

# 2023 | Formulary (List of Covered Drugs) Formulario (Lista de Medicinas Cubiertas)

## Molina Healthcare of Washington, Inc Marketplace

### Notice:

The information in this document is current as of October 1, 2023.

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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 2023.

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

### Vaccine Announcement for 2023-2024 Fall and Winter Seasons

- Your benefit includes coverage at network pharmacies for Influenza, COVID, and Respiratory Syncytial Virus (RSV) vaccines at no cost to you.
  - Influenza – most shots (muscle or under skin) and nose spray version
  - COVID virus – SPIKEVAX and COMIRNATY for all recommended ages
  - Respiratory Syncytial Virus (RSV) –
    - ABRYVVO as a recommended option for pregnant persons close to delivery date or for ages 60 years and over
    - AREXVY as a recommended option for ages 60 years and over
    - Note: BEYFORTUS (not vaccine) is covered under the **medical benefit** for babies and children under 2 years of age, as recommended

### 2023 Formulary Changes Effective October 1, 2023

Drug Name	Description of Formulary Change	Notes/Alternatives
Amjevita SOAJ 40MG/0.8ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Amjevita SOSY 20MG/0.4ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Amjevita SOSY 40MG/0.8ML	Replace with Hadlima Biosimilar	Use Humira or Hadlima
Hadlima PushTouch SOAJ 40MG/0.4ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 syringes every 28 days
Hadlima PushTouch SOAJ 40MG/0.8ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 pens every 28 days
Hadlima SOSY 40MG/0.4ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 syringes every 28 days
Hadlima SOSY 40MG/0.8ML	Add to formulary, Tier 4, PA required, QL	Biosimilar for Humira; QL - 2 pens every 28 days
VAXNEUVANCE INJ	Update QL	4 shots/lifetime

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
Refill Timing, Synchronization, and Proration.....	vi
Prior authorization and exception request procedure .....	vi
Prior authorization .....	vi
Requesting an Exception.....	vii
Complaints and Appeals .....	viii
Notice.....	viii
Legend.....	ix

# 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
- New drugs become available
- New generics are available and take the place of previously covered branded drugs
- New state or federal drug coverage requirements
- A drug is no longer available or has 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 lower enrollee cost sharing
- Changes in preferred status among similar drugs on the list
- Removal of restrictions like prior authorization or step therapy 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). A notice of changes is included with each update.

### **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 **1-888-858-3492**, Monday through Friday, **7:30 AM – 6:30 PM PST**. 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.

The member handbook and the plan agreement also contain important coverage information. Please see the plan agreement for information on contraceptive coverage, benefit exclusions, hospice services, and more.

## 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 tabs / 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

When coverage of nonformulary drugs is 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.

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.

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 (\$35) applies per insulin drug, per 30-day supply. The limit does not apply to products that contain other drugs besides insulin.
- There are limits on your cost sharing for anticancer drugs taken by mouth.

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

Information about prescription drug cost sharing amounts can be found 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 pickup.

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 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 **1-888-858-3492**. Member Services is available Monday through Friday **7:30 AM – 6:30 PM PST**.

Prescribers and pharmacies may contact our Provider Services Help Desk at **1-855-322-4082**.

## 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 call us at **1-855-322-4082** 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.

## **Refill Timing, Synchronization, and Proration**

In general, 30-day supplies of medications can be refilled when 85% of the predicted days of use have passed from the date of the prior fill. Please see the “Proration and Synchronization” section of your plan agreement for any drugs that have special refill timing. Your pharmacy or provider can ask to override refill timing limits in order to synchronize the fill dates of your medications by contacting the CVS Caremark® Help Desk at 1 (888) 407-6425. If shorter or longer day supplies are dispensed to synchronize your medications, your cost sharing on those supplies will be prorated.

# **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 **1-800-869-7791**. The clinical policies and forms may be obtained at our website [MolinaMarketplace.com](http://MolinaMarketplace.com). Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

If your prescription requires a Prior Authorization or Formulary Exception, your provider can ask for the request to be reviewed as an Urgent Circumstance.

- 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?

Molina members can request coverage of clinically appropriate drugs that are not on the formulary, or have “fail first” or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on “exception,” as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member’s behalf. These requests will be considered for a medically accepted use when formulary options cannot be used, and other coverage requirements are met. A member’s response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

Formulary drugs are typically prescribed by providers for members to get from a pharmacy and give themselves. Most injectable drugs that require a provider’s help are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for members’ drugs. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

### Are there any drugs or other products that are not covered at all?

Non-covered drugs or other products such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Your plan does not cover certain types of drugs that are listed as benefit exclusions in the plan policy. For more information refer to the sections in your Agreement (policy) titled “Non-Covered Drugs” and “Exclusions”.

### How do I request a Formulary Exception?

The process for requesting a formulary exception is the same for requesting prior authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine medical necessity.

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at **1 (800) 869-7791**. The form may be obtained on [MolinaMarketplace.com](http://MolinaMarketplace.com) at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted. Your provider may also use CoverMyMeds® or Surescripts® to submit your request electronically.

A member stabilized on a nonformulary drug may remain on the drug during the formulary exception review process by requesting an emergency fill. To request an emergency fill, the pharmacy can call **1 (800) 213-5525, Option 1-2-2**. Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.

Molina will grant a formulary exception if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member’s documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm

- The supporting medical information clearly shows formulary or required drugs are not in the member’s best interest, because they are likely to:
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a member’s comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the member’s ability to achieve or maintain reasonable functional ability in performing daily activities

After receiving all the needed information from the member’s provider, Molina will notify the member’s treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception requests apply when a member is experiencing a health situation that may seriously jeopardize their life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina Healthcare will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to discuss the denial with Molina. If the member disagrees with the denial of the request, the member can appeal Molina’s coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina’s coverage decision during an appeal. The IRO will notify the requestor of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request

## Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at **1-888-858-3492**. 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. CoverMyMeds® and Surescripts® are registered trademarks of third parties belonging to their respective companies.

# 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.

Your plan also covers up to 90-day supplies in person at CVS retail pharmacies on the same drugs that are eligible for Mail Order.

2023

# Guía del Formulario

(Lista de Medicamentos Cubiertos)

Molina Marketplace – Washington

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



# 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 .....	vi
Red de Farmacias .....	vi
Farmacia de Especialidad .....	vi
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 .....	vii
Tiempo de Renovación, Sincronización y Prorrateo .....	vii
Procedimiento de solicitud de excepción y autorización previa .....	vii
Autorización previa .....	vii
Cómo solicitar una Excepción .....	viii
Quejas y Apelaciones .....	x
Aviso.....	x
Leyenda .....	xi

# ¡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.
- Disponibilidad de medicamentos nuevos.
- Disponibilidad de nuevos medicamentos genéricos que se utilizan en lugar de los medicamentos de marca cubiertos anteriormente.
- Nuevos requisitos de cobertura estatal o federal para medicamentos.
- Un medicamento ya no está disponible o presenta un nuevo problema de seguridad.

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, lo que representa menores costos compartidos para la persona inscrita.
- Cambios en el estado de preferencia entre medicamentos similares de la lista.
- Eliminación de restricciones, como la autorización previa o la terapia progresiva, 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). Con cada actualización, se incluye un aviso de cambios.

### ¿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 **1-888-858-3492**, de lunes a viernes, de **7:30 a.m. a 6:30 p.m., hora estándar del pacífico**. 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.

En el Manual del Miembro y el acuerdo del plan también se incluye información importante sobre la cobertura. Consulte el acuerdo del plan para obtener información sobre la cobertura de anticonceptivos, las exclusiones de beneficios, los servicios en un centro de cuidado paliativo y más.

### **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).

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

---

Cuando se aprueba una excepción de formulario con el fin de cubrir medicamentos que no aparecen en el formulario, las personas inscritas pagan los costos compartidos de Nivel 3 para los Medicamentos No Especializados o los costos compartidos de Nivel 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.

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.

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 (\$35) se aplica por insulina y por suministro de 30 días. El límite no se aplica a los productos que contienen otros medicamentos además de la insulina.
- Existen límites en sus costos compartidos para medicamentos contra el cáncer que se toman por vía oral.

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

Puede encontrar información sobre los montos de los costos compartidos para medicamentos recetados en nuestro folleto “Sus Beneficios a Simple Vista”, o bien puede ingresar su información de recetas médicas en la herramienta “Search Drugs” (Búsqueda de Medicamentos) en [MolinaMarketplace.com](http://MolinaMarketplace.com). Esta herramienta proporcionará una estimación del costo para los medicamentos del formulario. Si crea una cuenta en [Caremark.com](http://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 el Nivel 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 puede enviar solicitudes de Autorización Previa directamente a nosotros 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 la persona inscrita, 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 la persona inscrita 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 pueden visitar 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 los beneficios de medicamentos recetados, además de resolver las dudas sobre la elegibilidad, llame al Centro de Apoyo al Cliente al **1-888-858-3492**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **7:30 a.m. a 6:30 p.m., hora estándar del pacífico**.

Los recetadores y las farmacias se pueden comunicar con nuestra Línea de Ayuda Técnica para Servicios de Proveedores al **1-855-322-4082**.

## **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 pueden llamarnos al **1-855-322-4082** el siguiente día laborable para obtener una autorización que permita que la receta médica urgente o fuera del horario regular se procese en línea. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

## **Tiempo de Renovación, Sincronización y Prorrateso**

En general, los suministros de medicamentos para 30 días se pueden renovar cuando haya pasado un 85 % de los días de uso previsto a partir de la fecha anterior de surtido. Consulte la sección “Distribución y Prorrateso” del acuerdo del plan para obtener información acerca de cualquier medicamento que tenga un período especial de renovación. Su farmacia o proveedor pueden solicitar que se anulen los límites de tiempo de renovación con el objetivo de sincronizar las fechas de surtido de sus medicamentos. Para ello, pueden comunicarse con la Línea de Ayuda Técnica de CVS Caremark® al 1 (888) 407-6425. Si se dispensan suministros por una cantidad de días mayor o menor con el fin de sincronizar sus medicamentos, se prorratesarán los costos compartidos de esos suministros.

# **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 completado de Autorización Previa de medicamentos al **1-800-869-7791**. Las políticas y los formularios clínicos se pueden obtener en nuestro sitio web [MolinaMarketplace.com](http://MolinaMarketplace.com). Su proveedor también puede utilizar CoverMyMeds® o Surescripts® para enviar su solicitud de forma electrónica.

Si su receta médica requiere una Autorización Previa o una Excepción de Formulario, su proveedor puede pedir que la solicitud se revise como una Circunstancia Urgente.

- 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?

Los miembros de Molina pueden solicitar la cobertura de medicamentos clínicamente apropiados que no formen parte del formulario, o que “no hayan producido resultados satisfactorios primero” o no hayan cumplido con otros requisitos. Es posible que el plan no cubra los medicamentos que no forman parte del formulario. Para los miembros, estos medicamentos pueden ser más costosos que los medicamentos similares que están en el formulario si están cubiertos por una “excepción”, según se describe en las siguientes secciones. Para solicitar la cobertura de los medicamentos que no forman parte del formulario, un proveedor puede presentar una solicitud de excepción de formulario en representación de un miembro. Estas solicitudes se considerarán para un uso aceptado por razones médicas cuando no se puedan utilizar las opciones del formulario y cuando se cumplan otros requisitos de cobertura. La respuesta de un miembro a muestras de medicamentos de un proveedor o fabricante de medicamentos no es un motivo para incumplir las normas estándar de cobertura de medicamentos del plan.

Por lo general, los proveedores recetan los medicamentos del formulario para que los miembros los obtengan en una farmacia y los tomen por sí mismos. La mayoría de los medicamentos inyectables que requieren de la ayuda de un proveedor cuentan con cobertura por el beneficio médico en lugar del beneficio de farmacia. Molina brinda instrucciones a los proveedores acerca de cómo obtener una aprobación anticipada para los medicamentos de los miembros. Es posible obtener aprobación para adquirir algunos medicamentos inyectables a través de un proceso de excepciones con el fin de obtenerlos en una farmacia mediante el beneficio de farmacia del plan.

### ¿Existen medicamentos u otros productos que no tengan ninguna cobertura?

Los medicamentos u otros productos no cubiertos, como las exclusiones de beneficios, no cuentan con ninguna cobertura. No pueden recibir aprobación para la cobertura por excepción de formulario. Su plan no cubre ciertos tipos de medicamentos que se indican como exclusiones de beneficios en la política del plan. Para obtener más información, consulte las secciones de su Acuerdo (póliza) tituladas “Medicamentos No Cubiertos” y “Exclusiones”.

### ¿Cómo solicito una Excepción de Formulario?

El proceso para solicitar una excepción de formulario es el mismo que para solicitar una autorización previa de medicamentos del formulario que requieren aprobación anticipada para obtener la cobertura. Las solicitudes se revisan en función de las normas estándar para determinar la necesidad médica.

Un proveedor puede enviar por fax un formulario completado de **Autorización Previa/Solicitud de Excepción de Medicamentos** a Molina al **1 (800) 869-7791**. El formulario está disponible en [MolinaMarketplace.com](http://MolinaMarketplace.com) en la página de formularios y documentos del proveedor. El formulario se debe completar y debe incluir toda la información médica. De

lo contrario, no se aceptará. Su proveedor también puede utilizar CoverMyMeds® o Surescripts® para enviar su solicitud de forma electrónica.

Un miembro que se encuentre estable con el tratamiento con un medicamento que no forma parte del formulario puede continuar tomando dicho medicamento durante el proceso de revisión de la excepción del formulario si envía una solicitud para un surtido de emergencia. Para solicitar un surtido de emergencia, la farmacia puede llamar al **1 (800) 213-5525, Opción 1-2-2**. Los ensayos de muestras de medicamentos de un recetador o de un fabricante de medicamentos no se considerarán como tratamiento actual.

Molina concederá una excepción de formulario si sus revisores determinan que la información de respaldo muestra alguna de las siguientes razones:

- El miembro tiene una contraindicación médica al medicamento del formulario o al medicamento requerido.
- El medicamento requerido probablemente causará una reacción adversa clínicamente previsible si el miembro lo toma.
- Se espera que el medicamento requerido sea ineficaz en función de las características clínicas documentadas del miembro.
- El miembro probó el medicamento requerido, un medicamento relacionado o un medicamento que funciona de una manera similar, e interrumpió su consumo debido a la falta de efectividad, la pérdida de efecto o la aparición de un efecto adverso.
- El miembro consume el medicamento como tratamiento actual con documentación de un resultado terapéutico positivo y cambiar al medicamento requerido probablemente causará reacciones adversas clínicamente predecibles o perjuicios.
- La información médica de respaldo muestra claramente que el formulario o los medicamentos requeridos no proporcionarán el mayor beneficio al miembro debido a que puede ocurrir alguna de las siguientes consecuencias:
  - Representará una barrera para el cumplimiento del plan de tratamiento;
  - Tendrá un efecto negativo sobre la situación de comorbilidad del miembro;
  - Provocará una interacción farmacológica negativa clínicamente predecible; o
  - Disminuirá la capacidad del miembro para lograr o mantener un desempeño funcional razonable en el desarrollo de sus actividades diarias.

Después de recibir toda la información necesaria por parte del proveedor del miembro, Molina notificará al proveedor de tratamiento del miembro sobre la aprobación o la denegación de la solicitud en los siguientes plazos:

- Dentro de 72 horas para solicitudes estándar
- Dentro de 24 horas para solicitudes urgentes

Las solicitudes de excepción urgentes son válidas cuando un miembro experimenta una situación de salud que puede poner en grave peligro su vida, su salud o su capacidad para recuperar la funcionalidad máxima, o cuando un miembro se encuentra en tratamiento actual con un medicamento que no forma parte del formulario.

Si se deniega la solicitud, Molina Healthcare enviará una carta al miembro y a su recetador, en la cual se explicará el motivo por el que se denegó el medicamento o producto. El recetador puede solicitar que se lleve a cabo un análisis de la denegación con Molina. Si el miembro no está de acuerdo con la denegación de la solicitud, puede apelar la decisión de cobertura de Molina. Además, el recetador puede solicitar que una Organización de Revisión Independiente (Independent Review Organization, IRO) revise la decisión de cobertura de Molina durante una apelación. La IRO notificará su decisión al solicitante en los siguientes plazos máximos:

- 72 horas después de la recepción de una apelación por una solicitud de excepción estándar denegada

- 24 horas después de la recepción de una apelación por una solicitud de excepción urgente denegada

## Quejas y Apelaciones

Puede presentar un reclamo o una queja comunicándose con el Centro de Apoyo al Cliente de Molina al **1-888-858-3492**. 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](http://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. CoverMyMeds® y Surescripts® son marcas comerciales registradas de terceros y pertenecen a sus respectivas empresas.

# 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.

Su plan también cubre hasta 90 días de suministros de manera presencial en las farmacias minoristas de CVS con los mismos medicamentos que son elegibles para Pedidos por Correo.



**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 every 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 every 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 every 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 every 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 every 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 every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>amphetamine-dextroamphetamine tab 5 mg</i></b>	Tier 1	QL (90 tabs every 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 every 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>amphetamine-dextroamphetamine tab 10 mg</i></b>	Tier 1	QL (90 tabs every 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 every 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>amphetamine-dextroamphetamine tab 15 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>amphetamine-dextroamphetamine tab 20 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>amphetamine-dextroamphetamine tab 30 mg</i></b>	Tier 1	QL (60 tabs every 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 every 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 every 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 every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 5 mg</i></b>	Tier 1	QL (180 tabs every 30 days), AGE; AGE (Min 3 years, Max 18 years)
<b><i>dextroamphetamine sulfate tab 10 mg</i></b>	Tier 1	QL (180 tabs every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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)
--	--------	--

**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>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
<b>atomoxetine hcl cap 10 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 18 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 25 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 40 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 60 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 80 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>atomoxetine hcl cap 100 mg (base equiv)</b>	Tier 3	PA, QL (30 caps every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>clonidine hcl tab er 12hr 0.1 mg</b>	Tier 3	PA, QL (120 tabs every 30 days), MAIL
<b>guanfacine hcl tab er 24hr 1 mg (base equiv)</b>	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>guanfacine hcl tab er 24hr 2 mg (base equiv)</b>	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>guanfacine hcl tab er 24hr 3 mg (base equiv)</b>	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)
<b>guanfacine hcl tab er 24hr 4 mg (base equiv)</b>	Tier 3	PA, QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>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
<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 every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 cap er 60 mg (cd)</i></b>	Tier 1	QL (30 caps every 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 every 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 every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 5 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 10 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 20 mg</i></b>	Tier 1	QL (90 tabs every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

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

## **ALTERNATIVE MEDICINES**

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

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

### **ALTERNATIVE MEDICINE COMBINATIONS**

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

## **AMINOGLYCOSIDES**

### **AMINOGLYCOSIDES**

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

## **ANALGESICS - ANTI-INFLAMMATORY**

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

HADLIMA INJ 40/0.4ML ( <b><i>adalimumab-bwwd</i></b> )	Tier 4	PA, QL (2 syringes every 28 days)
HADLIMA INJ 40/0.8ML ( <b><i>adalimumab-bwwd</i></b> )	Tier 4	PA, QL (2 syringes every 28 days)
HADLIMA PUSH INJ 40/0.4ML ( <b><i>adalimumab-bwwd</i></b> )	Tier 4	PA, QL (2 pens every 28 days)
HADLIMA PUSH INJ 40/0.8ML ( <b><i>adalimumab-bwwd</i></b> )	Tier 4	PA, QL (2 pens every 28 days)
HUMIRA INJ 10/0.1ML ( <b><i>adalimumab</i></b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMIRA INJ 10MG/0.2 ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA KIT 40MG/0.8 ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 4	PA, QL (2 ea every year); Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 4	PA, QL (3 ea every year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS ( <b>adalimumab</b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS ( <b>adalimumab</b> )	Tier 4	PA, QL (3 ea every year); Preferred Brand
HUMIRA PEN KIT PS/UV ( <b>adalimumab</b> )	Tier 4	PA, QL (3 ea every year); Preferred Brand
SIMPONI INJ 50/0.5ML ( <b>golimumab</b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML ( <b>golimumab</b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER ( <b>upadacitinib</b> )	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
RINVOQ TAB 30MG ER ( <b>upadacitinib</b> )	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
RINVOQ TAB 45MG ER ( <b>upadacitinib</b> )	Tier 4	PA, QL (30 tabs every 30 days); Preferred Brand
XELJANZ SOL 1MG/ML ( <b>tofacitinib citrate</b> )	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG ( <b>tofacitinib citrate</b> )	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG ( <b>tofacitinib citrate</b> )	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG ( <b>tofacitinib citrate</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>
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
ACTEMRA INJ 200/10ML ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ( <i>sarilumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 ( <i>sarilumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps every 30 days), MAIL
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps every 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>celecoxib cap 200 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>celecoxib cap 400 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>diclofenac potassium tab 50 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>diclofenac sodium tab delayed release 25 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>diclofenac sodium tab delayed release 50 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>diclofenac sodium tab delayed release 75 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>diclofenac sodium tab er 24hr 100 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b>	Tier 3	QL (60 tabs every 30 days)
<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b>	Tier 3	QL (60 tabs every 30 days)
<b>etodolac cap 200 mg</b>	Tier 1	QL (150 caps every 30 days), MAIL
<b>etodolac tab 400 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>etodolac tab 500 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>fenoprofen calcium tab 600 mg</b>	Tier 3	PA, QL (120 tabs every 30 days)
<b>flurbiprofen tab 50 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>flurbiprofen tab 100 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>ibuprofen cap 200 mg</b> (Medi-profen)	Tier 1	QL (120 caps every 30 days), OTC
<b>ibuprofen chew tab 100 mg</b> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs every 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 every 30 days), OTC
<b>ibuprofen tab 200 mg</b> (Ra Ibuprofen)	Tier 1	QL (120 tabs every 30 days), OTC
<b>ibuprofen tab 400 mg</b>	Tier 1	QL (120 tabs every 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>ibuprofen tab 600 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>ibuprofen tab 800 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>indomethacin cap 25 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>indomethacin cap 50 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>ketoprofen cap 50 mg</i></b>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<b><i>ketoprofen cap 75 mg</i></b>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<b><i>ketorolac tromethamine tab 10 mg</i></b>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<b><i>meclofenamate sodium cap 50 mg</i></b>	Tier 3	PA, MAIL
<b><i>meclofenamate sodium cap 100 mg</i></b>	Tier 3	PA, MAIL
<b><i>mefenamic acid cap 250 mg</i></b>	Tier 3	PA, MAIL
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>meloxicam tab 15 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>nabumetone tab 500 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>nabumetone tab 750 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>naproxen sodium tab 220 mg</i></b>	Tier 1	QL (90 tabs every 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 every 30 days), MAIL
<b><i>naproxen tab 375 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>naproxen tab 500 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>naproxen tab ec 375 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>naproxen tab ec 500 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>oxaprozin tab 600 mg</i></b>	Tier 3	PA, QL (90 tabs every 30 days), MAIL
<b><i>piroxicam cap 10 mg</i></b>	Tier 1	PA, QL (120 caps every 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>piroxicam cap 20 mg</i></b>	Tier 1	PA, QL (60 caps every 30 days), MAIL
<b><i>sulindac tab 150 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>sulindac tab 200 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>tolmetin sodium cap 400 mg</i></b>	Tier 3	PA, QL (120 caps every 30 days), MAIL
<b><i>tolmetin sodium tab 200 mg</i></b>	Tier 3	PA, QL (90 tabs every 30 days), MAIL
<b><i>tolmetin sodium tab 600 mg</i></b>	Tier 3	PA, QL (90 tabs every 30 days), MAIL
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTZLA TAB 10/20/30 ( <b><i>apremilast</i></b> )	Tier 4	PA; Preferred Brand
OTZLA TAB 30MG ( <b><i>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 every 30 days), MAIL
<b><i>leflunomide tab 20 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML ( <b><i>abatacept</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML ( <b><i>abatacept</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 ( <b><i>abatacept</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML ( <b><i>abatacept</i></b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG ( <b><i>abatacept</i></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><i>etanercept</i></b> )	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL INJ 25MG ( <b><i>etanercept</i></b> )	Tier 4	PA, QL (4 mL every 28 days); 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>
ENBREL INJ 25MG ( <i>etanercept</i> )	Tier 4	PA, QL (8 vials every 28 days); Preferred Brand
ENBREL INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand
ENBREL SRCLK INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	PA, QL (4 mL every 28 days); Preferred Brand

## **ANALGESICS - NONNARCOTIC**

### **ANALGESIC COMBINATIONS**

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

### **ANALGESICS OTHER**

<b>acetaminophen chew tab 80 mg</b> (Childrens Pain Reliever)	Tier 1	OTC
<b>acetaminophen chew tab 160 mg</b> (Non-aspirin Junior Streng)	Tier 1	OTC
<b>acetaminophen disintegrating tab 80 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen disintegrating tab 160 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen elixir 160 mg/5ml</b>	Tier 1	OTC
<b>acetaminophen liquid 160 mg/5ml</b> (Mapap)	Tier 1	OTC
<b>acetaminophen liquid 167 mg/5ml</b> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<b>acetaminophen soln 160 mg/5ml</b> (Pain & Fever Childrens)	Tier 1	OTC
<b>acetaminophen suppos 120 mg</b>	Tier 1	OTC
<b>acetaminophen suppos 650 mg</b>	Tier 1	OTC
<b>acetaminophen susp 160 mg/5ml</b> (Cvs Pain & Fever Children)	Tier 1	OTC
<b>acetaminophen tab 325 mg</b> (Mapap)	Tier 1	OTC
<b>acetaminophen tab 500 mg</b>	Tier 1	OTC
<b>acetaminophen tab 500 mg</b> (Sm Pain Relief Extra Stre)	Tier 1	OTC
<b>acetaminophen tab er 650 mg</b>	Tier 1	OTC
FEVERALL INF SUP 80MG <b>(acetaminophen)</b>	Tier 1	OTC

**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>
FEVERALL SUP 325MG ( <b>acetaminophen</b> )	Tier 1	OTC
NORTEMP SUS INFANTS ( <b>acetaminophen</b> )	Tier 1	OTC

### **SALICYLATES**

<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> (Bayer Aspirin Ec 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 every 30 days), MAIL
<b>salsalate tab 500 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>salsalate tab 750 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL

### **ANALGESICS - OPIOID**

#### **OPIOID AGONISTS**

CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>codeine sulfate tab 30 mg</b>	Tier 1	QL (360 tabs every 30 days); 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 every 30 days); MED
<b>fentanyl td patch 72hr 25 mcg/hr</b>	Tier 1	PA, QL (10 patches every 30 days); MED
<b>fentanyl td patch 72hr 50 mcg/hr</b>	Tier 1	PA, QL (10 patches every 30 days); MED

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>fentanyl td patch 72hr 75 mcg/hr</i></b>	Tier 1	PA, QL (10 patches every 30 days); MED
<b><i>fentanyl td patch 72hr 100 mcg/hr</i></b>	Tier 1	PA, QL (10 patches every 30 days); MED
<b><i>hydrocodone bitartrate tab er 24hr deter 20 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 30 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 40 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 60 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 80 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 100 mg</i></b>	Tier 3	PA; MED
<b><i>hydrocodone bitartrate tab er 24hr deter 120 mg</i></b>	Tier 3	PA; MED
<b><i>hydromorphone hcl tab 2 mg</i></b>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab 4 mg</i></b>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab 8 mg</i></b>	Tier 1	QL (360 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>hydromorphone hcl tab er 24hr 8 mg</i></b>	Tier 3	PA; MED
<b><i>hydromorphone hcl tab er 24hr 12 mg</i></b>	Tier 3	PA; MED
<b><i>hydromorphone hcl tab er 24hr 16 mg</i></b>	Tier 3	PA; MED
<b><i>hydromorphone hcl tab er 24hr 32 mg</i></b>	Tier 3	PA; MED
<b><i>meperidine hcl oral soln 50 mg/5ml</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 50 mg</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>meperidine hcl tab 100 mg</i></b>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<b><i>methadone hcl soln 5 mg/5ml</i></b>	Tier 1	QL (450 mL every 30 days); Max 7 day supply initial fill, MED
<b><i>methadone hcl soln 10 mg/5ml</i></b>	Tier 1	QL (450 mL every 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 every 30 days); Max 7 day supply initial fill, MED
<b><i>methadone hcl tab 10 mg</i></b>	Tier 1	QL (360 tabs every 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 every 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 every 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 every 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab 15 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab 30 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>morphine sulfate tab er 15 mg</i></b>	Tier 1	QL (90 tabs every 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 30 mg</i></b>	Tier 1	QL (90 tabs every 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 60 mg</i></b>	Tier 1	QL (90 tabs every 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 100 mg</i></b>	Tier 1	QL (90 tabs every 30 days); Step Thru IR, MED
<b><i>morphine sulfate tab er 200 mg</i></b>	Tier 1	QL (90 tabs every 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

**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>
NUCYNTA TAB 100MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
<b><i>oxycodone hcl soln 5 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 5 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 15 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 20 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab 30 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>oxycodone hcl tab er 12hr deter 10 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 15 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 20 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 30 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 40 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 60 mg</i></b>	Tier 3	PA; MED
<b><i>oxycodone hcl tab er 12hr deter 80 mg</i></b>	Tier 3	PA; MED
OXYCONTIN TAB 10MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 15MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 20MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 30MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 40MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 60MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
OXYCONTIN TAB 80MG ER ( <i>oxycodone hcl</i> )	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 5 mg</i></b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab 10 mg</i></b>	Tier 3	PA; MED
<b><i>oxymorphone hcl tab er 12hr 5 mg</i></b>	Tier 3	PA, QL (120 tabs every 30 days); MED
<b><i>oxymorphone hcl tab er 12hr 7.5 mg</i></b>	Tier 3	PA, QL (120 tabs every 30 days); MED



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

### **OPIOID COMBINATIONS**

<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	Tier 1	QL (180 tabs every 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 every 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><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>hydrocodone-acetaminophen tab 10-325 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>hydrocodone-ibuprofen tab 10-200 mg</b>	Tier 3	PA, QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b>	Tier 1	QL (240 tabs every 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 5-325 mg</b>	Tier 1	QL (240 tabs every 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>oxycodone w/ acetaminophen tab 10-325 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>oxycodone-ibuprofen tab 5-400 mg</b>	Tier 1	QL (180 tabs every 30 days); Max 7 day supply initial fill, MED
<b>tramadol-acetaminophen tab 37.5-325 mg</b>	Tier 1	QL (300 tabs every 30 days); 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 every 30 days)
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	Tier 1	QL (90 tabs every 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	Tier 1	QL (90 every 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	Tier 1	QL (90 every 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	Tier 1	QL (90 every 30 days)
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	Tier 1	QL (60 every 30 days)
<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	Tier 1	QL (360 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i></b>	Tier 1	QL (90 tabs every 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 every 30 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 every 30 days)
<b><i>danazol cap 50 mg</i></b>	Tier 3	QL (60 caps every 30 days), MAIL
<b><i>danazol cap 100 mg</i></b>	Tier 3	QL (120 caps every 30 days), MAIL
<b><i>danazol cap 200 mg</i></b>	Tier 3	QL (120 caps every 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 every 30 days)
<b><i>testosterone cypionate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL every 30 days)
<b><i>testosterone enanthate im inj in oil 200 mg/ml</i></b>	Tier 1	QL (10 mL every 30 days)

## **ANORECTAL AGENTS**

### **INTRARECTAL STEROIDS**

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

### **RECTAL COMBINATIONS**

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

Drug Name	Drug Tier	Requirements/Limits
<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> (Antacid Extra Strength)	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
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>calcium carbonate (antacid) chew tab 1000 mg</b> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<b>calcium carbonate (antacid) susp 1250 mg/5ml</b>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<b>magnesium oxide tab 250 mg</b> (Gnp Magnesium)	Tier 1	OTC
<b>magnesium oxide tab 420 mg</b> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
<b>albendazole tab 200 mg</b>	Tier 3	QL (2 tabs every 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 every 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
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>metronidazole tab 250 mg</b>	Tier 1	
<b>metronidazole tab 500 mg</b>	Tier 1	
<b>pentamidine isethionate for nebulization soln 300 mg</b>	Tier 3	
<b>tinidazole tab 250 mg</b>	Tier 3	QL (56 tabs every 7 days); Max 7 day supply
<b>tinidazole tab 500 mg</b>	Tier 3	QL (28 tabs every 7 days); Max 7 day supply
<b>trimethoprim tab 100 mg</b>	Tier 1	
XIFAXAN TAB 200MG ( <b>rifaximin</b> )	Tier 4	PA
XIFAXAN TAB 550MG ( <b>rifaximin</b> )	Tier 4	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<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	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUS 100/5ML ( <b>nitazoxanide</b> )	Tier 3	PA
<b>atovaquone susp 750 mg/5ml</b>	Tier 3	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitazoxanide tab 500 mg</i>	Tier 3	PA
<b>GLYCOPEPTIDES</b>		
<i>FIRVANQ SOL 25MG/ML (vancomycin hcl)</i>	Tier 2	
<i>FIRVANQ SOL 50MG/ML (vancomycin hcl)</i>	Tier 2	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs every 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs every 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>		
<i>CAYSTON INH 75MG (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 every 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 every 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 every 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

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

## **ANTI-ANXIETY AGENTS**

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

<b><i>bupirone hcl tab 5 mg</i></b>	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 7.5 mg</i></b>	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 15 mg</i></b>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>bupirone hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>hydroxyzine hcl syrup 10 mg/5ml</i></b>	Tier 1	QL (1800 mL every 30 days), AGE, MAIL; AGE (Max 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>hydroxyzine hcl tab 10 mg</b>	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine hcl tab 25 mg</b>	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine hcl tab 50 mg</b>	Tier 1	QL (240 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 25 mg</b>	Tier 1	QL (240 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 50 mg</b>	Tier 1	QL (240 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>hydroxyzine pamoate cap 100 mg</b>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b>meprobamate tab 200 mg</b>	Tier 3	QL (90 tabs every 30 days)
<b>meprobamate tab 400 mg</b>	Tier 3	QL (90 tabs every 30 days)
<b>BENZODIAZEPINES</b>		
<b>alprazolam tab 0.5 mg</b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 0.25 mg</b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 1 mg</b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
<b>alprazolam tab 2 mg</b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 18 years)
<b>chlordiazepoxide hcl cap 5 mg</b>	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>chlordiazepoxide hcl cap 10 mg</b>	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>chlordiazepoxide hcl cap 25 mg</b>	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b>clorazepate dipotassium tab 3.75 mg</b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 6 years, Max 64 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>clorazepate dipotassium tab 7.5 mg</i></b>	Tier 1	QL (120 tabs every 30 days), AGE; AGE (Min 6 years, Max 64 years)
<b><i>clorazepate dipotassium tab 15 mg</i></b>	Tier 1	QL (90 tabs every 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 every 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam oral soln 1 mg/ml</i></b>	Tier 1	QL (120 mL every 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 5 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Max 64 years)
<b><i>diazepam tab 10 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Max 64 years)
<b><i>lorazepam conc 2 mg/ml</i></b>	Tier 1	QL (90 mL every 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 0.5 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 1 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 12 years)
<b><i>lorazepam tab 2 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE; AGE (Min 12 years)
<b><i>oxazepam cap 10 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 15 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE; AGE (Min 6 years)
<b><i>oxazepam cap 30 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE; AGE (Min 6 years)

## **ANTIARRHYTHMICS**

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

<b><i>disopyramide phosphate cap 100 mg</i></b>	Tier 1	MAIL
<b><i>disopyramide phosphate cap 150 mg</i></b>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
<b>ANTI-ASTHMATIC - 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 every 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 injections every 28 days)
NUCALA INJ 100MG/ML ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 syringes every 28 days)
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 4	PA, QL (2.5 mL every 28 days)
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 4	PA, QL (5 mL every 28 days)
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 4	PA, QL (5 mL every 28 days)
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 4	PA
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 4	PA, QL (3 vials every 28 days)

<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 every 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ( <b><i>umeclidinium bromide</i></b> )	Tier 2	QL (30 blisters every 30 days), MAIL
<b><i>ipratropium bromide inhal soln 0.02%</i></b>	Tier 1	QL (120 vials every 30 days), MAIL
SPIRIVA AER 1.25MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
SPIRIVA CAP HANDIHLR ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (30 caps every 30 days), MAIL
SPIRIVA SPR 2.5MCG ( <b><i>tiotropium bromide monohydrate</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<b><i>montelukast sodium chew tab 4 mg (base equiv)</i></b>	Tier 1	QL (30 tabs every 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 every 30 days), AGE, MAIL; AGE (Max 14 years)
<b><i>montelukast sodium tab 10 mg (base equiv)</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>zafirlukast tab 10 mg</i></b>	Tier 3	QL (60 tabs every 30 days), MAIL
<b><i>zafirlukast tab 20 mg</i></b>	Tier 3	QL (60 tabs every 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><i>roflumilast tab 250 mcg</i></b>	Tier 3	PA, MAIL
<b><i>roflumilast tab 500 mcg</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 every 30 days), MAIL
ASMANEX 14 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 30 AER 110MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 30 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 60 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL
ASMANEX 120 AER 220MCG ( <b><i>mometasone furoate (inhalation)</i></b> )	Tier 2	QL (1 inhaler every 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i></b>	Tier 1	QL (150 ea every 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i></b>	Tier 1	QL (300 mL every 30 days), MAIL
<b><i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i></b>	Tier 1	QL (225 mL every 30 days), MAIL
<b><i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i></b>	Tier 1	QL (150 mL every 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
<b>ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)</b>	Tier 2	QL (60 blisters every 30 days), MAIL
<b>ARCAPTA CAP 75MCG (<i>indacaterol maleate</i>)</b>	Tier 3	QL (30 caps every 30 days), MAIL
<b><i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i></b>	Tier 3	QL (120 mL every 30 days), MAIL
<b>BEVESPI AER 9-4.8MCG (<i>glycopyrrolate-formoterol fumarate</i>)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)</b>	Tier 2	QL (60 blisters every 30 days), MAIL
<b>BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)</b>	Tier 2	QL (60 blisters every 30 days), MAIL
<b>BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>BROVANA NEB 15MCG (<i>arformoterol tartrate</i>)</b>	Tier 3	QL (120 mL every 30 days), MAIL
<b>COMBIVENT AER 20-100 (<i>ipratropium-albuterol</i>)</b>	Tier 2	QL (4 gm every 30 days), MAIL
<b><i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i></b>	Tier 1	QL (360 mL every 30 days), MAIL
<b><i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i></b>	Tier 1	ST, QL (150 mL every 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 (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</b>	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</b>	Tier 1	ST, QL (150 mL every 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
<b>metaproterenol sulfate syrup 10 mg/5ml</b>	Tier 1	MAIL
<b>metaproterenol sulfate tab 10 mg</b>	Tier 1	MAIL
<b>metaproterenol sulfate tab 20 mg</b>	Tier 1	MAIL
<b>SEREVENT DIS AER 50MCG (salmeterol xinafoate)</b>	Tier 2	QL (60 inhalations every 30 days), MAIL
<b>STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>STRIVERDI AER 2.5MCG (olodaterol hcl)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>SYMBICORT AER 80-4.5 (budesonide-formoterol fumarate dihydrate)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>SYMBICORT AER 160-4.5 (budesonide-formoterol fumarate dihydrate)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>terbutaline sulfate tab 2.5 mg</b>	Tier 3	QL (240 tabs every 30 days), MAIL
<b>terbutaline sulfate tab 5 mg</b>	Tier 3	QL (180 tabs every 30 days), MAIL
<b>TRELEGY AER 100MCG (fluticasone-umeclidinium-vilanterol)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>TRELEGY AER 200MCG (fluticasone-umeclidinium-vilanterol)</b>	Tier 2	QL (1 inhaler every 30 days), MAIL
<b>XANTHINES</b>		
<b>theophylline elixir 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
<b>ANTICOAGULANTS</b>		
<b>COUMARIN ANTICOAGULANTS</b>		
<b>COUMADIN TAB 1MG (warfarin sodium)</b>	Tier 2	MAIL
<b>COUMADIN TAB 2.5MG (warfarin sodium)</b>	Tier 2	MAIL

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

## **ANTICONVULSANTS**

### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

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

**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>ANTICONVULSANTS - 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 every 30 days)
<b><i>clonazepam tab 1 mg</i></b>	Tier 1	QL (300 tabs every 30 days)
<b><i>clonazepam tab 2 mg</i></b>	Tier 1	QL (300 tabs every 30 days)
<b><i>diazepam rectal gel delivery system 2.5 mg</i></b>	Tier 1	QL (2 ea every 30 days)
<b><i>diazepam rectal gel delivery system 10 mg</i></b>	Tier 1	QL (2 ea every 30 days)
<b><i>diazepam rectal gel delivery system 20 mg</i></b>	Tier 1	QL (2 ea every 30 days)
<b>VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 sprays every 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 sprays every 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 ea every 30 days), AGE; AGE (Min 6 years)
<b>VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)</b>	Tier 2	QL (10 ea every 30 days), AGE; AGE (Min 6 years)
<b>ANTICONVULSANTS - MISC.</b>		
<b><i>APTIOM TAB 200MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTIOM TAB 400MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTIOM TAB 600MG (eslicarbazepine acetate)</i></b>	Tier 3	MAIL
<b><i>APTIOM TAB 800MG (eslicarbazepine acetate)</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 (Epilex)</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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIACOMIT CAP 250MG ( <i>stiripentol</i> )	Tier 3	PA
DIACOMIT CAP 500MG ( <i>stiripentol</i> )	Tier 3	PA
DIACOMIT PAK 250MG ( <i>stiripentol</i> )	Tier 3	PA
DIACOMIT PAK 500MG ( <i>stiripentol</i> )	Tier 3	PA
<b><i>gabapentin cap 100 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 300 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin cap 400 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin oral soln 250 mg/5ml</i></b>	Tier 1	MAIL
<b><i>gabapentin tab 600 mg</i></b>	Tier 1	MAIL
<b><i>gabapentin tab 800 mg</i></b>	Tier 1	MAIL
<b><i>lacosamide oral solution 10 mg/ml</i></b>	Tier 1	
<b><i>lacosamide tab 50 mg</i></b>	Tier 1	QL (120 tabs every 30 days)
<b><i>lacosamide tab 100 mg</i></b>	Tier 1	QL (120 tabs every 30 days)
<b><i>lacosamide tab 150 mg</i></b>	Tier 1	QL (120 tabs every 30 days)
<b><i>lacosamide tab 200 mg</i></b>	Tier 1	QL (90 tabs every 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
<b><i>pregabalin cap 25 mg</i></b>	Tier 3	PA, QL (90 caps every 30 days)
<b><i>pregabalin cap 50 mg</i></b>	Tier 3	PA, QL (90 caps every 30 days)
<b><i>pregabalin cap 75 mg</i></b>	Tier 3	PA, QL (90 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>pregabalin cap 100 mg</b>	Tier 3	PA, QL (90 caps every 30 days)
<b>pregabalin cap 150 mg</b>	Tier 3	PA, QL (90 caps every 30 days)
<b>pregabalin cap 200 mg</b>	Tier 3	PA, QL (90 caps every 30 days)
<b>pregabalin cap 225 mg</b>	Tier 3	PA, QL (60 caps every 30 days)
<b>pregabalin cap 300 mg</b>	Tier 3	PA, QL (60 caps every 30 days)
<b>primidone tab 50 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>primidone tab 250 mg</b>	Tier 1	QL (120 tabs every 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>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 (Vigadrone)</b>	Tier 4	QL (180 packets every 30 days)
<b>vigabatrin tab 500 mg</b>	Tier 4	QL (180 tabs every 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

**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>
PEGANONE TAB 250MG ( <i>ethotoin</i> )	Tier 3	MAIL
PHENYTEK CAP 200MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
PHENYTEK CAP 300MG ( <i>phenytoin sodium extended</i> )	Tier 2	MAIL
<i>phenytoin chew tab 50 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	MAIL
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	MAIL
<i>phenytoin susp 125 mg/5ml</i>	Tier 1	MAIL
<b>SUCCINIMIDES</b>		
CELONTIN CAP 300MG ( <i>methsuximide</i> )	Tier 3	MAIL
<i>ethosuximide cap 250 mg</i>	Tier 1	MAIL
<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	MAIL
<i>methsuximide cap 300 mg</i>	Tier 3	MAIL
<b>VALPROIC ACID</b>		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
<b>ANTIDEPRESSANTS</b>		
<b>ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)</b>		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>bupropion hcl tab er 12hr 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 150 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>bupropion hcl tab er 12hr 200 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>bupropion hcl tab er 24hr 150 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>bupropion hcl tab er 24hr 300 mg</i></b>	Tier 1	QL (30 tabs every 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 every 30 days), MAIL
<b><i>tranylcypromine sulfate tab 10 mg</i></b>	Tier 3	QL (240 tabs every 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 every 30 days), AGE, MAIL; AGE (Max 12 years)
<b><i>citalopram hydrobromide tab 10 mg (base equiv)</i></b>	Tier 1	QL (45 tabs every 30 days), MAIL
<b><i>citalopram hydrobromide tab 20 mg (base equiv)</i></b>	Tier 1	QL (45 tabs every 30 days), MAIL
<b><i>citalopram hydrobromide tab 40 mg (base equiv)</i></b>	Tier 1	QL (60 tabs every 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 every 30 days), MAIL
<b><i>escitalopram oxalate tab 10 mg (base equiv)</i></b>	Tier 1	QL (45 tabs every 30 days), MAIL
<b><i>escitalopram oxalate tab 20 mg (base equiv)</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>fluoxetine hcl cap 10 mg</i></b>	Tier 1	QL (90 caps every 30 days), MAIL
<b><i>fluoxetine hcl cap 20 mg</i></b>	Tier 1	QL (120 caps every 30 days), MAIL
<b><i>fluoxetine hcl cap 40 mg</i></b>	Tier 1	QL (60 caps every 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>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 every 30 days), MAIL
<b><i>fluvoxamine maleate tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>fluvoxamine maleate tab 100 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>paroxetine hcl tab 10 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>paroxetine hcl tab 20 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>paroxetine hcl tab 30 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>paroxetine hcl tab 40 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>sertraline hcl oral concentrate for solution 20 mg/ml</i></b>	Tier 1	QL (300 mL every 30 days), MAIL; AGE (Max 11 years)
<b><i>sertraline hcl tab 25 mg</i></b>	Tier 1	QL (45 tabs every 30 days), MAIL
<b><i>sertraline hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>sertraline hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>SEROTONIN MODULATORS</b>		
<b><i>nefazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nefazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nefazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nefazodone hcl tab 200 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nefazodone hcl tab 250 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>trazodone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>trazodone hcl tab 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>trazodone hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)</b>	Tier 3	PA, MAIL
<b>TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)</b>	Tier 3	PA, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TRICYCLIC AGENTS</b>		
<b><i>amitriptyline hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amitriptyline hcl tab 25 mg</i></b>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amitriptyline hcl tab 50 mg</i></b>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amitriptyline hcl tab 75 mg</i></b>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amitriptyline hcl tab 100 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amitriptyline hcl tab 150 mg</i></b>	Tier 1	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>amoxapine tab 25 mg</i></b>	Tier 1	MAIL
<b><i>amoxapine tab 50 mg</i></b>	Tier 1	MAIL
<b><i>amoxapine tab 100 mg</i></b>	Tier 1	MAIL
<b><i>amoxapine tab 150 mg</i></b>	Tier 1	MAIL
<b><i>clomipramine hcl cap 25 mg</i></b>	Tier 3	QL (180 caps every 30 days), MAIL
<b><i>clomipramine hcl cap 50 mg</i></b>	Tier 3	QL (180 caps every 30 days), MAIL
<b><i>clomipramine hcl cap 75 mg</i></b>	Tier 3	QL (120 caps every 30 days), MAIL
<b><i>desipramine hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>desipramine hcl tab 25 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>desipramine hcl tab 50 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>desipramine hcl tab 75 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>desipramine hcl tab 100 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>desipramine hcl tab 150 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>doxepin hcl cap 10 mg</i></b>	Tier 1	QL (90 caps every 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 25 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl cap 50 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl cap 75 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl cap 100 mg</i></b>	Tier 1	QL (90 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>doxepin hcl cap 150 mg</i></b>	Tier 1	QL (60 caps every 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 every 30 days), MAIL
<b><i>imipramine hcl tab 25 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>imipramine hcl tab 50 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>nortriptyline hcl cap 10 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>nortriptyline hcl cap 25 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>nortriptyline hcl cap 50 mg</i></b>	Tier 1	QL (120 caps every 30 days), MAIL
<b><i>nortriptyline hcl cap 75 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>protriptyline hcl tab 5 mg</i></b>	Tier 3	QL (120 tabs every 30 days), MAIL
<b><i>protriptyline hcl tab 10 mg</i></b>	Tier 3	QL (180 tabs every 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 every 30 days), MAIL
<b><i>acarbose tab 50 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>acarbose tab 100 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>miglitol tab 25 mg</i></b>	Tier 3	QL (360 tabs every 30 days), MAIL
<b><i>miglitol tab 50 mg</i></b>	Tier 3	QL (180 tabs every 30 days), MAIL
<b><i>miglitol tab 100 mg</i></b>	Tier 3	QL (90 tabs every 30 days), MAIL
<b>ANTIDIABETIC - AMYLIN ANALOGS</b>		
SYMLINPEN 60 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	PA, MAIL
SYMLINPEN 120 INJ 1000MCG <b><i>(pramlintide acetate)</i></b>	Tier 3	PA, MAIL
<b>ANTIDIABETIC COMBINATIONS</b>		
<b><i>alogliptin-metformin hcl tab 12.5-500 mg</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-metformin hcl tab 12.5-1000 mg</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-15 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-30 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 12.5-45 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-15 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-30 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>alogliptin-pioglitazone tab 25-45 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b><i>glipizide-metformin hcl tab 2.5-250 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>glipizide-metformin hcl tab 2.5-500 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>glipizide-metformin hcl tab 5-500 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>glyburide-metformin tab 1.25-250 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>glyburide-metformin tab 2.5-500 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>glyburide-metformin tab 5-500 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)</b>	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)</b>	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET TAB 50-500MG (sitagliptin-metformin hcl)</b>	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET TAB 50-1000 (sitagliptin-metformin hcl)</b>	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)</b>	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)</b>	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)</b>	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
<b>SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)</b>	Tier 2	ST, QL (5 pens every 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin within last 180 days
<b>SYNJARDY TAB (empagliflozin-metformin hcl)</b>	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY TAB 5-500MG ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 5-1000MG ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY TAB 12.5-500 ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; 12.5-1000; Prior use of metformin in the last 180 day
SYNJARDY XR TAB 5-1000MG ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 10-1000 ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
SYNJARDY XR TAB 25-1000 ( <b>empagliflozin-metformin hcl</b> )	Tier 2	ST, MAIL; Prior use of metformin in the last 180 days
TRIJARDY XR TAB ( <b>empagliflozin-linagliptin-metformin</b> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; 10-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB ( <b>empagliflozin-linagliptin-metformin</b> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; 25-5-1000 MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB ( <b>empagliflozin-linagliptin-metformin</b> )	Tier 2	ST, QL (60 tabs every 30 days), MAIL; 12.5-2.5-1000MG; Prior use of metformin in the last 180 days
TRIJARDY XR TAB ( <b>empagliflozin-linagliptin-metformin</b> )	Tier 2	ST, QL (60 tabs every 30 days), MAIL; 5-2.5-1000MG; Prior use of metformin in the last 180 days
XIGDUO XR TAB 2.5-1000 ( <b>dapagliflozin-metformin hcl</b> )	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIGDUO XR TAB 5-500MG ( <b>dapagliflozin-metformin hcl</b> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 5-1000MG ( <b>dapagliflozin-metformin hcl</b> )	Tier 2	ST, QL (60 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 10-500MG ( <b>dapagliflozin-metformin hcl</b> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XIGDUO XR TAB 10-1000 ( <b>dapagliflozin-metformin hcl</b> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
XULTOPHY INJ 100/3.6 ( <b>insulin degludec-liraglutide</b> )	Tier 2	ST, QL (5 pens every 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 every 30 days), MAIL
<b>metformin hcl tab 850 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>metformin hcl tab 1000 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>metformin hcl tab er 24hr 500 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>metformin hcl tab er 24hr 750 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE ( <b>glucagon</b> )	Tier 2	QL (2 ea every 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 every 30 days)
<b>glucagon (rdna) for inj kit 1 mg</b>	Tier 1	QL (2 kits every 30 days)
GLUCAGON KIT 1MG	Tier 2	QL (2 kits every 30 days)
GNP GLUCOSE CHW ORANGE ( <b>dextrose (diabetic use)</b> )	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 every 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 every 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 every 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 every 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 every 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 every 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 every 30 days), MAIL
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
OZEMPIC INJ 2/1.5ML ( <b>semaglutide</b> )	Tier 2	ST, QL (1.5 mL every 28 days), MAIL; 0.25 or 0.5 mg/dose; Prior use of Metformin within past 180 days
OZEMPIC INJ 2/1.5ML ( <b>semaglutide</b> )	Tier 2	ST, QL (3 mL every 28 days), MAIL; 1 mg/dose; Prior use of Metformin within past 180 days
OZEMPIC INJ 2MG/3ML ( <b>semaglutide</b> )	Tier 2	ST, QL (3 mL every 28 days), MAIL; 0.25 or 0.5 mg/dose; Prior use of Metformin within past 180 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC INJ 4MG/3ML ( <i>semaglutide</i> )	Tier 2	ST, QL (3 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
OZEMPIC INJ 8MG/3ML ( <i>semaglutide</i> )	Tier 2	ST, QL (3 mL every 28 days); Prior use of Metformin within last 180 days
RYBELSUS TAB 3MG ( <i>semaglutide</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
RYBELSUS TAB 7MG ( <i>semaglutide</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
RYBELSUS TAB 14MG ( <i>semaglutide</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 0.75/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 1.5/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 3/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
TRULICITY INJ 4.5/0.5 ( <i>dulaglutide</i> )	Tier 2	ST, QL (2 mL every 28 days), MAIL; Prior use of Metformin within last 180 days
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	Tier 2	ST, QL (9 mL every 30 days), MAIL; Prior use of Metformin within last 180 days

### **INSULIN**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
BASAGLAR INJ 100UNIT ( <i>insulin glargine</i> )	Tier 2	QL (30 mL every 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
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (20 mL every 30 days), MAIL
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 2	QL (6 pens every 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (30 mL every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens every 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges every 30 days), MAIL; Novo Nordisk
LEVEMIR INJ ( <i>insulin detemir</i> )	Tier 2	QL (30 mL every 30 days), MAIL
LEVEMIR INJ FLEXTOUC ( <i>insulin detemir</i> )	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (30 mL every 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	QL (30 mL every 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT ( <i>insulin regular (human)</i> )	Tier 2	QL (10 pens every 30 days), OTC, MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	QL (30 mL every 30 days), OTC, MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	Tier 2	QL (10 pens every 30 days), MAIL
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	Tier 2	QL (10 cartridges every 30 days), MAIL
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL every 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (10 pens every 30 days), MAIL
TOUJEO MAX INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (6 pens every 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML ( <i>insulin glargine</i> )	Tier 2	QL (12 pens every 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (10 pens every 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	Tier 2	QL (10 pens every 30 days), MAIL
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL every 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 every 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	ST, QL (30 tabs every 30 days), MAIL; Prior use of metformin in the last 180 days

### **SULFONYLUREAS**

<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs every 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
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

### **ANTIDIARRHEAL/PROBIOTIC AGENTS**

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

<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>bismuth subsalicylate susp 525 mg/15ml</i></b> (Cvs Bismuth Maximum Stren)	Tier 1	OTC
<b><i>bismuth subsalicylate tab 262 mg</i></b> (Sm Stomach Relief)	Tier 1	OTC

### **ANTIPERISTALTIC AGENTS**

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

### **ANTIDOTES AND SPECIFIC ANTAGONISTS**

#### **ANTIDOTES - CHELATING AGENTS**

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

#### **OPIOID ANTAGONISTS**

<b><i>naloxone hcl inj 0.4 mg/ml</i></b>	Tier 1	
<b><i>naloxone hcl nasal spray 4 mg/0.1ml</i></b>	Tier 1	
<b><i>naloxone hcl soln cartridge 0.4 mg/ml</i></b>	Tier 1	
<b><i>naloxone hcl soln prefilled syringe 2 mg/2ml</i></b>	Tier 1	
<b><i>naltrexone hcl tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b>NARCAN SPR 4MG</b> ( <b><i>naloxone hcl</i></b> )	Tier 2	
<b>VIVITROL INJ 380MG</b> ( <b><i>naltrexone</i></b> )	Tier 2	QL (1 injection every 28 days)

### **ANTIEMETICS**

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ondansetron hcl tab 4 mg</b>	Tier 1	QL (90 tabs every 30 days)
<b>ondansetron hcl tab 8 mg</b>	Tier 1	QL (90 tabs every 30 days)
<b>ondansetron orally disintegrating tab 4 mg</b>	Tier 1	QL (90 tabs every 30 days)
<b>ondansetron orally disintegrating tab 8 mg</b>	Tier 1	QL (90 tabs every 30 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<b>dimenhydrinate tab 50 mg</b> (Sm Motion Sickness)	Tier 1	OTC
<b>meclizine hcl chew tab 25 mg</b> (Motion Sickness Relief)	Tier 1	QL (120 tabs every 30 days), OTC
<b>meclizine hcl tab 12.5 mg</b>	Tier 1	QL (120 tabs every 30 days)
<b>meclizine hcl tab 25 mg</b>	Tier 1	QL (120 tabs every 30 days)
<b>scopolamine td patch 72hr 1 mg/3days</b>	Tier 3	QL (4 patches every 30 days)
<b>trimethobenzamide hcl cap 300 mg</b>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
<b>AKYNZEO CAP 300-0.5 (netupitant-palonosetron)</b>	Tier 3	PA
<b>CESAMET CAP 1MG (nabilone)</b>	Tier 3	PA
<b>dronabinol cap 2.5 mg</b>	Tier 3	PA
<b>dronabinol cap 5 mg</b>	Tier 3	PA
<b>dronabinol cap 10 mg</b>	Tier 3	PA
<b>fructose-dextrose-phosphoric acid oral soln</b> (Cvs Nausea Relief)	Tier 1	OTC
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<b>aprepitant capsule 40 mg</b>	Tier 3	PA
<b>aprepitant capsule 80 mg</b>	Tier 3	PA
<b>aprepitant capsule 125 mg</b>	Tier 3	PA
<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b>	Tier 3	PA
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<b>flucytosine cap 250 mg</b>	Tier 3	PA
<b>flucytosine cap 500 mg</b>	Tier 3	PA
<b>griseofulvin microsize susp 125 mg/5ml</b>	Tier 1	
<b>nystatin tab 500000 unit</b>	Tier 1	
<b>terbinafine hcl tab 250 mg</b>	Tier 1	QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
<b><i>fluconazole for susp 10 mg/ml</i></b>	Tier 1	QL (105 mL every 30 days), AGE; AGE (Max 12 years)
<b><i>fluconazole for susp 40 mg/ml</i></b>	Tier 1	QL (105 mL every 30 days), AGE; AGE (Max 12 years)
<b><i>fluconazole tab 50 mg</i></b>	Tier 1	QL (21 tabs every 30 days)
<b><i>fluconazole tab 100 mg</i></b>	Tier 1	QL (21 tabs every 30 days)
<b><i>fluconazole tab 150 mg</i></b>	Tier 1	QL (2 tabs every 30 days)
<b><i>fluconazole tab 200 mg</i></b>	Tier 1	QL (21 tabs every 30 days)
<b><i>itraconazole cap 100 mg</i></b>	Tier 1	QL (120 caps every 30 days)
<b><i>ketoconazole tab 200 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>voriconazole tab 50 mg</i></b>	Tier 3	PA
<b><i>voriconazole tab 200 mg</i></b>	Tier 3	PA

## **ANTIHIISTAMINES**

### **ANTIHIISTAMINES - ALKYLAMINES**

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

### **ANTIHIISTAMINES - ETHANOLAMINES**

<b>ALER-DRYL TAB 50MG</b> ( <b><i>diphenhydramine hcl</i></b> )	Tier 1	OTC
<b><i>carbinoxamine maleate soln 4 mg/5ml</i></b>	Tier 1	
<b><i>carbinoxamine maleate tab 4 mg</i></b>	Tier 1	
<b><i>clemastine fumarate tab 1.34 mg (1 mg base equiv)</i></b> (Gnp Dayhist Allergy)	Tier 1	OTC
<b><i>clemastine fumarate tab 2.68 mg</i></b>	Tier 1	
<b><i>diphenhydramine hcl cap 25 mg</i></b> (Pharbedryl)	Tier 1	OTC
<b><i>diphenhydramine hcl cap 50 mg</i></b>	Tier 1	OTC
<b><i>diphenhydramine hcl chew tab 12.5 mg</i></b> (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
<b><i>diphenhydramine hcl elixir 12.5 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<b><i>diphenhydramine hcl inj 50 mg/ml</i></b>	Tier 1	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>ANTIHISTAMINES - NON-SEDATING</b>		
<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b>	Tier 1	QL (300 mL every 30 days), AGE; AGE (Max 12 years)
<b>cetirizine hcl tab 5 mg</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>cetirizine hcl tab 10 mg</b> (Ra Cetirizine)	Tier 1	QL (30 tabs every 30 days), OTC
<b>desloratadine tab 5 mg</b>	Tier 3	QL (30 tabs every 30 days)
<b>fexofenadine hcl tab 60 mg</b>	Tier 1	QL (60 tabs every 30 days), OTC
<b>fexofenadine hcl tab 180 mg</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</b>	Tier 1	QL (300 mL every 30 days), AGE; AGE (Max 12 years)
<b>levocetirizine dihydrochloride tab 5 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>loratadine oral soln 5 mg/5ml</b> (Gnp Loratadine)	Tier 1	QL (300 mL every 30 days), AGE, OTC; AGE (Max 12 years)
<b>loratadine rapidly-disintegrating tab 10 mg</b> (Wal-itin Aller-melts)	Tier 1	QL (30 tabs every 30 days), OTC
<b>loratadine tab 10 mg</b> (Allergy Relief)	Tier 1	QL (30 tabs every 30 days), OTC
<b>ANTIHISTAMINES - PHENOTHIAZINES</b>		
<b>promethazine hcl suppos 12.5 mg</b>	Tier 3	QL (24 supp every 30 days), AGE; AGE (Min 2 years, Max 64 years)
<b>promethazine hcl suppos 25 mg</b>	Tier 3	QL (24 supp every 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>promethazine hcl tab 25 mg</b>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<b>promethazine hcl tab 50 mg</b>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 every 30 days)
<b>BILE ACID SEQUESTRANTS</b>		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm every 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm every 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets every 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs every 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs every 30 days), MAIL
<b>FIBRIC ACID DERIVATIVES</b>		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps every 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs every 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 tab 54 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>fenofibrate tab 145 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>fenofibrate tab 160 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>gemfibrozil tab 600 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL

### **HMG COA REDUCTASE INHIBITORS**

<b><i>atorvastatin calcium tab 10 mg (base equivalent)</i></b>	Tier 5	QL (45 tabs every 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 every 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 every 30 days), MAIL
<b><i>atorvastatin calcium tab 80 mg (base equivalent)</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>fluvastatin sodium cap 20 mg (base equivalent)</i></b>	Tier 3	ST, QL (30 caps every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 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 every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>rosuvastatin calcium tab 40 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>simvastatin tab 5 mg</i></b>	Tier 5	QL (45 tabs every 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 every 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<b><i>simvastatin tab 20 mg</i></b>	Tier 5	QL (45 tabs every 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 every 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 every 30 days), MAIL

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<b><i>ezetimibe tab 10 mg</i></b>	Tier 3	ST, QL (30 tabs every 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 every 30 days), MAIL
<b><i>niacin tab er 500 mg (antihyperlipidemic)</i></b>	Tier 3	QL (120 tabs every 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 every 30 days), MAIL
<b><i>benazepril hcl tab 10 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>perindopril erbumine tab 8 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>quinapril hcl tab 5 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>quinapril hcl tab 10 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>quinapril hcl tab 20 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>quinapril hcl tab 40 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>ramipril cap 1.25 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>ramipril cap 2.5 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>ramipril cap 5 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>ramipril cap 10 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>trandolapril tab 1 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>trandolapril tab 2 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>trandolapril tab 4 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<b><i>phenoxybenzamine hcl cap 10 mg</i></b>	Tier 4	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<b><i>candesartan cilexetil tab 4 mg</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b><i>candesartan cilexetil tab 8 mg</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b><i>candesartan cilexetil tab 16 mg</i></b>	Tier 3	ST, QL (60 tabs every 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>candesartan cilexetil tab 32 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)</b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b>EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)</b>	Tier 3	ST, QL (30 tabs every 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 every 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 every 30 days), MAIL
<b><i>irbesartan tab 150 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>irbesartan tab 300 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>losartan potassium tab 25 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>losartan potassium tab 50 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>losartan potassium tab 100 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>olmesartan medoxomil tab 5 mg</i></b>	Tier 3	QL (60 tabs every 30 days), MAIL
<b><i>olmesartan medoxomil tab 20 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>olmesartan medoxomil tab 40 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>telmisartan tab 20 mg</i></b>	Tier 3	ST, QL (60 tabs every 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 every 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<b><i>telmisartan tab 80 mg</i></b>	Tier 3	ST, QL (30 tabs every 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 every 30 days), MAIL
<b><i>valsartan tab 80 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>valsartan tab 160 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>valsartan tab 320 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<b><i>clonidine hcl tab 0.1 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>clonidine hcl tab 0.2 mg</i></b>	Tier 1	QL (180 tabs every 30 days), MAIL
<b><i>clonidine hcl tab 0.3 mg</i></b>	Tier 1	QL (120 tabs every 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 every 30 days), MAIL
<b><i>doxazosin mesylate tab 2 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>doxazosin mesylate tab 4 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>doxazosin mesylate tab 8 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>guanfacine hcl tab 1 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>guanfacine hcl tab 2 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>methyldopa tab 250 mg</i></b>	Tier 1	QL (120 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>methyldopa tab 500 mg</i></b>	Tier 1	QL (180 tabs every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>prazosin hcl cap 1 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>prazosin hcl cap 2 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>prazosin hcl cap 5 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>terazosin hcl cap 1 mg (base equivalent)</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>terazosin hcl cap 2 mg (base equivalent)</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>terazosin hcl cap 5 mg (base equivalent)</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>terazosin hcl cap 10 mg (base equivalent)</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<b><i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-10 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-20 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-40 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-20 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-40 mg</i></b>	Tier 1	QL (30 caps every 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i></b>	Tier 3	QL (30 tabs every 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>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b>atenolol &amp; chlorthalidone tab 50-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>atenolol &amp; chlorthalidone tab 100-25 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>benazepril &amp; hydrochlorothiazide tab 20-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</b>	Tier 1	QL (120 tabs every 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 every 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>irbesartan-hydrochlorothiazide tab 150-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>irbesartan-hydrochlorothiazide tab 300-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (60 tabs every 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>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 10-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 20-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>quinapril-hydrochlorothiazide tab 20-25 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b>	Tier 1	QL (30 tabs every 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 every 30 days), MAIL
<b>aliskiren fumarate tab 300 mg (base equivalent)</b>	Tier 3	PA, QL (30 tabs every 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>
------------------	------------------	----------------------------

**SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

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

**VASODILATORS**

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

**ANTIMALARIALS**

**ANTIMALARIAL COMBINATIONS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps every 30 days); (pyrimethamine/leucovorin)

### **ANTIMALARIALS**

<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs every 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs every 30 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs every 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs every 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs every 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps every 30 days)

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

#### **ANTIMYASTHENIC/CHOLINERGIC AGENTS**

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

### **ANTIMYCOBACTERIAL AGENTS**

#### **ANTI TB COMBINATIONS**

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

#### **ANTIMYCOBACTERIAL AGENTS**

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM ( <i>aminosalicylic acid</i> )	Tier 3	
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	Tier 2	QL (32 tabs every 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRECTOR TAB 250MG ( <i>ethionamide</i> )	Tier 3	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

### **ALKYLATING AGENTS**

<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

### **ANTIMETABOLITES**

<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 every 30 days), MAIL
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	QL (10 mL every 30 days), MAIL
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	MAIL
TABLOID TAB 40MG ( <i>thioguanine</i> )	Tier 4	PA

### **ANTINEOPLASTIC - ANTI-HER2 AGENTS**

HERZUMA INJ 150MG ( <i>trastuzumab-pkrb</i> )	Tier 4	PA, QL (6 vials every 14 days)
HERZUMA INJ 420MG ( <i>trastuzumab-pkrb</i> )	Tier 4	PA, QL (2 vials every 14 days)
KANJINTI INJ 420MG ( <i>trastuzumab-anns</i> )	Tier 4	PA, QL (2 vials every 14 days)
KANJINTI SOL 150MG ( <i>trastuzumab-anns</i> )	Tier 4	PA, QL (6 vials every 14 days)
OGIVRI INJ 150MG ( <i>trastuzumab-dkst</i> )	Tier 4	PA, QL (6 vials every 14 days)
OGIVRI INJ 420MG ( <i>trastuzumab-dkst</i> )	Tier 4	PA, QL (2 vials every 14 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONTRUZANT INJ 150MG ( <i>trastuzumab-dttb</i> )	Tier 4	PA, QL (6 vials every 14 days)
ONTRUZANT INJ 420MG ( <i>trastuzumab-dttb</i> )	Tier 4	PA, QL (2 vials every 14 days)
TRAZIMERA INJ 150MG ( <i>trastuzumab-qyyp</i> )	Tier 4	PA, QL (6 vials every 14 days)
TRAZIMERA INJ 420MG ( <i>trastuzumab-qyyp</i> )	Tier 4	PA, QL (2 vials every 14 days)
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
RUXIENCE INJ 100/10ML ( <i>rituximab-pvvr</i> )	Tier 4	PA, QL (10 vials every 7 days)
RUXIENCE INJ 500/50ML ( <i>rituximab-pvvr</i> )	Tier 4	PA, QL (2 vials every 7 days)
TRUXIMA INJ 100/10ML ( <i>rituximab-abbs</i> )	Tier 4	PA, QL (100 every 7 days)
TRUXIMA INJ 500/50ML ( <i>rituximab-abbs</i> )	Tier 4	PA, QL (100 every 7 days)
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
ERIVEDGE CAP 150MG ( <i>vismodegib</i> )	Tier 4	PA, QL (30 per 30 days)
ODOMZO CAP 200MG ( <i>sonidegib phosphate</i> )	Tier 4	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Tier 4	PA, QL (120 per 30 days)
<i>abiraterone acetate tab 500 mg</i>	Tier 4	PA, QL (60 tabs every 30 days)
<i>anastrozole tab 1 mg</i>	Tier 1	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>bicalutamide tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days)
ELIGARD INJ 7.5MG ( <i>leuprolide acetate</i> )	Tier 4	PA
ELIGARD INJ 22.5MG ( <i>leuprolide acetate (3 month)</i> )	Tier 4	PA
EMCYT CAP 140MG ( <i>estramustine phosphate sodium</i> )	Tier 4	PA
<i>exemestane tab 25 mg</i>	Tier 3	PA, MAIL; Tier 5 for ages 35 and over, otherwise Tier 3
FIRMAGON INJ 80MG ( <i>degarelix acetate</i> )	Tier 4	PA
<i>flutamide cap 125 mg</i>	Tier 1	
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Tier 4	PA
<i>letrozole tab 2.5 mg</i>	Tier 1	QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 1	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 every 30 days)
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 every 30 days)
XTANDI TAB 40MG ( <b><i>enzalutamide</i></b> )	Tier 4	PA, QL (120 every 30 days)
XTANDI TAB 80MG ( <b><i>enzalutamide</i></b> )	Tier 4	PA, QL (60 every 30 days)
ZOLADEX IMP 3.6MG ( <b><i>goserelin acetate</i></b> )	Tier 4	PA
ZOLADEX IMP 10.8MG ( <b><i>goserelin acetate</i></b> )	Tier 4	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 2MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 3MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 4MG ( <b><i>pomalidomide</i></b> )	Tier 4	PA, QL (30 per 30 days)
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI 200 PAK FEMARA ( <b><i>ribociclib succinate-letrozole</i></b> )	Tier 4	PA, QL (49 per 28 days)
KISQALI 400 PAK FEMARA ( <b><i>ribociclib succinate-letrozole</i></b> )	Tier 4	PA, QL (70 per 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KISQALI 600 PAK FEMARA ( <b><i>ribociclib succinate-letrozole</i></b> )	Tier 4	PA, QL (91 per 28 days)
LONSURF TAB 15-6.14 ( <b><i>trifluridine-tipiracil</i></b> )	Tier 4	PA, QL (100 per 28 days)
LONSURF TAB 20-8.19 ( <b><i>trifluridine-tipiracil</i></b> )	Tier 4	PA, QL (100 per 28 days)
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
ALECENSA CAP 150MG ( <b><i>alectinib hcl</i></b> )	Tier 4	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG ( <b><i>zanubrutinib</i></b> )	Tier 4	PA, QL (120 per 30 days)
CABOMETYX TAB 20MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (30 every 30 days)
CABOMETYX TAB 40MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (30 every 30 days)
CABOMETYX TAB 60MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (30 every 30 days)
CAPRELSA TAB 100MG ( <b><i>vandetanib</i></b> )	Tier 4	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG ( <b><i>vandetanib</i></b> )	Tier 4	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG ( <b><i>cabozantinib s-malate</i></b> )	Tier 4	PA, QL (120 per 30 days)
<b><i>erlotinib hcl tab 25 mg (base equivalent)</i></b>	Tier 4	PA, QL (90 per 30 days)
<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)
FARYDAK CAP 10MG ( <b><i>panobinostat lactate</i></b> )	Tier 4	PA, QL (6 per 21 days)
FARYDAK CAP 15MG ( <b><i>panobinostat lactate</i></b> )	Tier 4	PA, QL (6 per 21 days)
FARYDAK CAP 20MG ( <b><i>panobinostat lactate</i></b> )	Tier 4	PA, QL (6 per 21 days)
GILOTRIF TAB 20MG ( <b><i>afatinib dimaleate</i></b> )	Tier 4	PA, QL (30 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 30MG ( <b><i>afatinib dimaleate</i></b> )	Tier 4	PA, QL (30 per 30 days)
GILOTRIF TAB 40MG ( <b><i>afatinib dimaleate</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 75MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 100MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 125MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE TAB 75MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE TAB 100MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
IBRANCE TAB 125MG ( <b><i>palbociclib</i></b> )	Tier 4	PA, QL (30 per 30 days)
ICLUSIG TAB 10MG ( <b><i>ponatinib hcl</i></b> )	Tier 4	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 15MG ( <b><i>ponatinib hcl</i></b> )	Tier 4	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 30MG ( <b><i>ponatinib hcl</i></b> )	Tier 4	PA, QL (30 tabs every 30 days)
ICLUSIG TAB 45MG ( <b><i>ponatinib hcl</i></b> )	Tier 4	PA, QL (30 tabs every 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)
IMBRUVICA CAP 140MG ( <b><i>ibrutinib</i></b> )	Tier 4	PA, QL (90 per 30 days)
JAKAFI TAB 5MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 10MG ( <b><i>ruxolitinib phosphate</i></b> )	Tier 4	PA, QL (60 per 30 days)
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)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 every 30 days)
LYNPARZA TAB 150MG ( <b><i>olaparib</i></b> )	Tier 4	PA, QL (120 tabs every 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 every 30 days)
RUBRACA TAB 250MG ( <b><i>rucaparib camsylate</i></b> )	Tier 4	PA, QL (120 tabs every 30 days)
RUBRACA TAB 300MG ( <b><i>rucaparib camsylate</i></b> )	Tier 4	PA, QL (120 tabs every 30 days)
<b><i>sorafenib tosylate tab 200 mg (base equivalent)</i></b>	Tier 4	PA, QL (120 per 30 days)
SPRYCEL TAB 20MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG ( <b><i>dasatinib</i></b> )	Tier 4	PA, QL (30 per 30 days)
STIVARGA TAB 40MG ( <b><i>regorafenib</i></b> )	Tier 4	PA, QL (90 per 30 days)
<b><i>sunitinib malate cap 12.5 mg (base equivalent)</i></b>	Tier 4	PA, QL (120 per 30 days)
<b><i>sunitinib malate cap 25 mg (base equivalent)</i></b>	Tier 4	PA, QL (60 per 30 days)
<b><i>sunitinib malate cap 37.5 mg (base equivalent)</i></b>	Tier 4	PA, QL (30 per 30 days)
<b><i>sunitinib malate cap 50 mg (base equivalent)</i></b>	Tier 4	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG ( <b><i>dabrafenib mesylate</i></b> )	Tier 4	PA, QL (120 per 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TAFINLAR CAP 75MG ( <i>dabrafenib mesylate</i> )	Tier 4	PA, QL (120 per 30 days)
TAGRISSE TAB 40MG ( <i>osimertinib mesylate</i> )	Tier 4	PA, QL (30 per 30 days)
TAGRISSE TAB 80MG ( <i>osimertinib mesylate</i> )	Tier 4	PA, QL (30 per 30 days)
TASIGNA CAP 50MG ( <i>nilotinib hcl</i> )	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 150MG ( <i>nilotinib hcl</i> )	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 200MG ( <i>nilotinib hcl</i> )	Tier 4	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	Tier 4	PA, QL (120 per 30 days)
XALKORI CAP 200MG ( <i>crizotinib</i> )	Tier 4	PA, QL (60 per 30 days)
XALKORI CAP 250MG ( <i>crizotinib</i> )	Tier 4	PA, QL (60 per 30 days)
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	Tier 4	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	Tier 4	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	Tier 4	PA, QL (60 per 30 days)
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	Tier 4	PA, QL (60 per 30 days)
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 4	PA, QL (90 caps every 30 days)

#### **ANTINEOPLASTICS MISC.**

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

#### **CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS**

<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

#### **MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	Tier 4	PA
----------------------------	--------	----

#### **ANTIPARKINSON AND RELATED THERAPY AGENTS**

##### **ANTIPARKINSON ADJUVANTS**

<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
----------------------------	--------	------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 every 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 every 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
APOKYN INJ 10MG/ML ( <i>apomorphine hydrochloride</i> )	Tier 4	PA
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps every 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs every 30 days), MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i></b>	Tier 3	MAIL
<b><i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i></b>	Tier 3	MAIL
<b><i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i></b>	Tier 3	QL (240 tabs every 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i></b>	Tier 3	QL (240 tabs every 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i></b>	Tier 3	QL (240 tabs every 30 days), MAIL
<b><i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i></b>	Tier 3	QL (180 tabs every 30 days), MAIL
<b>NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b>NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b>NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b>NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b>NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b>NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)</b>	Tier 3	PA, MAIL
<b><i>pramipexole dihydrochloride tab 0.5 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.25 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.75 mg</i></b>	Tier 1	MAIL
<b><i>pramipexole dihydrochloride tab 0.125 mg</i></b>	Tier 1	MAIL
<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
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<b><i>rasagiline mesylate tab 0.5 mg (base equiv)</i></b>	Tier 3	QL (60 tabs every 30 days), MAIL
<b><i>rasagiline mesylate tab 1 mg (base equiv)</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>selegiline hcl cap 5 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>selegiline hcl tab 5 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL

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

**ANTIPSYCHOTICS/ANTIMANIC AGENTS**

**ANTIMANIC AGENTS**

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

**ANTIPSYCHOTICS - MISC.**

LATUDA TAB 20MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 40MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 60MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 80MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
LATUDA TAB 120MG ( <i>lurasidone hcl</i> )	Tier 3	PA, MAIL
<i>lurasidone hcl tab 20 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 40 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 60 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 80 mg</i>	Tier 3	PA, MAIL
<i>lurasidone hcl tab 120 mg</i>	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 3MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
VRAYLAR CAP 6MG ( <i>cariprazine hcl</i> )	Tier 3	PA, MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	QL (60 caps every 30 days), AGE, MAIL; AGE (Min 6 years)

**BENZISOXAZOLES**

FANAPT PAK ( <i>iloperidone</i> )	Tier 3	PA
-----------------------------------	--------	----

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FANAPT TAB 1MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 2MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 4MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 6MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 8MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 10MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
FANAPT TAB 12MG ( <b><i>iloperidone</i></b> )	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.25 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.5 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (0.75 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1.5 mL every 30 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1 syringe every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 410MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1 syringe every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 546MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (1.75 mL every 90 days), AGE; AGE (Min 6 years)
INVEGA TRINZ INJ 819MG ( <b><i>paliperidone palmitate</i></b> )	Tier 3	QL (2.65 mL every 90 days), AGE; AGE (Min 6 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
RISPERDAL INJ 12.5MG ( <b><i>risperidone microspheres</i></b> )	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
RISPERDAL INJ 25MG ( <b><i>risperidone microspheres</i></b> )	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 every 30 days), AGE; AGE (Min 6 years)
<b><i>clozapine tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years)
<b><i>clozapine tab 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 6 years)
<b><i>clozapine tab 200 mg</i></b>	Tier 1	QL (120 tabs every 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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 5 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 7.5 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 10 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 15 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 20 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 25 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 50 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 100 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 200 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 300 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 400 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 50 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 150 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 200 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>quetiapine fumarate tab er 24hr 300 mg</b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
<b>quetiapine fumarate tab er 24hr 400 mg</b>	Tier 3	QL (30 tabs every 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 300MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (2 mL every 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 405MG ( <b>olanzapine pamoate</b> )	Tier 3	QL (1 mL every 30 days), AGE; AGE (Min 6 years)

### **PHENOTHIAZINES**

<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>fluphenazine hcl tab 10 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>perphenazine tab 2 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 4 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 8 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>perphenazine tab 16 mg</b>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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

#### **QUINOLINONE DERIVATIVES**

<b><i>ABILIFY MAIN INJ 300MG (aripiprazole)</i></b>	Tier 2	QL (1 ea every 30 days), AGE; AGE (Min 6 years)
<b><i>ABILIFY MAIN INJ 400MG (aripiprazole)</i></b>	Tier 2	QL (1 ea every 30 days), AGE; AGE (Min 6 years)
<b><i>aripiprazole oral solution 1 mg/ml</i></b>	Tier 3	MAIL; AGE (Max 11 years)
<b><i>aripiprazole orally disintegrating tab 10 mg</i></b>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole orally disintegrating tab 15 mg</i></b>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 2 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 5 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 10 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 15 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 20 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL
<b><i>aripiprazole tab 30 mg</i></b>	Tier 3	QL (30 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARISTADA INJ 441MG/1. ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (1.6 mL every 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 662MG/2 ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (2.4 mL every 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 882MG/3 ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (3.2 mL every 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 1064MG ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (1 injection every 60 days); AGE (Min 6 years)
ARISTADA INJ INITIO ( <i>aripiprazole lauroxil</i> )	Tier 2	QL (1 injection every 30 days); AGE (Min 6 years)

### **THIOXANTHENES**

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

### **ANTISEPTICS & DISINFECTANTS**

#### **CHLORINE ANTISEPTICS**

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

### **ANTIVIRALS**

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL every 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs every 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs every 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs every 30 days)
APTIVUS CAP 250MG ( <i>tipranavir</i> )	Tier 2	QL (120 caps every 30 days)
APTIVUS SOL ( <i>tipranavir</i> )	Tier 2	QL (300 mL every 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>atazanavir sulfate cap 300 mg (base equiv)</b>	Tier 1	QL (30 caps every 30 days)
<b>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	AGE; 30-120-15 MG; AGE (Max 12 years)
<b>BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs every 30 days); 50-200-25 MG
<b>CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs every 30 days)
<b>COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs every 30 days)
<b>CRIXIVAN CAP 200MG (indinavir sulfate)</b>	Tier 2	QL (360 caps every 30 days)
<b>CRIXIVAN CAP 400MG (indinavir sulfate)</b>	Tier 2	QL (180 caps every 30 days)
<b>darunavir tab 600 mg</b>	Tier 1	QL (60 tabs every 30 days)
<b>darunavir tab 800 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)</b>	Tier 2	QL (30 tabs every 30 days)
<b>DESCOVY TAB 120-15MG (emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs every 30 days)
<b>DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)</b>	Tier 2	QL (30 tabs every 30 days)
<b>didanosine delayed release capsule 200 mg</b>	Tier 1	QL (60 caps every 30 days)
<b>didanosine delayed release capsule 250 mg</b>	Tier 1	QL (30 caps every 30 days)
<b>didanosine delayed release capsule 400 mg</b>	Tier 1	QL (30 caps every 30 days)
<b>DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)</b>	Tier 2	QL (30 tabs every 30 days)
<b>EDURANT TAB 25MG (rilpivirine hcl)</b>	Tier 2	QL (30 tabs every 30 days)
<b>efavirenz cap 50 mg</b>	Tier 1	QL (360 caps every 30 days)
<b>efavirenz cap 200 mg</b>	Tier 1	QL (90 caps every 30 days)
<b>efavirenz tab 600 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</b>	Tier 1	QL (30 tabs every 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 400-300-300 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>emtricitabine caps 200 mg</b>	Tier 1	QL (30 caps every 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b>	Tier 1	QL (30 tabs every 30 days); Tier 5 for PrEP use
EMTRIVA SOL 10MG/ML ( <b>emtricitabine</b> )	Tier 2	QL (720 mL every 30 days)
<b>etravirine tab 100 mg</b>	Tier 1	QL (120 tabs every 30 days)
<b>etravirine tab 200 mg</b>	Tier 1	QL (60 tabs every 30 days)
EVOTAZ TAB 300-150 ( <b>atazanavir sulfate-cobicistat</b> )	Tier 2	QL (30 tabs every 30 days)
<b>fosamprenavir calcium tab 700 mg (base equiv)</b>	Tier 1	QL (120 tabs every 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 every 30 days)
INTELENCE TAB 25MG ( <b>etravirine</b> )	Tier 2	QL (480 tabs every 30 days)
INVIRASE TAB 500MG ( <b>saquinavir mesylate</b> )	Tier 2	QL (300 tabs every 30 days)
ISENTRESS CHW 25MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs every 30 days)
ISENTRESS CHW 100MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs every 30 days)
ISENTRESS HD TAB 600MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs every 30 days)
ISENTRESS POW 100MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 packets every 30 days)
ISENTRESS TAB 400MG ( <b>raltegravir potassium</b> )	Tier 2	QL (60 tabs every 30 days)
JULUCA TAB 50-25MG ( <b>dolutegravir sodium-rilpivirine hcl</b> )	Tier 2	QL (30 tabs every 30 days)
KALETRA TAB 100-25MG ( <b>lopinavir-ritonavir</b> )	Tier 2	QL (360 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>KALETRA TAB 200-50MG (<i>lopinavir-ritonavir</i>)</b>	Tier 2	QL (180 tabs every 30 days)
<b><i>lamivudine oral soln 10 mg/ml</i></b>	Tier 1	QL (900 mL every 30 days)
<b><i>lamivudine tab 150 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>lamivudine tab 300 mg</i></b>	Tier 1	QL (30 tabs every 30 days)
<b><i>lamivudine-zidovudine tab 150-300 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i></b>	Tier 1	QL (30 mL every 30 days)
<b><i>lopinavir-ritonavir tab 100-25 mg</i></b>	Tier 1	QL (360 tabs every 30 days)
<b><i>lopinavir-ritonavir tab 200-50 mg</i></b>	Tier 1	QL (180 tabs every 30 days)
<b><i>maraviroc tab 150 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>maraviroc tab 300 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>nevirapine susp 50 mg/5ml</i></b>	Tier 1	QL (1200 mL every 30 days)
<b><i>nevirapine tab 200 mg</i></b>	Tier 1	QL (60 tabs every 30 days)
<b><i>nevirapine tab er 24hr 100 mg</i></b>	Tier 1	QL (120 tabs every 30 days)
<b><i>nevirapine tab er 24hr 400 mg</i></b>	Tier 1	QL (30 tabs every 30 days)
<b>NORVIR SOL 80MG/ML (<i>ritonavir</i>)</b>	Tier 2	QL (450 mL every 30 days)
<b>ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)</b>	Tier 2	QL (30 tabs every 30 days)
<b>PIFELTRO TAB 100MG (<i>doravirine</i>)</b>	Tier 2	QL (30 tabs every 30 days)
<b>PREZCOBIX TAB 800-150 (<i>darunavir-cobicistat</i>)</b>	Tier 2	QL (30 tabs every 30 days)
<b>PREZISTA SUS 100MG/ML (<i>darunavir</i>)</b>	Tier 2	QL (480 mL every 30 days)
<b>PREZISTA TAB 75MG (<i>darunavir</i>)</b>	Tier 2	QL (480 tabs every 30 days)
<b>PREZISTA TAB 150MG (<i>darunavir</i>)</b>	Tier 2	QL (240 tabs every 30 days)
<b>PREZISTA TAB 600MG (<i>darunavir</i>)</b>	Tier 2	QL (60 tabs every 30 days)
<b>PREZISTA TAB 800MG (<i>darunavir</i>)</b>	Tier 2	QL (30 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESCRIPTOR TAB 200MG ( <b><i>delavirdine mesylate</i></b> )	Tier 2	QL (180 tabs every 30 days)
<b><i>ritonavir tab 100 mg</i></b>	Tier 1	QL (360 tabs every 30 days)
SELZENTRY SOL 20MG/ML ( <b><i>maraviroc</i></b> )	Tier 2	QL (900 mL every 30 days)
SELZENTRY TAB 25MG ( <b><i>maraviroc</i></b> )	Tier 2	QL (120 tabs every 30 days)
SELZENTRY TAB 75MG ( <b><i>maraviroc</i></b> )	Tier 2	QL (60 tabs every 30 days)
<b><i>stavudine cap 15 mg</i></b>	Tier 1	QL (60 caps every 30 days)
<b><i>stavudine cap 20 mg</i></b>	Tier 1	QL (60 caps every 30 days)
<b><i>stavudine cap 30 mg</i></b>	Tier 1	QL (60 caps every 30 days)
<b><i>stavudine cap 40 mg</i></b>	Tier 1	QL (60 caps every 30 days)
STRIBILD TAB ( <b><i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i></b> )	Tier 2	QL (30 tabs every 30 days)
SYMTUZA TAB ( <b><i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i></b> )	Tier 2	QL (30 tabs every 30 days)
TEMIKYS TAB 300-300 ( <b><i>lamivudine-tenofovir disoproxil fumarate</i></b> )	Tier 2	QL (30 tabs every 30 days)
<b><i>tenofovir disoproxil fumarate tab 300 mg</i></b>	Tier 1	QL (30 tabs every 30 days)
TIVICAY PD TAB 5MG ( <b><i>dolutegravir sodium</i></b> )	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG ( <b><i>dolutegravir sodium</i></b> )	Tier 2	QL (30 tabs every 30 days)
TIVICAY TAB 25MG ( <b><i>dolutegravir sodium</i></b> )	Tier 2	QL (30 tabs every 30 days)
TIVICAY TAB 50MG ( <b><i>dolutegravir sodium</i></b> )	Tier 2	QL (60 tabs every 30 days)
TRIUMEQ PD TAB ( <b><i>abacavir-dolutegravir-lamivudine</i></b> )	Tier 2	QL (180 tabs every 30 days)
TRIUMEQ TAB ( <b><i>abacavir-dolutegravir-lamivudine</i></b> )	Tier 2	QL (30 tabs every 30 days)
TYBOST TAB 150MG ( <b><i>cobicistat</i></b> )	Tier 2	QL (30 tabs every 30 days)
VIDEX EC CAP 125MG ( <b><i>didanosine</i></b> )	Tier 2	QL (30 caps every 30 days)
VIRACEPT TAB 250MG ( <b><i>nelfinavir mesylate</i></b> )	Tier 2	QL (300 tabs every 30 days)
VIRACEPT TAB 625MG ( <b><i>nelfinavir mesylate</i></b> )	Tier 2	QL (120 tabs every 30 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>zidovudine cap 100 mg</i></b>	Tier 1	QL (180 caps every 30 days)
<b><i>zidovudine syrup 10 mg/ml</i></b>	Tier 1	QL (1800 mL every 30 days)
<b><i>zidovudine tab 300 mg</i></b>	Tier 1	QL (60 tabs every 30 days)

### **ANTIVIRAL COMBINATIONS**

<b><i>PAXLOVID TAB 150-100 (nirmatrelvir-ritonavir)</i></b>	Tier 5	
---	--------	--

### **CMV AGENTS**

<b><i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i></b>	Tier 4	PA
<b><i>valganciclovir hcl tab 450 mg (base equivalent)</i></b>	Tier 4	PA

### **HEPATITIS AGENTS**

<b><i>adefovir dipivoxil tab 10 mg</i></b>	Tier 3	QL (30 tabs every 30 days)
<b><i>BARACLUDE SOL (entecavir)</i></b>	Tier 3	PA
<b><i>DAKLINZA TAB 30MG (daclatasvir dihydrochloride)</i></b>	Tier 4	PA
<b><i>DAKLINZA TAB 60MG (daclatasvir dihydrochloride)</i></b>	Tier 4	PA
<b><i>entecavir tab 0.5 mg</i></b>	Tier 3	QL (30 tabs every 30 days)
<b><i>entecavir tab 1 mg</i></b>	Tier 3	QL (30 tabs every 30 days)
<b><i>EPIVIR HBV SOL 5MG/ML (lamivudine (hbv))</i></b>	Tier 3	PA, QL (1800 mL every 30 days)
<b><i>lamivudine tab 100 mg (hbv)</i></b>	Tier 1	QL (90 tabs every 30 days)
<b><i>LEDIP-SOFOSB TAB 90-400MG</i></b>	Tier 4	PA, QL (28 tablets every 28 days); Preferred
<b><i>PEGASYS INJ (peginterferon alfa-2a)</i></b>	Tier 4	PA
<b><i>PEGASYS INJ 180MCG/M (peginterferon alfa-2a)</i></b>	Tier 4	PA
<b><i>PEGINTRON KIT 50MCG (peginterferon alfa-2b)</i></b>	Tier 4	PA
<b><i>ribavirin cap 200 mg (Ribasphere)</i></b>	Tier 1	
<b><i>ribavirin tab 200 mg</i></b>	Tier 1	
<b><i>SOFOS/VELPAT TAB 400-100</i></b>	Tier 4	PA, QL (28 tablets every 28 days); Preferred
<b><i>SOVALDI TAB 400MG (sofosbuvir)</i></b>	Tier 4	PA, QL (28 tablets every 28 days)
<b><i>VEMLIDY TAB 25MG (tenofovir alafenamide fumarate)</i></b>	Tier 3	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VOSEVI TAB (sofosbuvir-velpatasvir-voxilaprevir)</b>	Tier 4	PA, QL (28 tablets every 28 days)
<b>ZEPATIER TAB 50-100MG (elbasvir-grazoprevir)</b>	Tier 4	PA, QL (28 tablets every 28 days)

### **HERPES AGENTS**

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

### **INFLUENZA AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs every 30 days), MAIL
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs every 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>metoprolol tartrate tab 100 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<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 every 30 days), MAIL
<b>propranolol hcl cap er 24hr 80 mg</b>	Tier 3	QL (120 caps every 30 days), MAIL
<b>propranolol hcl cap er 24hr 120 mg</b>	Tier 3	QL (90 caps every 30 days), MAIL
<b>propranolol hcl cap er 24hr 160 mg</b>	Tier 3	QL (60 caps every 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 every 30 days), MAIL
---	--------	----------------------------------

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>isradipine cap 2.5 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>isradipine cap 5 mg</i></b>	Tier 1	QL (120 caps every 30 days), MAIL
<b><i>nicardipine hcl cap 20 mg</i></b>	Tier 1	QL (180 caps every 30 days), MAIL
<b><i>nicardipine hcl cap 30 mg</i></b>	Tier 1	QL (90 caps every 30 days), MAIL
<b><i>nifedipine cap 10 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine cap 20 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE, MAIL; AGE (Max 64 years)
<b><i>nifedipine tab er 24hr 30 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>nifedipine tab er 24hr 60 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>nifedipine tab er 24hr 90 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 30 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 60 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>nifedipine tab er 24hr osmotic release 90 mg</i></b>	Tier 1	QL (60 tabs every 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 every 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 120 mg</i></b>	Tier 3	QL (30 caps every 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 180 mg</i></b>	Tier 3	QL (30 caps every 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 240 mg</i></b>	Tier 3	QL (60 caps every 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 300 mg</i></b>	Tier 3	QL (60 caps every 30 days), MAIL
<b><i>verapamil hcl cap er 24hr 360 mg</i></b>	Tier 3	QL (60 caps every 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 40 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>verapamil hcl tab 80 mg</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>verapamil hcl tab 120 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>verapamil hcl tab er 120 mg</b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b>verapamil hcl tab er 180 mg</b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>verapamil hcl tab er 240 mg</b>	Tier 1	QL (90 tabs every 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 every 30 days), MAIL
<b>digoxin tab 250 mcg (0.25 mg)</b>	Tier 1	QL (30 tabs every 30 days), MAIL
LANOXIN TAB 0.25MG ( <b>digoxin</b> )	Tier 2	QL (30 tabs every 30 days), MAIL
LANOXIN TAB 0.125MG ( <b>digoxin</b> )	Tier 2	QL (30 tabs every 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 every 30 days)
ORENITRAM TAB 0.125MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 1MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs every 30 days)
ORENITRAM TAB 2.5MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENITRAM TAB 5MG ( <b>treprostinil diolamine</b> )	Tier 4	PA, QL (90 tabs every 30 days)
<b>treprostinil inj soln 20 mg/20ml (1 mg/ml)</b>	Tier 4	PA
<b>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</b>	Tier 4	PA
<b>treprostinil inj soln 100 mg/20ml (5 mg/ml)</b>	Tier 4	PA
<b>treprostinil inj soln 200 mg/20ml (10 mg/ml)</b>	Tier 4	PA
VENTAVIS SOL 10MCG/ML ( <b>iloprost</b> )	Tier 4	PA
VENTAVIS SOL 20MCG/ML ( <b>iloprost</b> )	Tier 4	PA

**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

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

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

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

**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 4	PA, QL (60 tabs every 30 days)
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 4	PA, QL (60 tabs every 30 days)

### **PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>cefaclor for susp 375 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<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 every 10 days)
<b><i>cefuroxime axetil tab 500 mg</i></b>	Tier 1	QL (20 tabs every 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	MAIL
<b><i>BEYAZ TAB (drospirenone-ethinyl estradiol-levomefolate calcium)</i></b>	Tier 5	MAIL
<b><i>BREVICON TAB 0.5/35 (norethindrone &amp; eth estradiol)</i></b>	Tier 5	MAIL
<b><i>CYCLESSA PAK (desogestrel-ethinyl estradiol (triphasic))</i></b>	Tier 5	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DESOGEN-28 TAB (desogestrel &amp; ethinyl estradiol)</b>	Tier 5	MAIL
<b>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</b>	Tier 5	MAIL
<b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</b>	Tier 5	MAIL
<b>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	Tier 5	MAIL
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</b>	Tier 5	MAIL
<b>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)</b>	Tier 5	MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.02 mg</b>	Tier 5	MAIL
<b>drospirenone-ethinyl estradiol tab 3-0.03 mg</b>	Tier 5	MAIL
<b>ESTROSTEP FE TAB (norethindrone acetate-ethinyl estradiol-fe)</b>	Tier 5	MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b>	Tier 5	MAIL
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)</b>	Tier 5	MAIL
<b>FALESSA KIT (levonorgestrel-ethinyl estradiol &amp; folic acid)</b>	Tier 5	MAIL
<b>GENERESS FE CHW (norethindrone &amp; ethinyl estradiol-fe)</b>	Tier 5	MAIL
<b>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg (Rivelsa)</b>	Tier 5	MAIL
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	Tier 5	MAIL
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	Tier 5	MAIL
<b>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</b>	Tier 5	MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</b>	Tier 5	MAIL
<b>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</b>	Tier 5	MAIL
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	Tier 5	MAIL
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	Tier 5	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</b>	Tier 5	MAIL
LO LOESTRIN TAB 1-10-10 <b>(norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</b>	Tier 5	MAIL
LOSEASONIQUE TAB <b>(levonorgestrel-ethinyl estradiol (91-day))</b>	Tier 5	MAIL
MINASTRIN 24 CHW FE <b>(norethin acet &amp; estrad-fe)</b>	Tier 5	MAIL
MIRCETTE TAB 28 DAY <b>(desogestrel-ethinyl estradiol (biphasic))</b>	Tier 5	MAIL
NATAZIA TAB <b>(estradiol valerate-dienogest)</b>	Tier 5	MAIL
NEXTSTELLIS TAB 3-14.2MG <b>(drospirenone-estetrol)</b>	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> (Briellyn)	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> (Nortrel 0.5/35 (28))	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> (Nortrel 1/35)	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 5	MAIL
<b>norethindrone &amp; mestranol tab 1 mg-50 mcg</b> (Necon 1/50-28)	Tier 5	MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tilia Fe)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> (Loestrin 1/20-21)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Junel 1.5/30)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Loestrin 1.5/30-21)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> (Loestrin Fe 1/20)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Junel Fe 1.5/30)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Loestrin Fe 1.5/30)	Tier 5	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Melodetta 24 Fe)	Tier 5	MAIL
<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b>	Tier 5	MAIL
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> (Larin 24 Fe)	Tier 5	MAIL
<b>norethindrone-eth estradiol tab 0.5- 35/0.75-35/1-35 mg-mcg</b> (Nortrel 7/7/7)	Tier 5	MAIL
<b>norethindrone-eth estradiol tab 0.5- 35/1-35/0.5-35 mg-mcg</b> (Leena)	Tier 5	MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	Tier 5	MAIL
<b>norgestimate-eth estrad tab 0.18- 25/0.215-25/0.25-25 mg-mcg</b>	Tier 5	MAIL
<b>norgestimate-eth estrad tab 0.18- 35/0.215-35/0.25-35 mg-mcg</b>	Tier 5	MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> (Low-ogestrel)	Tier 5	MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> (Ogestrel)	Tier 5	MAIL
ORTHO TRI- TAB CYCLEN ( <b>norgestimate- ethinyl estradiol (triphasic)</b> )	Tier 5	MAIL
ORTHO TRI- TAB CYCLN LO ( <b>norgestimate-ethinyl estradiol (triphasic)</b> )	Tier 5	MAIL
ORTHO-CYCLEN TAB 0.25/35 ( <b>norgestimate-ethinyl estradiol</b> )	Tier 5	MAIL
ORTHO-NOVUM TAB 1/35 ( <b>norethindrone &amp; eth estradiol</b> )	Tier 5	MAIL
ORTHO-NOVUM TAB 7/7/7 ( <b>norethindrone-eth estradiol (triphasic)</b> )	Tier 5	MAIL
QUARTETTE TAB ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	Tier 5	MAIL
SAFYRAL TAB ( <b>drospirenone-ethinyl estradiol-levomefolate calcium</b> )	Tier 5	MAIL
SEASONIQUE TAB ( <b>levonorgestrel- ethinyl estradiol (91-day)</b> )	Tier 5	MAIL
TAYTULLA CAP 1MG/20MC ( <b>norethin acet &amp; estrad-fe</b> )	Tier 5	MAIL
TRI-NORINYL TAB 28 ( <b>norethindrone-eth estradiol (triphasic)</b> )	Tier 5	MAIL
YASMIN 28 TAB 3-0.03MG ( <b>drospirenone-ethinyl estradiol</b> )	Tier 5	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
YAZ TAB 3-0.02MG ( <i>drospirenone-ethinyl estradiol</i> )	Tier 5	MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	MAIL
TWIRLA DIS 120-30 ( <i>levonorgestrel-ethinyl estradiol</i> )	Tier 5	
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS ( <i>segesterone acetate-ethinyl estradiol</i> )	Tier 5	
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	Tier 5	MAIL
NUVARING MIS ( <i>etonogestrel-ethinyl estradiol</i> )	Tier 5	MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <i>copper (iud)</i> )	Tier 5	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	Tier 5	
<i>levonorgestrel tab 1.5 mg</i> (My Way)	Tier 5	OTC
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	Tier 5	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <i>etonogestrel</i> )	Tier 5	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	Tier 5	
DEPO-SQ PROV INJ 104 ( <i>medroxyprogesterone acetate (contraceptive)</i> )	Tier 5	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <i>levonorgestrel (iud)</i> )	Tier 5	
LILETTA IUD 52MG ( <i>levonorgestrel (iud)</i> )	Tier 5	
MIRENA IUD SYSTEM ( <i>levonorgestrel (iud)</i> )	Tier 5	
SKYLA IUD 13.5MG ( <i>levonorgestrel (iud)</i> )	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

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	Tier 5	MAIL
ORTHO MICRON TAB 0.35MG <i>(norethindrone (contraceptive))</i>	Tier 5	MAIL
SLYND TAB 4MG <i>(drospirenone)</i>	Tier 5	

## CORTICOSTEROIDS

### GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<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 soln 15 mg/5ml</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	

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

### **MINERALOCORTICIDS**

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

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

#### **ANTITUSSIVES**

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

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> (Loratadine-d 12hr)	Tier 1	QL (60 ea every 30 days), OTC
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> (Loratadine-d 24hr)	Tier 1	QL (30 tabs every 30 days), OTC
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b>	Tier 1	QL (240 mL every 30 days)
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b>	Tier 1	QL (240 mL every 30 days)
<b>promethazine-dm syrup 6.25-15 mg/5ml</b>	Tier 1	QL (240 mL every 30 days)
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b>	Tier 1	QL (240 mL every 30 days)
<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b>	Tier 1	QL (240 mL every 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 every 25 days), OTC
<b>EXPECTORANTS</b>		
<b>guaifenesin liquid 100 mg/5ml</b>	Tier 1	OTC
<b>guaifenesin syrup 100 mg/5ml</b> (Robafen)	Tier 1	OTC
<b>guaifenesin tab 200 mg</b>	Tier 1	OTC
<b>guaifenesin tab 400 mg</b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b>guaifenesin tab er 12hr 600 mg</b> (Gnp Mucus Er)	Tier 1	QL (60 ea every 30 days), OTC
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>sodium chloride soln nebu 0.9%</b>	Tier 1	
<b>sodium chloride soln nebu 3%</b> (Nebusal)	Tier 1	
<b>sodium chloride soln nebu 7%</b>	Tier 1	
<b>MUCOLYTICS</b>		
<b>acetylcysteine inhal soln 10%</b>	Tier 1	
<b>acetylcysteine inhal soln 20%</b>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACNE MEDICAT LOT 5% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
ACNE MEDICAT LOT 10% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
<b>adapalene gel 0.1%</b>	Tier 1	QL (45 every 25 days)
<b>adapalene gel 0.1%</b> (Adapalene Treatment)	Tier 1	QL (45 every 25 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>adapalene lotion 0.1%</b>	Tier 1	ST, QL (59 mL every 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>benzoyl peroxide gel 5%</b> (Bp Gel)	Tier 1	OTC
<b>benzoyl peroxide gel 10%</b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b>benzoyl peroxide liq 5%</b> (Bp Wash)	Tier 1	QL (240 gm every 30 days), OTC
<b>benzoyl peroxide liq 10%</b> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm every 30 days), OTC
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	Tier 3	PA
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	Tier 3	PA
<b>clindamycin phosphate gel 1%</b>	Tier 3	QL (60 gm every 30 days)
<b>clindamycin phosphate lotion 1%</b>	Tier 3	QL (60 mL every 30 days)
<b>clindamycin phosphate soln 1%</b>	Tier 1	QL (60 mL every 30 days)
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	Tier 3	PA
DIFFERIN GEL 0.1% ( <b>adapalene</b> )	Tier 1	QL (45 every 25 days), OTC
<b>erythromycin soln 2%</b>	Tier 1	QL (60 mL every 30 days)
<b>isotretinoin cap 10 mg</b> (Claravis)	Tier 3	PA
<b>isotretinoin cap 20 mg</b> (Amnesteem)	Tier 3	PA
<b>isotretinoin cap 30 mg</b>	Tier 3	PA
<b>isotretinoin cap 40 mg</b>	Tier 3	PA
<b>sulfacetamide sodium lotion 10%</b> ( <b>acne</b> )	Tier 1	
<b>sulfacetamide sodium-sulfur in urea emulsion 10-4%</b> (Bp Cleansing Wash)	Tier 1	
<b>tretinoin cream 0.1%</b>	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>tretinoin cream 0.05%</b>	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>tretinoin cream 0.025%</b>	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>tretinoin gel 0.01%</b>	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>tretinoin gel 0.025%</b> (Avita)	Tier 3	ST, QL (45 gm every 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days

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

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

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

<b>diclofenac sodium gel 1% (1.16% diethylamine equiv)</b>	Tier 1	QL (200 gm every 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% ARTHR ( <b>diclofenac sodium (topical)</b> )	Tier 1	QL (200 gm every 30 days), OTC; RX version is Non-Formulary; Use OTC covered version

#### **ANTIBIOTICS - TOPICAL**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>neomycin-bacitracin-polymyxin oint</b> (Cvs Triple Antibiotic)	Tier 1	OTC
<b>neomycin-bacitracin-polymyxin-pramoxine oint 1%</b> (Triple Antibiotic Plus)	Tier 1	OTC
<b>ANTIFUNGALS - TOPICAL</b>		
<b>butenafine hcl cream 1%</b>	Tier 1	OTC
<b>ciclopirox olamine cream 0.77% (base equiv)</b>	Tier 1	QL (90 gm every 30 days)
<b>ciclopirox olamine susp 0.77% (base equiv)</b>	Tier 1	QL (60 mL every 25 days)
<b>ciclopirox solution 8%</b>	Tier 1	QL (6.6 mL every 25 days)
<b>clotrimazole cream 1%</b>	Tier 1	
<b>clotrimazole soln 1%</b>	Tier 1	
<b>clotrimazole w/ betamethasone cream 1-0.05%</b>	Tier 1	QL (45 gm every 30 days)
<b>clotrimazole w/ betamethasone lotion 1-0.05%</b>	Tier 1	QL (60 mL every 30 days)
<b>econazole nitrate cream 1%</b>	Tier 3	PA
ERTACZO CRE 2% ( <b>sertaconazole nitrate</b> )	Tier 3	PA
<b>ketoconazole cream 2%</b>	Tier 1	QL (60 gm every 30 days)
<b>ketoconazole shampoo 2%</b>	Tier 1	QL (120 mL every 30 days)
<b>luliconazole cream 1%</b>	Tier 3	PA
<b>miconazole nitrate aerosol pow 2%</b> (Lotrimin Af Deodorant Pow)	Tier 1	OTC
<b>miconazole nitrate cream 2%</b>	Tier 1	OTC
<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 every 30 days)
<b>nystatin oint 100000 unit/gm</b>	Tier 1	QL (90 gm every 30 days)
<b>nystatin topical powder 100000 unit/gm</b> (Nystop)	Tier 1	QL (30 gm every 30 days)
<b>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</b>	Tier 3	QL (60 gm every 30 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>oxiconazole nitrate cream 1%</i></b>	Tier 3	PA, QL (90 gm every 30 days)
<b>OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)</b>	Tier 3	PA
<b><i>sulconazole nitrate cream 1%</i></b>	Tier 3	PA
<b><i>sulconazole nitrate solution 1%</i></b>	Tier 3	PA
<b><i>terbinafine hcl cream 1%</i></b>	Tier 1	QL (30 gm every 30 days), OTC
<b><i>tolnaftate aerosol pow 1%</i></b> (Cvs Af Spray Powder)	Tier 1	OTC
<b><i>tolnaftate cream 1%</i></b>	Tier 1	OTC
<b><i>tolnaftate powder 1%</i></b> (Anti-fungal Powder)	Tier 1	OTC
<b><i>tolnaftate soln 1%</i></b> (Mycocide Clinical Ns Anti)	Tier 1	OTC
<b>ANTI-HISTAMINES-TOPICAL</b>		
<b><i>diphenhydramine-zinc acetate cream 2-0.1%</i></b> (Sm Anti-itch Extra Streng)	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<b><i>bexarotene gel 1%</i></b>	Tier 4	PA
<b><i>fluorouracil cream 5%</i></b>	Tier 3	
PANRETIN GEL 0.1% ( <b><i>alitretinoin</i></b> )	Tier 4	PA
PICATO GEL 0.05% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
PICATO GEL 0.015% ( <b><i>ingenol mebutate</i></b> )	Tier 3	PA
TARGRETIN GEL 1% ( <b><i>bexarotene (topical)</i></b> )	Tier 4	PA
<b>ANTIPSORIATICS</b>		
<b><i>acitretin cap 10 mg</i></b>	Tier 3	PA
<b><i>acitretin cap 17.5 mg</i></b>	Tier 3	PA
<b><i>acitretin cap 25 mg</i></b>	Tier 3	PA
<b><i>calcipotriene oint 0.005%</i></b>	Tier 3	PA
<b><i>calcipotriene soln 0.005% (50 mcg/ml)</i></b>	Tier 3	PA
<b><i>calcitriol oint 3 mcg/gm</i></b>	Tier 3	PA, QL (100 gm every 30 days)
COSENTYX INJ 75MG/0.5 ( <b><i>secukinumab</i></b> )	Tier 4	PA, QL (0.5 mL every 28 days); Preferred Brand
COSENTYX INJ 150MG/ML ( <b><i>secukinumab</i></b> )	Tier 4	PA, QL (1 mL every 28 days); Preferred Brand
COSENTYX INJ 300DOSE ( <b><i>secukinumab</i></b> )	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
COSENTYX PEN INJ 150MG/ML ( <b><i>secukinumab</i></b> )	Tier 4	PA, QL (1 mL every 28 days); Preferred Brand

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSENTYX PEN INJ 300DOSE <b>(secukinumab)</b>	Tier 4	PA, QL (2 mL every 28 days); Preferred Brand
DRITHO-CREME CRE HP 1% <b>(anthralin)</b>	Tier 3	PA, QL (50 gm every 30 days)
SKYRIZI INJ 150DOSE <b>(risankizumab-rzaa)</b>	Tier 4	PA, QL (1.7 mL every 84 days); Preferred Brand
SKYRIZI INJ 150MG/ML <b>(risankizumab-rzaa)</b>	Tier 4	PA, QL (1 mL every 84 days); Preferred Brand
SKYRIZI PEN INJ 150MG/ML <b>(risankizumab-rzaa)</b>	Tier 4	PA, QL (1 mL every 84 days); Preferred Brand
STELARA INJ 45MG/0.5 <b>(ustekinumab)</b>	Tier 4	PA, QL (0.5 mL every 84 days); Preferred Brand; Vial
STELARA INJ 45MG/0.5 <b>(ustekinumab)</b>	Tier 4	PA, QL (1 mL every 56 days); Preferred Brand; Prefilled Syringe
STELARA INJ 90MG/ML <b>(ustekinumab)</b>	Tier 4	PA, QL (1 mL every 56 days); Preferred Brand
<b>tazarotene cream 0.1%</b>	Tier 3	PA, QL (60 gm every 30 days)
<b>tazarotene gel 0.05%</b>	Tier 3	PA, QL (100 gm every 30 days)
TAZORAC CRE 0.05% <b>(tazarotene)</b>	Tier 3	PA, QL (60 gm every 30 days)
TAZORAC GEL 0.1% <b>(tazarotene)</b>	Tier 3	PA, QL (100 gm every 30 days)
TAZORAC GEL 0.05% <b>(tazarotene)</b>	Tier 3	PA, QL (100 gm every 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 every 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 every 30 days), OTC
<b>penciclovir cream 1%</b>	Tier 1	PA

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>clobetasol propionate oint 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>clobetasol propionate soln 0.05%</i></b>	Tier 3	QL (50 mL every 30 days)
CORDRAN 80X3 TAP 4MCG/CM <b><i>(flurandrenolide)</i></b>	Tier 3	PA
<b><i>desonide cream 0.05%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>desonide oint 0.05%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>desoximetasone cream 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>desoximetasone cream 0.25%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>desoximetasone gel 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>desoximetasone oint 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>desoximetasone oint 0.25%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>diflorasone diacetate cream 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>diflorasone diacetate oint 0.05%</i></b>	Tier 3	QL (60 gm every 30 days)
<b><i>fluocinolone acetonide cream 0.025%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>fluocinolone acetonide oil 0.01% (body oil)</i></b>	Tier 3	QL (120 mL every 30 days)
<b><i>fluocinolone acetonide oil 0.01% (scalp oil)</i></b>	Tier 3	QL (120 mL every 30 days)
<b><i>fluocinolone acetonide oint 0.025%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>fluocinonide cream 0.05%</i></b>	Tier 1	QL (150 gm every 30 days)
<b><i>fluocinonide emulsified base cream 0.05%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>fluocinonide gel 0.05%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>fluocinonide oint 0.05%</i></b>	Tier 1	QL (60 gm every 30 days)
<b><i>fluocinonide soln 0.05%</i></b>	Tier 1	QL (60 mL every 30 days)
<b><i>flurandrenolide cream 0.05%</i></b>	Tier 3	QL (30 gm every 30 days)
<b><i>flurandrenolide lotion 0.05%</i></b>	Tier 3	QL (120 mL every 30 days)



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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>triamcinolone acetonide cream 0.1%</i></b>	Tier 1	QL (454 gm every 30 days)
<b><i>triamcinolone acetonide cream 0.5%</i></b>	Tier 1	QL (15 gm every 30 days)
<b><i>triamcinolone acetonide cream 0.025%</i></b>	Tier 1	QL (454 gm every 30 days)
<b><i>triamcinolone acetonide lotion 0.1%</i></b>	Tier 1	QL (60 mL every 30 days)
<b><i>triamcinolone acetonide lotion 0.025%</i></b>	Tier 1	QL (60 mL every 30 days)
<b><i>triamcinolone acetonide oint 0.1%</i></b>	Tier 1	QL (454 gm every 30 days)
<b><i>triamcinolone acetonide oint 0.5%</i></b>	Tier 1	QL (15 gm every 30 days)
<b><i>triamcinolone acetonide oint 0.025%</i></b>	Tier 1	QL (454 gm every 30 days)

### **ECZEMA AGENTS**

<b>DUPIXENT INJ 100/0.67 (<i>dupilumab</i>)</b>	Tier 4	PA
<b>DUPIXENT INJ 200MG (<i>dupilumab</i>)</b>	Tier 4	PA
<b>DUPIXENT INJ 300/2ML (<i>dupilumab</i>)</b>	Tier 4	PA; Pen
<b>DUPIXENT INJ 300/2ML (<i>dupilumab</i>)</b>	Tier 4	PA; Prefilled Syringe

### **EMOLLIENTS**

<b><i>emollient - ointment</i> (Hydrophor)</b>	Tier 1	OTC
<b>LAC-HYDRIN LOT FIVE (<i>lactic acid ammonium lactate</i>)</b>	Tier 2	QL (226 gm every 30 days), OTC
<b><i>lactic acid (ammonium lactate) cream 12%</i></b>	Tier 1	QL (280 gm every 30 days), OTC
<b><i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)</b>	Tier 1	QL (225 gm every 30 days), OTC

### **ENZYMES - TOPICAL**

<b>SANTYL OIN 250/GM (<i>collagenase</i>)</b>	Tier 3	PA, QL (60 gm every 30 days)
---	--------	------------------------------

### **IMMUNOMODULATING AGENTS - TOPICAL**

<b><i>imiquimod cream 5%</i></b>	Tier 1	PA, QL (24 ea every 30 days)
----------------------------------	--------	------------------------------

### **IMMUNOSUPPRESSIVE AGENTS - TOPICAL**

<b><i>tacrolimus oint 0.1%</i></b>	Tier 3	PA, QL (30 gm every 30 days)
<b><i>tacrolimus oint 0.03%</i></b>	Tier 3	PA, QL (30 gm every 30 days)

### **KERATOLYTIC/ANTIMITOTIC AGENTS**

<b><i>podofilox soln 0.5%</i></b>	Tier 1	QL (7 mL every 180 days)
-----------------------------------	--------	--------------------------

### **LOCAL ANESTHETICS - TOPICAL**

<b><i>capsaicin cream 0.1%</i></b>	Tier 1	OTC
------------------------------------	--------	-----

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>permethrin cream 5%</b>	Tier 1	QL (120 gm every 30 days)
<b>permethrin creme rinse 1%</b> (Lice Treatment)	Tier 1	OTC
<b>permethrin lotion 1%</b> (Sm Lice Treatment)	Tier 1	OTC
<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 every 30 days)
--	--------	------------------------------

#### **DIAGNOSTIC PRODUCTS**

##### **DIAGNOSTIC DRUGS**

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

##### **DIAGNOSTIC TESTS**

COVID-19 AT- KIT 1-PACK	DME	QL (1 kit every 30 days), OTC, MAIL; Max 1 kit (up to 2 tests) per 30 days
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 every 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 every 30 days), OTC; 100/month max quantity for non-insulin users

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

## DIGESTIVE AIDS

### DIGESTIVE ENZYMES

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

## DIURETICS

### CARBONIC ANHYDRASE INHIBITORS

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

### DIURETIC COMBINATIONS

<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL

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

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

**ENDOCRINE AND METABOLIC AGENTS - MISC.**

**BONE DENSITY REGULATORS**

<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets every 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs every 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets every 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL every 30 days)
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO INJ 600/2.4 ( <i>teriparatide (recombinant)</i> )	Tier 4	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet every 28 days)
PROLIA INJ 60MG/ML ( <i>denosumab</i> )	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs every 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs every 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets every 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet every 28 days), MAIL
TERIPARATIDE INJ	Tier 4	PA
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 4	PA
XGEVA INJ ( <i>denosumab</i> )	Tier 4	PA

**GROWTH HORMONE RECEPTOR ANTAGONISTS**

SOMAVERT INJ 10MG ( <i>pegvisomant</i> )	Tier 4	PA
SOMAVERT INJ 15MG ( <i>pegvisomant</i> )	Tier 4	PA
SOMAVERT INJ 20MG ( <i>pegvisomant</i> )	Tier 4	PA

**GROWTH HORMONES**

OMNITROPE INJ 5.8MG ( <i>somatropin</i> )	Tier 4	PA
OMNITROPE INJ 5/1.5ML ( <i>somatropin</i> )	Tier 4	PA
OMNITROPE INJ 10/1.5ML ( <i>somatropin</i> )	Tier 4	PA

**HORMONE RECEPTOR MODULATORS**

OSPHENA TAB 60MG ( <i>ospemifene</i> )	Tier 3	PA, QL (30 tabs every 30 days)
--	--------	--------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>raloxifene hcl tab 60 mg</i></b>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1

### **INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)**

<b><i>INCRELEX INJ 40MG/4ML (mecasermin)</i></b>	Tier 4	PA
--	--------	----

### **LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS**

<b><i>LUPANETA KIT 3.75-5 (leuprolide acetate &amp; norethindrone acetate)</i></b>	Tier 4	PA
--	--------	----

<b><i>LUPANETA KIT 11.25-5 (leuprolide acetate &amp; norethindrone acetate)</i></b>	Tier 4	PA
---	--------	----

<b><i>LUPR DEP-PED INJ 3M 30MG (leuprolide acetate (cpp) (3 month))</i></b>	Tier 4	PA
---	--------	----

<b><i>LUPR DEP-PED INJ 7.5MG (leuprolide acetate (cpp))</i></b>	Tier 4	PA
---	--------	----

<b><i>LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp))</i></b>	Tier 4	PA
---	--------	----

<b><i>LUPR DEP-PED INJ 11.25MG (leuprolide acetate (cpp) (3 month))</i></b>	Tier 4	PA
---	--------	----

<b><i>LUPR DEP-PED INJ 15MG (leuprolide acetate (cpp))</i></b>	Tier 4	PA
--	--------	----

<b><i>SYNAREL SOL 2MG/ML (nafarelin acetate)</i></b>	Tier 4	PA
--	--------	----

### **METABOLIC MODIFIERS**

<b><i>betaine powder for oral solution</i></b>	Tier 4	PA
--	--------	----

<b><i>calcitriol cap 0.5 mcg</i></b>	Tier 1	MAIL
--------------------------------------	--------	------

<b><i>calcitriol cap 0.25 mcg</i></b>	Tier 1	MAIL
---------------------------------------	--------	------

<b><i>cinacalcet hcl tab 30 mg (base equiv)</i></b>	Tier 4	PA
---	--------	----

<b><i>cinacalcet hcl tab 60 mg (base equiv)</i></b>	Tier 4	PA
---	--------	----

<b><i>cinacalcet hcl tab 90 mg (base equiv)</i></b>	Tier 4	PA
---	--------	----

<b><i>CYSTADANE POW (betaine)</i></b>	Tier 4	PA
---------------------------------------	--------	----

<b><i>doxercalciferol cap 0.5 mcg</i></b>	Tier 3	PA, MAIL
---	--------	----------

<b><i>doxercalciferol cap 1 mcg</i></b>	Tier 3	PA, MAIL
---	--------	----------

<b><i>doxercalciferol cap 2.5 mcg</i></b>	Tier 3	PA, MAIL
---	--------	----------

<b><i>levocarnitine oral soln 1 gm/10ml (10%)</i></b>	Tier 1	MAIL
---	--------	------

<b><i>levocarnitine tab 330 mg</i></b>	Tier 1	MAIL
--	--------	------

<b><i>nitisinone cap 2 mg</i></b>	Tier 4	PA
-----------------------------------	--------	----

<b><i>nitisinone cap 5 mg</i></b>	Tier 4	PA
-----------------------------------	--------	----

<b><i>nitisinone cap 10 mg</i></b>	Tier 4	PA
------------------------------------	--------	----

<b><i>ORFADIN CAP 20MG (nitisinone)</i></b>	Tier 4	PA
---	--------	----

<b><i>paricalcitol cap 1 mcg</i></b>	Tier 3	PA, MAIL
--------------------------------------	--------	----------

<b><i>paricalcitol cap 2 mcg</i></b>	Tier 3	PA, MAIL
--------------------------------------	--------	----------

<b><i>paricalcitol cap 4 mcg</i></b>	Tier 3	PA, MAIL
--------------------------------------	--------	----------



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>sapropterin dihydrochloride tab 100 mg</b>	Tier 4	PA
<b>sodium phenylbutyrate tab 500 mg</b>	Tier 4	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<b>desmopressin acetate nasal spray soln 0.01%</b>	Tier 3	PA
<b>desmopressin acetate nasal spray soln 0.01% (refrigerated)</b>	Tier 3	PA
<b>desmopressin acetate tab 0.1 mg</b>	Tier 1	QL (120 tabs every 30 days)
<b>desmopressin acetate tab 0.2 mg</b>	Tier 1	QL (150 tabs every 30 days)
STIMATE SOL 1.5MG/ML ( <b>desmopressin acetate</b> )	Tier 4	PA
<b>PROLACTIN INHIBITORS</b>		
<b>cabergoline tab 0.5 mg</b>	Tier 1	MAIL
<b>SOMATOSTATIC AGENTS</b>		
<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
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
<b>tolvaptan tab 15 mg</b>	Tier 4	PA
<b>tolvaptan tab 30 mg</b>	Tier 4	PA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
DUAVEE TAB 0.45-20 ( <b>conjugated estrogens-basedoxifene</b> )	Tier 3	QL (30 tabs every 30 days), MAIL
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b>	Tier 1	QL (30 tabs every 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>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> (Lopreeza)	Tier 1	QL (30 tabs every 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> (Jinteli)	Tier 1	QL (30 tabs every 30 days), MAIL
PREMPHASE TAB ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	QL (30 tabs every 30 days), MAIL
PREMPRO TAB ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.3-1.5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.45-1.5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	QL (28 tabs every 28 days), MAIL
PREMPRO TAB 0.625-5 ( <b>conjugated estrogens-medroxyprogesterone acetate</b> )	Tier 2	QL (28 tabs every 28 days), MAIL

### **ESTROGENS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MENEST TAB 0.3MG (esterified estrogens)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>MENEST TAB 0.625MG (esterified estrogens)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>MENEST TAB 1.25MG (esterified estrogens)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>PREMARIN TAB 0.3MG (estrogens, conjugated)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>PREMARIN TAB 0.9MG (estrogens, conjugated)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>PREMARIN TAB 0.45MG (estrogens, conjugated)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>PREMARIN TAB 0.625MG (estrogens, conjugated)</b>	Tier 2	QL (30 tabs every 30 days), MAIL
<b>PREMARIN TAB 1.25MG (estrogens, conjugated)</b>	Tier 2	QL (30 tabs every 30 days), MAIL

## **FLUOROQUINOLONES**

### **FLUOROQUINOLONES**

<b>BAXDELA TAB 450MG (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 (Gas Relief Extra Strength)</b>	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 (Cvs Gas Relief Extra Stre)</b>	Tier 1	OTC
<b>simethicone liquid 40 mg/0.6ml (Cvs Gas Relief Drops Extr)</b>	Tier 1	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>simethicone susp 40 mg/0.6ml</i></b> (Infants Gas Relief)	Tier 1	OTC
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
<b><i>ursodiol cap 300 mg</i></b>	Tier 1	QL (60 caps every 30 days), MAIL
<b><i>ursodiol tab 250 mg</i></b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b><i>ursodiol tab 500 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
<b><i>lubiprostone cap 8 mcg</i></b>	Tier 3	PA, MAIL
<b><i>lubiprostone cap 24 mcg</i></b>	Tier 3	PA, MAIL
<b>GASTROINTESTINAL STIMULANTS</b>		
<b><i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i></b>	Tier 1	
<b><i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i></b>	Tier 1	
<b><i>metoclopramide hcl tab 5 mg (base equivalent)</i></b>	Tier 1	QL (180 tabs every 30 days)
<b><i>metoclopramide hcl tab 10 mg (base equivalent)</i></b>	Tier 1	QL (180 tabs every 30 days)
<b>INFLAMMATORY BOWEL AGENTS</b>		
<b>AVSOLA INJ 100MG (<i>infliximab-axxq</i>)</b>	Tier 4	PA
<b><i>balsalazide disodium cap 750 mg</i></b>	Tier 1	QL (270 caps every 30 days), MAIL
<b>CIMZIA KIT 200MG (<i>certolizumab pegol</i>)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>CIMZIA START KIT 200MG/ML (<i>certolizumab pegol</i>)</b>	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)</b>	Tier 3	MAIL
<b>INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)</b>	Tier 4	PA
<b><i>mesalamine cap er 24hr 0.375 gm</i></b>	Tier 1	QL (120 caps every 30 days), MAIL
<b><i>mesalamine enema 4 gm</i></b>	Tier 1	
<b><i>mesalamine tab delayed release 800 mg</i></b>	Tier 3	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RENFLXIS INJ 100MG ( <i>infliximab-abda</i> )	Tier 4	PA
SKYRIZI INJ 180/1.2 ( <i>risankizumab-rzaa (crohn's)</i> )	Tier 4	PA, QL (1.2 mL every 56 days); Preferred Brand
SKYRIZI INJ 360/2.4 ( <i>risankizumab-rzaa (crohn's)</i> )	Tier 4	PA, QL (2.4 mL every 56 days); Preferred Brand
SKYRIZI SOL 60MG/ML ( <i>risankizumab-rzaa (crohn's)</i> )	Tier 4	PA; Preferred Brand
STELARA INJ 5MG/ML ( <i>ustekinumab (iv)</i> )	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs every 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs every 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>alose tron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alose tron 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 every 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.

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

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **ALKALINIZERS**

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

### **CYSTINOSIS AGENTS**

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

### **GENITOURINARY IRRIGANTS**

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

### **INTERSTITIAL CYSTITIS AGENTS**

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

### **PROSTATIC HYPERTROPHY AGENTS**

<b>alfuzosin hcl tab er 24hr 10 mg</b>	Tier 1	QL (30 tabs every 30 days)
<b>dutasteride cap 0.5 mg</b>	Tier 1	QL (30 caps every 30 days), MAIL
<b>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</b>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<b>finasteride tab 5 mg</b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b>silodosin cap 4 mg</b>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<b>silodosin cap 8 mg</b>	Tier 3	PA, QL (30 caps every 30 days), MAIL
<b>tamsulosin hcl cap 0.4 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>URINARY ANALGESICS</b>		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs every 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs every 30 days)

## GOUT AGENTS

### GOUT AGENT COMBINATIONS

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs every 30 days), MAIL
--	--------	----------------------------------

### GOUT AGENTS

<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs every 90 days)
<i>febuxostat tab 40 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<i>febuxostat tab 80 mg</i>	Tier 3	PA, QL (30 tabs every 30 days), MAIL

### URICOSURICS

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

## HEMATOLOGICAL AGENTS - MISC.

### ANTIHEMOPHILIC PRODUCTS

ALPHANINE SD INJ 500UNIT ( <i>coagulation factor ix</i> )	Tier 4	PA
ALPHANINE SD INJ 1500UNIT ( <i>coagulation factor ix</i> )	Tier 4	PA
HELIXATE FS INJ 500UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA
HELIXATE FS INJ 2000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA
HELIXATE FS INJ 3000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA
KOGENATE FS INJ 250UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA
KOGENATE FS INJ 1000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA
KOGENATE FS INJ 2000UNIT ( <i>antihemophilic factor (recombinant) (rfviii)</i> )	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
RECOMBINATE INJ 801-1240 <b>(antihemophilic factor (recombinant) (rfviii))</b>	Tier 4	PA
<b>BRADYKININ B2 RECEPTOR ANTAGONISTS</b>		
<b>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</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 every 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 every 30 days), MAIL
BRILINTA TAB 90MG <b>(ticagrelor)</b>	Tier 3	PA, QL (60 tabs every 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 every 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 every 30 days), MAIL
<b>prasugrel hcl tab 10 mg (base equiv)</b>	Tier 3	QL (30 tabs every 30 days), MAIL



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZONTIVITY TAB 2.08MG ( <i>vorapaxar sulfate</i> )	Tier 3	PA, QL (30 tabs every 30 days), MAIL

## HEMATOPOIETIC AGENTS

### AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG ( <i>eliglustat tartrate</i> )	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA

### COBALAMINS

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

### FOLIC ACID/FOLATES

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

### HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 25MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 40MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 60MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 100MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 150MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 200MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 300MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
ARANESP INJ 500MCG ( <i>darbepoetin alfa</i> )	Tier 4	PA
EPOGEN INJ 3000/ML ( <i>epoetin alfa</i> )	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPOGEN INJ 4000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
EPOGEN INJ 10000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
EPOGEN INJ 20000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
PROCRIT INJ 2000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
PROCRIT INJ 3000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
PROCRIT INJ 40000/ML ( <i>epoetin alfa</i> )	Tier 4	PA
PROMACTA TAB 12.5MG ( <i>eltrombopag olamine</i> )	Tier 4	PA, QL (30 tabs every 30 days)
PROMACTA TAB 25MG ( <i>eltrombopag olamine</i> )	Tier 4	PA, QL (60 tabs every 30 days)
PROMACTA TAB 50MG ( <i>eltrombopag olamine</i> )	Tier 4	PA, QL (60 tabs every 30 days)
PROMACTA TAB 75MG ( <i>eltrombopag olamine</i> )	Tier 4	PA, QL (60 tabs every 30 days)
RETACRIT INJ 2000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
RETACRIT INJ 3000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
RETACRIT INJ 4000UNIT ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
RETACRIT INJ 10000UNT ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
RETACRIT INJ 20000UNI ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
RETACRIT INJ 40000UNT ( <i>epoetin alfa-epbx</i> )	Tier 4	PA
ZARXIO INJ 300/0.5 ( <i>filgrastim-sndz</i> )	Tier 4	PA, QL (14 syringes every 14 days)
ZARXIO INJ 480/0.8 ( <i>filgrastim-sndz</i> )	Tier 4	PA, QL (14 syringes every 14 days)
ZIEXTENZO INJ 6/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 4	PA, QL (0.6 per 14 days)
<b>HEMATOPOIETIC MIXTURES</b>		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps every 30 days)
FERREX 150 CAP FORTE ( <i>polysaccharide iron-folic acid-vit b12</i> )	Tier 1	OTC
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps every 30 days)
<b>IRON</b>		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG ( <i>ferrous fumarate</i> )	Tier 1	OTC, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>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) (Ferate)</b>	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) (Px Iron)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)</b>	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) (Ra Slow Release Iron)</b>	Tier 1	OTC, MAIL
<b>ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)</b>	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) (Poly-iron 150)</b>	Tier 1	OTC
SLOW FE TAB 45MG ( <b>ferrous sulfate</b> )	Tier 1	OTC, MAIL

## HEMOSTATICS

### HEMOSTATICS - SYSTEMIC

<b>aminocaproic acid oral soln 0.25 gm/ml</b>	Tier 1	PA, QL (236.5 mL every 30 days), AGE; AGE (Max 11 years)
<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 (Cvs Sleep Aid Nighttime)</b>	Tier 1	OTC, MAIL
--	--------	-----------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diphenhydramine hcl (sleep) tab 50 mg</i></b>	Tier 1	OTC, MAIL
<b><i>doxylamine succinate (sleep) tab 25 mg (Sleep Aid)</i></b>	Tier 1	OTC, MAIL

### **BARBITURATE HYPNOTICS**

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

### **HYPNOTICS - TRICYCLIC AGENTS**

<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

### **NON-BARBITURATE HYPNOTICS**

<b><i>estazolam tab 1 mg</i></b>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>estazolam tab 2 mg</i></b>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 1 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 2 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>eszopiclone tab 3 mg</i></b>	Tier 3	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>flurazepam hcl cap 15 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>flurazepam hcl cap 30 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 15 years, Max 64 years)
<b><i>temazepam cap 15 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 18 years)
<b><i>temazepam cap 30 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.25 mg</i></b>	Tier 1	QL (60 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>triazolam tab 0.125 mg</i></b>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 5 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 18 years)
<b><i>zaleplon cap 10 mg</i></b>	Tier 1	QL (30 caps every 30 days), AGE; AGE (Min 18 years)
<b><i>zolpidem tartrate tab 5 mg</i></b>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)
<b><i>zolpidem tartrate tab 10 mg</i></b>	Tier 1	QL (30 tabs every 30 days), AGE; AGE (Min 18 years)

### **OREXIN RECEPTOR ANTAGONISTS**

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

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

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

### **LAXATIVES**

#### **BULK LAXATIVES**

<b><i>calcium polycarbophil tab 625 mg</i></b>	Tier 1	OTC
<b><i>corn dextrin oral powder</i></b> (Cvs Easy Fiber)	Tier 1	OTC
<b>KONSYL DAILY POW 28.3% (<i>psyllium</i>)</b>	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KONSYL DAILY POW 100% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
METAMUCIL WAF ( <i>psyllium</i> )	Tier 1	OTC, MAIL
<b>methylcellulose tab 500 mg</b> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% ( <i>psyllium</i> )	Tier 1	OTC, MAIL
<b>psyllium cap 0.52 gm</b> (Qc Fiber Laxative)	Tier 1	OTC, MAIL
<b>psyllium cap 400 mg</b> (Reguloid)	Tier 1	OTC, MAIL
<b>psyllium powder 28.3%</b> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 30.9%</b> (Konsyl)	Tier 1	OTC, MAIL
<b>psyllium powder 33%</b> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<b>psyllium powder 43%</b> (Qc Psyllium Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 48.57%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 58.6%</b> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<b>psyllium powder 100%</b>	Tier 1	OTC, MAIL
UNIFIBER POW ( <i>cellulose</i> )	Tier 1	OTC
<b>wheat dextrin oral powder</b> (Clear Soluble Fiber)	Tier 1	OTC

### **LAXATIVE COMBINATIONS**

<b>GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<b>MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)</b>	Tier 1	OTC, MAIL
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<b>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<b>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<b>PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<b>sennosides-docusate sodium tab 8.6-50 mg</b>	Tier 1	OTC, MAIL
<b>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</b>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPREP BOWEL SOL PREP KIT ( <b>sodium sulfate-potassium sulfate-magnesium sulfate</b> )	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<b>LAXATIVES - MISCELLANEOUS</b>		
<b>glycerin suppos 1.2 gm</b> (Gnp Glycerin Child)	Tier 1	OTC
<b>glycerin suppos 2 gm</b> (Glycerin Adult)	Tier 1	OTC
<b>glycerin suppos 2.1 gm</b> (Gnp Glycerin Adult)	Tier 1	OTC
<b>glycerin suppos 80.7%</b> (Ra Glycerin Child)	Tier 1	OTC
<b>lactulose solution 10 gm/15ml</b>	Tier 1	MAIL
<b>polyethylene glycol 3350 oral packet 17 gm</b> (Ra Laxative)	Tier 1	QL (60 packets every 30 days), OTC
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> (Ra Laxative)	Tier 1	QL (527 gm every 30 days), OTC
<b>LUBRICANT LAXATIVES</b>		
<b>mineral oil</b>	Tier 1	OTC
<b>mineral oil enema</b>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
<b>magnesium citrate soln</b> (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

Drug Name	Drug Tier	Requirements/Limits
<b>SURFACTANT LAXATIVES</b>		
<b>benzocaine-docusate sodium rectal enema 20-283 mg</b> (Docusol Plus Mini-enema)	Tier 1	OTC
<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
<b>PEDIA-LAX LIQ 50MG (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>azithromycin for susp 200 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>azithromycin powd pack for susp 1 gm</b>	Tier 1	QL (2 packets every 30 days)
<b>azithromycin tab 250 mg</b>	Tier 1	QL (12 tabs every 30 days)
<b>azithromycin tab 500 mg</b>	Tier 1	QL (6 tabs every 30 days)
<b>azithromycin tab 600 mg</b>	Tier 1	QL (60 tabs every 30 days)
<b>CLARITHROMYCIN</b>		
<b>clarithromycin for susp 125 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>clarithromycin for susp 250 mg/5ml</b>	Tier 1	AGE; AGE (Max 12 years)
<b>clarithromycin tab 250 mg</b>	Tier 1	
<b>clarithromycin tab 500 mg</b>	Tier 1	
<b>ERYTHROMYCINS</b>		
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b>	Tier 3	AGE; AGE (Max 12 years)
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b>	Tier 3	AGE; AGE (Max 12 years)
<b>erythromycin ethylsuccinate tab 400 mg</b>	Tier 3	

**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>erythromycin stearate tab 250 mg</b> (Erythrocin Stearate)	Tier 3	
<b>erythromycin tab 250 mg</b>	Tier 3	
<b>erythromycin tab 500 mg</b>	Tier 3	
<b>erythromycin tab delayed release 250 mg</b> (Ery-tab)	Tier 3	
<b>erythromycin tab delayed release 333 mg</b> (Ery-tab)	Tier 3	
<b>erythromycin tab delayed release 500 mg</b> (Ery-tab)	Tier 3	

### **FIDAXOMICIN**

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

### **MEDICAL DEVICES**

#### **Parenteral Therapy Supplies**

BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	DME	QL (150 ea every 30 days)
--	-----	---------------------------

### **MEDICAL DEVICES AND SUPPLIES**

#### **CONTRACEPTIVES**

CAYA DPR ( <i>diaphragm arc-spring</i> )	Tier 5	
CONDOMS MIS	Tier 5	OTC
CONDOMS MIS LUBRICAT ( <i>condoms latex lubricated - male</i> )	Tier 5	OTC
DUREX MIS REALFEEL ( <i>condoms non-latex lubricated - male</i> )	Tier 5	OTC
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	Tier 5	OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	Tier 5	
FEMCAP MIS 26MM ( <i>cervical caps</i> )	Tier 5	
FEMCAP MIS 30MM ( <i>cervical caps</i> )	Tier 5	
KIMONO MICRO MIS THIN ( <i>condoms latex non-lubricated - male</i> )	Tier 5	OTC
OMNIFLEX DPR ( <i>diaphragms</i> )	Tier 5	
TROJAN MIS NATULAMB ( <i>condoms non-latex non-lubricated - male</i> )	Tier 5	OTC
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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	Tier 5	

### **DIABETIC SUPPLIES**

DEXCOM G5 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each every year)
DEXCOM G5 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box every 90 days)
DEXCOM G6 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each every year)
DEXCOM G6 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes every 30 days)
DEXCOM G6 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	PA, QL (1 box every 90 days)
FREESTY LIBR KIT 2 SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes every 30 days)
FREESTY LIBR KIT 3 SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes every 30 days)
FREESTY LIBR MIS 2 READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each every year)
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (2 boxes every 30 days); 14 day
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (3 boxes every 30 days); 10 day
FREESTYLE MIS READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	PA, QL (1 each every year)
G5/G4 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	PA, QL (4 boxes every 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX KIT METER ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim
TRUE METRIX MIS AIR ( <i>blood glucose monitoring supplies</i> )	DME	QL (1 box per year), OTC; OTC, Pharmacy: see instructions on claim

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>MISC. DEVICES</b>		
ALCOHOL PREP PAD MED 70% ( <b>alcohol swabs</b> )	Tier 1	QL (200 ea every 30 days), OTC
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN SYRG MIS 0.3/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G ( <b>insulin syringe/needle u-100</b> )	DME	QL (150 ea every 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" ( <b>needle (disp) 18 g</b> )	DME	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 29GX10MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM ( <i>insulin pen needle</i> )	DME	QL (200 every 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP ( <i>syringe (disposable)</i> )	DME	

### **RESPIRATORY THERAPY SUPPLIES**

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

### **MIGRAINE PRODUCTS**

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

AJOVY INJ 225/1.5 ( <i>fremanezumab-vfrm</i> )	Tier 3	PA, QL (3 pens every 90 days)
EMGALITY INJ 100MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (3 syringes every 28 days)
EMGALITY INJ 120MG/ML ( <i>galcanezumab-gnlm</i> )	Tier 3	PA, QL (2 pens every 28 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMGALITY INJ 120MG/ML <b>(galcanezumab-gnlm)</b>	Tier 3	PA, QL (2 syringes every 28 days)
UBRELVY TAB 50MG <b>(ubrogepant)</b>	Tier 3	PA, QL (16 ea every 30 days)
UBRELVY TAB 100MG <b>(ubrogepant)</b>	Tier 3	PA, QL (16 ea every 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
---	--------	----

ERGOMAR SUB 2MG <b>(ergotamine tartrate)</b>	Tier 3	
--	--------	--

### **SEROTONIN AGONISTS**

<b>almotriptan malate tab 6.25 mg</b>	Tier 3	ST, QL (9 tabs every 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 every 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 every 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 every 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 every 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 every 30 days)
--	--------	---------------------------

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

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

## **MINERALS & ELECTROLYTES**

### **CALCIUM**

<b><i>calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)</i></b>	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)</i></b> (Calcium 500/d)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)</i></b> (Oysco 500+d)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)</i></b> (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</i></b> (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)</i></b>	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i></b> (Calcium 500 + D)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</i></b> (Cvs Oyster Shell Calcium/)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i></b>	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)</i></b> (Oystercal-d)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit)</i></b> (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)</i></b>	Tier 1	OTC, MAIL
<b><i>calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)</i></b> (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 tab 500 mg-5 mcg(200 unit)</b> (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</b> (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</b> (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</b> (Oyster Shell Calcium/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)</b>	Tier 1	OTC, MAIL
<b>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</b>	Tier 1	OTC, MAIL
<b>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</b> (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
<b>calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca)</b> (Calcium Citrate + D3)	Tier 1	OTC, MAIL
<b>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</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
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

**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>oyster shell calcium tab 500 mg</i></b>	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG ( <b><i>calcium carbonate-ergocalciferol</i></b> )	Tier 1	OTC, MAIL
RISACAL-D TAB ( <b><i>calcium &amp; phosphorus w/ vitamin d</i></b> )	Tier 1	OTC
<b>ELECTROLYTE MIXTURES</b>		
<b><i>oral electrolyte solution</i></b>	Tier 1	OTC
<b>FLUORIDE</b>		
FLUORABON DRO ( <b><i>sodium fluoride</i></b> )	Tier 5	QL (60 mL every 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
<b><i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i></b>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i></b>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i></b>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i></b>	Tier 5	QL (50 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i></b> (Flura-drops)	Tier 5	QL (24 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i></b> (Fluoritab)	Tier 5	QL (30 mL every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b><i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i></b>	Tier 5	QL (30 tabs every 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>MAGNESIUM</b>		
MAG64 TAB 64MG ( <b><i>magnesium chloride</i></b> )	Tier 1	OTC
MAG-G TAB 500MG ( <b><i>magnesium gluconate</i></b> )	Tier 1	OTC
MAGDELAY TAB 70MG ( <b><i>magnesium chloride</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>magnesium chloride tab dr 64 mg (elemental mg)</b> (Magdelay)	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)</b> (Magnesium-oxide)	Tier 1	OTC, MAIL
<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 every 30 days), MAIL
<b>POTASSIUM</b>		
<b>potassium bicarbonate effer tab 25 meq</b> (Klor-con/ef)	Tier 1	QL (60 ea every 30 days), MAIL
<b>potassium chloride cap er 8 meq</b>	Tier 1	QL (120 caps every 30 days), MAIL
<b>potassium chloride cap er 10 meq</b>	Tier 1	QL (120 caps every 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	Tier 1	QL (150 tabs every 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 every 30 days), MAIL
<b>potassium chloride tab er 10 meq</b>	Tier 1	QL (120 tabs every 30 days), MAIL
<b>potassium chloride tab er 20 meq (1500 mg)</b>	Tier 1	QL (150 tabs every 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

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

**MISCELLANEOUS THERAPEUTIC CLASSES**

**CHELATING AGENTS**

D-PENAMINE TAB 125MG ( <i>penicillamine</i> )	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	

**IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	Tier 4	PA, QL (30 per 30 days)
<i>lenalidomide cap 10 mg</i>	Tier 4	PA, QL (30 per 30 days)
<i>lenalidomide cap 15 mg</i>	Tier 4	PA, QL (30 per 30 days)
<i>lenalidomide cap 25 mg</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 every 30 days)
<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

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

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 every 30 days), OTC
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<b>AQUADEKS DRO (pediatric multiple vitamin w/ minerals)</b>	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> (Polyvitamin/iron)	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals chew tab</b> (Mvw Complete Formulation)	Tier 1	OTC
<b>PED MV W/ FLUORIDE</b>		
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> (Multivitamin With Fluorid)	Tier 1	QL (30 tabs every 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs every 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> (Multivitamin/fluoride)	Tier 1	QL (60 tabs every 30 days)
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL every 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 every 30 days), OTC
<b><i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i></b> (Tri-vite/fluoride)	Tier 1	QL (50 mL every 30 days)
<b><i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i></b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL every 30 days)
<b><i>PED MV W/ IRON</i></b>		
<b><i>ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)</i></b>	Tier 1	OTC
<b><i>MULTIVITAMIN DRO /IRON (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
<b><i>POLY-VITE SOL /IRON (pediatric multiple vitamins w/ iron)</i></b>	Tier 1	OTC
<b><i>PEDIATRIC MULTIPLE VITAMINS</i></b>		
<b><i>MULT VITAM DRO (pediatric multiple vitamins)</i></b>	Tier 2	QL (50 every 30 days), OTC
<b><i>pediatric multiple vitamin chew tab</i></b> (Chewable Vite Childrens)	Tier 1	OTC
<b><i>pediatric multiple vitamin chew tab</i></b> (Land Before Time Multivit)	Tier 1	OTC
<b><i>pediatric multiple vitamin liq</i></b> (Multi-delyn)	Tier 1	OTC
<b><i>POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamins)</i></b>	Tier 2	OTC
<b><i>POLY-VITE DRO (pediatric multiple vitamins)</i></b>	Tier 1	OTC
<b><i>PEDIATRIC VITAMINS</i></b>		
<b><i>BPROTECT PED DRO TRI-VITE (pediatric vitamins adc)</i></b>	Tier 1	QL (50 every 30 days), OTC
<b><i>TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)</i></b>	Tier 2	QL (50 every 30 days), OTC
<b><i>PRENATAL VITAMINS</i></b>		
<b><i>BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)</i></b>	Tier 1	OTC
<b><i>BRAINSTRONG MIS PRENATAL (prenatal mv &amp; min w/fe carbonyl-fa-dha)</i></b>	Tier 1	QL (30 tabs every 30 days), OTC
<b><i>CALNA TAB (prenatal vitamin)</i></b>	Tier 1	QL (30 tabs every 30 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CENTRUM SPEC PAK PRENATAL (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>CO-NATAL FA TAB 29-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>CVS PRENATAL CHW GUMMY (<i>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>ENFAMIL MIS EXPECTA (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (60 tabs every 30 days), OTC
<b>EZFE FORTE CAP (<i>prenatal without vit a w/ iron polysaccharide complex-fa</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>KPN PRENATAL TAB (<i>prenatal multivit-min w/fe-fa</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)</b>	Tier 1	QL (30 caps every 30 days)
<b>MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PRENAT MULTI CAP +DHA (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PRENATAL DHA PAK MULTI (<i>prenatal mv &amp; min w/ methylfolate-choline-fish oil</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>PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 caps every 30 days), OTC
<b>PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</b> (Inatal Gt)	Tier 1	QL (30 tabs every 30 days)
<b>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</b> (Prenatal 19)	Tier 1	QL (30 tabs every 30 days)
<b>prenatal vit w/ fe fumarate-fa tab 28-1 mg</b> (Trinate)	Tier 1	QL (30 tabs every 30 days)
<b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> (Prenatabs Rx)	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL+DHA MIS (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>PRENATAL/FE TAB (<i>prenatal multivit-min w/fe-fa</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>RA PRENATAL TAB FORMULA (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>SE-NATAL 19 CHW (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>SM ONE DAILY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>THERANATAL MIS COMPLETE (<i>prenatal mv &amp; min w/fe fumarate-fa-dha</i>)</b>	Tier 1	QL (30 tabs every 30 days), OTC
<b>TL FOLATE TAB (<i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>TRINATAL RX TAB 1 (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>VINATE II TAB (<i>prenatal vit w/ fe bisglycinate chelate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>VINATE M TAB (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>VITAFOL-OB TAB 65-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)
<b>VOL-PLUS TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)</b>	Tier 1	QL (30 tabs every 30 days)



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

## **MUSCULOSKELETAL THERAPY AGENTS**

### **CENTRAL MUSCLE RELAXANTS**

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

### **DIRECT MUSCLE RELAXANTS**

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

### **MUSCLE RELAXANT COMBINATIONS**

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

### **VISCOSUPPLEMENTS**

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

Drug Name	Drug Tier	Requirements/Limits
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
<i>saline nasal spray 0.65%</i> (Cvs Saline Nasal Spray)	Tier 1	OTC
<b>NASAL ANTIALLERGY</b>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	ST, QL (30 mL every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	QL (52 mL every 30 days), OTC, MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	ST, QL (30.5 gm every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<b>NASAL ANTICHOLINERGICS</b>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL every 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL every 30 days), MAIL
<b>NASAL STEROIDS</b>		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle every 30 days), OTC, MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	ST, QL (25 mL every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm every 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR ( <i>ciclesonide (nasal)</i> )	Tier 3	PA, MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL every 30 days), OTC, MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
NASAL DECON SYP 30MG/5ML <b>(pseudoephedrine hcl)</b>	Tier 1	OTC
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> (Nasal Decongestant Pe Max)	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
<b>NEUROMUSCULAR AGENTS</b>		
<b>ALS AGENTS</b>		
<b>riluzole tab 50 mg</b>	Tier 3	PA, QL (60 tabs every 30 days), MAIL
<b>NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS</b>		
BOTOX INJ 100UNIT <b>(onabotulinumtoxina)</b>	Tier 4	PA
BOTOX INJ 200UNIT <b>(onabotulinumtoxina)</b>	Tier 4	PA
<b>NUTRIENTS</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<b>docosahexaenoic acid cap 200 mg</b> (Prenatal Dha)	Tier 1	QL (30 caps every 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
<b>OPHTHALMIC AGENTS</b>		
<b>ARTIFICIAL TEARS AND LUBRICANTS</b>		
<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

**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>carboxymethylcellulose sodium ophth soln 0.5%</b> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<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 every 30 days), MAIL
<b>carteolol hcl ophth soln 1%</b>	Tier 1	QL (15 mL every 30 days), MAIL
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b>	Tier 1	QL (10 mL every 30 days), MAIL
<b>levobunolol hcl ophth soln 0.5%</b>	Tier 1	QL (15 mL every 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.5%</b>	Tier 3	QL (5 mL every 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.25%</b>	Tier 3	QL (5 mL every 30 days), MAIL
<b>timolol maleate ophth soln 0.5%</b>	Tier 1	QL (10 mL every 30 days), MAIL
<b>timolol maleate ophth soln 0.25%</b>	Tier 1	QL (10 mL every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL every 30 days), MAIL
<i>atropine sulfate ophth soln 1%</i>	Tier 1	QL (15 mL every 30 days), MAIL
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	QL (15 every 30 days), MAIL
<i>tropicamide ophth soln 0.5%</i>	Tier 1	MAIL
<i>tropicamide ophth soln 1%</i>	Tier 1	MAIL
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP <i>(echothiophate iodide)</i>	Tier 2	MAIL
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL every 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL every 30 days), MAIL
SIMBRINZA SUS 1-0.2% <i>(brinzolamide-brimonidine tartrate)</i>	Tier 3	QL (8 mL every 30 days), MAIL
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1% <i>(azithromycin ophth)</i>	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% <i>(besifloxacin hcl)</i>	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL every 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> <i>(base equiv)</i>	Tier 1	QL (3 mL every 30 days)
NATACYN SUS 5% OP <i>(natamycin)</i>	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx</i> <i>5(3.5)mg-400unt-10000unt op oin</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>neomycin-polymyx-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b>	Tier 1	
<b>ofloxacin ophth soln 0.3%</b>	Tier 1	QL (5 mL every 30 days)
<b>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</b>	Tier 1	QL (10 mL every 30 days)
<b>sulfacetamide sodium ophth soln 10%</b>	Tier 1	QL (15 mL every 30 days)
<b>tobramycin ophth soln 0.3%</b>	Tier 1	QL (5 mL every 30 days)
<b>trifluridine ophth soln 1%</b>	Tier 1	QL (7.5 mL every 30 days)
ZIRGAN GEL 0.15% ( <b>ganciclovir ophthalmic</b> )	Tier 3	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
<b>cyclosporine (ophth) emulsion 0.05%</b>	Tier 3	PA
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<b>proparacaine hcl ophth soln 0.5%</b>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2% ( <b>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 every 30 days)
<b>difluprednate ophth emulsion 0.05%</b>	Tier 3	PA
<b>fluorometholone ophth susp 0.1%</b>	Tier 1	QL (15 mL every 30 days)
LOTEMAX GEL 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
LOTEMAX OIN 0.5% ( <b>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	
PRED-G SUS OP ( <b>gentamicin-prednisolone acetate</b> )	Tier 3	QL (10 mL every 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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)</b>	Tier 2	QL (3.5 gm every 30 days)
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	Tier 1	QL (10 mL every 30 days)
<b>ZYLET SUS 0.5-0.3% (loteprednol etabonate-tobramycin)</b>	Tier 3	QL (10 mL every 30 days)
<b>OPHTHALMICS - MISC.</b>		
<b>ALOCRI SOL 2% (nedocromil sodium (ophth))</b>	Tier 3	PA, MAIL
<b>ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)</b>	Tier 3	PA, MAIL
<b>azelastine hcl ophth soln 0.05%</b>	Tier 1	QL (6 mL every 30 days), MAIL
<b>bepotastine besilate ophth soln 1.5%</b>	Tier 3	PA, MAIL
<b>brinzolamide ophth susp 1%</b>	Tier 1	QL (10 mL every 30 days), MAIL
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	Tier 3	
<b>cromolyn sodium ophth soln 4%</b>	Tier 1	QL (10 mL every 30 days), MAIL
<b>CYSTARAN SOL 0.44% (cysteamine hcl)</b>	Tier 4	PA
<b>diclofenac sodium ophth soln 0.1%</b>	Tier 1	
<b>dorzolamide hcl ophth soln 2%</b>	Tier 1	QL (10 mL every 30 days), MAIL
<b>EMADINE SOL 0.05% OP (emedastine difumarate)</b>	Tier 3	PA, MAIL
<b>epinastine hcl ophth soln 0.05%</b>	Tier 3	QL (5 mL every 30 days), MAIL
<b>flurbiprofen sodium ophth soln 0.03%</b>	Tier 1	
<b>ketorolac tromethamine ophth soln 0.4%</b>	Tier 1	QL (10 mL every 30 days)
<b>ketorolac tromethamine ophth soln 0.5%</b>	Tier 1	QL (10 mL every 30 days)
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b>	Tier 1	QL (5 mL every 30 days), OTC, MAIL
<b>LASTACFT SOL 0.25% (alcaftadine)</b>	Tier 3	PA, MAIL
<b>NEVANAC SUS 0.1% (nepafenac)</b>	Tier 3	PA
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b>	Tier 1	QL (5 mL every 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b>	Tier 1	QL (2.5 mL every 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 every 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 every 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophthalmic ointment 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophthalmic solution 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC

### **PROSTAGLANDINS - OPHTHALMIC**

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

### **OTIC AGENTS**

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

<i>acetic acid otic solution 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic solution</i> (Ear Drops)	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 solution 0.2% (base equivalent)</i>	Tier 1	QL (14 ea every 30 days)
---	--------	--------------------------



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ofloxacin otic soln 0.3%</i></b>	Tier 1	QL (5 mL every 30 days)

### **OTIC COMBINATIONS**

<b><i>CIPRO HC SUS OTIC (ciprofloxacin-hydrocortisone)</i></b>	Tier 3	PA
<b><i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i></b>	Tier 3	PA
<b><i>COLY-MYCIN S SUS OTIC (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	

### **OTIC STEROIDS**

<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	

### **OXYTOCICS**

#### **OXYTOCICS**

<b><i>methylergonovine maleate tab 0.2 mg</i></b>	Tier 3	
---	--------	--

### **PASSIVE IMMUNIZING AND TREATMENT AGENTS**

#### **IMMUNE SERUMS**

<b><i>CARIMUNE NF INJ 12GM (immune globulin (human) iv)</i></b>	Tier 4	PA
<b><i>CUVITRU INJ 4GM/20ML (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA
<b><i>CUVITRU SOL 1GM/5ML (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA
<b><i>CUVITRU SOL 10GM/50M (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA
<b><i>FLEBOGAMMA INJ DIF 5% (immune globulin (human) iv)</i></b>	Tier 4	PA
<b><i>GAMASTAN INJ (immune globulin (human) im)</i></b>	Tier 4	PA
<b><i>GAMMAGARD INJ 1GM/10ML (immune globulin (human) iv or subcutaneous)</i></b>	Tier 4	PA
<b><i>GAMMAGARD SD INJ 10GM HU (immune globulin (human) iv)</i></b>	Tier 4	PA
<b><i>HIZENTRA INJ 1GM/5ML (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA
<b><i>HIZENTRA INJ 2GM/10ML (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA
<b><i>HIZENTRA INJ 4GM/20ML (immune globulin (human) subcutaneous)</i></b>	Tier 4	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HIZENTRA INJ 10/50ML ( <i>immune globulin (human) subcutaneous</i> )	Tier 4	PA
HIZENTRA SOL 20% ( <i>immune globulin (human) subcutaneous</i> )	Tier 4	PA
OCTAGAM INJ 5GM ( <i>immune globulin (human) iv</i> )	Tier 4	PA
PRIVIGEN INJ 20GRAMS ( <i>immune globulin (human) iv</i> )	Tier 4	PA
RHOGAM PLUS INJ 300MCG ( <i>rho d immune globulin (human)</i> )	Tier 2	

### **MONOCLONAL ANTIBODIES**

SYNAGIS INJ 50MG ( <i>palivizumab</i> )	Tier 4	PA
SYNAGIS INJ 100MG/ML ( <i>palivizumab</i> )	Tier 4	PA

### **PASSIVE IMMUNIZING AGENTS - COMBINATIONS**

HYQVIA INJ 2.5-200 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 5-400 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 10-800 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 20-1600 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 30-2400 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA

### **PENICILLINS**

#### **AMINOPENICILLINS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>amoxicillin (trihydrate) tab 500 mg</i></b>	Tier 3	
<b><i>amoxicillin (trihydrate) tab 875 mg</i></b>	Tier 1	
<b><i>ampicillin cap 500 mg</i></b>	Tier 1	

### **NATURAL PENICILLINS**

<b><i>penicillin v potassium for soln 125 mg/5ml</i></b>	Tier 1	AGE; AGE (Max 12 years)
<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 every 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 500-125 mg</i></b>	Tier 1	QL (20 tabs every 10 days)
<b><i>amoxicillin &amp; k clavulanate tab 875-125 mg</i></b>	Tier 1	QL (20 tabs every 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 every 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 5 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 10 mg</i></b>	Tier 1	QL (60 tabs every 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>norethindrone acetate tab 5 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>progesterone cap 100 mg</i></b>	Tier 1	QL (30 caps every 30 days)
<b><i>progesterone cap 200 mg</i></b>	Tier 1	QL (60 caps every 30 days)

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

### **AGENTS FOR CHEMICAL DEPENDENCY**

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

### **ANTI-CATAPLECTIC AGENTS**

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

### **ANTIDEMENTIA AGENTS**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i></b>	Tier 3	MAIL
<b><i>rivastigmine tartrate cap 3 mg (base equivalent)</i></b>	Tier 3	MAIL
<b><i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i></b>	Tier 3	MAIL
<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

### **COMBINATION PSYCHOTHERAPEUTICS**

<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)

### **FIBROMYALGIA AGENTS**

<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

### **MOVEMENT DISORDER DRUG THERAPY**

<b><i>tetrabenazine tab 12.5 mg</i></b>	Tier 4	PA
<b><i>tetrabenazine tab 25 mg</i></b>	Tier 4	PA

### **MULTIPLE SCLEROSIS AGENTS**

<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>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVONEX PREFL KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 4	PA
COPAXONE INJ 20MG/ML ( <i>glatiramer acetate</i> )	Tier 4	PA; Preferred Brand
COPAXONE INJ 40MG/ML ( <i>glatiramer acetate</i> )	Tier 4	PA; Preferred Brand
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Tier 4	PA
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG ( <i>interferon beta-1b</i> )	Tier 4	PA
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Tier 4	PA
GILENYA CAP 0.5MG ( <i>fingolimod hcl</i> )	Tier 4	PA
MAYZENT TAB 0.25MG ( <i>siponimod fumarate</i> )	Tier 4	PA
MAYZENT TAB 2MG ( <i>siponimod fumarate</i> )	Tier 4	PA
PLEGRIDY INJ ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY INJ PEN ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 4	PA
REBIF INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 4	PA
REBIF INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 4	PA
REBIF REBIDO INJ 22/0.5 ( <i>interferon beta-1a</i> )	Tier 4	PA
REBIF REBIDO INJ 44/0.5 ( <i>interferon beta-1a</i> )	Tier 4	PA
REBIF REBIDO INJ TITRATN ( <i>interferon beta-1a</i> )	Tier 4	PA
REBIF TITRTN INJ PACK ( <i>interferon beta-1a</i> )	Tier 4	PA
<i>teriflunomide tab 7 mg</i>	Tier 4	PA
<i>teriflunomide tab 14 mg</i>	Tier 4	PA
TYSABRI INJ 300/15ML ( <i>natalizumab</i> )	Tier 4	PA
VUMERITY CAP 231MG ( <i>diroximel fumarate</i> )	Tier 4	PA, QL (120 every 30 days)
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs every 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>pimozide tab 2 mg</i></b>	Tier 1	QL (150 tabs every 30 days), MAIL

### **SMOKING DETERRENTS**

<b><i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i></b>	Tier 5	QL (60 tabs every 30 days), MAIL
<b>CHANTIX TAB 0.5&amp; 1MG (<i>varenicline tartrate</i>)</b>	Tier 5	QL (53 tabs every 24 days), MAIL; Max 2 fills
<b>CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)</b>	Tier 5	QL (60 tabs every 30 days), MAIL
<b>CHANTIX TAB 1MG (<i>varenicline tartrate</i>)</b>	Tier 5	QL (60 tabs every 30 days), MAIL
<b><i>nicotine polacrilex gum 2 mg</i></b>	Tier 5	QL (240 pieces every 30 days), OTC, MAIL
<b><i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)</b>	Tier 5	QL (240 pieces every 30 days), OTC, MAIL
<b><i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)</b>	Tier 5	QL (240 lozgs every 30 days), OTC, MAIL
<b><i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)</b>	Tier 5	QL (240 lozgs every 30 days), OTC, MAIL
<b>NICOTINE SYS KIT TRANSDER</b>	Tier 5	QL (56 patches every 30 days), OTC, MAIL
<b><i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)</b>	Tier 5	QL (30 patches every 30 days), OTC, MAIL
<b><i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)</b>	Tier 5	QL (30 patches every 30 days), OTC, MAIL
<b><i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)</b>	Tier 5	QL (30 patches every 30 days), OTC, MAIL
<b>NICOTROL INH (<i>nicotine</i>)</b>	Tier 5	QL (480 cartridges every 30 days), MAIL
<b>NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)</b>	Tier 5	QL (40 mL every 30 days), MAIL
<b><i>varenicline tartrate tab 0.5 mg (base equiv)</i></b>	Tier 5	QL (60 tabs every 30 days), MAIL
<b><i>varenicline tartrate tab 1 mg (base equiv)</i></b>	Tier 5	QL (60 tabs every 30 days), MAIL
<b><i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i></b>	Tier 5	QL (53 tabs every 24 days), MAIL; Max 2 fills

### **RESPIRATORY AGENTS - MISC.**

#### **ALPHA-PROTEINASE INHIBITOR (HUMAN)**

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

#### **CYSTIC FIBROSIS AGENTS**

<b>KALYDECO PAK 25MG (<i>ivacaftor</i>)</b>	Tier 4	PA
---	--------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALYDECO PAK 50MG ( <i>ivacaftor</i> )	Tier 4	PA
KALYDECO PAK 75MG ( <i>ivacaftor</i> )	Tier 4	PA
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	Tier 4	PA
PULMOZYME SOL 1MG/ML ( <i>dornase alfa</i> )	Tier 4	PA, QL (75 mL every 30 days)

### **PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG ( <i>pirfenidone</i> )	Tier 4	PA
ESBRIET TAB 267MG ( <i>pirfenidone</i> )	Tier 4	PA
ESBRIET TAB 801MG ( <i>pirfenidone</i> )	Tier 4	PA
OFEV CAP 100MG ( <i>nintedanib esylate</i> )	Tier 4	PA
OFEV CAP 150MG ( <i>nintedanib esylate</i> )	Tier 4	PA
<i>pirfenidone cap 267 mg</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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARMOUR THYRO TAB 300MG ( <i>thyroid</i> )	Tier 2	MAIL
<b>levothyroxine sodium tab 25 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 50 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 75 mcg</b> (Levoxyl)	Tier 1	MAIL
<b>levothyroxine sodium tab 88 mcg</b> (Levoxyl)	Tier 1	MAIL
<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 ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 16.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 32.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 48.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 65MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 97.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 113.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 130MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 146.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 195MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 260MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 325MG ( <i>thyroid</i> )	Tier 2	MAIL
NP THYROID TAB 15MG ( <i>thyroid</i> )	Tier 1	MAIL
NP THYROID TAB 30MG ( <i>thyroid</i> )	Tier 1	MAIL
NP THYROID TAB 60MG ( <i>thyroid</i> )	Tier 1	MAIL
NP THYROID TAB 90MG ( <i>thyroid</i> )	Tier 1	MAIL
NP THYROID TAB 120MG ( <i>thyroid</i> )	Tier 1	MAIL
SYNTHROID TAB 25MCG ( <b>levothyroxine sodium</b> )	Tier 2	MAIL

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

**Drug Name Drug Tier Requirements/Limits**  
**ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**

**ANTISPASMODICS**

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

**H-2 ANTAGONISTS**

<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (150 mL every 30 days), AGE, MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)

**MISC. ANTI-ULCER**

<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs every 30 days), MAIL
----------------------------	--------	-----------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PROTON PUMP INHIBITORS</b>		
<b>dexlansoprazole cap delayed release 30 mg</b>	Tier 3	ST, QL (30 caps every 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 every 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 every 30 days), OTC, MAIL
<b>FIRST-OMEPRASUS 2MG/ML (omeprazole)</b>	Tier 1	QL (150 mL every 30 days), AGE, MAIL; AGE (Max 12 years)
<b>lansoprazole cap delayed release 15 mg</b>	Tier 3	ST, QL (60 caps every 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 every 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>NEXIUM 24HR CAP 20MG (esomeprazole magnesium)</b>	Tier 1	QL (60 caps every 30 days), OTC, MAIL
<b>omeprazole cap delayed release 10 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>omeprazole cap delayed release 20 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>omeprazole cap delayed release 40 mg</b>	Tier 1	QL (60 caps every 30 days), MAIL
<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> (Kp Omeprazole Magnesium)	Tier 1	QL (60 caps every 30 days), OTC

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

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

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

#### **ULCER THERAPY COMBINATIONS**

<b><i>amoxicil cap &amp; clarithro tab &amp; lansopraz cap dr 500 &amp; 500 &amp; 30mg</i></b>	Tier 3	Max 10 days supply
--	--------	--------------------

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

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

<b><i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i></b>	Tier 3	
<b><i>methenamine hippurate tab 1 gm</i></b>	Tier 1	
<b><i>nitrofurantoin macrocrystalline cap 50 mg</i></b>	Tier 1	QL (60 caps every 30 days), AGE; AGE (Max 64 years)
<b><i>nitrofurantoin macrocrystalline cap 100 mg</i></b>	Tier 1	QL (120 caps every 30 days), AGE; AGE (Max 64 years)
<b><i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i></b>	Tier 1	QL (60 caps every 30 days), AGE; AGE (Max 64 years)
<b><i>nitrofurantoin susp 25 mg/5ml</i></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><i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b><i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b><i>fesoterodine fumarate tab er 24hr 4 mg</i></b>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<b><i>fesoterodine fumarate tab er 24hr 8 mg</i></b>	Tier 3	PA, QL (30 tabs every 30 days), MAIL
<b><i>oxybutynin chloride syrup 5 mg/5ml</i></b>	Tier 1	QL (600 mL every 30 days), MAIL
<b><i>oxybutynin chloride tab 5 mg</i></b>	Tier 1	QL (90 tabs every 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 5 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 10 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
<b><i>oxybutynin chloride tab er 24hr 15 mg</i></b>	Tier 1	QL (30 tabs every 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 <b><i>(oxybutynin)</i></b>	Tier 2	QL (8 ea every 30 days), OTC, MAIL
<b><i>solifenacin succinate tab 5 mg</i></b>	Tier 3	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b><i>solifenacin succinate tab 10 mg</i></b>	Tier 3	ST, QL (30 tabs every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<b><i>tolterodine tartrate tab 1 mg</i></b>	Tier 1	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<b><i>tolterodine tartrate tab 2 mg</i></b>	Tier 1	ST, QL (60 tabs every 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG <b><i>(fesoterodine fumarate)</i></b>	Tier 3	PA, QL (30 tabs every 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 every 30 days), MAIL
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps every 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>trospium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs every 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 every 30 days), MAIL
MYRBETRIQ TAB 50MG ( <i>mirabegron</i> )	Tier 3	PA, QL (30 tabs every 30 days), MAIL

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

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

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

<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs every 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 every lifetime)
VAXNEUVANCE INJ ( <i>pneumococcal 15-valent conjugate vaccine</i> )	Tier 5	QL (4 inj every 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)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUARIX QUAD INJ 2021-22 ( <b><i>influenza virus vaccine split quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 ( <b><i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i></b> )	Tier 5	QL (Max 1 Injection per year)
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 every 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 (hvp) 9-valent recombinant vaccine</i></b> )	Tier 5	QL (3 inj every 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)

**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>
VAQTA INJ 50UNT/ML ( <b>hepatitis a vaccine</b> )	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <b>zoster vaccine live</b> )	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 18 years)

## VAGINAL PRODUCTS

### SPERMICIDES

CONCEPTROL GEL 4% ( <b>nonoxynol-9</b> )	Tier 5	OTC
ENCARE SUP 100MG ( <b>nonoxynol-9</b> )	Tier 5	OTC
GYNOL II GEL 3% ( <b>nonoxynol-9</b> )	Tier 5	OTC
SHUR-SEAL GEL 2% ( <b>nonoxynol-9</b> )	Tier 5	OTC
TODAY SPONGE MIS ( <b>nonoxynol-9</b> )	Tier 5	OTC
VCF VAGINAL AER CONTRACP ( <b>nonoxynol-9</b> )	Tier 5	OTC
VCF VAGINAL GEL CONTRACE ( <b>nonoxynol-9</b> )	Tier 5	OTC
VCF VAGINAL MIS CONTRACP ( <b>nonoxynol-9</b> )	Tier 5	OTC

### VAGINAL ANTI-INFECTIVES

<b>clindamycin phosphate vaginal cream 2%</b>	Tier 1	QL (40 gm every 30 days)
<b>clotrimazole vaginal cream 1%</b>	Tier 1	OTC
<b>clotrimazole vaginal cream 2%</b> (Gnp Clotrimazole 3)	Tier 1	OTC
<b>GYNAZOLE-1 CRE 2% (butoconazole nitrate (one dose))</b>	Tier 2	
<b>metronidazole vaginal gel 0.75%</b>	Tier 1	QL (70 gm every 30 days)
<b>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</b> (Sm Miconazole 3)	Tier 1	OTC
<b>miconazole nitrate vaginal cream 2%</b> (Miconazole 7)	Tier 1	OTC
<b>miconazole nitrate vaginal cream 4% (200 mg/5gm)</b> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<b>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</b> (Gnp Miconazole 3)	Tier 1	OTC
<b>miconazole nitrate vaginal suppos 100 mg</b> (Miconazole 7)	Tier 1	OTC
<b>MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal)</b>	Tier 1	OTC
<b>terconazole vaginal cream 0.4%</b>	Tier 1	
<b>terconazole vaginal cream 0.8%</b>	Tier 1	
<b>terconazole vaginal suppos 80 mg</b>	Tier 3	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>tioconazole vaginal oint 6.5%</b> (Ra Tioconazole 1)	Tier 1	OTC
<b>VAGINAL ESTROGENS</b>		
<b>estradiol vaginal cream 0.1 mg/gm</b>	Tier 1	QL (42.5 gm every 30 days), MAIL
<b>estradiol vaginal tab 10 mcg</b>	Tier 3	QL (60 tabs every 30 days), MAIL
PREMARIN VAG CRE 0.625MG ( <b>estrogens, conjugated vaginal</b> )	Tier 2	QL (30 gm every 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 every 30 days)
EPIPEN-JR INJ 0.15MG ( <b>epinephrine (anaphylaxis)</b> )	Tier 2	QL (2 ea every 30 days)
SYMJEPI INJ 0.3MG ( <b>epinephrine (anaphylaxis)</b> )	Tier 2	QL (2 syringes every 30 days)
SYMJEPI INJ 0.15MG ( <b>epinephrine (anaphylaxis)</b> )	Tier 2	QL (2 syringes every 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

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>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>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 every 30 days)

#### **WATER SOLUBLE VITAMINS**

<b>ascorbic acid tab 500 mg</b> (Natural 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*..... 155
- 3**  
3ML SYRINGE MIS REG TIP ..... 140
- 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* .....84  
*abacavir-dolutegravir-lamivudine*  
    see TRIUMEQ PD TAB .....88  
    see TRIUMEQ TAB .....88  
*abaloparatide*  
    see TYMLOS INJ..... 119  
*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%..... 110  
*acamprosate calcium tab delayed release 333 mg* ..... 164  
*acarbose tab 100 mg* .....41  
*acarbose tab 25 mg* .....41  
*acarbose tab 50 mg* .....41  
*acebutolol hcl cap 200 mg*.....91  
*acebutolol hcl cap 400 mg*.....91  
*acetaminophen*  
    see FEVERALL INF SUP 80MG.....12  
    see FEVERALL SUP 325MG.....13  
    see NORTEMP SUS INFANTS .....13  
*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* ..... 117  
*acetazolamide tab 125 mg* ..... 117  
*acetazolamide tab 250 mg* ..... 117  
*acetic acid irrigation soln 0.25%* ..... 126  
*acetic acid otic soln 2%* ..... 160  
*acetone (urine) test*  
    see RELION KETON TES ..... 116  
*acetylcysteine inhal soln 10%* .. 105  
*acetylcysteine inhal soln 20%* .. 105  
Acid Gone  
    see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* ..... 20  
*acitretin cap 10 mg* ..... 109  
*acitretin cap 17.5 mg* ..... 109  
*acitretin cap 25 mg* ..... 109  
ACNE MEDICAT LOT 10% ..... 105

ACNE MEDICAT LOT 5% .....	105	ADVAIR HFA AER 230/21 .....	28
ACTEMRA INJ 162/0.9 .....	8	ADVAIR HFA AER 45/21.....	28
ACTEMRA INJ 200/10ML .....	8	Advil Junior Strength	
ACTEMRA INJ 400/20ML .....	8	see <b>ibuprofen tab 100 mg</b> .....	9
ACTEMRA INJ 80MG/4ML .....	8	<b>afatinib dimaleate</b>	
ACTEMRA INJ ACTPEN .....	8	see GILOTRIF TAB 20MG.....	71
ACTIMMUNE INJ 2MU/0.5.....	74	see GILOTRIF TAB 30MG.....	72
<b>acyclovir cap 200 mg</b> .....	90	see GILOTRIF TAB 40MG.....	72
<b>acyclovir oint 5%</b> .....	110	AFLURIA QUAD INJ 2021-22 .....	175
<b>acyclovir susp 200 mg/5ml</b> .....	90	AFREZZA POW 12 UNIT .....	48
<b>acyclovir tab 400 mg</b> .....	90	AFREZZA POW 4-8 UNIT.....	47
<b>acyclovir tab 800 mg</b> .....	90	AFREZZA POW 4-8-12 .....	47
ADACEL INJ .....	170	AFREZZA POW 4UNIT.....	47
<b>adalimumab</b>		AFREZZA POW 8 UNIT.....	48
see HUMIRA INJ 10/0.1ML.....	6	AFREZZA POW 8-12UNIT .....	48
see HUMIRA INJ 10MG/0.2 .....	7	AJOVY INJ 225/1.5 .....	140
see HUMIRA INJ 20/0.2ML.....	7	AKYNZEO CAP 300-0.5 .....	52
see HUMIRA INJ 40/0.4ML.....	7	<b>albendazole tab 200 mg</b> .....	21
see HUMIRA KIT 20MG/0.4.....	7	<b>albuterol sulfate inhal aero 108</b>	
see HUMIRA KIT 40MG/0.8.....	7	<b>mcg/act (90mcg base equiv) ...</b>	28
see HUMIRA PEDIA INJ CROHNS ....	7	<b>albuterol sulfate soln nebu 0.083%</b>	
see HUMIRA PEN INJ 40/0.4ML .....	7	<b>(2.5 mg/3ml) .....</b>	29
see HUMIRA PEN INJ CD/UC/HS .....	7	<b>albuterol sulfate soln nebu 0.5% (5</b>	
see HUMIRA PEN KIT CD/UC/HS.....	7	<b>mg/ml) .....</b>	29
see HUMIRA PEN KIT PS/UV .....	7	<b>albuterol sulfate soln nebu 0.63</b>	
<b>adalimumab-bwwd</b>		<b>mg/3ml (base equiv) .....</b>	29
see HADLIMA INJ 40/0.4ML .....	6	<b>albuterol sulfate soln nebu 1.25</b>	
see HADLIMA INJ 40/0.8ML .....	6	<b>mg/3ml (base equiv) .....</b>	29
see HADLIMA PUSH INJ 40/0.4ML... 6		<b>albuterol sulfate syrup 2 mg/5ml</b>	29
see HADLIMA PUSH INJ 40/0.8ML... 6		<b>albuterol sulfate tab 2 mg</b> .....	29
<b>adapalene</b>		<b>albuterol sulfate tab 4 mg</b> .....	29
see DIFFERIN GEL 0.1% .....	106	<b>alcaftadine</b>	
<b>adapalene gel 0.1%</b> .....	105	see LASTACFT SOL 0.25%.....	159
<b>adapalene lotion 0.1%</b> .....	106	<b>alclometasone dipropionate cream</b>	
Adapalene Treatment		<b>0.05% .....</b>	111
see <b>adapalene gel 0.1%</b> .....	105	<b>alclometasone dipropionate oint</b>	
<b>adefovir dipivoxil tab 10 mg</b> .....	89	<b>0.05% .....</b>	111
ADEMPAS TAB 0.5MG .....	97	ALCOHOL PREP PAD MED 70% .....	139
ADEMPAS TAB 1.5MG .....	97	<b>alcohol swabs</b>	
ADEMPAS TAB 1MG .....	97	see ALCOHOL PREP PAD MED 70%	
ADEMPAS TAB 2.5MG .....	97	.....	139
ADEMPAS TAB 2MG .....	97	ALECENSA CAP 150MG .....	71
ADULT MASK MIS LARGE .....	140	<b>alectinib hcl</b>	
ADVAIR DISKU AER 100/50.....	28	see ALECENSA CAP 150MG.....	71
ADVAIR DISKU AER 250/50.....	28	<b>alendronate sodium tab 10 mg</b> .	119
ADVAIR DISKU AER 500/50.....	28	<b>alendronate sodium tab 35 mg</b> .	119
ADVAIR HFA AER 115/21 .....	28	<b>alendronate sodium tab 40 mg</b> .	119

<b>alendronate sodium tab 5 mg</b> ....	119	<b>alogliptin-pioglitazone tab 25-15 mg</b> .....	42
<b>alendronate sodium tab 70 mg</b> ..	119	<b>alogliptin-pioglitazone tab 25-30 mg</b> .....	42
ALER-DRYL TAB 50MG .....	53	<b>alogliptin-pioglitazone tab 25-45 mg</b> .....	42
<b>alfuzosin hcl tab er 24hr 10 mg</b> .	126	ALOMIDE SOL 0.1% OP .....	159
ALINIA SUS 100/5ML .....	21	<b>alose tron hcl tab 0.5 mg (base equiv)</b> .....	125
<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	65	<b>alose tron hcl tab 1 mg (base equiv)</b> .....	125
<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	65	<b>alpha1-proteinase inhibitor (human)</b>	
<b>alitretinoin</b>		see GLASSIA INJ .....	167
see PANRETIN GEL 0.1% .....	109	see PROLASTIN-C INJ 1000MG ..	167
All Day Allergy D		ALPHANINE SD INJ 1500UNIT .....	127
see <b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b> .....	104	ALPHANINE SD INJ 500UNIT .....	127
ALLERGY CONG TAB 25-10MG .....	104	<b>alprazolam tab 0.25 mg</b> .....	24
Allergy Relief		<b>alprazolam tab 0.5 mg</b> .....	24
see <b>loratadine tab 10 mg</b> .....	54	<b>alprazolam tab 1 mg</b> .....	24
<b>allopurinol tab 100 mg</b> .....	127	<b>alprazolam tab 2 mg</b> .....	24
<b>allopurinol tab 300 mg</b> .....	127	ALREX SUS 0.2% .....	158
Almacone		ALTABAX OIN 1% .....	107
see <b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	20	<b>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</b> .....	20
Almacone Double Strength		<b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	20
see <b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	20	<b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	20
<b>almotriptan malate tab 12.5 mg</b>	141	<b>aluminum chloride</b>	
<b>almotriptan malate tab 6.25 mg</b>	141	see DRY SOL SOL 20% .....	115
ALOCRI L SOL 2% .....	159	<b>aluminum hydroxide-mag trisil</b>	
<b>alogliptin benzoate tab 12.5 mg (base equiv)</b> .....	46	see FOAM ANTACID CHW 80-20MG	20
<b>alogliptin benzoate tab 25 mg (base equiv)</b> .....	46	<b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> .....	20
<b>alogliptin benzoate tab 6.25 mg (base equiv)</b> .....	46	<b>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</b> .....	20
<b>alogliptin-metformin hcl tab 12.5-1000 mg</b> .....	42	<b>amantadine hcl cap 100 mg</b> .....	75
<b>alogliptin-metformin hcl tab 12.5-500 mg</b> .....	42	<b>amantadine hcl soln 50 mg/5ml</b> .	75
<b>alogliptin-pioglitazone tab 12.5-15 mg</b> .....	42	<b>amantadine hcl tab 100 mg</b> .....	75
<b>alogliptin-pioglitazone tab 12.5-30 mg</b> .....	42	<b>ambrisentan tab 10 mg</b> .....	96
<b>alogliptin-pioglitazone tab 12.5-45 mg</b> .....	42	<b>ambrisentan tab 5 mg</b> .....	96
		<b>amcinonide cream 0.1%</b> .....	111
		<b>amcinonide lotion 0.1%</b> .....	111
		AMCINONIDE OIN 0.1% .....	111

<b>amiloride &amp; hydrochlorothiazide</b>	
<b>tab 5-50 mg</b> .....	117
<b>amiloride hcl tab 5 mg</b> .....	118
<b>aminocaproic acid oral soln 0.25</b>	
<b>gm/ml</b> .....	131
<b>aminocaproic acid tab 1000 mg</b> .....	131
<b>aminocaproic acid tab 500 mg</b> ..	131
<b>aminosalicylic acid</b>	
see PASER GRA 4GM .....	67
<b>amiodarone hcl tab 200 mg</b> .....	26
<b>amitriptyline hcl tab 10 mg</b> .....	40
<b>amitriptyline hcl tab 100 mg</b> .....	40
<b>amitriptyline hcl tab 150 mg</b> .....	40
<b>amitriptyline hcl tab 25 mg</b> .....	40
<b>amitriptyline hcl tab 50 mg</b> .....	40
<b>amitriptyline hcl tab 75 mg</b> .....	40
Amlactin	
see <b>lactic acid (ammonium</b>	
<b>lactate) lotion 12%</b> .....	114
<b>amlodipine besylate tab 10 mg</b>	
<b>(base equivalent)</b> .....	93
<b>amlodipine besylate tab 2.5 mg</b>	
<b>(base equivalent)</b> .....	92
<b>amlodipine besylate tab 5 mg</b>	
<b>(base equivalent)</b> .....	93
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 10-20 mg</b> .....	63
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 10-40 mg</b> .....	63
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 2.5-10 mg</b> .....	63
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-10 mg</b> .....	63
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-20 mg</b> .....	63
<b>amlodipine besylate-benazepril hcl</b>	
<b>cap 5-40 mg</b> .....	63
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 10-20 mg</b> .....	64
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 10-40 mg</b> .....	64
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 5-20 mg</b> .....	63
<b>amlodipine besylate-olmesartan</b>	
<b>medoxomil tab 5-40 mg</b> .....	63
Amnesteem	
see <b>isotretinoin cap 20 mg</b> .....	106
<b>amoxapine tab 100 mg</b> .....	40
<b>amoxapine tab 150 mg</b> .....	40
<b>amoxapine tab 25 mg</b> .....	40
<b>amoxapine tab 50 mg</b> .....	40
<b>amoxicil cap &amp; clarithro tab</b>	
<b>&amp; lansopraz cap dr 500 &amp; 500</b>	
<b>&amp; 30mg</b> .....	173
<b>amoxicillin &amp; k clavulanate chew</b>	
<b>tab 200-28.5 mg</b> .....	163
<b>amoxicillin &amp; k clavulanate chew</b>	
<b>tab 400-57 mg</b> .....	163
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>200-28.5 mg/5ml</b> .....	163
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>250-62.5 mg/5ml</b> .....	163
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>400-57 mg/5ml</b> .....	163
<b>amoxicillin &amp; k clavulanate for susp</b>	
<b>600-42.9 mg/5ml</b> .....	163
<b>amoxicillin &amp; k clavulanate tab</b>	
<b>250-125 mg</b> .....	163
<b>amoxicillin &amp; k clavulanate tab</b>	
<b>500-125 mg</b> .....	163
<b>amoxicillin &amp; k clavulanate tab</b>	
<b>875-125 mg</b> .....	163
<b>amoxicillin &amp; pot clavulanate</b>	
see AUGMENTIN SUS 125/5ML ...	163
<b>amoxicillin (trihydrate) cap 250 mg</b>	
.....	162
<b>amoxicillin (trihydrate) cap 500 mg</b>	
.....	162
<b>amoxicillin (trihydrate) chew tab</b>	
<b>125 mg</b> .....	162
<b>amoxicillin (trihydrate) chew tab</b>	
<b>250 mg</b> .....	162
<b>amoxicillin (trihydrate) for susp</b>	
<b>125 mg/5ml</b> .....	162
<b>amoxicillin (trihydrate) for susp</b>	
<b>200 mg/5ml</b> .....	162
<b>amoxicillin (trihydrate) for susp</b>	
<b>250 mg/5ml</b> .....	162
<b>amoxicillin (trihydrate) for susp</b>	
<b>400 mg/5ml</b> .....	162
<b>amoxicillin (trihydrate) tab 500 mg</b>	
.....	163
<b>amoxicillin (trihydrate) tab 875 mg</b>	
.....	163

<b>amphetamine sus 1.25/ml</b> .....	1		see DRITHO-CREME CRE HP 1% .	110
<b>amphetamine-dextroamphetamine cap er 24hr 10 mg</b> .....	1		ANTI-DIARRHE LIQ 1MG/5ML .....	51
<b>amphetamine-dextroamphetamine cap er 24hr 15 mg</b> .....	1		Anti-diarrheal	
<b>amphetamine-dextroamphetamine cap er 24hr 20 mg</b> .....	1		see <b>loperamide hcl cap 2 mg</b> ....	51
<b>amphetamine-dextroamphetamine cap er 24hr 25 mg</b> .....	1		Anti-fungal Powder	
<b>amphetamine-dextroamphetamine cap er 24hr 30 mg</b> .....	1		see <b>tolnaftate powder 1%</b> .....	109
<b>amphetamine-dextroamphetamine cap er 24hr 5 mg</b> .....	1		<b>antihemophilic factor (human)</b>	
<b>amphetamine-dextroamphetamine tab 10 mg</b> .....	1		see MONOCLATE-P INJ 1000UNIT	128
<b>amphetamine-dextroamphetamine tab 12.5 mg</b> .....	1		<b>antihemophilic factor (recombinant) (rfviii)</b>	
<b>amphetamine-dextroamphetamine tab 15 mg</b> .....	1		see HELIXATE FS INJ 2000UNIT..	127
<b>amphetamine-dextroamphetamine tab 20 mg</b> .....	1		see HELIXATE FS INJ 3000UNIT..	127
<b>amphetamine-dextroamphetamine tab 30 mg</b> .....	1		see HELIXATE FS INJ 500UNIT....	127
<b>amphetamine-dextroamphetamine tab 5 mg</b> .....	1		see KOGENATE FS INJ 1000UNIT	127
<b>amphetamine-dextroamphetamine tab 7.5 mg</b> .....	1		see KOGENATE FS INJ 2000UNIT	127
<b>ampicillin cap 500 mg</b> .....	163		see KOGENATE FS INJ 250UNIT..	127
ANADROL-50 TAB 50MG .....	19		see KOGENATE FS INJ 3000UNIT	128
<b>anagrelide hcl cap 0.5 mg</b> .....	128		see RECOMBINATE INJ .....	128
<b>anagrelide hcl cap 1 mg</b> .....	128		see RECOMBINATE INJ 220-400..	128
<b>anakinra</b>			see RECOMBINATE INJ 401-800..	128
see KINERET INJ.....	8		see RECOMBINATE INJ 801-1240	128
<b>anastrozole tab 1 mg</b> .....	69		ANZEMET TAB 100MG .....	51
ANDROXY TAB 10MG .....	19		ANZEMET TAB 50MG .....	51
ANIMAL SHAPE CHW IRON .....	150		APEXICON E CRE 0.05% .....	111
ANNOVERA MIS .....	102		<b>apixaban</b>	
ANORO ELLIPT AER 62.5-25 .....	29		see ELIQUIS ST P TAB 5MG .....	31
Antacid			see ELIQUIS TAB 2.5MG .....	31
see <b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	20		see ELIQUIS TAB 5MG .....	31
Antacid Extra Strength			APOKYN INJ 10MG/ML .....	75
see <b>calcium carbonate-mag hydroxide chew tab 675-135 mg</b> .....	20		<b>apomorphine hcl soln cartridge 30 mg/3ml</b> .....	75
<b>anthralin</b>			<b>apomorphine hydrochloride</b>	
			see APOKYN INJ 10MG/ML .....	75
			<b>apraclonidine hcl ophth soln 0.5% (base equivalent)</b> .....	157
			<b>apremilast</b>	
			see OTEZLA TAB 10/20/30 .....	11
			see OTEZLA TAB 30MG .....	11
			<b>aprepitant capsule 125 mg</b> .....	52
			<b>aprepitant capsule 40 mg</b> .....	52
			<b>aprepitant capsule 80 mg</b> .....	52
			<b>aprepitant capsule therapy pack 80 &amp; 125 mg</b> .....	52
			APTIOM TAB 200MG.....	33
			APTIOM TAB 400MG.....	33
			APTIOM TAB 600MG.....	33
			APTIOM TAB 800MG.....	33



APTIVUS CAP 250MG.....	84	<b>armodafinil tab 150 mg</b> .....	4
APTIVUS SOL .....	84	<b>armodafinil tab 200 mg</b> .....	4
AQUADEKS DRO .....	149	<b>armodafinil tab 250 mg</b> .....	4
Aqueous Vitamin D Infants		<b>armodafinil tab 50 mg</b> .....	4
see <b>cholecalciferol oral liquid 10</b>		ARMOUR THYRO TAB 120MG.....	168
<b>mcg/ml (400 unit/ml)</b> .....	179	ARMOUR THYRO TAB 15MG.....	168
ARANESP INJ 100MCG.....	129	ARMOUR THYRO TAB 180MG.....	168
ARANESP INJ 10MCG.....	129	ARMOUR THYRO TAB 240MG.....	168
ARANESP INJ 150MCG.....	129	ARMOUR THYRO TAB 300MG.....	169
ARANESP INJ 200MCG.....	129	ARMOUR THYRO TAB 30MG.....	168
ARANESP INJ 25MCG.....	129	ARMOUR THYRO TAB 60MG.....	168
ARANESP INJ 300MCG.....	129	ARMOUR THYRO TAB 90MG.....	168
ARANESP INJ 40MCG.....	129	<b>artemether-lumefantrine</b>	
ARANESP INJ 500MCG.....	129	see COARTEM TAB 20-120MG.....	66
ARANESP INJ 60MCG.....	129	<b>artificial tear insert</b>	
ARCALYST INJ 220MG .....	8	see LACRISERT MIS 5MG OP .....	156
ARCAPTA CAP 75MCG.....	29	<b>artificial tear ophth solution</b> .....	155
<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> .....	156
<b>mcg/2ml (base equiv)</b> .....	29	see <b>polyvinyl alcohol ophth soln</b>	
<b>aripiprazole</b>		<b>1.4%</b> .....	156
see ABILIFY MAIN INJ 300MG .....	83	see <b>white petrolatum-mineral oil</b>	
see ABILIFY MAIN INJ 400MG .....	83	<b>ophth ointment</b> .....	156
<b>aripiprazole lauroxil</b>		<b>ascorbic acid tab 500 mg</b> .....	179
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> .....	83	ASMANEX 7 AER 110MCG .....	27
<b>aripiprazole tab 15 mg</b> .....	83	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> .....	83	ASMANEX HFA AER 50MCG .....	28
<b>aripiprazole tab 30 mg</b> .....	83	<b>aspirin chew tab 81 mg</b> .....	13
<b>aripiprazole tab 5 mg</b> .....	83	<b>aspirin tab 325 mg</b> .....	13
ARISTADA INJ 1064MG.....	84	<b>aspirin tab delayed release 325 mg</b>	
ARISTADA INJ 441MG/1.....	84	.....	13
ARISTADA INJ 662MG/2 .....	84	<b>aspirin tab delayed release 81 mg</b>	
ARISTADA INJ 882MG/3 .....	84	.....	13
ARISTADA INJ INITIO.....	84		

<b>aspirin-dipyridamole cap er 12hr</b>	
<b>25-200 mg</b> .....	128
<b>atazanavir sulfate cap 150 mg</b>	
<b>(base equiv)</b> .....	84
<b>atazanavir sulfate cap 200 mg</b>	
<b>(base equiv)</b> .....	84
<b>atazanavir sulfate cap 300 mg</b>	
<b>(base equiv)</b> .....	85
<b>atazanavir sulfate-cobicistat</b>	
see EVOTAZ TAB 300-150 .....	86
<b>atenolol &amp; chlorthalidone tab 100-</b>	
<b>25 mg</b> .....	64
<b>atenolol &amp; chlorthalidone tab 50-25</b>	
<b>mg</b> .....	64
<b>atenolol tab 100 mg</b> .....	91
<b>atenolol tab 25 mg</b> .....	91
<b>atenolol tab 50 mg</b> .....	91
<b>atomoxetine hcl cap 10 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 100 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 18 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 25 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 40 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 60 mg (base</b>	
<b>equiv)</b> .....	3
<b>atomoxetine hcl cap 80 mg (base</b>	
<b>equiv)</b> .....	3
<b>atorvastatin calcium tab 10 mg</b>	
<b>(base equivalent)</b> .....	56
<b>atorvastatin calcium tab 20 mg</b>	
<b>(base equivalent)</b> .....	56
<b>atorvastatin calcium tab 40 mg</b>	
<b>(base equivalent)</b> .....	56
<b>atorvastatin calcium tab 80 mg</b>	
<b>(base equivalent)</b> .....	56
<b>atovaquone susp 750 mg/5ml</b> ....	21
<b>atovaquone-proguanil hcl tab 250-</b>	
<b>100 mg</b> .....	66
<b>atovaquone-proguanil hcl tab 62.5-</b>	
<b>25 mg</b> .....	66
ATROPINE SUL SOL 1% OP .....	157
<b>atropine sulfate ophth soln 1%</b> .	157
ATROVENT HFA AER 17MCG .....	27
AUBAGIO TAB 14MG .....	165
AUBAGIO TAB 7MG .....	165
AUGMENTIN SUS 125/5ML.....	163
<b>auranofin</b>	
see RIDAURA CAP 3MG.....	8
AVANDIA TAB 2MG .....	49
AVANDIA TAB 4MG .....	49
Avita	
see <b>tretinoin gel 0.025%</b> .....	107
AVONEX KIT 30MCG .....	165
AVONEX PEN KIT 30MCG .....	165
AVONEX PREFL KIT 30MCG .....	166
AVSOLA INJ 100MG .....	124
AZASITE SOL 1% .....	157
<b>azathioprine tab 50 mg</b> .....	147
<b>azelastine hcl nasal spray 0.1%</b>	
<b>(137 mcg/spray)</b> .....	154
<b>azelastine hcl ophth soln 0.05%</b>	159
<b>azilsartan medoxomil</b>	
see EDARBI TAB 40MG .....	61
see EDARBI TAB 80MG .....	61
<b>azithromycin (ophth)</b>	
see AZASITE SOL 1%.....	157
<b>azithromycin for susp 100 mg/5ml</b>	
.....	136
<b>azithromycin for susp 200 mg/5ml</b>	
.....	136
<b>azithromycin powd pack for susp 1</b>	
<b>gm</b> .....	136
<b>azithromycin tab 250 mg</b> .....	136
<b>azithromycin tab 500 mg</b> .....	136
<b>azithromycin tab 600 mg</b> .....	136
<b>aztreonam lysine</b>	
see CAYSTON INH 75MG.....	22
<b>B</b>	
<b>bacitracin oint 500 unit/gm</b> .....	107
<b>bacitracin ophth oint 500 unit/gm</b>	
.....	157
<b>bacitracin zinc oint 500 unit/gm</b>	107
<b>bacitracin-polymyxin b oint</b> .....	107
<b>bacitracin-polymyxin b ophth oint</b>	
.....	157
<b>bacitracin-polymyxin-neomycin hc</b>	
see CORTISPORIN OIN 1%.....	107
<b>bacitracin-polymyxin-neomycin-hc</b>	
<b>ophth oint 1%</b> .....	158
<b>baclofen tab 10 mg</b> .....	153

<b>baclofen tab 20 mg</b> .....	153	<b>benazepril &amp; hydrochlorothiazide</b>	
<b>baclofen tab 5 mg</b> .....	153	<b>tab 5-6.25 mg</b> .....	64
BALCOLTRA TAB 0.1-20 .....	98	<b>benazepril hcl tab 10 mg</b> .....	58
<b>baloxavir marboxil</b>		<b>benazepril hcl tab 20 mg</b> .....	59
see XOFLUZA TAB 20MG .....	90	<b>benazepril hcl tab 40 mg</b> .....	59
see XOFLUZA TAB 40MG .....	90	<b>benazepril hcl tab 5 mg</b> .....	58
see XOFLUZA TAB 80MG .....	90	<b>benralizumab</b>	
<b>balsalazide disodium cap 750 mg</b>		see FASENRA INJ 30MG/ML .....	26
.....	124	see FASENRA PEN INJ 30MG/ML ...	26
BAQSIMI ONE POW 3MG/DOSE.....	45	BENZNIDAZOLE TAB 100MG .....	21
BARACLUDGE SOL .....	89	BENZNIDAZOLE TAB 12.5MG .....	21
BASAGLAR INJ 100UNIT .....	48	<b>benzocaine-docusate sodium rectal</b>	
BAXDELA TAB 450MG .....	123	<b>enema 20-283 mg</b> .....	136
Bayer Aspirin Ec Low Dose		<b>benzonatate cap 100 mg</b> .....	104
see <b>aspirin tab delayed release 81</b>		<b>benzonatate cap 200 mg</b> .....	104
<b>mg</b> .....	13	<b>benzoyl peroxide</b>	
<b>b-complex w/ c &amp; folic acid cap 1</b>		see ACNE MEDICAT LOT 10% .....	105
<b>mg</b> .....	149	see ACNE MEDICAT LOT 5% .....	105
<b>b-complex w/ c &amp; folic acid tab</b> .....	149	<b>benzoyl peroxide gel 10%</b> .....	106
<b>b-complex w/ c &amp; folic acid tab 0.8</b>		<b>benzoyl peroxide gel 5%</b> .....	106
<b>mg</b> .....	149	<b>benzoyl peroxide liq 10%</b> .....	106
<b>b-complex w/ c &amp; folic acid tab 5</b>		<b>benzoyl peroxide liq 5%</b> .....	106
<b>mg</b> .....	149	Benzoyl Peroxide Wash	
BD U-500 MIS 31GX6MM .....	137	see <b>benzoyl peroxide liq 10%</b> .....	106
BE WELL PAK ROUNDED .....	150	<b>benzoyl peroxide-erythromycin gel</b>	
<b>becaplermin</b>		<b>5-3%</b> .....	106
see REGRANEX GEL 0.01%.....	116	<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% .....	116
see SIRTURO TAB 100MG.....	67	<b>bepotastine besilate ophth soln</b>	
see SIRTURO TAB 20MG .....	67	<b>1.5%</b> .....	159
BELSOMRA TAB 10MG .....	133	BERINERT INJ 500UNIT .....	128
BELSOMRA TAB 15MG .....	133	<b>besifloxacin hcl</b>	
BELSOMRA TAB 20MG .....	133	see BESIVANCE SUS 0.6% .....	157
BELSOMRA TAB 5MG .....	133	BESIVANCE SUS 0.6% .....	157
<b>bempedoic acid</b>		<b>betaine</b>	
see NEXLETOL TAB 180MG .....	55	see CYSTADANE POW .....	120
<b>bempedoic acid-ezetimibe</b>		<b>betaine powder for oral solution</b> .....	120
see NEXLIZET TAB 180/10MG .....	55	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented cream 0.05%</b> .....	111
<b>tab 10-12.5 mg</b> .....	64	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented gel 0.05%</b> .....	111
<b>tab 20-12.5 mg</b> .....	64	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented lotion 0.05%</b> .....	111
<b>tab 20-25 mg</b> .....	64		

<b>betamethasone dipropionate</b>	
<b>augmented oint 0.05%</b> .....	111
<b>betamethasone dipropionate cream</b>	
<b>0.05%</b> .....	111
<b>betamethasone dipropionate lotion</b>	
<b>0.05%</b> .....	111
<b>betamethasone dipropionate oint</b>	
<b>0.05%</b> .....	111
<b>betamethasone valerate cream</b>	
<b>0.1% (base equivalent)</b> .....	111
<b>betamethasone valerate oint 0.1%</b>	
<b>(base equivalent)</b> .....	111
<b>betaxolol hcl ophth soln 0.5%</b> ...	156
<b>betaxolol hcl tab 10 mg</b> .....	91
<b>betaxolol hcl tab 20 mg</b> .....	91
<b>bethanechol chloride tab 10 mg</b>	175
<b>bethanechol chloride tab 25 mg</b>	175
<b>bethanechol chloride tab 5 mg</b> ..	175
<b>bethanechol chloride tab 50 mg</b>	175
BEVESPI AER 9-4.8MCG.....	29
<b>bexarotene (topical)</b>	
see TARGRETIN GEL 1% .....	109
<b>bexarotene cap 75 mg</b> .....	74
<b>bexarotene gel 1%</b> .....	109
BEYAZ TAB .....	98
<b>bicalutamide tab 50 mg</b> .....	69
<b>bictegravir-emtricitabine-tenofovir</b>	
<b>alafenamide fumarate</b>	
see BIKTARVY TAB .....	85
BIKTARVY TAB .....	85
<b>bimatoprost</b>	
see LUMIGAN SOL 0.01%.....	160
<b>bimatoprost ophth soln 0.03%</b> ..	160
<b>bisacodyl suppos 10 mg</b> .....	135
<b>bisacodyl tab delayed release 5 mg</b>	
.....	135
Bismatrol	
see <b>bismuth subsalicylate susp</b>	
<b>262 mg/15ml</b> .....	50
<b>bismuth subsalicylate chew tab</b>	
<b>262 mg</b> .....	50
<b>bismuth subsalicylate susp 262</b>	
<b>mg/15ml</b> .....	50
<b>bismuth subsalicylate susp 525</b>	
<b>mg/15ml</b> .....	51
<b>bismuth subsalicylate tab 262 mg</b>	
.....	51
<b>bisoprolol &amp; hydrochlorothiazide</b>	
<b>tab 10-6.25 mg</b> .....	64
<b>bisoprolol &amp; hydrochlorothiazide</b>	
<b>tab 2.5-6.25 mg</b> .....	64
<b>bisoprolol &amp; hydrochlorothiazide</b>	
<b>tab 5-6.25 mg</b> .....	64
<b>bisoprolol fumarate tab 10 mg</b> ....	91
<b>bisoprolol fumarate tab 5 mg</b> .....	91
<b>blood glucose monitoring supplies</b>	
see RELION TRUE KIT MET AIR ...	138
see TRUE METRIX KIT AIR.....	138
see TRUE METRIX KIT METER .....	138
see TRUE METRIX MIS AIR .....	138
BOOSTRIX INJ .....	170
<b>bosentan</b>	
see TRACLEER TAB 32MG.....	96
<b>bosentan tab 125 mg</b> .....	96
<b>bosentan tab 62.5 mg</b> .....	96
BOTOX INJ 100UNIT .....	155
BOTOX INJ 200UNIT .....	155
Bp Cleansing Wash	
see <b>sulfacetamide sodium-sulfur</b>	
<b>in urea emulsion 10-4%</b> .....	106
Bp Gel	
see <b>benzoyl peroxide gel 5%</b> ..	106
Bp Wash	
see <b>benzoyl peroxide liq 5%</b> ...	106
BPROTECT PED DRO TRI-VITE .....	150
BRAINSTRONG MIS PRENATAL .....	150
BREO ELLIPTA INH 100-25.....	29
BREO ELLIPTA INH 200-25.....	29
BREVICON TAB 0.5/35 .....	98
BREZTRI AERO AER SPHERE .....	29
Briellyn	
see <b>norethindrone &amp; ethinyl</b>	
<b>estradiol tab 0.4 mg-35 mcg</b>	100
BRILINTA TAB 60MG .....	128
BRILINTA TAB 90MG .....	128
<b>brimonidine tartrate (topical)</b>	
see MIRVASO GEL 0.33%.....	115
<b>brimonidine tartrate gel 0.33%</b>	
<b>(base equivalent)</b> .....	115
<b>brimonidine tartrate ophth soln</b>	
<b>0.15%</b> .....	157
<b>brimonidine tartrate ophth soln</b>	
<b>0.2%</b> .....	157

<b>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</b>	156	<b>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</b>	18
<b>brinzolamide ophth susp 1%</b>	159	<b>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</b>	18
<b>brinzolamide-brimonidine tartrate</b>		<b>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</b>	18
see SIMBRINZA SUS 1-0.2%	157	<b>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</b>	18
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	159	<b>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</b>	19
<b>bromocriptine mesylate (diabetes)</b>		<b>buprenorphine td patch weekly 10 mcg/hr</b>	19
see CYCLOSET TAB 0.8MG	46	<b>buprenorphine td patch weekly 15 mcg/hr</b>	19
<b>bromocriptine mesylate cap 5 mg (base equivalent)</b>	75	<b>buprenorphine td patch weekly 20 mcg/hr</b>	19
<b>bromocriptine mesylate tab 2.5 mg (base equivalent)</b>	75	<b>buprenorphine td patch weekly 5 mcg/hr</b>	19
<b>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</b>	104	<b>buprenorphine td patch weekly 7.5 mcg/hr</b>	19
BROTAPP DM LIQ 15-1-5/5	104	<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	167
BROVANA NEB 15MCG	29	<b>bupropion hcl tab 100 mg</b>	36
BRUKINSA CAP 80MG	71	<b>bupropion hcl tab 75 mg</b>	36
<b>budesonide (inhalation)</b>		<b>bupropion hcl tab er 12hr 100 mg</b>	37
see PULMICORT INH 180MCG	28	<b>bupropion hcl tab er 12hr 150 mg</b>	37
see PULMICORT INH 90MCG	28	<b>bupropion hcl tab er 12hr 200 mg</b>	37
<b>budesonide delayed release particles cap 3 mg</b>	103	<b>bupropion hcl tab er 24hr 150 mg</b>	37
<b>budesonide inhalation susp 0.25 mg/2ml</b>	28	<b>bupropion hcl tab er 24hr 300 mg</b>	37
<b>budesonide inhalation susp 0.5 mg/2ml</b>	28	<b>buspironone hcl tab 10 mg</b>	23
<b>budesonide nasal susp 32 mcg/act</b>	154	<b>buspironone hcl tab 15 mg</b>	23
<b>budesonide-formoterol fumarate dihydrate</b>		<b>buspironone hcl tab 30 mg</b>	23
see SYMBICORT AER 160-4.5	30	<b>buspironone hcl tab 5 mg</b>	23
see SYMBICORT AER 80-4.5	30	<b>buspironone hcl tab 7.5 mg</b>	23
<b>budesonide-glycopyrrolate-formoterol fumarate</b>		<b>butalbital-acetaminophen tab 50-325 mg</b>	12
see BREZTRI AERO AER SPHERE	29	<b>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</b>	17
<b>bumetanide tab 0.5 mg</b>	118	<b>butalbital-acetaminophen-caffeine tab 50-325-40 mg</b>	12
<b>bumetanide tab 1 mg</b>	118	<b>butalbital-aspirin-caffeine cap 50-325-40 mg</b>	12
<b>bumetanide tab 2 mg</b>	118		
<b>buprenorphine hcl sl tab 2 mg (base equiv)</b>	18		
<b>buprenorphine hcl sl tab 8 mg (base equiv)</b>	18		
<b>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</b>	18		

**butenafine hcl cream 1%** ..... 108  
**butoconazole nitrate (one dose)**  
 see GYNAZOLE-1 CRE 2% ..... 177  
**butorphanol tartrate nasal soln 10 mg/ml**.....19  
 BYVALSON TAB 5-80MG.....64

**C**

**c1 esterase inhibitor (human)**  
 see BERINERT INJ 500UNIT ..... 128  
**cabergoline tab 0.5 mg** ..... 121  
 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%** ..... 109  
**calcipotriene soln 0.005% (50 mcg/ml)** ..... 109  
**calcipotriene-betamethasone dipropionate oint 0.005-0.064%**  
 ..... 111  
**calcipotriene-betamethasone dipropionate susp 0.005-0.064%**  
 ..... 111  
**calcitonin (salmon) nasal soln 200 unit/act** ..... 119

Calcitrate

see **calcium citrate tab 950 mg (200 mg elemental ca)** ..... 144  
**calcitriol cap 0.25 mcg** ..... 120  
**calcitriol cap 0.5 mcg** ..... 120  
**calcitriol oint 3 mcg/gm**..... 109  
**calcium & phosphorus w/ vitamin d**  
 see RISACAL-D TAB..... 145  
 Calcium 500 + D  
 see **calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)** ..... 143  
 Calcium 500/d

see **calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)**  
 ..... 143  
 Calcium 600  
 see **calcium carbonate tab 1500 mg (600 mg elemental ca)** .. 144  
 Calcium 600 With Vitamin  
 see **calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)**  
 ..... 143  
 Calcium 600/vitamin D3  
 see **calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)**  
 ..... 143  
**calcium acetate (phosphate binder) cap 667 mg (169 mg ca)** ..... 125  
 Calcium Antacid  
 see **calcium carbonate (antacid) chew tab 500 mg**..... 20  
**calcium carb-cholecalcif chew tab 500 mg-10 mcg (400 unit)** ..... 143  
**calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)** ..... 143  
**calcium carb-cholecalcif chew tab 500 mg-2.5mcg (100 unit)** ..... 143  
**calcium carb-cholecalcif chew tab 600 mg-10 mcg (400 unit)** ..... 143  
**calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)** .. 143  
**calcium carb-cholecalciferol tab 250 mg-3.125 mcg (125 unit)** 143  
**calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)** ..... 143  
**calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit)** ..... 143  
**calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)** 143  
**calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)** ..... 143  
**calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)** ..... 143  
**calcium carbonate (antacid) chew tab 1000 mg** ..... 21  
**calcium carbonate (antacid) chew tab 400 mg** ..... 20  
**calcium carbonate (antacid) chew tab 500 mg** ..... 20

<b>calcium carbonate (antacid) chew tab 750 mg</b> .....	20	<b>calcium cit-vitamin d tab 315 mg-5 mcg(200 unit) (elem ca)</b> .....	144
<b>calcium carbonate (antacid) susp 1250 mg/5ml</b> .....	21	Calcium Plus Vitamin D3	
<b>calcium carbonate tab 1250 mg (500 mg elemental ca)</b> .....	144	see <b>calcium carb-cholecalciferol cap 600 mg-12.5 mcg (500 unit)</b> .....	143
<b>calcium carbonate tab 1500 mg (600 mg elemental ca)</b> .....	144	<b>calcium polycarbophil tab 625 mg</b> .....	133
<b>calcium carbonate-cholecalciferol</b>		CALCIUM TAB 600MG.....	144
see CALTRATE 600 CHW 600-800	144	<b>calcium-magnesium-zinc tab 333-133-5 mg</b> .....	144
<b>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</b> ..	144	CALNA TAB .....	150
<b>calcium carbonate-cholecalciferol tab 600 mg-5 mcg(200 unit)</b> ..	144	CALTRATE 600 CHW 600-800.....	144
<b>calcium carbonate-ergocalciferol</b>		<b>candesartan cilexetil tab 16 mg</b> ..	60
see RA OYS SHL/D TAB 500MG ...	145	<b>candesartan cilexetil tab 32 mg</b> ..	61
<b>calcium carbonate-mag hydrox</b>		<b>candesartan cilexetil tab 4 mg</b> ....	60
see MI-ACID CHW .....	20	<b>candesartan cilexetil tab 8 mg</b> ....	60
<b>calcium carbonate-mag hydroxide chew tab 675-135 mg</b> .....	20	<b>capecitabine tab 150 mg</b> .....	68
<b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> .....	20	<b>capecitabine tab 500 mg</b> .....	68
<b>calcium carbonate-vitamin d cap 600 mg-5 mcg (200 unit)</b> .....	144	CAPRELSA TAB 100MG .....	71
<b>calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)</b>	144	CAPRELSA TAB 300MG .....	71
<b>calcium carbonate-vitamin d tab 600 mg-3.125 mcg (125 unit)</b>	144	<b>capsaicin cream 0.1%</b> .....	114
<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b> .....	144	<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b> .....	64
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	144	<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b> .....	64
Calcium Citrate + D3		<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b> .....	64
see <b>calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca)</b> .....	144	<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b> .....	64
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> .....	144	<b>captopril tab 100 mg</b> .....	59
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA) .....	144	<b>captopril tab 12.5 mg</b> .....	59
<b>calcium cit-vit d tab 200 mg-6.25 mcg(250 unit) (elem ca)</b> .....	144	<b>captopril tab 25 mg</b> .....	59
<b>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</b> .....	144	<b>captopril tab 50 mg</b> .....	59
<b>calcium cit-vitamin d tab 250 mg-5 mcg(200 unit) (elem ca)</b> .....	144	<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
		<b>carbamazepine chew tab 100 mg</b>	33
		<b>carbamazepine susp 100 mg/5ml</b> .....	33
		<b>carbamazepine tab 200 mg</b> .....	33
		<b>carbamazepine tab er 12hr 100 mg</b> .....	33

**carbamazepine tab er 12hr 200 mg** .....33  
**carbamazepine tab er 12hr 400 mg** .....33  
**carbamide peroxide 6.5% otic soln** ..... 160  
**carbidopa & levodopa orally disintegrating tab 10-100 mg**...75  
**carbidopa & levodopa orally disintegrating tab 25-100 mg**...75  
**carbidopa & levodopa orally disintegrating tab 25-250 mg**...75  
**carbidopa & levodopa tab 10-100 mg** .....75  
**carbidopa & levodopa tab 25-100 mg** .....75  
**carbidopa & levodopa tab 25-250 mg** .....75  
**carbidopa & levodopa tab er 25-100 mg** .....75  
**carbidopa & levodopa tab er 50-200 mg** .....75  
**carbidopa tab 25 mg** .....74  
**carbidopa-levodopa-entacapone tabs 12.5-50-200 mg**.....76  
**carbidopa-levodopa-entacapone tabs 18.75-75-200 mg**.....76  
**carbidopa-levodopa-entacapone tabs 25-100-200 mg**.....76  
**carbidopa-levodopa-entacapone tabs 31.25-125-200 mg**.....76  
**carbidopa-levodopa-entacapone tabs 37.5-150-200 mg**.....76  
**carbidopa-levodopa-entacapone tabs 50-200-200 mg**.....76  
**carbinoxamine maleate soln 4 mg/5ml**.....53  
**carbinoxamine maleate tab 4 mg** 53  
**carbonyl iron**  
 see IRON CHW PEDIATRI ..... 131  
**carbonyl iron susp 15 mg/1.25ml (elemental iron)**..... 130  
**carboxymethylcellulose sodium (pf) ophth soln 0.5%** ..... 155  
**carboxymethylcellulose sodium ophth soln 0.5%** ..... 156  
 CARIMUNE NF INJ 12GM ..... 161

**cariprazine hcl**  
 see VRAYLAR CAP 1.5MG ..... 77  
 see VRAYLAR CAP 3MG ..... 77  
 see VRAYLAR CAP 4.5MG ..... 77  
 see VRAYLAR CAP 6MG ..... 77  
**carisoprodol tab 350 mg** ..... 153  
**carisoprodol w/ aspirin & codeine tab 200-325-16 mg** ..... 153  
**carteolol hcl ophth soln 1%** ..... 156  
**carvedilol tab 12.5 mg** ..... 91  
**carvedilol tab 25 mg** ..... 91  
**carvedilol tab 3.125 mg** ..... 91  
**carvedilol tab 6.25 mg** ..... 91  
 CAYA DPR..... 137  
 CAYSTON INH 75MG ..... 22  
**cefaclor cap 250 mg**..... 97  
**cefaclor cap 500 mg**..... 97  
**cefaclor for susp 125 mg/5ml**..... 97  
**cefaclor for susp 250 mg/5ml**..... 97  
**cefaclor for susp 375 mg/5ml**..... 98  
**cefadroxil cap 500 mg** ..... 97  
**cefadroxil for susp 250 mg/5ml**.. 97  
**cefadroxil for susp 500 mg/5ml**.. 97  
**cefadroxil tab 1 gm**..... 97  
**cefdinir cap 300 mg** ..... 98  
**cefdinir for susp 125 mg/5ml** ..... 98  
**cefdinir for susp 250 mg/5ml** ..... 98  
**cefditoren pivoxil tab 200 mg (base equivalent)** ..... 98  
**cefditoren pivoxil tab 400 mg (base equivalent)** ..... 98  
**cefixime cap 400 mg** ..... 98  
**cefixime for susp 100 mg/5ml** .... 98  
**cefixime for susp 200 mg/5ml** .... 98  
**cefpodoxime proxetil for susp 100 mg/5ml** ..... 98  
**cefpodoxime proxetil for susp 50 mg/5ml** ..... 98  
**cefpodoxime proxetil tab 100 mg** 98  
**cefpodoxime proxetil tab 200 mg** 98  
**cefprozil for susp 125 mg/5ml**.... 98  
**cefprozil for susp 250 mg/5ml**.... 98  
**cefprozil tab 250 mg** ..... 98  
**cefprozil tab 500 mg** ..... 98  
**ceftriaxone sodium for inj 1 gm** .. 98  
**cefuroxime axetil tab 250 mg** ..... 98  
**cefuroxime axetil tab 500 mg** ..... 98



<b>celecoxib cap 100 mg</b> .....	8	see <b>calcium carbonate (antacid)</b>	
<b>celecoxib cap 200 mg</b> .....	9	<b>chew tab 400 mg</b> .....	20
<b>celecoxib cap 400 mg</b> .....	9	Childrens Silfedrine	
<b>celecoxib cap 50 mg</b> .....	8	see <b>pseudoephedrine hcl liq 15</b>	
<b>cellulose</b>		<b>mg/5ml</b> .....	155
see UNIFIBER POW .....	134	<b>chlorambucil</b>	
CELONTIN CAP 300MG .....	36	see LEUKERAN TAB 2MG.....	68
CENTRUM SPEC PAK PRENATAL .....	151	<b>chlordiazepoxide hcl cap 10 mg</b> ..	24
<b>cephalexin cap 250 mg</b> .....	97	<b>chlordiazepoxide hcl cap 25 mg</b> ..	24
<b>cephalexin cap 500 mg</b> .....	97	<b>chlordiazepoxide hcl cap 5 mg</b> ....	24
<b>cephalexin for susp 125 mg/5ml</b> .....	97	<b>chlordiazepoxide-amitriptyline tab</b>	
<b>cephalexin for susp 250 mg/5ml</b> .....	97	<b>10-25 mg</b> .....	165
CERDELGA CAP 84MG.....	129	<b>chlordiazepoxide-amitriptyline tab</b>	
<b>ceritinib</b>		<b>5-12.5 mg</b> .....	165
see ZYKADIA CAP 150MG .....	74	<b>chlorhexidine gluconate liquid 4%</b>	
<b>certolizumab pegol</b>		.....	84
see CIMZIA KIT 200MG.....	124	<b>chlorhexidine gluconate soln</b>	
see CIMZIA PREFL KIT 200MG/ML	124	<b>0.12%</b> .....	148
see CIMZIA START KIT 200MG/ML		<b>chloroquine phosphate tab 250 mg</b>	
.....	124	.....	67
<b>cervical caps</b>		<b>chloroquine phosphate tab 500 mg</b>	
see FEMCAP MIS 22MM .....	137	.....	67
see FEMCAP MIS 26MM .....	137	<b>chlorothiazide tab 250 mg</b> .....	118
see FEMCAP MIS 30MM .....	137	<b>chlorothiazide tab 500 mg</b> .....	118
CESAMET CAP 1MG .....	52	Chlorphen Sr	
<b>cetirizine hcl oral soln 1 mg/ml (5</b>		see <b>chlorpheniramine maleate tab</b>	
<b>mg/5ml)</b> .....	54	<b>er 12 mg</b> .....	53
<b>cetirizine hcl tab 10 mg</b> .....	54	<b>chlorpheniramine maleate syrup 2</b>	
<b>cetirizine hcl tab 5 mg</b> .....	54	<b>mg/5ml</b> .....	53
<b>cetirizine-pseudoephedrine tab er</b>		<b>chlorpheniramine maleate tab 4 mg</b>	
<b>12hr 5-120 mg</b> .....	104	.....	53
<b>cevimeline hcl cap 30 mg</b> .....	148	<b>chlorpheniramine maleate tab er</b>	
CHANTIX TAB 0.5& 1MG .....	167	<b>12 mg</b> .....	53
CHANTIX TAB 0.5MG.....	167	<b>chlorpheniramine w/ codeine</b>	
CHANTIX TAB 1MG.....	167	see Z-TUSS AC LIQ 2-9/5ML.....	105
CHEMET CAP 100MG .....	51	<b>chlorpromazine hcl tab 10 mg</b> .....	82
Chewable Vite Childrens		<b>chlorpromazine hcl tab 100 mg</b> ...	82
see <b>pediatric multiple vitamin</b>		<b>chlorpromazine hcl tab 200 mg</b> ...	82
<b>chew tab</b> .....	150	<b>chlorpromazine hcl tab 25 mg</b> .....	82
Chewable Vite With Iron/c		<b>chlorpromazine hcl tab 50 mg</b> .....	82
see <b>pediatric multiple vitamins</b>		<b>chlorpropamide tab 100 mg</b> .....	50
<b>w/ iron chew tab 15 mg</b> .....	150	<b>chlorpropamide tab 250 mg</b> .....	50
Childrens Pain Reliever		<b>chlorthalidone tab 25 mg</b> .....	118
see <b>acetaminophen chew tab 80</b>		<b>chlorthalidone tab 50 mg</b> .....	118
<b>mg</b> .....	12	<b>chlorzoxazone tab 500 mg</b> .....	153
Childrens Pepto		<b>cholecalciferol cap 1.25 mg (50000</b>	
		<b>unit)</b> .....	178

<b>cholecalciferol cap 125 mcg (5000 unit)</b> .....	178	CIMZIA PREFL KIT 200MG/ML.....	124
<b>cholecalciferol cap 25 mcg (1000 unit)</b> .....	178	CIMZIA START KIT 200MG/ML.....	124
<b>cholecalciferol cap 250 mcg (10000 unit)</b> .....	178	<b>cinacalcet hcl tab 30 mg (base equiv)</b> .....	120
<b>cholecalciferol cap 50 mcg (2000 unit)</b> .....	178	<b>cinacalcet hcl tab 60 mg (base equiv)</b> .....	120
<b>cholecalciferol chew tab 10 mcg (400 unit)</b> .....	179	<b>cinacalcet hcl tab 90 mg (base equiv)</b> .....	120
<b>cholecalciferol chew tab 25 mcg (1000 unit)</b> .....	179	CIPRO HC SUS OTIC .....	161
<b>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</b> .....	179	<b>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</b> .....	157
<b>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</b> .....	179	<b>ciprofloxacin hcl otic soln 0.2% (base equivalent)</b> .....	160
<b>cholecalciferol tab 10 mcg (400 unit)</b> .....	179	<b>ciprofloxacin hcl tab 250 mg (base equiv)</b> .....	123
<b>cholecalciferol tab 125 mcg (5000 unit)</b> .....	179	<b>ciprofloxacin hcl tab 500 mg (base equiv)</b> .....	123
<b>cholecalciferol tab 25 mcg (1000 unit)</b> .....	179	<b>ciprofloxacin hcl tab 750 mg (base equiv)</b> .....	123
<b>cholecalciferol tab 50 mcg (2000 unit)</b> .....	179	<b>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</b> .....	161
<b>cholestyramine light powder 4 gm/dose</b> .....	55	<b>ciprofloxacin-hydrocortisone</b> see CIPRO HC SUS OTIC.....	161
<b>cholestyramine powder 4 gm/dose</b> .....	55	<b>citalopram hydrobromide oral soln 10 mg/5ml</b> .....	37
<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> .....	55	<b>citalopram hydrobromide tab 10 mg (base equiv)</b> .....	37
<b>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</b> .....	55	<b>citalopram hydrobromide tab 20 mg (base equiv)</b> .....	37
<b>ciclesonide (nasal)</b> see OMNARIS SPR.....	154	<b>citalopram hydrobromide tab 40 mg (base equiv)</b> .....	37
<b>ciclopirox olamine cream 0.77% (base equiv)</b> .....	108	Claravis see <b>isotretinoin cap 10 mg</b> .....	106
<b>ciclopirox olamine susp 0.77% (base equiv)</b> .....	108	<b>clarithromycin for susp 125 mg/5ml</b> .....	136
<b>ciclopirox solution 8%</b> .....	108	<b>clarithromycin for susp 250 mg/5ml</b> .....	136
<b>cilostazol tab 100 mg</b> .....	128	<b>clarithromycin tab 250 mg</b> .....	136
<b>cilostazol tab 50 mg</b> .....	128	<b>clarithromycin tab 500 mg</b> .....	136
CIMDUO TAB 300-300 .....	85	Clean & Clear Persa-gel M see <b>benzoyl peroxide gel 10%</b>	106
<b>cimetidine tab 200 mg</b> .....	171	Clear Soluble Fiber see <b>wheat dextrin oral powder</b>	134
<b>cimetidine tab 300 mg</b> .....	171	<b>clemastine fumarate tab 1.34 mg (1 mg base equiv)</b> .....	53
<b>cimetidine tab 400 mg</b> .....	171	<b>clemastine fumarate tab 2.68 mg</b>	53
<b>cimetidine tab 800 mg</b> .....	171	<b>clindamycin hcl cap 150 mg</b> .....	22
CIMZIA KIT 200MG .....	124		

<b>clindamycin hcl cap 300 mg</b> .....	22	<b>clorazepate dipotassium tab 7.5</b>	
<b>clindamycin palmitate hcl for soln</b>		<b>mg</b> .....	25
<b>75 mg/5ml (base equiv)</b> .....	22	<b>clotrimazole cream 1%</b> .....	108
<b>clindamycin phosphate gel 1%</b> .	106	<b>clotrimazole soln 1%</b> .....	108
<b>clindamycin phosphate lotion 1%</b>		<b>clotrimazole troche 10 mg</b> .....	148
.....	106	<b>clotrimazole vaginal cream 1%</b> .	177
<b>clindamycin phosphate soln 1%</b>	106	<b>clotrimazole vaginal cream 2%</b> .	177
<b>clindamycin phosphate vaginal</b>		<b>clotrimazole w/ betamethasone</b>	
<b>cream 2%</b> .....	177	<b>cream 1-0.05%</b> .....	108
<b>clindamycin phosphate-tretinoin</b>		<b>clotrimazole w/ betamethasone</b>	
<b>gel 1.2-0.025%</b> .....	106	<b>lotion 1-0.05%</b> .....	108
<b>clindamycin phosph-benzoyl</b>		<b>clozapine tab 100 mg</b> .....	80
<b>peroxide (refrig) gel 1.2 (1)-5%</b>		<b>clozapine tab 200 mg</b> .....	80
.....	106	<b>clozapine tab 25 mg</b> .....	80
<b>clobazam tab 10 mg</b> .....	33	<b>clozapine tab 50 mg</b> .....	80
<b>clobazam tab 20 mg</b> .....	33	<b>coagulation factor ix</b>	
<b>clobetasol propionate cream</b>		see ALPHANINE SD INJ 1500UNIT	127
<b>0.05%</b> .....	111	see ALPHANINE SD INJ 500UNIT.	127
<b>clobetasol propionate gel 0.05%</b>		<b>COARTEM TAB 20-120MG</b> .....	66
.....	111	<b>cobicistat</b>	
<b>clobetasol propionate oint 0.05%</b>		see TYBOST TAB 150MG .....	88
.....	112	<b>CODEINE SULF TAB 60MG</b> .....	13
<b>clobetasol propionate soln 0.05%</b>		<b>codeine sulfate tab 30 mg</b> .....	13
.....	112	<b>colchicine tab 0.6 mg</b> .....	127
<b>clomipramine hcl cap 25 mg</b> .....	40	<b>colchicine w/ probenecid tab 0.5-</b>	
<b>clomipramine hcl cap 50 mg</b> .....	40	<b>500 mg</b> .....	127
<b>clomipramine hcl cap 75 mg</b> .....	40	<b>colesevelam hcl packet for susp</b>	
<b>clonazepam tab 0.5 mg</b> .....	33	<b>3.75 gm</b> .....	55
<b>clonazepam tab 1 mg</b> .....	33	<b>colesevelam hcl tab 625 mg</b> .....	55
<b>clonazepam tab 2 mg</b> .....	33	<b>colestipol hcl tab 1 gm</b> .....	55
<b>clonidine hcl tab 0.1 mg</b> .....	62	<b>collagenase</b>	
<b>clonidine hcl tab 0.2 mg</b> .....	62	see SANTYL OIN 250/GM .....	114
<b>clonidine hcl tab 0.3 mg</b> .....	62	<b>COLY-MYCIN S SUS OTIC</b> .....	161
<b>clonidine hcl tab er 12hr 0.1 mg</b> ... 3		<b>COMBIVENT AER 20-100</b> .....	29
<b>clonidine td patch weekly 0.1</b>		<b>COMETRIQ KIT 100MG</b> .....	71
<b>mg/24hr</b> .....	62	<b>COMETRIQ KIT 140MG</b> .....	71
<b>clonidine td patch weekly 0.2</b>		<b>COMETRIQ KIT 60MG</b> .....	71
<b>mg/24hr</b> .....	62	<b>COMPLERA TAB</b> .....	85
<b>clonidine td patch weekly 0.3</b>		<b>CO-NATAL FA TAB 29-1MG</b> .....	151
<b>mg/24hr</b> .....	62	<b>CONCEPTROL GEL 4%</b> .....	177
<b>clopidogrel bisulfate tab 75 mg</b>		<b>condoms - female</b>	
<b>(base equiv)</b> .....	128	see FC2 FEMALE MIS CONDOM ...	137
<b>clorazepate dipotassium tab 15 mg</b>		<b>condoms latex lubricated - male</b>	
.....	25	see CONDOMS MIS LUBRICAT ....	137
<b>clorazepate dipotassium tab 3.75</b>		<b>condoms latex non-lubricated -</b>	
<b>mg</b> .....	24	<b>male</b>	
		see KIMONO MICRO MIS THIN ....	137

CONDOMS MIS .....	137	see <b>hydrocortisone gel 1%</b> .....	113
CONDOMS MIS LUBRICAT .....	137	Cortizone-10 Plus	
<b>condoms non-latex lubricated - male</b>		see <b>hydrocortisone cream 1%</b>	113
see DUREX MIS REALFEEL.....	137	COSENTYX INJ 150MG/ML .....	109
<b>condoms non-latex non-lubricated - male</b>		COSENTYX INJ 300DOSE .....	109
see TROJAN MIS NATULAMB .....	137	COSENTYX INJ 75MG/0.5.....	109
<b>conjugated estrogens-bazedoxifene</b>		COSENTYX PEN INJ 150MG/ML .....	109
see DUAVEE TAB 0.45-20.....	121	COSENTYX PEN INJ 300DOSE.....	110
<b>conjugated estrogens-medroxyprogesterone acetate</b>		COUMADIN TAB 10MG.....	31
see PREMPHASE TAB .....	122	COUMADIN TAB 1MG .....	30
see PREMPRO TAB.....	122	COUMADIN TAB 2.5MG.....	30
see PREMPRO TAB 0.3-1.5.....	122	COUMADIN TAB 2MG .....	31
see PREMPRO TAB 0.45-1.5.....	122	COUMADIN TAB 3MG .....	31
see PREMPRO TAB 0.625-5.....	122	COUMADIN TAB 4MG .....	31
<b>continuous blood glucose system receiver</b>		COUMADIN TAB 5MG .....	31
see DEXCOM G5 MIS RECEIVER ..	138	COUMADIN TAB 6MG .....	31
see DEXCOM G6 MIS RECEIVER ..	138	COUMADIN TAB 7.5MG.....	31
see FREESTY LIBR MIS 2 READER	138	<b>covid-19 (sars-cov-2) adenovirus vaccine</b>	
see FREESTYLE MIS READER .....	138	see JANSSEN VACC INJ COVID-19	
<b>continuous blood glucose system sensor</b>		.....	176
see DEXCOM G6 MIS SENSOR.....	138	<b>covid-19 (sars-cov-2) mrna virus vaccine</b>	
see FREESTY LIBR KIT 2 SENSOR	138	see MODERNA VAC INJ COVID-19	176
see FREESTY LIBR KIT 3 SENSOR	138	see PFIZER VACC INJ COVID-19 .	176
see FREESTYLE KIT SENSOR.....	138	COVID-19 AT- KIT 1-PACK.....	116
see G5/G4 MIS SENSOR.....	138	CREON CAP 12000UNT .....	117
<b>continuous blood glucose system transmitter</b>		CREON CAP 24000UNT .....	117
see DEXCOM G5 MIS TRANSMIT..	138	CREON CAP 3000UNIT.....	117
see DEXCOM G6 MIS TRANSMIT..	138	CREON CAP 36000UNT .....	117
COPAXONE INJ 20MG/ML .....	166	CREON CAP 6000UNIT.....	117
COPAXONE INJ 40MG/ML .....	166	CRIXIVAN CAP 200MG.....	85
<b>copper (iud)</b>		CRIXIVAN CAP 400MG.....	85
see PARAGARD IUD T380A .....	102	<b>crizotinib</b>	
CORDRAN 80X3 TAP 4MCG/CM .....	112	see XALKORI CAP 200MG.....	74
CORLANOR SOL 5MG/5ML.....	97	see XALKORI CAP 250MG.....	74
CORLANOR TAB 5MG.....	97	<b>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</b>	154
CORLANOR TAB 7.5MG .....	97	<b>cromolyn sodium ophth soln 4%</b>	159
<b>corn dextrin oral powder</b> .....	133	.....	159
<b>cortisone acetate tab 25 mg</b> .....	103	<b>cromolyn sodium soln nebu 20 mg/2ml</b> .....	26
CORTISPORIN OIN 1% .....	107	<b>crotamiton</b>	
Cortizone-10		see EURAX CRE 10%.....	115
		CUVITRU INJ 4GM/20ML.....	161
		CUVITRU SOL 10GM/50M.....	161
		CUVITRU SOL 1GM/5ML.....	161

Cvs Af Spray Powder	see <b>tolnaftate aerosol pow 1%</b> 109
Cvs Allergy Relief Childr	see <b>diphenhydramine hcl liquid 12.5 mg/5ml</b> ..... 54
Cvs Antacid Supreme	see <b>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</b> ..... 20
Cvs Anti-dandruff	see <b>selenium sulfide lotion 1%</b> 110
Cvs Anti-diarrheal	see <b>loperamide hcl tab 2 mg</b> ..... 51
Cvs Anti-fungal Powder	see <b>miconazole nitrate powder 2%</b> ..... 108
Cvs B-12	see <b>cyanocobalamin sl tab 500 mcg</b> ..... 129
Cvs Bismuth Maximum Stren	see <b>bismuth subsalicylate susp 525 mg/15ml</b> ..... 51
Cvs Calcium Citrate + D	see <b>calcium cit-vit d tab 315 mg-6.25 mcg(250 unit) (elem ca)</b> ..... 144
Cvs Chocolate Laxative Pi	see <b>sennosides chew tab 15 mg</b> ..... 135
Cvs Cold & Cough Nighttim	see <b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> ..... 104
Cvs Cortisone Maximum Str	see <b>hydrocortisone lotion 1%</b> . 113
Cvs D3	see <b>cholecalciferol chew tab 25 mcg (1000 unit)</b> ..... 179
Cvs Dry Eye Relief	see <b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> . 156
Cvs Easy Fiber	see <b>corn dextrin oral powder</b> .. 133
Cvs Fish Oil	see <b>omega-3 fatty acids cap delayed release 1200 mg</b> ..... 155
Cvs Gas Relief Drops Extr	see <b>simethicone liquid 40 mg/0.6ml</b> ..... 123
Cvs Gas Relief Extra Stre	see <b>simethicone chew tab 125 mg</b> ..... 123
Cvs Gentle Laxative	see <b>bisacodyl suppos 10 mg</b> ... 135
Cvs Heartburn Relief	see <b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> ..... 20
Cvs Ibuprofen Infants	see <b>ibuprofen susp 40 mg/ml</b> ..... 9
Cvs Lubricant Eye Drops	see <b>carboxymethylcellulose sodium ophth soln 0.5%</b> ..... 156
Cvs Melatonin	see <b>melatonin cap 5 mg</b> ..... 6
Cvs Nasal Decongestant	see <b>pseudoephedrine hcl tab 30 mg</b> ..... 155
Cvs Nasal Spray	see <b>oxymetazoline hcl nasal soln 0.05%</b> ..... 155
Cvs Natural Daily Fiber	see <b>psyllium powder 48.57%</b> . 134 see <b>psyllium powder 58.6%</b> ... 134
Cvs Natural Tears	see <b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> ..... 156
Cvs Nausea Relief	see <b>fructose-dextrose-phosphoric acid oral soln</b> ..... 52
Cvs Nicotine Lozenge	see <b>nicotine polacrilex lozenge 2 mg</b> ..... 167
Cvs Nicotine Polacrilex	see <b>nicotine polacrilex gum 4 mg</b> ..... 167
Cvs Nicotine Transdermal	see <b>nicotine td patch 24hr 21 mg/24hr</b> ..... 167
Cvs Oyster Shell Calcium/	see <b>calcium carb-cholecalciferol tab 500 mg-3.125 mcg (125 unit)</b> ..... 143
Cvs Pain & Fever Children	

see **acetaminophen susp 160 mg/5ml** .....12  
 Cvs Pinworm Treatment  
 see **pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)** .....21  
 CVS PRENATAL CHW GUMMY ..... 151  
 Cvs Saline Nasal Spray  
 see **saline nasal spray 0.65%** . 154  
 Cvs Sleep Aid Nighttime  
 see **diphenhydramine hcl (sleep) tab 25 mg** ..... 131  
 Cvs Smooth Antacid Extra  
 see **calcium carbonate (antacid) chew tab 750 mg** .....20  
 Cvs Sodium Chloride  
 see **sodium chloride hypertonic ophth oint 5%** ..... 160  
 see **sodium chloride hypertonic ophth soln 5%**..... 160  
 Cvs Triple Antibiotic  
 see **neomycin-bacitracin-polymyxin oint** ..... 108  
 Cvs Vitamin B-12 Tr  
 see **cyanocobalamin tab er 1000 mcg** ..... 129  
 Cvs Vitamin B-2  
 see **riboflavin tab 100 mg** ..... 179  
**cyanocobalamin inj 1000 mcg/ml** ..... 129  
**cyanocobalamin sl tab 1000 mcg** ..... 129  
**cyanocobalamin sl tab 2500 mcg** ..... 129  
**cyanocobalamin sl tab 500 mcg** 129  
**cyanocobalamin tab 100 mcg** .... 129  
**cyanocobalamin tab 1000 mcg** .. 129  
**cyanocobalamin tab 250 mcg** .... 129  
**cyanocobalamin tab 500 mcg** .... 129  
**cyanocobalamin tab er 1000 mcg** ..... 129  
 CYCLESSA PAK .....98  
**cyclobenzaprine hcl tab 10 mg** .. 153  
**cyclobenzaprine hcl tab 5 mg** .... 153  
**cyclopentolate hcl ophth soln 1%** ..... 157  
**cyclophosphamide cap 25 mg** .....68

**cyclophosphamide cap 50 mg** ..... 68  
**cycloserine cap 250 mg** ..... 67  
 CYCLOSET TAB 0.8MG ..... 46  
**cyclosporine**  
 see SANDIMMUNE CAP 100MG.... 147  
 see SANDIMMUNE CAP 25MG ..... 147  
**cyclosporine (ophth) emulsion 0.05%** ..... 158  
**cyclosporine cap 100 mg** ..... 147  
**cyclosporine cap 25 mg** ..... 147  
**cyclosporine modified (for microemulsion)**  
 see NEORAL CAP 100MG..... 147  
 see NEORAL CAP 25MG..... 147  
**cyclosporine modified cap 100 mg** ..... 147  
**cyclosporine modified cap 25 mg** ..... 147  
**cyclosporine modified cap 50 mg** ..... 147  
**cyclosporine modified oral soln 100 mg/ml** ..... 147  
**cyproheptadine hcl syrup 2 mg/5ml** ..... 55  
**cyproheptadine hcl tab 4 mg**..... 55  
 CYSTADANE POW ..... 120  
 CYSTAGON CAP 150MG ..... 126  
 CYSTAGON CAP 50MG ..... 126  
 CYSTARAN SOL 0.44% ..... 159  
**cysteamine bitartrate**  
 see CYSTAGON CAP 150MG..... 126  
 see CYSTAGON CAP 50MG ..... 126  
**cysteamine hcl**  
 see CYSTARAN SOL 0.44%..... 159  
**D**  
 D 1000  
 see **cholecalciferol cap 25 mcg (1000 unit)** ..... 178  
 D 5000  
 see **cholecalciferol cap 125 mcg (5000 unit)** ..... 178  
 D2000 Ultra Strength  
 see **cholecalciferol cap 50 mcg (2000 unit)** ..... 178  
 D3 Maximum Strength  
 see **cholecalciferol drops 125 mcg/ml (5000 unit/ml)** ..... 179

<b>dabrafenib mesylate</b>	see ARANESP INJ 500MCG ..... 129
see TAFINLAR CAP 50MG ..... 73	see ARANESP INJ 60MCG ..... 129
see TAFINLAR CAP 75MG ..... 74	<b>darifenacin hydrobromide tab er</b>
<b>daclatasvir dihydrochloride</b>	<b>24hr 15 mg (base equiv)..... 174</b>
see DAKLINZA TAB 30MG ..... 89	<b>darifenacin hydrobromide tab er</b>
see DAKLINZA TAB 60MG ..... 89	<b>24hr 7.5 mg (base equiv)..... 174</b>
Daily Vite	<b>darunavir</b>
see <b>multiple vitamin tab</b> ..... 149	see PREZISTA SUS 100MG/ML ..... 87
DAKLINZA TAB 30MG ..... 89	see PREZISTA TAB 150MG ..... 87
DAKLINZA TAB 60MG ..... 89	see PREZISTA TAB 600MG ..... 87
<b>dalfampridine tab er 12hr 10 mg</b>	see PREZISTA TAB 75MG ..... 87
..... 166	see PREZISTA TAB 800MG ..... 87
DALIRESP TAB 250MCG ..... 27	<b>darunavir tab 600 mg</b> ..... 85
DALIRESP TAB 500MCG ..... 27	<b>darunavir tab 800 mg</b> ..... 85
<b>dalteparin sodium</b>	<b>darunavir-cobicistat</b>
see FRAGMIN INJ 10000/ML ..... 32	see PREZCOBIX TAB 800-150 ..... 87
see FRAGMIN INJ 12500UNT ..... 32	<b>darunavir-cobicistat-emtricitabine-</b>
see FRAGMIN INJ 15000UNT ..... 32	<b>tenofovir alafenamide</b>
see FRAGMIN INJ 18000UNT ..... 32	see SYMTUZA TAB ..... 88
see FRAGMIN INJ 2500/0.2 ..... 32	<b>dasatinib</b>
see FRAGMIN INJ 5000/0.2 ..... 32	see SPRYCEL TAB 100MG ..... 73
see FRAGMIN INJ 7500/0.3 ..... 32	see SPRYCEL TAB 140MG ..... 73
<b>danazol cap 100 mg</b> ..... 19	see SPRYCEL TAB 20MG ..... 73
<b>danazol cap 200 mg</b> ..... 19	see SPRYCEL TAB 50MG ..... 73
<b>danazol cap 50 mg</b> ..... 19	see SPRYCEL TAB 70MG ..... 73
<b>dantrolene sodium cap 100 mg</b> . 153	see SPRYCEL TAB 80MG ..... 73
<b>dantrolene sodium cap 25 mg</b> ... 153	<b>deferasirox tab for oral susp 125</b>
<b>dantrolene sodium cap 50 mg</b> ... 153	<b>mg</b> ..... 51
<b>dapagliflozin propanediol</b>	<b>deferasirox tab for oral susp 250</b>
see FARXIGA TAB 10MG ..... 50	<b>mg</b> ..... 51
see FARXIGA TAB 5MG ..... 50	<b>deferasirox tab for oral susp 500</b>
<b>dapagliflozin-metformin hcl</b>	<b>mg</b> ..... 51
see XIGDUO XR TAB 10-1000 ..... 45	<b>deferiprone tab 1000 mg</b> ..... 51
see XIGDUO XR TAB 10-500MG ... 45	<b>deferiprone tab 500 mg</b> ..... 51
see XIGDUO XR TAB 2.5-1000 ..... 44	<b>degarelix acetate</b>
see XIGDUO XR TAB 5-1000MG ... 45	see FIRMAGON INJ 80MG ..... 69
see XIGDUO XR TAB 5-500MG ..... 45	<b>delafloxacin meglumine</b>
<b>dapsone tab 100 mg</b> ..... 22	see BAXDELA TAB 450MG ..... 123
<b>dapsone tab 25 mg</b> ..... 22	<b>delavirdine mesylate</b>
<b>darbepoetin alfa</b>	see RESCRIPTOR TAB 200MG ..... 88
see ARANESP INJ 100MCG ..... 129	DELSTRIGO TAB ..... 85
see ARANESP INJ 10MCG ..... 129	<b>demeclocycline hcl tab 150 mg</b> . 168
see ARANESP INJ 150MCG ..... 129	<b>demeclocycline hcl tab 300 mg</b> . 168
see ARANESP INJ 200MCG ..... 129	DENAVIR CRE 1% ..... 110
see ARANESP INJ 25MCG ..... 129	<b>denosumab</b>
see ARANESP INJ 300MCG ..... 129	see PROLIA INJ 60MG/ML ..... 119
see ARANESP INJ 40MCG ..... 129	see XGEVA INJ ..... 119

DEPO-PROVERA INJ 150MG/ML..... 102  
DEPO-SQ PROV INJ 104..... 102  
Dermacerin  
    see **skin protectants misc - cream**  
    ..... 115  
DESCOVY TAB 120-15MG.....85  
DESCOVY TAB 200/25MG.....85  
**desipramine hcl tab 10 mg** .....40  
**desipramine hcl tab 100 mg** .....40  
**desipramine hcl tab 150 mg** .....40  
**desipramine hcl tab 25 mg** .....40  
**desipramine hcl tab 50 mg** .....40  
**desipramine hcl tab 75 mg** .....40  
**desloratadine tab 5 mg** .....54  
**desmopressin acetate**  
    see STIMATE SOL 1.5MG/ML..... 121  
**desmopressin acetate nasal spray**  
    **soln 0.01%** ..... 121  
**desmopressin acetate nasal spray**  
    **soln 0.01% (refrigerated)** ..... 121  
**desmopressin acetate tab 0.1 mg**  
    ..... 121  
**desmopressin acetate tab 0.2 mg**  
    ..... 121  
DESOGEN-28 TAB .....99  
**desogest-eth estrad & eth estrad**  
    **tab 0.15-0.02/0.01 mg(21/5)** ..99  
**desogest-ethin est tab 0.1-**  
    **0.025/0.125-0.025/0.15-**  
    **0.025mg-mg** .....99  
**desogestrel & ethinyl estradiol**  
    see DESOGEN-28 TAB .....99  
**desogestrel & ethinyl estradiol tab**  
    **0.15 mg-30 mcg** .....99  
**desogestrel-ethinyl estradiol**  
    **(biphasic)**  
    see MIRCETTE TAB 28 DAY..... 100  
**desogestrel-ethinyl estradiol**  
    **(triphasic)**  
    see CYLESSA PAK.....98  
**desonide cream 0.05%** ..... 112  
**desonide oint 0.05%**..... 112  
**desoximetasone cream 0.05%** .. 112  
**desoximetasone cream 0.25%** .. 112  
**desoximetasone gel 0.05%** ..... 112  
**desoximetasone oint 0.05%**..... 112  
**desoximetasone oint 0.25%**..... 112

**desvenlafaxine succinate tab er**  
    **24hr 100 mg (base equiv)**..... 39  
**desvenlafaxine succinate tab er**  
    **24hr 25 mg (base equiv)**..... 39  
**desvenlafaxine succinate tab er**  
    **24hr 50 mg (base equiv)**..... 39  
**dexamethasone elixir 0.5 mg/5ml**  
    ..... 103  
**dexamethasone sodium phosphate**  
    **inj 10 mg/ml** ..... 103  
**dexamethasone sodium phosphate**  
    **ophth soln 0.1%** ..... 158  
**dexamethasone soln 0.5 mg/5ml**  
    ..... 103  
**dexamethasone tab 0.5 mg**..... 103  
**dexamethasone tab 0.75 mg**..... 103  
**dexamethasone tab 1 mg**..... 103  
**dexamethasone tab 1.5 mg**..... 103  
**dexamethasone tab 2 mg**..... 103  
**dexamethasone tab 4 mg**..... 103  
**dexamethasone tab 6 mg**..... 103  
DEXCOM G5 MIS RECEIVER ..... 138  
DEXCOM G5 MIS TRANSMIT..... 138  
DEXCOM G6 MIS RECEIVER ..... 138  
DEXCOM G6 MIS SENSOR..... 138  
DEXCOM G6 MIS TRANSMIT..... 138  
**dexlansoprazole cap delayed**  
    **release 30 mg** ..... 172  
**dexlansoprazole cap delayed**  
    **release 60 mg** ..... 172  
**dexmethylphenidate hcl tab 10 mg**  
    .....4  
**dexmethylphenidate hcl tab 2.5 mg**  
    .....4  
**dexmethylphenidate hcl tab 5 mg** .4  
**dextran 70-hypromellose (pf)**  
    **ophth soln 0.1-0.3%** ..... 156  
**dextran 70-hypromellose ophth**  
    **soln 0.1-0.3%** ..... 156  
**dextroamphetamine sulfate cap er**  
    **24hr 10 mg** .....2  
**dextroamphetamine sulfate cap er**  
    **24hr 15 mg** .....2  
**dextroamphetamine sulfate cap er**  
    **24hr 5 mg** .....1  
**dextroamphetamine sulfate tab 10**  
    **mg** .....2



<b>dextroamphetamine sulfate tab 5 mg</b> .....	2	<b>diazepam conc 5 mg/ml</b> .....	25
<b>dextromethorphan hbr</b>		Diazepam Intensol	
see ROBITUSSIN SYP 7.5/5ML ....	104	see <b>diazepam conc 5 mg/ml</b> .....	25
<b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> .....	104	<b>diazepam oral soln 1 mg/ml</b> .....	25
<b>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</b> .....	104	<b>diazepam rectal gel delivery system 10 mg</b> .....	33
<b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> .....	104	<b>diazepam rectal gel delivery system 2.5 mg</b> .....	33
<b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b> .....	104	<b>diazepam rectal gel delivery system 20 mg</b> .....	33
<b>dextrose (diabetic use)</b>		<b>diazepam tab 10 mg</b> .....	25
see GNP GLUCOSE CHW ORANGE ..	45	<b>diazepam tab 2 mg</b> .....	25
Diabetic Siltussin-dm		<b>diazepam tab 5 mg</b> .....	25
see <b>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</b> .....	104	<b>diazoxide susp 50 mg/ml</b> .....	45
Diabetic Tussin Allergy		<b>dibucaine perianal ointment 1%</b> ..	20
see <b>chlorpheniramine maleate syrup 2 mg/5ml</b> .....	53	<b>diclofenac potassium tab 50 mg</b> ....	9
Diabetic Tussin Cough/che		<b>diclofenac sodium (topical)</b>	
see <b>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</b> .....	104	see VOLTAREN GEL 1% ARTHR ...	107
DIACOMIT CAP 250MG .....	34	<b>diclofenac sodium gel 1% (1.16% diethylamine equiv)</b> .....	107
DIACOMIT CAP 500MG .....	34	<b>diclofenac sodium ophth soln 0.1%</b> .....	159
DIACOMIT PAK 250MG .....	34	<b>diclofenac sodium tab delayed release 25 mg</b> .....	9
DIACOMIT PAK 500MG .....	34	<b>diclofenac sodium tab delayed release 50 mg</b> .....	9
<b>diaphragm arc-spring</b>		<b>diclofenac sodium tab delayed release 75 mg</b> .....	9
see CAYA DPR .....	137	<b>diclofenac sodium tab er 24hr 100 mg</b> .....	9
<b>diaphragm wide seal</b>		<b>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</b> .....	9
see WIDE-SEAL DPR KIT 60.....	137	<b>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</b> .....	9
see WIDE-SEAL DPR KIT 65.....	137	<b>dicloxacillin sodium cap 250 mg</b>	163
see WIDE-SEAL DPR KIT 70.....	137	<b>dicloxacillin sodium cap 500 mg</b>	163
see WIDE-SEAL DPR KIT 75.....	137	<b>dicyclomine hcl cap 10 mg</b> .....	171
see WIDE-SEAL DPR KIT 80.....	137	<b>dicyclomine hcl oral soln 10 mg/5ml</b> .....	171
see WIDE-SEAL DPR KIT 85.....	138	<b>dicyclomine hcl tab 20 mg</b> .....	171
see WIDE-SEAL DPR KIT 90.....	138	<b>didanosine</b>	
see WIDE-SEAL DPR KIT 95.....	138	see VIDEX EC CAP 125MG.....	88
<b>diaphragms</b>		<b>didanosine delayed release capsule 200 mg</b> .....	85
see OMNIFLEX DPR .....	137	<b>didanosine delayed release capsule 250 mg</b> .....	85
<b>diazepam (anticonvulsant)</b>			
see VALTOCO SPR 10MG .....	33		
see VALTOCO SPR 15MG .....	33		
see VALTOCO SPR 20MG .....	33		
see VALTOCO SPR 5MG.....	33		

<b>didanosine delayed release capsule</b>	
<b>400 mg</b> .....	85
<b>difenoxin w/ atropine</b>	
see MOTOFEN TAB 1-0.025 .....	51
DIFFERIN GEL 0.1% .....	106
DIFICID TAB 200MG .....	137
<b>diflorasone diacetate cream 0.05%</b>	
.....	112
<b>diflorasone diacetate emollient base</b>	
see APEXICON E CRE 0.05% .....	111
<b>diflorasone diacetate oint 0.05%</b>	
.....	112
<b>diflunisal tab 500 mg</b> .....	13
<b>difluprednate ophth emulsion 0.05%</b> .....	158
<b>digoxin</b>	
see LANOXIN TAB 0.125MG .....	95
see LANOXIN TAB 0.25MG .....	95
<b>digoxin oral soln 0.05 mg/ml</b> .....	95
<b>digoxin tab 125 mcg (0.125 mg)</b> .....	95
<b>digoxin tab 250 mcg (0.25 mg)</b> .....	95
<b>dihydroergotamine mesylate inj 1 mg/ml</b> .....	141
DILANTIN CAP 100MG .....	35
DILANTIN CAP 30MG .....	35
<b>diltiazem hcl cap er 12hr 120 mg</b> .....	93
<b>diltiazem hcl cap er 24hr 120 mg</b> .....	93
<b>diltiazem hcl cap er 24hr 180 mg</b> .....	93
<b>diltiazem hcl cap er 24hr 240 mg</b> .....	93
<b>diltiazem hcl coated beads cap er 24hr 120 mg</b> .....	93
<b>diltiazem hcl coated beads cap er 24hr 180 mg</b> .....	93
<b>diltiazem hcl coated beads cap er 24hr 240 mg</b> .....	93
<b>diltiazem hcl coated beads cap er 24hr 300 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 120 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 180 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 240 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 300 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 360 mg</b> .....	93
<b>diltiazem hcl extended release beads cap er 24hr 420 mg</b> .....	93
<b>diltiazem hcl tab 120 mg</b> .....	93
<b>diltiazem hcl tab 30 mg</b> .....	93
<b>diltiazem hcl tab 60 mg</b> .....	93
<b>diltiazem hcl tab 90 mg</b> .....	93
<b>dimenhydrinate tab 50 mg</b> .....	52
<b>dimethyl fumarate capsule delayed release 120 mg</b> .....	166
<b>dimethyl fumarate capsule delayed release 240 mg</b> .....	166
<b>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</b> .....	166
DIPENTUM CAP 250MG .....	124
<b>diphenhydramine hcl</b>	
see ALER-DRYL TAB 50MG .....	53
<b>diphenhydramine hcl (sleep) tab 25 mg</b> .....	131
<b>diphenhydramine hcl (sleep) tab 50 mg</b> .....	132
<b>diphenhydramine hcl cap 25 mg</b> .....	53
<b>diphenhydramine hcl cap 50 mg</b> .....	53
<b>diphenhydramine hcl chew tab 12.5 mg</b> .....	53
<b>diphenhydramine hcl elixir 12.5 mg/5ml</b> .....	53
<b>diphenhydramine hcl inj 50 mg/ml</b> .....	53
<b>diphenhydramine hcl liquid 12.5 mg/5ml</b> .....	54
<b>diphenhydramine hcl tab 25 mg</b> .....	54
<b>diphenhydramine hcl tab disint 12.5 mg</b> .....	54
<b>diphenhydramine-phenylephrine</b>	
see ALLERGY CONG TAB 25-10MG .....	104
<b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> .....	104
<b>diphenhydramine-phenylephrine tab 25-10 mg</b> .....	104
<b>diphenhydramine-zinc acetate cream 2-0.1%</b> .....	109
<b>diphenoxylate w/ atropine tab 2.5-0.025 mg</b> .....	51
<b>dipyridamole tab 25 mg</b> .....	128

<b>dipyridamole tab 50 mg</b> .....	128	see <b>docusate sodium tab 100 mg</b>	
<b>dipyridamole tab 75 mg</b> .....	128	.....	136
<b>diroximel fumarate</b>		<b>dolasetron mesylate</b>	
see VUMERITY CAP 231MG .....	166	see ANZEMET TAB 100MG .....	51
<b>disopyramide phosphate cap 100 mg</b> .....	25	see ANZEMET TAB 50MG .....	51
<b>disopyramide phosphate cap 150 mg</b> .....	25	<b>dolutegravir sodium</b>	
<b>disulfiram tab 250 mg</b> .....	164	see TIVICAY PD TAB 5MG .....	88
<b>disulfiram tab 500 mg</b> .....	164	see TIVICAY TAB 10MG .....	88
<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>	
<b>divalproex sodium tab delayed release 500 mg</b> .....	36	see DOVATO TAB 50-300MG .....	85
<b>divalproex sodium tab er 24 hr 250 mg</b> .....	36	<b>dolutegravir sodium-rilpivirine hcl</b>	
<b>divalproex sodium tab er 24 hr 500 mg</b> .....	36	see JULUCA TAB 50-25MG .....	86
<b>docosahexaenoic acid cap 200 mg</b> .....	155	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	164
<b>docosanol</b>		<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	164
see ABREVA CRE 10% .....	110	<b>donepezil hydrochloride tab 10 mg</b>	
<b>docosanol cream 10%</b> .....	110	.....	164
<b>docusate calcium cap 240 mg</b> ...	136	<b>donepezil hydrochloride tab 5 mg</b>	
<b>docusate sodium</b>		.....	164
see PEDIA-LAX LIQ 50MG .....	136	<b>doravirine</b>	
<b>docusate sodium cap 100 mg</b> ....	136	see PIFELTRO TAB 100MG .....	87
<b>docusate sodium cap 250 mg</b> ....	136	<b>doravirine-lamivudine-tenofovir disoproxil fumarate</b>	
<b>docusate sodium cap 50 mg</b> .....	136	see DELSTRIGO TAB .....	85
<b>docusate sodium liquid 150 mg/15ml</b> .....	136	<b>dornase alfa</b>	
<b>docusate sodium syrup 60 mg/15ml</b> .....	136	see PULMOZYME SOL 1MG/ML ....	168
<b>docusate sodium tab 100 mg</b> ....	136	<b>dorzolamide hcl ophth soln 2%</b>	159
Docusol Plus Mini-enema		<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> ....	156
see <b>benzocaine-docusate sodium rectal enema 20-283 mg</b> .....	136	Double Antibiotic	
<b>dofetilide cap 125 mcg (0.125 mg)</b> .....	26	see <b>bacitracin-polymyxin b oint</b>	
.....	26	.....	107
<b>dofetilide cap 250 mcg (0.25 mg)</b>	26	DOVATO TAB 50-300MG .....	85
<b>dofetilide cap 500 mcg (0.5 mg)</b> .26		<b>doxazosin mesylate tab 1 mg</b> .....	62
Dok		<b>doxazosin mesylate tab 2 mg</b> .....	62
		<b>doxazosin mesylate tab 4 mg</b> .....	63
		<b>doxazosin mesylate tab 8 mg</b> .....	63
		<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b> .....	132
		<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b> .....	132
		<b>doxepin hcl cap 10 mg</b> .....	40
		<b>doxepin hcl cap 100 mg</b> .....	41
		<b>doxepin hcl cap 150 mg</b> .....	41

<b>doxepin hcl cap 25 mg</b> .....	41	<b>droxidopa cap 300 mg</b> .....	178
<b>doxepin hcl cap 50 mg</b> .....	41	DRYSOL SOL 20% .....	115
<b>doxepin hcl cap 75 mg</b> .....	41	DUAVEE TAB 0.45-20 .....	121
<b>doxepin hcl conc 10 mg/ml</b> .....	41	<b>dulaglutide</b>	
<b>doxercalciferol cap 0.5 mcg</b> .....	120	see TRULICITY INJ 0.75/0.5 .....	47
<b>doxercalciferol cap 1 mcg</b> .....	120	see TRULICITY INJ 1.5/0.5 .....	47
<b>doxercalciferol cap 2.5 mcg</b> .....	120	see TRULICITY INJ 3/0.5 .....	47
<b>doxycycline monohydrate cap 100</b>		see TRULICITY INJ 4.5/0.5 .....	47
<b>mg</b> .....	168	<b>duloxetine hcl enteric coated</b>	
<b>doxycycline monohydrate cap 50</b>		<b>pellets cap 20 mg (base eq)</b> .....	39
<b>mg</b> .....	168	<b>duloxetine hcl enteric coated</b>	
<b>doxycycline monohydrate tab 100</b>		<b>pellets cap 30 mg (base eq)</b> .....	39
<b>mg</b> .....	168	<b>duloxetine hcl enteric coated</b>	
<b>doxycycline monohydrate tab 50</b>		<b>pellets cap 60 mg (base eq)</b> .....	39
<b>mg</b> .....	168	<b>dupilumab</b>	
<b>doxylamine succinate (sleep) tab</b>		see DUPIXENT INJ 100/0.67 .....	114
<b>25 mg</b> .....	132	see DUPIXENT INJ 200/1.14 .....	26
D-PENAMINE TAB 125MG .....	147	see DUPIXENT INJ 200MG .....	114
DRITHO-CREME CRE HP 1% .....	110	see DUPIXENT INJ 300/2ML .....	114
<b>dronabinol cap 10 mg</b> .....	52	DUPIXENT INJ 100/0.67 .....	114
<b>dronabinol cap 2.5 mg</b> .....	52	DUPIXENT INJ 200/1.14 .....	26
<b>dronabinol cap 5 mg</b> .....	52	DUPIXENT INJ 200MG .....	114
<b>dronedarone hcl</b>		DUPIXENT INJ 300/2ML .....	114
see MULTAQ TAB 400MG .....	26	DUREX MIS REALFEEL .....	137
<b>drospirenone</b>		<b>dutasteride cap 0.5 mg</b> .....	126
see SLYND TAB 4MG .....	103	<b>dutasteride-tamsulosin hcl cap 0.5-</b>	
<b>drospirenone-estetrol</b>		<b>0.4 mg</b> .....	126
see NEXTSTELLIS TAB 3-14.2MG. 100		<b>E</b>	
<b>drospirenone-ethinyl estradiol</b>		Ear Drops	
see YASMIN 28 TAB 3-0.03MG ....	101	see <b>carbamide peroxide 6.5% otic</b>	
see YAZ TAB 3-0.02MG .....	102	<b>soln</b> .....	160
<b>drospirenone-ethinyl estradiol tab</b>		EASY NEB MIS .....	140
<b>3-0.02 mg</b> .....	99	<b>echothiophate iodide</b>	
<b>drospirenone-ethinyl estradiol tab</b>		see PHOSPHOLINE SOL 0.125%OP	
<b>3-0.03 mg</b> .....	99	.....	157
<b>drospirenone-ethinyl estradiol-</b>		<b>econazole nitrate cream 1%</b> .....	108
<b>levomefolate calcium</b>		EDARBI TAB 40MG .....	61
see BEYAZ TAB .....	98	EDARBI TAB 80MG .....	61
see SAFYRAL TAB .....	101	EDURANT TAB 25MG .....	85
<b>drospirenone-ethinyl estrad-</b>		<b>efavirenz cap 200 mg</b> .....	85
<b>levomefolate tab 3-0.02-0.451</b>		<b>efavirenz cap 50 mg</b> .....	85
<b>mg</b> .....	99	<b>efavirenz tab 600 mg</b> .....	85
<b>drospirenone-ethinyl estrad-</b>		<b>efavirenz-emtricitabine-tenofovir</b>	
<b>levomefolate tab 3-0.03-0.451</b>		<b>df tab 600-200-300 mg</b> .....	85
<b>mg</b> .....	99	<b>efavirenz-lamivudine-tenofovir df</b>	
<b>droxidopa cap 100 mg</b> .....	178	<b>tab 400-300-300 mg</b> .....	86
<b>droxidopa cap 200 mg</b> .....	178		

<b>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</b> .....	86	see JARDIANCE TAB 10MG .....	50
<b>elbasvir-grazoprevir</b>		see JARDIANCE TAB 25MG .....	50
see ZEPATIER TAB 50-100MG .....	90	<b>empagliflozin-linagliptin</b>	
<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b> .....	141	see GLYXAMBI TAB 10-5 MG .....	43
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b> .....	141	see GLYXAMBI TAB 25-5 MG .....	43
ELIGARD INJ 22.5MG .....	69	<b>empagliflozin-linagliptin-metformin</b>	
ELIGARD INJ 7.5MG .....	69	see TRIJARDY XR TAB .....	44
<b>eliglustat tartrate</b>		<b>empagliflozin-metformin hcl</b>	
see CERDELGA CAP 84MG .....	129	see SYNJARDY TAB .....	43
ELIQUIS ST P TAB 5MG .....	31	see SYNJARDY TAB 12.5-500 .....	44
ELIQUIS TAB 2.5MG .....	31	see SYNJARDY TAB 5-1000MG .....	44
ELIQUIS TAB 5MG .....	31	see SYNJARDY TAB 5-500MG .....	44
ELLA TAB 30MG .....	102	see SYNJARDY XR TAB .....	44
ELMIRON CAP 100MG .....	126	see SYNJARDY XR TAB 10-1000 ...	44
<b>eltrombopag olamine</b>		see SYNJARDY XR TAB 25-1000 ...	44
see PROMACTA TAB 12.5MG .....	130	see SYNJARDY XR TAB 5-1000MG .	44
see PROMACTA TAB 25MG .....	130	EMSAM DIS 12MG/24H .....	37
see PROMACTA TAB 50MG .....	130	EMSAM DIS 6MG/24HR .....	37
see PROMACTA TAB 75MG .....	130	EMSAM DIS 9MG/24HR .....	37
Eluryng		<b>emtricitabine</b>	
see <b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> .....	102	see EMTRIVA SOL 10MG/ML .....	86
<b>elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide</b>		<b>emtricitabine caps 200 mg</b> .....	86
see GENVOYA TAB .....	86	<b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b>	
<b>elvitegravir-cobicistat- emtricitabine-tenofovir df</b>		see ODEFSEY TAB .....	87
see STRIBILD TAB .....	88	<b>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</b>	
EMADINE SOL 0.05% OP .....	159	see COMPLERA TAB .....	85
EMBEDA CAP 100-4MG .....	13	<b>emtricitabine-tenofovir alafenamide fumarate</b>	
EMBEDA CAP 20-0.8MG .....	13	see DESCOVY TAB 120-15MG .....	85
EMBEDA CAP 30-1.2MG .....	13	see DESCOVY TAB 200/25MG .....	85
EMBEDA CAP 50-2MG .....	13	<b>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</b> .....	86
EMBEDA CAP 60-2.4MG .....	13	<b>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</b> .....	86
EMBEDA CAP 80-3.2MG .....	13	<b>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</b> .....	86
EMCYT CAP 140MG .....	69	<b>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</b> .....	86
<b>emedastine difumarate</b>		EMTRIVA SOL 10MG/ML .....	86
see EMADINE SOL 0.05% OP .....	159	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	64
EMGALITY INJ 100MG/ML .....	140	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	64
EMGALITY INJ 120MG/ML .....	140, 141		
<b>emollient - ointment</b> .....	114		
<b>empagliflozin</b>			

<b>enalapril maleate tab 10 mg</b> .....	59	see EPIPEN-JR INJ 0.15MG .....	178
<b>enalapril maleate tab 2.5 mg</b> .....	59	see SYMJEPI INJ 0.15MG .....	178
<b>enalapril maleate tab 20 mg</b> .....	59	see SYMJEPI INJ 0.3MG .....	178
<b>enalapril maleate tab 5 mg</b> .....	59	EPIPEN 2-PAK INJ 0.3MG .....	178
ENBREL INJ 25/0.5ML .....	11	EPIPEN-JR INJ 0.15MG .....	178
ENBREL INJ 25MG .....	11, 12	Epitol	
ENBREL INJ 50MG/ML .....	12	see <b>carbamazepine tab 200 mg</b>	33
ENBREL MINI INJ 50MG/ML .....	12	EPIVIR HBV SOL 5MG/ML .....	89
ENBREL SRCLK INJ 50MG/ML .....	12	<b>eplerenone tab 25 mg</b> .....	66
ENCARE SUP 100MG .....	177	<b>eplerenone tab 50 mg</b> .....	66
ENFAMIL MIS EXPECTA .....	151	<b>epoetin alfa</b>	
<b>enfuvirtide</b>		see EPOGEN INJ 10000/ML .....	130
see FUZEON INJ 90MG .....	86	see EPOGEN INJ 20000/ML .....	130
ENGERIX-B INJ 10/0.5ML .....	175	see EPOGEN INJ 3000/ML .....	129
ENGERIX-B INJ 20MCG/ML .....	175	see EPOGEN INJ 4000/ML .....	130
<b>enoxaparin sodium inj 300 mg/3ml</b>	31	see PROCIT INJ 2000/ML .....	130
.....		see PROCIT INJ 3000/ML .....	130
<b>enoxaparin sodium inj soln pref syr</b>		see PROCIT INJ 40000/ML .....	130
<b>100 mg/ml</b> .....	32	<b>epoetin alfa-epbx</b>	
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 10000UNT .....	130
<b>120 mg/0.8ml</b> .....	32	see RETACRIT INJ 20000UNI .....	130
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 2000UNIT .....	130
<b>150 mg/ml</b> .....	32	see RETACRIT INJ 3000UNIT .....	130
<b>enoxaparin sodium inj soln pref syr</b>		see RETACRIT INJ 40000UNT .....	130
<b>30 mg/0.3ml</b> .....	31	see RETACRIT INJ 4000UNIT .....	130
<b>enoxaparin sodium inj soln pref syr</b>		EPOGEN INJ 10000/ML .....	130
<b>40 mg/0.4ml</b> .....	31	EPOGEN INJ 20000/ML .....	130
<b>enoxaparin sodium inj soln pref syr</b>		EPOGEN INJ 3000/ML .....	129
<b>60 mg/0.6ml</b> .....	32	EPOGEN INJ 4000/ML .....	130
<b>enoxaparin sodium inj soln pref syr</b>		<b>eprosartan mesylate tab 600 mg</b>	61
<b>80 mg/0.8ml</b> .....	32	Eq Chlortabs	
<b>entacapone tab 200 mg</b> .....	75	see <b>chlorpheniramine maleate tab</b>	
<b>entecavir</b>		<b>4 mg</b> .....	53
see BARACLUDE SOL .....	89	Eq Natural Vegetable Laxa	
<b>entecavir tab 0.5 mg</b> .....	89	see <b>sennosides tab 8.6 mg</b> .....	135
<b>entecavir tab 1 mg</b> .....	89	Eq Nicotine Polacrilex	
ENTRESTO TAB 24-26MG .....	95	see <b>nicotine polacrilex lozenge 4</b>	
ENTRESTO TAB 49-51MG .....	95	<b>mg</b> .....	167
ENTRESTO TAB 97-103MG .....	95	Eq Pain Relief Adult/rapi	
<b>enzalutamide</b>		see <b>acetaminophen liquid 167</b>	
see XTANDI CAP 40MG .....	70	<b>mg/5ml</b> .....	12
see XTANDI TAB 40MG .....	70	<b>ergocalciferol cap 1.25 mg (50000</b>	
see XTANDI TAB 80MG .....	70	<b>unit)</b> .....	179
<b>epinastine hcl ophth soln 0.05%</b>	159	<b>ergoloid mesylates tab 1 mg</b> .....	166
.....		ERGOMAR SUB 2MG .....	141
<b>epinephrine (anaphylaxis)</b>		<b>ergotamine tartrate</b>	
see EPIPEN 2-PAK INJ 0.3MG .....	178	see ERGOMAR SUB 2MG .....	141

<b>ergotamine w/ caffeine tab 1-100 mg</b> .....	141
ERIVEDGE CAP 150MG .....	69
<b>erlotinib hcl tab 100 mg (base equivalent)</b> .....	71
<b>erlotinib hcl tab 150 mg (base equivalent)</b> .....	71
<b>erlotinib hcl tab 25 mg (base equivalent)</b> .....	71
ERTACZO CRE 2% .....	108
Ery-tab	
see <b>erythromycin tab delayed release 250 mg</b> .....	137
see <b>erythromycin tab delayed release 333 mg</b> .....	137
see <b>erythromycin tab delayed release 500 mg</b> .....	137
Erythrocin Stearate	
see <b>erythromycin stearate tab 250 mg</b> .....	137
<b>erythromycin ethylsuccinate for susp 200 mg/5ml</b> .....	136
<b>erythromycin ethylsuccinate for susp 400 mg/5ml</b> .....	136
<b>erythromycin ethylsuccinate tab 400 mg</b> .....	136
<b>erythromycin ophth oint 5 mg/gm</b> .....	157
<b>erythromycin soln 2%</b> .....	106
<b>erythromycin stearate tab 250 mg</b> .....	137
<b>erythromycin tab 250 mg</b> .....	137
<b>erythromycin tab 500 mg</b> .....	137
<b>erythromycin tab delayed release 250 mg</b> .....	137
<b>erythromycin tab delayed release 333 mg</b> .....	137
<b>erythromycin tab delayed release 500 mg</b> .....	137
ESBRIET CAP 267MG .....	168
ESBRIET TAB 267MG .....	168
ESBRIET TAB 801MG .....	168
<b>escitalopram oxalate soln 5 mg/5ml (base equiv)</b> .....	37
<b>escitalopram oxalate tab 10 mg (base equiv)</b> .....	37
<b>escitalopram oxalate tab 20 mg (base equiv)</b> .....	37
<b>escitalopram oxalate tab 5 mg (base equiv)</b> .....	37
<b>eslicarbazepine acetate</b>	
see APTIOM TAB 200MG .....	33
see APTIOM TAB 400MG .....	33
see APTIOM TAB 600MG .....	33
see APTIOM TAB 800MG .....	33
<b>esomeprazole magnesium</b>	
see NEXIUM 24HR CAP 20MG .....	172
<b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	172
<b>estazolam tab 1 mg</b> .....	132
<b>estazolam tab 2 mg</b> .....	132
<b>esterified estrogens</b>	
see MENEST TAB 0.3MG .....	123
see MENEST TAB 0.625MG .....	123
see MENEST TAB 1.25MG .....	123
<b>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</b> .....	121
<b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	122
<b>estradiol tab 0.5 mg</b> .....	122
<b>estradiol tab 1 mg</b> .....	122
<b>estradiol tab 2 mg</b> .....	122
<b>estradiol td patch twice weekly 0.025 mg/24hr</b> .....	122
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> .....	122
<b>estradiol td patch twice weekly 0.05 mg/24hr</b> .....	122
<b>estradiol td patch twice weekly 0.075 mg/24hr</b> .....	122
<b>estradiol td patch twice weekly 0.1 mg/24hr</b> .....	122
<b>estradiol td patch weekly 0.025 mg/24hr</b> .....	122
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> .....	122
<b>estradiol td patch weekly 0.05 mg/24hr</b> .....	122
<b>estradiol td patch weekly 0.06 mg/24hr</b> .....	122
<b>estradiol td patch weekly 0.075 mg/24hr</b> .....	122

<b>estradiol td patch weekly 0.1 mg/24hr</b> .....	122
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	178
<b>estradiol vaginal tab 10 mcg</b> .....	178
<b>estradiol valerate-dienogest</b> see NATAZIA TAB.....	100
<b>estramustine phosphate sodium</b> see EMCYT CAP 140MG .....	69
<b>estrogens, conjugated</b> see PREMARIN TAB 0.3MG.....	123
see PREMARIN TAB 0.45MG.....	123
see PREMARIN TAB 0.625MG .....	123
see PREMARIN TAB 0.9MG.....	123
see PREMARIN TAB 1.25MG.....	123
<b>estrogens, conjugated vaginal</b> see PREMARIN VAG CRE 0.625MG	178
ESTROSTEP FE TAB.....	99
<b>eszopiclone tab 1 mg</b> .....	132
<b>eszopiclone tab 2 mg</b> .....	132
<b>eszopiclone tab 3 mg</b> .....	132
<b>etanercept</b> see ENBREL INJ 25/0.5ML .....	11
see ENBREL INJ 25MG .....	11, 12
see ENBREL INJ 50MG/ML .....	12
see ENBREL MINI INJ 50MG/ML.....	12
see ENBREL SRCLK INJ 50MG/ML ..	12
<b>ethacrynic acid tab 25 mg</b> .....	118
<b>ethambutol hcl tab 100 mg</b> .....	67
<b>ethambutol hcl tab 400 mg</b> .....	67
<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 .....	36
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	99
<b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	99
<b>etidronate disodium tab 200 mg</b>	119
<b>etidronate disodium tab 400 mg</b>	119
<b>etodolac cap 200 mg</b> .....	9
<b>etodolac tab 400 mg</b> .....	9
<b>etodolac tab 500 mg</b> .....	9
<b>etonogestrel</b> see NEXPLANON IMP 68MG .....	102
<b>etonogestrel-ethinyl estradiol</b> see NUVARING MIS.....	102
<b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> .....	102
<b>etoposide cap 50 mg</b> .....	74
<b>etravirine</b> see INTELENCE TAB 25MG .....	86
<b>etravirine tab 100 mg</b> .....	86
<b>etravirine tab 200 mg</b> .....	86
EUFLEXXA INJ 10MG/ML .....	153
EURAX CRE 10% .....	115
<b>everolimus tab 0.25 mg</b> .....	147
<b>everolimus tab 0.5 mg</b> .....	147
<b>everolimus tab 0.75 mg</b> .....	147
<b>everolimus tab 1 mg</b> .....	147
<b>everolimus tab 10 mg</b> .....	71
<b>everolimus tab 2.5 mg</b> .....	71
<b>everolimus tab 5 mg</b> .....	71
<b>everolimus tab 7.5 mg</b> .....	71
<b>everolimus tab for oral susp 2 mg</b> .....	71
<b>everolimus tab for oral susp 3 mg</b> .....	71
<b>everolimus tab for oral susp 5 mg</b> .....	71
<b>evolocumab</b> see REPATHA INJ 140MG/ML .....	58
see REPATHA PUSH INJ 420/3.5 ...	58
see REPATHA SURE INJ 140MG/ML	58
EVOTAZ TAB 300-150 .....	86
<b>exemestane tab 25 mg</b> .....	69
EXTAVIA INJ 0.3MG .....	166
<b>ezetimibe tab 10 mg</b> .....	58
<b>ezetimibe-simvastatin tab 10-10 mg</b> .....	55
<b>ezetimibe-simvastatin tab 10-20 mg</b> .....	55
<b>ezetimibe-simvastatin tab 10-40 mg</b> .....	55
<b>ezetimibe-simvastatin tab 10-80 mg</b> .....	55
EZFE FORTE CAP .....	151
<b>F</b>	
Fa-8 see <b>folic acid cap 0.8 mg</b> .....	129
FALESSA KIT .....	99
<b>famciclovir tab 125 mg</b> .....	90



<b>famciclovir tab 250 mg</b> .....	90	<b>fenofibrate tab 54 mg</b> .....	56
<b>famciclovir tab 500 mg</b> .....	90	<b>fenoprofen calcium tab 600 mg</b> ....	9
<b>famotidine for susp 40 mg/5ml</b> .....	171	<b>fantanyl td patch 72hr 100 mcg/hr</b>	
<b>famotidine tab 10 mg</b> .....	171	.....	14
<b>famotidine tab 20 mg</b> .....	171	<b>fantanyl td patch 72hr 12 mcg/hr</b>	
<b>famotidine tab 40 mg</b> .....	171	.....	13
FANAPT PAK .....	77	<b>fantanyl td patch 72hr 25 mcg/hr</b>	
FANAPT TAB 10MG .....	78	.....	13
FANAPT TAB 12MG .....	78	<b>fantanyl td patch 72hr 50 mcg/hr</b>	
FANAPT TAB 1MG .....	78	.....	13
FANAPT TAB 2MG .....	78	<b>fantanyl td patch 72hr 75 mcg/hr</b>	
FANAPT TAB 4MG .....	78	.....	14
FANAPT TAB 6MG .....	78	Ferate	
FANAPT TAB 8MG .....	78	see <b>ferrous gluconate tab 240 mg</b>	
FARXIGA TAB 10MG .....	50	<b>(27 mg elemental fe)</b> .....	131
FARXIGA TAB 5MG .....	50	FERRETTS TAB 325MG .....	130
FARYDAK CAP 10MG .....	71	FERREX 150 CAP FORTE .....	130
FARYDAK CAP 15MG .....	71	<b>ferrous fumarate</b>	
FARYDAK CAP 20MG .....	71	see FERRETTS TAB 325MG .....	130
FASENRA INJ 30MG/ML .....	26	<b>ferrous fumarate tab 324 mg (106</b>	
FASENRA PEN INJ 30MG/ML .....	26	<b>mg elemental fe)</b> .....	131
FC2 FEMALE MIS CONDOM .....	137	FERROUS GLUC TAB 324MG .....	131
<b>fe fumarate w/ b12-vit c-fa-ifc cap</b>		<b>ferrous gluconate tab 240 mg (27</b>	
<b>110-0.015-75-0.5-240 mg</b> .....	130	<b>mg elemental fe)</b> .....	131
FE GLUCONATE TAB 239MG .....	130	<b>ferrous gluconate tab 324 mg (37.5</b>	
<b>febuxostat tab 40 mg</b> .....	127	<b>mg elemental iron)</b> .....	131
<b>febuxostat tab 80 mg</b> .....	127	FERROUS SUL LIQ 220/5ML .....	131
<b>felbamate susp 600 mg/5ml</b> .....	35	FERROUS SULF TAB 324MG EC .....	131
<b>felbamate tab 400 mg</b> .....	35	<b>ferrous sulfite</b>	
<b>felbamate tab 600 mg</b> .....	35	see SLOW FE TAB 45MG .....	131
<b>felodipine tab er 24hr 10 mg</b> .....	93	<b>ferrous sulfite dried tab 200 mg</b>	
<b>felodipine tab er 24hr 2.5 mg</b> .....	93	<b>(65 mg elemental fe)</b> .....	131
<b>felodipine tab er 24hr 5 mg</b> .....	93	<b>ferrous sulfite dried tab er 160 mg</b>	
FEMCAP MIS 22MM .....	137	<b>(50 mg fe equivalent)</b> .....	131
FEMCAP MIS 26MM .....	137	<b>ferrous sulfite dried tab er 45 mg</b>	
FEMCAP MIS 30MM .....	137	<b>(fe equivalent)</b> .....	131
<b>fenofibrate micronized cap 134 mg</b>		<b>ferrous sulfite elixir 220 mg/5ml</b>	
.....	55	<b>(44 mg/5ml elemental fe)</b> .....	131
<b>fenofibrate micronized cap 200 mg</b>		<b>ferrous sulfite soln 75 mg/ml (15</b>	
.....	55	<b>mg/ml elemental fe)</b> .....	131
<b>fenofibrate micronized cap 43 mg</b>		<b>ferrous sulfate tab 325 mg (65 mg</b>	
.....	55	<b>elemental fe)</b> .....	131
<b>fenofibrate micronized cap 67 mg</b>		<b>ferrous sulfate tab ec 325 mg (65</b>	
.....	55	<b>mg fe equivalent)</b> .....	131
<b>fenofibrate tab 145 mg</b> .....	56	<b>ferrous sulfate tab er 142 mg (45</b>	
<b>fenofibrate tab 160 mg</b> .....	56	<b>mg fe equivalent)</b> .....	131
<b>fenofibrate tab 48 mg</b> .....	55		

<b>ferrous sulfate tab er 47.5 mg</b> (elemental fe) .....	131	<b>fluconazole for susp 10 mg/ml</b> ...	53
<b>ferrous sulfate tab er 50 mg</b> (elemental fe) .....	131	<b>fluconazole for susp 40 mg/ml</b> ...	53
<b>fesoterodine fumarate</b>		<b>fluconazole tab 100 mg</b> .....	53
see TOVIAZ TAB 4MG .....	174	<b>fluconazole tab 150 mg</b> .....	53
see TOVIAZ TAB 8MG .....	175	<b>fluconazole tab 200 mg</b> .....	53
<b>fesoterodine fumarate tab er 24hr</b>		<b>fluconazole tab 50 mg</b> .....	53
<b>4 mg</b> .....	174	<b>flucytosine cap 250 mg</b> .....	52
<b>fesoterodine fumarate tab er 24hr</b>		<b>flucytosine cap 500 mg</b> .....	52
<b>8 mg</b> .....	174	<b>fludrocortisone acetate tab 0.1 mg</b> .....	104
FETZIMA CAP 120MG.....	39	FLULAVAL QUA INJ 2021-22.....	176
FETZIMA CAP 20MG .....	39	FLUMIST QUAD SUS 2021-22.....	176
FETZIMA CAP 40MG .....	39	<b>flunisolide nasal soln 25 mcg/act</b> (0.025%).....	154
FETZIMA CAP 80MG .....	39	<b>fluocinolone acetonide (otic) oil</b> 0.01% .....	161
FETZIMA CAP TITRATIO .....	39	<b>fluocinolone acetonide cream</b> 0.025%.....	112
FEVERALL INF SUP 80MG .....	12	<b>fluocinolone acetonide oil 0.01%</b> (body oil).....	112
FEVERALL SUP 325MG .....	13	<b>fluocinolone acetonide oil 0.01%</b> (scalp oil) .....	112
<b>fexofenadine hcl tab 180 mg</b> .....	54	<b>fluocinolone acetonide oint 0.025%</b> .....	112
<b>fexofenadine hcl tab 60 mg</b> .....	54	<b>fluocinonide cream 0.05%</b> .....	112
FIASP FLEX INJ TOUCH.....	48	<b>fluocinonide emulsified base cream</b> 0.05% .....	112
FIASP INJ 100/ML .....	48	<b>fluocinonide gel 0.05%</b> .....	112
FIASP PENFIL INJ U-100 .....	48	<b>fluocinonide oint 0.05%</b> .....	112
<b>fidaxomicin</b>		<b>fluocinonide soln 0.05%</b> .....	112
see DIFICID TAB 200MG .....	137	FLUORABON DRO .....	145
<b>filgrastim-sndz</b>		Fluoritab	
see ZARXIO INJ 300/0.5 .....	130	see <b>sodium fluoride soln 0.125</b> <b>mg/drop f (0.275 mg/drop naf)</b> .....	145
see ZARXIO INJ 480/0.8 .....	130	<b>fluorometholone ophth susp 0.1%</b> .....	158
<b>finasteride tab 5 mg</b> .....	126	<b>fluorouracil cream 5%</b> .....	109
<b>fingolimod hcl</b>		<b>fluoxetine hcl cap 10 mg</b> .....	37
see GILENYA CAP 0.5MG .....	166	<b>fluoxetine hcl cap 20 mg</b> .....	37
<b>fingolimod hcl cap 0.5 mg (base</b> <b>equiv)</b> .....	166	<b>fluoxetine hcl cap 40 mg</b> .....	37
FIRMAGON INJ 80MG .....	69	<b>fluoxetine hcl solution 20 mg/5ml</b> .....	38
FIRST-OMEPRASUS 2MG/ML.....	172	<b>fluoxymesterone</b>	
FIRVANQ SOL 25MG/ML.....	22	see ANDROXY TAB 10MG .....	19
FIRVANQ SOL 50MG/ML.....	22	<b>fluphenazine decanoate inj 25</b> <b>mg/ml</b> .....	82
<b>flavoxate hcl tab 100 mg</b> .....	175		
FLEBOGAMMA INJ DIF 5%.....	161		
<b>flecainide acetate tab 100 mg</b> .....	26		
<b>flecainide acetate tab 150 mg</b> .....	26		
<b>flecainide acetate tab 50 mg</b> .....	26		
FLOVENT HFA AER 110MCG .....	28		
FLOVENT HFA AER 44MCG .....	28		
FLUARIX QUAD INJ 2021-22.....	176		
FLUBLOK QUAD INJ 2021-22 .....	176		
FLUCLVX QUAD INJ 2021-22 .....	176		

<b>fluphenazine hcl tab 1 mg</b> .....	82	<b>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</b> .....	57
<b>fluphenazine hcl tab 10 mg</b> .....	82	<b>fluvoxamine maleate tab 100 mg</b>	38
<b>fluphenazine hcl tab 2.5 mg</b> .....	82	<b>fluvoxamine maleate tab 25 mg</b> ..	38
<b>fluphenazine hcl tab 5 mg</b> .....	82	<b>fluvoxamine maleate tab 50 mg</b> ..	38
Flura-drops		FLUZONE HD INJ 2021-22 .....	176
see <b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	145	FLUZONE QUAD INJ 2021-22 .....	176
<b>flurandrenolide</b>		FOAM ANTACID CHW 80-20MG .....	20
see <b>CORDRAN 80X3 TAP 4MCG/CM</b> .....	112	Folbee Plus	
.....	112	see <b>b-complex w/ c &amp; folic acid tab 5 mg</b> .....	149
<b>flurandrenolide cream 0.05%</b> ...	112	<b>folic acid cap 0.8 mg</b> .....	129
<b>flurandrenolide lotion 0.05%</b> ....	112	<b>folic acid tab 1 mg</b> .....	129
<b>flurazepam hcl cap 15 mg</b> .....	133	<b>folic acid tab 400 mcg</b> .....	129
<b>flurazepam hcl cap 30 mg</b> .....	133	<b>folic acid tab 800 mcg</b> .....	129
<b>flurbiprofen sodium ophth soln 0.03%</b> .....	159	<b>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</b> .....	32
<b>flurbiprofen tab 100 mg</b> .....	9	<b>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</b> .....	32
<b>flurbiprofen tab 50 mg</b> .....	9	<b>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</b> .....	32
<b>flutamide cap 125 mg</b> .....	69	<b>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</b> .....	32
<b>fluticasone furoate-vilanterol</b>		FORTEO INJ 600/2.4 .....	119
see <b>BREO ELLIPTA INH 100-25</b> .....	29	<b>fosamprenavir calcium tab 700 mg (base equiv)</b> .....	86
see <b>BREO ELLIPTA INH 200-25</b> .....	29	<b>fosfomycin tromethamine powd pack 3 gm (base equivalent)</b> ..	173
<b>fluticasone propionate cream 0.05%</b> .....	113	<b>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	64
<b>fluticasone propionate hfa</b>		<b>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	64
see <b>FLOVENT HFA AER 110MCG</b> ....	28	<b>fosinopril sodium tab 10 mg</b> .....	59
see <b>FLOVENT HFA AER 44MCG</b> .....	28	<b>fosinopril sodium tab 20 mg</b> .....	59
<b>fluticasone propionate nasal susp 50 mcg/act</b> .....	154	<b>fosinopril sodium tab 40 mg</b> .....	59
<b>fluticasone propionate oint 0.005%</b> .....	113	FRAGMIN INJ 10000/ML .....	32
<b>fluticasone-salmeterol</b>		FRAGMIN INJ 12500UNT .....	32
see <b>ADVAIR DISKU AER 100/50</b> ....	28	FRAGMIN INJ 15000UNT .....	32
see <b>ADVAIR DISKU AER 250/50</b> ....	28	FRAGMIN INJ 18000UNT .....	32
see <b>ADVAIR DISKU AER 500/50</b> ....	28	FRAGMIN INJ 2500/0.2 .....	32
see <b>ADVAIR HFA AER 115/21</b> .....	28	FRAGMIN INJ 5000/0.2 .....	32
see <b>ADVAIR HFA AER 230/21</b> .....	28	FRAGMIN INJ 7500/0.3 .....	32
see <b>ADVAIR HFA AER 45/21</b> .....	28	FREESTY LIBR KIT 2 SENSOR .....	138
<b>fluticasone-umeclidinium-vilanterol</b>		FREESTY LIBR KIT 3 SENSOR .....	138
see <b>TRELEGY AER 100MCG</b> .....	30	FREESTY LIBR MIS 2 READER .....	138
see <b>TRELEGY AER 200MCG</b> .....	30		
<b>fluvastatin sodium cap 20 mg (base equivalent)</b> .....	56		
<b>fluvastatin sodium cap 40 mg (base equivalent)</b> .....	56		

FREESTYLE KIT SENSOR .....	138	GAMMAGARD SD INJ 10GM HU .....	161
FREESTYLE MIS READER.....	138	<b>ganciclovir ophthalmic</b>	
<b>fremanezumab-vfrm</b>		see ZIRGAN GEL 0.15%.....	158
see AJOVY INJ 225/1.5 .....	140	GARDASIL 9 INJ .....	176
<b>frovatriptan succinate tab 2.5 mg</b>		Gas Relief Extra Strength	
<b>(base equivalent)</b> .....	141	see <b>simethicone cap 125 mg</b> ...	123
<b>fructose-dextrose-phosphoric acid</b>		<b>gatifloxacin ophth soln 0.5%</b> ....	157
<b>oral soln</b> .....	52	<b>gemfibrozil tab 600 mg</b> .....	56
<b>furosemide oral soln 10 mg/ml</b> ..	118	GENERESS FE CHW.....	99
<b>furosemide oral soln 8 mg/ml</b> ...	118	Gentak	
<b>furosemide tab 20 mg</b> .....	118	see <b>gentamicin sulfate ophth oint</b>	
<b>furosemide tab 40 mg</b> .....	118	<b>0.3%</b> .....	157
<b>furosemide tab 80 mg</b> .....	118	<b>gentamicin sulfate cream 0.1%</b> 107	
FUZEON INJ 90MG .....	86	<b>gentamicin sulfate oint 0.1%</b> ....	107
FYCOMPA TAB 10MG .....	32	<b>gentamicin sulfate ophth oint 0.3%</b>	
FYCOMPA TAB 12MG .....	32	.....	157
FYCOMPA TAB 2MG .....	32	<b>gentamicin sulfate ophth soln</b>	
FYCOMPA TAB 4MG .....	32	<b>0.3%</b> .....	157
FYCOMPA TAB 6MG .....	32	<b>gentamicin-prednisolone acetate</b>	
FYCOMPA TAB 8MG .....	32	see PRED-G SUS OP.....	158
<b>G</b>		Genteal Tears Night-time	
G5/G4 MIS SENSOR .....	138	see <b>white petrolatum-mineral oil</b>	
<b>gabapentin cap 100 mg</b> .....	34	<b>ophth ointment</b> .....	156
<b>gabapentin cap 300 mg</b> .....	34	GENVOYA TAB.....	86
<b>gabapentin cap 400 mg</b> .....	34	GILENYA CAP 0.5MG .....	166
<b>gabapentin oral soln 250 mg/5ml</b>		GILOTRIF TAB 20MG .....	71
.....	34	GILOTRIF TAB 30MG .....	72
<b>gabapentin tab 600 mg</b> .....	34	GILOTRIF TAB 40MG .....	72
<b>gabapentin tab 800 mg</b> .....	34	GLASSIA INJ.....	167
<b>galantamine hydrobromide cap er</b>		<b>glatiramer acetate</b>	
<b>24hr 16 mg</b> .....	164	see COPAXONE INJ 20MG/ML .....	166
<b>galantamine hydrobromide cap er</b>		see COPAXONE INJ 40MG/ML .....	166
<b>24hr 24 mg</b> .....	164	GLEOSTINE CAP 100MG .....	68
<b>galantamine hydrobromide cap er</b>		GLEOSTINE CAP 10MG .....	68
<b>24hr 8 mg</b> .....	164	GLEOSTINE CAP 40MG .....	68
<b>galantamine hydrobromide tab 12</b>		<b>glimepiride tab 1 mg</b> .....	50
<b>mg</b> .....	164	<b>glimepiride tab 2 mg</b> .....	50
<b>galantamine hydrobromide tab 4</b>		<b>glimepiride tab 4 mg</b> .....	50
<b>mg</b> .....	164	<b>glipizide tab 10 mg</b> .....	50
<b>galantamine hydrobromide tab 8</b>		<b>glipizide tab 5 mg</b> .....	50
<b>mg</b> .....	164	<b>glipizide tab er 24hr 10 mg</b> .....	50
<b>galcanezumab-gnlm</b>		<b>glipizide tab er 24hr 2.5 mg</b> .....	50
see EMGALITY INJ 100MG/ML .....	140	<b>glipizide tab er 24hr 5 mg</b> .....	50
see EMGALITY INJ 120MG/ML ....	140,	<b>glipizide-metformin hcl tab 2.5-250</b>	
141		<b>mg</b> .....	42
GAMASTAN INJ.....	161	<b>glipizide-metformin hcl tab 2.5-500</b>	
GAMMAGARD INJ 1GM/10ML .....	161	<b>mg</b> .....	43

<b>glipizide-metformin hcl tab 5-500 mg</b> .....	43
GLUCAGEN INJ HYPOKIT .....	45
<b>glucagon</b>	
see BAQSIMI ONE POW 3MG/DOSE45	
<b>glucagon (rdna) for inj kit 1 mg</b> ..	45
<b>glucagon hcl (rdna)</b>	
see GLUCAGEN INJ HYPOKIT .....	45
GLUCAGON KIT 1MG .....	45
<b>glucose blood</b>	
see RELION TRUE TES METRIX....	116
see TRUE METRIX TES GLUCOSE.	116
<b>glucose-vitamin c</b>	
see TGT GLUCOSE CHW GRAPE....	46
<b>glyburide micronized tab 1.5 mg</b> .	50
<b>glyburide micronized tab 3 mg</b> ....	50
<b>glyburide micronized tab 6 mg</b> ....	50
<b>glyburide tab 1.25 mg</b> .....	50
<b>glyburide tab 2.5 mg</b> .....	50
<b>glyburide tab 5 mg</b> .....	50
<b>glyburide-metformin tab 1.25-250 mg</b> .....	43
<b>glyburide-metformin tab 2.5-500 mg</b> .....	43
<b>glyburide-metformin tab 5-500 mg</b> .....	43
Glycerin Adult	
see <b>glycerin suppos 2 gm</b> .....	135
<b>glycerin suppos 1.2 gm</b> .....	135
<b>glycerin suppos 2 gm</b> .....	135
<b>glycerin suppos 2.1 gm</b> .....	135
<b>glycerin suppos 80.7%</b> .....	135
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> .....	156
<b>glycopyrrolate tab 1 mg</b> .....	171
<b>glycopyrrolate tab 2 mg</b> .....	171
<b>glycopyrrolate-formoterol fumarate</b>	
see BEVESPI AER 9-4.8MCG .....	29
GLYXAMBI TAB 10-5 MG .....	43
GLYXAMBI TAB 25-5 MG .....	43
Gnp Allergy Relief	
see <b>diphenhydramine hcl chew tab 12.5 mg</b> .....	53
Gnp Antacid Ultra Strengt	
see <b>calcium carbonate (antacid) chew tab 1000 mg</b> .....	21
Gnp Artificial Tears	
see <b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> .....	156
Gnp Calcium 500 +d3	
see <b>calcium carb-cholecalciferol tab 500 mg-15 mcg (600 unit)</b> .....	143
Gnp Calcium 500/d	
see <b>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</b> .....	144
Gnp Clotrimazole 3	
see <b>clotrimazole vaginal cream 2%</b> .....	177
Gnp Dayhist Allergy	
see <b>clemastine fumarate tab 1.34 mg (1 mg base equiv)</b> .....	53
Gnp Fiber Therapy	
see <b>methylcellulose tab 500 mg</b> .....	134
GNP GLUCOSE CHW ORANGE .....	45
Gnp Glycerin Adult	
see <b>glycerin suppos 2.1 gm</b> ....	135
Gnp Glycerin Child	
see <b>glycerin suppos 1.2 gm</b> ....	135
Gnp Lidocaine Pain Relief	
see <b>lidocaine patch 4%</b> .....	115
Gnp Loratadine	
see <b>loratadine oral soln 5 mg/5ml</b> .....	54
Gnp Magnesium	
see <b>magnesium oxide tab 250 mg</b> .....	21
Gnp Miconazole 3	
see <b>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</b> .....	177
Gnp Mucus Er	
see <b>guaifenesin tab er 12hr 600 mg</b> .....	105
Gnp Natural Fiber	
see <b>psyllium powder 28.3%</b> ...	134
Gnp Pink Bismuth	
see <b>bismuth subsalicylate chew tab 262 mg</b> .....	50
<b>golimumab</b>	
see SIMPONI INJ 100MG/ML.....	7

see SIMPONI INJ 50/0.5ML..... 7  
 GOLYTELY SOL ..... 134  
 Goodsense Nasal Allergy S  
   see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act**  
   ..... 154  
**goserelin acetate**  
   see ZOLADEX IMP 10.8MG.....70  
   see ZOLADEX IMP 3.6MG .....70  
**granisetron hcl tab 1 mg** .....51  
**griseofulvin microsize susp 125 mg/5ml**.....52  
 Guaiatussin Ac  
   see **guaifenesin-codeine soln 100-10 mg/5ml** ..... 104  
**guaifenesin liquid 100 mg/5ml** . 105  
**guaifenesin syrup 100 mg/5ml** . 105  
**guaifenesin tab 200 mg** ..... 105  
**guaifenesin tab 400 mg** ..... 105  
**guaifenesin tab er 12hr 600 mg** 105  
**guaifenesin-codeine soln 100-10 mg/5ml**..... 104  
**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..... 110  
 GYNAZOLE-1 CRE 2%..... 177  
 GYNOL II GEL 3% ..... 177  
**H**  
 HADLIMA INJ 40/0.4ML ..... 6  
 HADLIMA INJ 40/0.8ML ..... 6  
 HADLIMA PUSH INJ 40/0.4ML..... 6  
 HADLIMA PUSH INJ 40/0.8ML..... 6  
**halcinonide**  
   see HALOG OIN 0.1% ..... 113  
**halcinonide cream 0.1%** ..... 113  
**halobetasol propionate cream 0.05%** ..... 113

**halobetasol propionate oint 0.05%**  
   ..... 113  
 HALOG OIN 0.1% ..... 113  
**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..... 176  
 HAVRIX INJ 720UNIT ..... 176  
 HELIXATE FS INJ 2000UNIT ..... 127  
 HELIXATE FS INJ 3000UNIT ..... 127  
 HELIXATE FS INJ 500UNIT ..... 127  
**heparin sodium (porcine) inj 1000 unit/ml** ..... 32  
**heparin sodium (porcine) inj 10000 unit/ml** ..... 32  
**heparin sodium (porcine) pf inj 5000 unit/0.5ml** ..... 32  
**hepatitis a (inactivated)-hepatitis b (recombinant) vaccines**  
   see TWINRIX INJ ..... 176  
**hepatitis a vaccine**  
   see HAVRIX INJ 1440UNIT ..... 176  
   see HAVRIX INJ 720UNIT ..... 176  
   see VAQTA INJ 25/0.5ML ..... 176  
   see VAQTA INJ 50UNT/ML ..... 177  
**hepatitis b vaccine (recomb)**  
   see ENGERIX-B INJ 10/0.5ML ..... 175  
   see ENGERIX-B INJ 20MCG/ML ... 175  
   see RECOMBIVA HB INJ 10MCG/ML  
   ..... 176  
   see RECOMBIVA HB INJ 5MCG/0.5  
   ..... 176  
**hepatitis b vaccine recombinant adjuvanted**  
   see HEPLISAV-B INJ 20/0.5ML.... 176  
   see HEPLISAV-B INJ 20MCG ..... 176  
 HEPLISAV-B INJ 20/0.5ML ..... 176

HEPLISAV-B INJ 20MCG..... 176  
HERZUMA INJ 150MG .....68  
HERZUMA INJ 420MG ..... 68  
HETLIOZ CAP 20MG ..... 133  
HIZENTRA INJ 10/50ML ..... 162  
HIZENTRA INJ 1GM/5ML ..... 161  
HIZENTRA INJ 2GM/10ML ..... 161  
HIZENTRA INJ 4GM/20ML ..... 161  
HIZENTRA SOL 20%..... 162  
Hm Fish Oil  
    see **omega-3 fatty acids cap  
    delayed release 1000 mg**..... 155  
Hm Lubricating Plus  
    see **carboxymethylcellulose  
    sodium (pf) ophth soln 0.5%**  
    ..... 155  
Hm Nicotine Transdermal S  
    see **nicotine td patch 24hr 14  
    mg/24hr** ..... 167  
**human papillomavirus (hpv) 9-  
valent recombinant vaccine**  
    see GARDASIL 9 INJ ..... 176  
HUMIRA INJ 10/0.1ML ..... 6  
HUMIRA INJ 10MG/0.2 ..... 7  
HUMIRA INJ 20/0.2ML ..... 7  
HUMIRA INJ 40/0.4ML ..... 7  
HUMIRA KIT 20MG/0.4 ..... 7  
HUMIRA KIT 40MG/0.8 ..... 7  
HUMIRA PEDIA INJ CROHNS..... 7  
HUMIRA PEN INJ 40/0.4ML..... 7  
HUMIRA PEN INJ CD/UC/HS ..... 7  
HUMIRA PEN KIT CD/UC/HS ..... 7  
HUMIRA PEN KIT PS/UV..... 7  
HUMULIN R INJ U-500 .....48  
**hydralazine hcl tab 10 mg** .....66  
**hydralazine hcl tab 100 mg** .....66  
**hydralazine hcl tab 25 mg** .....66  
**hydralazine hcl tab 50 mg** .....66  
**hydrochlorothiazide cap 12.5 mg**  
    ..... 118  
**hydrochlorothiazide tab 12.5 mg**  
    ..... 118  
**hydrochlorothiazide tab 25 mg** . 118  
**hydrochlorothiazide tab 50 mg** . 118  
**hydrocodone bitart-homatropine  
methylbrom soln 5-1.5 mg/5ml**  
    ..... 104

**hydrocodone bitartrate tab er 24hr  
deter 100 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 120 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 20 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 30 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 40 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 60 mg** ..... 14  
**hydrocodone bitartrate tab er 24hr  
deter 80 mg** ..... 14  
**hydrocodone-acetaminophen soln  
7.5-325 mg/15ml** ..... 17  
**hydrocodone-acetaminophen tab  
10-325 mg** ..... 18  
**hydrocodone-acetaminophen tab 5-  
325 mg** ..... 17  
**hydrocodone-acetaminophen tab  
7.5-325 mg** ..... 18  
**hydrocodone-ibuprofen tab 10-200  
mg** ..... 18  
**hydrocodone-ibuprofen tab 7.5-  
200 mg** ..... 18  
Hydrocortisone 1% In Abso  
    see **hydrocortisone oint 1%**.... 113  
**hydrocortisone acetate cream 1%**  
    ..... 113  
**hydrocortisone cream 0.5%**..... 113  
**hydrocortisone cream 1%** ..... 113  
**hydrocortisone cream 2.5%**..... 113  
**hydrocortisone enema 100  
mg/60ml** ..... 19  
**hydrocortisone gel 1%** ..... 113  
**hydrocortisone lotion 1%** ..... 113  
**hydrocortisone lotion 2.5%** ..... 113  
**hydrocortisone oint 0.5%** ..... 113  
**hydrocortisone oint 1%** ..... 113  
**hydrocortisone oint 2.5%** ..... 113  
**hydrocortisone perianal cream  
2.5%** ..... 20  
**hydrocortisone tab 10 mg** ..... 103  
**hydrocortisone tab 20 mg** ..... 103  
**hydrocortisone tab 5 mg** ..... 103

**hydrocortisone valerate cream**  
**0.2%**..... 113  
**hydrocortisone w/ acetic acid otic soln 1-2%** ..... 161  
**hydromorphone hcl tab 2 mg** .....14  
**hydromorphone hcl tab 4 mg** .....14  
**hydromorphone hcl tab 8 mg** .....14  
**hydromorphone hcl tab er 24hr 12 mg** .....14  
**hydromorphone hcl tab er 24hr 16 mg** ..... 14  
**hydromorphone hcl tab er 24hr 32 mg** .....14  
**hydromorphone hcl tab er 24hr 8 mg** .....14  
Hydrophor  
see **emollient - ointment**..... 114  
**hydroxychloroquine sulfate tab 200 mg** .....67  
**hydroxyprogesterone caproate im in oil 1.25 gm/5ml** .....69  
**hydroxyprogesterone caproate im in oil 250 mg/ml** ..... 163  
**hydroxyurea cap 500 mg** .....74  
**hydroxyzine hcl syrup 10 mg/5ml** .....23  
**hydroxyzine hcl tab 10 mg** .....24  
**hydroxyzine hcl tab 25 mg** .....24  
**hydroxyzine hcl tab 50 mg** .....24  
**hydroxyzine pamoate cap 100 mg** .....24  
**hydroxyzine pamoate cap 25 mg** .24  
**hydroxyzine pamoate cap 50 mg** .24  
**hyoscyamine sulfate elixir 0.125 mg/5ml**..... 171  
**hyoscyamine sulfate sl tab 0.125 mg** ..... 171  
**hyoscyamine sulfate soln 0.125 mg/ml**..... 171  
**hyoscyamine sulfate tab 0.125 mg** ..... 171  
**hyoscyamine sulfate tab disint 0.125 mg**..... 171  
**hyoscyamine sulfate tab er 12hr 0.375 mg**..... 171  
Hyosyne

see **hyoscyamine sulfate elixir 0.125 mg/5ml**..... 171  
**hypromellose (ophth)**  
see PURE & GENTL DRO 0.3% .... 156  
HYQVIA INJ 10-800 ..... 162  
HYQVIA INJ 2.5-200 ..... 162  
HYQVIA INJ 20-1600..... 162  
HYQVIA INJ 30-2400..... 162  
HYQVIA INJ 5-400 ..... 162  
**I**  
**ibandronate sodium tab 150 mg (base equivalent)** ..... 119  
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** ..... 10  
**ibuprofen tab 800 mg** ..... 10  
**icatibant acetate subcutaneous soln pref syr 30 mg/3ml** ..... 128  
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 ..... 77  
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	INCRELEX INJ 40MG/4ML.....	120
see FANAPT TAB 8MG .....	78	INCRUSE ELPT INH 62.5MCG.....	27
<b>iloprost</b>		<b>indacaterol maleate</b>	
see VENTAVIS SOL 10MCG/ML.....	96	see ARCAPTA CAP 75MCG .....	29
see VENTAVIS SOL 20MCG/ML.....	96	<b>indapamide tab 1.25 mg</b> .....	118
<b>imatinib mesylate tab 100 mg</b>		<b>indapamide tab 2.5 mg</b> .....	118
<b>(base equivalent)</b> .....	72	<b>indinavir sulfate</b>	
<b>imatinib mesylate tab 400 mg</b>		see CRIXIVAN CAP 200MG .....	85
<b>(base equivalent)</b> .....	72	see CRIXIVAN CAP 400MG .....	85
IMBRUVICA CAP 140MG.....	72	<b>indomethacin cap 25 mg</b> .....	10
<b>imipramine hcl tab 10 mg</b> .....	41	<b>indomethacin cap 50 mg</b> .....	10
<b>imipramine hcl tab 25 mg</b> .....	41	Infants Gas Relief	
<b>imipramine hcl tab 50 mg</b> .....	41	see <b>simethicone susp 40</b>	
<b>imiquimod cream 5%</b> .....	114	<b>mg/0.6ml</b> .....	124
<b>immune globulin (human) im</b>		INFLECTRA INJ 100MG .....	124
see GAMASTAN INJ .....	161	<b>infliximab-abda</b>	
<b>immune globulin (human) iv</b>		see RENFLEXIS INJ 100MG.....	125
see CARIMUNE NF INJ 12GM.....	161	<b>infliximab-axxq</b>	
see FLEBOGAMMA INJ DIF 5% ....	161	see AVSOLA INJ 100MG .....	124
see GAMMAGARD SD INJ 10GM HU		<b>infliximab-dyyb</b>	
.....	161	see INFLECTRA INJ 100MG.....	124
see OCTAGAM INJ 5GM.....	162	<b>influenza virus vac recomb</b>	
see PRIVIGEN INJ 20GRAMS.....	162	<b>hemagglutinin (ha) quadrivalent</b>	
<b>immune globulin (human) iv or</b>		see FLUBLOK QUAD INJ 2021-22	176
<b>subcutaneous</b>		<b>influenza virus vac split high-dose</b>	
see GAMMAGARD INJ 1GM/10ML.	161	<b>quad preservative free</b>	
<b>immune globulin (human)</b>		see FLUZONE HD INJ 2021-22 ....	176
<b>subcutaneous</b>		<b>influenza virus vaccine live</b>	
see CUVITRU INJ 4GM/20ML.....	161	<b>quadrivalent</b>	
see CUVITRU SOL 10GM/50M .....	161	see FLUMIST QUAD SUS 2021-22	176
see CUVITRU SOL 1GM/5ML .....	161	<b>influenza virus vaccine split</b>	
see HIZENTRA INJ 10/50ML.....	162	<b>quadrivalent</b>	
see HIZENTRA INJ 1GM/5ML.....	161	see AFLURIA QUAD INJ 2021-22 .	175
see HIZENTRA INJ 2GM/10ML.....	161	see FLUARIX QUAD INJ 2021-22 .	176
see HIZENTRA INJ 4GM/20ML.....	161	see FLULAVAL QUA INJ 2021-22 .	176
see HIZENTRA SOL 20% .....	162	see FLUZONE QUAD INJ 2021-22	176
<b>immune globulin (human)-</b>		<b>influenza virus vaccine tissue-</b>	
<b>hyaluronidase (human</b>		<b>cultured subunit quadrivalent</b>	
<b>recombinant)</b>		see FLUCLVX QUAD INJ 2021-22.	176
see HYQVIA INJ 10-800 .....	162	<b>ingenol mebutate</b>	
see HYQVIA INJ 2.5-200 .....	162	see PICATO GEL 0.015% .....	109
see HYQVIA INJ 20-1600.....	162	see PICATO GEL 0.05% .....	109
see HYQVIA INJ 30-2400.....	162	<b>inositol niacinate cap 500 mg</b> .....	95
see HYQVIA INJ 5-400 .....	162	INSPIRACHAMB MIS LARGE .....	140
Inatal Gt		INSULIN ASPA INJ 100/ML.....	48
see <b>prenatal vit w/ dss-iron</b>		INSULIN ASPA INJ 70/30.....	48
<b>carbonyl-fa tab 90-1 mg</b> .....	152	INSULIN ASPA INJ FLEXPEN .....	48

INSULIN ASPA INJ PENFILL .....	48
<b>insulin aspart</b>	
see NOVOLOG INJ 100/ML.....	49
see NOVOLOG INJ FLEXPEN.....	49
see NOVOLOG INJ PENFILL.....	49
<b>insulin aspart (with niacinamide)</b>	
see FIASP FLEX INJ TOUCH .....	48
see FIASP INJ 100/ML.....	48
see FIASP PENFIL INJ U-100.....	48
<b>insulin aspart protamine &amp; aspart (human)</b>	
see NOVOLOG MIX INJ 70/30 .....	49
see NOVOLOG MIX INJ FLEXPEN....	49
<b>insulin degludec</b>	
see TRESIBA FLEX INJ 100UNIT ....	49
see TRESIBA FLEX INJ 200UNIT ....	49
see TRESIBA INJ 100UNIT.....	49
<b>insulin degludec-liraglutide</b>	
see XULTOPHY INJ 100/3.6 .....	45
<b>insulin detemir</b>	
see LEVEMIR INJ.....	48
see LEVEMIR INJ FLEXTOUC .....	48
<b>insulin glargine</b>	
see BASAGLAR INJ 100UNIT .....	48
see TOUJEO MAX INJ 300IU/ML.....	49
see TOUJEO SOLO INJ 300IU/ML...	49
<b>insulin glargine-lixisenatide</b>	
see SOLIQUA INJ 100/33 .....	43
<b>insulin nph (human) (isophane)</b>	
see NOVOLIN N INJ 100 UNIT .....	48
see NOVOLIN N INJ U-100.....	48
<b>insulin nph isophane &amp; reg (human)</b>	
see NOVOLIN INJ 70/30.....	48
see NOVOLIN INJ 70/30 FP.....	48
<b>insulin pen needle</b>	
see PEN NEEDLES MIS 29GX10MM	
.....	140
see PEN NEEDLES MIS 29GX12.7	140
see PEN NEEDLES MIS 29GX12MM	
.....	140
see PEN NEEDLES MIS 31GX5MM	140
see PEN NEEDLES MIS 31GX6MM	140
see PEN NEEDLES MIS 31GX8MM	140
see PEN NEEDLES MIS 32GX4MM	140
see PEN NEEDLES MIS 32GX6MM	140
see PEN NEEDLES MIS 32GX8MM	140

<b>insulin regular (human)</b>	
see AFREZZA POW 12 UNIT.....	48
see AFREZZA POW 4-8 UNIT .....	47
see AFREZZA POW 4-8-12.....	47
see AFREZZA POW 4UNIT .....	47
see AFREZZA POW 8 UNIT .....	48
see AFREZZA POW 8-12UNIT.....	48
see HUMULIN R INJ U-500 .....	48
see NOVOLIN R INJ 100 UNIT.....	48
see NOVOLIN R INJ U-100 .....	48
INSULIN SYRG MIS 0.3/29G.....	139
INSULIN SYRG MIS 0.3/30G.....	139
INSULIN SYRG MIS 0.3/31G.....	139
INSULIN SYRG MIS 0.5/28G.....	139
INSULIN SYRG MIS 0.5/29G.....	139
INSULIN SYRG MIS 0.5/30G.....	139
INSULIN SYRG MIS 0.5/31G.....	139
INSULIN SYRG MIS 1ML/28G .....	139
INSULIN SYRG MIS 1ML/29G .....	139
INSULIN SYRG MIS 1ML/30G .....	139
INSULIN SYRG MIS 1ML/31G .....	139
<b>insulin syringe/needle u-100</b>	
see INSULIN SYRG MIS 0.3/29G .	139
see INSULIN SYRG MIS 0.3/30G .	139
see INSULIN SYRG MIS 0.3/31G .	139
see INSULIN SYRG MIS 0.5/28G .	139
see INSULIN SYRG MIS 0.5/29G .	139
see INSULIN SYRG MIS 0.5/30G .	139
see INSULIN SYRG MIS 0.5/31G .	139
see INSULIN SYRG MIS 1ML/28G	139
see INSULIN SYRG MIS 1ML/29G	139
see INSULIN SYRG MIS 1ML/30G	139
see INSULIN SYRG MIS 1ML/31G	139
<b>insulin syringe/needle u-500</b>	
see BD U-500 MIS 31GX6MM.....	137
INTELENCE TAB 25MG.....	86
<b>interferon alfa-2b</b>	
see INTRON A INJ 10MU .....	74
see INTRON A INJ 18MU .....	74
see INTRON A INJ 25MU .....	74
see INTRON A INJ 50MU .....	74
<b>interferon beta-1a</b>	
see AVONEX KIT 30MCG .....	165
see AVONEX PEN KIT 30MCG.....	165
see AVONEX PREFL KIT 30MCG...	166
see REBIF INJ 22/0.5 .....	166
see REBIF INJ 44/0.5 .....	166

see REBIF REBIDO INJ 22/0.5.....	166	ISENTRESS HD TAB 600MG .....	86
see REBIF REBIDO INJ 44/0.5.....	166	ISENTRESS POW 100MG.....	86
see REBIF REBIDO INJ TITRATN..	166	ISENTRESS TAB 400MG.....	86
see REBIF TITRTN INJ PACK .....	166	<b>isocarboxazid</b>	
<b>interferon beta-1b</b>		see MARPLAN TAB 10MG.....	37
see EXTAVIA INJ 0.3MG .....	166	<b>isoniazid syrup 50 mg/5ml</b> .....	67
<b>interferon gamma-1b</b>		<b>isoniazid tab 100 mg</b> .....	67
see ACTIMMUNE INJ 2MU/0.5 .....	74	<b>isoniazid tab 300 mg</b> .....	67
INTRON A INJ 10MU.....	74	<b>isoniazid-rifampin w/</b>	
INTRON A INJ 18MU.....	74	<b>pyrazinamide</b>	
INTRON A INJ 25MU.....	74	see RIFATER TAB.....	67
INTRON A INJ 50MU.....	74	<b>isopropyl alcohol-glycerin otic</b>	
INVEGA SUST INJ 117/0.75.....	78	<b>liquid 95-5%</b> .....	160
INVEGA SUST INJ 156MG/ML .....	78	<b>isosorbide dinitrate tab 10 mg</b> ....	22
INVEGA SUST INJ 234/1.5 .....	78	<b>isosorbide dinitrate tab 20 mg</b> ....	23
INVEGA SUST INJ 39/0.25 .....	78	<b>isosorbide dinitrate tab 30 mg</b> ....	23
INVEGA SUST INJ 78/0.5ML .....	78	<b>isosorbide dinitrate tab 5 mg</b> .....	22
INVEGA TRINZ INJ 273MG .....	78	<b>isosorbide mononitrate tab 10 mg</b>	
INVEGA TRINZ INJ 410MG .....	78	.....	23
INVEGA TRINZ INJ 546MG .....	78	<b>isosorbide mononitrate tab 20 mg</b>	
INVEGA TRINZ INJ 819MG .....	78	.....	23
INVIRASE TAB 500MG .....	86	<b>isosorbide mononitrate tab er 24hr</b>	
<b>ipratropium bromide hfa</b>		<b>120 mg</b> .....	23
see ATROVENT HFA AER 17MCG....	27	<b>isosorbide mononitrate tab er 24hr</b>	
<b>ipratropium bromide inhal soln</b>		<b>30 mg</b> .....	23
<b>0.02%</b> .....	27	<b>isosorbide mononitrate tab er 24hr</b>	
<b>ipratropium bromide nasal soln</b>		<b>60 mg</b> .....	23
<b>0.03% (21 mcg/spray)</b> .....	154	<b>isotretinoin cap 10 mg</b> .....	106
<b>ipratropium bromide nasal soln</b>		<b>isotretinoin cap 20 mg</b> .....	106
<b>0.06% (42 mcg/spray)</b> .....	154	<b>isotretinoin cap 30 mg</b> .....	106
<b>ipratropium-albuterol</b>		<b>isotretinoin cap 40 mg</b> .....	106
see COMBIVENT AER 20-100 .....	29	<b>isradipine cap 2.5 mg</b> .....	94
<b>ipratropium-albuterol nebu soln</b>		<b>isradipine cap 5 mg</b> .....	94
<b>0.5-2.5(3) mg/3ml</b> .....	29	<b>itraconazole cap 100 mg</b> .....	53
<b>irbesartan tab 150 mg</b> .....	61	<b>ivabradine hcl</b>	
<b>irbesartan tab 300 mg</b> .....	61	see CORLANOR SOL 5MG/5ML .....	97
<b>irbesartan tab 75 mg</b> .....	61	see CORLANOR TAB 5MG .....	97
<b>irbesartan-hydrochlorothiazide tab</b>		see CORLANOR TAB 7.5MG .....	97
<b>150-12.5 mg</b> .....	64	<b>ivacaftor</b>	
<b>irbesartan-hydrochlorothiazide tab</b>		see KALYDECO PAK 25MG .....	167
<b>300-12.5 mg</b> .....	64	see KALYDECO PAK 50MG .....	168
IRON CHW PEDIATRI.....	131	see KALYDECO PAK 75MG .....	168
<b>iron polysacch complex-vit b12-fa</b>		see KALYDECO TAB 150MG .....	168
<b>cap 150-0.025-1 mg</b> .....	130	<b>ivermectin lotion 0.5%</b> .....	115
<b>irrigation solution, physiological</b>	148	<b>ivermectin tab 3 mg</b> .....	21
ISENTRESS CHW 100MG.....	86	<b>J</b>	
ISENTRESS CHW 25MG .....	86	JAKAFI TAB 10MG.....	72

JAKAFI TAB 15MG .....	72
JAKAFI TAB 20MG .....	72
JAKAFI TAB 25MG .....	72
JAKAFI TAB 5MG.....	72
JANSSEN VACC INJ COVID-19 .....	176
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.....	50
JARDIANCE TAB 25MG.....	50
Jinteli	
see <b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	122
JULUCA TAB 50-25MG .....	86
Junel 1.5/30	
see <b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b>	100
Junel Fe 1.5/30	
see <b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b>	100

## K

KALETRA TAB 100-25MG.....	86
KALETRA TAB 200-50MG.....	87
KALYDECO PAK 25MG.....	167
KALYDECO PAK 50MG.....	168
KALYDECO PAK 75MG.....	168
KALYDECO TAB 150MG.....	168
KANJINTI INJ 420MG.....	68
KANJINTI SOL 150MG.....	68
Kelnor 1/50	
see <b>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</b> .....	99
<b>ketoconazole cream 2%</b> .....	108
<b>ketoconazole shampoo 2%</b> .....	108
<b>ketoconazole tab 200 mg</b> .....	53
<b>ketoprofen cap 50 mg</b> .....	10
<b>ketoprofen cap 75 mg</b> .....	10
<b>ketorolac tromethamine ophth soln 0.4%</b> .....	159
<b>ketorolac tromethamine ophth soln 0.5%</b> .....	159

<b>ketorolac tromethamine tab 10 mg</b> .....	10
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b> .....	159
KEVZARA INJ 150/1.14 .....	8
KEVZARA INJ 200/1.14 .....	8
KIMONO MICRO MIS THIN .....	137
KINERET INJ.....	8
KISQALI 200 PAK FEMARA .....	70
KISQALI 400 PAK FEMARA .....	70
KISQALI 600 PAK FEMARA .....	71
KISQALI TAB 200DOSE .....	72
KISQALI TAB 400DOSE .....	72
KISQALI TAB 600DOSE .....	72
Klor-con/ef	
see <b>potassium bicarbonate effer tab 25 meq</b> .....	146
KOGENATE FS INJ 1000UNIT.....	127
KOGENATE FS INJ 2000UNIT.....	127
KOGENATE FS INJ 250UNIT .....	127
KOGENATE FS INJ 3000UNIT.....	128
Konsyl	
see <b>psyllium powder 30.9%</b> ...	134
KONSYL DAILY POW 100% .....	134
KONSYL DAILY POW 28.3% .....	133
KONSYL-D POW 52.3% .....	134
Kp Omeprazole Magnesium	
see <b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	172
Kp Vitamin D	
see <b>cholecalciferol chew tab 10 mcg (400 unit)</b> .....	179
KPN PRENATAL TAB .....	151
KYLEENA IUD 19.5MG .....	102
<b>L</b>	
<b>labetalol hcl tab 100 mg</b> .....	91
<b>labetalol hcl tab 200 mg</b> .....	91
<b>labetalol hcl tab 300 mg</b> .....	91
LAC-HYDRIN LOT FIVE .....	114
<b>lacosamide</b>	
see VIMPAT SOL 10MG/ML.....	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	<b>lanthanum carbonate chew tab 500 mg (elemental)</b> .....	125
LACRISERT MIS 5MG OP .....	156	<b>lanthanum carbonate chew tab 750 mg (elemental)</b> .....	125
<b>lactic acid (ammonium lactate)</b>		<b>lapatinib ditosylate tab 250 mg (base equiv)</b> .....	72
see LAC-HYDRIN LOT FIVE .....	114	Larin 24 Fe	
<b>lactic acid (ammonium lactate) cream 12%</b> .....	114	see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	101
<b>lactic acid (ammonium lactate) lotion 12%</b> .....	114	<b>lasmiditan succinate</b>	
<b>lactulose (encephalopathy) solution 10 gm/15ml</b> .....	125	see REYVOW TAB 100MG .....	142
<b>lactulose solution 10 gm/15ml</b> .	135	see REYVOW TAB 50MG .....	142
<b>lamivudine (hbv)</b>		LASTACFT SOL 0.25% .....	159
see EPIVIR HBV SOL 5MG/ML .....	89	<b>latanoprost ophth soln 0.005%</b>	160
<b>lamivudine oral soln 10 mg/ml</b> ...	87	LATUDA TAB 120MG .....	77
<b>lamivudine tab 100 mg (hbv)</b> .....	89	LATUDA TAB 20MG .....	77
<b>lamivudine tab 150 mg</b> .....	87	LATUDA TAB 40MG .....	77
<b>lamivudine tab 300 mg</b> .....	87	LATUDA TAB 60MG .....	77
<b>lamivudine-tenofovir disoproxil fumarate</b>		LATUDA TAB 80MG .....	77
see CIMDUO TAB 300-300 .....	85	LEDIP-SOFOSB TAB 90-400MG .....	89
see TEMIXYS TAB 300-300 .....	88	Leena	
<b>lamivudine-zidovudine tab 150-300 mg</b> .....	87	see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	101
<b>lamotrigine tab 100 mg</b> .....	34	<b>leflunomide tab 10 mg</b> .....	11
<b>lamotrigine tab 150 mg</b> .....	34	<b>leflunomide tab 20 mg</b> .....	11
<b>lamotrigine tab 200 mg</b> .....	34	<b>lenalidomide cap 10 mg</b> .....	147
<b>lamotrigine tab 25 mg</b> .....	34	<b>lenalidomide cap 15 mg</b> .....	147
<b>lamotrigine tab chewable dispersible 25 mg</b> .....	34	<b>lenalidomide cap 25 mg</b> .....	147
<b>lamotrigine tab chewable dispersible 5 mg</b> .....	34	<b>lenalidomide cap 5 mg</b> .....	147
Lanacort 10		<b>lenvatinib mesylate</b>	
see <b>hydrocortisone acetate cream 1%</b> .....	113	see LENVIMA CAP 10 MG .....	72
LANCETS MIS 30G .....	138	see LENVIMA CAP 12MG .....	73
Land Before Time Multivit		see LENVIMA CAP 14 MG .....	73
see <b>pediatric multiple vitamin chew tab</b> .....	150	see LENVIMA CAP 18 MG .....	73
LANOXIN TAB 0.125MG .....	95	see LENVIMA CAP 20 MG .....	73
LANOXIN TAB 0.25MG .....	95	see LENVIMA CAP 24 MG .....	73
<b>lansoprazole cap delayed release 15 mg</b> .....	172	see LENVIMA CAP 4MG .....	72
<b>lansoprazole cap delayed release 30 mg</b> .....	172	see LENVIMA CAP 8 MG .....	72
<b>lanthanum carbonate chew tab 1000 mg (elemental)</b> .....	125	LENVIMA CAP 10 MG .....	72
		LENVIMA CAP 12MG .....	73
		LENVIMA CAP 14 MG .....	73
		LENVIMA CAP 18 MG .....	73
		LENVIMA CAP 20 MG .....	73
		LENVIMA CAP 24 MG .....	73
		LENVIMA CAP 4MG .....	72

LENVIMA CAP 8 MG .....	72	<b>levetiracetam tab er 24hr 750 mg</b>	
<b>letrozole tab 2.5 mg</b> .....	69	.....	34
<b>leucovorin calcium tab 10 mg</b> .....	74	<b>levobunolol hcl ophth soln 0.5%</b>	
<b>leucovorin calcium tab 15 mg</b> .....	74	.....	156
<b>leucovorin calcium tab 25 mg</b> .....	74	<b>levocarnitine oral soln 1 gm/10ml</b>	
<b>leucovorin calcium tab 5 mg</b> .....	74	<b>(10%)</b> .....	120
LEUKERAN TAB 2MG.....	68	<b>levocarnitine tab 330 mg</b> .....	120
<b>leuprolide acetate</b>		<b>levocetirizine dihydrochloride soln</b>	
see ELIGARD INJ 7.5MG.....	69	<b>2.5 mg/5ml (0.5 mg/ml)</b> .....	54
see LUPRON DEPOT INJ 3.75MG....	70	<b>levocetirizine dihydrochloride tab 5</b>	
see LUPRON DEPOT INJ 7.5MG .....	70	<b>mg</b> .....	54
<b>leuprolide acetate &amp; norethindrone</b>		<b>levofloxacin ophth soln 0.5%</b> ...	157
<b>acetate</b>		<b>levofloxacin oral soln 25 mg/ml</b>	123
see LUPANETA KIT 11.25-5 .....	120	<b>levofloxacin tab 250 mg</b> .....	123
see LUPANETA KIT 3.75-5 .....	120	<b>levofloxacin tab 500 mg</b> .....	123
<b>leuprolide acetate (3 month)</b>		<b>levofloxacin tab 750 mg</b> .....	123
see ELIGARD INJ 22.5MG .....	69	<b>levomilnacipran hcl</b>	
see LUPRON DEPOT INJ 11.25MG ..	70	see FETZIMA CAP 120MG .....	39
see LUPRON DEPOT INJ 22.5MG....	70	see FETZIMA CAP 20MG.....	39
<b>leuprolide acetate (cpp)</b>		see FETZIMA CAP 40MG.....	39
see LUPR DEP-PED INJ 11.25MG .	120	see FETZIMA CAP 80MG.....	39
see LUPR DEP-PED INJ 15MG.....	120	see FETZIMA CAP TITRATIO .....	39
see LUPR DEP-PED INJ 7.5MG.....	120	<b>levonor-eth est tab 0.15-</b>	
<b>leuprolide acetate (cpp) (3 month)</b>		<b>0.02/0.025/0.03 mg &amp;eth est</b>	
see LUPR DEP-PED INJ 11.25MG .	120	<b>0.01 mg</b> .....	99
see LUPR DEP-PED INJ 3M 30MG.	120	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>leuprolide acetate inj kit 5 mg/ml</b>		<b>(91-day) tab 0.15-0.03 mg</b> .....	99
.....	70	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>levalbuterol hcl soln nebu 0.31</b>		<b>tab 0.1 mg-20 mcg</b> .....	99
<b>mg/3ml (base equiv)</b> .....	29	<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>levalbuterol hcl soln nebu 0.63</b>		<b>tab 0.15 mg-30 mcg</b> .....	99
<b>mg/3ml (base equiv)</b> .....	29	<b>levonorgestrel (emergency oc)</b>	
<b>levalbuterol hcl soln nebu 1.25</b>		see PLAN B TAB 1.5MG .....	102
<b>mg/3ml (base equiv)</b> .....	30	<b>levonorgestrel (iud)</b>	
<b>levalbuterol hcl soln nebu conc</b>		see KYLEENA IUD 19.5MG.....	102
<b>1.25 mg/0.5ml (base equiv)</b> ....	30	see LILETTA IUD 52MG.....	102
LEVEMIR INJ .....	48	see MIRENA IUD SYSTEM.....	102
LEVEMIR INJ FLEXTOUC.....	48	see SKYLA IUD 13.5MG .....	102
<b>levetiracetam oral soln 100 mg/ml</b>		<b>levonorgestrel tab 1.5 mg</b> .....	102
.....	34	<b>levonorgestrel-eth estra tab 0.05-</b>	
<b>levetiracetam tab 1000 mg</b> .....	34	<b>30/0.075-40/0.125-30mg-mcg</b> 99	
<b>levetiracetam tab 250 mg</b> .....	34	<b>levonorgestrel-ethinyl estradiol</b>	
<b>levetiracetam tab 500 mg</b> .....	34	see TWIRLA DIS 120-30 .....	102
<b>levetiracetam tab 750 mg</b> .....	34	<b>levonorgestrel-ethinyl estradiol &amp;</b>	
<b>levetiracetam tab er 24hr 500 mg</b>		<b>folic acid</b>	
.....	34	see FALESSA KIT .....	99

<b>levonorgestrel-ethinyl estradiol (91-day)</b>	
see LOSEASONIQUE TAB.....	100
see QUARTETTE TAB.....	101
see SEASONIQUE TAB .....	101
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	.....99
<b>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</b>	..... 100
<b>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</b>	
see BALCOLTRA TAB 0.1-20 .....	98
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	.....99
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	.....99
<b>levothyroxine sodium</b>	
see SYNTHROID TAB 100MCG.....	170
see SYNTHROID TAB 112MCG.....	170
see SYNTHROID TAB 125MCG.....	170
see SYNTHROID TAB 137MCG.....	170
see SYNTHROID TAB 150MCG.....	170
see SYNTHROID TAB 175MCG.....	170
see SYNTHROID TAB 200MCG.....	170
see SYNTHROID TAB 25MCG.....	169
see SYNTHROID TAB 300MCG.....	170
see SYNTHROID TAB 50MCG.....	170
see SYNTHROID TAB 75MCG.....	170
see SYNTHROID TAB 88MCG.....	170
<b>levothyroxine sodium tab 100 mcg</b>	..... 169
<b>levothyroxine sodium tab 112 mcg</b>	..... 169
<b>levothyroxine sodium tab 125 mcg</b>	..... 169
<b>levothyroxine sodium tab 137 mcg</b>	..... 169
<b>levothyroxine sodium tab 150 mcg</b>	..... 169
<b>levothyroxine sodium tab 175 mcg</b>	..... 169
<b>levothyroxine sodium tab 200 mcg</b>	..... 169
<b>levothyroxine sodium tab 25 mcg</b>	..... 169
<b>levothyroxine sodium tab 300 mcg</b>	..... 169
<b>levothyroxine sodium tab 50 mcg</b>	..... 169
<b>levothyroxine sodium tab 75 mcg</b>	..... 169
<b>levothyroxine sodium tab 88 mcg</b>	..... 169
Levoxyol	
see <b>levothyroxine sodium tab 112 mcg</b>	..... 169
see <b>levothyroxine sodium tab 125 mcg</b>	..... 169
see <b>levothyroxine sodium tab 137 mcg</b>	..... 169
see <b>levothyroxine sodium tab 150 mcg</b>	..... 169
see <b>levothyroxine sodium tab 175 mcg</b>	..... 169
see <b>levothyroxine sodium tab 25 mcg</b>	..... 169
see <b>levothyroxine sodium tab 50 mcg</b>	..... 169
see <b>levothyroxine sodium tab 75 mcg</b>	..... 169
see <b>levothyroxine sodium tab 88 mcg</b>	..... 169
Lice Killing Maximum Stre	
see <b>pyrethrins-piperonyl butoxide shampoo 0.33-4%</b>	..... 116
Lice Treatment	
see <b>permethrin creme rinse 1%</b>	..... 116
<b>lidocaine cream 4%</b>	..... 115
<b>lidocaine hcl gel 2%</b>	..... 115
<b>lidocaine hcl soln 4%</b>	..... 115
<b>lidocaine hcl urethral/mucosal gel 2%</b>	..... 115
<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b>	..... 115
<b>lidocaine hcl viscous soln 2%</b>	... 148
<b>lidocaine patch 4%</b>	..... 115
<b>lidocaine patch 5%</b>	..... 115
<b>lidocaine-prilocaine cream 2.5-2.5%</b>	..... 115
LILETTA IUD 52MG .....	102
<b>linaclotide</b>	

see LINZESS CAP 145MCG ..... 125  
 see LINZESS CAP 290MCG ..... 125  
 see LINZESS CAP 72MCG ..... 125  
**lindane shampoo 1%** ..... 115  
**linezolid for susp 100 mg/5ml** ....22  
**linezolid tab 600 mg** .....22  
 LINZESS CAP 145MCG..... 125  
 LINZESS CAP 290MCG..... 125  
 LINZESS CAP 72MCG..... 125  
**liothyronine sodium tab 25 mcg** 169  
**liothyronine sodium tab 5 mcg**.. 169  
**liothyronine sodium tab 50 mcg** 169  
**liotrix (t3-t4)**  
 see THYROLAR-1 TAB 60MG ..... 170  
 see THYROLAR-1/2 TAB 30MG .... 170  
 see THYROLAR-1/4 TAB 15MG .... 170  
 see THYROLAR-2 TAB 120MG..... 170  
 see THYROLAR-3 TAB 180MG..... 170  
 Liquid Calcium/vitamin D  
 see **calcium carbonate-vitamin d**  
     **cap 600 mg-5 mcg (200 unit)**  
     ..... 144  
**liraglutide**  
 see VICTOZA INJ 18MG/3ML.....47  
**lisdexamfetamine dimesylate**  
 see VYVANSE CAP 10MG ..... 2  
 see VYVANSE CAP 20MG ..... 2  
 see VYVANSE CAP 30MG ..... 2  
 see VYVANSE CAP 40MG ..... 2  
 see VYVANSE CAP 50MG ..... 2  
 see VYVANSE CAP 60MG ..... 2  
 see VYVANSE CAP 70MG ..... 2  
**lisinopril & hydrochlorothiazide tab**  
     **10-12.5 mg** .....64  
**lisinopril & hydrochlorothiazide tab**  
     **20-12.5 mg** .....65  
**lisinopril & hydrochlorothiazide tab**  
     **20-25 mg** ..... 65  
**lisinopril tab 10 mg** .....59  
**lisinopril tab 2.5 mg** ..... 59  
**lisinopril tab 20 mg** .....59  
**lisinopril tab 30 mg** .....59  
**lisinopril tab 40 mg** .....59  
**lisinopril tab 5 mg** .....59  
**lithium carbonate cap 150 mg**.....77  
**lithium carbonate cap 300 mg**.....77  
**lithium carbonate cap 600 mg**.....77

**lithium carbonate tab 300 mg**..... 77  
**lithium carbonate tab er 300 mg**.77  
**lithium carbonate tab er 450 mg**.77  
 LITHIUM SOL 8MEQ/5ML ..... 77  
 LO LOESTRIN TAB 1-10-10 ..... 100  
**lodoxamide tromethamine**  
 see ALOMIDE SOL 0.1% OP..... 159  
 Loestrin 1.5/30-21  
 see **norethindrone ace & ethinyl**  
     **estradiol tab 1.5 mg-30 mcg** 100  
 Loestrin 1/20-21  
 see **norethindrone ace & ethinyl**  
     **estradiol tab 1 mg-20 mcg** .. 100  
 Loestrin Fe 1.5/30  
 see **norethindrone ace & ethinyl**  
     **estradiol-fe tab 1.5 mg-30 mcg**  
     ..... 100  
 Loestrin Fe 1/20  
 see **norethindrone ace & ethinyl**  
     **estradiol-fe tab 1 mg-20 mcg**  
     ..... 100  
 LOKELMA PAK 10GM ..... 148  
 LOKELMA PAK 5GM ..... 148  
**lomustine**  
 see GLEOSTINE CAP 100MG ..... 68  
 see GLEOSTINE CAP 10MG ..... 68  
 see GLEOSTINE CAP 40MG ..... 68  
 LONSURF TAB 15-6.14 ..... 71  
 LONSURF TAB 20-8.19 ..... 71  
**loperamide hcl**  
 see ANTI-DIARRHE LIQ 1MG/5ML.. 51  
**loperamide hcl cap 2 mg** ..... 51  
**loperamide hcl liq 1 mg/7.5ml**.... 51  
**loperamide hcl tab 2 mg** ..... 51  
**lopinavir-ritonavir**  
 see KALETRA TAB 100-25MG ..... 86  
 see KALETRA TAB 200-50MG ..... 87  
**lopinavir-ritonavir soln 400-100**  
     **mg/5ml (80-20 mg/ml)** ..... 87  
**lopinavir-ritonavir tab 100-25 mg**  
     ..... 87  
**lopinavir-ritonavir tab 200-50 mg**  
     ..... 87  
 Lopreeza  
 see **estradiol & norethindrone**  
     **acetate tab 1-0.5 mg** ..... 122



<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> .....	105	<b>lovastatin tab 20 mg</b> .....	57
<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> .....	105	<b>lovastatin tab 40 mg</b> .....	57
<b>loratadine oral soln 5 mg/5ml</b> ....	54	Low-ogestrel	
<b>loratadine rapidly-disintegrating tab 10 mg</b> .....	54	see <b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	101
<b>loratadine tab 10 mg</b> .....	54	<b>loxapine succinate cap 10 mg</b> ....	80
Loratadine-d 12hr		<b>loxapine succinate cap 25 mg</b> ....	80
see <b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> .....	105	<b>loxapine succinate cap 5 mg</b> .....	80
Loratadine-d 24hr		<b>loxapine succinate cap 50 mg</b> ....	81
see <b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> .....	105	<b>lubiprostone cap 24 mcg</b> .....	124
<b>lorazepam conc 2 mg/ml</b> .....	25	<b>lubiprostone cap 8 mcg</b> .....	124
<b>lorazepam tab 0.5 mg</b> .....	25	Lubricant Eye Drops	
<b>lorazepam tab 1 mg</b> .....	25	see <b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> .	156
<b>lorazepam tab 2 mg</b> .....	25	<b>luliconazole cream 1%</b> .....	108
<b>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</b> .....	65	LUMIGAN SOL 0.01% .....	160
<b>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</b> .....	65	LUPANETA KIT 11.25-5 .....	120
<b>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</b> .....	65	LUPANETA KIT 3.75-5 .....	120
<b>losartan potassium tab 100 mg</b> ...	61	LUPR DEP-PED INJ 11.25MG .....	120
<b>losartan potassium tab 25 mg</b> .....	61	LUPR DEP-PED INJ 15MG .....	120
<b>losartan potassium tab 50 mg</b> .....	61	LUPR DEP-PED INJ 3M 30MG .....	120
LOSEASONIQUE TAB .....	100	LUPR DEP-PED INJ 7.5MG .....	120
LOTEMAX GEL 0.5% .....	158	LUPRON DEPOT INJ 11.25MG .....	70
LOTEMAX OIN 0.5% .....	158	LUPRON DEPOT INJ 22.5MG .....	70
<b>loteprednol etabonate</b>		LUPRON DEPOT INJ 3.75MG .....	70
see ALREX SUS 0.2% .....	158	<b>lurasidone hcl</b>	
see LOTEMAX GEL 0.5% .....	158	see LATUDA TAB 120MG .....	77
see LOTEMAX OIN 0.5% .....	158	see LATUDA TAB 20MG .....	77
<b>loteprednol etabonate ophth gel 0.5%</b> .....	158	see LATUDA TAB 40MG .....	77
<b>loteprednol etabonate ophth susp 0.5%</b> .....	158	see LATUDA TAB 60MG .....	77
<b>loteprednol etabonate-tobramycin</b>		see LATUDA TAB 80MG .....	77
see ZYLET SUS 0.5-0.3% .....	159	<b>lurasidone hcl tab 120 mg</b> .....	77
Lotrimin Af Deodorant Pow		<b>lurasidone hcl tab 20 mg</b> .....	77
see <b>miconazole nitrate aerosol pow 2%</b> .....	108	<b>lurasidone hcl tab 40 mg</b> .....	77
<b>lovastatin tab 10 mg</b> .....	57	<b>lurasidone hcl tab 60 mg</b> .....	77
		<b>lurasidone hcl tab 80 mg</b> .....	77
		LYNPARZA TAB 100MG .....	73
		LYNPARZA TAB 150MG .....	73
		LYSODREN TAB 500MG .....	70
		<b>M</b>	
		<b>macitentan</b>	
		see OPSUMIT TAB 10MG .....	96
		<b>mafenide acetate</b>	
		see SULFAMYLON CRE 85MG/GM	111
		<b>mafenide acetate packet for topical soln 5% (50 gm)</b> .....	111

MAG64 TAB 64MG..... 145  
 Magdelay  
   see **magnesium chloride tab dr 64 mg (elemental mg)**..... 146  
 MAGDELAY TAB 70MG ..... 145  
 MAG-G TAB 500MG ..... 145  
**magnesium chloride**  
   see MAG64 TAB 64MG ..... 145  
   see MAGDELAY TAB 70MG..... 145  
**magnesium chloride tab dr 64 mg (elemental mg)** ..... 146  
 Magnesium Citrate  
   see **magnesium citrate soln** .... 135  
**magnesium citrate soln**..... 135  
**magnesium gluconate**  
   see MAG-G TAB 500MG..... 145  
**magnesium gluconate tab 27.5 mg (elemental mg)** ..... 146  
**magnesium hydroxide susp 400 mg/5ml**..... 135  
**magnesium hydroxide susp concentrate 2400 mg/10ml**.... 135  
**magnesium oxide cap 500 mg (elemental mg)** ..... 146  
**magnesium oxide tab 250 mg** ..... 21  
**magnesium oxide tab 250 mg (mg supplement)** ..... 146  
**magnesium oxide tab 400 mg (240 mg elemental mg)** ..... 146  
**magnesium oxide tab 420 mg** ..... 21  
**magnesium oxide tab 500 mg (mg supplement)** ..... 146  
**magnesium tab 250 mg** ..... 146  
 Magnesium-oxide  
   see **magnesium oxide tab 400 mg (240 mg elemental mg)** ..... 146  
**malathion lotion 0.5%** ..... 115  
 Maox  
   see **magnesium oxide tab 420 mg** ..... 21  
 Mapap  
   see **acetaminophen liquid 160 mg/5ml**..... 12  
   see **acetaminophen tab 325 mg** 12  
**maprotiline hcl tab 25 mg** ..... 37  
**maprotiline hcl tab 50 mg** ..... 37  
**maprotiline hcl tab 75 mg** ..... 37

**maraviroc**  
   see SELZENTRY SOL 20MG/ML..... 88  
   see SELZENTRY TAB 25MG..... 88  
   see SELZENTRY TAB 75MG..... 88  
**maraviroc tab 150 mg**..... 87  
**maraviroc tab 300 mg**..... 87  
 MARPLAN TAB 10MG ..... 37  
 MATULANE CAP 50MG ..... 74  
 MAYZENT TAB 0.25MG ..... 166  
 MAYZENT TAB 2MG ..... 166  
**mecamylamine hcl**  
   see VECAMYL TAB 2.5MG ..... 65  
**mecasermin**  
   see INCRELEX INJ 40MG/4ML ..... 120  
**meclizine hcl chew tab 25 mg** .... 52  
**meclizine hcl tab 12.5 mg** ..... 52  
**meclizine hcl tab 25 mg** ..... 52  
**meclofenamate sodium cap 100 mg** ..... 10  
**meclofenamate sodium cap 50 mg** ..... 10  
 MEDI-LAXX CAP 8.6-50MG..... 134  
 Medi-profen  
   see **ibuprofen cap 200 mg** ..... 9  
**medroxyprogesterone acetate (contraceptive)**  
   see DEPO-PROVERA INJ 150MG/ML ..... 102  
   see DEPO-SQ PROV INJ 104 ..... 102  
**medroxyprogesterone acetate im susp 150 mg/ml** ..... 102  
**medroxyprogesterone acetate im susp prefilled syr 150 mg/ml** . 102  
**medroxyprogesterone acetate tab 10 mg** ..... 163  
**medroxyprogesterone acetate tab 2.5 mg** ..... 163  
**medroxyprogesterone acetate tab 5 mg** ..... 163  
**mefenamic acid cap 250 mg**..... 10  
**mefloquine hcl tab 250 mg** ..... 67  
**megestrol acetate susp 40 mg/ml** ..... 70  
**megestrol acetate tab 20 mg** ..... 70  
**megestrol acetate tab 40 mg** ..... 70  
 MEKINIST TAB 0.5MG ..... 73  
 MEKINIST TAB 2MG ..... 73

Melatonin Advanced Sleep see <b>melatonin-pyridoxine tab er</b> <b>10-10 mg</b> .....	6	MENEST TAB 0.625MG .....	123
<b>melatonin cap 3 mg</b> .....	6	MENEST TAB 1.25MG .....	123
<b>melatonin cap 5 mg</b> .....	6	<b>menthol-zinc oxide</b> see ZINC-OXYDE OIN 0.44-20% .	115
MELATONIN LIQ 1MG/4ML .....	6	<b>meperidine hcl oral soln 50</b> <b>mg/5ml</b> .....	14
<b>melatonin tab 1-10mg</b> .....	6	<b>meperidine hcl tab 100 mg</b> .....	14
<b>melatonin tab 3 mg</b> .....	6	<b>meperidine hcl tab 50 mg</b> .....	14
<b>melatonin tab 300mcg</b> .....	6	<b>mepolizumab</b> see NUCALA INJ 100MG .....	26
<b>melatonin tab 5 mg</b> .....	6	see NUCALA INJ 100MG/ML.....	26
<b>melatonin tablet disintegrating 5</b> <b>mg</b> .....	6	see NUCALA INJ 40MG/0.4.....	26
Melatonin Tr/vitamin B-6 see <b>melatonin-pyridoxine tab er</b> <b>3-10 mg</b> .....	6	<b>meprobamate tab 200 mg</b> .....	24
Melatonin/vitamin B-6 Ext see <b>melatonin-pyridoxine tab 3-1</b> <b>mg</b> .....	6	<b>meprobamate tab 400 mg</b> .....	24
<b>melatonin-pyridoxine</b> see RA MELATONIN TAB 3MG.....	6	<b>mercaptapurine tab 50 mg</b> .....	68
<b>melatonin-pyridoxine tab 3-1 mg</b> .	6	<b>mesalamine cap er 24hr 0.375 gm</b> .....	124
<b>melatonin-pyridoxine tab er 10-10</b> <b>mg</b> .....	6	<b>mesalamine enema 4 gm</b> .....	124
<b>melatonin-pyridoxine tab er 3-10</b> <b>mg</b> .....	6	<b>mesalamine tab delayed release</b> <b>800 mg</b> .....	124
Melodetta 24 Fe see <b>norethindrone ace-eth</b> <b>estradiol-fe chew tab 1 mg-20</b> <b>mcg (24)</b> .....	101	METAMUCIL POW 28%ORG .....	134
<b>meloxicam tab 15 mg</b> .....	10	METAMUCIL POW 58.12%.....	134
<b>meloxicam tab 7.5 mg</b> .....	10	METAMUCIL WAF .....	134
<b>melphalan tab 2 mg</b> .....	68	<b>metaproterenol sulfate syrup 10</b> <b>mg/5ml</b> .....	30
<b>memantine hcl cap er 24hr 14 mg</b> .....	164	<b>metaproterenol sulfate tab 10 mg</b> .....	30
<b>memantine hcl cap er 24hr 21 mg</b> .....	164	<b>metaproterenol sulfate tab 20 mg</b> .....	30
<b>memantine hcl cap er 24hr 28 mg</b> .....	164	<b>metaxalone tab 800 mg</b> .....	153
<b>memantine hcl cap er 24hr 7 mg</b> .....	164	<b>metformin hcl tab 1000 mg</b> .....	45
<b>memantine hcl oral solution 2</b> <b>mg/ml</b> .....	164	<b>metformin hcl tab 500 mg</b> .....	45
<b>memantine hcl tab 10 mg</b> .....	164	<b>metformin hcl tab 850 mg</b> .....	45
<b>memantine hcl tab 28 x 5 mg &amp; 21</b> <b>x 10 mg titration pack</b> .....	164	<b>metformin hcl tab er 24hr 500 mg</b> .....	45
<b>memantine hcl tab 5 mg</b> .....	164	<b>metformin hcl tab er 24hr 750 mg</b> .....	45
MENEST TAB 0.3MG .....	123	<b>methadone hcl soln 10 mg/5ml</b> ..	14
		<b>methadone hcl soln 5 mg/5ml</b> ....	14
		<b>methadone hcl tab 10 mg</b> .....	15
		<b>methadone hcl tab 5 mg</b> .....	15
		<b>methamphetamine hcl tab 5 mg</b> ....	2
		<b>methazolamide tab 25 mg</b> .....	117
		<b>methazolamide tab 50 mg</b> .....	117
		<b>methenamine hippurate tab 1 gm</b> .....	173
		<b>methimazole tab 10 mg</b> .....	168

<b>methimazole tab 5 mg</b> .....	168	<b>methylphenidate hcl cap er 50 mg</b>	
METHITEST TAB 10MG.....	19	<b>(cd)</b> .....	4
<b>methocarbamol tab 500 mg</b> .....	153	<b>methylphenidate hcl cap er 60 mg</b>	
<b>methocarbamol tab 750 mg</b> .....	153	<b>(cd)</b> .....	5
<b>methotrexate sodium inj 250</b>		<b>methylphenidate hcl soln 10</b>	
<b>mg/10ml (25 mg/ml)</b> .....	68	<b>mg/5ml</b> .....	5
<b>methotrexate sodium inj 50</b>		<b>methylphenidate hcl soln 5</b>	
<b>mg/2ml (25 mg/ml)</b> .....	68	<b>mg/5ml</b> .....	5
<b>methotrexate sodium inj pf 250</b>		<b>methylphenidate hcl tab 10 mg</b> .....	5
<b>mg/10ml (25 mg/ml)</b> .....	68	<b>methylphenidate hcl tab 20 mg</b> .....	5
<b>methotrexate sodium inj pf 50</b>		<b>methylphenidate hcl tab 5 mg</b> .....	5
<b>mg/2ml (25 mg/ml)</b> .....	68	<b>methylphenidate hcl tab er 10 mg</b>	5
<b>methotrexate sodium tab 2.5 mg</b>		<b>methylphenidate hcl tab er 20 mg</b>	5
<b>(base equiv)</b> .....	68	<b>methylphenidate hcl tab er 24hr 18</b>	
<b>methscopolamine bromide tab 2.5</b>		<b>mg</b> .....	5
<b>mg</b> .....	171	<b>methylphenidate hcl tab er 24hr 27</b>	
<b>methscopolamine bromide tab 5</b>		<b>mg</b> .....	5
<b>mg</b> .....	171	<b>methylphenidate hcl tab er 24hr 36</b>	
<b>methsuximide</b>		<b>mg</b> .....	5
see CELONTIN CAP 300MG .....	36	<b>methylphenidate hcl tab er 24hr 54</b>	
<b>methsuximide cap 300 mg</b> .....	36	<b>mg</b> .....	5
<b>methyclothiazide tab 5 mg</b> .....	118	<b>methylphenidate hcl tab er osmotic</b>	
<b>methylcellulose tab 500 mg</b> .....	134	<b>release (osm) 18 mg</b> .....	5
<b>methyldopa tab 250 mg</b> .....	63	<b>methylphenidate hcl tab er osmotic</b>	
<b>methyldopa tab 500 mg</b> .....	63	<b>release (osm) 27 mg</b> .....	5
<b>methylergonovine maleate tab 0.2</b>		<b>methylphenidate hcl tab er osmotic</b>	
<b>mg</b> .....	161	<b>release (osm) 36 mg</b> .....	5
<b>methylnaltrexone bromide</b>		<b>methylphenidate hcl tab er osmotic</b>	
see RELISTOR INJ 12/0.6ML .....	125	<b>release (osm) 54 mg</b> .....	6
see RELISTOR TAB 150MG .....	125	<b>methylprednisolone tab 16 mg</b> .	103
<b>methylphenidate hcl cap er 10 mg</b>		<b>methylprednisolone tab 32 mg</b> .	103
<b>(cd)</b> .....	4	<b>methylprednisolone tab 4 mg</b> ...	103
<b>methylphenidate hcl cap er 20 mg</b>		<b>methylprednisolone tab 8 mg</b> ...	103
<b>(cd)</b> .....	4	<b>methylprednisolone tab therapy</b>	
<b>methylphenidate hcl cap er 24hr 10</b>		<b>pack 4 mg (21)</b> .....	103
<b>mg (la)</b> .....	4	<b>methyltestosterone</b>	
<b>methylphenidate hcl cap er 24hr 20</b>		see METHITEST TAB 10MG .....	19
<b>mg (la)</b> .....	4	<b>methyltestosterone cap 10 mg</b> ...	19
<b>methylphenidate hcl cap er 24hr 30</b>		<b>metoclopramide hcl inj 5 mg/ml</b>	
<b>mg (la)</b> .....	4	<b>(base equivalent)</b> .....	124
<b>methylphenidate hcl cap er 24hr 40</b>		<b>metoclopramide hcl soln 5 mg/5ml</b>	
<b>mg (la)</b> .....	4	<b>(10 mg/10ml) (base equiv)</b> ...	124
<b>methylphenidate hcl cap er 30 mg</b>		<b>metoclopramide hcl tab 10 mg</b>	
<b>(cd)</b> .....	4	<b>(base equivalent)</b> .....	124
<b>methylphenidate hcl cap er 40 mg</b>		<b>metoclopramide hcl tab 5 mg (base</b>	
<b>(cd)</b> .....	4	<b>equivalent)</b> .....	124
		<b>metolazone tab 10 mg</b> .....	118

<b>metolazone tab 2.5 mg</b> .....	118	<b>miconazole nitrate vaginal cream</b>	
<b>metolazone tab 5 mg</b> .....	118	<b>2%</b> .....	177
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal cream</b>	
<b>tab 100-25 mg</b> .....	65	<b>4% (200 mg/5gm)</b> .....	177
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal supp</b>	
<b>tab 100-50 mg</b> .....	65	<b>200 mg &amp; 2% cream 9 gm kit</b>	177
<b>metoprolol &amp; hydrochlorothiazide</b>		<b>miconazole nitrate vaginal suppos</b>	
<b>tab 50-25 mg</b> .....	65	<b>100 mg</b> .....	177
<b>metoprolol succinate tab er 24hr</b>		<b>midodrine hcl tab 10 mg</b> .....	178
<b>100 mg (tartrate equiv)</b> .....	91	<b>midodrine hcl tab 2.5 mg</b> .....	178
<b>metoprolol succinate tab er 24hr</b>		<b>midodrine hcl tab 5 mg</b> .....	178
<b>200 mg (tartrate equiv)</b> .....	91	<b>miglitol tab 100 mg</b> .....	42
<b>metoprolol succinate tab er 24hr</b>		<b>miglitol tab 25 mg</b> .....	42
<b>25 mg (tartrate equiv)</b> .....	91	<b>miglitol tab 50 mg</b> .....	42
<b>metoprolol succinate tab er 24hr</b>		<b>miglustat cap 100 mg</b> .....	129
<b>50 mg (tartrate equiv)</b> .....	91	Milk Of Magnesia	
<b>metoprolol tartrate tab 100 mg</b> ...	92	see <b>magnesium hydroxide susp</b>	
<b>metoprolol tartrate tab 25 mg</b> .....	91	<b>400 mg/5ml</b> .....	135
<b>metoprolol tartrate tab 50 mg</b> .....	91	Milk Of Magnesia Concentr	
<b>metronidazole cream 0.75%</b> .....	115	see <b>magnesium hydroxide susp</b>	
<b>metronidazole gel 0.75%</b> .....	115	<b>concentrate 2400 mg/10ml.</b>	135
<b>metronidazole lotion 0.75%</b> .....	115	<b>milnacipran hcl</b>	
<b>metronidazole tab 250 mg</b> .....	21	see SAVELLA MIS TITR PAK.....	165
<b>metronidazole tab 500 mg</b> .....	21	see SAVELLA TAB 100MG .....	165
<b>metronidazole vaginal gel 0.75%</b>		see SAVELLA TAB 12.5MG.....	165
.....	177	see SAVELLA TAB 25MG.....	165
<b>mexiletine hcl cap 150 mg</b> .....	26	see SAVELLA TAB 50MG.....	165
<b>mexiletine hcl cap 200 mg</b> .....	26	MINASTRIN 24 CHW FE .....	100
<b>mexiletine hcl cap 250 mg</b> .....	26	<b>mineral oil</b> .....	135
MI-ACID CHW .....	20	<b>mineral oil enema</b> .....	135
<b>miconazole (mouth-throat)</b>		Minitran	
see ORAVIG TAB 50MG .....	148	see <b>nitroglycerin td patch 24hr</b>	
Miconazole 7		<b>0.6 mg/hr</b> .....	23
see <b>miconazole nitrate vaginal</b>		<b>minocycline hcl cap 100 mg</b> .....	168
<b>cream 2%</b> .....	177	<b>minocycline hcl cap 50 mg</b> .....	168
see <b>miconazole nitrate vaginal</b>		<b>minocycline hcl cap 75 mg</b> .....	168
<b>suppos 100 mg</b> .....	177	<b>minoxidil tab 10 mg</b> .....	66
<b>miconazole nitrate aerosol pow 2%</b>		<b>minoxidil tab 2.5 mg</b> .....	66
.....	108	Mintox Plus	
<b>miconazole nitrate cream 2%</b> ...	108	see <b>alum &amp; mag hydroxide-</b>	
<b>miconazole nitrate ointment 2%</b>		<b>simethicone chew tab 200-200-</b>	
.....	108	<b>25 mg</b> .....	20
<b>miconazole nitrate powder 2%</b> .	108	<b>mirabegron</b>	
<b>miconazole nitrate vaginal</b>		see MYRBETRIQ TAB 25MG .....	175
see MONISTAT 7 KIT COMBO PK .	177	see MYRBETRIQ TAB 50MG .....	175
<b>miconazole nitrate vaginal app 200</b>		MIRCETTE TAB 28 DAY .....	100
<b>mg &amp; 2% cream 9 gm kit</b> .....	177	MIRENA IUD SYSTEM .....	102

<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% .....	115	see EMBEDA CAP 100-4MG .....	13
<b>misoprostol tab 100 mcg</b> .....	173	see EMBEDA CAP 20-0.8MG .....	13
<b>misoprostol tab 200 mcg</b> .....	173	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> .....	6	see EMBEDA CAP 80-3.2MG .....	13
<b>modafinil tab 200 mg</b> .....	6	Motion Sickness Relief	
MODERNA VAC INJ COVID-19.....	176	see <b>meclizine hcl chew tab 25 mg</b>	
<b>moexipril hcl tab 15 mg</b> .....	59	.....	52
<b>moexipril hcl tab 7.5 mg</b> .....	59	MOTOFEN TAB 1-0.025.....	51
<b>mometasone furoate (inhalation)</b>		MOVANTIK TAB 12.5MG.....	125
see ASMANEX 120 AER 220MCG....	27	MOVANTIK TAB 25MG .....	125
see ASMANEX 14 AER 220MCG .....	27	<b>moxifloxacin hcl ophth soln 0.5%</b>	
see ASMANEX 30 AER 110MCG .....	27	<b>(base equiv)</b> .....	157
see ASMANEX 30 AER 220MCG .....	27	<b>moxifloxacin hcl tab 400 mg (base</b>	
see ASMANEX 60 AER 220MCG .....	27	<b>equiv)</b> .....	123
see ASMANEX 7 AER 110MCG .....	27	Mucus-dm	
see ASMANEX HFA AER 100 MCG ..	28	see <b>dextromethorphan-</b>	
see ASMANEX HFA AER 200 MCG ..	28	<b>guaifenesin tab er 12hr 30-600</b>	
see ASMANEX HFA AER 50MCG .....	28	<b>mg</b> .....	104
<b>mometasone furoate cream 0.1%</b>		MULT VITAM DRO .....	150
.....	113	MULTAQ TAB 400MG .....	26
<b>mometasone furoate oint 0.1%</b>	113	Multi-delyn	
<b>mometasone furoate solution 0.1%</b>		see <b>pediatric multiple vitamin liq</b>	
<b>(lotion)</b> .....	113	.....	150
MONISTAT 7 KIT COMBO PK.....	177	<b>multiple vitamin cap</b> .....	149
MONOCLATE-P INJ 1000UNIT .....	128	<b>multiple vitamin tab</b> .....	149
<b>montelukast sodium chew tab 4 mg</b>		<b>multiple vitamins w/ iron tab</b> ...	149
<b>(base equiv)</b> .....	27	<b>multiple vitamins w/ minerals cap</b>	
<b>montelukast sodium chew tab 5 mg</b>		.....	149
<b>(base equiv)</b> .....	27	<b>multiple vitamins w/ minerals</b>	
<b>montelukast sodium tab 10 mg</b>		<b>liquid</b> .....	149
<b>(base equiv)</b> .....	27	<b>multiple vitamins w/ minerals tab</b>	
<b>morphine sulfate oral soln 10</b>		.....	149
<b>mg/5ml</b> .....	15	Multi-vit/iron/fluoride	
<b>morphine sulfate oral soln 100</b>		see <b>pediatric multiple vitamins</b>	
<b>mg/5ml (20 mg/ml)</b> .....	15	<b>w/ fl-fe drops 0.25-10 mg/ml</b>	
<b>morphine sulfate oral soln 20</b>		.....	149
<b>mg/5ml</b> .....	15	Multivitamin & Mineral	
<b>morphine sulfate tab 15 mg</b> .....	15	see <b>multiple vitamins w/ minerals</b>	
<b>morphine sulfate tab 30 mg</b> .....	15	<b>liquid</b> .....	149
<b>morphine sulfate tab er 100 mg</b> ..	15	MULTIVITAMIN DRO /IRON .....	150
<b>morphine sulfate tab er 15 mg</b> ....	15	Multivitamin With Fluorid	
<b>morphine sulfate tab er 200 mg</b> ..	15		

see **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** 149  
 see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 150  
 see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** . 149  
 Multivitamin/fluoride  
 see **pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** ..... 149  
 see **pediatric multiple vitamins w/ fluoride chew tab 1 mg** .. 149  
**mupirocin oint 2%** ..... 107  
 Mv-one  
 see **multiple vitamin cap** ..... 149  
 Mvw Complete Formulation  
 see **pediatric multiple vitamin w/ minerals chew tab** ..... 149  
 My Way  
 see **levonorgestrel tab 1.5 mg**. 102  
 Mycocide Clinical Ns Anti  
 see **tolnaftate soln 1%**..... 109  
**mycophenolate mofetil cap 250 mg** ..... 147  
**mycophenolate mofetil tab 500 mg** ..... 147  
**mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)** 147  
**mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)** 147  
 MYNATAL CAP ..... 151  
 MYNATAL TAB ..... 151  
 MYNATE 90 TAB PLUS..... 151  
 MYRBETRIQ TAB 25MG ..... 175  
 MYRBETRIQ TAB 50MG ..... 175  
**N**  
**nabilone**  
 see CESAMET CAP 1MG..... 52  
**nabumetone tab 500 mg** ..... 10  
**nabumetone tab 750 mg** ..... 10  
**nadolol tab 20 mg** ..... 92  
**nadolol tab 40 mg** ..... 92  
**nadolol tab 80 mg** ..... 92  
**nafarelin acetate**  
 see SYNAREL SOL 2MG/ML ..... 120  
**naftifine hcl**  
 see NAFTIN GEL 2% ..... 108

**naftifine hcl cream 1%** ..... 108  
**naftifine hcl gel 1%** ..... 108  
 NAFTIN GEL 2% ..... 108  
**naldemedine tosylate**  
 see SYMPROIC TAB 0.2MG ..... 125  
**naloxegol oxalate**  
 see MOVANTIK TAB 12.5MG ..... 125  
 see MOVANTIK TAB 25MG ..... 125  
**naloxone hcl**  
 see NARCAN SPR 4MG ..... 51  
**naloxone hcl inj 0.4 mg/ml** ..... 51  
**naloxone hcl nasal spray 4 mg/0.1ml** ..... 51  
**naloxone hcl soln cartridge 0.4 mg/ml** ..... 51  
**naloxone hcl soln prefilled syringe 2 mg/2ml** ..... 51  
**naltrexone**  
 see VIVITROL INJ 380MG ..... 51  
**naltrexone hcl tab 50 mg** ..... 51  
**naproxen sodium tab 220 mg** ..... 10  
**naproxen susp 125 mg/5ml** ..... 10  
**naproxen tab 250 mg** ..... 10  
**naproxen tab 375 mg** ..... 10  
**naproxen tab 500 mg** ..... 10  
**naproxen tab ec 375 mg** ..... 10  
**naproxen tab ec 500 mg** ..... 10  
**naratriptan hcl tab 1 mg (base equiv)** ..... 141  
**naratriptan hcl tab 2.5 mg (base equiv)** ..... 142  
 NARCAN SPR 4MG ..... 51  
 NASAL DECON SYP 30MG/5ML..... 155  
 NASAL DECONG LIQ 30MG/5ML..... 155  
 Nasal Decongestant Pe Max  
 see **phenylephrine hcl tab 10 mg** ..... 155  
 NAT FIBER POW 58.6% ..... 134  
 NATACYN SUS 5% OP ..... 157  
**natalizumab**  
 see TYSABRI INJ 300/15ML..... 166  
 NATALVIT TAB 75-1MG..... 151  
**natamycin**  
 see NATACYN SUS 5% OP ..... 157  
 NATAZIA TAB..... 100  
**nateglinide tab 120 mg** ..... 49  
**nateglinide tab 60 mg** ..... 49

Natural C/rose Hips	
see <b>ascorbic acid tab 500 mg</b> ..	179
NATURE THROI TAB 162.5MG .....	169
NATURE-THROI TAB 113.75MG .....	169
NATURE-THROI TAB 130MG .....	169
NATURE-THROI TAB 146.25MG .....	169
NATURE-THROI TAB 16.25MG .....	169
NATURE-THROI TAB 195MG .....	169
NATURE-THROI TAB 260MG .....	169
NATURE-THROI TAB 32.5MG .....	169
NATURE-THROI TAB 325MG .....	169
NATURE-THROI TAB 48.75MG .....	169
NATURE-THROI TAB 65MG .....	169
NATURE-THROI TAB 97.5MG .....	169
<b>nebivolol hcl tab 10 mg (base equivalent)</b> .....	92
<b>nebivolol hcl tab 2.5 mg (base equivalent)</b> .....	92
<b>nebivolol hcl tab 20 mg (base equivalent)</b> .....	92
<b>nebivolol hcl tab 5 mg (base equivalent)</b> .....	92
<b>nebivolol-valsartan</b>	
see BYVALSON TAB 5-80MG .....	64
<b>nebulizers</b>	
see EASY NEB MIS .....	140
see PULMONEB LT MIS NEBULIZE	140
Nebusal	
see <b>sodium chloride soln nebu 3%</b> .....	105
Necon 1/50-28	
see <b>norethindrone &amp; mestranol tab 1 mg-50 mcg</b> .....	100
<b>nedocromil sodium (ophth)</b>	
see ALOCRI SOL 2% .....	159
<b>needle (disp) 18 g</b>	
see NEEDLES MIS 18GX1.5 .....	139
NEEDLES MIS 18GX1.5 .....	139
<b>nefazodone hcl tab 100 mg</b> .....	38
<b>nefazodone hcl tab 150 mg</b> .....	38
<b>nefazodone hcl tab 200 mg</b> .....	38
<b>nefazodone hcl tab 250 mg</b> .....	38
<b>nefazodone hcl tab 50 mg</b> .....	38
<b>nelfinavir mesylate</b>	
see VIRACEPT TAB 250MG .....	88
see VIRACEPT TAB 625MG .....	88
<b>neomycin sulfate tab 500 mg</b> .....	6
<b>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oint</b> .....	157
<b>neomycin-bacitracin-polymyxin oint</b> .....	108
<b>neomycin-bacitracin-polymyxin-pramoxine oint 1%</b> .....	108
<b>neomycin-colistin-hc-thonzonium</b>	
see COLY-MYCIN S SUS OTIC .....	161
<b>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</b> .....	158
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b> .....	158
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b> .....	158
<b>neomycin-polymyxin-hc otic soln 1%</b> .....	161
<b>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</b>	161
NEORAL CAP 100MG .....	147
NEORAL CAP 25MG .....	147
<b>nepafenac</b>	
see NEVANAC SUS 0.1% .....	159
NESTABS TAB .....	151
<b>netupitant-palonosetron</b>	
see AKYNZEO CAP 300-0.5 .....	52
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% .....	159
<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 .....	172
NEXLETOL TAB 180MG .....	55
NEXLIZET TAB 180/10MG .....	55
NEXPLANON IMP 68MG .....	102
NEXTSTELLIS TAB 3-14.2MG .....	100



<b>niacin (antihyperlipidemic) tab 500 mg</b> .....	58	<b>nifedipine tab er 24hr 90 mg</b> .....	94
<b>niacin cap er 250 mg</b> .....	179	<b>nifedipine tab er 24hr osmotic release 30 mg</b> .....	94
<b>niacin cap er 500 mg</b> .....	179	<b>nifedipine tab er 24hr osmotic release 60 mg</b> .....	94
Niacin Flush Free		<b>nifedipine tab er 24hr osmotic release 90 mg</b> .....	94
see <b>inositol niacinate cap 500 mg</b> .....	95	<b>nilotinib hcl</b>	
<b>niacin tab 100 mg</b> .....	179	see TASIGNA CAP 150MG .....	74
<b>niacin tab 250 mg</b> .....	179	see TASIGNA CAP 200MG .....	74
<b>niacin tab 50 mg</b> .....	179	see TASIGNA CAP 50MG .....	74
<b>niacin tab 500 mg</b> .....	179	<b>nilutamide tab 150 mg</b> .....	70
<b>niacin tab er 250 mg</b> .....	179	<b>nimodipine cap 30 mg</b> .....	94
<b>niacin tab er 500 mg</b> .....	179	<b>nintedanib esylate</b>	
<b>niacin tab er 500 mg (antihyperlipidemic)</b> .....	58	see OFEV CAP 100MG .....	168
<b>niacin tab er 750 mg</b> .....	179	see OFEV CAP 150MG .....	168
<b>niacinamide tab 500 mg</b> .....	179	<b>niraparib tosylate</b>	
Niacor		see ZEJULA CAP 100MG .....	74
see <b>niacin (antihyperlipidemic) tab 500 mg</b> .....	58	<b>nirmatrelvir-ritonavir</b>	
<b>nicardipine hcl cap 20 mg</b> .....	94	see PAXLOVID TAB 150-100 .....	89
<b>nicardipine hcl cap 30 mg</b> .....	94	<b>nisoldipine tab er 24hr 17 mg</b> .....	94
<b>nicotine</b>		<b>nisoldipine tab er 24hr 20 mg</b> .....	94
see NICOTROL INH .....	167	<b>nisoldipine tab er 24hr 25.5 mg</b> .....	94
see NICOTROL NS SPR 10MG/ML .....	167	<b>nisoldipine tab er 24hr 30 mg</b> .....	94
<b>nicotine polacrilex gum 2 mg</b> ....	167	<b>nisoldipine tab er 24hr 34 mg</b> .....	94
<b>nicotine polacrilex gum 4 mg</b> ....	167	<b>nisoldipine tab er 24hr 40 mg</b> .....	94
<b>nicotine polacrilex lozenge 2 mg</b> .....	167	<b>nisoldipine tab er 24hr 8.5 mg</b> ....	94
<b>nicotine polacrilex lozenge 4 mg</b> .....	167	<b>nitazoxanide</b>	
NICOTINE SYS KIT TRANSDER .....	167	see ALINIA SUS 100/5ML .....	21
<b>nicotine td patch 24hr 14 mg/24hr</b> .....	167	<b>nitazoxanide tab 500 mg</b> .....	22
<b>nicotine td patch 24hr 21 mg/24hr</b> .....	167	<b>nitisinone</b>	
<b>nicotine td patch 24hr 7 mg/24hr</b> .....	167	see ORFADIN CAP 20MG .....	120
Nicotine Transdermal Syst		<b>nitisinone cap 10 mg</b> .....	120
see <b>nicotine td patch 24hr 7 mg/24hr</b> .....	167	<b>nitisinone cap 2 mg</b> .....	120
NICOTROL INH .....	167	<b>nitisinone cap 5 mg</b> .....	120
NICOTROL NS SPR 10MG/ML .....	167	<b>nitrofurantoin macrocrystalline cap 100 mg</b> .....	173
<b>nifedipine cap 10 mg</b> .....	94	<b>nitrofurantoin macrocrystalline cap 50 mg</b> .....	173
<b>nifedipine cap 20 mg</b> .....	94	<b>nitrofurantoin monohydrate macrocrystalline cap 100 mg</b> .	173
<b>nifedipine tab er 24hr 30 mg</b> .....	94	<b>nitrofurantoin susp 25 mg/5ml</b> .	173
<b>nifedipine tab er 24hr 60 mg</b> .....	94	<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 mg/hr</b> .....	23	see ORTHO MICRON TAB 0.35MG	103
<b>nitroglycerin td patch 24hr 0.2 mg/hr</b> .....	23	<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	100
<b>nitroglycerin td patch 24hr 0.4 mg/hr</b> .....	23	<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> ..	100
<b>nitroglycerin td patch 24hr 0.6 mg/hr</b> .....	23	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> .	100
<b>nizatidine cap 150 mg</b> .....	171	<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	100
<b>nizatidine cap 300 mg</b> .....	171	<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> ...	101
<b>nizatidine oral soln 15 mg/ml</b> ...	171	<b>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</b> .....	101
Non-aspirin Junior Streng		<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	101
see <b>acetaminophen chew tab 160 mg</b> .....	12	<b>norethindrone acetate tab 5 mg</b>	164
<b>nonoxynol-9</b>		<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> .	122
see CONCEPTROL GEL 4% .....	177	<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	122
see ENCARE SUP 100MG .....	177	<b>norethindrone acetate-ethinyl estradiol-fe</b>	
see GYNOL II GEL 3% .....	177	see ESTROSTEP FE TAB .....	99
see SHUR-SEAL GEL 2% .....	177	<b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b>	
see TODAY SPONGE MIS .....	177	see LO LOESTRIN TAB 1-10-10 ...	100
see VCF VAGINAL AER CONTRACP	177	<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> .	100
see VCF VAGINAL GEL CONTRACE	177	<b>norethindrone tab 0.35 mg</b> .....	103
see VCF VAGINAL MIS CONTRACP	177	<b>norethindrone-eth estradiol (triphasic)</b>	
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	102	see ORTHO-NOVUM TAB 7/7/7 ...	101
<b>norethin acet &amp; estrad-fe</b>		see TRI-NORINYL TAB 28 .....	101
see MINASTRIN 24 CHW FE .....	100	<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b>	101
see TAYTULLA CAP 1MG/20MC ....	101	<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .	101
<b>norethindrone &amp; eth estradiol</b>		<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	101
see BREVICON TAB 0.5/35 .....	98	<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> .....	101
see ORTHO-NOVUM TAB 1/35 .....	101		
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	100		
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	100		
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	100		
<b>norethindrone &amp; ethinyl estradiol-fe</b>			
see GENERESS FE CHW .....	99		
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> ....	100		
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> ....	100		
<b>norethindrone &amp; mestranol tab 1 mg-50 mcg</b> .....	100		
<b>norethindrone (contraceptive)</b>			

**norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg** ..... 101  
**norgestimate-ethinyl estradiol**  
 see ORTHO-CYCLEN TAB 0.25/35 101  
**norgestimate-ethinyl estradiol (triphasic)**  
 see ORTHO TRI- TAB CYCLEN ..... 101  
 see ORTHO TRI- TAB CYCLN LO .. 101  
**norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg** ..... 101  
**norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg** ..... 101  
 NORTEMP SUS INFANTS ..... 13  
 Nortrel 0.5/35 (28)  
 see **norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg** 100  
 Nortrel 1/35  
 see **norethindrone & ethinyl estradiol tab 1 mg-35 mcg**... 100  
 Nortrel 7/7/7  
 see **norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg** ..... 101  
**nortriptyline hcl cap 10 mg** ..... 41  
**nortriptyline hcl cap 25 mg** ..... 41  
**nortriptyline hcl cap 50 mg** ..... 41  
**nortriptyline hcl cap 75 mg** ..... 41  
 NORVIR SOL 80MG/ML ..... 87  
 NOVOLIN INJ 70/30 ..... 48  
 NOVOLIN INJ 70/30 FP ..... 48  
 NOVOLIN N INJ 100 UNIT ..... 48  
 NOVOLIN N INJ U-100 ..... 48  
 NOVOLIN R INJ 100 UNIT ..... 48  
 NOVOLIN R INJ U-100 ..... 48  
 NOVOLOG INJ 100/ML ..... 49  
 NOVOLOG INJ FLEXPEN ..... 49  
 NOVOLOG INJ PENFILL ..... 49  
 NOVOLOG MIX INJ 70/30 ..... 49  
 NOVOLOG MIX INJ FLEXPEN ..... 49  
 NP THYROID TAB 120MG ..... 169  
 NP THYROID TAB 15MG ..... 169  
 NP THYROID TAB 30MG ..... 169  
 NP THYROID TAB 60MG ..... 169  
 NP THYROID TAB 90MG ..... 169  
 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 ..... 16  
 NUCYNTA TAB 50MG ..... 15  
 NUCYNTA TAB 75MG ..... 15  
 NUTRIENTS TAB PRENATAL..... 151  
 NUVARING MIS ..... 102  
**nystatin cream 100000 unit/gm** 108  
**nystatin oint 100000 unit/gm**... 108  
**nystatin susp 100000 unit/ml**... 148  
**nystatin tab 500000 unit** ..... 52  
**nystatin topical powder 100000 unit/gm** ..... 108  
**nystatin-triamcinolone cream 100000-0.1 unit/gm-%** ..... 108  
**nystatin-triamcinolone oint 100000-0.1 unit/gm-%** ..... 109  
 Nystop  
 see **nystatin topical powder 100000 unit/gm**..... 108  
**O**  
 O-CAL TAB PRENATAL ..... 151  
 OCTAGAM INJ 5GM ..... 162  
**octreotide acetate**  
 see SANDOSTATIN KIT LAR 10MG121  
 see SANDOSTATIN KIT LAR 20MG121  
 see SANDOSTATIN KIT LAR 30MG121  
**octreotide acetate inj 100 mcg/ml (0.1 mg/ml)** ..... 121  
**octreotide acetate inj 1000 mcg/ml (1 mg/ml)** ..... 121  
**octreotide acetate inj 200 mcg/ml (0.2 mg/ml)** ..... 121  
**octreotide acetate inj 50 mcg/ml (0.05 mg/ml)**..... 121  
**octreotide acetate inj 500 mcg/ml (0.5 mg/ml)** ..... 121  
**octreotide acetate subcutaneous soln pref syr 50 mcg/ml**..... 121  
 Ocuville/lutein  
 see **multiple vitamins w/ minerals tab** ..... 149  
 ODEFSEY TAB ..... 87

ODOMZO CAP 200MG .....	69	<b>olopatadine hcl ophth soln 0.2%</b> <b>(base equivalent)</b> .....	159
OFEV CAP 100MG .....	168	<b>olsalazine sodium</b>	
OFEV CAP 150MG .....	168	see DIPENTUM CAP 250MG .....	124
<b>ofloxacin ophth soln 0.3%</b> .....	158	<b>omalizumab</b>	
<b>ofloxacin otic soln 0.3%</b> .....	161	see XOLAIR INJ 150MG/ML.....	26
<b>ofloxacin tab 300 mg</b> .....	123	see XOLAIR INJ 75/0.5 .....	26
<b>ofloxacin tab 400 mg</b> .....	123	see XOLAIR SOL 150MG.....	26
Ogestrel		<b>omega-3 fatty acids cap 1000 mg</b> .....	155
see <b>norgestrel &amp; ethinyl estradiol</b> <b>tab 0.5 mg-50 mcg</b> .....	101	<b>omega-3 fatty acids cap 1200 mg</b> .....	155
OGIVRI INJ 150MG .....	68	<b>omega-3 fatty acids cap 300 mg</b> .....	155
OGIVRI INJ 420MG .....	68	<b>omega-3 fatty acids cap 500 mg</b> .....	155
<b>olanzapine pamoate</b>		<b>omega-3 fatty acids cap delayed</b> <b>release 1000 mg</b> .....	155
see ZYPREXA RELP INJ 210MG .....	82	<b>omega-3 fatty acids cap delayed</b> <b>release 1200 mg</b> .....	155
see ZYPREXA RELP INJ 300MG .....	82	<b>omega-3-acid ethyl esters cap 1</b> <b>gm</b> .....	55
see ZYPREXA RELP INJ 405MG .....	82	<b>omeprazole</b>	
<b>olanzapine tab 10 mg</b> .....	81	see FIRST-OMEPRASUS 2MG/ML .....	172
<b>olanzapine tab 15 mg</b> .....	81	<b>omeprazole cap delayed release 10</b> <b>mg</b> .....	172
<b>olanzapine tab 2.5 mg</b> .....	81	<b>omeprazole cap delayed release 20</b> <b>mg</b> .....	172
<b>olanzapine tab 20 mg</b> .....	81	<b>omeprazole cap delayed release 40</b> <b>mg</b> .....	172
<b>olanzapine tab 5 mg</b> .....	81	<b>omeprazole magnesium</b>	
<b>olanzapine tab 7.5 mg</b> .....	81	see PRILOSEC OTC TAB 20MG ....	173
<b>olaparib</b>		<b>omeprazole magnesium cap dr 20.6</b> <b>mg (20 mg base equiv)</b> .....	172
see LYNPARZA TAB 100MG .....	73	<b>omeprazole magnesium delayed</b> <b>release tab 20 mg (base equiv)</b> .....	173
see LYNPARZA TAB 150MG .....	73	OMNARIS SPR.....	154
<b>olmesartan medoxomil tab 20 mg</b> .....	61	OMNIFLEX DPR.....	137
<b>olmesartan medoxomil tab 40 mg</b> .....	61	OMNITROPE INJ 10/1.5ML .....	119
<b>olmesartan medoxomil tab 5 mg</b> .....	61	OMNITROPE INJ 5.8MG .....	119
<b>olmesartan medoxomil-</b> <b>hydrochlorothiazide tab 20-12.5</b> <b>mg</b> .....	65	OMNITROPE INJ 5/1.5ML .....	119
<b>olmesartan medoxomil-</b> <b>hydrochlorothiazide tab 40-12.5</b> <b>mg</b> .....	65	<b>onabotulinumtoxinA</b>	
<b>olmesartan medoxomil-</b> <b>hydrochlorothiazide tab 40-25</b> <b>mg</b> .....	65	see BOTOX INJ 100UNIT .....	155
<b>olodaterol hcl</b>		see BOTOX INJ 200UNIT .....	155
see STRIVERDI AER 2.5MCG.....	30	<b>ondansetron hcl oral soln 4</b> <b>mg/5ml</b> .....	51
<b>olopatadine hcl</b>		<b>ondansetron hcl tab 4 mg</b> .....	52
see PATADAY SOL 0.1%.....	160	<b>ondansetron hcl tab 8 mg</b> .....	52
see PATADAY SOL 0.2%.....	160		
<b>olopatadine hcl nasal soln 0.6%</b> .....	154		
<b>olopatadine hcl ophth soln 0.1%</b> <b>(base equivalent)</b> .....	159		

<b>ondansetron orally disintegrating tab 4 mg</b> .....	52	<b>oxandrolone tab 2.5 mg</b> .....	19
<b>ondansetron orally disintegrating tab 8 mg</b> .....	52	<b>oxaprozin tab 600 mg</b> .....	10
ONE A DAY MIS PRENATAL .....	151	<b>oxazepam cap 10 mg</b> .....	25
ONTRUZANT INJ 150MG .....	69	<b>oxazepam cap 15 mg</b> .....	25
ONTRUZANT INJ 420MG .....	69	<b>oxazepam cap 30 mg</b> .....	25
OPSUMIT TAB 10MG .....	96	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> .....	34
<b>oral electrolyte solution</b> .....	145	<b>oxcarbazepine tab 150 mg</b> .....	34
ORAVIG TAB 50MG .....	148	<b>oxcarbazepine tab 300 mg</b> .....	34
ORENCIA CLCK INJ 125MG/ML .....	11	<b>oxcarbazepine tab 600 mg</b> .....	34
ORENCIA INJ 125MG/ML .....	11	<b>oxiconazole nitrate</b>	
ORENCIA INJ 250MG .....	11	see OXISTAT LOT 1% .....	109
ORENCIA INJ 50/0.4ML .....	11	<b>oxiconazole nitrate cream 1%</b> ..	109
ORENCIA INJ 87.5/0.7 .....	11	OXISTAT LOT 1% .....	109
ORENITRAM TAB 0.125MG .....	95	<b>oxybutynin</b>	
ORENITRAM TAB 0.25MG .....	95	see OXYTROL/WOMN DIS 3.9MG/24 .....	174
ORENITRAM TAB 1MG .....	95	<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	174
ORENITRAM TAB 2.5MG .....	95	<b>oxybutynin chloride tab 5 mg</b> ...	174
ORENITRAM TAB 5MG .....	96	<b>oxybutynin chloride tab er 24hr 10 mg</b> .....	174
ORFADIN CAP 20MG .....	120	<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	174
<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	153	<b>oxybutynin chloride tab er 24hr 5 mg</b> .....	174
ORTHO MICRON TAB 0.35MG .....	103	<b>oxycodone hcl</b>	
ORTHO TRI- TAB CYCLEN .....	101	see OXYCONTIN TAB 10MG ER .....	16
ORTHO TRI- TAB CYCLN LO .....	101	see OXYCONTIN TAB 15MG ER .....	16
ORTHO-CYCLEN TAB 0.25/35 .....	101	see OXYCONTIN TAB 20MG ER .....	16
ORTHO-NOVUM TAB 1/35 .....	101	see OXYCONTIN TAB 30MG ER .....	16
ORTHO-NOVUM TAB 7/7/7 .....	101	see OXYCONTIN TAB 40MG ER .....	16
<b>oseltamivir phosphate cap 30 mg (base equiv)</b> .....	90	see OXYCONTIN TAB 60MG ER .....	16
<b>oseltamivir phosphate cap 45 mg (base equiv)</b> .....	90	see OXYCONTIN TAB 80MG ER .....	16
<b>oseltamivir phosphate cap 75 mg (base equiv)</b> .....	90	<b>oxycodone hcl soln 5 mg/5ml</b> .....	16
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> .....	90	<b>oxycodone hcl tab 10 mg</b> .....	16
<b>osimertinib mesylate</b>		<b>oxycodone hcl tab 15 mg</b> .....	16
see TAGRISSO TAB 40MG .....	74	<b>oxycodone hcl tab 20 mg</b> .....	16
see TAGRISSO TAB 80MG .....	74	<b>oxycodone hcl tab 30 mg</b> .....	16
OSMOPREP TAB 1.5GM .....	135	<b>oxycodone hcl tab 5 mg</b> .....	16
<b>ospemifene</b>		<b>oxycodone hcl tab er 12hr deter 10 mg</b> .....	16
see OSPHENA TAB 60MG .....	119	<b>oxycodone hcl tab er 12hr deter 15 mg</b> .....	16
OSPHENA TAB 60MG .....	119	<b>oxycodone hcl tab er 12hr deter 20 mg</b> .....	16
OTEZLA TAB 10/20/30 .....	11		
OTEZLA TAB 30MG .....	11		
<b>oxandrolone tab 10 mg</b> .....	19		

**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%** ..... 155  
**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** .....17  
**oxymorphone hcl tab er 12hr 15 mg** .....17  
**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..... 174  
Oysco 500+d

see **calcium carb-cholecalcif chew tab 500 mg-15 mcg (600 unit)** ..... 143  
Oyster Shell Calcium Plus  
see **calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)**..... 144  
**oyster shell calcium tab 500 mg** 145  
Oyster Shell Calcium/d  
see **calcium carbonate-vitamin d tab 250 mg-3.125 mcg (125 unit)** ..... 144  
Oystercal-d  
see **calcium carb-cholecalciferol tab 500 mg-10 mcg (400 unit)** ..... 143  
OZEMPIC INJ 2/1.5ML ..... 46  
OZEMPIC INJ 2MG/3ML ..... 46  
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..... 78  
see INVEGA TRINZ INJ 819MG..... 78  
**paliperidone tab er 24hr 1.5 mg**.. 78  
**paliperidone tab er 24hr 3 mg** .... 78  
**paliperidone tab er 24hr 6 mg** .... 78  
**paliperidone tab er 24hr 9 mg** .... 78  
**palivizumab**  
see SYNAGIS INJ 100MG/ML ..... 162

see SYNAGIS INJ 50MG ..... 162

**pancrelipase (lipase-protease-  
amylase)**

see CREON CAP 12000UNT ..... 117

see CREON CAP 24000UNT ..... 117

see CREON CAP 3000UNIT ..... 117

see CREON CAP 36000UNT ..... 117

see CREON CAP 6000UNIT ..... 117

see ZENPEP CAP 10000UNT ..... 117

see ZENPEP CAP 15000UNT ..... 117

see ZENPEP CAP 20000UNT ..... 117

see ZENPEP CAP 25000UNT ..... 117

see ZENPEP CAP 3000UNIT ..... 117

see ZENPEP CAP 40000UNT ..... 117

see ZENPEP CAP 5000UNIT ..... 117

**panobinostat lactate**

see FARYDAK CAP 10MG ..... 71

see FARYDAK CAP 15MG ..... 71

see FARYDAK CAP 20MG ..... 71

PANRETIN GEL 0.1% ..... 109

**pantoprazole sodium ec tab 20 mg  
(base equiv)** ..... 173

**pantoprazole sodium ec tab 40 mg  
(base equiv)** ..... 173

PARAGARD IUD T380A ..... 102

**paricalcitol cap 1 mcg** ..... 120

**paricalcitol cap 2 mcg** ..... 120

**paricalcitol cap 4 mcg** ..... 120

**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 ..... 67

PATADAY SOL 0.1% ..... 160

PATADAY SOL 0.2% ..... 160

**patiromer sorbitex calcium**

see VELTASSA POW 16.8GM ..... 148

see VELTASSA POW 25.2GM ..... 148

see VELTASSA POW 8.4GM ..... 148

PAXLOVID TAB 150-100 ..... 89

**pazopanib hcl**

see VOTRIENT TAB 200MG ..... 74

PEAK AIR FLO MIS ADLT/PED ..... 140

**peak flow meter**

see PEAK AIR FLO MIS ADLT/PED 140

PEDIA-LAX LIQ 50MG ..... 136

**pediatric multiple vitamin chew tab**  
..... 150

**pediatric multiple vitamin liq** .... 150

**pediatric multiple vitamin w/  
minerals**

see AQUADEKS DRO ..... 149

**pediatric multiple vitamin w/  
minerals & c chew tab** ..... 149

**pediatric multiple vitamin w/  
minerals chew tab** ..... 149

**pediatric multiple vitamins**

see MULT VITAM DRO ..... 150

see POLY-VI-SOL SOL 50MG/ML.. 150

see POLY-VITE DRO ..... 150

**pediatric multiple vitamins w/ fl-fe  
drops 0.25-10 mg/ml** ..... 149

**pediatric multiple vitamins w/  
fluoride chew tab 0.25 mg** .... 149

**pediatric multiple vitamins w/  
fluoride chew tab 0.5 mg** ..... 149

**pediatric multiple vitamins w/  
fluoride chew tab 1 mg** ..... 149

**pediatric multiple vitamins w/  
fluoride soln 0.25 mg/ml** ..... 150

**pediatric multiple vitamins w/  
fluoride soln 0.5 mg/ml** ..... 149

**pediatric multiple vitamins w/ iron**

see ANIMAL SHAPE CHW IRON ... 150

see MULTIVITAMIN DRO /IRON... 150

see POLY-VITE SOL /IRON ..... 150

**pediatric multiple vitamins w/ iron  
chew tab 15 mg** ..... 150

**pediatric multiple vitamins w/ iron  
chew tab 18 mg** ..... 150

**pediatric vitamins acd w/ fluoride  
soln 0.25 mg/ml** ..... 150

**pediatric vitamins acd w/ fluoride  
soln 0.5 mg/ml** ..... 150

**pediatric vitamins adc**

see BPROTECT PED DRO TRI-VITE  
..... 150

see TRI-VI-SOL SOL A/C/D ..... 150

**peg 3350-kcl-na bicarb-nacl-na  
sulfate for soln 236 gm** ..... 134

**peg 3350-kcl-na bicarb-nacl-na  
sulfate for soln 240 gm** ..... 134

**peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm** ... 134  
**peg 3350-kcl-sod bicarb-nacl for soln 420 gm** ..... 134  
**peg 3350-kcl-sod bicarb-sod chloride-sod sulfate**  
 see GOLYTELY SOL..... 134  
 PEGANONE TAB 250MG ..... 36  
 PEGASYS INJ..... 89  
 PEGASYS INJ 180MCG/M ..... 89  
**pegfilgrastim-bmez**  
 see ZIEXTENZO INJ 6/0.6ML..... 130  
**peginterferon alfa-2a**  
 see PEGASYS INJ ..... 89  
 see PEGASYS INJ 180MCG/M ..... 89  
**peginterferon alfa-2b**  
 see PEGINTRON KIT 50MCG ..... 89  
**peginterferon beta-1a**  
 see PLEGRIDY INJ ..... 166  
 see PLEGRIDY INJ PEN..... 166  
 see PLEGRIDY INJ STARTER ..... 166  
 see PLEGRIDY PEN INJ STARTER . 166  
 PEGINTRON KIT 50MCG..... 89  
**pegvisomant**  
 see SOMAVERT INJ 10MG..... 119  
 see SOMAVERT INJ 15MG..... 119  
 see SOMAVERT INJ 20MG..... 119  
 PEN NEEDLES MIS 29GX10MM..... 140  
 PEN NEEDLES MIS 29GX12.7..... 140  
 PEN NEEDLES MIS 29GX12MM..... 140  
 PEN NEEDLES MIS 31GX5MM..... 140  
 PEN NEEDLES MIS 31GX6MM..... 140  
 PEN NEEDLES MIS 31GX8MM..... 140  
 PEN NEEDLES MIS 32GX4MM..... 140  
 PEN NEEDLES MIS 32GX6MM..... 140  
 PEN NEEDLES MIS 32GX8MM..... 140  
 **penciclovir**  
 see DENAVIR CRE 1%..... 110  
 **penciclovir cream 1%** ..... 110  
 **penicillamine**  
 see D-PENAMINE TAB 125MG ..... 147  
 **penicillamine tab 250 mg** ..... 147  
 **penicillin v potassium for soln 125 mg/5ml**..... 163  
 **penicillin v potassium for soln 250 mg/5ml**..... 163

**penicillin v potassium tab 250 mg**  
 ..... 163  
 **penicillin v potassium tab 500 mg**  
 ..... 163  
 **pentamidine isethionate for nebulization soln 300 mg** ..... 21  
 **pentosan polysulfate sodium**  
 see ELMIRON CAP 100MG ..... 126  
 **pentoxifylline tab er 400 mg** ..... 128  
 **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** ... 59  
 **perindopril erbumine tab 4 mg** ... 59  
 **perindopril erbumine tab 8 mg** ... 60  
 **permethrin & pyrethrins-piperonyl butoxide**  
 see RA LICE KIT SOLUTION..... 116  
 **permethrin aerosol 0.5%**..... 115  
 **permethrin cream 5%** ..... 116  
 **permethrin creme rinse 1%** ..... 116  
 **permethrin lotion 1%** ..... 116  
 **perphenazine tab 16 mg** ..... 82  
 **perphenazine tab 2 mg** ..... 82  
 **perphenazine tab 4 mg** ..... 82  
 **perphenazine tab 8 mg** ..... 82  
 **perphenazine-amitriptyline tab 2-10 mg** ..... 165  
 **perphenazine-amitriptyline tab 2-25 mg** ..... 165  
 **perphenazine-amitriptyline tab 4-10 mg** ..... 165  
 **perphenazine-amitriptyline tab 4-25 mg** ..... 165  
 **perphenazine-amitriptyline tab 4-50 mg** ..... 165  
 PERRY PRENAT CAP ..... 151  
 PFIZER VACC INJ COVID-19..... 176  
 Pharbedryl  
 see  **diphenhydramine hcl cap 25 mg** ..... 53  
 **phenazopyridine hcl tab 100 mg** 127  
 **phenazopyridine hcl tab 200 mg** 127



<b>phenelzine sulfate tab 15 mg</b> .....	37
<b>phenobarbital elixir 20 mg/5ml</b>	132
<b>phenobarbital tab 100 mg</b> .....	132
<b>phenobarbital tab 15 mg</b> .....	132
<b>phenobarbital tab 16.2 mg</b> .....	132
<b>phenobarbital tab 30 mg</b> .....	132
<b>phenobarbital tab 32.4 mg</b> .....	132
<b>phenobarbital tab 60 mg</b> .....	132
<b>phenobarbital tab 64.8 mg</b> .....	132
<b>phenobarbital tab 97.2 mg</b> .....	132
<b>phenoxybenzamine hcl cap 10 mg</b> .....	60
<b>phenylephrine hcl (oral)</b> see SUDAFED PE SOL CHILDREN.	155
<b>phenylephrine hcl tab 10 mg</b> .....	155
PHENYTEK CAP 200MG .....	36
PHENYTEK CAP 300MG .....	36
<b>phenytoin chew tab 50 mg</b> .....	36
<b>phenytoin sodium extended</b> see DILANTIN CAP 100MG .....	35
see DILANTIN CAP 30MG .....	35
see PHENYTEK CAP 200MG .....	36
see PHENYTEK CAP 300MG .....	36
<b>phenytoin sodium extended cap 100 mg</b> .....	36
<b>phenytoin sodium extended cap 200 mg</b> .....	36
<b>phenytoin sodium extended cap 300 mg</b> .....	36
<b>phenytoin susp 125 mg/5ml</b> .....	36
PHOSPHOLINE SOL 0.125%OP .....	157
Physiolyte see <b>irrigation solution,</b> <b>physiological</b> .....	148
<b>phytonadione tab 5 mg</b> .....	179
PICATO GEL 0.015% .....	109
PICATO GEL 0.05% .....	109
PIFELTRO TAB 100MG .....	87
<b>pilocarpine hcl ophth soln 1%</b> ...	157
<b>pilocarpine hcl ophth soln 2%</b> ...	157
<b>pilocarpine hcl ophth soln 4%</b> ...	157
<b>pilocarpine hcl tab 5 mg</b> .....	148
<b>pilocarpine hcl tab 7.5 mg</b> .....	148
<b>pimozide tab 1 mg</b> .....	166
<b>pimozide tab 2 mg</b> .....	167
<b>pindolol tab 10 mg</b> .....	92
<b>pindolol tab 5 mg</b> .....	92
<b>pioglitazone hcl tab 15 mg (base equiv)</b> .....	49
<b>pioglitazone hcl tab 30 mg (base equiv)</b> .....	49
<b>pioglitazone hcl tab 45 mg (base equiv)</b> .....	49
<b>pirfenidone</b> see ESBRIET CAP 267MG .....	168
see ESBRIET TAB 267MG .....	168
see ESBRIET TAB 801MG .....	168
<b>pirfenidone cap 267 mg</b> .....	168
<b>pirfenidone tab 267 mg</b> .....	168
<b>pirfenidone tab 801 mg</b> .....	168
<b>piroxicam cap 10 mg</b> .....	10
<b>piroxicam cap 20 mg</b> .....	11
PLAN B TAB 1.5MG .....	102
PLEGRIDY INJ .....	166
PLEGRIDY INJ PEN .....	166
PLEGRIDY INJ STARTER .....	166
PLEGRIDY PEN INJ STARTER .....	166
<b>pneumococcal 13-valent conjugate vaccine</b> see PREVNAR 13 INJ .....	175
<b>pneumococcal 15-valent conjugate vaccine</b> see VAXNEUVANCE INJ .....	175
<b>pneumococcal 20-valent conjugate vaccine</b> see PREVNAR 20 INJ .....	175
<b>pneumococcal vac polyvalent</b> see PNEUMOVAX 23 INJ 25/0.5... ..	175
PNEUMOVAX 23 INJ 25/0.5 .....	175
<b>podofilox soln 0.5%</b> .....	114
Polycin see <b>bacitracin-polymyxin b ophth oint</b> .....	157
<b>polyethylene glycol 3350 oral packet 17 gm</b> .....	135
<b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> .....	135
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> ....	156
Poly-iron 150 see <b>polysaccharide iron complex cap 150 mg (iron equivalent)</b> .....	131
Poly-iron 150 Forte	

see **iron polysacch complex-vit b12-fa cap 150-0.025-1 mg** . 130  
**polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%**..... 158  
**polysaccharide iron complex cap 150 mg (iron equivalent)** ..... 131  
**polysaccharide iron-folic acid-vit b12**  
 see FERREX 150 CAP FORTE ..... 130  
**polyvinyl alcohol ophth soln 1.4%**  
 ..... 156  
**polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)**.... 156  
 POLY-VI-SOL SOL 50MG/ML ..... 150  
 Polyvitamin/iron  
 see **pediatric multiple vitamin w/ minerals & c chew tab** ..... 149  
 POLY-VITE DRO ..... 150  
 POLY-VITE SOL /IRON ..... 150  
**pomalidomide**  
 see POMALYST CAP 1MG .....70  
 see POMALYST CAP 2MG .....70  
 see POMALYST CAP 3MG .....70  
 see POMALYST CAP 4MG .....70  
 POMALYST CAP 1MG .....70  
 POMALYST CAP 2MG .....70  
 POMALYST CAP 3MG .....70  
 POMALYST CAP 4MG .....70  
**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**  
 ..... 146  
**potassium bicarbonate effer tab 25 meq** ..... 146  
**potassium chloride cap er 10 meq**  
 ..... 146  
**potassium chloride cap er 8 meq**  
 ..... 146  
**potassium chloride**  
**microencapsulated crys er tab 10 meq** ..... 146

**potassium chloride**  
**microencapsulated crys er tab 20 meq** ..... 146  
**potassium chloride oral soln 10% (20 meq/15ml)** ..... 146  
**potassium chloride oral soln 20% (40 meq/15ml)** ..... 146  
**potassium chloride tab er 10 meq**  
 ..... 146  
**potassium chloride tab er 20 meq (1500 mg)** ..... 146  
**potassium chloride tab er 8 meq (600 mg)** ..... 146  
**potassium citrate & citric acid soln 1100-334 mg/5ml** ..... 126  
**potassium citrate tab er 10 meq (1080 mg)** ..... 126  
**potassium citrate tab er 15 meq (1620 mg)** ..... 126  
**potassium citrate tab er 5 meq (540 mg)** ..... 126  
**pramipexole dihydrochloride tab 0.125 mg** ..... 76  
**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** ..... 76  
**pramipexole dihydrochloride tab 1.5 mg** ..... 76  
**pramlintide acetate**  
 see SYMLINPEN 60 INJ 1000MCG .. 42  
 see SYMLINPEN 120 INJ 1000MCG .42  
**pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%**  
 ..... 19  
**prasugrel hcl tab 10 mg (base equiv)** ..... 128  
**prasugrel hcl tab 5 mg (base equiv)** ..... 128  
**pravastatin sodium tab 10 mg** .... 57  
**pravastatin sodium tab 20 mg** .... 57  
**pravastatin sodium tab 40 mg** .... 57  
**pravastatin sodium tab 80 mg** .... 57

<b>praziquantel tab 600 mg</b> .....	21	PREMPRO TAB .....	122
<b>prazosin hcl cap 1 mg</b> .....	63	PREMPRO TAB 0.3-1.5.....	122
<b>prazosin hcl cap 2 mg</b> .....	63	PREMPRO TAB 0.45-1.5.....	122
<b>prazosin hcl cap 5 mg</b> .....	63	PREMPRO TAB 0.625-5.....	122
PRED-G SUS OP.....	158	PRENAT MULTI CAP +DHA .....	151
<b>prednicarbate cream 0.1%</b> .....	113	Prenatabs Rx	
<b>prednicarbate oint 0.1%</b> .....	113	see <b>prenatal vit w/ iron carbonyl-</b>	
<b>prednisolone acetate ophth susp</b>		<b>fa tab 29-1 mg</b> .....	152
<b>1%</b> .....	158	Prenatal 19	
<b>prednisolone sod phosph oral soln</b>		see <b>prenatal vit w/ fe fumarate-fa</b>	
<b>6.7 mg/5ml (5 mg/5ml base)</b> 103		<b>chew tab 29-1 mg</b> .....	152
<b>prednisolone sod phosphate oral</b>		PRENATAL 19 TAB .....	151
<b>soln 15 mg/5ml (base equiv)</b> . 103		PRENATAL 19 TAB 29-1MG.....	151
<b>prednisolone sodium phosphate</b>		PRENATAL CAP FORMULA.....	151
<b>oral soln 25 mg/5ml (base eq)</b>		PRENATAL CAP OMEGA-3.....	151
.....	103	Prenatal Dha	
<b>prednisolone soln 15 mg/5ml</b> ...	103	see <b>docosahexaenoic acid cap</b>	
<b>prednisone oral soln 5 mg/5ml</b> . 103		<b>200 mg</b> .....	155
<b>prednisone tab 1 mg</b> .....	103	PRENATAL DHA PAK MULTI .....	151
<b>prednisone tab 10 mg</b> .....	103	PRENATAL FRM TAB A-FREE .....	152
<b>prednisone tab 2.5 mg</b> .....	103	PRENATAL MUL CAP +DHA.....	152
<b>prednisone tab 20 mg</b> .....	103	<b>prenatal multivitamins &amp; minerals</b>	
<b>prednisone tab 5 mg</b> .....	103	<b>w/ folic acid-fish oil</b>	
<b>prednisone tab 50 mg</b> .....	103	see CVS PRENATAL CHW GUMMY 151	
<b>prednisone tab therapy pack 10 mg</b>		<b>prenatal multivit-min w/fe-fa</b>	
<b>(21)</b> .....	104	see KPN PRENATAL TAB.....	151
<b>prednisone tab therapy pack 10 mg</b>		see MYNATAL CAP.....	151
<b>(48)</b> .....	104	see PRENATAL/FE TAB.....	152
<b>prednisone tab therapy pack 5 mg</b>		<b>prenatal mv &amp; min w/</b>	
<b>(21)</b> .....	104	<b>methylfolate-choline-fish oil</b>	
<b>prednisone tab therapy pack 5 mg</b>		see PRENATAL DHA PAK MULTI... 151	
<b>(48)</b> .....	104	<b>prenatal mv &amp; min w/fe carbonyl-</b>	
<b>pregabalin cap 100 mg</b> .....	35	<b>fa-dha</b>	
<b>pregabalin cap 150 mg</b> .....	35	see BRAINSTRONG MIS PRENATAL	
<b>pregabalin cap 200 mg</b> .....	35	.....	150
<b>pregabalin cap 225 mg</b> .....	35	<b>prenatal mv &amp; min w/fe fumarate-</b>	
<b>pregabalin cap 25 mg</b> .....	34	<b>fa-dha</b>	
<b>pregabalin cap 300 mg</b> .....	35	see CENTRUM SPEC PAK PRENATAL	
<b>pregabalin cap 50 mg</b> .....	34	.....	151
<b>pregabalin cap 75 mg</b> .....	34	see ENFAMIL MIS EXPECTA .....	151
PREMARIN TAB 0.3MG .....	123	see PRENAT MULTI CAP +DHA .... 151	
PREMARIN TAB 0.45MG .....	123	see PRENATAL+DHA MIS .....	152
PREMARIN TAB 0.625MG .....	123	see THERANATAL MIS COMPLETE 152	
PREMARIN TAB 0.9MG .....	123	PRENATAL TAB.....	152
PREMARIN TAB 1.25MG .....	123	PRENATAL TAB COMPLETE .....	152
PREMARIN VAG CRE 0.625MG .....	178	PRENATAL TAB FORMULA.....	152
PREMPHASE TAB.....	122		

<b><i>prenatal vit w/ docusate-fe fumarate-folic acid</i></b>	
see MYNATE 90 TAB PLUS .....	151
see PRENATAL 19 TAB .....	151
see PRENATAL 19 TAB 29-1MG ...	151
<b><i>prenatal vit w/ docusate-iron carbonyl-folic acid</i></b>	
see MYNATAL TAB .....	151
<b><i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i></b>	152
<b><i>prenatal vit w/ fe bisglycinate chelate-folic acid</i></b>	
see VINATE II TAB .....	152
<b><i>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</i></b>	
see BE WELL PAK ROUNDED .....	150
<b><i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i></b>	152
<b><i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i></b>	152
<b><i>prenatal vit w/ ferrous fumarate-fa-fish oil</i></b>	
see PRENATAL CAP OMEGA-3.....	151
<b><i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i></b>	
see ONE A DAY MIS PRENATAL ...	151
see PRENATAL CAP FORMULA .....	151
see PRENATAL MUL CAP +DHA....	152
see SM ONE DAILY MIS PRENATAL .....	152
<b><i>prenatal vit w/ ferrous fumarate-folic acid</i></b>	
see CO-NATAL FA TAB 29-1MG ...	151
see NATALVIT TAB 75-1MG .....	151
see O-CAL TAB PRENATAL .....	151
see PERRY PRENAT CAP .....	151
see PRENATAL TAB.....	152
see PRENATAL TAB COMPLETE ....	152
see RA PRENATAL TAB FORMULA.	152
see SE-NATAL 19 CHW .....	152
see TRINATAL RX TAB 1.....	152
see VITAFOL-OB TAB 65-1MG .....	152
see VOL-PLUS TAB .....	152
<b><i>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</i></b>	
see TL FOLATE TAB .....	152
<b><i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i></b>	152
<b><i>prenatal vit w/ iron carbonyl-folic acid</i></b>	
see VOL-TAB RX TAB.....	153
<b><i>prenatal vit w/ selenium-fe fumarate-folic acid</i></b>	
see PRENATAL TAB FORMULA .....	152
see VINATE M TAB .....	152
<b><i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i></b>	
see NESTABS TAB.....	151
<b><i>prenatal vitamin</i></b>	
see CALNA TAB .....	150
<b><i>prenatal vitamins w/ ferrous succinate-folic acid</i></b>	
see NUTRIENTS TAB PRENATAL ..	151
<b><i>prenatal without a vit w/ fe fumarate-folic acid</i></b>	
see PRENATAL FRM TAB A-FREE..	152
<b><i>prenatal without vit a w/ iron polysaccharide complex-fa</i></b>	
see EZFE FORTE CAP.....	151
PRENATAL/FE TAB .....	152
PRENATAL+DHA MIS.....	152
PREPOPIK PAK .....	134
PREVNAR 13 INJ.....	175
PREVNAR 20 INJ.....	175
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 .....	67
PRILOSEC OTC TAB 20MG.....	173
<b><i>primaquine phosphate tab 26.3 mg (15 mg base)</i></b>	67
<b><i>primidone tab 250 mg</i></b>	35
<b><i>primidone tab 50 mg</i></b>	35
PRIVIGEN INJ 20GRAMS .....	162
<b><i>probenecid tab 500 mg</i></b>	127
<b><i>procarbazine hcl</i></b>	
see MATULANE CAP 50MG.....	74
<b><i>prochlorperazine maleate tab 10 mg (base equivalent)</i></b>	83

<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	82	<b>propranolol hcl cap er 24hr 60 mg</b> .....	92
<b>prochlorperazine suppos 25 mg</b> ..	83	<b>propranolol hcl cap er 24hr 80 mg</b> .....	92
PROCRIT INJ 2000/ML .....	130	<b>propranolol hcl oral soln 20 mg/5ml</b> .....	92
PROCRIT INJ 3000/ML .....	130	<b>propranolol hcl oral soln 40 mg/5ml</b> .....	92
<b>progesterone (vaginal)</b>		<b>propranolol hcl tab 10 mg</b> .....	92
see PROGESTERONE SUP VGS 100 .....	178	<b>propranolol hcl tab 20 mg</b> .....	92
see PROGESTERONE SUP VGS 200 .....	178	<b>propranolol hcl tab 40 mg</b> .....	92
<b>progesterone cap 100 mg</b> .....	164	<b>propranolol hcl tab 60 mg</b> .....	92
<b>progesterone cap 200 mg</b> .....	164	<b>propranolol hcl tab 80 mg</b> .....	92
PROGESTERONE SUP VGS 100.....	178	<b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	156
PROGESTERONE SUP VGS 200.....	178	<b>propylthiouracil tab 50 mg</b> .....	168
PROLASTIN-C INJ 1000MG .....	167	<b>protriptyline hcl tab 10 mg</b> .....	41
PROLIA INJ 60MG/ML .....	119	<b>protriptyline hcl tab 5 mg</b> .....	41
PROMACTA TAB 12.5MG .....	130	<b>pseudoephed-bromphen-dm</b>	
PROMACTA TAB 25MG .....	130	see BROAPP DM LIQ 15-1-5/5... 104	
PROMACTA TAB 50MG .....	130	<b>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</b> .....	105
PROMACTA TAB 75MG .....	130	<b>pseudoephedrine hcl</b>	
<b>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</b> .....	105	see NASAL DECON SYP 30MG/5ML .....	155
<b>promethazine hcl suppos 12.5 mg</b> .....	54	see NASAL DECONG LIQ 30MG/5ML .....	155
<b>promethazine hcl suppos 25 mg</b> ..	54	<b>pseudoephedrine hcl liq 15 mg/5ml</b> .....	155
<b>promethazine hcl syrup 6.25 mg/5ml</b> .....	54	<b>pseudoephedrine hcl tab 30 mg</b> .....	155
<b>promethazine hcl tab 12.5 mg</b> .....	54	<b>pseudoephedrine hcl tab 60 mg</b> .....	155
<b>promethazine hcl tab 25 mg</b> .....	54	<b>pseudoephedrine hcl tab er 12hr 120 mg</b> .....	155
<b>promethazine hcl tab 50 mg</b> .....	54	<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> .....	105
<b>promethazine w/ codeine syrup 6.25-10 mg/5ml</b> .....	105	<b>psyllium</b>	
<b>promethazine-dm syrup 6.25-15 mg/5ml</b> .....	105	see KONSYL DAILY POW 100% ... 134	
<b>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</b> .....	105	see KONSYL DAILY POW 28.3% .. 133	
<b>propafenone hcl tab 150 mg</b> .....	26	see KONSYL-D POW 52.3% .....	134
<b>propafenone hcl tab 225 mg</b> .....	26	see METAMUCIL POW 28%ORG... 134	
<b>propafenone hcl tab 300 mg</b> .....	26	see METAMUCIL POW 58.12% .... 134	
<b>proparacaine hcl ophth soln 0.5%</b> .....	158	see METAMUCIL WAF .....	134
<b>propranolol hcl cap er 24hr 120 mg</b> .....	92	see NAT FIBER POW 58.6%.....	134
<b>propranolol hcl cap er 24hr 160 mg</b> .....	92	<b>psyllium cap 0.52 gm</b> .....	134
		<b>psyllium cap 400 mg</b> .....	134
		<b>psyllium powder 100%</b> .....	134
		<b>psyllium powder 28.3%</b> .....	134

*psyllium powder 30.9%* ..... 134  
*psyllium powder 33%* ..... 134  
*psyllium powder 43%* ..... 134  
*psyllium powder 48.57%* ..... 134  
*psyllium powder 58.6%* ..... 134  
 PULMICORT INH 180MCG ..... 28  
 PULMICORT INH 90MCG ..... 28  
 PULMONEB LT MIS NEBULIZE ..... 140  
 PULMOZYME SOL 1MG/ML ..... 168  
 PURE & GENTL DRO 0.3% ..... 156  
 Px Iron  
     see *ferrous sulfate dried tab 200 mg (65 mg elemental fe)* ..... 131  
*pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)* ..... 21  
*pyrazinamide tab 500 mg* ..... 67  
*pyreth-piperonyl butox sham-permeth aero-nit remover gel kit* ..... 116  
*pyrethrins-piperonyl butoxide liq 0.3-3%* ..... 116  
*pyrethrins-piperonyl butoxide liq 0.33-4%* ..... 116  
*pyrethrins-piperonyl butoxide shampoo 0.33-4%* ..... 116  
*pyridostigmine bromide tab 60 mg* ..... 67  
*pyridoxine hcl tab 100 mg* ..... 179  
*pyridoxine hcl tab 25 mg* ..... 179  
*pyridoxine hcl tab 50 mg* ..... 179  
 PYRIME/LEUCO CAP 12.5/2.5 ..... 66  
 PYRIME/LEUCO CAP 25/10MG ..... 66  
 PYRIME/LEUCO CAP 25/5MG ..... 66  
 PYRIME/LEUCO CAP 50/10MG ..... 66  
 PYRIME/LEUCO CAP 50/20MG ..... 66  
 PYRIME/LEUCO CAP 50/25MG ..... 66  
 PYRIME/LEUCO CAP 75/25MG ..... 67  
**Q**  
 Qc 3 Day Vaginal Cream  
     see *miconazole nitrate vaginal cream 4% (200 mg/5gm)* ... 177  
 Qc Fiber Laxative  
     see *psyllium cap 0.52 gm* ..... 134  
 Qc Psyllium Fiber  
     see *psyllium powder 43%* ..... 134  
 QUARTETTE TAB ..... 101  
*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* .81  
*quetiapine fumarate tab 50 mg*... 81  
*quetiapine fumarate tab er 24hr 150 mg* ..... 81  
*quetiapine fumarate tab er 24hr 200 mg* ..... 81  
*quetiapine fumarate tab er 24hr 300 mg* ..... 82  
*quetiapine fumarate tab er 24hr 400 mg* ..... 82  
*quetiapine fumarate tab er 24hr 500 mg* ..... 81  
*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* ..... 65  
*quinapril-hydrochlorothiazide tab 20-12.5 mg* ..... 65  
*quinapril-hydrochlorothiazide tab 20-25 mg* ..... 65  
*quinidine sulfate tab 200 mg* ..... 26  
*quinidine sulfate tab 300 mg* ..... 26  
*quinine sulfate cap 324 mg* ..... 67  
 QVAR REDIHA AER 80MCG ..... 28  
 QVAR REDIHAL AER 40MCG ..... 28  
**R**  
 Ra Acetaminophen Rapid Me  
     see *acetaminophen disintegrating tab 160 mg* ..... 12  
     see *acetaminophen disintegrating tab 80 mg* ..... 12  
 Ra Budesonide Nasal Spray  
     see *budesonide nasal susp 32 mcg/act* ..... 154  
 Ra Calcium 600 Plus Vitam  
     see *calcium carb-vit d w/ minerals chew tab 600 mg-400 unit* ..... 144  
 Ra Cetirizine  
     see *cetirizine hcl tab 10 mg* ..... 54  
 Ra Col-rite

see <b>docusate sodium cap 50 mg</b>	<b>ramelteon tab 8 mg</b> .....	133
.....	<b>ramipril cap 1.25 mg</b> .....	60
Ra Ear Drying Agent	<b>ramipril cap 10 mg</b> .....	60
see <b>isopropyl alcohol-glycerin otic liquid 95-5%</b> .....	<b>ramipril cap 2.5 mg</b> .....	60
160	<b>ramipril cap 5 mg</b> .....	60
Ra Glycerin Child	<b>ranolazine tab er 12hr 1000 mg</b> ..	22
see <b>glycerin suppos 80.7%</b> .....	<b>ranolazine tab er 12hr 500 mg</b> ....	22
135	<b>rasagiline mesylate tab 0.5 mg</b>	
Ra Hemorrhoidal	<b>(base equiv)</b> .....	76
see <b>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</b> .....	<b>rasagiline mesylate tab 1 mg (base equiv)</b> .....	76
19	REBIF INJ 22/0.5.....	166
Ra Hydrocortisone Plus 12	REBIF INJ 44/0.5.....	166
see <b>hydrocortisone cream 1%</b>	REBIF REBIDO INJ 22/0.5.....	166
113	REBIF REBIDO INJ 44/0.5.....	166
Ra Ibuprofen	REBIF REBIDO INJ TITRATN .....	166
see <b>ibuprofen tab 200 mg</b> .....	REBIF TITRTN INJ PACK .....	166
9	RECOMBINATE INJ.....	128
Ra Laxative	RECOMBINATE INJ 220-400 .....	128
see <b>polyethylene glycol 3350 oral packet 17 gm</b> .....	RECOMBINATE INJ 401-800 .....	128
135	RECOMBINATE INJ 801-1240 .....	128
see <b>polyethylene glycol 3350 oral powder 17 gm/scoop</b> .....	RECOMBIVA HB INJ 10MCG/ML.....	176
135	RECOMBIVA HB INJ 5MCG/0.5.....	176
Ra Laxative Maximum Stren	RECTIV OIN 0.4%.....	20
see <b>sennosides tab 25 mg</b> .....	Regenecare Ha	
135	see <b>lidocaine hcl gel 2%</b> .....	115
RA LICE KIT SOLUTION .....	<b>regorafenib</b>	
116	see STIVARGA TAB 40MG .....	73
Ra Lubricant Eye Drops	REGRANEX GEL 0.01%.....	116
see <b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	Reguloid	
156	see <b>psyllium cap 400 mg</b> .....	134
RA MELATONIN TAB 3MG .....	RELENZA MIS DISKHALE .....	90
6	RELION KETON TES .....	116
Ra Mucus Relief D	RELION TRUE KIT MET AIR .....	138
see <b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> .....	RELION TRUE TES METRIX.....	116
105	RELISTOR INJ 12/0.6ML .....	125
RA OYS SHL/D TAB 500MG.....	RELISTOR TAB 150MG.....	125
145	Rena-vite	
RA PRENATAL TAB FORMULA .....	see <b>b-complex w/ c &amp; folic acid tab 0.8 mg</b> .....	149
152	RENFLEXIS INJ 100MG .....	125
Ra Slow Release Iron	<b>repaglinide tab 0.5 mg</b> .....	49
see <b>ferrous sulfate tab er 47.5 mg (elemental fe)</b> .....	<b>repaglinide tab 1 mg</b> .....	49
131	<b>repaglinide tab 2 mg</b> .....	49
Ra Tioconazole 1	REPATHA INJ 140MG/ML.....	58
see <b>tioconazole vaginal oint 6.5%</b> .....	REPATHA PUSH INJ 420/3.5.....	58
178	REPATHA SURE INJ 140MG/ML .....	58
<b>rabeprazole sodium ec tab 20 mg</b>		
.....		
173		
<b>raloxifene hcl tab 60 mg</b> .....		
120		
<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

RESCRIPTOR TAB 200MG .....88  
 RETACRIT INJ 10000UNT ..... 130  
 RETACRIT INJ 20000UNI..... 130  
 RETACRIT INJ 2000UNIT..... 130  
 RETACRIT INJ 3000UNIT..... 130  
 RETACRIT INJ 40000UNT ..... 130  
 RETACRIT INJ 4000UNIT..... 130  
**retapamulin**  
   see ALTABAX OIN 1%..... 107  
 REYVOW TAB 100MG..... 142  
 REYVOW TAB 50MG ..... 142  
**rho d immune globulin (human)**  
   see RHOGAM PLUS INJ 300MCG .. 162  
 RHOGAM PLUS INJ 300MCG ..... 162  
 Ribasphere  
   see **ribavirin cap 200 mg**.....89  
**ribavirin cap 200 mg** ..... 89  
**ribavirin tab 200 mg** ..... 89  
**ribociclib succinate**  
   see KISQALI TAB 200DOSE ..... 72  
   see KISQALI TAB 400DOSE ..... 72  
   see KISQALI TAB 600DOSE ..... 72  
**ribociclib succinate-letrozole**  
   see KISQALI 200 PAK FEMARA ..... 70  
   see KISQALI 400 PAK FEMARA ..... 70  
   see KISQALI 600 PAK FEMARA ..... 71  
**riboflavin tab 100 mg**..... 179  
 RIDAURA CAP 3MG ..... 8  
**rifabutin cap 150 mg** ..... 67  
**rifampin cap 150 mg** ..... 67  
**rifampin cap 300 mg** ..... 67  
**rifapentine**  
   see PRIFTIN TAB 150MG ..... 67  
 RIFATER TAB..... 67  
**rifaximin**  
   see XIFAXAN TAB 200MG ..... 21  
   see XIFAXAN TAB 550MG ..... 21  
**rilonacept**  
   see ARCALYST INJ 220MG ..... 8  
**rilpivirine hcl**  
   see EDURANT TAB 25MG..... 85  
**riluzole tab 50 mg** ..... 155  
**rimantadine hydrochloride tab 100 mg** ..... 90  
 RINVOQ TAB 15MG ER..... 7  
 RINVOQ TAB 30MG ER..... 7  
 RINVOQ TAB 45MG ER..... 7

**riociguat**  
   see ADEMPAS TAB 0.5MG ..... 97  
   see ADEMPAS TAB 1.5MG ..... 97  
   see ADEMPAS TAB 1MG ..... 97  
   see ADEMPAS TAB 2.5MG ..... 97  
   see ADEMPAS TAB 2MG ..... 97  
 RISACAL-D TAB..... 145  
**risankizumab-rzaa**  
   see SKYRIZI INJ 150DOSE ..... 110  
   see SKYRIZI INJ 150MG/ML ..... 110  
   see SKYRIZI PEN INJ 150MG/ML . 110  
**risankizumab-rzaa (crohn's)**  
   see SKYRIZI INJ 180/1.2 ..... 125  
   see SKYRIZI INJ 360/2.4 ..... 125  
   see SKYRIZI SOL 60MG/ML ..... 125  
**risedronate sodium tab 150 mg** 119  
**risedronate sodium tab 30 mg** .. 119  
**risedronate sodium tab 35 mg** .. 119  
**risedronate sodium tab 5 mg** .... 119  
 RISPERDAL INJ 12.5MG..... 78  
 RISPERDAL INJ 25MG ..... 78  
 RISPERDAL INJ 37.5MG..... 79  
 RISPERDAL INJ 50MG ..... 79  
**risperidone microspheres**  
   see RISPERDAL INJ 12.5MG ..... 78  
   see RISPERDAL INJ 25MG ..... 78  
   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  
**risperidone orally disintegrating tab 4 mg** ..... 79  
**risperidone soln 1 mg/ml** ..... 79  
**risperidone tab 0.25 mg**..... 79  
**risperidone tab 0.5 mg** ..... 79  
**risperidone tab 1 mg** ..... 79  
**risperidone tab 2 mg** ..... 79  
**risperidone tab 3 mg** ..... 79  
**risperidone tab 4 mg** ..... 79



<b>ritonavir</b>	
see NORVIR SOL 80MG/ML.....	87
<b>ritonavir tab 100 mg</b> .....	88
<b>rituximab-abbs</b>	
see TRUXIMA INJ 100/10ML .....	69
see TRUXIMA INJ 500/50ML .....	69
<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> .....	165
<b>rivastigmine tartrate cap 3 mg</b> <b>(base equivalent)</b> .....	165
<b>rivastigmine tartrate cap 4.5 mg</b> <b>(base equivalent)</b> .....	165
<b>rivastigmine tartrate cap 6 mg</b> <b>(base equivalent)</b> .....	165
<b>rivastigmine td patch 24hr 13.3</b> <b>mg/24hr</b> .....	165
<b>rivastigmine td patch 24hr 4.6</b> <b>mg/24hr</b> .....	165
<b>rivastigmine td patch 24hr 9.5</b> <b>mg/24hr</b> .....	165
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> .....	99
<b>rizatriptan benzoate oral</b> <b>disintegrating tab 10 mg (base</b> <b>eq)</b> .....	142
<b>rizatriptan benzoate oral</b> <b>disintegrating tab 5 mg (base eq)</b> .....	142
<b>rizatriptan benzoate tab 10 mg</b> <b>(base equivalent)</b> .....	142
<b>rizatriptan benzoate tab 5 mg</b> <b>(base equivalent)</b> .....	142
Robafen	
see <b>guaifenesin syrup 100</b> <b>mg/5ml</b> .....	105
ROBITUSSIN SYP 7.5/5ML .....	104
<b>roflumilast</b>	
see DALIRESP TAB 250MCG .....	27
see DALIRESP TAB 500MCG .....	27
<b>roflumilast tab 250 mcg</b> .....	27
<b>roflumilast tab 500 mcg</b> .....	27
<b>ropinirole hydrochloride tab 0.25</b> <b>mg</b> .....	76
<b>ropinirole hydrochloride tab 0.5 mg</b> .....	76
<b>ropinirole hydrochloride tab 1 mg</b> .....	76
<b>ropinirole hydrochloride tab 2 mg</b> .....	76
<b>ropinirole hydrochloride tab 3 mg</b> .....	76
<b>ropinirole hydrochloride tab 4 mg</b> .....	76
<b>ropinirole hydrochloride tab 5 mg</b> .....	76
<b>rosiglitazone maleate</b>	
see AVANDIA TAB 2MG.....	49
see AVANDIA TAB 4MG.....	49
<b>rosuvastatin calcium tab 10 mg</b> ..	57
<b>rosuvastatin calcium tab 20 mg</b> ..	57
<b>rosuvastatin calcium tab 40 mg</b> ..	58
<b>rosuvastatin calcium tab 5 mg</b> ....	57
<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 susp 40 mg/ml</b> .....	35
<b>rufinamide tab 200 mg</b> .....	35
<b>rufinamide tab 400 mg</b> .....	35
RUXIENCE INJ 100/10ML .....	69
RUXIENCE INJ 500/50ML .....	69
<b>ruxolitinib phosphate</b>	

see JAKAFI TAB 10MG .....72  
 see JAKAFI TAB 15MG .....72  
 see JAKAFI TAB 20MG .....72  
 see JAKAFI TAB 25MG .....72  
 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.....95  
 see ENTRESTO TAB 49-51MG.....95  
 see ENTRESTO TAB 97-103MG.....95

SAFYRAL TAB ..... 101

**saline nasal spray 0.65%** ..... 154

**salmeterol xinafoate**

see SEREVENT DIS AER 50MCG .... 30

**salsalate tab 500 mg**.....13

**salsalate tab 750 mg**.....13

SANDIMMUNE CAP 100MG ..... 147

SANDIMMUNE CAP 25MG ..... 147

SANDOSTATIN KIT LAR 10MG..... 121

SANDOSTATIN KIT LAR 20MG..... 121

SANDOSTATIN KIT LAR 30MG..... 121

SANTYL OIN 250/GM ..... 114

**sapropterin dihydrochloride tab**

**100 mg** ..... 121

**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 ..... 165

SAVELLA TAB 100MG ..... 165

SAVELLA TAB 12.5MG ..... 165

SAVELLA TAB 25MG ..... 165

SAVELLA TAB 50MG ..... 165

Sb Fib Lax Orange

see **psyllium powder 33%**..... 134

Sb Lice Treatment

see **pyrethrins-piperonyl butoxide liq 0.3-3%** ..... 116

**scopolamine td patch 72hr 1**

**mg/3days** .....52

SEASONIQUE TAB..... 101

**secukinumab**

see COSENTYX INJ 150MG/ML .... 109

see COSENTYX INJ 300DOSE..... 109

see COSENTYX INJ 75MG/0.5 ..... 109

see COSENTYX PEN INJ 150MG/ML  
 ..... 109

see COSENTYX PEN INJ 300DOSE 110

**segesterone acetate-ethinyl**

**estradiol**

see ANNOVERA MIS ..... 102

**selegiline**

see EMSAM DIS 12MG/24H ..... 37

see EMSAM DIS 6MG/24HR ..... 37

see EMSAM DIS 9MG/24HR ..... 37

**selegiline hcl cap 5 mg** ..... 76

**selegiline hcl tab 5 mg** ..... 76

**selenium sulfide lotion 1%** ..... 110

**selenium sulfide lotion 2.5%** .... 110

**selexipag**

see UPTRAVI PACK TAB 200/800... 96

see UPTRAVI TAB 1000MCG ..... 96

see UPTRAVI TAB 1200MCG ..... 97

see UPTRAVI TAB 1400MCG ..... 97

see UPTRAVI TAB 1600MCG ..... 97

see UPTRAVI TAB 200MCG ..... 96

see UPTRAVI TAB 400MCG ..... 96

see UPTRAVI TAB 600MCG ..... 96

see UPTRAVI TAB 800MCG ..... 96

SELZENTRY SOL 20MG/ML ..... 88

SELZENTRY TAB 25MG ..... 88

SELZENTRY TAB 75MG ..... 88

**semaglutide**

see OZEMPIC INJ 2/1.5ML..... 46

see OZEMPIC INJ 2MG/3ML..... 46

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..... 152

**sennosides chew tab 15 mg** ..... 135

**sennosides syrup 8.8 mg/5ml**... 135

**sennosides tab 25 mg** ..... 135

**sennosides tab 8.6 mg** ..... 135

**sennosides-docusate sodium**

see MEDI-LAXX CAP 8.6-50MG ... 134

**sennosides-docusate sodium tab**

**8.6-50 mg** ..... 134

SEREVENT DIS AER 50MCG..... 30

<b>sertaconazole nitrate</b>	see MAYZENT TAB 0.25MG..... 166
see ERTACZO CRE 2%..... 108	see MAYZENT TAB 2MG..... 166
<b>sertraline hcl oral concentrate for solution 20 mg/ml</b> .....38	<b>sirolimus oral soln 1 mg/ml</b> ..... 147
<b>sertraline hcl tab 100 mg</b> .....38	<b>sirolimus tab 0.5 mg</b> ..... 147
<b>sertraline hcl tab 25 mg</b> .....38	<b>sirolimus tab 1 mg</b> ..... 147
<b>sertraline hcl tab 50 mg</b> .....38	<b>sirolimus tab 2 mg</b> ..... 147
<b>sevelamer carbonate tab 800 mg</b> ..... 126	SIRTURO TAB 100MG..... 67
Sf	SIRTURO TAB 20MG..... 67
see <b>sodium fluoride gel 1.1% (0.5% f)</b> ..... 148	<b>sitagliptin phosphate</b>
Sf 5000 Plus	see JANUVIA TAB 100MG..... 46
see <b>sodium fluoride cream 1.1%</b> ..... 148	see JANUVIA TAB 25MG..... 46
SHINGRIX INJ 50/0.5ML..... 176	see JANUVIA TAB 50MG..... 46
SHUR-SEAL GEL 2%..... 177	<b>sitagliptin-metformin hcl</b>
Silace	see JANUMET TAB 50-1000..... 43
see <b>docusate sodium liquid 150 mg/15ml</b> ..... 136	see JANUMET TAB 50-500MG..... 43
see <b>docusate sodium syrup 60 mg/15ml</b> ..... 136	see JANUMET XR TAB 100-1000.... 43
<b>sildenafil citrate tab 20 mg</b> .....96	see JANUMET XR TAB 50-1000..... 43
<b>silodosin cap 4 mg</b> ..... 126	see JANUMET XR TAB 50-500MG... 43
<b>silodosin cap 8 mg</b> ..... 126	<b>skin protectants misc - cream</b> ... 115
Siltussin-dm	SKYLA IUD 13.5MG..... 102
see <b>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</b> ..... 104	SKYRIZI INJ 150DOSE..... 110
<b>silver sulfadiazine cream 1%</b> .... 111	SKYRIZI INJ 150MG/ML..... 110
SIMBRINZA SUS 1-0.2%..... 157	SKYRIZI INJ 180/1.2..... 125
<b>simethicone cap 125 mg</b> ..... 123	SKYRIZI INJ 360/2.4..... 125
<b>simethicone cap 180 mg</b> ..... 123	SKYRIZI PEN INJ 150MG/ML..... 110
<b>simethicone chew tab 125 mg</b> ... 123	SKYRIZI SOL 60MG/ML..... 125
<b>simethicone chew tab 80 mg</b> .... 123	Sleep Aid
<b>simethicone liquid 40 mg/0.6ml</b> 123	see <b>doxylamine succinate (sleep) tab 25 mg</b> ..... 132
<b>simethicone susp 40 mg/0.6ml</b> . 124	SLOW FE TAB 45MG..... 131
SIMPONI INJ 100MG/ML..... 7	Slow Iron
SIMPONI INJ 50/0.5ML..... 7	see <b>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</b> ..... 131
<b>simvastatin tab 10 mg</b> .....58	Slow Release Iron
<b>simvastatin tab 20 mg</b> .....58	see <b>ferrous sulfate tab er 50 mg (elemental fe)</b> ..... 131
<b>simvastatin tab 40 mg</b> .....58	Slow-release Iron
<b>simvastatin tab 5 mg</b> .....58	see <b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> ..... 131
<b>simvastatin tab 80 mg</b> .....58	SLYND TAB 4MG..... 103
<b>sinecatechins</b>	Sm Anti-itch Extra Streng
see VEREGEN OIN 15%..... 107	see <b>diphenhydramine-zinc acetate cream 2-0.1%</b> ..... 109
<b>siponimod fumarate</b>	Sm Artificial Tears
	see <b>artificial tear ophth solution</b> ..... 155

Sm Aspirin	see <b>FLUORABON DRO</b> ..... 145
see <b>aspirin tab 325 mg</b> .....13	<b>sodium fluoride chew tab 0.25 mg f</b>
Sm Bedding Lice Treatment	<b>(from 0.55 mg naf)</b> ..... 145
see <b>permethrin aerosol 0.5%</b> .. 115	<b>sodium fluoride chew tab 0.5 mg f</b>
Sm Calcium 600 + D Plus M	<b>(from 1.1 mg naf)</b> ..... 145
see <b>calcium carb-vit d w/</b>	<b>sodium fluoride chew tab 1 mg f</b>
<b>minerals chew tab 600 mg-800</b>	<b>(from 2.2 mg naf)</b> ..... 145
<b>unit</b> ..... 144	<b>sodium fluoride cream 1.1%</b> ..... 148
Sm Chest Congestion Relie	<b>sodium fluoride gel 1.1% (0.5% f)</b>
see <b>guaifenesin tab 400 mg</b> .... 105	..... 148
Sm Esomeprazole Magnesium	<b>sodium fluoride soln 0.125</b>
see <b>esomeprazole magnesium cap</b>	<b>mg/drop f (0.275 mg/drop naf)</b>
<b>delayed release 20 mg (base</b>	..... 145
<b>eq)</b> ..... 172	<b>sodium fluoride soln 0.25 mg/drop</b>
Sm Ibuprofen Ib	<b>f (from 0.55 mg/drop naf)</b> ..... 145
see <b>ibuprofen chew tab 100 mg</b> . 9	<b>sodium fluoride soln 0.5 mg/ml f</b>
Sm Lice Treatment	<b>(from 1.1 mg/ml naf)</b> ..... 145
see <b>permethrin lotion 1%</b> ..... 116	<b>sodium fluoride tab 0.5 mg f (from</b>
Sm Miconazole 3	<b>1.1 mg naf)</b> ..... 145
see <b>miconazole nitrate vaginal</b>	<b>sodium hyaluronate</b>
<b>app 200 mg &amp; 2% cream 9 gm</b>	<b>(viscosupplement)</b>
<b>kit</b> ..... 177	see <b>EUFLEXXA INJ 10MG/ML</b> ..... 153
Sm Motion Sickness	see <b>VISCO-3 INJ 25/2.5ML</b> ..... 153
see <b>dimenhydrinate tab 50 mg</b> ..52	<b>sodium oxybate</b>
SM ONE DAILY MIS PRENATAL..... 152	see <b>XYREM SOL 500MG/ML</b> ..... 164
Sm Pain Relief Extra Stre	<b>sodium phenylbutyrate tab 500 mg</b>
see <b>acetaminophen tab 500 mg</b> 12	..... 121
Sm Stomach Relief	<b>sodium phosphate monobasic-</b>
see <b>bismuth subsalicylate tab 262</b>	<b>sodium phosphate dibasic</b>
<b>mg</b> .....51	see <b>OSMOPREP TAB 1.5GM</b> ..... 135
<b>sod sulfate-pot sulf-mg sulf oral sol</b>	<b>sodium phosphates - enema</b> ..... 135
<b>17.5-3.13-1.6 gm/177ml</b> ..... 134	<b>sodium picosulfate-magnesium</b>
<b>sodium bicarbonate tab 325 mg</b> ..20	<b>oxide-anhydrous citric acid</b>
<b>sodium bicarbonate tab 650 mg</b> ..20	see <b>PREPOPIK PAK</b> ..... 134
<b>sodium chloride hypertonic ophth</b>	<b>sodium polystyrene sulfonate oral</b>
<b>oint 5%</b> ..... 160	<b>susp 15 gm/60ml</b> ..... 148
<b>sodium chloride hypertonic ophth</b>	<b>sodium polystyrene sulfonate</b>
<b>soln 5%</b> ..... 160	<b>powder</b> ..... 148
<b>sodium chloride irrigation soln</b>	<b>sodium sulfate-potassium sulfate-</b>
<b>0.9%</b> ..... 126	<b>magnesium sulfate</b>
<b>sodium chloride soln nebu 0.9%</b> 105	see <b>SUPREP BOWEL SOL PREP KIT</b>
<b>sodium chloride soln nebu 3%</b> .. 105	..... 135
<b>sodium chloride soln nebu 7%</b> .. 105	<b>sodium zirconium cyclosilicate</b>
<b>sodium chloride tab 1 gm</b> ..... 146	see <b>LOKELMA PAK 10GM</b> ..... 148
<b>sodium citrate &amp; citric acid soln</b>	see <b>LOKELMA PAK 5GM</b> ..... 148
<b>500-334 mg/5ml</b> ..... 126	<b>SOFOS/VELPAT TAB 400-100</b> ..... 89
<b>sodium fluoride</b>	<b>sofosbuvir</b>

see SOVALDI TAB 400MG .....89  
**sofosbuvir-velpatasvir-voxilaprevir**  
 see VOSEVI TAB .....90  
**solifenacin succinate tab 10 mg** 174  
**solifenacin succinate tab 5 mg** .. 174  
 SOLIQUA INJ 100/33.....43  
**somatropin**  
 see OMNITROPE INJ 10/1.5ML .... 119  
 see OMNITROPE INJ 5.8MG ..... 119  
 see OMNITROPE INJ 5/1.5ML..... 119  
 SOMAVERT INJ 10MG ..... 119  
 SOMAVERT INJ 15MG ..... 119  
 SOMAVERT INJ 20MG ..... 119  
**sonidegib phosphate**  
 see ODOMZO CAP 200MG.....69  
**sorafenib tosylate**  
 see NEXAVAR TAB 200MG .....73  
**sorafenib tosylate tab 200 mg**  
**(base equivalent)**.....73  
**sotalol hcl (afib/afl) tab 120 mg** .92  
**sotalol hcl (afib/afl) tab 160 mg** .92  
**sotalol hcl (afib/afl) tab 80 mg** ...92  
**sotalol hcl tab 120 mg**.....92  
**sotalol hcl tab 160 mg**.....92  
**sotalol hcl tab 240 mg**.....92  
**sotalol hcl tab 80 mg** .....92  
 SOVALDI TAB 400MG .....89  
**spacer/aerosol-holding chambers**  
 see INSPIRACHAMB MIS LARGE .. 140  
**spinosad susp 0.9%** ..... 116  
 SPIRIVA AER 1.25MCG .....27  
 SPIRIVA CAP HANDIHLR .....27  
 SPIRIVA SPR 2.5MCG .....27  
**spironolactone &**  
**hydrochlorothiazide tab 25-25**  
**mg** ..... 117  
**spironolactone tab 100 mg**..... 118  
**spironolactone tab 25 mg** ..... 118  
**spironolactone tab 50 mg** ..... 118  
 SPRYCEL TAB 100MG .....73  
 SPRYCEL TAB 140MG .....73  
 SPRYCEL TAB 20MG .....73  
 SPRYCEL TAB 50MG .....73  
 SPRYCEL TAB 70MG .....73  
 SPRYCEL TAB 80MG .....73  
 St Joseph Low Dose Aspiri  
 see **aspirin chew tab 81 mg** .....13

**stavudine cap 15 mg**..... 88  
**stavudine cap 20 mg**..... 88  
**stavudine cap 30 mg**..... 88  
**stavudine cap 40 mg**..... 88  
 STELARA INJ 45MG/0.5 ..... 110  
 STELARA INJ 5MG/ML ..... 125  
 STELARA INJ 90MG/ML..... 110  
 STIMATE SOL 1.5MG/ML..... 121  
 Stimulant Laxative  
 see **bisacodyl tab delayed release**  
**5 mg** ..... 135  
 STIOLTO AER 2.5-2.5..... 30  
**stiripentol**  
 see DIACOMIT CAP 250MG..... 34  
 see DIACOMIT CAP 500MG..... 34  
 see DIACOMIT PAK 250MG..... 34  
 see DIACOMIT PAK 500MG..... 34  
 STIVARGA TAB 40MG..... 73  
 Stool Softener  
 see **docusate calcium cap 240 mg**  
 ..... 136  
 see **docusate sodium cap 100 mg**  
 ..... 136  
 Stop Lice Complete Lice T  
 see **pyreth-piperonyl butox sham-**  
**permeth aero-nit remover gel**  
**kit** ..... 116  
 Stop Lice Maximum Strengt  
 see **pyrethrins-piperonyl butoxide**  
**liq 0.33-4%**..... 116  
 Stress Formula W/iron  
 see **multiple vitamins w/ iron tab**  
 ..... 149  
 STRIBILD TAB ..... 88  
 STRIVERDI AER 2.5MCG ..... 30  
**succimer**  
 see CHEMET CAP 100MG..... 51  
**sucrafate tab 1 gm**..... 171  
**sucroferic oxyhydroxide**  
 see VELPHORO CHW 500MG ..... 126  
 SUDAFED PE SOL CHILDREN ..... 155  
**sulconazole nitrate cream 1%** .. 109  
**sulconazole nitrate solution 1%** 109  
**sulfacetamide sodium lotion 10%**  
**(acne)**..... 106  
**sulfacetamide sodium ophth soln**  
**10%** ..... 158

<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b> .....	158	SYNAGIS INJ 100MG/ML.....	162
<b>sulfacetamide sodium-sulfur in urea emulsion 10-4%</b> .....	106	SYNAGIS INJ 50MG.....	162
SULFADIAZINE TAB 500 MG.....	168	SYNAREL SOL 2MG/ML.....	120
<b>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</b> .....	21	SYNJARDY TAB.....	43
<b>sulfamethoxazole-trimethoprim tab 400-80 mg</b> .....	21	SYNJARDY TAB 12.5-500.....	44
<b>sulfamethoxazole-trimethoprim tab 800-160 mg</b> .....	21	SYNJARDY TAB 5-1000MG.....	44
SULFAMYLLON CRE 85MG/GM.....	111	SYNJARDY TAB 5-500MG.....	44
<b>sulfasalazine tab 500 mg</b> .....	125	SYNJARDY XR TAB.....	44
<b>sulfasalazine tab delayed release 500 mg</b> .....	125	SYNJARDY XR TAB 10-1000.....	44
<b>sulindac tab 150 mg</b> .....	11	SYNJARDY XR TAB 25-1000.....	44
<b>sulindac tab 200 mg</b> .....	11	SYNJARDY XR TAB 5-1000MG.....	44
<b>sumatriptan succinate inj 6 mg/0.5ml</b> .....	142	SYNTHROID TAB 100MCG.....	170
<b>sumatriptan succinate tab 100 mg</b> .....	142	SYNTHROID TAB 112MCG.....	170
<b>sumatriptan succinate tab 25 mg</b> .....	142	SYNTHROID TAB 125MCG.....	170
<b>sumatriptan succinate tab 50 mg</b> .....	142	SYNTHROID TAB 137MCG.....	170
<b>sunitinib malate cap 12.5 mg (base equivalent)</b> .....	73	SYNTHROID TAB 150MCG.....	170
<b>sunitinib malate cap 25 mg (base equivalent)</b> .....	73	SYNTHROID TAB 175MCG.....	170
<b>sunitinib malate cap 37.5 mg (base equivalent)</b> .....	73	SYNTHROID TAB 200MCG.....	170
<b>sunitinib malate cap 50 mg (base equivalent)</b> .....	73	SYNTHROID TAB 25MCG.....	169
SUPREP BOWEL SOL PREP KIT.....	135	SYNTHROID TAB 300MCG.....	170
<b>suvorexant</b>		SYNTHROID TAB 50MCG.....	170
see BELSOMRA TAB 10MG.....	133	SYNTHROID TAB 75MCG.....	170
see BELSOMRA TAB 15MG.....	133	SYNTHROID TAB 88MCG.....	170
see BELSOMRA TAB 20MG.....	133	<b>syringe (disposable)</b>	
see BELSOMRA TAB 5MG.....	133	see 3ML SYRINGE MIS REG TIP... 140	140
SYMBICORT AER 160-4.5.....	30	<b>T</b>	
SYMBICORT AER 80-4.5.....	30	TABLOID TAB 40MG.....	68
SYMJEPI INJ 0.15MG.....	178	<b>tacrolimus cap 0.5 mg</b> .....	147
SYMJEPI INJ 0.3MG.....	178	<b>tacrolimus cap 1 mg</b> .....	148
SYMLINPEN 60 INJ 1000MCG.....	42	<b>tacrolimus cap 5 mg</b> .....	148
SYMLINPEN 120 INJ 1000MCG.....	42	<b>tacrolimus oint 0.03%</b> .....	114
SYMPROIC TAB 0.2MG.....	125	<b>tacrolimus oint 0.1%</b> .....	114
SYMTUZA TAB.....	88	<b>tadalafil tab 20 mg (pah)</b> .....	96
		TAFINLAR CAP 50MG.....	73
		TAFINLAR CAP 75MG.....	74
		<b>tafluprost</b>	
		see ZIOPTAN DRO 0.0015%.....	160
		<b>tafluprost preservative free (pf) ophth soln 0.0015%</b> .....	160
		TAGRISSE TAB 40MG.....	74
		TAGRISSE TAB 80MG.....	74
		<b>tamoxifen citrate tab 10 mg (base equivalent)</b> .....	70
		<b>tamoxifen citrate tab 20 mg (base equivalent)</b> .....	70
		<b>tamsulosin hcl cap 0.4 mg</b> .....	126
		<b>tapentadol hcl</b>	

see NUCYNTA ER TAB 100MG.....	15	<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	63
see NUCYNTA ER TAB 150MG.....	15	<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	63
see NUCYNTA ER TAB 200MG.....	15	<b>terbinafine hcl cream 1%</b> .....	109
see NUCYNTA ER TAB 250MG.....	15	<b>terbinafine hcl tab 250 mg</b> .....	52
see NUCYNTA ER TAB 50MG .....	15	<b>terbutaline sulfate tab 2.5 mg</b> ....	30
see NUCYNTA TAB 100MG .....	16	<b>terbutaline sulfate tab 5 mg</b> .....	30
see NUCYNTA TAB 50MG.....	15	<b>terconazole vaginal cream 0.4%</b>	
see NUCYNTA TAB 75MG.....	15	.....	177
TARGRETIN GEL 1%.....	109	<b>terconazole vaginal cream 0.8%</b>	
TASIGNA CAP 150MG .....	74	.....	177
TASIGNA CAP 200MG .....	74	<b>terconazole vaginal suppos 80 mg</b>	
TASIGNA CAP 50MG.....	74	.....	177
<b>tasimelteon</b>		<b>teriflunomide</b>	
see HETLIOZ CAP 20MG .....	133	see AUBAGIO TAB 14MG.....	165
<b>tasimelteon capsule 20 mg</b> .....	133	see AUBAGIO TAB 7MG.....	165
TAYTULLA CAP 1MG/20MC .....	101	<b>teriflunomide tab 14 mg</b> .....	166
<b>tazarotene</b>		<b>teriflunomide tab 7 mg</b> .....	166
see TAZORAC CRE 0.05% .....	110	<b>teriparatide (recombinant)</b>	
see TAZORAC GEL 0.05%.....	110	see FORTEO INJ 600/2.4.....	119
see TAZORAC GEL 0.1% .....	110	TERIPARATIDE INJ.....	119
<b>tazarotene cream 0.1%</b> .....	110	<b>testosterone cypionate im inj in oil</b>	
<b>tazarotene gel 0.05%</b> .....	110	<b>100 mg/ml</b> .....	19
TAZORAC CRE 0.05%.....	110	<b>testosterone cypionate im inj in oil</b>	
TAZORAC GEL 0.05% .....	110	<b>200 mg/ml</b> .....	19
TAZORAC GEL 0.1%.....	110	<b>testosterone enanthate im inj in oil</b>	
TDVAX INJ 2-2 LF .....	170	<b>200 mg/ml</b> .....	19
<b>telmisartan tab 20 mg</b> .....	62	<b>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</b>	
<b>telmisartan tab 40 mg</b> .....	62	see ADACEL INJ.....	170
<b>telmisartan tab 80 mg</b> .....	62	see BOOSTRIX INJ .....	170
<b>temazepam cap 15 mg</b> .....	133	<b>tetanus-diphtheria toxoids (td)</b>	
<b>temazepam cap 30 mg</b> .....	133	see TDVAX INJ 2-2 LF.....	170
TEMIXYS TAB 300-300 .....	88	see TENIVAC INJ 5-2LF.....	170
<b>temozolomide cap 100 mg</b> .....	68	<b>tetrabenazine tab 12.5 mg</b> .....	165
<b>temozolomide cap 140 mg</b> .....	68	<b>tetrabenazine tab 25 mg</b> .....	165
<b>temozolomide cap 180 mg</b> .....	68	<b>tetracycline hcl cap 250 mg</b> .....	168
<b>temozolomide cap 20 mg</b> .....	68	<b>tetracycline hcl cap 500 mg</b> .....	168
<b>temozolomide cap 250 mg</b> .....	68	TGT GLUCOSE CHW GRAPE .....	46
<b>temozolomide cap 5 mg</b> .....	68	<b>thalidomide</b>	
TENIVAC INJ 5-2LF .....	170	see THALOMID CAP 100MG .....	147
<b>tenofovir alafenamide fumarate</b>		see THALOMID CAP 150MG .....	147
see VEMLIDY TAB 25MG.....	89	see THALOMID CAP 200MG .....	147
<b>tenofovir disoproxil fumarate tab</b>		see THALOMID CAP 50MG .....	147
<b>300 mg</b> .....	88	THALOMID CAP 100MG.....	147
<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	63	THALOMID CAP 150MG.....	147
<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	63		

THALOMID CAP 200MG .....	147	see NP THYROID TAB 120MG.....	169
THALOMID CAP 50MG.....	147	see NP THYROID TAB 15MG .....	169
<b>theophylline elixir 80 mg/15ml</b> ...	30	see NP THYROID TAB 30MG .....	169
<b>theophylline tab er 12hr 100 mg</b> .30		see NP THYROID TAB 60MG .....	169
<b>theophylline tab er 12hr 200 mg</b> .30		see NP THYROID TAB 90MG .....	169
<b>theophylline tab er 12hr 300 mg</b> .30		see WP THYROID TAB 81.25MG ..	170
<b>theophylline tab er 12hr 450 mg</b> .30		THYROLAR-1 TAB 60MG .....	170
<b>theophylline tab er 24hr 400 mg</b> .30		THYROLAR-1/2 TAB 30MG .....	170
<b>theophylline tab er 24hr 600 mg</b> .30		THYROLAR-1/4 TAB 15MG .....	170
THERANATAL MIS COMPLETE.....	152	THYROLAR-2 TAB 120MG.....	170
<b>thiamine hcl tab 100 mg</b> .....	179	THYROLAR-3 TAB 180MG.....	170
<b>thiamine hcl tab 250 mg</b> .....	179	<b>thyrotropin alfa</b>	
<b>thiamine hcl tab 50 mg</b> .....	179	see THYROGEN INJ 0.9MG .....	116
<b>thioguanine</b>		<b>tiagabine hcl tab 12 mg</b> .....	35
see TABLOID TAB 40MG.....	68	<b>tiagabine hcl tab 16 mg</b> .....	35
<b>thioridazine hcl tab 10 mg</b> .....	83	<b>tiagabine hcl tab 2 mg</b> .....	35
<b>thioridazine hcl tab 100 mg</b> .....	83	<b>tiagabine hcl tab 4 mg</b> .....	35
<b>thioridazine hcl tab 25 mg</b> .....	83	<b>ticagrelor</b>	
<b>thioridazine hcl tab 50 mg</b> .....	83	see BRILINTA TAB 60MG.....	128
<b>thiothixene cap 1 mg</b> .....	84	see BRILINTA TAB 90MG.....	128
<b>thiothixene cap 10 mg</b> .....	84	Tilia Fe	
<b>thiothixene cap 2 mg</b> .....	84	see <b>norethindrone ac-ethinyl</b>	
<b>thiothixene cap 5 mg</b> .....	84	<b>estrad-fe tab 1-20/1-30/1-35</b>	
THYROGEN INJ 0.9MG .....	116	<b>mg-mcg</b> .....	100
<b>thyroid</b>		<b>timolol maleate ophth gel forming</b>	
see ARMOUR THYRO TAB 120MG. 168		<b>soln 0.25%</b> .....	156
see ARMOUR THYRO TAB 15MG .. 168		<b>timolol maleate ophth gel forming</b>	
see ARMOUR THYRO TAB 180MG. 168		<b>soln 0.5%</b> .....	156
see ARMOUR THYRO TAB 240MG. 168		<b>timolol maleate ophth soln 0.25%</b>	
see ARMOUR THYRO TAB 300MG. 169		.....	156
see ARMOUR THYRO TAB 30MG .. 168		<b>timolol maleate ophth soln 0.5%</b>	
see ARMOUR THYRO TAB 60MG .. 168		.....	156
see ARMOUR THYRO TAB 90MG .. 168		<b>timolol maleate tab 10 mg</b> .....	92
see NATURE THROI TAB 162.5MG 169		<b>timolol maleate tab 20 mg</b> .....	92
see NATURE-THROI TAB 113.75MG		<b>timolol maleate tab 5 mg</b> .....	92
.....	169	<b>tinidazole tab 250 mg</b> .....	21
see NATURE-THROI TAB 130MG.. 169		<b>tinidazole tab 500 mg</b> .....	21
see NATURE-THROI TAB 146.25MG		<b>tioconazole vaginal oint 6.5%</b> ...	178
.....	169	<b>tiotropium bromide monohydrate</b>	
see NATURE-THROI TAB 16.25MG 169		see SPIRIVA AER 1.25MCG.....	27
see NATURE-THROI TAB 195MG.. 169		see SPIRIVA CAP HANDIHLR.....	27
see NATURE-THROI TAB 260MG.. 169		see SPIRIVA SPR 2.5MCG .....	27
see NATURE-THROI TAB 32.5MG. 169		<b>tiotropium bromide-olodaterol hcl</b>	
see NATURE-THROI TAB 325MG.. 169		see STIOLTO AER 2.5-2.5 .....	30
see NATURE-THROI TAB 48.75MG 169		<b>tipranavir</b>	
see NATURE-THROI TAB 65MG.... 169		see APTIVUS CAP 250MG .....	84
see NATURE-THROI TAB 97.5MG. 169		see APTIVUS SOL .....	84



TIVICAY PD TAB 5MG .....	88	<b>topiramate tab 25 mg</b> .....	35
TIVICAY TAB 10MG .....	88	<b>topiramate tab 50 mg</b> .....	35
TIVICAY TAB 25MG .....	88	<b>toremifene citrate tab 60 mg (base equivalent)</b> .....	70
TIVICAY TAB 50MG .....	88	<b>toremide tab 10 mg</b> .....	118
<b>tizanidine hcl tab 2 mg (base equivalent)</b> .....	153	<b>toremide tab 100 mg</b> .....	118
<b>tizanidine hcl tab 4 mg (base equivalent)</b> .....	153	<b>toremide tab 20 mg</b> .....	118
TL FOLATE TAB.....	152	<b>toremide tab 5 mg</b> .....	118
TOBRADEX OIN 0.3-0.1% .....	159	TOUJEO MAX INJ 300IU/ML.....	49
<b>tobramycin nebu soln 300 mg/5ml</b> .....	6	TOUJEO SOLO INJ 300IU/ML .....	49
<b>tobramycin ophth soln 0.3%</b> .....	158	TOVIAZ TAB 4MG .....	174
<b>tobramycin-dexamethasone</b> .....		TOVIAZ TAB 8MG .....	175
see TOBRADEX OIN 0.3-0.1%.....	159	TRACLEER TAB 32MG .....	96
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b> .....	159	<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.....	8	<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 release 100 mg</b> .....	17
see ACTEMRA INJ 80MG/4ML .....	8	<b>tramadol hcl tab er 24hr biphasic release 200 mg</b> .....	17
see ACTEMRA INJ ACTPEN.....	8	<b>tramadol hcl tab er 24hr biphasic release 300 mg</b> .....	17
TODAY SPONGE MIS .....	177	<b>tramadol-acetaminophen tab 37.5-325 mg</b> .....	18
<b>tofacitinib citrate</b> .....		<b>trametinib dimethyl sulfoxide</b> .....	
see XELJANZ SOL 1MG/ML .....	7	see MEKINIST TAB 0.5MG .....	73
see XELJANZ TAB 10MG .....	7	see MEKINIST TAB 2MG.....	73
see XELJANZ TAB 5MG.....	7	<b>trandolapril tab 1 mg</b> .....	60
see XELJANZ XR TAB 11MG .....	7	<b>trandolapril tab 2 mg</b> .....	60
see XELJANZ XR TAB 22MG .....	8	<b>trandolapril tab 4 mg</b> .....	60
<b>tolbutamide tab 500 mg</b> .....	50	<b>tranexamic acid tab 650 mg</b> .....	131
<b>tolcapone tab 100 mg</b> .....	75	<b>tranylcyromine sulfate tab 10 mg</b> .....	37
<b>tolmetin sodium cap 400 mg</b> .....	11	<b>trastuzumab-anns</b> .....	
<b>tolmetin sodium tab 200 mg</b> .....	11	see KANJINTI INJ 420MG .....	68
<b>tolmetin sodium tab 600 mg</b> .....	11	see KANJINTI SOL 150MG .....	68
<b>tolnaftate aerosol pow 1%</b> .....	109	<b>trastuzumab-dkst</b> .....	
<b>tolnaftate cream 1%</b> .....	109	see OGIVRI INJ 150MG.....	68
<b>tolnaftate powder 1%</b> .....	109	see OGIVRI INJ 420MG.....	68
<b>tolnaftate soln 1%</b> .....	109	<b>trastuzumab-dttb</b> .....	
<b>tolterodine tartrate tab 1 mg</b> ....	174	see ONTRUZANT INJ 150MG .....	69
<b>tolterodine tartrate tab 2 mg</b> ....	174	see ONTRUZANT INJ 420MG .....	69
<b>tolvaptan tab 15 mg</b> .....	121	<b>trastuzumab-pkrb</b> .....	
<b>tolvaptan tab 30 mg</b> .....	121	see HERZUMA INJ 150MG .....	68
<b>topiramate sprinkle cap 15 mg</b> ....	35	see HERZUMA INJ 420MG .....	68
<b>topiramate sprinkle cap 25 mg</b> ....	35	<b>trastuzumab-qyyp</b> .....	
<b>topiramate tab 100 mg</b> .....	35		
<b>topiramate tab 200 mg</b> .....	35		

see TRAZIMERA INJ 150MG .....	69
see TRAZIMERA INJ 420MG .....	69
<b>travoprost ophth soln 0.004%</b> <b>(benzalkonium free) (bak free)</b> .....	160
TRAZIMERA INJ 150MG .....	69
TRAZIMERA INJ 420MG .....	69
<b>trazodone hcl tab 100 mg</b> .....	38
<b>trazodone hcl tab 150 mg</b> .....	38
<b>trazodone hcl tab 50 mg</b> .....	38
TRECTOR TAB 250MG .....	68
TRELEGY AER 100MCG .....	30
TRELEGY AER 200MCG .....	30
TRELSTAR MIX INJ 11.25MG.....	70
TRELSTAR MIX INJ 3.75MG .....	70
TREMFYA INJ 100MG/ML.....	110
<b>treprostinil diolamine</b> see ORENITRAM TAB 0.125MG.....	95
see ORENITRAM TAB 0.25MG.....	95
see ORENITRAM TAB 1MG .....	95
see ORENITRAM TAB 2.5MG .....	95
see ORENITRAM TAB 5MG .....	96
<b>treprostinil inj soln 100 mg/20ml</b> <b>(5 mg/ml)</b> .....	96
<b>treprostinil inj soln 20 mg/20ml (1</b> <b>mg/ml)</b> .....	96
<b>treprostinil inj soln 200 mg/20ml</b> <b>(10 mg/ml)</b> .....	96
<b>treprostinil inj soln 50 mg/20ml</b> <b>(2.5 mg/ml)</b> .....	96
TRESIBA FLEX INJ 100UNIT.....	49
TRESIBA FLEX INJ 200UNIT.....	49
TRESIBA INJ 100UNIT .....	49
<b>tretinoin cap 10 mg</b> .....	74
<b>tretinoin cream 0.025%</b> .....	107
<b>tretinoin cream 0.05%</b> .....	107
<b>tretinoin cream 0.1%</b> .....	106
<b>tretinoin gel 0.01%</b> .....	107
<b>tretinoin gel 0.025%</b> .....	107
<b>triamcinolone acetonide cream</b> <b>0.025%</b> .....	114
<b>triamcinolone acetonide cream</b> <b>0.1%</b> .....	114
<b>triamcinolone acetonide cream</b> <b>0.5%</b> .....	114
<b>triamcinolone acetonide dental</b> <b>paste 0.1%</b> .....	148

<b>triamcinolone acetonide lotion</b> <b>0.025%</b> .....	114
<b>triamcinolone acetonide lotion</b> <b>0.1%</b> .....	114
<b>triamcinolone acetonide nasal</b> <b>aerosol suspension 55 mcg/act</b> .....	154
<b>triamcinolone acetonide oint</b> <b>0.025%</b> .....	114
<b>triamcinolone acetonide oint 0.1%</b> .....	114
<b>triamcinolone acetonide oint 0.5%</b> .....	114
<b>triamterene &amp; hydrochlorothiazide</b> <b>cap 37.5-25 mg</b> .....	117
<b>triamterene &amp; hydrochlorothiazide</b> <b>tab 37.5-25 mg</b> .....	118
<b>triamterene &amp; hydrochlorothiazide</b> <b>tab 75-50 mg</b> .....	118
<b>triamterene cap 100 mg</b> .....	118
<b>triamterene cap 50 mg</b> .....	118
<b>triazolam tab 0.125 mg</b> .....	133
<b>triazolam tab 0.25 mg</b> .....	133
Tricon see <b>fe fumarate w/ b12-vit c-fa-</b> <b>ifc cap 110-0.015-75-0.5-240</b> <b>mg</b> .....	130
<b>trifluoperazine hcl tab 1 mg (base</b> <b>equivalent)</b> .....	83
<b>trifluoperazine hcl tab 10 mg (base</b> <b>equivalent)</b> .....	83
<b>trifluoperazine hcl tab 2 mg (base</b> <b>equivalent)</b> .....	83
<b>trifluoperazine hcl tab 5 mg (base</b> <b>equivalent)</b> .....	83
<b>trifluridine ophth soln 1%</b> .....	158
<b>trifluridine-tipiracil</b> see LONSURF TAB 15-6.14.....	71
see LONSURF TAB 20-8.19.....	71
<b>trihexyphenidyl hcl oral soln 0.4</b> <b>mg/ml</b> .....	75
<b>trihexyphenidyl hcl tab 2 mg</b> .....	75
<b>trihexyphenidyl hcl tab 5 mg</b> .....	75
TRIJDY XR TAB.....	44
<b>trimethobenzamide hcl cap 300 mg</b> .....	52
<b>trimethoprim tab 100 mg</b> .....	21

<b>trimipramine maleate cap 100 mg</b>	TWINRIX INJ.....	176
.....41	TWIRLA DIS 120-30.....	102
<b>trimipramine maleate cap 25 mg</b>	TYBOST TAB 150MG.....	88
41	Tydemy	
<b>trimipramine maleate cap 50 mg</b>	see <b>drospirenone-ethinyl estrad-</b>	
41	<b>levomefolate tab 3-0.03-0.451</b>	
TRINATAL RX TAB 1 .....	<b>mg</b> .....	99
152	TYMLOS INJ .....	119
Trinate	TYSABRI INJ 300/15ML .....	166
see <b>prenatal vit w/ fe fumarate-fa</b>	<b>U</b>	
<b>tab 28-1 mg</b> .....	UBRELVIY TAB 100MG.....	141
152	UBRELVIY TAB 50MG.....	141
TRI-NORINYL TAB 28 .....	<b>ubrogepant</b>	
101	see UBRELVIY TAB 100MG .....	141
TRINTELLIX TAB 10MG .....	see UBRELVIY TAB 50MG .....	141
38	ULESFIA LOT 5%.....	116
TRINTELLIX TAB 20MG .....	<b>ulipristal acetate</b>	
39	see ELLA TAB 30MG .....	102
TRINTELLIX TAB 5MG .....	Ultra Choice Multivitamin	
38	see <b>pediatric multiple vitamins</b>	
Triple Antibiotic Plus	<b>w/ iron chew tab 18 mg</b> .....	150
see <b>neomycin-bacitracin-</b>	<b>umeclidinium bromide</b>	
<b>polymyxin-pramoxine oint 1%</b>	see INCRUSE ELPT INH 62.5MCG ..	27
.....	<b>umeclidinium-vilanterol</b>	
108	see ANORO ELLIPT AER 62.5-25 ...	29
Triple Paste Af	UNIFIBER POW.....	134
see <b>miconazole nitrate ointment</b>	<b>upadacitinib</b>	
<b>2%</b> .....	see RINVOQ TAB 15MG ER.....	7
108	see RINVOQ TAB 30MG ER.....	7
<b>triptorelin pamoate</b>	see RINVOQ TAB 45MG ER.....	7
see TRELSTAR MIX INJ 11.25MG ...	UPTRAVI PACK TAB 200/800 .....	96
70	UPTRAVI TAB 1000MCG.....	96
see TRELSTAR MIX INJ 3.75MG .....	UPTRAVI TAB 1200MCG.....	97
70	UPTRAVI TAB 1400MCG.....	97
TRIUMEQ PD TAB.....	UPTRAVI TAB 1600MCG.....	97
88	UPTRAVI TAB 200MCG .....	96
TRIUMEQ TAB .....	UPTRAVI TAB 400MCG .....	96
88	UPTRAVI TAB 600MCG .....	96
TRI-VI-SOL SOL A/C/D .....	UPTRAVI TAB 800MCG .....	96
150	<b>ursodiol cap 300 mg</b> .....	124
Tri-vitamin/fluoride	<b>ursodiol tab 250 mg</b> .....	124
see <b>pediatric vitamins acid w/</b>	<b>ursodiol tab 500 mg</b> .....	124
<b>fluoride soln 0.25 mg/ml</b> .....	<b>ustekinumab</b>	
150	see STELARA INJ 45MG/0.5.....	110
Tri-vite/fluoride	see STELARA INJ 90MG/ML .....	110
see <b>pediatric vitamins acid w/</b>	<b>ustekinumab (iv)</b>	
<b>fluoride soln 0.5 mg/ml</b> .....	see STELARA INJ 5MG/ML .....	125
150		
TROJAN MIS NATULAMB .....		
137		
<b>tropicamide ophth soln 0.5%</b> ....		
157		
<b>tropicamide ophth soln 1%</b> .....		
157		
<b>trospium chloride cap er 24hr 60</b>		
<b>mg</b> .....		
175		
<b>trospium chloride tab 20 mg</b> .....		
175		
TRUE METRIX KIT AIR .....		
138		
TRUE METRIX KIT METER.....		
138		
TRUE METRIX MIS AIR.....		
138		
TRUE METRIX TES GLUCOSE .....		
116		
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		
TRUXIMA INJ 100/10ML.....		
69		
TRUXIMA INJ 500/50ML.....		
69		

<b>V</b>	
<b>valacyclovir hcl tab 1 gm</b> .....	90
<b>valacyclovir hcl tab 500 mg</b> .....	90
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	89
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	89
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	36
<b>valproic acid cap 250 mg</b> .....	36
<b>valsartan tab 160 mg</b> .....	62
<b>valsartan tab 320 mg</b> .....	62
<b>valsartan tab 40 mg</b> .....	62
<b>valsartan tab 80 mg</b> .....	62
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> .....	65
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	65
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> .....	65
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> .....	65
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	65
VALTOCO SPR 10MG.....	33
VALTOCO SPR 15MG.....	33
VALTOCO SPR 20MG.....	33
VALTOCO SPR 5MG.....	33
<b>vancomycin hcl</b>	
see FIRVANQ SOL 25MG/ML.....	22
see FIRVANQ SOL 50MG/ML.....	22
<b>vandetanib</b>	
see CAPRELSA TAB 100MG.....	71
see CAPRELSA TAB 300MG.....	71
VAQTA INJ 25/0.5ML.....	176
VAQTA INJ 50UNT/ML.....	177
<b>varenicline tartrate</b>	
see CHANTIX TAB 0.5& 1MG.....	167
see CHANTIX TAB 0.5MG.....	167
see CHANTIX TAB 1MG.....	167
<b>varenicline tartrate tab 0.5 mg (base equiv)</b> .....	167
<b>varenicline tartrate tab 1 mg (base equiv)</b> .....	167
<b>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</b> .....	167
VAXNEUVANCE INJ.....	175
V-c Forte	
see <b>multiple vitamins w/ minerals cap</b> .....	149
VCF VAGINAL AER CONTRACP.....	177
VCF VAGINAL GEL CONTRACE.....	177
VCF VAGINAL MIS CONTRACP.....	177
VECAMYL TAB 2.5MG.....	65
Velivet	
see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	99
VELPHORO CHW 500MG.....	126
VELTASSA POW 16.8GM.....	148
VELTASSA POW 25.2GM.....	148
VELTASSA POW 8.4GM.....	148
VEMLIDY TAB 25MG.....	89
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	39
<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	39
VENTAVIS SOL 10MCG/ML.....	96
VENTAVIS SOL 20MCG/ML.....	96
<b>verapamil hcl cap er 24hr 100 mg</b> .....	94
<b>verapamil hcl cap er 24hr 120 mg</b> .....	94
<b>verapamil hcl cap er 24hr 180 mg</b> .....	94
<b>verapamil hcl cap er 24hr 240 mg</b> .....	94
<b>verapamil hcl cap er 24hr 300 mg</b> .....	94
<b>verapamil hcl cap er 24hr 360 mg</b> .....	94
<b>verapamil hcl tab 120 mg</b> .....	95

<b>verapamil hcl tab 40 mg</b> .....	95	see TRINTELLIX TAB 10MG.....	38
<b>verapamil hcl tab 80 mg</b> .....	95	see TRINTELLIX TAB 20MG.....	39
<b>verapamil hcl tab er 120 mg</b> .....	95	see TRINTELLIX TAB 5MG .....	38
<b>verapamil hcl tab er 180 mg</b> .....	95	VOSEVI TAB .....	90
<b>verapamil hcl tab er 240 mg</b> .....	95	VOTRIENT TAB 200MG .....	74
VEREGEN OIN 15% .....	107	VRAYLAR CAP 1.5MG.....	77
VICTOZA INJ 18MG/3ML .....	47	VRAYLAR CAP 3MG .....	77
VIDEX EC CAP 125MG .....	88	VRAYLAR CAP 4.5MG.....	77
<b>vigabatrin powd pack 500 mg</b> .....	35	VRAYLAR CAP 6MG .....	77
<b>vigabatrin tab 500 mg</b> .....	35	VUMERITY CAP 231MG .....	166
Vigadrone		VYVANSE CAP 10MG .....	2
see <b>vigabatrin powd pack 500 mg</b>		VYVANSE CAP 20MG .....	2
.....	35	VYVANSE CAP 30MG .....	2
<b>vilazodone hcl tab 10 mg</b> .....	39	VYVANSE CAP 40MG .....	2
<b>vilazodone hcl tab 20 mg</b> .....	39	VYVANSE CAP 50MG .....	2
<b>vilazodone hcl tab 40 mg</b> .....	39	VYVANSE CAP 60MG .....	2
VIMPAT SOL 10MG/ML.....	35	VYVANSE CAP 70MG .....	2
VINATE II TAB.....	152	<b>W</b>	
VINATE M TAB.....	152	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> .....	54
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> .....	149	<b>phenylephrine tab 25-10 mg</b> 104	
Virt-phos 250 Neutral		Wal-itin Aller-melts	
see <b>pot phos monobasic w/sod</b>		see <b>loratadine rapidly-</b>	
<b>phos di &amp; monobas tab 155-</b>		<b>disintegrating tab 10 mg</b> .....	54
<b>852-130mg</b> .....	146	Wal-tap Cold & Allergy	
VISCO-3 INJ 25/2.5ML .....	153	see <b>brompheniramine &amp;</b>	
<b>vismodegib</b>		<b>pseudoephedrine elixir 1-15</b>	
see ERIVEDGE CAP 150MG .....	69	<b>mg/5ml</b> .....	104
Vita-bee/c		<b>warfarin sodium</b>	
see <b>b-complex w/ c &amp; folic acid</b>		see COUMADIN TAB 10MG .....	31
<b>tab</b> .....	149	see COUMADIN TAB 1MG .....	30
VITAFOL-OB TAB 65-1MG .....	152	see COUMADIN TAB 2.5MG .....	30
<b>vitamin b-6 tab 200mg tr</b> .....	179	see COUMADIN TAB 2MG .....	31
VIVITROL INJ 380MG .....	51	see COUMADIN TAB 3MG .....	31
VOL-PLUS TAB.....	152	see COUMADIN TAB 4MG .....	31
VOL-TAB RX TAB .....	153	see COUMADIN TAB 5MG .....	31
VOLTAREN GEL 1% ARTHR.....	107	see COUMADIN TAB 6MG .....	31
<b>vorapaxar sulfate</b>		see COUMADIN TAB 7.5MG .....	31
see ZONTIVITY TAB 2.08MG .....	129	<b>warfarin sodium tab 1 mg</b> .....	31
<b>voriconazole tab 200 mg</b> .....	53	<b>warfarin sodium tab 10 mg</b> .....	31
<b>voriconazole tab 50 mg</b> .....	53	<b>warfarin sodium tab 2 mg</b> .....	31
<b>vorinostat</b>		<b>warfarin sodium tab 2.5 mg</b> .....	31
see ZOLINZA CAP 100MG .....	74	<b>warfarin sodium tab 3 mg</b> .....	31
<b>vortioxetine hbr</b>		<b>warfarin sodium tab 4 mg</b> .....	31

<b>warfarin sodium tab 5 mg</b> .....	31	XOLAIR SOL 150MG .....	26
<b>warfarin sodium tab 6 mg</b> .....	31	XTANDI CAP 40MG .....	70
<b>warfarin sodium tab 7.5 mg</b> .....	31	XTANDI TAB 40MG .....	70
<b>water for irrigation, sterile irrigation soln</b> .....	148	XTANDI TAB 80MG .....	70
Wee Care		Xulane	
see <b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b>	130	see <b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	102
<b>wheat dextrin oral powder</b> .....	134	XULTOPHY INJ 100/3.6.....	45
<b>white petrolatum-mineral oil ophth ointment</b> .....	156	XYREM SOL 500MG/ML.....	164
WIDE-SEAL DPR KIT 60 .....	137	<b>Y</b>	
WIDE-SEAL DPR KIT 65 .....	137	YASMIN 28 TAB 3-0.03MG .....	101
WIDE-SEAL DPR KIT 70 .....	137	YAZ TAB 3-0.02MG .....	102
WIDE-SEAL DPR KIT 75 .....	137	<b>Z</b>	
WIDE-SEAL DPR KIT 80 .....	137	<b>zafirlukast tab 10 mg</b> .....	27
WIDE-SEAL DPR KIT 85 .....	138	<b>zafirlukast tab 20 mg</b> .....	27
WIDE-SEAL DPR KIT 90 .....	138	<b>zaleplon cap 10 mg</b> .....	133
WIDE-SEAL DPR KIT 95 .....	138	<b>zaleplon cap 5 mg</b> .....	133
WP THYROID TAB 81.25MG .....	170	<b>zanamivir</b>	
<b>X</b>		see RELENZA MIS DISKHALE .....	90
XALKORI CAP 200MG .....	74	<b>zanubrutinib</b>	
XALKORI CAP 250MG .....	74	see BRUKINSA CAP 80MG .....	71
XARELTO STAR TAB 15/20MG.....	31	ZARXIO INJ 300/0.5 .....	130
XARELTO SUS 1MG/ML .....	31	ZARXIO INJ 480/0.8 .....	130
XARELTO TAB 10MG.....	31	ZEJULA CAP 100MG .....	74
XARELTO TAB 15MG.....	31	ZENPEP CAP 10000UNT .....	117
XARELTO TAB 2.5MG.....	31	ZENPEP CAP 15000UNT .....	117
XARELTO TAB 20MG.....	31	ZENPEP CAP 20000UNT .....	117
XELJANZ SOL 1MG/ML .....	7	ZENPEP CAP 25000UNT .....	117
XELJANZ TAB 10MG .....	7	ZENPEP CAP 3000UNIT.....	117
XELJANZ TAB 5MG .....	7	ZENPEP CAP 40000UNT .....	117
XELJANZ XR TAB 11MG.....	7	ZENPEP CAP 5000UNIT.....	117
XELJANZ XR TAB 22MG.....	8	ZEPATIER TAB 50-100MG .....	90
XGEVA INJ .....	119	<b>zidovudine cap 100 mg</b> .....	89
XIFAXAN TAB 200MG .....	21	<b>zidovudine syrup 10 mg/ml</b> .....	89
XIFAXAN TAB 550MG .....	21	<b>zidovudine tab 300 mg</b> .....	89
XIGDUO XR TAB 10-1000.....	45	ZIEXTENZO INJ 6/0.6ML.....	130
XIGDUO XR TAB 10-500MG.....	45	<b>zileuton tab er 12hr 600 mg</b> .....	27
XIGDUO XR TAB 2.5-1000.....	44	<b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> .....	146
XIGDUO XR TAB 5-1000MG.....	45	Zinc-220	
XIGDUO XR TAB 5-500MG.....	45	see <b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> .....	146
XOFLUZA TAB 20MG.....	90	ZINC-OXYDE OIN 0.44-20%.....	115
XOFLUZA TAB 40MG.....	90	ZIOPTAN DRO 0.0015% .....	160
XOFLUZA TAB 80MG.....	90	<b>ziprasidone hcl cap 20 mg</b> .....	77
XOLAIR INJ 150MG/ML .....	26	<b>ziprasidone hcl cap 40 mg</b> .....	77
XOLAIR INJ 75/0.5.....	26		

<b>ziprasidone hcl cap 60 mg</b> .....	77	<b>zonisamide cap 100 mg</b> .....	35
<b>ziprasidone hcl cap 80 mg</b> .....	77	<b>zonisamide cap 25 mg</b> .....	35
ZIRGAN GEL 0.15% .....	158	<b>zonisamide cap 50 mg</b> .....	35
ZOLADEX IMP 10.8MG .....	70	ZONTIVITY TAB 2.08MG .....	129
ZOLADEX IMP 3.6MG.....	70	ZOSTAVAX INJ .....	177
ZOLINZA CAP 100MG .....	74	<b>zoster vaccine live</b>	
<b>zolmitriptan nasal spray 2.5</b>		see ZOSTAVAX INJ.....	177
<b>mg/spray unit</b> .....	142	<b>zoster vaccine recombinant</b>	
<b>zolmitriptan nasal spray 5</b>		<b>adjuvanted</b>	
<b>mg/spray unit</b> .....	142	see SHINGRIX INJ 50/0.5ML.....	176
<b>zolmitriptan orally disintegrating</b>		Z-TUSS AC LIQ 2-9/5ML .....	105
<b>tab 2.5 mg</b> .....	142	ZYDELIG TAB 100MG .....	74
<b>zolmitriptan orally disintegrating</b>		ZYDELIG TAB 150MG .....	74
<b>tab 5 mg</b> .....	142	ZYKADIA CAP 150MG .....	74
<b>zolmitriptan tab 2.5 mg</b> .....	143	ZYLET SUS 0.5-0.3% .....	159
<b>zolmitriptan tab 5 mg</b> .....	143	ZYPREXA RELP INJ 210MG .....	82
<b>zolpidem tartrate tab 10 mg</b> .....	133	ZYPREXA RELP INJ 300MG .....	82
<b>zolpidem tartrate tab 5 mg</b> .....	133	ZYPREXA RELP INJ 405MG .....	82