

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

Molina Healthcare of Texas, Inc Marketplace

Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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.

Notice on Drug Company Cost Sharing Assistance

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



Molina Healthcare Marketplace

2022 Formulary Changes Effective October 1, 2022

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

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



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

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

Contents

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

Welcome to Molina Healthcare!

Molina Healthcare Drug Formulary (List of Drugs)

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

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

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

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

When updates happen through our standard process, Molina Healthcare will publish any changes every 3 months. Your plan's most current drug list is on our website MolinaMarketplace.com.

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

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

I have questions about how my plan covers drugs.

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

- Can my prescription be filled at a retail pharmacy?
- 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) 560-2025, Monday through Friday, 8:00 a.m. through 6:00 p.m. Central Time. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

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

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

Using the Drug Formulary as your prescription drug coverage guide

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

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

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

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

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

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

What drug names are used on the list?

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

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

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

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

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

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

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

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

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

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

- There are limits on your cost sharing for insulin. The limit (\$25) applies per insulin drug, per 30 day supply. The limit does not apply to products that contain other drugs besides insulin.

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

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

Finding a pharmacy to fill a prescription

Pharmacy Network

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

Specialty Pharmacy

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

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

Mail Order Pharmacy

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

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

Out-of-Network Pharmacy

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

Prescription Claims Processor

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

Questions on processing claims, formulary status or rejected claims may be directed to the CVS Caremark Help Desk at 1 (888) 407-6425. Membership, cost sharing, prescription drug benefit information and eligibility concerns may be addressed by calling the Molina Customer Support Center at 1 (888) 560-2025. Member Services is available Monday through Friday 8:00 a.m. to 6:00 p.m. Central Time. Prescribers and pharmacies may contact the Molina Provider Services Help Desk at 1 (855) 322-4080.

Urgent and After-Hours Medication Policy

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

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

Pharmacies may call Molina at 1 (855) 322-4080 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Prior authorization and exception request procedure

Prior authorization

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

Your provider may fax a completed drug Prior Authorization form to Molina at 1 (888) 487-9251. The clinical policies and forms may be obtained at our website MolinaMarketplace.com.

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

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

We will reach a decision no later than:

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

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

Requesting an Exception

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

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

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

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

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

Complaints and Appeals

You may file a grievance or complaint by contacting the Molina Customer Support Center at (888) 560-2025. If Molina does 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.

Notice

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

Legend

What are the Requirements and Limits on the drug list?

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

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

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.

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

AMPHETAMINES

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

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

ANALEPTICS

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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS

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

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

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 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
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

ALTERNATIVE MEDICINES

ALTERNATIVE MEDICINE - M'S

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

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

ALTERNATIVE MEDICINE COMBINATIONS

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

AMINOGLYCOSIDES

AMINOGLYCOSIDES

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

ANALGESICS - ANTI-INFLAMMATORY

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

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

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

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

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 50/0.4ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 87.5/0.7 (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 125MG/ML (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ORENCIA INJ 250MG (abatacept)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

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

ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS

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

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

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

ANALGESICS - OPIOID

OPIOID AGONISTS

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

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

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

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

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

OPIOID COMBINATIONS

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

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

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

ANDROGENS-ANABOLIC

ANABOLIC STEROIDS

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

ANDROGENS

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

ANORECTAL AGENTS

INTRARECTAL STEROIDS

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

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

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

ANTACIDS - MAGNESIUM SALTS

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

ANTHELMINTICS

ANTHELMINTICS

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

ANTI-INFECTIVE AGENTS - MISC.

ANTI-INFECTIVE AGENTS - MISC.

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

ANTI-INFECTIVE MISC. - COMBINATIONS

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

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

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

ANTIANSXIETY AGENTS

ANTIANSXIETY AGENTS - MISC.

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

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

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

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
<i>disopyramide phosphate cap 150 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 200 mg</i>	Tier 1	MAIL
<i>quinidine sulfate tab 300 mg</i>	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-B		
<i>mexiletine hcl cap 150 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 200 mg</i>	Tier 1	MAIL
<i>mexiletine hcl cap 250 mg</i>	Tier 1	MAIL
ANTIARRHYTHMICS TYPE I-C		
<i>flecainide acetate tab 50 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 100 mg</i>	Tier 1	MAIL
<i>flecainide acetate tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 150 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 225 mg</i>	Tier 1	MAIL
<i>propafenone hcl tab 300 mg</i>	Tier 1	MAIL
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 3	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 3	MAIL
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 3	PA, MAIL
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (<i>benralizumab</i>)	Tier 4	PA
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	Tier 4	PA
NUCALA INJ 40MG/0.4 (<i>mepolizumab</i>)	Tier 4	PA, QL (1 syringe / 28 days)
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA, QL (3 vials / 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 injections / 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 4	PA, QL (3 syringes / 28 days)
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 4	PA, QL (2.5 mL / 28 days)
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 4	PA, QL (5 mL / 28 days)
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 4	PA, QL (5 mL / 28 days)
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 4	PA

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

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

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

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

XANTHINES

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

ANTICOAGULANTS

COUMARIN ANTICOAGULANTS

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

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

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

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

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

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

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

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

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

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

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

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

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)	Tier 3	PA, MAIL
---	--------	----------

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

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

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

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

BIGUANIDES

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

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

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

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

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

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

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

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

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

ANTIDIARRHEAL/PROBIOTIC AGENTS

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

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

ANTIPERISTALTIC AGENTS

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

ANTIDOTES AND SPECIFIC ANTAGONISTS

ANTIDOTES - CHELATING AGENTS

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

OPIOID ANTAGONISTS

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

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

ANTIEMETICS

5-HT3 RECEPTOR ANTAGONISTS

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

ANTIEMETICS - ANTICHOLINERGIC

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

ANTIEMETICS - MISCELLANEOUS

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

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

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

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

AGE - Age Limit MAIL - Available at mail-order MED - Max 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
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC

ANTI-HISTAMINES - NON-SEDATING

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

ANTI-HISTAMINES - PHENOTHIAZINES

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

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
ANTI-HISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (<i>bempedoic acid</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	PA, MAIL
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	PA, MAIL
NEXLIZET TAB 180/10MG (<i>bempedoic acid-ezetimibe</i>)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	QL (240 gm / 30 days), MAIL
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	QL (378 gm / 30 days), MAIL
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 3	QL (30 packets / 30 days), MAIL
<i>colesevelam hcl tab 625 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL

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

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

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

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

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

NICOTINIC ACID DERIVATIVES

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

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

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

ANTIHYPERTENSIVES

ACE INHIBITORS

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

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

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

AGENTS FOR PHEOCHROMOCYTOMA

phenoxybenzamine hcl cap 10 mg	Tier 4	
---------------------------------------	--------	--

ANGIOTENSIN II RECEPTOR ANTAGONISTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan tab 80 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

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

ANTIHYPERTENSIVE COMBINATIONS

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

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

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 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
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 3	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (mecamylamine hcl)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
aliskiren fumarate tab 300 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
eplerenone tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	MAIL
hydralazine hcl tab 25 mg	Tier 1	MAIL
hydralazine hcl tab 50 mg	Tier 1	MAIL
hydralazine hcl tab 100 mg	Tier 1	MAIL
minoxidil tab 2.5 mg	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 20MG (<i>bedaquiline fumarate</i>)	Tier 3	
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA
<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 / 30 days), MAIL

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

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

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

ANTINEOPLASTIC - IMMUNOMODULATORS

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

ANTINEOPLASTIC COMBINATIONS

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

ANTINEOPLASTIC ENZYME INHIBITORS

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA
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
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	MAIL

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

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

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS

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

ANTIPSYCHOTICS/ANTIMANIC AGENTS

ANTIMANIC AGENTS

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

ANTIPSYCHOTICS - MISC.

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

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

BENZISOXAZOLES

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

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

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

BUTYROPHENONES

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

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>clozapine tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years)

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

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

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

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

THIOXANTHENES

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

ANTISEPTICS & DISINFECTANTS

CHLORINE ANTISEPTICS

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

ANTIVIRALS

ANTIRETROVIRALS

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

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

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

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

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

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

HERPES AGENTS

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

INFLUENZA AGENTS

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

BETA BLOCKERS

ALPHA-BETA BLOCKERS

<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

BETA BLOCKERS CARDIO-SELECTIVE

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

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

BETA BLOCKERS NON-SELECTIVE

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

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL
amlodipine besylate tab 5 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL
amlodipine besylate tab 10 mg (base equivalent)	Tier 1	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	PA, MAIL
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	PA, MAIL
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

CARDIOTONICS

CARDIAC GLYCOSIDES

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

CARDIOVASCULAR AGENTS - MISC.

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

PERIPHERAL VASODILATORS

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

PROSTAGLANDIN VASODILATORS

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

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

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

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

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

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

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

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

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

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

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

SINUS NODE INHIBITORS

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

CEPHALOSPORINS

CEPHALOSPORINS - 1ST GENERATION

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

CEPHALOSPORINS - 2ND GENERATION

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

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

CEPHALOSPORINS - 3RD GENERATION

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

CONTRACEPTIVES

COMBINATION CONTRACEPTIVES - ORAL

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

Drug Name	Drug Tier	Requirements/Limits
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	QL (28 tablets / 21 days), MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	QL (28 tablets / 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	QL (28 tablets / 21 days), MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	QL (75 tablets / 28 days), MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	QL (28 tablets / 24 days), MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	QL (28 tablets / 24 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	QL (28 tablets / 21 days), MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	QL (28 tablets / 21 days), MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	QL (28 tablets / 21 days), MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	QL (28 tablets / 21 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (28 tablets / 21 days), MAIL

CORTICOSTEROIDS

GLUCOCORTICOSTEROIDS

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

Drug Name	Drug Tier	Requirements/Limits
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	

MINERALOCORTICIDS

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

COUGH/COLD/ALLERGY

ANTITUSSIVES

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

COUGH/COLD/ALLERGY COMBINATIONS

ALLERGY CONG TAB 25-10MG <i>(diphenhydramine-phenylephrine)</i>	Tier 1	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 <i>(pseudoephed-bromphen-dm)</i>	Tier 1	QL (240 mL / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i> (Nebusal)	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
MUCOLYTICS		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (<i>benzoyl peroxide</i>)	Tier 1	OTC
ACNE MEDICAT LOT 10% (<i>benzoyl peroxide</i>)	Tier 1	OTC
<i>adapalene gel 0.1%</i>	Tier 1	QL (45 / 25 days)
<i>adapalene gel 0.1%</i> (Adapalene Treatment)	Tier 1	QL (45 / 25 days), OTC
<i>adapalene lotion 0.1%</i>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide liq 10%</i> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 3	PA
<i>clindamycin phosphate gel 1%</i>	Tier 3	QL (60 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 3	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 3	PA
DIFFERIN GEL 0.1% (<i>adapalene</i>)	Tier 1	QL (45 / 25 days), OTC
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 3	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 3	PA
<i>isotretinoin cap 30 mg</i>	Tier 3	PA
<i>isotretinoin cap 40 mg</i>	Tier 3	PA

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
sulfacetamide sodium lotion 10% (acne)	Tier 1	
sulfacetamide sodium-sulfur in urea emulsion 10-4% (Bp Cleansing Wash)	Tier 1	
tretinoin cream 0.1%	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.05%	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin cream 0.025%	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.01%	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
tretinoin gel 0.025% (Avita)	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac sodium gel 1%	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% (diclofenac sodium (topical))	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (retapamulin)	Tier 3	PA
bacitracin oint 500 unit/gm	Tier 1	OTC
bacitracin zinc oint 500 unit/gm	Tier 1	OTC
bacitracin-polymyxin b oint (Double Antibiotic)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
CORTISPORIN OIN 1% (bacitracin-polymyxin-neomycin hc)	Tier 3	
gentamicin sulfate cream 0.1%	Tier 1	QL (60 gm / 30 days)
gentamicin sulfate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mupirocin oint 2%	Tier 1	QL (44 gm / 30 days)
neomycin-bacitracin-polymyxin oint (Cvs Triple Antibiotic)	Tier 1	OTC
neomycin-bacitracin-polymyxin-pramoxine oint 1% (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
butenafine hcl cream 1%	Tier 1	OTC
ciclopirox olamine cream 0.77% (base equiv)	Tier 1	QL (90 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv)	Tier 1	QL (60 mL / 25 days)
ciclopirox solution 8%	Tier 1	QL (6.6 mL / 25 days)
clotrimazole cream 1%	Tier 1	
clotrimazole soln 1%	Tier 1	
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	QL (45 gm / 30 days)
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	QL (60 mL / 30 days)
econazole nitrate cream 1%	Tier 3	PA
ERTACZO CRE 2% (sertaconazole nitrate)	Tier 3	PA
EXELDERM SOL 1% (sulconazole nitrate)	Tier 3	PA
ketoconazole cream 2%	Tier 1	QL (60 gm / 30 days)
ketoconazole shampoo 2%	Tier 1	QL (120 mL / 30 days)
luliconazole cream 1%	Tier 3	PA
MENTAX CRE 1% (butenafine hcl)	Tier 2	
miconazole nitrate aerosol pow 2% (Lotrimin Af Deodorant Pow)	Tier 1	OTC
miconazole nitrate cream 2%	Tier 1	OTC
miconazole nitrate ointment 2% (Triple Paste Af)	Tier 1	OTC
miconazole nitrate powder 2% (Cvs Anti-fungal Powder)	Tier 1	OTC
naftifine hcl cream 1%	Tier 3	PA
naftifine hcl gel 1%	Tier 3	PA
NAFTIN GEL 2% (naftifine hcl)	Tier 3	PA
nystatin cream 100000 unit/gm	Tier 1	QL (90 gm / 30 days)
nystatin oint 100000 unit/gm	Tier 1	QL (90 gm / 30 days)

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
hydrocortisone-aloe vera cream 1% (Cortizone-10 Plus)	Tier 1	OTC
mometasone furoate cream 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate oint 0.1%	Tier 1	QL (60 gm / 30 days)
mometasone furoate solution 0.1% (lotion)	Tier 1	QL (60 mL / 30 days)
prednicarbate cream 0.1%	Tier 3	QL (60 gm / 30 days)
prednicarbate oint 0.1%	Tier 3	QL (60 gm / 30 days)
triamcinolone acetonide cream 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide cream 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide cream 0.025%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide lotion 0.1%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide lotion 0.025%	Tier 1	QL (60 mL / 30 days)
triamcinolone acetonide oint 0.1%	Tier 1	QL (454 gm / 30 days)
triamcinolone acetonide oint 0.5%	Tier 1	QL (15 gm / 30 days)
triamcinolone acetonide oint 0.025%	Tier 1	QL (454 gm / 30 days)
ECZEMA AGENTS		
DUPIXENT INJ 100/0.67 (dupilumab)	Tier 4	PA
DUPIXENT INJ 200MG (dupilumab)	Tier 4	PA
DUPIXENT INJ 300/2ML (dupilumab)	Tier 4	PA; Pen
DUPIXENT INJ 300/2ML (dupilumab)	Tier 4	PA; Prefilled Syringe
EMOLLIENTS		
emollient - ointment (Hydrophor)	Tier 1	OTC
lactic acid (ammonium lactate) cream 12%	Tier 1	QL (280 gm / 30 days), OTC
lactic acid (ammonium lactate) lotion 12% (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (collagenase)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 5%	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
tacrolimus oint 0.1%	Tier 3	PA, QL (30 gm / 30 days)
tacrolimus oint 0.03%	Tier 3	PA, QL (30 gm / 30 days)
KERATOLYTIC/ANTIMITOTIC AGENTS		
podofilox soln 0.5%	Tier 1	QL (7 mL / 180 days)
LOCAL ANESTHETICS - TOPICAL		
capsaicin cream 0.1%	Tier 1	OTC
lidocaine cream 4%	Tier 1	QL (90 gm / 30 days), OTC

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

Drug Name	Drug Tier	Requirements/Limits
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (permethrin & pyrethrins-piperonyl butoxide)	Tier 1	OTC
spinosad susp 0.9%	Tier 3	QL (120 per 30 days)
ULESFIA LOT 5% (benzyl alcohol (pediculicide))	Tier 3	PA

WOUND CARE PRODUCTS

REGRANEX GEL 0.01% (becaplermin)	Tier 3	PA, QL (15 gm / 30 days)
---	--------	--------------------------

DIAGNOSTIC PRODUCTS

DIAGNOSTIC DRUGS

THYROGEN INJ 0.9MG (thyrotropin alfa)	Tier 4	PA
--	--------	----

DIAGNOSTIC TESTS

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

DIGESTIVE AIDS

DIGESTIVE ENZYMES

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

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

DIURETICS

CARBONIC ANHYDRASE INHIBITORS

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

DIURETIC COMBINATIONS

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

LOOP DIURETICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
ETIDRONATE DISODIUM TAB 200 MG	Tier 1	MAIL
ETIDRONATE DISODIUM TAB 400 MG	Tier 1	MAIL
FORTEO INJ 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	Tier 4	PA
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	Tier 4	PA
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	Tier 4	PA
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	Tier 4	PA
SANDOSTATIN KIT LAR 10MG (octreotide acetate)	Tier 4	PA
SANDOSTATIN KIT LAR 20MG (octreotide acetate)	Tier 4	PA
SANDOSTATIN KIT LAR 30MG (octreotide acetate)	Tier 4	PA

VASOPRESSIN RECEPTOR ANTAGONISTS

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

ESTROGENS

ESTROGEN COMBINATIONS

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

ESTROGENS

estradiol tab 0.5 mg	Tier 1	MAIL
-----------------------------	--------	------

Drug Name	Drug Tier	Requirements/Limits
estradiol tab 1 mg	Tier 1	MAIL
estradiol tab 2 mg	Tier 1	MAIL
estradiol td patch twice weekly 0.1 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.05 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.025 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.075 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch twice weekly 0.0375 mg/24hr	Tier 3	QL (8 ea / 28 days), MAIL
estradiol td patch weekly 0.1 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.05 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.06 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.025 mg/24hr	Tier 3	QL (4 patches / 28 days), MAIL
estradiol td patch weekly 0.075 mg/24hr	Tier 3	QL (4 ea / 28 days), MAIL
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	Tier 3	QL (4 ea / 28 days), MAIL
MENEST TAB 0.3MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 1.25MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG (delafloxacin meglumine)	Tier 3	PA
ciprofloxacin hcl tab 250 mg (base equiv)	Tier 1	

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

GASTROINTESTINAL AGENTS - MISC.

ANTIFLATULENTS

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

GALLSTONE SOLUBILIZING AGENTS

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

GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS

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

GASTROINTESTINAL STIMULANTS

<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	PA, MAIL
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
CYSTITINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dutasteride cap 0.5 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>finasteride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>silodosin cap 4 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>silodosin cap 8 mg</i>	Tier 3	PA, QL (30 caps / 30 days), MAIL
<i>tamsulosin hcl cap 0.4 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
<i>febuxostat tab 40 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>febuxostat tab 80 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALPHANINE SD INJ 500UNIT (<i>coagulation factor ix</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
ALPHANINE SD INJ 1500UNIT (coagulation factor ix)	Tier 4	PA
HELIXATE FS INJ 500UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 250UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 1000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (antihemophilic factor (human))	Tier 4	PA
RECOMBINATE INJ (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 220-400 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 401-800 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 801-1240 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (c1 esterase inhibitor (human))	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3	PA, MAIL
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	PA, QL (60 tabs / 30 days), MAIL
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	PA, QL (60 tabs / 30 days), MAIL
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	PA, QL (30 tabs / 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 / 30 days), OTC, MAIL; Tier 5 for ages 55 and under, otherwise Tier 1

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

HEMATOPOIETIC GROWTH FACTORS

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT (epoetin alfa-epbx)	Tier 4	PA
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 4	PA, QL (7 mL / 14 days)
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 4	PA, QL (11.2 mL / 14 days)
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 4	PA, QL (0.6 per 14 days)

HEMATOPOIETIC MIXTURES

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

IRON

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

Drug Name	Drug Tier	Requirements/Limits
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (carbonyl iron)	Tier 1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent) (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (ferrous sulfate)	Tier 1	OTC, MAIL

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid tab 500 mg	Tier 1	PA
aminocaproic acid tab 1000 mg	Tier 1	PA
tranexamic acid tab 650 mg	Tier 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

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

BARBITURATE HYPNOTICS

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

HYPNOTICS - TRICYCLIC AGENTS

doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 3	PA, MAIL
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 3	PA, MAIL

NON-BARBITURATE HYPNOTICS

estazolam tab 1 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
---------------------------	--------	---

Drug Name	Drug Tier	Requirements/Limits
<i>estazolam tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>eszopiclone tab 3 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>flurazepam hcl cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>flurazepam hcl cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 15 years, Max 64 years)
<i>temazepam cap 15 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>temazepam cap 30 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>triazolam tab 0.25 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 18 years)
<i>triazolam tab 0.125 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>zaleplon cap 5 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

OREXIN RECEPTOR ANTAGONISTS

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

Drug Name	Drug Tier	Requirements/Limits
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA

SELECTIVE MELATONIN RECEPTOR AGONISTS

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

LAXATIVES

BULK LAXATIVES

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

LAXATIVE COMBINATIONS

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

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
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC

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

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

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

DIABETIC SUPPLIES

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

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

MISC. DEVICES

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

PARENTERAL THERAPY SUPPLIES

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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>)	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE (<i>nebulizers</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 syringes / 28 days)
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	Tier 3	PA, QL (8 tabs / 30 days)
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

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

MINERALS & ELECTROLYTES

CALCIUM

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

AGE - Age Limit **MAIL** - Available at mail-order **MED** - Max 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
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL

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

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

MAGNESIUM

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

PHOSPHATE

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

POTASSIUM

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

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

SODIUM

sodium chloride tab 1 gm	Tier 1	OTC
---------------------------------	--------	-----

ZINC

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

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS

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

IMMUNOMODULATORS

lenalidomide cap 5 mg	Tier 4	PA, QL (30 per 30 days)
lenalidomide cap 10 mg	Tier 4	PA, QL (30 per 30 days)
lenalidomide cap 15 mg	Tier 4	PA, QL (30 per 30 days)
lenalidomide cap 25 mg	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 2.5MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 5MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 10MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 15MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 20MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 25MG (lenalidomide)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 50MG (thalidomide)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 100MG (thalidomide)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 150MG (thalidomide)	Tier 4	PA, QL (60 per 30 days)
THALOMID CAP 200MG (thalidomide)	Tier 4	PA, QL (60 per 30 days)

IMMUNOSUPPRESSIVE AGENTS

azathioprine tab 50 mg	Tier 1	QL (240 tabs / 30 days), MAIL
cyclosporine cap 25 mg	Tier 1	MAIL
cyclosporine cap 100 mg	Tier 1	MAIL
cyclosporine modified cap 25 mg	Tier 1	MAIL
cyclosporine modified cap 50 mg	Tier 1	MAIL
cyclosporine modified cap 100 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>everolimus tab 0.5 mg</i>	Tier 4	PA
<i>everolimus tab 0.25 mg</i>	Tier 4	PA
<i>everolimus tab 0.75 mg</i>	Tier 4	PA
<i>everolimus tab 1 mg</i>	Tier 4	PA
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	MAIL
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	MAIL
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 3	MAIL
NEORAL CAP 25MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
NEORAL CAP 100MG (<i>cyclosporine modified (for microemulsion)</i>)	Tier 2	MAIL
SANDIMMUNE CAP 25MG (<i>cyclosporine</i>)	Tier 2	MAIL
SANDIMMUNE CAP 100MG (<i>cyclosporine</i>)	Tier 2	MAIL
<i>sirolimus oral soln 1 mg/ml</i>	Tier 3	MAIL
<i>sirolimus tab 0.5 mg</i>	Tier 3	MAIL
<i>sirolimus tab 1 mg</i>	Tier 3	MAIL
<i>sirolimus tab 2 mg</i>	Tier 3	MAIL
<i>tacrolimus cap 0.5 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1 mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5 mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.25MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 0.75MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
ZORTRESS TAB 1MG (<i>everolimus (immunosuppressant)</i>)	Tier 4	PA
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological (Physiolyte)</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
LOKELMA PAK 5GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 / 30 days), MAIL
LOKELMA PAK 10GM (<i>sodium zirconium cyclosilicate</i>)	Tier 3	QL (90 / 30 days), MAIL
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
sodium polystyrene sulfonate powder	Tier 1	
VELTASSA POW 8.4GM (patiromer sorbitex calcium)	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 16.8GM (patiromer sorbitex calcium)	Tier 3	QL (30 / 30 days), MAIL
VELTASSA POW 25.2GM (patiromer sorbitex calcium)	Tier 3	QL (30 / 30 days), MAIL
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl viscous soln 2%	Tier 1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	Tier 1	QL (70 ea / 10 days)
nystatin susp 100000 unit/ml	Tier 1	
ORAVIG TAB 50MG (miconazole (mouth-throat))	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	Tier 1	
DENTAL PRODUCTS		
sodium fluoride cream 1.1% (Sf 5000 Plus)	Tier 1	MAIL
sodium fluoride gel 1.1% (0.5% f) (Sf)	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	Tier 1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	Tier 3	PA
pilocarpine hcl tab 5 mg	Tier 1	MAIL
pilocarpine hcl tab 7.5 mg	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
b-complex w/ c & folic acid cap 1 mg (Virt-caps)	Tier 1	
b-complex w/ c & folic acid tab (Vita-bee/c)	Tier 1	OTC
b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)	Tier 1	OTC
b-complex w/ c & folic acid tab 5 mg (Folbee Plus)	Tier 1	
MULTIPLE VITAMINS W/ IRON		
multiple vitamins w/ iron tab (Stress Formula W/iron)	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
multiple vitamins w/ minerals cap (V-c Forte)	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
multiple vitamins w/ minerals liquid (Multivitamin & Mineral)	Tier 1	OTC
multiple vitamins w/ minerals tab (Ocuвите/lutein)	Tier 1	OTC
MULTIVITAMINS		
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
PED MULTIPLE VITAMINS W/ MINERALS		
AQUADEKS DRO (pediatric multiple vitamin w/ minerals & c)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin)	Tier 1	OTC
POLY-VITE SOL /IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (pediatric multiple vitamins)	Tier 2	QL (50 / 30 days), OTC
pediatric multiple vitamin liq (Multi-delyn)	Tier 1	OTC
pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens)	Tier 1	OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamins)	Tier 2	OTC
POLY-VITE DRO (pediatric multiple vitamins)	Tier 1	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	QL (50 / 30 days), OTC
TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)	Tier 2	QL (50 / 30 days), OTC
PRENATAL VITAMINS		
BE WELL PAK ROUNDED (prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid)	Tier 1	OTC
BRAINSTRONG MIS PRENATAL (prenatal mv & min w/fe carbonyl-fa-dha)	Tier 1	QL (30 tabs / 30 days), OTC
CALNA TAB (prenatal vitamin)	Tier 1	QL (30 tabs / 30 days), OTC
CENTRUM SPEC PAK PRENATAL (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	QL (30 tabs / 30 days), OTC
CO-NATAL FA TAB 29-1MG (prenatal vit w/ ferrous fumarate-folic acid)	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY (prenatal multivitamins & minerals w/ folic acid-fish oil)	Tier 1	QL (30 tabs / 30 days), OTC
ENFAMIL MIS EXPECTA (prenatal mv & min w/fe fumarate-fa-dha)	Tier 1	QL (60 tabs / 30 days), OTC
EZFE FORTE CAP (prenatal without vit a w/ iron polysaccharide complex-fa)	Tier 1	QL (30 caps / 30 days), OTC
KPN PRENATAL TAB (prenatal multivitamin w/fe-fa)	Tier 1	QL (30 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
MYNATAL CAP (<i>prenatal multivit-min w/fe-fa</i>)	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB (<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB (<i>prenatal vit without vit a w/ fe bisglycinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL (<i>prenatal vitamins w/ ferrous succinate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
O-CAL TAB PRENATAL (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PERRY PRENAT CAP (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENAT MULTI CAP +DHA (<i>prenatal mv & min w/fe fumarate-fa-dha</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL 19 TAB (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL 19 TAB 29-1MG (<i>prenatal vit w/ docusate-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days)
PRENATAL CAP FORMULA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL CAP OMEGA-3 (<i>prenatal vit w/ ferrous fumarate-fa-fish oil</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL DHA PAK MULTI (<i>prenatal mv & min w/ methylfolate-choline-fish oil</i>)	Tier 1	OTC
PRENATAL FRM TAB A-FREE (<i>prenatal without a vit w/ fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL MUL CAP +DHA (<i>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</i>)	Tier 1	QL (30 caps / 30 days), OTC
PRENATAL TAB (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB COMPLETE (<i>prenatal vit w/ ferrous fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC
PRENATAL TAB FORMULA (<i>prenatal vit w/ selenium-fe fumarate-folic acid</i>)	Tier 1	QL (30 tabs / 30 days), OTC

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

MUSCULOSKELETAL THERAPY AGENTS

CENTRAL MUSCLE RELAXANTS

<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 3	PA

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
methocarbamol tab 500 mg	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Tier 3	PA, QL (240 tabs / 30 days)
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes / 180 days)
VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes / 180 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	ST, QL (30 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	QL (52 mL / 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	ST, QL (30.5 gm / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	QL (1 bottle / 30 days), OTC, MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	ST, QL (25 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	QL (16 gm / 30 days), AGE, MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	PA, MAIL
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	QL (16.9 mL / 30 days), OTC, MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
pseudoephedrine hcl tab er 12hr 120 mg (12 Hour Decongestant)	Tier 1	OTC
SUDAFED PE SOL CHILDREN (phenylephrine hcl (oral))	Tier 1	OTC
NEUROMUSCULAR AGENTS		
ALS AGENTS		
riluzole tab 50 mg	Tier 3	PA, QL (60 tabs / 30 days), MAIL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT (onabotulinumtoxin)	Tier 4	PA
BOTOX INJ 200UNIT (onabotulinumtoxin)	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
docosahexaenoic acid cap 200 mg (Prenatal Dha)	Tier 1	QL (30 caps / 30 days), OTC
omega-3 fatty acids cap 300 mg	Tier 1	OTC
omega-3 fatty acids cap 500 mg	Tier 1	OTC
omega-3 fatty acids cap 1000 mg	Tier 1	OTC
omega-3 fatty acids cap 1200 mg	Tier 1	OTC
omega-3 fatty acids cap delayed release 1000 mg (Hm Fish Oil)	Tier 1	OTC
omega-3 fatty acids cap delayed release 1200 mg (Cvs Fish Oil)	Tier 1	OTC
OPHTHALMIC AGENTS		
ARTIFICIAL TEARS AND LUBRICANTS		
artificial tear ophth solution (Sm Artificial Tears)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium (pf) ophth soln 0.5% (Hm Lubricating Plus)	Tier 1	OTC, MAIL
carboxymethylcellulose sodium ophth soln 0.5% (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
dextran 70-hypromellose (pf) ophth soln 0.1-0.3% (Cvs Natural Tears)	Tier 1	OTC, MAIL
dextran 70-hypromellose ophth soln 0.1-0.3% (Artificial Tears)	Tier 1	OTC, MAIL
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP (artificial tear insert)	Tier 3	PA
polyethylene glycol-propylene glycol ophth soln 0.4-0.3% (Lubricant Eye Drops)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
PURE & GENTL DRO 0.3% (hypromellose (ophth))	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Artificial Tears)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)	Tier 1	OTC, MAIL
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	Tier 1	MAIL
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	Tier 1	QL (10 mL / 30 days), MAIL
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate)	Tier 2	QL (10 mL / 30 days), MAIL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 1	QL (10 mL / 30 days), MAIL
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.5%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth soln 0.5%	Tier 1	QL (10 mL / 30 days), MAIL
timolol maleate ophth soln 0.25%	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
atropine sulfate ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 / 30 days), MAIL
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL

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
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	MAIL
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint (Polycin)</i>	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3% (Gentak)</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
<i>cyclosporine (ophth) emulsion 0.05%</i>	Tier 3	PA, MAIL
RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
<i>difluprednate ophth emulsion 0.05%</i>	Tier 3	PA
DUREZOL EMU 0.05% (<i>difluprednate</i>)	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Tier 3	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Tier 1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Tier 1	
PRED-G SUS OP (<i>gentamicin-prednisolone acetate</i>)	Tier 3	QL (10 mL / 30 days)
<i>prednisolone acetate ophth susp 1%</i>	Tier 1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Tier 1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	Tier 2	QL (3.5 gm / 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Tier 1	QL (10 mL / 30 days)
ZYLET SUS 0.5-0.3% (<i>loteprednol etabonate-tobramycin</i>)	Tier 3	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (<i>nedocromil sodium (ophth)</i>)	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP (<i>lodoxamide tromethamine</i>)	Tier 3	PA, MAIL
<i>azelastine hcl ophth soln 0.05%</i>	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (<i>brinzolamide</i>)	Tier 2	QL (10 mL / 30 days), MAIL
<i>bepotastine besilate ophth soln 1.5%</i>	Tier 3	PA, MAIL

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

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

OTIC AGENTS

OTIC AGENTS - MISCELLANEOUS

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

OTIC ANTI-INFECTIVES

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

OTIC COMBINATIONS

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

OTIC STEROIDS

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

Drug Name	Drug Tier	Requirements/Limits
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
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

Drug Name	Drug Tier	Requirements/Limits
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA

PENICILLINS

AMINOPENICILLINS

amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 3	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	

NATURAL PENICILLINS

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

PENICILLIN COMBINATIONS

amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 3	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 3	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)

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

PENICILLINASE-RESISTANT PENICILLINS

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

PROGESTINS

PROGESTINS

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

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.

AGENTS FOR CHEMICAL DEPENDENCY

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

ANTI-CATAPLECTIC AGENTS

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

ANTIDEMENTIA AGENTS

<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
--	--------	------------------------------

Drug Name	Drug Tier	Requirements/Limits
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	PA, MAIL
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	PA, MAIL
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	PA, MAIL
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 3	AGE (Max 64 years)
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 3	AGE (Max 64 years)

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
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 3	PA, MAIL; AGE (Max 64 years)

FIBROMYALGIA AGENTS

<i>SAVELLA MIS TITR PAK (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 12.5MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 25MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 50MG (milnacipran hcl)</i>	Tier 3	PA, MAIL
<i>SAVELLA TAB 100MG (milnacipran hcl)</i>	Tier 3	PA, MAIL

MOVEMENT DISORDER DRUG THERAPY

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

MULTIPLE SCLEROSIS AGENTS

<i>AUBAGIO TAB 7MG (teriflunomide)</i>	Tier 4	PA
<i>AUBAGIO TAB 14MG (teriflunomide)</i>	Tier 4	PA
<i>AVONEX KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>AVONEX PEN KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>AVONEX PREFL KIT 30MCG (interferon beta-1a)</i>	Tier 4	PA
<i>COPAXONE INJ 20MG/ML (glatiramer acetate)</i>	Tier 4	PA; Preferred Brand
<i>COPAXONE INJ 40MG/ML (glatiramer acetate)</i>	Tier 4	PA; Preferred Brand
<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 & 240 mg</i>	Tier 4	PA
<i>EXTAVIA INJ 0.3MG (interferon beta-1b)</i>	Tier 4	PA
<i>GILENYA CAP 0.5MG (fingolimod hcl)</i>	Tier 4	PA
<i>MAYZENT TAB 0.25MG (siponimod fumarate)</i>	Tier 4	PA
<i>MAYZENT TAB 2MG (siponimod fumarate)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
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
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 4	PA, QL (120 / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	QL (56 patches / 30 days), OTC, MAIL

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
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 14 mg/24hr (Hm Nicotine Transdermal S)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH (nicotine)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	Tier 5	QL (40 mL / 30 days), MAIL
varenicline tartrate tab 0.5 mg (base equiv)	Tier 5	QL (60 tabs / 30 days), MAIL
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills
varenicline tartrate tab 1 mg (base equiv)	Tier 5	QL (60 tabs / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

CYSTIC FIBROSIS AGENTS

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

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 801MG (pirfenidone)	Tier 4	PA
OFEV CAP 100MG (nintedanib esylate)	Tier 4	PA
OFEV CAP 150MG (nintedanib esylate)	Tier 4	PA
pirfenidone tab 267 mg	Tier 4	PA
pirfenidone tab 801 mg	Tier 4	PA

SULFONAMIDES

SULFONAMIDES

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

TETRACYCLINES

TETRACYCLINES

demeclocycline hcl tab 150 mg	Tier 3
demeclocycline hcl tab 300 mg	Tier 3
doxycycline monohydrate cap 50 mg	Tier 1

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

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

THYROID AGENTS

ANTITHYROID AGENTS

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

THYROID HORMONES

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

Drug Name	Drug Tier	Requirements/Limits
liothyronine sodium tab 25 mcg	Tier 1	MAIL
liothyronine sodium tab 50 mcg	Tier 1	MAIL
NATURE THROI TAB 162.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 16.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 32.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 48.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 65MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 97.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 130MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 195MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 260MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 325MG (thyroid)	Tier 2	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL

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
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-2 TAB 120MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-3 TAB 180MG (liotrix (t3-t4))	Tier 2	MAIL
WP THYROID TAB 81.25MG (thyroid)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS

ANTISPASMODICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (<i>dexlansoprazole</i>)	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR (<i>dexlansoprazole</i>)	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>dexlansoprazole cap delayed release 30 mg</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

Drug Name	Drug Tier	Requirements/Limits
dexlansoprazole cap delayed release 60 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
esomeprazole magnesium cap delayed release 20 mg (base eq) (Sm Esomeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
FIRST-OMEPRASUS 2MG/ML (omeprazole)	Tier 1	QL (150 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
lansoprazole cap delayed release 15 mg	Tier 3	ST, QL (60 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
lansoprazole cap delayed release 30 mg	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG (esomeprazole magnesium)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
omeprazole cap delayed release 10 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 20 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole cap delayed release 40 mg	Tier 1	QL (60 caps / 30 days), MAIL
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv) (Cvs Omeprazole Magnesium)	Tier 1	QL (60 caps / 30 days), OTC
omeprazole magnesium delayed release tab 20 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), OTC
pantoprazole sodium ec tab 20 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
pantoprazole sodium ec tab 40 mg (base equiv)	Tier 1	QL (60 tabs / 30 days), MAIL
PRILOSEC OTC TAB 20MG (omeprazole magnesium)	Tier 1	QL (60 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 3	Max 10 days supply
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 <i>(oxybutynin)</i>	Tier 2	QL (8 ea / 30 days), OTC, MAIL
<i>solifenacin succinate tab 5 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG <i>(fesoterodine fumarate)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TOVIAZ TAB 8MG <i>(fesoterodine fumarate)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tropium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</i>		
MYRBETRIQ TAB 25MG <i>(mirabegron)</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL

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

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

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

URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS

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

VACCINES

BACTERIAL VACCINES

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

VIRAL VACCINES

AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2021-22 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2021-22 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2021-22 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ 2021-22 (<i>influenza virus vac split high-dose quad preservative free</i>)	Tier 5	QL (1 / year); AGE (Min 65 years)
FLUZONE QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)

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

VAGINAL PRODUCTS

SPERMICIDES

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

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ANTI-INFECTIVES		
clindamycin phosphate vaginal cream 2%	Tier 1	QL (40 gm / 30 days)
clotrimazole vaginal cream 1%	Tier 1	OTC
clotrimazole vaginal cream 2% (Gnp Clotrimazole 3)	Tier 1	OTC
GYNAZOLE-1 CRE 2% (butoconazole nitrate (one dose))	Tier 2	
metronidazole vaginal gel 0.75%	Tier 1	QL (70 gm / 30 days)
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit (Sm Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal cream 2% (Miconazole 7)	Tier 1	OTC
miconazole nitrate vaginal cream 4% (200 mg/5gm) (Qc 3 Day Vaginal Cream)	Tier 1	OTC
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit (Gnp Miconazole 3)	Tier 1	OTC
miconazole nitrate vaginal suppos 100 mg (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (miconazole nitrate vaginal)	Tier 1	OTC
terconazole vaginal cream 0.4%	Tier 1	
terconazole vaginal cream 0.8%	Tier 1	
terconazole vaginal suppos 80 mg	Tier 3	
tioconazole vaginal oint 6.5% (Ra Tioconazole 1)	Tier 1	OTC
VAGINAL ESTROGENS		
estradiol vaginal cream 0.1 mg/gm	Tier 1	QL (42.5 gm / 30 days), MAIL
estradiol vaginal tab 10 mcg	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (estrogens, conjugated vaginal)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (progesterone (vaginal))	Tier 3	PA
PROGESTERONE SUP VGS 200 (progesterone (vaginal))	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EPIPEN-JR INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (epinephrine (anaphylaxis))	Tier 2	QL (2 syringes / 30 days)

NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS

droxidopa cap 100 mg	Tier 4	PA
droxidopa cap 200 mg	Tier 4	PA
droxidopa cap 300 mg	Tier 4	PA

VASOPRESSORS

midodrine hcl tab 2.5 mg	Tier 1	
midodrine hcl tab 5 mg	Tier 1	
midodrine hcl tab 10 mg	Tier 1	

VITAMINS

OIL SOLUBLE VITAMINS

cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	OTC
cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)	Tier 1	OTC
cholecalciferol cap 125 mcg (5000 unit) (D 5000)	Tier 1	OTC
cholecalciferol cap 250 mcg (10000 unit)	Tier 1	OTC
cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)	Tier 1	OTC
cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)	Tier 1	OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)	Tier 1	OTC
cholecalciferol tab 10 mcg (400 unit)	Tier 1	OTC
cholecalciferol tab 25 mcg (1000 unit)	Tier 1	OTC
cholecalciferol tab 50 mcg (2000 unit)	Tier 1	OTC
cholecalciferol tab 125 mcg (5000 unit)	Tier 1	OTC
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
phytonadione tab 5 mg	Tier 1	QL (150 tabs / 30 days)

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

Index

- 1**
12 Hour Decongestant
 see *pseudoephedrine hcl tab er 12hr 120 mg*..... 151
- 3**
3ML SYRINGE MIS REG TIP 135
- A**
abacavir sulfate soln 20 mg/ml (base equiv).....84
abacavir sulfate tab 300 mg (base equiv)84
abacavir sulfate-lamivudine tab 600-300 mg84
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg85
abacavir-dolutegravir-lamivudine
 see TRIUMEQ PD TAB 88
 see TRIUMEQ TAB 88
abaloparatide
 see TYMLOS INJ..... 115
abatacept
 see ORENCIA CLCK INJ 125MG/ML 11
 see ORENCIA INJ 125MG/ML 11
 see ORENCIA INJ 250MG.....11
 see ORENCIA INJ 50/0.4ML 11
 see ORENCIA INJ 87.5/0.7 11
ABILIFY MAIN INJ 300MG.....83
ABILIFY MAIN INJ 400MG.....83
abiraterone acetate tab 250 mg ..69
abiraterone acetate tab 500 mg ..69
ABREVA CRE 10%..... 107
acamprosate calcium tab delayed release 333 mg 159
acarbose tab 100 mg41
acarbose tab 25 mg41
acarbose tab 50 mg41
acebutolol hcl cap 200 mg.....90
acebutolol hcl cap 400 mg.....90
acetaminophen
 see FEVERALL INF SUP 80MG..... 12
 see FEVERALL SUP 325MG..... 12
 see NORTEMP SUS INFANTS 12
acetaminophen chew tab 160 mg 12
acetaminophen chew tab 80 mg ..12
acetaminophen disintegrating tab 160 mg 12
acetaminophen disintegrating tab 80 mg 12
acetaminophen elixir 160 mg/5ml 12
acetaminophen liquid 160 mg/5ml 12
acetaminophen liquid 167 mg/5ml 12
acetaminophen soln 160 mg/5ml 12
acetaminophen suppos 120 mg .. 12
acetaminophen suppos 650 mg .. 12
acetaminophen susp 160 mg/5ml 12
acetaminophen tab 325 mg 12
acetaminophen tab 500 mg 12
acetaminophen tab er 650 mg 12
acetaminophen w/ codeine soln 120-12 mg/5ml 17
acetaminophen w/ codeine tab 300-15 mg 17
acetaminophen w/ codeine tab 300-30 mg 17
acetaminophen w/ codeine tab 300-60 mg 17
acetazolamide cap er 12hr 500 mg 113
acetazolamide tab 125 mg 113
acetazolamide tab 250 mg 113
acetic acid irrigation soln 0.25% 122
acetic acid otic soln 2% 156
acetone (urine) test
 see RELION KETON TES..... 112
acetylcysteine inhal soln 10% .. 103
acetylcysteine inhal soln 20% .. 103
Acid Gone
 see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* 20
acitretin cap 10 mg 106
acitretin cap 17.5 mg 106
acitretin cap 25 mg 106
ACNE MEDICAT LOT 10% 103

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

alendronate sodium tab 10 mg ..	114	alogliptin-pioglitazone tab 12.5-45 mg	42
alendronate sodium tab 35 mg ..	114	alogliptin-pioglitazone tab 25-15 mg	42
alendronate sodium tab 40 mg ..	114	alogliptin-pioglitazone tab 25-30 mg	42
alendronate sodium tab 5 mg	114	alogliptin-pioglitazone tab 25-45 mg	42
alendronate sodium tab 70 mg ..	114	ALOMIDE SOL 0.1% OP	154
ALER-DRYL TAB 50MG	54	alose tron hcl tab 0.5 mg (base equiv)	120
alfuzosin hcl tab er 24hr 10 mg ..	122	alose tron hcl tab 1 mg (base equiv)	120
ALINIA SUS 100/5ML	22	alpha1-proteinase inhibitor (human)	
aliskiren fumarate tab 150 mg (base equivalent)	66	see GLASSIA INJ	163
aliskiren fumarate tab 300 mg (base equivalent)	66	see PROLASTIN-C INJ 1000MG ...	163
alitre tinoin		ALPHANINE SD INJ 1500UNIT	123
see PANRETIN GEL 0.1%	106	ALPHANINE SD INJ 500UNIT	122
All Day Allergy D		alprazolam tab 0.25 mg	24
see cetirizine-pseudoephedrine tab er 12hr 5-120 mg	102	alprazolam tab 0.5 mg	24
ALLERGY CONG TAB 25-10MG	101	alprazolam tab 1 mg	24
Allergy Relief		alprazolam tab 2 mg	24
see loratadine tab 10 mg	55	ALREX SUS 0.2%	154
allopurinol tab 100 mg	122	ALTABAX OIN 1%	104
allopurinol tab 300 mg	122	alum & mag hydroxide-simethicone chew tab 200-200-25 mg	20
Almacone		alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20	alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20
Almacone Double Strength		alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20
see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20	aluminum chloride	
almotriptan malate tab 12.5 mg	136	see DRY SOL SOL 20%	111
almotriptan malate tab 6.25 mg	136	aluminum hydroxide-mag trisil	
ALOCRI L SOL 2%	154	see FOAM ANTACID CHW 80-20MG 20	
alogliptin benzoate tab 12.5 mg (base equiv)	46	aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	20
alogliptin benzoate tab 25 mg (base equiv)	46	aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	20
alogliptin benzoate tab 6.25 mg (base equiv)	46	amantadine hcl cap 100 mg	75
alogliptin-metformin hcl tab 12.5-1000 mg	42	amantadine hcl soln 50 mg/5ml	75
alogliptin-metformin hcl tab 12.5-500 mg	42	amantadine hcl tab 100 mg	76
alogliptin-pioglitazone tab 12.5-15 mg	42	ambrisentan tab 10 mg	95
alogliptin-pioglitazone tab 12.5-30 mg	42	ambrisentan tab 5 mg	95
		amcinonide cream 0.1%	108

amcinonide lotion 0.1%	108	amoxapine tab 100 mg	40
AMCINONIDE OIN 0.1%.....	108	amoxapine tab 150 mg	40
amiloride & hydrochlorothiazide		amoxapine tab 25 mg	40
tab 5-50 mg	113	amoxapine tab 50 mg	40
amiloride hcl tab 5 mg	114	amoxicillin & k clavulanate chew	
aminocaproic acid tab 1000 mg.	127	tab 200-28.5 mg	158
aminocaproic acid tab 500 mg ..	127	amoxicillin & k clavulanate chew	
aminosalicylic acid		tab 400-57 mg	158
see PASER GRA 4GM	68	amoxicillin & k clavulanate for susp	
amiodarone hcl tab 200 mg	26	200-28.5 mg/5ml	158
amitriptyline hcl tab 10 mg	39	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 100 mg	40	250-62.5 mg/5ml	159
amitriptyline hcl tab 150 mg	40	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 25 mg	39	400-57 mg/5ml	159
amitriptyline hcl tab 50 mg	40	amoxicillin & k clavulanate for susp	
amitriptyline hcl tab 75 mg	40	600-42.9 mg/5ml	159
Amlactin		amoxicillin & k clavulanate tab	
see lactic acid (ammonium		250-125 mg	159
lactate) lotion 12%	110	amoxicillin & k clavulanate tab	
amlodipine besylate tab 10 mg		500-125 mg	159
(base equivalent)	91	amoxicillin & k clavulanate tab	
amlodipine besylate tab 2.5 mg		875-125 mg	159
(base equivalent)	91	amoxicillin & pot clavulanate	
amlodipine besylate tab 5 mg		see AUGMENTIN SUS 125/5ML ...	159
(base equivalent)	91	amoxicillin (trihydrate) cap 250 mg	
amlodipine besylate-benazepril hcl		.....	158
cap 10-20 mg	64	amoxicillin (trihydrate) cap 500 mg	
amlodipine besylate-benazepril hcl		.....	158
cap 10-40 mg	64	amoxicillin (trihydrate) chew tab	
amlodipine besylate-benazepril hcl		125 mg	158
cap 2.5-10 mg	64	amoxicillin (trihydrate) chew tab	
amlodipine besylate-benazepril hcl		250 mg	158
cap 5-10 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-benazepril hcl		125 mg/5ml	158
cap 5-20 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-benazepril hcl		200 mg/5ml	158
cap 5-40 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-olmesartan		250 mg/5ml	158
medoxomil tab 10-20 mg	64	amoxicillin (trihydrate) for susp	
amlodipine besylate-olmesartan		400 mg/5ml	158
medoxomil tab 10-40 mg	64	amoxicillin (trihydrate) tab 500 mg	
amlodipine besylate-olmesartan		.....	158
medoxomil tab 5-20 mg	64	amoxicillin (trihydrate) tab 875 mg	
amlodipine besylate-olmesartan		.....	158
medoxomil tab 5-40 mg	64	amoxicillin cap-clarithro tab-	
Amnesteem		lansopraz cap dr therapy pack	169
see isotretinoin cap 20 mg	103	amphetami er sus 1.25/ml	1

amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg..... 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 1
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
ampicillin cap 500 mg 158
ANADROL-50 TAB 50MG19
anagrelide hcl cap 0.5 mg 124
anagrelide hcl cap 1 mg 124
anakinra
see KINERET INJ..... 7
anastrozole tab 1 mg70
ANDROXY TAB 10MG.....19
ANIMAL SHAPE CHW IRON 145
ANORO ELLIPT AER 62.5-2529
Antacid
see **alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml**.....20
anthralin
see DRITHO-CREME CRE HP 1%.. 107
ANTI-DIARRHE LIQ 1MG/5ML52
Anti-fungal Powder
see **tolnaftate powder 1%** 106
antihemophilic factor (human)
see MONOCLATE-P INJ 1000UNIT 123

antihemophilic factor (recombinant) (rfviii)
see HELIXATE FS INJ 2000UNIT.. 123
see HELIXATE FS INJ 3000UNIT.. 123
see HELIXATE FS INJ 500UNIT.... 123
see KOGENATE FS INJ 1000UNIT 123
see KOGENATE FS INJ 2000UNIT 123
see KOGENATE FS INJ 250UNIT.. 123
see KOGENATE FS INJ 3000UNIT 123
see RECOMBINATE INJ 123
see RECOMBINATE INJ 220-400.. 123
see RECOMBINATE INJ 401-800.. 123
see RECOMBINATE INJ 801-1240 123
ANZEMET TAB 100MG 53
ANZEMET TAB 50MG 53
APEXICON E CRE 0.05%..... 108
APIDRA INJ SOLOSTAR..... 48
APIDRA INJ U-100 48
apixaban
see ELIQUIS ST P TAB 5MG..... 31
see ELIQUIS TAB 2.5MG 31
see ELIQUIS TAB 5MG 31
APOKYN INJ 10MG/ML..... 76
apomorphine hydrochloride
see APOKYN INJ 10MG/ML 76
apraclonidine hcl ophth soln 0.5% (base equivalent) 153
apremilast
see OTEZLA TAB 10/20/30 10
see OTEZLA TAB 30MG 10
aprepitant capsule 125 mg 53
aprepitant capsule 40 mg 53
aprepitant capsule 80 mg 53
aprepitant capsule therapy pack 80 & 125 mg 53
APTIOM TAB 200MG..... 33
APTIOM TAB 400MG..... 33
APTIOM TAB 600MG..... 33
APTIOM TAB 800MG..... 33
APTIVUS CAP 250MG 85
APTIVUS SOL 85
AQUADEKS DRO 145
Aqueous Vitamin D Infants
see **cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)** 174
ARANESP INJ 100MCG..... 125
ARANESP INJ 10MCG 125

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

atazanavir sulfate cap 300 mg (base equiv)	85	AVANDIA TAB 4MG	50
atazanavir sulfate-cobicistat		Avita	
see EVOTAZ TAB 300-150	86	see tretinoin gel 0.025%	104
atenolol & chlorthalidone tab 100-25 mg	64	AVONEX KIT 30MCG	161
atenolol & chlorthalidone tab 50-25 mg	64	AVONEX PEN KIT 30MCG	161
atenolol tab 100 mg	90	AVONEX PREFL KIT 30MCG	161
atenolol tab 25 mg	90	AVSOLA INJ 100MG	120
atenolol tab 50 mg	90	AZASITE SOL 1%	153
atomoxetine hcl cap 10 mg (base equiv)	2	azathioprine tab 50 mg	142
atomoxetine hcl cap 100 mg (base equiv)	3	azelastine hcl nasal spray 0.1% (137 mcg/spray)	149
atomoxetine hcl cap 18 mg (base equiv)	3	azelastine hcl ophth soln 0.05%	154
atomoxetine hcl cap 25 mg (base equiv)	3	azilsartan medoxomil	
atomoxetine hcl cap 40 mg (base equiv)	3	see EDARBI TAB 40MG	61
atomoxetine hcl cap 60 mg (base equiv)	3	see EDARBI TAB 80MG	62
atomoxetine hcl cap 80 mg (base equiv)	3	azithromycin (ophth)	
atorvastatin calcium tab 10 mg (base equivalent)	57	see AZASITE SOL 1%.....	153
atorvastatin calcium tab 20 mg (base equivalent)	57	azithromycin for susp 100 mg/5ml	131
atorvastatin calcium tab 40 mg (base equivalent)	57	azithromycin for susp 200 mg/5ml	131
atorvastatin calcium tab 80 mg (base equivalent)	57	azithromycin powd pack for susp 1 gm	131
atovaquone susp 750 mg/5ml	22	azithromycin tab 250 mg	131
atovaquone-proguanil hcl tab 250-100 mg	67	azithromycin tab 500 mg	131
atovaquone-proguanil hcl tab 62.5-25 mg	67	azithromycin tab 600 mg	131
ATROPINE SUL SOL 1% OP	152	AZOPT SUS 1% OP	154
atropine sulfate ophth soln 1% ..	152	aztreonam lysine	
ATROVENT HFA AER 17MCG	27	see CAYSTON INH 75MG.....	22
AUBAGIO TAB 14MG	161	B	
AUBAGIO TAB 7MG	161	bacitracin oint 500 unit/gm	104
AUGMENTIN SUS 125/5ML	159	bacitracin ophth oint 500 unit/gm	153
auranofin		bacitracin zinc oint 500 unit/gm	104
see RIDAURA CAP 3MG	7	bacitracin-polymyxin b oint	104
AVANDIA TAB 2MG	50	bacitracin-polymyxin b ophth oint	153
		bacitracin-polymyxin-neomycin hc	
		see CORTISPORIN OIN 1%.....	105
		bacitracin-polymyxin-neomycin-hc ophth oint 1%	154
		baclofen tab 10 mg	148
		baclofen tab 20 mg	148
		BALCOLTRA TAB 0.1-20.....	97
		baloxavir marboxil	
		see XOFLUZA TAB 20MG	89
		see XOFLUZA TAB 40MG	89

see XOFLUZA TAB 80MG	89	see FASENRA INJ 30MG/ML.....	26
balsalazide disodium cap 750 mg		see FASENRA PEN INJ 30MG/ML ...	26
.....	120	BENZNIDAZOLE TAB 100MG	21
BANZEL TAB 200MG	33	BENZNIDAZOLE TAB 12.5MG	21
BANZEL TAB 400MG	33	benzocaine-docusate sodium	
BAQSIMI ONE POW 3MG/DOSE.....	46	see DOCUSOL PLUS ENE 20-283 .	131
BARACLUDGE SOL	88	benzonatate cap 100 mg	101
BASAGLAR INJ 100UNIT	48	benzonatate cap 200 mg	101
BAXDELA TAB 450MG.....	118	benzoyl peroxide	
b-complex w/ c & folic acid cap 1 mg		see ACNE MEDICAT LOT 10%	103
.....	144	see ACNE MEDICAT LOT 5%	103
b-complex w/ c & folic acid tab	144	benzoyl peroxide gel 10%	103
b-complex w/ c & folic acid tab 0.8 mg		benzoyl peroxide gel 5%	103
.....	144	benzoyl peroxide liq 10%	103
b-complex w/ c & folic acid tab 5 mg		benzoyl peroxide liq 5%	103
.....	144	Benzoyl Peroxide Wash	
BD U-500 MIS 31GX6MM	132	see benzoyl peroxide liq 10% .	103
BE WELL PAK ROUNDED	146	benzoyl peroxide-erythromycin gel 5-3%	103
becaplermin		benztropine mesylate tab 0.5 mg	75
see REGRANEX GEL 0.01%.....	112	benztropine mesylate tab 1 mg ...	75
beclomethasone dipropionate hfa		benztropine mesylate tab 2 mg ...	75
see QVAR REDIIHA AER 80MCG.....	28	benzyl alcohol (pediculicide)	
see QVAR REDIIHAL AER 40MCG	28	see ULESFIA LOT 5%	112
bedaquiline fumarate		bepotastine besilate	
see SIRTURO TAB 100MG.....	68	see BEPREVE DRO 1.5%	155
see SIRTURO TAB 20MG	68	bepotastine besilate ophth soln 1.5%	154
BELSOMRA TAB 10MG	128	BEPREVE DRO 1.5%	155
BELSOMRA TAB 15MG	128	BERINERT INJ 500UNIT	123
BELSOMRA TAB 20MG	129	besifloxacin hcl	
BELSOMRA TAB 5MG	128	see BESIVANCE SUS 0.6%	153
bempedoic acid		BESIVANCE SUS 0.6%	153
see NEXLETOL TAB 180MG	56	betaine	
bempedoic acid-ezetimibe		see CYSTADANE POW	116
see NEXLIZET TAB 180/10MG	56	betamethasone dipropionate augmented cream 0.05%	108
benazepril & hydrochlorothiazide tab 10-12.5 mg		betamethasone dipropionate augmented gel 0.05%	108
.....	64	betamethasone dipropionate augmented lotion 0.05%	108
benazepril & hydrochlorothiazide tab 20-12.5 mg		betamethasone dipropionate augmented oint 0.05%	108
.....	65	betamethasone dipropionate cream 0.05%	108
benazepril & hydrochlorothiazide tab 20-25 mg		betamethasone dipropionate lotion 0.05%	108
.....	65		
benazepril & hydrochlorothiazide tab 5-6.25 mg			
.....	64		
benazepril hcl tab 10 mg	59		
benazepril hcl tab 20 mg	59		
benazepril hcl tab 40 mg	59		
benazepril hcl tab 5 mg	59		
benralizumab			

betamethasone dipropionate oint 0.05%	108	bisoprolol fumarate tab 5 mg	90
betamethasone valerate cream 0.1% (base equivalent)	108	blood glucose monitoring supplies	
betamethasone valerate oint 0.1% (base equivalent)	108	see RELION TRUE KIT MET AIR ...	134
betaxolol hcl ophth soln 0.5% ...	152	see TRUE METRIX KIT AIR.....	134
betaxolol hcl tab 10 mg	90	see TRUE METRIX KIT METER	134
betaxolol hcl tab 20 mg	90	see TRUE METRIX MIS AIR	134
bethanechol chloride tab 10 mg	171	BOOSTRIX INJ	166
bethanechol chloride tab 25 mg	171	bosentan	
bethanechol chloride tab 5 mg ..	171	see TRACLEER TAB 32MG.....	95
bethanechol chloride tab 50 mg	171	bosentan tab 125 mg	95
BEVESPI AER 9-4.8MCG.....	29	bosentan tab 62.5 mg	95
bexarotene (topical)		BOTOX INJ 100UNIT	151
see TARGRETIN GEL 1%	106	BOTOX INJ 200UNIT	151
bexarotene cap 75 mg	75	Bp Cleansing Wash	
bexarotene gel 1%	106	see sulfacetamide sodium-sulfur in urea emulsion 10-4%	104
bicalutamide tab 50 mg	70	Bp Gel	
bictegravir-emtricitabine-tenofovir alafenamide fumarate		see benzoyl peroxide gel 5% ..	103
see BIKTARVY TAB	85	Bp Wash	
BIKTARVY TAB	85	see benzoyl peroxide liq 5% ...	103
bimatoprost		Bprotected Pedia Tri-vite	
see LUMIGAN SOL 0.01%.....	156	see pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml	146
bimatoprost ophth soln 0.03% ..	156	BRAINSTRONG MIS PRENATAL	146
bisacodyl suppos 10 mg	131	BREO ELLIPTA INH 100-25.....	29
bisacodyl tab delayed release 5 mg	131	BREO ELLIPTA INH 200-25.....	29
Bismatrol		BREZTRI AERO AER SPHERE	29
see bismuth subsalicylate susp 262 mg/15ml	52	Briellyn	
bismuth subsalicylate chew tab 262 mg	52	see norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg .	98
bismuth subsalicylate susp 262 mg/15ml	52	BRILINTA TAB 60MG	124
bismuth subsalicylate susp 525 mg/15ml	52	BRILINTA TAB 90MG	124
bismuth subsalicylate tab 262 mg	52	brimonidine tartrate (topical)	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	65	see MIRVASO GEL 0.33%.....	111
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	65	brimonidine tartrate ophth soln 0.15%	153
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	65	brimonidine tartrate ophth soln 0.2%	153
bisoprolol fumarate tab 10 mg	90	brimonidine tartrate-timolol maleate	
		see COMBIGAN SOL 0.2/0.5%	152
		brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% .	152
		brinzolamide	
		see AZOPT SUS 1% OP.....	154
		brinzolamide ophth susp 1%	155
		brinzolamide-brimonidine tartrate	

see SIMBRINZA SUS 1-0.2% 153

**bromfenac sodium ophth soln
0.09% (base equiv) (once-daily)**
..... 155

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

**bromocriptine mesylate cap 5 mg
(base equivalent).....76**

**bromocriptine mesylate tab 2.5 mg
(base equivalent).....76**

**brompheniramine &
pseudoephedrine elixir 1-15
mg/5ml..... 101**

BROTAPP DM LIQ 15-1-5/5 101

BROVANA NEB 15MCG.....29

BRUKINSA CAP 80MG.....71

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

**budesonide delayed release
particles cap 3 mg..... 100**

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

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

**budesonide nasal susp 32 mcg/act
..... 150**

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

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

bumetanide tab 0.5 mg..... 113

bumetanide tab 1 mg..... 113

bumetanide tab 2 mg..... 113

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

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

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

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

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

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

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

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

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

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

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

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

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

**bupropion hcl (smoking deterrent)
tab er 12hr 150 mg 162**

bupropion hcl tab 100 mg 36

bupropion hcl tab 75 mg 36

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

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

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

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

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

buspironone hcl tab 10 mg 23

buspironone hcl tab 15 mg 23

buspironone hcl tab 30 mg 23

buspironone hcl tab 5 mg 23

buspironone hcl tab 7.5 mg 23

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

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

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

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

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

butenafine hcl
see MENTAX CRE 1% 105

butenafine hcl cream 1% 105
butoconazole nitrate (one dose)
 see GYNAZOLE-1 CRE 2% 173
butorphanol tartrate nasal soln 10 mg/ml.....19
 BYSTOLIC TAB 10MG.....90
 BYSTOLIC TAB 2.5MG.....90
 BYSTOLIC TAB 20MG.....90
 BYSTOLIC TAB 5MG90
 BYVALSON TAB 5-80MG..... 65

C

c1 esterase inhibitor (human)
 see BERINERT INJ 500UNIT 123
cabergoline tab 0.5 mg 116
 CABOMETYX TAB 20MG71
 CABOMETYX TAB 40MG71
 CABOMETYX TAB 60MG71
cabozantinib s-malate
 see CABOMETYX TAB 20MG71
 see CABOMETYX TAB 40MG71
 see CABOMETYX TAB 60MG71
 see COMETRIQ KIT 100MG71
 see COMETRIQ KIT 140MG71
 see COMETRIQ KIT 60MG71

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

calcipotriene oint 0.005% 106

calcipotriene soln 0.005% (50 mcg/ml) 106

calcipotriene-betamethasone dipropionate oint 0.005-0.064%
 108

calcipotriene-betamethasone dipropionate susp 0.005-0.064%
 108

calcitonin (salmon) nasal soln 200 unit/act 114

Calcitrate

see **calcium citrate tab 950 mg (200 mg elemental ca)** 139

calcitriol cap 0.25 mcg 116

calcitriol cap 0.5 mcg 116

calcitriol oint 3 mcg/gm..... 106

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

Calcium 500 + D

see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** 139

Calcium 500/d

see **calcium carbonate-cholecalciferol chew tab 500 mg-400 unit** 139

Calcium 600

see **calcium carbonate tab 1500 mg (600 mg elemental ca)** .. 138

Calcium 600 With Vitamin

see **calcium carbonate-cholecalciferol chew tab 600 mg-400 unit** 139

Calcium 600/vitamin D3

see **calcium carbonate-cholecalciferol tab 600 mg-800 unit** 139

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

Calcium Antacid

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

calcium carbonate (antacid) chew tab 1000 mg 21

calcium carbonate (antacid) chew tab 400 mg 20

calcium carbonate (antacid) chew tab 500 mg 21

calcium carbonate (antacid) chew tab 750 mg 21

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

calcium carbonate tab 1250 mg (500 mg elemental ca)..... 138

calcium carbonate tab 1500 mg (600 mg elemental ca)..... 138

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

calcium carbonate-cholecalciferol cap 600 mg-500 unit..... 138

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

calcium carbonate-cholecalciferol chew tab 500 mg-400 unit 139

calcium carbonate-cholecalciferol chew tab 500 mg-600 unit 139

calcium carbonate-cholecalciferol chew tab 600 mg-400 unit	139
calcium carbonate-cholecalciferol tab 250 mg-125 unit	139
calcium carbonate-cholecalciferol tab 500 mg-125 unit	139
calcium carbonate-cholecalciferol tab 500 mg-200 unit	139
calcium carbonate-cholecalciferol tab 500 mg-400 unit	139
calcium carbonate-cholecalciferol tab 500 mg-600 unit	139
calcium carbonate-cholecalciferol tab 600 mg-200 unit	139
calcium carbonate-cholecalciferol tab 600 mg-400 unit	139
calcium carbonate-cholecalciferol tab 600 mg-800 unit	139
calcium carbonate-ergocalciferol see RA OYS SHL/D TAB 500MG ...	140
calcium carbonate-mag hydrox see MI-ACID CHW	20
calcium carbonate-mag hydroxide chew tab 675-135 mg	20
calcium carbonate-mag hydroxide susp 400-135 mg/5ml	20
calcium carbonate-vitamin d cap 600 mg-200 unit	139
calcium carbonate-vitamin d tab 250 mg-125 unit	139
calcium carbonate-vitamin d tab 600 mg-125 unit	139
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit	138
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	138
Calcium Citrate + D3 see calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)	140
calcium citrate tab 950 mg (200 mg elemental ca)	139
CALCIUM CITRATE TAB 950 MG (200 MG ELEMENTAL CA)	139
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	140
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) ...	140
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) ...	140
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) ...	140
Calcium Plus Vitamin D3 see calcium carbonate- cholecalciferol cap 600 mg-500 unit	138
calcium polycarbophil tab 625 mg	129
CALCIUM TAB 600MG	140
calcium-magnesium-zinc tab 333- 133-5 mg	140
CALNA TAB	146
CALTRATE 600 CHW 600-800	140
candesartan cilexetil tab 16 mg ..	61
candesartan cilexetil tab 32 mg ..	61
candesartan cilexetil tab 4 mg	61
candesartan cilexetil tab 8 mg	61
capecitabine tab 150 mg	68
capecitabine tab 500 mg	68
CAPRELSA TAB 100MG	71
CAPRELSA TAB 300MG	71
capsaicin cream 0.1%	110
captopril & hydrochlorothiazide tab 25-15 mg	65
captopril & hydrochlorothiazide tab 25-25 mg	65
captopril & hydrochlorothiazide tab 50-15 mg	65
captopril & hydrochlorothiazide tab 50-25 mg	65
captopril tab 100 mg	59
captopril tab 12.5 mg	59
captopril tab 25 mg	59
captopril tab 50 mg	59
carbamazepine cap er 12hr 100 mg	33
carbamazepine cap er 12hr 200 mg	33
carbamazepine cap er 12hr 300 mg	33
carbamazepine chew tab 100 mg 33	
carbamazepine susp 100 mg/5ml	33

carbamazepine tab 200 mg	33	carboxymethylcellulose sodium	
carbamazepine tab er 12hr 100 mg		ophth soln 0.5%	151
.....	33	CARIMUNE NF INJ 12GM.....	157
carbamazepine tab er 12hr 200 mg		cariprazine hcl	
.....	33	see VRAYLAR CAP 1.5MG	77
carbamazepine tab er 12hr 400 mg		see VRAYLAR CAP 3MG	77
.....	33	see VRAYLAR CAP 4.5MG	78
carbamide peroxide 6.5% otic soln		see VRAYLAR CAP 6MG	78
.....	156	carisoprodol tab 350 mg	148
carbidopa & levodopa orally		carisoprodol w/ aspirin & codeine	
disintegrating tab 10-100 mg ...	76	tab 200-325-16 mg	149
carbidopa & levodopa orally		carteolol hcl ophth soln 1%	152
disintegrating tab 25-100 mg ...	76	carvedilol tab 12.5 mg	89
carbidopa & levodopa orally		carvedilol tab 25 mg	90
disintegrating tab 25-250 mg ...	76	carvedilol tab 3.125 mg	89
carbidopa & levodopa tab 10-100		carvedilol tab 6.25 mg	89
mg	76	CAYA DPR.....	132
carbidopa & levodopa tab 25-100		CAYSTON INH 75MG	22
mg	76	cefaclor cap 250 mg	96
carbidopa & levodopa tab 25-250		cefaclor cap 500 mg	96
mg	76	cefaclor for susp 125 mg/5ml	96
carbidopa & levodopa tab er 25-		cefaclor for susp 250 mg/5ml	96
100 mg	76	cefaclor for susp 375 mg/5ml	96
carbidopa & levodopa tab er 50-		cefadroxil cap 500 mg	96
200 mg	76	cefadroxil for susp 250 mg/5ml ..	96
carbidopa tab 25 mg	75	cefadroxil for susp 500 mg/5ml ..	96
carbidopa-levodopa-entacapone		cefadroxil tab 1 gm	96
tabs 12.5-50-200 mg	76	cefdinir cap 300 mg	97
carbidopa-levodopa-entacapone		cefdinir for susp 125 mg/5ml	97
tabs 18.75-75-200 mg	76	cefdinir for susp 250 mg/5ml	97
carbidopa-levodopa-entacapone		cefditoren pivoxil tab 200 mg (base	
tabs 25-100-200 mg	76	equivalent)	97
carbidopa-levodopa-entacapone		cefditoren pivoxil tab 400 mg (base	
tabs 31.25-125-200 mg	76	equivalent)	97
carbidopa-levodopa-entacapone		cefixime cap 400 mg	97
tabs 37.5-150-200 mg	76	cefixime for susp 100 mg/5ml	97
carbidopa-levodopa-entacapone		cefixime for susp 200 mg/5ml	97
tabs 50-200-200 mg	76	cefpodoxime proxetil for susp 100	
carbinoxamine maleate soln 4		mg/5ml	97
mg/5ml	54	cefpodoxime proxetil for susp 50	
carbinoxamine maleate tab 4 mg	54	mg/5ml	97
carbonyl iron		cefpodoxime proxetil tab 100 mg	97
see IRON CHW PEDIATRI	127	cefpodoxime proxetil tab 200 mg	97
carbonyl iron susp 15 mg/1.25ml		cefprozil for susp 125 mg/5ml	96
(elemental iron)	126	cefprozil for susp 250 mg/5ml	97
carboxymethylcellulose sodium		cefprozil tab 250 mg	97
(pf) ophth soln 0.5%	151	cefprozil tab 500 mg	97

ceftriaxone sodium for inj 1 gm ..97	see acetaminophen chew tab 80 mg 12
cefuroxime axetil tab 250 mg.....97	Childrens Pepto
cefuroxime axetil tab 500 mg.....97	see calcium carbonate (antacid) chew tab 400 mg 20
celecoxib cap 100 mg 8	Childrens Silfedrine
celecoxib cap 200 mg 8	see pseudoephedrine hcl liq 15 mg/5ml 150
celecoxib cap 400 mg 8	chlorambucil
celecoxib cap 50 mg 8	see LEUKERAN TAB 2MG..... 68
cellulose	chlordiazepoxide hcl cap 10 mg .. 24
see UNIFIBER POW 129	chlordiazepoxide hcl cap 25 mg .. 24
CELONTIN CAP 300MG .....36	chlordiazepoxide hcl cap 5 mg 24
CENTRUM SPEC PAK PRENATAL 146	chlordiazepoxide-amitriptyline tab 10-25 mg 160
cephalexin cap 250 mg .....96	chlordiazepoxide-amitriptyline tab 5-12.5 mg 160
cephalexin cap 500 mg .....96	chlorhexidine gluconate liquid 4% 84
cephalexin for susp 125 mg/5ml .96	chlorhexidine gluconate soln 0.12% 144
cephalexin for susp 250 mg/5ml .96	chloroquine phosphate tab 250 mg 67
CERDELGA CAP 84MG..... 124	chloroquine phosphate tab 500 mg 67
ceritinib	chlorothiazide tab 250 mg 114
see ZYKADIA CAP 150MG 75	chlorothiazide tab 500 mg 114
certolizumab pegol	Chlorphen Sr
see CIMZIA KIT 200MG..... 120	see chlorpheniramine maleate tab er 12 mg 54
see CIMZIA PREFL KIT 200MG/ML120	chlorpheniramine maleate syrup 2 mg/5ml 54
see CIMZIA START KIT 200MG/ML 120	chlorpheniramine maleate tab 4 mg 54
cervical caps	chlorpheniramine maleate tab er 12 mg 54
see FEMCAP MIS 22MM 132	chlorpheniramine w/ codeine
see FEMCAP MIS 26MM 132	see Z-TUSS AC LIQ 2-9/5ML..... 102
see FEMCAP MIS 30MM 132	chlorpromazine hcl tab 10 mg 82
CESAMET CAP 1MG .....53	chlorpromazine hcl tab 100 mg ... 82
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) .....55	chlorpromazine hcl tab 200 mg ... 82
cetirizine hcl tab 10 mg 55	chlorpromazine hcl tab 25 mg 82
cetirizine hcl tab 5 mg.....55	chlorpromazine hcl tab 50 mg 82
cetirizine-pseudoephedrine tab er 12hr 5-120 mg 102	CHLORPROPAMIDE TAB 100 MG 51
cevimeline hcl cap 30 mg 144	chlorpropamide tab 250 mg 51
CHANTIX PAK 0.5& 1MG 162	chlorthalidone tab 25 mg 114
CHANTIX TAB 0.5MG 162	chlorthalidone tab 50 mg 114
CHANTIX TAB 1MG..... 162	
CHEMET CAP 100MG .....52	
Chewable Vite Childrens	
see pediatric multiple vitamin w/ c & fa chew tab 146	
Chewable Vite With Iron/c	
see pediatric multiple vitamins w/ iron chew tab 15 mg 145	
Childrens Pain Reliever	

chlorzoxazone tab 500 mg	148	cimetidine tab 400 mg	167
cholecalciferol cap 1.25 mg (50000 unit)	174	cimetidine tab 800 mg	167
cholecalciferol cap 125 mcg (5000 unit)	174	CIMZIA KIT 200MG	120
cholecalciferol cap 25 mcg (1000 unit)	174	CIMZIA PREFL KIT 200MG/ML.....	120
cholecalciferol cap 250 mcg (10000 unit)	174	CIMZIA START KIT 200MG/ML.....	120
cholecalciferol cap 50 mcg (2000 unit)	174	cinacalcet hcl tab 30 mg (base equiv)	116
cholecalciferol chew tab 10 mcg (400 unit)	174	cinacalcet hcl tab 60 mg (base equiv)	116
cholecalciferol chew tab 25 mcg (1000 unit)	174	cinacalcet hcl tab 90 mg (base equiv)	116
cholecalciferol drops 125 mcg/ml (5000 unit/ml)	174	CIPRO HC SUS OTIC	156
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)	174	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	153
cholecalciferol tab 10 mcg (400 unit)	174	ciprofloxacin hcl otic soln 0.2% (base equivalent)	156
cholecalciferol tab 125 mcg (5000 unit)	174	ciprofloxacin hcl tab 250 mg (base equiv)	118
cholecalciferol tab 25 mcg (1000 unit)	174	ciprofloxacin hcl tab 500 mg (base equiv)	119
cholecalciferol tab 50 mcg (2000 unit)	174	ciprofloxacin hcl tab 750 mg (base equiv)	119
cholestyramine light powder 4 gm/dose	56	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	156
cholestyramine powder 4 gm/dose	56	ciprofloxacin-hydrocortisone see CIPRO HC SUS OTIC.....	156
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	56	cialopram hydrobromide oral soln 10 mg/5ml	37
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	56	cialopram hydrobromide tab 10 mg (base equiv)	37
ciclesonide (nasal) see OMNARIS SPR.....	150	cialopram hydrobromide tab 20 mg (base equiv)	37
ciclopirox olamine cream 0.77% (base equiv)	105	cialopram hydrobromide tab 40 mg (base equiv)	37
ciclopirox olamine susp 0.77% (base equiv)	105	Claravis see isotretinoin cap 10 mg	103
ciclopirox solution 8%	105	clarithromycin for susp 125 mg/5ml	131
cilostazol tab 100 mg	124	clarithromycin for susp 250 mg/5ml	131
cilostazol tab 50 mg	124	clarithromycin tab 250 mg	131
CIMDUO TAB 300-300	85	clarithromycin tab 500 mg	131
cimetidine tab 200 mg	167	Clean & Clear Persa-gel M see benzoyl peroxide gel 10%	103
cimetidine tab 300 mg	167	Clear Soluble Fiber see wheat dextrin oral powder	129

clemastine fumarate tab 1.34 mg (1 mg base equiv)	54	clonidine td patch weekly 0.3 mg/24hr	63
clemastine fumarate tab 2.68 mg	54	clopidogrel bisulfate tab 75 mg (base equiv)	124
CLENPIQ SOL	129	clorazepate dipotassium tab 15 mg	25
clindamycin hcl cap 150 mg	22	clorazepate dipotassium tab 3.75 mg	25
clindamycin hcl cap 300 mg	22	clorazepate dipotassium tab 7.5 mg	25
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	22	clotrimazole cream 1%	105
clindamycin phosphate gel 1%	103	clotrimazole soln 1%	105
clindamycin phosphate lotion 1%	103	clotrimazole troche 10 mg	144
clindamycin phosphate soln 1%	103	clotrimazole vaginal cream 1%	173
clindamycin phosphate vaginal cream 2%	173	clotrimazole vaginal cream 2%	173
clindamycin phosphate-tretinoin gel 1.2-0.025%	103	clotrimazole w/ betamethasone cream 1-0.05%	105
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	103	clotrimazole w/ betamethasone lotion 1-0.05%	105
clobazam tab 10 mg	32	clozapine tab 100 mg	81
clobazam tab 20 mg	32	clozapine tab 200 mg	81
clobetasol propionate cream 0.05%	108	clozapine tab 25 mg	80
clobetasol propionate gel 0.05%	108	clozapine tab 50 mg	80
clobetasol propionate oint 0.05%	108	coagulation factor ix see ALPHANINE SD INJ 1500UNIT	123
clobetasol propionate soln 0.05%	108	see ALPHANINE SD INJ 500UNIT.	122
clomipramine hcl cap 25 mg	40	COARTEM TAB 20-120MG	67
clomipramine hcl cap 50 mg	40	cobicistat see TYBOST TAB 150MG	88
clomipramine hcl cap 75 mg	40	CODEINE SULF TAB 60MG	13
clonazepam see KLONOPIN TAB 0.5MG	33	codeine sulfate tab 30 mg	13
see KLONOPIN TAB 2MG	33	colchicine tab 0.6 mg	122
clonazepam tab 0.5 mg	32	colchicine w/ probenecid tab 0.5-500 mg	122
clonazepam tab 1 mg	32	colesevelam hcl packet for susp 3.75 gm	56
clonazepam tab 2 mg	32	colesevelam hcl tab 625 mg	56
clonidine hcl tab 0.1 mg	63	colestipol hcl tab 1 gm	56
clonidine hcl tab 0.2 mg	63	collagenase see SANTYL OIN 250/GM	110
clonidine hcl tab 0.3 mg	63	COLY-MYCIN S SUS OTIC	156
clonidine hcl tab er 12hr 0.1 mg	3	COMBIGAN SOL 0.2/0.5%	152
clonidine td patch weekly 0.1 mg/24hr	63	COMBIVENT AER 20-100	29
clonidine td patch weekly 0.2 mg/24hr	63	COMETRIQ KIT 100MG	71
		COMETRIQ KIT 140MG	71
		COMETRIQ KIT 60MG	71
		COMPLERA TAB	85

CO-NATAL FA TAB 29-1MG.....	146	COSENTYX INJ 75MG/0.5.....	106
condoms - female		COSENTYX PEN INJ 150MG/ML.....	107
see FC2 FEMALE MIS CONDOM ...	132	COSENTYX PEN INJ 300DOSE.....	107
conjugated estrogens- bazedoxifene		COUMADIN TAB 10MG.....	30
see DUAVEE TAB 0.45-20.....	117	COUMADIN TAB 1MG	30
conjugated estrogens- medroxyprogesterone acetate		COUMADIN TAB 2.5MG.....	30
see PREMPHASE TAB	117	COUMADIN TAB 2MG	30
see PREMPRO TAB.....	117	COUMADIN TAB 3MG	30
see PREMPRO TAB 0.3-1.5.....	117	COUMADIN TAB 4MG	30
see PREMPRO TAB 0.45-1.5.....	117	COUMADIN TAB 5MG	30
see PREMPRO TAB 0.625-5.....	117	COUMADIN TAB 6MG	30
continuous blood glucose system receiver		COUMADIN TAB 7.5MG.....	30
see DEXCOM G5 MIS RECEIVER ..	133	covid-19 (sars-cov-2) adenovirus vaccine	
see DEXCOM G6 MIS RECEIVER ..	133	see JANSSEN VACC INJ COVID-19	
see FREESTY LIBR MIS 2 READER	133	.....	172
see FREESTYLE MIS READER	133	covid-19 (sars-cov-2) mrna virus vaccine	
continuous blood glucose system sensor		see MODERNA VAC INJ COVID-19	172
see DEXCOM G6 MIS SENSOR.....	133	see PFIZER VACC INJ COVID-19 .	172
see FREESTY LIBR KIT 2 SENSOR	133	CREON CAP 12000UNT	112
see FREESTYLE KIT SENSOR.....	133	CREON CAP 24000UNT	112
see G5/G4 MIS SENSOR.....	134	CREON CAP 3000UNIT.....	112
continuous blood glucose system transmitter		CREON CAP 36000UNT	112
see DEXCOM G5 MIS TRANSMIT..	133	CREON CAP 6000UNIT.....	112
see DEXCOM G6 MIS TRANSMIT..	133	CRESEMBA CAP 186 MG	54
COPAXONE INJ 20MG/ML.....	161	CRIXIVAN CAP 200MG.....	85
COPAXONE INJ 40MG/ML.....	161	CRIXIVAN CAP 400MG.....	85
copper (iud)		crizotinib	
see PARAGARD IUD T380A	99	see XALKORI CAP 200MG.....	74
CORDRAN 80X3 TAP 4MCG/CM	108	see XALKORI CAP 250MG.....	74
CORLANOR SOL 5MG/5ML.....	96	cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	149
CORLANOR TAB 5MG.....	96	cromolyn sodium ophth soln 4%	
CORLANOR TAB 7.5MG	96	.....	155
corn dextrin oral powder	129	cromolyn sodium soln nebu 20 mg/2ml	26
cortisone acetate tab 25 mg	100	crotamiton	
CORTISPORIN OIN 1%	105	see EURAX CRE 10%.....	111
Cortizone-10		CUVITRU INJ 4GM/20ML.....	157
see hydrocortisone gel 1%	109	CUVITRU SOL 10GM/50M.....	157
Cortizone-10 Plus		CUVITRU SOL 1GM/5ML.....	157
see hydrocortisone-aloe vera cream 1%	110	Cvs Af Spray Powder	
COSENTYX INJ 150MG/ML.....	106	see tolnaftate aerosol pow 1%	106
COSENTYX INJ 300DOSE	106	Cvs Allergy Relief Childr	
		see diphenhydramine hcl liquid 12.5 mg/5ml	55

Cvs Antacid Supreme	see calcium carbonate-mag hydroxide susp 400-135 mg/5ml.....20
Cvs Anti-dandruff	see selenium sulfide lotion 1% 107
Cvs Anti-diarrheal	see loperamide hcl tab 2 mg .....52
Cvs Anti-fungal Powder	see miconazole nitrate powder 2% 105
Cvs B-12	see cyanocobalamin sl tab 500 mcg 124
Cvs Bismuth Maximum Stren	see bismuth subsalicylate susp 525 mg/15ml .....52
Cvs Calcium Citrate + D	see calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) 140
Cvs Chocolate Laxative Pi	see sennosides chew tab 15 mg 131
Cvs Cold & Cough Nighttim	see diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml 102
Cvs Cortisone Maximum Str	see hydrocortisone lotion 1% . 109
Cvs D3	see cholecalciferol chew tab 25 mcg (1000 unit) 174
Cvs Dry Eye Relief	see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% . 151
Cvs Easy Fiber	see corn dextrin oral powder .. 129
Cvs Fish Oil	see omega-3 fatty acids cap delayed release 1200 mg 151
Cvs Gas Relief	see simethicone cap 125 mg ... 119
Cvs Gas Relief Drops Extr	see simethicone liquid 40 mg/0.6ml 119
Cvs Gas Relief Extra Stre	see simethicone chew tab 125 mg 119
Cvs Gentle Laxative	see bisacodyl suppos 10 mg ... 131
Cvs Glycerin Adult	see glycerin suppos 2 gm 130
Cvs Heartburn Relief	see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg 20
Cvs Ibuprofen Infants	see ibuprofen susp 40 mg/ml.....9
Cvs Lubricant Eye Drops	see carboxymethylcellulose sodium ophth soln 0.5% 151
Cvs Melatonin	see melatonin cap 5 mg.....6
Cvs Motion Sickness	see dimenhydrinate tab 50 mg .53
Cvs Motion Sickness Relie	see meclizine hcl chew tab 25 mg 53
Cvs Nasal Decongestant	see pseudoephedrine hcl tab 30 mg 150
Cvs Nasal Decongestant Pe	see phenylephrine hcl tab 10 mg 150
Cvs Nasal Spray	see oxymetazoline hcl nasal soln 0.05% 150
Cvs Natural Daily Fiber	see psyllium powder 48.57% . 129
	see psyllium powder 58.6% ... 129
Cvs Natural Tears	see dextran 70-hypromellose (pf) ophth soln 0.1-0.3% 151
Cvs Nausea Relief	see fructose-dextrose-phosphoric acid oral soln 53
Cvs Nicotine Lozenge	see nicotine polacrilex lozenge 2 mg 162
Cvs Nicotine Polacrilex	see nicotine polacrilex gum 4 mg 162
Cvs Nicotine Transdermal	

see **nicotine td patch 24hr 21 mg/24hr** 163

Cvs Omeprazole Magnesium
see **omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)**
..... 168

Cvs Oyster Shell Calcium
see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** 139

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 146

Cvs Saline Nasal Spray
see **saline nasal spray 0.65%** . 149

Cvs Sleep Aid Nighttime
see **diphenhydramine hcl (sleep) tab 25 mg**..... 127

Cvs Smooth Antacid Extra
see **calcium carbonate (antacid) chew tab 750 mg** 21

Cvs Sodium Chloride
see **sodium chloride hypertonic ophth oint 5%** 155
see **sodium chloride hypertonic ophth soln 5%**..... 155

Cvs Triple Antibiotic
see **neomycin-bacitracin-polymyxin oint** 105

Cvs Vitamin B-12 Tr
see **cyanocobalamin tab er 1000 mcg** 124

Cvs Vitamin B-2
see **riboflavin tab 100 mg** 175
cyanocobalamin inj 1000 mcg/ml
..... 124
cyanocobalamin sl tab 1000 mcg
..... 124
cyanocobalamin sl tab 2500 mcg
..... 124
cyanocobalamin sl tab 500 mcg 124
cyanocobalamin tab 100 mcg 124

cyanocobalamin tab 1000 mcg.. 124
cyanocobalamin tab 250 mcg.... 124
cyanocobalamin tab 500 mcg.... 124
cyanocobalamin tab er 1000 mcg
..... 124
cyclobenzaprine hcl tab 10 mg.. 148
cyclobenzaprine hcl tab 5 mg.... 148
cyclopentolate hcl ophth soln 1%
..... 152
cyclophosphamide cap 25 mg 68
cyclophosphamide cap 50 mg 68
cycloserine cap 250 mg 68
CYCLOSET TAB 0.8MG 46
cyclosporine
see SANDIMMUNE CAP 100MG.... 143
see SANDIMMUNE CAP 25MG 143
cyclosporine (ophth)
see RESTASIS EMU 0.05% OP 153
cyclosporine (ophth) emulsion 0.05% 153
cyclosporine cap 100 mg 142
cyclosporine cap 25 mg 142
cyclosporine modified (for microemulsion)
see NEORAL CAP 100MG 143
see NEORAL CAP 25MG..... 143
cyclosporine modified cap 100 mg
..... 142
cyclosporine modified cap 25 mg
..... 142
cyclosporine modified cap 50 mg
..... 142
cyclosporine modified oral soln 100 mg/ml 143
cyproheptadine hcl syrup 2 mg/5ml 56
cyproheptadine hcl tab 4 mg..... 56
CYSTADANE POW 116
CYSTAGON CAP 150MG 121
CYSTAGON CAP 50MG 121
CYSTARAN SOL 0.44% 155
cysteamine bitartrate
see CYSTAGON CAP 150MG 121
see CYSTAGON CAP 50MG 121
cysteamine hcl
see CYSTARAN SOL 0.44%..... 155

D	
D 1000	
see cholecalciferol cap 25 mcg (1000 unit)	174
D 5000	
see cholecalciferol cap 125 mcg (5000 unit)	174
D2000 Ultra Strength	
see cholecalciferol cap 50 mcg (2000 unit)	174
D3 Maximum Strength	
see cholecalciferol drops 125 mcg/ml (5000 unit/ml)	174
dabigatran etexilate mesylate	
see PRADAXA CAP 110MG	32
see PRADAXA CAP 150MG	32
see PRADAXA CAP 75MG	32
dabrafenib mesylate	
see TAFINLAR CAP 50MG	74
see TAFINLAR CAP 75MG	74
daclatasvir dihydrochloride	
see DAKLINZA TAB 30MG	88
see DAKLINZA TAB 60MG	88
Daily Vite	
see multiple vitamin tab	145
DAKLINZA TAB 30MG	88
DAKLINZA TAB 60MG	88
dalfampridine tab er 12hr 10 mg	
.....	161
DALIRESP TAB 250MCG	27
DALIRESP TAB 500MCG	27
dalteparin sodium	
see FRAGMIN INJ 10000/ML	32
see FRAGMIN INJ 12500UNT.....	32
see FRAGMIN INJ 15000UNT.....	32
see FRAGMIN INJ 18000UNT.....	32
see FRAGMIN INJ 2500/0.2	32
see FRAGMIN INJ 5000/0.2	32
see FRAGMIN INJ 7500/0.3	32
danazol cap 100 mg	19
danazol cap 200 mg	19
danazol cap 50 mg	19
dantrolene sodium cap 100 mg ..	149
dantrolene sodium cap 25 mg ...	149
dantrolene sodium cap 50 mg ...	149
dapagliflozin propanediol	
see FARXIGA TAB 10MG.....	51
see FARXIGA TAB 5MG	51
dapagliflozin-metformin hcl	
see XIGDUO XR TAB 10-1000	45
see XIGDUO XR TAB 10-500MG ...	45
see XIGDUO XR TAB 2.5-1000	45
see XIGDUO XR TAB 5-1000MG ...	45
see XIGDUO XR TAB 5-500MG	45
dapsone tab 100 mg	22
dapsone tab 25 mg	22
darbepoetin alfa	
see ARANESP INJ 100MCG	125
see ARANESP INJ 10MCG	125
see ARANESP INJ 150MCG	125
see ARANESP INJ 200MCG	125
see ARANESP INJ 25MCG	125
see ARANESP INJ 300MCG	125
see ARANESP INJ 40MCG	125
see ARANESP INJ 500MCG	125
see ARANESP INJ 60MCG	125
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	169
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	169
darunavir	
see PREZISTA SUS 100MG/ML	87
see PREZISTA TAB 150MG	87
see PREZISTA TAB 600MG	87
see PREZISTA TAB 75MG	87
see PREZISTA TAB 800MG	87
darunavir-cobicistat	
see PREZCOBIX TAB 800-150	87
darunavir-cobicistat-emtricitabine-tenofovir alafenamide	
see SYMTUZA TAB	87
dasatinib	
see SPRYCEL TAB 100MG	74
see SPRYCEL TAB 140MG	74
see SPRYCEL TAB 20MG.....	74
see SPRYCEL TAB 50MG.....	74
see SPRYCEL TAB 70MG.....	74
see SPRYCEL TAB 80MG.....	74
deferasirox tab for oral susp 125 mg	52
deferasirox tab for oral susp 250 mg	52
deferasirox tab for oral susp 500 mg	52

deferiprone	
see FERRIPROX TAB 1000MG.....	52
deferiprone tab 1000 mg	52
deferiprone tab 500 mg	52
degarelix acetate	
see FIRMAGON INJ 80MG	70
delafloxacin meglumine	
see BAXDELA TAB 450MG	118
delavirdine mesylate	
see RESCRIPTOR TAB 200MG	87
DELSTRIGO TAB	85
demeclocycline hcl tab 150 mg .	163
demeclocycline hcl tab 300 mg .	163
DENAVIR CRE 1%	107
denosumab	
see PROLIA INJ 60MG/ML.....	115
see XGEVA INJ	115
DEPO-SQ PROV INJ 104.....	100
Dermacerin	
see skin protectants misc - cream	
.....	111
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	55
desmopressin acetate	
see STIMATE SOL 1.5MG/ML.....	116
desmopressin acetate nasal spray	
soln 0.01%	116
desmopressin acetate nasal spray	
soln 0.01% (refrigerated)	116
desmopressin acetate tab 0.1 mg	
.....	116
desmopressin acetate tab 0.2 mg	
.....	116
desogest-eth estrad & eth estrad	
tab 0.15-0.02/0.01 mg(21/5) ..	97
desogest-ethin est tab 0.1-	
0.025/0.125-0.025/0.15-	
0.025mg-mg	97
desogestrel & ethinyl estradiol tab	
0.15 mg-30 mcg	97
desonide cream 0.05%	108
desonide oint 0.05%	108
desoximetasone cream 0.05% ..	108
desoximetasone cream 0.25% ..	108
desoximetasone gel 0.05%	108
desoximetasone oint 0.05%	108
desoximetasone oint 0.25%	108
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	
.....	100
dexamethasone sodium phosphate	
inj 10 mg/ml	100
dexamethasone sodium phosphate	
ophth soln 0.1%	154
dexamethasone soln 0.5 mg/5ml	
.....	100
dexamethasone tab 0.5 mg	100
dexamethasone tab 0.75 mg	100
dexamethasone tab 1 mg	100
dexamethasone tab 1.5 mg	100
dexamethasone tab 2 mg	100
dexamethasone tab 4 mg	100
dexamethasone tab 6 mg	100
DEXCOM G5 MIS RECEIVER	133
DEXCOM G5 MIS TRANSMIT.....	133
DEXCOM G6 MIS RECEIVER	133
DEXCOM G6 MIS SENSOR.....	133
DEXCOM G6 MIS TRANSMIT.....	133
DEXILANT CAP 30MG DR	167
DEXILANT CAP 60MG DR	167
dexlansoprazole	
see DEXILANT CAP 30MG DR.....	167
see DEXILANT CAP 60MG DR.....	167
dexlansoprazole cap delayed	
release 30 mg	167
dexlansoprazole cap delayed	
release 60 mg	168
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%	151
dextran 70-hypromellose ophth	
soln 0.1-0.3%	151
dextroamphetamine sulfate cap er	
24hr 10 mg	2
dextroamphetamine sulfate cap er	
24hr 15 mg	2
dextroamphetamine sulfate cap er	
24hr 5 mg	1
dextroamphetamine sulfate tab 10	
mg	2
dextroamphetamine sulfate tab 5	
mg	2
dextromethorphan hbr	
see ROBITUSSIN SYP 7.5/5ML	101
dextromethorphan-guaifenesin	
liquid 10-100 mg/5ml	102
dextromethorphan-guaifenesin	
liquid 10-200 mg/5ml	102
dextromethorphan-guaifenesin	
syrup 10-100 mg/5ml	102
dextromethorphan-guaifenesin tab	
er 12hr 30-600 mg	102
dextrose (diabetic use)	
see GNP GLUCOSE CHW ORANGE ..	46
Diabetic Siltussin-dm	
see dextromethorphan-	
guaifenesin liquid 10-100	
mg/5ml	102
Diabetic Tussin Allergy	
see chlorpheniramine maleate	
syrup 2 mg/5ml	54
Diabetic Tussin Cough/che	
see dextromethorphan-	
guaifenesin liquid 10-200	
mg/5ml	102
DIACOMIT CAP 250MG	33
DIACOMIT CAP 500MG	33
DIACOMIT PAK 250MG	33
DIACOMIT PAK 500MG	33
diaphragm arc-spring	
see CAYA DPR	132
diaphragm wide seal	
see WIDE-SEAL DPR KIT 60.....	132
see WIDE-SEAL DPR KIT 65.....	132
see WIDE-SEAL DPR KIT 70.....	132
see WIDE-SEAL DPR KIT 75	132
see WIDE-SEAL DPR KIT 80	132
see WIDE-SEAL DPR KIT 85	132
see WIDE-SEAL DPR KIT 90	133
see WIDE-SEAL DPR KIT 95	133
diaphragms	
see OMNIFLEX DPR	132
diazepam (anticonvulsant)	
see VALTOCO SPR 10MG.....	33
see VALTOCO SPR 15MG.....	33
see VALTOCO SPR 20MG.....	33
see VALTOCO SPR 5MG	33
diazepam conc 5 mg/ml	25
Diazepam Intensol	
see diazepam conc 5 mg/ml	25
diazepam oral soln 1 mg/ml	25
diazepam rectal gel delivery	
system 10 mg	33
diazepam rectal gel delivery	
system 2.5 mg	33
diazepam rectal gel delivery	
system 20 mg	33
diazepam tab 10 mg	25
diazepam tab 2 mg	25
diazepam tab 5 mg	25
diazoxide susp 50 mg/ml	46
dibucaine perianal ointment 1% .	20
diclofenac potassium tab 50 mg	8
diclofenac sodium (topical)	
see VOLTAREN GEL 1%	104
diclofenac sodium gel 1%	104
diclofenac sodium ophth soln 0.1%	
.....	155
diclofenac sodium tab delayed	
release 25 mg	8
diclofenac sodium tab delayed	
release 50 mg	8
diclofenac sodium tab delayed	
release 75 mg	8
diclofenac sodium tab er 24hr 100	
mg	8
diclofenac w/ misoprostol tab	
delayed release 50-0.2 mg	8
diclofenac w/ misoprostol tab	
delayed release 75-0.2 mg	8
dicloxacillin sodium cap 250 mg	159
dicloxacillin sodium cap 500 mg	159

dicyclomine hcl cap 10 mg	166
dicyclomine hcl oral soln 10 mg/5ml	166
dicyclomine hcl tab 20 mg	166
didanosine	
see VIDEX EC CAP 125MG	88
didanosine delayed release capsule 200 mg	85
didanosine delayed release capsule 250 mg	85
didanosine delayed release capsule 400 mg	85
difenoxin w/ atropine	
see MOTOFEN TAB 1-0.025	52
DIFFERIN GEL 0.1%	103
DIFICID TAB 200MG.....	132
diflorasone diacetate cream 0.05%	109
diflorasone diacetate emollient base	
see APEXICON E CRE 0.05%.....	108
diflorasone diacetate oint 0.05%	109
diflunisal tab 500 mg	12
difluprednate	
see DUREZOL EMU 0.05%	154
difluprednate ophth emulsion 0.05%	154
digoxin	
see LANOXIN TAB 0.125MG	94
see LANOXIN TAB 0.25MG.....	94
digoxin oral soln 0.05 mg/ml	94
digoxin tab 125 mcg (0.125 mg) .	94
digoxin tab 250 mcg (0.25 mg) ...	94
dihydroergotamine mesylate inj 1 mg/ml	136
DILANTIN CAP 100MG	35
DILANTIN CAP 30MG	35
diltiazem hcl cap er 12hr 120 mg 92	
diltiazem hcl cap er 24hr 120 mg 92	
diltiazem hcl cap er 24hr 180 mg 92	
diltiazem hcl cap er 24hr 240 mg 92	
diltiazem hcl coated beads cap er 24hr 120 mg	92
diltiazem hcl coated beads cap er 24hr 180 mg	92
diltiazem hcl coated beads cap er 24hr 240 mg	92
diltiazem hcl coated beads cap er 24hr 300 mg	92
diltiazem hcl extended release beads cap er 24hr 120 mg	92
diltiazem hcl extended release beads cap er 24hr 180 mg	92
diltiazem hcl extended release beads cap er 24hr 240 mg	92
diltiazem hcl extended release beads cap er 24hr 300 mg	92
diltiazem hcl extended release beads cap er 24hr 360 mg	92
diltiazem hcl extended release beads cap er 24hr 420 mg	92
diltiazem hcl tab 120 mg	92
diltiazem hcl tab 30 mg	92
diltiazem hcl tab 60 mg	92
diltiazem hcl tab 90 mg	92
dimenhydrinate tab 50 mg	53
dimethyl fumarate capsule delayed release 120 mg	161
dimethyl fumarate capsule delayed release 240 mg	161
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	161
DIPENTUM CAP 250MG.....	120
diphenhydramine hcl	
see ALER-DRYL TAB 50MG	54
diphenhydramine hcl (sleep) tab 25 mg	127
diphenhydramine hcl (sleep) tab 50 mg	127
diphenhydramine hcl cap 25 mg .	54
diphenhydramine hcl cap 50 mg .	54
diphenhydramine hcl chew tab 12.5 mg	55
diphenhydramine hcl elixir 12.5 mg/5ml	55
diphenhydramine hcl inj 50 mg/ml	55
diphenhydramine hcl liquid 12.5 mg/5ml	55
diphenhydramine hcl tab 25 mg ..	55
diphenhydramine hcl tab disint 12.5 mg	55

diphenhydramine-phenylephrine see ALLERGY CONG TAB 25-10MG	101
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	102
diphenhydramine-phenylephrine tab 25-10 mg	102
diphenhydramine-zinc acetate cream 2-0.1%	106
diphenoxylate w/ atropine tab 2.5- 0.025 mg	52
dipyridamole tab 25 mg	124
dipyridamole tab 50 mg	124
dipyridamole tab 75 mg	124
diroximel fumarate see VUMERITY CAP 231MG	162
disopyramide phosphate cap 100 mg	25
disopyramide phosphate cap 150 mg	26
disulfiram tab 250 mg	159
disulfiram tab 500 mg	159
divalproex sodium cap delayed release sprinkle 125 mg	36
divalproex sodium tab delayed release 125 mg	36
divalproex sodium tab delayed release 250 mg	36
divalproex sodium tab delayed release 500 mg	36
divalproex sodium tab er 24 hr 250 mg	36
divalproex sodium tab er 24 hr 500 mg	36
docosahexaenoic acid cap 200 mg	151
docosanol see ABREVA CRE 10%	107
docosanol cream 10%	107
docusate calcium cap 240 mg ...	131
docusate sodium see PEDIA-LAX LIQ 50MG	131
docusate sodium cap 100 mg	131
docusate sodium cap 250 mg	131
docusate sodium cap 50 mg	131
docusate sodium liquid 150 mg/15ml	131
docusate sodium syrup 60 mg/15ml	131
docusate sodium tab 100 mg	131
DOCUSOL PLUS ENE 20-283	131
dofetilide cap 125 mcg (0.125 mg)	26
dofetilide cap 250 mcg (0.25 mg) 26	
dofetilide cap 500 mcg (0.5 mg) .26	
Dok see docusate sodium tab 100 mg	131
dolasetron mesylate see ANZEMET TAB 100MG	53
see ANZEMET TAB 50MG.....	53
dolutegravir sodium see TIVICAY PD TAB 5MG.....	87
see TIVICAY TAB 10MG	87
see TIVICAY TAB 25MG	88
see TIVICAY TAB 50MG	88
dolutegravir sodium-lamivudine see DOVATO TAB 50-300MG.....	85
dolutegravir sodium-rilpivirine hcl see JULUCA TAB 50-25MG.....	86
donepezil hydrochloride orally disintegrating tab 10 mg	160
donepezil hydrochloride orally disintegrating tab 5 mg	159
donepezil hydrochloride tab 10 mg	160
donepezil hydrochloride tab 5 mg	160
doravirine see PIFELTRO TAB 100MG.....	87
doravirine-lamivudine-tenofovir disoproxil fumarate see DELSTRIGO TAB	85
dornase alfa see PULMOZYME SOL 1MG/ML	163
dorzolamide hcl ophth soln 2%	155
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	152
Double Antibiotic see bacitracin-polymyxin b oint	104
DOVATO TAB 50-300MG	85
doxazosin mesylate tab 1 mg	63
doxazosin mesylate tab 2 mg	63

doxazosin mesylate tab 4 mg63
doxazosin mesylate tab 8 mg63
doxepin hcl (sleep) tab 3 mg (base equiv) 127
doxepin hcl (sleep) tab 6 mg (base equiv) 127
doxepin hcl cap 10 mg40
doxepin hcl cap 100 mg41
doxepin hcl cap 150 mg41
doxepin hcl cap 25 mg40
doxepin hcl cap 50 mg40
doxepin hcl cap 75 mg40
doxepin hcl conc 10 mg/ml.....41
doxercalciferol cap 0.5 mcg 116
doxercalciferol cap 1 mcg 116
doxercalciferol cap 2.5 mcg 116
doxycycline monohydrate cap 100 mg 164
doxycycline monohydrate cap 50 mg 163
doxycycline monohydrate tab 100 mg 164
doxycycline monohydrate tab 50 mg 164
doxylamine succinate (sleep) tab 25 mg 127
D-PENAMINE TAB 125MG 142
DRITHO-CREME CRE HP 1% 107
dronabinol cap 10 mg53
dronabinol cap 2.5 mg53
dronabinol cap 5 mg53
dronedarone hcl
see MULTAQ TAB 400MG26
drospirenone-ethinyl estradiol tab 3-0.02 mg98
drospirenone-ethinyl estradiol tab 3-0.03 mg98
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg97
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg97
droxidopa cap 100 mg 174
droxidopa cap 200 mg 174
droxidopa cap 300 mg 174
DRYSOL SOL 20% 111

DUAVEE TAB 0.45-20 117
dulaglutide
see TRULICITY INJ 0.75/0.5 47
see TRULICITY INJ 1.5/0.5 47
see TRULICITY INJ 3/0.5 47
see TRULICITY INJ 4.5/0.5 47
duloxetine hcl enteric coated pellets cap 20 mg (base eq) 39
duloxetine hcl enteric coated pellets cap 30 mg (base eq) 39
duloxetine hcl enteric coated pellets cap 60 mg (base eq) 39
dupilumab
see DUPIXENT INJ 100/0.67 110
see DUPIXENT INJ 200/1.14 26
see DUPIXENT INJ 200MG 110
see DUPIXENT INJ 300/2ML 110
DUPIXENT INJ 100/0.67 110
DUPIXENT INJ 200/1.14 26
DUPIXENT INJ 200MG 110
DUPIXENT INJ 300/2ML 110
DUREZOL EMU 0.05% 154
dutasteride cap 0.5 mg 122
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 122
E
Ear Drops Earwax Removal
see **carbamide peroxide 6.5% otic soln** 156
EASY NEB MIS 136
echothiophate iodide
see PHOSPHOLINE SOL 0.125%OP 152
econazole nitrate cream 1% 105
EDARBI TAB 40MG 61
EDARBI TAB 80MG 62
EDURANT TAB 25MG 85
efavirenz cap 200 mg 85
efavirenz cap 50 mg 85
efavirenz tab 600 mg 85
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 85
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg 85
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg 86
elbasvir-grazoprevir

see ZEPATIER TAB 50-100MG	89	see GLYXAMBI TAB 25-5 MG	43
eletriptan hydrobromide tab 20 mg (base equivalent)	137	empagliflozin-linagliptin-metformin see TRIJARDY XR TAB	44, 45
eletriptan hydrobromide tab 40 mg (base equivalent)	137	empagliflozin-metformin hcl see SYNJARDY TAB	44
ELIGARD INJ 22.5MG	70	see SYNJARDY TAB 12.5-500	44
ELIGARD INJ 7.5MG	70	see SYNJARDY TAB 5-1000MG	44
eliglustat tartrate see CERDELGA CAP 84MG	124	see SYNJARDY TAB 5-500MG	44
ELIQUIS ST P TAB 5MG	31	see SYNJARDY XR TAB	44
ELIQUIS TAB 2.5MG	31	see SYNJARDY XR TAB 10-1000 ...	44
ELIQUIS TAB 5MG	31	see SYNJARDY XR TAB 25-1000 ...	44
ELLA TAB 30MG	99	see SYNJARDY XR TAB 5-1000MG .	44
ELMIRON CAP 100MG	122	EMSAM DIS 12MG/24H	37
eltrombopag olamine see PROMACTA TAB 12.5MG	125	EMSAM DIS 6MG/24HR	37
see PROMACTA TAB 25MG	125	EMSAM DIS 9MG/24HR	37
see PROMACTA TAB 50MG	125	emtricitabine see EMTRIVA SOL 10MG/ML	86
see PROMACTA TAB 75MG	125	emtricitabine caps 200 mg	86
Eluryng see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	99	emtricitabine-rilpivirine-tenofovir alafenamide fumarate see ODEFSEY TAB	87
elvitegravir-cobicistat- emtricitabine-tenofovir alafenamide see GENVOYA TAB	86	emtricitabine-rilpivirine-tenofovir disoproxil fumarate see COMPLERA TAB	85
elvitegravir-cobicistat- emtricitabine-tenofovir df see STRIBILD TAB	87	emtricitabine-tenofovir alafenamide fumarate see DESCOVY TAB 120-15MG	85
EMADINE SOL 0.05% OP	155	see DESCOVY TAB 200/25MG	85
EMBEDA CAP 100-4MG	13	emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	86
EMBEDA CAP 20-0.8MG	13	emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	86
EMBEDA CAP 30-1.2MG	13	emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	86
EMBEDA CAP 50-2MG	13	emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	86
EMBEDA CAP 60-2.4MG	13	EMTRIVA SOL 10MG/ML	86
EMBEDA CAP 80-3.2MG	13	enalapril maleate & hydrochlorothiazide tab 10-25 mg	65
EMCYT CAP 140MG	70	enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	65
emedastine difumarate see EMADINE SOL 0.05% OP	155	enalapril maleate tab 10 mg	60
EMGALITY INJ 100MG/ML	136	enalapril maleate tab 2.5 mg	60
EMGALITY INJ 120MG/ML	136	enalapril maleate tab 20 mg	60
emollient - ointment	110	enalapril maleate tab 5 mg	60
empagliflozin see JARDIANCE TAB 10MG	51		
see JARDIANCE TAB 25MG	51		
empagliflozin-linagliptin see GLYXAMBI TAB 10-5 MG	43		

ENBREL INJ 25/0.5ML.....	11	EPIPEN-JR INJ 0.15MG	174
ENBREL INJ 25MG.....	11	Epitol	
ENBREL INJ 50MG/ML.....	11	see carbamazepine tab 200 mg	33
ENBREL MINI INJ 50MG/ML	11	EPIVIR HBV SOL 5MG/ML.....	88
ENBREL SRCLK INJ 50MG/ML.....	11	eplerenone tab 25 mg	66
ENCARE SUP 100MG	172	eplerenone tab 50 mg	66
ENFAMIL MIS EXPECTA.....	146	epoetin alfa	
enfuvirtide		see EPOGEN INJ 10000/ML.....	125
see FUZEON INJ 90MG.....	86	see EPOGEN INJ 20000/ML.....	125
ENGERIX-B INJ 10/0.5ML.....	171	see EPOGEN INJ 3000/ML	125
ENGERIX-B INJ 20MCG/ML.....	171	see EPOGEN INJ 4000/ML	125
enoxaparin sodium inj 300 mg/3ml		see PROCREDIT INJ 2000/ML	125
.....	31	see PROCREDIT INJ 3000/ML	125
enoxaparin sodium inj soln pref syr		see PROCREDIT INJ 40000/ML.....	125
100 mg/ml	31	epoetin alfa-epbx	
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 10000UNT	125
120 mg/0.8ml	31	see RETACRIT INJ 20000UNI	125
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 2000UNIT	125
150 mg/ml	31	see RETACRIT INJ 3000UNIT	125
enoxaparin sodium inj soln pref syr		see RETACRIT INJ 40000UNT	126
30 mg/0.3ml	31	see RETACRIT INJ 4000UNIT	125
enoxaparin sodium inj soln pref syr		EPOGEN INJ 10000/ML.....	125
40 mg/0.4ml	31	EPOGEN INJ 20000/ML.....	125
enoxaparin sodium inj soln pref syr		EPOGEN INJ 3000/ML.....	125
60 mg/0.6ml	31	EPOGEN INJ 4000/ML.....	125
enoxaparin sodium inj soln pref syr		eprosartan mesylate tab 600 mg	62
80 mg/0.8ml	31	Eq Chlortabs	
entacapone tab 200 mg	75	see chlorpheniramine maleate tab	
entecavir		4 mg	54
see BARACLUDE SOL	88	Eq Natural Vegetable Laxa	
entecavir tab 0.5 mg	88	see sennosides tab 8.6 mg	131
entecavir tab 1 mg	88	Eq Nicotine Polacrilex	
ENTRESTO TAB 24-26MG	94	see nicotine polacrilex lozenge 4	
ENTRESTO TAB 49-51MG	94	mg	162
ENTRESTO TAB 97-103MG	94	Eq Pain Relief Adult/rapi	
enzalutamide		see acetaminophen liquid 167	
see XTANDI CAP 40MG	70	mg/5ml	12
see XTANDI TAB 40MG	70	erenumab-aooe	
see XTANDI TAB 80MG	71	see AIMOVIG INJ 140MG/ML	136
epinastine hcl ophth soln 0.05%		see AIMOVIG INJ 70MG/ML	136
.....	155	ergocalciferol cap 1.25 mg (50000	
epinephrine (anaphylaxis)		unit)	174
see EPIPEN 2-PAK INJ 0.3MG.....	173	ergoloid mesylates tab 1 mg	162
see EPIPEN-JR INJ 0.15MG	174	ERGOMAR SUB 2MG.....	136
see SYMJEPI INJ 0.15MG.....	174	ergotamine tartrate	
see SYMJEPI INJ 0.3MG	174	see ERGOMAR SUB 2MG	136
EPIPEN 2-PAK INJ 0.3MG	173		

ergotamine w/ caffeine tab 1-100 mg	136	escitalopram oxalate tab 20 mg (base equiv)	37
ERIVEDGE CAP 150MG	69	escitalopram oxalate tab 5 mg (base equiv)	37
erlotinib hcl tab 100 mg (base equivalent)	72	eslicarbazepine acetate	
erlotinib hcl tab 150 mg (base equivalent)	72	see APTIOM TAB 200MG	33
erlotinib hcl tab 25 mg (base equivalent)	71	see APTIOM TAB 400MG	33
ERTACZO CRE 2%	105	see APTIOM TAB 600MG	33
Ery-tab		see APTIOM TAB 800MG	33
see erythromycin tab delayed release 250 mg	132	esomeprazole magnesium	
see erythromycin tab delayed release 333 mg	132	see NEXIUM 24HR CAP 20MG	168
see erythromycin tab delayed release 500 mg	132	esomeprazole magnesium cap delayed release 20 mg (base eq)	168
Erythrocin Stearate		estazolam tab 1 mg	127
see erythromycin stearate tab 250 mg	132	estazolam tab 2 mg	128
erythromycin ethylsuccinate for susp 200 mg/5ml	132	esterified estrogens	
erythromycin ethylsuccinate for susp 400 mg/5ml	132	see MENEST TAB 0.3MG	118
erythromycin ethylsuccinate tab 400 mg	132	see MENEST TAB 0.625MG	118
erythromycin ophth oint 5 mg/gm	153	see MENEST TAB 1.25MG	118
erythromycin soln 2%	103	estradiol & norethindrone acetate tab 0.5-0.1 mg	117
erythromycin stearate tab 250 mg	132	estradiol & norethindrone acetate tab 1-0.5 mg	117
erythromycin tab 250 mg	132	estradiol tab 0.5 mg	117
erythromycin tab 500 mg	132	estradiol tab 1 mg	118
erythromycin tab delayed release 250 mg	132	estradiol tab 2 mg	118
erythromycin tab delayed release 333 mg	132	estradiol td patch twice weekly 0.025 mg/24hr	118
erythromycin tab delayed release 500 mg	132	estradiol td patch twice weekly 0.0375 mg/24hr	118
ESBRIET CAP 267MG	163	estradiol td patch twice weekly 0.05 mg/24hr	118
ESBRIET TAB 267MG	163	estradiol td patch twice weekly 0.075 mg/24hr	118
ESBRIET TAB 801MG	163	estradiol td patch twice weekly 0.1 mg/24hr	118
escitalopram oxalate soln 5 mg/5ml (base equiv)	37	estradiol td patch weekly 0.025 mg/24hr	118
escitalopram oxalate tab 10 mg (base equiv)	37	estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	118
		estradiol td patch weekly 0.05 mg/24hr	118
		estradiol td patch weekly 0.06 mg/24hr	118
		estradiol td patch weekly 0.075 mg/24hr	118

estradiol td patch weekly 0.1 mg/24hr	118	see NEXPLANON IMP 68MG	100
estradiol vaginal cream 0.1 mg/gm	173	etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	99
estradiol vaginal tab 10 mcg	173	etoposide cap 50 mg	75
estradiol valerate-dienogest		etravirine	
see NATAZIA TAB.....	98	see INTELENCE TAB 100MG.....	86
estramustine phosphate sodium		see INTELENCE TAB 200MG.....	86
see EMCYT CAP 140MG	70	see INTELENCE TAB 25MG	86
estrogens, conjugated		etravirine tab 100 mg	86
see PREMARIN TAB 0.3MG.....	118	etravirine tab 200 mg	86
see PREMARIN TAB 0.45MG.....	118	EUFLEXXA INJ 10MG/ML	149
see PREMARIN TAB 0.625MG	118	EURAX CRE 10%	111
see PREMARIN TAB 0.9MG.....	118	everolimus	
see PREMARIN TAB 1.25MG.....	118	see AFINITOR DIS TAB 2MG	71
estrogens, conjugated vaginal		see AFINITOR DIS TAB 3MG	71
see PREMARIN VAG CRE 0.625MG	173	see AFINITOR DIS TAB 5MG	71
eszopiclone tab 1 mg	128	see AFINITOR TAB 10MG	71
eszopiclone tab 2 mg	128	everolimus (immunosuppressant)	
eszopiclone tab 3 mg	128	see ZORTRESS TAB 0.25MG	143
etanercept		see ZORTRESS TAB 0.5MG.....	143
see ENBREL INJ 25/0.5ML	11	see ZORTRESS TAB 0.75MG	143
see ENBREL INJ 25MG	11	see ZORTRESS TAB 1MG.....	143
see ENBREL INJ 50MG/ML	11	everolimus tab 0.25 mg	143
see ENBREL MINI INJ 50MG/ML.....	11	everolimus tab 0.5 mg	143
see ENBREL SRCLK INJ 50MG/ML ..	11	everolimus tab 0.75 mg	143
ethacrynic acid tab 25 mg	113	everolimus tab 1 mg	143
ethambutol hcl tab 100 mg	68	everolimus tab 10 mg	72
ethambutol hcl tab 400 mg	68	everolimus tab 2.5 mg	72
ethionamide		everolimus tab 5 mg	72
see TRECATOR TAB 250MG.....	68	everolimus tab 7.5 mg	72
ethosuximide cap 250 mg	36	everolimus tab for oral susp 2 mg	
ethosuximide soln 250 mg/5ml ..	36	.....	72
ethotoin		everolimus tab for oral susp 3 mg	
see PEGANONE TAB 250MG	35	.....	72
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	98	everolimus tab for oral susp 5 mg	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	98	.....	72
ETIDRONATE DISODIUM TAB 200 MG		evolocumab	
.....	114	see REPATHA INJ 140MG/ML	59
ETIDRONATE DISODIUM TAB 400 MG		see REPATHA PUSH INJ 420/3.5 ...	59
.....	114	see REPATHA SURE INJ 140MG/ML	59
etodolac cap 200 mg	8	EVOTAZ TAB 300-150	86
etodolac tab 400 mg	9	EXELDERM SOL 1%	105
etodolac tab 500 mg	9	exemestane tab 25 mg	70
etonogestrel		EXTAVIA INJ 0.3MG	161
		ezetimibe tab 10 mg	59
		ezetimibe-simvastatin tab 10-10 mg	56

ezetimibe-simvastatin tab 10-20 mg	56	FEMCAP MIS 30MM	132
ezetimibe-simvastatin tab 10-40 mg	56	fenofibrate micronized cap 134 mg	56
ezetimibe-simvastatin tab 10-80 mg	56	fenofibrate micronized cap 200 mg	57
EZFE FORTE CAP	146	fenofibrate micronized cap 43 mg	56
F		fenofibrate micronized cap 67 mg	56
Fa-8		fenofibrate tab 145 mg	57
see folic acid cap 0.8 mg	124	fenofibrate tab 160 mg	57
FALESSA KIT	98	fenofibrate tab 48 mg	57
famciclovir tab 125 mg	89	fenofibrate tab 54 mg	57
famciclovir tab 250 mg	89	fenofibric acid tab 35 mg	57
famciclovir tab 500 mg	89	fenoprofen calcium tab 600 mg	9
famotidine for susp 40 mg/5ml	167	fantanyl td patch 72hr 100 mcg/hr	13
famotidine tab 10 mg	167	fantanyl td patch 72hr 12 mcg/hr	13
famotidine tab 20 mg	167	fantanyl td patch 72hr 25 mcg/hr	13
famotidine tab 40 mg	167	fantanyl td patch 72hr 50 mcg/hr	13
FANAPT PAK	78	fantanyl td patch 72hr 75 mcg/hr	13
FANAPT TAB 10MG	78	Ferate	
FANAPT TAB 12MG	78	see ferrous gluconate tab 240 mg (27 mg elemental fe)	126
FANAPT TAB 1MG	78	FERRETTS TAB 325MG	126
FANAPT TAB 2MG	78	FERREX 150 CAP FORTE	126
FANAPT TAB 4MG	78	FERRIPROX TAB 1000MG	52
FANAPT TAB 6MG	78	ferrous fumarate	
FANAPT TAB 8MG	78	see FERRETTS TAB 325MG	126
FARXIGA TAB 10MG	51	ferrous fumarate tab 324 mg (106 mg elemental fe)	126
FARXIGA TAB 5MG	51	FERROUS GLUC TAB 324MG	126
FARYDAK CAP 10MG	72	ferrous gluconate tab 240 mg (27 mg elemental fe)	126
FARYDAK CAP 15MG	72	ferrous gluconate tab 324 mg (37.5 mg elemental iron)	126
FARYDAK CAP 20MG	72	FERROUS SUL LIQ 220/5ML	126
FASENRA INJ 30MG/ML	26	FERROUS SULF TAB 324MG EC	126
FASENRA PEN INJ 30MG/ML	26	ferrous sulfate	
FC2 FEMALE MIS CONDOM	132	see SLOW FE TAB 45MG	127
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg	126	ferrous sulfate dried tab 200 mg (65 mg elemental fe)	126
FE GLUCONATE TAB 239MG	126		
febuxostat tab 40 mg	122		
febuxostat tab 80 mg	122		
felbamate susp 600 mg/5ml	35		
felbamate tab 400 mg	35		
felbamate tab 600 mg	35		
felodipine tab er 24hr 10 mg	92		
felodipine tab er 24hr 2.5 mg	92		
felodipine tab er 24hr 5 mg	92		
FEMCAP MIS 22MM	132		
FEMCAP MIS 26MM	132		

ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	126	FIRMAGON INJ 80MG	70
ferrous sulfate dried tab er 45 mg (fe equivalent)	126	FIRST-OMEPRASUS 2MG/ML.....	168
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	126	FIRVANQ SOL 25MG/ML	22
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	126	FIRVANQ SOL 50MG/ML	22
ferrous sulfate tab 325 mg (65 mg elemental fe)	126	flavoxate hcl tab 100 mg	171
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	126	FLEBOGAMMA INJ DIF 5%	157
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	127	flecainide acetate tab 100 mg	26
ferrous sulfate tab er 47.5 mg (elemental fe)	126	flecainide acetate tab 150 mg	26
ferrous sulfate tab er 50 mg (elemental fe)	127	flecainide acetate tab 50 mg	26
fesoterodine fumarate		FLOVENT HFA AER 110MCG	28
see TOVIAZ TAB 4MG	170	FLOVENT HFA AER 44MCG	28
see TOVIAZ TAB 8MG	170	FLUARIX QUAD INJ 2021-22	171
fesoterodine fumarate tab er 24hr 4 mg	169	FLUBLOK QUAD INJ 2021-22.....	171
fesoterodine fumarate tab er 24hr 8 mg	170	FLUCLVX QUAD INJ 2021-22	171
FETZIMA CAP 120MG.....	39	fluconazole for susp 10 mg/ml ...	54
FETZIMA CAP 20MG	39	fluconazole for susp 40 mg/ml ...	54
FETZIMA CAP 40MG	39	fluconazole tab 100 mg	54
FETZIMA CAP 80MG	39	fluconazole tab 150 mg	54
FETZIMA CAP TITRATIO	39	fluconazole tab 200 mg	54
FEVERALL INF SUP 80MG	12	fluconazole tab 50 mg	54
FEVERALL SUP 325MG	12	flucytosine cap 250 mg	54
fexofenadine hcl tab 180 mg	55	flucytosine cap 500 mg	54
fexofenadine hcl tab 60 mg	55	fludrocortisone acetate tab 0.1 mg	101
FIASP FLEX INJ TOUCH.....	48	FLULAVAL QUA INJ 2021-22.....	171
FIASP INJ 100/ML	48	FLUMIST QUAD SUS 2021-22.....	171
FIASP PENFIL INJ U-100	48	flunisolide nasal soln 25 mcg/act (0.025%)	150
Fiber Laxative		fluocinolone acetonide (otic) oil 0.01%	156
see psyllium cap 0.52 gm	129	fluocinolone acetonide cream 0.025%	109
fidaxomicin		fluocinolone acetonide oil 0.01% (body oil)	109
see DIFICID TAB 200MG	132	fluocinolone acetonide oil 0.01% (scalp oil)	109
filgrastim-sndz		fluocinolone acetonide oint 0.025%	109
see ZARXIO INJ 300/0.5	126	fluocinonide cream 0.05%	109
see ZARXIO INJ 480/0.8	126	fluocinonide emulsified base cream 0.05%	109
finasteride tab 5 mg	122	fluocinonide gel 0.05%	109
fingolimod hcl		fluocinonide oint 0.05%	109
see GILENYA CAP 0.5MG	161	fluocinonide soln 0.05%	109
		FLUORABON DRO	140
		Fluoritab	

see **sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)** 141

fluorometholone ophth susp 0.1% 154

fluorouracil cream 5% 106

fluoxetine hcl cap 10 mg 37

fluoxetine hcl cap 20 mg 37

fluoxetine hcl cap 40 mg 37

fluoxetine hcl solution 20 mg/5ml 37

fluoxymerone
see ANDROXY TAB 10MG 19

fluphenazine decanoate inj 25 mg/ml 82

fluphenazine hcl tab 1 mg 82

fluphenazine hcl tab 10 mg 83

fluphenazine hcl tab 2.5 mg 82

fluphenazine hcl tab 5 mg 82

Flura-drops
see **sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)** 141

flurandrenolide
see CORDRAN 80X3 TAP 4MCG/CM 108

flurandrenolide cream 0.05% ... 109

flurandrenolide lotion 0.05% ... 109

flurazepam hcl cap 15 mg 128

flurazepam hcl cap 30 mg 128

flurbiprofen sodium ophth soln 0.03% 155

flurbiprofen tab 100 mg 9

flurbiprofen tab 50 mg 9

flutamide cap 125 mg 70

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

fluticasone propionate cream 0.05% 109

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

fluticasone propionate nasal susp 50 mcg/act 150

fluticasone propionate oint 0.005% 109

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

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

fluvastatin sodium cap 20 mg (base equivalent) 57

fluvastatin sodium cap 40 mg (base equivalent) 57

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

flvoxamine maleate tab 100 mg 38

flvoxamine maleate tab 25 mg .. 37

flvoxamine maleate tab 50 mg .. 37

FLUZONE HD INJ 2021-22 171

FLUZONE QUAD INJ 2021-22 171

FOAM ANTACID CHW 80-20MG 20

Folbee Plus
see **b-complex w/ c & folic acid tab 5 mg** 144

folic acid cap 0.8 mg 124

folic acid tab 1 mg 125

folic acid tab 400 mcg 125

folic acid tab 800 mcg 125

fondaparinux sodium subcutaneous inj 10 mg/0.8ml 32

fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml 31

fondaparinux sodium subcutaneous inj 5 mg/0.4ml 31

fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml 32

FORTEO INJ 600/2.4 114

fosamprenavir calcium tab 700 mg (base equiv) 86

fosfomycin tromethamine powd pack 3 gm (base equivalent) .. 169

fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg 65

fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	65
fosinopril sodium tab 10 mg	60
fosinopril sodium tab 20 mg	60
fosinopril sodium tab 40 mg	60
FRAGMIN INJ 10000/ML.....	32
FRAGMIN INJ 12500UNT	32
FRAGMIN INJ 15000UNT	32
FRAGMIN INJ 18000UNT	32
FRAGMIN INJ 2500/0.2.....	32
FRAGMIN INJ 5000/0.2.....	32
FRAGMIN INJ 7500/0.3.....	32
FREESTY LIBR KIT 2 SENSOR	133
FREESTY LIBR MIS 2 READER.....	133
FREESTYLE KIT SENSOR	133
FREESTYLE MIS READER.....	133
frovatriptan succinate tab 2.5 mg (base equivalent)	137
fructose-dextrose-phosphoric acid oral soln	53
furosemide oral soln 10 mg/ml	113
furosemide oral soln 8 mg/ml	113
furosemide tab 20 mg	113
furosemide tab 40 mg	113
furosemide tab 80 mg	113
FUZEON INJ 90MG	86
FYCOMPA TAB 10MG	32
FYCOMPA TAB 12MG	32
FYCOMPA TAB 2MG	32
FYCOMPA TAB 4MG	32
FYCOMPA TAB 6MG	32
FYCOMPA TAB 8MG	32
G	
G5/G4 MIS SENSOR.....	134
gabapentin cap 100 mg	33
gabapentin cap 300 mg	33
gabapentin cap 400 mg	33
gabapentin oral soln 250 mg/5ml	34
gabapentin tab 600 mg	34
gabapentin tab 800 mg	34
galantamine hydrobromide cap er 24hr 16 mg	160
galantamine hydrobromide cap er 24hr 24 mg	160
galantamine hydrobromide cap er 24hr 8 mg	160
galantamine hydrobromide tab 12 mg	160
galantamine hydrobromide tab 4 mg	160
galantamine hydrobromide tab 8 mg	160
galcanezumab-gnlm	
see EMGALITY INJ 100MG/ML.....	136
see EMGALITY INJ 120MG/ML.....	136
GAMASTAN INJ	157
GAMMAGARD INJ 1GM/10ML.....	157
GAMMAGARD SD INJ 10GM HU.....	157
ganciclovir ophthalmic	
see ZIRGAN GEL 0.15%.....	153
GARDASIL 9 INJ	172
Gas Relief	
see simethicone susp 40 mg/0.6ml	119
gatifloxacin ophth soln 0.5%	153
gemfibrozil tab 600 mg	57
Gentak	
see gentamicin sulfate ophth oint 0.3%	153
gentamicin sulfate cream 0.1%	105
gentamicin sulfate oint 0.1%	105
gentamicin sulfate ophth oint 0.3%	153
gentamicin sulfate ophth soln 0.3%	153
gentamicin-prednisolone acetate	
see PRED-G SUS OP.....	154
Genteal Tears Night-time	
see white petrolatum-mineral oil ophth ointment	152
GENVOYA TAB.....	86
GILENYA CAP 0.5MG	161
GILOTRIF TAB 20MG	72
GILOTRIF TAB 30MG	72
GILOTRIF TAB 40MG	72
GLASSIA INJ.....	163
glatiramer acetate	
see COPAXONE INJ 20MG/ML	161
see COPAXONE INJ 40MG/ML	161
GLEOSTINE CAP 100MG	68
GLEOSTINE CAP 10MG	68

GLEOSTINE CAP 40MG68
glimepiride tab 1 mg51
glimepiride tab 2 mg51
glimepiride tab 4 mg51
glipizide tab 10 mg51
glipizide tab 5 mg51
glipizide tab er 24hr 10 mg51
glipizide tab er 24hr 2.5 mg51
glipizide tab er 24hr 5 mg51
glipizide-metformin hcl tab 2.5-250 mg42
glipizide-metformin hcl tab 2.5-500 mg42
glipizide-metformin hcl tab 5-500 mg42
GLUCAGEN INJ HYPOKIT46
glucagon
see BAQSIMI ONE POW 3MG/DOSE46
glucagon (rdna) for inj kit 1 mg ..46
glucagon hcl (rdna)
see GLUCAGEN INJ HYPOKIT46
GLUCAGON KIT 1MG46
glucose blood
see RELION TRUE TES METRIX.... 112
see TRUE METRIX TES GLUCOSE. 112
glucose-vitamin c
see TGT GLUCOSE CHW GRAPE....46
glyburide micronized tab 1.5 mg .51
glyburide micronized tab 3 mg51
glyburide micronized tab 6 mg52
glyburide tab 1.25 mg52
glyburide tab 2.5 mg52
glyburide tab 5 mg52
glyburide-metformin tab 1.25-250 mg42
glyburide-metformin tab 2.5-500 mg42
glyburide-metformin tab 5-500 mg42
glycerin suppos 1.2 gm 130
glycerin suppos 2 gm 130
glycerin suppos 2.1 gm 130
glycerin suppos 80.7% 130
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% 151
glycopyrrolate tab 1 mg 166
glycopyrrolate tab 2 mg 166

glycopyrrolate-formoterol fumarate
see BEVESPI AER 9-4.8MCG 29
GLYXAMBI TAB 10-5 MG 43
GLYXAMBI TAB 25-5 MG 43
Gnp Allergy Relief
see **diphenhydramine hcl chew tab 12.5 mg**..... 55
Gnp Antacid Ultra Strengt
see **calcium carbonate (antacid) chew tab 1000 mg**..... 21
Gnp Anti-diarrheal
see **loperamide hcl cap 2 mg** 52
Gnp Artificial Tears
see **polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)** 152
Gnp Calcium 500 +d3
see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** 139
Gnp Calcium 500/d
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 139
Gnp Clotrimazole 3
see **clotrimazole vaginal cream 2%**..... 173
Gnp Dayhist Allergy
see **clemastine fumarate tab 1.34 mg (1 mg base equiv)** 54
Gnp Fiber Therapy
see **methylcellulose tab 500 mg** 129
GNP GLUCOSE CHW ORANGE 46
Gnp Glycerin Adult
see **glycerin suppos 2.1 gm** 130
Gnp Glycerin Child
see **glycerin suppos 1.2 gm** 130
Gnp Lidocaine Pain Relief
see **lidocaine patch 4%** 111
Gnp Loratadine
see **loratadine syrup 5 mg/5ml**. 55
Gnp Magnesium
see **magnesium oxide tab 250 mg** 21
Gnp Magnesium Citrate
see **magnesium citrate soln** 130

Gnp Miconazole 3
 see **miconazole nitrate vaginal
 supp 200 mg & 2% cream 9 gm
 kit** 173

Gnp Mucus Er
 see **guaifenesin tab er 12hr 600
 mg** 102

Gnp Natural Fiber
 see **psyllium powder 28.3%**.... 129

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

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

GOLYTELY SOL 129

Goodsense Nasal Allergy S
 see **triamcinolone acetonide nasal
 aerosol suspension 55 mcg/act**
 150

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

granisetron hcl tab 1 mg53

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

Guaiatussin Ac
 see **guaifenesin-codeine soln 100-
 10 mg/5ml** 102

guaifenesin liquid 100 mg/5ml . 102

guaifenesin syrup 100 mg/5ml . 102

guaifenesin tab 200 mg 102

guaifenesin tab 400 mg 102

guaifenesin tab er 12hr 600 mg 102

**guaifenesin-codeine soln 100-10
 mg/5ml**..... 102

guanfacine hcl tab 1 mg63

guanfacine hcl tab 2 mg63

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

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

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

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

GUANIDINE TAB 125MG.....67

guselkumab
 see TREMFYA INJ 100MG/ML 107

GYNAZOLE-1 CRE 2% 173

GYNOL II GEL 3%..... 172

H

halcinonide
 see HALOG OIN 0.1%..... 109

halcinonide cream 0.1% 109

**halobetasol propionate cream
 0.05%** 109

halobetasol propionate oint 0.05%
 109

HALOG OIN 0.1% 109

**haloperidol decanoate im soln 100
 mg/ml** 80

**haloperidol decanoate im soln 50
 mg/ml** 80

haloperidol lactate inj 5 mg/ml .. 80

**haloperidol lactate oral conc 2
 mg/ml** 80

haloperidol tab 0.5 mg..... 80

haloperidol tab 1 mg..... 80

haloperidol tab 10 mg..... 80

haloperidol tab 2 mg..... 80

haloperidol tab 20 mg..... 80

haloperidol tab 5 mg..... 80

HAVRIX INJ 1440UNIT..... 172

HAVRIX INJ 720UNIT 172

hc/aloe cre 0.5%..... 109

HELIXATE FS INJ 2000UNIT 123

HELIXATE FS INJ 3000UNIT 123

HELIXATE FS INJ 500UNIT 123

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

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

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

**hepatitis a (inactivated)-hepatitis b
 (recombinant) vaccines**
 see TWINRIX INJ 172

hepatitis a vaccine
 see HAVRIX INJ 1440UNIT 172
 see HAVRIX INJ 720UNIT 172
 see VAQTA INJ 25/0.5ML 172
 see VAQTA INJ 50UNT/ML..... 172

hepatitis b vaccine (recomb)

see ENGERIX-B INJ 10/0.5ML	171
see ENGERIX-B INJ 20MCG/ML ...	171
see RECOMBIVA HB INJ 10MCG/ML	
.....	172
see RECOMBIVA HB INJ 5MCG/0.5	
.....	172
hepatitis b vaccine recombinant	
adjuvanted	
see HEPLISAV-B INJ 20/0.5ML	172
see HEPLISAV-B INJ 20MCG	172
HEPLISAV-B INJ 20/0.5ML	172
HEPLISAV-B INJ 20MCG.....	172
HERZUMA INJ 150MG	69
HERZUMA INJ 420MG	69
HETLIOZ CAP 20MG	129
HIZENTRA INJ 10/50ML	157
HIZENTRA INJ 1GM/5ML	157
HIZENTRA INJ 2GM/10ML	157
HIZENTRA INJ 4GM/20ML	157
HIZENTRA SOL 20%.....	157
Hm Fish Oil	
see omega-3 fatty acids cap	
delayed release 1000 mg	151
Hm Lubricating Plus	
see carboxymethylcellulose	
sodium (pf) ophth soln 0.5%	
.....	151
Hm Nicotine Transdermal S	
see nicotine td patch 24hr 14	
mg/24hr	163
Hm Vitamin C/rose Hips	
see ascorbic acid tab 500 mg ..	175
HUMALOG INJ 100/ML	48, 49
HUMALOG JR INJ 100/ML.....	49
HUMALOG KWIK INJ 100/ML	49
HUMALOG MIX INJ 50/50	49
HUMALOG MIX INJ 50/50KWP.....	49
HUMALOG MIX INJ 75/25KWP.....	49
HUMALOG MIX SUS 75/25.....	49
human papillomavirus (hvp) 9-	
valent recombinant vaccine	
see GARDASIL 9 INJ.....	172
HUMIRA INJ 10/0.1ML	6
HUMIRA INJ 10MG/0.2	6
HUMIRA INJ 20/0.2ML	6
HUMIRA INJ 40/0.4ML	6
HUMIRA KIT 20MG/0.4	6

HUMIRA KIT 40MG/0.8	6
HUMIRA PEDIA INJ CROHNS	6
HUMIRA PEN INJ 40/0.4ML	6
HUMIRA PEN INJ CD/UC/HS	6
HUMIRA PEN KIT CD/UC/HS.....	6
HUMIRA PEN KIT PS/UV.....	7
HUMULIN R INJ U-500.....	49
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	
.....	114
hydrochlorothiazide tab 12.5 mg	
.....	114
hydrochlorothiazide tab 25 mg .	114
hydrochlorothiazide tab 50 mg .	114
hydrocodone bitart-homatropine	
methylbrom soln 5-1.5 mg/5ml	
.....	101
hydrocodone bitartrate	
see HYSINGLA ER TAB 100 MG	14
see HYSINGLA ER TAB 120 MG	14
see HYSINGLA ER TAB 20 MG.....	14
see HYSINGLA ER TAB 30 MG.....	14
see HYSINGLA ER TAB 40 MG.....	14
see HYSINGLA ER TAB 60 MG.....	14
see HYSINGLA ER TAB 80 MG.....	14
hydrocodone bitartrate tab er 24hr	
deter 100 mg	13
hydrocodone bitartrate tab er 24hr	
deter 120 mg	14
hydrocodone bitartrate tab er 24hr	
deter 20 mg	13
hydrocodone bitartrate tab er 24hr	
deter 30 mg	13
hydrocodone bitartrate tab er 24hr	
deter 40 mg	13
hydrocodone bitartrate tab er 24hr	
deter 60 mg	13
hydrocodone bitartrate tab er 24hr	
deter 80 mg	13
hydrocodone-acetaminophen soln	
7.5-325 mg/15ml	17
hydrocodone-acetaminophen tab	
10-325 mg	18

hydrocodone-acetaminophen tab 5-325 mg	18	hydroxychloroquine sulfate tab 200 mg	67
hydrocodone-acetaminophen tab 7.5-325 mg	18	hydroxyprogesterone caproate im in oil 1.25 gm/5ml	70
hydrocodone-ibuprofen tab 10-200 mg	18	hydroxyprogesterone caproate im in oil 250 mg/ml	159
hydrocodone-ibuprofen tab 7.5-200 mg	18	hydroxyurea cap 500 mg	75
Hydrocortisone 1% In Abso see hydrocortisone oint 1%	109	hydroxyzine hcl syrup 10 mg/5ml	24
hydrocortisone acetate cream 1%	109	hydroxyzine hcl tab 10 mg	24
hydrocortisone cream 0.5%	109	hydroxyzine hcl tab 25 mg	24
hydrocortisone cream 1%	109	hydroxyzine hcl tab 50 mg	24
hydrocortisone cream 2.5%	109	hydroxyzine pamoate cap 100 mg	24
hydrocortisone enema 100 mg/60ml	19	hydroxyzine pamoate cap 25 mg	24
hydrocortisone gel 1%	109	hydroxyzine pamoate cap 50 mg	24
hydrocortisone lotion 1%	109	hyoscyamine sulfate elixir 0.125 mg/5ml	166
hydrocortisone lotion 2.5%	109	hyoscyamine sulfate sl tab 0.125 mg	166
hydrocortisone oint 0.5%	109	hyoscyamine sulfate soln 0.125 mg/ml	166
hydrocortisone oint 1%	109	hyoscyamine sulfate tab 0.125 mg	166
hydrocortisone oint 2.5%	109	hyoscyamine sulfate tab disint 0.125 mg	166
hydrocortisone perianal cream 2.5%	20	hyoscyamine sulfate tab er 12hr 0.375 mg	166
hydrocortisone tab 10 mg	100	Hyosyne see hyoscyamine sulfate elixir 0.125 mg/5ml	166
hydrocortisone tab 20 mg	100	hypromellose (ophth) see PURE & GENTL DRO 0.3%	152
hydrocortisone tab 5 mg	100	HYQVIA INJ 10-800	158
hydrocortisone valerate cream 0.2%	109	HYQVIA INJ 2.5-200	157
hydrocortisone w/ acetic acid otic soln 1-2%	156	HYQVIA INJ 20-1600	158
hydrocortisone-aloe vera cream 1%	110	HYQVIA INJ 30-2400	158
hydromorphone hcl tab 2 mg	14	HYQVIA INJ 5-400	158
hydromorphone hcl tab 4 mg	14	HYSINGLA ER TAB 100 MG	14
hydromorphone hcl tab 8 mg	14	HYSINGLA ER TAB 120 MG	14
hydromorphone hcl tab er 24hr 12 mg	14	HYSINGLA ER TAB 20 MG	14
hydromorphone hcl tab er 24hr 16 mg	14	HYSINGLA ER TAB 30 MG	14
hydromorphone hcl tab er 24hr 32 mg	14	HYSINGLA ER TAB 40 MG	14
hydromorphone hcl tab er 24hr 8 mg	14	HYSINGLA ER TAB 60 MG	14
Hydrophor see emollient - ointment	110	HYSINGLA ER TAB 80 MG	14

I	
ibandronate sodium tab 150 mg (base equivalent)	115
IBRANCE CAP 100MG	72
IBRANCE CAP 125MG	72
IBRANCE CAP 75MG	72
IBRANCE TAB 100MG	72
IBRANCE TAB 125MG	72
IBRANCE TAB 75MG	72
ibrutinib	
see IMBRUVICA CAP 140MG	72
ibuprofen cap 200 mg	9
ibuprofen chew tab 100 mg	9
Ibuprofen Childrens	
see ibuprofen susp 100 mg/5ml	9
ibuprofen susp 100 mg/5ml	9
ibuprofen susp 40 mg/ml	9
ibuprofen tab 100 mg	9
ibuprofen tab 200 mg	9
ibuprofen tab 400 mg	9
ibuprofen tab 600 mg	9
ibuprofen tab 800 mg	9
icatibant acetate inj 30 mg/3ml (base equivalent)	123
ICLUSIG TAB 10MG	72
ICLUSIG TAB 15MG	72
ICLUSIG TAB 30MG	72
ICLUSIG TAB 45MG	72
idelalisib	
see ZYDELIG TAB 100MG	74
see ZYDELIG TAB 150MG	74
iloperidone	
see FANAPT PAK	78
see FANAPT TAB 10MG	78
see FANAPT TAB 12MG	78
see FANAPT TAB 1MG	78
see FANAPT TAB 2MG	78
see FANAPT TAB 4MG	78
see FANAPT TAB 6MG	78
see FANAPT TAB 8MG	78
iloprost	
see VENTAVIS SOL 10MCG/ML	95
see VENTAVIS SOL 20MCG/ML	95
imatinib mesylate tab 100 mg (base equivalent)	72
imatinib mesylate tab 400 mg (base equivalent)	72
IMBRUVICA CAP 140MG	72
imipramine hcl tab 10 mg	41
imipramine hcl tab 25 mg	41
imipramine hcl tab 50 mg	41
imiquimod cream 5%	110
immune globulin (human) im	
see GAMASTAN INJ	157
immune globulin (human) iv	
see CARIMUNE NF INJ 12GM	157
see FLEBOGAMMA INJ DIF 5%	157
see GAMMAGARD SD INJ 10GM HU	157
see OCTAGAM INJ 5GM	157
see PRIVIGEN INJ 20GRAMS	157
immune globulin (human) iv or subcutaneous	
see GAMMAGARD INJ 1GM/10ML	157
immune globulin (human) subcutaneous	
see CUVITRU INJ 4GM/20ML	157
see CUVITRU SOL 10GM/50M	157
see CUVITRU SOL 1GM/5ML	157
see HIZENTRA INJ 10/50ML	157
see HIZENTRA INJ 1GM/5ML	157
see HIZENTRA INJ 2GM/10ML	157
see HIZENTRA INJ 4GM/20ML	157
see HIZENTRA SOL 20%	157
immune globulin (human)-hyaluronidase (human recombinant)	
see HYQVIA INJ 10-800	158
see HYQVIA INJ 2.5-200	157
see HYQVIA INJ 20-1600	158
see HYQVIA INJ 30-2400	158
see HYQVIA INJ 5-400	158
Inatal Gt	
see prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	148
INCRELEX INJ 40MG/4ML	115
INCRUSE ELPT INH 62.5MCG	27
indacaterol maleate	
see ARCAPTA CAP 75MCG	29
indapamide tab 1.25 mg	114
indapamide tab 2.5 mg	114
indinavir sulfate	
see CRIXIVAN CAP 200MG	85
see CRIXIVAN CAP 400MG	85

indomethacin cap 25 mg	9
indomethacin cap 50 mg	9
INFLECTRA INJ 100MG	120
infliximab-abda	
see RENFLEXIS INJ 100MG	120
infliximab-axxq	
see AVSOLA INJ 100MG	120
infliximab-dyyb	
see INFLECTRA INJ 100MG	120
influenza virus vac recomb hemagglutinin (ha) quadrivalent	
see FLUBLOK QUAD INJ 2021-22.	171
influenza virus vac split high-dose quad preservative free	
see FLUZONE HD INJ 2021-22	171
influenza virus vaccine live quadrivalent	
see FLUMIST QUAD SUS 2021-22	171
influenza virus vaccine split quadrivalent	
see AFLURIA QUAD INJ 2021-22 .	171
see FLUARIX QUAD INJ 2021-22 .	171
see FLULAVAL QUA INJ 2021-22..	171
see FLUZONE QUAD INJ 2021-22	171
influenza virus vaccine tissue- cultured subunit quadrivalent	
see FLUCLVX QUAD INJ 2021-22.	171
ingenol mebutate	
see PICATO GEL 0.015%.....	106
see PICATO GEL 0.05%	106
inositol niacinate cap 500 mg	94
INSPIRACHAMB MIS LARGE.....	136
INSULIN ASPA INJ 100/ML	49
INSULIN ASPA INJ 70/30	49
INSULIN ASPA INJ FLEXPEN	49
INSULIN ASPA INJ PENFILL	49
insulin aspart	
see NOVOLOG INJ 100/ML.....	50
see NOVOLOG INJ FLEXPEN.....	50
see NOVOLOG INJ PENFILL.....	50
insulin aspart (with niacinamide)	
see FIASP FLEX INJ TOUCH	48
see FIASP INJ 100/ML.....	48
see FIASP PENFIL INJ U-100.....	48
insulin aspart protamine & aspart (human)	
see NOVOLOG MIX INJ 70/30	50
see NOVOLOG MIX INJ FLEXPEN ...	50
see NOVOLOG MIX INJ PENFILL ...	50
see NOVOLOG MIX INJ FLEXPEN ...	50
see TRESIBA FLEX INJ 100UNIT	50
see TRESIBA FLEX INJ 200UNIT	50
see TRESIBA INJ 100UNIT.....	50
insulin degludec-liraglutide	
see XULTOPHY INJ 100/3.6	45
insulin detemir	
see LEVEMIR INJ	49
see LEVEMIR INJ FLEXTOUC	50
insulin glargine	
see BASAGLAR INJ 100UNIT.....	48
see TOUJEO MAX INJ 300IU/ML	50
see TOUJEO SOLO INJ 300IU/ML... 50	
insulin glargine-lixisenatide	
see SOLIQUA INJ 100/33	44
insulin glulisine	
see APIDRA INJ SOLOSTAR	48
see APIDRA INJ U-100.....	48
INSULIN LISP INJ 100/ML.....	49
insulin lispro	
see ADMELOG INJ 100U/ML.....	48
see ADMELOG SOLO INJ 100U/ML. 48	
see HUMALOG INJ 100/ML	48, 49
see HUMALOG JR INJ 100/ML	49
see HUMALOG KWIK INJ 100/ML... 49	
insulin lispro protamine & lispro	
see HUMALOG MIX INJ 50/50	49
see HUMALOG MIX INJ 50/50KWP .49	
see HUMALOG MIX INJ 75/25KWP .49	
see HUMALOG MIX SUS 75/25	49
insulin nph (human) (isophane)	
see NOVOLIN N INJ 100 UNIT.....	50
see NOVOLIN N INJ U-100	50
insulin nph isophane & reg (human)	
see NOVOLIN INJ 70/30.....	50
see NOVOLIN INJ 70/30 FP	50
insulin pen needle	
see PEN NEEDLES MIS 29GX10MM	
.....	135
see PEN NEEDLES MIS 29GX12.7	135
see PEN NEEDLES MIS 29GX12MM	
.....	135
see PEN NEEDLES MIS 31GX5MM	135
see PEN NEEDLES MIS 31GX6MM	135
see PEN NEEDLES MIS 31GX8MM	135

see PEN NEEDLES MIS 32GX4MM 135
see PEN NEEDLES MIS 32GX6MM 135
see PEN NEEDLES MIS 32GX8MM 135

insulin regular (human)

see AFREZZA POW 12 UNIT48
see AFREZZA POW 4-8 UNIT.....48
see AFREZZA POW 4-8-12.....48
see AFREZZA POW 4UNIT.....48
see AFREZZA POW 8 UNIT.....48
see AFREZZA POW 8-12UNIT48
see HUMULIN R INJ U-500.....49
see NOVOLIN R INJ 100 UNIT50
see NOVOLIN R INJ U-100.....50
INSULIN SYRG MIS 0.3/29G..... 134
INSULIN SYRG MIS 0.3/30G..... 134
INSULIN SYRG MIS 0.3/31G..... 134
INSULIN SYRG MIS 0.5/28G..... 134
INSULIN SYRG MIS 0.5/29G..... 134
INSULIN SYRG MIS 0.5/30G..... 134
INSULIN SYRG MIS 0.5/31G... 134, 135
INSULIN SYRG MIS 1ML/28G..... 135
INSULIN SYRG MIS 1ML/29G..... 135
INSULIN SYRG MIS 1ML/30G..... 135
INSULIN SYRG MIS 1ML/31G..... 135

insulin syringe/needle u-100

see INSULIN SYRG MIS 0.3/29G . 134
see INSULIN SYRG MIS 0.3/30G . 134
see INSULIN SYRG MIS 0.3/31G . 134
see INSULIN SYRG MIS 0.5/28G . 134
see INSULIN SYRG MIS 0.5/29G . 134
see INSULIN SYRG MIS 0.5/30G . 134
see INSULIN SYRG MIS 0.5/31G 134,
135
see INSULIN SYRG MIS 1ML/28G 135
see INSULIN SYRG MIS 1ML/29G 135
see INSULIN SYRG MIS 1ML/30G 135
see INSULIN SYRG MIS 1ML/31G 135

insulin syringe/needle u-500

see BD U-500 MIS 31GX6MM..... 132
INTELENCE TAB 100MG86
INTELENCE TAB 200MG86
INTELENCE TAB 25MG86

interferon alfa-2b

see INTRON A INJ 10MU75
see INTRON A INJ 18MU75
see INTRON A INJ 25MU75
see INTRON A INJ 50MU75

interferon beta-1a

see AVONEX KIT 30MCG 161
see AVONEX PEN KIT 30MCG..... 161
see AVONEX PREFL KIT 30MCG... 161
see REBIF INJ 22/0.5 162
see REBIF INJ 44/0.5 162
see REBIF REBIDO INJ 22/0.5 162
see REBIF REBIDO INJ 44/0.5 162
see REBIF REBIDO INJ TITRATN.. 162
see REBIF TITRTN INJ PACK 162

interferon beta-1b

see EXTAVIA INJ 0.3MG..... 161

interferon gamma-1b

see ACTIMMUNE INJ 2MU/0.5 75
INTRON A INJ 10MU..... 75
INTRON A INJ 18MU..... 75
INTRON A INJ 25MU..... 75
INTRON A INJ 50MU..... 75
INVEGA SUST INJ 117/0.75 78
INVEGA SUST INJ 156MG/ML 78
INVEGA SUST INJ 234/1.5 78
INVEGA SUST INJ 39/0.25 78
INVEGA SUST INJ 78/0.5ML..... 78
INVEGA TRINZ INJ 273MG 78
INVEGA TRINZ INJ 410MG 78
INVEGA TRINZ INJ 546MG 79
INVEGA TRINZ INJ 819MG 79
INVIRASE TAB 500MG..... 86

ipratropium bromide hfa

see ATROVENT HFA AER 17MCG ... 27

ipratropium bromide inhal soln

0.02% 27

ipratropium bromide nasal soln

0.03% (21 mcg/spray) 150

ipratropium bromide nasal soln

0.06% (42 mcg/spray) 150

ipratropium-albuterol

see COMBIVENT AER 20-100 29

ipratropium-albuterol nebu soln

0.5-2.5(3) mg/3ml 29

irbesartan tab 150 mg 62

irbesartan tab 300 mg 62

irbesartan tab 75 mg 62

irbesartan-hydrochlorothiazide tab

150-12.5 mg 65

irbesartan-hydrochlorothiazide tab

300-12.5 mg 65

IRON CHW PEDIATRI..... 127
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg 126
irrigation solution, physiological143
isavuconazonium sulfate
 see CRESEMBA CAP 186 MG 54
 ISENTRESS CHW 100MG.....86
 ISENTRESS CHW 25MG86
 ISENTRESS HD TAB 600MG.....86
 ISENTRESS POW 100MG86
 ISENTRESS TAB 400MG.....86
isocarboxazid
 see MARPLAN TAB 10MG37
isoniazid syrup 50 mg/5ml68
isoniazid tab 100 mg68
isoniazid tab 300 mg68
isoniazid-rifampin w/ pyrazinamide
 see RIFATER TAB68
isopropyl alcohol-glycerin otic liquid 95-5% 156
isosorbide dinitrate tab 10 mg 23
isosorbide dinitrate tab 20 mg 23
isosorbide dinitrate tab 30 mg 23
isosorbide dinitrate tab 5 mg 22
isosorbide mononitrate tab 10 mg
 23
isosorbide mononitrate tab 20 mg
 23
isosorbide mononitrate tab er 24hr 120 mg 23
isosorbide mononitrate tab er 24hr 30 mg 23
isosorbide mononitrate tab er 24hr 60 mg 23
isotretinoin cap 10 mg 103
isotretinoin cap 20 mg 103
isotretinoin cap 30 mg 103
isotretinoin cap 40 mg 103
isradipine cap 2.5 mg.....92
isradipine cap 5 mg.....92
itraconazole cap 100 mg 54
ivabradine hcl
 see CORLANOR SOL 5MG/5ML96
 see CORLANOR TAB 5MG96
 see CORLANOR TAB 7.5MG.....96
ivacaftor

see KALYDECO PAK 25MG 163
 see KALYDECO PAK 50MG 163
 see KALYDECO PAK 75MG 163
 see KALYDECO TAB 150MG 163
ivermectin lotion 0.5% 111
ivermectin tab 3 mg..... 21

J

JAKAFI TAB 10MG..... 72
 JAKAFI TAB 15MG..... 73
 JAKAFI TAB 20MG..... 73
 JAKAFI TAB 25MG..... 73
 JAKAFI TAB 5MG 72
 JANSSEN VACC INJ COVID-19 172
 JANUMET TAB 50-1000..... 43
 JANUMET TAB 50-500MG 43
 JANUMET XR TAB 100-1000 43
 JANUMET XR TAB 50-1000 43
 JANUMET XR TAB 50-500MG 43
 JANUVIA TAB 100MG 46
 JANUVIA TAB 25MG 46
 JANUVIA TAB 50MG 46
 JARDIANCE TAB 10MG 51
 JARDIANCE TAB 25MG 51
 JENTADUETO TAB 2.5-1000 43
 JENTADUETO TAB 2.5-500 43
 JENTADUETO TAB 2.5-850 43
 JENTADUETO TAB XR 43, 44

Jinteli

see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg** 117
 JULUCA TAB 50-25MG 86
 Junel 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** .99
 Junel Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**
 99

K

KALETRA TAB 100-25MG 86
 KALETRA TAB 200-50MG 86
 KALYDECO PAK 25MG 163
 KALYDECO PAK 50MG 163
 KALYDECO PAK 75MG 163
 KALYDECO TAB 150MG..... 163
 KANJINTI INJ 420MG 69
 KANJINTI SOL 150MG 69

Kelnor 1/50	
see ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	98
ketoconazole cream 2%	105
ketoconazole shampoo 2%	105
ketoconazole tab 200 mg	54
ketoprofen cap 50 mg	9
ketoprofen cap 75 mg	9
ketorolac tromethamine ophth soln 0.4%	155
ketorolac tromethamine ophth soln 0.5%	155
ketorolac tromethamine tab 10 mg	9
ketotifen fumarate ophth soln 0.025% (base equiv)	155
KEVZARA INJ 150/1.14.....	8
KEVZARA INJ 200/1.14.....	8
KINERET INJ	7
KISQALI 200 PAK FEMARA	71
KISQALI 400 PAK FEMARA	71
KISQALI 600 PAK FEMARA	71
KISQALI TAB 200DOSE.....	73
KISQALI TAB 400DOSE.....	73
KISQALI TAB 600DOSE.....	73
KLONOPIN TAB 0.5MG	33
KLONOPIN TAB 2MG.....	33
Klor-con/ef	
see potassium bicarbonate effer tab 25 meq	141
KOGENATE FS INJ 1000UNIT	123
KOGENATE FS INJ 2000UNIT	123
KOGENATE FS INJ 250UNIT	123
KOGENATE FS INJ 3000UNIT	123
Konsyl	
see psyllium powder 30.9%	129
KONSYL DAILY POW 100%.....	129
KONSYL DAILY POW 28.3%.....	129
KONSYL-D POW 52.3%.....	129
Kp Vitamin D	
see cholecalciferol chew tab 10 mcg (400 unit)	174
KPN PRENATAL TAB.....	146
KYLEENA IUD 19.5MG	100
L	
labetalol hcl tab 100 mg	90
labetalol hcl tab 200 mg	90
labetalol hcl tab 300 mg	90
lacosamide	
see VIMPAT SOL 10MG/ML	35
see VIMPAT TAB 100MG.....	35
see VIMPAT TAB 150MG.....	35
see VIMPAT TAB 200MG.....	35
see VIMPAT TAB 50MG	35
lacosamide oral solution 10 mg/ml	34
lacosamide tab 100 mg	34
lacosamide tab 150 mg	34
lacosamide tab 200 mg	34
lacosamide tab 50 mg	34
LACRISERT MIS 5MG OP.....	151
lactic acid (ammonium lactate) cream 12%	110
lactic acid (ammonium lactate) lotion 12%	110
lactulose (encephalopathy) solution 10 gm/15ml	120
lactulose solution 10 gm/15ml .	130
lamivudine (hbv)	
see EPIVIR HBV SOL 5MG/ML	88
lamivudine oral soln 10 mg/ml ...	86
lamivudine tab 100 mg (hbv)	88
lamivudine tab 150 mg	86
lamivudine tab 300 mg	86
lamivudine-tenofovir disoproxil fumarate	
see CIMDUO TAB 300-300	85
see TEMIXYS TAB 300-300.....	87
lamivudine-zidovudine tab 150-300 mg	87
lamotrigine tab 100 mg	34
lamotrigine tab 150 mg	34
lamotrigine tab 200 mg	34
lamotrigine tab 25 mg	34
lamotrigine tab chewable dispersible 25 mg	34
lamotrigine tab chewable dispersible 5 mg	34
Lanacort 10	
see hydrocortisone acetate cream 1%	109
LANCETS MIS 30G	134
Land Before Time Multivit	

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

LANOXIN TAB 0.125MG 94

LANOXIN TAB 0.25MG 94

**lansoprazole cap delayed release
15 mg** 168

**lansoprazole cap delayed release
30 mg** 168

**lanthanum carbonate chew tab
1000 mg (elemental)** 121

**lanthanum carbonate chew tab 500
mg (elemental)** 121

**lanthanum carbonate chew tab 750
mg (elemental)** 121

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

Larin 24 Fe
see **norethindrone ace-ethinyl
estradiol-fe tab 1 mg-20 mcg
(24)** 99

lasmiditan succinate
see REYVOW TAB 100MG 137
see REYVOW TAB 50MG 137

LASTACFT SOL 0.25% 155

latanoprost ophth soln 0.005%. 156

LATUDA TAB 120MG..... 77

LATUDA TAB 20MG 77

LATUDA TAB 40MG 77

LATUDA TAB 60MG 77

LATUDA TAB 80MG 77

LEDIP-SOFOSB TAB 90-400MG 88

Leena
see **norethindrone-eth estradiol
tab 0.5-35/1-35/0.5-35 mg-
mcg** 99

leflunomide tab 10 mg 10

leflunomide tab 20 mg 10

lenalidomide
see REVLIMID CAP 10MG 142
see REVLIMID CAP 15MG 142
see REVLIMID CAP 2.5MG 142
see REVLIMID CAP 20MG 142
see REVLIMID CAP 25MG 142
see REVLIMID CAP 5MG 142

lenalidomide cap 10 mg 142

lenalidomide cap 15 mg 142

lenalidomide cap 25 mg 142

lenalidomide cap 5 mg 142

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

LENVIMA CAP 10 MG..... 73

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 73

LENVIMA CAP 8 MG..... 73

letrozole tab 2.5 mg..... 70

leucovorin calcium tab 10 mg 75

leucovorin calcium tab 15 mg 75

leucovorin calcium tab 25 mg 75

leucovorin calcium tab 5 mg 75

LEUKERAN TAB 2MG 68

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

**leuprolide acetate & norethindrone
acetate**
see LUPANETA KIT 11.25-5 115
see LUPANETA KIT 3.75-5 115

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

leuprolide acetate (cpp)
see LUPR DEP-PED INJ 11.25MG . 115
see LUPR DEP-PED INJ 15MG..... 115
see LUPR DEP-PED INJ 7.5MG..... 115

leuprolide acetate (cpp) (3 month)
see LUPR DEP-PED INJ 11.25MG . 115
see LUPR DEP-PED INJ 3M 30MG. 115

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

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

levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	29	levonorgestrel (iud) see KYLEENA IUD 19.5MG.....	100
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	29	see LILETTA IUD 52MG.....	100
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	29	see MIRENA IUD SYSTEM.....	100
LEVEMIR INJ	49	see SKYLA IUD 13.5MG	100
LEVEMIR INJ FLEXTOUC.....	50	levonorgestrel tab 1.5 mg	99
levetiracetam oral soln 100 mg/ml	34	levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 98	
levetiracetam tab 1000 mg	34	levonorgestrel-ethinyl estradiol & folic acid see FALESSA KIT	98
levetiracetam tab 250 mg	34	levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	98
levetiracetam tab 500 mg	34	levonorgestrel-ethinyl estradiol-ferrous bisglycinate see BALCOLTRA TAB 0.1-20	97
levetiracetam tab 750 mg	34	levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	98
levetiracetam tab er 24hr 500 mg	34	levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	98
levetiracetam tab er 24hr 750 mg	34	levothyroxine sodium see SYNTHROID TAB 100MCG.....	165
levobunolol hcl ophth soln 0.5%	152	see SYNTHROID TAB 112MCG.....	165
levocarnitine oral soln 1 gm/10ml (10%)	116	see SYNTHROID TAB 125MCG.....	165
levocarnitine tab 330 mg	116	see SYNTHROID TAB 137MCG.....	165
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	55	see SYNTHROID TAB 150MCG.....	165
levocetirizine dihydrochloride tab 5 mg	55	see SYNTHROID TAB 175MCG.....	165
levofloxacin ophth soln 0.5%	153	see SYNTHROID TAB 200MCG.....	165
levofloxacin oral soln 25 mg/ml	119	see SYNTHROID TAB 25MCG	165
levofloxacin tab 250 mg	119	see SYNTHROID TAB 300MCG.....	165
levofloxacin tab 500 mg	119	see SYNTHROID TAB 50MCG	165
levofloxacin tab 750 mg	119	see SYNTHROID TAB 75MCG	165
levomilnacipran hcl see FETZIMA CAP 120MG	39	see SYNTHROID TAB 88MCG	165
see FETZIMA CAP 20MG.....	39	levothyroxine sodium tab 100 mcg	164
see FETZIMA CAP 40MG.....	39	levothyroxine sodium tab 112 mcg	164
see FETZIMA CAP 80MG.....	39	levothyroxine sodium tab 125 mcg	164
see FETZIMA CAP TITRATIO.....	39	levothyroxine sodium tab 137 mcg	164
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	98	levothyroxine sodium tab 150 mcg	164
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	98	levothyroxine sodium tab 175 mcg	164
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	98		
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	98		

levothyroxine sodium tab 200 mcg
 164

levothyroxine sodium tab 25 mcg
 164

levothyroxine sodium tab 300 mcg
 164

levothyroxine sodium tab 50 mcg
 164

levothyroxine sodium tab 75 mcg
 164

levothyroxine sodium tab 88 mcg
 164

Levoxy
 see **levothyroxine sodium tab 112 mcg** 164

see **levothyroxine sodium tab 125 mcg** 164

see **levothyroxine sodium tab 137 mcg** 164

see **levothyroxine sodium tab 150 mcg** 164

see **levothyroxine sodium tab 175 mcg** 164

see **levothyroxine sodium tab 25 mcg** 164

see **levothyroxine sodium tab 50 mcg** 164

see **levothyroxine sodium tab 75 mcg** 164

see **levothyroxine sodium tab 88 mcg** 164

Lice Killing Maximum Stre
 see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 112

Lice Treatment
 see **permethrin creme rinse 1%**
 111

lidocaine cream 4% 110

lidocaine hcl gel 2% 111

lidocaine hcl soln 4% 111

lidocaine hcl urethral/mucosal gel 2% 111

lidocaine hcl urethral/mucosal gel prefilled syringe 2% 111

lidocaine hcl viscous soln 2% ... 144

lidocaine patch 4% 111

lidocaine patch 5% 111

lidocaine-prilocaine cream 2.5-2.5% 111

LILETTA IUD 52MG 100

linaclotide
 see LINZESS CAP 145MCG 120
 see LINZESS CAP 290MCG 120
 see LINZESS CAP 72MCG 120

linagliptin
 see TRADJENTA TAB 5MG 46

linagliptin-metformin hcl
 see JENTADUETO TAB 2.5-1000 43
 see JENTADUETO TAB 2.5-500..... 43
 see JENTADUETO TAB 2.5-850..... 43
 see JENTADUETO TAB XR..... 43, 44

lindane shampoo 1% 111

linezolid for susp 100 mg/5ml 22

linezolid tab 600 mg 22

LINZESS CAP 145MCG..... 120

LINZESS CAP 290MCG..... 120

LINZESS CAP 72MCG 120

liothyronine sodium tab 25 mcg 165

liothyronine sodium tab 5 mcg. 164

liothyronine sodium tab 50 mcg 165

liotrix (t3-t4)
 see THYROLAR-1 TAB 60MG 166
 see THYROLAR-1/2 TAB 30MG 166
 see THYROLAR-1/4 TAB 15MG 166
 see THYROLAR-2 TAB 120MG 166
 see THYROLAR-3 TAB 180MG 166

Liquid Calcium/vitamin D
 see **calcium carbonate-vitamin d cap 600 mg-200 unit** 139

liraglutide
 see VICTOZA INJ 18MG/3ML 48

lisdexamfetamine dimesylate
 see VYVANSE CAP 10MG 2
 see VYVANSE CAP 20MG 2
 see VYVANSE CAP 30MG 2
 see VYVANSE CAP 40MG 2
 see VYVANSE CAP 50MG 2
 see VYVANSE CAP 60MG 2
 see VYVANSE CAP 70MG 2

lisinopril & hydrochlorothiazide tab 10-12.5 mg 65

lisinopril & hydrochlorothiazide tab 20-12.5 mg 65

lisinopril & hydrochlorothiazide tab	
20-25 mg	65
lisinopril tab 10 mg	60
lisinopril tab 2.5 mg	60
lisinopril tab 20 mg	60
lisinopril tab 30 mg	60
lisinopril tab 40 mg	60
lisinopril tab 5 mg	60
lithium carbonate cap 150 mg	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	98
lodoxamide tromethamine	
see ALOMIDE SOL 0.1% OP	154
LOKELMA PAK 10GM	143
LOKELMA PAK 5GM	143
lomustine	
see GLEOSTINE CAP 100MG	68
see GLEOSTINE CAP 10MG	68
see GLEOSTINE CAP 40MG	68
LONSURF TAB 15-6.14	71
LONSURF TAB 20-8.19	71
loperamide hcl	
see ANTI-DIARRHE LIQ 1MG/5ML	52
loperamide hcl cap 2 mg	52
loperamide hcl liq 1 mg/7.5ml	52
loperamide hcl tab 2 mg	52
lopinavir-ritonavir	
see KALETRA TAB 100-25MG	86
see KALETRA TAB 200-50MG	86
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	117
loratadine & pseudoephedrine tab	
er 12hr 5-120 mg	102
loratadine & pseudoephedrine tab	
er 24hr 10-240 mg	102
loratadine rapidly-disintegrating	
tab 10 mg	55
loratadine syrup 5 mg/5ml	55
loratadine tab 10 mg	55
Loratadine-d 12hr	
see loratadine & pseudoephedrine	
tab er 12hr 5-120 mg	102
Loratadine-d 24hr	
see loratadine & pseudoephedrine	
tab er 24hr 10-240 mg	102
lorazepam conc 2 mg/ml	25
lorazepam tab 0.5 mg	25
lorazepam tab 1 mg	25
lorazepam tab 2 mg	25
losartan potassium &	
hydrochlorothiazide tab 100-12.5	
mg	65
losartan potassium &	
hydrochlorothiazide tab 100-25	
mg	65
losartan potassium &	
hydrochlorothiazide tab 50-12.5	
mg	65
losartan potassium tab 100 mg	62
losartan potassium tab 25 mg	62
losartan potassium tab 50 mg	62
LOTEMAX GEL 0.5%	154
LOTEMAX OIN 0.5%	154
loteprednol etabonate	
see ALREX SUS 0.2%	154
see LOTEMAX GEL 0.5%	154
see LOTEMAX OIN 0.5%	154
loteprednol etabonate ophth gel	
0.5%	154
loteprednol etabonate ophth susp	
0.5%	154
loteprednol etabonate-tobramycin	
see ZYLET SUS 0.5-0.3%	154
Lotrimin Af Deodorant Pow	
see miconazole nitrate aerosol	
pow 2%	105
lovastatin tab 10 mg	58
lovastatin tab 20 mg	58
lovastatin tab 40 mg	58
Low-ogestrel	
see norgestrel & ethinyl estradiol	
tab 0.3 mg-30 mcg	99

loxapine succinate cap 10 mg81
loxapine succinate cap 25 mg81
loxapine succinate cap 5 mg81
loxapine succinate cap 50 mg81
lubiprostone cap 24 mcg 119
lubiprostone cap 8 mcg 119
Lubricant Eye Drops
 see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 151
luliconazole cream 1%..... 105
LUMIGAN SOL 0.01% 156
LUPANETA KIT 11.25-5..... 115
LUPANETA KIT 3.75-5..... 115
LUPR DEP-PED INJ 11.25MG..... 115
LUPR DEP-PED INJ 15MG 115
LUPR DEP-PED INJ 3M 30MG 115
LUPR DEP-PED INJ 7.5MG 115
LUPRON DEPOT INJ 11.25MG 70
LUPRON DEPOT INJ 22.5MG 70
LUPRON DEPOT INJ 3.75MG 70
LUPRON DEPOT INJ 7.5MG 70
lurasidone hcl
 see LATUDA TAB 120MG 77
 see LATUDA TAB 20MG 77
 see LATUDA TAB 40MG 77
 see LATUDA TAB 60MG 77
 see LATUDA TAB 80MG 77
LYNPARZA TAB 100MG 73
LYNPARZA TAB 150MG 73
LYSODREN TAB 500MG..... 70

M

macitentan
 see OPSUMIT TAB 10MG 95
mafenide acetate
 see SULFAMYLON CRE 85MG/GM. 107
mafenide acetate packet for topical soln 5% (50 gm)..... 107
MAG64 TAB 64MG..... 141
Magdelay
 see **magnesium chloride tab dr 64 mg (elemental mg)**..... 141
MAGDELAY TAB 70MG 141
MAG-G TAB 500MG 141
magnesium chloride
 see MAG64 TAB 64MG 141
 see MAGDELAY TAB 70MG 141

magnesium chloride tab dr 64 mg (elemental mg)..... 141
magnesium citrate soln 130
magnesium gluconate
 see MAG-G TAB 500MG 141
magnesium gluconate tab 27.5 mg (elemental mg)..... 141
magnesium hydroxide susp 400 mg/5ml 130
magnesium hydroxide susp concentrate 2400 mg/10ml ... 130
magnesium oxide cap 500 mg (elemental mg)..... 141
magnesium oxide tab 250 mg 21
magnesium oxide tab 250 mg (mg supplement) 141
magnesium oxide tab 400 mg (240 mg elemental mg)..... 141
magnesium oxide tab 420 mg 21
magnesium oxide tab 500 mg (mg supplement) 141
magnesium tab 250 mg 141
Magnesium-oxide
 see **magnesium oxide tab 400 mg (240 mg elemental mg)**..... 141
malathion lotion 0.5% 111
Maox
 see **magnesium oxide tab 420 mg** 21
Mapap
 see **acetaminophen liquid 160 mg/5ml**..... 12
 see **acetaminophen tab 325 mg** 12
maprotiline hcl tab 25 mg 37
maprotiline hcl tab 50 mg 37
maprotiline hcl tab 75 mg 37
maraviroc
 see SELZENTRY SOL 20MG/ML..... 87
 see SELZENTRY TAB 150MG 87
 see SELZENTRY TAB 25MG..... 87
 see SELZENTRY TAB 300MG 87
 see SELZENTRY TAB 75MG..... 87
MARPLAN TAB 10MG 37
MATULANE CAP 50MG 75
MAYZENT TAB 0.25MG 161
MAYZENT TAB 2MG..... 161
mecamylamine hcl

see VECAMYL TAB 2.5MG66
mecasermin
 see INCRELEX INJ 40MG/4ML 115
meclizine hcl chew tab 25 mg53
meclizine hcl tab 12.5 mg53
meclizine hcl tab 25 mg53
meclofenamate sodium cap 100 mg
 9
meclofenamate sodium cap 50 mg 9
 MEDI-LAXX CAP 8.6-50MG 129
 Medi-profen
 see **ibuprofen cap 200 mg** 9
medroxyprogesterone acetate
(contraceptive)
 see DEPO-SQ PROV INJ 104 100
medroxyprogesterone acetate im
susp 150 mg/ml..... 100
medroxyprogesterone acetate im
susp prefilled syr 150 mg/ml . 100
medroxyprogesterone acetate tab
10 mg 159
medroxyprogesterone acetate tab
2.5 mg 159
medroxyprogesterone acetate tab
5 mg 159
mefenamic acid cap 250 mg 9
mefloquine hcl tab 250 mg.....67
megestrol acetate susp 40 mg/ml
70
megestrol acetate tab 20 mg70
megestrol acetate tab 40 mg70
 MEKINIST TAB 0.5MG.....73
 MEKINIST TAB 2MG73
melatonin cap 3 mg 5
melatonin cap 5 mg 6
 MELATONIN LIQ 1MG/4ML 6
melatonin tab 1-10mg 6
melatonin tab 3 mg..... 6
melatonin tab 300mcg 6
melatonin tab 5 mg..... 6
melatonin tab er 10 mg..... 6
melatonin tablet disintegrating 5
mg 6
 Melatonin Tr/vitamin B-6
 see **melatonin-pyridoxine tab er**
3-10 mg 6
 Melatonin/vitamin B-6 Ext

see **melatonin-pyridoxine tab 3-1**
mg6
melatonin-pyridoxine
 see RA MELATONIN TAB 3MG6
melatonin-pyridoxine tab 3-1 mg..6
melatonin-pyridoxine tab er 3-10
mg6
 Melodetta 24 Fe
 see **norethindrone ace-eth**
estradiol-fe chew tab 1 mg-20
mcg (24)..... 99
meloxicam tab 15 mg 10
meloxicam tab 7.5 mg 10
melphalan tab 2 mg 68
memantine hcl cap er 24hr 14 mg
 160
memantine hcl cap er 24hr 21 mg
 160
memantine hcl cap er 24hr 28 mg
 160
memantine hcl cap er 24hr 7 mg
 160
memantine hcl oral solution 2
mg/ml 160
memantine hcl tab 10 mg 160
memantine hcl tab 28 x 5 mg & 21
x 10 mg titration pack..... 160
memantine hcl tab 5 mg 160
 MENEST TAB 0.3MG 118
 MENEST TAB 0.625MG 118
 MENEST TAB 1.25MG 118
 MENTAX CRE 1%..... 105
menthol-zinc oxide
 see ZINC-OXYDE OIN 0.44-20% . 111
meperidine hcl oral soln 50
mg/5ml 14
meperidine hcl tab 100 mg 14
meperidine hcl tab 50 mg 14
mepolizumab
 see NUCALA INJ 100MG 26
 see NUCALA INJ 100MG/ML..... 26
 see NUCALA INJ 40MG/0.4 26
meprobamate tab 200 mg..... 24
meprobamate tab 400 mg..... 24
mercaptopurine tab 50 mg..... 68
mesalamine cap er 24hr 0.375 gm
 120

mesalamine enema 4 gm	120	methscopolamine bromide tab 5 mg	167
mesalamine tab delayed release 800 mg	120	methsuximide	
METAMUCIL POW 28%ORG	129	see CELONTIN CAP 300MG	36
METAMUCIL POW 58.12%	129	methyclothiazide tab 5 mg	114
METAMUCIL WAF	129	methylcellulose tab 500 mg	129
metaproterenol sulfate syrup 10 mg/5ml	29	methyldopa tab 250 mg	63
metaproterenol sulfate tab 10 mg	30	methyldopa tab 500 mg	64
METAPROTERENOL SULFATE TAB 20 MG	30	methylergonovine maleate tab 0.2 mg	157
metaxalone tab 800 mg	148	methylnaltrexone bromide	
metformin hcl tab 1000 mg	45	see RELISTOR INJ 12/0.6ML	121
metformin hcl tab 500 mg	45	see RELISTOR TAB 150MG	121
metformin hcl tab 850 mg	45	methylphenidate hcl cap er 10 mg (cd)	4
metformin hcl tab er 24hr 500 mg	45	methylphenidate hcl cap er 20 mg (cd)	4
metformin hcl tab er 24hr 750 mg	45	methylphenidate hcl cap er 24hr 10 mg (la)	4
methadone hcl soln 10 mg/5ml ..	14	methylphenidate hcl cap er 24hr 20 mg (la)	4
methadone hcl soln 5 mg/5ml	14	methylphenidate hcl cap er 24hr 30 mg (la)	4
methadone hcl tab 10 mg	15	methylphenidate hcl cap er 24hr 40 mg (la)	4
methadone hcl tab 5 mg	15	methylphenidate hcl cap er 30 mg (cd)	4
methamphetamine hcl tab 5 mg ...	2	methylphenidate hcl cap er 40 mg (cd)	4
methazolamide tab 25 mg	113	methylphenidate hcl cap er 50 mg (cd)	4
methazolamide tab 50 mg	113	methylphenidate hcl cap er 60 mg (cd)	4
methenamine hippurate tab 1 gm	169	methylphenidate hcl soln 10 mg/5ml	4
methimazole tab 10 mg	164	methylphenidate hcl soln 5 mg/5ml	4
methimazole tab 5 mg	164	methylphenidate hcl tab 10 mg	5
METHITEST TAB 10MG	19	methylphenidate hcl tab 20 mg	5
methocarbamol tab 500 mg	149	methylphenidate hcl tab 5 mg	5
methocarbamol tab 750 mg	149	methylphenidate hcl tab er 10 mg	5
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	69	methylphenidate hcl tab er 20 mg	5
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	68	methylphenidate hcl tab er 24hr 18 mg	5
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	69	methylphenidate hcl tab er 24hr 27 mg	5
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	69		
methotrexate sodium tab 2.5 mg (base equiv)	69		
methscopolamine bromide tab 2.5 mg	167		

methylphenidate hcl tab er 24hr 36 mg	5	metoprolol tartrate tab 25 mg	90
methylphenidate hcl tab er 24hr 54 mg	5	metoprolol tartrate tab 50 mg	90
methylphenidate hcl tab er osmotic release (osm) 18 mg	5	metronidazole cream 0.75%	111
methylphenidate hcl tab er osmotic release (osm) 27 mg	5	metronidazole gel 0.75%	111
methylphenidate hcl tab er osmotic release (osm) 36 mg	5	metronidazole lotion 0.75%	111
methylphenidate hcl tab er osmotic release (osm) 54 mg	5	metronidazole tab 250 mg	21
methylprednisolone tab 16 mg ..	101	metronidazole tab 500 mg	21
methylprednisolone tab 32 mg ..	101	metronidazole vaginal gel 0.75%	
methylprednisolone tab 4 mg	100	.....	173
methylprednisolone tab 8 mg	100	mexiletine hcl cap 150 mg	26
methylprednisolone tab therapy pack 4 mg (21)	101	mexiletine hcl cap 200 mg	26
methyltestosterone		mexiletine hcl cap 250 mg	26
see METHITEST TAB 10MG	19	MI-ACID CHW	20
methyltestosterone cap 10 mg	19	miconazole (mouth-throat)	
metoclopramide hcl inj 5 mg/ml (base equivalent)	119	see ORAVIG TAB 50MG.....	144
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) ...	119	Miconazole 7	
metoclopramide hcl tab 10 mg (base equivalent)	119	see miconazole nitrate vaginal cream 2%	173
metoclopramide hcl tab 5 mg (base equivalent)	119	see miconazole nitrate vaginal suppos 100 mg	173
metolazone tab 10 mg	114	miconazole nitrate aerosol pow 2%	
metolazone tab 2.5 mg	114	.....	105
metolazone tab 5 mg	114	miconazole nitrate cream 2% ...	105
metoprolol & hydrochlorothiazide tab 100-25 mg	66	miconazole nitrate ointment 2%	
metoprolol & hydrochlorothiazide tab 100-50 mg	66	.....	105
metoprolol & hydrochlorothiazide tab 50-25 mg	65	miconazole nitrate powder 2% .	105
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	90	miconazole nitrate vaginal	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	90	see MONISTAT 7 KIT COMBO PK .	173
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	90	miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	173
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	90	miconazole nitrate vaginal cream 2%	173
metoprolol tartrate tab 100 mg	90	miconazole nitrate vaginal cream 4% (200 mg/5gm)	173
		miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit	173
		miconazole nitrate vaginal suppos 100 mg	173
		midodrine hcl tab 10 mg	174
		midodrine hcl tab 2.5 mg	174
		midodrine hcl tab 5 mg	174
		miglitol tab 100 mg	41
		miglitol tab 25 mg	41
		miglitol tab 50 mg	41
		miglustat cap 100 mg	124
		Milk Of Magnesia	

see **magnesium hydroxide susp 400 mg/5ml** 130
Milk Of Magnesia Concentr
see **magnesium hydroxide susp concentrate 2400 mg/10ml**. 130
milnacipran hcl
see SAVELLA MIS TITR PAK 161
see SAVELLA TAB 100MG 161
see SAVELLA TAB 12.5MG 161
see SAVELLA TAB 25MG 161
see SAVELLA TAB 50MG 161
mineral oil 130
mineral oil enema 130
Minitran
see **nitroglycerin td patch 24hr 0.6 mg/hr** 23
minocycline hcl cap 100 mg 164
minocycline hcl cap 50 mg 164
minocycline hcl cap 75 mg 164
minoxidil tab 10 mg 67
minoxidil tab 2.5 mg 66
Mintox Plus
see **alum & mag hydroxide-simethicone chew tab 200-200-25 mg** 20
mirabegron
see MYRBETRIQ TAB 25MG 170
see MYRBETRIQ TAB 50MG 171
MIRENA IUD SYSTEM 100
mirtazapine tab 15 mg 36
mirtazapine tab 30 mg 36
mirtazapine tab 45 mg 36
MIRVASO GEL 0.33% 111
misoprostol tab 100 mcg 169
misoprostol tab 200 mcg 169
mitotane
see LYSODREN TAB 500MG 70
modafinil tab 100 mg 5
modafinil tab 200 mg 5
MODERNA VAC INJ COVID-19 172
moexipril hcl tab 15 mg 60
moexipril hcl tab 7.5 mg 60
mometasone furoate (inhalation)
see ASMANEX 120 AER 220MCG 27
see ASMANEX 14 AER 220MCG 27
see ASMANEX 30 AER 110MCG 27
see ASMANEX 30 AER 220MCG 27

see ASMANEX 60 AER 220MCG 27
see ASMANEX 7 AER 110MCG 27
see ASMANEX HFA AER 100 MCG .. 28
see ASMANEX HFA AER 200 MCG .. 28
see ASMANEX HFA AER 50MCG 27
mometasone furoate cream 0.1%
..... 110
mometasone furoate oint 0.1% 110
mometasone furoate solution 0.1% (lotion) 110
MONISTAT 7 KIT COMBO PK 173
MONOCLATE-P INJ 1000UNIT 123
montelukast sodium chew tab 4 mg (base equiv) 27
montelukast sodium chew tab 5 mg (base equiv) 27
montelukast sodium tab 10 mg (base equiv) 27
morphine sulfate oral soln 10 mg/5ml 15
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) 15
morphine sulfate oral soln 20 mg/5ml 15
morphine sulfate tab 15 mg 15
morphine sulfate tab 30 mg 15
morphine sulfate tab er 100 mg .. 15
morphine sulfate tab er 15 mg ... 15
morphine sulfate tab er 200 mg .. 15
morphine sulfate tab er 30 mg ... 15
morphine sulfate tab er 60 mg ... 15
morphine-naltrexone
see EMBEDA CAP 100-4MG 13
see EMBEDA CAP 20-0.8MG 13
see EMBEDA CAP 30-1.2MG 13
see EMBEDA CAP 50-2MG 13
see EMBEDA CAP 60-2.4MG 13
see EMBEDA CAP 80-3.2MG 13
MOTOFEN TAB 1-0.025 52
MOVANTIK TAB 12.5MG 121
MOVANTIK TAB 25MG 121
moxifloxacin hcl ophth soln 0.5% (base equiv) 153
moxifloxacin hcl tab 400 mg (base equiv) 119
Mucus-dm

see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 102

MULT VITAM DRO 146

MULTAQ TAB 400MG 26

Multi-delyn
see **pediatric multiple vitamin liq** 146

multiple vitamin cap 145

multiple vitamin tab 145

multiple vitamins w/ iron tab ... 144

multiple vitamins w/ minerals cap 144

multiple vitamins w/ minerals liquid 145

multiple vitamins w/ minerals tab 145

Multi-vit/iron/fluoride
see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 145

Multivitamin & Mineral
see **multiple vitamins w/ minerals liquid** 145

MULTIVITAMIN DRO /IRON 145

Multivitamin With Fluorid
see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 145

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

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

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

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

mupirocin oint 2% 105

Mv-one
see **multiple vitamin cap** 145

Mvw Complete Formulation
see **pediatric multiple vitamin w/ minerals & c chew tab** 145

My Way
see **levonorgestrel tab 1.5 mg**... 99

Mycocide Clinical Ns Anti

see **tolnaftate soln 1%** 106

mycophenolate mofetil cap 250 mg 143

mycophenolate mofetil tab 500 mg 143

mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 143

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 143

MYNATAL CAP 147

MYNATAL TAB 147

MYNATE 90 TAB PLUS 147

MYRBETRIQ TAB 25MG 170

MYRBETRIQ TAB 50MG 171

N

nabilone
see CESAMET CAP 1MG 53

nabumetone tab 500 mg 10

nabumetone tab 750 mg 10

nadolol tab 20 mg 91

nadolol tab 40 mg 91

nadolol tab 80 mg 91

nafarelin acetate
see SYNAREL SOL 2MG/ML 116

naftifine hcl
see NAFTIN GEL 2% 105

naftifine hcl cream 1% 105

naftifine hcl gel 1% 105

NAFTIN GEL 2% 105

naldemedine tosylate
see SYMPROIC TAB 0.2MG 121

naloxegol oxalate
see MOVANTIK TAB 12.5MG 121

see MOVANTIK TAB 25MG 121

naloxone hcl
see NARCAN SPR 4MG 52

naloxone hcl inj 0.4 mg/ml 52

naloxone hcl nasal spray 4 mg/0.1ml 52

naloxone hcl soln cartridge 0.4 mg/ml 52

naloxone hcl soln prefilled syringe 2 mg/2ml 52

naltrexone
see VIVITROL INJ 380MG 53

naltrexone hcl tab 50 mg 52

naproxen sodium tab 220 mg 10

naproxen susp 125 mg/5ml	10	nebivolol hcl tab 5 mg (base equivalent)	91
naproxen tab 250 mg	10	nebivolol-valsartan	
naproxen tab 375 mg	10	see BYVALSON TAB 5-80MG	65
naproxen tab 500 mg	10	nebulizers	
naproxen tab ec 375 mg	10	see EASY NEB MIS	136
naproxen tab ec 500 mg	10	see PULMONEB LT MIS NEBULIZE	136
naratriptan hcl tab 1 mg (base equiv)	137	Nebusal	
naratriptan hcl tab 2.5 mg (base equiv)	137	see sodium chloride soln nebu 3%	103
NARCAN SPR 4MG	52	nedocromil sodium (ophth)	
NASAL DECON SYP 30MG/5ML	150	see ALOCRI SOL 2%	154
NASAL DECONG LIQ 30MG/5ML	150	needle (disp) 18 g	
NAT FIBER POW 58.6%	129	see NEEDLES MIS 18GX1.5	135
NATACYN SUS 5% OP	153	NEEDLES MIS 18GX1.5	135
natalizumab		nefazodone hcl tab 100 mg	38
see TYSABRI INJ 300/15ML	162	nefazodone hcl tab 150 mg	38
NATALVIT TAB 75-1MG	147	nefazodone hcl tab 200 mg	38
natamycin		nefazodone hcl tab 250 mg	38
see NATACYN SUS 5% OP	153	nefazodone hcl tab 50 mg	38
NATAZIA TAB	98	nelfinavir mesylate	
nateglinide tab 120 mg	51	see VIRACEPT TAB 250MG	88
nateglinide tab 60 mg	51	see VIRACEPT TAB 625MG	88
NATURE THROI TAB 162.5MG	165	neomycin sulfate tab 500 mg	6
NATURE-THROI TAB 113.75MG	165	neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	153
NATURE-THROI TAB 130MG	165	neomycin-bacitracin-polymyxin oint	105
NATURE-THROI TAB 146.25MG	165	neomycin-bacitracin-polymyxin-pramoxine oint 1%	105
NATURE-THROI TAB 16.25MG	165	neomycin-colistin-hc-thonzonium	
NATURE-THROI TAB 195MG	165	see COLY-MYCIN S SUS OTIC	156
NATURE-THROI TAB 260MG	165	neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	153
NATURE-THROI TAB 32.5MG	165	neomycin-polymyxin-dexamethasone ophth oint 0.1%	154
NATURE-THROI TAB 325MG	165	neomycin-polymyxin-dexamethasone ophth susp 0.1%	154
NATURE-THROI TAB 48.75MG	165	neomycin-polymyxin-hc otic soln 1%	156
NATURE-THROI TAB 65MG	165	neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	156
NATURE-THROI TAB 97.5MG	165	NEORAL CAP 100MG	143
nebivolol hcl			
see BYSTOLIC TAB 10MG	90		
see BYSTOLIC TAB 2.5MG	90		
see BYSTOLIC TAB 20MG	90		
see BYSTOLIC TAB 5MG	90		
nebivolol hcl tab 10 mg (base equivalent)	91		
nebivolol hcl tab 2.5 mg (base equivalent)	90		
nebivolol hcl tab 20 mg (base equivalent)	91		

NEORAL CAP 25MG	143	nicotine polacrilex gum 2 mg	162
nepafenac		nicotine polacrilex gum 4 mg	162
see NEVANAC SUS 0.1%	155	nicotine polacrilex lozenge 2 mg	
NESTABS TAB	147	.....	162
netupitant-palonosetron		nicotine polacrilex lozenge 4 mg	
see AKYNZEO CAP 300-0.5	53	.....	162
NEUPRO DIS 1MG/24HR	76	NICOTINE SYS KIT TRANSDER	162
NEUPRO DIS 2MG/24HR	76	nicotine td patch 24hr 14 mg/24hr	
NEUPRO DIS 3MG/24HR	76	.....	163
NEUPRO DIS 4MG/24HR	76	nicotine td patch 24hr 21 mg/24hr	
NEUPRO DIS 6MG/24HR	76	.....	163
NEUPRO DIS 8MG/24HR	76	nicotine td patch 24hr 7 mg/24hr	
NEVANAC SUS 0.1%	155	.....	163
nevirapine susp 50 mg/5ml	87	Nicotine Transdermal Syst	
nevirapine tab 200 mg	87	see nicotine td patch 24hr 7	
nevirapine tab er 24hr 100 mg	87	mg/24hr	163
nevirapine tab er 24hr 400 mg	87	NICOTROL INH.....	163
NEXAVAR TAB 200MG.....	73	NICOTROL NS SPR 10MG/ML.....	163
NEXIUM 24HR CAP 20MG	168	nifedipine cap 10 mg	93
NEXLETOL TAB 180MG	56	nifedipine cap 20 mg	93
NEXLIZET TAB 180/10MG	56	nifedipine tab er 24hr 30 mg	93
NEXPLANON IMP 68MG	100	nifedipine tab er 24hr 60 mg	93
niacin (antihyperlipidemic) tab 500		nifedipine tab er 24hr 90 mg	93
mg	59	nifedipine tab er 24hr osmotic	
niacin cap er 250 mg	175	release 30 mg	93
niacin cap er 500 mg	175	nifedipine tab er 24hr osmotic	
Niacin Flush Free		release 60 mg	93
see inositol niacinate cap 500 mg		nifedipine tab er 24hr osmotic	
.....	94	release 90 mg	93
niacin tab 100 mg	175	nilotinib hcl	
niacin tab 250 mg	175	see TASIGNA CAP 150MG	74
niacin tab 50 mg	175	see TASIGNA CAP 200MG	74
niacin tab 500 mg	175	see TASIGNA CAP 50MG	74
niacin tab er 250 mg	175	nilutamide tab 150 mg	70
niacin tab er 500 mg	175	nimodipine cap 30 mg	93
niacin tab er 500 mg		nintedanib esylate	
(antihyperlipidemic)	59	see OFEV CAP 100MG.....	163
niacin tab er 750 mg	175	see OFEV CAP 150MG.....	163
niacinamide tab 500 mg	175	niraparib tosylate	
Niacor		see ZEJULA CAP 100MG.....	74
see niacin (antihyperlipidemic)		nisoldipine tab er 24hr 17 mg	93
tab 500 mg	59	nisoldipine tab er 24hr 20 mg	93
nicardipine hcl cap 20 mg	93	nisoldipine tab er 24hr 25.5 mg ..	93
nicardipine hcl cap 30 mg	93	nisoldipine tab er 24hr 30 mg	93
nicotine		nisoldipine tab er 24hr 34 mg	93
see NICOTROL INH.....	163	nisoldipine tab er 24hr 40 mg	93
see NICOTROL NS SPR 10MG/ML.	163	nisoldipine tab er 24hr 8.5 mg	93

nitazoxanide	
see ALINIA SUS 100/5ML	22
nitazoxanide tab 500 mg	22
nitisinone	
see ORFADIN CAP 20MG	116
nitisinone cap 10 mg	116
nitisinone cap 2 mg	116
nitisinone cap 5 mg	116
nitrofurantoin macrocrystalline cap 100 mg	169
nitrofurantoin macrocrystalline cap 50 mg	169
nitrofurantoin monohydrate macrocrystalline cap 100 mg ..	169
nitrofurantoin susp 25 mg/5ml ..	169
nitroglycerin (intra-anal)	
see RECTIV OIN 0.4%	20
nitroglycerin sl tab 0.3 mg	23
nitroglycerin sl tab 0.4 mg	23
nitroglycerin sl tab 0.6 mg	23
nitroglycerin td patch 24hr 0.1 mg/hr	23
nitroglycerin td patch 24hr 0.2 mg/hr	23
nitroglycerin td patch 24hr 0.4 mg/hr	23
nitroglycerin td patch 24hr 0.6 mg/hr	23
nizatidine cap 150 mg	167
nizatidine cap 300 mg	167
nizatidine oral soln 15 mg/ml ...	167
Non-aspirin Junior Streng	
see acetaminophen chew tab 160 mg	12
nonoxynol-9	
see ENCARE SUP 100MG	172
see GYNOL II GEL 3%	172
see SHUR-SEAL GEL 2%	172
see TODAY SPONGE MIS	172
see VCF VAGINAL AER CONTRACP	172
see VCF VAGINAL GEL CONTRACE	172
see VCF VAGINAL MIS CONTRACP	172
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	99
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	98
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	98
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	98
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	98
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	98
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	99
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	99
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg ...	99
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 99	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	99
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	99
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	99
norethindrone acetate tab 5 mg 159	
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg .	117
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	117
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10	98
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ...	98
norethindrone tab 0.35 mg	100
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg .	99
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg ...	99
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	99
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg .	99
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg .	99
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	99

norgestrel & ethinyl estradiol tab	
0.5 mg-50 mcg	99
NORTEMP SUS INFANTS	12
Nortrel 0.5/35 (28)	
see norethindrone & ethinyl	
estradiol tab 0.5 mg-35 mcg ..	98
Nortrel 1/35	
see norethindrone & ethinyl	
estradiol tab 1 mg-35 mcg	98
Nortrel 7/7/7	
see norethindrone-eth estradiol	
tab 0.5-35/0.75-35/1-35 mg-	
mcg	99
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	50
NOVOLIN INJ 70/30 FP	50
NOVOLIN N INJ 100 UNIT	50
NOVOLIN N INJ U-100	50
NOVOLIN R INJ 100 UNIT	50
NOVOLIN R INJ U-100	50
NOVOLOG INJ 100/ML	50
NOVOLOG INJ FLEXPEN	50
NOVOLOG INJ PENFILL	50
NOVOLOG MIX INJ 70/30	50
NOVOLOG MIX INJ FLEXPEN	50
Np Thyroid 120	
see thyroid tab 120 mg (2 grain)	
.....	166
Np Thyroid 15	
see thyroid tab 15 mg (1/4 grain)	
.....	165
Np Thyroid 30	
see thyroid tab 30 mg (1/2 grain)	
.....	165
Np Thyroid 60	
see thyroid tab 60 mg (1 grain)	
.....	165
Np Thyroid 90	
see thyroid tab 90 mg (1 1/2	
grain)	165
NUCALA INJ 100MG	26
NUCALA INJ 100MG/ML	26
NUCALA INJ 40MG/0.4	26
NUCYNTA ER TAB 100MG	15
NUCYNTA ER TAB 150MG	15
NUCYNTA ER TAB 200MG	15
NUCYNTA ER TAB 250MG	15
NUCYNTA ER TAB 50MG	15
NUCYNTA TAB 100MG	15
NUCYNTA TAB 50MG	15
NUCYNTA TAB 75MG	15
NURTEC TAB 75MG ODT	136
NUTRIENTS TAB PRENATAL	147
nystatin cream 100000 unit/gm	105
nystatin oint 100000 unit/gm ...	105
nystatin susp 100000 unit/ml ...	144
nystatin tab 500000 unit	54
nystatin topical powder 100000	
unit/gm	106
nystatin-triamcinolone cream	
100000-0.1 unit/gm-%	106
nystatin-triamcinolone oint	
100000-0.1 unit/gm-%	106
Nystop	
see nystatin topical powder	
100000 unit/gm	106
O	
O-CAL TAB PRENATAL	147
OCTAGAM INJ 5GM	157
octreotide acetate	
see SANDOSTATIN KIT LAR 10MG	117
see SANDOSTATIN KIT LAR 20MG	117
see SANDOSTATIN KIT LAR 30MG	117
octreotide acetate inj 100 mcg/ml	
(0.1 mg/ml)	116
octreotide acetate inj 1000 mcg/ml	
(1 mg/ml)	117
octreotide acetate inj 200 mcg/ml	
(0.2 mg/ml)	117
octreotide acetate inj 50 mcg/ml	
(0.05 mg/ml)	116
octreotide acetate inj 500 mcg/ml	
(0.5 mg/ml)	117
octreotide acetate subcutaneous	
soln pref syr 50 mcg/ml	117
Ocuvite/lutein	
see multiple vitamins w/ minerals	
tab	145
ODEFSEY TAB	87
ODOMZO CAP 200MG	69

OFEV CAP 100MG	163	olopatadine hcl ophth soln 0.2% (base equivalent)	155
OFEV CAP 150MG	163	olsalazine sodium see DIPENTUM CAP 250MG	120
ofloxacin ophth soln 0.3%	153	omalizumab see XOLAIR INJ 150MG/ML.....	26
ofloxacin otic soln 0.3%	156	see XOLAIR INJ 75/0.5	26
ofloxacin tab 300 mg	119	see XOLAIR SOL 150MG.....	26
ofloxacin tab 400 mg	119	omega-3 fatty acids cap 1000 mg	151
Ogestrel see norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	99	omega-3 fatty acids cap 1200 mg	151
OGIVRI INJ 150MG	69	omega-3 fatty acids cap 300 mg	151
OGIVRI INJ 420MG	69	omega-3 fatty acids cap 500 mg	151
olanzapine pamoate see ZYPREXA RELP INJ 210MG	82	omega-3 fatty acids cap delayed release 1000 mg	151
see ZYPREXA RELP INJ 300MG	82	omega-3 fatty acids cap delayed release 1200 mg	151
see ZYPREXA RELP INJ 405MG	82	omega-3-acid ethyl esters cap 1 gm	56
olanzapine tab 10 mg	81	omeprazole see FIRST-OMEPRASUS 2MG/ML	168
olanzapine tab 15 mg	81	omeprazole cap delayed release 10 mg	168
olanzapine tab 2.5 mg	81	omeprazole cap delayed release 20 mg	168
olanzapine tab 20 mg	81	omeprazole cap delayed release 40 mg	168
olanzapine tab 5 mg	81	omeprazole magnesium see PRILOSEC OTC TAB 20MG	168
olanzapine tab 7.5 mg	81	omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	168
olaparib see LYNPARZA TAB 100MG	73	omeprazole magnesium delayed release tab 20 mg (base equiv)	168
see LYNPARZA TAB 150MG	73	OMNARIS SPR.....	150
olmesartan medoxomil tab 20 mg	62	OMNIFLEX DPR.....	132
olmesartan medoxomil tab 40 mg	62	OMNITROPE INJ 10/1.5ML	115
olmesartan medoxomil tab 5 mg .62		OMNITROPE INJ 5.8MG	115
olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg	66	OMNITROPE INJ 5/1.5ML	115
olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg	66	onabotulinumtoxinA see BOTOX INJ 100UNIT	151
olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg	66	see BOTOX INJ 200UNIT	151
olodaterol hcl see STRIVERDI AER 2.5MCG	30	ondansetron hcl oral soln 4 mg/5ml	53
olopatadine hcl see PATADAY SOL 0.1%.....	155	ondansetron hcl tab 4 mg	53
see PATADAY SOL 0.2%.....	155	ondansetron hcl tab 8 mg	53
olopatadine hcl nasal soln 0.6%	150		
olopatadine hcl ophth soln 0.1% (base equivalent)	155		

ondansetron orally disintegrating tab 4 mg	53	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	34
ondansetron orally disintegrating tab 8 mg	53	oxcarbazepine tab 150 mg	34
ONE A DAY MIS PRENATAL	147	oxcarbazepine tab 300 mg	34
ONTRUZANT INJ 150MG	69	oxcarbazepine tab 600 mg	34
ONTRUZANT INJ 420MG	69	oxiconazole nitrate	
OPSUMIT TAB 10MG	95	see OXISTAT LOT 1%	106
oral electrolyte solution	140	oxiconazole nitrate cream 1% ..	106
ORAVIG TAB 50MG	144	OXISTAT LOT 1%	106
ORENCIA CLCK INJ 125MG/ML	11	oxybutynin	
ORENCIA INJ 125MG/ML	11	see OXYTROL/WOMN DIS 3.9MG/24	170
ORENCIA INJ 250MG	11	oxybutynin chloride syrup 5 mg/5ml	170
ORENCIA INJ 50/0.4ML	11	oxybutynin chloride tab 5 mg ...	170
ORENCIA INJ 87.5/0.7	11	oxybutynin chloride tab er 24hr 10 mg	170
ORENITRAM TAB 0.125MG	94	oxybutynin chloride tab er 24hr 15 mg	170
ORENITRAM TAB 0.25MG	94	oxybutynin chloride tab er 24hr 5 mg	170
ORENITRAM TAB 1MG	94	oxycodone hcl	
ORENITRAM TAB 2.5MG	94	see OXYCONTIN TAB 10MG ER	16
ORENITRAM TAB 5MG	94	see OXYCONTIN TAB 15MG ER	16
ORFADIN CAP 20MG	116	see OXYCONTIN TAB 20MG ER	16
orphenadrine citrate tab er 12hr 100 mg	149	see OXYCONTIN TAB 30MG ER	16
oseltamivir phosphate cap 30 mg (base equiv)	89	see OXYCONTIN TAB 40MG ER	16
oseltamivir phosphate cap 45 mg (base equiv)	89	see OXYCONTIN TAB 60MG ER	16
oseltamivir phosphate cap 75 mg (base equiv)	89	see OXYCONTIN TAB 80MG ER	16
oseltamivir phosphate for susp 6 mg/ml (base equiv)	89	oxycodone hcl soln 5 mg/5ml	15
osimertinib mesylate		oxycodone hcl tab 10 mg	16
see TAGRISSO TAB 40MG	74	oxycodone hcl tab 15 mg	16
see TAGRISSO TAB 80MG	74	oxycodone hcl tab 20 mg	16
OSMOPREP TAB 1.5GM	130	oxycodone hcl tab 30 mg	16
ospemifene		oxycodone hcl tab 5 mg	16
see OSPHENA TAB 60MG	115	oxycodone hcl tab er 12hr deter 10 mg	16
OSPHENA TAB 60MG	115	oxycodone hcl tab er 12hr deter 15 mg	16
OTEZLA TAB 10/20/30	10	oxycodone hcl tab er 12hr deter 20 mg	16
OTEZLA TAB 30MG	10	oxycodone hcl tab er 12hr deter 30 mg	16
oxandrolone tab 10 mg	19	oxycodone hcl tab er 12hr deter 40 mg	16
oxandrolone tab 2.5 mg	19	oxycodone hcl tab er 12hr deter 60 mg	16
oxaprozin tab 600 mg	10		
oxazepam cap 10 mg	25		
oxazepam cap 15 mg	25		
oxazepam cap 30 mg	25		

oxycodone hcl tab er 12hr deter 80 mg16
oxycodone w/ acetaminophen tab 10-325 mg18
oxycodone w/ acetaminophen tab 2.5-325 mg18
oxycodone w/ acetaminophen tab 5-325 mg18
oxycodone w/ acetaminophen tab 7.5-325 mg18
oxycodone-ibuprofen tab 5-400 mg18
OXYCONTIN TAB 10MG ER16
OXYCONTIN TAB 15MG ER16
OXYCONTIN TAB 20MG ER16
OXYCONTIN TAB 30MG ER16
OXYCONTIN TAB 40MG ER16
OXYCONTIN TAB 60MG ER16
OXYCONTIN TAB 80MG ER16
oxymetazoline hcl nasal soln 0.05% 150
oxymetholone
see ANADROL-50 TAB 50MG19
oxymorphone hcl tab 10 mg16
oxymorphone hcl tab 5 mg16
oxymorphone hcl tab er 12hr 10 mg16
oxymorphone hcl tab er 12hr 15 mg16
oxymorphone hcl tab er 12hr 20 mg17
oxymorphone hcl tab er 12hr 30 mg17
oxymorphone hcl tab er 12hr 40 mg17
oxymorphone hcl tab er 12hr 5 mg16
oxymorphone hcl tab er 12hr 7.5 mg16
OXYTROL/WOMN DIS 3.9MG/24..... 170
Oysco 500+d
see **calcium carbonate-cholecalciferol chew tab 500 mg-600 unit** 139
Oyster Shell Calcium Plus

see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 139
oyster shell calcium tab 500 mg 140
Oystercal-d
see **calcium carbonate-cholecalciferol tab 500 mg-400 unit** 139
OZEMPIC INJ 2/1.5ML 47
OZEMPIC INJ 4MG/3ML 47
OZEMPIC INJ 8MG/3ML 47
P
Pain & Fever Childrens
see **acetaminophen soln 160 mg/5ml**..... 12
palbociclib
see IBRANCE CAP 100MG 72
see IBRANCE CAP 125MG 72
see IBRANCE CAP 75MG 72
see IBRANCE TAB 100MG 72
see IBRANCE TAB 125MG 72
see IBRANCE TAB 75MG 72
paliperidone palmitate
see INVEGA SUST INJ 117/0.75 78
see INVEGA SUST INJ 156MG/ML.. 78
see INVEGA SUST INJ 234/1.5..... 78
see INVEGA SUST INJ 39/0.25..... 78
see INVEGA SUST INJ 78/0.5ML... 78
see INVEGA TRINZ INJ 273MG..... 78
see INVEGA TRINZ INJ 410MG..... 78
see INVEGA TRINZ INJ 546MG..... 79
see INVEGA TRINZ INJ 819MG..... 79
paliperidone tab er 24hr 1.5 mg.. 79
paliperidone tab er 24hr 3 mg 79
paliperidone tab er 24hr 6 mg 79
paliperidone tab er 24hr 9 mg 79
palivizumab
see SYNAGIS INJ 100MG/ML 157
see SYNAGIS INJ 50MG 157
pancrelipase (lipase-protease-amylase)
see CREON CAP 12000UNT..... 112
see CREON CAP 24000UNT..... 112
see CREON CAP 3000UNIT 112
see CREON CAP 36000UNT..... 112
see CREON CAP 6000UNIT 112
see ZENPEP CAP 10000UNT..... 112

see ZENPEP CAP 15000UNT 112
 see ZENPEP CAP 20000UNT 113
 see ZENPEP CAP 25000UNT 113
 see ZENPEP CAP 3000UNIT 112
 see ZENPEP CAP 40000UNT 113
 see ZENPEP CAP 5000UNIT 112
panobinostat lactate
 see FARYDAK CAP 10MG 72
 see FARYDAK CAP 15MG 72
 see FARYDAK CAP 20MG 72
 PANRETIN GEL 0.1% 106
**pantoprazole sodium ec tab 20 mg
 (base equiv)** 168
**pantoprazole sodium ec tab 40 mg
 (base equiv)** 168
 PARAGARD IUD T380A 99
paricalcitol cap 1 mcg 116
paricalcitol cap 2 mcg 116
paricalcitol cap 4 mcg 116
paromomycin sulfate cap 250 mg 6
paroxetine hcl tab 10 mg 38
paroxetine hcl tab 20 mg 38
paroxetine hcl tab 30 mg 38
paroxetine hcl tab 40 mg 38
 PASER GRA 4GM 68
 PATADAY SOL 0.1% 155
 PATADAY SOL 0.2% 155
patiromer sorbitex calcium
 see VELTASSA POW 16.8GM 144
 see VELTASSA POW 25.2GM 144
 see VELTASSA POW 8.4GM 144
pazopanib hcl
 see VOTRIENT TAB 200MG 74
 PEAK AIR FLO MIS ADLT/PED 136
peak flow meter
 see PEAK AIR FLO MIS ADLT/PED 136
 PEDIA-LAX LIQ 50MG 131
pediatric multiple vitamin liq 146
**pediatric multiple vitamin w/ c & fa
 chew tab** 146
**pediatric multiple vitamin w/ extra
 c & fa chew tab** 146
**pediatric multiple vitamin w/
 minerals & c**
 see AQUADEKS DRO 145
**pediatric multiple vitamin w/
 minerals & c chew tab** 145

pediatric multiple vitamins
 see MULT VITAM DRO 146
 see POLY-VI-SOL SOL 50MG/ML.. 146
 see POLY-VITE DRO 146
**pediatric multiple vitamins w/ fl-fe
 drops 0.25-10 mg/ml** 145
**pediatric multiple vitamins w/
 fluoride chew tab 0.25 mg** 145
**pediatric multiple vitamins w/
 fluoride chew tab 0.5 mg** 145
**pediatric multiple vitamins w/
 fluoride chew tab 1 mg** 145
**pediatric multiple vitamins w/
 fluoride soln 0.25 mg/ml** 145
**pediatric multiple vitamins w/
 fluoride soln 0.5 mg/ml** 145
pediatric multiple vitamins w/ iron
 see ANIMAL SHAPE CHW IRON ... 145
 see MULTIVITAMIN DRO /IRON... 145
 see POLY-VITE SOL /IRON 146
**pediatric multiple vitamins w/ iron
 chew tab 15 mg** 145
**pediatric multiple vitamins w/ iron
 chew tab 18 mg** 146
**pediatric vitamins acid w/ fluoride
 soln 0.25 mg/ml** 145
**pediatric vitamins acid w/ fluoride
 soln 0.5 mg/ml** 145
pediatric vitamins adc
 see TRI-VI-SOL SOL A/C/D 146
**pediatric vitamins adc drops 750
 unit-400 unit-35 mg/ml** 146
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 236 gm** 129
**peg 3350-kcl-na bicarb-nacl-na
 sulfate for soln 240 gm** 130
**peg 3350-kcl-nacl-na sulfate-na
 ascorbate-ascorbic acid**
 see PLENVU SOL 130
**peg 3350-kcl-nacl-na sulfate-na
 ascorbate-c for soln 100 gm**... 130
**peg 3350-kcl-sod bicarb-nacl for
 soln 420 gm** 130
**peg 3350-kcl-sod bicarb-sod
 chloride-sod sulfate**
 see GOLYTELY SOL 129
 PEGANONE TAB 250MG 35

PEGASYS INJ.....	88	see FYCOMPA TAB 10MG.....	32
PEGASYS INJ 180MCG/M	88	see FYCOMPA TAB 12MG.....	32
pegfilgrastim-bmez		see FYCOMPA TAB 2MG	32
see ZIEXTENZO INJ 6/0.6ML.....	126	see FYCOMPA TAB 4MG	32
peginterferon alfa-2a		see FYCOMPA TAB 6MG	32
see PEGASYS INJ	88	see FYCOMPA TAB 8MG	32
see PEGASYS INJ 180MCG/M	88	perindopril erbumine tab 2 mg ...	60
peginterferon alfa-2b		perindopril erbumine tab 4 mg ...	60
see PEGINTRON KIT 50MCG	88	perindopril erbumine tab 8 mg ...	60
peginterferon beta-1a		permethrin & pyrethrins-piperonyl	
see PLEGRIDY INJ	162	butoxide	
see PLEGRIDY INJ PEN.....	162	see RA LICE KIT SOLUTION.....	112
see PLEGRIDY INJ STARTER	162	permethrin aerosol 0.5%.....	111
see PLEGRIDY PEN INJ STARTER .	162	permethrin cream 5%	111
PEGINTRON KIT 50MCG.....	88	permethrin creme rinse 1%	111
pegvisomant		permethrin lotion 1%	111
see SOMAVERT INJ 10MG.....	115	perphenazine tab 16 mg	83
see SOMAVERT INJ 15MG.....	115	perphenazine tab 2 mg	83
see SOMAVERT INJ 20MG.....	115	perphenazine tab 4 mg	83
PEN NEEDLES MIS 29GX10MM.....	135	perphenazine tab 8 mg	83
PEN NEEDLES MIS 29GX12.7.....	135	perphenazine-amitriptyline tab 2-	
PEN NEEDLES MIS 29GX12MM.....	135	10 mg	161
PEN NEEDLES MIS 31GX5MM.....	135	perphenazine-amitriptyline tab 2-	
PEN NEEDLES MIS 31GX6MM.....	135	25 mg	161
PEN NEEDLES MIS 31GX8MM.....	135	perphenazine-amitriptyline tab 4-	
PEN NEEDLES MIS 32GX4MM.....	135	10 mg	161
PEN NEEDLES MIS 32GX6MM.....	135	perphenazine-amitriptyline tab 4-	
PEN NEEDLES MIS 32GX8MM.....	135	25 mg	161
 penciclovir		perphenazine-amitriptyline tab 4-	
see DENAVIR CRE 1%.....	107	50 mg	161
penicillamine		PERRY PRENAT CAP	147
see D-PENAMINE TAB 125MG	142	PFIZER VACC INJ COVID-19.....	172
penicillamine tab 250 mg	142	Pharbedryl	
penicillin v potassium for soln 125		see diphenhydramine hcl cap 25	
mg/5ml.....	158	mg	54
penicillin v potassium for soln 250		phenazopyridine hcl tab 100 mg	122
mg/5ml.....	158	phenazopyridine hcl tab 200 mg	122
penicillin v potassium tab 250 mg		phenelzine sulfate tab 15 mg	37
.....	158	phenobarbital elixir 20 mg/5ml	127
penicillin v potassium tab 500 mg		phenobarbital tab 100 mg.....	127
.....	158	phenobarbital tab 15 mg.....	127
pentamidine isethionate for		phenobarbital tab 16.2 mg.....	127
nebulization soln 300 mg	21	phenobarbital tab 30 mg.....	127
pentosan polysulfate sodium		phenobarbital tab 32.4 mg.....	127
see ELMIRON CAP 100MG.....	122	phenobarbital tab 60 mg.....	127
pentoxifylline tab er 400 mg	123	phenobarbital tab 64.8 mg.....	127
perampanel		phenobarbital tab 97.2 mg.....	127

phenoxybenzamine hcl cap 10 mg	163
.....	61
phenylephrine hcl (oral)	
see SUDAFED PE SOL CHILDREN.	151
phenylephrine hcl tab 10 mg	150
PHENYTEK CAP 200MG	35
PHENYTEK CAP 300MG	35
phenytoin chew tab 50 mg	35
phenytoin sodium extended	
see DILANTIN CAP 100MG	35
see DILANTIN CAP 30MG	35
see PHENYTEK CAP 200MG	35
see PHENYTEK CAP 300MG	35
phenytoin sodium extended cap 100 mg	36
phenytoin sodium extended cap 200 mg	36
phenytoin sodium extended cap 300 mg	36
phenytoin susp 125 mg/5ml	36
PHOSPHOLINE SOL 0.125%OP	152
Physiolyte	
see irrigation solution,	
physiological	143
phytonadione tab 5 mg	174
PICATO GEL 0.015%	106
PICATO GEL 0.05%	106
PIFELTRO TAB 100MG	87
pilocarpine hcl ophth soln 1%	152
pilocarpine hcl ophth soln 2%	153
pilocarpine hcl ophth soln 4%	153
pilocarpine hcl tab 5 mg	144
pilocarpine hcl tab 7.5 mg	144
pimozide tab 1 mg	162
pimozide tab 2 mg	162
pindolol tab 10 mg	91
pindolol tab 5 mg	91
pioglitazone hcl tab 15 mg (base equiv)	50
pioglitazone hcl tab 30 mg (base equiv)	50
pioglitazone hcl tab 45 mg (base equiv)	50
pirfenidone	
see ESBRIET CAP 267MG	163
see ESBRIET TAB 267MG	163
see ESBRIET TAB 801MG	163
pirfenidone tab 267 mg	163
pirfenidone tab 801 mg	163
piroxicam cap 10 mg	10
piroxicam cap 20 mg	10
PLEGRIDY INJ	162
PLEGRIDY INJ PEN	162
PLEGRIDY INJ STARTER	162
PLEGRIDY PEN INJ STARTER	162
PLENVU SOL	130
pneumococcal 13-valent conjugate vaccine	
see PREVNAR 13 INJ	171
pneumococcal 15-valent conjugate vaccine	
see VAXNEUVANCE INJ	171
pneumococcal 20-valent conjugate vaccine	
see PREVNAR 20 INJ	171
pneumococcal vac polyvalent	
see PNEUMOVAX 23 INJ 25/0.5	171
PNEUMOVAX 23 INJ 25/0.5	171
podofilox soln 0.5%	110
Polycin	
see bacitracin-polymyxin b ophth oint	153
polyethylene glycol 3350 oral packet 17 gm	130
polyethylene glycol 3350 oral powder 17 gm/scoop	130
polyethylene glycol-propylene glycol ophth soln 0.4-0.3%	151
Poly-iron 150	
see polysaccharide iron complex cap 150 mg (iron equivalent)	127
Poly-iron 150 Forte	
see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg	126
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	153
polysaccharide iron complex cap 150 mg (iron equivalent)	127
polysaccharide iron-folic acid-vit b12	
see FERREX 150 CAP FORTE	126
polyvinyl alcohol ophth soln 1.4%	152

polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	152
POLY-VI-SOL SOL 50MG/ML	146
Polyvitamin/iron see pediatric multiple vitamin w/ minerals & c chew tab	145
POLY-VITE DRO	146
POLY-VITE SOL /IRON	146
pomalidomide see POMALYST CAP 1MG	71
see POMALYST CAP 2MG	71
see POMALYST CAP 3MG	71
see POMALYST CAP 4MG	71
POMALYST CAP 1MG	71
POMALYST CAP 2MG	71
POMALYST CAP 3MG	71
POMALYST CAP 4MG	71
ponatinib hcl see ICLUSIG TAB 10MG	72
see ICLUSIG TAB 15MG	72
see ICLUSIG TAB 30MG	72
see ICLUSIG TAB 45MG	72
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	141
potassium bicarbonate effer tab 25 meq	141
potassium chloride cap er 10 meq	141
potassium chloride cap er 8 meq	141
potassium chloride microencapsulated crys er tab 10 meq	141
potassium chloride microencapsulated crys er tab 20 meq	142
potassium chloride oral soln 10% (20 meq/15ml)	142
potassium chloride oral soln 20% (40 meq/15ml)	142
potassium chloride tab er 10 meq	142
potassium chloride tab er 20 meq (1500 mg)	142
potassium chloride tab er 8 meq (600 mg)	142
potassium citrate & citric acid soln 1100-334 mg/5ml	121
potassium citrate tab er 10 meq (1080 mg)	121
potassium citrate tab er 15 meq (1620 mg)	121
potassium citrate tab er 5 meq (540 mg)	121
PRADAXA CAP 110MG	32
PRADAXA CAP 150MG	32
PRADAXA CAP 75MG	32
pramipexole dihydrochloride tab 0.125 mg	77
pramipexole dihydrochloride tab 0.25 mg	76
pramipexole dihydrochloride tab 0.5 mg	76
pramipexole dihydrochloride tab 0.75 mg	76
pramipexole dihydrochloride tab 1 mg	77
pramipexole dihydrochloride tab 1.5 mg	77
pramlintide acetate see SYMLINPEN 60 INJ 1000MCG ..	41
see SYMLINPEN 120 INJ 1000MCG ..	42
pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	20
prasugrel hcl tab 10 mg (base equiv)	124
prasugrel hcl tab 5 mg (base equiv)	124
pravastatin sodium tab 10 mg	58
pravastatin sodium tab 20 mg	58
pravastatin sodium tab 40 mg	58
pravastatin sodium tab 80 mg	58
praziquantel tab 600 mg	21
prazosin hcl cap 1 mg	64
prazosin hcl cap 2 mg	64
prazosin hcl cap 5 mg	64
PRED-G SUS OP	154
prednicarbate cream 0.1%	110
prednicarbate oint 0.1%	110
prednisolone acetate ophth susp 1%	154

prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) 101
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) . 101
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)
 101
prednisolone syrup 15 mg/5ml (usp solution equivalent) 101
prednisone oral soln 5 mg/5ml . 101
prednisone tab 1 mg 101
prednisone tab 10 mg 101
prednisone tab 2.5 mg 101
prednisone tab 20 mg 101
prednisone tab 5 mg 101
prednisone tab 50 mg 101
prednisone tab therapy pack 10 mg (21) 101
prednisone tab therapy pack 10 mg (48) 101
prednisone tab therapy pack 5 mg (21) 101
prednisone tab therapy pack 5 mg (48) 101
 PREGABALIN CAP 100 MG 34
 PREGABALIN CAP 150 MG 34
 PREGABALIN CAP 200 MG 34
 PREGABALIN CAP 225 MG 34
 PREGABALIN CAP 25 MG 34
 PREGABALIN CAP 300 MG 34
 PREGABALIN CAP 50 MG 34
 PREGABALIN CAP 75 MG 34
 PREMARIN TAB 0.3MG 118
 PREMARIN TAB 0.45MG 118
 PREMARIN TAB 0.625MG 118
 PREMARIN TAB 0.9MG 118
 PREMARIN TAB 1.25MG 118
 PREMARIN VAG CRE 0.625MG 173
 PREMPHASE TAB..... 117
 PREMPRO TAB 117
 PREMPRO TAB 0.3-1.5 117
 PREMPRO TAB 0.45-1.5 117
 PREMPRO TAB 0.625-5 117
 PRENAT MULTI CAP +DHA..... 147
 Prenatabs Rx
 see **prenatal vit w/ iron carbonyl-fa tab 29-1 mg**..... 148

Prenatal 19
 see **prenatal vit w/ fe fumarate-fa chew tab 29-1 mg** 148
 PRENATAL 19 TAB 147
 PRENATAL 19 TAB 29-1MG..... 147
 PRENATAL CAP FORMULA..... 147
 PRENATAL CAP OMEGA-3..... 147
 Prenatal Dha
 see **docosahexaenoic acid cap 200 mg** 151
 PRENATAL DHA PAK MULTI 147
 PRENATAL FRM TAB A-FREE 147
 PRENATAL MUL CAP +DHA..... 147
prenatal multivitamins & minerals w/ folic acid-fish oil
 see CVS PRENATAL CHW GUMMY 146
prenatal multivit-min w/fe-fa
 see KPN PRENATAL TAB..... 146
 see MYNATAL CAP..... 147
 see PRENATAL/FE TAB..... 148
prenatal mv & min w/ methylfolate-choline-fish oil
 see PRENATAL DHA PAK MULTI... 147
prenatal mv & min w/fe carbonyl-fa-dha
 see BRAINSTRONG MIS PRENATAL
 146
prenatal mv & min w/fe fumarate-fa-dha
 see CENTRUM SPEC PAK PRENATAL
 146
 see ENFAMIL MIS EXPECTA 146
 see PRENAT MULTI CAP +DHA 147
 see PRENATAL+DHA MIS 148
 see THERANATAL MIS COMPLETE 148
 PRENATAL TAB 147
 PRENATAL TAB COMPLETE 147
 PRENATAL TAB FORMULA..... 147
prenatal vit w/ docusate-fe fumarate-folic acid
 see MYNATE 90 TAB PLUS 147
 see PRENATAL 19 TAB 147
 see PRENATAL 19 TAB 29-1MG ... 147
prenatal vit w/ docusate-iron carbonyl-folic acid
 see MYNATAL TAB..... 147

prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	148
prenatal vit w/ fe bisglycinate chelate-folic acid see VINATE II TAB	148
prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid see BE WELL PAK ROUNDED	146
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	148
prenatal vit w/ fe fumarate-fa tab 28-1 mg	148
prenatal vit w/ ferrous fumarate-fa-fish oil see PRENATAL CAP OMEGA-3.....	147
prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids see ONE A DAY MIS PRENATAL ... see PRENATAL CAP FORMULA	147
see PRENATAL MUL CAP +DHA....	147
see SM ONE DAILY MIS PRENATAL	148
prenatal vit w/ ferrous fumarate-folic acid see CO-NATAL FA TAB 29-1MG ... see NATALVIT TAB 75-1MG	146
see O-CAL TAB PRENATAL	147
see PERRY PRENAT CAP	147
see PRENATAL TAB.....	147
see PRENATAL TAB COMPLETE	147
see RA PRENATAL TAB FORMULA.	148
see SE-NATAL 19 CHW	148
see TRINATAL RX TAB 1	148
see VITAFOL-OB TAB 65-1MG	148
see VOL-PLUS TAB	148
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid see TL FOLATE TAB	148
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	148
prenatal vit w/ iron carbonyl-folic acid see VOL-TAB RX TAB	148
prenatal vit w/ selenium-fe fumarate-folic acid see PRENATAL TAB FORMULA	147
see VINATE M TAB	148
prenatal vit without vit a w/ fe bisglycinate-folic acid see NESTABS TAB.....	147
prenatal vitamin see CALNA TAB	146
prenatal vitamins w/ ferrous succinate-folic acid see NUTRIENTS TAB PRENATAL ..	147
prenatal without a vit w/ fe fumarate-folic acid see PRENATAL FRM TAB A-FREE..	147
prenatal without vit a w/ iron polysaccharide complex-fa see EZFE FORTE CAP.....	146
PRENATAL/FE TAB	148
PRENATAL+DHA MIS.....	148
PREPOPIK PAK	130
PREVNAR 13 INJ.....	171
PREVNAR 20 INJ.....	171
PREZCOBIX TAB 800-150	87
PREZISTA SUS 100MG/ML	87
PREZISTA TAB 150MG.....	87
PREZISTA TAB 600MG.....	87
PREZISTA TAB 75MG	87
PREZISTA TAB 800MG.....	87
PRIFTIN TAB 150MG	68
PRILOSEC OTC TAB 20MG.....	168
primaquine phosphate tab 26.3 mg (15 mg base)	67
primidone tab 250 mg	35
primidone tab 50 mg	35
PRIVIGEN INJ 20GRAMS.....	157
probenecid tab 500 mg	122
procarbazine hcl see MATULANE CAP 50MG.....	75
prochlorperazine maleate tab 10 mg (base equivalent)	83
prochlorperazine maleate tab 5 mg (base equivalent)	83
prochlorperazine suppos 25 mg ..	83
PROCRIT INJ 2000/ML.....	125
PROCRIT INJ 3000/ML.....	125
PROCRIT INJ 40000/ML.....	125
progesterone (vaginal) see PROGESTERONE SUP VGS 100	173

see PROGESTERONE SUP VGS 200
 173
progesterone cap 100 mg 159
progesterone cap 200 mg 159
 PROGESTERONE SUP VGS 100..... 173
 PROGESTERONE SUP VGS 200..... 173
 PROLASTIN-C INJ 1000MG 163
 PROLIA INJ 60MG/ML 115
 PROMACTA TAB 12.5MG 125
 PROMACTA TAB 25MG 125
 PROMACTA TAB 50MG 125
 PROMACTA TAB 75MG 125
**promethazine & phenylephrine
 syrup 6.25-5 mg/5ml** 102
promethazine hcl suppos 12.5 mg
 55
promethazine hcl suppos 25 mg .. 55
**promethazine hcl syrup 6.25
 mg/5ml**..... 55
promethazine hcl tab 12.5 mg..... 55
promethazine hcl tab 25 mg..... 56
promethazine hcl tab 50 mg..... 56
**promethazine w/ codeine syrup
 6.25-10 mg/5ml**..... 102
**promethazine-dm syrup 6.25-15
 mg/5ml**..... 102
**promethazine-phenylephrine-
 codeine syrup 6.25-5-10 mg/5ml**
 102
propafenone hcl tab 150 mg 26
propafenone hcl tab 225 mg 26
propafenone hcl tab 300 mg 26
proparacaine hcl ophth soln 0.5%
 154
propranolol hcl cap er 24hr 120 mg
 91
propranolol hcl cap er 24hr 160 mg
 91
propranolol hcl cap er 24hr 60 mg
 91
propranolol hcl cap er 24hr 80 mg
 91
**propranolol hcl oral soln 20
 mg/5ml**..... 91
**propranolol hcl oral soln 40
 mg/5ml**..... 91
propranolol hcl tab 10 mg 91

propranolol hcl tab 20 mg 91
propranolol hcl tab 40 mg 91
propranolol hcl tab 60 mg 91
propranolol hcl tab 80 mg 91
**propylene glycol-glycerin ophth
 soln 1-0.3%** 152
propylthiouracil tab 50 mg 164
protriptyline hcl tab 10 mg 41
protriptyline hcl tab 5 mg 41
pseudoephed-bromphen-dm
 see BROAPP DM LIQ 15-1-5/5... 101
**pseudoephed-bromphen-dm syrup
 30-2-10 mg/5ml** 102
pseudoephedrine hcl
 see NASAL DECON SYP 30MG/5ML
 150
 see NASAL DECONG LIQ 30MG/5ML
 150
pseudoephedrine hcl liq 15 mg/5ml
 150
pseudoephedrine hcl tab 30 mg 150
pseudoephedrine hcl tab 60 mg 150
**pseudoephedrine hcl tab er 12hr
 120 mg** 151
**pseudoephedrine-guaifenesin tab
 er 12hr 60-600 mg** 102
psyllium
 see KONSYL DAILY POW 100% ... 129
 see KONSYL DAILY POW 28.3% .. 129
 see KONSYL-D POW 52.3% 129
 see METAMUCIL POW 28%ORG... 129
 see METAMUCIL POW 58.12% 129
 see METAMUCIL WAF 129
 see NAT FIBER POW 58.6%..... 129
psyllium cap 0.52 gm 129
psyllium cap 400 mg 129
psyllium powder 100% 129
psyllium powder 28.3% 129
psyllium powder 30.9% 129
psyllium powder 33% 129
psyllium powder 48.57% 129
psyllium powder 58.6% 129
psyllium powder 95% 129
 PULMICORT INH 180MCG 28
 PULMICORT INH 90MCG 28
 PULMONEB LT MIS NEBULIZE 136
 PULMOZYME SOL 1MG/ML..... 163

PURE & GENTL DRO 0.3% 152
 Px Iron
 see **ferrous sulfate dried tab 200 mg (65 mg elemental fe)** 126
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) 21
pyrazinamide tab 500 mg 68
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit 111
pyrethrins-piperonyl butoxide liq 0.3-3% 111
pyrethrins-piperonyl butoxide liq 0.33-4% 111
pyrethrins-piperonyl butoxide shampoo 0.33-4% 112
pyridostigmine bromide tab 60 mg 67
pyridoxine hcl tab 100 mg 175
pyridoxine hcl tab 25 mg 175
pyridoxine hcl tab 50 mg 175
 PYRIME/LEUCO CAP 12.5/2.5 67
 PYRIME/LEUCO CAP 25/10MG 67
 PYRIME/LEUCO CAP 25/5MG 67
 PYRIME/LEUCO CAP 50/10MG 67
 PYRIME/LEUCO CAP 50/20MG 67
 PYRIME/LEUCO CAP 50/25MG 67
 PYRIME/LEUCO CAP 75/25MG 67

Q

Qc 3 Day Vaginal Cream
 see **miconazole nitrate vaginal cream 4% (200 mg/5gm)** ... 173
 Qc Natural Vegetable
 see **psyllium powder 95%** 129
quetiapine fumarate tab 100 mg .81
quetiapine fumarate tab 200 mg .81
quetiapine fumarate tab 25 mg ...81
quetiapine fumarate tab 300 mg .81
quetiapine fumarate tab 400 mg .82
quetiapine fumarate tab 50 mg ...81
quetiapine fumarate tab er 24hr 150 mg82
quetiapine fumarate tab er 24hr 200 mg82
quetiapine fumarate tab er 24hr 300 mg82

quetiapine fumarate tab er 24hr 400 mg 82
quetiapine fumarate tab er 24hr 500 mg 82
quinapril hcl tab 10 mg 60
quinapril hcl tab 20 mg 60
quinapril hcl tab 40 mg 60
quinapril hcl tab 5 mg 60
quinapril-hydrochlorothiazide tab 10-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-12.5 mg 66
quinapril-hydrochlorothiazide tab 20-25 mg 66
quinidine sulfate tab 200 mg 26
quinidine sulfate tab 300 mg 26
quinine sulfate cap 324 mg 67
 QVAR 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** 150
 Ra Calcium 600 Plus Vitam
 see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit** 138
 Ra Cetirizine
 see **cetirizine hcl tab 10 mg** 55
 Ra Col-rite
 see **docusate sodium cap 50 mg** 131
 Ra Ear Drying Agent
 see **isopropyl alcohol-glycerin otic liquid 95-5%** 156
 Ra Glycerin Child
 see **glycerin suppos 80.7%** 130
 Ra Hemorrhoidal
 see **pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%** 20
 Ra Hydrocortisone Plus 12

see **hydrocortisone cream 1%** 109
 Ra Ibuprofen
 see **ibuprofen tab 200 mg** 9
 Ra Laxative
 see **polyethylene glycol 3350 oral packet 17 gm** 130
 see **polyethylene glycol 3350 oral powder 17 gm/scoop** 130
 Ra Laxative Maximum Stren
 see **sennosides tab 25 mg** 131
 RA LICE KIT SOLUTION 112
 Ra Lubricant Eye Drops
 see **propylene glycol-glycerin ophth soln 1-0.3%** 152
 RA MELATONIN TAB 3MG 6
 Ra Mucus Relief D
 see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg** 102
 RA OYS SHL/D TAB 500MG 140
 Ra Oyster Shell Calcium/v
 see **calcium carbonate-vitamin d tab 250 mg-125 unit** 139
 RA PRENATAL TAB FORMULA 148
 Ra Slow Release Iron
 see **ferrous sulfate tab er 47.5 mg (elemental fe)** 126
 Ra Tioconazole 1
 see **tioconazole vaginal oint 6.5%** 173
rabeprazole sodium ec tab 20 mg 169
raloxifene hcl tab 60 mg 115
raltegravir potassium
 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
ramelteon tab 8 mg 129
ramipril cap 1.25 mg 60
ramipril cap 10 mg 61
ramipril cap 2.5 mg 61
ramipril cap 5 mg 61
ranolazine tab er 12hr 1000 mg ..22
ranolazine tab er 12hr 500 mg22
rasagiline mesylate tab 0.5 mg (base equiv) 77

rasagiline mesylate tab 1 mg (base equiv) 77
 REBIF INJ 22/0.5 162
 REBIF INJ 44/0.5 162
 REBIF REBIDO INJ 22/0.5 162
 REBIF REBIDO INJ 44/0.5 162
 REBIF REBIDO INJ TITRATN 162
 REBIF TITRTN INJ PACK 162
 RECOMBINATE INJ 123
 RECOMBINATE INJ 220-400 123
 RECOMBINATE INJ 401-800 123
 RECOMBINATE INJ 801-1240 123
 RECOMBIVA HB INJ 10MCG/ML 172
 RECOMBIVA HB INJ 5MCG/0.5 172
 RECTIV OIN 0.4% 20
 Regenecare Ha
 see **lidocaine hcl gel 2%** 111
regorafenib
 see STIVARGA TAB 40MG 74
 REGRANEX GEL 0.01% 112
 Reguloid
 see **psyllium cap 400 mg** 129
 RELENZA MIS DISKHALE 89
 RELION KETON TES 112
 RELION TRUE KIT MET AIR 134
 RELION TRUE TES METRIX 112
 RELISTOR INJ 12/0.6ML 121
 RELISTOR TAB 150MG 121
 Rena-vite
 see **b-complex w/ c & folic acid tab 0.8 mg** 144
 RENFLEXIS INJ 100MG 120
repaglinide tab 0.5 mg 51
repaglinide tab 1 mg 51
repaglinide tab 2 mg 51
 REPATHA INJ 140MG/ML 59
 REPATHA PUSH INJ 420/3.5 59
 REPATHA SURE INJ 140MG/ML 59
 RESCRIPTOR TAB 200MG 87
 RESTASIS EMU 0.05% OP 153
 RETACRIT INJ 10000UNT 125
 RETACRIT INJ 20000UNI 125
 RETACRIT INJ 2000UNIT 125
 RETACRIT INJ 3000UNIT 125
 RETACRIT INJ 40000UNT 126
 RETACRIT INJ 4000UNIT 125
retapamulin

see ALTABAX OIN 1%..... 104
 REVLIMID CAP 10MG..... 142
 REVLIMID CAP 15MG..... 142
 REVLIMID CAP 2.5MG..... 142
 REVLIMID CAP 20MG..... 142
 REVLIMID CAP 25MG..... 142
 REVLIMID CAP 5MG 142
 REYVOW TAB 100MG..... 137
 REYVOW TAB 50MG 137
rho d immune globulin (human)
 see RHOGAM PLUS INJ 300MCG .. 157
 RHOGAM PLUS INJ 300MCG 157
 Ribasphere
 see **ribavirin cap 200 mg**.....88
ribavirin cap 200 mg88
ribavirin tab 200 mg88
ribociclib succinate
 see KISQALI TAB 200DOSE 73
 see KISQALI TAB 400DOSE 73
 see KISQALI TAB 600DOSE 73
ribociclib succinate-letrozole
 see KISQALI 200 PAK FEMARA 71
 see KISQALI 400 PAK FEMARA 71
 see KISQALI 600 PAK FEMARA 71
riboflavin tab 100 mg..... 175
 RIDAURA CAP 3MG 7
rifabutin cap 150 mg.....68
rifampin cap 150 mg68
rifampin cap 300 mg68
rifapentine
 see PRIFTIN TAB 150MG 68
 RIFATER TAB.....68
rifaximin
 see XIFAXAN TAB 200MG 21
 see XIFAXAN TAB 550MG 21
rilonacept
 see ARCALYST INJ 220MG 7
rilpivirine hcl
 see EDURANT TAB 25MG.....85
riluzole tab 50 mg 151
rimantadine hydrochloride tab 100 mg89
rimegepant sulfate
 see NURTEC TAB 75MG ODT 136
 RINVOQ TAB 15MG ER..... 7
 RINVOQ TAB 30MG ER..... 7
 RINVOQ TAB 45MG ER..... 7

riociguat
 see ADEMPAS TAB 0.5MG 96
 see ADEMPAS TAB 1.5MG 96
 see ADEMPAS TAB 1MG 96
 see ADEMPAS TAB 2.5MG 96
 see ADEMPAS TAB 2MG 96
 RISACAL-D TAB..... 140
risankizumab-rzaa
 see SKYRIZI INJ 150DOSE 107
 see SKYRIZI INJ 150MG/ML 107
 see SKYRIZI PEN INJ 150MG/ML . 107
risankizumab-rzaa (crohn's)
 see SKYRIZI INJ 360/2.4 120
 see SKYRIZI SOL 60MG/ML 120
risedronate sodium tab 150 mg 115
risedronate sodium tab 30 mg .. 115
risedronate sodium tab 35 mg .. 115
risedronate sodium tab 5 mg 115
 RISPERDAL INJ 12.5MG..... 79
 RISPERDAL INJ 25MG 79
 RISPERDAL INJ 37.5MG..... 79
 RISPERDAL INJ 50MG 79
risperidone microspheres
 see RISPERDAL INJ 12.5MG 79
 see RISPERDAL INJ 25MG 79
 see RISPERDAL INJ 37.5MG 79
 see RISPERDAL INJ 50MG 79
risperidone orally disintegrating tab 0.25 mg 79
risperidone orally disintegrating tab 0.5 mg 79
risperidone orally disintegrating tab 1 mg 79
risperidone orally disintegrating tab 2 mg 79
risperidone orally disintegrating tab 3 mg 79
risperidone orally disintegrating tab 4 mg 79
risperidone soln 1 mg/ml 79
risperidone tab 0.25 mg..... 80
risperidone tab 0.5 mg 79
risperidone tab 1 mg 80
risperidone tab 2 mg 80
risperidone tab 3 mg 80
risperidone tab 4 mg 80
ritonavir

see NORVIR SOL 80MG/ML.....87
ritonavir tab 100 mg87
rituximab-pvvr
 see RUXIENCE INJ 100/10ML.....69
 see RUXIENCE INJ 500/50ML.....69
rivaroxaban
 see XARELTO STAR TAB 15/20MG .31
 see XARELTO SUS 1MG/ML.....31
 see XARELTO TAB 10MG31
 see XARELTO TAB 15MG31
 see XARELTO TAB 2.5MG31
 see XARELTO TAB 20MG31
rivastigmine tartrate cap 1.5 mg
 (base equivalent).....160
rivastigmine tartrate cap 3 mg
 (base equivalent).....160
rivastigmine tartrate cap 4.5 mg
 (base equivalent).....160
rivastigmine tartrate cap 6 mg
 (base equivalent).....160
rivastigmine td patch 24hr 13.3
mg/24hr160
rivastigmine td patch 24hr 4.6
mg/24hr160
rivastigmine td patch 24hr 9.5
mg/24hr160
 Rivelsa
 see **levonor-eth est tab 0.15-**
0.02/0.025/0.03 mg ð est
0.01 mg.....98
rizatriptan benzoate oral
disintegrating tab 10 mg (base
eq).....137
rizatriptan benzoate oral
disintegrating tab 5 mg (base eq)
137
rizatriptan benzoate tab 10 mg
(base equivalent).....137
rizatriptan benzoate tab 5 mg
(base equivalent).....137
 Robafen
 see **guaifenesin syrup 100**
mg/5ml.....102
 ROBITUSSIN SYP 7.5/5ML.....101
roflumilast
 see DALIRESP TAB 250MCG.....27
 see DALIRESP TAB 500MCG.....27

ropinirole hydrochloride tab 0.25
mg77
ropinirole hydrochloride tab 0.5 mg
77
ropinirole hydrochloride tab 1 mg
77
ropinirole hydrochloride tab 2 mg
77
ropinirole hydrochloride tab 3 mg
77
ropinirole hydrochloride tab 4 mg
77
ropinirole hydrochloride tab 5 mg
77
rosiglitazone maleate
 see AVANDIA TAB 2MG.....50
 see AVANDIA TAB 4MG.....50
rosuvastatin calcium tab 10 mg ..58
rosuvastatin calcium tab 20 mg ..58
rosuvastatin calcium tab 40 mg ..58
rosuvastatin calcium tab 5 mg58
rotigotine
 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 200MG73
 RUBRACA TAB 250MG73
 RUBRACA TAB 300MG73
rucaparib camsylate
 see RUBRACA TAB 200MG.....73
 see RUBRACA TAB 250MG.....73
 see RUBRACA TAB 300MG.....73
rufinamide
 see BANZEL TAB 200MG33
 see BANZEL TAB 400MG33
rufinamide susp 40 mg/ml35
rufinamide tab 200 mg35
rufinamide tab 400 mg35
 RUXIENCE INJ 100/10ML.....69
 RUXIENCE INJ 500/50ML.....69
ruxolitinib phosphate
 see JAKAFI TAB 10MG72
 see JAKAFI TAB 15MG73
 see JAKAFI TAB 20MG73

see JAKAFI TAB 25MG	73
see JAKAFI TAB 5MG	72
RYBELSUS TAB 14MG	47
RYBELSUS TAB 3MG.....	47
RYBELSUS TAB 7MG.....	47

S

sacubitril-valsartan

see ENTRESTO TAB 24-26MG.....	94
see ENTRESTO TAB 49-51MG.....	94
see ENTRESTO TAB 97-103MG.....	94

saline nasal spray 0.65% 149

salmeterol xinafoate

see SEREVENT DIS AER 50MCG	30
---------------------------------	----

salsalate tab 500 mg.....12

salsalate tab 750 mg.....13

SANDIMMUNE CAP 100MG
 143 |

SANDIMMUNE CAP 25MG
 143 |

SANDOSTATIN KIT LAR 10MG.....
 117 |

SANDOSTATIN KIT LAR 20MG.....
 117 |

SANDOSTATIN KIT LAR 30MG.....
 117 |

SANTYL OIN 250/GM.....
 110 |

sapropterin dihydrochloride tab

100 mg	116
---------------------	-----

saquinavir mesylate

see INVIRASE TAB 500MG.....	86
-----------------------------	----

sarilumab

see KEVZARA INJ 150/1.14	8
see KEVZARA INJ 200/1.14	8

SAVELLA MIS TITR PAK
 161 |

SAVELLA TAB 100MG
 161 |

SAVELLA TAB 12.5MG
 161 |

SAVELLA TAB 25MG
 161 |

SAVELLA TAB 50MG
 161 |

Sb Fib Lax Orange

see psyllium powder 33%	129
--------------------------------------	-----

Sb Lice Treatment

see pyrethrins-piperonyl butoxide	
--	--

liq 0.3-3%	111
-------------------------	-----

scopolamine td patch 72hr 1

mg/3days	53
-----------------------	----

secukinumab

see COSENTYX INJ 150MG/ML	106
see COSENTYX INJ 300DOSE	106
see COSENTYX INJ 75MG/0.5	106
see COSENTYX PEN INJ 150MG/ML	
.....	107
see COSENTYX PEN INJ 300DOSE	107

selegiline

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

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

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

selegiline hcl cap 5 mg
 77 |

selegiline hcl tab 5 mg.....
 77 |

selenium sulfide lotion 1%
 107 |

selenium sulfide lotion 2.5%
 107 |

selexipag

see UPTRAVI TAB 1000MCG	95
-------------------------------	----

see UPTRAVI TAB 1200MCG	95
-------------------------------	----

see UPTRAVI TAB 1400MCG	95
-------------------------------	----

see UPTRAVI TAB 1600MCG	96
-------------------------------	----

see UPTRAVI TAB 200/800	95
-------------------------------	----

see UPTRAVI TAB 200MCG	95
------------------------------	----

see UPTRAVI TAB 400MCG	95
------------------------------	----

see UPTRAVI TAB 600MCG	95
------------------------------	----

see UPTRAVI TAB 800MCG	95
------------------------------	----

SELZENTRY SOL 20MG/ML.....
 87 |

SELZENTRY TAB 150MG
 87 |

SELZENTRY TAB 25MG
 87 |

SELZENTRY TAB 300MG
 87 |

SELZENTRY TAB 75MG
 87 |

semaglutide

see OZEMPIC INJ 2/1.5ML.....	47
------------------------------	----

see OZEMPIC INJ 4MG/3ML.....	47
------------------------------	----

see OZEMPIC INJ 8MG/3ML.....	47
------------------------------	----

see RYBELSUS TAB 14MG	47
-----------------------------	----

see RYBELSUS TAB 3MG	47
----------------------------	----

see RYBELSUS TAB 7MG	47
----------------------------	----

SE-NATAL 19 CHW.....
 148 |

sennosides chew tab 15 mg
 131 |

sennosides syrup 8.8 mg/5ml... 131

sennosides tab 25 mg.....
 131 |

sennosides tab 8.6 mg.....
 131 |

sennosides-docusate sodium

see MEDI-LAXX CAP 8.6-50MG ...	129
--------------------------------	-----

sennosides-docusate sodium tab

8.6-50 mg	130
------------------------	-----

SEREVENT DIS AER 50MCG.....
 30 |

sertaconazole nitrate

see ERTACZO CRE 2%.....	105
-------------------------	-----

sertraline hcl oral concentrate for

solution 20 mg/ml	38
--------------------------------	----

sertraline hcl tab 100 mg.....
 38 |

sertraline hcl tab 25 mg.....
 38 |

sertraline hcl tab 50 mg.....
 38 |

246

sevelamer carbonate tab 800 mg	SIRTURO TAB 20MG..... 68
..... 121	sitagliptin phosphate
Sf	see JANUVIA TAB 100MG 46
see sodium fluoride gel 1.1%	see JANUVIA TAB 25MG 46
(0.5% f) 144	see JANUVIA TAB 50MG 46
Sf 5000 Plus	sitagliptin-metformin hcl
see sodium fluoride cream 1.1%	see JANUMET TAB 50-1000 43
..... 144	see JANUMET TAB 50-500MG 43
SHINGRIX INJ 50/0.5ML 172	see JANUMET XR TAB 100-1000.... 43
SHUR-SEAL GEL 2%..... 172	see JANUMET XR TAB 50-1000 43
Silace	see JANUMET XR TAB 50-500MG... 43
see docusate sodium liquid 150	skin protectants misc - cream ... 111
mg/15ml 131	SKYLA IUD 13.5MG 100
see docusate sodium syrup 60	SKYRIZI INJ 150DOSE..... 107
mg/15ml 131	SKYRIZI INJ 150MG/ML..... 107
sildenafil citrate tab 20 mg 95	SKYRIZI INJ 360/2.4..... 120
silodosin cap 4 mg 122	SKYRIZI PEN INJ 150MG/ML 107
silodosin cap 8 mg 122	SKYRIZI SOL 60MG/ML 120
Siltussin-dm	Sleep Aid
see dextromethorphan-	see doxylamine succinate (sleep)
guaifenesin syrup 10-100	tab 25 mg 127
mg/5ml 102	SLOW FE TAB 45MG..... 127
silver sulfadiazine cream 1% 107	Slow Iron
SIMBRINZA SUS 1-0.2%..... 153	see ferrous sulfate dried tab er
simethicone cap 125 mg 119	160 mg (50 mg fe equivalent)
simethicone cap 180 mg 119	..... 126
simethicone chew tab 125 mg ... 119	Slow Release Iron
simethicone chew tab 80 mg 119	see ferrous sulfate tab er 50 mg
simethicone liquid 40 mg/0.6ml 119	(elemental fe) 127
simethicone susp 40 mg/0.6ml . 119	Slow-release Iron
SIMPONI INJ 100MG/ML 7	see ferrous sulfate dried tab er 45
SIMPONI INJ 50/0.5ML 7	mg (fe equivalent) 126
simvastatin tab 10 mg 58	Sm Anti-itch Extra Streng
simvastatin tab 20 mg 59	see diphenhydramine-zinc
simvastatin tab 40 mg 59	acetate cream 2-0.1% 106
simvastatin tab 5 mg 58	Sm Artificial Tears
simvastatin tab 80 mg 59	see artificial tear ophth solution
sinecatechins	..... 151
see VEREGEN OIN 15%..... 104	Sm Aspirin
siponimod fumarate	see aspirin tab 325 mg 12
see MAYZENT TAB 0.25MG 161	Sm Bedding Lice Treatment
see MAYZENT TAB 2MG..... 161	see permethrin aerosol 0.5% . 111
sirolimus oral soln 1 mg/ml 143	Sm Calcium 600 + D Plus M
sirolimus tab 0.5 mg 143	see calcium carb-vit d w/
sirolimus tab 1 mg 143	minerals chew tab 600 mg-800
sirolimus tab 2 mg 143	unit 138
SIRTURO TAB 100MG 68	Sm Chest Congestion Relie

see **guaifenesin tab 400 mg** 102
 Sm Esomeprazole Magnesium
 see **esomeprazole magnesium cap
 delayed release 20 mg (base
 eq)** 168
 Sm Ibuprofen Ib
 see **ibuprofen chew tab 100 mg** . 9
 Sm Lice Treatment
 see **permethrin lotion 1%** 111
 Sm Miconazole 3
 see **miconazole nitrate vaginal
 app 200 mg & 2% cream 9 gm
 kit** 173
 SM ONE DAILY MIS PRENATAL..... 148
 Sm Pain Relief Extra Stre
 see **acetaminophen tab 500 mg** 12
 Sm Stomach Relief
 see **bismuth subsalicylate tab 262
 mg**52
sodium bicarbonate tab 325 mg ..20
sodium bicarbonate tab 650 mg ..20
**sodium chloride hypertonic ophth
 oint 5%**..... 155
**sodium chloride hypertonic ophth
 soln 5%** 155
**sodium chloride irrigation soln
 0.9%**..... 122
sodium chloride soln nebu 0.9%103
sodium chloride soln nebu 3% .. 103
sodium chloride soln nebu 7% .. 103
sodium chloride tab 1 gm..... 142
**sodium citrate & citric acid soln
 500-334 mg/5ml**..... 121
sodium fluoride
 see FLUORABON DRO 140
**sodium fluoride chew tab 0.25 mg f
 (from 0.55 mg naf)** 140
**sodium fluoride chew tab 0.5 mg f
 (from 1.1 mg naf)** 140
**sodium fluoride chew tab 1 mg f
 (from 2.2 mg naf)** 140
sodium fluoride cream 1.1% 144
sodium fluoride gel 1.1% (0.5% f)
 144
**sodium fluoride soln 0.125
 mg/drop f (0.275 mg/drop naf)**
 141

**sodium fluoride soln 0.25 mg/drop
 f (from 0.55 mg/drop naf)** 141
**sodium fluoride soln 0.5 mg/ml f
 (from 1.1 mg/ml naf)** 140
**sodium fluoride tab 0.5 mg f (from
 1.1 mg naf)** 141
**sodium hyaluronate
 (viscosupplement)**
 see EUFLEXXA INJ 10MG/ML..... 149
 see VISCO-3 INJ 25/2.5ML..... 149
sodium oxybate
 see XYREM SOL 500MG/ML 159
sodium phenylbutyrate tab 500 mg
 116
**sodium phosphate monobasic-
 sodium phosphate dibasic**
 see OSMOPREP TAB 1.5GM 130
sodium phosphates - enema 130
**sodium picosulfate-magnesium
 oxide-anhydrous citric acid**
 see CLENPIQ SOL 129
 see PREPOPIK PAK 130
**sodium polystyrene sulfonate oral
 susp 15 gm/60ml** 143
**sodium polystyrene sulfonate
 powder** 144
**sodium sulfate-potassium sulfate-
 magnesium sulfate**
 see SUPREP BOWEL SOL PREP KIT
 130
sodium zirconium cyclosilicate
 see LOKELMA PAK 10GM..... 143
 see LOKELMA PAK 5GM..... 143
 SOFOS/VELPAT TAB 400-100 88
sofosbuvir
 see SOVALDI TAB 400MG..... 89
sofosbuvir-velpatasvir-voxilaprevir
 see VOSEVI TAB 89
solifenacin succinate tab 10 mg 170
solifenacin succinate tab 5 mg.. 170
 SOLIQUA INJ 100/33 44
somatropin
 see OMNITROPE INJ 10/1.5ML.... 115
 see OMNITROPE INJ 5.8MG 115
 see OMNITROPE INJ 5/1.5ML..... 115
 SOMAVERT INJ 10MG..... 115
 SOMAVERT INJ 15MG..... 115

SOMAVERT INJ 20MG	115	see bisacodyl tab delayed release	
sonidegib phosphate		5 mg	131
see ODOMZO CAP 200MG.....	69	STIOLTO AER 2.5-2.5.....	30
sorafenib tosylate		stiripentol	
see NEXAVAR TAB 200MG	73	see DIACOMIT CAP 250MG.....	33
sorafenib tosylate tab 200 mg		see DIACOMIT CAP 500MG.....	33
(base equivalent)	74	see DIACOMIT PAK 250MG.....	33
sotalol hcl (afib/afl) tab 120 mg	.91	see DIACOMIT PAK 500MG.....	33
sotalol hcl (afib/afl) tab 160 mg	.91	STIVARGA TAB 40MG.....	74
sotalol hcl (afib/afl) tab 80 mg	...91	Stool Softener	
sotalol hcl tab 120 mg	91	see docusate calcium cap 240 mg	
sotalol hcl tab 160 mg	91	.....	131
sotalol hcl tab 240 mg	91	see docusate sodium cap 100 mg	
sotalol hcl tab 80 mg	91	.....	131
SOVALDI TAB 400MG	89	Stop Lice Complete Lice T	
spacer/aerosol-holding chambers		see pyreth-piperonyl butox sham-	
see INSPIRACHAMB MIS LARGE ..	136	permeth aero-nit remover gel	
spinosad susp 0.9%	112	kit	111
SPIRIVA AER 1.25MCG	27	Stop Lice Maximum Strengt	
SPIRIVA CAP HANDIHLR	27	see pyrethrins-piperonyl butoxide	
SPIRIVA SPR 2.5MCG	27	liq 0.33-4%	111
spironolactone &		Stress Formula W/iron	
hydrochlorothiazide		see multiple vitamins w/ iron tab	
see ALDACTAZIDE TAB 50/50	113	.....	144
spironolactone &		STRIBILD TAB.....	87
hydrochlorothiazide tab 25-25		STRIVERDI AER 2.5MCG	30
mg	113	succimer	
spironolactone tab 100 mg	114	see CHEMET CAP 100MG.....	52
spironolactone tab 25 mg	114	sucralfate tab 1 gm	167
spironolactone tab 50 mg	114	sucroferic oxyhydroxide	
SPRYCEL TAB 100MG	74	see VELPHORO CHW 500MG	121
SPRYCEL TAB 140MG	74	SUDAFED PE SOL CHILDREN	151
SPRYCEL TAB 20MG	74	sulconazole nitrate	
SPRYCEL TAB 50MG	74	see EXELDERM SOL 1%	105
SPRYCEL TAB 70MG	74	sulconazole nitrate cream 1% ..	106
SPRYCEL TAB 80MG	74	sulconazole nitrate solution 1%	106
St Joseph Low Dose Aspiri		sulfacetamide sodium lotion 10%	
see aspirin chew tab 81 mg	12	(acne)	104
stavudine cap 15 mg	87	sulfacetamide sodium ophth soln	
stavudine cap 20 mg	87	10%	153
stavudine cap 30 mg	87	sulfacetamide sodium-prednisolone	
stavudine cap 40 mg	87	ophth soln 10-0.23(0.25)% ...	154
STELARA INJ 45MG/0.5	107	sulfacetamide sodium-sulfur in	
STELARA INJ 5MG/ML.....	120	urea emulsion 10-4%	104
STELARA INJ 90MG/ML.....	107	SULFADIAZINE TAB 500 MG.....	163
STIMATE SOL 1.5MG/ML	116	sulfamethoxazole-trimethoprim	
Stimulant Laxative		susp 200-40 mg/5ml	21

sulfamethoxazole-trimethoprim tab 400-80 mg	21	SYMPROIC TAB 0.2MG.....	121
sulfamethoxazole-trimethoprim tab 800-160 mg	21	SYMTUZA TAB.....	87
SULFAMYLON CRE 85MG/GM	107	SYNAGIS INJ 100MG/ML.....	157
sulfasalazine tab 500 mg	120	SYNAGIS INJ 50MG.....	157
sulfasalazine tab delayed release 500 mg	120	SYNAREL SOL 2MG/ML	116
sulindac tab 150 mg	10	SYNJARDY TAB.....	44
sulindac tab 200 mg	10	SYNJARDY TAB 12.5-500	44
sumatriptan succinate inj 6 mg/0.5ml	137	SYNJARDY TAB 5-1000MG	44
sumatriptan succinate tab 100 mg	137	SYNJARDY TAB 5-500MG	44
sumatriptan succinate tab 25 mg	137	SYNJARDY XR TAB	44
sumatriptan succinate tab 50 mg	137	SYNJARDY XR TAB 10-1000	44
sunitinib malate		SYNJARDY XR TAB 25-1000	44
see SUTENT CAP 12.5MG	74	SYNJARDY XR TAB 5-1000MG.....	44
see SUTENT CAP 25MG	74	SYNTHROID TAB 100MCG.....	165
see SUTENT CAP 37.5MG	74	SYNTHROID TAB 112MCG.....	165
see SUTENT CAP 50MG	74	SYNTHROID TAB 125MCG.....	165
sunitinib malate cap 12.5 mg (base equivalent)	74	SYNTHROID TAB 137MCG.....	165
sunitinib malate cap 25 mg (base equivalent)	74	SYNTHROID TAB 150MCG.....	165
sunitinib malate cap 37.5 mg (base equivalent)	74	SYNTHROID TAB 175MCG.....	165
sunitinib malate cap 50 mg (base equivalent)	74	SYNTHROID TAB 200MCG.....	165
SUPREP BOWEL SOL PREP KIT	130	SYNTHROID TAB 25MCG.....	165
SUTENT CAP 12.5MG.....	74	SYNTHROID TAB 300MCG.....	165
SUTENT CAP 25MG	74	SYNTHROID TAB 50MCG.....	165
SUTENT CAP 37.5MG.....	74	SYNTHROID TAB 75MCG.....	165
SUTENT CAP 50MG	74	SYNTHROID TAB 88MCG.....	165
suvorexant		syringe (disposable)	
see BELSOMRA TAB 10MG	128	see 3ML SYRINGE MIS REG TIP... 135	
see BELSOMRA TAB 15MG.....	128	T	
see BELSOMRA TAB 20MG.....	129	TABLOID TAB 40MG.....	69
see BELSOMRA TAB 5MG.....	128	tacrolimus cap 0.5 mg	143
SYMBICORT AER 160-4.5.....	30	tacrolimus cap 1 mg	143
SYMBICORT AER 80-4.5.....	30	tacrolimus cap 5 mg	143
SYMJEPI INJ 0.15MG	174	tacrolimus oint 0.03%	110
SYMJEPI INJ 0.3MG	174	tacrolimus oint 0.1%	110
SYMLINPEN 60 INJ 1000MCG.....	41	tadalafil tab 20 mg (pah)	95
SYMLNPEN 120 INJ 1000MCG	42	TAFINLAR CAP 50MG.....	74
		TAFINLAR CAP 75MG.....	74
		tafluprost	
		see ZIOPTAN DRO 0.0015%	156
		TAGRISO TAB 40MG.....	74
		TAGRISO TAB 80MG.....	74
		tamoxifen citrate tab 10 mg (base equivalent)	70
		tamoxifen citrate tab 20 mg (base equivalent)	70
		tamsulosin hcl cap 0.4 mg	122
		tapentadol hcl	

see NUCYNTA ER TAB 100MG.....	15
see NUCYNTA ER TAB 150MG.....	15
see NUCYNTA ER TAB 200MG.....	15
see NUCYNTA ER TAB 250MG.....	15
see NUCYNTA ER TAB 50MG	15
see NUCYNTA TAB 100MG	15
see NUCYNTA TAB 50MG.....	15
see NUCYNTA TAB 75MG.....	15
TARGRETIN GEL 1%.....	106
TASIGNA CAP 150MG	74
TASIGNA CAP 200MG	74
TASIGNA CAP 50MG.....	74
tasimelteon	
see HETLIOZ CAP 20MG	129
tazarotene	
see TAZORAC CRE 0.05%	107
see TAZORAC GEL 0.05%.....	107
see TAZORAC GEL 0.1%	107
tazarotene cream 0.1%	107
TAZORAC CRE 0.05%.....	107
TAZORAC GEL 0.05%	107
TAZORAC GEL 0.1%.....	107
TDVAX INJ 2-2 LF	166
telmisartan tab 20 mg	62
telmisartan tab 40 mg	62
telmisartan tab 80 mg	63
temazepam cap 15 mg	128
temazepam cap 30 mg	128
TEMIXYS TAB 300-300	87
temozolomide cap 100 mg	68
temozolomide cap 140 mg	68
temozolomide cap 180 mg	68
temozolomide cap 20 mg	68
temozolomide cap 250 mg	68
temozolomide cap 5 mg	68
TENIVAC INJ 5-2LF	166
tenofovir alafenamide fumarate	
see VEMLIDY TAB 25MG.....	89
tenofovir disoproxil fumarate tab	
300 mg	87
terazosin hcl cap 1 mg (base	
equivalent)	64
terazosin hcl cap 10 mg (base	
equivalent)	64
terazosin hcl cap 2 mg (base	
equivalent)	64

terazosin hcl cap 5 mg (base	
equivalent)	64
terbinafine hcl cream 1%	106
terbinafine hcl tab 250 mg	54
terbutaline sulfate tab 2.5 mg	30
terbutaline sulfate tab 5 mg	30
terconazole vaginal cream 0.4%	
.....	173
terconazole vaginal cream 0.8%	
.....	173
terconazole vaginal suppos 80 mg	
.....	173
teriflunomide	
see AUBAGIO TAB 14MG.....	161
see AUBAGIO TAB 7MG.....	161
teriparatide (recombinant)	
see FORTEO INJ 600/2.4.....	114
testosterone cypionate im inj in oil	
100 mg/ml	19
testosterone cypionate im inj in oil	
200 mg/ml	19
testosterone enanthate im inj in oil	
200 mg/ml	19
tetanus toxoid-diphtheria-acellular	
pertussis adsorb (tdap)	
see ADACEL INJ.....	166
see BOOSTRIX INJ	166
tetanus-diphtheria toxoids (td)	
see TDVAX INJ 2-2 LF.....	166
see TENIVAC INJ 5-2LF.....	166
tetrabenazine tab 12.5 mg	161
tetrabenazine tab 25 mg	161
tetracycline hcl cap 250 mg	164
tetracycline hcl cap 500 mg	164
Tgt Antacid Extra Strengt	
see calcium carbonate-mag	
hydroxide chew tab 675-135	
mg	20
TGT GLUCOSE CHW GRAPE.....	46
thalidomide	
see THALOMID CAP 100MG	142
see THALOMID CAP 150MG	142
see THALOMID CAP 200MG	142
see THALOMID CAP 50MG	142
THALOMID CAP 100MG.....	142
THALOMID CAP 150MG.....	142
THALOMID CAP 200MG.....	142

THALOMID CAP 50MG..... 142
theophylline soln 80 mg/15ml 30
theophylline tab er 12hr 100 mg .30
theophylline tab er 12hr 200 mg .30
theophylline tab er 12hr 300 mg .30
theophylline tab er 12hr 450 mg .30
theophylline tab er 24hr 400 mg .30
theophylline tab er 24hr 600 mg .30
 THERANATAL MIS COMPLETE..... 148
thiamine hcl tab 100 mg 175
thiamine hcl tab 250 mg 175
thiamine hcl tab 50 mg 175
thioguanine
 see TABLOID TAB 40MG..... 69
thioridazine hcl tab 10 mg 83
thioridazine hcl tab 100 mg 83
thioridazine hcl tab 25 mg 83
thioridazine hcl tab 50 mg 83
thiothixene cap 1 mg 84
thiothixene cap 10 mg 84
thiothixene cap 2 mg 84
thiothixene cap 5 mg 84
 THYROGEN INJ 0.9MG 112
thyroid
 see ARMOUR THYRO TAB 120MG. 164
 see ARMOUR THYRO TAB 15MG .. 164
 see ARMOUR THYRO TAB 180MG. 164
 see ARMOUR THYRO TAB 240MG. 164
 see ARMOUR THYRO TAB 300MG. 164
 see ARMOUR THYRO TAB 30MG .. 164
 see ARMOUR THYRO TAB 60MG .. 164
 see ARMOUR THYRO TAB 90MG .. 164
 see NATURE THROI TAB 162.5MG 165
 see NATURE-THROI TAB 113.75MG
 165
 see NATURE-THROI TAB 130MG .. 165
 see NATURE-THROI TAB 146.25MG
 165
 see NATURE-THROI TAB 16.25MG 165
 see NATURE-THROI TAB 195MG .. 165
 see NATURE-THROI TAB 260MG .. 165
 see NATURE-THROI TAB 32.5MG. 165
 see NATURE-THROI TAB 325MG .. 165
 see NATURE-THROI TAB 48.75MG 165
 see NATURE-THROI TAB 65MG.... 165
 see NATURE-THROI TAB 97.5MG. 165
 see WP THYROID TAB 81.25MG... 166

thyroid tab 120 mg (2 grain) 166
thyroid tab 15 mg (1/4 grain) .. 165
thyroid tab 30 mg (1/2 grain) .. 165
thyroid tab 60 mg (1 grain) 165
thyroid tab 90 mg (1 1/2 grain) 165
 THYROLAR-1 TAB 60MG 166
 THYROLAR-1/2 TAB 30MG 166
 THYROLAR-1/4 TAB 15MG 166
 THYROLAR-2 TAB 120MG..... 166
 THYROLAR-3 TAB 180MG..... 166
thyrotropin alfa
 see THYROGEN INJ 0.9MG 112
tiagabine hcl tab 12 mg 35
tiagabine hcl tab 16 mg 35
tiagabine hcl tab 2 mg 35
tiagabine hcl tab 4 mg 35
ticagrelor
 see BRILINTA TAB 60MG..... 124
 see BRILINTA TAB 90MG..... 124
 Tilia Fe
 see *norethindrone ac-ethinyl*
 estradiol-fe tab 1-20/1-30/1-35
 mg-mcg 98
timolol maleate ophth gel forming
 soln 0.25% 152
timolol maleate ophth gel forming
 soln 0.5% 152
timolol maleate ophth soln 0.25%
 152
timolol maleate ophth soln 0.5%
 152
timolol maleate tab 10 mg 91
timolol maleate tab 20 mg 91
timolol maleate tab 5 mg 91
tinidazole tab 250 mg 21
tinidazole tab 500 mg 21
tioconazole vaginal oint 6.5%... 173
tiotropium bromide monohydrate
 see SPIRIVA AER 1.25MCG..... 27
 see SPIRIVA CAP HANDIHLR..... 27
 see SPIRIVA SPR 2.5MCG 27
tiotropium bromide-olodaterol hcl
 see STIOLTO AER 2.5-2.5 30
tipranavir
 see APTIVUS CAP 250MG 85
 see APTIVUS SOL 85
 TIVICAY PD TAB 5MG 87

TIVICAY TAB 10MG	87	topiramate tab 50 mg	35
TIVICAY TAB 25MG	88	toremifene citrate tab 60 mg (base equivalent)	70
TIVICAY TAB 50MG	88	torse mide tab 10 mg	114
tizanidine hcl tab 2 mg (base equivalent)	149	torse mide tab 100 mg	114
tizanidine hcl tab 4 mg (base equivalent)	149	torse mide tab 20 mg	114
TL FOLATE TAB.....	148	torse mide tab 5 mg	113
TOBRADEX OIN 0.3-0.1%	154	TOUJEO MAX INJ 300IU/ML.....	50
tobramycin nebu soln 300 mg/5ml	6	TOUJEO SOLO INJ 300IU/ML.....	50
tobramycin ophth soln 0.3%	153	TOVIAZ TAB 4MG	170
tobramycin-dexamethasone		TOVIAZ TAB 8MG	170
see TOBRADEX OIN 0.3-0.1%.....	154	TRACLEER TAB 32MG	95
tobramycin-dexamethasone ophth susp 0.3-0.1%	154	TRADJENTA TAB 5MG.....	46
tocilizumab		tramadol hcl tab 50 mg	17
see ACTEMRA INJ 162/0.9.....	7	tramadol hcl tab er 24hr 100 mg	17
see ACTEMRA INJ 200/10ML.....	8	tramadol hcl tab er 24hr 200 mg	17
see ACTEMRA INJ 400/20ML.....	8	tramadol hcl tab er 24hr 300 mg	17
see ACTEMRA INJ 80MG/4ML.....	7	tramadol hcl tab er 24hr biphasic release 100 mg	17
see ACTEMRA INJ ACTPEN.....	8	tramadol hcl tab er 24hr biphasic release 200 mg	17
TODAY SPONGE MIS	172	tramadol hcl tab er 24hr biphasic release 300 mg	17
tofacitinib citrate		tramadol-acetaminophen tab 37.5-325 mg	18
see XELJANZ SOL 1MG/ML	7	trametinib dimethyl sulfoxide	
see XELJANZ TAB 10MG.....	7	see MEKINIST TAB 0.5MG	73
see XELJANZ TAB 5MG.....	7	see MEKINIST TAB 2MG.....	73
see XELJANZ XR TAB 11MG	7	trandolapril tab 1 mg	61
see XELJANZ XR TAB 22MG	7	trandolapril tab 2 mg	61
tolbutamide tab 500 mg	52	trandolapril tab 4 mg	61
tolcapone tab 100 mg	75	tranexamic acid tab 650 mg	127
tolmetin sodium cap 400 mg	10	tranylcy promine sulfate tab 10 mg	37
tolmetin sodium tab 200 mg	10	trastuzumab-anns	
tolmetin sodium tab 600 mg	10	see KANJINTI INJ 420MG	69
tolnaftate aerosol pow 1%	106	see KANJINTI SOL 150MG.....	69
tolnaftate cream 1%	106	trastuzumab-dkst	
tolnaftate powder 1%	106	see OGIVRI INJ 150MG.....	69
tolnaftate soln 1%	106	see OGIVRI INJ 420MG.....	69
tolterodine tartrate tab 1 mg	170	trastuzumab-dttb	
tolterodine tartrate tab 2 mg	170	see ONTRUZANT INJ 150MG.....	69
tolvaptan tab 15 mg	117	see ONTRUZANT INJ 420MG.....	69
tolvaptan tab 30 mg	117	trastuzumab-pkrb	
topiramate sprinkle cap 15 mg	35	see HERZUMA INJ 150MG	69
topiramate sprinkle cap 25 mg	35	see HERZUMA INJ 420MG	69
topiramate tab 100 mg	35	trastuzumab-qyyp	
topiramate tab 200 mg	35		
topiramate tab 25 mg	35		

see TRAZIMERA INJ 150MG	69
see TRAZIMERA INJ 420MG	69
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	156
TRAZIMERA INJ 150MG	69
TRAZIMERA INJ 420MG	69
trazodone hcl tab 100 mg	38
trazodone hcl tab 150 mg	38
trazodone hcl tab 50 mg	38
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.....	107
treprostinil diolamine see ORENITRAM TAB 0.125MG.....	94
see ORENITRAM TAB 0.25MG.....	94
see ORENITRAM TAB 1MG	94
see ORENITRAM TAB 2.5MG	94
see ORENITRAM TAB 5MG	94
treprostinil inj soln 100 mg/20ml (5 mg/ml)	95
treprostinil inj soln 20 mg/20ml (1 mg/ml)	94
treprostinil inj soln 200 mg/20ml (10 mg/ml)	95
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	95
TRESIBA FLEX INJ 100UNIT.....	50
TRESIBA FLEX INJ 200UNIT.....	50
TRESIBA INJ 100UNIT	50
tretinoin cap 10 mg	75
tretinoin cream 0.025%	104
tretinoin cream 0.05%	104
tretinoin cream 0.1%	104
tretinoin gel 0.01%	104
tretinoin gel 0.025%	104
triamcinolone acetonide cream 0.025%	110
triamcinolone acetonide cream 0.1%	110
triamcinolone acetonide cream 0.5%	110
triamcinolone acetonide dental paste 0.1%	144

triamcinolone acetonide lotion 0.025%	110
triamcinolone acetonide lotion 0.1%	110
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	150
triamcinolone acetonide oint 0.025%	110
triamcinolone acetonide oint 0.1%	110
triamcinolone acetonide oint 0.5%	110
triamterene & hydrochlorothiazide cap 37.5-25 mg	113
triamterene & hydrochlorothiazide tab 37.5-25 mg	113
triamterene & hydrochlorothiazide tab 75-50 mg	113
triamterene cap 100 mg	114
triamterene cap 50 mg	114
triazolam tab 0.125 mg	128
triazolam tab 0.25 mg	128
Tricon see fe fumarate w/ b12-vit c-fa- ifc cap 110-0.015-75-0.5-240 mg	126
trifluoperazine hcl tab 1 mg (base equivalent)	83
trifluoperazine hcl tab 10 mg (base equivalent)	83
trifluoperazine hcl tab 2 mg (base equivalent)	83
trifluoperazine hcl tab 5 mg (base equivalent)	83
trifluridine ophth soln 1%	153
trifluridine-tipiracil see LONSURF TAB 15-6.14.....	71
see LONSURF TAB 20-8.19.....	71
trihexyphenidyl hcl oral soln 0.4 mg/ml	75
trihexyphenidyl hcl tab 2 mg	75
trihexyphenidyl hcl tab 5 mg	75
TRIJARDY XR TAB.....	44, 45
trimethobenzamide hcl cap 300 mg	53
trimethoprim tab 100mg	21

trimipramine maleate cap 100 mg
41
trimipramine maleate cap 25 mg 41
trimipramine maleate cap 50 mg 41
 TRINATAL RX TAB 1 148
 Trinate
 see **prenatal vit w/ fe fumarate-fa
 tab 28-1 mg** 148
 TRINTELLIX TAB 10MG38
 TRINTELLIX TAB 20MG38
 TRINTELLIX TAB 5MG38
 Triple Antibiotic Plus
 see **neomycin-bacitracin-
 polymyxin-pramoxine oint 1%**
 105
 Triple Paste Af
 see **miconazole nitrate ointment
 2%** 105
triptorelin pamoate
 see TRELSTAR MIX INJ 11.25MG ...70
 see TRELSTAR MIX INJ 3.75MG70
 TRIUMEQ PD TAB.....88
 TRIUMEQ TAB88
 TRI-VI-SOL SOL A/C/D 146
 Tri-vitamin/fluoride
 see **pediatric vitamins acid w/
 fluoride soln 0.25 mg/ml**..... 145
 see **pediatric vitamins acid w/
 fluoride soln 0.5 mg/ml** 145
tropicamide ophth soln 0.5% 152
tropicamide ophth soln 1% 152
**trospium chloride cap er 24hr 60
 mg** 170
trospium chloride tab 20 mg 170
 TRUE METRIX KIT AIR 134
 TRUE METRIX KIT METER..... 134
 TRUE METRIX MIS AIR..... 134
 TRUE METRIX TES GLUCOSE 112
 TRULICITY INJ 0.75/0.5.....47
 TRULICITY INJ 1.5/0.547
 TRULICITY INJ 3/0.547
 TRULICITY INJ 4.5/0.547
 TWINRIX INJ..... 172
 TYBOST TAB 150MG.....88
 Tydemy

see **drospirenone-ethinyl estrad-
 levomefolate tab 3-0.03-0.451
 mg** 97
 TYMLOS INJ 115
 TYSABRI INJ 300/15ML 162
U
 UBRELVIY TAB 100MG 136
 UBRELVIY TAB 50MG..... 136
ubrogepant
 see UBRELVIY TAB 100MG 136
 see UBRELVIY TAB 50MG 136
 ULESFIA LOT 5%..... 112
ulipristal acetate
 see ELLA TAB 30MG 99
 Ultra Choice Multivitamin
 see **pediatric multiple vitamins
 w/ iron chew tab 18 mg** 146
umeclidinium bromide
 see INCRUSE ELPT INH 62.5MCG .. 27
umeclidinium-vilanterol
 see ANORO ELLIPT AER 62.5-25 ... 29
 UNIFIBER POW..... 129
upadacitinib
 see RINVOQ TAB 15MG ER.....7
 see RINVOQ TAB 30MG ER.....7
 see RINVOQ TAB 45MG ER.....7
 UPTRAVI TAB 1000MCG..... 95
 UPTRAVI TAB 1200MCG..... 95
 UPTRAVI TAB 1400MCG..... 95
 UPTRAVI TAB 1600MCG..... 96
 UPTRAVI TAB 200/800 95
 UPTRAVI TAB 200MCG 95
 UPTRAVI TAB 400MCG 95
 UPTRAVI TAB 600MCG 95
 UPTRAVI TAB 800MCG 95
ursodiol cap 300 mg 119
ursodiol tab 250 mg..... 119
ursodiol tab 500 mg..... 119
ustekinumab
 see STELARA INJ 45MG/0.5..... 107
 see STELARA INJ 90MG/ML 107
ustekinumab (iv)
 see STELARA INJ 5MG/ML 120
V
valacyclovir hcl tab 1 gm 89
valacyclovir hcl tab 500 mg 89

valganciclovir hcl for soln 50 mg/ml (base equiv)	88	VCF VAGINAL AER CONTRACP	172
valganciclovir hcl tab 450 mg (base equivalent)	88	VCF VAGINAL GEL CONTRACE	172
valproate sodium oral soln 250 mg/5ml (base equiv)	36	VCF VAGINAL MIS CONTRACP	172
valproic acid cap 250 mg	36	VECAMYL TAB 2.5MG	66
valsartan tab 160 mg	63	Velivet	
valsartan tab 320 mg	63	see desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	97
valsartan tab 40 mg	63	VELPHORO CHW 500MG	121
valsartan tab 80 mg	63	VELTASSA POW 16.8GM	144
valsartan-hydrochlorothiazide tab 160-12.5 mg	66	VELTASSA POW 25.2GM	144
valsartan-hydrochlorothiazide tab 160-25 mg	66	VELTASSA POW 8.4GM	144
valsartan-hydrochlorothiazide tab 320-12.5 mg	66	VEMLIDY TAB 25MG	89
valsartan-hydrochlorothiazide tab 320-25 mg	66	venlafaxine hcl cap er 24hr 150 mg (base equivalent)	39
valsartan-hydrochlorothiazide tab 80-12.5 mg	66	venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	39
VALTOCO SPR 10MG	33	venlafaxine hcl cap er 24hr 75 mg (base equivalent)	39
VALTOCO SPR 15MG	33	venlafaxine hcl tab 100 mg (base equivalent)	39
VALTOCO SPR 20MG	33	venlafaxine hcl tab 25 mg (base equivalent)	39
VALTOCO SPR 5MG	33	venlafaxine hcl tab 37.5 mg (base equivalent)	39
vancomycin hcl		venlafaxine hcl tab 50 mg (base equivalent)	39
see FIRVANQ SOL 25MG/ML	22	venlafaxine hcl tab 75 mg (base equivalent)	39
see FIRVANQ SOL 50MG/ML	22	VENTAVIS SOL 10MCG/ML	95
vandetanib		VENTAVIS SOL 20MCG/ML	95
see CAPRELSA TAB 100MG	71	verapamil hcl cap er 24hr 100 mg	93
see CAPRELSA TAB 300MG	71	verapamil hcl cap er 24hr 120 mg	93
VAQTA INJ 25/0.5ML	172	verapamil hcl cap er 24hr 180 mg	93
VAQTA INJ 50UNT/ML	172	verapamil hcl cap er 24hr 240 mg	93
varenicline tartrate		verapamil hcl cap er 24hr 300 mg	93
see CHANTIX PAK 0.5& 1MG	162	verapamil hcl cap er 24hr 360 mg	93
see CHANTIX TAB 0.5MG	162	verapamil hcl tab 120 mg	94
see CHANTIX TAB 1MG	162	verapamil hcl tab 40 mg	93
varenicline tartrate tab 0.5 mg (base equiv)	163	verapamil hcl tab 80 mg	93
varenicline tartrate tab 0.5 mg x 11 & tab 1 mg x 42 pack	163	verapamil hcl tab er 120 mg	94
varenicline tartrate tab 1 mg (base equiv)	163		
VAXNEUVANCE INJ	171		
V-c Forte			
see multiple vitamins w/ minerals cap	144		

verapamil hcl tab er 180 mg	94	vorapaxar sulfate	
verapamil hcl tab er 240 mg	94	see ZONTIVITY TAB 2.08MG	124
VEREGEN OIN 15%	104	voriconazole tab 200 mg	54
VICTOZA INJ 18MG/3ML	48	voriconazole tab 50 mg	54
VIDEX EC CAP 125MG	88	vorinostat	
vigabatrin powd pack 500 mg	35	see ZOLINZA CAP 100MG	74
vigabatrin tab 500 mg	35	vortioxetine hbr	
Vigadrone		see TRINTELLIX TAB 10MG	38
see vigabatrin powd pack 500 mg		see TRINTELLIX TAB 20MG	38
.....	35	see TRINTELLIX TAB 5MG	38
VIIIBRYD KIT STARTER	38	VOSEVI TAB	89
VIIIBRYD TAB 10MG	38	VOTRIENT TAB 200MG	74
VIIIBRYD TAB 20MG	38	VRAYLAR CAP 1.5MG	77
VIIIBRYD TAB 40MG	38	VRAYLAR CAP 3MG	77
vilazodone hcl		VRAYLAR CAP 4.5MG	78
see VIIIBRYD KIT STARTER	38	VRAYLAR CAP 6MG	78
see VIIIBRYD TAB 10MG	38	VUMERITY CAP 231MG	162
see VIIIBRYD TAB 20MG	38	VYVANSE CAP 10MG	2
see VIIIBRYD TAB 40MG	38	VYVANSE CAP 20MG	2
VIMPAT SOL 10MG/ML	35	VYVANSE CAP 30MG	2
VIMPAT TAB 100MG	35	VYVANSE CAP 40MG	2
VIMPAT TAB 150MG	35	VYVANSE CAP 50MG	2
VIMPAT TAB 200MG	35	VYVANSE CAP 60MG	2
VIMPAT TAB 50MG	35	VYVANSE CAP 70MG	2
VINATE II TAB	148	W	
VINATE M TAB	148	Wal-dryl Allergy Relief C	
VIRACEPT TAB 250MG	88	see diphenhydramine hcl tab	
VIRACEPT TAB 625MG	88	disint 12.5 mg	55
Virt-caps		Wal-dryl Pe Allergy/sinu	
see b-complex w/ c & folic acid		see diphenhydramine-	
cap 1 mg	144	phenylephrine tab 25-10 mg	102
Virt-phos 250 Neutral		Wal-itin Aller-melts	
see pot phos monobasic w/sod		see loratadine rapidly-	
phos di & monobas tab 155-		disintegrating tab 10 mg	55
852-130mg	141	Wal-tap Cold & Allergy	
VISCO-3 INJ 25/2.5ML	149	see brompheniramine &	
vismodegib		pseudoephedrine elixir 1-15	
see ERIVEDGE CAP 150MG	69	mg/5ml	101
Vita-bee/c		warfarin sodium	
see b-complex w/ c & folic acid		see COUMADIN TAB 10MG	30
tab	144	see COUMADIN TAB 1MG	30
VITAFOL-OB TAB 65-1MG	148	see COUMADIN TAB 2.5MG	30
vitamin b-6 tab 200mg tr	175	see COUMADIN TAB 2MG	30
VIVITROL INJ 380MG	53	see COUMADIN TAB 3MG	30
VOL-PLUS TAB	148	see COUMADIN TAB 4MG	30
VOL-TAB RX TAB	148	see COUMADIN TAB 5MG	30
VOLTAREN GEL 1%	104	see COUMADIN TAB 6MG	30

see COUMADIN TAB 7.5MG.....	30
warfarin sodium tab 1 mg	30
warfarin sodium tab 10 mg	31
warfarin sodium tab 2 mg	30
warfarin sodium tab 2.5 mg	30
warfarin sodium tab 3 mg	30
warfarin sodium tab 4 mg	31
warfarin sodium tab 5 mg	31
warfarin sodium tab 6 mg	31
warfarin sodium tab 7.5 mg	31
water for irrigation, sterile irrigation soln	143
Wee Care	
see carbonyl iron susp 15 mg/1.25ml (elemental iron)	126
wheat dextrin oral powder	129
white petrolatum-mineral oil ophthalmic ointment	152
WIDE-SEAL DPR KIT 60	132
WIDE-SEAL DPR KIT 65	132
WIDE-SEAL DPR KIT 70	132
WIDE-SEAL DPR KIT 75	132
WIDE-SEAL DPR KIT 80	132
WIDE-SEAL DPR KIT 85	132
WIDE-SEAL DPR KIT 90	133
WIDE-SEAL DPR KIT 95	133
WP THYROID TAB 81.25MG	166
X	
XALKORI CAP 200MG	74
XALKORI CAP 250MG	74
XARELTO STAR TAB 15/20MG.....	31
XARELTO SUS 1MG/ML	31
XARELTO TAB 10MG.....	31
XARELTO TAB 15MG.....	31
XARELTO TAB 2.5MG.....	31
XARELTO TAB 20MG.....	31
XELJANZ SOL 1MG/ML.....	7
XELJANZ TAB 10MG	7
XELJANZ TAB 5MG	7
XELJANZ XR TAB 11MG.....	7
XELJANZ XR TAB 22MG.....	7
XGEVA INJ.....	115
XIFAXAN TAB 200MG	21
XIFAXAN TAB 550MG	21
XIGDUO XR TAB 10-1000.....	45
XIGDUO XR TAB 10-500MG.....	45
XIGDUO XR TAB 2.5-1000.....	45

XIGDUO XR TAB 5-1000MG.....	45
XIGDUO XR TAB 5-500MG	45
XOFLUZA TAB 20MG	89
XOFLUZA TAB 40MG	89
XOFLUZA TAB 80MG	89
XOLAIR INJ 150MG/ML.....	26
XOLAIR INJ 75/0.5	26
XOLAIR SOL 150MG.....	26
XTANDI CAP 40MG	70
XTANDI TAB 40MG	70
XTANDI TAB 80MG	71
Xulane	
see norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	99
XULTOPHY INJ 100/3.6.....	45
XYREM SOL 500MG/ML.....	159
Z	
zafirlukast tab 10 mg	27
zafirlukast tab 20 mg	27
zaleplon cap 10 mg	128
zaleplon cap 5 mg	128
zanamivir	
see RELENZA MIS DISKHALE	89
zanubrutinib	
see BRUKINSA CAP 80MG	71
ZARXIO INJ 300/0.5	126
ZARXIO INJ 480/0.8	126
ZEJULA CAP 100MG	74
ZENPEP CAP 10000UNT	112
ZENPEP CAP 15000UNT	112
ZENPEP CAP 20000UNT	113
ZENPEP CAP 25000UNT	113
ZENPEP CAP 3000UNIT.....	112
ZENPEP CAP 40000UNT	113
ZENPEP CAP 5000UNIT.....	112
ZEPATIER TAB 50-100MG	89
zidovudine cap 100 mg	88
zidovudine syrup 10 mg/ml	88
zidovudine tab 300 mg	88
ZIEXTENZO INJ 6/0.6ML.....	126
zileuton tab er 12hr 600 mg	27
zinc sulfate cap 220 mg (50 mg elemental zn)	142
Zinc-220	
see zinc sulfate cap 220 mg (50 mg elemental zn)	142

ZINC-OXYDE OIN 0.44-20%	111	zonisamide cap 100 mg	35
ZIOPTAN DRO 0.0015%.....	156	zonisamide cap 25 mg	35
ziprasidone hcl cap 20 mg	78	zonisamide cap 50 mg	35
ziprasidone hcl cap 40 mg	78	ZONTIVITY TAB 2.08MG	124
ziprasidone hcl cap 60 mg	78	ZORTRESS TAB 0.25MG	143
ziprasidone hcl cap 80 mg	78	ZORTRESS TAB 0.5MG	143
ZIRGAN GEL 0.15%	153	ZORTRESS TAB 0.75MG	143
ZOLADEX IMP 10.8MG	71	ZORTRESS TAB 1MG	143
ZOLADEX IMP 3.6MG.....	71	ZOSTAVAX INJ	172
ZOLINZA CAP 100MG	74	zoster vaccine live	
zolmitriptan nasal spray 2.5		see ZOSTAVAX INJ.....	172
mg/spray unit	137	zoster vaccine recombinant	
zolmitriptan nasal spray 5		adjuvanted	
mg/spray unit	138	see SHINGRIX INJ 50/0.5ML.....	172
zolmitriptan orally disintegrating		Z-TUSS AC LIQ 2-9/5ML	102
tab 2.5 mg	138	ZYDELIG TAB 100MG	74
zolmitriptan orally disintegrating		ZYDELIG TAB 150MG	74
tab 5 mg	138	ZYKADIA CAP 150MG	75
zolmitriptan tab 2.5 mg	138	ZYLET SUS 0.5-0.3%	154
zolmitriptan tab 5 mg	138	ZYPREXA RELP INJ 210MG	82
zolpidem tartrate tab 10 mg	128	ZYPREXA RELP INJ 300MG	82
zolpidem tartrate tab 5 mg	128	ZYPREXA RELP INJ 405MG	82