

2020

**Formulary/**

**Formulario**

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

**Washington**

The information in this document is effective as of October 1, 2020. The formulary is subject to change and all previous versions of the formulary are no longer in effect. An electronic version of the formulary can be found at [MolinaMarketplace.com](https://MolinaMarketplace.com). Information about prescription drug cost sharing amounts can be found on our Benefits at a Glance brochure or by entering your prescription and pharmacy information into the Check Drug Cost tool.

La información de este documento está vigente a partir del 1 de octubre de 2020. El formulario está sujeto a cambio y todas las versiones anteriores del mismo ya no se encuentran en vigor. Puede encontrar una versión electrónica del formulario en [MolinaMarketplace.com](https://MolinaMarketplace.com). Puede encontrar información sobre los montos de distribución de costos para medicamentos recetados en nuestro folleto Beneficios de un vistazo o ingresando su información de receta y farmacia en la herramienta Verificar Costo de Medicamentos.

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



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# 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.

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

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

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

Drug Tier	Description
Tier 1	Preferred Generic drugs and low-cost Brand Name drugs; Lowest enrollee cost sharing
Tier 2	Preferred Brand Name drugs; Higher cost sharing than Tier 1
Tier 3	Non-Preferred, Brand Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions
Tier 4	Specialty Drugs, both Brand Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Most Specialty Drugs covered in your plan will be available through a Specialty Pharmacy. We may require you to use our exclusive In-Network Specialty Pharmacy
Tier 5	Preventative service drugs
DME	Durable Medical Equipment; Cost sharing may apply for non-drug products 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.

## 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.

# Leyenda

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

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

<b>Requisitos/límites</b>	<b>Descripción</b>
<b>AGE</b>	Se aplican límites de edad. Solo pagamos por este medicamento o forma farmacéutica para ciertos grupos de edad según la información sobre la seguridad, la efectividad y el costo del medicamento.
<b>MED</b>	Se aplican límites de Dosis Equivalente de Morfina. Las cantidades de este medicamento están limitadas al equivalente ("EQ") de 90 miligramos de morfina al día de suministro adquirido.
<b>OTC</b>	Las formas farmacéuticas de venta sin receta están cubiertas en la lista de medicamentos con una receta válida de un proveedor.
<b>PA</b>	Se requiere Autorización previa. Requerimos aprobación anticipada de cobertura para algunos medicamentos antes de que se pague por estos. Si la Autorización previa es necesaria para un medicamento o forma farmacéutica, los proveedores deben demostrar que usted tiene un uso aceptado por razones médicas para el medicamento y otros tratamientos no han funcionado o no son adecuados. Pueden aplicarse otros requisitos dependiendo del medicamento.
<b>QL</b>	Se aplican límites de cantidad. Pagaremos por un monto máximo diario según la información acerca del uso y del costo aceptados por razones médicas del medicamento.
<b>ST</b>	Se requiere Terapia escalonada. Si hemos pagado para que tenga el(los) medicamento(s) de Terapia escalonada necesario(s) anteriormente, este medicamento se pagará en la farmacia sin necesidad de una solicitud de excepción de Terapia escalonada o Autorización previa. La lista de medicamentos le muestra qué medicamentos se requieren primero y por cuánto tiempo.

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

La lista de medicamentos además indicará si un medicamento es elegible para programas de pedido por correo (**MAIL**) en la columna Requisitos/Límites. Es su decisión si desea usar programas de Pedido por correo. Es posible que tenga una distribución de costos menor cuando use el Pedido por correo en algunos medicamentos.

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

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

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

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

## ¿Cómo puedo encontrar más información sobre el costo de mi medicamento?

Puede encontrar información sobre los montos de distribución de costos de los medicamentos recetados en nuestro folleto Resumen de los Beneficios (Benefits at a Glance) o ingresando la información de sus medicamentos recetados y la farmacia en la herramienta Verificar Costo de Medicamentos (Check Drug Cost). Si crea una cuenta con Caremark.com antes de usar la herramienta, la información de diseño de su plan también se utilizará para estimar de manera más exacta los precios reales que paga en la farmacia.



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**Effective January 1, 2019**

**Efectivo 2019, 1 de enero**

### **FDA Approved Contraceptives**

In accordance with Washington State law (SB 6219), Molina covers all FDA approved contraceptives, not just those identified on this formulary list. For any questions, you can contact our Member Services department at 888-858-3492.

### **Anticonceptivos aprobados por la FDA**

Conformidad con la ley de Washington (SB 6219), Molina cubre todos los anticonceptivos aprobados de la FDA, no solo los identificados en esta lista del formulario. Para preguntas, puede llamar el departamento de Servicios para Miembros al 888-858-3492.



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

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

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



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

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

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

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

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>atomoxetine hcl cap 25 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 40 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 60 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 80 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>atomoxetine hcl cap 100 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b><i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL, PA; AGE (Min 6 years, Max 18 years)
<b>STIMULANTS - MISC.</b>		
<b><i>armodafinil tab 50 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 150 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 200 mg</i></b>	Tier 1	PA
<b><i>armodafinil tab 250 mg</i></b>	Tier 1	PA
<b><i>dexmethylphenidate hcl tab 2.5 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>dexmethylphenidate hcl tab 5 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>dexmethylphenidate hcl tab 10 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 10 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 20 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 10 mg (la)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 20 mg (la)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 30 mg (la)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 24hr 40 mg (la)</i></b>	Tier 3	AGE, QL (30 caps / 30 days), PA; AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 30 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 40 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 50 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl cap er 60 mg (cd)</i></b>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 5 mg/5ml</i></b>	Tier 1	AGE, QL (450 mL / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl soln 10 mg/5ml</i></b>	Tier 1	AGE, QL (900 mL / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 5 mg</i></b>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 10 mg</i></b>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)
<b><i>methylphenidate hcl tab 20 mg</i></b>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 18 years)

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

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

#### ALTERNATIVE MEDICINES

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ALTERNATIVE MEDICINE COMBINATIONS</b>		
<b>melatonin-pyridoxine tab 3-1 mg</b> (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
<b>melatonin-pyridoxine tab 3-2 mg</b> (Ra Melatonin)	Tier 1	OTC
<b>melatonin-pyridoxine tab er 3-10 mg</b> (Melatonin Tr/vitamin B-6)	Tier 1	OTC
<b>AMINOGLYCOSIDES</b>		
<b>AMINOGLYCOSIDES</b>		
<b>neomycin sulfate tab 500 mg</b>	Tier 1	
<b>paromomycin sulfate cap 250 mg</b>	Tier 3	
<b>tobramycin nebu soln 300 mg/5ml</b>	Tier 4	PA
<b>ANALGESICS - ANTI-INFLAMMATORY</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ 10/0.1ML ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 4	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS ( <b>adalimumab</b> )	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS ( <b>adalimumab</b> )	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS ( <b>adalimumab</b> )	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV ( <b>adalimumab</b> )	Tier 4	QL (3 ea / year), PA; Preferred Brand
SIMPONI INJ 50/0.5ML ( <b>golimumab</b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML ( <b>golimumab</b> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>ANTIRHEUMATIC - ENZYME INHIBITORS</b>		
RINVOQ TAB 15MG ER ( <b>upadacitinib</b> )	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG ( <b>tofacitinib citrate</b> )	Tier 4	PA; Preferred Brand

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



Drug Name	Drug Tier	Requirements/Limits
XELJANZ TAB 10MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG ( <i>tofacitinib citrate</i> )	Tier 4	PA; Preferred Brand
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG ( <i>auranofin</i> )	Tier 3	MAIL, PA
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG ( <i>rilonacept</i> )	Tier 4	PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ ( <i>anakinra</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 80MG/4ML ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN ( <i>tocilizumab</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 ( <i>sarilumab</i> )	Tier 4	PA; Preferred Brand
KEVZARA INJ 200/1.14 ( <i>sarilumab</i> )	Tier 4	PA; Preferred Brand
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>diclofenac sodium tab er 24hr 100 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>etodolac tab 400 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>etodolac tab 500 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>fenoprofen calcium tab 600 mg</i></b>	Tier 3	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 50 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>flurbiprofen tab 100 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen cap 200 mg</i></b> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<b><i>ibuprofen chew tab 100 mg</i></b> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<b><i>ibuprofen susp 40 mg/ml</i></b> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<b><i>ibuprofen susp 100 mg/5ml</i></b> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<b><i>ibuprofen tab 100 mg</i></b> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 200 mg</i></b> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<b><i>ibuprofen tab 400 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 600 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>ibuprofen tab 800 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b><i>indomethacin cap 25 mg</i></b>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>indomethacin cap 50 mg</i></b>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<b><i>ketorolac tromethamine tab 10 mg</i></b>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<b><i>meclofenamate sodium cap 50 mg</i></b>	Tier 3	MAIL, PA
<b><i>meclofenamate sodium cap 100 mg</i></b>	Tier 3	MAIL, PA
<b><i>mefenamic acid cap 250 mg</i></b>	Tier 3	MAIL, PA
<b><i>meloxicam tab 7.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>meloxicam tab 15 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30 ( <i>apremilast</i> )	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG ( <i>apremilast</i> )	Tier 4	PA; Preferred Brand
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
<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
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML ( <i>abatacept</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

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mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ  
Dose per day

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

### **SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS**

ENBREL INJ 25/0.5ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 25MG ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL MINI INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand
ENBREL SRCLK INJ 50MG/ML ( <i>etanercept</i> )	Tier 4	QL (4 mL / 28 days), PA; Preferred Brand

### **ANALGESICS - NONNARCOTIC**

#### **ANALGESIC COMBINATIONS**

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

#### **ANALGESICS OTHER**

<i>acetaminophen cap 500 mg</i> (Sm Pain Reliever Extra St)	Tier 1	OTC
<i>acetaminophen chew tab 80 mg</i> (Childrens Pain Reliever)	Tier 1	OTC
<i>acetaminophen chew tab 160 mg</i> (Non-aspirin Junior Streng)	Tier 1	OTC
<i>acetaminophen disintegrating tab 80 mg</i> (Ra Acetaminophen Rapid Me)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>acetaminophen disintegrating tab 160 mg</b> (Ra Acetaminophen Rapid Me)	Tier 1	OTC
<b>acetaminophen elixir 160 mg/5ml</b>	Tier 1	OTC
<b>acetaminophen liquid 160 mg/5ml</b> (Mapap)	Tier 1	OTC
<b>acetaminophen liquid 167 mg/5ml</b> (Eq Pain Relief Adult/rapi)	Tier 1	OTC
<b>acetaminophen soln 160 mg/5ml</b> (Pain & Fever Childrens)	Tier 1	OTC
<b>acetaminophen suppos 120 mg</b>	Tier 1	OTC
<b>acetaminophen suppos 325 mg</b> (Acephen)	Tier 1	OTC
<b>acetaminophen suppos 650 mg</b>	Tier 1	OTC
<b>acetaminophen susp 160 mg/5ml</b> (Cvs Pain & Fever Children)	Tier 1	OTC
<b>acetaminophen tab 325 mg</b> (Mapap)	Tier 1	OTC
<b>acetaminophen tab 500 mg</b>	Tier 1	OTC
<b>acetaminophen tab er 650 mg</b>	Tier 1	OTC
FEVERALL INF SUP 80MG ( <b>acetaminophen</b> )	Tier 1	OTC
FEVERALL SUP 325MG ( <b>acetaminophen</b> )	Tier 1	OTC
NORTEMP SUS INFANTS ( <b>acetaminophen</b> )	Tier 1	OTC
<b>SALICYLATES</b>		
<b>aspirin chew tab 81 mg</b> (St Joseph Low Dose Aspiri)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b>aspirin tab 325 mg</b> (Sm Aspirin)	Tier 1	OTC, MAIL
<b>aspirin tab delayed release 81 mg</b> (Aspirin Low Dose)	Tier 5	OTC, MAIL; Tier 5 for ages 50-59 years old, quantity limit 100 per fill otherwise Tier 1
<b>aspirin tab delayed release 325 mg</b>	Tier 1	OTC, MAIL
<b>diflunisal tab 500 mg</b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>salsalate tab 500 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>salsalate tab 750 mg</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>ANALGESICS - OPIOID</b>		
<b>OPIOID AGONISTS</b>		
CODEINE SULF TAB 60MG	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>codeine sulfate tab 30 mg</b>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
EMBEDA CAP 20-0.8MG ( <b>morphine-naltrexone</b> )	Tier 3	PA; MED
EMBEDA CAP 30-1.2MG ( <b>morphine-naltrexone</b> )	Tier 3	PA; MED

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

Drug Name	Drug Tier	Requirements/Limits
EMBEDA CAP 50-2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 60-2.4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 80-3.2MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
EMBEDA CAP 100-4MG ( <i>morphine-naltrexone</i> )	Tier 3	PA; MED
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	QL (10 patches / 30 days), PA; MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr deter 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr deter 32 mg</i>	Tier 3	PA; MED
HYSINGLA ER TAB 20 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 30 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 40 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 60 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 80 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 100 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
HYSINGLA ER TAB 120 MG ( <i>hydrocodone bitartrate</i> )	Tier 3	PA; MED
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>meperidine hcl tab 50 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>meperidine hcl tab 100 mg</i>	Tier 1	AGE; Max 7 day supply initial fill, MED; AGE (Max 64 years)
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>methadone hcl tab 5 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl tab 10 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 20 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab 30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>morphine sulfate tab er 15 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 30 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 60 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 100 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
<i>morphine sulfate tab er 200 mg</i>	Tier 1	QL (90 tabs / 30 days); Step Thru IR, MED
NUCYNTA ER TAB 50MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA ER TAB 100MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA ER TAB 150MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA ER TAB 200MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA ER TAB 250MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA TAB 50MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA TAB 75MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED
NUCYNTA TAB 100MG ( <i>tapentadol hcl</i> )	Tier 3	PA; MED

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

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>oxymorphone hcl tab er 12hr 40 mg</i></b>	Tier 3	QL (120 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab 50 mg</i></b>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>tramadol hcl tab er 24hr 100 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr 200 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 100 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 200 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b><i>tramadol hcl tab er 24hr biphasic release 300 mg</i></b>	Tier 1	QL (30 tabs / 30 days), PA; MED
<b>OPIOID COMBINATIONS</b>		
<b><i>acetaminophen w/ codeine soln 120-12 mg/5ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-15 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-30 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>acetaminophen w/ codeine tab 300-60 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i></b>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<b><i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i></b>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i></b>	Tier 1	Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 7.5-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b><i>hydrocodone-acetaminophen tab 10-325 mg</i></b>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<b>OPIOID PARTIAL AGONISTS</b>		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED
<b>ANDROGENS-ANABOLIC</b>		
<b>ANABOLIC STEROIDS</b>		
<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
<b>ANDROGENS</b>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
METHITEST TAB 10MG ( <i>methyltestosterone</i> )	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<b>ANORECTAL AGENTS</b>		
<b>INTRARECTAL STEROIDS</b>		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
<b>RECTAL COMBINATIONS</b>		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i> (Ra Hemorrhoidal)	Tier 1	OTC
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
<b>RECTAL STEROIDS</b>		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4% ( <i>nitroglycerin (intra-anal)</i> )	Tier 3	
<b>ANTACIDS</b>		
<b>ANTACID COMBINATIONS</b>		
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i> (Sm Foaming Antacid)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
MI-ACID CHW ( <i>calcium carbonate-mag hydrox</i> )	Tier 1	OTC
<b>ANTACIDS - BICARBONATE</b>		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>ANTACIDS - CALCIUM SALTS</b>		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
<b>ANTHELMINTICS</b>		
<b>ANTHELMINTICS</b>		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 3	PA
<i>pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)</i> (Cvs Pinworm Treatment)	Tier 1	OTC
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<b>ANTI-INFECTIVE AGENTS - MISC.</b>		
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	
NEBUPENT INH 300MG ( <i>pentamidine isethionate</i> )	Tier 3	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 3	
<i>trimethoprim tab 100 mg</i>	Tier 1	
XIFAXAN TAB 200MG ( <i>rifaximin</i> )	Tier 4	PA
XIFAXAN TAB 550MG ( <i>rifaximin</i> )	Tier 4	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
<b>ANTIPROTOZOAL AGENTS</b>		
ALINIA SUS 100/5ML ( <i>nitazoxanide</i> )	Tier 3	PA
ALINIA TAB 500MG ( <i>nitazoxanide</i> )	Tier 3	PA
<i>atovaquone susp 750 mg/5ml</i>	Tier 3	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML ( <i>vancomycin hcl</i> )	Tier 2	

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

Drug Name	Drug Tier	Requirements/Limits
FIRVANQ SOL 50MG/ML ( <i>vancomycin hcl</i> )	Tier 2	
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>LINCOSAMIDES</b>		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG ( <i>aztreonam lysine</i> )	Tier 4	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA
<b>ANTIANGINAL AGENTS</b>		
<b>ANTIANGINALS-OTHER</b>		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of one agent from each class within the past 90 days: beta blockers, calcium channel blockers, long-acting nitrate
<b>NITRATES</b>		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<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</i> (Minitran)	Tier 1	QL (30 patches / 30 days), MAIL

## ANTI ANXIETY AGENTS

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

<i>bupirone hcl tab 5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 15 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>bupirone hcl tab 30 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	AGE, QL (1800 mL / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	AGE, QL (240 caps / 30 days), MAIL; AGE (Max 64 years)

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

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

#### ANTIARRHYTHMICS

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

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

##### **ANTIARRHYTHMICS TYPE I-B**

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

##### **ANTIARRHYTHMICS TYPE I-C**

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

##### **ANTIARRHYTHMICS TYPE III**

<i>amiodarone hcl tab 200 mg</i>	Tier 1	MAIL
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PA - Prior Authorization QL - Quantity Limits ST - Step Therapy MAIL - Available at mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ Dose per day



Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 4	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 4	MAIL
MULTAQ TAB 400MG ( <i>dronedarone hcl</i> )	Tier 3	MAIL, PA
<b>ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS</b>		
<b>ANTI-INFLAMMATORY AGENTS</b>		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 3	MAIL
<b>ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES</b>		
XOLAIR INJ 75/0.5 ( <i>omalizumab</i> )	Tier 4	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML ( <i>omalizumab</i> )	Tier 4	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG ( <i>omalizumab</i> )	Tier 4	QL (5 mL / 28 days), PA
<b>Antiasthmatic - Monoclonal Antibodies</b>		
DUPIXENT INJ 200/1.14 ( <i>dupilumab</i> )	Tier 4	PA
NUCALA INJ 100MG ( <i>mepolizumab</i> )	Tier 4	PA
<b>BRONCHODILATORS - ANTICHOLINERGICS</b>		
ATROVENT HFA AER 17MCG ( <i>ipratropium bromide hfa</i> )	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG ( <i>umeclidinium bromide</i> )	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL
TUDORZA PRES AER 400/ACT ( <i>aclidinium bromide</i> )	Tier 2	QL (1 ea / 30 days), MAIL
<b>LEUKOTRIENE MODULATORS</b>		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	MAIL, PA
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG ( <i>roflumilast</i> )	Tier 3	MAIL, PA
DALIRESP TAB 500MCG ( <i>roflumilast</i> )	Tier 3	MAIL, PA
<b>STEROID INHALANTS</b>		
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

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

Drug Name	Drug Tier	Requirements/Limits
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
ASMANEX HFA AER 100 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
ASMANEX HFA AER 200 MCG ( <i>mometasone furoate (inhalation)</i> )	Tier 2	QL (13 gm / 30 days), MAIL
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 3	AGE, QL (120 mL / 30 days), MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG ( <i>fluticasone propionate hfa</i> )	Tier 3	AGE, QL (1 inhaler / 30 days), MAIL; AGE (Max 11 years)
PULMICORT INH 90MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
PULMICORT INH 180MCG ( <i>budesonide (inhalation)</i> )	Tier 2	QL (1 inhaler / 30 days), MAIL
QVAR REDIHA AER 80MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 2	QL (10.6 gm / 30 days), MAIL
QVAR REDIHAL AER 40MCG ( <i>beclomethasone dipropionate hfa</i> )	Tier 2	QL (10.6 gm / 30 days), MAIL
<b>SYMPATHOMIMETICS</b>		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	QL (150 ea / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (300 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	QL (225 mL / 30 days), MAIL
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (150 mL / 30 days), MAIL
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	MAIL
<i>albuterol sulfate tab 2 mg</i>	Tier 3	MAIL
<i>albuterol sulfate tab 4 mg</i>	Tier 3	MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ANORO ELLIPT AER 62.5-25 ( <b>umeclidinium-vilanterol</b> )	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG ( <b>indacaterol maleate</b> )	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG ( <b>glycopyrrolate-formoterol fumarate</b> )	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
BREO ELLIPTA INH 200-25 ( <b>fluticasone furoate-vilanterol</b> )	Tier 3	QL (60 blisters / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.
BROVANA NEB 15MCG ( <b>arformoterol tartrate</b> )	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 ( <b>ipratropium-albuterol</b> )	Tier 2	QL (4 gm / 30 days), MAIL
DULERA AER 50-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	Tier 3	QL (1 inhaler / 30 days), MAIL; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (generic Airduo) or (2) fluticasone/salmeterol diskus (generic Advair Diskus) within the past 90 days
DULERA AER 100-5MCG ( <b>mometasone furoate-formoterol fumarate dihydrate</b> )	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA AER 200-5MCG ( <i>mometasone furoate-formoterol fumarate dihydrate</i> )	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (Airduo AG) or (2) fluticasone/salmeterol diskus (Advair generic) within the past 90 days.
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Tier 1	QL (1 inhaler / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> (Wixela Inhub)	Tier 1	QL (60 inhalations / 30 days), MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 mL / 30 days), MAIL
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	QL (144 mL / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	QL (144 ea / 30 days), MAIL, ST; Prior use of albuterol neb solution within the past 90 days.
<i>metaproterenol sulfate syrup 10 mg/5ml</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 10 mg</i>	Tier 1	MAIL
<i>metaproterenol sulfate tab 20 mg</i>	Tier 1	MAIL
PROAIR HFA AER ( <i>albuterol sulfate</i> )	Tier 2	QL (8.5 gm / 30 days), MAIL
PROVENTIL AER HFA ( <i>albuterol sulfate</i> )	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.

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

### **XANTHINES**

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

### **ANTICOAGULANTS**

#### **COUMARIN ANTICOAGULANTS**

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

Drug Name	Drug Tier	Requirements/Limits
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL
<b><i>DIRECT FACTOR XA INHIBITORS</i></b>		
ELIQUIS TAB 2.5MG ( <i>apixaban</i> )	Tier 3	MAIL, PA
ELIQUIS TAB 5MG ( <i>apixaban</i> )	Tier 3	MAIL, PA
XARELTO STAR TAB 15/20MG ( <i>rivaroxaban</i> )	Tier 2	QL (51 tabs / year), PA
XARELTO TAB 2.5MG ( <i>rivaroxaban</i> )	Tier 2	MAIL, PA
XARELTO TAB 10MG ( <i>rivaroxaban</i> )	Tier 2	MAIL, PA
XARELTO TAB 15MG ( <i>rivaroxaban</i> )	Tier 2	MAIL, PA
XARELTO TAB 20MG ( <i>rivaroxaban</i> )	Tier 2	MAIL, PA
<b><i>HEPARINS AND HEPARINOID-LIKE AGENTS</i></b>		
<i>enoxaparin sodium inj 30 mg/0.3ml</i>	Tier 4	QL (18 mL / 30 days)
<i>enoxaparin sodium inj 40 mg/0.4ml</i>	Tier 4	QL (24 mL / 30 days)
<i>enoxaparin sodium inj 60 mg/0.6ml</i>	Tier 4	QL (36 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 80 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 100 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 120 mg/0.8ml</i>	Tier 4	QL (48 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 150 mg/ml</i>	Tier 4	QL (60 mL / 30 days), PA; Max 14 day supply then PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Tier 4	QL (30 vials / 30 days), PA; Max 14 day supply then PA
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Tier 4	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 4	PA
FRAGMIN INJ 2500/0.2 ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 5000/0.2 ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 7500/0.3 ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 10000/ML ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 12500UNT ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 15000UNT ( <i>dalteparin sodium</i> )	Tier 4	PA
FRAGMIN INJ 18000UNT ( <i>dalteparin sodium</i> )	Tier 4	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA

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

Drug Name	Drug Tier	Requirements/Limits
<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
<b>THROMBIN INHIBITORS</b>		
PRADAXA CAP 75MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	MAIL, PA
PRADAXA CAP 110MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	MAIL, PA
PRADAXA CAP 150MG ( <i>dabigatran etexilate mesylate</i> )	Tier 3	MAIL, PA
<b>ANTI CONVULSANTS</b>		
<b>AMPA GLUTAMATE RECEPTOR ANTAGONISTS</b>		
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	
<b>ANTICONVULSANTS - BENZODIAZEPINES</b>		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO LIQ 15MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG ( <i>diazepam (anticonvulsant)</i> )	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
<b>ANTICONVULSANTS - MISC.</b>		
APTIOM TAB 200MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 400MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 600MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
APTIOM TAB 800MG ( <i>eslicarbazepine acetate</i> )	Tier 3	MAIL
BANZEL SUS 40MG/ML ( <i>rufinamide</i> )	Tier 3	MAIL
BANZEL TAB 200MG ( <i>rufinamide</i> )	Tier 3	MAIL
BANZEL TAB 400MG ( <i>rufinamide</i> )	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (Epitol)	Tier 1	MAIL
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	MAIL
DIACOMIT CAP 250MG ( <i>stiripentol</i> )	Tier 3	MAIL, PA
DIACOMIT CAP 500MG ( <i>stiripentol</i> )	Tier 3	MAIL, PA
DIACOMIT PAK 250MG ( <i>stiripentol</i> )	Tier 3	MAIL, PA
DIACOMIT PAK 500MG ( <i>stiripentol</i> )	Tier 3	MAIL, PA
<i>gabapentin cap 100 mg</i>	Tier 1	MAIL
<i>gabapentin cap 300 mg</i>	Tier 1	MAIL
<i>gabapentin cap 400 mg</i>	Tier 1	MAIL
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 600 mg</i>	Tier 1	MAIL
<i>gabapentin tab 800 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 150 mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	MAIL
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	MAIL
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	MAIL
<i>levetiracetam tab 250 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 750 mg</i>	Tier 1	MAIL
<i>levetiracetam tab 1000 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	MAIL
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	MAIL
LYRICA CAP 25MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 50MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 75MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 100MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 150MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 200MG ( <i>pregabalin</i> )	Tier 3	QL (90 caps / 30 days), PA
LYRICA CAP 225MG ( <i>pregabalin</i> )	Tier 3	QL (60 caps / 30 days), PA
LYRICA CAP 300MG ( <i>pregabalin</i> )	Tier 3	QL (60 caps / 30 days), PA

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



Drug Name	Drug Tier	Requirements/Limits
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	MAIL
<i>oxcarbazepine tab 150 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 300 mg</i>	Tier 1	MAIL
<i>oxcarbazepine tab 600 mg</i>	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 50 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 75 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 100 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 150 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 200 MG	Tier 3	QL (90 caps / 30 days), PA
PREGABALIN CAP 225 MG	Tier 3	QL (60 caps / 30 days), PA
PREGABALIN CAP 300 MG	Tier 3	QL (60 caps / 30 days), PA
<i>primidone tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>primidone tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	MAIL
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 25 mg</i>	Tier 1	MAIL
<i>topiramate tab 50 mg</i>	Tier 1	MAIL
<i>topiramate tab 100 mg</i>	Tier 1	MAIL
<i>topiramate tab 200 mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 50MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 100MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 150MG ( <i>lacosamide</i> )	Tier 2	
VIMPAT TAB 200MG ( <i>lacosamide</i> )	Tier 2	
<i>zonisamide cap 25 mg</i>	Tier 1	MAIL
<i>zonisamide cap 50 mg</i>	Tier 1	MAIL
<i>zonisamide cap 100 mg</i>	Tier 1	MAIL
<b>CARBAMATES</b>		
<i>felbamate susp 600 mg/5ml</i>	Tier 3	MAIL
<i>felbamate tab 400 mg</i>	Tier 3	MAIL
<i>felbamate tab 600 mg</i>	Tier 3	MAIL
<b>GABA MODULATORS</b>		
<i>tiagabine hcl tab 2 mg</i>	Tier 3	MAIL
<i>tiagabine hcl tab 4 mg</i>	Tier 3	MAIL

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDEPRESSANTS - MISC.</b>		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
EMSAM DIS 6MG/24HR ( <i>selegiline</i> )	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR ( <i>selegiline</i> )	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H ( <i>selegiline</i> )	Tier 3	MAIL, PA
MARPLAN TAB 10MG ( <i>isocarboxazid</i> )	Tier 3	MAIL, PA
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<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

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

Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TAB 5MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
TRINTELLIX TAB 10MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
TRINTELLIX TAB 20MG ( <i>vortioxetine hbr</i> )	Tier 3	MAIL, PA
VIIBRYD KIT STARTER ( <i>vilazodone hcl</i> )	Tier 3	PA
VIIBRYD TAB 10MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
VIIBRYD TAB 20MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
VIIBRYD TAB 40MG ( <i>vilazodone hcl</i> )	Tier 3	MAIL, PA
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL, PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	QL (60 caps / 30 days), MAIL
FETZIMA CAP 20MG ( <i>levomilnacipran hcl</i> )	Tier 3	MAIL, PA
FETZIMA CAP 40MG ( <i>levomilnacipran hcl</i> )	Tier 3	MAIL, PA
FETZIMA CAP 80MG ( <i>levomilnacipran hcl</i> )	Tier 3	MAIL, PA
FETZIMA CAP 120MG ( <i>levomilnacipran hcl</i> )	Tier 3	MAIL, PA
FETZIMA CAP TITRATIO ( <i>levomilnacipran hcl</i> )	Tier 3	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>TRICYCLIC AGENTS</b>		
<i>amitriptyline hcl tab 10 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)

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

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

## ANTI-DIABETICS

### 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

### ANTI-DIABETIC - AMYLIN ANALOGS

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



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JANUMET TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 ( <i>sitagliptin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 ( <i>linagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 ( <i>linagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 ( <i>linagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR ( <i>linagliptin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
JENTADUETO TAB XR ( <i>linagliptin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use of metformin in the last 180 days
SYNJARDY TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB 5-500MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY TAB 12.5-500 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 5-1000MG ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 10-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SYNJARDY XR TAB 25-1000 ( <i>empagliflozin-metformin hcl</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 2.5-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 5-1000MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (60 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-500MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
XIGDUO XR TAB 10-1000 ( <i>dapagliflozin-metformin hcl</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
<b>BIGUANIDES</b>		
<i>metformin hcl tab 500 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>metformin hcl tab 850 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metformin hcl tab 1000 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metformin hcl tab er 24hr 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<b><i>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</i></b>		
OZEMPIC INJ 2/1.5ML ( <i>semaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 3MG ( <i>semaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 7MG ( <i>semaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
RYBELSUS TAB 14MG ( <i>semaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 0.75/0.5 ( <i>dulaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
TRULICITY INJ 1.5/0.5 ( <i>dulaglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
VICTOZA INJ 18MG/3ML ( <i>liraglutide</i> )	Tier 2	MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
<b><i>INSULIN</i></b>		
ADMELOG INJ 100U/ML ( <i>insulin lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG MIX INJ 50/50 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 ( <i>insulin lispro protamine &amp; lispro</i> )	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN INJ 70/30KWP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin 70/30 within the past 90 days.
HUMULIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN N INJ U-100KWP ( <i>insulin nph (human) (isophane)</i> )	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin N within the past 90 days.
HUMULIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 3	OTC, QL (30 mL / 30 days), MAIL, ST; Prior use of Novolin R within the past 90 days.
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 3	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 ( <i>insulin regular (human)</i> )	Tier 3	QL (6 pens / 30 days), MAIL
INSULIN LISP INJ 100/ML	Tier 3	QL (30 mL / 30 days), MAIL, ST; Prior use of Novolog within the past 90 days.
LEVEMIR INJ ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTUOC ( <i>insulin detemir</i> )	Tier 2	QL (30 mL / 30 days), MAIL

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Drug Name	Drug Tier	Requirements/Limits
NOVOLIN INJ 70/30 ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP ( <i>insulin nph isophane &amp; reg (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 ( <i>insulin nph (human) (isophane)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 ( <i>insulin regular (human)</i> )	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL ( <i>insulin aspart</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN ( <i>insulin aspart protamine &amp; aspart (human)</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT ( <i>insulin degludec</i> )	Tier 2	QL (30 mL / 30 days), MAIL
<b>INSULIN SENSITIZING AGENTS</b>		
AVANDIA TAB 2MG ( <i>rosiglitazone maleate</i> )	Tier 3	MAIL, PA
AVANDIA TAB 4MG ( <i>rosiglitazone maleate</i> )	Tier 3	MAIL, PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL



Drug Name	Drug Tier	Requirements/Limits
<b><i>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</i></b>		
FARXIGA TAB 5MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG ( <i>dapagliflozin propanediol</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 25MG ( <i>empagliflozin</i> )	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
<b><i>SULFONYLUREAS</i></b>		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL

## ANTI-DIARRHEAL/PROBIOTIC AGENTS

### ANTI-DIARRHEAL/PROBIOTIC AGENTS - MISC.

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

### ANTI-PERISTALTIC AGENTS

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

## ANTIDOTES AND SPECIFIC ANTAGONISTS

### ANTIDOTES - CHELATING AGENTS

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

### OPIOID ANTAGONISTS

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

## ANTIEMETICS

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

ANZEMET TAB 50MG ( <i>dolasetron mesylate</i> )	Tier 3	PA
ANZEMET TAB 100MG ( <i>dolasetron mesylate</i> )	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<b>ANTIEMETICS - ANTICHOLINERGIC</b>		
<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
<b>ANTIEMETICS - MISCELLANEOUS</b>		
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
<b>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</b>		
<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Tier 3	PA
<b>ANTIFUNGALS</b>		
<b>ANTIFUNGALS</b>		
<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
<b>IMIDAZOLE-RELATED ANTIFUNGALS</b>		
CRESEMBA CAP 186 MG ( <i>isavuconazonium sulfate</i> )	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<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

## ANTIHI STAMINES

### ANTIHI STAMINES - ALKYLAMINES

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

### ANTIHI STAMINES - ETHANOLAMINES

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

### ANTIHI STAMINES - NON-SEDATING

<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
<i>cetirizine hcl tab 5 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>cetirizine hcl tab 10 mg</i> (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
<i>desloratadine tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fexofenadine hcl tab 60 mg</i>	Tier 1	OTC, QL (60 tabs / 30 days)
<i>fexofenadine hcl tab 180 mg</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<i>loratadine syrup 5 mg/5ml (Gnp Loratadine)</i>	Tier 1	OTC, AGE, QL (300 mL / 30 days); AGE (Max 12 years)
<i>loratadine tab 10 mg (Allergy Relief)</i>	Tier 1	OTC, QL (30 tabs / 30 days)
<b>ANTIHIISTAMINES - PHENOTHIAZINES</b>		
<i>promethazine hcl suppos 12.5 mg</i>	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl suppos 25 mg</i>	Tier 3	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 25 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<i>promethazine hcl tab 50 mg</i>	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
<b>ANTIHIISTAMINES - PIPERIDINES</b>		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	AGE; AGE (Max 64 years)
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	AGE; AGE (Max 64 years)
<b>ANTIHYPERLIPIDEMICS</b>		
<b>ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS</b>		
NEXLETOL TAB 180MG ( <i>bempedoic acid</i> )	Tier 3	MAIL, PA
<b>ANTIHYPERLIPIDEMICS - COMBINATIONS</b>		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 3	MAIL, PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 3	MAIL, PA
NEXLIZET TAB 180/10MG ( <i>bempedoic acid-ezetimibe</i> )	Tier 3	MAIL, PA
<b>ANTIHYPERLIPIDEMICS - MISC.</b>		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 3	QL (120 caps / 30 days), MAIL

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

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

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

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



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

**NICOTINIC ACID DERIVATIVES**

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

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

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

**ANTI HYPERTENSIVES**

**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
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG ( <i>azilsartan medoxomil</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG ( <i>azilsartan medoxomil</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIADRENERGIC ANTIHYPERTENSIVES</b>		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
<b><i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-10 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-20 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 5-40 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-20 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-benazepril hcl cap 10-40 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>atenolol &amp; chlorthalidone tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i></b>	Tier 1	QL (90 tabs / 30 days), MAIL
<b><i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i></b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>BYVALSON TAB 5-80MG (<i>nebivolol-valsartan</i>)</b>	Tier 3	MAIL, PA
<b><i>captopril &amp; hydrochlorothiazide tab 25-15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>captopril &amp; hydrochlorothiazide tab 25-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>captopril &amp; hydrochlorothiazide tab 50-15 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>captopril &amp; hydrochlorothiazide tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i></b>	Tier 3	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>quinapril-hydrochlorothiazide tab 20-25 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB 2.5MG ( <i>mecamylamine hcl</i> )	Tier 3	MAIL
<b>DIRECT RENIN INHIBITORS</b>		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<b>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</b>		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<b>VASODILATORS</b>		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
<b>ANTIMALARIALS</b>		
<b>ANTIMALARIAL COMBINATIONS</b>		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG ( <i>artemether-lumefantrine</i> )	Tier 3	
<b>ANTIMALARIALS</b>		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG ( <i>pyrimethamine</i> )	Tier 4	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)



Drug Name	Drug Tier	Requirements/Limits
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS</b>		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<b>ANTI TB COMBINATIONS</b>		
RIFATER TAB ( <i>isoniazid-rifampin w/ pyrazinamide</i> )	Tier 3	
<b>ANTIMYCOBACTERIAL AGENTS</b>		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM ( <i>aminosalicylic acid</i> )	Tier 3	
PRIFTIN TAB 150MG ( <i>rifapentine</i> )	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
SIRTURO TAB 100MG ( <i>bedaquiline fumarate</i> )	Tier 3	
TRECTOR TAB 250MG ( <i>ethionamide</i> )	Tier 3	
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES</b>		
<b>ALKYLATING AGENTS</b>		
<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA
GLEOSTINE CAP 10MG ( <i>lomustine</i> )	Tier 4	PA
GLEOSTINE CAP 40MG ( <i>lomustine</i> )	Tier 4	PA
GLEOSTINE CAP 100MG ( <i>lomustine</i> )	Tier 4	PA
LEUKERAN TAB 2MG ( <i>chlorambucil</i> )	Tier 3	PA
<i>melphalan tab 2 mg</i>	Tier 1	PA
<i>temozolomide cap 5 mg</i>	Tier 4	PA
<i>temozolomide cap 20 mg</i>	Tier 4	PA
<i>temozolomide cap 100 mg</i>	Tier 4	PA
<i>temozolomide cap 140 mg</i>	Tier 4	PA
<i>temozolomide cap 180 mg</i>	Tier 4	PA
<i>temozolomide cap 250 mg</i>	Tier 4	PA
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>methotrexate sodium tab 2.5 mg (base equiv)</b>	Tier 1	MAIL
<b>TABLOID TAB 40MG (thioguanine)</b>	Tier 3	PA
<b>ANTINEOPLASTIC - ANTIBODIES</b>		
<b>RITUXAN INJ 100MG (rituximab)</b>	Tier 4	PA
<b>RITUXAN INJ 500MG (rituximab)</b>	Tier 4	PA
<b>RUXIENCE INJ 100/10ML (rituximab-pvvr)</b>	Tier 4	PA
<b>RUXIENCE INJ 500/50ML (rituximab-pvvr)</b>	Tier 4	PA
<b>TRUXIMA INJ 100/10ML (rituximab-abbs)</b>	Tier 4	PA
<b>TRUXIMA INJ 500/50ML (rituximab-abbs)</b>	Tier 4	PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
<b>ERIVEDGE CAP 150MG (vismodegib)</b>	Tier 4	QL (30 per 30 days), PA
<b>ODOMZO CAP 200MG (sonidegib phosphate)</b>	Tier 4	QL (30 per 30 days), PA
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<b>abiraterone acetate tab 250 mg</b>	Tier 4	QL (120 per 30 days), PA
<b>anastrozole tab 1 mg</b>	Tier 1	MAIL
<b>bicalutamide tab 50 mg</b>	Tier 1	QL (90 tabs / 30 days)
<b>ELIGARD INJ 7.5MG (leuprolide acetate)</b>	Tier 4	PA
<b>ELIGARD INJ 22.5MG (leuprolide acetate (3 month))</b>	Tier 4	PA
<b>EMCYT CAP 140MG (estramustine phosphate sodium)</b>	Tier 4	PA
<b>exemestane tab 25 mg</b>	Tier 3	MAIL, PA
<b>FIRMAGON INJ 80MG (degarelix acetate)</b>	Tier 4	PA
<b>flutamide cap 125 mg</b>	Tier 3	
<b>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</b>	Tier 3	PA
<b>letrozole tab 2.5 mg</b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>leuprolide acetate inj kit 5 mg/ml</b>	Tier 4	PA
<b>LUPRON DEPOT INJ 3.75MG (leuprolide acetate)</b>	Tier 4	PA
<b>LUPRON DEPOT INJ 7.5MG (leuprolide acetate)</b>	Tier 4	PA
<b>LUPRON DEPOT INJ 11.25MG (leuprolide acetate (3 month))</b>	Tier 4	PA
<b>LUPRON DEPOT INJ 22.5MG (leuprolide acetate (3 month))</b>	Tier 4	PA
<b>LYSODREN TAB 500MG (mitotane)</b>	Tier 4	PA
<b>megestrol acetate susp 40 mg/ml</b>	Tier 1	
<b>megestrol acetate tab 20 mg</b>	Tier 1	
<b>megestrol acetate tab 40 mg</b>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<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
TRELSTAR MIX INJ 3.75MG ( <i>triptorelin pamoate</i> )	Tier 4	PA
TRELSTAR MIX INJ 11.25MG ( <i>triptorelin pamoate</i> )	Tier 4	PA
ZOLADEX IMP 3.6MG ( <i>goserelin acetate</i> )	Tier 4	PA
ZOLADEX IMP 10.8MG ( <i>goserelin acetate</i> )	Tier 4	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG ( <i>pomalidomide</i> )	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 2MG ( <i>pomalidomide</i> )	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 3MG ( <i>pomalidomide</i> )	Tier 4	QL (30 per 30 days), PA
POMALYST CAP 4MG ( <i>pomalidomide</i> )	Tier 4	QL (30 per 30 days), PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
KISQALI 200 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	Tier 4	QL (49 per 28 days), PA
KISQALI 400 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	Tier 4	QL (70 per 28 days), PA
KISQALI 600 PAK FEMARA ( <i>ribociclib succinate-letrozole</i> )	Tier 4	QL (91 per 28 days), PA
LONSURF TAB 15-6.14 ( <i>trifluridine-tipiracil</i> )	Tier 4	QL (100 per 28 days), PA
LONSURF TAB 20-8.19 ( <i>trifluridine-tipiracil</i> )	Tier 4	QL (100 per 28 days), PA
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
AFINITOR DIS TAB 2MG ( <i>everolimus</i> )	Tier 4	QL (60 per 30 days), PA
AFINITOR DIS TAB 3MG ( <i>everolimus</i> )	Tier 4	QL (90 per 30 days), PA
AFINITOR DIS TAB 5MG ( <i>everolimus</i> )	Tier 4	QL (60 per 30 days), PA
AFINITOR TAB 2.5MG ( <i>everolimus</i> )	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 5MG ( <i>everolimus</i> )	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 7.5MG ( <i>everolimus</i> )	Tier 4	QL (30 per 30 days), PA
AFINITOR TAB 10MG ( <i>everolimus</i> )	Tier 4	QL (30 per 30 days), PA
ALECENSA CAP 150MG ( <i>alectinib hcl</i> )	Tier 4	QL (240 per 30 days), PA
BRUKINSA CAP 80MG ( <i>zanubrutinib</i> )	Tier 4	QL (120 per 30 days), MAIL, PA
CAPRELSA TAB 100MG ( <i>vandetanib</i> )	Tier 4	QL (60 per 30 days), PA
CAPRELSA TAB 300MG ( <i>vandetanib</i> )	Tier 4	QL (30 per 30 days), PA
COMETRIQ KIT 60MG ( <i>cabozantinib s-malate</i> )	Tier 4	QL (90 per 30 days), PA
COMETRIQ KIT 100MG ( <i>cabozantinib s-malate</i> )	Tier 4	QL (60 per 30 days), PA
COMETRIQ KIT 140MG ( <i>cabozantinib s-malate</i> )	Tier 4	QL (120 per 30 days), PA
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 2.5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 5 mg</i>	Tier 4	QL (30 per 30 days), PA
<i>everolimus tab 7.5 mg</i>	Tier 4	QL (30 per 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
FARYDAK CAP 10MG ( <i>panobinostat lactate</i> )	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 15MG ( <i>panobinostat lactate</i> )	Tier 4	QL (6 per 21 days), PA
FARYDAK CAP 20MG ( <i>panobinostat lactate</i> )	Tier 4	QL (6 per 21 days), PA
GILOTRIF TAB 20MG ( <i>afatinib dimaleate</i> )	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 30MG ( <i>afatinib dimaleate</i> )	Tier 4	QL (30 per 30 days), PA
GILOTRIF TAB 40MG ( <i>afatinib dimaleate</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 75MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 100MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE CAP 125MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 75MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 100MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
IBRANCE TAB 125MG ( <i>palbociclib</i> )	Tier 4	QL (30 per 30 days), PA
ICLUSIG TAB 15MG ( <i>ponatinib hcl</i> )	Tier 4	QL (60 per 30 days), PA
ICLUSIG TAB 45MG ( <i>ponatinib hcl</i> )	Tier 4	QL (30 per 30 days), PA
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	QL (90 per 30 days), PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	QL (60 per 30 days), PA
IMBRUVICA CAP 140MG ( <i>ibrutinib</i> )	Tier 4	QL (90 per 30 days), PA
JAKAFI TAB 5MG ( <i>ruxolitinib phosphate</i> )	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 10MG ( <i>ruxolitinib phosphate</i> )	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 15MG ( <i>ruxolitinib phosphate</i> )	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 20MG ( <i>ruxolitinib phosphate</i> )	Tier 4	QL (60 per 30 days), PA
JAKAFI TAB 25MG ( <i>ruxolitinib phosphate</i> )	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 200DOSE ( <i>ribociclib succinate</i> )	Tier 4	QL (30 per 30 days), PA
KISQALI TAB 400DOSE ( <i>ribociclib succinate</i> )	Tier 4	QL (60 per 30 days), PA
KISQALI TAB 600DOSE ( <i>ribociclib succinate</i> )	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 4MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 8 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 10 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
LENVIMA CAP 12MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 14 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 18 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (90 per 30 days), PA
LENVIMA CAP 20 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (60 per 30 days), PA
LENVIMA CAP 24 MG ( <i>lenvatinib mesylate</i> )	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 0.5MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	QL (90 per 30 days), PA
MEKINIST TAB 2MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4	QL (30 per 30 days), PA
NEXAVAR TAB 200MG ( <i>sorafenib tosylate</i> )	Tier 4	QL (120 per 30 days), PA
RUBRACA TAB 200MG ( <i>rucaparib camsylate</i> )	Tier 4	PA
RUBRACA TAB 250MG ( <i>rucaparib camsylate</i> )	Tier 4	PA
RUBRACA TAB 300MG ( <i>rucaparib camsylate</i> )	Tier 4	PA
SPRYCEL TAB 20MG ( <i>dasatinib</i> )	Tier 4	QL (90 per 30 days), PA
SPRYCEL TAB 50MG ( <i>dasatinib</i> )	Tier 4	QL (30 per 30 days), PA

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Drug Name	Drug Tier	Requirements/Limits
SPRYCEL TAB 70MG ( <i>dasatinib</i> )	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 80MG ( <i>dasatinib</i> )	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 100MG ( <i>dasatinib</i> )	Tier 4	QL (30 per 30 days), PA
SPRYCEL TAB 140MG ( <i>dasatinib</i> )	Tier 4	QL (30 per 30 days), PA
STIVARGA TAB 40MG ( <i>regorafenib</i> )	Tier 4	QL (90 per 30 days), PA
SUTENT CAP 12.5MG ( <i>sunitinib malate</i> )	Tier 4	QL (120 per 30 days), PA
SUTENT CAP 25MG ( <i>sunitinib malate</i> )	Tier 4	QL (60 per 30 days), PA
SUTENT CAP 37.5MG ( <i>sunitinib malate</i> )	Tier 4	QL (30 per 30 days), PA
SUTENT CAP 50MG ( <i>sunitinib malate</i> )	Tier 4	QL (30 per 30 days), PA
TAFINLAR CAP 50MG ( <i>dabrafenib mesylate</i> )	Tier 4	QL (120 per 30 days), PA
TAFINLAR CAP 75MG ( <i>dabrafenib mesylate</i> )	Tier 4	QL (120 per 30 days), PA
TAGRISSE TAB 40MG ( <i>osimertinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
TAGRISSE TAB 80MG ( <i>osimertinib mesylate</i> )	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 25MG ( <i>erlotinib hcl</i> )	Tier 4	QL (90 per 30 days), PA
TARCEVA TAB 100MG ( <i>erlotinib hcl</i> )	Tier 4	QL (30 per 30 days), PA
TARCEVA TAB 150MG ( <i>erlotinib hcl</i> )	Tier 4	QL (30 per 30 days), PA
TASIGNA CAP 50MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 150MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TASIGNA CAP 200MG ( <i>nilotinib hcl</i> )	Tier 4	QL (120 per 30 days), PA
TYKERB TAB 250MG ( <i>lapatinib ditosylate</i> )	Tier 4	QL (180 per 30 days), PA
VOTRIENT TAB 200MG ( <i>pazopanib hcl</i> )	Tier 4	QL (120 per 30 days), PA
XALKORI CAP 200MG ( <i>crizotinib</i> )	Tier 4	QL (60 per 30 days), PA
XALKORI CAP 250MG ( <i>crizotinib</i> )	Tier 4	QL (60 per 30 days), PA
ZEJULA CAP 100MG ( <i>niraparib tosylate</i> )	Tier 4	QL (90 per 30 days), PA
ZOLINZA CAP 100MG ( <i>vorinostat</i> )	Tier 4	QL (120 per 30 days), PA
ZYDELIG TAB 100MG ( <i>idelalisib</i> )	Tier 4	QL (60 per 30 days), PA
ZYDELIG TAB 150MG ( <i>idelalisib</i> )	Tier 4	QL (60 per 30 days), PA
ZYKADIA CAP 150MG ( <i>ceritinib</i> )	Tier 4	PA
<b>ANTINEOPLASTICS MISC.</b>		
ACTIMMUNE INJ 2MU/0.5 ( <i>interferon gamma-1b</i> )	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU ( <i>interferon alfa-2b</i> )	Tier 4	PA
INTRON A INJ 18MU ( <i>interferon alfa-2b</i> )	Tier 4	PA
INTRON A INJ 25MU ( <i>interferon alfa-2b</i> )	Tier 4	PA
INTRON A INJ 50MU ( <i>interferon alfa-2b</i> )	Tier 4	PA
MATULANE CAP 50MG ( <i>procarbazine hcl</i> )	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	PA
<b>CHEMOTHERAPY ADJUNCTS</b>		
KEPIVANCE INJ 6.25MG ( <i>palifermin</i> )	Tier 4	PA
<b>CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS</b>		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
<b>MITOTIC INHIBITORS</b>		
<i>etoposide cap 50 mg</i>	Tier 4	PA
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS</b>		
<b>ANTIPARKINSON ADJUVANTS</b>		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<b>ANTIPARKINSON COMT INHIBITORS</b>		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	MAIL
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
<i>APOKYN INJ 10MG/ML (apomorphine hydrochloride)</i>	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
NEUPRO DIS 2MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
NEUPRO DIS 3MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
NEUPRO DIS 4MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
NEUPRO DIS 6MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
NEUPRO DIS 8MG/24HR ( <i>rotigotine</i> )	Tier 3	MAIL, PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
<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
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS</b>		
<b>ANTIMANIC AGENTS</b>		
<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)

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



Drug Name	Drug Tier	Requirements/Limits
INVEGA SUST INJ 117/0.75 ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.75 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1.5 mL / 30 days); AGE (Min 6 years)
INVEGA TRINZ INJ 273MG ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (0.875 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 410MG ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1.315 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 546MG ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (1.75 mL / 90 days); AGE (Min 6 years)
INVEGA TRINZ INJ 819MG ( <i>paliperidone palmitate</i> )	Tier 3	AGE, QL (2.65 mL / 90 days); AGE (Min 6 years)
<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 3 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 6 mg</i>	Tier 3	MAIL, PA
<i>paliperidone tab er 24hr 9 mg</i>	Tier 3	MAIL, PA
RISPERDAL INJ 12.5MG ( <i>risperidone microspheres</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 25MG ( <i>risperidone microspheres</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 37.5MG ( <i>risperidone microspheres</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
RISPERDAL INJ 50MG ( <i>risperidone microspheres</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 3	AGE, QL (60 ea / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 3	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 3	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone soln 1 mg/ml</i>	Tier 1	AGE, QL (480 mL / 30 days), MAIL; AGE (Min 5 years)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 0.5 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 0.25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 1 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 2 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 3 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
<b>BUTYROPHENONES</b>		
<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)
<b>DIBENZAPINES</b>		
<i>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>loxapine succinate cap 10 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>loxapine succinate cap 25 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>loxapine succinate cap 50 mg</i></b>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 2.5 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 5 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 7.5 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 10 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 15 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>olanzapine tab 20 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 25 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 50 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 100 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 200 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 300 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab 400 mg</i></b>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 50 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<b><i>quetiapine fumarate tab er 24hr 150 mg</i></b>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)

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Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days), MAIL; AGE (Min 6 years)
SAPHRIS SUB 2.5MG ( <i>asenapine maleate</i> )	Tier 2	MAIL, PA
SAPHRIS SUB 5MG ( <i>asenapine maleate</i> )	Tier 2	MAIL, PA
SAPHRIS SUB 10MG ( <i>asenapine maleate</i> )	Tier 2	MAIL, PA
ZYPREXA RELP INJ 210MG ( <i>olanzapine pamoate</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 300MG ( <i>olanzapine pamoate</i> )	Tier 3	AGE, QL (2 mL / 30 days); AGE (Min 6 years)
ZYPREXA RELP INJ 405MG ( <i>olanzapine pamoate</i> )	Tier 3	AGE, QL (1 mL / 30 days); AGE (Min 6 years)
<b>PHENOTHIAZINES</b>		
<i>chlorpromazine hcl tab 10 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 25 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 50 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 100 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>chlorpromazine hcl tab 200 mg</i>	Tier 3	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>perphenazine tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 4 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 8 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>perphenazine tab 16 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>prochlorperazine suppos 25 mg</i>	Tier 3	AGE; AGE (Min 6 years)
<i>thioridazine hcl tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>thioridazine hcl tab 100 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years, Max 64 years)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<b>QUINOLINONE DERIVATIVES</b>		
ABILIFY MAIN INJ 300MG ( <i>aripiprazole</i> )	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
ABILIFY MAIN INJ 400MG ( <i>aripiprazole</i> )	Tier 2	AGE, QL (1 ea / 30 days); AGE (Min 6 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 3	MAIL, PA
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ARISTADA INJ 441MG/1. ( <i>aripiprazole lauroxil</i> )	Tier 2	AGE, QL (1.6 mL / 30 days); AGE (Min 6 years)
ARISTADA INJ 662MG/2 ( <i>aripiprazole lauroxil</i> )	Tier 2	AGE, QL (2.4 mL / 30 days); AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INJ 882MG/3 ( <i>aripiprazole lauroxil</i> )	Tier 2	AGE, QL (3.2 mL / 30 days); AGE (Min 6 years)
<b>THIOXANTHENES</b>		
<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)
<b>ANTISEPTICS &amp; DISINFECTANTS</b>		
<b>CHLORINE ANTISEPTICS</b>		
<i>chlorhexidine gluconate liquid 4%</i>	Tier 1	OTC
<b>ANTIVIRALS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (900 mL / 30 days)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG ( <i>tipranavir</i> )	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL ( <i>tipranavir</i> )	Tier 2	QL (300 mL / 30 days)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (60 caps / 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (30 caps / 30 days)
ATRIPLA TAB ( <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
BIKTARVY TAB ( <i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 ( <i>lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB ( <i>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG ( <i>indinavir sulfate</i> )	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG ( <i>indinavir sulfate</i> )	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB ( <i>doravirine-lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25 ( <i>emtricitabine-tenofovir alafenamide fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG ( <i>dolutegravir sodium-lamivudine</i> )	Tier 2	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
EDURANT TAB 25MG ( <i>rilpivirine hcl</i> )	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG ( <i>emtricitabine</i> )	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML ( <i>emtricitabine</i> )	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 ( <i>atazanavir sulfate-cobicistat</i> )	Tier 2	QL (30 tabs / 30 days)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG ( <i>enfuvirtide</i> )	Tier 4	PA
GENVOYA TAB ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG ( <i>etravirine</i> )	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG ( <i>etravirine</i> )	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG ( <i>etravirine</i> )	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG ( <i>saquinavir mesylate</i> )	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG ( <i>raltegravir potassium</i> )	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG ( <i>dolutegravir sodium-rilpivirine hcl</i> )	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG ( <i>lopinavir-ritonavir</i> )	Tier 2	QL (180 tabs / 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (900 mL / 30 days)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (30 mL / 30 days)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (1200 mL / 30 days)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>nevirapine tab er 24hr 100 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (30 tabs / 30 days)
NORVIR SOL 80MG/ML ( <i>ritonavir</i> )	Tier 2	QL (450 mL / 30 days)
ODEFSEY TAB ( <i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
PIFELTRO TAB 100MG ( <i>doravirine</i> )	Tier 2	QL (30 tabs / 30 days)
PREZCOBIX TAB 800-150 ( <i>darunavir-cobicistat</i> )	Tier 2	QL (30 tabs / 30 days)
PREZISTA SUS 100MG/ML ( <i>darunavir ethanolate</i> )	Tier 2	QL (480 mL / 30 days)
PREZISTA TAB 75MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (480 tabs / 30 days)
PREZISTA TAB 150MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (240 tabs / 30 days)

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Drug Name	Drug Tier	Requirements/Limits
PREZISTA TAB 600MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (60 tabs / 30 days)
PREZISTA TAB 800MG ( <i>darunavir ethanolate</i> )	Tier 2	QL (30 tabs / 30 days)
RESCRIPTOR TAB 200MG ( <i>delavirdine mesylate</i> )	Tier 2	QL (180 tabs / 30 days)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (360 tabs / 30 days)
SELZENTRY SOL 20MG/ML ( <i>maraviroc</i> )	Tier 2	QL (900 mL / 30 days)
SELZENTRY TAB 25MG ( <i>maraviroc</i> )	Tier 2	QL (120 tabs / 30 days)
SELZENTRY TAB 75MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 150MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
SELZENTRY TAB 300MG ( <i>maraviroc</i> )	Tier 2	QL (60 tabs / 30 days)
<i>stavudine cap 15 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 20 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 30 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>stavudine cap 40 mg</i>	Tier 1	QL (60 caps / 30 days)
STRIBILD TAB ( <i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i> )	Tier 2	QL (30 tabs / 30 days)
SYMFI LO TAB ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
SYMFI TAB ( <i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
SYMTUZA TAB ( <i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i> )	Tier 2	QL (30 tabs / 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days)
TIVICAY PD TAB 5MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (180 per 30 days)
TIVICAY TAB 10MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 25MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (30 tabs / 30 days)
TIVICAY TAB 50MG ( <i>dolutegravir sodium</i> )	Tier 2	QL (60 tabs / 30 days)
TRIUMEQ TAB ( <i>abacavir-dolutegravir-lamivudine</i> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 100-150 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 133-200 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 167-250 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
TRUVADA TAB 200-300 ( <i>emtricitabine-tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
TYBOST TAB 150MG ( <i>cobicistat</i> )	Tier 2	QL (30 tabs / 30 days)
VIDEX EC CAP 125MG ( <i>didanosine</i> )	Tier 2	QL (30 caps / 30 days)
VIRACEPT TAB 250MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG ( <i>nelfinavir mesylate</i> )	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	QL (30 tabs / 30 days)



Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>CMV AGENTS</b>		
FOSCAVIR INJ 24MG/ML ( <i>foscarnet sodium</i> )	Tier 3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
<b>HEPATITIS AGENTS</b>		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
BARACLUDE SOL ( <i>entecavir</i> )	Tier 3	PA
DAKLINZA TAB 30MG ( <i>daclatasvir dihydrochloride</i> )	Tier 4	PA
DAKLINZA TAB 60MG ( <i>daclatasvir dihydrochloride</i> )	Tier 4	PA
<i>entecavir tab 0.5 mg</i>	Tier 3	QL (30 tabs / 30 days)
<i>entecavir tab 1 mg</i>	Tier 3	QL (30 tabs / 30 days)
EPIVIR HBV SOL 5MG/ML ( <i>lamivudine (hbv)</i> )	Tier 3	QL (1800 mL / 30 days)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	QL (90 tabs / 30 days)
LEDIP-SOFOSB TAB 90-400MG	Tier 4	QL (28 tablets / 28 days), PA; Preferred
PEGASYS INJ ( <i>peginterferon alfa-2a</i> )	Tier 4	PA
PEGASYS INJ 180MCG/M ( <i>peginterferon alfa-2a</i> )	Tier 4	PA
<i>ribavirin cap 200 mg</i> (Ribasphere)	Tier 1	
<i>ribavirin tab 200 mg</i>	Tier 1	
SOFOS/VELPAT TAB 400-100	Tier 4	QL (28 tablets / 28 days), PA; Preferred
SOVALDI TAB 400MG ( <i>sofosbuvir</i> )	Tier 4	QL (28 tablets / 28 days), PA
TECHNIVIE TAB ( <i>ombitasvir-paritaprevir-ritonavir</i> )	Tier 4	QL (56 tablets / 28 days), PA
VOSEVI TAB ( <i>sofosbuvir-velpatasvir-voxilaprevir</i> )	Tier 4	QL (28 tablets / 28 days), PA
ZEPATIER TAB 50-100MG ( <i>elbasvir-grazoprevir</i> )	Tier 4	QL (28 tablets / 28 days), PA
<b>HERPES AGENTS</b>		
<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)

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Drug Name	Drug Tier	Requirements/Limits
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE ( <i>zanamivir</i> )	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG ( <i>baloxavir marboxil</i> )	Tier 2	QL (2 tabs / 30 days)
<b>BETA BLOCKERS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG ( <i>nebivolol hcl</i> )	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG ( <i>nebivolol hcl</i> )	Tier 3	MAIL, PA

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Drug Name	Drug Tier	Requirements/Limits
BYSTOLIC TAB 10MG ( <i>nebivolol hcl</i> )	Tier 3	MAIL, PA
BYSTOLIC TAB 20MG ( <i>nebivolol hcl</i> )	Tier 3	MAIL, PA
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<b>BETA BLOCKERS NON-SELECTIVE</b>		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afI) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL
<b>CALCIUM CHANNEL BLOCKERS</b>		
<b><i>CALCIUM CHANNEL BLOCKERS</i></b>		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	MAIL, PA
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

## CARDIOTONICS

### CARDIAC GLYCOSIDES

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

## CARDIOVASCULAR AGENTS - MISC.

### CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

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

### PERIPHERAL VASODILATORS

<i>inositol niacinate cap 500 mg</i> (Niacin Flush Free)	Tier 1	OTC, MAIL
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### PROSTAGLANDIN VASODILATORS

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

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

Drug Name	Drug Tier	Requirements/Limits
REMODULIN INJ 1MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 2.5MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 5MG/ML ( <i>treprostinil</i> )	Tier 4	PA
REMODULIN INJ 10MG/ML ( <i>treprostinil</i> )	Tier 4	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 4	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 4	PA
VENTAVIS SOL 10MCG/ML ( <i>iloprost</i> )	Tier 4	PA
VENTAVIS SOL 20MCG/ML ( <i>iloprost</i> )	Tier 4	PA
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>ambrisentan tab 10 mg</i>	Tier 4	QL (30 tabs / 30 days), PA
<i>bosentan tab 62.5 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
<i>bosentan tab 125 mg</i>	Tier 4	QL (60 tabs / 30 days), PA
LETAIRIS TAB 5MG ( <i>ambrisentan</i> )	Tier 4	QL (30 tabs / 30 days), PA
LETAIRIS TAB 10MG ( <i>ambrisentan</i> )	Tier 4	QL (30 tabs / 30 days), PA
OPSUMIT TAB 10MG ( <i>macitentan</i> )	Tier 4	QL (30 tabs / 30 days), PA
TRACLEER TAB 32MG ( <i>bosentan</i> )	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 62.5MG ( <i>bosentan</i> )	Tier 4	QL (60 tabs / 30 days), PA
TRACLEER TAB 125MG ( <i>bosentan</i> )	Tier 4	QL (60 tabs / 30 days), PA
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	QL (90 tabs / 30 days), PA
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	QL (60 tabs / 30 days), PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI TAB 200/800 ( <i>selexipag</i> )	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA

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

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 800MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG ( <i>selexipag</i> )	Tier 4	QL (60 tabs / 30 days), PA

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

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

### **SINUS NODE INHIBITORS**

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

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

#### **CEPHALOSPORINS - 2ND GENERATION**

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

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Drug Name	Drug Tier	Requirements/Limits
<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)
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<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	
SUPRAX CAP 400MG ( <i>cefixime</i> )	Tier 3	

## CONTRACEPTIVES

### COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20 ( <i>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</i> )	Tier 5	MAIL
BEYAZ TAB ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	Tier 5	MAIL
BREVICON TAB 0.5/35 ( <i>norethindrone &amp; eth estradiol</i> )	Tier 5	MAIL
CYCLESSA PAK ( <i>desogestrel-ethinyl estradiol (triphasic)</i> )	Tier 5	MAIL
DESOGEN-28 TAB ( <i>desogestrel &amp; ethinyl estradiol</i> )	Tier 5	MAIL
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)</i>	Tier 5	MAIL
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	MAIL
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)</i>	Tier 5	MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	MAIL
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	MAIL
ESTROSTEP FE TAB ( <i>norethindrone acetate-ethinyl estradiol-fe</i> )	Tier 5	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b>	Tier 5	MAIL
<b><i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i></b> (Kelnor 1/50)	Tier 5	MAIL
<b><i>FALESSA KIT (levonorgestrel-ethinyl estradiol &amp; folic acid)</i></b>	Tier 5	MAIL
<b><i>GENERESS FE CHW (norethindrone &amp; ethinyl estradiol-fe)</i></b>	Tier 5	MAIL
<b><i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i></b> (Rivelsa)	Tier 5	MAIL
<b><i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i></b>	Tier 5	MAIL
<b><i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i></b>	Tier 5	MAIL
<b><i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i></b>	Tier 5	MAIL
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i></b>	Tier 5	MAIL
<b><i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i></b>	Tier 5	MAIL
<b><i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i></b>	Tier 5	MAIL
<b><i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i></b>	Tier 5	MAIL
<b><i>LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))</i></b>	Tier 5	MAIL
<b><i>LOESTRIN 21 TAB 1.5/30 (norethindrone acet &amp; eth estra)</i></b>	Tier 5	MAIL
<b><i>LOESTRIN FE TAB 1.5/30 (norethin acet &amp; estrad-fe)</i></b>	Tier 5	MAIL
<b><i>LOESTRIN FE TAB 1/20 (norethin acet &amp; estrad-fe)</i></b>	Tier 5	MAIL
<b><i>LOESTRIN TAB 1/20-21 (norethindrone acet &amp; eth estra)</i></b>	Tier 5	MAIL
<b><i>LOSEASONIQUE TAB (levonorgestrel-ethinyl estradiol (91-day))</i></b>	Tier 5	MAIL
<b><i>MINASTRIN 24 CHW FE (norethin acet &amp; estrad-fe)</i></b>	Tier 5	MAIL
<b><i>MIRCETTE TAB 28 DAY (desogestrel-ethinyl estradiol (biphasic))</i></b>	Tier 5	MAIL
<b><i>NATAZIA TAB (estradiol valerate-dienogest)</i></b>	Tier 5	MAIL
<b><i>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</i></b> (Briellyn)	Tier 5	MAIL
<b><i>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</i></b> (Nortrel 0.5/35 (28))	Tier 5	MAIL
<b><i>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</i></b> (Nortrel 1/35)	Tier 5	MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b>	Tier 5	MAIL
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b>	Tier 5	MAIL
<b>norethindrone &amp; mestranol tab 1 mg-50 mcg</b> (Necon 1/50-28)	Tier 5	MAIL
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> (Tilia Fe)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b>	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> (Junel 1.5/30)	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b>	Tier 5	MAIL
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> (Junel Fe 1.5/30)	Tier 5	MAIL
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> (Melodetta 24 Fe)	Tier 5	MAIL
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> (Larin 24 Fe)	Tier 5	MAIL
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> (Nortrel 7/7/7)	Tier 5	MAIL
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> (Leena)	Tier 5	MAIL
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b>	Tier 5	MAIL
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b>	Tier 5	MAIL
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b>	Tier 5	MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> (Low-ogestrel)	Tier 5	MAIL
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> (Ogestrel)	Tier 5	MAIL
ORTHO TRI- TAB CYCLEN ( <b>norgestimate-ethinyl estradiol (triphasic)</b> )	Tier 5	MAIL
ORTHO TRI- TAB CYCLN LO ( <b>norgestimate-ethinyl estradiol (triphasic)</b> )	Tier 5	MAIL
ORTHO-CYCLEN TAB 0.25/35 ( <b>norgestimate-ethinyl estradiol</b> )	Tier 5	MAIL
ORTHO-NOVUM TAB 1/35 ( <b>norethindrone &amp; eth estradiol</b> )	Tier 5	MAIL
ORTHO-NOVUM TAB 7/7/7 ( <b>norethindrone-eth estradiol (triphasic)</b> )	Tier 5	MAIL
QUARTETTE TAB ( <b>levonorgestrel-ethinyl estradiol (91-day)</b> )	Tier 5	MAIL

Drug Name	Drug Tier	Requirements/Limits
SAFYRAL TAB ( <i>drospirenone-ethinyl estradiol-levomefolate calcium</i> )	Tier 5	MAIL
SEASONIQUE TAB ( <i>levonorgestrel-ethinyl estradiol (91-day)</i> )	Tier 5	MAIL
TAYTULLA CAP 1MG/20MC ( <i>norethin acet &amp; estrad-fe</i> )	Tier 5	MAIL
TRI-NORINYL TAB 28 ( <i>norethindrone-eth estradiol (triphasic)</i> )	Tier 5	MAIL
YASMIN 28 TAB 3-0.03MG ( <i>drospirenone-ethinyl estradiol</i> )	Tier 5	MAIL
YAZ TAB 3-0.02MG ( <i>drospirenone-ethinyl estradiol</i> )	Tier 5	MAIL
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	MAIL
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	Tier 5	MAIL
NUVARING MIS ( <i>etonogestrel-ethinyl estradiol</i> )	Tier 5	MAIL
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A ( <i>copper (iud)</i> )	Tier 5	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG ( <i>ulipristal acetate</i> )	Tier 5	
<i>levonorgestrel tab 1.5 mg</i> (My Way)	Tier 5	OTC
PLAN B TAB 1.5MG ( <i>levonorgestrel (emergency oc)</i> )	Tier 5	OTC
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG ( <i>etonogestrel</i> )	Tier 5	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML ( <i>medroxyprogesterone acetate (contraceptive)</i> )	Tier 5	
DEPO-SQ PROV INJ 104 ( <i>medroxyprogesterone acetate (contraceptive)</i> )	Tier 5	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG ( <i>levonorgestrel (iud)</i> )	Tier 5	
LILETTA IUD 52MG ( <i>levonorgestrel (iud)</i> )	Tier 5	
MIRENA IUD SYSTEM ( <i>levonorgestrel (iud)</i> )	Tier 5	
SKYLA IUD 13.5MG ( <i>levonorgestrel (iud)</i> )	Tier 5	

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

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>norethindrone tab 0.35 mg</i>	Tier 5	MAIL
ORTHO MICRON TAB 0.35MG ( <i>norethindrone (contraceptive)</i> )	Tier 5	MAIL
<b>CORTICOSTEROIDS</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<i>dexamethasone tab 1 mg</i>	Tier 1	
<i>dexamethasone tab 1.5 mg</i>	Tier 1	
<i>dexamethasone tab 2 mg</i>	Tier 1	
<i>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone 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	

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<b>MINERALOCORTICIDS</b>		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
<b>COUGH/COLD/ALLERGY</b>		
<b>ANTITUSSIVES</b>		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML ( <i>dextromethorphan hbr</i> )	Tier 1	OTC
<b>COUGH/COLD/ALLERGY COMBINATIONS</b>		
<i>brompheniramine &amp; 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	OTC, QL (240 mL / 30 days)
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i> (Mucus-dm)	Tier 1	OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i> (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
<i>diphenhydramine-phenylephrine tab 25-10 mg</i> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Guaiatussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i> (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i> (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<b>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</b> (Ra Mucus Relief D)	Tier 1	OTC
<b>EXPECTORANTS</b>		
<b>guaifenesin liquid 100 mg/5ml</b>	Tier 1	OTC
<b>guaifenesin syrup 100 mg/5ml</b> (Robafen)	Tier 1	OTC
<b>guaifenesin tab 200 mg</b>	Tier 1	OTC
<b>guaifenesin tab 400 mg</b> (Sm Chest Congestion Relie)	Tier 1	OTC
<b>guaifenesin tab er 12hr 600 mg</b> (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
<b>MISC. RESPIRATORY INHALANTS</b>		
<b>sodium chloride soln nebu 0.9%</b>	Tier 1	
<b>sodium chloride soln nebu 3%</b> (Nebusal)	Tier 1	
<b>sodium chloride soln nebu 7%</b>	Tier 1	
<b>MUCOLYTICS</b>		
<b>acetylcysteine inhal soln 10%</b>	Tier 1	
<b>acetylcysteine inhal soln 20%</b>	Tier 1	
<b>DERMATOLOGICALS</b>		
<b>ACNE PRODUCTS</b>		
ACNE MEDICAT LOT 5% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
ACNE MEDICAT LOT 10% ( <b>benzoyl peroxide</b> )	Tier 1	OTC
<b>adapalene lotion 0.1%</b>	Tier 1	AGE, QL (59 mL / 30 days), ST; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<b>benzoyl peroxide gel 5%</b> (Bp Gel)	Tier 1	OTC
<b>benzoyl peroxide gel 10%</b> (Clean & Clear Persa-gel M)	Tier 1	OTC
<b>benzoyl peroxide liq 5%</b> (Bp Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<b>benzoyl peroxide liq 10%</b> (Benzoyl Peroxide Wash)	Tier 1	OTC, QL (240 gm / 30 days)
<b>benzoyl peroxide-erythromycin gel 5-3%</b>	Tier 3	PA
<b>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</b>	Tier 3	PA
<b>clindamycin phosphate gel 1%</b>	Tier 3	QL (60 gm / 30 days)
<b>clindamycin phosphate lotion 1%</b>	Tier 3	QL (60 mL / 30 days)
<b>clindamycin phosphate soln 1%</b>	Tier 1	QL (60 mL / 30 days)
<b>clindamycin phosphate-tretinoin gel 1.2-0.025%</b>	Tier 3	PA
DIFFERIN GEL 0.1% ( <b>adapalene</b> )	Tier 1	OTC, QL (45 gm / 30 days)
<b>erythromycin soln 2%</b>	Tier 1	QL (60 mL / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 3	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 3	PA
<i>isotretinoin cap 30 mg</i>	Tier 3	PA
<i>isotretinoin cap 40 mg</i>	Tier 3	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>sulfacetamide sodium-sulfur in urea emulsion 10-4%</i> (Bp Cleansing Wash)	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.025%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 3	AGE, QL (45 gm / 30 days), ST; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
VELTIN GEL ( <i>clindamycin phosphate-tretinoin</i> )	Tier 3	PA
<b>AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS</b>		
VEREGEN OIN 15% ( <i>sinecatechins</i> )	Tier 3	PA
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), PA
<i>diclofenac sodium gel 1%</i>	Tier 1	OTC, QL (200 gm / 30 days), PA
<b>ANTIBIOTICS - TOPICAL</b>		
ALTABAX OIN 1% ( <i>retapamulin</i> )	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC

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



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

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

Drug Name	Drug Tier	Requirements/Limits
OXISTAT LOT 1% ( <i>oxiconazole nitrate</i> )	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 3	PA
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 30 days)
<i>tolnaftate aerosol pow 1%</i> (Cvs Af Spray Powder)	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i> (Anti-fungal Powder)	Tier 1	OTC
<i>tolnaftate soln 1%</i> (Mycocide Clinical Ns Anti)	Tier 1	OTC
<b>ANTIHI STAMINES-TOPICAL</b>		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i> (Sm Anti-itch Extra Streng)	Tier 1	OTC
<b>ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL</b>		
<i>fluorouracil cream 5%</i>	Tier 3	
PANRETIN GEL 0.1% ( <i>alitretinoin</i> )	Tier 4	PA
PICATO GEL 0.05% ( <i>ingenol mebutate</i> )	Tier 3	PA
PICATO GEL 0.015% ( <i>ingenol mebutate</i> )	Tier 3	PA
TARGETIN GEL 1% ( <i>bexarotene (topical)</i> )	Tier 4	PA
<b>ANTIPSORIATICS</b>		
<i>acitretin cap 10 mg</i>	Tier 3	PA
<i>acitretin cap 17.5 mg</i>	Tier 3	PA
<i>acitretin cap 25 mg</i>	Tier 3	PA
<i>calcipotriene oint 0.005%</i>	Tier 3	PA
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Tier 3	PA
<i>calcitriol oint 3 mcg/gm</i>	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML ( <i>secukinumab</i> )	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE ( <i>secukinumab</i> )	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML ( <i>secukinumab</i> )	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE ( <i>secukinumab</i> )	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% ( <i>anthralin</i> )	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE ( <i>risankizumab-rzaa</i> )	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 ( <i>ustekinumab</i> )	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML ( <i>ustekinumab</i> )	Tier 4	PA; Preferred Brand
<i>tazarotene cream 0.1%</i>	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% ( <i>tazarotene</i> )	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% ( <i>tazarotene</i> )	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% ( <i>tazarotene</i> )	Tier 3	QL (100 gm / 30 days), PA
<b>ANTISEBORRHEIC PRODUCTS</b>		
<i>selenium sulfide lotion 1%</i> (Cvs Anti-dandruff)	Tier 1	OTC
<i>selenium sulfide lotion 2.5%</i>	Tier 1	
<b>ANTIVIRALS - TOPICAL</b>		
ABREVA CRE 10% ( <i>docosanol</i> )	Tier 1	OTC, QL (2 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir oint 5%</i>	Tier 3	PA
DENAVIR CRE 1% ( <i>penciclovir</i> )	Tier 2	PA
<i>docosanol cream 10%</i>	Tier 1	OTC, QL (2 gm / 30 days)
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
<i>silver sulfadiazine cream 1%</i>	Tier 1	QL (400 gm / 30 days)
SULFAMYLON CRE 85MG/GM ( <i>mafenide acetate</i> )	Tier 3	QL (454 gm / 30 days)
<b>CORTICOSTEROIDS - TOPICAL</b>		
<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	QL (60 gm / 30 days), PA
<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	QL (100 gm / 30 days), PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 3	QL (120 gm / 30 days), PA
<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)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	QL (60 mL / 30 days)
<i>prednicarbate cream 0.1%</i>	Tier 3	QL (60 gm / 30 days)
<i>prednicarbate oint 0.1%</i>	Tier 3	QL (60 gm / 30 days)
TACLONEX SUS ( <i>calcipotriene-betamethasone dipropionate</i> )	Tier 3	QL (120 gm / 30 days), PA
<i>triamcinolone acetonide cream 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide cream 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide cream 0.025%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide lotion 0.1%</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide lotion 0.025%</i>	Tier 1	QL (60 mL / 30 days)
<i>triamcinolone acetonide oint 0.1%</i>	Tier 1	QL (454 gm / 30 days)
<i>triamcinolone acetonide oint 0.5%</i>	Tier 1	QL (15 gm / 30 days)
<i>triamcinolone acetonide oint 0.025%</i>	Tier 1	QL (454 gm / 30 days)
<b>ECZEMA AGENTS</b>		
DUPIXENT INJ 300/2ML ( <i>dupilumab</i> )	Tier 4	PA
<b>EMOLLIENTS</b>		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	OTC, QL (280 gm / 30 days)
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	OTC, QL (225 gm / 30 days)
<b>ENZYMES - TOPICAL</b>		
SANTYL OIN 250/GM ( <i>collagenase</i> )	Tier 3	QL (30 gm / 30 days), PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 5%</i>	Tier 1	QL (24 ea / 30 days), PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
<i>tacrolimus oint 0.1%</i>	Tier 3	QL (30 gm / 30 days), PA
<i>tacrolimus oint 0.03%</i>	Tier 3	QL (30 gm / 30 days), PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Tier 1	QL (7 mL / 180 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
<i>capsaicin cream 0.1%</i>	Tier 1	OTC
<i>lidocaine cream 4%</i>	Tier 1	OTC, QL (90 gm / 30 days)
<i>lidocaine hcl gel 2%</i> (Regenecare Ha)	Tier 1	OTC
<i>lidocaine hcl soln 4%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Tier 1	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	
<i>lidocaine patch 4%</i> (Gnp Lidocaine Pain Relief)	Tier 1	OTC, QL (90 patches / 30 days)
<i>lidocaine patch 5%</i>	Tier 3	QL (90 ea / 30 days), PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)
SYNERA DIS 70-70MG ( <i>lidocaine-tetracaine</i> )	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>MISC. TOPICAL</b>		
DRYSOL SOL 20% ( <i>aluminum chloride</i> )	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20%</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
<b>ROSACEA AGENTS</b>		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole lotion 0.75%</i>	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% ( <i>brimonidine tartrate (topical)</i> )	Tier 3	PA
<b>SCABICIDES &amp; PEDICULICIDES</b>		
EURAX CRE 10% ( <i>crotamiton</i> )	Tier 2	QL (60 gm / 30 days), ST; Prior use of permethrin 5% cream within the past 90 days.
<i>lindane shampoo 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>malathion lotion 0.5%</i>	Tier 1	QL (59 mL / 30 days)
<i>permethrin aerosol 0.5%</i> (Sm Bedding Lice Treatment)	Tier 1	OTC
<i>permethrin cream 5%</i>	Tier 1	QL (120 gm / 30 days)
<i>permethrin creme rinse 1%</i> (Lice Treatment)	Tier 1	OTC
<i>permethrin lotion 1%</i> (Sm Lice Treatment)	Tier 1	OTC
<i>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</i> (Stop Lice Complete Lice T)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.3-3%</i> (Sb Lice Treatment)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i> (Stop Lice Maximum Strengt)	Tier 1	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i> (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION ( <i>permethrin &amp; pyrethrins-piperonyl butoxide</i> )	Tier 1	OTC
SKLICE LOT 0.5% ( <i>ivermectin (pediculicide)</i> )	Tier 3	QL (117 gm / 30 days), PA
<i>spinosad susp 0.9%</i>	Tier 3	QL (120 per 30 days)
<b>WOUND CARE PRODUCTS</b>		
REGANEX GEL 0.01% ( <i>becaplermin</i> )	Tier 3	QL (15 gm / 30 days), PA
<b>DIAGNOSTIC PRODUCTS</b>		
<b>DIAGNOSTIC DRUGS</b>		
THYROGEN INJ 1.1MG ( <i>thyrotropin alfa</i> )	Tier 4	PA
<b>DIAGNOSTIC TESTS</b>		
RELION KETON TES ( <i>acetone (urine) test</i> )	Tier 2	OTC

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

Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX TES GLUCOSE ( <i>glucose blood</i> )	Tier 2	OTC, QL (200 strips / 30 days), ST; 100/month max quantity for non-insulin users

## DIGESTIVE AIDS

### DIGESTIVE ENZYMES

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

## DIURETICS

### CARBONIC ANHYDRASE INHIBITORS

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

### DIURETIC COMBINATIONS

ALDACTAZIDE TAB 50/50 ( <i>spironolactone &amp; hydrochlorothiazide</i> )	Tier 2	MAIL
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
<b>LOOP DIURETICS</b>		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
<b>POTASSIUM SPARING DIURETICS</b>		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG ( <i>triamterene</i> )	Tier 3	MAIL
DYRENIUM CAP 100MG ( <i>triamterene</i> )	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
<b>THIAZIDES AND THIAZIDE-LIKE DIURETICS</b>		
<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

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



Drug Name	Drug Tier	Requirements/Limits
<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
<b>ENDOCRINE AND METABOLIC AGENTS - MISC.</b>		
<b><i>BONE DENSITY REGULATORS</i></b>		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4 ( <i>teriparatide (recombinant)</i> )	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML ( <i>denosumab</i> )	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ ( <i>abaloparatide</i> )	Tier 4	PA
XGEVA INJ ( <i>denosumab</i> )	Tier 4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 4	PA
<b><i>FERTILITY REGULATORS</i></b>		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
<b><i>GNRH/LHRH ANTAGONISTS</i></b>		
CETROTIDE KIT 0.25MG ( <i>cetorelix acetate</i> )	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
<b><i>GROWTH HORMONE RECEPTOR ANTAGONISTS</i></b>		
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

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Drug Name	Drug Tier	Requirements/Limits
<b>GROWTH HORMONES</b>		
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
<b>HORMONE RECEPTOR MODULATORS</b>		
<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
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML ( <i>mecasermin</i> )	Tier 4	PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
LUPANETA KIT 3.75-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 4	PA
LUPANETA KIT 11.25-5 ( <i>leuprolide acetate &amp; norethindrone acetate</i> )	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 4	PA
LUPR DEP-PED INJ 7.5MG ( <i>leuprolide acetate (cpp)</i> )	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp)</i> )	Tier 4	PA
LUPR DEP-PED INJ 11.25MG ( <i>leuprolide acetate (cpp) (3 month)</i> )	Tier 4	PA
LUPR DEP-PED INJ 15MG ( <i>leuprolide acetate (cpp)</i> )	Tier 4	PA
SYNAREL SOL 2MG/ML ( <i>nafarelin acetate</i> )	Tier 4	PA
<b>METABOLIC MODIFIERS</b>		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW ( <i>betaine</i> )	Tier 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML ( <i>idursulfase</i> )	Tier 4	PA
FABRAZYME INJ 5MG ( <i>agalsidase beta</i> )	Tier 4	PA
KUVAN TAB 100MG ( <i>sapropterin dihydrochloride</i> )	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA

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ORFADIN CAP 2MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 5MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 10MG ( <i>nitisinone</i> )	Tier 4	PA
ORFADIN CAP 20MG ( <i>nitisinone</i> )	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 2 mcg</i>	Tier 3	MAIL, PA
<i>paricalcitol cap 4 mcg</i>	Tier 3	MAIL, PA
SENSIPAR TAB 30MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
SENSIPAR TAB 60MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
SENSIPAR TAB 90MG ( <i>cinacalcet hcl</i> )	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	MAIL, PA
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	MAIL, PA
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML ( <i>desmopressin acetate</i> )	Tier 4	PA
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
<b>SOMATOSTATIC AGENTS</b>		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 4	PA
SANDOSTATIN KIT LAR 10MG ( <i>octreotide acetate</i> )	Tier 4	PA
SANDOSTATIN KIT LAR 20MG ( <i>octreotide acetate</i> )	Tier 4	PA
SANDOSTATIN KIT LAR 30MG ( <i>octreotide acetate</i> )	Tier 4	PA
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
SAMSCA TAB 15MG ( <i>tolvaptan</i> )	Tier 4	PA
SAMSCA TAB 30MG ( <i>tolvaptan</i> )	Tier 4	PA
<i>tolvaptan tab 30 mg</i>	Tier 4	PA
<b>ESTROGENS</b>		
<b>ESTROGEN COMBINATIONS</b>		
DUAVEE TAB 0.45-20 ( <i>conjugated estrogens-bazedoxifene</i> )	Tier 3	QL (30 tabs / 30 days), MAIL
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg (Lopreeza)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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

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

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

#### GASTROINTESTINAL AGENTS - MISC.

##### **ANTIFLATULENTS**

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

##### **GALLSTONE SOLUBILIZING AGENTS**

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

##### **GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS**

AMITIZA CAP 8MCG ( <i>lubiprostone</i> )	Tier 3	MAIL, PA
AMITIZA CAP 24MCG ( <i>lubiprostone</i> )	Tier 3	MAIL, PA

##### **GASTROINTESTINAL STIMULANTS**

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

##### **INFLAMMATORY BOWEL AGENTS**

APRISO CAP 0.375GM ( <i>mesalamine</i> )	Tier 2	QL (120 caps / 30 days), MAIL
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT ( <i>certolizumab pegol</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA KIT STARTER ( <i>certolizumab pegol</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

Drug Name	Drug Tier	Requirements/Limits
CIMZIA PREFL KIT 200MG/ML ( <i>certolizumab pegol</i> )	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG ( <i>olsalazine sodium</i> )	Tier 3	MAIL
INFLECTRA INJ 100MG ( <i>infliximab-dyyb</i> )	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	MAIL
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
REMICADE INJ 100MG ( <i>infliximab</i> )	Tier 4	PA
RENFLEXIS INJ 100MG ( <i>infliximab-abda</i> )	Tier 4	PA
STELARA INJ 5MG/ML ( <i>ustekinumab (iv)</i> )	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	Tier 3	MAIL, PA
LINZESS CAP 72MCG ( <i>linaclotide</i> )	Tier 3	MAIL, PA
LINZESS CAP 145MCG ( <i>linaclotide</i> )	Tier 3	MAIL, PA
LINZESS CAP 290MCG ( <i>linaclotide</i> )	Tier 3	MAIL, PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
MOVANTIK TAB 12.5MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
MOVANTIK TAB 25MG ( <i>naloxegol oxalate</i> )	Tier 3	PA
RELISTOR INJ 12/0.6ML ( <i>methylnaltrexone bromide</i> )	Tier 4	PA
RELISTOR TAB 150MG ( <i>methylnaltrexone bromide</i> )	Tier 4	PA
SYMPROIC TAB 0.2MG ( <i>naldemedine tosylate</i> )	Tier 3	PA
<b>PHOSPHATE BINDER AGENTS</b>		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.

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

Drug Name	Drug Tier	Requirements/Limits
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG ( <i>sucroferric oxyhydroxide</i> )	Tier 3	MAIL, PA

## GENITOURINARY AGENTS - MISCELLANEOUS

### ALKALINIZERS

<i>potassium citrate &amp; 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 &amp; citric acid soln 500-334 mg/5ml</i>	Tier 1	

### CYSTINOSIS AGENTS

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

### GENITOURINARY IRRIGANTS

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

### INTERSTITIAL CYSTITIS AGENTS

ELMIRON CAP 100MG ( <i>pentosan polysulfate sodium</i> )	Tier 3	PA
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### PROSTATIC HYPERTROPHY AGENTS

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

### URINARY ANALGESICS

<i>phenazopyridine hcl tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenazopyridine hcl tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days)

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



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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b><i>folic acid tab 400 mcg</i></b>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<b><i>folic acid tab 800 mcg</i></b>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<b>HEMATOPOIETIC GROWTH FACTORS</b>		
ARANESP INJ 10MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 25MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 40MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 60MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 100MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 150MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 200MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 300MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
ARANESP INJ 500MCG ( <b><i>darbepoetin alfa</i></b> )	Tier 4	PA
EPOGEN INJ 3000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
EPOGEN INJ 4000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
EPOGEN INJ 10000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
EPOGEN INJ 20000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
FULPHILA INJ 6/0.6ML ( <b><i>pegfilgrastim-jmdb</i></b> )	Tier 4	QL (0.6 per 14 days), PA
LEUKINE INJ 250MCG ( <b><i>sargramostim</i></b> )	Tier 4	PA
NEULASTA INJ 6MG/0.6M ( <b><i>pegfilgrastim</i></b> )	Tier 4	QL (0.6 per 14 days), PA
NEUPOGEN INJ 300/0.5 ( <b><i>filgrastim</i></b> )	Tier 4	PA
NEUPOGEN INJ 300MCG ( <b><i>filgrastim</i></b> )	Tier 4	PA
NEUPOGEN INJ 480/0.8 ( <b><i>filgrastim</i></b> )	Tier 4	PA
NEUPOGEN INJ 480MCG ( <b><i>filgrastim</i></b> )	Tier 4	PA
NIVESTYM INJ 300/0.5 ( <b><i>filgrastim-aafi</i></b> )	Tier 4	PA
NIVESTYM INJ 300MCG ( <b><i>filgrastim-aafi</i></b> )	Tier 4	PA
NIVESTYM INJ 480/0.8 ( <b><i>filgrastim-aafi</i></b> )	Tier 4	PA
NIVESTYM INJ 480MCG ( <b><i>filgrastim-aafi</i></b> )	Tier 4	PA
PROCRIT INJ 2000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
PROCRIT INJ 3000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
PROCRIT INJ 40000/ML ( <b><i>epoetin alfa</i></b> )	Tier 4	PA
PROMACTA TAB 12.5MG ( <b><i>eltrombopag olamine</i></b> )	Tier 4	PA
PROMACTA TAB 25MG ( <b><i>eltrombopag olamine</i></b> )	Tier 4	PA
PROMACTA TAB 50MG ( <b><i>eltrombopag olamine</i></b> )	Tier 4	PA
PROMACTA TAB 75MG ( <b><i>eltrombopag olamine</i></b> )	Tier 4	PA
RETACRIT INJ 2000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 4	PA
RETACRIT INJ 3000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 4	PA
RETACRIT INJ 4000UNIT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 4	PA
RETACRIT INJ 10000UNT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 4	PA
RETACRIT INJ 40000UNT ( <b><i>epoetin alfa-epbx</i></b> )	Tier 4	PA

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

Drug Name	Drug Tier	Requirements/Limits
UDENYCA INJ 6MG/.6ML ( <i>pegfilgrastim-cbqv</i> )	Tier 4	QL (0.6 per 14 days), PA
ZARXIO INJ 300/0.5 ( <i>filgrastim-sndz</i> )	Tier 4	PA
ZARXIO INJ 480/0.8 ( <i>filgrastim-sndz</i> )	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML ( <i>pegfilgrastim-bmez</i> )	Tier 4	QL (0.6 per 14 days), PA
<b>HEMATOPOIETIC MIXTURES</b>		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE ( <i>polysaccharide iron-folic acid-vit b12</i> )	Tier 1	OTC
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
<b>IRON</b>		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG ( <i>ferrous fumarate</i> )	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i> (Px Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 45 mg (fe equivalent)</i> (Slow-release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i> (Slow Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 47.5 mg (elemental fe)</i> (Ra Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 50 mg (elemental fe)</i> (Slow Release Iron)	Tier 1	OTC, MAIL
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
IRON CHW PEDIATRI ( <i>carbonyl iron</i> )	Tier 1	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i> (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG ( <i>ferrous sulfate</i> )	Tier 1	OTC, MAIL
<b>HEMOSTATICS</b>		
<b>HEMOSTATICS - SYSTEMIC</b>		
<i>aminocaproic acid tab 500 mg</i>	Tier 1	PA
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	PA
<i>tranexamic acid tab 650 mg</i>	Tier 1	
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS</b>		
<b>ANTI-HISTAMINE HYPNOTICS</b>		
<i>diphenhydramine hcl (sleep) tab 25 mg</i> (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
<i>diphenhydramine hcl (sleep) tab 50 mg</i>	Tier 1	OTC, MAIL
<i>doxylamine succinate (sleep) tab 25 mg</i> (Sleep Aid)	Tier 1	OTC, MAIL
<b>BARBITURATE HYPNOTICS</b>		
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	AGE, QL (1500 mL / 30 days); AGE (Max 12 years)
<i>phenobarbital tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 16.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 32.4 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 60 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 64.8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>phenobarbital tab 97.2 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>phenobarbital tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>HYPNOTICS - TRICYCLIC AGENTS</b>		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 3	MAIL, PA
SILENOR TAB 3MG ( <i>doxepin hcl (sleep)</i> )	Tier 3	MAIL, PA
SILENOR TAB 6MG ( <i>doxepin hcl (sleep)</i> )	Tier 3	MAIL, PA
<b>NON-BARBITURATE HYPNOTICS</b>		
<i>estazolam tab 1 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>estazolam tab 2 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>eszopiclone tab 1 mg</i>	Tier 3	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)

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

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

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



Drug Name Drug Tier Requirements/Limits

**LAXATIVES**

**BULK LAXATIVES**

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

**LAXATIVE COMBINATIONS**

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

Drug Name	Drug Tier	Requirements/Limits
SUPREP BOWEL SOL PREP KIT ( <i>sodium sulfate-potassium sulfate-magnesium sulfate</i> )	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
<b>LAXATIVES - MISCELLANEOUS</b>		
<i>glycerin suppos 1.2 gm</i> (Gnp Glycerin Child)	Tier 1	OTC
<i>glycerin suppos 2 gm</i> (Cvs Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 2.1 gm</i> (Gnp Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 80.7%</i> (Ra Glycerin Child)	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	MAIL
<i>polyethylene glycol 3350 oral packet 17 gm</i> (Ra Laxative)	Tier 1	OTC, QL (60 packets / 30 days)
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
<b>LUBRICANT LAXATIVES</b>		
<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil enema</i>	Tier 1	OTC
<b>SALINE LAXATIVES</b>		
<i>magnesium citrate soln</i> (Gnp Magnesium Citrate)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Milk Of Magnesia)	Tier 1	OTC
<i>magnesium hydroxide susp concentrate 2400 mg/10ml</i> (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM ( <i>sodium phosphate monobasic-sodium phosphate dibasic</i> )	Tier 3	PA
<i>sodium phosphates - enema</i>	Tier 1	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i> (Cvs Gentle Laxative)	Tier 1	OTC
<i>bisacodyl tab delayed release 5 mg</i> (Stimulant Laxative)	Tier 1	OTC
<i>sennosides chew tab 15 mg</i> (Cvs Chocolate Laxative Pi)	Tier 1	OTC, MAIL
<i>sennosides syrup 8.8 mg/5ml</i>	Tier 1	OTC, MAIL
<i>sennosides tab 8.6 mg</i> (Eq Natural Vegetable Laxa)	Tier 1	OTC, MAIL
<i>sennosides tab 25 mg</i> (Ra Laxative Maximum Stren)	Tier 1	OTC, MAIL
<b>SURFACTANT LAXATIVES</b>		
<i>docusate calcium cap 240 mg</i> (Stool Softener)	Tier 1	OTC
<i>docusate sodium cap 50 mg</i> (Ra Col-rite)	Tier 1	OTC
<i>docusate sodium cap 100 mg</i> (Stool Softener)	Tier 1	OTC
<i>docusate sodium cap 250 mg</i>	Tier 1	OTC
<i>docusate sodium liquid 150 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium syrup 60 mg/15ml</i> (Silace)	Tier 1	OTC
<i>docusate sodium tab 100 mg</i> (Dok)	Tier 1	OTC
DOCUSOL PLUS ENE 20-283 ( <i>benzocaine-docusate sodium</i> )	Tier 1	OTC

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Drug Name	Drug Tier	Requirements/Limits
PEDIA-LAX LIQ 50MG ( <i>docusate sodium</i> )	Tier 1	OTC
<b>MACROLIDES</b>		
<b>AZITHROMYCIN</b>		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<b>ERYTHROMYCINS</b>		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
<b>FIDAXOMICIN</b>		
DIFICID TAB 200MG ( <i>fidaxomicin</i> )	Tier 3	PA
<b>MEDICAL DEVICES</b>		
<b>Parenteral Therapy Supplies</b>		
BD U-500 MIS 31GX6MM ( <i>insulin syringe/needle u-500</i> )	DME	QL (150 ea / 30 days)
<b>MEDICAL DEVICES AND SUPPLIES</b>		
<b>CONTRACEPTIVES</b>		
CAYA DPR ( <i>diaphragm arc-spring</i> )	Tier 5	
CONDOMS MIS	Tier 5	OTC
CONDOMS MIS LUBRICAT ( <i>condoms latex lubricated - male</i> )	Tier 5	OTC
DUREX MIS REALFEEL ( <i>condoms non-latex lubricated - male</i> )	Tier 5	OTC

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

Drug Name	Drug Tier	Requirements/Limits
FC2 FEMALE MIS CONDOM ( <i>condoms - female</i> )	Tier 5	OTC
FEMCAP MIS 22MM ( <i>cervical caps</i> )	Tier 5	
FEMCAP MIS 26MM ( <i>cervical caps</i> )	Tier 5	
FEMCAP MIS 30MM ( <i>cervical caps</i> )	Tier 5	
OMNIFLEX DPR ( <i>diaphragms</i> )	Tier 5	
TROJAN MIS ( <i>condoms latex non-lubricated - male</i> )	Tier 5	OTC
TROJAN MIS NATULAMB ( <i>condoms non-latex non-lubricated - male</i> )	Tier 5	OTC
WIDE-SEAL DPR KIT 60 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 65 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 70 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 75 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 80 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 85 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 90 ( <i>diaphragm wide seal</i> )	Tier 5	
WIDE-SEAL DPR KIT 95 ( <i>diaphragm wide seal</i> )	Tier 5	
<b>DIABETIC SUPPLIES</b>		
DEXCOM G5 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
DEXCOM G6 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT ( <i>continuous blood glucose system transmitter</i> )	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER ( <i>continuous blood glucose system receiver</i> )	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR ( <i>continuous blood glucose system sensor</i> )	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR ( <i>blood glucose monitoring supplies</i> )	DME	OTC, QL (1 box / year)
<b>MISC. DEVICES</b>		
ALCOHOL PREP PAD MED 70% ( <i>alcohol swabs</i> )	Tier 1	OTC, QL (200 ea / 30 days)
<b>PARENTERAL THERAPY SUPPLIES</b>		
INSULIN SYRG MIS 0.3/29G ( <i>insulin syringe/needle u-100</i> )	DME	OTC, QL (150 ea / 30 days); TECHLITE

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

Drug Name	Drug Tier	Requirements/Limits
PEN NEEDLES MIS 31GX5MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM ( <i>insulin pen needle</i> )	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM ( <i>insulin pen needle</i> )	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP ( <i>syringe (disposable)</i> )	DME	
<b>RESPIRATORY THERAPY SUPPLIES</b>		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS ( <i>nebulizers</i> )	Tier 2	OTC
INSPIRACHAMB MIS LARGE ( <i>spacer/aerosol-holding chambers</i> )	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED ( <i>peak flow meter</i> )	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE ( <i>respiratory therapy supplies</i> )	Tier 2	QL (1 each / 30 days)
<b>MIGRAINE PRODUCTS</b>		
<b>MIGRAINE COMBINATIONS</b>		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
<b>MIGRAINE PRODUCTS</b>		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG ( <i>ergotamine tartrate</i> )	Tier 3	
<b>SEROTONIN AGONISTS</b>		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

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

## MINERALS & ELECTROLYTES

### CALCIUM

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



Drug Name	Drug Tier	Requirements/Limits
<b>calcium carbonate-cholecalciferol tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-cholecalciferol tab 600 mg-800 unit</b> (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d cap 600 mg-200 unit</b> (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d chew tab 600 mg-400 unit</b> (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 250 mg-125 unit</b> (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-125 unit</b> (Calcium 500 + D)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-200 unit</b> (Gnp Calcium 500/d)	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 500 mg-400 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-125 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-200 unit</b>	Tier 1	OTC, MAIL
<b>calcium carbonate-vitamin d tab 600 mg-400 unit</b>	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	Tier 1	OTC, MAIL
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> (Calcitrate)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> (Calcium Citrate + D3)	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b>	Tier 1	OTC, MAIL
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
<b>calcium-magnesium-zinc tab 333-133-5 mg</b>	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 ( <b>calcium carbonate-cholecalciferol</b> )	Tier 1	OTC, MAIL
<b>oyster shell calcium tab 500 mg</b>	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG ( <b>calcium carbonate-ergocalciferol</b> )	Tier 1	OTC, MAIL
RISACAL-D TAB ( <b>calcium &amp; phosphorus w/ vitamin d</b> )	Tier 1	OTC
<b>ELECTROLYTE MIXTURES</b>		
<b>oral electrolyte solution</b>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>FLUORIDE</b>		
FLUORABON DRO ( <i>sodium fluoride</i> )	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<b>MAGNESIUM</b>		
MAG64 TAB 64MG ( <i>magnesium chloride</i> )	Tier 1	OTC
MAGDELAY TAB 70MG ( <i>magnesium chloride</i> )	Tier 1	OTC
<i>magnesium chloride tab dr 64 mg (elemental mg)</i> (Magdelay)	Tier 1	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i> (Mag-g)	Tier 1	OTC
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b> (Magnesium-oxide)	Tier 1	OTC, MAIL
<b>magnesium oxide tab 500 mg (mg supplement)</b>	Tier 1	OTC, MAIL
<b>magnesium tab 250 mg</b>	Tier 1	OTC, MAIL
<b>PHOSPHATE</b>		
<b>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</b> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
<b>POTASSIUM</b>		
<b>potassium bicarbonate effer tab 25 meq</b> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<b>potassium chloride cap er 8 meq</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>potassium chloride cap er 10 meq</b>	Tier 1	QL (120 caps / 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 10 meq</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride microencapsulated crys er tab 20 meq</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>potassium chloride oral soln 10% (20 meq/15ml)</b>	Tier 3	MAIL
<b>potassium chloride oral soln 20% (40 meq/15ml)</b>	Tier 3	MAIL
<b>potassium chloride tab er 8 meq (600 mg)</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride tab er 10 meq</b>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>potassium chloride tab er 20 meq (1500 mg)</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SODIUM</b>		
<b>sodium chloride tab 1 gm</b>	Tier 1	OTC
<b>ZINC</b>		
<b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> (Zinc-220)	Tier 1	OTC, MAIL
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<b>D-PENAMINE TAB 125MG (penicillamine)</b>	Tier 2	
<b>DEPEN TITRA TAB 250MG (penicillamine)</b>	Tier 2	
<b>penicillamine tab 250 mg</b>	Tier 1	
<b>IMMUNOMODULATORS</b>		
<b>REVLIMID CAP 2.5MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA
<b>REVLIMID CAP 5MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA
<b>REVLIMID CAP 10MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA
<b>REVLIMID CAP 15MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA
<b>REVLIMID CAP 20MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA
<b>REVLIMID CAP 25MG (lenalidomide)</b>	Tier 4	QL (30 per 30 days), PA

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<b>IRRIGATION SOLUTIONS</b>		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<b>POTASSIUM REMOVING AGENTS</b>		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG ( <i>miconazole (mouth-throat)</i> )	Tier 3	PA
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<b>DENTAL PRODUCTS</b>		
<i>sodium fluoride cream 1.1%</i> (Sf 5000 Plus)	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f)</i> (Sf)	Tier 1	MAIL
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<b>THROAT PRODUCTS - MISC.</b>		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
<b>MULTIVITAMINS</b>		
<b>B-COMPLEX W/ FOLIC ACID</b>		
<i>b-complex w/ c &amp; folic acid cap 1 mg</i> (Virt-caps)	Tier 1	
<i>b-complex w/ c &amp; folic acid tab</i> (Vita-bee/c)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i> (Rena-vite)	Tier 1	OTC
<i>b-complex w/ c &amp; folic acid tab 5 mg</i> (Folbee Plus)	Tier 1	
<b>MULTIPLE VITAMINS W/ IRON</b>		
<i>multiple vitamins w/ iron tab</i> (Stress Formula W/iron)	Tier 1	OTC
<b>MULTIPLE VITAMINS W/ MINERALS</b>		
<i>multiple vitamins w/ minerals cap</i> (V-c Forte)	Tier 1	
<i>multiple vitamins w/ minerals liquid</i> (Multivitamin & Mineral)	Tier 1	OTC
<i>multiple vitamins w/ minerals tab</i> (Ocuvite/lutein)	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
<b>MULTIVITAMINS</b>		
MULTI VITAMI TAB D-3	Tier 1	OTC
<b>multiple vitamin cap</b> (Mv-one)	Tier 1	OTC
<b>multiple vitamin tab</b> (Daily Vite)	Tier 1	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b> (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> (Mvw Complete Formulation)	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals &amp; c chew tab</b> (Polyvitamin/iron)	Tier 1	OTC
<b>pediatric multiple vitamin w/ minerals &amp; c drops 45 mg/ml</b> (Aquadeks)	Tier 1	OTC
<b>PED MV W/ FLUORIDE</b>		
<b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b> (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride chew tab 1 mg</b> (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
<b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b> (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
<b>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</b> (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
<b>PED MV W/ IRON</b>		
ANIMAL SHAPE CHW IRON ( <b>pediatric multiple vitamins w/ iron</b> )	Tier 1	OTC
MULTIVITAMIN DRO /IRON ( <b>pediatric multiple vitamins w/ iron</b> )	Tier 2	OTC
<b>pediatric multiple vitamins w/ iron chew tab 15 mg</b> (Chewable Vite With Iron/c)	Tier 1	OTC
<b>pediatric multiple vitamins w/ iron drops 10 mg/ml</b> (Bprotected Pedia Poly-vit)	Tier 1	OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
MULT VITAM DRO ( <b>pediatric multiple vitamins</b> )	Tier 2	OTC, QL (50 / 30 days)
<b>pediatric multiple vitamin liq</b> (Multi-delyn)	Tier 1	OTC
<b>pediatric multiple vitamin w/ c &amp; fa chew tab</b> (Chewable Vite Childrens)	Tier 1	OTC
<b>pediatric multiple vitamin w/ c soln 35 mg/ml</b> (Bprotected Pedia Poly-vit)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML ( <b>pediatric multiple vitamin w/ c</b> )	Tier 2	OTC
<b>PEDIATRIC VITAMINS</b>		
<b>pediatric vitamins adc drops 750 unit-400 unit 35 mg/ml</b> (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
TRI-VI-SOL SOL A/C/D ( <b>pediatric vitamins adc</b> )	Tier 2	OTC, QL (50 / 30 days)
<b>PRENATAL VITAMINS</b>		
BE WELL PAK ROUNDED ( <b>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</b> )	Tier 1	OTC
BRAINSTRONG MIS PRENATAL ( <b>prenatal mv &amp; min w/fe carbonyl-fa-dha</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
CALNA TAB ( <b>prenatal vitamin</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
CENTRUM SPEC PAK PRENATAL ( <b>prenatal mv &amp; min w/fe fumarate-fa-dha</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
CO-NATAL FA TAB 29-1MG ( <b>prenatal vit w/ ferrous fumarate-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
CVS PRENATAL CHW GUMMY ( <b>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
ENFAMIL MIS EXPECTA ( <b>prenatal mv &amp; min w/fe fumarate-fa-dha</b> )	Tier 1	OTC, QL (60 tabs / 30 days)
EZFE FORTE CAP ( <b>prenatal without vit a w/ iron polysaccharide complex-fa</b> )	Tier 1	OTC, QL (30 caps / 30 days)
KPN PRENATAL TAB ( <b>prenatal multivit-min w/fe-fa</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
MYNATAL CAP ( <b>prenatal multivit-min w/fe-fa</b> )	Tier 1	QL (30 caps / 30 days)
MYNATAL TAB ( <b>prenatal vit w/ docusate-iron carbonyl-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
MYNATE 90 TAB PLUS ( <b>prenatal vit w/ docusate-fe fumarate-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
NATALVIT TAB 75-1MG ( <b>prenatal vit w/ ferrous fumarate-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
NESTABS TAB ( <b>prenatal vit without vit a w/ fe bisglycinate-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
NUTRIENTS TAB PRENATAL ( <b>prenatal vitamins w/ ferrous succinate-folic acid</b> )	Tier 1	OTC, QL (30 tabs / 30 days)
O-CAL TAB PRENATAL ( <b>prenatal vit w/ ferrous fumarate-folic acid</b> )	Tier 1	QL (30 tabs / 30 days)
ONE A DAY MIS PRENATAL ( <b>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</b> )	Tier 1	OTC, QL (30 caps / 30 days)
PERRY PRENAT CAP ( <b>prenatal vit w/ ferrous fumarate-folic acid</b> )	Tier 1	OTC, QL (30 caps / 30 days)
PRENAT MULTI CAP +DHA ( <b>prenatal mv &amp; min w/fe fumarate-fa-dha</b> )	Tier 1	OTC, QL (30 caps / 30 days)

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



Drug Name	Drug Tier	Requirements/Limits
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)
<b>MUSCULOSKELETAL THERAPY AGENTS</b>		
<b>CENTRAL MUSCLE RELAXANTS</b>		
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 3	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	AGE, QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
<b>DIRECT MUSCLE RELAXANTS</b>		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<b>VISCOSUPPLEMENTS</b>		
EUFLEXXA INJ 10MG/ML ( <i>sodium hyaluronate (viscosupplement)</i> )	Tier 4	QL (3 syringes / 180 days), PA
VISCO-3 INJ 25/2.5ML ( <i>sodium hyaluronate (viscosupplement)</i> )	Tier 4	PA
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL</b>		
<b>NASAL AGENTS - MISC.</b>		
<i>saline nasal spray 0.65%</i> (Cvs Saline Nasal Spray)	Tier 1	OTC

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

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

## NEUROMUSCULAR AGENTS

### ALS AGENTS

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

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

## NUTRIENTS

### MISC. NUTRITIONAL SUBSTANCES

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

## OPHTHALMIC AGENTS

### ARTIFICIAL TEARS AND LUBRICANTS

<b>artificial tear ophth ointment</b> (Akwa Tears)	Tier 1	OTC, MAIL
<b>artificial tear ophth solution</b> (Sm Artificial Tears)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b> (Hm Lubricating Plus)	Tier 1	OTC, MAIL
<b>carboxymethylcellulose sodium ophth soln 0.5%</b> (Cvs Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> (Cvs Natural Tears)	Tier 1	OTC, MAIL
<b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> (Artificial Tears)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> (Cvs Dry Eye Relief)	Tier 1	OTC, MAIL
<b>hypromellose ophth soln 0.3%</b> (Pure & Gentle Lubricant)	Tier 1	OTC, MAIL
LACRISERT MIS 5MG OP ( <b>artificial tear insert</b> )	Tier 3	MAIL, PA
<b>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</b> (Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol ophth soln 1.4%</b> (Artificial Tears)	Tier 1	OTC, MAIL
<b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b> (Gnp Artificial Tears)	Tier 1	OTC, MAIL
<b>propylene glycol-glycerin ophth soln 1-0.3%</b> (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
<b>white petrolatum-mineral oil ophth ointment</b> (Genteal Tears Night-time)	Tier 1	OTC, MAIL
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<b>betaxolol hcl ophth soln 0.5%</b>	Tier 1	MAIL
<b>carteolol hcl ophth soln 1%</b>	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% ( <b>brimonidine tartrate-timolol maleate</b> )	Tier 2	QL (10 mL / 30 days), MAIL
<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>levobunolol hcl ophth soln 0.5%</b>	Tier 1	QL (15 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.5%</b>	Tier 3	QL (5 mL / 30 days), MAIL
<b>timolol maleate ophth gel forming soln 0.25%</b>	Tier 3	QL (5 mL / 30 days), MAIL
<b>timolol maleate ophth soln 0.5%</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>timolol maleate ophth soln 0.25%</b>	Tier 1	QL (10 mL / 30 days), MAIL
<b>CYCLOPLEGIC MYDRIATICS</b>		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
<b>cyclopentolate hcl ophth soln 1%</b>	Tier 1	QL (15 / 30 days), MAIL
<b>tropicamide ophth soln 0.5%</b>	Tier 1	MAIL
<b>tropicamide ophth soln 1%</b>	Tier 1	MAIL
<b>MIOTICS</b>		
PHOSPHOLINE SOL 0.125%OP ( <b>echothiophate iodide</b> )	Tier 2	MAIL
<b>pilocarpine hcl ophth soln 1%</b>	Tier 1	MAIL
<b>pilocarpine hcl ophth soln 2%</b>	Tier 1	MAIL
<b>pilocarpine hcl ophth soln 4%</b>	Tier 1	MAIL

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Drug Name	Drug Tier	Requirements/Limits
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
<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
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
AZASITE SOL 1% ( <i>azithromycin (ophth)</i> )	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% ( <i>besifloxacin hcl</i> )	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP ( <i>natamycin</i> )	Tier 3	PA
<i>neomycin-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
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
RESTASIS EMU 0.05% ( <i>cyclosporine (ophth)</i> )	Tier 3	MAIL, PA
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
<b>OPHTHALMIC STEROIDS</b>		
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)
DUREZOL EMU 0.05% ( <i>difluprednate</i> )	Tier 3	PA

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

Drug Name	Drug Tier	Requirements/Limits
<b>fluorometholone ophth susp 0.1%</b>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
LOTEMAX OIN 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
LOTEMAX SUS 0.5% ( <b>loteprednol etabonate</b> )	Tier 3	PA
<b>loteprednol etabonate ophth susp 0.5%</b>	Tier 3	PA
<b>neomycin-polymyxin-dexamethasone ophth oint 0.1%</b>	Tier 1	
<b>neomycin-polymyxin-dexamethasone ophth susp 0.1%</b>	Tier 1	
<b>prednisolone acetate ophth susp 1%</b>	Tier 1	
<b>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</b>	Tier 1	
TOBRADEX OIN 0.3-0.1% ( <b>tobramycin-dexamethasone</b> )	Tier 2	QL (3.5 gm / 30 days)
<b>tobramycin-dexamethasone ophth susp 0.3-0.1%</b>	Tier 1	QL (10 mL / 30 days)
<b>OPHTHALMICS - MISC.</b>		
ALOCRI SOL 2% ( <b>nedocromil sodium (ophth)</b> )	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP ( <b>lodoxamide tromethamine</b> )	Tier 3	MAIL, PA
<b>azelastine hcl ophth soln 0.05%</b>	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP ( <b>brinzolamide</b> )	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% ( <b>bepotastine besilate</b> )	Tier 3	MAIL, PA
<b>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</b>	Tier 3	
<b>cromolyn sodium ophth soln 4%</b>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% ( <b>cysteamine hcl</b> )	Tier 3	MAIL, PA
<b>diclofenac sodium ophth soln 0.1%</b>	Tier 1	
<b>dorzolamide hcl ophth soln 2%</b>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP ( <b>emedastine difumarate</b> )	Tier 3	MAIL, PA
<b>epinastine hcl ophth soln 0.05%</b>	Tier 1	QL (5 mL / 30 days), MAIL
<b>flurbiprofen sodium ophth soln 0.03%</b>	Tier 1	
<b>ketorolac tromethamine ophth soln 0.4%</b>	Tier 1	QL (10 mL / 30 days)
<b>ketorolac tromethamine ophth soln 0.5%</b>	Tier 1	QL (10 mL / 30 days)
<b>ketotifen fumarate ophth soln 0.025% (base equiv)</b>	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACAFT SOL 0.25% ( <b>alcaftadine</b> )	Tier 3	MAIL, PA
NEVANAC SUS 0.1% ( <b>nepafenac</b> )	Tier 3	PA
<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b>	Tier 3	QL (5 mL / 30 days), MAIL, PA

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

Drug Name	Drug Tier	Requirements/Limits
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<b>PROSTAGLANDINS - OPHTHALMIC</b>		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% ( <i>bimatoprost</i> )	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% ( <i>travoprost</i> )	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% ( <i>tafluprost</i> )	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<b>OTIC AGENTS</b>		
<b>OTIC AGENTS - MISCELLANEOUS</b>		
<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
<b>OTIC ANTI-INFECTIVES</b>		
<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)
<b>OTIC COMBINATIONS</b>		
CIPRO HC SUS OTIC ( <i>ciprofloxacin-hydrocortisone</i> )	Tier 3	PA
CIPRODEX SUS 0.3-0.1% ( <i>ciprofloxacin-dexamethasone</i> )	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
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	
<b>OTIC STEROIDS</b>		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
<b>OXYTOCICS</b>		
<b>OXYTOCICS</b>		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS</b>		
<b>IMMUNE SERUMS</b>		
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	
<b>MONOCLONAL ANTIBODIES</b>		
SYNAGIS INJ 50MG ( <i>palivizumab</i> )	Tier 4	PA

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



Drug Name	Drug Tier	Requirements/Limits
SYNAGIS INJ 100MG/ML ( <i>palivizumab</i> )	Tier 4	PA
<b>PASSIVE IMMUNIZING AGENTS - COMBINATIONS</b>		
HYQVIA INJ 2.5-200 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 5-400 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 10-800 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 20-1600 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
HYQVIA INJ 30-2400 ( <i>immune globulin (human)-hyaluronidase (human recombinant)</i> )	Tier 4	PA
<b>PENICILLINS</b>		
<b>AMINOPENICILLINS</b>		
<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 3	
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1	
<i>ampicillin cap 500 mg</i>	Tier 1	
<b>NATURAL PENICILLINS</b>		
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>penicillin v potassium tab 250 mg</i>	Tier 1	
<i>penicillin v potassium tab 500 mg</i>	Tier 1	
<b>PENICILLIN COMBINATIONS</b>		
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)

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

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<b><i>amoxicillin &amp; k clavulanate tab 875-125 mg</i></b>	Tier 1	QL (20 tabs / 10 days)
<b>AUGMENTIN SUS 125/5ML (<i>amoxicillin &amp; pot clavulanate</i>)</b>	Tier 3	AGE; AGE (Max 12 years)
<b>PENICILLINASE-RESISTANT PENICILLINS</b>		
<b><i>dicloxacillin sodium cap 250 mg</i></b>	Tier 1	
<b><i>dicloxacillin sodium cap 500 mg</i></b>	Tier 1	
<b>PROGESTINS</b>		
<b>PROGESTINS</b>		
<b><i>hydroxyprogesterone caproate im in oil 250 mg/ml</i></b>	Tier 4	PA
<b><i>medroxyprogesterone acetate tab 2.5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>medroxyprogesterone acetate tab 10 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>norethindrone acetate tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>progesterone micronized cap 100 mg</i></b>	Tier 1	QL (30 caps / 30 days), MAIL
<b><i>progesterone micronized cap 200 mg</i></b>	Tier 1	QL (60 caps / 30 days), MAIL
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>AGENTS FOR CHEMICAL DEPENDENCY</b>		
<b><i>acamprosate calcium tab delayed release 333 mg</i></b>	Tier 1	MAIL
<b><i>disulfiram tab 250 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>disulfiram tab 500 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b>ANTI-CATAPLECTIC AGENTS</b>		
<b><i>XYREM SOL 500MG/ML (sodium oxybate)</i></b>	Tier 4	PA
<b>ANTIDEMENTIA AGENTS</b>		
<b><i>donepezil hydrochloride orally disintegrating tab 5 mg</i></b>	Tier 1	QL (60 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride orally disintegrating tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride tab 5 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>donepezil hydrochloride tab 10 mg</i></b>	Tier 1	QL (30 tabs / 30 days), MAIL
<b><i>galantamine hydrobromide cap er 24hr 8 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide cap er 24hr 16 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide cap er 24hr 24 mg</i></b>	Tier 1	MAIL
<b><i>galantamine hydrobromide tab 4 mg</i></b>	Tier 1	MAIL

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

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<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	MAIL, PA
<b>FIBROMYALGIA AGENTS</b>		
SAVELLA MIS TITR PAK ( <i>milnacipran hcl</i> )	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG ( <i>milnacipran hcl</i> )	Tier 3	MAIL, PA
SAVELLA TAB 25MG ( <i>milnacipran hcl</i> )	Tier 3	MAIL, PA
SAVELLA TAB 50MG ( <i>milnacipran hcl</i> )	Tier 3	MAIL, PA
SAVELLA TAB 100MG ( <i>milnacipran hcl</i> )	Tier 3	MAIL, PA
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
AUBAGIO TAB 7MG ( <i>teriflunomide</i> )	Tier 4	PA
AUBAGIO TAB 14MG ( <i>teriflunomide</i> )	Tier 4	PA
AVONEX KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 4	PA
AVONEX PEN KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 4	PA
AVONEX PREFL KIT 30MCG ( <i>interferon beta-1a</i> )	Tier 4	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA
EXTAVIA INJ 0.3MG ( <i>interferon beta-1b</i> )	Tier 4	PA
GILENYA CAP 0.5MG ( <i>fingolimod hcl</i> )	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA

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

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<b>glatiramer acetate soln prefilled syringe 40 mg/ml</b>	Tier 4	PA
MAYZENT TAB 0.25MG ( <i>siponimod fumarate</i> )	Tier 4	PA
PLEGRIDY INJ ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY INJ PEN ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 4	PA
PLEGRIDY PEN INJ STARTER ( <i>peginterferon beta-1a</i> )	Tier 4	PA
TECFIDERA CAP 120MG ( <i>dimethyl fumarate</i> )	Tier 4	PA
TECFIDERA CAP 240MG ( <i>dimethyl fumarate</i> )	Tier 4	PA
TECFIDERA MIS STARTER ( <i>dimethyl fumarate</i> )	Tier 4	PA
TYSABRI INJ 300/15ML ( <i>natalizumab</i> )	Tier 4	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		
<b>ergoloid mesylates tab 1 mg</b>	Tier 3	MAIL, PA
<b>pimozide tab 1 mg</b>	Tier 1	QL (300 tabs / 30 days), MAIL
<b>pimozide tab 2 mg</b>	Tier 1	QL (150 tabs / 30 days), MAIL
<b>SMOKING DETERRENTS</b>		
<b>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</b>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG ( <i>varenicline tartrate</i> )	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG ( <i>varenicline tartrate</i> )	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG ( <i>varenicline tartrate</i> )	Tier 5	QL (60 tabs / 30 days), MAIL
<b>nicotine polacrilex gum 2 mg</b>	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<b>nicotine polacrilex gum 4 mg</b> (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<b>nicotine polacrilex lozenge 2 mg</b> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<b>nicotine polacrilex lozenge 4 mg</b> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<b>nicotine td patch 24hr 7 mg/24hr</b> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<b>nicotine td patch 24hr 14 mg/24hr</b> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<b>nicotine td patch 24hr 21 mg/24hr</b> (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH ( <i>nicotine</i> )	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML ( <i>nicotine</i> )	Tier 5	QL (40 mL / 30 days), MAIL

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

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<b>RESPIRATORY AGENTS - MISC.</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
GLASSIA INJ ( <i>alpha1-proteinase inhibitor (human)</i> )	Tier 4	PA
PROLASTIN-C INJ 1000MG ( <i>alpha1-proteinase inhibitor (human)</i> )	Tier 4	PA
<b>CYSTIC FIBROSIS AGENTS</b>		
KALYDECO PAK 25MG ( <i>ivacaftor</i> )	Tier 4	PA
KALYDECO PAK 50MG ( <i>ivacaftor</i> )	Tier 4	PA
KALYDECO PAK 75MG ( <i>ivacaftor</i> )	Tier 4	PA
KALYDECO TAB 150MG ( <i>ivacaftor</i> )	Tier 4	PA
PULMOZYME SOL 1MG/ML ( <i>dornase alfa</i> )	Tier 4	PA
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP 267MG ( <i>pirfenidone</i> )	Tier 4	PA
ESBRIET TAB 267MG ( <i>pirfenidone</i> )	Tier 4	PA
ESBRIET TAB 801MG ( <i>pirfenidone</i> )	Tier 4	PA
<b>SULFONAMIDES</b>		
<b>SULFONAMIDES</b>		
SULFADIAZINE TAB 500MG	Tier 3	
<b>TETRACYCLINES</b>		
<b>TETRACYCLINES</b>		
<i>demeclocycline hcl tab 150 mg</i>	Tier 3	
<i>demeclocycline hcl tab 300 mg</i>	Tier 3	
<i>doxycycline hyclate cap 50 mg</i>	Tier 1	
<i>doxycycline hyclate cap 100 mg</i>	Tier 1	
<i>doxycycline hyclate tab 20 mg</i>	Tier 1	
<i>doxycycline hyclate tab 100 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 50 mg</i>	Tier 1	
<i>doxycycline monohydrate cap 100 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 50 mg</i>	Tier 1	
<i>doxycycline monohydrate tab 100 mg</i>	Tier 1	
<i>minocycline hcl cap 50 mg</i>	Tier 1	
<i>minocycline hcl cap 75 mg</i>	Tier 1	
<i>minocycline hcl cap 100 mg</i>	Tier 1	
<i>tetracycline hcl cap 250 mg</i>	Tier 3	
<i>tetracycline hcl cap 500 mg</i>	Tier 3	
<b>THYROID AGENTS</b>		
<b>ANTITHYROID AGENTS</b>		
<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
<b>THYROID HORMONES</b>		
ARMOUR THYRO TAB 15MG ( <i>thyroid</i> )	Tier 2	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
ARMOUR THYRO TAB 30MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 60MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 90MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 120MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 180MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 240MG ( <i>thyroid</i> )	Tier 2	MAIL
ARMOUR THYRO TAB 300MG ( <i>thyroid</i> )	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
NATURE THROI TAB 162.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 16.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 32.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 48.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 65MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 97.5MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 113.75MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 130MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 146.25MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 195MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 260MG ( <i>thyroid</i> )	Tier 2	MAIL
NATURE-THROI TAB 325MG ( <i>thyroid</i> )	Tier 2	MAIL
SYNTHROID TAB 25MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 50MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 75MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 88MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 100MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 112MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 125MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 137MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 150MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 175MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL
SYNTHROID TAB 200MCG ( <i>levothyroxine sodium</i> )	Tier 2	MAIL

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

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

## TOXOIDS

### TOXOID COMBINATIONS

ADACEL INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	Tier 5	Prior history of prenatal vitamins in past 90 days required
BOOSTRIX INJ ( <i>tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)</i> )	Tier 5	Members who are not pregnant must go through provider office
TDVAX INJ 2-2 LF ( <i>tetanus-diphtheria toxoids (td)</i> )	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)
TENIVAC INJ 5-2LF ( <i>tetanus-diphtheria toxoids (td)</i> )	Tier 5	AGE, QL (Max 1 injection / 10 years); AGE (Min 7 years)

## ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

### ANTISPASMODICS

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

Drug Name	Drug Tier	Requirements/Limits
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>ranitidine hcl tab 75 mg</i> (Sm Acid Reducer)	Tier 1	OTC, MAIL
<i>ranitidine hcl tab 150 mg</i>	Tier 1	MAIL
<i>ranitidine hcl tab 300 mg</i>	Tier 1	MAIL
<b>MISC. ANTI-ULCER</b>		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<b>PROTON PUMP INHIBITORS</b>		
DEXILANT CAP 30MG DR ( <i>dexlansoprazole</i> )	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
DEXILANT CAP 60MG DR ( <i>dexlansoprazole</i> )	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> (Sm Esomeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days), MAIL
FIRST-OMEPRASUS 2MG/ML ( <i>omeprazole</i> )	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>lansoprazole cap delayed release 15 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole



Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 30 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</i> (Cvs Omeprazole Magnesium)	Tier 1	OTC, QL (60 caps / 30 days)
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
PRIOSEC OTC TAB 20MG ( <i>omeprazole magnesium</i> )	Tier 1	OTC, QL (60 tabs / 30 days), MAIL
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
<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
<b>URINARY ANTI-INFECTIVES</b>		
<b>URINARY ANTI-INFECTIVES</b>		
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
MONUROL PAK GRANULES ( <i>fosfomycin tromethamine</i> )	Tier 3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>trospium chloride tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
VESICARE TAB 5MG ( <i>solifenacin succinate</i> )	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
VESICARE TAB 10MG ( <i>solifenacin succinate</i> )	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days

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

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

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

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

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

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

### **BACTERIAL VACCINES**

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

### **VIRAL VACCINES**

AFLURIA QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 ( <i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 ( <i>influenza virus vaccine tissue-cultured subunit quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)

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mail-order OTC - Over the counter AGE - Age Limit MED - Max 90 mg Morphine EQ  
Dose per day

Drug Name	Drug Tier	Requirements/Limits
FLUMIST QUAD SUS 2019-20 ( <i>influenza virus vaccine live quadrivalent</i> )	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 ( <i>influenza virus vaccine split quadrivalent</i> )	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG ( <i>hepatitis b vaccine recombinant adjuvanted</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML ( <i>hepatitis b vaccine (recomb)</i> )	Tier 5	QL (Maximum 3 injections per lifetime)
SHINGRIX INJ 50/0.5ML ( <i>zoster vaccine recombinant adjuvanted</i> )	Tier 5	AGE, QL (Max 2 injections per lifetime); AGE (Min 50 years)
TWINRIX INJ ( <i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i> )	Tier 5	AGE, QL (Max 3 injections per lifetime); AGE (Min 18 years)
VAQTA INJ 25/0.5ML ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML ( <i>hepatitis a vaccine</i> )	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ ( <i>zoster vaccine live</i> )	Tier 5	AGE, QL (Max 1 injection per lifetime); AGE (Min 50 years)

## VAGINAL PRODUCTS

### SPERMICIDES

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

### VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	QL (40 gm / 30 days)
<i>clotrimazole vaginal cream 1%</i>	Tier 1	OTC
<i>clotrimazole vaginal cream 2%</i> (Gnp Clotrimazole 3)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
GYNAZOLE-1 CRE 2% ( <i>butoconazole nitrate (one dose)</i> )	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK ( <i>miconazole nitrate vaginal</i> )	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 3	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC
<b>VAGINAL ESTROGENS</b>		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG ( <i>estrogens, conjugated vaginal</i> )	Tier 2	QL (30 gm / 30 days), MAIL
<b>VAGINAL PROGESTINS</b>		
PROGESTERONE SUP VGS 100 ( <i>progesterone vaginal</i> )	Tier 3	PA
PROGESTERONE SUP VGS 200 ( <i>progesterone vaginal</i> )	Tier 3	PA
<b>VASOPRESSORS</b>		
<b>ANAPHYLAXIS THERAPY AGENTS</b>		
EPIPEN 2-PAK INJ 0.3MG ( <i>epinephrine anaphylaxis</i> )	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG ( <i>epinephrine anaphylaxis</i> )	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG ( <i>epinephrine anaphylaxis</i> )	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG ( <i>epinephrine anaphylaxis</i> )	Tier 2	QL (2 syringes / 30 days)
<b>NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS</b>		
NORTHERA CAP 100MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 200MG ( <i>droxidopa</i> )	Tier 4	PA
NORTHERA CAP 300MG ( <i>droxidopa</i> )	Tier 4	PA
<b>VASOPRESSORS</b>		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	

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Drug Name	Drug Tier	Requirements/Limits
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	

## VITAMINS

### OIL SOLUBLE VITAMINS

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

### WATER SOLUBLE VITAMINS

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

Drug Name	Drug Tier	Requirements/Limits
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC

## Index

- 1  
12 Hour Decongestant  
  see *pseudoephedrine hcl tab er 12hr 120 mg* ..... 137
- 3  
3ML SYRINGE MIS REG TIP..... 124
- A  
*abacavir sulfate soln 20 mg/ml (base equiv)* .....76  
*abacavir sulfate tab 300 mg (base equiv)* .....76  
*abacavir sulfate-lamivudine tab 600-300 mg* .....76  
*abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg* .....76  
*abacavir-dolutegravir-lamivudine*  
  see TRIUMEQ TAB .....78  
*abaloparatide*  
  see TYMLOS INJ ..... 103  
*abatacept*  
  see ORENCIA CLCK INJ 125MG/ML . 9  
  see ORENCIA INJ 125MG/ML..... 10  
  see ORENCIA INJ 250MG ..... 10  
  see ORENCIA INJ 50/0.4 ..... 10  
  see ORENCIA INJ 87.5/0.7..... 10  
ABILIFY MAIN INJ 300MG .....75  
ABILIFY MAIN INJ 400MG .....75  
*abiraterone acetate tab 250 mg* ..64  
ABREVA CRE 10% .....96  
*acamprosate calcium tab delayed release 333 mg*..... 144  
*acarbose tab 100 mg* .....37  
*acarbose tab 25 mg* .....37  
*acarbose tab 50 mg* .....37  
*acebutolol hcl cap 200 mg* .....80  
*acebutolol hcl cap 400 mg* .....80  
Acephen  
  see *acetaminophen suppos 325 mg* .....11  
*acetaminophen*  
  see FEVERALL INF SUP 80MG .....11  
  see FEVERALL SUP 325MG .....11  
  see NORTEMP SUS INFANTS .....11  
*acetaminophen cap 500 mg* .....10  
*acetaminophen chew tab 160 mg*10  
*acetaminophen chew tab 80 mg*..10  
*acetaminophen disintegrating tab 160 mg* .....11  
*acetaminophen disintegrating tab 80 mg* .....10  
*acetaminophen elixir 160 mg/5ml* .....11  
*acetaminophen liquid 160 mg/5ml* .....11  
*acetaminophen liquid 167 mg/5ml* .....11  
*acetaminophen soln 160 mg/5ml*11  
*acetaminophen suppos 120 mg*...11  
*acetaminophen suppos 325 mg*...11  
*acetaminophen suppos 650 mg*...11  
*acetaminophen susp 160 mg/5ml* .....11  
*acetaminophen tab 325 mg* .....11  
*acetaminophen tab 500 mg* .....11  
*acetaminophen tab er 650 mg*....11  
*acetaminophen w/ codeine soln 120-12 mg/5ml* .....15  
*acetaminophen w/ codeine tab 300-15 mg* .....15  
*acetaminophen w/ codeine tab 300-30 mg* .....15  
*acetaminophen w/ codeine tab 300-60 mg* .....15  
*acetazolamide cap er 12hr 500 mg* ..... 101  
*acetazolamide tab 125 mg* ..... 101  
*acetazolamide tab 250 mg* ..... 101  
*acetic acid irrigation soln 0.25%* ..... 109  
*acetic acid otic soln 2%* ..... 141  
*acetone (urine) test*  
  see RELION KETON TES ..... 100  
*acetylcysteine inhal soln 10%*..... 93  
*acetylcysteine inhal soln 20%*..... 93  
Acid Gone  
  see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* .....17  
*acitretin cap 10 mg* .....96  
*acitretin cap 17.5 mg* .....96  
*acitretin cap 25 mg* .....96



<b>aclidinium bromide</b>	
see TUDORZA PRES AER 400/ACT	.23
ACNE MEDICAT LOT 10%	93
ACNE MEDICAT LOT 5%	93
ACTEMRA INJ 162/0.9	7
ACTEMRA INJ 200/10ML	7
ACTEMRA INJ 400/20ML	7
ACTEMRA INJ 80MG/4ML	7
ACTEMRA INJ ACTPEN	7
ACTIMMUNE INJ 2MU/0.5	67
<b>acyclovir cap 200 mg</b>	79
<b>acyclovir oint 5%</b>	97
<b>acyclovir susp 200 mg/5ml</b>	79
<b>acyclovir tab 400 mg</b>	79
<b>acyclovir tab 800 mg</b>	79
ADACEL INJ	149
<b>adalimumab</b>	
see HUMIRA INJ 10/0.1ML	6
see HUMIRA INJ 10MG/0.2	6
see HUMIRA INJ 20/0.2ML	6
see HUMIRA INJ 40/0.4ML	6
see HUMIRA KIT 20MG/0.4	6
see HUMIRA KIT 40MG/0.8	6
see HUMIRA PEDIA INJ CROHNS	6
see HUMIRA PEN INJ 40/0.4ML	6
see HUMIRA PEN INJ CD/UC/HS	6
see HUMIRA PEN KIT CD/UC/HS	6
see HUMIRA PEN KIT PS/UV	6
<b>adapalene</b>	
see DIFFERIN GEL 0.1%	93
<b>adapalene lotion 0.1%</b>	93
<b>adefovir dipivoxil tab 10 mg</b>	79
ADEMPAS TAB 0.5MG	86
ADEMPAS TAB 1.5MG	86
ADEMPAS TAB 1MG	86
ADEMPAS TAB 2.5MG	86
ADEMPAS TAB 2MG	86
ADMELOG INJ 100U/ML	43
ADMELOG SOLO INJ 100U/ML	44
ADULT MASK MIS LARGE	124
ADVATE INJ 1000UNIT	110
ADVATE INJ 1500UNIT	110
ADVATE INJ 2000UNIT	110
ADVATE INJ 250UNIT	110
ADVATE INJ 3000UNIT	110
ADVATE INJ 4000UNIT	110
ADVATE INJ 500UNIT	110
Advil Junior Strength	
see <b>ibuprofen tab 100 mg</b>	8
<b>afatinib dimaleate</b>	
see GILOTRIF TAB 20MG	66
see GILOTRIF TAB 30MG	66
see GILOTRIF TAB 40MG	66
AFINITOR DIS TAB 2MG	65
AFINITOR DIS TAB 3MG	65
AFINITOR DIS TAB 5MG	65
AFINITOR TAB 10MG	65
AFINITOR TAB 2.5MG	65
AFINITOR TAB 5MG	65
AFINITOR TAB 7.5MG	65
AFLURIA QUAD INJ 2019-20	153
AFREZZA POW 12 UNIT	44
AFREZZA POW 4-8 UNIT	44
AFREZZA POW 4-8-12	44
AFREZZA POW 4UNIT	44
AFREZZA POW 8 UNIT	44
AFREZZA POW 8-12UNIT	44
<b>agalsidase beta</b>	
see FABRAZYME INJ 5MG	104
Akwa Tears	
see <b>artificial tear ophth ointment</b>	137
AKYNZEO CAP 300-0.5	49
<b>albuterol sulfate</b>	
see PROAIR HFA AER	26
see PROVENTIL AER HFA	26
see VENTOLIN HFA AER	27
<b>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</b>	24
<b>albuterol sulfate soln nebu 0.5% (5 mg/ml)</b>	24
<b>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</b>	24
<b>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</b>	24
<b>albuterol sulfate syrup 2 mg/5ml</b>	24
<b>albuterol sulfate tab 2 mg</b>	24
<b>albuterol sulfate tab 4 mg</b>	24
<b>alcaftadine</b>	
see LASTACAPT SOL 0.25%	140
<b>alclometasone dipropionate cream 0.05%</b>	97
<b>alclometasone dipropionate oint 0.05%</b>	97

ALCOHOL PREP PAD MED 70%.....	122	<b>alogliptin-metformin hcl tab 12.5-1000 mg</b> .....	38
<b>alcohol swabs</b>		<b>alogliptin-metformin hcl tab 12.5-500 mg</b> .....	38
see ALCOHOL PREP PAD MED 70%		<b>alogliptin-pioglitazone tab 12.5-15 mg</b> .....	38
.....	122	<b>alogliptin-pioglitazone tab 12.5-30 mg</b> .....	38
ALDACTAZIDE TAB 50/50.....	101	<b>alogliptin-pioglitazone tab 12.5-45 mg</b> .....	38
ALECENSA CAP 150MG.....	65	<b>alogliptin-pioglitazone tab 25-15 mg</b> .....	38
<b>alectinib hcl</b>		<b>alogliptin-pioglitazone tab 25-30 mg</b> .....	38
see ALECENSA CAP 150MG.....	65	<b>alogliptin-pioglitazone tab 25-45 mg</b> .....	38
<b>alendronate sodium tab 10 mg</b> ..	103	<b>ALOMIDE SOL 0.1% OP</b> .....	140
<b>alendronate sodium tab 35 mg</b> ..	103	<b>alose tron hcl tab 0.5 mg (base equiv)</b> .....	108
<b>alendronate sodium tab 40 mg</b> ..	103	<b>alose tron hcl tab 1 mg (base equiv)</b> .....	108
<b>alendronate sodium tab 5 mg</b> ....	103	<b>alpha1-proteinase inhibitor (human)</b>	
<b>alendronate sodium tab 70 mg</b> ..	103	see GLASSIA INJ.....	147
ALER-DRYL TAB 50MG.....	50	see PROLASTIN-C INJ 1000MG....	147
<b>alfuzosin hcl tab er 24hr 10 mg</b> ..	109	ALPHANINE SD INJ 1500UNIT.....	110
ALINIA SUS 100/5ML.....	18	ALPHANINE SD INJ 500UNIT.....	110
ALINIA TAB 500MG.....	18	<b>alprazolam tab 0.25 mg</b> .....	21
<b>aliskiren fumarate tab 150 mg (base equivalent)</b> .....	62	<b>alprazolam tab 0.5 mg</b> .....	21
<b>aliskiren fumarate tab 300 mg (base equivalent)</b> .....	62	<b>alprazolam tab 1 mg</b> .....	21
<b>alitretinoin</b>		<b>alprazolam tab 2 mg</b> .....	21
see PANRETIN GEL 0.1%.....	96	ALPROLIX INJ 1000UNIT.....	110
All Day Allergy D		ALPROLIX INJ 2000UNIT.....	111
see <b>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</b> .....	92	ALPROLIX INJ 250UNIT.....	110
Allergy Relief		ALPROLIX INJ 3000UNIT.....	111
see <b>loratadine tab 10 mg</b> .....	51	ALPROLIX INJ 4000UNIT.....	111
<b>allopurinol tab 100 mg</b> .....	110	ALPROLIX INJ 500UNIT.....	110
<b>allopurinol tab 300 mg</b> .....	110	ALREX SUS 0.2%.....	139
Almacone		ALTABAX OIN 1%.....	94
see <b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	17	<b>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</b> .....	17
Almacone Double Strength		<b>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</b> .....	17
see <b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	17	<b>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</b> .....	17
<b>almotriptan malate tab 12.5 mg</b>	124	<b>aluminum chloride</b>	
<b>almotriptan malate tab 6.25 mg</b>	124	see DRY SOL SOL 20%.....	100
ALOCRI SOL 2%.....	140		
<b>alogliptin benzoate tab 12.5 mg (base equiv)</b> .....	42		
<b>alogliptin benzoate tab 25 mg (base equiv)</b> .....	42		
<b>alogliptin benzoate tab 6.25 mg (base equiv)</b> .....	42		

<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	17	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	60
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	17	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	60
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i>	17	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	60
<i>amantadine hcl cap 100 mg</i>	68	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	60
<i>amantadine hcl syrup 50 mg/5ml</i>	68	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	60
<i>ambrisentan</i>		<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	60
see LETAIRIS TAB 10MG	85	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	60
see LETAIRIS TAB 5MG	85	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	60
<i>ambrisentan tab 10 mg</i>	85	Amnesteem	
<i>ambrisentan tab 5 mg</i>	85	see <i>isotretinoin cap 20 mg</i>	94
<i>amcinonide cream 0.1%</i>	97	<i>amoxapine tab 100 mg</i>	36
<i>amcinonide lotion 0.1%</i>	97	<i>amoxapine tab 150 mg</i>	36
AMCINONIDE OIN 0.1%	97	<i>amoxapine tab 25 mg</i>	36
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	101	<i>amoxapine tab 50 mg</i>	36
<i>amiloride hcl tab 5 mg</i>	102	<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	143
<i>aminocaproic acid tab 1000 mg</i>	117	<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	143
<i>aminocaproic acid tab 500 mg</i>	117	<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	143
<i>aminosalicylic acid</i>		<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	143
see PASER GRA 4GM	63	<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	143
<i>amiodarone hcl tab 200 mg</i>	22	<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	143
AMITIZA CAP 24MCG	107	<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	143
AMITIZA CAP 8MCG	107	<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	143
<i>amitriptyline hcl tab 10 mg</i>	35	<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	144
<i>amitriptyline hcl tab 100 mg</i>	36	<i>amoxicillin &amp; pot clavulanate</i>	
<i>amitriptyline hcl tab 150 mg</i>	36	see AUGMENTIN SUS 125/5ML	144
<i>amitriptyline hcl tab 25 mg</i>	35	<i>amoxicillin (trihydrate) cap 250 mg</i>	143
<i>amitriptyline hcl tab 50 mg</i>	36	<i>amoxicillin (trihydrate) cap 500 mg</i>	143
<i>amitriptyline hcl tab 75 mg</i>	36		
Amlactin			
see <i>lactic acid (ammonium lactate) lotion 12%</i>	99		
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	82		
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	82		
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	82		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	60		
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	60		

<b>amoxicillin (trihydrate) chew tab</b>	
<b>125 mg</b> .....	143
<b>amoxicillin (trihydrate) chew tab</b>	
<b>250 mg</b> .....	143
<b>amoxicillin (trihydrate) for susp</b>	
<b>125 mg/5ml</b> .....	143
<b>amoxicillin (trihydrate) for susp</b>	
<b>200 mg/5ml</b> .....	143
<b>amoxicillin (trihydrate) for susp</b>	
<b>250 mg/5ml</b> .....	143
<b>amoxicillin (trihydrate) for susp</b>	
<b>400 mg/5ml</b> .....	143
<b>amoxicillin (trihydrate) tab 500 mg</b>	
.....	143
<b>amoxicillin (trihydrate) tab 875 mg</b>	
.....	143
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 10 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 15 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 20 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 25 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 30 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>cap er 24hr 5 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 10 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 12.5 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 15 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 20 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 30 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 5 mg</b> .....	1
<b>amphetamine-dextroamphetamine</b>	
<b>tab 7.5 mg</b> .....	1
<b>ampicillin cap 500 mg</b> .....	143
<b>ANADROL-50 TAB 50MG</b> .....	16
<b>anagrelide hcl cap 0.5 mg</b> .....	114
<b>anagrelide hcl cap 1 mg</b> .....	114
<b>anakinra</b>	
see KINERET INJ .....	7
<b>anastrozole tab 1 mg</b> .....	64
<b>ANIMAL SHAPE CHW IRON</b> .....	132
<b>ANORO ELLIPT AER 62.5-25</b> .....	25
<b>Antacid</b>	
see <b>alum &amp; mag hydroxide-</b>	
<b>simethicone susp 200-200-20</b>	
<b>mg/5ml</b> .....	17
<b>anthralin</b>	
see DRITHO-CREME CRE HP 1%....	96
<b>Anti-diarrheal</b>	
see <b>loperamide hcl liq 1 mg/5ml</b>	
<b>(0.2 mg/ml)</b> .....	48
<b>Anti-fungal Powder</b>	
see <b>tolnaftate powder 1%</b> .....	96
<b>antihemophilic factor (human)</b>	
see HEMOFIL M INJ 1700UNIT ....	111
see KOATE-DVI INJ 1000UNIT.....	111
see KOATE-DVI INJ 250UNIT .....	111
see KOATE-DVI INJ 500UNIT .....	111
see MONOCLATE-P INJ 1000UNIT	112
<b>antihemophilic factor (rcmb) bd</b>	
<b>truncated (bd trunc-rfviii)</b>	
see NOVOEIGHT INJ 1500UNIT ...	112
<b>antihemophilic factor (rcmb)</b>	
<b>simoctocog alfa(bdd-rfviii,sim)</b>	
see NUWIQ INJ 1000UNIT .....	112
see NUWIQ INJ 2000UNIT .....	112
see NUWIQ INJ 2500UNIT .....	112
see NUWIQ INJ 250UNIT .....	112
see NUWIQ INJ 3000UNIT .....	112
see NUWIQ INJ 4000UNIT .....	112
see NUWIQ INJ 500UNIT .....	112
see NUWIQ KIT 1000UNIT .....	112
see NUWIQ KIT 2000UNIT .....	112
see NUWIQ KIT 2500UNIT .....	113
see NUWIQ KIT 250UNIT.....	112
see NUWIQ KIT 3000UNIT .....	113
see NUWIQ KIT 4000UNIT .....	113
see NUWIQ KIT 500UNIT.....	112
<b>antihemophilic factor</b>	
<b>(recombinant)</b>	
see HELIXATE FS INJ 2000UNIT ..	111
see HELIXATE FS INJ 3000UNIT ..	111
see HELIXATE FS INJ 500UNIT ....	111
see KOGENATE FS INJ 1000UNIT.	111
see KOGENATE FS INJ 2000UNIT.	111

see KOGENATE FS INJ 250UNIT ..	111	see APOKYN INJ 10MG/ML .....	68
see KOGENATE FS INJ 3000UNIT.	112	<b>apraclonidine hcl ophth soln 0.5%</b>	
see RECOMBINATE INJ .....	113	<b>(base equivalent)</b> .....	139
see RECOMBINATE INJ 220-400 ..	113	<b>apremilast</b>	
see RECOMBINATE INJ 401-800 ..	113	see OTEZLA TAB 10/20/30 .....	9
see RECOMBINATE INJ 801-1240	113	see OTEZLA TAB 30MG .....	9
<b>antihemophilic factor</b>		<b>aprepitant capsule 125 mg</b> .....	49
<b>(recombinant) plasma/albumin</b>		<b>aprepitant capsule 40 mg</b> .....	49
<b>free</b>		<b>aprepitant capsule 80 mg</b> .....	49
see XYNTHA SOLOF INJ 1000UNIT		<b>aprepitant capsule therapy pack 80</b>	
.....	113	<b>&amp; 125 mg</b> .....	49
see XYNTHA SOLOF INJ 2000UNIT		APRISO CAP 0.375GM.....	107
.....	113	APTIOM TAB 200MG .....	29
see XYNTHA SOLOF INJ 3000UNIT		APTIOM TAB 400MG .....	29
.....	113	APTIOM TAB 600MG .....	29
see XYNTHA SOLOF INJ 500UNIT.	113	APTIOM TAB 800MG .....	29
see XYNTHA SOLOF KIT 250UNIT	113	APTIVUS CAP 250MG .....	76
<b>antihemophilic factor rahf-pfm</b>		APTIVUS SOL.....	76
see ADVATE INJ 1000UNIT .....	110	Aquadeks	
see ADVATE INJ 1500UNIT .....	110	see <b>pediatric multiple vitamin w/</b>	
see ADVATE INJ 2000UNIT .....	110	<b>minerals &amp; c drops 45 mg/ml</b>	
see ADVATE INJ 250UNIT .....	110	.....	132
see ADVATE INJ 3000UNIT .....	110	Aqueous Vitamin D Infants	
see ADVATE INJ 4000UNIT .....	110	see <b>cholecalciferol oral liquid 10</b>	
see ADVATE INJ 500UNIT .....	110	<b>mcg/ml (400 unit/ml)</b> .....	156
see KOVALTRY INJ 1000UNIT.....	112	ARANESP INJ 100MCG .....	115
see KOVALTRY INJ 2000UNIT.....	112	ARANESP INJ 10MCG .....	115
see KOVALTRY INJ 250UNIT.....	112	ARANESP INJ 150MCG .....	115
see KOVALTRY INJ 3000UNIT.....	112	ARANESP INJ 200MCG .....	115
see KOVALTRY INJ 500UNIT.....	112	ARANESP INJ 25MCG .....	115
<b>antihemophilic factor/von</b>		ARANESP INJ 300MCG .....	115
<b>willebrand factor complex</b>		ARANESP INJ 40MCG .....	115
<b>(human)</b>		ARANESP INJ 500MCG .....	115
see HUMATE-P SOL 2400UNIT.....	111	ARANESP INJ 60MCG .....	115
see HUMATE-P SOL 500-1200 .....	111	ARCALYST INJ 220MG.....	7
<b>antiinhibitor coagulant complex</b>		ARCAPTA CAP 75MCG .....	25
see FEIBA INJ .....	111	<b>arformoterol tartrate</b>	
ANZEMET TAB 100MG .....	48	see BROVANA NEB 15MCG.....	25
ANZEMET TAB 50MG .....	48	<b>aripiprazole</b>	
APEXICON E CRE 0.05% .....	97	see ABILIFY MAIN INJ 300MG .....	75
APIDRA INJ SOLOSTAR .....	44	see ABILIFY MAIN INJ 400MG .....	75
APIDRA INJ U-100 .....	44	<b>aripiprazole lauroxil</b>	
<b>apixaban</b>		see ARISTADA INJ 441MG/1. ....	75
see ELIQUIS TAB 2.5MG .....	28	see ARISTADA INJ 662MG/2 .....	75
see ELIQUIS TAB 5MG.....	28	see ARISTADA INJ 882MG/3 .....	76
APOKYN INJ 10MG/ML.....	68	<b>aripiprazole oral solution 1 mg/ml</b>	
<b>apomorphine hydrochloride</b>		.....	75

<b>aripiprazole orally disintegrating tab 10 mg</b> .....	75	ASMANEX HFA AER 100 MCG .....	24
<b>aripiprazole orally disintegrating tab 15 mg</b> .....	75	ASMANEX HFA AER 200 MCG .....	24
<b>aripiprazole tab 10 mg</b> .....	75	ASMANEX HFA AER 50MCG .....	24
<b>aripiprazole tab 15 mg</b> .....	75	<b>aspirin chew tab 81 mg</b> .....	11
<b>aripiprazole tab 2 mg</b> .....	75	Aspirin Low Dose	
<b>aripiprazole tab 20 mg</b> .....	75	see <b>aspirin tab delayed release 81 mg</b> .....	11
<b>aripiprazole tab 30 mg</b> .....	75	<b>aspirin tab 325 mg</b> .....	11
<b>aripiprazole tab 5 mg</b> .....	75	<b>aspirin tab delayed release 325 mg</b> .....	11
ARISTADA INJ 441MG/1 .....	75	.....	11
ARISTADA INJ 662MG/2 .....	75	<b>aspirin tab delayed release 81 mg</b> .....	11
ARISTADA INJ 882MG/3 .....	76	.....	11
<b>armodafinil tab 150 mg</b> .....	3	<b>aspirin-dipyridamole cap er 12hr 25-200 mg</b> .....	114
<b>armodafinil tab 200 mg</b> .....	3	<b>atazanavir sulfate cap 150 mg (base equiv)</b> .....	76
<b>armodafinil tab 250 mg</b> .....	3	<b>atazanavir sulfate cap 200 mg (base equiv)</b> .....	76
<b>armodafinil tab 50 mg</b> .....	3	<b>atazanavir sulfate cap 300 mg (base equiv)</b> .....	76
ARMOUR THYRO TAB 120MG .....	148	<b>atazanavir sulfate-cobicistat</b>	
ARMOUR THYRO TAB 15MG .....	147	see EVOTAZ TAB 300-150 .....	77
ARMOUR THYRO TAB 180MG .....	148	<b>atenolol &amp; chlorthalidone tab 100-25 mg</b> .....	60
ARMOUR THYRO TAB 240MG .....	148	<b>atenolol &amp; chlorthalidone tab 50-25 mg</b> .....	60
ARMOUR THYRO TAB 300MG .....	148	.....	60
ARMOUR THYRO TAB 30MG .....	148	<b>atenolol tab 100 mg</b> .....	80
ARMOUR THYRO TAB 60MG .....	148	<b>atenolol tab 25 mg</b> .....	80
ARMOUR THYRO TAB 90MG .....	148	<b>atenolol tab 50 mg</b> .....	80
<b>artemether-lumefantrine</b>		<b>atomoxetine hcl cap 10 mg (base equiv)</b> .....	2
see COARTEM TAB 20-120MG .....	62	<b>atomoxetine hcl cap 100 mg (base equiv)</b> .....	3
<b>artificial tear insert</b>		<b>atomoxetine hcl cap 18 mg (base equiv)</b> .....	2
see LACRISERT MIS 5MG OP .....	138	<b>atomoxetine hcl cap 25 mg (base equiv)</b> .....	3
<b>artificial tear ophth ointment</b> ....	137	<b>atomoxetine hcl cap 40 mg (base equiv)</b> .....	3
<b>artificial tear ophth solution</b> .....	137	<b>atomoxetine hcl cap 60 mg (base equiv)</b> .....	3
Artificial Tears		<b>atomoxetine hcl cap 80 mg (base equiv)</b> .....	3
see <b>dextran 70-hypromellose ophth soln 0.1-0.3%</b> .....	137	<b>atorvastatin calcium tab 10 mg (base equivalent)</b> .....	52
see <b>polyvinyl alcohol ophth soln 1.4%</b> .....	138	<b>atorvastatin calcium tab 20 mg (base equivalent)</b> .....	52
<b>ascorbic acid tab 500 mg</b> .....	156		
<b>asenapine maleate</b>			
see SAPHRIS SUB 10MG .....	74		
see SAPHRIS SUB 2.5MG .....	74		
see SAPHRIS SUB 5MG .....	74		
ASMANEX 120 AER 220MCG .....	24		
ASMANEX 14 AER 220MCG .....	23		
ASMANEX 30 AER 110MCG .....	24		
ASMANEX 30 AER 220MCG .....	24		
ASMANEX 60 AER 220MCG .....	24		
ASMANEX 7 AER 110MCG .....	23		

**atorvastatin calcium tab 40 mg (base equivalent)** .....52  
**atorvastatin calcium tab 80 mg (base equivalent)** .....52  
**atovaquone susp 750 mg/5ml**.....18  
**atovaquone-proguanil hcl tab 250-100 mg** .....62  
**atovaquone-proguanil hcl tab 62.5-25 mg** .....62  
 ATRIPLA TAB .....76  
 ATROPINE SUL SOL 1% OP.....138  
 ATROVENT HFA AER 17MCG .....23  
 AUBAGIO TAB 14MG .....145  
 AUBAGIO TAB 7MG.....145  
 AUGMENTIN SUS 125/5ML .....144  
**auranofin**  
 see RIDAURA CAP 3MG .....7  
 AVANDIA TAB 2MG .....46  
 AVANDIA TAB 4MG .....46  
 Avita  
 see **tretinoin gel 0.025%**.....94  
 AVONEX KIT 30MCG .....145  
 AVONEX PEN KIT 30MCG.....145  
 AVONEX PREFL KIT 30MCG.....145  
 AZASITE SOL 1% .....139  
**azathioprine tab 50 mg** .....130  
**azelastine hcl nasal spray 0.1% (137 mcg/spray)** .....136  
**azelastine hcl ophth soln 0.05%**140  
**azilsartan medoxomil**  
 see EDARBI TAB 40MG .....57  
 see EDARBI TAB 80MG .....57  
**azithromycin (ophth)**  
 see AZASITE SOL 1%.....139  
**azithromycin for susp 100 mg/5ml**  
 .....121  
**azithromycin for susp 200 mg/5ml**  
 .....121  
**azithromycin powd pack for susp 1 gm** .....121  
**azithromycin tab 250 mg**.....121  
**azithromycin tab 500 mg**.....121  
**azithromycin tab 600 mg**.....121  
 AZOPT SUS 1% OP .....140  
**aztreonam lysine**  
 see CAYSTON INH 75MG .....19

**B**  
**bacitracin oint 500 unit/gm** .....94  
**bacitracin ophth oint 500 unit/gm**  
 .....139  
**bacitracin zinc oint 500 unit/gm** .94  
**bacitracin-polymyxin b oint**.....94  
**bacitracin-polymyxin b ophth oint**  
 .....139  
**bacitracin-polymyxin-neomycin hc**  
 see CORTISPORIN OIN 1% .....95  
**bacitracin-polymyxin-neomycin-hc ophth oint 1%** .....139  
**baclofen tab 10 mg** .....135  
**baclofen tab 20 mg** .....135  
 BALCOLTRA TAB 0.1-20 .....87  
**baloxavir marboxil**  
 see XOFLUZA TAB 20MG .....80  
 see XOFLUZA TAB 40MG .....80  
**balsalazide disodium cap 750 mg**  
 .....107  
 BANZEL SUS 40MG/ML .....29  
 BANZEL TAB 200MG .....29  
 BANZEL TAB 400MG .....29  
 BAOSIMI ONE POW 3MG/DOSE .....42  
 BARACLUDGE SOL .....79  
 BASAGLAR INJ 100UNIT .....44  
 BAXDELA TAB 450MG .....106  
**b-complex w/ c & folic acid cap 1 mg** .....131  
**b-complex w/ c & folic acid tab** .131  
**b-complex w/ c & folic acid tab 0.8 mg** .....131  
**b-complex w/ c & folic acid tab 5 mg** .....131  
 BD U-500 MIS 31GX6MM .....121  
 BE WELL PAK ROUNDED.....133  
**becaplermin**  
 see REGRANEX GEL 0.01% .....100  
**beclomethasone dipropionate hfa**  
 see QVAR REDIIHA AER 80MCG.....24  
 see QVAR REDIIHAL AER 40MCG ....24  
**bedaquiline fumarate**  
 see SIRTURO TAB 100MG .....63  
**belatacept**  
 see NULOJIX INJ 250MG .....130  
 BELSOMRA TAB 10MG .....118  
 BELSOMRA TAB 15MG .....118

BELSOMRA TAB 20MG.....	118	<b>besifloxacin hcl</b>	
BELSOMRA TAB 5MG .....	118	see BESIVANCE SUS 0.6% .....	139
<b>bempedoic acid</b>		BESIVANCE SUS 0.6%.....	139
see NEXLETOL TAB 180MG .....	51	<b>betaine</b>	
<b>bempedoic acid-ezetimibe</b>		see CYSTADANE POW .....	104
see NEXLIZET TAB 180/10MG .....	51	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented cream 0.05%</b> .....	97
<b>tab 10-12.5 mg</b> .....	60	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented gel 0.05%</b> .....	97
<b>tab 20-12.5 mg</b> .....	60	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented lotion 0.05%</b> .....	97
<b>tab 20-25 mg</b> .....	60	<b>betamethasone dipropionate</b>	
<b>benazepril &amp; hydrochlorothiazide</b>		<b>augmented oint 0.05%</b> .....	97
<b>tab 5-6.25 mg</b> .....	60	<b>betamethasone dipropionate cream</b>	
<b>benazepril hcl tab 10 mg</b> .....	55	<b>0.05%</b> .....	97
<b>benazepril hcl tab 20 mg</b> .....	55	<b>betamethasone dipropionate lotion</b>	
<b>benazepril hcl tab 40 mg</b> .....	55	<b>0.05%</b> .....	97
<b>benazepril hcl tab 5 mg</b> .....	55	<b>betamethasone dipropionate oint</b>	
BENEFIX INJ 1000UNIT .....	111	<b>0.05%</b> .....	97
BENEFIX INJ 2000UNIT .....	111	<b>betamethasone valerate cream</b>	
BENEFIX INJ 250UNIT.....	111	<b>0.1% (base equivalent)</b> .....	97
BENEFIX INJ 3000UNIT .....	111	<b>betamethasone valerate oint 0.1%</b>	
BENEFIX INJ 500UNIT.....	111	<b>(base equivalent)</b> .....	97
BENZNIDAZOLE TAB 100MG .....	18	<b>betaxolol hcl ophth soln 0.5%</b> ...	138
BENZNIDAZOLE TAB 12.5MG .....	18	<b>betaxolol hcl tab 10 mg</b> .....	80
<b>benzocaine-docusate sodium</b>		<b>betaxolol hcl tab 20 mg</b> .....	80
see DOCUSOL PLUS ENE 20-283 .	120	<b>bethanechol chloride tab 10 mg</b>	153
<b>benzonatate cap 100 mg</b> .....	92	<b>bethanechol chloride tab 25 mg</b>	153
<b>benzonatate cap 200 mg</b> .....	92	<b>bethanechol chloride tab 5 mg</b> ..	153
<b>benzoyl peroxide</b>		<b>bethanechol chloride tab 50 mg</b>	153
see ACNE MEDICAT LOT 10%.....	93	BEVESPI AER 9-4.8MCG .....	25
see ACNE MEDICAT LOT 5% .....	93	<b>bexarotene (topical)</b>	
<b>benzoyl peroxide gel 10%</b> .....	93	see TARGRETIN GEL 1% .....	96
<b>benzoyl peroxide gel 5%</b> .....	93	<b>bexarotene cap 75 mg</b> .....	67
<b>benzoyl peroxide liq 10%</b> .....	93	BEYAZ TAB.....	87
<b>benzoyl peroxide liq 5%</b> .....	93	<b>bicalutamide tab 50 mg</b> .....	64
Benzoyl Peroxide Wash		<b>bictegravir-emtricitabine-tenofovir</b>	
see <b>benzoyl peroxide liq 10%</b> ...	93	<b>alafenamide fumarate</b>	
<b>benzoyl peroxide-erythromycin gel</b>		see BIKTARVY TAB .....	76
<b>5-3%</b> .....	93	BIKTARVY TAB.....	76
<b>benztropine mesylate tab 0.5 mg</b>	68	<b>bimatoprost</b>	
<b>benztropine mesylate tab 1 mg</b> ...	68	see LUMIGAN SOL 0.01%.....	141
<b>benztropine mesylate tab 2 mg</b> ...	68	<b>bimatoprost ophth soln 0.03%</b> ..	141
<b>bepotastine besilate</b>		<b>bisacodyl suppos 10 mg</b> .....	120
see BEPREVE DRO 1.5%.....	140	<b>bisacodyl tab delayed release 5 mg</b>	
BEPREVE DRO 1.5% .....	140	.....	120
BERINERT INJ 500UNIT.....	113	Bismatrol	



see <i>bismuth subsalicylate susp</i> <i>262 mg/15ml</i> .....	48	BREVICON TAB 0.5/35.....	87
<i>bismuth subsalicylate chew tab</i> <i>262 mg</i> .....	48	Briellyn	
<i>bismuth subsalicylate susp 262</i> <i>mg/15ml</i> .....	48	see <i>norethindrone &amp; ethinyl</i> <i>estradiol tab 0.4 mg-35 mcg</i> ..	88
<i>bismuth subsalicylate susp 525</i> <i>mg/15ml</i> .....	48	BRILINTA TAB 60MG.....	114
<i>bismuth subsalicylate tab 262 mg</i> .....	48	BRILINTA TAB 90MG.....	114
<i>bisoprolol &amp; hydrochlorothiazide</i> <i>tab 10-6.25 mg</i> .....	60	<i>brimonidine tartrate (topical)</i> see MIRVASO GEL 0.33%.....	100
<i>bisoprolol &amp; hydrochlorothiazide</i> <i>tab 2.5-6.25 mg</i> .....	60	<i>brimonidine tartrate ophth soln</i> <i>0.15%</i> .....	139
<i>bisoprolol &amp; hydrochlorothiazide</i> <i>tab 5-6.25 mg</i> .....	60	<i>brimonidine tartrate ophth soln</i> <i>0.2%</i> .....	139
<i>bisoprolol fumarate tab 10 mg</i> ....	80	<i>brimonidine tartrate-timolol</i> <i>maleate</i> see COMBIGAN SOL 0.2/0.5% ....	138
<i>bisoprolol fumarate tab 5 mg</i> .....	80	<i>brinzolamide</i> see AZOPT SUS 1% OP .....	140
<i>blood glucose monitoring supplies</i> see TRUE METRIX KIT AIR .....	122	<i>brinzolamide-brimonidine tartrate</i> see SIMBRINZA SUS 1-0.2% .....	139
BOOSTRIX INJ .....	149	<i>bromfenac sodium ophth soln</i> <i>0.09% (base equiv) (once-daily)</i> .....	140
<i>bosentan</i> see TRACLEER TAB 125MG .....	85	<i>bromocriptine mesylate (diabetes)</i> see CYCLOSET TAB 0.8MG .....	42
see TRACLEER TAB 32MG .....	85	<i>bromocriptine mesylate cap 5 mg</i> <i>(base equivalent)</i> .....	68
see TRACLEER TAB 62.5MG .....	85	<i>bromocriptine mesylate tab 2.5 mg</i> <i>(base equivalent)</i> .....	68
<i>bosentan tab 125 mg</i> .....	85	<i>brompheniramine &amp;</i> <i>pseudoephedrine elixir 1-15</i> <i>mg/5ml</i> .....	92
<i>bosentan tab 62.5 mg</i> .....	85	BROTAPP DM LIQ 15-1-5/5.....	92
BOTOX INJ 100UNIT .....	137	BROVANA NEB 15MCG .....	25
BOTOX INJ 200UNIT .....	137	BRUKINSA CAP 80MG .....	65
Bp Cleansing Wash see <i>sulfacetamide sodium-sulfur</i> <i>in urea emulsion 10-4%</i> .....	94	<i>budesonide (inhalation)</i> see PULMICORT INH 180MCG .....	24
Bp Gel see <i>benzoyl peroxide gel 5%</i> ....	93	see PULMICORT INH 90MCG .....	24
Bp Wash see <i>benzoyl peroxide liq 5%</i> .....	93	<i>budesonide delayed release</i> <i>particles cap 3 mg</i> .....	91
Bprotected Pedia Poly-vit see <i>pediatric multiple vitamin w/</i> <i>c soln 35 mg/ml</i> .....	132	<i>budesonide inhalation susp 0.25</i> <i>mg/2ml</i> .....	24
see <i>pediatric multiple vitamins</i> <i>w/ iron drops 10 mg/ml</i> .....	132	<i>budesonide inhalation susp 0.5</i> <i>mg/2ml</i> .....	24
Bprotected Pedia Tri-vite see <i>pediatric vitamins adc drops</i> <i>750 unit-400 unit-35 mg/ml</i> .....	133	<i>budesonide nasal susp 32 mcg/act</i> .....	136
BRAINSTRONG MIS PRENATAL.....	133	<i>budesonide-formoterol fumarate</i> <i>dihydrate</i>	
BREO ELLIPTA INH 100-25 .....	25		
BREO ELLIPTA INH 200-25 .....	25		

see SYMBICORT AER 160-4.5.....27  
 see SYMBICORT AER 80-4.5 .....27  
**bumetanide tab 0.5 mg** ..... 102  
**bumetanide tab 1 mg** ..... 102  
**bumetanide tab 2 mg** ..... 102  
**buprenorphine hcl sl tab 2 mg**  
 (base equiv) .....16  
**buprenorphine hcl sl tab 8 mg**  
 (base equiv) .....16  
**buprenorphine hcl-naloxone hcl sl**  
**tab 2-0.5 mg (base equiv)** ..... 16  
**buprenorphine hcl-naloxone hcl sl**  
**tab 8-2 mg (base equiv)** .....16  
**buprenorphine td patch weekly 10**  
**mcg/hr** .....16  
**buprenorphine td patch weekly 15**  
**mcg/hr** .....16  
**buprenorphine td patch weekly 20**  
**mcg/hr** .....16  
**buprenorphine td patch weekly 5**  
**mcg/hr** .....16  
**buprenorphine td patch weekly 7.5**  
**mcg/hr** .....16  
**bupropion hcl (smoking deterrent)**  
**tab er 12hr 150 mg** ..... 146  
**bupropion hcl tab 100 mg** .....33  
**bupropion hcl tab 75 mg** .....33  
**bupropion hcl tab er 12hr 100 mg**  
 .....33  
**bupropion hcl tab er 12hr 150 mg**  
 .....33  
**bupropion hcl tab er 12hr 200 mg**  
 .....33  
**bupropion hcl tab er 24hr 150 mg**  
 .....33  
**bupropion hcl tab er 24hr 300 mg**  
 .....33  
**bupirone hcl tab 10 mg**.....20  
**bupirone hcl tab 15 mg**.....20  
**bupirone hcl tab 30 mg**.....20  
**bupirone hcl tab 5 mg**.....20  
**bupirone hcl tab 7.5 mg**.....20  
**butalbital-acetaminophen tab 50-**  
**325 mg** .....10  
**butalbital-acetaminophen-caff w/**  
**cod cap 50-300-40-30 mg** ..... 15

**butalbital-acetaminophen-caff w/**  
**cod cap 50-325-40-30 mg** ..... 15  
**butalbital-acetaminophen-caffeine**  
**cap 50-300-40 mg**..... 10  
**butalbital-acetaminophen-caffeine**  
**cap 50-325-40 mg**..... 10  
**butalbital-acetaminophen-caffeine**  
**tab 50-325-40 mg** ..... 10  
**butalbital-aspirin-caffeine cap 50-**  
**325-40 mg**..... 10  
**butenafine hcl**  
 see MENTAX CRE 1% ..... 95  
**butoconazole nitrate (one dose)**  
 see GYNAZOLE-1 CRE 2% ..... 155  
**butorphanol tartrate nasal soln 10**  
**mg/ml** ..... 16  
 BYSTOLIC TAB 10MG ..... 81  
 BYSTOLIC TAB 2.5MG ..... 80  
 BYSTOLIC TAB 20MG ..... 81  
 BYSTOLIC TAB 5MG ..... 80  
 BYVALSON TAB 5-80MG ..... 60  
**C**  
**c1 esterase inhibitor (human)**  
 see BERINERT INJ 500UNIT ..... 113  
**cabergoline tab 0.5 mg**..... 105  
**cabozantinib s-malate**  
 see COMETRIQ KIT 100MG ..... 65  
 see COMETRIQ KIT 140MG ..... 65  
 see COMETRIQ KIT 60MG ..... 65  
**caffeine citrate oral soln 60**  
**mg/3ml (10 mg/ml base equiv)** 2  
**calcipotriene oint 0.005%** ..... 96  
**calcipotriene soln 0.005% (50**  
**mcg/ml)** ..... 96  
**calcipotriene-betamethasone**  
**dipropionate**  
 see TACLONEX SUS ..... 99  
**calcipotriene-betamethasone**  
**dipropionate oint 0.005-0.064%**  
 ..... 97  
**calcipotriene-betamethasone**  
**dipropionate susp 0.005-0.064%**  
 ..... 97  
**calcitonin (salmon) nasal soln 200**  
**unit/act** ..... 103  
 Calcitrate

see *calcium citrate tab 950 mg (200 mg elemental ca)* ..... 127  
*calcitriol cap 0.25 mcg* ..... 104  
*calcitriol cap 0.5 mcg* ..... 104  
*calcitriol oint 3 mcg/gm* ..... 96  
*calcium & phosphorus w/ vitamin d*  
 see RISACAL-D TAB ..... 127  
 Calcium 500 + D  
 see *calcium carbonate-vitamin d tab 500 mg-125 unit* ..... 127  
 Calcium 500/d  
 see *calcium carbonate-cholecalciferol chew tab 500 mg-400 unit* ..... 126  
 Calcium 600  
 see *calcium carbonate tab 600 mg* ..... 126  
 Calcium 600 With Vitamin  
 see *calcium carbonate-vitamin d chew tab 600 mg-400 unit* ... 127  
 Calcium 600/vitamin D3  
 see *calcium carbonate-cholecalciferol tab 600 mg-800 unit* ..... 127  
*calcium acetate (phosphate binder) cap 667 mg (169 mg ca)* ..... 108  
 Calcium Antacid  
 see *calcium carbonate (antacid) chew tab 500 mg* ..... 18  
*calcium carbonate (antacid) chew tab 1000 mg* ..... 18  
*calcium carbonate (antacid) chew tab 400 mg* ..... 18  
*calcium carbonate (antacid) chew tab 500 mg* ..... 18  
*calcium carbonate (antacid) chew tab 750 mg* ..... 18  
*calcium carbonate (antacid) susp 1250 mg/5ml* ..... 18  
*calcium carbonate tab 1250 mg (500 mg elemental ca)* ..... 126  
*calcium carbonate tab 1500 mg (600 mg elemental ca)* ..... 126  
*calcium carbonate tab 600 mg* .. 126  
*calcium carbonate-cholecalciferol*  
 see CALTRATE 600 CHW 600-800 127

*calcium carbonate-cholecalciferol cap 600 mg-500 unit* ..... 126  
*calcium carbonate-cholecalciferol chew tab 500 mg-100 unit* ..... 126  
*calcium carbonate-cholecalciferol chew tab 500 mg-400 unit* ..... 126  
*calcium carbonate-cholecalciferol chew tab 500 mg-600 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 250 mg-125 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 500 mg-125 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 500 mg-200 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 500 mg-400 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 500 mg-600 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 600 mg-200 unit* ..... 126  
*calcium carbonate-cholecalciferol tab 600 mg-400 unit* ..... 127  
*calcium carbonate-cholecalciferol tab 600 mg-800 unit* ..... 127  
*calcium carbonate-ergocalciferol*  
 see RA OYS SHL/D TAB 500MG ... 127  
*calcium carbonate-mag hydrox*  
 see MI-ACID CHW ..... 17  
*calcium carbonate-mag hydroxide chew tab 675-135 mg* ..... 17  
*calcium carbonate-mag hydroxide susp 400-135 mg/5ml* ..... 17  
*calcium carbonate-vitamin d cap 600 mg-200 unit* ..... 127  
*calcium carbonate-vitamin d chew tab 600 mg-400 unit* ..... 127  
*calcium carbonate-vitamin d tab 250 mg-125 unit* ..... 127  
*calcium carbonate-vitamin d tab 500 mg-125 unit* ..... 127  
*calcium carbonate-vitamin d tab 500 mg-200 unit* ..... 127  
*calcium carbonate-vitamin d tab 500 mg-400 unit* ..... 127  
*calcium carbonate-vitamin d tab 600 mg-125 unit* ..... 127

<b>calcium carbonate-vitamin d tab 600 mg-200 unit</b> .....	127	<b>captopril &amp; hydrochlorothiazide tab 50-15 mg</b> .....	60
<b>calcium carbonate-vitamin d tab 600 mg-400 unit</b> .....	127	<b>captopril &amp; hydrochlorothiazide tab 50-25 mg</b> .....	61
<b>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</b> .....	126	<b>captopril tab 100 mg</b> .....	55
<b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	126	<b>captopril tab 12.5 mg</b> .....	55
<b>CALCIUM CITR TAB 200MG</b> .....	127	<b>captopril tab 25 mg</b> .....	55
<b>Calcium Citrate + D3</b>		<b>captopril tab 50 mg</b> .....	55
see <b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> .....	127	<b>carbamazepine cap er 12hr 100 mg</b> .....	29
.....	127	<b>carbamazepine cap er 12hr 200 mg</b> .....	29
<b>calcium citrate tab 950 mg (200 mg elemental ca)</b> .....	127	<b>carbamazepine cap er 12hr 300 mg</b> .....	30
<b>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</b> ....	127	<b>carbamazepine chew tab 100 mg</b>	30
<b>calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)</b> ....	127	<b>carbamazepine susp 100 mg/5ml</b> .....	30
<b>calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)</b> ....	127	<b>carbamazepine tab 200 mg</b> .....	30
<b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> ....	127	<b>carbamazepine tab er 12hr 100 mg</b> .....	30
<b>Calcium Plus Vitamin D3</b>		<b>carbamazepine tab er 12hr 200 mg</b> .....	30
see <b>calcium carbonate- cholecalciferol cap 600 mg-500 unit</b> .....	126	<b>carbamazepine tab er 12hr 400 mg</b> .....	30
<b>calcium polycarbophil tab 625 mg</b> .....	119	<b>carbamide peroxide 6.5% otic soln</b> .....	141
<b>CALCIUM TAB 600MG</b> .....	127	<b>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</b> ...68	
<b>calcium-magnesium-zinc tab 333- 133-5 mg</b> .....	127	<b>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</b> ...68	
<b>CALNA TAB</b> .....	133	<b>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</b> ...68	
<b>CALTRATE 600 CHW 600-800</b> .....	127	<b>carbidopa &amp; levodopa tab 10-100 mg</b> .....	68
<b>candesartan cilexetil tab 16 mg</b> ..	57	<b>carbidopa &amp; levodopa tab 25-100 mg</b> .....	68
<b>candesartan cilexetil tab 32 mg</b> ..	57	<b>carbidopa &amp; levodopa tab 25-250 mg</b> .....	68
<b>candesartan cilexetil tab 4 mg</b> ....	57	<b>carbidopa &amp; levodopa tab er 25- 100 mg</b> .....	68
<b>candesartan cilexetil tab 8 mg</b> ....	57	<b>carbidopa &amp; levodopa tab er 50- 200 mg</b> .....	68
<b>capecitabine tab 150 mg</b> .....	63	<b>carbidopa tab 25 mg</b> .....	68
<b>capecitabine tab 500 mg</b> .....	63	<b>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</b> .....	69
<b>CAPRELSA TAB 100MG</b> .....	65	<b>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</b> .....	69
<b>CAPRELSA TAB 300MG</b> .....	65		
<b>capsaicin cream 0.1%</b> .....	99		
<b>captopril &amp; hydrochlorothiazide tab 25-15 mg</b> .....	60		
<b>captopril &amp; hydrochlorothiazide tab 25-25 mg</b> .....	60		

<b>carbidopa-levodopa-entacapone tabs 25-100-200 mg</b> .....	69	<b>cefditoren pivoxil tab 400 mg (base equivalent)</b> .....	87
<b>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</b> .....	69	<b>cefixime</b>	
<b>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</b> .....	69	see SUPRAX CAP 400MG .....	87
<b>carbidopa-levodopa-entacapone tabs 50-200-200 mg</b> .....	69	<b>cefixime cap 400 mg</b> .....	87
<b>carbinoxamine maleate soln 4 mg/5ml</b> .....	50	<b>cefixime for susp 100 mg/5ml</b> ...	87
<b>carbinoxamine maleate tab 4 mg</b>	50	<b>cefixime for susp 200 mg/5ml</b> ...	87
<b>carbonyl iron</b>		<b>cefpodoxime proxetil for susp 100 mg/5ml</b> .....	87
see IRON CHW PEDIATRI.....	117	<b>cefpodoxime proxetil for susp 50 mg/5ml</b> .....	87
<b>carbonyl iron susp 15 mg/1.25ml (elemental iron)</b> .....	116	<b>cefpodoxime proxetil tab 100 mg</b>	87
<b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b> .....	137	<b>cefpodoxime proxetil tab 200 mg</b>	87
<b>carboxymethylcellulose sodium ophth soln 0.5%</b> .....	137	<b>cefprozil for susp 125 mg/5ml</b> ...	86
CARIMUNE NF INJ 12GM .....	142	<b>cefprozil for susp 250 mg/5ml</b> ...	86
<b>cariprazine hcl</b>		<b>cefprozil tab 250 mg</b> .....	86
see VRAYLAR CAP 1.5MG .....	70	<b>cefprozil tab 500 mg</b> .....	86
see VRAYLAR CAP 3MG.....	70	<b>ceftriaxone sodium for inj 1 gm</b> ..	87
see VRAYLAR CAP 4.5MG .....	70	<b>cefuroxime axetil tab 250 mg</b> .....	87
see VRAYLAR CAP 6MG.....	70	<b>cefuroxime axetil tab 500 mg</b> .....	87
<b>carisoprodol tab 350 mg</b> .....	135	<b>celecoxib cap 100 mg</b> .....	7
<b>carteolol hcl ophth soln 1%</b> .....	138	<b>celecoxib cap 200 mg</b> .....	7
<b>carvedilol tab 12.5 mg</b> .....	80	<b>celecoxib cap 400 mg</b> .....	7
<b>carvedilol tab 25 mg</b> .....	80	<b>celecoxib cap 50 mg</b> .....	7
<b>carvedilol tab 3.125 mg</b> .....	80	<b>cellulose</b>	
<b>carvedilol tab 6.25 mg</b> .....	80	see UNIFIBER POW.....	119
CAYA DPR .....	121	CELONTIN CAP 300MG.....	32
CAYSTON INH 75MG .....	19	CENTRUM SPEC PAK PRENATAL.....	133
<b>cefacor cap 250 mg</b> .....	86	<b>cephalexin cap 250 mg</b> .....	86
<b>cefacor cap 500 mg</b> .....	86	<b>cephalexin cap 500 mg</b> .....	86
<b>cefacor for susp 125 mg/5ml</b> ....	86	<b>cephalexin for susp 125 mg/5ml</b> ..	86
<b>cefacor for susp 250 mg/5ml</b> ....	86	<b>cephalexin for susp 250 mg/5ml</b> ..	86
<b>cefacor for susp 375 mg/5ml</b> ....	86	CERDELGA CAP 84MG .....	114
<b>cefadroxil cap 500 mg</b> .....	86	<b>ceritinib</b>	
<b>cefadroxil for susp 250 mg/5ml</b> ..	86	see ZYKADIA CAP 150MG .....	67
<b>cefadroxil for susp 500 mg/5ml</b> ..	86	<b>certolizumab pegol</b>	
<b>cefadroxil tab 1 gm</b> .....	86	see CIMZIA KIT.....	107
<b>cefdinir cap 300 mg</b> .....	87	see CIMZIA KIT STARTER.....	107
<b>cefdinir for susp 125 mg/5ml</b> .....	87	see CIMZIA PREFL KIT 200MG/ML	108
<b>cefdinir for susp 250 mg/5ml</b> .....	87	<b>cervical caps</b>	
<b>cefditoren pivoxil tab 200 mg (base equivalent)</b> .....	87	see FEMCAP MIS 22MM .....	122
		see FEMCAP MIS 26MM .....	122
		see FEMCAP MIS 30MM .....	122
		CESAMET CAP 1MG .....	49
		<b>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</b> .....	50
		<b>cetirizine hcl tab 10 mg</b> .....	50

<b>cetirizine hcl tab 5 mg</b> .....	50	<b>chlorpheniramine maleate tab 4 mg</b> .....	50
<b>cetirizine-pseudoephedrine tab er</b> <b>12hr 5-120 mg</b> .....	92	<b>chlorpheniramine maleate tab er</b> <b>12 mg</b> .....	50
<b>cetrorelix acetate</b> see CETROTIDE KIT 0.25MG .....	103	<b>chlorpromazine hcl tab 10 mg</b> .....	74
CETROTIDE KIT 0.25MG.....	103	<b>chlorpromazine hcl tab 100 mg</b> ...	74
<b>cevimeline hcl cap 30 mg</b> .....	131	<b>chlorpromazine hcl tab 200 mg</b> ...	74
CHANTIX PAK 0.5& 1MG.....	146	<b>chlorpromazine hcl tab 25 mg</b> .....	74
CHANTIX TAB 0.5MG .....	146	<b>chlorpromazine hcl tab 50 mg</b> .....	74
CHANTIX TAB 1MG .....	146	<b>chlorpropamide tab 100 mg</b> .....	47
CHEMET CAP 100MG.....	48	<b>chlorpropamide tab 250 mg</b> .....	47
Chewable Vite Childrens see <b>pediatric multiple vitamin w/ c &amp; fa chew tab</b> .....	132	<b>chlorthalidone tab 25 mg</b> .....	102
Chewable Vite With Iron/c see <b>pediatric multiple vitamins w/ iron chew tab 15 mg</b> .....	132	<b>chlorthalidone tab 50 mg</b> .....	102
Childrens Pain Reliever see <b>acetaminophen chew tab 80 mg</b> .....	10	<b>chlorzoxazone tab 500 mg</b> .....	135
Childrens Pepto see <b>calcium carbonate (antacid) chew tab 400 mg</b> .....	18	<b>cholecalciferol cap 1.25 mg (50000 unit)</b> .....	156
Childrens Silfedrine see <b>pseudoephedrine hcl liq 15 mg/5ml</b> .....	137	<b>cholecalciferol cap 125 mcg (5000 unit)</b> .....	156
<b>chlorambucil</b> see LEUKERAN TAB 2MG .....	63	<b>cholecalciferol cap 25 mcg (1000 unit)</b> .....	156
<b>chlordiazepoxide hcl cap 10 mg</b> ..	21	<b>cholecalciferol cap 250 mcg (10000 unit)</b> .....	156
<b>chlordiazepoxide hcl cap 25 mg</b> ..	21	<b>cholecalciferol cap 50 mcg (2000 unit)</b> .....	156
<b>chlordiazepoxide hcl cap 5 mg</b> ....	21	<b>cholecalciferol chew tab 10 mcg (400 unit)</b> .....	156
<b>chlorhexidine gluconate liquid 4%</b> .....	76	<b>cholecalciferol chew tab 25 mcg (1000 unit)</b> .....	156
<b>chlorhexidine gluconate soln</b> <b>0.12%</b> .....	131	<b>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</b> .....	156
<b>chloroquine phosphate tab 250 mg</b> .....	62	<b>cholecalciferol oral liquid 10 mcg/ml (400 unit/ml)</b> .....	156
<b>chloroquine phosphate tab 500 mg</b> .....	62	<b>cholecalciferol tab 10 mcg (400 unit)</b> .....	156
<b>chlorothiazide tab 250 mg</b> .....	102	<b>cholecalciferol tab 125 mcg (5000 unit)</b> .....	156
<b>chlorothiazide tab 500 mg</b> .....	102	<b>cholecalciferol tab 25 mcg (1000 unit)</b> .....	156
Chlorphen Sr see <b>chlorpheniramine maleate tab er 12 mg</b> .....	50	<b>cholecalciferol tab 50 mcg (2000 unit)</b> .....	156
<b>chlorpheniramine maleate syrup 2 mg/5ml</b> .....	50	<b>cholestyramine light powder 4 gm/dose</b> .....	52
		<b>cholestyramine powder 4 gm/dose</b> .....	52
		<b>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</b> .....	52

<b>choline fenofibrate cap dr 45 mg</b> (fenofibric acid equiv) .....	52	see CIPRO HC SUS OTIC .....	141
CHOR GONADOT INJ 10000UNT .....	103	<b>citalopram hydrobromide oral soln</b> <b>10 mg/5ml</b> .....	33
Chromagen see <b>iron combination cap</b> .....	116	<b>citalopram hydrobromide tab 10</b> <b>mg (base equiv)</b> .....	33
<b>ciclesonide (nasal)</b> see OMNARIS SPR .....	136	<b>citalopram hydrobromide tab 20</b> <b>mg (base equiv)</b> .....	33
<b>ciclopirox olamine cream 0.77%</b> (base equiv) .....	95	<b>citalopram hydrobromide tab 40</b> <b>mg (base equiv)</b> .....	33
<b>ciclopirox olamine susp 0.77%</b> (base equiv) .....	95	Claravis see <b>isotretinoin cap 10 mg</b> .....	94
<b>ciclopirox solution 8%</b> .....	95	<b>clarithromycin for susp 125</b> <b>mg/5ml</b> .....	121
<b>cilostazol tab 100 mg</b> .....	114	<b>clarithromycin for susp 250</b> <b>mg/5ml</b> .....	121
<b>cilostazol tab 50 mg</b> .....	114	<b>clarithromycin tab 250 mg</b> .....	121
CIMDUO TAB 300-300 .....	76	<b>clarithromycin tab 500 mg</b> .....	121
<b>cimetidine tab 200 mg</b> .....	150	Clean & Clear Persa-gel M see <b>benzoyl peroxide gel 10%</b> ..	93
<b>cimetidine tab 300 mg</b> .....	150	Clear Soluble Fiber see <b>wheat dextrin oral powder</b>	119
<b>cimetidine tab 400 mg</b> .....	150	<b>clemastine fumarate tab 1.34 mg</b> (1 mg base equiv) .....	50
<b>cimetidine tab 800 mg</b> .....	150	<b>clemastine fumarate tab 2.68 mg</b>	50
CIMZIA KIT .....	107	CLENPIQ SOL .....	119
CIMZIA KIT STARTER .....	107	<b>clindamycin hcl cap 150 mg</b> .....	19
CIMZIA PREFL KIT 200MG/ML .....	108	<b>clindamycin hcl cap 300 mg</b> .....	19
<b>cinacalcet hcl</b> see SENSIPAR TAB 30MG .....	105	<b>clindamycin palmitate hcl for soln</b> <b>75 mg/5ml (base equiv)</b> .....	19
see SENSIPAR TAB 60MG .....	105	<b>clindamycin phosphate gel 1%</b> ..	93
see SENSIPAR TAB 90MG .....	105	<b>clindamycin phosphate lotion 1%</b> .....	93
<b>cinacalcet hcl tab 30 mg (base</b> <b>equiv)</b> .....	104	<b>clindamycin phosphate soln 1%</b> ..	93
<b>cinacalcet hcl tab 60 mg (base</b> <b>equiv)</b> .....	104	<b>clindamycin phosphate vaginal</b> <b>cream 2%</b> .....	154
<b>cinacalcet hcl tab 90 mg (base</b> <b>equiv)</b> .....	104	<b>clindamycin phosphate-tretinoin</b> see VELTIN GEL .....	94
CIPRO HC SUS OTIC .....	141	<b>clindamycin phosphate-tretinoin</b> <b>gel 1.2-0.025%</b> .....	93
CIPRODEX SUS 0.3-0.1% .....	141	<b>clindamycin phosph-benzoyl</b> <b>peroxide (refrig) gel 1.2 (1)-5%</b> .....	93
<b>ciprofloxacin hcl ophth soln 0.3%</b> (base equivalent) .....	139	<b>clobazam tab 10 mg</b> .....	29
<b>ciprofloxacin hcl otic soln 0.2%</b> (base equivalent) .....	141	<b>clobazam tab 20 mg</b> .....	29
<b>ciprofloxacin hcl tab 250 mg (base</b> <b>equiv)</b> .....	106	<b>clobetasol propionate cream</b> <b>0.05%</b> .....	97
<b>ciprofloxacin hcl tab 500 mg (base</b> <b>equiv)</b> .....	106	<b>clobetasol propionate gel 0.05%</b>	97
<b>ciprofloxacin hcl tab 750 mg (base</b> <b>equiv)</b> .....	107		
<b>ciprofloxacin-dexamethasone</b> see CIPRODEX SUS 0.3-0.1% .....	141		
<b>ciprofloxacin-hydrocortisone</b>			





see CONDOMS MIS LUBRICAT.....	121	Cortizone-10 Plus	
<b>condoms latex non-lubricated -</b>		see <b>hydrocortisone-aloe vera</b>	
<b>male</b>		<b>cream 1%</b> .....	98
see TROJAN MIS.....	122	COSENTYX INJ 150MG/ML.....	96
CONDOMS MIS.....	121	COSENTYX INJ 300DOSE.....	96
CONDOMS MIS LUBRICAT.....	121	COSENTYX PEN INJ 150MG/ML.....	96
<b>condoms non-latex lubricated -</b>		COSENTYX PEN INJ 300DOSE.....	96
<b>male</b>		COUMADIN TAB 10MG.....	27
see DUREX MIS REALFEEL.....	121	COUMADIN TAB 1MG.....	27
<b>condoms non-latex non-lubricated</b>		COUMADIN TAB 2.5MG.....	27
<b>- male</b>		COUMADIN TAB 2MG.....	27
see TROJAN MIS NATULAMB.....	122	COUMADIN TAB 3MG.....	27
<b>conjugated estrogens-</b>		COUMADIN TAB 4MG.....	27
<b>bazedoxifene</b>		COUMADIN TAB 5MG.....	27
see DUAVEE TAB 0.45-20.....	105	COUMADIN TAB 6MG.....	27
<b>conjugated estrogens-</b>		COUMADIN TAB 7.5MG.....	27
<b>medroxyprogesterone acetate</b>		CREON CAP 12000UNT.....	101
see PREMPHASE TAB.....	106	CREON CAP 24000UNT.....	101
see PREMPRO TAB.....	106	CREON CAP 3000UNIT.....	101
see PREMPRO TAB 0.3-1.5.....	106	CREON CAP 36000UNT.....	101
see PREMPRO TAB 0.45-1.5.....	106	CREON CAP 6000UNIT.....	101
see PREMPRO TAB 0.625-5.....	106	CRESEMBA CAP 186 MG.....	49
<b>continuous blood glucose system</b>		CRIXIVAN CAP 200MG.....	76
<b>receiver</b>		CRIXIVAN CAP 400MG.....	76
see DEXCOM G5 MIS RECEIVER ..	122	<b>crizotinib</b>	
see DEXCOM G6 MIS RECEIVER ..	122	see XALKORI CAP 200MG.....	67
see FREESTYLE MIS READER.....	122	see XALKORI CAP 250MG.....	67
<b>continuous blood glucose system</b>		<b>cromolyn sodium nasal aerosol</b>	
<b>sensor</b>		<b>soln 5.2 mg/act (4%)</b> .....	136
see DEXCOM G6 MIS SENSOR.....	122	<b>cromolyn sodium ophth soln 4%</b>	
see FREESTYLE KIT SENSOR.....	122	.....	140
see G5/G4 MIS SENSOR.....	122	<b>cromolyn sodium soln nebu 20</b>	
<b>continuous blood glucose system</b>		<b>mg/2ml</b> .....	23
<b>transmitter</b>		<b>crotamiton</b>	
see DEXCOM G5 MIS TRANSMIT..	122	see EURAX CRE 10%.....	100
see DEXCOM G6 MIS TRANSMIT..	122	CUVITRU INJ 4GM/20ML.....	142
<b>copper (iud)</b>		CUVITRU SOL 10GM/50M.....	142
see PARAGARD IUD T380A.....	90	CUVITRU SOL 1GM/5ML.....	142
CORDRAN 80X3 TAP 4MCG/CM.....	97	Cvs Af Spray Powder	
CORLANOR SOL 5MG/5ML.....	86	see <b>tolnaftate aerosol pow 1%</b> .	96
CORLANOR TAB 5MG.....	86	Cvs Allergy Relief Childr	
CORLANOR TAB 7.5MG.....	86	see <b>diphenhydramine hcl liquid</b>	
<b>corn dextrin oral powder</b> .....	119	<b>12.5 mg/5ml</b> .....	50
<b>cortisone acetate tab 25 mg</b> .....	91	Cvs Antacid Supreme	
CORTISPORIN OIN 1%.....	95	see <b>calcium carbonate-mag</b>	
Cortizone-10		<b>hydroxide susp 400-135</b>	
see <b>hydrocortisone gel 1%</b> .....	98	<b>mg/5ml</b> .....	17

Cvs Anti-dandruff	
see <b>selenium sulfide lotion 1%</b> .96	
Cvs Anti-diarrheal	
see <b>loperamide hcl tab 2 mg</b> .....48	
Cvs Anti-fungal Powder	
see <b>miconazole nitrate powder 2%</b> .....95	
Cvs B-12	
see <b>cyanocobalamin sl tab 500 mcg</b> ..... 114	
Cvs Bismuth Maximum Stren	
see <b>bismuth subsalicylate susp 525 mg/15ml</b> .....48	
Cvs Calcium Citrate + D	
see <b>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</b> ..... 127	
Cvs Chocolate Laxative Pi	
see <b>sennosides chew tab 15 mg</b> ..... 120	
Cvs Cold & Cough Nighttim	
see <b>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</b> .....92	
Cvs Cortisone Maximum Str	
see <b>hydrocortisone lotion 1%</b> ...98	
Cvs D3	
see <b>cholecalciferol chew tab 25 mcg (1000 unit)</b> ..... 156	
Cvs Dry Eye Relief	
see <b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b> .. 138	
Cvs Easy Fiber	
see <b>corn dextrin oral powder</b> .. 119	
Cvs Fish Oil	
see <b>omega-3 fatty acids cap delayed release 1200 mg</b> ..... 137	
Cvs Gas Relief	
see <b>simethicone cap 125 mg</b> ... 107	
Cvs Gas Relief Drops Extr	
see <b>simethicone liquid 40 mg/0.6ml</b> ..... 107	
Cvs Gas Relief Extra Stre	
see <b>simethicone chew tab 125 mg</b> ..... 107	
Cvs Gentle Laxative	
see <b>bisacodyl suppos 10 mg</b> .... 120	
Cvs Glycerin Adult	
see <b>glycerin suppos 2 gm</b> ..... 120	
Cvs Heartburn Relief	
see <b>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</b> ..... 17	
Cvs Ibuprofen Infants	
see <b>ibuprofen susp 40 mg/ml</b> .... 8	
Cvs Lubricant Eye Drops	
see <b>carboxymethylcellulose sodium ophth soln 0.5%</b> ..... 137	
Cvs Melatonin	
see <b>melatonin cap 5 mg</b> ..... 5	
Cvs Motion Sickness	
see <b>dimenhydrinate tab 50 mg</b> .. 49	
Cvs Motion Sickness Relie	
see <b>meclizine hcl chew tab 25 mg</b> ..... 49	
Cvs Nasal Decongestant	
see <b>pseudoephedrine hcl tab 30 mg</b> ..... 137	
Cvs Nasal Decongestant Pe	
see <b>phenylephrine hcl tab 10 mg</b> ..... 137	
Cvs Nasal Spray	
see <b>oxymetazoline hcl nasal soln 0.05%</b> ..... 137	
Cvs Natural Daily Fiber	
see <b>psyllium powder 48.57%</b> .. 119	
see <b>psyllium powder 58.6%</b> .... 119	
Cvs Natural Tears	
see <b>dextran 70-hypromellose (pf) ophth soln 0.1-0.3%</b> ..... 137	
Cvs Nausea Relief	
see <b>fructose-dextrose-phosphoric acid oral soln</b> ..... 49	
Cvs Nicotine Lozenge	
see <b>nicotine polacrilex lozenge 2 mg</b> ..... 146	
Cvs Nicotine Polacrilex	
see <b>nicotine polacrilex gum 4 mg</b> ..... 146	
Cvs Nicotine Transdermal	
see <b>nicotine td patch 24hr 21 mg/24hr</b> ..... 146	
Cvs Omeprazole Magnesium	

see **omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)** ..... 151

Cvs Oyster Shell Calcium  
 see **calcium carbonate-cholecalciferol tab 500 mg-125 unit** ..... 126

Cvs Pain & Fever Children  
 see **acetaminophen susp 160 mg/5ml** ..... 11

Cvs Pinworm Treatment  
 see **pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)** ..... 18

CVS PRENATAL CHW GUMMY ..... 133

Cvs Saline Nasal Spray  
 see **saline nasal spray 0.65%**.. 135

Cvs Sleep Aid Nighttime  
 see **diphenhydramine hcl (sleep) tab 25 mg** ..... 117

Cvs Smooth Antacid Extra  
 see **calcium carbonate (antacid) chew tab 750 mg** ..... 18

Cvs Sodium Chloride  
 see **sodium chloride hypertonic ophth oint 5%** ..... 141  
 see **sodium chloride hypertonic ophth soln 5%** ..... 141

Cvs Triple Antibiotic  
 see **neomycin-bacitracin-polymyxin oint** ..... 95

Cvs Vitamin B-12 Tr  
 see **cyanocobalamin tab er 1000 mcg**..... 114

Cvs Vitamin B-2  
 see **riboflavin tab 100 mg**..... 156

**cyanocobalamin inj 1000 mcg/ml** ..... 114

**cyanocobalamin sl tab 1000 mcg** ..... 114

**cyanocobalamin sl tab 2500 mcg** ..... 114

**cyanocobalamin sl tab 500 mcg** 114

**cyanocobalamin tab 100 mcg** .... 114

**cyanocobalamin tab 1000 mcg** .. 114

**cyanocobalamin tab 250 mcg** .... 114

**cyanocobalamin tab 500 mcg** .... 114

**cyanocobalamin tab er 1000 mcg** ..... 114

CYCLESSA PAK ..... 87

**cyclobenzaprine hcl tab 10 mg**.. 135

**cyclobenzaprine hcl tab 5 mg**.... 135

**cyclopentolate hcl ophth soln 1%** ..... 138

**cyclophosphamide cap 25 mg**..... 63

**cyclophosphamide cap 50 mg**..... 63

**cycloserine cap 250 mg**..... 63

CYCLOSET TAB 0.8MG ..... 42

**cyclosporine**  
 see SANDIMMUNE CAP 100MG .... 130  
 see SANDIMMUNE CAP 25MG ..... 130

**cyclosporine (ophth)**  
 see RESTASIS EMU 0.05% ..... 139

**cyclosporine cap 100 mg**..... 130

**cyclosporine cap 25 mg**..... 130

**cyclosporine modified (for microemulsion)**  
 see NEORAL CAP 100MG ..... 130  
 see NEORAL CAP 25MG ..... 130

**cyclosporine modified cap 100 mg** ..... 130

**cyclosporine modified cap 25 mg** ..... 130

**cyclosporine modified cap 50 mg** ..... 130

**cyclosporine modified oral soln 100 mg/ml**..... 130

**cyproheptadine hcl syrup 2 mg/5ml** ..... 51

**cyproheptadine hcl tab 4 mg** ..... 51

CYSTADANE POW ..... 104

CYSTAGON CAP 150MG ..... 109

CYSTAGON CAP 50MG ..... 109

CYSTARAN SOL 0.44%..... 140

**cysteamine bitartrate**  
 see CYSTAGON CAP 150MG ..... 109  
 see CYSTAGON CAP 50MG ..... 109

**cysteamine hcl**  
 see CYSTARAN SOL 0.44% ..... 140

D

D 1000  
 see **cholecalciferol cap 25 mcg (1000 unit)** ..... 156

D 5000

see <b>cholecalciferol cap 125 mcg (5000 unit)</b> .....	156	see XIGDUO XR TAB 5-1000MG.....	41
D2000 Ultra Strength		see XIGDUO XR TAB 5-500MG .....	41
see <b>cholecalciferol cap 50 mcg (2000 unit)</b> .....	156	<b>dapsone tab 100 mg</b> .....	19
D3 Maximum Strength		<b>dapsone tab 25 mg</b> .....	19
see <b>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</b> .....	156	DARAPRIM TAB 25MG .....	62
<b>dabigatran etexilate mesylate</b>		<b>darbepoetin alfa</b>	
see PRADAXA CAP 110MG.....	29	see ARANESP INJ 100MCG.....	115
see PRADAXA CAP 150MG.....	29	see ARANESP INJ 10MCG .....	115
see PRADAXA CAP 75MG .....	29	see ARANESP INJ 150MCG.....	115
<b>dabrafenib mesylate</b>		see ARANESP INJ 200MCG.....	115
see TAFINLAR CAP 50MG.....	67	see ARANESP INJ 25MCG .....	115
see TAFINLAR CAP 75MG.....	67	see ARANESP INJ 300MCG.....	115
<b>daclatasvir dihydrochloride</b>		see ARANESP INJ 40MCG .....	115
see DAKLINZA TAB 30MG .....	79	see ARANESP INJ 500MCG.....	115
see DAKLINZA TAB 60MG .....	79	see ARANESP INJ 60MCG .....	115
Daily Vite		<b>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</b> .....	152
see <b>multiple vitamin tab</b> .....	132	<b>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</b> .....	152
DAKLINZA TAB 30MG.....	79	<b>darunavir ethanolate</b>	
DAKLINZA TAB 60MG.....	79	see PREZISTA SUS 100MG/ML .....	77
<b>dalfampridine tab er 12hr 10 mg</b>	145	see PREZISTA TAB 150MG .....	77
.....	145	see PREZISTA TAB 600MG.....	78
DALIRESP TAB 250MCG .....	23	see PREZISTA TAB 75MG.....	77
DALIRESP TAB 500MCG .....	23	see PREZISTA TAB 800MG.....	78
<b>dalteparin sodium</b>		<b>darunavir-cobicistat</b>	
see FRAGMIN INJ 10000/ML .....	28	see PREZCOBIX TAB 800-150 .....	77
see FRAGMIN INJ 12500UNT .....	28	<b>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</b>	
see FRAGMIN INJ 15000UNT.....	28	see SYMTUZA TAB .....	78
see FRAGMIN INJ 18000UNT .....	28	<b>dasatinib</b>	
see FRAGMIN INJ 2500/0.2.....	28	see SPRYCEL TAB 100MG .....	67
see FRAGMIN INJ 5000/0.2.....	28	see SPRYCEL TAB 140MG .....	67
see FRAGMIN INJ 7500/0.3.....	28	see SPRYCEL TAB 20MG .....	66
<b>danazol cap 100 mg</b> .....	16	see SPRYCEL TAB 50MG .....	66
<b>danazol cap 200 mg</b> .....	17	see SPRYCEL TAB 70MG .....	67
<b>danazol cap 50 mg</b> .....	16	see SPRYCEL TAB 80MG .....	67
<b>dantrolene sodium cap 100 mg</b> ..	135	<b>deferasirox tab for oral susp 125 mg</b> .....	48
<b>dantrolene sodium cap 25 mg</b> ..	135	<b>deferasirox tab for oral susp 250 mg</b> .....	48
<b>dantrolene sodium cap 50 mg</b> ..	135	<b>deferasirox tab for oral susp 500 mg</b> .....	48
<b>dapagliflozin propanediol</b>		<b>deferiprone</b>	
see FARXIGA TAB 10MG .....	47	see FERRIPROX TAB 1000MG .....	48
see FARXIGA TAB 5MG.....	47	see FERRIPROX TAB 500MG.....	48
<b>dapagliflozin-metformin hcl</b>		<b>degarelix acetate</b>	
see XIGDUO XR TAB 10-1000 .....	41		
see XIGDUO XR TAB 10-500MG.....	41		
see XIGDUO XR TAB 2.5-1000 .....	41		

see FIRMAGON INJ 80MG .....64  
**delafloxacin meglumine**  
 see BAXDELA TAB 450MG..... 106  
**delavirdine mesylate**  
 see RESCRIPTOR TAB 200MG.....78  
 DELSTRIGO TAB.....76  
**demeclocycline hcl tab 150 mg**..147  
**demeclocycline hcl tab 300 mg**..147  
 DENAVIR CRE 1% .....97  
**denosumab**  
 see PROLIA SOL 60MG/ML ..... 103  
 see XGEVA INJ ..... 103  
 DEPEN TITRA TAB 250MG..... 129  
 DEPO-PROVERA INJ 150MG/ML.....90  
 DEPO-SQ PROV INJ 104 .....90  
 Dermacerin  
 see **skin protectants misc - cream**  
 ..... 100  
 DESCOVY TAB 200/25.....76  
**desipramine hcl tab 10 mg** .....36  
**desipramine hcl tab 100 mg** .....36  
**desipramine hcl tab 150 mg** .....36  
**desipramine hcl tab 25 mg** .....36  
**desipramine hcl tab 50 mg** .....36  
**desipramine hcl tab 75 mg** .....36  
**desloratadine tab 5 mg** .....50  
**desmopressin acetate**  
 see STIMATE SOL 1.5MG/ML..... 105  
**desmopressin acetate nasal spray**  
**soln 0.01%** ..... 105  
**desmopressin acetate nasal spray**  
**soln 0.01% (refrigerated)** ..... 105  
**desmopressin acetate tab 0.1 mg**  
 ..... 105  
**desmopressin acetate tab 0.2 mg**  
 ..... 105  
 DESOGEN-28 TAB .....87  
**desogest-eth estrad & eth estrad**  
**tab 0.15-0.02/0.01 mg(21/5)** ..87  
**desogest-ethin est tab 0.1-**  
**0.025/0.125-0.025/0.15-**  
**0.025mg-mg**.....87  
**desogestrel & ethinyl estradiol**  
 see DESOGEN-28 TAB.....87  
**desogestrel & ethinyl estradiol tab**  
**0.15 mg-30 mcg** .....87

**desogestrel-ethinyl estradiol**  
**(biphasic)**  
 see MIRCETTE TAB 28 DAY ..... 88  
**desogestrel-ethinyl estradiol**  
**(triphasic)**  
 see CYCLESSA PAK .....87  
**desonide cream 0.05%** .....97  
**desonide oint 0.05%** .....97  
**desoximetasone cream 0.05%** ...97  
**desoximetasone cream 0.25%** ...97  
**desoximetasone gel 0.05%** .....97  
**desoximetasone oint 0.05%** .....98  
**desoximetasone oint 0.25%** .....98  
**desvenlafaxine succinate tab er**  
**24hr 100 mg (base equiv)** .....35  
**desvenlafaxine succinate tab er**  
**24hr 50 mg (base equiv)** .....35  
**dexamethasone elixir 0.5 mg/5ml**  
 .....91  
**dexamethasone sodium phosphate**  
**inj 10 mg/ml** .....91  
**dexamethasone sodium phosphate**  
**ophth soln 0.1%** ..... 139  
**dexamethasone soln 0.5 mg/5ml**91  
**dexamethasone tab 0.5 mg** .....91  
**dexamethasone tab 0.75 mg** .....91  
**dexamethasone tab 1 mg** .....91  
**dexamethasone tab 1.5 mg** .....91  
**dexamethasone tab 2 mg** .....91  
**dexamethasone tab 4 mg** .....91  
**dexamethasone tab 6 mg** .....91  
**dexchlorpheniramine maleate oral**  
**soln 2 mg/5ml**.....50  
 DEXCOM G5 MIS RECEIVER..... 122  
 DEXCOM G5 MIS TRANSMIT ..... 122  
 DEXCOM G6 MIS RECEIVER..... 122  
 DEXCOM G6 MIS SENSOR ..... 122  
 DEXCOM G6 MIS TRANSMIT ..... 122  
 DEXILANT CAP 30MG DR..... 150  
 DEXILANT CAP 60MG DR..... 150  
**dexlansoprazole**  
 see DEXILANT CAP 30MG DR ..... 150  
 see DEXILANT CAP 60MG DR ..... 150  
**dexmethylphenidate hcl tab 10 mg**  
 ..... 4  
**dexmethylphenidate hcl tab 2.5 mg**  
 ..... 3

<b>dexmethylphenidate hcl tab 5 mg</b>	3	see WIDE-SEAL DPR KIT 70.....	122
<b>dextran 70-hypromellose (pf)</b>		see WIDE-SEAL DPR KIT 75.....	122
<b>ophth soln 0.1-0.3%</b> .....	137	see WIDE-SEAL DPR KIT 80.....	122
<b>dextran 70-hypromellose ophth</b>		see WIDE-SEAL DPR KIT 85.....	122
<b>soln 0.1-0.3%</b> .....	137	see WIDE-SEAL DPR KIT 90.....	122
<b>dextroamphetamine sulfate cap er</b>		see WIDE-SEAL DPR KIT 95.....	122
<b>24hr 10 mg</b> .....	1	<b>diaphragms</b>	
<b>dextroamphetamine sulfate cap er</b>		see OMNIFLEX DPR.....	122
<b>24hr 15 mg</b> .....	2	<b>diazepam (anticonvulsant)</b>	
<b>dextroamphetamine sulfate cap er</b>		see VALTOCO LIQ 15MG.....	29
<b>24hr 5 mg</b> .....	1	see VALTOCO LIQ 20MG.....	29
<b>dextroamphetamine sulfate tab 10</b>		see VALTOCO SPR 10MG.....	29
<b>mg</b> .....	2	see VALTOCO SPR 5MG.....	29
<b>dextroamphetamine sulfate tab 5</b>		<b>diazepam conc 5 mg/ml</b> .....	21
<b>mg</b> .....	2	Diazepam Intensol	
<b>dextromethorphan hbr</b>		see <b>diazepam conc 5 mg/ml</b> .....	21
see ROBITUSSIN SYP 7.5/5ML.....	92	<b>diazepam oral soln 1 mg/ml</b> .....	21
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>liquid 10-100 mg/5ml</b> .....	92	<b>system 10 mg</b> .....	29
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>liquid 10-200 mg/5ml</b> .....	92	<b>system 2.5 mg</b> .....	29
<b>dextromethorphan-guaifenesin</b>		<b>diazepam rectal gel delivery</b>	
<b>syrup 10-100 mg/5ml</b> .....	92	<b>system 20 mg</b> .....	29
<b>dextromethorphan-guaifenesin tab</b>		<b>diazepam tab 10 mg</b> .....	22
<b>er 12hr 30-600 mg</b> .....	92	<b>diazepam tab 2 mg</b> .....	22
<b>dextrose (diabetic use)</b>		<b>diazepam tab 5 mg</b> .....	22
see GNP GLUCOSE CHW ORANGE..	42	<b>diazoxide</b>	
Diabetic Siltussin-dm		see PROGLYCEM SUS 50MG/ML.....	42
see <b>dextromethorphan-</b>		<b>diazoxide susp 50 mg/ml</b> .....	42
<b>guaifenesin liquid 10-100</b>		<b>dibucaine perianal ointment 1%</b> ..	17
<b>mg/5ml</b> .....	92	<b>diclofenac potassium tab 50 mg</b> ...	7
Diabetic Tussin Allergy		<b>diclofenac sodium gel 1%</b> .....	94
see <b>chlorpheniramine maleate</b>		<b>diclofenac sodium ophth soln 0.1%</b>	
<b>syrup 2 mg/5ml</b> .....	50	.....	140
Diabetic Tussin Maximum S		<b>diclofenac sodium tab delayed</b>	
see <b>dextromethorphan-</b>		<b>release 25 mg</b> .....	7
<b>guaifenesin liquid 10-200</b>		<b>diclofenac sodium tab delayed</b>	
<b>mg/5ml</b> .....	92	<b>release 50 mg</b> .....	7
DIACOMIT CAP 250MG.....	30	<b>diclofenac sodium tab delayed</b>	
DIACOMIT CAP 500MG.....	30	<b>release 75 mg</b> .....	7
DIACOMIT PAK 250MG.....	30	<b>diclofenac sodium tab er 24hr 100</b>	
DIACOMIT PAK 500MG.....	30	<b>mg</b> .....	8
<b>diaphragm arc-spring</b>		<b>dicloxacillin sodium cap 250 mg</b>	144
see CAYA DPR.....	121	<b>dicloxacillin sodium cap 500 mg</b>	144
<b>diaphragm wide seal</b>		<b>dicyclomine hcl cap 10 mg</b> .....	149
see WIDE-SEAL DPR KIT 60.....	122	<b>dicyclomine hcl oral soln 10</b>	
see WIDE-SEAL DPR KIT 65.....	122	<b>mg/5ml</b> .....	149

<i>dicyclomine hcl tab 20 mg</i> .....	149	<i>diltiazem hcl extended release</i>	
<i>didanosine</i>		<i>beads cap er 24hr 240 mg</i> .....	82
see VIDEX EC CAP 125MG .....	78	<i>diltiazem hcl extended release</i>	
<i>didanosine delayed release capsule</i>		<i>beads cap er 24hr 300 mg</i> .....	82
<i>200 mg</i> .....	76	<i>diltiazem hcl extended release</i>	
<i>didanosine delayed release capsule</i>		<i>beads cap er 24hr 360 mg</i> .....	82
<i>250 mg</i> .....	76	<i>diltiazem hcl extended release</i>	
<i>didanosine delayed release capsule</i>		<i>beads cap er 24hr 420 mg</i> .....	82
<i>400 mg</i> .....	76	<i>diltiazem hcl tab 120 mg</i> .....	82
DIFFERIN GEL 0.1% .....	93	<i>diltiazem hcl tab 30 mg</i> .....	82
DIFICID TAB 200MG .....	121	<i>diltiazem hcl tab 60 mg</i> .....	82
<i>diflorasone diacetate cream 0.05%</i>		<i>diltiazem hcl tab 90 mg</i> .....	82
.....	98	<i>dimenhydrinate tab 50 mg</i> .....	49
<i>diflorasone diacetate emollient</i>		<i>dimethyl fumarate</i>	
<i>base</i>		see TECFIDERA CAP 120MG.....	146
see APEXICON E CRE 0.05%.....	97	see TECFIDERA CAP 240MG.....	146
<i>diflorasone diacetate oint 0.05%</i>	98	see TECFIDERA MIS STARTER.....	146
<i>diflunisal tab 500 mg</i> .....	11	DIPENTUM CAP 250MG .....	108
<i>difluprednate</i>		<i>diphenhydramine hcl</i>	
see DUREZOL EMU 0.05% .....	139	see ALER-DRYL TAB 50MG.....	50
<i>digoxin</i>		<i>diphenhydramine hcl (sleep) tab</i>	
see LANOXIN TAB 0.125MG .....	84	<i>25 mg</i> .....	117
see LANOXIN TAB 0.25MG .....	84	<i>diphenhydramine hcl (sleep) tab</i>	
<i>digoxin oral soln 0.05 mg/ml</i> .....	84	<i>50 mg</i> .....	117
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	84	<i>diphenhydramine hcl cap 25 mg</i> ..	50
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	84	<i>diphenhydramine hcl cap 50 mg</i> ..	50
<i>dihydroergotamine mesylate inj 1</i>		<i>diphenhydramine hcl chew tab</i>	
<i>mg/ml</i> .....	124	<i>12.5 mg</i> .....	50
DILANTIN CAP 100MG.....	32	<i>diphenhydramine hcl elixir 12.5</i>	
DILANTIN CAP 30MG .....	32	<i>mg/5ml</i> .....	50
<i>diltiazem hcl cap er 12hr 120 mg</i>	82	<i>diphenhydramine hcl inj 50 mg/ml</i>	
<i>diltiazem hcl cap er 24hr 120 mg</i>	82	.....	50
<i>diltiazem hcl cap er 24hr 180 mg</i>	82	<i>diphenhydramine hcl liquid 12.5</i>	
<i>diltiazem hcl cap er 24hr 240 mg</i>	82	<i>mg/5ml</i> .....	50
<i>diltiazem hcl coated beads cap er</i>		<i>diphenhydramine hcl tab 25 mg</i> ..	50
<i>24hr 120 mg</i> .....	82	<i>diphenhydramine hcl tab disint</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>12.5 mg</i> .....	50
<i>24hr 180 mg</i> .....	82	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>liq 6.25-2.5 mg/5ml</i> .....	92
<i>24hr 240 mg</i> .....	82	<i>diphenhydramine-phenylephrine</i>	
<i>diltiazem hcl coated beads cap er</i>		<i>tab 25-10 mg</i> .....	92
<i>24hr 300 mg</i> .....	82	<i>diphenhydramine-zinc acetate</i>	
<i>diltiazem hcl extended release</i>		<i>cream 2-0.1%</i> .....	96
<i>beads cap er 24hr 120 mg</i> .....	82	<i>diphenoxylate w/ atropine tab 2.5-</i>	
<i>diltiazem hcl extended release</i>		<i>0.025 mg</i> .....	48
<i>beads cap er 24hr 180 mg</i> .....	82	<i>dipyridamole tab 25 mg</i> .....	114
		<i>dipyridamole tab 50 mg</i> .....	114

<i>dipyridamole tab 75 mg</i> .....	114	see TIVICAY PD TAB 5MG .....	78
<i>disopyramide phosphate cap 100 mg</i> .....	22	see TIVICAY TAB 10MG .....	78
<i>disopyramide phosphate cap 150 mg</i> .....	22	see TIVICAY TAB 25MG .....	78
<i>disulfiram tab 250 mg</i> .....	144	see TIVICAY TAB 50MG .....	78
<i>disulfiram tab 500 mg</i> .....	144	<b>dolutegravir sodium-lamivudine</b>	
<i>divalproex sodium cap delayed release sprinkle 125 mg</i> .....	32	see DOVATO TAB 50-300MG .....	76
<i>divalproex sodium tab delayed release 125 mg</i> .....	32	<b>dolutegravir sodium-rilpivirine hcl</b>	
<i>divalproex sodium tab delayed release 250 mg</i> .....	32	see JULUCA TAB 50-25MG .....	77
<i>divalproex sodium tab delayed release 500 mg</i> .....	32	<b>donepezil hydrochloride orally disintegrating tab 10 mg</b> .....	144
<i>divalproex sodium tab er 24 hr 250 mg</i> .....	32	<b>donepezil hydrochloride orally disintegrating tab 5 mg</b> .....	144
<i>divalproex sodium tab er 24 hr 500 mg</i> .....	32	<b>donepezil hydrochloride tab 10 mg</b> .....	144
<i>docosahexaenoic acid cap 200 mg</i> .....	137	<b>donepezil hydrochloride tab 5 mg</b> .....	144
<b>docosanol</b>		see PIFELTRO TAB 100MG .....	77
see ABREVA CRE 10% .....	96	<b>doravirine-lamivudine-tenofovir disoproxil fumarate</b>	
<i>docosanol cream 10%</i> .....	97	see DELSTRIGO TAB .....	76
<i>docusate calcium cap 240 mg</i> .....	120	<b>dornase alfa</b>	
<i>docusate sodium</i>		see PULMOZYME SOL 1MG/ML .....	147
see PEDIA-LAX LIQ 50MG .....	121	<b>dorzolamide hcl ophth soln 2%</b> .....	140
<i>docusate sodium cap 100 mg</i> .....	120	<b>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</b> .....	138
<i>docusate sodium cap 250 mg</i> .....	120	Double Antibiotic	
<i>docusate sodium cap 50 mg</i> .....	120	see <b>bacitracin-polymyxin b oint</b> .....	94
<i>docusate sodium liquid 150 mg/15ml</i> .....	120	DOVATO TAB 50-300MG .....	76
<i>docusate sodium syrup 60 mg/15ml</i> .....	120	<b>doxazosin mesylate tab 1 mg</b> .....	59
<i>docusate sodium tab 100 mg</i> .....	120	<b>doxazosin mesylate tab 2 mg</b> .....	59
DOCUSOL PLUS ENE 20-283 .....	120	<b>doxazosin mesylate tab 4 mg</b> .....	59
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	23	<b>doxazosin mesylate tab 8 mg</b> .....	59
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	23	<b>doxepin hcl (sleep)</b>	
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	23	see SILENOR TAB 3MG .....	117
Dok		see SILENOR TAB 6MG .....	117
see <i>docusate sodium tab 100 mg</i> .....	120	<b>doxepin hcl (sleep) tab 3 mg (base equiv)</b> .....	117
<b>dolasetron mesylate</b>		<b>doxepin hcl (sleep) tab 6 mg (base equiv)</b> .....	117
see ANZEMET TAB 100MG .....	48	<b>doxepin hcl cap 10 mg</b> .....	36
see ANZEMET TAB 50MG .....	48	<b>doxepin hcl cap 100 mg</b> .....	37
<b>dolutegravir sodium</b>		<b>doxepin hcl cap 150 mg</b> .....	37
		<b>doxepin hcl cap 25 mg</b> .....	36
		<b>doxepin hcl cap 50 mg</b> .....	36
		<b>doxepin hcl cap 75 mg</b> .....	36
		<b>doxepin hcl conc 10 mg/ml</b> .....	37



*doxercalciferol cap 0.5 mcg* ..... 104  
*doxercalciferol cap 1 mcg* ..... 104  
*doxercalciferol cap 2.5 mcg* ..... 104  
*doxycycline hyclate cap 100 mg* 147  
*doxycycline hyclate cap 50 mg* .. 147  
*doxycycline hyclate tab 100 mg* 147  
*doxycycline hyclate tab 20 mg* .. 147  
*doxycycline monohydrate cap 100 mg* ..... 147  
*doxycycline monohydrate cap 50 mg* ..... 147  
*doxycycline monohydrate tab 100 mg* ..... 147  
*doxycycline monohydrate tab 50 mg* ..... 147  
*doxylamine succinate (sleep) tab 25 mg* ..... 117  
D-PENAMINE TAB 125MG ..... 129  
DRITHO-CREME CRE HP 1% ..... 96  
*dronabinol cap 10 mg* ..... 49  
*dronabinol cap 2.5 mg* ..... 49  
*dronabinol cap 5 mg* ..... 49  
*dronedarone hcl*  
see MULTAQ TAB 400MG ..... 23  
*drospirenone-ethinyl estradiol*  
see YASMIN 28 TAB 3-0.03MG ..... 90  
see YAZ TAB 3-0.02MG ..... 90  
*drospirenone-ethinyl estradiol tab 3-0.02 mg* ..... 87  
*drospirenone-ethinyl estradiol tab 3-0.03 mg* ..... 87  
*drospirenone-ethinyl estradiol-levomefolate calcium*  
see BEYAZ TAB ..... 87  
see SAFYRAL TAB ..... 90  
*drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg* ..... 87  
*drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg* ..... 87  
*droxidopa*  
see NORTHERA CAP 100MG ..... 155  
see NORTHERA CAP 200MG ..... 155  
see NORTHERA CAP 300MG ..... 155  
DRYSOL SOL 20% ..... 100  
DUAVEE TAB 0.45-20 ..... 105

*dulaglutide*  
see TRULICITY INJ 0.75/0.5 ..... 43  
see TRULICITY INJ 1.5/0.5 ..... 43  
DULERA AER 100-5MCG ..... 25  
DULERA AER 200-5MCG ..... 26  
DULERA AER 50-5MCG ..... 25  
*duloxetine hcl enteric coated pellets cap 20 mg (base eq)* ..... 35  
*duloxetine hcl enteric coated pellets cap 30 mg (base eq)* ..... 35  
*duloxetine hcl enteric coated pellets cap 60 mg (base eq)* ..... 35  
*dupilumab*  
see DUPIXENT INJ 200/1.14 ..... 23  
see DUPIXENT INJ 300/2ML ..... 99  
DUPIXENT INJ 200/1.14 ..... 23  
DUPIXENT INJ 300/2ML ..... 99  
DUREX MIS REALFEEL ..... 121  
DUREZOL EMU 0.05% ..... 139  
*dutasteride cap 0.5 mg* ..... 109  
DYRENIUM CAP 100MG ..... 102  
DYRENIUM CAP 50MG ..... 102  
**E**  
Ear Drops Earwax Removal  
see *carbamide peroxide 6.5% otic soln* ..... 141  
EASY NEB MIS ..... 124  
*echothiophate iodide*  
see PHOSPHOLINE SOL 0.125%OP ..... 138  
*econazole nitrate cream 1%* ..... 95  
EDARBI TAB 40MG ..... 57  
EDARBI TAB 80MG ..... 57  
EDURANT TAB 25MG ..... 77  
*efavirenz cap 200 mg* ..... 77  
*efavirenz cap 50 mg* ..... 77  
*efavirenz tab 600 mg* ..... 77  
*efavirenz-emtricitabine-tenofovir disoproxil fumarate*  
see ATRIPLA TAB ..... 76  
*efavirenz-lamivudine-tenofovir disoproxil fumarate*  
see SYMFI LO TAB ..... 78  
see SYMFI TAB ..... 78  
ELAPRASE INJ 6MG/3ML ..... 104  
*elbasvir-grazoprevir*  
see ZEPATIER TAB 50-100MG ..... 79

<b>eletriptan hydrobromide tab 20 mg (base equivalent)</b> .....	125	see SYNJARDY TAB .....	39
<b>eletriptan hydrobromide tab 40 mg (base equivalent)</b> .....	125	see SYNJARDY TAB 12.5-500 .....	40
ELIGARD INJ 22.5MG .....	64	see SYNJARDY TAB 5-1000MG .....	40
ELIGARD INJ 7.5MG .....	64	see SYNJARDY TAB 5-500MG .....	40
<b>eliglustat tartrate</b>		see SYNJARDY XR TAB .....	40
see CERDELGA CAP 84MG .....	114	see SYNJARDY XR TAB 10-1000 ...	40
ELIQUIS TAB 2.5MG .....	28	see SYNJARDY XR TAB 25-1000 ...	40
ELIQUIS TAB 5MG .....	28	see SYNJARDY XR TAB 5-1000MG..	40
ELLA TAB 30MG .....	90	EMSAM DIS 12MG/24H .....	33
ELMIRON CAP 100MG .....	109	EMSAM DIS 6MG/24HR .....	33
<b>eltrombopag olamine</b>		EMSAM DIS 9MG/24HR .....	33
see PROMACTA TAB 12.5MG .....	115	<b>emtricitabine</b>	
see PROMACTA TAB 25MG .....	115	see EMTRIVA CAP 200MG .....	77
see PROMACTA TAB 50MG .....	115	see EMTRIVA SOL 10MG/ML.....	77
see PROMACTA TAB 75MG .....	115	<b>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</b>	
Eluryng		see ODEFSEY TAB .....	77
see <b>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</b> 90		<b>emtricitabine-rilpivirine-tenofovir disoproxil fumarate</b>	
<b>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</b>		see COMPLERA TAB .....	76
see GENVOYA TAB .....	77	<b>emtricitabine-tenofovir alafenamide fumarate</b>	
<b>elvitegravir-cobicistat-emtricitabine-tenofovir df</b>		see DESCOVY TAB 200/25 .....	76
see STRIBILD TAB .....	78	<b>emtricitabine-tenofovir disoproxil fumarate</b>	
EMADINE SOL 0.05% OP .....	140	see TRUVADA TAB 100-150 .....	78
EMBEDA CAP 100-4MG .....	12	see TRUVADA TAB 133-200 .....	78
EMBEDA CAP 20-0.8MG .....	11	see TRUVADA TAB 167-250 .....	78
EMBEDA CAP 30-1.2MG .....	11	see TRUVADA TAB 200-300 .....	78
EMBEDA CAP 50-2MG .....	12	EMTRIVA CAP 200MG .....	77
EMBEDA CAP 60-2.4MG .....	12	EMTRIVA SOL 10MG/ML .....	77
EMBEDA CAP 80-3.2MG .....	12	<b>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</b> .....	61
EMCYT CAP 140MG .....	64	<b>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</b> .....	61
<b>emedastine difumarate</b>		<b>enalapril maleate tab 10 mg</b> .....	55
see EMADINE SOL 0.05% OP .....	140	<b>enalapril maleate tab 2.5 mg</b> .....	55
<b>emicizumab-kxwh</b>		<b>enalapril maleate tab 20 mg</b> .....	55
see HEMLIBRA INJ 105/0.7 .....	111	<b>enalapril maleate tab 5 mg</b> .....	55
see HEMLIBRA INJ 150/ML .....	111	ENBREL INJ 25/0.5ML .....	10
see HEMLIBRA INJ 30MG/ML .....	111	ENBREL INJ 25MG .....	10
see HEMLIBRA INJ 60/0.4 .....	111	ENBREL INJ 50MG/ML .....	10
<b>emollient - ointment</b> .....	99	ENBREL MINI INJ 50MG/ML .....	10
<b>empagliflozin</b>		ENBREL SRCLK INJ 50MG/ML .....	10
see JARDIANCE TAB 10MG .....	47	ENCARE SUP 100MG .....	154
see JARDIANCE TAB 25MG .....	47		
<b>empagliflozin-metformin hcl</b>			

ENFAMIL MIS EXPECTA .....	133	see EPOGEN INJ 4000/ML.....	115
<b>enfuvirtide</b>		see PROCRT INJ 2000/ML.....	115
see FUZEON INJ 90MG .....	77	see PROCRT INJ 3000/ML.....	115
ENGERIX-B INJ 10/0.5ML .....	153	see PROCRT INJ 40000/ML.....	115
ENGERIX-B INJ 20MCG/ML .....	153	<b>epoetin alfa-epbx</b>	
<b>enoxaparin sodium inj 100 mg/ml</b>		see RETACRIT INJ 10000UNT.....	115
.....	28	see RETACRIT INJ 2000UNIT.....	115
<b>enoxaparin sodium inj 120</b>		see RETACRIT INJ 3000UNIT.....	115
<b>mg/0.8ml</b> .....	28	see RETACRIT INJ 40000UNT.....	115
<b>enoxaparin sodium inj 150 mg/ml</b>		see RETACRIT INJ 4000UNIT.....	115
.....	28	EPOGEN INJ 10000/ML .....	115
<b>enoxaparin sodium inj 30</b>		EPOGEN INJ 20000/ML .....	115
<b>mg/0.3ml</b> .....	28	EPOGEN INJ 3000/ML .....	115
<b>enoxaparin sodium inj 300 mg/3ml</b>		EPOGEN INJ 4000/ML .....	115
.....	28	<b>eprosartan mesylate tab 600 mg</b> .57	
<b>enoxaparin sodium inj 40</b>		Eq Chlortabs	
<b>mg/0.4ml</b> .....	28	see <b>chlorpheniramine maleate tab</b>	
<b>enoxaparin sodium inj 60</b>		<b>4 mg</b> .....	50
<b>mg/0.6ml</b> .....	28	Eq Natural Vegetable Laxa	
<b>enoxaparin sodium inj 80</b>		see <b>sennosides tab 8.6 mg</b> .....	120
<b>mg/0.8ml</b> .....	28	Eq Nicotine Polacrilex	
<b>entacapone tab 200 mg</b> .....	68	see <b>nicotine polacrilex lozenge 4</b>	
<b>entecavir</b>		<b>mg</b> .....	146
see BARACLUDGE SOL .....	79	Eq Pain Relief Adult/rapi	
<b>entecavir tab 0.5 mg</b> .....	79	see <b>acetaminophen liquid 167</b>	
<b>entecavir tab 1 mg</b> .....	79	<b>mg/5ml</b> .....	11
ENTRESTO TAB 24-26MG .....	84	<b>ergocalciferol cap 1.25 mg (50000</b>	
ENTRESTO TAB 49-51MG .....	84	<b>unit)</b> .....	156
ENTRESTO TAB 97-103MG.....	84	<b>ergoloid mesylates tab 1 mg</b> .....	146
<b>epinastine hcl ophth soln 0.05%</b>		ERGOMAR SUB 2MG .....	124
.....	140	<b>ergotamine tartrate</b>	
<b>epinephrine (anaphylaxis)</b>		see ERGOMAR SUB 2MG.....	124
see EIPEN 2-PAK INJ 0.3MG .....	155	<b>ergotamine w/ caffeine tab 1-100</b>	
see EIPEN-JR INJ 0.15MG .....	155	<b>mg</b> .....	124
see SYMJEPI INJ 0.15MG .....	155	ERIVEDGE CAP 150MG.....	64
see SYMJEPI INJ 0.3MG.....	155	<b>erlotinib hcl</b>	
EIPEN 2-PAK INJ 0.3MG.....	155	see TARCEVA TAB 100MG.....	67
EIPEN-JR INJ 0.15MG.....	155	see TARCEVA TAB 150MG.....	67
Eitol		see TARCEVA TAB 25MG .....	67
see <b>carbamazepine tab 200 mg</b> .30		<b>erlotinib hcl tab 100 mg (base</b>	
EPIVIR HBV SOL 5MG/ML .....	79	<b>equivalent)</b> .....	65
<b>eplerenone tab 25 mg</b> .....	62	<b>erlotinib hcl tab 150 mg (base</b>	
<b>eplerenone tab 50 mg</b> .....	62	<b>equivalent)</b> .....	65
<b>epoetin alfa</b>		<b>erlotinib hcl tab 25 mg (base</b>	
see EPOGEN INJ 10000/ML .....	115	<b>equivalent)</b> .....	65
see EPOGEN INJ 20000/ML.....	115	ERTACZO CRE 2%.....	95
see EPOGEN INJ 3000/ML.....	115	Ery-tab	

see <i>erythromycin tab delayed release 250 mg</i> .....	121	<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	150
see <i>erythromycin tab delayed release 333 mg</i> .....	121	<i>estazolam tab 1 mg</i> .....	117
see <i>erythromycin tab delayed release 500 mg</i> .....	121	<i>estazolam tab 2 mg</i> .....	117
Erythrocin Stearate		<i>esterified estrogens</i>	
see <i>erythromycin stearate tab 250 mg</i> .....	121	see MENEST TAB 0.3MG .....	106
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i> .....	121	see MENEST TAB 0.625MG .....	106
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> .....	121	see MENEST TAB 1.25MG .....	106
<i>erythromycin ethylsuccinate tab 400 mg</i> .....	121	<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	105
<i>erythromycin ophth oint 5 mg/gm</i> .....	139	<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	105
<i>erythromycin soln 2%</i> .....	93	<i>estradiol tab 0.5 mg</i> .....	106
<i>erythromycin stearate tab 250 mg</i> .....	121	<i>estradiol tab 1 mg</i> .....	106
<i>erythromycin tab 250 mg</i> .....	121	<i>estradiol tab 2 mg</i> .....	106
<i>erythromycin tab 500 mg</i> .....	121	<i>estradiol vaginal cream 0.1 mg/gm</i> .....	155
<i>erythromycin tab delayed release 250 mg</i> .....	121	<i>estradiol vaginal tab 10 mcg</i> .....	155
<i>erythromycin tab delayed release 333 mg</i> .....	121	<i>estradiol valerate-dienogest</i>	
<i>erythromycin tab delayed release 500 mg</i> .....	121	see NATAZIA TAB .....	88
ESBRIET CAP 267MG .....	147	<i>estramustine phosphate sodium</i>	
ESBRIET TAB 267MG .....	147	see EMCYT CAP 140MG .....	64
ESBRIET TAB 801MG .....	147	<i>estrogens, conjugated</i>	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i> .....	33	see PREMARIN TAB 0.3MG .....	106
<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	33	see PREMARIN TAB 0.45MG .....	106
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	33	see PREMARIN TAB 0.625MG .....	106
<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	33	see PREMARIN TAB 0.9MG .....	106
Esgic		see PREMARIN TAB 1.25MG .....	106
see <i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> .....	10	<i>estrogens, conjugated vaginal</i>	
<i>eslicarbazepine acetate</i>		see PREMARIN VAG CRE 0.625MG .....	155
see APTIOM TAB 200MG .....	29	<i>estropipate tab 0.75 mg</i> .....	106
see APTIOM TAB 400MG .....	29	<i>estropipate tab 1.5 mg</i> .....	106
see APTIOM TAB 600MG .....	29	<i>estropipate tab 3 mg</i> .....	106
see APTIOM TAB 800MG .....	29	ESTROSTEP FE TAB .....	87
		<i>eszopiclone tab 1 mg</i> .....	117
		<i>eszopiclone tab 2 mg</i> .....	118
		<i>eszopiclone tab 3 mg</i> .....	118
		<i>etanercept</i>	
		see ENBREL INJ 25/0.5ML .....	10
		see ENBREL INJ 25MG .....	10
		see ENBREL INJ 50MG/ML .....	10
		see ENBREL MINI INJ 50MG/ML .....	10
		see ENBREL SRCLK INJ 50MG/ML .....	10
		<i>ethacrynic acid tab 25 mg</i> .....	102
		<i>ethambutol hcl tab 100 mg</i> .....	63
		<i>ethambutol hcl tab 400 mg</i> .....	63

<b>ethionamide</b>	
see TRECATOR TAB 250MG.....	63
<b>ethosuximide cap 250 mg</b> .....	32
<b>ethosuximide soln 250 mg/5ml</b> ...	32
<b>ethotoin</b>	
see PEGANONE TAB 250MG .....	32
<b>ethynodiol diacetate &amp; ethinyl</b>	
<b>estradiol tab 1 mg-35 mcg</b> .....	88
<b>ethynodiol diacetate &amp; ethinyl</b>	
<b>estradiol tab 1 mg-50 mcg</b> .....	88
<b>etidronate disodium tab 200 mg</b>	103
<b>etidronate disodium tab 400 mg</b>	103
<b>etodolac tab 400 mg</b> .....	8
<b>etodolac tab 500 mg</b> .....	8
<b>etonogestrel</b>	
see NEXPLANON IMP 68MG.....	90
<b>etonogestrel-ethinyl estradiol</b>	
see NUVARING MIS .....	90
<b>etonogestrel-ethinyl estradiol va</b>	
<b>ring 0.120-0.015 mg/24hr</b> .....	90
<b>etoposide cap 50 mg</b> .....	68
<b>etravirine</b>	
see INTELENCE TAB 100MG .....	77
see INTELENCE TAB 200MG .....	77
see INTELENCE TAB 25MG .....	77
EUFLEXXA INJ 10MG/ML.....	135
EURAX CRE 10%.....	100
<b>everolimus</b>	
see AFINITOR DIS TAB 2MG .....	65
see AFINITOR DIS TAB 3MG .....	65
see AFINITOR DIS TAB 5MG .....	65
see AFINITOR TAB 10MG .....	65
see AFINITOR TAB 2.5MG.....	65
see AFINITOR TAB 5MG.....	65
see AFINITOR TAB 7.5MG.....	65
<b>everolimus (immunosuppressant)</b>	
see ZORTRESS TAB 0.25MG.....	130
see ZORTRESS TAB 0.5MG .....	130
see ZORTRESS TAB 0.75MG.....	130
see ZORTRESS TAB 1MG .....	130
<b>everolimus tab 0.25 mg</b> .....	130
<b>everolimus tab 0.5 mg</b> .....	130
<b>everolimus tab 0.75 mg</b> .....	130
<b>everolimus tab 2.5 mg</b> .....	65
<b>everolimus tab 5 mg</b> .....	65
<b>everolimus tab 7.5 mg</b> .....	65
<b>evolocumab</b>	
see REPATHA INJ 140MG/ML.....	55
see REPATHA PUSH INJ 420/3.5....	55
see REPATHA SURE INJ 140MG/ML	55
EVOTAZ TAB 300-150.....	77
EXELDERM CRE 1%.....	95
EXELDERM SOL 1%.....	95
<b>exemestane tab 25 mg</b> .....	64
EXTAVIA INJ 0.3MG.....	145
<b>ezetimibe tab 10 mg</b> .....	55
<b>ezetimibe-simvastatin tab 10-10</b>	
<b>mg</b> .....	51
<b>ezetimibe-simvastatin tab 10-20</b>	
<b>mg</b> .....	51
<b>ezetimibe-simvastatin tab 10-40</b>	
<b>mg</b> .....	51
<b>ezetimibe-simvastatin tab 10-80</b>	
<b>mg</b> .....	51
EZFE FORTE CAP.....	133
<b>F</b>	
Fa-8	
see <b>folic acid cap 0.8 mg</b> .....	114
FABRAZYME INJ 5MG.....	104
<b>factor ix complex</b>	
see PROFILNINE INJ 1500UNIT ...	113
FALESSA KIT .....	88
<b>famciclovir tab 125 mg</b> .....	79
<b>famciclovir tab 250 mg</b> .....	79
<b>famciclovir tab 500 mg</b> .....	79
<b>famotidine for susp 40 mg/5ml</b> .	150
<b>famotidine tab 10 mg</b> .....	150
<b>famotidine tab 20 mg</b> .....	150
<b>famotidine tab 40 mg</b> .....	150
FANAPT PAK .....	70
FANAPT TAB 10MG .....	70
FANAPT TAB 12MG .....	70
FANAPT TAB 1MG.....	70
FANAPT TAB 2MG.....	70
FANAPT TAB 4MG.....	70
FANAPT TAB 6MG.....	70
FANAPT TAB 8MG.....	70
FARXIGA TAB 10MG .....	47
FARXIGA TAB 5MG .....	47
FARYDAK CAP 10MG .....	66
FARYDAK CAP 15MG .....	66
FARYDAK CAP 20MG .....	66
FC2 FEMALE MIS CONDOM .....	122

<b>fe fumarate w/ b12-vit c-fa-ifc cap</b>	FERRIPROX TAB 1000MG .....	48
<b>110-0.015-75-0.5-240 mg</b> .....	FERRIPROX TAB 500MG .....	48
FE GLUCONATE TAB 239MG.....	<b>ferrous fumarate</b>	
<b>febuxostat</b>	see FERRETTIS TAB 325MG .....	116
see ULORIC TAB 40MG.....	<b>ferrous fumarate tab 324 mg (106</b>	
see ULORIC TAB 80MG.....	<b>mg elemental fe)</b> .....	116
<b>febuxostat tab 40 mg</b> .....	FERROUS GLUC TAB 324MG .....	116
<b>febuxostat tab 80 mg</b> .....	<b>ferrous gluconate tab 240 mg (27</b>	
FEIBA INJ.....	<b>mg elemental fe)</b> .....	116
<b>felbamate susp 600 mg/5ml</b> .....	<b>ferrous gluconate tab 324 mg (37.5</b>	
<b>felbamate tab 400 mg</b> .....	<b>mg elemental iron)</b> .....	116
<b>felbamate tab 600 mg</b> .....	FERROUS SUL LIQ 220/5ML.....	116
<b>felodipine tab er 24hr 10 mg</b> .....	FERROUS SULF TAB 324MG EC .....	116
<b>felodipine tab er 24hr 2.5 mg</b> .....	<b>ferrous sulfate</b>	
<b>felodipine tab er 24hr 5 mg</b> .....	see SLOW FE TAB 45MG .....	117
FEMCAP MIS 22MM.....	<b>ferrous sulfate dried tab 200 mg</b>	
FEMCAP MIS 26MM.....	<b>(65 mg elemental fe)</b> .....	116
FEMCAP MIS 30MM.....	<b>ferrous sulfate dried tab er 160 mg</b>	
<b>fenofibrate micronized cap 134 mg</b>	<b>(50 mg fe equivalent)</b> .....	116
.....	<b>ferrous sulfate dried tab er 45 mg</b>	
<b>fenofibrate micronized cap 200 mg</b>	<b>(fe equivalent)</b> .....	116
.....	<b>ferrous sulfate elixir 220 mg/5ml</b>	
<b>fenofibrate micronized cap 43 mg</b>	<b>(44 mg/5ml elemental fe)</b> .....	116
.....	<b>ferrous sulfate soln 75 mg/ml (15</b>	
<b>fenofibrate micronized cap 67 mg</b>	<b>mg/ml elemental fe)</b> .....	116
.....	<b>ferrous sulfate tab 325 mg (65 mg</b>	
<b>fenofibrate tab 145 mg</b> .....	<b>elemental fe)</b> .....	116
<b>fenofibrate tab 160 mg</b> .....	<b>ferrous sulfate tab ec 325 mg (65</b>	
<b>fenofibrate tab 48 mg</b> .....	<b>mg fe equivalent)</b> .....	116
<b>fenofibrate tab 54 mg</b> .....	<b>ferrous sulfate tab er 142 mg (45</b>	
<b>fenofibric acid tab 35 mg</b> .....	<b>mg fe equivalent)</b> .....	116
<b>fenoprofen calcium tab 600 mg</b> ....	<b>ferrous sulfate tab er 47.5 mg</b>	
<b>fantanyl td patch 72hr 100 mcg/hr</b>	<b>(elemental fe)</b> .....	116
.....	<b>ferrous sulfate tab er 50 mg</b>	
<b>fantanyl td patch 72hr 12 mcg/hr</b>	<b>(elemental fe)</b> .....	116
.....	<b>fesoterodine fumarate</b>	
<b>fantanyl td patch 72hr 25 mcg/hr</b>	see TOVIAZ TAB 4MG .....	152
.....	see TOVIAZ TAB 8MG .....	152
<b>fantanyl td patch 72hr 50 mcg/hr</b>	FETZIMA CAP 120MG .....	35
.....	FETZIMA CAP 20MG.....	35
<b>fantanyl td patch 72hr 75 mcg/hr</b>	FETZIMA CAP 40MG.....	35
.....	FETZIMA CAP 80MG.....	35
Ferate	FETZIMA CAP TITRATIO .....	35
see <b>ferrous gluconate tab 240 mg</b>	FEVERALL INF SUP 80MG .....	11
<b>(27 mg elemental fe)</b> .....	FEVERALL SUP 325MG .....	11
FERRETTIS TAB 325MG .....	<b>fexofenadine hcl tab 180 mg</b> .....	51
FERREX 150 CAP FORTE.....	<b>fexofenadine hcl tab 60 mg</b> .....	51

FIASP FLEX INJ TOUCH .....	44	<b>fludrocortisone acetate tab 0.1 mg</b>	92
FIASP INJ 100/ML .....	44	FLULAVAL QUA INJ 2019-20 .....	153
FIASP PENFIL INJ U-100.....	44	FLUMIST QUAD SUS 2019-20 .....	154
Fiber Laxative		<b>flunisolide nasal soln 25 mcg/act</b>	
see <b>psyllium cap 0.52 gm</b> .....	119	<b>(0.025%)</b> .....	136
<b>fidaxomicin</b>		<b>fluocinolone acetonide (otic) oil</b>	
see DIFICID TAB 200MG.....	121	<b>0.01%</b> .....	142
<b>filgrastim</b>		<b>fluocinolone acetonide cream</b>	
see NEUPOGEN INJ 300/0.5.....	115	<b>0.025%</b> .....	98
see NEUPOGEN INJ 300MCG .....	115	<b>fluocinolone acetonide oil 0.01%</b>	
see NEUPOGEN INJ 480/0.8.....	115	<b>(body oil)</b> .....	98
see NEUPOGEN INJ 480MCG .....	115	<b>fluocinolone acetonide oil 0.01%</b>	
<b>filgrastim-aafi</b>		<b>(scalp oil)</b> .....	98
see NIVESTYM INJ 300/0.5.....	115	<b>fluocinolone acetonide oint 0.025%</b>	
see NIVESTYM INJ 300MCG .....	115	.....	98
see NIVESTYM INJ 480/0.8.....	115	<b>fluocinonide cream 0.05%</b> .....	98
see NIVESTYM INJ 480MCG .....	115	<b>fluocinonide emulsified base cream</b>	
<b>filgrastim-sndz</b>		<b>0.05%</b> .....	98
see ZARXIO INJ 300/0.5.....	116	<b>fluocinonide gel 0.05%</b> .....	98
see ZARXIO INJ 480/0.8.....	116	<b>fluocinonide oint 0.05%</b> .....	98
<b>finasteride tab 5 mg</b> .....	109	<b>fluocinonide soln 0.05%</b> .....	98
<b>fingolimod hcl</b>		FLUORABON DRO.....	128
see GILENYA CAP 0.5MG .....	145	Fluoritab	
FIRAZYR INJ 30MG/3ML .....	113	see <b>sodium fluoride soln 0.125</b>	
FIRMAGON INJ 80MG.....	64	<b>mg/drop f (0.275 mg/drop naf)</b>	
FIRST-OMEPRASUS 2MG/ML .....	150	.....	128
FIRVANQ SOL 25MG/ML .....	18	<b>fluorometholone ophth susp 0.1%</b>	
FIRVANQ SOL 50MG/ML .....	19	.....	140
<b>flavoxate hcl tab 100 mg</b> .....	153	<b>fluorouracil cream 5%</b> .....	96
FLEBOGAMMA INJ DIF 5%.....	142	<b>fluoxetine hcl cap 10 mg</b> .....	34
<b>flecainide acetate tab 100 mg</b> .....	22	<b>fluoxetine hcl cap 20 mg</b> .....	34
<b>flecainide acetate tab 150 mg</b> .....	22	<b>fluoxetine hcl cap 40 mg</b> .....	34
<b>flecainide acetate tab 50 mg</b> .....	22	<b>fluoxetine hcl solution 20 mg/5ml</b>	
FLOVENT HFA AER 110MCG .....	24	.....	34
FLOVENT HFA AER 44MCG.....	24	<b>fluphenazine decanoate inj 25</b>	
FLUARIX QUAD INJ 2019-20 .....	153	<b>mg/ml</b> .....	74
FLUBLOK QUAD INJ 2019-20 .....	153	<b>fluphenazine hcl tab 1 mg</b> .....	74
FLUCLVX QUAD INJ 2019-20.....	153	<b>fluphenazine hcl tab 10 mg</b> .....	74
<b>fluconazole for susp 10 mg/ml</b> ....	49	<b>fluphenazine hcl tab 2.5 mg</b> .....	74
<b>fluconazole for susp 40 mg/ml</b> ....	49	<b>fluphenazine hcl tab 5 mg</b> .....	74
<b>fluconazole tab 100 mg</b> .....	50	Flura-drops	
<b>fluconazole tab 150 mg</b> .....	50	see <b>sodium fluoride soln 0.25</b>	
<b>fluconazole tab 200 mg</b> .....	50	<b>mg/drop f (from 0.55 mg/drop</b>	
<b>fluconazole tab 50 mg</b> .....	49	<b>naf)</b> .....	128
<b>flucytosine cap 250 mg</b> .....	49	<b>flurandrenolide</b>	
<b>flucytosine cap 500 mg</b> .....	49	see CORDRAN 80X3 TAP 4MCG/CM97	

<i>flurandrenolide cream 0.05%</i> .....	98	<i>folic acid tab 1 mg</i> .....	114
<i>flurandrenolide lotion 0.05%</i> .....	98	<i>folic acid tab 400 mcg</i> .....	115
<i>flurazepam hcl cap 15 mg</i> .....	118	<i>folic acid tab 800 mcg</i> .....	115
<i>flurazepam hcl cap 30 mg</i> .....	118	<i>fondaparinux sodium subcutaneous</i>	
<i>flurbiprofen sodium ophth soln</i>		<i>inj 10 mg/0.8ml</i> .....	28
<i>0.03%</i> .....	140	<i>fondaparinux sodium subcutaneous</i>	
<i>flurbiprofen tab 100 mg</i> .....	8	<i>inj 2.5 mg/0.5ml</i> .....	28
<i>flurbiprofen tab 50 mg</i> .....	8	<i>fondaparinux sodium subcutaneous</i>	
<i>flutamide cap 125 mg</i> .....	64	<i>inj 5 mg/0.4ml</i> .....	28
<i>fluticasone furoate-vilanterol</i>		<i>fondaparinux sodium subcutaneous</i>	
see BREO ELLIPTA INH 100-25.....	25	<i>inj 7.5 mg/0.6ml</i> .....	28
see BREO ELLIPTA INH 200-25.....	25	FORTEO SOL 600/2.4 .....	103
<i>fluticasone propionate cream</i>		<i>fosamprenavir calcium tab 700 mg</i>	
<i>0.05%</i> .....	98	<i>(base equiv)</i> .....	77
<i>fluticasone propionate hfa</i>		<i>foscarnet sodium</i>	
see FLOVENT HFA AER 110MCG.....	24	see FOSCAVIR INJ 24MG/ML.....	79
see FLOVENT HFA AER 44MCG .....	24	FOSCAVIR INJ 24MG/ML .....	79
<i>fluticasone propionate nasal susp</i>		<i>fosfomycin tromethamine</i>	
<i>50 mcg/act</i> .....	136	see MONUROL PAK GRANULES....	151
<i>fluticasone propionate oint 0.005%</i>		<i>fosinopril sodium &amp;</i>	
.....	98	<i>hydrochlorothiazide tab 10-12.5</i>	
<i>fluticasone-salmeterol aer powder</i>		<i>mg</i> .....	61
<i>ba 100-50 mcg/dose</i> .....	26	<i>fosinopril sodium &amp;</i>	
<i>fluticasone-salmeterol aer powder</i>		<i>hydrochlorothiazide tab 20-12.5</i>	
<i>ba 113-14 mcg/act</i> .....	26	<i>mg</i> .....	61
<i>fluticasone-salmeterol aer powder</i>		<i>fosinopril sodium tab 10 mg</i> .....	55
<i>ba 232-14 mcg/act</i> .....	26	<i>fosinopril sodium tab 20 mg</i> .....	56
<i>fluticasone-salmeterol aer powder</i>		<i>fosinopril sodium tab 40 mg</i> .....	56
<i>ba 250-50 mcg/dose</i> .....	26	FRAGMIN INJ 10000/ML .....	28
<i>fluticasone-salmeterol aer powder</i>		FRAGMIN INJ 12500UNT .....	28
<i>ba 500-50 mcg/dose</i> .....	26	FRAGMIN INJ 15000UNT .....	28
<i>fluticasone-salmeterol aer powder</i>		FRAGMIN INJ 18000UNT .....	28
<i>ba 55-14 mcg/act</i> .....	26	FRAGMIN INJ 2500/0.2 .....	28
<i>fluvastatin sodium cap 20 mg</i>		FRAGMIN INJ 5000/0.2 .....	28
<i>(base equivalent)</i> .....	53	FRAGMIN INJ 7500/0.3 .....	28
<i>fluvastatin sodium cap 40 mg</i>		FREESTYLE KIT SENSOR .....	122
<i>(base equivalent)</i> .....	53	FREESTYLE MIS READER .....	122
<i>fluvastatin sodium tab er 24 hr 80</i>		<i>frovatriptan succinate tab 2.5 mg</i>	
<i>mg (base equivalent)</i> .....	53	<i>(base equivalent)</i> .....	125
<i>fluvoxamine maleate tab 100 mg</i>	34	<i>fructose-dextrose-phosphoric acid</i>	
<i>fluvoxamine maleate tab 25 mg</i> ..	34	<i>oral soln</i> .....	49
<i>fluvoxamine maleate tab 50 mg</i> ..	34	FULPHILA INJ 6/0.6ML .....	115
FLUZONE QUAD INJ 2019-20 .....	154	<i>furosemide oral soln 10 mg/ml</i> ..	102
Folbee Plus		<i>furosemide oral soln 8 mg/ml</i> ..	102
see <i>b-complex w/ c &amp; folic acid</i>		<i>furosemide tab 20 mg</i> .....	102
<i>tab 5 mg</i> .....	131	<i>furosemide tab 40 mg</i> .....	102
<i>folic acid cap 0.8 mg</i> .....	114	<i>furosemide tab 80 mg</i> .....	102



FUZEON INJ 90MG.....77  
 FYCOMPA TAB 10MG.....29  
 FYCOMPA TAB 12MG.....29  
 FYCOMPA TAB 2MG.....29  
 FYCOMPA TAB 4MG.....29  
 FYCOMPA TAB 6MG.....29  
 FYCOMPA TAB 8MG.....29  
**G**  
 G5/G4 MIS SENSOR ..... 122  
***gabapentin cap 100 mg***.....30  
***gabapentin cap 300 mg***.....30  
***gabapentin cap 400 mg***.....30  
***gabapentin oral soln 250 mg/5ml***  
 .....30  
***gabapentin tab 600 mg*** .....30  
***gabapentin tab 800 mg*** .....30  
***galantamine hydrobromide cap er***  
***24hr 16 mg***.....144  
***galantamine hydrobromide cap er***  
***24hr 24 mg***.....144  
***galantamine hydrobromide cap er***  
***24hr 8 mg***.....144  
***galantamine hydrobromide tab 12***  
***mg***.....145  
***galantamine hydrobromide tab 4***  
***mg***.....144  
***galantamine hydrobromide tab 8***  
***mg***.....145  
 GAMASTAN INJ ..... 142  
 GAMMAGARD INJ 1GM/10ML ..... 142  
 GAMMAGARD SD INJ 10GM HU ..... 142  
***ganciclovir ophthalmic***  
 see ZIRGAN GEL 0.15% ..... 139  
***ganirelix acetate soln prefilled***  
***syringe 250 mcg/0.5ml*** ..... 103  
 Gas Relief  
 see ***simethicone susp 40***  
***mg/0.6ml*** ..... 107  
***gatifloxacin ophth soln 0.5%*** .... 139  
***gemfibrozil tab 600 mg*** .....52  
 GENERESS FE CHW .....88  
 Gentak  
 see ***gentamicin sulfate ophth oint***  
***0.3%***..... 139  
***gentamicin sulfate cream 0.1%***...95  
***gentamicin sulfate oint 0.1%*** .....95

***gentamicin sulfate ophth oint 0.3%***  
 ..... 139  
***gentamicin sulfate ophth soln***  
***0.3%*** ..... 139  
 Genteal Tears Night-time  
 see ***white petrolatum-mineral oil***  
***ophth ointment***..... 138  
 GENVOYA TAB .....77  
 GILENYA CAP 0.5MG.....145  
 GILOTRIF TAB 20MG.....66  
 GILOTRIF TAB 30MG.....66  
 GILOTRIF TAB 40MG.....66  
 GLASSIA INJ..... 147  
***glatiramer acetate soln prefilled***  
***syringe 20 mg/ml***..... 145  
***glatiramer acetate soln prefilled***  
***syringe 40 mg/ml***..... 146  
 Glatopa  
 see ***glatiramer acetate soln***  
***prefilled syringe 20 mg/ml***.. 145  
 GLEOSTINE CAP 100MG ..... 63  
 GLEOSTINE CAP 10MG..... 63  
 GLEOSTINE CAP 40MG..... 63  
***glimepiride tab 1 mg*** ..... 47  
***glimepiride tab 2 mg*** ..... 47  
***glimepiride tab 4 mg*** ..... 47  
***glipizide tab 10 mg***..... 47  
***glipizide tab 5 mg***..... 47  
***glipizide tab er 24hr 10 mg*** ..... 47  
***glipizide tab er 24hr 2.5 mg*** ..... 47  
***glipizide tab er 24hr 5 mg*** ..... 47  
***glipizide-metformin hcl tab 2.5-250***  
***mg***.....38  
***glipizide-metformin hcl tab 2.5-500***  
***mg***.....38  
***glipizide-metformin hcl tab 5-500***  
***mg***.....38  
 GLUCAGEN INJ HYPOKIT ..... 42  
***glucagon***  
 see BAQSIMI ONE POW 3MG/DOSE42  
***glucagon (rdna)***  
 see GLUCAGON KIT 1MG ..... 42  
***glucagon hcl (rdna)***  
 see GLUCAGEN INJ HYPOKIT..... 42  
 GLUCAGON KIT 1MG ..... 42  
***glucose blood***  
 see TRUE METRIX TES GLUCOSE . 101

<b>glucose-vitamin c</b>	
see TGT GLUCOSE CHW GRAPE .....	42
<b>glyburide micronized tab 1.5 mg</b>	47
<b>glyburide micronized tab 3 mg</b>	47
<b>glyburide micronized tab 6 mg</b>	47
<b>glyburide tab 1.25 mg</b>	48
<b>glyburide tab 2.5 mg</b>	48
<b>glyburide tab 5 mg</b>	48
<b>glyburide-metformin tab 1.25-250 mg</b>	38
<b>glyburide-metformin tab 2.5-500 mg</b>	38
<b>glyburide-metformin tab 5-500 mg</b>	38
<b>glycerin suppos 1.2 gm</b>	120
<b>glycerin suppos 2 gm</b>	120
<b>glycerin suppos 2.1 gm</b>	120
<b>glycerin suppos 80.7%</b>	120
<b>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</b>	138
<b>glycopyrrolate tab 1 mg</b>	149
<b>glycopyrrolate tab 2 mg</b>	149
<b>glycopyrrolate-formoterol fumarate</b>	
see BEVESPI AER 9-4.8MCG.....	25
Gnp Allergy Relief	
see <b>diphenhydramine hcl chew tab 12.5 mg</b>	50
Gnp Antacid Ultra Strengt	
see <b>calcium carbonate (antacid) chew tab 1000 mg</b>	18
Gnp Anti-diarrheal	
see <b>loperamide hcl cap 2 mg</b>	48
Gnp Artificial Tears	
see <b>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</b>	138
Gnp Calcium 500 +d3	
see <b>calcium carbonate-cholecalciferol tab 500 mg-600 unit</b>	126
Gnp Calcium 500/d	
see <b>calcium carbonate-vitamin d tab 500 mg-200 unit</b>	127
Gnp Clotrimazole 3	
see <b>clotrimazole vaginal cream 2%</b>	154
Gnp Dayhist Allergy	
see <b>clemastine fumarate tab 1.34 mg (1 mg base equiv)</b>	50
Gnp Fiber Therapy	
see <b>methylcellulose tab 500 mg</b>	119
GNP GLUCOSE CHW ORANGE .....	42
Gnp Glycerin Adult	
see <b>glycerin suppos 2.1 gm</b>	120
Gnp Glycerin Child	
see <b>glycerin suppos 1.2 gm</b>	120
Gnp Lidocaine Pain Relief	
see <b>lidocaine patch 4%</b>	99
Gnp Loratadine	
see <b>loratadine syrup 5 mg/5ml</b>	51
Gnp Magnesium	
see <b>magnesium oxide tab 250 mg</b>	18
Gnp Magnesium Citrate	
see <b>magnesium citrate soln</b>	120
Gnp Miconazole 3	
see <b>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</b>	155
Gnp Mucus Er	
see <b>guaifenesin tab er 12hr 600 mg</b>	93
Gnp Natural Fiber	
see <b>psyllium powder 28.3%</b>	119
Gnp Pink Bismuth	
see <b>bismuth subsalicylate chew tab 262 mg</b>	48
<b>golimumab</b>	
see SIMPONI INJ 100MG/ML .....	6
see SIMPONI INJ 50/0.5ML.....	6
GOLYTELY SOL.....	119
Goodsense Nasal Allergy S	
see <b>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</b>	136
<b>goserelin acetate</b>	
see ZOLADEX IMP 10.8MG.....	65
see ZOLADEX IMP 3.6MG .....	65
<b>granisetron hcl tab 1 mg</b>	48
<b>griseofulvin microsize susp 125 mg/5ml</b>	49
Guaiatussin Ac	

see **guaifenesin-codeine soln 100-10 mg/5ml**.....92

**guaifenesin liquid 100 mg/5ml** ...93

**guaifenesin syrup 100 mg/5ml** ...93

**guaifenesin tab 200 mg**.....93

**guaifenesin tab 400 mg**.....93

**guaifenesin tab er 12hr 600 mg** ..93

**guaifenesin-codeine soln 100-10 mg/5ml** .....92

**guanfacine hcl tab 1 mg** .....59

**guanfacine hcl tab 2 mg** .....59

**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 .....63

GYNAZOLE-1 CRE 2% ..... 155

GYNOL II GEL 3% ..... 154

**H**

**halcinonide**

see HALOG CRE 0.1% .....98

see HALOG OIN 0.1% .....98

**halcinonide cream 0.1%**.....98

**halobetasol propionate cream 0.05%** .....98

**halobetasol propionate oint 0.05%** .....98

HALOG CRE 0.1%.....98

HALOG OIN 0.1%.....98

**haloperidol decanoate im soln 100 mg/ml** .....72

**haloperidol decanoate im soln 50 mg/ml** .....72

**haloperidol lactate inj 5 mg/ml**...72

**haloperidol lactate oral conc 2 mg/ml** .....72

**haloperidol tab 0.5 mg** .....72

**haloperidol tab 1 mg** .....72

**haloperidol tab 10 mg** .....72

**haloperidol tab 2 mg** .....72

**haloperidol tab 20 mg** .....72

**haloperidol tab 5 mg** .....72

HAVRIX INJ 1440UNIT ..... 154

HAVRIX INJ 720UNIT ..... 154

HELIXATE FS INJ 2000UNIT.....111

HELIXATE FS INJ 3000UNIT.....111

HELIXATE FS INJ 500UNIT .....111

HEMLIBRA INJ 105/0.7 .....111

HEMLIBRA INJ 150/ML .....111

HEMLIBRA INJ 30MG/ML .....111

HEMLIBRA INJ 60/0.4 .....111

HEMOPIL M INJ 1700UNIT .....111

**heparin sodium (porcine) inj 1000 unit/ml**.....28

**heparin sodium (porcine) inj 10000 unit/ml**.....29

**heparin sodium (porcine) pf inj 5000 unit/0.5ml** .....29

**hepatitis a (inactivated)-hepatitis b (recombinant) vaccines**

see TWINRIX INJ..... 154

**hepatitis a vaccine**

see HAVRIX INJ 1440UNIT ..... 154

see HAVRIX INJ 720UNIT ..... 154

see VAQTA INJ 25/0.5ML..... 154

see VAQTA INJ 50UNT/ML ..... 154

**hepatitis b vaccine (recomb)**

see ENGERIX-B INJ 10/0.5ML .... 153

see ENGERIX-B INJ 20MCG/ML.... 153

see RECOMBIVA HB INJ 10MCG/ML ..... 154

see RECOMBIVA HB INJ 5MCG/0.5 ..... 154

**hepatitis b vaccine recombinant adjuvanted**

see HEPLISAV-B INJ 20/0.5ML .... 154

see HEPLISAV-B INJ 20MCG ..... 154

HEPLISAV-B INJ 20/0.5ML..... 154

HEPLISAV-B INJ 20MCG ..... 154

HETLIOZ CAP 20MG.....118

HIZENTRA INJ 10/50ML ..... 142

HIZENTRA INJ 1GM/5ML ..... 142

HIZENTRA INJ 2GM/10ML..... 142

HIZENTRA INJ 4GM/20ML..... 142

HIZENTRA SOL 20% ..... 142

Hm Fish Oil

see **omega-3 fatty acids cap delayed release 1000 mg**..... 137

Hm Lubricating Plus

see <b>carboxymethylcellulose sodium (pf) ophth soln 0.5%</b>	137	see HYSINGLA ER TAB 20 MG	12
Hm Nicotine Transdermal S		see HYSINGLA ER TAB 30 MG	12
see <b>nicotine td patch 24hr 14 mg/24hr</b>	146	see HYSINGLA ER TAB 40 MG	12
Hm Vitamin C/rose Hips		see HYSINGLA ER TAB 60 MG	12
see <b>ascorbic acid tab 500 mg</b>	156	see HYSINGLA ER TAB 80 MG	12
HUMALOG INJ 100/ML	44	<b>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</b>	92
HUMALOG JR INJ 100/ML	44	<b>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</b>	15
HUMALOG KWIK INJ 100/ML	44	<b>hydrocodone-acetaminophen tab 10-325 mg</b>	15
HUMALOG MIX INJ 50/50	45	<b>hydrocodone-acetaminophen tab 5-325 mg</b>	15
HUMALOG MIX INJ 50/50KWP	45	<b>hydrocodone-acetaminophen tab 7.5-325 mg</b>	15
HUMALOG MIX INJ 75/25KWP	45	<b>hydrocodone-ibuprofen tab 10-200 mg</b>	16
HUMALOG MIX SUS 75/25	45	<b>hydrocodone-ibuprofen tab 7.5-200 mg</b>	16
HUMATE-P SOL 2400UNIT	111	Hydrocortisone 1% In Abso	
HUMATE-P SOL 500-1200	111	see <b>hydrocortisone oint 1%</b>	98
HUMIRA INJ 10/0.1ML	6	<b>hydrocortisone acetate cream 1%</b>	98
HUMIRA INJ 10MG/0.2	6	<b>hydrocortisone cream 0.5%</b>	98
HUMIRA INJ 20/0.2ML	6	<b>hydrocortisone cream 1%</b>	98
HUMIRA INJ 40/0.4ML	6	<b>hydrocortisone cream 2.5%</b>	98
HUMIRA KIT 20MG/0.4	6	<b>hydrocortisone enema 100 mg/60ml</b>	17
HUMIRA KIT 40MG/0.8	6	<b>hydrocortisone gel 1%</b>	98
HUMIRA PEDIA INJ CROHNS	6	<b>hydrocortisone lotion 1%</b>	98
HUMIRA PEN INJ 40/0.4ML	6	<b>hydrocortisone lotion 2.5%</b>	98
HUMIRA PEN INJ CD/UC/HS	6	<b>hydrocortisone oint 0.5%</b>	98
HUMIRA PEN KIT CD/UC/HS	6	<b>hydrocortisone oint 1%</b>	98
HUMIRA PEN KIT PS/UV	6	<b>hydrocortisone oint 2.5%</b>	98
HUMULIN INJ 70/30	45	<b>hydrocortisone perianal cream 2.5%</b>	17
HUMULIN INJ 70/30KWP	45	<b>hydrocortisone tab 10 mg</b>	91
HUMULIN N INJ U-100	45	<b>hydrocortisone tab 20 mg</b>	91
HUMULIN N INJ U-100KWP	45	<b>hydrocortisone tab 5 mg</b>	91
HUMULIN R INJ U-100	45	<b>hydrocortisone valerate cream 0.2%</b>	98
HUMULIN R INJ U-500	45	<b>hydrocortisone w/ acetic acid otic soln 1-2%</b>	142
<b>hydralazine hcl tab 10 mg</b>	62	<b>hydrocortisone-aloe vera cream 0.5%</b>	98
<b>hydralazine hcl tab 100 mg</b>	62	<b>hydrocortisone-aloe vera cream 1%</b>	98
<b>hydralazine hcl tab 25 mg</b>	62		
<b>hydralazine hcl tab 50 mg</b>	62		
<b>hydrochlorothiazide cap 12.5 mg</b>	102		
<b>hydrochlorothiazide tab 12.5 mg</b>	102		
<b>hydrochlorothiazide tab 25 mg</b>	102		
<b>hydrochlorothiazide tab 50 mg</b>	102		
<b>hydrocodone bitartrate</b>			
see HYSINGLA ER TAB 100 MG	12		
see HYSINGLA ER TAB 120 MG	12		

<i>hydromorphone hcl tab 2 mg</i> .....	12	HYQVIA INJ 20-1600 .....	143
<i>hydromorphone hcl tab 4 mg</i> .....	12	HYQVIA INJ 30-2400 .....	143
<i>hydromorphone hcl tab 8 mg</i> .....	12	HYQVIA INJ 5-400 .....	143
<i>hydromorphone hcl tab er 24hr</i>		HYSINGLA ER TAB 100 MG .....	12
<i>deter 12 mg</i> .....	12	HYSINGLA ER TAB 120 MG .....	12
<i>hydromorphone hcl tab er 24hr</i>		HYSINGLA ER TAB 20 MG .....	12
<i>deter 16 mg</i> .....	12	HYSINGLA ER TAB 30 MG .....	12
<i>hydromorphone hcl tab er 24hr</i>		HYSINGLA ER TAB 40 MG .....	12
<i>deter 32 mg</i> .....	12	HYSINGLA ER TAB 60 MG .....	12
<i>hydromorphone hcl tab er 24hr</i>		HYSINGLA ER TAB 80 MG .....	12
<i>deter 8 mg</i> .....	12	<b>I</b>	
Hydrophor		<b><i>ibandronate sodium tab 150 mg</i></b>	
see <i>emollient - ointment</i> .....	99	<b><i>(base equivalent)</i></b> .....	103
<i>hydroxychloroquine sulfate tab 200</i>		IBRANCE CAP 100MG .....	66
<i>mg</i> .....	62	IBRANCE CAP 125MG .....	66
<i>hydroxyprogesterone caproate im</i>		IBRANCE CAP 75MG .....	66
<i>in oil 1.25 gm/5ml</i> .....	64	IBRANCE TAB 100MG .....	66
<i>hydroxyprogesterone caproate im</i>		IBRANCE TAB 125MG .....	66
<i>in oil 250 mg/ml</i> .....	144	IBRANCE TAB 75MG .....	66
<i>hydroxyurea cap 500 mg</i> .....	67	<b><i>ibrutinib</i></b>	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>		see IMBRUVICA CAP 140MG .....	66
.....	20	<b><i>ibuprofen cap 200 mg</i></b> .....	8
<i>hydroxyzine hcl tab 10 mg</i> .....	20	<b><i>ibuprofen chew tab 100 mg</i></b> .....	8
<i>hydroxyzine hcl tab 25 mg</i> .....	20	Ibuprofen Childrens	
<i>hydroxyzine hcl tab 50 mg</i> .....	20	see <b><i>ibuprofen susp 100 mg/5ml</i></b> .....	8
<i>hydroxyzine pamoate cap 100 mg</i>		<b><i>ibuprofen susp 100 mg/5ml</i></b> .....	8
.....	21	<b><i>ibuprofen susp 40 mg/ml</i></b> .....	8
<i>hydroxyzine pamoate cap 25 mg</i> .....	20	<b><i>ibuprofen tab 100 mg</i></b> .....	8
<i>hydroxyzine pamoate cap 50 mg</i> .....	21	<b><i>ibuprofen tab 200 mg</i></b> .....	8
<i>hyoscyamine sulfate elixir 0.125</i>		<b><i>ibuprofen tab 400 mg</i></b> .....	8
<i>mg/5ml</i> .....	149	<b><i>ibuprofen tab 600 mg</i></b> .....	8
<i>hyoscyamine sulfate sl tab 0.125</i>		<b><i>ibuprofen tab 800 mg</i></b> .....	8
<i>mg</i> .....	149	<b><i>icatibant acetate</i></b>	
<i>hyoscyamine sulfate soln 0.125</i>		see FIRAZYR INJ 30MG/3ML .....	113
<i>mg/ml</i> .....	149	<b><i>icatibant acetate inj 30 mg/3ml</i></b>	
<i>hyoscyamine sulfate tab 0.125 mg</i>		<b><i>(base equivalent)</i></b> .....	113
.....	149	ICLUSIG TAB 15MG .....	66
<i>hyoscyamine sulfate tab disint</i>		ICLUSIG TAB 45MG .....	66
<i>0.125 mg</i> .....	149	<b><i>idelalisib</i></b>	
<i>hyoscyamine sulfate tab er 12hr</i>		see ZYDELIG TAB 100MG .....	67
<i>0.375 mg</i> .....	149	see ZYDELIG TAB 150MG .....	67
Hyosyne		<b><i>idursulfase</i></b>	
see <i>hyoscyamine sulfate elixir</i>		see ELAPRASE INJ 6MG/3ML .....	104
<i>0.125 mg/5ml</i> .....	149	<b><i>iloperidone</i></b>	
<i>hypromellose ophth soln 0.3%</i> .....	138	see FANAPT PAK .....	70
HYQVIA INJ 10-800 .....	143	see FANAPT TAB 10MG .....	70
HYQVIA INJ 2.5-200 .....	143	see FANAPT TAB 12MG .....	70

see FANAPT TAB 1MG.....	70	Inatal Gt	
see FANAPT TAB 2MG.....	70	see <i>prenatal vit w/ dss-iron</i>	
see FANAPT TAB 4MG.....	70	<i>carbonyl-fa tab 90-1 mg</i> .....	134
see FANAPT TAB 6MG.....	70	INCRELEX INJ 40MG/4ML .....	104
see FANAPT TAB 8MG.....	70	INCRUSE ELPT INH 62.5MCG .....	23
<b>iloprost</b>		<b>indacaterol maleate</b>	
see VENTAVIS SOL 10MCG/ML .....	85	see ARCAPTA CAP 75MCG.....	25
see VENTAVIS SOL 20MCG/ML .....	85	<b>indapamide tab 1.25 mg</b> .....	102
<b>imatinib mesylate tab 100 mg</b>		<b>indapamide tab 2.5 mg</b> .....	102
<b>(base equivalent)</b> .....	66	<b>indinavir sulfate</b>	
<b>imatinib mesylate tab 400 mg</b>		see CRIXIVAN CAP 200MG.....	76
<b>(base equivalent)</b> .....	66	see CRIXIVAN CAP 400MG .....	76
IMBRUVICA CAP 140MG .....	66	<b>indomethacin cap 25 mg</b> .....	8
<b>imipramine hcl tab 10 mg</b> .....	37	<b>indomethacin cap 50 mg</b> .....	8
<b>imipramine hcl tab 25 mg</b> .....	37	INFLECTRA INJ 100MG.....	108
<b>imipramine hcl tab 50 mg</b> .....	37	<b>infliximab</b>	
<b>imiquimod cream 5%</b> .....	99	see REMICADE INJ 100MG .....	108
<b>immune globulin (human) im</b>		<b>infliximab-abda</b>	
see GAMASTAN INJ.....	142	see RENFLEXIS INJ 100MG .....	108
<b>immune globulin (human) iv</b>		<b>infliximab-dyyb</b>	
see CARIMUNE NF INJ 12GM.....	142	see INFLECTRA INJ 100MG .....	108
see FLEBOGAMMA INJ DIF 5% ....	142	<b>influenza virus vac recomb</b>	
see GAMMAGARD SD INJ 10GM HU		<i>hemagglutinin (ha) quadrivalent</i>	
.....	142	see FLUBLOK QUAD INJ 2019-20.	153
see OCTAGAM INJ 5GM .....	142	<b>influenza virus vaccine live</b>	
see PRIVIGEN INJ 20GRAMS .....	142	<i>quadrivalent</i>	
<b>immune globulin (human) iv or</b>		see FLUMIST QUAD SUS 2019-20	154
<b>subcutaneous</b>		<b>influenza virus vaccine split</b>	
see GAMMAGARD INJ 1GM/10ML.	142	<i>quadrivalent</i>	
<b>immune globulin (human)</b>		see AFLURIA QUAD INJ 2019-20 .	153
<b>subcutaneous</b>		see FLUARIX QUAD INJ 2019-20 .	153
see CUVITRU INJ 4GM/20ML .....	142	see FLULAVAL QUA INJ 2019-20..	153
see CUVITRU SOL 10GM/50M.....	142	see FLUZONE QUAD INJ 2019-20	154
see CUVITRU SOL 1GM/5ML.....	142	<b>influenza virus vaccine tissue-</b>	
see HIZENTRA INJ 10/50ML.....	142	<i>cultured subunit quadrivalent</i>	
see HIZENTRA INJ 1GM/5ML .....	142	see FLUCLVX QUAD INJ 2019-20.	153
see HIZENTRA INJ 2GM/10ML ....	142	<b>ingenol mebutate</b>	
see HIZENTRA INJ 4GM/20ML ....	142	see PICATO GEL 0.015%.....	96
see HIZENTRA SOL 20% .....	142	see PICATO GEL 0.05%.....	96
<b>immune globulin (human)-</b>		<b>inositol niacinate cap 500 mg</b> .....	84
<b>hyaluronidase (human</b>		INSPIRACHAMB MIS LARGE.....	124
<b>recombinant)</b>		<b>insulin aspart</b>	
see HYQVIA INJ 10-800.....	143	see NOVOLOG INJ 100/ML .....	46
see HYQVIA INJ 2.5-200.....	143	see NOVOLOG INJ FLEXPEN .....	46
see HYQVIA INJ 20-1600.....	143	see NOVOLOG INJ PENFILL.....	46
see HYQVIA INJ 30-2400.....	143	<b>insulin aspart (with niacinamide)</b>	
see HYQVIA INJ 5-400 .....	143	see FIASP FLEX INJ TOUCH.....	44

see FIASP INJ 100/ML .....44  
 see FIASP PENFIL INJ U-100 .....44  
**insulin aspart protamine & aspart (human)**  
 see NOVOLOG MIX INJ 70/30.....46  
 see NOVOLOG MIX INJ FLEXPEN....46  
**insulin degludec**  
 see TRESIBA FLEX INJ 100UNIT ....46  
 see TRESIBA FLEX INJ 200UNIT ....46  
 see TRESIBA INJ 100UNIT .....46  
**insulin detemir**  
 see LEVEMIR INJ .....45  
 see LEVEMIR INJ FLEXTOUC.....45  
**insulin glargine**  
 see BASAGLAR INJ 100UNIT .....44  
**insulin glulisine**  
 see APIDRA INJ SOLOSTAR.....44  
 see APIDRA INJ U-100 .....44  
 INSULIN LISIP INJ 100/ML .....45  
**insulin lispro**  
 see ADMELOG INJ 100U/ML .....43  
 see ADMELOG SOLO INJ 100U/ML .44  
 see HUMALOG INJ 100/ML .....44  
 see HUMALOG JR INJ 100/ML.....44  
 see HUMALOG KWIK INJ 100/ML ...44  
**insulin lispro protamine & lispro**  
 see HUMALOG MIX INJ 50/50.....45  
 see HUMALOG MIX INJ 50/50KWP .45  
 see HUMALOG MIX INJ 75/25KWP .45  
 see HUMALOG MIX SUS 75/25 .....45  
**insulin nph (human) (isophane)**  
 see HUMULIN N INJ U-100.....45  
 see HUMULIN N INJ U-100KWP .....45  
 see NOVOLIN N INJ U-100 .....46  
**insulin nph isophane & reg (human)**  
 see HUMULIN INJ 70/30 .....45  
 see HUMULIN INJ 70/30KWP .....45  
 see NOVOLIN INJ 70/30 .....46  
 see NOVOLIN INJ 70/30 FP .....46  
**insulin pen needle**  
 see PEN NEEDLES MIS 29GX10MM  
 ..... 123  
 see PEN NEEDLES MIS 29GX12.7 123  
 see PEN NEEDLES MIS 29GX12MM  
 ..... 123  
 see PEN NEEDLES MIS 31GX5MM123,  
 124  
 see PEN NEEDLES MIS 31GX6MM 124  
 see PEN NEEDLES MIS 31GX8MM 124  
 see PEN NEEDLES MIS 32GX4MM 124  
 see PEN NEEDLES MIS 32GX6MM 124  
 see PEN NEEDLES MIS 32GX8MM 124  
**insulin regular (human)**  
 see AFREZZA POW 12 UNIT .....44  
 see AFREZZA POW 4-8 UNIT .....44  
 see AFREZZA POW 4-8-12 .....44  
 see AFREZZA POW 4UNIT .....44  
 see AFREZZA POW 8 UNIT .....44  
 see AFREZZA POW 8-12UNIT .....44  
 see HUMULIN R INJ U-100 .....45  
 see HUMULIN R INJ U-500 .....45  
 see NOVOLIN R INJ U-100 .....46  
 INSULIN SYRG MIS 0.3/29G ...122, 123  
 INSULIN SYRG MIS 0.3/30G ..... 123  
 INSULIN SYRG MIS 0.3/31G ..... 123  
 INSULIN SYRG MIS 0.5/28G ..... 123  
 INSULIN SYRG MIS 0.5/29G ..... 123  
 INSULIN SYRG MIS 0.5/30G ..... 123  
 INSULIN SYRG MIS 0.5/31G ..... 123  
 INSULIN SYRG MIS 1ML/28G ..... 123  
 INSULIN SYRG MIS 1ML/29G ..... 123  
 INSULIN SYRG MIS 1ML/30G ..... 123  
 INSULIN SYRG MIS 1ML/31G ..... 123  
**insulin syringe/needle u-100**  
 see INSULIN SYRG MIS 0.3/29G 122,  
 123  
 see INSULIN SYRG MIS 0.3/30G . 123  
 see INSULIN SYRG MIS 0.3/31G . 123  
 see INSULIN SYRG MIS 0.5/28G . 123  
 see INSULIN SYRG MIS 0.5/29G . 123  
 see INSULIN SYRG MIS 0.5/30G . 123  
 see INSULIN SYRG MIS 0.5/31G . 123  
 see INSULIN SYRG MIS 1ML/28G 123  
 see INSULIN SYRG MIS 1ML/29G 123  
 see INSULIN SYRG MIS 1ML/30G 123  
 see INSULIN SYRG MIS 1ML/31G 123  
**insulin syringe/needle u-500**  
 see BD U-500 MIS 31GX6MM ..... 121  
 INTELENCE TAB 100MG .....77  
 INTELENCE TAB 200MG .....77  
 INTELENCE TAB 25MG .....77  
**interferon alfa-2b**

see INTRON A INJ 10MU.....	67	<b>iron polysacch complex-vit b12-fa</b>	
see INTRON A INJ 18MU.....	67	<b>cap 150-0.025-1 mg</b> .....	116
see INTRON A INJ 25MU.....	67	<b>irrigation solution, physiological</b>	131
see INTRON A INJ 50MU.....	67	<b>isavuconazonium sulfate</b>	
<b>interferon beta-1a</b>		see CRESEMBA CAP 186 MG .....	49
see AVONEX KIT 30MCG.....	145	ISENTRESS CHW 100MG.....	77
see AVONEX PEN KIT 30MCG .....	145	ISENTRESS CHW 25MG.....	77
see AVONEX PREFL KIT 30MCG ...	145	ISENTRESS HD TAB 600MG.....	77
<b>interferon beta-1b</b>		ISENTRESS POW 100MG .....	77
see EXTAVIA INJ 0.3MG .....	145	ISENTRESS TAB 400MG .....	77
<b>interferon gamma-1b</b>		<b>isocarboxazid</b>	
see ACTIMMUNE INJ 2MU/0.5 .....	67	see MARPLAN TAB 10MG .....	33
INTRON A INJ 10MU .....	67	<b>isoniazid syrup 50 mg/5ml</b> .....	63
INTRON A INJ 18MU .....	67	<b>isoniazid tab 100 mg</b> .....	63
INTRON A INJ 25MU .....	67	<b>isoniazid tab 300 mg</b> .....	63
INTRON A INJ 50MU .....	67	<b>isoniazid-rifampin w/</b>	
INVEGA SUST INJ 117/0.75.....	71	<b>pyrazinamide</b>	
INVEGA SUST INJ 156MG/ML.....	71	see RIFATER TAB.....	63
INVEGA SUST INJ 234/1.5.....	71	<b>isopropyl alcohol-glycerin otic</b>	
INVEGA SUST INJ 39/0.25.....	70	<b>liquid 95-5%</b> .....	141
INVEGA SUST INJ 78/0.5ML .....	70	<b>isosorbide dinitrate tab 10 mg</b> ....	19
INVEGA TRINZ INJ 273MG.....	71	<b>isosorbide dinitrate tab 20 mg</b> ....	19
INVEGA TRINZ INJ 410MG.....	71	<b>isosorbide dinitrate tab 30 mg</b> ....	19
INVEGA TRINZ INJ 546MG.....	71	<b>isosorbide dinitrate tab 5 mg</b> .....	19
INVEGA TRINZ INJ 819MG.....	71	<b>isosorbide mononitrate tab 10 mg</b>	
INVIRASE TAB 500MG.....	77	.....	19
<b>ipratropium bromide hfa</b>		<b>isosorbide mononitrate tab 20 mg</b>	
see ATROVENT HFA AER 17MCG....	23	.....	19
<b>ipratropium bromide inhal soln</b>		<b>isosorbide mononitrate tab er 24hr</b>	
<b>0.02%</b> .....	23	<b>120 mg</b> .....	20
<b>ipratropium bromide nasal soln</b>		<b>isosorbide mononitrate tab er 24hr</b>	
<b>0.03% (21 mcg/spray)</b> .....	136	<b>30 mg</b> .....	19
<b>ipratropium bromide nasal soln</b>		<b>isosorbide mononitrate tab er 24hr</b>	
<b>0.06% (42 mcg/spray)</b> .....	136	<b>60 mg</b> .....	20
<b>ipratropium-albuterol</b>		<b>isotretinoin cap 10 mg</b> .....	94
see COMBIVENT AER 20-100 .....	25	<b>isotretinoin cap 20 mg</b> .....	94
<b>ipratropium-albuterol nebu soln</b>		<b>isotretinoin cap 30 mg</b> .....	94
<b>0.5-2.5(3) mg/3ml</b> .....	26	<b>isotretinoin cap 40 mg</b> .....	94
<b>irbesartan tab 150 mg</b> .....	58	<b>isradipine cap 2.5 mg</b> .....	83
<b>irbesartan tab 300 mg</b> .....	58	<b>isradipine cap 5 mg</b> .....	83
<b>irbesartan tab 75 mg</b> .....	58	<b>itraconazole cap 100 mg</b> .....	50
<b>irbesartan-hydrochlorothiazide tab</b>		<b>ivabradine hcl</b>	
<b>150-12.5 mg</b> .....	61	see CORLANOR SOL 5MG/5ML.....	86
<b>irbesartan-hydrochlorothiazide tab</b>		see CORLANOR TAB 5MG.....	86
<b>300-12.5 mg</b> .....	61	see CORLANOR TAB 7.5MG.....	86
IRON CHW PEDIATRI .....	117	<b>ivacaftor</b>	
<b>iron combination cap</b> .....	116	see KALYDECO PAK 25MG .....	147



see KALYDECO PAK 50MG..... 147  
see KALYDECO PAK 75MG..... 147  
see KALYDECO TAB 150MG..... 147

**ivermectin (pediculicide)**

see SKLICE LOT 0.5% ..... 100

**ivermectin tab 3 mg** ..... 18

**J**

JAKAFI TAB 10MG .....66

JAKAFI TAB 15MG .....66

JAKAFI TAB 20MG .....66

JAKAFI TAB 25MG .....66

JAKAFI TAB 5MG .....66

JANUMET TAB 50-1000 .....39

JANUMET TAB 50-500MG .....39

JANUMET XR TAB 100-1000.....39

JANUMET XR TAB 50-1000 .....39

JANUMET XR TAB 50-500MG .....39

JANUVIA TAB 100MG .....42

JANUVIA TAB 25MG .....42

JANUVIA TAB 50MG .....42

JARDIANCE TAB 10MG .....47

JARDIANCE TAB 25MG .....47

JENTADUETO TAB 2.5-1000.....39

JENTADUETO TAB 2.5-500.....39

JENTADUETO TAB 2.5-850.....39

JENTADUETO TAB XR.....39

Jinteli

see **norethindrone acetate-ethinyl  
estradiol tab 1 mg-5 mcg**..... 106

JULUCA TAB 50-25MG.....77

Junel 1.5/30

see **norethindrone ace & ethinyl  
estradiol tab 1.5 mg-30 mcg**..89

Junel Fe 1.5/30

see **norethindrone ace & ethinyl  
estradiol-fe tab 1.5 mg-30 mcg**  
.....89

**K**

KALETRA TAB 100-25MG .....77

KALETRA TAB 200-50MG .....77

KALYDECO PAK 25MG ..... 147

KALYDECO PAK 50MG ..... 147

KALYDECO PAK 75MG ..... 147

KALYDECO TAB 150MG ..... 147

Kelnor 1/50

see **ethynodiol diacetate & ethinyl  
estradiol tab 1 mg-50 mcg**.....88

KEPIVANCE INJ 6.25MG .....67

**ketoconazole cream 2%** ..... 95

**ketoconazole shampoo 2%** ..... 95

**ketoconazole tab 200 mg** ..... 50

**ketorolac tromethamine ophth soln**

**0.4%** ..... 140

**ketorolac tromethamine ophth soln**

**0.5%** ..... 140

**ketorolac tromethamine tab 10 mg**

..... 8

**ketotifen fumarate ophth soln**

**0.025% (base equiv)**..... 140

KEVZARA INJ 150/1.14 ..... 7

KEVZARA INJ 200/1.14 ..... 7

KINERET INJ..... 7

KISOALI 200 PAK FEMARA.....65

KISOALI 400 PAK FEMARA.....65

KISOALI 600 PAK FEMARA.....65

KISOALI TAB 200DOSE .....66

KISOALI TAB 400DOSE .....66

KISOALI TAB 600DOSE .....66

Klor-con/ef

see **potassium bicarbonate effer**

**tab 25 meq** ..... 129

KOATE-DVI INJ 1000UNIT ..... 111

KOATE-DVI INJ 250UNIT ..... 111

KOATE-DVI INJ 500UNIT ..... 111

KOGENATE FS INJ 1000UNIT ..... 111

KOGENATE FS INJ 2000UNIT ..... 111

KOGENATE FS INJ 250UNIT ..... 111

KOGENATE FS INJ 3000UNIT ..... 112

Konsyl

see **psyllium powder 30.9%**.... 119

KONSYL DAILY POW 100%..... 119

KONSYL DAILY POW 28.3%..... 119

KONSYL-D POW 52.3% ..... 119

KOVALTRY INJ 1000UNIT ..... 112

KOVALTRY INJ 2000UNIT ..... 112

KOVALTRY INJ 250UNIT ..... 112

KOVALTRY INJ 3000UNIT ..... 112

KOVALTRY INJ 500UNIT ..... 112

Kp Vitamin D

see **cholecalciferol chew tab 10**

**mcg (400 unit)** ..... 156

KPN PRENATAL TAB ..... 133

KUVAN TAB 100MG ..... 104

KYLEENA IUD 19.5MG ..... 90

<b>L</b>	
<b>labetalol hcl tab 100 mg</b> .....	80
<b>labetalol hcl tab 200 mg</b> .....	80
<b>labetalol hcl tab 300 mg</b> .....	80
<b>lacosamide</b>	
see VIMPAT SOL 10MG/ML.....	31
see VIMPAT TAB 100MG.....	31
see VIMPAT TAB 150MG.....	31
see VIMPAT TAB 200MG.....	31
see VIMPAT TAB 50MG.....	31
LACRISERT MIS 5MG OP.....	138
<b>lactic acid (ammonium lactate)</b>	
<b>cream 12%</b> .....	99
<b>lactic acid (ammonium lactate)</b>	
<b>lotion 12%</b> .....	99
<b>lactulose (encephalopathy)</b>	
<b>solution 10 gm/15ml</b> .....	108
<b>lactulose solution 10 gm/15ml</b> ..	120
<b>lamivudine (hbv)</b>	
see EPIVIR HBV SOL 5MG/ML.....	79
<b>lamivudine oral soln 10 mg/ml</b> ...	77
<b>lamivudine tab 100 mg (hbv)</b> .....	79
<b>lamivudine tab 150 mg</b> .....	77
<b>lamivudine tab 300 mg</b> .....	77
<b>lamivudine-tenofovir disoproxil fumarate</b>	
see CIMDUO TAB 300-300.....	76
<b>lamivudine-zidovudine tab 150-300 mg</b> .....	77
<b>lamotrigine tab 100 mg</b> .....	30
<b>lamotrigine tab 150 mg</b> .....	30
<b>lamotrigine tab 200 mg</b> .....	30
<b>lamotrigine tab 25 mg</b> .....	30
<b>lamotrigine tab chewable dispersible 25 mg</b> .....	30
<b>lamotrigine tab chewable dispersible 5 mg</b> .....	30
Lanacort 10	
see <b>hydrocortisone acetate cream 1%</b> .....	98
<b>lanadelumab-flyo</b>	
see TAKHZYRO INJ 300/2ML.....	114
LANCETS MIS 30G.....	122
Land Before Time Multivit	
see <b>pediatric multiple vitamin w/ extra c &amp; fa chew tab</b> .....	133
LANOXIN TAB 0.125MG.....	84
LANOXIN TAB 0.25MG.....	84
<b>lansoprazole cap delayed release 15 mg</b> .....	150
<b>lansoprazole cap delayed release 30 mg</b> .....	151
<b>lanthanum carbonate chew tab 1000 mg (elemental)</b> .....	108
<b>lanthanum carbonate chew tab 500 mg (elemental)</b> .....	108
<b>lanthanum carbonate chew tab 750 mg (elemental)</b> .....	108
<b>lapatinib ditosylate</b>	
see TYKERB TAB 250MG.....	67
Larin 24 Fe	
see <b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	89
LASTACFT SOL 0.25%.....	140
<b>latanoprost ophth soln 0.005%</b> ..	141
LATUDA TAB 120MG.....	70
LATUDA TAB 20MG.....	70
LATUDA TAB 40MG.....	70
LATUDA TAB 60MG.....	70
LATUDA TAB 80MG.....	70
LEDIP-SOFOSB TAB 90-400MG.....	79
Leena	
see <b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> .....	89
<b>leflunomide tab 10 mg</b> .....	9
<b>leflunomide tab 20 mg</b> .....	9
<b>lenalidomide</b>	
see REVLIMID CAP 10MG.....	129
see REVLIMID CAP 15MG.....	129
see REVLIMID CAP 2.5MG.....	129
see REVLIMID CAP 20MG.....	129
see REVLIMID CAP 25MG.....	129
see REVLIMID CAP 5MG.....	129
<b>lenvatinib mesylate</b>	
see LENVIMA CAP 10 MG.....	66
see LENVIMA CAP 12MG.....	66
see LENVIMA CAP 14 MG.....	66
see LENVIMA CAP 18 MG.....	66
see LENVIMA CAP 20 MG.....	66
see LENVIMA CAP 24 MG.....	66
see LENVIMA CAP 4MG.....	66
see LENVIMA CAP 8 MG.....	66

LENVIMA CAP 10 MG .....	66	LEVEMIR INJ FLEXTOUC .....	45
LENVIMA CAP 12MG .....	66	<b>levetiracetam oral soln 100 mg/ml</b>	
LENVIMA CAP 14 MG .....	66	.....	30
LENVIMA CAP 18 MG .....	66	<b>levetiracetam tab 1000 mg</b> .....	30
LENVIMA CAP 20 MG .....	66	<b>levetiracetam tab 250 mg</b> .....	30
LENVIMA CAP 24 MG .....	66	<b>levetiracetam tab 500 mg</b> .....	30
LENVIMA CAP 4MG .....	66	<b>levetiracetam tab 750 mg</b> .....	30
LENVIMA CAP 8 MG .....	66	<b>levetiracetam tab er 24hr 500 mg</b>	
LETAIRIS TAB 10MG .....	85	.....	30
LETAIRIS TAB 5MG .....	85	<b>levetiracetam tab er 24hr 750 mg</b>	
<b>letrozole tab 2.5 mg</b> .....	64	.....	30
<b>leucovorin calcium tab 10 mg</b> .....	67	<b>levobunolol hcl ophth soln 0.5%</b>	
<b>leucovorin calcium tab 15 mg</b> .....	67	.....	138
<b>leucovorin calcium tab 25 mg</b> .....	68	<b>levocarnitine oral soln 1 gm/10ml</b>	
<b>leucovorin calcium tab 5 mg</b> .....	67	<b>(10%)</b> .....	104
LEUKERAN TAB 2MG .....	63	<b>levocarnitine tab 330 mg</b> .....	104
LEUKINE INJ 250MCG .....	115	<b>levocetirizine dihydrochloride soln</b>	
<b>leuprolide acetate</b>		<b>2.5 mg/5ml (0.5 mg/ml)</b> .....	51
see ELIGARD INJ 7.5MG .....	64	<b>levocetirizine dihydrochloride tab 5</b>	
see LUPRON DEPOT INJ 3.75MG ...	64	<b>mg</b> .....	51
see LUPRON DEPOT INJ 7.5MG.....	64	<b>levofloxacin ophth soln 0.5%</b> ....	139
<b>leuprolide acetate &amp; norethindrone</b>		<b>levofloxacin oral soln 25 mg/ml</b>	107
<b>acetate</b>		<b>levofloxacin tab 250 mg</b> .....	107
see LUPANETA KIT 11.25-5.....	104	<b>levofloxacin tab 500 mg</b> .....	107
see LUPANETA KIT 3.75-5 .....	104	<b>levofloxacin tab 750 mg</b> .....	107
<b>leuprolide acetate (3 month)</b>		<b>levomilnacipran hcl</b>	
see ELIGARD INJ 22.5MG .....	64	see FETZIMA CAP 120MG .....	35
see LUPRON DEPOT INJ 11.25MG ..	64	see FETZIMA CAP 20MG .....	35
see LUPRON DEPOT INJ 22.5MG ...	64	see FETZIMA CAP 40MG .....	35
<b>leuprolide acetate (cpp)</b>		see FETZIMA CAP 80MG .....	35
see LUPR DEP-PED INJ 11.25MG..	104	see FETZIMA CAP TITRATIO.....	35
see LUPR DEP-PED INJ 15MG .....	104	<b>levonor-eth est tab 0.15-</b>	
see LUPR DEP-PED INJ 7.5MG .....	104	<b>0.02/0.025/0.03 mg &amp;eth est</b>	
<b>leuprolide acetate (cpp) (3 month)</b>		<b>0.01 mg</b> .....	88
see LUPR DEP-PED INJ 11.25MG..	104	<b>levonorgestrel &amp; ethinyl estradiol</b>	
see LUPR DEP-PED INJ 3M 30MG .	104	<b>(91-day) tab 0.15-0.03 mg</b> .....	88
<b>leuprolide acetate inj kit 5 mg/ml</b>		<b>levonorgestrel &amp; ethinyl estradiol</b>	
.....	64	<b>tab 0.1 mg-20 mcg</b> .....	88
<b>levalbuterol hcl soln nebu 0.31</b>		<b>levonorgestrel &amp; ethinyl estradiol</b>	
<b>mg/3ml (base equiv)</b> .....	26	<b>tab 0.15 mg-30 mcg</b> .....	88
<b>levalbuterol hcl soln nebu 0.63</b>		<b>levonorgestrel (emergency oc)</b>	
<b>mg/3ml (base equiv)</b> .....	26	see PLAN B TAB 1.5MG .....	90
<b>levalbuterol hcl soln nebu 1.25</b>		<b>levonorgestrel (iud)</b>	
<b>mg/3ml (base equiv)</b> .....	26	see KYLEENA IUD 19.5MG .....	90
<b>levalbuterol hcl soln nebu conc</b>		see LILETTA IUD 52MG .....	90
<b>1.25 mg/0.5ml (base equiv)</b> .....	26	see MIRENA IUD SYSTEM .....	90
LEVEMIR INJ .....	45	see SKYLA IUD 13.5MG .....	90

<b>levonorgestrel tab 1.5 mg</b> .....	90	<b>levothyroxine sodium tab 200 mcg</b>	148
<b>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</b>	88	<b>levothyroxine sodium tab 25 mcg</b>	148
<b>levonorgestrel-ethinyl estradiol &amp; folic acid</b>		<b>levothyroxine sodium tab 300 mcg</b>	148
see FALESSA KIT .....	88	<b>levothyroxine sodium tab 50 mcg</b>	148
<b>levonorgestrel-ethinyl estradiol (91-day)</b>		<b>levothyroxine sodium tab 75 mcg</b>	148
see LOSEASONIQUE TAB .....	88	<b>levothyroxine sodium tab 88 mcg</b>	148
see QUARTETTE TAB .....	89	Levoxyl	
see SEASONIQUE TAB .....	90	see <b>levothyroxine sodium tab 112 mcg</b>	148
<b>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</b>	88	see <b>levothyroxine sodium tab 125 mcg</b>	148
<b>levonorgestrel-ethinyl estradiol-ferrous bisglycinate</b>		see <b>levothyroxine sodium tab 137 mcg</b>	148
see BALCOLTRA TAB 0.1-20 .....	87	see <b>levothyroxine sodium tab 150 mcg</b>	148
<b>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</b>	88	see <b>levothyroxine sodium tab 175 mcg</b>	148
<b>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</b>	88	see <b>levothyroxine sodium tab 25 mcg</b>	148
<b>levothyroxine sodium</b>		see <b>levothyroxine sodium tab 50 mcg</b>	148
see SYNTHROID TAB 100MCG .....	148	see <b>levothyroxine sodium tab 75 mcg</b>	148
see SYNTHROID TAB 112MCG .....	148	see <b>levothyroxine sodium tab 88 mcg</b>	148
see SYNTHROID TAB 125MCG .....	148	Lice Killing Maximum Stre	
see SYNTHROID TAB 137MCG .....	148	see <b>pyrethrins-piperonyl butoxide shampoo 0.33-4%</b>	100
see SYNTHROID TAB 150MCG .....	148	Lice Treatment	
see SYNTHROID TAB 175MCG .....	148	see <b>permethrin creme rinse 1%</b>	100
see SYNTHROID TAB 200MCG .....	148	<b>lidocaine cream 4%</b> .....	99
see SYNTHROID TAB 25MCG .....	148	<b>lidocaine hcl gel 2%</b> .....	99
see SYNTHROID TAB 300MCG .....	149	<b>lidocaine hcl soln 4%</b> .....	99
see SYNTHROID TAB 50MCG .....	148	<b>lidocaine hcl urethral/mucosal gel 2%</b> .....	99
see SYNTHROID TAB 75MCG .....	148	<b>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</b> .....	99
see SYNTHROID TAB 88MCG .....	148	<b>lidocaine hcl viscous soln 2%</b> .....	131
<b>levothyroxine sodium tab 100 mcg</b>	148	<b>lidocaine patch 4%</b> .....	99
<b>levothyroxine sodium tab 112 mcg</b>	148	<b>lidocaine patch 5%</b> .....	99
<b>levothyroxine sodium tab 125 mcg</b>	148		
<b>levothyroxine sodium tab 137 mcg</b>	148		
<b>levothyroxine sodium tab 150 mcg</b>	148		
<b>levothyroxine sodium tab 175 mcg</b>	148		

<b>lidocaine-prilocaine cream 2.5-2.5%</b> .....	99	<b>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</b> .....	61
<b>lidocaine-tetracaine</b>		<b>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</b> .....	61
see SYNERA DIS 70-70MG .....	99	<b>lisinopril tab 10 mg</b> .....	56
LILETTA IUD 52MG .....	90	<b>lisinopril tab 2.5 mg</b> .....	56
<b>linaclotide</b>		<b>lisinopril tab 20 mg</b> .....	56
see LINZESS CAP 145MCG .....	108	<b>lisinopril tab 30 mg</b> .....	56
see LINZESS CAP 290MCG .....	108	<b>lisinopril tab 40 mg</b> .....	56
see LINZESS CAP 72MCG .....	108	<b>lisinopril tab 5 mg</b> .....	56
<b>linagliptin</b>		<b>lithium carbonate cap 150 mg</b> .....	69
see TRADJENTA TAB 5MG .....	42	<b>lithium carbonate cap 300 mg</b> .....	69
<b>linagliptin-metformin hcl</b>		<b>lithium carbonate cap 600 mg</b> .....	70
see JENTADUETO TAB 2.5-1000 ....	39	<b>lithium carbonate tab 300 mg</b> .....	70
see JENTADUETO TAB 2.5-500 .....	39	<b>lithium carbonate tab er 300 mg</b> .....	70
see JENTADUETO TAB 2.5-850 .....	39	<b>lithium carbonate tab er 450 mg</b> .....	70
see JENTADUETO TAB XR .....	39	LITHIUM SOL 8MEQ/5ML .....	70
<b>lindane shampoo 1%</b> .....	100	LO LOESTRIN TAB 1-10-10.....	88
<b>linezolid for susp 100 mg/5ml</b> ....	19	<b>lodoxamide tromethamine</b>	
<b>linezolid tab 600 mg</b> .....	19	see ALOMIDE SOL 0.1% OP .....	140
LINZESS CAP 145MCG .....	108	LOESTRIN 21 TAB 1.5/30 .....	88
LINZESS CAP 290MCG .....	108	LOESTRIN FE TAB 1.5/30 .....	88
LINZESS CAP 72MCG .....	108	LOESTRIN FE TAB 1/20 .....	88
<b>liothyronine sodium tab 25 mcg</b>	148	LOESTRIN TAB 1/20-21 .....	88
<b>liothyronine sodium tab 5 mcg</b> ..	148	<b>lomustine</b>	
<b>liothyronine sodium tab 50 mcg</b>	148	see GLEOSTINE CAP 100MG .....	63
<b>liotrix (t3-t4)</b>		see GLEOSTINE CAP 10MG .....	63
see THYROLAR-1 TAB 60MG.....	149	see GLEOSTINE CAP 40MG .....	63
see THYROLAR-1/2 TAB 30MG.....	149	LONSURF TAB 15-6.14.....	65
see THYROLAR-1/4 TAB 15MG.....	149	LONSURF TAB 20-8.19.....	65
see THYROLAR-2 TAB 120MG.....	149	<b>loperamide hcl cap 2 mg</b> .....	48
see THYROLAR-3 TAB 180MG.....	149	<b>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</b> .....	48
Liquid Calcium/vitamin D		<b>loperamide hcl liq 1 mg/7.5ml</b> ....	48
see <b>calcium carbonate-vitamin d cap 600 mg-200 unit</b> .....	127	<b>loperamide hcl tab 2 mg</b> .....	48
<b>liraglutide</b>		<b>lopinavir-ritonavir</b>	
see VICTOZA INJ 18MG/3ML .....	43	see KALETRA TAB 100-25MG .....	77
<b>lisdexamfetamine dimesylate</b>		see KALETRA TAB 200-50MG .....	77
see VYVANSE CAP 10MG .....	2	<b>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</b> .....	77
see VYVANSE CAP 20MG .....	2	Lopreeza	
see VYVANSE CAP 30MG .....	2	see <b>estradiol &amp; norethindrone acetate tab 1-0.5 mg</b> .....	105
see VYVANSE CAP 40MG .....	2	<b>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</b> .....	92
see VYVANSE CAP 50MG .....	2	<b>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</b> .....	92
see VYVANSE CAP 60MG .....	2		
see VYVANSE CAP 70MG .....	2		
<b>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</b> .....	61		

<b>loratadine rapidly-disintegrating</b>	
<i>tab 10 mg</i> .....	51
<b>loratadine syrup 5 mg/5ml</b> .....	51
<b>loratadine tab 10 mg</b> .....	51
Loratadine-d 12hr	
see <b>loratadine &amp; pseudoephedrine</b>	
<i>tab er 12hr 5-120 mg</i> .....	92
Loratadine-d 24hr	
see <b>loratadine &amp; pseudoephedrine</b>	
<i>tab er 24hr 10-240 mg</i> .....	92
<b>lorazepam conc 2 mg/ml</b> .....	22
<b>lorazepam tab 0.5 mg</b> .....	22
<b>lorazepam tab 1 mg</b> .....	22
<b>lorazepam tab 2 mg</b> .....	22
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 100-12.5</b>	
<b>mg</b> .....	61
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 100-25</b>	
<b>mg</b> .....	61
<b>losartan potassium &amp;</b>	
<b>hydrochlorothiazide tab 50-12.5</b>	
<b>mg</b> .....	61
<b>losartan potassium tab 100 mg</b> ..	58
<b>losartan potassium tab 25 mg</b> .....	58
<b>losartan potassium tab 50 mg</b> .....	58
LOSEASONIQUE TAB .....	88
LOTEMAX GEL 0.5% .....	140
LOTEMAX OIN 0.5% .....	140
LOTEMAX SUS 0.5% .....	140
<b>loteprednol etabonate</b>	
see ALREX SUS 0.2% .....	139
see LOTEMAX GEL 0.5% .....	140
see LOTEMAX OIN 0.5% .....	140
see LOTEMAX SUS 0.5% .....	140
<b>loteprednol etabonate ophth susp</b>	
<b>0.5%</b> .....	140
Lotrimin Af Deodorant Pow	
see <b>miconazole nitrate aerosol</b>	
<i>pow 2%</i> .....	95
<b>lovastatin tab 10 mg</b> .....	53
<b>lovastatin tab 20 mg</b> .....	53
<b>lovastatin tab 40 mg</b> .....	53
Low-ogestrel	
see <b>norgestrel &amp; ethinyl estradiol</b>	
<i>tab 0.3 mg-30 mcg</i> .....	89
<b>loxapine succinate cap 10 mg</b> .....	73
<b>loxapine succinate cap 25 mg</b> .....	73
<b>loxapine succinate cap 5 mg</b> .....	72
<b>loxapine succinate cap 50 mg</b> .....	73
<b>lubiprostone</b>	
see AMITIZA CAP 24MCG .....	107
see AMITIZA CAP 8MCG .....	107
Lubricant Eye Drops	
see <b>polyethylene glycol-propylene</b>	
<b>glycol ophth soln 0.4-0.3%</b> ..	138
<b>luliconazole cream 1%</b> .....	95
LUMIGAN SOL 0.01% .....	141
LUPANETA KIT 11.25-5 .....	104
LUPANETA KIT 3.75-5 .....	104
LUPR DEP-PED INJ 11.25MG .....	104
LUPR DEP-PED INJ 15MG .....	104
LUPR DEP-PED INJ 3M 30MG .....	104
LUPR DEP-PED INJ 7.5MG .....	104
LUPRON DEPOT INJ 11.25MG .....	64
LUPRON DEPOT INJ 22.5MG .....	64
LUPRON DEPOT INJ 3.75MG .....	64
LUPRON DEPOT INJ 7.5MG .....	64
<b>lurasidone hcl</b>	
see LATUDA TAB 120MG .....	70
see LATUDA TAB 20MG .....	70
see LATUDA TAB 40MG .....	70
see LATUDA TAB 60MG .....	70
see LATUDA TAB 80MG .....	70
LYRICA CAP 100MG .....	30
LYRICA CAP 150MG .....	30
LYRICA CAP 200MG .....	30
LYRICA CAP 225MG .....	30
LYRICA CAP 25MG .....	30
LYRICA CAP 300MG .....	30
LYRICA CAP 50MG .....	30
LYRICA CAP 75MG .....	30
LYSODREN TAB 500MG .....	64
<b>M</b>	
<b>macitentan</b>	
see OPSUMIT TAB 10MG .....	85
<b>mafenide acetate</b>	
see SULFAMYLON CRE 85MG/GM ..	97
<b>mafenide acetate packet for topical</b>	
<b>soln 5% (50 gm)</b> .....	97
MAG64 TAB 64MG .....	128
Magdelay	
see <b>magnesium chloride tab dr 64</b>	
<b>mg (elemental mg)</b> .....	128

MAGDELAY TAB 70MG.....	128	see SELZENTRY TAB 150MG .....	78
Mag-g		see SELZENTRY TAB 25MG .....	78
see <b>magnesium gluconate tab 500 mg (27 mg elemental mg)</b> ...	128	see SELZENTRY TAB 300MG .....	78
see SELZENTRY TAB 75MG .....	78		
<b>magnesium chloride</b>		MARPLAN TAB 10MG.....	33
see MAG64 TAB 64MG.....	128	MATULANE CAP 50MG.....	67
see MAGDELAY TAB 70MG .....	128	MAYZENT TAB 0.25MG.....	146
<b>magnesium chloride tab dr 64 mg (elemental mg)</b> .....	128	<b>mecamylamine hcl</b>	
<b>magnesium citrate soln</b> .....	120	see VECAMYL TAB 2.5MG .....	62
<b>magnesium gluconate tab 27.5 mg (elemental mg)</b> .....	128	<b>mecasermin</b>	
<b>magnesium gluconate tab 500 mg (27 mg elemental mg)</b> .....	128	see INCRELEX INJ 40MG/4ML.....	104
<b>magnesium hydroxide susp 400 mg/5ml</b> .....	120	<b>meclizine hcl chew tab 25 mg</b> .....	49
<b>magnesium hydroxide susp concentrate 2400 mg/10ml</b> ....	120	<b>meclizine hcl tab 12.5 mg</b> .....	49
<b>magnesium oxide cap 500 mg (elemental mg)</b> .....	128	<b>meclizine hcl tab 25 mg</b> .....	49
<b>magnesium oxide tab 250 mg</b> .....	18	<b>meclofenamate sodium cap 100 mg</b> .....	8
<b>magnesium oxide tab 250 mg (mg supplement)</b> .....	128	.....	8
<b>magnesium oxide tab 400 mg (240 mg elemental mg)</b> .....	128	<b>meclofenamate sodium cap 50 mg</b>	8
<b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b> .....	129	MEDI-LAXX CAP 8.6-50MG .....	119
<b>magnesium oxide tab 420 mg</b> .....	18	Medi-profen	
<b>magnesium oxide tab 500 mg (mg supplement)</b> .....	129	see <b>ibuprofen cap 200 mg</b> .....	8
<b>magnesium tab 250 mg</b> .....	129	<b>medroxyprogesterone acetate (contraceptive)</b>	
Magnesium-oxide		see DEPO-PROVERA INJ 150MG/ML90	
see <b>magnesium oxide tab 400 mg (241.3 mg elemental mg)</b> ....	129	see DEPO-SQ PROV INJ 104 .....	90
<b>malathion lotion 0.5%</b> .....	100	<b>medroxyprogesterone acetate im susp 150 mg/ml</b> .....	90
Maox		<b>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</b> ...	90
see <b>magnesium oxide tab 420 mg</b> .....	18	<b>medroxyprogesterone acetate tab 10 mg</b> .....	144
Mapap		<b>medroxyprogesterone acetate tab 2.5 mg</b> .....	144
see <b>acetaminophen liquid 160 mg/5ml</b> .....	11	<b>medroxyprogesterone acetate tab 5 mg</b> .....	144
see <b>acetaminophen tab 325 mg</b>	11	<b>mefenamic acid cap 250 mg</b> .....	8
<b>maprotiline hcl tab 25 mg</b> .....	33	<b>mefloquine hcl tab 250 mg</b> .....	62
<b>maprotiline hcl tab 50 mg</b> .....	33	<b>megestrol acetate susp 40 mg/ml</b> .....	64
<b>maprotiline hcl tab 75 mg</b> .....	33	.....	64
<b>maraviroc</b>		<b>megestrol acetate tab 20 mg</b> .....	64
see SELZENTRY SOL 20MG/ML.....	78	<b>megestrol acetate tab 40 mg</b> .....	64
		MEKINIST TAB 0.5MG .....	66
		MEKINIST TAB 2MG.....	66
		<b>melatonin cap 3 mg</b> .....	5
		<b>melatonin cap 5 mg</b> .....	5
		MELATONIN LIQ 1MG/4ML.....	5
		<b>melatonin tab 1 mg</b> .....	5
		<b>melatonin tab 3 mg</b> .....	5

<b>melatonin tab 300 mcg</b> .....	5	see NUCALA INJ 100MG .....	23
<b>melatonin tab 5 mg</b> .....	5	<b>meprobamate tab 200 mg</b> .....	21
<b>melatonin tab er 10 mg</b> .....	5	<b>meprobamate tab 400 mg</b> .....	21
<b>melatonin tablet disintegrating 5 mg</b> .....	5	<b>mercaptapurine tab 50 mg</b> .....	63
Melatonin Tr/vitamin B-6 see <b>melatonin-pyridoxine tab er 3-10 mg</b> .....	6	<b>mesalamine</b> see APRISO CAP 0.375GM .....	107
Melatonin/vitamin B-6 Ext see <b>melatonin-pyridoxine tab 3-1 mg</b> .....	6	<b>mesalamine cap er 24hr 0.375 gm</b> .....	108
<b>melatonin-pyridoxine tab 3-1 mg</b> .....	6	<b>mesalamine enema 4 gm</b> .....	108
<b>melatonin-pyridoxine tab 3-2 mg</b> .....	6	<b>mesalamine tab delayed release 800 mg</b> .....	108
<b>melatonin-pyridoxine tab er 3-10 mg</b> .....	6	METAMUCIL POW 28%ORG .....	119
Melodetta 24 Fe see <b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	89	METAMUCIL POW 58.12% .....	119
<b>meloxicam tab 15 mg</b> .....	8	METAMUCIL WAF.....	119
<b>meloxicam tab 7.5 mg</b> .....	8	<b>metaproterenol sulfate syrup 10 mg/5ml</b> .....	26
<b>melphalan tab 2 mg</b> .....	63	<b>metaproterenol sulfate tab 10 mg</b> .....	26
<b>memantine hcl cap er 24hr 14 mg</b> .....	145	<b>metaproterenol sulfate tab 20 mg</b> .....	26
<b>memantine hcl cap er 24hr 21 mg</b> .....	145	<b>metaxalone tab 800 mg</b> .....	135
<b>memantine hcl cap er 24hr 28 mg</b> .....	145	<b>metformin hcl tab 1000 mg</b> .....	41
<b>memantine hcl cap er 24hr 7 mg</b> .....	145	<b>metformin hcl tab 500 mg</b> .....	41
<b>memantine hcl oral solution 2 mg/ml</b> .....	145	<b>metformin hcl tab 850 mg</b> .....	41
<b>memantine hcl tab 10 mg</b> .....	145	<b>metformin hcl tab er 24hr 500 mg</b> .....	41
<b>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</b> .....	145	<b>metformin hcl tab er 24hr 750 mg</b> .....	41
<b>memantine hcl tab 5 mg</b> .....	145	<b>methadone hcl soln 10 mg/5ml</b> ..	13
MENEST TAB 0.3MG.....	106	<b>methadone hcl soln 5 mg/5ml</b> ....	13
MENEST TAB 0.625MG .....	106	<b>methadone hcl tab 10 mg</b> .....	13
MENEST TAB 1.25MG.....	106	<b>methadone hcl tab 5 mg</b> .....	13
MENTAX CRE 1%.....	95	<b>methamphetamine hcl tab 5 mg</b> ...	2
<b>menthol-zinc oxide oint 0.44-20%</b> .....	100	<b>methazolamide tab 25 mg</b> .....	101
<b>meperidine hcl oral soln 50 mg/5ml</b> .....	12	<b>methazolamide tab 50 mg</b> .....	101
<b>meperidine hcl tab 100 mg</b> .....	13	<b>methenamine hippurate tab 1 gm</b> .....	151
<b>meperidine hcl tab 50 mg</b> .....	12	<b>methimazole tab 10 mg</b> .....	147
<b>mepolizumab</b>		<b>methimazole tab 5 mg</b> .....	147
		METHITEST TAB 10MG.....	17
		<b>methocarbamol tab 500 mg</b> .....	135
		<b>methocarbamol tab 750 mg</b> .....	135
		<b>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</b> .....	64
		<b>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</b> .....	63



<b>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</b> .....	64	<b>methylphenidate hcl tab 5 mg</b> .....	4
<b>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</b> .....	64	<b>methylphenidate hcl tab er 10 mg</b>	5
<b>methotrexate sodium tab 2.5 mg (base equiv)</b> .....	64	<b>methylphenidate hcl tab er 20 mg</b>	5
<b>methscopolamine bromide tab 2.5 mg</b> .....	149	<b>methylphenidate hcl tab er 24hr 18 mg</b> .....	5
<b>methscopolamine bromide tab 5 mg</b> .....	150	<b>methylphenidate hcl tab er 24hr 27 mg</b> .....	5
<b>methsuximide</b>		<b>methylphenidate hcl tab er 24hr 36 mg</b> .....	5
see CELONTIN CAP 300MG .....	32	<b>methylphenidate hcl tab er 24hr 54 mg</b> .....	5
<b>methyclothiazide tab 5 mg</b> .....	102	<b>methylphenidate hcl tab er osmotic release (osm) 18 mg</b> .....	5
<b>methylcellulose tab 500 mg</b> .....	119	<b>methylphenidate hcl tab er osmotic release (osm) 27 mg</b> .....	5
<b>methyldopa tab 250 mg</b> .....	59	<b>methylphenidate hcl tab er osmotic release (osm) 36 mg</b> .....	5
<b>methyldopa tab 500 mg</b> .....	59	<b>methylphenidate hcl tab er osmotic release (osm) 54 mg</b> .....	5
<b>methylergonovine maleate tab 0.2 mg</b> .....	142	<b>methylprednisolone tab 16 mg</b> ....	91
<b>methylnaltrexone bromide</b>		<b>methylprednisolone tab 32 mg</b> ....	91
see RELISTOR INJ 12/0.6ML .....	108	<b>methylprednisolone tab 4 mg</b> .....	91
see RELISTOR TAB 150MG.....	108	<b>methylprednisolone tab 8 mg</b> .....	91
<b>methylphenidate hcl cap er 10 mg (cd)</b> .....	4	<b>methylprednisolone tab therapy pack 4 mg (21)</b> .....	91
<b>methylphenidate hcl cap er 20 mg (cd)</b> .....	4	<b>methyltestosterone</b>	
<b>methylphenidate hcl cap er 24hr 10 mg (la)</b> .....	4	see METHITEST TAB 10MG .....	17
<b>methylphenidate hcl cap er 24hr 20 mg (la)</b> .....	4	<b>methyltestosterone cap 10 mg</b> ....	17
<b>methylphenidate hcl cap er 24hr 30 mg (la)</b> .....	4	<b>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</b> ...	107
<b>methylphenidate hcl cap er 24hr 40 mg (la)</b> .....	4	<b>metoclopramide hcl tab 10 mg (base equivalent)</b> .....	107
<b>methylphenidate hcl cap er 30 mg (cd)</b> .....	4	<b>metoclopramide hcl tab 5 mg (base equivalent)</b> .....	107
<b>methylphenidate hcl cap er 40 mg (cd)</b> .....	4	<b>metolazone tab 10 mg</b> .....	103
<b>methylphenidate hcl cap er 50 mg (cd)</b> .....	4	<b>metolazone tab 2.5 mg</b> .....	103
<b>methylphenidate hcl cap er 60 mg (cd)</b> .....	4	<b>metolazone tab 5 mg</b> .....	103
<b>methylphenidate hcl soln 10 mg/5ml</b> .....	4	<b>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</b> .....	61
<b>methylphenidate hcl soln 5 mg/5ml</b> .....	4	<b>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</b> .....	61
<b>methylphenidate hcl tab 10 mg</b> ....	4	<b>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</b> .....	61
<b>methylphenidate hcl tab 20 mg</b> ....	4	<b>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</b> .....	81
		<b>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</b> .....	81

<b>metoprolol succinate tab er 24hr</b>	
<b>25 mg (tartrate equiv)</b> .....	81
<b>metoprolol succinate tab er 24hr</b>	
<b>50 mg (tartrate equiv)</b> .....	81
<b>metoprolol tartrate tab 100 mg</b> ...	81
<b>metoprolol tartrate tab 25 mg</b> ....	81
<b>metoprolol tartrate tab 50 mg</b> ....	81
<b>metronidazole cream 0.75%</b> .....	100
<b>metronidazole gel 0.75%</b> .....	100
<b>metronidazole lotion 0.75%</b> .....	100
<b>metronidazole tab 250 mg</b> .....	18
<b>metronidazole tab 500 mg</b> .....	18
<b>metronidazole vaginal gel 0.75%</b>	
.....	155
<b>mexiletine hcl cap 150 mg</b> .....	22
<b>mexiletine hcl cap 200 mg</b> .....	22
<b>mexiletine hcl cap 250 mg</b> .....	22
MI-ACID CHW.....	17
<b>miconazole (mouth-throat)</b>	
see ORAVIG TAB 50MG.....	131
Miconazole 7	
see <b>miconazole nitrate vaginal</b>	
<b>cream 2%</b> .....	155
see <b>miconazole nitrate vaginal</b>	
<b>suppos 100 mg</b> .....	155
<b>miconazole nitrate aerosol pow 2%</b>	
.....	95
<b>miconazole nitrate cream 2%</b> ....	95
<b>miconazole nitrate ointment 2%</b> ..	95
<b>miconazole nitrate powder 2%</b> ...	95
<b>miconazole nitrate vaginal</b>	
see MONISTAT 7 KIT COMBO PK .	155
<b>miconazole nitrate vaginal app 200</b>	
<b>mg &amp; 2% cream 9 gm kit</b> .....	155
<b>miconazole nitrate vaginal cream</b>	
<b>2%</b> .....	155
<b>miconazole nitrate vaginal cream</b>	
<b>4% (200 mg/5gm)</b> .....	155
<b>miconazole nitrate vaginal supp</b>	
<b>200 mg &amp; 2% cream 9 gm kit</b> ..	155
<b>miconazole nitrate vaginal suppos</b>	
<b>100 mg</b> .....	155
<b>midodrine hcl tab 10 mg</b> .....	156
<b>midodrine hcl tab 2.5 mg</b> .....	155
<b>midodrine hcl tab 5 mg</b> .....	156
<b>miglitol tab 100 mg</b> .....	37
<b>miglitol tab 25 mg</b> .....	37
<b>miglitol tab 50 mg</b> .....	37
<b>miglustat cap 100 mg</b> .....	114
Milk Of Magnesia	
see <b>magnesium hydroxide susp</b>	
<b>400 mg/5ml</b> .....	120
Milk Of Magnesia Concentr	
see <b>magnesium hydroxide susp</b>	
<b>concentrate 2400 mg/10ml</b> ..	120
<b>milnacipran hcl</b>	
see SAVELLA MIS TITR PAK.....	145
see SAVELLA TAB 100MG.....	145
see SAVELLA TAB 12.5MG.....	145
see SAVELLA TAB 25MG.....	145
see SAVELLA TAB 50MG.....	145
MINASTRIN 24 CHW FE.....	88
<b>mineral oil</b> .....	120
<b>mineral oil enema</b> .....	120
Minitran	
see <b>nitroglycerin td patch 24hr</b>	
<b>0.6 mg/hr</b> .....	20
<b>minocycline hcl cap 100 mg</b> .....	147
<b>minocycline hcl cap 50 mg</b> .....	147
<b>minocycline hcl cap 75 mg</b> .....	147
<b>minoxidil tab 10 mg</b> .....	62
<b>minoxidil tab 2.5 mg</b> .....	62
Mintox Plus	
see <b>alum &amp; mag hydroxide-</b>	
<b>simethicone chew tab 200-200-</b>	
<b>25 mg</b> .....	17
<b>mirabegron</b>	
see MYRBETRIQ TAB 25MG.....	153
see MYRBETRIQ TAB 50MG.....	153
MIRCETTE TAB 28 DAY.....	88
MIRENA IUD SYSTEM.....	90
<b>mirtazapine tab 15 mg</b> .....	32
<b>mirtazapine tab 30 mg</b> .....	32
<b>mirtazapine tab 45 mg</b> .....	32
MIRVASO GEL 0.33%.....	100
<b>misoprostol tab 100 mcg</b> .....	151
<b>misoprostol tab 200 mcg</b> .....	151
<b>mitotane</b>	
see LYSODREN TAB 500MG.....	64
<b>modafinil tab 100 mg</b> .....	5
<b>modafinil tab 200 mg</b> .....	5
<b>moexipril hcl tab 15 mg</b> .....	56
<b>moexipril hcl tab 7.5 mg</b> .....	56
<b>mometasone furoate (inhalation)</b>	

see ASMANEX 120 AER 220MCG	24	see EMBEDA CAP 80-3.2MG	12
see ASMANEX 14 AER 220MCG	23	MOVANTIK TAB 12.5MG	108
see ASMANEX 30 AER 110MCG	24	MOVANTIK TAB 25MG	108
see ASMANEX 30 AER 220MCG	24	MOVIPREP SOL	119
see ASMANEX 60 AER 220MCG	24	<b>moxifloxacin hcl ophth soln 0.5%</b>	
see ASMANEX 7 AER 110MCG	23	<b>(base equiv)</b>	139
see ASMANEX HFA AER 100 MCG	24	<b>moxifloxacin hcl tab 400 mg (base equiv)</b>	107
see ASMANEX HFA AER 200 MCG	24	Mucus-dm	
see ASMANEX HFA AER 50MCG	24	see <b>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</b>	92
<b>mometasone furoate cream 0.1%</b>	98	MULT VITAM DRO	132
.....	98	MULTAQ TAB 400MG	23
<b>mometasone furoate oint 0.1%</b>	98	MULTI VITAMI TAB D-3	132
<b>mometasone furoate solution 0.1% (lotion)</b>	99	Multi-delyn	
<b>mometasone furoate-formoterol fumarate dihydrate</b>		see <b>pediatric multiple vitamin liq</b>	132
see DULERA AER 100-5MCG	25	.....	132
see DULERA AER 200-5MCG	26	<b>multiple vitamin cap</b>	132
see DULERA AER 50-5MCG	25	<b>multiple vitamin tab</b>	132
MONISTAT 7 KIT COMBO PK	155	<b>multiple vitamins w/ iron tab</b>	131
MONOCLATE-P INJ 1000UNIT	112	<b>multiple vitamins w/ minerals cap</b>	131
<b>montelukast sodium chew tab 4 mg (base equiv)</b>	23	.....	131
<b>montelukast sodium chew tab 5 mg (base equiv)</b>	23	<b>multiple vitamins w/ minerals liquid</b>	131
<b>montelukast sodium tab 10 mg (base equiv)</b>	23	<b>multiple vitamins w/ minerals tab</b>	131
MONUROL PAK GRANULES	151	.....	131
<b>morphine sulfate oral soln 10 mg/5ml</b>	13	Multi-vit/iron/fluoride	
<b>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</b>	13	see <b>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</b>	132
<b>morphine sulfate oral soln 20 mg/5ml</b>	13	.....	132
<b>morphine sulfate tab 15 mg</b>	13	Multivitamin & Mineral	
<b>morphine sulfate tab 30 mg</b>	13	see <b>multiple vitamins w/ minerals liquid</b>	131
<b>morphine sulfate tab er 100 mg</b>	13	MULTIVITAMIN DRO /IRON	132
<b>morphine sulfate tab er 15 mg</b>	13	Multivitamin With Fluorid	
<b>morphine sulfate tab er 200 mg</b>	13	see <b>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</b>	132
<b>morphine sulfate tab er 30 mg</b>	13	see <b>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</b>	132
<b>morphine sulfate tab er 60 mg</b>	13	Multivitamin/fluoride	
<b>morphine-naltrexone</b>		see <b>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</b>	132
see EMBEDA CAP 100-4MG	12	.....	132
see EMBEDA CAP 20-0.8MG	11	see <b>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</b>	132
see EMBEDA CAP 30-1.2MG	11		
see EMBEDA CAP 50-2MG	12		
see EMBEDA CAP 60-2.4MG	12		

see **pediatric multiple vitamins w/ fluoride chew tab 1 mg** .. 132

**mupirocin oint 2%** ..... 95

Mv-one  
see **multiple vitamin cap** ..... 132

Mvw Complete Formulation  
see **pediatric multiple vitamin w/ minerals & c chew tab** ..... 132

My Way  
see **levonorgestrel tab 1.5 mg**... 90

Mycocide Clinical Ns Anti  
see **tolnaftate soln 1%** ..... 96

**mycophenolate mofetil cap 250 mg** ..... 130

**mycophenolate mofetil tab 500 mg** ..... 130

**mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)** 130

**mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)** 130

MYNATAL CAP ..... 133

MYNATAL TAB ..... 133

MYNATE 90 TAB PLUS ..... 133

MYRBETRIQ TAB 25MG ..... 153

MYRBETRIQ TAB 50MG ..... 153

**N**

**nabilone**  
see CESAMET CAP 1MG ..... 49

**nabumetone tab 500 mg** ..... 9

**nabumetone tab 750 mg** ..... 9

**nadolol tab 20 mg** ..... 81

**nadolol tab 40 mg** ..... 81

**nadolol tab 80 mg** ..... 81

**nafarelin acetate**  
see SYNAREL SOL 2MG/ML ..... 104

**naftifine hcl**  
see NAFTIN GEL 1% ..... 95  
see NAFTIN GEL 2% ..... 95

**naftifine hcl cream 1%** ..... 95

**naftifine hcl gel 1%** ..... 95

NAFTIN GEL 1% ..... 95

NAFTIN GEL 2% ..... 95

**naldemedine tosylate**  
see SYMPROIC TAB 0.2MG ..... 108

**naloxegol oxalate**  
see MOVANTIK TAB 12.5MG ..... 108  
see MOVANTIK TAB 25MG ..... 108

**naloxone hcl**  
see NARCAN SPR ..... 48

**naloxone hcl inj 0.4 mg/ml** ..... 48

**naloxone hcl soln cartridge 0.4 mg/ml** ..... 48

**naloxone hcl soln prefilled syringe 2 mg/2ml** ..... 48

**naltrexone**  
see VIVITROL INJ 380MG ..... 48

**naltrexone hcl tab 50 mg** ..... 48

Naproxen Dr  
see **naproxen tab ec 375 mg** ..... 9  
see **naproxen tab ec 500 mg** ..... 9

**naproxen sodium tab 220 mg** ..... 9

**naproxen susp 125 mg/5ml** ..... 9

**naproxen tab 250 mg** ..... 9

**naproxen tab 375 mg** ..... 9

**naproxen tab 500 mg** ..... 9

**naproxen tab ec 375 mg** ..... 9

**naproxen tab ec 500 mg** ..... 9

**naratriptan hcl tab 1 mg (base equiv)** ..... 125

**naratriptan hcl tab 2.5 mg (base equiv)** ..... 125

NARCAN SPR ..... 48

NASAL DECON SYP 30MG/5ML ..... 136

NASAL DECONG LIQ 30MG/5ML ..... 136

NAT FIBER POW 58.6% ..... 119

NATACYN SUS 5% OP ..... 139

**natalizumab**  
see TYSABRI INJ 300/15ML ..... 146

NATALVIT TAB 75-1MG ..... 133

**natamycin**  
see NATACYN SUS 5% OP ..... 139

NATAZIA TAB ..... 88

**nateglinide tab 120 mg** ..... 46

**nateglinide tab 60 mg** ..... 46

NATURE THROI TAB 162.5MG ..... 148

NATURE-THROI TAB 113.75MG ..... 148

NATURE-THROI TAB 130MG ..... 148

NATURE-THROI TAB 146.25MG ..... 148

NATURE-THROI TAB 16.25MG ..... 148

NATURE-THROI TAB 195MG ..... 148

NATURE-THROI TAB 260MG ..... 148

NATURE-THROI TAB 32.5MG ..... 148

NATURE-THROI TAB 325MG ..... 148

NATURE-THROI TAB 48.75MG ..... 148

NATURE-THROI TAB 65MG .....	148	<i>neomycin-polymyxin-</i>	
NATURE-THROI TAB 97.5MG.....	148	<i>dexamethasone ophth susp 0.1%</i>	
<b>nebivolol hcl</b>		.....	140
see BYSTOLIC TAB 10MG.....	81	<b>neomycin-polymyxin-hc otic soln</b>	
see BYSTOLIC TAB 2.5MG.....	80	<b>1%</b> .....	142
see BYSTOLIC TAB 20MG.....	81	<b>neomycin-polymyxin-hc otic susp</b>	
see BYSTOLIC TAB 5MG .....	80	<b>3.5 mg/ml-10000 unit/ml-1%</b>	142
<b>nebivolol-valsartan</b>		NEORAL CAP 100MG .....	130
see BYVALSON TAB 5-80MG .....	60	NEORAL CAP 25MG.....	130
<b>nebulizers</b>		<b>nepafenac</b>	
see EASY NEB MIS.....	124	see NEVANAC SUS 0.1% .....	140
NEBUPENT INH 300MG.....	18	NESTABS TAB .....	133
Nebusal		<b>netupitant-palonosetron</b>	
see <b>sodium chloride soln nebu</b>		see AKYNZEO CAP 300-0.5 .....	49
<b>3%</b> .....	93	NEULASTA INJ 6MG/0.6M.....	115
Necon 1/50-28		NEUPOGEN INJ 300/0.5 .....	115
see <b>norethindrone &amp; mestranol</b>		NEUPOGEN INJ 300MCG.....	115
<b>tab 1 mg-50 mcg</b> .....	89	NEUPOGEN INJ 480/0.8 .....	115
<b>nedocromil sodium (ophth)</b>		NEUPOGEN INJ 480MCG.....	115
see ALOCRI SOL 2%.....	140	NEUPRO DIS 1MG/24HR.....	69
<b>needle (disp) 18 g</b>		NEUPRO DIS 2MG/24HR.....	69
see NEEDLES MIS 18GX1.5.....	123	NEUPRO DIS 3MG/24HR.....	69
NEEDLES MIS 18GX1.5 .....	123	NEUPRO DIS 4MG/24HR.....	69
<b>nefazodone hcl tab 100 mg</b> .....	34	NEUPRO DIS 6MG/24HR.....	69
<b>nefazodone hcl tab 150 mg</b> .....	34	NEUPRO DIS 8MG/24HR.....	69
<b>nefazodone hcl tab 200 mg</b> .....	34	NEVANAC SUS 0.1%.....	140
<b>nefazodone hcl tab 250 mg</b> .....	34	<b>nevirapine susp 50 mg/5ml</b> .....	77
<b>nefazodone hcl tab 50 mg</b> .....	34	<b>nevirapine tab 200 mg</b> .....	77
<b>nelfinavir mesylate</b>		<b>nevirapine tab er 24hr 100 mg</b> ....	77
see VIRACEPT TAB 250MG .....	78	<b>nevirapine tab er 24hr 400 mg</b> ....	77
see VIRACEPT TAB 625MG .....	78	NEXAVAR TAB 200MG .....	66
<b>neomycin sulfate tab 500 mg</b> .....	6	NEXLETOL TAB 180MG.....	51
<b>neomycin-bacitrac zn-polymyx</b>		NEXLIZET TAB 180/10MG.....	51
<b>5(3.5)mg-400unt-10000unt op</b>		NEXPLANON IMP 68MG .....	90
<b>oin</b> .....	139	<b>niacin (antihyperlipidemic) tab 500</b>	
<b>neomycin-bacitracin-polymyxin</b>		<b>mg</b> .....	55
<b>oint</b> .....	95	<b>niacin cap er 250 mg</b> .....	156
<b>neomycin-bacitracin-polymyxin-</b>		<b>niacin cap er 500 mg</b> .....	156
<b>pramoxine oint 1%</b> .....	95	Niacin Flush Free	
<b>neomycin-colistin-hc-thonzonium</b>		see <b>inositol niacinate cap 500 mg</b>	
see COLY-MYCIN S SUS OTIC.....	142	.....	84
<b>neomycin-polymy-gramicid op sol</b>		<b>niacin tab 100 mg</b> .....	156
<b>1.75-10000-0.025mg-unt-mg/ml</b>		<b>niacin tab 250 mg</b> .....	156
.....	139	<b>niacin tab 50 mg</b> .....	156
<b>neomycin-polymyxin-</b>		<b>niacin tab 500 mg</b> .....	156
<b>dexamethasone ophth oint 0.1%</b>		<b>niacin tab er 250 mg</b> .....	156
.....	140	<b>niacin tab er 500 mg</b> .....	156

<b>niacin tab er 500 mg</b>	
<b>(antihyperlipidemic)</b> .....	55
<b>niacin tab er 750 mg</b> .....	156
<b>niacinamide tab 500 mg</b> .....	156
Niacor	
see <b>niacin (antihyperlipidemic)</b>	
<b>tab 500 mg</b> .....	55
<b>nicardipine hcl cap 20 mg</b> .....	83
<b>nicardipine hcl cap 30 mg</b> .....	83
<b>nicotine</b>	
see NICOTROL INH .....	146
see NICOTROL NS SPR 10MG/ML	146
<b>nicotine polacrilex gum 2 mg</b> ....	146
<b>nicotine polacrilex gum 4 mg</b> ....	146
<b>nicotine polacrilex lozenge 2 mg</b>	
.....	146
<b>nicotine polacrilex lozenge 4 mg</b>	
.....	146
NICOTINE SYS KIT TRANSDER .....	146
<b>nicotine td patch 24hr 14 mg/24hr</b>	
.....	146
<b>nicotine td patch 24hr 21 mg/24hr</b>	
.....	146
<b>nicotine td patch 24hr 7 mg/24hr</b>	
.....	146
Nicotine Transdermal Syst	
see <b>nicotine td patch 24hr 7</b>	
<b>mg/24hr</b> .....	146
NICOTROL INH.....	146
NICOTROL NS SPR 10MG/ML .....	146
<b>nifedipine cap 10 mg</b> .....	83
<b>nifedipine cap 20 mg</b> .....	83
<b>nifedipine tab er 24hr 30 mg</b> .....	83
<b>nifedipine tab er 24hr 60 mg</b> .....	83
<b>nifedipine tab er 24hr 90 mg</b> .....	83
<b>nifedipine tab er 24hr osmotic</b>	
<b>release 30 mg</b> .....	83
<b>nifedipine tab er 24hr osmotic</b>	
<b>release 60 mg</b> .....	83
<b>nifedipine tab er 24hr osmotic</b>	
<b>release 90 mg</b> .....	83
<b>nilotinib hcl</b>	
see TASIGNA CAP 150MG .....	67
see TASIGNA CAP 200MG .....	67
see TASIGNA CAP 50MG .....	67
<b>nilutamide tab 150 mg</b> .....	65
<b>nimodipine cap 30 mg</b> .....	83
<b>niraparib tosylate</b>	
see ZEJULA CAP 100MG .....	67
<b>nisoldipine tab er 24hr 17 mg</b> .....	83
<b>nisoldipine tab er 24hr 20 mg</b> .....	83
<b>nisoldipine tab er 24hr 25.5 mg</b> ..	83
<b>nisoldipine tab er 24hr 30 mg</b> .....	83
<b>nisoldipine tab er 24hr 34 mg</b> .....	83
<b>nisoldipine tab er 24hr 40 mg</b> .....	83
<b>nisoldipine tab er 24hr 8.5 mg</b> ...	83
<b>nitazoxanide</b>	
see ALINIA SUS 100/5ML .....	18
see ALINIA TAB 500MG .....	18
<b>nitisinone</b>	
see ORFADIN CAP 10MG.....	105
see ORFADIN CAP 20MG.....	105
see ORFADIN CAP 2MG .....	105
see ORFADIN CAP 5MG .....	105
<b>nitisinone cap 10 mg</b> .....	104
<b>nitisinone cap 2 mg</b> .....	104
<b>nitisinone cap 5 mg</b> .....	104
<b>nitrofurantoin macrocrystalline cap</b>	
<b>100 mg</b> .....	151
<b>nitrofurantoin macrocrystalline cap</b>	
<b>50 mg</b> .....	151
<b>nitrofurantoin monohydrate</b>	
<b>macrocrystalline cap 100 mg</b> ..	151
<b>nitrofurantoin susp 25 mg/5ml</b> ..	151
<b>nitroglycerin (intra-anal)</b>	
see RECTIV OIN 0.4%.....	17
<b>nitroglycerin sl tab 0.3 mg</b> .....	20
<b>nitroglycerin sl tab 0.4 mg</b> .....	20
<b>nitroglycerin sl tab 0.6 mg</b> .....	20
<b>nitroglycerin td patch 24hr 0.1</b>	
<b>mg/hr</b> .....	20
<b>nitroglycerin td patch 24hr 0.2</b>	
<b>mg/hr</b> .....	20
<b>nitroglycerin td patch 24hr 0.4</b>	
<b>mg/hr</b> .....	20
<b>nitroglycerin td patch 24hr 0.6</b>	
<b>mg/hr</b> .....	20
NIVESTYM INJ 300/0.5 .....	115
NIVESTYM INJ 300MCG .....	115
NIVESTYM INJ 480/0.8 .....	115
NIVESTYM INJ 480MCG .....	115
<b>nizatidine cap 150 mg</b> .....	150
<b>nizatidine cap 300 mg</b> .....	150
<b>nizatidine oral soln 15 mg/ml</b> ...	150

Non-aspirin Junior Streng	
see <b>acetaminophen chew tab 160 mg</b> .....	10
<b>nonoxynol-9</b>	
see CONCEPTROL GEL 4% .....	154
see ENCARE SUP 100MG .....	154
see GYNOL II GEL 3% .....	154
see SHUR-SEAL GEL 2% .....	154
see TODAY SPONGE MIS .....	154
see VCF VAGINAL AER CONTRACP	154
see VCF VAGINAL MIS CONTRACP	154
<b>nonoxynol-9 gel 4%</b> .....	154
<b>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</b> .....	90
<b>norethin acet &amp; estrad-fe</b>	
see LOESTRIN FE TAB 1.5/30 .....	88
see LOESTRIN FE TAB 1/20 .....	88
see MINASTRIN 24 CHW FE .....	88
see TAYTULLA CAP 1MG/20MC .....	90
<b>norethindrone &amp; eth estradiol</b>	
see BREVICON TAB 0.5/35 .....	87
see ORTHO-NOVUM TAB 1/35 .....	89
<b>norethindrone &amp; ethinyl estradiol tab 0.4 mg-35 mcg</b> .....	88
<b>norethindrone &amp; ethinyl estradiol tab 0.5 mg-35 mcg</b> .....	88
<b>norethindrone &amp; ethinyl estradiol tab 1 mg-35 mcg</b> .....	88
<b>norethindrone &amp; ethinyl estradiol-fe</b>	
see GENERESS FE CHW .....	88
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</b> .....	89
<b>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</b> .....	89
<b>norethindrone &amp; mestranol tab 1 mg-50 mcg</b> .....	89
<b>norethindrone (contraceptive)</b>	
see ORTHO MICRON TAB 0.35MG ..	91
<b>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</b> .....	89
<b>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</b> .....	89
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</b> ...	89
<b>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</b> .....	89
<b>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</b> .....	89
<b>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</b> .....	89
<b>norethindrone acet &amp; eth estra</b>	
see LOESTRIN 21 TAB 1.5/30 .....	88
see LOESTRIN TAB 1/20-21 .....	88
<b>norethindrone acetate tab 5 mg</b> .....	144
<b>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</b> ..	105
<b>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</b> .....	106
<b>norethindrone acetate-ethinyl estradiol-fe</b>	
see ESTROSTEP FE TAB .....	87
<b>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</b>	
see LO LOESTRIN TAB 1-10-10 .....	88
<b>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</b> ...	89
<b>norethindrone tab 0.35 mg</b> .....	91
<b>norethindrone-eth estradiol (triphasic)</b>	
see ORTHO-NOVUM TAB 7/7/7 .....	89
see TRI-NORINYL TAB 28 .....	90
<b>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</b> ..	89
<b>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</b> ...	89
<b>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</b> .....	89
<b>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</b> ..	89
<b>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</b> ..	89
<b>norgestimate-ethinyl estradiol</b>	
see ORTHO-CYCLEN TAB 0.25/35 ..	89
<b>norgestimate-ethinyl estradiol (triphasic)</b>	
see ORTHO TRI- TAB CYCLEN .....	89
see ORTHO TRI- TAB CYCLN LO ...	89
<b>norgestrel &amp; ethinyl estradiol tab 0.3 mg-30 mcg</b> .....	89
<b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> .....	89
<b>NORTEMP SUS INFANTS</b> .....	11

NORTHERA CAP 100MG .....	155	NUCALA INJ 100MG .....	23
NORTHERA CAP 200MG .....	155	NUCYNTA ER TAB 100MG .....	13
NORTHERA CAP 300MG .....	155	NUCYNTA ER TAB 150MG .....	13
Nortrel 0.5/35 (28)		NUCYNTA ER TAB 200MG .....	13
see <b>norethindrone &amp; ethinyl</b>		NUCYNTA ER TAB 250MG .....	13
<b>estradiol tab 0.5 mg-35 mcg</b> ..	88	NUCYNTA ER TAB 50MG .....	13
Nortrel 1/35		NUCYNTA TAB 100MG .....	13
see <b>norethindrone &amp; ethinyl</b>		NUCYNTA TAB 50MG .....	13
<b>estradiol tab 1 mg-35 mcg</b> .....	88	NUCYNTA TAB 75MG .....	13
Nortrel 7/7/7		NULOJIX INJ 250MG .....	130
see <b>norethindrone-eth estradiol</b>		NUTRIENTS TAB PRENATAL .....	133
<b>tab 0.5-35/0.75-35/1-35 mg-</b>		NUVARING MIS .....	90
<b>mcg</b> .....	89	NUWIQ INJ 1000UNIT .....	112
<b>nortriptyline hcl cap 10 mg</b> .....	37	NUWIQ INJ 2000UNIT .....	112
<b>nortriptyline hcl cap 25 mg</b> .....	37	NUWIQ INJ 2500UNIT .....	112
<b>nortriptyline hcl cap 50 mg</b> .....	37	NUWIQ INJ 250UNIT .....	112
<b>nortriptyline hcl cap 75 mg</b> .....	37	NUWIQ INJ 3000UNIT .....	112
NORVIR SOL 80MG/ML .....	77	NUWIQ INJ 4000UNIT .....	112
NOVOEIGHT INJ 1500UNIT .....	112	NUWIQ INJ 500UNIT .....	112
NOVOLIN INJ 70/30 .....	46	NUWIQ KIT 1000UNIT .....	112
NOVOLIN INJ 70/30 FP .....	46	NUWIQ KIT 2000UNIT .....	112
NOVOLIN N INJ U-100 .....	46	NUWIQ KIT 2500UNIT .....	113
NOVOLIN R INJ U-100 .....	46	NUWIQ KIT 250UNIT .....	112
NOVOLOG INJ 100/ML .....	46	NUWIQ KIT 3000UNIT .....	113
NOVOLOG INJ FLEXPEN .....	46	NUWIQ KIT 4000UNIT .....	113
NOVOLOG INJ PENFILL .....	46	NUWIQ KIT 500UNIT .....	112
NOVOLOG MIX INJ 70/30 .....	46	<b>nystatin cream 100000 unit/gm</b> ..	95
NOVOLOG MIX INJ FLEXPEN .....	46	<b>nystatin oint 100000 unit/gm</b> .....	95
NOVOSEVEN RT INJ 1MG .....	112	<b>nystatin susp 100000 unit/ml</b> ...	131
NOVOSEVEN RT INJ 2MG .....	112	<b>nystatin tab 500000 unit</b> .....	49
NOVOSEVEN RT INJ 5MG .....	112	<b>nystatin topical powder 100000</b>	
NOVOSEVEN RT INJ 8MG .....	112	<b>unit/gm</b> .....	95
Np Thyroid 120		<b>nystatin-triamcinolone cream</b>	
see <b>thyroid tab 120 mg (2 grain)</b>		<b>100000-0.1 unit/gm-%</b> .....	95
.....	149	<b>nystatin-triamcinolone oint</b>	
Np Thyroid 15		<b>100000-0.1 unit/gm-%</b> .....	95
see <b>thyroid tab 15 mg (1/4 grain)</b>		Nystop	
.....	149	see <b>nystatin topical powder</b>	
Np Thyroid 30		<b>100000 unit/gm</b> .....	95
see <b>thyroid tab 30 mg (1/2 grain)</b>		<b>O</b>	
.....	149	O-CAL TAB PRENATAL .....	133
Np Thyroid 60		OCTAGAM INJ 5GM .....	142
see <b>thyroid tab 60 mg (1 grain)</b>		<b>octreotide acetate</b>	
.....	149	see SANDOSTATIN KIT LAR 10MG105	
Np Thyroid 90		see SANDOSTATIN KIT LAR 20MG105	
see <b>thyroid tab 90 mg (1 1/2</b>		see SANDOSTATIN KIT LAR 30MG105	
<b>grain)</b> .....	149		



<b>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</b> .....	105	see STRIVERDI AER 2.5MCG .....	27
<b>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</b> .....	105	<b>olopatadine hcl nasal soln 0.6%</b>	136
<b>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</b> .....	105	<b>olopatadine hcl ophth soln 0.1% (base equivalent)</b> .....	140
<b>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</b> .....	105	<b>olopatadine hcl ophth soln 0.2% (base equivalent)</b> .....	141
<b>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</b> .....	105	<b>olsalazine sodium</b>	
Ocuvite/lutein		see DIPENTUM CAP 250MG .....	108
see <b>multiple vitamins w/ minerals tab</b> .....	131	<b>omalizumab</b>	
ODEFSEY TAB .....	77	see XOLAIR INJ 150MG/ML .....	23
ODOMZO CAP 200MG .....	64	see XOLAIR INJ 75/0.5 .....	23
<b>ofloxacin ophth soln 0.3%</b> .....	139	see XOLAIR SOL 150MG .....	23
<b>ofloxacin otic soln 0.3%</b> .....	141	<b>ombitasvir-paritaprevir-ritonavir</b>	
<b>ofloxacin tab 300 mg</b> .....	107	see TECHNIVIE TAB .....	79
<b>ofloxacin tab 400 mg</b> .....	107	<b>omega-3 fatty acids cap 1000 mg</b> .....	137
Ogestrel		<b>omega-3 fatty acids cap 1200 mg</b> .....	137
see <b>norgestrel &amp; ethinyl estradiol tab 0.5 mg-50 mcg</b> .....	89	<b>omega-3 fatty acids cap 300 mg</b>	137
<b>olanzapine pamoate</b>		<b>omega-3 fatty acids cap 500 mg</b>	137
see ZYPREXA RELP INJ 210MG .....	74	<b>omega-3 fatty acids cap delayed release 1000 mg</b> .....	137
see ZYPREXA RELP INJ 300MG .....	74	<b>omega-3 fatty acids cap delayed release 1200 mg</b> .....	137
see ZYPREXA RELP INJ 405MG .....	74	<b>omega-3-acid ethyl esters cap 1 gm</b> .....	51
<b>olanzapine tab 10 mg</b> .....	73	<b>omeprazole</b>	
<b>olanzapine tab 15 mg</b> .....	73	see FIRST-OMEPRASUS 2MG/ML	150
<b>olanzapine tab 2.5 mg</b> .....	73	<b>omeprazole cap delayed release 10 mg</b> .....	151
<b>olanzapine tab 20 mg</b> .....	73	<b>omeprazole cap delayed release 20 mg</b> .....	151
<b>olanzapine tab 5 mg</b> .....	73	<b>omeprazole cap delayed release 40 mg</b> .....	151
<b>olanzapine tab 7.5 mg</b> .....	73	<b>omeprazole magnesium</b>	
<b>olmesartan medoxomil tab 20 mg</b> .....	58	see PRILOSEC OTC TAB 20MG .....	151
<b>olmesartan medoxomil tab 40 mg</b> .....	58	<b>omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)</b> .....	151
<b>olmesartan medoxomil tab 5 mg</b> .....	58	OMNARIS SPR .....	136
<b>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</b> .....	61	OMNIFLEX DPR .....	122
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</b> .....	61	OMNITROPE INJ 10/1.5ML .....	104
<b>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</b> .....	61	OMNITROPE INJ 5.8MG .....	104
<b>olodaterol hcl</b>		OMNITROPE INJ 5/1.5ML .....	104
		<b>onabotulinumtoxinA</b>	
		see BOTOX INJ 100UNIT .....	137
		see BOTOX INJ 200UNIT .....	137

<b>ondansetron hcl oral soln 4 mg/5ml</b> .....	49	OTEZLA TAB 30MG .....	9
<b>ondansetron hcl tab 4 mg</b> .....	49	<b>oxandrolone tab 10 mg</b> .....	16
<b>ondansetron hcl tab 8 mg</b> .....	49	<b>oxandrolone tab 2.5 mg</b> .....	16
<b>ondansetron orally disintegrating tab 4 mg</b> .....	49	<b>oxaprozin tab 600 mg</b> .....	9
<b>ondansetron orally disintegrating tab 8 mg</b> .....	49	<b>oxazepam cap 10 mg</b> .....	22
ONE A DAY MIS PRENATAL .....	133	<b>oxazepam cap 15 mg</b> .....	22
OPSUMIT TAB 10MG .....	85	<b>oxazepam cap 30 mg</b> .....	22
<b>oral electrolyte solution</b> .....	127	<b>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</b> .....	31
ORAVIG TAB 50MG .....	131	<b>oxcarbazepine tab 150 mg</b> .....	31
ORENCIA CLCK INJ 125MG/ML .....	9	<b>oxcarbazepine tab 300 mg</b> .....	31
ORENCIA INJ 125MG/ML .....	10	<b>oxcarbazepine tab 600 mg</b> .....	31
ORENCIA INJ 250MG .....	10	<b>oxiconazole nitrate</b>	
ORENCIA INJ 50/0.4 .....	10	see OXISTAT LOT 1% .....	96
ORENCIA INJ 87.5/0.7 .....	10	<b>oxiconazole nitrate cream 1%</b> .....	95
ORENITRAM TAB 0.125MG .....	84	OXISTAT LOT 1% .....	96
ORENITRAM TAB 0.25MG .....	84	<b>oxybutynin</b>	
ORENITRAM TAB 1MG .....	84	see OXYTROL/WOMN DIS 3.9MG/24 .....	152
ORENITRAM TAB 2.5MG .....	84	<b>oxybutynin chloride syrup 5 mg/5ml</b> .....	152
ORENITRAM TAB 5MG .....	84	<b>oxybutynin chloride tab 5 mg</b> .....	152
ORFADIN CAP 10MG .....	105	<b>oxybutynin chloride tab er 24hr 10 mg</b> .....	152
ORFADIN CAP 20MG .....	105	<b>oxybutynin chloride tab er 24hr 15 mg</b> .....	152
ORFADIN CAP 2MG .....	105	<b>oxybutynin chloride tab er 24hr 5 mg</b> .....	152
ORFADIN CAP 5MG .....	105	<b>oxycodone hcl</b>	
<b>orphenadrine citrate tab er 12hr 100 mg</b> .....	135	see OXYCONTIN TAB 10MG CR .....	14
ORTHO MICRON TAB 0.35MG .....	91	see OXYCONTIN TAB 15MG CR .....	14
ORTHO TRI- TAB CYCLEN .....	89	see OXYCONTIN TAB 20MG CR .....	14
ORTHO TRI- TAB CYCLN LO .....	89	see OXYCONTIN TAB 30MG CR .....	14
ORTHO-CYCLEN TAB 0.25/35 .....	89	see OXYCONTIN TAB 40MG CR .....	14
ORTHO-NOVUM TAB 1/35 .....	89	see OXYCONTIN TAB 60MG CR .....	14
ORTHO-NOVUM TAB 7/7/7 .....	89	see OXYCONTIN TAB 80MG CR .....	14
<b>oseltamivir phosphate cap 30 mg (base equiv)</b> .....	80	<b>oxycodone hcl soln 5 mg/5ml</b> .....	14
<b>oseltamivir phosphate cap 45 mg (base equiv)</b> .....	80	<b>oxycodone hcl tab 10 mg</b> .....	14
<b>oseltamivir phosphate cap 75 mg (base equiv)</b> .....	80	<b>oxycodone hcl tab 15 mg</b> .....	14
<b>oseltamivir phosphate for susp 6 mg/ml (base equiv)</b> .....	80	<b>oxycodone hcl tab 20 mg</b> .....	14
<b>osimertinib mesylate</b>		<b>oxycodone hcl tab 30 mg</b> .....	14
see TAGRISSO TAB 40MG .....	67	<b>oxycodone hcl tab 5 mg</b> .....	14
see TAGRISSO TAB 80MG .....	67	<b>oxycodone hcl tab er 12hr deter 10 mg</b> .....	14
OSMOPREP TAB 1.5GM .....	120	<b>oxycodone hcl tab er 12hr deter 15 mg</b> .....	14
OTEZLA TAB 10/20/30 .....	9		

<b>oxycodone hcl tab er 12hr deter 20 mg</b> .....	14	OXYTROL/WOMN DIS 3.9MG/24.....	152
<b>oxycodone hcl tab er 12hr deter 30 mg</b> .....	14	Oysco 500+d	
<b>oxycodone hcl tab er 12hr deter 40 mg</b> .....	14	see <b>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</b> .....	126
<b>oxycodone hcl tab er 12hr deter 60 mg</b> .....	14	Oyster Shell Calcium Plus	
<b>oxycodone hcl tab er 12hr deter 80 mg</b> .....	14	see <b>calcium carbonate-cholecalciferol tab 500 mg-200 unit</b> .....	126
<b>oxycodone w/ acetaminophen tab 10-325 mg</b> .....	16	<b>oyster shell calcium tab 500 mg</b>	127
<b>oxycodone w/ acetaminophen tab 2.5-325 mg</b> .....	16	Oystercal-d	
<b>oxycodone w/ acetaminophen tab 5-325 mg</b> .....	16	see <b>calcium carbonate-cholecalciferol tab 500 mg-400 unit</b> .....	126
<b>oxycodone w/ acetaminophen tab 7.5-325 mg</b> .....	16	OZEMPIC INJ 2/1.5ML.....	43
<b>oxycodone-ibuprofen tab 5-400 mg</b> .....	16	P	
OXYCONTIN TAB 10MG CR.....	14	Pain & Fever Childrens	
OXYCONTIN TAB 15MG CR.....	14	see <b>acetaminophen soln 160 mg/5ml</b> .....	11
OXYCONTIN TAB 20MG CR.....	14	<b>palbociclib</b>	
OXYCONTIN TAB 30MG CR.....	14	see IBRANCE CAP 100MG.....	66
OXYCONTIN TAB 40MG CR.....	14	see IBRANCE CAP 125MG.....	66
OXYCONTIN TAB 60MG CR.....	14	see IBRANCE CAP 75MG.....	66
OXYCONTIN TAB 80MG CR.....	14	see IBRANCE TAB 100MG.....	66
<b>oxymetazoline hcl nasal soln 0.05%</b> .....	137	see IBRANCE TAB 125MG.....	66
<b>oxymetholone</b>		see IBRANCE TAB 75MG.....	66
see ANADROL-50 TAB 50MG.....	16	<b>palifermin</b>	
<b>oxymorphone hcl tab 10 mg</b> .....	14	see KEPIVANCE INJ 6.25MG.....	67
<b>oxymorphone hcl tab 5 mg</b> .....	14	<b>paliperidone palmitate</b>	
<b>oxymorphone hcl tab er 12hr 10 mg</b> .....	14	see INVEGA SUST INJ 117/0.75 ....	71
<b>oxymorphone hcl tab er 12hr 15 mg</b> .....	14	see INVEGA SUST INJ 156MG/ML ..	71
<b>oxymorphone hcl tab er 12hr 20 mg</b> .....	14	see INVEGA SUST INJ 234/1.5.....	71
<b>oxymorphone hcl tab er 12hr 30 mg</b> .....	14	see INVEGA SUST INJ 39/0.25.....	70
<b>oxymorphone hcl tab er 12hr 40 mg</b> .....	15	see INVEGA SUST INJ 78/0.5ML... ..	70
<b>oxymorphone hcl tab er 12hr 5 mg</b> .....	14	see INVEGA TRINZ INJ 273MG.....	71
<b>oxymorphone hcl tab er 12hr 7.5 mg</b> .....	14	see INVEGA TRINZ INJ 410MG.....	71
		see INVEGA TRINZ INJ 546MG.....	71
		see INVEGA TRINZ INJ 819MG.....	71
		<b>paliperidone tab er 24hr 1.5 mg</b> ..	71
		<b>paliperidone tab er 24hr 3 mg</b> .....	71
		<b>paliperidone tab er 24hr 6 mg</b> .....	71
		<b>paliperidone tab er 24hr 9 mg</b> .....	71
		<b>palivizumab</b>	
		see SYNAGIS INJ 100MG/ML.....	143
		see SYNAGIS INJ 50MG.....	142
		<b>pancrelipase (lipase-protease-amylase)</b>	

see CREON CAP 12000UNT .....	101
see CREON CAP 24000UNT .....	101
see CREON CAP 3000UNIT .....	101
see CREON CAP 36000UNT .....	101
see CREON CAP 6000UNIT .....	101
see ZENPEP CAP 10000UNT .....	101
see ZENPEP CAP 15000UNT .....	101
see ZENPEP CAP 20000UNT .....	101
see ZENPEP CAP 25000 .....	101
see ZENPEP CAP 3000UNIT .....	101
see ZENPEP CAP 40000 .....	101
see ZENPEP CAP 5000UNIT .....	101
<b>panobinostat lactate</b>	
see FARYDAK CAP 10MG .....	66
see FARYDAK CAP 15MG .....	66
see FARYDAK CAP 20MG .....	66
PANRETIN GEL 0.1% .....	96
<b>pantoprazole sodium ec tab 20 mg</b>	
<b>(base equiv)</b> .....	151
<b>pantoprazole sodium ec tab 40 mg</b>	
<b>(base equiv)</b> .....	151
PARAGARD IUD T380A .....	90
<b>paricalcitol cap 1 mcg</b> .....	105
<b>paricalcitol cap 2 mcg</b> .....	105
<b>paricalcitol cap 4 mcg</b> .....	105
<b>paramomycin sulfate cap 250 mg</b> .....	6
<b>paroxetine hcl tab 10 mg</b> .....	34
<b>paroxetine hcl tab 20 mg</b> .....	34
<b>paroxetine hcl tab 30 mg</b> .....	34
<b>paroxetine hcl tab 40 mg</b> .....	34
PASER GRA 4GM .....	63
<b>pazopanib hcl</b>	
see VOTRIENT TAB 200MG .....	67
PEAK AIR FLO MIS ADLT/PED .....	124
<b>peak flow meter</b>	
see PEAK AIR FLO MIS ADLT/PED .....	124
PEDIA-LAX LIQ 50MG .....	121
<b>pediatric multiple vitamin liq</b> .....	132
<b>pediatric multiple vitamin w/ c</b>	
see POLY-VI-SOL SOL 50MG/ML .....	133
<b>pediatric multiple vitamin w/ c &amp; fa</b>	
<b>chew tab</b> .....	132
<b>pediatric multiple vitamin w/ c</b>	
<b>soln 35 mg/ml</b> .....	132
<b>pediatric multiple vitamin w/ extra</b>	
<b>c &amp; fa chew tab</b> .....	133
<b>pediatric multiple vitamin w/</b>	
<b>minerals &amp; c chew tab</b> .....	132
<b>pediatric multiple vitamin w/</b>	
<b>minerals &amp; c drops 45 mg/ml</b> .....	132
<b>pediatric multiple vitamins</b>	
see MULT VITAM DRO .....	132
<b>pediatric multiple vitamins w/ fl-fe</b>	
<b>drops 0.25-10 mg/ml</b> .....	132
<b>pediatric multiple vitamins w/</b>	
<b>fluoride chew tab 0.25 mg</b> .....	132
<b>pediatric multiple vitamins w/</b>	
<b>fluoride chew tab 0.5 mg</b> .....	132
<b>pediatric multiple vitamins w/</b>	
<b>fluoride chew tab 1 mg</b> .....	132
<b>pediatric multiple vitamins w/</b>	
<b>fluoride soln 0.25 mg/ml</b> .....	132
<b>pediatric multiple vitamins w/</b>	
<b>fluoride soln 0.5 mg/ml</b> .....	132
<b>pediatric multiple vitamins w/ iron</b>	
see ANIMAL SHAPE CHW IRON ...	132
see MULTIVITAMIN DRO /IRON ...	132
<b>pediatric multiple vitamins w/ iron</b>	
<b>chew tab 15 mg</b> .....	132
<b>pediatric multiple vitamins w/ iron</b>	
<b>drops 10 mg/ml</b> .....	132
<b>pediatric vitamins acd w/ fluoride</b>	
<b>soln 0.25 mg/ml</b> .....	132
<b>pediatric vitamins acd w/ fluoride</b>	
<b>soln 0.5 mg/ml</b> .....	132
<b>pediatric vitamins adc</b>	
see TRI-VI-SOL SOL A/C/D .....	133
<b>pediatric vitamins adc drops 750</b>	
<b>unit-400 unit-35 mg/ml</b> .....	133
<b>peg 3350-kcl-na bicarb-nacl-na</b>	
<b>sulfate for soln 236 gm</b> .....	119
<b>peg 3350-kcl-na bicarb-nacl-na</b>	
<b>sulfate for soln 240 gm</b> .....	119
<b>peg 3350-kcl-nacl-na sulfate-na</b>	
<b>ascorbate-ascorbic acid</b>	
see MOVIPREP SOL .....	119
see PLENVU SOL .....	119
<b>peg 3350-kcl-sod bicarb-nacl for</b>	
<b>soln 420 gm</b> .....	119
<b>peg 3350-kcl-sod bicarb-sod</b>	
<b>chloride-sod sulfate</b>	
see GOLYTELY SOL .....	119
PEGANONE TAB 250MG .....	32

PEGASYS INJ .....	79
PEGASYS INJ 180MCG/M.....	79
<b>pegfilgrastim</b>	
see NEULASTA INJ 6MG/0.6M .....	115
<b>pegfilgrastim-bmez</b>	
see ZIEXTENZO INJ 6/0.6ML .....	116
<b>pegfilgrastim-cbqv</b>	
see UDENYCA INJ 6MG/.6ML .....	116
<b>pegfilgrastim-jmdb</b>	
see FULPHILA INJ 6/0.6ML .....	115
<b>peginterferon alfa-2a</b>	
see PEGASYS INJ.....	79
see PEGASYS INJ 180MCG/M .....	79
<b>peginterferon beta-1a</b>	
see PLEGRIDY INJ.....	146
see PLEGRIDY INJ PEN .....	146
see PLEGRIDY INJ STARTER.....	146
see PLEGRIDY PEN INJ STARTER .	146
<b>pegvisomant</b>	
see SOMAVERT INJ 10MG .....	103
see SOMAVERT INJ 15MG .....	103
see SOMAVERT INJ 20MG .....	103
PEN NEEDLES MIS 29GX10MM .....	123
PEN NEEDLES MIS 29GX12.7 .....	123
PEN NEEDLES MIS 29GX12MM .....	123
PEN NEEDLES MIS 31GX5MM..	123, 124
PEN NEEDLES MIS 31GX6MM.....	124
PEN NEEDLES MIS 31GX8MM.....	124
PEN NEEDLES MIS 32GX4MM.....	124
PEN NEEDLES MIS 32GX6MM.....	124
PEN NEEDLES MIS 32GX8MM.....	124
<b> penciclovir</b>	
see DENAVIR CRE 1% .....	97
<b>penicillamine</b>	
see DEPEN TITRA TAB 250MG .....	129
see D-PENAMINE TAB 125MG.....	129
<b>penicillamine tab 250 mg</b> .....	129
<b>penicillin v potassium for soln 125 mg/5ml</b> .....	143
<b>penicillin v potassium for soln 250 mg/5ml</b> .....	143
<b>penicillin v potassium tab 250 mg</b> .....	143
.....	143
<b>penicillin v potassium tab 500 mg</b> .....	143
.....	143
<b>pentamidine isethionate</b>	
see NEBUPENT INH 300MG .....	18
<b>pentamidine isethionate for nebulization soln 300 mg</b> .....	18
<b>pentosan polysulfate sodium</b>	
see ELMIRON CAP 100MG.....	109
<b>pentoxifylline tab er 400 mg</b> .....	113
<b>perampanel</b>	
see FYCOMPA TAB 10MG .....	29
see FYCOMPA TAB 12MG .....	29
see FYCOMPA TAB 2MG .....	29
see FYCOMPA TAB 4MG .....	29
see FYCOMPA TAB 6MG .....	29
see FYCOMPA TAB 8MG .....	29
<b>perindopril erbumine tab 2 mg</b> ....	56
<b>perindopril erbumine tab 4 mg</b> ....	56
<b>perindopril erbumine tab 8 mg</b> ....	56
<b>permethrin &amp; pyrethrins-piperonyl butoxide</b>	
see RA LICE KIT SOLUTION .....	100
<b>permethrin aerosol 0.5%</b> .....	100
<b>permethrin cream 5%</b> .....	100
<b>permethrin creme rinse 1%</b> .....	100
<b>permethrin lotion 1%</b> .....	100
<b>perphenazine tab 16 mg</b> .....	74
<b>perphenazine tab 2 mg</b> .....	74
<b>perphenazine tab 4 mg</b> .....	74
<b>perphenazine tab 8 mg</b> .....	74
PERRY PRENAT CAP .....	133
Pharbedryl	
see <b>diphenhydramine hcl cap 25 mg</b> .....	50
<b>phenazopyridine hcl tab 100 mg</b>	109
<b>phenazopyridine hcl tab 200 mg</b>	109
<b>phendimetrazine tartrate tab 35 mg</b> .....	2
<b>phenelzine sulfate tab 15 mg</b> .....	33
<b>phenobarbital elixir 20 mg/5ml</b>	117
<b>phenobarbital tab 100 mg</b> .....	117
<b>phenobarbital tab 15 mg</b> .....	117
<b>phenobarbital tab 16.2 mg</b> .....	117
<b>phenobarbital tab 30 mg</b> .....	117
<b>phenobarbital tab 32.4 mg</b> .....	117
<b>phenobarbital tab 60 mg</b> .....	117
<b>phenobarbital tab 64.8 mg</b> .....	117
<b>phenobarbital tab 97.2 mg</b> .....	117
<b>phenoxybenzamine hcl cap 10 mg</b> .....	57
<b>phenylephrine hcl (oral)</b>	

see SUDAFED PE SOL CHILDREN . 137	PLEGRIDY INJ ..... 146
<b>phenylephrine hcl tab 10 mg</b> ..... 137	PLEGRIDY INJ PEN ..... 146
PHENYTEK CAP 200MG ..... 32	PLEGRIDY INJ STARTER ..... 146
PHENYTEK CAP 300MG ..... 32	PLEGRIDY PEN INJ STARTER ..... 146
<b>phenytoin chew tab 50 mg</b> ..... 32	PLENVU SOL ..... 119
<b>phenytoin sodium extended</b>	<b>pneumococcal 13-valent conjugate</b>
see DILANTIN CAP 100MG ..... 32	<b>vaccine</b>
see DILANTIN CAP 30MG ..... 32	see PREVNAR 13 INJ ..... 153
see PHENYTEK CAP 200MG ..... 32	<b>pneumococcal vac polyvalent</b>
see PHENYTEK CAP 300MG ..... 32	see PNEUMOVAX 23 INJ 25/0.5 ... 153
<b>phenytoin sodium extended cap</b>	PNEUMOVAX 23 INJ 25/0.5 ..... 153
<b>100 mg</b> ..... 32	<b>podofilox soln 0.5%</b> ..... 99
<b>phenytoin sodium extended cap</b>	Polycin
<b>200 mg</b> ..... 32	see <b>bacitracin-polymyxin b ophth</b>
<b>phenytoin sodium extended cap</b>	<b>oint</b> ..... 139
<b>300 mg</b> ..... 32	<b>polyethylene glycol 3350 oral</b>
<b>phenytoin susp 125 mg/5ml</b> ..... 32	<b>packet 17 gm</b> ..... 120
PHOSPHOLINE SOL 0.125%OP ..... 138	<b>polyethylene glycol 3350 oral</b>
Physiolyte	<b>powder 17 gm/scoop</b> ..... 120
see <b>irrigation solution,</b>	<b>polyethylene glycol-propylene</b>
<b>physiological</b> ..... 131	<b>glycol ophth soln 0.4-0.3%</b> .... 138
<b>phytonadione tab 5 mg</b> ..... 156	Poly-iron 150
PICATO GEL 0.015% ..... 96	see <b>polysaccharide iron complex</b>
PICATO GEL 0.05% ..... 96	<b>cap 150 mg (iron equivalent)</b>
PIFELTRO TAB 100MG ..... 77	..... 117
<b>pilocarpine hcl ophth soln 1%</b> ... 138	Poly-iron 150 Forte
<b>pilocarpine hcl ophth soln 2%</b> ... 138	see <b>iron polysacch complex-vit</b>
<b>pilocarpine hcl ophth soln 4%</b> ... 138	<b>b12-fa cap 150-0.025-1 mg</b> . 116
<b>pilocarpine hcl tab 5 mg</b> ..... 131	<b>polymyxin b-trimethoprim ophth</b>
<b>pilocarpine hcl tab 7.5 mg</b> ..... 131	<b>soln 10000 unit/ml-0.1%</b> ..... 139
<b>pimozide tab 1 mg</b> ..... 146	<b>polysaccharide iron complex cap</b>
<b>pimozide tab 2 mg</b> ..... 146	<b>150 mg (iron equivalent)</b> ..... 117
<b>pindolol tab 10 mg</b> ..... 81	<b>polysaccharide iron-folic acid-vit</b>
<b>pindolol tab 5 mg</b> ..... 81	<b>b12</b>
<b>pioglitazone hcl tab 15 mg (base</b>	see FERREX 150 CAP FORTE ..... 116
<b>equiv)</b> ..... 46	<b>polyvinyl alcohol ophth soln 1.4%</b>
<b>pioglitazone hcl tab 30 mg (base</b>	..... 138
<b>equiv)</b> ..... 46	<b>polyvinyl alcohol-povidone ophth</b>
<b>pioglitazone hcl tab 45 mg (base</b>	<b>soln 5-6 mg/ml (0.5-0.6%)</b> .... 138
<b>equiv)</b> ..... 46	POLY-VI-SOL SOL 50MG/ML ..... 133
<b>pirfenidone</b>	Polyvitamin/iron
see ESBRIET CAP 267MG ..... 147	see <b>pediatric multiple vitamin w/</b>
see ESBRIET TAB 267MG ..... 147	<b>minerals &amp; c chew tab</b> ..... 132
see ESBRIET TAB 801MG ..... 147	<b>pomalidomide</b>
<b>piroxicam cap 10 mg</b> ..... 9	see POMALYST CAP 1MG ..... 65
<b>piroxicam cap 20 mg</b> ..... 9	see POMALYST CAP 2MG ..... 65
PLAN B TAB 1.5MG ..... 90	see POMALYST CAP 3MG ..... 65

see POMALYST CAP 4MG .....65  
 POMALYST CAP 1MG .....65  
 POMALYST CAP 2MG .....65  
 POMALYST CAP 3MG .....65  
 POMALYST CAP 4MG .....65  
**ponatinib hcl**  
 see ICLUSIG TAB 15MG .....66  
 see ICLUSIG TAB 45MG .....66  
**pot phos monobasic w/sod phos di  
& monobas tab 155-852-130mg**  
 .....129  
**potassium bicarbonate effer tab 25  
meq** .....129  
**potassium chloride cap er 10 meq**  
 .....129  
**potassium chloride cap er 8 meq**  
 .....129  
**potassium chloride  
microencapsulated crys er tab 10  
meq** .....129  
**potassium chloride  
microencapsulated crys er tab 20  
meq** .....129  
**potassium chloride oral soln 10%  
(20 meq/15ml)** .....129  
**potassium chloride oral soln 20%  
(40 meq/15ml)** .....129  
**potassium chloride tab er 10 meq**  
 .....129  
**potassium chloride tab er 20 meq  
(1500 mg)** .....129  
**potassium chloride tab er 8 meq  
(600 mg)** .....129  
**potassium citrate & citric acid soln  
1100-334 mg/5ml** .....109  
**potassium citrate tab er 10 meq  
(1080 mg)** .....109  
**potassium citrate tab er 15 meq  
(1620 mg)** .....109  
**potassium citrate tab er 5 meq  
(540 mg)** .....109  
 PRADAXA CAP 110MG .....29  
 PRADAXA CAP 150MG .....29  
 PRADAXA CAP 75MG .....29  
**pramipexole dihydrochloride tab  
0.125 mg** .....69

**pramipexole dihydrochloride tab  
0.25 mg** .....69  
**pramipexole dihydrochloride tab  
0.5 mg** .....69  
**pramipexole dihydrochloride tab  
0.75 mg** .....69  
**pramipexole dihydrochloride tab 1  
mg** .....69  
**pramipexole dihydrochloride tab  
1.5 mg** .....69  
**pramlintide acetate**  
 see SYMLINPEN 60 INJ 1000MCG ..37  
 see SYMLINPEN 120 INJ 1000MCG..38  
**pramox-pe-glycerin-petrolatum  
perianal cream 1-0.25-14.4-15%**  
 .....17  
**prasugrel hcl tab 10 mg (base  
equiv)** .....114  
**prasugrel hcl tab 5 mg (base  
equiv)** .....114  
**pravastatin sodium tab 10 mg** .....53  
**pravastatin sodium tab 20 mg** .....53  
**pravastatin sodium tab 40 mg** .....53  
**pravastatin sodium tab 80 mg** .....53  
**praziquantel tab 600 mg** .....18  
**prazosin hcl cap 1 mg** .....59  
**prazosin hcl cap 2 mg** .....59  
**prazosin hcl cap 5 mg** .....59  
**prednicarbate cream 0.1%** .....99  
**prednicarbate oint 0.1%** .....99  
**prednisolone acetate ophth susp  
1%** .....140  
**prednisolone sod phosph oral soln  
6.7 mg/5ml (5 mg/5ml base)** ..91  
**prednisolone sod phosphate oral  
soln 15 mg/5ml (base equiv)** ..91  
**prednisolone sodium phosphate  
oral soln 25 mg/5ml (base eq)** .91  
**prednisolone syrup 15 mg/5ml  
(usp solution equivalent)** .....91  
**prednisone oral soln 5 mg/5ml** ..91  
**prednisone tab 1 mg** .....91  
**prednisone tab 10 mg** .....91  
**prednisone tab 2.5 mg** .....91  
**prednisone tab 20 mg** .....91  
**prednisone tab 5 mg** .....91  
**prednisone tab 50 mg** .....91

<b>prednisone tab therapy pack 10 mg (21)</b> .....	92	PRENATAL CAP OMEGA-3 .....	134
<b>prednisone tab therapy pack 10 mg (48)</b> .....	92	Prenatal Dha	
<b>prednisone tab therapy pack 5 mg (21)</b> .....	91	see <b>docosahexaenoic acid cap 200 mg</b> .....	137
<b>prednisone tab therapy pack 5 mg (48)</b> .....	91	PRENATAL DHA PAK MULTI.....	134
<b>pregabalin</b>		PRENATAL FRM TAB A-FREE.....	134
see LYRICA CAP 100MG.....	30	PRENATAL MUL CAP +DHA .....	134
see LYRICA CAP 150MG.....	30	<b>prenatal multivitamins &amp; minerals w/ folic acid-fish oil</b>	
see LYRICA CAP 200MG.....	30	see CVS PRENATAL CHW GUMMY	133
see LYRICA CAP 225MG.....	30	<b>prenatal multivit-min w/fe-fa</b>	
see LYRICA CAP 25MG .....	30	see KPN PRENATAL TAB .....	133
see LYRICA CAP 300MG.....	30	see MYNATAL CAP .....	133
see LYRICA CAP 50MG .....	30	see PRENATAL/FE TAB .....	134
see LYRICA CAP 75MG .....	30	<b>prenatal mv &amp; min w/ methylfolate-choline-fish oil</b>	
PREGABALIN CAP 100 MG .....	31	see PRENATAL DHA PAK MULTI ...	134
PREGABALIN CAP 150 MG .....	31	<b>prenatal mv &amp; min w/fe carbonyl-fa-dha</b>	
PREGABALIN CAP 200 MG .....	31	see BRAINSTRONG MIS PRENATAL .....	133
PREGABALIN CAP 225 MG .....	31	<b>prenatal mv &amp; min w/fe fumarate-fa-dha</b>	
PREGABALIN CAP 25 MG .....	31	see CENTRUM SPEC PAK PRENATAL .....	133
PREGABALIN CAP 300 MG .....	31	see ENFAMIL MIS EXPECTA.....	133
PREGABALIN CAP 50 MG .....	31	see PRENAT MULTI CAP +DHA ....	133
PREGABALIN CAP 75 MG .....	31	see PRENATAL+DHA MIS.....	134
PREMARIN TAB 0.3MG .....	106	see THERANATAL MIS COMPLETE	134
PREMARIN TAB 0.45MG.....	106	PRENATAL TAB.....	134
PREMARIN TAB 0.625MG.....	106	PRENATAL TAB COMPLETE.....	134
PREMARIN TAB 0.9MG .....	106	PRENATAL TAB FORMULA .....	134
PREMARIN TAB 1.25MG.....	106	<b>prenatal vit w/ docusate-fe fumarate-folic acid</b>	
PREMARIN VAG CRE 0.625MG.....	155	see MYNATE 90 TAB PLUS .....	133
PREMPHASE TAB .....	106	see PRENATAL 19 TAB 29-1MG ...	134
PREMPRO TAB.....	106	<b>prenatal vit w/ docusate-iron carbonyl-folic acid</b>	
PREMPRO TAB 0.3-1.5 .....	106	see MYNATAL TAB .....	133
PREMPRO TAB 0.45-1.5.....	106	<b>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</b> .....	134
PREMPRO TAB 0.625-5.....	106	<b>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</b> .....	134
PRENAT MULTI CAP +DHA.....	133	<b>prenatal vit w/ fe bisglycinate chelate-folic acid</b>	
Prenatabs Rx		see VINATE II TAB.....	134
see <b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> .....	134		
Prenatal 19			
see <b>prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg</b> .....	134		
see <b>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</b> .....	134		
PRENATAL 19 TAB 29-1MG .....	134		
PRENATAL CAP FORMULA .....	134		



<b>prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid</b>	
see BE WELL PAK ROUNDED .....	133
<b>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</b> .....	134
<b>prenatal vit w/ fe fumarate-fa tab 28-1 mg</b> .....	134
<b>prenatal vit w/ ferrous fumarate-fa-fish oil</b>	
see PRENATAL CAP OMEGA-3.....	134
<b>prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids</b>	
see ONE A DAY MIS PRENATAL....	133
see PRENATAL CAP FORMULA.....	134
see PRENATAL MUL CAP +DHA....	134
see SM ONE DAILY MIS PRENATAL .....	134
<b>prenatal vit w/ ferrous fumarate-folic acid</b>	
see CO-NATAL FA TAB 29-1MG....	133
see NATALVIT TAB 75-1MG.....	133
see O-CAL TAB PRENATAL .....	133
see PERRY PRENAT CAP.....	133
see PRENATAL TAB .....	134
see PRENATAL TAB COMPLETE ...	134
see RA PRENATAL TAB FORMULA.	134
see SE-NATAL 19 CHW.....	134
see TRINATAL RX TAB 1 .....	134
see VITAFOL-OB TAB 65-1MG ....	135
see VOL-PLUS TAB.....	135
<b>prenatal vit w/ ferrous fumarate-l methylfolate-folic acid</b>	
see TL FOLATE TAB.....	134
<b>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</b> .....	134
<b>prenatal vit w/ iron carbonyl-folic acid</b>	
see VOL-TAB RX TAB .....	135
<b>prenatal vit w/ selenium-fe fumarate-folic acid</b>	
see PRENATAL TAB FORMULA.....	134
see VINATE M TAB.....	135
<b>prenatal vit without vit a w/ fe bisglycinate-folic acid</b>	
see NESTABS TAB .....	133
<b>prenatal vitamin</b>	
see CALNA TAB .....	133
<b>prenatal vitamins w/ ferrous succinate-folic acid</b>	
see NUTRIENTS TAB PRENATAL...	133
<b>prenatal without a vit w/ fe fumarate-folic acid</b>	
see PRENATAL FRM TAB A-FREE ..	134
<b>prenatal without vit a w/ iron polysaccharide complex-fa</b>	
see EZFE FORTE CAP .....	133
PRENATAL/FE TAB .....	134
PRENATAL+DHA MIS .....	134
PREPOPIK PAK .....	119
PREVNAR 13 INJ .....	153
PREZCOBIX TAB 800-150.....	77
PREZISTA SUS 100MG/ML.....	77
PREZISTA TAB 150MG .....	77
PREZISTA TAB 600MG .....	78
PREZISTA TAB 75MG .....	77
PREZISTA TAB 800MG .....	78
PRIFTIN TAB 150MG .....	63
PRILOSEC OTC TAB 20MG .....	151
<b>primaquine phosphate tab 26.3 mg (15 mg base)</b> .....	62
<b>primidone tab 250 mg</b> .....	31
<b>primidone tab 50 mg</b> .....	31
PRIVIGEN INJ 20GRAMS .....	142
PROAIR HFA AER.....	26
<b>probenecid tab 500 mg</b> .....	110
<b>procarbazine hcl</b>	
see MATULANE CAP 50MG .....	67
<b>prochlorperazine maleate tab 10 mg (base equivalent)</b> .....	75
<b>prochlorperazine maleate tab 5 mg (base equivalent)</b> .....	75
<b>prochlorperazine suppos 25 mg</b> ..	75
PROCRIT INJ 2000/ML .....	115
PROCRIT INJ 3000/ML .....	115
PROCRIT INJ 40000/ML.....	115
PROFILNINE INJ 1500UNIT.....	113
<b>progesterone (vaginal)</b>	
see PROGESTERONE SUP VGS 100 .....	155
see PROGESTERONE SUP VGS 200 .....	155
<b>progesterone micronized cap 100 mg</b> .....	144

<b>progesterone micronized cap 200 mg</b> .....	144	<b>propranolol hcl tab 40 mg</b> .....	81
PROGESTERONE SUP VGS 100 .....	155	<b>propranolol hcl tab 60 mg</b> .....	81
PROGESTERONE SUP VGS 200 .....	155	<b>propranolol hcl tab 80 mg</b> .....	81
PROGLYCEM SUS 50MG/ML .....	42	<b>propylene glycol-glycerin ophth soln 1-0.3%</b> .....	138
PROLASTIN-C INJ 1000MG .....	147	<b>propylthiouracil tab 50 mg</b> .....	147
PROLIA SOL 60MG/ML .....	103	<b>protriptyline hcl tab 10 mg</b> .....	37
PROMACTA TAB 12.5MG .....	115	<b>protriptyline hcl tab 5 mg</b> .....	37
PROMACTA TAB 25MG .....	115	PROVENTIL AER HFA .....	26
PROMACTA TAB 50MG .....	115	<b>pseudoephed-bromphen-dm</b>	
PROMACTA TAB 75MG .....	115	see BROTAPP DM LIQ 15-1-5/5 .....	92
<b>promethazine &amp; phenylephrine</b>		<b>pseudoephed-bromphen-dm syrup</b>	
<b>syrup 6.25-5 mg/5ml</b> .....	92	<b>30-2-10 mg/5ml</b> .....	92
<b>promethazine hcl suppos 12.5 mg</b>		<b>pseudoephedrine hcl</b>	
.....	51	see NASAL DECON SYP 30MG/5ML	
<b>promethazine hcl suppos 25 mg</b> ..	51	.....	136
<b>promethazine hcl syrup 6.25</b>		see NASAL DECONG LIQ 30MG/5ML	
<b>mg/5ml</b> .....	51	.....	136
<b>promethazine hcl tab 12.5 mg</b> .....	51	<b>pseudoephedrine hcl liq 15 mg/5ml</b>	
<b>promethazine hcl tab 25 mg</b> .....	51	.....	137
<b>promethazine hcl tab 50 mg</b> .....	51	<b>pseudoephedrine hcl tab 30 mg</b>	137
<b>promethazine w/ codeine syrup</b>		<b>pseudoephedrine hcl tab 60 mg</b>	137
<b>6.25-10 mg/5ml</b> .....	92	<b>pseudoephedrine hcl tab er 12hr</b>	
<b>promethazine-dm syrup 6.25-15</b>		<b>120 mg</b> .....	137
<b>mg/5ml</b> .....	92	<b>pseudoephedrine-guaifenesin tab</b>	
<b>promethazine-phenylephrine-</b>		<b>er 12hr 60-600 mg</b> .....	93
<b>codeine syrup 6.25-5-10 mg/5ml</b>		<b>psyllium</b>	
.....	92	see KONSYL DAILY POW 100% ..	119
<b>propafenone hcl tab 150 mg</b> .....	22	see KONSYL DAILY POW 28.3% ..	119
<b>propafenone hcl tab 225 mg</b> .....	22	see KONSYL-D POW 52.3% .....	119
<b>propafenone hcl tab 300 mg</b> .....	22	see METAMUCIL POW 28%ORG ..	119
<b>proparacaine hcl ophth soln 0.5%</b>		see METAMUCIL POW 58.12%....	119
.....	139	see METAMUCIL WAF .....	119
<b>propranolol hcl cap er 24hr 120 mg</b>		see NAT FIBER POW 58.6% .....	119
.....	81	<b>psyllium cap 0.52 gm</b> .....	119
<b>propranolol hcl cap er 24hr 160 mg</b>		<b>psyllium cap 400 mg</b> .....	119
.....	81	<b>psyllium powder 100%</b> .....	119
<b>propranolol hcl cap er 24hr 60 mg</b>		<b>psyllium powder 28.3%</b> .....	119
.....	81	<b>psyllium powder 30.9%</b> .....	119
<b>propranolol hcl cap er 24hr 80 mg</b>		<b>psyllium powder 33%</b> .....	119
.....	81	<b>psyllium powder 48.57%</b> .....	119
<b>propranolol hcl oral soln 20</b>		<b>psyllium powder 58.6%</b> .....	119
<b>mg/5ml</b> .....	81	<b>psyllium powder 95%</b> .....	119
<b>propranolol hcl oral soln 40</b>		PULMICORT INH 180MCG .....	24
<b>mg/5ml</b> .....	81	PULMICORT INH 90MCG .....	24
<b>propranolol hcl tab 10 mg</b> .....	81	PULMONEB LT MIS NEBULIZE .....	124
<b>propranolol hcl tab 20 mg</b> .....	81	PULMOZYME SOL 1MG/ML .....	147

Pure & Gentle Lubricant  
 see **hypromellose ophth soln**  
**0.3%**..... 138

Px Iron  
 see **ferrous sulfate dried tab 200 mg (65 mg elemental fe)** ..... 116

**pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)**.....18

**pyrazinamide tab 500 mg**.....63

**pyreth-piperonyl butox sham-permeth aero-nit remover gel kit**  
 ..... 100

**pyrethrins-piperonyl butoxide liq 0.3-3%** ..... 100

**pyrethrins-piperonyl butoxide liq 0.33-4%** ..... 100

**pyrethrins-piperonyl butoxide shampoo 0.33-4%**..... 100

**pyridostigmine bromide tab 60 mg**  
 .....63

**pyridoxine hcl tab 100 mg**..... 156

**pyridoxine hcl tab 25 mg**..... 156

**pyridoxine hcl tab 50 mg**..... 156

**pyridoxine hcl tab er 200 mg**..... 156

**pyrimethamine**  
 see DARAPRIM TAB 25MG..... 62

Q

Qc 3 Day Vaginal Cream  
 see **miconazole nitrate vaginal cream 4% (200 mg/5gm)** ... 155

Qc Natural Vegetable  
 see **psyllium powder 95%** ..... 119

QUARTETTE TAB .....89

**quetiapine fumarate tab 100 mg** .73

**quetiapine fumarate tab 200 mg** .73

**quetiapine fumarate tab 25 mg** ...73

**quetiapine fumarate tab 300 mg** .73

**quetiapine fumarate tab 400 mg** .73

**quetiapine fumarate tab 50 mg** ...73

**quetiapine fumarate tab er 24hr 150 mg** .....73

**quetiapine fumarate tab er 24hr 200 mg** .....74

**quetiapine fumarate tab er 24hr 300 mg** .....74

**quetiapine fumarate tab er 24hr 400 mg** .....74

**quetiapine fumarate tab er 24hr 50 mg**.....73

**quinapril hcl tab 10 mg** .....56

**quinapril hcl tab 20 mg** .....56

**quinapril hcl tab 40 mg** .....56

**quinapril hcl tab 5 mg** .....56

**quinapril-hydrochlorothiazide tab 10-12.5 mg**.....61

**quinapril-hydrochlorothiazide tab 20-12.5 mg**.....61

**quinapril-hydrochlorothiazide tab 20-25 mg**.....61

**quinidine sulfate tab 200 mg**.....22

**quinidine sulfate tab 300 mg**.....22

**quinine sulfate cap 324 mg** .....62

QVAR REDIHA AER 80MCG .....24

QVAR REDIHAL AER 40MCG..... 24

R

Ra Acetaminophen Rapid Me  
 see **acetaminophen disintegrating tab 160 mg** ..... 11

see **acetaminophen disintegrating tab 80 mg** ..... 10

Ra Budesonide Nasal Spray  
 see **budesonide nasal susp 32 mcg/act**..... 136

Ra Calcium 600 Plus Vitam  
 see **calcium carb-vit d w/ minerals chew tab 600 mg-400 unit**..... 126

Ra Cetirizine  
 see **cetirizine hcl tab 10 mg** .....50

Ra Col-rite  
 see **docusate sodium cap 50 mg**  
 ..... 120

Ra Ear Drying Agent  
 see **isopropyl alcohol-glycerin otic liquid 95-5%**..... 141

Ra Glycerin Child  
 see **glycerin suppos 80.7%** ..... 120

Ra Hemorrhoidal  
 see **pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%** ..... 17

Ra Hydrocortisone Plus 12  
 see **hydrocortisone cream 1%** ..98

Ra Ibuprofen

see *ibuprofen tab 200 mg* ..... 8  
 Ra Laxative  
   see *polyethylene glycol 3350 oral packet 17 gm* ..... 120  
   see *polyethylene glycol 3350 oral powder 17 gm/scoop* ..... 120  
 Ra Laxative Maximum Stren  
   see *sennosides tab 25 mg* ..... 120  
 RA LICE KIT SOLUTION ..... 100  
 Ra Lubricant Eye Drops  
   see *propylene glycol-glycerin ophth soln 1-0.3%* ..... 138  
 Ra Melatonin  
   see *melatonin-pyridoxine tab 3-2 mg* ..... 6  
 Ra Mucus Relief D  
   see *pseudoephedrine-guaifenesin tab er 12hr 60-600 mg* ..... 93  
 RA OYS SHL/D TAB 500MG ..... 127  
 Ra Oyster Shell Calcium/v  
   see *calcium carbonate-vitamin d tab 250 mg-125 unit* ..... 127  
 RA PRENATAL TAB FORMULA ..... 134  
 Ra Slow Release Iron  
   see *ferrous sulfate tab er 47.5 mg (elemental fe)* ..... 116  
 Ra Tioconazole 1  
   see *tioconazole vaginal oint 6.5%* ..... 155  
*rabeprazole sodium ec tab 20 mg* ..... 151  
*raloxifene hcl tab 60 mg* ..... 104  
*raltegravir potassium*  
   see ISENTRESS CHW 100MG ..... 77  
   see ISENTRESS CHW 25MG ..... 77  
   see ISENTRESS HD TAB 600MG ..... 77  
   see ISENTRESS POW 100MG ..... 77  
   see ISENTRESS TAB 400MG ..... 77  
*ramelteon*  
   see ROZEREM TAB 8MG ..... 118  
*ramelteon tab 8 mg* ..... 118  
*ramipril cap 1.25 mg* ..... 56  
*ramipril cap 10 mg* ..... 56  
*ramipril cap 2.5 mg* ..... 56  
*ramipril cap 5 mg* ..... 56  
*ranitidine hcl tab 150 mg* ..... 150  
*ranitidine hcl tab 300 mg* ..... 150

*ranitidine hcl tab 75 mg* ..... 150  
*ranolazine tab er 12hr 1000 mg* .. 19  
*ranolazine tab er 12hr 500 mg* .... 19  
 RAPAMUNE SOL 1MG/ML ..... 130  
*rasagiline mesylate tab 0.5 mg (base equiv)* ..... 69  
*rasagiline mesylate tab 1 mg (base equiv)* ..... 69  
 RECOMBIMATE INJ ..... 113  
 RECOMBIMATE INJ 220-400 ..... 113  
 RECOMBIMATE INJ 401-800 ..... 113  
 RECOMBIMATE INJ 801-1240 ..... 113  
 RECOMBIVA HB INJ 10MCG/ML ..... 154  
 RECOMBIVA HB INJ 5MCG/0.5 ..... 154  
 RECTIV OIN 0.4% ..... 17  
 Regenecare Ha  
   see *lidocaine hcl gel 2%* ..... 99  
*regorafenib*  
   see STIVARGA TAB 40MG ..... 67  
 REGRANEX GEL 0.01% ..... 100  
 Reguloid  
   see *psyllium cap 400 mg* ..... 119  
 RELENZA MIS DISKHALE ..... 80  
 RELION KETON TES ..... 100  
 RELISTOR INJ 12/0.6ML ..... 108  
 RELISTOR TAB 150MG ..... 108  
 REMICADE INJ 100MG ..... 108  
 REMODULIN INJ 10MG/ML ..... 85  
 REMODULIN INJ 1MG/ML ..... 85  
 REMODULIN INJ 2.5MG/ML ..... 85  
 REMODULIN INJ 5MG/ML ..... 85  
 Rena-vite  
   see *b-complex w/ c & folic acid tab 0.8 mg* ..... 131  
 RENFLEXIS INJ 100MG ..... 108  
*repaglinide tab 0.5 mg* ..... 46  
*repaglinide tab 1 mg* ..... 46  
*repaglinide tab 2 mg* ..... 46  
 REPATHA INJ 140MG/ML ..... 55  
 REPATHA PUSH INJ 420/3.5 ..... 55  
 REPATHA SURE INJ 140MG/ML ..... 55  
 RESCRIPTOR TAB 200MG ..... 78  
*respiratory therapy supplies*  
   see PULMONEB LT MIS NEBULIZE 124  
 RESTASIS EMU 0.05% ..... 139  
 RETACRIT INJ 10000UNT ..... 115  
 RETACRIT INJ 2000UNIT ..... 115

RETACRIT INJ 3000UNIT .....	115	see ADEMPAS TAB 1.5MG .....	86
RETACRIT INJ 40000UNT .....	115	see ADEMPAS TAB 1MG .....	86
RETACRIT INJ 4000UNIT .....	115	see ADEMPAS TAB 2.5MG .....	86
<b>retapamulin</b>		see ADEMPAS TAB 2MG .....	86
see ALTABAX OIN 1% .....	94	RISACAL-D TAB .....	127
REVLIMID CAP 10MG .....	129	<b>risankizumab-rzaa</b>	
REVLIMID CAP 15MG .....	129	see SKYRIZI INJ 150DOSE .....	96
REVLIMID CAP 2.5MG .....	129	<b>risedronate sodium tab 150 mg</b>	103
REVLIMID CAP 20MG .....	129	<b>risedronate sodium tab 30 mg</b> ..	103
REVLIMID CAP 25MG .....	129	<b>risedronate sodium tab 35 mg</b> ..	103
REVLIMID CAP 5MG .....	129	<b>risedronate sodium tab 5 mg</b> ....	103
<b>rho d immune globulin (human)</b>		RISPERDAL INJ 12.5MG .....	71
see RHOGAM PLUS INJ 300MCG ..	142	RISPERDAL INJ 25MG .....	71
RHOGAM PLUS INJ 300MCG .....	142	RISPERDAL INJ 37.5MG .....	71
Ribasphere		RISPERDAL INJ 50MG .....	71
see <b>ribavirin cap 200 mg</b> .....	79	<b>risperidone microspheres</b>	
<b>ribavirin cap 200 mg</b> .....	79	see RISPERDAL INJ 12.5MG .....	71
<b>ribavirin tab 200 mg</b> .....	79	see RISPERDAL INJ 25MG .....	71
<b>ribociclib succinate</b>		see RISPERDAL INJ 37.5MG .....	71
see KISQALI TAB 200DOSE .....	66	see RISPERDAL INJ 50MG .....	71
see KISQALI TAB 400DOSE .....	66	<b>risperidone orally disintegrating</b>	
see KISQALI TAB 600DOSE .....	66	<b>tab 0.25 mg</b> .....	71
<b>ribociclib succinate-letrozole</b>		<b>risperidone orally disintegrating</b>	
see KISQALI 200 PAK FEMARA .....	65	<b>tab 0.5 mg</b> .....	71
see KISQALI 400 PAK FEMARA .....	65	<b>risperidone orally disintegrating</b>	
see KISQALI 600 PAK FEMARA .....	65	<b>tab 1 mg</b> .....	71
<b>riboflavin tab 100 mg</b> .....	156	<b>risperidone orally disintegrating</b>	
RIDAURA CAP 3MG .....	7	<b>tab 2 mg</b> .....	71
<b>rifabutin cap 150 mg</b> .....	63	<b>risperidone orally disintegrating</b>	
<b>rifampin cap 150 mg</b> .....	63	<b>tab 3 mg</b> .....	71
<b>rifampin cap 300 mg</b> .....	63	<b>risperidone orally disintegrating</b>	
<b>rifapentine</b>		<b>tab 4 mg</b> .....	71
see PRIFTIN TAB 150MG .....	63	<b>risperidone soln 1 mg/ml</b> .....	71
RIFATER TAB .....	63	<b>risperidone tab 0.25 mg</b> .....	72
<b>rifaximin</b>		<b>risperidone tab 0.5 mg</b> .....	72
see XIFAXAN TAB 200MG .....	18	<b>risperidone tab 1 mg</b> .....	72
see XIFAXAN TAB 550MG .....	18	<b>risperidone tab 2 mg</b> .....	72
<b>rilonacept</b>		<b>risperidone tab 3 mg</b> .....	72
see ARCALYST INJ 220MG .....	7	<b>risperidone tab 4 mg</b> .....	72
<b>rilpivirine hcl</b>		<b>ritonavir</b>	
see EDURANT TAB 25MG .....	77	see NORVIR SOL 80MG/ML .....	77
<b>riluzole tab 50 mg</b> .....	137	<b>ritonavir tab 100 mg</b> .....	78
<b>rimantadine hydrochloride tab 100</b>		RITUXAN INJ 100MG .....	64
<b>mg</b> .....	80	RITUXAN INJ 500MG .....	64
RINVOQ TAB 15MG ER .....	6	<b>rituximab</b>	
<b>riociguat</b>		see RITUXAN INJ 100MG .....	64
see ADEMPAS TAB 0.5MG .....	86	see RITUXAN INJ 500MG .....	64

<b>rituximab-abbs</b>	
see TRUXIMA INJ 100/10ML.....	64
see TRUXIMA INJ 500/50ML.....	64
<b>rituximab-pvvr</b>	
see RUXIENCE INJ 100/10ML .....	64
see RUXIENCE INJ 500/50ML .....	64
<b>rivaroxaban</b>	
see XARELTO STAR TAB 15/20MG .	28
see XARELTO TAB 10MG.....	28
see XARELTO TAB 15MG.....	28
see XARELTO TAB 2.5MG.....	28
see XARELTO TAB 20MG.....	28
<b>rivastigmine tartrate cap 1.5 mg</b>	
<b>(base equivalent)</b> .....	145
<b>rivastigmine tartrate cap 3 mg</b>	
<b>(base equivalent)</b> .....	145
<b>rivastigmine tartrate cap 4.5 mg</b>	
<b>(base equivalent)</b> .....	145
<b>rivastigmine tartrate cap 6 mg</b>	
<b>(base equivalent)</b> .....	145
<b>rivastigmine td patch 24hr 13.3</b>	
<b>mg/24hr</b> .....	145
<b>rivastigmine td patch 24hr 4.6</b>	
<b>mg/24hr</b> .....	145
<b>rivastigmine td patch 24hr 9.5</b>	
<b>mg/24hr</b> .....	145
Rivelsa	
see <b>levonor-eth est tab 0.15-</b>	
<b>0.02/0.025/0.03 mg &amp;eth est</b>	
<b>0.01 mg</b> .....	88
RIXUBIS INJ 1000UNIT .....	113
RIXUBIS INJ 2000UNIT .....	113
RIXUBIS INJ 250 UNIT.....	113
RIXUBIS INJ 3000UNIT .....	113
RIXUBIS INJ 500UNIT .....	113
<b>rizatriptan benzoate oral</b>	
<b>disintegrating tab 10 mg (base</b>	
<b>eq)</b> .....	125
<b>rizatriptan benzoate oral</b>	
<b>disintegrating tab 5 mg (base eq)</b>	
.....	125
<b>rizatriptan benzoate tab 10 mg</b>	
<b>(base equivalent)</b> .....	125
<b>rizatriptan benzoate tab 5 mg</b>	
<b>(base equivalent)</b> .....	125
Robafen	
see <b>guaifenesin syrup 100</b>	
<b>mg/5ml</b> .....	93
ROBITUSSIN SYP 7.5/5ML .....	92
<b>roflumilast</b>	
see DALIRESP TAB 250MCG.....	23
see DALIRESP TAB 500MCG.....	23
<b>ropinirole hydrochloride tab 0.25</b>	
<b>mg</b> .....	69
<b>ropinirole hydrochloride tab 0.5 mg</b>	
.....	69
<b>ropinirole hydrochloride tab 1 mg</b>	
.....	69
<b>ropinirole hydrochloride tab 2 mg</b>	
.....	69
<b>ropinirole hydrochloride tab 3 mg</b>	
.....	69
<b>ropinirole hydrochloride tab 4 mg</b>	
.....	69
<b>ropinirole hydrochloride tab 5 mg</b>	
.....	69
<b>rosiglitazone maleate</b>	
see AVANDIA TAB 2MG .....	46
see AVANDIA TAB 4MG .....	46
<b>rosuvastatin calcium tab 10 mg</b> ..	54
<b>rosuvastatin calcium tab 20 mg</b> ..	54
<b>rosuvastatin calcium tab 40 mg</b> ..	54
<b>rosuvastatin calcium tab 5 mg</b> ....	54
<b>rotigotine</b>	
see NEUPRO DIS 1MG/24HR .....	69
see NEUPRO DIS 2MG/24HR .....	69
see NEUPRO DIS 3MG/24HR .....	69
see NEUPRO DIS 4MG/24HR .....	69
see NEUPRO DIS 6MG/24HR .....	69
see NEUPRO DIS 8MG/24HR .....	69
ROZEREM TAB 8MG .....	118
RUBRACA TAB 200MG.....	66
RUBRACA TAB 250MG.....	66
RUBRACA TAB 300MG.....	66
<b>rucaparib camsylate</b>	
see RUBRACA TAB 200MG .....	66
see RUBRACA TAB 250MG .....	66
see RUBRACA TAB 300MG .....	66
<b>rufinamide</b>	
see BANZEL SUS 40MG/ML .....	29
see BANZEL TAB 200MG.....	29
see BANZEL TAB 400MG.....	29
RUXIENCE INJ 100/10ML.....	64

RUXIENCE INJ 500/50ML.....	64	SAVELLA TAB 25MG.....	145
<b>ruxolitinib phosphate</b>		SAVELLA TAB 50MG.....	145
see JAKAFI TAB 10MG.....	66	Sb Fib Lax Orange	
see JAKAFI TAB 15MG.....	66	see <b>psyllium powder 33%</b> .....	119
see JAKAFI TAB 20MG.....	66	Sb Lice Treatment	
see JAKAFI TAB 25MG.....	66	see <b>pyrethrins-piperonyl butoxide</b>	
see JAKAFI TAB 5MG.....	66	<b>liq 0.3-3%</b> .....	100
RYBELSUS TAB 14MG .....	43	<b>scopolamine td patch 72hr 1</b>	
RYBELSUS TAB 3MG .....	43	<b>mg/3days</b> .....	49
RYBELSUS TAB 7MG .....	43	SEASONIQUE TAB .....	90
Ryclora		<b>secukinumab</b>	
see <b>dexchlorpheniramine maleate</b>		see COSENTYX INJ 150MG/ML .....	96
<b>oral soln 2 mg/5ml</b> .....	50	see COSENTYX INJ 300DOSE .....	96
<b>S</b>		see COSENTYX PEN INJ 150MG/ML	96
<b>sacubitril-valsartan</b>		see COSENTYX PEN INJ 300DOSE..	96
see ENTRESTO TAB 24-26MG.....	84	<b>selegiline</b>	
see ENTRESTO TAB 49-51MG.....	84	see EMSAM DIS 12MG/24H.....	33
see ENTRESTO TAB 97-103MG.....	84	see EMSAM DIS 6MG/24HR.....	33
SAFYRAL TAB.....	90	see EMSAM DIS 9MG/24HR.....	33
<b>saline nasal spray 0.65%</b> .....	135	<b>selegiline hcl cap 5 mg</b> .....	69
<b>salmeterol xinafoate</b>		<b>selegiline hcl tab 5 mg</b> .....	69
see SEREVENT DIS AER 50MCG.....	27	<b>selenium sulfide lotion 1%</b> .....	96
<b>salsalate tab 500 mg</b> .....	11	<b>selenium sulfide lotion 2.5%</b> .....	96
<b>salsalate tab 750 mg</b> .....	11	<b>selexipag</b>	
SAMSCA TAB 15MG .....	105	see UPTRAVI TAB 1000MCG.....	86
SAMSCA TAB 30MG .....	105	see UPTRAVI TAB 1200MCG.....	86
SANDIMMUNE CAP 100MG.....	130	see UPTRAVI TAB 1400MCG.....	86
SANDIMMUNE CAP 25MG .....	130	see UPTRAVI TAB 1600MCG.....	86
SANDOSTATIN KIT LAR 10MG.....	105	see UPTRAVI TAB 200/800 .....	85
SANDOSTATIN KIT LAR 20MG.....	105	see UPTRAVI TAB 200MCG .....	85
SANDOSTATIN KIT LAR 30MG.....	105	see UPTRAVI TAB 400MCG .....	85
SANTYL OIN 250/GM .....	99	see UPTRAVI TAB 600MCG .....	85
SAPHRIS SUB 10MG .....	74	see UPTRAVI TAB 800MCG .....	86
SAPHRIS SUB 2.5MG .....	74	SELZENTRY SOL 20MG/ML .....	78
SAPHRIS SUB 5MG .....	74	SELZENTRY TAB 150MG.....	78
<b>sapropterin dihydrochloride</b>		SELZENTRY TAB 25MG.....	78
see KUVAN TAB 100MG .....	104	SELZENTRY TAB 300MG .....	78
<b>saquinavir mesylate</b>		SELZENTRY TAB 75MG.....	78
see INVIRASE TAB 500MG .....	77	<b>semaglutide</b>	
<b>sargramostim</b>		see OZEMPIC INJ 2/1.5ML .....	43
see LEUKINE INJ 250MCG.....	115	see RYBELSUS TAB 14MG.....	43
<b>sarilumab</b>		see RYBELSUS TAB 3MG.....	43
see KEVZARA INJ 150/1.14.....	7	see RYBELSUS TAB 7MG.....	43
see KEVZARA INJ 200/1.14.....	7	SE-NATAL 19 CHW .....	134
SAVELLA MIS TITR PAK.....	145	<b>sennosides chew tab 15 mg</b> .....	120
SAVELLA TAB 100MG.....	145	<b>sennosides syrup 8.8 mg/5ml</b> ...	120
SAVELLA TAB 12.5MG.....	145	<b>sennosides tab 25 mg</b> .....	120

<b>sennosides tab 8.6 mg</b> .....	120	<b>simethicone cap 180 mg</b> .....	107
<b>sennosides-docusate sodium</b>		<b>simethicone chew tab 125 mg</b> ...	107
see <b>MEDI-LAXX CAP 8.6-50MG</b> ....	119	<b>simethicone chew tab 80 mg</b> .....	107
<b>sennosides-docusate sodium tab</b>		<b>simethicone liquid 40 mg/0.6ml</b>	107
<b>8.6-50 mg</b> .....	119	<b>simethicone susp 40 mg/0.6ml</b> .	107
<b>SENSIPAR TAB 30MG</b> .....	105	<b>SIMPONI INJ 100MG/ML</b> .....	6
<b>SENSIPAR TAB 60MG</b> .....	105	<b>SIMPONI INJ 50/0.5ML</b> .....	6
<b>SENSIPAR TAB 90MG</b> .....	105	<b>simvastatin tab 10 mg</b> .....	54
<b>SEREVENT DIS AER 50MCG</b> .....	27	<b>simvastatin tab 20 mg</b> .....	54
<b>sertaconazole nitrate</b>		<b>simvastatin tab 40 mg</b> .....	54
see <b>ERTACZO CRE 2%</b> .....	95	<b>simvastatin tab 5 mg</b> .....	54
<b>sertraline hcl oral concentrate for</b>		<b>simvastatin tab 80 mg</b> .....	54
<b>solution 20 mg/ml</b> .....	34	<b>sinecatechins</b>	
<b>sertraline hcl tab 100 mg</b> .....	34	see <b>VEREGEN OIN 15%</b> .....	94
<b>sertraline hcl tab 25 mg</b> .....	34	<b>siponimod fumarate</b>	
<b>sertraline hcl tab 50 mg</b> .....	34	see <b>MAYZENT TAB 0.25MG</b> .....	146
<b>sevelamer carbonate packet 0.8</b>		<b>sirolimus</b>	
<b>gm</b> .....	109	see <b>RAPAMUNE SOL 1MG/ML</b> .....	130
<b>sevelamer carbonate packet 2.4</b>		<b>sirolimus oral soln 1 mg/ml</b> .....	130
<b>gm</b> .....	109	<b>sirolimus tab 0.5 mg</b> .....	130
<b>sevelamer carbonate tab 800 mg</b>		<b>sirolimus tab 1 mg</b> .....	130
.....	109	<b>sirolimus tab 2 mg</b> .....	130
<b>Sf</b>		<b>SIRTURO TAB 100MG</b> .....	63
see <b>sodium fluoride gel 1.1%</b>		<b>sitagliptin phosphate</b>	
<b>(0.5% f)</b> .....	131	see <b>JANUVIA TAB 100MG</b> .....	42
<b>Sf 5000 Plus</b>		see <b>JANUVIA TAB 25MG</b> .....	42
see <b>sodium fluoride cream 1.1%</b>		see <b>JANUVIA TAB 50MG</b> .....	42
.....	131	<b>sitagliptin-metformin hcl</b>	
<b>SHINGRIX INJ 50/0.5ML</b> .....	154	see <b>JANUMET TAB 50-1000</b> .....	39
<b>SHUR-SEAL GEL 2%</b> .....	154	see <b>JANUMET TAB 50-500MG</b> .....	39
<b>Silace</b>		see <b>JANUMET XR TAB 100-1000</b> ...	39
see <b>docusate sodium liquid 150</b>		see <b>JANUMET XR TAB 50-1000</b> .....	39
<b>mg/15ml</b> .....	120	see <b>JANUMET XR TAB 50-500MG</b> ...	39
see <b>docusate sodium syrup 60</b>		<b>skin protectants misc - cream</b> ...	100
<b>mg/15ml</b> .....	120	<b>SKLICE LOT 0.5%</b> .....	100
<b>sildenafil citrate tab 20 mg</b> .....	85	<b>SKYLA IUD 13.5MG</b> .....	90
<b>SILENOR TAB 3MG</b> .....	117	<b>SKYRIZI INJ 150DOSE</b> .....	96
<b>SILENOR TAB 6MG</b> .....	117	<b>Sleep Aid</b>	
<b>silodosin cap 4 mg</b> .....	109	see <b>doxylamine succinate (sleep)</b>	
<b>silodosin cap 8 mg</b> .....	109	<b>tab 25 mg</b> .....	117
<b>Siltussin-dm</b>		<b>SLOW FE TAB 45MG</b> .....	117
see <b>dextromethorphan-</b>		<b>Slow Iron</b>	
<b>guaifenesin syrup 10-100</b>		see <b>ferrous sulfate dried tab er</b>	
<b>mg/5ml</b> .....	92	<b>160 mg (50 mg fe equivalent)</b>	
<b>silver sulfadiazine cream 1%</b> .....	97	.....	116
<b>SIMBRINZA SUS 1-0.2%</b> .....	139	<b>Slow Release Iron</b>	
<b>simethicone cap 125 mg</b> .....	107		



see <b>ferrous sulfate tab er 50 mg (elemental fe)</b> .....	116	<b>sodium chloride hypertonic ophth oint 5%</b> .....	141
Slow-release Iron		<b>sodium chloride hypertonic ophth soln 5%</b> .....	141
see <b>ferrous sulfate dried tab er 45 mg (fe equivalent)</b> .....	116	<b>sodium chloride irrigation soln 0.9%</b> .....	109
Sm Acid Reducer		<b>sodium chloride soln nebu 0.9%</b> .	93
see <b>ranitidine hcl tab 75 mg</b> ....	150	<b>sodium chloride soln nebu 3%</b> ....	93
Sm Anti-itch Extra Streng		<b>sodium chloride soln nebu 7%</b> ....	93
see <b>diphenhydramine-zinc acetate cream 2-0.1%</b> .....	96	<b>sodium chloride tab 1 gm</b> .....	129
Sm Artificial Tears		<b>sodium citrate &amp; citric acid soln 500-334 mg/5ml</b> .....	109
see <b>artificial tear ophth solution</b> .....	137	<b>sodium fluoride</b>	
Sm Aspirin		see FLUORABON DRO .....	128
see <b>aspirin tab 325 mg</b> .....	11	<b>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</b> .....	128
Sm Bedding Lice Treatment		<b>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</b> .....	128
see <b>permethrin aerosol 0.5%</b> ..	100	<b>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</b> .....	128
Sm Calcium 600 + D Plus M		<b>sodium fluoride cream 1.1%</b> .....	131
see <b>calcium carb-vit d w/ minerals chew tab 600 mg-800 unit</b> .....	126	<b>sodium fluoride gel 1.1% (0.5% f)</b> .....	131
Sm Chest Congestion Relie		<b>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</b> .....	128
see <b>guaifenesin tab 400 mg</b> .....	93	<b>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</b> .....	128
Sm Esomeprazole Magnesium		<b>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</b> .....	128
see <b>esomeprazole magnesium cap delayed release 20 mg (base eq)</b> .....	150	<b>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</b> .....	128
Sm Foaming Antacid		<b>sodium hyaluronate (viscosupplement)</b>	
see <b>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</b> .....	17	see EUFLEXXA INJ 10MG/ML.....	135
Sm Ibuprofen Ib		see VISCO-3 INJ 25/2.5ML .....	135
see <b>ibuprofen chew tab 100 mg</b> .	8	<b>sodium oxybate</b>	
Sm Lice Treatment		see XYREM SOL 500MG/ML.....	144
see <b>permethrin lotion 1%</b> .....	100	<b>sodium phenylbutyrate tab 500 mg</b> .....	105
Sm Miconazole 3		<b>sodium phosphate monobasic-sodium phosphate dibasic</b>	
see <b>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</b> .....	155	see OSMOPREP TAB 1.5GM.....	120
SM ONE DAILY MIS PRENATAL .....	134	<b>sodium phosphates - enema</b> .....	120
Sm Pain Reliever Extra St		<b>sodium picosulfate-magnesium oxide-anhydrous citric acid</b>	
see <b>acetaminophen cap 500 mg</b> 10		see CLENPIQ SOL .....	119
Sm Stomach Relief			
see <b>bismuth subsalicylate tab 262 mg</b> .....	48		
<b>sodium bicarbonate tab 325 mg</b> ..	17		
<b>sodium bicarbonate tab 650 mg</b> ..	17		

see PREPOPIK PAK.....	119	<b>spironolactone tab 100 mg</b> .....	102
<b>sodium polystyrene sulfonate oral susp 15 gm/60ml</b> .....	131	<b>spironolactone tab 25 mg</b> .....	102
<b>sodium polystyrene sulfonate powder</b> .....	131	<b>spironolactone tab 50 mg</b> .....	102
<b>sodium sulfate-potassium sulfate-magnesium sulfate</b> see SUPREP BOWEL SOL PREP KIT .....	120	SPRYCEL TAB 100MG.....	67
SOFOS/VELPAT TAB 400-100.....	79	SPRYCEL TAB 140MG.....	67
<b>sofosbuvir</b> see SOVALDI TAB 400MG.....	79	SPRYCEL TAB 20MG.....	66
<b>sofosbuvir-velpatasvir-voxilaprevir</b> see VOSEVI TAB.....	79	SPRYCEL TAB 50MG.....	66
<b>solifenacin succinate</b> see VESICARE TAB 10MG.....	153	SPRYCEL TAB 70MG.....	67
see VESICARE TAB 5MG.....	153	SPRYCEL TAB 80MG.....	67
<b>solifenacin succinate tab 10 mg</b>	152	St Joseph Low Dose Aspiri see <b>aspirin chew tab 81 mg</b> .....	11
<b>solifenacin succinate tab 5 mg</b>	152	<b>stavudine cap 15 mg</b> .....	78
<b>somatropin</b> see OMNITROPE INJ 10/1.5ML....	104	<b>stavudine cap 20 mg</b> .....	78
see OMNITROPE INJ 5.8MG.....	104	<b>stavudine cap 30 mg</b> .....	78
see OMNITROPE INJ 5/1.5ML.....	104	<b>stavudine cap 40 mg</b> .....	78
SOMAVERT INJ 10MG.....	103	STELARA INJ 45MG/0.5.....	96
SOMAVERT INJ 15MG.....	103	STELARA INJ 5MG/ML.....	108
SOMAVERT INJ 20MG.....	103	STELARA INJ 90MG/ML.....	96
<b>sonidegib phosphate</b> see ODOMZO CAP 200MG.....	64	STIMATE SOL 1.5MG/ML.....	105
<b>sorafenib tosylate</b> see NEXAVAR TAB 200MG.....	66	Stimulant Laxative see <b>bisacodyl tab delayed release 5 mg</b> .....	120
<b>sotalol hcl (afib/afl) tab 120 mg</b>	81	STIOLTO AER 2.5-2.5.....	27
<b>sotalol hcl (afib/afl) tab 160 mg</b>	81	<b>stiripentol</b> see DIACOMIT CAP 250MG.....	30
<b>sotalol hcl (afib/afl) tab 80 mg</b>	81	see DIACOMIT CAP 500MG.....	30
<b>sotalol hcl tab 120 mg</b> .....	81	see DIACOMIT PAK 250MG.....	30
<b>sotalol hcl tab 160 mg</b> .....	81	see DIACOMIT PAK 500MG.....	30
<b>sotalol hcl tab 240 mg</b> .....	81	STIVARGA TAB 40MG.....	67
<b>sotalol hcl tab 80 mg</b> .....	81	Stool Softener see <b>docusate calcium cap 240 mg</b> .....	120
SOVALDI TAB 400MG.....	79	see <b>docusate sodium cap 100 mg</b> .....	120
<b>spacer/aerosol-holding chambers</b> see INSPIRACHAMB MIS LARGE ..	124	Stop Lice Complete Lice T see <b>pyreth-piperonyl butox sham-permeth aero-nit remover gel kit</b> .....	100
<b>spinosad susp 0.9%</b> .....	100	Stop Lice Maximum Strengt see <b>pyrethrins-piperonyl butoxide liq 0.33-4%</b> .....	100
<b>spironolactone &amp; hydrochlorothiazide</b> see ALDACTAZIDE TAB 50/50.....	101	Stress Formula W/iron see <b>multiple vitamins w/ iron tab</b> .....	131
<b>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</b> .....	102	STRIBILD TAB.....	78
		STRIVERDI AER 2.5MCG.....	27
		<b>succimer</b>	

see CHEMET CAP 100MG .....48  
**sucralfate tab 1 gm** ..... 150  
**sucroferic oxyhydroxide**  
 see VELPHORO CHW 500MG ..... 109  
 SUDAFED PE SOL CHILDREN..... 137  
**sulconazole nitrate**  
 see EXELDERM CRE 1%.....95  
 see EXELDERM SOL 1%.....95  
**sulconazole nitrate cream 1%**.....96  
**sulfacetamide sodium lotion 10%**  
**(acne)**.....94  
**sulfacetamide sodium ophth soln**  
**10%** ..... 139  
**sulfacetamide sodium-prednisolone**  
**ophth soln 10-0.23(0.25)%**.... 140  
**sulfacetamide sodium-sulfur in**  
**urea emulsion 10-4%**.....94  
 SULFADIAZINE TAB 500MG ..... 147  
**sulfamethoxazole-trimethoprim**  
**susp 200-40 mg/5ml**..... 18  
**sulfamethoxazole-trimethoprim tab**  
**400-80 mg**.....18  
**sulfamethoxazole-trimethoprim tab**  
**800-160 mg**.....18  
 SULFAMYLON CRE 85MG/GM .....97  
**sulfasalazine tab 500 mg**..... 108  
**sulfasalazine tab delayed release**  
**500 mg** ..... 108  
**sulindac tab 150 mg**..... 9  
**sulindac tab 200 mg**..... 9  
**sumatriptan succinate inj 6**  
**mg/0.5ml** ..... 125  
**sumatriptan succinate tab 100 mg**  
 ..... 125  
**sumatriptan succinate tab 25 mg**  
 ..... 125  
**sumatriptan succinate tab 50 mg**  
 ..... 125  
**sunitinib malate**  
 see SUTENT CAP 12.5MG.....67  
 see SUTENT CAP 25MG .....67  
 see SUTENT CAP 37.5MG.....67  
 see SUTENT CAP 50MG .....67  
 SUPRAX CAP 400MG .....87  
 SUPREP BOWEL SOL PREP KIT ..... 120  
 SUTENT CAP 12.5MG .....67  
 SUTENT CAP 25MG .....67

SUTENT CAP 37.5MG .....67  
 SUTENT CAP 50MG.....67  
**suvorexant**  
 see BELSOMRA TAB 10MG ..... 118  
 see BELSOMRA TAB 15MG ..... 118  
 see BELSOMRA TAB 20MG ..... 118  
 see BELSOMRA TAB 5MG..... 118  
 SYMBICORT AER 160-4.5 .....27  
 SYMBICORT AER 80-4.5 .....27  
 SYMFI LO TAB.....78  
 SYMFI TAB .....78  
 SYMJEPI INJ 0.15MG ..... 155  
 SYMJEPI INJ 0.3MG ..... 155  
 SYMLINPEN 60 INJ 1000MCG.....37  
 SYMLNPEN 120 INJ 1000MCG .....38  
 SYMPROIC TAB 0.2MG ..... 108  
 SYMTUZA TAB.....78  
 SYNAGIS INJ 100MG/ML ..... 143  
 SYNAGIS INJ 50MG ..... 142  
 SYNAREL SOL 2MG/ML..... 104  
 SYNERA DIS 70-70MG ..... 99  
 SYNJARDY TAB .....39  
 SYNJARDY TAB 12.5-500..... 40  
 SYNJARDY TAB 5-1000MG ..... 40  
 SYNJARDY TAB 5-500MG..... 40  
 SYNJARDY XR TAB..... 40  
 SYNJARDY XR TAB 10-1000..... 40  
 SYNJARDY XR TAB 25-1000..... 40  
 SYNJARDY XR TAB 5-1000MG ..... 40  
 SYNTHROID TAB 100MCG ..... 148  
 SYNTHROID TAB 112MCG ..... 148  
 SYNTHROID TAB 125MCG ..... 148  
 SYNTHROID TAB 137MCG ..... 148  
 SYNTHROID TAB 150MCG ..... 148  
 SYNTHROID TAB 175MCG ..... 148  
 SYNTHROID TAB 200MCG ..... 148  
 SYNTHROID TAB 25MCG ..... 148  
 SYNTHROID TAB 300MCG ..... 149  
 SYNTHROID TAB 50MCG ..... 148  
 SYNTHROID TAB 75MCG ..... 148  
 SYNTHROID TAB 88MCG ..... 148  
**syringe (disposable)**  
 see 3ML SYRINGE MIS REG TIP ... 124  
**T**  
 TABLOID TAB 40MG .....64  
 TACLONEX SUS.....99  
**tacrolimus cap 0.5 mg**..... 130

<b>tacrolimus cap 1 mg</b> .....	130	TECFIDERA MIS STARTER .....	146
<b>tacrolimus cap 5 mg</b> .....	130	TECHNIVIE TAB .....	79
<b>tacrolimus oint 0.03%</b> .....	99	<b>telmisartan tab 20 mg</b> .....	58
<b>tacrolimus oint 0.1%</b> .....	99	<b>telmisartan tab 40 mg</b> .....	58
<b>tadalafil tab 20 mg (pah)</b> .....	85	<b>telmisartan tab 80 mg</b> .....	58
TAFINLAR CAP 50MG .....	67	<b>temazepam cap 15 mg</b> .....	118
TAFINLAR CAP 75MG .....	67	<b>temazepam cap 30 mg</b> .....	118
<b>tafluprost</b>		<b>temozolomide cap 100 mg</b> .....	63
see ZIOPTAN DRO 0.0015% .....	141	<b>temozolomide cap 140 mg</b> .....	63
TAGRISSE TAB 40MG .....	67	<b>temozolomide cap 180 mg</b> .....	63
TAGRISSE TAB 80MG .....	67	<b>temozolomide cap 20 mg</b> .....	63
TAKHZYRO INJ 300/2ML.....	114	<b>temozolomide cap 250 mg</b> .....	63
<b>tamoxifen citrate tab 10 mg (base equivalent)</b> .....	65	<b>temozolomide cap 5 mg</b> .....	63
<b>tamoxifen citrate tab 20 mg (base equivalent)</b> .....	65	TENIVAC INJ 5-2LF.....	149
<b>tamsulosin hcl cap 0.4 mg</b> .....	109	<b>tenofovir disoproxil fumarate</b>	
<b>tapentadol hcl</b>		see VIREAD TAB 150MG .....	78
see NUCYNTA ER TAB 100MG.....	13	see VIREAD TAB 200MG .....	78
see NUCYNTA ER TAB 150MG.....	13	see VIREAD TAB 250MG .....	78
see NUCYNTA ER TAB 200MG.....	13	<b>tenofovir disoproxil fumarate tab 300 mg</b> .....	78
see NUCYNTA ER TAB 250MG.....	13	<b>terazosin hcl cap 1 mg (base equivalent)</b> .....	59
see NUCYNTA ER TAB 50MG.....	13	<b>terazosin hcl cap 10 mg (base equivalent)</b> .....	59
see NUCYNTA TAB 100MG .....	13	<b>terazosin hcl cap 2 mg (base equivalent)</b> .....	59
see NUCYNTA TAB 50MG .....	13	<b>terazosin hcl cap 5 mg (base equivalent)</b> .....	59
see NUCYNTA TAB 75MG .....	13	<b>terbinafine hcl cream 1%</b> .....	96
TARCEVA TAB 100MG .....	67	<b>terbinafine hcl tab 250 mg</b> .....	49
TARCEVA TAB 150MG .....	67	<b>terbutaline sulfate tab 2.5 mg</b> .....	27
TARCEVA TAB 25MG .....	67	<b>terbutaline sulfate tab 5 mg</b> .....	27
TARGRETIN GEL 1% .....	96	<b>terconazole vaginal cream 0.4%</b>	
TASIGNA CAP 150MG.....	67	.....	155
TASIGNA CAP 200MG.....	67	<b>terconazole vaginal cream 0.8%</b>	
TASIGNA CAP 50MG .....	67	.....	155
<b>tasimelteon</b>		<b>terconazole vaginal suppos 80 mg</b>	
see HETLIOZ CAP 20MG .....	118	.....	155
TAYTULLA CAP 1MG/20MC.....	90	<b>teriflunomide</b>	
<b>tazarotene</b>		see AUBAGIO TAB 14MG .....	145
see TAZORAC CRE 0.05%.....	96	see AUBAGIO TAB 7MG .....	145
see TAZORAC GEL 0.05%.....	96	<b>teriparatide (recombinant)</b>	
see TAZORAC GEL 0.1%.....	96	see FORTEO SOL 600/2.4 .....	103
<b>tazarotene cream 0.1%</b> .....	96	<b>testosterone cypionate im inj in oil 100 mg/ml</b> .....	17
TAZORAC CRE 0.05% .....	96	<b>testosterone cypionate im inj in oil 200 mg/ml</b> .....	17
TAZORAC GEL 0.05% .....	96		
TAZORAC GEL 0.1% .....	96		
TDVAX INJ 2-2 LF.....	149		
TECFIDERA CAP 120MG .....	146		
TECFIDERA CAP 240MG .....	146		

<b>testosterone enanthate im inj in oil</b>	
<b>200 mg/ml</b> .....	17
<b>tetanus toxoid-diphtheria-acellular</b>	
<b>pertussis adsorb (tdap)</b>	
see ADACEL INJ .....	149
see BOOSTRIX INJ .....	149
<b>tetanus-diphtheria toxoids (td)</b>	
see TDVAX INJ 2-2 LF .....	149
see TENIVAC INJ 5-2LF .....	149
<b>tetrabenazine tab 12.5 mg</b> .....	145
<b>tetrabenazine tab 25 mg</b> .....	145
<b>tetracycline hcl cap 250 mg</b> .....	147
<b>tetracycline hcl cap 500 mg</b> .....	147
Tgt Antacid Extra Strengt	
see <b>calcium carbonate-mag</b>	
<b>hydroxide chew tab 675-135</b>	
<b>mg</b> .....	17
TGT GLUCOSE CHW GRAPE .....	42
<b>thalidomide</b>	
see THALOMID CAP 100MG .....	130
see THALOMID CAP 150MG .....	130
see THALOMID CAP 200MG .....	130
see THALOMID CAP 50MG .....	130
THALOMID CAP 100MG .....	130
THALOMID CAP 150MG .....	130
THALOMID CAP 200MG .....	130
THALOMID CAP 50MG .....	130
<b>theophylline soln 80 mg/15ml</b> ....	27
<b>theophylline tab er 12hr 100 mg</b> .27	
<b>theophylline tab er 12hr 200 mg</b> .27	
<b>theophylline tab er 12hr 300 mg</b> .27	
<b>theophylline tab er 12hr 450 mg</b> .27	
<b>theophylline tab er 24hr 400 mg</b> .27	
<b>theophylline tab er 24hr 600 mg</b> .27	
THERANATAL MIS COMPLETE .....	134
<b>thiamine hcl tab 100 mg</b> .....	156
<b>thiamine hcl tab 250 mg</b> .....	157
<b>thiamine hcl tab 50 mg</b> .....	156
<b>thioguanine</b>	
see TABLOID TAB 40MG .....	64
<b>thioridazine hcl tab 10 mg</b> .....	75
<b>thioridazine hcl tab 100 mg</b> .....	75
<b>thioridazine hcl tab 25 mg</b> .....	75
<b>thioridazine hcl tab 50 mg</b> .....	75
<b>thiothixene cap 1 mg</b> .....	76
<b>thiothixene cap 10 mg</b> .....	76
<b>thiothixene cap 2 mg</b> .....	76
<b>thiothixene cap 5 mg</b> .....	76
THYROGEN INJ 1.1MG .....	100
<b>thyroid</b>	
see ARMOUR THYRO TAB 120MG .	148
see ARMOUR THYRO TAB 15MG...	147
see ARMOUR THYRO TAB 180MG .	148
see ARMOUR THYRO TAB 240MG .	148
see ARMOUR THYRO TAB 300MG .	148
see ARMOUR THYRO TAB 30MG...	148
see ARMOUR THYRO TAB 60MG...	148
see ARMOUR THYRO TAB 90MG...	148
see NATURE THROI TAB 162.5MG	148
see NATURE-THROI TAB 113.75MG	
.....	148
see NATURE-THROI TAB 130MG ..	148
see NATURE-THROI TAB 146.25MG	
.....	148
see NATURE-THROI TAB 16.25MG	148
see NATURE-THROI TAB 195MG ..	148
see NATURE-THROI TAB 260MG ..	148
see NATURE-THROI TAB 32.5MG .	148
see NATURE-THROI TAB 325MG ..	148
see NATURE-THROI TAB 48.75MG	148
see NATURE-THROI TAB 65MG....	148
see NATURE-THROI TAB 97.5MG .	148
see WP THYROID TAB 81.25MG...	149
<b>thyroid tab 120 mg (2 grain)</b> .....	149
<b>thyroid tab 15 mg (1/4 grain)</b> ...	149
<b>thyroid tab 30 mg (1/2 grain)</b> ...	149
<b>thyroid tab 60 mg (1 grain)</b> .....	149
<b>thyroid tab 90 mg (1 1/2 grain)</b>	149
THYROLAR-1 TAB 60MG .....	149
THYROLAR-1/2 TAB 30MG .....	149
THYROLAR-1/4 TAB 15MG .....	149
THYROLAR-2 TAB 120MG .....	149
THYROLAR-3 TAB 180MG .....	149
<b>thyrotropin alfa</b>	
see THYROGEN INJ 1.1MG .....	100
<b>tiagabine hcl tab 12 mg</b> .....	32
<b>tiagabine hcl tab 16 mg</b> .....	32
<b>tiagabine hcl tab 2 mg</b> .....	31
<b>tiagabine hcl tab 4 mg</b> .....	31
<b>ticagrelor</b>	
see BRILINTA TAB 60MG .....	114
see BRILINTA TAB 90MG .....	114
Tilia Fe	

see <i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> .....	89	see XELJANZ XR TAB 11MG .....	7
<i>timolol maleate ophth gel forming soln 0.25%</i> .....	138	see XELJANZ XR TAB 22MG .....	7
<i>timolol maleate ophth gel forming soln 0.5%</i> .....	138	<i>tolazamide tab 250 mg</i> .....	48
<i>timolol maleate ophth soln 0.25%</i> .....	138	<i>tolazamide tab 500 mg</i> .....	48
<i>timolol maleate ophth soln 0.5%</i> .....	138	<i>tolbutamide tab 500 mg</i> .....	48
<i>timolol maleate tab 10 mg</i> .....	81	<i>tolcapone tab 100 mg</i> .....	68
<i>timolol maleate tab 20 mg</i> .....	82	<i>tolmetin sodium cap 400 mg</i> .....	9
<i>timolol maleate tab 5 mg</i> .....	81	<i>tolmetin sodium tab 200 mg</i> .....	9
<i>tioconazole vaginal oint 6.5%</i> ...	155	<i>tolmetin sodium tab 600 mg</i> .....	9
<i>tiotropium bromide-olodaterol hcl</i> see STIOLTO AER 2.5-2.5 .....	27	<i>tolnaftate aerosol pow 1%</i> .....	96
<i>tipranavir</i> see APTIVUS CAP 250MG .....	76	<i>tolnaftate cream 1%</i> .....	96
see APTIVUS SOL .....	76	<i>tolnaftate powder 1%</i> .....	96
TIVICAY PD TAB 5MG .....	78	<i>tolnaftate soln 1%</i> .....	96
TIVICAY TAB 10MG .....	78	<i>tolterodine tartrate tab 1 mg</i> ....	152
TIVICAY TAB 25MG .....	78	<i>tolterodine tartrate tab 2 mg</i> ....	152
TIVICAY TAB 50MG .....	78	<i>tolvaptan</i> see SAMSCA TAB 15MG .....	105
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	135	see SAMSCA TAB 30MG .....	105
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	135	<i>tolvaptan tab 30 mg</i> .....	105
TL FOLATE TAB .....	134	<i>topiramate sprinkle cap 15 mg</i> ....	31
TOBRADEX OIN 0.3-0.1% .....	140	<i>topiramate sprinkle cap 25 mg</i> ....	31
<i>tobramycin nebu soln 300 mg/5ml</i> .....	6	<i>topiramate tab 100 mg</i> .....	31
<i>tobramycin ophth soln 0.3%</i> ....	139	<i>topiramate tab 200 mg</i> .....	31
<i>tobramycin-dexamethasone</i> see TOBRADEX OIN 0.3-0.1% ....	140	<i>topiramate tab 25 mg</i> .....	31
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	140	<i>topiramate tab 50 mg</i> .....	31
<i>tocilizumab</i> see ACTEMRA INJ 162/0.9 .....	7	<i>toremide tab 10 mg</i> .....	102
see ACTEMRA INJ 200/10ML .....	7	<i>toremide tab 100 mg</i> .....	102
see ACTEMRA INJ 400/20ML .....	7	<i>toremide tab 20 mg</i> .....	102
see ACTEMRA INJ 80MG/4ML .....	7	<i>toremide tab 5 mg</i> .....	102
see ACTEMRA INJ ACTPEN .....	7	TOVIAZ TAB 4MG .....	152
TODAY SPONGE MIS .....	154	TOVIAZ TAB 8MG .....	152
<i>tofacitinib citrate</i> see XELJANZ TAB 10MG .....	7	TRACLEER TAB 125MG .....	85
see XELJANZ TAB 5MG .....	6	TRACLEER TAB 32MG .....	85
		TRACLEER TAB 62.5MG .....	85
		TRADJENTA TAB 5MG .....	42
		<i>tramadol hcl tab 50 mg</i> .....	15
		<i>tramadol hcl tab er 24hr 100 mg</i> .15	
		<i>tramadol hcl tab er 24hr 200 mg</i> .15	
		<i>tramadol hcl tab er 24hr 300 mg</i> .15	
		<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> .....	15
		<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> .....	15
		<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> .....	15
		<i>trametinib dimethyl sulfoxide</i> see MEKINIST TAB 0.5MG .....	66

see MEKINIST TAB 2MG .....66  
**trandolapril tab 1 mg** .....56  
**trandolapril tab 2 mg** .....56  
**trandolapril tab 4 mg** .....57  
**tranexamic acid tab 650 mg** .....117  
**tranylcypromine sulfate tab 10 mg**  
 .....33  
 TRAVATAN Z DRO 0.004% .....141  
**travoprost**  
 see TRAVATAN Z DRO 0.004% ....141  
**travoprost ophth soln 0.004%**  
**(benzalkonium free) (bak free)**  
 .....141  
**trazodone hcl tab 100 mg** .....34  
**trazodone hcl tab 150 mg** .....34  
**trazodone hcl tab 50 mg** .....34  
 TRECATOR TAB 250MG .....63  
 TRELSTAR MIX INJ 11.25MG .....65  
 TRELSTAR MIX INJ 3.75MG .....65  
**treprostinil**  
 see REMODULIN INJ 10MG/ML .....85  
 see REMODULIN INJ 1MG/ML .....85  
 see REMODULIN INJ 2.5MG/ML .....85  
 see REMODULIN INJ 5MG/ML .....85  
**treprostinil diolamine**  
 see ORENITRAM TAB 0.125MG .....84  
 see ORENITRAM TAB 0.25MG .....84  
 see ORENITRAM TAB 1MG .....84  
 see ORENITRAM TAB 2.5MG .....84  
 see ORENITRAM TAB 5MG .....84  
**treprostinil inj soln 100 mg/20ml**  
**(5 mg/ml)** .....85  
**treprostinil inj soln 20 mg/20ml (1**  
**mg/ml)** .....85  
**treprostinil inj soln 200 mg/20ml**  
**(10 mg/ml)** .....85  
**treprostinil inj soln 50 mg/20ml**  
**(2.5 mg/ml)** .....85  
 TRESIBA FLEX INJ 100UNIT .....46  
 TRESIBA FLEX INJ 200UNIT .....46  
 TRESIBA INJ 100UNIT .....46  
**tretinoin cap 10 mg** .....67  
**tretinoin cream 0.025%** .....94  
**tretinoin cream 0.05%** .....94  
**tretinoin cream 0.1%** .....94  
**tretinoin gel 0.01%** .....94  
**tretinoin gel 0.025%** .....94

**triamcinolone acetonide cream**  
**0.025%** .....99  
**triamcinolone acetonide cream**  
**0.1%** .....99  
**triamcinolone acetonide cream**  
**0.5%** .....99  
**triamcinolone acetonide dental**  
**paste 0.1%** .....131  
**triamcinolone acetonide lotion**  
**0.025%** .....99  
**triamcinolone acetonide lotion**  
**0.1%** .....99  
**triamcinolone acetonide nasal**  
**aerosol suspension 55 mcg/act**  
 .....136  
**triamcinolone acetonide oint**  
**0.025%** .....99  
**triamcinolone acetonide oint 0.1%**  
 .....99  
**triamcinolone acetonide oint 0.5%**  
 .....99  
**triamterene**  
 see DYRENIUM CAP 100MG .....102  
 see DYRENIUM CAP 50MG .....102  
**triamterene & hydrochlorothiazide**  
**cap 37.5-25 mg** .....102  
**triamterene & hydrochlorothiazide**  
**tab 37.5-25 mg** .....102  
**triamterene & hydrochlorothiazide**  
**tab 75-50 mg** .....102  
**triamterene cap 100 mg** .....102  
**triamterene cap 50 mg** .....102  
**triazolam tab 0.125 mg** .....118  
**triazolam tab 0.25 mg** .....118  
 Tricon  
 see **fe fumarate w/ b12-vit c-fa-**  
**ifc cap 110-0.015-75-0.5-240**  
**mg** .....116  
**trifluoperazine hcl tab 1 mg (base**  
**equivalent)** .....75  
**trifluoperazine hcl tab 10 mg (base**  
**equivalent)** .....75  
**trifluoperazine hcl tab 2 mg (base**  
**equivalent)** .....75  
**trifluoperazine hcl tab 5 mg (base**  
**equivalent)** .....75  
**trifluridine ophth soln 1%** .....139

<b>trifluridine-tipiracil</b>	TRUE METRIX TES GLUCOSE .....	101
see LONSURF TAB 15-6.14 .....	TRULICITY INJ 0.75/0.5 .....	43
see LONSURF TAB 20-8.19 .....	TRULICITY INJ 1.5/0.5 .....	43
<b>trihexyphenidyl hcl oral soln 0.4</b>	TRUVADA TAB 100-150 .....	78
<b>mg/ml</b> .....	TRUVADA TAB 133-200 .....	78
<b>trihexyphenidyl hcl tab 2 mg</b> .....	TRUVADA TAB 167-250 .....	78
<b>trihexyphenidyl hcl tab 5 mg</b> .....	TRUVADA TAB 200-300 .....	78
<b>trimethobenzamide hcl cap 300 mg</b>	TRUXIMA INJ 100/10ML .....	64
.....	TRUXIMA INJ 500/50ML .....	64
<b>trimethoprim tab 100 mg</b> .....	TUDORZA PRES AER 400/ACT .....	23
<b>trimipramine maleate cap 100 mg</b>	TWINRIX INJ .....	154
.....	TYBOST TAB 150MG .....	78
<b>trimipramine maleate cap 25 mg</b> .....	Tydemy	
<b>trimipramine maleate cap 50 mg</b> .....	see <b>drospirenone-ethinyl estrad-</b>	
TRINATAL RX TAB 1 .....	<b>levomefolate tab 3-0.03-0.451</b>	
Trinate	<b>mg</b> .....	87
see <b>prenatal vit w/ fe fumarate-fa</b>	TYKERB TAB 250MG .....	67
<b>tab 28-1 mg</b> .....	TYMLOS INJ .....	103
TRI-NORINYL TAB 28 .....	TYSABRI INJ 300/15ML .....	146
TRINTELLIX TAB 10MG .....	<b>U</b>	
TRINTELLIX TAB 20MG .....	UDENYCA INJ 6MG/.6ML .....	116
TRINTELLIX TAB 5MG .....	<b>ulipristal acetate</b>	
Triple Antibiotic Plus	see ELLA TAB 30MG .....	90
see <b>neomycin-bacitracin-</b>	ULORIC TAB 40MG .....	110
<b>polymyxin-pramoxine oint 1%</b>	ULORIC TAB 80MG .....	110
.....	<b>umeclidinium bromide</b>	
Triple Paste Af	see INCRUSE ELPT INH 62.5MCG ..	23
see <b>miconazole nitrate ointment</b>	<b>umeclidinium-vilanterol</b>	
<b>2%</b> .....	see ANORO ELLIPT AER 62.5-25 ...	25
<b>triptorelin pamoate</b>	UNIFIBER POW .....	119
see TRELSTAR MIX INJ 11.25MG ...	<b>upadacitinib</b>	
see TRELSTAR MIX INJ 3.75MG ....	see RINVOQ TAB 15MG ER .....	6
TRIUMEQ TAB .....	UPTRAVI TAB 1000MCG .....	86
TRI-VI-SOL SOL A/C/D .....	UPTRAVI TAB 1200MCG .....	86
Tri-vitamin/fluoride	UPTRAVI TAB 1400MCG .....	86
see <b>pediatric vitamins acd w/</b>	UPTRAVI TAB 1600MCG .....	86
<b>fluoride soln 0.25 mg/ml</b> .....	UPTRAVI TAB 200/800 .....	85
see <b>pediatric vitamins acd w/</b>	UPTRAVI TAB 200MCG .....	85
<b>fluoride soln 0.5 mg/ml</b> .....	UPTRAVI TAB 400MCG .....	85
TROJAN MIS .....	UPTRAVI TAB 600MCG .....	85
TROJAN MIS NATULAMB .....	UPTRAVI TAB 800MCG .....	86
<b>tropicamide ophth soln 0.5%</b> ....	<b>ursodiol cap 300 mg</b> .....	107
<b>tropicamide ophth soln 1%</b> .....	<b>ursodiol tab 250 mg</b> .....	107
<b>trospium chloride cap er 24hr 60</b>	<b>ursodiol tab 500 mg</b> .....	107
<b>mg</b> .....	<b>ustekinumab</b>	
<b>trospium chloride tab 20 mg</b> .....	see STELARA INJ 45MG/0.5 .....	96
TRUE METRIX KIT AIR .....	see STELARA INJ 90MG/ML .....	96



<b>ustekinumab (iv)</b>	
see STELARA INJ 5MG/ML.....	108
<b>V</b>	
<b>valacyclovir hcl tab 1 gm</b> .....	79
<b>valacyclovir hcl tab 500 mg</b> .....	80
<b>valganciclovir hcl for soln 50 mg/ml (base equiv)</b> .....	79
<b>valganciclovir hcl tab 450 mg (base equivalent)</b> .....	79
<b>valproate sodium oral soln 250 mg/5ml (base equiv)</b> .....	32
<b>valproic acid cap 250 mg</b> .....	32
<b>valsartan tab 160 mg</b> .....	58
<b>valsartan tab 320 mg</b> .....	58
<b>valsartan tab 40 mg</b> .....	58
<b>valsartan tab 80 mg</b> .....	58
<b>valsartan-hydrochlorothiazide tab 160-12.5 mg</b> .....	62
<b>valsartan-hydrochlorothiazide tab 160-25 mg</b> .....	62
<b>valsartan-hydrochlorothiazide tab 320-12.5 mg</b> .....	62
<b>valsartan-hydrochlorothiazide tab 320-25 mg</b> .....	62
<b>valsartan-hydrochlorothiazide tab 80-12.5 mg</b> .....	61
<b>VALTOCO LIQ 15MG</b> .....	29
<b>VALTOCO LIQ 20MG</b> .....	29
<b>VALTOCO SPR 10MG</b> .....	29
<b>VALTOCO SPR 5MG</b> .....	29
<b>vancomycin hcl</b>	
see FIRVANQ SOL 25MG/ML.....	18
see FIRVANQ SOL 50MG/ML.....	19
<b>vandetanib</b>	
see CAPRELSA TAB 100MG .....	65
see CAPRELSA TAB 300MG .....	65
<b>VAQTA INJ 25/0.5ML</b> .....	154
<b>VAQTA INJ 50UNT/ML</b> .....	154
<b>varenicline tartrate</b>	
see CHANTIX PAK 0.5& 1MG .....	146
see CHANTIX TAB 0.5MG.....	146
see CHANTIX TAB 1MG.....	146
<b>V-c Forte</b>	
see <b>multiple vitamins w/ minerals cap</b> .....	131
<b>VCF VAGINAL AER CONTRACP</b> .....	154
<b>Vcf Vaginal Contraceptive</b>	
see <b>nonoxynol-9 gel 4%</b> .....	154
<b>VCF VAGINAL MIS CONTRACP</b> .....	154
<b>VECAMYL TAB 2.5MG</b> .....	62
<b>Velivet</b>	
see <b>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</b> .....	87
<b>VELPHORO CHW 500MG</b> .....	109
<b>VELTIN GEL</b> .....	94
<b>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl tab 100 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl tab 25 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl tab 37.5 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl tab 50 mg (base equivalent)</b> .....	35
<b>venlafaxine hcl tab 75 mg (base equivalent)</b> .....	35
<b>VENTAVIS SOL 10MCG/ML</b> .....	85
<b>VENTAVIS SOL 20MCG/ML</b> .....	85
<b>VENTOLIN HFA AER</b> .....	27
<b>verapamil hcl cap er 24hr 100 mg</b> .....	83
<b>verapamil hcl cap er 24hr 120 mg</b> .....	83
<b>verapamil hcl cap er 24hr 180 mg</b> .....	83
<b>verapamil hcl cap er 24hr 240 mg</b> .....	83
<b>verapamil hcl cap er 24hr 300 mg</b> .....	84
<b>verapamil hcl cap er 24hr 360 mg</b> .....	84
<b>verapamil hcl tab 120 mg</b> .....	84
<b>verapamil hcl tab 40 mg</b> .....	84
<b>verapamil hcl tab 80 mg</b> .....	84
<b>verapamil hcl tab er 120 mg</b> .....	84
<b>verapamil hcl tab er 180 mg</b> .....	84
<b>verapamil hcl tab er 240 mg</b> .....	84
<b>VEREGEN OIN 15%</b> .....	94

VESICARE TAB 10MG .....	153
VESICARE TAB 5MG.....	153
VICTOZA INJ 18MG/3ML.....	43
VIDEX EC CAP 125MG.....	78
<b>vigabatrin powd pack 500 mg</b> .....	32
<b>vigabatrin tab 500 mg</b> .....	32
Vigadrone	
see <b>vigabatrin powd pack 500 mg</b>	
.....	32
VIIBRYD KIT STARTER .....	35
VIIBRYD TAB 10MG .....	35
VIIBRYD TAB 20MG .....	35
VIIBRYD TAB 40MG .....	35
<b>vilazodone hcl</b>	
see VIIBRYD KIT STARTER.....	35
see VIIBRYD TAB 10MG.....	35
see VIIBRYD TAB 20MG.....	35
see VIIBRYD TAB 40MG.....	35
VIMPAT SOL 10MG/ML .....	31
VIMPAT TAB 100MG.....	31
VIMPAT TAB 150MG.....	31
VIMPAT TAB 200MG.....	31
VIMPAT TAB 50MG .....	31
VINATE II TAB .....	134
VINATE M TAB .....	135
VIRACEPT TAB 250MG .....	78
VIRACEPT TAB 625MG .....	78
VIREAD TAB 150MG.....	78
VIREAD TAB 200MG.....	78
VIREAD TAB 250MG.....	78
Virt-caps	
see <b>b-complex w/ c &amp; folic acid</b>	
<b>cap 1 mg</b> .....	131
Virt-phos 250 Neutral	
see <b>pot phos monobasic w/sod</b>	
<b>phos di &amp; monobas tab 155-</b>	
<b>852-130mg</b> .....	129
VISCO-3 INJ 25/2.5ML.....	135
<b>vismodegib</b>	
see ERIVEDGE CAP 150MG .....	64
Vita-bee/c	
see <b>b-complex w/ c &amp; folic acid</b>	
<b>tab</b> .....	131
VITAFOL-OB TAB 65-1MG.....	135
VIVITROL INJ 380MG.....	48
VOL-PLUS TAB .....	135
VOL-TAB RX TAB.....	135

<b>vorapaxar sulfate</b>	
see ZONTIVITY TAB 2.08MG .....	114
<b>voriconazole tab 200 mg</b> .....	50
<b>voriconazole tab 50 mg</b> .....	50
<b>vorinostat</b>	
see ZOLINZA CAP 100MG .....	67
<b>vortioxetine hbr</b>	
see TRINTELLIX TAB 10MG .....	35
see TRINTELLIX TAB 20MG .....	35
see TRINTELLIX TAB 5MG.....	35
VOSEVI TAB .....	79
VOTRIENT TAB 200MG.....	67
VRAYLAR CAP 1.5MG .....	70
VRAYLAR CAP 3MG.....	70
VRAYLAR CAP 4.5MG .....	70
VRAYLAR CAP 6MG .....	70
VYVANSE CAP 10MG .....	2
VYVANSE CAP 20MG .....	2
VYVANSE CAP 30MG .....	2
VYVANSE CAP 40MG .....	2
VYVANSE CAP 50MG .....	2
VYVANSE CAP 60MG .....	2
VYVANSE CAP 70MG .....	2
<b>W</b>	
Wal-dryl Allergy Relief C	
see <b>diphenhydramine hcl tab</b>	
<b>disint 12.5 mg</b> .....	50
Wal-dryl Pe Allergy/sinu	
see <b>diphenhydramine-</b>	
<b>phenylephrine tab 25-10 mg</b> ..	92
Wal-itin Aller-melts	
see <b>loratadine rapidly-</b>	
<b>disintegrating tab 10 mg</b> .....	51
Wal-tap Cold & Allergy	
see <b>brompheniramine &amp;</b>	
<b>pseudoephedrine elixir 1-15</b>	
<b>mg/5ml</b> .....	92
<b>warfarin sodium</b>	
see COUMADIN TAB 10MG.....	27
see COUMADIN TAB 1MG .....	27
see COUMADIN TAB 2.5MG.....	27
see COUMADIN TAB 2MG .....	27
see COUMADIN TAB 3MG .....	27
see COUMADIN TAB 4MG .....	27
see COUMADIN TAB 5MG .....	27
see COUMADIN TAB 6MG .....	27
see COUMADIN TAB 7.5MG.....	27

<b>warfarin sodium tab 1 mg</b> .....	27	XIFAXAN TAB 550MG .....	18
<b>warfarin sodium tab 10 mg</b> .....	28	XIGDUO XR TAB 10-1000 .....	41
<b>warfarin sodium tab 2 mg</b> .....	27	XIGDUO XR TAB 10-500MG .....	41
<b>warfarin sodium tab 2.5 mg</b> .....	27	XIGDUO XR TAB 2.5-1000 .....	41
<b>warfarin sodium tab 3 mg</b> .....	27	XIGDUO XR TAB 5-1000MG .....	41
<b>warfarin sodium tab 4 mg</b> .....	27	XIGDUO XR TAB 5-500MG .....	41
<b>warfarin sodium tab 5 mg</b> .....	27	XOFLUZA TAB 20MG .....	80
<b>warfarin sodium tab 6 mg</b> .....	27	XOFLUZA TAB 40MG .....	80
<b>warfarin sodium tab 7.5 mg</b> .....	27	XOLAIR INJ 150MG/ML .....	23
<b>water for irrigation, sterile irrigation soln</b> .....	131	XOLAIR INJ 75/0.5 .....	23
Wee Care		XOLAIR SOL 150MG .....	23
see <b>carbonyl iron susp 15     mg/1.25ml (elemental iron)</b>	116	Xulane	
<b>wheat dextrin oral powder</b> .....	119	see <b>norelgestromin-ethinyl     estradiol td ptwk 150-35     mcg/24hr</b> .....	90
<b>white petrolatum-mineral oil ophth ointment</b> .....	138	XYNTHA SOLOF INJ 1000UNIT .....	113
WIDE-SEAL DPR KIT 60 .....	122	XYNTHA SOLOF INJ 2000UNIT .....	113
WIDE-SEAL DPR KIT 65 .....	122	XYNTHA SOLOF INJ 3000UNIT .....	113
WIDE-SEAL DPR KIT 70 .....	122	XYNTHA SOLOF INJ 500UNIT .....	113
WIDE-SEAL DPR KIT 75 .....	122	XYNTHA SOLOF KIT 250UNIT .....	113
WIDE-SEAL DPR KIT 80 .....	122	XYREM SOL 500MG/ML .....	144
WIDE-SEAL DPR KIT 85 .....	122	<b>Y</b>	
WIDE-SEAL DPR KIT 90 .....	122	YASMIN 28 TAB 3-0.03MG .....	90
WIDE-SEAL DPR KIT 95 .....	122	YAZ TAB 3-0.02MG .....	90
Wixela Inhub		<b>Z</b>	
see <b>fluticasone-salmeterol aer     powder ba 100-50 mcg/dose</b>	26	<b>zafirlukast tab 10 mg</b> .....	23
see <b>fluticasone-salmeterol aer     powder ba 250-50 mcg/dose</b>	26	<b>zafirlukast tab 20 mg</b> .....	23
see <b>fluticasone-salmeterol aer     powder ba 500-50 mcg/dose</b>	26	<b>zaleplon cap 10 mg</b> .....	118
WP THYROID TAB 81.25MG .....	149	<b>zaleplon cap 5 mg</b> .....	118
<b>X</b>		<b>zanamivir</b>	
XALKORI CAP 200MG .....	67	see RELENZA MIS DISKHALE .....	80
XALKORI CAP 250MG .....	67	<b>zanubrutinib</b>	
XARELTO STAR TAB 15/20MG .....	28	see BRUKINSA CAP 80MG .....	65
XARELTO TAB 10MG .....	28	ZARXIO INJ 300/0.5 .....	116
XARELTO TAB 15MG .....	28	ZARXIO INJ 480/0.8 .....	116
XARELTO TAB 2.5MG .....	28	ZEJULA CAP 100MG .....	67
XARELTO TAB 20MG .....	28	ZENPEP CAP 10000UNT .....	101
XELJANZ TAB 10MG .....	7	ZENPEP CAP 15000UNT .....	101
XELJANZ TAB 5MG .....	6	ZENPEP CAP 20000UNT .....	101
XELJANZ XR TAB 11MG .....	7	ZENPEP CAP 25000 .....	101
XELJANZ XR TAB 22MG .....	7	ZENPEP CAP 3000UNIT .....	101
XGEVA INJ .....	103	ZENPEP CAP 40000 .....	101
XIFAXAN TAB 200MG .....	18	ZENPEP CAP 5000UNIT .....	101
		ZEPATIER TAB 50-100MG .....	79
		<b>zidovudine cap 100 mg</b> .....	79
		<b>zidovudine syrup 10 mg/ml</b> .....	79
		<b>zidovudine tab 300 mg</b> .....	79

ZIEXTENZO INJ 6/0.6ML .....	116	<b>zolmitriptan tab 2.5 mg</b> .....	125
<b>zileuton tab er 12hr 600 mg</b> .....	23	<b>zolmitriptan tab 5 mg</b> .....	126
<b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> .....	129	<b>zolpidem tartrate tab 10 mg</b> .....	118
Zinc-220		<b>zolpidem tartrate tab 5 mg</b> .....	118
see <b>zinc sulfate cap 220 mg (50 mg elemental zn)</b> .....	129	ZOMIG SPR 2.5MG .....	126
Zinc-oxyde Plus		ZOMIG SPR 5MG .....	126
see <b>menthol-zinc oxide oint 0.44-20%</b> .....	100	<b>zonisamide cap 100 mg</b> .....	31
ZIOPTAN DRO 0.0015% .....	141	<b>zonisamide cap 25 mg</b> .....	31
<b>ziprasidone hcl cap 20 mg</b> .....	70	<b>zonisamide cap 50 mg</b> .....	31
<b>ziprasidone hcl cap 40 mg</b> .....	70	ZONTIVITY TAB 2.08MG.....	114
<b>ziprasidone hcl cap 60 mg</b> .....	70	ZORTRESS TAB 0.25MG .....	130
<b>ziprasidone hcl cap 80 mg</b> .....	70	ZORTRESS TAB 0.5MG.....	130
ZIRGAN GEL 0.15%.....	139	ZORTRESS TAB 0.75MG .....	130
ZOLADEX IMP 10.8MG .....	65	ZORTRESS TAB 1MG.....	130
ZOLADEX IMP 3.6MG .....	65	ZOSTAVAX INJ.....	154
<b>zoledronic acid iv soln 5 mg/100ml</b> .....	103	<b>zoster vaccine live</b>	
ZOLINZA CAP 100MG.....	67	see ZOSTAVAX INJ .....	154
<b>zolmitriptan</b>		<b>zoster vaccine recombinant adjuvanted</b>	
see ZOMIG SPR 2.5MG.....	126	see SHINGRIX INJ 50/0.5ML.....	154
see ZOMIG SPR 5MG.....	126	ZYDELIG TAB 100MG .....	67
<b>zolmitriptan orally disintegrating tab 2.5 mg</b> .....	125	ZYDELIG TAB 150MG.....	67
<b>zolmitriptan orally disintegrating tab 5 mg</b> .....	125	ZYKADIA CAP 150MG.....	67
		ZYPREXA RELP INJ 210MG.....	74
		ZYPREXA RELP INJ 300MG.....	74
		ZYPREXA RELP INJ 405MG.....	74



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