

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

## Molina Healthcare of Illinois, Inc Marketplace

### Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

### Aviso:

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

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



## Molina Healthcare Marketplace

### 2022 Formulary Changes Effective October 1, 2022

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

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



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

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

# Contents

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

# Welcome!

## Drug Formulary (List of Drugs)

Your plan has a list of drugs that are covered. The list is called the Drug Formulary. The formulary changes from plan year to plan year. The drugs on the list are chosen by a group of doctors and pharmacists from your insurer 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, we will publish any changes every 3 months. Your plan's most current drug list is on our website [MolinaMarketplace.com](http://MolinaMarketplace.com).

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

In general, drugs on the drug list are drugs your provider prescribes for you to get from a pharmacy and give to yourself. Most injectable drugs you need help from a provider to use are covered under the medical benefit instead of the prescription drug ("pharmacy") benefit. Your provider has instructions from us 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 us 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 **1-833-644-1623**, Monday through Friday, **8:00 AM – 5:00 PM Central**. 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.

# 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).

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

## What drug names are used on the list?

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

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

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

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

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

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

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

In accordance with the Affordable Care Act, your plan covers nationally recognized preventative service drugs and dosage forms (Tier 5) with \$0 cost sharing when prescribed for you to use in line with those recommendations.

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

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

- There are limits on your cost sharing for insulin. The limit (\$100) applies per insulin drug, per 30 day supply. The limit does not apply to products that contain other drugs besides insulin.

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

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



# Finding a pharmacy to fill a prescription

## Pharmacy Network

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

## Specialty Pharmacy

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

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

## Mail Order Pharmacy

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

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

## Out-of-Network Pharmacy

If the in-network pharmacies do not meet the your 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

We have selected CVS Caremark® as the Pharmacy Benefit Manager ("PBM") to manage the prescription benefit for your plan. Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425.

Membership, cost sharing, prescription drug benefit information, and eligibility concerns may be addressed by calling our Customer Support Center at **1-833-644-1623**. Member Services is available Monday through Friday **8:00 AM – 5:00 PM Central**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1-855-866-5462**.

## 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 has been reviewed (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. We will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact the CVS Caremark® Help Desk at 1 (888) 407-6425 to obtain an override for a 72-hour supply.

Pharmacies may call us at **1-855-866-5462** on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## **Prior authorization and exception request procedure**

### **Prior authorization**

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

Your provider may fax a completed drug Prior Authorization form to us at **1-855-365-8112**. The clinical policies and forms may be obtained at our website [MolinaMarketplace.com](http://MolinaMarketplace.com).

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

- Any request that is not for an Urgent Circumstance is considered a Standard Exception request.
- A request is considered urgent if it is for treating a health condition that may seriously jeopardize your life, health, or ability to regain maximum function.

We will reach a decision no later than:

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

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

### **Requesting an Exception**

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

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

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

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

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

## Complaints and Appeals

You may file a grievance or complaint by contacting the our Customer Support Center at **1-833-644-1623**. If we do not approve your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on [MolinaMarketplace.com](http://MolinaMarketplace.com).

## Notice

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

# Legend

## What are the Requirements and Limits on the drug list?

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

<b>Requirements/Limits</b>	<b>Description</b>
<b>AGE</b>	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.
<b>MED</b>	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.
<b>OTC</b>	Over-the-Counter dosage forms are covered on the drug list with a valid prescription from a provider.
<b>PA</b>	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.
<b>QL</b>	Quantity Limits apply. We will pay for a maximum daily amount based on information about the drug's medically accepted use and cost.
<b>ST</b>	Step Therapy is required. If we have paid for you to have the required Step Therapy drug(s) in the past, this drug will be paid for at the pharmacy without need for a Prior Authorization or Step Therapy exception request. The drug list will show you which drugs are required first and for how long.

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

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

# 2022

## Formulario

(Lista de Medicamentos Cubiertos)

### Molina Marketplace – Illinois

[MolinaMarketplace.com](https://MolinaMarketplace.com)

Aviso: El formulario está sujeto a cambios y todas las versiones anteriores del mismo ya no se encuentran vigentes. Puede encontrar una versión electrónica del formulario en [MolinaMarketplace.com](https://MolinaMarketplace.com).

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



Your Extended Family.

# Contenido

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

# ¡Bienvenido(a)!

## Formulario de Medicamentos (Lista de Medicamentos)

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

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

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

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

Cuando se efectúen actualizaciones a través de nuestro proceso estándar, publicaremos todos los cambios cada 3 meses. La lista de medicamentos más actual de su plan se encuentra en nuestro sitio web [MolinaMarketplace.com](http://MolinaMarketplace.com).

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

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

### Tengo preguntas sobre cómo mi plan cubre medicamentos.

Esta guía contiene varios detalles para preguntas comunes. Puede llamarnos y hacer preguntas sobre la cobertura específica de un medicamento, como las que se indican a continuación:

- ¿Mi receta médica se puede surtir en una farmacia minorista?
- ¿Cuál es el monto en dólares de costos compartidos para mi receta médica?
- ¿Cuál es el proceso para solicitar un medicamento que tiene un requisito de Autorización Previa?
- ¿Cómo puedo solicitar una excepción para un medicamento que no está en el formulario o tiene requisitos de terapia progresiva?
- ¿Está mi medicamento cubierto bajo el beneficio de medicamentos recetados o el beneficio médico?

Llame al número de teléfono gratuito **1-855-687-7861**, de lunes a viernes, **8:00 AM – 5:00 PM CST**. Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

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

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

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

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

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

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

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

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

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



## ¿Qué nombres de medicamentos se usan en la lista?

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

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

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

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

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

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

<b>Categoría de Medicamento</b>	<b>Descripción</b>
<b>Tier 1</b>	Medicamentos genéricos preferidos: costos compartidos más bajos para el afiliado.
<b>Tier 2</b>	Medicamentos de marca preferidos: costos compartidos más altos que en la Categoría 1.
<b>Tier 3</b>	Medicamentos no preferidos, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan para tratar las mismas afecciones.
<b>Tier 4</b>	Medicamentos de especialidad, tanto de marca registrada como genéricos: costos compartidos más altos que los medicamentos de categorías inferiores que se utilizan para tratar las mismas afecciones, si están disponibles. La mayoría de los Medicamentos de Especialidad cubiertos por su plan se encontrarán disponibles a través de una farmacia que forme parte de la Red de Farmacias de Especialidad. Algunos Medicamentos de Especialidad se venden únicamente en ciertas farmacias que la empresa farmacéutica haya elegido (“Distribución Limitada”).
<b>Tier 5</b>	Medicamentos y dispositivos para servicios preventivos y de planificación familiar (es decir, anticoncepción) con costos compartidos de \$0.

## **DME**

Equipo Médico Duradero: los costos compartidos son el resultado de los costos compartidos del beneficio médico para equipo médico duradero (Durable Medical Equipment, DME) del producto no farmacológico que aparece en la lista de medicamentos.

---

De acuerdo con la Ley de Cuidado de Salud a Bajo Precio, su plan cubre medicamentos de servicios médicos preventivos y formas de dosificación reconocidos a nivel nacional (Categoría 5) con costos compartidos de \$0, si se recetan para que los utilice de acuerdo con esas recomendaciones.

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

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

- Existen límites en sus costos compartidos para la insulina. El límite (\$100) se aplica por medicamento de insulina y por suministro de 30 días. El límite no se aplica a los productos que contienen otros medicamentos además de la insulina.

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

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

## **Cómo encontrar una farmacia para surtir una receta médica**

### **Red de Farmacias**

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

### **Farmacia de Especialidad**

Su plan cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos de especialidad se encuentran en la Categoría 4 del formulario. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que solo determinadas farmacias venden el

medicamento. El Administrador de Beneficios Farmacéuticos de su plan, CVS Caremark®, tiene una farmacia especializada que proporciona apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y a tratar sus afecciones. La mayoría de los medicamentos de especialidad requieren autorización previa antes de que tengan cobertura. Un recetador nos puede presentar solicitudes de Autorización Previa directamente o puede enviar una receta médica a CVS para comenzar el proceso. Si la entrega por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para su retiro.

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

## **Servicio de Farmacia por Correo**

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

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

## **Farmacia Fuera de la Red**

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

## **Procesador de Reclamaciones de Recetas Médicas**

Seleccionamos a CVS Caremark® como el Administrador de Beneficios Farmacéuticos (Pharmacy Benefit Manager, “PBM”) para administrar el beneficio de recetas médicas de su plan. Las preguntas sobre cómo procesar las reclamaciones, estado del formulario o reclamaciones rechazadas se pueden dirigir al soporte técnico de CVS Caremark al 1 (888) 407-6425.

Si desea obtener información sobre la membresía, los costos compartidos y el beneficio de medicamentos recetados, además de resolver dudas sobre la elegibilidad, llame al Centro de Apoyo al Cliente de Molina al **1-833-644-1623**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **8:00 AM – 5:00 PM CST**.

Los recetadores y las farmacias se pueden comunicar con nuestra Línea de Ayuda Técnica para Servicios de Proveedores al **1-855-866-5462**.

## **Política de Medicamentos urgentes y Después del Horario de atención**

Para evitar que la afección de un afiliado se agrave durante una situación urgente, es posible que sea necesario dispensar un suministro de medicamentos especializados de 72 horas antes de que se haya revisado la Autorización Previa (p. ej., un afiliado recibe el alta médica de un hospital después del horario de atención habitual con una receta médica especial para antibióticos).

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

Las farmacias nos pueden llamar al **1-855-866-5462** el día laborable siguiente para obtener una autorización que permita procesar la receta médica en línea obtenida en urgencias o después de las horas de consulta. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

# Procedimiento de solicitud de excepción y autorización previa

## Autorización previa

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

Su proveedor puede enviarnos por fax un formulario de Autorización Previa para medicamentos completado al **1-855-365-8112**. Las políticas y los formularios clínicos se pueden obtener en nuestro sitio web [MolinaMarketplace.com](http://MolinaMarketplace.com).

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

- Cualquier solicitud que no sea para una Circunstancia Urgente se considera una solicitud de Excepción Estándar.
- Una solicitud se considera urgente si es para tratar una afección de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar al máximo su funcionalidad.

Tomaremos una decisión, a más tardar, en los siguientes plazos:

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

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

## Cómo solicitar una Excepción

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

Contamos con un proceso para permitirle solicitar medicamentos adecuados desde el punto de vista clínico que no aparecen en el formulario, o que tienen requisitos o límites según su plan. Su doctor puede solicitar un medicamento que no aparece en el formulario, pero que considera que es lo mejor para usted. Es posible que esté tomando un medicamento que ya no se encuentra en la lista de medicamentos nueva del año del plan. Su doctor puede enviarnos una solicitud de excepción de formulario por medio del proceso y el formulario de Autorización Previa.

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

- Existe documentación respecto a una necesidad específica en su historia clínica.
- Su doctor certificó que usted probó medicamentos del formulario, los cuales no lo ayudaron anteriormente.

- Su doctor certificó que las opciones le causaron daños o que el recetador espera razonablemente que le causen daños; o bien que sea ineficaz debido a las características clínicas de su afección.

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

## Quejas y Apelaciones

Puede presentar un reclamo, solo debe comunicarse con el Centro de Apoyo al Cliente al **1-833-644-1623**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derechos para apelar la decisión en la notificación de acción. Para obtener más información, consulte la sección de su Contrato (póliza) que incluye “Quejas y Apelaciones”. Puede encontrar una copia del Contrato, también llamada Evidencia de Cobertura, en [MolinaMarketplace.com](https://MolinaMarketplace.com).

## Aviso

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

# 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:

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

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

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

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

**AMPHETAMINES**

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

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

### **ANALEPTICS**

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

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

<b><i>atomoxetine hcl cap 10 mg (base equiv)</i></b>	Tier 3	PA, QL (30 caps / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
--	--------	--



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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>armodafinil tab 250 mg</i></b>	Tier 1	PA
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

## **ALTERNATIVE MEDICINES**

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

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

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

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

#### **ALTERNATIVE MEDICINE COMBINATIONS**

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

#### **AMINOGLYCOSIDES**

##### **AMINOGLYCOSIDES**

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

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

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

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

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

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

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

### **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)**

<b><i>celecoxib cap 50 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>celecoxib cap 100 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>celecoxib cap 200 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>celecoxib cap 400 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diclofenac potassium tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 50 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab delayed release 75 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diclofenac sodium tab er 24hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i></b>	Tier 3	QL (60 tabs / 30 days)
<b><i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i></b>	Tier 3	QL (60 tabs / 30 days)
<b><i>etodolac cap 200 mg</i></b>	Tier 1	QL (150 caps / 30 days), MAIL

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>meloxicam tab 15 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nabumetone tab 500 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>nabumetone tab 750 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>naproxen sodium tab 220 mg</i></b>	Tier 1	QL (90 tabs / 30 days), OTC, MAIL
<b><i>naproxen susp 125 mg/5ml</i></b>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<b><i>naproxen tab 250 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>naproxen tab 375 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>naproxen tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>naproxen tab ec 375 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>naproxen tab ec 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>oxaprozin tab 600 mg</i></b>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
<b><i>piroxicam cap 10 mg</i></b>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<b><i>piroxicam cap 20 mg</i></b>	Tier 1	PA, QL (60 caps / 30 days), MAIL
<b><i>sulindac tab 150 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>sulindac tab 200 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>tolmetin sodium cap 400 mg</i></b>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<b><i>tolmetin sodium tab 200 mg</i></b>	Tier 3	QL (90 tabs / 30 days), MAIL
<b><i>tolmetin sodium tab 600 mg</i></b>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
<b><i>OTEZLA TAB 10/20/30 (apremilast)</i></b>	Tier 4	PA; Preferred Brand
<b><i>OTEZLA TAB 30MG (apremilast)</i></b>	Tier 4	PA; Preferred Brand
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<b><i>leflunomide tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>leflunomide tab 20 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

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



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

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

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

## **ANALGESICS - OPIOID**

### **OPIOID AGONISTS**

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

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

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

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

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

#### **OPIOID COMBINATIONS**

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i></b>	Tier 1	QL (60 / 30 days)
<b><i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i></b>	Tier 1	QL (360 tabs / 30 days)
<b><i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i></b>	Tier 1	QL (90 tabs / 30 days)
<b><i>buprenorphine td patch weekly 5 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 7.5 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 10 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 15 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>buprenorphine td patch weekly 20 mcg/hr</i></b>	Tier 3	PA; MED
<b><i>butorphanol tartrate nasal soln 10 mg/ml</i></b>	Tier 1	PA, QL (6 bottles / 25 days); MED

## **ANDROGENS-ANABOLIC**

### **ANABOLIC STEROIDS**

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

### **ANDROGENS**

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

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

<b><i>hydrocortisone enema 100 mg/60ml</i></b>	Tier 3	QL (1680 mL / 30 days)
--	--------	------------------------

Drug Name	Drug Tier	Requirements/Limits
<b>RECTAL COMBINATIONS</b>		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i> (Ra Hemorrhoidal)	Tier 1	OTC
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4% ( <i>nitroglycerin (intra-anal)</i> )	Tier 3	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG ( <i>aluminum hydroxide-mag trisil</i> )	Tier 1	OTC
MI-ACID CHW ( <i>calcium carbonate-mag hydrox</i> )	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC

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

#### **ANTACIDS - MAGNESIUM SALTS**

<b>magnesium oxide tab 250 mg</b> (Gnp Magnesium)	Tier 1	OTC
<b>magnesium oxide tab 420 mg</b> (Maox)	Tier 1	OTC

#### **ANTHELMINTICS**

##### **ANTHELMINTICS**

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

#### **ANTI-INFECTIVE AGENTS - MISC.**

##### **ANTI-INFECTIVE AGENTS - MISC.**

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

##### **ANTI-INFECTIVE MISC. - COMBINATIONS**

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUS 100/5ML ( <i>nitazoxanide</i> )	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
FIRVANQ SOL 50MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG ( <i>aztreonam lysine</i> )	Tier 4	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>isosorbide dinitrate tab 10 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>isosorbide dinitrate tab 20 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>isosorbide dinitrate tab 30 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab 20 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isosorbide mononitrate tab er 24hr 120 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nitroglycerin sl tab 0.3 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.4 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin sl tab 0.6 mg</i></b>	Tier 1	MAIL
<b><i>nitroglycerin td patch 24hr 0.1 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.2 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.4 mg/hr</i></b>	Tier 1	QL (30 patches / 30 days), MAIL
<b><i>nitroglycerin td patch 24hr 0.6 mg/hr (Minitran)</i></b>	Tier 1	QL (30 patches / 30 days), MAIL

## **ANTI-ANXIETY AGENTS**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clorazepate dipotassium tab 3.75 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 7.5 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 15 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>diazepam conc 5 mg/ml</i></b> (Diazepam Intensol)	Tier 1	QL (30 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam oral soln 1 mg/ml</i></b>	Tier 1	QL (120 mL / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 10 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Max 64 years)
<b><i>lorazepam conc 2 mg/ml</i></b>	Tier 1	QL (90 mL / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 1 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 12 years)
<b><i>oxazepam cap 10 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 15 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 30 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Min 6 years)

## **ANTIARRHYTHMICS**

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

<b><i>disopyramide phosphate cap 100 mg</i></b>	Tier 1	MAIL
---	--------	------

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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
<b>ANTIARRHYTHMICS TYPE I-B</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
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<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
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	MAIL
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	Tier 3	PA, MAIL
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
<b>ANTIASTHMATIC - MONOCLONAL ANTIBODIES</b>		
FASENRA INJ 30MG/ML ( <i>benralizumab</i> )	Tier 4	PA
FASENRA PEN INJ 30MG/ML ( <i>benralizumab</i> )	Tier 4	PA
NUCALA INJ 40MG/0.4 ( <i>mepolizumab</i> )	Tier 4	PA, QL (1 syringe / 28 days)
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 vials / 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 4	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 4	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 4	PA, QL (5 mL / 28 days)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 4	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG ( <b><i>ipratropium bromide hfa</i></b> )	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ( <b><i>umeclidinium bromide</i></b> )	Tier 2	QL (30 blisters / 30 days), MAIL
<b><i>ipratropium bromide inhal soln 0.02%</i></b>	Tier 1	QL (120 vials / 30 days), MAIL
SPIRIVA AER 1.25MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (30 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<b><i>montelukast sodium chew tab 4 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
<b><i>montelukast sodium chew tab 5 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
<b><i>montelukast sodium tab 10 mg (base equiv)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>zafirlukast tab 10 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b><i>zafirlukast tab 20 mg</i></b>	Tier 3	QL (60 tabs / 30 days), MAIL
<b><i>zileuton tab er 12hr 600 mg</i></b>	Tier 3	PA, MAIL
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG ( <b><i>roflumilast</i></b> )	Tier 3	PA, MAIL
DALIRESP TAB 500MCG ( <b><i>roflumilast</i></b> )	Tier 3	PA, MAIL
<b>STEROID INHALANTS</b>		
ASMANEX 7 AER 110MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler / 30 days), MAIL

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

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

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

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

## **XANTHINES**

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

## **ANTICOAGULANTS**

### **COUMARIN ANTICOAGULANTS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i></b>	Tier 3	PA
<b><i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i></b>	Tier 3	PA
FRAGMIN INJ 2500/0.2 ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 5000/0.2 ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 7500/0.3 ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 10000/ML ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 12500UNT ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 15000UNT ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
FRAGMIN INJ 18000UNT ( <b><i>dalteparin sodium</i></b> )	Tier 3	PA
<b><i>heparin sodium (porcine) inj 1000 unit/ml</i></b>	Tier 1	PA
<b><i>heparin sodium (porcine) inj 10000 unit/ml</i></b>	Tier 1	PA
<b><i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i></b>	Tier 1	PA
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	PA, MAIL
PRADAXA CAP 110MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	PA, MAIL
PRADAXA CAP 150MG ( <b><i>dabigatran etexilate mesylate</i></b> )	Tier 3	PA, MAIL
<b>ANTICONSULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
FYCOMPA TAB 2MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 4MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 6MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 8MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 10MG ( <b><i>perampanel</i></b> )	Tier 3	
FYCOMPA TAB 12MG ( <b><i>perampanel</i></b> )	Tier 3	
<b>ANTICONSULSANTS - BENZODIAZEPINES</b>		
<b><i>clobazam tab 10 mg</i></b>	Tier 1	
<b><i>clobazam tab 20 mg</i></b>	Tier 1	
<b><i>clonazepam tab 0.5 mg</i></b>	Tier 1	QL (300 tabs / 30 days)
<b><i>clonazepam tab 1 mg</i></b>	Tier 1	QL (300 tabs / 30 days)
<b><i>clonazepam tab 2 mg</i></b>	Tier 1	QL (300 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diazepam rectal gel delivery system 2.5 mg</i></b>	Tier 1	QL (2 ea / 30 days)
<b><i>diazepam rectal gel delivery system 10 mg</i></b>	Tier 1	QL (2 ea / 30 days)
<b><i>diazepam rectal gel delivery system 20 mg</i></b>	Tier 1	QL (2 ea / 30 days)
<b>KLONOPIN TAB 0.5MG (<i>clonazepam</i>)</b>	Tier 1	QL (300 tabs / 30 days)
<b>KLONOPIN TAB 2MG (<i>clonazepam</i>)</b>	Tier 1	QL (300 tabs / 30 days)
<b>VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
<b>ANTICONVULSANTS - MISC.</b>		
<b>APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)</b>	Tier 3	MAIL
<b>APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)</b>	Tier 3	MAIL
<b>APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)</b>	Tier 3	MAIL
<b>APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)</b>	Tier 3	MAIL
<b>BANZEL TAB 200MG (<i>rufinamide</i>)</b>	Tier 3	MAIL
<b>BANZEL TAB 400MG (<i>rufinamide</i>)</b>	Tier 3	MAIL
<b><i>carbamazepine cap er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine cap er 12hr 200 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine cap er 12hr 300 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine chew tab 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine susp 100 mg/5ml</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab 200 mg (Eitol)</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 100 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 200 mg</i></b>	Tier 1	MAIL
<b><i>carbamazepine tab er 12hr 400 mg</i></b>	Tier 1	MAIL
<b>DIACOMIT CAP 250MG (<i>stiripentol</i>)</b>	Tier 3	PA, MAIL
<b>DIACOMIT CAP 500MG (<i>stiripentol</i>)</b>	Tier 3	PA, MAIL
<b>DIACOMIT PAK 250MG (<i>stiripentol</i>)</b>	Tier 3	PA, MAIL
<b>DIACOMIT PAK 500MG (<i>stiripentol</i>)</b>	Tier 3	PA, MAIL
<b><i>gabapentin cap 100 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 300 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 400 mg</i></b>	Tier 1	MAIL

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



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>phenytoin sodium extended cap 100 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin sodium extended cap 200 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin sodium extended cap 300 mg</i></b>	Tier 1	MAIL
<b><i>phenytoin susp 125 mg/5ml</i></b>	Tier 1	MAIL
<b>SUCCINIMIDES</b>		
<b><i>CELONTIN CAP 300MG (methsuximide)</i></b>	Tier 3	MAIL
<b><i>ethosuximide cap 250 mg</i></b>	Tier 1	MAIL
<b><i>ethosuximide soln 250 mg/5ml</i></b>	Tier 1	MAIL
<b>VALPROIC ACID</b>		
<b><i>divalproex sodium cap delayed release sprinkle 125 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 125 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 250 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab delayed release 500 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab er 24 hr 250 mg</i></b>	Tier 1	MAIL
<b><i>divalproex sodium tab er 24 hr 500 mg</i></b>	Tier 1	MAIL
<b><i>valproate sodium oral soln 250 mg/5ml (base equiv)</i></b>	Tier 1	MAIL
<b><i>valproic acid cap 250 mg</i></b>	Tier 1	MAIL
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<b><i>mirtazapine tab 15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>mirtazapine tab 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>mirtazapine tab 45 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIDEPRESSANTS - MISC.</b>		
<b><i>bupropion hcl tab 75 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>bupropion hcl tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 150 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 200 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

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

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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>doxepin hcl cap 100 mg</i></b>	Tier 1	QL (90 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl cap 150 mg</i></b>	Tier 1	QL (60 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl conc 10 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>imipramine hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>imipramine hcl tab 25 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>imipramine hcl tab 50 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>nortriptyline hcl cap 10 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 25 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 50 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>nortriptyline hcl cap 75 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>protriptyline hcl tab 5 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>protriptyline hcl tab 10 mg</i></b>	Tier 3	QL (180 tabs / 30 days), MAIL
<b><i>trimipramine maleate cap 25 mg</i></b>	Tier 3	MAIL
<b><i>trimipramine maleate cap 50 mg</i></b>	Tier 3	MAIL
<b><i>trimipramine maleate cap 100 mg</i></b>	Tier 3	MAIL

## **ANTIDIABETICS**

### **ALPHA-GLUCOSIDASE INHIBITORS**

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

### **ANTIDIABETIC - AMYLIN ANALOGS**

<b>SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)</b>	Tier 3	PA, MAIL
---	--------	----------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMLNPEN 120 INJ 1000MCG <b>(pramlintide acetate)</b>	Tier 3	PA, MAIL

### **ANTIDIABETIC COMBINATIONS**

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



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

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

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

### **BIGUANIDES**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin in the last 180 days
<b>INSULIN</b>		
ADMELOG INJ 100U/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 4-8-12 ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 4UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 8 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 8-12UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
AFREZZA POW 12 UNIT ( <i>insulin regular (human)</i> )	Tier 3	MAIL
APIDRA INJ SOLOSTAR ( <i>insulin glulisine</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 ( <i>insulin glulisine</i> )	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT ( <i>insulin glargine</i> )	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (5 pens per 30 days), MAIL
FIASP INJ 100/ML ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 ( <i>insulin aspart (with niacinamide)</i> )	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML ( <i>insulin lispro</i> )	Tier 3	ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEVEMIR INJ FLEXTOUC ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL; Novolin N products preferred
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB 2MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin in the last 180 days
<b>SULFONYLUREAS</b>		
CHLORPROPAMIDE TAB 100 MG	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>glyburide micronized tab 6 mg</b>	Tier 1	MAIL
<b>glyburide tab 1.25 mg</b>	Tier 1	MAIL
<b>glyburide tab 2.5 mg</b>	Tier 1	MAIL
<b>glyburide tab 5 mg</b>	Tier 1	MAIL
<b>tolbutamide tab 500 mg</b>	Tier 1	MAIL

## **ANTIDIARRHEAL/PROBIOTIC AGENTS**

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

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

### **ANTIPERISTALTIC AGENTS**

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

## **ANTIDOTES AND SPECIFIC ANTAGONISTS**

### **ANTIDOTES - CHELATING AGENTS**

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

### **OPIOID ANTAGONISTS**

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

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

## ANTIEMETICS

### 5-HT<sub>3</sub> RECEPTOR ANTAGONISTS

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

### ANTIEMETICS - ANTICHOLINERGIC

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

### ANTIEMETICS - MISCELLANEOUS

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

### SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine cap 250 mg</i>	Tier 3	PA
<i>flucytosine cap 500 mg</i>	Tier 3	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAP 186 MG <i>(isavuconazonium sulfate)</i>	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA
<b>ANTIHIISTAMINES</b>		
<b>ANTIHIISTAMINES - ALKYLAMINES</b>		
<i>chlorpheniramine maleate syrup 2 mg/5ml</i> (Diabetic Tussin Allergy)	Tier 1	OTC
<i>chlorpheniramine maleate tab 4 mg</i> (Eq Chlortabs)	Tier 1	OTC
<i>chlorpheniramine maleate tab er 12 mg</i> (Chlorphen Sr)	Tier 1	QL (60 tabs / 30 days), OTC
<b>ANTIHIISTAMINES - ETHANOLAMINES</b>		
ALER-DRYL TAB 50MG ( <i>diphenhydramine hcl</i> )	Tier 1	OTC
<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i> (Gnp Dayhist Allergy)	Tier 1	OTC
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl cap 25 mg</i> (Pharbedryl)	Tier 1	OTC
<i>diphenhydramine hcl cap 50 mg</i>	Tier 1	OTC

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

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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<b>ANTI-HISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	Tier 3	PA, MAIL
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	PA, MAIL
NEXLIZET TAB 180/10MG ( <i>bempedoic acid-ezetimibe</i> )	Tier 3	PA, MAIL
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
<b>BILE ACID SEQUESTRANTS</b>		
<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
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fenofibrate micronized cap 200 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>fenofibrate tab 48 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 54 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 145 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibrate tab 160 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>fenofibric acid tab 35 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>gemfibrozil tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

### **HMG COA REDUCTASE INHIBITORS**

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

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



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

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<b><i>ezetimibe tab 10 mg</i></b>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
-----------------------------------	--------	---

### **NICOTINIC ACID DERIVATIVES**

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

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

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

### **ANTIHYPERTENSIVES**

#### **ACE INHIBITORS**

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

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

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

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<b>phenoxybenzamine hcl cap 10 mg</b>	Tier 4	
---------------------------------------	--------	--

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

<b>candesartan cilexetil tab 4 mg</b>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 8 mg</b>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 16 mg</b>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>candesartan cilexetil tab 32 mg</b>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>EDARBI TAB 40MG (azilsartan medoxomil)</b>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>telmisartan tab 80 mg</i></b>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b><i>valsartan tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>valsartan tab 80 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>valsartan tab 160 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>valsartan tab 320 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

<b><i>clonidine hcl tab 0.1 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.2 mg</i></b>	Tier 1	QL (180 tabs / 30 days), MAIL
<b><i>clonidine hcl tab 0.3 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>clonidine td patch weekly 0.1 mg/24hr</i></b>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>clonidine td patch weekly 0.2 mg/24hr</i></b>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>clonidine td patch weekly 0.3 mg/24hr</i></b>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<b><i>doxazosin mesylate tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 4 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>doxazosin mesylate tab 8 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>guanfacine hcl tab 1 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>guanfacine hcl tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>methyldopa tab 250 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

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

#### **ANTIHYPERTENSIVE COMBINATIONS**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 20-25 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIHYPERTENSIVES - MISC.</b>		
<b>VECAMYL TAB 2.5MG (mecamylamine hcl)</b>	Tier 3	MAIL
<b>DIRECT RENIN INHIBITORS</b>		
<b>aliskiren fumarate tab 150 mg (base equivalent)</b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b>aliskiren fumarate tab 300 mg (base equivalent)</b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<b>eplerenone tab 25 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>eplerenone tab 50 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>VASODILATORS</b>		
<b>hydralazine hcl tab 10 mg</b>	Tier 1	MAIL
<b>hydralazine hcl tab 25 mg</b>	Tier 1	MAIL
<b>hydralazine hcl tab 50 mg</b>	Tier 1	MAIL
<b>hydralazine hcl tab 100 mg</b>	Tier 1	MAIL
<b>minoxidil tab 2.5 mg</b>	Tier 1	MAIL

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG ( <i>artemether-lumefantrine</i> )	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	Tier 1	MAIL
<b>TABLOID TAB 40MG (thioguanine)</b>	Tier 4	PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
<b>HERZUMA INJ 150MG (trastuzumab-pkrb)</b>	Tier 4	PA, QL (6 vials / 14 days)
<b>HERZUMA INJ 420MG (trastuzumab-pkrb)</b>	Tier 4	PA, QL (2 vials / 14 days)
<b>KANJINTI INJ 420MG (trastuzumab-anns)</b>	Tier 4	PA, QL (2 vials / 14 days)
<b>KANJINTI SOL 150MG (trastuzumab-anns)</b>	Tier 4	PA, QL (6 vials / 14 days)
<b>OGIVRI INJ 150MG (trastuzumab-dkst)</b>	Tier 4	PA, QL (6 vials / 14 days)
<b>OGIVRI INJ 420MG (trastuzumab-dkst)</b>	Tier 4	PA, QL (2 vials / 14 days)
<b>ONTRUZANT INJ 150MG (trastuzumab-dttb)</b>	Tier 4	PA, QL (6 vials / 14 days)
<b>ONTRUZANT INJ 420MG (trastuzumab-dttb)</b>	Tier 4	PA, QL (2 vials / 14 days)
<b>TRAZIMERA INJ 150MG (trastuzumab-qyyp)</b>	Tier 4	PA, QL (6 vials / 14 days)
<b>TRAZIMERA INJ 420MG (trastuzumab-qyyp)</b>	Tier 4	PA, QL (2 vials / 14 days)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
<b>RUXIENCE INJ 100/10ML (rituximab-pvvr)</b>	Tier 4	PA, QL (10 vials / 7 days)
<b>RUXIENCE INJ 500/50ML (rituximab-pvvr)</b>	Tier 4	PA, QL (2 vials / 7 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
<b>ERIVEDGE CAP 150MG (vismodegib)</b>	Tier 4	PA, QL (30 per 30 days)
<b>ODOMZO CAP 200MG (sonidegib phosphate)</b>	Tier 4	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<b>abiraterone acetate tab 250 mg</b>	Tier 4	PA, QL (120 per 30 days)
<b>abiraterone acetate tab 500 mg</b>	Tier 4	PA, QL (60 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>anastrozole tab 1 mg</i></b>	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b><i>bicalutamide tab 50 mg</i></b>	Tier 4	QL (90 tabs / 30 days)
ELIGARD INJ 7.5MG ( <b><i>leuprolide acetate</i></b> )	Tier 4	PA
ELIGARD INJ 22.5MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 4	PA
EMCYT CAP 140MG ( <b><i>estramustine phosphate sodium</i></b> )	Tier 4	PA
<b><i>exemestane tab 25 mg</i></b>	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 3
FIRMAGON INJ 80MG ( <b><i>degarelix acetate</i></b> )	Tier 4	PA
<b><i>flutamide cap 125 mg</i></b>	Tier 4	
<b><i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i></b>	Tier 4	PA
<b><i>letrozole tab 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>leuprolide acetate inj kit 5 mg/ml</i></b>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG ( <b><i>leuprolide acetate</i></b> )	Tier 4	PA
LUPRON DEPOT INJ 7.5MG ( <b><i>leuprolide acetate</i></b> )	Tier 4	PA
LUPRON DEPOT INJ 11.25MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 4	PA
LUPRON DEPOT INJ 22.5MG ( <b><i>leuprolide acetate (3 month)</i></b> )	Tier 4	PA
LYSODREN TAB 500MG ( <b><i>mitotane</i></b> )	Tier 4	PA
<b><i>megestrol acetate susp 40 mg/ml</i></b>	Tier 1	
<b><i>megestrol acetate tab 20 mg</i></b>	Tier 1	
<b><i>megestrol acetate tab 40 mg</i></b>	Tier 1	
<b><i>nilutamide tab 150 mg</i></b>	Tier 4	PA
<b><i>tamoxifen citrate tab 10 mg (base equivalent)</i></b>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b><i>tamoxifen citrate tab 20 mg (base equivalent)</i></b>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b><i>toremifene citrate tab 60 mg (base equivalent)</i></b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TRELSTAR MIX INJ 3.75MG ( <b><i>triptorelin pamoate</i></b> )	Tier 4	PA
TRELSTAR MIX INJ 11.25MG ( <b><i>triptorelin pamoate</i></b> )	Tier 4	PA
XTANDI CAP 40MG ( <b><i>enzalutamide</i></b> )	Tier 4	PA, QL (120 / 30 days)
XTANDI TAB 40MG ( <b><i>enzalutamide</i></b> )	Tier 4	PA, QL (120 / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTANDI TAB 80MG ( <b>enzalutamide</b> )	Tier 4	PA, QL (60 / 30 days)
ZOLADEX IMP 3.6MG ( <b>goserelin acetate</b> )	Tier 4	PA
ZOLADEX IMP 10.8MG ( <b>goserelin acetate</b> )	Tier 4	PA

#### **ANTINEOPLASTIC - IMMUNOMODULATORS**

POMALYST CAP 1MG ( <b>pomalidomide</b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 2MG ( <b>pomalidomide</b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 3MG ( <b>pomalidomide</b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 4MG ( <b>pomalidomide</b> )	Tier 4	PA, QL (30 per 30 days)

#### **ANTINEOPLASTIC COMBINATIONS**

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

#### **ANTINEOPLASTIC ENZYME INHIBITORS**

AFINITOR DIS TAB 2MG ( <b>everolimus</b> )	Tier 4	PA, QL (60 per 30 days)
AFINITOR DIS TAB 3MG ( <b>everolimus</b> )	Tier 4	PA, QL (90 per 30 days)
AFINITOR DIS TAB 5MG ( <b>everolimus</b> )	Tier 4	PA, QL (60 per 30 days)
AFINITOR TAB 10MG ( <b>everolimus</b> )	Tier 4	PA, QL (30 per 30 days)
ALECENSA CAP 150MG ( <b>alectinib hcl</b> )	Tier 4	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG ( <b>zanubrutinib</b> )	Tier 4	PA, QL (120 per 30 days)
CABOMETYX TAB 20MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (30 / 30 days)
CABOMETYX TAB 40MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (30 / 30 days)
CABOMETYX TAB 60MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (30 / 30 days)
CAPRELSA TAB 100MG ( <b>vandetanib</b> )	Tier 4	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG ( <b>vandetanib</b> )	Tier 4	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG ( <b>cabozantinib s-malate</b> )	Tier 4	PA, QL (120 per 30 days)
<b>erlotinib hcl tab 25 mg (base equivalent)</b>	Tier 4	PA, QL (90 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>erlotinib hcl tab 100 mg (base equivalent)</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>erlotinib hcl tab 150 mg (base equivalent)</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>everolimus tab 2.5 mg</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>everolimus tab 5 mg</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>everolimus tab 7.5 mg</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>everolimus tab 10 mg</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>everolimus tab for oral susp 2 mg</i></b>	Tier 4	PA, QL (60 per 30 days)
<b><i>everolimus tab for oral susp 3 mg</i></b>	Tier 4	PA, QL (90 per 30 days)
<b><i>everolimus tab for oral susp 5 mg</i></b>	Tier 4	PA, QL (60 per 30 days)
<b>FARYDAK CAP 10MG (<i>panobinostat lactate</i>)</b>	Tier 4	PA, QL (6 per 21 days)
<b>FARYDAK CAP 15MG (<i>panobinostat lactate</i>)</b>	Tier 4	PA, QL (6 per 21 days)
<b>FARYDAK CAP 20MG (<i>panobinostat lactate</i>)</b>	Tier 4	PA, QL (6 per 21 days)
<b>GILOTRIF TAB 20MG (<i>afatinib dimaleate</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>GILOTRIF TAB 30MG (<i>afatinib dimaleate</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>GILOTRIF TAB 40MG (<i>afatinib dimaleate</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE CAP 75MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE CAP 100MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE CAP 125MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE TAB 75MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE TAB 100MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>IBRANCE TAB 125MG (<i>palbociclib</i>)</b>	Tier 4	PA, QL (30 per 30 days)
<b>ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)</b>	Tier 4	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)</b>	Tier 4	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)</b>	Tier 4	PA, QL (30 tabs / 30 days)
<b>ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)</b>	Tier 4	PA, QL (30 tabs / 30 days)
<b><i>imatinib mesylate tab 100 mg (base equivalent)</i></b>	Tier 4	PA, QL (90 per 30 days)
<b><i>imatinib mesylate tab 400 mg (base equivalent)</i></b>	Tier 4	PA, QL (60 per 30 days)
<b>IMBRUVICA CAP 140MG (<i>ibrutinib</i>)</b>	Tier 4	PA, QL (90 per 30 days)
<b>JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)</b>	Tier 4	PA, QL (60 per 30 days)
<b>JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)</b>	Tier 4	PA, QL (60 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 15MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 20MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 25MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 4	PA, QL (60 per 30 days)
KISQALI TAB 200DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 4	PA, QL (30 per 30 days)
KISQALI TAB 400DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 4	PA, QL (60 per 30 days)
KISQALI TAB 600DOSE ( <b><i>ribociclib succinate</i></b> )	Tier 4	PA, QL (90 per 30 days)
<b><i>lapatinib ditosylate tab 250 mg (base equiv)</i></b>	Tier 4	PA, QL (180 per 30 days)
LENVIMA CAP 4MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (30 per 30 days)
LENVIMA CAP 8 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 10 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (30 per 30 days)
LENVIMA CAP 12MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (90 per 30 days)
LENVIMA CAP 14 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 18 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (90 per 30 days)
LENVIMA CAP 20 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 24 MG ( <b><i>lenvatinib mesylate</i></b> )	Tier 4	PA, QL (90 per 30 days)
LYNPARZA TAB 100MG ( <b><i>olaparib</i></b> )	Tier 4	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	Tier 4	PA, QL (120 tabs / 30 days)
MEKINIST TAB 0.5MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 4	PA, QL (90 per 30 days)
MEKINIST TAB 2MG ( <b><i>trametinib dimethyl sulfoxide</i></b> )	Tier 4	PA, QL (30 per 30 days)
NEXAVAR TAB 200MG ( <b><i>sorafenib tosylate</i></b> )	Tier 4	PA, QL (120 per 30 days)
RUBRACA TAB 200MG ( <b><i>rucaparib camsylate</i></b> )	Tier 4	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG ( <b><i>rucaparib camsylate</i></b> )	Tier 4	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG ( <b><i>rucaparib camsylate</i></b> )	Tier 4	PA, QL (120 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>sorafenib tosylate tab 200 mg (base equivalent)</b>	Tier 4	PA, QL (120 per 30 days)
SPRYCEL TAB 20MG ( <b>dasatinib</b> )	Tier 4	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG ( <b>dasatinib</b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG ( <b>dasatinib</b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG ( <b>dasatinib</b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG ( <b>dasatinib</b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG ( <b>dasatinib</b> )	Tier 4	PA, QL (30 per 30 days)
STIVARGA TAB 40MG ( <b>regorafenib</b> )	Tier 4	PA, QL (90 per 30 days)
<b>sunitinib malate cap 12.5 mg (base equivalent)</b>	Tier 4	PA, QL (120 per 30 days)
<b>sunitinib malate cap 25 mg (base equivalent)</b>	Tier 4	PA, QL (60 per 30 days)
<b>sunitinib malate cap 37.5 mg (base equivalent)</b>	Tier 4	PA, QL (30 per 30 days)
<b>sunitinib malate cap 50 mg (base equivalent)</b>	Tier 4	PA, QL (30 per 30 days)
SUTENT CAP 12.5MG ( <b>sunitinib malate</b> )	Tier 4	PA, QL (120 per 30 days)
SUTENT CAP 25MG ( <b>sunitinib malate</b> )	Tier 4	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG ( <b>sunitinib malate</b> )	Tier 4	PA, QL (30 per 30 days)
SUTENT CAP 50MG ( <b>sunitinib malate</b> )	Tier 4	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG ( <b>dabrafenib mesylate</b> )	Tier 4	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG ( <b>dabrafenib mesylate</b> )	Tier 4	PA, QL (120 per 30 days)
TAGRISSE TAB 40MG ( <b>osimertinib mesylate</b> )	Tier 4	PA, QL (30 per 30 days)
TAGRISSE TAB 80MG ( <b>osimertinib mesylate</b> )	Tier 4	PA, QL (30 per 30 days)
TASIGNA CAP 50MG ( <b>nilotinib hcl</b> )	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 150MG ( <b>nilotinib hcl</b> )	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 200MG ( <b>nilotinib hcl</b> )	Tier 4	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG ( <b>pazopanib hcl</b> )	Tier 4	PA, QL (120 per 30 days)
XALKORI CAP 200MG ( <b>crizotinib</b> )	Tier 4	PA, QL (60 per 30 days)
XALKORI CAP 250MG ( <b>crizotinib</b> )	Tier 4	PA, QL (60 per 30 days)
ZEJULA CAP 100MG ( <b>niraparib tosylate</b> )	Tier 4	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG ( <b>vorinostat</b> )	Tier 4	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG ( <b>idelalisib</b> )	Tier 4	PA, QL (60 per 30 days)
ZYDELIG TAB 150MG ( <b>idelalisib</b> )	Tier 4	PA, QL (60 per 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 4	PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
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
<i>tretinoin cap 10 mg</i>	Tier 4	PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 4	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	PA, MAIL
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 1 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 1.5 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 0.25 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 1 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 2 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 3 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 4 mg</i></b>	Tier 1	MAIL
<b><i>ropinirole hydrochloride tab 5 mg</i></b>	Tier 1	MAIL

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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

### **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

#### **ANTIMANIC AGENTS**

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAP 4.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 6MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
<b>ziprasidone hcl cap 20 mg</b>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 40 mg</b>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 60 mg</b>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>ziprasidone hcl cap 80 mg</b>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)

### **BENZISOXAZOLES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INVEGA TRINZ INJ 546MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (1.75 mL / 90 days), AGE; AGE (Min 18 years)
<b>INVEGA TRINZ INJ 819MG (<i>paliperidone palmitate</i>)</b>	Tier 3	QL (2.65 mL / 90 days), AGE; AGE (Min 18 years)
<b><i>paliperidone tab er 24hr 1.5 mg</i></b>	Tier 3	PA, MAIL
<b><i>paliperidone tab er 24hr 3 mg</i></b>	Tier 3	PA, MAIL
<b><i>paliperidone tab er 24hr 6 mg</i></b>	Tier 3	PA, MAIL
<b><i>paliperidone tab er 24hr 9 mg</i></b>	Tier 3	PA, MAIL
<b>RISPERDAL INJ 12.5MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
<b>RISPERDAL INJ 25MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
<b>RISPERDAL INJ 37.5MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
<b>RISPERDAL INJ 50MG (<i>risperidone microspheres</i>)</b>	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
<b><i>risperidone orally disintegrating tab 0.5 mg</i></b>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 0.25 mg</i></b>	Tier 3	QL (60 ea / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 1 mg</i></b>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 2 mg</i></b>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 3 mg</i></b>	Tier 3	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone orally disintegrating tab 4 mg</i></b>	Tier 3	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone soln 1 mg/ml</i></b>	Tier 1	QL (480 mL / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone tab 0.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>risperidone tab 0.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone tab 1 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone tab 2 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone tab 3 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b><i>risperidone tab 4 mg</i></b>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Min 5 years)
<b>BUTYROPHENONES</b>		
<b><i>haloperidol decanoate im soln 50 mg/ml</i></b>	Tier 1	AGE; AGE (Min 6 years)
<b><i>haloperidol decanoate im soln 100 mg/ml</i></b>	Tier 1	AGE; AGE (Min 6 years)
<b><i>haloperidol lactate inj 5 mg/ml</i></b>	Tier 1	AGE; AGE (Min 6 years)
<b><i>haloperidol lactate oral conc 2 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 0.5 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 1 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 2 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 5 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 10 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>haloperidol tab 20 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>DIBENZAPINES</b>		
<b><i>asenapine maleate sl tab 2.5 mg (base equiv)</i></b>	Tier 3	PA, MAIL
<b><i>asenapine maleate sl tab 5 mg (base equiv)</i></b>	Tier 3	PA, MAIL
<b><i>asenapine maleate sl tab 10 mg (base equiv)</i></b>	Tier 3	PA, MAIL
<b><i>clozapine tab 25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<b><i>clozapine tab 50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>quetiapine fumarate tab 400 mg</b>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 50 mg</b>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 150 mg</b>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 200 mg</b>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 300 mg</b>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 400 mg</b>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
ZYPREXA RELP INJ 300MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 18 years)
ZYPREXA RELP INJ 405MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 18 years)
<b>PHENOTHIAZINES</b>		
<b>chlorpromazine hcl tab 10 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 25 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 50 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 100 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>chlorpromazine hcl tab 200 mg</b>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine decanoate inj 25 mg/ml</b>	Tier 1	AGE; AGE (Min 6 years)
<b>fluphenazine hcl tab 1 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine hcl tab 2.5 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>fluphenazine hcl tab 5 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fluphenazine hcl tab 10 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>perphenazine tab 2 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 4 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 8 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>perphenazine tab 16 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>prochlorperazine maleate tab 5 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>prochlorperazine maleate tab 10 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>prochlorperazine suppos 25 mg</i></b>	Tier 3	AGE; AGE (Min 6 years)
<b><i>thioridazine hcl tab 10 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 25 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 50 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>thioridazine hcl tab 100 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b><i>trifluoperazine hcl tab 1 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 2 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 5 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>trifluoperazine hcl tab 10 mg (base equivalent)</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>QUINOLINONE DERIVATIVES</b>		
<b>ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 18 years)
<b>ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)</b>	Tier 2	QL (1 ea / 30 days), AGE; AGE (Min 18 years)
<b><i>aripiprazole oral solution 1 mg/ml</i></b>	Tier 3	PA, MAIL; AGE (Max 11 years)
<b><i>aripiprazole orally disintegrating tab 10 mg</i></b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole orally disintegrating tab 15 mg</i></b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 2 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>aripiprazole tab 5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 10 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 15 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>aripiprazole tab 30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
ARISTADA INJ 441MG/1. ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 662MG/2 ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 882MG/3 ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 18 years)
ARISTADA INJ 1064MG ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (1 injection / 60 days), AGE; AGE (Min 18 years)
ARISTADA INJ INITIO ( <b><i>aripiprazole lauroxil</i></b> )	Tier 2	QL (1 injection / 30 days), AGE; AGE (Min 18 years)

### **THIOXANTHENES**

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

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

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

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

<b><i>abacavir sulfate soln 20 mg/ml (base equiv)</i></b>	Tier 1	QL (900 mL / 30 days)
<b><i>abacavir sulfate tab 300 mg (base equiv)</i></b>	Tier 1	QL (60 tabs / 30 days)
<b><i>abacavir sulfate-lamivudine tab 600-300 mg</i></b>	Tier 1	QL (30 tabs / 30 days)

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIVICAY TAB 25MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ( <b>dolutegravir sodium</b> )	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ PD TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	Tier 2	QL (180 tabs / 30 days)
TRIUMEQ TAB ( <b>abacavir-dolutegravir-lamivudine</b> )	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG ( <b>cobicistat</b> )	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ( <b>didanosine</b> )	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG ( <b>nelfinavir mesylate</b> )	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ( <b>nelfinavir mesylate</b> )	Tier 2	QL (120 tabs / 30 days)
<b>zidovudine cap 100 mg</b>	Tier 1	QL (180 caps / 30 days)
<b>zidovudine syrup 10 mg/ml</b>	Tier 1	QL (1800 mL / 30 days)
<b>zidovudine tab 300 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b>	Tier 4	PA
<b>valganciclovir hcl tab 450 mg (base equivalent)</b>	Tier 4	PA
<b>HEPATITIS AGENTS</b>		
<b>adefovir dipivoxil tab 10 mg</b>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL ( <b>entecavir</b> )	Tier 3	PA
DAKLINZA TAB 30MG ( <b>daclatasvir dihydrochloride</b> )	Tier 4	PA
DAKLINZA TAB 60MG ( <b>daclatasvir dihydrochloride</b> )	Tier 4	PA
<b>entecavir tab 0.5 mg</b>	Tier 3	QL (30 tabs / 30 days)
<b>entecavir tab 1 mg</b>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML ( <b>lamivudine (hbv)</b> )	Tier 3	PA, QL (1800 mL / 30 days)
<b>lamivudine tab 100 mg (hbv)</b>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	PA, QL (28 tablets / 28 days); Preferred
PEGASYS INJ ( <b>peginterferon alfa-2a</b> )	Tier 4	PA
PEGASYS INJ 180MCG/M ( <b>peginterferon alfa-2a</b> )	Tier 4	PA
PEGINTRON KIT 50MCG ( <b>peginterferon alfa-2b</b> )	Tier 4	PA
<b>ribavirin cap 200 mg</b> (Ribasphere)	Tier 1	
<b>ribavirin tab 200 mg</b>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	PA, QL (28 tablets / 28 days); Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOVALDI TAB 400MG ( <i>sofosbuvir</i> )	Tier 4	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG ( <i>tenofovir alafenamide fumarate</i> )	Tier 3	PA
VIEKIRA PAK TAB ( <i>ombitasvir-paritaprevir-ritonavir-dasabuvir</i> )	Tier 4	PA; MNPA
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	Tier 4	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG ( <i>elbasvir-grazoprevir</i> )	Tier 4	PA, QL (28 tablets / 28 days)

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)

### **INFLUENZA AGENTS**

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 80MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (1 / 30 days)

### **BETA BLOCKERS**

#### **ALPHA-BETA BLOCKERS**

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>carvedilol tab 12.5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>carvedilol tab 25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>labetalol hcl tab 100 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>labetalol hcl tab 200 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>labetalol hcl tab 300 mg</b>	Tier 1	QL (180 tabs / 30 days), MAIL

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

<b>acebutolol hcl cap 200 mg</b>	Tier 1	MAIL
<b>acebutolol hcl cap 400 mg</b>	Tier 1	MAIL
<b>atenolol tab 25 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>atenolol tab 50 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>atenolol tab 100 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>betaxolol hcl tab 10 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>betaxolol hcl tab 20 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>bisoprolol fumarate tab 5 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>bisoprolol fumarate tab 10 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG ( <b>nebivolol hcl</b> )	Tier 3	PA, MAIL
BYSTOLIC TAB 5MG ( <b>nebivolol hcl</b> )	Tier 3	PA, MAIL
BYSTOLIC TAB 10MG ( <b>nebivolol hcl</b> )	Tier 3	PA, MAIL
BYSTOLIC TAB 20MG ( <b>nebivolol hcl</b> )	Tier 3	PA, MAIL
<b>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>metoprolol tartrate tab 25 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>metoprolol tartrate tab 50 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>metoprolol tartrate tab 100 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>nebivolol hcl tab 2.5 mg (base equivalent)</b>	Tier 3	MAIL
<b>nebivolol hcl tab 5 mg (base equivalent)</b>	Tier 3	MAIL
<b>nebivolol hcl tab 10 mg (base equivalent)</b>	Tier 3	MAIL
<b>nebivolol hcl tab 20 mg (base equivalent)</b>	Tier 3	MAIL

### **BETA BLOCKERS NON-SELECTIVE**

<b>nadolol tab 20 mg</b>	Tier 1	MAIL
<b>nadolol tab 40 mg</b>	Tier 1	MAIL
<b>nadolol tab 80 mg</b>	Tier 1	MAIL
<b>pindolol tab 5 mg</b>	Tier 1	MAIL
<b>pindolol tab 10 mg</b>	Tier 1	MAIL
<b>propranolol hcl cap er 24hr 60 mg</b>	Tier 3	QL (90 caps / 30 days), MAIL
<b>propranolol hcl cap er 24hr 80 mg</b>	Tier 3	QL (120 caps / 30 days), MAIL
<b>propranolol hcl cap er 24hr 120 mg</b>	Tier 3	QL (90 caps / 30 days), MAIL
<b>propranolol hcl cap er 24hr 160 mg</b>	Tier 3	QL (60 caps / 30 days), MAIL
<b>propranolol hcl oral soln 20 mg/5ml</b>	Tier 1	MAIL
<b>propranolol hcl oral soln 40 mg/5ml</b>	Tier 1	MAIL
<b>propranolol hcl tab 10 mg</b>	Tier 1	MAIL
<b>propranolol hcl tab 20 mg</b>	Tier 1	MAIL
<b>propranolol hcl tab 40 mg</b>	Tier 1	MAIL
<b>propranolol hcl tab 60 mg</b>	Tier 1	MAIL
<b>propranolol hcl tab 80 mg</b>	Tier 1	MAIL
<b>sotalol hcl (afib/afl) tab 80 mg</b>	Tier 1	MAIL
<b>sotalol hcl (afib/afl) tab 120 mg</b>	Tier 1	MAIL
<b>sotalol hcl (afib/afl) tab 160 mg</b>	Tier 1	MAIL
<b>sotalol hcl tab 80 mg</b>	Tier 1	MAIL
<b>sotalol hcl tab 120 mg</b>	Tier 1	MAIL
<b>sotalol hcl tab 160 mg</b>	Tier 1	MAIL
<b>sotalol hcl tab 240 mg</b>	Tier 1	MAIL
<b>timolol maleate tab 5 mg</b>	Tier 1	MAIL
<b>timolol maleate tab 10 mg</b>	Tier 1	MAIL
<b>timolol maleate tab 20 mg</b>	Tier 1	MAIL

### **CALCIUM CHANNEL BLOCKERS**

#### **CALCIUM CHANNEL BLOCKERS**

<b>amlodipine besylate tab 2.5 mg (base equivalent)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>amlodipine besylate tab 5 mg (base equivalent)</b>	Tier 1	QL (30 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amlodipine besylate tab 10 mg (base equivalent)</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>diltiazem hcl cap er 12hr 120 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl cap er 24hr 120 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl cap er 24hr 180 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl cap er 24hr 240 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl coated beads cap er 24hr 120 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl coated beads cap er 24hr 180 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl coated beads cap er 24hr 240 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl coated beads cap er 24hr 300 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 120 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 180 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 240 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 300 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 360 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>diltiazem hcl extended release beads cap er 24hr 420 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>diltiazem hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 60 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 90 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>diltiazem hcl tab 120 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 2.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>felodipine tab er 24hr 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>isradipine cap 2.5 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>isradipine cap 5 mg</i></b>	Tier 1	QL (120 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 20 mg</i></b>	Tier 1	QL (180 caps / 30 days), MAIL
<b><i>nicardipine hcl cap 30 mg</i></b>	Tier 1	QL (90 caps / 30 days), MAIL
<b><i>nifedipine cap 10 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine cap 20 mg</i></b>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine tab er 24hr 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr 60 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 30 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 60 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 90 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>nimodipine cap 30 mg</i></b>	Tier 1	MAIL
<b><i>nisoldipine tab er 24hr 8.5 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 17 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 20 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 25.5 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 30 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 34 mg</i></b>	Tier 3	PA, MAIL
<b><i>nisoldipine tab er 24hr 40 mg</i></b>	Tier 3	PA, MAIL
<b><i>verapamil hcl cap er 24hr 100 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	Tier 3	QL (30 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	Tier 3	QL (60 caps / 30 days), MAIL
<b><i>verapamil hcl tab 40 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>verapamil hcl tab 80 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>verapamil hcl tab 120 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>verapamil hcl tab er 120 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>verapamil hcl tab er 180 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>verapamil hcl tab er 240 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL

## **CARDIOTONICS**

### **CARDIAC GLYCOSIDES**

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

## **CARDIOVASCULAR AGENTS - MISC.**

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

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

### **PERIPHERAL VASODILATORS**

<b>inositol niacinate cap 500 mg</b> (Niacin Flush Free)	Tier 1	OTC, MAIL
--	--------	-----------

### **PROSTAGLANDIN VASODILATORS**

ORENITRAM TAB 0.25MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 0.125MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 1MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 2.5MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs / 30 days)
ORENITRAM TAB 5MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i></b>	Tier 4	PA
<b><i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i></b>	Tier 4	PA
<b><i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i></b>	Tier 4	PA
<b><i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i></b>	Tier 4	PA
<b>VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)</b>	Tier 4	PA
<b>VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)</b>	Tier 4	PA

***PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS***

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

***PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS***

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

***PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST***

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 4	PA, QL (60 tabs / 30 days)

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TAB 0.5MG ( <i>riociguat</i> )	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG ( <i>riociguat</i> )	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG ( <i>riociguat</i> )	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG ( <i>riociguat</i> )	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG ( <i>riociguat</i> )	Tier 4	PA, QL (90 tabs / 30 days)

**SINUS NODE INHIBITORS**

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

**CEPHALOSPORINS**

**CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

**CEPHALOSPORINS - 2ND GENERATION**

<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>cefprozil for susp 125 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>cefprozil for susp 250 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>cefprozil tab 250 mg</i></b>	Tier 1	
<b><i>cefprozil tab 500 mg</i></b>	Tier 1	
<b><i>cefuroxime axetil tab 250 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b><i>cefuroxime axetil tab 500 mg</i></b>	Tier 1	QL (20 tabs / 10 days)

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

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

### **CONTRACEPTIVES**

#### **COMBINATION CONTRACEPTIVES - ORAL**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</b> (Tydemy)	Tier 5	QL (28 tablets / 21 days), MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> (Kelnor 1/50)	Tier 5	QL (28 tablets / 21 days), MAIL
<b>FALESSA KIT (levonorgestrel-ethinyl estradiol &amp; folic acid)</b>	Tier 5	QL (75 tablets / 28 days), MAIL
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</b> (Rivelsa)	Tier 5	QL (28 tablets / 24 days), MAIL
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	Tier 5	QL (28 tablets / 24 days), MAIL
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	Tier 5	QL (28 tablets / 24 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	Tier 5	QL (28 tablets / 24 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>NATAZIA TAB (estradiol valerate-dienogest)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>NEXTSTELLIS TAB 3-14.2MG (drospirenone-estetrol)</b>	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Briellyn)	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nortrel 1/35)	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)</b>	Tier 5	QL (28 tablets / 28 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b>	Tier 5	QL (28 caps / 21 days), MAIL; Max 365 Days Supply
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)</b>	Tier 5	QL (28 tablets / 21 days), MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (Xulane)</b>	Tier 5	QL (3 patches / 21 days), MAIL
<b>TWIRLA DIS 120-30 (levonorgestrel-ethinyl estradiol)</b>	Tier 5	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<b>ANNOVERA MIS (segesterone acetate-ethinyl estradiol)</b>	Tier 5	
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	Tier 5	QL (1 ring / 21 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> (Eluryng)	Tier 5	QL (1 ring / 21 days), MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <b>copper (iud)</b> )	Tier 5	QL (1 IUD in lifetime)
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <b>ulipristal acetate</b> )	Tier 5	QL (4 tabs / 90 days)
<b>levonorgestrel tab 1.5 mg</b> (My Way)	Tier 5	QL (4 tabs / 90 days), OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <b>etonogestrel</b> )	Tier 5	QL (1 implant in lifetime)
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-SQ PROV INJ 104 ( <b>medroxyprogesterone acetate (contraceptive)</b> )	Tier 5	QL (1 injection / 90 days)
<b>medroxyprogesterone acetate im susp 150 mg/ml</b>	Tier 5	QL (1 Injection / 75 days)
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b>	Tier 5	QL (1 injection / 90 days)
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <b>levonorgestrel (iud)</b> )	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG ( <b>levonorgestrel (iud)</b> )	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM ( <b>levonorgestrel (iud)</b> )	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG ( <b>levonorgestrel (iud)</b> )	Tier 5	QL (1 IUD in lifetime)
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<b>norethindrone tab 0.35 mg</b>	Tier 5	QL (28 tablets / 21 days), MAIL
SLYND TAB 4MG ( <b>drospirenone</b> )	Tier 5	QL (28 tablets / 21 days)
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<b>budesonide delayed release particles cap 3 mg</b>	Tier 3	PA
<b>cortisone acetate tab 25 mg</b>	Tier 3	
<b>dexamethasone elixir 0.5 mg/5ml</b>	Tier 1	
<b>dexamethasone sodium phosphate inj 10 mg/ml</b>	Tier 1	
<b>dexamethasone soln 0.5 mg/5ml</b>	Tier 1	
<b>dexamethasone tab 0.5 mg</b>	Tier 1	
<b>dexamethasone tab 0.75 mg</b>	Tier 1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>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	
<b>MINERALOCORTICOIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ROBITUSSIN SYP 7.5/5ML <b>(dextromethorphan hbr)</b>	Tier 1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
ALLERGY CONG TAB 25-10MG <b>(diphenhydramine-phenylephrine)</b>	Tier 1	OTC
<b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 <b>(pseudoephed-bromphen-dm)</b>	Tier 1	QL (240 mL / 30 days), OTC
<b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b> (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC
<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</b> (Diabetic Tussin Cough/che)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b> (Mucus-dm)	Tier 1	OTC
<b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
<b>diphenhydramine-phenylephrine tab 25-10 mg</b> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
<b>guaifenesin-codeine soln 100-10 mg/5ml</b> (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	Tier 1	QL (240 mL / 30 days)
<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML <b>(chlorpheniramine w/ codeine)</b>	Tier 2	QL (240 mL / 25 days), OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>EXPECTORANTS</b>		
<b><i>guaifenesin liquid 100 mg/5ml</i></b>	Tier 1	OTC
<b><i>guaifenesin syrup 100 mg/5ml</i></b> (Robafen)	Tier 1	OTC
<b><i>guaifenesin tab 200 mg</i></b>	Tier 1	OTC
<b><i>guaifenesin tab 400 mg</i></b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b><i>guaifenesin tab er 12hr 600 mg</i></b> (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<b><i>sodium chloride soln nebu 0.9%</i></b>	Tier 1	
<b><i>sodium chloride soln nebu 3%</i></b> (Nebusal)	Tier 1	
<b><i>sodium chloride soln nebu 7%</i></b>	Tier 1	
<b>MUCOLYTICS</b>		
<b><i>acetylcysteine inhal soln 10%</i></b>	Tier 1	
<b><i>acetylcysteine inhal soln 20%</i></b>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
<b>ACNE MEDICAT LOT 5% (<i>benzoyl peroxide</i>)</b>	Tier 1	OTC
<b>ACNE MEDICAT LOT 10% (<i>benzoyl peroxide</i>)</b>	Tier 1	OTC
<b><i>adapalene gel 0.1%</i></b>	Tier 1	QL (45 / 25 days)
<b><i>adapalene gel 0.1%</i></b> (Adapalene Treatment)	Tier 1	QL (45 / 25 days), OTC
<b><i>adapalene lotion 0.1%</i></b>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>benzoyl peroxide gel 5%</i></b> (Bp Gel)	Tier 1	OTC
<b><i>benzoyl peroxide gel 10%</i></b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b><i>benzoyl peroxide liq 5%</i></b> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b><i>benzoyl peroxide liq 10%</i></b> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<b><i>benzoyl peroxide-erythromycin gel 5-3%</i></b>	Tier 3	PA
<b><i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i></b>	Tier 3	PA
<b><i>clindamycin phosphate gel 1%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clindamycin phosphate lotion 1%</i></b>	Tier 3	QL (60 mL / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clindamycin phosphate soln 1%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i></b>	Tier 3	PA
<b>DIFFERIN GEL 0.1% (<i>adapalene</i>)</b>	Tier 1	QL (45 / 25 days), OTC
<b><i>erythromycin soln 2%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>isotretinoin cap 10 mg</i></b> (Claravis)	Tier 3	PA
<b><i>isotretinoin cap 20 mg</i></b> (Amnesteem)	Tier 3	PA
<b><i>isotretinoin cap 30 mg</i></b>	Tier 3	PA
<b><i>isotretinoin cap 40 mg</i></b>	Tier 3	PA
<b><i>sulfacetamide sodium lotion 10% (acne)</i></b>	Tier 1	
<b><i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i></b> (Bp Cleansing Wash)	Tier 1	
<b><i>tretinoin cream 0.1%</i></b>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin cream 0.05%</i></b>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin cream 0.025%</i></b>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.01%</i></b>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b><i>tretinoin gel 0.025%</i></b> (Avita)	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
<b>VEREGEN OIN 15% (<i>sinecatechins</i>)</b>	Tier 3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<b><i>diclofenac sodium gel 1%</i></b>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

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

### **ANTIBIOTICS - TOPICAL**

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

### **ANTIFUNGALS - TOPICAL**

<i>butenafine hcl cream 1%</i>	Tier 1	OTC
<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)
<i>econazole nitrate cream 1%</i>	Tier 3	PA
ERTACZO CRE 2% ( <i>sertaconazole 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>miconazole nitrate ointment 2%</b> (Triple Paste Af)	Tier 1	OTC
<b>miconazole nitrate powder 2%</b> (Cvs Anti-fungal Powder)	Tier 1	OTC
<b>naftifine hcl cream 1%</b>	Tier 3	PA
<b>naftifine hcl gel 1%</b>	Tier 3	PA
NAFTIN GEL 2% ( <b>naftifine hcl</b> )	Tier 3	PA
<b>nystatin cream 100000 unit/gm</b>	Tier 1	QL (90 gm / 30 days)
<b>nystatin oint 100000 unit/gm</b>	Tier 1	QL (90 gm / 30 days)
<b>nystatin topical powder 100000 unit/gm</b> (Nystop)	Tier 1	QL (30 gm / 30 days)
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	Tier 3	QL (60 gm / 30 days)
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b>	Tier 3	QL (60 gm / 30 days)
<b>oxiconazole nitrate cream 1%</b>	Tier 3	PA, QL (90 gm / 30 days)
OXISTAT LOT 1% ( <b>oxiconazole nitrate</b> )	Tier 3	PA
<b>sulconazole nitrate cream 1%</b>	Tier 3	PA
<b>sulconazole nitrate solution 1%</b>	Tier 3	PA
<b>terbinafine hcl cream 1%</b>	Tier 1	QL (30 gm / 30 days), OTC
<b>tolnaftate aerosol pow 1%</b> (Cvs Af Spray Powder)	Tier 1	OTC
<b>tolnaftate cream 1%</b>	Tier 1	OTC
<b>tolnaftate powder 1%</b> (Anti-fungal Powder)	Tier 1	OTC
<b>tolnaftate soln 1%</b> (Mycocide Clinical Ns Anti)	Tier 1	OTC
<b>ANTI-HISTAMINES-TOPICAL</b>		
<b>diphenhydramine-zinc acetate cream 2-0.1%</b> (Sm Anti-itch Extra Streng)	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<b>bexarotene gel 1%</b>	Tier 4	PA
<b>fluorouracil cream 5%</b>	Tier 3	
PANRETIN GEL 0.1% ( <b>alitretinoin</b> )	Tier 4	PA
PICATO GEL 0.05% ( <b>ingenol mebutate</b> )	Tier 3	PA
PICATO GEL 0.015% ( <b>ingenol mebutate</b> )	Tier 3	PA
TARGRETIN GEL 1% ( <b>bexarotene (topical)</b> )	Tier 4	PA
<b>ANTIPSORIATICS</b>		
<b>acitretin cap 10 mg</b>	Tier 3	PA
<b>acitretin cap 17.5 mg</b>	Tier 3	PA
<b>acitretin cap 25 mg</b>	Tier 3	PA
<b>calcipotriene oint 0.005%</b>	Tier 3	PA



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcipotriene soln 0.005% (50 mcg/ml)</b>	Tier 3	PA
<b>calcitriol oint 3 mcg/gm</b>	Tier 3	PA, QL (100 gm / 30 days)
COSENTYX INJ 75MG/0.5 ( <b>secukinumab</b> )	Tier 4	PA; Preferred Brand
COSENTYX INJ 150MG/ML ( <b>secukinumab</b> )	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE ( <b>secukinumab</b> )	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML ( <b>secukinumab</b> )	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE ( <b>secukinumab</b> )	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% ( <b>anthralin</b> )	Tier 3	PA, QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE ( <b>risankizumab-rzaa</b> )	Tier 4	PA; Preferred Brand
SKYRIZI INJ 150MG/ML ( <b>risankizumab-rzaa</b> )	Tier 4	PA; Preferred Brand
SKYRIZI PEN INJ 150MG/ML ( <b>risankizumab-rzaa</b> )	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 ( <b>ustekinumab</b> )	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML ( <b>ustekinumab</b> )	Tier 4	PA; Preferred Brand
<b>tazarotene cream 0.1%</b>	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% ( <b>tazarotene</b> )	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% ( <b>tazarotene</b> )	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% ( <b>tazarotene</b> )	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML ( <b>guselkumab</b> )	Tier 4	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML ( <b>guselkumab</b> )	Tier 4	PA; Preferred Brand; Prefilled Syringe
<b>ANTISEBORRHEIC PRODUCTS</b>		
<b>selenium sulfide lotion 1%</b> (Cvs Anti-dandruff)	Tier 1	OTC
<b>selenium sulfide lotion 2.5%</b>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
ABREVA CRE 10% ( <b>docosanol</b> )	Tier 1	QL (2 gm / 30 days), OTC
<b>acyclovir oint 5%</b>	Tier 3	PA
DENAVIR CRE 1% ( <b>penciclovir</b> )	Tier 3	PA
<b>docosanol cream 10%</b>	Tier 1	QL (2 gm / 30 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BURN PRODUCTS</b>		
<b><i>mafenide acetate packet for topical soln 5% (50 gm)</i></b>	Tier 1	
<b><i>silver sulfadiazine cream 1%</i></b>	Tier 1	QL (400 gm / 30 days)
<b>SULFAMYLON CRE 85MG/GM (<i>mafenide acetate</i>)</b>	Tier 3	QL (454 gm / 30 days)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<b><i>alclometasone dipropionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>alclometasone dipropionate oint 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>amcinonide cream 0.1%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>amcinonide lotion 0.1%</i></b>	Tier 3	QL (60 mL / 30 days)
<b>AMCINONIDE OIN 0.1%</b>	Tier 3	QL (60 gm / 30 days)
<b>APEXICON E CRE 0.05% (<i>diflorasone diacetate emollient base</i>)</b>	Tier 3	PA, QL (60 gm / 30 days)
<b><i>betamethasone dipropionate augmented cream 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented gel 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate augmented lotion 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>betamethasone dipropionate augmented oint 0.05%</i></b>	Tier 1	QL (50 gm / 30 days)
<b><i>betamethasone dipropionate cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)
<b><i>betamethasone dipropionate lotion 0.05%</i></b>	Tier 1	QL (60 mL / 30 days)
<b><i>betamethasone dipropionate oint 0.05%</i></b>	Tier 1	QL (45 gm / 30 days)
<b><i>betamethasone valerate cream 0.1% (base equivalent)</i></b>	Tier 1	QL (454 gm / 30 days)
<b><i>betamethasone valerate oint 0.1% (base equivalent)</i></b>	Tier 1	QL (45 gm / 30 days)
<b><i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i></b>	Tier 3	PA, QL (100 gm / 30 days)
<b><i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i></b>	Tier 3	PA, QL (120 gm / 30 days)
<b><i>clobetasol propionate cream 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate gel 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate oint 0.05%</i></b>	Tier 3	QL (60 gm / 30 days)
<b><i>clobetasol propionate soln 0.05%</i></b>	Tier 3	QL (50 mL / 30 days)
<b>CORDRAN 80X3 TAP 4MCG/CM (<i>flurandrenolide</i>)</b>	Tier 3	PA
<b><i>desonide cream 0.05%</i></b>	Tier 1	QL (60 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>desonide oint 0.05%</b>	Tier 1	QL (60 gm / 30 days)
<b>desoximetasone cream 0.05%</b>	Tier 3	QL (60 gm / 30 days)
<b>desoximetasone cream 0.25%</b>	Tier 3	QL (60 gm / 30 days)
<b>desoximetasone gel 0.05%</b>	Tier 3	QL (60 gm / 30 days)
<b>desoximetasone oint 0.05%</b>	Tier 3	QL (60 gm / 30 days)
<b>desoximetasone oint 0.25%</b>	Tier 3	QL (60 gm / 30 days)
<b>diflorasone diacetate cream 0.05%</b>	Tier 3	QL (60 gm / 30 days)
<b>diflorasone diacetate oint 0.05%</b>	Tier 3	QL (60 gm / 30 days)
<b>fluocinolone acetonide cream 0.025%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluocinolone acetonide oil 0.01% (body oil)</b>	Tier 3	QL (120 mL / 30 days)
<b>fluocinolone acetonide oil 0.01% (scalp oil)</b>	Tier 3	QL (120 mL / 30 days)
<b>fluocinolone acetonide oint 0.025%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluocinonide cream 0.05%</b>	Tier 1	QL (150 gm / 30 days)
<b>fluocinonide emulsified base cream 0.05%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluocinonide gel 0.05%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluocinonide oint 0.05%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluocinonide soln 0.05%</b>	Tier 1	QL (60 mL / 30 days)
<b>flurandrenolide cream 0.05%</b>	Tier 3	QL (30 gm / 30 days)
<b>flurandrenolide lotion 0.05%</b>	Tier 3	QL (120 mL / 30 days)
<b>fluticasone propionate cream 0.05%</b>	Tier 1	QL (60 gm / 30 days)
<b>fluticasone propionate oint 0.005%</b>	Tier 1	QL (60 gm / 30 days)
<b>halcinonide cream 0.1%</b>	Tier 3	PA, QL (60 gm / 30 days)
<b>halobetasol propionate cream 0.05%</b>	Tier 3	QL (50 gm / 30 days)
<b>halobetasol propionate oint 0.05%</b>	Tier 3	QL (50 gm / 30 days)
<b>HALOG OIN 0.1% (halcinonide)</b>	Tier 3	PA, QL (60 gm / 30 days)
<b>hc/aloe cre 0.5%</b>	Tier 1	QL (60 gm / 30 days), OTC
<b>hydrocortisone acetate cream 1% (Lanacort 10)</b>	Tier 1	QL (60 gm / 30 days), OTC
<b>hydrocortisone cream 0.5%</b>	Tier 1	QL (60 gm / 30 days), OTC
<b>hydrocortisone cream 1% (Ra Hydrocortisone Plus 12)</b>	Tier 1	QL (60 gm / 30 days), OTC
<b>hydrocortisone cream 2.5%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone gel 1% (Cortizone-10)</b>	Tier 1	QL (56 gm / 30 days), OTC
<b>hydrocortisone lotion 1% (Cvs Cortisone Maximum Str)</b>	Tier 1	QL (120 gm / 30 days), OTC
<b>hydrocortisone lotion 2.5%</b>	Tier 1	QL (60 mL / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydrocortisone oint 0.5%</b>	Tier 1	QL (60 gm / 30 days), OTC
<b>hydrocortisone oint 1%</b> (Hydrocortisone 1% In Abso)	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone oint 2.5%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone valerate cream 0.2%</b>	Tier 1	QL (60 gm / 30 days)
<b>hydrocortisone-aloe vera cream 1%</b> (Cortizone-10 Plus)	Tier 1	OTC
<b>mometasone furoate cream 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>mometasone furoate oint 0.1%</b>	Tier 1	QL (60 gm / 30 days)
<b>mometasone furoate solution 0.1%</b> (lotion)	Tier 1	QL (60 mL / 30 days)
<b>prednicarbate cream 0.1%</b>	Tier 3	QL (60 gm / 30 days)
<b>prednicarbate oint 0.1%</b>	Tier 3	QL (60 gm / 30 days)
<b>triamcinolone acetonide cream 0.1%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide cream 0.5%</b>	Tier 1	QL (15 gm / 30 days)
<b>triamcinolone acetonide cream 0.025%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide lotion 0.1%</b>	Tier 1	QL (60 mL / 30 days)
<b>triamcinolone acetonide lotion 0.025%</b>	Tier 1	QL (60 mL / 30 days)
<b>triamcinolone acetonide oint 0.1%</b>	Tier 1	QL (454 gm / 30 days)
<b>triamcinolone acetonide oint 0.5%</b>	Tier 1	QL (15 gm / 30 days)
<b>triamcinolone acetonide oint 0.025%</b>	Tier 1	QL (454 gm / 30 days)
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 100/0.67 ( <b>dupilumab</b> )	Tier 4	PA
DUPIXENT INJ 200MG ( <b>dupilumab</b> )	Tier 4	PA
DUPIXENT INJ 300/2ML ( <b>dupilumab</b> )	Tier 4	PA; Pen
DUPIXENT INJ 300/2ML ( <b>dupilumab</b> )	Tier 4	PA; Prefilled Syringe
<b>EMOLLIENTS</b>		
<b>emollient - ointment</b> (Hydrophor)	Tier 1	OTC
<b>lactic acid (ammonium lactate) cream 12%</b>	Tier 1	QL (280 gm / 30 days), OTC
<b>lactic acid (ammonium lactate) lotion 12%</b> (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM ( <b>collagenase</b> )	Tier 3	PA, QL (60 gm / 30 days)
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<b>imiquimod cream 5%</b>	Tier 1	PA, QL (24 ea / 30 days)
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<b>tacrolimus oint 0.1%</b>	Tier 3	PA, QL (30 gm / 30 days)
<b>tacrolimus oint 0.03%</b>	Tier 3	PA, QL (30 gm / 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	QL (90 gm / 30 days), OTC
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC; Regenecare gel products preferred
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	QL (90 patches / 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 3	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20% ( <i>aluminum chloride</i> )	Tier 1	QL (60 mL / 30 days)
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% ( <i>menthol- zinc oxide</i> )	Tier 1	OTC
<b>ROSACEA AGENTS</b>		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <i>brimonidine tartrate (topical)</i> )	Tier 3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CRE 10% ( <i>crotamiton</i> )	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
<i>ivermectin lotion 0.5%</i>	Tier 3	PA, QL (117 gm / 30 days)
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</b> (Stop Lice Complete Lice T)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.3- 3%</b> (Sb Lice Treatment)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide liq 0.33- 4%</b> (Stop Lice Maximum Strengt)	Tier 1	OTC
<b>pyrethrins-piperonyl butoxide shampoo 0.33-4%</b> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION ( <b>permethrin &amp; pyrethrins-piperonyl butoxide</b> )	Tier 1	OTC
<b>spinosad susp 0.9%</b>	Tier 3	QL (120 per 30 days)
ULESFIA LOT 5% ( <b>benzyl alcohol (pediculicide)</b> )	Tier 3	PA

### **WOUND CARE PRODUCTS**

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

### **DIAGNOSTIC PRODUCTS**

#### **DIAGNOSTIC DRUGS**

THYROGEN INJ 0.9MG ( <b>thyrotropin alfa</b> )	Tier 4	PA
--	--------	----

#### **DIAGNOSTIC TESTS**

RELION KETON TES ( <b>acetone (urine) test</b> )	Tier 2	OTC
RELION TRUE TES METRIX ( <b>glucose blood</b> )	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non- insulin users
TRUE METRIX TES GLUCOSE ( <b>glucose blood</b> )	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non- insulin users

### **DIGESTIVE AIDS**

#### **DIGESTIVE ENZYMES**

CREON CAP 3000UNIT ( <b>pancrelipase (lipase-protease-amylase)</b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT ( <b>pancrelipase (lipase-protease-amylase)</b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 12000UNT ( <b>pancrelipase (lipase-protease-amylase)</b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT ( <b>pancrelipase (lipase-protease-amylase)</b> )	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT ( <b>pancrelipase (lipase-protease-amylase)</b> )	Tier 2	QL (180 caps / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZENPEP CAP 3000UNIT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000UNT ( <b><i>pancrelipase (lipase-protease-amylase)</i></b> )	Tier 2	QL (180 caps / 30 days), MAIL

## **DIURETICS**

### **CARBONIC ANHYDRASE INHIBITORS**

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

### **DIURETIC COMBINATIONS**

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

### **LOOP DIURETICS**

<b><i>bumetanide tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>bumetanide tab 1 mg</i></b>	Tier 1	MAIL
<b><i>bumetanide tab 2 mg</i></b>	Tier 1	MAIL
<b><i>ethacrynic acid tab 25 mg</i></b>	Tier 3	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>furosemide oral soln 8 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<b><i>furosemide oral soln 10 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<b><i>furosemide tab 20 mg</i></b>	Tier 1	MAIL
<b><i>furosemide tab 40 mg</i></b>	Tier 1	MAIL
<b><i>furosemide tab 80 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 10 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 20 mg</i></b>	Tier 1	MAIL
<b><i>torseamide tab 100 mg</i></b>	Tier 1	MAIL

#### **POTASSIUM SPARING DIURETICS**

<b><i>amiloride hcl tab 5 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>spironolactone tab 100 mg</i></b>	Tier 1	MAIL
<b><i>triamterene cap 50 mg</i></b>	Tier 3	MAIL
<b><i>triamterene cap 100 mg</i></b>	Tier 3	MAIL

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

<b><i>chlorothiazide tab 250 mg</i></b>	Tier 1	MAIL
<b><i>chlorothiazide tab 500 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 25 mg</i></b>	Tier 1	MAIL
<b><i>chlorthalidone tab 50 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide cap 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 12.5 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 25 mg</i></b>	Tier 1	MAIL
<b><i>hydrochlorothiazide tab 50 mg</i></b>	Tier 1	MAIL
<b><i>indapamide tab 1.25 mg</i></b>	Tier 1	MAIL
<b><i>indapamide tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>methyclothiazide tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 2.5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 5 mg</i></b>	Tier 1	MAIL
<b><i>metolazone tab 10 mg</i></b>	Tier 1	MAIL

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

##### **BONE DENSITY REGULATORS**

<b><i>alendronate sodium tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>alendronate sodium tab 35 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>alendronate sodium tab 40 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>alendronate sodium tab 70 mg</i></b>	Tier 1	QL (4 tablets / 28 days), MAIL
<b><i>calcitonin (salmon) nasal soln 200 unit/act</i></b>	Tier 1	QL (30 mL / 30 days), MAIL
ETIDRONATE DISODIUM TAB 200 MG	Tier 1	MAIL
ETIDRONATE DISODIUM TAB 400 MG	Tier 1	MAIL
FORTEO INJ 600/2.4 ( <b><i>teriparatide (recombinant)</i></b> )	Tier 4	PA
<b><i>ibandronate sodium tab 150 mg (base equivalent)</i></b>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA INJ 60MG/ML ( <b><i>denosumab</i></b> )	Tier 4	PA
<b><i>risedronate sodium tab 5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>risedronate sodium tab 30 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>risedronate sodium tab 35 mg</i></b>	Tier 3	QL (4 tablets / 28 days), MAIL
<b><i>risedronate sodium tab 150 mg</i></b>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ( <b><i>abaloparatide</i></b> )	Tier 4	PA
XGEVA INJ ( <b><i>denosumab</i></b> )	Tier 4	PA
<b>FERTILITY REGULATORS</b>		
<b><i>clomiphene citrate tab 50 mg</i></b>	Tier 3	PA, QL (10 tabs / 5 days); Max 5 days supply
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
SOMAVERT INJ 15MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
SOMAVERT INJ 20MG ( <b><i>pegvisomant</i></b> )	Tier 4	PA
<b>GROWTH HORMONES</b>		
OMNITROPE INJ 5.8MG ( <b><i>somatropin</i></b> )	Tier 4	PA
OMNITROPE INJ 5/1.5ML ( <b><i>somatropin</i></b> )	Tier 4	PA
OMNITROPE INJ 10/1.5ML ( <b><i>somatropin</i></b> )	Tier 4	PA
<b>HORMONE RECEPTOR MODULATORS</b>		
OSPHENA TAB 60MG ( <b><i>ospemifene</i></b> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b><i>raloxifene hcl tab 60 mg</i></b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <b><i>mecasermin</i></b> )	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 4	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; 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
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW ( <i>betaine</i> )	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	PA, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>desmopressin acetate tab 0.1 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>desmopressin acetate tab 0.2 mg</b>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ( <b>desmopressin acetate</b> )	Tier 4	PA

### **PROLACTIN INHIBITORS**

<b>cabergoline tab 0.5 mg</b>	Tier 1	MAIL
-------------------------------	--------	------

### **SOMATOSTATIC AGENTS**

<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b>	Tier 4	PA
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b>	Tier 4	PA
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b>	Tier 4	PA
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b>	Tier 4	PA
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b>	Tier 4	PA
<b>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</b>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG ( <b>octreotide acetate</b> )	Tier 4	PA
SANDOSTATIN KIT LAR 20MG ( <b>octreotide acetate</b> )	Tier 4	PA
SANDOSTATIN KIT LAR 30MG ( <b>octreotide acetate</b> )	Tier 4	PA

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

<b>tolvaptan tab 15 mg</b>	Tier 4	PA
<b>tolvaptan tab 30 mg</b>	Tier 4	PA

### **ESTROGENS**

#### **ESTROGEN COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<b>ESTROGENS</b>		
<i>estradiol tab 0.5 mg</i>	Tier 1	MAIL
<i>estradiol tab 1 mg</i>	Tier 1	MAIL
<i>estradiol tab 2 mg</i>	Tier 1	MAIL
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 3	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 3	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 3	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 3	QL (8 ea / 28 days), MAIL
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 3	QL (8 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 3	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 3	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 3	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 3	QL (4 patches / 28 days), MAIL
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 3	QL (4 ea / 28 days), MAIL
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 3	QL (4 ea / 28 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREMARIN TAB 0.9MG ( <b>estrogens, conjugated</b> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG ( <b>estrogens, conjugated</b> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG ( <b>estrogens, conjugated</b> )	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG ( <b>estrogens, conjugated</b> )	Tier 2	QL (30 tabs / 30 days), MAIL

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

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

## **GASTROINTESTINAL AGENTS - MISC.**

### **ANTIFLATULENTS**

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

### **GALLSTONE SOLUBILIZING AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ursodiol tab 500 mg</b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<b>lubiprostone cap 8 mcg</b>	Tier 3	PA, MAIL
<b>lubiprostone cap 24 mcg</b>	Tier 3	PA, MAIL
<b>GASTROINTESTINAL STIMULANTS</b>		
<b>metoclopramide hcl inj 5 mg/ml (base equivalent)</b>	Tier 1	
<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b>	Tier 1	
<b>metoclopramide hcl tab 5 mg (base equivalent)</b>	Tier 1	QL (180 tabs / 30 days)
<b>metoclopramide hcl tab 10 mg (base equivalent)</b>	Tier 1	QL (180 tabs / 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>AVSOLA INJ 100MG (infliximab-axxq)</b>	Tier 4	PA
<b>balsalazide disodium cap 750 mg</b>	Tier 1	QL (270 caps / 30 days), MAIL
<b>CIMZIA KIT 200MG (certolizumab pegol)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA PREFL KIT 200MG/ML (certolizumab pegol)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA START KIT 200MG/ML (certolizumab pegol)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>DIPENTUM CAP 250MG (olsalazine sodium)</b>	Tier 3	MAIL
<b>INFLECTRA INJ 100MG (infliximab-dyyb)</b>	Tier 4	PA
<b>mesalamine cap er 24hr 0.375 gm</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>mesalamine enema 4 gm</b>	Tier 1	
<b>mesalamine tab delayed release 800 mg</b>	Tier 3	MAIL
<b>RENFLEXIS INJ 100MG (infliximab-abda)</b>	Tier 4	PA
<b>SKYRIZI INJ 360/2.4 (risankizumab-rzaa (crohn's))</b>	Tier 4	PA, QL (1 injection / 60 days); Preferred Brand
<b>SKYRIZI SOL 60MG/ML (risankizumab-rzaa (crohn's))</b>	Tier 4	PA; Preferred Brand
<b>STELARA INJ 5MG/ML (ustekinumab (iv))</b>	Tier 4	PA; Preferred Brand

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	PA, MAIL
LINZESS CAP 72MCG ( <i>linaclotide</i> )	Tier 2	PA, MAIL
LINZESS CAP 145MCG ( <i>linaclotide</i> )	Tier 2	PA, MAIL
LINZESS CAP 290MCG ( <i>linaclotide</i> )	Tier 2	PA, MAIL
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
MOVANTIK TAB 25MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
RELISTOR INJ 12/0.6ML ( <i>methylnaltrexone bromide</i> )	Tier 4	PA
RELISTOR TAB 150MG ( <i>methylnaltrexone bromide</i> )	Tier 4	PA
SYMPROIC TAB 0.2MG ( <i>naldemedine tosylate</i> )	Tier 3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG ( <i>sucroferric oxyhydroxide</i> )	Tier 3	PA, MAIL
<b>GENITOURINARY AGENTS - MISCELLANEOUS</b>		
<b>ALKALINIZERS</b>		
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Tier 1	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>potassium citrate tab er 5 meq (540 mg)</b>	Tier 1	QL (90 tabs / 30 days)
<b>potassium citrate tab er 10 meq (1080 mg)</b>	Tier 1	QL (90 tabs / 30 days)
<b>potassium citrate tab er 15 meq (1620 mg)</b>	Tier 1	QL (90 tabs / 30 days)
<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b>	Tier 1	
<b>CYSTINOSIS AGENTS</b>		
<b>CYSTAGON CAP 50MG (cysteamine bitartrate)</b>	Tier 4	PA
<b>CYSTAGON CAP 150MG (cysteamine bitartrate)</b>	Tier 4	PA
<b>GENITOURINARY IRRIGANTS</b>		
<b>acetic acid irrigation soln 0.25%</b>	Tier 1	
<b>sodium chloride irrigation soln 0.9%</b>	Tier 1	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
<b>ELMIRON CAP 100MG (pentosan polysulfate sodium)</b>	Tier 3	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<b>alfuzosin hcl tab er 24hr 10 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>dutasteride cap 0.5 mg</b>	Tier 1	QL (30 caps / 30 days), MAIL
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<b>finasteride tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>silodosin cap 4 mg</b>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<b>silodosin cap 8 mg</b>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<b>tamsulosin hcl cap 0.4 mg</b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>URINARY ANALGESICS</b>		
<b>phenazopyridine hcl tab 100 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>phenazopyridine hcl tab 200 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>GOUT AGENTS</b>		
<b>GOUT AGENT COMBINATIONS</b>		
<b>colchicine w/ probenecid tab 0.5-500 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>GOUT AGENTS</b>		
<b>allopurinol tab 100 mg</b>	Tier 1	MAIL
<b>allopurinol tab 300 mg</b>	Tier 1	MAIL

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>colchicine tab 0.6 mg</b>	Tier 1	QL (30 tabs / 90 days)
<b>febuxostat tab 40 mg</b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b>febuxostat tab 80 mg</b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL

### **URICOSURICS**

<b>probenecid tab 500 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
------------------------------	--------	------------------------------

### **HEMATOLOGICAL AGENTS - MISC.**

#### **ANTIHEMOPHILIC PRODUCTS**

ALPHANINE SD INJ 500UNIT ( <b>coagulation factor ix</b> )	Tier 4	PA
ALPHANINE SD INJ 1500UNIT ( <b>coagulation factor ix</b> )	Tier 4	PA
HELIXATE FS INJ 500UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
HELIXATE FS INJ 2000UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
HELIXATE FS INJ 3000UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
KOGENATE FS INJ 250UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
KOGENATE FS INJ 1000UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
KOGENATE FS INJ 2000UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
KOGENATE FS INJ 3000UNIT ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
MONOCLATE-P INJ 1000UNIT ( <b>antihemophilic factor (human)</b> )	Tier 4	PA
RECOMBINATE INJ ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
RECOMBINATE INJ 220-400 ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA
RECOMBINATE INJ 401-800 ( <b>antihemophilic factor (recombinant) (rfviii)</b> )	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RECOMBINATE INJ 801-1240 <b>(antihemophilic factor (recombinant) (rfviii))</b>	Tier 4	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>icatibant acetate inj 30 mg/3ml (base equivalent)</b>	Tier 4	PA
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INJ 500UNIT <b>(c1 esterase inhibitor (human))</b>	Tier 4	PA
<b>HEMATORHEOLOGIC AGENTS</b>		
<b>pentoxifylline tab er 400 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PLATELET AGGREGATION INHIBITORS</b>		
<b>anagrelide hcl cap 0.5 mg</b>	Tier 1	MAIL
<b>anagrelide hcl cap 1 mg</b>	Tier 1	MAIL
<b>aspirin-dipyridamole cap er 12hr 25- 200 mg</b>	Tier 3	PA, MAIL
BRILINTA TAB 60MG <b>(ticagrelor)</b>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
BRILINTA TAB 90MG <b>(ticagrelor)</b>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
<b>cilostazol tab 50 mg</b>	Tier 1	MAIL
<b>cilostazol tab 100 mg</b>	Tier 1	MAIL
<b>clopidogrel bisulfate tab 75 mg (base equiv)</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>dipyridamole tab 25 mg</b>	Tier 1	MAIL
<b>dipyridamole tab 50 mg</b>	Tier 1	MAIL
<b>dipyridamole tab 75 mg</b>	Tier 1	MAIL
<b>prasugrel hcl tab 5 mg (base equiv)</b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b>prasugrel hcl tab 10 mg (base equiv)</b>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG <b>(vorapaxar sulfate)</b>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<b>HEMATOPOIETIC AGENTS</b>		
<b>AGENTS FOR GAUCHER DISEASE</b>		
CERDELGA CAP 84MG <b>(eliglustat tartrate)</b>	Tier 4	PA
<b>miglustat cap 100 mg</b>	Tier 4	PA
<b>COBALAMINS</b>		
<b>cyanocobalamin inj 1000 mcg/ml</b>	Tier 1	QL (10 vials per 30 day)
<b>cyanocobalamin sl tab 500 mcg (Cvs B- 12)</b>	Tier 1	OTC
<b>cyanocobalamin sl tab 1000 mcg</b>	Tier 1	OTC

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>cyanocobalamin sl tab 2500 mcg</i></b>	Tier 1	OTC
<b><i>cyanocobalamin tab 100 mcg</i></b>	Tier 1	OTC
<b><i>cyanocobalamin tab 250 mcg</i></b>	Tier 1	OTC
<b><i>cyanocobalamin tab 500 mcg</i></b>	Tier 1	OTC
<b><i>cyanocobalamin tab 1000 mcg</i></b>	Tier 1	OTC
<b><i>cyanocobalamin tab er 1000 mcg</i></b> (Cvs Vitamin B-12 Tr)	Tier 1	OTC

### **FOLIC ACID/FOLATES**

<b><i>folic acid cap 0.8 mg</i></b> (Fa-8)	Tier 5	QL (30 caps / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<b><i>folic acid tab 1 mg</i></b>	Tier 1	MAIL
<b><i>folic acid tab 400 mcg</i></b>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<b><i>folic acid tab 800 mcg</i></b>	Tier 5	QL (30 tabs / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

### **HEMATOPOIETIC GROWTH FACTORS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA TAB 75MG ( <b>eltrombopag olamine</b> )	Tier 4	PA, QL (60 tabs / 30 days)
RETACRIT INJ 2000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 3000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 4000UNIT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 10000UNT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 20000UNI ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
RETACRIT INJ 40000UNT ( <b>epoetin alfa-epbx</b> )	Tier 4	PA
ZARXIO INJ 300/0.5 ( <b>filgrastim-sndz</b> )	Tier 4	PA, QL (7 mL / 14 days)
ZARXIO INJ 480/0.8 ( <b>filgrastim-sndz</b> )	Tier 4	PA, QL (11.2 mL / 14 days)
ZIEXTENZO INJ 6/0.6ML ( <b>pegfilgrastim-bmez</b> )	Tier 4	PA, QL (0.6 per 14 days)
<b>HEMATOPOIETIC MIXTURES</b>		
<b>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</b> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE ( <b>polysaccharide iron-folic acid-vit b12</b> )	Tier 1	OTC
<b>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</b> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
<b>IRON</b>		
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG ( <b>ferrous fumarate</b> )	Tier 1	OTC, MAIL
<b>ferrous fumarate tab 324 mg (106 mg elemental fe)</b>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 240 mg (27 mg elemental fe)</b> (Ferate)	Tier 1	OTC, MAIL
<b>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</b>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</b> (Px Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> (Slow-release Iron)	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b> (Slow Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate tab er 47.5 mg (elemental fe)</b> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate tab er 50 mg (elemental fe)</b> (Slow Release Iron)	Tier 1	OTC, MAIL
<b>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</b>	Tier 1	OTC, MAIL
IRON CHW PEDIATRI ( <b>carbonyl iron</b> )	Tier 1	OTC
<b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG ( <b>ferrous sulfate</b> )	Tier 1	OTC, MAIL

## HEMOSTATICS

### HEMOSTATICS - SYSTEMIC

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

## HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

### ANTI-HISTAMINE HYPNOTICS

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

### BARBITURATE HYPNOTICS

<b>phenobarbital elixir 20 mg/5ml</b>	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
<b>phenobarbital tab 15 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 16.2 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 30 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 32.4 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 60 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 64.8 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>phenobarbital tab 97.2 mg</b>	Tier 1	QL (60 tabs / 30 days)
<b>phenobarbital tab 100 mg</b>	Tier 1	QL (60 tabs / 30 days)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<b><i>doxepin hcl (sleep) tab 3 mg (base equiv)</i></b>	Tier 3	PA, MAIL
<b><i>doxepin hcl (sleep) tab 6 mg (base equiv)</i></b>	Tier 3	PA, MAIL
<b>NON-BARBITURATE HYPNOTICS</b>		
<b><i>estazolam tab 1 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>estazolam tab 2 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 1 mg</i></b>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 2 mg</i></b>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 3 mg</i></b>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>flurazepam hcl cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>flurazepam hcl cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>temazepam cap 15 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>temazepam cap 30 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.125 mg</i></b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 5 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 10 mg</i></b>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>zolpidem tartrate tab 5 mg</b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<b>zolpidem tartrate tab 10 mg</b>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

### **OREXIN RECEPTOR ANTAGONISTS**

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

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

<b>HETLIOZ CAP 20MG (tasimelteon)</b>	Tier 4	PA
<b>ramelteon tab 8 mg</b>	Tier 3	PA, MAIL

## **LAXATIVES**

### **BULK LAXATIVES**

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>LAXATIVE COMBINATIONS</b>		
CLENPIQ SOL ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
GOLYTELY SOL ( <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG ( <i>sennosides-docusate sodium</i> )	Tier 1	OTC, MAIL
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PLENVU SOL ( <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
PREPOPIK PAK ( <i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>glycerin suppos 1.2 gm</i> (Gnp Glycerin Child)	Tier 1	OTC
<i>glycerin suppos 2 gm</i> (Cvs Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 2.1 gm</i> (Gnp Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 80.7%</i> (Ra Glycerin Child)	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	MAIL
<i>polyethylene glycol 3350 oral packet 17 gm</i> (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil enema</i>	Tier 1	OTC



Drug Name	Drug Tier	Requirements/Limits
<b>SALINE LAXATIVES</b>		
<b>magnesium citrate soln</b> (Gnp Magnesium Citrate)	Tier 1	OTC
<b>magnesium hydroxide susp 400 mg/5ml</b> (Milk Of Magnesia)	Tier 1	OTC
<b>magnesium hydroxide susp concentrate 2400 mg/10ml</b> (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM ( <b>sodium phosphate monobasic-sodium phosphate dibasic</b> )	Tier 3	PA
<b>sodium phosphates - enema</b>	Tier 1	OTC
<b>STIMULANT LAXATIVES</b>		
<b>bisacodyl suppos 10 mg</b> (Cvs Gentle Laxative)	Tier 1	OTC
<b>bisacodyl tab delayed release 5 mg</b> (Stimulant Laxative)	Tier 1	OTC
<b>sennosides chew tab 15 mg</b> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<b>sennosides syrup 8.8 mg/5ml</b>	Tier 1	OTC, MAIL
<b>sennosides tab 8.6 mg</b> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<b>sennosides tab 25 mg</b> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
<b>SURFACTANT LAXATIVES</b>		
<b>docusate calcium cap 240 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 50 mg</b> (Ra Col-rite)	Tier 1	OTC
<b>docusate sodium cap 100 mg</b> (Stool Softener)	Tier 1	OTC
<b>docusate sodium cap 250 mg</b>	Tier 1	OTC
<b>docusate sodium liquid 150 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium syrup 60 mg/15ml</b> (Silace)	Tier 1	OTC
<b>docusate sodium tab 100 mg</b> (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 ( <b>benzocaine-docusate sodium</b> )	Tier 1	OTC
PEDIA-LAX LIQ 50MG ( <b>docusate sodium</b> )	Tier 1	OTC
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<b>azithromycin for susp 100 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>azithromycin for susp 200 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>azithromycin powd pack for susp 1 gm</i></b>	Tier 1	QL (2 packets / 30 days)
<b><i>azithromycin tab 250 mg</i></b>	Tier 1	QL (12 tabs / 30 days)
<b><i>azithromycin tab 500 mg</i></b>	Tier 1	QL (6 tabs / 30 days)
<b><i>azithromycin tab 600 mg</i></b>	Tier 1	QL (60 tabs / 30 days)
<b>CLARITHROMYCIN</b>		
<b><i>clarithromycin for susp 125 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>clarithromycin for susp 250 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>clarithromycin tab 250 mg</i></b>	Tier 1	
<b><i>clarithromycin tab 500 mg</i></b>	Tier 1	
<b>ERYTHROMYCINS</b>		
<b><i>erythromycin ethylsuccinate for susp 200 mg/5ml</i></b>	Tier 3	AGE; AGE (Max 12 years)
<b><i>erythromycin ethylsuccinate for susp 400 mg/5ml</i></b>	Tier 3	AGE; AGE (Max 12 years)
<b><i>erythromycin ethylsuccinate tab 400 mg</i></b>	Tier 3	
<b><i>erythromycin stearate tab 250 mg</i></b> (Erythrocin Stearate)	Tier 3	
<b><i>erythromycin tab 250 mg</i></b>	Tier 3	
<b><i>erythromycin tab 500 mg</i></b>	Tier 3	
<b><i>erythromycin tab delayed release 250 mg</i></b> (Ery-tab)	Tier 3	
<b><i>erythromycin tab delayed release 333 mg</i></b> (Ery-tab)	Tier 3	
<b><i>erythromycin tab delayed release 500 mg</i></b> (Ery-tab)	Tier 3	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG ( <b><i>fidaxomicin</i></b> )	Tier 3	PA
<b>MEDICAL DEVICES</b>		
<b><i>Parenteral Therapy Supplies</i></b>		
BD U-500 MIS 31GX6MM ( <b><i>insulin syringe/needle u-500</i></b> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CAYA DPR ( <b><i>diaphragm arc-spring</i></b> )	Tier 5	
FC2 FEMALE MIS CONDOM ( <b><i>condoms - female</i></b> )	Tier 5	QL (12 / 45 days), OTC
FEMCAP MIS 22MM ( <b><i>cervical caps</i></b> )	Tier 5	
FEMCAP MIS 26MM ( <b><i>cervical caps</i></b> )	Tier 5	
FEMCAP MIS 30MM ( <b><i>cervical caps</i></b> )	Tier 5	

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)</b>	Tier 2	PA, QL (2 boxes / 30 days); 14 day; Age 2 to 18 with history of insulin, no prior authorization
<b>FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)</b>	Tier 2	PA, QL (3 boxes / 30 days); 10 day; Age 2 to 18 with history of insulin, no prior authorization
<b>FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)</b>	Tier 2	PA, QL (1 each / year); Age 2 to 18 with history of insulin, no prior authorization
<b>G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)</b>	Tier 2	PA, QL (4 boxes / 30 days); Age 2 to 18 with history of insulin, no prior authorization
<b>LANCETS MIS 30G</b>	DME	OTC
<b>RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)</b>	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
<b>TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)</b>	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
<b>TRUE METRIX KIT METER (<i>blood glucose monitoring supplies</i>)</b>	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
<b>TRUE METRIX MIS AIR (<i>blood glucose monitoring supplies</i>)</b>	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

### **MISC. DEVICES**

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

### **PARENTERAL THERAPY SUPPLIES**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 31GX8MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM ( <b>insulin pen needle</b> )	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP ( <b>syringe (disposable)</b> )	DME	

### **RESPIRATORY THERAPY SUPPLIES**

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

### **MIGRAINE PRODUCTS**

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

AIMOVIG INJ 70MG/ML ( <b>erenumab-aooe</b> )	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML ( <b>erenumab-aooe</b> )	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML ( <b>galcanezumab-gnlm</b> )	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML ( <b>galcanezumab-gnlm</b> )	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML ( <b>galcanezumab-gnlm</b> )	Tier 3	PA, QL (2 syringes / 28 days)
NURTEC TAB 75MG ODT ( <b>rimegepant sulfate</b> )	Tier 3	PA, QL (8 tabs / 30 days)
UBRELVY TAB 50MG ( <b>ubrogepant</b> )	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG ( <b>ubrogepant</b> )	Tier 3	PA, QL (16 ea / 30 days)

#### **MIGRAINE COMBINATIONS**

<b>ergotamine w/ caffeine tab 1-100 mg</b>	Tier 3	PA
--	--------	----

#### **MIGRAINE PRODUCTS**

<b>dihydroergotamine mesylate inj 1 mg/ml</b>	Tier 3	PA
---	--------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ERGOMAR SUB 2MG (ergotamine tartrate)</b>	Tier 3	
<b>SEROTONIN AGONISTS</b>		
<b>almotriptan malate tab 6.25 mg</b>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>almotriptan malate tab 12.5 mg</b>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<b>naratriptan hcl tab 1 mg (base equiv)</b>	Tier 1	QL (9 tabs / 30 days)
<b>naratriptan hcl tab 2.5 mg (base equiv)</b>	Tier 1	QL (9 tabs / 30 days)
<b>REYVOW TAB 50MG (lasmiditan succinate)</b>	Tier 3	PA, QL (8 tabs / 30 days)
<b>REYVOW TAB 100MG (lasmiditan succinate)</b>	Tier 3	PA, QL (8 tabs / 30 days)
<b>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</b>	Tier 1	QL (12 tabs / 30 days)
<b>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</b>	Tier 1	QL (12 tabs / 30 days)
<b>rizatriptan benzoate tab 5 mg (base equivalent)</b>	Tier 1	QL (12 tabs / 30 days)

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



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

**MINERALS & ELECTROLYTES**

**CALCIUM**

<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b> (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> (Sm Calcium 600 + D Plus M)	Tier 1	OTC
<b>calcium carbonate tab 1250 mg (500 mg elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium carbonate tab 1500 mg (600 mg elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium carbonate tab 1500 mg (600 mg elemental ca)</b> (Calcium 600)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol cap 600 mg-500 unit</b> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-100 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</b> (Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> (Oysco 500+d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</b> (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 250 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> (Calcium 500 + D)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> (Oystercal-d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-600 unit</b> (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)</b>	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)</b>	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>MAGNESIUM</b>		
<b>MAG64 TAB 64MG (magnesium chloride)</b>	Tier 1	OTC
<b>MAG-G TAB 500MG (magnesium gluconate)</b>	Tier 1	OTC
<b>MAGDELAY TAB 70MG (magnesium chloride)</b>	Tier 1	OTC
<b>magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)</b>	Tier 1	OTC
<b>magnesium gluconate tab 27.5 mg (elemental mg)</b>	Tier 1	OTC
<b>magnesium oxide cap 500 mg (elemental mg)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 250 mg (mg supplement)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 400 mg (240 mg elemental mg)</b>	Tier 1	OTC, MAIL
<b>magnesium oxide tab 400 mg (240 mg elemental mg) (Magnesium-oxide)</b>	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>magnesium oxide tab 500 mg (mg supplement)</b>	Tier 1	OTC, MAIL
<b>magnesium tab 250 mg</b>	Tier 1	OTC, MAIL
<b>PHOSPHATE</b>		
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
<b>POTASSIUM</b>		
<b>potassium bicarbonate effer tab 25 meq</b> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<b>potassium chloride cap er 8 meq</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>potassium chloride cap er 10 meq</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	Tier 3	MAIL
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	Tier 3	MAIL
<b>potassium chloride tab er 8 meq (600 mg)</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride tab er 10 meq</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride tab er 20 meq (1500 mg)</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SODIUM</b>		
<b>sodium chloride tab 1 gm</b>	Tier 1	OTC
<b>ZINC</b>		
<b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> (Zinc-220)	Tier 1	OTC, MAIL
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
D-PENAMINE TAB 125MG ( <b>penicillamine</b> )	Tier 2	
<b>penicillamine tab 250 mg</b>	Tier 1	
<b>IMMUNOMODULATORS</b>		
<b>lenalidomide cap 5 mg</b>	Tier 4	PA, QL (30 per 30 days)
<b>lenalidomide cap 10 mg</b>	Tier 4	PA, QL (30 per 30 days)
<b>lenalidomide cap 15 mg</b>	Tier 4	PA, QL (30 per 30 days)
<b>lenalidomide cap 25 mg</b>	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 2.5MG ( <b>lenalidomide</b> )	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 5MG ( <b>lenalidomide</b> )	Tier 4	PA, QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REVLIMID CAP 10MG ( <i>lenalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 15MG ( <i>lenalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 20MG ( <i>lenalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 25MG ( <i>lenalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 50MG ( <i>thalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 100MG ( <i>thalidomide</i> )	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 150MG ( <i>thalidomide</i> )	Tier 4	PA, QL (60 per 30 days)
THALOMID CAP 200MG ( <i>thalidomide</i> )	Tier 4	PA, QL (60 per 30 days)

### **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>everolimus tab 1 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
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
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZORTRESS TAB 0.75MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
ZORTRESS TAB 1MG ( <i>everolimus (immunosuppressant)</i> )	Tier 4	PA
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
LOKELMA PAK 5GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
LOKELMA PAK 10GM ( <i>sodium zirconium cyclosilicate</i> )	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 16.8GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 25.2GM ( <i>patiromer sorbitex calcium</i> )	Tier 3	QL (30 / 30 days), MAIL
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	Tier 3	PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL

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

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

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

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



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

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

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

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

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

### **DIRECT MUSCLE RELAXANTS**

<b>dantrolene sodium cap 25 mg</b>	Tier 1	
<b>dantrolene sodium cap 50 mg</b>	Tier 1	
<b>dantrolene sodium cap 100 mg</b>	Tier 1	

### **MUSCLE RELAXANT COMBINATIONS**

<b>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</b>	Tier 3	PA, QL (240 tabs / 30 days)
--	--------	-----------------------------

### **VISCOSUPPLEMENTS**

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

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **NASAL AGENTS - MISC.**

<b>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</b>	Tier 1	OTC
--	--------	-----

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

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

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

## NEUROMUSCULAR AGENTS

### ALS AGENTS

<b>riluzole tab 50 mg</b>	Tier 3	PA, QL (60 tabs / 30 days), MAIL
---------------------------	--------	-------------------------------------

### NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS

BOTOX INJ 100UNIT <b>(onabotulinumtoxina)</b>	Tier 4	PA
BOTOX INJ 200UNIT <b>(onabotulinumtoxina)</b>	Tier 4	PA

## NUTRIENTS

### MISC. NUTRITIONAL SUBSTANCES

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

## OPHTHALMIC AGENTS

### ARTIFICIAL TEARS AND LUBRICANTS

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ofloxacin ophth soln 0.3%</b>	Tier 1	QL (5 mL / 30 days)
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	Tier 1	QL (10 mL / 30 days)
<b>sulfacetamide sodium ophth soln 10%</b>	Tier 1	QL (15 mL / 30 days)
<b>tobramycin ophth soln 0.3%</b>	Tier 1	QL (5 mL / 30 days)
<b>trifluridine ophth soln 1%</b>	Tier 1	QL (7.5 mL / 30 days)
<b>ZIRGAN GEL 0.15% (ganciclovir ophthalmic)</b>	Tier 3	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<b>cyclosporine (ophth) emulsion 0.05%</b>	Tier 3	PA, MAIL
<b>RESTASIS EMU 0.05% OP (cyclosporine (ophth))</b>	Tier 3	PA, MAIL
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<b>proparacaine hcl ophth soln 0.5%</b>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
<b>ALREX SUS 0.2% (loteprednol etabonate)</b>	Tier 3	PA
<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b>	Tier 1	
<b>dexamethasone sodium phosphate ophth soln 0.1%</b>	Tier 1	QL (5 mL / 30 days)
<b>difluprednate ophth emulsion 0.05%</b>	Tier 3	PA
<b>DUREZOL EMU 0.05% (difluprednate)</b>	Tier 3	PA
<b>fluorometholone ophth susp 0.1%</b>	Tier 1	QL (15 mL / 30 days)
<b>LOTEMAX GEL 0.5% (loteprednol etabonate)</b>	Tier 3	PA
<b>LOTEMAX OIN 0.5% (loteprednol etabonate)</b>	Tier 3	PA
<b>loteprednol etabonate ophth gel 0.5%</b>	Tier 3	PA
<b>loteprednol etabonate ophth susp 0.5%</b>	Tier 3	PA
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>	Tier 1	
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>	Tier 1	
<b>PRED-G SUS OP (gentamicin-prednisolone acetate)</b>	Tier 3	QL (10 mL / 30 days)
<b>prednisolone acetate ophth susp 1%</b>	Tier 1	
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	Tier 1	
<b>TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)</b>	Tier 2	QL (3.5 gm / 30 days)
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	Tier 1	QL (10 mL / 30 days)



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PATADAY SOL 0.1% ( <i>olopatadine hcl</i> )	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% ( <i>olopatadine hcl</i> )	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC

### **PROSTAGLANDINS - OPHTHALMIC**

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

### **OTIC AGENTS**

#### **OTIC AGENTS - MISCELLANEOUS**

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

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

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

#### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC ( <i>ciprofloxacin-hydrocortisone</i> )	Tier 3	PA
---	--------	----

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

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

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

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

### **PENICILLIN COMBINATIONS**

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

### **PENICILLINASE-RESISTANT PENICILLINS**

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

### **PROGESTINS**

#### **PROGESTINS**

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

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

**AGENTS FOR CHEMICAL DEPENDENCY**

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

**ANTI-CATAPLECTIC AGENTS**

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

**ANTIDEMENTIA AGENTS**

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 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

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

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

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



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

## RESPIRATORY AGENTS - MISC.

### ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

### CYSTIC FIBROSIS AGENTS

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

### PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG ( <b>pirfenidone</b> )	Tier 4	PA
ESBRIET TAB 267MG ( <b>pirfenidone</b> )	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESBRIET TAB 801MG ( <i>pirfenidone</i> )	Tier 4	PA
OFEV CAP 100MG ( <i>nintedanib esylate</i> )	Tier 4	PA
OFEV CAP 150MG ( <i>nintedanib esylate</i> )	Tier 4	PA
<i>pirfenidone tab 267 mg</i>	Tier 4	PA
<i>pirfenidone tab 801 mg</i>	Tier 4	PA

## **SULFONAMIDES**

### **SULFONAMIDES**

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

## **TETRACYCLINES**

### **TETRACYCLINES**

<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	

## **THYROID AGENTS**

### **ANTITHYROID AGENTS**

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

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 30MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 60MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 90MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 120MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 180MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 240MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 300MG ( <i>thyroid</i> )	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL

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

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

## **TOXOIDS**

### **TOXOID COMBINATIONS**

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

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

### **ANTISPASMODICS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>dicyclomine hcl tab 20 mg</i></b>	Tier 1	AGE; AGE (Max 64 years)
<b><i>glycopyrrolate tab 1 mg</i></b>	Tier 1	
<b><i>glycopyrrolate tab 2 mg</i></b>	Tier 1	
<b><i>hyoscyamine sulfate elixir 0.125 mg/5ml (Hyosyne)</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>hyoscyamine sulfate sl tab 0.125 mg</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>hyoscyamine sulfate soln 0.125 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>hyoscyamine sulfate tab 0.125 mg</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>hyoscyamine sulfate tab disint 0.125 mg</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>hyoscyamine sulfate tab er 12hr 0.375 mg</i></b>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b><i>methscopolamine bromide tab 2.5 mg</i></b>	Tier 3	
<b><i>methscopolamine bromide tab 5 mg</i></b>	Tier 3	
<b>H-2 ANTAGONISTS</b>		
<b><i>cimetidine tab 200 mg</i></b>	Tier 1	MAIL
<b><i>cimetidine tab 300 mg</i></b>	Tier 1	MAIL
<b><i>cimetidine tab 400 mg</i></b>	Tier 1	MAIL
<b><i>cimetidine tab 800 mg</i></b>	Tier 1	MAIL
<b><i>famotidine for susp 40 mg/5ml</i></b>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<b><i>famotidine tab 10 mg</i></b>	Tier 1	OTC, MAIL
<b><i>famotidine tab 20 mg</i></b>	Tier 1	MAIL
<b><i>famotidine tab 40 mg</i></b>	Tier 1	MAIL
<b><i>nizatidine cap 150 mg</i></b>	Tier 1	MAIL
<b><i>nizatidine cap 300 mg</i></b>	Tier 1	MAIL
<b><i>nizatidine oral soln 15 mg/ml</i></b>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<b>MISC. ANTI-ULCER</b>		
<b><i>sucralfate tab 1 gm</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PROTON PUMP INHIBITORS</b>		
<b>DEXILANT CAP 30MG DR (dexlansoprazole)</b>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

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

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

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

#### **ULCER DRUGS - PROSTAGLANDINS**

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

#### **ULCER THERAPY COMBINATIONS**

<b>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</b>	Tier 3	Max 10 days supply
--	--------	--------------------

#### **URINARY ANTI-INFECTIVES**

##### **URINARY ANTI-INFECTIVES**

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

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



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

### **URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS**

MYRBETRIQ TAB 25MG ( <i>mirabegron</i> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL
MYRBETRIQ TAB 50MG ( <i>mirabegron</i> )	Tier 3	PA, QL (30 tabs / 30 days), MAIL

### **URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS**

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

### **URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS**

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

## **VACCINES**

### **BACTERIAL VACCINES**

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

### **VIRAL VACCINES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUCLVX QUAD INJ 2021-22 ( <b><i>influenza virus vaccine tissue-cultured subunit quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 ( <b><i>influenza virus vaccine live quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 ( <b><i>influenza virus vac split high-dose quad preservative free</i></b> )	Tier 5	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year)
GARDASIL 9 INJ ( <b><i>human papillomavirus (hpv) 9-valent recombinant vaccine</i></b> )	Tier 5	QL (3 inj / lifetime)
HAVRIX INJ 720UNIT ( <b><i>hepatitis a vaccine</i></b> )	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ( <b><i>hepatitis a vaccine</i></b> )	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ( <b><i>hepatitis b vaccine recombinant adjuvanted</i></b> )	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ( <b><i>hepatitis b vaccine recombinant adjuvanted</i></b> )	Tier 5	QL (Maximum 3 injections per lifetime)
JANSSEN VACC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) adenovirus vaccine</i></b> )	Tier 5	
MODERNA VAC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) mrna virus vaccine</i></b> )	Tier 5	
PFIZER VACC INJ COVID-19 ( <b><i>covid-19 (sars-cov-2) mrna virus vaccine</i></b> )	Tier 5	
RECOMBIVA HB INJ 5MCG/0.5 ( <b><i>hepatitis b vaccine (recomb)</i></b> )	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ( <b><i>hepatitis b vaccine (recomb)</i></b> )	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <b><i>zoster vaccine recombinant adjuvanted</i></b> )	Tier 5	QL (Max 2 injections per lifetime), AGE; AGE (Min 18 years)
TWINRIX INJ ( <b><i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i></b> )	Tier 5	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML ( <b><i>hepatitis a vaccine</i></b> )	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ( <b><i>hepatitis a vaccine</i></b> )	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <b><i>zoster vaccine live</i></b> )	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

Drug Name	Drug Tier	Requirements/Limits
<b>VAGINAL PRODUCTS</b>		
<b>SPERMICIDES</b>		
ENCARE SUP 100MG ( <i>nonoxynol-9</i> )	Tier 5	OTC
GYNOL II GEL 3% ( <i>nonoxynol-9</i> )	Tier 5	OTC
SHUR-SEAL GEL 2% ( <i>nonoxynol-9</i> )	Tier 5	OTC
TODAY SPONGE MIS ( <i>nonoxynol-9</i> )	Tier 5	OTC
VCF VAGINAL AER CONTRACP ( <i>nonoxynol-9</i> )	Tier 5	OTC
VCF VAGINAL GEL CONTRACE ( <i>nonoxynol-9</i> )	Tier 5	OTC
VCF VAGINAL MIS CONTRACP ( <i>nonoxynol-9</i> )	Tier 5	OTC
<b>VAGINAL ANTI-INFECTIVES</b>		
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% ( <i>butoconazole nitrate (one dose)</i> )	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 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
<b>VAGINAL ESTROGENS</b>		
<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

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

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

#### **WATER SOLUBLE VITAMINS**

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

## Index

- 1**  
12 Hour Decongestant  
    see *pseudoephedrine hcl tab er 12hr 120 mg*..... 151
- 3**  
3ML SYRINGE MIS REG TIP ..... 136
- A**  
*abacavir sulfate soln 20 mg/ml (base equiv)*.....84  
*abacavir sulfate tab 300 mg (base equiv)* .....84  
*abacavir sulfate-lamivudine tab 600-300 mg* .....84  
*abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* .....85  
*abacavir-dolutegravir-lamivudine*  
    see TRIUMEQ PD TAB .....88  
    see TRIUMEQ TAB .....88  
*abaloparatide*  
    see TYMLOS INJ..... 115  
*abatacept*  
    see ORENCIA CLCK INJ 125MG/ML 11  
    see ORENCIA INJ 125MG/ML .....11  
    see ORENCIA INJ 250MG.....11  
    see ORENCIA INJ 50/0.4ML .....11  
    see ORENCIA INJ 87.5/0.7 .....11  
ABILIFY MAIN INJ 300MG.....83  
ABILIFY MAIN INJ 400MG.....83  
*abiraterone acetate tab 250 mg* ..69  
*abiraterone acetate tab 500 mg* ..69  
ABREVA CRE 10%..... 107  
*acamprosate calcium tab delayed release 333 mg* ..... 160  
*acarbose tab 100 mg* .....41  
*acarbose tab 25 mg* .....41  
*acarbose tab 50 mg* .....41  
*acebutolol hcl cap 200 mg*.....90  
*acebutolol hcl cap 400 mg*.....90  
*acetaminophen*  
    see FEVERALL INF SUP 80MG.....12  
    see FEVERALL SUP 325MG.....12  
    see NORTEMP SUS INFANTS .....12  
*acetaminophen chew tab 160 mg* 12  
*acetaminophen chew tab 80 mg* ..12  
*acetaminophen disintegrating tab 160 mg* ..... 12  
*acetaminophen disintegrating tab 80 mg* ..... 12  
*acetaminophen elixir 160 mg/5ml* ..... 12  
*acetaminophen liquid 160 mg/5ml* ..... 12  
*acetaminophen liquid 167 mg/5ml* ..... 12  
*acetaminophen soln 160 mg/5ml* 12  
*acetaminophen suppos 120 mg* ..12  
*acetaminophen suppos 650 mg* ..12  
*acetaminophen susp 160 mg/5ml* ..... 12  
*acetaminophen tab 325 mg* ..... 12  
*acetaminophen tab 500 mg* ..... 12  
*acetaminophen tab er 650 mg* .... 12  
*acetaminophen w/ codeine soln 120-12 mg/5ml* ..... 17  
*acetaminophen w/ codeine tab 300-15 mg* ..... 17  
*acetaminophen w/ codeine tab 300-30 mg* ..... 17  
*acetaminophen w/ codeine tab 300-60 mg* ..... 17  
*acetazolamide cap er 12hr 500 mg* ..... 113  
*acetazolamide tab 125 mg* ..... 113  
*acetazolamide tab 250 mg* ..... 113  
*acetic acid irrigation soln 0.25%* ..... 122  
*acetic acid otic soln 2%* ..... 156  
*acetone (urine) test*  
    see RELION KETON TES ..... 112  
*acetylcysteine inhal soln 10%* .. 103  
*acetylcysteine inhal soln 20%* .. 103  
Acid Gone  
    see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* ..... 20  
*acitretin cap 10 mg* ..... 106  
*acitretin cap 17.5 mg* ..... 106  
*acitretin cap 25 mg* ..... 106  
ACNE MEDICAT LOT 10% ..... 103

ACNE MEDICAT LOT 5% .....	103	see <b>ibuprofen tab 100 mg</b> .....	9
ACTEMRA INJ 162/0.9 .....	7	<b>afatinib dimaleate</b>	
ACTEMRA INJ 200/10ML .....	8	see GILOTRIF TAB 20MG.....	72
ACTEMRA INJ 400/20ML .....	8	see GILOTRIF TAB 30MG.....	72
ACTEMRA INJ 80MG/4ML .....	7	see GILOTRIF TAB 40MG.....	72
ACTEMRA INJ ACTPEN .....	8	AFINITOR DIS TAB 2MG .....	71
ACTIMMUNE INJ 2MU/0.5.....	75	AFINITOR DIS TAB 3MG .....	71
<b>acyclovir cap 200 mg</b> .....	89	AFINITOR DIS TAB 5MG .....	71
<b>acyclovir oint 5%</b> .....	107	AFINITOR TAB 10MG.....	71
<b>acyclovir susp 200 mg/5ml</b> .....	89	AFLURIA QUAD INJ 2021-22 .....	171
<b>acyclovir tab 400 mg</b> .....	89	AFREZZA POW 12 UNIT .....	48
<b>acyclovir tab 800 mg</b> .....	89	AFREZZA POW 4-8 UNIT .....	48
ADACEL INJ .....	166	AFREZZA POW 4-8-12 .....	48
<b>adalimumab</b>		AFREZZA POW 4UNIT.....	48
see HUMIRA INJ 10/0.1ML.....	6	AFREZZA POW 8 UNIT.....	48
see HUMIRA INJ 10MG/0.2 .....	6	AFREZZA POW 8-12UNIT .....	48
see HUMIRA INJ 20/0.2ML.....	6	AIMOVIG INJ 140MG/ML.....	136
see HUMIRA INJ 40/0.4ML.....	6	AIMOVIG INJ 70MG/ML.....	136
see HUMIRA KIT 20MG/0.4.....	6	AKYNZEO CAP 300-0.5 .....	53
see HUMIRA KIT 40MG/0.8.....	6	<b>albendazole tab 200 mg</b> .....	21
see HUMIRA PEDIA INJ CROHNS ....	6	<b>albuterol sulfate inhal aero 108</b>	
see HUMIRA PEN INJ 40/0.4ML .....	6	<b>mcg/act (90mcg base equiv) ...</b>	28
see HUMIRA PEN INJ CD/UC/HS .....	6	<b>albuterol sulfate soln nebu 0.083%</b>	
see HUMIRA PEN KIT CD/UC/HS.....	6	<b>(2.5 mg/3ml) .....</b>	29
see HUMIRA PEN KIT PS/UV .....	7	<b>albuterol sulfate soln nebu 0.5% (5</b>	
<b>adapalene</b>		<b>mg/ml).....</b>	28
see DIFFERIN GEL 0.1% .....	104	<b>albuterol sulfate soln nebu 0.63</b>	
<b>adapalene gel 0.1%</b> .....	103	<b>mg/3ml (base equiv) .....</b>	28
<b>adapalene lotion 0.1%</b> .....	103	<b>albuterol sulfate soln nebu 1.25</b>	
Adapalene Treatment		<b>mg/3ml (base equiv) .....</b>	29
see <b>adapalene gel 0.1%</b> .....	103	<b>albuterol sulfate syrup 2 mg/5ml</b>	29
<b>adefovir dipivoxil tab 10 mg</b> .....	88	<b>albuterol sulfate tab 2 mg</b> .....	29
ADEMPAS TAB 0.5MG .....	96	<b>albuterol sulfate tab 4 mg</b> .....	29
ADEMPAS TAB 1.5MG .....	96	<b>alcaftadine</b>	
ADEMPAS TAB 1MG .....	96	see LASTACFT SOL 0.25%.....	155
ADEMPAS TAB 2.5MG .....	96	<b>alclometasone dipropionate cream</b>	
ADEMPAS TAB 2MG.....	96	<b>0.05% .....</b>	108
ADMELOG INJ 100U/ML .....	48	<b>alclometasone dipropionate oint</b>	
ADMELOG SOLO INJ 100U/ML.....	48	<b>0.05% .....</b>	108
ADULT MASK MIS LARGE .....	136	ALCOHOL PREP PAD MED 70% .....	134
ADVAIR DISKU AER 100/50.....	28	<b>alcohol swabs</b>	
ADVAIR DISKU AER 250/50.....	28	see ALCOHOL PREP PAD MED 70%	
ADVAIR DISKU AER 500/50.....	28	.....	134
ADVAIR HFA AER 115/21 .....	28	ALDACTAZIDE TAB 50/50 .....	113
ADVAIR HFA AER 230/21 .....	28	ALECENSA CAP 150MG .....	71
ADVAIR HFA AER 45/21.....	28	<b>alectinib hcl</b>	
Advil Junior Strength		see ALECENSA CAP 150MG.....	71

<b>alendronate sodium tab 10 mg</b> ..	114	<b>alogliptin-pioglitazone tab 12.5-45 mg</b> .....	42
<b>alendronate sodium tab 35 mg</b> ..	114	<b>alogliptin-pioglitazone tab 25-15 mg</b> .....	42
<b>alendronate sodium tab 40 mg</b> ..	114	<b>alogliptin-pioglitazone tab 25-30 mg</b> .....	42
<b>alendronate sodium tab 5 mg</b> ....	114	<b>alogliptin-pioglitazone tab 25-45 mg</b> .....	42
<b>alendronate sodium tab 70 mg</b> ..	115	ALOMIDE SOL 0.1% OP .....	155
ALER-DRYL TAB 50MG .....	54	<b>alose tron hcl tab 0.5 mg (base equiv)</b> .....	121
<b>alfuzosin hcl tab er 24hr 10 mg</b> .	122	<b>alose tron hcl tab 1 mg (base equiv)</b> .....	121
ALINIA SUS 100/5ML .....	22	<b>alpha1-proteinase inhibitor (human)</b>	
<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	66	see GLASSIA INJ .....	163
<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	66	see PROLASTIN-C INJ 1000MG ...	163
<b>alitretinoin</b>		ALPHANINE SD INJ 1500UNIT .....	123
see PANRETIN GEL 0.1% .....	106	ALPHANINE SD INJ 500UNIT .....	123
All Day Allergy D		<b>alprazolam tab 0.25 mg</b> .....	24
see <b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b> .....	102	<b>alprazolam tab 0.5 mg</b> .....	24
ALLERGY CONG TAB 25-10MG .....	102	<b>alprazolam tab 1 mg</b> .....	24
Allergy Relief		<b>alprazolam tab 2 mg</b> .....	24
see <b>loratadine tab 10 mg</b> .....	55	ALREX SUS 0.2% .....	154
<b>allopurinol tab 100 mg</b> .....	122	ALTABAX OIN 1% .....	105
<b>allopurinol tab 300 mg</b> .....	122	<b>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</b> .....	20
Almacone		<b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	20
see <b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	20	<b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	20
Almacone Double Strength		<b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	20
see <b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	20	<b>aluminum chloride</b>	
<b>almotriptan malate tab 12.5 mg</b>	137	see DRY SOL SOL 20% .....	111
<b>almotriptan malate tab 6.25 mg</b>	137	<b>aluminum hydroxide-mag trisil</b>	
ALOCRI SOL 2% .....	155	see FOAM ANTACID CHW 80-20MG 20	
<b>alogliptin benzoate tab 12.5 mg (base equiv)</b> .....	46	<b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> .....	20
<b>alogliptin benzoate tab 25 mg (base equiv)</b> .....	46	<b>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</b> .....	20
<b>alogliptin benzoate tab 6.25 mg (base equiv)</b> .....	46	<b>amantadine hcl cap 100 mg</b> .....	75
<b>alogliptin-metformin hcl tab 12.5-1000 mg</b> .....	42	<b>amantadine hcl soln 50 mg/5ml</b> .	75
<b>alogliptin-metformin hcl tab 12.5-500 mg</b> .....	42	<b>amantadine hcl tab 100 mg</b> .....	76
<b>alogliptin-pioglitazone tab 12.5-15 mg</b> .....	42	<b>ambrisentan tab 10 mg</b> .....	95
<b>alogliptin-pioglitazone tab 12.5-30 mg</b> .....	42	<b>ambrisentan tab 5 mg</b> .....	95
		<b>amcinonide cream 0.1%</b> .....	108



<b>amcinonide lotion 0.1%</b> .....	108	<b>amoxapine tab 100 mg</b> .....	40
AMCINONIDE OIN 0.1%.....	108	<b>amoxapine tab 150 mg</b> .....	40
<b>amiloride &amp; hydrochlorothiazide</b>		<b>amoxapine tab 25 mg</b> .....	40
<b>tab 5-50 mg</b> .....	113	<b>amoxapine tab 50 mg</b> .....	40
<b>amiloride hcl tab 5 mg</b> .....	114	<b>amoxicillin &amp; k clavulanate chew</b>	
<b>aminocaproic acid tab 1000 mg.</b>	127	<b>tab 200-28.5 mg</b> .....	159
<b>aminocaproic acid tab 500 mg</b> ..	127	<b>amoxicillin &amp; k clavulanate chew</b>	
<b>aminosalicylic acid</b>		<b>tab 400-57 mg</b> .....	159
see PASER GRA 4GM .....	68	<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>amiodarone hcl tab 200 mg</b> .....	26	<b>200-28.5 mg/5ml</b> .....	159
<b>amitriptyline hcl tab 10 mg</b> .....	39	<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>amitriptyline hcl tab 100 mg</b> .....	40	<b>250-62.5 mg/5ml</b> .....	159
<b>amitriptyline hcl tab 150 mg</b> .....	40	<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>amitriptyline hcl tab 25 mg</b> .....	39	<b>400-57 mg/5ml</b> .....	159
<b>amitriptyline hcl tab 50 mg</b> .....	40	<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>amitriptyline hcl tab 75 mg</b> .....	40	<b>600-42.9 mg/5ml</b> .....	159
Amlactin		<b>amoxicillin &amp; k clavulanate tab</b>	
see <b>lactic acid (ammonium</b>		<b>250-125 mg</b> .....	159
<b>lactate) lotion 12%</b> .....	110	<b>amoxicillin &amp; k clavulanate tab</b>	
<b>amlodipine besylate tab 10 mg</b>		<b>500-125 mg</b> .....	159
<b>(base equivalent)</b> .....	92	<b>amoxicillin &amp; k clavulanate tab</b>	
<b>amlodipine besylate tab 2.5 mg</b>		<b>875-125 mg</b> .....	159
<b>(base equivalent)</b> .....	91	<b>amoxicillin &amp; pot clavulanate</b>	
<b>amlodipine besylate tab 5 mg</b>		see AUGMENTIN SUS 125/5ML ...	159
<b>(base equivalent)</b> .....	91	<b>amoxicillin (trihydrate) cap 250 mg</b>	
<b>amlodipine besylate-benazepril hcl</b>		.....	158
<b>cap 10-20 mg</b> .....	64	<b>amoxicillin (trihydrate) cap 500 mg</b>	
<b>amlodipine besylate-benazepril hcl</b>		.....	158
<b>cap 10-40 mg</b> .....	64	<b>amoxicillin (trihydrate) chew tab</b>	
<b>amlodipine besylate-benazepril hcl</b>		<b>125 mg</b> .....	158
<b>cap 2.5-10 mg</b> .....	64	<b>amoxicillin (trihydrate) chew tab</b>	
<b>amlodipine besylate-benazepril hcl</b>		<b>250 mg</b> .....	158
<b>cap 5-10 mg</b> .....	64	<b>amoxicillin (trihydrate) for susp</b>	
<b>amlodipine besylate-benazepril hcl</b>		<b>125 mg/5ml</b> .....	158
<b>cap 5-20 mg</b> .....	64	<b>amoxicillin (trihydrate) for susp</b>	
<b>amlodipine besylate-benazepril hcl</b>		<b>200 mg/5ml</b> .....	158
<b>cap 5-40 mg</b> .....	64	<b>amoxicillin (trihydrate) for susp</b>	
<b>amlodipine besylate-olmesartan</b>		<b>250 mg/5ml</b> .....	158
<b>medoxomil tab 10-20 mg</b> .....	64	<b>amoxicillin (trihydrate) for susp</b>	
<b>amlodipine besylate-olmesartan</b>		<b>400 mg/5ml</b> .....	158
<b>medoxomil tab 10-40 mg</b> .....	64	<b>amoxicillin (trihydrate) tab 500 mg</b>	
<b>amlodipine besylate-olmesartan</b>		.....	158
<b>medoxomil tab 5-20 mg</b> .....	64	<b>amoxicillin (trihydrate) tab 875 mg</b>	
<b>amlodipine besylate-olmesartan</b>		.....	158
<b>medoxomil tab 5-40 mg</b> .....	64	<b>amoxicillin cap-clarithro tab-</b>	
Amnesteem		<b>lansopraz cap dr therapy pack</b>	169
see <b>isotretinoin cap 20 mg</b> .....	104	<b>amphetami er sus 1.25/ml</b> .....	1

**amphetamine-dextroamphetamine cap er 24hr 10 mg** ..... 1  
**amphetamine-dextroamphetamine cap er 24hr 15 mg** ..... 1  
**amphetamine-dextroamphetamine cap er 24hr 20 mg** ..... 1  
**amphetamine-dextroamphetamine cap er 24hr 25 mg** ..... 1  
**amphetamine-dextroamphetamine cap er 24hr 30 mg** ..... 1  
**amphetamine-dextroamphetamine cap er 24hr 5 mg** ..... 1  
**amphetamine-dextroamphetamine tab 10 mg** ..... 1  
**amphetamine-dextroamphetamine tab 12.5 mg**..... 1  
**amphetamine-dextroamphetamine tab 15 mg** ..... 1  
**amphetamine-dextroamphetamine tab 20 mg** ..... 1  
**amphetamine-dextroamphetamine tab 30 mg** ..... 1  
**amphetamine-dextroamphetamine tab 5 mg** ..... 1  
**amphetamine-dextroamphetamine tab 7.5 mg** ..... 1  
**ampicillin cap 500 mg** ..... 158  
 ANADROL-50 TAB 50MG .....19  
**anagrelide hcl cap 0.5 mg** ..... 124  
**anagrelide hcl cap 1 mg** ..... 124  
**anakinra**  
   see KINERET INJ..... 7  
**anastrozole tab 1 mg** .....70  
 ANDROXY TAB 10MG.....19  
 ANIMAL SHAPE CHW IRON ..... 146  
 ANNOVERA MIS .....99  
 ANORO ELLIPT AER 62.5-25 .....29  
 Antacid  
   see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**.....20  
**anthralin**  
   see DRITHO-CREME CRE HP 1%.. 107  
 ANTI-DIARRHE LIQ 1MG/5ML .....52  
 Anti-fungal Powder  
   see **tolnaftate powder 1%** ..... 106  
**antihemophilic factor (human)**  
   see MONOCLATE-P INJ 1000UNIT 123  
**antihemophilic factor (recombinant) (rfviii)**  
   see HELIXATE FS INJ 2000UNIT.. 123  
   see HELIXATE FS INJ 3000UNIT.. 123  
   see HELIXATE FS INJ 500UNIT.... 123  
   see KOGENATE FS INJ 1000UNIT 123  
   see KOGENATE FS INJ 2000UNIT 123  
   see KOGENATE FS INJ 250UNIT .. 123  
   see KOGENATE FS INJ 3000UNIT 123  
   see RECOMBINATE INJ ..... 123  
   see RECOMBINATE INJ 220-400.. 123  
   see RECOMBINATE INJ 401-800.. 123  
   see RECOMBINATE INJ 801-1240 124  
 ANZEMET TAB 100MG ..... 53  
 ANZEMET TAB 50MG ..... 53  
 APEXICON E CRE 0.05% ..... 108  
 APIDRA INJ SOLOSTAR..... 48  
 APIDRA INJ U-100 ..... 48  
**apixaban**  
   see ELIQUIS ST P TAB 5MG ..... 31  
   see ELIQUIS TAB 2.5MG ..... 31  
   see ELIQUIS TAB 5MG ..... 31  
 APOKYN INJ 10MG/ML ..... 76  
**apomorphine hydrochloride**  
   see APOKYN INJ 10MG/ML ..... 76  
**apraclonidine hcl ophth soln 0.5% (base equivalent)** ..... 153  
**apremilast**  
   see OTEZLA TAB 10/20/30 ..... 10  
   see OTEZLA TAB 30MG ..... 10  
**aprepitant capsule 125 mg** ..... 53  
**aprepitant capsule 40 mg** ..... 53  
**aprepitant capsule 80 mg** ..... 53  
**aprepitant capsule therapy pack 80 & 125 mg** ..... 53  
 APTIOM TAB 200MG..... 33  
 APTIOM TAB 400MG..... 33  
 APTIOM TAB 600MG..... 33  
 APTIOM TAB 800MG..... 33  
 APTIVUS CAP 250MG ..... 85  
 APTIVUS SOL..... 85  
 AQUADEKS DRO ..... 145  
 Aqueous Vitamin D Infants  
   see **cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)** ..... 175  
 ARANESP INJ 100MCG..... 125

ARANESP INJ 10MCG.....	125	ARMOUR THYRO TAB 240MG .....	164
ARANESP INJ 150MCG .....	125	ARMOUR THYRO TAB 300MG .....	164
ARANESP INJ 200MCG .....	125	ARMOUR THYRO TAB 30MG .....	164
ARANESP INJ 25MCG.....	125	ARMOUR THYRO TAB 60MG.....	164
ARANESP INJ 300MCG .....	125	ARMOUR THYRO TAB 90MG.....	164
ARANESP INJ 40MCG.....	125	<b>artemether-lumefantrine</b>	
ARANESP INJ 500MCG .....	125	see COARTEM TAB 20-120MG.....	67
ARANESP INJ 60MCG.....	125	<b>artificial tear insert</b>	
ARCALYST INJ 220MG .....	7	see LACRISERT MIS 5MG OP .....	152
ARCAPTA CAP 75MCG.....	29	<b>artificial tear ophth solution</b> .....	151
<b>arformoterol tartrate</b>		Artificial Tears	
see BROVANA NEB 15MCG .....	29	see <b>dextran 70-hypromellose</b>	
<b>arformoterol tartrate soln nebu 15</b>		<b>ophth soln 0.1-0.3%</b> .....	152
<b>mcg/2ml (base equiv)</b> .....	29	see <b>polyvinyl alcohol ophth soln</b>	
<b>aripiprazole</b>		<b>1.4%</b> .....	152
see ABILIFY MAIN INJ 300MG .....	83	see <b>white petrolatum-mineral oil</b>	
see ABILIFY MAIN INJ 400MG .....	83	<b>ophth ointment</b> .....	152
<b>aripiprazole lauroxil</b>		<b>ascorbic acid tab 500 mg</b> .....	175
see ARISTADA INJ 1064MG .....	84	<b>asenapine maleate sl tab 10 mg</b>	
see ARISTADA INJ 441MG/1. ....	84	<b>(base equiv)</b> .....	80
see ARISTADA INJ 662MG/2 .....	84	<b>asenapine maleate sl tab 2.5 mg</b>	
see ARISTADA INJ 882MG/3 .....	84	<b>(base equiv)</b> .....	80
see ARISTADA INJ INITIO .....	84	<b>asenapine maleate sl tab 5 mg</b>	
<b>aripiprazole oral solution 1 mg/ml</b>		<b>(base equiv)</b> .....	80
.....	83	ASMANEX 120 AER 220MCG.....	27
<b>aripiprazole orally disintegrating</b>		ASMANEX 14 AER 220MCG .....	27
<b>tab 10 mg</b> .....	83	ASMANEX 30 AER 110MCG .....	27
<b>aripiprazole orally disintegrating</b>		ASMANEX 30 AER 220MCG .....	27
<b>tab 15 mg</b> .....	83	ASMANEX 60 AER 220MCG .....	27
<b>aripiprazole tab 10 mg</b> .....	84	ASMANEX 7 AER 110MCG .....	27
<b>aripiprazole tab 15 mg</b> .....	84	ASMANEX HFA AER 100 MCG .....	28
<b>aripiprazole tab 2 mg</b> .....	83	ASMANEX HFA AER 200 MCG .....	28
<b>aripiprazole tab 20 mg</b> .....	84	ASMANEX HFA AER 50MCG .....	27
<b>aripiprazole tab 30 mg</b> .....	84	<b>aspirin chew tab 81 mg</b> .....	12
<b>aripiprazole tab 5 mg</b> .....	84	Aspirin Low Dose	
ARISTADA INJ 1064MG.....	84	see <b>aspirin tab delayed release 81</b>	
ARISTADA INJ 441MG/1. ....	84	<b>mg</b> .....	12
ARISTADA INJ 662MG/2 .....	84	<b>aspirin tab 325 mg</b> .....	12
ARISTADA INJ 882MG/3 .....	84	<b>aspirin tab delayed release 325 mg</b>	
ARISTADA INJ INITIO.....	84	.....	12
<b>armodafinil tab 150 mg</b> .....	3	<b>aspirin tab delayed release 81 mg</b>	
<b>armodafinil tab 200 mg</b> .....	3	.....	12
<b>armodafinil tab 250 mg</b> .....	4	<b>aspirin-dipyridamole cap er 12hr</b>	
<b>armodafinil tab 50 mg</b> .....	3	<b>25-200 mg</b> .....	124
ARMOUR THYRO TAB 120MG .....	164	<b>atazanavir sulfate cap 150 mg</b>	
ARMOUR THYRO TAB 15MG.....	164	<b>(base equiv)</b> .....	85
ARMOUR THYRO TAB 180MG .....	164		

<b>atazanavir sulfate cap 200 mg (base equiv)</b> .....	85	see RIDAURA CAP 3MG.....	7
<b>atazanavir sulfate cap 300 mg (base equiv)</b> .....	85	AVANDIA TAB 2MG .....	50
<b>atazanavir sulfate-cobicistat</b>		AVANDIA TAB 4MG .....	50
see EVOTAZ TAB 300-150 .....	86	Avita	
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> .....	64	see <b>tretinoin gel 0.025%</b> .....	104
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> .....	64	AVONEX KIT 30MCG .....	161
<b>atenolol tab 100 mg</b> .....	90	AVONEX PEN KIT 30MCG .....	161
<b>atenolol tab 25 mg</b> .....	90	AVONEX PREFL KIT 30MCG .....	161
<b>atenolol tab 50 mg</b> .....	90	AVSOLA INJ 100MG .....	120
<b>atomoxetine hcl cap 10 mg (base equiv)</b> .....	2	AZASITE SOL 1% .....	153
<b>atomoxetine hcl cap 100 mg (base equiv)</b> .....	3	<b>azathioprine tab 50 mg</b> .....	143
<b>atomoxetine hcl cap 18 mg (base equiv)</b> .....	3	<b>azelastine hcl nasal spray 0.1% (137 mcg/spray)</b> .....	150
<b>atomoxetine hcl cap 25 mg (base equiv)</b> .....	3	<b>azelastine hcl ophth soln 0.05%</b>	155
<b>atomoxetine hcl cap 40 mg (base equiv)</b> .....	3	<b>azilsartan medoxomil</b>	
<b>atomoxetine hcl cap 60 mg (base equiv)</b> .....	3	see EDARBI TAB 40MG .....	61
<b>atomoxetine hcl cap 80 mg (base equiv)</b> .....	3	see EDARBI TAB 80MG .....	62
<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	57	<b>azithromycin (ophth)</b>	
<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	57	see AZASITE SOL 1%.....	153
<b>atorvastatin calcium tab 40 mg (base equivalent)</b> .....	57	<b>azithromycin for susp 100 mg/5ml</b> .....	131
<b>atorvastatin calcium tab 80 mg (base equivalent)</b> .....	57	<b>azithromycin for susp 200 mg/5ml</b> .....	132
<b>atovaquone susp 750 mg/5ml</b> ....	22	<b>azithromycin powd pack for susp 1 gm</b> .....	132
<b>atovaquone-proguanil hcl tab 250-100 mg</b> .....	67	<b>azithromycin tab 250 mg</b> .....	132
<b>atovaquone-proguanil hcl tab 62.5-25 mg</b> .....	67	<b>azithromycin tab 500 mg</b> .....	132
ATROPINE SUL SOL 1% OP .....	153	<b>azithromycin tab 600 mg</b> .....	132
<b>atropine sulfate ophth soln 1%</b> ..	153	AZOPT SUS 1% OP .....	155
ATROVENT HFA AER 17MCG .....	27	<b>aztreonam lysine</b>	
AUBAGIO TAB 14MG .....	161	see CAYSTON INH 75MG.....	22
AUBAGIO TAB 7MG .....	161	<b>B</b>	
AUGMENTIN SUS 125/5ML .....	159	<b>bacitracin oint 500 unit/gm</b> .....	105
<b>auranofin</b>		<b>bacitracin ophth oint 500 unit/gm</b> .....	153
		<b>bacitracin zinc oint 500 unit/gm</b>	105
		<b>bacitracin-polymyxin b oint</b> .....	105
		<b>bacitracin-polymyxin b ophth oint</b> .....	153
		<b>bacitracin-polymyxin-neomycin hc</b>	
		see CORTISPORIN OIN 1%.....	105
		<b>bacitracin-polymyxin-neomycin-hc ophth oint 1%</b> .....	154
		<b>baclofen tab 10 mg</b> .....	149
		<b>baclofen tab 20 mg</b> .....	149
		BALCOLTRA TAB 0.1-20.....	97
		<b>baloxavir marboxil</b>	

see XOFLUZA TAB 20MG .....	89	<b>benazepril hcl tab 5 mg</b> .....	59
see XOFLUZA TAB 40MG .....	89	<b>benralizumab</b>	
see XOFLUZA TAB 80MG .....	89	see FASENRA INJ 30MG/ML.....	26
<b>balsalazide disodium cap 750 mg</b>		see FASENRA PEN INJ 30MG/ML ...	26
.....	120	BENZNIDAZOLE TAB 100MG .....	21
BANZEL TAB 200MG .....	33	BENZNIDAZOLE TAB 12.5MG .....	21
BANZEL TAB 400MG .....	33	<b>benzocaine-docusate sodium</b>	
BAQSIMI ONE POW 3MG/DOSE.....	46	see DOCUSOL PLUS ENE 20-283 .	131
BARACLUDGE SOL .....	88	<b>benzonatate cap 100 mg</b> .....	101
BASAGLAR INJ 100UNIT .....	48	<b>benzonatate cap 200 mg</b> .....	101
BAXDELA TAB 450MG.....	119	<b>benzoyl peroxide</b>	
<b>b-complex w/ c &amp; folic acid cap 1</b>		see ACNE MEDICAT LOT 10% .....	103
<b>mg</b> .....	145	see ACNE MEDICAT LOT 5% .....	103
<b>b-complex w/ c &amp; folic acid tab</b> .	145	<b>benzoyl peroxide gel 10%</b> .....	103
<b>b-complex w/ c &amp; folic acid tab 0.8</b>		<b>benzoyl peroxide gel 5%</b> .....	103
<b>mg</b> .....	145	<b>benzoyl peroxide liq 10%</b> .....	103
<b>b-complex w/ c &amp; folic acid tab 5</b>		<b>benzoyl peroxide liq 5%</b> .....	103
<b>mg</b> .....	145	Benzoyl Peroxide Wash	
BD U-500 MIS 31GX6MM .....	132	see <b>benzoyl peroxide liq 10%</b> .	103
BE WELL PAK ROUNDED .....	146	<b>benzoyl peroxide-erythromycin gel</b>	
<b>becaplermin</b>		<b>5-3%</b> .....	103
see REGRANEX GEL 0.01%.....	112	<b>benztropine mesylate tab 0.5 mg</b>	75
<b>beclomethasone dipropionate hfa</b>		<b>benztropine mesylate tab 1 mg</b> ...	75
see QVAR REDIHA AER 80MCG.....	28	<b>benztropine mesylate tab 2 mg</b> ...	75
see QVAR REDIHAL AER 40MCG ....	28	<b>benzyl alcohol (pediculicide)</b>	
<b>bedaquiline fumarate</b>		see ULESFIA LOT 5% .....	112
see SIRTURO TAB 100MG.....	68	<b>bepotastine besilate</b>	
see SIRTURO TAB 20MG .....	68	see BEPREVE DRO 1.5% .....	155
BELSOMRA TAB 10MG .....	129	<b>bepotastine besilate ophth soln</b>	
BELSOMRA TAB 15MG .....	129	<b>1.5%</b> .....	155
BELSOMRA TAB 20MG .....	129	BEPREVE DRO 1.5% .....	155
BELSOMRA TAB 5MG.....	129	BERINERT INJ 500UNIT .....	124
<b>bempedoic acid</b>		<b>besifloxacin hcl</b>	
see NEXLETOL TAB 180MG .....	56	see BESIVANCE SUS 0.6%.....	153
<b>bempedoic acid-ezetimibe</b>		BESIVANCE SUS 0.6% .....	153
see NEXLIZET TAB 180/10MG .....	56	<b>betaine</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		see CYSTADANE POW.....	116
<b>tab 10-12.5 mg</b> .....	64	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented cream 0.05%</b> .....	108
<b>tab 20-12.5 mg</b> .....	65	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented gel 0.05%</b> .....	108
<b>tab 20-25 mg</b> .....	65	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented lotion 0.05%</b> .....	108
<b>tab 5-6.25 mg</b> .....	64	<b>betamethasone dipropionate</b>	
<b>benazepril hcl tab 10 mg</b> .....	59	<b>augmented oint 0.05%</b> .....	108
<b>benazepril hcl tab 20 mg</b> .....	59	<b>betamethasone dipropionate cream</b>	
<b>benazepril hcl tab 40 mg</b> .....	59	<b>0.05%</b> .....	108

<b>betamethasone dipropionate lotion 0.05%</b> .....	108	<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b> .....	65
<b>betamethasone dipropionate oint 0.05%</b> .....	108	<b>bisoprolol fumarate tab 10 mg</b> ....	90
<b>betamethasone valerate cream 0.1% (base equivalent)</b> .....	108	<b>bisoprolol fumarate tab 5 mg</b> .....	90
<b>betamethasone valerate oint 0.1% (base equivalent)</b> .....	108	<b>blood glucose monitoring supplies</b>	
<b>betaxolol hcl ophth soln 0.5%</b> ... 152		see RELION TRUE KIT MET AIR ...	134
<b>betaxolol hcl tab 10 mg</b> .....	90	see TRUE METRIX KIT AIR.....	134
<b>betaxolol hcl tab 20 mg</b> .....	90	see TRUE METRIX KIT METER .....	134
<b>bethanechol chloride tab 10 mg</b>	171	see TRUE METRIX MIS AIR .....	134
<b>bethanechol chloride tab 25 mg</b>	171	BOOSTRIX INJ .....	166
<b>bethanechol chloride tab 5 mg</b> ..	171	<b>bosentan</b>	
<b>bethanechol chloride tab 50 mg</b>	171	see TRACLEER TAB 32MG.....	95
BEVESPI AER 9-4.8MCG.....	29	<b>bosentan tab 125 mg</b> .....	95
<b>bexarotene (topical)</b>		<b>bosentan tab 62.5 mg</b> .....	95
see TARGRETIN GEL 1% .....	106	BOTOX INJ 100UNIT .....	151
<b>bexarotene cap 75 mg</b> .....	75	BOTOX INJ 200UNIT .....	151
<b>bexarotene gel 1%</b> .....	106	Bp Cleansing Wash	
<b>bicalutamide tab 50 mg</b> .....	70	see <b>sulfacetamide sodium-sulfur in urea emulsion 10-4%</b> .....	104
<b>bictegravir-emtricitabine-tenofovir alafenamide fumarate</b>		Bp Gel	
see BIKTARVY TAB .....	85	see <b>benzoyl peroxide gel 5%</b> ..	103
BIKTARVY TAB .....	85	Bp Wash	
<b>bimatoprost</b>		see <b>benzoyl peroxide liq 5%</b> ... 103	
see LUMIGAN SOL 0.01%.....	156	Bprotected Pedia Tri-vite	
<b>bimatoprost ophth soln 0.03%</b> ..	156	see <b>pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml</b>	146
<b>bisacodyl suppos 10 mg</b> .....	131	BRAINSTRONG MIS PRENATAL .....	146
<b>bisacodyl tab delayed release 5 mg</b> .....	131	BREO ELLIPTA INH 100-25.....	29
Bismatrol		BREO ELLIPTA INH 200-25.....	29
see <b>bismuth subsalicylate susp 262 mg/15ml</b> .....	52	BREZTRI AERO AER SPHERE .....	29
<b>bismuth subsalicylate chew tab 262 mg</b> .....	52	Briellyn	
<b>bismuth subsalicylate susp 262 mg/15ml</b> .....	52	see <b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .	98
<b>bismuth subsalicylate susp 525 mg/15ml</b> .....	52	BRILINTA TAB 60MG .....	124
<b>bismuth subsalicylate tab 262 mg</b> .....	52	BRILINTA TAB 90MG .....	124
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b> .....	65	<b>brimonidine tartrate (topical)</b>	
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b> .....	65	see MIRVASO GEL 0.33%.....	111
		<b>brimonidine tartrate ophth soln 0.15%</b> .....	153
		<b>brimonidine tartrate ophth soln 0.2%</b> .....	153
		<b>brimonidine tartrate-timolol maleate</b>	
		see COMBIGAN SOL 0.2/0.5% ....	152
		<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</b> .	152
		<b>brinzolamide</b>	

see AZOPT SUS 1% OP ..... 155  
**brinzolamide ophth susp 1%** .... 155  
**brinzolamide-brimonidine tartrate**  
 see SIMBRINZA SUS 1-0.2% ..... 153  
**bromfenac sodium ophth soln**  
**0.09% (base equiv) (once-daily)**  
 ..... 155  
**bromocriptine mesylate (diabetes)**  
 see CYCLOSET TAB 0.8MG.....46  
**bromocriptine mesylate cap 5 mg**  
**(base equivalent)**.....76  
**bromocriptine mesylate tab 2.5 mg**  
**(base equivalent)**.....76  
**brompheniramine &**  
**pseudoephedrine elixir 1-15**  
**mg/5ml**..... 102  
 BROTAPP DM LIQ 15-1-5/5 ..... 102  
 BROVANA NEB 15MCG.....29  
 BRUKINSA CAP 80MG.....71  
**budesonide (inhalation)**  
 see PULMICORT INH 180MCG .....28  
 see PULMICORT INH 90MCG .....28  
**budesonide delayed release**  
**particles cap 3 mg** ..... 100  
**budesonide inhalation susp 0.25**  
**mg/2ml**.....28  
**budesonide inhalation susp 0.5**  
**mg/2ml**.....28  
**budesonide nasal susp 32 mcg/act**  
 ..... 150  
**budesonide-formoterol fumarate**  
**dihydrate**  
 see SYMBICORT AER 160-4.5 .....30  
 see SYMBICORT AER 80-4.5 .....30  
**budesonide-glycopyrrolate-**  
**formoterol fumarate**  
 see BREZTRI AERO AER SPHERE ...29  
**bumetanide tab 0.5 mg** ..... 113  
**bumetanide tab 1 mg** ..... 113  
**bumetanide tab 2 mg** ..... 113  
**buprenorphine hcl sl tab 2 mg**  
**(base equiv)**.....18  
**buprenorphine hcl sl tab 8 mg**  
**(base equiv)**.....18  
**buprenorphine hcl-naloxone hcl sl**  
**film 12-3 mg (base equiv)** .....19

**buprenorphine hcl-naloxone hcl sl**  
**film 2-0.5 mg (base equiv)**..... 18  
**buprenorphine hcl-naloxone hcl sl**  
**film 4-1 mg (base equiv)**..... 18  
**buprenorphine hcl-naloxone hcl sl**  
**film 8-2 mg (base equiv)**..... 18  
**buprenorphine hcl-naloxone hcl sl**  
**tab 2-0.5 mg (base equiv)**..... 19  
**buprenorphine hcl-naloxone hcl sl**  
**tab 8-2 mg (base equiv)** ..... 19  
**buprenorphine td patch weekly 10**  
**mcg/hr** ..... 19  
**buprenorphine td patch weekly 15**  
**mcg/hr** ..... 19  
**buprenorphine td patch weekly 20**  
**mcg/hr** ..... 19  
**buprenorphine td patch weekly 5**  
**mcg/hr** ..... 19  
**buprenorphine td patch weekly 7.5**  
**mcg/hr** ..... 19  
**bupropion hcl (smoking deterrent)**  
**tab er 12hr 150 mg** ..... 162  
**bupropion hcl tab 100 mg** ..... 36  
**bupropion hcl tab 75 mg** ..... 36  
**bupropion hcl tab er 12hr 100 mg**  
 ..... 36  
**bupropion hcl tab er 12hr 150 mg**  
 ..... 36  
**bupropion hcl tab er 12hr 200 mg**  
 ..... 36  
**bupropion hcl tab er 24hr 150 mg**  
 ..... 37  
**bupropion hcl tab er 24hr 300 mg**  
 ..... 37  
**buspironone hcl tab 10 mg** ..... 23  
**buspironone hcl tab 15 mg** ..... 23  
**buspironone hcl tab 30 mg** ..... 23  
**buspironone hcl tab 5 mg** ..... 23  
**buspironone hcl tab 7.5 mg** ..... 23  
**butalbital-acetaminophen tab 50-**  
**325 mg** ..... 11  
**butalbital-acetaminophen-caff w/**  
**cod cap 50-300-40-30 mg** ..... 17  
**butalbital-acetaminophen-caff w/**  
**cod cap 50-325-40-30 mg** ..... 17  
**butalbital-acetaminophen-caffeine**  
**tab 50-325-40 mg** ..... 11

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

**butenafine hcl**  
see MENTAX CRE 1%..... 105

**butenafine hcl cream 1%** ..... 105

**butoconazole nitrate (one dose)**  
see GYNAZOLE-1 CRE 2% ..... 173

**butorphanol tartrate nasal soln 10 mg/ml**.....19

BYSTOLIC TAB 10MG.....90

BYSTOLIC TAB 2.5MG.....90

BYSTOLIC TAB 20MG.....90

BYSTOLIC TAB 5MG .....90

BYVALSON TAB 5-80MG.....65

**C**

**c1 esterase inhibitor (human)**  
see BERINERT INJ 500UNIT ..... 124

**cabergoline tab 0.5 mg** ..... 117

CABOMETYX TAB 20MG .....71

CABOMETYX TAB 40MG .....71

CABOMETYX TAB 60MG .....71

**cabozantinib s-malate**  
see CABOMETYX TAB 20MG .....71

see CABOMETYX TAB 40MG .....71

see CABOMETYX TAB 60MG .....71

see COMETRIQ KIT 100MG .....71

see COMETRIQ KIT 140MG .....71

see COMETRIQ KIT 60MG .....71

**caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)** 2

**calcipotriene oint 0.005%** ..... 106

**calcipotriene soln 0.005% (50 mcg/ml)** ..... 107

**calcipotriene-betamethasone dipropionate oint 0.005-0.064%**  
..... 108

**calcipotriene-betamethasone dipropionate susp 0.005-0.064%**  
..... 108

**calcitonin (salmon) nasal soln 200 unit/act** ..... 115

Calcitrate  
see **calcium citrate tab 950 mg (200 mg elemental ca)** ..... 140

**calcitriol cap 0.25 mcg** ..... 116

**calcitriol cap 0.5 mcg** ..... 116

**calcitriol oint 3 mcg/gm**..... 107

**calcium & phosphorus w/ vitamin d**  
see RISACAL-D TAB ..... 140

Calcium 500 + D  
see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** ..... 139

Calcium 500/d  
see **calcium carbonate-cholecalciferol chew tab 500 mg-400 unit** ..... 139

Calcium 600  
see **calcium carbonate tab 1500 mg (600 mg elemental ca)** .. 139

Calcium 600 With Vitamin  
see **calcium carbonate-cholecalciferol chew tab 600 mg-400 unit** ..... 139

Calcium 600/vitamin D3  
see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** ..... 140

**calcium acetate (phosphate binder) cap 667 mg (169 mg ca)** ..... 121

Calcium Antacid  
see **calcium carbonate (antacid) chew tab 500 mg**..... 21

**calcium carbonate (antacid) chew tab 1000 mg** ..... 21

**calcium carbonate (antacid) chew tab 400 mg** ..... 20

**calcium carbonate (antacid) chew tab 500 mg** ..... 21

**calcium carbonate (antacid) chew tab 750 mg** ..... 21

**calcium carbonate (antacid) susp 1250 mg/5ml**..... 21

**calcium carbonate tab 1250 mg (500 mg elemental ca)**..... 139

**calcium carbonate tab 1500 mg (600 mg elemental ca)**..... 139

**calcium carbonate-cholecalciferol**  
see CALTRATE 600 CHW 600-800 140

**calcium carbonate-cholecalciferol cap 600 mg-500 unit**..... 139

**calcium carbonate-cholecalciferol chew tab 500 mg-100 unit** ..... 139



<b>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</b> .....	139
<b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> .....	139
<b>calcium carbonate-cholecalciferol chew tab 600 mg-400 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 250 mg-125 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 500 mg-600 unit</b> .....	139
<b>calcium carbonate-cholecalciferol tab 600 mg-200 unit</b> .....	140
<b>calcium carbonate-cholecalciferol tab 600 mg-400 unit</b> .....	140
<b>calcium carbonate-cholecalciferol tab 600 mg-800 unit</b> .....	140
<b>calcium carbonate-ergocalciferol</b> see RA OYS SHL/D TAB 500MG ...	140
<b>calcium carbonate-mag hydrox</b> see MI-ACID CHW .....	20
<b>calcium carbonate-mag hydroxide chew tab 675-135 mg</b> .....	20
<b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> .....	20
<b>calcium carbonate-vitamin d cap 600 mg-200 unit</b> .....	140
<b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> .....	140
<b>calcium carbonate-vitamin d tab 600 mg-125 unit</b> .....	140
<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b> .....	139
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	139
Calcium Citrate + D3 see <b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> .....	140
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> .....	140
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA) .....	140
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b> ...	140
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> ...	140
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b> ...	140
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> ...	140
Calcium Plus Vitamin D3 see <b>calcium carbonate- cholecalciferol cap 600 mg-500 unit</b> .....	139
<b>calcium polycarbophil tab 625 mg</b> .....	129
CALCIUM TAB 600MG .....	140
<b>calcium-magnesium-zinc tab 333- 133-5 mg</b> .....	140
CALNA TAB .....	147
CALTRATE 600 CHW 600-800 .....	140
<b>candesartan cilexetil tab 16 mg</b> ..	61
<b>candesartan cilexetil tab 32 mg</b> ..	61
<b>candesartan cilexetil tab 4 mg</b> ....	61
<b>candesartan cilexetil tab 8 mg</b> ....	61
<b>capecitabine tab 150 mg</b> .....	68
<b>capecitabine tab 500 mg</b> .....	68
CAPRELSA TAB 100MG .....	71
CAPRELSA TAB 300MG .....	71
<b>capsaicin cream 0.1%</b> .....	111
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b> .....	65
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b> .....	65
<b>captopril tab 100 mg</b> .....	59
<b>captopril tab 12.5 mg</b> .....	59
<b>captopril tab 25 mg</b> .....	59
<b>captopril tab 50 mg</b> .....	59
<b>carbamazepine cap er 12hr 100 mg</b> .....	33
<b>carbamazepine cap er 12hr 200 mg</b> .....	33

<b>carbamazepine cap er 12hr 300 mg</b>	33	see IRON CHW PEDIATRI .....	127
.....	33	<b>carbonyl iron susp 15 mg/1.25ml</b>	
<b>carbamazepine chew tab 100 mg</b>	33	<b>(elemental iron)</b> .....	126
<b>carbamazepine susp 100 mg/5ml</b>	33	<b>carboxymethylcellulose sodium</b>	
.....	33	<b>(pf) ophth soln 0.5%</b> .....	151
<b>carbamazepine tab 200 mg</b>	33	<b>carboxymethylcellulose sodium</b>	
<b>carbamazepine tab er 12hr 100 mg</b>	33	<b>ophth soln 0.5%</b> .....	151
.....	33	CARIMUNE NF INJ 12GM.....	157
<b>carbamazepine tab er 12hr 200 mg</b>	33	<b>cariprazine hcl</b>	
.....	33	see VRAYLAR CAP 1.5MG .....	77
<b>carbamazepine tab er 12hr 400 mg</b>	33	see VRAYLAR CAP 3MG .....	77
.....	33	see VRAYLAR CAP 4.5MG .....	78
<b>carbamide peroxide 6.5% otic soln</b>	156	see VRAYLAR CAP 6MG .....	78
.....	156	<b>carisoprodol tab 350 mg</b> .....	149
<b>carbidopa &amp; levodopa orally</b>		<b>carisoprodol w/ aspirin &amp; codeine</b>	
<b>disintegrating tab 10-100 mg</b> ...	76	<b>tab 200-325-16 mg</b> .....	149
<b>carbidopa &amp; levodopa orally</b>		<b>carteolol hcl ophth soln 1%</b> .....	152
<b>disintegrating tab 25-100 mg</b> ...	76	<b>carvedilol tab 12.5 mg</b> .....	90
<b>carbidopa &amp; levodopa orally</b>		<b>carvedilol tab 25 mg</b> .....	90
<b>disintegrating tab 25-250 mg</b> ...	76	<b>carvedilol tab 3.125 mg</b> .....	89
<b>carbidopa &amp; levodopa tab 10-100</b>		<b>carvedilol tab 6.25 mg</b> .....	89
<b>mg</b> .....	76	CAYA DPR.....	132
<b>carbidopa &amp; levodopa tab 25-100</b>		CAYSTON INH 75MG .....	22
<b>mg</b> .....	76	<b>cefaclor cap 250 mg</b> .....	96
<b>carbidopa &amp; levodopa tab 25-250</b>		<b>cefaclor cap 500 mg</b> .....	96
<b>mg</b> .....	76	<b>cefaclor for susp 125 mg/5ml</b> .....	96
<b>carbidopa &amp; levodopa tab er 25-</b>		<b>cefaclor for susp 250 mg/5ml</b> .....	96
<b>100 mg</b> .....	76	<b>cefaclor for susp 375 mg/5ml</b> .....	96
<b>carbidopa &amp; levodopa tab er 50-</b>		<b>cefadroxil cap 500 mg</b> .....	96
<b>200 mg</b> .....	76	<b>cefadroxil for susp 250 mg/5ml</b> ..	96
<b>carbidopa tab 25 mg</b> .....	75	<b>cefadroxil for susp 500 mg/5ml</b> ..	96
<b>carbidopa-levodopa-entacapone</b>		<b>cefadroxil tab 1 gm</b> .....	96
<b>tabs 12.5-50-200 mg</b> .....	76	<b>cefdinir cap 300 mg</b> .....	97
<b>carbidopa-levodopa-entacapone</b>		<b>cefdinir for susp 125 mg/5ml</b> .....	97
<b>tabs 18.75-75-200 mg</b> .....	76	<b>cefdinir for susp 250 mg/5ml</b> .....	97
<b>carbidopa-levodopa-entacapone</b>		<b>cefditoren pivoxil tab 200 mg (base</b>	
<b>tabs 25-100-200 mg</b> .....	76	<b>equivalent)</b> .....	97
<b>carbidopa-levodopa-entacapone</b>		<b>cefditoren pivoxil tab 400 mg (base</b>	
<b>tabs 31.25-125-200 mg</b> .....	76	<b>equivalent)</b> .....	97
<b>carbidopa-levodopa-entacapone</b>		<b>cefixime cap 400 mg</b> .....	97
<b>tabs 37.5-150-200 mg</b> .....	76	<b>cefixime for susp 100 mg/5ml</b> ....	97
<b>carbidopa-levodopa-entacapone</b>		<b>cefixime for susp 200 mg/5ml</b> ....	97
<b>tabs 50-200-200 mg</b> .....	76	<b>cefpodoxime proxetil for susp 100</b>	
<b>carbinoxamine maleate soln 4</b>		<b>mg/5ml</b> .....	97
<b>mg/5ml</b> .....	54	<b>cefpodoxime proxetil for susp 50</b>	
<b>carbinoxamine maleate tab 4 mg</b>	54	<b>mg/5ml</b> .....	97
<b>carbonyl iron</b>		<b>cefpodoxime proxetil tab 100 mg</b>	97

<b>cefepodoxime proxetil tab 200 mg</b>	97
<b>cefprozil for susp 125 mg/5ml</b>	....97
<b>cefprozil for susp 250 mg/5ml</b>	....97
<b>cefprozil tab 250 mg</b>	.....97
<b>cefprozil tab 500 mg</b>	.....97
<b>ceftriaxone sodium for inj 1 gm</b>	..97
<b>cefuroxime axetil tab 250 mg</b>	.....97
<b>cefuroxime axetil tab 500 mg</b>	.....97
<b>celecoxib cap 100 mg</b>	..... 8
<b>celecoxib cap 200 mg</b>	..... 8
<b>celecoxib cap 400 mg</b>	..... 8
<b>celecoxib cap 50 mg</b>	..... 8
<b>cellulose</b>	
see UNIFIBER POW	..... 129
CELONTIN CAP 300MG	.....36
CENTRUM SPEC PAK PRENATAL	.... 147
<b>cephalexin cap 250 mg</b>	.....96
<b>cephalexin cap 500 mg</b>	.....96
<b>cephalexin for susp 125 mg/5ml</b>	..96
<b>cephalexin for susp 250 mg/5ml</b>	..96
CERDELGA CAP 84MG	..... 124
<b>ceritinib</b>	
see ZYKADIA CAP 150MG	.....75
<b>certolizumab pegol</b>	
see CIMZIA KIT 200MG	..... 120
see CIMZIA PREFL KIT 200MG/ML	120
see CIMZIA START KIT 200MG/ML	..... 120
<b>cervical caps</b>	
see FEMCAP MIS 22MM	..... 132
see FEMCAP MIS 26MM	..... 132
see FEMCAP MIS 30MM	..... 132
CESAMET CAP 1MG	.....53
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	.....55
<b>cetirizine hcl tab 10 mg</b>	.....55
<b>cetirizine hcl tab 5 mg</b>	.....55
<b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b>	..... 102
<b>cevimeline hcl cap 30 mg</b>	..... 144
CHANTIX PAK 0.5& 1MG	..... 162
CHANTIX TAB 0.5MG	..... 163
CHANTIX TAB 1MG	..... 163
CHEMET CAP 100MG	.....52
Chewable Vite Childrens	
see <b>pediatric multiple vitamin w/ c &amp; fa chew tab</b>	..... 146
Chewable Vite With Iron/c	
see <b>pediatric multiple vitamins w/ iron chew tab 15 mg</b>	..... 146
Childrens Pain Reliever	
see <b>acetaminophen chew tab 80 mg</b>	..... 12
Childrens Pepto	
see <b>calcium carbonate (antacid) chew tab 400 mg</b>	..... 20
Childrens Silfedrine	
see <b>pseudoephedrine hcl liq 15 mg/5ml</b>	..... 151
<b>chlorambucil</b>	
see LEUKERAN TAB 2MG	..... 68
<b>chlordiazepoxide hcl cap 10 mg</b>	..24
<b>chlordiazepoxide hcl cap 25 mg</b>	..24
<b>chlordiazepoxide hcl cap 5 mg</b>	....24
<b>chlordiazepoxide-amitriptyline tab 10-25 mg</b>	..... 161
<b>chlordiazepoxide-amitriptyline tab 5-12.5 mg</b>	..... 161
<b>chlorhexidine gluconate liquid 4%</b>	..... 84
<b>chlorhexidine gluconate soln 0.12%</b>	..... 144
<b>chloroquine phosphate tab 250 mg</b>	.....67
<b>chloroquine phosphate tab 500 mg</b>	.....67
<b>chlorothiazide tab 250 mg</b>	..... 114
<b>chlorothiazide tab 500 mg</b>	..... 114
Chlorphen Sr	
see <b>chlorpheniramine maleate tab er 12 mg</b>	..... 54
<b>chlorpheniramine maleate syrup 2 mg/5ml</b>	..... 54
<b>chlorpheniramine maleate tab 4 mg</b>	..... 54
<b>chlorpheniramine maleate tab er 12 mg</b>	..... 54
<b>chlorpheniramine w/ codeine</b>	
see Z-TUSS AC LIQ 2-9/5ML	..... 102
<b>chlorpromazine hcl tab 10 mg</b>	....82
<b>chlorpromazine hcl tab 100 mg</b>	...82
<b>chlorpromazine hcl tab 200 mg</b>	...82
<b>chlorpromazine hcl tab 25 mg</b>	....82
<b>chlorpromazine hcl tab 50 mg</b>	....82

CHLORPROPAMIDE TAB 100 MG.....	51	<i>cilostazol tab 50 mg</i> .....	124
<i>chlorpropamide tab 250 mg</i> .....	51	CIMDUO TAB 300-300.....	85
<i>chlorthalidone tab 25 mg</i> .....	114	<i>cimetidine tab 200 mg</i> .....	167
<i>chlorthalidone tab 50 mg</i> .....	114	<i>cimetidine tab 300 mg</i> .....	167
<i>chlorzoxazone tab 500 mg</i> .....	149	<i>cimetidine tab 400 mg</i> .....	167
<i>cholecalciferol cap 1.25 mg (50000 unit)</i> .....	174	<i>cimetidine tab 800 mg</i> .....	167
<i>cholecalciferol cap 125 mcg (5000 unit)</i> .....	174	CIMZIA KIT 200MG .....	120
<i>cholecalciferol cap 25 mcg (1000 unit)</i> .....	174	CIMZIA PREFL KIT 200MG/ML.....	120
<i>cholecalciferol cap 250 mcg (10000 unit)</i> .....	174	CIMZIA START KIT 200MG/ML.....	120
<i>cholecalciferol cap 50 mcg (2000 unit)</i> .....	174	<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	116
<i>cholecalciferol chew tab 10 mcg (400 unit)</i> .....	174	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	116
<i>cholecalciferol chew tab 25 mcg (1000 unit)</i> .....	174	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	116
<i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i> .....	174	CIPRO HC SUS OTIC .....	156
<i>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</i> .....	175	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	153
<i>cholecalciferol tab 10 mcg (400 unit)</i> .....	175	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....	156
<i>cholecalciferol tab 125 mcg (5000 unit)</i> .....	175	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	119
<i>cholecalciferol tab 25 mcg (1000 unit)</i> .....	175	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	119
<i>cholecalciferol tab 50 mcg (2000 unit)</i> .....	175	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	119
<i>cholestyramine light powder 4 gm/dose</i> .....	56	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	157
<i>cholestyramine powder 4 gm/dose</i> .....	56	<i>ciprofloxacin-hydrocortisone</i> see CIPRO HC SUS OTIC.....	156
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> .....	56	<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	37
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> .....	56	<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	37
<i>ciclesonide (nasal)</i> see OMNARIS SPR.....	150	<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	37
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	105	<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	37
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	105	Claravis see <i>isotretinoin cap 10 mg</i> .....	104
<i>ciclopirox solution 8%</i> .....	105	<i>clarithromycin for susp 125 mg/5ml</i> .....	132
<i>cilostazol tab 100 mg</i> .....	124	<i>clarithromycin for susp 250 mg/5ml</i> .....	132
		<i>clarithromycin tab 250 mg</i> .....	132
		<i>clarithromycin tab 500 mg</i> .....	132
		Clean & Clear Persa-gel M	

see <b>benzoyl peroxide gel 10%</b>	103	<b>clonidine td patch weekly 0.1</b>	
Clear Soluble Fiber		<b>mg/24hr</b>	63
see <b>wheat dextrin oral powder</b>	129	<b>clonidine td patch weekly 0.2</b>	
<b>clemastine fumarate tab 1.34 mg</b>		<b>mg/24hr</b>	63
<b>(1 mg base equiv)</b>	54	<b>clonidine td patch weekly 0.3</b>	
<b>clemastine fumarate tab 2.68 mg</b>	54	<b>mg/24hr</b>	63
CLENPIQ SOL	130	<b>clopidogrel bisulfate tab 75 mg</b>	
<b>clindamycin hcl cap 150 mg</b>	22	<b>(base equiv)</b>	124
<b>clindamycin hcl cap 300 mg</b>	22	<b>clorazepate dipotassium tab 15 mg</b>	
<b>clindamycin palmitate hcl for soln</b>			25
<b>75 mg/5ml (base equiv)</b>	22	<b>clorazepate dipotassium tab 3.75</b>	
<b>clindamycin phosphate gel 1%</b>	103	<b>mg</b>	25
<b>clindamycin phosphate lotion 1%</b>		<b>clorazepate dipotassium tab 7.5</b>	
	103	<b>mg</b>	25
<b>clindamycin phosphate soln 1%</b>	104	<b>clotrimazole cream 1%</b>	105
<b>clindamycin phosphate vaginal</b>		<b>clotrimazole soln 1%</b>	105
<b>cream 2%</b>	173	<b>clotrimazole troche 10 mg</b>	144
<b>clindamycin phosphate-tretinoin</b>		<b>clotrimazole vaginal cream 1%</b>	173
<b>gel 1.2-0.025%</b>	104	<b>clotrimazole vaginal cream 2%</b>	173
<b>clindamycin phosph-benzoyl</b>		<b>clotrimazole w/ betamethasone</b>	
<b>peroxide (refrig) gel 1.2 (1)-5%</b>	103	<b>cream 1-0.05%</b>	105
	103	<b>clotrimazole w/ betamethasone</b>	
<b>clobazam tab 10 mg</b>	32	<b>lotion 1-0.05%</b>	105
<b>clobazam tab 20 mg</b>	32	<b>clozapine tab 100 mg</b>	81
<b>clobetasol propionate cream</b>		<b>clozapine tab 200 mg</b>	81
<b>0.05%</b>	108	<b>clozapine tab 25 mg</b>	80
<b>clobetasol propionate gel 0.05%</b>		<b>clozapine tab 50 mg</b>	80
	108	<b>coagulation factor ix</b>	
<b>clobetasol propionate oint 0.05%</b>	108	see ALPHANINE SD INJ 1500UNIT	123
	108	see ALPHANINE SD INJ 500UNIT.	123
<b>clobetasol propionate soln 0.05%</b>	108	COARTEM TAB 20-120MG	67
	108	<b>cobicistat</b>	
<b>clomiphene citrate tab 50 mg</b>	115	see TYBOST TAB 150MG	88
<b>clomipramine hcl cap 25 mg</b>	40	CODEINE SULF TAB 60MG	13
<b>clomipramine hcl cap 50 mg</b>	40	<b>codeine sulfate tab 30 mg</b>	13
<b>clomipramine hcl cap 75 mg</b>	40	<b>colchicine tab 0.6 mg</b>	123
<b>clonazepam</b>		<b>colchicine w/ probenecid tab 0.5-</b>	
see KLONOPIN TAB 0.5MG	33	<b>500 mg</b>	122
see KLONOPIN TAB 2MG	33	<b>colesevelam hcl packet for susp</b>	
<b>clonazepam tab 0.5 mg</b>	32	<b>3.75 gm</b>	56
<b>clonazepam tab 1 mg</b>	32	<b>colesevelam hcl tab 625 mg</b>	56
<b>clonazepam tab 2 mg</b>	32	<b>colestipol hcl tab 1 gm</b>	56
<b>clonidine hcl tab 0.1 mg</b>	63	<b>collagenase</b>	
<b>clonidine hcl tab 0.2 mg</b>	63	see SANTYL OIN 250/GM	110
<b>clonidine hcl tab 0.3 mg</b>	63	COLY-MYCIN S SUS OTIC	157
<b>clonidine hcl tab er 12hr 0.1 mg</b>	3	COMBIGAN SOL 0.2/0.5%	152
		COMBIVENT AER 20-100	29

COMETRIQ KIT 100MG .....	71		
COMETRIQ KIT 140MG .....	71		
COMETRIQ KIT 60MG .....	71		
COMPLERA TAB .....	85		
CO-NATAL FA TAB 29-1MG.....	147		
<b>condoms - female</b>			
see FC2 FEMALE MIS CONDOM ...	132		
<b>conjugated estrogens- bazedoxifene</b>			
see DUAVEE TAB 0.45-20 .....	117		
<b>conjugated estrogens- medroxyprogesterone acetate</b>			
see PREMPHASE TAB .....	117		
see PREMPRO TAB.....	118		
see PREMPRO TAB 0.3-1.5.....	118		
see PREMPRO TAB 0.45-1.5.....	118		
see PREMPRO TAB 0.625-5.....	118		
<b>continuous blood glucose system receiver</b>			
see DEXCOM G5 MIS RECEIVER ..	133		
see DEXCOM G6 MIS RECEIVER ..	133		
see FREESTY LIBR MIS 2 READER	133		
see FREESTYLE MIS READER .....	134		
<b>continuous blood glucose system sensor</b>			
see DEXCOM G6 MIS SENSOR.....	133		
see FREESTY LIBR KIT 2 SENSOR	133		
see FREESTYLE KIT SENSOR.....	134		
see G5/G4 MIS SENSOR.....	134		
<b>continuous blood glucose system transmitter</b>			
see DEXCOM G5 MIS TRANSMIT..	133		
see DEXCOM G6 MIS TRANSMIT..	133		
COPAXONE INJ 20MG/ML .....	161		
COPAXONE INJ 40MG/ML .....	161		
<b>copper (iud)</b>			
see PARAGARD IUD T380A .....	100		
CORDRAN 80X3 TAP 4MCG/CM .....	108		
CORLANOR SOL 5MG/5ML.....	96		
CORLANOR TAB 5MG.....	96		
CORLANOR TAB 7.5MG .....	96		
<b>corn dextrin oral powder</b> .....	129		
<b>cortisone acetate tab 25 mg</b> .....	100		
CORTISPORIN OIN 1% .....	105		
Cortizone-10			
see <b>hydrocortisone gel 1%</b> .....	109		
Cortizone-10 Plus			
			see <b>hydrocortisone-aloe vera cream 1%</b> .....
			110
		COSENTYX INJ 150MG/ML .....	107
		COSENTYX INJ 300DOSE .....	107
		COSENTYX INJ 75MG/0.5.....	107
		COSENTYX PEN INJ 150MG/ML .....	107
		COSENTYX PEN INJ 300DOSE.....	107
		COUMADIN TAB 10MG.....	30
		COUMADIN TAB 1MG .....	30
		COUMADIN TAB 2.5MG.....	30
		COUMADIN TAB 2MG .....	30
		COUMADIN TAB 3MG .....	30
		COUMADIN TAB 4MG .....	30
		COUMADIN TAB 5MG .....	30
		COUMADIN TAB 6MG .....	30
		COUMADIN TAB 7.5MG.....	30
		<b>covid-19 (sars-cov-2) adenovirus vaccine</b>	
		see JANSSEN VACC INJ COVID-19	
		.....	172
		<b>covid-19 (sars-cov-2) mrna virus vaccine</b>	
		see MODERNA VAC INJ COVID-19	172
		see PFIZER VACC INJ COVID-19 .	172
		CREON CAP 12000UNT .....	112
		CREON CAP 24000UNT .....	112
		CREON CAP 3000UNIT.....	112
		CREON CAP 36000UNT .....	112
		CREON CAP 6000UNIT.....	112
		CRESEMBA CAP 186 MG .....	54
		CRIXIVAN CAP 200MG.....	85
		CRIXIVAN CAP 400MG.....	85
		<b>crizotinib</b>	
		see XALKORI CAP 200MG.....	74
		see XALKORI CAP 250MG.....	74
		<b>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</b> .....	150
		<b>cromolyn sodium ophth soln 4%</b>	
		.....	155
		<b>cromolyn sodium soln nebu 20 mg/2ml</b> .....	26
		<b>crotamiton</b>	
		see EURAX CRE 10%.....	111
		CUVITRU INJ 4GM/20ML.....	157
		CUVITRU SOL 10GM/50M.....	157
		CUVITRU SOL 1GM/5ML.....	157
		Cvs Af Spray Powder	

see <b>tolnaftate aerosol pow 1%</b>	106
Cvs Allergy Relief Childr	
see <b>diphenhydramine hcl liquid</b>	
<b>12.5 mg/5ml</b> .....	55
Cvs Antacid Supreme	
see <b>calcium carbonate-mag</b>	
<b>hydroxide susp 400-135</b>	
<b>mg/5ml</b> .....	20
Cvs Anti-dandruff	
see <b>selenium sulfide lotion 1%</b>	107
Cvs Anti-diarrheal	
see <b>loperamide hcl tab 2 mg</b> .....	52
Cvs Anti-fungal Powder	
see <b>miconazole nitrate powder</b>	
<b>2%</b> .....	106
Cvs B-12	
see <b>cyanocobalamin sl tab 500</b>	
<b>mcg</b> .....	124
Cvs Bismuth Maximum Stren	
see <b>bismuth subsalicylate susp</b>	
<b>525 mg/15ml</b> .....	52
Cvs Calcium Citrate + D	
see <b>calcium citrate-vitamin d tab</b>	
<b>315 mg-250 unit (elemental ca)</b>	
.....	140
Cvs Chocolate Laxative Pi	
see <b>sennosides chew tab 15 mg</b>	
.....	131
Cvs Cold & Cough Nighttim	
see <b>diphenhydramine-</b>	
<b>phenylephrine liq 6.25-2.5</b>	
<b>mg/5ml</b> .....	102
Cvs Cortisone Maximum Str	
see <b>hydrocortisone lotion 1%</b> .	109
Cvs D3	
see <b>cholecalciferol chew tab 25</b>	
<b>mcg (1000 unit)</b> .....	174
Cvs Dry Eye Relief	
see <b>glycerin-hypromellose-peg</b>	
<b>400 ophth soln 0.2-0.2-1%</b> .	152
Cvs Easy Fiber	
see <b>corn dextrin oral powder</b> ..	129
Cvs Fish Oil	
see <b>omega-3 fatty acids cap</b>	
<b>delayed release 1200 mg</b> .....	151
Cvs Gas Relief	
see <b>simethicone cap 125 mg</b> ...	119
Cvs Gas Relief Drops Extr	
see <b>simethicone liquid 40</b>	
<b>mg/0.6ml</b> .....	119
Cvs Gas Relief Extra Stre	
see <b>simethicone chew tab 125 mg</b>	
.....	119
Cvs Gentle Laxative	
see <b>bisacodyl suppos 10 mg</b> ...	131
Cvs Glycerin Adult	
see <b>glycerin suppos 2 gm</b> .....	130
Cvs Heartburn Relief	
see <b>aluminum hydroxide-</b>	
<b>magnesium carbonate chew tab</b>	
<b>160-105 mg</b> .....	20
Cvs Ibuprofen Infants	
see <b>ibuprofen susp 40 mg/ml</b> .....	9
Cvs Lubricant Eye Drops	
see <b>carboxymethylcellulose</b>	
<b>sodium ophth soln 0.5%</b> .....	151
Cvs Melatonin	
see <b>melatonin cap 5 mg</b> .....	6
Cvs Motion Sickness	
see <b>dimenhydrinate tab 50 mg</b> .	53
Cvs Motion Sickness Relie	
see <b>meclizine hcl chew tab 25 mg</b>	
.....	53
Cvs Nasal Decongestant	
see <b>pseudoephedrine hcl tab 30</b>	
<b>mg</b> .....	151
Cvs Nasal Decongestant Pe	
see <b>phenylephrine hcl tab 10 mg</b>	
.....	151
Cvs Nasal Spray	
see <b>oxymetazoline hcl nasal soln</b>	
<b>0.05%</b> .....	151
Cvs Natural Daily Fiber	
see <b>psyllium powder 48.57%</b> .	129
see <b>psyllium powder 58.6%</b> ...	129
Cvs Natural Tears	
see <b>dextran 70-hypromellose (pf)</b>	
<b>ophth soln 0.1-0.3%</b> .....	152
Cvs Nausea Relief	
see <b>fructose-dextrose-phosphoric</b>	
<b>acid oral soln</b> .....	53
Cvs Nicotine Lozenge	
see <b>nicotine polacrilex lozenge 2</b>	
<b>mg</b> .....	163

Cvs Nicotine Polacrilex see <b>nicotine polacrilex gum 4 mg</b> ..... 163	<b>cyanocobalamin sl tab 2500 mcg</b> ..... 125
Cvs Nicotine Transdermal see <b>nicotine td patch 24hr 21 mg/24hr</b> ..... 163	<b>cyanocobalamin sl tab 500 mcg</b> 124
Cvs Omeprazole Magnesium see <b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> ..... 169	<b>cyanocobalamin tab 100 mcg....</b> 125
Cvs Oyster Shell Calcium see <b>calcium carbonate-cholecalciferol tab 500 mg-125 unit</b> ..... 139	<b>cyanocobalamin tab 1000 mcg..</b> 125
Cvs Pain & Fever Children see <b>acetaminophen susp 160 mg/5ml</b> .....12	<b>cyanocobalamin tab 250 mcg....</b> 125
Cvs Pinworm Treatment see <b>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</b> .....21	<b>cyanocobalamin tab 500 mcg....</b> 125
CVS PRENATAL CHW GUMMY..... 147	<b>cyanocobalamin tab er 1000 mcg</b> ..... 125
Cvs Saline Nasal Spray see <b>saline nasal spray 0.65%</b> . 149	<b>cyclobenzaprine hcl tab 10 mg..</b> 149
Cvs Sleep Aid Nighttime see <b>diphenhydramine hcl (sleep) tab 25 mg</b> ..... 127	<b>cyclobenzaprine hcl tab 5 mg....</b> 149
Cvs Smooth Antacid Extra see <b>calcium carbonate (antacid) chew tab 750 mg</b> .....21	<b>cyclopentolate hcl ophth soln 1%</b> ..... 153
Cvs Sodium Chloride see <b>sodium chloride hypertonic ophth oint 5%</b> ..... 156	<b>cyclophosphamide cap 25 mg</b> ..... 68
see <b>sodium chloride hypertonic ophth soln 5%</b> ..... 156	<b>cyclophosphamide cap 50 mg</b> ..... 68
Cvs Triple Antibiotic see <b>neomycin-bacitracin-polymyxin oint</b> ..... 105	<b>cycloserine cap 250 mg</b> ..... 68
Cvs Vitamin B-12 Tr see <b>cyanocobalamin tab er 1000 mcg</b> ..... 125	CYCLOSET TAB 0.8MG..... 46
Cvs Vitamin B-2 see <b>riboflavin tab 100 mg</b> ..... 175	<b>cyclosporine</b> see SANDIMMUNE CAP 100MG.... 143
<b>cyanocobalamin inj 1000 mcg/ml</b> ..... 124	see SANDIMMUNE CAP 25MG ..... 143
<b>cyanocobalamin sl tab 1000 mcg</b> ..... 124	<b>cyclosporine (ophth)</b> see RESTASIS EMU 0.05% OP .... 154
	<b>cyclosporine (ophth) emulsion 0.05%</b> ..... 154
	<b>cyclosporine cap 100 mg</b> ..... 143
	<b>cyclosporine cap 25 mg</b> ..... 143
	<b>cyclosporine modified (for microemulsion)</b> see NEORAL CAP 100MG..... 143
	see NEORAL CAP 25MG..... 143
	<b>cyclosporine modified cap 100 mg</b> ..... 143
	<b>cyclosporine modified cap 25 mg</b> ..... 143
	<b>cyclosporine modified cap 50 mg</b> ..... 143
	<b>cyclosporine modified oral soln 100 mg/ml</b> ..... 143
	<b>cyproheptadine hcl syrup 2 mg/5ml</b> ..... 56
	<b>cyproheptadine hcl tab 4 mg</b> ..... 56
	CYSTADANE POW ..... 116
	CYSTAGON CAP 150MG ..... 122
	CYSTAGON CAP 50MG ..... 122
	CYSTARAN SOL 0.44% ..... 155
	<b>cysteamine bitartrate</b> see CYSTAGON CAP 150MG..... 122



see CYSTAGON CAP 50MG ..... 122  
**cysteamine hcl**  
 see CYSTARAN SOL 0.44% ..... 155  
**D**  
 D 1000  
 see **cholecalciferol cap 25 mcg (1000 unit)** ..... 174  
 D 5000  
 see **cholecalciferol cap 125 mcg (5000 unit)** ..... 174  
 D2000 Ultra Strength  
 see **cholecalciferol cap 50 mcg (2000 unit)** ..... 174  
 D3 Maximum Strength  
 see **cholecalciferol drops 125 mcg/ml (5000 unit/ml)** ..... 174  
**dabigatran etexilate mesylate**  
 see PRADAXA CAP 110MG ..... 32  
 see PRADAXA CAP 150MG ..... 32  
 see PRADAXA CAP 75MG ..... 32  
**dabrafenib mesylate**  
 see TAFINLAR CAP 50MG ..... 74  
 see TAFINLAR CAP 75MG ..... 74  
**daclatasvir dihydrochloride**  
 see DAKLINZA TAB 30MG ..... 88  
 see DAKLINZA TAB 60MG ..... 88  
 Daily Vite  
 see **multiple vitamin tab** ..... 145  
 DAKLINZA TAB 30MG ..... 88  
 DAKLINZA TAB 60MG ..... 88  
**dalfampridine tab er 12hr 10 mg**  
 ..... 162  
 DALIRESP TAB 250MCG ..... 27  
 DALIRESP TAB 500MCG ..... 27  
**dalteparin sodium**  
 see FRAGMIN INJ 10000/ML ..... 32  
 see FRAGMIN INJ 12500UNT ..... 32  
 see FRAGMIN INJ 15000UNT ..... 32  
 see FRAGMIN INJ 18000UNT ..... 32  
 see FRAGMIN INJ 2500/0.2 ..... 32  
 see FRAGMIN INJ 5000/0.2 ..... 32  
 see FRAGMIN INJ 7500/0.3 ..... 32  
**danazol cap 100 mg** ..... 19  
**danazol cap 200 mg** ..... 19  
**danazol cap 50 mg** ..... 19  
**dantrolene sodium cap 100 mg** ..... 149  
**dantrolene sodium cap 25 mg** ... 149

**dantrolene sodium cap 50 mg** ... 149  
**dapagliflozin propanediol**  
 see FARXIGA TAB 10MG ..... 51  
 see FARXIGA TAB 5MG ..... 51  
**dapagliflozin-metformin hcl**  
 see XIGDUO XR TAB 10-1000 ..... 45  
 see XIGDUO XR TAB 10-500MG ... 45  
 see XIGDUO XR TAB 2.5-1000 ..... 45  
 see XIGDUO XR TAB 5-1000MG ... 45  
 see XIGDUO XR TAB 5-500MG ..... 45  
**dapsone tab 100 mg** ..... 22  
**dapsone tab 25 mg** ..... 22  
**darbepoetin alfa**  
 see ARANESP INJ 100MCG ..... 125  
 see ARANESP INJ 10MCG ..... 125  
 see ARANESP INJ 150MCG ..... 125  
 see ARANESP INJ 200MCG ..... 125  
 see ARANESP INJ 25MCG ..... 125  
 see ARANESP INJ 300MCG ..... 125  
 see ARANESP INJ 40MCG ..... 125  
 see ARANESP INJ 500MCG ..... 125  
 see ARANESP INJ 60MCG ..... 125  
**darifenacin hydrobromide tab er 24hr 15 mg (base equiv)** ..... 170  
**darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)** ..... 170  
**darunavir**  
 see PREZISTA SUS 100MG/ML ..... 87  
 see PREZISTA TAB 150MG ..... 87  
 see PREZISTA TAB 600MG ..... 87  
 see PREZISTA TAB 75MG ..... 87  
 see PREZISTA TAB 800MG ..... 87  
**darunavir-cobicistat**  
 see PREZCOBIX TAB 800-150 ..... 87  
**darunavir-cobicistat-emtricitabine-tenofovir alafenamide**  
 see SYMTUZA TAB ..... 87  
**dasatinib**  
 see SPRYCEL TAB 100MG ..... 74  
 see SPRYCEL TAB 140MG ..... 74  
 see SPRYCEL TAB 20MG ..... 74  
 see SPRYCEL TAB 50MG ..... 74  
 see SPRYCEL TAB 70MG ..... 74  
 see SPRYCEL TAB 80MG ..... 74  
**deferasirox tab for oral susp 125 mg** ..... 52

<b>deferasirox tab for oral susp 250 mg</b> .....	52	<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	97
<b>deferasirox tab for oral susp 500 mg</b> .....	52	<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b> .....	97
<b>deferiprone</b>		<b>desonide cream 0.05%</b> .....	108
see FERRIPROX TAB 1000MG .....	52	<b>desonide oint 0.05%</b> .....	109
<b>deferiprone tab 1000 mg</b> .....	52	<b>desoximetasone cream 0.05%</b> ..	109
<b>deferiprone tab 500 mg</b> .....	52	<b>desoximetasone cream 0.25%</b> ..	109
<b>degarelix acetate</b>		<b>desoximetasone gel 0.05%</b> .....	109
see FIRMAGON INJ 80MG .....	70	<b>desoximetasone oint 0.05%</b> .....	109
<b>delafloxacin meglumine</b>		<b>desoximetasone oint 0.25%</b> .....	109
see BAXDELA TAB 450MG .....	119	<b>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</b> .....	39
<b>delavirdine mesylate</b>		<b>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</b> .....	39
see RESCRIPTOR TAB 200MG .....	87	<b>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</b> .....	39
DELSTRIGO TAB .....	85	<b>dexamethasone elixir 0.5 mg/5ml</b> .....	100
<b>demeclocycline hcl tab 150 mg</b> .	164	<b>dexamethasone sodium phosphate inj 10 mg/ml</b> .....	100
<b>demeclocycline hcl tab 300 mg</b> .	164	<b>dexamethasone sodium phosphate ophth soln 0.1%</b> .....	154
DENAVIR CRE 1% .....	107	<b>dexamethasone soln 0.5 mg/5ml</b> .....	100
<b>denosumab</b>		<b>dexamethasone tab 0.5 mg</b> .....	100
see PROLIA INJ 60MG/ML.....	115	<b>dexamethasone tab 0.75 mg</b> .....	100
see XGEVA INJ .....	115	<b>dexamethasone tab 1 mg</b> .....	101
DEPO-SQ PROV INJ 104.....	100	<b>dexamethasone tab 1.5 mg</b> .....	101
Dermacerin		<b>dexamethasone tab 2 mg</b> .....	101
see <b>skin protectants misc - cream</b> .....	111	<b>dexamethasone tab 4 mg</b> .....	101
DESCOVY TAB 120-15MG.....	85	<b>dexamethasone tab 6 mg</b> .....	101
DESCOVY TAB 200/25MG.....	85	DEXCOM G5 MIS RECEIVER .....	133
<b>desipramine hcl tab 10 mg</b> .....	40	DEXCOM G5 MIS TRANSMIT .....	133
<b>desipramine hcl tab 100 mg</b> .....	40	DEXCOM G6 MIS RECEIVER .....	133
<b>desipramine hcl tab 150 mg</b> .....	40	DEXCOM G6 MIS SENSOR.....	133
<b>desipramine hcl tab 25 mg</b> .....	40	DEXCOM G6 MIS TRANSMIT .....	133
<b>desipramine hcl tab 50 mg</b> .....	40	DEXILANT CAP 30MG DR .....	167
<b>desipramine hcl tab 75 mg</b> .....	40	DEXILANT CAP 60MG DR .....	168
<b>desloratadine tab 5 mg</b> .....	55	<b>dexlansoprazole</b>	
<b>desmopressin acetate</b>		see DEXILANT CAP 30MG DR.....	167
see STIMATE SOL 1.5MG/ML.....	117	see DEXILANT CAP 60MG DR.....	168
<b>desmopressin acetate nasal spray soln 0.01%</b> .....	116	<b>dexlansoprazole cap delayed release 30 mg</b> .....	168
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b> .....	116	<b>dexlansoprazole cap delayed release 60 mg</b> .....	168
<b>desmopressin acetate tab 0.1 mg</b> .....	117		
<b>desmopressin acetate tab 0.2 mg</b> .....	117		
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b> ..	97		

<b>dexmethylphenidate hcl tab 10 mg</b>	4	see CAYA DPR .....	132
.....	4	<b>diaphragm wide seal</b>	
<b>dexmethylphenidate hcl tab 2.5 mg</b>	4	see WIDE-SEAL DPR KIT 60 .....	133
.....	4	see WIDE-SEAL DPR KIT 65 .....	133
<b>dexmethylphenidate hcl tab 5 mg</b>	4	see WIDE-SEAL DPR KIT 70 .....	133
<b>dextran 70-hypromellose (pf)</b>		see WIDE-SEAL DPR KIT 75 .....	133
<b>ophth soln 0.1-0.3%</b>	152	see WIDE-SEAL DPR KIT 80 .....	133
<b>dextran 70-hypromellose ophth</b>		see WIDE-SEAL DPR KIT 85 .....	133
<b>soln 0.1-0.3%</b>	152	see WIDE-SEAL DPR KIT 90 .....	133
<b>dextroamphetamine sulfate cap er</b>		see WIDE-SEAL DPR KIT 95 .....	133
<b>24hr 10 mg</b>	2	<b>diaphragms</b>	
<b>dextroamphetamine sulfate cap er</b>		see OMNIFLEX DPR .....	133
<b>24hr 15 mg</b>	2	<b>diazepam (anticonvulsant)</b>	
<b>dextroamphetamine sulfate cap er</b>		see VALTOCO SPR 10MG.....	33
<b>24hr 5 mg</b>	1	see VALTOCO SPR 15MG.....	33
<b>dextroamphetamine sulfate tab 10</b>		see VALTOCO SPR 20MG.....	33
<b>mg</b>	2	see VALTOCO SPR 5MG .....	33
<b>dextroamphetamine sulfate tab 5</b>		<b>diazepam conc 5 mg/ml</b>	25
<b>mg</b>	2	Diazepam Intensol	
<b>dextromethorphan hbr</b>		see <b>diazepam conc 5 mg/ml</b> .....	25
see ROBITUSSIN SYP 7.5/5ML ....	102	<b>diazepam oral soln 1 mg/ml</b>	25
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>liquid 10-100 mg/5ml</b>	102	<b>system 10 mg</b>	33
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>liquid 10-200 mg/5ml</b>	102	<b>system 2.5 mg</b>	33
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>syrup 10-100 mg/5ml</b>	102	<b>system 20 mg</b>	33
<b>dextromethorphan-guaifenesin tab</b>		<b>diazepam tab 10 mg</b>	25
<b>er 12hr 30-600 mg</b>	102	<b>diazepam tab 2 mg</b>	25
<b>dextrose (diabetic use)</b>		<b>diazepam tab 5 mg</b>	25
see GNP GLUCOSE CHW ORANGE ..	46	<b>diazoxide susp 50 mg/ml</b>	46
Diabetic Siltussin-dm		<b>dibucaine perianal ointment 1%</b>	20
see <b>dextromethorphan-</b>		<b>diclofenac potassium tab 50 mg</b> ....	8
<b>guaifenesin liquid 10-100</b>		<b>diclofenac sodium (topical)</b>	
<b>mg/5ml</b> .....	102	see VOLTAREN GEL 1% .....	105
Diabetic Tussin Allergy		<b>diclofenac sodium gel 1%</b> .....	104
see <b>chlorpheniramine maleate</b>		<b>diclofenac sodium ophth soln 0.1%</b>	
<b>syrup 2 mg/5ml</b>	54	.....	155
Diabetic Tussin Cough/che		<b>diclofenac sodium tab delayed</b>	
see <b>dextromethorphan-</b>		<b>release 25 mg</b>	8
<b>guaifenesin liquid 10-200</b>		<b>diclofenac sodium tab delayed</b>	
<b>mg/5ml</b> .....	102	<b>release 50 mg</b>	8
DIACOMIT CAP 250MG .....	33	<b>diclofenac sodium tab delayed</b>	
DIACOMIT CAP 500MG .....	33	<b>release 75 mg</b>	8
DIACOMIT PAK 250MG .....	33	<b>diclofenac sodium tab er 24hr 100</b>	
DIACOMIT PAK 500MG .....	33	<b>mg</b>	8
<b>diaphragm arc-spring</b>			

<b>diclofenac w/ misoprostol tab</b>	
<b>delayed release 50-0.2 mg</b> .....	8
<b>diclofenac w/ misoprostol tab</b>	
<b>delayed release 75-0.2 mg</b> .....	8
<b>dicloxacillin sodium cap 250 mg</b>	159
<b>dicloxacillin sodium cap 500 mg</b>	159
<b>dicyclomine hcl cap 10 mg</b> .....	166
<b>dicyclomine hcl oral soln 10</b>	
<b>mg/5ml</b> .....	166
<b>dicyclomine hcl tab 20 mg</b> .....	167
<b>didanosine</b>	
see VIDEX EC CAP 125MG .....	88
<b>didanosine delayed release capsule</b>	
<b>200 mg</b> .....	85
<b>didanosine delayed release capsule</b>	
<b>250 mg</b> .....	85
<b>didanosine delayed release capsule</b>	
<b>400 mg</b> .....	85
<b>difenoxin w/ atropine</b>	
see MOTOFEN TAB 1-0.025 .....	52
<b>DIFFERIN GEL 0.1%</b> .....	104
<b>DIFICID TAB 200MG</b> .....	132
<b>diflorasone diacetate cream 0.05%</b>	
.....	109
<b>diflorasone diacetate emollient</b>	
<b>base</b>	
see APEXICON E CRE 0.05%.....	108
<b>diflorasone diacetate oint 0.05%</b>	
.....	109
<b>diflunisal tab 500 mg</b> .....	12
<b>difluprednate</b>	
see DUREZOL EMU 0.05% .....	154
<b>difluprednate ophth emulsion</b>	
<b>0.05%</b> .....	154
<b>digoxin</b>	
see LANOXIN TAB 0.125MG .....	94
see LANOXIN TAB 0.25MG.....	94
<b>digoxin oral soln 0.05 mg/ml</b> .....	94
<b>digoxin tab 125 mcg (0.125 mg)</b> .	94
<b>digoxin tab 250 mcg (0.25 mg)</b> ...	94
<b>dihydroergotamine mesylate inj 1</b>	
<b>mg/ml</b> .....	136
<b>DILANTIN CAP 100MG</b> .....	35
<b>DILANTIN CAP 30MG</b> .....	35
<b>diltiazem hcl cap er 12hr 120 mg</b>	92
<b>diltiazem hcl cap er 24hr 120 mg</b>	92
<b>diltiazem hcl cap er 24hr 180 mg</b>	92
<b>diltiazem hcl cap er 24hr 240 mg</b>	92
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 120 mg</b> .....	92
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 180 mg</b> .....	92
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 240 mg</b> .....	92
<b>diltiazem hcl coated beads cap er</b>	
<b>24hr 300 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 120 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 180 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 240 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 300 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 360 mg</b> .....	92
<b>diltiazem hcl extended release</b>	
<b>beads cap er 24hr 420 mg</b> .....	92
<b>diltiazem hcl tab 120 mg</b> .....	92
<b>diltiazem hcl tab 30 mg</b> .....	92
<b>diltiazem hcl tab 60 mg</b> .....	92
<b>diltiazem hcl tab 90 mg</b> .....	92
<b>dimenhydrinate tab 50 mg</b> .....	53
<b>dimethyl fumarate capsule delayed</b>	
<b>release 120 mg</b> .....	162
<b>dimethyl fumarate capsule delayed</b>	
<b>release 240 mg</b> .....	162
<b>dimethyl fumarate capsule dr</b>	
<b>starter pack 120 mg &amp; 240 mg</b>	162
<b>DIPENTUM CAP 250MG</b> .....	120
<b>diphenhydramine hcl</b>	
see ALER-DRYL TAB 50MG .....	54
<b>diphenhydramine hcl (sleep) tab</b>	
<b>25 mg</b> .....	127
<b>diphenhydramine hcl (sleep) tab</b>	
<b>50 mg</b> .....	127
<b>diphenhydramine hcl cap 25 mg</b> .	54
<b>diphenhydramine hcl cap 50 mg</b> .	54
<b>diphenhydramine hcl chew tab</b>	
<b>12.5 mg</b> .....	55
<b>diphenhydramine hcl elixir 12.5</b>	
<b>mg/5ml</b> .....	55
<b>diphenhydramine hcl inj 50 mg/ml</b>	
.....	55

<b>diphenhydramine hcl liquid 12.5 mg/5ml</b> .....	55	<b>docusate sodium cap 100 mg</b> ....	131
<b>diphenhydramine hcl tab 25 mg</b> ..	55	<b>docusate sodium cap 250 mg</b> ....	131
<b>diphenhydramine hcl tab disint 12.5 mg</b> .....	55	<b>docusate sodium cap 50 mg</b> .....	131
<b>diphenhydramine-phenylephrine</b> see ALLERGY CONG TAB 25-10MG .....	102	<b>docusate sodium liquid 150 mg/15ml</b> .....	131
<b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> .....	102	<b>docusate sodium syrup 60 mg/15ml</b> .....	131
<b>diphenhydramine-phenylephrine tab 25-10 mg</b> .....	102	<b>docusate sodium tab 100 mg</b> ....	131
<b>diphenhydramine-zinc acetate cream 2-0.1%</b> .....	106	DOCUSOL PLUS ENE 20-283 .....	131
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> .....	52	<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	26
<b>dipyridamole tab 25 mg</b> .....	124	<b>dofetilide cap 250 mcg (0.25 mg)</b> 26	
<b>dipyridamole tab 50 mg</b> .....	124	<b>dofetilide cap 500 mcg (0.5 mg)</b> .26	
<b>dipyridamole tab 75 mg</b> .....	124	Dok	
<b>diroximel fumarate</b> see VUMERITY CAP 231MG .....	162	see <b>docusate sodium tab 100 mg</b> .....	131
<b>disopyramide phosphate cap 100 mg</b> .....	25	<b>dolasetron mesylate</b> see ANZEMET TAB 100MG.....	53
<b>disopyramide phosphate cap 150 mg</b> .....	26	see ANZEMET TAB 50MG.....	53
<b>disulfiram tab 250 mg</b> .....	160	<b>dolutegravir sodium</b> see TIVICAY PD TAB 5MG.....	87
<b>disulfiram tab 500 mg</b> .....	160	see TIVICAY TAB 10MG .....	87
<b>divalproex sodium cap delayed release sprinkle 125 mg</b> .....	36	see TIVICAY TAB 25MG .....	88
<b>divalproex sodium tab delayed release 125 mg</b> .....	36	see TIVICAY TAB 50MG .....	88
<b>divalproex sodium tab delayed release 250 mg</b> .....	36	<b>dolutegravir sodium-lamivudine</b> see DOVATO TAB 50-300MG.....	85
<b>divalproex sodium tab delayed release 500 mg</b> .....	36	<b>dolutegravir sodium-rilpivirine hcl</b> see JULUCA TAB 50-25MG.....	86
<b>divalproex sodium tab er 24 hr 250 mg</b> .....	36	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	160
<b>divalproex sodium tab er 24 hr 500 mg</b> .....	36	<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	160
<b>docosahexaenoic acid cap 200 mg</b> .....	151	<b>donepezil hydrochloride tab 10 mg</b> .....	160
<b>docosanol</b> see ABREVA CRE 10% .....	107	<b>donepezil hydrochloride tab 5 mg</b> .....	160
<b>docosanol cream 10%</b> .....	107	<b>doravirine</b> see PIFELTRO TAB 100MG.....	87
<b>docusate calcium cap 240 mg</b> ...	131	<b>doravirine-lamivudine-tenofovir disoproxil fumarate</b> see DELSTRIGO TAB .....	85
<b>docusate sodium</b> see PEDIA-LAX LIQ 50MG.....	131	<b>dornase alfa</b> see PULMOZYME SOL 1MG/ML ....	163
		<b>dorzolamide hcl ophth soln 2%</b>	155
		<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> ....	152
		Double Antibiotic	

see **bacitracin-polymyxin b oint**  
 ..... 105  
 DOVATO TAB 50-300MG ..... 85  
**doxazosin mesylate tab 1 mg** ..... 63  
**doxazosin mesylate tab 2 mg** ..... 63  
**doxazosin mesylate tab 4 mg** ..... 63  
**doxazosin mesylate tab 8 mg** ..... 63  
**doxepin hcl (sleep) tab 3 mg (base equiv)** ..... 128  
**doxepin hcl (sleep) tab 6 mg (base equiv)** ..... 128  
**doxepin hcl cap 10 mg** ..... 40  
**doxepin hcl cap 100 mg** ..... 41  
**doxepin hcl cap 150 mg** ..... 41  
**doxepin hcl cap 25 mg** ..... 40  
**doxepin hcl cap 50 mg** ..... 40  
**doxepin hcl cap 75 mg** ..... 40  
**doxepin hcl conc 10 mg/ml** ..... 41  
**doxercalciferol cap 0.5 mcg** ..... 116  
**doxercalciferol cap 1 mcg** ..... 116  
**doxercalciferol cap 2.5 mcg** ..... 116  
**doxycycline monohydrate cap 100 mg** ..... 164  
**doxycycline monohydrate cap 50 mg** ..... 164  
**doxycycline monohydrate tab 100 mg** ..... 164  
**doxycycline monohydrate tab 50 mg** ..... 164  
**doxylamine succinate (sleep) tab 25 mg** ..... 127  
 D-PENAMINE TAB 125MG ..... 142  
 DRITHO-CREME CRE HP 1% ..... 107  
**dronabinol cap 10 mg** ..... 53  
**dronabinol cap 2.5 mg** ..... 53  
**dronabinol cap 5 mg** ..... 53  
**dronedarone hcl**  
 see MULTAQ TAB 400MG ..... 26  
**drospirenone**  
 see SLYND TAB 4MG ..... 100  
**drospirenone-estetrol**  
 see NEXTSTELLIS TAB 3-14.2MG... 98  
**drospirenone-ethinyl estradiol tab 3-0.02 mg** ..... 98  
**drospirenone-ethinyl estradiol tab 3-0.03 mg** ..... 98

**drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg** ..... 97  
**drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg** ..... 98  
**droxidopa cap 100 mg** ..... 174  
**droxidopa cap 200 mg** ..... 174  
**droxidopa cap 300 mg** ..... 174  
 DRY SOL SOL 20% ..... 111  
 DUAVEE TAB 0.45-20 ..... 117  
**dulaglutide**  
 see TRULICITY INJ 0.75/0.5 ..... 47  
 see TRULICITY INJ 1.5/0.5 ..... 47  
 see TRULICITY INJ 3/0.5 ..... 47  
 see TRULICITY INJ 4.5/0.5 ..... 47  
**duloxetine hcl enteric coated pellets cap 20 mg (base eq)** ..... 39  
**duloxetine hcl enteric coated pellets cap 30 mg (base eq)** ..... 39  
**duloxetine hcl enteric coated pellets cap 60 mg (base eq)** ..... 39  
**dupilumab**  
 see DUPIXENT INJ 100/0.67 ..... 110  
 see DUPIXENT INJ 200/1.14 ..... 26  
 see DUPIXENT INJ 200MG ..... 110  
 see DUPIXENT INJ 300/2ML ..... 110  
 DUPIXENT INJ 100/0.67 ..... 110  
 DUPIXENT INJ 200/1.14 ..... 26  
 DUPIXENT INJ 200MG ..... 110  
 DUPIXENT INJ 300/2ML ..... 110  
 DUREZOL EMU 0.05% ..... 154  
**dutasteride cap 0.5 mg** ..... 122  
**dutasteride-tamsulosin hcl cap 0.5-0.4 mg** ..... 122

## E

Ear Drops Earwax Removal  
 see **carbamide peroxide 6.5% otic soln** ..... 156  
 EASY NEB MIS ..... 136  
**echothiophate iodide**  
 see PHOSPHOLINE SOL 0.125%OP  
 ..... 153  
**econazole nitrate cream 1%** ..... 105  
 EDARBI TAB 40MG ..... 61  
 EDARBI TAB 80MG ..... 62  
 EDURANT TAB 25MG ..... 85

<b>efavirenz cap 200 mg</b> .....	85	EMCYT CAP 140MG .....	70
<b>efavirenz cap 50 mg</b> .....	85	<b>emedastine difumarate</b>	
<b>efavirenz tab 600 mg</b> .....	85	see EMADINE SOL 0.05% OP.....	155
<b>efavirenz-emtricitabine-tenofovir</b>		EMGALITY INJ 100MG/ML .....	136
<b>df tab 600-200-300 mg</b> .....	85	EMGALITY INJ 120MG/ML .....	136
<b>efavirenz-lamivudine-tenofovir df</b>		<b>emollient - ointment</b> .....	110
<b>tab 400-300-300 mg</b> .....	85	<b>empagliflozin</b>	
<b>efavirenz-lamivudine-tenofovir df</b>		see JARDIANCE TAB 10MG .....	51
<b>tab 600-300-300 mg</b> .....	86	see JARDIANCE TAB 25MG .....	51
<b>elbasvir-grazoprevir</b>		<b>empagliflozin-linagliptin</b>	
see ZEPATIER TAB 50-100MG .....	89	see GLYXAMBI TAB 10-5 MG .....	43
<b>eletriptan hydrobromide tab 20 mg</b>		see GLYXAMBI TAB 25-5 MG .....	43
<b>(base equivalent)</b> .....	137	<b>empagliflozin-linagliptin-metformin</b>	
<b>eletriptan hydrobromide tab 40 mg</b>		see TRIJARDY XR TAB .....	44, 45
<b>(base equivalent)</b> .....	137	<b>empagliflozin-metformin hcl</b>	
ELIGARD INJ 22.5MG .....	70	see SYNJARDY TAB .....	44
ELIGARD INJ 7.5MG .....	70	see SYNJARDY TAB 12.5-500.....	44
<b>eliglustat tartrate</b>		see SYNJARDY TAB 5-1000MG .....	44
see CERDELGA CAP 84MG .....	124	see SYNJARDY TAB 5-500MG.....	44
ELIQUIS ST P TAB 5MG .....	31	see SYNJARDY XR TAB.....	44
ELIQUIS TAB 2.5MG .....	31	see SYNJARDY XR TAB 10-1000 ...	44
ELIQUIS TAB 5MG.....	31	see SYNJARDY XR TAB 25-1000 ...	44
ELLA TAB 30MG.....	100	see SYNJARDY XR TAB 5-1000MG .	44
ELMIRON CAP 100MG .....	122	EMSAM DIS 12MG/24H.....	37
<b>eltrombopag olamine</b>		EMSAM DIS 6MG/24HR.....	37
see PROMACTA TAB 12.5MG .....	125	EMSAM DIS 9MG/24HR.....	37
see PROMACTA TAB 25MG.....	125	<b>emtricitabine</b>	
see PROMACTA TAB 50MG.....	125	see EMTRIVA SOL 10MG/ML .....	86
see PROMACTA TAB 75MG.....	126	<b>emtricitabine caps 200 mg</b> .....	86
Eluryng		<b>emtricitabine-rilpivirine-tenofovir</b>	
see <b>etonogestrel-ethinyl estradiol</b>		<b>alafenamide fumarate</b>	
<b>va ring 0.120-0.015 mg/24hr</b>		see ODEFSEY TAB .....	87
.....	100	<b>emtricitabine-rilpivirine-tenofovir</b>	
<b>elvitegravir-cobicistat-</b>		<b>disoproxil fumarate</b>	
<b>emtricitabine-tenofovir</b>		see COMPLERA TAB.....	85
<b>alafenamide</b>		<b>emtricitabine-tenofovir</b>	
see GENVOYA TAB .....	86	<b>alafenamide fumarate</b>	
<b>elvitegravir-cobicistat-</b>		see DESCOVY TAB 120-15MG .....	85
<b>emtricitabine-tenofovir df</b>		see DESCOVY TAB 200/25MG .....	85
see STRIBILD TAB.....	87	<b>emtricitabine-tenofovir disoproxil</b>	
EMADINE SOL 0.05% OP .....	155	<b>fumarate tab 100-150 mg</b> .....	86
EMBEDA CAP 100-4MG .....	13	<b>emtricitabine-tenofovir disoproxil</b>	
EMBEDA CAP 20-0.8MG .....	13	<b>fumarate tab 133-200 mg</b> .....	86
EMBEDA CAP 30-1.2MG .....	13	<b>emtricitabine-tenofovir disoproxil</b>	
EMBEDA CAP 50-2MG .....	13	<b>fumarate tab 167-250 mg</b> .....	86
EMBEDA CAP 60-2.4MG .....	13	<b>emtricitabine-tenofovir disoproxil</b>	
EMBEDA CAP 80-3.2MG .....	13	<b>fumarate tab 200-300 mg</b> .....	86

EMTRIVA SOL 10MG/ML.....	86	see XTANDI CAP 40MG .....	70
<b>enalapril maleate &amp;</b>		see XTANDI TAB 40MG .....	70
<b>hydrochlorothiazide tab 10-25</b>		see XTANDI TAB 80MG .....	71
<b>mg</b> .....	65	<b>epinastine hcl ophth soln 0.05%</b>	
<b>enalapril maleate &amp;</b>		.....	155
<b>hydrochlorothiazide tab 5-12.5</b>		<b>epinephrine (anaphylaxis)</b>	
<b>mg</b> .....	65	see EIPEN 2-PAK INJ 0.3MG.....	174
<b>enalapril maleate tab 10 mg</b> .....	60	see EIPEN-JR INJ 0.15MG.....	174
<b>enalapril maleate tab 2.5 mg</b> .....	60	see SYMJEPI INJ 0.15MG .....	174
<b>enalapril maleate tab 20 mg</b> .....	60	see SYMJEPI INJ 0.3MG .....	174
<b>enalapril maleate tab 5 mg</b> .....	60	EIPEN 2-PAK INJ 0.3MG.....	174
ENBREL INJ 25/0.5ML.....	11	EIPEN-JR INJ 0.15MG .....	174
ENBREL INJ 25MG.....	11	Epitol	
ENBREL INJ 50MG/ML.....	11	see <b>carbamazepine tab 200 mg</b>	33
ENBREL MINI INJ 50MG/ML .....	11	EPIVIR HBV SOL 5MG/ML.....	88
ENBREL SRCLK INJ 50MG/ML.....	11	<b>eplerenone tab 25 mg</b> .....	66
ENCARE SUP 100MG .....	173	<b>eplerenone tab 50 mg</b> .....	66
ENFAMIL MIS EXPECTA.....	147	<b>epoetin alfa</b>	
<b>enfuvirtide</b>		see EPOGEN INJ 10000/ML.....	125
see FUZEON INJ 90MG.....	86	see EPOGEN INJ 20000/ML.....	125
ENGERIX-B INJ 10/0.5ML.....	171	see EPOGEN INJ 3000/ML .....	125
ENGERIX-B INJ 20MCG/ML.....	171	see EPOGEN INJ 4000/ML .....	125
<b>enoxaparin sodium inj 300 mg/3ml</b>		see PROCRI INJ 2000/ML .....	125
.....	31	see PROCRI INJ 3000/ML .....	125
<b>enoxaparin sodium inj soln pref syr</b>		see PROCRI INJ 4000/ML.....	125
<b>100 mg/ml</b> .....	31	<b>epoetin alfa-epbx</b>	
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 10000UNT .....	126
<b>120 mg/0.8ml</b> .....	31	see RETACRIT INJ 20000UNI .....	126
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 2000UNIT .....	126
<b>150 mg/ml</b> .....	31	see RETACRIT INJ 3000UNIT .....	126
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 40000UNT .....	126
<b>30 mg/0.3ml</b> .....	31	see RETACRIT INJ 4000UNIT .....	126
<b>enoxaparin sodium inj soln pref syr</b>		EPOGEN INJ 10000/ML.....	125
<b>40 mg/0.4ml</b> .....	31	EPOGEN INJ 20000/ML.....	125
<b>enoxaparin sodium inj soln pref syr</b>		EPOGEN INJ 3000/ML.....	125
<b>60 mg/0.6ml</b> .....	31	EPOGEN INJ 4000/ML.....	125
<b>enoxaparin sodium inj soln pref syr</b>		<b>eprosartan mesylate tab 600 mg</b>	62
<b>80 mg/0.8ml</b> .....	31	Eq Chlortabs	
<b>entacapone tab 200 mg</b> .....	75	see <b>chlorpheniramine maleate tab</b>	
<b>entecavir</b>		<b>4 mg</b> .....	54
see BARACLUDGE SOL .....	88	Eq Natural Vegetable Laxa	
<b>entecavir tab 0.5 mg</b> .....	88	see <b>sennosides tab 8.6 mg</b> .....	131
<b>entecavir tab 1 mg</b> .....	88	Eq Nicotine Polacrilex	
ENTRESTO TAB 24-26MG .....	94	see <b>nicotine polacrilex lozenge 4</b>	
ENTRESTO TAB 49-51MG .....	94	<b>mg</b> .....	163
ENTRESTO TAB 97-103MG .....	94	Eq Pain Relief Adult/rapi	
<b>enzalutamide</b>			



see <b>acetaminophen liquid 167 mg/5ml</b> .....	12	<b>erythromycin tab delayed release 333 mg</b> .....	132
<b>erenumab-aooe</b>		<b>erythromycin tab delayed release 500 mg</b> .....	132
see AIMOVIG INJ 140MG/ML.....	136	ESBRIET CAP 267MG.....	163
see AIMOVIG INJ 70MG/ML .....	136	ESBRIET TAB 267MG.....	163
<b>ergocalciferol cap 1.25 mg (50000 unit)</b> .....	175	ESBRIET TAB 801MG.....	164
<b>ergoloid mesylates tab 1 mg</b> .....	162	<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> .....	37
ERGOMAR SUB 2MG.....	137	<b>escitalopram oxalate tab 10 mg (base equiv)</b> .....	37
<b>ergotamine tartrate</b>		<b>escitalopram oxalate tab 20 mg (base equiv)</b> .....	37
see ERGOMAR SUB 2MG.....	137	<b>escitalopram oxalate tab 5 mg (base equiv)</b> .....	37
<b>ergotamine w/ caffeine tab 1-100 mg</b> .....	136	<b>eslicarbazepine acetate</b>	
ERIVEDGE CAP 150MG .....	69	see APTIOM TAB 200MG .....	33
<b>erlotinib hcl tab 100 mg (base equivalent)</b> .....	72	see APTIOM TAB 400MG .....	33
<b>erlotinib hcl tab 150 mg (base equivalent)</b> .....	72	see APTIOM TAB 600MG .....	33
<b>erlotinib hcl tab 25 mg (base equivalent)</b> .....	71	see APTIOM TAB 800MG .....	33
ERTACZO CRE 2% .....	105	<b>esomeprazole magnesium</b>	
Ery-tab		see NEXIUM 24HR CAP 20MG .....	168
see <b>erythromycin tab delayed release 250 mg</b> .....	132	<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	168
see <b>erythromycin tab delayed release 333 mg</b> .....	132	<b>estazolam tab 1 mg</b> .....	128
see <b>erythromycin tab delayed release 500 mg</b> .....	132	<b>estazolam tab 2 mg</b> .....	128
Erythrocin Stearate		<b>esterified estrogens</b>	
see <b>erythromycin stearate tab 250 mg</b> .....	132	see MENEST TAB 0.3MG .....	118
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> .....	132	see MENEST TAB 0.625MG .....	118
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> .....	132	see MENEST TAB 1.25MG .....	118
<b>erythromycin ethylsuccinate tab 400 mg</b> .....	132	<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> .....	117
<b>erythromycin ophth oint 5 mg/gm</b> .....	153	<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	117
<b>erythromycin soln 2%</b> .....	104	<b>estradiol tab 0.5 mg</b> .....	118
<b>erythromycin stearate tab 250 mg</b> .....	132	<b>estradiol tab 1 mg</b> .....	118
<b>erythromycin tab 250 mg</b> .....	132	<b>estradiol tab 2 mg</b> .....	118
<b>erythromycin tab 500 mg</b> .....	132	<b>estradiol td patch twice weekly 0.025 mg/24hr</b> .....	118
<b>erythromycin tab delayed release 250 mg</b> .....	132	<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> .....	118
		<b>estradiol td patch twice weekly 0.05 mg/24hr</b> .....	118
		<b>estradiol td patch twice weekly 0.075 mg/24hr</b> .....	118

<b>estradiol td patch twice weekly 0.1 mg/24hr</b> .....	118
<b>estradiol td patch weekly 0.025 mg/24hr</b> .....	118
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> .....	118
<b>estradiol td patch weekly 0.05 mg/24hr</b> .....	118
<b>estradiol td patch weekly 0.06 mg/24hr</b> .....	118
<b>estradiol td patch weekly 0.075 mg/24hr</b> .....	118
<b>estradiol td patch weekly 0.1 mg/24hr</b> .....	118
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	173
<b>estradiol vaginal tab 10 mcg</b> .....	173
<b>estradiol valerate-dienogest</b> see NATAZIA TAB.....	98
<b>estramustine phosphate sodium</b> see EMCYT CAP 140MG .....	70
<b>estrogens, conjugated</b> see PREMARIN TAB 0.3MG.....	118
see PREMARIN TAB 0.45MG.....	119
see PREMARIN TAB 0.625MG .....	119
see PREMARIN TAB 0.9MG.....	119
see PREMARIN TAB 1.25MG.....	119
<b>estrogens, conjugated vaginal</b> see PREMARIN VAG CRE 0.625MG	174
<b>eszopiclone tab 1 mg</b> .....	128
<b>eszopiclone tab 2 mg</b> .....	128
<b>eszopiclone tab 3 mg</b> .....	128
<b>etanercept</b> see ENBREL INJ 25/0.5ML .....	11
see ENBREL INJ 25MG .....	11
see ENBREL INJ 50MG/ML .....	11
see ENBREL MINI INJ 50MG/ML.....	11
see ENBREL SRCLK INJ 50MG/ML ..	11
<b>ethacrynic acid tab 25 mg</b> .....	113
<b>ethambutol hcl tab 100 mg</b> .....	68
<b>ethambutol hcl tab 400 mg</b> .....	68
<b>ethionamide</b> see TRECATOR TAB 250MG.....	68
<b>ethosuximide cap 250 mg</b> .....	36
<b>ethosuximide soln 250 mg/5ml</b> ..	36
<b>ethotoin</b> see PEGANONE TAB 250MG .....	35
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	98
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	98
ETIDRONATE DISODIUM TAB 200 MG .....	115
ETIDRONATE DISODIUM TAB 400 MG .....	115
<b>etodolac cap 200 mg</b> .....	8
<b>etodolac tab 400 mg</b> .....	9
<b>etodolac tab 500 mg</b> .....	9
<b>etonogestrel</b> see NEXPLANON IMP 68MG .....	100
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b>	99, 100
<b>etoposide cap 50 mg</b> .....	75
<b>etravirine</b> see INTELENCE TAB 100MG.....	86
see INTELENCE TAB 200MG.....	86
see INTELENCE TAB 25MG .....	86
<b>etravirine tab 100 mg</b> .....	86
<b>etravirine tab 200 mg</b> .....	86
EUFLEXXA INJ 10MG/ML .....	149
EURAX CRE 10% .....	111
<b>everolimus</b> see AFINITOR DIS TAB 2MG .....	71
see AFINITOR DIS TAB 3MG .....	71
see AFINITOR DIS TAB 5MG .....	71
see AFINITOR TAB 10MG .....	71
<b>everolimus (immunosuppressant)</b> see ZORTRESS TAB 0.25MG .....	143
see ZORTRESS TAB 0.5MG.....	143
see ZORTRESS TAB 0.75MG .....	144
see ZORTRESS TAB 1MG.....	144
<b>everolimus tab 0.25 mg</b> .....	143
<b>everolimus tab 0.5 mg</b> .....	143
<b>everolimus tab 0.75 mg</b> .....	143
<b>everolimus tab 1 mg</b> .....	143
<b>everolimus tab 10 mg</b> .....	72
<b>everolimus tab 2.5 mg</b> .....	72
<b>everolimus tab 5 mg</b> .....	72
<b>everolimus tab 7.5 mg</b> .....	72
<b>everolimus tab for oral susp 2 mg</b> .....	72
<b>everolimus tab for oral susp 3 mg</b> .....	72

<b>everolimus tab for oral susp 5 mg</b>	72	<b>fe fumarate w/ b12-vit c-fa-ifc cap</b>	126
.....	72	<b>110-0.015-75-0.5-240 mg</b> .....	126
<b>evolocumab</b>		FE GLUCONATE TAB 239MG .....	126
see REPATHA INJ 140MG/ML .....	59	<b>febuxostat tab 40 mg</b> .....	123
see REPATHA PUSH INJ 420/3.5....	59	<b>febuxostat tab 80 mg</b> .....	123
see REPATHA SURE INJ 140MG/ML	59	<b>felbamate susp 600 mg/5ml</b> .....	35
EVOTAZ TAB 300-150.....	86	<b>felbamate tab 400 mg</b> .....	35
EXELDERM SOL 1%.....	105	<b>felbamate tab 600 mg</b> .....	35
<b>exemestane tab 25 mg</b> .....	70	<b>felodipine tab er 24hr 10 mg</b> .....	92
EXTAVIA INJ 0.3MG .....	162	<b>felodipine tab er 24hr 2.5 mg</b> .....	92
<b>ezetimibe tab 10 mg</b> .....	59	<b>felodipine tab er 24hr 5 mg</b> .....	92
<b>ezetimibe-simvastatin tab 10-10</b>		FEMCAP MIS 22MM .....	132
<b>mg</b> .....	56	FEMCAP MIS 26MM .....	132
<b>ezetimibe-simvastatin tab 10-20</b>		FEMCAP MIS 30MM .....	132
<b>mg</b> .....	56	<b>fenofibrate micronized cap 134 mg</b>	56
<b>ezetimibe-simvastatin tab 10-40</b>		.....	56
<b>mg</b> .....	56	<b>fenofibrate micronized cap 200 mg</b>	57
<b>ezetimibe-simvastatin tab 10-80</b>		.....	57
<b>mg</b> .....	56	<b>fenofibrate micronized cap 43 mg</b>	56
EZFE FORTE CAP .....	147	.....	56
<b>F</b>		<b>fenofibrate micronized cap 67 mg</b>	56
Fa-8		.....	56
see <b>folic acid cap 0.8 mg</b> .....	125	<b>fenofibrate tab 145 mg</b> .....	57
FALESSA KIT.....	98	<b>fenofibrate tab 160 mg</b> .....	57
<b>famciclovir tab 125 mg</b> .....	89	<b>fenofibrate tab 48 mg</b> .....	57
<b>famciclovir tab 250 mg</b> .....	89	<b>fenofibrate tab 54 mg</b> .....	57
<b>famciclovir tab 500 mg</b> .....	89	<b>fenofibric acid tab 35 mg</b> .....	57
<b>famotidine for susp 40 mg/5ml</b> .....	167	<b>fenopropfen calcium tab 600 mg</b> ....	9
<b>famotidine tab 10 mg</b> .....	167	<b>fantanyl td patch 72hr 100 mcg/hr</b>	13
<b>famotidine tab 20 mg</b> .....	167	.....	13
<b>famotidine tab 40 mg</b> .....	167	<b>fantanyl td patch 72hr 12 mcg/hr</b>	13
FANAPT PAK.....	78	.....	13
FANAPT TAB 10MG.....	78	<b>fantanyl td patch 72hr 25 mcg/hr</b>	13
FANAPT TAB 12MG.....	78	.....	13
FANAPT TAB 1MG.....	78	<b>fantanyl td patch 72hr 50 mcg/hr</b>	13
FANAPT TAB 2MG.....	78	.....	13
FANAPT TAB 4MG.....	78	<b>fantanyl td patch 72hr 75 mcg/hr</b>	13
FANAPT TAB 6MG.....	78	.....	13
FANAPT TAB 8MG.....	78	Ferate	
FARXIGA TAB 10MG .....	51	see <b>ferrous gluconate tab 240 mg</b>	126
FARXIGA TAB 5MG.....	51	<b>(27 mg elemental fe)</b> .....	126
FARYDAK CAP 10MG.....	72	FERRETTS TAB 325MG .....	126
FARYDAK CAP 15MG.....	72	FERREX 150 CAP FORTE .....	126
FARYDAK CAP 20MG.....	72	FERRIPROX TAB 1000MG.....	52
FASENRA INJ 30MG/ML.....	26	<b>ferrous fumarate</b>	
FASENRA PEN INJ 30MG/ML .....	26	see FERRETTS TAB 325MG .....	126
FC2 FEMALE MIS CONDOM.....	132		

<b>ferrous fumarate tab 324 mg (106 mg elemental fe)</b> .....	126	FIASP FLEX INJ TOUCH.....	48
FERROUS GLUC TAB 324MG .....	126	FIASP INJ 100/ML.....	48
<b>ferrous gluconate tab 240 mg (27 mg elemental fe)</b> .....	126	FIASP PENFIL INJ U-100 .....	48
<b>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</b> .....	126	Fiber Laxative	
FERROUS SUL LIQ 220/5ML .....	126	see <b>psyllium cap 0.52 gm</b> .....	129
FERROUS SULF TAB 324MG EC .....	126	<b>fidaxomicin</b>	
<b>ferrous sulfate</b>		see DIFICID TAB 200MG .....	132
see SLOW FE TAB 45MG.....	127	<b>filgrastim-sndz</b>	
<b>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</b> .....	126	see ZARXIO INJ 300/0.5 .....	126
<b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b> .....	127	see ZARXIO INJ 480/0.8 .....	126
<b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> .....	126	<b>finasteride tab 5 mg</b> .....	122
<b>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</b> .....	127	<b>fingolimod hcl</b>	
<b>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</b> .....	127	see GILENYA CAP 0.5MG.....	162
<b>ferrous sulfate tab 325 mg (65 mg elemental fe)</b> .....	127	FIRMAGON INJ 80MG .....	70
<b>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</b> .....	127	FIRST-OMEPRASUS 2MG/ML.....	168
<b>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</b> .....	127	FIRVANQ SOL 25MG/ML .....	22
<b>ferrous sulfate tab er 47.5 mg (elemental fe)</b> .....	127	FIRVANQ SOL 50MG/ML .....	22
<b>ferrous sulfate tab er 50 mg (elemental fe)</b> .....	127	<b>flavoxate hcl tab 100 mg</b> .....	171
<b>fesoterodine fumarate</b>		FLEBOGAMMA INJ DIF 5% .....	157
see TOVIAZ TAB 4MG .....	170	<b>flecainide acetate tab 100 mg</b> .....	26
see TOVIAZ TAB 8MG .....	171	<b>flecainide acetate tab 150 mg</b> .....	26
<b>fesoterodine fumarate tab er 24hr 4 mg</b> .....	170	<b>flecainide acetate tab 50 mg</b> .....	26
<b>fesoterodine fumarate tab er 24hr 8 mg</b> .....	170	FLOVENT HFA AER 110MCG .....	28
FETZIMA CAP 120MG.....	39	FLOVENT HFA AER 44MCG .....	28
FETZIMA CAP 20MG .....	39	FLUARIX QUAD INJ 2021-22 .....	171
FETZIMA CAP 40MG .....	39	FLUBLOK QUAD INJ 2021-22.....	171
FETZIMA CAP 80MG .....	39	FLUCLVX QUAD INJ 2021-22 .....	172
FETZIMA CAP TITRATIO .....	39	<b>fluconazole for susp 10 mg/ml</b> ...	54
FEVERALL INF SUP 80MG .....	12	<b>fluconazole for susp 40 mg/ml</b> ...	54
FEVERALL SUP 325MG .....	12	<b>fluconazole tab 100 mg</b> .....	54
<b>fexofenadine hcl tab 180 mg</b> .....	55	<b>fluconazole tab 150 mg</b> .....	54
<b>fexofenadine hcl tab 60 mg</b> .....	55	<b>fluconazole tab 200 mg</b> .....	54
		<b>fluconazole tab 50 mg</b> .....	54
		<b>flucytosine cap 250 mg</b> .....	54
		<b>flucytosine cap 500 mg</b> .....	54
		<b>fludrocortisone acetate tab 0.1 mg</b> .....	101
		FLULAVAL QUA INJ 2021-22.....	172
		FLUMIST QUAD SUS 2021-22 .....	172
		<b>flunisolide nasal soln 25 mcg/act (0.025%)</b> .....	150
		<b>fluocinolone acetonide (otic) oil 0.01%</b> .....	157
		<b>fluocinolone acetonide cream 0.025%</b> .....	109
		<b>fluocinolone acetonide oil 0.01% (body oil)</b> .....	109

<b>fluocinolone acetonide oil 0.01% (scalp oil)</b> .....	109	<b>fluticasone furoate-vilanterol</b>	see BREO ELLIPTA INH 100-25 .....	29
<b>fluocinolone acetonide oint 0.025%</b> .....	109		see BREO ELLIPTA INH 200-25 .....	29
<b>fluocinonide cream 0.05%</b> .....	109	<b>fluticasone propionate cream 0.05%</b> .....		109
<b>fluocinonide emulsified base cream 0.05%</b> .....	109	<b>fluticasone propionate hfa</b>	see FLOVENT HFA AER 110MCG ....	28
<b>fluocinonide gel 0.05%</b> .....	109		see FLOVENT HFA AER 44MCG .....	28
<b>fluocinonide oint 0.05%</b> .....	109	<b>fluticasone propionate nasal susp 50 mcg/act</b> .....		150
<b>fluocinonide soln 0.05%</b> .....	109	<b>fluticasone propionate oint 0.005%</b> .....		109
FLUORABON DRO.....	140	<b>fluticasone-salmeterol</b>	see ADVAIR DISKU AER 100/50 ....	28
Fluoritab			see ADVAIR DISKU AER 250/50 ....	28
see <b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	141		see ADVAIR DISKU AER 500/50 ....	28
<b>fluorometholone ophth susp 0.1%</b> .....	154		see ADVAIR HFA AER 115/21 .....	28
<b>fluorouracil cream 5%</b> .....	106		see ADVAIR HFA AER 230/21 .....	28
<b>fluoxetine hcl cap 10 mg</b> .....	37		see ADVAIR HFA AER 45/21 .....	28
<b>fluoxetine hcl cap 20 mg</b> .....	37	<b>fluticasone-umeclidinium-vilanterol</b>	see TRELEGY AER 100MCG.....	30
<b>fluoxetine hcl cap 40 mg</b> .....	37		see TRELEGY AER 200MCG.....	30
<b>fluoxetine hcl solution 20 mg/5ml</b> .....	37	<b>fluvastatin sodium cap 20 mg (base equivalent)</b> .....		57
<b>fluoxymerone</b>		<b>fluvastatin sodium cap 40 mg (base equivalent)</b> .....		57
see ANDROXY TAB 10MG .....	19	<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</b> .....		58
<b>fluphenazine decanoate inj 25 mg/ml</b> .....	82	<b>fluvoxamine maleate tab 100 mg</b> ..		37
<b>fluphenazine hcl tab 1 mg</b> .....	82	<b>fluvoxamine maleate tab 25 mg</b> ..		37
<b>fluphenazine hcl tab 10 mg</b> .....	83	<b>fluvoxamine maleate tab 50 mg</b> ..		37
<b>fluphenazine hcl tab 2.5 mg</b> .....	82	FLUZONE HD INJ 2021-22 .....		172
<b>fluphenazine hcl tab 5 mg</b> .....	82	FLUZONE QUAD INJ 2021-22 .....		172
Flura-drops		FOAM ANTACID CHW 80-20MG.....		20
see <b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	141	Folbee Plus		
<b>flurandrenolide</b>		see <b>b-complex w/ c &amp; folic acid tab 5 mg</b> .....		145
see CORDRAN 80X3 TAP 4MCG/CM .....	108	<b>folic acid cap 0.8 mg</b> .....		125
<b>flurandrenolide cream 0.05%</b> ...	109	<b>folic acid tab 1 mg</b> .....		125
<b>flurandrenolide lotion 0.05%</b> ....	109	<b>folic acid tab 400 mcg</b> .....		125
<b>flurazepam hcl cap 15 mg</b> .....	128	<b>folic acid tab 800 mcg</b> .....		125
<b>flurazepam hcl cap 30 mg</b> .....	128	<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b> .....		32
<b>flurbiprofen sodium ophth soln 0.03%</b> .....	155	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b> .....		31
<b>flurbiprofen tab 100 mg</b> .....	9	<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b> .....		31
<b>flurbiprofen tab 50 mg</b> .....	9			
<b>flutamide cap 125 mg</b> .....	70			

<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b> .....	32
FORTEO INJ 600/2.4 .....	115
<b>fosamprenavir calcium tab 700 mg (base equiv)</b> .....	86
<b>fosfomycin tromethamine powd pack 3 gm (base equivalent)</b> ..	169
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	65
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	65
<b>fosinopril sodium tab 10 mg</b> .....	60
<b>fosinopril sodium tab 20 mg</b> .....	60
<b>fosinopril sodium tab 40 mg</b> .....	60
FRAGMIN INJ 10000/ML.....	32
FRAGMIN INJ 12500UNT .....	32
FRAGMIN INJ 15000UNT .....	32
FRAGMIN INJ 18000UNT .....	32
FRAGMIN INJ 2500/0.2.....	32
FRAGMIN INJ 5000/0.2.....	32
FRAGMIN INJ 7500/0.3.....	32
FREESTY LIBR KIT 2 SENSOR .....	133
FREESTY LIBR MIS 2 READER.....	133
FREESTYLE KIT SENSOR .....	134
FREESTYLE MIS READER.....	134
<b>frovatriptan succinate tab 2.5 mg (base equivalent)</b> .....	137
<b>fructose-dextrose-phosphoric acid oral soln</b> .....	53
<b>furosemide oral soln 10 mg/ml</b> ..	114
<b>furosemide oral soln 8 mg/ml</b> ...	114
<b>furosemide tab 20 mg</b> .....	114
<b>furosemide tab 40 mg</b> .....	114
<b>furosemide tab 80 mg</b> .....	114
FUZEON INJ 90MG .....	86
FYCOMPA TAB 10MG .....	32
FYCOMPA TAB 12MG .....	32
FYCOMPA TAB 2MG .....	32
FYCOMPA TAB 4MG .....	32
FYCOMPA TAB 6MG .....	32
FYCOMPA TAB 8MG .....	32
<b>G</b>	
G5/G4 MIS SENSOR .....	134
<b>gabapentin cap 100 mg</b> .....	33
<b>gabapentin cap 300 mg</b> .....	33
<b>gabapentin cap 400 mg</b> .....	33
<b>gabapentin oral soln 250 mg/5ml</b> .....	34
<b>gabapentin tab 600 mg</b> .....	34
<b>gabapentin tab 800 mg</b> .....	34
<b>galantamine hydrobromide cap er 24hr 16 mg</b> .....	160
<b>galantamine hydrobromide cap er 24hr 24 mg</b> .....	160
<b>galantamine hydrobromide cap er 24hr 8 mg</b> .....	160
<b>galantamine hydrobromide tab 12 mg</b> .....	160
<b>galantamine hydrobromide tab 4 mg</b> .....	160
<b>galantamine hydrobromide tab 8 mg</b> .....	160
<b>galcanezumab-gnlm</b>	
see EMGALITY INJ 100MG/ML.....	136
see EMGALITY INJ 120MG/ML.....	136
GAMASTAN INJ .....	157
GAMMAGARD INJ 1GM/10ML.....	157
GAMMAGARD SD INJ 10GM HU.....	157
<b>ganciclovir ophthalmic</b>	
see ZIRGAN GEL 0.15%.....	154
GARDASIL 9 INJ .....	172
Gas Relief	
see <b>simethicone susp 40 mg/0.6ml</b> .....	119
<b>gatifloxacin ophth soln 0.5%</b> ....	153
<b>gemfibrozil tab 600 mg</b> .....	57
Gentak	
see <b>gentamicin sulfate ophth oint 0.3%</b> .....	153
<b>gentamicin sulfate cream 0.1%</b> ..	105
<b>gentamicin sulfate oint 0.1%</b> ....	105
<b>gentamicin sulfate ophth oint 0.3%</b> .....	153
<b>gentamicin sulfate ophth soln 0.3%</b> .....	153
<b>gentamicin-prednisolone acetate</b>	
see PRED-G SUS OP.....	154
Genteal Tears Night-time	
see <b>white petrolatum-mineral oil ophth ointment</b> .....	152
GENVOYA TAB.....	86
GILENYA CAP 0.5MG .....	162

GILOTRIF TAB 20MG .....72  
 GILOTRIF TAB 30MG .....72  
 GILOTRIF TAB 40MG .....72  
 GLASSIA INJ ..... 163  
**glatiramer acetate**  
   see COPAXONE INJ 20MG/ML..... 161  
   see COPAXONE INJ 40MG/ML..... 161  
 GLEOSTINE CAP 100MG.....68  
 GLEOSTINE CAP 10MG .....68  
 GLEOSTINE CAP 40MG ..... 68  
**glimepiride tab 1 mg** .....51  
**glimepiride tab 2 mg** .....51  
**glimepiride tab 4 mg** .....51  
**glipizide tab 10 mg** .....51  
**glipizide tab 5 mg** .....51  
**glipizide tab er 24hr 10 mg** .....51  
**glipizide tab er 24hr 2.5 mg** .....51  
**glipizide tab er 24hr 5 mg** .....51  
**glipizide-metformin hcl tab 2.5-250 mg** .....42  
**glipizide-metformin hcl tab 2.5-500 mg** .....42  
**glipizide-metformin hcl tab 5-500 mg** .....42  
 GLUCAGEN INJ HYPOKIT.....46  
**glucagon**  
   see BAQSIMI ONE POW 3MG/DOSE46  
**glucagon (rdna) for inj kit 1 mg** ..46  
**glucagon hcl (rdna)**  
   see GLUCAGEN INJ HYPOKIT .....46  
 GLUCAGON KIT 1MG .....46  
**glucose blood**  
   see RELION TRUE TES METRIX.... 112  
   see TRUE METRIX TES GLUCOSE. 112  
**glucose-vitamin c**  
   see TGT GLUCOSE CHW GRAPE.....46  
**glyburide micronized tab 1.5 mg** .51  
**glyburide micronized tab 3 mg** ....51  
**glyburide micronized tab 6 mg** ....52  
**glyburide tab 1.25 mg** .....52  
**glyburide tab 2.5 mg** .....52  
**glyburide tab 5 mg** .....52  
**glyburide-metformin tab 1.25-250 mg** .....42  
**glyburide-metformin tab 2.5-500 mg** .....42

**glyburide-metformin tab 5-500 mg**  
   ..... 42  
**glycerin suppos 1.2 gm** ..... 130  
**glycerin suppos 2 gm**..... 130  
**glycerin suppos 2.1 gm** ..... 130  
**glycerin suppos 80.7%** ..... 130  
**glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%** ..... 152  
**glycopyrrolate tab 1 mg**..... 167  
**glycopyrrolate tab 2 mg**..... 167  
**glycopyrrolate-formoterol fumarate**  
   see BEVESPI AER 9-4.8MCG ..... 29  
 GLYXAMBI TAB 10-5 MG ..... 43  
 GLYXAMBI TAB 25-5 MG ..... 43  
 Gnp Allergy Relief  
   see **diphenhydramine hcl chew tab 12.5 mg**..... 55  
 Gnp Antacid Ultra Strengt  
   see **calcium carbonate (antacid) chew tab 1000 mg**..... 21  
 Gnp Anti-diarrheal  
   see **loperamide hcl cap 2 mg** .... 52  
 Gnp Artificial Tears  
   see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** ..... 152  
 Gnp Calcium 500 +d3  
   see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** ..... 139  
 Gnp Calcium 500/d  
   see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** ..... 139  
 Gnp Clotrimazole 3  
   see **clotrimazole vaginal cream 2%**..... 173  
 Gnp Dayhist Allergy  
   see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** ..... 54  
 Gnp Fiber Therapy  
   see **methylcellulose tab 500 mg** ..... 129  
 GNP GLUCOSE CHW ORANGE ..... 46  
 Gnp Glycerin Adult  
   see **glycerin suppos 2.1 gm** .... 130  
 Gnp Glycerin Child

see **glycerin suppos 1.2 gm**..... 130  
 Gnp Lidocaine Pain Relief  
   see **lidocaine patch 4%** ..... 111  
 Gnp Loratadine  
   see **loratadine syrup 5 mg/5ml** .55  
 Gnp Magnesium  
   see **magnesium oxide tab 250 mg**  
     .....21  
 Gnp Magnesium Citrate  
   see **magnesium citrate soln** .... 131  
 Gnp Miconazole 3  
   see **miconazole nitrate vaginal**  
     **supp 200 mg & 2% cream 9 gm**  
     **kit** ..... 173  
 Gnp Mucus Er  
   see **guaifenesin tab er 12hr 600**  
     **mg** ..... 103  
 Gnp Natural Fiber  
   see **psyllium powder 28.3%**.... 129  
 Gnp Pink Bismuth  
   see **bismuth subsalicylate chew**  
     **tab 262 mg** .....52  
**golimumab**  
   see SIMPONI INJ 100MG/ML ..... 7  
   see SIMPONI INJ 50/0.5ML..... 7  
 GOLYTELY SOL ..... 130  
 Goodsense Nasal Allergy S  
   see **triamcinolone acetonide nasal**  
     **aerosol suspension 55 mcg/act**  
     ..... 150  
**goserelin acetate**  
   see ZOLADEX IMP 10.8MG..... 71  
   see ZOLADEX IMP 3.6MG ..... 71  
**granisetron hcl tab 1 mg** .....53  
**griseofulvin microsize susp 125**  
**mg/5ml**.....54  
 Guaiatussin Ac  
   see **guaifenesin-codeine soln 100-**  
     **10 mg/5ml** ..... 102  
**guaifenesin liquid 100 mg/5ml** . 103  
**guaifenesin syrup 100 mg/5ml** . 103  
**guaifenesin tab 200 mg** ..... 103  
**guaifenesin tab 400 mg** ..... 103  
**guaifenesin tab er 12hr 600 mg** 103  
**guaifenesin-codeine soln 100-10**  
**mg/5ml**..... 102  
**guanfacine hcl tab 1 mg** ..... 63

**guanfacine hcl tab 2 mg**..... 63  
**guanfacine hcl tab er 24hr 1 mg**  
   **(base equiv)** .....3  
**guanfacine hcl tab er 24hr 2 mg**  
   **(base equiv)** .....3  
**guanfacine hcl tab er 24hr 3 mg**  
   **(base equiv)** .....3  
**guanfacine hcl tab er 24hr 4 mg**  
   **(base equiv)** .....3  
 GUANIDINE TAB 125MG ..... 67  
**guselkumab**  
   see TREMFYA INJ 100MG/ML ..... 107  
 GYNAZOLE-1 CRE 2% ..... 173  
 GYNOL II GEL 3%..... 173  
**H**  
**halcinonide**  
   see HALOG OIN 0.1%..... 109  
**halcinonide cream 0.1%** ..... 109  
**halobetasol propionate cream**  
   **0.05%** ..... 109  
**halobetasol propionate oint 0.05%**  
     ..... 109  
 HALOG OIN 0.1% ..... 109  
**haloperidol decanoate im soln 100**  
**mg/ml** ..... 80  
**haloperidol decanoate im soln 50**  
**mg/ml** ..... 80  
**haloperidol lactate inj 5 mg/ml** .. 80  
**haloperidol lactate oral conc 2**  
**mg/ml** ..... 80  
**haloperidol tab 0.5 mg**..... 80  
**haloperidol tab 1 mg**..... 80  
**haloperidol tab 10 mg**..... 80  
**haloperidol tab 2 mg**..... 80  
**haloperidol tab 20 mg**..... 80  
**haloperidol tab 5 mg**..... 80  
 HAVRIX INJ 1440UNIT..... 172  
 HAVRIX INJ 720UNIT ..... 172  
**hc/aloe cre 0.5%**..... 109  
 HELIXATE FS INJ 2000UNIT ..... 123  
 HELIXATE FS INJ 3000UNIT ..... 123  
 HELIXATE FS INJ 500UNIT ..... 123  
**heparin sodium (porcine) inj 1000**  
**unit/ml** ..... 32  
**heparin sodium (porcine) inj 10000**  
**unit/ml** ..... 32



<b>heparin sodium (porcine) pf inj</b>	
<b>5000 unit/0.5ml</b> .....	32
<b>hepatitis a (inactivated)-hepatitis b</b>	
<b>(recombinant) vaccines</b>	
see TWINRIX INJ .....	172
<b>hepatitis a vaccine</b>	
see HAVRIX INJ 1440UNIT .....	172
see HAVRIX INJ 720UNIT .....	172
see VAQTA INJ 25/0.5ML.....	172
see VAQTA INJ 50UNT/ML .....	172
<b>hepatitis b vaccine (recomb)</b>	
see ENGERIX-B INJ 10/0.5ML .....	171
see ENGERIX-B INJ 20MCG/ML ...	171
see RECOMBIVA HB INJ 10MCG/ML	
.....	172
see RECOMBIVA HB INJ 5MCG/0.5	
.....	172
<b>hepatitis b vaccine recombinant</b>	
<b>adjuvanted</b>	
see HEPLISAV-B INJ 20/0.5ML ....	172
see HEPLISAV-B INJ 20MCG .....	172
HEPLISAV-B INJ 20/0.5ML .....	172
HEPLISAV-B INJ 20MCG.....	172
HERZUMA INJ 150MG .....	69
HERZUMA INJ 420MG .....	69
HETLIOZ CAP 20MG .....	129
HIZENTRA INJ 10/50ML .....	157
HIZENTRA INJ 1GM/5ML .....	157
HIZENTRA INJ 2GM/10ML .....	157
HIZENTRA INJ 4GM/20ML .....	157
HIZENTRA SOL 20%.....	157
Hm Fish Oil	
see <b>omega-3 fatty acids cap</b>	
<b>delayed release 1000 mg</b> .....	151
Hm Lubricating Plus	
see <b>carboxymethylcellulose</b>	
<b>sodium (pf) ophth soln 0.5%</b>	
.....	151
Hm Nicotine Transdermal S	
see <b>nicotine td patch 24hr 14</b>	
<b>mg/24hr</b> .....	163
Hm Vitamin C/rose Hips	
see <b>ascorbic acid tab 500 mg</b> ..	175
HUMALOG INJ 100/ML .....	48, 49
HUMALOG JR INJ 100/ML .....	49
HUMALOG KWIK INJ 100/ML .....	49
HUMALOG MIX INJ 50/50 .....	49
HUMALOG MIX INJ 50/50KWP .....	49
HUMALOG MIX INJ 75/25KWP .....	49
HUMALOG MIX SUS 75/25 .....	49
<b>human papillomavirus (hpv) 9-</b>	
<b>valent recombinant vaccine</b>	
see GARDASIL 9 INJ.....	172
HUMIRA INJ 10/0.1ML.....	6
HUMIRA INJ 10MG/0.2 .....	6
HUMIRA INJ 20/0.2ML.....	6
HUMIRA INJ 40/0.4ML.....	6
HUMIRA KIT 20MG/0.4 .....	6
HUMIRA KIT 40MG/0.8.....	6
HUMIRA PEDIA INJ CROHNS .....	6
HUMIRA PEN INJ 40/0.4ML .....	6
HUMIRA PEN INJ CD/UC/HS .....	6
HUMIRA PEN KIT CD/UC/HS.....	6
HUMIRA PEN KIT PS/UV.....	7
HUMULIN R INJ U-500.....	49
<b>hydralazine hcl tab 10 mg</b> .....	66
<b>hydralazine hcl tab 100 mg</b> .....	66
<b>hydralazine hcl tab 25 mg</b> .....	66
<b>hydralazine hcl tab 50 mg</b> .....	66
<b>hydrochlorothiazide cap 12.5 mg</b>	
.....	114
<b>hydrochlorothiazide tab 12.5 mg</b>	
.....	114
<b>hydrochlorothiazide tab 25 mg</b> .	114
<b>hydrochlorothiazide tab 50 mg</b> .	114
<b>hydrocodone bitart-homatropine</b>	
<b>methylbrom soln 5-1.5 mg/5ml</b>	
.....	101
<b>hydrocodone bitartrate</b>	
see HYSINGLA ER TAB 100 MG .....	14
see HYSINGLA ER TAB 120 MG .....	14
see HYSINGLA ER TAB 20 MG.....	14
see HYSINGLA ER TAB 30 MG.....	14
see HYSINGLA ER TAB 40 MG.....	14
see HYSINGLA ER TAB 60 MG.....	14
see HYSINGLA ER TAB 80 MG.....	14
<b>hydrocodone bitartrate tab er 24hr</b>	
<b>deter 100 mg</b> .....	13
<b>hydrocodone bitartrate tab er 24hr</b>	
<b>deter 120 mg</b> .....	14
<b>hydrocodone bitartrate tab er 24hr</b>	
<b>deter 20 mg</b> .....	13
<b>hydrocodone bitartrate tab er 24hr</b>	
<b>deter 30 mg</b> .....	13

<b>hydrocodone bitartrate tab er 24hr deter 40 mg</b> .....	13	<b>hydromorphone hcl tab er 24hr 12 mg</b> .....	14
<b>hydrocodone bitartrate tab er 24hr deter 60 mg</b> .....	13	<b>hydromorphone hcl tab er 24hr 16 mg</b> .....	14
<b>hydrocodone bitartrate tab er 24hr deter 80 mg</b> .....	13	<b>hydromorphone hcl tab er 24hr 32 mg</b> .....	14
<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b> .....	17	<b>hydromorphone hcl tab er 24hr 8 mg</b> .....	14
<b>hydrocodone-acetaminophen tab 10-325 mg</b> .....	18	Hydrophor see <b>emollient - ointment</b> .....	110
<b>hydrocodone-acetaminophen tab 5- 325 mg</b> .....	18	<b>hydroxychloroquine sulfate tab 200 mg</b> .....	67
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b> .....	18	<b>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</b> .....	70
<b>hydrocodone-ibuprofen tab 10-200 mg</b> .....	18	<b>hydroxyprogesterone caproate im in oil 250 mg/ml</b> .....	159
<b>hydrocodone-ibuprofen tab 7.5- 200 mg</b> .....	18	<b>hydroxyurea cap 500 mg</b> .....	75
Hydrocortisone 1% In Abso see <b>hydrocortisone oint 1%</b> ....	110	<b>hydroxyzine hcl syrup 10 mg/5ml</b> .....	24
<b>hydrocortisone acetate cream 1%</b> .....	109	<b>hydroxyzine hcl tab 10 mg</b> .....	24
<b>hydrocortisone cream 0.5%</b> .....	109	<b>hydroxyzine hcl tab 25 mg</b> .....	24
<b>hydrocortisone cream 1%</b> .....	109	<b>hydroxyzine hcl tab 50 mg</b> .....	24
<b>hydrocortisone cream 2.5%</b> .....	109	<b>hydroxyzine pamoate cap 100 mg</b> .....	24
<b>hydrocortisone enema 100 mg/60ml</b> .....	19	<b>hydroxyzine pamoate cap 25 mg</b> 24	
<b>hydrocortisone gel 1%</b> .....	109	<b>hydroxyzine pamoate cap 50 mg</b> 24	
<b>hydrocortisone lotion 1%</b> .....	109	<b>hyoscyamine sulfate elixir 0.125 mg/5ml</b> .....	167
<b>hydrocortisone lotion 2.5%</b> .....	109	<b>hyoscyamine sulfate sl tab 0.125 mg</b> .....	167
<b>hydrocortisone oint 0.5%</b> .....	110	<b>hyoscyamine sulfate soln 0.125 mg/ml</b> .....	167
<b>hydrocortisone oint 1%</b> .....	110	<b>hyoscyamine sulfate tab 0.125 mg</b> .....	167
<b>hydrocortisone oint 2.5%</b> .....	110	<b>hyoscyamine sulfate tab disint 0.125 mg</b> .....	167
<b>hydrocortisone perianal cream 2.5%</b> .....	20	<b>hyoscyamine sulfate tab er 12hr 0.375 mg</b> .....	167
<b>hydrocortisone tab 10 mg</b> .....	101	Hyosyne see <b>hyoscyamine sulfate elixir 0.125 mg/5ml</b> .....	167
<b>hydrocortisone tab 20 mg</b> .....	101	<b>hypromellose (ophth)</b> see PURE & GENTL DRO 0.3% ....	152
<b>hydrocortisone tab 5 mg</b> .....	101	HYQVIA INJ 10-800 .....	158
<b>hydrocortisone valerate cream 0.2%</b> .....	110	HYQVIA INJ 2.5-200 .....	158
<b>hydrocortisone w/ acetic acid otic soln 1-2%</b> .....	157	HYQVIA INJ 20-1600.....	158
<b>hydrocortisone-aloe vera cream 1%</b> .....	110	HYQVIA INJ 30-2400.....	158
<b>hydromorphone hcl tab 2 mg</b> .....	14		
<b>hydromorphone hcl tab 4 mg</b> .....	14		
<b>hydromorphone hcl tab 8 mg</b> .....	14		

HYQVIA INJ 5-400 .....	158
HYSINGLA ER TAB 100 MG.....	14
HYSINGLA ER TAB 120 MG.....	14
HYSINGLA ER TAB 20 MG.....	14
HYSINGLA ER TAB 30 MG.....	14
HYSINGLA ER TAB 40 MG.....	14
HYSINGLA ER TAB 60 MG.....	14
HYSINGLA ER TAB 80 MG.....	14

**I**

**ibandronate sodium tab 150 mg (base equivalent).....** 115

IBRANCE CAP 100MG .....	72
IBRANCE CAP 125MG .....	72
IBRANCE CAP 75MG .....	72
IBRANCE TAB 100MG .....	72
IBRANCE TAB 125MG .....	72
IBRANCE TAB 75MG .....	72

**ibrutinib**

see IMBRUVICA CAP 140MG ..... 72

**ibuprofen cap 200 mg** ..... 9

**ibuprofen chew tab 100 mg** ..... 9

Ibuprofen Childrens

see **ibuprofen susp 100 mg/5ml** 9

**ibuprofen susp 100 mg/5ml**..... 9

**ibuprofen susp 40 mg/ml**..... 9

**ibuprofen tab 100 mg** ..... 9

**ibuprofen tab 200 mg** ..... 9

**ibuprofen tab 400 mg** ..... 9

**ibuprofen tab 600 mg** ..... 9

**ibuprofen tab 800 mg** ..... 9

**icatibant acetate inj 30 mg/3ml (base equivalent).....** 124

ICLUSIG TAB 10MG..... 72

ICLUSIG TAB 15MG..... 72

ICLUSIG TAB 30MG..... 72

ICLUSIG TAB 45MG..... 72

**idelalisib**

see ZYDELIG TAB 100MG ..... 74

see ZYDELIG TAB 150MG ..... 74

**iloperidone**

see FANAPT PAK ..... 78

see FANAPT TAB 10MG ..... 78

see FANAPT TAB 12MG ..... 78

see FANAPT TAB 1MG ..... 78

see FANAPT TAB 2MG ..... 78

see FANAPT TAB 4MG ..... 78

see FANAPT TAB 6MG ..... 78

see FANAPT TAB 8MG..... 78

**iloprost**

see VENTAVIS SOL 10MCG/ML..... 95

see VENTAVIS SOL 20MCG/ML..... 95

**imatinib mesylate tab 100 mg (base equivalent) .....** 72

**imatinib mesylate tab 400 mg (base equivalent) .....** 72

IMBRUVICA CAP 140MG ..... 72

**imipramine hcl tab 10 mg** ..... 41

**imipramine hcl tab 25 mg** ..... 41

**imipramine hcl tab 50 mg** ..... 41

**imiquimod cream 5%** ..... 110

**immune globulin (human) im**

see GAMASTAN INJ ..... 157

**immune globulin (human) iv**

see CARIMUNE NF INJ 12GM ..... 157

see FLEBOGAMMA INJ DIF 5% .... 157

see GAMMAGARD SD INJ 10GM HU

..... 157

see OCTAGAM INJ 5GM..... 157

see PRIVIGEN INJ 20GRAMS..... 158

**immune globulin (human) iv or subcutaneous**

see GAMMAGARD INJ 1GM/10ML. 157

**immune globulin (human) subcutaneous**

see CUVITRU INJ 4GM/20ML ..... 157

see CUVITRU SOL 10GM/50M ..... 157

see CUVITRU SOL 1GM/5ML ..... 157

see HIZENTRA INJ 10/50ML ..... 157

see HIZENTRA INJ 1GM/5ML ..... 157

see HIZENTRA INJ 2GM/10ML..... 157

see HIZENTRA INJ 4GM/20ML..... 157

see HIZENTRA SOL 20%..... 157

**immune globulin (human)-hyaluronidase (human recombinant)**

see HYQVIA INJ 10-800 ..... 158

see HYQVIA INJ 2.5-200 ..... 158

see HYQVIA INJ 20-1600 ..... 158

see HYQVIA INJ 30-2400 ..... 158

see HYQVIA INJ 5-400..... 158

Inatal Gt

see **prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg**..... 148

INCRELEX INJ 40MG/4ML..... 115

INCRUSE ELPT INH 62.5MCG .....	27	see NOVOLOG INJ PENFILL .....	50
<b>indacaterol maleate</b>		<b>insulin aspart (with niacinamide)</b>	
see ARCAPTA CAP 75MCG .....	29	see FIASP FLEX INJ TOUCH .....	48
<b>indapamide tab 1.25 mg</b> .....	114	see FIASP INJ 100/ML .....	48
<b>indapamide tab 2.5 mg</b> .....	114	see FIASP PENFIL INJ U-100.....	48
<b>indinavir sulfate</b>		<b>insulin aspart protamine &amp; aspart (human)</b>	
see CRIXIVAN CAP 200MG.....	85	see NOVOLOG MIX INJ 70/30 .....	50
see CRIXIVAN CAP 400MG.....	85	see NOVOLOG MIX INJ FLEXPEN ...	50
<b>indomethacin cap 25 mg</b> .....	9	<b>insulin degludec</b>	
<b>indomethacin cap 50 mg</b> .....	9	see TRESIBA FLEX INJ 100UNIT ....	50
INFLECTRA INJ 100MG .....	120	see TRESIBA FLEX INJ 200UNIT ....	50
<b>infliximab-abda</b>		see TRESIBA INJ 100UNIT.....	50
see RENFLEXIS INJ 100MG .....	120	<b>insulin degludec-liraglutide</b>	
<b>infliximab-axxq</b>		see XULTOPHY INJ 100/3.6 .....	45
see AVSOLA INJ 100MG .....	120	<b>insulin detemir</b>	
<b>infliximab-dyyb</b>		see LEVEMIR INJ .....	49
see INFLECTRA INJ 100MG .....	120	see LEVEMIR INJ FLEXTOUC .....	50
<b>influenza virus vac recomb hemagglutinin (ha) quadrivalent</b>		<b>insulin glargine</b>	
see FLUBLOK QUAD INJ 2021-22.	171	see BASAGLAR INJ 100UNIT.....	48
<b>influenza virus vac split high-dose quad preservative free</b>		see TOUJEO MAX INJ 300IU/ML ....	50
see FLUZONE HD INJ 2021-22 ....	172	see TOUJEO SOLO INJ 300IU/ML... 50	
<b>influenza virus vaccine live quadrivalent</b>		<b>insulin glargine-lixisenatide</b>	
see FLUMIST QUAD SUS 2021-22	172	see SOLIQUA INJ 100/33 .....	44
<b>influenza virus vaccine split quadrivalent</b>		<b>insulin glulisine</b>	
see AFLURIA QUAD INJ 2021-22 .	171	see APIDRA INJ SOLOSTAR .....	48
see FLUARIX QUAD INJ 2021-22 .	171	see APIDRA INJ U-100.....	48
see FLULAVAL QUA INJ 2021-22..	172	INSULIN LISP INJ 100/ML.....	49
see FLUZONE QUAD INJ 2021-22	172	<b>insulin lispro</b>	
<b>influenza virus vaccine tissue-cultured subunit quadrivalent</b>		see ADMELOG INJ 100U/ML.....	48
see FLUCLVX QUAD INJ 2021-22 .	172	see ADMELOG SOLO INJ 100U/ML .	48
<b>ingenol mebutate</b>		see HUMALOG INJ 100/ML .....	48, 49
see PICATO GEL 0.015%.....	106	see HUMALOG JR INJ 100/ML .....	49
see PICATO GEL 0.05% .....	106	see HUMALOG KWIK INJ 100/ML... 49	
<b>inositol niacinate cap 500 mg</b> .....	94	<b>insulin lispro protamine &amp; lispro</b>	
INSPIRACHAMB MIS LARGE.....	136	see HUMALOG MIX INJ 50/50 .....	49
INSULIN ASPA INJ 100/ML .....	49	see HUMALOG MIX INJ 50/50KWP .	49
INSULIN ASPA INJ 70/30 .....	49	see HUMALOG MIX INJ 75/25KWP .	49
INSULIN ASPA INJ FLEXPEN .....	49	see HUMALOG MIX SUS 75/25.....	49
INSULIN ASPA INJ PENFILL .....	49	<b>insulin nph (human) (isophane)</b>	
<b>insulin aspart</b>		see NOVOLIN N INJ 100 UNIT.....	50
see NOVOLOG INJ 100/ML.....	50	see NOVOLIN N INJ U-100 .....	50
see NOVOLOG INJ FLEXPEN.....	50	<b>insulin nph isophane &amp; reg (human)</b>	
		see NOVOLIN INJ 70/30.....	50
		see NOVOLIN INJ 70/30 FP .....	50
		<b>insulin pen needle</b>	

see PEN NEEDLES MIS 29GX10MM	INTELENCE TAB 100MG.....	86
..... 135	INTELENCE TAB 200MG.....	86
see PEN NEEDLES MIS 29GX12.7	INTELENCE TAB 25MG.....	86
135	<b>interferon alfa-2b</b>	
see PEN NEEDLES MIS 29GX12MM	see INTRON A INJ 10MU .....	75
..... 135	see INTRON A INJ 18MU .....	75
see PEN NEEDLES MIS 31GX5MM	see INTRON A INJ 25MU .....	75
135	see INTRON A INJ 50MU .....	75
see PEN NEEDLES MIS 31GX6MM	<b>interferon beta-1a</b>	
135	see AVONEX KIT 30MCG .....	161
see PEN NEEDLES MIS 31GX8MM	see AVONEX PEN KIT 30MCG.....	161
136	see AVONEX PREFL KIT 30MCG... 161	
see PEN NEEDLES MIS 32GX4MM	see REBIF INJ 22/0.5 .....	162
136	see REBIF INJ 44/0.5 .....	162
see PEN NEEDLES MIS 32GX6MM	see REBIF REBIDO INJ 22/0.5 ...	162
136	see REBIF REBIDO INJ 44/0.5 ...	162
see PEN NEEDLES MIS 32GX8MM	see REBIF REBIDO INJ TITRATN..	162
136	see REBIF TITRTN INJ PACK .....	162
<b>insulin regular (human)</b>	<b>interferon beta-1b</b>	
see AFREZZA POW 12 UNIT .....	see EXTAVIA INJ 0.3MG.....	162
48	<b>interferon gamma-1b</b>	
see AFREZZA POW 4-8 UNIT.....	see ACTIMMUNE INJ 2MU/0.5 .....	75
48	INTRON A INJ 10MU.....	75
see AFREZZA POW 4-8-12.....	INTRON A INJ 18MU.....	75
48	INTRON A INJ 25MU.....	75
see AFREZZA POW 4UNIT.....	INTRON A INJ 50MU.....	75
48	INVEGA SUST INJ 117/0.75 .....	78
see AFREZZA POW 8 UNIT.....	INVEGA SUST INJ 156MG/ML .....	78
48	INVEGA SUST INJ 234/1.5 .....	78
see AFREZZA POW 8-12UNIT.....	INVEGA SUST INJ 39/0.25 .....	78
48	INVEGA SUST INJ 78/0.5ML.....	78
see HUMULIN R INJ U-500.....	INVEGA TRINZ INJ 273MG .....	78
49	INVEGA TRINZ INJ 410MG .....	78
see NOVOLIN R INJ 100 UNIT .....	INVEGA TRINZ INJ 546MG .....	79
50	INVEGA TRINZ INJ 819MG .....	79
see NOVOLIN R INJ U-100.....	INVIRASE TAB 500MG.....	86
50	<b>ipratropium bromide hfa</b>	
INSULIN SYRG MIS 0.3/29G.....	see ATROVENT HFA AER 17MCG ...	27
134	<b>ipratropium bromide inhal soln</b>	
INSULIN SYRG MIS 0.3/30G.....	<b>0.02%</b> .....	27
134	<b>ipratropium bromide nasal soln</b>	
INSULIN SYRG MIS 0.3/31G... 134, 135	<b>0.03% (21 mcg/spray)</b> .....	150
INSULIN SYRG MIS 0.5/28G.....	<b>ipratropium bromide nasal soln</b>	
135	<b>0.06% (42 mcg/spray)</b> .....	150
INSULIN SYRG MIS 0.5/29G.....	<b>ipratropium-albuterol</b>	
135	see COMBIVENT AER 20-100 .....	29
INSULIN SYRG MIS 0.5/30G.....		
135		
INSULIN SYRG MIS 0.5/31G.....		
135		
INSULIN SYRG MIS 1ML/28G.....		
135		
INSULIN SYRG MIS 1ML/29G.....		
135		
INSULIN SYRG MIS 1ML/30G.....		
135		
INSULIN SYRG MIS 1ML/31G.....		
135		
<b>insulin syringe/needle u-100</b>		
see INSULIN SYRG MIS 0.3/29G . 134		
see INSULIN SYRG MIS 0.3/30G . 134		
see INSULIN SYRG MIS 0.3/31G 134, 135		
see INSULIN SYRG MIS 0.5/28G . 135		
see INSULIN SYRG MIS 0.5/29G . 135		
see INSULIN SYRG MIS 0.5/30G . 135		
see INSULIN SYRG MIS 0.5/31G . 135		
see INSULIN SYRG MIS 1ML/28G 135		
see INSULIN SYRG MIS 1ML/29G 135		
see INSULIN SYRG MIS 1ML/30G 135		
see INSULIN SYRG MIS 1ML/31G 135		
<b>insulin syringe/needle u-500</b>		
see BD U-500 MIS 31GX6MM.....		132

**ipratropium-albuterol nebu soln**  
**0.5-2.5(3) mg/3ml**.....29  
**irbesartan tab 150 mg** .....62  
**irbesartan tab 300 mg** .....62  
**irbesartan tab 75 mg** .....62  
**irbesartan-hydrochlorothiazide tab**  
**150-12.5 mg** .....65  
**irbesartan-hydrochlorothiazide tab**  
**300-12.5 mg** .....65  
**IRON CHW PEDIATRI**.....127  
**iron polysacch complex-vit b12-fa**  
**cap 150-0.025-1 mg** .....126  
**irrigation solution, physiological**144  
**isavuconazonium sulfate**  
 see CRESEMBA CAP 186 MG .....54  
**ISENTRESS CHW 100MG**.....86  
**ISENTRESS CHW 25MG** .....86  
**ISENTRESS HD TAB 600MG**.....86  
**ISENTRESS POW 100MG**.....86  
**ISENTRESS TAB 400MG**.....86  
**isocarboxazid**  
 see MARPLAN TAB 10MG .....37  
**isoniazid syrup 50 mg/5ml** .....68  
**isoniazid tab 100 mg** .....68  
**isoniazid tab 300 mg** .....68  
**isoniazid-rifampin w/**  
**pyrazinamide**  
 see RIFATER TAB .....68  
**isopropyl alcohol-glycerin otic**  
**liquid 95-5%** .....156  
**isosorbide dinitrate tab 10 mg** ....23  
**isosorbide dinitrate tab 20 mg** ....23  
**isosorbide dinitrate tab 30 mg** ....23  
**isosorbide dinitrate tab 5 mg** .....22  
**isosorbide mononitrate tab 10 mg**  
 .....23  
**isosorbide mononitrate tab 20 mg**  
 .....23  
**isosorbide mononitrate tab er 24hr**  
**120 mg** .....23  
**isosorbide mononitrate tab er 24hr**  
**30 mg** .....23  
**isosorbide mononitrate tab er 24hr**  
**60 mg** .....23  
**isotretinoin cap 10 mg** .....104  
**isotretinoin cap 20 mg** .....104  
**isotretinoin cap 30 mg** .....104

**isotretinoin cap 40 mg** .....104  
**isradipine cap 2.5 mg** .....92  
**isradipine cap 5 mg** .....93  
**itraconazole cap 100 mg** .....54  
**ivabradine hcl**  
 see CORLANOR SOL 5MG/5ML .....96  
 see CORLANOR TAB 5MG .....96  
 see CORLANOR TAB 7.5MG .....96  
**ivacaftor**  
 see KALYDECO PAK 25MG .....163  
 see KALYDECO PAK 50MG .....163  
 see KALYDECO PAK 75MG .....163  
 see KALYDECO TAB 150MG .....163  
**ivermectin lotion 0.5%** .....111  
**ivermectin tab 3 mg**.....21  
**J**  
**JAKAFI TAB 10MG**.....72  
**JAKAFI TAB 15MG**.....73  
**JAKAFI TAB 20MG**.....73  
**JAKAFI TAB 25MG**.....73  
**JAKAFI TAB 5MG** .....72  
**JANSSEN VACC INJ COVID-19** .....172  
**JANUMET TAB 50-1000**.....43  
**JANUMET TAB 50-500MG**.....43  
**JANUMET XR TAB 100-1000** .....43  
**JANUMET XR TAB 50-1000**.....43  
**JANUMET XR TAB 50-500MG** .....43  
**JANUVIA TAB 100MG** .....46  
**JANUVIA TAB 25MG** .....46  
**JANUVIA TAB 50MG** .....46  
**JARDIANCE TAB 10MG** .....51  
**JARDIANCE TAB 25MG** .....51  
**JENTADUETO TAB 2.5-1000** .....43  
**JENTADUETO TAB 2.5-500** .....43  
**JENTADUETO TAB 2.5-850** .....43  
**JENTADUETO TAB XR** .....43, 44  
**Jinteli**  
 see **norethindrone acetate-ethinyl**  
**estradiol tab 1 mg-5 mcg** ....117  
**JULUCA TAB 50-25MG** .....86  
**Junel 1.5/30**  
 see **norethindrone ace & ethinyl**  
**estradiol tab 1.5 mg-30 mcg** .99  
**Junel Fe 1.5/30**  
 see **norethindrone ace & ethinyl**  
**estradiol-fe tab 1.5 mg-30 mcg**  
 .....99

<b>K</b>	
KALETRA TAB 100-25MG.....	86
KALETRA TAB 200-50MG.....	86
KALYDECO PAK 25MG.....	163
KALYDECO PAK 50MG.....	163
KALYDECO PAK 75MG.....	163
KALYDECO TAB 150MG.....	163
KANJINTI INJ 420MG.....	69
KANJINTI SOL 150MG.....	69
Kelnor 1/50	
see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	98
<b>ketoconazole cream 2%</b> .....	105
<b>ketoconazole shampoo 2%</b> .....	105
<b>ketoconazole tab 200 mg</b> .....	54
<b>ketoprofen cap 50 mg</b> .....	9
<b>ketoprofen cap 75 mg</b> .....	9
<b>ketorolac tromethamine ophth soln 0.4%</b> .....	155
<b>ketorolac tromethamine ophth soln 0.5%</b> .....	155
<b>ketorolac tromethamine tab 10 mg</b> .....	9
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b> .....	155
KEVZARA INJ 150/1.14.....	8
KEVZARA INJ 200/1.14.....	8
KINERET INJ .....	7
KISQALI 200 PAK FEMARA .....	71
KISQALI 400 PAK FEMARA .....	71
KISQALI 600 PAK FEMARA .....	71
KISQALI TAB 200DOSE.....	73
KISQALI TAB 400DOSE.....	73
KISQALI TAB 600DOSE.....	73
KLONOPIN TAB 0.5MG.....	33
KLONOPIN TAB 2MG.....	33
Klor-con/ef	
see <b>potassium bicarbonate effer tab 25 meq</b> .....	142
KOGENATE FS INJ 1000UNIT.....	123
KOGENATE FS INJ 2000UNIT.....	123
KOGENATE FS INJ 250UNIT.....	123
KOGENATE FS INJ 3000UNIT.....	123
Konsyl	
see <b>psyllium powder 30.9%</b> ....	129
KONSYL DAILY POW 100%.....	129
KONSYL DAILY POW 28.3%.....	129
KONSYL-D POW 52.3% .....	129
Kp Vitamin D	
see <b>cholecalciferol chew tab 10 mcg (400 unit)</b> .....	174
KPN PRENATAL TAB .....	147
KYLEENA IUD 19.5MG .....	100
<b>L</b>	
<b>labetalol hcl tab 100 mg</b> .....	90
<b>labetalol hcl tab 200 mg</b> .....	90
<b>labetalol hcl tab 300 mg</b> .....	90
<b>lacosamide</b>	
see VIMPAT SOL 10MG/ML.....	35
see VIMPAT TAB 100MG.....	35
see VIMPAT TAB 150MG.....	35
see VIMPAT TAB 200MG.....	35
see VIMPAT TAB 50MG .....	35
<b>lacosamide oral solution 10 mg/ml</b> .....	34
<b>lacosamide tab 100 mg</b> .....	34
<b>lacosamide tab 150 mg</b> .....	34
<b>lacosamide tab 200 mg</b> .....	34
<b>lacosamide tab 50 mg</b> .....	34
LACRISERT MIS 5MG OP.....	152
<b>lactic acid (ammonium lactate) cream 12%</b> .....	110
<b>lactic acid (ammonium lactate) lotion 12%</b> .....	110
<b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	121
<b>lactulose solution 10 gm/15ml</b> .	130
<b>lamivudine (hbv)</b>	
see EPIVIR HBV SOL 5MG/ML.....	88
<b>lamivudine oral soln 10 mg/ml</b> ...	86
<b>lamivudine tab 100 mg (hbv)</b> .....	88
<b>lamivudine tab 150 mg</b> .....	86
<b>lamivudine tab 300 mg</b> .....	86
<b>lamivudine-tenofovir disoproxil fumarate</b>	
see CIMDUO TAB 300-300 .....	85
see TEMIXYS TAB 300-300.....	87
<b>lamivudine-zidovudine tab 150-300 mg</b> .....	87
<b>lamotrigine tab 100 mg</b> .....	34
<b>lamotrigine tab 150 mg</b> .....	34
<b>lamotrigine tab 200 mg</b> .....	34
<b>lamotrigine tab 25 mg</b> .....	34

<b>lamotrigine tab chewable dispersible 25 mg</b> .....	34	see REVLIMID CAP 10MG .....	143
<b>lamotrigine tab chewable dispersible 5 mg</b> .....	34	see REVLIMID CAP 15MG .....	143
Lanacort 10		see REVLIMID CAP 2.5MG .....	142
see <b>hydrocortisone acetate cream 1%</b> .....	109	see REVLIMID CAP 20MG .....	143
LANCETS MIS 30G .....	134	see REVLIMID CAP 25MG .....	143
Land Before Time Multivit		see REVLIMID CAP 5MG .....	142
see <b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> .....	146	<b>lenalidomide cap 10 mg</b> .....	142
LANOXIN TAB 0.125MG .....	94	<b>lenalidomide cap 15 mg</b> .....	142
LANOXIN TAB 0.25MG .....	94	<b>lenalidomide cap 25 mg</b> .....	142
<b>lansoprazole cap delayed release 15 mg</b> .....	168	<b>lenalidomide cap 5 mg</b> .....	142
<b>lansoprazole cap delayed release 30 mg</b> .....	168	<b>lenvatinib mesylate</b>	
<b>lanthanum carbonate chew tab 1000 mg (elemental)</b> .....	121	see LENVIMA CAP 10 MG .....	73
<b>lanthanum carbonate chew tab 500 mg (elemental)</b> .....	121	see LENVIMA CAP 12MG .....	73
<b>lanthanum carbonate chew tab 750 mg (elemental)</b> .....	121	see LENVIMA CAP 14 MG .....	73
<b>lapatinib ditosylate tab 250 mg (base equiv)</b> .....	73	see LENVIMA CAP 18 MG .....	73
Larin 24 Fe		see LENVIMA CAP 20 MG .....	73
see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	99	see LENVIMA CAP 24 MG .....	73
<b>lasmiditan succinate</b>		see LENVIMA CAP 24 MG .....	73
see REYVOW TAB 100MG .....	137	see LENVIMA CAP 4MG .....	73
see REYVOW TAB 50MG .....	137	see LENVIMA CAP 8 MG .....	73
LASTACFT SOL 0.25% .....	155	LENVIMA CAP 10 MG.....	73
<b>latanoprost ophth soln 0.005%</b> .....	156	LENVIMA CAP 12MG.....	73
LATUDA TAB 120MG.....	77	LENVIMA CAP 14 MG.....	73
LATUDA TAB 20MG .....	77	LENVIMA CAP 18 MG.....	73
LATUDA TAB 40MG .....	77	LENVIMA CAP 20 MG.....	73
LATUDA TAB 60MG .....	77	LENVIMA CAP 24 MG.....	73
LATUDA TAB 80MG .....	77	LENVIMA CAP 4MG .....	73
LEDIP-SOFOSB TAB 90-400MG .....	88	LENVIMA CAP 8 MG.....	73
Leena		<b>letrozole tab 2.5 mg</b> .....	70
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	99	<b>leucovorin calcium tab 10 mg</b> .....	75
<b>leflunomide tab 10 mg</b> .....	10	<b>leucovorin calcium tab 15 mg</b> .....	75
<b>leflunomide tab 20 mg</b> .....	10	<b>leucovorin calcium tab 25 mg</b> .....	75
<b>lenalidomide</b>		<b>leucovorin calcium tab 5 mg</b> .....	75
		LEUKERAN TAB 2MG .....	68
		<b>leuprolide acetate</b>	
		see ELIGARD INJ 7.5MG .....	70
		see LUPRON DEPOT INJ 3.75MG ...	70
		see LUPRON DEPOT INJ 7.5MG .....	70
		<b>leuprolide acetate &amp; norethindrone acetate</b>	
		see LUPANETA KIT 11.25-5 .....	116
		see LUPANETA KIT 3.75-5.....	116
		<b>leuprolide acetate (3 month)</b>	
		see ELIGARD INJ 22.5MG.....	70
		see LUPRON DEPOT INJ 11.25MG..	70
		see LUPRON DEPOT INJ 22.5MG ...	70
		<b>leuprolide acetate (cpp)</b>	
		see LUPR DEP-PED INJ 11.25MG .	116



see LUPR DEP-PED INJ 15MG..... 116  
 see LUPR DEP-PED INJ 7.5MG..... 116  
**leuprolide acetate (cpp) (3 month)**  
 see LUPR DEP-PED INJ 11.25MG . 116  
 see LUPR DEP-PED INJ 3M 30MG. 116  
**leuprolide acetate inj kit 5 mg/ml**  
 .....70  
**levalbuterol hcl soln nebu 0.31**  
**mg/3ml (base equiv) ..... 29**  
**levalbuterol hcl soln nebu 0.63**  
**mg/3ml (base equiv) ..... 29**  
**levalbuterol hcl soln nebu 1.25**  
**mg/3ml (base equiv) ..... 29**  
**levalbuterol hcl soln nebu conc**  
**1.25 mg/0.5ml (base equiv) .... 29**  
 LEVEMIR INJ .....49  
 LEVEMIR INJ FLEXTOUC..... 50  
**levetiracetam oral soln 100 mg/ml**  
 .....34  
**levetiracetam tab 1000 mg ..... 34**  
**levetiracetam tab 250 mg ..... 34**  
**levetiracetam tab 500 mg ..... 34**  
**levetiracetam tab 750 mg ..... 34**  
**levetiracetam tab er 24hr 500 mg**  
 .....34  
**levetiracetam tab er 24hr 750 mg**  
 .....34  
**levobunolol hcl ophth soln 0.5%**  
 ..... 152  
**levocarnitine oral soln 1 gm/10ml**  
**(10%)..... 116**  
**levocarnitine tab 330 mg ..... 116**  
**levocetirizine dihydrochloride soln**  
**2.5 mg/5ml (0.5 mg/ml) ..... 55**  
**levocetirizine dihydrochloride tab 5**  
**mg ..... 55**  
**levofloxacin ophth soln 0.5% .... 153**  
**levofloxacin oral soln 25 mg/ml 119**  
**levofloxacin tab 250 mg ..... 119**  
**levofloxacin tab 500 mg ..... 119**  
**levofloxacin tab 750 mg ..... 119**  
**levomilnacipran hcl**  
 see FETZIMA CAP 120MG ..... 39  
 see FETZIMA CAP 20MG ..... 39  
 see FETZIMA CAP 40MG ..... 39  
 see FETZIMA CAP 80MG ..... 39  
 see FETZIMA CAP TITRATIO..... 39

**levonor-eth est tab 0.15-**  
**0.02/0.025/0.03 mg &eth est**  
**0.01 mg ..... 98**  
**levonorgestrel & ethinyl estradiol**  
**(91-day) tab 0.15-0.03 mg ..... 98**  
**levonorgestrel & ethinyl estradiol**  
**tab 0.1 mg-20 mcg..... 98**  
**levonorgestrel & ethinyl estradiol**  
**tab 0.15 mg-30 mcg..... 98**  
**levonorgestrel (iud)**  
 see KYLEENA IUD 19.5MG..... 100  
 see LILETTA IUD 52MG..... 100  
 see MIRENA IUD SYSTEM..... 100  
 see SKYLA IUD 13.5MG ..... 100  
**levonorgestrel tab 1.5 mg..... 100**  
**levonorgestrel-eth estra tab 0.05-**  
**30/0.075-40/0.125-30mg-mcg 98**  
**levonorgestrel-ethinyl estradiol**  
 see TWIRLA DIS 120-30 ..... 99  
**levonorgestrel-ethinyl estradiol &**  
**folic acid**  
 see FALESSA KIT ..... 98  
**levonorgestrel-ethinyl estradiol**  
**(continuous) tab 90-20 mcg .... 98**  
**levonorgestrel-ethinyl estradiol-**  
**ferrous bisglycinate**  
 see BALCOLTRA TAB 0.1-20 ..... 97  
**levonorg-eth est tab 0.1-**  
**0.02mg(84) & eth est tab**  
**0.01mg(7) ..... 98**  
**levonorg-eth est tab 0.15-**  
**0.03mg(84) & eth est tab**  
**0.01mg(7) ..... 98**  
**levothyroxine sodium**  
 see SYNTHROID TAB 100MCG..... 165  
 see SYNTHROID TAB 112MCG..... 165  
 see SYNTHROID TAB 125MCG..... 165  
 see SYNTHROID TAB 137MCG..... 165  
 see SYNTHROID TAB 150MCG..... 166  
 see SYNTHROID TAB 175MCG..... 166  
 see SYNTHROID TAB 200MCG..... 166  
 see SYNTHROID TAB 25MCG ..... 165  
 see SYNTHROID TAB 300MCG..... 166  
 see SYNTHROID TAB 50MCG ..... 165  
 see SYNTHROID TAB 75MCG ..... 165  
 see SYNTHROID TAB 88MCG ..... 165

<b>levothyroxine sodium tab 100 mcg</b>	165
<b>levothyroxine sodium tab 112 mcg</b>	165
<b>levothyroxine sodium tab 125 mcg</b>	165
<b>levothyroxine sodium tab 137 mcg</b>	165
<b>levothyroxine sodium tab 150 mcg</b>	165
<b>levothyroxine sodium tab 175 mcg</b>	165
<b>levothyroxine sodium tab 200 mcg</b>	165
<b>levothyroxine sodium tab 25 mcg</b>	164
<b>levothyroxine sodium tab 300 mcg</b>	165
<b>levothyroxine sodium tab 50 mcg</b>	164
<b>levothyroxine sodium tab 75 mcg</b>	164
<b>levothyroxine sodium tab 88 mcg</b>	164
Levoxyl	
see <b>levothyroxine sodium tab 112 mcg</b>	165
see <b>levothyroxine sodium tab 125 mcg</b>	165
see <b>levothyroxine sodium tab 137 mcg</b>	165
see <b>levothyroxine sodium tab 150 mcg</b>	165
see <b>levothyroxine sodium tab 175 mcg</b>	165
see <b>levothyroxine sodium tab 25 mcg</b>	164
see <b>levothyroxine sodium tab 50 mcg</b>	164
see <b>levothyroxine sodium tab 75 mcg</b>	164
see <b>levothyroxine sodium tab 88 mcg</b>	164
Lice Killing Maximum Stre	
see <b>pyrethrins-piperonyl butoxide shampoo 0.33-4%</b>	112
Lice Treatment	
see <b>permethrin creme rinse 1%</b>	111
<b>lidocaine cream 4%</b>	111
<b>lidocaine hcl gel 2%</b>	111
<b>lidocaine hcl soln 4%</b>	111
<b>lidocaine hcl urethral/mucosal gel 2%</b>	111
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	111
<b>lidocaine hcl viscous soln 2%</b>	144
<b>lidocaine patch 4%</b>	111
<b>lidocaine patch 5%</b>	111
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	111
LILETTA IUD 52MG	100
<b>linaclotide</b>	
see LINZESS CAP 145MCG	121
see LINZESS CAP 290MCG	121
see LINZESS CAP 72MCG	121
<b>linagliptin</b>	
see TRADJENTA TAB 5MG	46
<b>linagliptin-metformin hcl</b>	
see JENTADUETO TAB 2.5-1000	43
see JENTADUETO TAB 2.5-500	43
see JENTADUETO TAB 2.5-850	43
see JENTADUETO TAB XR	43, 44
<b>lindane shampoo 1%</b>	111
<b>linezolid for susp 100 mg/5ml</b>	22
<b>linezolid tab 600 mg</b>	22
LINZESS CAP 145MCG	121
LINZESS CAP 290MCG	121
LINZESS CAP 72MCG	121
<b>liothyronine sodium tab 25 mcg</b>	165
<b>liothyronine sodium tab 5 mcg</b>	165
<b>liothyronine sodium tab 50 mcg</b>	165
<b>liotrix (t3-t4)</b>	
see THYROLAR-1 TAB 60MG	166
see THYROLAR-1/2 TAB 30MG	166
see THYROLAR-1/4 TAB 15MG	166
see THYROLAR-2 TAB 120MG	166
see THYROLAR-3 TAB 180MG	166
Liquid Calcium/vitamin D	
see <b>calcium carbonate-vitamin d cap 600 mg-200 unit</b>	140
<b>liraglutide</b>	
see VICTOZA INJ 18MG/3ML	48
<b>lisdexamphetamine dimesylate</b>	

see VYVANSE CAP 10MG .....	2	<b>lopinavir-ritonavir tab 100-25 mg</b>	
see VYVANSE CAP 20MG .....	2	.....	87
see VYVANSE CAP 30MG .....	2	<b>lopinavir-ritonavir tab 200-50 mg</b>	
see VYVANSE CAP 40MG .....	2	.....	87
see VYVANSE CAP 50MG .....	2	Lopreeza	
see VYVANSE CAP 60MG .....	2	see <b>estradiol &amp; norethindrone</b>	
see VYVANSE CAP 70MG .....	2	<b>acetate tab 1-0.5 mg</b> .....	117
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<b>loratadine &amp; pseudoephedrine tab</b>	
<b>10-12.5 mg</b> .....	65	<b>er 12hr 5-120 mg</b> .....	102
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<b>loratadine &amp; pseudoephedrine tab</b>	
<b>20-12.5 mg</b> .....	65	<b>er 24hr 10-240 mg</b> .....	102
<b>lisinopril &amp; hydrochlorothiazide tab</b>		<b>loratadine rapidly-disintegrating</b>	
<b>20-25 mg</b> .....	65	<b>tab 10 mg</b> .....	55
<b>lisinopril tab 10 mg</b> .....	60	<b>loratadine syrup 5 mg/5ml</b> .....	55
<b>lisinopril tab 2.5 mg</b> .....	60	<b>loratadine tab 10 mg</b> .....	55
<b>lisinopril tab 20 mg</b> .....	60	Loratadine-d 12hr	
<b>lisinopril tab 30 mg</b> .....	60	see <b>loratadine &amp; pseudoephedrine</b>	
<b>lisinopril tab 40 mg</b> .....	60	<b>tab er 12hr 5-120 mg</b> .....	102
<b>lisinopril tab 5 mg</b> .....	60	Loratadine-d 24hr	
<b>lithium carbonate cap 150 mg</b> .....	77	see <b>loratadine &amp; pseudoephedrine</b>	
<b>lithium carbonate cap 300 mg</b> .....	77	<b>tab er 24hr 10-240 mg</b> .....	102
<b>lithium carbonate cap 600 mg</b> .....	77	<b>lorazepam conc 2 mg/ml</b> .....	25
<b>lithium carbonate tab 300 mg</b> .....	77	<b>lorazepam tab 0.5 mg</b> .....	25
<b>lithium carbonate tab er 300 mg</b> .....	77	<b>lorazepam tab 1 mg</b> .....	25
<b>lithium carbonate tab er 450 mg</b> .....	77	<b>lorazepam tab 2 mg</b> .....	25
LITHIUM SOL 8MEQ/5ML.....	77	<b>losartan potassium &amp;</b>	
LO LOESTRIN TAB 1-10-10 .....	98	<b>hydrochlorothiazide tab 100-12.5</b>	
<b>lodoxamide tromethamine</b>		<b>mg</b> .....	65
see ALOMIDE SOL 0.1% OP .....	155	<b>losartan potassium &amp;</b>	
LOKELMA PAK 10GM .....	144	<b>hydrochlorothiazide tab 100-25</b>	
LOKELMA PAK 5GM .....	144	<b>mg</b> .....	65
<b>lomustine</b>		<b>losartan potassium &amp;</b>	
see GLEOSTINE CAP 100MG .....	68	<b>hydrochlorothiazide tab 50-12.5</b>	
see GLEOSTINE CAP 10MG .....	68	<b>mg</b> .....	65
see GLEOSTINE CAP 40MG .....	68	<b>losartan potassium tab 100 mg</b> ...	62
LONSURF TAB 15-6.14 .....	71	<b>losartan potassium tab 25 mg</b> ....	62
LONSURF TAB 20-8.19 .....	71	<b>losartan potassium tab 50 mg</b> ....	62
<b>loperamide hcl</b>		LOTEMAX GEL 0.5%.....	154
see ANTI-DIARRHE LIQ 1MG/5ML .....	52	LOTEMAX OIN 0.5%.....	154
<b>loperamide hcl cap 2 mg</b> .....	52	<b>loteprednol etabonate</b>	
<b>loperamide hcl liq 1 mg/7.5ml</b> ....	52	see ALREX SUS 0.2% .....	154
<b>loperamide hcl tab 2 mg</b> .....	52	see LOTEMAX GEL 0.5% .....	154
<b>lopinavir-ritonavir</b>		see LOTEMAX OIN 0.5% .....	154
see KALETRA TAB 100-25MG .....	86	<b>loteprednol etabonate ophth gel</b>	
see KALETRA TAB 200-50MG .....	86	<b>0.5%</b> .....	154
<b>lopinavir-ritonavir soln 400-100</b>		<b>loteprednol etabonate ophth susp</b>	
<b>mg/5ml (80-20 mg/ml)</b> .....	87	<b>0.5%</b> .....	154

**loteprednol etabonate-tobramycin**

see ZYLET SUS 0.5-0.3% ..... 155

Lotrimin Af Deodorant Pow

see **miconazole nitrate aerosol**

**pow 2%** ..... 105

**lovastatin tab 10 mg** ..... 58

**lovastatin tab 20 mg** ..... 58

**lovastatin tab 40 mg** ..... 58

Low-ogestrel

see **norgestrel & ethinyl estradiol**

**tab 0.3 mg-30 mcg** ..... 99

**loxapine succinate cap 10 mg** ..... 81

**loxapine succinate cap 25 mg** ..... 81

**loxapine succinate cap 5 mg** ..... 81

**loxapine succinate cap 50 mg** ..... 81

**lubiprostone cap 24 mcg** ..... 120

**lubiprostone cap 8 mcg** ..... 120

Lubricant Eye Drops

see **polyethylene glycol-propylene**

**glycol ophth soln 0.4-0.3%**.. 152

**luliconazole cream 1%**..... 105

LUMIGAN SOL 0.01% ..... 156

LUPANETA KIT 11.25-5..... 116

LUPANETA KIT 3.75-5..... 116

LUPR DEP-PED INJ 11.25MG..... 116

LUPR DEP-PED INJ 15MG ..... 116

LUPR DEP-PED INJ 3M 30MG ..... 116

LUPR DEP-PED INJ 7.5MG ..... 116

LUPRON DEPOT INJ 11.25MG ..... 70

LUPRON DEPOT INJ 22.5MG ..... 70

LUPRON DEPOT INJ 3.75MG ..... 70

LUPRON DEPOT INJ 7.5MG..... 70

**lurasidone hcl**

see LATUDA TAB 120MG ..... 77

see LATUDA TAB 20MG ..... 77

see LATUDA TAB 40MG ..... 77

see LATUDA TAB 60MG ..... 77

see LATUDA TAB 80MG ..... 77

LYNPARZA TAB 100MG ..... 73

LYNPARZA TAB 150MG ..... 73

LYSODREN TAB 500MG..... 70

**M**

**macitentan**

see OPSUMIT TAB 10MG ..... 95

**mafenide acetate**

see SULFAMYLON CRE 85MG/GM. 108

**mafenide acetate packet for topical**

**soln 5% (50 gm)** ..... 108

MAG64 TAB 64MG ..... 141

Magdelay

see **magnesium chloride tab dr 64**

**mg (elemental mg)** ..... 141

MAGDELAY TAB 70MG ..... 141

MAG-G TAB 500MG ..... 141

**magnesium chloride**

see MAG64 TAB 64MG ..... 141

see MAGDELAY TAB 70MG..... 141

**magnesium chloride tab dr 64 mg**

**(elemental mg)** ..... 141

**magnesium citrate soln** ..... 131

**magnesium gluconate**

see MAG-G TAB 500MG ..... 141

**magnesium gluconate tab 27.5 mg**

**(elemental mg)**..... 141

**magnesium hydroxide susp 400**

**mg/5ml** ..... 131

**magnesium hydroxide susp**

**concentrate 2400 mg/10ml** ... 131

**magnesium oxide cap 500 mg**

**(elemental mg)** ..... 141

**magnesium oxide tab 250 mg** ..... 21

**magnesium oxide tab 250 mg (mg**

**supplement)** ..... 141

**magnesium oxide tab 400 mg (240**

**mg elemental mg)**..... 141

**magnesium oxide tab 420 mg** ..... 21

**magnesium oxide tab 500 mg (mg**

**supplement)** ..... 142

**magnesium tab 250 mg** ..... 142

Magnesium-oxide

see **magnesium oxide tab 400 mg**

**(240 mg elemental mg)**..... 141

**malathion lotion 0.5%** ..... 111

Maox

see **magnesium oxide tab 420 mg**

..... 21

Mapap

see **acetaminophen liquid 160**

**mg/5ml**..... 12

see **acetaminophen tab 325 mg** 12

**maprotiline hcl tab 25 mg** ..... 37

**maprotiline hcl tab 50 mg** ..... 37

**maprotiline hcl tab 75 mg** ..... 37

<b>maraviroc</b>	
see SELZENTRY SOL 20MG/ML.....	87
see SELZENTRY TAB 150MG .....	87
see SELZENTRY TAB 25MG .....	87
see SELZENTRY TAB 300MG .....	87
see SELZENTRY TAB 75MG .....	87
MARPLAN TAB 10MG .....	37
MATULANE CAP 50MG .....	75
MAYZENT TAB 0.25MG.....	162
MAYZENT TAB 2MG .....	162
<b>mecamylamine hcl</b>	
see VECAMYL TAB 2.5MG .....	66
<b>mecasermin</b>	
see INCRELEX INJ 40MG/4ML .....	115
<b>meclizine hcl chew tab 25 mg</b> .....	53
<b>meclizine hcl tab 12.5 mg</b> .....	53
<b>meclizine hcl tab 25 mg</b> .....	53
<b>meclofenamate sodium cap 100 mg</b> .....	9
<b>meclofenamate sodium cap 50 mg</b>	9
MEDI-LAXX CAP 8.6-50MG .....	130
Medi-profen	
see <b>ibuprofen cap 200 mg</b> .....	9
<b>medroxyprogesterone acetate (contraceptive)</b>	
see DEPO-SQ PROV INJ 104 .....	100
<b>medroxyprogesterone acetate im susp 150 mg/ml</b> .....	100
<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b> .	100
<b>medroxyprogesterone acetate tab 10 mg</b> .....	159
<b>medroxyprogesterone acetate tab 2.5 mg</b> .....	159
<b>medroxyprogesterone acetate tab 5 mg</b> .....	159
<b>mefenamic acid cap 250 mg</b> .....	9
<b>mefloquine hcl tab 250 mg</b> .....	67
<b>megestrol acetate susp 40 mg/ml</b> .....	70
<b>megestrol acetate tab 20 mg</b> .....	70
<b>megestrol acetate tab 40 mg</b> .....	70
MEKINIST TAB 0.5MG.....	73
MEKINIST TAB 2MG .....	73
<b>melatonin cap 3 mg</b> .....	5
<b>melatonin cap 5 mg</b> .....	6
MELATONIN LIQ 1MG/4ML .....	6
<b>melatonin tab 1-10mg</b> .....	6
<b>melatonin tab 3 mg</b> .....	6
<b>melatonin tab 300mcg</b> .....	6
<b>melatonin tab 5 mg</b> .....	6
<b>melatonin tab er 10 mg</b> .....	6
<b>melatonin tablet disintegrating 5 mg</b> .....	6
Melatonin Tr/vitamin B-6	
see <b>melatonin-pyridoxine tab er 3-10 mg</b> .....	6
Melatonin/vitamin B-6 Ext	
see <b>melatonin-pyridoxine tab 3-1 mg</b> .....	6
<b>melatonin-pyridoxine</b>	
see RA MELATONIN TAB 3MG .....	6
<b>melatonin-pyridoxine tab 3-1 mg</b> ..	6
<b>melatonin-pyridoxine tab er 3-10 mg</b> .....	6
Melodetta 24 Fe	
see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	99
<b>meloxicam tab 15 mg</b> .....	10
<b>meloxicam tab 7.5 mg</b> .....	10
<b>melphalan tab 2 mg</b> .....	68
<b>memantine hcl cap er 24hr 14 mg</b> .....	160
<b>memantine hcl cap er 24hr 21 mg</b> .....	160
<b>memantine hcl cap er 24hr 28 mg</b> .....	160
<b>memantine hcl cap er 24hr 7 mg</b> .....	160
<b>memantine hcl oral solution 2 mg/ml</b> .....	160
<b>memantine hcl tab 10 mg</b> .....	160
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> .....	160
<b>memantine hcl tab 5 mg</b> .....	160
MENEST TAB 0.3MG .....	118
MENEST TAB 0.625MG .....	118
MENEST TAB 1.25MG .....	118
MENTAX CRE 1%.....	105
<b>menthol-zinc oxide</b>	
see ZINC-OXYDE OIN 0.44-20% .	111
<b>meperidine hcl oral soln 50 mg/5ml</b> .....	14

<b>meperidine hcl tab 100 mg</b> .....	14	<b>methotrexate sodium inj 50</b>	
<b>meperidine hcl tab 50 mg</b> .....	14	<b>mg/2ml (25 mg/ml)</b> .....	68
<b>mepolizumab</b>		<b>methotrexate sodium inj pf 250</b>	
see NUCALA INJ 100MG .....	26	<b>mg/10ml (25 mg/ml)</b> .....	69
see NUCALA INJ 100MG/ML .....	26	<b>methotrexate sodium inj pf 50</b>	
see NUCALA INJ 40MG/0.4 .....	26	<b>mg/2ml (25 mg/ml)</b> .....	69
<b>meprobamate tab 200 mg</b> .....	24	<b>methotrexate sodium tab 2.5 mg</b>	
<b>meprobamate tab 400 mg</b> .....	24	<b>(base equiv)</b> .....	69
<b>mercaptopurine tab 50 mg</b> .....	68	<b>methscopolamine bromide tab 2.5</b>	
<b>mesalamine cap er 24hr 0.375 gm</b>		<b>mg</b> .....	167
.....	120	<b>methscopolamine bromide tab 5</b>	
<b>mesalamine enema 4 gm</b> .....	120	<b>mg</b> .....	167
<b>mesalamine tab delayed release</b>		<b>methsuximide</b>	
<b>800 mg</b> .....	120	see CELONTIN CAP 300MG .....	36
METAMUCIL POW 28%ORG .....	129	<b>methylclothiazide tab 5 mg</b> .....	114
METAMUCIL POW 58.12% .....	129	<b>methylcellulose tab 500 mg</b> .....	129
METAMUCIL WAF .....	129	<b>methyldopa tab 250 mg</b> .....	63
<b>metaproterenol sulfate syrup 10</b>		<b>methyldopa tab 500 mg</b> .....	64
<b>mg/5ml</b> .....	29	<b>methylergonovine maleate tab 0.2</b>	
<b>metaproterenol sulfate tab 10 mg</b>		<b>mg</b> .....	157
.....	30	<b>methylnaltrexone bromide</b>	
METAPROTERENOL SULFATE TAB 20		see RELISTOR INJ 12/0.6ML .....	121
MG.....	30	see RELISTOR TAB 150MG .....	121
<b>metaxalone tab 800 mg</b> .....	149	<b>methylphenidate hcl cap er 10 mg</b>	
<b>metformin hcl tab 1000 mg</b> .....	45	<b>(cd)</b> .....	4
<b>metformin hcl tab 500 mg</b> .....	45	<b>methylphenidate hcl cap er 20 mg</b>	
<b>metformin hcl tab 850 mg</b> .....	45	<b>(cd)</b> .....	4
<b>metformin hcl tab er 24hr 500 mg</b>		<b>methylphenidate hcl cap er 24hr 10</b>	
.....	45	<b>mg (la)</b> .....	4
<b>metformin hcl tab er 24hr 750 mg</b>		<b>methylphenidate hcl cap er 24hr 20</b>	
.....	45	<b>mg (la)</b> .....	4
<b>methadone hcl soln 10 mg/5ml</b> ..	14	<b>methylphenidate hcl cap er 24hr 30</b>	
<b>methadone hcl soln 5 mg/5ml</b> ....	14	<b>mg (la)</b> .....	4
<b>methadone hcl tab 10 mg</b> .....	15	<b>methylphenidate hcl cap er 24hr 40</b>	
<b>methadone hcl tab 5 mg</b> .....	15	<b>mg (la)</b> .....	4
<b>methamphetamine hcl tab 5 mg</b> ...	2	<b>methylphenidate hcl cap er 30 mg</b>	
<b>methazolamide tab 25 mg</b> .....	113	<b>(cd)</b> .....	4
<b>methazolamide tab 50 mg</b> .....	113	<b>methylphenidate hcl cap er 40 mg</b>	
<b>methenamine hippurate tab 1 gm</b>		<b>(cd)</b> .....	4
.....	169	<b>methylphenidate hcl cap er 50 mg</b>	
<b>methimazole tab 10 mg</b> .....	164	<b>(cd)</b> .....	4
<b>methimazole tab 5 mg</b> .....	164	<b>methylphenidate hcl cap er 60 mg</b>	
METHITEST TAB 10MG.....	19	<b>(cd)</b> .....	4
<b>methocarbamol tab 500 mg</b> .....	149	<b>methylphenidate hcl soln 10</b>	
<b>methocarbamol tab 750 mg</b> .....	149	<b>mg/5ml</b> .....	4
<b>methotrexate sodium inj 250</b>		<b>methylphenidate hcl soln 5</b>	
<b>mg/10ml (25 mg/ml)</b> .....	69	<b>mg/5ml</b> .....	4

<b>methylphenidate hcl tab 10 mg</b> ....	5	<b>metoprolol succinate tab er 24hr</b>	
<b>methylphenidate hcl tab 20 mg</b> ....	5	<b>100 mg (tartrate equiv)</b> .....	90
<b>methylphenidate hcl tab 5 mg</b> .....	5	<b>metoprolol succinate tab er 24hr</b>	
<b>methylphenidate hcl tab er 10 mg</b>	5	<b>200 mg (tartrate equiv)</b> .....	90
<b>methylphenidate hcl tab er 20 mg</b>	5	<b>metoprolol succinate tab er 24hr</b>	
<b>methylphenidate hcl tab er 24hr 18</b>		<b>25 mg (tartrate equiv)</b> .....	90
<b>mg</b> .....	5	<b>metoprolol succinate tab er 24hr</b>	
<b>methylphenidate hcl tab er 24hr 27</b>		<b>50 mg (tartrate equiv)</b> .....	90
<b>mg</b> .....	5	<b>metoprolol tartrate tab 100 mg</b> ..	90
<b>methylphenidate hcl tab er 24hr 36</b>		<b>metoprolol tartrate tab 25 mg</b> ....	90
<b>mg</b> .....	5	<b>metoprolol tartrate tab 50 mg</b> ....	90
<b>methylphenidate hcl tab er 24hr 54</b>		<b>metronidazole cream 0.75%</b> .....	111
<b>mg</b> .....	5	<b>metronidazole gel 0.75%</b> .....	111
<b>methylphenidate hcl tab er osmotic</b>		<b>metronidazole lotion 0.75%</b> ....	111
<b>release (osm) 18 mg</b> .....	5	<b>metronidazole tab 250 mg</b> .....	21
<b>methylphenidate hcl tab er osmotic</b>		<b>metronidazole tab 500 mg</b> .....	21
<b>release (osm) 27 mg</b> .....	5	<b>metronidazole vaginal gel 0.75%</b>	
<b>methylphenidate hcl tab er osmotic</b>		.....	173
<b>release (osm) 36 mg</b> .....	5	<b>mexiletine hcl cap 150 mg</b> .....	26
<b>methylphenidate hcl tab er osmotic</b>		<b>mexiletine hcl cap 200 mg</b> .....	26
<b>release (osm) 54 mg</b> .....	5	<b>mexiletine hcl cap 250 mg</b> .....	26
<b>methylprednisolone tab 16 mg</b> ..	101	<b>MI-ACID CHW</b> .....	20
<b>methylprednisolone tab 32 mg</b> ..	101	<b>miconazole (mouth-throat)</b>	
<b>methylprednisolone tab 4 mg</b> ....	101	see ORAVIG TAB 50MG .....	144
<b>methylprednisolone tab 8 mg</b> ....	101	<b>Miconazole 7</b>	
<b>methylprednisolone tab therapy</b>		see <b>miconazole nitrate vaginal</b>	
<b>pack 4 mg (21)</b> .....	101	<b>cream 2%</b> .....	173
<b>methyltestosterone</b>		see <b>miconazole nitrate vaginal</b>	
see METHITEST TAB 10MG .....	19	<b>suppos 100 mg</b> .....	173
<b>methyltestosterone cap 10 mg</b> ....	19	<b>miconazole nitrate aerosol pow 2%</b>	
<b>metoclopramide hcl inj 5 mg/ml</b>		.....	105
<b>(base equivalent)</b> .....	120	<b>miconazole nitrate cream 2%</b> ...	105
<b>metoclopramide hcl soln 5 mg/5ml</b>		<b>miconazole nitrate ointment 2%</b>	
<b>(10 mg/10ml) (base equiv)</b> ...	120	.....	106
<b>metoclopramide hcl tab 10 mg</b>		<b>miconazole nitrate powder 2%</b> .	106
<b>(base equivalent)</b> .....	120	<b>miconazole nitrate vaginal</b>	
<b>metoclopramide hcl tab 5 mg (base</b>		see MONISTAT 7 KIT COMBO PK. .	173
<b>equivalent)</b> .....	120	<b>miconazole nitrate vaginal app 200</b>	
<b>metolazone tab 10 mg</b> .....	114	<b>mg &amp; 2% cream 9 gm kit</b> .....	173
<b>metolazone tab 2.5 mg</b> .....	114	<b>miconazole nitrate vaginal cream</b>	
<b>metolazone tab 5 mg</b> .....	114	<b>2%</b> .....	173
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal cream</b>	
<b>tab 100-25 mg</b> .....	66	<b>4% (200 mg/5gm)</b> .....	173
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal supp</b>	
<b>tab 100-50 mg</b> .....	66	<b>200 mg &amp; 2% cream 9 gm kit</b>	173
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal suppos</b>	
<b>tab 50-25 mg</b> .....	65	<b>100 mg</b> .....	173

<b>midodrine hcl tab 10 mg</b> .....	174	MODERNA VAC INJ COVID-19 .....	172
<b>midodrine hcl tab 2.5 mg</b> .....	174	<b>moexipril hcl tab 15 mg</b> .....	60
<b>midodrine hcl tab 5 mg</b> .....	174	<b>moexipril hcl tab 7.5 mg</b> .....	60
<b>miglitol tab 100 mg</b> .....	41	<b>mometasone furoate (inhalation)</b>	
<b>miglitol tab 25 mg</b> .....	41	see ASMANEX 120 AER 220MCG ...	27
<b>miglitol tab 50 mg</b> .....	41	see ASMANEX 14 AER 220MCG .....	27
<b>miglustat cap 100 mg</b> .....	124	see ASMANEX 30 AER 110MCG .....	27
Milk Of Magnesia		see ASMANEX 30 AER 220MCG .....	27
see <b>magnesium hydroxide susp</b>		see ASMANEX 60 AER 220MCG .....	27
<b>400 mg/5ml</b> .....	131	see ASMANEX 7 AER 110MCG.....	27
Milk Of Magnesia Concentr		see ASMANEX HFA AER 100 MCG ..	28
see <b>magnesium hydroxide susp</b>		see ASMANEX HFA AER 200 MCG ..	28
<b>concentrate 2400 mg/10ml</b> .	131	see ASMANEX HFA AER 50MCG.....	27
<b>milnacipran hcl</b>		<b>mometasone furoate cream 0.1%</b>	
see SAVELLA MIS TITR PAK .....	161	.....	110
see SAVELLA TAB 100MG .....	161	<b>mometasone furoate oint 0.1%</b>	110
see SAVELLA TAB 12.5MG .....	161	<b>mometasone furoate solution 0.1%</b>	
see SAVELLA TAB 25MG.....	161	<b>(lotion)</b> .....	110
see SAVELLA TAB 50MG.....	161	MONISTAT 7 KIT COMBO PK .....	173
<b>mineral oil</b> .....	130	MONOCLATE-P INJ 1000UNIT .....	123
<b>mineral oil enema</b> .....	130	<b>montelukast sodium chew tab 4 mg</b>	
Minitran		<b>(base equiv)</b> .....	27
see <b>nitroglycerin td patch 24hr</b>		<b>montelukast sodium chew tab 5 mg</b>	
<b>0.6 mg/hr</b> .....	23	<b>(base equiv)</b> .....	27
<b>minocycline hcl cap 100 mg</b> .....	164	<b>montelukast sodium tab 10 mg</b>	
<b>minocycline hcl cap 50 mg</b> .....	164	<b>(base equiv)</b> .....	27
<b>minocycline hcl cap 75 mg</b> .....	164	<b>morphine sulfate oral soln 10</b>	
<b>minoxidil tab 10 mg</b> .....	67	<b>mg/5ml</b> .....	15
<b>minoxidil tab 2.5 mg</b> .....	66	<b>morphine sulfate oral soln 100</b>	
Mintox Plus		<b>mg/5ml (20 mg/ml)</b> .....	15
see <b>alum &amp; mag hydroxide-</b>		<b>morphine sulfate oral soln 20</b>	
<b>simethicone chew tab 200-200-</b>		<b>mg/5ml</b> .....	15
<b>25 mg</b> .....	20	<b>morphine sulfate tab 15 mg</b> .....	15
<b>mirabegron</b>		<b>morphine sulfate tab 30 mg</b> .....	15
see MYRBETRIQ TAB 25MG.....	171	<b>morphine sulfate tab er 100 mg</b> ..	15
see MYRBETRIQ TAB 50MG.....	171	<b>morphine sulfate tab er 15 mg</b> ....	15
MIRENA IUD SYSTEM .....	100	<b>morphine sulfate tab er 200 mg</b> ..	15
<b>mirtazapine tab 15 mg</b> .....	36	<b>morphine sulfate tab er 30 mg</b> ....	15
<b>mirtazapine tab 30 mg</b> .....	36	<b>morphine sulfate tab er 60 mg</b> ....	15
<b>mirtazapine tab 45 mg</b> .....	36	<b>morphine-naltrexone</b>	
MIRVASO GEL 0.33% .....	111	see EMBEDA CAP 100-4MG .....	13
<b>misoprostol tab 100 mcg</b> .....	169	see EMBEDA CAP 20-0.8MG .....	13
<b>misoprostol tab 200 mcg</b> .....	169	see EMBEDA CAP 30-1.2MG .....	13
<b>mitotane</b>		see EMBEDA CAP 50-2MG .....	13
see LYSODREN TAB 500MG .....	70	see EMBEDA CAP 60-2.4MG .....	13
<b>modafinil tab 100 mg</b> .....	5	see EMBEDA CAP 80-3.2MG .....	13
<b>modafinil tab 200 mg</b> .....	5	MOTOFEN TAB 1-0.025.....	52



MOVANTIK TAB 12.5MG.....	121	see <b>multiple vitamin cap</b> .....	145
MOVANTIK TAB 25MG .....	121	Mvw Complete Formulation	
<b>moxifloxacin hcl ophth soln 0.5% (base equiv)</b> .....	153	see <b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> .....	145
<b>moxifloxacin hcl tab 400 mg (base equiv)</b> .....	119	My Way	
Mucus-dm		see <b>levonorgestrel tab 1.5 mg</b>	100
see <b>dextromethorphan- guaifenesin tab er 12hr 30-600 mg</b> .....	102	Myocide Clinical Ns Anti	
MULT VITAM DRO .....	146	see <b>tolnaftate soln 1%</b> .....	106
MULTAQ TAB 400MG .....	26	<b>mycophenolate mofetil cap 250 mg</b> .....	143
Multi-delyn		<b>mycophenolate mofetil tab 500 mg</b> .....	143
see <b>pediatric multiple vitamin liq</b> .....	146	<b>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</b> 143	
<b>multiple vitamin cap</b> .....	145	<b>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</b> 143	
<b>multiple vitamin tab</b> .....	145	MYNATAL CAP .....	147
<b>multiple vitamins w/ iron tab</b> ...	145	MYNATAL TAB .....	147
<b>multiple vitamins w/ minerals cap</b> .....	145	MYNATE 90 TAB PLUS .....	147
<b>multiple vitamins w/ minerals liquid</b> .....	145	MYRBETRIQ TAB 25MG.....	171
<b>multiple vitamins w/ minerals tab</b> .....	145	MYRBETRIQ TAB 50MG.....	171
Multi-vit/iron/fluoride		<b>N</b>	
see <b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b> .....	145	<b>nabilone</b>	
Multivitamin & Mineral		see CESAMET CAP 1MG .....	53
see <b>multiple vitamins w/ minerals liquid</b> .....	145	<b>nabumetone tab 500 mg</b> .....	10
MULTIVITAMIN DRO /IRON .....	146	<b>nabumetone tab 750 mg</b> .....	10
Multivitamin With Fluorid		<b>nadolol tab 20 mg</b> .....	91
see <b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b> 146		<b>nadolol tab 40 mg</b> .....	91
see <b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b> .	145	<b>nadolol tab 80 mg</b> .....	91
Multivitamin/fluoride		<b>nafarelin acetate</b>	
see <b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> .....	145	see SYNAREL SOL 2MG/ML.....	116
see <b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> 145		<b>naftifine hcl</b>	
see <b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> ..	145	see NAFTIN GEL 2%.....	106
<b>mupirocin oint 2%</b> .....	105	<b>naftifine hcl cream 1%</b> .....	106
Mv-one		<b>naftifine hcl gel 1%</b> .....	106
		NAFTIN GEL 2% .....	106
		<b>naldemedine tosylate</b>	
		see SYMPROIC TAB 0.2MG .....	121
		<b>naloxegol oxalate</b>	
		see MOVANTIK TAB 12.5MG .....	121
		see MOVANTIK TAB 25MG.....	121
		<b>naloxone hcl</b>	
		see NARCAN SPR 4MG .....	52
		<b>naloxone hcl inj 0.4 mg/ml</b> .....	52
		<b>naloxone hcl nasal spray 4 mg/0.1ml</b> .....	52

<b>naloxone hcl soln cartridge 0.4 mg/ml</b> .....	52	see BYSTOLIC TAB 5MG.....	90
<b>naloxone hcl soln prefilled syringe 2 mg/2ml</b> .....	52	<b>nebivolol hcl tab 10 mg (base equivalent)</b> .....	91
<b>naltrexone</b>		<b>nebivolol hcl tab 2.5 mg (base equivalent)</b> .....	91
see VIVITROL INJ 380MG .....	53	<b>nebivolol hcl tab 20 mg (base equivalent)</b> .....	91
<b>naltrexone hcl tab 50 mg</b> .....	52	<b>nebivolol hcl tab 5 mg (base equivalent)</b> .....	91
<b>naproxen sodium tab 220 mg</b> .....	10	<b>nebivolol-valsartan</b>	
<b>naproxen susp 125 mg/5ml</b> .....	10	see BYVALSON TAB 5-80MG .....	65
<b>naproxen tab 250 mg</b> .....	10	<b>nebulizers</b>	
<b>naproxen tab 375 mg</b> .....	10	see EASY NEB MIS .....	136
<b>naproxen tab 500 mg</b> .....	10	see PULMONEB LT MIS NEBULIZE	136
<b>naproxen tab ec 375 mg</b> .....	10	Nebusal	
<b>naproxen tab ec 500 mg</b> .....	10	see <b>sodium chloride soln nebu 3%</b> .....	103
<b>naratriptan hcl tab 1 mg (base equiv)</b> .....	137	<b>nedocromil sodium (ophth)</b>	
<b>naratriptan hcl tab 2.5 mg (base equiv)</b> .....	137	see ALOCRI SOL 2%.....	155
NARCAN SPR 4MG.....	52	<b>needle (disp) 18 g</b>	
NASAL DECON SYP 30MG/5ML.....	150	see NEEDLES MIS 18GX1.5 .....	135
NASAL DECONG LIQ 30MG/5ML .....	151	NEEDLES MIS 18GX1.5.....	135
NAT FIBER POW 58.6% .....	129	<b>nefazodone hcl tab 100 mg</b> .....	38
NATACYN SUS 5% OP.....	153	<b>nefazodone hcl tab 150 mg</b> .....	38
<b>natalizumab</b>		<b>nefazodone hcl tab 200 mg</b> .....	38
see TYSABRI INJ 300/15ML .....	162	<b>nefazodone hcl tab 250 mg</b> .....	38
NATALVIT TAB 75-1MG.....	147	<b>nefazodone hcl tab 50 mg</b> .....	38
<b>natamycin</b>		<b>nelfinavir mesylate</b>	
see NATACYN SUS 5% OP .....	153	see VIRACEPT TAB 250MG .....	88
NATAZIA TAB .....	98	see VIRACEPT TAB 625MG .....	88
<b>nateglinide tab 120 mg</b> .....	51	<b>neomycin sulfate tab 500 mg</b> .....	6
<b>nateglinide tab 60 mg</b> .....	51	<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</b> .....	153
NATURE THROI TAB 162.5MG.....	165	<b>neomycin-bacitracin-polymyxin oint</b> .....	105
NATURE-THROI TAB 113.75MG.....	165	<b>neomycin-bacitracin-polymyxin-pramoxine oint 1%</b> .....	105
NATURE-THROI TAB 130MG .....	165	<b>neomycin-colistin-hc-thonzonium</b>	
NATURE-THROI TAB 146.25MG.....	165	see COLY-MYCIN S SUS OTIC .....	157
NATURE-THROI TAB 16.25MG.....	165	<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> .....	153
NATURE-THROI TAB 195MG .....	165	<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> .....	154
NATURE-THROI TAB 260MG .....	165		
NATURE-THROI TAB 32.5MG .....	165		
NATURE-THROI TAB 325MG .....	165		
NATURE-THROI TAB 48.75MG.....	165		
NATURE-THROI TAB 65MG .....	165		
NATURE-THROI TAB 97.5MG .....	165		
<b>nebivolol hcl</b>			
see BYSTOLIC TAB 10MG .....	90		
see BYSTOLIC TAB 2.5MG .....	90		
see BYSTOLIC TAB 20MG .....	90		

<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>	154
<b>neomycin-polymyxin-hc otic soln 1%</b>	157
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	157
NEORAL CAP 100MG	143
NEORAL CAP 25MG	143
<b>nepafenac</b>	
see NEVANAC SUS 0.1%	155
NESTABS TAB	147
<b>netupitant-palonosetron</b>	
see AKYNZEO CAP 300-0.5	53
NEUPRO DIS 1MG/24HR	76
NEUPRO DIS 2MG/24HR	76
NEUPRO DIS 3MG/24HR	76
NEUPRO DIS 4MG/24HR	76
NEUPRO DIS 6MG/24HR	76
NEUPRO DIS 8MG/24HR	76
NEVANAC SUS 0.1%	155
<b>nevirapine susp 50 mg/5ml</b>	87
<b>nevirapine tab 200 mg</b>	87
<b>nevirapine tab er 24hr 100 mg</b>	87
<b>nevirapine tab er 24hr 400 mg</b>	87
NEXAVAR TAB 200MG	73
NEXIUM 24HR CAP 20MG	168
NEXLETOL TAB 180MG	56
NEXLIZET TAB 180/10MG	56
NEXPLANON IMP 68MG	100
NEXTSTELLIS TAB 3-14.2MG	98
<b>niacin (antihyperlipidemic) tab 500 mg</b>	59
<b>niacin cap er 250 mg</b>	175
<b>niacin cap er 500 mg</b>	175
Niacin Flush Free	
see <b>inositol niacinate cap 500 mg</b>	94
<b>niacin tab 100 mg</b>	175
<b>niacin tab 250 mg</b>	175
<b>niacin tab 50 mg</b>	175
<b>niacin tab 500 mg</b>	175
<b>niacin tab er 250 mg</b>	175
<b>niacin tab er 500 mg</b>	175
<b>niacin tab er 500 mg (antihyperlipidemic)</b>	59
<b>niacin tab er 750 mg</b>	175
<b>niacinamide tab 500 mg</b>	175
Niacor	
see <b>niacin (antihyperlipidemic) tab 500 mg</b>	59
<b>nicardipine hcl cap 20 mg</b>	93
<b>nicardipine hcl cap 30 mg</b>	93
<b>nicotine</b>	
see NICOTROL INH	163
see NICOTROL NS SPR 10MG/ML	163
<b>nicotine polacrilex gum 2 mg</b>	163
<b>nicotine polacrilex gum 4 mg</b>	163
<b>nicotine polacrilex lozenge 2 mg</b>	163
.....	163
<b>nicotine polacrilex lozenge 4 mg</b>	163
.....	163
NICOTINE SYS KIT TRANSDER	163
<b>nicotine td patch 24hr 14 mg/24hr</b>	163
.....	163
<b>nicotine td patch 24hr 21 mg/24hr</b>	163
.....	163
<b>nicotine td patch 24hr 7 mg/24hr</b>	163
.....	163
Nicotine Transdermal Syst	
see <b>nicotine td patch 24hr 7 mg/24hr</b>	163
NICOTROL INH	163
NICOTROL NS SPR 10MG/ML	163
<b>nifedipine cap 10 mg</b>	93
<b>nifedipine cap 20 mg</b>	93
<b>nifedipine tab er 24hr 30 mg</b>	93
<b>nifedipine tab er 24hr 60 mg</b>	93
<b>nifedipine tab er 24hr 90 mg</b>	93
<b>nifedipine tab er 24hr osmotic release 30 mg</b>	93
<b>nifedipine tab er 24hr osmotic release 60 mg</b>	93
<b>nifedipine tab er 24hr osmotic release 90 mg</b>	93
<b>nilotinib hcl</b>	
see TASIGNA CAP 150MG	74
see TASIGNA CAP 200MG	74
see TASIGNA CAP 50MG	74
<b>nilutamide tab 150 mg</b>	70
<b>nimodipine cap 30 mg</b>	93
<b>nintedanib esylate</b>	
see OFEV CAP 100MG	164
see OFEV CAP 150MG	164

<b>niraparib tosylate</b>	
see ZEJULA CAP 100MG .....	74
<b>nisoldipine tab er 24hr 17 mg</b> .....	93
<b>nisoldipine tab er 24hr 20 mg</b> .....	93
<b>nisoldipine tab er 24hr 25.5 mg</b> ..	93
<b>nisoldipine tab er 24hr 30 mg</b> .....	93
<b>nisoldipine tab er 24hr 34 mg</b> .....	93
<b>nisoldipine tab er 24hr 40 mg</b> .....	93
<b>nisoldipine tab er 24hr 8.5 mg</b> ....	93
<b>nitazoxanide</b>	
see ALINIA SUS 100/5ML .....	22
<b>nitazoxanide tab 500 mg</b> .....	22
<b>nitisinone</b>	
see ORFADIN CAP 20MG .....	116
<b>nitisinone cap 10 mg</b> .....	116
<b>nitisinone cap 2 mg</b> .....	116
<b>nitisinone cap 5 mg</b> .....	116
<b>nitrofurantoin macrocrystalline cap</b>	
<b>100 mg</b> .....	169
<b>nitrofurantoin macrocrystalline cap</b>	
<b>50 mg</b> .....	169
<b>nitrofurantoin monohydrate</b>	
<b>macrocrystalline cap 100 mg</b> ..	169
<b>nitrofurantoin susp 25 mg/5ml</b> ..	169
<b>nitroglycerin (intra-anal)</b>	
see RECTIV OIN 0.4% .....	20
<b>nitroglycerin sl tab 0.3 mg</b> .....	23
<b>nitroglycerin sl tab 0.4 mg</b> .....	23
<b>nitroglycerin sl tab 0.6 mg</b> .....	23
<b>nitroglycerin td patch 24hr 0.1</b>	
<b>mg/hr</b> .....	23
<b>nitroglycerin td patch 24hr 0.2</b>	
<b>mg/hr</b> .....	23
<b>nitroglycerin td patch 24hr 0.4</b>	
<b>mg/hr</b> .....	23
<b>nitroglycerin td patch 24hr 0.6</b>	
<b>mg/hr</b> .....	23
<b>nizatidine cap 150 mg</b> .....	167
<b>nizatidine cap 300 mg</b> .....	167
<b>nizatidine oral soln 15 mg/ml</b> ...	167
Non-aspirin Junior Streng	
see <b>acetaminophen chew tab 160</b>	
<b>mg</b> .....	12
<b>nonoxynol-9</b>	
see ENCARE SUP 100MG .....	173
see GYNOL II GEL 3% .....	173
see SHUR-SEAL GEL 2% .....	173
see TODAY SPONGE MIS .....	173
see VCF VAGINAL AER CONTRACP	173
see VCF VAGINAL GEL CONTRACE	173
see VCF VAGINAL MIS CONTRACP	173
<b>norelgestromin-ethinyl estradiol td</b>	
<b>ptwk 150-35 mcg/24hr</b> .....	99
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 0.4 mg-35 mcg</b> .....	98
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 0.5 mg-35 mcg</b> .....	98
<b>norethindrone &amp; ethinyl estradiol</b>	
<b>tab 1 mg-35 mcg</b> .....	98
<b>norethindrone &amp; ethinyl estradiol-</b>	
<b>fe chew tab 0.4 mg-35 mcg</b> .....	98
<b>norethindrone &amp; ethinyl estradiol-</b>	
<b>fe chew tab 0.8 mg-25 mcg</b> .....	99
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1 mg-20 mcg</b> .....	99
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol tab 1.5 mg-30 mcg</b> ....	99
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg</b> ...	99
<b>norethindrone ace &amp; ethinyl</b>	
<b>estradiol-fe tab 1.5 mg-30 mcg</b> 99	
<b>norethindrone ace-eth estradiol-fe</b>	
<b>chew tab 1 mg-20 mcg (24)</b> .....	99
<b>norethindrone ace-ethinyl</b>	
<b>estradiol-fe cap 1 mg-20 mcg</b>	
<b>(24)</b> .....	99
<b>norethindrone ace-ethinyl</b>	
<b>estradiol-fe tab 1 mg-20 mcg</b>	
<b>(24)</b> .....	99
<b>norethindrone acetate tab 5 mg</b> 159	
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol tab 0.5 mg-2.5 mcg</b> .	117
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol tab 1 mg-5 mcg</b> .....	117
<b>norethindrone acetate-ethinyl</b>	
<b>estradiol-fe fum (biphasic)</b>	
see LO LOESTRIN TAB 1-10-10 .....	98
<b>norethindrone ac-ethinyl estrad-fe</b>	
<b>tab 1-20/1-30/1-35 mg-mcg</b> ...	99
<b>norethindrone tab 0.35 mg</b> .....	100
<b>norethindrone-eth estradiol tab</b>	
<b>0.5-35/0.75-35/1-35 mg-mcg</b> .	99
<b>norethindrone-eth estradiol tab</b>	
<b>0.5-35/1-35/0.5-35 mg-mcg</b> ...	99

<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	99		
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> .99			
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> .99			
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	99		
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> .....	99		
NORTEMP SUS INFANTS .....	12		
Nortrel 0.5/35 (28)			
see <b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> ..	98		
Nortrel 1/35			
see <b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	98		
Nortrel 7/7/7			
see <b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> .....	99		
<b>nortriptyline hcl cap 10 mg</b> .....	41		
<b>nortriptyline hcl cap 25 mg</b> .....	41		
<b>nortriptyline hcl cap 50 mg</b> .....	41		
<b>nortriptyline hcl cap 75 mg</b> .....	41		
NORVIR SOL 80MG/ML .....	87		
NOVOLIN INJ 70/30 .....	50		
NOVOLIN INJ 70/30 FP .....	50		
NOVOLIN N INJ 100 UNIT .....	50		
NOVOLIN N INJ U-100 .....	50		
NOVOLIN R INJ 100 UNIT .....	50		
NOVOLIN R INJ U-100 .....	50		
NOVOLOG INJ 100/ML .....	50		
NOVOLOG INJ FLEXPEN .....	50		
NOVOLOG INJ PENFILL .....	50		
NOVOLOG MIX INJ 70/30 .....	50		
NOVOLOG MIX INJ FLEXPEN .....	50		
Np Thyroid 120			
see <b>thyroid tab 120 mg (2 grain)</b> .....	166		
Np Thyroid 15			
see <b>thyroid tab 15 mg (1/4 grain)</b> .....	166		
Np Thyroid 30			
see <b>thyroid tab 30 mg (1/2 grain)</b> .....	166		
Np Thyroid 60			
			see <b>thyroid tab 60 mg (1 grain)</b> .....
			166
Np Thyroid 90			see <b>thyroid tab 90 mg (1 1/2 grain)</b> .....
			166
NUCALA INJ 100MG .....	26		
NUCALA INJ 100MG/ML .....	26		
NUCALA INJ 40MG/0.4 .....	26		
NUCYNTA ER TAB 100MG .....	15		
NUCYNTA ER TAB 150MG .....	15		
NUCYNTA ER TAB 200MG .....	15		
NUCYNTA ER TAB 250MG .....	15		
NUCYNTA ER TAB 50MG .....	15		
NUCYNTA TAB 100MG .....	15		
NUCYNTA TAB 50MG .....	15		
NUCYNTA TAB 75MG .....	15		
NURTEC TAB 75MG ODT .....	136		
NUTRIENTS TAB PRENATAL .....	147		
<b>nystatin cream 100000 unit/gm</b> .....	106		
<b>nystatin oint 100000 unit/gm</b> .....	106		
<b>nystatin susp 100000 unit/ml</b> .....	144		
<b>nystatin tab 500000 unit</b> .....	54		
<b>nystatin topical powder 100000 unit/gm</b> .....	106		
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b> .....	106		
<b>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</b> .....	106		
Nystop			
see <b>nystatin topical powder 100000 unit/gm</b> .....	106		
<b>O</b>			
O-CAL TAB PRENATAL .....	147		
OCTAGAM INJ 5GM .....	157		
<b>octreotide acetate</b>			
see SANDOSTATIN KIT LAR 10MG	117		
see SANDOSTATIN KIT LAR 20MG	117		
see SANDOSTATIN KIT LAR 30MG	117		
<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b> .....	117		
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b> .....	117		
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b> .....	117		
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b> .....	117		

<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> .....	117
<b>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</b> .....	117
Ocuvite/lutein see <b>multiple vitamins w/ minerals tab</b> .....	145
ODEFSEY TAB.....	87
ODOMZO CAP 200MG .....	69
OFEV CAP 100MG .....	164
OFEV CAP 150MG .....	164
<b>ofloxacin ophth soln 0.3%</b> .....	154
<b>ofloxacin otic soln 0.3%</b> .....	156
<b>ofloxacin tab 300 mg</b> .....	119
<b>ofloxacin tab 400 mg</b> .....	119
Ogestrel see <b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> .....	99
OGIVRI INJ 150MG .....	69
OGIVRI INJ 420MG .....	69
<b>olanzapine pamoate</b> see ZYPREXA RELP INJ 210MG .....	82
see ZYPREXA RELP INJ 300MG .....	82
see ZYPREXA RELP INJ 405MG .....	82
<b>olanzapine tab 10 mg</b> .....	81
<b>olanzapine tab 15 mg</b> .....	81
<b>olanzapine tab 2.5 mg</b> .....	81
<b>olanzapine tab 20 mg</b> .....	81
<b>olanzapine tab 5 mg</b> .....	81
<b>olanzapine tab 7.5 mg</b> .....	81
<b>olaparib</b> see LYNPARZA TAB 100MG .....	73
see LYNPARZA TAB 150MG .....	73
<b>olmesartan medoxomil tab 20 mg</b> .....	62
<b>olmesartan medoxomil tab 40 mg</b> .....	62
<b>olmesartan medoxomil tab 5 mg</b> .62	
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> .....	66
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> .....	66
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> .....	66
<b>olodaterol hcl</b> see STRIVERDI AER 2.5MCG .....	30
<b>olopatadine hcl</b> see PATADAY SOL 0.1% .....	156
see PATADAY SOL 0.2% .....	156
<b>olopatadine hcl nasal soln 0.6%</b> 150	
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b> .....	155
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b> .....	155
<b>olsalazine sodium</b> see DIPENTUM CAP 250MG .....	120
<b>omalizumab</b> see XOLAIR INJ 150MG/ML.....	26
see XOLAIR INJ 75/0.5 .....	26
see XOLAIR SOL 150MG.....	26
<b>ombitasvir-paritaprevir-ritonavir-dasabuvir</b> see VIEKIRA PAK TAB.....	89
<b>omega-3 fatty acids cap 1000 mg</b> .....	151
<b>omega-3 fatty acids cap 1200 mg</b> .....	151
<b>omega-3 fatty acids cap 300 mg</b> 151	
<b>omega-3 fatty acids cap 500 mg</b> 151	
<b>omega-3 fatty acids cap delayed release 1000 mg</b> .....	151
<b>omega-3 fatty acids cap delayed release 1200 mg</b> .....	151
<b>omega-3-acid ethyl esters cap 1 gm</b> .....	56
<b>omeprazole</b> see FIRST-OMEPRASUS 2MG/ML 168	
<b>omeprazole cap delayed release 10 mg</b> .....	168
<b>omeprazole cap delayed release 20 mg</b> .....	168
<b>omeprazole cap delayed release 40 mg</b> .....	169
<b>omeprazole magnesium</b> see PRILOSEC OTC TAB 20MG ....	169
<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	169
<b>omeprazole magnesium delayed release tab 20 mg (base equiv)</b> .....	169
OMNARIS SPR .....	150

OMNIFLEX DPR.....	133	see OSPHENA TAB 60MG .....	115
OMNITROPE INJ 10/1.5ML.....	115	OSPHENA TAB 60MG.....	115
OMNITROPE INJ 5.8MG.....	115	OTEZLA TAB 10/20/30 .....	10
OMNITROPE INJ 5/1.5ML .....	115	OTEZLA TAB 30MG .....	10
<b>onabotulinumtoxina</b>		<b>oxandrolone tab 10 mg</b> .....	19
see BOTOX INJ 100UNIT .....	151	<b>oxandrolone tab 2.5 mg</b> .....	19
see BOTOX INJ 200UNIT .....	151	<b>oxaprozin tab 600 mg</b> .....	10
<b>ondansetron hcl oral soln 4</b>		<b>oxazepam cap 10 mg</b> .....	25
<b>mg/5ml</b> .....	53	<b>oxazepam cap 15 mg</b> .....	25
<b>ondansetron hcl tab 4 mg</b> .....	53	<b>oxazepam cap 30 mg</b> .....	25
<b>ondansetron hcl tab 8 mg</b> .....	53	<b>oxcarbazepine susp 300 mg/5ml</b>	
<b>ondansetron orally disintegrating</b>		<b>(60 mg/ml)</b> .....	34
<b>tab 4 mg</b> .....	53	<b>oxcarbazepine tab 150 mg</b> .....	34
<b>ondansetron orally disintegrating</b>		<b>oxcarbazepine tab 300 mg</b> .....	34
<b>tab 8 mg</b> .....	53	<b>oxcarbazepine tab 600 mg</b> .....	34
ONE A DAY MIS PRENATAL.....	147	<b>oxiconazole nitrate</b>	
ONTRUZANT INJ 150MG .....	69	see OXISTAT LOT 1%.....	106
ONTRUZANT INJ 420MG .....	69	<b>oxiconazole nitrate cream 1%</b> ..	106
OPSUMIT TAB 10MG.....	95	OXISTAT LOT 1% .....	106
<b>oral electrolyte solution</b> .....	140	<b>oxybutynin</b>	
ORAVIG TAB 50MG .....	144	see OXYTROL/WOMN DIS 3.9MG/24	
ORENCIA CLCK INJ 125MG/ML.....	11	.....	170
ORENCIA INJ 125MG/ML.....	11	<b>oxybutynin chloride syrup 5</b>	
ORENCIA INJ 250MG .....	11	<b>mg/5ml</b> .....	170
ORENCIA INJ 50/0.4ML.....	11	<b>oxybutynin chloride tab 5 mg</b> ...	170
ORENCIA INJ 87.5/0.7.....	11	<b>oxybutynin chloride tab er 24hr 10</b>	
ORENITRAM TAB 0.125MG .....	94	<b>mg</b> .....	170
ORENITRAM TAB 0.25MG .....	94	<b>oxybutynin chloride tab er 24hr 15</b>	
ORENITRAM TAB 1MG .....	94	<b>mg</b> .....	170
ORENITRAM TAB 2.5MG.....	94	<b>oxybutynin chloride tab er 24hr 5</b>	
ORENITRAM TAB 5MG .....	94	<b>mg</b> .....	170
ORFADIN CAP 20MG.....	116	<b>oxycodone hcl</b>	
<b>orphenadrine citrate tab er 12hr</b>		see OXYCONTIN TAB 10MG ER.....	16
<b>100 mg</b> .....	149	see OXYCONTIN TAB 15MG ER.....	16
<b>oseltamivir phosphate cap 30 mg</b>		see OXYCONTIN TAB 20MG ER.....	16
<b>(base equiv)</b> .....	89	see OXYCONTIN TAB 30MG ER.....	16
<b>oseltamivir phosphate cap 45 mg</b>		see OXYCONTIN TAB 40MG ER.....	16
<b>(base equiv)</b> .....	89	see OXYCONTIN TAB 60MG ER.....	16
<b>oseltamivir phosphate cap 75 mg</b>		see OXYCONTIN TAB 80MG ER.....	16
<b>(base equiv)</b> .....	89	<b>oxycodone hcl soln 5 mg/5ml</b> .....	15
<b>oseltamivir phosphate for susp 6</b>		<b>oxycodone hcl tab 10 mg</b> .....	16
<b>mg/ml (base equiv)</b> .....	89	<b>oxycodone hcl tab 15 mg</b> .....	16
<b>osimertinib mesylate</b>		<b>oxycodone hcl tab 20 mg</b> .....	16
see TAGRISSO TAB 40MG .....	74	<b>oxycodone hcl tab 30 mg</b> .....	16
see TAGRISSO TAB 80MG .....	74	<b>oxycodone hcl tab 5 mg</b> .....	16
OSMOPREP TAB 1.5GM .....	131	<b>oxycodone hcl tab er 12hr deter 10</b>	
<b>ospemifene</b>		<b>mg</b> .....	16

**oxycodone hcl tab er 12hr deter 15 mg** .....16  
**oxycodone hcl tab er 12hr deter 20 mg** .....16  
**oxycodone hcl tab er 12hr deter 30 mg** .....16  
**oxycodone hcl tab er 12hr deter 40 mg** .....16  
**oxycodone hcl tab er 12hr deter 60 mg** .....16  
**oxycodone hcl tab er 12hr deter 80 mg** .....16  
**oxycodone w/ acetaminophen tab 10-325 mg** .....18  
**oxycodone w/ acetaminophen tab 2.5-325 mg** .....18  
**oxycodone w/ acetaminophen tab 5-325 mg** .....18  
**oxycodone w/ acetaminophen tab 7.5-325 mg** .....18  
**oxycodone-ibuprofen tab 5-400 mg** .....18  
OXYCONTIN TAB 10MG ER .....16  
OXYCONTIN TAB 15MG ER .....16  
OXYCONTIN TAB 20MG ER .....16  
OXYCONTIN TAB 30MG ER .....16  
OXYCONTIN TAB 40MG ER .....16  
OXYCONTIN TAB 60MG ER .....16  
OXYCONTIN TAB 80MG ER .....16  
**oxymetazoline hcl nasal soln 0.05%** ..... 151  
**oxymetholone**  
see ANADROL-50 TAB 50MG .....19  
**oxymorphone hcl tab 10 mg** .....16  
**oxymorphone hcl tab 5 mg** .....16  
**oxymorphone hcl tab er 12hr 10 mg** .....16  
**oxymorphone hcl tab er 12hr 15 mg** .....16  
**oxymorphone hcl tab er 12hr 20 mg** .....17  
**oxymorphone hcl tab er 12hr 30 mg** .....17  
**oxymorphone hcl tab er 12hr 40 mg** .....17  
**oxymorphone hcl tab er 12hr 5 mg** .....16

**oxymorphone hcl tab er 12hr 7.5 mg** ..... 16  
OXYTROL/WOMN DIS 3.9MG/24 .... 170  
Oysco 500+d  
see **calcium carbonate-cholecalciferol chew tab 500 mg-600 unit** ..... 139  
Oyster Shell Calcium Plus  
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** ..... 139  
**oyster shell calcium tab 500 mg** 140  
Oystercal-d  
see **calcium carbonate-cholecalciferol tab 500 mg-400 unit** ..... 139  
OZEMPIC INJ 2/1.5ML ..... 47  
OZEMPIC INJ 4MG/3ML ..... 47  
OZEMPIC INJ 8MG/3ML ..... 47  
**P**  
Pain & Fever Childrens  
see **acetaminophen soln 160 mg/5ml**..... 12  
**palbociclib**  
see IBRANCE CAP 100MG..... 72  
see IBRANCE CAP 125MG..... 72  
see IBRANCE CAP 75MG ..... 72  
see IBRANCE TAB 100MG..... 72  
see IBRANCE TAB 125MG..... 72  
see IBRANCE TAB 75MG ..... 72  
**paliperidone palmitate**  
see INVEGA SUST INJ 117/0.75.... 78  
see INVEGA SUST INJ 156MG/ML.. 78  
see INVEGA SUST INJ 234/1.5..... 78  
see INVEGA SUST INJ 39/0.25..... 78  
see INVEGA SUST INJ 78/0.5ML.... 78  
see INVEGA TRINZ INJ 273MG..... 78  
see INVEGA TRINZ INJ 410MG..... 78  
see INVEGA TRINZ INJ 546MG..... 79  
see INVEGA TRINZ INJ 819MG..... 79  
**paliperidone tab er 24hr 1.5 mg**.. 79  
**paliperidone tab er 24hr 3 mg** .... 79  
**paliperidone tab er 24hr 6 mg** .... 79  
**paliperidone tab er 24hr 9 mg** .... 79  
**palivizumab**  
see SYNAGIS INJ 100MG/ML ..... 158  
see SYNAGIS INJ 50MG ..... 158



**pancrelipase (lipase-protease-  
amylase)**  
 see CREON CAP 12000UNT ..... 112  
 see CREON CAP 24000UNT ..... 112  
 see CREON CAP 3000UNIT ..... 112  
 see CREON CAP 36000UNT ..... 112  
 see CREON CAP 6000UNIT ..... 112  
 see ZENPEP CAP 10000UNT ..... 113  
 see ZENPEP CAP 15000UNT ..... 113  
 see ZENPEP CAP 20000UNT ..... 113  
 see ZENPEP CAP 25000UNT ..... 113  
 see ZENPEP CAP 3000UNIT ..... 113  
 see ZENPEP CAP 40000UNT ..... 113  
 see ZENPEP CAP 5000UNIT ..... 113

**panobinostat lactate**  
 see FARYDAK CAP 10MG ..... 72  
 see FARYDAK CAP 15MG ..... 72  
 see FARYDAK CAP 20MG ..... 72

PANRETIN GEL 0.1% ..... 106

**pantoprazole sodium ec tab 20 mg  
(base equiv)** ..... 169

**pantoprazole sodium ec tab 40 mg  
(base equiv)** ..... 169

PARAGARD IUD T380A ..... 100

**paricalcitol cap 1 mcg** ..... 116

**paricalcitol cap 2 mcg** ..... 116

**paricalcitol cap 4 mcg** ..... 116

**paromomycin sulfate cap 250 mg** 6

**paroxetine hcl tab 10 mg** ..... 38

**paroxetine hcl tab 20 mg** ..... 38

**paroxetine hcl tab 30 mg** ..... 38

**paroxetine hcl tab 40 mg** ..... 38

PASER GRA 4GM ..... 68

PATADAY SOL 0.1% ..... 156

PATADAY SOL 0.2% ..... 156

**patiromer sorbitex calcium**  
 see VELTASSA POW 16.8GM ..... 144  
 see VELTASSA POW 25.2GM ..... 144  
 see VELTASSA POW 8.4GM ..... 144

**pazopanib hcl**  
 see VOTRIENT TAB 200MG ..... 74

PEAK AIR FLO MIS ADLT/PED ..... 136

**peak flow meter**  
 see PEAK AIR FLO MIS ADLT/PED 136

PEDIA-LAX LIQ 50MG ..... 131

**pediatric multiple vitamin liq** .... 146

**pediatric multiple vitamin w/ c & fa  
chew tab** ..... 146

**pediatric multiple vitamin w/ extra  
c & fa chew tab** ..... 146

**pediatric multiple vitamin w/  
minerals & c**  
 see AQUADEKS DRO ..... 145

**pediatric multiple vitamin w/  
minerals & c chew tab** ..... 145

**pediatric multiple vitamins**  
 see MULT VITAM DRO ..... 146  
 see POLY-VI-SOL SOL 50MG/ML.. 146  
 see POLY-VITE DRO ..... 146

**pediatric multiple vitamins w/ fl-fe  
drops 0.25-10 mg/ml** ..... 145

**pediatric multiple vitamins w/  
fluoride chew tab 0.25 mg** ..... 145

**pediatric multiple vitamins w/  
fluoride chew tab 0.5 mg** ..... 145

**pediatric multiple vitamins w/  
fluoride chew tab 1 mg** ..... 145

**pediatric multiple vitamins w/  
fluoride soln 0.25 mg/ml** ..... 146

**pediatric multiple vitamins w/  
fluoride soln 0.5 mg/ml** ..... 145

**pediatric multiple vitamins w/ iron**  
 see ANIMAL SHAPE CHW IRON ... 146  
 see MULTIVITAMIN DRO /IRON... 146  
 see POLY-VITE SOL /IRON ..... 146

**pediatric multiple vitamins w/ iron  
chew tab 15 mg** ..... 146

**pediatric multiple vitamins w/ iron  
chew tab 18 mg** ..... 146

**pediatric vitamins acid w/ fluoride  
soln 0.25 mg/ml** ..... 146

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

**pediatric vitamins adc**  
 see TRI-VI-SOL SOL A/C/D ..... 146

**pediatric vitamins adc drops 750  
unit-400 unit-35 mg/ml** ..... 146

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

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

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

see PLENVU SOL ..... 130

**peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm** ... 130

**peg 3350-kcl-sod bicarb-nacl for soln 420 gm** ..... 130

**peg 3350-kcl-sod bicarb-sod chloride-sod sulfate**  
see GOLYTELY SOL..... 130

PEGANONE TAB 250MG ..... 35

PEGASYS INJ..... 88

PEGASYS INJ 180MCG/M ..... 88

**pegfilgrastim-bmez**  
see ZIEXTENZO INJ 6/0.6ML..... 126

**peginterferon alfa-2a**  
see PEGASYS INJ ..... 88  
see PEGASYS INJ 180MCG/M ..... 88

**peginterferon alfa-2b**  
see PEGINTRON KIT 50MCG ..... 88

**peginterferon beta-1a**  
see PLEGRIDY INJ ..... 162  
see PLEGRIDY INJ PEN ..... 162  
see PLEGRIDY INJ STARTER ..... 162  
see PLEGRIDY PEN INJ STARTER . 162

PEGINTRON KIT 50MCG..... 88

**pegvisomant**  
see SOMAVERT INJ 10MG ..... 115  
see SOMAVERT INJ 15MG ..... 115  
see SOMAVERT INJ 20MG ..... 115

PEN NEEDLES MIS 29GX10MM..... 135

PEN NEEDLES MIS 29GX12.7..... 135

PEN NEEDLES MIS 29GX12MM..... 135

PEN NEEDLES MIS 31GX5MM..... 135

PEN NEEDLES MIS 31GX6MM..... 135

PEN NEEDLES MIS 31GX8MM..... 136

PEN NEEDLES MIS 32GX4MM..... 136

PEN NEEDLES MIS 32GX6MM..... 136

PEN NEEDLES MIS 32GX8MM..... 136

**penciclovir**  
see DENAVIR CRE 1%..... 107

**penicillamine**  
see D-PENAMINE TAB 125MG ..... 142

**penicillamine tab 250 mg** ..... 142

**penicillin v potassium for soln 125 mg/5ml**..... 158

**penicillin v potassium for soln 250 mg/5ml**..... 159

**penicillin v potassium tab 250 mg**  
..... 159

**penicillin v potassium tab 500 mg**  
..... 159

**pentamidine isethionate for nebulization soln 300 mg** ..... 21

**pentosan polysulfate sodium**  
see ELMIRON CAP 100MG ..... 122

**pentoxifylline tab er 400 mg**..... 124

**perampanel**  
see FYCOMPA TAB 10MG..... 32  
see FYCOMPA TAB 12MG..... 32  
see FYCOMPA TAB 2MG ..... 32  
see FYCOMPA TAB 4MG ..... 32  
see FYCOMPA TAB 6MG ..... 32  
see FYCOMPA TAB 8MG ..... 32

**perindopril erbumine tab 2 mg** ... 60

**perindopril erbumine tab 4 mg** ... 60

**perindopril erbumine tab 8 mg** ... 60

**permethrin & pyrethrins-piperonyl butoxide**  
see RA LICE KIT SOLUTION..... 112

**permethrin aerosol 0.5%**..... 111

**permethrin cream 5%** ..... 111

**permethrin creme rinse 1%** ..... 111

**permethrin lotion 1%** ..... 111

**perphenazine tab 16 mg** ..... 83

**perphenazine tab 2 mg** ..... 83

**perphenazine tab 4 mg** ..... 83

**perphenazine tab 8 mg** ..... 83

**perphenazine-amitriptyline tab 2-10 mg** ..... 161

**perphenazine-amitriptyline tab 2-25 mg** ..... 161

**perphenazine-amitriptyline tab 4-10 mg** ..... 161

**perphenazine-amitriptyline tab 4-25 mg** ..... 161

**perphenazine-amitriptyline tab 4-50 mg** ..... 161

PERRY PRENAT CAP ..... 147

PFIZER VACC INJ COVID-19..... 172

Pharbedryl  
see **diphenhydramine hcl cap 25 mg** ..... 54

**phenazopyridine hcl tab 100 mg** 122

**phenazopyridine hcl tab 200 mg** 122

<b>phenelzine sulfate tab 15 mg</b> .....	37	<b>pioglitazone hcl tab 15 mg (base equiv)</b> .....	50
<b>phenobarbital elixir 20 mg/5ml</b>	127	<b>pioglitazone hcl tab 30 mg (base equiv)</b> .....	50
<b>phenobarbital tab 100 mg</b> .....	127	<b>pioglitazone hcl tab 45 mg (base equiv)</b> .....	50
<b>phenobarbital tab 15 mg</b> .....	127	<b>pirfenidone</b>	
<b>phenobarbital tab 16.2 mg</b> .....	127	see ESBRIET CAP 267MG .....	163
<b>phenobarbital tab 30 mg</b> .....	127	see ESBRIET TAB 267MG .....	163
<b>phenobarbital tab 32.4 mg</b> .....	127	see ESBRIET TAB 801MG .....	164
<b>phenobarbital tab 60 mg</b> .....	127	<b>pirfenidone tab 267 mg</b> .....	164
<b>phenobarbital tab 64.8 mg</b> .....	127	<b>pirfenidone tab 801 mg</b> .....	164
<b>phenobarbital tab 97.2 mg</b> .....	127	<b>piroxicam cap 10 mg</b> .....	10
<b>phenoxybenzamine hcl cap 10 mg</b> .....	61	<b>piroxicam cap 20 mg</b> .....	10
<b>phenylephrine hcl (oral)</b>		PLEGRIDY INJ .....	162
see SUDAFED PE SOL CHILDREN .	151	PLEGRIDY INJ PEN.....	162
<b>phenylephrine hcl tab 10 mg</b> .....	151	PLEGRIDY INJ STARTER.....	162
PHENYTEK CAP 200MG .....	35	PLEGRIDY PEN INJ STARTER .....	162
PHENYTEK CAP 300MG .....	35	PLENVU SOL .....	130
<b>phenytoin chew tab 50 mg</b> .....	35	<b>pneumococcal 13-valent conjugate vaccine</b>	
<b>phenytoin sodium extended</b>		see PREVNAR 13 INJ .....	171
see DILANTIN CAP 100MG.....	35	<b>pneumococcal 15-valent conjugate vaccine</b>	
see DILANTIN CAP 30MG.....	35	see VAXNEUVANCE INJ.....	171
see PHENYTEK CAP 200MG.....	35	<b>pneumococcal 20-valent conjugate vaccine</b>	
see PHENYTEK CAP 300MG.....	35	see PREVNAR 20 INJ .....	171
<b>phenytoin sodium extended cap 100 mg</b> .....	36	<b>pneumococcal vac polyvalent</b>	
<b>phenytoin sodium extended cap 200 mg</b> .....	36	see PNEUMOVAX 23 INJ 25/0.5... 171	
<b>phenytoin sodium extended cap 300 mg</b> .....	36	PNEUMOVAX 23 INJ 25/0.5 .....	171
<b>phenytoin susp 125 mg/5ml</b> .....	36	<b>podofilox soln 0.5%</b> .....	111
PHOSPHOLINE SOL 0.125%OP.....	153	Polycin	
Physiolyte		see <b>bacitracin-polymyxin b ophthalmic oint</b> .....	153
see <b>irrigation solution, physiological</b> .....	144	<b>polyethylene glycol 3350 oral packet 17 gm</b> .....	130
<b>phytonadione tab 5 mg</b> .....	175	<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> .....	130
PICATO GEL 0.015% .....	106	<b>polyethylene glycol-propylene glycol ophthalmic soln 0.4-0.3%</b> ....	152
PICATO GEL 0.05% .....	106	Poly-iron 150	
PIFELTRO TAB 100MG .....	87	see <b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> .....	127
<b>pilocarpine hcl ophthalmic soln 1%</b> ... 153		Poly-iron 150 Forte	
<b>pilocarpine hcl ophthalmic soln 2%</b> ... 153			
<b>pilocarpine hcl ophthalmic soln 4%</b> ... 153			
<b>pilocarpine hcl tab 5 mg</b> .....	144		
<b>pilocarpine hcl tab 7.5 mg</b> .....	144		
<b>pimozide tab 1 mg</b> .....	162		
<b>pimozide tab 2 mg</b> .....	162		
<b>pindolol tab 10 mg</b> .....	91		
<b>pindolol tab 5 mg</b> .....	91		

see **iron polysacch complex-vit b12-fa cap 150-0.025-1 mg** . 126

**polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%**..... 154

**polysaccharide iron complex cap 150 mg (iron equivalent)** ..... 127

**polysaccharide iron-folic acid-vit b12**  
see FERREX 150 CAP FORTE ..... 126

**polyvinyl alcohol ophth soln 1.4%**  
..... 152

**polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)**.... 152

POLY-VI-SOL SOL 50MG/ML ..... 146

Polyvitamin/iron  
see **pediatric multiple vitamin w/ minerals & c chew tab** ..... 145

POLY-VITE DRO ..... 146

POLY-VITE SOL /IRON ..... 146

**pomalidomide**  
see POMALYST CAP 1MG ..... 71  
see POMALYST CAP 2MG ..... 71  
see POMALYST CAP 3MG ..... 71  
see POMALYST CAP 4MG ..... 71

POMALYST CAP 1MG ..... 71  
POMALYST CAP 2MG ..... 71  
POMALYST CAP 3MG ..... 71  
POMALYST CAP 4MG ..... 71

**ponatinib hcl**  
see ICLUSIG TAB 10MG ..... 72  
see ICLUSIG TAB 15MG ..... 72  
see ICLUSIG TAB 30MG ..... 72  
see ICLUSIG TAB 45MG ..... 72

**pot phos monobasic w/sod phos di & monobas tab 155-852-130mg**  
..... 142

**potassium bicarbonate effer tab 25 meq** ..... 142

**potassium chloride cap er 10 meq**  
..... 142

**potassium chloride cap er 8 meq**  
..... 142

**potassium chloride**  
**microencapsulated crys er tab 10 meq** ..... 142

**potassium chloride**  
**microencapsulated crys er tab 20 meq** ..... 142

**potassium chloride oral soln 10% (20 meq/15ml)** ..... 142

**potassium chloride oral soln 20% (40 meq/15ml)** ..... 142

**potassium chloride tab er 10 meq**  
..... 142

**potassium chloride tab er 20 meq (1500 mg)** ..... 142

**potassium chloride tab er 8 meq (600 mg)** ..... 142

**potassium citrate & citric acid soln 1100-334 mg/5ml** ..... 121

**potassium citrate tab er 10 meq (1080 mg)** ..... 122

**potassium citrate tab er 15 meq (1620 mg)** ..... 122

**potassium citrate tab er 5 meq (540 mg)** ..... 122

PRADAXA CAP 110MG ..... 32

PRADAXA CAP 150MG ..... 32

PRADAXA CAP 75MG ..... 32

**pramipexole dihydrochloride tab 0.125 mg** ..... 77

**pramipexole dihydrochloride tab 0.25 mg** ..... 76

**pramipexole dihydrochloride tab 0.5 mg** ..... 76

**pramipexole dihydrochloride tab 0.75 mg** ..... 76

**pramipexole dihydrochloride tab 1 mg** ..... 77

**pramipexole dihydrochloride tab 1.5 mg** ..... 77

**pramlintide acetate**  
see SYMLINPEN 60 INJ 1000MCG .. 41  
see SYMLINPEN 120 INJ 1000MCG .42

**pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%**  
..... 20

**prasugrel hcl tab 10 mg (base equiv)** ..... 124

**prasugrel hcl tab 5 mg (base equiv)** ..... 124

**pravastatin sodium tab 10 mg** .... 58

<b>pravastatin sodium tab 20 mg</b> .....	58	PREMARIN TAB 0.9MG.....	119
<b>pravastatin sodium tab 40 mg</b> .....	58	PREMARIN TAB 1.25MG.....	119
<b>pravastatin sodium tab 80 mg</b> .....	58	PREMARIN VAG CRE 0.625MG .....	174
<b>praziquantel tab 600 mg</b> .....	21	PREMPHASE TAB .....	117
<b>prazosin hcl cap 1 mg</b> .....	64	PREMPRO TAB.....	118
<b>prazosin hcl cap 2 mg</b> .....	64	PREMPRO TAB 0.3-1.5.....	118
<b>prazosin hcl cap 5 mg</b> .....	64	PREMPRO TAB 0.45-1.5.....	118
PRED-G SUS OP.....	154	PREMPRO TAB 0.625-5.....	118
<b>prednicarbate cream 0.1%</b> .....	110	PRENAT MULTI CAP +DHA .....	147
<b>prednicarbate oint 0.1%</b> .....	110	Prenatabs Rx	
<b>prednisolone acetate ophth susp</b>		see <b>prenatal vit w/ iron carbonyl-</b>	
<b>1%</b> .....	154	<b>fa tab 29-1 mg</b> .....	148
<b>prednisolone sod phosph oral soln</b>		Prenatal 19	
<b>6.7 mg/5ml (5 mg/5ml base)</b> 101		see <b>prenatal vit w/ fe fumarate-fa</b>	
<b>prednisolone sod phosphate oral</b>		<b>chew tab 29-1 mg</b> .....	148
<b>soln 15 mg/5ml (base equiv)</b> . 101		PRENATAL 19 TAB .....	147
<b>prednisolone sodium phosphate</b>		PRENATAL 19 TAB 29-1MG.....	147
<b>oral soln 25 mg/5ml (base eq)</b>		PRENATAL CAP FORMULA.....	147
.....	101	PRENATAL CAP OMEGA-3.....	147
<b>prednisolone syrup 15 mg/5ml</b>		Prenatal Dha	
<b>(usp solution equivalent)</b> .....	101	see <b>docosahexaenoic acid cap</b>	
<b>prednisone oral soln 5 mg/5ml</b> . 101		<b>200 mg</b> .....	151
<b>prednisone tab 1 mg</b> .....	101	PRENATAL DHA PAK MULTI .....	148
<b>prednisone tab 10 mg</b> .....	101	PRENATAL FRM TAB A-FREE .....	148
<b>prednisone tab 2.5 mg</b> .....	101	PRENATAL MUL CAP +DHA.....	148
<b>prednisone tab 20 mg</b> .....	101	<b>prenatal multivitamins &amp; minerals</b>	
<b>prednisone tab 5 mg</b> .....	101	<b>w/ folic acid-fish oil</b>	
<b>prednisone tab 50 mg</b> .....	101	see CVS PRENATAL CHW GUMMY 147	
<b>prednisone tab therapy pack 10 mg</b>		<b>prenatal multivit-min w/fe-fa</b>	
<b>(21)</b> .....	101	see KPN PRENATAL TAB.....	147
<b>prednisone tab therapy pack 10 mg</b>		see MYNATAL CAP.....	147
<b>(48)</b> .....	101	see PRENATAL/FE TAB.....	148
<b>prednisone tab therapy pack 5 mg</b>		<b>prenatal mv &amp; min w/</b>	
<b>(21)</b> .....	101	<b>methylfolate-choline-fish oil</b>	
<b>prednisone tab therapy pack 5 mg</b>		see PRENATAL DHA PAK MULTI... 148	
<b>(48)</b> .....	101	<b>prenatal mv &amp; min w/fe carbonyl-</b>	
PREGABALIN CAP 100 MG .....	34	<b>fa-dha</b>	
PREGABALIN CAP 150 MG .....	34	see BRAINSTRONG MIS PRENATAL	
PREGABALIN CAP 200 MG .....	34	.....	146
PREGABALIN CAP 225 MG .....	34	<b>prenatal mv &amp; min w/fe fumarate-</b>	
PREGABALIN CAP 25 MG.....	34	<b>fa-dha</b>	
PREGABALIN CAP 300 MG.....	34	see CENTRUM SPEC PAK PRENATAL	
PREGABALIN CAP 50 MG.....	34	.....	147
PREGABALIN CAP 75 MG.....	34	see ENFAMIL MIS EXPECTA .....	147
PREMARIN TAB 0.3MG .....	118	see PRENAT MULTI CAP +DHA ....	147
PREMARIN TAB 0.45MG .....	119	see PRENATAL+DHA MIS .....	148
PREMARIN TAB 0.625MG .....	119	see THERANATAL MIS COMPLETE 148	

PRENATAL TAB .....	148
PRENATAL TAB COMPLETE .....	148
PRENATAL TAB FORMULA.....	148
<b>prenatal vit w/ docusate-fe fumarate-folic acid</b>	
see MYNATE 90 TAB PLUS .....	147
see PRENATAL 19 TAB .....	147
see PRENATAL 19 TAB 29-1MG ...	147
<b>prenatal vit w/ docusate-iron carbonyl-folic acid</b>	
see MYNATAL TAB .....	147
<b>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</b> .....	148
<b>prenatal vit w/ fe bisglycinate chelate-folic acid</b>	
see VINATE II TAB .....	148
<b>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</b>	
see BE WELL PAK ROUNDED .....	146
<b>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</b> .....	148
<b>prenatal vit w/ fe fumarate-fa tab 28-1 mg</b> .....	148
<b>prenatal vit w/ ferrous fumarate-fa-fish oil</b>	
see PRENATAL CAP OMEGA-3.....	147
<b>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</b>	
see ONE A DAY MIS PRENATAL ...	147
see PRENATAL CAP FORMULA .....	147
see PRENATAL MUL CAP +DHA....	148
see SM ONE DAILY MIS PRENATAL .....	148
<b>prenatal vit w/ ferrous fumarate-folic acid</b>	
see CO-NATAL FA TAB 29-1MG ...	147
see NATALVIT TAB 75-1MG .....	147
see O-CAL TAB PRENATAL .....	147
see PERRY PRENAT CAP .....	147
see PRENATAL TAB.....	148
see PRENATAL TAB COMPLETE ....	148
see RA PRENATAL TAB FORMULA.	148
see SE-NATAL 19 CHW .....	148
see TRINATAL RX TAB 1 .....	148
see VITAFOL-OB TAB 65-1MG .....	148
see VOL-PLUS TAB .....	149

<b>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</b>	
see TL FOLATE TAB .....	148
<b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> .....	148
<b>prenatal vit w/ iron carbonyl-folic acid</b>	
see VOL-TAB RX TAB.....	149
<b>prenatal vit w/ selenium-fe fumarate-folic acid</b>	
see PRENATAL TAB FORMULA .....	148
see VINATE M TAB .....	148
<b>prenatal vit without vit a w/ fe bisglycinate-folic acid</b>	
see NESTABS TAB.....	147
<b>prenatal vitamin</b>	
see CALNA TAB .....	147
<b>prenatal vitamins w/ ferrous succinate-folic acid</b>	
see NUTRIENTS TAB PRENATAL ..	147
<b>prenatal without a vit w/ fe fumarate-folic acid</b>	
see PRENATAL FRM TAB A-FREE..	148
<b>prenatal without vit a w/ iron polysaccharide complex-fa</b>	
see EZFE FORTE CAP .....	147
PRENATAL/FE TAB .....	148
PRENATAL+DHA MIS.....	148
PREPOPIK PAK .....	130
PREVNAR 13 INJ.....	171
PREVNAR 20 INJ.....	171
PREZCOBIX TAB 800-150 .....	87
PREZISTA SUS 100MG/ML .....	87
PREZISTA TAB 150MG.....	87
PREZISTA TAB 600MG.....	87
PREZISTA TAB 75MG .....	87
PREZISTA TAB 800MG.....	87
PRIFTIN TAB 150MG .....	68
PRIOSEC OTC TAB 20MG.....	169
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	67
<b>primidone tab 250 mg</b> .....	35
<b>primidone tab 50 mg</b> .....	35
PRIVIGEN INJ 20GRAMS .....	158
<b>probenecid tab 500 mg</b> .....	123
<b>procarbazine hcl</b>	
see MATULANE CAP 50MG.....	75

<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	83	<b>propranolol hcl cap er 24hr 160 mg</b>	91
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	83	<b>propranolol hcl cap er 24hr 60 mg</b>	91
<b>prochlorperazine suppos 25 mg</b> ..	83	<b>propranolol hcl cap er 24hr 80 mg</b>	91
PROCRIT INJ 2000/ML .....	125	<b>propranolol hcl oral soln 20 mg/5ml</b> .....	91
PROCRIT INJ 3000/ML .....	125	<b>propranolol hcl oral soln 40 mg/5ml</b> .....	91
PROCRIT INJ 40000/ML .....	125	<b>propranolol hcl tab 10 mg</b> .....	91
<b>progesterone (vaginal)</b>		<b>propranolol hcl tab 20 mg</b> .....	91
see PROGESTERONE SUP VGS 100	174	<b>propranolol hcl tab 40 mg</b> .....	91
.....	174	<b>propranolol hcl tab 60 mg</b> .....	91
see PROGESTERONE SUP VGS 200	174	<b>propranolol hcl tab 80 mg</b> .....	91
.....	174	<b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	152
<b>progesterone cap 100 mg</b> .....	159	<b>propylthiouracil tab 50 mg</b> .....	164
<b>progesterone cap 200 mg</b> .....	159	<b>protriptyline hcl tab 10 mg</b> .....	41
PROGESTERONE SUP VGS 100 .....	174	<b>protriptyline hcl tab 5 mg</b> .....	41
PROGESTERONE SUP VGS 200 .....	174	<b>pseudoephed-bromphen-dm</b>	
PROLASTIN-C INJ 1000MG .....	163	see BROTAPP DM LIQ 15-1-5/5 ...	102
PROLIA INJ 60MG/ML .....	115	<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b> .....	102
PROMACTA TAB 12.5MG .....	125	<b>pseudoephedrine hcl</b>	
PROMACTA TAB 25MG .....	125	see NASAL DECON SYP 30MG/5ML	150
PROMACTA TAB 50MG .....	125	.....	151
PROMACTA TAB 75MG .....	126	see NASAL DECONG LIQ 30MG/5ML	151
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	102	<b>pseudoephedrine hcl liq 15 mg/5ml</b>	151
<b>promethazine hcl suppos 12.5 mg</b>	55	.....	151
.....	55	<b>pseudoephedrine hcl tab 30 mg</b>	151
<b>promethazine hcl suppos 25 mg</b> ..	55	<b>pseudoephedrine hcl tab 60 mg</b>	151
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	55	<b>pseudoephedrine hcl tab er 12hr 120 mg</b> .....	151
<b>promethazine hcl tab 12.5 mg</b> .....	55	<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> .....	102
<b>promethazine hcl tab 25 mg</b> .....	56	<b>psyllium</b>	
<b>promethazine hcl tab 50 mg</b> .....	56	see KONSYL DAILY POW 100% ...	129
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	102	see KONSYL DAILY POW 28.3% ..	129
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	102	see KONSYL-D POW 52.3% .....	129
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	102	see METAMUCIL POW 28%ORG... ..	129
.....	102	see METAMUCIL POW 58.12% ...	129
<b>propafenone hcl tab 150 mg</b> .....	26	see METAMUCIL WAF .....	129
<b>propafenone hcl tab 225 mg</b> .....	26	see NAT FIBER POW 58.6% .....	129
<b>propafenone hcl tab 300 mg</b> .....	26	<b>psyllium cap 0.52 gm</b> .....	129
<b>proparacaine hcl ophth soln 0.5%</b>	154	<b>psyllium cap 400 mg</b> .....	129
.....	154		
<b>propranolol hcl cap er 24hr 120 mg</b>	91		
.....	91		

*psyllium powder 100%* ..... 129  
*psyllium powder 28.3%* ..... 129  
*psyllium powder 30.9%* ..... 129  
*psyllium powder 33%* ..... 129  
*psyllium powder 48.57%* ..... 129  
*psyllium powder 58.6%* ..... 129  
*psyllium powder 95%* ..... 129  
 PULMICORT INH 180MCG ..... 28  
 PULMICORT INH 90MCG ..... 28  
 PULMONEB LT MIS NEBULIZE ..... 136  
 PULMOZYME SOL 1MG/ML ..... 163  
 PURE & GENTL DRO 0.3% ..... 152  
 Px Iron  
     see *ferrous sulfate dried tab 200 mg (65 mg elemental fe)* ..... 126  
*pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)* ..... 21  
*pyrazinamide tab 500 mg* ..... 68  
*pyreth-piperonyl butox sham-permeth aero-nit remover gel kit* ..... 112  
*pyrethrins-piperonyl butoxide liq 0.3-3%* ..... 112  
*pyrethrins-piperonyl butoxide liq 0.33-4%* ..... 112  
*pyrethrins-piperonyl butoxide shampoo 0.33-4%* ..... 112  
*pyridostigmine bromide tab 60 mg* ..... 67  
*pyridoxine hcl tab 100 mg* ..... 175  
*pyridoxine hcl tab 25 mg* ..... 175  
*pyridoxine hcl tab 50 mg* ..... 175  
 PYRIME/LEUCO CAP 12.5/2.5 ..... 67  
 PYRIME/LEUCO CAP 25/10MG ..... 67  
 PYRIME/LEUCO CAP 25/5MG ..... 67  
 PYRIME/LEUCO CAP 50/10MG ..... 67  
 PYRIME/LEUCO CAP 50/20MG ..... 67  
 PYRIME/LEUCO CAP 50/25MG ..... 67  
 PYRIME/LEUCO CAP 75/25MG ..... 67  
**Q**  
 Qc 3 Day Vaginal Cream  
     see *miconazole nitrate vaginal cream 4% (200 mg/5gm)* ... 173  
 Qc Natural Vegetable  
     see *psyllium powder 95%* ..... 129  
*quetiapine fumarate tab 100 mg* .81  
*quetiapine fumarate tab 200 mg* .81

*quetiapine fumarate tab 25 mg*... 81  
*quetiapine fumarate tab 300 mg* .81  
*quetiapine fumarate tab 400 mg* .82  
*quetiapine fumarate tab 50 mg*... 81  
*quetiapine fumarate tab er 24hr 150 mg* ..... 82  
*quetiapine fumarate tab er 24hr 200 mg* ..... 82  
*quetiapine fumarate tab er 24hr 300 mg* ..... 82  
*quetiapine fumarate tab er 24hr 400 mg* ..... 82  
*quetiapine fumarate tab er 24hr 500 mg* ..... 82  
*quinapril hcl tab 10 mg* ..... 60  
*quinapril hcl tab 20 mg* ..... 60  
*quinapril hcl tab 40 mg* ..... 60  
*quinapril hcl tab 5 mg* ..... 60  
*quinapril-hydrochlorothiazide tab 10-12.5 mg* ..... 66  
*quinapril-hydrochlorothiazide tab 20-12.5 mg* ..... 66  
*quinapril-hydrochlorothiazide tab 20-25 mg* ..... 66  
*quinidine sulfate tab 200 mg* ..... 26  
*quinidine sulfate tab 300 mg* ..... 26  
*quinine sulfate cap 324 mg* ..... 67  
 QVAR REDIIHA AER 80MCG ..... 28  
 QVAR REDIIHAL AER 40MCG ..... 28  
**R**  
 Ra Acetaminophen Rapid Me  
     see *acetaminophen disintegrating tab 160 mg* ..... 12  
     see *acetaminophen disintegrating tab 80 mg* ..... 12  
 Ra Budesonide Nasal Spray  
     see *budesonide nasal susp 32 mcg/act* ..... 150  
 Ra Calcium 600 Plus Vitam  
     see *calcium carb-vit d w/ minerals chew tab 600 mg-400 unit* ..... 139  
 Ra Cetirizine  
     see *cetirizine hcl tab 10 mg* ..... 55  
 Ra Col-rite  
     see *docusate sodium cap 50 mg* ..... 131



Ra Ear Drying Agent	see <b>isopropyl alcohol-glycerin otic liquid 95-5%</b> ..... 156
Ra Glycerin Child	see <b>glycerin suppos 80.7%</b> ..... 130
Ra Hemorrhoidal	see <b>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</b> ..... 20
Ra Hydrocortisone Plus 12	see <b>hydrocortisone cream 1%</b> 109
Ra Ibuprofen	see <b>ibuprofen tab 200 mg</b> ..... 9
Ra Laxative	see <b>polyethylene glycol 3350 oral packet 17 gm</b> ..... 130
	see <b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> ..... 130
Ra Laxative Maximum Stren	see <b>sennosides tab 25 mg</b> ..... 131
RA LICE KIT SOLUTION	..... 112
Ra Lubricant Eye Drops	see <b>propylene glycol-glycerin ophth soln 1-0.3%</b> ..... 152
RA MELATONIN TAB 3MG	..... 6
Ra Mucus Relief D	see <b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> ..... 102
RA OYS SHL/D TAB 500MG	..... 140
Ra Oyster Shell Calcium/v	see <b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> ..... 140
RA PRENATAL TAB FORMULA	..... 148
Ra Slow Release Iron	see <b>ferrous sulfate tab er 47.5 mg (elemental fe)</b> ..... 127
Ra Tioconazole 1	see <b>tioconazole vaginal oint 6.5%</b> ..... 173
<b>rabeprazole sodium ec tab 20 mg</b>	..... 169
<b>raloxifene hcl tab 60 mg</b>	..... 115
<b>raltegravir potassium</b>	see ISENTRESS CHW 100MG ..... 86
	see ISENTRESS CHW 25MG ..... 86
	see ISENTRESS HD TAB 600MG .... 86
	see ISENTRESS POW 100MG ..... 86
	see ISENTRESS TAB 400MG ..... 86
<b>ramelteon tab 8 mg</b>	..... 129
<b>ramipril cap 1.25 mg</b>	..... 60
<b>ramipril cap 10 mg</b>	..... 61
<b>ramipril cap 2.5 mg</b>	..... 61
<b>ramipril cap 5 mg</b>	..... 61
<b>ranolazine tab er 12hr 1000 mg</b>	.. 22
<b>ranolazine tab er 12hr 500 mg</b>	.... 22
<b>rasagiline mesylate tab 0.5 mg (base equiv)</b>	..... 77
<b>rasagiline mesylate tab 1 mg (base equiv)</b>	..... 77
REBIF INJ 22/0.5	..... 162
REBIF INJ 44/0.5	..... 162
REBIF REBIDO INJ 22/0.5	..... 162
REBIF REBIDO INJ 44/0.5	..... 162
REBIF REBIDO INJ TITRATN	..... 162
REBIF TITRTN INJ PACK	..... 162
RECOMBINATE INJ	..... 123
RECOMBINATE INJ 220-400	..... 123
RECOMBINATE INJ 401-800	..... 123
RECOMBINATE INJ 801-1240	..... 124
RECOMBIVA HB INJ 10MCG/ML	..... 172
RECOMBIVA HB INJ 5MCG/0.5	..... 172
RECTIV OIN 0.4%	..... 20
Regenecare Ha	see <b>lidocaine hcl gel 2%</b> ..... 111
<b>regorafenib</b>	see STIVARGA TAB 40MG ..... 74
REGANEX GEL 0.01%	..... 112
Reguloid	see <b>psyllium cap 400 mg</b> ..... 129
RELENZA MIS DISKHALE	..... 89
RELION KETON TES	..... 112
RELION TRUE KIT MET AIR	..... 134
RELION TRUE TES METRIX	..... 112
RELISTOR INJ 12/0.6ML	..... 121
RELISTOR TAB 150MG	..... 121
Rena-vite	see <b>b-complex w/ c &amp; folic acid tab 0.8 mg</b> ..... 145
RENFLEXIS INJ 100MG	..... 120
<b>repaglinide tab 0.5 mg</b>	..... 51
<b>repaglinide tab 1 mg</b>	..... 51
<b>repaglinide tab 2 mg</b>	..... 51
REPATHA INJ 140MG/ML	..... 59
REPATHA PUSH INJ 420/3.5	..... 59

REPATHA SURE INJ 140MG/ML ..... 59  
 RESCRIPTOR TAB 200MG ..... 87  
 RESTASIS EMU 0.05% OP ..... 154  
 RETACRIT INJ 10000UNT ..... 126  
 RETACRIT INJ 20000UNI ..... 126  
 RETACRIT INJ 2000UNIT ..... 126  
 RETACRIT INJ 3000UNIT ..... 126  
 RETACRIT INJ 40000UNT ..... 126  
 RETACRIT INJ 4000UNIT ..... 126  
**retapamulin**  
   see ALTABAX OIN 1% ..... 105  
 REVLIMID CAP 10MG ..... 143  
 REVLIMID CAP 15MG ..... 143  
 REVLIMID CAP 2.5MG ..... 142  
 REVLIMID CAP 20MG ..... 143  
 REVLIMID CAP 25MG ..... 143  
 REVLIMID CAP 5MG ..... 142  
 REYVOW TAB 100MG ..... 137  
 REYVOW TAB 50MG ..... 137  
**rho d immune globulin (human)**  
   see RHOGAM PLUS INJ 300MCG .. 158  
 RHOGAM PLUS INJ 300MCG ..... 158  
 Ribasphere  
   see **ribavirin cap 200 mg** ..... 88  
**ribavirin cap 200 mg** ..... 88  
**ribavirin tab 200 mg** ..... 88  
**ribociclib succinate**  
   see KISQALI TAB 200DOSE ..... 73  
   see KISQALI TAB 400DOSE ..... 73  
   see KISQALI TAB 600DOSE ..... 73  
**ribociclib succinate-letrozole**  
   see KISQALI 200 PAK FEMARA ..... 71  
   see KISQALI 400 PAK FEMARA ..... 71  
   see KISQALI 600 PAK FEMARA ..... 71  
**riboflavin tab 100 mg** ..... 175  
 RIDAURA CAP 3MG ..... 7  
**rifabutin cap 150 mg** ..... 68  
**rifampin cap 150 mg** ..... 68  
**rifampin cap 300 mg** ..... 68  
**rifapentine**  
   see PRIFTIN TAB 150MG ..... 68  
 RIFATER TAB ..... 68  
**rifaximin**  
   see XIFAXAN TAB 200MG ..... 21  
   see XIFAXAN TAB 550MG ..... 21  
**rilonacept**  
   see ARCALYST INJ 220MG ..... 7

**rilpivirine hcl**  
   see EDURANT TAB 25MG ..... 85  
**riluzole tab 50 mg** ..... 151  
**rimantadine hydrochloride tab 100 mg** ..... 89  
**rimegepant sulfate**  
   see NURTEC TAB 75MG ODT ..... 136  
 RINVOQ TAB 15MG ER ..... 7  
 RINVOQ TAB 30MG ER ..... 7  
 RINVOQ TAB 45MG ER ..... 7  
**riociguat**  
   see ADEMPAS TAB 0.5MG ..... 96  
   see ADEMPAS TAB 1.5MG ..... 96  
   see ADEMPAS TAB 1MG ..... 96  
   see ADEMPAS TAB 2.5MG ..... 96  
   see ADEMPAS TAB 2MG ..... 96  
 RISACAL-D TAB ..... 140  
**risankizumab-rzaa**  
   see SKYRIZI INJ 150DOSE ..... 107  
   see SKYRIZI INJ 150MG/ML ..... 107  
   see SKYRIZI PEN INJ 150MG/ML . 107  
**risankizumab-rzaa (crohn's)**  
   see SKYRIZI INJ 360/2.4 ..... 120  
   see SKYRIZI SOL 60MG/ML ..... 120  
**risedronate sodium tab 150 mg** 115  
**risedronate sodium tab 30 mg** .. 115  
**risedronate sodium tab 35 mg** .. 115  
**risedronate sodium tab 5 mg** .... 115  
 RISPERDAL INJ 12.5MG ..... 79  
 RISPERDAL INJ 25MG ..... 79  
 RISPERDAL INJ 37.5MG ..... 79  
 RISPERDAL INJ 50MG ..... 79  
**risperidone microspheres**  
   see RISPERDAL INJ 12.5MG ..... 79  
   see RISPERDAL INJ 25MG ..... 79  
   see RISPERDAL INJ 37.5MG ..... 79  
   see RISPERDAL INJ 50MG ..... 79  
**risperidone orally disintegrating tab 0.25 mg** ..... 79  
**risperidone orally disintegrating tab 0.5 mg** ..... 79  
**risperidone orally disintegrating tab 1 mg** ..... 79  
**risperidone orally disintegrating tab 2 mg** ..... 79  
**risperidone orally disintegrating tab 3 mg** ..... 79

<b>risperidone orally disintegrating</b>	
<b>tab 4 mg</b> .....	79
<b>risperidone soln 1 mg/ml</b> .....	79
<b>risperidone tab 0.25 mg</b> .....	80
<b>risperidone tab 0.5 mg</b> .....	79
<b>risperidone tab 1 mg</b> .....	80
<b>risperidone tab 2 mg</b> .....	80
<b>risperidone tab 3 mg</b> .....	80
<b>risperidone tab 4 mg</b> .....	80
<b>ritonavir</b>	
see NORVIR SOL 80MG/ML.....	87
<b>ritonavir tab 100 mg</b> .....	87
<b>rituximab-pvvr</b>	
see RUXIENCE INJ 100/10ML.....	69
see RUXIENCE INJ 500/50ML.....	69
<b>rivaroxaban</b>	
see XARELTO STAR TAB 15/20MG .	31
see XARELTO SUS 1MG/ML.....	31
see XARELTO TAB 10MG .....	31
see XARELTO TAB 15MG .....	31
see XARELTO TAB 2.5MG .....	31
see XARELTO TAB 20MG .....	31
<b>rivastigmine tartrate cap 1.5 mg</b>	
<b>(base equivalent)</b> .....	160
<b>rivastigmine tartrate cap 3 mg</b>	
<b>(base equivalent)</b> .....	160
<b>rivastigmine tartrate cap 4.5 mg</b>	
<b>(base equivalent)</b> .....	160
<b>rivastigmine tartrate cap 6 mg</b>	
<b>(base equivalent)</b> .....	161
<b>rivastigmine td patch 24hr 13.3</b>	
<b>mg/24hr</b> .....	161
<b>rivastigmine td patch 24hr 4.6</b>	
<b>mg/24hr</b> .....	161
<b>rivastigmine td patch 24hr 9.5</b>	
<b>mg/24hr</b> .....	161
Rivelsa	
see <b>levonor-eth est tab 0.15-</b>	
<b>0.02/0.025/0.03 mg &amp;eth est</b>	
<b>0.01 mg</b> .....	98
<b>rizatriptan benzoate oral</b>	
<b>disintegrating tab 10 mg (base</b>	
<b>eq)</b> .....	137
<b>rizatriptan benzoate oral</b>	
<b>disintegrating tab 5 mg (base eq)</b>	
.....	137
<b>rizatriptan benzoate tab 10 mg</b>	
<b>(base equivalent)</b> .....	138
<b>rizatriptan benzoate tab 5 mg</b>	
<b>(base equivalent)</b> .....	137
Robafen	
see <b>guaifenesin syrup 100</b>	
<b>mg/5ml</b> .....	103
ROBITUSSIN SYP 7.5/5ML .....	102
<b>roflumilast</b>	
see DALIRESP TAB 250MCG .....	27
see DALIRESP TAB 500MCG .....	27
<b>ropinirole hydrochloride tab 0.25</b>	
<b>mg</b> .....	77
<b>ropinirole hydrochloride tab 0.5 mg</b>	
.....	77
<b>ropinirole hydrochloride tab 1 mg</b>	
.....	77
<b>ropinirole hydrochloride tab 2 mg</b>	
.....	77
<b>ropinirole hydrochloride tab 3 mg</b>	
.....	77
<b>ropinirole hydrochloride tab 4 mg</b>	
.....	77
<b>ropinirole hydrochloride tab 5 mg</b>	
.....	77
<b>rosiglitazone maleate</b>	
see AVANDIA TAB 2MG.....	50
see AVANDIA TAB 4MG.....	50
<b>rosuvastatin calcium tab 10 mg</b> ..	58
<b>rosuvastatin calcium tab 20 mg</b> ..	58
<b>rosuvastatin calcium tab 40 mg</b> ..	58
<b>rosuvastatin calcium tab 5 mg</b> ....	58
<b>rotigotine</b>	
see NEUPRO DIS 1MG/24HR.....	76
see NEUPRO DIS 2MG/24HR.....	76
see NEUPRO DIS 3MG/24HR.....	76
see NEUPRO DIS 4MG/24HR.....	76
see NEUPRO DIS 6MG/24HR.....	76
see NEUPRO DIS 8MG/24HR.....	76
RUBRACA TAB 200MG .....	73
RUBRACA TAB 250MG .....	73
RUBRACA TAB 300MG .....	73
<b>rucaparib camsylate</b>	
see RUBRACA TAB 200MG.....	73
see RUBRACA TAB 250MG.....	73
see RUBRACA TAB 300MG.....	73
<b>rufinamide</b>	

see BANZEL TAB 200MG .....33  
 see BANZEL TAB 400MG .....33  
**rufinamide susp 40 mg/ml**.....35  
**rufinamide tab 200 mg**.....35  
**rufinamide tab 400 mg**.....35  
 RUXIENCE INJ 100/10ML .....69  
 RUXIENCE INJ 500/50ML .....69  
**ruxolitinib phosphate**  
 see JAKAFI TAB 10MG .....72  
 see JAKAFI TAB 15MG .....73  
 see JAKAFI TAB 20MG .....73  
 see JAKAFI TAB 25MG .....73  
 see JAKAFI TAB 5MG .....72  
 RYBELSUS TAB 14MG .....47  
 RYBELSUS TAB 3MG .....47  
 RYBELSUS TAB 7MG .....47

## S

**sacubitril-valsartan**  
 see ENTRESTO TAB 24-26MG.....94  
 see ENTRESTO TAB 49-51MG.....94  
 see ENTRESTO TAB 97-103MG.....94  
**saline nasal spray 0.65%** ..... 149  
**salmeterol xinafoate**  
 see SEREVENT DIS AER 50MCG ....30  
**salsalate tab 500 mg**.....12  
**salsalate tab 750 mg**.....13  
 SANDIMMUNE CAP 100MG ..... 143  
 SANDIMMUNE CAP 25MG ..... 143  
 SANDOSTATIN KIT LAR 10MG..... 117  
 SANDOSTATIN KIT LAR 20MG..... 117  
 SANDOSTATIN KIT LAR 30MG..... 117  
 SANTYL OIN 250/GM ..... 110  
**sapropterin dihydrochloride tab  
 100 mg** ..... 116  
**saquinavir mesylate**  
 see INVIRASE TAB 500MG .....86  
**sarilumab**  
 see KEVZARA INJ 150/1.14 ..... 8  
 see KEVZARA INJ 200/1.14 ..... 8  
 SAVELLA MIS TITR PAK ..... 161  
 SAVELLA TAB 100MG ..... 161  
 SAVELLA TAB 12.5MG ..... 161  
 SAVELLA TAB 25MG ..... 161  
 SAVELLA TAB 50MG ..... 161  
 Sb Fib Lax Orange  
 see **psyllium powder 33%**..... 129  
 Sb Lice Treatment

see **pyrethrins-piperonyl butoxide  
 liq 0.3-3%**..... 112  
**scopolamine td patch 72hr 1  
 mg/3days** ..... 53  
**secukinumab**  
 see COSENTYX INJ 150MG/ML .... 107  
 see COSENTYX INJ 300DOSE..... 107  
 see COSENTYX INJ 75MG/0.5 .... 107  
 see COSENTYX PEN INJ 150MG/ML  
 ..... 107  
 see COSENTYX PEN INJ 300DOSE 107  
**segesterone acetate-ethinyl  
 estradiol**  
 see ANNOVERA MIS ..... 99  
**selegiline**  
 see EMSAM DIS 12MG/24H ..... 37  
 see EMSAM DIS 6MG/24HR ..... 37  
 see EMSAM DIS 9MG/24HR ..... 37  
**selegiline hcl cap 5 mg** ..... 77  
**selegiline hcl tab 5 mg** ..... 77  
**selenium sulfide lotion 1%** ..... 107  
**selenium sulfide lotion 2.5%** .... 107  
**selexipag**  
 see UPTRAVI TAB 1000MCG ..... 95  
 see UPTRAVI TAB 1200MCG ..... 95  
 see UPTRAVI TAB 1400MCG ..... 96  
 see UPTRAVI TAB 1600MCG ..... 96  
 see UPTRAVI TAB 200/800 ..... 95  
 see UPTRAVI TAB 200MCG ..... 95  
 see UPTRAVI TAB 400MCG ..... 95  
 see UPTRAVI TAB 600MCG ..... 95  
 see UPTRAVI TAB 800MCG ..... 95  
 SELZENTRY SOL 20MG/ML ..... 87  
 SELZENTRY TAB 150MG ..... 87  
 SELZENTRY TAB 25MG ..... 87  
 SELZENTRY TAB 300MG ..... 87  
 SELZENTRY TAB 75MG ..... 87  
**semaglutide**  
 see OZEMPIC INJ 2/1.5ML..... 47  
 see OZEMPIC INJ 4MG/3ML..... 47  
 see OZEMPIC INJ 8MG/3ML..... 47  
 see RYBELSUS TAB 14MG ..... 47  
 see RYBELSUS TAB 3MG ..... 47  
 see RYBELSUS TAB 7MG ..... 47  
 SE-NATAL 19 CHW..... 148  
**sennosides chew tab 15 mg** ..... 131  
**sennosides syrup 8.8 mg/5ml**... 131

<b>sennosides tab 25 mg</b> .....	131	<b>simvastatin tab 20 mg</b> .....	59
<b>sennosides tab 8.6 mg</b> .....	131	<b>simvastatin tab 40 mg</b> .....	59
<b>sennosides-docusate sodium</b>		<b>simvastatin tab 5 mg</b> .....	58
see MEDI-LAXX CAP 8.6-50MG....	130	<b>simvastatin tab 80 mg</b> .....	59
<b>sennosides-docusate sodium tab</b>		<b>sinecatechins</b>	
<b>8.6-50 mg</b> .....	130	see VEREGEN OIN 15% .....	104
SEREVENT DIS AER 50MCG .....	30	<b>siponimod fumarate</b>	
<b>sertaconazole nitrate</b>		see MAYZENT TAB 0.25MG .....	162
see ERTACZO CRE 2% .....	105	see MAYZENT TAB 2MG .....	162
<b>sertraline hcl oral concentrate for</b>		<b>sirolimus oral soln 1 mg/ml</b> .....	143
<b>solution 20 mg/ml</b> .....	38	<b>sirolimus tab 0.5 mg</b> .....	143
<b>sertraline hcl tab 100 mg</b> .....	38	<b>sirolimus tab 1 mg</b> .....	143
<b>sertraline hcl tab 25 mg</b> .....	38	<b>sirolimus tab 2 mg</b> .....	143
<b>sertraline hcl tab 50 mg</b> .....	38	SIRTURO TAB 100MG .....	68
<b>sevelamer carbonate tab 800 mg</b>		SIRTURO TAB 20MG .....	68
.....	121	<b>sitagliptin phosphate</b>	
Sf		see JANUVIA TAB 100MG .....	46
see <b>sodium fluoride gel 1.1%</b>		see JANUVIA TAB 25MG .....	46
<b>(0.5% f)</b> .....	144	see JANUVIA TAB 50MG .....	46
Sf 5000 Plus		<b>sitagliptin-metformin hcl</b>	
see <b>sodium fluoride cream 1.1%</b>		see JANUMET TAB 50-1000 .....	43
.....	144	see JANUMET TAB 50-500MG .....	43
SHINGRIX INJ 50/0.5ML .....	172	see JANUMET XR TAB 100-1000....	43
SHUR-SEAL GEL 2% .....	173	see JANUMET XR TAB 50-1000 ....	43
Silace		see JANUMET XR TAB 50-500MG...	43
see <b>docusate sodium liquid 150</b>		<b>skin protectants misc - cream</b> ...	111
<b>mg/15ml</b> .....	131	SKYLA IUD 13.5MG .....	100
see <b>docusate sodium syrup 60</b>		SKYRIZI INJ 150DOSE .....	107
<b>mg/15ml</b> .....	131	SKYRIZI INJ 150MG/ML .....	107
<b>sildenafil citrate tab 20 mg</b> .....	95	SKYRIZI INJ 360/2.4 .....	120
<b>silodosin cap 4 mg</b> .....	122	SKYRIZI PEN INJ 150MG/ML .....	107
<b>silodosin cap 8 mg</b> .....	122	SKYRIZI SOL 60MG/ML .....	120
Siltussin-dm		Sleep Aid	
see <b>dextromethorphan-</b>		see <b>doxylamine succinate (sleep)</b>	
<b>guaifenesin syrup 10-100</b>		<b>tab 25 mg</b> .....	127
<b>mg/5ml</b> .....	102	SLOW FE TAB 45MG .....	127
<b>silver sulfadiazine cream 1%</b> ....	108	Slow Iron	
SIMBRINZA SUS 1-0.2% .....	153	see <b>ferrous sulfate dried tab er</b>	
<b>simethicone cap 125 mg</b> .....	119	<b>160 mg (50 mg fe equivalent)</b>	
<b>simethicone cap 180 mg</b> .....	119	.....	127
<b>simethicone chew tab 125 mg</b> ...	119	Slow Release Iron	
<b>simethicone chew tab 80 mg</b> .....	119	see <b>ferrous sulfate tab er 50 mg</b>	
<b>simethicone liquid 40 mg/0.6ml</b> .....	119	<b>(elemental fe)</b> .....	127
<b>simethicone susp 40 mg/0.6ml</b> .....	119	Slow-release Iron	
SIMPONI INJ 100MG/ML .....	7	see <b>ferrous sulfate dried tab er 45</b>	
SIMPONI INJ 50/0.5ML .....	7	<b>mg (fe equivalent)</b> .....	126
<b>simvastatin tab 10 mg</b> .....	58	SLYND TAB 4MG .....	100

Sm Anti-itch Extra Streng see <b>diphenhydramine-zinc acetate cream 2-0.1%</b> .....	106	<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b> .....	122
Sm Artificial Tears see <b>artificial tear ophth solution</b> .....	151	<b>sodium fluoride</b> see FLUORABON DRO.....	140
Sm Aspirin see <b>aspirin tab 325 mg</b> .....	12	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	141
Sm Bedding Lice Treatment see <b>permethrin aerosol 0.5%</b> ..	111	<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	141
Sm Calcium 600 + D Plus M see <b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	139	<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	141
Sm Chest Congestion Relie see <b>guaifenesin tab 400 mg</b> ....	103	<b>sodium fluoride cream 1.1%</b> .....	144
Sm Esomeprazole Magnesium see <b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	168	<b>sodium fluoride gel 1.1% (0.5% f)</b> .....	144
Sm Ibuprofen Ib see <b>ibuprofen chew tab 100 mg</b> .	9	<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	141
Sm Lice Treatment see <b>permethrin lotion 1%</b> .....	111	<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> ....	141
Sm Miconazole 3 see <b>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</b> .....	173	<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b> .....	141
SM ONE DAILY MIS PRENATAL.....	148	<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b> .....	141
Sm Pain Relief Extra Stre see <b>acetaminophen tab 500 mg</b> 12		<b>sodium hyaluronate (viscosupplement)</b> see EUFLEXXA INJ 10MG/ML.....	149
Sm Stomach Relief see <b>bismuth subsalicylate tab 262 mg</b> .....	52	see VISCO-3 INJ 25/2.5ML.....	149
<b>sodium bicarbonate tab 325 mg</b> ..	20	<b>sodium oxybate</b> see XYREM SOL 500MG/ML .....	160
<b>sodium bicarbonate tab 650 mg</b> ..	20	<b>sodium phenylbutyrate tab 500 mg</b> .....	116
<b>sodium chloride hypertonic ophth oint 5%</b> .....	156	<b>sodium phosphate monobasic- sodium phosphate dibasic</b> see OSMOPREP TAB 1.5GM .....	131
<b>sodium chloride hypertonic ophth soln 5%</b> .....	156	<b>sodium phosphates - enema</b> ....	131
<b>sodium chloride irrigation soln 0.9%</b> .....	122	<b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b> see CLENPIQ SOL .....	130
<b>sodium chloride soln nebu 0.9%</b> 103		see PREPOPIK PAK.....	130
<b>sodium chloride soln nebu 3%</b> ..	103	<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	144
<b>sodium chloride soln nebu 7%</b> ..	103	<b>sodium polystyrene sulfonate powder</b> .....	144
<b>sodium chloride tab 1 gm</b> .....	142	<b>sodium sulfate-potassium sulfate- magnesium sulfate</b> see SUPREP BOWEL SOL PREP KIT .....	130
		<b>sodium zirconium cyclosilicate</b>	

see LOKELMA PAK 10GM .....	144	SPRYCEL TAB 140MG .....	74
see LOKELMA PAK 5GM .....	144	SPRYCEL TAB 20MG .....	74
SOFOS/VELPAT TAB 400-100 .....	88	SPRYCEL TAB 50MG .....	74
<b>sofosbuvir</b>		SPRYCEL TAB 70MG .....	74
see SOVALDI TAB 400MG .....	89	SPRYCEL TAB 80MG .....	74
<b>sofosbuvir-velpatasvir-voxilaprevir</b>		St Joseph Low Dose Aspiri	
see VOSEVI TAB .....	89	see <b>aspirin chew tab 81 mg</b> .....	12
<b>solifenacin succinate tab 10 mg</b>	170	<b>stavudine cap 15 mg</b> .....	87
<b>solifenacin succinate tab 5 mg</b> ..	170	<b>stavudine cap 20 mg</b> .....	87
SOLIQUA INJ 100/33.....	44	<b>stavudine cap 30 mg</b> .....	87
<b>somatropin</b>		<b>stavudine cap 40 mg</b> .....	87
see OMNITROPE INJ 10/1.5ML ....	115	STELARA INJ 45MG/0.5 .....	107
see OMNITROPE INJ 5.8MG .....	115	STELARA INJ 5MG/ML .....	120
see OMNITROPE INJ 5/1.5ML .....	115	STELARA INJ 90MG/ML.....	107
SOMAVERT INJ 10MG .....	115	STIMATE SOL 1.5MG/ML.....	117
SOMAVERT INJ 15MG .....	115	Stimulant Laxative	
SOMAVERT INJ 20MG .....	115	see <b>bisacodyl tab delayed release</b>	
<b>sonidegib phosphate</b>		<b>5 mg</b> .....	131
see ODOMZO CAP 200MG.....	69	STIOLTO AER 2.5-2.5.....	30
<b>sorafenib tosylate</b>		<b>stiripentol</b>	
see NEXAVAR TAB 200MG .....	73	see DIACOMIT CAP 250MG.....	33
<b>sorafenib tosylate tab 200 mg</b>		see DIACOMIT CAP 500MG.....	33
<b>(base equivalent)</b> .....	74	see DIACOMIT PAK 250MG.....	33
<b>sotalol hcl (afib/afl) tab 120 mg</b> .	91	see DIACOMIT PAK 500MG.....	33
<b>sotalol hcl (afib/afl) tab 160 mg</b> .	91	STIVARGA TAB 40MG.....	74
<b>sotalol hcl (afib/afl) tab 80 mg</b> ...	91	Stool Softener	
<b>sotalol hcl tab 120 mg</b> .....	91	see <b>docusate calcium cap 240 mg</b>	
<b>sotalol hcl tab 160 mg</b> .....	91	.....	131
<b>sotalol hcl tab 240 mg</b> .....	91	see <b>docusate sodium cap 100 mg</b>	
<b>sotalol hcl tab 80 mg</b> .....	91	.....	131
SOVALDI TAB 400MG .....	89	Stop Lice Complete Lice T	
<b>spacer/aerosol-holding chambers</b>		see <b>pyreth-piperonyl butox sham-</b>	
see INSPIRACHAMB MIS LARGE ..	136	<b>permeth aero-nit remover gel</b>	
<b>spinosad susp 0.9%</b> .....	112	<b>kit</b> .....	112
SPIRIVA AER 1.25MCG .....	27	Stop Lice Maximum Strengt	
SPIRIVA CAP HANDIHLR .....	27	see <b>pyrethrins-piperonyl butoxide</b>	
SPIRIVA SPR 2.5MCG .....	27	<b>liq 0.33-4%</b> .....	112
<b>spironolactone &amp;</b>		Stress Formula W/iron	
<b>hydrochlorothiazide</b>		see <b>multiple vitamins w/ iron tab</b>	
see ALDACTAZIDE TAB 50/50 .....	113	.....	145
<b>spironolactone &amp;</b>		STRIBILD TAB.....	87
<b>hydrochlorothiazide tab 25-25</b>		STRIVERDI AER 2.5MCG .....	30
<b>mg</b> .....	113	<b>succimer</b>	
<b>spironolactone tab 100 mg</b> .....	114	see CHEMET CAP 100MG.....	52
<b>spironolactone tab 25 mg</b> .....	114	<b>sucralfate tab 1 gm</b> .....	167
<b>spironolactone tab 50 mg</b> .....	114	<b>sucroferric oxyhydroxide</b>	
SPRYCEL TAB 100MG .....	74	see VELPHORO CHW 500MG.....	121

SUDAFED PE SOL CHILDREN ..... 151  
**sulconazole nitrate**  
 see EXELDERM SOL 1% ..... 105  
**sulconazole nitrate cream 1%**... 106  
**sulconazole nitrate solution 1%** 106  
**sulfacetamide sodium lotion 10%**  
**(acne)** ..... 104  
**sulfacetamide sodium ophth soln**  
**10%** ..... 154  
**sulfacetamide sodium-prednisolone**  
**ophth soln 10-0.23(0.25)%**... 154  
**sulfacetamide sodium-sulfur in**  
**urea emulsion 10-4%** ..... 104  
 SULFADIAZINE TAB 500 MG ..... 164  
**sulfamethoxazole-trimethoprim**  
**susp 200-40 mg/5ml** ..... 21  
**sulfamethoxazole-trimethoprim tab**  
**400-80 mg** ..... 21  
**sulfamethoxazole-trimethoprim tab**  
**800-160 mg** ..... 21  
 SULFAMYLON CRE 85MG/GM ..... 108  
**sulfasalazine tab 500 mg** ..... 121  
**sulfasalazine tab delayed release**  
**500 mg** ..... 121  
**sulindac tab 150 mg** ..... 10  
**sulindac tab 200 mg** ..... 10  
**sumatriptan succinate inj 6**  
**mg/0.5ml** ..... 138  
**sumatriptan succinate tab 100 mg**  
 ..... 138  
**sumatriptan succinate tab 25 mg**  
 ..... 138  
**sumatriptan succinate tab 50 mg**  
 ..... 138  
**sunitinib malate**  
 see SUTENT CAP 12.5MG ..... 74  
 see SUTENT CAP 25MG ..... 74  
 see SUTENT CAP 37.5MG ..... 74  
 see SUTENT CAP 50MG ..... 74  
**sunitinib malate cap 12.5 mg (base**  
**equivalent)** ..... 74  
**sunitinib malate cap 25 mg (base**  
**equivalent)** ..... 74  
**sunitinib malate cap 37.5 mg (base**  
**equivalent)** ..... 74  
**sunitinib malate cap 50 mg (base**  
**equivalent)** ..... 74

SUPREP BOWEL SOL PREP KIT ..... 130  
 SUTENT CAP 12.5MG ..... 74  
 SUTENT CAP 25MG ..... 74  
 SUTENT CAP 37.5MG ..... 74  
 SUTENT CAP 50MG ..... 74  
**suvorexant**  
 see BELSOMRA TAB 10MG ..... 129  
 see BELSOMRA TAB 15MG ..... 129  
 see BELSOMRA TAB 20MG ..... 129  
 see BELSOMRA TAB 5MG ..... 129  
 SYMBICORT AER 160-4.5 ..... 30  
 SYMBICORT AER 80-4.5 ..... 30  
 SYMJEPI INJ 0.15MG ..... 174  
 SYMJEPI INJ 0.3MG ..... 174  
 SYMLINPEN 60 INJ 1000MCG ..... 41  
 SYMLINPEN 120 INJ 1000MCG ..... 42  
 SYMPROIC TAB 0.2MG ..... 121  
 SYMTUZA TAB ..... 87  
 SYNAGIS INJ 100MG/ML ..... 158  
 SYNAGIS INJ 50MG ..... 158  
 SYNAREL SOL 2MG/ML ..... 116  
 SYNJARDY TAB ..... 44  
 SYNJARDY TAB 12.5-500 ..... 44  
 SYNJARDY TAB 5-1000MG ..... 44  
 SYNJARDY TAB 5-500MG ..... 44  
 SYNJARDY XR TAB ..... 44  
 SYNJARDY XR TAB 10-1000 ..... 44  
 SYNJARDY XR TAB 25-1000 ..... 44  
 SYNJARDY XR TAB 5-1000MG ..... 44  
 SYNTHROID TAB 100MCG ..... 165  
 SYNTHROID TAB 112MCG ..... 165  
 SYNTHROID TAB 125MCG ..... 165  
 SYNTHROID TAB 137MCG ..... 165  
 SYNTHROID TAB 150MCG ..... 166  
 SYNTHROID TAB 175MCG ..... 166  
 SYNTHROID TAB 200MCG ..... 166  
 SYNTHROID TAB 25MCG ..... 165  
 SYNTHROID TAB 300MCG ..... 166  
 SYNTHROID TAB 50MCG ..... 165  
 SYNTHROID TAB 75MCG ..... 165  
 SYNTHROID TAB 88MCG ..... 165  
**syringe (disposable)**  
 see 3ML SYRINGE MIS REG TIP... 136  
**T**  
 TABLOID TAB 40MG ..... 69  
**tacrolimus cap 0.5 mg** ..... 143  
**tacrolimus cap 1 mg** ..... 143



<b>tacrolimus cap 5 mg</b> .....	143	<b>temozolomide cap 180 mg</b> .....	68
<b>tacrolimus oint 0.03%</b> .....	110	<b>temozolomide cap 20 mg</b> .....	68
<b>tacrolimus oint 0.1%</b> .....	110	<b>temozolomide cap 250 mg</b> .....	68
<b>tadalafil tab 20 mg (pah)</b> .....	95	<b>temozolomide cap 5 mg</b> .....	68
TAFINLAR CAP 50MG .....	74	TENIVAC INJ 5-2LF .....	166
TAFINLAR CAP 75MG .....	74	<b>tenofovir alafenamide fumarate</b>	
<b>tafluprost</b>		see VEMLIDY TAB 25MG .....	89
see ZIOPTAN DRO 0.0015% .....	156	<b>tenofovir disoproxil fumarate tab</b>	
TAGRISSO TAB 40MG .....	74	<b>300 mg</b> .....	87
TAGRISSO TAB 80MG .....	74	<b>terazosin hcl cap 1 mg (base</b>	
<b>tamoxifen citrate tab 10 mg (base</b>		<b>equivalent)</b> .....	64
<b>equivalent)</b> .....	70	<b>terazosin hcl cap 10 mg (base</b>	
<b>tamoxifen citrate tab 20 mg (base</b>		<b>equivalent)</b> .....	64
<b>equivalent)</b> .....	70	<b>terazosin hcl cap 2 mg (base</b>	
<b>tamsulosin hcl cap 0.4 mg</b> .....	122	<b>equivalent)</b> .....	64
<b>tapentadol hcl</b>		<b>terazosin hcl cap 5 mg (base</b>	
see NUCYNTA ER TAB 100MG.....	15	<b>equivalent)</b> .....	64
see NUCYNTA ER TAB 150MG.....	15	<b>terbinafine hcl cream 1%</b> .....	106
see NUCYNTA ER TAB 200MG.....	15	<b>terbinafine hcl tab 250 mg</b> .....	54
see NUCYNTA ER TAB 250MG.....	15	<b>terbutaline sulfate tab 2.5 mg</b> ....	30
see NUCYNTA ER TAB 50MG .....	15	<b>terbutaline sulfate tab 5 mg</b> .....	30
see NUCYNTA TAB 100MG .....	15	<b>terconazole vaginal cream 0.4%</b>	
see NUCYNTA TAB 50MG .....	15	.....	173
see NUCYNTA TAB 75MG .....	15	<b>terconazole vaginal cream 0.8%</b>	
TARGRETIN GEL 1%.....	106	.....	173
TASIGNA CAP 150MG .....	74	<b>terconazole vaginal suppos 80 mg</b>	
TASIGNA CAP 200MG .....	74	.....	173
TASIGNA CAP 50MG .....	74	<b>teriflunomide</b>	
<b>tasimelteon</b>		see AUBAGIO TAB 14MG.....	161
see HETLIOZ CAP 20MG .....	129	see AUBAGIO TAB 7MG.....	161
<b>tazarotene</b>		<b>teriparatide (recombinant)</b>	
see TAZORAC CRE 0.05% .....	107	see FORTEO INJ 600/2.4.....	115
see TAZORAC GEL 0.05%.....	107	<b>testosterone cypionate im inj in oil</b>	
see TAZORAC GEL 0.1% .....	107	<b>100 mg/ml</b> .....	19
<b>tazarotene cream 0.1%</b> .....	107	<b>testosterone cypionate im inj in oil</b>	
TAZORAC CRE 0.05% .....	107	<b>200 mg/ml</b> .....	19
TAZORAC GEL 0.05% .....	107	<b>testosterone enanthate im inj in oil</b>	
TAZORAC GEL 0.1%.....	107	<b>200 mg/ml</b> .....	19
TDVAX INJ 2-2 LF .....	166	<b>tetanus toxoid-diphtheria-acellular</b>	
<b>telmisartan tab 20 mg</b> .....	62	<b>pertussis adsorb (tdap)</b>	
<b>telmisartan tab 40 mg</b> .....	62	see ADACEL INJ.....	166
<b>telmisartan tab 80 mg</b> .....	63	see BOOSTRIX INJ .....	166
<b>temazepam cap 15 mg</b> .....	128	<b>tetanus-diphtheria toxoids (td)</b>	
<b>temazepam cap 30 mg</b> .....	128	see TDVAX INJ 2-2 LF.....	166
TEMIXYS TAB 300-300 .....	87	see TENIVAC INJ 5-2LF.....	166
<b>temozolomide cap 100 mg</b> .....	68	<b>tetrabenazine tab 12.5 mg</b> .....	161
<b>temozolomide cap 140 mg</b> .....	68	<b>tetrabenazine tab 25 mg</b> .....	161

<b>tetracycline hcl cap 250 mg</b> .....	164
<b>tetracycline hcl cap 500 mg</b> .....	164
Tgt Antacid Extra Strengt	
see <b>calcium carbonate-mag</b>	
<b>hydroxide chew tab 675-135</b>	
<b>mg</b> .....	20
TGT GLUCOSE CHW GRAPE .....	46
<b>thalidomide</b>	
see THALOMID CAP 100MG .....	143
see THALOMID CAP 150MG .....	143
see THALOMID CAP 200MG .....	143
see THALOMID CAP 50MG .....	143
THALOMID CAP 100MG .....	143
THALOMID CAP 150MG .....	143
THALOMID CAP 200MG .....	143
THALOMID CAP 50MG.....	143
<b>theophylline soln 80 mg/15ml</b> ....	30
<b>theophylline tab er 12hr 100 mg</b> .30	
<b>theophylline tab er 12hr 200 mg</b> .30	
<b>theophylline tab er 12hr 300 mg</b> .30	
<b>theophylline tab er 12hr 450 mg</b> .30	
<b>theophylline tab er 24hr 400 mg</b> .30	
<b>theophylline tab er 24hr 600 mg</b> .30	
THERANATAL MIS COMPLETE.....	148
<b>thiamine hcl tab 100 mg</b> .....	175
<b>thiamine hcl tab 250 mg</b> .....	175
<b>thiamine hcl tab 50 mg</b> .....	175
<b>thioguanine</b>	
see TABLOID TAB 40MG.....	69
<b>thioridazine hcl tab 10 mg</b> .....	83
<b>thioridazine hcl tab 100 mg</b> .....	83
<b>thioridazine hcl tab 25 mg</b> .....	83
<b>thioridazine hcl tab 50 mg</b> .....	83
<b>thiothixene cap 1 mg</b> .....	84
<b>thiothixene cap 10 mg</b> .....	84
<b>thiothixene cap 2 mg</b> .....	84
<b>thiothixene cap 5 mg</b> .....	84
THYROGEN INJ 0.9MG .....	112
<b>thyroid</b>	
see ARMOUR THYRO TAB 120MG. 164	
see ARMOUR THYRO TAB 15MG .. 164	
see ARMOUR THYRO TAB 180MG. 164	
see ARMOUR THYRO TAB 240MG. 164	
see ARMOUR THYRO TAB 300MG. 164	
see ARMOUR THYRO TAB 30MG .. 164	
see ARMOUR THYRO TAB 60MG .. 164	
see ARMOUR THYRO TAB 90MG .. 164	
see NATURE THROI TAB 162.5MG 165	
see NATURE-THROI TAB 113.75MG	
.....	165
see NATURE-THROI TAB 130MG.. 165	
see NATURE-THROI TAB 146.25MG	
.....	165
see NATURE-THROI TAB 16.25MG 165	
see NATURE-THROI TAB 195MG.. 165	
see NATURE-THROI TAB 260MG.. 165	
see NATURE-THROI TAB 32.5MG. 165	
see NATURE-THROI TAB 325MG.. 165	
see NATURE-THROI TAB 48.75MG 165	
see NATURE-THROI TAB 65MG ... 165	
see NATURE-THROI TAB 97.5MG. 165	
see WP THYROID TAB 81.25MG .. 166	
<b>thyroid tab 120 mg (2 grain)</b> ....	166
<b>thyroid tab 15 mg (1/4 grain)</b> ..	166
<b>thyroid tab 30 mg (1/2 grain)</b> ..	166
<b>thyroid tab 60 mg (1 grain)</b> .....	166
<b>thyroid tab 90 mg (1 1/2 grain)</b> 166	
THYROLAR-1 TAB 60MG .....	166
THYROLAR-1/2 TAB 30MG .....	166
THYROLAR-1/4 TAB 15MG .....	166
THYROLAR-2 TAB 120MG.....	166
THYROLAR-3 TAB 180MG.....	166
<b>thyrotropin alfa</b>	
see THYROGEN INJ 0.9MG .....	112
<b>tiagabine hcl tab 12 mg</b> .....	35
<b>tiagabine hcl tab 16 mg</b> .....	35
<b>tiagabine hcl tab 2 mg</b> .....	35
<b>tiagabine hcl tab 4 mg</b> .....	35
<b>ticagrelor</b>	
see BRILINTA TAB 60MG.....	124
see BRILINTA TAB 90MG.....	124
Tilia Fe	
see <b>norethindrone ac-ethinyl</b>	
<b>estradiol-fe tab 1-20/1-30/1-35</b>	
<b>mg-mcg</b> .....	99
<b>timolol maleate ophth gel forming</b>	
<b>soln 0.25%</b> .....	152
<b>timolol maleate ophth gel forming</b>	
<b>soln 0.5%</b> .....	152
<b>timolol maleate ophth soln 0.25%</b>	
.....	152
<b>timolol maleate ophth soln 0.5%</b>	
.....	152
<b>timolol maleate tab 10 mg</b> .....	91

<b>timolol maleate tab 20 mg</b> .....	91	<b>tolmetin sodium tab 200 mg</b> .....	10
<b>timolol maleate tab 5 mg</b> .....	91	<b>tolmetin sodium tab 600 mg</b> .....	10
<b>tinidazole tab 250 mg</b> .....	21	<b>tolnaftate aerosol pow 1%</b> .....	106
<b>tinidazole tab 500 mg</b> .....	21	<b>tolnaftate cream 1%</b> .....	106
<b>tioconazole vaginal oint 6.5%</b> ...	173	<b>tolnaftate powder 1%</b> .....	106
<b>tiotropium bromide monohydrate</b>		<b>tolnaftate soln 1%</b> .....	106
see SPIRIVA AER 1.25MCG .....	27	<b>tolterodine tartrate tab 1 mg</b> ....	170
see SPIRIVA CAP HANDIHLR .....	27	<b>tolterodine tartrate tab 2 mg</b> ....	170
see SPIRIVA SPR 2.5MCG.....	27	<b>tolvaptan tab 15 mg</b> .....	117
<b>tiotropium bromide-olodaterol hcl</b>		<b>tolvaptan tab 30 mg</b> .....	117
see STIOLTO AER 2.5-2.5.....	30	<b>topiramate sprinkle cap 15 mg</b> ...	35
<b>tipranavir</b>		<b>topiramate sprinkle cap 25 mg</b> ...	35
see APTIVUS CAP 250MG .....	85	<b>topiramate tab 100 mg</b> .....	35
see APTIVUS SOL.....	85	<b>topiramate tab 200 mg</b> .....	35
TIVICAY PD TAB 5MG .....	87	<b>topiramate tab 25 mg</b> .....	35
TIVICAY TAB 10MG .....	87	<b>topiramate tab 50 mg</b> .....	35
TIVICAY TAB 25MG .....	88	<b>toremifene citrate tab 60 mg (base</b>	
TIVICAY TAB 50MG .....	88	<b>equivalent)</b> .....	70
<b>tizanidine hcl tab 2 mg (base</b>		<b>toremifene citrate tab 60 mg (base</b>	
<b>equivalent)</b> .....	149	<b>equivalent)</b> .....	70
<b>tizanidine hcl tab 4 mg (base</b>		<b>torsemide tab 10 mg</b> .....	114
<b>equivalent)</b> .....	149	<b>torsemide tab 100 mg</b> .....	114
TL FOLATE TAB.....	148	<b>torsemide tab 20 mg</b> .....	114
TOBRADEX OIN 0.3-0.1% .....	154	<b>torsemide tab 5 mg</b> .....	114
<b>tobramycin nebu soln 300 mg/5ml</b>		TOUJEO MAX INJ 300IU/ML.....	50
.....	6	TOUJEO SOLO INJ 300IU/ML .....	50
<b>tobramycin ophth soln 0.3%</b> .....	154	TOVIAZ TAB 4MG .....	170
<b>tobramycin-dexamethasone</b>		TOVIAZ TAB 8MG .....	171
see TOBRADEX OIN 0.3-0.1%.....	154	TRACLEER TAB 32MG .....	95
<b>tobramycin-dexamethasone ophth</b>		TRADJENTA TAB 5MG.....	46
<b>susp 0.3-0.1%</b> .....	154	<b>tramadol hcl tab 50 mg</b> .....	17
<b>tocilizumab</b>		<b>tramadol hcl tab er 24hr 100 mg</b> 17	
see ACTEMRA INJ 162/0.9.....	7	<b>tramadol hcl tab er 24hr 200 mg</b> 17	
see ACTEMRA INJ 200/10ML .....	8	<b>tramadol hcl tab er 24hr 300 mg</b> 17	
see ACTEMRA INJ 400/20ML .....	8	<b>tramadol hcl tab er 24hr biphasic</b>	
see ACTEMRA INJ 80MG/4ML .....	7	<b>release 100 mg</b> .....	17
see ACTEMRA INJ ACTPEN.....	8	<b>tramadol hcl tab er 24hr biphasic</b>	
TODAY SPONGE MIS .....	173	<b>release 200 mg</b> .....	17
<b>tofacitinib citrate</b>		<b>tramadol hcl tab er 24hr biphasic</b>	
see XELJANZ SOL 1MG/ML .....	7	<b>release 300 mg</b> .....	17
see XELJANZ TAB 10MG .....	7	<b>tramadol-acetaminophen tab 37.5-</b>	
see XELJANZ TAB 5MG.....	7	<b>325 mg</b> .....	18
see XELJANZ XR TAB 11MG .....	7	<b>trametinib dimethyl sulfoxide</b>	
see XELJANZ XR TAB 22MG .....	7	see MEKINIST TAB 0.5MG .....	73
<b>tolbutamide tab 500 mg</b> .....	52	see MEKINIST TAB 2MG.....	73
<b>tolcapone tab 100 mg</b> .....	75	<b>trandolapril tab 1 mg</b> .....	61
<b>tolmetin sodium cap 400 mg</b> .....	10	<b>trandolapril tab 2 mg</b> .....	61
		<b>trandolapril tab 4 mg</b> .....	61
		<b>tranexamic acid tab 650 mg</b> .....	127

<b>tranylcypromine sulfate tab 10 mg</b>	TRESIBA INJ 100UNIT .....	50
.....	<b>tretinoin cap 10 mg</b> .....	75
<b>trastuzumab-anns</b>	<b>tretinoin cream 0.025%</b> .....	104
see KANJINTI INJ 420MG .....	<b>tretinoin cream 0.05%</b> .....	104
see KANJINTI SOL 150MG .....	<b>tretinoin cream 0.1%</b> .....	104
<b>trastuzumab-dkst</b>	<b>tretinoin gel 0.01%</b> .....	104
see OGIVRI INJ 150MG .....	<b>tretinoin gel 0.025%</b> .....	104
see OGIVRI INJ 420MG .....	<b>triamcinolone acetone cream</b>	
<b>trastuzumab-dttb</b>	<b>0.025%</b> .....	110
see ONTRUZANT INJ 150MG .....	<b>triamcinolone acetone cream</b>	
see ONTRUZANT INJ 420MG .....	<b>0.1%</b> .....	110
<b>trastuzumab-pkrb</b>	<b>triamcinolone acetone cream</b>	
see HERZUMA INJ 150MG.....	<b>0.5%</b> .....	110
see HERZUMA INJ 420MG.....	<b>triamcinolone acetone dental</b>	
<b>trastuzumab-qyyp</b>	<b>paste 0.1%</b> .....	144
see TRAZIMERA INJ 150MG .....	<b>triamcinolone acetone lotion</b>	
see TRAZIMERA INJ 420MG .....	<b>0.025%</b> .....	110
<b>travoprost ophth soln 0.004%</b>	<b>triamcinolone acetone lotion</b>	
<b>(benzalkonium free) (bak free)</b>	<b>0.1%</b> .....	110
.....	<b>triamcinolone acetone nasal</b>	
TRAZIMERA INJ 150MG .....	<b>aerosol suspension 55 mcg/act</b>	
TRAZIMERA INJ 420MG .....	.....	150
<b>trazodone hcl tab 100 mg</b> .....	<b>triamcinolone acetone oint</b>	
<b>trazodone hcl tab 150 mg</b> .....	<b>0.025%</b> .....	110
<b>trazodone hcl tab 50 mg</b> .....	<b>triamcinolone acetone oint 0.1%</b>	
TRECATOR TAB 250MG .....	.....	110
TRELEGY AER 100MCG .....	<b>triamcinolone acetone oint 0.5%</b>	
TRELEGY AER 200MCG .....	.....	110
TRELSTAR MIX INJ 11.25MG.....	<b>triamterene &amp; hydrochlorothiazide</b>	
TRELSTAR MIX INJ 3.75MG .....	<b>cap 37.5-25 mg</b> .....	113
TREMFYA INJ 100MG/ML.....	<b>triamterene &amp; hydrochlorothiazide</b>	
<b>treprostinil diolamine</b>	<b>tab 37.5-25 mg</b> .....	113
see ORENITRAM TAB 0.125MG .....	<b>triamterene &amp; hydrochlorothiazide</b>	
see ORENITRAM TAB 0.25MG.....	<b>tab 75-50 mg</b> .....	113
see ORENITRAM TAB 1MG .....	<b>triamterene cap 100 mg</b> .....	114
see ORENITRAM TAB 2.5MG .....	<b>triamterene cap 50 mg</b> .....	114
see ORENITRAM TAB 5MG .....	<b>triazolam tab 0.125 mg</b> .....	128
<b>treprostinil inj soln 100 mg/20ml</b>	<b>triazolam tab 0.25 mg</b> .....	128
<b>(5 mg/ml)</b> .....	Tricon	
<b>treprostinil inj soln 20 mg/20ml (1</b>	see <b>fe fumarate w/ b12-vit c-fa-</b>	
<b>mg/ml)</b> .....	<b>ifc cap 110-0.015-75-0.5-240</b>	
<b>treprostinil inj soln 200 mg/20ml</b>	<b>mg</b> .....	126
<b>(10 mg/ml)</b> .....	<b>trifluoperazine hcl tab 1 mg (base</b>	
<b>treprostinil inj soln 50 mg/20ml</b>	<b>equivalent)</b> .....	83
<b>(2.5 mg/ml)</b> .....	<b>trifluoperazine hcl tab 10 mg (base</b>	
TRESIBA FLEX INJ 100UNIT.....	<b>equivalent)</b> .....	83
TRESIBA FLEX INJ 200UNIT.....		

**trifluoperazine hcl tab 2 mg (base equivalent)** .....83  
**trifluoperazine hcl tab 5 mg (base equivalent)** .....83  
**trifluridine ophth soln 1%**..... 154  
**trifluridine-tipiracil**  
 see LONSURF TAB 15-6.14 .....71  
 see LONSURF TAB 20-8.19 .....71  
**trihexyphenidyl hcl oral soln 0.4 mg/ml**.....75  
**trihexyphenidyl hcl tab 2 mg**..... 75  
**trihexyphenidyl hcl tab 5 mg**.....75  
 TRIJARDY XR TAB ..... 44, 45  
**trimethobenzamide hcl cap 300 mg**  
 .....53  
**trimethoprim tab 100mg** .....21  
**trimipramine maleate cap 100 mg**  
 .....41  
**trimipramine maleate cap 25 mg** 41  
**trimipramine maleate cap 50 mg** 41  
 TRINATAL RX TAB 1 ..... 148  
 Trinate  
 see **prenatal vit w/ fe fumarate-fa tab 28-1 mg** ..... 148  
 TRINTELLIX TAB 10MG .....38  
 TRINTELLIX TAB 20MG .....38  
 TRINTELLIX TAB 5MG .....38  
 Triple Antibiotic Plus  
 see **neomycin-bacitracin-polymyxin-pramoxine oint 1%**  
 ..... 105  
 Triple Paste Af  
 see **miconazole nitrate ointment 2%** ..... 106  
**triptorelin pamoate**  
 see TRELSTAR MIX INJ 11.25MG ...70  
 see TRELSTAR MIX INJ 3.75MG .....70  
 TRIUMEQ PD TAB.....88  
 TRIUMEQ TAB .....88  
 TRI-VI-SOL SOL A/C/D ..... 146  
 Tri-vitamin/fluoride  
 see **pediatric vitamins acid w/ fluoride soln 0.25 mg/ml**..... 146  
 see **pediatric vitamins acid w/ fluoride soln 0.5 mg/ml**..... 146  
**tropicamide ophth soln 0.5%** .... 153  
**tropicamide ophth soln 1%** ..... 153

**trospium chloride cap er 24hr 60 mg** ..... 171  
**trospium chloride tab 20 mg** ..... 171  
 TRUE METRIX KIT AIR ..... 134  
 TRUE METRIX KIT METER..... 134  
 TRUE METRIX MIS AIR ..... 134  
 TRUE METRIX TES GLUCOSE ..... 112  
 TRULICITY INJ 0.75/0.5 ..... 47  
 TRULICITY INJ 1.5/0.5 ..... 47  
 TRULICITY INJ 3/0.5 ..... 47  
 TRULICITY INJ 4.5/0.5 ..... 47  
 TWINRIX INJ..... 172  
 TWIRLA DIS 120-30..... 99  
 TYBOST TAB 150MG..... 88  
 Tydemy  
 see **drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg** ..... 98  
 TYMLOS INJ ..... 115  
 TYSABRI INJ 300/15ML ..... 162  
**U**  
 UBRELVY TAB 100MG ..... 136  
 UBRELVY TAB 50MG..... 136  
**ubrogepant**  
 see UBRELVY TAB 100MG ..... 136  
 see UBRELVY TAB 50MG ..... 136  
 ULESFIA LOT 5%..... 112  
**ulipristal acetate**  
 see ELLA TAB 30MG ..... 100  
 Ultra Choice Multivitamin  
 see **pediatric multiple vitamins w/ iron chew tab 18 mg** ..... 146  
**umeclidinium bromide**  
 see INCRUSE ELPT INH 62.5MCG .. 27  
**umeclidinium-vilanterol**  
 see ANORO ELLIPT AER 62.5-25 ... 29  
 UNIFIBER POW..... 129  
**upadacitinib**  
 see RINVOQ TAB 15MG ER.....7  
 see RINVOQ TAB 30MG ER.....7  
 see RINVOQ TAB 45MG ER.....7  
 UPTRAVI TAB 1000MCG..... 95  
 UPTRAVI TAB 1200MCG..... 95  
 UPTRAVI TAB 1400MCG..... 96  
 UPTRAVI TAB 1600MCG..... 96  
 UPTRAVI TAB 200/800 ..... 95  
 UPTRAVI TAB 200MCG ..... 95

UPTRAVI TAB 400MCG .....95  
 UPTRAVI TAB 600MCG .....95  
 UPTRAVI TAB 800MCG .....95  
**ursodiol cap 300 mg** ..... 119  
**ursodiol tab 250 mg** ..... 119  
**ursodiol tab 500 mg** ..... 120  
**ustekinumab**  
 see STELARA INJ 45MG/0.5 ..... 107  
 see STELARA INJ 90MG/ML..... 107  
**ustekinumab (iv)**  
 see STELARA INJ 5MG/ML ..... 120

**V**

**valacyclovir hcl tab 1 gm**.....89  
**valacyclovir hcl tab 500 mg** .....89  
**valganciclovir hcl for soln 50 mg/ml (base equiv)** .....88  
**valganciclovir hcl tab 450 mg (base equivalent)** .....88  
**valproate sodium oral soln 250 mg/5ml (base equiv)** .....36  
**valproic acid cap 250 mg** .....36  
**valsartan tab 160 mg** .....63  
**valsartan tab 320 mg** .....63  
**valsartan tab 40 mg** .....63  
**valsartan tab 80 mg** .....63  
**valsartan-hydrochlorothiazide tab 160-12.5 mg** .....66  
**valsartan-hydrochlorothiazide tab 160-25 mg** .....66  
**valsartan-hydrochlorothiazide tab 320-12.5 mg** .....66  
**valsartan-hydrochlorothiazide tab 320-25 mg** .....66  
**valsartan-hydrochlorothiazide tab 80-12.5 mg** .....66  
 VALTOCO SPR 10MG .....33  
 VALTOCO SPR 15MG .....33  
 VALTOCO SPR 20MG .....33  
 VALTOCO SPR 5MG .....33  
**vancomycin hcl**  
 see FIRVANQ SOL 25MG/ML .....22  
 see FIRVANQ SOL 50MG/ML .....22  
**vandetanib**  
 see CAPRELSA TAB 100MG .....71  
 see CAPRELSA TAB 300MG .....71  
 VAQTA INJ 25/0.5ML .....172  
 VAQTA INJ 50UNT/ML..... 172

**varenicline tartrate**  
 see CHANTIX PAK 0.5& 1MG..... 162  
 see CHANTIX TAB 0.5MG ..... 163  
 see CHANTIX TAB 1MG ..... 163  
**varenicline tartrate tab 0.5 mg (base equiv)** ..... 163  
**varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack** ..... 163  
**varenicline tartrate tab 1 mg (base equiv)** ..... 163  
 VAXNEUVANCE INJ ..... 171  
 V-c Forte  
 see **multiple vitamins w/ minerals cap**..... 145  
 VCF VAGINAL AER CONTRACP ..... 173  
 VCF VAGINAL GEL CONTRACE ..... 173  
 VCF VAGINAL MIS CONTRACP ..... 173  
 VECAMYL TAB 2.5MG ..... 66  
 Velivet  
 see **desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg** ..... 97  
 VELPHORO CHW 500MG ..... 121  
 VELTASSA POW 16.8GM ..... 144  
 VELTASSA POW 25.2GM ..... 144  
 VELTASSA POW 8.4GM ..... 144  
 VEMLIDY TAB 25MG ..... 89  
**venlafaxine hcl cap er 24hr 150 mg (base equivalent)** ..... 39  
**venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)** ..... 39  
**venlafaxine hcl cap er 24hr 75 mg (base equivalent)** ..... 39  
**venlafaxine hcl tab 100 mg (base equivalent)** ..... 39  
**venlafaxine hcl tab 25 mg (base equivalent)** ..... 39  
**venlafaxine hcl tab 37.5 mg (base equivalent)** ..... 39  
**venlafaxine hcl tab 50 mg (base equivalent)** ..... 39  
**venlafaxine hcl tab 75 mg (base equivalent)** ..... 39  
 VENTAVIS SOL 10MCG/ML ..... 95  
 VENTAVIS SOL 20MCG/ML ..... 95  
**verapamil hcl cap er 24hr 100 mg** ..... 93

<b>verapamil hcl cap er 24hr 120 mg</b>	93	see <b>pot phos monobasic w/sod</b>	
.....	93	<b>phos di &amp; monobas tab 155-</b>	
<b>verapamil hcl cap er 24hr 180 mg</b>	93	<b>852-130mg</b>	142
.....	93	VISCO-3 INJ 25/2.5ML	149
<b>verapamil hcl cap er 24hr 240 mg</b>	93	<b>vismodegib</b>	
.....	93	see ERIVEDGE CAP 150MG	69
<b>verapamil hcl cap er 24hr 300 mg</b>	93	Vita-bee/c	
.....	93	see <b>b-complex w/ c &amp; folic acid</b>	
<b>verapamil hcl cap er 24hr 360 mg</b>	93	<b>tab</b>	145
.....	93	VITAFOL-OB TAB 65-1MG	148
<b>verapamil hcl tab 120 mg</b>	94	<b>vitamin b-6 tab 200mg tr</b>	175
<b>verapamil hcl tab 40 mg</b>	93	VIVITROL INJ 380MG	53
<b>verapamil hcl tab 80 mg</b>	94	VOL-PLUS TAB	149
<b>verapamil hcl tab er 120 mg</b>	94	VOL-TAB RX TAB	149
<b>verapamil hcl tab er 180 mg</b>	94	VOLTAREN GEL 1%	105
<b>verapamil hcl tab er 240 mg</b>	94	<b>vorapaxar sulfate</b>	
VEREGEN OIN 15%	104	see ZONTIVITY TAB 2.08MG	124
VICTOZA INJ 18MG/3ML	48	<b>voriconazole tab 200 mg</b>	54
VIDEX EC CAP 125MG	88	<b>voriconazole tab 50 mg</b>	54
VIEKIRA PAK TAB	89	<b>vorinostat</b>	
<b>vigabatrin powd pack 500 mg</b>	35	see ZOLINZA CAP 100MG	74
<b>vigabatrin tab 500 mg</b>	35	<b>vortioxetine hbr</b>	
Vigadrone		see TRINTELLIX TAB 10MG	38
see <b>vigabatrin powd pack 500 mg</b>	35	see TRINTELLIX TAB 20MG	38
.....	35	see TRINTELLIX TAB 5MG	38
VIIBRYD KIT STARTER	38	VOSEVI TAB	89
VIIBRYD TAB 10MG	38	VOTRIENT TAB 200MG	74
VIIBRYD TAB 20MG	38	VRAYLAR CAP 1.5MG	77
VIIBRYD TAB 40MG	38	VRAYLAR CAP 3MG	77
<b>vilazodone hcl</b>		VRAYLAR CAP 4.5MG	78
see VIIBRYD KIT STARTER	38	VRAYLAR CAP 6MG	78
see VIIBRYD TAB 10MG	38	VUMERITY CAP 231MG	162
see VIIBRYD TAB 20MG	38	VYVANSE CAP 10MG	2
see VIIBRYD TAB 40MG	38	VYVANSE CAP 20MG	2
VIMPAT SOL 10MG/ML	35	VYVANSE CAP 30MG	2
VIMPAT TAB 100MG	35	VYVANSE CAP 40MG	2
VIMPAT TAB 150MG	35	VYVANSE CAP 50MG	2
VIMPAT TAB 200MG	35	VYVANSE CAP 60MG	2
VIMPAT TAB 50MG	35	VYVANSE CAP 70MG	2
VINATE II TAB	148	<b>W</b>	
VINATE M TAB	148	Wal-dryl Allergy Relief C	
VIRACEPT TAB 250MG	88	see <b>diphenhydramine hcl tab</b>	
VIRACEPT TAB 625MG	88	<b>disint 12.5 mg</b>	55
Virt-caps		Wal-dryl Pe Allergy/sinu	
see <b>b-complex w/ c &amp; folic acid</b>		see <b>diphenhydramine-</b>	
<b>cap 1 mg</b>	145	<b>phenylephrine tab 25-10 mg</b>	102
Virt-phos 250 Neutral		Wal-itin Aller-melts	

see <b>loratadine rapidly-disintegrating tab 10 mg</b> .....	55
Wal-tap Cold & Allergy	
see <b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b> .....	102
<b>warfarin sodium</b>	
see COUMADIN TAB 10MG .....	30
see COUMADIN TAB 1MG .....	30
see COUMADIN TAB 2.5MG .....	30
see COUMADIN TAB 2MG .....	30
see COUMADIN TAB 3MG .....	30
see COUMADIN TAB 4MG .....	30
see COUMADIN TAB 5MG .....	30
see COUMADIN TAB 6MG .....	30
see COUMADIN TAB 7.5MG .....	30
<b>warfarin sodium tab 1 mg</b> .....	30
<b>warfarin sodium tab 10 mg</b> .....	31
<b>warfarin sodium tab 2 mg</b> .....	30
<b>warfarin sodium tab 2.5 mg</b> .....	30
<b>warfarin sodium tab 3 mg</b> .....	30
<b>warfarin sodium tab 4 mg</b> .....	31
<b>warfarin sodium tab 5 mg</b> .....	31
<b>warfarin sodium tab 6 mg</b> .....	31
<b>warfarin sodium tab 7.5 mg</b> .....	31
<b>water for irrigation, sterile irrigation soln</b> .....	144
Wee Care	
see <b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b> .....	126
<b>wheat dextrin oral powder</b> .....	129
<b>white petrolatum-mineral oil ophthalmic ointment</b> .....	152
WIDE-SEAL DPR KIT 60 .....	133
WIDE-SEAL DPR KIT 65 .....	133
WIDE-SEAL DPR KIT 70 .....	133
WIDE-SEAL DPR KIT 75 .....	133
WIDE-SEAL DPR KIT 80 .....	133
WIDE-SEAL DPR KIT 85 .....	133
WIDE-SEAL DPR KIT 90 .....	133
WIDE-SEAL DPR KIT 95 .....	133
WP THYROID TAB 81.25MG .....	166
<b>X</b>	
XALKORI CAP 200MG .....	74
XALKORI CAP 250MG .....	74
XARELTO STAR TAB 15/20MG .....	31
XARELTO SUS 1MG/ML .....	31

XARELTO TAB 10MG .....	31
XARELTO TAB 15MG .....	31
XARELTO TAB 2.5MG .....	31
XARELTO TAB 20MG .....	31
XELJANZ SOL 1MG/ML .....	7
XELJANZ TAB 10MG .....	7
XELJANZ TAB 5MG .....	7
XELJANZ XR TAB 11MG .....	7
XELJANZ XR TAB 22MG .....	7
XGEVA INJ .....	115
XIFAXAN TAB 200MG .....	21
XIFAXAN TAB 550MG .....	21
XIGDUO XR TAB 10-1000 .....	45
XIGDUO XR TAB 10-500MG .....	45
XIGDUO XR TAB 2.5-1000 .....	45
XIGDUO XR TAB 5-1000MG .....	45
XIGDUO XR TAB 5-500MG .....	45
XOFLUZA TAB 20MG .....	89
XOFLUZA TAB 40MG .....	89
XOFLUZA TAB 80MG .....	89
XOLAIR INJ 150MG/ML .....	26
XOLAIR INJ 75/0.5 .....	26
XOLAIR SOL 150MG .....	26
XTANDI CAP 40MG .....	70
XTANDI TAB 40MG .....	70
XTANDI TAB 80MG .....	71
Xulane	
see <b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	99
XULTOPHY INJ 100/3.6 .....	45
XYREM SOL 500MG/ML .....	160
<b>Z</b>	
<b>zafirlukast tab 10 mg</b> .....	27
<b>zafirlukast tab 20 mg</b> .....	27
<b>zaleplon cap 10 mg</b> .....	128
<b>zaleplon cap 5 mg</b> .....	128
<b>zanamivir</b>	
see RELENZA MIS DISKHALE .....	89
<b>zanubrutinib</b>	
see BRUKINSA CAP 80MG .....	71
ZARXIO INJ 300/0.5 .....	126
ZARXIO INJ 480/0.8 .....	126
ZEJULA CAP 100MG .....	74
ZENPEP CAP 10000UNT .....	113
ZENPEP CAP 15000UNT .....	113
ZENPEP CAP 20000UNT .....	113



ZENPEP CAP 25000UNT .....	113	<b>zolmitriptan orally disintegrating</b>	
ZENPEP CAP 3000UNIT .....	113	<b>tab 2.5 mg</b> .....	138
ZENPEP CAP 40000UNT .....	113	<b>zolmitriptan orally disintegrating</b>	
ZENPEP CAP 5000UNIT .....	113	<b>tab 5 mg</b> .....	138
ZEPATIER TAB 50-100MG .....	89	<b>zolmitriptan tab 2.5 mg</b> .....	138
<b>zidovudine cap 100 mg</b> .....	88	<b>zolmitriptan tab 5 mg</b> .....	138
<b>zidovudine syrup 10 mg/ml</b> .....	88	<b>zolpidem tartrate tab 10 mg</b> .....	129
<b>zidovudine tab 300 mg</b> .....	88	<b>zolpidem tartrate tab 5 mg</b> .....	129
ZIEXTENZO INJ 6/0.6ML .....	126	<b>zonisamide cap 100 mg</b> .....	35
<b>zileuton tab er 12hr 600 mg</b> .....	27	<b>zonisamide cap 25 mg</b> .....	35
<b>zinc sulfate cap 220 mg (50 mg</b>		<b>zonisamide cap 50 mg</b> .....	35
<b>elemental zn)</b> .....	142	ZONTIVITY TAB 2.08MG .....	124
Zinc-220		ZORTRESS TAB 0.25MG .....	143
see <b>zinc sulfate cap 220 mg (50</b>		ZORTRESS TAB 0.5MG .....	143
<b>mg elemental zn)</b> .....	142	ZORTRESS TAB 0.75MG .....	144
ZINC-OXYDE OIN 0.44-20% .....	111	ZORTRESS TAB 1MG .....	144
ZIOPTAN DRO 0.0015% .....	156	ZOSTAVAX INJ .....	172
<b>ziprasidone hcl cap 20 mg</b> .....	78	<b>zoster vaccine live</b>	
<b>ziprasidone hcl cap 40 mg</b> .....	78	see ZOSTAVAX INJ .....	172
<b>ziprasidone hcl cap 60 mg</b> .....	78	<b>zoster vaccine recombinant</b>	
<b>ziprasidone hcl cap 80 mg</b> .....	78	<b>adjuvanted</b>	
ZIRGAN GEL 0.15% .....	154	see SHINGRIX INJ 50/0.5ML .....	172
ZOLADEX IMP 10.8MG .....	71	Z-TUSS AC LIQ 2-9/5ML .....	102
ZOLADEX IMP 3.6MG .....	71	ZYDELIG TAB 100MG .....	74
ZOLINZA CAP 100MG .....	74	ZYDELIG TAB 150MG .....	74
<b>zolmitriptan nasal spray 2.5</b>		ZYKADIA CAP 150MG .....	75
<b>mg/spray unit</b> .....	138	ZYLET SUS 0.5-0.3% .....	155
<b>zolmitriptan nasal spray 5</b>		ZYPREXA RELP INJ 210MG .....	82
<b>mg/spray unit</b> .....	138	ZYPREXA RELP INJ 300MG .....	82
		ZYPREXA RELP INJ 405MG .....	82