

2020

Formulary/

Formulario

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

California

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

Notice: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

MolinaMarketplace.com



Your Extended Family.

Contents

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

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

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

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

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

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

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

I have questions about how my plan covers drugs.

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

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

Call toll-free 1 (888) 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, 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 Specialty Pharmacy. We may require you to use our exclusive In-Network Specialty Pharmacy.
Tier 5	Preventative service drugs and family planning drugs and devices (ie, contraception) with \$0 cost sharing.
DME	Durable Medical Equipment; Cost sharing may apply for non-drug products 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.
- 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.

Following 1367.656 of the Health and Safety Code, certain types of drugs covered by your plan have cost sharing limits each time you fill them. These are separate from general limits in your plan design such as Maximum Out-of-Pocket and fixed cost sharing for some Drug Tiers.

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

Network Retail Pharmacy

Molina has a network of preferred retail pharmacies that can process and dispense medication. Located on the Molinahealthcare.com website is a Pharmacy locator tool that can assist enrollees and providers in finding an in-network pharmacy provider. The tool allows you to search pharmacies by Zip code, city, country, state. As well as limit search results based on distance, other specific criteria like store name, language spoken and/or services offered.

Specialty Pharmacy

CVS Specialty Pharmacy is our exclusive pharmacy for specialty medications, except for limited distribution medications. Limited distribution means the medication can only be dispensed by certain pharmacy providers. CVS Specialty pharmacy is a mail order pharmacy that provides clinical support to help enrollees manage their medication and condition. Specialty medications are indicated as Tier 4 on the formulary. Most specialty medications require a Prior Authorization to be submitted for medical necessity review. The prescriber can submit Prior Authorization requests directly to Molina or send a prescription to CVS to begin the Prior Authorization 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 Specialty can be contacted by calling 1 (800) 364-6331.

Mail Order Pharmacy

CVS Caremark Mail Service pharmacy is Molina's exclusive, in-network pharmacy for mail order prescriptions. Enrollees can sign up to receive up to a 90 days' supply for most prescription medications, delivered right to their door at no cost.

To have prescriptions sent through mail order 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/faststart 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 (800) 364-6331. 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. Provider-related questions may be addressed by calling the Molina Provider Services Help Desk at 1 (855) 322-4075.

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 (800) 364-6331 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 the drug will be used for a medically accepted use that you have and that other treatments have not worked for you or are not medically 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 serious 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 forms may be obtained at our website MolinaMarketplace.com.

We will tell you how long the request is approved for. If the request is not approved, we will send a letter with the reasons why and give instructions on your rights for follow up.

Requesting an Exception

Can I have a drug covered if it is not on the formulary or does not follow plan requirements or limits?

Molina has a process to allow you to request clinically appropriate drugs that are not on the formulary or that have requirements or limits under your plan. Your doctor may order a drug that is not in the formulary but that he or she believes is best for you. Your doctor may contact Molina's Pharmacy Department to request that Molina cover the drug for you. If the request is approved, Molina will contact your doctor.

If the request is denied, Molina Healthcare will send a letter to you and your doctor. The letter will explain why the drug was denied. If you disagree with the denial of a nonformulary drug and/or step therapy exception request, you can file a grievance requesting an external exception review. Please refer to section of the Agreement (policy) titled "Complaints and Appeals" for information on how to file a grievance.

You may be taking a drug that is no longer on drug list. Your doctor can ask us to keep covering it by sending us a Prior Authorization exception request for the drug.

Nonformulary products may be considered for coverage of a medically accepted use 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 cover specific nonformulary drugs under the following conditions:

- There is documentation of a specific need in your medical record.

- Your doctor has certified that you tried drugs on the formulary, and they did not help you in the past; or the options have caused you harm or are reasonably expected by the prescriber to cause you harm or adverse reaction.

If your prescription requires a Prior Authorization review for 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 no later than:

- 24 hours following receipt of request with Exigent Circumstances
- 72 hours following receipt of request for Standard Exception Request

If the initial request is denied for a nonformulary drug and/or step therapy exception, you can file a grievance requesting an external exception review. Please refer to section in the Agreement (policy) titled “Complaints and Appeals” for information on how to file a grievance.

Molina will notify you or your designee and your prescribing provider of a drug coverage determination within 24 hours of receipt of a request based on exigent circumstances and within 72 hours of receipt of all other requests. Following 1367.241 of the Health and Safety Code, if a determination is not made within these timeframes, the request will automatically be approved.

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.

Following 1300.67.24 of the Health and Safety Code, we cannot require you to repeat step therapy 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

If Molina denies your drug request, a notice of rights to appeal the decision will be included in the notice of action. You may also file a grievance or complaint by contacting the Molina Customer Support Center at (888) 858-2150.

Notice

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

Legend

What are the Requirements and Limits on the drug list?

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

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

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

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

2020

Guía de Formulario (Español)

Molina Marketplace - California

MolinaMarketplace.com

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

Aviso: 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.



Contenido

¡Bienvenido a Molina Healthcare!	ii
Fomulario 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 adquirir una receta	ix
Farmacia minorista de la red	ix
Farmacia de especialidad	ix
Servicio de farmacia por correo.....	ix
Farmacia fuera de la red.....	ix
Procesador de reclamaciones de recetas.....	ix
Política de medicamentos urgentes y fuera del horario de atención	x
Autorización previa y procedimiento de solicitud de excepción.....	x
Autorización previa	x
Cómo solicitar una excepción.....	x
Quejas y apelaciones.....	xii
Aviso.....	xii
Leyenda	xiii

¡Bienvenido a Molina Healthcare!

Formulario de Medicamentos de Molina Healthcare (lista de medicamentos)

Molina Healthcare tiene una lista de medicamentos que cubrirá. 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 médicos y farmacéuticos de Molina Healthcare y la comunidad médica. El grupo se reúne cada tres meses para conversar sobre los medicamentos que están en el formulario. Revisan los nuevos medicamentos y cambios en la atención médica. Tratan de encontrar los medicamentos más efectivos para las distintas afecciones. Los medicamentos se agregan o retiran del Formulario de medicamentos 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 (FDA, por sus siglas en inglés) salen al mercado.
- Cuando la FDA retira medicamentos del mercado.
- Cuando un medicamento es identificado con un nuevo problema de seguridad.

Dentro del año del plan en curso, solo hacemos ciertos cambios al formulario. Estos cambios pueden incluir:

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

Cuando ocurren actualizaciones a través de nuestro proceso estándar, Molina Healthcare publica 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. La mayoría de los medicamentos inyectables para los que necesita ayuda de un proveedor para utilizarlos están cubiertos bajo el beneficio médico en vez del beneficio de medicamentos recetados ("farmacia"). Su proveedor tiene instrucciones de Molina sobre cómo brindarle aprobación para los medicamentos que compra y le 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 se puede adquirir en una farmacia minorista?
- ¿Cuál es el monto en dólares de distribución de costos para mi receta?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia escalonada?

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

Llame al número gratuito 1 (888) 858-2150, de lunes a viernes, de 8:00 a. m. a 6:00 p. m. Si es sordo o tiene problemas de audición, marque el 711 para el Servicio de Telecomunicaciones. También puede pedirnos que le enviemos por correo postal 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 médico se lo recetará. Esta guía le informa a usted y a su médico qué medicamentos recetados están cubiertos por su plan. Es posible que los medicamentos que no están en esta lista no estén cubiertos por su plan y pueden costarle más. Puede solicitar que se cubran medicamentos que no están en el formulario. Las solicitudes para medicamentos que no están en el formulario se considerarán para un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar y/o se cumplen otros requisitos de cobertura. Los detalles se incluyen en esta guía.

Definiciones

"Medicamento de marca" es un medicamento que es comercializado bajo un nombre protegido de marca comercial y patentado. El medicamento de marca se mencionará en letras MAYÚSCULAS.

"Coseguro" es un porcentaje del costo de un beneficio de atención médica cubierta que un afiliado paga después de haber pagado el deducible, si un deducible aplica al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

"Copago" es un porcentaje del costo de un beneficio de atención médica cubierta que un afiliado paga después de haber pagado el deducible, si un deducible aplica al beneficio de atención médica, tal como el beneficio de medicamentos recetados.

"Deducible" es el monto que un afiliado paga por beneficios de atención médica cubierta antes de que su plan de salud comience con los pagos de todo o parte del costo del beneficio de atención médica según los términos de la política.

"Forma farmacéutica" es la forma física en la que se produce y dispensa un medicamento recetado, como una tableta, una cápsula o un inyectable.

"Categoría del medicamento" es un grupo de medicamentos recetados que corresponde a una categoría de distribución de costos específica en la cobertura de medicamentos recetados del plan de salud. La categoría en la que se coloca un medicamento recetado determina la parte del costo del afiliado para el 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 exigentes" se dan cuando un afiliado 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.

"Formulario" es la lista de medicamentos completa preferida para el uso y elegible para 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 en dosis, seguridad, concentración, manera de tomarlo, calidad, rendimiento 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 copagos, coseguro y el deducible aplicable, más todos los costos de servicios de atención médica que no están cubiertos por el plan de salud.

"Proveedor que receta" es un proveedor de atención médica autorizado para escribir una receta para tratar una afección médica para un afiliado del plan de salud.

"Receta" es una orden oral, escrita o electrónica realizada 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 e información de contacto del proveedor que receta, la firma del proveedor que receta si la receta está por escrito y, si es solicitada por el afiliado, la afección médica o el propósito por el cual se receta el medicamento.

"Medicamento recetado" es un medicamento que es recetado por el proveedor que receta del afiliado y necesita una receta bajo la ley correspondiente.

"Autorización previa" es un requisito del plan de salud que el afiliado o el proveedor que receta del afiliado obtenga la autorización del plan de salud para un medicamento recetado antes de que el plan de salud cubra el medicamento. El plan de salud deberá otorgar una autorización previa cuando sea necesaria por razones médicas para que el afiliado obtenga el medicamento.

"Terapia escalonada" es un proceso que especifica la secuencia en la cual se recetan los distintos medicamentos recetados para una afección médica determinada y que corresponden 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 escalonada. Si el proveedor que receta del afiliado envía una solicitud para la excepción de terapia escalonada, el plan de salud deberá hacer excepciones para la terapia escalonada cuando se cumplan los criterios.

"Suscriptor" significa la persona que es responsable de pagarle a un plan o cuyo empleo u otra situación, excepto dependencia familiar, sea la base para la elegibilidad para la membresía en el plan.

Cómo utilizar el formulario de medicamentos como su guía de cobertura de medicamentos recetados

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

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

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

Si está utilizando una versión impresa de la lista de medicamentos, puede buscar el nombre del medicamento en el índice al final de esta guía.

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

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, 1 MG (<i>warfarin sodium</i>)	Tier 2	QL (300 tabletas/30 días); MAIL
<i>warfarin sodium, tab, 1 mg</i>	Tier 1	QL (300 tabletas/30 días); MAIL
<i>warfarina sodium, tab, 1 mg</i> (Jantoven)	Tier 1	QL (300 tabletas/30 días); 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 comerciales 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 comercial. El ejemplo anterior muestra las formas de marca, genérica y genérica de marca comercial 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. El nombre no patentado o "**nombre genérico**" para el medicamento de

marca irá seguido entre paréntesis y todo en letras **minúsculas negritas y cursivas**. Cuando la forma genérica del medicamento está cubierta, se menciona separadamente por su(s) **nombre(s) genérico(s)** en letras **negritas y cursivas**. Un medicamento genérico que está cubierto como la forma genérica de marca comercial se mencionará separadamente por su **nombre genérico** seguido del nombre de marca comercial entre paréntesis. El nombre genérico de marca comercial 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, COUMADIN y **warfarin sodium (warfarina sódica)** se mencionan por separado para mostrar que tanto la forma de marca como la forma genérica están cubiertas en el formulario. En este ejemplo, también se muestra una forma genérica de marca comercial (Jantoven). Es posible que se apliquen una categoría del medicamento y requisitos/límites diferentes para una forma de marca comercial en comparación con una forma genérica de un medicamento si múltiples formas de medicamento están en la lista como cubiertas en la lista de medicamentos real.

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

Colocamos los medicamentos en distintos niveles llamados "categorías" basándonos en qué tan bien mejoran la salud y cuánto cuestan en comparación con tratamientos similares. Su plan tiene las siguientes categorías. Para las categorías del 1 al 4, mientras más baja es la categoría de medicamento, más baja será su parte del costo.

Estos son más detalles sobre qué medicamentos están en qué categorías.

Categoría de medicamento	Descripción
Tier 1	Medicamentos genéricos preferidos y medicamentos de marca de bajo costo; distribución de costos más baja para el afiliado.
Tier 2	Medicamentos genéricos no preferidos y medicamentos de marca preferidos; distribución de costos más alta que la categoría 1.
Tier 3	Medicamentos no preferidos, medicamentos de marca y medicamentos genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones.
Tier 4	Medicamentos especializados, tanto de marca como genéricos; distribución de costos más alta que los medicamentos de categoría más baja utilizados para tratar las mismas afecciones, si están disponibles. La mayoría de medicamentos especializados cubiertos en su plan estarán disponibles a través de una farmacia de especialidad. Es posible que necesitemos que use nuestra farmacia de especialidad exclusiva dentro de la red.
Tier 5	Medicamentos de servicio preventivo y medicamentos y dispositivos de planificación familiar (es decir, anticonceptivos) con una distribución de costos de \$0.
DME	Equipo médico duradero; la distribución de costos puede aplicar para productos que no sean medicamentos de 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 servicio preventivo reconocidos a nivel nacional y formas farmacéuticas (Tier 5) con una distribución de costos de \$0.
- 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 una distribución de costos de \$0 (categoría 5).

- Su plan cubre el tratamiento y pruebas para diabetes, incluyendo insulina, glucagón, dispositivos y suministros necesarios por razones médicas en la categoría DME, y otros medicamentos recetados.

De acuerdo con 1367.656 del Código de Salud y Seguridad, ciertos tipos de medicamentos cubiertos por su plan tienen límites de distribución de costos cada vez que los adquiere. Estos son independientes de los límites generales en el diseño de su plan, tal como el máximo de gastos de su bolsillo y la distribución de costos fijos para algunas categorías de medicamentos.

Existen límites en su distribución de costos 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 distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando a su información de recetas y farmacias en la herramienta Verificar Costo de Medicamentos. Si crea una cuenta con Caremark.com antes de usar la herramienta, la información del diseño de su plan también se usará para calcular con más precisión los precios reales que usted paga en la farmacia.

Cómo encontrar una farmacia para adquirir una receta

Farmacia minorista de la red

Molina tiene una red de farmacias minoristas preferidas que pueden procesar y distribuir medicamentos. Hay una herramienta localizadora de farmacias, ubicada en el sitio web Molinahealthcare.com, que puede ayudar a los afiliados y proveedores a encontrar un proveedor de farmacia dentro de la red. La herramienta le permite buscar farmacias por código postal, ciudad, estado y país. Además, resultados de búsqueda limitados según la distancia, otros criterios específicos como nombre de tienda, idioma hablado y/o servicios ofrecidos.

Farmacia de especialidad

La farmacia CVS Specialty es nuestra farmacia exclusiva para medicamentos especializados, excepto para medicamentos de distribución limitada. La distribución limitada significa que el medicamento solo puede ser distribuido por ciertos proveedores de farmacia. La farmacia CVS Specialty es una farmacia de envío por correo que proporciona apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y afecciones. Los medicamentos de especialidad se indican como categoría 4 en el formulario. La mayoría de los medicamentos de especialidad requieren una Autorización previa que se enviará para revisión de necesidad médica. El médico que receta puede enviar solicitudes de Autorización previa directamente a Molina o enviar una receta a CVS para comenzar el proceso de Autorización previa. Si la entrega por correo del medicamento especializado 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 CVS Specialty llamando al 1 (800) 364-6331.

Servicio de farmacia por correo

La farmacia de servicio por correo CVS Caremark es una farmacia exclusiva dentro de la red de Molina para obtener las recetas de pedido por correo. Los afiliados pueden inscribirse para recibir un suministro de hasta 90 días para la mayoría de los medicamentos recetados, entregados justo en su puerta, sin costo.

Para hacer que le envíen recetas a través del pedido por correo, el proveedor o afiliado puede llamar al número gratuito FastStart®, al 1 (800) 875-0867 de lunes a viernes de 7:00 a. m. a 7:00 p. m. o dirigirse al sitio web www.caremark.com/faststart.

Farmacia fuera de la red

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

Procesador de reclamaciones de recetas

Molina Healthcare ha elegido CVS Caremark como la compañía de gestión de beneficios de farmacias (PBM, por sus siglas en inglés) para manejar el beneficio de recetas para los afiliados de 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 (800) 364-6331. La información sobre membresía, distribución de costos, 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. Los Servicios para Miembros están disponibles de lunes a viernes de 8:00 a. m. a 6:00 p. m. Las preguntas relacionadas con proveedores se pueden dirigir al soporte técnico de Servicios de Proveedores de Molina al 1 (855) 322-4075.

Política de medicamentos urgentes y fuera 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 es dado de 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 pueden comunicarse con el soporte técnico de CVS Caremark al 1 (800) 364-6331 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 urgente o fuera del horario de atención se procese en línea. Se aconseja y se espera que la farmacia brinde documentación razonable de los casos donde 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 son revisados en contraste con las normas estándar para determinar la necesidad médica. Los proveedores deben demostrar que el uso que usted hará del medicamento es médicamente aceptado y que otros tratamientos no le han funcionado o no son apropiados por razones médicas. 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 para los medicamentos de especialidad utilizados para tratar afecciones graves o prolongadas. 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 estándar de cobertura.

Su proveedor puede enviar por fax un formulario completado de Autorización previa de medicamentos para Molina al 1 (866) 508-6445. Los formularios se pueden obtener en nuestro sitio web MolinaMarketplace.com.

Le diremos en cuánto tiempo se aprueba la solicitud. Si la solicitud no se aprueba, enviaremos una carta con los motivos y le daremos instrucciones sobre sus derechos de hacer un seguimiento.

Cómo solicitar una excepción

¿Puedo tener un medicamento cubierto si no está en el formulario o no cumple con los límites o requisitos del plan?

Molina tiene un proceso para permitirle solicitar medicamentos adecuados por razones clínicas que no están en el formulario o que tienen requisitos o límites bajo su plan. Su médico puede solicitar un medicamento que no está en el formulario pero que cree que es mejor para usted. Su médico puede comunicarse con el Departamento de Farmacia de Molina para solicitar que Molina cubra el medicamento para usted. Si la solicitud se aprueba, Molina se comunicará con su médico.

Si se rechaza la solicitud, Molina Healthcare le enviará una carta a usted y a su médico. En la carta se explicará por qué se rechazó el medicamento. Si no está de acuerdo con el rechazo de un medicamento que no está en el formulario y/o una solicitud de excepción de terapia escalonada, puede presentar un reclamo que solicite una revisión externa de la

excepción. Consulte la sección del Acuerdo (política) titulada “Quejas y apelaciones” para obtener información sobre cómo presentar un reclamo.

Puede estar tomando un medicamento que ya no está en la lista de medicamentos. Su médico puede solicitarnos seguir cubriéndolo al enviarnos una solicitud de excepción de Autorización previa para obtener el medicamento.

Los productos que no están en el formulario se pueden considerar para cobertura de un uso aceptado por razones médicas cuando las opciones del formulario no se pueden utilizar y/o se cumplen otros requisitos. El medicamento debe ser seguro y efectivo para su afección médica. Su médico debe elaborar su receta para obtener la cantidad usual del medicamento para usted. Molina puede cubrir medicamentos específicos que no están en el formulario bajo las siguientes condiciones:

- Existe documentación de una necesidad específica en su registro médico.
- Su médico ha certificado que probó medicamentos del formulario, y no le ayudaron anteriormente; o las opciones le han causado daños o el médico que receta piensa de manera razonable que los medicamentos le causarán daño o una reacción adversa.

Si su receta requiere una revisión de Autorización previa para excepción, la solicitud puede ser considerada bajo Circunstancias urgentes o estándar.

- 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 médico o un fabricante no se considerarán tratamiento actual.

A usted y/o su proveedor se les notificará sobre nuestra decisión a más tardar:

- 24 horas después de recibir la solicitud con Circunstancias urgentes.
- 72 horas después de recibir la solicitud de Excepción estándar.

Si se rechaza la solicitud inicial para un medicamento que no está en el formulario y/o una excepción de terapia escalonada, puede presentar un reclamo que solicite una revisión externa de la excepción. Consulte la sección del Acuerdo (política) titulada “Quejas y apelaciones” para obtener información sobre cómo presentar un reclamo.

Molina lo notificará a usted o su persona designada y a su proveedor que receta sobre la determinación de cobertura de un medicamento dentro de las 24 horas de recepción de una solicitud basándose en circunstancias exigentes, y dentro de 72 horas de haber recibido todas las demás solicitudes. De acuerdo con 1367.241 del Código de Salud y Seguridad, si una determinación no está hecha dentro de los marcos de tiempo, la solicitud será aprobada automáticamente.

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.

De acuerdo con 1300.67.24 del Código de Salud y Seguridad, no podemos pedirle que repita la terapia escalonada si cambió de planes de seguro y continúa tomando un medicamento que ahora está sujeto a requisitos de terapia escalonada bajo 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

Si Molina rechaza su solicitud de medicamento, un aviso de derechos para apelar la decisión se incluirá en el aviso de acción. Además, puede presentar un reclamo o queja al comunicarse con el Centro de Asistencia al Cliente de Molina al (888) 858-2150.

Aviso

La información contenida en este documento es patentada. La información no se puede copiar en su totalidad o en parte sin el permiso por escrito. Todos los derechos reservados. Este documento contiene referencias a medicamentos de marca que son marcas comerciales o marcas comerciales registradas de fabricantes farmacéuticos. Los nombres 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 efectividad y el costo del medicamento.
MED	Se aplican límites de Dosis Equivalente de Morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina al día de suministro adquirido.
OTC	Las formas farmacéuticas de venta sin receta están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
PA	Se requiere Autorización previa. 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 otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
QL	Se aplican límites de cantidad. Pagaremos por un monto máximo diario según la información acerca del uso y del costo aceptados por razones médicas del medicamento.
ST	Se requiere Terapia escalonada. Si hemos pagado para que tenga el(los) medicamento(s) de Terapia escalonada necesario(s) anteriormente, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de Terapia escalonada o Autorización previa. 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 médicamente necesaria 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. Es su decisión si desea usar programas de Pedido por correo. Es posible que tenga una distribución de costos menor cuando use el Pedido por correo en algunos medicamentos.



Molina Marketplace – 2020 Formulary Changes Effective 10/1/2020

Effective Date	Formulary Change	Change	Notes
10/1/2020	AFINITOR DIS TAB 2MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	AFINITOR DIS TAB 3MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	AFINITOR DIS TAB 5MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	AFINITOR TAB 10MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 2.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	AFINITOR TAB 7.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	ALECENSA CAP 150MG	Adding Quantity Limit (QL)	QL: 240 per 30 days
10/1/2020	BRUKINSA CAP 80MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	CAPRELSA TAB 100MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	CAPRELSA TAB 300MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	COMETRIQ 100MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	COMETRIQ 140MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	COMETRIQ 60MG DAILY DOSE KIT	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	Diclofenac gel 1% OTC	Adding Over-the-Counter (OTC) formulation to formulary, Tier 1, Prior Authorization required, Quantity Limit (QL)	QL: 200 per 30 days
10/1/2020	DUPIXENT INJ 300/2ML	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	ERIVEDGE CAP 150MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	FARYDAK CAP 10MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FARYDAK CAP 15MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FARYDAK CAP 20MG	Adding Quantity Limit (QL)	QL: 6 per 21 days
10/1/2020	FULPHILA INJ 6/0.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	GILOTRIF TAB 20MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GILOTRIF TAB 30MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GILOTRIF TAB 40MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	GLEEVEC TAB 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	GLEEVEC TAB 400MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	IBRANCE CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

Effective Date	Formulary Change	Change	Notes
10/1/2020	IBRANCE CAP 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE CAP 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 125MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IBRANCE TAB 75MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	ICLUSIG TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ICLUSIG TAB 45MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	IMBRUVICA CAP 140MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	JAKAFI TAB 10MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 15MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 20MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	JAKAFI TAB 5MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI 200 PAK FEMARA	Adding Quantity Limit (QL)	QL: 49 per 28 days
10/1/2020	KISQALI 400 PAK FEMARA	Adding Quantity Limit (QL)	QL: 70 per 28 days
10/1/2020	KISQALI 600 PAK FEMARA	Adding Quantity Limit (QL)	QL: 91 per 28 days
10/1/2020	KISQALI TAB 200 DAILY DOSE	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	KISQALI TAB 400 DAILY DOSE	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	KISQALI TAB 600 DAILY DOSE	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 10 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 12 MG (3 x 4 mg)	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 14 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 18 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 20 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LENVIMA CAP 24 MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	LENVIMA CAP 4 MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	LENVIMA CAP 8 MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	LONSURF TAB 15-6.14	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	LONSURF TAB 20-8.19	Adding Quantity Limit (QL)	QL: 100 per 28 days
10/1/2020	MALATHION LOT 0.5%	Removing Step Therapy Requirement, adding Quantity Limit (QL)	QL: 59 per 30 days
10/1/2020	MEKINIST TAB 0.5MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	MEKINIST TAB 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	NEULASTA INJ 6MG/0.6M	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	NEXAVAR TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	NEXLIZET TAB 180/10MG	Adding to formulary, Tier 3, Prior Authorization required	
10/1/2020	ODOMZO CAP 200MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POLY-VI-SOL SOL 50MG/ML	Adding to formulary, Tier 2	
10/1/2020	POLY-VI-SOL SOL IRON	Adding to formulary, Tier 2	

Effective Date	Formulary Change	Change	Notes
10/1/2020	POMALYST CAP 1MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 2MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 3MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	POMALYST CAP 4MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 10MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 15MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 2.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 20MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 25MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	REVLIMID CAP 5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	RIBAVIRIN CAP 200MG	Removing Prior Authorization requirement	
10/1/2020	RIBAVIRIN TAB 200MG	Removing Prior Authorization requirement	
10/1/2020	RUBRACA TAB 200MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 250MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RUBRACA TAB 300MG	Adding to formulary, Tier 4, Prior Authorization required	
10/1/2020	RYBELSUS TAB 14MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 3MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	RYBELSUS TAB 7MG	Adding to formulary, Tier 2, with Step Therapy requirement	
10/1/2020	SPINOSAD SUS 0.9%	Removing Step Therapy requirement, adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SPRYCEL TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 140MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 20MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SPRYCEL TAB 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 70MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	SPRYCEL TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	STIVARGA TAB 40MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	SUTENT CAP 12.5MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	SUTENT CAP 25MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	SUTENT CAP 37.5MG	Adding Quantity Limit (QL)	QL: 30 per 30 days

Effective Date	Formulary Change	Change	Notes
10/1/2020	SUTENT CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAFINLAR CAP 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAFINLAR CAP 75MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TAGRISSO 40MG TAB	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TAGRISSO TAB 80MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 150MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TARCEVA TAB 25MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	TASIGNA 50MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 150MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	TASIGNA CAP 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	THALOMID CAP 100MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	THALOMID CAP 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	THALOMID CAP 50MG	Adding Quantity Limit (QL)	QL: 30 per 30 days
10/1/2020	TIVICAY TAB FOR ORAL SUSP 5MG (BASE EQUIV)	Adding to formulary, Tier 2, with Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	TYKERB TAB 250MG	Adding Quantity Limit (QL)	QL: 180 per 30 days
10/1/2020	UDENYCA INJ 6MG/.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	VOTRIENT TAB 200MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	XALKORI CAP 200MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	XALKORI CAP 250MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZEJULA CAP 100MG	Adding Quantity Limit (QL)	QL: 90 per 30 days
10/1/2020	ZIEXTENZO INJ 6/0.6ML	Adding Quantity Limit (QL)	QL: 0.6 per 14 days
10/1/2020	ZOLINZA CAP 100MG	Adding Quantity Limit (QL)	QL: 120 per 30 days
10/1/2020	ZYDELIG TAB 100MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYDELIG TAB 150MG	Adding Quantity Limit (QL)	QL: 60 per 30 days
10/1/2020	ZYTIGA TAB 250MG	Adding Quantity Limit (QL)	QL: 120 per 30 days

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	AGE, QL (450 mL / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	AGE, QL (900 mL / 30 days); AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<i>modafinil tab 100 mg</i>	Tier 3	QL (30 tabs / 30 days), PA
<i>modafinil tab 200 mg</i>	Tier 3	QL (60 tabs / 30 days), PA

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

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

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

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 mg	Tier 1	OTC
melatonin tab 3 mg	Tier 1	OTC
melatonin tab 5 mg	Tier 1	OTC
melatonin tab 300 mcg	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 3-2 mg (Ra Melatonin)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	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	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
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		
RINVOO TAB 15MG ER (<i>upadacitinib</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	MAIL, PA
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
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<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>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	MAIL, PA
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	MAIL, PA
<i>mefenamic acid cap 250 mg</i>	Tier 3	MAIL, PA
<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	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>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
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (<i>abatacept</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> (Esgic)	Tier 1	QL (180 caps / 30 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	AGE, QL (180 caps / 30 days); AGE (Max 64 years)
ANALGESICS OTHER		
<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC
<i>acetaminophen disintegrating tab 80 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen disintegrating tab 160 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<i>acetaminophen elixir 160 mg/5ml</i>	Tier 1	OTC
<i>acetaminophen liquid 160 mg/5ml</i> (Mapap)	Tier 1	OTC
<i>acetaminophen liquid 167 mg/5ml</i> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<i>acetaminophen soln 160 mg/5ml</i> (Pain & Fever Childrens)	Tier 1	OTC
<i>acetaminophen suppos 120 mg</i>	Tier 1	OTC
<i>acetaminophen suppos 325 mg</i> (Acephen)	Tier 1	OTC
<i>acetaminophen suppos 650 mg</i>	Tier 1	OTC
<i>acetaminophen susp 160 mg/5ml</i> (Cvs Pain & Fever Children)	Tier 1	OTC
<i>acetaminophen tab 325 mg</i> (Mapap)	Tier 1	OTC
<i>acetaminophen tab 500 mg</i>	Tier 1	OTC
<i>acetaminophen tab er 650 mg</i>	Tier 1	OTC
FEVERALL INF SUP 80MG (<i>acetaminophen</i>)	Tier 1	OTC
FEVERALL SUP 325MG (<i>acetaminophen</i>)	Tier 1	OTC
NORTEMP SUS INFANTS (<i>acetaminophen</i>)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
<i>aspirin chew tab 81 mg</i> (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
<i>aspirin tab 325 mg</i> (Sm Aspirin)	Tier 1	OTC, MAIL
<i>aspirin tab delayed release 81 mg</i> (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<i>aspirin tab delayed release 325 mg</i>	Tier 1	OTC, MAIL
<i>diflunisal tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>salsalate tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>salsalate tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>codeine sulfate tab 30 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 50-2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
EMBEDA CAP 100-4MG (<i>morphine-naltrexone</i>)	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 150MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 200MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA ER TAB 250MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 50MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 75MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
NUCYNTA TAB 100MG (<i>tapentadol hcl</i>)	Tier 3	PA; MED
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 5 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 10 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 3	PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	Tier 3	PA; MED
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 3	PA; MED
OXYCONTIN TAB 10MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 15MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 20MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 30MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 40MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 60MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
OXYCONTIN TAB 80MG CR (<i>oxycodone hcl</i>)	Tier 3	PA; MED
<i>oxymorphone hcl tab 5 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab 10 mg</i>	Tier 3	PA; MED
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	QL (120 tabs / 30 days), PA; MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	QL (30 tabs / 30 days), PA; MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

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

Drug Name	Drug Tier	Requirements/Limits
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
ANADROL-50 TAB 50MG (<i>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>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG (<i>methyltestosterone</i>)	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% (<i>nitroglycerin (intra-anal)</i>)	Tier 3	

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

Drug Name	Drug Tier	Requirements/Limits
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>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i> (Sm Foaming Antacid)	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
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
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
<i>ANTI-INFECTIVE AGENTS - MISC.</i>		
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
NEBUPENT INH 300MG (<i>pentamidine isethionate</i>)	Tier 3	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 3	
<i>trimethoprim tab 100 mg</i>	Tier 1	
XIFAXAN TAB 200MG (<i>rifaximin</i>)	Tier 4	PA
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 4	PA
<i>ANTI-INFECTIVE MISC. - COMBINATIONS</i>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<i>ANTIPROTOZOAL AGENTS</i>		
ALINIA SUS 100/5ML (<i>nitazoxanide</i>)	Tier 3	PA
ALINIA TAB 500MG (<i>nitazoxanide</i>)	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<i>GLYCOPEPTIDES</i>		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
<i>LEPROSTATICS</i>		
<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)
<i>LINCOSAMIDES</i>		
<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)
<i>MONOBACTAMS</i>		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA
<i>OXAZOLIDINONES</i>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	MAIL
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	MAIL
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	QL (30 patches / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL
ANTI ANXIETY AGENTS		
ANTI ANXIETY AGENTS - MISC.		
<i>bupirone hcl tab 5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	AGE, QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>meprobamate tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days)
<i>meprobamate tab 400 mg</i>	Tier 3	QL (90 tabs / 30 days)
BENZODIAZEPINES		
<i>alprazolam tab 0.5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)

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

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	MAIL, PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
--	--------	------

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

Drug Name	Drug Tier	Requirements/Limits
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 4	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 4	PA
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA
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
TUDORZA PRES AER 400/ACT (<i>aclidinium bromide</i>)	Tier 2	QL (1 ea / 30 days), MAIL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	MAIL, PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
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

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

Drug Name	Drug Tier	Requirements/Limits
ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 100 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (<i>fluticasone propionate hfa</i>)	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG (<i>beclomethasone dipropionate hfa</i>)	Tier 2	QL (10.6 gm / 30 days), MAIL
SYMPATHOMIMETICS		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days), MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 3	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)	Tier 2	QL (10.7 gm / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 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	QL (144 mL / 30 days), MAIL, ST; 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	QL (144 mL / 30 days), MAIL, ST; 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	QL (144 mL / 30 days), MAIL, ST; 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	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER (<i>albuterol sulfate</i>)	Tier 2	QL (8.5 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL AER HFA (<i>albuterol sulfate</i>)	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER (<i>albuterol sulfate</i>)	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.

XANTHINES

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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL
<i>DIRECT FACTOR XA INHIBITORS</i>		
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	Tier 3	MAIL, PA
ELIQUIS TAB 5MG (<i>apixaban</i>)	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 10MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 15MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
XARELTO TAB 20MG (<i>rivaroxaban</i>)	Tier 2	MAIL, PA
<i>HEPARINS AND HEPARINOID-LIKE AGENTS</i>		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 4	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 4	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 4	QL (36 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QL (30 vials / 30 days), PA; Max 14 day supply then PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 4	PA
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 4	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<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	MAIL, PA
PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
ANTICONVULSANTS		
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	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO LIQ 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
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 SUS 40MG/ML (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 200MG (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 400MG (<i>rufinamide</i>)	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Eptol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT CAP 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 250MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
DIACOMIT PAK 500MG (<i>stiripentol</i>)	Tier 3	MAIL, PA
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
LYRICA CAP 25MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
LYRICA CAP 75MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG (<i>pregabalin</i>)	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG (<i>pregabalin</i>)	Tier 3	QL (60 caps / 30 days), PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 50 mg</i>	Tier 1	MAIL
<i>topiramate tab 100 mg</i>	Tier 1	MAIL
<i>topiramate tab 200 mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 50MG (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 100MG (<i>lacosamide</i>)	Tier 2	
VIMPAT TAB 150MG (<i>lacosamide</i>)	Tier 2	

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

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TAB 200MG (<i>lacosamide</i>)	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	MAIL
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Tier 3	MAIL
<i>felbamate tab 400 mg</i>	Tier 3	MAIL
<i>felbamate tab 600 mg</i>	Tier 3	MAIL
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 12 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 16 mg</i>	Tier 3	MAIL
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 4	QL (180 packets / 30 days)
<i>vigabatrin tab 500 mg</i>	Tier 4	QL (180 tabs / 30 days)
HYDANTOINS		
DILANTIN CAP 30MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
DILANTIN CAP 100MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PEGANONE TAB 250MG (<i>ethotoin</i>)	Tier 3	MAIL
PHENYTEK CAP 200MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
PHENYTEK CAP 300MG (<i>phenytoin sodium extended</i>)	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
SUCCINIMIDES		
CELONTIN CAP 300MG (<i>methsuximide</i>)	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
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
<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)		
EMSAM DIS 6MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	MAIL, PA
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	MAIL, PA
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
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

Drug Name	Drug Tier	Requirements/Limits
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	MAIL, PA
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	Tier 3	PA
VIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	MAIL, PA
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
FETZIMA CAP 20MG (<i>levomilnacipran hcl</i>)	Tier 3	MAIL, PA
FETZIMA CAP 40MG (<i>levomilnacipran hcl</i>)	Tier 3	MAIL, PA
FETZIMA CAP 80MG (<i>levomilnacipran hcl</i>)	Tier 3	MAIL, PA
FETZIMA CAP 120MG (<i>levomilnacipran hcl</i>)	Tier 3	MAIL, PA
FETZIMA CAP TITRATIO (<i>levomilnacipran hcl</i>)	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days), 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

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

Drug Name	Drug Tier	Requirements/Limits
<i>acarbose tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>acarbose tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>miglitol tab 25 mg</i>	Tier 3	QL (360 tabs / 30 days), MAIL
<i>miglitol tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>miglitol tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA
SYMLNPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	Tier 3	MAIL, PA
ANTIDIABETIC COMBINATIONS		
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

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

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glipizide-metformin hcl tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>glyburide-metformin tab 1.25-250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 2.5-500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>glyburide-metformin tab 5-500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

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

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

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

Drug Name	Drug Tier	Requirements/Limits
BIGUANIDES		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	QL (2 ea / 30 days)
<i>diazoxide susp 50 mg/ml</i>	Tier 3	MAIL
GLUCAGEN INJ HYPOKIT (<i>glucagon hcl (rdna)</i>)	Tier 2	QL (2 syringes / 30 days)
GLUCAGON KIT 1MG (<i>glucagon (rdna)</i>)	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (<i>dextrose (diabetic use)</i>)	Tier 1	OTC
PROGLYCEM SUS 50MG/ML (<i>diazoxide</i>)	Tier 3	MAIL
TGT GLUCOSE CHW GRAPE (<i>glucose-vitamin c</i>)	Tier 1	OTC
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days

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

Drug Name	Drug Tier	Requirements/Limits
TRADJENTA TAB 5MG (<i>linagliptin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
<i>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</i>		
CYCLOSET TAB 0.8MG (<i>bromocriptine mesylate</i> (<i>diabetes</i>))	Tier 2	QL (180 tabs / 30 days), MAIL
<i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i>		
OZEMPIC INJ 2/1.5ML (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
INSULIN		
ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL (10 cartridges) / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
HUMALOG JR INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML (<i>insulin lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine & lispro</i>)	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP (<i>insulin nph isophane & reg (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN N INJ U-100KWP (<i>insulin nph (human) (isophane)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (20 mL / 25 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 3	QL (6 pens / 30 days), MAIL
INSULIN LISP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ 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	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & 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
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	MAIL, PA
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<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	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i> (Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

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

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	

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

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

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	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)

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

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

ANTIFUNGALS

ANTIFUNGALS

<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<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	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA

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	OTC, QL (60 tabs / 30 days)
<i>dexchlorpheniramine maleate oral soln 2 mg/5ml</i> (Ryclora)	Tier 1	

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
<i>diphenhydramine hcl chew tab 12.5 mg</i> (Gnp Allergy Relief)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i> (Cvs Allergy Relief Childr)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>diphenhydramine hcl tab 25 mg</i>	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	OTC, QL (30 tabs / 30 days)
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	OTC, QL (60 tabs / 30 days)
fexofenadine hcl tab 180 mg	Tier 1	OTC, QL (30 tabs / 30 days)
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	AGE, QL (300 mL / 30 days); 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	OTC, QL (30 tabs / 30 days)
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	OTC, AGE, QL (300 mL / 30 days); AGE (Max 12 years)
loratadine tab 10 mg (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)
ANTI HISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	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)
promethazine hcl tab 25 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 50 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
ANTI HISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	AGE; AGE (Max 64 years)
cyproheptadine hcl tab 4 mg	Tier 1	AGE; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	MAIL, PA
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	MAIL, PA
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	MAIL, PA
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
<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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>quinapril hcl tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>ramipril cap 1.25 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 2.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>ramipril cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>trandolapril tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
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	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
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)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 4	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

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 3	PA; ONC
<i>melphalan tab 2 mg</i>	Tier 1	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
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	PA; ONC

ANTINEOPLASTIC - ANTIBODIES

RITUXAN INJ 100MG (<i>rituximab</i>)	Tier 4	PA
RITUXAN INJ 500MG (<i>rituximab</i>)	Tier 4	PA
RUXIENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 4	PA
RUXIENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 4	PA
TRUXIMA INJ 100/10ML (<i>rituximab-abbs</i>)	Tier 4	PA
TRUXIMA INJ 500/50ML (<i>rituximab-abbs</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	QL (120 per 30 days), PA; ONC
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; ONC
<i>bicalutamide tab 50 mg</i>	Tier 1	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	MAIL, PA; ONC
FIRMAGON INJ 80MG (<i>degarelix acetate</i>)	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 3	ONC
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 3	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL; 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
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
ZOLADEX IMP 3.6MG (<i>goserelin acetate</i>)	Tier 4	PA
ZOLADEX IMP 10.8MG (<i>goserelin acetate</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate- letrozole</i>)	Tier 4	QL (49 per 28 days), PA; ONC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate- letrozole</i>)	Tier 4	QL (70 per 28 days), PA; ONC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate- letrozole</i>)	Tier 4	QL (91 per 28 days), PA; ONC
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA; ONC
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 4	QL (100 per 28 days), PA; ONC
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA; ONC
AFINITOR DIS TAB 3MG (<i>everolimus</i>)	Tier 4	QL (90 per 30 days), PA; ONC
AFINITOR DIS TAB 5MG (<i>everolimus</i>)	Tier 4	QL (60 per 30 days), PA; ONC
AFINITOR TAB 2.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA; ONC
AFINITOR TAB 5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA; ONC
AFINITOR TAB 7.5MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA; ONC
AFINITOR TAB 10MG (<i>everolimus</i>)	Tier 4	QL (30 per 30 days), PA; ONC
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 4	QL (240 per 30 days), PA; ONC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 4	QL (120 per 30 days), MAIL, PA; ONC
CAPRELSA TAB 100MG (<i>vandetanib</i>)	Tier 4	QL (60 per 30 days), PA; ONC
CAPRELSA TAB 300MG (<i>vandetanib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (90 per 30 days), PA; ONC

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

Drug Name	Drug Tier	Requirements/Limits
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	Tier 4	QL (120 per 30 days), PA; ONC
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA; ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA; ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA; ONC
<i>everolimus tab 2.5 mg</i>	Tier 4	QL (30 per 30 days), PA; ONC
<i>everolimus tab 5 mg</i>	Tier 4	QL (30 per 30 days), PA; ONC
<i>everolimus tab 7.5 mg</i>	Tier 4	QL (30 per 30 days), PA; ONC
FARYDAK CAP 10MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA; ONC
FARYDAK CAP 15MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA; ONC
FARYDAK CAP 20MG (<i>panobinostat lactate</i>)	Tier 4	QL (6 per 21 days), PA; ONC
GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	QL (60 per 30 days), PA; ONC
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	QL (30 per 30 days), PA; ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA; ONC

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

Drug Name	Drug Tier	Requirements/Limits
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (60 per 30 days), PA; ONC
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	QL (90 per 30 days), PA; ONC
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	QL (90 per 30 days), PA; ONC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA; ONC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA; ONC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 4	QL (90 per 30 days), PA; ONC
MEKINIST TAB 0.5MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (90 per 30 days), PA; ONC
MEKINIST TAB 2MG (<i>trametinib dimethyl sulfoxide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
NEXAVAR TAB 200MG (<i>sorafenib tosylate</i>)	Tier 4	QL (120 per 30 days), PA; ONC
RUBRACA TAB 200MG (<i>rucaparib camsylate</i>)	Tier 4	PA; ONC
RUBRACA TAB 250MG (<i>rucaparib camsylate</i>)	Tier 4	PA; ONC
RUBRACA TAB 300MG (<i>rucaparib camsylate</i>)	Tier 4	PA; ONC

Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 4	QL (90 per 30 days), PA; ONC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 4	QL (30 per 30 days), PA; ONC
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 4	QL (90 per 30 days), PA; ONC
SUTENT CAP 12.5MG (<i>sunitinib malate</i>)	Tier 4	QL (120 per 30 days), PA; ONC
SUTENT CAP 25MG (<i>sunitinib malate</i>)	Tier 4	QL (60 per 30 days), PA; ONC
SUTENT CAP 37.5MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
SUTENT CAP 50MG (<i>sunitinib malate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
TAFINLAR CAP 50MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA; ONC
TAFINLAR CAP 75MG (<i>dabrafenib mesylate</i>)	Tier 4	QL (120 per 30 days), PA; ONC
TAGRISSE TAB 40MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
TAGRISSE TAB 80MG (<i>osimertinib mesylate</i>)	Tier 4	QL (30 per 30 days), PA; ONC
TARCEVA TAB 25MG (<i>erlotinib hcl</i>)	Tier 4	QL (90 per 30 days), PA; ONC
TARCEVA TAB 100MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA; ONC
TARCEVA TAB 150MG (<i>erlotinib hcl</i>)	Tier 4	QL (30 per 30 days), PA; ONC
TASIGNA CAP 50MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA; ONC
TASIGNA CAP 150MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA; ONC
TASIGNA CAP 200MG (<i>nilotinib hcl</i>)	Tier 4	QL (120 per 30 days), PA; ONC
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	Tier 4	QL (180 per 30 days), PA; ONC
VOTRIENT TAB 200MG (<i>pazopanib hcl</i>)	Tier 4	QL (120 per 30 days), PA; ONC

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

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 200MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA; ONC
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	QL (60 per 30 days), PA; ONC
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	QL (90 per 30 days), PA; ONC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	QL (120 per 30 days), PA; ONC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA; ONC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	QL (60 per 30 days), PA; 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
<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 ADJUNCTS		
KEPIVANCE INJ 6.25MG (<i>palifermin</i>)	Tier 4	PA
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)

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

Drug Name	Drug Tier	Requirements/Limits
<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	MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa & 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
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 3	MAIL, PA
<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
<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	MAIL, PA
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	MAIL, PA
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	AGE, QL (60 caps / 30 days), MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	MAIL, PA
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.25 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.5 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.75 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG (<i>paliperidone palmitate</i>)	Tier 3	AGE, QL (0.875 mL / 90 days); AGE (Min 6 years)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
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>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>olanzapine tab 2.5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 7.5 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 10 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 15 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>olanzapine tab 20 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
quetiapine fumarate tab er 24hr 50 mg	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 150 mg	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 200 mg	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 300 mg	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
quetiapine fumarate tab er 24hr 400 mg	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG (asenapine maleate)	Tier 2	MAIL, PA
SAPHRIS SUB 5MG (asenapine maleate)	Tier 2	MAIL, PA
SAPHRIS SUB 10MG (asenapine maleate)	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG (olanzapine pamoate)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG (olanzapine pamoate)	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (olanzapine pamoate)	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>perphenazine tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 4 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 8 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	MAIL, PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (1.6 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (2.4 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	AGE, QL (3.2 mL / 30 days); AGE (Min 6 years)
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>thiothixene cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTISEPTICS & DISINFECTANTS		
CHLORINE ANTISEPTICS		
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
ANTIVIRALS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG (<i>tipranavir</i>)	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL (<i>tipranavir</i>)	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
ATRIPLA TAB (<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (<i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (<i>indinavir sulfate</i>)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (<i>indinavir sulfate</i>)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (<i>doravirine-lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat fosamprenavir calcium tab 700 mg (base equiv)</i>)	Tier 2	QL (30 tabs / 30 days)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 4	PA
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (<i>etravirine</i>)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (<i>etravirine</i>)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (<i>etravirine</i>)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (<i>saquinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (<i>dolutegravir sodium-rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
TRUVADA TAB 133-200 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 (<i>emtricitabine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG (<i>cobicistat</i>)	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG (<i>didanosine</i>)	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
CMV AGENTS		
FOSCAVIR INJ 24MG/ML (<i>foscarnet sodium</i>)	Tier 3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
BARACLUE SOL (<i>entecavir</i>)	Tier 3	PA
DAKLINZA TAB 30MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
DAKLINZA TAB 60MG (<i>daclatasvir dihydrochloride</i>)	Tier 4	PA
<i>entecavir tab 0.5 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML (<i>lamivudine (hbv)</i>)	Tier 3	QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 4	PA
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 4	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB (<i>ombitasvir-paritaprevir-ritonavir</i>)	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 4	QL (28 tablets / 28 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 4	QL (28 tablets / 28 days), PA
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 (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
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
<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

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

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

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

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

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

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

Drug Name	Drug Tier	Requirements/Limits
<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
<i>nifedipine cap 10 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	MAIL, PA
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

CARDIOTONICS

CARDIAC GLYCOSIDES

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

Drug Name	Drug Tier	Requirements/Limits
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA
PERIPHERAL VASODILATORS		
<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 4	QL (90 tabs / 30 days), PA
REMODULIN INJ 1MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 2.5MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 5MG/ML (<i>treprostinil</i>)	Tier 4	PA
REMODULIN INJ 10MG/ML (<i>treprostinil</i>)	Tier 4	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	Tier 4	PA
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	Tier 4	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG (<i>ambrisentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG (<i>ambrisentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 62.5MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
<i>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</i>		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	QL (60 tabs / 30 days), PA
<i>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</i>		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
<i>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</i>		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	QL (90 tabs / 30 days), PA
<i>SINUS NODE INHIBITORS</i>		
CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
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	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 3	
<i>cefixime for susp 100 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
SUPRAX CAP 400MG (<i>cefixime</i>)	Tier 3	

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

<i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)</i>	Tier 5	QL (75 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
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 (39 tablets / 28 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (39 tablets / 28 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
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe)	Tier 5	QL (39 tablets / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	Tier 5	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (<i>copper (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	Tier 5	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	Tier 5	OTC, QL (4 tabs / 90 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
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 (39 tablets / 28 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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML (<i>dextromethorphan hbr</i>)	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	OTC, QL (240 mL / 30 days)
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
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	OTC, QL (240 mL / 30 days)
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	OTC, QL (240 mL / 30 days)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
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
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	OTC, QL (60 ea / 30 days)
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>tretinoin cream 0.025%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
VELTIN GEL (<i>clindamycin phosphate-tretinoin</i>)	Tier 3	PA
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), PA
<i>diclofenac sodium gel 1%</i>	Tier 1	OTC, QL (200 gm / 30 days), PA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	QL (60 mL / 25 days)
<i>ciclopirox solution 8%</i>	Tier 1	QL (6.6 mL / 25 days)
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Tier 1	QL (60 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>econazole nitrate cream 1%</i>	Tier 3	PA
ERTACZO CRE 2% (<i>sertaconazole nitrate</i>)	Tier 3	PA
EXELDERM CRE 1% (<i>sulconazole nitrate</i>)	Tier 3	PA
EXELDERM SOL 1% (<i>sulconazole nitrate</i>)	Tier 3	PA
<i>ketoconazole cream 2%</i>	Tier 1	QL (60 gm / 30 days)
<i>ketoconazole shampoo 2%</i>	Tier 1	QL (120 mL / 30 days)
<i>luliconazole cream 1%</i>	Tier 3	PA
MENTAX CRE 1% (<i>butenafine hcl</i>)	Tier 2	
<i>miconazole nitrate aerosol pow 2%</i> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<i>miconazole nitrate cream 2%</i>	Tier 1	OTC
<i>miconazole nitrate ointment 2%</i> (Triple Paste Af)	Tier 1	OTC
<i>miconazole nitrate powder 2%</i> (Cvs Anti-fungal Powder)	Tier 1	OTC
<i>naftifine hcl cream 1%</i>	Tier 3	PA
<i>naftifine hcl gel 1%</i>	Tier 3	PA
NAFTIN GEL 1% (<i>naftifine hcl</i>)	Tier 3	PA
NAFTIN GEL 2% (<i>naftifine hcl</i>)	Tier 3	PA
<i>nystatin cream 100000 unit/gm</i>	Tier 1	QL (90 gm / 30 days)
<i>nystatin oint 100000 unit/gm</i>	Tier 1	QL (90 gm / 30 days)
<i>nystatin topical powder 100000 unit/gm</i> (Nystop)	Tier 1	QL (30 gm / 30 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Tier 3	QL (60 gm / 30 days)
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Tier 3	QL (60 gm / 30 days)
<i>oxiconazole nitrate cream 1%</i>	Tier 3	QL (90 gm / 30 days), PA
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 3	PA
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 30 days)
<i>tolnaftate aerosol pow 1%</i> (Cvs Af Spray Powder)	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i> (Anti-fungal Powder)	Tier 1	OTC
<i>tolnaftate soln 1%</i> (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTI HISTAMINES-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>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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
APEXICON E CRE 0.05% (diflorasone diacetate emollient base)	Tier 3	QL (60 gm / 30 days), PA
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	QL (100 gm / 30 days), PA
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	Tier 3	QL (120 gm / 30 days), PA
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)
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)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<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 300/2ML (<i>dupilumab</i>)	Tier 4	PA
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	QL (30 gm / 30 days), PA
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 3	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 3	QL (30 gm / 30 days), PA
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	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5%</i>	Tier 3	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG (<i>lidocaine-tetracaine</i>)	Tier 3	PA
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20%</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
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	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 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
RA LICE KIT SOLUTION (permethrin & pyrethrins-piperonyl butoxide)	Tier 1	OTC
SKLICE LOT 0.5% (ivermectin (pediculicide))	Tier 3	QL (117 gm / 30 days), PA
spinosad susp 0.9%	Tier 3	QL (120 per 30 days)
WOUND CARE PRODUCTS		
REGANEX GEL 0.01% (becaplermin)	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG (thyrotropin alfa)	Tier 4	PA
DIAGNOSTIC TESTS		
RELION KETON TES (acetone (urine) test)	Tier 2	OTC
TRUE METRIX TES GLUCOSE (glucose blood)	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (pancrelipase (lipase-protease-amylase))	Tier 2	QL (180 caps / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 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

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

Drug Name	Drug Tier	Requirements/Limits
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
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG (<i>triamterene</i>)	Tier 3	MAIL
DYRENIUM CAP 100MG (<i>triamterene</i>)	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
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

Drug Name	Drug Tier	Requirements/Limits
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 SOL 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 4	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG (<i>cetrorelix acetate</i>)	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</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

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

Drug Name	Drug Tier	Requirements/Limits
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
<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
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 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML (<i>idursulfase</i>)	Tier 4	PA
FABRAZYME INJ 5MG (<i>agalsidase beta</i>)	Tier 4	PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 2MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 5MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 10MG (<i>nitisinone</i>)	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>paricalcitol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 3	MAIL, PA
SENSIPAR TAB 30MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 60MG (<i>cinacalcet hcl</i>)	Tier 4	PA
SENSIPAR TAB 90MG (<i>cinacalcet hcl</i>)	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	MAIL, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	MAIL, PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
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
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (<i>octreotide acetate</i>)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (<i>octreotide acetate</i>)	Tier 4	PA
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG (<i>tolvaptan</i>)	Tier 4	PA
SAMSCA TAB 30MG (<i>tolvaptan</i>)	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
ESTROGENS		
ESTROGEN COMBINATIONS		
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 0.75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 1.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estropipate tab 3 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (<i>esterified estrogens</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 3	
<i>ofloxacin tab 300 mg</i>	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	
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		
AMITIZA CAP 8MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
AMITIZA CAP 24MCG (<i>lubiprostone</i>)	Tier 3	MAIL, PA
GASTROINTESTINAL STIMULANTS		
<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		
APRISO CAP 0.375GM (<i>mesalamine</i>)	Tier 2	QL (120 caps / 30 days), MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
CIMZIA KIT STARTER (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	MAIL
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 4	PA
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
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	MAIL, PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	MAIL, PA
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA
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	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	MAIL, PA
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	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>silodosin cap 8 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, PA
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
<i>febuxostat tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>febuxostat tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 2000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 3000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 4000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA
ALPROLIX INJ 250UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 1000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
ALPROLIX INJ 2000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 3000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
ALPROLIX INJ 4000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 4	PA
BENEFIX INJ 250UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 500UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 1000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 2000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
BENEFIX INJ 3000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
FEIBA INJ (<i>antiinhibitor coagulant complex</i>)	Tier 4	PA
HELIXATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HELIXATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HELIXATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
HEMLIBRA INJ 30MG/ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 60/0.4 (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 105/0.7 (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMLIBRA INJ 150/ML (<i>emicizumab-kxwh</i>)	Tier 4	PA
HEMOPIL M INJ 1700UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
HUMATE-P SOL 500-1200 (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	Tier 4	PA
HUMATE-P SOL 2400UNIT (<i>antihemophilic factor/von willebrand factor complex (human)</i>)	Tier 4	PA
KOATE-DVI INJ 250UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOATE-DVI INJ 500UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOATE-DVI INJ 1000UNIT (<i>antihemophilic factor (human)</i>)	Tier 4	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
NUWIQ KIT 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
NUWIQ KIT 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 4	PA
PROFILNINE INJ 1500UNIT (<i>factor ix complex</i>)	Tier 4	PA
RECOMBINATE INJ (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 220-400 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 401-800 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RECOMBINATE INJ 801-1240 (<i>antihemophilic factor (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 250 UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 500UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 1000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 2000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
RIXUBIS INJ 3000UNIT (<i>coagulation factor ix (recombinant)</i>)	Tier 4	PA
XYNTHA SOLOF INJ 500UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 1000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 2000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML (<i>icatibant acetate</i>)	Tier 4	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 4	PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3	MAIL, PA
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>folic acid tab 400 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), 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
FULPHILA INJ 6/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	QL (0.6 per 14 days), PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 4	PA
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim</i>)	Tier 4	QL (0.6 per 14 days), PA
NEUPOGEN INJ 300/0.5 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 300MCG (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480/0.8 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480MCG (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</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
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA
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

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
UDENYCA INJ 6MG/.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	QL (0.6 per 14 days), PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 4	QL (0.6 per 14 days), PA
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>)	Tier 1	OTC
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG (<i>ferrous fumarate</i>)	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL

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

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		
<i>HEMOSTATICS - SYSTEMIC</i>		
<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		
<i>ANTI HISTAMINE HYPNOTICS</i>		
<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
<i>BARBITURATE HYPNOTICS</i>		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	AGE, QL (1500 mL / 30 days); 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)
<i>HYPNOTICS - TRICYCLIC AGENTS</i>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	MAIL, PA
SILENOR TAB 3MG (<i>doxepin hcl (sleep)</i>)	Tier 3	MAIL, PA
SILENOR TAB 6MG (<i>doxepin hcl (sleep)</i>)	Tier 3	MAIL, PA
<i>NON-BARBITURATE HYPNOTICS</i>		
<i>estazolam tab 1 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>eszopiclone tab 2 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zaleplon cap 5 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>zaleplon cap 10 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG (<i>tasimelteon</i>)	Tier 4	PA
<i>ramelteon tab 8 mg</i>	Tier 3	MAIL, PA
ROZEREM TAB 8MG (<i>ramelteon</i>)	Tier 3	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
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 50-74, otherwise Tier 3
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
MOVIPREP SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, 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 50-74, otherwise Tier 3

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

Drug Name	Drug Tier	Requirements/Limits
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	OTC, QL (60 packets / 30 days)
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
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
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 (benzocaine-docusate sodium)	Tier 1	OTC
PEDIA-LAX LIQ 50MG (docusate sodium)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (<i>diaphragm arc-spring</i>)	Tier 5	
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 26MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 30MM (<i>cervical caps</i>)	Tier 5	

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

Drug Name	Drug Tier	Requirements/Limits
OMNIFLEX DPR (<i>diaphragms</i>)	Tier 5	
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	Tier 5	
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	Tier 5	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	OTC, QL (1 box / year)
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	OTC, QL (200 ea / 30 days)
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	
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	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE (<i>respiratory therapy supplies</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
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	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

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

MINERALS & ELECTROLYTES

CALCIUM

<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</i> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<i>calcium carbonate tab 600 mg</i> (Calcium 600)	Tier 1	OTC, MAIL
<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-cholecalciferol cap 600 mg-500 unit</i> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</i>	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i> (Calcium 500/d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i> (Oysco 500+d)	Tier 1	OTC, MAIL
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	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 (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 chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	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 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
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

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

Drug Name	Drug Tier	Requirements/Limits
RISACAL-D TAB (<i>calcium & phosphorus w/ vitamin d</i>)	Tier 1	OTC
ELECTROLYTE MIXTURES		
<i>oral electrolyte solution</i>	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (<i>sodium fluoride</i>)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (<i>magnesium chloride</i>)	Tier 1	OTC
MAGDELAY TAB 70MG (<i>magnesium chloride</i>)	Tier 1	OTC
<i>magnesium chloride tab dr 64 mg (elemental mg)</i> (Magdelay)	Tier 1	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i> (Mag-g)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> (Magnesium-oxide)	Tier 1	OTC, MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium tab 250 mg</i>	Tier 1	OTC, MAIL
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i> (Zinc-220)	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
DEPEN TITRA TAB 250MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC

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

Drug Name	Drug Tier	Requirements/Limits
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	QL (30 per 30 days), PA; ONC
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA; ONC
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	QL (60 per 30 days), PA; ONC
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NULOJIX INJ 250MG (<i>belatacept</i>)	Tier 3	PA
RAPAMUNE SOL 1MG/ML (<i>sirolimus</i>)	Tier 3	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
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 100000 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	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
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

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

Drug Name	Drug Tier	Requirements/Limits
<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		
MULTI VITAMI TAB D-3	Tier 1	OTC
<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 drops 0.25-10 mg/ml</i> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Mvw Complete Formulation)	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c chew tab</i> (Polyvitamin/iron)	Tier 1	OTC
<i>pediatric multiple vitamin w/ minerals & c drops 45 mg/ml</i> (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (<i>pediatric multiple vitamins w/ iron</i>)	Tier 2	OTC

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron drops 10 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (pediatric multiple vitamins)	Tier 2	OTC, QL (50 / 30 days)
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/ c soln 35 mg/ml (Bprotected Pedia Poly-vit)	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 vitamin w/ c)	Tier 2	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)	Tier 2	OTC, QL (50 / 30 days)
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	OTC, QL (30 tabs / 30 days)
CALNA TAB (prenatal vitamin)	Tier 1	OTC, QL (30 tabs / 30 days)
CENTRUM SPEC PAK PRENATAL (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	OTC, QL (30 tabs / 30 days)
CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY (prenatal multivitamins & minerals w/ folic acid-fish oil)	Tier 1	OTC, QL (30 tabs / 30 days)
ENFAMIL MIS EXPECTA (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	OTC, QL (60 tabs / 30 days)
EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa)	Tier 1	OTC, QL (30 caps / 30 days)
KPN PRENATAL TAB (prenatal multivit-min w/fe-fa)	Tier 1	OTC, QL (30 tabs / 30 days)
MYNATAL CAP (prenatal multivit-min w/fe-fa)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (prenatal vit w/ docusate-iron carbonyl-folic acid)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (prenatal vit w/ docusate-fe fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
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	OTC, QL (30 tabs / 30 days)
THERANATAL MIS COMPLETE (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	OTC, QL (30 tabs / 30 days)
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)
VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
VOL-TAB RX TAB (<i>prenatal vit w/ iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

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

Drug Name	Drug Tier	Requirements/Limits
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 4	QL (3 syringes / 180 days), PA
VISCO-3 INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>saline nasal spray 0.65%</i> (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 30 days), MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	OTC, QL (1 bottle / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	AGE, QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	MAIL, PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i> (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (<i>phenylephrine hcl (oral)</i>)	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, PA
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (<i>onabotulinumtoxina</i>)	Tier 4	PA
BOTOX INJ 200UNIT (<i>onabotulinumtoxina</i>)	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	OTC, QL (30 caps / 30 days)
<i>omega-3 fatty acids cap 300 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 500 mg</i>	Tier 1	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Tier 1	OTC

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

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

OPHTHALMIC AGENTS

ARTIFICIAL TEARS AND LUBRICANTS

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

BETA-BLOCKERS - OPHTHALMIC

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

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days), MAIL
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 / 30 days), MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (<i>echothiophate iodide</i>)	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitracin-zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymyx-gramicidin op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	MAIL, PA
<i>epinastine hcl ophth soln 0.05%</i>	Tier 1	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACAFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	MAIL, PA
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 3	QL (5 mL / 30 days), MAIL, PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% (<i>travoprost</i>)	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin cap 500 mg</i>	Tier 1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
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 (amoxicillin & pot clavulanate)	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 micronized cap 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>progesterone micronized cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL

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

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
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	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
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		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	Tier 4	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 4	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 4	PA
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
TECFIDERA CAP 120MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA CAP 240MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA MIS STARTER (<i>dimethyl fumarate</i>)	Tier 4	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	MAIL, PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH (<i>nicotine</i>)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	Tier 5	QL (40 mL / 30 days), MAIL
RESPIRATORY AGENTS - MISC.		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
GLASSIA INJ (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 4	PA
CYSTIC FIBROSIS AGENTS		
KALYDECO PAK 25MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 50MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO PAK 75MG (<i>ivacaftor</i>)	Tier 4	PA
KALYDECO TAB 150MG (<i>ivacaftor</i>)	Tier 4	PA
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 4	PA
PULMONARY FIBROSIS AGENTS		
ESBRIET CAP 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 267MG (<i>pirfenidone</i>)	Tier 4	PA
ESBRIET TAB 801MG (<i>pirfenidone</i>)	Tier 4	PA
SULFONAMIDES		
SULFONAMIDES		
SULFADIAZINE TAB 500MG	Tier 3	
TETRACYCLINES		
TETRACYCLINES		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	

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

Drug Name	Drug Tier	Requirements/Limits
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

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

Drug Name	Drug Tier	Requirements/Limits
NATURE THROI TAB 162.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 65MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 130MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 195MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 260MG (<i>thyroid</i>)	Tier 2	MAIL
NATURE-THROI TAB 325MG (<i>thyroid</i>)	Tier 2	MAIL
SYNTHROID TAB 25MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 50MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
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 (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-2 TAB 120MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-3 TAB 180MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
WP THYROID TAB 81.25MG (<i>thyroid</i>)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

ADACEL INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 5	Prior history of prenatal vitamins in past 90 days required
BOOSTRIX INJ (<i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i>)	Tier 5	Members who are not pregnant must go through provider office

Drug Name	Drug Tier	Requirements/Limits
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)

ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

ANTI SPASMODICS

<i>dicyclomine hcl cap 10 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	

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	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
ranitidine hcl tab 75 mg (Sm Acid Reducer)	Tier 1	OTC, MAIL
ranitidine hcl tab 150 mg	Tier 1	MAIL
ranitidine hcl tab 300 mg	Tier 1	MAIL
MISC. ANTI-ULCER		
sucralfate tab 1 gm	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (dexlansoprazole)	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR (dexlansoprazole)	Tier 3	QL (30 caps / 30 days), MAIL, ST; 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	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
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
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (<i>omeprazole magnesium</i>)	Tier 1	OTC, QL (60 tabs / 30 days), MAIL
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)	Tier 3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days

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

Drug Name	Drug Tier	Requirements/Limits
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (<i>oxybutynin</i>)	Tier 2	OTC, QL (8 ea / 30 days), MAIL
<i>solifenacin succinate tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>tropium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG (<i>solifenacin succinate</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days

Drug Name	Drug Tier	Requirements/Limits
VESICARE TAB 10MG (<i>solifenacin succinate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
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
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)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)

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

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (<i>hepatitis b vaccine recombinant adjuvanted</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	AGE, QL (Max 2 injections per lifetime); AGE (Min 50 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	AGE, QL (Max 3 injections per lifetime); AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	AGE, QL (Max 1 injection per lifetime); AGE (Min 50 years)

VAGINAL PRODUCTS

SPERMICIDES

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

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<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
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (<i>progesterone vaginal</i>)	Tier 3	PA
PROGESTERONE SUP VGS 200 (<i>progesterone vaginal</i>)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine anaphylaxis</i>)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (<i>epinephrine anaphylaxis</i>)	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (<i>epinephrine anaphylaxis</i>)	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (<i>epinephrine anaphylaxis</i>)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 200MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 300MG (<i>droxidopa</i>)	Tier 4	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
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
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
pyridoxine hcl tab er 200 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

Index

- 1**
12 Hour Decongestant
 see *pseudoephedrine hcl tab er*
 12hr 120 mg 141
- 3**
3ML SYRINGE MIS REG TIP..... 128
- A**
abacavir sulfate soln 20 mg/ml
 (*base equiv*)80
abacavir sulfate tab 300 mg (base
 equiv)80
abacavir sulfate-lamivudine tab
 600-300 mg80
abacavir sulfate-lamivudine-
 zidovudine tab 300-150-300 mg
 80
abacavir-dolutegravir-lamivudine
 see TRIUMEQ TAB82
abaloparatide
 see TYMLOS INJ 107
abatacept
 see ORENCIA CLCK INJ 125MG/ML 10
 see ORENCIA INJ 125MG/ML.....10
 see ORENCIA INJ 250MG 10
 see ORENCIA INJ 50/0.410
 see ORENCIA INJ 87.5/0.7 10
ABILIFY MAIN INJ 300MG 79
ABILIFY MAIN INJ 400MG 79
abiraterone acetate tab 250 mg ..66
ABREVA CRE 10% 100
acamprosate calcium tab delayed
 release 333 mg..... 149
acarbose tab 100 mg 39
acarbose tab 25 mg..... 38
acarbose tab 50 mg..... 39
acebutolol hcl cap 200 mg.....84
acebutolol hcl cap 400 mg.....84
Acephen
 see *acetaminophen suppos 325*
 mg11
acetaminophen
 see FEVERALL INF SUP 80MG 11
 see FEVERALL SUP 325MG 11
 see NORTEMP SUS INFANTS 11
acetaminophen cap 500 mg..... 11
*acetaminophen chew tab 160 mg*11
acetaminophen chew tab 80 mg.. 11
acetaminophen disintegrating tab
 160 mg 11
acetaminophen disintegrating tab
 80 mg 11
acetaminophen elixir 160 mg/5ml
 11
acetaminophen liquid 160 mg/5ml
 11
acetaminophen liquid 167 mg/5ml
 11
*acetaminophen soln 160 mg/5ml*11
acetaminophen suppos 120 mg... 11
acetaminophen suppos 325 mg... 11
acetaminophen suppos 650 mg... 11
acetaminophen susp 160 mg/5ml
 11
acetaminophen tab 325 mg..... 11
acetaminophen tab 500 mg..... 11
acetaminophen tab er 650 mg.... 11
acetaminophen w/ codeine soln
 120-12 mg/5ml..... 15
acetaminophen w/ codeine tab
 300-15 mg..... 15
acetaminophen w/ codeine tab
 300-30 mg..... 16
acetaminophen w/ codeine tab
 300-60 mg..... 16
acetazolamide cap er 12hr 500 mg
 105
acetazolamide tab 125 mg 105
acetazolamide tab 250 mg 105
acetic acid irrigation soln 0.25%
 113
acetic acid otic soln 2% 146
acetone (urine) test
 see RELION KETON TES 104
acetylcysteine inhal soln 10%.... 96
acetylcysteine inhal soln 20%.... 97
Acid Gone
 see *aluminum hydroxide-*
 magnesium carbonate susp 95-
 358 mg/15ml 18
acitretin cap 10 mg 100

acitretin cap 17.5 mg	100	ADVATE INJ 4000UNIT.....	114
acitretin cap 25 mg	100	ADVATE INJ 500UNIT	114
acridinium bromide		Advil Junior Strength	
see TUDORZA PRES AER 400/ACT .24		see ibuprofen tab 100 mg	8
ACNE MEDICAT LOT 10%	97	afatinib dimaleate	
ACNE MEDICAT LOT 5%	97	see GILOTRIF TAB 20MG	68
ACTEMRA INJ 162/0.9.....	7	see GILOTRIF TAB 30MG	68
ACTEMRA INJ 200/10ML.....	7	see GILOTRIF TAB 40MG	68
ACTEMRA INJ 400/20ML.....	7	AFINITOR DIS TAB 2MG.....	67
ACTEMRA INJ 80MG/4ML.....	7	AFINITOR DIS TAB 3MG.....	67
ACTEMRA INJ ACTPEN.....	7	AFINITOR DIS TAB 5MG.....	67
ACTIMMUNE INJ 2MU/0.5	71	AFINITOR TAB 10MG	67
acyclovir cap 200 mg	84	AFINITOR TAB 2.5MG	67
acyclovir oint 5%	100	AFINITOR TAB 5MG	67
acyclovir susp 200 mg/5ml	84	AFINITOR TAB 7.5MG	67
acyclovir tab 400 mg	84	AFLURIA QUAD INJ 2019-20	158
acyclovir tab 800 mg	84	AFREZZA POW 12 UNIT.....	45
ADACEL INJ	153	AFREZZA POW 4-8 UNIT	45
adalimumab		AFREZZA POW 4-8-12	45
see HUMIRA INJ 10/0.1ML	6	AFREZZA POW 4UNIT	45
see HUMIRA INJ 10MG/0.2	6	AFREZZA POW 8 UNIT	45
see HUMIRA INJ 20/0.2ML	6	AFREZZA POW 8-12UNIT.....	45
see HUMIRA INJ 40/0.4ML	6	agalsidase beta	
see HUMIRA KIT 20MG/0.4	6	see FABRAZYME INJ 5MG	108
see HUMIRA KIT 40MG/0.8	6	Akwa Tears	
see HUMIRA PEDIA INJ CROHNS	6	see artificial tear ophth ointment	
see HUMIRA PEN INJ 40/0.4ML	6	.....	142
see HUMIRA PEN INJ CD/UC/HS	6	AKYNZEO CAP 300-0.5	50
see HUMIRA PEN KIT CD/UC/HS	6	albuterol sulfate	
see HUMIRA PEN KIT PS/UV.....	6	see PROAIR HFA AER	27
adapalene		see PROVENTIL AER HFA.....	28
see DIFFERIN GEL 0.1%.....	97	see VENTOLIN HFA AER	28
adapalene lotion 0.1%	97	albuterol sulfate soln nebu 0.083%	
adefovir dipivoxil tab 10 mg	83	(2.5 mg/3ml)	25
ADEMPAS TAB 0.5MG	90	albuterol sulfate soln nebu 0.5% (5	
ADEMPAS TAB 1.5MG	90	mg/ml)	25
ADEMPAS TAB 1MG	90	albuterol sulfate soln nebu 0.63	
ADEMPAS TAB 2.5MG	90	mg/3ml (base equiv)	25
ADEMPAS TAB 2MG	90	albuterol sulfate soln nebu 1.25	
ADMELOG INJ 100U/ML.....	45	mg/3ml (base equiv)	25
ADMELOG SOLO INJ 100U/ML.....	45	albuterol sulfate syrup 2 mg/5ml	25
ADULT MASK MIS LARGE.....	128	albuterol sulfate tab 2 mg	25
ADVATE INJ 1000UNIT	114	albuterol sulfate tab 4 mg	25
ADVATE INJ 1500UNIT.....	114	alcaftadine	
ADVATE INJ 2000UNIT	114	see LASTACFT SOL 0.25%	145
ADVATE INJ 250UNIT.....	114	alclometasone dipropionate cream	
ADVATE INJ 3000UNIT.....	114	0.05%	100

alclometasone dipropionate oint	
0.05%	100
ALCOHOL PREP PAD MED 70%	126
alcohol swabs	
see ALCOHOL PREP PAD MED 70%	
.....	126
ALDACTAZIDE TAB 50/50	105
ALECENSA CAP 150MG	67
alectinib hcl	
see ALECENSA CAP 150MG	67
alendronate sodium tab 10 mg ..	107
alendronate sodium tab 35 mg ..	107
alendronate sodium tab 40 mg ..	107
alendronate sodium tab 5 mg ...	107
alendronate sodium tab 70 mg ..	107
ALER-DRYL TAB 50MG	51
alfuzosin hcl tab er 24hr 10 mg .	113
ALINIA SUS 100/5ML	19
ALINIA TAB 500MG	19
aliskiren fumarate tab 150 mg	
(base equivalent)	63
aliskiren fumarate tab 300 mg	
(base equivalent)	63
alitretinoin	
see PANRETIN GEL 0.1%	99
All Day Allergy D	
see cetirizine-pseudoephedrine	
tab er 12hr 5-120 mg	96
Allergy Relief	
see loratadine tab 10 mg	52
allopurinol tab 100 mg	114
allopurinol tab 300 mg	114
Almacone	
see alum & mag hydroxide-	
simethicone susp 200-200-20	
mg/5ml	18
Almacone Double Strength	
see alum & mag hydroxide-	
simethicone susp 400-400-40	
mg/5ml	18
almotriptan malate tab 12.5 mg	128
almotriptan malate tab 6.25 mg	128
ALOCRIIL SOL 2%	144
alogliptin benzoate tab 12.5 mg	
(base equiv)	43
alogliptin benzoate tab 25 mg	
(base equiv)	43
alogliptin benzoate tab 6.25 mg	
(base equiv)	43
alogliptin-metformin hcl tab 12.5-	
1000 mg	39
alogliptin-metformin hcl tab 12.5-	
500 mg	39
alogliptin-pioglitazone tab 12.5-15	
mg	39
alogliptin-pioglitazone tab 12.5-30	
mg	39
alogliptin-pioglitazone tab 12.5-45	
mg	39
alogliptin-pioglitazone tab 25-15	
mg	39
alogliptin-pioglitazone tab 25-30	
mg	39
alogliptin-pioglitazone tab 25-45	
mg	39
ALOMIDE SOL 0.1% OP	144
alose tron hcl tab 0.5 mg (base	
equiv)	112
alose tron hcl tab 1 mg (base equiv)	
.....	112
alpha1-proteinase inhibitor	
(human)	
see GLASSIA INJ	151
see PROLASTIN-C INJ 1000MG....	151
ALPHANINE SD INJ 1500UNIT	114
ALPHANINE SD INJ 500UNIT	114
alprazolam tab 0.25 mg	22
alprazolam tab 0.5 mg	21
alprazolam tab 1 mg	22
alprazolam tab 2 mg	22
ALPROLIX INJ 1000UNIT	114
ALPROLIX INJ 2000UNIT	115
ALPROLIX INJ 250UNIT	114
ALPROLIX INJ 3000UNIT	115
ALPROLIX INJ 4000UNIT	115
ALPROLIX INJ 500UNIT	114
ALREX SUS 0.2%	144
ALTABAX OIN 1%.....	98
alum & mag hydroxide-simethicone	
chew tab 200-200-25 mg	18
alum & mag hydroxide-simethicone	
susp 200-200-20 mg/5ml	18
alum & mag hydroxide-simethicone	
susp 400-400-40 mg/5ml	18

aluminum chloride	
see DRY SOL SOL 20%.....	103
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	18
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	18
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	18
amantadine hcl cap 100 mg	72
amantadine hcl syrup 50 mg/5ml	72
ambrisentan	
see LETAIRIS TAB 10MG.....	89
see LETAIRIS TAB 5MG.....	89
ambrisentan tab 10 mg	89
ambrisentan tab 5 mg	89
amcinonide cream 0.1%	100
amcinonide lotion 0.1%	100
AMCINONIDE OIN 0.1%.....	100
amiloride & hydrochlorothiazide tab 5-50 mg	105
amiloride hcl tab 5 mg	106
aminocaproic acid tab 1000 mg	121
aminocaproic acid tab 500 mg	121
aminosalicylic acid	
see PASER GRA 4GM.....	64
amiodarone hcl tab 200 mg	23
AMITIZA CAP 24MCG.....	111
AMITIZA CAP 8MCG.....	111
amitriptyline hcl tab 10 mg	37
amitriptyline hcl tab 100 mg	37
amitriptyline hcl tab 150 mg	37
amitriptyline hcl tab 25 mg	37
amitriptyline hcl tab 50 mg	37
amitriptyline hcl tab 75 mg	37
Amlactin	
see lactic acid (ammonium lactate) lotion 12%	103
amlodipine besylate tab 10 mg (base equivalent)	86
amlodipine besylate tab 2.5 mg (base equivalent)	86
amlodipine besylate tab 5 mg (base equivalent)	86
amlodipine besylate-benazepril hcl cap 10-20 mg	61
amlodipine besylate-benazepril hcl cap 10-40 mg	61
amlodipine besylate-benazepril hcl cap 2.5-10 mg	61
amlodipine besylate-benazepril hcl cap 5-10 mg	61
amlodipine besylate-benazepril hcl cap 5-20 mg	61
amlodipine besylate-benazepril hcl cap 5-40 mg	61
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	62
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	62
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	61
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	61
Amnesteem	
see isotretinoin cap 20 mg	97
amoxapine tab 100 mg	37
amoxapine tab 150 mg	37
amoxapine tab 25 mg	37
amoxapine tab 50 mg	37
amoxicillin & k clavulanate chew tab 200-28.5 mg	148
amoxicillin & k clavulanate chew tab 400-57 mg	148
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	148
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	148
amoxicillin & k clavulanate for susp 400-57 mg/5ml	148
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	148
amoxicillin & k clavulanate tab 250-125 mg	148
amoxicillin & k clavulanate tab 500-125 mg	148
amoxicillin & k clavulanate tab 875-125 mg	148
amoxicillin & pot clavulanate	
see AUGMENTIN SUS 125/5ML....	148
amoxicillin (trihydrate) cap 250 mg	147

<i>amoxicillin (trihydrate) cap 500 mg</i>	147	<i>anagrelide hcl cap 1 mg</i>	118
.....		<i>anakinra</i>	
<i>amoxicillin (trihydrate) chew tab</i>		see KINERET INJ	7
125 mg	147	<i>anastrozole tab 1 mg</i>	66
<i>amoxicillin (trihydrate) chew tab</i>		ANIMAL SHAPE CHW IRON	136
250 mg	147	ANORO ELLIPT AER 62.5-25	25
<i>amoxicillin (trihydrate) for susp</i>		Antacid	
125 mg/5ml	147	see <i>alum & mag hydroxide-</i>	
<i>amoxicillin (trihydrate) for susp</i>		<i>simethicone susp 200-200-20</i>	
200 mg/5ml	147	<i>mg/5ml</i>	18
<i>amoxicillin (trihydrate) for susp</i>		<i>anthralin</i>	
250 mg/5ml	147	see DRITHO-CREME CRE HP 1%..	100
<i>amoxicillin (trihydrate) for susp</i>		Anti-diarrheal	
400 mg/5ml	147	see <i>loperamide hcl liq 1 mg/5ml</i>	
<i>amoxicillin (trihydrate) tab 500 mg</i>	147	<i>(0.2 mg/ml)</i>	49
.....		Anti-fungal Powder	
<i>amoxicillin (trihydrate) tab 875 mg</i>	147	see <i>tolnaftate powder 1%</i>	99
.....		<i>antihemophilic factor (human)</i>	
<i>amphetamine-dextroamphetamine</i>		see HEMOFIL M INJ 1700UNIT	115
cap er 24hr 10 mg	1	see KOATE-DVI INJ 1000UNIT	115
<i>amphetamine-dextroamphetamine</i>		see KOATE-DVI INJ 250UNIT	115
cap er 24hr 15 mg	1	see KOATE-DVI INJ 500UNIT	115
<i>amphetamine-dextroamphetamine</i>		see MONOCLATE-P INJ 1000UNIT	116
cap er 24hr 20 mg	1	<i>antihemophilic factor (rcmb) bd</i>	
<i>amphetamine-dextroamphetamine</i>		<i>truncated (bd trunc-rfviii)</i>	
cap er 24hr 25 mg	1	see NOVOEIGHT INJ 1500UNIT	116
<i>amphetamine-dextroamphetamine</i>		<i>antihemophilic factor (rcmb)</i>	
cap er 24hr 30 mg	1	<i>simoctocog alfa (bdd-rfviii, sim)</i>	
<i>amphetamine-dextroamphetamine</i>		see NUWIQ INJ 1000UNIT	116
cap er 24hr 5 mg	1	see NUWIQ INJ 2000UNIT	116
<i>amphetamine-dextroamphetamine</i>		see NUWIQ INJ 2500UNIT	116
tab 10 mg	1	see NUWIQ INJ 250UNIT	116
<i>amphetamine-dextroamphetamine</i>		see NUWIQ INJ 3000UNIT	116
tab 12.5 mg	1	see NUWIQ INJ 4000UNIT	116
<i>amphetamine-dextroamphetamine</i>		see NUWIQ INJ 500UNIT	116
tab 15 mg	1	see NUWIQ KIT 1000UNIT	116
<i>amphetamine-dextroamphetamine</i>		see NUWIQ KIT 2000UNIT	116
tab 20 mg	1	see NUWIQ KIT 2500UNIT	117
<i>amphetamine-dextroamphetamine</i>		see NUWIQ KIT 250UNIT	116
tab 30 mg	1	see NUWIQ KIT 3000UNIT	117
<i>amphetamine-dextroamphetamine</i>		see NUWIQ KIT 4000UNIT	117
tab 5 mg	1	see NUWIQ KIT 500UNIT	116
<i>amphetamine-dextroamphetamine</i>		<i>antihemophilic factor</i>	
tab 7.5 mg	1	<i>(recombinant)</i>	
<i>ampicillin cap 500 mg</i>	148	see HELIXATE FS INJ 2000UNIT	115
ANADROL-50 TAB 50MG	17	see HELIXATE FS INJ 3000UNIT	115
<i>anagrelide hcl cap 0.5 mg</i>	118	see HELIXATE FS INJ 500UNIT	115

see KOGENATE FS INJ 1000UNIT.	115	APOKYN INJ 10MG/ML	72
see KOGENATE FS INJ 2000UNIT.	115	apomorphine hydrochloride	
see KOGENATE FS INJ 250UNIT ..	115	see APOKYN INJ 10MG/ML	72
see KOGENATE FS INJ 3000UNIT.	116	apraclonidine hcl ophth soln 0.5%	
see RECOMBINATE INJ	117	(base equivalent)	143
see RECOMBINATE INJ 220-400 ..	117	apremilast	
see RECOMBINATE INJ 401-800 ..	117	see OTEZLA TAB 10/20/30	10
see RECOMBINATE INJ 801-1240	117	see OTEZLA TAB 30MG	10
antihemophilic factor		aprepitant capsule 125 mg	50
(recombinant) plasma/albumin		aprepitant capsule 40 mg	50
free		aprepitant capsule 80 mg	50
see XYNTHA SOLOF INJ 1000UNIT		aprepitant capsule therapy pack 80	
.....	117	& 125 mg	50
see XYNTHA SOLOF INJ 2000UNIT		APRISO CAP 0.375GM.....	111
.....	117	APTIOM TAB 200MG	31
see XYNTHA SOLOF INJ 3000UNIT		APTIOM TAB 400MG	31
.....	117	APTIOM TAB 600MG	31
see XYNTHA SOLOF INJ 500UNIT.	117	APTIOM TAB 800MG	31
see XYNTHA SOLOF KIT 250UNIT	117	APTIVUS CAP 250MG	80
antihemophilic factor rahf-pfm		APTIVUS SOL.....	80
see ADVATE INJ 1000UNIT	114	Aquadeks	
see ADVATE INJ 1500UNIT	114	see pediatric multiple vitamin w/	
see ADVATE INJ 2000UNIT	114	minerals & c drops 45 mg/ml	
see ADVATE INJ 250UNIT	114	.....	136
see ADVATE INJ 3000UNIT	114	Aqueous Vitamin D Infants	
see ADVATE INJ 4000UNIT	114	see cholecalciferol oral liquid 10	
see ADVATE INJ 500UNIT	114	mcg/ml (400 unit/ml)	161
see KOVALTRY INJ 1000UNIT.....	116	ARANESP INJ 100MCG	119
see KOVALTRY INJ 2000UNIT.....	116	ARANESP INJ 10MCG	119
see KOVALTRY INJ 250UNIT.....	116	ARANESP INJ 150MCG	119
see KOVALTRY INJ 3000UNIT.....	116	ARANESP INJ 200MCG	119
see KOVALTRY INJ 500UNIT.....	116	ARANESP INJ 25MCG	119
antihemophilic factor/von		ARANESP INJ 300MCG	119
willebrand factor complex		ARANESP INJ 40MCG	119
(human)		ARANESP INJ 500MCG	119
see HUMATE-P SOL 2400UNIT.....	115	ARANESP INJ 60MCG	119
see HUMATE-P SOL 500-1200	115	ARCALYST INJ 220MG.....	7
antiinhibitor coagulant complex		ARCAPTA CAP 75MCG	25
see FEIBA INJ	115	arformoterol tartrate	
ANZEMET TAB 100MG	50	see BROVANA NEB 15MCG.....	26
ANZEMET TAB 50MG	50	aripiprazole	
APEXICON E CRE 0.05%	101	see ABILIFY MAIN INJ 300MG	79
APIDRA INJ SOLOSTAR	45	see ABILIFY MAIN INJ 400MG	79
APIDRA INJ U-100.....	45	aripiprazole lauroxil	
apixaban		see ARISTADA INJ 441MG/1.	80
see ELIQUIS TAB 2.5MG.....	29	see ARISTADA INJ 662MG/2	80
see ELIQUIS TAB 5MG.....	29	see ARISTADA INJ 882MG/3	80

aripiprazole oral solution 1 mg/ml	ASMANEX 60 AER 220MCG	24
.....	ASMANEX 7 AER 110MCG	24
aripiprazole orally disintegrating	ASMANEX HFA AER 100 MCG	25
tab 10 mg	ASMANEX HFA AER 200 MCG	25
aripiprazole orally disintegrating	ASMANEX HFA AER 50MCG	25
tab 15 mg	aspirin chew tab 81 mg	12
aripiprazole tab 10 mg	Aspirin Low Dose	
aripiprazole tab 15 mg	see aspirin tab delayed release 81	
aripiprazole tab 2 mg	mg	12
aripiprazole tab 20 mg	aspirin tab 325 mg	12
aripiprazole tab 30 mg	aspirin tab delayed release 325 mg	
aripiprazole tab 5 mg .....	.....	12
ARISTADA INJ 441MG/1	aspirin tab delayed release 81 mg	
ARISTADA INJ 662MG/2 .....	.....	12
ARISTADA INJ 882MG/3	aspirin-dipyridamole cap er 12hr	
armodafinil tab 150 mg	25-200 mg	118
armodafinil tab 200 mg	atazanavir sulfate cap 150 mg	
armodafinil tab 250 mg	(base equiv)	80
armodafinil tab 50 mg	atazanavir sulfate cap 200 mg	
ARMOUR THYRO TAB 120MG	(base equiv)	80
ARMOUR THYRO TAB 15MG	atazanavir sulfate cap 300 mg	
ARMOUR THYRO TAB 180MG	(base equiv)	80
ARMOUR THYRO TAB 240MG	atazanavir sulfate-cobicistat	
ARMOUR THYRO TAB 300MG	see EVOTAZ TAB 300-150	81
ARMOUR THYRO TAB 30MG	atenolol & chlorthalidone tab 100-	
ARMOUR THYRO TAB 60MG	25 mg	62
ARMOUR THYRO TAB 90MG	atenolol & chlorthalidone tab 50-25	
artemether-lumefantrine	mg	62
see COARTEM TAB 20-120MG	atenolol tab 100 mg	85
artificial tear insert	atenolol tab 25 mg	84
see LACRISERT MIS 5MG OP	atenolol tab 50 mg	85
artificial tear ophth ointment	atomoxetine hcl cap 10 mg (base	
artificial tear ophth solution	equiv)	2
Artificial Tears	atomoxetine hcl cap 100 mg (base	
see dextran 70-hypromellose	equiv)	3
ophth soln 0.1-0.3%	atomoxetine hcl cap 18 mg (base	
see polyvinyl alcohol ophth soln	equiv)	3
1.4%	atomoxetine hcl cap 25 mg (base	
ascorbic acid tab 500 mg	equiv)	3
asenapine maleate	atomoxetine hcl cap 40 mg (base	
see SAPHRIS SUB 10MG	equiv)	3
see SAPHRIS SUB 2.5MG	atomoxetine hcl cap 60 mg (base	
see SAPHRIS SUB 5MG	equiv)	3
ASMANEX 120 AER 220MCG	atomoxetine hcl cap 80 mg (base	
ASMANEX 14 AER 220MCG	equiv)	3
ASMANEX 30 AER 110MCG	atorvastatin calcium tab 10 mg	
ASMANEX 30 AER 220MCG	(base equivalent)	54

atorvastatin calcium tab 20 mg (base equivalent)54
atorvastatin calcium tab 40 mg (base equivalent)54
atorvastatin calcium tab 80 mg (base equivalent)54
atovaquone susp 750 mg/5ml.....19
atovaquone-proguanil hcl tab 250-100 mg64
atovaquone-proguanil hcl tab 62.5-25 mg64
 ATRIPLA TAB80
 ATROPINE SUL SOL 1% OP..... 143
 ATROVENT HFA AER 17MCG24
 AUBAGIO TAB 14MG 150
 AUBAGIO TAB 7MG..... 150
 AUGMENTIN SUS 125/5ML 148
auranofin
 see RIDAURA CAP 3MG 7
 AVANDIA TAB 2MG47
 AVANDIA TAB 4MG47
 Avita
 see *tretinoin gel 0.025%*.....98
 AVONEX KIT 30MCG 150
 AVONEX PEN KIT 30MCG..... 150
 AVONEX PREFL KIT 30MCG..... 150
 AZASITE SOL 1% 143
azathioprine tab 50 mg 134
azelastine hcl nasal spray 0.1% (137 mcg/spray) 140
azelastine hcl ophth soln 0.05% 144
azilsartan medoxomil
 see EDARBI TAB 40MG59
 see EDARBI TAB 80MG59
azithromycin (ophth)
 see AZASITE SOL 1%..... 143
azithromycin for susp 100 mg/5ml 125
azithromycin for susp 200 mg/5ml 125
azithromycin powd pack for susp 1 gm 125
azithromycin tab 250 mg..... 125
azithromycin tab 500 mg..... 125
azithromycin tab 600 mg..... 125
 AZOPT SUS 1% OP 144
aztreonam lysine

see CAYSTON INH 75MG 19
B
bacitracin oint 500 unit/gm98
bacitracin ophth oint 500 unit/gm 143
bacitracin zinc oint 500 unit/gm .98
bacitracin-polymyxin b oint.....98
bacitracin-polymyxin b ophth oint 143
bacitracin-polymyxin-neomycin hc
 see CORTISPORIN OIN 1% 98
bacitracin-polymyxin-neomycin-hc ophth oint 1% 144
baclofen tab 10 mg 139
baclofen tab 20 mg 139
 BALCOLTRA TAB 0.1-20 92
baloxavir marboxil
 see XOFLUZA TAB 20MG 84
 see XOFLUZA TAB 40MG 84
balsalazide disodium cap 750 mg 111
 BANZEL SUS 40MG/ML 31
 BANZEL TAB 200MG31
 BANZEL TAB 400MG31
 BAQSIMI ONE POW 3MG/DOSE 43
 BARACLUDGE SOL..... 83
 BASAGLAR INJ 100UNIT..... 45
 BAXDELA TAB 450MG 110
b-complex w/ c & folic acid cap 1 mg 135
b-complex w/ c & folic acid tab .135
b-complex w/ c & folic acid tab 0.8 mg 136
b-complex w/ c & folic acid tab 5 mg 136
 BD U-500 MIS 31GX6MM 125
 BE WELL PAK ROUNDED..... 137
becaplermin
 see REGRANEX GEL 0.01%..... 104
beclomethasone dipropionate hfa
 see QVAR REDIIHA AER 80MCG..... 25
 see QVAR REDIIHAL AER 40MCG 25
bedaquiline fumarate
 see SIRTURO TAB 100MG 65
belatacept
 see NULOJIX INJ 250MG..... 134
 BELSOMRA TAB 10MG..... 122

BELSOMRA TAB 15MG.....	122	BERINERT INJ 500UNIT.....	117
BELSOMRA TAB 20MG.....	122	besifloxacin hcl	
BELSOMRA TAB 5MG	122	see BESIVANCE SUS 0.6%	143
bempeidoic acid		BESIVANCE SUS 0.6%.....	143
see NEXLETOL TAB 180MG	53	betaine	
bempeidoic acid-ezetimibe		see CYSTADANE POW	108
see NEXLIZET TAB 180/10MG	53	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented cream 0.05%	101
tab 10-12.5 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented gel 0.05%	101
tab 20-12.5 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented lotion 0.05%	101
tab 20-25 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented oint 0.05%	101
tab 5-6.25 mg	62	betamethasone dipropionate cream	
benazepril hcl tab 10 mg	56	0.05%	101
benazepril hcl tab 20 mg	56	betamethasone dipropionate lotion	
benazepril hcl tab 40 mg	57	0.05%	101
benazepril hcl tab 5 mg	56	betamethasone dipropionate oint	
BENEFIX INJ 1000UNIT	115	0.05%	101
BENEFIX INJ 2000UNIT	115	betamethasone valerate cream	
BENEFIX INJ 250UNIT.....	115	0.1% (base equivalent)	101
BENEFIX INJ 3000UNIT	115	betamethasone valerate oint 0.1%	
BENEFIX INJ 500UNIT.....	115	(base equivalent)	101
BENZNIDAZOLE TAB 100MG	18	betaxolol hcl ophth soln 0.5% ...	142
BENZNIDAZOLE TAB 12.5MG	18	betaxolol hcl tab 10 mg	85
benzocaine-docusate sodium		betaxolol hcl tab 20 mg	85
see DOCUSOL PLUS ENE 20-283 .	124	bethanechol chloride tab 10 mg	158
benzonatate cap 100 mg	95	bethanechol chloride tab 25 mg	158
benzonatate cap 200 mg	95	bethanechol chloride tab 5 mg ..	158
benzoyl peroxide		bethanechol chloride tab 50 mg	158
see ACNE MEDICAT LOT 10%.....	97	BEVESPI AER 9-4.8MCG	25
see ACNE MEDICAT LOT 5%	97	bexarotene (topical)	
benzoyl peroxide gel 10%	97	see TARGRETIN GEL 1%	99
benzoyl peroxide gel 5%	97	bexarotene cap 75 mg	71
benzoyl peroxide liq 10%	97	bicalutamide tab 50 mg	66
benzoyl peroxide liq 5%	97	bictegravir-emtricitabine-tenofovir	
Benzoyl Peroxide Wash		alafenamide fumarate	
see benzoyl peroxide liq 10% ...	97	see BIKTARVY TAB	81
benzoyl peroxide-erythromycin gel		BIKTARVY TAB.....	81
5-3%	97	bimatoprost	
benztropine mesylate tab 0.5 mg	71	see LUMIGAN SOL 0.01%.....	145
benztropine mesylate tab 1 mg ...	71	bimatoprost ophth soln 0.03% ..	145
benztropine mesylate tab 2 mg ...	71	bisacodyl suppos 10 mg	124
bepotastine besilate		bisacodyl tab delayed release 5 mg	
see BEPREVE DRO 1.5%.....	144	.....	124
BEPREVE DRO 1.5%	144	Bismatrol	

see *bismuth subsalicylate susp*
262 mg/15ml.....49
bismuth subsalicylate chew tab
262 mg49
bismuth subsalicylate susp 262
mg/15ml49
bismuth subsalicylate susp 525
mg/15ml49
bismuth subsalicylate tab 262 mg
49
bisoprolol & hydrochlorothiazide
tab 10-6.25 mg.....62
bisoprolol & hydrochlorothiazide
tab 2.5-6.25 mg.....62
bisoprolol & hydrochlorothiazide
tab 5-6.25 mg.....62
bisoprolol fumarate tab 10 mg85
bisoprolol fumarate tab 5 mg.....85
blood glucose monitoring supplies
 see TRUE METRIX KIT AIR 126
 BOOSTRIX INJ 153
bosentan
 see TRACLEER TAB 125MG 90
 see TRACLEER TAB 32MG 89
 see TRACLEER TAB 62.5MG 90
bosentan tab 125 mg 89
bosentan tab 62.5 mg 89
 BOTOX INJ 100UNIT 141
 BOTOX INJ 200UNIT 141
 Bp Cleansing Wash
 see *sulfacetamide sodium-sulfur*
in urea emulsion 10-4% 97
 Bp Gel
 see *benzoyl peroxide gel 5%* 97
 Bp Wash
 see *benzoyl peroxide liq 5%* 97
 Bprotected Pedia Poly-vit
 see *pediatric multiple vitamin w/*
c soln 35 mg/ml 137
 see *pediatric multiple vitamins*
w/ iron drops 10 mg/ml 137
 Bprotected Pedia Tri-vite
 see *pediatric vitamins adc drops*
750 unit-400 unit-35 mg/ml 137
 BRAINSTRONG MIS PRENATAL 137
 BREO ELLIPTA INH 100-25 26
 BREO ELLIPTA INH 200-25 26

Briellyn
 see *norethindrone & ethinyl*
estradiol tab 0.4 mg-35 mcg.. 93
 BRILINTA TAB 60MG 118
 BRILINTA TAB 90MG 118
brimonidine tartrate (topical)
 see MIRVASO GEL 0.33% 104
brimonidine tartrate ophth soln
0.15% 143
brimonidine tartrate ophth soln
0.2% 143
brimonidine tartrate-timolol
maleate
 see COMBIGAN SOL 0.2/0.5% 142
brinzolamide
 see AZOPT SUS 1% OP 144
brinzolamide-brimonidine tartrate
 see SIMBRINZA SUS 1-0.2% 143
bromfenac sodium ophth soln
0.09% (base equiv) (once-daily)
 144
bromocriptine mesylate (diabetes)
 see CYCLOSET TAB 0.8MG 44
bromocriptine mesylate cap 5 mg
(base equivalent) 72
bromocriptine mesylate tab 2.5 mg
(base equivalent) 72
brompheniramine &
pseudoephedrine elixir 1-15
mg/5ml 95
 BROTAPP DM LIQ 15-1-5/5 96
 BROVANA NEB 15MCG 26
 BRUKINSA CAP 80MG 67
budesonide (inhalation)
 see PULMICORT INH 180MCG 25
 see PULMICORT INH 90MCG 25
budesonide delayed release
particles cap 3 mg 94
budesonide inhalation susp 0.25
mg/2ml 25
budesonide inhalation susp 0.5
mg/2ml 25
budesonide nasal susp 32 mcg/act
 140
budesonide-formoterol fumarate
dihydrate
 see SYMBICORT AER 160-4.5 28

see SYMBICORT AER 80-4.528
bumetanide tab 0.5 mg 106
bumetanide tab 1 mg 106
bumetanide tab 2 mg 106
buprenorphine hcl sl tab 2 mg
 (base equiv)16
buprenorphine hcl sl tab 8 mg
 (base equiv)17
buprenorphine hcl-naloxone hcl sl
tab 2-0.5 mg (base equiv)17
buprenorphine hcl-naloxone hcl sl
tab 8-2 mg (base equiv)17
buprenorphine td patch weekly 10
mcg/hr17
buprenorphine td patch weekly 15
mcg/hr17
buprenorphine td patch weekly 20
mcg/hr17
buprenorphine td patch weekly 5
mcg/hr17
buprenorphine td patch weekly 7.5
mcg/hr17
bupropion hcl (smoking deterrent)
tab er 12hr 150 mg 150
bupropion hcl tab 100 mg34
bupropion hcl tab 75 mg34
bupropion hcl tab er 12hr 100 mg
34
bupropion hcl tab er 12hr 150 mg
34
bupropion hcl tab er 12hr 200 mg
34
bupropion hcl tab er 24hr 150 mg
34
bupropion hcl tab er 24hr 300 mg
34
bupirone hcl tab 10 mg21
bupirone hcl tab 15 mg21
bupirone hcl tab 30 mg21
bupirone hcl tab 5 mg21
bupirone hcl tab 7.5 mg21
butalbital-acetaminophen tab 50-
325 mg11
butalbital-acetaminophen-caff w/
cod cap 50-300-40-30 mg16
butalbital-acetaminophen-caff w/
cod cap 50-325-40-30 mg16

butalbital-acetaminophen-caffeine
cap 50-300-40 mg 11
butalbital-acetaminophen-caffeine
cap 50-325-40 mg 11
butalbital-acetaminophen-caffeine
tab 50-325-40 mg 11
butalbital-aspirin-caffeine cap 50-
325-40 mg 11
butenafine hcl
 see MENTAX CRE 1% 99
butoconazole nitrate (one dose)
 see GYNAZOLE-1 CRE 2% 159
butorphanol tartrate nasal soln 10
mg/ml 17
 BYSTOLIC TAB 10MG 85
 BYSTOLIC TAB 2.5MG 85
 BYSTOLIC TAB 20MG 85
 BYSTOLIC TAB 5MG 85
 BYVALSON TAB 5-80MG 62
C
c1 esterase inhibitor (human)
 see BERINERT INJ 500UNIT 117
cabergoline tab 0.5 mg 109
cabozantinib s-malate
 see COMETRIQ KIT 100MG 68
 see COMETRIQ KIT 140MG 68
 see COMETRIQ KIT 60MG 67
caffeine citrate oral soln 60
mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005% 100
calcipotriene soln 0.005% (50
mcg/ml) 100
calcipotriene-betamethasone
dipropionate
 see TACLONEX SUS 102
calcipotriene-betamethasone
dipropionate oint 0.005-0.064%
 101
calcipotriene-betamethasone
dipropionate susp 0.005-0.064%
 101
calcitonin (salmon) nasal soln 200
unit/act 107
 Calcitrate
 see *calcium citrate tab 950 mg*
 (200 mg elemental ca) 131
calcitriol cap 0.25 mcg 108

<i>calcitriol cap 0.5 mcg</i>	108	<i>calcium carbonate-cholecalciferol</i>	
<i>calcitriol oint 3 mcg/gm</i>	100	<i>chew tab 500 mg-400 unit</i>	130
<i>calcium & phosphorus w/ vitamin d</i>		<i>calcium carbonate-cholecalciferol</i>	
see RISACAL-D TAB	132	<i>chew tab 500 mg-600 unit</i>	130
Calcium 500 + D		<i>calcium carbonate-cholecalciferol</i>	
see <i>calcium carbonate-vitamin d</i>		<i>tab 250 mg-125 unit</i>	130
<i>tab 500 mg-125 unit</i>	131	<i>calcium carbonate-cholecalciferol</i>	
Calcium 500/d		<i>tab 500 mg-125 unit</i>	131
see <i>calcium carbonate-</i>		<i>calcium carbonate-cholecalciferol</i>	
<i>cholecalciferol chew tab 500</i>		<i>tab 500 mg-200 unit</i>	131
<i>mg-400 unit</i>	130	<i>calcium carbonate-cholecalciferol</i>	
Calcium 600		<i>tab 500 mg-400 unit</i>	131
see <i>calcium carbonate tab 600 mg</i>		<i>calcium carbonate-cholecalciferol</i>	
.....	130	<i>tab 500 mg-600 unit</i>	131
Calcium 600 With Vitamin		<i>calcium carbonate-cholecalciferol</i>	
see <i>calcium carbonate-vitamin d</i>		<i>tab 600 mg-200 unit</i>	131
<i>chew tab 600 mg-400 unit</i> ...	131	<i>calcium carbonate-cholecalciferol</i>	
Calcium 600/vitamin D3		<i>tab 600 mg-400 unit</i>	131
see <i>calcium carbonate-</i>		<i>calcium carbonate-cholecalciferol</i>	
<i>cholecalciferol tab 600 mg-800</i>		<i>tab 600 mg-800 unit</i>	131
<i>unit</i>	131	<i>calcium carbonate-ergocalciferol</i>	
<i>calcium acetate (phosphate binder)</i>		see RA OYS SHL/D TAB 500MG ...	131
<i>cap 667 mg (169 mg ca)</i>	112	<i>calcium carbonate-mag hydrox</i>	
Calcium Antacid		see MI-ACID CHW	18
see <i>calcium carbonate (antacid)</i>		<i>calcium carbonate-mag hydroxide</i>	
<i>chew tab 500 mg</i>	18	<i>chew tab 675-135 mg</i>	18
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-mag hydroxide</i>	
<i>tab 1000 mg</i>	18	<i>susp 400-135 mg/5ml</i>	18
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d cap</i>	
<i>tab 400 mg</i>	18	<i>600 mg-200 unit</i>	131
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d chew</i>	
<i>tab 500 mg</i>	18	<i>tab 600 mg-400 unit</i>	131
<i>calcium carbonate (antacid) chew</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>tab 750 mg</i>	18	<i>250 mg-125 unit</i>	131
<i>calcium carbonate (antacid) susp</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>1250 mg/5ml</i>	18	<i>500 mg-125 unit</i>	131
<i>calcium carbonate tab 1250 mg</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>(500 mg elemental ca)</i>	130	<i>500 mg-200 unit</i>	131
<i>calcium carbonate tab 1500 mg</i>		<i>calcium carbonate-vitamin d tab</i>	
<i>(600 mg elemental ca)</i>	130	<i>500 mg-400 unit</i>	131
<i>calcium carbonate tab 600 mg</i> ..	130	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-125 unit</i>	131
see CALTRATE 600 CHW 600-800	131	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-200 unit</i>	131
<i>cap 600 mg-500 unit</i>	130	<i>calcium carbonate-vitamin d tab</i>	
<i>calcium carbonate-cholecalciferol</i>		<i>600 mg-400 unit</i>	131
<i>chew tab 500 mg-100 unit</i>	130		

<i>calcium carb-vit d w/ minerals</i>	
<i>chew tab 600 mg-400 unit</i>	130
<i>calcium carb-vit d w/ minerals</i>	
<i>chew tab 600 mg-800 unit</i>	130
CALCIUM CITR TAB 200MG.....	131
Calcium Citrate + D3	
see <i>calcium citrate-vitamin d tab</i>	
<i>250 mg-200 unit (elemental ca)</i>	
.....	131
<i>calcium citrate tab 950 mg (200</i>	
<i>mg elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 200</i>	
<i>mg-250 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 250</i>	
<i>mg-200 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 315</i>	
<i>mg-200 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 315</i>	
<i>mg-250 unit (elemental ca)</i>	131
Calcium Plus Vitamin D3	
see <i>calcium carbonate-</i>	
<i>cholecalciferol cap 600 mg-500</i>	
<i>unit</i>	130
<i>calcium polycarbophil tab 625 mg</i>	
.....	123
CALCIUM TAB 600MG	131
<i>calcium-magnesium-zinc tab 333-</i>	
<i>133-5 mg</i>	131
CALNA TAB.....	137
CALTRATE 600 CHW 600-800	131
<i>candesartan cilexetil tab 16 mg</i> ..	58
<i>candesartan cilexetil tab 32 mg</i> ..	59
<i>candesartan cilexetil tab 4 mg</i>	58
<i>candesartan cilexetil tab 8 mg</i>	58
<i>capecitabine tab 150 mg</i>	65
<i>capecitabine tab 500 mg</i>	65
CAPRELSA TAB 100MG.....	67
CAPRELSA TAB 300MG.....	67
<i>capsaicin cream 0.1%</i>	103
<i>captopril & hydrochlorothiazide tab</i>	
<i>25-15 mg</i>	62
<i>captopril & hydrochlorothiazide tab</i>	
<i>25-25 mg</i>	62
<i>captopril & hydrochlorothiazide tab</i>	
<i>50-15 mg</i>	62
<i>captopril & hydrochlorothiazide tab</i>	
<i>50-25 mg</i>	62
<i>captopril tab 100 mg</i>	57
<i>captopril tab 12.5 mg</i>	57
<i>captopril tab 25 mg</i>	57
<i>captopril tab 50 mg</i>	57
<i>carbamazepine cap er 12hr 100 mg</i>	
.....	31
<i>carbamazepine cap er 12hr 200 mg</i>	
.....	31
<i>carbamazepine cap er 12hr 300 mg</i>	
.....	31
<i>carbamazepine chew tab 100 mg</i>	31
<i>carbamazepine susp 100 mg/5ml</i>	
.....	31
<i>carbamazepine tab 200 mg</i>	31
<i>carbamazepine tab er 12hr 100 mg</i>	
.....	31
<i>carbamazepine tab er 12hr 200 mg</i>	
.....	31
<i>carbamazepine tab er 12hr 400 mg</i>	
.....	31
<i>carbamide peroxide 6.5% otic soln</i>	
.....	146
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i> ...72	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i> ...72	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i> ...72	
<i>carbidopa & levodopa tab 10-100</i>	
<i>mg</i>	72
<i>carbidopa & levodopa tab 25-100</i>	
<i>mg</i>	72
<i>carbidopa & levodopa tab 25-250</i>	
<i>mg</i>	72
<i>carbidopa & levodopa tab er 25-</i>	
<i>100 mg</i>	72
<i>carbidopa & levodopa tab er 50-</i>	
<i>200 mg</i>	72
<i>carbidopa tab 25 mg</i>	71
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 12.5-50-200 mg</i>	72
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 18.75-75-200 mg</i>	72
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 25-100-200 mg</i>	72
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 31.25-125-200 mg</i>	72

<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	72	<i>cefixime cap 400 mg</i>	91
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	72	<i>cefixime for susp 100 mg/5ml</i>	91
<i>carbinoxamine maleate soln 4 mg/5ml</i>	51	<i>cefixime for susp 200 mg/5ml</i>	91
<i>carbinoxamine maleate tab 4 mg</i> 51		<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	92
<i>carbonyl iron</i>		<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	92
see IRON CHW PEDIATRI.....	121	<i>cefpodoxime proxetil tab 100 mg</i> 92	
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i>	120	<i>cefpodoxime proxetil tab 200 mg</i> 92	
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	142	<i>cefprozil for susp 125 mg/5ml</i>	91
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	142	<i>cefprozil for susp 250 mg/5ml</i>	91
CARIMUNE NF INJ 12GM	146	<i>cefprozil tab 250 mg</i>	91
<i>cariprazine hcl</i>		<i>cefprozil tab 500 mg</i>	91
see VRAYLAR CAP 1.5MG	74	<i>ceftriaxone sodium for inj 1 gm</i> ..	92
see VRAYLAR CAP 3MG.....	74	<i>cefuroxime axetil tab 250 mg</i>	91
see VRAYLAR CAP 4.5MG	74	<i>cefuroxime axetil tab 500 mg</i>	91
see VRAYLAR CAP 6MG.....	74	<i>celecoxib cap 100 mg</i>	8
<i>carisoprodol tab 350 mg</i>	139	<i>celecoxib cap 200 mg</i>	8
<i>carteolol hcl ophth soln 1%</i>	142	<i>celecoxib cap 400 mg</i>	8
<i>carvedilol tab 12.5 mg</i>	84	<i>celecoxib cap 50 mg</i>	8
<i>carvedilol tab 25 mg</i>	84	<i>cellulose</i>	
<i>carvedilol tab 3.125 mg</i>	84	see UNIFIBER POW	123
<i>carvedilol tab 6.25 mg</i>	84	CELONTIN CAP 300MG.....	33
CAYA DPR	125	CENTRUM SPEC PAK PRENATAL.....	137
CAYSTON INH 75MG	19	<i>cephalexin cap 250 mg</i>	91
<i>cefaclor cap 250 mg</i>	91	<i>cephalexin cap 500 mg</i>	91
<i>cefaclor cap 500 mg</i>	91	<i>cephalexin for susp 125 mg/5ml</i> 91	
<i>cefaclor for susp 125 mg/5ml</i>	91	<i>cephalexin for susp 250 mg/5ml</i> 91	
<i>cefaclor for susp 250 mg/5ml</i>	91	CERDELGA CAP 84MG	118
<i>cefaclor for susp 375 mg/5ml</i>	91	<i>ceritinib</i>	
<i>cefadroxil cap 500 mg</i>	91	see ZYKADIA CAP 150MG	71
<i>cefadroxil for susp 250 mg/5ml</i> ..	91	<i>certolizumab pegol</i>	
<i>cefadroxil for susp 500 mg/5ml</i> ..	91	see CIMZIA KIT.....	111
<i>cefadroxil tab 1 gm</i>	91	see CIMZIA KIT STARTER.....	112
<i>cefdinir cap 300 mg</i>	91	see CIMZIA PREFL KIT 200MG/ML	112
<i>cefdinir for susp 125 mg/5ml</i>	91	<i>cervical caps</i>	
<i>cefdinir for susp 250 mg/5ml</i>	91	see FEMCAP MIS 22MM	125
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	91	see FEMCAP MIS 26MM	125
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	91	see FEMCAP MIS 30MM	125
<i>cefixime</i>		CESAMET CAP 1MG	50
see SUPRAX CAP 400MG.....	92	<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	52
		<i>cetirizine hcl tab 10 mg</i>	52
		<i>cetirizine hcl tab 5 mg</i>	52
		<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	96
		<i>cetrotorelix acetate</i>	

see CETROTIDE KIT 0.25MG 107
 CETROTIDE KIT 0.25MG 107
cevimeline hcl cap 30 mg 135
 CHANTIX PAK 0.5& 1MG 150
 CHANTIX TAB 0.5MG 150
 CHANTIX TAB 1MG 151
 CHEMET CAP 100MG 49
 Chewable Vite Childrens
 see **pediatric multiple vitamin w/
 c & fa chew tab** 137
 Chewable Vite With Iron/c
 see **pediatric multiple vitamins
 w/ iron chew tab 15 mg** 137
 Childrens Pain Reliever
 see **acetaminophen chew tab 80
 mg** 11
 Childrens Pepto
 see **calcium carbonate (antacid)
 chew tab 400 mg** 18
 Childrens Silfedrine
 see **pseudoephedrine hcl liq 15
 mg/5ml** 141
chlorambucil
 see LEUKERAN TAB 2MG 65
chlordiazepoxide hcl cap 10 mg ..22
chlordiazepoxide hcl cap 25 mg ..22
chlordiazepoxide hcl cap 5 mg22
chlorhexidine gluconate liquid 4%
 80
**chlorhexidine gluconate soln
 0.12%** 135
chloroquine phosphate tab 250 mg
 64
chloroquine phosphate tab 500 mg
 64
chlorothiazide tab 250 mg..... 106
chlorothiazide tab 500 mg..... 106
 Chlorphen Sr
 see **chlorpheniramine maleate tab
 er 12 mg** 51
**chlorpheniramine maleate syrup 2
 mg/5ml** 51
chlorpheniramine maleate tab 4 mg
 51
**chlorpheniramine maleate tab er
 12 mg** 51
chlorpromazine hcl tab 10 mg 78

chlorpromazine hcl tab 100 mg... 78
chlorpromazine hcl tab 200 mg... 78
chlorpromazine hcl tab 25 mg 78
chlorpromazine hcl tab 50 mg 78
chlorpropamide tab 100 mg 48
chlorpropamide tab 250 mg 48
chlorthalidone tab 25 mg 106
chlorthalidone tab 50 mg 106
chlorzoxazone tab 500 mg 139
**cholecalciferol cap 1.25 mg (50000
 unit)** 160
**cholecalciferol cap 125 mcg (5000
 unit)** 161
**cholecalciferol cap 25 mcg (1000
 unit)** 160
**cholecalciferol cap 250 mcg (10000
 unit)** 161
**cholecalciferol cap 50 mcg (2000
 unit)** 161
**cholecalciferol chew tab 10 mcg
 (400 unit)** 161
**cholecalciferol chew tab 25 mcg
 (1000 unit)** 161
**cholecalciferol drops 125 mcg/ml
 (5000 unit/ml)** 161
**cholecalciferol oral liquid 10
 mcg/ml (400 unit/ml)** 161
**cholecalciferol tab 10 mcg (400
 unit)** 161
**cholecalciferol tab 125 mcg (5000
 unit)** 161
**cholecalciferol tab 25 mcg (1000
 unit)** 161
**cholecalciferol tab 50 mcg (2000
 unit)** 161
**cholestyramine light powder 4
 gm/dose** 53
cholestyramine powder 4 gm/dose
 53
**choline fenofibrate cap dr 135 mg
 (fenofibric acid equiv)** 53
**choline fenofibrate cap dr 45 mg
 (fenofibric acid equiv)** 53
 CHOR GONADOT INJ 10000UNT 107
 Chromagen
 see **iron combination cap** 120
ciclesonide (nasal)

see OMNARIS SPR 141
ciclopirox olamine cream 0.77%
 (base equiv) 98
ciclopirox olamine susp 0.77%
 (base equiv) 98
ciclopirox solution 8%..... 98
cilostazol tab 100 mg 118
cilostazol tab 50 mg 118
 CIMDUO TAB 300-300 81
cimetidine tab 200 mg..... 154
cimetidine tab 300 mg..... 154
cimetidine tab 400 mg..... 154
cimetidine tab 800 mg..... 154
 CIMZIA KIT 111
 CIMZIA KIT STARTER..... 112
 CIMZIA PREFL KIT 200MG/ML 112
cinacalcet hcl
 see SENSIPAR TAB 30MG 109
 see SENSIPAR TAB 60MG 109
 see SENSIPAR TAB 90MG 109
cinacalcet hcl tab 30 mg (base equiv) 108
cinacalcet hcl tab 60 mg (base equiv) 108
cinacalcet hcl tab 90 mg (base equiv) 108
 CIPRO HC SUS OTIC 146
 CIPRODEX SUS 0.3-0.1% 146
ciprofloxacin hcl ophth soln 0.3%
 (base equivalent) 143
ciprofloxacin hcl otic soln 0.2%
 (base equivalent) 146
ciprofloxacin hcl tab 250 mg (base equiv) 110
ciprofloxacin hcl tab 500 mg (base equiv) 110
ciprofloxacin hcl tab 750 mg (base equiv) 110
ciprofloxacin-dexamethasone
 see CIPRODEX SUS 0.3-0.1% 146
ciprofloxacin-hydrocortisone
 see CIPRO HC SUS OTIC 146
citalopram hydrobromide oral soln 10 mg/5ml 34
citalopram hydrobromide tab 10 mg (base equiv) 34

citalopram hydrobromide tab 20 mg (base equiv) 34
citalopram hydrobromide tab 40 mg (base equiv) 34
 Claravis
 see *isotretinoin cap 10 mg* 97
clarithromycin for susp 125 mg/5ml 125
clarithromycin for susp 250 mg/5ml 125
clarithromycin tab 250 mg 125
clarithromycin tab 500 mg 125
 Clean & Clear Persa-gel M
 see *benzoyl peroxide gel 10%* .. 97
 Clear Soluble Fiber
 see *wheat dextrin oral powder* 123
clemastine fumarate tab 1.34 mg (1 mg base equiv) 51
clemastine fumarate tab 2.68 mg 51
 CLENPIQ SOL..... 123
clindamycin hcl cap 150 mg 19
clindamycin hcl cap 300 mg 19
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) 19
clindamycin phosphate gel 1% .. 97
clindamycin phosphate lotion 1%
 97
clindamycin phosphate soln 1%.. 97
clindamycin phosphate vaginal cream 2%..... 159
clindamycin phosphate-tretinoin
 see VELTIN GEL 98
clindamycin phosphate-tretinoin gel 1.2-0.025% 97
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%
 97
clobazam tab 10 mg 30
clobazam tab 20 mg 30
clobetasol propionate cream 0.05% 101
clobetasol propionate gel 0.05%
 101
clobetasol propionate oint 0.05%
 101
clobetasol propionate soln 0.05%
 101

<i>clomipramine hcl cap 25 mg</i>	37	<i>coagulation factor ix (recombinant)</i>	
<i>clomipramine hcl cap 50 mg</i>	37	see BENEFIX INJ 1000UNIT	115
<i>clomipramine hcl cap 75 mg</i>	37	see BENEFIX INJ 2000UNIT	115
<i>clonazepam tab 0.5 mg</i>	30	see BENEFIX INJ 250UNIT	115
<i>clonazepam tab 1 mg</i>	30	see BENEFIX INJ 3000UNIT	115
<i>clonazepam tab 2 mg</i>	30	see BENEFIX INJ 500UNIT	115
<i>clonidine hcl tab 0.1 mg</i>	60	see RIXUBIS INJ 1000UNIT	117
<i>clonidine hcl tab 0.2 mg</i>	60	see RIXUBIS INJ 2000UNIT	117
<i>clonidine hcl tab 0.3 mg</i>	60	see RIXUBIS INJ 250 UNIT	117
<i>clonidine td patch weekly 0.1</i> <i>mg/24hr</i>	60	see RIXUBIS INJ 3000UNIT	117
<i>clonidine td patch weekly 0.2</i> <i>mg/24hr</i>	60	<i>coagulation factor viia</i> <i>(recombinant)</i>	
<i>clonidine td patch weekly 0.3</i> <i>mg/24hr</i>	60	see NOVOSEVEN RT INJ 1MG	116
<i>clopidogrel bisulfate tab 75 mg</i> <i>(base equiv)</i>	118	see NOVOSEVEN RT INJ 2MG	116
<i>clorazepate dipotassium tab 15 mg</i>	22	see NOVOSEVEN RT INJ 5MG	116
<i>clorazepate dipotassium tab 3.75</i> <i>mg</i>	22	see NOVOSEVEN RT INJ 8MG	116
<i>clorazepate dipotassium tab 7.5</i> <i>mg</i>	22	COARTEM TAB 20-120MG.....	64
<i>clotrimazole cream 1%</i>	98	<i>cobicistat</i>	
<i>clotrimazole soln 1%</i>	98	see TYBOST TAB 150MG.....	83
<i>clotrimazole troche 10 mg</i>	135	CODEINE SULF TAB 60MG	12
<i>clotrimazole vaginal cream 1%</i> .	159	<i>codeine sulfate tab 30 mg</i>	12
<i>clotrimazole vaginal cream 2%</i> .	159	<i>colchicine tab 0.6 mg</i>	114
<i>clotrimazole w/ betamethasone</i> <i>cream 1-0.05%</i>	98	<i>colchicine w/ probenecid tab 0.5-</i> <i>500 mg</i>	114
<i>clotrimazole w/ betamethasone</i> <i>lotion 1-0.05%</i>	98	<i>colesevelam hcl packet for susp</i> <i>3.75 gm</i>	53
<i>clozapine tab 100 mg</i>	76	<i>colesevelam hcl tab 625 mg</i>	53
<i>clozapine tab 200 mg</i>	77	<i>colestipol hcl tab 1 gm</i>	53
<i>clozapine tab 25 mg</i>	76	<i>collagenase</i>	
<i>clozapine tab 50 mg</i>	76	see SANTYL OIN 250/GM.....	103
<i>coagulation factor ix</i>		COLY-MYCIN S SUS OTIC	146
see ALPHANINE SD INJ 1500UNIT	114	COMBIGAN SOL 0.2/0.5%	142
see ALPHANINE SD INJ 500UNIT .	114	COMBIVENT AER 20-100.....	26
<i>coagulation factor ix (recomb) fc</i> <i>fusion protein (rfixfc)</i>		COMETRIQ KIT 100MG.....	68
see ALPROLIX INJ 1000UNIT	114	COMETRIQ KIT 140MG.....	68
see ALPROLIX INJ 2000UNIT	115	COMETRIQ KIT 60MG	67
see ALPROLIX INJ 250UNIT	114	COMPLERA TAB.....	81
see ALPROLIX INJ 3000UNIT	115	CO-NATAL FA TAB 29-1MG	137
see ALPROLIX INJ 4000UNIT	115	<i>condoms - female</i>	
see ALPROLIX INJ 500UNIT	114	see FC2 FEMALE MIS CONDOM....	125
		<i>conjugated estrogens-</i> <i>bazedoxifene</i>	
		see DUAVEE TAB 0.45-20.....	109
		<i>conjugated estrogens-</i> <i>medroxyprogesterone acetate</i>	
		see PREMPHASE TAB	110

see PREMPRO TAB	110	CREON CAP 3000UNIT	104
see PREMPRO TAB 0.3-1.5	110	CREON CAP 36000UNT.....	105
see PREMPRO TAB 0.45-1.5	110	CREON CAP 6000UNIT	105
see PREMPRO TAB 0.625-5	110	CRESEMBA CAP 186 MG	51
continuous blood glucose system		CRIXIVAN CAP 200MG	81
receiver		CRIXIVAN CAP 400MG	81
see DEXCOM G5 MIS RECEIVER ..	126	crizotinib	
see DEXCOM G6 MIS RECEIVER ..	126	see XALKORI CAP 200MG	71
see FREESTYLE MIS READER.....	126	see XALKORI CAP 250MG	71
continuous blood glucose system		cromolyn sodium nasal aerosol	
sensor		soln 5.2 mg/act (4%)	140
see DEXCOM G6 MIS SENSOR.....	126	cromolyn sodium ophth soln 4%	
see FREESTYLE KIT SENSOR	126	.....	144
see G5/G4 MIS SENSOR.....	126	cromolyn sodium soln nebu 20	
continuous blood glucose system		mg/2ml	23
transmitter		crotamiton	
see DEXCOM G5 MIS TRANSMIT ..	126	see EURAX CRE 10%	104
see DEXCOM G6 MIS TRANSMIT ..	126	CUVITRU INJ 4GM/20ML	146
copper (iud)		CUVITRU SOL 10GM/50M	146
see PARAGARD IUD T380A	94	CUVITRU SOL 1GM/5ML	146
CORDRAN 80X3 TAP 4MCG/CM	101	Cvs Af Spray Powder	
CORLANOR SOL 5MG/5ML	90	see tolnaftate aerosol pow 1% .	99
CORLANOR TAB 5MG	90	Cvs Allergy Relief Childr	
CORLANOR TAB 7.5MG	90	see diphenhydramine hcl liquid	
corn dextrin oral powder	123	12.5 mg/5ml	51
cortisone acetate tab 25 mg	94	Cvs Antacid Supreme	
CORTISPORIN OIN 1%.....	98	see calcium carbonate-mag	
Cortizone-10		hydroxide susp 400-135	
see hydrocortisone gel 1%	102	mg/5ml	18
Cortizone-10 Plus		Cvs Anti-dandruff	
see hydrocortisone-aloe vera		see selenium sulfide lotion 1%	100
cream 1%	102	Cvs Anti-diarrheal	
COSENTYX INJ 150MG/ML	100	see loperamide hcl tab 2 mg	49
COSENTYX INJ 300DOSE.....	100	Cvs Anti-fungal Powder	
COSENTYX PEN INJ 150MG/ML.....	100	see miconazole nitrate powder	
COSENTYX PEN INJ 300DOSE	100	2%	99
COUMADIN TAB 10MG	28	Cvs B-12	
COUMADIN TAB 1MG	28	see cyanocobalamin sl tab 500	
COUMADIN TAB 2.5MG	28	mcg	118
COUMADIN TAB 2MG	28	Cvs Bismuth Maximum Stren	
COUMADIN TAB 3MG	28	see bismuth subsalicylate susp	
COUMADIN TAB 4MG	28	525 mg/15ml	49
COUMADIN TAB 5MG	28	Cvs Calcium Citrate + D	
COUMADIN TAB 6MG	28	see calcium citrate-vitamin d tab	
COUMADIN TAB 7.5MG	28	315 mg-250 unit (elemental ca)	
CREON CAP 12000UNT.....	105	.....	131
CREON CAP 24000UNT.....	105	Cvs Chocolate Laxative Pi	

see sennosides chew tab 15 mg	124	Cvs Nasal Decongestant see pseudoephedrine hcl tab 30 mg	141
Cvs Cold & Cough Nighttim see diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	96	Cvs Nasal Decongestant Pe see phenylephrine hcl tab 10 mg	141
Cvs Cortisone Maximum Str see hydrocortisone lotion 1% ..	102	Cvs Nasal Spray see oxymetazoline hcl nasal soln 0.05%	141
Cvs D3 see cholecalciferol chew tab 25 mcg (1000 unit)	161	Cvs Natural Daily Fiber see psyllium powder 48.57% ..	123
Cvs Dry Eye Relief see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% ..	142	see psyllium powder 58.6%	123
Cvs Easy Fiber see corn dextrin oral powder ..	123	Cvs Natural Tears see dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	142
Cvs Fish Oil see omega-3 fatty acids cap delayed release 1200 mg	142	Cvs Nausea Relief see fructose-dextrose-phosphoric acid oral soln	50
Cvs Gas Relief see simethicone cap 125 mg ...	111	Cvs Nicotine Lozenge see nicotine polacrilex lozenge 2 mg	151
Cvs Gas Relief Drops Extr see simethicone liquid 40 mg/0.6ml	111	Cvs Nicotine Polacrilex see nicotine polacrilex gum 4 mg	151
Cvs Gas Relief Extra Stre see simethicone chew tab 125 mg	111	Cvs Nicotine Transdermal see nicotine td patch 24hr 21 mg/24hr	151
Cvs Gentle Laxative see bisacodyl suppos 10 mg	124	Cvs Omeprazole Magnesium see omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	156
Cvs Glycerin Adult see glycerin suppos 2 gm	124	Cvs Oyster Shell Calcium see calcium carbonate-cholecalciferol tab 500 mg-125 unit	131
Cvs Heartburn Relief see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	18	Cvs Pain & Fever Children see acetaminophen susp 160 mg/5ml	11
Cvs Ibuprofen Infants see ibuprofen susp 40 mg/ml	8	Cvs Pinworm Treatment see pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	19
Cvs Lubricant Eye Drops see carboxymethylcellulose sodium ophth soln 0.5%	142	CVS PRENATAL CHW GUMMY	137
Cvs Melatonin see melatonin cap 5 mg	6	Cvs Saline Nasal Spray see saline nasal spray 0.65% ..	140
Cvs Motion Sickness see dimenhydrinate tab 50 mg ..	50	Cvs Sleep Aid Nighttime	
Cvs Motion Sickness Relie see meclizine hcl chew tab 25 mg	50		

see **diphenhydramine hcl (sleep)**
tab 25 mg 121
 Cvs Smooth Antacid Extra
 see **calcium carbonate (antacid)**
chew tab 750 mg 18
 Cvs Sodium Chloride
 see **sodium chloride hypertonic**
ophth oint 5% 145
 see **sodium chloride hypertonic**
ophth soln 5% 145
 Cvs Triple Antibiotic
 see **neomycin-bacitracin-**
polymyxin oint 98
 Cvs Vitamin B-12 Tr
 see **cyanocobalamin tab er 1000**
mcg 118
 Cvs Vitamin B-2
 see **riboflavin tab 100 mg** 161
cyanocobalamin inj 1000 mcg/ml
 118
cyanocobalamin sl tab 1000 mcg
 118
cyanocobalamin sl tab 2500 mcg
 118
cyanocobalamin sl tab 500 mcg 118
cyanocobalamin tab 100 mcg 118
cyanocobalamin tab 1000 mcg .. 118
cyanocobalamin tab 250 mcg 118
cyanocobalamin tab 500 mcg 118
cyanocobalamin tab er 1000 mcg
 118
cyclobenzaprine hcl tab 10 mg .. 139
cyclobenzaprine hcl tab 5 mg 139
cyclopentolate hcl ophth soln 1%
 143
cyclophosphamide cap 25 mg 65
cyclophosphamide cap 50 mg 65
cycloserine cap 250 mg 64
 CYCLOSET TAB 0.8MG 44
cyclosporine
 see SANDIMMUNE CAP 100MG 134
 see SANDIMMUNE CAP 25MG 134
cyclosporine (ophth)
 see RESTASIS EMU 0.05% 144
cyclosporine cap 100 mg 134
cyclosporine cap 25 mg 134

cyclosporine modified (for
microemulsion)
 see NEORAL CAP 100MG 134
 see NEORAL CAP 25MG 134
cyclosporine modified cap 100 mg
 134
cyclosporine modified cap 25 mg
 134
cyclosporine modified cap 50 mg
 134
cyclosporine modified oral soln 100
mg/ml 134
cyproheptadine hcl syrup 2
mg/5ml 52
cyproheptadine hcl tab 4 mg 52
 CYSTADANE POW 108
 CYSTAGON CAP 150MG 113
 CYSTAGON CAP 50MG 113
 CYSTARAN SOL 0.44% 144
cysteamine bitartrate
 see CYSTAGON CAP 150MG 113
 see CYSTAGON CAP 50MG 113
cysteamine hcl
 see CYSTARAN SOL 0.44% 144
D
 D 1000
 see **cholecalciferol cap 25 mcg**
(1000 unit) 160
 D 5000
 see **cholecalciferol cap 125 mcg**
(5000 unit) 161
 D2000 Ultra Strength
 see **cholecalciferol cap 50 mcg**
(2000 unit) 161
 D3 Maximum Strength
 see **cholecalciferol drops 125**
mcg/ml (5000 unit/ml) 161
dabigatran etexilate mesylate
 see PRADAXA CAP 110MG 30
 see PRADAXA CAP 150MG 30
 see PRADAXA CAP 75MG 30
dabrafenib mesylate
 see TAFINLAR CAP 50MG 70
 see TAFINLAR CAP 75MG 70
daclatasvir dihydrochloride
 see DAKLINZA TAB 30MG 83
 see DAKLINZA TAB 60MG 83

Daily Vite	
see multiple vitamin tab	136
DAKLINZA TAB 30MG.....	83
DAKLINZA TAB 60MG.....	83
dalfampridine tab er 12hr 10 mg	
.....	150
DALIRESP TAB 250MCG	24
DALIRESP TAB 500MCG	24
dalteparin sodium	
see FRAGMIN INJ 10000/ML	30
see FRAGMIN INJ 12500UNT	30
see FRAGMIN INJ 15000UNT	30
see FRAGMIN INJ 18000UNT	30
see FRAGMIN INJ 2500/0.2.....	29
see FRAGMIN INJ 5000/0.2.....	29
see FRAGMIN INJ 7500/0.3.....	29
danazol cap 100 mg	17
danazol cap 200 mg	17
danazol cap 50 mg	17
dantrolene sodium cap 100 mg ..	140
dantrolene sodium cap 25 mg ..	140
dantrolene sodium cap 50 mg ..	140
dapagliflozin propanediol	
see FARXIGA TAB 10MG	48
see FARXIGA TAB 5MG.....	48
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	42
see XIGDUO XR TAB 10-500MG....	42
see XIGDUO XR TAB 2.5-1000	42
see XIGDUO XR TAB 5-1000MG....	42
see XIGDUO XR TAB 5-500MG	42
dapsone tab 100 mg	19
dapsone tab 25 mg	19
DARAPRIM TAB 25MG	64
darbepoetin alfa	
see ARANESP INJ 100MCG	119
see ARANESP INJ 10MCG.....	119
see ARANESP INJ 150MCG	119
see ARANESP INJ 200MCG	119
see ARANESP INJ 25MCG.....	119
see ARANESP INJ 300MCG	119
see ARANESP INJ 40MCG.....	119
see ARANESP INJ 500MCG	119
see ARANESP INJ 60MCG.....	119
darifenacin hydrobromide tab er	
24hr 15 mg (base equiv)	156
darifenacin hydrobromide tab er	
24hr 7.5 mg (base equiv)	156
darunavir ethanolate	
see PREZISTA SUS 100MG/ML	82
see PREZISTA TAB 150MG	82
see PREZISTA TAB 600MG	82
see PREZISTA TAB 75MG.....	82
see PREZISTA TAB 800MG	82
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	82
darunavir-cobicistat-emtricitabine-	
tenofovir alafenamide	
see SYMTUZA TAB	82
dasatinib	
see SPRYCEL TAB 100MG	70
see SPRYCEL TAB 140MG	70
see SPRYCEL TAB 20MG	70
see SPRYCEL TAB 50MG	70
see SPRYCEL TAB 70MG	70
see SPRYCEL TAB 80MG	70
deferasirox tab for oral susp 125	
mg	49
deferasirox tab for oral susp 250	
mg	49
deferasirox tab for oral susp 500	
mg	49
deferiprone	
see FERRIPROX TAB 1000MG	49
see FERRIPROX TAB 500MG.....	49
degarelix acetate	
see FIRMAGON INJ 80MG	66
delafloxacin meglumine	
see BAXDELA TAB 450MG.....	110
delavirdine mesylate	
see RESCRIPTOR TAB 200MG.....	82
DELSTRIGO TAB.....	81
demeclocycline hcl tab 150 mg ..	151
demeclocycline hcl tab 300 mg ..	152
DENAVIR CRE 1%	100
denosumab	
see PROLIA SOL 60MG/ML	107
see XGEVA INJ	107
DEPEN TITRA TAB 250MG	133
DEPO-SQ PROV INJ 104	94
Dermacerin	
see skin protectants misc - cream	
.....	103

DESCOVY TAB 200/25.....	81	dexamethasone tab 2 mg	95
desipramine hcl tab 10 mg	37	dexamethasone tab 4 mg	95
desipramine hcl tab 100 mg	37	dexamethasone tab 6 mg	95
desipramine hcl tab 150 mg	37	dexchlorpheniramine maleate oral	
desipramine hcl tab 25 mg	37	soln 2 mg/5ml	51
desipramine hcl tab 50 mg	37	DEXCOM G5 MIS RECEIVER.....	126
desipramine hcl tab 75 mg	37	DEXCOM G5 MIS TRANSMIT	126
desloratadine tab 5 mg	52	DEXCOM G6 MIS RECEIVER.....	126
desmopressin acetate		DEXCOM G6 MIS SENSOR	126
see STIMATE SOL 1.5MG/ML	109	DEXCOM G6 MIS TRANSMIT	126
desmopressin acetate nasal spray		DEXILANT CAP 30MG DR.....	155
soln 0.01%	109	DEXILANT CAP 60MG DR.....	155
desmopressin acetate nasal spray		dexlansoprazole	
soln 0.01% (refrigerated)	109	see DEXILANT CAP 30MG DR	155
desmopressin acetate tab 0.1 mg		see DEXILANT CAP 60MG DR	155
.....	109	dexmethylphenidate hcl tab 10 mg	
desmopressin acetate tab 0.2 mg		.....	4
.....	109	dexmethylphenidate hcl tab 2.5 mg	
desogest-eth estrad & eth estrad		.....	4
tab 0.15-0.02/0.01 mg(21/5) ..	92	dexmethylphenidate hcl tab 5 mg	4
desogest-ethin est tab 0.1-		dextran 70-hypromellose (pf)	
0.025/0.125-0.025/0.15-		ophth soln 0.1-0.3%	142
0.025mg-mg	92	dextran 70-hypromellose ophth	
desogestrel & ethinyl estradiol tab		soln 0.1-0.3%	142
0.15 mg-30 mcg	92	dextroamphetamine sulfate cap er	
desonide cream 0.05%	101	24hr 10 mg	2
desonide oint 0.05%	101	dextroamphetamine sulfate cap er	
desoximetasone cream 0.05% ..	101	24hr 15 mg	2
desoximetasone cream 0.25% ..	101	dextroamphetamine sulfate cap er	
desoximetasone gel 0.05%	101	24hr 5 mg	1
desoximetasone oint 0.05%	101	dextroamphetamine sulfate tab 10	
desoximetasone oint 0.25%	101	mg	2
desvenlafaxine succinate tab er		dextroamphetamine sulfate tab 5	
24hr 100 mg (base equiv)	36	mg	2
desvenlafaxine succinate tab er		dextromethorphan hbr	
24hr 50 mg (base equiv)	36	see ROBITUSSIN SYP 7.5/5ML	95
dexamethasone elixir 0.5 mg/5ml		dextromethorphan-guaifenesin	
.....	94	liquid 10-100 mg/5ml	96
dexamethasone sodium phosphate		dextromethorphan-guaifenesin	
inj 10 mg/ml	94	liquid 10-200 mg/5ml	96
dexamethasone sodium phosphate		dextromethorphan-guaifenesin	
ophth soln 0.1%	144	syrup 10-100 mg/5ml	96
dexamethasone soln 0.5 mg/5ml	94	dextromethorphan-guaifenesin tab	
dexamethasone tab 0.5 mg	94	er 12hr 30-600 mg	96
dexamethasone tab 0.75 mg	94	dextrose (diabetic use)	
dexamethasone tab 1 mg	95	see GNP GLUCOSE CHW ORANGE ..	43
dexamethasone tab 1.5 mg	95	Diabetic Siltussin-dm	

see <i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	96	<i>diazoxide susp 50 mg/ml</i>	43
Diabetic Tussin Allergy		<i>dibucaine perianal ointment 1%</i>	17
see <i>chlorpheniramine maleate syrup 2 mg/5ml</i>	51	<i>diclofenac potassium tab 50 mg</i> ...	8
Diabetic Tussin Maximum S		<i>diclofenac sodium gel 1%</i>	98
see <i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i>	96	<i>diclofenac sodium ophth soln 0.1%</i>	145
DIACOMIT CAP 250MG	31	<i>diclofenac sodium tab delayed release 25 mg</i>	8
DIACOMIT CAP 500MG	31	<i>diclofenac sodium tab delayed release 50 mg</i>	8
DIACOMIT PAK 250MG	31	<i>diclofenac sodium tab delayed release 75 mg</i>	8
DIACOMIT PAK 500MG	31	<i>diclofenac sodium tab er 24hr 100 mg</i>	8
<i>diaphragm arc-spring</i>		<i>dicloxacillin sodium cap 250 mg</i>	148
see CAYA DPR	125	<i>dicloxacillin sodium cap 500 mg</i>	148
<i>diaphragm wide seal</i>		<i>dicyclomine hcl cap 10 mg</i>	154
see WIDE-SEAL DPR KIT 60	126	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	154
see WIDE-SEAL DPR KIT 65	126	<i>dicyclomine hcl tab 20 mg</i>	154
see WIDE-SEAL DPR KIT 70	126	<i>didanosine</i>	
see WIDE-SEAL DPR KIT 75	126	see VIDEX EC CAP 125MG	83
see WIDE-SEAL DPR KIT 80	126	<i>didanosine delayed release capsule 200 mg</i>	81
see WIDE-SEAL DPR KIT 85	126	<i>didanosine delayed release capsule 250 mg</i>	81
see WIDE-SEAL DPR KIT 90	126	<i>didanosine delayed release capsule 400 mg</i>	81
see WIDE-SEAL DPR KIT 95	126	DIFFERIN GEL 0.1%	97
<i>diaphragms</i>		DIFICID TAB 200MG	125
see OMNIFLEX DPR	126	<i>diflorasone diacetate cream 0.05%</i>	101
<i>diazepam (anticonvulsant)</i>		<i>diflorasone diacetate emollient base</i>	
see VALTOCO LIQ 15MG	30	see APEXICON E CRE 0.05%.....	101
see VALTOCO LIQ 20MG	30	<i>diflorasone diacetate oint 0.05%</i>	101
see VALTOCO SPR 10MG	30	<i>diflunisal tab 500 mg</i>	12
see VALTOCO SPR 5MG	30	<i>difluprednate</i>	
<i>diazepam conc 5 mg/ml</i>	22	see DUREZOL EMU 0.05%	144
Diazepam Intensol		<i>digoxin</i>	
see <i>diazepam conc 5 mg/ml</i>	22	see LANOXIN TAB 0.125MG	88
<i>diazepam oral soln 1 mg/ml</i>	22	see LANOXIN TAB 0.25MG	88
<i>diazepam rectal gel delivery system 10 mg</i>	30	<i>digoxin oral soln 0.05 mg/ml</i>	88
<i>diazepam rectal gel delivery system 2.5 mg</i>	30	<i>digoxin tab 125 mcg (0.125 mg)</i>	88
<i>diazepam rectal gel delivery system 20 mg</i>	30	<i>digoxin tab 250 mcg (0.25 mg)</i>	88
<i>diazepam tab 10 mg</i>	22		
<i>diazepam tab 2 mg</i>	22		
<i>diazepam tab 5 mg</i>	22		
<i>diazoxide</i>			
see PROGLYCEM SUS 50MG/ML	43		

dihydroergotamine mesylate inj 1 mg/ml	128
DILANTIN CAP 100MG	33
DILANTIN CAP 30MG	33
diltiazem hcl cap er 12hr 120 mg	86
diltiazem hcl cap er 24hr 120 mg	86
diltiazem hcl cap er 24hr 180 mg	86
diltiazem hcl cap er 24hr 240 mg	86
diltiazem hcl coated beads cap er 24hr 120 mg	86
diltiazem hcl coated beads cap er 24hr 180 mg	86
diltiazem hcl coated beads cap er 24hr 240 mg	86
diltiazem hcl coated beads cap er 24hr 300 mg	86
diltiazem hcl extended release beads cap er 24hr 120 mg	86
diltiazem hcl extended release beads cap er 24hr 180 mg	86
diltiazem hcl extended release beads cap er 24hr 240 mg	86
diltiazem hcl extended release beads cap er 24hr 300 mg	87
diltiazem hcl extended release beads cap er 24hr 360 mg	87
diltiazem hcl extended release beads cap er 24hr 420 mg	87
diltiazem hcl tab 120 mg	87
diltiazem hcl tab 30 mg	87
diltiazem hcl tab 60 mg	87
diltiazem hcl tab 90 mg	87
dimenhydrinate tab 50 mg	50
dimethyl fumarate	
see TECFIDERA CAP 120MG	150
see TECFIDERA CAP 240MG	150
see TECFIDERA MIS STARTER	150
DIPENTUM CAP 250MG	112
diphenhydramine hcl	
see ALER-DRYL TAB 50MG	51
diphenhydramine hcl (sleep) tab 25 mg	121
diphenhydramine hcl (sleep) tab 50 mg	121
diphenhydramine hcl cap 25 mg ..	51
diphenhydramine hcl cap 50 mg ..	51
diphenhydramine hcl chew tab 12.5 mg	51
diphenhydramine hcl elixir 12.5 mg/5ml	51
diphenhydramine hcl inj 50 mg/ml	51
diphenhydramine hcl liquid 12.5 mg/5ml	51
diphenhydramine hcl tab 25 mg ..	51
diphenhydramine hcl tab disint 12.5 mg	52
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	96
diphenhydramine-phenylephrine tab 25-10 mg	96
diphenhydramine-zinc acetate cream 2-0.1%	99
diphenoxylate w/ atropine tab 2.5-0.025 mg	49
dipyridamole tab 25 mg	118
dipyridamole tab 50 mg	118
dipyridamole tab 75 mg	118
disopyramide phosphate cap 100 mg	23
disopyramide phosphate cap 150 mg	23
disulfiram tab 250 mg	149
disulfiram tab 500 mg	149
divalproex sodium cap delayed release sprinkle 125 mg	33
divalproex sodium tab delayed release 125 mg	33
divalproex sodium tab delayed release 250 mg	33
divalproex sodium tab delayed release 500 mg	33
divalproex sodium tab er 24 hr 250 mg	33
divalproex sodium tab er 24 hr 500 mg	33
docosahexaenoic acid cap 200 mg	141
docosanol	
see ABREVA CRE 10%	100
docosanol cream 10%	100
docusate calcium cap 240 mg ..	124
docusate sodium	

see PEDIA-LAX LIQ 50MG 124
docusate sodium cap 100 mg 124
docusate sodium cap 250 mg 124
docusate sodium cap 50 mg 124
docusate sodium liquid 150 mg/15ml 124
docusate sodium syrup 60 mg/15ml 124
docusate sodium tab 100 mg.... 124
 DOCUSOL PLUS ENE 20-283 124
dofetilide cap 125 mcg (0.125 mg)23
dofetilide cap 250 mcg (0.25 mg)23
dofetilide cap 500 mcg (0.5 mg) .23
 Dok
 see **docusate sodium tab 100 mg** 124
dolasetron mesylate
 see ANZEMET TAB 100MG 50
 see ANZEMET TAB 50MG 50
dolutegravir sodium
 see TIVICAY PD TAB 5MG82
 see TIVICAY TAB 10MG82
 see TIVICAY TAB 25MG82
 see TIVICAY TAB 50MG82
dolutegravir sodium-lamivudine
 see DOVATO TAB 50-300MG81
dolutegravir sodium-rilpivirine hcl
 see JULUCA TAB 50-25MG81
donepezil hydrochloride orally disintegrating tab 10 mg 149
donepezil hydrochloride orally disintegrating tab 5 mg 149
donepezil hydrochloride tab 10 mg 149
donepezil hydrochloride tab 5 mg 149
doravirine
 see PIFELTRO TAB 100MG82
doravirine-lamivudine-tenofovir disoproxil fumarate
 see DELSTRIGO TAB 81
dornase alfa
 see PULMOZYME SOL 1MG/ML..... 151
dorzolamide hcl ophth soln 2% . 145
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml..... 142

Double Antibiotic
 see **bacitracin-polymyxin b oint** 98
 DOVATO TAB 50-300MG 81
doxazosin mesylate tab 1 mg.....60
doxazosin mesylate tab 2 mg..... 60
doxazosin mesylate tab 4 mg..... 61
doxazosin mesylate tab 8 mg..... 61
doxepin hcl (sleep)
 see SILENOR TAB 3MG 121
 see SILENOR TAB 6MG 121
doxepin hcl (sleep) tab 3 mg (base equiv) 121
doxepin hcl (sleep) tab 6 mg (base equiv) 121
doxepin hcl cap 10 mg 38
doxepin hcl cap 100 mg 38
doxepin hcl cap 150 mg 38
doxepin hcl cap 25 mg 38
doxepin hcl cap 50 mg 38
doxepin hcl cap 75 mg 38
doxepin hcl conc 10 mg/ml 38
doxercalciferol cap 0.5 mcg..... 108
doxercalciferol cap 1 mcg..... 108
doxercalciferol cap 2.5 mcg..... 108
doxycycline hyclate cap 100 mg 152
doxycycline hyclate cap 50 mg.. 152
doxycycline hyclate tab 100 mg 152
doxycycline hyclate tab 20 mg .. 152
doxycycline monohydrate cap 100 mg 152
doxycycline monohydrate cap 50 mg 152
doxycycline monohydrate tab 100 mg 152
doxycycline monohydrate tab 50 mg 152
doxylamine succinate (sleep) tab 25 mg 121
 D-PENAMINE TAB 125MG 133
 DRITHO-CREME CRE HP 1% 100
dronabinol cap 10 mg..... 50
dronabinol cap 2.5 mg..... 50
dronabinol cap 5 mg..... 50
dronedarone hcl
 see MULTAQ TAB 400MG 23
drospirenone-ethinyl estradiol tab 3-0.02 mg..... 92

drospirenone-ethinyl estradiol tab 3-0.03 mg	92	efavirenz cap 200 mg	81
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	92	efavirenz cap 50 mg	81
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	92	efavirenz tab 600 mg	81
droxidopa		efavirenz-emtricitabine-tenofovir disoproxil fumarate	
see NORTHERA CAP 100MG	160	see ATRIPLA TAB.....	80
see NORTHERA CAP 200MG	160	efavirenz-lamivudine-tenofovir disoproxil fumarate	
see NORTHERA CAP 300MG	160	see SYMFI LO TAB	82
DRYSOL SOL 20%	103	see SYMFI TAB.....	82
DUAVEE TAB 0.45-20.....	109	ELAPRASE INJ 6MG/3ML	108
dulaglutide		elbasvir-grazoprevir	
see TRULICITY INJ 0.75/0.5.....	44	see ZEPATIER TAB 50-100MG	84
see TRULICITY INJ 1.5/0.5	44	eletriptan hydrobromide tab 20 mg (base equivalent)	129
DULERA AER 100-5MCG	26	eletriptan hydrobromide tab 40 mg (base equivalent)	129
DULERA AER 200-5MCG	27	ELIGARD INJ 22.5MG.....	66
DULERA AER 50-5MCG.....	26	ELIGARD INJ 7.5MG	66
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	36	eliglustat tartrate	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	36	see CERDELGA CAP 84MG	118
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	36	ELIQUIS TAB 2.5MG	29
dupilumab		ELIQUIS TAB 5MG	29
see DUPIXENT INJ 200/1.14	24	ELLA TAB 30MG	94
see DUPIXENT INJ 300/2ML.....	103	ELMIRON CAP 100MG	113
DUPIXENT INJ 200/1.14.....	24	eltrombopag olamine	
DUPIXENT INJ 300/2ML	103	see PROMACTA TAB 12.5MG	119
DUREZOL EMU 0.05%.....	144	see PROMACTA TAB 25MG	119
dutasteride cap 0.5 mg	113	see PROMACTA TAB 50MG	119
DYRENIUM CAP 100MG	106	see PROMACTA TAB 75MG	119
DYRENIUM CAP 50MG.....	106	Eluryng	
E		see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 94	
Ear Drops Earwax Removal		elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide	
see carbamide peroxide 6.5% otic soln	146	see GENVOYA TAB.....	81
EASY NEB MIS	128	elvitegravir-cobicistat-emtricitabine-tenofovir df	
echothiophate iodide		see STRIBILD TAB	82
see PHOSPHOLINE SOL 0.125%OP	143	EMADINE SOL 0.05% OP.....	145
econazole nitrate cream 1%	99	EMBEDA CAP 100-4MG	12
EDARBI TAB 40MG	59	EMBEDA CAP 20-0.8MG	12
EDARBI TAB 80MG	59	EMBEDA CAP 30-1.2MG	12
EDURANT TAB 25MG.....	81	EMBEDA CAP 50-2MG	12
		EMBEDA CAP 60-2.4MG	12
		EMBEDA CAP 80-3.2MG	12

EMCYT CAP 140MG	66	enalapril maleate &	
emedastine difumarate		hydrochlorothiazide tab 5-12.5	
see EMADINE SOL 0.05% OP	145	mg	62
emicizumab-kxwh		enalapril maleate tab 10 mg	57
see HEMLIBRA INJ 105/0.7	115	enalapril maleate tab 2.5 mg	57
see HEMLIBRA INJ 150/ML	115	enalapril maleate tab 20 mg	57
see HEMLIBRA INJ 30MG/ML	115	enalapril maleate tab 5 mg	57
see HEMLIBRA INJ 60/0.4	115	ENBREL INJ 25/0.5ML	10
emollient - ointment	103	ENBREL INJ 25MG	10
empagliflozin		ENBREL INJ 50MG/ML	10
see JARDIANCE TAB 10MG	48	ENBREL MINI INJ 50MG/ML	10
see JARDIANCE TAB 25MG	48	ENBREL SRCLK INJ 50MG/ML	11
empagliflozin-metformin hcl		ENCARE SUP 100MG	159
see SYNJARDY TAB	41	ENFAMIL MIS EXPECTA	137
see SYNJARDY TAB 12.5-500	41	enfuvirtide	
see SYNJARDY TAB 5-1000MG	41	see FUZEON INJ 90MG	81
see SYNJARDY TAB 5-500MG	41	ENGERIX-B INJ 10/0.5ML	158
see SYNJARDY XR TAB	41	ENGERIX-B INJ 20MCG/ML	158
see SYNJARDY XR TAB 10-1000 ...	42	enoxaparin sodium inj 100 mg/ml	
see SYNJARDY XR TAB 25-1000 ...	42	.....	29
see SYNJARDY XR TAB 5-1000MG..	41	enoxaparin sodium inj 120	
EMSAM DIS 12MG/24H	34	mg/0.8ml	29
EMSAM DIS 6MG/24HR	34	enoxaparin sodium inj 150 mg/ml	
EMSAM DIS 9MG/24HR	34	.....	29
emtricitabine		enoxaparin sodium inj 30	
see EMTRIVA CAP 200MG	81	mg/0.3ml	29
see EMTRIVA SOL 10MG/ML	81	enoxaparin sodium inj 300 mg/3ml	
emtricitabine-rilpivirine-tenofovir		.....	29
alafenamide fumarate		enoxaparin sodium inj 40	
see ODEFSEY TAB	82	mg/0.4ml	29
emtricitabine-rilpivirine-tenofovir		enoxaparin sodium inj 60	
disoproxil fumarate		mg/0.6ml	29
see COMPLERA TAB	81	enoxaparin sodium inj 80	
emtricitabine-tenofovir		mg/0.8ml	29
alafenamide fumarate		entacapone tab 200 mg	72
see DESCOVY TAB 200/25	81	entecavir	
emtricitabine-tenofovir disoproxil		see BARACLUDE SOL	83
fumarate		entecavir tab 0.5 mg	83
see TRUVADA TAB 100-150	82	entecavir tab 1 mg	83
see TRUVADA TAB 133-200	83	ENTRESTO TAB 24-26MG	89
see TRUVADA TAB 167-250	83	ENTRESTO TAB 49-51MG	89
see TRUVADA TAB 200-300	83	ENTRESTO TAB 97-103MG	89
EMTRIVA CAP 200MG	81	epinastine hcl ophth soln 0.05%	
EMTRIVA SOL 10MG/ML	81	.....	145
enalapril maleate &		epinephrine (anaphylaxis)	
hydrochlorothiazide tab 10-25		see EIPEN 2-PAK INJ 0.3MG	160
mg	62	see EIPEN-JR INJ 0.15MG	160

see SYMJEPI INJ 0.15MG 160
 see SYMJEPI INJ 0.3MG 160
 EPIPEN 2-PAK INJ 0.3MG 160
 EPIPEN-JR INJ 0.15MG 160
 Epitol
 see **carbamazepine tab 200 mg** .31
 EPIVIR HBV SOL 5MG/ML 83
eplerenone tab 25 mg 64
eplerenone tab 50 mg 64
epoetin alfa
 see EPOGEN INJ 10000/ML 119
 see EPOGEN INJ 20000/ML 119
 see EPOGEN INJ 3000/ML 119
 see EPOGEN INJ 4000/ML 119
 see PROCRI INJ 2000/ML 119
 see PROCRI INJ 3000/ML 119
 see PROCRI INJ 40000/ML 119
epoetin alfa-epbx
 see RETACRI INJ 10000UNT 119
 see RETACRI INJ 2000UNIT 119
 see RETACRI INJ 3000UNIT 119
 see RETACRI INJ 40000UNT 120
 see RETACRI INJ 4000UNIT 119
 EPOGEN INJ 10000/ML 119
 EPOGEN INJ 20000/ML 119
 EPOGEN INJ 3000/ML 119
 EPOGEN INJ 4000/ML 119
eprosartan mesylate tab 600 mg .59
 Eq Chlortabs
 see **chlorpheniramine maleate tab 4 mg** 51
 Eq Natural Vegetable Laxa
 see **sennosides tab 8.6 mg** 124
 Eq Nicotine Polacrilex
 see **nicotine polacrilex lozenge 4 mg** 151
 Eq Pain Relief Adult/rapi
 see **acetaminophen liquid 167 mg/5ml** 11
ergocalciferol cap 1.25 mg (50000 unit) 161
ergoloid mesylates tab 1 mg 150
 ERGOMAR SUB 2MG 128
ergotamine tartrate
 see ERGOMAR SUB 2MG 128
ergotamine w/ caffeine tab 1-100 mg 128

ERIVEDGE CAP 150MG 66
erlotinib hcl
 see TARCEVA TAB 100MG 70
 see TARCEVA TAB 150MG 70
 see TARCEVA TAB 25MG 70
erlotinib hcl tab 100 mg (base equivalent) 68
erlotinib hcl tab 150 mg (base equivalent) 68
erlotinib hcl tab 25 mg (base equivalent) 68
 ERTACZO CRE 2% 99
 Ery-tab
 see **erythromycin tab delayed release 250 mg** 125
 see **erythromycin tab delayed release 333 mg** 125
 see **erythromycin tab delayed release 500 mg** 125
 Erythrocin Stearate
 see **erythromycin stearate tab 250 mg** 125
erythromycin ethylsuccinate for susp 200 mg/5ml 125
erythromycin ethylsuccinate for susp 400 mg/5ml 125
erythromycin ethylsuccinate tab 400 mg 125
erythromycin ophth oint 5 mg/gm 143
erythromycin soln 2% 97
erythromycin stearate tab 250 mg 125
erythromycin tab 250 mg 125
erythromycin tab 500 mg 125
erythromycin tab delayed release 250 mg 125
erythromycin tab delayed release 333 mg 125
erythromycin tab delayed release 500 mg 125
 ESBRIET CAP 267MG 151
 ESBRIET TAB 267MG 151
 ESBRIET TAB 801MG 151
escitalopram oxalate soln 5 mg/5ml (base equiv) 35

escitalopram oxalate tab 10 mg (base equiv)	35	estropipate tab 3 mg	110
escitalopram oxalate tab 20 mg (base equiv)	35	eszopiclone tab 1 mg	121
escitalopram oxalate tab 5 mg (base equiv)	35	eszopiclone tab 2 mg	122
Esgic		eszopiclone tab 3 mg	122
see butalbital-acetaminophen-caffeine cap 50-325-40 mg	11	etanercept	
eslicarbazepine acetate		see ENBREL INJ 25/0.5ML	10
see APTIOM TAB 200MG	31	see ENBREL INJ 25MG	10
see APTIOM TAB 400MG	31	see ENBREL INJ 50MG/ML	10
see APTIOM TAB 600MG	31	see ENBREL MINI INJ 50MG/ML	10
see APTIOM TAB 800MG	31	see ENBREL SRCLK INJ 50MG/ML ..	11
esomeprazole magnesium cap delayed release 20 mg (base eq)	155	ethacrynic acid tab 25 mg	106
estazolam tab 1 mg	121	ethambutol hcl tab 100 mg	64
estazolam tab 2 mg	121	ethambutol hcl tab 400 mg	64
esterified estrogens		ethionamide	
see MENEST TAB 0.3MG	110	see TRECATOR TAB 250MG	65
see MENEST TAB 0.625MG	110	ethosuximide cap 250 mg	33
see MENEST TAB 1.25MG	110	ethosuximide soln 250 mg/5ml ..	33
estradiol & norethindrone acetate tab 0.5-0.1 mg	109	ethotoin	
estradiol & norethindrone acetate tab 1-0.5 mg	109	see PEGANONE TAB 250MG	33
estradiol tab 0.5 mg	110	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	92
estradiol tab 1 mg	110	ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	92
estradiol tab 2 mg	110	etidronate disodium tab 200 mg	107
estradiol vaginal cream 0.1 mg/gm	160	etidronate disodium tab 400 mg	107
estradiol vaginal tab 10 mcg	160	etodolac tab 400 mg	8
estradiol valerate-dienogest		etodolac tab 500 mg	8
see NATAZIA TAB	93	etonogestrel	
estramustine phosphate sodium		see NEXPLANON IMP 68MG	94
see EMCYT CAP 140MG	66	etonogestrel-ethinyl estradiol	
estrogens, conjugated		see NUVARING MIS	94
see PREMARIN TAB 0.3MG	110	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	94
see PREMARIN TAB 0.45MG	110	etoposide cap 50 mg	71
see PREMARIN TAB 0.625MG	110	etravirine	
see PREMARIN TAB 0.9MG	110	see INTELENCE TAB 100MG	81
see PREMARIN TAB 1.25MG	110	see INTELENCE TAB 200MG	81
estrogens, conjugated vaginal		see INTELENCE TAB 25MG	81
see PREMARIN VAG CRE 0.625MG	160	EUFLEXXA INJ 10MG/ML	140
estropipate tab 0.75 mg	110	EURAX CRE 10%	104
estropipate tab 1.5 mg	110	everolimus	
		see AFINITOR DIS TAB 2MG	67
		see AFINITOR DIS TAB 3MG	67
		see AFINITOR DIS TAB 5MG	67
		see AFINITOR TAB 10MG	67
		see AFINITOR TAB 2.5MG	67
		see AFINITOR TAB 5MG	67

see AFINITOR TAB 7.5MG.....	67	FANAPT TAB 12MG	74
everolimus (immunosuppressant)		FANAPT TAB 1MG	74
see ZORTRESS TAB 0.25MG.....	135	FANAPT TAB 2MG	74
see ZORTRESS TAB 0.5MG	135	FANAPT TAB 4MG	74
see ZORTRESS TAB 0.75MG.....	135	FANAPT TAB 6MG	74
see ZORTRESS TAB 1MG	135	FANAPT TAB 8MG	74
everolimus tab 0.25 mg	134	FARXIGA TAB 10MG	48
everolimus tab 0.5 mg	134	FARXIGA TAB 5MG	48
everolimus tab 0.75 mg	134	FARYDAK CAP 10MG	68
everolimus tab 2.5 mg	68	FARYDAK CAP 15MG	68
everolimus tab 5 mg	68	FARYDAK CAP 20MG	68
everolimus tab 7.5 mg	68	FC2 FEMALE MIS CONDOM	125
evolocumab		fe fumarate w/ b12-vit c-fa-ifc cap	
see REPATHA INJ 140MG/ML.....	56	110-0.015-75-0.5-240 mg	120
see REPATHA PUSH INJ 420/3.5 ...	56	FE GLUCONATE TAB 239MG.....	120
see REPATHA SURE INJ 140MG/ML	56	febuxostat	
EVOTAZ TAB 300-150	81	see ULORIC TAB 40MG.....	114
EXELDERM CRE 1%	99	see ULORIC TAB 80MG.....	114
EXELDERM SOL 1%	99	febuxostat tab 40 mg	114
exemestane tab 25 mg	66	febuxostat tab 80 mg	114
EXTAVIA INJ 0.3MG.....	150	FEIBA INJ.....	115
ezetimibe tab 10 mg	56	felbamate susp 600 mg/5ml	33
ezetimibe-simvastatin tab 10-10		felbamate tab 400 mg	33
mg	53	felbamate tab 600 mg	33
ezetimibe-simvastatin tab 10-20		felodipine tab er 24hr 10 mg	87
mg	53	felodipine tab er 24hr 2.5 mg	87
ezetimibe-simvastatin tab 10-40		felodipine tab er 24hr 5 mg	87
mg	53	FEMCAP MIS 22MM.....	125
ezetimibe-simvastatin tab 10-80		FEMCAP MIS 26MM.....	125
mg	53	FEMCAP MIS 30MM.....	125
EZFE FORTE CAP	137	fenofibrate micronized cap 134 mg	
F		.....	53
Fa-8		fenofibrate micronized cap 200 mg	
see folic acid cap 0.8 mg	118	.....	53
FABRAZYME INJ 5MG	108	fenofibrate micronized cap 43 mg	
factor ix complex		.....	53
see PROFILNINE INJ 1500UNIT ...	117	fenofibrate micronized cap 67 mg	
FALESSA KIT	92	.....	53
famciclovir tab 125 mg	84	fenofibrate tab 145 mg	53
famciclovir tab 250 mg	84	fenofibrate tab 160 mg	53
famciclovir tab 500 mg	84	fenofibrate tab 48 mg	53
famotidine for susp 40 mg/5ml	154	fenofibrate tab 54 mg	53
famotidine tab 10 mg	154	fenofibric acid tab 35 mg	54
famotidine tab 20 mg	154	fenopropfen calcium tab 600 mg	8
famotidine tab 40 mg	154	fentanyl td patch 72hr 100 mcg/hr	
FANAPT PAK	74	.....	12
FANAPT TAB 10MG	74		

fentanyl td patch 72hr 12 mcg/hr	12	ferrous sulfate tab er 50 mg (elemental fe)	120
fentanyl td patch 72hr 25 mcg/hr	12	fesoterodine fumarate see TOVIAZ TAB 4MG	157
fentanyl td patch 72hr 50 mcg/hr	12	see TOVIAZ TAB 8MG	157
fentanyl td patch 72hr 75 mcg/hr	12	FETZIMA CAP 120MG	36
Ferate		FETZIMA CAP 20MG.....	36
see ferrous gluconate tab 240 mg (27 mg elemental fe)	120	FETZIMA CAP 40MG.....	36
FERRETTS TAB 325MG	120	FETZIMA CAP 80MG.....	36
FERREX 150 CAP FORTE.....	120	FETZIMA CAP TITRATIO	36
FERRIPROX TAB 1000MG.....	49	FEVERALL INF SUP 80MG	11
FERRIPROX TAB 500MG	49	FEVERALL SUP 325MG	11
ferrous fumarate		fexofenadine hcl tab 180 mg	52
see FERRETTS TAB 325MG.....	120	fexofenadine hcl tab 60 mg	52
ferrous fumarate tab 324 mg (106 mg elemental fe)	120	FIASP FLEX INJ TOUCH	45
FERROUS GLUC TAB 324MG	120	FIASP INJ 100/ML	45
ferrous gluconate tab 240 mg (27 mg elemental fe)	120	FIASP PENFIL INJ U-100	45
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	120	Fiber Laxative	
FERROUS SUL LIQ 220/5ML.....	120	see psyllium cap 0.52 gm	123
FERROUS SULF TAB 324MG EC	120	fidaxomicin	
ferrous sulfate		see DIFICID TAB 200MG	125
see SLOW FE TAB 45MG	121	filgrastim	
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	120	see NEUPOGEN INJ 300/0.5.....	119
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	120	see NEUPOGEN INJ 300MCG	119
ferrous sulfate dried tab er 45 mg (fe equivalent)	120	see NEUPOGEN INJ 480/0.8.....	119
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	120	see NEUPOGEN INJ 480MCG	119
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	120	filgrastim-aafi	
ferrous sulfate tab 325 mg (65 mg elemental fe)	120	see NIVESTYM INJ 300/0.5.....	119
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	120	see NIVESTYM INJ 300MCG	119
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	121	see NIVESTYM INJ 480/0.8.....	119
ferrous sulfate tab er 47.5 mg (elemental fe)	120	see NIVESTYM INJ 480MCG	119
		filgrastim-sndz	
		see ZARXIO INJ 300/0.5	120
		see ZARXIO INJ 480/0.8	120
		finasteride tab 5 mg	113
		fingolimod hcl	
		see GILENYA CAP 0.5MG	150
		FIRAZYR INJ 30MG/3ML	117
		FIRMAGON INJ 80MG.....	66
		FIRST-OMEPRASUS 2MG/ML.....	155
		FIRVANQ SOL 25MG/ML	19
		FIRVANQ SOL 50MG/ML	19
		flavoxate hcl tab 100 mg	158
		FLEBOGAMMA INJ DIF 5%.....	146
		flecainide acetate tab 100 mg	23
		flecainide acetate tab 150 mg	23
		flecainide acetate tab 50 mg	23

FLOVENT HFA AER 110MCG	25	fluoxetine hcl solution 20 mg/5ml	35
FLOVENT HFA AER 44MCG	25	.....	35
FLUARIX QUAD INJ 2019-20	158	fluphenazine decanoate inj 25	78
FLUBLOK QUAD INJ 2019-20	158	mg/ml	78
FLUCLVX QUAD INJ 2019-20	158	fluphenazine hcl tab 1 mg	78
fluconazole for susp 10 mg/ml	51	fluphenazine hcl tab 10 mg	79
fluconazole for susp 40 mg/ml	51	fluphenazine hcl tab 2.5 mg	78
fluconazole tab 100 mg	51	fluphenazine hcl tab 5 mg	78
fluconazole tab 150 mg	51	Flura-drops	
fluconazole tab 200 mg	51	see sodium fluoride soln 0.25	
fluconazole tab 50 mg	51	mg/drop f (from 0.55 mg/drop	
flucytosine cap 250 mg	50	naf)	132
flucytosine cap 500 mg	50	flurandrenolide	
fludrocortisone acetate tab 0.1 mg	95	see CORDRAN 80X3 TAP 4MCG/CM	
.....	95	.....	101
FLULAVAL QUA INJ 2019-20	158	flurandrenolide cream 0.05% ..	101
FLUMIST QUAD SUS 2019-20	158	flurandrenolide lotion 0.05%	102
flunisolide nasal soln 25 mcg/act	141	flurazepam hcl cap 15 mg	122
(0.025%)	141	flurazepam hcl cap 30 mg	122
fluocinolone acetonide (otic) oil	146	flurbiprofen sodium ophth soln	
0.01%	146	0.03%	145
fluocinolone acetonide cream	101	flurbiprofen tab 100 mg	8
0.025%	101	flurbiprofen tab 50 mg	8
fluocinolone acetonide oil 0.01%	101	flutamide cap 125 mg	66
(body oil)	101	fluticasone furoate-vilanterol	
fluocinolone acetonide oil 0.01%	101	see BREO ELLIPTA INH 100-25	26
(scalp oil)	101	see BREO ELLIPTA INH 200-25	26
fluocinolone acetonide oint 0.025%	101	fluticasone propionate cream	
.....	101	0.05%	102
fluocinonide cream 0.05%	101	fluticasone propionate hfa	
fluocinonide emulsified base cream	101	see FLOVENT HFA AER 110MCG	25
0.05%	101	see FLOVENT HFA AER 44MCG	25
fluocinonide gel 0.05%	101	fluticasone propionate nasal susp	
fluocinonide oint 0.05%	101	50 mcg/act	141
fluocinonide soln 0.05%	101	fluticasone propionate oint 0.005%	
FLUORABON DRO	132	.....	102
Fluoritab		fluticasone-salmeterol aer powder	
see sodium fluoride soln 0.125		ba 100-50 mcg/dose	27
mg/drop f (0.275 mg/drop naf)	132	fluticasone-salmeterol aer powder	
.....	132	ba 113-14 mcg/act	27
fluorometholone ophth susp 0.1%	144	fluticasone-salmeterol aer powder	
.....	144	ba 232-14 mcg/act	27
fluorouracil cream 5%	99	fluticasone-salmeterol aer powder	
fluoxetine hcl cap 10 mg	35	ba 250-50 mcg/dose	27
fluoxetine hcl cap 20 mg	35	fluticasone-salmeterol aer powder	
fluoxetine hcl cap 40 mg	35	ba 500-50 mcg/dose	27

fluticasone-salmeterol aer powder ba 55-14 mcg/act	27	FRAGMIN INJ 18000UNT	30
fluvastatin sodium cap 20 mg (base equivalent)	54	FRAGMIN INJ 2500/0.2	29
fluvastatin sodium cap 40 mg (base equivalent)	54	FRAGMIN INJ 5000/0.2	29
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	54	FRAGMIN INJ 7500/0.3	29
fluvoxamine maleate tab 100 mg	35	FREESTYLE KIT SENSOR	126
fluvoxamine maleate tab 25 mg	35	FREESTYLE MIS READER	126
fluvoxamine maleate tab 50 mg	35	frovatriptan succinate tab 2.5 mg (base equivalent)	129
FLUZONE QUAD INJ 2019-20	158	fructose-dextrose-phosphoric acid oral soln	50
Folbee Plus		FULPHILA INJ 6/0.6ML	119
see b-complex w/ c & folic acid tab 5 mg	136	furosemide oral soln 10 mg/ml	106
folic acid cap 0.8 mg	118	furosemide oral soln 8 mg/ml ...	106
folic acid tab 1 mg	118	furosemide tab 20 mg	106
folic acid tab 400 mcg	119	furosemide tab 40 mg	106
folic acid tab 800 mcg	119	furosemide tab 80 mg	106
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	29	FUZEON INJ 90MG	81
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	29	FYCOMPA TAB 10MG	30
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	29	FYCOMPA TAB 12MG	30
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	29	FYCOMPA TAB 2MG	30
FORTEO SOL 600/2.4.....	107	FYCOMPA TAB 4MG	30
fosamprenavir calcium tab 700 mg (base equiv)	81	FYCOMPA TAB 6MG	30
foscarnet sodium		FYCOMPA TAB 8MG	30
see FOSCAVIR INJ 24MG/ML	83	G	
FOSCAVIR INJ 24MG/ML	83	G5/G4 MIS SENSOR	126
fosfomycin tromethamine		gabapentin cap 100 mg	31
see MONUROL PAK GRANULES	156	gabapentin cap 300 mg	31
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	62	gabapentin cap 400 mg	31
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	62	gabapentin oral soln 250 mg/5ml	31
fosinopril sodium tab 10 mg	57	gabapentin tab 600 mg	31
fosinopril sodium tab 20 mg	57	gabapentin tab 800 mg	31
fosinopril sodium tab 40 mg	57	galantamine hydrobromide cap er 24hr 16 mg	149
FRAGMIN INJ 10000/ML	30	galantamine hydrobromide cap er 24hr 24 mg	149
FRAGMIN INJ 12500UNT	30	galantamine hydrobromide cap er 24hr 8 mg	149
FRAGMIN INJ 15000UNT	30	galantamine hydrobromide tab 12 mg	149
		galantamine hydrobromide tab 4 mg	149
		galantamine hydrobromide tab 8 mg	149
		GAMASTAN INJ	146
		GAMMAGARD INJ 1GM/10ML	146
		GAMMAGARD SD INJ 10GM HU	146

<i>ganciclovir ophthalmic</i>	
see ZIRGAN GEL 0.15%	144
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	107
Gas Relief	
see <i>simethicone susp 40 mg/0.6ml</i>	111
<i>gatifloxacin ophth soln 0.5%</i>	143
<i>gemfibrozil tab 600 mg</i>	54
Gentak	
see <i>gentamicin sulfate ophth oint 0.3%</i>	143
<i>gentamicin sulfate cream 0.1%</i> ...98	
<i>gentamicin sulfate oint 0.1%</i>	98
<i>gentamicin sulfate ophth oint 0.3%</i>	143
<i>gentamicin sulfate ophth soln 0.3%</i>	143
Genteal Tears Night-time	
see <i>white petrolatum-mineral oil ophth ointment</i>	142
GENVOYA TAB	81
GILENYA CAP 0.5MG	150
GILOTRIF TAB 20MG	68
GILOTRIF TAB 30MG	68
GILOTRIF TAB 40MG	68
GLASSIA INJ.....	151
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	150
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	150
Glatopa	
see <i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> ..	150
GLEOSTINE CAP 100MG	65
GLEOSTINE CAP 10MG	65
GLEOSTINE CAP 40MG	65
<i>glimepiride tab 1 mg</i>	48
<i>glimepiride tab 2 mg</i>	48
<i>glimepiride tab 4 mg</i>	49
<i>glipizide tab 10 mg</i>	49
<i>glipizide tab 5 mg</i>	49
<i>glipizide tab er 24hr 10 mg</i>	49
<i>glipizide tab er 24hr 2.5 mg</i>	49
<i>glipizide tab er 24hr 5 mg</i>	49
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	40
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	40
<i>glipizide-metformin hcl tab 5-500 mg</i>	40
GLUCAGEN INJ HYPOKIT	43
<i>glucagon</i>	
see BAQSIMI ONE POW 3MG/DOSE43	
<i>glucagon (rdna)</i>	
see GLUCAGON KIT 1MG	43
<i>glucagon hcl (rdna)</i>	
see GLUCAGEN INJ HYPOKIT.....	43
GLUCAGON KIT 1MG	43
<i>glucose blood</i>	
see TRUE METRIX TES GLUCOSE .	104
<i>glucose-vitamin c</i>	
see TGT GLUCOSE CHW GRAPE	43
<i>glyburide micronized tab 1.5 mg</i> .49	
<i>glyburide micronized tab 3 mg</i>	49
<i>glyburide micronized tab 6 mg</i>	49
<i>glyburide tab 1.25 mg</i>	49
<i>glyburide tab 2.5 mg</i>	49
<i>glyburide tab 5 mg</i>	49
<i>glyburide-metformin tab 1.25-250 mg</i>	40
<i>glyburide-metformin tab 2.5-500 mg</i>	40
<i>glyburide-metformin tab 5-500 mg</i>	40
<i>glycerin suppos 1.2 gm</i>	124
<i>glycerin suppos 2 gm</i>	124
<i>glycerin suppos 2.1 gm</i>	124
<i>glycerin suppos 80.7%</i>	124
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	142
<i>glycopyrrolate tab 1 mg</i>	154
<i>glycopyrrolate tab 2 mg</i>	154
<i>glycopyrrolate-formoterol fumarate</i>	
see BEVESPI AER 9-4.8MCG	25
Gnp Allergy Relief	
see <i>diphenhydramine hcl chew tab 12.5 mg</i>	51
Gnp Antacid Ultra Strengt	
see <i>calcium carbonate (antacid) chew tab 1000 mg</i>	18
Gnp Anti-diarrheal	
see <i>loperamide hcl cap 2 mg</i>	49
Gnp Artificial Tears	

see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** 142

Gnp Calcium 500 +d3
see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** 131

Gnp Calcium 500/d
see **calcium carbonate-vitamin d tab 500 mg-200 unit** 131

Gnp Clotrimazole 3
see **clotrimazole vaginal cream 2%** 159

Gnp Dayhist Allergy
see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** 51

Gnp Fiber Therapy
see **methylcellulose tab 500 mg** 123

GNP GLUCOSE CHW ORANGE 43

Gnp Glycerin Adult
see **glycerin suppos 2.1 gm** 124

Gnp Glycerin Child
see **glycerin suppos 1.2 gm** 124

Gnp Lidocaine Pain Relief
see **lidocaine patch 4%** 103

Gnp Loratadine
see **loratadine syrup 5 mg/5ml** 52

Gnp Magnesium
see **magnesium oxide tab 250 mg** 18

Gnp Magnesium Citrate
see **magnesium citrate soln** 124

Gnp Miconazole 3
see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit** 160

Gnp Mucus Er
see **guaifenesin tab er 12hr 600 mg** 96

Gnp Natural Fiber
see **psyllium powder 28.3%** 123

Gnp Pink Bismuth
see **bismuth subsalicylate chew tab 262 mg** 49

golimumab
see SIMPONI INJ 100MG/ML 7

see SIMPONI INJ 50/0.5ML 7

GOLYTELY SOL 123

Goodsense Nasal Allergy S
see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** 141

goserelin acetate
see ZOLADEX IMP 10.8MG 66
see ZOLADEX IMP 3.6MG 66

granisetron hcl tab 1 mg 50

griseofulvin microsize susp 125 mg/5ml 50

Guaiatussin Ac
see **guaifenesin-codeine soln 100-10 mg/5ml** 96

guaifenesin liquid 100 mg/5ml ... 96

guaifenesin syrup 100 mg/5ml ... 96

guaifenesin tab 200 mg 96

guaifenesin tab 400 mg 96

guaifenesin tab er 12hr 600 mg .. 96

guaifenesin-codeine soln 100-10 mg/5ml 96

guanfacine hcl tab 1 mg 61

guanfacine hcl tab 2 mg 61

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 64

GYNAZOLE-1 CRE 2% 159

GYNOL II GEL 3% 159

H

halcinonide
see HALOG CRE 0.1% 102
see HALOG OIN 0.1% 102

halcinonide cream 0.1% 102

halobetasol propionate cream 0.05% 102

halobetasol propionate oint 0.05% 102

HALOG CRE 0.1% 102

HALOG OIN 0.1% 102

haloperidol decanoate im soln 100 mg/ml	76	see HEPLISAV-B INJ 20MCG	159
haloperidol decanoate im soln 50 mg/ml	76	HEPLISAV-B INJ 20/0.5ML	159
haloperidol lactate inj 5 mg/ml	76	HEPLISAV-B INJ 20MCG	159
haloperidol lactate oral conc 2 mg/ml	76	HETLIOZ CAP 20MG	122
haloperidol tab 0.5 mg	76	HIZENTRA INJ 10/50ML	147
haloperidol tab 1 mg	76	HIZENTRA INJ 1GM/5ML	146
haloperidol tab 10 mg	76	HIZENTRA INJ 2GM/10ML	147
haloperidol tab 2 mg	76	HIZENTRA INJ 4GM/20ML	147
haloperidol tab 20 mg	76	HIZENTRA SOL 20%	147
haloperidol tab 5 mg	76	Hm Fish Oil	
HAVRIX INJ 1440UNIT	159	see omega-3 fatty acids cap delayed release 1000 mg	142
HAVRIX INJ 720UNIT	158	Hm Lubricating Plus	
HELIXATE FS INJ 2000UNIT	115	see carboxymethylcellulose sodium (pf) ophth soln 0.5%	142
HELIXATE FS INJ 3000UNIT	115	Hm Nicotine Transdermal S	
HELIXATE FS INJ 500UNIT	115	see nicotine td patch 24hr 14 mg/24hr	151
HEMLIBRA INJ 105/0.7	115	Hm Vitamin C/rose Hips	
HEMLIBRA INJ 150/ML	115	see ascorbic acid tab 500 mg ..	161
HEMLIBRA INJ 30MG/ML	115	HUMALOG INJ 100/ML	45
HEMLIBRA INJ 60/0.4	115	HUMALOG JR INJ 100/ML	46
HEMOPIL M INJ 1700UNIT	115	HUMALOG KWIK INJ 100/ML	46
heparin sodium (porcine) inj 1000 unit/ml	30	HUMALOG MIX INJ 50/50	46
heparin sodium (porcine) inj 10000 unit/ml	30	HUMALOG MIX INJ 50/50KWP	46
heparin sodium (porcine) pf inj 5000 unit/0.5ml	30	HUMALOG MIX INJ 75/25KWP	46
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines		HUMALOG MIX SUS 75/25	46
see TWINRIX INJ	159	HUMATE-P SOL 2400UNIT	115
hepatitis a vaccine		HUMATE-P SOL 500-1200	115
see HAVRIX INJ 1440UNIT	159	HUMIRA INJ 10/0.1ML	6
see HAVRIX INJ 720UNIT	158	HUMIRA INJ 10MG/0.2	6
see VAQTA INJ 25/0.5ML	159	HUMIRA INJ 20/0.2ML	6
see VAQTA INJ 50UNT/ML	159	HUMIRA INJ 40/0.4ML	6
hepatitis b vaccine (recomb)		HUMIRA KIT 20MG/0.4	6
see ENGERIX-B INJ 10/0.5ML	158	HUMIRA KIT 40MG/0.8	6
see ENGERIX-B INJ 20MCG/ML	158	HUMIRA PEDIA INJ CROHNS	6
see RECOMBIVA HB INJ 10MCG/ML	159	HUMIRA PEN INJ 40/0.4ML	6
see RECOMBIVA HB INJ 5MCG/0.5	159	HUMIRA PEN INJ CD/UC/HS	6
hepatitis b vaccine recombinant adjuvanted		HUMIRA PEN KIT CD/UC/HS	6
see HEPLISAV-B INJ 20/0.5ML	159	HUMIRA PEN KIT PS/UV	6
		HUMULIN INJ 70/30	46
		HUMULIN INJ 70/30KWP	46
		HUMULIN N INJ U-100	46
		HUMULIN N INJ U-100KWP	46
		HUMULIN R INJ U-100	46
		HUMULIN R INJ U-500	46, 47

hydralazine hcl tab 10 mg	64	hydrocortisone perianal cream	
hydralazine hcl tab 100 mg	64	2.5%	17
hydralazine hcl tab 25 mg	64	hydrocortisone tab 10 mg	95
hydralazine hcl tab 50 mg	64	hydrocortisone tab 20 mg	95
hydrochlorothiazide cap 12.5 mg		hydrocortisone tab 5 mg	95
.....	106	hydrocortisone valerate cream	
hydrochlorothiazide tab 12.5 mg		0.2%	102
.....	106	hydrocortisone w/ acetic acid otic	
hydrochlorothiazide tab 25 mg.	106	soln 1-2%	146
hydrochlorothiazide tab 50 mg.	106	hydrocortisone-aloe vera cream	
hydrocodone bitartrate		0.5%	102
see HYSINGLA ER TAB 100 MG.....	13	hydrocortisone-aloe vera cream	
see HYSINGLA ER TAB 120 MG.....	13	1%	102
see HYSINGLA ER TAB 20 MG	13	hydromorphone hcl tab 2 mg	12
see HYSINGLA ER TAB 30 MG	13	hydromorphone hcl tab 4 mg	13
see HYSINGLA ER TAB 40 MG	13	hydromorphone hcl tab 8 mg	13
see HYSINGLA ER TAB 60 MG	13	hydromorphone hcl tab er 24hr	
see HYSINGLA ER TAB 80 MG	13	deter 12 mg	13
hydrocodone w/ homatropine		hydromorphone hcl tab er 24hr	
syrup 5-1.5 mg/5ml	95	deter 16 mg	13
hydrocodone-acetaminophen soln		hydromorphone hcl tab er 24hr	
7.5-325 mg/15ml	16	deter 32 mg	13
hydrocodone-acetaminophen tab		hydromorphone hcl tab er 24hr	
10-325 mg	16	deter 8 mg	13
hydrocodone-acetaminophen tab 5-		Hydrophor	
325 mg	16	see emollient - ointment	103
hydrocodone-acetaminophen tab		hydroxychloroquine sulfate tab 200	
7.5-325 mg	16	mg	64
hydrocodone-ibuprofen tab 10-200		hydroxyprogesterone caproate im	
mg	16	in oil 1.25 gm/5ml	66
hydrocodone-ibuprofen tab 7.5-		hydroxyprogesterone caproate im	
200 mg	16	in oil 250 mg/ml	148
Hydrocortisone 1% In Abso		hydroxyurea cap 500 mg	71
see hydrocortisone oint 1%	102	hydroxyzine hcl syrup 10 mg/5ml	
hydrocortisone acetate cream 1%		.....	21
.....	102	hydroxyzine hcl tab 10 mg	21
hydrocortisone cream 0.5%	102	hydroxyzine hcl tab 25 mg	21
hydrocortisone cream 1%	102	hydroxyzine hcl tab 50 mg	21
hydrocortisone cream 2.5%	102	hydroxyzine pamoate cap 100 mg	
hydrocortisone enema 100		.....	21
mg/60ml	17	hydroxyzine pamoate cap 25 mg.	21
hydrocortisone gel 1%	102	hydroxyzine pamoate cap 50 mg.	21
hydrocortisone lotion 1%	102	hyoscyamine sulfate elixir 0.125	
hydrocortisone lotion 2.5%	102	mg/5ml	154
hydrocortisone oint 0.5%	102	hyoscyamine sulfate sl tab 0.125	
hydrocortisone oint 1%	102	mg	154
hydrocortisone oint 2.5%	102		

hyoscyamine sulfate soln 0.125 mg/ml	154	see FIRAZYR INJ 30MG/3ML	117
hyoscyamine sulfate tab 0.125 mg	154	icatibant acetate inj 30 mg/3ml (base equivalent)	117
hyoscyamine sulfate tab disint 0.125 mg	154	ICLUSIG TAB 15MG	68
hyoscyamine sulfate tab er 12hr 0.375 mg	154	ICLUSIG TAB 45MG	68
Hyosyne		idelalisib	
see hyoscyamine sulfate elixir 0.125 mg/5ml	154	see ZYDELIG TAB 100MG	71
hypromellose ophth soln 0.3% ..	142	see ZYDELIG TAB 150MG	71
HYQVIA INJ 10-800	147	idursulfase	
HYQVIA INJ 2.5-200	147	see ELAPRASE INJ 6MG/3ML	108
HYQVIA INJ 20-1600	147	iloperidone	
HYQVIA INJ 30-2400	147	see FANAPT PAK	74
HYQVIA INJ 5-400	147	see FANAPT TAB 10MG	74
HYSINGLA ER TAB 100 MG	13	see FANAPT TAB 12MG	74
HYSINGLA ER TAB 120 MG	13	see FANAPT TAB 1MG	74
HYSINGLA ER TAB 20 MG	13	see FANAPT TAB 2MG	74
HYSINGLA ER TAB 30 MG	13	see FANAPT TAB 4MG	74
HYSINGLA ER TAB 40 MG	13	see FANAPT TAB 6MG	74
HYSINGLA ER TAB 60 MG	13	see FANAPT TAB 8MG	74
HYSINGLA ER TAB 80 MG	13	iloprost	
I		see VENTAVIS SOL 10MCG/ML	89
ibandronate sodium tab 150 mg (base equivalent)	107	see VENTAVIS SOL 20MCG/ML	89
IBRANCE CAP 100MG	68	imatinib mesylate tab 100 mg (base equivalent)	68
IBRANCE CAP 125MG	68	imatinib mesylate tab 400 mg (base equivalent)	69
IBRANCE CAP 75MG	68	IMBRUVICA CAP 140MG	69
IBRANCE TAB 100MG	68	imipramine hcl tab 10 mg	38
IBRANCE TAB 125MG	68	imipramine hcl tab 25 mg	38
IBRANCE TAB 75MG	68	imipramine hcl tab 50 mg	38
ibrutinib		imiquimod cream 5%	103
see IMBRUVICA CAP 140MG	69	immune globulin (human) im	
ibuprofen cap 200 mg	8	see GAMASTAN INJ	146
ibuprofen chew tab 100 mg	8	immune globulin (human) iv	
Ibuprofen Childrens		see CARIMUNE NF INJ 12GM	146
see ibuprofen susp 100 mg/5ml ..	8	see FLEBOGAMMA INJ DIF 5%	146
ibuprofen susp 100 mg/5ml	8	see GAMMAGARD SD INJ 10GM HU	146
ibuprofen susp 40 mg/ml	8	see OCTAGAM INJ 5GM	147
ibuprofen tab 100 mg	8	see PRIVIGEN INJ 20GRAMS	147
ibuprofen tab 200 mg	8	immune globulin (human) iv or subcutaneous	
ibuprofen tab 400 mg	8	see GAMMAGARD INJ 1GM/10ML	146
ibuprofen tab 600 mg	9	immune globulin (human) subcutaneous	
ibuprofen tab 800 mg	9	see CUVITRU INJ 4GM/20ML	146
icatibant acetate		see CUVITRU SOL 10GM/50M	146

see CUVITRU SOL 1GM/5ML..... 146
 see HIZENTRA INJ 10/50ML..... 147
 see HIZENTRA INJ 1GM/5ML..... 146
 see HIZENTRA INJ 2GM/10ML..... 147
 see HIZENTRA INJ 4GM/20ML..... 147
 see HIZENTRA SOL 20%..... 147
**immune globulin (human)-
 hyaluronidase (human
 recombinant)**
 see HYQVIA INJ 10-800..... 147
 see HYQVIA INJ 2.5-200..... 147
 see HYQVIA INJ 20-1600..... 147
 see HYQVIA INJ 30-2400..... 147
 see HYQVIA INJ 5-400..... 147
 Inatal Gt
 see **prenatal vit w/ dss-iron
 carbonyl-fa tab 90-1 mg**..... 138
 INCRELEX INJ 40MG/4ML..... 108
 INCRUSE ELPT INH 62.5MCG..... 24
indacaterol maleate
 see ARCAPTA CAP 75MCG..... 25
indapamide tab 1.25 mg..... 106
indapamide tab 2.5 mg..... 106
indinavir sulfate
 see CRIXIVAN CAP 200MG..... 81
 see CRIXIVAN CAP 400MG..... 81
indomethacin cap 25 mg..... 9
indomethacin cap 50 mg..... 9
 INFLECTRA INJ 100MG..... 112
infliximab
 see REMICADE INJ 100MG..... 112
infliximab-abda
 see RENFLEXIS INJ 100MG..... 112
infliximab-dyyb
 see INFLECTRA INJ 100MG..... 112
**influenza virus vac recomb
 hemagglutinin (ha) quadrivalent**
 see FLUBLOK QUAD INJ 2019-20. 158
**influenza virus vaccine live
 quadrivalent**
 see FLUMIST QUAD SUS 2019-20 158
**influenza virus vaccine split
 quadrivalent**
 see AFLURIA QUAD INJ 2019-20 . 158
 see FLUARIX QUAD INJ 2019-20 . 158
 see FLULAVAL QUA INJ 2019-20.. 158
 see FLUZONE QUAD INJ 2019-20 158

**influenza virus vaccine tissue-
 cultured subunit quadrivalent**
 see FLUCLVX QUAD INJ 2019-20. 158
ingenol mebutate
 see PICATO GEL 0.015%..... 99
 see PICATO GEL 0.05%..... 99
inositol niacinate cap 500 mg..... 89
 INSPIRACHAMB MIS LARGE..... 128
insulin aspart
 see NOVOLOG INJ 100/ML..... 47
 see NOVOLOG INJ FLEXPEN..... 47
 see NOVOLOG INJ PENFILL..... 47
insulin aspart (with niacinamide)
 see FIASP FLEX INJ TOUCH..... 45
 see FIASP INJ 100/ML..... 45
 see FIASP PENFIL INJ U-100..... 45
**insulin aspart protamine & aspart
 (human)**
 see NOVOLOG MIX INJ 70/30..... 47
 see NOVOLOG MIX INJ FLEXPEN... 47
insulin degludec
 see TRESIBA FLEX INJ 100UNIT ... 47
 see TRESIBA FLEX INJ 200UNIT ... 47
 see TRESIBA INJ 100UNIT..... 47
insulin detemir
 see LEVEMIR INJ..... 47
 see LEVEMIR INJ FLEXTouc..... 47
insulin glargine
 see BASAGLAR INJ 100UNIT..... 45
insulin glulisine
 see APIDRA INJ SOLOSTAR..... 45
 see APIDRA INJ U-100..... 45
 INSULIN LISP INJ 100/ML..... 47
insulin lispro
 see ADMELOG INJ 100U/ML..... 45
 see ADMELOG SOLO INJ 100U/ML . 45
 see HUMALOG INJ 100/ML..... 45
 see HUMALOG JR INJ 100/ML..... 46
 see HUMALOG KWIK INJ 100/ML... 46
insulin lispro protamine & lispro
 see HUMALOG MIX INJ 50/50..... 46
 see HUMALOG MIX INJ 50/50KWP . 46
 see HUMALOG MIX INJ 75/25KWP . 46
 see HUMALOG MIX SUS 75/25..... 46
insulin nph (human) (isophane)
 see HUMULIN N INJ U-100..... 46
 see HUMULIN N INJ U-100KWP 46

see NOVOLIN N INJ U-100	47	see INSULIN SYRG MIS 0.5/30G .	127
insulin nph isophane & reg		see INSULIN SYRG MIS 0.5/31G .	127
(human)		see INSULIN SYRG MIS 1ML/28G	127
see HUMULIN INJ 70/30	46	see INSULIN SYRG MIS 1ML/29G	127
see HUMULIN INJ 70/30KWP	46	see INSULIN SYRG MIS 1ML/30G	127
see NOVOLIN INJ 70/30	47	see INSULIN SYRG MIS 1ML/31G	127
see NOVOLIN INJ 70/30 FP	47	insulin syringe/needle u-500	
insulin pen needle		see BD U-500 MIS 31GX6MM	125
see PEN NEEDLES MIS 29GX10MM		INTELENCE TAB 100MG	81
.....	127	INTELENCE TAB 200MG	81
see PEN NEEDLES MIS 29GX12.7	127	INTELENCE TAB 25MG	81
see PEN NEEDLES MIS 29GX12MM		interferon alfa-2b	
.....	127	see INTRON A INJ 10MU	71
see PEN NEEDLES MIS 31GX5MM	127	see INTRON A INJ 18MU	71
see PEN NEEDLES MIS 31GX6MM	127	see INTRON A INJ 25MU	71
see PEN NEEDLES MIS 31GX8MM	128	see INTRON A INJ 50MU	71
see PEN NEEDLES MIS 32GX4MM	128	interferon beta-1a	
see PEN NEEDLES MIS 32GX6MM	128	see AVONEX KIT 30MCG	150
see PEN NEEDLES MIS 32GX8MM	128	see AVONEX PEN KIT 30MCG	150
insulin regular (human)		see AVONEX PREFL KIT 30MCG ...	150
see AFREZZA POW 12 UNIT	45	interferon beta-1b	
see AFREZZA POW 4-8 UNIT	45	see EXTAVIA INJ 0.3MG	150
see AFREZZA POW 4-8-12	45	interferon gamma-1b	
see AFREZZA POW 4UNIT	45	see ACTIMMUNE INJ 2MU/0.5	71
see AFREZZA POW 8 UNIT	45	INTRON A INJ 10MU	71
see AFREZZA POW 8-12UNIT	45	INTRON A INJ 18MU	71
see HUMULIN R INJ U-100	46	INTRON A INJ 25MU	71
see HUMULIN R INJ U-500	46, 47	INTRON A INJ 50MU	71
see NOVOLIN R INJ U-100	47	INVEGA SUST INJ 117/0.75	74
INSULIN SYRG MIS 0.3/29G	126	INVEGA SUST INJ 156MG/ML	74
INSULIN SYRG MIS 0.3/30G	126	INVEGA SUST INJ 234/1.5	74
INSULIN SYRG MIS 0.3/31G ...	126, 127	INVEGA SUST INJ 39/0.25	74
INSULIN SYRG MIS 0.5/28G	127	INVEGA SUST INJ 78/0.5ML	74
INSULIN SYRG MIS 0.5/29G	127	INVEGA TRINZ INJ 273MG	74
INSULIN SYRG MIS 0.5/30G	127	INVEGA TRINZ INJ 410MG	75
INSULIN SYRG MIS 0.5/31G	127	INVEGA TRINZ INJ 546MG	75
INSULIN SYRG MIS 1ML/28G	127	INVEGA TRINZ INJ 819MG	75
INSULIN SYRG MIS 1ML/29G	127	INVIRASE TAB 500MG	81
INSULIN SYRG MIS 1ML/30G	127	ipratropium bromide hfa	
INSULIN SYRG MIS 1ML/31G	127	see ATROVENT HFA AER 17MCG ...	24
insulin syringe/needle u-100		ipratropium bromide inhal soln	
see INSULIN SYRG MIS 0.3/29G..	126	0.02%	24
see INSULIN SYRG MIS 0.3/30G..	126	ipratropium bromide nasal soln	
see INSULIN SYRG MIS 0.3/31G.	126,	0.03% (21 mcg/spray)	140
127		ipratropium bromide nasal soln	
see INSULIN SYRG MIS 0.5/28G..	127	0.06% (42 mcg/spray)	140
see INSULIN SYRG MIS 0.5/29G..	127	ipratropium-albuterol	

see COMBIVENT AER 20-10026
ipratropium-albuterol nebu soln
 0.5-2.5(3) mg/3ml27
irbesartan tab 150 mg.....59
irbesartan tab 300 mg.....59
irbesartan tab 75 mg.....59
irbesartan-hydrochlorothiazide tab
 150-12.5 mg62
irbesartan-hydrochlorothiazide tab
 300-12.5 mg62
 IRON CHW PEDIATRI 121
iron combination cap..... 120
iron polysacch complex-vit b12-fa
 cap 150-0.025-1 mg 120
*irrigation solution, physiological*135
isavuconazonium sulfate
 see CRESEMBA CAP 186 MG 51
 ISENTRESS CHW 100MG81
 ISENTRESS CHW 25MG81
 ISENTRESS HD TAB 600MG81
 ISENTRESS POW 100MG81
 ISENTRESS TAB 400MG81
isocarboxazid
 see MARPLAN TAB 10MG 34
isoniazid syrup 50 mg/5ml.....64
isoniazid tab 100 mg64
isoniazid tab 300 mg64
isoniazid-rifampin w/
 pyrazinamide
 see RIFATER TAB.....64
isopropyl alcohol-glycerin otic
 liquid 95-5% 146
isosorbide dinitrate tab 10 mg20
isosorbide dinitrate tab 20 mg20
isosorbide dinitrate tab 30 mg20
isosorbide dinitrate tab 5 mg20
isosorbide mononitrate tab 10 mg
 20
isosorbide mononitrate tab 20 mg
 20
isosorbide mononitrate tab er 24hr
 120 mg20
isosorbide mononitrate tab er 24hr
 30 mg20
isosorbide mononitrate tab er 24hr
 60 mg20
isotretinoin cap 10 mg97

isotretinoin cap 20 mg97
isotretinoin cap 30 mg97
isotretinoin cap 40 mg97
isradipine cap 2.5 mg.....87
isradipine cap 5 mg.....87
itraconazole cap 100 mg51
ivabradine hcl
 see CORLANOR SOL 5MG/5ML..... 90
 see CORLANOR TAB 5MG..... 90
 see CORLANOR TAB 7.5MG..... 90
ivacaftor
 see KALYDECO PAK 25MG 151
 see KALYDECO PAK 50MG 151
 see KALYDECO PAK 75MG 151
 see KALYDECO TAB 150MG..... 151
ivermectin (pediculicide)
 see SKLICE LOT 0.5%..... 104
ivermectin tab 3 mg 18

J

JAKAFI TAB 10MG69
 JAKAFI TAB 15MG69
 JAKAFI TAB 20MG69
 JAKAFI TAB 25MG69
 JAKAFI TAB 5MG69
 JANUMET TAB 50-1000 40
 JANUMET TAB 50-500MG 40
 JANUMET XR TAB 100-1000..... 40
 JANUMET XR TAB 50-1000 40
 JANUMET XR TAB 50-500MG..... 40
 JANUVIA TAB 100MG 43
 JANUVIA TAB 25MG 43
 JANUVIA TAB 50MG 43
 JARDIANCE TAB 10MG 48
 JARDIANCE TAB 25MG 48
 JENTADUETO TAB 2.5-1000..... 40
 JENTADUETO TAB 2.5-500 40
 JENTADUETO TAB 2.5-850 40
 JENTADUETO TAB XR..... 41
 Jinteli
 see *norethindrone acetate-ethinyl*
 estradiol tab 1 mg-5 mcg..... 109
 JULUCA TAB 50-25MG..... 81
 Junel 1.5/30
 see *norethindrone ace & ethinyl*
 estradiol tab 1.5 mg-30 mcg.. 93
 Junel Fe 1.5/30

see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 93

K

KALETRA TAB 100-25MG 81
 KALETRA TAB 200-50MG 81
 KALYDECO PAK 25MG 151
 KALYDECO PAK 50MG 151
 KALYDECO PAK 75MG 151
 KALYDECO TAB 150MG 151
 Kelnor 1/50

see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg** 92

KEPIVANCE INJ 6.25MG 71
ketoconazole cream 2% 99
ketoconazole shampoo 2% 99
ketoconazole tab 200 mg 51
ketorolac tromethamine ophth soln 0.4% 145
ketorolac tromethamine ophth soln 0.5% 145
ketorolac tromethamine tab 10 mg 9

ketotifen fumarate ophth soln 0.025% (base equiv) 145

KEVZARA INJ 150/1.14 7
 KEVZARA INJ 200/1.14 8
 KINERET INJ 7
 KISQALI 200 PAK FEMARA 67
 KISQALI 400 PAK FEMARA 67
 KISQALI 600 PAK FEMARA 67
 KISQALI TAB 200DOSE 69
 KISQALI TAB 400DOSE 69
 KISQALI TAB 600DOSE 69

Klor-con/ef

see **potassium bicarbonate effer tab 25 meq** 133

KOATE-DVI INJ 1000UNIT 115
 KOATE-DVI INJ 250UNIT 115
 KOATE-DVI INJ 500UNIT 115
 KOGENATE FS INJ 1000UNIT 115
 KOGENATE FS INJ 2000UNIT 115
 KOGENATE FS INJ 250UNIT 115
 KOGENATE FS INJ 3000UNIT 116

Konsyl

see **psyllium powder 30.9%** 123
 KONSYL DAILY POW 100% 123

KONSYL DAILY POW 28.3% 123
 KONSYL-D POW 52.3% 123
 KOVALTRY INJ 1000UNIT 116
 KOVALTRY INJ 2000UNIT 116
 KOVALTRY INJ 250UNIT 116
 KOVALTRY INJ 3000UNIT 116
 KOVALTRY INJ 500UNIT 116

Kp Vitamin D

see **cholecalciferol chew tab 10 mcg (400 unit)** 161

KPN PRENATAL TAB 137
 KUVAN TAB 100MG 108
 KYLEENA IUD 19.5MG 94

L

labetalol hcl tab 100 mg 84
labetalol hcl tab 200 mg 84
labetalol hcl tab 300 mg 84
lacosamide

see VIMPAT SOL 10MG/ML 32
 see VIMPAT TAB 100MG 32
 see VIMPAT TAB 150MG 32
 see VIMPAT TAB 200MG 33
 see VIMPAT TAB 50MG 32

LACRISERT MIS 5MG OP 142

lactic acid (ammonium lactate) cream 12% 103

lactic acid (ammonium lactate) lotion 12% 103

lactulose (encephalopathy) solution 10 gm/15ml 112

lactulose solution 10 gm/15ml 124

lamivudine (hbv)

see EPIVIR HBV SOL 5MG/ML 83

lamivudine oral soln 10 mg/ml 81

lamivudine tab 100 mg (hbv) 83

lamivudine tab 150 mg 81

lamivudine tab 300 mg 81

lamivudine-tenofovir disoproxil fumarate

see CIMDUO TAB 300-300 81

lamivudine-zidovudine tab 150-300 mg 82

lamotrigine tab 100 mg 31

lamotrigine tab 150 mg 31

lamotrigine tab 200 mg 31

lamotrigine tab 25 mg 31

lamotrigine tab chewable dispersible 25 mg	31	see REVLIMID CAP 15MG.....	134
lamotrigine tab chewable dispersible 5 mg	31	see REVLIMID CAP 2.5MG.....	133
Lanacort 10		see REVLIMID CAP 20MG.....	134
see hydrocortisone acetate cream 1%	102	see REVLIMID CAP 25MG.....	134
lanadelumab-flyo		see REVLIMID CAP 5MG	134
see TAKHZYRO INJ 300/2ML	118	lenvatinib mesylate	
LANCETS MIS 30G.....	126	see LENVIMA CAP 10 MG.....	69
Land Before Time Multivit		see LENVIMA CAP 12MG	69
see pediatric multiple vitamin w/ extra c & fa chew tab	137	see LENVIMA CAP 14 MG.....	69
LANOXIN TAB 0.125MG	88	see LENVIMA CAP 18 MG.....	69
LANOXIN TAB 0.25MG	88	see LENVIMA CAP 20 MG.....	69
lansoprazole cap delayed release 15 mg	155	see LENVIMA CAP 24 MG.....	69
lansoprazole cap delayed release 30 mg	155	see LENVIMA CAP 4MG.....	69
lanthanum carbonate chew tab 1000 mg (elemental)	113	see LENVIMA CAP 8 MG.....	69
lanthanum carbonate chew tab 500 mg (elemental)	112	LENVIMA CAP 10 MG	69
lanthanum carbonate chew tab 750 mg (elemental)	112	LENVIMA CAP 12MG	69
lapatinib ditosylate		LENVIMA CAP 14 MG	69
see TYKERB TAB 250MG	70	LENVIMA CAP 18 MG	69
Larin 24 Fe		LENVIMA CAP 20 MG	69
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	93	LENVIMA CAP 24 MG	69
LASTACFT SOL 0.25%.....	145	LENVIMA CAP 4MG	69
latanoprost ophth soln 0.005%	145	LENVIMA CAP 8 MG	69
LATUDA TAB 120MG	74	LETAIRIS TAB 10MG.....	89
LATUDA TAB 20MG	73	LETAIRIS TAB 5MG.....	89
LATUDA TAB 40MG	73	letrozole tab 2.5 mg	66
LATUDA TAB 60MG	73	leucovorin calcium tab 10 mg	71
LATUDA TAB 80MG	73	leucovorin calcium tab 15 mg	71
LEDIP-SOFOSB TAB 90-400MG	83	leucovorin calcium tab 25 mg	71
Leena		leucovorin calcium tab 5 mg	71
see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	93	LEUKERAN TAB 2MG.....	65
leflunomide tab 10 mg	10	LEUKINE INJ 250MCG	119
leflunomide tab 20 mg	10	leuprolide acetate	
lenalidomide		see ELIGARD INJ 7.5MG	66
see REVLIMID CAP 10MG.....	134	see LUPRON DEPOT INJ 3.75MG....	66
		see LUPRON DEPOT INJ 7.5MG.....	66
		leuprolide acetate & norethindrone acetate	
		see LUPANETA KIT 11.25-5.....	108
		see LUPANETA KIT 3.75-5	108
		leuprolide acetate (3 month)	
		see ELIGARD INJ 22.5MG	66
		see LUPRON DEPOT INJ 11.25MG ..	66
		see LUPRON DEPOT INJ 22.5MG....	66
		leuprolide acetate (cpp)	
		see LUPR DEP-PED INJ 11.25MG .	108
		see LUPR DEP-PED INJ 15MG	108
		see LUPR DEP-PED INJ 7.5MG	108

leuprolide acetate (cpp) (3 month)	
see LUPR DEP-PED INJ 11.25MG..	108
see LUPR DEP-PED INJ 3M 30MG.	108
leuprolide acetate inj kit 5 mg/ml	
.....	66
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	27
LEVEMIR INJ.....	47
LEVEMIR INJ FLEXTOUO.....	47
levetiracetam oral soln 100 mg/ml	
.....	31
levetiracetam tab 1000 mg	31
levetiracetam tab 250 mg	31
levetiracetam tab 500 mg	31
levetiracetam tab 750 mg	31
levetiracetam tab er 24hr 500 mg	
.....	31
levetiracetam tab er 24hr 750 mg	
.....	31
levobunolol hcl ophth soln 0.5%	
.....	142
levocarnitine oral soln 1 gm/10ml (10%)	108
levocarnitine tab 330 mg	108
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	52
levocetirizine dihydrochloride tab 5 mg	52
levofloxacin ophth soln 0.5%	143
levofloxacin oral soln 25 mg/ml	111
levofloxacin tab 250 mg	111
levofloxacin tab 500 mg	111
levofloxacin tab 750 mg	111
levomilnacipran hcl	
see FETZIMA CAP 120MG	36
see FETZIMA CAP 20MG	36
see FETZIMA CAP 40MG	36
see FETZIMA CAP 80MG	36
see FETZIMA CAP TITRATIO.....	36
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	92
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	92
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	92
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	92
levonorgestrel (iud)	
see KYLEENA IUD 19.5MG	94
see LILETTA IUD 52MG	94
see MIRENA IUD SYSTEM	94
see SKYLA IUD 13.5MG	94
levonorgestrel tab 1.5 mg	94
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	92
levonorgestrel-ethinyl estradiol & folic acid	
see FALESSA KIT.....	92
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	93
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	
see BALCOLTRA TAB 0.1-20.....	92
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	92
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	92
levothyroxine sodium	
see SYNTHROID TAB 100MCG	153
see SYNTHROID TAB 112MCG	153
see SYNTHROID TAB 125MCG	153
see SYNTHROID TAB 137MCG	153
see SYNTHROID TAB 150MCG	153
see SYNTHROID TAB 175MCG	153
see SYNTHROID TAB 200MCG	153
see SYNTHROID TAB 25MCG.....	153
see SYNTHROID TAB 300MCG	153
see SYNTHROID TAB 50MCG.....	153
see SYNTHROID TAB 75MCG.....	153
see SYNTHROID TAB 88MCG.....	153
levothyroxine sodium tab 100 mcg	
.....	152

levothyroxine sodium tab 112 mcg	
.....	152
levothyroxine sodium tab 125 mcg	
.....	152
levothyroxine sodium tab 137 mcg	
.....	152
levothyroxine sodium tab 150 mcg	
.....	152
levothyroxine sodium tab 175 mcg	
.....	152
levothyroxine sodium tab 200 mcg	
.....	152
levothyroxine sodium tab 25 mcg	
.....	152
levothyroxine sodium tab 300 mcg	
.....	152
levothyroxine sodium tab 50 mcg	
.....	152
levothyroxine sodium tab 75 mcg	
.....	152
levothyroxine sodium tab 88 mcg	
.....	152
Levoxyl	
see levothyroxine sodium tab 112 mcg	..... 152
see levothyroxine sodium tab 125 mcg	..... 152
see levothyroxine sodium tab 137 mcg	..... 152
see levothyroxine sodium tab 150 mcg	..... 152
see levothyroxine sodium tab 175 mcg	..... 152
see levothyroxine sodium tab 25 mcg	..... 152
see levothyroxine sodium tab 50 mcg	..... 152
see levothyroxine sodium tab 75 mcg	..... 152
see levothyroxine sodium tab 88 mcg	..... 152
Lice Killing Maximum Stre	
see pyrethrins-piperonyl butoxide shampoo 0.33-4%	..... 104
Lice Treatment	
see permethrin creme rinse 1%	..... 104
lidocaine cream 4%	..... 103
lidocaine hcl gel 2%	..... 103
lidocaine hcl soln 4%	..... 103
lidocaine hcl urethral/mucosal gel 2%	..... 103
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	..... 103
lidocaine hcl viscous soln 2%	..... 135
lidocaine patch 4%	..... 103
lidocaine patch 5%	..... 103
lidocaine-prilocaine cream 2.5-2.5%	..... 103
lidocaine-tetracaine	
see SYNERA DIS 70-70MG	..... 103
LILETTA IUD 52MG	..... 94
linaclotide	
see LINZESS CAP 145MCG	..... 112
see LINZESS CAP 290MCG	..... 112
see LINZESS CAP 72MCG	..... 112
linagliptin	
see TRADJENTA TAB 5MG	..... 44
linagliptin-metformin hcl	
see JENTADUETO TAB 2.5-1000	..... 40
see JENTADUETO TAB 2.5-500	..... 40
see JENTADUETO TAB 2.5-850	..... 40
see JENTADUETO TAB XR	..... 41
lindane shampoo 1%	..... 104
linezolid for susp 100 mg/5ml	..... 19
linezolid tab 600 mg	..... 19
LINZESS CAP 145MCG	..... 112
LINZESS CAP 290MCG	..... 112
LINZESS CAP 72MCG	..... 112
liothyronine sodium tab 25 mcg	152
liothyronine sodium tab 5 mcg	.. 152
liothyronine sodium tab 50 mcg	152
liotrix (t3-t4)	
see THYROLAR-1 TAB 60MG	..... 153
see THYROLAR-1/2 TAB 30MG	..... 153
see THYROLAR-1/4 TAB 15MG	..... 153
see THYROLAR-2 TAB 120MG	..... 153
see THYROLAR-3 TAB 180MG	..... 153
Liquid Calcium/vitamin D	
see calcium carbonate-vitamin d cap 600 mg-200 unit	..... 131
liraglutide	
see VICTOZA INJ 18MG/3ML	..... 45
lisdexamfetamine dimesylate	

see VYVANSE CAP 10MG	2	see <i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	109
see VYVANSE CAP 20MG	2	<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	96
see VYVANSE CAP 30MG	2	<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	96
see VYVANSE CAP 40MG	2	<i>loratadine rapidly-disintegrating tab 10 mg</i>	52
see VYVANSE CAP 50MG	2	<i>loratadine syrup 5 mg/5ml</i>	52
see VYVANSE CAP 60MG	2	<i>loratadine tab 10 mg</i>	52
see VYVANSE CAP 70MG	2	Loratadine-d 12hr	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	62	see <i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	96
lisinopril & hydrochlorothiazide tab 20-12.5 mg	63	Loratadine-d 24hr	
lisinopril & hydrochlorothiazide tab 20-25 mg	63	see <i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	96
lisinopril tab 10 mg	57	<i>lorazepam conc 2 mg/ml</i>	22
lisinopril tab 2.5 mg	57	<i>lorazepam tab 0.5 mg</i>	23
lisinopril tab 20 mg	57	<i>lorazepam tab 1 mg</i>	23
lisinopril tab 30 mg	57	<i>lorazepam tab 2 mg</i>	23
lisinopril tab 40 mg	57	losartan potassium & hydrochlorothiazide tab 100-12.5 mg	63
lisinopril tab 5 mg	57	losartan potassium & hydrochlorothiazide tab 100-25 mg	63
lithium carbonate cap 150 mg	73	losartan potassium & hydrochlorothiazide tab 50-12.5 mg	63
lithium carbonate cap 300 mg	73	losartan potassium tab 100 mg	59
lithium carbonate cap 600 mg	73	losartan potassium tab 25 mg	59
lithium carbonate tab 300 mg	73	losartan potassium tab 50 mg	59
lithium carbonate tab er 300 mg	73	LOTEMAX GEL 0.5%	144
lithium carbonate tab er 450 mg	73	LOTEMAX OIN 0.5%	144
LITHIUM SOL 8MEQ/5ML	73	LOTEMAX SUS 0.5%	144
LO LOESTRIN TAB 1-10-10	93	loteprednol etabonate	
lodoxamide tromethamine		see ALREX SUS 0.2%	144
see ALOMIDE SOL 0.1% OP	144	see LOTEMAX GEL 0.5%	144
lomustine		see LOTEMAX OIN 0.5%	144
see GLEOSTINE CAP 100MG	65	see LOTEMAX SUS 0.5%	144
see GLEOSTINE CAP 10MG	65	loteprednol etabonate ophth susp 0.5%	144
see GLEOSTINE CAP 40MG	65	Lotrimin Af Deodorant Pow	
LONSURF TAB 15-6.14	67	see <i>miconazole nitrate aerosol pow 2%</i>	99
LONSURF TAB 20-8.19	67	lovastatin tab 10 mg	54
loperamide hcl cap 2 mg	49	lovastatin tab 20 mg	55
loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	49		
loperamide hcl liq 1 mg/7.5ml	49		
loperamide hcl tab 2 mg	49		
lopinavir-ritonavir			
see KALETRA TAB 100-25MG	81		
see KALETRA TAB 200-50MG	81		
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	82		
Lopreeza			

lovastatin tab 40 mg55
 Low-ogestrel
 see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg**.....93
loxapine succinate cap 10 mg.....77
loxapine succinate cap 25 mg.....77
loxapine succinate cap 5 mg77
loxapine succinate cap 50 mg.....77
lubiprostone
 see AMITIZA CAP 24MCG..... 111
 see AMITIZA CAP 8MCG 111
 Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 142
luliconazole cream 1%99
 LUMIGAN SOL 0.01%..... 145
 LUPANETA KIT 11.25-5 108
 LUPANETA KIT 3.75-5 108
 LUPR DEP-PED INJ 11.25MG 108
 LUPR DEP-PED INJ 15MG..... 108
 LUPR DEP-PED INJ 3M 30MG 108
 LUPR DEP-PED INJ 7.5MG..... 108
 LUPRON DEPOT INJ 11.25MG.....66
 LUPRON DEPOT INJ 22.5MG66
 LUPRON DEPOT INJ 3.75MG66
 LUPRON DEPOT INJ 7.5MG66
lurasidone hcl
 see LATUDA TAB 120MG.....74
 see LATUDA TAB 20MG73
 see LATUDA TAB 40MG73
 see LATUDA TAB 60MG73
 see LATUDA TAB 80MG73
 LYRICA CAP 100MG32
 LYRICA CAP 150MG32
 LYRICA CAP 200MG32
 LYRICA CAP 225MG32
 LYRICA CAP 25MG31
 LYRICA CAP 300MG32
 LYRICA CAP 50MG31
 LYRICA CAP 75MG32
 LYSODREN TAB 500MG66

M

macitentan
 see OPSUMIT TAB 10MG.....89
mafenide acetate
 see SULFAMYLON CRE 85MG/GM. 100

mafenide acetate packet for topical soln 5% (50 gm) 100
 MAG64 TAB 64MG 132
 Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)**..... 132
 MAGDELAY TAB 70MG..... 132
 Mag-g
 see **magnesium gluconate tab 500 mg (27 mg elemental mg)** ... 132
magnesium chloride
 see MAG64 TAB 64MG..... 132
 see MAGDELAY TAB 70MG 132
magnesium chloride tab dr 64 mg (elemental mg) 132
magnesium citrate soln..... 124
magnesium gluconate tab 27.5 mg (elemental mg) 132
magnesium gluconate tab 500 mg (27 mg elemental mg)..... 132
magnesium hydroxide susp 400 mg/5ml 124
magnesium hydroxide susp concentrate 2400 mg/10ml.... 124
magnesium oxide cap 500 mg (elemental mg) 133
magnesium oxide tab 250 mg 18
magnesium oxide tab 250 mg (mg supplement) 133
magnesium oxide tab 400 mg (240 mg elemental mg) 133
magnesium oxide tab 400 mg (241.3 mg elemental mg)..... 133
magnesium oxide tab 420 mg 18
magnesium oxide tab 500 mg (mg supplement) 133
magnesium tab 250 mg..... 133
 Magnesium-oxide
 see **magnesium oxide tab 400 mg (241.3 mg elemental mg)** 133
malathion lotion 0.5% 104
 Maox
 see **magnesium oxide tab 420 mg** 18
 Mapap
 see **acetaminophen liquid 160 mg/5ml** 11

see <i>acetaminophen tab 325 mg</i>	11	<i>melatonin cap 3 mg</i>	5
<i>maprotiline hcl tab 25 mg</i>	34	<i>melatonin cap 5 mg</i>	6
<i>maprotiline hcl tab 50 mg</i>	34	MELATONIN LIQ 1MG/4ML	6
<i>maprotiline hcl tab 75 mg</i>	34	<i>melatonin tab 1 mg</i>	6
<i>maraviroc</i>		<i>melatonin tab 3 mg</i>	6
see SELZENTRY SOL 20MG/ML	82	<i>melatonin tab 300 mcg</i>	6
see SELZENTRY TAB 150MG	82	<i>melatonin tab 5 mg</i>	6
see SELZENTRY TAB 25MG	82	<i>melatonin tab er 10 mg</i>	6
see SELZENTRY TAB 300MG	82	<i>melatonin tablet disintegrating 5 mg</i>	6
see SELZENTRY TAB 75MG	82	Melatonin Tr/vitamin B-6	
MARPLAN TAB 10MG	34	see <i>melatonin-pyridoxine tab er 3-10 mg</i>	6
MATULANE CAP 50MG	71	Melatonin/vitamin B-6 Ext	
MAYZENT TAB 0.25MG	150	see <i>melatonin-pyridoxine tab 3-1 mg</i>	6
<i>mecamylamine hcl</i>		<i>melatonin-pyridoxine tab 3-1 mg</i>	6
see VECAMYL TAB 2.5MG	63	<i>melatonin-pyridoxine tab 3-2 mg</i>	6
<i>mecasermin</i>		<i>melatonin-pyridoxine tab er 3-10 mg</i>	6
see INCRELEX INJ 40MG/4ML	108	Melodetta 24 Fe	
<i>meclizine hcl chew tab 25 mg</i>	50	see <i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	93
<i>meclizine hcl tab 12.5 mg</i>	50	<i>meloxicam tab 15 mg</i>	9
<i>meclizine hcl tab 25 mg</i>	50	<i>meloxicam tab 7.5 mg</i>	9
<i>meclofenamate sodium cap 100 mg</i>	9	<i>melphalan tab 2 mg</i>	65
<i>meclofenamate sodium cap 50 mg</i>	9	<i>memantine hcl cap er 24hr 14 mg</i>	149
MEDI-LAXX CAP 8.6-50MG	123	.....	149
Medi-profen		<i>memantine hcl cap er 24hr 21 mg</i>	149
see <i>ibuprofen cap 200 mg</i>	8	.....	149
<i>medroxyprogesterone acetate (contraceptive)</i>		<i>memantine hcl cap er 24hr 28 mg</i>	149
see DEPO-SQ PROV INJ 104	94	.....	149
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	94	<i>memantine hcl cap er 24hr 7 mg</i>	149
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	94	.....	149
<i>medroxyprogesterone acetate tab 10 mg</i>	148	<i>memantine hcl oral solution 2 mg/ml</i>	149
<i>medroxyprogesterone acetate tab 2.5 mg</i>	148	<i>memantine hcl tab 10 mg</i>	149
<i>medroxyprogesterone acetate tab 5 mg</i>	148	<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	149
<i>mefenamic acid cap 250 mg</i>	9	<i>memantine hcl tab 5 mg</i>	149
<i>mefloquine hcl tab 250 mg</i>	64	MENEST TAB 0.3MG	110
<i>megestrol acetate susp 40 mg/ml</i>	66	MENEST TAB 0.625MG	110
.....	66	MENEST TAB 1.25MG	110
<i>megestrol acetate tab 20 mg</i>	66	MENTAX CRE 1%	99
<i>megestrol acetate tab 40 mg</i>	66	<i>menthol-zinc oxide oint 0.44-20%</i>	103
MEKINIST TAB 0.5MG	69	.....	103
MEKINIST TAB 2MG	69		

meperidine hcl oral soln 50 mg/5ml	13	methotrexate sodium inj 250 mg/10ml (25 mg/ml)	65
meperidine hcl tab 100 mg	13	methotrexate sodium inj 50 mg/2ml (25 mg/ml)	65
meperidine hcl tab 50 mg	13	methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	65
mepolizumab		methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	65
see NUCALA INJ 100MG	24	methotrexate sodium tab 2.5 mg (base equiv)	65
meprobamate tab 200 mg	21	methscopolamine bromide tab 2.5 mg	154
meprobamate tab 400 mg	21	methscopolamine bromide tab 5 mg	154
mercaptapurine tab 50 mg	65	methsuximide	
mesalamine		see CELONTIN CAP 300MG	33
see APRISO CAP 0.375GM	111	methyclothiazide tab 5 mg	106
mesalamine cap er 24hr 0.375 gm	112	methylcellulose tab 500 mg	123
.....	112	methyldopa tab 250 mg	61
mesalamine enema 4 gm	112	methyldopa tab 500 mg	61
mesalamine tab delayed release 800 mg	112	methylergonovine maleate tab 0.2 mg	146
METAMUCIL POW 28%ORG.....	123	methylnaltrexone bromide	
METAMUCIL POW 58.12%	123	see RELISTOR INJ 12/0.6ML	112
METAMUCIL WAF.....	123	see RELISTOR TAB 150MG.....	112
metaproterenol sulfate syrup 10 mg/5ml	27	methylphenidate hcl cap er 10 mg (cd)	4
metaproterenol sulfate tab 10 mg	27	methylphenidate hcl cap er 20 mg (cd)	4
.....	27	methylphenidate hcl cap er 24hr 10 mg (la)	4
metaproterenol sulfate tab 20 mg	27	methylphenidate hcl cap er 24hr 20 mg (la)	4
.....	27	methylphenidate hcl cap er 24hr 30 mg (la)	4
metaxalone tab 800 mg	139	methylphenidate hcl cap er 24hr 40 mg (la)	4
metformin hcl tab 1000 mg	43	methylphenidate hcl cap er 30 mg (cd)	4
metformin hcl tab 500 mg	43	methylphenidate hcl cap er 40 mg (cd)	4
metformin hcl tab 850 mg	43	methylphenidate hcl cap er 50 mg (cd)	4
metformin hcl tab er 24hr 500 mg	43	methylphenidate hcl cap er 60 mg (cd)	4
.....	43	methylphenidate hcl soln 10 mg/5ml	4
metformin hcl tab er 24hr 750 mg	43		
methadone hcl soln 10 mg/5ml ... 13			
methadone hcl soln 5 mg/5ml 13			
methadone hcl tab 10 mg 13			
methadone hcl tab 5 mg 13			
methamphetamine hcl tab 5 mg ... 2			
methazolamide tab 25 mg 105			
methazolamide tab 50 mg 105			
methenamine hippurate tab 1 gm	156		
.....	156		
methimazole tab 10 mg 152			
methimazole tab 5 mg 152			
METHITEST TAB 10MG	17		
methocarbamol tab 500 mg 139			
methocarbamol tab 750 mg 139			

methylphenidate hcl soln 5 mg/5ml	4	metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	85
methylphenidate hcl tab 10 mg	5	metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	85
methylphenidate hcl tab 20 mg	5	metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	85
methylphenidate hcl tab 5 mg	5	metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	85
methylphenidate hcl tab er 10 mg	5	metoprolol tartrate tab 100 mg ...	85
methylphenidate hcl tab er 20 mg	5	metoprolol tartrate tab 25 mg	85
methylphenidate hcl tab er 24hr 18 mg	5	metoprolol tartrate tab 50 mg	85
methylphenidate hcl tab er 24hr 27 mg	5	metronidazole cream 0.75%	103
methylphenidate hcl tab er 24hr 36 mg	5	metronidazole gel 0.75%	103
methylphenidate hcl tab er 24hr 54 mg	5	metronidazole lotion 0.75%	104
methylphenidate hcl tab er osmotic release (osm) 18 mg	5	metronidazole tab 250 mg	19
methylphenidate hcl tab er osmotic release (osm) 27 mg	5	metronidazole tab 500 mg	19
methylphenidate hcl tab er osmotic release (osm) 36 mg	5	metronidazole vaginal gel 0.75%	159
methylphenidate hcl tab er osmotic release (osm) 54 mg	5	mexiletine hcl cap 150 mg	23
methylprednisolone tab 16 mg	95	mexiletine hcl cap 200 mg	23
methylprednisolone tab 32 mg	95	mexiletine hcl cap 250 mg	23
methylprednisolone tab 4 mg	95	MI-ACID CHW	18
methylprednisolone tab 8 mg	95	miconazole (mouth-throat)	
methylprednisolone tab therapy pack 4 mg (21)	95	see ORAVIG TAB 50MG	135
methyltestosterone		Miconazole 7	
see METHITEST TAB 10MG	17	see miconazole nitrate vaginal cream 2%	159
methyltestosterone cap 10 mg	17	see miconazole nitrate vaginal suppos 100 mg	160
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	111	miconazole nitrate aerosol pow 2%	99
metoclopramide hcl tab 10 mg (base equivalent)	111	miconazole nitrate cream 2%	99
metoclopramide hcl tab 5 mg (base equivalent)	111	miconazole nitrate ointment 2% ..	99
metolazone tab 10 mg	106	miconazole nitrate powder 2% ...	99
metolazone tab 2.5 mg	106	miconazole nitrate vaginal	
metolazone tab 5 mg	106	see MONISTAT 7 KIT COMBO PK .	160
metoprolol & hydrochlorothiazide tab 100-25 mg	63	miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	159
metoprolol & hydrochlorothiazide tab 100-50 mg	63	miconazole nitrate vaginal cream 2%	159
metoprolol & hydrochlorothiazide tab 50-25 mg	63	miconazole nitrate vaginal cream 4% (200 mg/5gm)	159
		miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit .	160
		miconazole nitrate vaginal suppos 100 mg	160
		midodrine hcl tab 10 mg	160

midodrine hcl tab 2.5 mg	160	moexipril hcl tab 7.5 mg	57
midodrine hcl tab 5 mg	160	mometasone furoate (inhalation)	
miglitol tab 100 mg	39	see ASMANEX 120 AER 220MCG....	25
miglitol tab 25 mg	39	see ASMANEX 14 AER 220MCG	24
miglitol tab 50 mg	39	see ASMANEX 30 AER 110MCG	24
miglustat cap 100 mg	118	see ASMANEX 30 AER 220MCG	24
Milk Of Magnesia		see ASMANEX 60 AER 220MCG	24
see magnesium hydroxide susp		see ASMANEX 7 AER 110MCG	24
400 mg/5ml	124	see ASMANEX HFA AER 100 MCG ..	25
Milk Of Magnesia Concentr		see ASMANEX HFA AER 200 MCG ..	25
see magnesium hydroxide susp		see ASMANEX HFA AER 50MCG	25
concentrate 2400 mg/10ml .	124	mometasone furoate cream 0.1%	
milnacipran hcl		.....	102
see SAVELLA MIS TITR PAK	150	mometasone furoate oint 0.1% .	102
see SAVELLA TAB 100MG	150	mometasone furoate solution 0.1%	
see SAVELLA TAB 12.5MG	150	(lotion)	102
see SAVELLA TAB 25MG	150	mometasone furoate-formoterol	
see SAVELLA TAB 50MG	150	fumarate dihydrate	
mineral oil	124	see DULERA AER 100-5MCG	26
mineral oil enema	124	see DULERA AER 200-5MCG	27
Minitran		see DULERA AER 50-5MCG	26
see nitroglycerin td patch 24hr		MONISTAT 7 KIT COMBO PK.....	160
0.6 mg/hr	21	MONOCLATE-P INJ 1000UNIT	116
minocycline hcl cap 100 mg	152	montelukast sodium chew tab 4 mg	
minocycline hcl cap 50 mg	152	(base equiv)	24
minocycline hcl cap 75 mg	152	montelukast sodium chew tab 5 mg	
minoxidil tab 10 mg	64	(base equiv)	24
minoxidil tab 2.5 mg	64	montelukast sodium tab 10 mg	
Mintox Plus		(base equiv)	24
see alum & mag hydroxide-		MONUROL PAK GRANULES	156
simethicone chew tab 200-200-		morphine sulfate oral soln 10	
25 mg	18	mg/5ml	13
mirabegron		morphine sulfate oral soln 100	
see MYRBETRIQ TAB 25MG	158	mg/5ml (20 mg/ml)	13
see MYRBETRIQ TAB 50MG	158	morphine sulfate oral soln 20	
MIRENA IUD SYSTEM.....	94	mg/5ml	13
mirtazapine tab 15 mg	34	morphine sulfate tab 15 mg	14
mirtazapine tab 30 mg	34	morphine sulfate tab 30 mg	14
mirtazapine tab 45 mg	34	morphine sulfate tab er 100 mg ..	14
MIRVASO GEL 0.33%.....	104	morphine sulfate tab er 15 mg	14
misoprostol tab 100 mcg	156	morphine sulfate tab er 200 mg ..	14
misoprostol tab 200 mcg	156	morphine sulfate tab er 30 mg	14
mitotane		morphine sulfate tab er 60 mg	14
see LYSODREN TAB 500MG.....	66	morphine-naltrexone	
modafinil tab 100 mg	5	see EMBEDA CAP 100-4MG	12
modafinil tab 200 mg	5	see EMBEDA CAP 20-0.8MG	12
moexipril hcl tab 15 mg	57	see EMBEDA CAP 30-1.2MG	12

see EMBEDA CAP 50-2MG.....	12
see EMBEDA CAP 60-2.4MG.....	12
see EMBEDA CAP 80-3.2MG.....	12
MOVANTIK TAB 12.5MG.....	112
MOVANTIK TAB 25MG.....	112
MOVIPREP SOL.....	123
moxifloxacin hcl ophth soln 0.5% (base equiv)	143
moxifloxacin hcl tab 400 mg (base equiv)	111
Mucus-dm	
see dextromethorphan- guaifenesin tab er 12hr 30-600 mg	96
MULT VITAM DRO.....	137
MULTAQ TAB 400MG.....	23
MULTI VITAMI TAB D-3.....	136
Multi-delyn	
see pediatric multiple vitamin liq	137
multiple vitamin cap	136
multiple vitamin tab	136
multiple vitamins w/ iron tab ...	136
multiple vitamins w/ minerals cap	136
multiple vitamins w/ minerals liquid	136
multiple vitamins w/ minerals tab	136
Multi-vit/iron/fluoride	
see pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	136
Multivitamin & Mineral	
see multiple vitamins w/ minerals liquid	136
MULTIVITAMIN DRO /IRON.....	136
Multivitamin With Fluorid	
see pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml 136	
see pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml .	136
Multivitamin/fluoride	
see pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	136
see pediatric multiple vitamins w/ fluoride chew tab 0.5 mg 136	
see pediatric multiple vitamins w/ fluoride chew tab 1 mg ..	136
mupirocin oint 2%	98
Mv-one	
see multiple vitamin cap	136
Mvw Complete Formulation	
see pediatric multiple vitamin w/ minerals & c chew tab	136
My Way	
see levonorgestrel tab 1.5 mg ...94	
Mycocide Clinical Ns Anti	
see tolnaftate soln 1%	99
mycophenolate mofetil cap 250 mg	134
mycophenolate mofetil tab 500 mg	134
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 134	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 134	
MYNATAL CAP.....	137
MYNATAL TAB.....	137
MYNATE 90 TAB PLUS.....	137
MYRBETRIQ TAB 25MG.....	158
MYRBETRIQ TAB 50MG.....	158
N	
nabilone	
see CESAMET CAP 1MG.....	50
nabumetone tab 500 mg	9
nabumetone tab 750 mg	9
nadolol tab 20 mg	85
nadolol tab 40 mg	85
nadolol tab 80 mg	85
nafarelin acetate	
see SYNAREL SOL 2MG/ML.....	108
naftifine hcl	
see NAFTIN GEL 1%.....	99
see NAFTIN GEL 2%.....	99
naftifine hcl cream 1%	99
naftifine hcl gel 1%	99
NAFTIN GEL 1%.....	99
NAFTIN GEL 2%.....	99
naldemedine tosylate	
see SYMPROIC TAB 0.2MG.....	112
naloxegol oxalate	

see MOVANTIK TAB 12.5MG.....	112	NATURE-THROI TAB 325MG	153
see MOVANTIK TAB 25MG	112	NATURE-THROI TAB 48.75MG.....	153
naloxone hcl		NATURE-THROI TAB 65MG	153
see NARCAN SPR.....	50	NATURE-THROI TAB 97.5MG	153
naloxone hcl inj 0.4 mg/ml	49	nebivolol hcl	
naloxone hcl soln cartridge 0.4		see BYSTOLIC TAB 10MG	85
mg/ml	49	see BYSTOLIC TAB 2.5MG	85
naloxone hcl soln prefilled syringe		see BYSTOLIC TAB 20MG	85
2 mg/2ml	49	see BYSTOLIC TAB 5MG	85
naltrexone		nebivolol-valsartan	
see VIVITROL INJ 380MG	50	see BYVALSON TAB 5-80MG	62
naltrexone hcl tab 50 mg	50	nebulizers	
Naproxen Dr		see EASY NEB MIS.....	128
see naproxen tab ec 375 mg	9	NEBUPENT INH 300MG	19
see naproxen tab ec 500 mg	9	Nebusal	
naproxen sodium tab 220 mg	9	see sodium chloride soln nebu	
naproxen susp 125 mg/5ml	9	3%	96
naproxen tab 250 mg	9	nedocromil sodium (ophth)	
naproxen tab 375 mg	9	see ALOCRI SOL 2%	144
naproxen tab 500 mg	9	needle (disp) 18 g	
naproxen tab ec 375 mg	9	see NEEDLES MIS 18GX1.5.....	127
naproxen tab ec 500 mg	9	NEEDLES MIS 18GX1.5	127
naratriptan hcl tab 1 mg (base		nefazodone hcl tab 100 mg	35
equiv)	129	nefazodone hcl tab 150 mg	35
naratriptan hcl tab 2.5 mg (base		nefazodone hcl tab 200 mg	36
equiv)	129	nefazodone hcl tab 250 mg	36
NARCAN SPR	50	nefazodone hcl tab 50 mg	35
NASAL DECON SYP 30MG/5ML	141	nelfinavir mesylate	
NASAL DECONG LIQ 30MG/5ML	141	see VIRACEPT TAB 250MG	83
NAT FIBER POW 58.6%.....	123	see VIRACEPT TAB 625MG.....	83
NATACYN SUS 5% OP	143	neomycin sulfate tab 500 mg	6
natalizumab		neomycin-bacitrac zn-polymyx	
see TYSABRI INJ 300/15ML	150	5(3.5)mg-400unt-10000unt op	
NATALVIT TAB 75-1MG	137	oin	143
natamycin		neomycin-bacitracin-polymyxin	
see NATACYN SUS 5% OP	143	oint	98
NATAZIA TAB.....	93	neomycin-bacitracin-polymyxin-	
nateglinide tab 120 mg	48	pramoxine oint 1%	98
nateglinide tab 60 mg	47	neomycin-colistin-hc-thonzonium	
NATURE THROI TAB 162.5MG	153	see COLY-MYCIN S SUS OTIC	146
NATURE-THROI TAB 113.75MG	153	neomycin-polymy-gramicid op sol	
NATURE-THROI TAB 130MG.....	153	1.75-10000-0.025mg-unt-mg/ml	
NATURE-THROI TAB 146.25MG	153	.....	143
NATURE-THROI TAB 16.25MG.....	153	neomycin-polymyxin-	
NATURE-THROI TAB 195MG.....	153	dexamethasone ophth oint 0.1%	
NATURE-THROI TAB 260MG.....	153	.....	144
NATURE-THROI TAB 32.5MG.....	153		

neomycin-polymyxin-dexamethasone ophth susp 0.1%	144
neomycin-polymyxin-hc otic soln 1%	146
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	146
NEORAL CAP 100MG	134
NEORAL CAP 25MG	134
nepafenac	
see NEVANAC SUS 0.1%	145
NESTABS TAB	138
netupitant-palonosetron	
see AKYNZEO CAP 300-0.5	50
NEULASTA INJ 6MG/0.6M	119
NEUPOGEN INJ 300/0.5	119
NEUPOGEN INJ 300MCG	119
NEUPOGEN INJ 480/0.8	119
NEUPOGEN INJ 480MCG	119
NEUPRO DIS 1MG/24HR	72
NEUPRO DIS 2MG/24HR	72
NEUPRO DIS 3MG/24HR	72
NEUPRO DIS 4MG/24HR	72
NEUPRO DIS 6MG/24HR	72
NEUPRO DIS 8MG/24HR	73
NEVANAC SUS 0.1%	145
nevirapine susp 50 mg/5ml	82
nevirapine tab 200 mg	82
nevirapine tab er 24hr 100 mg	82
nevirapine tab er 24hr 400 mg	82
NEXAVAR TAB 200MG	69
NEXLETOL TAB 180MG	53
NEXLIZET TAB 180/10MG	53
NEXPLANON IMP 68MG	94
niacin (antihyperlipidemic) tab 500 mg	56
niacin cap er 250 mg	161
niacin cap er 500 mg	161
Niacin Flush Free	
see inositol niacinate cap 500 mg	89
niacin tab 100 mg	161
niacin tab 250 mg	161
niacin tab 50 mg	161
niacin tab 500 mg	161
niacin tab er 250 mg	161
niacin tab er 500 mg	161
niacin tab er 500 mg (antihyperlipidemic)	56
niacin tab er 750 mg	161
niacinamide tab 500 mg	161
Niacor	
see niacin (antihyperlipidemic) tab 500 mg	56
nicardipine hcl cap 20 mg	87
nicardipine hcl cap 30 mg	87
nicotine	
see NICOTROL INH	151
see NICOTROL NS SPR 10MG/ML	151
nicotine polacrilex gum 2 mg	151
nicotine polacrilex gum 4 mg	151
nicotine polacrilex lozenge 2 mg	151
nicotine polacrilex lozenge 4 mg	151
NICOTINE SYS KIT TRANSDER	151
nicotine td patch 24hr 14 mg/24hr	151
nicotine td patch 24hr 21 mg/24hr	151
nicotine td patch 24hr 7 mg/24hr	151
Nicotine Transdermal Syst	
see nicotine td patch 24hr 7 mg/24hr	151
NICOTROL INH	151
NICOTROL NS SPR 10MG/ML	151
nifedipine cap 10 mg	87
nifedipine cap 20 mg	87
nifedipine tab er 24hr 30 mg	87
nifedipine tab er 24hr 60 mg	87
nifedipine tab er 24hr 90 mg	87
nifedipine tab er 24hr osmotic release 30 mg	87
nifedipine tab er 24hr osmotic release 60 mg	87
nifedipine tab er 24hr osmotic release 90 mg	87
nilotinib hcl	
see TASIGNA CAP 150MG	70
see TASIGNA CAP 200MG	70
see TASIGNA CAP 50MG	70
nilutamide tab 150 mg	66
nimodipine cap 30 mg	88

niraparib tosylate	
see ZEJULA CAP 100MG	71
nisoldipine tab er 24hr 17 mg	88
nisoldipine tab er 24hr 20 mg	88
nisoldipine tab er 24hr 25.5 mg	88
nisoldipine tab er 24hr 30 mg	88
nisoldipine tab er 24hr 34 mg	88
nisoldipine tab er 24hr 40 mg	88
nisoldipine tab er 24hr 8.5 mg	88
nitazoxanide	
see ALINIA SUS 100/5ML	19
see ALINIA TAB 500MG	19
nitisinone	
see ORFADIN CAP 10MG.....	108
see ORFADIN CAP 20MG.....	108
see ORFADIN CAP 2MG	108
see ORFADIN CAP 5MG	108
nitisinone cap 10 mg	108
nitisinone cap 2 mg	108
nitisinone cap 5 mg	108
nitrofurantoin macrocrystalline cap	
100 mg	156
nitrofurantoin macrocrystalline cap	
50 mg	156
nitrofurantoin monohydrate	
macrocrystalline cap 100 mg	156
nitrofurantoin susp 25 mg/5ml	156
nitroglycerin (intra-anal)	
see RECTIV OIN 0.4%	17
nitroglycerin sl tab 0.3 mg	20
nitroglycerin sl tab 0.4 mg	20
nitroglycerin sl tab 0.6 mg	20
nitroglycerin td patch 24hr 0.1	
mg/hr	20
nitroglycerin td patch 24hr 0.2	
mg/hr	20
nitroglycerin td patch 24hr 0.4	
mg/hr	20
nitroglycerin td patch 24hr 0.6	
mg/hr	21
NIVESTYM INJ 300/0.5	119
NIVESTYM INJ 300MCG	119
NIVESTYM INJ 480/0.8	119
NIVESTYM INJ 480MCG	119
nizatidine cap 150 mg	154
nizatidine cap 300 mg	154
nizatidine oral soln 15 mg/ml ..	154
Non-aspirin Junior Streng	
see acetaminophen chew tab 160	
mg	11
nonoxynol-9	
see ENCARE SUP 100MG	159
see GYNOL II GEL 3%	159
see SHUR-SEAL GEL 2%.....	159
see TODAY SPONGE MIS	159
see VCF VAGINAL AER CONTRACP	159
see VCF VAGINAL MIS CONTRACP	159
nonoxynol-9 gel 4%	159
norelgestromin-ethinyl estradiol td	
ptwk 150-35 mcg/24hr	94
norethin acet & estrad-fe	
see TAYTULLA CAP 1MG/20MC	93
norethindrone & ethinyl estradiol	
tab 0.4 mg-35 mcg	93
norethindrone & ethinyl estradiol	
tab 0.5 mg-35 mcg	93
norethindrone & ethinyl estradiol	
tab 1 mg-35 mcg	93
norethindrone & ethinyl estradiol-	
fe chew tab 0.4 mg-35 mcg	93
norethindrone & ethinyl estradiol-	
fe chew tab 0.8 mg-25 mcg	93
norethindrone ace & ethinyl	
estradiol tab 1 mg-20 mcg	93
norethindrone ace & ethinyl	
estradiol tab 1.5 mg-30 mcg ...	93
norethindrone ace & ethinyl	
estradiol-fe tab 1 mg-20 mcg ...	93
norethindrone ace & ethinyl	
estradiol-fe tab 1.5 mg-30 mcg	93
norethindrone ace-eth estradiol-fe	
chew tab 1 mg-20 mcg (24)	93
norethindrone ace-ethinyl	
estradiol-fe tab 1 mg-20 mcg	
(24)	93
norethindrone acetate tab 5 mg	148
norethindrone acetate-ethinyl	
estradiol tab 0.5 mg-2.5 mcg .	109
norethindrone acetate-ethinyl	
estradiol tab 1 mg-5 mcg	109
norethindrone acetate-ethinyl	
estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10	93

norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....93	NOVOSEVEN RT INJ 2MG 116
norethindrone tab 0.35 mg.....94	NOVOSEVEN RT INJ 5MG 116
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg ..93	NOVOSEVEN RT INJ 8MG 116
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg....93	Np Thyroid 120 see thyroid tab 120 mg (2 grain) 153
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg .....93	Np Thyroid 15 see thyroid tab 15 mg (1/4 grain) 153
norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg .93	Np Thyroid 30 see thyroid tab 30 mg (1/2 grain) 153
norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg .93	Np Thyroid 60 see thyroid tab 60 mg (1 grain) 153
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg .....93	Np Thyroid 90 see thyroid tab 90 mg (1 1/2 grain) 153
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg .....93	NUCALA INJ 100MG .....24
NORTEMP SUS INFANTS..... 11	NUCYNTA ER TAB 100MG 14
NORTHERA CAP 100MG 160	NUCYNTA ER TAB 150MG 14
NORTHERA CAP 200MG 160	NUCYNTA ER TAB 200MG 14
NORTHERA CAP 300MG 160	NUCYNTA ER TAB 250MG 14
Nortrel 0.5/35 (28) see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg ..93	NUCYNTA ER TAB 50MG 14
Nortrel 1/35 see norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....93	NUCYNTA TAB 100MG 14
Nortrel 7/7/7 see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg- mcg.....93	NUCYNTA TAB 50MG 14
nortriptyline hcl cap 10 mg .....38	NUCYNTA TAB 75MG 14
nortriptyline hcl cap 25 mg 38	NULOJIX INJ 250MG 134
nortriptyline hcl cap 50 mg .....38	NUTRIENTS TAB PRENATAL 138
nortriptyline hcl cap 75 mg 38	NUVARING MIS .....94
NORVIR SOL 80MG/ML.....82	NUWIQ INJ 1000UNIT 116
NOVOEIGHT INJ 1500UNIT 116	NUWIQ INJ 2000UNIT 116
NOVOLIN INJ 70/30.....47	NUWIQ INJ 2500UNIT 116
NOVOLIN INJ 70/30 FP .....47	NUWIQ INJ 250UNIT 116
NOVOLIN N INJ U-100 .....47	NUWIQ INJ 3000UNIT 116
NOVOLIN R INJ U-100.....47	NUWIQ INJ 4000UNIT 116
NOVOLOG INJ 100/ML .....47	NUWIQ INJ 500UNIT 116
NOVOLOG INJ FLEXPEN.....47	NUWIQ KIT 1000UNIT 116
NOVOLOG INJ PENFILL.....47	NUWIQ KIT 2000UNIT 116
NOVOLOG MIX INJ 70/30 .....47	NUWIQ KIT 2500UNIT 117
NOVOLOG MIX INJ FLEXPEN .....47	NUWIQ KIT 250UNIT 116
NOVOSEVEN RT INJ 1MG..... 116	NUWIQ KIT 3000UNIT 117
	NUWIQ KIT 4000UNIT 117
	NUWIQ KIT 500UNIT 116
	nystatin cream 100000 unit/gm .99
	nystatin oint 100000 unit/gm .....99
	nystatin susp 100000 unit/ml ... 135

<i>nystatin tab 500000 unit</i>	51	<i>olanzapine tab 5 mg</i>	77
<i>nystatin topical powder 100000 unit/gm</i>	99	<i>olanzapine tab 7.5 mg</i>	77
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	99	<i>olmesartan medoxomil tab 20 mg</i>	59
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	99	<i>olmesartan medoxomil tab 40 mg</i>	59
Nystop		<i>olmesartan medoxomil tab 5 mg</i>	59
see <i>nystatin topical powder 100000 unit/gm</i>	99	<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	63
O		<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	63
O-CAL TAB PRENATAL.....	138	<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	63
OCTAGAM INJ 5GM.....	147	<i>olodaterol hcl</i>	
<i>octreotide acetate</i>		see STRIVERDI AER 2.5MCG.....	28
see SANDOSTATIN KIT LAR 10MG.....	109	<i>olopatadine hcl nasal soln 0.6%</i>	140
see SANDOSTATIN KIT LAR 20MG.....	109	<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	145
see SANDOSTATIN KIT LAR 30MG.....	109	<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	145
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	109	<i>olsalazine sodium</i>	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	109	see DIPENTUM CAP 250MG.....	112
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	109	<i>omalizumab</i>	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	109	see XOLAIR INJ 150MG/ML.....	24
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	109	see XOLAIR INJ 75/0.5.....	24
Ocuvite/lutein		see XOLAIR SOL 150MG.....	24
see <i>multiple vitamins w/ minerals tab</i>	136	<i>ombitasvir-paritaprevir-ritonavir</i>	
ODEFSEY TAB.....	82	see TECHNIVIE TAB.....	83
ODOMZO CAP 200MG.....	66	<i>omega-3 fatty acids cap 1000 mg</i>	141
<i>ofloxacin ophth soln 0.3%</i>	143	<i>omega-3 fatty acids cap 1200 mg</i>	142
<i>ofloxacin otic soln 0.3%</i>	146	<i>omega-3 fatty acids cap 300 mg</i>	141
<i>ofloxacin tab 300 mg</i>	111	<i>omega-3 fatty acids cap 500 mg</i>	141
<i>ofloxacin tab 400 mg</i>	111	<i>omega-3 fatty acids cap delayed release 1000 mg</i>	142
Ogestrel		<i>omega-3 fatty acids cap delayed release 1200 mg</i>	142
see <i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i>	93	<i>omega-3-acid ethyl esters cap 1 gm</i>	53
<i>olanzapine pamoate</i>		<i>omeprazole</i>	
see ZYPREXA RELP INJ 210MG.....	78	see FIRST-OMEPRASUS 2MG/ML.....	155
see ZYPREXA RELP INJ 300MG.....	78	<i>omeprazole cap delayed release 10 mg</i>	155
see ZYPREXA RELP INJ 405MG.....	78		
<i>olanzapine tab 10 mg</i>	77		
<i>olanzapine tab 15 mg</i>	77		
<i>olanzapine tab 2.5 mg</i>	77		
<i>olanzapine tab 20 mg</i>	77		

omeprazole cap delayed release 20 mg	155	oseltamivir phosphate cap 45 mg (base equiv)	84
omeprazole cap delayed release 40 mg	155	oseltamivir phosphate cap 75 mg (base equiv)	84
omeprazole magnesium		oseltamivir phosphate for susp 6 mg/ml (base equiv)	84
see PRILOSEC OTC TAB 20MG.....	156	osimertinib mesylate	
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	156	see TAGRISSO TAB 40MG.....	70
OMNARIS SPR.....	141	see TAGRISSO TAB 80MG.....	70
OMNIFLEX DPR	126	OSMOPREP TAB 1.5GM	124
OMNITROPE INJ 10/1.5ML	108	OTEZLA TAB 10/20/30.....	10
OMNITROPE INJ 5.8MG	107	OTEZLA TAB 30MG	10
OMNITROPE INJ 5/1.5ML.....	107	oxandrolone tab 10 mg	17
onabotulinumtoxinA		oxandrolone tab 2.5 mg	17
see BOTOX INJ 100UNIT	141	oxaprozin tab 600 mg	9
see BOTOX INJ 200UNIT	141	oxazepam cap 10 mg	23
ondansetron hcl oral soln 4 mg/5ml	50	oxazepam cap 15 mg	23
ondansetron hcl tab 4 mg	50	oxazepam cap 30 mg	23
ondansetron hcl tab 8 mg	50	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	32
ondansetron orally disintegrating tab 4 mg	50	oxcarbazepine tab 150 mg	32
ondansetron orally disintegrating tab 8 mg	50	oxcarbazepine tab 300 mg	32
ONE A DAY MIS PRENATAL	138	oxcarbazepine tab 600 mg	32
OPSUMIT TAB 10MG	89	oxiconazole nitrate	
oral electrolyte solution	132	see OXISTAT LOT 1%	99
ORAVIG TAB 50MG.....	135	oxiconazole nitrate cream 1%	99
ORENCIA CLCK INJ 125MG/ML	10	OXISTAT LOT 1%.....	99
ORENCIA INJ 125MG/ML	10	oxybutynin	
ORENCIA INJ 250MG	10	see OXYTROL/WOMN DIS 3.9MG/24	157
ORENCIA INJ 50/0.4	10	oxybutynin chloride syrup 5 mg/5ml	157
ORENCIA INJ 87.5/0.7	10	oxybutynin chloride tab 5 mg	157
ORENITRAM TAB 0.125MG.....	89	oxybutynin chloride tab er 24hr 10 mg	157
ORENITRAM TAB 0.25MG	89	oxybutynin chloride tab er 24hr 15 mg	157
ORENITRAM TAB 1MG.....	89	oxybutynin chloride tab er 24hr 5 mg	157
ORENITRAM TAB 2.5MG	89	oxycodone hcl	
ORENITRAM TAB 5MG.....	89	see OXYCONTIN TAB 10MG CR.....	15
ORFADIN CAP 10MG	108	see OXYCONTIN TAB 15MG CR.....	15
ORFADIN CAP 20MG	108	see OXYCONTIN TAB 20MG CR.....	15
ORFADIN CAP 2MG.....	108	see OXYCONTIN TAB 30MG CR.....	15
ORFADIN CAP 5MG.....	108	see OXYCONTIN TAB 40MG CR.....	15
orphenadrine citrate tab er 12hr 100 mg	139	see OXYCONTIN TAB 60MG CR.....	15
oseltamivir phosphate cap 30 mg (base equiv)	84	see OXYCONTIN TAB 80MG CR.....	15

<i>oxycodone hcl soln 5 mg/5ml</i>	14
<i>oxycodone hcl tab 10 mg</i>	14
<i>oxycodone hcl tab 15 mg</i>	14
<i>oxycodone hcl tab 20 mg</i>	14
<i>oxycodone hcl tab 30 mg</i>	14
<i>oxycodone hcl tab 5 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 15 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 30 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	14
<i>oxycodone hcl tab er 12hr deter 60 mg</i>	15
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	15
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	16
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	16
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	16
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	16
<i>oxycodone-ibuprofen tab 5-400 mg</i>	16
OXYCONTIN TAB 10MG CR	15
OXYCONTIN TAB 15MG CR	15
OXYCONTIN TAB 20MG CR	15
OXYCONTIN TAB 30MG CR	15
OXYCONTIN TAB 40MG CR	15
OXYCONTIN TAB 60MG CR	15
OXYCONTIN TAB 80MG CR	15
<i>oxymetazoline hcl nasal soln 0.05%</i>	141
<i>oxymetholone</i> see ANADROL-50 TAB 50MG	17
<i>oxymorphone hcl tab 10 mg</i>	15
<i>oxymorphone hcl tab 5 mg</i>	15
<i>oxymorphone hcl tab er 12hr 10 mg</i>	15
<i>oxymorphone hcl tab er 12hr 15 mg</i>	15
<i>oxymorphone hcl tab er 12hr 20 mg</i>	15
<i>oxymorphone hcl tab er 12hr 30 mg</i>	15
<i>oxymorphone hcl tab er 12hr 40 mg</i>	15
<i>oxymorphone hcl tab er 12hr 5 mg</i>	15
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	15
OXYTROL/WOMN DIS 3.9MG/24.....	157
Oysco 500+d see <i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	130
Oyster Shell Calcium Plus see <i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	131
<i>oyster shell calcium tab 500 mg</i>	131
Oystercal-d see <i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	131
OZEMPIC INJ 2/1.5ML.....	44
P	
Pain & Fever Childrens see <i>acetaminophen soln 160 mg/5ml</i>	11
palbociclib see IBRANCE CAP 100MG	68
see IBRANCE CAP 125MG	68
see IBRANCE CAP 75MG	68
see IBRANCE TAB 100MG	68
see IBRANCE TAB 125MG	68
see IBRANCE TAB 75MG	68
palifermin see KEPIVANCE INJ 6.25MG.....	71
paliperidone palmitate see INVEGA SUST INJ 117/0.75	74
see INVEGA SUST INJ 156MG/ML ..	74
see INVEGA SUST INJ 234/1.5.....	74
see INVEGA SUST INJ 39/0.25.....	74
see INVEGA SUST INJ 78/0.5ML....	74
see INVEGA TRINZ INJ 273MG.....	74
see INVEGA TRINZ INJ 410MG.....	75
see INVEGA TRINZ INJ 546MG.....	75

see INVEGA TRINZ INJ 819MG75
paliperidone tab er 24hr 1.5 mg..75
paliperidone tab er 24hr 3 mg75
paliperidone tab er 24hr 6 mg75
paliperidone tab er 24hr 9 mg75
palivizumab
 see SYNAGIS INJ 100MG/ML 147
 see SYNAGIS INJ 50MG 147
**pancrelipase (lipase-protease-
 amylase)**
 see CREON CAP 12000UNT 105
 see CREON CAP 24000UNT 105
 see CREON CAP 3000UNIT 104
 see CREON CAP 36000UNT 105
 see CREON CAP 6000UNIT 105
 see ZENPEP CAP 10000UNT 105
 see ZENPEP CAP 15000UNT 105
 see ZENPEP CAP 20000UNT 105
 see ZENPEP CAP 25000 105
 see ZENPEP CAP 3000UNIT 105
 see ZENPEP CAP 40000 105
 see ZENPEP CAP 5000UNIT 105
panobinostat lactate
 see FARYDAK CAP 10MG68
 see FARYDAK CAP 15MG68
 see FARYDAK CAP 20MG68
 PANRETIN GEL 0.1%99
**pantoprazole sodium ec tab 20 mg
 (base equiv)** 156
**pantoprazole sodium ec tab 40 mg
 (base equiv)** 156
 PARAGARD IUD T380A94
paricalcitol cap 1 mcg..... 109
paricalcitol cap 2 mcg..... 109
paricalcitol cap 4 mcg..... 109
paromomycin sulfate cap 250 mg. 6
paroxetine hcl tab 10 mg.....35
paroxetine hcl tab 20 mg.....35
paroxetine hcl tab 30 mg.....35
paroxetine hcl tab 40 mg.....35
 PASER GRA 4GM64
pazopanib hcl
 see VOTRIENT TAB 200MG70
 PEAK AIR FLO MIS ADLT/PED 128
peak flow meter
 see PEAK AIR FLO MIS ADLT/PED 128
 PEDIA-LAX LIQ 50MG 124

pediatric multiple vitamin liq..... 137
pediatric multiple vitamin w/ c
 see POLY-VI-SOL SOL 50MG/ML.. 137
**pediatric multiple vitamin w/ c & fa
 chew tab**..... 137
**pediatric multiple vitamin w/ c
 soln 35 mg/ml**..... 137
**pediatric multiple vitamin w/ extra
 c & fa chew tab**..... 137
**pediatric multiple vitamin w/
 minerals & c chew tab** 136
**pediatric multiple vitamin w/
 minerals & c drops 45 mg/ml**. 136
pediatric multiple vitamins
 see MULT VITAM DRO 137
**pediatric multiple vitamins w/ fl-fe
 drops 0.25-10 mg/ml** 136
**pediatric multiple vitamins w/
 fluoride chew tab 0.25 mg**..... 136
**pediatric multiple vitamins w/
 fluoride chew tab 0.5 mg**..... 136
**pediatric multiple vitamins w/
 fluoride chew tab 1 mg**..... 136
**pediatric multiple vitamins w/
 fluoride soln 0.25 mg/ml**..... 136
**pediatric multiple vitamins w/
 fluoride soln 0.5 mg/ml**..... 136
pediatric multiple vitamins w/ iron
 see ANIMAL SHAPE CHW IRON... 136
 see MULTIVITAMIN DRO /IRON ... 136
**pediatric multiple vitamins w/ iron
 chew tab 15 mg**..... 137
**pediatric multiple vitamins w/ iron
 drops 10 mg/ml** 137
**pediatric vitamins acd w/ fluoride
 soln 0.25 mg/ml**..... 136
**pediatric vitamins acd w/ fluoride
 soln 0.5 mg/ml**..... 136
pediatric vitamins adc
 see TRI-VI-SOL SOL A/C/D 137
**pediatric vitamins adc drops 750
 unit-400 unit-35 mg/ml** 137
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 236 gm** 123
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 240 gm** 123

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	
see MOVIPREP SOL.....	123
see PLENVU SOL.....	123
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	123
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	
see GOLYTELY SOL.....	123
PEGANONE TAB 250MG.....	33
PEGASYS INJ.....	83
PEGASYS INJ 180MCG/M.....	83
pegfilgrastim	
see NEULASTA INJ 6MG/0.6M.....	119
pegfilgrastim-bmez	
see ZIEXTENZO INJ 6/0.6ML.....	120
pegfilgrastim-cbqv	
see UDENYCA INJ 6MG/.6ML.....	120
pegfilgrastim-jmdb	
see FULPHILA INJ 6/0.6ML.....	119
peginterferon alfa-2a	
see PEGASYS INJ.....	83
see PEGASYS INJ 180MCG/M.....	83
peginterferon beta-1a	
see PLEGRIDY INJ.....	150
see PLEGRIDY INJ PEN.....	150
see PLEGRIDY INJ STARTER.....	150
see PLEGRIDY PEN INJ STARTER.....	150
pegvisomant	
see SOMAVERT INJ 10MG.....	107
see SOMAVERT INJ 15MG.....	107
see SOMAVERT INJ 20MG.....	107
PEN NEEDLES MIS 29GX10MM.....	127
PEN NEEDLES MIS 29GX12.7.....	127
PEN NEEDLES MIS 29GX12MM.....	127
PEN NEEDLES MIS 31GX5MM.....	127
PEN NEEDLES MIS 31GX6MM.....	127
PEN NEEDLES MIS 31GX8MM.....	128
PEN NEEDLES MIS 32GX4MM.....	128
PEN NEEDLES MIS 32GX6MM.....	128
PEN NEEDLES MIS 32GX8MM.....	128
penciclovir	
see DENAVIR CRE 1%.....	100
penicillamine	
see DEPEN TITRA TAB 250MG.....	133
see D-PENAMINE TAB 125MG.....	133
penicillamine tab 250 mg	133
penicillin v potassium for soln 125 mg/5ml	148
penicillin v potassium for soln 250 mg/5ml	148
penicillin v potassium tab 250 mg	148
penicillin v potassium tab 500 mg	148
pentamidine isethionate	
see NEBUPENT INH 300MG.....	19
pentamidine isethionate for nebulization soln 300 mg	19
pentosan polysulfate sodium	
see ELMIRON CAP 100MG.....	113
pentoxifylline tab er 400 mg	117
perampanel	
see FYCOMPA TAB 10MG.....	30
see FYCOMPA TAB 12MG.....	30
see FYCOMPA TAB 2MG.....	30
see FYCOMPA TAB 4MG.....	30
see FYCOMPA TAB 6MG.....	30
see FYCOMPA TAB 8MG.....	30
perindopril erbumine tab 2 mg	57
perindopril erbumine tab 4 mg	57
perindopril erbumine tab 8 mg	57
permethrin & pyrethrins-piperonyl butoxide	
see RA LICE KIT SOLUTION.....	104
permethrin aerosol 0.5%	104
permethrin cream 5%	104
permethrin creme rinse 1%	104
permethrin lotion 1%	104
perphenazine tab 16 mg	79
perphenazine tab 2 mg	79
perphenazine tab 4 mg	79
perphenazine tab 8 mg	79
PERRY PRENAT CAP.....	138
Pharbedryl	
see diphenhydramine hcl cap 25 mg	51
phenazopyridine hcl tab 100 mg	113
phenazopyridine hcl tab 200 mg	114
phendimetrazine tartrate tab 35 mg	2
phenelzine sulfate tab 15 mg	34
phenobarbital elixir 20 mg/5ml	121
phenobarbital tab 100 mg	121

<i>phenobarbital tab 15 mg</i>	121	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	47
<i>phenobarbital tab 16.2 mg</i>	121	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	47
<i>phenobarbital tab 30 mg</i>	121	<i>pirfenidone</i>	
<i>phenobarbital tab 32.4 mg</i>	121	see ESBRIET CAP 267MG.....	151
<i>phenobarbital tab 60 mg</i>	121	see ESBRIET TAB 267MG.....	151
<i>phenobarbital tab 64.8 mg</i>	121	see ESBRIET TAB 801MG.....	151
<i>phenobarbital tab 97.2 mg</i>	121	<i>piroxicam cap 10 mg</i>	9
<i>phenoxybenzamine hcl cap 10 mg</i>	58	<i>piroxicam cap 20 mg</i>	9
<i>phenylephrine hcl (oral)</i>		PLEGRIDY INJ	150
see SUDAFED PE SOL CHILDREN .	141	PLEGRIDY INJ PEN	150
<i>phenylephrine hcl tab 10 mg</i>	141	PLEGRIDY INJ STARTER	150
PHENYTEK CAP 200MG.....	33	PLEGRIDY PEN INJ STARTER.....	150
PHENYTEK CAP 300MG.....	33	PLENVU SOL	123
<i>phenytoin chew tab 50 mg</i>	33	<i>pneumococcal 13-valent conjugate vaccine</i>	
<i>phenytoin sodium extended</i>		see PREVNAR 13 INJ.....	158
see DILANTIN CAP 100MG	33	<i>pneumococcal vac polyvalent</i>	
see DILANTIN CAP 30MG	33	see PNEUMOVAX 23 INJ 25/0.5 ...	158
see PHENYTEK CAP 200MG	33	PNEUMOVAX 23 INJ 25/0.5	158
see PHENYTEK CAP 300MG	33	<i>podofilox soln 0.5%</i>	103
<i>phenytoin sodium extended cap 100 mg</i>	33	Polycin	
<i>phenytoin sodium extended cap 200 mg</i>	33	see <i>bacitracin-polymyxin b ophthalm oint</i>	143
<i>phenytoin sodium extended cap 300 mg</i>	33	<i>polyethylene glycol 3350 oral packet 17 gm</i>	124
<i>phenytoin susp 125 mg/5ml</i>	33	<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	124
PHOSPHOLINE SOL 0.125%OP.....	143	<i>polyethylene glycol-propylene glycol ophthalm soln 0.4-0.3%</i>	142
Physiolyte		Poly-iron 150	
see <i>irrigation solution, physiological</i>	135	see <i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	121
<i>phytonadione tab 5 mg</i>	161	Poly-iron 150 Forte	
PICATO GEL 0.015%.....	99	see <i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> .	120
PICATO GEL 0.05%	99	<i>polymyxin b-trimethoprim ophthalm soln 10000 unit/ml-0.1%</i>	144
PIFELTRO TAB 100MG.....	82	<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	121
<i>pilocarpine hcl ophthalm soln 1%</i> ...	143	<i>polysaccharide iron-folic acid-vit b12</i>	
<i>pilocarpine hcl ophthalm soln 2%</i> ...	143	see FERREX 150 CAP FORTE	120
<i>pilocarpine hcl ophthalm soln 4%</i> ...	143	<i>polyvinyl alcohol ophthalm soln 1.4%</i>	142
<i>pilocarpine hcl tab 5 mg</i>	135		
<i>pilocarpine hcl tab 7.5 mg</i>	135		
<i>pimozide tab 1 mg</i>	150		
<i>pimozide tab 2 mg</i>	150		
<i>pindolol tab 10 mg</i>	85		
<i>pindolol tab 5 mg</i>	85		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	47		

polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	142
POLY-VI-SOL SOL 50MG/ML.....	137
Polyvitamin/iron	
see pediatric multiple vitamin w/ minerals & c chew tab	136
pomalidomide	
see POMALYST CAP 1MG	67
see POMALYST CAP 2MG	67
see POMALYST CAP 3MG	67
see POMALYST CAP 4MG	67
POMALYST CAP 1MG	67
POMALYST CAP 2MG	67
POMALYST CAP 3MG	67
POMALYST CAP 4MG	67
ponatinib hcl	
see ICLUSIG TAB 15MG.....	68
see ICLUSIG TAB 45MG.....	68
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	
.....	133
potassium bicarbonate effer tab 25 meq	133
potassium chloride cap er 10 meq	
.....	133
potassium chloride cap er 8 meq	
.....	133
potassium chloride microencapsulated crys er tab 10 meq	133
potassium chloride microencapsulated crys er tab 20 meq	133
potassium chloride oral soln 10% (20 meq/15ml)	133
potassium chloride oral soln 20% (40 meq/15ml)	133
potassium chloride tab er 10 meq	
.....	133
potassium chloride tab er 20 meq (1500 mg)	133
potassium chloride tab er 8 meq (600 mg)	133
potassium citrate & citric acid soln 1100-334 mg/5ml	113
potassium citrate tab er 10 meq (1080 mg)	113
potassium citrate tab er 15 meq (1620 mg)	113
potassium citrate tab er 5 meq (540 mg)	113
PRADAXA CAP 110MG	30
PRADAXA CAP 150MG	30
PRADAXA CAP 75MG.....	30
pramipexole dihydrochloride tab 0.125 mg	73
pramipexole dihydrochloride tab 0.25 mg	73
pramipexole dihydrochloride tab 0.5 mg	73
pramipexole dihydrochloride tab 0.75 mg	73
pramipexole dihydrochloride tab 1 mg	73
pramipexole dihydrochloride tab 1.5 mg	73
pramlintide acetate	
see SYMLINPEN 60 INJ 1000MCG ..	39
see SYMLINPEN 120 INJ 1000MCG..	39
pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	
.....	17
prasugrel hcl tab 10 mg (base equiv)	118
prasugrel hcl tab 5 mg (base equiv)	118
pravastatin sodium tab 10 mg	55
pravastatin sodium tab 20 mg	55
pravastatin sodium tab 40 mg	55
pravastatin sodium tab 80 mg	55
praziquantel tab 600 mg	18
prazosin hcl cap 1 mg	61
prazosin hcl cap 2 mg	61
prazosin hcl cap 5 mg	61
prednicarbate cream 0.1%	102
prednicarbate oint 0.1%	102
prednisolone acetate ophth susp 1%	144
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) ..	95
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) ...	95
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq) ..	95

prednisolone syrup 15 mg/5ml
(usp solution equivalent)95

prednisone oral soln 5 mg/5ml ...95

prednisone tab 1 mg95

prednisone tab 10 mg95

prednisone tab 2.5 mg95

prednisone tab 20 mg95

prednisone tab 5 mg95

prednisone tab 50 mg95

prednisone tab therapy pack 10 mg
(21).....95

prednisone tab therapy pack 10 mg
(48).....95

prednisone tab therapy pack 5 mg
(21).....95

prednisone tab therapy pack 5 mg
(48).....95

pregabalin

see LYRICA CAP 100MG32

see LYRICA CAP 150MG32

see LYRICA CAP 200MG32

see LYRICA CAP 225MG32

see LYRICA CAP 25MG31

see LYRICA CAP 300MG32

see LYRICA CAP 50MG31

see LYRICA CAP 75MG32

PREGABALIN CAP 100 MG32

PREGABALIN CAP 150 MG32

PREGABALIN CAP 200 MG32

PREGABALIN CAP 225 MG32

PREGABALIN CAP 25 MG32

PREGABALIN CAP 300 MG32

PREGABALIN CAP 50 MG32

PREGABALIN CAP 75 MG32

PREMARIN TAB 0.3MG110

PREMARIN TAB 0.45MG110

PREMARIN TAB 0.625MG110

PREMARIN TAB 0.9MG110

PREMARIN TAB 1.25MG110

PREMARIN VAG CRE 0.625MG160

PREMPHASE TAB110

PREMPRO TAB110

PREMPRO TAB 0.3-1.5110

PREMPRO TAB 0.45-1.5110

PREMPRO TAB 0.625-5110

PRENAT MULTI CAP +DHA138

Prenatabs Rx

see **prenatal vit w/ iron carbonyl-
fa tab 29-1 mg**138

Prenatal 19

see **prenatal vit w/ dss-fe
fumarate-fa tab 29-1 mg**138

see **prenatal vit w/ fe fumarate-fa
chew tab 29-1 mg**138

PRENATAL 19 TAB 29-1MG138

PRENATAL CAP FORMULA138

PRENATAL CAP OMEGA-3138

Prenatal Dha

see **docosahexaenoic acid cap
200 mg**141

PRENATAL DHA PAK MULTI138

PRENATAL FRM TAB A-FREE138

PRENATAL MUL CAP +DHA138

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

see CVS PRENATAL CHW GUMMY 137

prenatal multivit-min w/fe-fa

see KPN PRENATAL TAB137

see MYNATAL CAP137

see PRENATAL/FE TAB138

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

see PRENATAL DHA PAK MULTI ...138

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

see BRAINSTRONG MIS PRENATAL
.....137

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

see CENTRUM SPEC PAK PRENATAL
.....137

see ENFAMIL MIS EXPECTA137

see PRENAT MULTI CAP +DHA ...138

see PRENATAL+DHA MIS138

see THERANATAL MIS COMPLETE 139

PRENATAL TAB138

PRENATAL TAB COMPLETE138

PRENATAL TAB FORMULA138

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

see MYNATE 90 TAB PLUS137

see PRENATAL 19 TAB 29-1MG ...138

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

see MYNATAL TAB 137

prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg..... 138

prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg..... 138

prenatal vit w/ fe bisglycinate chelate-folic acid
see VINATE II TAB 139

prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid
see BE WELL PAK ROUNDED 137

prenatal vit w/ fe fumarate-fa chew tab 29-1 mg..... 138

prenatal vit w/ fe fumarate-fa tab 28-1 mg..... 138

prenatal vit w/ ferrous fumarate-fa-fish oil
see PRENATAL CAP OMEGA-3..... 138

prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids
see ONE A DAY MIS PRENATAL.... 138
see PRENATAL CAP FORMULA..... 138
see PRENATAL MUL CAP +DHA.... 138
see SM ONE DAILY MIS PRENATAL
..... 139

prenatal vit w/ ferrous fumarate-folic acid
see CO-NATAL FA TAB 29-1MG.... 137
see NATALVIT TAB 75-1MG..... 137
see O-CAL TAB PRENATAL 138
see PERRY PRENAT CAP..... 138
see PRENATAL TAB 138
see PRENATAL TAB COMPLETE 138
see RA PRENATAL TAB FORMULA. 138
see SE-NATAL 19 CHW..... 139
see TRINATAL RX TAB 1 139
see VITAFOL-OB TAB 65-1MG 139
see VOL-PLUS TAB..... 139

prenatal vit w/ ferrous fumarate-l methylfolate-folic acid
see TL FOLATE TAB..... 139

prenatal vit w/ iron carbonyl-fa tab 29-1 mg..... 138

prenatal vit w/ iron carbonyl-folic acid
see VOL-TAB RX TAB 139

prenatal vit w/ selenium-fe fumarate-folic acid
see PRENATAL TAB FORMULA..... 138
see VINATE M TAB..... 139

prenatal vit without vit a w/ fe bisglycinate-folic acid
see NESTABS TAB 138

prenatal vitamin
see CALNA TAB 137

prenatal vitamins w/ ferrous succinate-folic acid
see NUTRIENTS TAB PRENATAL... 138

prenatal without a vit w/ fe fumarate-folic acid
see PRENATAL FRM TAB A-FREE .. 138

prenatal without vit a w/ iron polysaccharide complex-fa
see EZFE FORTE CAP 137

PRENATAL/FE TAB 138

PRENATAL+DHA MIS 138

PREPOPIK PAK 123

PREVNAR 13 INJ 158

PREZCOBIX TAB 800-150 82

PREZISTA SUS 100MG/ML 82

PREZISTA TAB 150MG 82

PREZISTA TAB 600MG 82

PREZISTA TAB 75MG 82

PREZISTA TAB 800MG 82

PRIFTIN TAB 150MG 64

PRILOSEC OTC TAB 20MG 156

primaquine phosphate tab 26.3 mg (15 mg base)..... 64

primidone tab 250 mg..... 32

primidone tab 50 mg..... 32

PRIVIGEN INJ 20GRAMS 147

PROAIR HFA AER..... 27

probenecid tab 500 mg 114

procarbazine hcl
see MATULANE CAP 50MG 71

prochlorperazine maleate tab 10 mg (base equivalent) 79

prochlorperazine maleate tab 5 mg (base equivalent) 79

prochlorperazine suppos 25 mg .. 79

PROCRIT INJ 2000/ML 119

PROCRIT INJ 3000/ML 119

PROCRIT INJ 40000/ML..... 119

PROFILNINE INJ 1500UNIT	117	<i>propranolol hcl cap er 24hr 80 mg</i>	85
<i>progesterone (vaginal)</i>		.....	85
see PROGESTERONE SUP VGS 100		<i>propranolol hcl oral soln 20</i>	
.....	160	<i>mg/5ml</i>	85
see PROGESTERONE SUP VGS 200		<i>propranolol hcl oral soln 40</i>	
.....	160	<i>mg/5ml</i>	85
<i>progesterone micronized cap 100</i>		<i>propranolol hcl tab 10 mg</i>	86
<i>mg</i>	148	<i>propranolol hcl tab 20 mg</i>	86
<i>progesterone micronized cap 200</i>		<i>propranolol hcl tab 40 mg</i>	86
<i>mg</i>	148	<i>propranolol hcl tab 60 mg</i>	86
PROGESTERONE SUP VGS 100	160	<i>propranolol hcl tab 80 mg</i>	86
PROGESTERONE SUP VGS 200	160	<i>propylene glycol-glycerin ophth</i>	
PROGLYCEM SUS 50MG/ML	43	<i>soln 1-0.3%</i>	142
PROLASTIN-C INJ 1000MG	151	<i>propylthiouracil tab 50 mg</i>	152
PROLIA SOL 60MG/ML	107	<i>protriptyline hcl tab 10 mg</i>	38
PROMACTA TAB 12.5MG	119	<i>protriptyline hcl tab 5 mg</i>	38
PROMACTA TAB 25MG	119	PROVENTIL AER HFA	28
PROMACTA TAB 50MG	119	<i>pseudoephed-bromphen-dm</i>	
PROMACTA TAB 75MG	119	see BROAPP DM LIQ 15-1-5/5	96
<i>promethazine & phenylephrine</i>		<i>pseudoephed-bromphen-dm syrup</i>	
<i>syrup 6.25-5 mg/5ml</i>	96	<i>30-2-10 mg/5ml</i>	96
<i>promethazine hcl suppos 12.5 mg</i>		<i>pseudoephedrine hcl</i>	
.....	52	see NASAL DECON SYP 30MG/5ML	
<i>promethazine hcl suppos 25 mg</i>	52	.....	141
<i>promethazine hcl syrup 6.25</i>		see NASAL DECONG LIQ 30MG/5ML	
<i>mg/5ml</i>	52	.....	141
<i>promethazine hcl tab 12.5 mg</i>	52	<i>pseudoephedrine hcl liq 15 mg/5ml</i>	
<i>promethazine hcl tab 25 mg</i>	52	.....	141
<i>promethazine hcl tab 50 mg</i>	52	<i>pseudoephedrine hcl tab 30 mg</i>	141
<i>promethazine w/ codeine syrup</i>		<i>pseudoephedrine hcl tab 60 mg</i>	141
<i>6.25-10 mg/5ml</i>	96	<i>pseudoephedrine hcl tab er 12hr</i>	
<i>promethazine-dm syrup 6.25-15</i>		<i>120 mg</i>	141
<i>mg/5ml</i>	96	<i>pseudoephedrine-guaifenesin tab</i>	
<i>promethazine-phenylephrine-</i>		<i>er 12hr 60-600 mg</i>	96
<i>codeine syrup 6.25-5-10 mg/5ml</i>		<i>psyllium</i>	
.....	96	see KONSYL DAILY POW 100% ..	123
<i>propafenone hcl tab 150 mg</i>	23	see KONSYL DAILY POW 28.3% ..	123
<i>propafenone hcl tab 225 mg</i>	23	see KONSYL-D POW 52.3%	123
<i>propafenone hcl tab 300 mg</i>	23	see METAMUCIL POW 28%ORG ..	123
<i>proparacaine hcl ophth soln 0.5%</i>		see METAMUCIL POW 58.12%	123
.....	144	see METAMUCIL WAF	123
<i>propranolol hcl cap er 24hr 120 mg</i>		see NAT FIBER POW 58.6%	123
.....	85	<i>psyllium cap 0.52 gm</i>	123
<i>propranolol hcl cap er 24hr 160 mg</i>		<i>psyllium cap 400 mg</i>	123
.....	85	<i>psyllium powder 100%</i>	123
<i>propranolol hcl cap er 24hr 60 mg</i>		<i>psyllium powder 28.3%</i>	123
.....	85	<i>psyllium powder 30.9%</i>	123

psyllium powder 33% 123
psyllium powder 48.57% 123
psyllium powder 58.6% 123
psyllium powder 95% 123
 PULMICORT INH 180MCG 25
 PULMICORT INH 90MCG 25
 PULMONEB LT MIS NEBULIZE 128
 PULMOZYME SOL 1MG/ML 151
 Pure & Gentle Lubricant
 see *hypromellose ophth soln*
 0.3%..... 142
 Px Iron
 see *ferrous sulfate dried tab 200*
 mg (65 mg elemental fe) 120
pyrantel pamoate susp 144 mg/ml
 (50 mg/ml base equiv)..... 19
pyrazinamide tab 500 mg 65
pyreth-piperonyl butox sham-
 permeth aero-nit remover gel kit
 104
pyrethrins-piperonyl butoxide liq
 0.3-3% 104
pyrethrins-piperonyl butoxide liq
 0.33-4% 104
pyrethrins-piperonyl butoxide
 shampoo 0.33-4% 104
pyridostigmine bromide tab 60 mg
 64
pyridoxine hcl tab 100 mg 161
pyridoxine hcl tab 25 mg 161
pyridoxine hcl tab 50 mg 161
pyridoxine hcl tab er 200 mg 161
pyrimethamine
 see DARAPRIM TAB 25MG 64

Q

Qc 3 Day Vaginal Cream
 see *miconazole nitrate vaginal*
 cream 4% (200 mg/5gm) ... 159
 Qc Natural Vegetable
 see *psyllium powder 95%* 123
quetiapine fumarate tab 100 mg .77
quetiapine fumarate tab 200 mg .77
quetiapine fumarate tab 25 mg ...77
quetiapine fumarate tab 300 mg .77
quetiapine fumarate tab 400 mg .77
quetiapine fumarate tab 50 mg ...77

quetiapine fumarate tab er 24hr
 150 mg 78
quetiapine fumarate tab er 24hr
 200 mg 78
quetiapine fumarate tab er 24hr
 300 mg 78
quetiapine fumarate tab er 24hr
 400 mg 78
quetiapine fumarate tab er 24hr 50
 mg 78
quinapril hcl tab 10 mg 58
quinapril hcl tab 20 mg 58
quinapril hcl tab 40 mg 58
quinapril hcl tab 5 mg 58
quinapril-hydrochlorothiazide tab
 10-12.5 mg 63
quinapril-hydrochlorothiazide tab
 20-12.5 mg 63
quinapril-hydrochlorothiazide tab
 20-25 mg 63
quinidine sulfate tab 200 mg 23
quinidine sulfate tab 300 mg 23
quinine sulfate cap 324 mg 64
 QVAR REDIHA AER 80MCG 25
 QVAR REDIHAL AER 40MCG 25

R

Ra Acetaminophen Rapid Me
 see *acetaminophen disintegrating*
 tab 160 mg 11
 see *acetaminophen disintegrating*
 tab 80 mg 11
 Ra Budesonide Nasal Spray
 see *budesonide nasal susp 32*
 mcg/act 140
 Ra Calcium 600 Plus Vitam
 see *calcium carb-vit d w/*
 minerals chew tab 600 mg-400
 unit 130
 Ra Cetirizine
 see *cetirizine hcl tab 10 mg* 52
 Ra Col-rite
 see *docusate sodium cap 50 mg*
 124
 Ra Ear Drying Agent
 see *isopropyl alcohol-glycerin otic*
 liquid 95-5% 146
 Ra Glycerin Child

see glycerin suppos 80.7%	124	see ROZEREM TAB 8MG	122
Ra Hemorrhoidal		ramelteon tab 8 mg	122
see pramox-pe-glycerin- petrolatum perianal cream 1- 0.25-14.4-15%	17	ramipril cap 1.25 mg	58
Ra Hydrocortisone Plus 12		ramipril cap 10 mg	58
see hydrocortisone cream 1%	102	ramipril cap 2.5 mg	58
Ra Ibuprofen		ramipril cap 5 mg	58
see ibuprofen tab 200 mg	8	ranitidine hcl tab 150 mg	155
Ra Laxative		ranitidine hcl tab 300 mg	155
see polyethylene glycol 3350 oral packet 17 gm	124	ranitidine hcl tab 75 mg	155
see polyethylene glycol 3350 oral powder 17 gm/scoop	124	ranolazine tab er 12hr 1000 mg ..	20
Ra Laxative Maximum Stren		ranolazine tab er 12hr 500 mg	20
see sennosides tab 25 mg	124	RAPAMUNE SOL 1MG/ML.....	134
RA LICE KIT SOLUTION	104	rasagiline mesylate tab 0.5 mg (base equiv)	73
Ra Lubricant Eye Drops		rasagiline mesylate tab 1 mg (base equiv)	73
see propylene glycol-glycerin ophth soln 1-0.3%	142	RECOMBINATE INJ	117
Ra Melatonin		RECOMBINATE INJ 220-400.....	117
see melatonin-pyridoxine tab 3-2 mg	6	RECOMBINATE INJ 401-800.....	117
Ra Mucus Relief D		RECOMBINATE INJ 801-1240.....	117
see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	96	RECOMBIVA HB INJ 10MCG/ML.....	159
RA OYS SHL/D TAB 500MG	131	RECOMBIVA HB INJ 5MCG/0.5	159
Ra Oyster Shell Calcium/v		RECTIV OIN 0.4%	17
see calcium carbonate-vitamin d tab 250 mg-125 unit	131	Regenecare Ha	
RA PRENATAL TAB FORMULA	138	see lidocaine hcl gel 2%	103
Ra Slow Release Iron		regorafenib	
see ferrous sulfate tab er 47.5 mg (elemental fe)	120	see STIVARGA TAB 40MG.....	70
Ra Tioconazole 1		REG GRANEX GEL 0.01%	104
see tioconazole vaginal oint 6.5%	160	Reguloid	
rabeprazole sodium ec tab 20 mg	156	see psyllium cap 400 mg	123
raloxifene hcl tab 60 mg	108	RELENZA MIS DISKHALE	84
raltegravir potassium		RELION KETON TES.....	104
see ISENTRESS CHW 100MG	81	RELISTOR INJ 12/0.6ML.....	112
see ISENTRESS CHW 25MG	81	RELISTOR TAB 150MG	112
see ISENTRESS HD TAB 600MG.....	81	REMICADE INJ 100MG	112
see ISENTRESS POW 100MG.....	81	REMODULIN INJ 10MG/ML.....	89
see ISENTRESS TAB 400MG.....	81	REMODULIN INJ 1MG/ML	89
ramelteon		REMODULIN INJ 2.5MG/ML.....	89
		REMODULIN INJ 5MG/ML	89
		Rena-vite	
		see b-complex w/ c & folic acid tab 0.8 mg	136
		REN FLEXIS INJ 100MG.....	112
		repaglinide tab 0.5 mg	48
		repaglinide tab 1 mg	48
		repaglinide tab 2 mg	48
		REPATHA INJ 140MG/ML	56

REPATHA PUSH INJ 420/3.5	56
REPATHA SURE INJ 140MG/ML.....	56
RESCRIPTOR TAB 200MG	82
respiratory therapy supplies	
see PULMONEB LT MIS NEBULIZE	128
RESTASIS EMU 0.05%	144
RETACRIT INJ 10000UNT	119
RETACRIT INJ 2000UNIT	119
RETACRIT INJ 3000UNIT	119
RETACRIT INJ 40000UNT	120
RETACRIT INJ 4000UNIT	119
retapamulin	
see ALTABAX OIN 1%	98
REVLIMID CAP 10MG	134
REVLIMID CAP 15MG	134
REVLIMID CAP 2.5MG	133
REVLIMID CAP 20MG	134
REVLIMID CAP 25MG	134
REVLIMID CAP 5MG	134
rho d immune globulin (human)	
see RHOGAM PLUS INJ 300MCG ..	147
RHOGAM PLUS INJ 300MCG.....	147
Ribasphere	
see ribavirin cap 200 mg	83
ribavirin cap 200 mg	83
ribavirin tab 200 mg	83
ribociclib succinate	
see KISQALI TAB 200DOSE.....	69
see KISQALI TAB 400DOSE.....	69
see KISQALI TAB 600DOSE.....	69
ribociclib succinate-letrozole	
see KISQALI 200 PAK FEMARA	67
see KISQALI 400 PAK FEMARA	67
see KISQALI 600 PAK FEMARA	67
riboflavin tab 100 mg	161
RIDAURA CAP 3MG	7
rifabutin cap 150 mg	65
rifampin cap 150 mg	65
rifampin cap 300 mg	65
rifapentine	
see PRIFTIN TAB 150MG.....	64
RIFATER TAB	64
rifaximin	
see XIFAXAN TAB 200MG	19
see XIFAXAN TAB 550MG	19
rilonacept	
see ARCALYST INJ 220MG	7

rilpivirine hcl	
see EDURANT TAB 25MG	81
riluzole tab 50 mg	141
rimantadine hydrochloride tab 100 mg	84
RINVOQ TAB 15MG ER.....	7
riociguat	
see ADEMPAS TAB 0.5MG	90
see ADEMPAS TAB 1.5MG	90
see ADEMPAS TAB 1MG.....	90
see ADEMPAS TAB 2.5MG.....	90
see ADEMPAS TAB 2MG.....	90
RISACAL-D TAB	132
risankizumab-rzaa	
see SKYRIZI INJ 150DOSE.....	100
risedronate sodium tab 150 mg ..	107
risedronate sodium tab 30 mg ..	107
risedronate sodium tab 35 mg ..	107
risedronate sodium tab 5 mg	107
RISPERDAL INJ 12.5MG	75
RISPERDAL INJ 25MG	75
RISPERDAL INJ 37.5MG	75
RISPERDAL INJ 50MG	75
risperidone microspheres	
see RISPERDAL INJ 12.5MG	75
see RISPERDAL INJ 25MG.....	75
see RISPERDAL INJ 37.5MG.....	75
see RISPERDAL INJ 50MG.....	75
risperidone orally disintegrating tab 0.25 mg	75
risperidone orally disintegrating tab 0.5 mg	75
risperidone orally disintegrating tab 1 mg	75
risperidone orally disintegrating tab 2 mg	75
risperidone orally disintegrating tab 3 mg	75
risperidone orally disintegrating tab 4 mg	75
risperidone soln 1 mg/ml	75
risperidone tab 0.25 mg	76
risperidone tab 0.5 mg	76
risperidone tab 1 mg	76
risperidone tab 2 mg	76
risperidone tab 3 mg	76
risperidone tab 4 mg	76

ritonavir	
see NORVIR SOL 80MG/ML	82
ritonavir tab 100 mg	82
RITUXAN INJ 100MG	65
RITUXAN INJ 500MG	65
rituximab	
see RITUXAN INJ 100MG	65
see RITUXAN INJ 500MG	65
rituximab-abbs	
see TRUXIMA INJ 100/10ML	65
see TRUXIMA INJ 500/50ML	65
rituximab-pvvr	
see RUXIENCE INJ 100/10ML	65
see RUXIENCE INJ 500/50ML	65
rivaroxaban	
see XARELTO STAR TAB 15/20MG	29
see XARELTO TAB 10MG	29
see XARELTO TAB 15MG	29
see XARELTO TAB 2.5MG	29
see XARELTO TAB 20MG	29
rivastigmine tartrate cap 1.5 mg (base equivalent)	149
rivastigmine tartrate cap 3 mg (base equivalent)	149
rivastigmine tartrate cap 4.5 mg (base equivalent)	149
rivastigmine tartrate cap 6 mg (base equivalent)	149
rivastigmine td patch 24hr 13.3 mg/24hr	149
rivastigmine td patch 24hr 4.6 mg/24hr	149
rivastigmine td patch 24hr 9.5 mg/24hr	149
Rivelsa	
see levonor-eth est tab 0.15- 0.02/0.025/0.03 mg &eth est 0.01 mg	92
RIXUBIS INJ 1000UNIT	117
RIXUBIS INJ 2000UNIT	117
RIXUBIS INJ 250 UNIT	117
RIXUBIS INJ 3000UNIT	117
RIXUBIS INJ 500UNIT	117
rizatriptan benzoate oral	
disintegrating tab 5 mg (base eq)	129
rizatriptan benzoate tab 10 mg (base equivalent)	129
rizatriptan benzoate tab 5 mg (base equivalent)	129
Robafen	
see guaifenesin syrup 100 mg/5ml	96
ROBITUSSIN SYP 7.5/5ML	95
roflumilast	
see DALIRESP TAB 250MCG	24
see DALIRESP TAB 500MCG	24
ropinirole hydrochloride tab 0.25 mg	73
ropinirole hydrochloride tab 0.5 mg	73
ropinirole hydrochloride tab 1 mg	73
ropinirole hydrochloride tab 2 mg	73
ropinirole hydrochloride tab 3 mg	73
ropinirole hydrochloride tab 4 mg	73
ropinirole hydrochloride tab 5 mg	73
rosiglitazone maleate	
see AVANDIA TAB 2MG	47
see AVANDIA TAB 4MG	47
rosuvastatin calcium tab 10 mg ..	55
rosuvastatin calcium tab 20 mg ..	55
rosuvastatin calcium tab 40 mg ..	56
rosuvastatin calcium tab 5 mg	55
rotigotine	
see NEUPRO DIS 1MG/24HR	72
see NEUPRO DIS 2MG/24HR	72
see NEUPRO DIS 3MG/24HR	72
see NEUPRO DIS 4MG/24HR	72
see NEUPRO DIS 6MG/24HR	72
see NEUPRO DIS 8MG/24HR	73
ROZEREM TAB 8MG	122
RUBRACA TAB 200MG	69
RUBRACA TAB 250MG	69
RUBRACA TAB 300MG	69
rucaparib camsylate	

see RUBRACA TAB 200MG69
 see RUBRACA TAB 250MG69
 see RUBRACA TAB 300MG69

rufinamide

see BANZEL SUS 40MG/ML31
 see BANZEL TAB 200MG31
 see BANZEL TAB 400MG31
 RUXIENCE INJ 100/10ML65
 RUXIENCE INJ 500/50ML65

ruxolitinib phosphate

see JAKAFI TAB 10MG69
 see JAKAFI TAB 15MG69
 see JAKAFI TAB 20MG69
 see JAKAFI TAB 25MG69
 see JAKAFI TAB 5MG69
 RYBELSUS TAB 14MG44
 RYBELSUS TAB 3MG44
 RYBELSUS TAB 7MG44

Ryclora

see **dexchlorpheniramine maleate oral soln 2 mg/5ml**51

S

sacubitril-valsartan

see ENTRESTO TAB 24-26MG89
 see ENTRESTO TAB 49-51MG89
 see ENTRESTO TAB 97-103MG89

saline nasal spray 0.65%140

salmeterol xinafoate

see SEREVENT DIS AER 50MCG28

salsalate tab 500 mg12

salsalate tab 750 mg12

SAMSCA TAB 15MG109

SAMSCA TAB 30MG109

SANDIMMUNE CAP 100MG134

SANDIMMUNE CAP 25MG134

SANDOSTATIN KIT LAR 10MG109

SANDOSTATIN KIT LAR 20MG109

SANDOSTATIN KIT LAR 30MG109

SANTYL OIN 250/GM103

SAPHRIS SUB 10MG78

SAPHRIS SUB 2.5MG78

SAPHRIS SUB 5MG78

sapropterin dihydrochloride

see KUVAN TAB 100MG108

saquinavir mesylate

see INVIRASE TAB 500MG81

sargramostim

see LEUKINE INJ 250MCG119

sarilumab

see KEVZARA INJ 150/1.147

see KEVZARA INJ 200/1.148

SAVELLA MIS TITR PAK150

SAVELLA TAB 100MG150

SAVELLA TAB 12.5MG150

SAVELLA TAB 25MG150

SAVELLA TAB 50MG150

Sb Fib Lax Orange

see **psyllium powder 33%**123

Sb Lice Treatment

see **pyrethrins-piperonyl butoxide liq 0.3-3%**104

scopolamine td patch 72hr 1

mg/3days50

secukinumab

see COSENTYX INJ 150MG/ML100

see COSENTYX INJ 300DOSE100

see COSENTYX PEN INJ 150MG/ML100

see COSENTYX PEN INJ 300DOSE 100

selegiline

see EMSAM DIS 12MG/24H34

see EMSAM DIS 6MG/24HR34

see EMSAM DIS 9MG/24HR34

selegiline hcl cap 5 mg73

selegiline hcl tab 5 mg73

selenium sulfide lotion 1%100

selenium sulfide lotion 2.5%100

selexipag

see UPTRAVI TAB 1000MCG90

see UPTRAVI TAB 1200MCG90

see UPTRAVI TAB 1400MCG90

see UPTRAVI TAB 1600MCG90

see UPTRAVI TAB 200/80090

see UPTRAVI TAB 200MCG90

see UPTRAVI TAB 400MCG90

see UPTRAVI TAB 600MCG90

see UPTRAVI TAB 800MCG90

SELZENTRY SOL 20MG/ML82

SELZENTRY TAB 150MG82

SELZENTRY TAB 25MG82

SELZENTRY TAB 300MG82

SELZENTRY TAB 75MG82

semaglutide

see OZEMPIC INJ 2/1.5ML44

see RYBELSUS TAB 14MG44
 see RYBELSUS TAB 3MG44
 see RYBELSUS TAB 7MG44
 SE-NATAL 19 CHW 139
sennosides chew tab 15 mg 124
sennosides syrup 8.8 mg/5ml ... 124
sennosides tab 25 mg 124
sennosides tab 8.6 mg 124
sennosides-docusate sodium
 see MEDI-LAXX CAP 8.6-50MG 123
sennosides-docusate sodium tab
8.6-50 mg 123
 SENSIPAR TAB 30MG 109
 SENSIPAR TAB 60MG 109
 SENSIPAR TAB 90MG 109
 SEREVENT DIS AER 50MCG 28
sertaconazole nitrate
 see ERTACZO CRE 2% 99
sertraline hcl oral concentrate for
solution 20 mg/ml 35
sertraline hcl tab 100 mg 35
sertraline hcl tab 25 mg 35
sertraline hcl tab 50 mg 35
sevelamer carbonate packet 0.8
gm 113
sevelamer carbonate packet 2.4
gm 113
sevelamer carbonate tab 800 mg
 113
 Sf
 see **sodium fluoride gel 1.1%**
(0.5% f) 135
 Sf 5000 Plus
 see **sodium fluoride cream 1.1%**
 135
 SHINGRIX INJ 50/0.5ML 159
 SHUR-SEAL GEL 2% 159
 Silace
 see **docusate sodium liquid 150**
mg/15ml 124
 see **docusate sodium syrup 60**
mg/15ml 124
sildenafil citrate tab 20 mg 90
 SILENOR TAB 3MG 121
 SILENOR TAB 6MG 121
silodosin cap 4 mg 113
silodosin cap 8 mg 113

Siltussin-dm
 see **dextromethorphan-**
guaifenesin syrup 10-100
mg/5ml 96
silver sulfadiazine cream 1% 100
 SIMBRINZA SUS 1-0.2% 143
simethicone cap 125 mg 111
simethicone cap 180 mg 111
simethicone chew tab 125 mg... 111
simethicone chew tab 80 mg..... 111
simethicone liquid 40 mg/0.6ml 111
simethicone susp 40 mg/0.6ml 111
 SIMPONI INJ 100MG/ML 7
 SIMPONI INJ 50/0.5ML 7
simvastatin tab 10 mg 56
simvastatin tab 20 mg 56
simvastatin tab 40 mg 56
simvastatin tab 5 mg 56
simvastatin tab 80 mg 56
sinecatechins
 see VEREGEN OIN 15% 98
siponimod fumarate
 see MAYZENT TAB 0.25MG 150
sirolimus
 see RAPAMUNE SOL 1MG/ML 134
sirolimus oral soln 1 mg/ml 134
sirolimus tab 0.5 mg 135
sirolimus tab 1 mg 135
sirolimus tab 2 mg 135
 SIRTURO TAB 100MG 65
sitagliptin phosphate
 see JANUVIA TAB 100MG 43
 see JANUVIA TAB 25MG 43
 see JANUVIA TAB 50MG 43
sitagliptin-metformin hcl
 see JANUMET TAB 50-1000 40
 see JANUMET TAB 50-500MG 40
 see JANUMET XR TAB 100-1000 ... 40
 see JANUMET XR TAB 50-1000 40
 see JANUMET XR TAB 50-500MG ... 40
skin protectants misc - cream ... 103
 SKLICE LOT 0.5% 104
 SKYLA IUD 13.5MG 94
 SKYRIZI INJ 150DOSE 100
 Sleep Aid
 see **doxylamine succinate (sleep)**
tab 25 mg 121

SLOW FE TAB 45MG	121	see <i>acetaminophen cap 500 mg</i>	11
Slow Iron		Sm Stomach Relief	
see <i>ferrous sulfate dried tab er</i>		see <i>bismuth subsalicylate tab</i>	262
160 mg (50 mg fe equivalent)		mg	49
.....	120	<i>sodium bicarbonate tab 325 mg</i> ..	18
Slow Release Iron		<i>sodium bicarbonate tab 650 mg</i> ..	18
see <i>ferrous sulfate tab er 50 mg</i>		<i>sodium chloride hypertonic ophth</i>	
(elemental fe)	120	oint 5%	145
Slow-release Iron		<i>sodium chloride hypertonic ophth</i>	
see <i>ferrous sulfate dried tab er 45</i>		soln 5%	145
mg (fe equivalent)	120	<i>sodium chloride irrigation soln</i>	
Sm Acid Reducer		0.9%	113
see <i>ranitidine hcl tab 75 mg</i>	155	<i>sodium chloride soln nebu 0.9%</i> .	96
Sm Anti-itch Extra Streng		<i>sodium chloride soln nebu 3%</i>	96
see <i>diphenhydramine-zinc</i>		<i>sodium chloride soln nebu 7%</i>	96
acetate cream 2-0.1%	99	<i>sodium chloride tab 1 gm</i>	133
Sm Artificial Tears		<i>sodium citrate & citric acid soln</i>	
see <i>artificial tear ophth solution</i>		500-334 mg/5ml	113
.....	142	<i>sodium fluoride</i>	
Sm Aspirin		see FLUORABON DRO	132
see <i>aspirin tab 325 mg</i>	12	<i>sodium fluoride chew tab 0.25 mg f</i>	
Sm Bedding Lice Treatment		(from 0.55 mg naf)	132
see <i>permethrin aerosol 0.5%</i> ..	104	<i>sodium fluoride chew tab 0.5 mg f</i>	
Sm Calcium 600 + D Plus M		(from 1.1 mg naf)	132
see <i>calcium carb-vit d w/</i>		<i>sodium fluoride chew tab 1 mg f</i>	
minerals chew tab 600 mg-800		(from 2.2 mg naf)	132
unit	130	<i>sodium fluoride cream 1.1%</i>	135
Sm Chest Congestion Relie		<i>sodium fluoride gel 1.1% (0.5% f)</i>	
see <i>guaifenesin tab 400 mg</i>	96	.....	135
Sm Esomeprazole Magnesium		<i>sodium fluoride soln 0.125</i>	
see <i>esomeprazole magnesium cap</i>		mg/drop f (0.275 mg/drop naf)	
delayed release 20 mg (base		.....	132
eq)	155	<i>sodium fluoride soln 0.25 mg/drop</i>	
Sm Foaming Antacid		f (from 0.55 mg/drop naf)	132
see <i>aluminum hydroxide-</i>		<i>sodium fluoride soln 0.5 mg/ml f</i>	
magnesium trisilicate chew tab		(from 1.1 mg/ml naf)	132
80-20 mg	18	<i>sodium fluoride tab 0.5 mg f (from</i>	
Sm Ibuprofen Ib		1.1 mg naf)	132
see <i>ibuprofen chew tab 100 mg</i> .	8	<i>sodium hyaluronate</i>	
Sm Lice Treatment		(viscosupplement)	
see <i>permethrin lotion 1%</i>	104	see EUFLEXXA INJ 10MG/ML.....	140
Sm Miconazole 3		see VISCO-3 INJ 25/2.5ML	140
see <i>miconazole nitrate vaginal</i>		<i>sodium oxybate</i>	
app 200 mg & 2% cream 9 gm		see XYREM SOL 500MG/ML.....	149
kit	159	<i>sodium phenylbutyrate tab 500 mg</i>	
SM ONE DAILY MIS PRENATAL	139	.....	109
Sm Pain Reliever Extra St			

sodium phosphate monobasic- sodium phosphate dibasic	
see OSMOPREP TAB 1.5GM	124
sodium phosphates - enema	124
sodium picosulfate-magnesium oxide-anhydrous citric acid	
see CLENPIQ SOL	123
see PREPOPIK PAK.....	123
sodium polystyrene sulfonate oral susp 15 gm/60ml	135
sodium polystyrene sulfonate powder	135
sodium sulfate-potassium sulfate- magnesium sulfate	
see SUPREP BOWEL SOL PREP KIT	123
SOFOS/VELPAT TAB 400-100.....	83
sofosbuvir	
see SOVALDI TAB 400MG	83
sofosbuvir-velpatasvir-voxilaprevir	
see VOSEVI TAB.....	83
solifenacin succinate	
see VESICARE TAB 10MG	158
see VESICARE TAB 5MG	157
solifenacin succinate tab 10 mg	157
solifenacin succinate tab 5 mg ..	157
somatropin	
see OMNITROPE INJ 10/1.5ML	108
see OMNITROPE INJ 5.8MG.....	107
see OMNITROPE INJ 5/1.5ML	107
SOMAVERT INJ 10MG	107
SOMAVERT INJ 15MG	107
SOMAVERT INJ 20MG	107
sonidegib phosphate	
see ODOMZO CAP 200MG.....	66
sorafenib tosylate	
see NEXAVAR TAB 200MG	69
sotalol hcl (afib/afl) tab 120 mg	86
sotalol hcl (afib/afl) tab 160 mg	86
sotalol hcl (afib/afl) tab 80 mg ...	86
sotalol hcl tab 120 mg	86
sotalol hcl tab 160 mg	86
sotalol hcl tab 240 mg	86
sotalol hcl tab 80 mg	86
SOVALDI TAB 400MG.....	83
spacer/aerosol-holding chambers	
see INSPIRACHAMB MIS LARGE ..	128
spinosad susp 0.9%	104
spironolactone & hydrochlorothiazide	
see ALDACTAZIDE TAB 50/50	105
spironolactone & hydrochlorothiazide tab 25-25 mg	105
spironolactone tab 100 mg	106
spironolactone tab 25 mg	106
spironolactone tab 50 mg	106
SPRYCEL TAB 100MG.....	70
SPRYCEL TAB 140MG.....	70
SPRYCEL TAB 20MG.....	70
SPRYCEL TAB 50MG.....	70
SPRYCEL TAB 70MG.....	70
SPRYCEL TAB 80MG.....	70
St Joseph Low Dose Aspiri	
see aspirin chew tab 81 mg	12
stavudine cap 15 mg	82
stavudine cap 20 mg	82
stavudine cap 30 mg	82
stavudine cap 40 mg	82
STELARA INJ 45MG/0.5.....	100
STELARA INJ 5MG/ML	112
STELARA INJ 90MG/ML	100
STIMATE SOL 1.5MG/ML	109
Stimulant Laxative	
see bisacodyl tab delayed release 5 mg	124
STIOLTO AER 2.5-2.5	28
stiripentol	
see DIACOMIT CAP 250MG	31
see DIACOMIT CAP 500MG	31
see DIACOMIT PAK 250MG	31
see DIACOMIT PAK 500MG	31
STIVARGA TAB 40MG	70
Stool Softener	
see docusate calcium cap 240 mg	124
see docusate sodium cap 100 mg	124
Stop Lice Complete Lice T	
see pyreth-piperonyl butox sham- permeth aero-nit remover gel kit	104
Stop Lice Maximum Strengt	

see **pyrethrins-piperonyl butoxide liq 0.33-4%**..... 104

Stress Formula W/iron
see **multiple vitamins w/ iron tab**
..... 136

STRIBILD TAB.....82

STRIVERDI AER 2.5MCG28

succimer
see CHEMET CAP 100MG49

sucralfate tab 1 gm 155

sucroferic oxyhydroxide
see VELPHORO CHW 500MG 113

SUDAFED PE SOL CHILDREN..... 141

sulconazole nitrate
see EXELDERM CRE 1%.....99
see EXELDERM SOL 1%.....99

sulconazole nitrate cream 1%99

sulfacetamide sodium lotion 10% (acne).....97

sulfacetamide sodium ophth soln 10% 144

sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%.... 144

sulfacetamide sodium-sulfur in urea emulsion 10-4%.....97

SULFADIAZINE TAB 500MG 151

sulfamethoxazole-trimethoprim susp 200-40 mg/5ml.....19

sulfamethoxazole-trimethoprim tab 400-80 mg.....19

sulfamethoxazole-trimethoprim tab 800-160 mg.....19

SULFAMYLON CRE 85MG/GM 100

sulfasalazine tab 500 mg..... 112

sulfasalazine tab delayed release 500 mg 112

sulindac tab 150 mg..... 9

sulindac tab 200 mg.....10

sumatriptan succinate inj 6 mg/0.5ml 129

sumatriptan succinate tab 100 mg
..... 129

sumatriptan succinate tab 25 mg
..... 129

sumatriptan succinate tab 50 mg
..... 129

sunitinib malate

see SUTENT CAP 12.5MG..... 70

see SUTENT CAP 25MG 70

see SUTENT CAP 37.5MG..... 70

see SUTENT CAP 50MG 70

SUPRAX CAP 400MG 92

SUPREP BOWEL SOL PREP KIT 123

SUTENT CAP 12.5MG 70

SUTENT CAP 25MG 70

SUTENT CAP 37.5MG 70

SUTENT CAP 50MG 70

suvorexant
see BELSOMRA TAB 10MG 122
see BELSOMRA TAB 15MG 122
see BELSOMRA TAB 20MG 122
see BELSOMRA TAB 5MG 122

SYMBICORT AER 160-4.5 28

SYMBICORT AER 80-4.5 28

SYMFI LO TAB..... 82

SYMFI TAB 82

SYMJEPI INJ 0.15MG 160

SYMJEPI INJ 0.3MG 160

SYMLINPEN 60 INJ 1000MCG..... 39

SYMLNPEN 120 INJ 1000MCG 39

SYMPROIC TAB 0.2MG 112

SYMTUZA TAB..... 82

SYNAGIS INJ 100MG/ML 147

SYNAGIS INJ 50MG 147

SYNAREL SOL 2MG/ML..... 108

SYNERA DIS 70-70MG 103

SYNJARDY TAB 41

SYNJARDY TAB 12.5-500..... 41

SYNJARDY TAB 5-1000MG 41

SYNJARDY TAB 5-500MG..... 41

SYNJARDY XR TAB..... 41

SYNJARDY XR TAB 10-1000..... 42

SYNJARDY XR TAB 25-1000..... 42

SYNJARDY XR TAB 5-1000MG 41

SYNTHROID TAB 100MCG 153

SYNTHROID TAB 112MCG 153

SYNTHROID TAB 125MCG 153

SYNTHROID TAB 137MCG 153

SYNTHROID TAB 150MCG 153

SYNTHROID TAB 175MCG 153

SYNTHROID TAB 200MCG 153

SYNTHROID TAB 25MCG 153

SYNTHROID TAB 300MCG 153

SYNTHROID TAB 50MCG 153

SYNTHROID TAB 75MCG	153	see TAZORAC GEL 0.1%.....	100
SYNTHROID TAB 88MCG	153	tazarotene cream 0.1%	100
syringe (disposable)		TAZORAC CRE 0.05%	100
see 3ML SYRINGE MIS REG TIP ...	128	TAZORAC GEL 0.05%	100
T		TAZORAC GEL 0.1%	100
TABLOID TAB 40MG.....	65	TDVAX INJ 2-2 LF.....	154
TACLONEX SUS.....	102	TECFIDERA CAP 120MG	150
tacrolimus cap 0.5 mg	135	TECFIDERA CAP 240MG	150
tacrolimus cap 1 mg	135	TECFIDERA MIS STARTER	150
tacrolimus cap 5 mg	135	TECHNIVIE TAB	83
tacrolimus oint 0.03%	103	telmisartan tab 20 mg	60
tacrolimus oint 0.1%	103	telmisartan tab 40 mg	60
tadalafil tab 20 mg (pah)	90	telmisartan tab 80 mg	60
TAFINLAR CAP 50MG	70	temazepam cap 15 mg	122
TAFINLAR CAP 75MG	70	temazepam cap 30 mg	122
tafluprost		temozolomide cap 100 mg	65
see ZIOPTAN DRO 0.0015%	145	temozolomide cap 140 mg	65
TAGRISSO TAB 40MG	70	temozolomide cap 180 mg	65
TAGRISSO TAB 80MG	70	temozolomide cap 20 mg	65
TAKHZYRO INJ 300/2ML.....	118	temozolomide cap 250 mg	65
tamoxifen citrate tab 10 mg (base		temozolomide cap 5 mg	65
equivalent)	66	TENIVAC INJ 5-2LF.....	154
tamoxifen citrate tab 20 mg (base		tenofovir disoproxil fumarate	
equivalent)	66	see VIREAD TAB 150MG.....	83
tamsulosin hcl cap 0.4 mg	113	see VIREAD TAB 200MG.....	83
tapentadol hcl		see VIREAD TAB 250MG.....	83
see NUCYNTA ER TAB 100MG.....	14	tenofovir disoproxil fumarate tab	
see NUCYNTA ER TAB 150MG.....	14	300 mg	82
see NUCYNTA ER TAB 200MG.....	14	terazosin hcl cap 1 mg (base	
see NUCYNTA ER TAB 250MG.....	14	equivalent)	61
see NUCYNTA ER TAB 50MG.....	14	terazosin hcl cap 10 mg (base	
see NUCYNTA TAB 100MG	14	equivalent)	61
see NUCYNTA TAB 50MG	14	terazosin hcl cap 2 mg (base	
see NUCYNTA TAB 75MG	14	equivalent)	61
TARCEVA TAB 100MG	70	terazosin hcl cap 5 mg (base	
TARCEVA TAB 150MG	70	equivalent)	61
TARCEVA TAB 25MG	70	terbinafine hcl cream 1%	99
TARGRETIN GEL 1%	99	terbinafine hcl tab 250 mg	51
TASIGNA CAP 150MG.....	70	terbutaline sulfate tab 2.5 mg	28
TASIGNA CAP 200MG.....	70	terbutaline sulfate tab 5 mg	28
TASIGNA CAP 50MG	70	terconazole vaginal cream 0.4%	
tasimelteon		.....	160
see HETLIOZ CAP 20MG	122	terconazole vaginal cream 0.8%	
TAYTULLA CAP 1MG/20MC.....	93	.....	160
tazarotene		terconazole vaginal suppos 80 mg	
see TAZORAC CRE 0.05%.....	100	.....	160
see TAZORAC GEL 0.05%.....	100	teriflunomide	

see AUBAGIO TAB 14MG	150	see TABLOID TAB 40MG	65
see AUBAGIO TAB 7MG	150	thioridazine hcl tab 10 mg	79
teriparatide (recombinant)		thioridazine hcl tab 100 mg	79
see FORTEO SOL 600/2.4	107	thioridazine hcl tab 25 mg	79
testosterone cypionate im inj in oil		thioridazine hcl tab 50 mg	79
100 mg/ml	17	thiothixene cap 1 mg	80
testosterone cypionate im inj in oil		thiothixene cap 10 mg	80
200 mg/ml	17	thiothixene cap 2 mg	80
testosterone enanthate im inj in oil		thiothixene cap 5 mg	80
200 mg/ml	17	THYROGEN INJ 1.1MG	104
tetanus toxoid-diphtheria-acellular		thyroid	
pertussis adsorb (tdap)		see ARMOUR THYRO TAB 120MG .	152
see ADACEL INJ	153	see ARMOUR THYRO TAB 15MG...	152
see BOOSTRIX INJ.....	153	see ARMOUR THYRO TAB 180MG .	152
tetanus-diphtheria toxoids (td)		see ARMOUR THYRO TAB 240MG .	152
see TDVAX INJ 2-2 LF	154	see ARMOUR THYRO TAB 300MG .	152
see TENIVAC INJ 5-2LF	154	see ARMOUR THYRO TAB 30MG...	152
tetrabenazine tab 12.5 mg	150	see ARMOUR THYRO TAB 60MG...	152
tetrabenazine tab 25 mg	150	see ARMOUR THYRO TAB 90MG...	152
tetracycline hcl cap 250 mg	152	see NATURE THROI TAB 162.5MG	153
tetracycline hcl cap 500 mg	152	see NATURE-THROI TAB 113.75MG	
Tgt Antacid Extra Strengt		.....	153
see calcium carbonate-mag		see NATURE-THROI TAB 130MG ..	153
hydroxide chew tab 675-135		see NATURE-THROI TAB 146.25MG	
mg	18	.....	153
TGT GLUCOSE CHW GRAPE	43	see NATURE-THROI TAB 16.25MG	153
thalidomide		see NATURE-THROI TAB 195MG ..	153
see THALOMID CAP 100MG.....	134	see NATURE-THROI TAB 260MG ..	153
see THALOMID CAP 150MG.....	134	see NATURE-THROI TAB 32.5MG .	153
see THALOMID CAP 200MG.....	134	see NATURE-THROI TAB 325MG ..	153
see THALOMID CAP 50MG.....	134	see NATURE-THROI TAB 48.75MG	153
THALOMID CAP 100MG	134	see NATURE-THROI TAB 65MG....	153
THALOMID CAP 150MG	134	see NATURE-THROI TAB 97.5MG .	153
THALOMID CAP 200MG	134	see WP THYROID TAB 81.25MG...	153
THALOMID CAP 50MG	134	thyroid tab 120 mg (2 grain)	153
theophylline soln 80 mg/15ml	28	thyroid tab 15 mg (1/4 grain) ...	153
theophylline tab er 12hr 100 mg .	28	thyroid tab 30 mg (1/2 grain) ...	153
theophylline tab er 12hr 200 mg .	28	thyroid tab 60 mg (1 grain)	153
theophylline tab er 12hr 300 mg .	28	thyroid tab 90 mg (1 1/2 grain)	153
theophylline tab er 12hr 450 mg .	28	THYROLAR-1 TAB 60MG	153
theophylline tab er 24hr 400 mg .	28	THYROLAR-1/2 TAB 30MG	153
theophylline tab er 24hr 600 mg .	28	THYROLAR-1/4 TAB 15MG	153
THERANATAL MIS COMPLETE.....	139	THYROLAR-2 TAB 120MG	153
thiamine hcl tab 100 mg	161	THYROLAR-3 TAB 180MG	153
thiamine hcl tab 250 mg	161	thyrotropin alfa	
thiamine hcl tab 50 mg	161	see THYROGEN INJ 1.1MG	104
thioguanine		tiagabine hcl tab 12 mg	33

tiagabine hcl tab 16 mg	33	see ACTEMRA INJ 400/20ML	7
tiagabine hcl tab 2 mg	33	see ACTEMRA INJ 80MG/4ML	7
tiagabine hcl tab 4 mg	33	see ACTEMRA INJ ACTPEN	7
ticagrelor		TODAY SPONGE MIS.....	159
see BRILINTA TAB 60MG	118	tofacitinib citrate	
see BRILINTA TAB 90MG	118	see XELJANZ TAB 10MG	7
Tilia Fe		see XELJANZ TAB 5MG	7
see norethindrone ac-ethinyl		see XELJANZ XR TAB 11MG	7
estrad-fe tab 1-20/1-30/1-35		see XELJANZ XR TAB 22MG	7
mg-mcg	93	tolazamide tab 250 mg	49
timolol maleate ophth gel forming		tolazamide tab 500 mg	49
soln 0.25%	142	tolbutamide tab 500 mg	49
timolol maleate ophth gel forming		tolcapone tab 100 mg	72
soln 0.5%	142	tolmetin sodium cap 400 mg	10
timolol maleate ophth soln 0.25%		tolmetin sodium tab 200 mg	10
.....	143	tolmetin sodium tab 600 mg	10
timolol maleate ophth soln 0.5%		tolnaftate aerosol pow 1%	99
.....	143	tolnaftate cream 1%	99
timolol maleate tab 10 mg	86	tolnaftate powder 1%	99
timolol maleate tab 20 mg	86	tolnaftate soln 1%	99
timolol maleate tab 5 mg	86	tolterodine tartrate tab 1 mg	157
tioconazole vaginal oint 6.5% ...	160	tolterodine tartrate tab 2 mg	157
tiotropium bromide-olodaterol hcl		tolvaptan	
see STIOLTO AER 2.5-2.5.....	28	see SAMSCA TAB 15MG.....	109
tipranavir		see SAMSCA TAB 30MG.....	109
see APTIVUS CAP 250MG.....	80	tolvaptan tab 30 mg	109
see APTIVUS SOL	80	topiramate sprinkle cap 15 mg	32
TIVICAY PD TAB 5MG.....	82	topiramate sprinkle cap 25 mg	32
TIVICAY TAB 10MG.....	82	topiramate tab 100 mg	32
TIVICAY TAB 25MG.....	82	topiramate tab 200 mg	32
TIVICAY TAB 50MG.....	82	topiramate tab 25 mg	32
tizanidine hcl tab 2 mg (base		topiramate tab 50 mg	32
equivalent)	139	toremide tab 10 mg	106
tizanidine hcl tab 4 mg (base		toremide tab 100 mg	106
equivalent)	139	toremide tab 20 mg	106
TL FOLATE TAB	139	toremide tab 5 mg	106
TOBRADEX OIN 0.3-0.1%	144	TOVIAZ TAB 4MG	157
tobramycin nebu soln 300 mg/5ml		TOVIAZ TAB 8MG	157
.....	6	TRACLEER TAB 125MG.....	90
tobramycin ophth soln 0.3%	144	TRACLEER TAB 32MG.....	89
tobramycin-dexamethasone		TRACLEER TAB 62.5MG	90
see TOBRADEX OIN 0.3-0.1%	144	TRADJENTA TAB 5MG	44
tobramycin-dexamethasone ophth		tramadol hcl tab 50 mg	15
susp 0.3-0.1%	144	tramadol hcl tab er 24hr 100 mg .15	
tocilizumab		tramadol hcl tab er 24hr 200 mg .15	
see ACTEMRA INJ 162/0.9	7	tramadol hcl tab er 24hr 300 mg .15	
see ACTEMRA INJ 200/10ML	7		

tramadol hcl tab er 24hr biphasic release 100 mg	15	TRESIBA FLEX INJ 200UNIT.....	47
tramadol hcl tab er 24hr biphasic release 200 mg	15	TRESIBA INJ 100UNIT	47
tramadol hcl tab er 24hr biphasic release 300 mg	15	tretinoin cap 10 mg	71
trametinib dimethyl sulfoxide		tretinoin cream 0.025%	98
see MEKINIST TAB 0.5MG.....	69	tretinoin cream 0.05%	97
see MEKINIST TAB 2MG	69	tretinoin cream 0.1%	97
trandolapril tab 1 mg	58	tretinoin gel 0.01%	98
trandolapril tab 2 mg	58	tretinoin gel 0.025%	98
trandolapril tab 4 mg	58	triamcinolone acetonide cream 0.025%	102
tranexamic acid tab 650 mg	121	triamcinolone acetonide cream 0.1%	102
tranylcyromine sulfate tab 10 mg	34	triamcinolone acetonide cream 0.5%	102
TRAVATAN Z DRO 0.004%	145	triamcinolone acetonide dental paste 0.1%	135
travoprost		triamcinolone acetonide lotion 0.025%	102
see TRAVATAN Z DRO 0.004%....	145	triamcinolone acetonide lotion 0.1%	102
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	145	triamcinolone acetonide nasal aerosol suspension 55 mcg/act	141
trazodone hcl tab 100 mg	36	triamcinolone acetonide oint 0.025%	103
trazodone hcl tab 150 mg	36	triamcinolone acetonide oint 0.1%	102
trazodone hcl tab 50 mg	36	triamcinolone acetonide oint 0.5%	103
TRECTOR TAB 250MG	65	triamterene	
TRELSTAR MIX INJ 11.25MG	66	see DYRENIUM CAP 100MG.....	106
TRELSTAR MIX INJ 3.75MG.....	66	see DYRENIUM CAP 50MG	106
treprostinil		triamterene & hydrochlorothiazide cap 37.5-25 mg	105
see REMODULIN INJ 10MG/ML	89	triamterene & hydrochlorothiazide tab 37.5-25 mg	105
see REMODULIN INJ 1MG/ML	89	triamterene & hydrochlorothiazide tab 75-50 mg	105
see REMODULIN INJ 2.5MG/ML	89	triamterene cap 100 mg	106
see REMODULIN INJ 5MG/ML	89	triamterene cap 50 mg	106
treprostinil diolamine		triazolam tab 0.125 mg	122
see ORENITRAM TAB 0.125MG	89	triazolam tab 0.25 mg	122
see ORENITRAM TAB 0.25MG	89	Tricon	
see ORENITRAM TAB 1MG	89	see fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	120
see ORENITRAM TAB 2.5MG.....	89		
see ORENITRAM TAB 5MG	89		
treprostinil inj soln 100 mg/20ml (5 mg/ml)	89		
treprostinil inj soln 20 mg/20ml (1 mg/ml)	89		
treprostinil inj soln 200 mg/20ml (10 mg/ml)	89		
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	89		
TRESIBA FLEX INJ 100UNIT.....	47		

<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	79	<i>tropicamide ophth soln 0.5%</i>	143
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	79	<i>tropicamide ophth soln 1%</i>	143
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	79	<i>trospium chloride cap er 24hr 60 mg</i>	157
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	79	<i>trospium chloride tab 20 mg</i>	157
<i>trifluridine ophth soln 1%</i>	144	TRUE METRIX KIT AIR.....	126
<i>trifluridine-tipiracil</i>		TRUE METRIX TES GLUCOSE	104
see LONSURF TAB 15-6.14	67	TRULICITY INJ 0.75/0.5	44
see LONSURF TAB 20-8.19	67	TRULICITY INJ 1.5/0.5.....	44
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	71	TRUVADA TAB 100-150	82
<i>trihexyphenidyl hcl tab 2 mg</i>	72	TRUVADA TAB 133-200.....	83
<i>trihexyphenidyl hcl tab 5 mg</i>	72	TRUVADA TAB 167-250.....	83
<i>trimethobenzamide hcl cap 300 mg</i>	50	TRUVADA TAB 200-300.....	83
<i>trimethoprim tab 100 mg</i>	19	TRUXIMA INJ 100/10ML	65
<i>trimipramine maleate cap 100 mg</i>	38	TRUXIMA INJ 500/50ML	65
<i>trimipramine maleate cap 25 mg</i>	38	TUDORZA PRES AER 400/ACT	24
<i>trimipramine maleate cap 50 mg</i>	38	TWINRIX INJ	159
TRINATAL RX TAB 1.....	139	TYBOST TAB 150MG	83
Trinate		Tydemy	
see <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	138	see <i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	92
TRINTELLIX TAB 10MG.....	36	TYKERB TAB 250MG	70
TRINTELLIX TAB 20MG.....	36	TYMLOS INJ.....	107
TRINTELLIX TAB 5MG	36	TYSABRI INJ 300/15ML	150
Triple Antibiotic Plus		U	
see <i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	98	UDENYCA INJ 6MG/.6ML	120
Triple Paste Af		<i>ulipristal acetate</i>	
see <i>miconazole nitrate ointment 2%</i>	99	see ELLA TAB 30MG.....	94
<i>triptorelin pamoate</i>		ULORIC TAB 40MG	114
see TRELSTAR MIX INJ 11.25MG ...	66	ULORIC TAB 80MG	114
see TRELSTAR MIX INJ 3.75MG	66	<i>umeclidinium bromide</i>	
TRIUMEQ TAB	82	see INCRUSE ELPT INH 62.5MCG ..	24
TRI-VI-SOL SOL A/C/D.....	137	<i>umeclidinium-vilanterol</i>	
Tri-vitamin/fluoride		see ANORO ELLIPT AER 62.5-25....	25
see <i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	136	UNIFIBER POW	123
see <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	136	<i>upadacitinib</i>	
		see RINVOQ TAB 15MG ER	7
		UPTRAVI TAB 1000MCG	90
		UPTRAVI TAB 1200MCG	90
		UPTRAVI TAB 1400MCG	90
		UPTRAVI TAB 1600MCG	90
		UPTRAVI TAB 200/800.....	90
		UPTRAVI TAB 200MCG	90
		UPTRAVI TAB 400MCG	90
		UPTRAVI TAB 600MCG	90
		UPTRAVI TAB 800MCG	90

ursodiol cap 300 mg 111
ursodiol tab 250 mg 111
ursodiol tab 500 mg 111
ustekinumab
 see STELARA INJ 45MG/0.5 100
 see STELARA INJ 90MG/ML 100
ustekinumab (iv)
 see STELARA INJ 5MG/ML 112
V
valacyclovir hcl tab 1 gm 84
valacyclovir hcl tab 500 mg 84
valganciclovir hcl for soln 50 mg/ml (base equiv) 83
valganciclovir hcl tab 450 mg (base equivalent) 83
valproate sodium oral soln 250 mg/5ml (base equiv) 33
valproic acid cap 250 mg 33
valsartan tab 160 mg 60
valsartan tab 320 mg 60
valsartan tab 40 mg 60
valsartan tab 80 mg 60
valsartan-hydrochlorothiazide tab 160-12.5 mg 63
valsartan-hydrochlorothiazide tab 160-25 mg 63
valsartan-hydrochlorothiazide tab 320-12.5 mg 63
valsartan-hydrochlorothiazide tab 320-25 mg 63
valsartan-hydrochlorothiazide tab 80-12.5 mg 63
VALTOCO LIQ 15MG 30
VALTOCO LIQ 20MG 30
VALTOCO SPR 10MG 30
VALTOCO SPR 5MG 30
vancomycin hcl
 see FIRVANQ SOL 25MG/ML 19
 see FIRVANQ SOL 50MG/ML 19
vandetanib
 see CAPRELSA TAB 100MG 67
 see CAPRELSA TAB 300MG 67
VAQTA INJ 25/0.5ML 159
VAQTA INJ 50UNT/ML 159
varenicline tartrate
 see CHANTIX PAK 0.5& 1MG 150
 see CHANTIX TAB 0.5MG 150

 see CHANTIX TAB 1MG 151
V-c Forte
 see **multiple vitamins w/ minerals cap** 136
VCF VAGINAL AER CONTRACP 159
Vcf Vaginal Contraceptive
 see **nonoxynol-9 gel 4%** 159
VCF VAGINAL MIS CONTRACP 159
VECAMYL TAB 2.5MG 63
Velivet
 see **desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg** 92
VELPHORO CHW 500MG 113
VELTIN GEL 98
venlafaxine hcl cap er 24hr 150 mg (base equivalent) 36
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) 36
venlafaxine hcl cap er 24hr 75 mg (base equivalent) 36
venlafaxine hcl tab 100 mg (base equivalent) 37
venlafaxine hcl tab 25 mg (base equivalent) 36
venlafaxine hcl tab 37.5 mg (base equivalent) 36
venlafaxine hcl tab 50 mg (base equivalent) 36
venlafaxine hcl tab 75 mg (base equivalent) 37
VENTAVIS SOL 10MCG/ML 89
VENTAVIS SOL 20MCG/ML 89
VENTOLIN HFA AER 28
verapamil hcl cap er 24hr 100 mg 88
verapamil hcl cap er 24hr 120 mg 88
verapamil hcl cap er 24hr 180 mg 88
verapamil hcl cap er 24hr 240 mg 88
verapamil hcl cap er 24hr 300 mg 88
verapamil hcl cap er 24hr 360 mg 88
verapamil hcl tab 120 mg 88

<i>verapamil hcl tab 40 mg</i>	88	see <i>b-complex w/ c & folic acid</i>	
<i>verapamil hcl tab 80 mg</i>	88	<i>tab</i>	135
<i>verapamil hcl tab er 120 mg</i>	88	VITAFOL-OB TAB 65-1MG.....	139
<i>verapamil hcl tab er 180 mg</i>	88	VIVITROL INJ 380MG.....	50
<i>verapamil hcl tab er 240 mg</i>	88	VOL-PLUS TAB.....	139
VEREGEN OIN 15%	98	VOL-TAB RX TAB.....	139
VESICARE TAB 10MG.....	158	<i>vorapaxar sulfate</i>	
VESICARE TAB 5MG.....	157	see ZONTIVITY TAB 2.08MG	118
VICTOZA INJ 18MG/3ML.....	45	<i>voriconazole tab 200 mg</i>	51
VIDEX EC CAP 125MG.....	83	<i>voriconazole tab 50 mg</i>	51
<i>vigabatrin powd pack 500 mg</i>	33	<i>vorinostat</i>	
<i>vigabatrin tab 500 mg</i>	33	see ZOLINZA CAP 100MG	71
Vigadrone		<i>vortioxetine hbr</i>	
see <i>vigabatrin powd pack 500 mg</i>		see TRINTELLIX TAB 10MG	36
.....	33	see TRINTELLIX TAB 20MG	36
VIIBRYD KIT STARTER	36	see TRINTELLIX TAB 5MG.....	36
VIIBRYD TAB 10MG	36	VOSEVI TAB	83
VIIBRYD TAB 20MG	36	VOTRIENT TAB 200MG.....	70
VIIBRYD TAB 40MG	36	VRAYLAR CAP 1.5MG	74
<i>vilazodone hcl</i>		VRAYLAR CAP 3MG	74
see VIIBRYD KIT STARTER.....	36	VRAYLAR CAP 4.5MG	74
see VIIBRYD TAB 10MG.....	36	VRAYLAR CAP 6MG	74
see VIIBRYD TAB 20MG.....	36	VYVANSE CAP 10MG	2
see VIIBRYD TAB 40MG.....	36	VYVANSE CAP 20MG	2
VIMPAT SOL 10MG/ML	32	VYVANSE CAP 30MG	2
VIMPAT TAB 100MG.....	32	VYVANSE CAP 40MG	2
VIMPAT TAB 150MG.....	32	VYVANSE CAP 50MG	2
VIMPAT TAB 200MG.....	33	VYVANSE CAP 60MG	2
VIMPAT TAB 50MG	32	VYVANSE CAP 70MG	2
VINATE II TAB	139	W	
VINATE M TAB	139	Wal-dryl Allergy Relief C	
VIRACEPT TAB 250MG	83	see <i>diphenhydramine hcl tab</i>	
VIRACEPT TAB 625MG	83	<i>disint 12.5 mg</i>	52
VIREAD TAB 150MG.....	83	Wal-dryl Pe Allergy/sinu	
VIREAD TAB 200MG.....	83	see <i>diphenhydramine-</i>	
VIREAD TAB 250MG.....	83	<i>phenylephrine tab 25-10 mg</i> ..	96
Virt-caps		Wal-itin Aller-melts	
see <i>b-complex w/ c & folic acid</i>		see <i>loratadine rapidly-</i>	
<i>cap 1 mg</i>	135	<i>disintegrating tab 10 mg</i>	52
Virt-phos 250 Neutral		Wal-tap Cold & Allergy	
see <i>pot phos monobasic w/sod</i>		see <i>brompheniramine &</i>	
<i>phos di & monobas tab 155-</i>		<i>pseudoephedrine elixir 1-15</i>	
<i>852-130mg</i>	133	<i>mg/5ml</i>	95
VISCO-3 INJ 25/2.5ML.....	140	<i>warfarin sodium</i>	
<i>vismodegib</i>		see COUMADIN TAB 10MG	28
see ERIVEDGE CAP 150MG	66	see COUMADIN TAB 1MG	28
Vita-bee/c		see COUMADIN TAB 2.5MG.....	28

see COUMADIN TAB 2MG.....	28	XELJANZ TAB 10MG.....	7
see COUMADIN TAB 3MG.....	28	XELJANZ TAB 5MG	7
see COUMADIN TAB 4MG.....	28	XELJANZ XR TAB 11MG	7
see COUMADIN TAB 5MG.....	28	XELJANZ XR TAB 22MG	7
see COUMADIN TAB 6MG.....	28	XGEVA INJ	107
see COUMADIN TAB 7.5MG.....	28	XIFAXAN TAB 200MG.....	19
warfarin sodium tab 1 mg	28	XIFAXAN TAB 550MG.....	19
warfarin sodium tab 10 mg	29	XIGDUO XR TAB 10-1000.....	42
warfarin sodium tab 2 mg	28	XIGDUO XR TAB 10-500MG	42
warfarin sodium tab 2.5 mg	28	XIGDUO XR TAB 2.5-1000.....	42
warfarin sodium tab 3 mg	28	XIGDUO XR TAB 5-1000MG.....	42
warfarin sodium tab 4 mg	29	XIGDUO XR TAB 5-500MG	42
warfarin sodium tab 5 mg	29	XOFLUZA TAB 20MG	84
warfarin sodium tab 6 mg	29	XOFLUZA TAB 40MG	84
warfarin sodium tab 7.5 mg	29	XOLAIR INJ 150MG/ML	24
water for irrigation, sterile		XOLAIR INJ 75/0.5	24
irrigation soln	135	XOLAIR SOL 150MG	24
Wee Care		Xulane	
see carbonyl iron susp 15		see norelgestromin-ethinyl	
mg/1.25ml (elemental iron) 120		estradiol td ptwk 150-35	
wheat dextrin oral powder	123	mcg/24hr	94
white petrolatum-mineral oil ophth		XYNTHA SOLOF INJ 1000UNIT	117
ointment	142	XYNTHA SOLOF INJ 2000UNIT	117
WIDE-SEAL DPR KIT 60	126	XYNTHA SOLOF INJ 3000UNIT	117
WIDE-SEAL DPR KIT 65	126	XYNTHA SOLOF INJ 500UNIT.....	117
WIDE-SEAL DPR KIT 70	126	XYNTHA SOLOF KIT 250UNIT.....	117
WIDE-SEAL DPR KIT 75	126	XYREM SOL 500MG/ML	149
WIDE-SEAL DPR KIT 80	126	Z	
WIDE-SEAL DPR KIT 85	126	zafirlukast tab 10 mg	24
WIDE-SEAL DPR KIT 90	126	zafirlukast tab 20 mg	24
WIDE-SEAL DPR KIT 95	126	zaleplon cap 10 mg	122
Wixela Inhub		zaleplon cap 5 mg	122
see fluticasone-salmeterol aer		zanamivir	
powder ba 100-50 mcg/dose .27		see RELENZA MIS DISKHALE	84
see fluticasone-salmeterol aer		zanubrutinib	
powder ba 250-50 mcg/dose .27		see BRUKINSA CAP 80MG.....	67
see fluticasone-salmeterol aer		ZARXIO INJ 300/0.5	120
powder ba 500-50 mcg/dose .27		ZARXIO INJ 480/0.8	120
WP THYROID TAB 81.25MG	153	ZEJULA CAP 100MG.....	71
X		ZENPEP CAP 10000UNT.....	105
XALKORI CAP 200MG.....	71	ZENPEP CAP 15000UNT.....	105
XALKORI CAP 250MG.....	71	ZENPEP CAP 20000UNT.....	105
XARELTO STAR TAB 15/20MG.....	29	ZENPEP CAP 25000	105
XARELTO TAB 10MG	29	ZENPEP CAP 3000UNIT	105
XARELTO TAB 15MG	29	ZENPEP CAP 40000	105
XARELTO TAB 2.5MG	29	ZENPEP CAP 5000UNIT	105
XARELTO TAB 20MG	29	ZEPATIER TAB 50-100MG.....	84

<i>zidovudine cap 100 mg</i>	83	<i>zolmitriptan orally disintegrating</i>	
<i>zidovudine syrup 10 mg/ml</i>	83	<i>tab 5 mg</i>	129
<i>zidovudine tab 300 mg</i>	83	<i>zolmitriptan tab 2.5 mg</i>	130
ZIEXTENZO INJ 6/0.6ML	120	<i>zolmitriptan tab 5 mg</i>	130
<i>zileuton tab er 12hr 600 mg</i>	24	<i>zolpidem tartrate tab 10 mg</i>	122
<i>zinc sulfate cap 220 mg (50 mg</i>		<i>zolpidem tartrate tab 5 mg</i>	122
<i>elemental zn)</i>	133	ZOMIG SPR 2.5MG	130
Zinc-220		ZOMIG SPR 5MG	130
see <i>zinc sulfate cap 220 mg (50</i>		<i>zonisamide cap 100 mg</i>	33
<i>mg elemental zn)</i>	133	<i>zonisamide cap 25 mg</i>	33
Zinc-oxide Plus		<i>zonisamide cap 50 mg</i>	33
see <i>menthol-zinc oxide oint 0.44-</i>		ZONTIVITY TAB 2.08MG.....	118
<i>20%</i>	103	ZORTRESS TAB 0.25MG	135
ZIOPTAN DRO 0.0015%	145	ZORTRESS TAB 0.5MG.....	135
<i>ziprasidone hcl cap 20 mg</i>	74	ZORTRESS TAB 0.75MG	135
<i>ziprasidone hcl cap 40 mg</i>	74	ZORTRESS TAB 1MG.....	135
<i>ziprasidone hcl cap 60 mg</i>	74	ZOSTAVAX INJ.....	159
<i>ziprasidone hcl cap 80 mg</i>	74	<i>zoster vaccine live</i>	
ZIRGAN GEL 0.15%.....	144	see ZOSTAVAX INJ	159
ZOLADEX IMP 10.8MG	66	<i>zoster vaccine recombinant</i>	
ZOLADEX IMP 3.6MG	66	<i>adjuvanted</i>	
<i>zoledronic acid iv soln 5 mg/100ml</i>		see SHINGRIX INJ 50/0.5ML	159
.....	107	ZYDELIG TAB 100MG	71
ZOLINZA CAP 100MG.....	71	ZYDELIG TAB 150MG	71
<i>zolmitriptan</i>		ZYKADIA CAP 150MG.....	71
see ZOMIG SPR 2.5MG.....	130	ZYPREXA RELP INJ 210MG.....	78
see ZOMIG SPR 5MG.....	130	ZYPREXA RELP INJ 300MG.....	78
<i>zolmitriptan orally disintegrating</i>		ZYPREXA RELP INJ 405MG.....	78
<i>tab 2.5 mg</i>	129		



200 Oceangate, Suite 100 Long Beach, CA 90802

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

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