

2020

Formulary/

Formulario

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

New Mexico

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 The formulary is subject to change and all previous versions of the formulary are no longer in effect.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



Your Extended Family.

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:

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

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

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

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

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

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

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

¿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.



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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
melatonin cap 5 mg (Cvs Melatonin)	Tier 1	OTC
MELATONIN LIQ 1MG/4ML	Tier 1	OTC
melatonin tab 1 mg	Tier 1	OTC
melatonin tab 3 mg	Tier 1	OTC
melatonin tab 5 mg	Tier 1	OTC
melatonin tab 300 mcg	Tier 1	OTC
melatonin tab er 10 mg	Tier 1	OTC
melatonin tablet disintegrating 5 mg	Tier 1	OTC
ALTERNATIVE MEDICINE COMBINATIONS		
melatonin-pyridoxine tab 3-1 mg (Melatonin/vitamin B-6 Ext)	Tier 1	OTC
melatonin-pyridoxine tab 3-2 mg (Ra Melatonin)	Tier 1	OTC
melatonin-pyridoxine tab er 3-10 mg (Melatonin Tr/vitamin B-6)	Tier 1	OTC
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
neomycin sulfate tab 500 mg	Tier 1	
paromomycin sulfate cap 250 mg	Tier 3	
tobramycin nebu soln 300 mg/5ml	Tier 4	PA
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
HUMIRA INJ 10/0.1ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 10MG/0.2 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 20/0.2ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 20MG/0.4 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (2 ea / year), PA; Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	QL (2 mL / 28 days), PA; Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	QL (3 ea / year), PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
SIMPONI INJ 50/0.5ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (<i>golimumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 4	PA; Preferred Brand
GOLD COMPOUNDS		
RIDAURA CAP 3MG (<i>auranofin</i>)	Tier 3	MAIL, PA
INTERLEUKIN-1 BLOCKERS		
ARCALYST INJ 220MG (<i>rilonacept</i>)	Tier 4	PA
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)		
KINERET INJ (<i>anakinra</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
INTERLEUKIN-6 RECEPTOR INHIBITORS		
ACTEMRA INJ 80MG/4ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 162/0.9 (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 200/10ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ 400/20ML (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
ACTEMRA INJ ACTPEN (<i>tocilizumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand

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

Drug Name	Drug Tier	Requirements/Limits
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Preferred Brand
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>etodolac tab 400 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>etodolac tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>fenoprofen calcium tab 600 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>flurbiprofen tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen cap 200 mg</i> (Medi-profen)	Tier 1	OTC, QL (120 caps / 30 days)
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	OTC, AGE, QL (180 tabs / 30 days); AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	OTC, AGE; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<i>ibuprofen tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ibuprofen tab 800 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>indomethacin cap 25 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	AGE; AGE (Max 64 years), Max 5 day supply per fill
<i>meclofenamate sodium cap 50 mg</i>	Tier 3	MAIL, PA
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	MAIL, PA
<i>mefenamic acid cap 250 mg</i>	Tier 3	MAIL, PA
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	OTC, QL (90 tabs / 30 days), MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i> (Naproxen Dr)	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL, PA
<i>piroxicam cap 10 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL, PA
<i>piroxicam cap 20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL, PA
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

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

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

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

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

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

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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Tier 3	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Tier 1	QL (240 caps / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Tier 1	Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Tier 3	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED

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>oxycodone-ibuprofen tab 5-400 mg</i>	Tier 1	QL (180 tabs / 30 days); Max 7 day supply initial fill, MED
OPIOID PARTIAL AGONISTS		
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	QL (360 tabs / 30 days)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	QL (90 tabs / 30 days)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (150 mL / 30 days), PA; MED
ANDROGENS-ANABOLIC		
ANABOLIC STEROIDS		
<i>ANADROL-50 TAB 50MG (oxymetholone)</i>	Tier 3	PA
<i>oxandrolone tab 2.5 mg</i>	Tier 3	PA
<i>oxandrolone tab 10 mg</i>	Tier 3	PA
ANDROGENS		
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
INTRARECTAL STEROIDS		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
RECTAL COMBINATIONS		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC
RECTAL STEROIDS		
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	

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
VASODILATING AGENTS		
RECTIV OIN 0.4% (<i>nitroglycerin (intra-anal)</i>)	Tier 3	
ANTACIDS		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i> (Mintox Plus)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Almacone)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i> (Antacid)	Tier 1	OTC
<i>alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml</i> (Almacone Double Strength)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i> (Cvs Heartburn Relief)	Tier 1	OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i> (Acid Gone)	Tier 1	OTC
<i>aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg</i> (Sm Foaming Antacid)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide chew tab 675-135 mg</i> (Tgt Antacid Extra Strengt)	Tier 1	OTC
<i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i> (Cvs Antacid Supreme)	Tier 1	OTC
MI-ACID CHW (<i>calcium carbonate-mag hydrox</i>)	Tier 1	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate tab 325 mg</i>	Tier 1	OTC
<i>sodium bicarbonate tab 650 mg</i>	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
<i>calcium carbonate (antacid) chew tab 400 mg</i> (Childrens Pepto)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i> (Calcium Antacid)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i> (Cvs Smooth Antacid Extra)	Tier 1	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i> (Gnp Antacid Ultra Strengt)	Tier 1	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tab 250 mg</i> (Gnp Magnesium)	Tier 1	OTC
<i>magnesium oxide tab 420 mg</i> (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
<i>ivermectin tab 3 mg</i>	Tier 1	

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>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
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
<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
ANTI-INFECTIVE MISC. - COMBINATIONS		
<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	
ANTIPROTOZOAL AGENTS		
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
GLYCOPEPTIDES		
FIRVANQ SOL 25MG/ML (<i>vancomycin hcl</i>)	Tier 2	
FIRVANQ SOL 50MG/ML (<i>vancomycin hcl</i>)	Tier 2	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>dapsone tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days)
LINCOSAMIDES		
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	AGE; AGE (Max 12 years)
MONOBACTAMS		
CAYSTON INH 75MG (<i>aztreonam lysine</i>)	Tier 4	PA
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 3	PA
<i>linezolid tab 600 mg</i>	Tier 3	PA

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>alprazolam tab 0.25 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	AGE, QL (90 caps / 30 days); AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	QL (120 tabs / 30 days); 50/30 for non-insulin, 200/30 for insulin / pregnant.
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Min 6 years, Max 64 years)
<i>diazepam conc 5 mg/ml</i> (Diazepam Intensol)	Tier 1	AGE, QL (30 mL / 30 days); AGE (Max 64 years)
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	AGE, QL (120 mL / 30 days); AGE (Max 64 years)
<i>diazepam tab 2 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>diazepam tab 5 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>diazepam tab 10 mg</i>	Tier 1	AGE, QL (90 tabs / 30 days); AGE (Max 64 years)
<i>lorazepam conc 2 mg/ml</i>	Tier 1	AGE, QL (90 mL / 30 days); AGE (Min 12 years)

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

ANTIARRHYTHMICS

ANTIARRHYTHMICS TYPE I-A

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

ANTIARRHYTHMICS TYPE I-B

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

ANTIARRHYTHMICS TYPE I-C

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

ANTIARRHYTHMICS TYPE III

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

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS

ANTI-INFLAMMATORY AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES		
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 4	QL (2.5 mL / 28 days), PA
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 4	QL (5 mL / 28 days), PA
Antiasthmatic - Monoclonal Antibodies		
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	Tier 4	PA
NUCALA INJ 100MG (<i>mepolizumab</i>)	Tier 4	PA
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AER 17MCG (<i>ipratropium bromide hfa</i>)	Tier 2	QL (12.9 gm / 30 days), MAIL
INCRUSE ELPT INH 62.5MCG (<i>umeclidinium bromide</i>)	Tier 2	QL (30 blisters / 30 days), MAIL
<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	QL (120 vials / 30 days), MAIL
TUDORZA PRES AER 400/ACT (<i>aclidinium bromide</i>)	Tier 2	QL (1 ea / 30 days), MAIL
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 9 years)
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	AGE, QL (30 tabs / 30 days), MAIL; AGE (Max 14 years)
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>zafirlukast tab 10 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zafirlukast tab 20 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>zileuton tab er 12hr 600 mg</i>	Tier 3	MAIL, PA
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	MAIL, PA
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	Tier 3	QL (13 gm / 30 days), MAIL, ST; Prior use of (1) Symbicort AND (2) fluticasone/salmerterol inhaler (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

Drug Name	Drug Tier	Requirements/Limits
PROVENTIL AER HFA (<i>albuterol sulfate</i>)	Tier 3	QL (6.7 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	QL (4 gm / 30 days), MAIL
SYMBICORT AER 80-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
SYMBICORT AER 160-4.5 (<i>budesonide-formoterol fumarate dihydrate</i>)	Tier 2	QL (10.2 gm / 30 days), MAIL
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>terbutaline sulfate tab 5 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
VENTOLIN HFA AER (<i>albuterol sulfate</i>)	Tier 3	QL (18 gm / 30 days), MAIL, ST; Prior use of Proair HFA within the past 90 days.
XANTHINES		
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 4	PA
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 4	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
THROMBIN INHIBITORS		
PRADAXA CAP 75MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	MAIL, PA
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 3	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 3	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>clonazepam tab 2 mg</i>	Tier 1	QL (300 tabs / 30 days)
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	QL (2 ea / 30 days)
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	QL (2 ea / 30 days)
VALTOCO LIQ 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO LIQ 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 ea / 30 days); AGE (Min 6 years)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	AGE, QL (10 sprays / 30 days); AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	Tier 3	MAIL
BANZEL SUS 40MG/ML (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 200MG (<i>rufinamide</i>)	Tier 3	MAIL
BANZEL TAB 400MG (<i>rufinamide</i>)	Tier 3	MAIL
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	MAIL
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	MAIL
<i>carbamazepine chew tab 100 mg</i>	Tier 1	MAIL
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	MAIL
<i>carbamazepine tab 200 mg</i> (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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>maprotiline hcl tab 25 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 50 mg</i>	Tier 1	MAIL
<i>maprotiline hcl tab 75 mg</i>	Tier 1	MAIL
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	MAIL, PA
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	MAIL, PA
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	MAIL, PA
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	AGE, QL (600 mL / 30 days), MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL

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

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

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

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

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

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>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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	OTC, QL (30 mL / 30 days), MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA

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
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	MAIL, PA
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug

Drug Name	Drug Tier	Requirements/Limits
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL, ST; Prior use within the past 180 days: TWO Formulary oral diabetes drugs, OR, ONE Formulary combo oral diabetes drug
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	AGE, QL (90 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL
<i>glimepiride tab 4 mg</i>	Tier 1	MAIL
<i>glipizide tab 5 mg</i>	Tier 1	MAIL
<i>glipizide tab 10 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	MAIL
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 3 mg</i>	Tier 1	MAIL
<i>glyburide micronized tab 6 mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25 mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5 mg</i>	Tier 1	MAIL
<i>glyburide tab 5 mg</i>	Tier 1	MAIL
<i>tolazamide tab 250 mg</i>	Tier 1	MAIL
<i>tolazamide tab 500 mg</i>	Tier 1	MAIL
<i>tolbutamide tab 500 mg</i>	Tier 1	MAIL
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

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>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-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
<i>granisetron hcl tab 1 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	AGE, QL (50 mL / 30 days); AGE (Max 12 years)
<i>ondansetron hcl tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron hcl tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	QL (90 tabs / 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tab 50 mg</i> (Cvs Motion Sickness)	Tier 1	OTC
<i>meclizine hcl chew tab 25 mg</i> (Cvs Motion Sickness Relie)	Tier 1	OTC, QL (120 tabs / 30 days)
<i>meclizine hcl tab 12.5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>meclizine hcl tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 3	QL (4 patches / 30 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)	Tier 3	PA

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
CESAMET CAP 1MG (<i>nabilone</i>)	Tier 3	PA
<i>dronabinol cap 2.5 mg</i>	Tier 3	PA
<i>dronabinol cap 5 mg</i>	Tier 3	PA
<i>dronabinol cap 10 mg</i>	Tier 3	PA
<i>fructose-dextrose-phosphoric acid oral soln</i> (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	Tier 3	PA
<i>aprepitant capsule 80 mg</i>	Tier 3	PA
<i>aprepitant capsule 125 mg</i>	Tier 3	PA
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
<i>flucytosine cap 250 mg</i>	Tier 1	PA
<i>flucytosine cap 500 mg</i>	Tier 1	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG (<i>isavuconazonium sulfate</i>)	Tier 4	PA
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	AGE, QL (105 mL / 30 days); AGE (Max 12 years)
<i>fluconazole tab 50 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 100 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs / 30 days)
<i>fluconazole tab 200 mg</i>	Tier 1	QL (21 tabs / 30 days)
<i>itraconazole cap 100 mg</i>	Tier 1	QL (120 caps / 30 days)
<i>ketoconazole tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>voriconazole tab 50 mg</i>	Tier 3	PA
<i>voriconazole tab 200 mg</i>	Tier 3	PA
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)

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
dexchlorpheniramine maleate oral soln 2 mg/5ml (Ryclora)	Tier 1	
ANTI-HISTAMINES - ETHANOLAMINES		
ALER-DRYL TAB 50MG (diphenhydramine hcl)	Tier 1	OTC
carbinoxamine maleate soln 4 mg/5ml	Tier 1	
carbinoxamine maleate tab 4 mg	Tier 1	
clemastine fumarate tab 1.34 mg (1 mg base equiv) (Gnp Dayhist Allergy)	Tier 1	OTC
clemastine fumarate tab 2.68 mg	Tier 1	
diphenhydramine hcl cap 25 mg (Pharbedryl)	Tier 1	OTC
diphenhydramine hcl cap 50 mg	Tier 1	OTC
diphenhydramine hcl chew tab 12.5 mg (Gnp Allergy Relief)	Tier 1	OTC, AGE; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	OTC, AGE; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTI-HISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	OTC, QL (30 tabs / 30 days)
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	OTC, QL (30 tabs / 30 days)
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	OTC, QL (60 tabs / 30 days)
fexofenadine hcl tab 180 mg	Tier 1	OTC, QL (30 tabs / 30 days)
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	AGE, QL (300 mL / 30 days); AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	OTC, QL (30 tabs / 30 days)
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	OTC, AGE, QL (300 mL / 30 days); AGE (Max 12 years)
loratadine tab 10 mg (Allergy Relief)	Tier 1	OTC, QL (30 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 43 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 67 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 134 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate micronized cap 200 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL
<i>fenofibrate tab 48 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 54 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 145 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibrate tab 160 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fenofibric acid tab 35 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>gemfibrozil tab 600 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 5	QL (30 caps / 30 days), MAIL, ST; Tier 5 for ages 40-75, otherwise Tier 3; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin

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

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

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

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>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
AGENTS FOR PHEOCHROMOCYTOMA		
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 4	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<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.

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>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

Drug Name	Drug Tier	Requirements/Limits
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	MAIL, ST; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<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

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

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>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (<i>mecamylamine hcl</i>)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>eplerenone tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 25 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 50 mg</i>	Tier 1	MAIL
<i>hydralazine hcl tab 100 mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5 mg</i>	Tier 1	MAIL
<i>minoxidil tab 10 mg</i>	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	QL (30 tabs / 30 days)
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
DARAPRIM TAB 25MG (<i>pyrimethamine</i>)	Tier 4	QL (120 tabs / 30 days), PA
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	QL (21 tabs / 30 days), PA

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>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
<i>ANTIMYASTHENIC/CHOLINERGIC AGENTS</i>		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
<i>ANTI TB COMBINATIONS</i>		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
<i>ANTIMYCOBACTERIAL AGENTS</i>		
<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	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
<i>ALKYLATING AGENTS</i>		
<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
<i>ANTIMETABOLITES</i>		
<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptapurine tab 50 mg</i>	Tier 1	

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

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

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>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 4	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
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
ANTINEOPLASTIC - IMMUNOMODULATORS		
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
ANTINEOPLASTIC COMBINATIONS		
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
ANTINEOPLASTIC ENZYME INHIBITORS		
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

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
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
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

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
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
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

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
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	PA
CHEMOTHERAPY ADJUNCTS		
KEPIVANCE INJ 6.25MG (<i>palifermin</i>)	Tier 4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 4	PA
ANTI-PARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	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
amantadine hcl syrup 50 mg/5ml	Tier 1	MAIL
APOKYN INJ 10MG/ML (apomorphine hydrochloride)	Tier 4	PA
bromocriptine mesylate cap 5 mg (base equivalent)	Tier 3	QL (180 caps / 30 days), MAIL
bromocriptine mesylate tab 2.5 mg (base equivalent)	Tier 3	QL (180 tabs / 30 days), MAIL
carbidopa & levodopa orally disintegrating tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa orally disintegrating tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab 10-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab 25-250 mg	Tier 1	MAIL
carbidopa & levodopa tab er 25-100 mg	Tier 1	MAIL
carbidopa & levodopa tab er 50-200 mg	Tier 1	MAIL
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	Tier 3	MAIL
carbidopa-levodopa-entacapone tabs 25-100-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	Tier 3	QL (240 tabs / 30 days), MAIL
carbidopa-levodopa-entacapone tabs 50-200-200 mg	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR (rotigotine)	Tier 3	MAIL, PA
NEUPRO DIS 2MG/24HR (rotigotine)	Tier 3	MAIL, PA
NEUPRO DIS 3MG/24HR (rotigotine)	Tier 3	MAIL, PA
NEUPRO DIS 4MG/24HR (rotigotine)	Tier 3	MAIL, PA
NEUPRO DIS 6MG/24HR (rotigotine)	Tier 3	MAIL, PA
NEUPRO DIS 8MG/24HR (rotigotine)	Tier 3	MAIL, PA
pramipexole dihydrochloride tab 0.5 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.25 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.75 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 0.125 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1 mg	Tier 1	MAIL
pramipexole dihydrochloride tab 1.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.5 mg	Tier 1	MAIL
ropinirole hydrochloride tab 0.25 mg	Tier 1	MAIL
ropinirole hydrochloride tab 1 mg	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>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>selegiline hcl cap 5 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>selegiline hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate cap 600 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 300 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>lithium carbonate tab er 450 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	MAIL, PA
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)

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

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
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tab 3 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days), MAIL; AGE (Min 5 years)
<i>risperidone tab 4 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days), MAIL; AGE (Min 5 years)
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	AGE; AGE (Min 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>haloperidol tab 20 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
DIBENZAPINES		
<i>clozapine tab 25 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 50 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 100 mg</i>	Tier 1	AGE, QL (60 tabs / 30 days); AGE (Min 6 years)
<i>clozapine tab 200 mg</i>	Tier 1	AGE, QL (120 tabs / 30 days); AGE (Min 6 years)
<i>loxapine succinate cap 5 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 10 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 25 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)
<i>loxapine succinate cap 50 mg</i>	Tier 1	AGE, MAIL; AGE (Min 6 years)

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

Drug Name	Drug Tier	Requirements/Limits
<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)
PHENOTHIAZINES		
<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)

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

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

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 200/25 (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>didanosine delayed release capsule 200 mg</i>	Tier 1	QL (60 caps / 30 days)
<i>didanosine delayed release capsule 250 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>didanosine delayed release capsule 400 mg</i>	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (<i>rilpivirine hcl</i>)	Tier 2	QL (30 tabs / 30 days)
<i>efavirenz cap 50 mg</i>	Tier 1	QL (360 caps / 30 days)
<i>efavirenz cap 200 mg</i>	Tier 1	QL (90 caps / 30 days)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (30 tabs / 30 days)
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	Tier 2	QL (30 caps / 30 days)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 (<i>atazanavir sulfate-cobicistat</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 lamivudine oral soln 10 mg/ml</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)

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

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
VIRACEPT TAB 250MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (300 tabs / 30 days)
VIRACEPT TAB 625MG (<i>nelfinavir mesylate</i>)	Tier 2	QL (120 tabs / 30 days)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 2	QL (30 tabs / 30 days)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (180 caps / 30 days)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (1800 mL / 30 days)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days)
CMV AGENTS		
FOSCAVIR INJ 24MG/ML (<i>foscarnet sodium</i>)	Tier 3	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 4	PA
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 4	PA
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days)
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
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 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 susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps / year)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	AGE, QL (120 mL / year); AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>labetalol hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 200 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>labetalol hcl tab 300 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
BETA BLOCKERS CARDIO-SELECTIVE		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	MAIL, PA
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>metoprolol tartrate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>BETA BLOCKERS NON-SELECTIVE</i>		
<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

Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160 mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 5 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 10 mg</i>	Tier 1	MAIL
<i>timolol maleate tab 20 mg</i>	Tier 1	MAIL

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nicardipine hcl cap 30 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>nifedipine cap 10 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine cap 20 mg</i>	Tier 1	AGE, QL (120 caps / 30 days), MAIL; AGE (Max 64 years)
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nimodipine cap 30 mg</i>	Tier 1	MAIL
<i>nisoldipine tab er 24hr 8.5 mg</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
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 3	MAIL, PA
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 3	MAIL, PA
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>verapamil hcl tab 40 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 80 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>verapamil hcl tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>verapamil hcl tab er 180 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>verapamil hcl tab er 240 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
CARDIOTONICS		
CARDIAC GLYCOSIDES		
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.25MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
LANOXIN TAB 0.125MG (<i>digoxin</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
CARDIOVASCULAR AGENTS - MISC.		
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	MAIL, PA

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

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

Drug Name	Drug Tier	Requirements/Limits
TRACLEER TAB 125MG (<i>bosentan</i>)	Tier 4	QL (60 tabs / 30 days), PA
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<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
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	QL (200 tabs / 30 days), PA
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	QL (60 tabs / 30 days), PA
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	

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>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 3	
<i>cefixime for susp 100 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<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)

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>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	QL (39 tablets / 28 days), MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i> (Velivet)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drosiprenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> (Tydemy)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drosiprenone-ethinyl estradiol tab 3-0.02 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>drosiprenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	Tier 5	QL (39 tablets / 28 days), MAIL
FALESSA KIT (<i>levonorgestrel-ethinyl estradiol & folic acid</i>)	Tier 5	QL (75 tablets / 28 days), MAIL
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Tier 5	QL (30 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
LO LOESTRIN TAB 1-10-10 (<i>norethindrone acetate-ethinyl estradiol-fe fum (biphasic)</i>)	Tier 5	QL (39 tablets / 28 days), MAIL

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

Drug Name	Drug Tier	Requirements/Limits
NATAZIA TAB (<i>estradiol valerate-dienogest</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i> (Briellyn)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i> (Nortrel 0.5/35 (28))	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i> (Nortrel 1/35)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i> (Tilia Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Tier 5	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i> (Junel 1.5/30)	Tier 5	QL (28 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> (Junel Fe 1.5/30)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> (Melodetta 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i> (Larin 24 Fe)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i> (Nortrel 7/7/7)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
<i>norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg</i> (Ogestrel)	Tier 5	QL (39 tablets / 28 days), MAIL
TAYTULLA CAP 1MG/20MC (<i>norethin acet & estrad-fe</i>)	Tier 5	QL (39 tablets / 28 days), MAIL
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 5	QL (4 patches / 28 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
COMBINATION CONTRACEPTIVES - VAGINAL		
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Tier 5	QL (1 ring / 28 days), MAIL
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> (Eluryng)	Tier 5	QL (1 ring / 28 days), MAIL
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	Tier 5	QL (1 ring / 28 days), MAIL
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A (<i>copper (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (<i>ulipristal acetate</i>)	Tier 5	QL (4 tabs / 90 days)
<i>levonorgestrel tab 1.5 mg</i> (My Way)	Tier 5	OTC, QL (4 tabs / 90 days)
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMP 68MG (<i>etonogestrel</i>)	Tier 5	QL (1 implant in lifetime)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 5	QL (1 injection / 90 days)
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 5	QL (1 Injection / 75 days)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 5	QL (1 injection / 90 days)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
LILETTA IUD 52MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 5	QL (1 IUD in lifetime)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 5	QL (39 tablets / 28 days), MAIL
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
<i>budesonide delayed release particles cap 3 mg</i>	Tier 3	PA
<i>cortisone acetate tab 25 mg</i>	Tier 3	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Tier 1	
<i>dexamethasone soln 0.5 mg/5ml</i>	Tier 1	
<i>dexamethasone tab 0.5 mg</i>	Tier 1	
<i>dexamethasone tab 0.75 mg</i>	Tier 1	
<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	

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>dexamethasone tab 4 mg</i>	Tier 1	
<i>dexamethasone tab 6 mg</i>	Tier 1	
<i>hydrocortisone tab 5 mg</i>	Tier 1	
<i>hydrocortisone tab 10 mg</i>	Tier 1	
<i>hydrocortisone tab 20 mg</i>	Tier 1	
<i>methylprednisolone tab 4 mg</i>	Tier 1	
<i>methylprednisolone tab 8 mg</i>	Tier 1	
<i>methylprednisolone tab 16 mg</i>	Tier 1	
<i>methylprednisolone tab 32 mg</i>	Tier 1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Tier 1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Tier 1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Tier 1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICOIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
<i>ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)</i>	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml (Wal-tap Cold & Allergy)</i>	Tier 1	OTC
<i>BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)</i>	Tier 1	OTC, QL (240 mL / 30 days)

Drug Name	Drug Tier	Requirements/Limits
cetirizine-pseudoephedrine tab er 12hr 5-120 mg (All Day Allergy D)	Tier 1	OTC, QL (60 ea / 30 days)
dextromethorphan-guaifenesin liquid 10-100 mg/5ml (Diabetic Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin liquid 10-200 mg/5ml (Diabetic Tussin Maximum S)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin syrup 10-100 mg/5ml (Siltussin-dm)	Tier 1	OTC, QL (240 mL / 30 days)
dextromethorphan-guaifenesin tab er 12hr 30-600 mg (Mucus-dm)	Tier 1	OTC
diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml (Cvs Cold & Cough Nighttim)	Tier 1	OTC, QL (240 mL / 30 days)
diphenhydramine-phenylephrine tab 25-10 mg (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
guaifenesin-codeine soln 100-10 mg/5ml (Guaiatussin Ac)	Tier 1	OTC, QL (240 mL / 30 days)
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	OTC, QL (60 ea / 30 days)
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	OTC, QL (30 tabs / 30 days)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	OTC, QL (60 ea / 30 days)
MISC. RESPIRATORY INHALANTS		
sodium chloride soln nebu 0.9%	Tier 1	
sodium chloride soln nebu 3% (Nebusal)	Tier 1	
sodium chloride soln nebu 7%	Tier 1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	Tier 1	

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

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

Drug Name	Drug Tier	Requirements/Limits
<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
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), PA
<i>diclofenac sodium gel 1%</i>	Tier 1	OTC, QL (200 gm / 30 days), PA
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>ciclopirox olamine cream 0.77%</i> (base equiv)	Tier 1	QL (90 gm / 30 days)
<i>ciclopirox olamine susp 0.77%</i> (base equiv)	Tier 1	QL (60 mL / 25 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>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
OXISTAT LOT 1% (<i>oxiconazole nitrate</i>)	Tier 3	PA
<i>sulconazole nitrate cream 1%</i>	Tier 3	PA
<i>terbinafine hcl cream 1%</i>	Tier 1	OTC, QL (30 gm / 30 days)
<i>tolnaftate aerosol pow 1%</i> (Cvs Af Spray Powder)	Tier 1	OTC
<i>tolnaftate cream 1%</i>	Tier 1	OTC
<i>tolnaftate powder 1%</i> (Anti-fungal Powder)	Tier 1	OTC
<i>tolnaftate soln 1%</i> (Mycocide Clinical Ns Anti)	Tier 1	OTC
ANTI-HISTAMINES-TOPICAL		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i> (Sm Anti-itch Extra Streng)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
fluorouracil cream 5%	Tier 3	
PANRETIN GEL 0.1% (alitretinoin)	Tier 4	PA
PICATO GEL 0.05% (ingenol mebutate)	Tier 3	PA
PICATO GEL 0.015% (ingenol mebutate)	Tier 3	PA
TARGRETIN GEL 1% (bexarotene (topical))	Tier 4	PA
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 3	PA
acitretin cap 17.5 mg	Tier 3	PA
acitretin cap 25 mg	Tier 3	PA
calcipotriene oint 0.005%	Tier 3	PA
calcipotriene soln 0.005% (50 mcg/ml)	Tier 3	PA
calcitriol oint 3 mcg/gm	Tier 3	QL (100 gm / 30 days)
COSENTYX INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 4	PA; Preferred Brand
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 4	PA; Preferred Brand
DRITHO-CREME CRE HP 1% (anthralin)	Tier 2	QL (50 gm / 30 days)
SKYRIZI INJ 150DOSE (risankizumab-rzaa)	Tier 4	PA; Preferred Brand
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA; Preferred Brand
tazarotene cream 0.1%	Tier 3	QL (60 gm / 30 days), PA
TAZORAC CRE 0.05% (tazarotene)	Tier 3	QL (60 gm / 30 days), PA
TAZORAC GEL 0.1% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
TAZORAC GEL 0.05% (tazarotene)	Tier 3	QL (100 gm / 30 days), PA
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	OTC, QL (2 gm / 30 days)
acyclovir oint 5%	Tier 3	PA
DENAVIR CRE 1% (penciclovir)	Tier 2	PA
docosanol cream 10%	Tier 1	OTC, QL (2 gm / 30 days)
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>amcinonide cream 0.1%</i>	Tier 3	QL (60 gm / 30 days)
<i>amcinonide lotion 0.1%</i>	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (<i>diflorasone diacetate emollient base</i>)	Tier 3	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)
<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)

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>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)
<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)

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

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
MISC. TOPICAL		
DRYSOL SOL 20% (<i>aluminum chloride</i>)	Tier 1	QL (60 mL / 30 days)
<i>menthol-zinc oxide oint 0.44-20%</i> (Zinc-oxyde Plus)	Tier 1	OTC
<i>skin protectants misc - cream</i> (Dermacerin)	Tier 1	OTC
ROSACEA AGENTS		
<i>metronidazole cream 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<i>metronidazole gel 0.75%</i>	Tier 1	QL (45 gm / 30 days)
<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
SCABICIDES & PEDICULICIDES		
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 & 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)
WOUND CARE PRODUCTS		
REGANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	QL (15 gm / 30 days), PA
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC DRUGS		
THYROGEN INJ 1.1MG (<i>thyrotropin alfa</i>)	Tier 4	PA
DIAGNOSTIC TESTS		
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		
<i>DIGESTIVE ENZYMES</i>		
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 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 25000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
ZENPEP CAP 40000 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
DIURETICS		
<i>CARBONIC ANHYDRASE INHIBITORS</i>		
<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
<i>DIURETIC COMBINATIONS</i>		
ALDACTAZIDE TAB 50/50 (<i>spironolactone & hydrochlorothiazide</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
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>toremide tab 5 mg</i>	Tier 1	MAIL
<i>toremide tab 10 mg</i>	Tier 1	MAIL
<i>toremide tab 20 mg</i>	Tier 1	MAIL
<i>toremide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG (<i>triamterene</i>)	Tier 3	MAIL
DYRENIUM CAP 100MG (<i>triamterene</i>)	Tier 3	MAIL
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL

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>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 4	MAIL, PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	QL (1 tablet / 28 days), MAIL
PROLIA SOL 60MG/ML (<i>denosumab</i>)	Tier 4	PA
<i>risedronate sodium tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 4	PA
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT	Tier 4	PA
GNRH/LHRH ANTAGONISTS		
CETROTIDE KIT 0.25MG (<i>cetorelix acetate</i>)	Tier 4	PA
<i>ganirelix acetate soln prefilled syringe 250 mcg/0.5ml</i>	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 4	PA

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
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 3	MAIL, PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 1 mcg</i>	Tier 3	MAIL, PA
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	MAIL, PA
ELAPRASE INJ 6MG/3ML (<i>idursulfase</i>)	Tier 4	PA
FABRAZYME INJ 5MG (<i>agalsidase beta</i>)	Tier 4	PA
KUVAN TAB 100MG (<i>sapropterin dihydrochloride</i>)	Tier 4	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL

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

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
estradiol & norethindrone acetate tab 0.5-0.1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol & norethindrone acetate tab 1-0.5 mg (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	Tier 1	QL (30 tabs / 30 days), MAIL
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 (conjugated estrogens-medroxyprogesterone acetate)	Tier 2	QL (30 tabs / 30 days), MAIL
ESTROGENS		
estradiol tab 0.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol tab 1 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estradiol tab 2 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estropipate tab 0.75 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estropipate tab 1.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
estropipate tab 3 mg	Tier 1	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.3MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 0.625MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
MENEST TAB 1.25MG (esterified estrogens)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.3MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.9MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.45MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMARIN TAB 0.625MG (estrogens, conjugated)	Tier 2	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 1.25MG (<i>estrogens, conjugated</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG (<i>delafloxacin meglumine</i>)	Tier 3	PA
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<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)

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
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
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>mesalamine enema 4 gm</i>	Tier 1	MAIL
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 4	PA
RENFLEXIS INJ 100MG (<i>infliximab-abda</i>)	Tier 4	PA
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 4	PA; Preferred Brand
<i>sulfasalazine tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	MAIL
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosectron hcl tab 0.5 mg (base equiv)</i>	Tier 3	MAIL, PA
<i>alosectron hcl tab 1 mg (base equiv)</i>	Tier 3	MAIL, PA
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 3	MAIL, PA
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
MOVANTIK TAB 12.5MG (<i>naloxegol oxalate</i>)	Tier 3	PA
MOVANTIK TAB 25MG (<i>naloxegol oxalate</i>)	Tier 3	PA
RELISTOR INJ 12/0.6ML (<i>methylnaltrexone bromide</i>)	Tier 4	PA

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
RELISTOR TAB 150MG (<i>methylnaltrexone bromide</i>)	Tier 4	PA
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 3	PA
PHOSPHATE BINDER AGENTS		
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	QL (360 caps / 30 days), MAIL
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
<i>sevelamer carbonate tab 800 mg</i>	Tier 3	MAIL, ST; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (<i>sucroferric oxyhydroxide</i>)	Tier 3	MAIL, PA
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	QL (90 tabs / 30 days)
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	Tier 4	PA
GENITOURINARY IRRIGANTS		
<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>sodium chloride irrigation soln 0.9%</i>	Tier 1	
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (<i>pentosan polysulfate sodium</i>)	Tier 3	PA

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
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)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
<i>allopurinol tab 100 mg</i>	Tier 1	MAIL
<i>allopurinol tab 300 mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6 mg</i>	Tier 1	QL (30 tabs / 90 days)
<i>febuxostat tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>febuxostat tab 80 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 40MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
ULORIC TAB 80MG (<i>febuxostat</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
URICOSURICS		
<i>probenecid tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor rahf-pfm</i>)	Tier 4	PA

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
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
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

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
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
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

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 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
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

Drug Name	Drug Tier	Requirements/Limits
XYNTHA SOLOF INJ 2000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF INJ 3000UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
XYNTHA SOLOF KIT 250UNIT (<i>antihemophilic factor (recombinant) plasma/albumin free</i>)	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
FIRAZYR INJ 30MG/3ML (<i>icatibant acetate</i>)	Tier 4	PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent)</i>	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (<i>c1 esterase inhibitor (human)</i>)	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PLASMA KALLIKREIN INHIBITORS		
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 4	PA
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	MAIL
<i>anagrelide hcl cap 1 mg</i>	Tier 1	MAIL
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 3	MAIL, PA
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 3	QL (60 tabs / 30 days), MAIL, PA
<i>cilostazol tab 50 mg</i>	Tier 1	MAIL
<i>cilostazol tab 100 mg</i>	Tier 1	MAIL
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>dipyridamole tab 25 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50 mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75 mg</i>	Tier 1	MAIL
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ZONTIVITY TAB 2.08MG (<i>vorapaxar sulfate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	Tier 4	PA
<i>miglustat cap 100 mg</i>	Tier 4	PA

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
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	Tier 1	QL (10 vials per 30 day)
<i>cyanocobalamin sl tab 500 mcg</i> (Cvs B-12)	Tier 1	OTC
<i>cyanocobalamin sl tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin sl tab 2500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 100 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 250 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 500 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab 1000 mcg</i>	Tier 1	OTC
<i>cyanocobalamin tab er 1000 mcg</i> (Cvs Vitamin B-12 Tr)	Tier 1	OTC
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i> (Fa-8)	Tier 5	OTC, QL (30 caps / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 1 mg</i>	Tier 1	MAIL
<i>folic acid tab 400 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
<i>folic acid tab 800 mcg</i>	Tier 5	OTC, QL (30 tabs / 30 days), MAIL; Tier 5 for ages 55 and under, otherwise Tier 1
HEMATOPOIETIC GROWTH FACTORS		
ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 4000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 10000/ML (<i>epoetin alfa</i>)	Tier 4	PA
EPOGEN INJ 20000/ML (<i>epoetin alfa</i>)	Tier 4	PA
FULPHILA INJ 6/0.6ML (<i>pegfilgrastim-jmdb</i>)	Tier 4	QL (0.6 per 14 days), PA
LEUKINE INJ 250MCG (<i>sargramostim</i>)	Tier 4	PA
NEULASTA INJ 6MG/0.6M (<i>pegfilgrastim</i>)	Tier 4	QL (0.6 per 14 days), PA
NEUPOGEN INJ 300/0.5 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 300MCG (<i>filgrastim</i>)	Tier 4	PA

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
NEUPOGEN INJ 480/0.8 (<i>filgrastim</i>)	Tier 4	PA
NEUPOGEN INJ 480MCG (<i>filgrastim</i>)	Tier 4	PA
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 4	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 4	PA
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 4	PA
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 4	PA
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 4	PA
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 4	PA
UDENYCA INJ 6MG/.6ML (<i>pegfilgrastim-cbqv</i>)	Tier 4	QL (0.6 per 14 days), PA
ZARXIO INJ 300/0.5 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZARXIO INJ 480/0.8 (<i>filgrastim-sndz</i>)	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML (<i>pegfilgrastim-bmez</i>)	Tier 4	QL (0.6 per 14 days), PA
HEMATOPOIETIC MIXTURES		
<i>fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg</i> (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (<i>polysaccharide iron-folic acid-vit b12</i>)	Tier 1	OTC
<i>iron combination cap</i> (Chromagen)	Tier 1	QL (60 caps / 30 days)
<i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i> (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
<i>carbonyl iron susp 15 mg/1.25ml (elemental iron)</i> (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETT'S TAB 325MG (<i>ferrous fumarate</i>)	Tier 1	OTC, MAIL
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i> (Ferate)	Tier 1	OTC, MAIL
<i>ferrous gluconate tab 324 mg (37.5 mg elemental iron)</i>	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL

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
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (carbonyl iron)	Tier 1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent) (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (ferrous sulfate)	Tier 1	OTC, MAIL

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

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

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS

ANTI-HISTAMINE HYPNOTICS

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

BARBITURATE HYPNOTICS

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

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>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)
HYPNOTICS - TRICYCLIC AGENTS		
<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
NON-BARBITURATE HYPNOTICS		
<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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon cap 10 mg</i>	Tier 1	AGE, QL (30 caps / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	AGE, QL (30 tabs / 30 days); AGE (Min 18 years)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 3	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 3	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG (<i>tasimelteon</i>)	Tier 4	PA
<i>ramelteon tab 8 mg</i>	Tier 3	MAIL, PA
ROZEREM TAB 8MG (<i>ramelteon</i>)	Tier 3	MAIL, PA
LAXATIVES		
BULK LAXATIVES		
<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL WAF (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL
<i>psyllium powder 28.3%</i> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 30.9%</i> (Konsyl)	Tier 1	OTC, MAIL
<i>psyllium powder 33%</i> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<i>psyllium powder 48.57%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 58.6%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 95%</i> (Qc Natural Vegetable)	Tier 1	OTC, MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC, MAIL
UNIFIBER POW (<i>cellulose</i>)	Tier 1	OTC
<i>wheat dextrin oral powder</i> (Clear Soluble Fiber)	Tier 1	OTC
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3

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

Drug Name	Drug Tier	Requirements/Limits
GOLYTELY SOL (peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
MEDI-LAXX CAP 8.6-50MG (sennosides-docusate sodium)	Tier 1	OTC, MAIL
MOVIPREP SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	Tier 5	Tier 5 for ages 50-74, otherwise Tier 1
PLENVU SOL (peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
PREPOPIK PAK (sodium picosulfate-magnesium oxide-anhydrous citric acid)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
sennosides-docusate sodium tab 8.6-50 mg	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (sodium sulfate-potassium sulfate-magnesium sulfate)	Tier 5	Tier 5 for ages 50-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
glycerin suppos 1.2 gm (Gnp Glycerin Child)	Tier 1	OTC
glycerin suppos 2 gm (Cvs Glycerin Adult)	Tier 1	OTC
glycerin suppos 2.1 gm (Gnp Glycerin Adult)	Tier 1	OTC
glycerin suppos 80.7% (Ra Glycerin Child)	Tier 1	OTC
lactulose solution 10 gm/15ml	Tier 1	MAIL
polyethylene glycol 3350 oral packet 17 gm (Ra Laxative)	Tier 1	OTC, QL (60 packets / 30 days)
polyethylene glycol 3350 oral powder 17 gm/scoop (Ra Laxative)	Tier 1	OTC, QL (527 gm / 30 days)
LUBRICANT LAXATIVES		
mineral oil	Tier 1	OTC
mineral oil enema	Tier 1	OTC
SALINE LAXATIVES		
magnesium citrate soln (Gnp Magnesium Citrate)	Tier 1	OTC
magnesium hydroxide susp 400 mg/5ml (Milk Of Magnesia)	Tier 1	OTC
magnesium hydroxide susp concentrate 2400 mg/10ml (Milk Of Magnesia Concentr)	Tier 1	OTC
OSMOPREP TAB 1.5GM (sodium phosphate monobasic-sodium phosphate dibasic)	Tier 3	PA
sodium phosphates - enema	Tier 1	OTC
STIMULANT LAXATIVES		
bisacodyl suppos 10 mg (Cvs Gentle Laxative)	Tier 1	OTC
bisacodyl tab delayed release 5 mg (Stimulant Laxative)	Tier 1	OTC

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>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
SURFACTANT LAXATIVES		
<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
PEDIA-LAX LIQ 50MG (<i>docusate sodium</i>)	Tier 1	OTC
MACROLIDES		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	QL (2 packets / 30 days)
<i>azithromycin tab 250 mg</i>	Tier 1	QL (12 tabs / 30 days)
<i>azithromycin tab 500 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>azithromycin tab 600 mg</i>	Tier 1	QL (60 tabs / 30 days)
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
ERYTHROMYCINS		
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 3	
<i>erythromycin stearate tab 250 mg</i> (Erythrocin Stearate)	Tier 3	
<i>erythromycin tab 250 mg</i>	Tier 3	
<i>erythromycin tab 500 mg</i>	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin tab delayed release 250 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 333 mg</i> (Ery-tab)	Tier 3	
<i>erythromycin tab delayed release 500 mg</i> (Ery-tab)	Tier 3	
FIDAXOMICIN		
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 3	PA
MEDICAL DEVICES		
Parenteral Therapy Supplies		
BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	DME	QL (150 ea / 30 days)
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
CAYA DPR (<i>diaphragm arc-spring</i>)	Tier 5	
CONDOMS MIS	Tier 5	OTC
CONDOMS MIS LUBRICAT (<i>condoms latex lubricated - male</i>)	Tier 5	OTC
DUREX MIS REALFEEL (<i>condoms non-latex lubricated - male</i>)	Tier 5	OTC
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	Tier 5	OTC
FEMCAP MIS 22MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 26MM (<i>cervical caps</i>)	Tier 5	
FEMCAP MIS 30MM (<i>cervical caps</i>)	Tier 5	
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	
DIABETIC SUPPLIES		
DEXCOM G5 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA

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
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	QL (1 box / 90 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (2 boxes / 30 days), PA
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (3 boxes / 30 days), PA
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	QL (1 each / year), PA
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	QL (4 boxes / 30 days), PA
LANCETS MIS 30G	DME	OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	OTC, QL (1 box / year)
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	OTC, QL (200 ea / 30 days)
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
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

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	DME	OTC, QL (150 ea / 30 days); TRUEPLUS
NEEDLES MIS 18GX1.5" (<i>needle (disp) 18 g</i>)	DME	OTC
PEN NEEDLES MIS 29GX10MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 29GX12.7 (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 29GX12MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX5MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 31GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	QL (150 / 30 days); TRUEPLUS
PEN NEEDLES MIS 32GX4MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX6MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
PEN NEEDLES MIS 32GX8MM (<i>insulin pen needle</i>)	DME	OTC, QL (150 / 30 days); TECHLITE
3ML SYRINGE MIS REG TIP (<i>syringe (disposable)</i>)	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (<i>nebulizers</i>)	Tier 2	OTC

Drug Name	Drug Tier	Requirements/Limits
INSPIRACHAMB MIS LARGE (<i>spacer/aerosol-holding chambers</i>)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (<i>peak flow meter</i>)	DME	OTC, QL (1 each / year)
PULMONEB LT MIS NEBULIZE (<i>respiratory therapy supplies</i>)	Tier 2	QL (1 each / 30 days)
MIGRAINE PRODUCTS		
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (9 tabs / 30 days), ST; Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (9 tabs / 30 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (12 tabs / 30 days)

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

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
CALCIUM		
calcium carb-vit d w/ minerals chew tab 600 mg-400 unit (Ra Calcium 600 Plus Vitam)	Tier 1	OTC
calcium carb-vit d w/ minerals chew tab 600 mg-800 unit (Sm Calcium 600 + D Plus M)	Tier 1	OTC
calcium carbonate tab 600 mg (Calcium 600)	Tier 1	OTC, MAIL
calcium carbonate tab 1250 mg (500 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate tab 1500 mg (600 mg elemental ca)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol cap 600 mg-500 unit (Calcium Plus Vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-100 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-400 unit (Calcium 500/d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol chew tab 500 mg-600 unit (Oysco 500+d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 250 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-125 unit (Cvs Oyster Shell Calcium)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-200 unit (Oyster Shell Calcium Plus)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-400 unit (Oystercal-d)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 500 mg-600 unit (Gnp Calcium 500 +d3)	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-cholecalciferol tab 600 mg-800 unit (Calcium 600/vitamin D3)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d cap 600 mg-200 unit (Liquid Calcium/vitamin D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d chew tab 600 mg-400 unit (Calcium 600 With Vitamin)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 250 mg-125 unit (Ra Oyster Shell Calcium/v)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-125 unit (Calcium 500 + D)	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 500 mg-200 unit (Gnp Calcium 500/d)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate-vitamin d tab 500 mg-400 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-125 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-200 unit	Tier 1	OTC, MAIL
calcium carbonate-vitamin d tab 600 mg-400 unit	Tier 1	OTC, MAIL
CALCIUM CITR TAB 200MG	Tier 1	OTC, MAIL
calcium citrate tab 950 mg (200 mg elemental ca) (Calcitrate)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) (Calcium Citrate + D3)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Tier 1	OTC, MAIL
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) (Cvs Calcium Citrate + D)	Tier 1	OTC, MAIL
CALCIUM TAB 600MG	Tier 1	OTC, MAIL
calcium-magnesium-zinc tab 333-133-5 mg	Tier 1	OTC, MAIL
CALTRATE 600 CHW 600-800 (calcium carbonate-cholecalciferol)	Tier 1	OTC, MAIL
oyster shell calcium tab 500 mg	Tier 1	OTC, MAIL
RA OYS SHL/D TAB 500MG (calcium carbonate-ergocalciferol)	Tier 1	OTC, MAIL
RISACAL-D TAB (calcium & phosphorus w/ vitamin d)	Tier 1	OTC
ELECTROLYTE MIXTURES		
oral electrolyte solution	Tier 1	OTC
FLUORIDE		
FLUORABON DRO (sodium fluoride)	Tier 5	QL (60 mL / 30 days), MAIL; Tier 5 for ages 6 and under, otherwise Tier 2
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)</i> (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)</i> (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (<i>magnesium chloride</i>)	Tier 1	OTC
MAGDELAY TAB 70MG (<i>magnesium chloride</i>)	Tier 1	OTC
<i>magnesium chloride tab dr 64 mg (elemental mg)</i> (Magdelay)	Tier 1	OTC
<i>magnesium gluconate tab 27.5 mg (elemental mg)</i>	Tier 1	OTC
<i>magnesium gluconate tab 500 mg (27 mg elemental mg)</i> (Mag-g)	Tier 1	OTC
<i>magnesium oxide cap 500 mg (elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 250 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i>	Tier 1	OTC, MAIL
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> (Magnesium-oxide)	Tier 1	OTC, MAIL
<i>magnesium oxide tab 500 mg (mg supplement)</i>	Tier 1	OTC, MAIL
<i>magnesium tab 250 mg</i>	Tier 1	OTC, MAIL
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i> (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
<i>potassium chloride cap er 8 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride cap er 10 meq</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Tier 1	QL (150 tabs / 30 days), MAIL
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 3	MAIL
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 10 meq</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SODIUM		
<i>sodium chloride tab 1 gm</i>	Tier 1	OTC
ZINC		
<i>zinc sulfate cap 220 mg (50 mg elemental zn) (Zinc-220)</i>	Tier 1	OTC, MAIL
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
D-PENAMINE TAB 125MG (<i>penicillamine</i>)	Tier 2	
DEPEN TITRA TAB 250MG (<i>penicillamine</i>)	Tier 2	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	QL (30 per 30 days), PA
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
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL

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>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
IRRIGATION SOLUTIONS		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
POTASSIUM REMOVING AGENTS		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i>	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	

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
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	QL (70 ea / 10 days)
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ORAVIG TAB 50MG (<i>miconazole (mouth-throat)</i>)	Tier 3	PA
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
DENTAL PRODUCTS		
<i>sodium fluoride cream 1.1% (Sf 5000 Plus)</i>	Tier 1	MAIL
<i>sodium fluoride gel 1.1% (0.5% f) (Sf)</i>	Tier 1	MAIL
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 3	MAIL, PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	MAIL
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	MAIL
MULTIVITAMINS		
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid cap 1 mg (Virt-caps)</i>	Tier 1	
<i>b-complex w/ c & folic acid tab (Vita-bee/c)</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 0.8 mg (Rena-vite)</i>	Tier 1	OTC
<i>b-complex w/ c & folic acid tab 5 mg (Folbee Plus)</i>	Tier 1	
MULTIPLE VITAMINS W/ IRON		
<i>multiple vitamins w/ iron tab (Stress Formula W/iron)</i>	Tier 1	OTC
MULTIPLE VITAMINS W/ MINERALS		
<i>multiple vitamins w/ minerals cap (V-c Forte)</i>	Tier 1	
<i>multiple vitamins w/ minerals liquid (Multivitamin & Mineral)</i>	Tier 1	OTC
<i>multiple vitamins w/ minerals tab (Ocuvite/lutein)</i>	Tier 1	OTC
MULTIVITAMINS		
MULTI VITAMI TAB D-3	Tier 1	OTC
<i>multiple vitamin cap (Mv-one)</i>	Tier 1	OTC
<i>multiple vitamin tab (Daily Vite)</i>	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)</i>	Tier 1	QL (50 mL / 30 days)
PED MULTIPLE VITAMINS W/ MINERALS		
<i>pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)</i>	Tier 1	OTC

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

Drug Name	Drug Tier	Requirements/Limits
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c drops 45 mg/ml (Aquadeks)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron drops 10 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
PEDIATRIC MULTIPLE VITAMINS		
MULT VITAM DRO (pediatric multiple vitamins)	Tier 2	OTC, QL (50 / 30 days)
pediatric multiple vitamin liq (Multi-delyn)	Tier 1	OTC
pediatric multiple vitamin w/ c & fa chew tab (Chewable Vite Childrens)	Tier 1	OTC
pediatric multiple vitamin w/ c soln 35 mg/ml (Bprotected Pedia Poly-vit)	Tier 1	OTC
pediatric multiple vitamin w/ extra c & fa chew tab (Land Before Time Multivit)	Tier 1	OTC
POLY-VI-SOL SOL 50MG/ML (pediatric multiple vitamin w/ c)	Tier 2	OTC
PEDIATRIC VITAMINS		
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml (Bprotected Pedia Tri-vite)	Tier 1	OTC, QL (50 / 30 days)
TRI-VI-SOL SOL A/C/D (pediatric vitamins adc)	Tier 2	OTC, QL (50 / 30 days)

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

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

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
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>baclofen tab 20 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>carisoprodol tab 350 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>chlorzoxazone tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days)
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>metaxalone tab 800 mg</i>	Tier 3	PA
<i>methocarbamol tab 500 mg</i>	Tier 1	AGE, QL (180 tabs / 30 days); AGE (Max 64 years)
<i>methocarbamol tab 750 mg</i>	Tier 1	AGE, QL (300 tabs / 30 days); AGE (Max 64 years)
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	AGE, QL (240 tabs / 30 days), MAIL; AGE (Max 64 years)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	AGE, QL (270 tabs / 30 days), MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
VISCOSUPPLEMENTS		
<i>EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	QL (3 syringes / 180 days), PA
<i>VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))</i>	Tier 4	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
<i>saline nasal spray 0.65% (Cvs Saline Nasal Spray)</i>	Tier 1	OTC
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray

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>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Tier 1	OTC, QL (52 mL / 30 days), MAIL
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 3	QL (30.5 gm / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	QL (15 mL / 30 days), MAIL
NASAL STEROIDS		
<i>budesonide nasal susp 32 mcg/act</i> (Ra Budesonide Nasal Spray)	Tier 1	OTC, QL (1 bottle / 30 days), MAIL
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	QL (25 mL / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	AGE, QL (16 gm / 30 days), MAIL; AGE (Min 4 years)
OMNARIS SPR (<i>ciclesonide (nasal)</i>)	Tier 3	MAIL, PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i> (Goodsense Nasal Allergy S)	Tier 1	OTC, QL (16.9 mL / 30 days), MAIL
SYMPATHOMIMETIC DECONGESTANTS		
NASAL DECON SYP 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
NASAL DECONG LIQ 30MG/5ML (<i>pseudoephedrine hcl</i>)	Tier 1	OTC
<i>oxymetazoline hcl nasal soln 0.05%</i> (Cvs Nasal Spray)	Tier 1	OTC
<i>phenylephrine hcl tab 10 mg</i> (Cvs Nasal Decongestant Pe)	Tier 1	OTC
<i>pseudoephedrine hcl liq 15 mg/5ml</i> (Childrens Silfedrine)	Tier 1	OTC
<i>pseudoephedrine hcl tab 30 mg</i> (Cvs Nasal Decongestant)	Tier 1	OTC

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

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
polyvinyl alcohol ophth soln 1.4% (Artificial Tears)	Tier 1	OTC, MAIL
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%) (Gnp Artificial Tears)	Tier 1	OTC, MAIL
propylene glycol-glycerin ophth soln 1-0.3% (Ra Lubricant Eye Drops)	Tier 1	OTC, MAIL
white petrolatum-mineral oil ophth ointment (Genteal Tears Night-time)	Tier 1	OTC, MAIL
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	Tier 1	MAIL
carteolol hcl ophth soln 1%	Tier 1	QL (15 mL / 30 days), MAIL
COMBIGAN SOL 0.2/0.5% (brimonidine tartrate-timolol maleate)	Tier 2	QL (10 mL / 30 days), MAIL
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	Tier 1	QL (10 mL / 30 days), MAIL
levobunolol hcl ophth soln 0.5%	Tier 1	QL (15 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.5%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth gel forming soln 0.25%	Tier 3	QL (5 mL / 30 days), MAIL
timolol maleate ophth soln 0.5%	Tier 1	QL (10 mL / 30 days), MAIL
timolol maleate ophth soln 0.25%	Tier 1	QL (10 mL / 30 days), MAIL
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	Tier 2	QL (15 mL / 30 days), MAIL
cyclopentolate hcl ophth soln 1%	Tier 1	QL (15 / 30 days), MAIL
tropicamide ophth soln 0.5%	Tier 1	MAIL
tropicamide ophth soln 1%	Tier 1	MAIL
MIOTICS		
PHOSPHOLINE SOL 0.125%OP (echothiophate iodide)	Tier 2	MAIL
pilocarpine hcl ophth soln 1%	Tier 1	MAIL
pilocarpine hcl ophth soln 2%	Tier 1	MAIL
pilocarpine hcl ophth soln 4%	Tier 1	MAIL
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl ophth soln 0.5% (base equivalent)	Tier 1	
brimonidine tartrate ophth soln 0.2%	Tier 1	QL (15 mL / 30 days), MAIL
brimonidine tartrate ophth soln 0.15%	Tier 3	QL (15 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	QL (3 mL / 30 days)
NATACYN SUS 5% OP (<i>natamycin</i>)	Tier 3	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	QL (10 mL / 30 days)
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	QL (15 mL / 30 days)
<i>tobramycin ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>trifluridine ophth soln 1%</i>	Tier 1	QL (7.5 mL / 30 days)
ZIRGAN GEL 0.15% (<i>ganciclovir ophthalmic</i>)	Tier 3	PA
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% (<i>cyclosporine (ophth)</i>)	Tier 3	MAIL, PA
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Tier 1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% (<i>difluprednate</i>)	Tier 3	PA
<i>fluorometholone ophth susp 0.1%</i>	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX OIN 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
LOTEMAX SUS 0.5% (<i>loteprednol etabonate</i>)	Tier 3	PA
<i>loteprednol etabonate ophth susp 0.5%</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
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
prednisolone acetate ophth susp 1%	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	Tier 2	QL (3.5 gm / 30 days)
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (nedocromil sodium (ophth))	Tier 3	MAIL, PA
ALOMIDE SOL 0.1% OP (Iodoxamide tromethamine)	Tier 3	MAIL, PA
azelastine hcl ophth soln 0.05%	Tier 1	QL (6 mL / 30 days), MAIL
AZOPT SUS 1% OP (brinzolamide)	Tier 2	QL (10 mL / 30 days), MAIL
BEPREVE DRO 1.5% (bepotastine besilate)	Tier 3	MAIL, PA
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 3	
cromolyn sodium ophth soln 4%	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (cysteamine hcl)	Tier 3	MAIL, PA
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (emedastine difumarate)	Tier 3	MAIL, PA
epinastine hcl ophth soln 0.05%	Tier 1	QL (5 mL / 30 days), MAIL
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ketorolac tromethamine ophth soln 0.4%	Tier 1	QL (10 mL / 30 days)
ketorolac tromethamine ophth soln 0.5%	Tier 1	QL (10 mL / 30 days)
ketotifen fumarate ophth soln 0.025% (base equiv)	Tier 1	OTC, QL (5 mL / 30 days), MAIL
LASTACAFT SOL 0.25% (alcaftadine)	Tier 3	MAIL, PA
NEVANAC SUS 0.1% (nepafenac)	Tier 3	PA
olopatadine hcl ophth soln 0.1% (base equivalent)	Tier 3	QL (5 mL / 30 days), MAIL, PA
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 3	QL (2.5 mL / 30 days), MAIL, PA
sodium chloride hypertonic ophth oint 5% (Cvs Sodium Chloride)	Tier 1	OTC
sodium chloride hypertonic ophth soln 5% (Cvs Sodium Chloride)	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
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>latanoprost ophth soln 0.005%</i>	Tier 1	QL (5 mL / 30 days), MAIL
LUMIGAN SOL 0.01% (<i>bimatoprost</i>)	Tier 3	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
TRAVATAN Z DRO 0.004% (<i>travoprost</i>)	Tier 2	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Tier 1	QL (5 mL / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
ZIOPTAN DRO 0.0015% (<i>tafluprost</i>)	Tier 2	QL (30 ea / 30 days), MAIL, ST; Prior use of latanoprost within the past 90 days.
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	
<i>carbamide peroxide 6.5% otic soln</i> (Ear Drops Earwax Removal)	Tier 1	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> (Ra Ear Drying Agent)	Tier 1	OTC
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	QL (14 ea / 30 days)
<i>ofloxacin otic soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
OTIC COMBINATIONS		
CIPRO HC SUS OTIC (<i>ciprofloxacin-hydrocortisone</i>)	Tier 3	PA
CIPRODEX SUS 0.3-0.1% (<i>ciprofloxacin-dexamethasone</i>)	Tier 3	PA
COLY-MYCIN S SUS OTIC (<i>neomycin-colistin-hc-thonzonium</i>)	Tier 3	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	

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
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS		
OXYTOCICS		
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS		
IMMUNE SERUMS		
CARIMUNE NF INJ 12GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
CUVITRU INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
CUVITRU SOL 10GM/50M (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
FLEBOGAMMA INJ DIF 5% (<i>immune globulin (human) iv</i>)	Tier 4	PA
GAMASTAN INJ (<i>immune globulin (human) im</i>)	Tier 4	PA
GAMMAGARD INJ 1GM/10ML (<i>immune globulin (human) iv or subcutaneous</i>)	Tier 4	PA
GAMMAGARD SD INJ 10GM HU (<i>immune globulin (human) iv</i>)	Tier 4	PA
HIZENTRA INJ 1GM/5ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 2GM/10ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 4GM/20ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA INJ 10/50ML (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
HIZENTRA SOL 20% (<i>immune globulin (human) subcutaneous</i>)	Tier 4	PA
OCTAGAM INJ 5GM (<i>immune globulin (human) iv</i>)	Tier 4	PA
PRIVIGEN INJ 20GRAMS (<i>immune globulin (human) iv</i>)	Tier 4	PA
RHOGAM PLUS INJ 300MCG (<i>rho d immune globulin (human)</i>)	Tier 2	
MONOCLONAL ANTIBODIES		
SYNAGIS INJ 50MG (<i>palivizumab</i>)	Tier 4	PA
SYNAGIS INJ 100MG/ML (<i>palivizumab</i>)	Tier 4	PA
PASSIVE IMMUNIZING AGENTS - COMBINATIONS		
HYQVIA INJ 2.5-200 (<i>immune globulin (human)- hyaluronidase (human recombinant)</i>)	Tier 4	PA

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
HYQVIA INJ 5-400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 10-800 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 20-1600 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
HYQVIA INJ 30-2400 (immune globulin (human)-hyaluronidase (human recombinant))	Tier 4	PA
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	Tier 1	
amoxicillin (trihydrate) cap 500 mg	Tier 1	
amoxicillin (trihydrate) chew tab 125 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) chew tab 250 mg	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 200 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) for susp 400 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin (trihydrate) tab 500 mg	Tier 3	
amoxicillin (trihydrate) tab 875 mg	Tier 1	
ampicillin cap 500 mg	Tier 1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
penicillin v potassium for soln 250 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
penicillin v potassium tab 250 mg	Tier 1	
penicillin v potassium tab 500 mg	Tier 1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	Tier 3	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate chew tab 400-57 mg	Tier 3	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	Tier 3	AGE; AGE (Max 12 years)
amoxicillin & k clavulanate for susp 400-57 mg/5ml	Tier 1	AGE; AGE (Max 12 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>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone micronized cap 100 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>progesterone micronized cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML (<i>sodium oxybate</i>)	Tier 4	PA
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	MAIL
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	MAIL
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 3	MAIL, PA
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	QL (49 tabs / year)
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 3	MAIL
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 3	MAIL, PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 3	MAIL, PA
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 12.5MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 25MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 50MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
SAVELLA TAB 100MG (<i>milnacipran hcl</i>)	Tier 3	MAIL, PA
MOVEMENT DISORDER DRUG THERAPY		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (<i>teriflunomide</i>)	Tier 4	PA
AUBAGIO TAB 14MG (<i>teriflunomide</i>)	Tier 4	PA
AVONEX KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PEN KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
AVONEX PREFL KIT 30MCG (<i>interferon beta-1a</i>)	Tier 4	PA
<i>dalfampridine tab er 12hr 10 mg</i>	Tier 4	PA

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
EXTAVIA INJ 0.3MG (<i>interferon beta-1b</i>)	Tier 4	PA
GILENYA CAP 0.5MG (<i>fingolimod hcl</i>)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i> (Glatopa)	Tier 4	PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Tier 4	PA
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 4	PA
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	Tier 4	PA
TECFIDERA CAP 120MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA CAP 240MG (<i>dimethyl fumarate</i>)	Tier 4	PA
TECFIDERA MIS STARTER (<i>dimethyl fumarate</i>)	Tier 4	PA
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
<i>ergoloid mesylates tab 1 mg</i>	Tier 3	MAIL, PA
<i>pimozide tab 1 mg</i>	Tier 1	QL (300 tabs / 30 days), MAIL
<i>pimozide tab 2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (53 tabs / year), MAIL
CHANTIX TAB 0.5MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (<i>varenicline tartrate</i>)	Tier 5	QL (60 tabs / 30 days), MAIL
<i>nicotine polacrilex gum 2 mg</i>	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex gum 4 mg</i> (Cvs Nicotine Polacrilex)	Tier 5	OTC, QL (240 pieces / 30 days), MAIL
<i>nicotine polacrilex lozenge 2 mg</i> (Cvs Nicotine Lozenge)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
<i>nicotine polacrilex lozenge 4 mg</i> (Eq Nicotine Polacrilex)	Tier 5	OTC, QL (240 lozgs / 30 days), MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	OTC, QL (56 patches / 30 days), MAIL
<i>nicotine td patch 24hr 7 mg/24hr</i> (Nicotine Transdermal Syst)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 5	OTC, QL (30 patches / 30 days), MAIL

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
nicotine td patch 24hr 21 mg/24hr (Cvs Nicotine Transdermal)	Tier 5	OTC, QL (30 patches / 30 days), MAIL
NICOTROL INH (nicotine)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (nicotine)	Tier 5	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.

ALPHA-PROTEINASE INHIBITOR (HUMAN)

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

CYSTIC FIBROSIS AGENTS

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

PULMONARY FIBROSIS AGENTS

ESBRIET CAP 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 267MG (pirfenidone)	Tier 4	PA
ESBRIET TAB 801MG (pirfenidone)	Tier 4	PA

SULFONAMIDES

SULFONAMIDES

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

TETRACYCLINES

TETRACYCLINES

demeclocycline hcl tab 150 mg	Tier 3	
demeclocycline hcl tab 300 mg	Tier 3	
doxycycline hyclate cap 50 mg	Tier 1	
doxycycline hyclate cap 100 mg	Tier 1	
doxycycline hyclate tab 20 mg	Tier 1	
doxycycline hyclate tab 100 mg	Tier 1	
doxycycline monohydrate cap 50 mg	Tier 1	
doxycycline monohydrate cap 100 mg	Tier 1	
doxycycline monohydrate tab 50 mg	Tier 1	
doxycycline monohydrate tab 100 mg	Tier 1	
minocycline hcl cap 50 mg	Tier 1	
minocycline hcl cap 75 mg	Tier 1	
minocycline hcl cap 100 mg	Tier 1	
tetracycline hcl cap 250 mg	Tier 3	
tetracycline hcl cap 500 mg	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
THYROID AGENTS		
ANTITHYROID AGENTS		
<i>methimazole tab 5 mg</i>	Tier 1	MAIL
<i>methimazole tab 10 mg</i>	Tier 1	MAIL
<i>propylthiouracil tab 50 mg</i>	Tier 1	MAIL
THYROID HORMONES		
ARMOUR THYRO TAB 15MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 30MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 60MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 90MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 120MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 180MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 240MG (<i>thyroid</i>)	Tier 2	MAIL
ARMOUR THYRO TAB 300MG (<i>thyroid</i>)	Tier 2	MAIL
<i>levothyroxine sodium tab 25 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 50 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 75 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 88 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 100 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 112 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 125 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 137 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 150 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 175 mcg</i> (Levoxyl)	Tier 1	MAIL
<i>levothyroxine sodium tab 200 mcg</i>	Tier 1	MAIL
<i>levothyroxine sodium tab 300 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 5 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 25 mcg</i>	Tier 1	MAIL
<i>liothyronine sodium tab 50 mcg</i>	Tier 1	MAIL
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

Drug Name	Drug Tier	Requirements/Limits
SYNTHROID TAB 75MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 88MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 100MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 112MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 125MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 137MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-2 TAB 120MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
THYROLAR-3 TAB 180MG (<i>liotrix (t3-t4)</i>)	Tier 2	MAIL
WP THYROID TAB 81.25MG (<i>thyroid</i>)	Tier 2	MAIL

TOXOIDS

TOXOID COMBINATIONS

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

ULCER DRUGS/ANTI SPASMODICS/ANTICHOLINERGICS

ANTI SPASMODICS

dicyclomine hcl cap 10 mg	Tier 1	AGE; AGE (Max 64 years)
dicyclomine hcl oral soln 10 mg/5ml	Tier 1	AGE; AGE (Max 64 years)
dicyclomine hcl tab 20 mg	Tier 1	AGE; AGE (Max 64 years)
glycopyrrolate tab 1 mg	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i> (Hyosyne)	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 3	
<i>methscopolamine bromide tab 5 mg</i>	Tier 3	
H-2 ANTAGONISTS		
<i>cimetidine tab 200 mg</i>	Tier 1	MAIL
<i>cimetidine tab 300 mg</i>	Tier 1	MAIL
<i>cimetidine tab 400 mg</i>	Tier 1	MAIL
<i>cimetidine tab 800 mg</i>	Tier 1	MAIL
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	AGE, QL (150 mL / 30 days), MAIL; AGE (Max 12 years)
<i>famotidine tab 10 mg</i>	Tier 1	OTC, MAIL
<i>famotidine tab 20 mg</i>	Tier 1	MAIL
<i>famotidine tab 40 mg</i>	Tier 1	MAIL
<i>nizatidine cap 150 mg</i>	Tier 1	MAIL
<i>nizatidine cap 300 mg</i>	Tier 1	MAIL
<i>nizatidine oral soln 15 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<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
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	Tier 1	QL (120 tabs / 30 days), MAIL
PROTON PUMP INHIBITORS		
DEXILANT CAP 30MG DR (<i>dexlansoprazole</i>)	Tier 3	QL (30 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
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
<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
PRILOSEC OTC TAB 20MG (<i>omeprazole magnesium</i>)	Tier 1	OTC, QL (60 tabs / 30 days), MAIL
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
MONUROL PAK GRANULES (<i>fosfomycin tromethamine</i>)	Tier 3	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (120 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	AGE, QL (60 caps / 30 days); AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), MAIL
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
OXYTROL/WOMN DIS 3.9MG/24 (<i>oxybutynin</i>)	Tier 2	OTC, QL (8 ea / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL, ST; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	QL (30 tabs / 30 days), MAIL, PA
<i>trospium chloride cap er 24hr 60 mg</i>	Tier 3	QL (30 caps / 30 days), MAIL, ST; Prior use of oxybutynin in the last 90 days
<i>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)

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
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	Tier 5	QL (Max 4 injections per lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (<i>influenza virus vac recomb hemagglutinin (ha) quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 (<i>influenza virus vaccine live quadrivalent</i>)	Tier 5	AGE, QL (Max 1 Injection per year); AGE (Max 49 years)
FLUZONE QUAD INJ 2019-20 (<i>influenza virus vaccine split quadrivalent</i>)	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
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)

Drug Name	Drug Tier	Requirements/Limits
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
GYNAZOLE-1 CRE 2% (<i>butoconazole nitrate (one dose)</i>)	Tier 2	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	QL (70 gm / 30 days)
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i> (Sm Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 2%</i> (Miconazole 7)	Tier 1	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> (Qc 3 Day Vaginal Cream)	Tier 1	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i> (Gnp Miconazole 3)	Tier 1	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i> (Miconazole 7)	Tier 1	OTC
MONISTAT 7 KIT COMBO PK (<i>miconazole nitrate vaginal</i>)	Tier 1	OTC
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 3	
<i>tioconazole vaginal oint 6.5%</i> (Ra Tioconazole 1)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	QL (42.5 gm / 30 days), MAIL
<i>estradiol vaginal tab 10 mcg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
PREMARIN VAG CRE 0.625MG (<i>estrogens, conjugated vaginal</i>)	Tier 2	QL (30 gm / 30 days), MAIL
VAGINAL PROGESTINS		
PROGESTERONE SUP VGS 100 (<i>progesterone (vaginal)</i>)	Tier 3	PA
PROGESTERONE SUP VGS 200 (<i>progesterone (vaginal)</i>)	Tier 3	PA
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
EPIPEN 2-PAK INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
EPIPEN-JR INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 ea / 30 days)
SYMJEPI INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
SYMJEPI INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	QL (2 syringes / 30 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
NORTHERA CAP 100MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 200MG (<i>droxidopa</i>)	Tier 4	PA
NORTHERA CAP 300MG (<i>droxidopa</i>)	Tier 4	PA
VASOPRESSORS		
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>cholecalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	OTC
<i>cholecalciferol cap 25 mcg (1000 unit)</i> (D 1000)	Tier 1	OTC
<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

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>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
<i>thiamine hcl tab 250 mg</i>	Tier 1	OTC

Index

- 1
12 Hour Decongestant
 see *pseudoephedrine hcl tab er 12hr 120 mg* 141
- 3
3ML SYRINGE MIS REG TIP..... 127
- A
abacavir sulfate soln 20 mg/ml (base equiv)79
abacavir sulfate tab 300 mg (base equiv)79
abacavir sulfate-lamivudine tab 600-300 mg79
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg79
abacavir-dolutegravir-lamivudine
 see TRIUMEQ TAB81
abaloparatide
 see TYMLOS INJ 106
abatacept
 see ORENCIA CLCK INJ 125MG/ML 10
 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 300MG78
ABILIFY MAIN INJ 400MG78
abiraterone acetate tab 250 mg ..66
ABREVA CRE 10%99
acamprosate calcium tab delayed release 333 mg 148
acarbose tab 100 mg39
acarbose tab 25 mg39
acarbose tab 50 mg39
acebutolol hcl cap 200 mg83
acebutolol hcl cap 400 mg83
Acephen
 see *acetaminophen suppos 325 mg*11
acetaminophen
 see FEVERALL INF SUP 80MG11
 see FEVERALL SUP 325MG11
 see NORTEMP SUS INFANTS11
acetaminophen cap 500 mg11
*acetaminophen chew tab 160 mg*11
acetaminophen chew tab 80 mg..11
acetaminophen disintegrating tab 160 mg11
acetaminophen disintegrating tab 80 mg11
acetaminophen elixir 160 mg/5ml11
acetaminophen liquid 160 mg/5ml11
acetaminophen liquid 167 mg/5ml11
*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/5ml11
acetaminophen tab 325 mg11
acetaminophen tab 500 mg11
acetaminophen tab er 650 mg....11
acetaminophen w/ codeine soln 120-12 mg/5ml 16
acetaminophen w/ codeine tab 300-15 mg 16
acetaminophen w/ codeine tab 300-30 mg 16
acetaminophen w/ codeine tab 300-60 mg 16
acetazolamide cap er 12hr 500 mg 104
acetazolamide tab 125 mg 104
acetazolamide tab 250 mg 104
acetic acid irrigation soln 0.25% 112
acetic acid otic soln 2% 145
acetone (urine) test
 see RELION KETON TES 103
acetylcysteine inhal soln 10%.... 95
acetylcysteine inhal soln 20%.... 96
Acid Gone
 see *aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml* 18
acitretin cap 10 mg 99

acitretin cap 17.5 mg	99	ADVATE INJ 4000UNIT.....	114
acitretin cap 25 mg	99	ADVATE INJ 500UNIT	113
acridinium bromide		Advil Junior Strength	
see TUDORZA PRES AER 400/ACT	.24	see ibuprofen tab 100 mg	8
ACNE MEDICAT LOT 10%	96	afatinib dimaleate	
ACNE MEDICAT LOT 5%	96	see GILOTRIF TAB 20MG	68
ACTEMRA INJ 162/0.9.....	7	see GILOTRIF TAB 30MG	68
ACTEMRA INJ 200/10ML.....	7	see GILOTRIF TAB 40MG	68
ACTEMRA INJ 400/20ML.....	7	AFINITOR DIS TAB 2MG.....	67
ACTEMRA INJ 80MG/4ML.....	7	AFINITOR DIS TAB 3MG.....	67
ACTEMRA INJ ACTPEN.....	7	AFINITOR DIS TAB 5MG.....	67
ACTIMMUNE INJ 2MU/0.5	70	AFINITOR TAB 10MG	67
acyclovir cap 200 mg	82	AFINITOR TAB 2.5MG	67
acyclovir oint 5%	99	AFINITOR TAB 5MG	67
acyclovir susp 200 mg/5ml	83	AFINITOR TAB 7.5MG	67
acyclovir tab 400 mg	83	AFLURIA QUAD INJ 2019-20	158
acyclovir tab 800 mg	83	AFREZZA POW 12 UNIT.....	45
ADACEL INJ	153	AFREZZA POW 4-8 UNIT	45
adalimumab		AFREZZA POW 4-8-12	45
see HUMIRA INJ 10/0.1ML	6	AFREZZA POW 4UNIT	45
see HUMIRA INJ 10MG/0.2	6	AFREZZA POW 8 UNIT	45
see HUMIRA INJ 20/0.2ML	6	AFREZZA POW 8-12UNIT.....	45
see HUMIRA INJ 40/0.4ML	6	agalsidase beta	
see HUMIRA KIT 20MG/0.4	6	see FABRAZYME INJ 5MG	107
see HUMIRA KIT 40MG/0.8	6	Akwa Tears	
see HUMIRA PEDIA INJ CROHNS	6	see artificial tear ophth ointment	
see HUMIRA PEN INJ 40/0.4ML	6	.....	141
see HUMIRA PEN INJ CD/UC/HS	6	AKYNZEO CAP 300-0.5	50
see HUMIRA PEN KIT CD/UC/HS	6	albuterol sulfate	
see HUMIRA PEN KIT PS/UV.....	6	see PROAIR HFA AER	27
adapalene		see PROVENTIL AER HFA.....	28
see DIFFERIN GEL 0.1%.....	96	see VENTOLIN HFA AER	28
adapalene lotion 0.1%	96	albuterol sulfate soln nebu 0.083%	
adefovir dipivoxil tab 10 mg	82	(2.5 mg/3ml)	25
ADEMPAS TAB 0.5MG	89	albuterol sulfate soln nebu 0.5% (5	
ADEMPAS TAB 1.5MG	89	mg/ml)	25
ADEMPAS TAB 1MG	89	albuterol sulfate soln nebu 0.63	
ADEMPAS TAB 2.5MG	89	mg/3ml (base equiv)	25
ADEMPAS TAB 2MG	89	albuterol sulfate soln nebu 1.25	
ADMELOG INJ 100U/ML.....	45	mg/3ml (base equiv)	25
ADMELOG SOLO INJ 100U/ML.....	45	albuterol sulfate syrup 2 mg/5ml	25
ADULT MASK MIS LARGE.....	127	albuterol sulfate tab 2 mg	25
ADVATE INJ 1000UNIT	113	albuterol sulfate tab 4 mg	25
ADVATE INJ 1500UNIT.....	113	alcaftadine	
ADVATE INJ 2000UNIT	114	see LASTACFT SOL 0.25%	144
ADVATE INJ 250UNIT.....	113	alclometasone dipropionate cream	
ADVATE INJ 3000UNIT.....	114	0.05%	100

alclometasone dipropionate oint	
0.05%	100
ALCOHOL PREP PAD MED 70%	126
alcohol swabs	
see ALCOHOL PREP PAD MED 70%	
.....	126
ALDACTAZIDE TAB 50/50	104
ALECENSA CAP 150MG	67
alectinib hcl	
see ALECENSA CAP 150MG	67
alendronate sodium tab 10 mg ..	106
alendronate sodium tab 35 mg ..	106
alendronate sodium tab 40 mg ..	106
alendronate sodium tab 5 mg ...	106
alendronate sodium tab 70 mg ..	106
ALER-DRYL TAB 50MG	52
alfuzosin hcl tab er 24hr 10 mg .	113
ALINIA SUS 100/5ML	19
ALINIA TAB 500MG	19
aliskiren fumarate tab 150 mg	
(base equivalent)	64
aliskiren fumarate tab 300 mg	
(base equivalent)	64
alitretinoin	
see PANRETIN GEL 0.1%	99
All Day Allergy D	
see cetirizine-pseudoephedrine	
tab er 12hr 5-120 mg	95
Allergy Relief	
see loratadine tab 10 mg	52
allopurinol tab 100 mg	113
allopurinol tab 300 mg	113
Almacone	
see alum & mag hydroxide-	
simethicone susp 200-200-20	
mg/5ml	18
Almacone Double Strength	
see alum & mag hydroxide-	
simethicone susp 400-400-40	
mg/5ml	18
almotriptan malate tab 12.5 mg	128
almotriptan malate tab 6.25 mg	128
ALOCRIIL SOL 2%	144
alogliptin benzoate tab 12.5 mg	
(base equiv)	43
alogliptin benzoate tab 25 mg	
(base equiv)	43
alogliptin benzoate tab 6.25 mg	
(base equiv)	43
alogliptin-metformin hcl tab 12.5-	
1000 mg	39
alogliptin-metformin hcl tab 12.5-	
500 mg	39
alogliptin-pioglitazone tab 12.5-15	
mg	39
alogliptin-pioglitazone tab 12.5-30	
mg	39
alogliptin-pioglitazone tab 12.5-45	
mg	39
alogliptin-pioglitazone tab 25-15	
mg	39
alogliptin-pioglitazone tab 25-30	
mg	39
alogliptin-pioglitazone tab 25-45	
mg	40
ALOMIDE SOL 0.1% OP	144
alose tron hcl tab 0.5 mg (base	
equiv)	111
alose tron hcl tab 1 mg (base equiv)	
.....	111
alpha1-proteinase inhibitor	
(human)	
see GLASSIA INJ	151
see PROLASTIN-C INJ 1000MG....	151
ALPHANINE SD INJ 1500UNIT	114
ALPHANINE SD INJ 500UNIT	114
alprazolam tab 0.25 mg	22
alprazolam tab 0.5 mg	21
alprazolam tab 1 mg	22
alprazolam tab 2 mg	22
ALPROLIX INJ 1000UNIT	114
ALPROLIX INJ 2000UNIT	114
ALPROLIX INJ 250UNIT	114
ALPROLIX INJ 3000UNIT	114
ALPROLIX INJ 4000UNIT	114
ALPROLIX INJ 500UNIT	114
ALREX SUS 0.2%	143
ALTABAX OIN 1%.....	97
alum & mag hydroxide-simethicone	
chew tab 200-200-25 mg	18
alum & mag hydroxide-simethicone	
susp 200-200-20 mg/5ml	18
alum & mag hydroxide-simethicone	
susp 400-400-40 mg/5ml	18

aluminum chloride	
see DRY SOL SOL 20%.....	103
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	18
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml	18
aluminum hydroxide-magnesium trisilicate chew tab 80-20 mg	18
amantadine hcl cap 100 mg	70
amantadine hcl syrup 50 mg/5ml	71
ambrisentan	
see LETAIRIS TAB 10MG.....	88
see LETAIRIS TAB 5MG.....	88
ambrisentan tab 10 mg	88
ambrisentan tab 5 mg	88
amcinonide cream 0.1%	100
amcinonide lotion 0.1%	100
AMCINONIDE OIN 0.1%	100
amiloride & hydrochlorothiazide tab 5-50 mg	105
amiloride hcl tab 5 mg	105
aminocaproic acid tab 1000 mg	120
aminocaproic acid tab 500 mg	120
aminosalicylic acid	
see PASER GRA 4GM.....	65
amiodarone hcl tab 200 mg	23
AMITIZA CAP 24MCG	110
AMITIZA CAP 8MCG	110
amitriptyline hcl tab 10 mg	37
amitriptyline hcl tab 100 mg	37
amitriptyline hcl tab 150 mg	37
amitriptyline hcl tab 25 mg	37
amitriptyline hcl tab 50 mg	37
amitriptyline hcl tab 75 mg	37
Amlactin	
see lactic acid (ammonium lactate) lotion 12%	102
amlodipine besylate tab 10 mg (base equivalent)	85
amlodipine besylate tab 2.5 mg (base equivalent)	85
amlodipine besylate tab 5 mg (base equivalent)	85
amlodipine besylate-benazepril hcl cap 10-20 mg	62
amlodipine besylate-benazepril hcl cap 10-40 mg	62
amlodipine besylate-benazepril hcl cap 2.5-10 mg	62
amlodipine besylate-benazepril hcl cap 5-10 mg	62
amlodipine besylate-benazepril hcl cap 5-20 mg	62
amlodipine besylate-benazepril hcl cap 5-40 mg	62
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	62
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	62
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	62
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	62
Amnesteem	
see isotretinoin cap 20 mg	96
amoxapine tab 100 mg	37
amoxapine tab 150 mg	37
amoxapine tab 25 mg	37
amoxapine tab 50 mg	37
amoxicillin & k clavulanate chew tab 200-28.5 mg	147
amoxicillin & k clavulanate chew tab 400-57 mg	147
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	147
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	147
amoxicillin & k clavulanate for susp 400-57 mg/5ml	147
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	148
amoxicillin & k clavulanate tab 250-125 mg	148
amoxicillin & k clavulanate tab 500-125 mg	148
amoxicillin & k clavulanate tab 875-125 mg	148
amoxicillin & pot clavulanate	
see AUGMENTIN SUS 125/5ML....	148
amoxicillin (trihydrate) cap 250 mg	147

<i>amoxicillin (trihydrate) cap 500 mg</i>	147	<i>anagrelide hcl cap 1 mg</i>	117
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	147	<i>anakinra</i>	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	147	see KINERET INJ	7
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	147	<i>anastrozole tab 1 mg</i>	66
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	147	ANIMAL SHAPE CHW IRON	136
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	147	ANORO ELLIPT AER 62.5-25	25
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	147	Antacid	
<i>amoxicillin (trihydrate) tab 500 mg</i>	147	see <i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	18
<i>amoxicillin (trihydrate) tab 875 mg</i>	147	<i>anthralin</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	see DRITHO-CREME CRE HP 1%	99
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	Anti-diarrheal	
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	see <i>loperamide hcl liq 1 mg/5ml (0.2 mg/ml)</i>	50
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	Anti-fungal Powder	
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	see <i>tolnaftate powder 1%</i>	98
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	<i>antihemophilic factor (human)</i>	
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	see HEMOFIL M INJ 1700UNIT	114
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	see KOATE-DVI INJ 1000UNIT	115
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	see KOATE-DVI INJ 250UNIT	115
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	see KOATE-DVI INJ 500UNIT	115
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	see MONOCLATE-P INJ 1000UNIT	115
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>	
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	see NOVOEIGHT INJ 1500UNIT	115
<i>ampicillin cap 500 mg</i>	147	<i>antihemophilic factor (rcmb) simoctocog alfa (bdd-rfviii, sim)</i>	
ANADROL-50 TAB 50MG	17	see NUWIQ INJ 1000UNIT	115
<i>anagrelide hcl cap 0.5 mg</i>	117	see NUWIQ INJ 2000UNIT	116
		see NUWIQ INJ 2500UNIT	116
		see NUWIQ INJ 250UNIT	115
		see NUWIQ INJ 3000UNIT	116
		see NUWIQ INJ 4000UNIT	116
		see NUWIQ INJ 500UNIT	115
		see NUWIQ KIT 1000UNIT	116
		see NUWIQ KIT 2000UNIT	116
		see NUWIQ KIT 250UNIT	116
		see NUWIQ KIT 3000UNIT	116
		see NUWIQ KIT 4000UNIT	116
		see NUWIQ KIT 500UNIT	116
		<i>antihemophilic factor (recombinant)</i>	
		see HELIXATE FS INJ 2000UNIT	114
		see HELIXATE FS INJ 3000UNIT	114
		see HELIXATE FS INJ 500UNIT	114

see KOGENATE FS INJ 1000UNIT.	115	APOKYN INJ 10MG/ML	71
see KOGENATE FS INJ 2000UNIT.	115	apomorphine hydrochloride	
see KOGENATE FS INJ 250UNIT ..	115	see APOKYN INJ 10MG/ML	71
see KOGENATE FS INJ 3000UNIT.	115	apraclonidine hcl ophth soln 0.5%	
see RECOMBINATE INJ	116	(base equivalent)	142
see RECOMBINATE INJ 220-400 ..	116	apremilast	
see RECOMBINATE INJ 401-800 ..	116	see OTEZLA TAB 10/20/30	10
see RECOMBINATE INJ 801-1240	116	see OTEZLA TAB 30MG	10
antihemophilic factor		aprepitant capsule 125 mg	51
(recombinant) plasma/albumin		aprepitant capsule 40 mg	51
free		aprepitant capsule 80 mg	51
see XYNTHA SOLOF INJ 1000UNIT		aprepitant capsule therapy pack 80	
.....	116	& 125 mg	51
see XYNTHA SOLOF INJ 2000UNIT		APRISO CAP 0.375GM.....	111
.....	117	APTIOM TAB 200MG	31
see XYNTHA SOLOF INJ 3000UNIT		APTIOM TAB 400MG	31
.....	117	APTIOM TAB 600MG	31
see XYNTHA SOLOF INJ 500UNIT.	116	APTIOM TAB 800MG	31
see XYNTHA SOLOF KIT 250UNIT	117	APTIVUS CAP 250MG	79
antihemophilic factor rahf-pfm		APTIVUS SOL.....	79
see ADVATE INJ 1000UNIT	113	Aquadeks	
see ADVATE INJ 1500UNIT	113	see pediatric multiple vitamin w/	
see ADVATE INJ 2000UNIT	114	minerals & c drops 45 mg/ml	
see ADVATE INJ 250UNIT	113	.....	136
see ADVATE INJ 3000UNIT	114	Aqueous Vitamin D Infants	
see ADVATE INJ 4000UNIT	114	see cholecalciferol oral liquid 10	
see ADVATE INJ 500UNIT	113	mcg/ml (400 unit/ml)	161
see KOVALTRY INJ 1000UNIT.....	115	ARANESP INJ 100MCG	118
see KOVALTRY INJ 2000UNIT.....	115	ARANESP INJ 10MCG	118
see KOVALTRY INJ 250UNIT.....	115	ARANESP INJ 150MCG	118
see KOVALTRY INJ 3000UNIT.....	115	ARANESP INJ 200MCG	118
see KOVALTRY INJ 500UNIT.....	115	ARANESP INJ 25MCG	118
antihemophilic factor/von		ARANESP INJ 300MCG	118
willebrand factor complex		ARANESP INJ 40MCG	118
(human)		ARANESP INJ 500MCG	118
see HUMATE-P SOL 2400UNIT.....	115	ARANESP INJ 60MCG	118
see HUMATE-P SOL 500-1200	115	ARCALYST INJ 220MG.....	7
antiinhibitor coagulant complex		ARCAPTA CAP 75MCG	25
see FEIBA INJ	114	arformoterol tartrate	
ANZEMET TAB 100MG	50	see BROVANA NEB 15MCG.....	26
ANZEMET TAB 50MG	50	aripiprazole	
APEXICON E CRE 0.05%	100	see ABILIFY MAIN INJ 300MG	78
APIDRA INJ SOLOSTAR	45	see ABILIFY MAIN INJ 400MG	78
APIDRA INJ U-100.....	45	aripiprazole lauroxil	
apixaban		see ARISTADA INJ 441MG/1.	79
see ELIQUIS TAB 2.5MG.....	29	see ARISTADA INJ 662MG/2	79
see ELIQUIS TAB 5MG.....	29	see ARISTADA INJ 882MG/3	79

<i>aripiprazole oral solution 1 mg/ml</i>	ASMANEX 60 AER 220MCG	24
.....	ASMANEX 7 AER 110MCG	24
<i>aripiprazole orally disintegrating</i>	ASMANEX HFA AER 100 MCG	25
<i>tab 10 mg</i>	ASMANEX HFA AER 200 MCG	25
<i>aripiprazole orally disintegrating</i>	ASMANEX HFA AER 50MCG	25
<i>tab 15 mg</i>	<i>aspirin chew tab 81 mg</i>	12
<i>aripiprazole tab 10 mg</i>	Aspirin Low Dose	
<i>aripiprazole tab 15 mg</i>	see <i>aspirin tab delayed release 81</i>	
<i>aripiprazole tab 2 mg</i>	<i>mg</i>	12
<i>aripiprazole tab 20 mg</i>	<i>aspirin tab 325 mg</i>	12
<i>aripiprazole tab 30 mg</i>	<i>aspirin tab delayed release 325 mg</i>	
<i>aripiprazole tab 5 mg</i> .....	.....	12
ARISTADA INJ 441MG/1	<i>aspirin tab delayed release 81 mg</i>	
ARISTADA INJ 662MG/2 .....	.....	12
ARISTADA INJ 882MG/3	<i>aspirin-dipyridamole cap er 12hr</i>	
<i>armodafinil tab 150 mg</i>	25-200 mg	117
<i>armodafinil tab 200 mg</i>	<i>atazanavir sulfate cap 150 mg</i>	
<i>armodafinil tab 250 mg</i>	<i>(base equiv)</i>	79
<i>armodafinil tab 50 mg</i>	<i>atazanavir sulfate cap 200 mg</i>	
ARMOUR THYRO TAB 120MG	<i>(base equiv)</i>	79
ARMOUR THYRO TAB 15MG	<i>atazanavir sulfate cap 300 mg</i>	
ARMOUR THYRO TAB 180MG	<i>(base equiv)</i>	79
ARMOUR THYRO TAB 240MG	<i>atazanavir sulfate-cobicistat</i>	
ARMOUR THYRO TAB 300MG	see EVOTAZ TAB 300-150	80
ARMOUR THYRO TAB 30MG	<i>atenolol & chlorthalidone tab 100-</i>	
ARMOUR THYRO TAB 60MG	25 mg	62
ARMOUR THYRO TAB 90MG	<i>atenolol & chlorthalidone tab 50-25</i>	
<i>artemether-lumefantrine</i>	<i>mg</i>	62
see COARTEM TAB 20-120MG	<i>atenolol tab 100 mg</i>	83
<i>artificial tear insert</i>	<i>atenolol tab 25 mg</i>	83
see LACRISERT MIS 5MG OP	<i>atenolol tab 50 mg</i>	83
<i>artificial tear ophth ointment</i>	<i>atomoxetine hcl cap 10 mg (base</i>	
<i>artificial tear ophth solution</i>	<i>equiv)</i>	2
Artificial Tears	<i>atomoxetine hcl cap 100 mg (base</i>	
see <i>dextran 70-hypromellose</i>	<i>equiv)</i>	3
<i>ophth soln 0.1-0.3%</i>	<i>atomoxetine hcl cap 18 mg (base</i>	
see <i>polyvinyl alcohol ophth soln</i>	<i>equiv)</i>	3
1.4%	<i>atomoxetine hcl cap 25 mg (base</i>	
<i>ascorbic acid tab 500 mg</i>	<i>equiv)</i>	3
<i>asenapine maleate</i>	<i>atomoxetine hcl cap 40 mg (base</i>	
see SAPHRIS SUB 10MG	<i>equiv)</i>	3
see SAPHRIS SUB 2.5MG	<i>atomoxetine hcl cap 60 mg (base</i>	
see SAPHRIS SUB 5MG	<i>equiv)</i>	3
ASMANEX 120 AER 220MCG	<i>atomoxetine hcl cap 80 mg (base</i>	
ASMANEX 14 AER 220MCG	<i>equiv)</i>	3
ASMANEX 30 AER 110MCG	<i>atorvastatin calcium tab 10 mg</i>	
ASMANEX 30 AER 220MCG	<i>(base equivalent)</i>	54

<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	54	see CAYSTON INH 75MG	19
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	54	B	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	54	<i>bacitracin oint 500 unit/gm</i>	97
<i>atovaquone susp 750 mg/5ml</i>	19	<i>bacitracin ophth oint 500 unit/gm</i>	143
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	64	<i>bacitracin zinc oint 500 unit/gm</i>	97
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	64	<i>bacitracin-polymyxin b oint</i>	97
ATRIPLA TAB	79	<i>bacitracin-polymyxin b ophth oint</i>	143
ATROPINE SUL SOL 1% OP.....	142	<i>bacitracin-polymyxin-neomycin hc</i>	97
ATROVENT HFA AER 17MCG	24	see CORTISPORIN OIN 1%	97
AUBAGIO TAB 14MG	149	<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	143
AUBAGIO TAB 7MG.....	149	<i>baclofen tab 10 mg</i>	139
AUGMENTIN SUS 125/5ML	148	<i>baclofen tab 20 mg</i>	139
auranofin		BALCOLTRA TAB 0.1-20	91
see RIDAURA CAP 3MG	7	baloxavir marboxil	
AVANDIA TAB 2MG	47	see XOFLUZA TAB 20MG	83
AVANDIA TAB 4MG	48	see XOFLUZA TAB 40MG	83
Avita		balsalazide disodium cap 750 mg	111
see <i>tretinoin gel 0.025%</i>	97	BANZEL SUS 40MG/ML	31
AVONEX KIT 30MCG	149	BANZEL TAB 200MG	31
AVONEX PEN KIT 30MCG.....	149	BANZEL TAB 400MG	31
AVONEX PREFL KIT 30MCG.....	149	BAQSIMI ONE POW 3MG/DOSE	43
AZASITE SOL 1%	143	BARACLUDGE SOL.....	82
<i>azathioprine tab 50 mg</i>	133	BASAGLAR INJ 100UNIT.....	45
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	139	BAXDELA TAB 450MG	110
<i>azelastine hcl ophth soln 0.05%</i>	144	b-complex w/ c & folic acid cap 1 mg	135
<i>azilsartan medoxomil</i>		b-complex w/ c & folic acid tab	135
see EDARBI TAB 40MG.....	59	b-complex w/ c & folic acid tab 0.8 mg	135
see EDARBI TAB 80MG.....	59	b-complex w/ c & folic acid tab 5 mg	135
azithromycin (ophth)		BD U-500 MIS 31GX6MM	125
see AZASITE SOL 1%.....	143	BE WELL PAK ROUNDED.....	137
<i>azithromycin for susp 100 mg/5ml</i>	124	becaplermin	
<i>azithromycin for susp 200 mg/5ml</i>	124	see REGRANEX GEL 0.01%.....	103
<i>azithromycin powd pack for susp 1 gm</i>	124	beclomethasone dipropionate hfa	
<i>azithromycin tab 250 mg</i>	124	see QVAR REDIIHA AER 80MCG.....	25
<i>azithromycin tab 500 mg</i>	124	see QVAR REDIIHAL AER 40MCG	25
<i>azithromycin tab 600 mg</i>	124	bedaquiline fumarate	
AZOPT SUS 1% OP.....	144	see SIRTURO TAB 100MG.....	65
aztreonam lysine		belatacept	
		see NULOJIX INJ 250MG.....	134
		BELSOMRA TAB 10MG.....	122

BELSOMRA TAB 15MG.....	122	BERINERT INJ 500UNIT.....	117
BELSOMRA TAB 20MG.....	122	besifloxacin hcl	
BELSOMRA TAB 5MG	122	see BESIVANCE SUS 0.6%	143
bempedoic acid		BESIVANCE SUS 0.6%.....	143
see NEXLETOL TAB 180MG	53	betaine	
bempedoic acid-ezetimibe		see CYSTADANE POW	107
see NEXLIZET TAB 180/10MG	53	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented cream 0.05%	100
tab 10-12.5 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented gel 0.05%	100
tab 20-12.5 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented lotion 0.05%	100
tab 20-25 mg	62	betamethasone dipropionate	
benazepril & hydrochlorothiazide		augmented oint 0.05%	100
tab 5-6.25 mg	62	betamethasone dipropionate cream	
benazepril hcl tab 10 mg	57	0.05%	100
benazepril hcl tab 20 mg	57	betamethasone dipropionate lotion	
benazepril hcl tab 40 mg	57	0.05%	100
benazepril hcl tab 5 mg	57	betamethasone dipropionate oint	
BENEFIX INJ 1000UNIT	114	0.05%	100
BENEFIX INJ 2000UNIT	114	betamethasone valerate cream	
BENEFIX INJ 250UNIT.....	114	0.1% (base equivalent)	100
BENEFIX INJ 3000UNIT	114	betamethasone valerate oint 0.1%	
BENEFIX INJ 500UNIT.....	114	(base equivalent)	100
BENZNIDAZOLE TAB 100MG	18	betaxolol hcl ophth soln 0.5% ...	142
BENZNIDAZOLE TAB 12.5MG	18	betaxolol hcl tab 10 mg	84
benzocaine-docusate sodium		betaxolol hcl tab 20 mg	84
see DOCUSOL PLUS ENE 20-283 .	124	bethanechol chloride tab 10 mg	157
benzonatate cap 100 mg	94	bethanechol chloride tab 25 mg	157
benzonatate cap 200 mg	94	bethanechol chloride tab 5 mg ..	157
benzoyl peroxide		bethanechol chloride tab 50 mg	157
see ACNE MEDICAT LOT 10%.....	96	BEVESPI AER 9-4.8MCG	25
see ACNE MEDICAT LOT 5%	96	bexarotene (topical)	
benzoyl peroxide gel 10%	96	see TARGRETIN GEL 1%	99
benzoyl peroxide gel 5%	96	bexarotene cap 75 mg	70
benzoyl peroxide liq 10%	96	bicalutamide tab 50 mg	66
benzoyl peroxide liq 5%	96	bictegravir-emtricitabine-tenofovir	
Benzoyl Peroxide Wash		alafenamide fumarate	
see benzoyl peroxide liq 10% ...	96	see BIKTARVY TAB	79
benzoyl peroxide-erythromycin gel		BIKTARVY TAB.....	79
5-3%	96	bimatoprost	
benztropine mesylate tab 0.5 mg	70	see LUMIGAN SOL 0.01%.....	145
benztropine mesylate tab 1 mg ...	70	bimatoprost ophth soln 0.03% ..	145
benztropine mesylate tab 2 mg ...	70	bisacodyl suppos 10 mg	123
bepotastine besilate		bisacodyl tab delayed release 5 mg	
see BEPREVE DRO 1.5%.....	144	.....	123
BEPREVE DRO 1.5%	144	Bismatrol	

see *bismuth subsalicylate susp 262 mg/15ml*.....49

bismuth subsalicylate chew tab 262 mg49

bismuth subsalicylate susp 262 mg/15ml49

bismuth subsalicylate susp 525 mg/15ml49

bismuth subsalicylate tab 262 mg49

bisoprolol & hydrochlorothiazide tab 10-6.25 mg.....62

bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg.....62

bisoprolol & hydrochlorothiazide tab 5-6.25 mg.....62

bisoprolol fumarate tab 10 mg84

bisoprolol fumarate tab 5 mg.....84

blood glucose monitoring supplies
see TRUE METRIX KIT AIR 126

BOOSTRIX INJ 153

bosentan
see TRACLEER TAB 125MG89
see TRACLEER TAB 32MG88
see TRACLEER TAB 62.5MG88

bosentan tab 125 mg88

bosentan tab 62.5 mg88

BOTOX INJ 100UNIT 141

BOTOX INJ 200UNIT 141

Bp Cleansing Wash
see *sulfacetamide sodium-sulfur in urea emulsion 10-4%*96

Bp Gel
see *benzoyl peroxide gel 5%*96

Bp Wash
see *benzoyl peroxide liq 5%*96

Bprotected Pedia Poly-vit
see *pediatric multiple vitamin w/ c soln 35 mg/ml* 136
see *pediatric multiple vitamins w/ iron drops 10 mg/ml*..... 136

Bprotected Pedia Tri-vite
see *pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml*136

BRAINSTRONG MIS PRENATAL 137

BREO ELLIPTA INH 100-2526

BREO ELLIPTA INH 200-2526

Briellyn
see *norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg*..92

BRILINTA TAB 60MG..... 117

BRILINTA TAB 90MG..... 117

brimonidine tartrate (topical)
see MIRVASO GEL 0.33% 103

brimonidine tartrate ophth soln 0.15% 142

brimonidine tartrate ophth soln 0.2% 142

brimonidine tartrate-timolol maleate
see COMBIGAN SOL 0.2/0.5% 142

brinzolamide
see AZOPT SUS 1% OP 144

brinzolamide-brimonidine tartrate
see SIMBRINZA SUS 1-0.2% 143

bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)
..... 144

bromocriptine mesylate (diabetes)
see CYCLOSET TAB 0.8MG 44

bromocriptine mesylate cap 5 mg (base equivalent) 71

bromocriptine mesylate tab 2.5 mg (base equivalent) 71

brompheniramine & pseudoephedrine elixir 1-15 mg/5ml 94

BROTAPP DM LIQ 15-1-5/5..... 94

BROVANA NEB 15MCG 26

BRUKINSA CAP 80MG 67

budesonide (inhalation)
see PULMICORT INH 180MCG 25
see PULMICORT INH 90MCG 25

budesonide delayed release particles cap 3 mg 93

budesonide inhalation susp 0.25 mg/2ml 25

budesonide inhalation susp 0.5 mg/2ml 25

budesonide nasal susp 32 mcg/act
..... 140

budesonide-formoterol fumarate dihydrate
see SYMBICORT AER 160-4.5..... 28

see SYMBICORT AER 80-4.5	28
bumetanide tab 0.5 mg	105
bumetanide tab 1 mg	105
bumetanide tab 2 mg	105
buprenorphine hcl sl tab 2 mg (base equiv)	17
buprenorphine hcl sl tab 8 mg (base equiv)	17
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	17
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	17
buprenorphine td patch weekly 10 mcg/hr	17
buprenorphine td patch weekly 15 mcg/hr	17
buprenorphine td patch weekly 20 mcg/hr	17
buprenorphine td patch weekly 5 mcg/hr	17
buprenorphine td patch weekly 7.5 mcg/hr	17
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	150
bupropion hcl tab 100 mg	34
bupropion hcl tab 75 mg	34
bupropion hcl tab er 12hr 100 mg	34
bupropion hcl tab er 12hr 150 mg	34
bupropion hcl tab er 12hr 200 mg	34
bupropion hcl tab er 24hr 150 mg	34
bupropion hcl tab er 24hr 300 mg	34
bupirone hcl tab 10 mg	21
bupirone hcl tab 15 mg	21
bupirone hcl tab 30 mg	21
bupirone hcl tab 5 mg	21
bupirone hcl tab 7.5 mg	21
butalbital-acetaminophen tab 50- 325 mg	11
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	16
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	16

butalbital-acetaminophen-caffeine cap 50-300-40 mg	11
butalbital-acetaminophen-caffeine cap 50-325-40 mg	11
butalbital-acetaminophen-caffeine tab 50-325-40 mg	11
butalbital-aspirin-caffeine cap 50- 325-40 mg	11
butenafine hcl see MENTAX CRE 1%	98
butoconazole nitrate (one dose) see GYNAZOLE-1 CRE 2%	159
butorphanol tartrate nasal soln 10 mg/ml	17
BYSTOLIC TAB 10MG	84
BYSTOLIC TAB 2.5MG	84
BYSTOLIC TAB 20MG	84
BYSTOLIC TAB 5MG	84
BYVALSON TAB 5-80MG	62
C	
c1 esterase inhibitor (human) see BERINERT INJ 500UNIT	117
cabergoline tab 0.5 mg	108
cabozantinib s-malate see COMETRIQ KIT 100MG	68
see COMETRIQ KIT 140MG	68
see COMETRIQ KIT 60MG	67
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2	
calcipotriene oint 0.005%	99
calcipotriene soln 0.005% (50 mcg/ml)	99
calcipotriene-betamethasone dipropionate see TACLONEX SUS	102
calcipotriene-betamethasone dipropionate oint 0.005-0.064%	100
calcipotriene-betamethasone dipropionate susp 0.005-0.064%	100
calcitonin (salmon) nasal soln 200 unit/act	106
Calcitrate see calcium citrate tab 950 mg (200 mg elemental ca)	131
calcitriol cap 0.25 mcg	107

calcitriol cap 0.5 mcg 107
calcitriol oint 3 mcg/gm 99
calcium & phosphorus w/ vitamin d
 see RISACAL-D TAB 131
 Calcium 500 + D
 see *calcium carbonate-vitamin d*
tab 500 mg-125 unit 130
 Calcium 500/d
 see *calcium carbonate-*
cholecalciferol chew tab 500
mg-400 unit 130
 Calcium 600
 see *calcium carbonate tab 600 mg*
 130
 Calcium 600 With Vitamin
 see *calcium carbonate-vitamin d*
chew tab 600 mg-400 unit ... 130
 Calcium 600/vitamin D3
 see *calcium carbonate-*
cholecalciferol tab 600 mg-800
unit 130
calcium acetate (phosphate binder)
cap 667 mg (169 mg ca) 112
 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) 130
calcium carbonate tab 1500 mg
(600 mg elemental ca) 130
calcium carbonate tab 600 mg .. 130
calcium carbonate-cholecalciferol
 see CALTRATE 600 CHW 600-800 131
calcium carbonate-cholecalciferol
cap 600 mg-500 unit 130
calcium carbonate-cholecalciferol
chew tab 500 mg-100 unit 130
calcium carbonate-cholecalciferol
chew tab 500 mg-400 unit 130
calcium carbonate-cholecalciferol
chew tab 500 mg-600 unit 130
calcium carbonate-cholecalciferol
tab 250 mg-125 unit 130
calcium carbonate-cholecalciferol
tab 500 mg-125 unit 130
calcium carbonate-cholecalciferol
tab 500 mg-200 unit 130
calcium carbonate-cholecalciferol
tab 500 mg-400 unit 130
calcium carbonate-cholecalciferol
tab 500 mg-600 unit 130
calcium carbonate-cholecalciferol
tab 600 mg-200 unit 130
calcium carbonate-cholecalciferol
tab 600 mg-400 unit 130
calcium carbonate-cholecalciferol
tab 600 mg-800 unit 130
calcium carbonate-ergocalciferol
 see RA OYS SHL/D TAB 500MG ... 131
calcium carbonate-mag hydrox
 see MI-ACID CHW 18
calcium carbonate-mag hydroxide
chew tab 675-135 mg 18
calcium carbonate-mag hydroxide
susp 400-135 mg/5ml 18
calcium carbonate-vitamin d cap
600 mg-200 unit 130
calcium carbonate-vitamin d chew
tab 600 mg-400 unit 130
calcium carbonate-vitamin d tab
250 mg-125 unit 130
calcium carbonate-vitamin d tab
500 mg-125 unit 130
calcium carbonate-vitamin d tab
500 mg-200 unit 130
calcium carbonate-vitamin d tab
500 mg-400 unit 131
calcium carbonate-vitamin d tab
600 mg-125 unit 131
calcium carbonate-vitamin d tab
600 mg-200 unit 131
calcium carbonate-vitamin d tab
600 mg-400 unit 131

<i>calcium carb-vit d w/ minerals</i>	
<i>chew tab 600 mg-400 unit</i>	130
<i>calcium carb-vit d w/ minerals</i>	
<i>chew tab 600 mg-800 unit</i>	130
CALCIUM CITR TAB 200MG.....	131
Calcium Citrate + D3	
see <i>calcium citrate-vitamin d tab</i>	
<i>250 mg-200 unit (elemental ca)</i>	
.....	131
<i>calcium citrate tab 950 mg (200</i>	
<i>mg elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 200</i>	
<i>mg-250 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 250</i>	
<i>mg-200 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 315</i>	
<i>mg-200 unit (elemental ca)</i>	131
<i>calcium citrate-vitamin d tab 315</i>	
<i>mg-250 unit (elemental ca)</i>	131
Calcium Plus Vitamin D3	
see <i>calcium carbonate-</i>	
<i>cholecalciferol cap 600 mg-500</i>	
<i>unit</i>	130
<i>calcium polycarbophil tab 625 mg</i>	
.....	122
CALCIUM TAB 600MG	131
<i>calcium-magnesium-zinc tab 333-</i>	
<i>133-5 mg</i>	131
CALNA TAB.....	137
CALTRATE 600 CHW 600-800	131
<i>candesartan cilexetil tab 16 mg</i> ..	59
<i>candesartan cilexetil tab 32 mg</i> ..	59
<i>candesartan cilexetil tab 4 mg</i>	59
<i>candesartan cilexetil tab 8 mg</i>	59
<i>capecitabine tab 150 mg</i>	65
<i>capecitabine tab 500 mg</i>	65
CAPRELSA TAB 100MG.....	67
CAPRELSA TAB 300MG.....	67
<i>capsaicin cream 0.1%</i>	102
<i>captopril & hydrochlorothiazide tab</i>	
<i>25-15 mg</i>	62
<i>captopril & hydrochlorothiazide tab</i>	
<i>25-25 mg</i>	62
<i>captopril & hydrochlorothiazide tab</i>	
<i>50-15 mg</i>	63
<i>captopril & hydrochlorothiazide tab</i>	
<i>50-25 mg</i>	63
<i>captopril tab 100 mg</i>	57
<i>captopril tab 12.5 mg</i>	57
<i>captopril tab 25 mg</i>	57
<i>captopril tab 50 mg</i>	57
<i>carbamazepine cap er 12hr 100 mg</i>	
.....	31
<i>carbamazepine cap er 12hr 200 mg</i>	
.....	31
<i>carbamazepine cap er 12hr 300 mg</i>	
.....	31
<i>carbamazepine chew tab 100 mg</i>	31
<i>carbamazepine susp 100 mg/5ml</i>	
.....	31
<i>carbamazepine tab 200 mg</i>	31
<i>carbamazepine tab er 12hr 100 mg</i>	
.....	31
<i>carbamazepine tab er 12hr 200 mg</i>	
.....	31
<i>carbamazepine tab er 12hr 400 mg</i>	
.....	31
<i>carbamide peroxide 6.5% otic soln</i>	
.....	145
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 10-100 mg</i> ...71	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-100 mg</i> ...71	
<i>carbidopa & levodopa orally</i>	
<i>disintegrating tab 25-250 mg</i> ...71	
<i>carbidopa & levodopa tab 10-100</i>	
<i>mg</i>	71
<i>carbidopa & levodopa tab 25-100</i>	
<i>mg</i>	71
<i>carbidopa & levodopa tab 25-250</i>	
<i>mg</i>	71
<i>carbidopa & levodopa tab er 25-</i>	
<i>100 mg</i>	71
<i>carbidopa & levodopa tab er 50-</i>	
<i>200 mg</i>	71
<i>carbidopa tab 25 mg</i>	70
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 12.5-50-200 mg</i>	71
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 18.75-75-200 mg</i>	71
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 25-100-200 mg</i>	71
<i>carbidopa-levodopa-entacapone</i>	
<i>tabs 31.25-125-200 mg</i>	71

carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	71	cefixime cap 400 mg	90
carbidopa-levodopa-entacapone tabs 50-200-200 mg	71	cefixime for susp 100 mg/5ml	90
carbinoxamine maleate soln 4 mg/5ml	52	cefixime for susp 200 mg/5ml	90
carbinoxamine maleate tab 4 mg	52	cefpodoxime proxetil for susp 100 mg/5ml	90
carbonyl iron		cefpodoxime proxetil for susp 50 mg/5ml	90
see IRON CHW PEDIATRI.....	120	cefpodoxime proxetil tab 100 mg	91
carbonyl iron susp 15 mg/1.25ml (elemental iron)	119	cefpodoxime proxetil tab 200 mg	91
carboxymethylcellulose sodium (pf) ophth soln 0.5%	141	cefprozil for susp 125 mg/5ml	90
carboxymethylcellulose sodium ophth soln 0.5%	141	cefprozil for susp 250 mg/5ml	90
CARIMUNE NF INJ 12GM	146	cefprozil tab 250 mg	90
cariprazine hcl		cefprozil tab 500 mg	90
see VRAYLAR CAP 1.5MG	72	ceftriaxone sodium for inj 1 gm ..	91
see VRAYLAR CAP 3MG.....	72	cefuroxime axetil tab 250 mg	90
see VRAYLAR CAP 4.5MG	72	cefuroxime axetil tab 500 mg	90
see VRAYLAR CAP 6MG.....	72	celecoxib cap 100 mg	8
carisoprodol tab 350 mg	139	celecoxib cap 200 mg	8
carteolol hcl ophth soln 1%	142	celecoxib cap 400 mg	8
carvedilol tab 12.5 mg	83	celecoxib cap 50 mg	8
carvedilol tab 25 mg	83	cellulose	
carvedilol tab 3.125 mg	83	see UNIFIBER POW	122
carvedilol tab 6.25 mg	83	CELONTIN CAP 300MG	33
CAYA DPR	125	CENTRUM SPEC PAK PRENATAL.....	137
CAYSTON INH 75MG	19	cephalexin cap 250 mg	90
cefaclor cap 250 mg	90	cephalexin cap 500 mg	90
cefaclor cap 500 mg	90	cephalexin for susp 125 mg/5ml	90
cefaclor for susp 125 mg/5ml	90	cephalexin for susp 250 mg/5ml	90
cefaclor for susp 250 mg/5ml	90	CERDELGA CAP 84MG	117
cefaclor for susp 375 mg/5ml	90	ceritinib	
cefadroxil cap 500 mg	89	see ZYKADIA CAP 150MG	70
cefadroxil for susp 250 mg/5ml ..	90	certolizumab pegol	
cefadroxil for susp 500 mg/5ml ..	90	see CIMZIA KIT	111
cefadroxil tab 1 gm	90	see CIMZIA KIT STARTER.....	111
cefdinir cap 300 mg	90	see CIMZIA PREFL KIT 200MG/ML	111
cefdinir for susp 125 mg/5ml	90	cervical caps	
cefdinir for susp 250 mg/5ml	90	see FEMCAP MIS 22MM	125
cefditoren pivoxil tab 200 mg (base equivalent)	90	see FEMCAP MIS 26MM	125
cefditoren pivoxil tab 400 mg (base equivalent)	90	see FEMCAP MIS 30MM	125
cefixime		CESAMET CAP 1MG	51
see SUPRAX CAP 400MG.....	91	cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	52
		cetirizine hcl tab 10 mg	52
		cetirizine hcl tab 5 mg	52
		cetirizine-pseudoephedrine tab er 12hr 5-120 mg	95
		cetrotorelix acetate	

see CETROTIDE KIT 0.25MG 106
 CETROTIDE KIT 0.25MG 106
cevimeline hcl cap 30 mg 135
 CHANTIX PAK 0.5& 1MG 150
 CHANTIX TAB 0.5MG 150
 CHANTIX TAB 1MG 150
 CHEMET CAP 100MG 50
 Chewable Vite Childrens
 see **pediatric multiple vitamin w/
 c & fa chew tab** 136
 Chewable Vite With Iron/c
 see **pediatric multiple vitamins
 w/ iron chew tab 15 mg** 136
 Childrens Pain Reliever
 see **acetaminophen chew tab 80
 mg** 11
 Childrens Pepto
 see **calcium carbonate (antacid)
 chew tab 400 mg** 18
 Childrens Silfedrine
 see **pseudoephedrine hcl liq 15
 mg/5ml** 140
chlorambucil
 see LEUKERAN TAB 2MG 65
chlordiazepoxide hcl cap 10 mg ..22
chlordiazepoxide hcl cap 25 mg ..22
chlordiazepoxide hcl cap 5 mg22
chlorhexidine gluconate liquid 4%
 79
**chlorhexidine gluconate soln
 0.12%** 135
chloroquine phosphate tab 250 mg
 64
chloroquine phosphate tab 500 mg
 64
chlorothiazide tab 250 mg..... 105
chlorothiazide tab 500 mg..... 105
 Chlorphen Sr
 see **chlorpheniramine maleate tab
 er 12 mg** 51
**chlorpheniramine maleate syrup 2
 mg/5ml** 51
chlorpheniramine maleate tab 4 mg
 51
**chlorpheniramine maleate tab er
 12 mg** 51
chlorpromazine hcl tab 10 mg 77

chlorpromazine hcl tab 100 mg...77
chlorpromazine hcl tab 200 mg...77
chlorpromazine hcl tab 25 mg77
chlorpromazine hcl tab 50 mg77
chlorpropamide tab 100 mg 49
chlorpropamide tab 250 mg 49
chlorthalidone tab 25 mg 105
chlorthalidone tab 50 mg 105
chlorzoxazone tab 500 mg 139
**cholecalciferol cap 1.25 mg (50000
 unit)** 160
**cholecalciferol cap 125 mcg (5000
 unit)** 160
**cholecalciferol cap 25 mcg (1000
 unit)** 160
**cholecalciferol cap 250 mcg (10000
 unit)** 160
**cholecalciferol cap 50 mcg (2000
 unit)** 160
**cholecalciferol chew tab 10 mcg
 (400 unit)** 160
**cholecalciferol chew tab 25 mcg
 (1000 unit)** 160
**cholecalciferol drops 125 mcg/ml
 (5000 unit/ml)** 161
**cholecalciferol oral liquid 10
 mcg/ml (400 unit/ml)** 161
**cholecalciferol tab 10 mcg (400
 unit)** 161
**cholecalciferol tab 125 mcg (5000
 unit)** 161
**cholecalciferol tab 25 mcg (1000
 unit)** 161
**cholecalciferol tab 50 mcg (2000
 unit)** 161
**cholestyramine light powder 4
 gm/dose** 53
cholestyramine powder 4 gm/dose
 53
**choline fenofibrate cap dr 135 mg
 (fenofibric acid equiv)** 54
**choline fenofibrate cap dr 45 mg
 (fenofibric acid equiv)** 54
 CHOR GONADOT INJ 10000UNT 106
 Chromagen
 see **iron combination cap** 119
ciclesonide (nasal)

see OMNARIS SPR	140
ciclopirox olamine cream 0.77% (base equiv)	97
ciclopirox olamine susp 0.77% (base equiv)	97
ciclopirox solution 8%	98
cilostazol tab 100 mg	117
cilostazol tab 50 mg	117
CIMDUO TAB 300-300	79
cimetidine tab 200 mg	154
cimetidine tab 300 mg	154
cimetidine tab 400 mg	154
cimetidine tab 800 mg	154
CIMZIA KIT	111
CIMZIA KIT STARTER.....	111
CIMZIA PREFL KIT 200MG/ML	111
cinacalcet hcl	
see SENSIPAR TAB 30MG	108
see SENSIPAR TAB 60MG	108
see SENSIPAR TAB 90MG	108
cinacalcet hcl tab 30 mg (base equiv)	107
cinacalcet hcl tab 60 mg (base equiv)	107
cinacalcet hcl tab 90 mg (base equiv)	107
CIPRO HC SUS OTIC	145
CIPRODEX SUS 0.3-0.1%	145
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	143
ciprofloxacin hcl otic soln 0.2% (base equivalent)	145
ciprofloxacin hcl tab 250 mg (base equiv)	110
ciprofloxacin hcl tab 500 mg (base equiv)	110
ciprofloxacin hcl tab 750 mg (base equiv)	110
ciprofloxacin-dexamethasone see CIPRODEX SUS 0.3-0.1%	145
ciprofloxacin-hydrocortisone see CIPRO HC SUS OTIC	145
citalopram hydrobromide oral soln 10 mg/5ml	34
citalopram hydrobromide tab 10 mg (base equiv)	34

citalopram hydrobromide tab 20 mg (base equiv)	35
citalopram hydrobromide tab 40 mg (base equiv)	35
Claravis	
see isotretinoin cap 10 mg	96
clarithromycin for susp 125 mg/5ml	124
clarithromycin for susp 250 mg/5ml	124
clarithromycin tab 250 mg	124
clarithromycin tab 500 mg	124
Clean & Clear Persa-gel M	
see benzoyl peroxide gel 10% ..	96
Clear Soluble Fiber	
see wheat dextrin oral powder	122
clemastine fumarate tab 1.34 mg (1 mg base equiv)	52
clemastine fumarate tab 2.68 mg	52
CLENPIQ SOL.....	122
clindamycin hcl cap 150 mg	19
clindamycin hcl cap 300 mg	19
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	19
clindamycin phosphate gel 1% ..	96
clindamycin phosphate lotion 1%	96
clindamycin phosphate soln 1% ..	96
clindamycin phosphate vaginal cream 2%	159
clindamycin phosphate-tretinoin see VELTIN GEL	97
clindamycin phosphate-tretinoin gel 1.2-0.025%	96
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	96
clobazam tab 10 mg	30
clobazam tab 20 mg	30
clobetasol propionate cream 0.05%	100
clobetasol propionate gel 0.05%	100
clobetasol propionate oint 0.05%	100
clobetasol propionate soln 0.05%	100

<i>clomipramine hcl cap 25 mg</i>	37	<i>coagulation factor ix (recombinant)</i>	
<i>clomipramine hcl cap 50 mg</i>	37	see BENEFIX INJ 1000UNIT	114
<i>clomipramine hcl cap 75 mg</i>	37	see BENEFIX INJ 2000UNIT	114
<i>clonazepam tab 0.5 mg</i>	30	see BENEFIX INJ 250UNIT	114
<i>clonazepam tab 1 mg</i>	30	see BENEFIX INJ 3000UNIT	114
<i>clonazepam tab 2 mg</i>	30	see BENEFIX INJ 500UNIT	114
<i>clonidine hcl tab 0.1 mg</i>	61	see RIXUBIS INJ 1000UNIT	116
<i>clonidine hcl tab 0.2 mg</i>	61	see RIXUBIS INJ 2000UNIT	116
<i>clonidine hcl tab 0.3 mg</i>	61	see RIXUBIS INJ 250 UNIT	116
<i>clonidine td patch weekly 0.1</i> <i>mg/24hr</i>	61	see RIXUBIS INJ 3000UNIT	116
<i>clonidine td patch weekly 0.2</i> <i>mg/24hr</i>	61	<i>coagulation factor viia</i> <i>(recombinant)</i>	
<i>clonidine td patch weekly 0.3</i> <i>mg/24hr</i>	61	see NOVOSEVEN RT INJ 1MG	115
<i>clopidogrel bisulfate tab 75 mg</i> <i>(base equiv)</i>	117	see NOVOSEVEN RT INJ 2MG	115
<i>clorazepate dipotassium tab 15 mg</i>	22	see NOVOSEVEN RT INJ 5MG	115
<i>clorazepate dipotassium tab 3.75</i> <i>mg</i>	22	see NOVOSEVEN RT INJ 8MG	115
<i>clorazepate dipotassium tab 7.5</i> <i>mg</i>	22	COARTEM TAB 20-120MG.....	64
<i>clotrimazole cream 1%</i>	98	<i>cobicistat</i>	
<i>clotrimazole soln 1%</i>	98	see TYBOST TAB 150MG.....	81
<i>clotrimazole troche 10 mg</i>	135	CODEINE SULF TAB 60MG	12
<i>clotrimazole vaginal cream 1%</i> .	159	<i>codeine sulfate tab 30 mg</i>	12
<i>clotrimazole vaginal cream 2%</i> .	159	<i>colchicine tab 0.6 mg</i>	113
<i>clotrimazole w/ betamethasone</i> <i>cream 1-0.05%</i>	98	<i>colchicine w/ probenecid tab 0.5-</i> <i>500 mg</i>	113
<i>clotrimazole w/ betamethasone</i> <i>lotion 1-0.05%</i>	98	<i>colesevelam hcl packet for susp</i> <i>3.75 gm</i>	53
<i>clozapine tab 100 mg</i>	75	<i>colesevelam hcl tab 625 mg</i>	53
<i>clozapine tab 200 mg</i>	75	<i>colestipol hcl tab 1 gm</i>	53
<i>clozapine tab 25 mg</i>	75	<i>collagenase</i>	
<i>clozapine tab 50 mg</i>	75	see SANTYL OIN 250/GM.....	102
<i>coagulation factor ix</i>		COLY-MYCIN S SUS OTIC	145
see ALPHANINE SD INJ 1500UNIT	114	COMBIGAN SOL 0.2/0.5%	142
see ALPHANINE SD INJ 500UNIT .	114	COMBIVENT AER 20-100.....	26
<i>coagulation factor ix (recomb) fc</i> <i>fusion protein (rfixfc)</i>		COMETRIQ KIT 100MG.....	68
see ALPROLIX INJ 1000UNIT	114	COMETRIQ KIT 140MG.....	68
see ALPROLIX INJ 2000UNIT	114	COMETRIQ KIT 60MG	67
see ALPROLIX INJ 250UNIT	114	COMPLERA TAB.....	79
see ALPROLIX INJ 3000UNIT	114	CO-NATAL FA TAB 29-1MG	137
see ALPROLIX INJ 4000UNIT.....	114	CONCEPTROL GEL 4%	159
see ALPROLIX INJ 500UNIT	114	<i>condoms - female</i>	
		see FC2 FEMALE MIS CONDOM....	125
		<i>condoms latex lubricated - male</i>	
		see CONDOMS MIS LUBRICAT.....	125
		<i>condoms latex non-lubricated -</i> <i>male</i>	
		see TROJAN MIS.....	125

CONDOMS MIS	125	COSENTYX INJ 300DOSE.....	99
CONDOMS MIS LUBRICAT	125	COSENTYX PEN INJ 150MG/ML	99
condoms non-latex lubricated - male		COSENTYX PEN INJ 300DOSE	99
see DUREX MIS REALFEEL	125	COUMADIN TAB 10MG	28
condoms non-latex non-lubricated - male		COUMADIN TAB 1MG	28
see TROJAN MIS NATULAMB	125	COUMADIN TAB 2.5MG	28
conjugated estrogens-bazedoxifene		COUMADIN TAB 2MG	28
see DUAVEE TAB 0.45-20	108	COUMADIN TAB 3MG	28
conjugated estrogens-medroxyprogesterone acetate		COUMADIN TAB 4MG	28
see PREMPHASE TAB.....	109	COUMADIN TAB 5MG	28
see PREMPRO TAB	109	COUMADIN TAB 6MG	28
see PREMPRO TAB 0.3-1.5	109	COUMADIN TAB 7.5MG	28
see PREMPRO TAB 0.45-1.5	109	CREON CAP 12000UNT.....	104
see PREMPRO TAB 0.625-5	109	CREON CAP 24000UNT.....	104
continuous blood glucose system receiver		CREON CAP 3000UNIT	104
see DEXCOM G5 MIS RECEIVER ..	125	CREON CAP 36000UNT.....	104
see DEXCOM G6 MIS RECEIVER ..	125	CREON CAP 6000UNIT	104
see FREESTYLE MIS READER.....	126	CRESEMBA CAP 186 MG.....	51
continuous blood glucose system sensor		CRIXIVAN CAP 200MG	79
see DEXCOM G6 MIS SENSOR.....	126	CRIXIVAN CAP 400MG	79
see FREESTYLE KIT SENSOR.....	126	crizotinib	
see G5/G4 MIS SENSOR.....	126	see XALKORI CAP 200MG	69
continuous blood glucose system transmitter		see XALKORI CAP 250MG	69
see DEXCOM G5 MIS TRANSMIT ..	125	cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	140
see DEXCOM G6 MIS TRANSMIT ..	126	cromolyn sodium ophth soln 4%	144
copper (iud)		cromolyn sodium soln nebu 20 mg/2ml	23
see PARAGARD IUD T380A	93	crotamiton	
CORDRAN 80X3 TAP 4MCG/CM	100	see EURAX CRE 10%	103
CORLANOR SOL 5MG/5ML	89	CUVITRU INJ 4GM/20ML	146
CORLANOR TAB 5MG	89	CUVITRU SOL 10GM/50M	146
CORLANOR TAB 7.5MG	89	CUVITRU SOL 1GM/5ML	146
corn dextrin oral powder	122	Cvs Af Spray Powder	
cortisone acetate tab 25 mg	93	see tolnaftate aerosol pow 1% .98	
CORTISPORIN OIN 1%.....	97	Cvs Allergy Relief Childr	
Cortizone-10		see diphenhydramine hcl liquid 12.5 mg/5ml	52
see hydrocortisone gel 1%	101	Cvs Antacid Supreme	
Cortizone-10 Plus		see calcium carbonate-mag hydroxide susp 400-135 mg/5ml	18
see hydrocortisone-aloe vera cream 1%	101	Cvs Anti-dandruff	
COSENTYX INJ 150MG/ML	99	see selenium sulfide lotion 1% .99	
		Cvs Anti-diarrheal	
		see loperamide hcl tab 2 mg	50

Cvs Anti-fungal Powder	
see miconazole nitrate powder 2%	98
Cvs B-12	
see cyanocobalamin sl tab 500 mcg	118
Cvs Bismuth Maximum Stren	
see bismuth subsalicylate susp 525 mg/15ml	49
Cvs Calcium Citrate + D	
see calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	131
Cvs Chocolate Laxative Pi	
see sennosides chew tab 15 mg	124
Cvs Cold & Cough Nighttim	
see diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml	95
Cvs Cortisone Maximum Str	
see hydrocortisone lotion 1% ..	101
Cvs D3	
see cholecalciferol chew tab 25 mcg (1000 unit)	160
Cvs Dry Eye Relief	
see glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1% ..	141
Cvs Easy Fiber	
see corn dextrin oral powder ..	122
Cvs Fish Oil	
see omega-3 fatty acids cap delayed release 1200 mg	141
Cvs Gas Relief	
see simethicone cap 125 mg ...	110
Cvs Gas Relief Drops Extr	
see simethicone liquid 40 mg/0.6ml	110
Cvs Gas Relief Extra Stre	
see simethicone chew tab 125 mg	110
Cvs Gentle Laxative	
see bisacodyl suppos 10 mg	123
Cvs Glycerin Adult	
see glycerin suppos 2 gm	123
Cvs Heartburn Relief	
see aluminum hydroxide-magnesium carbonate chew tab 160-105 mg	18
Cvs Ibuprofen Infants	
see ibuprofen susp 40 mg/ml	8
Cvs Lubricant Eye Drops	
see carboxymethylcellulose sodium ophth soln 0.5%	141
Cvs Melatonin	
see melatonin cap 5 mg	6
Cvs Motion Sickness	
see dimenhydrinate tab 50 mg ..	50
Cvs Motion Sickness Relie	
see meclizine hcl chew tab 25 mg	50
Cvs Nasal Decongestant	
see pseudoephedrine hcl tab 30 mg	140
Cvs Nasal Decongestant Pe	
see phenylephrine hcl tab 10 mg	140
Cvs Nasal Spray	
see oxymetazoline hcl nasal soln 0.05%	140
Cvs Natural Daily Fiber	
see psyllium powder 48.57% ..	122
see psyllium powder 58.6%	122
Cvs Natural Tears	
see dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	141
Cvs Nausea Relief	
see fructose-dextrose-phosphoric acid oral soln	51
Cvs Nicotine Lozenge	
see nicotine polacrilex lozenge 2 mg	150
Cvs Nicotine Polacrilex	
see nicotine polacrilex gum 4 mg	150
Cvs Nicotine Transdermal	
see nicotine td patch 24hr 21 mg/24hr	151
Cvs Omeprazole Magnesium	
see omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	155
Cvs Oyster Shell Calcium	

see *calcium carbonate-cholecalciferol tab 500 mg-125 unit* 130
 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)* 19
 CVS PRENATAL CHW GUMMY 137
 Cvs Saline Nasal Spray
 see *saline nasal spray 0.65%*.. 139
 Cvs Sleep Aid Nighttime
 see *diphenhydramine hcl (sleep) tab 25 mg* 120
 Cvs Smooth Antacid Extra
 see *calcium carbonate (antacid) chew tab 750 mg* 18
 Cvs Sodium Chloride
 see *sodium chloride hypertonic ophth oint 5%* 144
 see *sodium chloride hypertonic ophth soln 5%* 144
 Cvs Triple Antibiotic
 see *neomycin-bacitracin-polymyxin oint* 97
 Cvs Vitamin B-12 Tr
 see *cyanocobalamin tab er 1000 mcg*..... 118
 Cvs Vitamin B-2
 see *riboflavin tab 100 mg*..... 161
cyanocobalamin inj 1000 mcg/ml 118
cyanocobalamin sl tab 1000 mcg 118
cyanocobalamin sl tab 2500 mcg 118
cyanocobalamin sl tab 500 mcg. 118
cyanocobalamin tab 100 mcg.... 118
cyanocobalamin tab 1000 mcg.. 118
cyanocobalamin tab 250 mcg.... 118
cyanocobalamin tab 500 mcg.... 118
cyanocobalamin tab er 1000 mcg 118
cyclobenzaprine hcl tab 10 mg.. 139
cyclobenzaprine hcl tab 5 mg.... 139

cyclopentolate hcl ophth soln 1% 142
cyclophosphamide cap 25 mg..... 65
cyclophosphamide cap 50 mg..... 65
cycloserine cap 250 mg..... 65
 CYCLOSET TAB 0.8MG 44
cyclosporine
 see SANDIMMUNE CAP 100MG 134
 see SANDIMMUNE CAP 25MG 134
cyclosporine (ophth)
 see RESTASIS EMU 0.05% 143
cyclosporine cap 100 mg..... 133
cyclosporine cap 25 mg..... 133
cyclosporine modified (for microemulsion)
 see NEORAL CAP 100MG 134
 see NEORAL CAP 25MG 134
cyclosporine modified cap 100 mg 134
cyclosporine modified cap 25 mg 133
cyclosporine modified cap 50 mg 133
cyclosporine modified oral soln 100 mg/ml..... 134
cyproheptadine hcl syrup 2 mg/5ml 53
cyproheptadine hcl tab 4 mg..... 53
 CYSTADANE POW 107
 CYSTAGON CAP 150MG 112
 CYSTAGON CAP 50MG 112
 CYSTARAN SOL 0.44%..... 144
cysteamine bitartrate
 see CYSTAGON CAP 150MG 112
 see CYSTAGON CAP 50MG 112
cysteamine hcl
 see CYSTARAN SOL 0.44% 144
D
 D 1000
 see *cholecalciferol cap 25 mcg (1000 unit)* 160
 D 5000
 see *cholecalciferol cap 125 mcg (5000 unit)* 160
 D2000 Ultra Strength
 see *cholecalciferol cap 50 mcg (2000 unit)* 160

D3 Maximum Strength	
see <i>cholecalciferol drops 125 mcg/ml (5000 unit/ml)</i>	161
<i>dabigatran etexilate mesylate</i>	
see PRADAXA CAP 110MG.....	30
see PRADAXA CAP 150MG.....	30
see PRADAXA CAP 75MG	30
<i>dabrafenib mesylate</i>	
see TAFINLAR CAP 50MG.....	69
see TAFINLAR CAP 75MG.....	69
<i>daclatasvir dihydrochloride</i>	
see DAKLINZA TAB 30MG	82
see DAKLINZA TAB 60MG	82
Daily Vite	
see <i>multiple vitamin tab</i>	135
DAKLINZA TAB 30MG.....	82
DAKLINZA TAB 60MG.....	82
<i>dalfampridine tab er 12hr 10 mg</i>	
.....	149
DALIRESP TAB 250MCG	24
DALIRESP TAB 500MCG	24
<i>dalteparin sodium</i>	
see FRAGMIN INJ 10000/ML	30
see FRAGMIN INJ 12500UNT	30
see FRAGMIN INJ 15000UNT.....	30
see FRAGMIN INJ 18000UNT	30
see FRAGMIN INJ 2500/0.2.....	29
see FRAGMIN INJ 5000/0.2.....	29
see FRAGMIN INJ 7500/0.3.....	29
<i>danazol cap 100 mg</i>	17
<i>danazol cap 200 mg</i>	17
<i>danazol cap 50 mg</i>	17
<i>dantrolene sodium cap 100 mg</i> ..	139
<i>dantrolene sodium cap 25 mg</i> ...	139
<i>dantrolene sodium cap 50 mg</i> ...	139
<i>dapagliflozin propanediol</i>	
see FARXIGA TAB 10MG	48
see FARXIGA TAB 5MG.....	48
<i>dapagliflozin-metformin hcl</i>	
see XIGDUO XR TAB 10-1000	43
see XIGDUO XR TAB 10-500MG....	42
see XIGDUO XR TAB 2.5-1000	42
see XIGDUO XR TAB 5-1000MG....	42
see XIGDUO XR TAB 5-500MG	42
<i>dapsone tab 100 mg</i>	19
<i>dapsone tab 25 mg</i>	19
DARAPRIM TAB 25MG	64
<i>darbepoetin alfa</i>	
see ARANESP INJ 100MCG.....	118
see ARANESP INJ 10MCG	118
see ARANESP INJ 150MCG.....	118
see ARANESP INJ 200MCG.....	118
see ARANESP INJ 25MCG	118
see ARANESP INJ 300MCG.....	118
see ARANESP INJ 40MCG	118
see ARANESP INJ 500MCG.....	118
see ARANESP INJ 60MCG	118
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	156
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	156
<i>darunavir ethanolate</i>	
see PREZISTA SUS 100MG/ML	81
see PREZISTA TAB 150MG	81
see PREZISTA TAB 600MG.....	81
see PREZISTA TAB 75MG.....	81
see PREZISTA TAB 800MG.....	81
<i>darunavir-cobicistat</i>	
see PREZCOBIX TAB 800-150	81
<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>	
see SYMTUZA TAB.....	81
<i>dasatinib</i>	
see SPRYCEL TAB 100MG	69
see SPRYCEL TAB 140MG	69
see SPRYCEL TAB 20MG	69
see SPRYCEL TAB 50MG	69
see SPRYCEL TAB 70MG	69
see SPRYCEL TAB 80MG	69
<i>deferasirox tab for oral susp 125 mg</i>	50
<i>deferasirox tab for oral susp 250 mg</i>	50
<i>deferasirox tab for oral susp 500 mg</i>	50
<i>deferiprone</i>	
see FERRIPROX TAB 1000MG	50
see FERRIPROX TAB 500MG.....	50
<i>degarelix acetate</i>	
see FIRMAGON INJ 80MG	66
<i>delafloxacin meglumine</i>	
see BAXDELA TAB 450MG.....	110
<i>delavirdine mesylate</i>	
see RESCRIPTOR TAB 200MG.....	81

DELSTRIGO TAB.....	79	<i>desvenlafaxine succinate tab er</i>	
<i>demeclocycline hcl tab 150 mg.</i>	151	24hr 50 mg (base equiv)	36
<i>demeclocycline hcl tab 300 mg.</i>	151	<i>dexamethasone elixir 0.5 mg/5ml</i>	
DENAVIR CRE 1%	99	.....	93
<i>denosumab</i>		<i>dexamethasone sodium phosphate</i>	
see PROLIA SOL 60MG/ML	106	<i>inj 10 mg/ml</i>	93
see XGEVA INJ	106	<i>dexamethasone sodium phosphate</i>	
DEPEN TITRA TAB 250MG.....	133	<i>ophth soln 0.1%</i>	143
DEPO-SQ PROV INJ 104	93	<i>dexamethasone soln 0.5 mg/5ml</i>	93
Dermacerin		<i>dexamethasone tab 0.5 mg</i>	93
see <i>skin protectants misc - cream</i>		<i>dexamethasone tab 0.75 mg</i>	93
.....	103	<i>dexamethasone tab 1 mg</i>	93
DESCOVY TAB 200/25.....	80	<i>dexamethasone tab 1.5 mg</i>	93
<i>desipramine hcl tab 10 mg</i>	37	<i>dexamethasone tab 2 mg</i>	93
<i>desipramine hcl tab 100 mg</i>	38	<i>dexamethasone tab 4 mg</i>	94
<i>desipramine hcl tab 150 mg</i>	38	<i>dexamethasone tab 6 mg</i>	94
<i>desipramine hcl tab 25 mg</i>	37	<i>dexchlorpheniramine maleate oral</i>	
<i>desipramine hcl tab 50 mg</i>	37	<i>soln 2 mg/5ml</i>	52
<i>desipramine hcl tab 75 mg</i>	37	DEXCOM G5 MIS RECEIVER.....	125
<i>desloratadine tab 5 mg</i>	52	DEXCOM G5 MIS TRANSMIT	125
<i>desmopressin acetate</i>		DEXCOM G6 MIS RECEIVER.....	125
see STIMATE SOL 1.5MG/ML	108	DEXCOM G6 MIS SENSOR	126
<i>desmopressin acetate nasal spray</i>		DEXCOM G6 MIS TRANSMIT	126
<i>soln 0.01%</i>	108	DEXILANT CAP 30MG DR.....	154
<i>desmopressin acetate nasal spray</i>		DEXILANT CAP 60MG DR.....	155
<i>soln 0.01% (refrigerated)</i>	108	<i>dexlansoprazole</i>	
<i>desmopressin acetate tab 0.1 mg</i>		see DEXILANT CAP 30MG DR	154
.....	108	see DEXILANT CAP 60MG DR	155
<i>desmopressin acetate tab 0.2 mg</i>		<i>dexmethylphenidate hcl tab 10 mg</i>	
.....	108	.....	4
<i>desogest-eth estrad & eth estrad</i>		<i>dexmethylphenidate hcl tab 2.5 mg</i>	
<i>tab 0.15-0.02/0.01 mg(21/5)</i> ..	91	.....	4
<i>desogest-ethin est tab 0.1-</i>		<i>dexmethylphenidate hcl tab 5 mg</i>	4
<i>0.025/0.125-0.025/0.15-</i>		<i>dextran 70-hypromellose (pf)</i>	
<i>0.025mg-mg</i>	91	<i>ophth soln 0.1-0.3%</i>	141
<i>desogestrel & ethinyl estradiol tab</i>		<i>dextran 70-hypromellose ophth</i>	
<i>0.15 mg-30 mcg</i>	91	<i>soln 0.1-0.3%</i>	141
<i>desonide cream 0.05%</i>	100	<i>dextroamphetamine sulfate cap er</i>	
<i>desonide oint 0.05%</i>	100	24hr 10 mg.....	2
<i>desoximetasone cream 0.05%</i> ..	100	<i>dextroamphetamine sulfate cap er</i>	
<i>desoximetasone cream 0.25%</i> ..	100	24hr 15 mg.....	2
<i>desoximetasone gel 0.05%</i>	100	<i>dextroamphetamine sulfate cap er</i>	
<i>desoximetasone oint 0.05%</i>	100	24hr 5 mg.....	1
<i>desoximetasone oint 0.25%</i>	100	<i>dextroamphetamine sulfate tab 10</i>	
<i>desvenlafaxine succinate tab er</i>		<i>mg</i>	2
24hr 100 mg (base equiv)	36	<i>dextroamphetamine sulfate tab 5</i>	
		<i>mg</i>	2

dextromethorphan hbr	
see ROBITUSSIN SYP 7.5/5ML	94
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	95
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	95
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	95
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	95
dextrose (diabetic use)	
see GNP GLUCOSE CHW ORANGE ..	43
Diabetic Siltussin-dm	
see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	95
Diabetic Tussin Allergy	
see chlorpheniramine maleate syrup 2 mg/5ml	51
Diabetic Tussin Maximum S	
see dextromethorphan-guaifenesin liquid 10-200 mg/5ml	95
DIACOMIT CAP 250MG	31
DIACOMIT CAP 500MG	31
DIACOMIT PAK 250MG	31
DIACOMIT PAK 500MG	31
diaphragm arc-spring	
see CAYA DPR	125
diaphragm wide seal	
see WIDE-SEAL DPR KIT 60	125
see WIDE-SEAL DPR KIT 65	125
see WIDE-SEAL DPR KIT 70	125
see WIDE-SEAL DPR KIT 75	125
see WIDE-SEAL DPR KIT 80	125
see WIDE-SEAL DPR KIT 85	125
see WIDE-SEAL DPR KIT 90	125
see WIDE-SEAL DPR KIT 95	125
diaphragms	
see OMNIFLEX DPR	125
diazepam (anticonvulsant)	
see VALTOCO LIQ 15MG	30
see VALTOCO LIQ 20MG	30
see VALTOCO SPR 10MG	30
see VALTOCO SPR 5MG	30
diazepam conc 5 mg/ml	22
Diazepam Intensol	
see diazepam conc 5 mg/ml	22
diazepam oral soln 1 mg/ml	22
diazepam rectal gel delivery system 10 mg	30
diazepam rectal gel delivery system 2.5 mg	30
diazepam rectal gel delivery system 20 mg	30
diazepam tab 10 mg	22
diazepam tab 2 mg	22
diazepam tab 5 mg	22
diazoxide	
see PROGLYCEM SUS 50MG/ML	43
diazoxide susp 50 mg/ml	43
dibucaine perianal ointment 1% ..	17
diclofenac potassium tab 50 mg ...	8
diclofenac sodium gel 1%	97
diclofenac sodium ophth soln 0.1%	144
diclofenac sodium tab delayed release 25 mg	8
diclofenac sodium tab delayed release 50 mg	8
diclofenac sodium tab delayed release 75 mg	8
diclofenac sodium tab er 24hr 100 mg	8
dicloxacillin sodium cap 250 mg	148
dicloxacillin sodium cap 500 mg	148
dicyclomine hcl cap 10 mg	153
dicyclomine hcl oral soln 10 mg/5ml	153
dicyclomine hcl tab 20 mg	153
didanosine	
see VIDEX EC CAP 125MG	81
didanosine delayed release capsule 200 mg	80
didanosine delayed release capsule 250 mg	80
didanosine delayed release capsule 400 mg	80
DIFFERIN GEL 0.1%	96
DIFICID TAB 200MG	125
diflorasone diacetate cream 0.05%	100
diflorasone diacetate emollient base	

see APEXICON E CRE 0.05%	100	see TECFIDERA CAP 240MG	150
diflorasone diacetate oint 0.05%		see TECFIDERA MIS STARTER	150
.....	100	DIPENTUM CAP 250MG	111
diflunisal tab 500 mg	12	diphenhydramine hcl	
difluprednate		see ALER-DRYL TAB 50MG	52
see DUREZOL EMU 0.05%	143	diphenhydramine hcl (sleep) tab	
digoxin		25 mg	120
see LANOXIN TAB 0.125MG	87	diphenhydramine hcl (sleep) tab	
see LANOXIN TAB 0.25MG	87	50 mg	120
digoxin oral soln 0.05 mg/ml	87	diphenhydramine hcl cap 25 mg ..	52
digoxin tab 125 mcg (0.125 mg) ..	87	diphenhydramine hcl cap 50 mg ..	52
digoxin tab 250 mcg (0.25 mg) ...	87	diphenhydramine hcl chew tab	
dihydroergotamine mesylate inj 1		12.5 mg	52
mg/ml	128	diphenhydramine hcl elixir 12.5	
DILANTIN CAP 100MG	33	mg/5ml	52
DILANTIN CAP 30MG	33	diphenhydramine hcl inj 50 mg/ml	
diltiazem hcl cap er 12hr 120 mg ..	85	.....	52
diltiazem hcl cap er 24hr 120 mg ..	85	diphenhydramine hcl liquid 12.5	
diltiazem hcl cap er 24hr 180 mg ..	85	mg/5ml	52
diltiazem hcl cap er 24hr 240 mg ..	85	diphenhydramine hcl tab 25 mg ..	52
diltiazem hcl coated beads cap er		diphenhydramine hcl tab disint	
24hr 120 mg	85	12.5 mg	52
diltiazem hcl coated beads cap er		diphenhydramine-phenylephrine	
24hr 180 mg	85	liq 6.25-2.5 mg/5ml	95
diltiazem hcl coated beads cap er		diphenhydramine-phenylephrine	
24hr 240 mg	85	tab 25-10 mg	95
diltiazem hcl coated beads cap er		diphenhydramine-zinc acetate	
24hr 300 mg	85	cream 2-0.1%	98
diltiazem hcl extended release		diphenoxylate w/ atropine tab 2.5-	
beads cap er 24hr 120 mg	85	0.025 mg	49
diltiazem hcl extended release		dipyridamole tab 25 mg	117
beads cap er 24hr 180 mg	85	dipyridamole tab 50 mg	117
diltiazem hcl extended release		dipyridamole tab 75 mg	117
beads cap er 24hr 240 mg	85	disopyramide phosphate cap 100	
diltiazem hcl extended release		mg	23
beads cap er 24hr 300 mg	85	disopyramide phosphate cap 150	
diltiazem hcl extended release		mg	23
beads cap er 24hr 360 mg	86	disulfiram tab 250 mg	148
diltiazem hcl extended release		disulfiram tab 500 mg	148
beads cap er 24hr 420 mg	86	divalproex sodium cap delayed	
diltiazem hcl tab 120 mg	86	release sprinkle 125 mg	33
diltiazem hcl tab 30 mg	86	divalproex sodium tab delayed	
diltiazem hcl tab 60 mg	86	release 125 mg	33
diltiazem hcl tab 90 mg	86	divalproex sodium tab delayed	
dimenhydrinate tab 50 mg	50	release 250 mg	33
dimethyl fumarate		divalproex sodium tab delayed	
see TECFIDERA CAP 120MG	150	release 500 mg	33

divalproex sodium tab er 24 hr 250 mg	33	donepezil hydrochloride tab 5 mg	148
divalproex sodium tab er 24 hr 500 mg	33	doravirine	
docosahexaenoic acid cap 200 mg	141	see PIFELTRO TAB 100MG	81
docosanol		doravirine-lamivudine-tenofovir disoproxil fumarate	
see ABREVA CRE 10%	99	see DELSTRIGO TAB	79
docosanol cream 10%	99	dornase alfa	
docusate calcium cap 240 mg	124	see PULMOZYME SOL 1MG/ML	151
docusate sodium		dorzolamide hcl ophth soln 2%	144
see PEDIA-LAX LIQ 50MG	124	dorzolamide hcl-timolol maleate ophth soln 2.3-6.8 mg/ml	142
docusate sodium cap 100 mg	124	Double Antibiotic	
docusate sodium cap 250 mg	124	see bacitracin-polymyxin b oint	97
docusate sodium cap 50 mg	124	DOVATO TAB 50-300MG	80
docusate sodium liquid 150 mg/15ml	124	doxazosin mesylate tab 1 mg	61
docusate sodium syrup 60 mg/15ml	124	doxazosin mesylate tab 2 mg	61
docusate sodium tab 100 mg	124	doxazosin mesylate tab 4 mg	61
DOCUSOL PLUS ENE 20-283	124	doxazosin mesylate tab 8 mg	61
dofetilide cap 125 mcg (0.125 mg)	23	doxepin hcl (sleep)	
dofetilide cap 250 mcg (0.25 mg)	23	see SILENOR TAB 3MG	121
dofetilide cap 500 mcg (0.5 mg)	23	see SILENOR TAB 6MG	121
Dok		doxepin hcl (sleep) tab 3 mg (base equiv)	121
see docusate sodium tab 100 mg	124	doxepin hcl (sleep) tab 6 mg (base equiv)	121
dolasetron mesylate		doxepin hcl cap 10 mg	38
see ANZEMET TAB 100MG	50	doxepin hcl cap 100 mg	38
see ANZEMET TAB 50MG	50	doxepin hcl cap 150 mg	38
dolutegravir sodium		doxepin hcl cap 25 mg	38
see TIVICAY PD TAB 5MG	81	doxepin hcl cap 50 mg	38
see TIVICAY TAB 10MG	81	doxepin hcl cap 75 mg	38
see TIVICAY TAB 25MG	81	doxepin hcl conc 10 mg/ml	38
see TIVICAY TAB 50MG	81	doxercalciferol cap 0.5 mcg	107
dolutegravir sodium-lamivudine		doxercalciferol cap 1 mcg	107
see DOVATO TAB 50-300MG	80	doxercalciferol cap 2.5 mcg	107
dolutegravir sodium-rilpivirine hcl		doxycycline hyclate cap 100 mg	151
see JULUCA TAB 50-25MG	80	doxycycline hyclate cap 50 mg	151
donepezil hydrochloride orally disintegrating tab 10 mg	148	doxycycline hyclate tab 100 mg	151
donepezil hydrochloride orally disintegrating tab 5 mg	148	doxycycline hyclate tab 20 mg	151
donepezil hydrochloride tab 10 mg	148	doxycycline monohydrate cap 100 mg	151
		doxycycline monohydrate cap 50 mg	151
		doxycycline monohydrate tab 100 mg	151

doxycycline monohydrate tab 50 mg	151	DYRENIUM CAP 100MG	105
doxylamine succinate (sleep) tab 25 mg	120	DYRENIUM CAP 50MG	105
D-PENAMINE TAB 125MG	133	E	
DRITHO-CREME CRE HP 1%	99	Ear Drops Earwax Removal	
dronabinol cap 10 mg	51	see carbamide peroxide 6.5% otic soln	145
dronabinol cap 2.5 mg	51	EASY NEB MIS	127
dronabinol cap 5 mg	51	echothiophate iodide	
dronedarone hcl		see PHOSPHOLINE SOL 0.125%OP	142
see MULTAQ TAB 400MG	23	econazole nitrate cream 1%	98
drospirenone-ethinyl estradiol tab 3-0.02 mg	91	EDARBI TAB 40MG	59
drospirenone-ethinyl estradiol tab 3-0.03 mg	91	EDARBI TAB 80MG	59
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	91	EDURANT TAB 25MG	80
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	91	efavirenz cap 200 mg	80
droxidopa		efavirenz cap 50 mg	80
see NORTHERA CAP 100MG	160	efavirenz tab 600 mg	80
see NORTHERA CAP 200MG	160	efavirenz-emtricitabine-tenofovir disoproxil fumarate	
see NORTHERA CAP 300MG	160	see ATRIPLA TAB.....	79
DRYSOL SOL 20%	103	efavirenz-lamivudine-tenofovir disoproxil fumarate	
DUAVEE TAB 0.45-20.....	108	see SYMFI LO TAB	81
dulaglutide		see SYMFI TAB.....	81
see TRULICITY INJ 0.75/0.5.....	44	ELAPRASE INJ 6MG/3ML	107
see TRULICITY INJ 1.5/0.5	45	elbasvir-grazoprevir	
DULERA AER 100-5MCG	26	see ZEPATIER TAB 50-100MG	82
DULERA AER 200-5MCG	27	eletriptan hydrobromide tab 20 mg (base equivalent)	128
DULERA AER 50-5MCG.....	26	eletriptan hydrobromide tab 40 mg (base equivalent)	128
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	36	ELIGARD INJ 22.5MG.....	66
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	36	ELIGARD INJ 7.5MG	66
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	36	eliglustat tartrate	
dupilumab		see CERDELGA CAP 84MG	117
see DUPIXENT INJ 200/1.14	24	ELIQUIS TAB 2.5MG	29
see DUPIXENT INJ 300/2ML.....	102	ELIQUIS TAB 5MG	29
DUPIXENT INJ 200/1.14.....	24	ELLA TAB 30MG	93
DUPIXENT INJ 300/2ML	102	ELMIRON CAP 100MG	112
DUREX MIS REALFEEL.....	125	eltrombopag olamine	
DUREZOL EMU 0.05%.....	143	see PROMACTA TAB 12.5MG	119
dutasteride cap 0.5 mg	113	see PROMACTA TAB 25MG	119
		see PROMACTA TAB 50MG	119
		see PROMACTA TAB 75MG	119
		Eluryng	
		see etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 93	

elvitegravir-cobicistat-	
emtricitabine-tenofovir	
alafenamide	
see GENVOYA TAB	80
elvitegravir-cobicistat-	
emtricitabine-tenofovir df	
see STRIBILD TAB	81
EMADINE SOL 0.05% OP	144
EMBEDA CAP 100-4MG	12
EMBEDA CAP 20-0.8MG	12
EMBEDA CAP 30-1.2MG	12
EMBEDA CAP 50-2MG	12
EMBEDA CAP 60-2.4MG	12
EMBEDA CAP 80-3.2MG	12
EMCYT CAP 140MG	66
emedastine difumarate	
see EMADINE SOL 0.05% OP	144
emicizumab-kxwh	
see HEMLIBRA INJ 105/0.7	114
see HEMLIBRA INJ 150/ML	114
see HEMLIBRA INJ 30MG/ML	114
see HEMLIBRA INJ 60/0.4	114
emollient - ointment	102
empagliflozin	
see JARDIANCE TAB 10MG	48
see JARDIANCE TAB 25MG	49
empagliflozin-metformin hcl	
see SYNJARDY TAB	41
see SYNJARDY TAB 12.5-500	41
see SYNJARDY TAB 5-1000MG	41
see SYNJARDY TAB 5-500MG	41
see SYNJARDY XR TAB	41
see SYNJARDY XR TAB 10-1000 ...	42
see SYNJARDY XR TAB 25-1000 ...	42
see SYNJARDY XR TAB 5-1000MG..	42
EMSAM DIS 12MG/24H	34
EMSAM DIS 6MG/24HR	34
EMSAM DIS 9MG/24HR	34
emtricitabine	
see EMTRIVA CAP 200MG	80
see EMTRIVA SOL 10MG/ML	80
emtricitabine-rilpivirine-tenofovir	
alafenamide fumarate	
see ODEFSEY TAB	81
emtricitabine-rilpivirine-tenofovir	
disoproxil fumarate	
see COMPLERA TAB	79
emtricitabine-tenofovir	
alafenamide fumarate	
see DESCOVY TAB 200/25	80
emtricitabine-tenofovir disoproxil	
fumarate	
see TRUVADA TAB 100-150	81
see TRUVADA TAB 133-200	81
see TRUVADA TAB 167-250	81
see TRUVADA TAB 200-300	81
EMTRIVA CAP 200MG	80
EMTRIVA SOL 10MG/ML	80
enalapril maleate &	
hydrochlorothiazide tab 10-25	
mg	63
enalapril maleate &	
hydrochlorothiazide tab 5-12.5	
mg	63
enalapril maleate tab 10 mg	57
enalapril maleate tab 2.5 mg	57
enalapril maleate tab 20 mg	57
enalapril maleate tab 5 mg	57
ENBREL INJ 25/0.5ML	10
ENBREL INJ 25MG	10
ENBREL INJ 50MG/ML	10
ENBREL MINI INJ 50MG/ML	10
ENBREL SRCLK INJ 50MG/ML	11
ENCARE SUP 100MG	159
ENFAMIL MIS EXPECTA	137
enfuvirtide	
see FUZEON INJ 90MG	80
ENGERIX-B INJ 10/0.5ML	158
ENGERIX-B INJ 20MCG/ML	158
enoxaparin sodium inj 100 mg/ml	
.....	29
enoxaparin sodium inj 120	
mg/0.8ml	29
enoxaparin sodium inj 150 mg/ml	
.....	29
enoxaparin sodium inj 30	
mg/0.3ml	29
enoxaparin sodium inj 300 mg/3ml	
.....	29
enoxaparin sodium inj 40	
mg/0.4ml	29
enoxaparin sodium inj 60	
mg/0.6ml	29

enoxaparin sodium inj 80 mg/0.8ml	29	see sennosides tab 8.6 mg	124
entacapone tab 200 mg	70	Eq Nicotine Polacrilex	
entecavir		see nicotine polacrilex lozenge 4 mg	150
see BARACLUDE SOL	82	Eq Pain Relief Adult/rapi	
entecavir tab 0.5 mg	82	see acetaminophen liquid 167 mg/5ml	11
entecavir tab 1 mg	82	ergocalciferol cap 1.25 mg (50000 unit)	161
ENTRESTO TAB 24-26MG	87	ergoloid mesylates tab 1 mg	150
ENTRESTO TAB 49-51MG	88	ERGOMAR SUB 2MG	128
ENTRESTO TAB 97-103MG	88	ergotamine tartrate	
epinastine hcl ophth soln 0.05%	144	see ERGOMAR SUB 2MG	128
epinephrine (anaphylaxis)		ergotamine w/ caffeine tab 1-100 mg	128
see EPIPEN 2-PAK INJ 0.3MG	160	ERIVEDGE CAP 150MG	66
see EPIPEN-JR INJ 0.15MG	160	erlotinib hcl	
see SYMJEPI INJ 0.15MG	160	see TARCEVA TAB 100MG	69
see SYMJEPI INJ 0.3MG	160	see TARCEVA TAB 150MG	69
EPIPEN 2-PAK INJ 0.3MG	160	see TARCEVA TAB 25MG	69
EPIPEN-JR INJ 0.15MG	160	erlotinib hcl tab 100 mg (base equivalent)	68
Epitol		erlotinib hcl tab 150 mg (base equivalent)	68
see carbamazepine tab 200 mg	31	erlotinib hcl tab 25 mg (base equivalent)	68
EPIVIR HBV SOL 5MG/ML	82	ERTACZO CRE 2%	98
eplerenone tab 25 mg	64	Ery-tab	
eplerenone tab 50 mg	64	see erythromycin tab delayed release 250 mg	125
epoetin alfa		see erythromycin tab delayed release 333 mg	125
see EPOGEN INJ 10000/ML	118	see erythromycin tab delayed release 500 mg	125
see EPOGEN INJ 20000/ML	118	Erythrocin Stearate	
see EPOGEN INJ 3000/ML	118	see erythromycin stearate tab 250 mg	124
see EPOGEN INJ 4000/ML	118	erythromycin ethylsuccinate for susp 200 mg/5ml	124
see PROCRI INJ 2000/ML	119	erythromycin ethylsuccinate for susp 400 mg/5ml	124
see PROCRI INJ 3000/ML	119	erythromycin ethylsuccinate tab 400 mg	124
see PROCRI INJ 40000/ML	119	erythromycin ophth oint 5 mg/gm	143
epoetin alfa-epbx		erythromycin soln 2%	96
see RETACRIT INJ 10000UNT	119		
see RETACRIT INJ 2000UNIT	119		
see RETACRIT INJ 3000UNIT	119		
see RETACRIT INJ 40000UNT	119		
see RETACRIT INJ 4000UNIT	119		
EPOGEN INJ 10000/ML	118		
EPOGEN INJ 20000/ML	118		
EPOGEN INJ 3000/ML	118		
EPOGEN INJ 4000/ML	118		
eprosartan mesylate tab 600 mg	59		
Eq Chlortabs			
see chlorpheniramine maleate tab 4 mg	51		
Eq Natural Vegetable Laxa			

erythromycin stearate tab 250 mg	124	estradiol vaginal tab 10 mcg	160
.....	124	estradiol valerate-dienogest	
erythromycin tab 250 mg	124	see NATAZIA TAB	92
erythromycin tab 500 mg	124	estramustine phosphate sodium	
erythromycin tab delayed release		see EMCYT CAP 140MG	66
250 mg	125	estrogens, conjugated	
erythromycin tab delayed release		see PREMARIN TAB 0.3MG	109
333 mg	125	see PREMARIN TAB 0.45MG	109
erythromycin tab delayed release		see PREMARIN TAB 0.625MG	109
500 mg	125	see PREMARIN TAB 0.9MG	109
ESBRIET CAP 267MG	151	see PREMARIN TAB 1.25MG	110
ESBRIET TAB 267MG	151	estrogens, conjugated vaginal	
ESBRIET TAB 801MG	151	see PREMARIN VAG CRE 0.625MG	160
escitalopram oxalate soln 5		estropipate tab 0.75 mg	109
mg/5ml (base equiv)	35	estropipate tab 1.5 mg	109
escitalopram oxalate tab 10 mg		estropipate tab 3 mg	109
(base equiv)	35	eszopiclone tab 1 mg	121
escitalopram oxalate tab 20 mg		eszopiclone tab 2 mg	121
(base equiv)	35	eszopiclone tab 3 mg	121
escitalopram oxalate tab 5 mg		etanercept	
(base equiv)	35	see ENBREL INJ 25/0.5ML	10
Esgic		see ENBREL INJ 25MG	10
see butalbital-acetaminophen-		see ENBREL INJ 50MG/ML	10
caffeine cap 50-325-40 mg	11	see ENBREL MINI INJ 50MG/ML	10
eslicarbazepine acetate		see ENBREL SRCLK INJ 50MG/ML	11
see APTIOM TAB 200MG	31	ethacrynic acid tab 25 mg	105
see APTIOM TAB 400MG	31	ethambutol hcl tab 100 mg	65
see APTIOM TAB 600MG	31	ethambutol hcl tab 400 mg	65
see APTIOM TAB 800MG	31	ethionamide	
esomeprazole magnesium cap		see TRECATOR TAB 250MG	65
delayed release 20 mg (base eq)	155	ethosuximide cap 250 mg	33
estazolam tab 1 mg	121	ethosuximide soln 250 mg/5ml	33
estazolam tab 2 mg	121	ethotoin	
esterified estrogens		see PEGANONE TAB 250MG	33
see MENEST TAB 0.3MG	109	ethynodiol diacetate & ethinyl	
see MENEST TAB 0.625MG	109	estradiol tab 1 mg-35 mcg	91
see MENEST TAB 1.25MG	109	ethynodiol diacetate & ethinyl	
estradiol & norethindrone acetate		estradiol tab 1 mg-50 mcg	91
tab 0.5-0.1 mg	109	etidronate disodium tab 200 mg	106
estradiol & norethindrone acetate		etidronate disodium tab 400 mg	106
tab 1-0.5 mg	109	etodolac tab 400 mg	8
estradiol tab 0.5 mg	109	etodolac tab 500 mg	8
estradiol tab 1 mg	109	etonogestrel	
estradiol tab 2 mg	109	see NEXPLANON IMP 68MG	93
estradiol vaginal cream 0.1 mg/gm	160	etonogestrel-ethinyl estradiol	
		see NUVARING MIS	93

etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr 93
etoposide cap 50 mg 70
etravirine
 see INTELENCE TAB 100MG 80
 see INTELENCE TAB 200MG 80
 see INTELENCE TAB 25MG 80
 EUFLEXXA INJ 10MG/ML..... 139
 EURAX CRE 10% 103
everolimus
 see AFINITOR DIS TAB 2MG 67
 see AFINITOR DIS TAB 3MG 67
 see AFINITOR DIS TAB 5MG 67
 see AFINITOR TAB 10MG 67
 see AFINITOR TAB 2.5MG 67
 see AFINITOR TAB 5MG 67
 see AFINITOR TAB 7.5MG 67
everolimus (immunosuppressant)
 see ZORTRESS TAB 0.25MG 134
 see ZORTRESS TAB 0.5MG 134
 see ZORTRESS TAB 0.75MG 134
 see ZORTRESS TAB 1MG 134
everolimus tab 0.25 mg 134
everolimus tab 0.5 mg 134
everolimus tab 0.75 mg 134
everolimus tab 2.5 mg 68
everolimus tab 5 mg 68
everolimus tab 7.5 mg 68
evolocumab
 see REPATHA INJ 140MG/ML 57
 see REPATHA PUSH INJ 420/3.5 ... 57
 see REPATHA SURE INJ 140MG/ML 57
 EVOTAZ TAB 300-150 80
 EXELDERM CRE 1% 98
 EXELDERM SOL 1% 98
exemestane tab 25 mg 66
 EXTAVIA INJ 0.3MG 150
ezetimibe tab 10 mg 57
ezetimibe-simvastatin tab 10-10 mg 53
ezetimibe-simvastatin tab 10-20 mg 53
ezetimibe-simvastatin tab 10-40 mg 53
ezetimibe-simvastatin tab 10-80 mg 53
 EZFE FORTE CAP 137

F
 Fa-8
 see **folic acid cap 0.8 mg** 118
 FABRAZYME INJ 5MG 107
factor ix complex
 see PROFILNINE INJ 1500UNIT ... 116
 FALESSA KIT 91
famciclovir tab 125 mg 83
famciclovir tab 250 mg 83
famciclovir tab 500 mg 83
famotidine for susp 40 mg/5ml 154
famotidine tab 10 mg 154
famotidine tab 20 mg 154
famotidine tab 40 mg 154
 FANAPT PAK 73
 FANAPT TAB 10MG 73
 FANAPT TAB 12MG 73
 FANAPT TAB 1MG 73
 FANAPT TAB 2MG 73
 FANAPT TAB 4MG 73
 FANAPT TAB 6MG 73
 FANAPT TAB 8MG 73
 FARXIGA TAB 10MG 48
 FARXIGA TAB 5MG 48
 FARYDAK CAP 10MG 68
 FARYDAK CAP 15MG 68
 FARYDAK CAP 20MG 68
 FC2 FEMALE MIS CONDOM 125
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg 119
 FE GLUCONATE TAB 239MG 119
febuxostat
 see ULORIC TAB 40MG 113
 see ULORIC TAB 80MG 113
febuxostat tab 40 mg 113
febuxostat tab 80 mg 113
 FEIBA INJ 114
felbamate susp 600 mg/5ml 33
felbamate tab 400 mg 33
felbamate tab 600 mg 33
felodipine tab er 24hr 10 mg 86
felodipine tab er 24hr 2.5 mg 86
felodipine tab er 24hr 5 mg 86
 FEMCAP MIS 22MM 125
 FEMCAP MIS 26MM 125
 FEMCAP MIS 30MM 125

fenofibrate micronized cap 134 mg	54	ferrous sulfate dried tab er 160 mg	120
.....	54	(50 mg fe equivalent)	120
fenofibrate micronized cap 200 mg	54	ferrous sulfate dried tab er 45 mg	120
.....	54	(fe equivalent)	120
fenofibrate micronized cap 43 mg	54	ferrous sulfate elixir 220 mg/5ml	120
.....	54	(44 mg/5ml elemental fe)	120
fenofibrate micronized cap 67 mg	54	ferrous sulfate soln 75 mg/ml (15	120
.....	54	mg/ml elemental fe)	120
fenofibrate tab 145 mg	54	ferrous sulfate tab 325 mg (65 mg	120
fenofibrate tab 160 mg	54	elemental fe)	120
fenofibrate tab 48 mg	54	ferrous sulfate tab ec 325 mg (65	120
fenofibrate tab 54 mg	54	mg fe equivalent)	120
fenofibric acid tab 35 mg	54	ferrous sulfate tab er 142 mg (45	120
fenoprofen calcium tab 600 mg	8	mg fe equivalent)	120
fantanyl td patch 72hr 100 mcg/hr	12	ferrous sulfate tab er 47.5 mg	120
.....	12	(elemental fe)	120
fantanyl td patch 72hr 12 mcg/hr	12	ferrous sulfate tab er 50 mg	120
.....	12	(elemental fe)	120
fantanyl td patch 72hr 25 mcg/hr	12	fesoterodine fumarate	
.....	12	see TOVIAZ TAB 4MG	157
fantanyl td patch 72hr 50 mcg/hr	12	see TOVIAZ TAB 8MG	157
.....	12	FETZIMA CAP 120MG	36
fantanyl td patch 72hr 75 mcg/hr	12	FETZIMA CAP 20MG	36
.....	12	FETZIMA CAP 40MG	36
Ferate		FETZIMA CAP 80MG	36
see ferrous gluconate tab 240 mg		FETZIMA CAP TITRATIO	36
(27 mg elemental fe)	119	FEVERALL INF SUP 80MG	11
FERRETTS TAB 325MG	119	FEVERALL SUP 325MG	11
FERREX 150 CAP FORTE	119	fexofenadine hcl tab 180 mg	52
FERRIPROX TAB 1000MG	50	fexofenadine hcl tab 60 mg	52
FERRIPROX TAB 500MG	50	FIASP FLEX INJ TOUCH	45
ferrous fumarate		FIASP INJ 100/ML	45
see FERRETTS TAB 325MG	119	FIASP PENFIL INJ U-100	45
ferrous fumarate tab 324 mg (106	119	Fiber Laxative	
mg elemental fe)	119	see psyllium cap 0.52 gm	122
FERROUS GLUC TAB 324MG	119	fidaxomicin	
ferrous gluconate tab 240 mg (27	119	see DIFICID TAB 200MG	125
mg elemental fe)	119	filgrastim	
ferrous gluconate tab 324 mg (37.5	119	see NEUPOGEN INJ 300/0.5	118
mg elemental iron)	119	see NEUPOGEN INJ 300MCG	118
FERROUS SUL LIQ 220/5ML	119	see NEUPOGEN INJ 480/0.8	119
FERROUS SULF TAB 324MG EC	119	see NEUPOGEN INJ 480MCG	119
ferrous sulfate		filgrastim-aafi	
see SLOW FE TAB 45MG	120	see NIVESTYM INJ 300/0.5	119
ferrous sulfate dried tab 200 mg	120	see NIVESTYM INJ 300MCG	119
(65 mg elemental fe)	120	see NIVESTYM INJ 480/0.8	119
		see NIVESTYM INJ 480MCG	119

filgrastim-sndz	
see ZARXIO INJ 300/0.5.....	119
see ZARXIO INJ 480/0.8.....	119
finasteride tab 5 mg	113
fingolimod hcl	
see GILENYA CAP 0.5MG	150
FIRAZYR INJ 30MG/3ML	117
FIRMAGON INJ 80MG.....	66
FIRST-OMEPRASUS 2MG/ML	155
FIRVANQ SOL 25MG/ML	19
FIRVANQ SOL 50MG/ML	19
flavoxate hcl tab 100 mg	158
FLEBOGAMMA INJ DIF 5%.....	146
flecainide acetate tab 100 mg	23
flecainide acetate tab 150 mg	23
flecainide acetate tab 50 mg	23
FLOVENT HFA AER 110MCG	25
FLOVENT HFA AER 44MCG.....	25
FLUARIX QUAD INJ 2019-20	158
FLUBLOK QUAD INJ 2019-20	158
FLUCLVX QUAD INJ 2019-20.....	158
fluconazole for susp 10 mg/ml	51
fluconazole for susp 40 mg/ml	51
fluconazole tab 100 mg	51
fluconazole tab 150 mg	51
fluconazole tab 200 mg	51
fluconazole tab 50 mg	51
flucytosine cap 250 mg	51
flucytosine cap 500 mg	51
fludrocortisone acetate tab 0.1 mg	94
FLULAVAL QUA INJ 2019-20	158
FLUMIST QUAD SUS 2019-20	158
flunisolide nasal soln 25 mcg/act (0.025%)	140
fluocinolone acetonide (otic) oil 0.01%	146
fluocinolone acetonide cream 0.025%	100
fluocinolone acetonide oil 0.01% (body oil)	100
fluocinolone acetonide oil 0.01% (scalp oil)	100
fluocinolone acetonide oint 0.025%	100
fluocinonide cream 0.05%	101
fluocinonide emulsified base cream 0.05%	101
fluocinonide gel 0.05%	101
fluocinonide oint 0.05%	101
fluocinonide soln 0.05%	101
FLUORABON DRO.....	131
Fluoritab	
see sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf)	132
fluorometholone ophth susp 0.1%	143
fluorouracil cream 5%	99
fluoxetine hcl cap 10 mg	35
fluoxetine hcl cap 20 mg	35
fluoxetine hcl cap 40 mg	35
fluoxetine hcl solution 20 mg/5ml	35
fluphenazine decanoate inj 25 mg/ml	77
fluphenazine hcl tab 1 mg	77
fluphenazine hcl tab 10 mg	77
fluphenazine hcl tab 2.5 mg	77
fluphenazine hcl tab 5 mg	77
Flura-drops	
see sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf)	132
flurandrenolide	
see CORDRAN 80X3 TAP 4MCG/CM	100
flurandrenolide cream 0.05% ...	101
flurandrenolide lotion 0.05%	101
flurazepam hcl cap 15 mg	121
flurazepam hcl cap 30 mg	121
flurbiprofen sodium ophth soln 0.03%	144
flurbiprofen tab 100 mg	8
flurbiprofen tab 50 mg	8
flutamide cap 125 mg	66
fluticasone furoate-vilanterol	
see BREO ELLIPTA INH 100-25.....	26
see BREO ELLIPTA INH 200-25.....	26
fluticasone propionate cream 0.05%	101
fluticasone propionate hfa see FLOVENT HFA AER 110MCG ...	25

see FLOVENT HFA AER 44MCG25

fluticasone propionate nasal susp
50 mcg/act..... 140

fluticasone propionate oint 0.005%
..... 101

fluticasone-salmeterol aer powder
ba 100-50 mcg/dose27

fluticasone-salmeterol aer powder
ba 113-14 mcg/act.....27

fluticasone-salmeterol aer powder
ba 232-14 mcg/act.....27

fluticasone-salmeterol aer powder
ba 250-50 mcg/dose27

fluticasone-salmeterol aer powder
ba 500-50 mcg/dose27

fluticasone-salmeterol aer powder
ba 55-14 mcg/act.....27

fluvastatin sodium cap 20 mg
(base equivalent)54

fluvastatin sodium cap 40 mg
(base equivalent)55

fluvastatin sodium tab er 24 hr 80
mg (base equivalent)55

fluvoxamine maleate tab 100 mg 35

fluvoxamine maleate tab 25 mg ..35

fluvoxamine maleate tab 50 mg ..35

FLUZONE QUAD INJ 2019-20 158

Folbee Plus
see **b-complex w/ c & folic acid**
tab 5 mg 135

folic acid cap 0.8 mg..... 118

folic acid tab 1 mg..... 118

folic acid tab 400 mcg 118

folic acid tab 800 mcg 118

fondaparinux sodium subcutaneous
inj 10 mg/0.8ml29

fondaparinux sodium subcutaneous
inj 2.5 mg/0.5ml29

fondaparinux sodium subcutaneous
inj 5 mg/0.4ml29

fondaparinux sodium subcutaneous
inj 7.5 mg/0.6ml29

FORTEO SOL 600/2.4..... 106

fosamprenavir calcium tab 700 mg
(base equiv)80

foscarnet sodium
see FOSCAVIR INJ 24MG/ML82

FOSCAVIR INJ 24MG/ML 82

fosfomycin tromethamine
see MONUROL PAK GRANULES.... 156

fosinopril sodium &
hydrochlorothiazide tab 10-12.5
mg63

fosinopril sodium &
hydrochlorothiazide tab 20-12.5
mg63

fosinopril sodium tab 10 mg..... 57

fosinopril sodium tab 20 mg..... 58

fosinopril sodium tab 40 mg..... 58

FRAGMIN INJ 10000/ML 30

FRAGMIN INJ 12500UNT 30

FRAGMIN INJ 15000UNT 30

FRAGMIN INJ 18000UNT 30

FRAGMIN INJ 2500/0.229

FRAGMIN INJ 5000/0.229

FRAGMIN INJ 7500/0.329

FREESTYLE KIT SENSOR 126

FREESTYLE MIS READER 126

frovatriptan succinate tab 2.5 mg
(base equivalent) 128

fructose-dextrose-phosphoric acid
oral soln 51

FULPHILA INJ 6/0.6ML 118

furosemide oral soln 10 mg/ml 105

furosemide oral soln 8 mg/ml... 105

furosemide tab 20 mg 105

furosemide tab 40 mg 105

furosemide tab 80 mg 105

FUZEON INJ 90MG 80

FYCOMPA TAB 10MG 30

FYCOMPA TAB 12MG 30

FYCOMPA TAB 2MG 30

FYCOMPA TAB 4MG 30

FYCOMPA TAB 6MG 30

FYCOMPA TAB 8MG 30

G

G5/G4 MIS SENSOR 126

gabapentin cap 100 mg 31

gabapentin cap 300 mg 31

gabapentin cap 400 mg 31

gabapentin oral soln 250 mg/5ml
..... 31

gabapentin tab 600 mg 31

gabapentin tab 800 mg 31

<i>galantamine hydrobromide cap er</i> <i>24hr 16 mg</i>	149	see <i>glatiramer acetate soln</i> <i>prefilled syringe 20 mg/ml</i> ..	150
<i>galantamine hydrobromide cap er</i> <i>24hr 24 mg</i>	149	GLEOSTINE CAP 100MG	65
<i>galantamine hydrobromide cap er</i> <i>24hr 8 mg</i>	149	GLEOSTINE CAP 10MG.....	65
<i>galantamine hydrobromide tab 12</i> <i>mg</i>	149	GLEOSTINE CAP 40MG.....	65
<i>galantamine hydrobromide tab 4</i> <i>mg</i>	149	<i>glimepiride tab 1 mg</i>	49
<i>galantamine hydrobromide tab 8</i> <i>mg</i>	149	<i>glimepiride tab 2 mg</i>	49
GAMASTAN INJ	146	<i>glimepiride tab 4 mg</i>	49
GAMMAGARD INJ 1GM/10ML	146	<i>glipizide tab 10 mg</i>	49
GAMMAGARD SD INJ 10GM HU	146	<i>glipizide tab 5 mg</i>	49
<i>ganciclovir ophthalmic</i> see ZIRGAN GEL 0.15%	143	<i>glipizide tab er 24hr 10 mg</i>	49
<i>ganirelix acetate soln prefilled</i> <i>syringe 250 mcg/0.5ml</i>	106	<i>glipizide tab er 24hr 2.5 mg</i>	49
Gas Relief see <i>simethicone susp 40</i> <i>mg/0.6ml</i>	110	<i>glipizide tab er 24hr 5 mg</i>	49
<i>gatifloxacin ophth soln 0.5%</i>	143	<i>glipizide-metformin hcl tab 2.5-250</i> <i>mg</i>	40
<i>gemfibrozil tab 600 mg</i>	54	<i>glipizide-metformin hcl tab 2.5-500</i> <i>mg</i>	40
Gentak see <i>gentamicin sulfate ophth oint</i> <i>0.3%</i>	143	<i>glipizide-metformin hcl tab 5-500</i> <i>mg</i>	40
<i>gentamicin sulfate cream 0.1%</i> ...97		GLUCAGEN INJ HYPOKIT	43
<i>gentamicin sulfate oint 0.1%</i>	97	<i>glucagon</i> see BAQSIMI ONE POW 3MG/DOSE43	
<i>gentamicin sulfate ophth oint 0.3%</i>	143	<i>glucagon (rdna)</i> see GLUCAGON KIT 1MG	43
<i>gentamicin sulfate ophth soln</i> <i>0.3%</i>	143	<i>glucagon hcl (rdna)</i> see GLUCAGEN INJ HYPOKIT.....	43
Genteal Tears Night-time see <i>white petrolatum-mineral oil</i> <i>ophth ointment</i>	142	GLUCAGON KIT 1MG	43
GENVOYA TAB	80	<i>glucose blood</i> see TRUE METRIX TES GLUCOSE .	104
GILENYA CAP 0.5MG	150	<i>glucose-vitamin c</i> see TGT GLUCOSE CHW GRAPE	43
GILOTRIF TAB 20MG.....	68	<i>glyburide micronized tab 1.5 mg</i> .49	
GILOTRIF TAB 30MG.....	68	<i>glyburide micronized tab 3 mg</i>	49
GILOTRIF TAB 40MG.....	68	<i>glyburide micronized tab 6 mg</i>	49
GLASSIA INJ.....	151	<i>glyburide tab 1.25 mg</i>	49
<i>glatiramer acetate soln prefilled</i> <i>syringe 20 mg/ml</i>	150	<i>glyburide tab 2.5 mg</i>	49
<i>glatiramer acetate soln prefilled</i> <i>syringe 40 mg/ml</i>	150	<i>glyburide tab 5 mg</i>	49
Glatopa		<i>glyburide-metformin tab 1.25-250</i> <i>mg</i>	40
		<i>glyburide-metformin tab 2.5-500</i> <i>mg</i>	40
		<i>glyburide-metformin tab 5-500 mg</i>	40
		<i>glycerin suppos 1.2 gm</i>	123
		<i>glycerin suppos 2 gm</i>	123
		<i>glycerin suppos 2.1 gm</i>	123
		<i>glycerin suppos 80.7%</i>	123

glycerin-hypromellose-peg 400	
ophth soln 0.2-0.2-1%	141
glycopyrrolate tab 1 mg	153
glycopyrrolate tab 2 mg	154
glycopyrrolate-formoterol fumarate	
see BEVESPI AER 9-4.8MCG.....	25
Gnp Allergy Relief	
see diphenhydramine hcl chew	
tab 12.5 mg	52
Gnp Antacid Ultra Strengt	
see calcium carbonate (antacid)	
chew tab 1000 mg	18
Gnp Anti-diarrheal	
see loperamide hcl cap 2 mg	49
Gnp Artificial Tears	
see polyvinyl alcohol-povidone	
ophth soln 5-6 mg/ml (0.5-	
0.6%)	142
Gnp Calcium 500 +d3	
see calcium carbonate-	
cholecalciferol tab 500 mg-600	
unit	130
Gnp Calcium 500/d	
see calcium carbonate-vitamin d	
tab 500 mg-200 unit	130
Gnp Clotrimazole 3	
see clotrimazole vaginal cream	
2%	159
Gnp Dayhist Allergy	
see clemastine fumarate tab 1.34	
mg (1 mg base equiv)	52
Gnp Fiber Therapy	
see methylcellulose tab 500 mg	
.....	122
GNP GLUCOSE CHW ORANGE.....	43
Gnp Glycerin Adult	
see glycerin suppos 2.1 gm	123
Gnp Glycerin Child	
see glycerin suppos 1.2 gm	123
Gnp Lidocaine Pain Relief	
see lidocaine patch 4%	102
Gnp Loratadine	
see loratadine syrup 5 mg/5ml	52
Gnp Magnesium	
see magnesium oxide tab 250 mg	
.....	18
Gnp Magnesium Citrate	
see magnesium citrate soln	123
Gnp Miconazole 3	
see miconazole nitrate vaginal	
supp 200 mg & 2% cream 9 gm	
kit	159
Gnp Mucus Er	
see guaifenesin tab er 12hr 600	
mg	95
Gnp Natural Fiber	
see psyllium powder 28.3%	122
Gnp Pink Bismuth	
see bismuth subsalicylate chew	
tab 262 mg	49
golimumab	
see SIMPONI INJ 100MG/ML	7
see SIMPONI INJ 50/0.5ML	7
GOLYTELY SOL.....	123
Goodsense Nasal Allergy S	
see triamcinolone acetonide nasal	
aerosol suspension 55 mcg/act	
.....	140
goserelin acetate	
see ZOLADEX IMP 10.8MG	67
see ZOLADEX IMP 3.6MG	67
granisetron hcl tab 1 mg	50
griseofulvin microsize susp 125	
mg/5ml	51
Guaiatussin Ac	
see guaifenesin-codeine soln 100-	
10 mg/5ml	95
guaifenesin liquid 100 mg/5ml ...	95
guaifenesin syrup 100 mg/5ml ...	95
guaifenesin tab 200 mg	95
guaifenesin tab 400 mg	95
guaifenesin tab er 12hr 600 mg ..	95
guaifenesin-codeine soln 100-10	
mg/5ml	95
guanfacine hcl tab 1 mg	61
guanfacine hcl tab 2 mg	61
guanfacine hcl tab er 24hr 1 mg	
(base equiv)	3
guanfacine hcl tab er 24hr 2 mg	
(base equiv)	3
guanfacine hcl tab er 24hr 3 mg	
(base equiv)	3
guanfacine hcl tab er 24hr 4 mg	
(base equiv)	3

GUANIDINE TAB 125MG65
 GYNAZOLE-1 CRE 2% 159
 GYNOL II GEL 3% 159
H
halcinonide
 see HALOG CRE 0.1% 101
 see HALOG OIN 0.1% 101
halcinonide cream 0.1%..... 101
halobetasol propionate cream
 0.05% 101
halobetasol propionate oint 0.05%
 101
 HALOG CRE 0.1%..... 101
 HALOG OIN 0.1%..... 101
haloperidol decanoate im soln 100
 mg/ml75
haloperidol decanoate im soln 50
 mg/ml75
haloperidol lactate inj 5 mg/ml...75
haloperidol lactate oral conc 2
 mg/ml75
haloperidol tab 0.5 mg75
haloperidol tab 1 mg75
haloperidol tab 10 mg75
haloperidol tab 2 mg75
haloperidol tab 20 mg75
haloperidol tab 5 mg75
 HAVRIX INJ 1440UNIT 158
 HAVRIX INJ 720UNIT 158
 HELIXATE FS INJ 2000UNIT 114
 HELIXATE FS INJ 3000UNIT 114
 HELIXATE FS INJ 500UNIT 114
 HEMLIBRA INJ 105/0.7 114
 HEMLIBRA INJ 150/ML 114
 HEMLIBRA INJ 30MG/ML 114
 HEMLIBRA INJ 60/0.4 114
 HEMOFIL M INJ 1700UNIT 114
heparin sodium (porcine) inj 1000
 unit/ml30
heparin sodium (porcine) inj 10000
 unit/ml30
heparin sodium (porcine) pf inj
 5000 unit/0.5ml30
hepatitis a (inactivated)-hepatitis b
 (recombinant) vaccines
 see TWINRIX INJ 159
hepatitis a vaccine

 see HAVRIX INJ 1440UNIT 158
 see HAVRIX INJ 720UNIT 158
 see VAQTA INJ 25/0.5ML 159
 see VAQTA INJ 50UNT/ML 159
hepatitis b vaccine (recomb)
 see ENGERIX-B INJ 10/0.5ML 158
 see ENGERIX-B INJ 20MCG/ML... 158
 see RECOMBIVA HB INJ 10MCG/ML
 158
 see RECOMBIVA HB INJ 5MCG/0.5
 158
hepatitis b vaccine recombinant
 adjuvanted
 see HEPLISAV-B INJ 20/0.5ML 158
 see HEPLISAV-B INJ 20MCG 158
 HEPLISAV-B INJ 20/0.5ML 158
 HEPLISAV-B INJ 20MCG 158
 HETLIOZ CAP 20MG 122
 HIZENTRA INJ 10/50ML 146
 HIZENTRA INJ 1GM/5ML 146
 HIZENTRA INJ 2GM/10ML 146
 HIZENTRA INJ 4GM/20ML 146
 HIZENTRA SOL 20% 146
 Hm Fish Oil
 see *omega-3 fatty acids cap*
 delayed release 1000 mg..... 141
 Hm Lubricating Plus
 see *carboxymethylcellulose*
 sodium (pf) ophth soln 0.5%
 141
 Hm Nicotine Transdermal S
 see *nicotine td patch 24hr 14*
 mg/24hr 150
 Hm Vitamin C/rose Hips
 see *ascorbic acid tab 500 mg* .. 161
 HUMALOG INJ 100/ML 46
 HUMALOG JR INJ 100/ML 46
 HUMALOG KWIK INJ 100/ML 46
 HUMALOG MIX INJ 50/50 46
 HUMALOG MIX INJ 50/50KWP 46
 HUMALOG MIX INJ 75/25KWP 46
 HUMALOG MIX SUS 75/25 46
 HUMATE-P SOL 2400UNIT 115
 HUMATE-P SOL 500-1200 115
 HUMIRA INJ 10/0.1ML 6
 HUMIRA INJ 10MG/0.2 6
 HUMIRA INJ 20/0.2ML 6

HUMIRA INJ 40/0.4ML	6	see hydrocortisone oint 1%	101
HUMIRA KIT 20MG/0.4.....	6	hydrocortisone acetate cream 1%	
HUMIRA KIT 40MG/0.8.....	6	.....	101
HUMIRA PEDIA INJ CROHNS	6	hydrocortisone cream 0.5%	101
HUMIRA PEN INJ 40/0.4ML	6	hydrocortisone cream 1%	101
HUMIRA PEN INJ CD/UC/HS.....	6	hydrocortisone cream 2.5%	101
HUMIRA PEN KIT CD/UC/HS	6	hydrocortisone enema 100	
HUMIRA PEN KIT PS/UV	6	mg/60ml	17
HUMULIN INJ 70/30.....	46	hydrocortisone gel 1%	101
HUMULIN INJ 70/30KWP	46	hydrocortisone lotion 1%	101
HUMULIN N INJ U-100	46	hydrocortisone lotion 2.5%	101
HUMULIN N INJ U-100KWP	47	hydrocortisone oint 0.5%	101
HUMULIN R INJ U-100	47	hydrocortisone oint 1%	101
HUMULIN R INJ U-500	47	hydrocortisone oint 2.5%	101
hydralazine hcl tab 10 mg	64	hydrocortisone perianal cream	
hydralazine hcl tab 100 mg	64	2.5%	17
hydralazine hcl tab 25 mg	64	hydrocortisone tab 10 mg	94
hydralazine hcl tab 50 mg	64	hydrocortisone tab 20 mg	94
hydrochlorothiazide cap 12.5 mg		hydrocortisone tab 5 mg	94
.....	105	hydrocortisone valerate cream	
hydrochlorothiazide tab 12.5 mg		0.2%	101
.....	105	hydrocortisone w/ acetic acid otic	
hydrochlorothiazide tab 25 mg.	105	soln 1-2%	146
hydrochlorothiazide tab 50 mg.	105	hydrocortisone-aloe vera cream	
hydrocodone bitartrate		0.5%	101
see HYSINGLA ER TAB 100 MG.....	13	hydrocortisone-aloe vera cream	
see HYSINGLA ER TAB 120 MG.....	13	1%	101
see HYSINGLA ER TAB 20 MG	13	hydromorphone hcl tab 2 mg	12
see HYSINGLA ER TAB 30 MG	13	hydromorphone hcl tab 4 mg	13
see HYSINGLA ER TAB 40 MG	13	hydromorphone hcl tab 8 mg	13
see HYSINGLA ER TAB 60 MG	13	hydromorphone hcl tab er 24hr	
see HYSINGLA ER TAB 80 MG	13	deter 12 mg	13
hydrocodone w/ homatropine		hydromorphone hcl tab er 24hr	
syrup 5-1.5 mg/5ml	94	deter 16 mg	13
hydrocodone-acetaminophen soln		hydromorphone hcl tab er 24hr	
7.5-325 mg/15ml	16	deter 32 mg	13
hydrocodone-acetaminophen tab		hydromorphone hcl tab er 24hr	
10-325 mg	16	deter 8 mg	13
hydrocodone-acetaminophen tab 5-		Hydrophor	
325 mg	16	see emollient - ointment	102
hydrocodone-acetaminophen tab		hydroxychloroquine sulfate tab 200	
7.5-325 mg	16	mg	64
hydrocodone-ibuprofen tab 10-200		hydroxyprogesterone caproate im	
mg	16	in oil 1.25 gm/5ml	66
hydrocodone-ibuprofen tab 7.5-		hydroxyprogesterone caproate im	
200 mg	16	in oil 250 mg/ml	148
Hydrocortisone 1% In Abso		hydroxyurea cap 500 mg	70

hydroxyzine hcl syrup 10 mg/5ml	.....21	see IMBRUVICA CAP 140MG	68
hydroxyzine hcl tab 10 mg	.....21	ibuprofen cap 200 mg	..... 8
hydroxyzine hcl tab 25 mg	.....21	ibuprofen chew tab 100 mg	..... 8
hydroxyzine hcl tab 50 mg	.....21	Ibuprofen Childrens	
hydroxyzine pamoate cap 100 mg	.....21	see ibuprofen susp 100 mg/5ml	8
hydroxyzine pamoate cap 25 mg	.....21	ibuprofen susp 100 mg/5ml	..... 8
hydroxyzine pamoate cap 50 mg	.....21	ibuprofen susp 40 mg/ml	..... 8
hyoscyamine sulfate elixir 0.125 mg/5ml	..... 154	ibuprofen tab 100 mg	..... 8
hyoscyamine sulfate sl tab 0.125 mg	..... 154	ibuprofen tab 200 mg	..... 8
hyoscyamine sulfate soln 0.125 mg/ml	..... 154	ibuprofen tab 400 mg	..... 8
hyoscyamine sulfate tab 0.125 mg	..... 154	ibuprofen tab 600 mg	..... 9
hyoscyamine sulfate tab disint 0.125 mg	..... 154	ibuprofen tab 800 mg	..... 9
hyoscyamine sulfate tab er 12hr 0.375 mg	..... 154	icatibant acetate	
Hyosyne		see FIRAZYR INJ 30MG/3ML	117
see hyoscyamine sulfate elixir 0.125 mg/5ml	..... 154	icatibant acetate inj 30 mg/3ml (base equivalent)	..... 117
hypromellose ophth soln 0.3%	..... 141	ICLUSIG TAB 15MG	68
HYQVIA INJ 10-800	147	ICLUSIG TAB 45MG	68
HYQVIA INJ 2.5-200	146	idelalisib	
HYQVIA INJ 20-1600	147	see ZYDELIG TAB 100MG	69
HYQVIA INJ 30-2400	147	see ZYDELIG TAB 150MG	69
HYQVIA INJ 5-400	147	idursulfase	
HYSINGLA ER TAB 100 MG	13	see ELAPRASE INJ 6MG/3ML	107
HYSINGLA ER TAB 120 MG	13	iloperidone	
HYSINGLA ER TAB 20 MG	13	see FANAPT PAK	73
HYSINGLA ER TAB 30 MG	13	see FANAPT TAB 10MG	73
HYSINGLA ER TAB 40 MG	13	see FANAPT TAB 12MG	73
HYSINGLA ER TAB 60 MG	13	see FANAPT TAB 1MG	73
HYSINGLA ER TAB 80 MG	13	see FANAPT TAB 2MG	73
I		see FANAPT TAB 4MG	73
ibandronate sodium tab 150 mg (base equivalent)	..... 106	see FANAPT TAB 6MG	73
IBRANCE CAP 100MG	68	see FANAPT TAB 8MG	73
IBRANCE CAP 125MG	68	iloprost	
IBRANCE CAP 75MG	68	see VENTAVIS SOL 10MCG/ML	88
IBRANCE TAB 100MG	68	see VENTAVIS SOL 20MCG/ML	88
IBRANCE TAB 125MG	68	imatinib mesylate tab 100 mg (base equivalent)	..... 68
IBRANCE TAB 75MG	68	imatinib mesylate tab 400 mg (base equivalent)	..... 68
ibrutinib		IMBRUVICA CAP 140MG	68
		imipramine hcl tab 10 mg	..... 38
		imipramine hcl tab 25 mg	..... 38
		imipramine hcl tab 50 mg	..... 38
		imiquimod cream 5%	..... 102
		immune globulin (human) im	
		see GAMASTAN INJ	146
		immune globulin (human) iv	

see CARIMUNE NF INJ 12GM.....	146	see INFLECTRA INJ 100MG	111
see FLEBOGAMMA INJ DIF 5%	146	<i>influenza virus vac recomb</i>	
see GAMMAGARD SD INJ 10GM HU		<i>hemagglutinin (ha) quadrivalent</i>	
.....	146	see FLUBLOK QUAD INJ 2019-20.	158
see OCTAGAM INJ 5GM	146	<i>influenza virus vaccine live</i>	
see PRIVIGEN INJ 20GRAMS	146	<i>quadrivalent</i>	
<i>immune globulin (human) iv or</i>		see FLUMIST QUAD SUS 2019-20	158
<i>subcutaneous</i>		<i>influenza virus vaccine split</i>	
see GAMMAGARD INJ 1GM/10ML.	146	<i>quadrivalent</i>	
<i>immune globulin (human)</i>		see AFLURIA QUAD INJ 2019-20 .	158
<i>subcutaneous</i>		see FLUARIX QUAD INJ 2019-20 .	158
see CUVITRU INJ 4GM/20ML	146	see FLULAVAL QUA INJ 2019-20..	158
see CUVITRU SOL 10GM/50M.....	146	see FLUZONE QUAD INJ 2019-20	158
see CUVITRU SOL 1GM/5ML.....	146	<i>influenza virus vaccine tissue-</i>	
see HIZENTRA INJ 10/50ML.....	146	<i>cultured subunit quadrivalent</i>	
see HIZENTRA INJ 1GM/5ML	146	see FLUCLVX QUAD INJ 2019-20 .	158
see HIZENTRA INJ 2GM/10ML	146	<i>ingenol mebutate</i>	
see HIZENTRA INJ 4GM/20ML	146	see PICATO GEL 0.015%.....	99
see HIZENTRA SOL 20%	146	see PICATO GEL 0.05%.....	99
<i>immune globulin (human)-</i>		<i>inositol niacinate cap 500 mg</i>	88
<i>hyaluronidase (human</i>		INSPIRACHAMB MIS LARGE.....	128
<i>recombinant)</i>		<i>insulin aspart</i>	
see HYQVIA INJ 10-800.....	147	see NOVOLOG INJ 100/ML	47
see HYQVIA INJ 2.5-200.....	146	see NOVOLOG INJ FLEXPEN	47
see HYQVIA INJ 20-1600	147	see NOVOLOG INJ PENFILL	47
see HYQVIA INJ 30-2400	147	<i>insulin aspart (with niacinamide)</i>	
see HYQVIA INJ 5-400	147	see FIASP FLEX INJ TOUCH.....	45
Inatal Gt		see FIASP INJ 100/ML.....	45
see <i>prenatal vit w/ dss-iron</i>		see FIASP PENFIL INJ U-100	45
<i>carbonyl-fa tab 90-1 mg</i>	138	<i>insulin aspart protamine & aspart</i>	
INCRELEX INJ 40MG/4ML	107	<i>(human)</i>	
INCRUSE ELPT INH 62.5MCG	24	see NOVOLOG MIX INJ 70/30.....	47
<i>indacaterol maleate</i>		see NOVOLOG MIX INJ FLEXPEN....	47
see ARCAPTA CAP 75MCG.....	25	<i>insulin degludec</i>	
<i>indapamide tab 1.25 mg</i>	105	see TRESIBA FLEX INJ 100UNIT	47
<i>indapamide tab 2.5 mg</i>	106	see TRESIBA FLEX INJ 200UNIT	47
<i>indinavir sulfate</i>		see TRESIBA INJ 100UNIT	47
see CRIXIVAN CAP 200MG	79	<i>insulin detemir</i>	
see CRIXIVAN CAP 400MG	79	see LEVEMIR INJ	47
<i>indomethacin cap 25 mg</i>	9	see LEVEMIR INJ FLEXTouc	47
<i>indomethacin cap 50 mg</i>	9	<i>insulin glargine</i>	
INFLECTRA INJ 100MG.....	111	see BASAGLAR INJ 100UNIT	45
<i>infliximab</i>		<i>insulin glulisine</i>	
see REMICADE INJ 100MG	111	see APIDRA INJ SOLOSTAR.....	45
<i>infliximab-abda</i>		see APIDRA INJ U-100	45
see RENFLEXIS INJ 100MG	111	INSULIN LISP INJ 100/ML	47
<i>infliximab-dyyb</i>		<i>insulin lispro</i>	

see ADMELOG INJ 100U/ML45
 see ADMELOG SOLO INJ 100U/ML .45
 see HUMALOG INJ 100/ML46
 see HUMALOG JR INJ 100/ML46
 see HUMALOG KWIK INJ 100/ML ...46
insulin lispro protamine & lispro
 see HUMALOG MIX INJ 50/50.....46
 see HUMALOG MIX INJ 50/50KWP .46
 see HUMALOG MIX INJ 75/25KWP .46
 see HUMALOG MIX SUS 75/2546
insulin nph (human) (isophane)
 see HUMULIN N INJ U-100.....46
 see HUMULIN N INJ U-100KWP47
 see NOVOLIN N INJ U-100.....47
insulin nph isophane & reg (human)
 see HUMULIN INJ 70/3046
 see HUMULIN INJ 70/30KWP.....46
 see NOVOLIN INJ 70/3047
 see NOVOLIN INJ 70/30 FP47
insulin pen needle
 see PEN NEEDLES MIS 29GX10MM
 127
 see PEN NEEDLES MIS 29GX12.7 127
 see PEN NEEDLES MIS 29GX12MM
 127
 see PEN NEEDLES MIS 31GX5MM 127
 see PEN NEEDLES MIS 31GX6MM 127
 see PEN NEEDLES MIS 31GX8MM 127
 see PEN NEEDLES MIS 32GX4MM 127
 see PEN NEEDLES MIS 32GX6MM 127
 see PEN NEEDLES MIS 32GX8MM 127
insulin regular (human)
 see AFREZZA POW 12 UNIT45
 see AFREZZA POW 4-8 UNIT45
 see AFREZZA POW 4-8-1245
 see AFREZZA POW 4UNIT.....45
 see AFREZZA POW 8 UNIT45
 see AFREZZA POW 8-12UNIT45
 see HUMULIN R INJ U-10047
 see HUMULIN R INJ U-50047
 see NOVOLIN R INJ U-10047
 INSULIN SYRG MIS 0.3/29G 126
 INSULIN SYRG MIS 0.3/30G 126
 INSULIN SYRG MIS 0.3/31G 126
 INSULIN SYRG MIS 0.5/28G 126
 INSULIN SYRG MIS 0.5/29G 126

INSULIN SYRG MIS 0.5/30G 126
 INSULIN SYRG MIS 0.5/31G 126
 INSULIN SYRG MIS 1ML/28G 127
 INSULIN SYRG MIS 1ML/29G 127
 INSULIN SYRG MIS 1ML/30G 127
 INSULIN SYRG MIS 1ML/31G 127
insulin syringe/needle u-100
 see INSULIN SYRG MIS 0.3/29G . 126
 see INSULIN SYRG MIS 0.3/30G . 126
 see INSULIN SYRG MIS 0.3/31G . 126
 see INSULIN SYRG MIS 0.5/28G . 126
 see INSULIN SYRG MIS 0.5/29G . 126
 see INSULIN SYRG MIS 0.5/30G . 126
 see INSULIN SYRG MIS 0.5/31G . 126
 see INSULIN SYRG MIS 1ML/28G 127
 see INSULIN SYRG MIS 1ML/29G 127
 see INSULIN SYRG MIS 1ML/30G 127
 see INSULIN SYRG MIS 1ML/31G 127
insulin syringe/needle u-500
 see BD U-500 MIS 31GX6MM 125
 INTELENCE TAB 100MG 80
 INTELENCE TAB 200MG 80
 INTELENCE TAB 25MG 80
interferon alfa-2b
 see INTRON A INJ 10MU..... 70
 see INTRON A INJ 18MU..... 70
 see INTRON A INJ 25MU..... 70
 see INTRON A INJ 50MU..... 70
interferon beta-1a
 see AVONEX KIT 30MCG..... 149
 see AVONEX PEN KIT 30MCG 149
 see AVONEX PREFL KIT 30MCG ... 149
interferon beta-1b
 see EXTAVIA INJ 0.3MG 150
interferon gamma-1b
 see ACTIMMUNE INJ 2MU/0.5 70
 INTRON A INJ 10MU 70
 INTRON A INJ 18MU 70
 INTRON A INJ 25MU 70
 INTRON A INJ 50MU 70
 INVEGA SUST INJ 117/0.75..... 73
 INVEGA SUST INJ 156MG/ML..... 73
 INVEGA SUST INJ 234/1.5 73
 INVEGA SUST INJ 39/0.25 73
 INVEGA SUST INJ 78/0.5ML 73
 INVEGA TRINZ INJ 273MG..... 73
 INVEGA TRINZ INJ 410MG..... 73

INVEGA TRINZ INJ 546MG.....	73	<i>isosorbide dinitrate tab 5 mg</i>	20
INVEGA TRINZ INJ 819MG.....	73	<i>isosorbide mononitrate tab 10 mg</i>	
INVIRASE TAB 500MG.....	80	.....	20
ipratropium bromide hfa		<i>isosorbide mononitrate tab 20 mg</i>	
see ATROVENT HFA AER 17MCG.....	24	.....	20
ipratropium bromide inhal soln		<i>isosorbide mononitrate tab er 24hr</i>	
0.02%	24	120 mg	20
ipratropium bromide nasal soln		<i>isosorbide mononitrate tab er 24hr</i>	
0.03% (21 mcg/spray)	140	30 mg	20
ipratropium bromide nasal soln		<i>isosorbide mononitrate tab er 24hr</i>	
0.06% (42 mcg/spray)	140	60 mg	20
ipratropium-albuterol		<i>isotretinoin cap 10 mg</i>	96
see COMBIVENT AER 20-100	26	<i>isotretinoin cap 20 mg</i>	96
ipratropium-albuterol nebu soln		<i>isotretinoin cap 30 mg</i>	96
0.5-2.5(3) mg/3ml	27	<i>isotretinoin cap 40 mg</i>	96
irbesartan tab 150 mg	60	<i>isradipine cap 2.5 mg</i>	86
irbesartan tab 300 mg	60	<i>isradipine cap 5 mg</i>	86
irbesartan tab 75 mg	60	<i>itraconazole cap 100 mg</i>	51
irbesartan-hydrochlorothiazide tab		<i>ivabradine hcl</i>	
150-12.5 mg	63	see CORLANOR SOL 5MG/5ML.....	89
irbesartan-hydrochlorothiazide tab		see CORLANOR TAB 5MG.....	89
300-12.5 mg	63	see CORLANOR TAB 7.5MG.....	89
IRON CHW PEDIATRI	120	<i>ivacaftor</i>	
iron combination cap	119	see KALYDECO PAK 25MG	151
iron polysacch complex-vit b12-fa		see KALYDECO PAK 50MG	151
cap 150-0.025-1 mg	119	see KALYDECO PAK 75MG	151
irrigation solution, physiological	134	see KALYDECO TAB 150MG.....	151
isavuconazonium sulfate		<i>ivermectin (pediculicide)</i>	
see CRESEMBA CAP 186 MG	51	see SKLICE LOT 0.5%.....	103
ISENTRESS CHW 100MG	80	<i>ivermectin tab 3 mg</i>	18
ISENTRESS CHW 25MG	80	J	
ISENTRESS HD TAB 600MG	80	JAKAFI TAB 10MG	68
ISENTRESS POW 100MG	80	JAKAFI TAB 15MG	68
ISENTRESS TAB 400MG	80	JAKAFI TAB 20MG	68
isocarboxazid		JAKAFI TAB 25MG	68
see MARPLAN TAB 10MG	34	JAKAFI TAB 5MG	68
isoniazid syrup 50 mg/5ml	65	JANUMET TAB 50-1000	40
isoniazid tab 100 mg	65	JANUMET TAB 50-500MG	40
isoniazid tab 300 mg	65	JANUMET XR TAB 100-1000.....	40
isoniazid-rifampin w/		JANUMET XR TAB 50-1000	40
pyrazinamide		JANUMET XR TAB 50-500MG.....	40
see RIFATER TAB.....	65	JANUVIA TAB 100MG	44
isopropyl alcohol-glycerin otic		JANUVIA TAB 25MG.....	43
liquid 95-5%	145	JANUVIA TAB 50MG.....	44
isosorbide dinitrate tab 10 mg	20	JARDIANCE TAB 10MG	48
isosorbide dinitrate tab 20 mg	20	JARDIANCE TAB 25MG	49
isosorbide dinitrate tab 30 mg	20	JENTADUETO TAB 2.5-1000.....	41

JENTADUETO TAB 2.5-500.....40
 JENTADUETO TAB 2.5-850.....40
 JENTADUETO TAB XR.....41
 Jinteli
 see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg**..... 109
 JULUCA TAB 50-25MG.....80
 Junel 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg**..92
 Junel Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**
 92

K

KALETRA TAB 100-25MG.....80
 KALETRA TAB 200-50MG.....80
 KALYDECO PAK 25MG.....151
 KALYDECO PAK 50MG.....151
 KALYDECO PAK 75MG.....151
 KALYDECO TAB 150MG.....151
 Kelnor 1/50
 see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**.....91
 KEPIVANCE INJ 6.25MG.....70
ketoconazole cream 2%.....98
ketoconazole shampoo 2%.....98
ketoconazole tab 200 mg.....51
ketorolac tromethamine ophth soln 0.4%.....144
ketorolac tromethamine ophth soln 0.5%.....144
ketorolac tromethamine tab 10 mg
9
ketotifen fumarate ophth soln 0.025% (base equiv).....144
 KEVZARA INJ 150/1.14.....7
 KEVZARA INJ 200/1.14.....8
 KINERET INJ.....7
 KISQALI 200 PAK FEMARA.....67
 KISQALI 400 PAK FEMARA.....67
 KISQALI 600 PAK FEMARA.....67
 KISQALI TAB 200DOSE.....68
 KISQALI TAB 400DOSE.....68
 KISQALI TAB 600DOSE.....68
 Klor-con/ef

 see **potassium bicarbonate effer tab 25 meq**.....132
 KOATE-DVI INJ 1000UNIT.....115
 KOATE-DVI INJ 250UNIT.....115
 KOATE-DVI INJ 500UNIT.....115
 KOGENATE FS INJ 1000UNIT.....115
 KOGENATE FS INJ 2000UNIT.....115
 KOGENATE FS INJ 250UNIT.....115
 KOGENATE FS INJ 3000UNIT.....115
 Konsyl
 see **psyllium powder 30.9%**....122
 KONSYL DAILY POW 100%.....122
 KONSYL DAILY POW 28.3%.....122
 KONSYL-D POW 52.3%.....122
 KOVALTRY INJ 1000UNIT.....115
 KOVALTRY INJ 2000UNIT.....115
 KOVALTRY INJ 250UNIT.....115
 KOVALTRY INJ 3000UNIT.....115
 KOVALTRY INJ 500UNIT.....115
 Kp Vitamin D
 see **cholecalciferol chew tab 10 mcg (400 unit)**.....160
 KPN PRENATAL TAB.....137
 KUVAN TAB 100MG.....107
 KYLEENA IUD 19.5MG.....93

L

labetalol hcl tab 100 mg.....83
labetalol hcl tab 200 mg.....83
labetalol hcl tab 300 mg.....83
lacosamide
 see VIMPAT SOL 10MG/ML.....32
 see VIMPAT TAB 100MG.....32
 see VIMPAT TAB 150MG.....32
 see VIMPAT TAB 200MG.....33
 see VIMPAT TAB 50MG.....32
 LACRISERT MIS 5MG OP.....141
lactic acid (ammonium lactate) cream 12%.....102
lactic acid (ammonium lactate) lotion 12%.....102
lactulose (encephalopathy) solution 10 gm/15ml.....111
lactulose solution 10 gm/15ml.....123
lamivudine (hbv)
 see EPIVIR HBV SOL 5MG/ML.....82
lamivudine oral soln 10 mg/ml...80
lamivudine tab 100 mg (hbv).....82

lamivudine tab 150 mg	80	LATUDA TAB 60MG.....	72
lamivudine tab 300 mg	80	LATUDA TAB 80MG.....	72
lamivudine-tenofovir disoproxil fumarate		LEDIP-SOFOSB TAB 90-400MG	82
see CIMDUO TAB 300-300	79	Leena	
lamivudine-zidovudine tab 150-300 mg	80	see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	92
lamotrigine tab 100 mg	31	leflunomide tab 10 mg	10
lamotrigine tab 150 mg	31	leflunomide tab 20 mg	10
lamotrigine tab 200 mg	31	lenalidomide	
lamotrigine tab 25 mg	31	see REVLIMID CAP 10MG.....	133
lamotrigine tab chewable dispersible 25 mg	31	see REVLIMID CAP 15MG.....	133
lamotrigine tab chewable dispersible 5 mg	31	see REVLIMID CAP 2.5MG.....	133
Lanacort 10		see REVLIMID CAP 20MG.....	133
see hydrocortisone acetate cream 1%	101	see REVLIMID CAP 25MG.....	133
lanadelumab-flyo		see REVLIMID CAP 5MG	133
see TAKHZYRO INJ 300/2ML	117	lenvatinib mesylate	
LANCETS MIS 30G.....	126	see LENVIMA CAP 10 MG.....	68
Land Before Time Multivit		see LENVIMA CAP 12MG.....	68
see pediatric multiple vitamin w/ extra c & fa chew tab	136	see LENVIMA CAP 14 MG.....	68
LANOXIN TAB 0.125MG.....	87	see LENVIMA CAP 18 MG.....	68
LANOXIN TAB 0.25MG	87	see LENVIMA CAP 20 MG.....	68
lansoprazole cap delayed release 15 mg	155	see LENVIMA CAP 24 MG.....	68
lansoprazole cap delayed release 30 mg	155	see LENVIMA CAP 4MG.....	68
lanthanum carbonate chew tab 1000 mg (elemental)	112	see LENVIMA CAP 8 MG.....	68
lanthanum carbonate chew tab 500 mg (elemental)	112	LENVIMA CAP 10 MG	68
lanthanum carbonate chew tab 750 mg (elemental)	112	LENVIMA CAP 12MG	68
lapatinib ditosylate		LENVIMA CAP 14 MG	68
see TYKERB TAB 250MG	69	LENVIMA CAP 18 MG	68
Larin 24 Fe		LENVIMA CAP 20 MG	68
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	92	LENVIMA CAP 24 MG	68
LASTACFT SOL 0.25%.....	144	LENVIMA CAP 4MG	68
latanoprost ophth soln 0.005%	145	LENVIMA CAP 8 MG	68
LATUDA TAB 120MG	72	LENVIMA CAP 8 MG	68
LATUDA TAB 20MG	72	LETAIRIS TAB 10MG	88
LATUDA TAB 40MG	72	LETAIRIS TAB 5MG.....	88
		letrozole tab 2.5 mg	66
		leucovorin calcium tab 10 mg	70
		leucovorin calcium tab 15 mg	70
		leucovorin calcium tab 25 mg	70
		leucovorin calcium tab 5 mg	70
		LEUKERAN TAB 2MG.....	65
		LEUKINE INJ 250MCG	118
		leuprolide acetate	
		see ELIGARD INJ 7.5MG	66
		see LUPRON DEPOT INJ 3.75MG....	66
		see LUPRON DEPOT INJ 7.5MG.....	66

leuprolide acetate & norethindrone acetate	
see LUPANETA KIT 11.25-5.....	107
see LUPANETA KIT 3.75-5	107
leuprolide acetate (3 month)	
see ELIGARD INJ 22.5MG	66
see LUPRON DEPOT INJ 11.25MG ..	66
see LUPRON DEPOT INJ 22.5MG ...	66
leuprolide acetate (cpp)	
see LUPR DEP-PED INJ 11.25MG..	107
see LUPR DEP-PED INJ 15MG	107
see LUPR DEP-PED INJ 7.5MG	107
leuprolide acetate (cpp) (3 month)	
see LUPR DEP-PED INJ 11.25MG..	107
see LUPR DEP-PED INJ 3M 30MG .	107
leuprolide acetate inj kit 5 mg/ml	66
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	27
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	27
LEVEMIR INJ.....	47
LEVEMIR INJ FLEXTOUC	47
levetiracetam oral soln 100 mg/ml	31
levetiracetam tab 1000 mg	31
levetiracetam tab 250 mg	31
levetiracetam tab 500 mg	31
levetiracetam tab 750 mg	31
levetiracetam tab er 24hr 500 mg	31
levetiracetam tab er 24hr 750 mg	31
levobunolol hcl ophth soln 0.5%	142
levocarnitine oral soln 1 gm/10ml (10%)	107
levocarnitine tab 330 mg	107
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	52
levocetirizine dihydrochloride tab 5 mg	52
levofloxacin ophth soln 0.5%	143
levofloxacin oral soln 25 mg/ml	110
levofloxacin tab 250 mg	110
levofloxacin tab 500 mg	110
levofloxacin tab 750 mg	110
levomilnacipran hcl	
see FETZIMA CAP 120MG	36
see FETZIMA CAP 20MG	36
see FETZIMA CAP 40MG	36
see FETZIMA CAP 80MG	36
see FETZIMA CAP TITRATIO.....	36
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg	91
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	91
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	91
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	91
levonorgestrel (iud)	
see KYLEENA IUD 19.5MG	93
see LILETTA IUD 52MG	93
see MIRENA IUD SYSTEM	93
see SKYLA IUD 13.5MG	93
levonorgestrel tab 1.5 mg	93
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	91
levonorgestrel-ethinyl estradiol & folic acid	
see FALESSA KIT.....	91
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	91
levonorgestrel-ethinyl estradiol-ferrous bisglycinate	
see BALCOLTRA TAB 0.1-20.....	91
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	91
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	91
levothyroxine sodium	
see SYNTHROID TAB 100MCG	153
see SYNTHROID TAB 112MCG	153
see SYNTHROID TAB 125MCG	153
see SYNTHROID TAB 137MCG	153
see SYNTHROID TAB 150MCG	153

see SYNTHROID TAB 175MCG 153
 see SYNTHROID TAB 200MCG 153
 see SYNTHROID TAB 25MCG 152
 see SYNTHROID TAB 300MCG 153
 see SYNTHROID TAB 50MCG 152
 see SYNTHROID TAB 75MCG 153
 see SYNTHROID TAB 88MCG 153
levothyroxine sodium tab 100 mcg
 152
levothyroxine sodium tab 112 mcg
 152
levothyroxine sodium tab 125 mcg
 152
levothyroxine sodium tab 137 mcg
 152
levothyroxine sodium tab 150 mcg
 152
levothyroxine sodium tab 175 mcg
 152
levothyroxine sodium tab 200 mcg
 152
levothyroxine sodium tab 25 mcg
 152
levothyroxine sodium tab 300 mcg
 152
levothyroxine sodium tab 50 mcg
 152
levothyroxine sodium tab 75 mcg
 152
levothyroxine sodium tab 88 mcg
 152
 Levoxyl
 see **levothyroxine sodium tab 112 mcg**
 152
 see **levothyroxine sodium tab 125 mcg**
 152
 see **levothyroxine sodium tab 137 mcg**
 152
 see **levothyroxine sodium tab 150 mcg**
 152
 see **levothyroxine sodium tab 175 mcg**
 152
 see **levothyroxine sodium tab 25 mcg**
 152
 see **levothyroxine sodium tab 50 mcg**
 152

see **levothyroxine sodium tab 75 mcg**
 152
 see **levothyroxine sodium tab 88 mcg**
 152
 Lice Killing Maximum Stre
 see **pyrethrins-piperonyl butoxide shampoo 0.33-4%**
 103
 Lice Treatment
 see **permethrin creme rinse 1%**
 103
lidocaine cream 4% 102
lidocaine hcl gel 2% 102
lidocaine hcl soln 4% 102
lidocaine hcl urethral/mucosal gel 2%
 102
lidocaine hcl urethral/mucosal gel prefilled syringe 2%
 102
lidocaine hcl viscous soln 2%.... 134
lidocaine patch 4% 102
lidocaine patch 5% 102
lidocaine-prilocaine cream 2.5-2.5%
 102
lidocaine-tetracaine
 see SYNERA DIS 70-70MG 102
 LILETTA IUD 52MG 93
linaclotide
 see LINZESS CAP 145MCG 111
 see LINZESS CAP 290MCG 111
 see LINZESS CAP 72MCG 111
linagliptin
 see TRADJENTA TAB 5MG 44
linagliptin-metformin hcl
 see JENTADUETO TAB 2.5-1000 ... 41
 see JENTADUETO TAB 2.5-500 40
 see JENTADUETO TAB 2.5-850 40
 see JENTADUETO TAB XR 41
lindane shampoo 1% 103
linezolid for susp 100 mg/5ml ... 19
linezolid tab 600 mg 19
 LINZESS CAP 145MCG 111
 LINZESS CAP 290MCG 111
 LINZESS CAP 72MCG 111
liothyronine sodium tab 25 mcg 152
liothyronine sodium tab 5 mcg.. 152
liothyronine sodium tab 50 mcg 152
liotrix (t3-t4)
 see THYROLAR-1 TAB 60MG 153

see THYROLAR-1/2 TAB 30MG.....	153	loperamide hcl liq 1 mg/5ml (0.2 mg/ml)	50
see THYROLAR-1/4 TAB 15MG.....	153	loperamide hcl liq 1 mg/7.5ml	50
see THYROLAR-2 TAB 120MG.....	153	loperamide hcl tab 2 mg	50
see THYROLAR-3 TAB 180MG.....	153	lopinavir-ritonavir	
Liquid Calcium/vitamin D		see KALETRA TAB 100-25MG	80
see calcium carbonate-vitamin d cap 600 mg-200 unit	130	see KALETRA TAB 200-50MG	80
liraglutide		lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	80
see VICTOZA INJ 18MG/3ML	45	Lopreeza	
lisdexamfetamine dimesylate		see estradiol & norethindrone acetate tab 1-0.5 mg	109
see VYVANSE CAP 10MG	2	loratadine & pseudoephedrine tab er 12hr 5-120 mg	95
see VYVANSE CAP 20MG	2	loratadine & pseudoephedrine tab er 24hr 10-240 mg	95
see VYVANSE CAP 30MG	2	loratadine rapidly-disintegrating tab 10 mg	52
see VYVANSE CAP 40MG	2	loratadine syrup 5 mg/5ml	52
see VYVANSE CAP 50MG	2	loratadine tab 10 mg	52
see VYVANSE CAP 60MG	2	Loratadine-d 12hr	
see VYVANSE CAP 70MG	2	see loratadine & pseudoephedrine tab er 12hr 5-120 mg	95
lisinopril & hydrochlorothiazide tab 10-12.5 mg	63	Loratadine-d 24hr	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	63	see loratadine & pseudoephedrine tab er 24hr 10-240 mg	95
lisinopril & hydrochlorothiazide tab 20-25 mg	63	lorazepam conc 2 mg/ml	22
lisinopril tab 10 mg	58	lorazepam tab 0.5 mg	23
lisinopril tab 2.5 mg	58	lorazepam tab 1 mg	23
lisinopril tab 20 mg	58	lorazepam tab 2 mg	23
lisinopril tab 30 mg	58	losartan potassium & hydrochlorothiazide tab 100-12.5 mg	63
lisinopril tab 40 mg	58	losartan potassium & hydrochlorothiazide tab 100-25 mg	63
lisinopril tab 5 mg	58	losartan potassium & hydrochlorothiazide tab 50-12.5 mg	63
lithium carbonate cap 150 mg	72	losartan potassium tab 100 mg ...	60
lithium carbonate cap 300 mg	72	losartan potassium tab 25 mg	60
lithium carbonate cap 600 mg	72	losartan potassium tab 50 mg	60
lithium carbonate tab 300 mg	72	LOTEMAX GEL 0.5%	143
lithium carbonate tab er 300 mg .72		LOTEMAX OIN 0.5%	143
lithium carbonate tab er 450 mg .72		LOTEMAX SUS 0.5%.....	143
LITHIUM SOL 8MEQ/5ML	72	loteprednol etabonate	
LO LOESTRIN TAB 1-10-10.....	91	see ALREX SUS 0.2%.....	143
lodoxamide tromethamine			
see ALOMIDE SOL 0.1% OP	144		
lomustine			
see GLEOSTINE CAP 100MG.....	65		
see GLEOSTINE CAP 10MG	65		
see GLEOSTINE CAP 40MG	65		
LONSURF TAB 15-6.14.....	67		
LONSURF TAB 20-8.19.....	67		
loperamide hcl cap 2 mg	49		

see LOTEMAX GEL 0.5% 143
 see LOTEMAX OIN 0.5% 143
 see LOTEMAX SUS 0.5% 143
loteprednol etabonate ophth susp
0.5% 143
 Lotrimin Af Deodorant Pow
 see **miconazole nitrate aerosol**
pow 2% 98
lovastatin tab 10 mg 55
lovastatin tab 20 mg 55
lovastatin tab 40 mg 55
 Low-ogestrel
 see **norgestrel & ethinyl estradiol**
tab 0.3 mg-30 mcg..... 92
loxapine succinate cap 10 mg..... 75
loxapine succinate cap 25 mg..... 75
loxapine succinate cap 5 mg 75
loxapine succinate cap 50 mg..... 75
lubiprostone
 see AMITIZA CAP 24MCG..... 110
 see AMITIZA CAP 8MCG 110
 Lubricant Eye Drops
 see **polyethylene glycol-propylene**
glycol ophth soln 0.4-0.3%.. 141
luliconazole cream 1% 98
 LUMIGAN SOL 0.01%..... 145
 LUPANETA KIT 11.25-5 107
 LUPANETA KIT 3.75-5 107
 LUPR DEP-PED INJ 11.25MG 107
 LUPR DEP-PED INJ 15MG..... 107
 LUPR DEP-PED INJ 3M 30MG 107
 LUPR DEP-PED INJ 7.5MG..... 107
 LUPRON DEPOT INJ 11.25MG..... 66
 LUPRON DEPOT INJ 22.5MG 66
 LUPRON DEPOT INJ 3.75MG 66
 LUPRON DEPOT INJ 7.5MG 66
lurasidone hcl
 see LATUDA TAB 120MG..... 72
 see LATUDA TAB 20MG 72
 see LATUDA TAB 40MG 72
 see LATUDA TAB 60MG 72
 see LATUDA TAB 80MG 72
 LYRICA CAP 100MG 32
 LYRICA CAP 150MG 32
 LYRICA CAP 200MG 32
 LYRICA CAP 225MG 32
 LYRICA CAP 25MG 31

LYRICA CAP 300MG 32
 LYRICA CAP 50MG 31
 LYRICA CAP 75MG 32
 LYSODREN TAB 500MG 66
M
macitentan
 see OPSUMIT TAB 10MG..... 88
mafenide acetate
 see SULFAMYLON CRE 85MG/GM... 99
mafenide acetate packet for topical
soln 5% (50 gm) 99
 MAG64 TAB 64MG 132
 Magdelay
 see **magnesium chloride tab dr 64**
mg (elemental mg)..... 132
 MAGDELAY TAB 70MG..... 132
 Mag-g
 see **magnesium gluconate tab 500**
mg (27 mg elemental mg) ... 132
magnesium chloride
 see MAG64 TAB 64MG..... 132
 see MAGDELAY TAB 70MG 132
magnesium chloride tab dr 64 mg
(elemental mg) 132
magnesium citrate soln..... 123
magnesium gluconate tab 27.5 mg
(elemental mg) 132
magnesium gluconate tab 500 mg
(27 mg elemental mg)..... 132
magnesium hydroxide susp 400
mg/5ml 123
magnesium hydroxide susp
concentrate 2400 mg/10ml.... 123
magnesium oxide cap 500 mg
(elemental mg) 132
magnesium oxide tab 250 mg 18
magnesium oxide tab 250 mg (mg
supplement) 132
magnesium oxide tab 400 mg (240
mg elemental mg) 132
magnesium oxide tab 400 mg
(241.3 mg elemental mg)..... 132
magnesium oxide tab 420 mg 18
magnesium oxide tab 500 mg (mg
supplement) 132
magnesium tab 250 mg..... 132
 Magnesium-oxide

see **magnesium oxide tab 400 mg (241.3 mg elemental mg)** 132
malathion lotion 0.5%..... 103
 Maox
 see **magnesium oxide tab 420 mg**
 18
 Mapap
 see **acetaminophen liquid 160 mg/5ml** 11
 see **acetaminophen tab 325 mg** 11
maprotiline hcl tab 25 mg 34
maprotiline hcl tab 50 mg 34
maprotiline hcl tab 75 mg 34
maraviroc
 see SELZENTRY SOL 20MG/ML 81
 see SELZENTRY TAB 150MG..... 81
 see SELZENTRY TAB 25MG 81
 see SELZENTRY TAB 300MG..... 81
 see SELZENTRY TAB 75MG 81
 MARPLAN TAB 10MG 34
 MATULANE CAP 50MG 70
 MAYZENT TAB 0.25MG 150
mecamylamine hcl
 see VECAMYL TAB 2.5MG..... 64
mecasermin
 see INCRELEX INJ 40MG/4ML..... 107
meclizine hcl chew tab 25 mg 50
meclizine hcl tab 12.5 mg 50
meclizine hcl tab 25 mg 50
meclofenamate sodium cap 100 mg
 9
meclofenamate sodium cap 50 mg 9
 MEDI-LAXX CAP 8.6-50MG 123
 Medi-profen
 see **ibuprofen cap 200 mg** 8
medroxyprogesterone acetate (contraceptive)
 see DEPO-SQ PROV INJ 104..... 93
medroxyprogesterone acetate im susp 150 mg/ml 93
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml ... 93
medroxyprogesterone acetate tab 10 mg 148
medroxyprogesterone acetate tab 2.5 mg 148

medroxyprogesterone acetate tab 5 mg 148
mefenamic acid cap 250 mg 9
mefloquine hcl tab 250 mg..... 64
megestrol acetate susp 40 mg/ml
 67
megestrol acetate tab 20 mg..... 67
megestrol acetate tab 40 mg..... 67
 MEKINIST TAB 0.5MG 68
 MEKINIST TAB 2MG..... 69
melatonin cap 3 mg..... 5
melatonin cap 5 mg..... 6
 MELATONIN LIQ 1MG/4ML..... 6
melatonin tab 1 mg 6
melatonin tab 3 mg 6
melatonin tab 300 mcg 6
melatonin tab 5 mg 6
melatonin tab er 10 mg 6
melatonin tablet disintegrating 5 mg 6
 Melatonin Tr/vitamin B-6
 see **melatonin-pyridoxine tab er 3-10 mg** 6
 Melatonin/vitamin B-6 Ext
 see **melatonin-pyridoxine tab 3-1 mg** 6
melatonin-pyridoxine tab 3-1 mg 6
melatonin-pyridoxine tab 3-2 mg 6
melatonin-pyridoxine tab er 3-10 mg 6
 Melodetta 24 Fe
 see **norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)**..... 92
meloxicam tab 15 mg 9
meloxicam tab 7.5 mg 9
melphalan tab 2 mg 65
memantine hcl cap er 24hr 14 mg
 149
memantine hcl cap er 24hr 21 mg
 149
memantine hcl cap er 24hr 28 mg
 149
memantine hcl cap er 24hr 7 mg
 149
memantine hcl oral solution 2 mg/ml 149

memantine hcl tab 10 mg	149	methamphetamine hcl tab 5 mg ...	2
memantine hcl tab 28 x 5 mg & 21		methazolamide tab 25 mg	104
x 10 mg titration pack	149	methazolamide tab 50 mg	104
memantine hcl tab 5 mg	149	methenamine hippurate tab 1 gm	
MENEST TAB 0.3MG.....	109	.....	156
MENEST TAB 0.625MG	109	methimazole tab 10 mg	152
MENEST TAB 1.25MG.....	109	methimazole tab 5 mg	152
MENTAX CRE 1%.....	98	METHITEST TAB 10MG.....	17
menthol-zinc oxide oint 0.44-20%		methocarbamol tab 500 mg	139
.....	103	methocarbamol tab 750 mg	139
meperidine hcl oral soln 50		methotrexate sodium inj 250	
mg/5ml	13	mg/10ml (25 mg/ml)	66
meperidine hcl tab 100 mg	13	methotrexate sodium inj 50	
meperidine hcl tab 50 mg	13	mg/2ml (25 mg/ml)	66
mepolizumab		methotrexate sodium inj pf 250	
see NUCALA INJ 100MG	24	mg/10ml (25 mg/ml)	66
meprobamate tab 200 mg	21	methotrexate sodium inj pf 50	
meprobamate tab 400 mg	21	mg/2ml (25 mg/ml)	66
mercaptapurine tab 50 mg	65	methotrexate sodium tab 2.5 mg	
mesalamine		(base equiv)	66
see APRISO CAP 0.375GM	111	methscopolamine bromide tab 2.5	
mesalamine cap er 24hr 0.375 gm		mg	154
.....	111	methscopolamine bromide tab 5	
mesalamine enema 4 gm	111	mg	154
mesalamine tab delayed release		methsuximide	
800 mg	111	see CELONTIN CAP 300MG	33
METAMUCIL POW 28%ORG.....	122	methyclothiazide tab 5 mg	106
METAMUCIL POW 58.12%	122	methylcellulose tab 500 mg	122
METAMUCIL WAF.....	122	methyldopa tab 250 mg	61
metaproterenol sulfate syrup 10		methyldopa tab 500 mg	61
mg/5ml	27	methylergonovine maleate tab 0.2	
metaproterenol sulfate tab 10 mg		mg	146
.....	27	methylnaltrexone bromide	
metaproterenol sulfate tab 20 mg		see RELISTOR INJ 12/0.6ML	111
.....	27	see RELISTOR TAB 150MG.....	112
metaxalone tab 800 mg	139	methylphenidate hcl cap er 10 mg	
metformin hcl tab 1000 mg	43	(cd)	4
metformin hcl tab 500 mg	43	methylphenidate hcl cap er 20 mg	
metformin hcl tab 850 mg	43	(cd)	4
metformin hcl tab er 24hr 500 mg		methylphenidate hcl cap er 24hr 10	
.....	43	mg (la)	4
metformin hcl tab er 24hr 750 mg		methylphenidate hcl cap er 24hr 20	
.....	43	mg (la)	4
methadone hcl soln 10 mg/5ml ...13		methylphenidate hcl cap er 24hr 30	
methadone hcl soln 5 mg/5ml....13		mg (la)	4
methadone hcl tab 10 mg.....13		methylphenidate hcl cap er 24hr 40	
methadone hcl tab 5 mg.....13		mg (la)	4

methylphenidate hcl cap er 30 mg (cd)	4	metoclopramide hcl tab 5 mg (base equivalent)	110
methylphenidate hcl cap er 40 mg (cd)	4	metolazone tab 10 mg	106
methylphenidate hcl cap er 50 mg (cd)	4	metolazone tab 2.5 mg	106
methylphenidate hcl cap er 60 mg (cd)	4	metolazone tab 5 mg	106
methylphenidate hcl soln 10 mg/5ml	4	metoprolol & hydrochlorothiazide tab 100-25 mg	63
methylphenidate hcl soln 5 mg/5ml	4	metoprolol & hydrochlorothiazide tab 100-50 mg	63
methylphenidate hcl tab 10 mg	5	metoprolol & hydrochlorothiazide tab 50-25 mg	63
methylphenidate hcl tab 20 mg	5	metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	84
methylphenidate hcl tab 5 mg	5	metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	84
methylphenidate hcl tab er 10 mg	5	metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	84
methylphenidate hcl tab er 20 mg	5	metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	84
methylphenidate hcl tab er 24hr 18 mg	5	metoprolol tartrate tab 100 mg	84
methylphenidate hcl tab er 24hr 27 mg	5	metoprolol tartrate tab 25 mg	84
methylphenidate hcl tab er 24hr 36 mg	5	metoprolol tartrate tab 50 mg	84
methylphenidate hcl tab er 24hr 54 mg	5	metronidazole cream 0.75%	103
methylphenidate hcl tab er osmotic release (osm) 18 mg	5	metronidazole gel 0.75%	103
methylphenidate hcl tab er osmotic release (osm) 27 mg	5	metronidazole lotion 0.75%	103
methylphenidate hcl tab er osmotic release (osm) 36 mg	5	metronidazole tab 250 mg	19
methylphenidate hcl tab er osmotic release (osm) 54 mg	5	metronidazole tab 500 mg	19
methylprednisolone tab 16 mg	94	metronidazole vaginal gel 0.75%	159
methylprednisolone tab 32 mg	94	mexiletine hcl cap 150 mg	23
methylprednisolone tab 4 mg	94	mexiletine hcl cap 200 mg	23
methylprednisolone tab 8 mg	94	mexiletine hcl cap 250 mg	23
methylprednisolone tab therapy pack 4 mg (21)	94	MI-ACID CHW	18
methyltestosterone see METHITEST TAB 10MG	17	miconazole (mouth-throat) see ORAVIG TAB 50MG	135
methyltestosterone cap 10 mg	17	Miconazole 7 see miconazole nitrate vaginal cream 2%	159
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	110	see miconazole nitrate vaginal suppos 100 mg	159
metoclopramide hcl tab 10 mg (base equivalent)	110	miconazole nitrate aerosol pow 2%	98
		miconazole nitrate cream 2%	98
		miconazole nitrate ointment 2%	98
		miconazole nitrate powder 2% ...	98
		miconazole nitrate vaginal see MONISTAT 7 KIT COMBO PK .	159

<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	159	<i>mirtazapine tab 15 mg</i>	34
<i>miconazole nitrate vaginal cream 2%</i>	159	<i>mirtazapine tab 30 mg</i>	34
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	159	<i>mirtazapine tab 45 mg</i>	34
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	159	MIRVASO GEL 0.33%	103
<i>miconazole nitrate vaginal suppos 100 mg</i>	159	<i>misoprostol tab 100 mcg</i>	156
<i>midodrine hcl tab 10 mg</i>	160	<i>misoprostol tab 200 mcg</i>	156
<i>midodrine hcl tab 2.5 mg</i>	160	<i>mitotane</i>	
<i>midodrine hcl tab 5 mg</i>	160	see LYSODREN TAB 500MG	66
<i>miglitol tab 100 mg</i>	39	<i>modafinil tab 100 mg</i>	5
<i>miglitol tab 25 mg</i>	39	<i>modafinil tab 200 mg</i>	5
<i>miglitol tab 50 mg</i>	39	<i>moexipril hcl tab 15 mg</i>	58
<i>miglustat cap 100 mg</i>	117	<i>moexipril hcl tab 7.5 mg</i>	58
Milk Of Magnesia		<i>mometasone furoate (inhalation)</i>	
see <i>magnesium hydroxide susp 400 mg/5ml</i>	123	see ASMANEX 120 AER 220MCG....	25
Milk Of Magnesia Concentr		see ASMANEX 14 AER 220MCG	24
see <i>magnesium hydroxide susp concentrate 2400 mg/10ml</i>	123	see ASMANEX 30 AER 110MCG	24
<i>milnacipran hcl</i>		see ASMANEX 30 AER 220MCG	24
see SAVELLA MIS TITR PAK	149	see ASMANEX 60 AER 220MCG	24
see SAVELLA TAB 100MG	149	see ASMANEX 7 AER 110MCG	24
see SAVELLA TAB 12.5MG	149	see ASMANEX HFA AER 100 MCG ..	25
see SAVELLA TAB 25MG	149	see ASMANEX HFA AER 200 MCG ..	25
see SAVELLA TAB 50MG	149	see ASMANEX HFA AER 50MCG	25
<i>mineral oil</i>	123	<i>mometasone furoate cream 0.1%</i>	
<i>mineral oil enema</i>	123	.....	101
Minitran		<i>mometasone furoate oint 0.1%</i>	101
see <i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	21	<i>mometasone furoate solution 0.1% (lotion)</i>	101
<i>minocycline hcl cap 100 mg</i>	151	<i>mometasone furoate-formoterol fumarate dihydrate</i>	
<i>minocycline hcl cap 50 mg</i>	151	see DULERA AER 100-5MCG	26
<i>minocycline hcl cap 75 mg</i>	151	see DULERA AER 200-5MCG	27
<i>minoxidil tab 10 mg</i>	64	see DULERA AER 50-5MCG	26
<i>minoxidil tab 2.5 mg</i>	64	MONISTAT 7 KIT COMBO PK	159
Mintox Plus		MONOCLATE-P INJ 1000UNIT	115
see <i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	18	<i>montelukast sodium chew tab 4 mg (base equiv)</i>	24
<i>mirabegron</i>		<i>montelukast sodium chew tab 5 mg (base equiv)</i>	24
see MYRBETRIQ TAB 25MG	157	<i>montelukast sodium tab 10 mg (base equiv)</i>	24
see MYRBETRIQ TAB 50MG	157	MONUROL PAK GRANULES	156
MIRENA IUD SYSTEM.....	93	<i>morphine sulfate oral soln 10 mg/5ml</i>	13
		<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	14
		<i>morphine sulfate oral soln 20 mg/5ml</i>	13

morphine sulfate tab 15 mg 14
morphine sulfate tab 30 mg 14
morphine sulfate tab er 100 mg .. 14
morphine sulfate tab er 15 mg 14
morphine sulfate tab er 200 mg .. 14
morphine sulfate tab er 30 mg 14
morphine sulfate tab er 60 mg 14
morphine-naltrexone
 see EMBEDA CAP 100-4MG 12
 see EMBEDA CAP 20-0.8MG 12
 see EMBEDA CAP 30-1.2MG 12
 see EMBEDA CAP 50-2MG 12
 see EMBEDA CAP 60-2.4MG 12
 see EMBEDA CAP 80-3.2MG 12
 MOVANTIK TAB 12.5MG 111
 MOVANTIK TAB 25MG 111
 MOVIPREP SOL 123
moxifloxacin hcl ophth soln 0.5%
 (base equiv) 143
moxifloxacin hcl tab 400 mg (base equiv) 110
 Mucus-dm
 see **dextromethorphan-guaifenesin tab er 12hr 30-600 mg** 95
 MULT VITAM DRO 136
 MULTAQ TAB 400MG 23
 MULTI VITAMI TAB D-3 135
 Multi-delyn
 see **pediatric multiple vitamin liq** 136
multiple vitamin cap 135
multiple vitamin tab 135
multiple vitamins w/ iron tab.... 135
multiple vitamins w/ minerals cap 135
multiple vitamins w/ minerals liquid 135
multiple vitamins w/ minerals tab 135
 Multi-vit/iron/fluoride
 see **pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml** 135
 Multivitamin & Mineral
 see **multiple vitamins w/ minerals liquid** 135

MULTIVITAMIN DRO /IRON..... 136
 Multivitamin With Fluorid
 see **pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** 136
 see **pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** . 136
 Multivitamin/fluoride
 see **pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** 136
 see **pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** 136
 see **pediatric multiple vitamins w/ fluoride chew tab 1 mg** .. 136
mupirocin oint 2% 97
 Mv-one
 see **multiple vitamin cap** 135
 Mvw Complete Formulation
 see **pediatric multiple vitamin w/ minerals & c chew tab** 135
 My Way
 see **levonorgestrel tab 1.5 mg**... 93
 Mycocide Clinical Ns Anti
 see **tolnaftate soln 1%** 98
mycophenolate mofetil cap 250 mg 134
mycophenolate mofetil tab 500 mg 134
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 134
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 134
 MYNATAL CAP 137
 MYNATAL TAB 137
 MYNATE 90 TAB PLUS 137
 MYRBETRIQ TAB 25MG 157
 MYRBETRIQ TAB 50MG 157
N
nabilone
 see CESAMET CAP 1MG 51
nabumetone tab 500 mg 9
nabumetone tab 750 mg 9
nadolol tab 20 mg 84
nadolol tab 40 mg 84
nadolol tab 80 mg 84
nafarelin acetate
 see SYNAREL SOL 2MG/ML 107

naftifine hcl	
see NAFTIN GEL 1%	98
see NAFTIN GEL 2%	98
naftifine hcl cream 1%	98
naftifine hcl gel 1%	98
NAFTIN GEL 1%	98
NAFTIN GEL 2%	98
naldemedine tosylate	
see SYMPROIC TAB 0.2MG	112
naloxegol oxalate	
see MOVANTIK TAB 12.5MG	111
see MOVANTIK TAB 25MG	111
naloxone hcl	
see NARCAN SPR	50
naloxone hcl inj 0.4 mg/ml	50
naloxone hcl soln cartridge 0.4 mg/ml	50
naloxone hcl soln prefilled syringe 2 mg/2ml	50
naltrexone	
see VIVITROL INJ 380MG	50
naltrexone hcl tab 50 mg	50
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)	128
naratriptan hcl tab 2.5 mg (base equiv)	128
NARCAN SPR	50
NASAL DECON SYP 30MG/5ML	140
NASAL DECONG LIQ 30MG/5ML	140
NAT FIBER POW 58.6%	122
NATACYN SUS 5% OP	143
natalizumab	
see TYSABRI INJ 300/15ML	150
NATALVIT TAB 75-1MG	137
natamycin	
see NATACYN SUS 5% OP	143
NATAZIA TAB	92
nateglinide tab 120 mg	48
nateglinide tab 60 mg	48
NATURE THROI TAB 162.5MG	152
NATURE-THROI TAB 113.75MG	152
NATURE-THROI TAB 130MG	152
NATURE-THROI TAB 146.25MG	152
NATURE-THROI TAB 16.25MG	152
NATURE-THROI TAB 195MG	152
NATURE-THROI TAB 260MG	152
NATURE-THROI TAB 32.5MG	152
NATURE-THROI TAB 325MG	152
NATURE-THROI TAB 48.75MG	152
NATURE-THROI TAB 65MG	152
NATURE-THROI TAB 97.5MG	152
nebivolol hcl	
see BYSTOLIC TAB 10MG	84
see BYSTOLIC TAB 2.5MG	84
see BYSTOLIC TAB 20MG	84
see BYSTOLIC TAB 5MG	84
nebivolol-valsartan	
see BYVALSON TAB 5-80MG	62
nebulizers	
see EASY NEB MIS	127
NEBUPENT INH 300MG	19
Nebusal	
see sodium chloride soln nebu 3%	95
nedocromil sodium (ophth)	
see ALOCRI SOL 2%	144
needle (disp) 18 g	
see NEEDLES MIS 18GX1.5	127
NEEDLES MIS 18GX1.5	127
nefazodone hcl tab 100 mg	36
nefazodone hcl tab 150 mg	36
nefazodone hcl tab 200 mg	36
nefazodone hcl tab 250 mg	36
nefazodone hcl tab 50 mg	35
nelfinavir mesylate	
see VIRACEPT TAB 250MG	82
see VIRACEPT TAB 625MG	82
neomycin sulfate tab 500 mg	6
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	143
neomycin-bacitracin-polymyxin oint	97

neomycin-bacitracin-polymyxin-pramoxine oint 1%	97	niacin cap er 500 mg	161
neomycin-colistin-hc-thonzonium see COLY-MYCIN S SUS OTIC.....	145	Niacin Flush Free see inositol niacinate cap 500 mg	88
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	143	niacin tab 100 mg	161
neomycin-polymyxin-dexamethasone ophth oint 0.1%	144	niacin tab 250 mg	161
neomycin-polymyxin-dexamethasone ophth susp 0.1%	144	niacin tab 50 mg	161
neomycin-polymyxin-hc otic soln 1%	145	niacin tab 500 mg	161
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	145	niacin tab er 250 mg	161
NEORAL CAP 100MG.....	134	niacin tab er 500 mg	161
NEORAL CAP 25MG.....	134	niacin tab er 500 mg (antihyperlipidemic)	57
nepafenac see NEVANAC SUS 0.1%.....	144	niacin tab er 750 mg	161
NESTABS TAB.....	137	niacinamide tab 500 mg	161
netupitant-palonosetron see AKYNZEO CAP 300-0.5.....	50	Niacor see niacin (antihyperlipidemic) tab 500 mg	57
NEULASTA INJ 6MG/0.6M.....	118	nicardipine hcl cap 20 mg	86
NEUPOGEN INJ 300/0.5.....	118	nicardipine hcl cap 30 mg	86
NEUPOGEN INJ 300MCG.....	118	nicotine see NICOTROL INH.....	151
NEUPOGEN INJ 480/0.8.....	119	see NICOTROL NS SPR 10MG/ML.....	151
NEUPOGEN INJ 480MCG.....	119	nicotine polacrilex gum 2 mg	150
NEUPRO DIS 1MG/24HR.....	71	nicotine polacrilex gum 4 mg	150
NEUPRO DIS 2MG/24HR.....	71	nicotine polacrilex lozenge 2 mg	150
NEUPRO DIS 3MG/24HR.....	71	nicotine polacrilex lozenge 4 mg	150
NEUPRO DIS 4MG/24HR.....	71	NICOTINE SYS KIT TRANSDER.....	150
NEUPRO DIS 6MG/24HR.....	71	nicotine td patch 24hr 14 mg/24hr	150
NEUPRO DIS 8MG/24HR.....	71	nicotine td patch 24hr 21 mg/24hr	151
NEVANAC SUS 0.1%.....	144	nicotine td patch 24hr 7 mg/24hr	150
nevirapine susp 50 mg/5ml	80	Nicotine Transdermal Syst see nicotine td patch 24hr 7 mg/24hr	150
nevirapine tab 200 mg	80	NICOTROL INH.....	151
nevirapine tab er 24hr 100 mg	80	NICOTROL NS SPR 10MG/ML.....	151
nevirapine tab er 24hr 400 mg	80	nifedipine cap 10 mg	86
NEXAVAR TAB 200MG.....	69	nifedipine cap 20 mg	86
NEXLETOL TAB 180MG.....	53	nifedipine tab er 24hr 30 mg	86
NEXLIZET TAB 180/10MG.....	53	nifedipine tab er 24hr 60 mg	86
NEXPLANON IMP 68MG.....	93	nifedipine tab er 24hr 90 mg	86
niacin (antihyperlipidemic) tab 500 mg	57	nifedipine tab er 24hr osmotic release 30 mg	86
niacin cap er 250 mg	161		

nifedipine tab er 24hr osmotic release 60 mg	86	nitroglycerin td patch 24hr 0.4 mg/hr	20
nifedipine tab er 24hr osmotic release 90 mg	86	nitroglycerin td patch 24hr 0.6 mg/hr	21
nilotinib hcl		NIVESTYM INJ 300/0.5	119
see TASIGNA CAP 150MG	69	NIVESTYM INJ 300MCG	119
see TASIGNA CAP 200MG	69	NIVESTYM INJ 480/0.8	119
see TASIGNA CAP 50MG	69	NIVESTYM INJ 480MCG	119
nilutamide tab 150 mg	67	nizatidine cap 150 mg	154
nimodipine cap 30 mg	86	nizatidine cap 300 mg	154
niraparib tosylate		nizatidine oral soln 15 mg/ml ...	154
see ZEJULA CAP 100MG	69	Non-aspirin Junior Streng	
nisoldipine tab er 24hr 17 mg	87	see acetaminophen chew tab 160 mg	11
nisoldipine tab er 24hr 20 mg	87	nonoxynol-9	
nisoldipine tab er 24hr 25.5 mg ..	87	see CONCEPTROL GEL 4%	159
nisoldipine tab er 24hr 30 mg	87	see ENCARE SUP 100MG	159
nisoldipine tab er 24hr 34 mg	87	see GYNOL II GEL 3%	159
nisoldipine tab er 24hr 40 mg	87	see SHUR-SEAL GEL 2%	159
nisoldipine tab er 24hr 8.5 mg	86	see TODAY SPONGE MIS	159
nitazoxanide		see VCF VAGINAL AER CONTRACP	159
see ALINIA SUS 100/5ML	19	see VCF VAGINAL MIS CONTRACP	159
see ALINIA TAB 500MG	19	nonoxynol-9 gel 4%	159
nitisinone		norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	92
see ORFADIN CAP 10MG	108	norethin acet & estrad-fe	
see ORFADIN CAP 20MG	108	see TAYTULLA CAP 1MG/20MC	92
see ORFADIN CAP 2MG	108	norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	92
see ORFADIN CAP 5MG	108	norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	92
nitisinone cap 10 mg	108	norethindrone & ethinyl estradiol tab 1 mg-35 mcg	92
nitisinone cap 2 mg	108	norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	92
nitisinone cap 5 mg	108	norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	92
nitrofurantoin macrocrystalline cap 100 mg	156	norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	92
nitrofurantoin macrocrystalline cap 50 mg	156	norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	92
nitrofurantoin monohydrate macrocrystalline cap 100 mg ..	156	norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg ...	92
nitrofurantoin susp 25 mg/5ml ..	156	norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 92	
nitroglycerin (intra-anal)		norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	92
see RECTIV OIN 0.4%	18		
nitroglycerin sl tab 0.3 mg	20		
nitroglycerin sl tab 0.4 mg	20		
nitroglycerin sl tab 0.6 mg	20		
nitroglycerin td patch 24hr 0.1 mg/hr	20		
nitroglycerin td patch 24hr 0.2 mg/hr	20		

norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	92	NOVOEIGHT INJ 1500UNIT.....	115
norethindrone acetate tab 5 mg	148	NOVOLIN INJ 70/30.....	47
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg ..	109	NOVOLIN INJ 70/30 FP	47
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	109	NOVOLIN N INJ U-100	47
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)		NOVOLIN R INJ U-100	47
see LO LOESTRIN TAB 1-10-10	91	NOVOLOG INJ 100/ML	47
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	92	NOVOLOG INJ FLEXPEN.....	47
norethindrone tab 0.35 mg	93	NOVOLOG INJ PENFILL	47
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg ..	92	NOVOLOG INJ PENFILL	47
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	92	NOVOLOG MIX INJ 70/30	47
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	92	NOVOLOG MIX INJ FLEXPEN	47
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg ..	92	NOVOSEVEN RT INJ 1MG	115
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg ..	92	NOVOSEVEN RT INJ 2MG	115
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	92	NOVOSEVEN RT INJ 5MG	115
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	92	NOVOSEVEN RT INJ 8MG	115
NORTEMP SUS INFANTS.....	11	Np Thyroid 120	
NORTHERA CAP 100MG.....	160	see thyroid tab 120 mg (2 grain)	
NORTHERA CAP 200MG.....	160	.....	153
NORTHERA CAP 300MG.....	160	Np Thyroid 15	
Nortrel 0.5/35 (28)		see thyroid tab 15 mg (1/4 grain)	
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg ..	92	.....	153
Nortrel 1/35		Np Thyroid 30	
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	92	see thyroid tab 30 mg (1/2 grain)	
Nortrel 7/7/7		.....	153
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	92	Np Thyroid 60	
nortriptyline hcl cap 10 mg	38	see thyroid tab 60 mg (1 grain)	
nortriptyline hcl cap 25 mg	38	.....	153
nortriptyline hcl cap 50 mg	38	Np Thyroid 90	
nortriptyline hcl cap 75 mg	38	see thyroid tab 90 mg (1 1/2 grain)	
NORVIR SOL 80MG/ML.....	80	.....	153
		NUCALA INJ 100MG.....	24
		NUCYNTA ER TAB 100MG	14
		NUCYNTA ER TAB 150MG	14
		NUCYNTA ER TAB 200MG	14
		NUCYNTA ER TAB 250MG	14
		NUCYNTA ER TAB 50MG.....	14
		NUCYNTA TAB 100MG.....	14
		NUCYNTA TAB 50MG.....	14
		NUCYNTA TAB 75MG.....	14
		NULOJIX INJ 250MG	134
		NUTRIENTS TAB PRENATAL	137
		NUVARING MIS	93
		NUWIQ INJ 1000UNIT.....	115
		NUWIQ INJ 2000UNIT.....	116
		NUWIQ INJ 2500UNIT.....	116
		NUWIQ INJ 250UNIT.....	115
		NUWIQ INJ 3000UNIT.....	116
		NUWIQ INJ 4000UNIT.....	116

NUWIQ INJ 500UNIT 115
 NUWIQ KIT 1000UNIT..... 116
 NUWIQ KIT 2000UNIT..... 116
 NUWIQ KIT 2500UNIT..... 116
 NUWIQ KIT 250UNIT 116
 NUWIQ KIT 3000UNIT..... 116
 NUWIQ KIT 4000UNIT..... 116
 NUWIQ KIT 500UNIT 116
nystatin cream 100000 unit/gm..98
nystatin oint 100000 unit/gm98
nystatin susp 100000 unit/ml ... 135
nystatin tab 500000 unit.....51
nystatin topical powder 100000 unit/gm.....98
nystatin-triamcinolone cream 100000-0.1 unit/gm-%98
nystatin-triamcinolone oint 100000-0.1 unit/gm-%98
 Nystop
 see *nystatin topical powder 100000 unit/gm*98
O
 O-CAL TAB PRENATAL..... 137
 OCTAGAM INJ 5GM..... 146
octreotide acetate
 see SANDOSTATIN KIT LAR 10MG108
 see SANDOSTATIN KIT LAR 20MG108
 see SANDOSTATIN KIT LAR 30MG108
octreotide acetate inj 100 mcg/ml (0.1 mg/ml) 108
octreotide acetate inj 1000 mcg/ml (1 mg/ml) 108
octreotide acetate inj 200 mcg/ml (0.2 mg/ml) 108
octreotide acetate inj 50 mcg/ml (0.05 mg/ml) 108
octreotide acetate inj 500 mcg/ml (0.5 mg/ml) 108
 OcuVite/lutein
 see *multiple vitamins w/ minerals tab*..... 135
 ODEFSEY TAB 81
 ODOMZO CAP 200MG66
ofloxacin ophth soln 0.3%..... 143
ofloxacin otic soln 0.3% 145
ofloxacin tab 300 mg..... 110
ofloxacin tab 400 mg..... 110

Ogestrel
 see *norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg*92
olanzapine pamoate
 see ZYPREXA RELP INJ 210MG77
 see ZYPREXA RELP INJ 300MG77
 see ZYPREXA RELP INJ 405MG77
olanzapine tab 10 mg.....76
olanzapine tab 15 mg.....76
olanzapine tab 2.5 mg.....76
olanzapine tab 20 mg.....76
olanzapine tab 5 mg.....76
olanzapine tab 7.5 mg.....76
olmesartan medoxomil tab 20 mg60
olmesartan medoxomil tab 40 mg60
olmesartan medoxomil tab 5 mg .60
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg.....63
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg.....63
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....63
olodaterol hcl
 see STRIVERDI AER 2.5MCG28
olopatadine hcl nasal soln 0.6% 140
olopatadine hcl ophth soln 0.1% (base equivalent) 144
olopatadine hcl ophth soln 0.2% (base equivalent) 144
olsalazine sodium
 see DIPENTUM CAP 250MG 111
omalizumab
 see XOLAIR INJ 150MG/ML 24
 see XOLAIR INJ 75/0.5..... 24
 see XOLAIR SOL 150MG 24
ombitasvir-paritaprevir-ritonavir
 see TECHNIVIE TAB 82
omega-3 fatty acids cap 1000 mg 141
omega-3 fatty acids cap 1200 mg 141
*omega-3 fatty acids cap 300 mg*141

omega-3 fatty acids cap 500 mg	141	ORENITRAM TAB 2.5MG	88
omega-3 fatty acids cap delayed release 1000 mg	141	ORENITRAM TAB 5MG	88
omega-3 fatty acids cap delayed release 1200 mg	141	ORFADIN CAP 10MG	108
omega-3-acid ethyl esters cap 1 gm	53	ORFADIN CAP 20MG	108
omeprazole		ORFADIN CAP 2MG	108
see FIRST-OMEPRASUS 2MG/ML	155	ORFADIN CAP 5MG	108
omeprazole cap delayed release 10 mg	155	orphenadrine citrate tab er 12hr 100 mg	139
omeprazole cap delayed release 20 mg	155	oseltamivir phosphate cap 30 mg (base equiv)	83
omeprazole cap delayed release 40 mg	155	oseltamivir phosphate cap 45 mg (base equiv)	83
omeprazole magnesium		oseltamivir phosphate cap 75 mg (base equiv)	83
see PRILOSEC OTC TAB 20MG	155	oseltamivir phosphate for susp 6 mg/ml (base equiv)	83
omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	155	osimertinib mesylate	
OMNARIS SPR	140	see TAGRISSO TAB 40MG	69
OMNIFLEX DPR	125	see TAGRISSO TAB 80MG	69
OMNITROPE INJ 10/1.5ML	107	OSMOPREP TAB 1.5GM	123
OMNITROPE INJ 5.8MG	107	OTEZLA TAB 10/20/30	10
OMNITROPE INJ 5/1.5ML	107	OTEZLA TAB 30MG	10
onabotulinumtoxinA		oxandrolone tab 10 mg	17
see BOTOX INJ 100UNIT	141	oxandrolone tab 2.5 mg	17
see BOTOX INJ 200UNIT	141	oxaprozin tab 600 mg	9
ondansetron hcl oral soln 4 mg/5ml	50	oxazepam cap 10 mg	23
ondansetron hcl tab 4 mg	50	oxazepam cap 15 mg	23
ondansetron hcl tab 8 mg	50	oxazepam cap 30 mg	23
ondansetron orally disintegrating tab 4 mg	50	oxcarbazepine susp 300 mg/5ml (60 mg/ml)	32
ondansetron orally disintegrating tab 8 mg	50	oxcarbazepine tab 150 mg	32
ONE A DAY MIS PRENATAL	137	oxcarbazepine tab 300 mg	32
OPSUMIT TAB 10MG	88	oxcarbazepine tab 600 mg	32
oral electrolyte solution	131	oxiconazole nitrate	
ORAVIG TAB 50MG	135	see OXISTAT LOT 1%	98
ORENCIA CLCK INJ 125MG/ML	10	oxiconazole nitrate cream 1%	98
ORENCIA INJ 125MG/ML	10	OXISTAT LOT 1%	98
ORENCIA INJ 250MG	10	oxybutynin	
ORENCIA INJ 50/0.4	10	see OXYTROL/WOMN DIS 3.9MG/24	156
ORENCIA INJ 87.5/0.7	10		
ORENITRAM TAB 0.125MG	88	oxybutynin chloride syrup 5 mg/5ml	156
ORENITRAM TAB 0.25MG	88	oxybutynin chloride tab 5 mg	156
ORENITRAM TAB 1MG	88	oxybutynin chloride tab er 24hr 10 mg	156
		oxybutynin chloride tab er 24hr 15 mg	156

oxybutynin chloride tab er 24hr 5 mg	156	oxymetazoline hcl nasal soln 0.05%	140
oxycodone hcl		oxymetholone	
see OXYCONTIN TAB 10MG CR.....	15	see ANADROL-50 TAB 50MG	17
see OXYCONTIN TAB 15MG CR.....	15	oxymorphone hcl tab 10 mg	15
see OXYCONTIN TAB 20MG CR.....	15	oxymorphone hcl tab 5 mg	15
see OXYCONTIN TAB 30MG CR.....	15	oxymorphone hcl tab er 12hr 10 mg	15
see OXYCONTIN TAB 40MG CR.....	15	oxymorphone hcl tab er 12hr 15 mg	15
see OXYCONTIN TAB 60MG CR.....	15	oxymorphone hcl tab er 12hr 20 mg	15
see OXYCONTIN TAB 80MG CR.....	15	oxymorphone hcl tab er 12hr 30 mg	15
oxycodone hcl soln 5 mg/5ml	14	oxymorphone hcl tab er 12hr 40 mg	15
oxycodone hcl tab 10 mg	14	oxymorphone hcl tab er 12hr 5 mg	15
oxycodone hcl tab 15 mg	14	oxymorphone hcl tab er 12hr 7.5 mg	15
oxycodone hcl tab 20 mg	14	OXYTROL/WOMN DIS 3.9MG/24.....	156
oxycodone hcl tab 30 mg	14	Oysco 500+d	
oxycodone hcl tab 5 mg	14	see calcium carbonate-cholecalciferol chew tab 500 mg-600 unit	130
oxycodone hcl tab er 12hr deter 10 mg	14	Oyster Shell Calcium Plus	
oxycodone hcl tab er 12hr deter 15 mg	14	see calcium carbonate-cholecalciferol tab 500 mg-200 unit	130
oxycodone hcl tab er 12hr deter 20 mg	15	oyster shell calcium tab 500 mg	131
oxycodone hcl tab er 12hr deter 30 mg	15	Oystercal-d	
oxycodone hcl tab er 12hr deter 40 mg	15	see calcium carbonate-cholecalciferol tab 500 mg-400 unit	130
oxycodone hcl tab er 12hr deter 60 mg	15	OZEMPIC INJ 2/1.5ML.....	44
oxycodone hcl tab er 12hr deter 80 mg	15	P	
oxycodone w/ acetaminophen tab 10-325 mg	16	Pain & Fever Childrens	
oxycodone w/ acetaminophen tab 2.5-325 mg	16	see acetaminophen soln 160 mg/5ml	11
oxycodone w/ acetaminophen tab 5-325 mg	16	palbociclib	
oxycodone w/ acetaminophen tab 7.5-325 mg	16	see IBRANCE CAP 100MG	68
oxycodone-ibuprofen tab 5-400 mg	17	see IBRANCE CAP 125MG	68
OXYCONTIN TAB 10MG CR	15	see IBRANCE CAP 75MG	68
OXYCONTIN TAB 15MG CR	15	see IBRANCE TAB 100MG	68
OXYCONTIN TAB 20MG CR	15	see IBRANCE TAB 125MG	68
OXYCONTIN TAB 30MG CR	15	see IBRANCE TAB 75MG	68
OXYCONTIN TAB 40MG CR	15	palifermin	
OXYCONTIN TAB 60MG CR	15		
OXYCONTIN TAB 80MG CR	15		

see KEPIVANCE INJ 6.25MG.....70

paliperidone palmitate

see INVEGA SUST INJ 117/0.7573

see INVEGA SUST INJ 156MG/ML ..73

see INVEGA SUST INJ 234/1.573

see INVEGA SUST INJ 39/0.2573

see INVEGA SUST INJ 78/0.5ML73

see INVEGA TRINZ INJ 273MG73

see INVEGA TRINZ INJ 410MG73

see INVEGA TRINZ INJ 546MG73

see INVEGA TRINZ INJ 819MG73

paliperidone tab er 24hr 1.5 mg..73

paliperidone tab er 24hr 3 mg.....73

paliperidone tab er 24hr 6 mg.....73

paliperidone tab er 24hr 9 mg.....73

palivizumab

see SYNAGIS INJ 100MG/ML 146

see SYNAGIS INJ 50MG 146

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

see CREON CAP 12000UNT 104

see CREON CAP 24000UNT 104

see CREON CAP 3000UNIT..... 104

see CREON CAP 36000UNT 104

see CREON CAP 6000UNIT..... 104

see ZENPEP CAP 10000UNT 104

see ZENPEP CAP 15000UNT 104

see ZENPEP CAP 20000UNT 104

see ZENPEP CAP 25000 104

see ZENPEP CAP 3000UNIT..... 104

see ZENPEP CAP 40000 104

see ZENPEP CAP 5000UNIT..... 104

panobinostat lactate

see FARYDAK CAP 10MG.....68

see FARYDAK CAP 15MG.....68

see FARYDAK CAP 20MG.....68

PANRETIN GEL 0.1%99

**pantoprazole sodium ec tab 20 mg
(base equiv)** 155

**pantoprazole sodium ec tab 40 mg
(base equiv)** 155

PARAGARD IUD T380A93

paricalcitol cap 1 mcg..... 108

paricalcitol cap 2 mcg..... 108

paricalcitol cap 4 mcg..... 108

paromomycin sulfate cap 250 mg. 6

paroxetine hcl tab 10 mg.....35

paroxetine hcl tab 20 mg 35

paroxetine hcl tab 30 mg 35

paroxetine hcl tab 40 mg 35

PASER GRA 4GM65

pazopanib hcl

see VOTRIENT TAB 200MG69

PEAK AIR FLO MIS ADLT/PED 128

peak flow meter

see PEAK AIR FLO MIS ADLT/PED 128

PEDIA-LAX LIQ 50MG 124

pediatric multiple vitamin liq..... 136

pediatric multiple vitamin w/ c

see POLY-VI-SOL SOL 50MG/ML.. 136

**pediatric multiple vitamin w/ c & fa
chew tab**..... 136

**pediatric multiple vitamin w/ c
soln 35 mg/ml**..... 136

**pediatric multiple vitamin w/ extra
c & fa chew tab**..... 136

**pediatric multiple vitamin w/
minerals & c chew tab**.....135, 136

**pediatric multiple vitamin w/
minerals & c drops 45 mg/ml**. 136

pediatric multiple vitamins

see MULT VITAM DRO 136

**pediatric multiple vitamins w/ fl-fe
drops 0.25-10 mg/ml** 135

**pediatric multiple vitamins w/
fluoride chew tab 0.25 mg**..... 136

**pediatric multiple vitamins w/
fluoride chew tab 0.5 mg**..... 136

**pediatric multiple vitamins w/
fluoride chew tab 1 mg**..... 136

**pediatric multiple vitamins w/
fluoride soln 0.25 mg/ml**..... 136

**pediatric multiple vitamins w/
fluoride soln 0.5 mg/ml**..... 136

pediatric multiple vitamins w/ iron

see ANIMAL SHAPE CHW IRON... 136

see MULTIVITAMIN DRO /IRON ... 136

**pediatric multiple vitamins w/ iron
chew tab 15 mg**..... 136

**pediatric multiple vitamins w/ iron
drops 10 mg/ml** 136

**pediatric vitamins acid w/ fluoride
soln 0.25 mg/ml**..... 136

pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	136	PEN NEEDLES MIS 31GX8MM.....	127
pediatric vitamins adc		PEN NEEDLES MIS 32GX4MM.....	127
see TRI-VI-SOL SOL A/C/D	136	PEN NEEDLES MIS 32GX6MM.....	127
pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml	136	PEN NEEDLES MIS 32GX8MM.....	127
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	123	peniclovir	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	123	see DENAVIR CRE 1%.....	99
peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid		penicillamine	
see MOVIPREP SOL.....	123	see DEPEN TITRA TAB 250MG	133
see PLENVU SOL.....	123	see D-PENAMINE TAB 125MG.....	133
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	123	penicillamine tab 250 mg	133
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate		penicillin v potassium for soln 125 mg/5ml	147
see GOLYTELY SOL	123	penicillin v potassium for soln 250 mg/5ml	147
PEGANONE TAB 250MG	33	penicillin v potassium tab 250 mg	147
PEGASYS INJ	82	.....	147
PEGASYS INJ 180MCG/M.....	82	penicillin v potassium tab 500 mg	147
pegfilgrastim		pentamidine isethionate	
see NEULASTA INJ 6MG/0.6M	118	see NEBUPENT INH 300MG	19
pegfilgrastim-bmez		pentamidine isethionate for nebulization soln 300 mg	19
see ZIEXTENZO INJ 6/0.6ML.....	119	pentosan polysulfate sodium	
pegfilgrastim-cbqv		see ELMIRON CAP 100MG.....	112
see UDENYCA INJ 6MG/.6ML.....	119	pentoxifylline tab er 400 mg	117
pegfilgrastim-jmdb		perampanel	
see FULPHILA INJ 6/0.6ML.....	118	see FYCOMPA TAB 10MG	30
peginterferon alfa-2a		see FYCOMPA TAB 12MG	30
see PEGASYS INJ.....	82	see FYCOMPA TAB 2MG	30
see PEGASYS INJ 180MCG/M	82	see FYCOMPA TAB 4MG	30
peginterferon beta-1a		see FYCOMPA TAB 6MG	30
see PLEGRIDY INJ.....	150	see FYCOMPA TAB 8MG	30
see PLEGRIDY INJ PEN	150	perindopril erbumine tab 2 mg	58
see PLEGRIDY INJ STARTER.....	150	perindopril erbumine tab 4 mg	58
see PLEGRIDY PEN INJ STARTER .	150	perindopril erbumine tab 8 mg	58
pegvisomant		permethrin & pyrethrins-piperonyl butoxide	
see SOMAVERT INJ 10MG	106	see RA LICE KIT SOLUTION	103
see SOMAVERT INJ 15MG	107	permethrin aerosol 0.5%	103
see SOMAVERT INJ 20MG	107	permethrin cream 5%	103
PEN NEEDLES MIS 29GX10MM	127	permethrin creme rinse 1%	103
PEN NEEDLES MIS 29GX12.7	127	permethrin lotion 1%	103
PEN NEEDLES MIS 29GX12MM	127	perphenazine tab 16 mg	77
PEN NEEDLES MIS 29GX12MM	127	perphenazine tab 2 mg	77
PEN NEEDLES MIS 31GX5MM.....	127	perphenazine tab 4 mg	77
PEN NEEDLES MIS 31GX6MM.....	127	perphenazine tab 8 mg	77
		PERRY PRENAT CAP	137

Pharbedryl	
see <i>diphenhydramine hcl cap 25 mg</i>	52
<i>phenazopyridine hcl tab 100 mg</i>	113
<i>phenazopyridine hcl tab 200 mg</i>	113
<i>phendimetrazine tartrate tab 35 mg</i>	2
<i>phenelzine sulfate tab 15 mg</i>	34
<i>phenobarbital elixir 20 mg/5ml</i>	120
<i>phenobarbital tab 100 mg</i>	121
<i>phenobarbital tab 15 mg</i>	120
<i>phenobarbital tab 16.2 mg</i>	120
<i>phenobarbital tab 30 mg</i>	120
<i>phenobarbital tab 32.4 mg</i>	120
<i>phenobarbital tab 60 mg</i>	120
<i>phenobarbital tab 64.8 mg</i>	120
<i>phenobarbital tab 97.2 mg</i>	121
<i>phenoxybenzamine hcl cap 10 mg</i>	59
<i>phenylephrine hcl (oral)</i>	
see SUDAFED PE SOL CHILDREN	141
<i>phenylephrine hcl tab 10 mg</i>	140
PHENYTEK CAP 200MG	33
PHENYTEK CAP 300MG	33
<i>phenytoin chew tab 50 mg</i>	33
<i>phenytoin sodium extended</i>	
see DILANTIN CAP 100MG	33
see DILANTIN CAP 30MG	33
see PHENYTEK CAP 200MG	33
see PHENYTEK CAP 300MG	33
<i>phenytoin sodium extended cap 100 mg</i>	33
<i>phenytoin sodium extended cap 200 mg</i>	33
<i>phenytoin sodium extended cap 300 mg</i>	33
<i>phenytoin susp 125 mg/5ml</i>	33
PHOSPHOLINE SOL 0.125%OP	142
Physiolyte	
see <i>irrigation solution, physiological</i>	134
<i>phytonadione tab 5 mg</i>	161
PICATO GEL 0.015%	99
PICATO GEL 0.05%	99
PIFELTRO TAB 100MG	81
<i>pilocarpine hcl ophth soln 1%</i> ...	142
<i>pilocarpine hcl ophth soln 2%</i> ...	142
<i>pilocarpine hcl ophth soln 4%</i> ...	142
<i>pilocarpine hcl tab 5 mg</i>	135
<i>pilocarpine hcl tab 7.5 mg</i>	135
<i>pimozide tab 1 mg</i>	150
<i>pimozide tab 2 mg</i>	150
<i>pindolol tab 10 mg</i>	84
<i>pindolol tab 5 mg</i>	84
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	48
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	48
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	48
<i>pirfenidone</i>	
see ESBRIET CAP 267MG	151
see ESBRIET TAB 267MG	151
see ESBRIET TAB 801MG	151
<i>piroxicam cap 10 mg</i>	9
<i>piroxicam cap 20 mg</i>	9
PLEGRIDY INJ	150
PLEGRIDY INJ PEN	150
PLEGRIDY INJ STARTER	150
PLEGRIDY PEN INJ STARTER	150
PLENVU SOL	123
<i>pneumococcal 13-valent conjugate vaccine</i>	
see PREVNAR 13 INJ	158
<i>pneumococcal vac polyvalent</i>	
see PNEUMOVAX 23 INJ 25/0.5 ...	158
PNEUMOVAX 23 INJ 25/0.5	158
<i>podofilox soln 0.5%</i>	102
Polycin	
see <i>bacitracin-polymyxin b ophth oint</i>	143
<i>polyethylene glycol 3350 oral packet 17 gm</i>	123
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	123
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i> ...	141
Poly-iron 150	
see <i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	120
Poly-iron 150 Forte	
see <i>iron polysacch complex-vit b12-fa cap 150-0.025-1 mg</i>	119

polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	143	potassium chloride tab er 10 meq	133
polysaccharide iron complex cap 150 mg (iron equivalent)	120	potassium chloride tab er 20 meq (1500 mg)	133
polysaccharide iron-folic acid-vit b12		potassium chloride tab er 8 meq (600 mg)	133
see FERREX 150 CAP FORTE	119	potassium citrate & citric acid soln 1100-334 mg/5ml	112
polyvinyl alcohol ophth soln 1.4%	142	potassium citrate tab er 10 meq (1080 mg)	112
polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	142	potassium citrate tab er 15 meq (1620 mg)	112
POLY-VI-SOL SOL 50MG/ML.....	136	potassium citrate tab er 5 meq (540 mg)	112
Polyvitamin/iron		PRADAXA CAP 110MG	30
see pediatric multiple vitamin w/ minerals & c chew tab	136	PRADAXA CAP 150MG	30
pomalidomide		PRADAXA CAP 75MG.....	30
see POMALYST CAP 1MG	67	pramipexole dihydrochloride tab 0.125 mg	71
see POMALYST CAP 2MG	67	pramipexole dihydrochloride tab 0.25 mg	71
see POMALYST CAP 3MG	67	pramipexole dihydrochloride tab 0.5 mg	71
see POMALYST CAP 4MG	67	pramipexole dihydrochloride tab 0.75 mg	71
POMALYST CAP 1MG	67	pramipexole dihydrochloride tab 1 mg	71
POMALYST CAP 2MG	67	pramipexole dihydrochloride tab 1.5 mg	71
POMALYST CAP 3MG	67	pramlintide acetate	
POMALYST CAP 4MG	67	see SYMLINPEN 60 INJ 1000MCG ..	39
ponatinib hcl		see SYMLINPEN 120 INJ 1000MCG..	39
see ICLUSIG TAB 15MG	68	pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%	17
see ICLUSIG TAB 45MG.....	68	prasugrel hcl tab 10 mg (base equiv)	117
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	132	prasugrel hcl tab 5 mg (base equiv)	117
potassium bicarbonate effer tab 25 meq	132	pravastatin sodium tab 10 mg	55
potassium chloride cap er 10 meq	133	pravastatin sodium tab 20 mg	55
potassium chloride cap er 8 meq	132	pravastatin sodium tab 40 mg	55
potassium chloride microencapsulated crys er tab 10 meq	133	pravastatin sodium tab 80 mg	55
potassium chloride microencapsulated crys er tab 20 meq	133	praziquantel tab 600 mg	19
potassium chloride oral soln 10% (20 meq/15ml)	133	prazosin hcl cap 1 mg	61
potassium chloride oral soln 20% (40 meq/15ml)	133	prazosin hcl cap 2 mg	61
		prazosin hcl cap 5 mg	61

<i>prednicarbate cream 0.1%</i>	101	PREMARIN TAB 0.9MG	109
<i>prednicarbate oint 0.1%</i>	101	PREMARIN TAB 1.25MG	110
<i>prednisolone acetate ophth susp</i>		PREMARIN VAG CRE 0.625MG.....	160
1%	144	PREMPHASE TAB.....	109
<i>prednisolone sod phosph oral soln</i>		PREMPRO TAB.....	109
6.7 mg/5ml (5 mg/5ml base) ..	94	PREMPRO TAB 0.3-1.5	109
<i>prednisolone sod phosphate oral</i>		PREMPRO TAB 0.45-1.5	109
soln 15 mg/5ml (base equiv) ...	94	PREMPRO TAB 0.625-5	109
<i>prednisolone sodium phosphate</i>		PRENAT MULTI CAP +DHA.....	137
oral soln 25 mg/5ml (base eq) .	94	Prenatabs Rx	
<i>prednisolone syrup 15 mg/5ml</i>		see <i>prenatal vit w/ iron carbonyl-</i>	
(usp solution equivalent)	94	<i>fa tab 29-1 mg</i>	138
<i>prednisone oral soln 5 mg/5ml</i> ...	94	Prenatal 19	
<i>prednisone tab 1 mg</i>	94	see <i>prenatal vit w/ dss-fe</i>	
<i>prednisone tab 10 mg</i>	94	<i>fumarate-fa tab 29-1 mg</i>	138
<i>prednisone tab 2.5 mg</i>	94	see <i>prenatal vit w/ fe fumarate-fa</i>	
<i>prednisone tab 20 mg</i>	94	<i>chew tab 29-1 mg</i>	138
<i>prednisone tab 5 mg</i>	94	PRENATAL 19 TAB 29-1MG.....	137
<i>prednisone tab 50 mg</i>	94	PRENATAL CAP FORMULA	137
<i>prednisone tab therapy pack 10 mg</i>		PRENATAL CAP OMEGA-3	137
(21).....	94	Prenatal Dha	
<i>prednisone tab therapy pack 10 mg</i>		see <i>docosahexaenoic acid cap</i>	
(48).....	94	200 mg	141
<i>prednisone tab therapy pack 5 mg</i>		PRENATAL DHA PAK MULTI.....	137
(21).....	94	PRENATAL FRM TAB A-FREE.....	138
<i>prednisone tab therapy pack 5 mg</i>		PRENATAL MUL CAP +DHA	138
(48).....	94	<i>prenatal multivitamins & minerals</i>	
<i>pregabalin</i>		<i>w/ folic acid-fish oil</i>	
see LYRICA CAP 100MG.....	32	see CVS PRENATAL CHW GUMMY	137
see LYRICA CAP 150MG.....	32	<i>prenatal multivit-min w/fe-fa</i>	
see LYRICA CAP 200MG.....	32	see KPN PRENATAL TAB	137
see LYRICA CAP 225MG.....	32	see MYNATAL CAP	137
see LYRICA CAP 25MG	31	see PRENATAL/FE TAB	138
see LYRICA CAP 300MG.....	32	<i>prenatal mv & min w/</i>	
see LYRICA CAP 50MG	31	<i>methylfolate-choline-fish oil</i>	
see LYRICA CAP 75MG	32	see PRENATAL DHA PAK MULTI ...	137
PREGABALIN CAP 100 MG	32	<i>prenatal mv & min w/fe carbonyl-</i>	
PREGABALIN CAP 150 MG	32	<i>fa-dha</i>	
PREGABALIN CAP 200 MG	32	see BRAINSTRONG MIS PRENATAL	
PREGABALIN CAP 225 MG	32	.....	137
PREGABALIN CAP 25 MG	32	<i>prenatal mv & min w/fe fumarate-</i>	
PREGABALIN CAP 300 MG	32	<i>fa-dha</i>	
PREGABALIN CAP 50 MG	32	see CENTRUM SPEC PAK PRENATAL	
PREGABALIN CAP 75 MG	32	.....	137
PREMARIN TAB 0.3MG	109	see ENFAMIL MIS EXPECTA.....	137
PREMARIN TAB 0.45MG.....	109	see PRENAT MULTI CAP +DHA ...	137
PREMARIN TAB 0.625MG.....	109	see PRENATAL+DHA MIS.....	138

see THERANATAL MIS COMPLETE	138
PRENATAL TAB.....	138
PRENATAL TAB COMPLETE.....	138
PRENATAL TAB FORMULA	138
prenatal vit w/ docusate-fe fumarate-folic acid	
see MYNATE 90 TAB PLUS	137
see PRENATAL 19 TAB 29-1MG....	137
prenatal vit w/ docusate-iron carbonyl-folic acid	
see MYNATAL TAB	137
prenatal vit w/ dss-fe fumarate-fa tab 29-1 mg	138
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	138
prenatal vit w/ fe bisglycinate chelate-folic acid	
see VINATE II TAB.....	138
prenatal vit w/ fe bisglycinate-folic acid-omega 3 fatty acid	
see BE WELL PAK ROUNDED	137
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	138
prenatal vit w/ fe fumarate-fa tab 28-1 mg	138
prenatal vit w/ ferrous fumarate-fa-fish oil	
see PRENATAL CAP OMEGA-3.....	137
prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids	
see ONE A DAY MIS PRENATAL....	137
see PRENATAL CAP FORMULA.....	137
see PRENATAL MUL CAP +DHA....	138
see SM ONE DAILY MIS PRENATAL	138
prenatal vit w/ ferrous fumarate-folic acid	
see CO-NATAL FA TAB 29-1MG....	137
see NATALVIT TAB 75-1MG.....	137
see O-CAL TAB PRENATAL	137
see PERRY PRENAT CAP.....	137
see PRENATAL TAB	138
see PRENATAL TAB COMPLETE	138
see RA PRENATAL TAB FORMULA.	138
see SE-NATAL 19 CHW.....	138
see TRINATAL RX TAB 1	138
see VITAFOL-OB TAB 65-1MG	138
see VOL-PLUS TAB	138
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	
see TL FOLATE TAB.....	138
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	138
prenatal vit w/ iron carbonyl-folic acid	
see VOL-TAB RX TAB	138
prenatal vit w/ selenium-fe fumarate-folic acid	
see PRENATAL TAB FORMULA.....	138
see VINATE M TAB.....	138
prenatal vit without vit a w/ fe bisglycinate-folic acid	
see NESTABS TAB	137
prenatal vitamin	
see CALNA TAB.....	137
prenatal vitamins w/ ferrous succinate-folic acid	
see NUTRIENTS TAB PRENATAL...	137
prenatal without a vit w/ fe fumarate-folic acid	
see PRENATAL FRM TAB A-FREE ..	138
prenatal without vit a w/ iron polysaccharide complex-fa	
see EZFE FORTE CAP	137
PRENATAL/FE TAB	138
PRENATAL+DHA MIS	138
PREPOPIK PAK	123
PREVNAR 13 INJ	158
PREZCOBIX TAB 800-150.....	81
PREZISTA SUS 100MG/ML.....	81
PREZISTA TAB 150MG	81
PREZISTA TAB 600MG	81
PREZISTA TAB 75MG	81
PREZISTA TAB 800MG	81
PRIFTIN TAB 150MG	65
PRILOSEC OTC TAB 20MG	155
primaquine phosphate tab 26.3 mg (15 mg base)	64
primidone tab 250 mg	32
primidone tab 50 mg	32
PRIVIGEN INJ 20GRAMS	146
PROAIR HFA AER.....	27
probenecid tab 500 mg	113
procarbazine hcl	

see MATULANE CAP 50MG70
prochlorperazine maleate tab 10 mg (base equivalent)78
prochlorperazine maleate tab 5 mg (base equivalent)78
prochlorperazine suppos 25 mg ..78
 PROCRT INJ 2000/ML 119
 PROCRT INJ 3000/ML 119
 PROCRT INJ 40000/ML..... 119
 PROFILNINE INJ 1500UNIT 116
progesterone (vaginal)
 see PROGESTERONE SUP VGS 100
 160
 see PROGESTERONE SUP VGS 200
 160
progesterone micronized cap 100 mg 148
progesterone micronized cap 200 mg 148
 PROGESTERONE SUP VGS 100..... 160
 PROGESTERONE SUP VGS 200..... 160
 PROGLYCEM SUS 50MG/ML43
 PROLASTIN-C INJ 1000MG 151
 PROLIA SOL 60MG/ML 106
 PROMACTA TAB 12.5MG..... 119
 PROMACTA TAB 25MG..... 119
 PROMACTA TAB 50MG..... 119
 PROMACTA TAB 75MG..... 119
promethazine & phenylephrine syrup 6.25-5 mg/5ml95
promethazine hcl suppos 12.5 mg
 53
promethazine hcl suppos 25 mg ..53
promethazine hcl syrup 6.25 mg/5ml53
promethazine hcl tab 12.5 mg53
promethazine hcl tab 25 mg53
promethazine hcl tab 50 mg53
promethazine w/ codeine syrup 6.25-10 mg/5ml95
promethazine-dm syrup 6.25-15 mg/5ml95
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml
 95
propafenone hcl tab 150 mg.....23
propafenone hcl tab 225 mg.....23

propafenone hcl tab 300 mg.....23
proparacaine hcl ophth soln 0.5%
 143
propranolol hcl cap er 24hr 120 mg
 84
propranolol hcl cap er 24hr 160 mg
 84
propranolol hcl cap er 24hr 60 mg
 84
propranolol hcl cap er 24hr 80 mg
 84
propranolol hcl oral soln 20 mg/5ml84
propranolol hcl oral soln 40 mg/5ml84
propranolol hcl tab 10 mg84
propranolol hcl tab 20 mg84
propranolol hcl tab 40 mg84
propranolol hcl tab 60 mg85
propranolol hcl tab 80 mg85
propylene glycol-glycerin ophth soln 1-0.3%..... 142
propylthiouracil tab 50 mg 152
protriptyline hcl tab 10 mg..... 38
protriptyline hcl tab 5 mg..... 38
 PROVENTIL AER HFA 28
pseudoephed-bromphen-dm
 see BROAPP DM LIQ 15-1-5/5 94
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....95
pseudoephedrine hcl
 see NASAL DECON SYP 30MG/5ML
 140
 see NASAL DECONG LIQ 30MG/5ML
 140
pseudoephedrine hcl liq 15 mg/5ml
 140
pseudoephedrine hcl tab 30 mg 140
pseudoephedrine hcl tab 60 mg 141
pseudoephedrine hcl tab er 12hr 120 mg 141
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg95
psyllium
 see KONSYL DAILY POW 100% ... 122
 see KONSYL DAILY POW 28.3% .. 122
 see KONSYL-D POW 52.3% 122

see METAMUCIL POW 28%ORG ... 122
 see METAMUCIL POW 58.12%..... 122
 see METAMUCIL WAF 122
 see NAT FIBER POW 58.6% 122
psyllium cap 0.52 gm 122
psyllium cap 400 mg 122
psyllium powder 100% 122
psyllium powder 28.3% 122
psyllium powder 30.9% 122
psyllium powder 33% 122
psyllium powder 48.57% 122
psyllium powder 58.6% 122
psyllium powder 95% 122
 PULMICORT INH 180MCG 25
 PULMICORT INH 90MCG 25
 PULMONEB LT MIS NEBULIZE 128
 PULMOZYME SOL 1MG/ML 151
 Pure & Gentle Lubricant
 see *hypromellose ophth soln*
 0.3%..... 141
 Px Iron
 see *ferrous sulfate dried tab 200*
 mg (65 mg elemental fe) 120
pyrantel pamoate susp 144 mg/ml
 (50 mg/ml base equiv)..... 19
pyrazinamide tab 500 mg 65
pyreth-piperonyl butox sham-
 permeth aero-nit remover gel kit
 103
pyrethrins-piperonyl butoxide liq
 0.3-3% 103
pyrethrins-piperonyl butoxide liq
 0.33-4% 103
pyrethrins-piperonyl butoxide
 shampoo 0.33-4% 103
pyridostigmine bromide tab 60 mg
 65
pyridoxine hcl tab 100 mg 161
pyridoxine hcl tab 25 mg 161
pyridoxine hcl tab 50 mg 161
pyridoxine hcl tab er 200 mg 161
pyrimethamine
 see DARAPRIM TAB 25MG 64
Q
 Qc 3 Day Vaginal Cream
 see *miconazole nitrate vaginal*
 cream 4% (200 mg/5gm) ... 159

Qc Natural Vegetable
 see *psyllium powder 95%* 122
quetiapine fumarate tab 100 mg .76
quetiapine fumarate tab 200 mg .76
quetiapine fumarate tab 25 mg...76
quetiapine fumarate tab 300 mg .76
quetiapine fumarate tab 400 mg .76
quetiapine fumarate tab 50 mg...76
quetiapine fumarate tab er 24hr
 150 mg76
quetiapine fumarate tab er 24hr
 200 mg76
quetiapine fumarate tab er 24hr
 300 mg77
quetiapine fumarate tab er 24hr
 400 mg77
quetiapine fumarate tab er 24hr
 500 mg76
quinapril hcl tab 10 mg 58
quinapril hcl tab 20 mg 58
quinapril hcl tab 40 mg 58
quinapril hcl tab 5 mg 58
quinapril-hydrochlorothiazide tab
 10-12.5 mg..... 63
quinapril-hydrochlorothiazide tab
 20-12.5 mg..... 63
quinapril-hydrochlorothiazide tab
 20-25 mg..... 63
quinidine sulfate tab 200 mg..... 23
quinidine sulfate tab 300 mg..... 23
quinine sulfate cap 324 mg 65
 QVAR REDIHA AER 80MCG 25
 QVAR REDIHAL AER 40MCG 25
R
 Ra Acetaminophen Rapid Me
 see *acetaminophen disintegrating*
 tab 160 mg 11
 see *acetaminophen disintegrating*
 tab 80 mg 11
 Ra Budesonide Nasal Spray
 see *budesonide nasal susp 32*
 mcg/act 140
 Ra Calcium 600 Plus Vitam
 see *calcium carb-vit d w/*
 minerals chew tab 600 mg-400
 unit 130
 Ra Cetirizine

see **cetirizine hcl tab 10 mg**52

Ra Col-rite
 see **docusate sodium cap 50 mg**
 124

Ra Ear Drying Agent
 see **isopropyl alcohol-glycerin otic liquid 95-5%**..... 145

Ra Glycerin Child
 see **glycerin suppos 80.7%** 123

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

Ra Hydrocortisone Plus 12
 see **hydrocortisone cream 1%**. 101

Ra Ibuprofen
 see **ibuprofen tab 200 mg** 8

Ra Laxative
 see **polyethylene glycol 3350 oral packet 17 gm** 123
 see **polyethylene glycol 3350 oral powder 17 gm/scoop**..... 123

Ra Laxative Maximum Stren
 see **sennosides tab 25 mg** 124

RA LICE KIT SOLUTION 103

Ra Lubricant Eye Drops
 see **propylene glycol-glycerin ophth soln 1-0.3%** 142

Ra Melatonin
 see **melatonin-pyridoxine tab 3-2 mg** 6

Ra Mucus Relief D
 see **pseudoephedrine-guaifenesin tab er 12hr 60-600 mg**..... 95

RA OYS SHL/D TAB 500MG 131

Ra Oyster Shell Calcium/v
 see **calcium carbonate-vitamin d tab 250 mg-125 unit** 130

RA PRENATAL TAB FORMULA 138

Ra Slow Release Iron
 see **ferrous sulfate tab er 47.5 mg (elemental fe)**..... 120

Ra Tioconazole 1
 see **tioconazole vaginal oint 6.5%**
 159

rabeprazole sodium ec tab 20 mg
 155

raloxifene hcl tab 60 mg..... 107

raltegravir potassium
 see ISENTRESS CHW 100MG 80
 see ISENTRESS CHW 25MG 80
 see ISENTRESS HD TAB 600MG ... 80
 see ISENTRESS POW 100MG..... 80
 see ISENTRESS TAB 400MG..... 80

ramelteon
 see ROZEREM TAB 8MG 122

ramelteon tab 8 mg..... 122

ramipril cap 1.25 mg 58

ramipril cap 10 mg 58

ramipril cap 2.5 mg 58

ramipril cap 5 mg 58

ranitidine hcl tab 150 mg 154

ranitidine hcl tab 300 mg 154

ranitidine hcl tab 75 mg 154

ranolazine tab er 12hr 1000 mg.. 20

ranolazine tab er 12hr 500 mg.... 20

RAPAMUNE SOL 1MG/ML 134

rasagiline mesylate tab 0.5 mg (base equiv) 72

rasagiline mesylate tab 1 mg (base equiv) 72

RECOMBINATE INJ 116

RECOMBINATE INJ 220-400..... 116

RECOMBINATE INJ 401-800..... 116

RECOMBINATE INJ 801-1240..... 116

RECOMBIVA HB INJ 10MCG/ML 158

RECOMBIVA HB INJ 5MCG/0.5 158

RECTIV OIN 0.4% 18

Regenecare Ha
 see **lidocaine hcl gel 2%** 102

regorafenib
 see STIVARGA TAB 40MG 69

REG GRANEX GEL 0.01% 103

Reguloid
 see **psyllium cap 400 mg** 122

RELENZA MIS DISKHALE 83

RELION KETON TES 103

RELISTOR INJ 12/0.6ML 111

RELISTOR TAB 150MG 112

REMICADE INJ 100MG 111

REMODULIN INJ 10MG/ML 88

REMODULIN INJ 1MG/ML 88

REMODULIN INJ 2.5MG/ML 88

REMODULIN INJ 5MG/ML 88

Rena-vite	
see b-complex w/ c & folic acid	
tab 0.8 mg	135
RENFLXIS INJ 100MG	111
repaglinide tab 0.5 mg	48
repaglinide tab 1 mg	48
repaglinide tab 2 mg	48
REPATHA INJ 140MG/ML	57
REPATHA PUSH INJ 420/3.5	57
REPATHA SURE INJ 140MG/ML	57
RESCRIPTOR TAB 200MG	81
respiratory therapy supplies	
see PULMONEB LT MIS NEBULIZE	128
RESTASIS EMU 0.05%	143
RETACRIT INJ 10000UNT	119
RETACRIT INJ 2000UNIT	119
RETACRIT INJ 3000UNIT	119
RETACRIT INJ 40000UNT	119
RETACRIT INJ 4000UNIT	119
retapamulin	
see ALTABAX OIN 1%	97
REVLIMID CAP 10MG	133
REVLIMID CAP 15MG	133
REVLIMID CAP 2.5MG	133
REVLIMID CAP 20MG	133
REVLIMID CAP 25MG	133
REVLIMID CAP 5MG	133
rho d immune globulin (human)	
see RHOGAM PLUS INJ 300MCG ..	146
RHOGAM PLUS INJ 300MCG	146
Ribasphere	
see ribavirin cap 200 mg	82
ribavirin cap 200 mg	82
ribavirin tab 200 mg	82
ribociclib succinate	
see KISQALI TAB 200DOSE	68
see KISQALI TAB 400DOSE	68
see KISQALI TAB 600DOSE	68
ribociclib succinate-letrozole	
see KISQALI 200 PAK FEMARA	67
see KISQALI 400 PAK FEMARA	67
see KISQALI 600 PAK FEMARA	67
riboflavin tab 100 mg	161
RIDAURA CAP 3MG	7
rifabutin cap 150 mg	65
rifampin cap 150 mg	65
rifampin cap 300 mg	65
rifapentine	
see PRIFTIN TAB 150MG	65
RIFATER TAB	65
rifaximin	
see XIFAXAN TAB 200MG	19
see XIFAXAN TAB 550MG	19
rilonacept	
see ARCALYST INJ 220MG	7
rilpivirine hcl	
see EDURANT TAB 25MG	80
riluzole tab 50 mg	141
rimantadine hydrochloride tab 100 mg	83
RINVOQ TAB 15MG ER	7
riociguat	
see ADEMPAS TAB 0.5MG	89
see ADEMPAS TAB 1.5MG	89
see ADEMPAS TAB 1MG	89
see ADEMPAS TAB 2.5MG	89
see ADEMPAS TAB 2MG	89
RISACAL-D TAB	131
risankizumab-rzaa	
see SKYRIZI INJ 150DOSE	99
risedronate sodium tab 150 mg	106
risedronate sodium tab 30 mg ..	106
risedronate sodium tab 35 mg ..	106
risedronate sodium tab 5 mg	106
RISPERDAL INJ 12.5MG	74
RISPERDAL INJ 25MG	74
RISPERDAL INJ 37.5MG	74
RISPERDAL INJ 50MG	74
risperidone microspheres	
see RISPERDAL INJ 12.5MG	74
see RISPERDAL INJ 25MG	74
see RISPERDAL INJ 37.5MG	74
see RISPERDAL INJ 50MG	74
risperidone orally disintegrating tab 0.25 mg	74
risperidone orally disintegrating tab 0.5 mg	74
risperidone orally disintegrating tab 1 mg	74
risperidone orally disintegrating tab 2 mg	74
risperidone orally disintegrating tab 3 mg	74

risperidone orally disintegrating	
tab 4 mg	74
risperidone soln 1 mg/ml	74
risperidone tab 0.25 mg	74
risperidone tab 0.5 mg	74
risperidone tab 1 mg	74
risperidone tab 2 mg	74
risperidone tab 3 mg	75
risperidone tab 4 mg	75
ritonavir	
see NORVIR SOL 80MG/ML	80
ritonavir tab 100 mg	81
RITUXAN INJ 100MG	66
RITUXAN INJ 500MG	66
rituximab	
see RITUXAN INJ 100MG	66
see RITUXAN INJ 500MG	66
rituximab-abbs	
see TRUXIMA INJ 100/10ML	66
see TRUXIMA INJ 500/50ML	66
rituximab-pvvr	
see RUXIENCE INJ 100/10ML	66
see RUXIENCE INJ 500/50ML	66
rivaroxaban	
see XARELTO STAR TAB 15/20MG	29
see XARELTO TAB 10MG	29
see XARELTO TAB 15MG	29
see XARELTO TAB 2.5MG	29
see XARELTO TAB 20MG	29
rivastigmine tartrate cap 1.5 mg	
(base equivalent)	149
rivastigmine tartrate cap 3 mg	
(base equivalent)	149
rivastigmine tartrate cap 4.5 mg	
(base equivalent)	149
rivastigmine tartrate cap 6 mg	
(base equivalent)	149
rivastigmine td patch 24hr 13.3	
mg/24hr	149
rivastigmine td patch 24hr 4.6	
mg/24hr	149
rivastigmine td patch 24hr 9.5	
mg/24hr	149
Rivelsa	
see levonor-eth est tab 0.15-	
0.02/0.025/0.03 mg &eth est	
0.01 mg	91
RIXUBIS INJ 1000UNIT	116
RIXUBIS INJ 2000UNIT	116
RIXUBIS INJ 250 UNIT	116
RIXUBIS INJ 3000UNIT	116
RIXUBIS INJ 500UNIT	116
rizatriptan benzoate oral	
disintegrating tab 10 mg (base	
eq)	129
rizatriptan benzoate oral	
disintegrating tab 5 mg (base eq)	
.....	128
rizatriptan benzoate tab 10 mg	
(base equivalent)	129
rizatriptan benzoate tab 5 mg	
(base equivalent)	129
Robafen	
see guaifenesin syrup 100	
mg/5ml	95
ROBITUSSIN SYP 7.5/5ML	94
roflumilast	
see DALIRESP TAB 250MCG	24
see DALIRESP TAB 500MCG	24
ropinirole hydrochloride tab 0.25	
mg	71
ropinirole hydrochloride tab 0.5 mg	
.....	71
ropinirole hydrochloride tab 1 mg	
.....	71
ropinirole hydrochloride tab 2 mg	
.....	72
ropinirole hydrochloride tab 3 mg	
.....	72
ropinirole hydrochloride tab 4 mg	
.....	72
ropinirole hydrochloride tab 5 mg	
.....	72
rosiglitazone maleate	
see AVANDIA TAB 2MG	47
see AVANDIA TAB 4MG	48
rosuvastatin calcium tab 10 mg ..	56
rosuvastatin calcium tab 20 mg ..	56
rosuvastatin calcium tab 40 mg ..	56
rosuvastatin calcium tab 5 mg	56
rotigotine	
see NEUPRO DIS 1MG/24HR	71
see NEUPRO DIS 2MG/24HR	71
see NEUPRO DIS 3MG/24HR	71

see NEUPRO DIS 4MG/24HR	71
see NEUPRO DIS 6MG/24HR	71
see NEUPRO DIS 8MG/24HR	71
ROZEREM TAB 8MG	122
RUBRACA TAB 200MG	69
RUBRACA TAB 250MG	69
RUBRACA TAB 300MG	69
rucaparib camsylate	
see RUBRACA TAB 200MG	69
see RUBRACA TAB 250MG	69
see RUBRACA TAB 300MG	69
rufinamide	
see BANZEL SUS 40MG/ML	31
see BANZEL TAB 200MG	31
see BANZEL TAB 400MG	31
RUXIENCE INJ 100/10ML	66
RUXIENCE INJ 500/50ML	66
ruxolitinib phosphate	
see JAKAFI TAB 10MG	68
see JAKAFI TAB 15MG	68
see JAKAFI TAB 20MG	68
see JAKAFI TAB 25MG	68
see JAKAFI TAB 5MG	68
RYBELSUS TAB 14MG	44
RYBELSUS TAB 3MG	44
RYBELSUS TAB 7MG	44
Ryclora	
see dexchlorpheniramine maleate	
oral soln 2 mg/5ml	52
S	
sacubitril-valsartan	
see ENTRESTO TAB 24-26MG	87
see ENTRESTO TAB 49-51MG	88
see ENTRESTO TAB 97-103MG	88
saline nasal spray 0.65%	139
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	28
salsalate tab 500 mg	12
salsalate tab 750 mg	12
SAMSCA TAB 15MG	108
SAMSCA TAB 30MG	108
SANDIMMUNE CAP 100MG	134
SANDIMMUNE CAP 25MG	134
SANDOSTATIN KIT LAR 10MG	108
SANDOSTATIN KIT LAR 20MG	108
SANDOSTATIN KIT LAR 30MG	108
SANTYL OIN 250/GM	102

SAPHRIS SUB 10MG	77
SAPHRIS SUB 2.5MG	77
SAPHRIS SUB 5MG	77
sapropterin dihydrochloride	
see KUVAN TAB 100MG	107
saquinavir mesylate	
see INVIRASE TAB 500MG	80
sargramostim	
see LEUKINE INJ 250MCG	118
sarilumab	
see KEVZARA INJ 150/1.14	7
see KEVZARA INJ 200/1.14	8
SAVELLA MIS TITR PAK	149
SAVELLA TAB 100MG	149
SAVELLA TAB 12.5MG	149
SAVELLA TAB 25MG	149
SAVELLA TAB 50MG	149
Sb Fib Lax Orange	
see psyllium powder 33%	122
Sb Lice Treatment	
see pyrethrins-piperonyl butoxide	
liq 0.3-3%	103
scopolamine td patch 72hr 1	
mg/3days	50
secukinumab	
see COSENTYX INJ 150MG/ML	99
see COSENTYX INJ 300DOSE	99
see COSENTYX PEN INJ 150MG/ML	99
see COSENTYX PEN INJ 300DOSE	99
selegiline	
see EMSAM DIS 12MG/24H	34
see EMSAM DIS 6MG/24HR	34
see EMSAM DIS 9MG/24HR	34
selegiline hcl cap 5 mg	72
selegiline hcl tab 5 mg	72
selenium sulfide lotion 1%	99
selenium sulfide lotion 2.5%	99
selexipag	
see UPTRAVI TAB 1000MCG	89
see UPTRAVI TAB 1200MCG	89
see UPTRAVI TAB 1400MCG	89
see UPTRAVI TAB 1600MCG	89
see UPTRAVI TAB 200/800	89
see UPTRAVI TAB 200MCG	89
see UPTRAVI TAB 400MCG	89
see UPTRAVI TAB 600MCG	89
see UPTRAVI TAB 800MCG	89

SELZENTRY SOL 20MG/ML.....	81		
SELZENTRY TAB 150MG	81		
SELZENTRY TAB 25MG.....	81		
SELZENTRY TAB 300MG	81		
SELZENTRY TAB 75MG.....	81		
semaglutide			
see OZEMPIC INJ 2/1.5ML	44		
see RYBELSUS TAB 14MG.....	44		
see RYBELSUS TAB 3MG.....	44		
see RYBELSUS TAB 7MG.....	44		
SE-NATAL 19 CHW	138		
sennosides chew tab 15 mg	124		
sennosides syrup 8.8 mg/5ml ...	124		
sennosides tab 25 mg	124		
sennosides tab 8.6 mg	124		
sennosides-docusate sodium			
see MEDI-LAXX CAP 8.6-50MG....	123		
sennosides-docusate sodium tab			
8.6-50 mg	123		
SENSIPAR TAB 30MG.....	108		
SENSIPAR TAB 60MG.....	108		
SENSIPAR TAB 90MG.....	108		
SEREVENT DIS AER 50MCG	28		
sertaconazole nitrate			
see ERTACZO CRE 2%	98		
sertraline hcl oral concentrate for			
solution 20 mg/ml	35		
sertraline hcl tab 100 mg	35		
sertraline hcl tab 25 mg	35		
sertraline hcl tab 50 mg	35		
sevelamer carbonate packet 0.8			
gm	112		
sevelamer carbonate packet 2.4			
gm	112		
sevelamer carbonate tab 800 mg			
.....	112		
Sf			
see sodium fluoride gel 1.1%			
(0.5% f)	135		
Sf 5000 Plus			
see sodium fluoride cream 1.1%			
.....	135		
SHINGRIX INJ 50/0.5ML.....	158		
SHUR-SEAL GEL 2%	159		
Silace			
see docusate sodium liquid 150			
mg/15ml	124		
			see docusate sodium syrup 60
			mg/15ml
			124
			sildenafil citrate tab 20 mg
			89
			SILENOR TAB 3MG
			121
			SILENOR TAB 6MG
			121
			silodosin cap 4 mg
			113
			silodosin cap 8 mg
			113
			Siltussin-dm
			see dextromethorphan-
			guaifenesin syrup 10-100
			mg/5ml
			95
			silver sulfadiazine cream 1%
			99
			SIMBRINZA SUS 1-0.2%.....
			143
			simethicone cap 125 mg
			110
			simethicone cap 180 mg
			110
			simethicone chew tab 125 mg ...
			110
			simethicone chew tab 80 mg
			110
			simethicone liquid 40 mg/0.6ml
			110
			simethicone susp 40 mg/0.6ml .
			110
			SIMPONI INJ 100MG/ML.....
			7
			SIMPONI INJ 50/0.5ML
			7
			simvastatin tab 10 mg
			56
			simvastatin tab 20 mg
			56
			simvastatin tab 40 mg
			56
			simvastatin tab 5 mg
			56
			simvastatin tab 80 mg
			56
			sinecatechins
			see VEREGEN OIN 15%.....
			97
			siponimod fumarate
			see MAYZENT TAB 0.25MG
			150
			sirolimus
			see RAPAMUNE SOL 1MG/ML
			134
			sirolimus oral soln 1 mg/ml
			134
			sirolimus tab 0.5 mg
			134
			sirolimus tab 1 mg
			134
			sirolimus tab 2 mg
			134
			SIRTURO TAB 100MG
			65
			sitagliptin phosphate
			see JANUVIA TAB 100MG
			44
			see JANUVIA TAB 25MG
			43
			see JANUVIA TAB 50MG
			44
			sitagliptin-metformin hcl
			see JANUMET TAB 50-1000.....
			40
			see JANUMET TAB 50-500MG
			40
			see JANUMET XR TAB 100-1000 ...
			40
			see JANUMET XR TAB 50-1000.....
			40
			see JANUMET XR TAB 50-500MG ...
			40

skin protectants misc - cream ...	103
SKLICE LOT 0.5%	103
SKYLA IUD 13.5MG.....	93
SKYRIZI INJ 150DOSE	99
Sleep Aid	
see doxylamine succinate (sleep)	
tab 25 mg	120
SLOW FE TAB 45MG	120
Slow Iron	
see ferrous sulfate dried tab er	
160 mg (50 mg fe equivalent)	
.....	120
Slow Release Iron	
see ferrous sulfate tab er 50 mg	
(elemental fe)	120
Slow-release Iron	
see ferrous sulfate dried tab er 45	
mg (fe equivalent)	120
Sm Acid Reducer	
see ranitidine hcl tab 75 mg	154
Sm Anti-itch Extra Streng	
see diphenhydramine-zinc	
acetate cream 2-0.1%	98
Sm Artificial Tears	
see artificial tear ophth solution	
.....	141
Sm Aspirin	
see aspirin tab 325 mg	12
Sm Bedding Lice Treatment	
see permethrin aerosol 0.5% ..	103
Sm Calcium 600 + D Plus M	
see calcium carb-vit d w/	
minerals chew tab 600 mg-800	
unit	130
Sm Chest Congestion Relie	
see guaifenesin tab 400 mg	95
Sm Esomeprazole Magnesium	
see esomeprazole magnesium cap	
delayed release 20 mg (base	
eq)	155
Sm Foaming Antacid	
see aluminum hydroxide-	
magnesium trisilicate chew tab	
80-20 mg	18
Sm Ibuprofen Ib	
see ibuprofen chew tab 100 mg .	8
Sm Lice Treatment	
see permethrin lotion 1%	103
Sm Miconazole 3	
see miconazole nitrate vaginal	
app 200 mg & 2% cream 9 gm	
kit	159
SM ONE DAILY MIS PRENATAL	138
Sm Pain Reliever Extra St	
see acetaminophen cap 500 mg 11	
Sm Stomach Relief	
see bismuth subsalicylate tab 262	
mg	49
sodium bicarbonate tab 325 mg ..	18
sodium bicarbonate tab 650 mg ..	18
sodium chloride hypertonic ophth	
oint 5%	144
sodium chloride hypertonic ophth	
soln 5%	144
sodium chloride irrigation soln	
0.9%	112
sodium chloride soln nebu 0.9% .	95
sodium chloride soln nebu 3%	95
sodium chloride soln nebu 7%	95
sodium chloride tab 1 gm	133
sodium citrate & citric acid soln	
500-334 mg/5ml	112
sodium fluoride	
see FLUORABON DRO	131
sodium fluoride chew tab 0.25 mg f	
(from 0.55 mg naf)	131
sodium fluoride chew tab 0.5 mg f	
(from 1.1 mg naf)	131
sodium fluoride chew tab 1 mg f	
(from 2.2 mg naf)	132
sodium fluoride cream 1.1%	135
sodium fluoride gel 1.1% (0.5% f)	
.....	135
sodium fluoride soln 0.125	
mg/drop f (0.275 mg/drop naf)	
.....	132
sodium fluoride soln 0.25 mg/drop	
f (from 0.55 mg/drop naf)	132
sodium fluoride soln 0.5 mg/ml f	
(from 1.1 mg/ml naf)	132
sodium fluoride tab 0.5 mg f (from	
1.1 mg naf)	132
sodium hyaluronate	
(viscosupplement)	

see EUFLEXXA INJ 10MG/ML 139
 see VISCO-3 INJ 25/2.5ML 139
sodium oxybate
 see XYREM SOL 500MG/ML 148
sodium phenylbutyrate tab 500 mg
 108
sodium phosphate monobasic-
sodium phosphate dibasic
 see OSMOPREP TAB 1.5GM 123
sodium phosphates - enema 123
sodium picosulfate-magnesium
oxide-anhydrous citric acid
 see CLENPIQ SOL 122
 see PREPOPIK PAK 123
sodium polystyrene sulfonate oral
susp 15 gm/60ml 134
sodium polystyrene sulfonate
powder 134
sodium sulfate-potassium sulfate-
magnesium sulfate
 see SUPREP BOWEL SOL PREP KIT
 123
 SOFOS/VELPAT TAB 400-100 82
sofosbuvir
 see SOVALDI TAB 400MG 82
sofosbuvir-velpatasvir-voxilaprevir
 see VOSEVI TAB 82
solifenacin succinate
 see VESICARE TAB 10MG 157
 see VESICARE TAB 5MG 157
solifenacin succinate tab 10 mg 157
solifenacin succinate tab 5 mg .. 157
somatropin
 see OMNITROPE INJ 10/1.5ML 107
 see OMNITROPE INJ 5.8MG 107
 see OMNITROPE INJ 5/1.5ML 107
 SOMAVERT INJ 10MG 106
 SOMAVERT INJ 15MG 107
 SOMAVERT INJ 20MG 107
sonidegib phosphate
 see ODOMZO CAP 200MG 66
sorafenib tosylate
 see NEXAVAR TAB 200MG 69
sotalol hcl (afib/afl) tab 120 mg .85
sotalol hcl (afib/afl) tab 160 mg .85
sotalol hcl (afib/afl) tab 80 mg ...85
sotalol hcl tab 120 mg 85

sotalol hcl tab 160 mg 85
sotalol hcl tab 240 mg 85
sotalol hcl tab 80 mg 85
 SOVALDI TAB 400MG 82
spacer/aerosol-holding chambers
 see INSPIRACHAMB MIS LARGE .. 128
spinosad susp 0.9% 103
spironolactone &
hydrochlorothiazide
 see ALDACTAZIDE TAB 50/50 104
spironolactone &
hydrochlorothiazide tab 25-25
mg 105
spironolactone tab 100 mg 105
spironolactone tab 25 mg 105
spironolactone tab 50 mg 105
 SPRYCEL TAB 100MG 69
 SPRYCEL TAB 140MG 69
 SPRYCEL TAB 20MG 69
 SPRYCEL TAB 50MG 69
 SPRYCEL TAB 70MG 69
 SPRYCEL TAB 80MG 69
 St Joseph Low Dose Aspiri
 see **aspirin chew tab 81 mg** 12
stavudine cap 15 mg 81
stavudine cap 20 mg 81
stavudine cap 30 mg 81
stavudine cap 40 mg 81
 STELARA INJ 45MG/0.5 99
 STELARA INJ 5MG/ML 111
 STELARA INJ 90MG/ML 99
 STIMATE SOL 1.5MG/ML 108
 Stimulant Laxative
 see **bisacodyl tab delayed release**
5 mg 123
 STIOLTO AER 2.5-2.5 28
stiripentol
 see DIACOMIT CAP 250MG 31
 see DIACOMIT CAP 500MG 31
 see DIACOMIT PAK 250MG 31
 see DIACOMIT PAK 500MG 31
 STIVARGA TAB 40MG 69
 Stool Softener
 see **docusate calcium cap 240 mg**
 124
 see **docusate sodium cap 100 mg**
 124

Stop Lice Complete Lice T	
see pyreth-piperonyl butox sham-	
permeth aero-nit remover gel	
kit	103
Stop Lice Maximum Strengt	
see pyrethrins-piperonyl butoxide	
liq 0.33-4%	103
Stress Formula W/iron	
see multiple vitamins w/ iron tab	
.....	135
STRIBILD TAB.....	81
STRIVERDI AER 2.5MCG	28
succimer	
see CHEMET CAP 100MG	50
sucralfate tab 1 gm	154
sucroferic oxyhydroxide	
see VELPHORO CHW 500MG	112
SUDAFED PE SOL CHILDREN.....	141
sulconazole nitrate	
see EXELDERM CRE 1%.....	98
see EXELDERM SOL 1%.....	98
sulconazole nitrate cream 1%	98
sulfacetamide sodium lotion 10%	
(acne)	96
sulfacetamide sodium ophth soln	
10%	143
sulfacetamide sodium-prednisolone	
ophth soln 10-0.23(0.25)%	144
sulfacetamide sodium-sulfur in	
urea emulsion 10-4%	96
SULFADIAZINE TAB 500MG	151
sulfamethoxazole-trimethoprim	
susp 200-40 mg/5ml	19
sulfamethoxazole-trimethoprim tab	
400-80 mg	19
sulfamethoxazole-trimethoprim tab	
800-160 mg	19
SULFAMYLON CRE 85MG/GM	99
sulfasalazine tab 500 mg	111
sulfasalazine tab delayed release	
500 mg	111
sulindac tab 150 mg	9
sulindac tab 200 mg	10
sumatriptan succinate inj 6	
mg/0.5ml	129
sumatriptan succinate tab 100 mg	
.....	129

sumatriptan succinate tab 25 mg	
.....	129
sumatriptan succinate tab 50 mg	
.....	129
sunitinib malate	
see SUTENT CAP 12.5MG.....	69
see SUTENT CAP 25MG	69
see SUTENT CAP 37.5MG.....	69
see SUTENT CAP 50MG	69
SUPRAX CAP 400MG	91
SUPREP BOWEL SOL PREP KIT	123
SUTENT CAP 12.5MG	69
SUTENT CAP 25MG	69
SUTENT CAP 37.5MG	69
SUTENT CAP 50MG	69
suvorexant	
see BELSOMRA TAB 10MG	122
see BELSOMRA TAB 15MG	122
see BELSOMRA TAB 20MG	122
see BELSOMRA TAB 5MG.....	122
SYMBICORT AER 160-4.5	28
SYMBICORT AER 80-4.5	28
SYMFI LO TAB.....	81
SYMFI TAB	81
SYMJEPI INJ 0.15MG	160
SYMJEPI INJ 0.3MG	160
SYMLINPEN 60 INJ 1000MCG.....	39
SYMLNPEN 120 INJ 1000MCG	39
SYMPROIC TAB 0.2MG	112
SYMTUZA TAB.....	81
SYNAGIS INJ 100MG/ML	146
SYNAGIS INJ 50MG	146
SYNAREL SOL 2MG/ML.....	107
SYNERA DIS 70-70MG	102
SYNJARDY TAB	41
SYNJARDY TAB 12.5-500.....	41
SYNJARDY TAB 5-1000MG.....	41
SYNJARDY TAB 5-500MG.....	41
SYNJARDY XR TAB.....	41
SYNJARDY XR TAB 10-1000.....	42
SYNJARDY XR TAB 25-1000.....	42
SYNJARDY XR TAB 5-1000MG	42
SYNTHROID TAB 100MCG	153
SYNTHROID TAB 112MCG	153
SYNTHROID TAB 125MCG	153
SYNTHROID TAB 137MCG	153
SYNTHROID TAB 150MCG	153

SYNTHROID TAB 175MCG.....	153	see HETLIOZ CAP 20MG	122
SYNTHROID TAB 200MCG.....	153	TAYTULLA CAP 1MG/20MC.....	92
SYNTHROID TAB 25MCG	152	tazarotene	
SYNTHROID TAB 300MCG.....	153	see TAZORAC CRE 0.05%.....	99
SYNTHROID TAB 50MCG	152	see TAZORAC GEL 0.05%.....	99
SYNTHROID TAB 75MCG	153	see TAZORAC GEL 0.1%.....	99
SYNTHROID TAB 88MCG	153	tazarotene cream 0.1%	99
syringe (disposable)		TAZORAC CRE 0.05%	99
see 3ML SYRINGE MIS REG TIP ...	127	TAZORAC GEL 0.05%	99
T		TAZORAC GEL 0.1%	99
TABLOID TAB 40MG.....	66	TDVAX INJ 2-2 LF.....	153
TACLONEX SUS	102	TECFIDERA CAP 120MG	150
tacrolimus cap 0.5 mg	134	TECFIDERA CAP 240MG	150
tacrolimus cap 1 mg	134	TECFIDERA MIS STARTER	150
tacrolimus cap 5 mg	134	TECHNIVIE TAB	82
tacrolimus oint 0.03%	102	telmisartan tab 20 mg	60
tacrolimus oint 0.1%	102	telmisartan tab 40 mg	60
tadalafil tab 20 mg (pah)	89	telmisartan tab 80 mg	60
TAFINLAR CAP 50MG	69	temazepam cap 15 mg	121
TAFINLAR CAP 75MG	69	temazepam cap 30 mg	121
tafluprost		temozolomide cap 100 mg	65
see ZIOPTAN DRO 0.0015%	145	temozolomide cap 140 mg	65
TAGRISO TAB 40MG	69	temozolomide cap 180 mg	65
TAGRISO TAB 80MG	69	temozolomide cap 20 mg	65
TAKHZYRO INJ 300/2ML.....	117	temozolomide cap 250 mg	65
tamoxifen citrate tab 10 mg (base equivalent)	67	temozolomide cap 5 mg	65
tamoxifen citrate tab 20 mg (base equivalent)	67	TENIVAC INJ 5-2LF.....	153
tamsulosin hcl cap 0.4 mg	113	tenofovir disoproxil fumarate	
tapentadol hcl		see VIREAD TAB 150MG	82
see NUCYNTA ER TAB 100MG.....	14	see VIREAD TAB 200MG	82
see NUCYNTA ER TAB 150MG.....	14	see VIREAD TAB 250MG	82
see NUCYNTA ER TAB 200MG.....	14	tenofovir disoproxil fumarate tab 300 mg	81
see NUCYNTA ER TAB 250MG.....	14	terazosin hcl cap 1 mg (base equivalent)	61
see NUCYNTA ER TAB 50MG.....	14	terazosin hcl cap 10 mg (base equivalent)	62
see NUCYNTA TAB 100MG	14	terazosin hcl cap 2 mg (base equivalent)	61
see NUCYNTA TAB 50MG	14	terazosin hcl cap 5 mg (base equivalent)	61
see NUCYNTA TAB 75MG	14	terbinafine hcl cream 1%	98
TARCEVA TAB 100MG	69	terbinafine hcl tab 250 mg	51
TARCEVA TAB 150MG	69	terbutaline sulfate tab 2.5 mg	28
TARCEVA TAB 25MG	69	terbutaline sulfate tab 5 mg	28
TARGRETIN GEL 1%	99	terconazole vaginal cream 0.4%	
TASIGNA CAP 150MG.....	69	.....	159
TASIGNA CAP 200MG.....	69		
TASIGNA CAP 50MG	69		
tasimelteon			

terconazole vaginal cream 0.8%	
.....	159
terconazole vaginal suppos 80 mg	
.....	159
teriflunomide	
see AUBAGIO TAB 14MG	149
see AUBAGIO TAB 7MG	149
teriparatide (recombinant)	
see FORTEO SOL 600/2.4	106
testosterone cypionate im inj in oil	
100 mg/ml	17
testosterone cypionate im inj in oil	
200 mg/ml	17
testosterone enanthate im inj in oil	
200 mg/ml	17
tetanus toxoid-diphtheria-acellular	
pertussis adsorb (tdap)	
see ADACEL INJ	153
see BOOSTRIX INJ	153
tetanus-diphtheria toxoids (td)	
see TDVAX INJ 2-2 LF	153
see TENIVAC INJ 5-2LF	153
tetrabenazine tab 12.5 mg	149
tetrabenazine tab 25 mg	149
tetracycline hcl cap 250 mg	151
tetracycline hcl cap 500 mg	151
Tgt Antacid Extra Strengt	
see calcium carbonate-mag	
hydroxide chew tab 675-135	
mg	18
TGT GLUCOSE CHW GRAPE	43
thalidomide	
see THALOMID CAP 100MG.....	133
see THALOMID CAP 150MG.....	133
see THALOMID CAP 200MG.....	133
see THALOMID CAP 50MG.....	133
THALOMID CAP 100MG	133
THALOMID CAP 150MG	133
THALOMID CAP 200MG	133
THALOMID CAP 50MG	133
theophylline soln 80 mg/15ml	28
theophylline tab er 12hr 100 mg .28	
theophylline tab er 12hr 200 mg .28	
theophylline tab er 12hr 300 mg .28	
theophylline tab er 12hr 450 mg .28	
theophylline tab er 24hr 400 mg .28	
theophylline tab er 24hr 600 mg .28	
thiamine hcl tab 100 mg	161
thiamine hcl tab 250 mg	161
thiamine hcl tab 50 mg	161
thioguanine	
see TABLOID TAB 40MG	66
thioridazine hcl tab 10 mg	78
thioridazine hcl tab 100 mg	78
thioridazine hcl tab 25 mg	78
thioridazine hcl tab 50 mg	78
thiothixene cap 1 mg	79
thiothixene cap 10 mg	79
thiothixene cap 2 mg	79
thiothixene cap 5 mg	79
THYROGEN INJ 1.1MG	103
thyroid	
see ARMOUR THYRO TAB 120MG .	152
see ARMOUR THYRO TAB 15MG...	152
see ARMOUR THYRO TAB 180MG .	152
see ARMOUR THYRO TAB 240MG .	152
see ARMOUR THYRO TAB 300MG .	152
see ARMOUR THYRO TAB 30MG...	152
see ARMOUR THYRO TAB 60MG...	152
see ARMOUR THYRO TAB 90MG...	152
see NATURE THROI TAB 162.5MG	152
see NATURE-THROI TAB 113.75MG	
.....	152
see NATURE-THROI TAB 130MG ..	152
see NATURE-THROI TAB 146.25MG	
.....	152
see NATURE-THROI TAB 16.25MG	152
see NATURE-THROI TAB 195MG ..	152
see NATURE-THROI TAB 260MG ..	152
see NATURE-THROI TAB 32.5MG .	152
see NATURE-THROI TAB 325MG ..	152
see NATURE-THROI TAB 48.75MG	152
see NATURE-THROI TAB 65MG....	152
see NATURE-THROI TAB 97.5MG .	152
see WP THYROID TAB 81.25MG...	153
thyroid tab 120 mg (2 grain)	153
thyroid tab 15 mg (1/4 grain) ...	153
thyroid tab 30 mg (1/2 grain) ...	153
thyroid tab 60 mg (1 grain)	153
thyroid tab 90 mg (1 1/2 grain)	153
THYROLAR-1 TAB 60MG	153
THYROLAR-1/2 TAB 30MG	153
THYROLAR-1/4 TAB 15MG	153

THYROLAR-2 TAB 120MG	153
THYROLAR-3 TAB 180MG	153
thyrotropin alfa	
see THYROGEN INJ 1.1MG	103
tiagabine hcl tab 12 mg	33
tiagabine hcl tab 16 mg	33
tiagabine hcl tab 2 mg	33
tiagabine hcl tab 4 mg	33
ticagrelor	
see BRILINTA TAB 60MG	117
see BRILINTA TAB 90MG	117
Tilia Fe	
see norethindrone ac-ethinyl	
estradiol tab 1-20/1-30/1-35	
mg-mcg	92
timolol maleate ophth gel forming	
soln 0.25%	142
timolol maleate ophth gel forming	
soln 0.5%	142
timolol maleate ophth soln 0.25%	
.....	142
timolol maleate ophth soln 0.5%	
.....	142
timolol maleate tab 10 mg	85
timolol maleate tab 20 mg	85
timolol maleate tab 5 mg	85
tioconazole vaginal oint 6.5% ...	159
tiotropium bromide-olodaterol hcl	
see STIOLTO AER 2.5-2.5.....	28
tipranavir	
see APTIVUS CAP 250MG.....	79
see APTIVUS SOL	79
TIVICAY PD TAB 5MG.....	81
TIVICAY TAB 10MG.....	81
TIVICAY TAB 25MG.....	81
TIVICAY TAB 50MG.....	81
tizanidine hcl tab 2 mg (base	
equivalent)	139
tizanidine hcl tab 4 mg (base	
equivalent)	139
TL FOLATE TAB	138
TOBRADEX OIN 0.3-0.1%	144
tobramycin nebu soln 300 mg/5ml	
.....	6
tobramycin ophth soln 0.3%	143
tobramycin-dexamethasone	
see TOBRADEX OIN 0.3-0.1%	144

tobramycin-dexamethasone ophth	
susp 0.3-0.1%	144
tocilizumab	
see ACTEMRA INJ 162/0.9	7
see ACTEMRA INJ 200/10ML	7
see ACTEMRA INJ 400/20ML	7
see ACTEMRA INJ 80MG/4ML	7
see ACTEMRA INJ ACTPEN	7
TODAY SPONGE MIS.....	159
tofacitinib citrate	
see XELJANZ TAB 10MG	7
see XELJANZ TAB 5MG	7
see XELJANZ XR TAB 11MG	7
see XELJANZ XR TAB 22MG	7
tolazamide tab 250 mg	49
tolazamide tab 500 mg	49
tolbutamide tab 500 mg	49
tolcapone tab 100 mg	70
tolmetin sodium cap 400 mg	10
tolmetin sodium tab 200 mg	10
tolmetin sodium tab 600 mg	10
tolnaftate aerosol pow 1%	98
tolnaftate cream 1%	98
tolnaftate powder 1%	98
tolnaftate soln 1%	98
tolterodine tartrate tab 1 mg	157
tolterodine tartrate tab 2 mg	157
tolvaptan	
see SAMSCA TAB 15MG.....	108
see SAMSCA TAB 30MG.....	108
tolvaptan tab 30 mg	108
topiramate sprinkle cap 15 mg	32
topiramate sprinkle cap 25 mg	32
topiramate tab 100 mg	32
topiramate tab 200 mg	32
topiramate tab 25 mg	32
topiramate tab 50 mg	32
toremide tab 10 mg	105
toremide tab 100 mg	105
toremide tab 20 mg	105
toremide tab 5 mg	105
TOVIAZ TAB 4MG	157
TOVIAZ TAB 8MG	157
TRACLEER TAB 125MG.....	89
TRACLEER TAB 32MG.....	88
TRACLEER TAB 62.5MG.....	88
TRADJENTA TAB 5MG	44

<i>tramadol hcl tab 50 mg</i>	15	<i>treprostinil inj soln 200 mg/20ml</i> <i>(10 mg/ml)</i>	88
<i>tramadol hcl tab er 24hr 100 mg</i>	15	<i>treprostinil inj soln 50 mg/20ml</i> <i>(2.5 mg/ml)</i>	88
<i>tramadol hcl tab er 24hr 200 mg</i>	15	TRESIBA FLEX INJ 100UNIT	47
<i>tramadol hcl tab er 24hr 300 mg</i>	15	TRESIBA FLEX INJ 200UNIT	47
<i>tramadol hcl tab er 24hr biphasic</i> <i>release 100 mg</i>	15	TRESIBA INJ 100UNIT	47
<i>tramadol hcl tab er 24hr biphasic</i> <i>release 200 mg</i>	15	<i>tretinoin cap 10 mg</i>	70
<i>tramadol hcl tab er 24hr biphasic</i> <i>release 300 mg</i>	15	<i>tretinoin cream 0.025%</i>	97
<i>trametinib dimethyl sulfoxide</i> see MEKINIST TAB 0.5MG	68	<i>tretinoin cream 0.05%</i>	97
see MEKINIST TAB 2MG	69	<i>tretinoin cream 0.1%</i>	96
<i>trandolapril tab 1 mg</i>	58	<i>tretinoin gel 0.01%</i>	97
<i>trandolapril tab 2 mg</i>	58	<i>tretinoin gel 0.025%</i>	97
<i>trandolapril tab 4 mg</i>	59	<i>triamcinolone acetonide cream</i> <i>0.025%</i>	102
<i>tranexamic acid tab 650 mg</i>	120	<i>triamcinolone acetonide cream</i> <i>0.1%</i>	102
<i>tranylcyromine sulfate tab 10 mg</i>	34	<i>triamcinolone acetonide cream</i> <i>0.5%</i>	102
TRAVATAN Z DRO 0.004%	145	<i>triamcinolone acetonide dental</i> <i>paste 0.1%</i>	135
<i>travoprost</i> see TRAVATAN Z DRO 0.004%	145	<i>triamcinolone acetonide lotion</i> <i>0.025%</i>	102
<i>travoprost ophth soln 0.004%</i> <i>(benzalkonium free) (bak free)</i>	145	<i>triamcinolone acetonide lotion</i> <i>0.1%</i>	102
<i>trazodone hcl tab 100 mg</i>	36	<i>triamcinolone acetonide nasal</i> <i>aerosol suspension 55 mcg/act</i>	140
<i>trazodone hcl tab 150 mg</i>	36	<i>triamcinolone acetonide oint</i> <i>0.025%</i>	102
<i>trazodone hcl tab 50 mg</i>	36	<i>triamcinolone acetonide oint 0.1%</i>	102
TRECTOR TAB 250MG	65	<i>triamcinolone acetonide oint 0.5%</i>	102
TRELSTAR MIX INJ 11.25MG	67	<i>triamterene</i> see DYRENIUM CAP 100MG	105
TRELSTAR MIX INJ 3.75MG	67	see DYRENIUM CAP 50MG	105
<i>treprostinil</i> see REMODULIN INJ 10MG/ML	88	<i>triamterene & hydrochlorothiazide</i> <i>cap 37.5-25 mg</i>	105
see REMODULIN INJ 1MG/ML	88	<i>triamterene & hydrochlorothiazide</i> <i>tab 37.5-25 mg</i>	105
see REMODULIN INJ 2.5MG/ML	88	<i>triamterene & hydrochlorothiazide</i> <i>tab 75-50 mg</i>	105
see REMODULIN INJ 5MG/ML	88	<i>triamterene cap 100 mg</i>	105
<i>treprostinil diolamine</i> see ORENITRAM TAB 0.125MG	88	<i>triamterene cap 50 mg</i>	105
see ORENITRAM TAB 0.25MG	88	<i>triazolam tab 0.125 mg</i>	121
see ORENITRAM TAB 1MG	88	<i>triazolam tab 0.25 mg</i>	121
see ORENITRAM TAB 2.5MG	88		
see ORENITRAM TAB 5MG	88		
<i>treprostinil inj soln 100 mg/20ml</i> <i>(5 mg/ml)</i>	88		
<i>treprostinil inj soln 20 mg/20ml (1</i> <i>mg/ml)</i>	88		

Tricon	
see <i>fe fumarate w/ b12-vit c-fa- ifc cap 110-0.015-75-0.5-240 mg</i>	119
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	78
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	78
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	78
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	78
<i>trifluridine ophth soln 1%</i>	143
<i>trifluridine-tipiracil</i>	
see LONSURF TAB 15-6.14	67
see LONSURF TAB 20-8.19	67
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	70
<i>trihexyphenidyl hcl tab 2 mg</i>	70
<i>trihexyphenidyl hcl tab 5 mg</i>	70
<i>trimethobenzamide hcl cap 300 mg</i>	50
<i>trimethoprim tab 100 mg</i>	19
<i>trimipramine maleate cap 100 mg</i>	38
<i>trimipramine maleate cap 25 mg</i>	38
<i>trimipramine maleate cap 50 mg</i>	38
TRINATAL RX TAB 1	138
Trinate	
see <i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	138
TRINTELLIX TAB 10MG	36
TRINTELLIX TAB 20MG	36
TRINTELLIX TAB 5MG	36
Triple Antibiotic Plus	
see <i>neomycin-bacitracin- polymyxin-pramoxine oint 1%</i>	97
Triple Paste Af	
see <i>miconazole nitrate ointment 2%</i>	98
<i>triptorelin pamoate</i>	
see TRELSTAR MIX INJ 11.25MG ...	67
see TRELSTAR MIX INJ 3.75MG	67
TRIUMEQ TAB	81
TRI-VI-SOL SOL A/C/D	136
Tri-vitamin/fluoride	
see <i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	136
see <i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	136
TROJAN MIS	125
TROJAN MIS NATULAMB	125
<i>tropicamide ophth soln 0.5%</i>	142
<i>tropicamide ophth soln 1%</i>	142
<i>tropium chloride cap er 24hr 60 mg</i>	157
<i>tropium chloride tab 20 mg</i>	157
TRUE METRIX KIT AIR	126
TRUE METRIX TES GLUCOSE	104
TRULICITY INJ 0.75/0.5	44
TRULICITY INJ 1.5/0.5	45
TRUVADA TAB 100-150	81
TRUVADA TAB 133-200	81
TRUVADA TAB 167-250	81
TRUVADA TAB 200-300	81
TRUXIMA INJ 100/10ML	66
TRUXIMA INJ 500/50ML	66
TUDORZA PRES AER 400/ACT	24
TWINRIX INJ	159
TYBOST TAB 150MG	81
Tydemy	
see <i>drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg</i>	91
TYKERB TAB 250MG	69
TYMLOS INJ	106
TYSABRI INJ 300/15ML	150
U	
UDENYCA INJ 6MG/.6ML	119
<i>ulipristal acetate</i>	
see ELLA TAB 30MG	93
ULORIC TAB 40MG	113
ULORIC TAB 80MG	113
<i>umeclidinium bromide</i>	
see INCRUSE ELPT INH 62.5MCG ..	24
<i>umeclidinium-vilanterol</i>	
see ANORO ELLIPT AER 62.5-25 ...	25
UNIFIBER POW	122
<i>upadacitinib</i>	
see RINVOQ TAB 15MG ER	7
UPTRAVI TAB 1000MCG	89
UPTRAVI TAB 1200MCG	89
UPTRAVI TAB 1400MCG	89

UPTRAVI TAB 1600MCG	89	see CAPRELSA TAB 300MG	67
UPTRAVI TAB 200/800	89	VAQTA INJ 25/0.5ML	159
UPTRAVI TAB 200MCG	89	VAQTA INJ 50UNT/ML	159
UPTRAVI TAB 400MCG	89	varenicline tartrate	
UPTRAVI TAB 600MCG	89	see CHANTIX PAK 0.5& 1MG	150
UPTRAVI TAB 800MCG	89	see CHANTIX TAB 0.5MG	150
ursodiol cap 300 mg	110	see CHANTIX TAB 1MG	150
ursodiol tab 250 mg	110	V-c Forte	
ursodiol tab 500 mg	110	see multiple vitamins w/ minerals	
ustekinumab		cap	135
see STELARA INJ 45MG/0.5	99	VCF VAGINAL AER CONTRACP	159
see STELARA INJ 90MG/ML	99	Vcf Vaginal Contraceptive	
ustekinumab (iv)		see nonoxynol-9 gel 4%	159
see STELARA INJ 5MG/ML	111	VCF VAGINAL MIS CONTRACP	159
V		VECAMYL TAB 2.5MG	64
valacyclovir hcl tab 1 gm	83	Velivet	
valacyclovir hcl tab 500 mg	83	see desogest-ethin est tab 0.1-	
valganciclovir hcl for soln 50		0.025/0.125-0.025/0.15-	
mg/ml (base equiv)	82	0.025mg-mg	91
valganciclovir hcl tab 450 mg (base		VELPHORO CHW 500MG	112
equivalent)	82	VELTIN GEL	97
valproate sodium oral soln 250		venlafaxine hcl cap er 24hr 150 mg	
mg/5ml (base equiv)	34	(base equivalent)	36
valproic acid cap 250 mg	34	venlafaxine hcl cap er 24hr 37.5	
valsartan tab 160 mg	60	mg (base equivalent)	36
valsartan tab 320 mg	60	venlafaxine hcl cap er 24hr 75 mg	
valsartan tab 40 mg	60	(base equivalent)	36
valsartan tab 80 mg	60	venlafaxine hcl tab 100 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	37
160-12.5 mg	64	venlafaxine hcl tab 25 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	36
160-25 mg	64	venlafaxine hcl tab 37.5 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	37
320-12.5 mg	64	venlafaxine hcl tab 50 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	37
320-25 mg	64	venlafaxine hcl tab 75 mg (base	
valsartan-hydrochlorothiazide tab		equivalent)	37
80-12.5 mg	64	VENTAVIS SOL 10MCG/ML	88
VALTOCO LIQ 15MG	30	VENTAVIS SOL 20MCG/ML	88
VALTOCO LIQ 20MG	30	VENTOLIN HFA AER	28
VALTOCO SPR 10MG	30	verapamil hcl cap er 24hr 100 mg	
VALTOCO SPR 5MG	30	.....	87
vancomycin hcl		verapamil hcl cap er 24hr 120 mg	
see FIRVANQ SOL 25MG/ML	19	.....	87
see FIRVANQ SOL 50MG/ML	19	verapamil hcl cap er 24hr 180 mg	
vandetanib		.....	87
see CAPRELSA TAB 100MG	67		

verapamil hcl cap er 24hr 240 mg	
.....	87
verapamil hcl cap er 24hr 300 mg	
.....	87
verapamil hcl cap er 24hr 360 mg	
.....	87
verapamil hcl tab 120 mg	87
verapamil hcl tab 40 mg	87
verapamil hcl tab 80 mg	87
verapamil hcl tab er 120 mg	87
verapamil hcl tab er 180 mg	87
verapamil hcl tab er 240 mg	87
VEREGEN OIN 15%	97
VESICARE TAB 10MG	157
VESICARE TAB 5MG	157
VICTOZA INJ 18MG/3ML	45
VIDEX EC CAP 125MG	81
vigabatrin powd pack 500 mg	33
vigabatrin tab 500 mg	33
Vigadrone	
see vigabatrin powd pack 500 mg	
.....	33
VIIBRYD KIT STARTER	36
VIIBRYD TAB 10MG	36
VIIBRYD TAB 20MG	36
VIIBRYD TAB 40MG	36
vilazodone hcl	
see VIIBRYD KIT STARTER	36
see VIIBRYD TAB 10MG	36
see VIIBRYD TAB 20MG	36
see VIIBRYD TAB 40MG	36
VIMPAT SOL 10MG/ML	32
VIMPAT TAB 100MG	32
VIMPAT TAB 150MG	32
VIMPAT TAB 200MG	33
VIMPAT TAB 50MG	32
VINATE II TAB	138
VINATE M TAB	138
VIRACEPT TAB 250MG	82
VIRACEPT TAB 625MG	82
VIREAD TAB 150MG	82
VIREAD TAB 200MG	82
VIREAD TAB 250MG	82
Virt-caps	
see b-complex w/ c & folic acid cap 1 mg	135
Virt-phos 250 Neutral	
see pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	132
VISCO-3 INJ 25/2.5ML	139
vismodegib	
see ERIVEDGE CAP 150MG	66
Vita-bee/c	
see b-complex w/ c & folic acid tab	135
VITAFOL-OB TAB 65-1MG	138
VIVITROL INJ 380MG	50
VOL-PLUS TAB	138
VOL-TAB RX TAB	138
vorapaxar sulfate	
see ZONTIVITY TAB 2.08MG	117
voriconazole tab 200 mg	51
voriconazole tab 50 mg	51
vorinostat	
see ZOLINZA CAP 100MG	69
vortioxetine hbr	
see TRINTELLIX TAB 10MG	36
see TRINTELLIX TAB 20MG	36
see TRINTELLIX TAB 5MG	36
VOSEVI TAB	82
VOTRIENT TAB 200MG	69
VRAYLAR CAP 1.5MG	72
VRAYLAR CAP 3MG	72
VRAYLAR CAP 4.5MG	72
VRAYLAR CAP 6MG	72
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
W	
Wal-dryl Allergy Relief C	
see diphenhydramine hcl tab disint 12.5 mg	52
Wal-dryl Pe Allergy/sinu	
see diphenhydramine-phenylephrine tab 25-10 mg	95
Wal-itin Aller-melts	
see loratadine rapidly-disintegrating tab 10 mg	52
Wal-tap Cold & Allergy	

see brompheniramine & pseudoephedrine elixir 1-15 mg/5ml	94
warfarin sodium	
see COUMADIN TAB 10MG	28
see COUMADIN TAB 1MG.....	28
see COUMADIN TAB 2.5MG.....	28
see COUMADIN TAB 2MG.....	28
see COUMADIN TAB 3MG.....	28
see COUMADIN TAB 4MG.....	28
see COUMADIN TAB 5MG.....	28
see COUMADIN TAB 6MG.....	28
see COUMADIN TAB 7.5MG.....	28
warfarin sodium tab 1 mg	28
warfarin sodium tab 10 mg	29
warfarin sodium tab 2 mg	28
warfarin sodium tab 2.5 mg	28
warfarin sodium tab 3 mg	28
warfarin sodium tab 4 mg	29
warfarin sodium tab 5 mg	29
warfarin sodium tab 6 mg	29
warfarin sodium tab 7.5 mg	29
water for irrigation, sterile irrigation soln	134
Wee Care	
see carbonyl iron susp 15 mg/1.25ml (elemental iron)	119
wheat dextrin oral powder	122
white petrolatum-mineral oil ophthalm ointment	142
WIDE-SEAL DPR KIT 60	125
WIDE-SEAL DPR KIT 65	125
WIDE-SEAL DPR KIT 70	125
WIDE-SEAL DPR KIT 75	125
WIDE-SEAL DPR KIT 80	125
WIDE-SEAL DPR KIT 85	125
WIDE-SEAL DPR KIT 90	125
WIDE-SEAL DPR KIT 95	125
Wixela Inhub	
see fluticasone-salmeterol aer powder ba 100-50 mcg/dose	27
see fluticasone-salmeterol aer powder ba 250-50 mcg/dose	27
see fluticasone-salmeterol aer powder ba 500-50 mcg/dose	27
WP THYROID TAB 81.25MG	153

X	
XALKORI CAP 200MG.....	69
XALKORI CAP 250MG.....	69
XARELTO STAR TAB 15/20MG.....	29
XARELTO TAB 10MG	29
XARELTO TAB 15MG	29
XARELTO TAB 2.5MG	29
XARELTO TAB 20MG	29
XELJANZ TAB 10MG.....	7
XELJANZ TAB 5MG	7
XELJANZ XR TAB 11MG	7
XELJANZ XR TAB 22MG	7
XGEVA INJ	106
XIFAXAN TAB 200MG.....	19
XIFAXAN TAB 550MG.....	19
XIGDUO XR TAB 10-1000.....	43
XIGDUO XR TAB 10-500MG	42
XIGDUO XR TAB 2.5-1000.....	42
XIGDUO XR TAB 5-1000MG	42
XIGDUO XR TAB 5-500MG	42
XOFLUZA TAB 20MG	83
XOFLUZA TAB 40MG	83
XOLAIR INJ 150MG/ML	24
XOLAIR INJ 75/0.5	24
XOLAIR SOL 150MG	24
Xulane	
see norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	92
XYNTHA SOLOF INJ 1000UNIT	116
XYNTHA SOLOF INJ 2000UNIT	117
XYNTHA SOLOF INJ 3000UNIT	117
XYNTHA SOLOF INJ 500UNIT	116
XYNTHA SOLOF KIT 250UNIT.....	117
XYREM SOL 500MG/ML	148
Z	
zafirlukast tab 10 mg	24
zafirlukast tab 20 mg	24
zaleplon cap 10 mg	122
zaleplon cap 5 mg	121
zanamivir	
see RELENZA MIS DISKHALE	83
zanubrutinib	
see BRUKINSA CAP 80MG.....	67
ZARXIO INJ 300/0.5	119
ZARXIO INJ 480/0.8.....	119
ZEJULA CAP 100MG.....	69

ZENPEP CAP 10000UNT.....	104	see ZOMIG SPR 2.5MG.....	129
ZENPEP CAP 15000UNT.....	104	see ZOMIG SPR 5MG.....	129
ZENPEP CAP 20000UNT.....	104	zolmitriptan orally disintegrating	
ZENPEP CAP 25000.....	104	tab 2.5 mg	129
ZENPEP CAP 3000UNIT.....	104	zolmitriptan orally disintegrating	
ZENPEP CAP 40000.....	104	tab 5 mg	129
ZENPEP CAP 5000UNIT.....	104	zolmitriptan tab 2.5 mg	129
ZEPATIER TAB 50-100MG.....	82	zolmitriptan tab 5 mg	129
zidovudine cap 100 mg	82	zolidem tartrate tab 10 mg	122
zidovudine syrup 10 mg/ml	82	zolidem tartrate tab 5 mg	122
zidovudine tab 300 mg	82	ZOMIG SPR 2.5MG.....	129
ZIEXTENZO INJ 6/0.6ML.....	119	ZOMIG SPR 5MG.....	129
zileuton tab er 12hr 600 mg	24	zonisamide cap 100 mg	33
zinc sulfate cap 220 mg (50 mg		zonisamide cap 25 mg	33
elemental zn)	133	zonisamide cap 50 mg	33
Zinc-220		ZONTIVITY TAB 2.08MG.....	117
see zinc sulfate cap 220 mg (50		ZORTRESS TAB 0.25MG.....	134
mg elemental zn)	133	ZORTRESS TAB 0.5MG.....	134
Zinc-oxide Plus		ZORTRESS TAB 0.75MG.....	134
see menthol-zinc oxide oint 0.44-		ZORTRESS TAB 1MG.....	134
20%	103	ZOSTAVAX INJ.....	159
ZIOPTAN DRO 0.0015%.....	145	zoster vaccine live	
ziprasidone hcl cap 20 mg	72	see ZOSTAVAX INJ.....	159
ziprasidone hcl cap 40 mg	72	zoster vaccine recombinant	
ziprasidone hcl cap 60 mg	73	adjuvanted	
ziprasidone hcl cap 80 mg	73	see SHINGRIX INJ 50/0.5ML.....	158
ZIRGAN GEL 0.15%.....	143	ZYDELIG TAB 100MG.....	69
ZOLADEX IMP 10.8MG.....	67	ZYDELIG TAB 150MG.....	69
ZOLADEX IMP 3.6MG.....	67	ZYKADIA CAP 150MG.....	70
zoledronic acid iv soln 5 mg/100ml		ZYPREXA RELP INJ 210MG.....	77
.....	106	ZYPREXA RELP INJ 300MG.....	77
ZOLINZA CAP 100MG.....	69	ZYPREXA RELP INJ 405MG.....	77
zolmitriptan			



PO Box 3887, Albuquerque, NM 87190

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

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