENTRA INJ 10/50ML	158
see HIZENTRA INJ 1GM/5ML	158
see HIZENTRA INJ 2GM/10ML.....	158
see HIZENTRA INJ 4GM/20ML.....	158
see HIZENTRA SOL 20%.....	158
<i>immune globulin (human)-hyaluronidase (human recombinant)</i>	
see HYQVIA INJ 10-800	159
see HYQVIA INJ 2.5-200	159
see HYQVIA INJ 20-1600	159
see HYQVIA INJ 30-2400	159
see HYQVIA INJ 5-400.....	159
Inatal Gt	
see <i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i>	149
INCRELEX INJ 40MG/4ML.....	116
INCRUSE ELPT INH 62.5MCG.....	27
<i>indacaterol maleate</i>	
see ARCAPTA CAP 75MCG	29
<i>indapamide tab 1.25 mg</i>	115
<i>indapamide tab 2.5 mg</i>	115
<i>indinavir sulfate</i>	
see CRIXIVAN CAP 200MG	86
see CRIXIVAN CAP 400MG	86

indomethacin cap 25 mg	9		see NOVOLOG MIX INJ FLEXPEN ...	50
indomethacin cap 50 mg	9	insulin degludec	see TRESIBA FLEX INJ 100UNIT	50
INFLECTRA INJ 100MG	121		see TRESIBA FLEX INJ 200UNIT	50
infliximab-abda			see TRESIBA INJ 100UNIT.....	50
see RENFLEXIS INJ 100MG	121	insulin degludec-liraglutide	see XULTOPHY INJ 100/3.6	45
infliximab-axxq		insulin detemir	see LEVEMIR INJ	49
see AVSOLA INJ 100MG	120		see LEVEMIR INJ FLEXTOUC	50
infliximab-dyyb		insulin glargine	see BASAGLAR INJ 100UNIT.....	48
see INFLECTRA INJ 100MG	121		see TOUJEO MAX INJ 300IU/ML	50
influenza virus vac recomb hemagglutinin (ha) quadrivalent			see TOUJEO SOLO INJ 300IU/ML... 50	
see FLUBLOK QUAD INJ 2021-22.	172	insulin glargine-lixisenatide	see SOLIQUA INJ 100/33	44
influenza virus vac split high-dose quad preservative free		insulin glulisine	see APIDRA INJ SOLOSTAR	48
see FLUZONE HD INJ 2021-22	173		see APIDRA INJ U-100.....	48
influenza virus vaccine live quadrivalent		INSULIN LISP INJ 100/ML.....	49	
see FLUMIST QUAD SUS 2021-22	173	insulin lispro	see ADMELOG INJ 100U/ML.....	48
influenza virus vaccine split quadrivalent			see ADMELOG SOLO INJ 100U/ML.	48
see AFLURIA QUAD INJ 2021-22 .	172		see HUMALOG INJ 100/ML	48, 49
see FLUARIX QUAD INJ 2021-22 .	172		see HUMALOG JR INJ 100/ML	49
see FLULAVAL QUA INJ 2021-22..	173		see HUMALOG KWIK INJ 100/ML... 49	
see FLUZONE QUAD INJ 2021-22	173	insulin lispro protamine & lispro	see HUMALOG MIX INJ 50/50	49
influenza virus vaccine tissue- cultured subunit quadrivalent			see HUMALOG MIX INJ 50/50KWP .	49
see FLUCLVX QUAD INJ 2021-22.	173		see HUMALOG MIX INJ 75/25KWP .	49
ingenol mebutate			see HUMALOG MIX SUS 75/25	49
see PICATO GEL 0.015%.....	107	insulin nph (human) (isophane)	see NOVOLIN N INJ 100 UNIT.....	50
see PICATO GEL 0.05%	107		see NOVOLIN N INJ U-100	50
inositol niacinate cap 500 mg	95	insulin nph isophane & reg (human)	see NOVOLIN INJ 70/30.....	50
INSPIRACHAMB MIS LARGE.....	137		see NOVOLIN INJ 70/30 FP	50
INSULIN ASPA INJ 100/ML	49	insulin pen needle	see PEN NEEDLES MIS 29GX10MM	
INSULIN ASPA INJ 70/30	49		.....	136
INSULIN ASPA INJ FLEXPEN	49		see PEN NEEDLES MIS 29GX12.7	136
INSULIN ASPA INJ PENFILL	49		see PEN NEEDLES MIS 29GX12MM	
insulin aspart			.....	136
see NOVOLOG INJ 100/ML.....	50		see PEN NEEDLES MIS 31GX5MM	136
see NOVOLOG INJ FLEXPEN.....	50		see PEN NEEDLES MIS 31GX6MM	136
see NOVOLOG INJ PENFILL.....	50		see PEN NEEDLES MIS 31GX8MM	136
insulin aspart (with niacinamide)				
see FIASP FLEX INJ TOUCH	48			
see FIASP INJ 100/ML.....	48			
see FIASP PENFIL INJ U-100.....	48			
insulin aspart protamine & aspart (human)				
see NOVOLOG MIX INJ 70/30	50			

see PEN NEEDLES MIS 32GX4MM 136
see PEN NEEDLES MIS 32GX6MM 136
see PEN NEEDLES MIS 32GX8MM 136

insulin regular (human)

see AFREZZA POW 12 UNIT48
see AFREZZA POW 4-8 UNIT.....48
see AFREZZA POW 4-8-12.....48
see AFREZZA POW 4UNIT.....48
see AFREZZA POW 8 UNIT.....48
see AFREZZA POW 8-12UNIT48
see HUMULIN R INJ U-500.....49
see NOVOLIN R INJ 100 UNIT50
see NOVOLIN R INJ U-100.....50
INSULIN SYRG MIS 0.3/29G..... 135
INSULIN SYRG MIS 0.3/30G..... 135
INSULIN SYRG MIS 0.3/31G..... 135
INSULIN SYRG MIS 0.5/28G..... 135
INSULIN SYRG MIS 0.5/29G..... 135
INSULIN SYRG MIS 0.5/30G..... 135
INSULIN SYRG MIS 0.5/31G... 135, 136
INSULIN SYRG MIS 1ML/28G..... 136
INSULIN SYRG MIS 1ML/29G..... 136
INSULIN SYRG MIS 1ML/30G..... 136
INSULIN SYRG MIS 1ML/31G..... 136

insulin syringe/needle u-100

see INSULIN SYRG MIS 0.3/29G . 135
see INSULIN SYRG MIS 0.3/30G . 135
see INSULIN SYRG MIS 0.3/31G . 135
see INSULIN SYRG MIS 0.5/28G . 135
see INSULIN SYRG MIS 0.5/29G . 135
see INSULIN SYRG MIS 0.5/30G . 135
see INSULIN SYRG MIS 0.5/31G 135,
136
see INSULIN SYRG MIS 1ML/28G 136
see INSULIN SYRG MIS 1ML/29G 136
see INSULIN SYRG MIS 1ML/30G 136
see INSULIN SYRG MIS 1ML/31G 136

insulin syringe/needle u-500

see BD U-500 MIS 31GX6MM..... 133
INTELENCE TAB 100MG87
INTELENCE TAB 200MG87
INTELENCE TAB 25MG87

interferon alfa-2b

see INTRON A INJ 10MU76
see INTRON A INJ 18MU76
see INTRON A INJ 25MU76
see INTRON A INJ 50MU76

interferon beta-1a

see AVONEX KIT 30MCG 162
see AVONEX PEN KIT 30MCG..... 162
see AVONEX PREFL KIT 30MCG... 162
see REBIF INJ 22/0.5 163
see REBIF INJ 44/0.5 163
see REBIF REBIDO INJ 22/0.5 163
see REBIF REBIDO INJ 44/0.5 163
see REBIF REBIDO INJ TITRATN.. 163
see REBIF TITRTN INJ PACK 163

interferon beta-1b

see EXTAVIA INJ 0.3MG..... 163

interferon gamma-1b

see ACTIMMUNE INJ 2MU/0.5 75
INTRON A INJ 10MU..... 76
INTRON A INJ 18MU..... 76
INTRON A INJ 25MU..... 76
INTRON A INJ 50MU..... 76
INVEGA SUST INJ 117/0.75 79
INVEGA SUST INJ 156MG/ML 79
INVEGA SUST INJ 234/1.5 79
INVEGA SUST INJ 39/0.25 79
INVEGA SUST INJ 78/0.5ML..... 79
INVEGA TRINZ INJ 273MG 79
INVEGA TRINZ INJ 410MG 79
INVEGA TRINZ INJ 546MG 79
INVEGA TRINZ INJ 819MG 79
INVIRASE TAB 500MG..... 87

ipratropium bromide hfa

see ATROVENT HFA AER 17MCG ... 27

ipratropium bromide inhal soln

0.02% 27

ipratropium bromide nasal soln

0.03% (21 mcg/spray) 151

ipratropium bromide nasal soln

0.06% (42 mcg/spray) 151

ipratropium-albuterol

see COMBIVENT AER 20-100 29

ipratropium-albuterol nebu soln

0.5-2.5(3) mg/3ml 29

irbesartan tab 150 mg 62

irbesartan tab 300 mg 62

irbesartan tab 75 mg 62

irbesartan-hydrochlorothiazide tab

150-12.5 mg 65

irbesartan-hydrochlorothiazide tab

300-12.5 mg 65

IRON CHW PEDIATRI..... 128
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg 127
irrigation solution, physiological145
isavuconazonium sulfate
 see CRESEMBA CAP 186 MG 54
 ISENTRESS CHW 100MG.....87
 ISENTRESS CHW 25MG87
 ISENTRESS HD TAB 600MG.....87
 ISENTRESS POW 100MG87
 ISENTRESS TAB 400MG.....87
isocarboxazid
 see MARPLAN TAB 10MG37
isoniazid syrup 50 mg/5ml68
isoniazid tab 100 mg68
isoniazid tab 300 mg68
isoniazid-rifampin w/ pyrazinamide
 see RIFATER TAB68
isopropyl alcohol-glycerin otic liquid 95-5% 157
isosorbide dinitrate tab 10 mg 23
isosorbide dinitrate tab 20 mg 23
isosorbide dinitrate tab 30 mg 23
isosorbide dinitrate tab 5 mg 22
isosorbide mononitrate tab 10 mg
 23
isosorbide mononitrate tab 20 mg
 23
isosorbide mononitrate tab er 24hr 120 mg 23
isosorbide mononitrate tab er 24hr 30 mg 23
isosorbide mononitrate tab er 24hr 60 mg 23
isotretinoin cap 10 mg 104
isotretinoin cap 20 mg 104
isotretinoin cap 30 mg 104
isotretinoin cap 40 mg 104
isradipine cap 2.5 mg..... 93
isradipine cap 5 mg..... 93
itraconazole cap 100 mg 54
ivabradine hcl
 see CORLANOR SOL 5MG/5ML 97
 see CORLANOR TAB 5MG 97
 see CORLANOR TAB 7.5MG..... 97
ivacaftor

see KALYDECO PAK 25MG 164
 see KALYDECO PAK 50MG 164
 see KALYDECO PAK 75MG 164
 see KALYDECO TAB 150MG 164
ivermectin lotion 0.5% 112
ivermectin tab 3 mg..... 21
J
 JAKAFI TAB 10MG..... 73
 JAKAFI TAB 15MG..... 73
 JAKAFI TAB 20MG..... 73
 JAKAFI TAB 25MG..... 73
 JAKAFI TAB 5MG 73
 JANSSEN VACC INJ COVID-19 173
 JANUMET TAB 50-1000..... 43
 JANUMET TAB 50-500MG..... 43
 JANUMET XR TAB 100-1000 43
 JANUMET XR TAB 50-1000..... 43
 JANUMET XR TAB 50-500MG 43
 JANUVIA TAB 100MG 46
 JANUVIA TAB 25MG 46
 JANUVIA TAB 50MG 46
 JARDIANCE TAB 10MG 51
 JARDIANCE TAB 25MG 51
 JENTADUETO TAB 2.5-1000 43
 JENTADUETO TAB 2.5-500 43
 JENTADUETO TAB 2.5-850 43
 JENTADUETO TAB XR 43, 44
 Jinteli
 see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg** 118
 JULUCA TAB 50-25MG 87
 Junel 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** . 99
 Junel Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**
 100
K
 KALETRA TAB 100-25MG 87
 KALETRA TAB 200-50MG 87
 KALYDECO PAK 25MG 164
 KALYDECO PAK 50MG 164
 KALYDECO PAK 75MG 164
 KALYDECO TAB 150MG..... 164
 KANJINTI INJ 420MG 69
 KANJINTI SOL 150MG 69

Kelnor 1/50	
see ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	99
ketoconazole cream 2%	106
ketoconazole shampoo 2%	106
ketoconazole tab 200 mg	54
ketoprofen cap 50 mg	9
ketoprofen cap 75 mg	9
ketorolac tromethamine ophth soln 0.4%	156
ketorolac tromethamine ophth soln 0.5%	156
ketorolac tromethamine tab 10 mg	9
ketotifen fumarate ophth soln 0.025% (base equiv)	156
KEVZARA INJ 150/1.14.....	8
KEVZARA INJ 200/1.14.....	8
KINERET INJ	7
KISQALI 200 PAK FEMARA	71
KISQALI 400 PAK FEMARA	71
KISQALI 600 PAK FEMARA	71
KISQALI TAB 200DOSE.....	73
KISQALI TAB 400DOSE.....	73
KISQALI TAB 600DOSE.....	73
KLONOPIN TAB 0.5MG	33
KLONOPIN TAB 2MG.....	33
Klor-con/ef	
see potassium bicarbonate effer tab 25 meq	142
KOGENATE FS INJ 1000UNIT	124
KOGENATE FS INJ 2000UNIT	124
KOGENATE FS INJ 250UNIT	124
KOGENATE FS INJ 3000UNIT	124
Konsyl	
see psyllium powder 30.9%	130
KONSYL DAILY POW 100%.....	130
KONSYL DAILY POW 28.3%.....	130
KONSYL-D POW 52.3%.....	130
Kp Vitamin D	
see cholecalciferol chew tab 10 mcg (400 unit)	175
KPN PRENATAL TAB.....	148
KYLEENA IUD 19.5MG	101
L	
labetalol hcl tab 100 mg	90
labetalol hcl tab 200 mg	90
labetalol hcl tab 300 mg	91
lacosamide	
see VIMPAT SOL 10MG/ML	35
see VIMPAT TAB 100MG.....	35
see VIMPAT TAB 150MG.....	35
see VIMPAT TAB 200MG.....	35
see VIMPAT TAB 50MG	35
lacosamide oral solution 10 mg/ml	34
lacosamide tab 100 mg	34
lacosamide tab 150 mg	34
lacosamide tab 200 mg	34
lacosamide tab 50 mg	34
LACRISERT MIS 5MG OP.....	153
lactic acid (ammonium lactate) cream 12%	111
lactic acid (ammonium lactate) lotion 12%	111
lactulose (encephalopathy) solution 10 gm/15ml	121
lactulose solution 10 gm/15ml .	131
lamivudine (hbv)	
see EPIVIR HBV SOL 5MG/ML	89
lamivudine oral soln 10 mg/ml ...	87
lamivudine tab 100 mg (hbv)	89
lamivudine tab 150 mg	87
lamivudine tab 300 mg	87
lamivudine-tenofovir disoproxil fumarate	
see CIMDUO TAB 300-300	86
see TEMIXYS TAB 300-300.....	88
lamivudine-zidovudine tab 150-300 mg	87
lamotrigine tab 100 mg	34
lamotrigine tab 150 mg	34
lamotrigine tab 200 mg	34
lamotrigine tab 25 mg	34
lamotrigine tab chewable dispersible 25 mg	34
lamotrigine tab chewable dispersible 5 mg	34
Lanacort 10	
see hydrocortisone acetate cream 1%	110
LANCETS MIS 30G	135
Land Before Time Multivit	

see **pediatric multiple vitamin w/
extra c & fa chew tab** 147

LANOXIN TAB 0.125MG 95

LANOXIN TAB 0.25MG 95

**lansoprazole cap delayed release
15 mg** 169

**lansoprazole cap delayed release
30 mg** 169

**lanthanum carbonate chew tab
1000 mg (elemental)** 122

**lanthanum carbonate chew tab 500
mg (elemental)** 122

**lanthanum carbonate chew tab 750
mg (elemental)** 122

**lapatinib ditosylate tab 250 mg
(base equiv)**..... 73

Larin 24 Fe
see **norethindrone ace-ethinyl
estradiol-fe tab 1 mg-20 mcg
(24)** 100

lasmiditan succinate
see REYVOW TAB 100MG 138
see REYVOW TAB 50MG 138

LASTACFT SOL 0.25% 156

latanoprost ophth soln 0.005%. 157

LATUDA TAB 120MG..... 78

LATUDA TAB 20MG 78

LATUDA TAB 40MG 78

LATUDA TAB 60MG 78

LATUDA TAB 80MG 78

LEDIP-SOFOSB TAB 90-400MG 89

Leena
see **norethindrone-eth estradiol
tab 0.5-35/1-35/0.5-35 mg-
mcg** 100

leflunomide tab 10 mg 10

leflunomide tab 20 mg 10

lenalidomide
see REVLIMID CAP 10MG 143
see REVLIMID CAP 15MG 143
see REVLIMID CAP 2.5MG 143
see REVLIMID CAP 20MG 143
see REVLIMID CAP 25MG 143
see REVLIMID CAP 5MG 143

lenalidomide cap 10 mg 143

lenalidomide cap 15 mg 143

lenalidomide cap 25 mg 143

lenalidomide cap 5 mg 143

lenvatinib mesylate
see LENVIMA CAP 10 MG 74
see LENVIMA CAP 12MG 74
see LENVIMA CAP 14 MG 74
see LENVIMA CAP 18 MG 74
see LENVIMA CAP 20 MG 74
see LENVIMA CAP 24 MG 74
see LENVIMA CAP 4MG 73
see LENVIMA CAP 8 MG 73

LENVIMA CAP 10 MG..... 74

LENVIMA CAP 12MG..... 74

LENVIMA CAP 14 MG..... 74

LENVIMA CAP 18 MG..... 74

LENVIMA CAP 20 MG..... 74

LENVIMA CAP 24 MG..... 74

LENVIMA CAP 4MG 73

LENVIMA CAP 8 MG..... 73

letrozole tab 2.5 mg..... 70

leucovorin calcium tab 10 mg 76

leucovorin calcium tab 15 mg 76

leucovorin calcium tab 25 mg 76

leucovorin calcium tab 5 mg 76

LEUKERAN TAB 2MG 68

leuprolide acetate
see ELIGARD INJ 7.5MG 70
see LUPRON DEPOT INJ 3.75MG ... 70
see LUPRON DEPOT INJ 7.5MG 70

**leuprolide acetate & norethindrone
acetate**
see LUPANETA KIT 11.25-5 116
see LUPANETA KIT 3.75-5..... 116

leuprolide acetate (3 month)
see ELIGARD INJ 22.5MG..... 70
see LUPRON DEPOT INJ 11.25MG.. 70
see LUPRON DEPOT INJ 22.5MG ... 70

leuprolide acetate (cpp)
see LUPR DEP-PED INJ 11.25MG . 116
see LUPR DEP-PED INJ 15MG..... 116
see LUPR DEP-PED INJ 7.5MG..... 116

leuprolide acetate (cpp) (3 month)
see LUPR DEP-PED INJ 11.25MG . 116
see LUPR DEP-PED INJ 3M 30MG. 116

leuprolide acetate inj kit 5 mg/ml
..... 70

**levalbuterol hcl soln nebu 0.31
mg/3ml (base equiv)** 29

levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	29	levonorgestrel (iud)	see KYLEENA IUD 19.5MG.....	101
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	29		see LILETTA IUD 52MG.....	101
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	29		see MIRENA IUD SYSTEM.....	101
LEVEMIR INJ	49		see SKYLA IUD 13.5MG	101
LEVEMIR INJ FLEXTOUC.....	50	levonorgestrel tab 1.5 mg		100
levetiracetam oral soln 100 mg/ml	34	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 99		
levetiracetam tab 1000 mg	34	levonorgestrel-ethinyl estradiol & folic acid	see FALESSA KIT	99
levetiracetam tab 250 mg	34	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg		99
levetiracetam tab 500 mg	34	levonorgestrel-ethinyl estradiol-ferrous bisglycinate	see BALCOLTRA TAB 0.1-20	98
levetiracetam tab 750 mg	34	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)		99
levetiracetam tab er 24hr 500 mg	34	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)		99
levetiracetam tab er 24hr 750 mg	34	levothyroxine sodium	see SYNTHROID TAB 100MCG.....	166
levobunolol hcl ophth soln 0.5%	153		see SYNTHROID TAB 112MCG.....	166
levocarnitine oral soln 1 gm/10ml (10%)	117		see SYNTHROID TAB 125MCG.....	166
levocarnitine tab 330 mg	117		see SYNTHROID TAB 137MCG.....	166
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	55		see SYNTHROID TAB 150MCG.....	167
levocetirizine dihydrochloride tab 5 mg	55		see SYNTHROID TAB 175MCG.....	167
levofloxacin ophth soln 0.5%	154		see SYNTHROID TAB 200MCG.....	167
levofloxacin oral soln 25 mg/ml	120		see SYNTHROID TAB 25MCG	166
levofloxacin tab 250 mg	120		see SYNTHROID TAB 300MCG.....	167
levofloxacin tab 500 mg	120		see SYNTHROID TAB 50MCG	166
levofloxacin tab 750 mg	120		see SYNTHROID TAB 75MCG	166
levomilnacipran hcl			see SYNTHROID TAB 88MCG	166
see FETZIMA CAP 120MG	39	levothyroxine sodium tab 100 mcg		166
see FETZIMA CAP 20MG.....	39	levothyroxine sodium tab 112 mcg		166
see FETZIMA CAP 40MG.....	39	levothyroxine sodium tab 125 mcg		166
see FETZIMA CAP 80MG.....	39	levothyroxine sodium tab 137 mcg		166
see FETZIMA CAP TITRATIO.....	39	levothyroxine sodium tab 150 mcg		166
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	99	levothyroxine sodium tab 175 mcg		166
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	99			
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	99			
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	99			

levothyroxine sodium tab 200 mcg 166
levothyroxine sodium tab 25 mcg 165
levothyroxine sodium tab 300 mcg 166
levothyroxine sodium tab 50 mcg 165
levothyroxine sodium tab 75 mcg 165
levothyroxine sodium tab 88 mcg 165
LevoxyI
see **levothyroxine sodium tab 112 mcg** 166
see **levothyroxine sodium tab 125 mcg** 166
see **levothyroxine sodium tab 137 mcg** 166
see **levothyroxine sodium tab 150 mcg** 166
see **levothyroxine sodium tab 175 mcg** 166
see **levothyroxine sodium tab 25 mcg** 165
see **levothyroxine sodium tab 50 mcg** 165
see **levothyroxine sodium tab 75 mcg** 165
see **levothyroxine sodium tab 88 mcg** 165
Lice Killing Maximum Stre
see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 112
Lice Treatment
see **permethrin creme rinse 1%** 112
lidocaine cream 4% 111
lidocaine hcl gel 2% 111
lidocaine hcl soln 4% 111
lidocaine hcl urethral/mucosal gel 2% 111
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 112
lidocaine hcl viscous soln 2% ... 145
lidocaine patch 4% 112
lidocaine patch 5% 112

lidocaine-prilocaine cream 2.5-2.5% 112
LILETTA IUD 52MG 101
linaclotide
see LINZESS CAP 145MCG 121
see LINZESS CAP 290MCG 121
see LINZESS CAP 72MCG 121
linagliptin
see TRADJENTA TAB 5MG 46
linagliptin-metformin hcl
see JENTADUETO TAB 2.5-1000 43
see JENTADUETO TAB 2.5-500..... 43
see JENTADUETO TAB 2.5-850..... 43
see JENTADUETO TAB XR..... 43, 44
lindane shampoo 1% 112
linezolid for susp 100 mg/5ml 22
linezolid tab 600 mg 22
LINZESS CAP 145MCG..... 121
LINZESS CAP 290MCG..... 121
LINZESS CAP 72MCG 121
liothyronine sodium tab 25 mcg 166
liothyronine sodium tab 5 mcg. 166
liothyronine sodium tab 50 mcg 166
liotrix (t3-t4)
see THYROLAR-1 TAB 60MG 167
see THYROLAR-1/2 TAB 30MG 167
see THYROLAR-1/4 TAB 15MG 167
see THYROLAR-2 TAB 120MG 167
see THYROLAR-3 TAB 180MG 167
Liquid Calcium/vitamin D
see **calcium carbonate-vitamin d cap 600 mg-200 unit** 140
liraglutide
see VICTOZA INJ 18MG/3ML 48
lisdexamfetamine dimesylate
see VYVANSE CAP 10MG 2
see VYVANSE CAP 20MG 2
see VYVANSE CAP 30MG 2
see VYVANSE CAP 40MG 2
see VYVANSE CAP 50MG 2
see VYVANSE CAP 60MG 2
see VYVANSE CAP 70MG 2
lisinopril & hydrochlorothiazide tab 10-12.5 mg 65
lisinopril & hydrochlorothiazide tab 20-12.5 mg 65

lisinopril & hydrochlorothiazide tab	
20-25 mg	65
lisinopril tab 10 mg	60
lisinopril tab 2.5 mg	60
lisinopril tab 20 mg	60
lisinopril tab 30 mg	60
lisinopril tab 40 mg	60
lisinopril tab 5 mg	60
lithium carbonate cap 150 mg	78
lithium carbonate cap 300 mg	78
lithium carbonate cap 600 mg	78
lithium carbonate tab 300 mg	78
lithium carbonate tab er 300 mg	78
lithium carbonate tab er 450 mg	78
LITHIUM SOL 8MEQ/5ML	78
LO LOESTRIN TAB 1-10-10	99
lodoxamide tromethamine	
see ALOMIDE SOL 0.1% OP	156
LOKELMA PAK 10GM	145
LOKELMA PAK 5GM	145
lomustine	
see GLEOSTINE CAP 100MG	68
see GLEOSTINE CAP 10MG	68
see GLEOSTINE CAP 40MG	68
LONSURF TAB 15-6.14	71
LONSURF TAB 20-8.19	71
loperamide hcl	
see ANTI-DIARRHE LIQ 1MG/5ML	52
loperamide hcl cap 2 mg	52
loperamide hcl liq 1 mg/7.5ml	52
loperamide hcl tab 2 mg	52
lopinavir-ritonavir	
see KALETRA TAB 100-25MG	87
see KALETRA TAB 200-50MG	87
lopinavir-ritonavir soln 400-100	
mg/5ml (80-20 mg/ml)	87
lopinavir-ritonavir tab 100-25 mg	
.....	87
lopinavir-ritonavir tab 200-50 mg	
.....	87
Lopreeza	
see estradiol & norethindrone	
acetate tab 1-0.5 mg	118
loratadine & pseudoephedrine tab	
er 12hr 5-120 mg	103
loratadine & pseudoephedrine tab	
er 24hr 10-240 mg	103
loratadine rapidly-disintegrating	
tab 10 mg	55
loratadine syrup 5 mg/5ml	55
loratadine tab 10 mg	55
Loratadine-d 12hr	
see loratadine & pseudoephedrine	
tab er 12hr 5-120 mg	103
Loratadine-d 24hr	
see loratadine & pseudoephedrine	
tab er 24hr 10-240 mg	103
lorazepam conc 2 mg/ml	25
lorazepam tab 0.5 mg	25
lorazepam tab 1 mg	25
lorazepam tab 2 mg	25
losartan potassium &	
hydrochlorothiazide tab 100-12.5	
mg	65
losartan potassium &	
hydrochlorothiazide tab 100-25	
mg	65
losartan potassium &	
hydrochlorothiazide tab 50-12.5	
mg	65
losartan potassium tab 100 mg	62
losartan potassium tab 25 mg	62
losartan potassium tab 50 mg	62
LOTEMAX GEL 0.5%	155
LOTEMAX OIN 0.5%	155
loteprednol etabonate	
see ALREX SUS 0.2%	155
see LOTEMAX GEL 0.5%	155
see LOTEMAX OIN 0.5%	155
loteprednol etabonate ophth gel	
0.5%	155
loteprednol etabonate ophth susp	
0.5%	155
loteprednol etabonate-tobramycin	
see ZYLET SUS 0.5-0.3%	156
Lotrimin Af Deodorant Pow	
see miconazole nitrate aerosol	
pow 2%	106
lovastatin tab 10 mg	58
lovastatin tab 20 mg	58
lovastatin tab 40 mg	58
Low-ogestrel	
see norgestrel & ethinyl estradiol	
tab 0.3 mg-30 mcg	100

loxapine succinate cap 10 mg82
loxapine succinate cap 25 mg82
loxapine succinate cap 5 mg81
loxapine succinate cap 50 mg82
lubiprostone cap 24 mcg 120
lubiprostone cap 8 mcg 120
 Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 153
luliconazole cream 1%..... 106
 LUMIGAN SOL 0.01% 157
 LUPANETA KIT 11.25-5..... 116
 LUPANETA KIT 3.75-5..... 116
 LUPR DEP-PED INJ 11.25MG..... 116
 LUPR DEP-PED INJ 15MG 116
 LUPR DEP-PED INJ 3M 30MG 116
 LUPR DEP-PED INJ 7.5MG 116
 LUPRON DEPOT INJ 11.25MG 70
 LUPRON DEPOT INJ 22.5MG 70
 LUPRON DEPOT INJ 3.75MG 70
 LUPRON DEPOT INJ 7.5MG 70
lurasidone hcl
 see LATUDA TAB 120MG 78
 see LATUDA TAB 20MG 78
 see LATUDA TAB 40MG 78
 see LATUDA TAB 60MG 78
 see LATUDA TAB 80MG 78
 LYNPARZA TAB 100MG 74
 LYNPARZA TAB 150MG 74
 LYSODREN TAB 500MG..... 70
M
macitentan
 see OPSUMIT TAB 10MG 96
mafenide acetate
 see SULFAMYLON CRE 85MG/GM. 108
mafenide acetate packet for topical soln 5% (50 gm)..... 108
 MAG64 TAB 64MG..... 142
 Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)**..... 142
 MAGDELAY TAB 70MG 142
 MAG-G TAB 500MG 142
magnesium chloride
 see MAG64 TAB 64MG 142
 see MAGDELAY TAB 70MG 142

magnesium chloride tab dr 64 mg (elemental mg)..... 142
magnesium citrate soln 131
magnesium gluconate
 see MAG-G TAB 500MG 142
magnesium gluconate tab 27.5 mg (elemental mg)..... 142
magnesium hydroxide susp 400 mg/5ml 131
magnesium hydroxide susp concentrate 2400 mg/10ml ... 131
magnesium oxide cap 500 mg (elemental mg)..... 142
magnesium oxide tab 250 mg 21
magnesium oxide tab 250 mg (mg supplement) 142
magnesium oxide tab 400 mg (240 mg elemental mg)..... 142
magnesium oxide tab 420 mg 21
magnesium oxide tab 500 mg (mg supplement) 142
magnesium tab 250 mg 142
 Magnesium-oxide
 see **magnesium oxide tab 400 mg (240 mg elemental mg)**..... 142
malathion lotion 0.5% 112
 Maox
 see **magnesium oxide tab 420 mg** 21
 Mapap
 see **acetaminophen liquid 160 mg/5ml**..... 12
 see **acetaminophen tab 325 mg** 12
maprotiline hcl tab 25 mg 37
maprotiline hcl tab 50 mg 37
maprotiline hcl tab 75 mg 37
maraviroc
 see SELZENTRY SOL 20MG/ML..... 88
 see SELZENTRY TAB 150MG 88
 see SELZENTRY TAB 25MG..... 88
 see SELZENTRY TAB 300MG 88
 see SELZENTRY TAB 75MG..... 88
 MARPLAN TAB 10MG 37
 MATULANE CAP 50MG 76
 MAYZENT TAB 0.25MG 163
 MAYZENT TAB 2MG..... 163
mecamylamine hcl

see VECAMYL TAB 2.5MG66
mecasermin
 see INCRELEX INJ 40MG/4ML 116
meclizine hcl chew tab 25 mg53
meclizine hcl tab 12.5 mg53
meclizine hcl tab 25 mg53
meclofenamate sodium cap 100 mg
 9
meclofenamate sodium cap 50 mg 9
 MEDI-LAXX CAP 8.6-50MG 130
 Medi-profen
 see **ibuprofen cap 200 mg** 9
medroxyprogesterone acetate
(contraceptive)
 see DEPO-SQ PROV INJ 104 101
medroxyprogesterone acetate im
susp 150 mg/ml..... 101
medroxyprogesterone acetate im
susp prefilled syr 150 mg/ml . 101
medroxyprogesterone acetate tab
10 mg 160
medroxyprogesterone acetate tab
2.5 mg 160
medroxyprogesterone acetate tab
5 mg 160
mefenamic acid cap 250 mg 9
mefloquine hcl tab 250 mg.....67
megestrol acetate susp 40 mg/ml
70
megestrol acetate tab 20 mg70
megestrol acetate tab 40 mg70
 MEKINIST TAB 0.5MG.....74
 MEKINIST TAB 2MG74
melatonin cap 3 mg 5
melatonin cap 5 mg 6
 MELATONIN LIQ 1MG/4ML 6
melatonin tab 1-10mg 6
melatonin tab 3 mg..... 6
melatonin tab 300mcg 6
melatonin tab 5 mg..... 6
melatonin tab er 10 mg..... 6
melatonin tablet disintegrating 5
mg 6
 Melatonin Tr/vitamin B-6
 see **melatonin-pyridoxine tab er**
3-10 mg 6
 Melatonin/vitamin B-6 Ext

see **melatonin-pyridoxine tab 3-1**
mg6
melatonin-pyridoxine
 see RA MELATONIN TAB 3MG6
melatonin-pyridoxine tab 3-1 mg..6
melatonin-pyridoxine tab er 3-10
mg6
 Melodetta 24 Fe
 see **norethindrone ace-eth**
estradiol-fe chew tab 1 mg-20
mcg (24)..... 100
meloxicam tab 15 mg 10
meloxicam tab 7.5 mg 10
melphalan tab 2 mg 68
memantine hcl cap er 24hr 14 mg
 161
memantine hcl cap er 24hr 21 mg
 161
memantine hcl cap er 24hr 28 mg
 161
memantine hcl cap er 24hr 7 mg
 161
memantine hcl oral solution 2
mg/ml 161
memantine hcl tab 10 mg 161
memantine hcl tab 28 x 5 mg & 21
x 10 mg titration pack..... 161
memantine hcl tab 5 mg 161
 MENEST TAB 0.3MG 119
 MENEST TAB 0.625MG 119
 MENEST TAB 1.25MG 119
 MENTAX CRE 1%..... 106
menthol-zinc oxide
 see ZINC-OXYDE OIN 0.44-20% . 112
meperidine hcl oral soln 50
mg/5ml 14
meperidine hcl tab 100 mg 14
meperidine hcl tab 50 mg 14
mepolizumab
 see NUCALA INJ 100MG 26
 see NUCALA INJ 100MG/ML..... 26
 see NUCALA INJ 40MG/0.4 26
meprobamate tab 200 mg..... 24
meprobamate tab 400 mg..... 24
mercaptopurine tab 50 mg..... 68
mesalamine cap er 24hr 0.375 gm
 121

mesalamine enema 4 gm	121	methscopolamine bromide tab 5 mg	168
mesalamine tab delayed release 800 mg	121	methsuximide	
METAMUCIL POW 28%ORG	130	see CELONTIN CAP 300MG	36
METAMUCIL POW 58.12%	130	methyclothiazide tab 5 mg	115
METAMUCIL WAF	130	methylcellulose tab 500 mg	130
metaproterenol sulfate syrup 10 mg/5ml	29	methyldopa tab 250 mg	63
metaproterenol sulfate tab 10 mg	30	methyldopa tab 500 mg	64
metaproterenol sulfate tab 20 mg	30	methylergonovine maleate tab 0.2 mg	158
metaxalone tab 800 mg	150	methylnaltrexone bromide	
metformin hcl tab 1000 mg	45	see RELISTOR INJ 12/0.6ML	122
metformin hcl tab 500 mg	45	see RELISTOR TAB 150MG	122
metformin hcl tab 850 mg	45	methylphenidate hcl cap er 10 mg (cd)	4
metformin hcl tab er 24hr 500 mg	45	methylphenidate hcl cap er 20 mg (cd)	4
metformin hcl tab er 24hr 750 mg	45	methylphenidate hcl cap er 24hr 10 mg (la)	4
methadone hcl soln 10 mg/5ml ..	14	methylphenidate hcl cap er 24hr 20 mg (la)	4
methadone hcl soln 5 mg/5ml	14	methylphenidate hcl cap er 24hr 30 mg (la)	4
methadone hcl tab 10 mg	15	methylphenidate hcl cap er 24hr 40 mg (la)	4
methadone hcl tab 5 mg	15	methylphenidate hcl cap er 30 mg (cd)	4
methamphetamine hcl tab 5 mg ...	2	methylphenidate hcl cap er 40 mg (cd)	4
methazolamide tab 25 mg	114	methylphenidate hcl cap er 50 mg (cd)	4
methazolamide tab 50 mg	114	methylphenidate hcl cap er 60 mg (cd)	4
methenamine hippurate tab 1 gm	170	methylphenidate hcl soln 10 mg/5ml	4
methimazole tab 10 mg	165	methylphenidate hcl soln 5 mg/5ml	4
methimazole tab 5 mg	165	methylphenidate hcl tab 10 mg	5
METHITEST TAB 10MG	19	methylphenidate hcl tab 20 mg	5
methocarbamol tab 500 mg	150	methylphenidate hcl tab 5 mg	5
methocarbamol tab 750 mg	150	methylphenidate hcl tab er 10 mg	5
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	69	methylphenidate hcl tab er 20 mg	5
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	68	methylphenidate hcl tab er 24hr 18 mg	5
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	69	methylphenidate hcl tab er 24hr 27 mg	5
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	69		
methotrexate sodium tab 2.5 mg (base equiv)	69		
methscopolamine bromide tab 2.5 mg	168		

methylphenidate hcl tab er 24hr 36 mg	5	metoprolol tartrate tab 25 mg	91
methylphenidate hcl tab er 24hr 54 mg	5	metoprolol tartrate tab 50 mg	91
methylphenidate hcl tab er osmotic release (osm) 18 mg	5	metronidazole cream 0.75%	112
methylphenidate hcl tab er osmotic release (osm) 27 mg	5	metronidazole gel 0.75%	112
methylphenidate hcl tab er osmotic release (osm) 36 mg	5	metronidazole lotion 0.75%	112
methylphenidate hcl tab er osmotic release (osm) 54 mg	5	metronidazole tab 250 mg	21
methylprednisolone tab 16 mg ..	101	metronidazole tab 500 mg	21
methylprednisolone tab 32 mg ..	101	metronidazole vaginal gel 0.75%	
methylprednisolone tab 4 mg	101	.....	174
methylprednisolone tab 8 mg	101	mexiletine hcl cap 150 mg	26
methylprednisolone tab therapy pack 4 mg (21)	102	mexiletine hcl cap 200 mg	26
methyltestosterone		mexiletine hcl cap 250 mg	26
see METHITEST TAB 10MG	19	MI-ACID CHW	20
methyltestosterone cap 10 mg	19	miconazole (mouth-throat)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	120	see ORAVIG TAB 50MG.....	145
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) ...	120	Miconazole 7	
metoclopramide hcl tab 10 mg (base equivalent)	120	see miconazole nitrate vaginal cream 2%	174
metoclopramide hcl tab 5 mg (base equivalent)	120	see miconazole nitrate vaginal suppos 100 mg	174
metolazone tab 10 mg	115	miconazole nitrate aerosol pow 2%	
metolazone tab 2.5 mg	115	.....	106
metolazone tab 5 mg	115	miconazole nitrate cream 2% ...	106
metoprolol & hydrochlorothiazide tab 100-25 mg	66	miconazole nitrate ointment 2%	
metoprolol & hydrochlorothiazide tab 100-50 mg	66	.....	106
metoprolol & hydrochlorothiazide tab 50-25 mg	65	miconazole nitrate powder 2% .	106
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	91	miconazole nitrate vaginal	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	91	see MONISTAT 7 KIT COMBO PK .	174
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	91	miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	174
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	91	miconazole nitrate vaginal cream 2%	174
metoprolol tartrate tab 100 mg ...91		miconazole nitrate vaginal cream 4% (200 mg/5gm)	174
		miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	174
		miconazole nitrate vaginal suppos 100 mg	174
		midodrine hcl tab 10 mg	175
		midodrine hcl tab 2.5 mg	175
		midodrine hcl tab 5 mg	175
		miglitol tab 100 mg	41
		miglitol tab 25 mg	41
		miglitol tab 50 mg	41
		miglustat cap 100 mg	125
		Milk Of Magnesia	

see **magnesium hydroxide susp 400 mg/5ml** 131
Milk Of Magnesia Concentr
see **magnesium hydroxide susp concentrate 2400 mg/10ml**. 131
milnacipran hcl
see SAVELLA MIS TITR PAK 162
see SAVELLA TAB 100MG 162
see SAVELLA TAB 12.5MG 162
see SAVELLA TAB 25MG 162
see SAVELLA TAB 50MG 162
mineral oil 131
mineral oil enema 131
Minitran
see **nitroglycerin td patch 24hr 0.6 mg/hr** 23
minocycline hcl cap 100 mg 165
minocycline hcl cap 50 mg 165
minocycline hcl cap 75 mg 165
minoxidil tab 10 mg 67
minoxidil tab 2.5 mg 66
Mintox Plus
see **alum & mag hydroxide-simethicone chew tab 200-200-25 mg** 20
mirabegron
see MYRBETRIQ TAB 25MG 172
see MYRBETRIQ TAB 50MG 172
MIRENA IUD SYSTEM 101
mirtazapine tab 15 mg 36
mirtazapine tab 30 mg 36
mirtazapine tab 45 mg 36
MIRVASO GEL 0.33% 112
misoprostol tab 100 mcg 170
misoprostol tab 200 mcg 170
mitotane
see LYSODREN TAB 500MG 70
modafinil tab 100 mg 5
modafinil tab 200 mg 5
MODERNA VAC INJ COVID-19 173
moexipril hcl tab 15 mg 60
moexipril hcl tab 7.5 mg 60
mometasone furoate (inhalation)
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 .. 28
see ASMANEX HFA AER 200 MCG .. 28
see ASMANEX HFA AER 50MCG 27
mometasone furoate cream 0.1%
..... 110
mometasone furoate oint 0.1% 110
mometasone furoate solution 0.1% (lotion) 111
MONISTAT 7 KIT COMBO PK 174
MONOCLATE-P INJ 1000UNIT 124
montelukast sodium chew tab 4 mg (base equiv) 27
montelukast sodium chew tab 5 mg (base equiv) 27
montelukast sodium tab 10 mg (base equiv) 27
morphine sulfate oral soln 10 mg/5ml 15
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 15
morphine sulfate oral soln 20 mg/5ml 15
morphine sulfate tab 15 mg 15
morphine sulfate tab 30 mg 15
morphine sulfate tab er 100 mg .. 15
morphine sulfate tab er 15 mg ... 15
morphine sulfate tab er 200 mg .. 15
morphine sulfate tab er 30 mg ... 15
morphine sulfate tab er 60 mg ... 15
morphine-naltrexone
see EMBEDA CAP 100-4MG 13
see EMBEDA CAP 20-0.8MG 13
see EMBEDA CAP 30-1.2MG 13
see EMBEDA CAP 50-2MG 13
see EMBEDA CAP 60-2.4MG 13
see EMBEDA CAP 80-3.2MG 13
MOTOFEN TAB 1-0.025 52
MOVANTIK TAB 12.5MG 121
MOVANTIK TAB 25MG 122
moxifloxacin hcl ophth soln 0.5% (base equiv) 154
moxifloxacin hcl tab 400 mg (base equiv) 120
Mucus-dm

see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 103

MULT VITAM DRO 147

MULTAQ TAB 400MG 26

Multi-delyn
see **pediatric multiple vitamin liq** 147

multiple vitamin cap 146

multiple vitamin tab 146

multiple vitamins w/ iron tab ... 146

multiple vitamins w/ minerals cap 146

multiple vitamins w/ minerals liquid 146

multiple vitamins w/ minerals tab 146

Multi-vit/iron/fluoride
see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 146

Multivitamin & Mineral
see **multiple vitamins w/ minerals liquid** 146

MULTIVITAMIN DRO /IRON 147

Multivitamin With Fluorid
see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 147

see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** . 146

Multivitamin/fluoride
see **pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** 146

see **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** 146

see **pediatric multiple vitamins w/ fluoride chew tab 1 mg** .. 146

mupirocin oint 2% 106

Mv-one
see **multiple vitamin cap** 146

Mvw Complete Formulation
see **pediatric multiple vitamin w/ minerals & c chew tab** 146

My Way
see **levonorgestrel tab 1.5 mg**. 100

Mycocide Clinical Ns Anti

see **tolnaftate soln 1%** 107

mycophenolate mofetil cap 250 mg 144

mycophenolate mofetil tab 500 mg 144

mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 144

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 144

MYNATAL CAP 148

MYNATAL TAB 148

MYNATE 90 TAB PLUS 148

MYRBETRIQ TAB 25MG 172

MYRBETRIQ TAB 50MG 172

N

nabilone
see CESAMET CAP 1MG 53

nabumetone tab 500 mg 10

nabumetone tab 750 mg 10

nadolol tab 20 mg 92

nadolol tab 40 mg 92

nadolol tab 80 mg 92

nafarelin acetate
see SYNAREL SOL 2MG/ML 116

naftifine hcl
see NAFTIN GEL 2% 106

naftifine hcl cream 1% 106

naftifine hcl gel 1% 106

NAFTIN GEL 2% 106

naldemedine tosylate
see SYMPROIC TAB 0.2MG 122

naloxegol oxalate
see MOVANTIK TAB 12.5MG 121

see MOVANTIK TAB 25MG 122

naloxone hcl
see NARCAN SPR 4MG 52

naloxone hcl inj 0.4 mg/ml 52

naloxone hcl nasal spray 4 mg/0.1ml 52

naloxone hcl soln cartridge 0.4 mg/ml 52

naloxone hcl soln prefilled syringe 2 mg/2ml 52

naltrexone
see VIVITROL INJ 380MG 53

naltrexone hcl tab 50 mg 52

naproxen sodium tab 220 mg 10

naproxen susp 125 mg/5ml	10	nebivolol hcl tab 5 mg (base equivalent)	91
naproxen tab 250 mg	10	nebivolol-valsartan	
naproxen tab 375 mg	10	see BYVALSON TAB 5-80MG	65
naproxen tab 500 mg	10	nebulizers	
naproxen tab ec 375 mg	10	see EASY NEB MIS	137
naproxen tab ec 500 mg	10	see PULMONEB LT MIS NEBULIZE	137
naratriptan hcl tab 1 mg (base equiv)	138	Nebusal	
naratriptan hcl tab 2.5 mg (base equiv)	138	see sodium chloride soln nebu 3%	104
NARCAN SPR 4MG	52	nedocromil sodium (ophth)	
NASAL DECON SYP 30MG/5ML	151	see ALOCRI SOL 2%	156
NASAL DECONG LIQ 30MG/5ML	152	needle (disp) 18 g	
NAT FIBER POW 58.6%	130	see NEEDLES MIS 18GX1.5	136
NATACYN SUS 5% OP	154	NEEDLES MIS 18GX1.5	136
natalizumab		nefazodone hcl tab 100 mg	38
see TYSABRI INJ 300/15ML	163	nefazodone hcl tab 150 mg	38
NATALVIT TAB 75-1MG	148	nefazodone hcl tab 200 mg	38
natamycin		nefazodone hcl tab 250 mg	38
see NATACYN SUS 5% OP	154	nefazodone hcl tab 50 mg	38
NATAZIA TAB	99	nelfinavir mesylate	
nateglinide tab 120 mg	51	see VIRACEPT TAB 250MG	89
nateglinide tab 60 mg	51	see VIRACEPT TAB 625MG	89
NATURE THROI TAB 162.5MG	166	neomycin sulfate tab 500 mg	6
NATURE-THROI TAB 113.75MG	166	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	154
NATURE-THROI TAB 130MG	166	neomycin-bacitracin-polymyxin oint	106
NATURE-THROI TAB 146.25MG	166	neomycin-bacitracin-polymyxin-pramoxine oint 1%	106
NATURE-THROI TAB 16.25MG	166	neomycin-colistin-hc-thonzonium	
NATURE-THROI TAB 195MG	166	see COLY-MYCIN S SUS OTIC	158
NATURE-THROI TAB 260MG	166	neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	154
NATURE-THROI TAB 32.5MG	166	neomycin-polymyxin-dexamethasone ophth oint 0.1%	155
NATURE-THROI TAB 325MG	166	neomycin-polymyxin-dexamethasone ophth susp 0.1%	155
NATURE-THROI TAB 48.75MG	166	neomycin-polymyxin-hc otic soln 1%	158
NATURE-THROI TAB 65MG	166	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	158
NATURE-THROI TAB 97.5MG	166	NEORAL CAP 100MG	144
nebivolol hcl			
see BYSTOLIC TAB 10MG	91		
see BYSTOLIC TAB 2.5MG	91		
see BYSTOLIC TAB 20MG	91		
see BYSTOLIC TAB 5MG	91		
nebivolol hcl tab 10 mg (base equivalent)	91		
nebivolol hcl tab 2.5 mg (base equivalent)	91		
nebivolol hcl tab 20 mg (base equivalent)	91		

NEORAL CAP 25MG	144	nicotine polacrilex gum 2 mg	164
nepafenac		nicotine polacrilex gum 4 mg	164
see NEVANAC SUS 0.1%	156	nicotine polacrilex lozenge 2 mg	
NESTABS TAB	148	.....	164
netupitant-palonosetron		nicotine polacrilex lozenge 4 mg	
see AKYNZEO CAP 300-0.5	53	.....	164
NEUPRO DIS 1MG/24HR	77	NICOTINE SYS KIT TRANSDER	164
NEUPRO DIS 2MG/24HR	77	nicotine td patch 24hr 14 mg/24hr	
NEUPRO DIS 3MG/24HR	77	.....	164
NEUPRO DIS 4MG/24HR	77	nicotine td patch 24hr 21 mg/24hr	
NEUPRO DIS 6MG/24HR	77	.....	164
NEUPRO DIS 8MG/24HR	77	nicotine td patch 24hr 7 mg/24hr	
NEVANAC SUS 0.1%	156	.....	164
nevirapine susp 50 mg/5ml	88	Nicotine Transdermal Syst	
nevirapine tab 200 mg	88	see nicotine td patch 24hr 7	
nevirapine tab er 24hr 100 mg	88	mg/24hr	164
nevirapine tab er 24hr 400 mg	88	NICOTROL INH.....	164
NEXAVAR TAB 200MG.....	74	NICOTROL NS SPR 10MG/ML.....	164
NEXIUM 24HR CAP 20MG	169	nifedipine cap 10 mg	94
NEXLETOL TAB 180MG	56	nifedipine cap 20 mg	94
NEXLIZET TAB 180/10MG	56	nifedipine tab er 24hr 30 mg	94
NEXPLANON IMP 68MG	100	nifedipine tab er 24hr 60 mg	94
niacin (antihyperlipidemic) tab 500		nifedipine tab er 24hr 90 mg	94
mg	59	nifedipine tab er 24hr osmotic	
niacin cap er 250 mg	176	release 30 mg	94
niacin cap er 500 mg	176	nifedipine tab er 24hr osmotic	
Niacin Flush Free		release 60 mg	94
see inositol niacinate cap 500 mg		nifedipine tab er 24hr osmotic	
.....	95	release 90 mg	94
niacin tab 100 mg	176	nilotinib hcl	
niacin tab 250 mg	176	see TASIGNA CAP 150MG	75
niacin tab 50 mg	176	see TASIGNA CAP 200MG	75
niacin tab 500 mg	176	see TASIGNA CAP 50MG	75
niacin tab er 250 mg	176	nilutamide tab 150 mg	70
niacin tab er 500 mg	176	nimodipine cap 30 mg	94
niacin tab er 500 mg		nintedanib esylate	
(antihyperlipidemic)	59	see OFEV CAP 100MG.....	165
niacin tab er 750 mg	176	see OFEV CAP 150MG.....	165
niacinamide tab 500 mg	176	niraparib tosylate	
Niacor		see ZEJULA CAP 100MG.....	75
see niacin (antihyperlipidemic)		nisoldipine tab er 24hr 17 mg	94
tab 500 mg	59	nisoldipine tab er 24hr 20 mg	94
nicardipine hcl cap 20 mg	93	nisoldipine tab er 24hr 25.5 mg ..	94
nicardipine hcl cap 30 mg	93	nisoldipine tab er 24hr 30 mg	94
nicotine		nisoldipine tab er 24hr 34 mg	94
see NICOTROL INH.....	164	nisoldipine tab er 24hr 40 mg	94
see NICOTROL NS SPR 10MG/ML.	164	nisoldipine tab er 24hr 8.5 mg	94

nitazoxanide	
see ALINIA SUS 100/5ML	22
nitazoxanide tab 500 mg	22
nitisinone	
see ORFADIN CAP 20MG	117
nitisinone cap 10 mg	117
nitisinone cap 2 mg	117
nitisinone cap 5 mg	117
nitrofurantoin macrocrystalline cap 100 mg	170
nitrofurantoin macrocrystalline cap 50 mg	170
nitrofurantoin monohydrate macrocrystalline cap 100 mg ..	170
nitrofurantoin susp 25 mg/5ml ..	170
nitroglycerin (intra-anal)	
see RECTIV OIN 0.4%	20
nitroglycerin sl tab 0.3 mg	23
nitroglycerin sl tab 0.4 mg	23
nitroglycerin sl tab 0.6 mg	23
nitroglycerin td patch 24hr 0.1 mg/hr	23
nitroglycerin td patch 24hr 0.2 mg/hr	23
nitroglycerin td patch 24hr 0.4 mg/hr	23
nitroglycerin td patch 24hr 0.6 mg/hr	23
nizatidine cap 150 mg	168
nizatidine cap 300 mg	168
nizatidine oral soln 15 mg/ml ...	168
Non-aspirin Junior Streng	
see acetaminophen chew tab 160 mg	12
nonoxynol-9	
see ENCARE SUP 100MG	174
see GYNOL II GEL 3%	174
see SHUR-SEAL GEL 2%	174
see TODAY SPONGE MIS	174
see VCF VAGINAL AER CONTRACP	174
see VCF VAGINAL GEL CONTRACE	174
see VCF VAGINAL MIS CONTRACP	174
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	100
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	99
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	99
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	99
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	99
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	99
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	99
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	99
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg ..	100
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	100
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) ...	100
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	100
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	100
norethindrone acetate tab 5 mg ..	160
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg ..	118
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	118
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10	99
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ...	99
norethindrone tab 0.35 mg	101
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg ..	100
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg ..	100
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	100
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	100

norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mcg	100	see thyroid tab 90 mg (1 1/2 grain)	167
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	100	NUCALA INJ 100MG	26
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	100	NUCALA INJ 100MG/ML	26
NORTEMP SUS INFANTS	12	NUCALA INJ 40MG/0.4	26
Nortrel 0.5/35 (28)		NUCYNTA ER TAB 100MG.....	15
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg ..	99	NUCYNTA ER TAB 150MG.....	15
Nortrel 1/35		NUCYNTA ER TAB 200MG.....	15
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	99	NUCYNTA ER TAB 250MG.....	15
Nortrel 7/7/7		NUCYNTA ER TAB 50MG	15
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	100	NUCYNTA ER TAB 100MG	15
nortriptyline hcl cap 10 mg	41	NUCYNTA ER TAB 50MG	15
nortriptyline hcl cap 25 mg	41	NUCYNTA TAB 100MG	15
nortriptyline hcl cap 50 mg	41	NUCYNTA TAB 50MG	15
nortriptyline hcl cap 75 mg	41	NUCYNTA TAB 75MG	15
NORVIR SOL 80MG/ML	88	NURTEC TAB 75MG ODT	137
NOVOLIN INJ 70/30	50	NUTRIENTS TAB PRENATAL.....	148
NOVOLIN INJ 70/30 FP	50	nystatin cream 100000 unit/gm	106
NOVOLIN N INJ 100 UNIT	50	nystatin oint 100000 unit/gm ...	106
NOVOLIN N INJ U-100	50	nystatin susp 100000 unit/ml ...	145
NOVOLIN R INJ 100 UNIT	50	nystatin tab 500000 unit	54
NOVOLIN R INJ U-100	50	nystatin topical powder 100000 unit/gm	106
NOVOLOG INJ 100/ML	50	nystatin-triamcinolone cream 100000-0.1 unit/gm-%	107
NOVOLOG INJ FLEXPEN	50	nystatin-triamcinolone oint 100000-0.1 unit/gm-%	107
NOVOLOG INJ PENFILL	50	Nystop	
NOVOLOG MIX INJ 70/30	50	see nystatin topical powder 100000 unit/gm	106
NOVOLOG MIX INJ FLEXPEN	50	O	
Np Thyroid 120		O-CAL TAB PRENATAL	148
see thyroid tab 120 mg (2 grain)	167	OCTAGAM INJ 5GM	158
Np Thyroid 15		octreotide acetate	
see thyroid tab 15 mg (1/4 grain)	167	see SANDOSTATIN KIT LAR 10MG118	
Np Thyroid 30		see SANDOSTATIN KIT LAR 20MG118	
see thyroid tab 30 mg (1/2 grain)	167	see SANDOSTATIN KIT LAR 30MG118	
Np Thyroid 60		octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	117
see thyroid tab 60 mg (1 grain)	167	octreotide acetate inj 1000 mcg/ml (1 mg/ml)	118
Np Thyroid 90		octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	117
		octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	117
		octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	118
		octreotide acetate subcutaneous soln pref syr 50 mcg/ml	118

Ocuvite/lutein	
see multiple vitamins w/ minerals tab	146
ODEFSEY TAB.....	88
ODOMZO CAP 200MG	69
OFEV CAP 100MG	165
OFEV CAP 150MG	165
ofloxacin ophth soln 0.3%	155
ofloxacin otic soln 0.3%	157
ofloxacin tab 300 mg	120
ofloxacin tab 400 mg	120
Ogestrel	
see norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	100
OGIVRI INJ 150MG	69
OGIVRI INJ 420MG	69
olanzapine pamoate	
see ZYPREXA RELP INJ 210MG	83
see ZYPREXA RELP INJ 300MG	83
see ZYPREXA RELP INJ 405MG	83
olanzapine tab 10 mg	82
olanzapine tab 15 mg	82
olanzapine tab 2.5 mg	82
olanzapine tab 20 mg	82
olanzapine tab 5 mg	82
olanzapine tab 7.5 mg	82
olaparib	
see LYNPARZA TAB 100MG	74
see LYNPARZA TAB 150MG	74
olmesartan medoxomil tab 20 mg	62
olmesartan medoxomil tab 40 mg	62
olmesartan medoxomil tab 5 mg	62
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	66
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	66
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	66
olodaterol hcl	
see STRIVERDI AER 2.5MCG	30
olopatadine hcl	
see PATADAY SOL 0.1%.....	157
see PATADAY SOL 0.2%	157
olopatadine hcl nasal soln 0.6%	151
olopatadine hcl ophth soln 0.1% (base equivalent)	156
olopatadine hcl ophth soln 0.2% (base equivalent)	156
olsalazine sodium	
see DIPENTUM CAP 250MG	121
omalizumab	
see XOLAIR INJ 150MG/ML.....	26
see XOLAIR INJ 75/0.5	26
see XOLAIR SOL 150MG.....	26
omega-3 fatty acids cap 1000 mg	152
omega-3 fatty acids cap 1200 mg	152
omega-3 fatty acids cap 300 mg	152
omega-3 fatty acids cap 500 mg	152
omega-3 fatty acids cap delayed release 1000 mg	152
omega-3 fatty acids cap delayed release 1200 mg	152
omega-3-acid ethyl esters cap 1 gm	56
omeprazole	
see FIRST-OMEPRASUS 2MG/ML	169
omeprazole cap delayed release 10 mg	169
omeprazole cap delayed release 20 mg	169
omeprazole cap delayed release 40 mg	170
omeprazole magnesium	
see PRILOSEC OTC TAB 20MG	170
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	170
omeprazole magnesium delayed release tab 20 mg (base equiv)	170
OMNARIS SPR	151
OMNIFLEX DPR.....	133
OMNITROPE INJ 10/1.5ML	116
OMNITROPE INJ 5.8MG	116
OMNITROPE INJ 5/1.5ML	116
onabotulinumtoxin	
see BOTOX INJ 100UNIT	152
see BOTOX INJ 200UNIT	152

ondansetron hcl oral soln 4 mg/5ml	53	oxazepam cap 10 mg	25
ondansetron hcl tab 4 mg	53	oxazepam cap 15 mg	25
ondansetron hcl tab 8 mg	53	oxazepam cap 30 mg	25
ondansetron orally disintegrating tab 4 mg	53	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	34
ondansetron orally disintegrating tab 8 mg	53	oxcarbazepine tab 150 mg	34
ONE A DAY MIS PRENATAL.....	148	oxcarbazepine tab 300 mg	34
ONTRUZANT INJ 150MG	69	oxcarbazepine tab 600 mg	34
ONTRUZANT INJ 420MG	69	oxiconazole nitrate	
OPSUMIT TAB 10MG.....	96	see OXISTAT LOT 1%.....	107
oral electrolyte solution	141	oxiconazole nitrate cream 1% ..	107
ORAVIG TAB 50MG	145	OXISTAT LOT 1%	107
ORENCIA CLCK INJ 125MG/ML.....	11	oxybutynin	
ORENCIA INJ 125MG/ML.....	11	see OXYTROL/WOMN DIS 3.9MG/24	171
ORENCIA INJ 250MG	11	oxybutynin chloride syrup 5 mg/5ml	171
ORENCIA INJ 50/0.4ML.....	11	oxybutynin chloride tab 5 mg ...	171
ORENCIA INJ 87.5/0.7.....	11	oxybutynin chloride tab er 24hr 10 mg	171
ORENITRAM TAB 0.125MG	95	oxybutynin chloride tab er 24hr 15 mg	171
ORENITRAM TAB 0.25MG	95	oxybutynin chloride tab er 24hr 5 mg	171
ORENITRAM TAB 1MG	95	oxycodone hcl	
ORENITRAM TAB 2.5MG.....	95	see OXYCONTIN TAB 10MG ER.....	16
ORENITRAM TAB 5MG	95	see OXYCONTIN TAB 15MG ER.....	16
ORFADIN CAP 20MG.....	117	see OXYCONTIN TAB 20MG ER.....	16
orphenadrine citrate tab er 12hr 100 mg	150	see OXYCONTIN TAB 30MG ER.....	16
oseltamivir phosphate cap 30 mg (base equiv)	90	see OXYCONTIN TAB 40MG ER.....	16
oseltamivir phosphate cap 45 mg (base equiv)	90	see OXYCONTIN TAB 60MG ER.....	16
oseltamivir phosphate cap 75 mg (base equiv)	90	see OXYCONTIN TAB 80MG ER.....	16
oseltamivir phosphate for susp 6 mg/ml (base equiv)	90	oxycodone hcl soln 5 mg/5ml	15
osimertinib mesylate		oxycodone hcl tab 10 mg	16
see TAGRISSO TAB 40MG	75	oxycodone hcl tab 15 mg	16
see TAGRISSO TAB 80MG	75	oxycodone hcl tab 20 mg	16
OSMOPREP TAB 1.5GM	131	oxycodone hcl tab 30 mg	16
ospemifene		oxycodone hcl tab 5 mg	16
see OSPHENA TAB 60MG.....	116	oxycodone hcl tab er 12hr deter 10 mg	16
OSPHENA TAB 60MG	116	oxycodone hcl tab er 12hr deter 15 mg	16
OTEZLA TAB 10/20/30.....	10	oxycodone hcl tab er 12hr deter 20 mg	16
OTEZLA TAB 30MG.....	10	oxycodone hcl tab er 12hr deter 30 mg	16
oxandrolone tab 10 mg	19		
oxandrolone tab 2.5 mg	19		
oxaprozin tab 600 mg	10		

oxycodone hcl tab er 12hr deter 40 mg16
oxycodone hcl tab er 12hr deter 60 mg16
oxycodone hcl tab er 12hr deter 80 mg16
oxycodone w/ acetaminophen tab 10-325 mg18
oxycodone w/ acetaminophen tab 2.5-325 mg18
oxycodone w/ acetaminophen tab 5-325 mg18
oxycodone w/ acetaminophen tab 7.5-325 mg18
oxycodone-ibuprofen tab 5-400 mg18
OXYCONTIN TAB 10MG ER16
OXYCONTIN TAB 15MG ER16
OXYCONTIN TAB 20MG ER16
OXYCONTIN TAB 30MG ER16
OXYCONTIN TAB 40MG ER16
OXYCONTIN TAB 60MG ER16
OXYCONTIN TAB 80MG ER16
oxymetazoline hcl nasal soln 0.05% 152
oxymetholone
see ANADROL-50 TAB 50MG 19
oxymorphone hcl tab 10 mg16
oxymorphone hcl tab 5 mg16
oxymorphone hcl tab er 12hr 10 mg16
oxymorphone hcl tab er 12hr 15 mg16
oxymorphone hcl tab er 12hr 20 mg17
oxymorphone hcl tab er 12hr 30 mg17
oxymorphone hcl tab er 12hr 40 mg17
oxymorphone hcl tab er 12hr 5 mg16
oxymorphone hcl tab er 12hr 7.5 mg16
OXYTROL/WOMN DIS 3.9MG/24..... 171
Oysco 500+d

see **calcium carbonate-cholecalciferol chew tab 500 mg-600 unit** 140
Oyster Shell Calcium Plus
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 140
oyster shell calcium tab 500 mg 141
Oystercal-d
see **calcium carbonate-cholecalciferol tab 500 mg-400 unit** 140
OZEMPIC INJ 2/1.5ML 47
OZEMPIC INJ 4MG/3ML 47
OZEMPIC INJ 8MG/3ML 47
P
Pain & Fever Childrens
see **acetaminophen soln 160 mg/5ml**..... 12
palbociclib
see IBRANCE CAP 100MG..... 73
see IBRANCE CAP 125MG..... 73
see IBRANCE CAP 75MG 72
see IBRANCE TAB 100MG..... 73
see IBRANCE TAB 125MG..... 73
see IBRANCE TAB 75MG 73
paliperidone palmitate
see INVEGA SUST INJ 117/0.75... 79
see INVEGA SUST INJ 156MG/ML.. 79
see INVEGA SUST INJ 234/1.5..... 79
see INVEGA SUST INJ 39/0.25..... 79
see INVEGA SUST INJ 78/0.5ML... 79
see INVEGA TRINZ INJ 273MG..... 79
see INVEGA TRINZ INJ 410MG..... 79
see INVEGA TRINZ INJ 546MG..... 79
see INVEGA TRINZ INJ 819MG..... 79
paliperidone tab er 24hr 1.5 mg.. 79
paliperidone tab er 24hr 3 mg 80
paliperidone tab er 24hr 6 mg 80
paliperidone tab er 24hr 9 mg 80
palivizumab
see SYNAGIS INJ 100MG/ML 159
see SYNAGIS INJ 50MG 159
pancrelipase (lipase-protease-amylase)
see CREON CAP 12000UNT..... 113
see CREON CAP 24000UNT..... 113

see CREON CAP 3000UNIT 113
 see CREON CAP 36000UNT 113
 see CREON CAP 6000UNIT 113
 see ZENPEP CAP 10000UNT 113
 see ZENPEP CAP 15000UNT 113
 see ZENPEP CAP 20000UNT 113
 see ZENPEP CAP 25000UNT 114
 see ZENPEP CAP 3000UNIT 113
 see ZENPEP CAP 40000UNT 114
 see ZENPEP CAP 5000UNIT 113

panobinostat lactate

see FARYDAK CAP 10MG72
 see FARYDAK CAP 15MG72
 see FARYDAK CAP 20MG72

PANRETIN GEL 0.1% 107

pantoprazole sodium ec tab 20 mg (base equiv)..... 170

pantoprazole sodium ec tab 40 mg (base equiv)..... 170

PARAGARD IUD T380A 100

paricalcitol cap 1 mcg 117

paricalcitol cap 2 mcg 117

paricalcitol cap 4 mcg 117

paromomycin sulfate cap 250 mg 6

paroxetine hcl tab 10 mg38

paroxetine hcl tab 20 mg38

paroxetine hcl tab 30 mg38

paroxetine hcl tab 40 mg38

PASER GRA 4GM.....68

PATADAY SOL 0.1% 157

PATADAY SOL 0.2% 157

patiromer sorbitex calcium

see VELTASSA POW 16.8GM 145

see VELTASSA POW 25.2GM 145

see VELTASSA POW 8.4GM..... 145

pazopanib hcl

see VOTRIENT TAB 200MG75

PEAK AIR FLO MIS ADLT/PED 137

peak flow meter

see PEAK AIR FLO MIS ADLT/PED 137

PEDIA-LAX LIQ 50MG 132

pediatric multiple vitamin liq 147

pediatric multiple vitamin w/ c & fa chew tab 147

pediatric multiple vitamin w/ extra c & fa chew tab 147

pediatric multiple vitamin w/ minerals & c

see AQUADEKS DRO 146

pediatric multiple vitamin w/ minerals & c chew tab..... 146

pediatric multiple vitamins

see MULT VITAM DRO..... 147

see POLY-VI-SOL SOL 50MG/ML.. 147

see POLY-VITE DRO 147

pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml..... 146

pediatric multiple vitamins w/ fluoride chew tab 0.25 mg 146

pediatric multiple vitamins w/ fluoride chew tab 0.5 mg 146

pediatric multiple vitamins w/ fluoride chew tab 1 mg 146

pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml 147

pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml 146

pediatric multiple vitamins w/ iron

see ANIMAL SHAPE CHW IRON ... 147

see MULTIVITAMIN DRO /IRON... 147

see POLY-VITE SOL /IRON 147

pediatric multiple vitamins w/ iron chew tab 15 mg 147

pediatric multiple vitamins w/ iron chew tab 18 mg 147

pediatric vitamins acd w/ fluoride soln 0.25 mg/ml 147

pediatric vitamins acd w/ fluoride soln 0.5 mg/ml 147

pediatric vitamins adc

see TRI-VI-SOL SOL A/C/D 147

pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml 147

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 130

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 130

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid

see PLENVU SOL..... 131

peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm... 131

peg 3350-kcl-sod bicarb-nacl for soln 420 gm	131
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
see GOLYTELY SOL.....	130
PEGANONE TAB 250MG	35
PEGASYS INJ.....	89
PEGASYS INJ 180MCG/M	89
pegfilgrastim-bmez	
see ZIEXTENZO INJ 6/0.6ML.....	127
peginterferon alfa-2a	
see PEGASYS INJ	89
see PEGASYS INJ 180MCG/M	89
peginterferon alfa-2b	
see PEGINTRON KIT 50MCG	89
peginterferon beta-1a	
see PLEGRIDY INJ	163
see PLEGRIDY INJ PEN.....	163
see PLEGRIDY INJ STARTER	163
see PLEGRIDY PEN INJ STARTER	163
PEGINTRON KIT 50MCG.....	89
pegvisomant	
see SOMAVERT INJ 10MG.....	116
see SOMAVERT INJ 15MG.....	116
see SOMAVERT INJ 20MG.....	116
PEN NEEDLES MIS 29GX10MM.....	136
PEN NEEDLES MIS 29GX12.7.....	136
PEN NEEDLES MIS 29GX12MM.....	136
PEN NEEDLES MIS 31GX5MM.....	136
PEN NEEDLES MIS 31GX6MM.....	136
PEN NEEDLES MIS 31GX8MM.....	136
PEN NEEDLES MIS 32GX4MM.....	136
PEN NEEDLES MIS 32GX6MM.....	136
PEN NEEDLES MIS 32GX8MM.....	136
 penciclovir	
see DENAVIR CRE 1%.....	108
penicillamine	
see D-PENAMINE TAB 125MG	143
penicillamine tab 250 mg	143
penicillin v potassium for soln 125 mg/5ml	159
penicillin v potassium for soln 250 mg/5ml	160
penicillin v potassium tab 250 mg	
.....	160
penicillin v potassium tab 500 mg	
.....	160
pentamidine isethionate for nebulization soln 300 mg	21
pentosan polysulfate sodium	
see ELMIRON CAP 100MG	123
pentoxifylline tab er 400 mg	124
perampanel	
see FYCOMPA TAB 10MG.....	32
see FYCOMPA TAB 12MG.....	32
see FYCOMPA TAB 2MG	32
see FYCOMPA TAB 4MG	32
see FYCOMPA TAB 6MG	32
see FYCOMPA TAB 8MG	32
perindopril erbumine tab 2 mg ...	60
perindopril erbumine tab 4 mg ...	60
perindopril erbumine tab 8 mg ...	60
permethrin & pyrethrins-piperonyl butoxide	
see RA LICE KIT SOLUTION.....	113
permethrin aerosol 0.5%	112
permethrin cream 5%	112
permethrin creme rinse 1%	112
permethrin lotion 1%	112
perphenazine tab 16 mg	84
perphenazine tab 2 mg	83
perphenazine tab 4 mg	83
perphenazine tab 8 mg	84
perphenazine-amitriptyline tab 2-10 mg	162
perphenazine-amitriptyline tab 2-25 mg	162
perphenazine-amitriptyline tab 4-10 mg	162
perphenazine-amitriptyline tab 4-25 mg	162
perphenazine-amitriptyline tab 4-50 mg	162
PERRY PRENAT CAP	148
PFIZER VACC INJ COVID-19.....	173
Pharbedryl	
see diphenhydramine hcl cap 25 mg	54
phenazopyridine hcl tab 100 mg	123
phenazopyridine hcl tab 200 mg	123
phenelzine sulfate tab 15 mg	37
phenobarbital elixir 20 mg/5ml	128
phenobarbital tab 100 mg	128
phenobarbital tab 15 mg	128

phenobarbital tab 16.2 mg	128	pioglitazone hcl tab 45 mg (base equiv)	50
phenobarbital tab 30 mg	128	pirfenidone	
phenobarbital tab 32.4 mg	128	see ESBRIET CAP 267MG	164
phenobarbital tab 60 mg	128	see ESBRIET TAB 267MG	164
phenobarbital tab 64.8 mg	128	see ESBRIET TAB 801MG	165
phenobarbital tab 97.2 mg	128	pirfenidone tab 267 mg	165
phenoxybenzamine hcl cap 10 mg	61	pirfenidone tab 801 mg	165
phenylephrine hcl (oral)		piroxicam cap 10 mg	10
see SUDAFED PE SOL CHILDREN .	152	piroxicam cap 20 mg	10
phenylephrine hcl tab 10 mg	152	PLEGRIDY INJ	163
PHENYTEK CAP 200MG	35	PLEGRIDY INJ PEN	163
PHENYTEK CAP 300MG	35	PLEGRIDY INJ STARTER.....	163
phenytoin chew tab 50 mg	35	PLEGRIDY PEN INJ STARTER	163
phenytoin sodium extended		PLENVU SOL	131
see DILANTIN CAP 100MG	35	pneumococcal 13-valent conjugate vaccine	
see DILANTIN CAP 30MG.....	35	see PREVJAR 13 INJ	172
see PHENYTEK CAP 200MG	35	pneumococcal 15-valent conjugate vaccine	
see PHENYTEK CAP 300MG	35	see VAXNEUVANCE INJ	172
phenytoin sodium extended cap 100 mg	36	pneumococcal 20-valent conjugate vaccine	
phenytoin sodium extended cap 200 mg	36	see PREVJAR 20 INJ	172
phenytoin sodium extended cap 300 mg	36	pneumococcal vac polyvalent	
phenytoin susp 125 mg/5ml	36	see PNEUMOVAX 23 INJ 25/0.5... 172	
PHOSPHOLINE SOL 0.125%OP.....	154	PNEUMOVAX 23 INJ 25/0.5	172
Physiolyte		podofilox soln 0.5%	111
see irrigation solution, physiological	145	Polycin	
phytonadione tab 5 mg	176	see bacitracin-polymyxin b ophth oint	154
PICATO GEL 0.015%	107	polyethylene glycol 3350 oral packet 17 gm	131
PICATO GEL 0.05%	107	polyethylene glycol 3350 oral powder 17 gm/scoop	131
PIFELTRO TAB 100MG	88	polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	153
pilocarpine hcl ophth soln 1% ... 154		Poly-iron 150	
pilocarpine hcl ophth soln 2% ... 154		see polysaccharide iron complex cap 150 mg (iron equivalent)	128
pilocarpine hcl ophth soln 4% ... 154		Poly-iron 150 Forte	
pilocarpine hcl tab 5 mg	145	see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg . 127	
pilocarpine hcl tab 7.5 mg	145	polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	155
pimozide tab 1 mg	163		
pimozide tab 2 mg	163		
pindolol tab 10 mg	92		
pindolol tab 5 mg	92		
pioglitazone hcl tab 15 mg (base equiv)	50		
pioglitazone hcl tab 30 mg (base equiv)	50		

polysaccharide iron complex cap 150 mg (iron equivalent)	128
polysaccharide iron-folic acid-vit b12	
see FERREX 150 CAP FORTE	127
polyvinyl alcohol ophth soln 1.4%	153
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	153
POLY-VI-SOL SOL 50MG/ML	147
Polyvitamin/iron	
see pediatric multiple vitamin w/ minerals & c chew tab	146
POLY-VITE DRO	147
POLY-VITE SOL /IRON	147
pomalidomide	
see POMALYST CAP 1MG	71
see POMALYST CAP 2MG	71
see POMALYST CAP 3MG	71
see POMALYST CAP 4MG	71
POMALYST CAP 1MG	71
POMALYST CAP 2MG	71
POMALYST CAP 3MG	71
POMALYST CAP 4MG	71
ponatinib hcl	
see ICLUSIG TAB 10MG	73
see ICLUSIG TAB 15MG	73
see ICLUSIG TAB 30MG	73
see ICLUSIG TAB 45MG	73
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	142
potassium bicarbonate effer tab 25 meq	142
potassium chloride cap er 10 meq	142
potassium chloride cap er 8 meq	142
potassium chloride microencapsulated crys er tab 10 meq	142
potassium chloride microencapsulated crys er tab 20 meq	143
potassium chloride oral soln 10% (20 meq/15ml)	143
potassium chloride oral soln 20% (40 meq/15ml)	143
potassium chloride tab er 10 meq	143
potassium chloride tab er 20 meq (1500 mg)	143
potassium chloride tab er 8 meq (600 mg)	143
potassium citrate & citric acid soln 1100-334 mg/5ml	122
potassium citrate tab er 10 meq (1080 mg)	122
potassium citrate tab er 15 meq (1620 mg)	122
potassium citrate tab er 5 meq (540 mg)	122
PRADAXA CAP 110MG	32
PRADAXA CAP 150MG	32
PRADAXA CAP 75MG	32
pramipexole dihydrochloride tab 0.125 mg	77
pramipexole dihydrochloride tab 0.25 mg	77
pramipexole dihydrochloride tab 0.5 mg	77
pramipexole dihydrochloride tab 0.75 mg	77
pramipexole dihydrochloride tab 1 mg	77
pramipexole dihydrochloride tab 1.5 mg	77
pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG ..	41
see SYMLINPEN 120 INJ 1000MCG ..	42
pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	20
prasugrel hcl tab 10 mg (base equiv)	125
prasugrel hcl tab 5 mg (base equiv)	125
pravastatin sodium tab 10 mg	58
pravastatin sodium tab 20 mg	58
pravastatin sodium tab 40 mg	58
pravastatin sodium tab 80 mg	58
praziquantel tab 600 mg	21
prazosin hcl cap 1 mg	64

prazosin hcl cap 2 mg	64	PREMPRO TAB 0.3-1.5.....	118
prazosin hcl cap 5 mg	64	PREMPRO TAB 0.45-1.5.....	118
PRED-G SUS OP.....	155	PREMPRO TAB 0.625-5.....	118
prednicarbate cream 0.1%	111	PRENAT MULTI CAP +DHA	148
prednicarbate oint 0.1%	111	Prenatabs Rx	
prednisolone acetate ophth susp		see prenatal vit w/ iron carbonyl-	
1%	155	fa tab 29-1 mg	149
prednisolone sod phosph oral soln		Prenatal 19	
6.7 mg/5ml (5 mg/5ml base) 102		see prenatal vit w/ fe fumarate-fa	
prednisolone sod phosphate oral		chew tab 29-1 mg	149
soln 15 mg/5ml (base equiv) . 102		PRENATAL 19 TAB	148
prednisolone sodium phosphate		PRENATAL 19 TAB 29-1MG.....	148
oral soln 25 mg/5ml (base eq)		PRENATAL CAP FORMULA.....	148
.....	102	PRENATAL CAP OMEGA-3.....	148
prednisolone syrup 15 mg/5ml		Prenatal Dha	
(usp solution equivalent)	102	see docosahexaenoic acid cap	
prednisone oral soln 5 mg/5ml . 102		200 mg	152
prednisone tab 1 mg	102	PRENATAL DHA PAK MULTI	149
prednisone tab 10 mg	102	PRENATAL FRM TAB A-FREE	149
prednisone tab 2.5 mg	102	PRENATAL MUL CAP +DHA.....	149
prednisone tab 20 mg	102	prenatal multivitamins & minerals	
prednisone tab 5 mg	102	w/ folic acid-fish oil	
prednisone tab 50 mg	102	see CVS PRENATAL CHW GUMMY 148	
prednisone tab therapy pack 10 mg		prenatal multivit-min w/fe-fa	
(21)	102	see KPN PRENATAL TAB.....	148
prednisone tab therapy pack 10 mg		see MYNATAL CAP.....	148
(48)	102	see PRENATAL/FE TAB.....	149
prednisone tab therapy pack 5 mg		prenatal mv & min w/	
(21)	102	methylfolate-choline-fish oil	
prednisone tab therapy pack 5 mg		see PRENATAL DHA PAK MULTI... 149	
(48)	102	prenatal mv & min w/fe carbonyl-	
PREGABALIN CAP 100 MG	34	fa-dha	
PREGABALIN CAP 150 MG	34	see BRAINSTRONG MIS PRENATAL	
PREGABALIN CAP 200 MG	34	.....	147
PREGABALIN CAP 225 MG	34	prenatal mv & min w/fe fumarate-	
PREGABALIN CAP 25 MG.....	34	fa-dha	
PREGABALIN CAP 300 MG	34	see CENTRUM SPEC PAK PRENATAL	
PREGABALIN CAP 50 MG.....	34	.....	148
PREGABALIN CAP 75 MG.....	34	see ENFAMIL MIS EXPECTA	148
PREMARIN TAB 0.3MG	119	see PRENAT MULTI CAP +DHA	148
PREMARIN TAB 0.45MG	119	see PRENATAL+DHA MIS	149
PREMARIN TAB 0.625MG	119	see THERANATAL MIS COMPLETE 149	
PREMARIN TAB 0.9MG	119	PRENATAL TAB.....	149
PREMARIN TAB 1.25MG	119	PRENATAL TAB COMPLETE	149
PREMARIN VAG CRE 0.625MG	175	PRENATAL TAB FORMULA.....	149
PREMPHASE TAB.....	118	prenatal vit w/ docusate-fe	
PREMPRO TAB	118	fumarate-folic acid	

see MYNATE 90 TAB PLUS 148
 see PRENATAL 19 TAB 148
 see PRENATAL 19 TAB 29-1MG ... 148
**prenatal vit w/ docusate-iron
 carbonyl-folic acid**
 see MYNATAL TAB 148
**prenatal vit w/ dss-iron carbonyl-
 fa tab 90-1 mg** 149
**prenatal vit w/ fe bisglycinate
 chelate-folic acid**
 see VINATE II TAB 149
**prenatal vit w/ fe bisglycinate-folic
 acid-omega 3 fatty acid**
 see BE WELL PAK ROUNDED 147
**prenatal vit w/ fe fumarate-fa
 chew tab 29-1 mg** 149
**prenatal vit w/ fe fumarate-fa tab
 28-1 mg** 149
**prenatal vit w/ ferrous fumarate-
 fa-fish oil**
 see PRENATAL CAP OMEGA-3..... 148
**prenatal vit w/ ferrous fumarate-
 fa-omega 3 fatty acids**
 see ONE A DAY MIS PRENATAL ... 148
 see PRENATAL CAP FORMULA 148
 see PRENATAL MUL CAP +DHA.... 149
 see SM ONE DAILY MIS PRENATAL
 149
**prenatal vit w/ ferrous fumarate-
 folic acid**
 see CO-NATAL FA TAB 29-1MG ... 148
 see NATALVIT TAB 75-1MG 148
 see O-CAL TAB PRENATAL 148
 see PERRY PRENAT CAP 148
 see PRENATAL TAB..... 149
 see PRENATAL TAB COMPLETE 149
 see RA PRENATAL TAB FORMULA. 149
 see SE-NATAL 19 CHW 149
 see TRINATAL RX TAB 1 149
 see VITAFOL-OB TAB 65-1MG 149
 see VOL-PLUS TAB 150
**prenatal vit w/ ferrous fumarate-l
 methylfolate-folic acid**
 see TL FOLATE TAB 149
**prenatal vit w/ iron carbonyl-fa tab
 29-1 mg** 149

**prenatal vit w/ iron carbonyl-folic
 acid**
 see VOL-TAB RX TAB..... 150
**prenatal vit w/ selenium-fe
 fumarate-folic acid**
 see PRENATAL TAB FORMULA 149
 see VINATE M TAB 149
**prenatal vit without vit a w/ fe
 bisglycinate-folic acid**
 see NESTABS TAB..... 148
prenatal vitamin
 see CALNA TAB 148
**prenatal vitamins w/ ferrous
 succinate-folic acid**
 see NUTRIENTS TAB PRENATAL .. 148
**prenatal without a vit w/ fe
 fumarate-folic acid**
 see PRENATAL FRM TAB A-FREE.. 149
**prenatal without vit a w/ iron
 polysaccharide complex-fa**
 see EZFE FORTE CAP..... 148
 PRENATAL/FE TAB 149
 PRENATAL+DHA MIS..... 149
 PREPOPIK PAK 131
 PREVNAR 13 INJ..... 172
 PREVNAR 20 INJ..... 172
 PREZCOBIX TAB 800-150 88
 PREZISTA SUS 100MG/ML 88
 PREZISTA TAB 150MG..... 88
 PREZISTA TAB 600MG..... 88
 PREZISTA TAB 75MG 88
 PREZISTA TAB 800MG..... 88
 PRIFTIN TAB 150MG 68
 PRILOSEC OTC TAB 20MG..... 170
**primaquine phosphate tab 26.3 mg
 (15 mg base)** 67
primidone tab 250 mg 35
primidone tab 50 mg 35
 PRIVIGEN INJ 20GRAMS 159
probenecid tab 500 mg 123
procarbazine hcl
 see MATULANE CAP 50MG..... 76
**prochlorperazine maleate tab 10
 mg (base equivalent)** 84
**prochlorperazine maleate tab 5 mg
 (base equivalent)** 84
prochlorperazine suppos 25 mg .. 84

PROCRIT INJ 2000/ML	126	propranolol hcl cap er 24hr 80 mg	
PROCRIT INJ 3000/ML	126	.....	92
PROCRIT INJ 40000/ML	126	propranolol hcl oral soln 20	
progesterone (vaginal)		mg/5ml	92
see PROGESTERONE SUP VGS 100		propranolol hcl oral soln 40	
.....	175	mg/5ml	92
see PROGESTERONE SUP VGS 200		propranolol hcl tab 10 mg	92
.....	175	propranolol hcl tab 20 mg	92
progesterone cap 100 mg	160	propranolol hcl tab 40 mg	92
progesterone cap 200 mg	160	propranolol hcl tab 60 mg	92
PROGESTERONE SUP VGS 100.....	175	propranolol hcl tab 80 mg	92
PROGESTERONE SUP VGS 200.....	175	propylene glycol-glycerin ophth	
PROLASTIN-C INJ 1000MG	164	soln 1-0.3%	153
PROLIA INJ 60MG/ML	115	propylthiouracil tab 50 mg	165
PROMACTA TAB 12.5MG	126	protriptyline hcl tab 10 mg	41
PROMACTA TAB 25MG	126	protriptyline hcl tab 5 mg	41
PROMACTA TAB 50MG	126	pseudoephed-bromphen-dm	
PROMACTA TAB 75MG	126	see BROTAPP DM LIQ 15-1-5/5... 102	
promethazine & phenylephrine		pseudoephed-bromphen-dm syrup	
syrup 6.25-5 mg/5ml	103	30-2-10 mg/5ml	103
promethazine hcl suppos 12.5 mg		pseudoephedrine hcl	
.....	55	see NASAL DECON SYP 30MG/5ML	
promethazine hcl suppos 25 mg ..	55	.....	151
promethazine hcl syrup 6.25		see NASAL DECONG LIQ 30MG/5ML	
mg/5ml.....	55	.....	152
promethazine hcl tab 12.5 mg	55	pseudoephedrine hcl liq 15 mg/5ml	
promethazine hcl tab 25 mg	56	.....	152
promethazine hcl tab 50 mg	56	pseudoephedrine hcl tab 30 mg	152
promethazine w/ codeine syrup		pseudoephedrine hcl tab 60 mg	152
6.25-10 mg/5ml.....	103	pseudoephedrine hcl tab er 12hr	
promethazine-dm syrup 6.25-15		120 mg	152
mg/5ml.....	103	pseudoephedrine-guaifenesin tab	
promethazine-phenylephrine-		er 12hr 60-600 mg	103
codeine syrup 6.25-5-10 mg/5ml		psyllium	
.....	103	see KONSYL DAILY POW 100% ... 130	
propafenone hcl tab 150 mg	26	see KONSYL DAILY POW 28.3% .. 130	
propafenone hcl tab 225 mg	26	see KONSYL-D POW 52.3%	130
propafenone hcl tab 300 mg	26	see METAMUCIL POW 28%ORG... 130	
proparacaine hcl ophth soln 0.5%		see METAMUCIL POW 58.12% 130	
.....	155	see METAMUCIL WAF	130
propranolol hcl cap er 24hr 120 mg		see NAT FIBER POW 58.6%..... 130	
.....	92	psyllium cap 0.52 gm	130
propranolol hcl cap er 24hr 160 mg		psyllium cap 400 mg	130
.....	92	psyllium powder 100%	130
propranolol hcl cap er 24hr 60 mg		psyllium powder 28.3%	130
.....	92	psyllium powder 30.9%	130
		psyllium powder 33%	130

psyllium powder 48.57% 130
psyllium powder 58.6% 130
psyllium powder 95% 130
 PULMICORT INH 180MCG 28
 PULMICORT INH 90MCG 28
 PULMONEB LT MIS NEBULIZE 137
 PULMOZYME SOL 1MG/ML 164
 PURE & GENTL DRO 0.3% 153
 Px Iron
 see *ferrous sulfate dried tab 200 mg (65 mg elemental fe)* 127
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) 21
pyrazinamide tab 500 mg 68
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit 112
pyrethrins-piperonyl butoxide liq 0.3-3% 112
pyrethrins-piperonyl butoxide liq 0.33-4% 112
pyrethrins-piperonyl butoxide shampoo 0.33-4% 112
pyridostigmine bromide tab 60 mg 67
pyridoxine hcl tab 100 mg 176
pyridoxine hcl tab 25 mg 176
pyridoxine hcl tab 50 mg 176
 PYRIME/LEUCO CAP 12.5/2.5 67
 PYRIME/LEUCO CAP 25/10MG 67
 PYRIME/LEUCO CAP 25/5MG 67
 PYRIME/LEUCO CAP 50/10MG 67
 PYRIME/LEUCO CAP 50/20MG 67
 PYRIME/LEUCO CAP 50/25MG 67
 PYRIME/LEUCO CAP 75/25MG 67

Q

Qc 3 Day Vaginal Cream
 see *miconazole nitrate vaginal cream 4% (200 mg/5gm)* ... 174
 Qc Natural Vegetable
 see *psyllium powder 95%* 130
quetiapine fumarate tab 100 mg .82
quetiapine fumarate tab 200 mg .82
quetiapine fumarate tab 25 mg ...82
quetiapine fumarate tab 300 mg .82
quetiapine fumarate tab 400 mg .82
quetiapine fumarate tab 50 mg ...82

quetiapine fumarate tab er 24hr 150 mg 83
quetiapine fumarate tab er 24hr 200 mg 83
quetiapine fumarate tab er 24hr 300 mg 83
quetiapine fumarate tab er 24hr 400 mg 83
quetiapine fumarate tab er 24hr 50 mg 82
quinapril hcl tab 10 mg 60
quinapril hcl tab 20 mg 60
quinapril hcl tab 40 mg 60
quinapril hcl tab 5 mg 60
quinapril-hydrochlorothiazide tab 10-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-25 mg 66
quinidine sulfate tab 200 mg 26
quinidine sulfate tab 300 mg 26
quinine sulfate cap 324 mg 67
 QVAR REDIHA AER 80MCG 28
 QVAR REDIHAL AER 40MCG 28
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* 151
 Ra Calcium 600 Plus Vitam
 see *calcium carb-vit d w/ minerals chew tab 600 mg-400 unit* 139
 Ra Cetirizine
 see *cetirizine hcl tab 10 mg* 55
 Ra Col-rite
 see *docusate sodium cap 50 mg* 132
 Ra Ear Drying Agent
 see *isopropyl alcohol-glycerin otic liquid 95-5%* 157
 Ra Glycerin Child

see glycerin suppos 80.7% 131	ramipril cap 2.5 mg 61
Ra Hemorrhoidal	ramipril cap 5 mg 61
see pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%.....20	ranolazine tab er 12hr 1000 mg .. 22
Ra Hydrocortisone Plus 12	ranolazine tab er 12hr 500 mg 22
see hydrocortisone cream 1% 110	rasagiline mesylate tab 0.5 mg (base equiv) 78
Ra Ibuprofen	rasagiline mesylate tab 1 mg (base equiv) 78
see ibuprofen tab 200 mg 9	REBIF INJ 22/0.5..... 163
Ra Laxative	REBIF INJ 44/0.5..... 163
see polyethylene glycol 3350 oral packet 17 gm 131	REBIF REBIDO INJ 22/0.5..... 163
see polyethylene glycol 3350 oral powder 17 gm/scoop 131	REBIF REBIDO INJ 44/0.5..... 163
Ra Laxative Maximum Stren	REBIF REBIDO INJ TITRATN 163
see sennosides tab 25 mg 132	REBIF TITRTN INJ PACK 163
RA LICE KIT SOLUTION 113	RECOMBINATE INJ..... 124
Ra Lubricant Eye Drops	RECOMBINATE INJ 220-400 124
see propylene glycol-glycerin ophth soln 1-0.3% 153	RECOMBINATE INJ 401-800 124
RA MELATONIN TAB 3MG 6	RECOMBINATE INJ 801-1240 124
Ra Mucus Relief D	RECOMBIVA HB INJ 10MCG/ML..... 173
see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg 103	RECOMBIVA HB INJ 5MCG/0.5..... 173
RA OYS SHL/D TAB 500MG..... 141	RECTIV OIN 0.4%..... 20
Ra Oyster Shell Calcium/v	Regenecare Ha
see calcium carbonate-vitamin d tab 250 mg-125 unit 140	see lidocaine hcl gel 2% 111
RA PRENATAL TAB FORMULA 149	regorafenib
Ra Slow Release Iron	see STIVARGA TAB 40MG 74
see ferrous sulfate tab er 47.5 mg (elemental fe) 127	REGRANEX GEL 0.01%..... 113
Ra Tioconazole 1	Reguloid
see tioconazole vaginal oint 6.5% 174	see psyllium cap 400 mg 130
rabeprazole sodium ec tab 20 mg 170	RELENZA MIS DISKHALE 90
raloxifene hcl tab 60 mg 116	RELION KETON TES 113
raltegravir potassium	RELION TRUE KIT MET AIR 135
see ISENTRESS CHW 100MG 87	RELION TRUE TES METRIX..... 113
see ISENTRESS CHW 25MG 87	RELISTOR INJ 12/0.6ML 122
see ISENTRESS HD TAB 600MG 87	RELISTOR TAB 150MG..... 122
see ISENTRESS POW 100MG 87	Rena-vite
see ISENTRESS TAB 400MG 87	see b-complex w/ c & folic acid tab 0.8 mg 146
ramelteon tab 8 mg 130	RENFLXIS INJ 100MG 121
ramipril cap 1.25 mg 60	repaglinide tab 0.5 mg 51
ramipril cap 10 mg 61	repaglinide tab 1 mg 51
	repaglinide tab 2 mg 51
	REPATHA INJ 140MG/ML..... 59
	REPATHA PUSH INJ 420/3.5 59
	REPATHA SURE INJ 140MG/ML 59
	RESCRIPTOR TAB 200MG..... 88
	RESTASIS EMU 0.05% OP..... 155
	RETACRIT INJ 10000UNT 126

RETACRIT INJ 20000UNI..... 126
RETACRIT INJ 2000UNIT..... 126
RETACRIT INJ 3000UNIT..... 126
RETACRIT INJ 40000UNT 126
RETACRIT INJ 4000UNIT..... 126
retapamulin
see ALTABAX OIN 1%..... 105
REVLIMID CAP 10MG..... 143
REVLIMID CAP 15MG..... 143
REVLIMID CAP 2.5MG..... 143
REVLIMID CAP 20MG..... 143
REVLIMID CAP 25MG..... 143
REVLIMID CAP 5MG 143
REYVOW TAB 100MG..... 138
REYVOW TAB 50MG 138
rho d immune globulin (human)
see RHOGAM PLUS INJ 300MCG .. 159
RHOGAM PLUS INJ 300MCG 159
Ribasphere
see **ribavirin cap 200 mg**.....89
ribavirin cap 200 mg89
ribavirin tab 200 mg89
ribociclib succinate
see KISQALI TAB 200DOSE73
see KISQALI TAB 400DOSE73
see KISQALI TAB 600DOSE73
ribociclib succinate-letrozole
see KISQALI 200 PAK FEMARA71
see KISQALI 400 PAK FEMARA71
see KISQALI 600 PAK FEMARA71
riboflavin tab 100 mg..... 176
RIDAURA CAP 3MG 7
rifabutin cap 150 mg.....68
rifampin cap 150 mg68
rifampin cap 300 mg68
rifapentine
see PRIFTIN TAB 150MG68
RIFATER TAB.....68
rifaximin
see XIFAXAN TAB 200MG21
see XIFAXAN TAB 550MG21
rilonacept
see ARCALYST INJ 220MG 7
rilpivirine hcl
see EDURANT TAB 25MG.....86
riluzole tab 50 mg..... 152

rimantadine hydrochloride tab 100 mg 90
rimegepant sulfate
see NURTEC TAB 75MG ODT..... 137
RINVOQ TAB 15MG ER7
RINVOQ TAB 30MG ER7
RINVOQ TAB 45MG ER7
riociguat
see ADEMPAS TAB 0.5MG 97
see ADEMPAS TAB 1.5MG 97
see ADEMPAS TAB 1MG 97
see ADEMPAS TAB 2.5MG 97
see ADEMPAS TAB 2MG 97
RISACAL-D TAB..... 141
risankizumab-rzaa
see SKYRIZI INJ 150DOSE 108
see SKYRIZI INJ 150MG/ML 108
see SKYRIZI PEN INJ 150MG/ML . 108
risankizumab-rzaa (crohn's)
see SKYRIZI INJ 360/2.4 121
see SKYRIZI SOL 60MG/ML 121
risedronate sodium tab 150 mg 116
risedronate sodium tab 30 mg .. 116
risedronate sodium tab 35 mg .. 116
risedronate sodium tab 5 mg 116
RISPERDAL INJ 12.5MG..... 80
RISPERDAL INJ 25MG 80
RISPERDAL INJ 37.5MG..... 80
RISPERDAL INJ 50MG 80
risperidone microspheres
see RISPERDAL INJ 12.5MG 80
see RISPERDAL INJ 25MG 80
see RISPERDAL INJ 37.5MG 80
see RISPERDAL INJ 50MG 80
risperidone orally disintegrating tab 0.25 mg 80
risperidone orally disintegrating tab 0.5 mg 80
risperidone orally disintegrating tab 1 mg 80
risperidone orally disintegrating tab 2 mg 80
risperidone orally disintegrating tab 3 mg 80
risperidone orally disintegrating tab 4 mg 80
risperidone soln 1 mg/ml 80

risperidone tab 0.25 mg80
risperidone tab 0.5 mg80
risperidone tab 1 mg80
risperidone tab 2 mg81
risperidone tab 3 mg81
risperidone tab 4 mg81
ritonavir
 see NORVIR SOL 80MG/ML88
ritonavir tab 100 mg88
rituximab-pvvr
 see RUXIENCE INJ 100/10ML69
 see RUXIENCE INJ 500/50ML69
rivaroxaban
 see XARELTO STAR TAB 15/20MG .31
 see XARELTO SUS 1MG/ML31
 see XARELTO TAB 10MG31
 see XARELTO TAB 15MG31
 see XARELTO TAB 2.5MG31
 see XARELTO TAB 20MG31
**rivastigmine tartrate cap 1.5 mg
 (base equivalent)** 161
**rivastigmine tartrate cap 3 mg
 (base equivalent)** 161
**rivastigmine tartrate cap 4.5 mg
 (base equivalent)** 161
**rivastigmine tartrate cap 6 mg
 (base equivalent)** 162
**rivastigmine td patch 24hr 13.3
 mg/24hr** 162
**rivastigmine td patch 24hr 4.6
 mg/24hr** 162
**rivastigmine td patch 24hr 9.5
 mg/24hr** 162
 Rivelsa
 see **levonor-eth est tab 0.15-
 0.02/0.025/0.03 mg ð est
 0.01 mg**99
**rizatriptan benzoate oral
 disintegrating tab 10 mg (base
 eq)** 138
**rizatriptan benzoate oral
 disintegrating tab 5 mg (base eq)**
 138
**rizatriptan benzoate tab 10 mg
 (base equivalent)** 138
**rizatriptan benzoate tab 5 mg
 (base equivalent)** 138

Robafen
 see **guaifenesin syrup 100
 mg/5ml** 103
 ROBITUSSIN SYP 7.5/5ML 102
roflumilast
 see DALIRESP TAB 250MCG 27
 see DALIRESP TAB 500MCG 27
**ropinirole hydrochloride tab 0.25
 mg** 78
ropinirole hydrochloride tab 0.5 mg
 78
ropinirole hydrochloride tab 1 mg
 78
ropinirole hydrochloride tab 2 mg
 78
ropinirole hydrochloride tab 3 mg
 78
ropinirole hydrochloride tab 4 mg
 78
ropinirole hydrochloride tab 5 mg
 78
rosiglitazone maleate
 see AVANDIA TAB 2MG 50
 see AVANDIA TAB 4MG 50
rosuvastatin calcium tab 10 mg .. 58
rosuvastatin calcium tab 20 mg .. 58
rosuvastatin calcium tab 40 mg .. 58
rosuvastatin calcium tab 5 mg 58
rotigotine
 see NEUPRO DIS 1MG/24HR 77
 see NEUPRO DIS 2MG/24HR 77
 see NEUPRO DIS 3MG/24HR 77
 see NEUPRO DIS 4MG/24HR 77
 see NEUPRO DIS 6MG/24HR 77
 see NEUPRO DIS 8MG/24HR 77
 RUBRACA TAB 200MG 74
 RUBRACA TAB 250MG 74
 RUBRACA TAB 300MG 74
rucaparib camsylate
 see RUBRACA TAB 200MG 74
 see RUBRACA TAB 250MG 74
 see RUBRACA TAB 300MG 74
rufinamide
 see BANZEL TAB 200MG 33
 see BANZEL TAB 400MG 33
rufinamide susp 40 mg/ml 35
rufinamide tab 200 mg 35

rufinamide tab 400 mg.....35
RUXIENCE INJ 100/10ML69
RUXIENCE INJ 500/50ML69
ruxolitinib phosphate
see JAKAFI TAB 10MG73
see JAKAFI TAB 15MG73
see JAKAFI TAB 20MG73
see JAKAFI TAB 25MG73
see JAKAFI TAB 5MG73
RYBELSUS TAB 14MG47
RYBELSUS TAB 3MG.....47
RYBELSUS TAB 7MG.....47
S
sacubitril-valsartan
see ENTRESTO TAB 24-26MG.....95
see ENTRESTO TAB 49-51MG.....95
see ENTRESTO TAB 97-103MG.....95
saline nasal spray 0.65% 150
salmeterol xinafoate
see SEREVENT DIS AER 50MCG30
salsalate tab 500 mg.....12
salsalate tab 750 mg.....13
SANDIMMUNE CAP 100MG 144
SANDIMMUNE CAP 25MG 144
SANDOSTATIN KIT LAR 10MG..... 118
SANDOSTATIN KIT LAR 20MG..... 118
SANDOSTATIN KIT LAR 30MG..... 118
SANTYL OIN 250/GM..... 111
**sapropterin dihydrochloride tab
100 mg** 117
saquinavir mesylate
see INVIRASE TAB 500MG.....87
sarilumab
see KEVZARA INJ 150/1.14 8
see KEVZARA INJ 200/1.14 8
SAVELLA MIS TITR PAK 162
SAVELLA TAB 100MG 162
SAVELLA TAB 12.5MG 162
SAVELLA TAB 25MG 162
SAVELLA TAB 50MG 162
Sb Fib Lax Orange
see **psyllium powder 33%**..... 130
Sb Lice Treatment
see **pyrethrins-piperonyl butoxide
liq 0.3-3%** 112
**scopolamine td patch 72hr 1
mg/3days**53

secukinumab
see COSENTYX INJ 150MG/ML 107
see COSENTYX INJ 300DOSE..... 107
see COSENTYX INJ 75MG/0.5 107
see COSENTYX PEN INJ 150MG/ML
..... 107
see COSENTYX PEN INJ 300DOSE 108
selegiline
see EMSAM DIS 12MG/24H 37
see EMSAM DIS 6MG/24HR 37
see EMSAM DIS 9MG/24HR 37
selegiline hcl cap 5 mg 78
selegiline hcl tab 5 mg 78
selenium sulfide lotion 1% 108
selenium sulfide lotion 2.5% 108
selexipag
see UPTRAVI TAB 1000MCG 96
see UPTRAVI TAB 1200MCG 96
see UPTRAVI TAB 1400MCG 96
see UPTRAVI TAB 1600MCG 96
see UPTRAVI TAB 200/800 96
see UPTRAVI TAB 200MCG 96
see UPTRAVI TAB 400MCG 96
see UPTRAVI TAB 600MCG 96
see UPTRAVI TAB 800MCG 96
SELZENTRY SOL 20MG/ML 88
SELZENTRY TAB 150MG 88
SELZENTRY TAB 25MG 88
SELZENTRY TAB 300MG 88
SELZENTRY TAB 75MG 88
semaglutide
see OZEMPIC INJ 2/1.5ML..... 47
see OZEMPIC INJ 4MG/3ML..... 47
see OZEMPIC INJ 8MG/3ML..... 47
see RYBELSUS TAB 14MG 47
see RYBELSUS TAB 3MG 47
see RYBELSUS TAB 7MG 47
SE-NATAL 19 CHW..... 149
sennosides chew tab 15 mg 132
sennosides syrup 8.8 mg/5ml... 132
sennosides tab 25 mg 132
sennosides tab 8.6 mg 132
sennosides-docusate sodium
see MEDI-LAXX CAP 8.6-50MG ... 130
**sennosides-docusate sodium tab
8.6-50 mg** 131
SEREVENT DIS AER 50MCG..... 30

sertaconazole nitrate	see MAYZENT TAB 0.25MG 163
see ERTACZO CRE 2% 106	see MAYZENT TAB 2MG 163
sertraline hcl oral concentrate for solution 20 mg/ml 38	sirolimus oral soln 1 mg/ml 144
sertraline hcl tab 100 mg 38	sirolimus tab 0.5 mg 144
sertraline hcl tab 25 mg 38	sirolimus tab 1 mg 144
sertraline hcl tab 50 mg 38	sirolimus tab 2 mg 144
sevelamer carbonate tab 800 mg 122	SIRTURO TAB 100MG 68
Sf	SIRTURO TAB 20MG 68
see sodium fluoride gel 1.1% (0.5% f) 145	sitagliptin phosphate
Sf 5000 Plus	see JANUVIA TAB 100MG 46
see sodium fluoride cream 1.1% 145	see JANUVIA TAB 25MG 46
SHINGRIX INJ 50/0.5ML 173	see JANUVIA TAB 50MG 46
SHUR-SEAL GEL 2% 174	sitagliptin-metformin hcl
Silace	see JANUMET TAB 50-1000 43
see docusate sodium liquid 150 mg/15ml 132	see JANUMET TAB 50-500MG 43
see docusate sodium syrup 60 mg/15ml 132	see JANUMET XR TAB 100-1000... 43
sildenafil citrate tab 20 mg 96	see JANUMET XR TAB 50-1000 43
silodosin cap 4 mg 123	see JANUMET XR TAB 50-500MG... 43
silodosin cap 8 mg 123	skin protectants misc - cream ... 112
Siltussin-dm	SKYLA IUD 13.5MG 101
see dextromethorphan-guaifenesin syrup 10-100 mg/5ml 103	SKYRIZI INJ 150DOSE 108
silver sulfadiazine cream 1% 108	SKYRIZI INJ 150MG/ML 108
SIMBRINZA SUS 1-0.2% 154	SKYRIZI INJ 360/2.4 121
simethicone cap 125 mg 120	SKYRIZI PEN INJ 150MG/ML 108
simethicone cap 180 mg 120	SKYRIZI SOL 60MG/ML 121
simethicone chew tab 125 mg ... 120	Sleep Aid
simethicone chew tab 80 mg 120	see doxylamine succinate (sleep) tab 25 mg 128
simethicone liquid 40 mg/0.6ml 120	SLOW FE TAB 45MG 128
simethicone susp 40 mg/0.6ml . 120	Slow Iron
SIMPONI INJ 100MG/ML 7	see ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) 127
SIMPONI INJ 50/0.5ML 7	Slow Release Iron
simvastatin tab 10 mg 58	see ferrous sulfate tab er 50 mg (elemental fe) 127
simvastatin tab 20 mg 59	Slow-release Iron
simvastatin tab 40 mg 59	see ferrous sulfate dried tab er 45 mg (fe equivalent) 127
simvastatin tab 5 mg 58	Sm Anti-itch Extra Streng
simvastatin tab 80 mg 59	see diphenhydramine-zinc acetate cream 2-0.1% 107
sinecatechins	Sm Artificial Tears
see VEREGEN OIN 15% 105	see artificial tear ophth solution 152
siponimod fumarate	Sm Aspirin
	see aspirin tab 325 mg 12

Sm Bedding Lice Treatment	
see permethrin aerosol 0.5% ..	112
Sm Calcium 600 + D Plus M	
see calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	139
Sm Chest Congestion Relie	
see guaifenesin tab 400 mg	103
Sm Esomeprazole Magnesium	
see esomeprazole magnesium cap delayed release 20 mg (base eq)	169
Sm Ibuprofen Ib	
see ibuprofen chew tab 100 mg .	9
Sm Lice Treatment	
see permethrin lotion 1%	112
Sm Miconazole 3	
see miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	174
SM ONE DAILY MIS PRENATAL.....	149
Sm Pain Relief Extra Stre	
see acetaminophen tab 500 mg	12
Sm Stomach Relief	
see bismuth subsalicylate tab 262 mg	52
sodium bicarbonate tab 325 mg ..	20
sodium bicarbonate tab 650 mg ..	20
sodium chloride hypertonic ophth oint 5%	157
sodium chloride hypertonic ophth soln 5%	157
sodium chloride irrigation soln 0.9%	122
sodium chloride soln nebu 0.9%	103
sodium chloride soln nebu 3% ..	104
sodium chloride soln nebu 7% ..	104
sodium chloride tab 1 gm	143
sodium citrate & citric acid soln 500-334 mg/5ml	122
sodium fluoride	
see FLUORABON DRO	141
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	141
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	141
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	141
sodium fluoride cream 1.1%	145
sodium fluoride gel 1.1% (0.5% f)	145
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	142
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	142
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	141
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	142
sodium hyaluronate (viscosupplement)	
see EUFLEXXA INJ 10MG/ML.....	150
see VISCO-3 INJ 25/2.5ML.....	150
sodium oxybate	
see XYREM SOL 500MG/ML	161
sodium phenylbutyrate tab 500 mg	117
sodium phosphate monobasic-sodium phosphate dibasic	
see OSMOPREP TAB 1.5GM	131
sodium phosphates - enema	131
sodium picosulfate-magnesium oxide-anhydrous citric acid	
see CLENPIQ SOL	130
see PREPOPIK PAK	131
sodium polystyrene sulfonate oral susp 15 gm/60ml	145
sodium polystyrene sulfonate powder	145
sodium sulfate-potassium sulfate-magnesium sulfate	
see SUPREP BOWEL SOL PREP KIT	131
sodium zirconium cyclosilicate	
see LOKELMA PAK 10GM.....	145
see LOKELMA PAK 5GM.....	145
SOFOS/VELPAT TAB 400-100	89
sofosbuvir	
see SOVALDI TAB 400MG.....	89
sofosbuvir-velpatasvir-voxilaprevir	
see VOSEVI TAB	89
solifenacin succinate tab 10 mg	171

solifenacin succinate tab 5 mg ..	171
SOLIQUA INJ 100/33 ..	44
somatropin	
see OMNITROPE INJ 10/1.5ML	116
see OMNITROPE INJ 5.8MG	116
see OMNITROPE INJ 5/1.5ML	116
SOMAVERT INJ 10MG	116
SOMAVERT INJ 15MG	116
SOMAVERT INJ 20MG	116
sonidegib phosphate	
see ODOMZO CAP 200MG	69
sorafenib tosylate	
see NEXAVAR TAB 200MG	74
sorafenib tosylate tab 200 mg	
(base equivalent)	74
sotalol hcl (afib/afl) tab 120 mg .	92
sotalol hcl (afib/afl) tab 160 mg .	92
sotalol hcl (afib/afl) tab 80 mg ...	92
sotalol hcl tab 120 mg	92
sotalol hcl tab 160 mg	92
sotalol hcl tab 240 mg	92
sotalol hcl tab 80 mg	92
SOVALDI TAB 400MG	89
spacer/aerosol-holding chambers	
see INSPIRACHAMB MIS LARGE ..	137
spinosad susp 0.9%	113
SPIRIVA AER 1.25MCG	27
SPIRIVA CAP HANDIHLR	27
SPIRIVA SPR 2.5MCG	27
spironolactone &	
hydrochlorothiazide	
see ALDACTAZIDE TAB 50/50	114
spironolactone &	
hydrochlorothiazide tab 25-25	
mg	114
spironolactone tab 100 mg	115
spironolactone tab 25 mg	115
spironolactone tab 50 mg	115
SPRYCEL TAB 100MG	74
SPRYCEL TAB 140MG	74
SPRYCEL TAB 20MG	74
SPRYCEL TAB 50MG	74
SPRYCEL TAB 70MG	74
SPRYCEL TAB 80MG	74
St Joseph Low Dose Aspiri	
see aspirin chew tab 81 mg	12
stavudine cap 15 mg	88
stavudine cap 20 mg	88
stavudine cap 30 mg	88
stavudine cap 40 mg	88
STELARA INJ 45MG/0.5	108
STELARA INJ 5MG/ML	121
STELARA INJ 90MG/ML	108
STIMATE SOL 1.5MG/ML	117
Stimulant Laxative	
see bisacodyl tab delayed release	
5 mg	132
STIOLTO AER 2.5-2.5	30
stiripentol	
see DIACOMIT CAP 250MG	33
see DIACOMIT CAP 500MG	33
see DIACOMIT PAK 250MG	33
see DIACOMIT PAK 500MG	33
STIVARGA TAB 40MG	74
Stool Softener	
see docusate calcium cap 240 mg	
.....	132
see docusate sodium cap 100 mg	
.....	132
Stop Lice Complete Lice T	
see pyreth-piperonyl butox sham-	
permeth aero-nit remover gel	
kit	112
Stop Lice Maximum Strengt	
see pyrethrins-piperonyl butoxide	
liq 0.33-4%	112
Stress Formula W/iron	
see multiple vitamins w/ iron tab	
.....	146
STRIBILD TAB	88
STRIVERDI AER 2.5MCG	30
succimer	
see CHEMET CAP 100MG	52
sucralfate tab 1 gm	168
sucroferric oxyhydroxide	
see VELPHORO CHW 500MG	122
SUDAFED PE SOL CHILDREN	152
sulconazole nitrate	
see EXELDERM SOL 1%	106
sulconazole nitrate cream 1% ..	107
sulconazole nitrate solution 1%	107
sulfacetamide sodium lotion 10%	
(acne)	104

sulfacetamide sodium ophth soln 10%	155	see BELSOMRA TAB 15MG.....	129
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	155	see BELSOMRA TAB 20MG.....	129
sulfacetamide sodium-sulfur in urea emulsion 10-4%	105	see BELSOMRA TAB 5MG	129
SULFADIAZINE TAB 500 MG	165	SYMBICORT AER 160-4.5.....	30
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	21	SYMBICORT AER 80-4.5	30
sulfamethoxazole-trimethoprim tab 400-80 mg	21	SYMJEPI INJ 0.15MG.....	175
sulfamethoxazole-trimethoprim tab 800-160 mg	21	SYMJEPI INJ 0.3MG.....	175
SULFAMYLON CRE 85MG/GM	108	SYMLINPEN 60 INJ 1000MCG	41
sulfasalazine tab 500 mg	121	SYMLN PEN 120 INJ 1000MCG.....	42
sulfasalazine tab delayed release 500 mg	121	SYMPROIC TAB 0.2MG.....	122
sulindac tab 150 mg	10	SYMTUZA TAB.....	88
sulindac tab 200 mg	10	SYNAGIS INJ 100MG/ML.....	159
sumatriptan succinate inj 6 mg/0.5ml	138	SYNAGIS INJ 50MG.....	159
sumatriptan succinate tab 100 mg	138	SYNAREL SOL 2MG/ML	116
sumatriptan succinate tab 25 mg	138	SYNJARDY TAB.....	44
sumatriptan succinate tab 50 mg	138	SYNJARDY TAB 12.5-500	44
sunitinib malate		SYNJARDY TAB 5-1000MG	44
see SUTENT CAP 12.5MG	75	SYNJARDY TAB 5-500MG	44
see SUTENT CAP 25MG	75	SYNJARDY XR TAB.....	44
see SUTENT CAP 37.5MG	75	SYNJARDY XR TAB 10-1000	44
see SUTENT CAP 50MG	75	SYNJARDY XR TAB 25-1000	44
sunitinib malate cap 12.5 mg (base equivalent)	74	SYNJARDY XR TAB 5-1000MG.....	44
sunitinib malate cap 25 mg (base equivalent)	75	SYNTHROID TAB 100MCG	166
sunitinib malate cap 37.5 mg (base equivalent)	75	SYNTHROID TAB 112MCG	166
sunitinib malate cap 50 mg (base equivalent)	75	SYNTHROID TAB 125MCG	166
SUPREP BOWEL SOL PREP KIT	131	SYNTHROID TAB 137MCG	166
SUTENT CAP 12.5MG.....	75	SYNTHROID TAB 150MCG	167
SUTENT CAP 25MG	75	SYNTHROID TAB 175MCG	167
SUTENT CAP 37.5MG.....	75	SYNTHROID TAB 200MCG	167
SUTENT CAP 50MG	75	SYNTHROID TAB 25MCG.....	166
suvorexant		SYNTHROID TAB 300MCG	167
see BELSOMRA TAB 10MG.....	129	SYNTHROID TAB 50MCG.....	166
		SYNTHROID TAB 75MCG.....	166
		SYNTHROID TAB 88MCG.....	166
		syringe (disposable)	
		see 3ML SYRINGE MIS REG TIP...	136
		T	
		TABLOID TAB 40MG	69
		tacrolimus cap 0.5 mg	144
		tacrolimus cap 1 mg	144
		tacrolimus cap 5 mg	144
		tacrolimus oint 0.03%	111
		tacrolimus oint 0.1%	111
		tadalafil tab 20 mg (pah)	96
		TAFINLAR CAP 50MG.....	75
		TAFINLAR CAP 75MG.....	75
		tafluprost	

see ZIOPTAN DRO 0.0015%	157
TAGRISSO TAB 40MG	75
TAGRISSO TAB 80MG	75
tamoxifen citrate tab 10 mg (base equivalent)	70
tamoxifen citrate tab 20 mg (base equivalent)	70
tamsulosin hcl cap 0.4 mg	123
tapentadol hcl	
see NUCYNTA ER TAB 100MG	15
see NUCYNTA ER TAB 150MG	15
see NUCYNTA ER TAB 200MG	15
see NUCYNTA ER TAB 250MG	15
see NUCYNTA ER TAB 50MG	15
see NUCYNTA TAB 100MG	15
see NUCYNTA TAB 50MG	15
see NUCYNTA TAB 75MG	15
TARGRETIN GEL 1%	107
TASIGNA CAP 150MG	75
TASIGNA CAP 200MG	75
TASIGNA CAP 50MG	75
tasimelteon	
see HETLIOZ CAP 20MG	129
tazarotene	
see TAZORAC CRE 0.05%	108
see TAZORAC GEL 0.05%	108
see TAZORAC GEL 0.1%	108
tazarotene cream 0.1%	108
TAZORAC CRE 0.05%	108
TAZORAC GEL 0.05%	108
TAZORAC GEL 0.1%	108
TDVAX INJ 2-2 LF	167
telmisartan tab 20 mg	62
telmisartan tab 40 mg	62
telmisartan tab 80 mg	63
temazepam cap 15 mg	129
temazepam cap 30 mg	129
TEMIXYS TAB 300-300	88
temozolomide cap 100 mg	68
temozolomide cap 140 mg	68
temozolomide cap 180 mg	68
temozolomide cap 20 mg	68
temozolomide cap 250 mg	68
temozolomide cap 5 mg	68
TENIVAC INJ 5-2LF	167
tenofovir alafenamide fumarate	
see VEMLIDY TAB 25MG	89

tenofovir disoproxil fumarate tab 300 mg	88
terazosin hcl cap 1 mg (base equivalent)	64
terazosin hcl cap 10 mg (base equivalent)	64
terazosin hcl cap 2 mg (base equivalent)	64
terazosin hcl cap 5 mg (base equivalent)	64
terbinafine hcl cream 1%	107
terbinafine hcl tab 250 mg	54
terbutaline sulfate tab 2.5 mg	30
terbutaline sulfate tab 5 mg	30
terconazole vaginal cream 0.4%	174
terconazole vaginal cream 0.8%	174
terconazole vaginal suppos 80 mg	174
teriflunomide	
see AUBAGIO TAB 14MG	162
see AUBAGIO TAB 7MG	162
teriparatide (recombinant)	
see FORTEO INJ 600/2.4	115
testosterone cypionate im inj in oil 100 mg/ml	19
testosterone cypionate im inj in oil 200 mg/ml	19
testosterone enanthate im inj in oil 200 mg/ml	19
tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)	
see ADACEL INJ	167
see BOOSTRIX INJ	167
tetanus-diphtheria toxoids (td)	
see TDVAX INJ 2-2 LF	167
see TENIVAC INJ 5-2LF	167
tetrabenazine tab 12.5 mg	162
tetrabenazine tab 25 mg	162
tetracycline hcl cap 250 mg	165
tetracycline hcl cap 500 mg	165
Tgt Antacid Extra Strengt	
see calcium carbonate-mag hydroxide chew tab 675-135 mg	20
TGT GLUCOSE CHW GRAPE	46

thalidomide

see THALOMID CAP 100MG 144
see THALOMID CAP 150MG 144
see THALOMID CAP 200MG 144
see THALOMID CAP 50MG 143
THALOMID CAP 100MG 144
THALOMID CAP 150MG 144
THALOMID CAP 200MG 144
THALOMID CAP 50MG 143
theophylline soln 80 mg/15ml 30
theophylline tab er 12hr 100 mg .30
theophylline tab er 12hr 200 mg .30
theophylline tab er 12hr 300 mg .30
theophylline tab er 12hr 450 mg .30
theophylline tab er 24hr 400 mg .30
theophylline tab er 24hr 600 mg .30
THERANATAL MIS COMPLETE 149
thiamine hcl tab 100 mg 176
thiamine hcl tab 250 mg 176
thiamine hcl tab 50 mg 176
thioguanine
see TABLOID TAB 40MG 69
thioridazine hcl tab 10 mg 84
thioridazine hcl tab 100 mg 84
thioridazine hcl tab 25 mg 84
thioridazine hcl tab 50 mg 84
thiothixene cap 1 mg 85
thiothixene cap 10 mg 85
thiothixene cap 2 mg 85
thiothixene cap 5 mg 85
THYROGEN INJ 0.9MG 113
thyroid
see ARMOUR THYRO TAB 120MG. 165
see ARMOUR THYRO TAB 15MG .. 165
see ARMOUR THYRO TAB 180MG. 165
see ARMOUR THYRO TAB 240MG. 165
see ARMOUR THYRO TAB 300MG. 165
see ARMOUR THYRO TAB 30MG .. 165
see ARMOUR THYRO TAB 60MG .. 165
see ARMOUR THYRO TAB 90MG .. 165
see NATURE THROI TAB 162.5MG 166
see NATURE-THROI TAB 113.75MG
..... 166
see NATURE-THROI TAB 130MG.. 166
see NATURE-THROI TAB 146.25MG
..... 166
see NATURE-THROI TAB 16.25MG 166

see NATURE-THROI TAB 195MG.. 166
see NATURE-THROI TAB 260MG.. 166
see NATURE-THROI TAB 32.5MG. 166
see NATURE-THROI TAB 325MG.. 166
see NATURE-THROI TAB 48.75MG 166
see NATURE-THROI TAB 65MG ... 166
see NATURE-THROI TAB 97.5MG. 166
see WP THYROID TAB 81.25MG .. 167
thyroid tab 120 mg (2 grain) 167
thyroid tab 15 mg (1/4 grain) .. 167
thyroid tab 30 mg (1/2 grain) .. 167
thyroid tab 60 mg (1 grain) 167
thyroid tab 90 mg (1 1/2 grain) 167
THYROLAR-1 TAB 60MG 167
THYROLAR-1/2 TAB 30MG 167
THYROLAR-1/4 TAB 15MG 167
THYROLAR-2 TAB 120MG 167
THYROLAR-3 TAB 180MG 167
thyrotropin alfa
see THYROGEN INJ 0.9MG 113
tiagabine hcl tab 12 mg 35
tiagabine hcl tab 16 mg 35
tiagabine hcl tab 2 mg 35
tiagabine hcl tab 4 mg 35
ticagrelor
see BRILINTA TAB 60MG 125
see BRILINTA TAB 90MG 125
Tilia Fe
see **norethindrone ac-ethinyl
estradiol tab 1-20/1-30/1-35
mg-mcg** 99
**timolol maleate ophth gel forming
soln 0.25%** 153
**timolol maleate ophth gel forming
soln 0.5%** 153
timolol maleate ophth soln 0.25%
..... 153
timolol maleate ophth soln 0.5%
..... 153
timolol maleate tab 10 mg 92
timolol maleate tab 20 mg 92
timolol maleate tab 5 mg 92
tinidazole tab 250 mg 21
tinidazole tab 500 mg 21
tioconazole vaginal oint 6.5%... 174
tiotropium bromide monohydrate
see SPIRIVA AER 1.25MCG 27

see SPIRIVA CAP HANDIHLR.....	27	tolterodine tartrate tab 2 mg	171
see SPIRIVA SPR 2.5MCG.....	27	tolvaptan tab 15 mg	118
tiotropium bromide-olodaterol hcl		tolvaptan tab 30 mg	118
see STIOLTO AER 2.5-2.5.....	30	topiramate sprinkle cap 15 mg ...	35
tipranavir		topiramate sprinkle cap 25 mg ...	35
see APTIVUS CAP 250MG	85	topiramate tab 100 mg	35
see APTIVUS SOL.....	85	topiramate tab 200 mg	35
TIVICAY PD TAB 5MG	88	topiramate tab 25 mg	35
TIVICAY TAB 10MG	88	topiramate tab 50 mg	35
TIVICAY TAB 25MG	88	toremifene citrate tab 60 mg (base	
TIVICAY TAB 50MG	88	equivalent)	70
tizanidine hcl tab 2 mg (base		torseamide tab 10 mg	114
equivalent)	150	torseamide tab 100 mg	115
tizanidine hcl tab 4 mg (base		torseamide tab 20 mg	114
equivalent)	150	torseamide tab 5 mg	114
TL FOLATE TAB.....	149	TOUJEO MAX INJ 300IU/ML.....	50
TOBRADEX OIN 0.3-0.1%	155	TOUJEO SOLO INJ 300IU/ML.....	50
tobramycin nebu soln 300 mg/5ml		TOVIAZ TAB 4MG	171
.....	6	TOVIAZ TAB 8MG	172
tobramycin ophth soln 0.3%	155	TRACLEER TAB 32MG	96
tobramycin-dexamethasone		TRADJENTA TAB 5MG.....	46
see TOBRADEX OIN 0.3-0.1%.....	155	tramadol hcl tab 50 mg	17
tobramycin-dexamethasone ophth		tramadol hcl tab er 24hr 100 mg	17
susp 0.3-0.1%	155	tramadol hcl tab er 24hr 200 mg	17
tocilizumab		tramadol hcl tab er 24hr 300 mg	17
see ACTEMRA INJ 162/0.9.....	7	tramadol hcl tab er 24hr biphasic	
see ACTEMRA INJ 200/10ML.....	8	release 100 mg	17
see ACTEMRA INJ 400/20ML.....	8	tramadol hcl tab er 24hr biphasic	
see ACTEMRA INJ 80MG/4ML.....	7	release 200 mg	17
see ACTEMRA INJ ACTPEN.....	8	tramadol hcl tab er 24hr biphasic	
TODAY SPONGE MIS	174	release 300 mg	17
tofacitinib citrate		tramadol-acetaminophen tab 37.5-	
see XELJANZ SOL 1MG/ML	7	325 mg	18
see XELJANZ TAB 10MG.....	7	trametinib dimethyl sulfoxide	
see XELJANZ TAB 5MG.....	7	see MEKINIST TAB 0.5MG	74
see XELJANZ XR TAB 11MG	7	see MEKINIST TAB 2MG.....	74
see XELJANZ XR TAB 22MG	7	trandolapril tab 1 mg	61
tolbutamide tab 500 mg	52	trandolapril tab 2 mg	61
tolcapone tab 100 mg	76	trandolapril tab 4 mg	61
tolmetin sodium cap 400 mg	10	tranexamic acid tab 650 mg	128
tolmetin sodium tab 200 mg	10	tranylcypromine sulfate tab 10 mg	
tolmetin sodium tab 600 mg	10	.....	37
tolnaftate aerosol pow 1%	107	trastuzumab-anns	
tolnaftate cream 1%	107	see KANJINTI INJ 420MG	69
tolnaftate powder 1%	107	see KANJINTI SOL 150MG	69
tolnaftate soln 1%	107	trastuzumab-dkst	
tolterodine tartrate tab 1 mg	171	see OGIVRI INJ 150MG.....	69

see OGIVRI INJ 420MG	69
trastuzumab-dttb	
see ONTRUZANT INJ 150MG	69
see ONTRUZANT INJ 420MG	69
trastuzumab-pkrb	
see HERZUMA INJ 150MG	69
see HERZUMA INJ 420MG	69
trastuzumab-qyyp	
see TRAZIMERA INJ 150MG	69
see TRAZIMERA INJ 420MG	69
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	
.....	157
TRAZIMERA INJ 150MG	69
TRAZIMERA INJ 420MG	69
trazodone hcl tab 100 mg	38
trazodone hcl tab 150 mg	38
trazodone hcl tab 50 mg	38
TRECATOR TAB 250MG	68
TRELEGY AER 100MCG	30
TRELEGY AER 200MCG	30
TRELSTAR MIX INJ 11.25MG	70
TRELSTAR MIX INJ 3.75MG	70
TREMFYA INJ 100MG/ML	108
treprostinil diolamine	
see ORENITRAM TAB 0.125MG	95
see ORENITRAM TAB 0.25MG	95
see ORENITRAM TAB 1MG	95
see ORENITRAM TAB 2.5MG	95
see ORENITRAM TAB 5MG	95
treprostinil inj soln 100 mg/20ml (5 mg/ml)	95
treprostinil inj soln 20 mg/20ml (1 mg/ml)	95
treprostinil inj soln 200 mg/20ml (10 mg/ml)	96
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	95
TRESIBA FLEX INJ 100UNIT	50
TRESIBA FLEX INJ 200UNIT	50
TRESIBA INJ 100UNIT	50
tretinoin cap 10 mg	76
tretinoin cream 0.025%	105
tretinoin cream 0.05%	105
tretinoin cream 0.1%	105
tretinoin gel 0.01%	105
tretinoin gel 0.025%	105

triamcinolone acetonide cream 0.025%	111
triamcinolone acetonide cream 0.1%	111
triamcinolone acetonide cream 0.5%	111
triamcinolone acetonide dental paste 0.1%	145
triamcinolone acetonide lotion 0.025%	111
triamcinolone acetonide lotion 0.1%	111
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	151
triamcinolone acetonide oint 0.025%	111
triamcinolone acetonide oint 0.1%	111
triamcinolone acetonide oint 0.5%	111
triamterene & hydrochlorothiazide cap 37.5-25 mg	114
triamterene & hydrochlorothiazide tab 37.5-25 mg	114
triamterene & hydrochlorothiazide tab 75-50 mg	114
triamterene cap 100 mg	115
triamterene cap 50 mg	115
triazolam tab 0.125 mg	129
triazolam tab 0.25 mg	129
Tricon	
see fe fumarate w/ b12-vit c-fa- ifc cap 110-0.015-75-0.5-240 mg	127
trifluoperazine hcl tab 1 mg (base equivalent)	84
trifluoperazine hcl tab 10 mg (base equivalent)	84
trifluoperazine hcl tab 2 mg (base equivalent)	84
trifluoperazine hcl tab 5 mg (base equivalent)	84
trifluridine ophth soln 1%	155
trifluridine-tipiracil	
see LONSURF TAB 15-6.14	71
see LONSURF TAB 20-8.19	71

trihexyphenidyl hcl oral soln 0.4 mg/ml	76	TRULICITY INJ 1.5/0.5	47
trihexyphenidyl hcl tab 2 mg	76	TRULICITY INJ 3/0.5	47
trihexyphenidyl hcl tab 5 mg	76	TRULICITY INJ 4.5/0.5	47
TRIJARDY XR TAB	44, 45	TWINRIX INJ.....	173
trimethobenzamide hcl cap 300 mg	53	TYBOST TAB 150MG.....	89
trimethoprim tab 100mg	21	Tydemy	
trimipramine maleate cap 100 mg	41	see drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	98
trimipramine maleate cap 25 mg	41	TYMLOS INJ	116
trimipramine maleate cap 50 mg	41	TYSABRI INJ 300/15ML	163
TRINATAL RX TAB 1	149	U	
Trinate		UBRELVY TAB 100MG	137
see prenatal vit w/ fe fumarate-fa tab 28-1 mg	149	UBRELVY TAB 50MG.....	137
TRINTELLIX TAB 10MG	38	ubrogepant	
TRINTELLIX TAB 20MG	38	see UBRELVY TAB 100MG	137
TRINTELLIX TAB 5MG	38	see UBRELVY TAB 50MG	137
Triple Antibiotic Plus		ULESFIA LOT 5%.....	113
see neomycin-bacitracin-polymyxin-pramoxine oint 1%	106	ulipristal acetate	
Triple Paste Af		see ELLA TAB 30MG	100
see miconazole nitrate ointment 2%	106	Ultra Choice Multivitamin	
triptorelin pamoate		see pediatric multiple vitamins w/ iron chew tab 18 mg	147
see TRELSTAR MIX INJ 11.25MG ...	70	umeclidinium bromide	
see TRELSTAR MIX INJ 3.75MG	70	see INCRUSE ELPT INH 62.5MCG ..	27
TRIUMEQ PD TAB.....	88	umeclidinium-vilanterol	
TRIUMEQ TAB	89	see ANORO ELLIPT AER 62.5-25 ...	29
TRI-VI-SOL SOL A/C/D	147	UNIFIBER POW.....	130
Tri-vitamin/fluoride		upadacitinib	
see pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	147	see RINVOQ TAB 15MG ER.....	7
see pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	147	see RINVOQ TAB 30MG ER.....	7
tropicamide ophth soln 0.5%	154	see RINVOQ TAB 45MG ER.....	7
tropicamide ophth soln 1%	154	UPTRAVI TAB 1000MCG.....	96
trospium chloride cap er 24hr 60 mg	172	UPTRAVI TAB 1200MCG.....	96
trospium chloride tab 20 mg	172	UPTRAVI TAB 1400MCG.....	96
TRUE METRIX KIT AIR	135	UPTRAVI TAB 1600MCG.....	96
TRUE METRIX KIT METER.....	135	UPTRAVI TAB 200/800	96
TRUE METRIX MIS AIR.....	135	UPTRAVI TAB 200MCG	96
TRUE METRIX TES GLUCOSE	113	UPTRAVI TAB 400MCG	96
TRULICITY INJ 0.75/0.5.....	47	UPTRAVI TAB 600MCG	96
		UPTRAVI TAB 800MCG	96
		ursodiol cap 300 mg	120
		ursodiol tab 250 mg	120
		ursodiol tab 500 mg	120
		ustekinumab	
		see STELARA INJ 45MG/0.5.....	108
		see STELARA INJ 90MG/ML	108

ustekinumab (iv)
 see STELARA INJ 5MG/ML 121

V

valacyclovir hcl tab 1 gm.....90

valacyclovir hcl tab 500 mg.....90

valganciclovir hcl for soln 50 mg/ml (base equiv)89

valganciclovir hcl tab 450 mg (base equivalent)89

valproate sodium oral soln 250 mg/5ml (base equiv)36

valproic acid cap 250 mg36

valsartan tab 160 mg.....63

valsartan tab 320 mg.....63

valsartan tab 40 mg.....63

valsartan tab 80 mg.....63

valsartan-hydrochlorothiazide tab 160-12.5 mg66

valsartan-hydrochlorothiazide tab 160-25 mg66

valsartan-hydrochlorothiazide tab 320-12.5 mg66

valsartan-hydrochlorothiazide tab 320-25 mg66

valsartan-hydrochlorothiazide tab 80-12.5 mg66

VALTOCO SPR 10MG33

VALTOCO SPR 15MG33

VALTOCO SPR 20MG33

VALTOCO SPR 5MG33

vancomycin hcl
 see FIRVANQ SOL 25MG/ML 22
 see FIRVANQ SOL 50MG/ML22

vandetanib
 see CAPRELSA TAB 100MG72
 see CAPRELSA TAB 300MG72

VAQTA INJ 25/0.5ML.....173

VAQTA INJ 50UNT/ML.....173

varenicline tartrate
 see CHANTIX PAK 0.5& 1MG 163
 see CHANTIX TAB 0.5MG 164
 see CHANTIX TAB 1MG 164

varenicline tartrate tab 0.5 mg (base equiv)..... 164

varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack 164

varenicline tartrate tab 1 mg (base equiv)..... 164

VAXNEUVANCE INJ 172

V-c Forte
 see **multiple vitamins w/ minerals cap**..... 146

VCF VAGINAL AER CONTRACP 174

VCF VAGINAL GEL CONTRACE 174

VCF VAGINAL MIS CONTRACP 174

VECAMYL TAB 2.5MG 66

Velivet
 see **desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg** 98

VELPHORO CHW 500MG 122

VELTASSA POW 16.8GM 145

VELTASSA POW 25.2GM 145

VELTASSA POW 8.4GM 145

VEMLIDY TAB 25MG 89

venlafaxine hcl cap er 24hr 150 mg (base equivalent) 39

venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)..... 39

venlafaxine hcl cap er 24hr 75 mg (base equivalent) 39

venlafaxine hcl tab 100 mg (base equivalent) 39

venlafaxine hcl tab 25 mg (base equivalent) 39

venlafaxine hcl tab 37.5 mg (base equivalent) 39

venlafaxine hcl tab 50 mg (base equivalent) 39

venlafaxine hcl tab 75 mg (base equivalent) 39

VENTAVIS SOL 10MCG/ML 96

VENTAVIS SOL 20MCG/ML 96

verapamil hcl cap er 24hr 100 mg 94

verapamil hcl cap er 24hr 120 mg 94

verapamil hcl cap er 24hr 180 mg 94

verapamil hcl cap er 24hr 240 mg 94

verapamil hcl cap er 24hr 300 mg 94

verapamil hcl cap er 24hr 360 mg	VITAFOL-OB TAB 65-1MG	149
.....	vitamin b-6 tab 200mg tr	176
verapamil hcl tab 120 mg	VIVITROL INJ 380MG	53
verapamil hcl tab 40 mg	VOL-PLUS TAB	150
verapamil hcl tab 80 mg	VOL-TAB RX TAB	150
verapamil hcl tab er 120 mg	VOLTAREN GEL 1%	105
verapamil hcl tab er 180 mg	vorapaxar sulfate	
verapamil hcl tab er 240 mg	see ZONTIVITY TAB 2.08MG	125
VEREGEN OIN 15%	voriconazole tab 200 mg	54
VICTOZA INJ 18MG/3ML	voriconazole tab 50 mg	54
VIDEX EC CAP 125MG	vorinostat	
vigabatrin powd pack 500 mg	see ZOLINZA CAP 100MG.....	75
vigabatrin tab 500 mg	vortioxetine hbr	
Vigadrone	see TRINTELLIX TAB 10MG.....	38
see vigabatrin powd pack 500 mg	see TRINTELLIX TAB 20MG.....	38
.....	see TRINTELLIX TAB 5MG	38
VIIBRYD KIT STARTER.....	VOSEVI TAB	89
.....	VOTRIENT TAB 200MG	75
VIIBRYD TAB 10MG.....	VRAYLAR CAP 1.5MG.....	78
.....	VRAYLAR CAP 3MG	78
VIIBRYD TAB 20MG	VRAYLAR CAP 4.5MG.....	78
.....	VRAYLAR CAP 6MG	78
VIIBRYD TAB 40MG.....	VUMERITY CAP 231MG	163
vilazodone hcl	VYVANSE CAP 10MG	2
see VIIBRYD KIT STARTER	VYVANSE CAP 20MG	2
.....	VYVANSE CAP 30MG	2
see VIIBRYD TAB 10MG	VYVANSE CAP 40MG	2
.....	VYVANSE CAP 50MG	2
see VIIBRYD TAB 20MG	VYVANSE CAP 60MG	2
.....	VYVANSE CAP 70MG	2
see VIIBRYD TAB 40MG	W	
VIMPAT SOL 10MG/ML.....	Wal-dryl Allergy Relief C	
VIMPAT TAB 100MG	see diphenhydramine hcl tab	
VIMPAT TAB 150MG	disint 12.5 mg	55
VIMPAT TAB 200MG	Wal-dryl Pe Allergy/sinu	
VIMPAT TAB 50MG.....	see diphenhydramine-	
VINATE II TAB.....	phenylephrine tab 25-10 mg	103
.....	Wal-itin Aller-melts	
VINATE M TAB.....	see loratadine rapidly-	
.....	disintegrating tab 10 mg	55
VIRACEPT TAB 250MG	Wal-tap Cold & Allergy	
.....	see brompheniramine &	
VIRACEPT TAB 625MG	pseudoephedrine elixir 1-15	
Virt-caps	mg/5ml	102
see b-complex w/ c & folic acid	warfarin sodium	
cap 1 mg	see COUMADIN TAB 10MG	30
.....	see COUMADIN TAB 1MG	30
Virt-phos 250 Neutral		
see pot phos monobasic w/sod		
phos di & monobas tab 155-		
852-130mg		
.....		
VISCO-3 INJ 25/2.5ML		
vismodegib		
see ERIVEDGE CAP 150MG		
.....		
Vita-bee/c		
see b-complex w/ c & folic acid		
tab		
.....		

see COUMADIN TAB 2.5MG.....	30	XGEVA INJ.....	116
see COUMADIN TAB 2MG	30	XIFAXAN TAB 200MG	21
see COUMADIN TAB 3MG	30	XIFAXAN TAB 550MG	21
see COUMADIN TAB 4MG	30	XIGDUO XR TAB 10-1000	45
see COUMADIN TAB 5MG	30	XIGDUO XR TAB 10-500MG.....	45
see COUMADIN TAB 6MG	30	XIGDUO XR TAB 2.5-1000	45
see COUMADIN TAB 7.5MG.....	30	XIGDUO XR TAB 5-1000MG.....	45
warfarin sodium tab 1 mg	30	XIGDUO XR TAB 5-500MG	45
warfarin sodium tab 10 mg	31	XOFLUZA TAB 20MG	90
warfarin sodium tab 2 mg	30	XOFLUZA TAB 40MG	90
warfarin sodium tab 2.5 mg	30	XOFLUZA TAB 80MG	90
warfarin sodium tab 3 mg	30	XOLAIR INJ 150MG/ML.....	26
warfarin sodium tab 4 mg	31	XOLAIR INJ 75/0.5	26
warfarin sodium tab 5 mg	31	XOLAIR SOL 150MG.....	26
warfarin sodium tab 6 mg	31	XTANDI CAP 40MG	71
warfarin sodium tab 7.5 mg	31	XTANDI TAB 40MG	71
water for irrigation, sterile		XTANDI TAB 80MG	71
irrigation soln	145	Xulane	
Wee Care		see norelgestromin-ethinyl	
see carbonyl iron susp 15		estradiol td ptwk 150-35	
mg/1.25ml (elemental iron) 127		mcg/24hr	100
wheat dextrin oral powder	130	XULTOPHY INJ 100/3.6.....	45
white petrolatum-mineral oil ophth		XYREM SOL 500MG/ML.....	161
ointment	153	Z	
WIDE-SEAL DPR KIT 60	133	zafirlukast tab 10 mg	27
WIDE-SEAL DPR KIT 65	133	zafirlukast tab 20 mg	27
WIDE-SEAL DPR KIT 70	133	zaleplon cap 10 mg	129
WIDE-SEAL DPR KIT 75	133	zaleplon cap 5 mg	129
WIDE-SEAL DPR KIT 80	133	zanamivir	
WIDE-SEAL DPR KIT 85	133	see RELENZA MIS DISKHALE	90
WIDE-SEAL DPR KIT 90	134	zanubrutinib	
WIDE-SEAL DPR KIT 95	134	see BRUKINSA CAP 80MG	71
WP THYROID TAB 81.25MG	167	ZARXIO INJ 300/0.5	127
X		ZARXIO INJ 480/0.8	127
XALKORI CAP 200MG	75	ZEJULA CAP 100MG	75
XALKORI CAP 250MG	75	ZENPEP CAP 10000UNT	113
XARELTO STAR TAB 15/20MG.....	31	ZENPEP CAP 15000UNT	113
XARELTO SUS 1MG/ML	31	ZENPEP CAP 20000UNT	113
XARELTO TAB 10MG.....	31	ZENPEP CAP 25000UNT	114
XARELTO TAB 15MG.....	31	ZENPEP CAP 3000UNIT.....	113
XARELTO TAB 2.5MG.....	31	ZENPEP CAP 40000UNT	114
XARELTO TAB 20MG.....	31	ZENPEP CAP 5000UNIT.....	113
XELJANZ SOL 1MG/ML	7	ZEPATIER TAB 50-100MG	90
XELJANZ TAB 10MG	7	zidovudine cap 100 mg	89
XELJANZ TAB 5MG	7	zidovudine syrup 10 mg/ml	89
XELJANZ XR TAB 11MG.....	7	zidovudine tab 300 mg	89
XELJANZ XR TAB 22MG.....	7	ZIEXTENZO INJ 6/0.6ML.....	127

zileuton tab er 12hr 600 mg	27	zolmitriptan tab 5 mg	139
zinc sulfate cap 220 mg (50 mg elemental zn)	143	zolpidem tartrate tab 10 mg	129
Zinc-220		zolpidem tartrate tab 5 mg	129
see zinc sulfate cap 220 mg (50 mg elemental zn)	143	zonisamide cap 100 mg	35
ZINC-OXYDE OIN 0.44-20%.....	112	zonisamide cap 25 mg	35
ZIOPTAN DRO 0.0015%.....	157	zonisamide cap 50 mg	35
ziprasidone hcl cap 20 mg	78	ZONTIVITY TAB 2.08MG	125
ziprasidone hcl cap 40 mg	79	ZORTRESS TAB 0.25MG	144
ziprasidone hcl cap 60 mg	79	ZORTRESS TAB 0.5MG	144
ziprasidone hcl cap 80 mg	79	ZORTRESS TAB 0.75MG	144
ZIRGAN GEL 0.15%	155	ZORTRESS TAB 1MG	145
ZOLADEX IMP 10.8MG	71	ZOSTAVAX INJ	173
ZOLADEX IMP 3.6MG.....	71	zoster vaccine live	
ZOLINZA CAP 100MG	75	see ZOSTAVAX INJ.....	173
zolmitriptan nasal spray 2.5 mg/spray unit	138	zoster vaccine recombinant adjuvanted	
zolmitriptan nasal spray 5 mg/spray unit	139	see SHINGRIX INJ 50/0.5ML.....	173
zolmitriptan orally disintegrating tab 2.5 mg	139	Z-TUSS AC LIQ 2-9/5ML	103
zolmitriptan orally disintegrating tab 5 mg	139	ZYDELIG TAB 100MG	75
zolmitriptan tab 2.5 mg	139	ZYDELIG TAB 150MG	75
		ZYKADIA CAP 150MG	75
		ZYLET SUS 0.5-0.3%	156
		ZYPREXA RELP INJ 210MG	83
		ZYPREXA RELP INJ 300MG	83
		ZYPREXA RELP INJ 405MG	83