

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

Molina Healthcare of Washington, Inc Marketplace

Notice:

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

The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

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

Aviso:

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

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

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.

Notice on Drug Company Cost Sharing Assistance

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

Aviso sobre la Asistencia de Costos Compartidos de la Empresa Farmacéutica

Los costos compartidos que se pagan con el apoyo de la empresa farmacéutica no se aplicarán a ningún Deducible o Máximo de Gastos de su Bolsillo de su plan cada año. El apoyo de la empresa farmacéutica corresponde a tarjetas de descuento, cupones, tarjetas regalo, dinero en efectivo u otra ayuda económica que usted reciba de dicha empresa o de un programa patrocinado con el propósito de comprar los medicamentos de una empresa.

FDA Approved Contraceptives

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

Anticonceptivos aprobados por la FDA

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



Molina Healthcare Marketplace

2022 Formulary Changes Effective January 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
7T LIDO GEL 2%	DRUG REMOVED FROM FORMULARY; REGENECARE GEL COVERED ON FORMULARY		
ABIRATERONE TAB 500MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ADVAIR DISKUS AEPB 100- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR DISKUS AEPB 250- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR DISKUS AEPB 500- 50MCG/DOSE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 115- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 230- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ADVAIR HFA AERO 45- 21MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
AIMOVIG (140 MG DOSE) SOAJ 70MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
AIMOVIG SOAJ 140MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
AIMOVIG SOAJ 70MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
ALBENDAZOLE TAB 200MG	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALINIA TAB 500MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AMITIZA CAP 24MCG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AMITIZA CAP 8MCG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
AMPHETAMI ER SUS 1.25/ML	ADD TO FORMULARY TIER 3, MAX AGE 11 WITHOUT PRIOR AUTHORIZATION		
ARIPIRAZOLE ORAL SOLUTION 1 MG/ML	MAX AGE 11 YEARS OR PRIOR AUTHORIZATION REQUIRED		
ATRIPLA TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
BANZEL SUS 40MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
BICALUTAMIDE TAB 50 MG	CHANGED TIER	1	4
BREZTRI AERO AER SPHERE	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
CALCITRIOL OIN 3MCG/GM	PRIOR AUTHORIZATION REQUIRED		
CARISOPRODOL TAB ASA/COD	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
CDP/AMITRIP TAB 10-25MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
CDP/AMITRIP TAB 5-12.5MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
CELECOXIB CAP 100MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 200MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 400MG	REMOVED PRIOR AUTHORIZATION		
CELECOXIB CAP 50MG	REMOVED PRIOR AUTHORIZATION		
CHANTIX PAK 0.5 & 1MG	TWO NEW STARTS ALLOWED PER YEAR		
CHROMAGEN CAP	DRUG REMOVED FROM FORMULARY		
CIPRODEX SUS 0.3-0.1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
CLONIDINE TAB 0.1MG ER	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
COPAXONE 20 MG	ADD TO FORMULARY TIER 4 WITH PRIOR AUTHORIZATION		
COPAXONE 40 MG	ADD TO FORMULARY TIER 4 WITH PRIOR AUTHORIZATION		
DARAPRIM TAB 25MG	DRUG REMOVED FROM FORMULARY; PYRIMETHAMINE/LEUCOVORIN COVERED ON FORMULARY		
DESVENLAFAX TAB 25MG ER	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
DEXCHLORPHEN SYP 2MG/5ML	DRUG REMOVED FROM FORMULARY; DIPHENHYDRAMINE COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
DICLO/MISOPR TAB 50-0.2MG	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		
DICLO/MISOPR TAB 75-0.2MG	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		
DOFETILIDE CAP 125MCG	CHANGED TIER	4	3
DOFETILIDE CAP 250MCG	CHANGED TIER	4	3
DOFETILIDE CAP 500MCG	CHANGED TIER	4	3
DOXYCYCL HYC CAP 100MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCL HYC CAP 50MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCL HYC TAB 100MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE COVERED ON FORMULARY		
DOXYCYCLINE TAB 20MG	DRUG REMOVED FROM FORMULARY; DOXYCYCLINE MONOHYDRATE 50MG OR 100MG COVERED ON FORMULARY		
DULERA AER 100-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DULERA AER 200-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DULERA AER 50-5MCG	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR AND SYMBICORT COVERED ON FORMULARY		
DUTAST/TAMSU CAP 0.5-0.4	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
ELAPRASE INJ 6MG/3ML	DRUG REMOVED FROM FORMULARY; COVERED ON EXCEPTION		
ELIQUIS ST P TAB 5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
ELIQUIS TAB 2.5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
ELIQUIS TAB 5MG	CHANGED TIER, REMOVE PRIOR AUTHORIZATION, ADD QUANTITY LIMIT	3	2
EMGALITY (300 MG DOSE) SOSY 100MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		

Drug Name	Description of Formulary Change	Current Tier	New Tier
EMGALITY SOAJ 120MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
EMGALITY SOSY 120MG/ML	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT; EXCLUDED FROM MAIL ORDER		
EMTRIVA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ENOXAPARIN INJ 100MG/ML	CHANGED TIER	4	3
ENOXAPARIN INJ 120MG/0.8ML	CHANGED TIER	4	3
ENOXAPARIN INJ 150MG/ML	CHANGED TIER	4	3
ENOXAPARIN INJ 300MG/3ML	CHANGED TIER	4	3
ENOXAPARIN INJ 30MG/0.3ML	CHANGED TIER	4	3
ENOXAPARIN INJ 40MG/0.4ML	CHANGED TIER	4	3
ENOXAPARIN INJ 60MG/0.6ML	CHANGED TIER	4	3
ENOXAPARIN INJ 80MG/0.8ML	CHANGED TIER	4	3
ETODOLAC CAP 200MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
FABRAZYME INJ 5MG	DRUG REMOVED FROM FORMULARY		
FEIBA INJ	DRUG REMOVED FROM FORMULARY		
FERRIPROX TAB 500MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FLUTIC/SALME AER 100/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME AER 250/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME AER 500/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 113/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 232/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FLUTIC/SALME INH 55/14	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
FONDAPARINUX INJ 10MG/0.8ML	CHANGED TIER	4	3

Drug Name	Description of Formulary Change	Current Tier	New Tier
FONDAPARINUX INJ 2.5MG/0.5ML	CHANGED TIER	4	3
FONDAPARINUX INJ 5MG/0.4ML	CHANGED TIER	4	3
FONDAPARINUX INJ 7.5MG/0.6ML	CHANGED TIER	4	3
FRAGMIN INJ 10000UNIT/ML	CHANGED TIER	4	3
FRAGMIN INJ 12500UNT	CHANGED TIER	4	3
FRAGMIN INJ 15000UNT	CHANGED TIER	4	3
FRAGMIN INJ 18000UNT	CHANGED TIER	4	3
FRAGMIN INJ 2500UNIT/0.2ML	CHANGED TIER	4	3
FRAGMIN INJ 5000UNIT/0.2ML	CHANGED TIER	4	3
FRAGMIN INJ 7500UNIT/0.3ML	CHANGED TIER	4	3
FULPHILA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
GLATIRAMER INJ 20MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATIRAMER INJ 40MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATOPA INJ 20MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
GLATOPA INJ 40MG/ML	DRUG REMOVED FROM FORMULARY; BRAND COPAXONE COVERED ON FORMULARY		
HERZUMA SOLR 150MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
HERZUMA SOLR 420MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
HUMULIN INJ 70/30	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN INJ 70/30KWP	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN N INJ U-100	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN N INJ U-100KWP	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
HUMULIN R INJ U-100	DRUG REMOVED FROM FORMULARY; NOVOLIN BRAND COVERED ON FORMULARY		
HUMULIN R INJ U-500	CHANGED TIER	3	2
ICLUSIG TAB 10MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ICLUSIG TAB 30MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
KANJINTI SOLR 150MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
KANJINTI SOLR 420MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
KETOPROFEN CAP 50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
KETOPROFEN CAP 75MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
KUVAN TAB 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LANSOPR/AMOX MIS /CLARITH	ADD TO FORMULARY TIER 3 WITH MAX DAY'S SUPPLY 10		
LINZESS CAP 145MCG	CHANGED TIER	3	2
LINZESS CAP 290MCG	CHANGED TIER	3	2
LINZESS CAP 72MCG	CHANGED TIER	3	2
METOCLOPRAM INJ 10MG/2ML	ADD TO FORMULARY TIER 1		
METOCLOPRAM INJ 5MG/ML	ADD TO FORMULARY TIER 1		
MONUROL POW 3GM	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
MOTOFEN TAB 1-0.025	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
MOVIPREP SOL	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NEULASTA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN INJ 300MCG	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
NEUPOGEN INJ 480MCG	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN SOSY 300MCG/0.5ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NEUPOGEN SOSY 480MCG/0.8ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NITAZOXANIDE TABS 500MG	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
NIVESTYM SOLN 300MCG/ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOLN 480MCG/1.6ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOSY 300MCG/0.5ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NIVESTYM SOSY 480MCG/0.8ML	DRUG REMOVED FROM FORMULARY; ZARXIO COVERED ON FORMULARY		
NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)	ADD TO FORMULARY, TIER 5; MAX DAY SUPPLY 90; EXCEPT NM, CA, WA, IL, AND NY		
NORTHERA CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NORTHERA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NORTHERA CAP 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NOVOLIN N FLEXPEN SUPN 100UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
NOVOLIN R FLEXPEN SOPN 100UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
NUPLAZID CAP 34MG	DRUG REMOVED FROM FORMULARY		
NUPLAZID TAB 10MG	DRUG REMOVED FROM FORMULARY		
NURTEC TAB 75MG ODT	DRUG REMOVED FROM FORMULARY; AIMOVIG OR EMGALITY (FOR PREVENTION) AND REYVOW (FOR TREATMENT) COVERED ON FORMULARY WITH PRIOR AUTHORIZATION		
OFEV CAP 100MG	ADD TO FORMULARY TIER 4 WITH PRIOR AUTHORIZATION		
OFEV CAP 150MG	ADD TO FORMULARY TIER 4 WITH PRIOR AUTHORIZATION		

Drug Name	Description of Formulary Change	Current Tier	New Tier
OGIVRI SOLR 150MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
OGIVRI SOLR 420MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ONTRUZANT SOLR 150MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
ONTRUZANT SOLR 420MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
OSPHENA TAB 60MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, NO ACA, QUANTITY LIMITS		
PEGINTRON KIT 50MCG	ADD TO FORMULARY TIER 4 WITH PRIOR AUTHORIZATION		
PERPHEN/AMIT TAB 2-10MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 2-25MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-10MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-25MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PERPHEN/AMIT TAB 4-50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, MAX AGE 64		
PINWORM TAB MEDICINE	ADD TO FORMULARY TIER 1		
PRED-G SUS OP	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		
PROAIR HFA AER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PROGLYCEM SUS 50MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PROVENTIL AER HFA	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PYRIME/LEUCO CAP 12.5/2.5	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 25/10MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 25/5MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
PYRIME/LEUCO CAP 50/10MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 50/20MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 50/25MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIME/LEUCO CAP 75/25MG	ADD TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
PYRIMETHAMINE TAB 25 MG	DRUG REMOVED FROM FORMULARY; PYRIMETHAMINE/LEUCOVORIN COVERED ON FORMULARY		
REBIF REBIDOSE SOAJ 22MCG/0.5ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REBIF REBIDOSE SOAJ 44MCG/0.5ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REBIF REBIDOSE TITRATION PACK SOAJ 6X8.8 & 6X22MCG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REBIF SOSY 22MCG/0.5ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REBIF SOSY 44MCG/0.5ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REBIF TITRATION PACK SOSY 6X8.8 & 6X22MCG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
REMICADE INJ 100MG	DRUG REMOVED FROM FORMULARY; INFLECTRA AND RENFLEXIS COVERED ON FORMULARY		
Reyvow TABS 100MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
Reyvow TABS 50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
RITUXAN INJ 100MG	DRUG REMOVED FROM FORMULARY; BIOSIMILARS COVERED ON FORMULARY		
RITUXAN INJ 500MG	DRUG REMOVED FROM FORMULARY; BIOSIMILARS COVERED ON FORMULARY		
RUXIENCE SOLN 100MG/10ML	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
RUXIENCE SOLN 500MG/50ML	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
RYCLORA SYP 2MG/5ML	DRUG REMOVED FROM FORMULARY; DIPHENHYDRAMINE COVERED ON FORMULARY		
SAMSCA TAB 15MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAMSCA TAB 30MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SAPHRIS SUB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML	MAX AGE 11 YEARS OR PRIOR AUTHORIZATION REQUIRED		
SKLICE LOT 0.5%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SOLIQUA SOPN 100-33UNT- MCG/ML	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
SPIRIVA HANDHALER CAPS 18MCG	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
SYMFI LO TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SYMFI TAB	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TAYTULLA CAP 1MG/20MC	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TECFIDERA CAP 120MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
TECFIDERA CAP 240MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TECFIDERA MIS STARTER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TINIDAZOLE TAB 250MG	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
TINIDAZOLE TAB 500MG	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
TOREMIFENE TAB 60MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
TOUJEO SOLOSTAR SOPN 300UNIT/ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
TRAMADL/APAP TAB 37.5-325	ADD TO FORMULARY TIER 1 WITH QUANTITY LIMIT, MED LIMITS, MAX 7 DAY INITIAL SUPPLY, DAILY OPIOID DOSE LIMIT APPLIES		
TRAZIMERA SOLR 150MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TRAZIMERA SOLR 420MG	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TRELEGY AER ELLIPTA	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
TREMFYA SOPN 100MG/ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION, PREFERRED BRAND		
TREMFYA SOSY 100MG/ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION, PREFERRED BRAND		
TRUVADA TAB 100-150	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRUVADA TAB 200-300	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRUXIMA SOLN 100MG/10ML	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
TRUXIMA SOLN 500MG/50ML	ADD TO FORMULARY, TIER 4 (TIER 3 NYEP) WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
TYKERB TAB 250MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
Ubrelvy TABS 100MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
Ubrelvy TABS 50MG	ADD TO FORMULARY TIER 3 WITH PRIOR AUTHORIZATION, QUANTITY LIMITS		
UDENYCA SOSY 6MG/0.6ML	DRUG REMOVED FROM FORMULARY; ZIEXTENZO PREFERRED		
ULESFIA LOT 5%	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
VENTOLIN HFA AER	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
WIXELA INHUB AER 100/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
WIXELA INHUB AER 250/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
WIXELA INHUB AER 500/50	DRUG REMOVED FROM FORMULARY; BRAND ADVAIR COVERED ON FORMULARY		
XARELTO STAR TAB 15/20MG	REMOVED PRIOR AUTHORIZATION		
XARELTO TAB 10MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 15MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 2.5MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XARELTO TAB 20MG	REMOVED PRIOR AUTHORIZATION, ADD QUANTITY LIMIT		
XULTOPHY SOPN 100-3.6UNIT-MG/ML	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
ZOMIG SPR 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ZOMIG SPR 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
Z-TUSS AC LIQ 2-9/5ML	ADD TO FORMULARY, TIER 2 WITH QUANTITY LIMIT		
ZYLET SUS 0.5-0.3%	ADD TO FORMULARY TIER 3 WITH QUANTITY LIMITS		

Contents

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

Welcome!

Drug Formulary (List of Drugs)

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

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

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

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

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

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

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

I have questions about how my plan covers drugs.

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

- Can my prescription be filled at a retail pharmacy?
- What is the cost sharing dollar amount for my prescription?
- What is the process for requesting a drug that has a Prior Authorization requirement?
- How can I request an exception for a drug that is not on the formulary or has step therapy requirements?
- Is my drug covered under the prescription drug benefit or the medical benefit?

Call toll-free **1-888-858-3492**, Monday through Friday, **7:30 AM – 6:30 PM PST**. If you are deaf or hard of hearing, dial 711 for the Telecommunications Service. You can also ask us to mail you a copy of the drug list.

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

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

Using the Drug Formulary as your prescription drug coverage guide

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

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

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

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

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

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

What drug names are used on the list?

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

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

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

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

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

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

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

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

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

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

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

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

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

Finding a pharmacy to fill a prescription

Pharmacy Network

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

Specialty Pharmacy

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

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

Mail Order Pharmacy

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

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

Out-of-Network Pharmacy

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

Prescription Claims Processor

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

Membership, cost sharing, prescription drug benefit information, and eligibility concerns may be addressed by calling our Customer Support Center at **1-888-858-3492**. Member Services is available Monday through Friday **7:30 AM – 6:30 PM PST**.

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

Urgent and After-Hours Medication Policy

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

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

Pharmacies may call us at **1-855-322-4082** on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

Prior authorization and exception request procedure

Prior authorization

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

Your provider may fax a completed drug Prior Authorization form to us at **1-800-869-7791**. The clinical policies and forms may be obtained at our website MolinaMarketplace.com.

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

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

We will reach a decision no later than:

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

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

Requesting a Formulary Exception

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

Molina members can request coverage of clinically appropriate drugs that are not on the formulary, or have "fail first" or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on "exception," as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member's behalf. These requests will be considered for a medically accepted use when formulary options cannot be

used, and other coverage requirements are met. A member's response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

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

Are there any drugs that are not covered at all?

Non-covered drugs such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception. Molina does not cover certain types of drugs that are listed as benefit exclusions in the plan policy, including:

- Cosmetic drugs
- Drugs not FDA-approved or licensed for use in the United States
- Drugs to treat erectile dysfunction or other types of sexual dysfunction
- Experimental and Investigational drugs or uses of drugs
- Gene therapy
- Hair loss or growth treatments
- Homeopathic treatments and nutritional supplements
- Infertility drugs (other than treating and underlying infertility cause itself)
- Over-the-counter drugs not listed on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Weight loss drugs

How do I request a Formulary Exception?

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

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at 1 (800) 869-7791. The form may be obtained on MolinaMarketplace.com at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted.

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

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

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:

- Present a barrier to treatment plan adherence, or
- Negatively impact a member’s comorbid condition, or
- Cause a clinically predictable negative drug interaction, or
- Decrease the member’s ability to achieve or maintain reasonable functional ability in performing daily activities

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

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

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

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

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

Complaints and Appeals

You may file a grievance or complaint by contacting the our Customer Support Center at **1-888-858-3492**. If we do not approve your drug request, a notice of rights to appeal the decision will be included in the notice of action. For more information refer to the section in your Agreement (policy) that covers “Complaints and Appeals”. A copy of the Agreement, also called the Evidence of Coverage, can be found on MolinaMarketplace.com.

Notice

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

Legend

What are the Requirements and Limits on the drug list?

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

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

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

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

2022

Formulario

(Lista de Medicamentos Cubiertos)

Molina Marketplace – Washington

MolinaMarketplace.com

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

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



Your Extended Family.

Contenido

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

¡Bienvenido(a)!

Formulario de Medicamentos (Lista de Medicamentos)

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

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

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

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

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

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

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

Tengo preguntas sobre cómo mi plan cubre medicamentos.

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

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

Llame al número de teléfono gratuito **1-888-858-3492**, de lunes a viernes, **7:30 AM – 6:30 PM PST**. Si es sordo o tiene dificultades auditivas, marque el 711 para comunicarse con el Servicio de Telecomunicaciones. También puede solicitar el envío por correo de una copia de la lista de medicamentos.

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

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

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

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

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

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

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

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

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

¿Qué nombres de medicamentos se usan en la lista?

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

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

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

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

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

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

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

DME

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

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

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

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

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

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

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

Cómo encontrar una farmacia para surtir una receta médica

Red de Farmacias

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

Farmacia de Especialidad

Su plan cuenta con una red de farmacias especializadas que pueden procesar y dispensar medicamentos de especialidad. Los medicamentos de especialidad se encuentran en la Categoría 4 del formulario. Algunos medicamentos tienen una distribución limitada. La distribución limitada significa que solo determinadas farmacias venden el medicamento. El Administrador de Beneficios Farmacéuticos de su plan, CVS Caremark®, tiene una farmacia especializada que proporciona apoyo clínico para ayudar a los afiliados a administrar sus medicamentos y a tratar sus afecciones. La mayoría de los medicamentos de especialidad requieren autorización previa antes de que tengan

cobertura. Un recetador nos puede presentar solicitudes de Autorización Previa directamente o puede enviar una receta médica a CVS para comenzar el proceso. Si la entrega por correo del medicamento de especialidad no es una opción para el afiliado, CVS ofrece la opción de enviar el medicamento a una farmacia CVS local para su retiro.

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

Servicio de Farmacia por Correo

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

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

Farmacia Fuera de la Red

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

Procesador de Reclamaciones de Recetas Médicas

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

Si desea obtener información sobre la membresía, los costos compartidos y el beneficio de medicamentos recetados, además de resolver dudas sobre la elegibilidad, llame al Centro de Apoyo al Cliente de Molina al **1-888-858-3492**. El Departamento de Servicios para Miembros atiende de lunes a viernes, de **7:30 AM – 6:30 PM PST**.

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

Política de Medicamentos urgentes y Después del Horario de atención

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

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

Las farmacias nos pueden llamar al **1-855-322-4082** el día laborable siguiente para obtener una autorización que permita procesar la receta médica en línea obtenida en urgencias o después de las horas de consulta. Se aconseja y espera que la farmacia brinde documentación razonable de los casos en los que se distribuyeron los medicamentos bajo estas circunstancias urgentes.

Procedimiento de solicitud de excepción y autorización previa

Autorización previa

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

Su proveedor puede enviarnos por fax un formulario de Autorización Previa para medicamentos completado al **1-800-869-7791**. Las políticas y los formularios clínicos se pueden obtener en nuestro sitio web MolinaMarketplace.com.

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

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

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

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

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

Cómo solicitar una Excepción

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

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

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

Medicamentos no cubiertos

Los medicamentos no cubiertos, como las exclusiones de beneficios, no cuentan con ninguna cobertura. No pueden recibir aprobación para la cobertura por excepción de formulario. Molina no cubre ciertos tipos de medicamentos que se indican como exclusiones de beneficios en la política del plan, incluidos los siguientes:

- Medicamentos de uso cosmético
- Medicamentos no aprobados ni autorizados por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) para su uso en Estados Unidos
- Medicamentos para tratar la disfunción eréctil u otros tipos de disfunciones sexuales
- Medicamentos experimentales y en fase de investigación, así como los usos experimentales o en fase de investigación de medicamentos
- Genoterapia
- Tratamientos para la pérdida o el crecimiento del cabello
- Tratamientos homeopáticos y suplementos nutricionales
- Medicamentos para la infertilidad (que no sean para el tratamiento de la causa subyacente de la infertilidad)
- Medicamentos de venta libre que no se encuentran en el formulario
- Medicamentos menos eficaces propuestos identificados por el programa de Implementación del Estudio de Eficacia de Medicamentos (Drug Efficacy Study Implementation, DESI)
- Medicamentos para la pérdida de peso

Solicitud de una excepción de formulario

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

Un proveedor puede enviar por fax un formulario completado de **Autorización previa/Solicitud de excepción de medicamentos** a Molina al 1 (800) 869-7791. El formulario está disponible en MolinaMarketplace.com en la página de formularios y documentos del proveedor. El formulario se debe completar y debe incluir toda la información médica. De lo contrario, no se aceptará.

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

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

- El miembro tiene una contraindicación médica al medicamento del formulario o al medicamento requerido.

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

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

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

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

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

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

Quejas y Apelaciones

Puede presentar un reclamo, solo debe comunicarse con el Centro de Apoyo al Cliente al **1-888-858-3492**. Si no aprobamos su solicitud de medicamento, se incluirá un aviso de derechos para apelar la decisión en la notificación de acción. Para obtener más información, consulte la sección de su Contrato (póliza) que incluye “Quejas y Apelaciones”. Puede encontrar una copia del Contrato, también llamada Evidencia de Cobertura, en MolinaMarketplace.com.

Aviso

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

Leyenda

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

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

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

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

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

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

AMPHETAMINES

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 3	PA, QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years, Max 18 years)

STIMULANTS - MISC.

<i>armodafinil tab 50 mg</i>	Tier 1	PA
<i>armodafinil tab 150 mg</i>	Tier 1	PA
<i>armodafinil tab 200 mg</i>	Tier 1	PA
<i>armodafinil tab 250 mg</i>	Tier 1	PA
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>dexmethylphenidate hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 3	PA, QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	QL (30 caps / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	QL (450 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	QL (900 mL / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE; AGE (Min 6 years, Max 18 years)

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

ALTERNATIVE MEDICINES**ALTERNATIVE MEDICINE - M'S**

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

ALTERNATIVE MEDICINE COMBINATIONS

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

AMINOGLYCOSIDES**AMINOGLYCOSIDES**

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

ANALGESICS - ANTI-INFLAMMATORY**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

HUMIRA INJ 10/0.1ML (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 10MG/0.2 (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 20/0.2ML (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA INJ 40/0.4ML (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA KIT 20MG/0.4 (<i>adalimumab</i>)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand

Drug Name	Drug Tier	Requirements/Limits
HUMIRA KIT 40MG/0.8 (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (2 ea / year); Preferred Brand
HUMIRA PEDIA INJ CROHNS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN INJ 40/0.4ML (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN INJ CD/UC/HS (adalimumab)	Tier 4	PA, QL (2 mL / 28 days); Preferred Brand
HUMIRA PEN KIT CD/UC/HS (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand
HUMIRA PEN KIT PS/UV (adalimumab)	Tier 4	PA, QL (3 ea / year); Preferred Brand
SIMPONI INJ 50/0.5ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
SIMPONI INJ 100MG/ML (golimumab)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER (upadacitinib)	Tier 4	PA; Preferred Brand
XELJANZ SOL 1MG/ML (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ TAB 5MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ TAB 10MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 11MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand
XELJANZ XR TAB 22MG (tofacitinib citrate)	Tier 4	PA; Preferred Brand

GOLD COMPOUNDS

RIDAURA CAP 3MG (auranofin)	Tier 3	PA, MAIL
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INTERLEUKIN-1 BLOCKERS

ARCALYST INJ 220MG (rilonacept)	Tier 4	PA
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INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)

KINERET INJ (anakinra)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
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Drug Name	Drug Tier	Requirements/Limits
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; Medical Necessity PA; Prior use of appropriate Preferred Brands
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>celecoxib cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 200 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>celecoxib cap 400 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diclofenac potassium tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 3	QL (60 tabs / 30 days)
<i>etodolac cap 200 mg</i>	Tier 1	QL (150 caps / 30 days), MAIL
<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	PA, 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	QL (120 caps / 30 days), OTC
<i>ibuprofen chew tab 100 mg</i> (Sm Ibuprofen Ib)	Tier 1	QL (180 tabs / 30 days), AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 40 mg/ml</i> (Cvs Ibuprofen Infants)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen susp 100 mg/5ml</i> (Ibuprofen Childrens)	Tier 1	AGE, OTC; AGE (Max 12 years)
<i>ibuprofen tab 100 mg</i> (Advil Junior Strength)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 200 mg</i> (Ra Ibuprofen)	Tier 1	QL (120 tabs / 30 days), OTC
<i>ibuprofen tab 400 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<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	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>indomethacin cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
<i>ketoprofen cap 50 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<i>ketoprofen cap 75 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL
<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	PA, MAIL
<i>meclofenamate sodium cap 100 mg</i>	Tier 3	PA, MAIL
<i>mefenamic acid cap 250 mg</i>	Tier 3	PA, MAIL
<i>meloxicam tab 7.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>meloxicam tab 15 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>nabumetone tab 500 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>nabumetone tab 750 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>naproxen sodium tab 220 mg</i>	Tier 1	QL (90 tabs / 30 days), OTC, MAIL
<i>naproxen susp 125 mg/5ml</i>	Tier 3	AGE, MAIL; AGE (Max 12 years)
<i>naproxen tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 375 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>naproxen tab ec 500 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>oxaprozin tab 600 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
<i>piroxicam cap 10 mg</i>	Tier 1	PA, QL (120 caps / 30 days), MAIL
<i>piroxicam cap 20 mg</i>	Tier 1	PA, QL (60 caps / 30 days), MAIL
<i>sulindac tab 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>sulindac tab 200 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium cap 400 mg</i>	Tier 3	PA, QL (120 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium tab 200 mg</i>	Tier 3	QL (90 tabs / 30 days), MAIL
<i>tolmetin sodium tab 600 mg</i>	Tier 3	PA, QL (90 tabs / 30 days), MAIL
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 4	PA; Preferred Brand
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>leflunomide tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
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 50/0.4ML (<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	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 4	PA, QL (8 vials / 24 days); Preferred Brand
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand

Drug Name	Drug Tier	Requirements/Limits
ENBREL SRCLK INJ 50MG/ML (etanercept)	Tier 4	PA, QL (4 mL / 24 days); Preferred Brand
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
butalbital-acetaminophen-caffeine tab 50-325-40 mg	Tier 1	QL (180 tabs / 30 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	Tier 1	QL (180 caps / 30 days), AGE; AGE (Max 64 years)
ANALGESICS OTHER		
acetaminophen chew tab 80 mg (Childrens Pain Reliever)	Tier 1	OTC
acetaminophen chew tab 160 mg (Non-aspirin Junior Streng)	Tier 1	OTC
acetaminophen disintegrating tab 80 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen disintegrating tab 160 mg (Ra Acetaminophen Rapid Me)	Tier 1	OTC
acetaminophen elixir 160 mg/5ml	Tier 1	OTC
acetaminophen liquid 160 mg/5ml (Mapap)	Tier 1	OTC
acetaminophen liquid 167 mg/5ml (Eq Pain Relief Adult/rapi)	Tier 1	OTC
acetaminophen soln 160 mg/5ml (Pain & Fever Childrens)	Tier 1	OTC
acetaminophen suppos 120 mg	Tier 1	OTC
acetaminophen suppos 650 mg	Tier 1	OTC
acetaminophen susp 160 mg/5ml (Cvs Pain & Fever Children)	Tier 1	OTC
acetaminophen tab 325 mg (Mapap)	Tier 1	OTC
acetaminophen tab 500 mg	Tier 1	OTC
acetaminophen tab 500 mg (Sm Pain Relief Extra Stre)	Tier 1	OTC
acetaminophen tab er 650 mg	Tier 1	OTC
FEVERALL INF SUP 80MG (acetaminophen)	Tier 1	OTC
FEVERALL SUP 325MG (acetaminophen)	Tier 1	OTC
NORTEMP SUS INFANTS (acetaminophen)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
SALICYLATES		
aspirin chew tab 81 mg (St Joseph Low Dose Aspirin)	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	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 25 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 50 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED
fentanyl td patch 72hr 75 mcg/hr	Tier 1	PA, QL (10 patches / 30 days); MED

Drug Name	Drug Tier	Requirements/Limits
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA, QL (10 patches / 30 days); MED
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	QL (360 tabs / 30 days); Max 7 day supply initial fill, MED
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 3	PA; MED
<i>hydromorphone hcl tab er 24hr 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	QL (450 mL / 30 days); Max 7 day supply initial fill, MED
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	QL (450 mL / 30 days); Max 7 day supply initial fill, MED

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

Drug Name	Drug Tier	Requirements/Limits
<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
<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	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED

Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Tier 3	PA, QL (120 tabs / 30 days); MED
<i>tramadol hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days); Max 7 day supply initial fill, MED
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	PA, QL (30 tabs / 30 days); MED
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	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

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

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 3	PA; MED
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 3	PA; MED
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	PA, QL (6 bottles / 25 days); MED
ANDROGENS-ANABOLIC		
<i>ANABOLIC STEROIDS</i>		
<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
<i>ANDROGENS</i>		
<i>ANDROXY TAB 10MG (fluoxymesterone)</i>	Tier 3	PA, QL (90 tabs / 30 days)
<i>danazol cap 50 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>danazol cap 100 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>danazol cap 200 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>METHITEST TAB 10MG (methyltestosterone)</i>	Tier 4	PA
<i>methyltestosterone cap 10 mg</i>	Tier 4	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	QL (10 mL / 30 days)
ANORECTAL AGENTS		
<i>INTRARECTAL STEROIDS</i>		
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 3	QL (1680 mL / 30 days)
<i>RECTAL COMBINATIONS</i>		
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15% (Ra Hemorrhoidal)</i>	Tier 1	OTC
<i>RECTAL LOCAL ANESTHETICS</i>		
<i>dibucaine perianal ointment 1%</i>	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
RECTAL STEROIDS		
hydrocortisone perianal cream 2.5%	Tier 1	
VASODILATING AGENTS		
RECTIV OIN 0.4% (nitroglycerin (intra-anal))	Tier 3	
ANTACIDS		
ANTACID COMBINATIONS		
alum & mag hydroxide-simethicone chew tab 200-200-25 mg (Mintox Plus)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Almacone)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml (Antacid)	Tier 1	OTC
alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml (Almacone Double Strength)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate chew tab 160-105 mg (Cvs Heartburn Relief)	Tier 1	OTC
aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml (Acid Gone)	Tier 1	OTC
calcium carbonate-mag hydroxide chew tab 675-135 mg (Tgt Antacid Extra Strengt)	Tier 1	OTC
calcium carbonate-mag hydroxide susp 400-135 mg/5ml (Cvs Antacid Supreme)	Tier 1	OTC
FOAM ANTACID CHW 80-20MG (aluminum hydroxide-mag trisil)	Tier 1	OTC
MI-ACID CHW (calcium carbonate-mag hydrox)	Tier 1	OTC
ANTACIDS - BICARBONATE		
sodium bicarbonate tab 325 mg	Tier 1	OTC
sodium bicarbonate tab 650 mg	Tier 1	OTC
ANTACIDS - CALCIUM SALTS		
calcium carbonate (antacid) chew tab 400 mg (Childrens Pepto)	Tier 1	OTC
calcium carbonate (antacid) chew tab 500 mg (Calcium Antacid)	Tier 1	OTC
calcium carbonate (antacid) chew tab 750 mg (Cvs Smooth Antacid Extra)	Tier 1	OTC
calcium carbonate (antacid) chew tab 1000 mg (Gnp Antacid Ultra Strengt)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
calcium carbonate (antacid) susp 1250 mg/5ml	Tier 1	OTC
ANTACIDS - MAGNESIUM SALTS		
magnesium oxide tab 250 mg (Gnp Magnesium)	Tier 1	OTC
magnesium oxide tab 420 mg (Maox)	Tier 1	OTC
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	Tier 3	QL (2 tabs / 1 day); Max 1 Days Supply
BENZNIDAZOLE TAB 12.5MG	Tier 2	
BENZNIDAZOLE TAB 100MG	Tier 2	
ivermectin tab 3 mg	Tier 1	
praziquantel tab 600 mg	Tier 3	PA
pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv) (Cvs Pinworm Treatment)	Tier 1	OTC
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
metronidazole tab 250 mg	Tier 1	
metronidazole tab 500 mg	Tier 1	
pentamidine isethionate for nebulization soln 300 mg	Tier 3	
tinidazole tab 250 mg	Tier 3	QL (56 tabs / 7 days); Max 7 days supply
tinidazole tab 500 mg	Tier 3	QL (28 tabs / 7 days); Max 7 days supply
trimethoprim tab 100 mg	Tier 1	
XIFAXAN TAB 200MG (rifaximin)	Tier 4	PA
XIFAXAN TAB 550MG (rifaximin)	Tier 4	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
sulfamethoxazole-trimethoprim tab 400-80 mg	Tier 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	Tier 1	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML (nitazoxanide)	Tier 3	PA
atovaquone susp 750 mg/5ml	Tier 3	PA
nitazoxanide tab 500 mg	Tier 3	PA

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

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	QL (240 caps / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE, 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)
<i>BENZODIAZEPINES</i>		
<i>alprazolam tab 0.5 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 0.25 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 1 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>alprazolam tab 2 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 18 years)
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	QL (90 caps / 30 days), AGE; AGE (Min 6 years, Max 64 years)
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	QL (90 tabs / 30 days), AGE; AGE (Min 6 years, Max 64 years)

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

ANTIARRHYTHMICS**ANTIARRHYTHMICS TYPE I-A**

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

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

Drug Name	Drug Tier	Requirements/Limits
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (60 caps / 30 days), MAIL
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
LEUKOTRIENE MODULATORS		
montelukast sodium chew tab 4 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 9 years)
montelukast sodium chew tab 5 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), AGE, MAIL; AGE (Max 14 years)
montelukast sodium tab 10 mg (base equiv)	Tier 1	QL (30 tabs / 30 days), MAIL
zafirlukast tab 10 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zafirlukast tab 20 mg	Tier 3	QL (60 tabs / 30 days), MAIL
zileuton tab er 12hr 600 mg	Tier 3	PA, MAIL
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
DALIRESP TAB 250MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
DALIRESP TAB 500MCG (<i>roflumilast</i>)	Tier 3	PA, MAIL
STEROID INHALANTS		
ASMANEX 7 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 14 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 110MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 30 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 60 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX 120 AER 220MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ASMANEX HFA AER 50MCG (<i>mometasone furoate (inhalation)</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
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

Drug Name	Drug Tier	Requirements/Limits
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 3	QL (120 mL / 30 days), AGE, MAIL; AGE (Max 9 years)
FLOVENT HFA AER 44MCG (<i>fluticasone propionate hfa</i>)	Tier 3	QL (1 inhaler / 30 days), AGE, MAIL; AGE (Max 11 years)
FLOVENT HFA AER 110MCG (<i>fluticasone propionate hfa</i>)	Tier 3	QL (1 inhaler / 30 days), AGE, 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		
ADVAIR DISKU AER 100/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
ADVAIR DISKU AER 250/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
ADVAIR DISKU AER 500/50 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (60 inhalations / 30 days), MAIL
ADVAIR HFA AER 45/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 115/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
ADVAIR HFA AER 230/21 (<i>fluticasone-salmeterol</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 3	QL (1 inhaler / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate tab 4 mg	Tier 3	MAIL
ANORO ELLIPT AER 62.5-25 (umeclidinium-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
ARCAPTA CAP 75MCG (indacaterol maleate)	Tier 3	QL (30 caps / 30 days), MAIL
BEVESPI AER 9-4.8MCG (glycopyrrolate-formoterol fumarate)	Tier 2	QL (10.7 gm / 30 days), MAIL
BREO ELLIPTA INH 100-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREO ELLIPTA INH 200-25 (fluticasone furoate-vilanterol)	Tier 2	QL (60 blisters / 30 days), MAIL
BREZTRI AERO AER SPHERE (budesonide-glycopyrrolate-formoterol fumarate)	Tier 2	QL (1 inhaler / 30 days), MAIL
BROVANA NEB 15MCG (arformoterol tartrate)	Tier 3	QL (120 mL / 30 days), MAIL
COMBIVENT AER 20-100 (ipratropium-albuterol)	Tier 2	QL (4 gm / 30 days), MAIL
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	Tier 1	QL (360 mL / 30 days), MAIL
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	Tier 1	ST, QL (144 mL / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	Tier 1	ST, QL (144 ea / 30 days), MAIL; Prior use of albuterol neb solution within the past 90 days.
metaproterenol sulfate syrup 10 mg/5ml	Tier 1	MAIL
metaproterenol sulfate tab 10 mg	Tier 1	MAIL
metaproterenol sulfate tab 20 mg	Tier 1	MAIL
SEREVENT DIS AER 50MCG (salmeterol xinafoate)	Tier 2	QL (60 inhalations / 30 days), MAIL
STIOLTO AER 2.5-2.5 (tiotropium bromide-olodaterol hcl)	Tier 2	QL (4 gm / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
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
TRELEGY AER ELLIPTA (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	QL (1 inhaler / 30 days), MAIL
XANTHINES		
<i>theophylline soln 80 mg/15ml</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 100 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 200 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 300 mg</i>	Tier 1	MAIL
<i>theophylline tab er 12hr 450 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 400 mg</i>	Tier 1	MAIL
<i>theophylline tab er 24hr 600 mg</i>	Tier 1	MAIL
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
COUMADIN TAB 1MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 2MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 3MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 4MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 6MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 7.5MG (<i>warfarin sodium</i>)	Tier 2	MAIL
COUMADIN TAB 10MG (<i>warfarin sodium</i>)	Tier 2	MAIL
<i>warfarin sodium tab 1 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 2.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 3 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 4 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 6 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 7.5 mg</i>	Tier 1	MAIL
<i>warfarin sodium tab 10 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	PA
THROMBIN INHIBITORS		
PRADAXA CAP 75MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
PRADAXA CAP 110MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
PRADAXA CAP 150MG (<i>dabigatran etexilate mesylate</i>)	Tier 3	PA, MAIL
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 SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 sprays / 30 days), AGE; AGE (Min 6 years)
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 20MG (diazepam (anticonvulsant))	Tier 2	QL (10 ea / 30 days), AGE; AGE (Min 6 years)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG (eslicarbazepine acetate)	Tier 3	MAIL
APTIOM TAB 400MG (eslicarbazepine acetate)	Tier 3	MAIL
APTIOM TAB 600MG (eslicarbazepine acetate)	Tier 3	MAIL
APTIOM TAB 800MG (eslicarbazepine acetate)	Tier 3	MAIL
BANZEL TAB 200MG (rufinamide)	Tier 3	MAIL
BANZEL TAB 400MG (rufinamide)	Tier 3	MAIL
carbamazepine cap er 12hr 100 mg	Tier 1	MAIL
carbamazepine cap er 12hr 200 mg	Tier 1	MAIL
carbamazepine cap er 12hr 300 mg	Tier 1	MAIL
carbamazepine chew tab 100 mg	Tier 1	MAIL
carbamazepine susp 100 mg/5ml	Tier 1	MAIL
carbamazepine tab 200 mg (Eitol)	Tier 1	MAIL
carbamazepine tab er 12hr 100 mg	Tier 1	MAIL
carbamazepine tab er 12hr 200 mg	Tier 1	MAIL
carbamazepine tab er 12hr 400 mg	Tier 1	MAIL
DIACOMIT CAP 250MG (stiripentol)	Tier 3	PA, MAIL
DIACOMIT CAP 500MG (stiripentol)	Tier 3	PA, MAIL
DIACOMIT PAK 250MG (stiripentol)	Tier 3	PA, MAIL
DIACOMIT PAK 500MG (stiripentol)	Tier 3	PA, MAIL
gabapentin cap 100 mg	Tier 1	MAIL
gabapentin cap 300 mg	Tier 1	MAIL
gabapentin cap 400 mg	Tier 1	MAIL
gabapentin oral soln 250 mg/5ml	Tier 1	MAIL
gabapentin tab 600 mg	Tier 1	MAIL
gabapentin tab 800 mg	Tier 1	MAIL
lamotrigine tab 25 mg	Tier 1	MAIL
lamotrigine tab 100 mg	Tier 1	MAIL
lamotrigine tab 150 mg	Tier 1	MAIL
lamotrigine tab 200 mg	Tier 1	MAIL
lamotrigine tab chewable dispersible 5 mg	Tier 1	MAIL
lamotrigine tab chewable dispersible 25 mg	Tier 1	MAIL
levetiracetam oral soln 100 mg/ml	Tier 1	MAIL
levetiracetam tab 250 mg	Tier 1	MAIL
levetiracetam tab 500 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
levetiracetam tab 750 mg	Tier 1	MAIL
levetiracetam tab 1000 mg	Tier 1	MAIL
levetiracetam tab er 24hr 500 mg	Tier 1	MAIL
levetiracetam tab er 24hr 750 mg	Tier 1	MAIL
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	Tier 1	MAIL
oxcarbazepine tab 150 mg	Tier 1	MAIL
oxcarbazepine tab 300 mg	Tier 1	MAIL
oxcarbazepine tab 600 mg	Tier 1	MAIL
PREGABALIN CAP 25 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 50 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 75 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 100 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 150 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 200 MG	Tier 3	PA, QL (90 caps / 30 days)
PREGABALIN CAP 225 MG	Tier 3	PA, QL (60 caps / 30 days)
PREGABALIN CAP 300 MG	Tier 3	PA, QL (60 caps / 30 days)
primidone tab 50 mg	Tier 1	QL (120 tabs / 30 days), MAIL
primidone tab 250 mg	Tier 1	QL (120 tabs / 30 days), MAIL
rufinamide susp 40 mg/ml	Tier 3	MAIL
rufinamide tab 200 mg	Tier 3	MAIL
rufinamide tab 400 mg	Tier 3	MAIL
topiramate sprinkle cap 15 mg	Tier 1	MAIL
topiramate sprinkle cap 25 mg	Tier 1	MAIL
topiramate tab 25 mg	Tier 1	MAIL
topiramate tab 50 mg	Tier 1	MAIL
topiramate tab 100 mg	Tier 1	MAIL
topiramate tab 200 mg	Tier 1	MAIL
VIMPAT SOL 10MG/ML (lacosamide)	Tier 2	
VIMPAT TAB 50MG (lacosamide)	Tier 2	
VIMPAT TAB 100MG (lacosamide)	Tier 2	
VIMPAT TAB 150MG (lacosamide)	Tier 2	
VIMPAT TAB 200MG (lacosamide)	Tier 2	
zonisamide cap 25 mg	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<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

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	MAIL
<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	MAIL
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	MAIL
<i>valproic acid cap 250 mg</i>	Tier 1	MAIL
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine tab 15 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>mirtazapine tab 30 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>mirtazapine tab 45 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<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	PA, MAIL
EMSAM DIS 9MG/24HR (<i>selegiline</i>)	Tier 3	PA, MAIL
EMSAM DIS 12MG/24H (<i>selegiline</i>)	Tier 3	PA, MAIL
MARPLAN TAB 10MG (<i>isocarboxazid</i>)	Tier 3	PA, MAIL
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	QL (600 mL / 30 days), AGE, MAIL; AGE (Max 12 years)
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	QL (45 tabs / 30 days), MAIL
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	QL (90 caps / 30 days), MAIL
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>paroxetine hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 20 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>paroxetine hcl tab 40 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	QL (300 mL / 30 days), MAIL; AGE (Max 11 years)
<i>sertraline hcl tab 25 mg</i>	Tier 1	QL (45 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>sertraline hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>sertraline hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>nefazodone hcl tab 250 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>trazodone hcl tab 150 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 3	PA, MAIL
VIIBRYD KIT STARTER (<i>vilazodone hcl</i>)	Tier 3	PA
VIIBRYD TAB 10MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL
VIIBRYD TAB 20MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL
VIIBRYD TAB 40MG (<i>vilazodone hcl</i>)	Tier 3	PA, MAIL
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
FETZIMA CAP 20MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 40MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 80MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP 120MG (levomilnacipran hcl)	Tier 3	PA, MAIL
FETZIMA CAP TITRATIO (levomilnacipran hcl)	Tier 3	PA
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	Tier 1	QL (90 caps / 30 days), MAIL
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	Tier 1	QL (30 caps / 30 days), MAIL
venlafaxine hcl tab 25 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 37.5 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 50 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 75 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
venlafaxine hcl tab 100 mg (base equivalent)	Tier 1	QL (90 tabs / 30 days), MAIL
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
amitriptyline hcl tab 25 mg	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
amitriptyline hcl tab 50 mg	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
amitriptyline hcl tab 75 mg	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
amitriptyline hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
amitriptyline hcl tab 150 mg	Tier 1	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>imipramine hcl tab 25 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>imipramine hcl tab 50 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>protriptyline hcl tab 5 mg</i>	Tier 3	QL (120 tabs / 30 days), MAIL
<i>protriptyline hcl tab 10 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>trimipramine maleate cap 25 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 50 mg</i>	Tier 3	MAIL
<i>trimipramine maleate cap 100 mg</i>	Tier 3	MAIL

ANTIDIABETICS**ALPHA-GLUCOSIDASE INHIBITORS**

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

ANTIDIABETIC - AMYLIN ANALOGS

SYMLINPEN 60 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL
SYMLINPEN 120 INJ 1000MCG <i>(pramlintide acetate)</i>	Tier 3	PA, MAIL

ANTIDIABETIC COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
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Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; 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
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-500 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-850 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB 2.5-1000 (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JENTADUETO TAB XR (<i>linagliptin-metformin hcl</i>)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	Tier 2	ST, QL (6 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	ST, MAIL; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 10-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; 25-5-1000 MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 12.5-2.5-1000MG; Requires Trial of Metformin
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; 5-2.5-1000MG; Requires Trial of Metformin
XIGDUO XR TAB 2.5-1000 (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 5-1000MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (60 tabs / 30 days), MAIL; Requires Trial of Metformin
XIGDUO XR TAB 10-500MG (dapagliflozin-metformin hcl)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
XIGDUO XR TAB 10-1000 (<i>dapagliflozin-metformin hcl</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	Tier 2	ST, QL (5 pens / 30 days), MAIL; Prior use of one generic oral antidiabetic, and any GLP-1 OR basal insulin
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	Tier 2	QL (2 kits / 30 days)
GNP GLUCOSE CHW ORANGE (<i>dextrose diabetic use</i>)	Tier 1	OTC
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	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days

Drug Name	Drug Tier	Requirements/Limits
JANUVIA TAB 25MG (sitagliptin phosphate)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 50MG (sitagliptin phosphate)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
JANUVIA TAB 100MG (sitagliptin phosphate)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
TRADJENTA TAB 5MG (linagliptin)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Prior use of metformin in the last 180 days
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC		
CYCLOSET TAB 0.8MG (bromocriptine mesylate (diabetes))	Tier 2	QL (180 tabs / 30 days), MAIL
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)		
OZEMPIC INJ 2/1.5ML (semaglutide)	Tier 2	ST, QL (1.5 mL / 24 days), MAIL; 0.25 or 0.5 mg/dose; Requires Trial of Metformin
OZEMPIC INJ 2/1.5ML (semaglutide)	Tier 2	ST, QL (3 mL / 24 days), MAIL; 1 mg/dose; Requires Trial of Metformin
OZEMPIC INJ 4MG/3ML (semaglutide)	Tier 2	ST, QL (3 mL / 24 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 3MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 7MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
RYBELSUS TAB 14MG (semaglutide)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 0.75/0.5 (dulaglutide)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin

Drug Name	Drug Tier	Requirements/Limits
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	ST, QL (2 mL / 24 days), MAIL; Requires Trial of Metformin
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	ST, QL (9 mL / 25 days), MAIL; Requires Trial of Metformin
INSULIN		
ADMELOG INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
ADMELOG SOLO INJ 100U/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
AFREZZA POW 4-8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4-8-12 (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 4UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 8-12UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
AFREZZA POW 12 UNIT (<i>insulin regular (human)</i>)	Tier 3	MAIL
APIDRA INJ SOLOSTAR (<i>insulin glulisine</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
APIDRA INJ U-100 (<i>insulin glulisine</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	Tier 2	QL (30 mL / 30 days), MAIL
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (3 vials per 30 days), MAIL
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	QL (5 pens per 30 days), MAIL
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL (10 cartridges) / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG JR INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG KWIK INJ 100/ML (<i>insulin lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
HUMALOG MIX INJ 50/50 (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 50/50KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX INJ 75/25KWP (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMALOG MIX SUS 75/25 (<i>insulin lispro protamine & lispro</i>)	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog Mix 70/30 within the past 90 days.
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (20 mL / 25 days), MAIL
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	QL (6 pens / 30 days), MAIL
INSULIN ASPA INJ 70/30	Tier 2	QL (30 mL / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ 100/ML	Tier 2	QL (3 vials / 30 days), MAIL; Novo Nordisk

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPA INJ FLEXPEN	Tier 2	QL (10 pens / 30 days), MAIL; Novo Nordisk
INSULIN ASPA INJ PENFILL	Tier 2	QL (10 cartridges / 30 days), MAIL; Novo Nordisk
INSULIN LISP INJ 100/ML	Tier 3	ST, QL (30 mL / 30 days), MAIL; Prior use of Novolog within the past 90 days.
LEVEMIR INJ (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
LEVEMIR INJ FLEXTOUC (<i>insulin detemir</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	Tier 2	QL (10 pens / 30 days), OTC, MAIL
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	QL (30 mL / 30 days), OTC, MAIL
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TOUJEO MAX INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (6 pens / 30 days), MAIL
TOUJEO SOLO INJ 300IU/ML (<i>insulin glargine</i>)	Tier 2	QL (12 pens / 30 days), MAIL
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	QL (30 mL / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
INSULIN SENSITIZING AGENTS		
AVANDIA TAB 2MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
AVANDIA TAB 4MG (<i>rosiglitazone maleate</i>)	Tier 3	PA, MAIL
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	QL (30 tabs / 30 days), MAIL
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>nateglinide tab 120 mg</i>	Tier 1	QL (90 tabs / 30 days), MAIL
<i>repaglinide tab 0.5 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>repaglinide tab 2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	ST, QL (30 tabs / 30 days), MAIL; Requires Trial of Metformin
SULFONYLUREAS		
<i>chlorpropamide tab 100 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>chlorpropamide tab 250 mg</i>	Tier 3	QL (90 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>glimepiride tab 1 mg</i>	Tier 1	MAIL
<i>glimepiride tab 2 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<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
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.		
<i>bismuth subsalicylate chew tab 262 mg</i> (Gnp Pink Bismuth)	Tier 1	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i> (Bismatrol)	Tier 1	OTC
<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
ANTIPERISTALTIC AGENTS		
ANTI-DIARRHE LIQ 1MG/5ML (<i>loperamide hcl</i>)	Tier 1	OTC
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
<i>loperamide hcl cap 2 mg</i> (Gnp Anti-diarrheal)	Tier 1	OTC
<i>loperamide hcl liq 1 mg/7.5ml</i>	Tier 1	OTC
<i>loperamide hcl tab 2 mg</i> (Cvs Anti-diarrheal)	Tier 1	OTC
MOTOFEN TAB 1-0.025 (<i>difenoxin w/ atropine</i>)	Tier 3	PA
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

Drug Name	Drug Tier	Requirements/Limits
deferiprone tab 500 mg	Tier 4	PA
FERRIPROX TAB 1000MG (<i>deferiprone</i>)	Tier 4	PA
OPIOID ANTAGONISTS		
naloxone hcl inj 0.4 mg/ml	Tier 1	
naloxone hcl soln cartridge 0.4 mg/ml	Tier 1	
naloxone hcl soln prefilled syringe 2 mg/2ml	Tier 1	
naltrexone hcl tab 50 mg	Tier 1	QL (60 tabs / 30 days)
NARCAN SPR (<i>naloxone hcl</i>)	Tier 2	
VIVITROL INJ 380MG (<i>naltrexone</i>)	Tier 2	QL (1 injection / 28 days)
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
ANZEMET TAB 50MG (<i>dolasetron mesylate</i>)	Tier 3	PA
ANZEMET TAB 100MG (<i>dolasetron mesylate</i>)	Tier 3	PA
granisetron hcl tab 1 mg	Tier 3	QL (60 tabs / 30 days)
ondansetron hcl oral soln 4 mg/5ml	Tier 1	QL (50 mL / 30 days), AGE; AGE (Max 12 years)
ondansetron hcl tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron hcl tab 8 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron orally disintegrating tab 4 mg	Tier 1	QL (90 tabs / 30 days)
ondansetron orally disintegrating tab 8 mg	Tier 1	QL (90 tabs / 30 days)
ANTIEMETICS - ANTICHOLINERGIC		
dimenhydrinate tab 50 mg (Cvs Motion Sickness)	Tier 1	OTC
meclizine hcl chew tab 25 mg (Cvs Motion Sickness Relie)	Tier 1	QL (120 tabs / 30 days), OTC
meclizine hcl tab 12.5 mg	Tier 1	QL (120 tabs / 30 days)
meclizine hcl tab 25 mg	Tier 1	QL (120 tabs / 30 days)
scopolamine td patch 72hr 1 mg/3days	Tier 3	QL (4 patches / 30 days)
trimethobenzamide hcl cap 300 mg	Tier 1	
ANTIEMETICS - MISCELLANEOUS		
AKYNZEO CAP 300-0.5 (<i>netupitant-palonosetron</i>)	Tier 3	PA
CESAMET CAP 1MG (<i>nabilone</i>)	Tier 3	PA
dronabinol cap 2.5 mg	Tier 3	PA
dronabinol cap 5 mg	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
dronabinol cap 10 mg	Tier 3	PA
fructose-dextrose-phosphoric acid oral soln (Cvs Nausea Relief)	Tier 1	OTC
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	Tier 3	PA
aprepitant capsule 80 mg	Tier 3	PA
aprepitant capsule 125 mg	Tier 3	PA
aprepitant capsule therapy pack 80 & 125 mg	Tier 3	PA
ANTIFUNGALS		
ANTIFUNGALS		
flucytosine cap 250 mg	Tier 3	PA
flucytosine cap 500 mg	Tier 3	PA
griseofulvin microsize susp 125 mg/5ml	Tier 1	
nystatin tab 500000 unit	Tier 1	
terbinafine hcl tab 250 mg	Tier 1	QL (30 tabs / 30 days)
IMIDAZOLE-RELATED ANTIFUNGALS		
CRESEMBA CAP 186 MG (isavuconazonium sulfate)	Tier 4	PA
fluconazole for susp 10 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole for susp 40 mg/ml	Tier 1	QL (105 mL / 30 days), AGE; AGE (Max 12 years)
fluconazole tab 50 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 100 mg	Tier 1	QL (21 tabs / 30 days)
fluconazole tab 150 mg	Tier 1	QL (2 tabs / 30 days)
fluconazole tab 200 mg	Tier 1	QL (21 tabs / 30 days)
itraconazole cap 100 mg	Tier 1	QL (120 caps / 30 days)
ketoconazole tab 200 mg	Tier 1	QL (60 tabs / 30 days)
voriconazole tab 50 mg	Tier 3	PA
voriconazole tab 200 mg	Tier 3	PA
ANTIHIISTAMINES		
ANTIHIISTAMINES - ALKYLAMINES		
chlorpheniramine maleate syrup 2 mg/5ml (Diabetic Tussin Allergy)	Tier 1	OTC
chlorpheniramine maleate tab 4 mg (Eq Chlortabs)	Tier 1	OTC
chlorpheniramine maleate tab er 12 mg (Chlorphen Sr)	Tier 1	QL (60 tabs / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
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	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Tier 1	AGE; AGE (Max 12 years)
diphenhydramine hcl inj 50 mg/ml	Tier 1	
diphenhydramine hcl liquid 12.5 mg/5ml (Cvs Allergy Relief Childr)	Tier 1	AGE, OTC; AGE (Max 12 years)
diphenhydramine hcl tab 25 mg	Tier 1	OTC
diphenhydramine hcl tab disint 12.5 mg (Wal-dryl Allergy Relief C)	Tier 1	OTC
ANTI-HISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
cetirizine hcl tab 5 mg	Tier 1	QL (30 tabs / 30 days), OTC
cetirizine hcl tab 10 mg (Ra Cetirizine)	Tier 1	QL (30 tabs / 30 days), OTC
desloratadine tab 5 mg	Tier 3	QL (30 tabs / 30 days)
fexofenadine hcl tab 60 mg	Tier 1	QL (60 tabs / 30 days), OTC
fexofenadine hcl tab 180 mg	Tier 1	QL (30 tabs / 30 days), OTC
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	Tier 1	QL (300 mL / 30 days), AGE; AGE (Max 12 years)
levocetirizine dihydrochloride tab 5 mg	Tier 1	QL (30 tabs / 30 days)
loratadine rapidly-disintegrating tab 10 mg (Wal-itin Aller-melts)	Tier 1	QL (30 tabs / 30 days), OTC
loratadine syrup 5 mg/5ml (Gnp Loratadine)	Tier 1	QL (300 mL / 30 days), AGE, OTC; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
loratadine tab 10 mg (Allergy Relief)	Tier 1	QL (30 tabs / 30 days), OTC
ANTI-HISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl suppos 25 mg	Tier 3	QL (24 supp / 30 days), AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl syrup 6.25 mg/5ml	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 12.5 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 25 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
promethazine hcl tab 50 mg	Tier 1	AGE; AGE (Min 2 years, Max 64 years)
ANTI-HISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	Tier 1	AGE; AGE (Max 64 years)
cyproheptadine hcl tab 4 mg	Tier 1	AGE; AGE (Max 64 years)
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (bempedoic acid)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	Tier 3	PA, MAIL
ezetimibe-simvastatin tab 10-20 mg	Tier 3	PA, MAIL
ezetimibe-simvastatin tab 10-40 mg	Tier 3	PA, MAIL
ezetimibe-simvastatin tab 10-80 mg	Tier 3	PA, MAIL
NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)	Tier 3	PA, MAIL
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	Tier 3	QL (120 caps / 30 days), MAIL
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	Tier 1	QL (240 gm / 30 days), MAIL
cholestyramine powder 4 gm/dose	Tier 1	QL (378 gm / 30 days), MAIL
colesevelam hcl packet for susp 3.75 gm	Tier 3	QL (30 packets / 30 days), MAIL
colesevelam hcl tab 625 mg	Tier 3	QL (180 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>colestipol hcl tab 1 gm</i>	Tier 1	QL (480 tabs / 30 days), MAIL
<i>FIBRIC ACID DERIVATIVES</i>		
<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
<i>HMG COA REDUCTASE INHIBITORS</i>		
<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

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

Drug Name	Drug Tier	Requirements/Limits
<i>pravastatin sodium tab 80 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>rosuvastatin calcium tab 5 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3
<i>rosuvastatin calcium tab 10 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 3
<i>rosuvastatin calcium tab 20 mg</i>	Tier 3	QL (45 tabs / 30 days), MAIL
<i>rosuvastatin calcium tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>simvastatin tab 5 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<i>simvastatin tab 10 mg</i>	Tier 5	QL (45 tabs / 30 days), MAIL; Tier 5 for ages 40-75, otherwise Tier 1
<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
<i>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</i>		
<i>ezetimibe tab 10 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use in the last 365 days - ONE: Atorvastatin 40 mg OR 80 mg; OR TWO: pravastatin, lovastatin, simvastatin, atorvastatin
<i>NICOTINIC ACID DERIVATIVES</i>		
<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
<i>PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS</i>		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 4	PA
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
REPATHA SURE INJ 140MG/ML (evolocumab)	Tier 4	PA
ANTIHYPERTENSIVES		
ACE INHIBITORS		
benazepril hcl tab 5 mg	Tier 1	QL (90 tabs / 30 days), MAIL
benazepril hcl tab 10 mg	Tier 1	QL (180 tabs / 30 days), MAIL
benazepril hcl tab 20 mg	Tier 1	QL (180 tabs / 30 days), MAIL
benazepril hcl tab 40 mg	Tier 1	QL (90 tabs / 30 days), MAIL
captopril tab 12.5 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 25 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 50 mg	Tier 1	QL (180 tabs / 30 days), MAIL
captopril tab 100 mg	Tier 1	QL (120 tabs / 30 days), MAIL
enalapril maleate tab 2.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
enalapril maleate tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
enalapril maleate tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
enalapril maleate tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fosinopril sodium tab 20 mg	Tier 1	QL (30 tabs / 30 days), MAIL
fosinopril sodium tab 40 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 2.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril tab 20 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril tab 30 mg	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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
<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	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.

Drug Name	Drug Tier	Requirements/Limits
<i>candesartan cilexetil tab 8 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 16 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>candesartan cilexetil tab 32 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 40MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
EDARBI TAB 80MG (<i>azilsartan medoxomil</i>)	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>eprosartan mesylate tab 600 mg</i>	Tier 3	ST, QL (45 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>irbesartan tab 75 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 150 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>irbesartan tab 300 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 25 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>losartan potassium tab 50 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>losartan potassium tab 100 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 5 mg</i>	Tier 3	QL (60 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>olmesartan medoxomil tab 40 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>telmisartan tab 20 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 40 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>telmisartan tab 80 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of losartan, irbesartan, olmesartan, valsartan, or hctz combo in the past 90 days.
<i>valsartan tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>valsartan tab 80 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 160 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>valsartan tab 320 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.2 mg</i>	Tier 1	QL (180 tabs / 30 days), MAIL
<i>clonidine hcl tab 0.3 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 3	ST, MAIL; Prior use of clonidine tablets within last 180 days
<i>doxazosin mesylate tab 1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 2 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 4 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>doxazosin mesylate tab 8 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>guanfacine hcl tab 1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>guanfacine hcl tab 2 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>methyldopa tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>methyldopa tab 500 mg</i>	Tier 1	QL (180 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
<i>prazosin hcl cap 1 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 2 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>prazosin hcl cap 5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Tier 1	QL (60 caps / 30 days), MAIL
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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	PA, MAIL
<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
<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

Drug Name	Drug Tier	Requirements/Limits
enalapril maleate & hydrochlorothiazide tab 10-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
irbesartan-hydrochlorothiazide tab 150-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
irbesartan-hydrochlorothiazide tab 300-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (60 tabs / 30 days), MAIL
lisinopril & hydrochlorothiazide tab 20-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
losartan potassium & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 50-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-25 mg	Tier 1	QL (60 tabs / 30 days), MAIL
metoprolol & hydrochlorothiazide tab 100-50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	Tier 3	QL (30 tabs / 30 days), MAIL
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	Tier 3	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 10-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
quinapril-hydrochlorothiazide tab 20-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 80-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 160-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 160-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-12.5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
valsartan-hydrochlorothiazide tab 320-25 mg	Tier 1	QL (30 tabs / 30 days), MAIL
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG (<i>mecamylamine hcl</i>)	Tier 3	MAIL
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
aliskiren fumarate tab 300 mg (base equivalent)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	Tier 1	QL (120 tabs / 30 days), MAIL
eplerenone tab 50 mg	Tier 1	QL (60 tabs / 30 days), MAIL
VASODILATORS		
hydralazine hcl tab 10 mg	Tier 1	MAIL
hydralazine hcl tab 25 mg	Tier 1	MAIL
hydralazine hcl tab 50 mg	Tier 1	MAIL
hydralazine hcl tab 100 mg	Tier 1	MAIL
minoxidil tab 2.5 mg	Tier 1	MAIL
minoxidil tab 10 mg	Tier 1	MAIL
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	Tier 1	QL (30 tabs / 30 days)
atovaquone-proguanil hcl tab 250-100 mg	Tier 1	QL (30 tabs / 30 days)
COARTEM TAB 20-120MG (<i>artemether-lumefantrine</i>)	Tier 3	
PYRIME/LEUCO CAP 12.5/2.5	Tier 1	QL (90 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/5MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 25/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)

Drug Name	Drug Tier	Requirements/Limits
PYRIME/LEUCO CAP 50/10MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/20MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 50/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
PYRIME/LEUCO CAP 75/25MG	Tier 1	QL (30 caps / 30 days); (pyrimethamine/leucovorin)
ANTIMALARIALS		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	QL (20 tabs / 30 days)
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	QL (10 tabs / 30 days)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 3	QL (120 tabs / 30 days)
<i>mefloquine hcl tab 250 mg</i>	Tier 1	QL (6 tabs / 30 days)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	PA, QL (21 tabs / 30 days)
<i>quinine sulfate cap 324 mg</i>	Tier 3	QL (30 caps / 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
GUANIDINE TAB 125MG	Tier 2	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	QL (180 tabs / 30 days)
ANTIMYCOBACTERIAL AGENTS		
ANTI TB COMBINATIONS		
RIFATER TAB (<i>isoniazid-rifampin w/ pyrazinamide</i>)	Tier 3	
ANTIMYCOBACTERIAL AGENTS		
<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
PASER GRA 4GM (<i>aminosalicylic acid</i>)	Tier 3	
PRIFTIN TAB 150MG (<i>rifapentine</i>)	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500 mg</i>	Tier 3	
<i>rifabutin cap 150 mg</i>	Tier 3	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
SIRTURO TAB 100MG (<i>bedaquiline fumarate</i>)	Tier 3	
TRECTOR TAB 250MG (<i>ethionamide</i>)	Tier 3	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**ALKYLATING AGENTS**

<i>cyclophosphamide cap 25 mg</i>	Tier 4	PA
<i>cyclophosphamide cap 50 mg</i>	Tier 4	PA
GLEOSTINE CAP 10MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 40MG (<i>lomustine</i>)	Tier 4	PA
GLEOSTINE CAP 100MG (<i>lomustine</i>)	Tier 4	PA
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	Tier 4	PA
<i>melphalan tab 2 mg</i>	Tier 4	PA
<i>temozolomide cap 5 mg</i>	Tier 4	PA
<i>temozolomide cap 20 mg</i>	Tier 4	PA
<i>temozolomide cap 100 mg</i>	Tier 4	PA
<i>temozolomide cap 140 mg</i>	Tier 4	PA
<i>temozolomide cap 180 mg</i>	Tier 4	PA
<i>temozolomide cap 250 mg</i>	Tier 4	PA

ANTIMETABOLITES

<i>capecitabine tab 150 mg</i>	Tier 4	PA
<i>capecitabine tab 500 mg</i>	Tier 4	PA
<i>mercaptopurine tab 50 mg</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	QL (10 mL / 30 days), MAIL
<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 4	PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>leuprolide acetate inj kit 5 mg/ml</i>	Tier 4	PA
LUPRON DEPOT INJ 3.75MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 7.5MG (<i>leuprolide acetate</i>)	Tier 4	PA
LUPRON DEPOT INJ 11.25MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LUPRON DEPOT INJ 22.5MG (<i>leuprolide acetate (3 month)</i>)	Tier 4	PA
LYSODREN TAB 500MG (<i>mitotane</i>)	Tier 4	PA
<i>megestrol acetate susp 40 mg/ml</i>	Tier 1	
<i>megestrol acetate tab 20 mg</i>	Tier 1	
<i>megestrol acetate tab 40 mg</i>	Tier 1	
<i>nilutamide tab 150 mg</i>	Tier 4	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Tier 5	MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Tier 3	PA, QL (1 tab / 1 day), MAIL
TRELSTAR MIX INJ 3.75MG (<i>triptorelin pamoate</i>)	Tier 4	PA
TRELSTAR MIX INJ 11.25MG (<i>triptorelin pamoate</i>)	Tier 4	PA
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	PA, QL (30 per 30 days)
POMALYST CAP 2MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 3MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
POMALYST CAP 4MG (<i>pomalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
ANTINEOPLASTIC COMBINATIONS		
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (49 per 28 days)
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (70 per 28 days)
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 4	PA, QL (91 per 28 days)
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 4	PA, QL (100 per 28 days)

Drug Name	Drug Tier	Requirements/Limits
LONSURF TAB 20-8.19 (trifluridine-tipiracil)	Tier 4	PA, QL (100 per 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
AFINITOR DIS TAB 2MG (everolimus)	Tier 4	PA, QL (60 per 30 days)
AFINITOR DIS TAB 3MG (everolimus)	Tier 4	PA, QL (90 per 30 days)
AFINITOR DIS TAB 5MG (everolimus)	Tier 4	PA, QL (60 per 30 days)
AFINITOR TAB 10MG (everolimus)	Tier 4	PA, QL (30 per 30 days)
ALECENSA CAP 150MG (alectinib hcl)	Tier 4	PA, QL (240 per 30 days)
BRUKINSA CAP 80MG (zanubrutinib)	Tier 4	PA, QL (120 per 30 days)
CAPRELSA TAB 100MG (vandetanib)	Tier 4	PA, QL (60 per 30 days)
CAPRELSA TAB 300MG (vandetanib)	Tier 4	PA, QL (30 per 30 days)
COMETRIQ KIT 60MG (cabozantinib s-malate)	Tier 4	PA, QL (90 per 30 days)
COMETRIQ KIT 100MG (cabozantinib s-malate)	Tier 4	PA, QL (60 per 30 days)
COMETRIQ KIT 140MG (cabozantinib s-malate)	Tier 4	PA, QL (120 per 30 days)
erlotinib hcl tab 25 mg (base equivalent)	Tier 4	PA, QL (90 per 30 days)
erlotinib hcl tab 100 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days)
erlotinib hcl tab 150 mg (base equivalent)	Tier 4	PA, QL (30 per 30 days)
everolimus tab 2.5 mg	Tier 4	PA, QL (30 per 30 days)
everolimus tab 5 mg	Tier 4	PA, QL (30 per 30 days)
everolimus tab 7.5 mg	Tier 4	PA, QL (30 per 30 days)
FARYDAK CAP 10MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days)
FARYDAK CAP 15MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days)
FARYDAK CAP 20MG (panobinostat lactate)	Tier 4	PA, QL (6 per 21 days)
GILOTRIF TAB 20MG (afatinib dimaleate)	Tier 4	PA, QL (30 per 30 days)
GILOTRIF TAB 30MG (afatinib dimaleate)	Tier 4	PA, QL (30 per 30 days)
GILOTRIF TAB 40MG (afatinib dimaleate)	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 75MG (palbociclib)	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 100MG (palbociclib)	Tier 4	PA, QL (30 per 30 days)
IBRANCE CAP 125MG (palbociclib)	Tier 4	PA, QL (30 per 30 days)
IBRANCE TAB 75MG (palbociclib)	Tier 4	PA, QL (30 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days)
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 4	PA, QL (30 per 30 days)
ICLUSIG TAB 10MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 15MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (60 per 30 days)
ICLUSIG TAB 30MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 tabs / 30 days)
ICLUSIG TAB 45MG (<i>ponatinib hcl</i>)	Tier 4	PA, QL (30 per 30 days)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 4	PA, QL (90 per 30 days)
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 4	PA, QL (60 per 30 days)
IMBRUVICA CAP 140MG (<i>ibrutinib</i>)	Tier 4	PA, QL (90 per 30 days)
JAKAFI TAB 5MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 10MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 15MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 20MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days)
JAKAFI TAB 25MG (<i>ruxolitinib phosphate</i>)	Tier 4	PA, QL (60 per 30 days)
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (30 per 30 days)
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (60 per 30 days)
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 4	PA, QL (90 per 30 days)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 4	PA, QL (180 per 30 days)
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days)
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (30 per 30 days)
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days)
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days)
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (60 per 30 days)
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 4	PA, QL (90 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
LYNPARZA TAB 100MG (olaparib)	Tier 4	PA, QL (120 tabs / 30 days)
LYNPARZA TAB 150MG (olaparib)	Tier 4	PA, QL (120 tabs / 30 days)
MEKINIST TAB 0.5MG (trametinib dimethyl sulfoxide)	Tier 4	PA, QL (90 per 30 days)
MEKINIST TAB 2MG (trametinib dimethyl sulfoxide)	Tier 4	PA, QL (30 per 30 days)
NEXAVAR TAB 200MG (sorafenib tosylate)	Tier 4	PA, QL (120 per 30 days)
RUBRACA TAB 200MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days)
RUBRACA TAB 250MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days)
RUBRACA TAB 300MG (rucaparib camsylate)	Tier 4	PA, QL (120 tabs / 30 days)
SPRYCEL TAB 20MG (dasatinib)	Tier 4	PA, QL (90 per 30 days)
SPRYCEL TAB 50MG (dasatinib)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 70MG (dasatinib)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 80MG (dasatinib)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 100MG (dasatinib)	Tier 4	PA, QL (30 per 30 days)
SPRYCEL TAB 140MG (dasatinib)	Tier 4	PA, QL (30 per 30 days)
STIVARGA TAB 40MG (regorafenib)	Tier 4	PA, QL (90 per 30 days)
SUTENT CAP 12.5MG (sunitinib malate)	Tier 4	PA, QL (120 per 30 days)
SUTENT CAP 25MG (sunitinib malate)	Tier 4	PA, QL (60 per 30 days)
SUTENT CAP 37.5MG (sunitinib malate)	Tier 4	PA, QL (30 per 30 days)
SUTENT CAP 50MG (sunitinib malate)	Tier 4	PA, QL (30 per 30 days)
TAFINLAR CAP 50MG (dabrafenib mesylate)	Tier 4	PA, QL (120 per 30 days)
TAFINLAR CAP 75MG (dabrafenib mesylate)	Tier 4	PA, QL (120 per 30 days)
TAGRISSO TAB 40MG (osimertinib mesylate)	Tier 4	PA, QL (30 per 30 days)
TAGRISSO TAB 80MG (osimertinib mesylate)	Tier 4	PA, QL (30 per 30 days)
TASIGNA CAP 50MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 150MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days)
TASIGNA CAP 200MG (nilotinib hcl)	Tier 4	PA, QL (120 per 30 days)
VOTRIENT TAB 200MG (pazopanib hcl)	Tier 4	PA, QL (120 per 30 days)
XALKORI CAP 200MG (crizotinib)	Tier 4	PA, QL (60 per 30 days)

Drug Name	Drug Tier	Requirements/Limits
XALKORI CAP 250MG (<i>crizotinib</i>)	Tier 4	PA, QL (60 per 30 days)
ZEJULA CAP 100MG (<i>niraparib tosylate</i>)	Tier 4	PA, QL (90 per 30 days)
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 4	PA, QL (120 per 30 days)
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days)
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 4	PA, QL (60 per 30 days)
ZYKADIA CAP 150MG (<i>ceritinib</i>)	Tier 4	PA
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	Tier 4	PA
<i>bexarotene cap 75 mg</i>	Tier 4	PA
<i>hydroxyurea cap 500 mg</i>	Tier 1	
INTRON A INJ 10MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 18MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 25MU (<i>interferon alfa-2b</i>)	Tier 4	PA
INTRON A INJ 50MU (<i>interferon alfa-2b</i>)	Tier 4	PA
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 4	PA
<i>tretinoin cap 10 mg</i>	Tier 4	PA
CHEMOTHERAPY RESCUE/ANTIDOTE AGENTS		
<i>leucovorin calcium tab 5 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 10 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 15 mg</i>	Tier 1	MAIL
<i>leucovorin calcium tab 25 mg</i>	Tier 1	MAIL
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	Tier 4	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUVANTS		
<i>carbidopa tab 25 mg</i>	Tier 3	MAIL
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 1 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>benztropine mesylate tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	AGE, MAIL; AGE (Max 64 years)

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>tolcapone tab 100 mg</i>	Tier 3	PA, MAIL
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>amantadine hcl syrup 50 mg/5ml</i>	Tier 1	MAIL
<i>amantadine hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
APOKYN INJ 10MG/ML (<i>apomorphine hydrochloride</i>)	Tier 4	PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 3	QL (180 caps / 30 days), MAIL
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	MAIL
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	MAIL
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 3	MAIL
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 3	QL (240 tabs / 30 days), MAIL
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL

Drug Name	Drug Tier	Requirements/Limits
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 3	PA, MAIL
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	MAIL
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	MAIL

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)

Drug Name	Drug Tier	Requirements/Limits
LITHIUM SOL 8MEQ/5ML	Tier 1	AGE, MAIL; AGE (Min 6 years)
ANTIPSYCHOTICS - MISC.		
LATUDA TAB 20MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 40MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 60MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 80MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
LATUDA TAB 120MG (<i>lurasidone hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 3	PA, MAIL
<i>ziprasidone hcl cap 20 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 40 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 60 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>ziprasidone hcl cap 80 mg</i>	Tier 3	QL (60 caps / 30 days), AGE, MAIL; AGE (Min 6 years)
BENZISOXAZOLES		
FANAPT PAK (<i>iloperidone</i>)	Tier 3	PA
FANAPT TAB 1MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 2MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 4MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 6MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 8MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 10MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
FANAPT TAB 12MG (<i>iloperidone</i>)	Tier 3	PA, MAIL
INVEGA SUST INJ 39/0.25 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.25 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 78/0.5ML (<i>paliperidone palmitate</i>)	Tier 3	QL (0.5 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 117/0.75 (<i>paliperidone palmitate</i>)	Tier 3	QL (0.75 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 156MG/ML (<i>paliperidone palmitate</i>)	Tier 3	QL (1 mL / 30 days), AGE; AGE (Min 6 years)
INVEGA SUST INJ 234/1.5 (<i>paliperidone palmitate</i>)	Tier 3	QL (1.5 mL / 30 days), AGE; AGE (Min 6 years)

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

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	QL (60 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 3	QL (30 tabs / 30 days), AGE, MAIL; AGE (Min 6 years)
ZYPREXA RELP INJ 210MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 300MG (<i>olanzapine pamoate</i>)	Tier 3	QL (2 mL / 30 days), AGE; AGE (Min 6 years)
ZYPREXA RELP INJ 405MG (<i>olanzapine pamoate</i>)	Tier 3	QL (1 mL / 30 days), AGE; 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)

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

Drug Name	Drug Tier	Requirements/Limits
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 2 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 5 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 10 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 15 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 20 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>aripiprazole tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
ARISTADA INJ 441MG/1. (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1.6 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 662MG/2 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (2.4 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 882MG/3 (<i>aripiprazole lauroxil</i>)	Tier 2	QL (3.2 mL / 30 days), AGE; AGE (Min 6 years)
ARISTADA INJ 1064MG (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 60 days); AGE (Min 6 years)
ARISTADA INJ INITIO (<i>aripiprazole lauroxil</i>)	Tier 2	QL (1 injection / 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)

Drug Name	Drug Tier	Requirements/Limits
abacavir sulfate-lamivudine tab 600-300 mg	Tier 1	QL (30 tabs / 30 days)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg	Tier 1	QL (60 tabs / 30 days)
APTIVUS CAP 250MG (tipranavir)	Tier 2	QL (120 caps / 30 days)
APTIVUS SOL (tipranavir)	Tier 2	QL (300 mL / 30 days)
atazanavir sulfate cap 150 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 200 mg (base equiv)	Tier 1	QL (60 caps / 30 days)
atazanavir sulfate cap 300 mg (base equiv)	Tier 1	QL (30 caps / 30 days)
BIKTARVY TAB (bictegravir-emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days)
CIMDUO TAB 300-300 (lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
COMPLERA TAB (emtricitabine-rilpivirine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
CRIXIVAN CAP 200MG (indinavir sulfate)	Tier 2	QL (360 caps / 30 days)
CRIXIVAN CAP 400MG (indinavir sulfate)	Tier 2	QL (180 caps / 30 days)
DELSTRIGO TAB (doravirine-lamivudine-tenofovir disoproxil fumarate)	Tier 2	QL (30 tabs / 30 days)
DESCOVY TAB 200/25MG (emtricitabine-tenofovir alafenamide fumarate)	Tier 2	QL (30 tabs / 30 days) Tier 5 for PrEP use
didanosine delayed release capsule 200 mg	Tier 1	QL (60 caps / 30 days)
didanosine delayed release capsule 250 mg	Tier 1	QL (30 caps / 30 days)
didanosine delayed release capsule 400 mg	Tier 1	QL (30 caps / 30 days)
DOVATO TAB 50-300MG (dolutegravir sodium-lamivudine)	Tier 2	QL (30 tabs / 30 days)
EDURANT TAB 25MG (rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
efavirenz cap 50 mg	Tier 1	QL (360 caps / 30 days)
efavirenz cap 200 mg	Tier 1	QL (90 caps / 30 days)
efavirenz tab 600 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	Tier 1	QL (30 tabs / 30 days)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	Tier 1	QL (30 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine caps 200 mg	Tier 1	QL (30 caps / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	Tier 1	QL (30 tabs / 30 days)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	Tier 1	QL (30 tabs / 30 days); Tier 5 for PrEP use
EMTRIVA SOL 10MG/ML (emtricitabine)	Tier 2	QL (720 mL / 30 days)
EVOTAZ TAB 300-150 (atazanavir sulfate-cobicistat)	Tier 2	QL (30 tabs / 30 days)
fosamprenavir calcium tab 700 mg (base equiv)	Tier 1	QL (120 tabs / 30 days)
FUZEON INJ 90MG (enfuvirtide)	Tier 4	PA
GENVOYA TAB (elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide)	Tier 2	QL (30 tabs / 30 days)
INTELENCE TAB 25MG (etravirine)	Tier 2	QL (480 tabs / 30 days)
INTELENCE TAB 100MG (etravirine)	Tier 2	QL (120 tabs / 30 days)
INTELENCE TAB 200MG (etravirine)	Tier 2	QL (60 tabs / 30 days)
INVIRASE TAB 500MG (saquinavir mesylate)	Tier 2	QL (300 tabs / 30 days)
ISENTRESS CHW 25MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS CHW 100MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS HD TAB 600MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
ISENTRESS POW 100MG (raltegravir potassium)	Tier 2	QL (60 packets / 30 days)
ISENTRESS TAB 400MG (raltegravir potassium)	Tier 2	QL (60 tabs / 30 days)
JULUCA TAB 50-25MG (dolutegravir sodium-rilpivirine hcl)	Tier 2	QL (30 tabs / 30 days)
KALETRA TAB 100-25MG (lopinavir-ritonavir)	Tier 2	QL (360 tabs / 30 days)
KALETRA TAB 200-50MG (lopinavir-ritonavir)	Tier 2	QL (180 tabs / 30 days)
lamivudine oral soln 10 mg/ml	Tier 1	QL (900 mL / 30 days)
lamivudine tab 150 mg	Tier 1	QL (60 tabs / 30 days)
lamivudine tab 300 mg	Tier 1	QL (30 tabs / 30 days)
lamivudine-zidovudine tab 150-300 mg	Tier 1	QL (60 tabs / 30 days)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	Tier 1	QL (30 mL / 30 days)

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

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

Drug Name	Drug Tier	Requirements/Limits
SOFOS/VELPAT TAB 400-100	Tier 4	PA, QL (28 tablets / 28 days); Preferred
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	Tier 4	PA, QL (28 tablets / 28 days)
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	Tier 3	PA
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 4	PA, QL (28 tablets / 28 days)
ZEPATIER TAB 50-100MG (<i>elbasvir-grazoprevir</i>)	Tier 4	PA, QL (28 tablets / 28 days)
HERPES AGENTS		
<i>acyclovir cap 200 mg</i>	Tier 1	QL (150 caps / 30 days)
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	QL (750 mL / 30 days)
<i>acyclovir tab 400 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>acyclovir tab 800 mg</i>	Tier 1	QL (150 tabs / 30 days)
<i>famciclovir tab 125 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 250 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>famciclovir tab 500 mg</i>	Tier 1	QL (90 tabs / 30 days)
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	QL (240 tabs / 30 days)
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	QL (240 tabs / 30 days)
INFLUENZA AGENTS		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (Max 10 days supply)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (Max 10 days supply), AGE; AGE (Max 12 years)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers / year)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days)
XOFLUZA TAB 20MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
XOFLUZA TAB 40MG (<i>baloxavir marboxil</i>)	Tier 2	QL (2 tabs / 30 days)
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
<i>carvedilol tab 3.125 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 6.25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>carvedilol tab 12.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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
<i>BETA BLOCKERS CARDIO-SELECTIVE</i>		
<i>acebutolol hcl cap 200 mg</i>	Tier 1	MAIL
<i>acebutolol hcl cap 400 mg</i>	Tier 1	MAIL
<i>atenolol tab 25 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 50 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>atenolol tab 100 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>betaxolol hcl tab 20 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>bisoprolol fumarate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
BYSTOLIC TAB 2.5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 5MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 10MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
BYSTOLIC TAB 20MG (<i>nebivolol hcl</i>)	Tier 3	PA, MAIL
<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

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
<i>nadolol tab 20 mg</i>	Tier 1	MAIL
<i>nadolol tab 40 mg</i>	Tier 1	MAIL
<i>nadolol tab 80 mg</i>	Tier 1	MAIL
<i>pindolol tab 5 mg</i>	Tier 1	MAIL
<i>pindolol tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 3	QL (90 caps / 30 days), MAIL
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 3	QL (60 caps / 30 days), MAIL
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	MAIL
<i>propranolol hcl tab 10 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 20 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 40 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 60 mg</i>	Tier 1	MAIL
<i>propranolol hcl tab 80 mg</i>	Tier 1	MAIL
<i>sotalol hcl (afib/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

Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	QL (30 caps / 30 days), MAIL
<i>diltiazem hcl tab 30 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>diltiazem hcl tab 60 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 90 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>diltiazem hcl tab 120 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>isradipine cap 2.5 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL
<i>isradipine cap 5 mg</i>	Tier 1	QL (120 caps / 30 days), MAIL
<i>nicardipine hcl cap 20 mg</i>	Tier 1	QL (180 caps / 30 days), MAIL

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

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

CARDIOTONICS**CARDIAC GLYCOSIDES**

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

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

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

PERIPHERAL VASODILATORS

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

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

Drug Name	Drug Tier	Requirements/Limits
<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	PA, QL (30 tabs / 30 days)
<i>ambrisentan tab 10 mg</i>	Tier 4	PA, QL (30 tabs / 30 days)
<i>bosentan tab 62.5 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
<i>bosentan tab 125 mg</i>	Tier 4	PA, QL (60 tabs / 30 days)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 4	PA, QL (30 tabs / 30 days)
TRACLEER TAB 32MG (<i>bosentan</i>)	Tier 4	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
<i>sildenafil citrate tab 20 mg</i>	Tier 4	PA, QL (90 tabs / 30 days)
<i>tadalafil tab 20 mg (pah)</i>	Tier 4	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI TAB 200/800 (<i>selexipag</i>)	Tier 4	PA, QL (200 tabs / 30 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 4	PA, QL (60 tabs / 30 days)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 4	PA, QL (90 tabs / 30 days)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2	PA, MAIL
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	Tier 1	
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefadroxil tab 1 gm</i>	Tier 1	
<i>cephalexin cap 250 mg</i>	Tier 1	
<i>cephalexin cap 500 mg</i>	Tier 1	
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	Tier 1	
<i>cefaclor cap 500 mg</i>	Tier 1	
<i>cefaclor for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefaclor for susp 375 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)

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

Drug Name	Drug Tier	Requirements/Limits
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefprozil tab 250 mg</i>	Tier 1	
<i>cefprozil tab 500 mg</i>	Tier 1	
<i>cefuroxime axetil tab 250 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	QL (20 tabs / 10 days)
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefditoren pivoxil tab 200 mg (base equivalent)</i>	Tier 1	PA
<i>cefditoren pivoxil tab 400 mg (base equivalent)</i>	Tier 1	PA
<i>cefixime cap 400 mg</i>	Tier 3	
<i>cefixime for susp 100 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefixime for susp 200 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
<i>BALCOLTRA TAB 0.1-20 (levonorgestrel-ethinyl estradiol-ferrous bisglycinate)</i>	Tier 5	MAIL
<i>BEYAZ TAB (drospirenone-ethinyl estradiol-levomefolate calcium)</i>	Tier 5	MAIL
<i>BREVICON TAB 0.5/35 (norethindrone & eth estradiol)</i>	Tier 5	MAIL
<i>CYCLESSA PAK (desogestrel-ethinyl estradiol (triphasic))</i>	Tier 5	MAIL
<i>DESOGEN-28 TAB (desogestrel & ethinyl estradiol)</i>	Tier 5	MAIL
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 5	MAIL

Drug Name	Drug Tier	Requirements/Limits
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 5	MAIL
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 5	MAIL
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 5	MAIL
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 5	MAIL
drospirenone-ethinyl estradiol tab 3-0.03 mg	Tier 5	MAIL
ESTROSTEP FE TAB (norethindrone acetate-ethinyl estradiol-fe)	Tier 5	MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	Tier 5	MAIL
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (Kelnor 1/50)	Tier 5	MAIL
FALESSA KIT (levonorgestrel-ethinyl estradiol & folic acid)	Tier 5	MAIL
GENERESS FE CHW (norethindrone & ethinyl estradiol-fe)	Tier 5	MAIL
levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg (Rivelsa)	Tier 5	MAIL
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	Tier 5	MAIL
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	Tier 5	MAIL
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 5	MAIL
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 5	MAIL
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 5	MAIL
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 5	MAIL
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 5	MAIL
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 5	MAIL

Drug Name	Drug Tier	Requirements/Limits
LOSEASONIQUE TAB (levonorgestrel-ethinyl estradiol (91-day))	Tier 5	MAIL
MINASTRIN 24 CHW FE (norethin acet & estrad-fe)	Tier 5	MAIL
MIRCETTE TAB 28 DAY (desogestrel-ethinyl estradiol (biphasic))	Tier 5	MAIL
NATAZIA TAB (estradiol valerate-dienogest)	Tier 5	MAIL
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 5	MAIL
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 5	MAIL
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 5	MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 5	MAIL
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 5	MAIL
norethindrone & mestranol tab 1 mg-50 mcg (Necon 1/50-28)	Tier 5	MAIL
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 5	MAIL
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 5	MAIL
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 5	MAIL
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	Tier 5	MAIL
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Melodetta 24 Fe)	Tier 5	MAIL
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 5	QL (28 caps / 28 days), MAIL; Max 365 Days Supply

Drug Name	Drug Tier	Requirements/Limits
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 5	MAIL
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 5	MAIL
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Leena)	Tier 5	MAIL
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	Tier 5	MAIL
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	Tier 5	MAIL
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	Tier 5	MAIL
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (Low-ogestrel)	Tier 5	MAIL
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg (Ogestrel)	Tier 5	MAIL
ORTHO TRI- TAB CYCLEN (norgestimate-ethinyl estradiol (triphasic))	Tier 5	MAIL
ORTHO TRI- TAB CYCLN LO (norgestimate-ethinyl estradiol (triphasic))	Tier 5	MAIL
ORTHO-CYCLEN TAB 0.25/35 (norgestimate-ethinyl estradiol)	Tier 5	MAIL
ORTHO-NOVUM TAB 1/35 (norethindrone & eth estradiol)	Tier 5	MAIL
ORTHO-NOVUM TAB 7/7/7 (norethindrone-eth estradiol (triphasic))	Tier 5	MAIL
QUARTETTE TAB (levonorgestrel-ethinyl estradiol (91-day))	Tier 5	MAIL
SAFYRAL TAB (drospirenone-ethinyl estradiol-levomefolate calcium)	Tier 5	MAIL
SEASONIQUE TAB (levonorgestrel-ethinyl estradiol (91-day))	Tier 5	MAIL
TAYTULLA CAP 1MG/20MC (norethin acet & estrad-fe)	Tier 5	QL (28 caps / 28 days), MAIL; Max 365 Days Supply
TRI-NORINYL TAB 28 (norethindrone-eth estradiol (triphasic))	Tier 5	MAIL
YASMIN 28 TAB 3-0.03MG (drospirenone-ethinyl estradiol)	Tier 5	MAIL
YAZ TAB 3-0.02MG (drospirenone-ethinyl estradiol)	Tier 5	MAIL

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
MINERALOCORTICIDS		
<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	MAIL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone w/ homatropine syrup 5-1.5 mg/5ml</i>	Tier 1	
ROBITUSSIN SYP 7.5/5ML (dextromethorphan hbr)	Tier 1	OTC
COUGH/COLD/ALLERGY COMBINATIONS		
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i> (Wal-tap Cold & Allergy)	Tier 1	OTC
BROTAPP DM LIQ 15-1-5/5 (pseudoephed-bromphen-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> (All Day Allergy D)	Tier 1	QL (60 ea / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i> (Diabetic Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin liquid 10-200 mg/5ml</i> (Diabetic Tussin Maximum S)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i> (Siltussin-dm)	Tier 1	QL (240 mL / 30 days), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i> (Mucus-dm)	Tier 1	OTC
<i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i> (Cvs Cold & Cough Nighttim)	Tier 1	QL (240 mL / 30 days), OTC
<i>diphenhydramine-phenylephrine tab 25-10 mg</i> (Wal-dryl Pe Allergy/sinu)	Tier 1	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i> (Guaiatussin Ac)	Tier 1	QL (240 mL / 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
loratadine & pseudoephedrine tab er 12hr 5-120 mg (Loratadine-d 12hr)	Tier 1	QL (60 ea / 30 days), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg (Loratadine-d 24hr)	Tier 1	QL (30 tabs / 30 days), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-dm syrup 6.25-15 mg/5ml	Tier 1	QL (240 mL / 30 days)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	Tier 1	QL (240 mL / 30 days)
pseudoephedrine-guaifenesin tab er 12hr 60-600 mg (Ra Mucus Relief D)	Tier 1	OTC
Z-TUSS AC LIQ 2-9/5ML (chlorpheniramine w/ codeine)	Tier 2	QL (240 mL / 25 days), OTC
EXPECTORANTS		
guaifenesin liquid 100 mg/5ml	Tier 1	OTC
guaifenesin syrup 100 mg/5ml (Robafen)	Tier 1	OTC
guaifenesin tab 200 mg	Tier 1	OTC
guaifenesin tab 400 mg (Sm Chest Congestion Relie)	Tier 1	OTC
guaifenesin tab er 12hr 600 mg (Gnp Mucus Er)	Tier 1	QL (60 ea / 30 days), OTC
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	
acetylcysteine inhal soln 20%	Tier 1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ACNE MEDICAT LOT 5% (benzoyl peroxide)	Tier 1	OTC
ACNE MEDICAT LOT 10% (benzoyl peroxide)	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>adapalene lotion 0.1%</i>	Tier 1	ST, QL (59 mL / 30 days), AGE; AGE (Min 10 years, Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>benzoyl peroxide gel 5%</i> (Bp Gel)	Tier 1	OTC
<i>benzoyl peroxide gel 10%</i> (Clean & Clear Persa-gel M)	Tier 1	OTC
<i>benzoyl peroxide liq 5%</i> (Bp Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide liq 10%</i> (Benzoyl Peroxide Wash)	Tier 1	QL (240 gm / 30 days), OTC
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 3	PA
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 3	PA
<i>clindamycin phosphate gel 1%</i>	Tier 3	QL (60 gm / 30 days)
<i>clindamycin phosphate lotion 1%</i>	Tier 3	QL (60 mL / 30 days)
<i>clindamycin phosphate soln 1%</i>	Tier 1	QL (60 mL / 30 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Tier 3	PA
DIFFERIN GEL 0.1% (<i>adapalene</i>)	Tier 1	OTC
<i>erythromycin soln 2%</i>	Tier 1	QL (60 mL / 30 days)
<i>isotretinoin cap 10 mg</i> (Claravis)	Tier 3	PA
<i>isotretinoin cap 20 mg</i> (Amnesteem)	Tier 3	PA
<i>isotretinoin cap 30 mg</i>	Tier 3	PA
<i>isotretinoin cap 40 mg</i>	Tier 3	PA
<i>sulfacetamide sodium lotion 10%</i> (<i>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	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin cream 0.05%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; 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 0.025%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.01%</i>	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
<i>tretinoin gel 0.025%</i> (Avita)	Tier 3	ST, QL (45 gm / 30 days), AGE; AGE (Max 35 years); Prior use of Differin OTC 0.1% gel within the past 90 days
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS		
VEREGEN OIN 15% (<i>sinecatechins</i>)	Tier 3	PA
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac sodium gel 1%</i>	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
VOLTAREN GEL 1% (<i>diclofenac sodium (topical)</i>)	Tier 1	QL (200 gm / 30 days), OTC; RX version is Non-Formulary; Use OTC covered version
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1% (<i>retapamulin</i>)	Tier 3	PA
<i>bacitracin oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Tier 1	OTC
<i>bacitracin-polymyxin b oint</i> (Double Antibiotic)	Tier 1	OTC
CORTISPORIN OIN 1% (<i>bacitracin-polymyxin-neomycin hc</i>)	Tier 3	
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	QL (60 gm / 30 days)
<i>mupirocin oint 2%</i>	Tier 1	QL (44 gm / 30 days)
<i>neomycin-bacitracin-polymyxin oint</i> (Cvs Triple Antibiotic)	Tier 1	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> (Triple Antibiotic Plus)	Tier 1	OTC
ANTIFUNGALS - TOPICAL		
<i>butenafine hcl cream 1%</i>	Tier 1	OTC

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

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

Drug Name	Drug Tier	Requirements/Limits
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 4	PA; Preferred Brand
STELARA INJ 90MG/ML (ustekinumab)	Tier 4	PA; Preferred Brand
tazarotene cream 0.1%	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC CRE 0.05% (tazarotene)	Tier 3	PA, QL (60 gm / 30 days)
TAZORAC GEL 0.1% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TAZORAC GEL 0.05% (tazarotene)	Tier 3	PA, QL (100 gm / 30 days)
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Pen
TREMFYA INJ 100MG/ML (guselkumab)	Tier 4	PA; Preferred Brand; Prefilled Syringe
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 1% (Cvs Anti-dandruff)	Tier 1	OTC
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
ABREVA CRE 10% (docosanol)	Tier 1	QL (2 gm / 30 days), OTC
acyclovir oint 5%	Tier 3	PA
DENAVIR CRE 1% (penciclovir)	Tier 3	PA
docosanol cream 10%	Tier 1	QL (2 gm / 30 days), OTC
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	Tier 1	
silver sulfadiazine cream 1%	Tier 1	QL (400 gm / 30 days)
SULFAMYLLON CRE 85MG/GM (mafenide acetate)	Tier 3	QL (454 gm / 30 days)
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	Tier 1	QL (60 gm / 30 days)
alclometasone dipropionate oint 0.05%	Tier 1	QL (60 gm / 30 days)
amcinonide cream 0.1%	Tier 3	QL (60 gm / 30 days)
amcinonide lotion 0.1%	Tier 3	QL (60 mL / 30 days)
AMCINONIDE OIN 0.1%	Tier 3	QL (60 gm / 30 days)
APEXICON E CRE 0.05% (diflorasone diacetate emollient base)	Tier 3	PA, QL (60 gm / 30 days)
betamethasone dipropionate augmented cream 0.05%	Tier 1	QL (50 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	QL (50 gm / 30 days)
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	QL (60 gm / 30 days)
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	QL (60 mL / 30 days)
<i>betamethasone dipropionate oint 0.05%</i>	Tier 1	QL (45 gm / 30 days)
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	QL (454 gm / 30 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	QL (45 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Tier 3	PA, QL (100 gm / 30 days)
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Tier 3	PA, QL (120 gm / 30 days)
<i>clobetasol propionate cream 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate gel 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate oint 0.05%</i>	Tier 3	QL (60 gm / 30 days)
<i>clobetasol propionate soln 0.05%</i>	Tier 3	QL (50 mL / 30 days)
CORDRAN 80X3 TAP 4MCG/CM (flurandrenolide)	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)
<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)

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

Drug Name	Drug Tier	Requirements/Limits
<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; Pen
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	Tier 4	PA; Prefilled Syringe
EMOLLIENTS		
<i>emollient - ointment</i> (Hydrophor)	Tier 1	OTC
<i>lactic acid (ammonium lactate) cream 12%</i>	Tier 1	QL (280 gm / 30 days), OTC
<i>lactic acid (ammonium lactate) lotion 12%</i> (Amlactin)	Tier 1	QL (225 gm / 30 days), OTC
ENZYMES - TOPICAL		
SANTYL OIN 250/GM (<i>collagenase</i>)	Tier 3	PA, QL (60 gm / 30 days)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 5%</i>	Tier 1	PA, QL (24 ea / 30 days)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>tacrolimus oint 0.1%</i>	Tier 3	PA, QL (30 gm / 30 days)
<i>tacrolimus oint 0.03%</i>	Tier 3	PA, QL (30 gm / 30 days)
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	QL (90 gm / 30 days), OTC
<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	QL (90 patches / 30 days), OTC
<i>lidocaine patch 5%</i>	Tier 3	PA, QL (90 ea / 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (60 gm / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MISC. TOPICAL		
DRYSOL SOL 20% (aluminum chloride)	Tier 1	QL (60 mL / 30 days)
skin protectants misc - cream (Dermacerin)	Tier 1	OTC
ZINC-OXYDE OIN 0.44-20% (menthol-zinc oxide)	Tier 1	OTC
ROSACEA AGENTS		
metronidazole cream 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole gel 0.75%	Tier 1	QL (45 gm / 30 days)
metronidazole lotion 0.75%	Tier 1	QL (59 mL / 30 days)
MIRVASO GEL 0.33% (brimonidine tartrate (topical))	Tier 3	PA
SCABICIDES & PEDICULICIDES		
EURAX CRE 10% (crotamiton)	Tier 2	ST, QL (60 gm / 30 days); Prior use of permethrin 5% cream within the past 90 days.
ivermectin lotion 0.5%	Tier 3	PA, QL (117 gm / 30 days)
lindane shampoo 1%	Tier 1	QL (60 mL / 30 days)
malathion lotion 0.5%	Tier 1	QL (59 mL / 30 days)
permethrin aerosol 0.5% (Sm Bedding Lice Treatment)	Tier 1	OTC
permethrin cream 5%	Tier 1	QL (120 gm / 30 days)
permethrin creme rinse 1% (Lice Treatment)	Tier 1	OTC
permethrin lotion 1% (Sm Lice Treatment)	Tier 1	OTC
pyreth-piperonyl butox sham-permeth aero-nit remover gel kit (Stop Lice Complete Lice T)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.3-3% (Sb Lice Treatment)	Tier 1	OTC
pyrethrins-piperonyl butoxide liq 0.33-4% (Stop Lice Maximum Strengt)	Tier 1	OTC
pyrethrins-piperonyl butoxide shampoo 0.33-4% (Lice Killing Maximum Stre)	Tier 1	OTC
RA LICE KIT SOLUTION (permethrin & pyrethrins-piperonyl butoxide)	Tier 1	OTC
spinosad susp 0.9%	Tier 3	QL (120 per 30 days)
ULESFIA LOT 5% (benzyl alcohol (pediculicide))	Tier 3	PA

Drug Name	Drug Tier	Requirements/Limits
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01% (<i>becaplermin</i>)	Tier 3	PA, QL (15 gm / 30 days)
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
RELION TRUE TES METRIX (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users
TRUE METRIX TES GLUCOSE (<i>glucose blood</i>)	Tier 2	ST, QL (200 strips / 30 days), OTC; 100/month max quantity for non-insulin users
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	QL (180 caps / 30 days), MAIL
CREON CAP 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

Drug Name	Drug Tier	Requirements/Limits
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide cap er 12hr 500 mg</i>	Tier 3	QL (120 caps / 30 days), MAIL
<i>acetazolamide tab 125 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>acetazolamide tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>methazolamide tab 25 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
<i>methazolamide tab 50 mg</i>	Tier 3	QL (180 tabs / 30 days), MAIL
DIURETIC COMBINATIONS		
<i>ALDACTAZIDE TAB 50/50 (spironolactone & hydrochlorothiazide)</i>	Tier 2	MAIL
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	MAIL
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	MAIL
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	MAIL
LOOP DIURETICS		
<i>bumetanide tab 0.5 mg</i>	Tier 1	MAIL
<i>bumetanide tab 1 mg</i>	Tier 1	MAIL
<i>bumetanide tab 2 mg</i>	Tier 1	MAIL
<i>ethacrynic acid tab 25 mg</i>	Tier 3	MAIL
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	AGE, MAIL; AGE (Max 12 years)
<i>furosemide tab 20 mg</i>	Tier 1	MAIL
<i>furosemide tab 40 mg</i>	Tier 1	MAIL
<i>furosemide tab 80 mg</i>	Tier 1	MAIL
<i>torseamide tab 5 mg</i>	Tier 1	MAIL
<i>torseamide tab 10 mg</i>	Tier 1	MAIL
<i>torseamide tab 20 mg</i>	Tier 1	MAIL
<i>torseamide tab 100 mg</i>	Tier 1	MAIL
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	Tier 1	MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>spironolactone tab 25 mg</i>	Tier 1	MAIL
<i>spironolactone tab 50 mg</i>	Tier 1	MAIL
<i>spironolactone tab 100 mg</i>	Tier 1	MAIL
<i>triamterene cap 50 mg</i>	Tier 3	MAIL
<i>triamterene cap 100 mg</i>	Tier 3	MAIL
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorothiazide tab 250 mg</i>	Tier 1	MAIL
<i>chlorothiazide tab 500 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 25 mg</i>	Tier 1	MAIL
<i>chlorthalidone tab 50 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	MAIL
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25 mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5 mg</i>	Tier 1	MAIL
<i>methyclothiazide tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 2.5 mg</i>	Tier 1	MAIL
<i>metolazone tab 5 mg</i>	Tier 1	MAIL
<i>metolazone tab 10 mg</i>	Tier 1	MAIL
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
<i>alendronate sodium tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 35 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>alendronate sodium tab 40 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>alendronate sodium tab 70 mg</i>	Tier 1	QL (4 tablets / 28 days), MAIL
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	QL (30 mL / 30 days), MAIL
<i>etidronate disodium tab 200 mg</i>	Tier 1	MAIL
<i>etidronate disodium tab 400 mg</i>	Tier 1	MAIL
FORTEO INJ 620/2.48 (<i>teriparatide (recombinant)</i>)	Tier 4	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

Drug Name	Drug Tier	Requirements/Limits
<i>risedronate sodium tab 30 mg</i>	Tier 3	QL (30 tabs / 30 days), MAIL
<i>risedronate sodium tab 35 mg</i>	Tier 3	QL (4 tablets / 28 days), MAIL
<i>risedronate sodium tab 150 mg</i>	Tier 3	QL (1 tablet / 28 days), MAIL
TYMLOS INJ (<i>abaloparatide</i>)	Tier 4	PA
XGEVA INJ (<i>denosumab</i>)	Tier 4	PA
GROWTH HORMONE RECEPTOR ANTAGONISTS		
SOMAVERT INJ 10MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 15MG (<i>pegvisomant</i>)	Tier 4	PA
SOMAVERT INJ 20MG (<i>pegvisomant</i>)	Tier 4	PA
GROWTH HORMONES		
OMNITROPE INJ 5.8MG (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 5/1.5ML (<i>somatropin</i>)	Tier 4	PA
OMNITROPE INJ 10/1.5ML (<i>somatropin</i>)	Tier 4	PA
HORMONE RECEPTOR MODULATORS		
OSPHENA TAB 60MG (<i>ospemifene</i>)	Tier 3	PA, QL (1 tab / 1 day), MAIL
<i>raloxifene hcl tab 60 mg</i>	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for ages 35 and over, otherwise Tier 1
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	Tier 4	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
LUPANETA KIT 3.75-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPANETA KIT 11.25-5 (<i>leuprolide acetate & norethindrone acetate</i>)	Tier 4	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp) (3 month)</i>)	Tier 4	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 4	PA
SYNAREL SOL 2MG/ML (<i>nafarelin acetate</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
METABOLIC MODIFIERS		
<i>calcitriol cap 0.5 mcg</i>	Tier 1	MAIL
<i>calcitriol cap 0.25 mcg</i>	Tier 1	MAIL
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 4	PA
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 4	PA
CYSTADANE POW (<i>betaine</i>)	Tier 4	PA
<i>doxercalciferol cap 0.5 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>doxercalciferol cap 2.5 mcg</i>	Tier 3	PA, MAIL
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	MAIL
<i>levocarnitine tab 330 mg</i>	Tier 1	MAIL
<i>nitisinone cap 2 mg</i>	Tier 4	PA
<i>nitisinone cap 5 mg</i>	Tier 4	PA
<i>nitisinone cap 10 mg</i>	Tier 4	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 4	PA
<i>paricalcitol cap 1 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 3	PA, MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 3	PA, MAIL
<i>sapropterin dihydrochloride tab 100 mg</i>	Tier 4	PA
<i>sodium phenylbutyrate tab 500 mg</i>	Tier 4	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate nasal spray soln 0.01%</i>	Tier 3	PA, MAIL
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 3	PA, MAIL
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	QL (150 tabs / 30 days), MAIL
STIMATE SOL 1.5MG/ML (<i>desmopressin acetate</i>)	Tier 4	PA
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	MAIL
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 4	PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
<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		
<i>tolvaptan tab 15 mg</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
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Lopreeza)	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	QL (30 tabs / 30 days), MAIL
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	QL (30 tabs / 30 days), MAIL
ESTROGENS		
<i>estradiol tab 0.5 mg</i>	Tier 1	
<i>estradiol tab 1 mg</i>	Tier 1	
<i>estradiol tab 2 mg</i>	Tier 1	

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

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 3	
<i>ofloxacin tab 300 mg</i>	Tier 3	
<i>ofloxacin tab 400 mg</i>	Tier 3	
GASTROINTESTINAL AGENTS - MISC.		
ANTIFLATULENTS		
<i>simethicone cap 125 mg</i> (Cvs Gas Relief)	Tier 1	OTC
<i>simethicone cap 180 mg</i>	Tier 1	OTC
<i>simethicone chew tab 80 mg</i>	Tier 1	OTC
<i>simethicone chew tab 125 mg</i> (Cvs Gas Relief Extra Stre)	Tier 1	OTC
<i>simethicone liquid 40 mg/0.6ml</i> (Cvs Gas Relief Drops Extr)	Tier 1	OTC
<i>simethicone susp 40 mg/0.6ml</i> (Gas Relief)	Tier 1	OTC
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	Tier 1	QL (60 caps / 30 days), MAIL
<i>ursodiol tab 250 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>ursodiol tab 500 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 24 mcg</i>	Tier 3	PA, MAIL
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	QL (180 tabs / 30 days)
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
<i>balsalazide disodium cap 750 mg</i>	Tier 1	QL (270 caps / 30 days), MAIL
CIMZIA KIT 200MG (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA PREFL KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
CIMZIA START KIT 200MG/ML (<i>certolizumab pegol</i>)	Tier 4	PA; Medical Necessity PA; Prior use of appropriate Preferred Brands
DIPENTUM CAP 250MG (<i>olsalazine sodium</i>)	Tier 3	MAIL
INFLECTRA INJ 100MG (<i>infliximab-dyyb</i>)	Tier 4	PA
<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	
<i>mesalamine tab delayed release 800 mg</i>	Tier 3	MAIL
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>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 3	PA, MAIL
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 3	PA, MAIL
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 2	PA, MAIL
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

Drug Name	Drug Tier	Requirements/Limits
RELISTOR INJ 12/0.6ML (methylnaltrexone bromide)	Tier 4	PA
RELISTOR TAB 150MG (methylnaltrexone bromide)	Tier 4	PA
SYMPROIC TAB 0.2MG (naldemedine tosylate)	Tier 3	PA
PHOSPHATE BINDER AGENTS		
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	Tier 1	QL (360 caps / 30 days), MAIL
lanthanum carbonate chew tab 500 mg (elemental)	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
lanthanum carbonate chew tab 750 mg (elemental)	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
lanthanum carbonate chew tab 1000 mg (elemental)	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
sevelamer carbonate tab 800 mg	Tier 3	ST, MAIL; Prior use of calcium acetate within the past 90 days.
VELPHORO CHW 500MG (sucroferric oxyhydroxide)	Tier 3	PA, MAIL
GENITOURINARY AGENTS - MISCELLANEOUS		
ALKALINIZERS		
potassium citrate & citric acid soln 1100-334 mg/5ml	Tier 1	
potassium citrate tab er 5 meq (540 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 10 meq (1080 mg)	Tier 1	QL (90 tabs / 30 days)
potassium citrate tab er 15 meq (1620 mg)	Tier 1	QL (90 tabs / 30 days)
sodium citrate & citric acid soln 500-334 mg/5ml	Tier 1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (cysteamine bitartrate)	Tier 4	PA
CYSTAGON CAP 150MG (cysteamine bitartrate)	Tier 4	PA
GENITOURINARY IRRIGANTS		
acetic acid irrigation soln 0.25%	Tier 1	
sodium chloride irrigation soln 0.9%	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
INTERSTITIAL CYSTITIS AGENTS		
ELMIRON CAP 100MG (pentosan polysulfate sodium)	Tier 3	PA
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	QL (30 tabs / 30 days), MAIL
dutasteride cap 0.5 mg	Tier 1	QL (30 caps / 30 days), MAIL
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
finasteride tab 5 mg	Tier 1	QL (30 tabs / 30 days), MAIL
silodosin cap 4 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
silodosin cap 8 mg	Tier 3	PA, QL (30 caps / 30 days), MAIL
tamsulosin hcl cap 0.4 mg	Tier 1	QL (60 caps / 30 days), MAIL
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	Tier 1	QL (90 tabs / 30 days)
phenazopyridine hcl tab 200 mg	Tier 1	QL (90 tabs / 30 days)
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
GOUT AGENTS		
allopurinol tab 100 mg	Tier 1	MAIL
allopurinol tab 300 mg	Tier 1	MAIL
colchicine tab 0.6 mg	Tier 1	QL (30 tabs / 90 days)
febuxostat tab 40 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
febuxostat tab 80 mg	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URICOSURICS		
probenecid tab 500 mg	Tier 1	QL (90 tabs / 30 days), MAIL
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
ALPHANINE SD INJ 500UNIT (coagulation factor ix)	Tier 4	PA
ALPHANINE SD INJ 1500UNIT (coagulation factor ix)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
HELIXATE FS INJ 500UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
HELIXATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 250UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 1000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 2000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
KOGENATE FS INJ 3000UNIT (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
MONOCLATE-P INJ 1000UNIT (antihemophilic factor (human))	Tier 4	PA
RECOMBINATE INJ (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 220-400 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 401-800 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
RECOMBINATE INJ 801-1240 (antihemophilic factor (recombinant) (rfviii))	Tier 4	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate inj 30 mg/3ml (base equivalent)	Tier 4	PA
COMPLEMENT INHIBITORS		
BERINERT INJ 500UNIT (c1 esterase inhibitor (human))	Tier 4	PA
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	Tier 1	QL (120 tabs / 30 days), MAIL
PLATELET AGGREGATION INHIBITORS		
anagrelide hcl cap 0.5 mg	Tier 1	MAIL

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

HEMATOPOIETIC AGENTS**AGENTS FOR GAUCHER DISEASE**

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

COBALAMINS

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

FOLIC ACID/FOLATES

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

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

HEMATOPOIETIC GROWTH FACTORS

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

Drug Name	Drug Tier	Requirements/Limits
RETACRIT INJ 40000UNT (epoetin alfa-epbx)	Tier 4	PA
ZARXIO INJ 300/0.5 (filgrastim-sndz)	Tier 4	PA
ZARXIO INJ 480/0.8 (filgrastim-sndz)	Tier 4	PA
ZIEXTENZO INJ 6/0.6ML (pegfilgrastim-bmez)	Tier 4	PA, QL (0.6 per 14 days)
HEMATOPOIETIC MIXTURES		
fe fumarate w/ b12-vit c-fa-ifc cap 110-0.015-75-0.5-240 mg (Tricon)	Tier 1	QL (60 caps / 30 days)
FERREX 150 CAP FORTE (polysaccharide iron-folic acid-vit b12)	Tier 1	OTC
iron polysacch complex-vit b12-fa cap 150-0.025-1 mg (Poly-iron 150 Forte)	Tier 1	QL (60 caps / 30 days)
IRON		
carbonyl iron susp 15 mg/1.25ml (elemental iron) (Wee Care)	Tier 1	OTC
FE GLUCONATE TAB 239MG	Tier 1	OTC, MAIL
FERRETTES TAB 325MG (ferrous fumarate)	Tier 1	OTC, MAIL
ferrous fumarate tab 324 mg (106 mg elemental fe)	Tier 1	OTC, MAIL
FERROUS GLUC TAB 324MG	Tier 1	OTC, MAIL
ferrous gluconate tab 240 mg (27 mg elemental fe) (Ferate)	Tier 1	OTC, MAIL
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	Tier 1	OTC, MAIL
FERROUS SUL LIQ 220/5ML	Tier 1	OTC, MAIL
FERROUS SULF TAB 324MG EC	Tier 1	OTC, MAIL
ferrous sulfate dried tab 200 mg (65 mg elemental fe) (Px Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 45 mg (fe equivalent) (Slow-release Iron)	Tier 1	OTC, MAIL
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent) (Slow Iron)	Tier 1	OTC, MAIL
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab 325 mg (65 mg elemental fe)	Tier 1	OTC, MAIL
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	Tier 1	OTC, MAIL
ferrous sulfate tab er 47.5 mg (elemental fe) (Ra Slow Release Iron)	Tier 1	OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
ferrous sulfate tab er 50 mg (elemental fe) (Slow Release Iron)	Tier 1	OTC, MAIL
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	Tier 1	OTC, MAIL
IRON CHW PEDIATRI (carbonyl iron)	Tier 1	OTC
polysaccharide iron complex cap 150 mg (iron equivalent) (Poly-iron 150)	Tier 1	OTC
SLOW FE TAB 45MG (ferrous sulfate)	Tier 1	OTC, MAIL
HEMOSTATICS		
HEMOSTATICS - SYSTEMIC		
aminocaproic acid tab 500 mg	Tier 1	PA
aminocaproic acid tab 1000 mg	Tier 1	PA
tranexamic acid tab 650 mg	Tier 1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
ANTI-HISTAMINE HYPNOTICS		
diphenhydramine hcl (sleep) tab 25 mg (Cvs Sleep Aid Nighttime)	Tier 1	OTC, MAIL
diphenhydramine hcl (sleep) tab 50 mg	Tier 1	OTC, MAIL
doxylamine succinate (sleep) tab 25 mg (Sleep Aid)	Tier 1	OTC, MAIL
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	Tier 1	QL (1500 mL / 30 days), AGE; AGE (Max 12 years)
phenobarbital tab 15 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 16.2 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 30 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 32.4 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 60 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 64.8 mg	Tier 1	QL (90 tabs / 30 days)
phenobarbital tab 97.2 mg	Tier 1	QL (60 tabs / 30 days)
phenobarbital tab 100 mg	Tier 1	QL (60 tabs / 30 days)
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	Tier 3	PA, MAIL
doxepin hcl (sleep) tab 6 mg (base equiv)	Tier 3	PA, MAIL
NON-BARBITURATE HYPNOTICS		
estazolam tab 1 mg	Tier 1	QL (30 tabs / 30 days), AGE; AGE (Min 18 years)

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

Drug Name	Drug Tier	Requirements/Limits
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	PA, MAIL
LAXATIVES		
BULK LAXATIVES		
<i>calcium polycarbophil tab 625 mg</i>	Tier 1	OTC
<i>corn dextrin oral powder</i> (Cvs Easy Fiber)	Tier 1	OTC
KONSYL DAILY POW 28.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL DAILY POW 100% (<i>psyllium</i>)	Tier 1	OTC, MAIL
KONSYL-D POW 52.3% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 28%ORG (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL POW 58.12% (<i>psyllium</i>)	Tier 1	OTC, MAIL
METAMUCIL WAF (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>methylcellulose tab 500 mg</i> (Gnp Fiber Therapy)	Tier 1	OTC
NAT FIBER POW 58.6% (<i>psyllium</i>)	Tier 1	OTC, MAIL
<i>psyllium cap 0.52 gm</i> (Fiber Laxative)	Tier 1	OTC, MAIL
<i>psyllium cap 400 mg</i> (Reguloid)	Tier 1	OTC, MAIL
<i>psyllium powder 28.3%</i> (Gnp Natural Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 30.9%</i> (Konsyl)	Tier 1	OTC, MAIL
<i>psyllium powder 33%</i> (Sb Fib Lax Orange)	Tier 1	OTC, MAIL
<i>psyllium powder 48.57%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 58.6%</i> (Cvs Natural Daily Fiber)	Tier 1	OTC, MAIL
<i>psyllium powder 95%</i> (Qc Natural Vegetable)	Tier 1	OTC, MAIL
<i>psyllium powder 100%</i>	Tier 1	OTC, MAIL
UNIFIBER POW (<i>cellulose</i>)	Tier 1	OTC
<i>wheat dextrin oral powder</i> (Clear Soluble Fiber)	Tier 1	OTC
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
GOLYTELY SOL (<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3

Drug Name	Drug Tier	Requirements/Limits
MEDI-LAXX CAP 8.6-50MG (<i>sennosides-docusate sodium</i>)	Tier 1	OTC, MAIL
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Tier 5	Tier 5 for ages 45-74, otherwise Tier 1
PLENVU SOL (<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
PREPOPIK PAK (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Tier 1	OTC, MAIL
SUPREP BOWEL SOL PREP KIT (<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	Tier 5	Tier 5 for ages 45-74, otherwise Tier 3
LAXATIVES - MISCELLANEOUS		
<i>glycerin suppos 1.2 gm</i> (Gnp Glycerin Child)	Tier 1	OTC
<i>glycerin suppos 2 gm</i> (Cvs Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 2.1 gm</i> (Gnp Glycerin Adult)	Tier 1	OTC
<i>glycerin suppos 80.7%</i> (Ra Glycerin Child)	Tier 1	OTC
<i>lactulose solution 10 gm/15ml</i>	Tier 1	MAIL
<i>polyethylene glycol 3350 oral packet 17 gm</i> (Ra Laxative)	Tier 1	QL (60 packets / 30 days), OTC
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i> (Ra Laxative)	Tier 1	QL (527 gm / 30 days), OTC
LUBRICANT LAXATIVES		
<i>mineral oil</i>	Tier 1	OTC
<i>mineral oil enema</i>	Tier 1	OTC
SALINE LAXATIVES		
<i>magnesium citrate soln</i> (Gnp Magnesium Citrate)	Tier 1	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i> (Milk Of Magnesia)	Tier 1	OTC

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

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

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

Drug Name	Drug Tier	Requirements/Limits
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	PA, QL (1 each / year)
DEXCOM G5 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days)
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	Tier 2	PA, QL (1 box / 90 days)
FREESTY LIBR KIT 2 SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days)
FREESTY LIBR MIS 2 READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (2 boxes / 30 days); 14 day
FREESTYLE KIT SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (3 boxes / 30 days); 10 day
FREESTYLE MIS READER (<i>continuous blood glucose system receiver</i>)	Tier 2	PA, QL (1 each / year)

Drug Name	Drug Tier	Requirements/Limits
G5/G4 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	Tier 2	PA, QL (4 boxes / 30 days)
LANCETS MIS 30G	DME	OTC
RELION TRUE KIT MET AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (Preferred Brand), OTC
TRUE METRIX KIT AIR (<i>blood glucose monitoring supplies</i>)	DME	QL (1 box / year), OTC
MISC. DEVICES		
ALCOHOL PREP PAD MED 70% (<i>alcohol swabs</i>)	Tier 1	QL (200 ea / 30 days), OTC
PARENTERAL THERAPY SUPPLIES		
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days); TECHLITE
INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	DME	QL (150 ea / 30 days), OTC; TECHLITE

Drug Name	Drug Tier	Requirements/Limits
INSULIN SYRG MIS 1ML/30G (insulin syringe/needle u-100)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G (insulin syringe/needle u-100)	DME	QL (150 ea / 30 days), OTC; TECHLITE
INSULIN SYRG MIS 1ML/31G (insulin syringe/needle u-100)	DME	QL (150 ea / 30 days), OTC; TRUEPLUS
NEEDLES MIS 18GX1.5" (needle (disp) 18 g)	DME	OTC
PEN NEEDLES MIS 29GX10MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7 (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 31GX8MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM (insulin pen needle)	DME	QL (150 / 30 days), OTC; TECHLITE
3ML SYRINGE MIS REG TIP (syringe (disposable))	DME	
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS LARGE	Tier 2	QL (1 box / year)
EASY NEB MIS (nebulizers)	Tier 2	OTC
INSPIRACHAMB MIS LARGE (spacer/aerosol-holding chambers)	Tier 2	QL (1 each / year)
PEAK AIR FLO MIS ADLT/PED (peak flow meter)	DME	QL (1 each / year), OTC
PULMONEB LT MIS NEBULIZE (nebulizers)	Tier 2	QL (1 each / 30 days)

Drug Name	Drug Tier	Requirements/Limits
MIGRAINE PRODUCTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AIMOVIG INJ 70MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (2 pens / 28 days)
AIMOVIG INJ 140MG/ML (<i>erenumab-aooe</i>)	Tier 3	PA, QL (1 pen / 28 days)
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (3 syringes / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 pens / 28 days)
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 3	PA, QL (2 syringes / 28 days)
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 3	PA, QL (16 ea / 30 days)
MIGRAINE COMBINATIONS		
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Tier 3	PA
MIGRAINE PRODUCTS		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 3	PA
ERGOMAR SUB 2MG (<i>ergotamine tartrate</i>)	Tier 3	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>almotriptan malate tab 12.5 mg</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 3	ST, QL (9 tabs / 30 days); Prior use of TWO of the following within the past 90 days: naratriptan, rizatriptan, sumatriptan

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

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

MINERALS & ELECTROLYTES**CALCIUM**

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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Tier 5	QL (50 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1

Drug Name	Drug Tier	Requirements/Limits
sodium fluoride soln 0.25 mg/drop f (from 0.55 mg/drop naf) (Flura-drops)	Tier 5	QL (24 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (Fluoritab)	Tier 5	QL (30 mL / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	Tier 5	QL (30 tabs / 30 days), MAIL; Tier 5 for less than 6 years old, otherwise Tier 1
MAGNESIUM		
MAG64 TAB 64MG (magnesium chloride)	Tier 1	OTC
MAG-G TAB 500MG (magnesium gluconate)	Tier 1	OTC
MAGDELAY TAB 70MG (magnesium chloride)	Tier 1	OTC
magnesium chloride tab dr 64 mg (elemental mg) (Magdelay)	Tier 1	OTC
magnesium gluconate tab 27.5 mg (elemental mg)	Tier 1	OTC
magnesium oxide cap 500 mg (elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 250 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (240 mg elemental mg)	Tier 1	OTC, MAIL
magnesium oxide tab 400 mg (241.3 mg elemental mg) (Magnesium-oxide)	Tier 1	OTC, MAIL
magnesium oxide tab 500 mg (mg supplement)	Tier 1	OTC, MAIL
magnesium tab 250 mg	Tier 1	OTC, MAIL
PHOSPHATE		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (Virt-phos 250 Neutral)	Tier 1	QL (120 tabs / 30 days), MAIL
POTASSIUM		
potassium bicarbonate effer tab 25 meq (Klor-con/ef)	Tier 1	QL (60 ea / 30 days), MAIL
potassium chloride cap er 8 meq	Tier 1	QL (120 caps / 30 days), MAIL
potassium chloride cap er 10 meq	Tier 1	QL (120 caps / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
<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	
<i>penicillamine tab 250 mg</i>	Tier 1	
IMMUNOMODULATORS		
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 4	PA, QL (30 per 30 days)
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days)
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 4	PA, QL (60 per 30 days)
IMMUNOSUPPRESSIVE AGENTS		
<i>azathioprine tab 50 mg</i>	Tier 1	QL (240 tabs / 30 days), MAIL
<i>cyclosporine cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 25 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 50 mg</i>	Tier 1	MAIL
<i>cyclosporine modified cap 100 mg</i>	Tier 1	MAIL

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

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
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	
<i>ORAVIG TAB 50MG (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	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

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
multiple vitamin cap (Mv-one)	Tier 1	OTC
multiple vitamin tab (Daily Vite)	Tier 1	OTC
PED MULTI VITAMINS W/FL & FE		
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml (Multi-vit/iron/fluoride)	Tier 1	QL (50 mL / 30 days), OTC
PED MULTIPLE VITAMINS W/ MINERALS		
AQUADEKS DRO (pediatric multiple vitamin w/ minerals & c)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Mvw Complete Formulation)	Tier 1	OTC
pediatric multiple vitamin w/ minerals & c chew tab (Polyvitamin/iron)	Tier 1	OTC
PED MV W/ FLUORIDE		
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg (Multivitamin/fluoride)	Tier 1	QL (30 tabs / 30 days)
pediatric multiple vitamins w/ fluoride chew tab 1 mg (Multivitamin/fluoride)	Tier 1	QL (60 tabs / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml (Multivitamin With Fluorid)	Tier 1	QL (50 mL / 30 days), OTC
pediatric vitamins acid w/ fluoride soln 0.5 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
pediatric vitamins acid w/ fluoride soln 0.25 mg/ml (Tri-vitamin/fluoride)	Tier 1	QL (50 mL / 30 days)
PED MV W/ IRON		
ANIMAL SHAPE CHW IRON (pediatric multiple vitamins w/ iron)	Tier 1	OTC
MULTIVITAMIN DRO /IRON (pediatric multiple vitamins w/ iron)	Tier 2	OTC
pediatric multiple vitamins w/ iron chew tab 15 mg (Chewable Vite With Iron/c)	Tier 1	OTC
pediatric multiple vitamins w/ iron chew tab 18 mg (Ultra Choice Multivitamin)	Tier 1	OTC

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

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

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

MUSCULOSKELETAL THERAPY AGENTS**CENTRAL MUSCLE RELAXANTS**

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

Drug Name	Drug Tier	Requirements/Limits
metaxalone tab 800 mg	Tier 3	PA
methocarbamol tab 500 mg	Tier 1	QL (180 tabs / 30 days), AGE; AGE (Max 64 years)
methocarbamol tab 750 mg	Tier 1	QL (300 tabs / 30 days), AGE; AGE (Max 64 years)
orphenadrine citrate tab er 12hr 100 mg	Tier 1	QL (60 tabs / 30 days)
tizanidine hcl tab 2 mg (base equivalent)	Tier 1	QL (240 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
tizanidine hcl tab 4 mg (base equivalent)	Tier 1	QL (270 tabs / 30 days), AGE, MAIL; AGE (Max 64 years)
DIRECT MUSCLE RELAXANTS		
dantrolene sodium cap 25 mg	Tier 1	
dantrolene sodium cap 50 mg	Tier 1	
dantrolene sodium cap 100 mg	Tier 1	
MUSCLE RELAXANT COMBINATIONS		
carisoprodol w/ aspirin & codeine tab 200-325-16 mg	Tier 3	PA, QL (240 tabs / 30 days)
VISCOSUPPLEMENTS		
EUFLEXXA INJ 10MG/ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes / 180 days)
VISCO-3 INJ 25/2.5ML (sodium hyaluronate (viscosupplement))	Tier 4	PA, QL (3 syringes / 180 days)
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENTS - MISC.		
saline nasal spray 0.65% (Cvs Saline Nasal Spray)	Tier 1	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	Tier 1	ST, QL (30 mL / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: fluticasone spray, triamcinolone spray, ipratropium spray, cromolyn spray
cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)	Tier 1	QL (52 mL / 30 days), OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
<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	PA, QL (60 tabs / 30 days), MAIL
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
BOTOX INJ 100UNIT <i>(onabotulinumtoxin)</i>	Tier 4	PA
BOTOX INJ 200UNIT <i>(onabotulinumtoxin)</i>	Tier 4	PA
NUTRIENTS		
MISC. NUTRITIONAL SUBSTANCES		
<i>docosahexaenoic acid cap 200 mg</i> (Prenatal Dha)	Tier 1	QL (30 caps / 30 days), OTC
<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 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
LACRISERT MIS 5MG OP <i>(artificial tear insert)</i>	Tier 3	PA
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i> (Lubricant Eye Drops)	Tier 1	OTC, MAIL

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

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC ADRENERGIC AGENTS		
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	QL (15 mL / 30 days), MAIL
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 3	QL (15 mL / 30 days), MAIL
SIMBRINZA SUS 1-0.2% (<i>brinzolamide- brimonidine tartrate</i>)	Tier 3	QL (8 mL / 30 days), MAIL
OPHTHALMIC ANTI-INFECTIVES		
AZASITE SOL 1% (<i>azithromycin (ophth)</i>)	Tier 3	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 3	PA
<i>ciprofloxacin hcl ophth soln 0.3%</i> <i>(base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	PA
<i>gentamicin sulfate ophth oint 0.3%</i> (Gentak)	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	QL (5 mL / 30 days)
<i>levofloxacin ophth soln 0.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5%</i> <i>(base equiv)</i>	Tier 1	QL (3 mL / 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	PA, MAIL
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	Tier 1	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC STEROIDS		
ALREX SUS 0.2% (loteprednol etabonate)	Tier 3	PA
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	QL (5 mL / 30 days)
DUREZOL EMU 0.05% (difluprednate)	Tier 3	PA
fluorometholone ophth susp 0.1%	Tier 1	QL (15 mL / 30 days)
LOTEMAX GEL 0.5% (loteprednol etabonate)	Tier 3	PA
LOTEMAX OIN 0.5% (loteprednol etabonate)	Tier 3	PA
loteprednol etabonate ophth susp 0.5%	Tier 3	PA
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
PRED-G SUS OP (gentamicin-prednisolone acetate)	Tier 3	QL (10 mL / 30 days)
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)
ZYLET SUS 0.5-0.3% (loteprednol etabonate-tobramycin)	Tier 3	QL (10 mL / 30 days)
OPHTHALMICS - MISC.		
ALOCRI SOL 2% (nedocromil sodium (ophth))	Tier 3	PA, MAIL
ALOMIDE SOL 0.1% OP (lodoxamide tromethamine)	Tier 3	PA, MAIL
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
bepotastine besilate ophth soln 1.5%	Tier 3	PA, MAIL
BEPREVE DRO 1.5% (bepotastine besilate)	Tier 3	PA, MAIL
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 3	

Drug Name	Drug Tier	Requirements/Limits
<i>cromolyn sodium ophth soln 4%</i>	Tier 1	QL (10 mL / 30 days), MAIL
CYSTARAN SOL 0.44% (<i>cysteamine hcl</i>)	Tier 4	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Tier 1	
<i>dorzolamide hcl ophth soln 2%</i>	Tier 1	QL (10 mL / 30 days), MAIL
EMADINE SOL 0.05% OP (<i>emedastine difumarate</i>)	Tier 3	PA, MAIL
<i>epinastine hcl ophth soln 0.05%</i>	Tier 3	QL (5 mL / 30 days), MAIL
<i>flurbiprofen sodium ophth soln 0.03%</i>	Tier 1	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Tier 1	QL (10 mL / 30 days)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL
LASTACFT SOL 0.25% (<i>alcaftadine</i>)	Tier 3	PA, MAIL
NEVANAC SUS 0.1% (<i>nepafenac</i>)	Tier 3	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.1% (<i>olopatadine hcl</i>)	Tier 1	QL (5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
PATADAY SOL 0.2% (<i>olopatadine hcl</i>)	Tier 1	QL (2.5 mL / 30 days), OTC, MAIL; Only OTC covered for Brand and Generic
<i>sodium chloride hypertonic ophth oint 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
<i>sodium chloride hypertonic ophth soln 5%</i> (Cvs Sodium Chloride)	Tier 1	OTC
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	Tier 1	ST, QL (5 mL / 30 days), MAIL; Prior use of latanoprost within the past 90 days.

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

OTIC AGENTS**OTIC AGENTS - MISCELLANEOUS**

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

OTIC ANTI-INFECTIVES

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

OTIC COMBINATIONS

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

OTIC STEROIDS

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

OXYTOCICS**OXYTOCICS**

<i>methylergonovine maleate tab 0.2 mg</i>	Tier 3	
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Drug Name	Drug Tier	Requirements/Limits
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
HYQVIA INJ 5-400 (<i>immune globulin (human)-hyaluronidase (human recombinant)</i>)	Tier 4	PA

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

PENICILLINS**AMINOPENICILLINS**

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

NATURAL PENICILLINS

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

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 3	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	AGE; AGE (Max 12 years)
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	QL (20 tabs / 10 days)
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	AGE; AGE (Max 12 years)
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	
PROGESTINS		
PROGESTINS		
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Tier 4	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>norethindrone acetate tab 5 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>progesterone cap 100 mg</i>	Tier 1	QL (30 caps / 30 days)
<i>progesterone cap 200 mg</i>	Tier 1	QL (60 caps / 30 days)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	MAIL
<i>disulfiram tab 250 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
<i>disulfiram tab 500 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL
ANTI-CATAPLECTIC AGENTS		
XYREM SOL 500MG/ML (<i>sodium oxybate</i>)	Tier 4	PA
ANTIDEMENTIA AGENTS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	QL (60 tabs / 30 days), MAIL
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	QL (30 tabs / 30 days), MAIL

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

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

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

Drug Name	Drug Tier	Requirements/Limits
perphenazine-amitriptyline tab 2-25 mg	Tier 3	PA, MAIL; AGE (Max 64 years)
perphenazine-amitriptyline tab 4-10 mg	Tier 3	PA, MAIL; AGE (Max 64 years)
perphenazine-amitriptyline tab 4-25 mg	Tier 3	PA, MAIL; AGE (Max 64 years)
perphenazine-amitriptyline tab 4-50 mg	Tier 3	PA, MAIL; AGE (Max 64 years)
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK (milnacipran hcl)	Tier 3	PA, MAIL
SAVELLA TAB 12.5MG (milnacipran hcl)	Tier 3	PA, MAIL
SAVELLA TAB 25MG (milnacipran hcl)	Tier 3	PA, MAIL
SAVELLA TAB 50MG (milnacipran hcl)	Tier 3	PA, MAIL
SAVELLA TAB 100MG (milnacipran hcl)	Tier 3	PA, MAIL
MOVEMENT DISORDER DRUG THERAPY		
tetrabenazine tab 12.5 mg	Tier 4	PA
tetrabenazine tab 25 mg	Tier 4	PA
MULTIPLE SCLEROSIS AGENTS		
AUBAGIO TAB 7MG (teriflunomide)	Tier 4	PA
AUBAGIO TAB 14MG (teriflunomide)	Tier 4	PA
AVONEX KIT 30MCG (interferon beta-1a)	Tier 4	PA
AVONEX PEN KIT 30MCG (interferon beta-1a)	Tier 4	PA
AVONEX PREFL KIT 30MCG (interferon beta-1a)	Tier 4	PA
COPAXONE INJ 20MG/ML (glatiramer acetate)	Tier 4	PA
COPAXONE INJ 40MG/ML (glatiramer acetate)	Tier 4	PA
dalfampridine tab er 12hr 10 mg	Tier 4	PA
dimethyl fumarate capsule delayed release 120 mg	Tier 4	PA
dimethyl fumarate capsule delayed release 240 mg	Tier 4	PA
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Tier 4	PA
EXTAVIA INJ 0.3MG (interferon beta-1b)	Tier 4	PA
GILENYA CAP 0.5MG (ingolimod hcl)	Tier 4	PA
MAYZENT TAB 0.25MG (siponimod fumarate)	Tier 4	PA
MAYZENT TAB 2MG (siponimod fumarate)	Tier 4	PA
PLEGRIDY INJ (peginterferon beta-1a)	Tier 4	PA

Drug Name	Drug Tier	Requirements/Limits
PLEGRIDY INJ PEN (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY INJ STARTER (peginterferon beta-1a)	Tier 4	PA
PLEGRIDY PEN INJ STARTER (peginterferon beta-1a)	Tier 4	PA
REBIF INJ 22/0.5 (interferon beta-1a)	Tier 4	PA
REBIF INJ 44/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ 22/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ 44/0.5 (interferon beta-1a)	Tier 4	PA
REBIF REBIDO INJ TITRATN (interferon beta-1a)	Tier 4	PA
REBIF TITRTN INJ PACK (interferon beta-1a)	Tier 4	PA
TYSABRI INJ 300/15ML (natalizumab)	Tier 4	PA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	Tier 3	PA
pimozide tab 1 mg	Tier 1	QL (300 tabs / 30 days), MAIL
pimozide tab 2 mg	Tier 1	QL (150 tabs / 30 days), MAIL
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX PAK 0.5& 1MG (varenicline tartrate)	Tier 5	QL (53 tabs / 24 days), MAIL; Max 2 fills
CHANTIX TAB 0.5MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
CHANTIX TAB 1MG (varenicline tartrate)	Tier 5	QL (60 tabs / 30 days), MAIL
nicotine polacrilex gum 2 mg	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex gum 4 mg (Cvs Nicotine Polacrilex)	Tier 5	QL (240 pieces / 30 days), OTC, MAIL
nicotine polacrilex lozenge 2 mg (Cvs Nicotine Lozenge)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
nicotine polacrilex lozenge 4 mg (Eq Nicotine Polacrilex)	Tier 5	QL (240 lozgs / 30 days), OTC, MAIL
NICOTINE SYS KIT TRANSDER	Tier 5	QL (56 patches / 30 days), OTC, MAIL
nicotine td patch 24hr 7 mg/24hr (Nicotine Transdermal Syst)	Tier 5	QL (30 patches / 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>nicotine td patch 24hr 14 mg/24hr</i> (Hm Nicotine Transdermal S)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
<i>nicotine td patch 24hr 21 mg/24hr</i> (Cvs Nicotine Transdermal)	Tier 5	QL (30 patches / 30 days), OTC, MAIL
NICOTROL INH (<i>nicotine</i>)	Tier 5	QL (480 cartridges / 30 days), MAIL
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	Tier 5	QL (40 mL / 30 days), MAIL

RESPIRATORY AGENTS - MISC.**ALPHA-PROTEINASE INHIBITOR (HUMAN)**

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

CYSTIC FIBROSIS AGENTS

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

PULMONARY FIBROSIS AGENTS

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

SULFONAMIDES**SULFONAMIDES**

SULFADIAZINE TAB 500MG	Tier 3	
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TETRACYCLINES**TETRACYCLINES**

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

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

Drug Name	Drug Tier	Requirements/Limits
NATURE-THROI TAB 97.5MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 113.75MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 130MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 146.25MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 195MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 260MG (thyroid)	Tier 2	MAIL
NATURE-THROI TAB 325MG (thyroid)	Tier 2	MAIL
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 150MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 175MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 200MCG (levothyroxine sodium)	Tier 2	MAIL
SYNTHROID TAB 300MCG (levothyroxine sodium)	Tier 2	MAIL
thyroid tab 15 mg (1/4 grain) (Np Thyroid 15)	Tier 1	MAIL
thyroid tab 30 mg (1/2 grain) (Np Thyroid 30)	Tier 1	MAIL
thyroid tab 60 mg (1 grain) (Np Thyroid 60)	Tier 1	MAIL
thyroid tab 90 mg (1 1/2 grain) (Np Thyroid 90)	Tier 1	MAIL
thyroid tab 120 mg (2 grain) (Np Thyroid 120)	Tier 1	MAIL
THYROLAR-1 TAB 60MG (liotrix (t3-t4))	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG (liotrix (t3-t4))	Tier 2	MAIL

Drug Name	Drug Tier	Requirements/Limits
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	Members who are not pregnant must go through provider office
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	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	Tier 5	QL (Max 1 injection / 10 years), AGE; AGE (Min 7 years)

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS**ANTISPASMODICS**

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

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

Drug Name	Drug Tier	Requirements/Limits
<i>lansoprazole cap delayed release 15 mg</i>	Tier 3	ST, QL (60 caps / 30 days), MAIL; 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	ST, QL (30 caps / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
NEXIUM 24HR CAP 20MG (<i>esomeprazole magnesium</i>)	Tier 1	QL (60 caps / 30 days), OTC, MAIL
<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	QL (60 caps / 30 days), OTC
<i>omeprazole magnesium delayed release tab 20 mg (base equiv)</i>	Tier 1	QL (60 tabs / 30 days), OTC
<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	QL (60 tabs / 30 days), OTC
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of TWO of the following within the past 90 days: esomeprazole, omeprazole, pantoprazole
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL
<i>misoprostol tab 200 mcg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
ULCER THERAPY COMBINATIONS		
<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Tier 3	Max 10 days supply
URINARY ANTI-INFECTIVES		
URINARY ANTI-INFECTIVES		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	QL (120 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	QL (60 caps / 30 days), AGE; AGE (Max 64 years)
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 3	AGE; AGE (Max 12 years)
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>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 (oxybutynin)	Tier 2	QL (8 ea / 30 days), OTC, MAIL

Drug Name	Drug Tier	Requirements/Limits
<i>solifenacin succinate tab 5 mg</i>	Tier 3	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>solifenacin succinate tab 10 mg</i>	Tier 3	ST, QL (30 tabs / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
TOVIAZ TAB 4MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
TOVIAZ TAB 8MG (<i>fesoterodine fumarate</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 3	ST, QL (30 caps / 30 days), MAIL; Prior use of oxybutynin in the last 90 days
<i>tropium chloride tab 20 mg</i>	Tier 1	ST, QL (60 tabs / 30 days), MAIL; Prior use of oxybutynin within the past 90 days.
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
MYRBETRIQ TAB 25MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
MYRBETRIQ TAB 50MG (<i>mirabegron</i>)	Tier 3	PA, QL (30 tabs / 30 days), MAIL
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 10 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 25 mg</i>	Tier 1	QL (120 tabs / 30 days)
<i>bethanechol chloride tab 50 mg</i>	Tier 1	QL (120 tabs / 30 days)
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	QL (120 tabs / 30 days), MAIL

Drug Name	Drug Tier	Requirements/Limits
VACCINES		
BACTERIAL VACCINES		
PNEUMOVAX 23 INJ 25/0.5 (pneumococcal vac polyvalent)	Tier 5	QL (Max 2 injections per lifetime)
PREVNAR 13 INJ (pneumococcal 13-valent conjugate vaccine)	Tier 5	QL (Max 4 injections per lifetime)
VIRAL VACCINES		
AFLURIA QUAD INJ 2019-20 (influenza virus vaccine split quadrivalent)	Tier 5	QL (Max 1 Injection per year)
ENGERIX-B INJ 10/0.5ML (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)
ENGERIX-B INJ 20MCG/ML (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)
FLUARIX QUAD INJ 2019-20 (influenza virus vaccine split quadrivalent)	Tier 5	QL (Max 1 Injection per year)
FLUBLOK QUAD INJ 2019-20 (influenza virus vac recomb hemagglutinin (ha) quadrivalent)	Tier 5	QL (Max 1 Injection per year)
FLUCLVX QUAD INJ 2019-20 (influenza virus vaccine tissue-cultured subunit quadrivalent)	Tier 5	QL (Max 1 Injection per year)
FLULAVAL QUA INJ 2019-20 (influenza virus vaccine split quadrivalent)	Tier 5	QL (Max 1 Injection per year)
FLUMIST QUAD SUS 2019-20 (influenza virus vaccine live quadrivalent)	Tier 5	QL (Max 1 Injection per year), AGE; AGE (Max 49 years)
FLUZONE HD INJ PF 20-21 (influenza virus vac split high-dose quad preservative free)	Tier 5	AGE (Min 65 years)
FLUZONE QUAD INJ 2019-20 (influenza virus vaccine split quadrivalent)	Tier 5	QL (Max 1 Injection per year)
HAVRIX INJ 720UNIT (hepatitis a vaccine)	Tier 5	QL (Max 2 injections per lifetime)
HAVRIX INJ 1440UNIT (hepatitis a vaccine)	Tier 5	QL (Max 2 injections per lifetime)
HEPLISAV-B INJ 20/0.5ML (hepatitis b vaccine recombinant adjuvanted)	Tier 5	QL (Maximum 3 injections per lifetime)
HEPLISAV-B INJ 20MCG (hepatitis b vaccine recombinant adjuvanted)	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 5MCG/0.5 (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)
RECOMBIVA HB INJ 10MCG/ML (hepatitis b vaccine (recomb))	Tier 5	QL (Maximum 3 injections per lifetime)

Drug Name	Drug Tier	Requirements/Limits
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	Tier 5	QL (Max 2 injections per lifetime), AGE; AGE (Min 50 years)
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	Tier 5	QL (Max 3 injections per lifetime), AGE; AGE (Min 18 years)
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	Tier 5	QL (Max 2 injections per lifetime)
ZOSTAVAX INJ (<i>zoster vaccine live</i>)	Tier 5	QL (Max 1 injection per lifetime), AGE; AGE (Min 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
SHUR-SEAL GEL 2% (<i>nonoxynol-9</i>)	Tier 5	OTC
TODAY SPONGE MIS (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL AER CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	Tier 5	OTC
VCF VAGINAL MIS CONTRACP (<i>nonoxynol-9</i>)	Tier 5	OTC

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
<i>GYNAZOLE-1 CRE 2% (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

Drug Name	Drug Tier	Requirements/Limits
<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
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		
<i>droxidopa cap 100 mg</i>	Tier 4	PA
<i>droxidopa cap 200 mg</i>	Tier 4	PA
<i>droxidopa cap 300 mg</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	

Drug Name	Drug Tier	Requirements/Limits
VITAMINS		
OIL SOLUBLE VITAMINS		
cholecalciferol cap 1.25 mg (50000 unit)	Tier 1	OTC
cholecalciferol cap 25 mcg (1000 unit) (D 1000)	Tier 1	OTC
cholecalciferol cap 50 mcg (2000 unit) (D2000 Ultra Strength)	Tier 1	OTC
cholecalciferol cap 125 mcg (5000 unit) (D 5000)	Tier 1	OTC
cholecalciferol cap 250 mcg (10000 unit)	Tier 1	OTC
cholecalciferol chew tab 10 mcg (400 unit) (Kp Vitamin D)	Tier 1	OTC
cholecalciferol chew tab 25 mcg (1000 unit) (Cvs D3)	Tier 1	OTC
cholecalciferol drops 125 mcg/ml (5000 unit/ml) (D3 Maximum Strength)	Tier 1	OTC
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) (Aqueous Vitamin D Infants)	Tier 1	OTC
cholecalciferol tab 10 mcg (400 unit)	Tier 1	OTC
cholecalciferol tab 25 mcg (1000 unit)	Tier 1	OTC
cholecalciferol tab 50 mcg (2000 unit)	Tier 1	OTC
cholecalciferol tab 125 mcg (5000 unit)	Tier 1	OTC
ergocalciferol cap 1.25 mg (50000 unit)	Tier 1	
phytonadione tab 5 mg	Tier 1	QL (150 tabs / 30 days)
WATER SOLUBLE VITAMINS		
ascorbic acid tab 500 mg (Hm Vitamin C/rose Hips)	Tier 1	OTC
niacin cap er 250 mg	Tier 1	OTC
niacin cap er 500 mg	Tier 1	OTC
niacin tab 50 mg	Tier 1	OTC
niacin tab 100 mg	Tier 1	OTC
niacin tab 250 mg	Tier 1	OTC
niacin tab 500 mg	Tier 1	OTC
niacin tab er 250 mg	Tier 1	OTC
niacin tab er 500 mg	Tier 1	OTC
niacin tab er 750 mg	Tier 1	OTC
niacinamide tab 500 mg	Tier 1	OTC
pyridoxine hcl tab 25 mg	Tier 1	OTC
pyridoxine hcl tab 50 mg	Tier 1	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>pyridoxine hcl tab 100 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
<i>vitamin b-6 tab 200mg tr</i>	Tier 1	OTC

Index

1	
12 Hour Decongestant	
see pseudoephedrine hcl tab er	
12hr 120 mg	152
3	
3ML SYRINGE MIS REG TIP	136
A	
abacavir sulfate soln 20 mg/ml	
(base equiv)	83
abacavir sulfate tab 300 mg (base	
equiv)	83
abacavir sulfate-lamivudine tab	
600-300 mg	84
abacavir sulfate-lamivudine-	
zidovudine tab 300-150-300 mg	
.....	84
abacavir-dolutegravir-lamivudine	
see TRIUMEQ TAB	87
abaloparatide	
see TYMLOS INJ.....	116
abatacept	
see ORENCIA CLCK INJ 125MG/ML	11
see ORENCIA INJ 125MG/ML	11
see ORENCIA INJ 250MG.....	11
see ORENCIA INJ 50/0.4ML	11
see ORENCIA INJ 87.5/0.7	11
ABILIFY MAIN INJ 300MG.....	82
ABILIFY MAIN INJ 400MG.....	82
abiraterone acetate tab 250 mg ..	69
abiraterone acetate tab 500 mg ..	69
ABREVA CRE 10%.....	108
acamprosate calcium tab delayed	
release 333 mg	160
acarbose tab 100 mg	41
acarbose tab 25 mg	41
acarbose tab 50 mg	41
acebutolol hcl cap 200 mg	89
acebutolol hcl cap 400 mg	89
acetaminophen	
see FEVERALL INF SUP 80MG.....	12
see FEVERALL SUP 325MG.....	12
see NORTEMP SUS INFANTS	12
acetaminophen chew tab 160 mg	12
acetaminophen chew tab 80 mg ..	12
acetaminophen disintegrating tab	
160 mg	12
acetaminophen disintegrating tab	
80 mg	12
acetaminophen elixir 160 mg/5ml	
.....	12
acetaminophen liquid 160 mg/5ml	
.....	12
acetaminophen liquid 167 mg/5ml	
.....	12
acetaminophen soln 160 mg/5ml	12
acetaminophen suppos 120 mg ..	12
acetaminophen suppos 650 mg ..	12
acetaminophen susp 160 mg/5ml	
.....	12
acetaminophen tab 325 mg	12
acetaminophen tab 500 mg	12
acetaminophen tab er 650 mg	12
acetaminophen w/ codeine soln	
120-12 mg/5ml	17
acetaminophen w/ codeine tab	
300-15 mg	17
acetaminophen w/ codeine tab	
300-30 mg	17
acetaminophen w/ codeine tab	
300-60 mg	17
acetazolamide cap er 12hr 500 mg	
.....	114
acetazolamide tab 125 mg	114
acetazolamide tab 250 mg	114
acetic acid irrigation soln 0.25%	
.....	122
acetic acid otic soln 2%	157
acetone (urine) test	
see RELION KETON TES	113
acetylcysteine inhal soln 10% ..	103
acetylcysteine inhal soln 20% ..	103
Acid Gone	
see aluminum hydroxide-	
magnesium carbonate susp 95-	
358 mg/15ml	20
acitretin cap 10 mg	107
acitretin cap 17.5 mg	107
acitretin cap 25 mg	107

ACNE MEDICAT LOT 10%..... 103
 ACNE MEDICAT LOT 5% 103
 ACTEMRA INJ 162/0.9 8
 ACTEMRA INJ 200/10ML 8
 ACTEMRA INJ 400/20ML 8
 ACTEMRA INJ 80MG/4ML 8
 ACTEMRA INJ ACTPEN 8
 ACTIMMUNE INJ 2MU/0.5.....74
acyclovir cap 200 mg88
acyclovir oint 5% 108
acyclovir susp 200 mg/5ml88
acyclovir tab 400 mg.....88
acyclovir tab 800 mg.....88
 ADACEL INJ 167
adalimumab
 see HUMIRA INJ 10/0.1ML..... 6
 see HUMIRA INJ 10MG/0.2 6
 see HUMIRA INJ 20/0.2ML..... 6
 see HUMIRA INJ 40/0.4ML..... 6
 see HUMIRA KIT 20MG/0.4..... 6
 see HUMIRA KIT 40MG/0.8..... 7
 see HUMIRA PEDIA INJ CROHNS 7
 see HUMIRA PEN INJ 40/0.4ML 7
 see HUMIRA PEN INJ CD/UC/HS 7
 see HUMIRA PEN KIT CD/UC/HS..... 7
 see HUMIRA PEN KIT PS/UV 7
adapalene
 see DIFFERIN GEL 0.1% 104
adapalene lotion 0.1% 104
adefovir dipivoxil tab 10 mg.....87
 ADEMPAS TAB 0.5MG95
 ADEMPAS TAB 1.5MG95
 ADEMPAS TAB 1MG.....95
 ADEMPAS TAB 2.5MG95
 ADEMPAS TAB 2MG.....95
 ADMELOG INJ 100U/ML47
 ADMELOG SOLO INJ 100U/ML.....47
 ADULT MASK MIS LARGE 136
 ADVAIR DISKU AER 100/50.....28
 ADVAIR DISKU AER 250/50.....28
 ADVAIR DISKU AER 500/50.....28
 ADVAIR HFA AER 115/21 28
 ADVAIR HFA AER 230/21 28
 ADVAIR HFA AER 45/21.....28
 Advil Junior Strength
 see **ibuprofen tab 100 mg** 9

afatinib dimaleate
 see GILOTRIF TAB 20MG..... 71
 see GILOTRIF TAB 30MG..... 71
 see GILOTRIF TAB 40MG..... 71
 AFINITOR DIS TAB 2MG 71
 AFINITOR DIS TAB 3MG 71
 AFINITOR DIS TAB 5MG 71
 AFINITOR TAB 10MG..... 71
 AFLURIA QUAD INJ 2019-20 172
 AFREZZA POW 12 UNIT 47
 AFREZZA POW 4-8 UNIT 47
 AFREZZA POW 4-8-12 47
 AFREZZA POW 4UNIT 47
 AFREZZA POW 8 UNIT 47
 AFREZZA POW 8-12UNIT 47
 AIMOVIG INJ 140MG/ML..... 137
 AIMOVIG INJ 70MG/ML..... 137
 AKYNZEO CAP 300-0.5 52
albendazole tab 200 mg..... 21
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) ... 28
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml) 28
albuterol sulfate soln nebu 0.5% (5 mg/ml)..... 28
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv) 28
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv) 28
albuterol sulfate syrup 2 mg/5ml28
albuterol sulfate tab 2 mg.....28
albuterol sulfate tab 4 mg..... 29
alcaftadine
 see LASTACAPT SOL 0.25%..... 156
alclometasone dipropionate cream 0.05% 108
alclometasone dipropionate oint 0.05% 108
 ALCOHOL PREP PAD MED 70% 135
alcohol swabs
 see ALCOHOL PREP PAD MED 70%
 135
 ALDACTAZIDE TAB 50/50 114
 ALECENSA CAP 150MG 71
alectinib hcl
 see ALECENSA CAP 150MG..... 71

alendronate sodium tab 10 mg ..	115	alogliptin-pioglitazone tab 12.5-45 mg	42
alendronate sodium tab 35 mg ..	115	alogliptin-pioglitazone tab 25-15 mg	42
alendronate sodium tab 40 mg ..	115	alogliptin-pioglitazone tab 25-30 mg	42
alendronate sodium tab 5 mg	115	alogliptin-pioglitazone tab 25-45 mg	42
alendronate sodium tab 70 mg ..	115	ALOMIDE SOL 0.1% OP	155
ALER-DRYL TAB 50MG	54	alose tron hcl tab 0.5 mg (base equiv)	121
alfuzosin hcl tab er 24hr 10 mg .	123	alose tron hcl tab 1 mg (base equiv)	121
ALINIA SUS 100/5ML	21	alpha1-proteinase inhibitor (human)	
aliskiren fumarate tab 150 mg (base equivalent)	66	see GLASSIA INJ	164
aliskiren fumarate tab 300 mg (base equivalent)	66	see PROLASTIN-C INJ 1000MG ...	164
alitre tinoin		ALPHANINE SD INJ 1500UNIT	123
see PANRETIN GEL 0.1%.....	107	ALPHANINE SD INJ 500UNIT	123
All Day Allergy D		alprazolam tab 0.25 mg	24
see cetirizine-pseudoephedrine tab er 12hr 5-120 mg	102	alprazolam tab 0.5 mg	24
Allergy Relief		alprazolam tab 1 mg	24
see loratadine tab 10 mg	55	alprazolam tab 2 mg	24
allopurinol tab 100 mg	123	ALREX SUS 0.2%.....	155
allopurinol tab 300 mg	123	ALTABAX OIN 1%	105
Almacone		alum & mag hydroxide-simethicone chew tab 200-200-25 mg	20
see alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20	alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml	20
Almacone Double Strength		alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20
see alum & mag hydroxide-simethicone susp 400-400-40 mg/5ml	20	almotriptan malate tab 12.5 mg 137	
almotriptan malate tab 12.5 mg 137		almotriptan malate tab 6.25 mg 137	
alotriptan malate tab 6.25 mg 137		ALOCRIIL SOL 2%.....	155
ALOCRIIL SOL 2%.....	155	alogliptin benzoate tab 12.5 mg (base equiv)	45
alogliptin benzoate tab 12.5 mg (base equiv)	45	alogliptin benzoate tab 25 mg (base equiv)	45
alogliptin benzoate tab 25 mg (base equiv)	45	alogliptin benzoate tab 6.25 mg (base equiv)	45
alogliptin benzoate tab 6.25 mg (base equiv)	45	alogliptin-metformin hcl tab 12.5-1000 mg	42
alogliptin-metformin hcl tab 12.5-1000 mg	42	alogliptin-metformin hcl tab 12.5-500 mg	41
alogliptin-metformin hcl tab 12.5-500 mg	41	alogliptin-pioglitazone tab 12.5-15 mg	42
alogliptin-pioglitazone tab 12.5-15 mg	42	alogliptin-pioglitazone tab 12.5-30 mg	42
alogliptin-pioglitazone tab 12.5-30 mg	42		

amcinonide cream 0.1% 108
amcinonide lotion 0.1% 108
 AMCINONIDE OIN 0.1%..... 108
amiloride & hydrochlorothiazide
 tab 5-50 mg 114
amiloride hcl tab 5 mg 114
aminocaproic acid tab 1000 mg. 128
aminocaproic acid tab 500 mg .. 128
aminosalicylic acid
 see PASER GRA 4GM67
amiodarone hcl tab 200 mg26
amitriptyline hcl tab 10 mg39
amitriptyline hcl tab 100 mg39
amitriptyline hcl tab 150 mg39
amitriptyline hcl tab 25 mg39
amitriptyline hcl tab 50 mg39
amitriptyline hcl tab 75 mg39
 Amlactin
 see **lactic acid (ammonium lactate) lotion 12%** 111
amlodipine besylate tab 10 mg (base equivalent).....90
amlodipine besylate tab 2.5 mg (base equivalent).....90
amlodipine besylate tab 5 mg (base equivalent).....90
amlodipine besylate-benazepril hcl cap 10-20 mg64
amlodipine besylate-benazepril hcl cap 10-40 mg64
amlodipine besylate-benazepril hcl cap 2.5-10 mg63
amlodipine besylate-benazepril hcl cap 5-10 mg63
amlodipine besylate-benazepril hcl cap 5-20 mg63
amlodipine besylate-benazepril hcl cap 5-40 mg64
amlodipine besylate-olmesartan medoxomil tab 10-20 mg64
amlodipine besylate-olmesartan medoxomil tab 10-40 mg64
amlodipine besylate-olmesartan medoxomil tab 5-20 mg64
amlodipine besylate-olmesartan medoxomil tab 5-40 mg64

Amnesteem
 see **isotretinoin cap 20 mg** 104
amoxapine tab 100 mg 40
amoxapine tab 150 mg 40
amoxapine tab 25 mg 40
amoxapine tab 50 mg 40
amoxicillin & k clavulanate chew tab 200-28.5 mg 159
amoxicillin & k clavulanate chew tab 400-57 mg 159
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 159
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 159
amoxicillin & k clavulanate for susp 400-57 mg/5ml 160
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 160
amoxicillin & k clavulanate tab 250-125 mg 160
amoxicillin & k clavulanate tab 500-125 mg 160
amoxicillin & k clavulanate tab 875-125 mg 160
amoxicillin & pot clavulanate
 see AUGMENTIN SUS 125/5ML ... 160
amoxicillin (trihydrate) cap 250 mg 159
amoxicillin (trihydrate) cap 500 mg 159
amoxicillin (trihydrate) chew tab 125 mg 159
amoxicillin (trihydrate) chew tab 250 mg 159
amoxicillin (trihydrate) for susp 125 mg/5ml..... 159
amoxicillin (trihydrate) for susp 200 mg/5ml..... 159
amoxicillin (trihydrate) for susp 250 mg/5ml..... 159
amoxicillin (trihydrate) for susp 400 mg/5ml..... 159
amoxicillin (trihydrate) tab 500 mg 159
amoxicillin (trihydrate) tab 875 mg 159

amoxicillin cap-clarithro tab-	
 lansopraz cap dr therapy pack	170
amphetamine extended release	
susp 1.25 mg/ml	1
amphetamine-dextroamphetamine	
cap er 24hr 10 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 15 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 20 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 25 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 30 mg	1
amphetamine-dextroamphetamine	
cap er 24hr 5 mg	1
amphetamine-dextroamphetamine	
tab 10 mg	1
amphetamine-dextroamphetamine	
tab 12.5 mg	1
amphetamine-dextroamphetamine	
tab 15 mg	1
amphetamine-dextroamphetamine	
tab 20 mg	1
amphetamine-dextroamphetamine	
tab 30 mg	1
amphetamine-dextroamphetamine	
tab 5 mg	1
amphetamine-dextroamphetamine	
tab 7.5 mg	1
ampicillin cap 500 mg	159
ANADROL-50 TAB 50MG	19
anagrelide hcl cap 0.5 mg	124
anagrelide hcl cap 1 mg	125
anakinra	
see KINERET INJ.....	7
anastrozole tab 1 mg	69
ANDROXY TAB 10MG	19
ANIMAL SHAPE CHW IRON	146
ANNOVERA MIS	100
ANORO ELLIPT AER 62.5-25	29
Antacid	
see alum & mag hydroxide-	
simethicone susp 200-200-20	
mg/5ml	20
anthralin	
see DRITHO-CREME CRE HP 1% .	107
ANTI-DIARRHE LIQ 1MG/5ML	51
Anti-fungal Powder	
see tolnaftate powder 1%	107
antihemophilic factor (human)	
see MONOCLATE-P INJ 1000UNIT	124
antihemophilic factor	
(recombinant) (rfviii)	
see HELIXATE FS INJ 2000UNIT..	124
see HELIXATE FS INJ 3000UNIT..	124
see HELIXATE FS INJ 500UNIT....	124
see KOGENATE FS INJ 1000UNIT	124
see KOGENATE FS INJ 2000UNIT	124
see KOGENATE FS INJ 250UNIT..	124
see KOGENATE FS INJ 3000UNIT	124
see RECOMBINATE INJ.....	124
see RECOMBINATE INJ 220-400..	124
see RECOMBINATE INJ 401-800..	124
see RECOMBINATE INJ 801-1240	124
ANZEMET TAB 100MG	52
ANZEMET TAB 50MG	52
APEXICON E CRE 0.05%	108
APIDRA INJ SOLOSTAR	47
APIDRA INJ U-100	47
apixaban	
see ELIQUIS TAB 2.5MG.....	31
see ELIQUIS TAB 5MG.....	31
APOKYN INJ 10MG/ML	75
apomorphine hydrochloride	
see APOKYN INJ 10MG/ML.....	75
apraclonidine hcl ophth soln 0.5%	
(base equivalent)	154
apremilast	
see OTEZLA TAB 10/20/30.....	11
see OTEZLA TAB 30MG.....	11
aprepitant capsule 125 mg	53
aprepitant capsule 40 mg	53
aprepitant capsule 80 mg	53
aprepitant capsule therapy pack 80	
& 125 mg	53
APTIOM TAB 200MG	33
APTIOM TAB 400MG	33
APTIOM TAB 600MG	33
APTIOM TAB 800MG	33
APTIVUS CAP 250MG	84
APTIVUS SOL	84

AQUADEKS DRO	146	armodafinil tab 50 mg	4
Aqueous Vitamin D Infants		ARMOUR THYRO TAB 120MG	165
see cholecalciferol oral liquid 10		ARMOUR THYRO TAB 15MG.....	165
mcg/ml (400 unit/ml)	175	ARMOUR THYRO TAB 180MG	165
ARANESP INJ 100MCG	126	ARMOUR THYRO TAB 240MG	165
ARANESP INJ 10MCG.....	126	ARMOUR THYRO TAB 300MG	165
ARANESP INJ 150MCG	126	ARMOUR THYRO TAB 30MG.....	165
ARANESP INJ 200MCG	126	ARMOUR THYRO TAB 60MG.....	165
ARANESP INJ 25MCG.....	126	ARMOUR THYRO TAB 90MG.....	165
ARANESP INJ 300MCG	126	artemether-lumefantrine	
ARANESP INJ 40MCG.....	126	see COARTEM TAB 20-120MG.....	66
ARANESP INJ 500MCG	126	artificial tear insert	
ARANESP INJ 60MCG.....	126	see LACRISERT MIS 5MG OP	152
ARCALYST INJ 220MG	7	artificial tear ophth solution	152
ARCAPTA CAP 75MCG.....	29	Artificial Tears	
arformoterol tartrate		see dextran 70-hypromellose	
see BROVANA NEB 15MCG	29	ophth soln 0.1-0.3%	152
aripiprazole		see polyvinyl alcohol ophth soln	
see ABILIFY MAIN INJ 300MG	82	1.4%	153
see ABILIFY MAIN INJ 400MG	82	see white petrolatum-mineral oil	
aripiprazole lauroxil		ophth ointment	153
see ARISTADA INJ 1064MG	83	ascorbic acid tab 500 mg	175
see ARISTADA INJ 441MG/1.	83	asenapine maleate sl tab 10 mg	
see ARISTADA INJ 662MG/2	83	(base equiv)	79
see ARISTADA INJ 882MG/3	83	asenapine maleate sl tab 2.5 mg	
see ARISTADA INJ INITIO	83	(base equiv)	79
aripiprazole oral solution 1 mg/ml		asenapine maleate sl tab 5 mg	
.....	82	(base equiv)	79
aripiprazole orally disintegrating		ASMANEX 120 AER 220MCG.....	27
tab 10 mg	82	ASMANEX 14 AER 220MCG	27
aripiprazole orally disintegrating		ASMANEX 30 AER 110MCG	27
tab 15 mg	83	ASMANEX 30 AER 220MCG	27
aripiprazole tab 10 mg	83	ASMANEX 60 AER 220MCG	27
aripiprazole tab 15 mg	83	ASMANEX 7 AER 110MCG	27
aripiprazole tab 2 mg	83	ASMANEX HFA AER 100 MCG	27
aripiprazole tab 20 mg	83	ASMANEX HFA AER 200 MCG	27
aripiprazole tab 30 mg	83	ASMANEX HFA AER 50MCG	27
aripiprazole tab 5 mg	83	aspirin chew tab 81 mg	13
ARISTADA INJ 1064MG.....	83	Aspirin Low Dose	
ARISTADA INJ 441MG/1.	83	see aspirin tab delayed release 81	
ARISTADA INJ 662MG/2	83	mg	13
ARISTADA INJ 882MG/3	83	aspirin tab 325 mg	13
ARISTADA INJ INITIO.....	83	aspirin tab delayed release 325 mg	
armodafinil tab 150 mg	4	.....	13
armodafinil tab 200 mg	4	aspirin tab delayed release 81 mg	
armodafinil tab 250 mg	4	.....	13

aspirin-dipyridamole cap er 12hr	
25-200 mg	125
atazanavir sulfate cap 150 mg	
(base equiv)	84
atazanavir sulfate cap 200 mg	
(base equiv)	84
atazanavir sulfate cap 300 mg	
(base equiv)	84
atazanavir sulfate-cobicistat	
see EVOTAZ TAB 300-150	85
atenolol & chlorthalidone tab 100-	
25 mg	64
atenolol & chlorthalidone tab 50-25	
mg	64
atenolol tab 100 mg	89
atenolol tab 25 mg	89
atenolol tab 50 mg	89
atomoxetine hcl cap 10 mg (base	
equiv)	3
atomoxetine hcl cap 100 mg (base	
equiv)	3
atomoxetine hcl cap 18 mg (base	
equiv)	3
atomoxetine hcl cap 25 mg (base	
equiv)	3
atomoxetine hcl cap 40 mg (base	
equiv)	3
atomoxetine hcl cap 60 mg (base	
equiv)	3
atomoxetine hcl cap 80 mg (base	
equiv)	3
atorvastatin calcium tab 10 mg	
(base equivalent)	56
atorvastatin calcium tab 20 mg	
(base equivalent)	56
atorvastatin calcium tab 40 mg	
(base equivalent)	56
atorvastatin calcium tab 80 mg	
(base equivalent)	56
atovaquone susp 750 mg/5ml	21
atovaquone-proguanil hcl tab 250-	
100 mg	66
atovaquone-proguanil hcl tab 62.5-	
25 mg	66
ATROPINE SUL SOL 1% OP	153
ATROVENT HFA AER 17MCG	26
AUBAGIO TAB 14MG	162
AUBAGIO TAB 7MG	162
AUGMENTIN SUS 125/5ML.....	160
auranofin	
see RIDAURA CAP 3MG.....	7
AVANDIA TAB 2MG	50
AVANDIA TAB 4MG	50
Avita	
see tretinoin gel 0.025%	105
AVONEX KIT 30MCG	162
AVONEX PEN KIT 30MCG	162
AVONEX PREFL KIT 30MCG	162
AVSOLA INJ 100MG	120
AZASITE SOL 1%	154
azathioprine tab 50 mg	143
azelastine hcl nasal spray 0.1%	
(137 mcg/spray)	150
azelastine hcl ophth soln 0.05%	155
azilsartan medoxomil	
see EDARBI TAB 40MG	61
see EDARBI TAB 80MG	61
azithromycin (ophth)	
see AZASITE SOL 1%.....	154
azithromycin for susp 100 mg/5ml	
.....	132
azithromycin for susp 200 mg/5ml	
.....	132
azithromycin powd pack for susp 1	
gm	132
azithromycin tab 250 mg	132
azithromycin tab 500 mg	132
azithromycin tab 600 mg	133
AZOPT SUS 1% OP	155
aztreonam lysine	
see CAYSTON INH 75MG.....	22
B	
bacitracin oint 500 unit/gm	105
bacitracin ophth oint 500 unit/gm	
.....	154
bacitracin zinc oint 500 unit/gm	105
bacitracin-polymyxin b oint	105
bacitracin-polymyxin b ophth oint	
.....	154
bacitracin-polymyxin-neomycin hc	
see CORTISPORIN OIN 1%.....	105

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	155
<i>baclofen tab 10 mg</i>	149
<i>baclofen tab 20 mg</i>	149
BALCOLTRA TAB 0.1-20	96
<i>baloxavir marboxil</i>	
see XOFLUZA TAB 20MG	88
see XOFLUZA TAB 40MG	88
<i>balsalazide disodium cap 750 mg</i>	
.....	121
BANZEL TAB 200MG	33
BANZEL TAB 400MG	33
BAQSIMI ONE POW 3MG/DOSE.....	45
BARACLUDGE SOL	87
BASAGLAR INJ 100UNIT	47
BAXDELA TAB 450MG	119
<i>b-complex w/ c & folic acid cap 1 mg</i>	145
<i>b-complex w/ c & folic acid tab</i>	145
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	145
<i>b-complex w/ c & folic acid tab 5 mg</i>	145
BD U-500 MIS 31GX6MM	133
BE WELL PAK ROUNDED	147
<i>becaplermin</i>	
see REGRANEX GEL 0.01%.....	113
<i>beclomethasone dipropionate hfa</i>	
see QVAR REDIHA AER 80MCG.....	28
see QVAR REDIHAL AER 40MCG	28
<i>bedaquiline fumarate</i>	
see SIRTURO TAB 100MG	68
BELSOMRA TAB 10MG	129
BELSOMRA TAB 15MG	130
BELSOMRA TAB 20MG	130
BELSOMRA TAB 5MG	129
<i>bempedoic acid</i>	
see NEXLETOL TAB 180MG	55
<i>bempedoic acid-ezetimibe</i>	
see NEXLIZET TAB 180/10MG	55
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	64
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	64
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	64
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	64
<i>benazepril hcl tab 10 mg</i>	59
<i>benazepril hcl tab 20 mg</i>	59
<i>benazepril hcl tab 40 mg</i>	59
<i>benazepril hcl tab 5 mg</i>	59
BENZNIDAZOLE TAB 100MG	21
BENZNIDAZOLE TAB 12.5MG	21
<i>benzocaine-docusate sodium</i>	
see DOCUSOL PLUS ENE 20-283 .	132
<i>benzonatate cap 100 mg</i>	102
<i>benzonatate cap 200 mg</i>	102
<i>benzoyl peroxide</i>	
see ACNE MEDICAT LOT 10%	103
see ACNE MEDICAT LOT 5%.....	103
<i>benzoyl peroxide gel 10%</i>	104
<i>benzoyl peroxide gel 5%</i>	104
<i>benzoyl peroxide liq 10%</i>	104
<i>benzoyl peroxide liq 5%</i>	104
Benzoyl Peroxide Wash	
see <i>benzoyl peroxide liq 10%</i> .	104
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	104
<i>benztropine mesylate tab 0.5 mg</i>	74
<i>benztropine mesylate tab 1 mg</i>	74
<i>benztropine mesylate tab 2 mg</i>	74
<i>benzyl alcohol (pediculicide)</i>	
see ULESFIA LOT 5%	112
<i>bepotastine besilate</i>	
see BEPREVE DRO 1.5%	155
<i>bepotastine besilate ophth soln 1.5%</i>	155
BEPREVE DRO 1.5%	155
BERINERT INJ 500UNIT	124
<i>besifloxacin hcl</i>	
see BESIVANCE SUS 0.6%	154
BESIVANCE SUS 0.6%	154
<i>betaine</i>	
see CYSTADANE POW	117
<i>betamethasone dipropionate augmented cream 0.05%</i>	108
<i>betamethasone dipropionate augmented gel 0.05%</i>	109
<i>betamethasone dipropionate augmented lotion 0.05%</i>	109

betamethasone dipropionate
augmented oint 0.05% 109
betamethasone dipropionate cream
0.05% 109
betamethasone dipropionate lotion
0.05% 109
betamethasone dipropionate oint
0.05% 109
betamethasone valerate cream
0.1% (base equivalent) 109
betamethasone valerate oint 0.1%
(base equivalent) 109
betaxolol hcl ophth soln 0.5%... 153
betaxolol hcl tab 10 mg..... 89
betaxolol hcl tab 20 mg..... 89
bethanechol chloride tab 10 mg 171
bethanechol chloride tab 25 mg 171
bethanechol chloride tab 5 mg .. 171
bethanechol chloride tab 50 mg 171
 BEVESPI AER 9-4.8MCG..... 29
bexarotene (topical)
 see TARGRETIN GEL 1% 107
bexarotene cap 75 mg 74
 BEYAZ TAB 96
bicalutamide tab 50 mg 69
bictegravir-emtricitabine-tenofovir
alafenamide fumarate
 see BIKTARVY TAB 84
 BIKTARVY TAB 84
bimatoprost
 see LUMIGAN SOL 0.01% 157
bimatoprost ophth soln 0.03%.. 156
bisacodyl suppos 10 mg 132
bisacodyl tab delayed release 5 mg
 132
 Bismatrol
 see **bismuth subsalicylate susp**
262 mg/15ml 51
bismuth subsalicylate chew tab
262 mg 51
bismuth subsalicylate susp 262
mg/15ml..... 51
bismuth subsalicylate susp 525
mg/15ml..... 51
bismuth subsalicylate tab 262 mg
 51

bisoprolol & hydrochlorothiazide
tab 10-6.25 mg 64
bisoprolol & hydrochlorothiazide
tab 2.5-6.25 mg 64
bisoprolol & hydrochlorothiazide
tab 5-6.25 mg 64
bisoprolol fumarate tab 10 mg.... 89
bisoprolol fumarate tab 5 mg..... 89
blood glucose monitoring supplies
 see RELION TRUE KIT MET AIR... 135
 see TRUE METRIX KIT AIR..... 135
 BOOSTRIX INJ 167
bosentan
 see TRACLEER TAB 32MG..... 94
bosentan tab 125 mg 94
bosentan tab 62.5 mg 94
 BOTOX INJ 100UNIT 152
 BOTOX INJ 200UNIT 152
 Bp Cleansing Wash
 see **sulfacetamide sodium-sulfur**
in urea emulsion 10-4% 104
 Bp Gel
 see **benzoyl peroxide gel 5%** .. 104
 Bp Wash
 see **benzoyl peroxide liq 5%**... 104
 Bprotected Pedia Tri-vite
 see **pediatric vitamins adc drops**
750 unit-400 unit-35 mg/ml 147
 BRAINSTRONG MIS PRENATAL 147
 BREO ELLIPTA INH 100-25..... 29
 BREO ELLIPTA INH 200-25..... 29
 BREVICON TAB 0.5/35 96
 BREZTRI AERO AER SPHERE 29
 Briellyn
 see **norethindrone & ethinyl**
estradiol tab 0.4 mg-35 mcg . 98
 BRILINTA TAB 60MG 125
 BRILINTA TAB 90MG 125
brimonidine tartrate (topical)
 see MIRVASO GEL 0.33%..... 112
brimonidine tartrate ophth soln
0.15% 154
brimonidine tartrate ophth soln
0.2% 154
brimonidine tartrate-timolol
maleate

see COMBIGAN SOL 0.2/0.5% 153

brinzolamide
see AZOPT SUS 1% OP 155

brinzolamide-brimonidine tartrate
see SIMBRINZA SUS 1-0.2% 154

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

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

**bromocriptine mesylate cap 5 mg
(base equivalent).....75**

**bromocriptine mesylate tab 2.5 mg
(base equivalent).....75**

**brompheniramine &
pseudoephedrine elixir 1-15
mg/5ml..... 102**

BROTAPP DM LIQ 15-1-5/5 102

BROVANA NEB 15MCG.....29

BRUKINSA CAP 80MG.....71

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

**budesonide delayed release
particles cap 3 mg..... 101**

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

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

budesonide nasal susp 32 mcg/act
..... 151

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

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

bumetanide tab 0.5 mg 114

bumetanide tab 1 mg 114

bumetanide tab 2 mg 114

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

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

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

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

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

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

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

**buprenorphine td patch weekly 5
mcg/hr 18**

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

**bupropion hcl (smoking deterrent)
tab er 12hr 150 mg 163**

bupropion hcl tab 100 mg 36

bupropion hcl tab 75 mg 36

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

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

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

bupropion hcl tab er 24hr 150 mg
..... 36

bupropion hcl tab er 24hr 300 mg
..... 36

buspironone hcl tab 10 mg 23

buspironone hcl tab 15 mg 23

buspironone hcl tab 30 mg 23

buspironone hcl tab 5 mg 23

buspironone hcl tab 7.5 mg 23

**butalbital-acetaminophen tab 50-
325 mg 12**

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

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

**butalbital-acetaminophen-caffeine
tab 50-325-40 mg 12**

**butalbital-aspirin-caffeine cap 50-
325-40 mg 12**

butenafine hcl
see MENTAX CRE 1% 106

butenafine hcl cream 1%..... 105

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

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

BYSTOLIC TAB 10MG.....89

BYSTOLIC TAB 2.5MG.....89

BYSTOLIC TAB 20MG.....89

BYSTOLIC TAB 5MG89

BYVALSON TAB 5-80MG.....64

C

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

cabergoline tab 0.5 mg 117

cabozantinib s-malate
 see COMETRIQ KIT 100MG71
 see COMETRIQ KIT 140MG71
 see COMETRIQ KIT 60MG71

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

calcipotriene oint 0.005% 107

calcipotriene soln 0.005% (50 mcg/ml) 107

calcipotriene-betamethasone dipropionate oint 0.005-0.064%
 109

calcipotriene-betamethasone dipropionate susp 0.005-0.064%
 109

calcitonin (salmon) nasal soln 200 unit/act 115

Calcitrate
 see **calcium citrate tab 950 mg (200 mg elemental ca)** 141

calcitriol cap 0.25 mcg 117

calcitriol cap 0.5 mcg 117

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

calcium & phosphorus w/ vitamin d
 see RISACAL-D TAB..... 141

Calcium 500 + D
 see **calcium carbonate-vitamin d tab 500 mg-125 unit**..... 140

Calcium 500/d
 see **calcium carbonate-cholecalciferol chew tab 500 mg-400 unit** 140

Calcium 600

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

Calcium 600 With Vitamin
 see **calcium carbonate-vitamin d chew tab 600 mg-400 unit** .. 140

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

calcium acetate (phosphate binder) cap 667 mg (169 mg ca) 122

Calcium Antacid
 see **calcium carbonate (antacid) chew tab 500 mg**..... 20

calcium carbonate (antacid) chew tab 1000 mg 20

calcium carbonate (antacid) chew tab 400 mg 20

calcium carbonate (antacid) chew tab 500 mg 20

calcium carbonate (antacid) chew tab 750 mg 20

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

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

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

calcium carbonate-cholecalciferol
 see CALTRATE 600 CHW 600-800 141

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

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

calcium carbonate-cholecalciferol chew tab 500 mg-400 unit 140

calcium carbonate-cholecalciferol chew tab 500 mg-600 unit 140

calcium carbonate-cholecalciferol tab 250 mg-125 unit 140

calcium carbonate-cholecalciferol tab 500 mg-125 unit 140

calcium carbonate-cholecalciferol tab 500 mg-200 unit 140

calcium carbonate-cholecalciferol tab 500 mg-400 unit 140

calcium carbonate-cholecalciferol tab 500 mg-600 unit 140

calcium carbonate-cholecalciferol tab 600 mg-200 unit 140

calcium carbonate-cholecalciferol tab 600 mg-400 unit 140

calcium carbonate-cholecalciferol tab 600 mg-800 unit 140

calcium carbonate-ergocalciferol
see RA OYS SHL/D TAB 500MG ... 141

calcium carbonate-mag hydrox
see MI-ACID CHW 20

calcium carbonate-mag hydroxide chew tab 675-135 mg 20

calcium carbonate-mag hydroxide susp 400-135 mg/5ml..... 20

calcium carbonate-vitamin d cap 600 mg-200 unit 140

calcium carbonate-vitamin d chew tab 600 mg-400 unit 140

calcium carbonate-vitamin d tab 250 mg-125 unit 140

calcium carbonate-vitamin d tab 500 mg-125 unit 140

calcium carbonate-vitamin d tab 500 mg-200 unit 140

calcium carbonate-vitamin d tab 500 mg-400 unit 140

calcium carbonate-vitamin d tab 600 mg-125 unit 140

calcium carbonate-vitamin d tab 600 mg-200 unit 140

calcium carbonate-vitamin d tab 600 mg-400 unit 140

calcium carb-vit d w/ minerals chew tab 600 mg-400 unit 139

calcium carb-vit d w/ minerals chew tab 600 mg-800 unit 139

CALCIUM CITR TAB 200MG 140

Calcium Citrate + D3
see **calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca)**
..... 141

calcium citrate tab 950 mg (200 mg elemental ca) 141

calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca) ... 141

calcium citrate-vitamin d tab 250 mg-200 unit (elemental ca) ... 141

calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca) ... 141

calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca) ... 141

Calcium Plus Vitamin D3
see **calcium carbonate-cholecalciferol cap 600 mg-500 unit** 139

calcium polycarbophil tab 625 mg
..... 130

CALCIUM TAB 600MG 141

calcium-magnesium-zinc tab 333-133-5 mg 141

CALNA TAB 147

CALTRATE 600 CHW 600-800 141

candesartan cilexetil tab 16 mg .. 61

candesartan cilexetil tab 32 mg .. 61

candesartan cilexetil tab 4 mg 60

candesartan cilexetil tab 8 mg 61

capecitabine tab 150 mg 68

capecitabine tab 500 mg 68

CAPRELSA TAB 100MG 71

CAPRELSA TAB 300MG 71

capsaicin cream 0.1%..... 111

captopril & hydrochlorothiazide tab 25-15 mg 64

captopril & hydrochlorothiazide tab 25-25 mg 64

captopril & hydrochlorothiazide tab 50-15 mg 64

captopril & hydrochlorothiazide tab 50-25 mg 64

captopril tab 100 mg 59

captopril tab 12.5 mg 59

captopril tab 25 mg 59

captopril tab 50 mg 59

carbamazepine cap er 12hr 100 mg
..... 33

carbamazepine cap er 12hr 200 mg
..... 33

carbamazepine cap er 12hr 300 mg
..... 33

carbamazepine chew tab 100 mg	33	carbonyl iron susp 15 mg/1.25ml	
carbamazepine susp 100 mg/5ml		(elemental iron)	127
.....	33	carboxymethylcellulose sodium	
carbamazepine tab 200 mg	33	(pf) ophth soln 0.5%	152
carbamazepine tab er 12hr 100 mg		carboxymethylcellulose sodium	
.....	33	ophth soln 0.5%	152
carbamazepine tab er 12hr 200 mg		CARIMUNE NF INJ 12GM.....	158
.....	33	cariprazine hcl	
carbamazepine tab er 12hr 400 mg		see VRAYLAR CAP 1.5MG	77
.....	33	see VRAYLAR CAP 3MG	77
carbamide peroxide 6.5% otic soln		see VRAYLAR CAP 4.5MG	77
.....	157	see VRAYLAR CAP 6MG	77
carbidopa & levodopa orally		carisoprodol tab 350 mg	149
disintegrating tab 10-100 mg ...	75	carisoprodol w/ aspirin & codeine	
carbidopa & levodopa orally		tab 200-325-16 mg	150
disintegrating tab 25-100 mg ...	75	carteolol hcl ophth soln 1%	153
carbidopa & levodopa orally		carvedilol tab 12.5 mg	88
disintegrating tab 25-250 mg ...	75	carvedilol tab 25 mg	89
carbidopa & levodopa tab 10-100		carvedilol tab 3.125 mg	88
mg	75	carvedilol tab 6.25 mg	88
carbidopa & levodopa tab 25-100		CAYA DPR.....	133
mg	75	CAYSTON INH 75MG	22
carbidopa & levodopa tab 25-250		cefaclor cap 250 mg	95
mg	75	cefaclor cap 500 mg	95
carbidopa & levodopa tab er 25-		cefaclor for susp 125 mg/5ml	95
100 mg	75	cefaclor for susp 250 mg/5ml	95
carbidopa & levodopa tab er 50-		cefaclor for susp 375 mg/5ml	95
200 mg	75	cefadroxil cap 500 mg	95
carbidopa tab 25 mg	74	cefadroxil for susp 250 mg/5ml ..	95
carbidopa-levodopa-entacapone		cefadroxil for susp 500 mg/5ml ..	95
tabs 12.5-50-200 mg	75	cefadroxil tab 1 gm	95
carbidopa-levodopa-entacapone		cefdinir cap 300 mg	96
tabs 18.75-75-200 mg	75	cefdinir for susp 125 mg/5ml	96
carbidopa-levodopa-entacapone		cefdinir for susp 250 mg/5ml	96
tabs 25-100-200 mg	75	cefditoren pivoxil tab 200 mg (base	
carbidopa-levodopa-entacapone		equivalent)	96
tabs 31.25-125-200 mg	75	cefditoren pivoxil tab 400 mg (base	
carbidopa-levodopa-entacapone		equivalent)	96
tabs 37.5-150-200 mg	75	cefixime cap 400 mg	96
carbidopa-levodopa-entacapone		cefixime for susp 100 mg/5ml	96
tabs 50-200-200 mg	75	cefixime for susp 200 mg/5ml	96
carbinoxamine maleate soln 4		cefpodoxime proxetil for susp 100	
mg/5ml	54	mg/5ml	96
carbinoxamine maleate tab 4 mg	54	cefpodoxime proxetil for susp 50	
carbonyl iron		mg/5ml	96
see IRON CHW PEDIATRI	128	cefpodoxime proxetil tab 100 mg	96

cefepodoxime proxetil tab 200 mg	96
cefprozil for susp 125 mg/5ml	95
cefprozil for susp 250 mg/5ml	96
cefprozil tab 250 mg	96
cefprozil tab 500 mg	96
ceftriaxone sodium for inj 1 gm	96
cefuroxime axetil tab 250 mg	96
cefuroxime axetil tab 500 mg	96
celecoxib cap 100 mg	8
celecoxib cap 200 mg	8
celecoxib cap 400 mg	8
celecoxib cap 50 mg	8
cellulose	
see UNIFIBER POW	130
CELONTIN CAP 300MG	35
CENTRUM SPEC PAK PRENATAL	147
cephalexin cap 250 mg	95
cephalexin cap 500 mg	95
cephalexin for susp 125 mg/5ml	95
cephalexin for susp 250 mg/5ml	95
CERDELGA CAP 84MG	125
ceritinib	
see ZYKADIA CAP 150MG	74
certolizumab pegol	
see CIMZIA KIT 200MG	121
see CIMZIA PREFL KIT 200MG/ML	121
see CIMZIA START KIT 200MG/ML	121
cervical caps	
see FEMCAP MIS 22MM	133
see FEMCAP MIS 26MM	133
see FEMCAP MIS 30MM	134
CESAMET CAP 1MG	52
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	54
cetirizine hcl tab 10 mg	54
cetirizine hcl tab 5 mg	54
cetirizine-pseudoephedrine tab er 12hr 5-120 mg	102
cevimeline hcl cap 30 mg	145
CHANTIX PAK 0.5& 1MG	163
CHANTIX TAB 0.5MG	163
CHANTIX TAB 1MG	163
CHEMET CAP 100MG	51
Chewable Vite Childrens	
see pediatric multiple vitamin w/ c & fa chew tab	147
Chewable Vite With Iron/c	
see pediatric multiple vitamins w/ iron chew tab 15 mg	146
Childrens Pain Reliever	
see acetaminophen chew tab 80 mg	12
Childrens Pepto	
see calcium carbonate (antacid) chew tab 400 mg	20
Childrens Silfedrine	
see pseudoephedrine hcl liq 15 mg/5ml	151
chlorambucil	
see LEUKERAN TAB 2MG	68
chlordiazepoxide hcl cap 10 mg	24
chlordiazepoxide hcl cap 25 mg	24
chlordiazepoxide hcl cap 5 mg	24
chlordiazepoxide-amitriptyline tab 10-25 mg	161
chlordiazepoxide-amitriptyline tab 5-12.5 mg	161
chlorhexidine gluconate liquid 4%	83
chlorhexidine gluconate soln 0.12%	145
chloroquine phosphate tab 250 mg	67
chloroquine phosphate tab 500 mg	67
chlorothiazide tab 250 mg	115
chlorothiazide tab 500 mg	115
Chlorphen Sr	
see chlorpheniramine maleate tab er 12 mg	53
chlorpheniramine maleate syrup 2 mg/5ml	53
chlorpheniramine maleate tab 4 mg	53
chlorpheniramine maleate tab er 12 mg	53
chlorpheniramine w/ codeine	
see Z-TUSS AC LIQ 2-9/5ML	103
chlorpromazine hcl tab 10 mg	81
chlorpromazine hcl tab 100 mg	81

chlorpromazine hcl tab 200 mg ...81	ciclopirox olamine susp 0.77%
chlorpromazine hcl tab 25 mg .....81	(base equiv) 106
chlorpromazine hcl tab 50 mg .....81	ciclopirox solution 8% 106
chlorpropamide tab 100 mg .....50	cilostazol tab 100 mg 125
chlorpropamide tab 250 mg .....50	cilostazol tab 50 mg 125
chlorthalidone tab 25 mg 115	CIMDUO TAB 300-300 84
chlorthalidone tab 50 mg 115	cimetidine tab 200 mg 168
chlorzoxazone tab 500 mg 149	cimetidine tab 300 mg 168
cholecalciferol cap 1.25 mg (50000 unit) 175	cimetidine tab 400 mg 168
cholecalciferol cap 125 mcg (5000 unit) 175	cimetidine tab 800 mg 168
cholecalciferol cap 25 mcg (1000 unit) 175	CIMZIA KIT 200MG 121
cholecalciferol cap 250 mcg (10000 unit) 175	CIMZIA PREFL KIT 200MG/ML..... 121
cholecalciferol cap 50 mcg (2000 unit) 175	CIMZIA START KIT 200MG/ML 121
cholecalciferol chew tab 10 mcg (400 unit) 175	cinacalcet hcl tab 30 mg (base equiv) 117
cholecalciferol chew tab 25 mcg (1000 unit) 175	cinacalcet hcl tab 60 mg (base equiv) 117
cholecalciferol drops 125 mcg/ml (5000 unit/ml) 175	cinacalcet hcl tab 90 mg (base equiv) 117
cholecalciferol oral liquid 10 mcg/ml (400 unit/ml) 175	CIPRO HC SUS OTIC 157
cholecalciferol tab 10 mcg (400 unit) 175	ciprofloxacin hcl ophth soln 0.3% (base equivalent) 154
cholecalciferol tab 125 mcg (5000 unit) 175	ciprofloxacin hcl otic soln 0.2% (base equivalent) 157
cholecalciferol tab 25 mcg (1000 unit) 175	ciprofloxacin hcl tab 250 mg (base equiv) 119
cholecalciferol tab 50 mcg (2000 unit) 175	ciprofloxacin hcl tab 500 mg (base equiv) 119
cholestyramine light powder 4 gm/dose .....55	ciprofloxacin hcl tab 750 mg (base equiv) 120
cholestyramine powder 4 gm/dose .....55	ciprofloxacin-dexamethasone otic susp 0.3-0.1% 157
choline fenofibrate cap dr 135 mg (fenofibric acid equiv).....56	ciprofloxacin-hydrocortisone see CIPRO HC SUS OTIC..... 157
choline fenofibrate cap dr 45 mg (fenofibric acid equiv).....56	cialopram hydrobromide oral soln 10 mg/5ml 37
ciclesonide (nasal) see OMNARIS SPR..... 151	cialopram hydrobromide tab 10 mg (base equiv) 37
ciclopirox olamine cream 0.77% (base equiv) 106	cialopram hydrobromide tab 20 mg (base equiv) 37
	cialopram hydrobromide tab 40 mg (base equiv) 37
	Claravis see isotretinoin cap 10 mg 104
	clarithromycin for susp 125 mg/5ml 133

clarithromycin for susp 250 mg/5ml	133	clonidine hcl tab er 12hr 0.1 mg ...	3
clarithromycin tab 250 mg	133	clonidine td patch weekly 0.1 mg/24hr	62
clarithromycin tab 500 mg	133	clonidine td patch weekly 0.2 mg/24hr	63
Clean & Clear Persa-gel M see benzoyl peroxide gel 10%	104	clonidine td patch weekly 0.3 mg/24hr	63
Clear Soluble Fiber see wheat dextrin oral powder	130	clopidogrel bisulfate tab 75 mg (base equiv)	125
clemastine fumarate tab 1.34 mg (1 mg base equiv)	54	clorazepate dipotassium tab 15 mg	25
clemastine fumarate tab 2.68 mg	54	clorazepate dipotassium tab 3.75 mg	24
CLENPIQ SOL	130	clorazepate dipotassium tab 7.5 mg	25
clindamycin hcl cap 150 mg	22	clotrimazole cream 1%	106
clindamycin hcl cap 300 mg	22	clotrimazole soln 1%	106
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	22	clotrimazole troche 10 mg	145
clindamycin phosphate gel 1%	104	clotrimazole vaginal cream 1%	173
clindamycin phosphate lotion 1%	104	clotrimazole vaginal cream 2%	173
clindamycin phosphate soln 1%	104	clotrimazole w/ betamethasone cream 1-0.05%	106
clindamycin phosphate vaginal cream 2%	173	clotrimazole w/ betamethasone lotion 1-0.05%	106
clindamycin phosphate-tretinoin gel 1.2-0.025%	104	clozapine tab 100 mg	80
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	104	clozapine tab 200 mg	80
clobazam tab 10 mg	32	clozapine tab 25 mg	80
clobazam tab 20 mg	32	clozapine tab 50 mg	80
clobetasol propionate cream 0.05%	109	coagulation factor ix see ALPHANINE SD INJ 1500UNIT	123
clobetasol propionate gel 0.05%	109	see ALPHANINE SD INJ 500UNIT.	123
clobetasol propionate oint 0.05%	109	COARTEM TAB 20-120MG	66
clobetasol propionate soln 0.05%	109	cobicistat see TYBOST TAB 150MG	87
clomipramine hcl cap 25 mg	40	CODEINE SULF TAB 60MG	13
clomipramine hcl cap 50 mg	40	codeine sulfate tab 30 mg	13
clomipramine hcl cap 75 mg	40	colchicine tab 0.6 mg	123
clonazepam tab 0.5 mg	32	colchicine w/ probenecid tab 0.5-500 mg	123
clonazepam tab 1 mg	32	colesevelam hcl packet for susp 3.75 gm	55
clonazepam tab 2 mg	32	colesevelam hcl tab 625 mg	55
clonidine hcl tab 0.1 mg	62	colestipol hcl tab 1 gm	56
clonidine hcl tab 0.2 mg	62	collagenase see SANTYL OIN 250/GM	111
clonidine hcl tab 0.3 mg	62	COLY-MYCIN S SUS OTIC	157

COMBIGAN SOL 0.2/0.5%..... 153
 COMBIVENT AER 20-100.....29
 COMETRIQ KIT 100MG71
 COMETRIQ KIT 140MG71
 COMETRIQ KIT 60MG71
 COMPLERA TAB84
 CO-NATAL FA TAB 29-1MG..... 147
 CONCEPTROL GEL 4% 173
condoms - female
 see FC2 FEMALE MIS CONDOM ... 133
condoms latex lubricated - male
 see CONDOMS MIS LUBRICAT..... 133
condoms latex non-lubricated - male
 see TROJAN MIS 134
 CONDOMS MIS 133
 CONDOMS MIS LUBRICAT 133
condoms non-latex lubricated - male
 see DUREX MIS REALFEEL..... 133
condoms non-latex non-lubricated - male
 see TROJAN MIS NATULAMB 134
conjugated estrogens-bazedoxifene
 see DUAVEE TAB 0.45-20..... 118
conjugated estrogens-medroxyprogesterone acetate
 see PREMPHASE TAB 118
 see PREMPRO TAB..... 118
 see PREMPRO TAB 0.3-1.5..... 118
 see PREMPRO TAB 0.45-1.5..... 118
 see PREMPRO TAB 0.625-5..... 118
continuous blood glucose system receiver
 see DEXCOM G5 MIS RECEIVER .. 134
 see DEXCOM G6 MIS RECEIVER .. 134
 see FREESTY LIBR MIS 2 READER 134
 see FREESTYLE MIS READER 134
continuous blood glucose system sensor
 see DEXCOM G6 MIS SENSOR..... 134
 see FREESTY LIBR KIT 2 SENSOR 134
 see FREESTYLE KIT SENSOR..... 134
 see G5/G4 MIS SENSOR..... 135

continuous blood glucose system transmitter
 see DEXCOM G5 MIS TRANSMIT . 134
 see DEXCOM G6 MIS TRANSMIT . 134
 COPAXONE INJ 20MG/ML..... 162
 COPAXONE INJ 40MG/ML..... 162
copper (iud)
 see PARAGARD IUD T380A..... 100
 CORDRAN 80X3 TAP 4MCG/CM..... 109
 CORLANOR SOL 5MG/5ML..... 95
 CORLANOR TAB 5MG..... 95
 CORLANOR TAB 7.5MG..... 95
corn dextrin oral powder 130
cortisone acetate tab 25 mg 101
 CORTISPORIN OIN 1% 105
 Cortizone-10
 see **hydrocortisone gel 1%** 110
 Cortizone-10 Plus
 see **hydrocortisone-aloe vera cream 1%** 110
 COSENTYX INJ 150MG/ML 107
 COSENTYX INJ 300DOSE 107
 COSENTYX INJ 75MG/0.5..... 107
 COSENTYX PEN INJ 150MG/ML 107
 COSENTYX PEN INJ 300DOSE..... 107
 COUMADIN TAB 10MG..... 30
 COUMADIN TAB 1MG 30
 COUMADIN TAB 2.5MG..... 30
 COUMADIN TAB 2MG 30
 COUMADIN TAB 3MG 30
 COUMADIN TAB 4MG 30
 COUMADIN TAB 5MG 30
 COUMADIN TAB 6MG 30
 COUMADIN TAB 7.5MG..... 30
 CREON CAP 12000UNT 113
 CREON CAP 24000UNT 113
 CREON CAP 3000UNIT..... 113
 CREON CAP 36000UNT 113
 CREON CAP 6000UNIT..... 113
 CRESEMBA CAP 186 MG 53
 CRIXIVAN CAP 200MG..... 84
 CRIXIVAN CAP 400MG..... 84
crizotinib
 see XALKORI CAP 200MG..... 73
 see XALKORI CAP 250MG..... 74

<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	150
<i>cromolyn sodium ophth soln 4%</i>	156
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	26
<i>crotamiton</i> see EURAX CRE 10%	112
CUVITRU INJ 4GM/20ML	158
CUVITRU SOL 10GM/50M.....	158
CUVITRU SOL 1GM/5ML.....	158
Cvs Af Spray Powder see <i>tolnaftate aerosol pow 1%</i>	107
Cvs Allergy Relief Childr see <i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	54
Cvs Antacid Supreme see <i>calcium carbonate-mag hydroxide susp 400-135 mg/5ml</i>	20
Cvs Anti-dandruff see <i>selenium sulfide lotion 1%</i>	108
Cvs Anti-diarrheal see <i>loperamide hcl tab 2 mg</i>	51
Cvs Anti-fungal Powder see <i>miconazole nitrate powder 2%</i>	106
Cvs B-12 see <i>cyanocobalamin sl tab 500 mcg</i>	125
Cvs Bismuth Maximum Stren see <i>bismuth subsalicylate susp 525 mg/15ml</i>	51
Cvs Calcium Citrate + D see <i>calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)</i>	141
Cvs Chocolate Laxative Pi see <i>sennosides chew tab 15 mg</i>	132
Cvs Cold & Cough Nighttim see <i>diphenhydramine-phenylephrine liq 6.25-2.5 mg/5ml</i>	102
Cvs Cortisone Maximum Str see <i>hydrocortisone lotion 1%</i> .	110
Cvs D3 see <i>cholecalciferol chew tab 25 mcg (1000 unit)</i>	175
Cvs Dry Eye Relief see <i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i> .	152
Cvs Easy Fiber see <i>corn dextrin oral powder</i> ..	130
Cvs Fish Oil see <i>omega-3 fatty acids cap delayed release 1200 mg</i>	152
Cvs Gas Relief see <i>simethicone cap 125 mg</i> ...	120
Cvs Gas Relief Drops Extr see <i>simethicone liquid 40 mg/0.6ml</i>	120
Cvs Gas Relief Extra Stre see <i>simethicone chew tab 125 mg</i>	120
Cvs Gentle Laxative see <i>bisacodyl suppos 10 mg</i> ...	132
Cvs Glycerin Adult see <i>glycerin suppos 2 gm</i>	131
Cvs Heartburn Relief see <i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	20
Cvs Ibuprofen Infants see <i>ibuprofen susp 40 mg/ml</i>	9
Cvs Lubricant Eye Drops see <i>carboxymethylcellulose sodium ophth soln 0.5%</i>	152
Cvs Melatonin see <i>melatonin cap 5 mg</i>	6
Cvs Motion Sickness see <i>dimenhydrinate tab 50 mg</i> .	52
Cvs Motion Sickness Relie see <i>meclizine hcl chew tab 25 mg</i>	52
Cvs Nasal Decongestant see <i>pseudoephedrine hcl tab 30 mg</i>	151
Cvs Nasal Decongestant Pe see <i>phenylephrine hcl tab 10 mg</i>	151
Cvs Nasal Spray	

see oxymetazoline hcl nasal soln 0.05%	151	see sodium chloride hypertonic ophth oint 5%	156
Cvs Natural Daily Fiber		see sodium chloride hypertonic ophth soln 5%	156
see psyllium powder 48.57% ..	130	Cvs Triple Antibiotic	
see psyllium powder 58.6%	130	see neomycin-bacitracin-polymyxin oint	105
Cvs Natural Tears		Cvs Vitamin B-12 Tr	
see dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	152	see cyanocobalamin tab er 1000 mcg	125
Cvs Nausea Relief		Cvs Vitamin B-2	
see fructose-dextrose-phosphoric acid oral soln	53	see riboflavin tab 100 mg	176
Cvs Nicotine Lozenge		cyanocobalamin inj 1000 mcg/ml	125
see nicotine polacrilex lozenge 2 mg	163	cyanocobalamin sl tab 1000 mcg	125
Cvs Nicotine Polacrilex		cyanocobalamin sl tab 2500 mcg	125
see nicotine polacrilex gum 4 mg	163	cyanocobalamin sl tab 500 mcg	125
Cvs Nicotine Transdermal		cyanocobalamin tab 100 mcg	125
see nicotine td patch 24hr 21 mg/24hr	164	cyanocobalamin tab 1000 mcg ..	125
Cvs Omeprazole Magnesium		cyanocobalamin tab 250 mcg	125
see omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	169	cyanocobalamin tab 500 mcg	125
Cvs Oyster Shell Calcium		cyanocobalamin tab er 1000 mcg	125
see calcium carbonate-cholecalciferol tab 500 mg-125 unit	140	CYCLESSA PAK.....	96
Cvs Pain & Fever Children		cyclobenzaprine hcl tab 10 mg ..	149
see acetaminophen susp 160 mg/5ml	12	cyclobenzaprine hcl tab 5 mg	149
Cvs Pinworm Treatment		cyclopentolate hcl ophth soln 1%	153
see pyrantel pamoate susp 144 mg/ml (50 mg/ml base equiv)	21	cyclophosphamide cap 25 mg	68
CVS PRENATAL CHW GUMMY.....	147	cyclophosphamide cap 50 mg	68
Cvs Saline Nasal Spray		cycloserine cap 250 mg	67
see saline nasal spray 0.65% .	150	CYCLOSET TAB 0.8MG.....	46
Cvs Sleep Aid Nighttime		cyclosporine	
see diphenhydramine hcl (sleep) tab 25 mg	128	see SANDIMMUNE CAP 100MG....	144
Cvs Smooth Antacid Extra		see SANDIMMUNE CAP 25MG	144
see calcium carbonate (antacid) chew tab 750 mg	20	cyclosporine (ophth)	
Cvs Sodium Chloride		see RESTASIS EMU 0.05%	154
		cyclosporine cap 100 mg	143
		cyclosporine cap 25 mg	143
		cyclosporine modified (for microemulsion)	
		see NEORAL CAP 100MG.....	144
		see NEORAL CAP 25MG.....	144

cyclosporine modified cap 100 mg
 143
cyclosporine modified cap 25 mg
 143
cyclosporine modified cap 50 mg
 143
cyclosporine modified oral soln 100 mg/ml..... 144
cyproheptadine hcl syrup 2 mg/5ml.....55
cyproheptadine hcl tab 4 mg..... 55
 CYSTADANE POW..... 117
 CYSTAGON CAP 150MG 122
 CYSTAGON CAP 50MG 122
 CYSTARAN SOL 0.44% 156
cysteamine bitartrate
 see CYSTAGON CAP 150MG 122
 see CYSTAGON CAP 50MG 122
cysteamine hcl
 see CYSTARAN SOL 0.44% 156
D
 D 1000
 see **cholecalciferol cap 25 mcg (1000 unit)**..... 175
 D 5000
 see **cholecalciferol cap 125 mcg (5000 unit)**..... 175
 D2000 Ultra Strength
 see **cholecalciferol cap 50 mcg (2000 unit)**..... 175
 D3 Maximum Strength
 see **cholecalciferol drops 125 mcg/ml (5000 unit/ml)**..... 175
dabigatran etexilate mesylate
 see PRADAXA CAP 110MG32
 see PRADAXA CAP 150MG32
 see PRADAXA CAP 75MG32
dabrafenib mesylate
 see TAFINLAR CAP 50MG73
 see TAFINLAR CAP 75MG73
daclatasvir dihydrochloride
 see DAKLINZA TAB 30MG87
 see DAKLINZA TAB 60MG87
 Daily Vite
 see **multiple vitamin tab** 146
 DAKLINZA TAB 30MG87

DAKLINZA TAB 60MG 87
dalfampridine tab er 12hr 10 mg
 162
 DALIRESP TAB 250MCG 27
 DALIRESP TAB 500MCG 27
dalteparin sodium
 see FRAGMIN INJ 10000/ML 31
 see FRAGMIN INJ 12500UNT 31
 see FRAGMIN INJ 15000UNT 31
 see FRAGMIN INJ 18000UNT 32
 see FRAGMIN INJ 2500/0.2 31
 see FRAGMIN INJ 5000/0.2 31
 see FRAGMIN INJ 7500/0.3 31
danazol cap 100 mg 19
danazol cap 200 mg 19
danazol cap 50 mg 19
dantrolene sodium cap 100 mg . 150
dantrolene sodium cap 25 mg... 150
dantrolene sodium cap 50 mg... 150
dapagliflozin propanediol
 see FARXIGA TAB 10MG 50
 see FARXIGA TAB 5MG 50
dapagliflozin-metformin hcl
 see XIGDUO XR TAB 10-1000 45
 see XIGDUO XR TAB 10-500MG ... 44
 see XIGDUO XR TAB 2.5-1000 44
 see XIGDUO XR TAB 5-1000MG ... 44
 see XIGDUO XR TAB 5-500MG 44
dapsone tab 100 mg 22
dapsone tab 25 mg 22
darbepoetin alfa
 see ARANESP INJ 100MCG 126
 see ARANESP INJ 10MCG 126
 see ARANESP INJ 150MCG 126
 see ARANESP INJ 200MCG 126
 see ARANESP INJ 25MCG 126
 see ARANESP INJ 300MCG 126
 see ARANESP INJ 40MCG 126
 see ARANESP INJ 500MCG 126
 see ARANESP INJ 60MCG 126
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)..... 170
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)..... 170
darunavir ethanolate
 see PREZISTA SUS 100MG/ML 86

see PREZISTA TAB 150MG.....	86	desipramine hcl tab 150 mg	40
see PREZISTA TAB 600MG.....	86	desipramine hcl tab 25 mg	40
see PREZISTA TAB 75MG	86	desipramine hcl tab 50 mg	40
see PREZISTA TAB 800MG.....	86	desipramine hcl tab 75 mg	40
darunavir-cobicistat		desloratadine tab 5 mg	54
see PREZCOBIX TAB 800-150	86	desmopressin acetate	
darunavir-cobicistat-emtricitabine-		see STIMATE SOL 1.5MG/ML	117
tenofovir alafenamide		desmopressin acetate nasal spray	
see SYMTUZA TAB.....	86	soln 0.01%	117
dasatinib		desmopressin acetate nasal spray	
see SPRYCEL TAB 100MG	73	soln 0.01% (refrigerated)	117
see SPRYCEL TAB 140MG	73	desmopressin acetate tab 0.1 mg	
see SPRYCEL TAB 20MG.....	73	.....	117
see SPRYCEL TAB 50MG.....	73	desmopressin acetate tab 0.2 mg	
see SPRYCEL TAB 70MG.....	73	.....	117
see SPRYCEL TAB 80MG.....	73	DESOGEN-28 TAB.....	96
deferasirox tab for oral susp 125		desogest-eth estrad & eth estrad	
mg	51	tab 0.15-0.02/0.01 mg(21/5) ..	96
deferasirox tab for oral susp 250		desogest-ethin est tab 0.1-	
mg	51	0.025/0.125-0.025/0.15-	
deferasirox tab for oral susp 500		0.025mg-mg	97
mg	51	desogestrel & ethinyl estradiol	
deferiprone		see DESOGEN-28 TAB	96
see FERRIPROX TAB 1000MG.....	52	desogestrel & ethinyl estradiol tab	
deferiprone tab 500 mg	52	0.15 mg-30 mcg	97
degarelix acetate		desogestrel-ethinyl estradiol	
see FIRMAGON INJ 80MG	69	(biphasic)	
delafloxacin meglumine		see MIRCETTE TAB 28 DAY.....	98
see BAXDELA TAB 450MG	119	desogestrel-ethinyl estradiol	
delavirdine mesylate		(triphasic)	
see RESCRIPTOR TAB 200MG	86	see CYLESSA PAK	96
DELSTRIGO TAB	84	desonide cream 0.05%	109
demeclocycline hcl tab 150 mg .	164	desonide oint 0.05%	109
demeclocycline hcl tab 300 mg .	164	desoximetasone cream 0.05% ..	109
DENAVIR CRE 1%.....	108	desoximetasone cream 0.25% ..	109
denosumab		desoximetasone gel 0.05%	109
see PROLIA SOL 60MG/ML.....	115	desoximetasone oint 0.05%	109
see XGEVA INJ	116	desoximetasone oint 0.25%	109
DEPO-PROVERA INJ 150MG/ML.....	100	desvenlafaxine succinate tab er	
DEPO-SQ PROV INJ 104.....	100	24hr 100 mg (base equiv)	38
Dermacerin		desvenlafaxine succinate tab er	
see skin protectants misc - cream		24hr 25 mg (base equiv)	38
.....	112	desvenlafaxine succinate tab er	
DESCOVY TAB 200/25MG.....	84	24hr 50 mg (base equiv)	38
desipramine hcl tab 10 mg	40	dexamethasone elixir 0.5 mg/5ml	
desipramine hcl tab 100 mg	40	.....	101

dexamethasone sodium phosphate inj 10 mg/ml	101
dexamethasone sodium phosphate ophth soln 0.1%	155
dexamethasone soln 0.5 mg/5ml	101
dexamethasone tab 0.5 mg	101
dexamethasone tab 0.75 mg	101
dexamethasone tab 1 mg	101
dexamethasone tab 1.5 mg	101
dexamethasone tab 2 mg	101
dexamethasone tab 4 mg	101
dexamethasone tab 6 mg	101
DEXCOM G5 MIS RECEIVER.....	134
DEXCOM G5 MIS TRANSMIT	134
DEXCOM G6 MIS RECEIVER.....	134
DEXCOM G6 MIS SENSOR	134
DEXCOM G6 MIS TRANSMIT	134
DEXILANT CAP 30MG DR.....	168
DEXILANT CAP 60MG DR.....	168
dexlansoprazole	
see DEXILANT CAP 30MG DR	168
see DEXILANT CAP 60MG DR	168
dexmethylphenidate hcl tab 10 mg	4
dexmethylphenidate hcl tab 2.5 mg	4
dexmethylphenidate hcl tab 5 mg	4
dextran 70-hypromellose (pf) ophth soln 0.1-0.3%	152
dextran 70-hypromellose ophth soln 0.1-0.3%	152
dextroamphetamine sulfate cap er 24hr 10 mg	2
dextroamphetamine sulfate cap er 24hr 15 mg	2
dextroamphetamine sulfate cap er 24hr 5 mg	2
dextroamphetamine sulfate tab 10 mg	2
dextroamphetamine sulfate tab 5 mg	2
dextromethorphan hbr	
see ROBITUSSIN SYP 7.5/5ML	102
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	102
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	102
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	102
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	102
dextrose (diabetic use)	
see GNP GLUCOSE CHW ORANGE..	45
Diabetic Siltussin-dm	
see dextromethorphan-guaifenesin liquid 10-100 mg/5ml	102
Diabetic Tussin Allergy	
see chlorpheniramine maleate syrup 2 mg/5ml	53
Diabetic Tussin Maximum S	
see dextromethorphan-guaifenesin liquid 10-200 mg/5ml	102
DIACOMIT CAP 250MG	33
DIACOMIT CAP 500MG	33
DIACOMIT PAK 250MG	33
DIACOMIT PAK 500MG	33
diaphragm arc-spring	
see CAYA DPR	133
diaphragm wide seal	
see WIDE-SEAL DPR KIT 60	134
see WIDE-SEAL DPR KIT 65	134
see WIDE-SEAL DPR KIT 70	134
see WIDE-SEAL DPR KIT 75	134
see WIDE-SEAL DPR KIT 80	134
see WIDE-SEAL DPR KIT 85	134
see WIDE-SEAL DPR KIT 90	134
see WIDE-SEAL DPR KIT 95	134
diaphragms	
see OMNIFLEX DPR	134
diazepam (anticonvulsant)	
see VALTOCO SPR 10MG.....	32
see VALTOCO SPR 15MG.....	32
see VALTOCO SPR 20MG.....	33
see VALTOCO SPR 5MG	32
diazepam conc 5 mg/ml	25
Diazepam Intenso	
see diazepam conc 5 mg/ml	25
diazepam oral soln 1 mg/ml	25

diazepam rectal gel delivery system 10 mg	32	DIFICID TAB 200MG	133
diazepam rectal gel delivery system 2.5 mg	32	diflorasone diacetate cream 0.05%	109
diazepam rectal gel delivery system 20 mg	32	diflorasone diacetate emollient base see APEXICON E CRE 0.05%	108
diazepam tab 10 mg	25	diflorasone diacetate oint 0.05%	109
diazepam tab 2 mg	25	diflunisal tab 500 mg	13
diazepam tab 5 mg	25	difluprednate see DUREZOL EMU 0.05%	155
diazoxide susp 50 mg/ml	45	digoxin see LANOXIN TAB 0.125MG	93
dibucaine perianal ointment 1%	19	see LANOXIN TAB 0.25MG	93
diclofenac potassium tab 50 mg ...	8	digoxin oral soln 0.05 mg/ml	93
diclofenac sodium (topical) see VOLTAREN GEL 1%	105	digoxin tab 125 mcg (0.125 mg)	93
diclofenac sodium gel 1%	105	digoxin tab 250 mcg (0.25 mg) ...	93
diclofenac sodium ophth soln 0.1%	156	dihydroergotamine mesylate inj 1 mg/ml	137
diclofenac sodium tab delayed release 25 mg	8	DILANTIN CAP 100MG	35
diclofenac sodium tab delayed release 50 mg	8	DILANTIN CAP 30MG	35
diclofenac sodium tab delayed release 75 mg	9	diltiazem hcl cap er 12hr 120 mg	90
diclofenac sodium tab er 24hr 100 mg	9	diltiazem hcl cap er 24hr 120 mg	90
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	9	diltiazem hcl cap er 24hr 180 mg	91
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	9	diltiazem hcl cap er 24hr 240 mg	91
dicloxacillin sodium cap 250 mg	160	diltiazem hcl coated beads cap er 24hr 120 mg	91
dicloxacillin sodium cap 500 mg	160	diltiazem hcl coated beads cap er 24hr 180 mg	91
dicyclomine hcl cap 10 mg	167	diltiazem hcl coated beads cap er 24hr 240 mg	91
dicyclomine hcl oral soln 10 mg/5ml	167	diltiazem hcl coated beads cap er 24hr 300 mg	91
dicyclomine hcl tab 20 mg	167	diltiazem hcl extended release beads cap er 24hr 120 mg	91
didanosine see VIDEX EC CAP 125MG	87	diltiazem hcl extended release beads cap er 24hr 180 mg	91
didanosine delayed release capsule 200 mg	84	diltiazem hcl extended release beads cap er 24hr 240 mg	91
didanosine delayed release capsule 250 mg	84	diltiazem hcl extended release beads cap er 24hr 300 mg	91
didanosine delayed release capsule 400 mg	84	diltiazem hcl extended release beads cap er 24hr 360 mg	91
difenoxin w/ atropine see MOTOFEN TAB 1-0.025	51	diltiazem hcl extended release beads cap er 24hr 420 mg	91
DIFFERIN GEL 0.1%	104	diltiazem hcl tab 120 mg	91

diltiazem hcl tab 30 mg	91	disulfiram tab 500 mg	160
diltiazem hcl tab 60 mg	91	divalproex sodium cap delayed	
diltiazem hcl tab 90 mg	91	release sprinkle 125 mg	35
dimenhydrinate tab 50 mg	52	divalproex sodium tab delayed	
dimethyl fumarate capsule delayed		release 125 mg	35
release 120 mg	162	divalproex sodium tab delayed	
dimethyl fumarate capsule delayed		release 250 mg	35
release 240 mg	162	divalproex sodium tab delayed	
dimethyl fumarate capsule dr		release 500 mg	36
starter pack 120 mg & 240 mg	162	divalproex sodium tab er 24 hr 250	
DIPENTUM CAP 250MG.....	121	mg	36
diphenhydramine hcl		divalproex sodium tab er 24 hr 500	
see ALER-DRYL TAB 50MG.....	54	mg	36
diphenhydramine hcl (sleep) tab		docosahexaenoic acid cap 200 mg	
25 mg	128	.....	152
diphenhydramine hcl (sleep) tab		docosanol	
50 mg	128	see ABREVA CRE 10%.....	108
diphenhydramine hcl cap 25 mg ..	54	docosanol cream 10%	108
diphenhydramine hcl cap 50 mg ..	54	docusate calcium cap 240 mg ..	132
diphenhydramine hcl chew tab		docusate sodium	
12.5 mg	54	see PEDIA-LAX LIQ 50MG.....	132
diphenhydramine hcl elixir 12.5		docusate sodium cap 100 mg	132
mg/5ml	54	docusate sodium cap 250 mg	132
diphenhydramine hcl inj 50 mg/ml		docusate sodium cap 50 mg	132
.....	54	docusate sodium liquid 150	
diphenhydramine hcl liquid 12.5		mg/15ml	132
mg/5ml	54	docusate sodium syrup 60	
diphenhydramine hcl tab 25 mg ..	54	mg/15ml	132
diphenhydramine hcl tab disint		docusate sodium tab 100 mg	132
12.5 mg	54	DOCUSOL PLUS ENE 20-283.....	132
diphenhydramine-phenylephrine		dofetilide cap 125 mcg (0.125 mg)	
liq 6.25-2.5 mg/5ml	102	.....	26
diphenhydramine-phenylephrine		dofetilide cap 250 mcg (0.25 mg)	26
tab 25-10 mg	102	dofetilide cap 500 mcg (0.5 mg) .	26
diphenhydramine-zinc acetate		Dok	
cream 2-0.1%	107	see docusate sodium tab 100 mg	
diphenoxylate w/ atropine tab 2.5-		.....	132
0.025 mg	51	dolasetron mesylate	
dipyridamole tab 25 mg	125	see ANZEMET TAB 100MG.....	52
dipyridamole tab 50 mg	125	see ANZEMET TAB 50MG.....	52
dipyridamole tab 75 mg	125	dolutegravir sodium	
disopyramide phosphate cap 100		see TIVICAY PD TAB 5MG.....	86
mg	25	see TIVICAY TAB 10MG.....	87
disopyramide phosphate cap 150		see TIVICAY TAB 25MG.....	87
mg	25	see TIVICAY TAB 50MG.....	87
disulfiram tab 250 mg	160	dolutegravir sodium-lamivudine	

see DOVATO TAB 50-300MG84

dolutegravir sodium-rilpivirine hcl
see JULUCA TAB 50-25MG85

donepezil hydrochloride orally disintegrating tab 10 mg 160

donepezil hydrochloride orally disintegrating tab 5 mg 160

donepezil hydrochloride tab 10 mg
..... 161

donepezil hydrochloride tab 5 mg
..... 161

doravirine
see PIFELTRO TAB 100MG86

doravirine-lamivudine-tenofovir disoproxil fumarate
see DELSTRIGO TAB84

dornase alfa
see PULMOZYME SOL 1MG/ML 164

doxolamide hcl ophth soln 2%. 156

doxolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml 153

Double Antibiotic
see **bacitracin-polymyxin b oint**
..... 105

DOVATO TAB 50-300MG84

doxazosin mesylate tab 1 mg63

doxazosin mesylate tab 2 mg 63

doxazosin mesylate tab 4 mg63

doxazosin mesylate tab 8 mg63

doxepin hcl (sleep) tab 3 mg (base equiv) 128

doxepin hcl (sleep) tab 6 mg (base equiv) 128

doxepin hcl cap 10 mg40

doxepin hcl cap 100 mg40

doxepin hcl cap 150 mg40

doxepin hcl cap 25 mg40

doxepin hcl cap 50 mg40

doxepin hcl cap 75 mg40

doxepin hcl conc 10 mg/ml40

doxercalciferol cap 0.5 mcg 117

doxercalciferol cap 1 mcg 117

doxercalciferol cap 2.5 mcg 117

doxycycline monohydrate cap 100 mg 164

doxycycline monohydrate cap 50 mg 164

doxycycline monohydrate tab 100 mg 164

doxycycline monohydrate tab 50 mg 164

doxylamine succinate (sleep) tab 25 mg 128

D-PENAMINE TAB 125MG 143

DRITHO-CREME CRE HP 1% 107

dronabinol cap 10 mg 53

dronabinol cap 2.5 mg 52

dronabinol cap 5 mg 52

dronedarone hcl
see MULTAQ TAB 400MG 26

drospirenone
see SLYND TAB 4MG 101

drospirenone-ethinyl estradiol
see YASMIN 28 TAB 3-0.03MG 99

see YAZ TAB 3-0.02MG 99

drospirenone-ethinyl estradiol tab 3-0.02 mg 97

drospirenone-ethinyl estradiol tab 3-0.03 mg 97

drospirenone-ethinyl estradiol-levomefolate calcium
see BEYAZ TAB 96

see SAFYRAL TAB 99

drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg 97

drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg 97

droxidopa cap 100 mg 174

droxidopa cap 200 mg 174

droxidopa cap 300 mg 174

DRYSOL SOL 20% 112

DUAVEE TAB 0.45-20 118

dulaglutide
see TRULICITY INJ 0.75/0.5 46

see TRULICITY INJ 1.5/0.5 47

see TRULICITY INJ 3/0.5 47

see TRULICITY INJ 4.5/0.5 47

duloxetine hcl enteric coated pellets cap 20 mg (base eq) 38

duloxetine hcl enteric coated pellets cap 30 mg (base eq)38
duloxetine hcl enteric coated pellets cap 60 mg (base eq)38
dupilumab
 see DUPIXENT INJ 200/1.1426
 see DUPIXENT INJ 300/2ML..... 111
 DUPIXENT INJ 200/1.1426
 DUPIXENT INJ 300/2ML 111
 DUREX MIS REALFEEL 133
 DUREZOL EMU 0.05% 155
dutasteride cap 0.5 mg 123
dutasteride-tamsulosin hcl cap 0.5-0.4 mg 123
E
 Ear Drops Earwax Removal
 see **carbamide peroxide 6.5% otic soln** 157
 EASY NEB MIS..... 136
echothiophate iodide
 see PHOSPHOLINE SOL 0.125%OP
 153
econazole nitrate cream 1% 106
 EDARBI TAB 40MG61
 EDARBI TAB 80MG61
 EDURANT TAB 25MG84
efavirenz cap 200 mg.....84
efavirenz cap 50 mg.....84
efavirenz tab 600 mg84
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg84
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg84
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg84
elbasvir-grazoprevir
 see ZEPATIER TAB 50-100MG88
eletriptan hydrobromide tab 20 mg (base equivalent)..... 137
eletriptan hydrobromide tab 40 mg (base equivalent)..... 138
 ELIGARD INJ 22.5MG69
 ELIGARD INJ 7.5MG69
eliglustat tartrate
 see CERDELGA CAP 84MG 125
 ELIQUIS TAB 2.5MG31

ELIQUIS TAB 5MG 31
 ELLA TAB 30MG..... 100
 ELMIRON CAP 100MG..... 123
eltrombopag olamine
 see PROMACTA TAB 12.5MG..... 126
 see PROMACTA TAB 25MG 126
 see PROMACTA TAB 50MG 126
 see PROMACTA TAB 75MG 126
 Eluryng
 see **etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr**
 100
elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide
 see GENVOYA TAB 85
elvitegravir-cobicistat-emtricitabine-tenofovir df
 see STRIBILD TAB 86
 EMADINE SOL 0.05% OP 156
 EMBEDA CAP 100-4MG 13
 EMBEDA CAP 20-0.8MG 13
 EMBEDA CAP 30-1.2MG 13
 EMBEDA CAP 50-2MG 13
 EMBEDA CAP 60-2.4MG 13
 EMBEDA CAP 80-3.2MG 13
 EMCYT CAP 140MG 69
emedastine difumarate
 see EMADINE SOL 0.05% OP..... 156
 EMGALITY INJ 100MG/ML 137
 EMGALITY INJ 120MG/ML 137
emollient - ointment 111
empagliflozin
 see JARDIANCE TAB 10MG 50
 see JARDIANCE TAB 25MG 50
empagliflozin-linagliptin
 see GLYXAMBI TAB 10-5 MG 42
 see GLYXAMBI TAB 25-5 MG 42
empagliflozin-linagliptin-metformin
 see TRIJARDY XR TAB 44
empagliflozin-metformin hcl
 see SYNJARDY TAB 44
 see SYNJARDY TAB 12.5-500..... 44
 see SYNJARDY TAB 5-1000MG 44
 see SYNJARDY TAB 5-500MG..... 44
 see SYNJARDY XR TAB..... 44

see SYNJARDY XR TAB 10-1000	44	ENGERIX-B INJ 10/0.5ML	172
see SYNJARDY XR TAB 25-1000	44	ENGERIX-B INJ 20MCG/ML.....	172
see SYNJARDY XR TAB 5-1000MG .	44	enoxaparin sodium inj 100 mg/ml	
EMSAM DIS 12MG/24H	36	.....	31
EMSAM DIS 6MG/24HR.....	36	enoxaparin sodium inj 120	
EMSAM DIS 9MG/24HR.....	36	mg/0.8ml	31
emtricitabine		enoxaparin sodium inj 150 mg/ml	
see EMTRIVA SOL 10MG/ML	85	.....	31
emtricitabine caps 200 mg	85	enoxaparin sodium inj 30	
emtricitabine-rilpivirine-tenofovir		mg/0.3ml	31
alafenamide fumarate		enoxaparin sodium inj 300 mg/3ml	
see ODEFSEY TAB	86	.....	31
emtricitabine-rilpivirine-tenofovir		enoxaparin sodium inj 40	
disoproxil fumarate		mg/0.4ml	31
see COMPLERA TAB	84	enoxaparin sodium inj 60	
emtricitabine-tenofovir		mg/0.6ml	31
alafenamide fumarate		enoxaparin sodium inj 80	
see DESCOVY TAB 200/25MG	84	mg/0.8ml	31
emtricitabine-tenofovir disoproxil		entacapone tab 200 mg	75
fumarate tab 100-150 mg	85	entecavir	
emtricitabine-tenofovir disoproxil		see BARACLUDGE SOL.....	87
fumarate tab 133-200 mg	85	entecavir tab 0.5 mg	87
emtricitabine-tenofovir disoproxil		entecavir tab 1 mg	87
fumarate tab 167-250 mg	85	ENTRESTO TAB 24-26MG.....	93
emtricitabine-tenofovir disoproxil		ENTRESTO TAB 49-51MG.....	93
fumarate tab 200-300 mg	85	ENTRESTO TAB 97-103MG.....	93
EMTRIVA SOL 10MG/ML.....	85	epinastine hcl ophth soln 0.05%	
enalapril maleate &		.....	156
hydrochlorothiazide tab 10-25		epinephrine (anaphylaxis)	
mg	65	see EPIPEN 2-PAK INJ 0.3MG.....	174
enalapril maleate &		see EPIPEN-JR INJ 0.15MG.....	174
hydrochlorothiazide tab 5-12.5		see SYMJEPI INJ 0.15MG	174
mg	64	see SYMJEPI INJ 0.3MG	174
enalapril maleate tab 10 mg	59	EPIPEN 2-PAK INJ 0.3MG.....	174
enalapril maleate tab 2.5 mg	59	EPIPEN-JR INJ 0.15MG	174
enalapril maleate tab 20 mg	59	Epitol	
enalapril maleate tab 5 mg	59	see carbamazepine tab 200 mg	33
ENBREL INJ 25/0.5ML.....	11	EPIVIR HBV SOL 5MG/ML.....	87
ENBREL INJ 25MG.....	11	eplerenone tab 25 mg	66
ENBREL INJ 50MG/ML.....	11	eplerenone tab 50 mg	66
ENBREL MINI INJ 50MG/ML	11	epoetin alfa	
ENBREL SRCLK INJ 50MG/ML.....	12	see EPOGEN INJ 10000/ML.....	126
ENCARE SUP 100MG	173	see EPOGEN INJ 20000/ML.....	126
ENFAMIL MIS EXPECTA.....	147	see EPOGEN INJ 3000/ML	126
enfuvirtide		see EPOGEN INJ 4000/ML	126
see FUZEON INJ 90MG.....	85	see PROCRIT INJ 2000/ML	126

see PROCRT INJ 3000/ML.....	126	see erythromycin tab delayed	
see PROCRT INJ 40000/ML.....	126	release 250 mg	133
epoetin alfa-epbx		see erythromycin tab delayed	
see RETACRIT INJ 10000UNT.....	126	release 333 mg	133
see RETACRIT INJ 20000UNI	126	see erythromycin tab delayed	
see RETACRIT INJ 2000UNIT	126	release 500 mg	133
see RETACRIT INJ 3000UNIT	126	Erythrocin Stearate	
see RETACRIT INJ 40000UNT.....	127	see erythromycin stearate tab	
see RETACRIT INJ 4000UNIT	126	250 mg	133
EPOGEN INJ 10000/ML	126	erythromycin ethylsuccinate for	
EPOGEN INJ 20000/ML	126	susp 200 mg/5ml	133
EPOGEN INJ 3000/ML.....	126	erythromycin ethylsuccinate for	
EPOGEN INJ 4000/ML.....	126	susp 400 mg/5ml	133
eprosartan mesylate tab 600 mg	.61	erythromycin ethylsuccinate tab	
Eq Chlortabs		400 mg	133
see chlorpheniramine maleate tab		erythromycin ophth oint 5 mg/gm	
4 mg	53	.....	154
Eq Natural Vegetable Laxa		erythromycin soln 2%	104
see sennosides tab 8.6 mg	132	erythromycin stearate tab 250 mg	
Eq Nicotine Polacrilex		.....	133
see nicotine polacrilex lozenge 4		erythromycin tab 250 mg	133
mg	163	erythromycin tab 500 mg	133
Eq Pain Relief Adult/rapi		erythromycin tab delayed release	
see acetaminophen liquid 167		250 mg	133
mg/5ml	12	erythromycin tab delayed release	
erenumab-aooe		333 mg	133
see AIMOVIG INJ 140MG/ML.....	137	erythromycin tab delayed release	
see AIMOVIG INJ 70MG/ML	137	500 mg	133
ergocalciferol cap 1.25 mg (50000		ESBRIET CAP 267MG.....	164
unit)	175	ESBRIET TAB 267MG.....	164
ergoloid mesylates tab 1 mg	163	ESBRIET TAB 801MG.....	164
ERGOMAR SUB 2MG	137	escitalopram oxalate soln 5	
ergotamine tartrate		mg/5ml (base equiv)	37
see ERGOMAR SUB 2MG.....	137	escitalopram oxalate tab 10 mg	
ergotamine w/ caffeine tab 1-100		(base equiv)	37
mg	137	escitalopram oxalate tab 20 mg	
ERIVEDGE CAP 150MG	69	(base equiv)	37
erlotinib hcl tab 100 mg (base		escitalopram oxalate tab 5 mg	
equivalent)	71	(base equiv)	37
erlotinib hcl tab 150 mg (base		eslicarbazepine acetate	
equivalent)	71	see APTIOM TAB 200MG	33
erlotinib hcl tab 25 mg (base		see APTIOM TAB 400MG	33
equivalent)	71	see APTIOM TAB 600MG	33
ERTACZO CRE 2%	106	see APTIOM TAB 800MG	33
Ery-tab		esomeprazole magnesium	
		see NEXIUM 24HR CAP 20MG	169

esomeprazole magnesium cap delayed release 20 mg (base eq)	168	see PREMARIN TAB 0.3MG	119
estazolam tab 1 mg	128	see PREMARIN TAB 0.45MG.....	119
estazolam tab 2 mg	129	see PREMARIN TAB 0.625MG.....	119
esterified estrogens		see PREMARIN TAB 0.9MG	119
see MENEST TAB 0.3MG.....	119	see PREMARIN TAB 1.25MG.....	119
see MENEST TAB 0.625MG	119	estrogens, conjugated vaginal	
see MENEST TAB 1.25MG	119	see PREMARIN VAG CRE 0.625MG	174
estradiol & norethindrone acetate tab 0.5-0.1 mg	118	ESTROSTEP FE TAB.....	97
estradiol & norethindrone acetate tab 1-0.5 mg	118	eszopiclone tab 1 mg	129
estradiol tab 0.5 mg	118	eszopiclone tab 2 mg	129
estradiol tab 1 mg	118	eszopiclone tab 3 mg	129
estradiol tab 2 mg	118	etanercept	
estradiol td patch twice weekly 0.025 mg/24hr	119	see ENBREL INJ 25/0.5ML.....	11
estradiol td patch twice weekly 0.0375 mg/24hr	119	see ENBREL INJ 25MG	11
estradiol td patch twice weekly 0.05 mg/24hr	119	see ENBREL INJ 50MG/ML.....	11
estradiol td patch twice weekly 0.075 mg/24hr	119	see ENBREL MINI INJ 50MG/ML	11
estradiol td patch twice weekly 0.1 mg/24hr	119	see ENBREL SRCLK INJ 50MG/ML..	12
estradiol td patch weekly 0.025 mg/24hr	119	ethacrynic acid tab 25 mg	114
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	119	ethambutol hcl tab 100 mg	67
estradiol td patch weekly 0.05 mg/24hr	119	ethambutol hcl tab 400 mg	67
estradiol td patch weekly 0.06 mg/24hr	119	ethionamide	
estradiol td patch weekly 0.075 mg/24hr	119	see TRECATOR TAB 250MG	68
estradiol td patch weekly 0.1 mg/24hr	119	ethosuximide cap 250 mg	35
estradiol vaginal cream 0.1 mg/gm	174	ethosuximide soln 250 mg/5ml ..	35
estradiol vaginal tab 10 mcg	174	ethotoin	
estradiol valerate-dienogest		see PEGANONE TAB 250MG.....	35
see NATAZIA TAB.....	98	ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	97
estramustine phosphate sodium		ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	97
see EMCYT CAP 140MG	69	etidronate disodium tab 200 mg	115
estrogens, conjugated		etidronate disodium tab 400 mg	115
		etodolac cap 200 mg	9
		etodolac tab 400 mg	9
		etodolac tab 500 mg	9
		etonogestrel	
		see NEXPLANON IMP 68MG	100
		etonogestrel-ethinyl estradiol	
		see NUVARING MIS.....	100
		etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	100
		etoposide cap 50 mg	74
		etravirine	
		see INTELENCE TAB 100MG.....	85
		see INTELENCE TAB 200MG.....	85
		see INTELENCE TAB 25MG	85

EUFLEXXA INJ 10MG/ML	150	famotidine tab 40 mg	168
EURAX CRE 10%	112	FANAPT PAK	77
everolimus		FANAPT TAB 10MG.....	77
see AFINITOR DIS TAB 2MG	71	FANAPT TAB 12MG.....	77
see AFINITOR DIS TAB 3MG	71	FANAPT TAB 1MG	77
see AFINITOR DIS TAB 5MG	71	FANAPT TAB 2MG	77
see AFINITOR TAB 10MG.....	71	FANAPT TAB 4MG	77
everolimus (immunosuppressant)		FANAPT TAB 6MG	77
see ZORTRESS TAB 0.25MG	144	FANAPT TAB 8MG	77
see ZORTRESS TAB 0.5MG	144	FARXIGA TAB 10MG.....	50
see ZORTRESS TAB 0.75MG	144	FARXIGA TAB 5MG.....	50
see ZORTRESS TAB 1MG.....	144	FARYDAK CAP 10MG	71
everolimus tab 0.25 mg	144	FARYDAK CAP 15MG	71
everolimus tab 0.5 mg	144	FARYDAK CAP 20MG	71
everolimus tab 0.75 mg	144	FC2 FEMALE MIS CONDOM.....	133
everolimus tab 2.5 mg	71	fe fumarate w/ b12-vit c-fa-ifc cap	
everolimus tab 5 mg	71	110-0.015-75-0.5-240 mg	127
everolimus tab 7.5 mg	71	FE GLUCONATE TAB 239MG	127
evolocumab		febuxostat tab 40 mg	123
see REPATHA INJ 140MG/ML	58	febuxostat tab 80 mg	123
see REPATHA PUSH INJ 420/3.5....	58	felbamate susp 600 mg/5ml	35
see REPATHA SURE INJ 140MG/ML	59	felbamate tab 400 mg	35
EVOTAZ TAB 300-150.....	85	felbamate tab 600 mg	35
EXELDERM SOL 1%.....	106	felodipine tab er 24hr 10 mg	91
exemestane tab 25 mg	69	felodipine tab er 24hr 2.5 mg	91
EXTAVIA INJ 0.3MG	162	felodipine tab er 24hr 5 mg	91
ezetimibe tab 10 mg	58	FEMCAP MIS 22MM	133
ezetimibe-simvastatin tab 10-10		FEMCAP MIS 26MM	133
mg	55	FEMCAP MIS 30MM	134
ezetimibe-simvastatin tab 10-20		fenofibrate micronized cap 134 mg	
mg	55	56
ezetimibe-simvastatin tab 10-40		fenofibrate micronized cap 200 mg	
mg	55	56
ezetimibe-simvastatin tab 10-80		fenofibrate micronized cap 43 mg	
mg	55	56
EZFE FORTE CAP	147	fenofibrate micronized cap 67 mg	
F		56
Fa-8		fenofibrate tab 145 mg	56
see folic acid cap 0.8 mg	125	fenofibrate tab 160 mg	56
FALESSA KIT.....	97	fenofibrate tab 48 mg	56
famciclovir tab 125 mg	88	fenofibrate tab 54 mg	56
famciclovir tab 250 mg	88	fenofibric acid tab 35 mg	56
famciclovir tab 500 mg	88	fenoprofen calcium tab 600 mg	9
famotidine for susp 40 mg/5ml .	168	fenofibrate micronized cap 67 mg	
famotidine tab 10 mg	168	56
famotidine tab 20 mg	168	fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
		fenofibrate tab 48 mg	56
		fenofibrate tab 54 mg	56
		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibrate tab 54 mg	56
		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
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		fenoprofen calcium tab 600 mg	9
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
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		fenofibric acid tab 35 mg	56
		fenoprofen calcium tab 600 mg	9
		fenofibrate micronized cap 67 mg	
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		fenofibrate tab 145 mg	56
		fenofibrate tab 160 mg	56
		fenofibrate tab 48 mg	56
		fenofibrate tab 54 mg	56
		fenofibric acid tab 35 mg	56

fentanyl td patch 72hr 12 mcg/hr	13
fentanyl td patch 72hr 25 mcg/hr	13
fentanyl td patch 72hr 50 mcg/hr	13
fentanyl td patch 72hr 75 mcg/hr	13
Ferate	
see ferrous gluconate tab 240 mg (27 mg elemental fe)	127
FERRETTS TAB 325MG	127
FERREX 150 CAP FORTE	127
FERRIPROX TAB 1000MG	52
ferrous fumarate	
see FERRETTS TAB 325MG	127
ferrous fumarate tab 324 mg (106 mg elemental fe)	127
FERROUS GLUC TAB 324MG	127
ferrous gluconate tab 240 mg (27 mg elemental fe)	127
ferrous gluconate tab 324 mg (37.5 mg elemental iron)	127
FERROUS SUL LIQ 220/5ML	127
FERROUS SULF TAB 324MG EC	127
ferrous sulfate	
see SLOW FE TAB 45MG	128
ferrous sulfate dried tab 200 mg (65 mg elemental fe)	127
ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	127
ferrous sulfate dried tab er 45 mg (fe equivalent)	127
ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)	127
ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)	127
ferrous sulfate tab 325 mg (65 mg elemental fe)	127
ferrous sulfate tab ec 325 mg (65 mg fe equivalent)	127
ferrous sulfate tab er 142 mg (45 mg fe equivalent)	128
ferrous sulfate tab er 47.5 mg (elemental fe)	127
ferrous sulfate tab er 50 mg (elemental fe)	128
ferrous sulfate tab er 80 mg (elemental fe)	12
ferrous sulfate tab er 325 mg (elemental fe)	12
ferrous sulfate tab er 50 mg (elemental fe)	128
fesoterodine fumarate	
see TOVIAZ TAB 4MG	171
see TOVIAZ TAB 8MG	171
FETZIMA CAP 120MG	39
FETZIMA CAP 20MG	39
FETZIMA CAP 40MG	39
FETZIMA CAP 80MG	39
FETZIMA CAP TITRATIO	39
FEVERALL INF SUP 80MG	12
FEVERALL SUP 325MG	12
fexofenadine hcl tab 180 mg	54
fexofenadine hcl tab 60 mg	54
FIASP FLEX INJ TOUCH	47
FIASP INJ 100/ML	48
FIASP PENFIL INJ U-100	48
Fiber Laxative	
see psyllium cap 0.52 gm	130
fidaxomicin	
see DIFICID TAB 200MG	133
filgrastim-sndz	
see ZARXIO INJ 300/0.5	127
see ZARXIO INJ 480/0.8	127
finasteride tab 5 mg	123
ingolimod hcl	
see GILENYA CAP 0.5MG	162
FIRMAGON INJ 80MG	69
FIRST-OMEPRASUS 2MG/ML	168
FIRVANQ SOL 25MG/ML	22
FIRVANQ SOL 50MG/ML	22
flavoxate hcl tab 100 mg	171
FLEBOGAMMA INJ DIF 5%	158
flecainide acetate tab 100 mg	26
flecainide acetate tab 150 mg	26
flecainide acetate tab 50 mg	26
FLOVENT HFA AER 110MCG	28
FLOVENT HFA AER 44MCG	28
FLUARIX QUAD INJ 2019-20	172
FLUBLOK QUAD INJ 2019-20	172
FLUCLVX QUAD INJ 2019-20	172
fluconazole for susp 10 mg/ml	53
fluconazole for susp 40 mg/ml	53
fluconazole tab 100 mg	53
fluconazole tab 150 mg	53
fluconazole tab 200 mg	53

fluconazole tab 50 mg	53	Flura-drops	
flucytosine cap 250 mg	53	see sodium fluoride soln 0.25	
flucytosine cap 500 mg	53	mg/drop f (from 0.55 mg/drop	
fludrocortisone acetate tab 0.1 mg		naf)	142
.....	102	flurandrenolide	
FLULAVAL QUA INJ 2019-20	172	see CORDRAN 80X3 TAP 4MCG/CM	
FLUMIST QUAD SUS 2019-20	172	.....	109
flunisolide nasal soln 25 mcg/act		flurandrenolide cream 0.05% ...	110
(0.025%)	151	flurandrenolide lotion 0.05%	110
fluocinolone acetonide (otic) oil		flurazepam hcl cap 15 mg	129
0.01%	157	flurazepam hcl cap 30 mg	129
fluocinolone acetonide cream		flurbiprofen sodium ophth soln	
0.025%	109	0.03%	156
fluocinolone acetonide oil 0.01%		flurbiprofen tab 100 mg	9
(body oil)	109	flurbiprofen tab 50 mg	9
fluocinolone acetonide oil 0.01%		flutamide cap 125 mg	69
(scalp oil)	109	fluticasone furoate-vilanterol	
fluocinolone acetonide oint 0.025%		see BREO ELLIPTA INH 100-25	29
.....	109	see BREO ELLIPTA INH 200-25	29
fluocinonide cream 0.05%	109	fluticasone propionate cream	
fluocinonide emulsified base cream		0.05%	110
0.05%	109	fluticasone propionate hfa	
fluocinonide gel 0.05%	110	see FLOVENT HFA AER 110MCG	28
fluocinonide oint 0.05%	110	see FLOVENT HFA AER 44MCG	28
fluocinonide soln 0.05%	110	fluticasone propionate nasal susp	
FLUORABON DRO.....	141	50 mcg/act	151
Fluoritab		fluticasone propionate oint 0.005%	
see sodium fluoride soln 0.125		.....	110
mg/drop f (0.275 mg/drop naf)		fluticasone-salmeterol	
.....	142	see ADVAIR DISKU AER 100/50	28
fluorometholone ophth susp 0.1%		see ADVAIR DISKU AER 250/50	28
.....	155	see ADVAIR DISKU AER 500/50	28
fluorouracil cream 5%	107	see ADVAIR HFA AER 115/21	28
fluoxetine hcl cap 10 mg	37	see ADVAIR HFA AER 230/21	28
fluoxetine hcl cap 20 mg	37	see ADVAIR HFA AER 45/21	28
fluoxetine hcl cap 40 mg	37	fluticasone-umeclidinium-vilanterol	
fluoxetine hcl solution 20 mg/5ml		see TRELEGY AER ELLIPTA	30
.....	37	fluvastatin sodium cap 20 mg	
fluoxymesterone		(base equivalent)	57
see ANDROXY TAB 10MG	19	fluvastatin sodium cap 40 mg	
fluphenazine decanoate inj 25		(base equivalent)	57
mg/ml	81	fluvastatin sodium tab er 24 hr 80	
fluphenazine hcl tab 1 mg	81	mg (base equivalent)	57
fluphenazine hcl tab 10 mg	82	fluvoxamine maleate tab 100 mg 37	
fluphenazine hcl tab 2.5 mg	82	fluvoxamine maleate tab 25 mg ..	37
fluphenazine hcl tab 5 mg	82	fluvoxamine maleate tab 50 mg ..	37

FLUZONE HD INJ PF 20-21	172
FLUZONE QUAD INJ 2019-20.....	172
FOAM ANTACID CHW 80-20MG	20
Folbee Plus	
see b-complex w/ c & folic acid	
tab 5 mg	145
folic acid cap 0.8 mg	125
folic acid tab 1 mg	125
folic acid tab 400 mcg	126
folic acid tab 800 mcg	126
fondaparinux sodium subcutaneous	
inj 10 mg/0.8ml	31
fondaparinux sodium subcutaneous	
inj 2.5 mg/0.5ml	31
fondaparinux sodium subcutaneous	
inj 5 mg/0.4ml	31
fondaparinux sodium subcutaneous	
inj 7.5 mg/0.6ml	31
FORTEO INJ 620/2.48.....	115
fosamprenavir calcium tab 700 mg	
(base equiv)	85
fosfomycin tromethamine powd	
pack 3 gm (base equivalent) ..	170
fosinopril sodium &	
hydrochlorothiazide tab 10-12.5	
mg	65
fosinopril sodium &	
hydrochlorothiazide tab 20-12.5	
mg	65
fosinopril sodium tab 10 mg	59
fosinopril sodium tab 20 mg	59
fosinopril sodium tab 40 mg	59
FRAGMIN INJ 10000/ML.....	31
FRAGMIN INJ 12500UNT	31
FRAGMIN INJ 15000UNT	31
FRAGMIN INJ 18000UNT	32
FRAGMIN INJ 2500/0.2.....	31
FRAGMIN INJ 5000/0.2.....	31
FRAGMIN INJ 7500/0.3.....	31
FREESTY LIBR KIT 2 SENSOR	134
FREESTY LIBR MIS 2 READER.....	134
FREESTYLE KIT SENSOR	134
FREESTYLE MIS READER.....	134
frovatriptan succinate tab 2.5 mg	
(base equivalent)	138

fructose-dextrose-phosphoric acid	
oral soln	53
furosemide oral soln 10 mg/ml.	114
furosemide oral soln 8 mg/ml...	114
furosemide tab 20 mg	114
furosemide tab 40 mg	114
furosemide tab 80 mg	114
FUZEON INJ 90MG.....	85
FYCOMPA TAB 10MG	32
FYCOMPA TAB 12MG	32
FYCOMPA TAB 2MG	32
FYCOMPA TAB 4MG.....	32
FYCOMPA TAB 6MG	32
FYCOMPA TAB 8MG	32
G	
G5/G4 MIS SENSOR.....	135
gabapentin cap 100 mg	33
gabapentin cap 300 mg	33
gabapentin cap 400 mg	33
gabapentin oral soln 250 mg/5ml	
.....	33
gabapentin tab 600 mg	33
gabapentin tab 800 mg	33
galantamine hydrobromide cap er	
24hr 16 mg	161
galantamine hydrobromide cap er	
24hr 24 mg	161
galantamine hydrobromide cap er	
24hr 8 mg	161
galantamine hydrobromide tab 12	
mg	161
galantamine hydrobromide tab 4	
mg	161
galantamine hydrobromide tab 8	
mg	161
galcanezumab-gnlm	
see EMGALITY INJ 100MG/ML.....	137
see EMGALITY INJ 120MG/ML.....	137
GAMASTAN INJ	158
GAMMAGARD INJ 1GM/10ML.....	158
GAMMAGARD SD INJ 10GM HU.....	158
ganciclovir ophthalmic	
see ZIRGAN GEL 0.15%.....	154
Gas Relief	
see simethicone susp 40	
mg/0.6ml	120

gatifloxacin ophth soln 0.5%	154
gemfibrozil tab 600 mg	56
GENERESS FE CHW	97
Gentak	
see gentamicin sulfate ophth oint 0.3%	154
gentamicin sulfate cream 0.1%	105
gentamicin sulfate oint 0.1%	105
gentamicin sulfate ophth oint 0.3%	154
gentamicin sulfate ophth soln 0.3%	154
gentamicin-prednisolone acetate	
see PRED-G SUS OP	155
Genteal Tears Night-time	
see white petrolatum-mineral oil ophth ointment	153
GENVOYA TAB	85
GILENYA CAP 0.5MG	162
GILOTRIF TAB 20MG	71
GILOTRIF TAB 30MG	71
GILOTRIF TAB 40MG	71
GLASSIA INJ	164
glatiramer acetate	
see COPAXONE INJ 20MG/ML.....	162
see COPAXONE INJ 40MG/ML.....	162
GLEOSTINE CAP 100MG.....	68
GLEOSTINE CAP 10MG	68
GLEOSTINE CAP 40MG	68
glimepiride tab 1 mg	50
glimepiride tab 2 mg	50
glimepiride tab 4 mg	51
glipizide tab 10 mg	51
glipizide tab 5 mg	51
glipizide tab er 24hr 10 mg	51
glipizide tab er 24hr 2.5 mg	51
glipizide tab er 24hr 5 mg	51
glipizide-metformin hcl tab 2.5-250 mg	42
glipizide-metformin hcl tab 2.5-500 mg	42
glipizide-metformin hcl tab 5-500 mg	42
GLUCAGEN INJ HYPOKIT	45
glucagon	
see BAQSIMI ONE POW 3MG/DOSE45	
glucagon hcl (rdna)	
see GLUCAGEN INJ HYPOKIT	45
GLUCAGON KIT 1MG	45
glucose blood	
see RELION TRUE TES METRIX ...	113
see TRUE METRIX TES GLUCOSE.	113
glucose-vitamin c	
see TGT GLUCOSE CHW GRAPE	45
glyburide micronized tab 1.5 mg .	51
glyburide micronized tab 3 mg	51
glyburide micronized tab 6 mg	51
glyburide tab 1.25 mg	51
glyburide tab 2.5 mg	51
glyburide tab 5 mg	51
glyburide-metformin tab 1.25-250 mg	42
glyburide-metformin tab 2.5-500 mg	42
glyburide-metformin tab 5-500 mg	42
glycerin suppos 1.2 gm	131
glycerin suppos 2 gm	131
glycerin suppos 2.1 gm	131
glycerin suppos 80.7%	131
glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%	152
glycopyrrolate tab 1 mg	167
glycopyrrolate tab 2 mg	167
glycopyrrolate-formoterol fumarate	
see BEVESPI AER 9-4.8MCG	29
GLYXAMBI TAB 10-5 MG	42
GLYXAMBI TAB 25-5 MG	42
Gnp Allergy Relief	
see diphenhydramine hcl chew tab 12.5 mg	54
Gnp Antacid Ultra Strengt	
see calcium carbonate (antacid) chew tab 1000 mg	20
Gnp Anti-diarrheal	
see loperamide hcl cap 2 mg	51
Gnp Artificial Tears	
see polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)	153
Gnp Calcium 500 +d3	

see **calcium carbonate-cholecalciferol tab 500 mg-600 unit** 140

Gnp Calcium 500/d
see **calcium carbonate-vitamin d tab 500 mg-200 unit**..... 140

Gnp Clotrimazole 3
see **clotrimazole vaginal cream 2%** 173

Gnp Dayhist Allergy
see **clemastine fumarate tab 1.34 mg (1 mg base equiv)**54

Gnp Fiber Therapy
see **methycellulose tab 500 mg** 130

GNP GLUCOSE CHW ORANGE45

Gnp Glycerin Adult
see **glycerin suppos 2.1 gm**..... 131

Gnp Glycerin Child
see **glycerin suppos 1.2 gm**..... 131

Gnp Lidocaine Pain Relief
see **lidocaine patch 4%** 111

Gnp Loratadine
see **loratadine syrup 5 mg/5ml** .54

Gnp Magnesium
see **magnesium oxide tab 250 mg**21

Gnp Magnesium Citrate
see **magnesium citrate soln** 131

Gnp Miconazole 3
see **miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit** 174

Gnp Mucus Er
see **guaifenesin tab er 12hr 600 mg** 103

Gnp Natural Fiber
see **psyllium powder 28.3%**.... 130

Gnp Pink Bismuth
see **bismuth subsalicylate chew tab 262 mg**51

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

GOLYTELY SOL 130

Goodsense Nasal Allergy S

see **triamcinolone acetonide nasal aerosol suspension 55 mcg/act** 151

goserelin acetate
see ZOLADEX IMP 10.8MG 70
see ZOLADEX IMP 3.6MG 70

granisetron hcl tab 1 mg 52

griseofulvin microsize susp 125 mg/5ml 53

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

guaifenesin liquid 100 mg/5ml . 103

guaifenesin syrup 100 mg/5ml . 103

guaifenesin tab 200 mg 103

guaifenesin tab 400 mg 103

guaifenesin tab er 12hr 600 mg 103

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

guanfacine hcl tab 1 mg..... 63

guanfacine hcl tab 2 mg..... 63

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

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

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

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

GUANIDINE TAB 125MG 67

guselkumab
see TREMFYA INJ 100MG/ML 108

GYNAZOLE-1 CRE 2% 173

GYNOL II GEL 3%..... 173

H

halcinonide
see HALOG OIN 0.1%..... 110

halcinonide cream 0.1% 110

halobetasol propionate cream 0.05% 110

halobetasol propionate oint 0.05% 110

HALOG OIN 0.1% 110

haloperidol decanoate im soln 100 mg/ml 79

haloperidol decanoate im soln 50 mg/ml	79	HIZENTRA INJ 10/50ML.....	158
haloperidol lactate inj 5 mg/ml ...	79	HIZENTRA INJ 1GM/5ML.....	158
haloperidol lactate oral conc 2 mg/ml	79	HIZENTRA INJ 2GM/10ML.....	158
haloperidol tab 0.5 mg	79	HIZENTRA INJ 4GM/20ML.....	158
haloperidol tab 1 mg	79	HIZENTRA SOL 20%.....	158
haloperidol tab 10 mg	79	Hm Fish Oil	
haloperidol tab 2 mg	79	see omega-3 fatty acids cap delayed release 1000 mg	152
haloperidol tab 20 mg	79	Hm Lubricating Plus	
haloperidol tab 5 mg	79	see carboxymethylcellulose sodium (pf) ophth soln 0.5%	152
HAVRIX INJ 1440UNIT.....	172	.....	152
HAVRIX INJ 720UNIT.....	172	Hm Nicotine Transdermal S	
HELIXATE FS INJ 2000UNIT.....	124	see nicotine td patch 24hr 14 mg/24hr	164
HELIXATE FS INJ 3000UNIT.....	124	Hm Vitamin C/rose Hips	
HELIXATE FS INJ 500UNIT.....	124	see ascorbic acid tab 500 mg ..	175
heparin sodium (porcine) inj 1000 unit/ml	32	HUMALOG INJ 100/ML.....	48
heparin sodium (porcine) inj 10000 unit/ml	32	HUMALOG JR INJ 100/ML.....	48
heparin sodium (porcine) pf inj 5000 unit/0.5ml	32	HUMALOG KWIK INJ 100/ML.....	48
hepatitis a (inactivated)-hepatitis b (recombinant) vaccines		HUMALOG MIX INJ 50/50.....	48
see TWINRIX INJ.....	173	HUMALOG MIX INJ 50/50KWP.....	48
hepatitis a vaccine		HUMALOG MIX INJ 50/50KWP.....	48
see HAVRIX INJ 1440UNIT.....	172	HUMALOG MIX INJ 75/25KWP.....	48
see HAVRIX INJ 720UNIT.....	172	HUMALOG MIX SUS 75/25.....	48
see VAQTA INJ 25/0.5ML.....	173	HUMIRA INJ 10/0.1ML.....	6
see VAQTA INJ 50UNT/ML.....	173	HUMIRA INJ 10MG/0.2.....	6
hepatitis b vaccine (recomb)		HUMIRA INJ 20/0.2ML.....	6
see ENGERIX-B INJ 10/0.5ML.....	172	HUMIRA INJ 40/0.4ML.....	6
see ENGERIX-B INJ 20MCG/ML ...	172	HUMIRA KIT 20MG/0.4.....	6
see RECOMBIVA HB INJ 10MCG/ML.....	172	HUMIRA KIT 40MG/0.8.....	7
.....	172	HUMIRA PEDIA INJ CROHNS.....	7
see RECOMBIVA HB INJ 5MCG/0.5.....	172	HUMIRA PEN INJ 40/0.4ML.....	7
.....	172	HUMIRA PEN INJ CD/UC/HS.....	7
hepatitis b vaccine recombinant adjuvanted		HUMIRA PEN KIT CD/UC/HS.....	7
see HEPLISAV-B INJ 20/0.5ML	172	HUMIRA PEN KIT PS/UV.....	7
see HEPLISAV-B INJ 20MCG.....	172	HUMULIN R INJ U-500.....	48
HEPLISAV-B INJ 20/0.5ML.....	172	hydralazine hcl tab 10 mg	66
HEPLISAV-B INJ 20MCG.....	172	hydralazine hcl tab 100 mg	66
HERZUMA INJ 150MG.....	68	hydralazine hcl tab 25 mg	66
HERZUMA INJ 420MG.....	68	hydralazine hcl tab 50 mg	66
HETLIOZ CAP 20MG.....	130	hydrochlorothiazide cap 12.5 mg	115
		.....	115
		hydrochlorothiazide tab 12.5 mg	115
		.....	115
		hydrochlorothiazide tab 25 mg .	115
		hydrochlorothiazide tab 50 mg .	115

hydrocodone bitartrate	
see HYSINGLA ER TAB 100 MG	14
see HYSINGLA ER TAB 120 MG	14
see HYSINGLA ER TAB 20 MG	14
see HYSINGLA ER TAB 30 MG	14
see HYSINGLA ER TAB 40 MG	14
see HYSINGLA ER TAB 60 MG	14
see HYSINGLA ER TAB 80 MG	14
hydrocodone w/ homatropine	
syrup 5-1.5 mg/5ml	102
hydrocodone-acetaminophen soln	
7.5-325 mg/15ml	17
hydrocodone-acetaminophen tab	
10-325 mg	18
hydrocodone-acetaminophen tab 5-	
325 mg	18
hydrocodone-acetaminophen tab	
7.5-325 mg	18
hydrocodone-ibuprofen tab 10-200	
mg	18
hydrocodone-ibuprofen tab 7.5-	
200 mg	18
Hydrocortisone 1% In Abso	
see hydrocortisone oint 1%	110
hydrocortisone acetate cream 1%	
.....	110
hydrocortisone cream 0.5%	110
hydrocortisone cream 1%	110
hydrocortisone cream 2.5%	110
hydrocortisone enema 100	
mg/60ml	19
hydrocortisone gel 1%	110
hydrocortisone lotion 1%	110
hydrocortisone lotion 2.5%	110
hydrocortisone oint 0.5%	110
hydrocortisone oint 1%	110
hydrocortisone oint 2.5%	110
hydrocortisone perianal cream	
2.5%	20
hydrocortisone tab 10 mg	101
hydrocortisone tab 20 mg	101
hydrocortisone tab 5 mg	101
hydrocortisone valerate cream	
0.2%	110
hydrocortisone w/ acetic acid otic	
soln 1-2%	157
hydrocortisone-aloe vera cream	
0.5%	110
hydrocortisone-aloe vera cream	
1%	110
hydromorphone hcl tab 2 mg	14
hydromorphone hcl tab 4 mg	14
hydromorphone hcl tab 8 mg	14
hydromorphone hcl tab er 24hr 12	
mg	14
hydromorphone hcl tab er 24hr 16	
mg	14
hydromorphone hcl tab er 24hr 32	
mg	14
hydromorphone hcl tab er 24hr 8	
mg	14
Hydrophor	
see emollient - ointment	111
hydroxychloroquine sulfate tab 200	
mg	67
hydroxyprogesterone caproate im	
in oil 1.25 gm/5ml	69
hydroxyprogesterone caproate im	
in oil 250 mg/ml	160
hydroxyurea cap 500 mg	74
hydroxyzine hcl syrup 10 mg/5ml	
.....	23
hydroxyzine hcl tab 10 mg	24
hydroxyzine hcl tab 25 mg	24
hydroxyzine hcl tab 50 mg	24
hydroxyzine pamoate cap 100 mg	
.....	24
hydroxyzine pamoate cap 25 mg	
.....	24
hydroxyzine pamoate cap 50 mg	
.....	24
hyoscyamine sulfate elixir 0.125	
mg/5ml	167
hyoscyamine sulfate sl tab 0.125	
mg	167
hyoscyamine sulfate soln 0.125	
mg/ml	167
hyoscyamine sulfate tab 0.125 mg	
.....	167
hyoscyamine sulfate tab disint	
0.125 mg	167
hyoscyamine sulfate tab er 12hr	
0.375 mg	167
Hyosyne	

see **hyoscyamine sulfate elixir**
0.125 mg/5ml 167

hypromellose (ophth)
 see PURE & GENTL DRO 0.3%..... 153

HYQVIA INJ 10-800..... 159
 HYQVIA INJ 2.5-200..... 158
 HYQVIA INJ 20-1600 159
 HYQVIA INJ 30-2400 159
 HYQVIA INJ 5-400 158

HYSINGLA ER TAB 100 MG.....14
 HYSINGLA ER TAB 120 MG.....14
 HYSINGLA ER TAB 20 MG.....14
 HYSINGLA ER TAB 30 MG.....14
 HYSINGLA ER TAB 40 MG.....14
 HYSINGLA ER TAB 60 MG.....14
 HYSINGLA ER TAB 80 MG.....14

I

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

IBRANCE CAP 100MG71
 IBRANCE CAP 125MG71
 IBRANCE CAP 75MG71
 IBRANCE TAB 100MG72
 IBRANCE TAB 125MG72
 IBRANCE TAB 75MG71

ibrutinib
 see IMBRUVICA CAP 140MG72

ibuprofen cap 200 mg 9

ibuprofen chew tab 100 mg 9

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

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

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

ibuprofen tab 100 mg 9

ibuprofen tab 200 mg 9

ibuprofen tab 400 mg 9

ibuprofen tab 600 mg 9

ibuprofen tab 800 mg 9

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

ICLUSIG TAB 10MG72
 ICLUSIG TAB 15MG72
 ICLUSIG TAB 30MG72
 ICLUSIG TAB 45MG72

idelalisib
 see ZYDELIG TAB 100MG74

see ZYDELIG TAB 150MG 74

iloperidone
 see FANAPT PAK 77
 see FANAPT TAB 10MG 77
 see FANAPT TAB 12MG 77
 see FANAPT TAB 1MG 77
 see FANAPT TAB 2MG 77
 see FANAPT TAB 4MG 77
 see FANAPT TAB 6MG 77
 see FANAPT TAB 8MG 77

iloprost
 see VENTAVIS SOL 10MCG/ML..... 94
 see VENTAVIS SOL 20MCG/ML..... 94

imatinib mesylate tab 100 mg
(base equivalent) 72

imatinib mesylate tab 400 mg
(base equivalent) 72

IMBRUVICA CAP 140MG 72

imipramine hcl tab 10 mg 40

imipramine hcl tab 25 mg 41

imipramine hcl tab 50 mg 41

imiquimod cream 5% 111

immune globulin (human) im
 see GAMASTAN INJ 158

immune globulin (human) iv
 see CARIMUNE NF INJ 12GM 158
 see FLEBOGAMMA INJ DIF 5% 158
 see GAMMAGARD SD INJ 10GM HU
 158
 see OCTAGAM INJ 5GM..... 158
 see PRIVIGEN INJ 20GRAMS..... 158

immune globulin (human) iv or
subcutaneous
 see GAMMAGARD INJ 1GM/10ML. 158

immune globulin (human)
subcutaneous
 see CUVITRU INJ 4GM/20ML 158
 see CUVITRU SOL 10GM/50M 158
 see CUVITRU SOL 1GM/5ML 158
 see HIZENTRA INJ 10/50ML 158
 see HIZENTRA INJ 1GM/5ML 158
 see HIZENTRA INJ 2GM/10ML..... 158
 see HIZENTRA INJ 4GM/20ML..... 158
 see HIZENTRA SOL 20%..... 158

immune globulin (human)- hyaluronidase (human recombinant)	
see HYQVIA INJ 10-800	159
see HYQVIA INJ 2.5-200	158
see HYQVIA INJ 20-1600.....	159
see HYQVIA INJ 30-2400.....	159
see HYQVIA INJ 5-400	158
Inatal Gt	
see prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	149
INCRELEX INJ 40MG/4ML.....	116
INCRUSE ELPT INH 62.5MCG.....	26
indacaterol maleate	
see ARCAPTA CAP 75MCG	29
indapamide tab 1.25 mg	115
indapamide tab 2.5 mg	115
indinavir sulfat	
see CRIXIVAN CAP 200MG.....	84
see CRIXIVAN CAP 400MG.....	84
indomethacin cap 25 mg	9
indomethacin cap 50 mg	9
INFLECTRA INJ 100MG	121
infliximab-abda	
see RENFLEXIS INJ 100MG	121
infliximab-axxq	
see AVSOLA INJ 100MG	120
infliximab-dyyb	
see INFLECTRA INJ 100MG	121
influenza virus vac recomb hemagglutinin (ha) quadrivalent	
see FLUBLOK QUAD INJ 2019-20.	172
influenza virus vac split high-dose quad preservative free	
see FLUZONE HD INJ PF 20-21....	172
influenza virus vaccine live quadrivalent	
see FLUMIST QUAD SUS 2019-20	172
influenza virus vaccine split quadrivalent	
see AFLURIA QUAD INJ 2019-20 .	172
see FLUARIX QUAD INJ 2019-20 .	172
see FLULAVAL QUA INJ 2019-20..	172
see FLUZONE QUAD INJ 2019-20	172
influenza virus vaccine tissue- cultured subunit quadrivalent	
	see FLUCLVX QUAD INJ 2019-20.
	172
ingenol mebutate	
see PICATO GEL 0.015%	107
see PICATO GEL 0.05%	107
inositol niacinate cap 500 mg	93
INSPIRACHAMB MIS LARGE	136
INSULIN ASPA INJ 100/ML.....	48
INSULIN ASPA INJ 70/30	48
INSULIN ASPA INJ FLEXPEN	49
INSULIN ASPA INJ PENFILL.....	49
insulin aspart	
see NOVOLOG INJ 100/ML	49
see NOVOLOG INJ FLEXPEN.....	49
see NOVOLOG INJ PENFILL	49
insulin aspart (with niacinamide)	
see FIASP FLEX INJ TOUCH	47
see FIASP INJ 100/ML	48
see FIASP PENFIL INJ U-100.....	48
insulin aspart protamine & aspart (human)	
see NOVOLOG MIX INJ 70/30	49
see NOVOLOG MIX INJ FLEXPEN ...	49
insulin degludec	
see TRESIBA FLEX INJ 100UNIT	49
see TRESIBA FLEX INJ 200UNIT	49
see TRESIBA INJ 100UNIT.....	49
insulin degludec-liraglutide	
see XULTOPHY INJ 100/3.6	45
insulin detemir	
see LEVEMIR INJ	49
see LEVEMIR INJ FLEXTouc	49
insulin glargine	
see BASAGLAR INJ 100UNIT.....	47
see TOUJEO MAX INJ 300IU/ML	49
see TOUJEO SOLO INJ 300IU/ML...	49
insulin glargine-lixisenatide	
see SOLIQUA INJ 100/33	43
insulin glulisine	
see APIDRA INJ SOLOSTAR	47
see APIDRA INJ U-100.....	47
INSULIN LISP INJ 100/ML.....	49
insulin lispro	
see ADMELOG INJ 100U/ML.....	47
see ADMELOG SOLO INJ 100U/ML.	47
see HUMALOG INJ 100/ML	48
see HUMALOG JR INJ 100/ML	48

see HUMALOG KWIK INJ 100/ML...48
insulin lispro protamine & lispro
 see HUMALOG MIX INJ 50/5048
 see HUMALOG MIX INJ 50/50KWP .48
 see HUMALOG MIX INJ 75/25KWP .48
 see HUMALOG MIX SUS 75/2548
insulin nph (human) (isophane)
 see NOVOLIN N INJ 100 UNIT49
 see NOVOLIN N INJ U-100.....49
insulin nph isophane & reg (human)
 see NOVOLIN INJ 70/3049
 see NOVOLIN INJ 70/30 FP.....49
insulin pen needle
 see PEN NEEDLES MIS 29GX10MM
 136
 see PEN NEEDLES MIS 29GX12.7 136
 see PEN NEEDLES MIS 29GX12MM
 136
 see PEN NEEDLES MIS 31GX5MM 136
 see PEN NEEDLES MIS 31GX6MM 136
 see PEN NEEDLES MIS 31GX8MM 136
 see PEN NEEDLES MIS 32GX4MM 136
 see PEN NEEDLES MIS 32GX6MM 136
 see PEN NEEDLES MIS 32GX8MM 136
insulin regular (human)
 see AFREZZA POW 12 UNIT47
 see AFREZZA POW 4-8 UNIT.....47
 see AFREZZA POW 4-8-12.....47
 see AFREZZA POW 4UNIT.....47
 see AFREZZA POW 8 UNIT.....47
 see AFREZZA POW 8-12UNIT47
 see HUMULIN R INJ U-500.....48
 see NOVOLIN R INJ 100 UNIT49
 see NOVOLIN R INJ U-100.....49
 INSULIN SYRG MIS 0.3/29G..... 135
 INSULIN SYRG MIS 0.3/30G..... 135
 INSULIN SYRG MIS 0.3/31G..... 135
 INSULIN SYRG MIS 0.5/28G..... 135
 INSULIN SYRG MIS 0.5/29G..... 135
 INSULIN SYRG MIS 0.5/30G..... 135
 INSULIN SYRG MIS 0.5/31G..... 135
 INSULIN SYRG MIS 1ML/28G..... 135
 INSULIN SYRG MIS 1ML/29G..... 135
 INSULIN SYRG MIS 1ML/30G.. 135, 136
 INSULIN SYRG MIS 1ML/31G..... 136

insulin syringe/needle u-100
 see INSULIN SYRG MIS 0.3/29G . 135
 see INSULIN SYRG MIS 0.3/30G . 135
 see INSULIN SYRG MIS 0.3/31G . 135
 see INSULIN SYRG MIS 0.5/28G . 135
 see INSULIN SYRG MIS 0.5/29G . 135
 see INSULIN SYRG MIS 0.5/30G . 135
 see INSULIN SYRG MIS 0.5/31G . 135
 see INSULIN SYRG MIS 1ML/28G 135
 see INSULIN SYRG MIS 1ML/29G 135
 see INSULIN SYRG MIS 1ML/30G 135,
 136
 see INSULIN SYRG MIS 1ML/31G 136
insulin syringe/needle u-500
 see BD U-500 MIS 31GX6MM..... 133
 INTELENCE TAB 100MG..... 85
 INTELENCE TAB 200MG..... 85
 INTELENCE TAB 25MG..... 85
interferon alfa-2b
 see INTRON A INJ 10MU 74
 see INTRON A INJ 18MU 74
 see INTRON A INJ 25MU 74
 see INTRON A INJ 50MU 74
interferon beta-1a
 see AVONEX KIT 30MCG 162
 see AVONEX PEN KIT 30MCG..... 162
 see AVONEX PREFL KIT 30MCG... 162
 see REBIF INJ 22/0.5 163
 see REBIF INJ 44/0.5 163
 see REBIF REBIDO INJ 22/0.5 163
 see REBIF REBIDO INJ 44/0.5 163
 see REBIF REBIDO INJ TITRATN.. 163
 see REBIF TITRTN INJ PACK 163
interferon beta-1b
 see EXTAVIA INJ 0.3MG..... 162
interferon gamma-1b
 see ACTIMMUNE INJ 2MU/0.5 74
 INTRON A INJ 10MU..... 74
 INTRON A INJ 18MU..... 74
 INTRON A INJ 25MU..... 74
 INTRON A INJ 50MU..... 74
 INVEGA SUST INJ 117/0.75 77
 INVEGA SUST INJ 156MG/ML 77
 INVEGA SUST INJ 234/1.5 77
 INVEGA SUST INJ 39/0.25 77
 INVEGA SUST INJ 78/0.5ML..... 77

INVEGA TRINZ INJ 273MG	78	isosorbide dinitrate tab 20 mg	22
INVEGA TRINZ INJ 410MG	78	isosorbide dinitrate tab 30 mg	23
INVEGA TRINZ INJ 546MG	78	isosorbide dinitrate tab 5 mg	22
INVEGA TRINZ INJ 819MG	78	isosorbide mononitrate tab 10 mg	
INVIRASE TAB 500MG	85	.....	23
ipratropium bromide hfa		isosorbide mononitrate tab 20 mg	
see ATROVENT HFA AER 17MCG....	26	.....	23
ipratropium bromide inhal soln		isosorbide mononitrate tab er 24hr	
0.02%	26	120 mg	23
ipratropium bromide nasal soln		isosorbide mononitrate tab er 24hr	
0.03% (21 mcg/spray)	151	30 mg	23
ipratropium bromide nasal soln		isosorbide mononitrate tab er 24hr	
0.06% (42 mcg/spray)	151	60 mg	23
ipratropium-albuterol		isotretinoin cap 10 mg	104
see COMBIVENT AER 20-100	29	isotretinoin cap 20 mg	104
ipratropium-albuterol nebu soln		isotretinoin cap 30 mg	104
0.5-2.5(3) mg/3ml	29	isotretinoin cap 40 mg	104
irbesartan tab 150 mg	61	isradipine cap 2.5 mg	91
irbesartan tab 300 mg	61	isradipine cap 5 mg	91
irbesartan tab 75 mg	61	itraconazole cap 100 mg	53
irbesartan-hydrochlorothiazide tab		ivabradine hcl	
150-12.5 mg	65	see CORLANOR SOL 5MG/5ML	95
irbesartan-hydrochlorothiazide tab		see CORLANOR TAB 5MG	95
300-12.5 mg	65	see CORLANOR TAB 7.5MG	95
IRON CHW PEDIATRI.....	128	ivacaftor	
iron polysacch complex-vit b12-fa		see KALYDECO PAK 25MG	164
cap 150-0.025-1 mg	127	see KALYDECO PAK 50MG	164
irrigation solution, physiological	144	see KALYDECO PAK 75MG	164
isavuconazonium sulfate		see KALYDECO TAB 150MG	164
see CRESEMBA CAP 186 MG	53	ivermectin lotion 0.5%	112
ISENTRESS CHW 100MG.....	85	ivermectin tab 3 mg	21
ISENTRESS CHW 25MG	85	J	
ISENTRESS HD TAB 600MG.....	85	JAKAFI TAB 10MG.....	72
ISENTRESS POW 100MG.....	85	JAKAFI TAB 15MG.....	72
ISENTRESS TAB 400MG.....	85	JAKAFI TAB 20MG.....	72
isocarboxazid		JAKAFI TAB 25MG.....	72
see MARPLAN TAB 10MG.....	36	JAKAFI TAB 5MG	72
isoniazid syrup 50 mg/5ml	67	JANUMET TAB 50-1000.....	43
isoniazid tab 100 mg	67	JANUMET TAB 50-500MG	43
isoniazid tab 300 mg	67	JANUMET XR TAB 100-1000	43
isoniazid-rifampin w/		JANUMET XR TAB 50-1000.....	43
pyrazinamide		JANUMET XR TAB 50-500MG	43
see RIFATER TAB	67	JANUVIA TAB 100MG	46
isopropyl alcohol-glycerin otic		JANUVIA TAB 25MG	46
liquid 95-5%	157	JANUVIA TAB 50MG	46
isosorbide dinitrate tab 10 mg	22	JARDIANCE TAB 10MG	50

JARDIANCE TAB 25MG 50
 JENTADUETO TAB 2.5-1000 43
 JENTADUETO TAB 2.5-500 43
 JENTADUETO TAB 2.5-850 43
 JENTADUETO TAB XR 43
 Jinteli
 see **norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg**..... 118
 JULUCA TAB 50-25MG 85
 Junel 1.5/30
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg**.. 98
 Junel Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg**
 98
K
 KALETRA TAB 100-25MG..... 85
 KALETRA TAB 200-50MG..... 85
 KALYDECO PAK 25MG..... 164
 KALYDECO PAK 50MG..... 164
 KALYDECO PAK 75MG..... 164
 KALYDECO TAB 150MG 164
 KANJINTI INJ 420MG..... 68
 KANJINTI SOL 150MG..... 68
 Kelnor 1/50
 see **ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg**..... 97
ketoconazole cream 2%..... 106
ketoconazole shampoo 2% 106
ketoconazole tab 200 mg 53
ketoprofen cap 50 mg 10
ketoprofen cap 75 mg 10
ketorolac tromethamine ophth soln 0.4%..... 156
ketorolac tromethamine ophth soln 0.5%..... 156
ketorolac tromethamine tab 10 mg
 10
ketotifen fumarate ophth soln 0.025% (base equiv) 156
 KEVZARA INJ 150/1.14..... 8
 KEVZARA INJ 200/1.14..... 8
 KINERET INJ 7
 KISQALI 200 PAK FEMARA 70
 KISQALI 400 PAK FEMARA 70

KISQALI 600 PAK FEMARA 70
 KISQALI TAB 200DOSE 72
 KISQALI TAB 400DOSE 72
 KISQALI TAB 600DOSE 72
 Klor-con/ef
 see **potassium bicarbonate effer tab 25 meq**..... 142
 KOGENATE FS INJ 1000UNIT..... 124
 KOGENATE FS INJ 2000UNIT..... 124
 KOGENATE FS INJ 250UNIT 124
 KOGENATE FS INJ 3000UNIT..... 124
 Konsyl
 see **psyllium powder 30.9%** ... 130
 KONSYL DAILY POW 100% 130
 KONSYL DAILY POW 28.3% 130
 KONSYL-D POW 52.3% 130
 Kp Vitamin D
 see **cholecalciferol chew tab 10 mcg (400 unit)** 175
 KPN PRENATAL TAB 147
 KYLEENA IUD 19.5MG 100
L
labetalol hcl tab 100 mg 89
labetalol hcl tab 200 mg 89
labetalol hcl tab 300 mg 89
lacosamide
 see VIMPAT SOL 10MG/ML 34
 see VIMPAT TAB 100MG..... 34
 see VIMPAT TAB 150MG..... 34
 see VIMPAT TAB 200MG..... 34
 see VIMPAT TAB 50MG 34
 LACRISERT MIS 5MG OP..... 152
lactic acid (ammonium lactate) cream 12% 111
lactic acid (ammonium lactate) lotion 12%..... 111
lactulose (encephalopathy) solution 10 gm/15ml 121
lactulose solution 10 gm/15ml . 131
lamivudine (hbv)
 see EPIVIR HBV SOL 5MG/ML 87
lamivudine oral soln 10 mg/ml... 85
lamivudine tab 100 mg (hbv)..... 87
lamivudine tab 150 mg 85
lamivudine tab 300 mg 85

lamivudine-tenofovir disoproxil fumarate	
see CIMDUO TAB 300-300.....	84
see TEMIXYS TAB 300-300.....	86
lamivudine-zidovudine tab 150-300 mg	85
lamotrigine tab 100 mg	33
lamotrigine tab 150 mg	33
lamotrigine tab 200 mg	33
lamotrigine tab 25 mg	33
lamotrigine tab chewable dispersible 25 mg	33
lamotrigine tab chewable dispersible 5 mg	33
Lanacort 10	
see hydrocortisone acetate cream 1%	110
LANCETS MIS 30G.....	135
Land Before Time Multivit	
see pediatric multiple vitamin w/ extra c & fa chew tab	147
LANOXIN TAB 0.125MG.....	93
LANOXIN TAB 0.25MG.....	93
lansoprazole cap delayed release 15 mg	169
lansoprazole cap delayed release 30 mg	169
lanthanum carbonate chew tab 1000 mg (elemental)	122
lanthanum carbonate chew tab 500 mg (elemental)	122
lanthanum carbonate chew tab 750 mg (elemental)	122
lapatinib ditosylate tab 250 mg (base equiv)	72
Larin 24 Fe	
see norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	99
lasmiditan succinate	
see REYVOW TAB 100MG.....	138
see REYVOW TAB 50MG.....	138
LASTACFT SOL 0.25%.....	156
latanoprost ophth soln 0.005%	157
LATUDA TAB 120MG.....	77
LATUDA TAB 20MG.....	77
LATUDA TAB 40MG.....	77
LATUDA TAB 60MG.....	77
LATUDA TAB 80MG.....	77
LEDIP-SOFOSB TAB 90-400MG.....	87
Leena	
see norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	99
leflunomide tab 10 mg	11
leflunomide tab 20 mg	11
lenalidomide	
see REVLIMID CAP 10MG.....	143
see REVLIMID CAP 15MG.....	143
see REVLIMID CAP 2.5MG.....	143
see REVLIMID CAP 20MG.....	143
see REVLIMID CAP 25MG.....	143
see REVLIMID CAP 5MG.....	143
lenvatinib mesylate	
see LENVIMA CAP 10 MG.....	72
see LENVIMA CAP 12MG.....	72
see LENVIMA CAP 14 MG.....	72
see LENVIMA CAP 18 MG.....	72
see LENVIMA CAP 20 MG.....	72
see LENVIMA CAP 24 MG.....	72
see LENVIMA CAP 4MG.....	72
see LENVIMA CAP 8 MG.....	72
LENVIMA CAP 10 MG.....	72
LENVIMA CAP 12MG.....	72
LENVIMA CAP 14 MG.....	72
LENVIMA CAP 18 MG.....	72
LENVIMA CAP 20 MG.....	72
LENVIMA CAP 24 MG.....	72
LENVIMA CAP 4MG.....	72
LENVIMA CAP 8 MG.....	72
letrozole tab 2.5 mg	69
leucovorin calcium tab 10 mg	74
leucovorin calcium tab 15 mg	74
leucovorin calcium tab 25 mg	74
leucovorin calcium tab 5 mg	74
LEUKERAN TAB 2MG.....	68
leuprolide acetate	
see ELIGARD INJ 7.5MG.....	69
see LUPRON DEPOT INJ 3.75MG ...	70
see LUPRON DEPOT INJ 7.5MG.....	70
leuprolide acetate & norethindrone acetate	

see LUPANETA KIT 11.25-5 116
 see LUPANETA KIT 3.75-5 116
leuprolide acetate (3 month)
 see ELIGARD INJ 22.5MG69
 see LUPRON DEPOT INJ 11.25MG ..70
 see LUPRON DEPOT INJ 22.5MG....70
leuprolide acetate (cpp)
 see LUPR DEP-PED INJ 11.25MG . 116
 see LUPR DEP-PED INJ 15MG..... 116
 see LUPR DEP-PED INJ 7.5MG..... 116
leuprolide acetate (cpp) (3 month)
 see LUPR DEP-PED INJ 11.25MG . 116
 see LUPR DEP-PED INJ 3M 30MG. 116
leuprolide acetate inj kit 5 mg/ml
70
**levalbuterol hcl soln nebu 0.31
 mg/3ml (base equiv)29**
**levalbuterol hcl soln nebu 0.63
 mg/3ml (base equiv)29**
**levalbuterol hcl soln nebu 1.25
 mg/3ml (base equiv)29**
**levalbuterol hcl soln nebu conc
 1.25 mg/0.5ml (base equiv)29**
 LEVEMIR INJ49
 LEVEMIR INJ FLEXTOUC.....49
levetiracetam oral soln 100 mg/ml
33
levetiracetam tab 1000 mg34
levetiracetam tab 250 mg33
levetiracetam tab 500 mg33
levetiracetam tab 750 mg34
levetiracetam tab er 24hr 500 mg
34
levetiracetam tab er 24hr 750 mg
34
levobunolol hcl ophth soln 0.5%
 153
**levocarnitine oral soln 1 gm/10ml
 (10%)..... 117**
levocarnitine tab 330 mg 117
**levocetirizine dihydrochloride soln
 2.5 mg/5ml (0.5 mg/ml)54**
**levocetirizine dihydrochloride tab 5
 mg54**
levofloxacin ophth soln 0.5%.... 154
levofloxacin oral soln 25 mg/ml 120

levofloxacin tab 250 mg..... 120
levofloxacin tab 500 mg..... 120
levofloxacin tab 750 mg..... 120
levomilnacipran hcl
 see FETZIMA CAP 120MG 39
 see FETZIMA CAP 20MG..... 39
 see FETZIMA CAP 40MG..... 39
 see FETZIMA CAP 80MG..... 39
 see FETZIMA CAP TITRATIO 39
**levonor-eth est tab 0.15-
 0.02/0.025/0.03 mg ð est
 0.01 mg 97**
**levonorgestrel & ethinyl estradiol
 (91-day) tab 0.15-0.03 mg 97**
**levonorgestrel & ethinyl estradiol
 tab 0.1 mg-20 mcg 97**
**levonorgestrel & ethinyl estradiol
 tab 0.15 mg-30 mcg 97**
levonorgestrel (emergency oc)
 see PLAN B TAB 1.5MG 100
levonorgestrel (iud)
 see KYLEENA IUD 19.5MG..... 100
 see LILETTA IUD 52MG..... 100
 see MIRENA IUD SYSTEM..... 100
 see SKYLA IUD 13.5MG 100
levonorgestrel tab 1.5 mg 100
**levonorgestrel-eth estra tab 0.05-
 30/0.075-40/0.125-30mg-mcg 97**
levonorgestrel-ethinyl estradiol
 see TWIRLA DIS 120-30 100
**levonorgestrel-ethinyl estradiol &
 folic acid**
 see FALESSA KIT 97
**levonorgestrel-ethinyl estradiol
 (91-day)**
 see LOSEASONIQUE TAB 98
 see QUARTETTE TAB 99
 see SEASONIQUE TAB 99
**levonorgestrel-ethinyl estradiol
 (continuous) tab 90-20 mcg 97**
**levonorgestrel-ethinyl estradiol-
 ferrous bisglycinate**
 see BALCOLTRA TAB 0.1-20 96
**levonorg-eth est tab 0.1-
 0.02mg(84) & eth est tab
 0.01mg(7) 97**

levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)97

levothyroxine sodium

- see SYNTHROID TAB 100MCG..... 166
- see SYNTHROID TAB 112MCG..... 166
- see SYNTHROID TAB 125MCG..... 166
- see SYNTHROID TAB 137MCG..... 166
- see SYNTHROID TAB 150MCG..... 166
- see SYNTHROID TAB 175MCG..... 166
- see SYNTHROID TAB 200MCG..... 166
- see SYNTHROID TAB 25MCG..... 166
- see SYNTHROID TAB 300MCG..... 166
- see SYNTHROID TAB 50MCG..... 166
- see SYNTHROID TAB 75MCG..... 166
- see SYNTHROID TAB 88MCG..... 166

levothyroxine sodium tab 100 mcg 165

levothyroxine sodium tab 112 mcg 165

levothyroxine sodium tab 125 mcg 165

levothyroxine sodium tab 137 mcg 165

levothyroxine sodium tab 150 mcg 165

levothyroxine sodium tab 175 mcg 165

levothyroxine sodium tab 200 mcg 165

levothyroxine sodium tab 25 mcg 165

levothyroxine sodium tab 300 mcg 165

levothyroxine sodium tab 50 mcg 165

levothyroxine sodium tab 75 mcg 165

levothyroxine sodium tab 88 mcg 165

Levoxyl

see **levothyroxine sodium tab 112 mcg** 165

see **levothyroxine sodium tab 125 mcg** 165

see **levothyroxine sodium tab 137 mcg** 165

see **levothyroxine sodium tab 150 mcg** 165

see **levothyroxine sodium tab 175 mcg** 165

see **levothyroxine sodium tab 25 mcg** 165

see **levothyroxine sodium tab 50 mcg** 165

see **levothyroxine sodium tab 75 mcg** 165

see **levothyroxine sodium tab 88 mcg** 165

Lice Killing Maximum Stre

see **pyrethrins-piperonyl butoxide shampoo 0.33-4%** 112

Lice Treatment

see **permethrin creme rinse 1%** 112

lidocaine cream 4% 111

lidocaine hcl gel 2% 111

lidocaine hcl soln 4% 111

lidocaine hcl urethral/mucosal gel 2% 111

lidocaine hcl urethral/mucosal gel prefilled syringe 2% 111

lidocaine hcl viscous soln 2% ... 145

lidocaine patch 4% 111

lidocaine patch 5% 111

lidocaine-prilocaine cream 2.5-2.5% 111

LILETTA IUD 52MG 100

linaclotide

see **LINZESS CAP 145MCG** 121

see **LINZESS CAP 290MCG** 121

see **LINZESS CAP 72MCG** 121

linagliptin

see **TRADJENTA TAB 5MG** 46

linagliptin-metformin hcl

see **JENTADUETO TAB 2.5-1000** 43

see **JENTADUETO TAB 2.5-500**..... 43

see **JENTADUETO TAB 2.5-850**..... 43

see **JENTADUETO TAB XR**..... 43

lindane shampoo 1% 112

linezolid for susp 100 mg/5ml 22

linezolid tab 600 mg22
 LINZESS CAP 145MCG 121
 LINZESS CAP 290MCG..... 121
 LINZESS CAP 72MCG..... 121
liothyronine sodium tab 25 mcg 165
liothyronine sodium tab 5 mcg.. 165
liothyronine sodium tab 50 mcg 165
liotrix (t3-t4)
 see THYROLAR-1 TAB 60MG 166
 see THYROLAR-1/2 TAB 30MG 166
 see THYROLAR-1/4 TAB 15MG 167
 see THYROLAR-2 TAB 120MG..... 167
 see THYROLAR-3 TAB 180MG..... 167
 Liquid Calcium/vitamin D
 see **calcium carbonate-vitamin d cap 600 mg-200 unit** 140
liraglutide
 see VICTOZA INJ 18MG/3ML.....47
lisdexamfetamine dimesylate
 see VYVANSE CAP 10MG 2
 see VYVANSE CAP 20MG 2
 see VYVANSE CAP 30MG 2
 see VYVANSE CAP 40MG 2
 see VYVANSE CAP 50MG 2
 see VYVANSE CAP 60MG 2
 see VYVANSE CAP 70MG 2
lisinopril & hydrochlorothiazide tab 10-12.5 mg65
lisinopril & hydrochlorothiazide tab 20-12.5 mg65
lisinopril & hydrochlorothiazide tab 20-25 mg65
lisinopril tab 10 mg59
lisinopril tab 2.5 mg59
lisinopril tab 20 mg59
lisinopril tab 30 mg59
lisinopril tab 40 mg60
lisinopril tab 5 mg59
lithium carbonate cap 150 mg.....76
lithium carbonate cap 300 mg.....76
lithium carbonate cap 600 mg.....76
lithium carbonate tab 300 mg76
lithium carbonate tab er 300 mg .76
lithium carbonate tab er 450 mg .76
 LITHIUM SOL 8MEQ/5ML.....77
 LO LOESTRIN TAB 1-10-1097

lodoxamide tromethamine
 see ALOMIDE SOL 0.1% OP..... 155
 Loestrin 1.5/30-21
 see **norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg** .98
 Loestrin 1/20-21
 see **norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg** 98
 Loestrin Fe 1.5/30
 see **norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg** 98
 Loestrin Fe 1/20
 see **norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg** 98
lomustine
 see GLEOSTINE CAP 100MG 68
 see GLEOSTINE CAP 10MG 68
 see GLEOSTINE CAP 40MG 68
 LONSURF TAB 15-6.14 70
 LONSURF TAB 20-8.19 71
loperamide hcl
 see ANTI-DIARRHE LIQ 1MG/5ML.. 51
loperamide hcl cap 2 mg 51
loperamide hcl liq 1 mg/7.5ml.... 51
loperamide hcl tab 2 mg 51
lopinavir-ritonavir
 see KALETRA TAB 100-25MG 85
 see KALETRA TAB 200-50MG 85
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 85
 Lopreeza
 see **estradiol & norethindrone acetate tab 1-0.5 mg** 118
loratadine & pseudoephedrine tab er 12hr 5-120 mg..... 103
loratadine & pseudoephedrine tab er 24hr 10-240 mg..... 103
loratadine rapidly-disintegrating tab 10 mg 54
loratadine syrup 5 mg/5ml 54
loratadine tab 10 mg 55
 Loratadine-d 12hr
 see **loratadine & pseudoephedrine tab er 12hr 5-120 mg** 103
 Loratadine-d 24hr

see **loratadine & pseudoephedrine tab er 24hr 10-240 mg** 103

lorazepam conc 2 mg/ml 25

lorazepam tab 0.5 mg 25

lorazepam tab 1 mg 25

lorazepam tab 2 mg 25

losartan potassium & hydrochlorothiazide tab 100-12.5 mg 65

losartan potassium & hydrochlorothiazide tab 100-25 mg 65

losartan potassium & hydrochlorothiazide tab 50-12.5 mg 65

losartan potassium tab 100 mg ... 62

losartan potassium tab 25 mg 61

losartan potassium tab 50 mg 61

LOSEASONIQUE TAB 98

LOTEMAX GEL 0.5% 155

LOTEMAX OIN 0.5% 155

loteprednol etabonate

see ALREX SUS 0.2% 155

see LOTEMAX GEL 0.5% 155

see LOTEMAX OIN 0.5% 155

loteprednol etabonate ophth susp 0.5% 155

loteprednol etabonate-tobramycin

see ZYLET SUS 0.5-0.3% 155

Lotrimin Af Deodorant Pow

see **miconazole nitrate aerosol pow 2%** 106

lovastatin tab 10 mg 57

lovastatin tab 20 mg 57

lovastatin tab 40 mg 57

Low-ogestrel

see **norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg** 99

loxapine succinate cap 10 mg 80

loxapine succinate cap 25 mg 80

loxapine succinate cap 5 mg 80

loxapine succinate cap 50 mg 80

lubiprostone cap 24 mcg 120

Lubricant Eye Drops

see **polyethylene glycol-propylene glycol ophth soln 0.4-0.3%**.. 152

luliconazole cream 1% 106

LUMIGAN SOL 0.01% 157

LUPANETA KIT 11.25-5 116

LUPANETA KIT 3.75-5 116

LUPR DEP-PED INJ 11.25MG 116

LUPR DEP-PED INJ 15MG 116

LUPR DEP-PED INJ 3M 30MG 116

LUPR DEP-PED INJ 7.5MG 116

LUPRON DEPOT INJ 11.25MG 70

LUPRON DEPOT INJ 22.5MG 70

LUPRON DEPOT INJ 3.75MG 70

LUPRON DEPOT INJ 7.5MG 70

lurasidone hcl

see LATUDA TAB 120MG 77

see LATUDA TAB 20MG 77

see LATUDA TAB 40MG 77

see LATUDA TAB 60MG 77

see LATUDA TAB 80MG 77

LYNPARZA TAB 100MG 73

LYNPARZA TAB 150MG 73

LYSODREN TAB 500MG 70

M

macitentan

see OPSUMIT TAB 10MG 94

mafenide acetate

see SULFAMYLON CRE 85MG/GM 108

mafenide acetate packet for topical soln 5% (50 gm) 108

MAG64 TAB 64MG 142

Magdelay

see **magnesium chloride tab dr 64 mg (elemental mg)** 142

MAGDELAY TAB 70MG 142

MAG-G TAB 500MG 142

magnesium chloride

see MAG64 TAB 64MG 142

see MAGDELAY TAB 70MG 142

magnesium chloride tab dr 64 mg (elemental mg) 142

magnesium citrate soln 131

magnesium gluconate

see MAG-G TAB 500MG 142

magnesium gluconate tab 27.5 mg (elemental mg) 142

magnesium hydroxide susp 400 mg/5ml 131

magnesium hydroxide susp concentrate 2400 mg/10ml	132	meclofenamate sodium cap 100 mg	10
magnesium oxide cap 500 mg (elemental mg)	142	meclofenamate sodium cap 50 mg	10
magnesium oxide tab 250 mg	21	MEDI-LAXX CAP 8.6-50MG.....	131
magnesium oxide tab 250 mg (mg supplement)	142	Medi-profen see ibuprofen cap 200 mg	9
magnesium oxide tab 400 mg (240 mg elemental mg)	142	medroxyprogesterone acetate (contraceptive) see DEPO-PROVERA INJ 150MG/ML	100
magnesium oxide tab 400 mg (241.3 mg elemental mg)	142	see DEPO-SQ PROV INJ 104	100
magnesium oxide tab 420 mg	21	medroxyprogesterone acetate im susp 150 mg/ml	100
magnesium oxide tab 500 mg (mg supplement)	142	medroxyprogesterone acetate im susp prefilled syr 150 mg/ml .	100
magnesium tab 250 mg	142	medroxyprogesterone acetate tab 10 mg	160
Magnesium-oxide see magnesium oxide tab 400 mg (241.3 mg elemental mg)	142	medroxyprogesterone acetate tab 2.5 mg	160
malathion lotion 0.5%	112	medroxyprogesterone acetate tab 5 mg	160
Maox see magnesium oxide tab 420 mg	21	mefenamic acid cap 250 mg	10
Mapap see acetaminophen liquid 160 mg/5ml	12	mefloquine hcl tab 250 mg	67
see acetaminophen tab 325 mg	12	megestrol acetate susp 40 mg/ml	70
maprotiline hcl tab 25 mg	36	megestrol acetate tab 20 mg	70
maprotiline hcl tab 50 mg	36	megestrol acetate tab 40 mg	70
maprotiline hcl tab 75 mg	36	MEKINIST TAB 0.5MG	73
maraviroc see SELZENTRY SOL 20MG/ML.....	86	MEKINIST TAB 2MG	73
see SELZENTRY TAB 150MG	86	melatonin cap 3 mg	6
see SELZENTRY TAB 25MG	86	melatonin cap 5 mg	6
see SELZENTRY TAB 300MG	86	MELATONIN LIQ 1MG/4ML	6
see SELZENTRY TAB 75MG	86	melatonin tab 1-10mg	6
MARPLAN TAB 10MG	36	melatonin tab 3 mg	6
MATULANE CAP 50MG	74	melatonin tab 300 mcg	6
MAYZENT TAB 0.25MG.....	162	melatonin tab 5 mg	6
MAYZENT TAB 2MG	162	melatonin tab er 10 mg	6
mecamylamine hcl see VECAMYL TAB 2.5MG	66	melatonin tablet disintegrating 5 mg	6
mecasermin see INCRELEX INJ 40MG/4ML	116	Melatonin Tr/vitamin B-6 see melatonin-pyridoxine tab er 3-10 mg	6
meclizine hcl chew tab 25 mg	52	Melatonin/vitamin B-6 Ext see melatonin-pyridoxine tab 3-1 mg	6
meclizine hcl tab 12.5 mg	52		
meclizine hcl tab 25 mg	52		

melatonin-pyridoxine	
see RA MELATONIN TAB 3MG.....	6
melatonin-pyridoxine tab 3-1 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)	98
meloxicam tab 15 mg	10
meloxicam tab 7.5 mg	10
melphalan tab 2 mg	68
memantine hcl cap er 24hr 14 mg	161
.....	161
memantine hcl cap er 24hr 21 mg	161
.....	161
memantine hcl cap er 24hr 28 mg	161
.....	161
memantine hcl cap er 24hr 7 mg	161
.....	161
memantine hcl oral solution 2 mg/ml	161
memantine hcl tab 10 mg	161
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	161
memantine hcl tab 5 mg	161
MENEST TAB 0.3MG	119
MENEST TAB 0.625MG	119
MENEST TAB 1.25MG	119
MENTAX CRE 1%	106
menthol-zinc oxide	
see ZINC-OXYDE OIN 0.44-20%	112
meperidine hcl oral soln 50 mg/5ml	14
meperidine hcl tab 100 mg	14
meperidine hcl tab 50 mg	14
mepolizumab	
see NUCALA INJ 100MG	26
see NUCALA INJ 100MG/ML	26
meprobamate tab 200 mg	24
meprobamate tab 400 mg	24
mercaptapurine tab 50 mg	68
mesalamine cap er 24hr 0.375 gm	121
.....	121
mesalamine enema 4 gm	121
mesalamine tab delayed release 800 mg	121
METAMUCIL POW 28%ORG	130
METAMUCIL POW 58.12%	130
METAMUCIL WAF	130
metaproterenol sulfate syrup 10 mg/5ml	29
metaproterenol sulfate tab 10 mg	29
.....	29
metaproterenol sulfate tab 20 mg	29
.....	29
metaxalone tab 800 mg	150
metformin hcl tab 1000 mg	45
metformin hcl tab 500 mg	45
metformin hcl tab 850 mg	45
metformin hcl tab er 24hr 500 mg	45
.....	45
metformin hcl tab er 24hr 750 mg	45
.....	45
methadone hcl soln 10 mg/5ml	14
methadone hcl soln 5 mg/5ml	14
methadone hcl tab 10 mg	15
methadone hcl tab 5 mg	15
methamphetamine hcl tab 5 mg	2
methazolamide tab 25 mg	114
methazolamide tab 50 mg	114
methenamine hippurate tab 1 gm	170
.....	170
methimazole tab 10 mg	165
methimazole tab 5 mg	165
METHITEST TAB 10MG	19
methocarbamol tab 500 mg	150
methocarbamol tab 750 mg	150
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	68
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	68
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	68
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	68
methotrexate sodium tab 2.5 mg (base equiv)	68
methscopolamine bromide tab 2.5 mg	167

methscopolamine bromide tab 5 mg	167	methylphenidate hcl tab er 24hr 36 mg	5
methsuximide		methylphenidate hcl tab er 24hr 54 mg	5
see CELONTIN CAP 300MG	35	methylphenidate hcl tab er osmotic release (osm) 18 mg	5
methyclothiazide tab 5 mg	115	methylphenidate hcl tab er osmotic release (osm) 27 mg	5
methylcellulose tab 500 mg	130	methylphenidate hcl tab er osmotic release (osm) 36 mg	5
methyldopa tab 250 mg	63	methylphenidate hcl tab er osmotic release (osm) 54 mg	6
methyldopa tab 500 mg	63	methylprednisolone tab 16 mg .	101
methylergonovine maleate tab 0.2 mg	157	methylprednisolone tab 32 mg .	101
methylnaltrexone bromide		methylprednisolone tab 4 mg ...	101
see RELISTOR INJ 12/0.6ML	122	methylprednisolone tab 8 mg ...	101
see RELISTOR TAB 150MG	122	methylprednisolone tab therapy pack 4 mg (21)	101
methylphenidate hcl cap er 10 mg (cd)	4	methyltestosterone	
methylphenidate hcl cap er 20 mg (cd)	4	see METHITEST TAB 10MG	19
methylphenidate hcl cap er 24hr 10 mg (la)	4	methyltestosterone cap 10 mg ...	19
methylphenidate hcl cap er 24hr 20 mg (la)	4	metoclopramide hcl inj 5 mg/ml (base equivalent)	120
methylphenidate hcl cap er 24hr 30 mg (la)	4	metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) ...	120
methylphenidate hcl cap er 24hr 40 mg (la)	4	metoclopramide hcl tab 10 mg (base equivalent)	120
methylphenidate hcl cap er 30 mg (cd)	4	metoclopramide hcl tab 5 mg (base equivalent)	120
methylphenidate hcl cap er 40 mg (cd)	4	metolazone tab 10 mg	115
methylphenidate hcl cap er 50 mg (cd)	4	metolazone tab 2.5 mg	115
methylphenidate hcl cap er 60 mg (cd)	5	metolazone tab 5 mg	115
methylphenidate hcl soln 10 mg/5ml	5	metoprolol & hydrochlorothiazide tab 100-25 mg	65
methylphenidate hcl soln 5 mg/5ml	5	metoprolol & hydrochlorothiazide tab 100-50 mg	65
methylphenidate hcl tab 10 mg	5	metoprolol & hydrochlorothiazide tab 50-25 mg	65
methylphenidate hcl tab 20 mg	5	metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	89
methylphenidate hcl tab 5 mg	5	metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	89
methylphenidate hcl tab er 10 mg	5	metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	89
methylphenidate hcl tab er 20 mg	5	metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	89
methylphenidate hcl tab er 24hr 18 mg	5		
methylphenidate hcl tab er 24hr 27 mg	5		

metoprolol tartrate tab 100 mg ...	89
metoprolol tartrate tab 25 mg	89
metoprolol tartrate tab 50 mg	89
metronidazole cream 0.75%	112
metronidazole gel 0.75%	112
metronidazole lotion 0.75%	112
metronidazole tab 250 mg	21
metronidazole tab 500 mg	21
metronidazole vaginal gel 0.75%	173
mexiletine hcl cap 150 mg	26
mexiletine hcl cap 200 mg	26
mexiletine hcl cap 250 mg	26
MI-ACID CHW.....	20
miconazole (mouth-throat) see ORAVIG TAB 50MG.....	145
Miconazole 7 see miconazole nitrate vaginal cream 2%	173
see miconazole nitrate vaginal suppos 100 mg	174
miconazole nitrate aerosol pow 2%	106
miconazole nitrate cream 2% ...	106
miconazole nitrate ointment 2%	106
miconazole nitrate powder 2% .	106
miconazole nitrate vaginal see MONISTAT 7 KIT COMBO PK .	174
miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit	173
miconazole nitrate vaginal cream 2%	173
miconazole nitrate vaginal cream 4% (200 mg/5gm)	173
miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit .	174
miconazole nitrate vaginal suppos 100 mg	174
midodrine hcl tab 10 mg	174
midodrine hcl tab 2.5 mg	174
midodrine hcl tab 5 mg	174
miglitol tab 100 mg	41
miglitol tab 25 mg	41
miglitol tab 50 mg	41
miglustat cap 100 mg	125
Milk Of Magnesia see magnesium hydroxide susp 400 mg/5ml	131
Milk Of Magnesia Concentr see magnesium hydroxide susp concentrate 2400 mg/10ml .	132
milnacipran hcl see SAVELLA MIS TITR PAK.....	162
see SAVELLA TAB 100MG.....	162
see SAVELLA TAB 12.5MG.....	162
see SAVELLA TAB 25MG.....	162
see SAVELLA TAB 50MG.....	162
MINASTRIN 24 CHW FE.....	98
mineral oil	131
mineral oil enema	131
Minitran see nitroglycerin td patch 24hr 0.6 mg/hr	23
minocycline hcl cap 100 mg	164
minocycline hcl cap 50 mg	164
minocycline hcl cap 75 mg	164
minoxidil tab 10 mg	66
minoxidil tab 2.5 mg	66
Mintox Plus see alum & mag hydroxide- simethicone chew tab 200-200- 25 mg	20
mirabegron see MYRBETRIQ TAB 25MG.....	171
see MYRBETRIQ TAB 50MG.....	171
MIRCETTE TAB 28 DAY.....	98
MIRENA IUD SYSTEM.....	100
mirtazapine tab 15 mg	36
mirtazapine tab 30 mg	36
mirtazapine tab 45 mg	36
MIRVASO GEL 0.33%.....	112
misoprostol tab 100 mcg	169
misoprostol tab 200 mcg	169
mitotane see LYSODREN TAB 500MG.....	70
modafinil tab 100 mg	6
modafinil tab 200 mg	6
moexipril hcl tab 15 mg	60
moexipril hcl tab 7.5 mg	60
mometasone furoate (inhalation) see ASMANEX 120 AER 220MCG ...	27

see ASMANEX 14 AER 220MCG27
 see ASMANEX 30 AER 110MCG27
 see ASMANEX 30 AER 220MCG27
 see ASMANEX 60 AER 220MCG27
 see ASMANEX 7 AER 110MCG27
 see ASMANEX HFA AER 100 MCG ..27
 see ASMANEX HFA AER 200 MCG ..27
 see ASMANEX HFA AER 50MCG27
mometasone furoate cream 0.1%
 110
mometasone furoate oint 0.1% 110
mometasone furoate solution 0.1%
(lotion) 110
 MONISTAT 7 KIT COMBO PK..... 174
 MONOCLATE-P INJ 1000UNIT 124
montelukast sodium chew tab 4 mg
(base equiv).....27
montelukast sodium chew tab 5 mg
(base equiv).....27
montelukast sodium tab 10 mg
(base equiv).....27
morphine sulfate oral soln 10
mg/5ml.....15
morphine sulfate oral soln 100
mg/5ml (20 mg/ml) 15
morphine sulfate oral soln 20
mg/5ml.....15
morphine sulfate tab 15 mg 15
morphine sulfate tab 30 mg 15
morphine sulfate tab er 100 mg ..15
morphine sulfate tab er 15 mg15
morphine sulfate tab er 200 mg ..15
morphine sulfate tab er 30 mg15
morphine sulfate tab er 60 mg15
morphine-naltrexone
 see EMBEDA CAP 100-4MG..... 13
 see EMBEDA CAP 20-0.8MG..... 13
 see EMBEDA CAP 30-1.2MG..... 13
 see EMBEDA CAP 50-2MG 13
 see EMBEDA CAP 60-2.4MG..... 13
 see EMBEDA CAP 80-3.2MG..... 13
 MOTOFEN TAB 1-0.02551
 MOVANTIK TAB 12.5MG..... 121
 MOVANTIK TAB 25MG 121
moxifloxacin hcl ophth soln 0.5%
(base equiv)..... 154

moxifloxacin hcl tab 400 mg (base
equiv) 120
 Mucus-dm
 see **dextromethorphan-**
guaifenesin tab er 12hr 30-600
mg 102
 MULT VITAM DRO 147
 MULTAQ TAB 400MG 26
 Multi-delyn
 see **pediatric multiple vitamin liq**
 147
multiple vitamin cap 146
multiple vitamin tab 146
multiple vitamins w/ iron tab ... 145
multiple vitamins w/ minerals cap
 145
multiple vitamins w/ minerals
liquid 145
multiple vitamins w/ minerals tab
 145
 Multi-vit/iron/fluoride
 see **pediatric multiple vitamins**
w/ fl-fe drops 0.25-10 mg/ml
 146
 Multivitamin & Mineral
 see **multiple vitamins w/ minerals**
liquid 145
 MULTIVITAMIN DRO /IRON 146
 Multivitamin With Fluorid
 see **pediatric multiple vitamins**
w/ fluoride soln 0.25 mg/ml146
 see **pediatric multiple vitamins**
w/ fluoride soln 0.5 mg/ml . 146
 Multivitamin/fluoride
 see **pediatric multiple vitamins**
w/ fluoride chew tab 0.25 mg
 146
 see **pediatric multiple vitamins**
w/ fluoride chew tab 0.5 mg 146
 see **pediatric multiple vitamins**
w/ fluoride chew tab 1 mg .. 146
mupirocin oint 2%..... 105
 Mv-one
 see **multiple vitamin cap**..... 146
 Mvw Complete Formulation

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

My Way
 see **levonorgestrel tab 1.5 mg**. 100

Mycocide Clinical Ns Anti
 see **tolnaftate soln 1%**..... 107

mycophenolate mofetil cap 250 mg
 144

mycophenolate mofetil tab 500 mg
 144

mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) 144

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 144

MYNATAL CAP 147

MYNATAL TAB 148

MYNATE 90 TAB PLUS..... 148

MYRBETRIQ TAB 25MG 171

MYRBETRIQ TAB 50MG 171

N

nabilone
 see CESAMET CAP 1MG..... 52

nabumetone tab 500 mg 10

nabumetone tab 750 mg 10

nadolol tab 20 mg 90

nadolol tab 40 mg 90

nadolol tab 80 mg 90

nafarelin acetate
 see SYNAREL SOL 2MG/ML 116

naftifine hcl
 see NAFTIN GEL 2% 106

naftifine hcl cream 1%..... 106

naftifine hcl gel 1% 106

NAFTIN GEL 2% 106

naldemedine tosylate
 see SYMPROIC TAB 0.2MG 122

naloxegol oxalate
 see MOVANTIK TAB 12.5MG 121
 see MOVANTIK TAB 25MG 121

naloxone hcl
 see NARCAN SPR 52

naloxone hcl inj 0.4 mg/ml 52

naloxone hcl soln cartridge 0.4 mg/ml..... 52

naloxone hcl soln prefilled syringe 2 mg/2ml..... 52

naltrexone
 see VIVITROL INJ 380MG 52

naltrexone hcl tab 50 mg 52

naproxen sodium tab 220 mg 10

naproxen susp 125 mg/5ml..... 10

naproxen tab 250 mg..... 10

naproxen tab 375 mg..... 10

naproxen tab 500 mg..... 10

naproxen tab ec 375 mg 10

naproxen tab ec 500 mg 10

naratriptan hcl tab 1 mg (base equiv) 138

naratriptan hcl tab 2.5 mg (base equiv) 138

NARCAN SPR 52

NASAL DECON SYP 30MG/5ML..... 151

NASAL DECONG LIQ 30MG/5ML..... 151

NAT FIBER POW 58.6% 130

NATACYN SUS 5% OP 154

natalizumab
 see TYSABRI INJ 300/15ML..... 163

NATALVIT TAB 75-1MG..... 148

natamycin
 see NATACYN SUS 5% OP 154

NATAZIA TAB..... 98

nateglinide tab 120 mg 50

nateglinide tab 60 mg 50

NATURE THROI TAB 162.5MG..... 165

NATURE-THROI TAB 113.75MG..... 166

NATURE-THROI TAB 130MG 166

NATURE-THROI TAB 146.25MG..... 166

NATURE-THROI TAB 16.25MG 165

NATURE-THROI TAB 195MG 166

NATURE-THROI TAB 260MG 166

NATURE-THROI TAB 32.5MG 165

NATURE-THROI TAB 325MG 166

NATURE-THROI TAB 48.75MG 165

NATURE-THROI TAB 65MG..... 165

NATURE-THROI TAB 97.5MG 166

nebivolol hcl
 see BYSTOLIC TAB 10MG 89
 see BYSTOLIC TAB 2.5MG 89
 see BYSTOLIC TAB 20MG 89
 see BYSTOLIC TAB 5MG..... 89

nebivolol-valsartan
 see BYVALSON TAB 5-80MG 64

nebulizers

see EASY NEB MIS	136
see PULMONEB LT MIS NEBULIZE	136
Nebusal	
see sodium chloride soln nebu	
3%	103
Necon 1/50-28	
see norethindrone & mestranol	
tab 1 mg-50 mcg	98
nedocromil sodium (ophth)	
see ALOCRI SOL 2%	155
needle (disp) 18 g	
see NEEDLES MIS 18GX1.5	136
NEEDLES MIS 18GX1.5	136
nefazodone hcl tab 100 mg	38
nefazodone hcl tab 150 mg	38
nefazodone hcl tab 200 mg	38
nefazodone hcl tab 250 mg	38
nefazodone hcl tab 50 mg	38
nelfinavir mesylate	
see VIRACEPT TAB 250MG	87
see VIRACEPT TAB 625MG	87
neomycin sulfate tab 500 mg	6
neomycin-bacitrac zn-polymyx	
5(3.5)mg-400unt-10000unt op	
oin	154
neomycin-bacitracin-polymyxin	
oint	105
neomycin-bacitracin-polymyxin-	
pramoxine oint 1%	105
neomycin-colistin-hc-thonzonium	
see COLY-MYCIN S SUS OTIC	157
neomycin-polymy-gramicid op sol	
1.75-10000-0.025mg-unt-mg/ml	
.....	154
neomycin-polymyxin-	
dexamethasone ophth oint 0.1%	
.....	155
neomycin-polymyxin-	
dexamethasone ophth susp 0.1%	
.....	155
neomycin-polymyxin-hc otic soln	
1%	157
neomycin-polymyxin-hc otic susp	
3.5 mg/ml-10000 unit/ml-1%	157
NEORAL CAP 100MG	144

NEORAL CAP 25MG	144
nepafenac	
see NEVANAC SUS 0.1%	156
NESTABS TAB	148
netupitant-palonosetron	
see AKYNZEO CAP 300-0.5	52
NEUPRO DIS 1MG/24HR	75
NEUPRO DIS 2MG/24HR	75
NEUPRO DIS 3MG/24HR	75
NEUPRO DIS 4MG/24HR	76
NEUPRO DIS 6MG/24HR	76
NEUPRO DIS 8MG/24HR	76
NEVANAC SUS 0.1%	156
nevirapine susp 50 mg/5ml	86
nevirapine tab 200 mg	86
nevirapine tab er 24hr 100 mg ...	86
nevirapine tab er 24hr 400 mg ...	86
NEXAVAR TAB 200MG	73
NEXIUM 24HR CAP 20MG	169
NEXLETOL TAB 180MG	55
NEXLIZET TAB 180/10MG	55
NEXPLANON IMP 68MG	100
niacin (antihyperlipidemic) tab 500	
mg	58
niacin cap er 250 mg	175
niacin cap er 500 mg	175
Niacin Flush Free	
see inositol niacinate cap 500 mg	
.....	93
niacin tab 100 mg	175
niacin tab 250 mg	175
niacin tab 50 mg	175
niacin tab 500 mg	175
niacin tab er 250 mg	175
niacin tab er 500 mg	175
niacin tab er 500 mg	
(antihyperlipidemic)	58
niacin tab er 750 mg	175
niacinamide tab 500 mg	175
Niacor	
see niacin (antihyperlipidemic)	
tab 500 mg	58
nicardipine hcl cap 20 mg	91
nicardipine hcl cap 30 mg	92
nicotine	
see NICOTROL INH	164

see NICOTROL NS SPR 10MG/ML. 164
nicotine polacrilex gum 2 mg 163
nicotine polacrilex gum 4 mg 163
nicotine polacrilex lozenge 2 mg
 163
nicotine polacrilex lozenge 4 mg
 163
 NICOTINE SYS KIT TRANSDER..... 163
nicotine td patch 24hr 14 mg/24hr
 164
nicotine td patch 24hr 21 mg/24hr
 164
nicotine td patch 24hr 7 mg/24hr
 163
 Nicotine Transdermal Syst
 see **nicotine td patch 24hr 7**
mg/24hr 163
 NICOTROL INH 164
 NICOTROL NS SPR 10MG/ML 164
nifedipine cap 10 mg..... 92
nifedipine cap 20 mg..... 92
nifedipine tab er 24hr 30 mg..... 92
nifedipine tab er 24hr 60 mg..... 92
nifedipine tab er 24hr 90 mg..... 92
nifedipine tab er 24hr osmotic
release 30 mg 92
nifedipine tab er 24hr osmotic
release 60 mg 92
nifedipine tab er 24hr osmotic
release 90 mg 92
nilotinib hcl
 see TASIGNA CAP 150MG 73
 see TASIGNA CAP 200MG 73
 see TASIGNA CAP 50MG 73
nilutamide tab 150 mg 70
nimodipine cap 30 mg 92
nintedanib esylate
 see OFEV CAP 100MG 164
 see OFEV CAP 150MG 164
niraparib tosylate
 see ZEJULA CAP 100MG 74
nisoldipine tab er 24hr 17 mg 92
nisoldipine tab er 24hr 20 mg 92
nisoldipine tab er 24hr 25.5 mg .. 92
nisoldipine tab er 24hr 30 mg 92
nisoldipine tab er 24hr 34 mg 92

nisoldipine tab er 24hr 40 mg 92
nisoldipine tab er 24hr 8.5 mg 92
nitazoxanide
 see ALINIA SUS 100/5ML 21
nitazoxanide tab 500 mg 21
nitisinone
 see ORFADIN CAP 20MG 117
nitisinone cap 10 mg 117
nitisinone cap 2 mg 117
nitisinone cap 5 mg 117
nitrofurantoin macrocrystalline cap
100 mg 170
nitrofurantoin macrocrystalline cap
50 mg 170
nitrofurantoin monohydrate
macrocrystalline cap 100 mg . 170
nitrofurantoin susp 25 mg/5ml. 170
nitroglycerin (intra-anal)
 see RECTIV OIN 0.4% 20
nitroglycerin sl tab 0.3 mg 23
nitroglycerin sl tab 0.4 mg 23
nitroglycerin sl tab 0.6 mg 23
nitroglycerin td patch 24hr 0.1
mg/hr 23
nitroglycerin td patch 24hr 0.2
mg/hr 23
nitroglycerin td patch 24hr 0.4
mg/hr 23
nitroglycerin td patch 24hr 0.6
mg/hr 23
nizatidine cap 150 mg 168
nizatidine cap 300 mg 168
nizatidine oral soln 15 mg/ml... 168
 Non-aspirin Junior Streng
 see **acetaminophen chew tab 160**
mg 12
nonoxynol-9
 see CONCEPTROL GEL 4% 173
 see ENCARE SUP 100MG 173
 see GYNOL II GEL 3% 173
 see SHUR-SEAL GEL 2% 173
 see TODAY SPONGE MIS 173
 see VCF VAGINAL AER CONTRACP 173
 see VCF VAGINAL GEL CONTRACE 173
 see VCF VAGINAL MIS CONTRACP 173

norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	100
norethin acet & estrad-fe	
see MINASTRIN 24 CHW FE	98
see TAYTULLA CAP 1MG/20MC	99
norethindrone & eth estradiol	
see BREVICON TAB 0.5/35	96
see ORTHO-NOVUM TAB 1/35	99
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	98
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	98
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	98
norethindrone & ethinyl estradiol-fe	
see GENERESS FE CHW	97
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	98
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	98
norethindrone & mestranol tab 1 mg-50 mcg	98
norethindrone (contraceptive)	
see ORTHO MICRON TAB 0.35MG	101
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	98
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	98
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg ...	98
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg 98	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	98
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	98
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	99
norethindrone acetate tab 5 mg	160
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg .	118
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	118
norethindrone acetate-ethinyl estradiol-fe	
see ESTROSTEP FE TAB	97
norethindrone acetate-ethinyl estradiol-fe fum (biphasic)	
see LO LOESTRIN TAB 1-10-10	97
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg ...	98
norethindrone tab 0.35 mg	101
norethindrone-eth estradiol (triphasic)	
see ORTHO-NOVUM TAB 7/7/7	99
see TRI-NORINYL TAB 28	99
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg .	99
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg ...	99
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	99
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg .	99
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg .	99
norgestimate-ethinyl estradiol	
see ORTHO-CYCLEN TAB 0.25/35 ..	99
norgestimate-ethinyl estradiol (triphasic)	
see ORTHO TRI- TAB CYCLEN	99
see ORTHO TRI- TAB CYCLN LO	99
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	99
norgestrel & ethinyl estradiol tab 0.5 mg-50 mcg	99
NORTEMP SUS INFANTS	12
Nortrel 0.5/35 (28)	
see norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg .	98
Nortrel 1/35	
see norethindrone & ethinyl estradiol tab 1 mg-35 mcg	98
Nortrel 7/7/7	
see norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	99
nortriptyline hcl cap 10 mg	41
nortriptyline hcl cap 25 mg	41

nortriptyline hcl cap 50 mg	41	nystatin topical powder 100000	
nortriptyline hcl cap 75 mg	41	unit/gm	106
NORVIR SOL 80MG/ML	86	nystatin-triamcinolone cream	
NOVOLIN INJ 70/30	49	100000-0.1 unit/gm-%	106
NOVOLIN INJ 70/30 FP	49	nystatin-triamcinolone oint	
NOVOLIN N INJ 100 UNIT	49	100000-0.1 unit/gm-%	106
NOVOLIN N INJ U-100	49	Nystop	
NOVOLIN R INJ 100 UNIT	49	see nystatin topical powder	
NOVOLIN R INJ U-100	49	100000 unit/gm	106
NOVOLOG INJ 100/ML	49	O	
NOVOLOG INJ FLEXPEN	49	O-CAL TAB PRENATAL	148
NOVOLOG INJ PENFILL	49	OCTAGAM INJ 5GM	158
NOVOLOG MIX INJ 70/30	49	octreotide acetate	
NOVOLOG MIX INJ FLEXPEN	49	see SANDOSTATIN KIT LAR 10MG	118
Np Thyroid 120		see SANDOSTATIN KIT LAR 20MG	118
see thyroid tab 120 mg (2 grain)		see SANDOSTATIN KIT LAR 30MG	118
.....	166	octreotide acetate inj 100 mcg/ml	
Np Thyroid 15		(0.1 mg/ml)	117
see thyroid tab 15 mg (1/4 grain)		octreotide acetate inj 1000 mcg/ml	
.....	166	(1 mg/ml)	118
Np Thyroid 30		octreotide acetate inj 200 mcg/ml	
see thyroid tab 30 mg (1/2 grain)		(0.2 mg/ml)	117
.....	166	octreotide acetate inj 50 mcg/ml	
Np Thyroid 60		(0.05 mg/ml)	117
see thyroid tab 60 mg (1 grain)		octreotide acetate inj 500 mcg/ml	
.....	166	(0.5 mg/ml)	118
Np Thyroid 90		Ocuvite/lutein	
see thyroid tab 90 mg (1 1/2		see multiple vitamins w/ minerals	
grain)	166	tab	145
NUCALA INJ 100MG.....	26	ODEFSEY TAB	86
NUCALA INJ 100MG/ML	26	ODOMZO CAP 200MG.....	69
NUCYNTA ER TAB 100MG	15	OFEV CAP 100MG	164
NUCYNTA ER TAB 150MG	15	OFEV CAP 150MG	164
NUCYNTA ER TAB 200MG	15	ofloxacin ophth soln 0.3%	154
NUCYNTA ER TAB 250MG	15	ofloxacin otic soln 0.3%	157
NUCYNTA ER TAB 50MG.....	15	ofloxacin tab 300 mg	120
NUCYNTA TAB 100MG	15	ofloxacin tab 400 mg	120
NUCYNTA TAB 50MG	15	Ogestrel	
NUCYNTA TAB 75MG	15	see norgestrel & ethinyl estradiol	
NUTRIENTS TAB PRENATAL	148	tab 0.5 mg-50 mcg	99
NUVARING MIS	100	OGIVRI INJ 150MG	69
nystatin cream 100000 unit/gm	106	OGIVRI INJ 420MG	69
nystatin oint 100000 unit/gm ...	106	olanzapine pamoate	
nystatin susp 100000 unit/ml ...	145	see ZYPREXA RELP INJ 210MG.....	81
nystatin tab 500000 unit	53	see ZYPREXA RELP INJ 300MG.....	81
		see ZYPREXA RELP INJ 405MG.....	81

olanzapine tab 10 mg	80	omega-3 fatty acids cap delayed release 1000 mg	152
olanzapine tab 15 mg	80	omega-3 fatty acids cap delayed release 1200 mg	152
olanzapine tab 2.5 mg	80	omega-3-acid ethyl esters cap 1 gm	55
olanzapine tab 20 mg	80	omeprazole	
olanzapine tab 5 mg	80	see FIRST-OMEPRASUS 2MG/ML	168
olanzapine tab 7.5 mg	80	omeprazole cap delayed release 10 mg	169
olaparib		omeprazole cap delayed release 20 mg	169
see LYNPARZA TAB 100MG	73	omeprazole cap delayed release 40 mg	169
see LYNPARZA TAB 150MG	73	omeprazole magnesium	
olmesartan medoxomil tab 20 mg	62	see PRILOSEC OTC TAB 20MG	169
olmesartan medoxomil tab 40 mg	62	omeprazole magnesium cap dr 20.6 mg (20 mg base equiv)	169
olmesartan medoxomil tab 5 mg	62	omeprazole magnesium delayed release tab 20 mg (base equiv)	169
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	65	OMNARIS SPR.....	151
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	65	OMNIFLEX DPR.....	134
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	65	OMNITROPE INJ 10/1.5ML	116
olodaterol hcl		OMNITROPE INJ 5.8MG	116
see STRIVERDI AER 2.5MCG	30	OMNITROPE INJ 5/1.5ML	116
olopatadine hcl		onabotulinumtoxinA	
see PATADAY SOL 0.1%.....	156	see BOTOX INJ 100UNIT	152
see PATADAY SOL 0.2%.....	156	see BOTOX INJ 200UNIT	152
olopatadine hcl nasal soln 0.6%	151	ondansetron hcl oral soln 4 mg/5ml	52
olopatadine hcl ophth soln 0.1% (base equivalent)	156	ondansetron hcl tab 4 mg	52
olopatadine hcl ophth soln 0.2% (base equivalent)	156	ondansetron hcl tab 8 mg	52
olsalazine sodium		ondansetron orally disintegrating tab 4 mg	52
see DIPENTUM CAP 250MG.....	121	ondansetron orally disintegrating tab 8 mg	52
omalizumab		ONE A DAY MIS PRENATAL.....	148
see XOLAIR INJ 150MG/ML.....	26	ONTRUZANT INJ 150MG	69
see XOLAIR INJ 75/0.5	26	ONTRUZANT INJ 420MG	69
see XOLAIR SOL 150MG.....	26	OPSUMIT TAB 10MG	94
omega-3 fatty acids cap 1000 mg	152	oral electrolyte solution	141
omega-3 fatty acids cap 1200 mg	152	ORAVIG TAB 50MG	145
omega-3 fatty acids cap 300 mg	152	ORENCIA CLCK INJ 125MG/ML	11
omega-3 fatty acids cap 500 mg	152	ORENCIA INJ 125MG/ML.....	11
		ORENCIA INJ 250MG.....	11

ORENCIA INJ 50/0.4ML.....	11	oxiconazole nitrate cream 1% ..	106
ORENCIA INJ 87.5/0.7.....	11	OXISTAT LOT 1%	106
ORENITRAM TAB 0.125MG	93	oxybutynin	
ORENITRAM TAB 0.25MG	93	see OXYTROL/WOMN DIS 3.9MG/24	
ORENITRAM TAB 1MG	93	.....	170
ORENITRAM TAB 2.5MG.....	93	oxybutynin chloride syrup 5	
ORENITRAM TAB 5MG	93	mg/5ml	170
ORFADIN CAP 20MG.....	117	oxybutynin chloride tab 5 mg ...	170
orphenadrine citrate tab er 12hr		oxybutynin chloride tab er 24hr 10	
100 mg	150	mg	170
ORTHO MICRON TAB 0.35MG	101	oxybutynin chloride tab er 24hr 15	
ORTHO TRI- TAB CYCLEN.....	99	mg	170
ORTHO TRI- TAB CYCLN LO	99	oxybutynin chloride tab er 24hr 5	
ORTHO-CYCLEN TAB 0.25/35	99	mg	170
ORTHO-NOVUM TAB 1/35	99	oxycodone hcl	
ORTHO-NOVUM TAB 7/7/7	99	see OXYCONTIN TAB 10MG CR	16
oseltamivir phosphate cap 30 mg		see OXYCONTIN TAB 15MG CR	16
(base equiv)	88	see OXYCONTIN TAB 20MG CR	16
oseltamivir phosphate cap 45 mg		see OXYCONTIN TAB 30MG CR	16
(base equiv)	88	see OXYCONTIN TAB 40MG CR	16
oseltamivir phosphate cap 75 mg		see OXYCONTIN TAB 60MG CR	16
(base equiv)	88	see OXYCONTIN TAB 80MG CR	16
oseltamivir phosphate for susp 6		oxycodone hcl soln 5 mg/5ml	15
mg/ml (base equiv)	88	oxycodone hcl tab 10 mg	16
osimertinib mesylate		oxycodone hcl tab 15 mg	16
see TAGRISSO TAB 40MG	73	oxycodone hcl tab 20 mg	16
see TAGRISSO TAB 80MG	73	oxycodone hcl tab 30 mg	16
OSMOPREP TAB 1.5GM	132	oxycodone hcl tab 5 mg	16
ospemifene		oxycodone hcl tab er 12hr deter 10	
see OSPHENA TAB 60MG.....	116	mg	16
OSPHENA TAB 60MG	116	oxycodone hcl tab er 12hr deter 15	
OTEZLA TAB 10/20/30.....	11	mg	16
OTEZLA TAB 30MG.....	11	oxycodone hcl tab er 12hr deter 20	
oxandrolone tab 10 mg	19	mg	16
oxandrolone tab 2.5 mg	19	oxycodone hcl tab er 12hr deter 30	
oxaprozin tab 600 mg	10	mg	16
oxazepam cap 10 mg	25	oxycodone hcl tab er 12hr deter 40	
oxazepam cap 15 mg	25	mg	16
oxazepam cap 30 mg	25	oxycodone hcl tab er 12hr deter 60	
oxcarbazepine susp 300 mg/5ml		mg	16
(60 mg/ml)	34	oxycodone hcl tab er 12hr deter 80	
oxcarbazepine tab 150 mg	34	mg	16
oxcarbazepine tab 300 mg	34	oxycodone w/ acetaminophen tab	
oxcarbazepine tab 600 mg	34	10-325 mg	18
oxiconazole nitrate		oxycodone w/ acetaminophen tab	
see OXISTAT LOT 1%	106	2.5-325 mg	18

oxycodone w/ acetaminophen tab 5-325 mg18

oxycodone w/ acetaminophen tab 7.5-325 mg18

oxycodone-ibuprofen tab 5-400 mg18

OXYCONTIN TAB 10MG CR.....16

OXYCONTIN TAB 15MG CR.....16

OXYCONTIN TAB 20MG CR.....16

OXYCONTIN TAB 30MG CR.....16

OXYCONTIN TAB 40MG CR.....16

OXYCONTIN TAB 60MG CR.....16

OXYCONTIN TAB 80MG CR.....16

oxymetazoline hcl nasal soln 0.05%..... 151

oxymetholone
see ANADROL-50 TAB 50MG19

oxymorphone hcl tab 10 mg16

oxymorphone hcl tab 5 mg.....16

oxymorphone hcl tab er 12hr 10 mg16

oxymorphone hcl tab er 12hr 15 mg17

oxymorphone hcl tab er 12hr 20 mg17

oxymorphone hcl tab er 12hr 30 mg17

oxymorphone hcl tab er 12hr 40 mg17

oxymorphone hcl tab er 12hr 5 mg16

oxymorphone hcl tab er 12hr 7.5 mg16

OXYTROL/WOMN DIS 3.9MG/24..... 170

Oysco 500+d
see **calcium carbonate-cholecalciferol chew tab 500 mg-600 unit** 140

Oyster Shell Calcium Plus
see **calcium carbonate-cholecalciferol tab 500 mg-200 unit** 140

oyster shell calcium tab 500 mg 141

Oystercal-d

see **calcium carbonate-cholecalciferol tab 500 mg-400 unit** 140

OZEMPIC INJ 2/1.5ML 46

OZEMPIC INJ 4MG/3ML 46

P

Pain & Fever Childrens
see **acetaminophen soln 160 mg/5ml**..... 12

palbociclib
see IBRANCE CAP 100MG..... 71

see IBRANCE CAP 125MG..... 71

see IBRANCE CAP 75MG 71

see IBRANCE TAB 100MG..... 72

see IBRANCE TAB 125MG..... 72

see IBRANCE TAB 75MG 71

paliperidone palmitate
see INVEGA SUST INJ 117/0.75 77

see INVEGA SUST INJ 156MG/ML.. 77

see INVEGA SUST INJ 234/1.5..... 77

see INVEGA SUST INJ 39/0.25..... 77

see INVEGA SUST INJ 78/0.5ML.... 77

see INVEGA TRINZ INJ 273MG..... 78

see INVEGA TRINZ INJ 410MG..... 78

see INVEGA TRINZ INJ 546MG..... 78

see INVEGA TRINZ INJ 819MG..... 78

paliperidone tab er 24hr 1.5 mg.. 78

paliperidone tab er 24hr 3 mg 78

paliperidone tab er 24hr 6 mg 78

paliperidone tab er 24hr 9 mg 78

palivizumab
see SYNAGIS INJ 100MG/ML 158

see SYNAGIS INJ 50MG 158

**pancrelipase (lipase-protease-
amylase)**
see CREON CAP 12000UNT..... 113

see CREON CAP 24000UNT..... 113

see CREON CAP 3000UNIT 113

see CREON CAP 36000UNT..... 113

see CREON CAP 6000UNIT 113

see ZENPEP CAP 10000UNT..... 113

see ZENPEP CAP 15000UNT..... 113

see ZENPEP CAP 20000UNT..... 113

see ZENPEP CAP 25000 113

see ZENPEP CAP 3000UNIT 113

see ZENPEP CAP 40000 113

see ZENPEP CAP 5000UNIT 113

panobinostat lactate

see FARYDAK CAP 10MG71

see FARYDAK CAP 15MG71

see FARYDAK CAP 20MG71

PANRETIN GEL 0.1% 107

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

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

PARAGARD IUD T380A 100

paricalcitol cap 1 mcg 117

paricalcitol cap 2 mcg 117

paricalcitol cap 4 mcg 117

paromomycin sulfate cap 250 mg 6

paroxetine hcl tab 10 mg37

paroxetine hcl tab 20 mg37

paroxetine hcl tab 30 mg37

paroxetine hcl tab 40 mg37

PASER GRA 4GM.....67

PATADAY SOL 0.1% 156

PATADAY SOL 0.2% 156

pazopanib hcl

see VOTRIENT TAB 200MG73

PEAK AIR FLO MIS ADLT/PED 136

peak flow meter

see PEAK AIR FLO MIS ADLT/PED 136

PEDIA-LAX LIQ 50MG 132

pediatric multiple vitamin liq 147

pediatric multiple vitamin w/ c & fa chew tab 147

pediatric multiple vitamin w/ extra c & fa chew tab 147

pediatric multiple vitamin w/ minerals & c

see AQUADEKS DRO..... 146

pediatric multiple vitamin w/ minerals & c chew tab 146

pediatric multiple vitamins

see MULT VITAM DRO 147

see POLY-VI-SOL SOL 50MG/ML.. 147

see POLY-VITE DRO..... 147

pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml 146

pediatric multiple vitamins w/ fluoride chew tab 0.25 mg..... 146

pediatric multiple vitamins w/ fluoride chew tab 0.5 mg 146

pediatric multiple vitamins w/ fluoride chew tab 1 mg 146

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

pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml 146

pediatric multiple vitamins w/ iron

see ANIMAL SHAPE CHW IRON ... 146

see MULTIVITAMIN DRO /IRON... 146

see POLY-VITE SOL /IRON 147

pediatric multiple vitamins w/ iron chew tab 15 mg 146

pediatric multiple vitamins w/ iron chew tab 18 mg 146

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

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

pediatric vitamins adc

see TRI-VI-SOL SOL A/C/D 147

pediatric vitamins adc drops 750 unit-400 unit-35 mg/ml..... 147

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 131

peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 131

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

see PLENVU SOL..... 131

peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm... 131

peg 3350-kcl-sod bicarb-nacl for soln 420 gm..... 131

peg 3350-kcl-sod bicarb-sod chloride-sod sulfate

see GOLYTELY SOL 130

PEGANONE TAB 250MG 35

PEGASYS INJ 87

PEGASYS INJ 180MCG/M 87

pegfilgrastim-bmez

see ZIEXTENZO INJ 6/0.6ML 127

peginterferon alfa-2a

see PEGASYS INJ 87

see PEGASYS INJ 180MCG/M..... 87

peginterferon alfa-2b	
see PEGINTRON KIT 50MCG	87
peginterferon beta-1a	
see PLEGRIDY INJ	162
see PLEGRIDY INJ PEN.....	163
see PLEGRIDY INJ STARTER	163
see PLEGRIDY PEN INJ STARTER .	163
PEGINTRON KIT 50MCG.....	87
pegvisomant	
see SOMAVERT INJ 10MG.....	116
see SOMAVERT INJ 15MG.....	116
see SOMAVERT INJ 20MG.....	116
PEN NEEDLES MIS 29GX10MM.....	136
PEN NEEDLES MIS 29GX12.7.....	136
PEN NEEDLES MIS 29GX12MM.....	136
PEN NEEDLES MIS 31GX5MM.....	136
PEN NEEDLES MIS 31GX6MM.....	136
PEN NEEDLES MIS 31GX8MM.....	136
PEN NEEDLES MIS 32GX4MM.....	136
PEN NEEDLES MIS 32GX6MM.....	136
PEN NEEDLES MIS 32GX8MM.....	136
 penciclovir	
see DENAVIR CRE 1%.....	108
penicillamine	
see D-PENAMINE TAB 125MG	143
penicillamine tab 250 mg	143
penicillin v potassium for soln 125 mg/5ml	159
penicillin v potassium for soln 250 mg/5ml	159
penicillin v potassium tab 250 mg	159
penicillin v potassium tab 500 mg	159
pentamidine isethionate for nebulization soln 300 mg	21
pentosan polysulfate sodium	
see ELMIRON CAP 100MG.....	123
pentoxifylline tab er 400 mg	124
perampanel	
see FYCOMPA TAB 10MG.....	32
see FYCOMPA TAB 12MG.....	32
see FYCOMPA TAB 2MG.....	32
see FYCOMPA TAB 4MG.....	32
see FYCOMPA TAB 6MG.....	32
see FYCOMPA TAB 8MG.....	32
perindopril erbumine tab 2 mg ...	60
perindopril erbumine tab 4 mg ...	60
perindopril erbumine tab 8 mg ...	60
permethrin & pyrethrins-piperonyl butoxide	
see RA LICE KIT SOLUTION.....	112
permethrin aerosol 0.5%	112
permethrin cream 5%	112
permethrin creme rinse 1%	112
permethrin lotion 1%	112
perphenazine tab 16 mg	82
perphenazine tab 2 mg	82
perphenazine tab 4 mg	82
perphenazine tab 8 mg	82
perphenazine-amitriptyline tab 2-10 mg	161
perphenazine-amitriptyline tab 2-25 mg	162
perphenazine-amitriptyline tab 4-10 mg	162
perphenazine-amitriptyline tab 4-25 mg	162
perphenazine-amitriptyline tab 4-50 mg	162
PERRY PRENAT CAP	148
Pharbedryl	
see diphenhydramine hcl cap 25 mg	54
phenazopyridine hcl tab 100 mg	123
phenazopyridine hcl tab 200 mg	123
phenelzine sulfate tab 15 mg	36
phenobarbital elixir 20 mg/5ml	128
phenobarbital tab 100 mg	128
phenobarbital tab 15 mg	128
phenobarbital tab 16.2 mg	128
phenobarbital tab 30 mg	128
phenobarbital tab 32.4 mg	128
phenobarbital tab 60 mg	128
phenobarbital tab 64.8 mg	128
phenobarbital tab 97.2 mg	128
phenoxybenzamine hcl cap 10 mg	60
phenylephrine hcl (oral)	
see SUDAFED PE SOL CHILDREN.	152
phenylephrine hcl tab 10 mg	151
PHENYTEK CAP 200MG	35

PHENYTEK CAP 300MG	35	PLEGRIDY INJ STARTER.....	163
phenytoin chew tab 50 mg	35	PLEGRIDY PEN INJ STARTER	163
phenytoin sodium extended		PLENVU SOL	131
see DILANTIN CAP 100MG	35	pneumococcal 13-valent conjugate vaccine	
see DILANTIN CAP 30MG.....	35	see PREVNAR 13 INJ	172
see PHENYTEK CAP 200MG	35	pneumococcal vac polyvalent	
see PHENYTEK CAP 300MG	35	see PNEUMOVAX 23 INJ 25/0.5... 172	
phenytoin sodium extended cap 100 mg	35	PNEUMOVAX 23 INJ 25/0.5	172
phenytoin sodium extended cap 200 mg	35	podofilox soln 0.5%	111
phenytoin sodium extended cap 300 mg	35	Polycin	
phenytoin susp 125 mg/5ml	35	see bacitracin-polymyxin b ophthalmic oint	154
PHOSPHOLINE SOL 0.125%OP.....	153	polyethylene glycol 3350 oral packet 17 gm	131
Physiolyte		polyethylene glycol 3350 oral powder 17 gm/scoop	131
see irrigation solution, physiological	144	polyethylene glycol-propylene glycol ophthalmic soln 0.4-0.3%	152
phytonadione tab 5 mg	175	Poly-iron 150	
PICATO GEL 0.015%	107	see polysaccharide iron complex cap 150 mg (iron equivalent)	128
PICATO GEL 0.05%	107	Poly-iron 150 Forte	
PIFELTRO TAB 100MG	86	see iron polysacch complex-vit b12-fa cap 150-0.025-1 mg . 127	
pilocarpine hcl ophthalmic soln 1% ...	153	polymyxin b-trimethoprim ophthalmic soln 10000 unit/ml-0.1%	154
pilocarpine hcl ophthalmic soln 2% ...	153	polysaccharide iron complex cap 150 mg (iron equivalent)	128
pilocarpine hcl ophthalmic soln 4% ...	153	polysaccharide iron-folic acid-vit b12	
pilocarpine hcl tab 5 mg	145	see FERREX 150 CAP FORTE.....	127
pilocarpine hcl tab 7.5 mg	145	polyvinyl alcohol ophthalmic soln 1.4%	153
pimozide tab 1 mg	163	polyvinyl alcohol-povidone ophthalmic soln 5-6 mg/ml (0.5-0.6%) ...	153
pimozide tab 2 mg	163	POLY-VI-SOL SOL 50MG/ML.....	147
pindolol tab 10 mg	90	Polyvitamin/iron	
pindolol tab 5 mg	90	see pediatric multiple vitamin w/ minerals & c chew tab	146
pioglitazone hcl tab 15 mg (base equiv)	50	POLY-VITE DRO.....	147
pioglitazone hcl tab 30 mg (base equiv)	50	POLY-VITE SOL /IRON	147
pioglitazone hcl tab 45 mg (base equiv)	50	pomalidomide	
pirfenidone		see POMALYST CAP 1MG.....	70
see ESBRIET CAP 267MG	164	see POMALYST CAP 2MG.....	70
see ESBRIET TAB 267MG	164		
see ESBRIET TAB 801MG	164		
piroxicam cap 10 mg	10		
piroxicam cap 20 mg	10		
PLAN B TAB 1.5MG.....	100		
PLEGRIDY INJ	162		
PLEGRIDY INJ PEN	163		

see POMALYST CAP 3MG	70	PRADAXA CAP 75MG	32
see POMALYST CAP 4MG	70	pramipexole dihydrochloride tab	
POMALYST CAP 1MG	70	0.125 mg	76
POMALYST CAP 2MG	70	pramipexole dihydrochloride tab	
POMALYST CAP 3MG	70	0.25 mg	76
POMALYST CAP 4MG	70	pramipexole dihydrochloride tab	
ponatinib hcl		0.5 mg	76
see ICLUSIG TAB 10MG	72	pramipexole dihydrochloride tab	
see ICLUSIG TAB 15MG	72	0.75 mg	76
see ICLUSIG TAB 30MG	72	pramipexole dihydrochloride tab 1	
see ICLUSIG TAB 45MG	72	mg	76
pot phos monobasic w/sod phos di		pramipexole dihydrochloride tab	
& monobas tab 155-852-130mg		1.5 mg	76
.....	142	pramlintide acetate	
potassium bicarbonate effer tab 25		see SYMLINPEN 60 INJ 1000MCG ..	41
meq	142	see SYMLINPEN 120 INJ 1000MCG ..	41
potassium chloride cap er 10 meq		pramox-pe-glycerin-petrolatum	
.....	142	perianal cream 1-0.25-14.4-15%	
potassium chloride cap er 8 meq		.....	19
.....	142	prasugrel hcl tab 10 mg (base	
potassium chloride		equiv)	125
microencapsulated crys er tab 10		prasugrel hcl tab 5 mg (base	
meq	143	equiv)	125
potassium chloride		pravastatin sodium tab 10 mg	57
microencapsulated crys er tab 20		pravastatin sodium tab 20 mg	57
meq	143	pravastatin sodium tab 40 mg	57
potassium chloride oral soln 10%		pravastatin sodium tab 80 mg	58
(20 meq/15ml)	143	praziquantel tab 600 mg	21
potassium chloride oral soln 20%		prazosin hcl cap 1 mg	63
(40 meq/15ml)	143	prazosin hcl cap 2 mg	63
potassium chloride tab er 10 meq		prazosin hcl cap 5 mg	63
.....	143	PRED-G SUS OP	155
potassium chloride tab er 20 meq		prednicarbate cream 0.1%	110
(1500 mg)	143	prednicarbate oint 0.1%	110
potassium chloride tab er 8 meq		prednisolone acetate ophth susp	
(600 mg)	143	1%	155
potassium citrate & citric acid soln		prednisolone sod phosph oral soln	
1100-334 mg/5ml	122	6.7 mg/5ml (5 mg/5ml base) 101	
potassium citrate tab er 10 meq		prednisolone sod phosphate oral	
(1080 mg)	122	soln 15 mg/5ml (base equiv). 101	
potassium citrate tab er 15 meq		prednisolone sodium phosphate	
(1620 mg)	122	oral soln 25 mg/5ml (base eq)	
potassium citrate tab er 5 meq		.....	101
(540 mg)	122	prednisolone syrup 15 mg/5ml	
PRADAXA CAP 110MG.....	32	(usp solution equivalent)	101
PRADAXA CAP 150MG.....	32	prednisone oral soln 5 mg/5ml. 101	

prednisone tab 1 mg	101	see docosahexaenoic acid cap	
prednisone tab 10 mg	101	200 mg	152
prednisone tab 2.5 mg	101	PRENATAL DHA PAK MULTI	148
prednisone tab 20 mg	102	PRENATAL FRM TAB A-FREE	148
prednisone tab 5 mg	101	PRENATAL MUL CAP +DHA.....	148
prednisone tab 50 mg	102	prenatal multivitamins & minerals	
prednisone tab therapy pack 10 mg		w/ folic acid-fish oil	
(21)	102	see CVS PRENATAL CHW GUMMY	147
prednisone tab therapy pack 10 mg		prenatal multivit-min w/fe-fa	
(48)	102	see KPN PRENATAL TAB.....	147
prednisone tab therapy pack 5 mg		see MYNATAL CAP.....	147
(21)	102	see PRENATAL/FE TAB.....	149
prednisone tab therapy pack 5 mg		prenatal mv & min w/	
(48)	102	methylfolate-choline-fish oil	
PREGABALIN CAP 100 MG	34	see PRENATAL DHA PAK MULTI...	148
PREGABALIN CAP 150 MG	34	prenatal mv & min w/fe carbonyl-	
PREGABALIN CAP 200 MG	34	fa-dha	
PREGABALIN CAP 225 MG	34	see BRAINSTRONG MIS PRENATAL	
PREGABALIN CAP 25 MG.....	34	.....	147
PREGABALIN CAP 300 MG	34	prenatal mv & min w/fe fumarate-	
PREGABALIN CAP 50 MG.....	34	fa-dha	
PREGABALIN CAP 75 MG.....	34	see CENTRUM SPEC PAK PRENATAL	
PREMARIN TAB 0.3MG	119	.....	147
PREMARIN TAB 0.45MG	119	see ENFAMIL MIS EXPECTA	147
PREMARIN TAB 0.625MG	119	see PRENAT MULTI CAP +DHA	148
PREMARIN TAB 0.9MG	119	see PRENATAL+DHA MIS	149
PREMARIN TAB 1.25MG	119	see THERANATAL MIS COMPLETE	149
PREMARIN VAG CRE 0.625MG	174	PRENATAL TAB.....	148
PREMPHASE TAB.....	118	PRENATAL TAB COMPLETE	148
PREMPRO TAB	118	PRENATAL TAB FORMULA.....	148
PREMPRO TAB 0.3-1.5	118	prenatal vit w/ docusate-fe	
PREMPRO TAB 0.45-1.5	118	fumarate-folic acid	
PREMPRO TAB 0.625-5	118	see MYNATE 90 TAB PLUS	148
PRENAT MULTI CAP +DHA.....	148	see PRENATAL 19 TAB	148
Prenatabs Rx		see PRENATAL 19 TAB 29-1MG ...	148
see prenatal vit w/ iron carbonyl-		prenatal vit w/ docusate-iron	
fa tab 29-1 mg	149	carbonyl-folic acid	
Prenatal 19		see MYNATAL TAB.....	148
see prenatal vit w/ fe fumarate-fa		prenatal vit w/ dss-iron carbonyl-	
chew tab 29-1 mg	149	fa tab 90-1 mg	149
PRENATAL 19 TAB.....	148	prenatal vit w/ fe bisglycinate	
PRENATAL 19 TAB 29-1MG.....	148	chelate-folic acid	
PRENATAL CAP FORMULA.....	148	see VINATE II TAB	149
PRENATAL CAP OMEGA-3	148	prenatal vit w/ fe bisglycinate-folic	
Prenatal Dha		acid-omega 3 fatty acid	
		see BE WELL PAK ROUNDED.....	147

prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	149	see NUTRIENTS TAB PRENATAL ..	148
prenatal vit w/ fe fumarate-fa tab 28-1 mg	149	prenatal without a vit w/ fe fumarate-folic acid	
prenatal vit w/ ferrous fumarate- fa-fish oil		see PRENATAL FRM TAB A-FREE..	148
see PRENATAL CAP OMEGA-3.....	148	prenatal without vit a w/ iron polysaccharide complex-fa	
prenatal vit w/ ferrous fumarate- fa-omega 3 fatty acids		see EZFE FORTE CAP.....	147
see ONE A DAY MIS PRENATAL ...	148	PRENATAL/FE TAB	149
see PRENATAL CAP FORMULA	148	PRENATAL+DHA MIS.....	149
see PRENATAL MUL CAP +DHA....	148	PREPOPIK PAK	131
see SM ONE DAILY MIS PRENATAL	149	PREVNAR 13 INJ.....	172
prenatal vit w/ ferrous fumarate- folic acid		PREZCOBIX TAB 800-150	86
see CO-NATAL FA TAB 29-1MG ...	147	PREZISTA SUS 100MG/ML	86
see NATALVIT TAB 75-1MG	148	PREZISTA TAB 150MG.....	86
see O-CAL TAB PRENATAL	148	PREZISTA TAB 600MG.....	86
see PERRY PRENAT CAP	148	PREZISTA TAB 75MG	86
see PRENATAL TAB.....	148	PREZISTA TAB 800MG.....	86
see PRENATAL TAB COMPLETE ...	148	PRIFTIN TAB 150MG	67
see RA PRENATAL TAB FORMULA.	149	PRILOSEC OTC TAB 20MG.....	169
see SE-NATAL 19 CHW	149	primaquine phosphate tab 26.3 mg (15 mg base)	67
see TRINATAL RX TAB 1.....	149	primidone tab 250 mg	34
see VITAFOL-OB TAB 65-1MG	149	primidone tab 50 mg	34
see VOL-PLUS TAB	149	PRIVIGEN INJ 20GRAMS	158
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid		probenecid tab 500 mg	123
see TL FOLATE TAB	149	procarbazine hcl	
prenatal vit w/ iron carbonyl-fa tab 29-1 mg	149	see MATULANE CAP 50MG.....	74
prenatal vit w/ iron carbonyl-folic acid		prochlorperazine maleate tab 10 mg (base equivalent)	82
see VOL-TAB RX TAB	149	prochlorperazine maleate tab 5 mg (base equivalent)	82
prenatal vit w/ selenium-fe fumarate-folic acid		prochlorperazine suppos 25 mg ..	82
see PRENATAL TAB FORMULA	148	PROCRIT INJ 2000/ML.....	126
see VINATE M TAB	149	PROCRIT INJ 3000/ML.....	126
prenatal vit without vit a w/ fe bisglycinate-folic acid		PROCRIT INJ 40000/ML.....	126
see NESTABS TAB	148	progesterone (vaginal)	
prenatal vitamin		see PROGESTERONE SUP VGS 100	174
see CALNA TAB.....	147	see PROGESTERONE SUP VGS 200	174
prenatal vitamins w/ ferrous succinate-folic acid		progesterone cap 100 mg	160
		progesterone cap 200 mg	160
		PROGESTERONE SUP VGS 100	174
		PROGESTERONE SUP VGS 200	174
		PROLASTIN-C INJ 1000MG.....	164
		PROLIA SOL 60MG/ML.....	115

PROMACTA TAB 12.5MG	126	protriptyline hcl tab 10 mg	41
PROMACTA TAB 25MG	126	protriptyline hcl tab 5 mg	41
PROMACTA TAB 50MG	126	pseudoephed-bromphen-dm	
PROMACTA TAB 75MG	126	see BROTAPP DM LIQ 15-1-5/5...	102
promethazine & phenylephrine		pseudoephed-bromphen-dm syrup	
syrup 6.25-5 mg/5ml	103	30-2-10 mg/5ml	103
promethazine hcl suppos 12.5 mg		pseudoephedrine hcl	
.....	55	see NASAL DECON SYP 30MG/5ML	
promethazine hcl suppos 25 mg ..	55	.....	151
promethazine hcl syrup 6.25		see NASAL DECONG LIQ 30MG/5ML	
mg/5ml	55	.....	151
promethazine hcl tab 12.5 mg	55	pseudoephedrine hcl liq 15 mg/5ml	
promethazine hcl tab 25 mg	55	.....	151
promethazine hcl tab 50 mg	55	pseudoephedrine hcl tab 30 mg	151
promethazine w/ codeine syrup		pseudoephedrine hcl tab 60 mg	151
6.25-10 mg/5ml	103	pseudoephedrine hcl tab er 12hr	
promethazine-dm syrup 6.25-15		120 mg	152
mg/5ml	103	pseudoephedrine-guaifenesin tab	
promethazine-phenylephrine-		er 12hr 60-600 mg	103
codeine syrup 6.25-5-10 mg/5ml		psyllium	
.....	103	see KONSYL DAILY POW 100% ...	130
propafenone hcl tab 150 mg	26	see KONSYL DAILY POW 28.3% ..	130
propafenone hcl tab 225 mg	26	see KONSYL-D POW 52.3%	130
propafenone hcl tab 300 mg	26	see METAMUCIL POW 28%ORG...	130
propracaine hcl ophth soln 0.5%		see METAMUCIL POW 58.12%	130
.....	154	see METAMUCIL WAF	130
propranolol hcl cap er 24hr 120 mg		see NAT FIBER POW 58.6%.....	130
.....	90	psyllium cap 0.52 gm	130
propranolol hcl cap er 24hr 160 mg		psyllium cap 400 mg	130
.....	90	psyllium powder 100%	130
propranolol hcl cap er 24hr 60 mg		psyllium powder 28.3%	130
.....	90	psyllium powder 30.9%	130
propranolol hcl cap er 24hr 80 mg		psyllium powder 33%	130
.....	90	psyllium powder 48.57%	130
propranolol hcl oral soln 20		psyllium powder 58.6%	130
mg/5ml	90	psyllium powder 95%	130
propranolol hcl oral soln 40		PULMICORT INH 180MCG	28
mg/5ml	90	PULMICORT INH 90MCG	28
propranolol hcl tab 10 mg	90	PULMONEB LT MIS NEBULIZE	136
propranolol hcl tab 20 mg	90	PULMOZYME SOL 1MG/ML.....	164
propranolol hcl tab 40 mg	90	PURE & GENTL DRO 0.3%.....	153
propranolol hcl tab 60 mg	90	Px Iron	
propranolol hcl tab 80 mg	90	see ferrous sulfate dried tab 200	
propylene glycol-glycerin ophth		mg (65 mg elemental fe)	127
soln 1-0.3%	153	pyrantel pamoate susp 144 mg/ml	
propylthiouracil tab 50 mg	165	(50 mg/ml base equiv)	21

pyrazinamide tab 500 mg	67	quinapril hcl tab 20 mg	60
pyreth-piperonyl butox sham-		quinapril hcl tab 40 mg	60
permeth aero-nit remover gel kit		quinapril hcl tab 5 mg	60
.....	112	quinapril-hydrochlorothiazide tab	
pyrethrins-piperonyl butoxide liq		10-12.5 mg	65
0.3-3%	112	quinapril-hydrochlorothiazide tab	
pyrethrins-piperonyl butoxide liq		20-12.5 mg	65
0.33-4%	112	quinapril-hydrochlorothiazide tab	
pyrethrins-piperonyl butoxide		20-25 mg	65
shampoo 0.33-4%	112	quinidine sulfate tab 200 mg	25
pyridostigmine bromide tab 60 mg		quinidine sulfate tab 300 mg	26
.....	67	quinine sulfate cap 324 mg	67
pyridoxine hcl tab 100 mg	176	QVAR REDIHA AER 80MCG.....	28
pyridoxine hcl tab 25 mg	175	QVAR REDIHAL AER 40MCG	28
pyridoxine hcl tab 50 mg	175	R	
PYRIME/LEUCO CAP 12.5/2.5	66	Ra Acetaminophen Rapid Me	
PYRIME/LEUCO CAP 25/10MG.....	66	see acetaminophen disintegrating	
PYRIME/LEUCO CAP 25/5MG	66	tab 160 mg	12
PYRIME/LEUCO CAP 50/10MG.....	67	see acetaminophen disintegrating	
PYRIME/LEUCO CAP 50/20MG.....	67	tab 80 mg	12
PYRIME/LEUCO CAP 50/25MG.....	67	Ra Budesonide Nasal Spray	
PYRIME/LEUCO CAP 75/25MG.....	67	see budesonide nasal susp 32	
Q		mcg/act	151
Qc 3 Day Vaginal Cream		Ra Calcium 600 Plus Vitam	
see miconazole nitrate vaginal		see calcium carb-vit d w/	
cream 4% (200 mg/5gm) ...	173	minerals chew tab 600 mg-400	
Qc Natural Vegetable		unit	139
see psyllium powder 95%	130	Ra Cetirizine	
QUARTETTE TAB	99	see cetirizine hcl tab 10 mg	54
quetiapine fumarate tab 100 mg .	80	Ra Col-rite	
quetiapine fumarate tab 200 mg .	81	see docusate sodium cap 50 mg	
quetiapine fumarate tab 25 mg ...	80	.....	132
quetiapine fumarate tab 300 mg .	81	Ra Ear Drying Agent	
quetiapine fumarate tab 400 mg .	81	see isopropyl alcohol-glycerin otic	
quetiapine fumarate tab 50 mg ...	80	liquid 95-5%	157
quetiapine fumarate tab er 24hr		Ra Glycerin Child	
150 mg	81	see glycerin suppos 80.7%	131
quetiapine fumarate tab er 24hr		Ra Hemorrhoidal	
200 mg	81	see pramox-pe-glycerin-	
quetiapine fumarate tab er 24hr		petrolatum perianal cream 1-	
300 mg	81	0.25-14.4-15%	19
quetiapine fumarate tab er 24hr		Ra Hydrocortisone Plus 12	
400 mg	81	see hydrocortisone cream 1% 110	
quetiapine fumarate tab er 24hr 50		Ra Ibuprofen	
mg	81	see ibuprofen tab 200 mg	9
quinapril hcl tab 10 mg	60	Ra Laxative	

see polyethylene glycol 3350 oral packet 17 gm	131	REBIF INJ 44/0.5.....	163
see polyethylene glycol 3350 oral powder 17 gm/scoop	131	REBIF REBIDO INJ 22/0.5.....	163
Ra Laxative Maximum Stren		REBIF REBIDO INJ 44/0.5.....	163
see sennosides tab 25 mg	132	REBIF REBIDO INJ TITRATN	163
RA LICE KIT SOLUTION	112	REBIF TITRTN INJ PACK	163
Ra Lubricant Eye Drops		RECOMBINATE INJ.....	124
see propylene glycol-glycerin ophth soln 1-0.3%	153	RECOMBINATE INJ 220-400	124
RA MELATONIN TAB 3MG	6	RECOMBINATE INJ 401-800	124
Ra Mucus Relief D		RECOMBINATE INJ 801-1240	124
see pseudoephedrine-guaifenesin tab er 12hr 60-600 mg	103	RECOMBIVA HB INJ 10MCG/ML.....	172
RA OYS SHL/D TAB 500MG.....	141	RECOMBIVA HB INJ 5MCG/0.5.....	172
Ra Oyster Shell Calcium/v		RECTIV OIN 0.4%.....	20
see calcium carbonate-vitamin d tab 250 mg-125 unit	140	Regenecare Ha	
RA PRENATAL TAB FORMULA	149	see lidocaine hcl gel 2%	111
Ra Slow Release Iron		regorafenib	
see ferrous sulfate tab er 47.5 mg (elemental fe)	127	see STIVARGA TAB 40MG	73
Ra Tioconazole 1		REGANEX GEL 0.01%	113
see tioconazole vaginal oint 6.5%	174	Reguloid	
rabeprazole sodium ec tab 20 mg	169	see psyllium cap 400 mg	130
raloxifene hcl tab 60 mg	116	RELENZA MIS DISKHALE	88
raltegravir potassium		RELION KETON TES	113
see ISENTRESS CHW 100MG	85	RELION TRUE KIT MET AIR	135
see ISENTRESS CHW 25MG	85	RELION TRUE TES METRIX.....	113
see ISENTRESS HD TAB 600MG	85	RELISTOR INJ 12/0.6ML	122
see ISENTRESS POW 100MG	85	RELISTOR TAB 150MG.....	122
see ISENTRESS TAB 400MG	85	Rena-vite	
ramelteon tab 8 mg	130	see b-complex w/ c & folic acid tab 0.8 mg	145
ramipril cap 1.25 mg	60	RENFLXIS INJ 100MG	121
ramipril cap 10 mg	60	repaglinide tab 0.5 mg	50
ramipril cap 2.5 mg	60	repaglinide tab 1 mg	50
ramipril cap 5 mg	60	repaglinide tab 2 mg	50
ranolazine tab er 12hr 1000 mg ..	22	REPATHA INJ 140MG/ML.....	58
ranolazine tab er 12hr 500 mg	22	REPATHA PUSH INJ 420/3.5.....	58
rasagiline mesylate tab 0.5 mg (base equiv)	76	REPATHA SURE INJ 140MG/ML	59
rasagiline mesylate tab 1 mg (base equiv)	76	RESCRIPTOR TAB 200MG.....	86
REBIF INJ 22/0.5	163	RESTASIS EMU 0.05%	154
		RETACRIT INJ 10000UNT	126
		RETACRIT INJ 20000UNI	126
		RETACRIT INJ 2000UNIT	126
		RETACRIT INJ 3000UNIT	126
		RETACRIT INJ 40000UNT	127
		RETACRIT INJ 4000UNIT	126
		retapamulin	
		see ALTABAX OIN 1%.....	105
		REVLIMID CAP 10MG	143

REVLIMID CAP 15MG.....	143	see ADEMPAS TAB 2MG	95
REVLIMID CAP 2.5MG.....	143	RISACAL-D TAB.....	141
REVLIMID CAP 20MG.....	143	risankizumab-rzaa	
REVLIMID CAP 25MG.....	143	see SKYRIZI INJ 150DOSE	107
REVLIMID CAP 5MG	143	see SKYRIZI INJ 150MG/ML	107
REYVOW TAB 100MG.....	138	see SKYRIZI PEN INJ 150MG/ML .	107
REYVOW TAB 50MG	138	risedronate sodium tab 150 mg	116
rho d immune globulin (human)		risedronate sodium tab 30 mg ..	116
see RHOGAM PLUS INJ 300MCG ..	158	risedronate sodium tab 35 mg ..	116
RHOGAM PLUS INJ 300MCG	158	risedronate sodium tab 5 mg	115
Ribasphere		RISPERDAL INJ 12.5MG.....	78
see ribavirin cap 200 mg	87	RISPERDAL INJ 25MG	78
ribavirin cap 200 mg	87	RISPERDAL INJ 37.5MG.....	78
ribavirin tab 200 mg	87	RISPERDAL INJ 50MG	78
ribociclib succinate		risperidone microspheres	
see KISQALI TAB 200DOSE	72	see RISPERDAL INJ 12.5MG	78
see KISQALI TAB 400DOSE	72	see RISPERDAL INJ 25MG	78
see KISQALI TAB 600DOSE	72	see RISPERDAL INJ 37.5MG	78
ribociclib succinate-letrozole		see RISPERDAL INJ 50MG	78
see KISQALI 200 PAK FEMARA	70	risperidone orally disintegrating	
see KISQALI 400 PAK FEMARA	70	tab 0.25 mg	78
see KISQALI 600 PAK FEMARA	70	risperidone orally disintegrating	
riboflavin tab 100 mg	176	tab 0.5 mg	78
RIDAURA CAP 3MG	7	risperidone orally disintegrating	
rifabutin cap 150 mg	67	tab 1 mg	78
rifampin cap 150 mg	67	risperidone orally disintegrating	
rifampin cap 300 mg	67	tab 2 mg	78
rifapentine		risperidone orally disintegrating	
see PRIFTIN TAB 150MG	67	tab 3 mg	78
RIFATER TAB.....	67	risperidone orally disintegrating	
rifaximin		tab 4 mg	78
see XIFAXAN TAB 200MG	21	risperidone soln 1 mg/ml	78
see XIFAXAN TAB 550MG	21	risperidone tab 0.25 mg	79
rilonacept		risperidone tab 0.5 mg	79
see ARCALYST INJ 220MG	7	risperidone tab 1 mg	79
rilpivirine hcl		risperidone tab 2 mg	79
see EDURANT TAB 25MG.....	84	risperidone tab 3 mg	79
riluzole tab 50 mg	152	risperidone tab 4 mg	79
rimantadine hydrochloride tab 100		ritonavir	
mg	88	see NORVIR SOL 80MG/ML.....	86
RINVOQ TAB 15MG ER.....	7	ritonavir tab 100 mg	86
riociguat		rituximab-pvvr	
see ADEMPAS TAB 0.5MG	95	see RUXIENCE INJ 100/10ML.....	69
see ADEMPAS TAB 1.5MG.....	95	see RUXIENCE INJ 500/50ML.....	69
see ADEMPAS TAB 1MG	95	rivaroxaban	
see ADEMPAS TAB 2.5MG.....	95	see XARELTO STAR TAB 15/20MG .	31

see XARELTO TAB 10MG31
 see XARELTO TAB 15MG31
 see XARELTO TAB 2.5MG31
 see XARELTO TAB 20MG31
rivastigmine tartrate cap 1.5 mg (base equivalent)..... 161
rivastigmine tartrate cap 3 mg (base equivalent)..... 161
rivastigmine tartrate cap 4.5 mg (base equivalent)..... 161
rivastigmine tartrate cap 6 mg (base equivalent)..... 161
rivastigmine td patch 24hr 13.3 mg/24hr 161
rivastigmine td patch 24hr 4.6 mg/24hr 161
rivastigmine td patch 24hr 9.5 mg/24hr 161
 Rivelsa
 see **levonor-eth est tab 0.15-0.02/0.025/0.03 mg ð est 0.01 mg**.....97
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)..... 138
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)..... 138
rizatriptan benzoate tab 10 mg (base equivalent)..... 138
rizatriptan benzoate tab 5 mg (base equivalent)..... 138
 Robafen
 see **guaifenesin syrup 100 mg/5ml**..... 103
 ROBITUSSIN SYP 7.5/5ML..... 102
roflumilast
 see DALIRESP TAB 250MCG.....27
 see DALIRESP TAB 500MCG.....27
ropinirole hydrochloride tab 0.25 mg76
ropinirole hydrochloride tab 0.5 mg76
ropinirole hydrochloride tab 1 mg76

ropinirole hydrochloride tab 2 mg 76
ropinirole hydrochloride tab 3 mg 76
ropinirole hydrochloride tab 4 mg 76
ropinirole hydrochloride tab 5 mg 76
rosiglitazone maleate
 see AVANDIA TAB 2MG..... 50
 see AVANDIA TAB 4MG..... 50
rosuvastatin calcium tab 10 mg .. 58
rosuvastatin calcium tab 20 mg .. 58
rosuvastatin calcium tab 40 mg .. 58
rosuvastatin calcium tab 5 mg 58
rotigotine
 see NEUPRO DIS 1MG/24HR..... 75
 see NEUPRO DIS 2MG/24HR..... 75
 see NEUPRO DIS 3MG/24HR..... 75
 see NEUPRO DIS 4MG/24HR..... 76
 see NEUPRO DIS 6MG/24HR..... 76
 see NEUPRO DIS 8MG/24HR..... 76
 RUBRACA TAB 200MG 73
 RUBRACA TAB 250MG 73
 RUBRACA TAB 300MG 73
rucaparib camsylate
 see RUBRACA TAB 200MG..... 73
 see RUBRACA TAB 250MG..... 73
 see RUBRACA TAB 300MG..... 73
rufinamide
 see BANZEL TAB 200MG 33
 see BANZEL TAB 400MG 33
rufinamide susp 40 mg/ml 34
rufinamide tab 200 mg 34
rufinamide tab 400 mg 34
 RUXIENCE INJ 100/10ML 69
 RUXIENCE INJ 500/50ML 69
ruxolitinib phosphate
 see JAKAFI TAB 10MG 72
 see JAKAFI TAB 15MG 72
 see JAKAFI TAB 20MG 72
 see JAKAFI TAB 25MG 72
 see JAKAFI TAB 5MG 72
 RYBELSUS TAB 14MG..... 46
 RYBELSUS TAB 3MG..... 46
 RYBELSUS TAB 7MG..... 46

S	
sacubitril-valsartan	
see ENTRESTO TAB 24-26MG.....	93
see ENTRESTO TAB 49-51MG.....	93
see ENTRESTO TAB 97-103MG.....	93
SAFYRAL TAB	99
saline nasal spray 0.65%	150
salmeterol xinafoate	
see SEREVENT DIS AER 50MCG	29
salsalate tab 500 mg	13
salsalate tab 750 mg	13
SANDIMMUNE CAP 100MG	144
SANDIMMUNE CAP 25MG	144
SANDOSTATIN KIT LAR 10MG.....	118
SANDOSTATIN KIT LAR 20MG.....	118
SANDOSTATIN KIT LAR 30MG.....	118
SANTYL OIN 250/GM.....	111
sapropterin dihydrochloride tab	
100 mg	117
saquinavir mesylate	
see INVIRASE TAB 500MG.....	85
sarilumab	
see KEVZARA INJ 150/1.14	8
see KEVZARA INJ 200/1.14	8
SAVELLA MIS TITR PAK	162
SAVELLA TAB 100MG	162
SAVELLA TAB 12.5MG	162
SAVELLA TAB 25MG	162
SAVELLA TAB 50MG	162
Sb Fib Lax Orange	
see psyllium powder 33%	130
Sb Lice Treatment	
see pyrethrins-piperonyl butoxide	
liq 0.3-3%	112
scopolamine td patch 72hr 1	
mg/3days	52
SEASONIQUE TAB.....	99
secukinumab	
see COSENTYX INJ 150MG/ML	107
see COSENTYX INJ 300DOSE	107
see COSENTYX INJ 75MG/0.5	107
see COSENTYX PEN INJ 150MG/ML	
.....	107
see COSENTYX PEN INJ 300DOSE	107
segesterone acetate-ethinyl	
estradiol	
see ANNOVERA MIS	100
selegiline	
see EMSAM DIS 12MG/24H	36
see EMSAM DIS 6MG/24HR	36
see EMSAM DIS 9MG/24HR	36
selegiline hcl cap 5 mg	76
selegiline hcl tab 5 mg	76
selenium sulfide lotion 1%	108
selenium sulfide lotion 2.5%	108
selexipag	
see UPTRAVI TAB 1000MCG	94
see UPTRAVI TAB 1200MCG	94
see UPTRAVI TAB 1400MCG	94
see UPTRAVI TAB 1600MCG	95
see UPTRAVI TAB 200/800	94
see UPTRAVI TAB 200MCG	94
see UPTRAVI TAB 400MCG	94
see UPTRAVI TAB 600MCG	94
see UPTRAVI TAB 800MCG	94
SELZENTRY SOL 20MG/ML.....	86
SELZENTRY TAB 150MG	86
SELZENTRY TAB 25MG	86
SELZENTRY TAB 300MG	86
SELZENTRY TAB 75MG	86
semaglutide	
see OZEMPIC INJ 2/1.5ML.....	46
see OZEMPIC INJ 4MG/3ML.....	46
see RYBELSUS TAB 14MG	46
see RYBELSUS TAB 3MG	46
see RYBELSUS TAB 7MG	46
SE-NATAL 19 CHW.....	149
sennosides chew tab 15 mg	132
sennosides syrup 8.8 mg/5ml ...	132
sennosides tab 25 mg	132
sennosides tab 8.6 mg	132
sennosides-docusate sodium	
see MEDI-LAXX CAP 8.6-50MG ...	131
sennosides-docusate sodium tab	
8.6-50 mg	131
SEREVENT DIS AER 50MCG.....	29
sertaconazole nitrate	
see ERTACZO CRE 2%.....	106
sertraline hcl oral concentrate for	
solution 20 mg/ml	37
sertraline hcl tab 100 mg	38
sertraline hcl tab 25 mg	37

sertraline hcl tab 50 mg	38	sirolimus tab 2 mg	144
sevelamer carbonate tab 800 mg	122	SIRTURO TAB 100MG	68
Sf		sitagliptin phosphate	
see sodium fluoride gel 1.1% (0.5% f)	145	see JANUVIA TAB 100MG	46
Sf 5000 Plus		see JANUVIA TAB 25MG	46
see sodium fluoride cream 1.1%	145	see JANUVIA TAB 50MG	46
SHINGRIX INJ 50/0.5ML	173	sitagliptin-metformin hcl	
SHUR-SEAL GEL 2%	173	see JANUMET TAB 50-1000	43
Silace		see JANUMET TAB 50-500MG	43
see docusate sodium liquid 150 mg/15ml	132	see JANUMET XR TAB 100-1000....	43
see docusate sodium syrup 60 mg/15ml	132	see JANUMET XR TAB 50-1000	43
sildenafil citrate tab 20 mg	94	see JANUMET XR TAB 50-500MG...	43
silodosin cap 4 mg	123	skin protectants misc - cream ...	112
silodosin cap 8 mg	123	SKYLA IUD 13.5MG	100
Siltussin-dm		SKYRIZI INJ 150DOSE.....	107
see dextromethorphan- guaifenesin syrup 10-100 mg/5ml	102	SKYRIZI INJ 150MG/ML.....	107
silver sulfadiazine cream 1%	108	SKYRIZI PEN INJ 150MG/ML	107
SIMBRINZA SUS 1-0.2%.....	154	Sleep Aid	
simethicone cap 125 mg	120	see doxylamine succinate (sleep) tab 25 mg	128
simethicone cap 180 mg	120	SLOW FE TAB 45MG.....	128
simethicone chew tab 125 mg ...	120	Slow Iron	
simethicone chew tab 80 mg	120	see ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)	127
simethicone liquid 40 mg/0.6ml	120	Slow Release Iron	
simethicone susp 40 mg/0.6ml	120	see ferrous sulfate tab er 50 mg (elemental fe)	128
SIMPONI INJ 100MG/ML	7	Slow-release Iron	
SIMPONI INJ 50/0.5ML	7	see ferrous sulfate dried tab er 45 mg (fe equivalent)	127
simvastatin tab 10 mg	58	SLYND TAB 4MG	101
simvastatin tab 20 mg	58	Sm Anti-itch Extra Streng	
simvastatin tab 40 mg	58	see diphenhydramine-zinc acetate cream 2-0.1%	107
simvastatin tab 5 mg	58	Sm Artificial Tears	
simvastatin tab 80 mg	58	see artificial tear ophth solution	152
sinecatechins		Sm Aspirin	
see VEREGEN OIN 15%.....	105	see aspirin tab 325 mg	13
siponimod fumarate		Sm Bedding Lice Treatment	
see MAYZENT TAB 0.25MG	162	see permethrin aerosol 0.5% .	112
see MAYZENT TAB 2MG.....	162	Sm Calcium 600 + D Plus M	
sirolimus oral soln 1 mg/ml	144	see calcium carb-vit d w/ minerals chew tab 600 mg-800 unit	139
sirolimus tab 0.5 mg	144		
sirolimus tab 1 mg	144		

Sm Chest Congestion Relie
 see **guaifenesin tab 400 mg** 103
 Sm Esomeprazole Magnesium
 see **esomeprazole magnesium cap
 delayed release 20 mg (base
 eq)** 168
 Sm Ibuprofen Ib
 see **ibuprofen chew tab 100 mg** . 9
 Sm Lice Treatment
 see **permethrin lotion 1%** 112
 Sm Miconazole 3
 see **miconazole nitrate vaginal
 app 200 mg & 2% cream 9 gm
 kit** 173
 SM ONE DAILY MIS PRENATAL..... 149
 Sm Pain Relief Extra Stre
 see **acetaminophen tab 500 mg** 12
 Sm Stomach Relief
 see **bismuth subsalicylate tab 262
 mg**51
sodium bicarbonate tab 325 mg ..20
sodium bicarbonate tab 650 mg ..20
**sodium chloride hypertonic ophth
 oint 5%**..... 156
**sodium chloride hypertonic ophth
 soln 5%** 156
**sodium chloride irrigation soln
 0.9%**..... 122
sodium chloride soln nebu 0.9%103
sodium chloride soln nebu 3% .. 103
sodium chloride soln nebu 7% .. 103
sodium chloride tab 1 gm..... 143
**sodium citrate & citric acid soln
 500-334 mg/5ml**..... 122
sodium fluoride
 see FLUORABON DRO 141
**sodium fluoride chew tab 0.25 mg f
 (from 0.55 mg naf)** 141
**sodium fluoride chew tab 0.5 mg f
 (from 1.1 mg naf)** 141
**sodium fluoride chew tab 1 mg f
 (from 2.2 mg naf)** 141
sodium fluoride cream 1.1% 145
sodium fluoride gel 1.1% (0.5% f)
 145

**sodium fluoride soln 0.125
 mg/drop f (0.275 mg/drop naf)**
 142
**sodium fluoride soln 0.25 mg/drop
 f (from 0.55 mg/drop naf)** 142
**sodium fluoride soln 0.5 mg/ml f
 (from 1.1 mg/ml naf)** 141
**sodium fluoride tab 0.5 mg f (from
 1.1 mg naf)** 142
**sodium hyaluronate
 (viscosupplement)**
 see EUFLEXXA INJ 10MG/ML..... 150
 see VISCO-3 INJ 25/2.5ML..... 150
sodium oxybate
 see XYREM SOL 500MG/ML 160
sodium phenylbutyrate tab 500 mg
 117
**sodium phosphate monobasic-
 sodium phosphate dibasic**
 see OSMOPREP TAB 1.5GM 132
sodium phosphates - enema 132
**sodium picosulfate-magnesium
 oxide-anhydrous citric acid**
 see CLENPIQ SOL 130
 see PREPOPIK PAK 131
**sodium polystyrene sulfonate oral
 susp 15 gm/60ml** 144
**sodium polystyrene sulfonate
 powder** 144
**sodium sulfate-potassium sulfate-
 magnesium sulfate**
 see SUPREP BOWEL SOL PREP KIT
 131
 SOFOS/VELPAT TAB 400-100 88
sofosbuvir
 see SOVALDI TAB 400MG..... 88
sofosbuvir-velpatasvir-voxilaprevir
 see VOSEVI TAB 88
solifenacin succinate tab 10 mg 171
solifenacin succinate tab 5 mg.. 171
 SOLIQUA INJ 100/33 43
somatropin
 see OMNITROPE INJ 10/1.5ML.... 116
 see OMNITROPE INJ 5.8MG 116
 see OMNITROPE INJ 5/1.5ML..... 116
 SOMAVERT INJ 10MG 116

SOMAVERT INJ 15MG 116
 SOMAVERT INJ 20MG 116
sonidegib phosphate
 see ODOMZO CAP 200MG 69
sorafenib tosylate
 see NEXAVAR TAB 200MG 73
sotalol hcl (afib/afl) tab 120 mg .90
sotalol hcl (afib/afl) tab 160 mg .90
sotalol hcl (afib/afl) tab 80 mg ...90
sotalol hcl tab 120 mg90
sotalol hcl tab 160 mg90
sotalol hcl tab 240 mg90
sotalol hcl tab 80 mg90
 SOVALDI TAB 400MG 88
spacer/aerosol-holding chambers
 see INSPIRACHAMB MIS LARGE .. 136
spinosad susp 0.9% 112
 SPIRIVA AER 1.25MCG 27
 SPIRIVA CAP HANDIHLR 27
 SPIRIVA SPR 2.5MCG 27
spironolactone & hydrochlorothiazide
 see ALDACTAZIDE TAB 50/50 114
spironolactone & hydrochlorothiazide tab 25-25 mg 114
spironolactone tab 100 mg 115
spironolactone tab 25 mg 115
spironolactone tab 50 mg 115
 SPRYCEL TAB 100MG 73
 SPRYCEL TAB 140MG 73
 SPRYCEL TAB 20MG 73
 SPRYCEL TAB 50MG 73
 SPRYCEL TAB 70MG 73
 SPRYCEL TAB 80MG 73
 St Joseph Low Dose Aspiri
 see **aspirin chew tab 81 mg** 13
stavudine cap 15 mg 86
stavudine cap 20 mg 86
stavudine cap 30 mg 86
stavudine cap 40 mg 86
 STELARA INJ 45MG/0.5 108
 STELARA INJ 5MG/ML 121
 STELARA INJ 90MG/ML 108
 STIMATE SOL 1.5MG/ML 117
 Stimulant Laxative

see **bisacodyl tab delayed release 5 mg** 132
 STIOLTO AER 2.5-2.5 29
stiripentol
 see DIACOMIT CAP 250MG 33
 see DIACOMIT CAP 500MG 33
 see DIACOMIT PAK 250MG 33
 see DIACOMIT PAK 500MG 33
 STIVARGA TAB 40MG 73
 Stool Softener
 see **docusate calcium cap 240 mg** 132
 see **docusate sodium cap 100 mg** 132
 Stop Lice Complete Lice T
 see **pyreth-piperonyl butox sham-permeth aero-nit remover gel kit** 112
 Stop Lice Maximum Strengt
 see **pyrethrins-piperonyl butoxide liq 0.33-4%** 112
 Stress Formula W/iron
 see **multiple vitamins w/ iron tab** 145
 STRIBILD TAB 86
 STRIVERDI AER 2.5MCG 30
succimer
 see CHEMET CAP 100MG 51
sucralfate tab 1 gm 168
sucroferic oxyhydroxide
 see VELPHORO CHW 500MG 122
 SUDAFED PE SOL CHILDREN 152
sulconazole nitrate
 see EXELDERM SOL 1% 106
sulconazole nitrate cream 1% .. 106
sulconazole nitrate solution 1% 106
sulfacetamide sodium lotion 10% (acne) 104
sulfacetamide sodium ophth soln 10% 154
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% ... 155
sulfacetamide sodium-sulfur in urea emulsion 10-4% 104
 SULFADIAZINE TAB 500MG 164

sulfamethoxazole-trimethoprim	
<i>susp 200-40 mg/5ml</i>	21
sulfamethoxazole-trimethoprim tab	
400-80 mg	21
sulfamethoxazole-trimethoprim tab	
800-160 mg	21
SULFAMYLON CRE 85MG/GM	108
sulfasalazine tab 500 mg	121
sulfasalazine tab delayed release	
500 mg	121
sulindac tab 150 mg	10
sulindac tab 200 mg	10
sumatriptan succinate inj 6	
mg/0.5ml	138
sumatriptan succinate tab 100 mg	
.....	138
sumatriptan succinate tab 25 mg	
.....	138
sumatriptan succinate tab 50 mg	
.....	138
sunitinib malate	
see SUTENT CAP 12.5MG	73
see SUTENT CAP 25MG	73
see SUTENT CAP 37.5MG	73
see SUTENT CAP 50MG	73
SUPREP BOWEL SOL PREP KIT	131
SUTENT CAP 12.5MG.....	73
SUTENT CAP 25MG	73
SUTENT CAP 37.5MG.....	73
SUTENT CAP 50MG	73
suvorexant	
see BELSOMRA TAB 10MG	129
see BELSOMRA TAB 15MG.....	130
see BELSOMRA TAB 20MG.....	130
see BELSOMRA TAB 5MG.....	129
SYMBICORT AER 160-4.5.....	30
SYMBICORT AER 80-4.5.....	30
SYMJEPI INJ 0.15MG	174
SYMJEPI INJ 0.3MG	174
SYMLINPEN 60 INJ 1000MCG.....	41
SYMLINPEN 120 INJ 1000MCG	41
SYMPROIC TAB 0.2MG	122
SYMTUZA TAB	86
SYNAGIS INJ 100MG/ML	158
SYNAGIS INJ 50MG	158
SYNAREL SOL 2MG/ML	116
SYNJARDY TAB.....	44
SYNJARDY TAB 12.5-500	44
SYNJARDY TAB 5-1000MG	44
SYNJARDY TAB 5-500MG	44
SYNJARDY XR TAB	44
SYNJARDY XR TAB 10-1000	44
SYNJARDY XR TAB 25-1000	44
SYNJARDY XR TAB 5-1000MG.....	44
SYNTHROID TAB 100MCG	166
SYNTHROID TAB 112MCG	166
SYNTHROID TAB 125MCG	166
SYNTHROID TAB 137MCG	166
SYNTHROID TAB 150MCG	166
SYNTHROID TAB 175MCG	166
SYNTHROID TAB 200MCG	166
SYNTHROID TAB 25MCG.....	166
SYNTHROID TAB 300MCG	166
SYNTHROID TAB 50MCG.....	166
SYNTHROID TAB 75MCG.....	166
SYNTHROID TAB 88MCG.....	166
syringe (disposable)	
see 3ML SYRINGE MIS REG TIP...	136
T	
TABLOID TAB 40MG.....	68
tacrolimus cap 0.5 mg	144
tacrolimus cap 1 mg	144
tacrolimus cap 5 mg	144
tacrolimus oint 0.03%	111
tacrolimus oint 0.1%	111
tadalafil tab 20 mg (pah)	94
TAFINLAR CAP 50MG.....	73
TAFINLAR CAP 75MG.....	73
tafluprost	
see ZIOPTAN DRO 0.0015%	157
TAGRISSE TAB 40MG.....	73
TAGRISSE TAB 80MG.....	73
tamoxifen citrate tab 10 mg (base	
equivalent)	70
tamoxifen citrate tab 20 mg (base	
equivalent)	70
tamsulosin hcl cap 0.4 mg	123
tapentadol hcl	
see NUCYNTA ER TAB 100MG	15
see NUCYNTA ER TAB 150MG	15
see NUCYNTA ER TAB 200MG	15
see NUCYNTA ER TAB 250MG	15

see NUCYNTA ER TAB 50MG	15	terbinafine hcl tab 250 mg	53
see NUCYNTA TAB 100MG	15	terbutaline sulfate tab 2.5 mg	30
see NUCYNTA TAB 50MG	15	terbutaline sulfate tab 5 mg	30
see NUCYNTA TAB 75MG	15	terconazole vaginal cream 0.4%	
TARGRETIN GEL 1%	107	.....	174
TASIGNA CAP 150MG	73	terconazole vaginal cream 0.8%	
TASIGNA CAP 200MG	73	.....	174
TASIGNA CAP 50MG	73	terconazole vaginal suppos 80 mg	
tasimelteon		.....	174
see HETLIOZ CAP 20MG	130	teriflunomide	
TAYTULLA CAP 1MG/20MC	99	see AUBAGIO TAB 14MG	162
tazarotene		see AUBAGIO TAB 7MG	162
see TAZORAC CRE 0.05%	108	teriparatide (recombinant)	
see TAZORAC GEL 0.05%	108	see FORTEO INJ 620/2.48	115
see TAZORAC GEL 0.1%	108	testosterone cypionate im inj in oil	
tazarotene cream 0.1%	108	100 mg/ml	19
TAZORAC CRE 0.05%	108	testosterone cypionate im inj in oil	
TAZORAC GEL 0.05%	108	200 mg/ml	19
TAZORAC GEL 0.1%	108	testosterone enanthate im inj in oil	
TDVAX INJ 2-2 LF	167	200 mg/ml	19
telmisartan tab 20 mg	62	tetanus toxoid-diphtheria-acellular	
telmisartan tab 40 mg	62	pertussis adsorb (tdap)	
telmisartan tab 80 mg	62	see ADACEL INJ	167
temazepam cap 15 mg	129	see BOOSTRIX INJ	167
temazepam cap 30 mg	129	tetanus-diphtheria toxoids (td)	
TEMIXYS TAB 300-300	86	see TDVAX INJ 2-2 LF	167
temozolomide cap 100 mg	68	see TENIVAC INJ 5-2LF	167
temozolomide cap 140 mg	68	tetrabenazine tab 12.5 mg	162
temozolomide cap 180 mg	68	tetrabenazine tab 25 mg	162
temozolomide cap 20 mg	68	tetracycline hcl cap 250 mg	164
temozolomide cap 250 mg	68	tetracycline hcl cap 500 mg	164
temozolomide cap 5 mg	68	Tgt Antacid Extra Strengt	
TENIVAC INJ 5-2LF	167	see calcium carbonate-mag	
tenofovir alafenamide fumarate		hydroxide chew tab 675-135	
see VEMLIDY TAB 25MG	88	mg	20
tenofovir disoproxil fumarate tab		TGT GLUCOSE CHW GRAPE	45
300 mg	86	thalidomide	
terazosin hcl cap 1 mg (base		see THALOMID CAP 100MG	143
equivalent)	63	see THALOMID CAP 150MG	143
terazosin hcl cap 10 mg (base		see THALOMID CAP 200MG	143
equivalent)	63	see THALOMID CAP 50MG	143
terazosin hcl cap 2 mg (base		THALOMID CAP 100MG	143
equivalent)	63	THALOMID CAP 150MG	143
terazosin hcl cap 5 mg (base		THALOMID CAP 200MG	143
equivalent)	63	THALOMID CAP 50MG	143
terbinafine hcl cream 1%	107	theophylline soln 80 mg/15ml	30

theophylline tab er 12hr 100 mg .30	thyroid tab 15 mg (1/4 grain) .. 166
theophylline tab er 12hr 200 mg .30	thyroid tab 30 mg (1/2 grain) .. 166
theophylline tab er 12hr 300 mg .30	thyroid tab 60 mg (1 grain) 166
theophylline tab er 12hr 450 mg .30	thyroid tab 90 mg (1 1/2 grain) 166
theophylline tab er 24hr 400 mg .30	THYROLAR-1 TAB 60MG 166
theophylline tab er 24hr 600 mg .30	THYROLAR-1/2 TAB 30MG 166
THERANATAL MIS COMPLETE..... 149	THYROLAR-1/4 TAB 15MG 167
thiamine hcl tab 100 mg 176	THYROLAR-2 TAB 120MG..... 167
thiamine hcl tab 250 mg 176	THYROLAR-3 TAB 180MG..... 167
thiamine hcl tab 50 mg 176	thyrotropin alfa
thioguanine	see THYROGEN INJ 1.1MG 113
see TABLOID TAB 40MG..... 68	tiagabine hcl tab 12 mg 35
thioridazine hcl tab 10 mg 82	tiagabine hcl tab 16 mg 35
thioridazine hcl tab 100 mg 82	tiagabine hcl tab 2 mg 35
thioridazine hcl tab 25 mg 82	tiagabine hcl tab 4 mg 35
thioridazine hcl tab 50 mg 82	ticagrelor
thiothixene cap 1 mg 83	see BRILINTA TAB 60MG..... 125
thiothixene cap 10 mg 83	see BRILINTA TAB 90MG..... 125
thiothixene cap 2 mg 83	Tilia Fe
thiothixene cap 5 mg 83	see norethindrone ac-ethinyl
THYROGEN INJ 1.1MG 113	estradiol tab 1-20/1-30/1-35
thyroid	mg-mcg 98
see ARMOUR THYRO TAB 120MG. 165	timolol maleate ophth gel forming
see ARMOUR THYRO TAB 15MG .. 165	soln 0.25% 153
see ARMOUR THYRO TAB 180MG. 165	timolol maleate ophth gel forming
see ARMOUR THYRO TAB 240MG. 165	soln 0.5% 153
see ARMOUR THYRO TAB 300MG. 165	timolol maleate ophth soln 0.25%
see ARMOUR THYRO TAB 30MG .. 165	..... 153
see ARMOUR THYRO TAB 60MG .. 165	timolol maleate ophth soln 0.5%
see ARMOUR THYRO TAB 90MG .. 165	..... 153
see NATURE THROI TAB 162.5MG 165	timolol maleate tab 10 mg 90
see NATURE-THROI TAB 113.75MG	timolol maleate tab 20 mg 90
..... 166	timolol maleate tab 5 mg 90
see NATURE-THROI TAB 130MG .. 166	tinidazole tab 250 mg 21
see NATURE-THROI TAB 146.25MG	tinidazole tab 500 mg 21
..... 166	tioconazole vaginal oint 6.5% ... 174
see NATURE-THROI TAB 16.25MG 165	tiotropium bromide monohydrate
see NATURE-THROI TAB 195MG .. 166	see SPIRIVA AER 1.25MCG..... 27
see NATURE-THROI TAB 260MG .. 166	see SPIRIVA CAP HANDIHLR..... 27
see NATURE-THROI TAB 32.5MG. 165	see SPIRIVA SPR 2.5MCG 27
see NATURE-THROI TAB 325MG .. 166	tiotropium bromide-olodaterol hcl
see NATURE-THROI TAB 48.75MG 165	see STIOLTO AER 2.5-2.5 29
see NATURE-THROI TAB 65MG.... 165	tipranavir
see NATURE-THROI TAB 97.5MG. 166	see APTIVUS CAP 250MG 84
see WP THYROID TAB 81.25MG... 167	see APTIVUS SOL 84
thyroid tab 120 mg (2 grain) 166	TIVICAY PD TAB 5MG 86

TIVICAY TAB 10MG	87	topiramate tab 100 mg	34
TIVICAY TAB 25MG	87	topiramate tab 200 mg	34
TIVICAY TAB 50MG	87	topiramate tab 25 mg	34
tizanidine hcl tab 2 mg (base equivalent)	150	topiramate tab 50 mg	34
tizanidine hcl tab 4 mg (base equivalent)	150	toremifene citrate tab 60 mg (base equivalent)	70
TL FOLATE TAB.....	149	torseamide tab 10 mg	114
TOBRADEX OIN 0.3-0.1%	155	torseamide tab 100 mg	114
tobramycin nebu soln 300 mg/5ml	6	torseamide tab 20 mg	114
tobramycin ophth soln 0.3%	154	torseamide tab 5 mg	114
tobramycin-dexamethasone see TOBRADEX OIN 0.3-0.1%.....	155	TOUJEO MAX INJ 300IU/ML.....	49
tobramycin-dexamethasone ophth susp 0.3-0.1%	155	TOUJEO SOLO INJ 300IU/ML.....	49
tocilizumab see ACTEMRA INJ 162/0.9.....	8	TOVIAZ TAB 4MG	171
see ACTEMRA INJ 200/10ML.....	8	TOVIAZ TAB 8MG	171
see ACTEMRA INJ 400/20ML.....	8	TRACLEER TAB 32MG	94
see ACTEMRA INJ 80MG/4ML.....	8	TRADJENTA TAB 5MG.....	46
see ACTEMRA INJ ACTPEN.....	8	tramadol hcl tab 50 mg	17
TODAY SPONGE MIS	173	tramadol hcl tab er 24hr 100 mg	17
tofacitinib citrate see XELJANZ SOL 1MG/ML	7	tramadol hcl tab er 24hr 200 mg	17
see XELJANZ TAB 10MG.....	7	tramadol hcl tab er 24hr 300 mg	17
see XELJANZ TAB 5MG.....	7	tramadol hcl tab er 24hr biphasic release 100 mg	17
see XELJANZ XR TAB 11MG	7	tramadol hcl tab er 24hr biphasic release 200 mg	17
see XELJANZ XR TAB 22MG	7	tramadol hcl tab er 24hr biphasic release 300 mg	17
tolazamide tab 250 mg	51	tramadol-acetaminophen tab 37.5- 325 mg	18
tolazamide tab 500 mg	51	trametinib dimethyl sulfoxide see MEKINIST TAB 0.5MG	73
tolbutamide tab 500 mg	51	see MEKINIST TAB 2MG.....	73
tolcapone tab 100 mg	75	trandolapril tab 1 mg	60
tolmetin sodium cap 400 mg	10	trandolapril tab 2 mg	60
tolmetin sodium tab 200 mg	11	trandolapril tab 4 mg	60
tolmetin sodium tab 600 mg	11	tranexamic acid tab 650 mg	128
tolnaftate aerosol pow 1%	107	tranylcypromine sulfate tab 10 mg	36
tolnaftate cream 1%	107	trastuzumab-anns see KANJINTI INJ 420MG	68
tolnaftate powder 1%	107	see KANJINTI SOL 150MG.....	68
tolnaftate soln 1%	107	trastuzumab-dkst see OGIVRI INJ 150MG.....	69
tolterodine tartrate tab 1 mg	171	see OGIVRI INJ 420MG.....	69
tolterodine tartrate tab 2 mg	171	trastuzumab-dttb see ONTRUZANT INJ 150MG.....	69
tolvaptan tab 15 mg	118	see ONTRUZANT INJ 420MG.....	69
tolvaptan tab 30 mg	118	topiramate sprinkle cap 15 mg	34
topiramate sprinkle cap 15 mg	34	topiramate sprinkle cap 25 mg	34

trastuzumab-pkrb	
see HERZUMA INJ 150MG.....	68
see HERZUMA INJ 420MG.....	68
trastuzumab-qyyp	
see TRAZIMERA INJ 150MG.....	69
see TRAZIMERA INJ 420MG.....	69
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	
.....	157
TRAZIMERA INJ 150MG.....	69
TRAZIMERA INJ 420MG.....	69
trazodone hcl tab 100 mg	38
trazodone hcl tab 150 mg	38
trazodone hcl tab 50 mg	38
TRECATOR TAB 250MG.....	68
TRELEGY AER ELLIPTA.....	30
TRELSTAR MIX INJ 11.25MG.....	70
TRELSTAR MIX INJ 3.75MG.....	70
TREMFYA INJ 100MG/ML.....	108
treprostinil diolamine	
see ORENITRAM TAB 0.125MG.....	93
see ORENITRAM TAB 0.25MG.....	93
see ORENITRAM TAB 1MG.....	93
see ORENITRAM TAB 2.5MG.....	93
see ORENITRAM TAB 5MG.....	93
treprostinil inj soln 100 mg/20ml (5 mg/ml)	94
treprostinil inj soln 20 mg/20ml (1 mg/ml)	93
treprostinil inj soln 200 mg/20ml (10 mg/ml)	94
treprostinil inj soln 50 mg/20ml (2.5 mg/ml)	94
TRESIBA FLEX INJ 100UNIT.....	49
TRESIBA FLEX INJ 200UNIT.....	49
TRESIBA INJ 100UNIT.....	49
tretinoin cap 10 mg	74
tretinoin cream 0.025%	105
tretinoin cream 0.05%	104
tretinoin cream 0.1%	104
tretinoin gel 0.01%	105
tretinoin gel 0.025%	105
triamcinolone acetonide cream 0.025%	111
triamcinolone acetonide cream 0.1%	110
triamcinolone acetonide cream 0.5%	110
triamcinolone acetonide dental paste 0.1%	145
triamcinolone acetonide lotion 0.025%	111
triamcinolone acetonide lotion 0.1%	111
triamcinolone acetonide nasal aerosol suspension 55 mcg/act	151
triamcinolone acetonide oint 0.025%	111
triamcinolone acetonide oint 0.1%	111
triamcinolone acetonide oint 0.5%	111
triamterene & hydrochlorothiazide cap 37.5-25 mg	114
triamterene & hydrochlorothiazide tab 37.5-25 mg	114
triamterene & hydrochlorothiazide tab 75-50 mg	114
triamterene cap 100 mg	115
triamterene cap 50 mg	115
triazolam tab 0.125 mg	129
triazolam tab 0.25 mg	129
Tricon	
see fe fumarate w/ b12-vit c-fa- ifc cap 110-0.015-75-0.5-240 mg	127
trifluoperazine hcl tab 1 mg (base equivalent)	82
trifluoperazine hcl tab 10 mg (base equivalent)	82
trifluoperazine hcl tab 2 mg (base equivalent)	82
trifluoperazine hcl tab 5 mg (base equivalent)	82
trifluridine ophth soln 1%	154
trifluridine-tipiracil	
see LONSURF TAB 15-6.14.....	70
see LONSURF TAB 20-8.19.....	71
trihexyphenidyl hcl oral soln 0.4 mg/ml	74
trihexyphenidyl hcl tab 2 mg	74

trihexyphenidyl hcl tab 5 mg	74	TRULICITY INJ 4.5/0.5	47
TRIJARDY XR TAB	44	TWINRIX INJ.....	173
trimethobenzamide hcl cap 300 mg	52	TWIRLA DIS 120-30.....	100
trimethoprim tab 100 mg	21	TYBOST TAB 150MG.....	87
trimipramine maleate cap 100 mg	41	Tydemy see drospirenone-ethinyl estrad- levomefolate tab 3-0.03-0.451 mg	97
trimipramine maleate cap 25 mg	41	TYMLOS INJ	116
trimipramine maleate cap 50 mg	41	TYSABRI INJ 300/15ML	163
TRINATAL RX TAB 1	149	U	
Trinate see prenatal vit w/ fe fumarate-fa tab 28-1 mg	149	UBRELVY TAB 100MG.....	137
TRI-NORINYL TAB 28	99	UBRELVY TAB 50MG.....	137
TRINTELLIX TAB 10MG	38	ubrogepant see UBRELVY TAB 100MG	137
TRINTELLIX TAB 20MG	38	see UBRELVY TAB 50MG	137
TRINTELLIX TAB 5MG.....	38	ULESFIA LOT 5%.....	112
Triple Antibiotic Plus see neomycin-bacitracin- polymyxin-pramoxine oint 1%	105	ulipristal acetate see ELLA TAB 30MG	100
Triple Paste Af see miconazole nitrate ointment 2%	106	Ultra Choice Multivitamin see pediatric multiple vitamins w/ iron chew tab 18 mg	146
triptorelin pamoate see TRELSTAR MIX INJ 11.25MG ...	70	umeclidinium bromide see INCRUSE ELPT INH 62.5MCG ..	26
see TRELSTAR MIX INJ 3.75MG	70	umeclidinium-vilanterol see ANORO ELLIPT AER 62.5-25 ...	29
TRIUMEQ TAB	87	UNIFIBER POW.....	130
TRI-VI-SOL SOL A/C/D	147	upadacitinib see RINVOQ TAB 15MG ER.....	7
Tri-vitamin/fluoride see pediatric vitamins acid w/ fluoride soln 0.25 mg/ml	146	UPTRAVI TAB 1000MCG.....	94
see pediatric vitamins acid w/ fluoride soln 0.5 mg/ml	146	UPTRAVI TAB 1200MCG.....	94
TROJAN MIS.....	134	UPTRAVI TAB 1400MCG.....	94
TROJAN MIS NATULAMB	134	UPTRAVI TAB 1600MCG.....	95
tropicamide ophth soln 0.5%	153	UPTRAVI TAB 200/800	94
tropicamide ophth soln 1%	153	UPTRAVI TAB 200MCG	94
trospium chloride cap er 24hr 60 mg	171	UPTRAVI TAB 200MCG	94
trospium chloride tab 20 mg	171	UPTRAVI TAB 400MCG	94
TRUE METRIX KIT AIR	135	UPTRAVI TAB 600MCG	94
TRUE METRIX TES GLUCOSE	113	UPTRAVI TAB 800MCG	94
TRULICITY INJ 0.75/0.5.....	46	ursodiol cap 300 mg	120
TRULICITY INJ 1.5/0.5	47	ursodiol tab 250 mg	120
TRULICITY INJ 3/0.5	47	ursodiol tab 500 mg	120
		ustekinumab see STELARA INJ 45MG/0.5.....	108
		see STELARA INJ 90MG/ML	108
		ustekinumab (iv) see STELARA INJ 5MG/ML	121

V	
valacyclovir hcl tab 1 gm	88
valacyclovir hcl tab 500 mg	88
valganciclovir hcl for soln 50 mg/ml (base equiv)	87
valganciclovir hcl tab 450 mg (base equivalent)	87
valproate sodium oral soln 250 mg/5ml (base equiv)	36
valproic acid cap 250 mg	36
valsartan tab 160 mg	62
valsartan tab 320 mg	62
valsartan tab 40 mg	62
valsartan tab 80 mg	62
valsartan-hydrochlorothiazide tab 160-12.5 mg	65
valsartan-hydrochlorothiazide tab 160-25 mg	66
valsartan-hydrochlorothiazide tab 320-12.5 mg	66
valsartan-hydrochlorothiazide tab 320-25 mg	66
valsartan-hydrochlorothiazide tab 80-12.5 mg	65
VALTOCO SPR 10MG	32
VALTOCO SPR 15MG	32
VALTOCO SPR 20MG	33
VALTOCO SPR 5MG	32
vancomycin hcl	
see FIRVANQ SOL 25MG/ML	22
see FIRVANQ SOL 50MG/ML	22
vandetanib	
see CAPRELSA TAB 100MG	71
see CAPRELSA TAB 300MG	71
VAQTA INJ 25/0.5ML.....	173
VAQTA INJ 50UNT/ML.....	173
varenicline tartrate	
see CHANTIX PAK 0.5& 1MG	163
see CHANTIX TAB 0.5MG	163
see CHANTIX TAB 1MG	163
V-c Forte	
see multiple vitamins w/ minerals cap	145
VCF VAGINAL AER CONTRACP	173
VCF VAGINAL GEL CONTRACE	173
VCF VAGINAL MIS CONTRACP.....	173
VECAMYL TAB 2.5MG	66
Velivet	
see desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	97
VELPHORO CHW 500MG	122
VEMLIDY TAB 25MG.....	88
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	39
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	39
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	39
venlafaxine hcl tab 100 mg (base equivalent)	39
venlafaxine hcl tab 25 mg (base equivalent)	39
venlafaxine hcl tab 37.5 mg (base equivalent)	39
venlafaxine hcl tab 50 mg (base equivalent)	39
venlafaxine hcl tab 75 mg (base equivalent)	39
VENTAVIS SOL 10MCG/ML.....	94
VENTAVIS SOL 20MCG/ML.....	94
verapamil hcl cap er 24hr 100 mg	92
verapamil hcl cap er 24hr 120 mg	92
verapamil hcl cap er 24hr 180 mg	92
verapamil hcl cap er 24hr 240 mg	92
verapamil hcl cap er 24hr 300 mg	92
verapamil hcl cap er 24hr 360 mg	92
verapamil hcl tab 120 mg	93
verapamil hcl tab 40 mg	92
verapamil hcl tab 80 mg	92
verapamil hcl tab er 120 mg	93
verapamil hcl tab er 180 mg	93
verapamil hcl tab er 240 mg	93
VEREGEN OIN 15%.....	105
VICTOZA INJ 18MG/3ML.....	47
VIDEX EC CAP 125MG	87

vigabatrin powd pack 500 mg35
vigabatrin tab 500 mg.....35
Vigadrone
 see **vigabatrin powd pack 500 mg**
 35
VIIBRYD KIT STARTER.....38
VIIBRYD TAB 10MG.....38
VIIBRYD TAB 20MG.....38
VIIBRYD TAB 40MG.....38
vilazodone hcl
 see VIIBRYD KIT STARTER38
 see VIIBRYD TAB 10MG38
 see VIIBRYD TAB 20MG38
 see VIIBRYD TAB 40MG38
VIMPAT SOL 10MG/ML.....34
VIMPAT TAB 100MG34
VIMPAT TAB 150MG34
VIMPAT TAB 200MG34
VIMPAT TAB 50MG.....34
VINATE II TAB.....149
VINATE M TAB.....149
VIRACEPT TAB 250MG87
VIRACEPT TAB 625MG87
Virt-caps
 see **b-complex w/ c & folic acid**
 cap 1 mg145
Virt-phos 250 Neutral
 see **pot phos monobasic w/sod**
 phos di & monobas tab 155-
 852-130mg142
VISCO-3 INJ 25/2.5ML150
vismodegib
 see ERIVEDGE CAP 150MG69
Vita-bee/c
 see **b-complex w/ c & folic acid**
 tab145
VITAFOL-OB TAB 65-1MG149
vitamin b-6 tab 200mg tr176
VIVITROL INJ 380MG52
VOL-PLUS TAB.....149
VOL-TAB RX TAB149
VOLTAREN GEL 1%105
vorapaxar sulfate
 see ZONTIVITY TAB 2.08MG125
voriconazole tab 200 mg53
voriconazole tab 50 mg53

vorinostat
 see ZOLINZA CAP 100MG.....74
vortioxetine hbr
 see TRINTELLIX TAB 10MG.....38
 see TRINTELLIX TAB 20MG.....38
 see TRINTELLIX TAB 5MG38
VOSEVI TAB88
VOTRIENT TAB 200MG73
VRAYLAR CAP 1.5MG.....77
VRAYLAR CAP 3MG77
VRAYLAR CAP 4.5MG.....77
VRAYLAR CAP 6MG77
VYVANSE CAP 10MG2
VYVANSE CAP 20MG2
VYVANSE CAP 30MG2
VYVANSE CAP 40MG2
VYVANSE CAP 50MG2
VYVANSE CAP 60MG2
VYVANSE CAP 70MG2
W
Wal-dryl Allergy Relief C
 see **diphenhydramine hcl tab**
 disint 12.5 mg54
Wal-dryl Pe Allergy/sinu
 see **diphenhydramine-**
 phenylephrine tab 25-10 mg 102
Wal-itin Aller-melts
 see **loratadine rapidly-**
 disintegrating tab 10 mg54
Wal-tap Cold & Allergy
 see **brompheniramine &**
 pseudoephedrine elixir 1-15
 mg/5ml.....102
warfarin sodium
 see COUMADIN TAB 10MG30
 see COUMADIN TAB 1MG30
 see COUMADIN TAB 2.5MG30
 see COUMADIN TAB 2MG30
 see COUMADIN TAB 3MG30
 see COUMADIN TAB 4MG30
 see COUMADIN TAB 5MG30
 see COUMADIN TAB 6MG30
 see COUMADIN TAB 7.5MG30
warfarin sodium tab 1 mg.....30
warfarin sodium tab 10 mg.....30
warfarin sodium tab 2 mg.....30

warfarin sodium tab 2.5 mg	30	XOLAIR INJ 150MG/ML	26
warfarin sodium tab 3 mg	30	XOLAIR INJ 75/0.5	26
warfarin sodium tab 4 mg	30	XOLAIR SOL 150MG	26
warfarin sodium tab 5 mg	30	Xulane	
warfarin sodium tab 6 mg	30	see norelgestromin-ethinyl	
warfarin sodium tab 7.5 mg	30	estradiol td ptwk 150-35	
water for irrigation, sterile		mcg/24hr	100
irrigation soln	144	XULTOPHY INJ 100/3.6.....	45
Wee Care		XYREM SOL 500MG/ML.....	160
see carbonyl iron susp 15		Y	
mg/1.25ml (elemental iron)	127	YASMIN 28 TAB 3-0.03MG	99
wheat dextrin oral powder	130	YAZ TAB 3-0.02MG	99
white petrolatum-mineral oil ophth		Z	
ointment	153	zafirlukast tab 10 mg	27
WIDE-SEAL DPR KIT 60	134	zafirlukast tab 20 mg	27
WIDE-SEAL DPR KIT 65	134	zaleplon cap 10 mg	129
WIDE-SEAL DPR KIT 70	134	zaleplon cap 5 mg	129
WIDE-SEAL DPR KIT 75	134	zanamivir	
WIDE-SEAL DPR KIT 80	134	see RELENZA MIS DISKHALE	88
WIDE-SEAL DPR KIT 85	134	zanubrutinib	
WIDE-SEAL DPR KIT 90	134	see BRUKINSA CAP 80MG	71
WIDE-SEAL DPR KIT 95	134	ZARXIO INJ 300/0.5	127
WP THYROID TAB 81.25MG	167	ZARXIO INJ 480/0.8	127
X		ZEJULA CAP 100MG	74
XALKORI CAP 200MG	73	ZENPEP CAP 10000UNT	113
XALKORI CAP 250MG	74	ZENPEP CAP 15000UNT	113
XARELTO STAR TAB 15/20MG.....	31	ZENPEP CAP 20000UNT	113
XARELTO TAB 10MG.....	31	ZENPEP CAP 25000	113
XARELTO TAB 15MG.....	31	ZENPEP CAP 3000UNIT.....	113
XARELTO TAB 2.5MG.....	31	ZENPEP CAP 40000	113
XARELTO TAB 20MG.....	31	ZENPEP CAP 5000UNIT.....	113
XELJANZ SOL 1MG/ML	7	ZEPATIER TAB 50-100MG	88
XELJANZ TAB 10MG	7	zidovudine cap 100 mg	87
XELJANZ TAB 5MG	7	zidovudine syrup 10 mg/ml	87
XELJANZ XR TAB 11MG.....	7	zidovudine tab 300 mg	87
XELJANZ XR TAB 22MG.....	7	ZIEXTENZO INJ 6/0.6ML.....	127
XGEVA INJ.....	116	zileuton tab er 12hr 600 mg	27
XIFAXAN TAB 200MG	21	zinc sulfate cap 220 mg (50	
XIFAXAN TAB 550MG	21	elemental zn)	143
XIGDUO XR TAB 10-1000.....	45	Zinc-220	
XIGDUO XR TAB 10-500MG	44	see zinc sulfate cap 220 mg (50	
XIGDUO XR TAB 2.5-1000.....	44	mg elemental zn)	143
XIGDUO XR TAB 5-1000MG	44	ZINC-OXYDE OIN 0.44-20%.....	112
XIGDUO XR TAB 5-500MG.....	44	ZIOPTAN DRO 0.0015%	157
XOFLUZA TAB 20MG.....	88	ziprasidone hcl cap 20 mg	77
XOFLUZA TAB 40MG.....	88	ziprasidone hcl cap 40 mg	77

ziprasidone hcl cap 60 mg	77	zonisamide cap 50 mg	35
ziprasidone hcl cap 80 mg	77	ZONTIVITY TAB 2.08MG	125
ZIRGAN GEL 0.15%	154	ZORTRESS TAB 0.25MG	144
ZOLADEX IMP 10.8MG	70	ZORTRESS TAB 0.5MG	144
ZOLADEX IMP 3.6MG.....	70	ZORTRESS TAB 0.75MG	144
ZOLINZA CAP 100MG	74	ZORTRESS TAB 1MG.....	144
zolmitriptan nasal spray 2.5		ZOSTAVAX INJ.....	173
mg/spray unit	138	zoster vaccine live	
zolmitriptan nasal spray 5		see ZOSTAVAX INJ.....	173
mg/spray unit	138	zoster vaccine recombinant	
zolmitriptan orally disintegrating		adjuvanted	
tab 2.5 mg	139	see SHINGRIX INJ 50/0.5ML.....	173
zolmitriptan orally disintegrating		Z-TUSS AC LIQ 2-9/5ML.....	103
tab 5 mg	139	ZYDELIG TAB 100MG	74
zolmitriptan tab 2.5 mg	139	ZYDELIG TAB 150MG	74
zolmitriptan tab 5 mg	139	ZYKADIA CAP 150MG	74
zolpidem tartrate tab 10 mg	129	ZYLET SUS 0.5-0.3%	155
zolpidem tartrate tab 5 mg	129	ZYPREXA RELP INJ 210MG	81
zonisamide cap 100 mg	35	ZYPREXA RELP INJ 300MG	81
zonisamide cap 25 mg	34	ZYPREXA RELP INJ 405MG	81