

**April 2023**

**Molina Healthcare of Washington  
Apple Health (Medicaid)**

**Preferred Drug List  
(Formulary)**

MHW Part #1239-2302  
MHW-3/21/2023  
30862FMLMDWAEN 230321



# Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

04/01/2023

## INTRODUCTION

We are pleased to provide the 2023 *Molina Healthcare of Washington Apple Health (Medicaid) Preferred Drug List (Formulary)* as a useful reference and informational tool. This document can assist medical providers in selecting clinically-appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by Pharmacy and Therapeutics (P&T) Committee and Washington State Drug Utilization Review (DUR) Board, and are approved for inclusion. The document is reflective of current medical practice as of the date of review.

The information contained in this document and its appendices is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. All the information in the document is provided as a reference for drug therapy selection.

The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

## PREFACE

The document is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action. Products are listed by generic name with brand name for reference only. Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of a Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an advisory body of clinical professionals. The P&T Committee's voting members include physicians and pharmacists, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

## DRUG LIST PRODUCT DESCRIPTIONS

To assist in understanding which specific strengths and dosage forms on the document are covered, general principles are noted below.

- The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).
- The second column (Requirements/Limits) contains any special requirements for coverage of your drug.
- If the OTC and Prescription versions of the product are covered, then both are listed.
- Extended-release and delayed-release products require their own entry.
- Dosage forms on the document will be consistent with the category and use where listed.

## PRESCRIPTION QUANTITIES

Prescriptions should be written for a therapeutic supply of medications (the amount to appropriately treat a medical condition) up to a maximum of a 30-day supply. Trial quantities may be used when trying new treatments, if appropriate. Drugs listed with DS indicator are covered up to a 90-day supply.

## GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product. In this document, *lowercase italicized type* indicates generic availability. In most instances, a brand-name drug for which a generic product becomes available will become non-formulary, with the generic product covered in its place, upon release of the generic product into the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness, and are manufactured under the same strict standards that apply to brand-name drugs.
- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug (bioequivalence). Generics may be different from the brand in size, color and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug (therapeutic equivalence).

## PLAN DESIGN

The document represents a closed formulary plan design and does not have any tiering. The medications listed on the document are covered by the plan as represented. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior Authorization, Quantity Limits, etc.); requests for use of such medications outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Medical necessity or formulary exception requests will be reviewed based on drug-specific prior authorization criteria or standard non formulary prescription request criteria. Log in to [www.molinahealthcare.com](http://www.molinahealthcare.com) to check coverage.

## PRIOR AUTHORIZATION REQUEST PROCEDURE

Prescriptions for medications requiring prior approval or for medications not included on the Molina Drug Formulary may be approved when medically necessary and when formulary options have demonstrated ineffectiveness. When these exceptional situations arise, the physician may fax a completed drug prior authorization form to Molina at (800) 869-7791. The forms may be obtained by logging into the website [www.molinahealthcare.com](http://www.molinahealthcare.com). Trials of pharmaceutical samples will not be considered as rationale for approving a prior authorization request.

## LOST, STOLEN, OR DESTROYED BENEFIT

Covered up to a ninety (90) day supply as an early prescription refill for prescriptions that are lost, stolen, or destroyed once per prescription per 6-month period. The period replacement prescription shall be for the same quantity and number of days of supply as the lost, stolen, or destroyed prescription. Exceptions to the 6-month period may be granted for extreme circumstances (e.g. fire, flood, natural disaster, etc.) at Molina's discretion.

## VACATION BENEFIT

Covered once every 6 months, up to a ninety (90) day supply as an early prescription refill for a vacation for each prescription due during the vacation period.

## PRIOR AUTHORIZATION HELPFUL HINTS

To ensure the quickest response possible from Molina Healthcare of Washington's Pharmacy Department, please provide relevant information with the prior authorization request. The following are examples:

### Class of Medication/Diagnosis

- Cholesterol Lowering
- Diabetes
- Non-Formulary/Non-Preferred Medication

### Requested Clinical Information

- Lipid Panel, Cardiovascular risk factors
- A1c Report
- Medication Log and/or Progress Notes documenting previous use of Formulary medications

## CONTRACEPTIVES

Contraceptives require an EA code. Please see below for available EA codes.

## EXCLUDED MEDICATIONS

Please note that certain medications are not covered. These include, but are not limited to:

- Appetite Suppressants and other drugs used for weight loss
- Medications used for the treatment of infertility, impotence and sexual dysfunction
- Medications used for cosmetic purposes
- Experimental or Investigational Medications
- Pharmaceuticals determined by the Federal Drug Administration (FDA) to be less than effective and identical, related, or similar drugs (frequently referred to as “DESI 5 and 6” drugs)
- Drugs from a labeler without a federal rebate agreement
- Agents used for symptomatic relief of cough and colds not included on HCA-specific list
- Agents used for aid in dying
- Drugs prescribed specifically for medical studies
- Standard Infant Formulas, enteral nutrition
- Medical Food
- Drugs not FDA-approved or licensed for use in the United States
- Products FDA-approved as medical devices

## Non-Contracted Drugs (medications covered under the Apple Health Fee-for-Service program):

The following types of medications are covered by the Apple Health Fee-for-Service program directly, even when the member is enrolled in Molina managed care. For questions about a benefit or service listed here, call Apple Health Customer Service at (800) 562-3022.

- Aducanumab-avwa (Aduhelm™)
- Afamelanotide (Scenesse®)
- Agalsidase Beta (Fabrazyme®)
- Alglucosidase Alfa (Lumizyme®)
- Allergenic processed thymus tissue-agdc (Rethymic®)
- Vutrisiran (Amvuttra™)
- Alpelisib (Vijoice®)
- tauroursodeoxycholic acid/sodium phenylbutyrate (Relyvrio)
- Asfotase Alfa (Strensiq®)
- ATA-129 (tabelecleucel®)
- ATB200 (cipaglucosidase alfa)
- Avacopan (Tavneos™)
- Avalglucosidase Alfa (Nexviazyme™)
- Axicabtagene ciloleucel (Yescarta®)
- Bardoxolone methyl
- Berotralstat Hcl (Orladeyo™)
- Betibeglogene autotemcel (Zynteglo)
- Brexucabtagene autoleucel (Tecartus™)

- Burossumab-twza (Crysvita®)
- C1 Esterase Inhibitor (Human) (Berinert®)
- C1 Esterase Inhibitor (Human) (Cinryze®)
- C1 Esterase Inhibitor (Human) (Haegarda®)
- C1 Esterase Inhibitor (Recombinant) (Ruconest®)
- Casimersen (Amondys 45™)
- Cenegermin-bkbj (Oxervate™)
- Cerliponase alfa (Brineura™)
- Ciltacabtagene autoleucel (Carvykti™)
- Citrulline (Urea Cycle) (Citrulline Easy)
- Crizanlizumab (Adakveo®)
- Cysteamine Bitartrate (Cystagon®)
- Cysteamine Bitartrate (Procysbi®)
- Donislecel (Lantidra™)
- Ecallantide (Kalbitor®)
- Eculizumab (Soliris®)
- Edaravone (Radicava™)
- Elapegademase-lvlr (Revcovi™)
- Elosulfase Alfa (Vimizim®)
- Emapalumab (Gamifant™)
- Eteplirsen (Exondys51™)
- Evinacumab (Evkeeza™)
- Filsuvez
- Fosdenopterin (Nulibry™)
- Galsulfase (Naglazyme®)
- Givosiran (Givlaari™)
- Glycerol Phenylbutyrate (Ravicti®)
- Golodirsen (Vyondys 53™)
- Hemophiliac Products – Anti-hemophiliac blood factors VII, VIII, and IX, antiinhibitor, and biological products FDA approved with an indication for use in treatment of hemophilia or von Willebrand disease when distributed for administration in the Enrollee’s home or other outpatient setting.
- Icatibant Acetate (Firazyr®)
- Icatibant Acetate
- Icatibant Acetate (Sajazir™)
- Idecabtagene vicleucel (Abecma®)
- Idursulfase (Elaprase®)
- Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to any other contracted service related to the diagnosis or treatment of Hepatitis C.
- Inebilizumab-cdon (Uplinza®)
- Inotersen (Tegsedi®)
- Interferon Gamma-1B (Actimmune®)
- Lanadelumab-flyo (Takhzyro®)
- Laronidase (Aldurazyme®)
- Lenacapavir sodium subcutaneous soln (Sunlenca)
- Levoketoconazole (Recorlev®)
- Lisocabtagene maraleucel (Breyanzi®)
- Lonafarnib (Zokinvy™)

- Lumasiran (Oxlumo™)
- Luspatercept (Reblozyl®)
- Lutetium Lu 177 dotatate (Lutathera®)
- Lutetium Lu 177 vipivotide tetraxetan (Pluvicto™)
- Maralixibat Chloride (Livmarli®)
- Metreleptin (Myalept®)
- Nitisinone
- Migalastat (Galafold®)
- Mitapivat sulfate (Pyrukynd®)
- Nitisinone (Nityr®)
- Nitisinone (Orfadin®)
- Nusinersen (Spinraza®)
- Odevixibat (Bylvay™)
- OMS721 (Narsoplimab)
- Onasemnogene abeparvovec-Xioi (Zolgensma®)
- Osilodrostat phosphate (Isturisa®)
- OTL-200
- Patisiran (Onpattro®)
- Pegcetacoplan (Empaveli™)
- Pegvaliase-pqz (Palynziq™)
- Plasminogen (Ryplazim®)
- Ravulizumab-cwvz (Ultomiris®)
- Risdiplam (Evrysdi™)
- Sapropterin (Kuvan®, Javygtor)
- Satralizumab-mwge (Enspryng™)
- Sebelipase Alfa (Kanuma®)
- Sodium Phenylbutyrate (Buphenyl®)
- Sodium Phenylbutyrate (Pheburane®)
- Sutimlimab (Enjaymo™)
- Tafamidis (Vyndamax®)
- Tafamidis meglumine (Vyndaqel®)
- Teprotumumab-trbw (Teppeza®)
- Tisagenlecleucel-t (Kymriah™)
- Triheptanoin (Dojolvi™)
- Valoctocogene roxaparvovec (Roctavian)
- Viltolarsen (Viltepsa®)
- Vestronidase alfa (Mepsevii™)
- Voretigene neparvovec-rzyl (Luxturna™)
- Vosoritide (Voxzogo™)
- Pyrimethamine (Daraprim®)
- Pyrimethamine (Pyrimethamine)
- Teduglutide (RDNA) (Gattex®)
- Pegloticase (Krystexxa®)
- Eliglustat Tartrate (Cerdelga®)
- Imiglucerase (Cerezyme®)
- Taliglucerase Alfa (Elelyso®)
- Miglustat (Miglustat)
- Velaglucerase Alfa (Vpriv®)

- Miglustat (Zavesca®)
- Pegzilarginase (AEB1102)
- Etranacogene Dezaparvovec (AMT-061)
- Lecanemab (Leqembi)
- Copper Histidinate (CUTX-101)
- Donanemab (Donanemab)
- Olipudase Alfa-RPCP (Xenpozyme™)
- Olipudase Alfa (GZ402665)
- Bulevirtide (Myrcludex B)
- Omaveloxolone (Omax)
- Teplizumab (Tzield™)
- Vamorolone (VBP15)
- Efgartigimod Alfa-FCAB (Vyvgart®)
- Sipuleucel-T (Provenge®)
- Ibalizumab-Uiyk (Trogarzo™)
- Enfuvirtide (Fuzeon®)
- Zidovudine (Retrovir IV Infusion)
- Cabotegravir (Apretude)
- Cabotegravir & Rilpivirine (Cabenuva)
- Elivaldogene Autotemcel (Skysona)

## **MOLINA BEHAVIORAL HEALTH PROVIDER RESOURCES**

### **Second Opinion Program**

The Second Opinion Program is designed to improve prescribing practices for children ages 17 and younger. In collaboration with The Pediatric Mental Health Advisory Group and the Drug Utilization Review Board, the agency established pediatric mental health guidelines to identify children who may be at high risk due to off-label use of prescription medication, use of multiple medications, high medication dosage, or lack of coordination among multiple prescribing providers.

The guidelines include, but are not limited to, the following:

- Alpha-agonists age and dose limits
- Antidepressant therapy duplications
- Antipsychotic age and dose limits
- Antipsychotic therapy duplications
- Attention deficit hyperactivity disorder (ADHD) age and dose limits
- ADHD therapy duplications
- Insomnia medications
- Mental Health Polypharmacy (medication therapy includes five or more mental health drugs)

Seattle Children's Hospital provides pediatric mental health second-opinion medication reviews. Second-opinion reviews are required when a psychiatric medication is prescribed outside of guidelines set by the Pediatric Mental Health Workgroup. Seattle Children's Hospital schedules second-opinion reviews between their psychiatrists and the pediatric prescribers within Molina's network after the Seattle Children's Hospital Second Opinion Network (SON) Program receives the necessary information about the child and the requested medication dosage. In addition, they are responsible for sending the written second opinion review back to the Washington State Health Care Authority (HCA).



As part of the authorization process, prescribers are required to engage in a phone consultation from the SON. If a SON review is required, the SON team will call the prescriber to schedule an appointment. To receive payment for the phone consultation, use procedure code 99441 on the claim. If you are a prescriber and have any questions, please contact Molina at (800) 869-7165.

## Health Care Authority (HCA) - Antipsychotic Age and Dose Limitations

Drug	Under 3 years*	3-5 years*	6-12 years*	13-17 years*
<b>Injectable formulations:</b>				
All 2nd generation injectable products	0	0	0	0
<b>Oral formulations:</b>				
aripiprazole, Abilify	0	5 mg per day	20 mg per day	30 mg per day
Caplyta (lumateperone)	0	0	0	0
clozapine, Clozaril, Fazaclo, Versacloz	0	0	0	700 mg per day
Fanapt (iloperidone)	0	0	0	0
haloperidol, Haldol	0	0	10 mg per day	15 mg per day
Latuda (lurasidone)	0	0	40 mg per day	80 mg per day
olanzapine, Zyprexa/ Zydis	0	0	10 mg per day	20 mg per day
Lybalvi (olanzapine-samidorphan)	0	0	0	0
Nuplazid (pimavanserin tartate)	0	0	0	0
paliperidone, Invega	0	0	0	0
perphenazine, Trilafon	0	0	12 mg per day	24 mg per day
quetiapine/ XR, Seroquel/ XR	0	0	400 mg per day	800 mg per day
Rexulti (brexpiprazole)	0	0	0	0
risperidone, Risperdal/ M-Tab	0	2 mg per day	4 mg per day	6 mg per day
Saphris (asenapine)	0	0	0	0
Vraylar (cariprazine)	0	0	0	0
ziprasidone, Geodon	0	0	80 mg per day	160 mg per day

\*A zero indicates the need for a HCA-approved second opinion for any dose

## Alpha-agonist age and dose limits

Drug	0-3 years of age	4-5 years of age	6-8 years of age	9-17 years of age
Catapres® (clonidine)	PA required	0.2 mg	0.3 mg	0.4 mg
Intuniv® (guanfacine SR)	PA required	2mg	3 mg	4 mg
Kapvay® (clonidine SR)	PA required	0.2 mg	0.3 mg	0.4 mg
Tenex® (guanfacine)	PA required	2mg	3 mg	4 mg

## Attention Deficit Hyper Disorder age and dose limits

Drug	0-4 years of age	5-8 years of age	9-11 years of age	12-17 years of age
Amphetamine	PA required	35 mg	45 mg	60 mg
Atomoxetine	PA required	120 mg	120 mg	120 mg
Clonidine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Dexmethylphenidate	PA required	35 mg	45 mg	60 mg
Guanfacine IR and ER	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose	Alpha-Agonist Age/Dose
Lisdexamfetamine	PA required	60 mg	75 mg	100 mg
Methylphenidate	PA required	70 mg	90 mg	120 mg
Methylphenidate patch	PA required	35 mg	45 mg	60 mg
Modafinil	PA required	PA required	PA required	PA required
Serdexmethylphenidate-Dexmethylphenidate	PA required	PA required	PA required	PA required

## Qelbree table

Drug	0-5 years of age	6-17 years of age
Viloxazine	PA required	400 mg

## Attention Deficit Hyper-Activity Disorder duplication for ages 0-17

DRUG	Amphetamine/Dextroamphetamine	Atomoxetine	Viloxazine	Dexmethylphenidate	Serdexmethylphenidate-Dexmethylphenidate	Clonidine IR and ER	Guanfacine IR and ER	Lisdexamfetamine	Methylphenidate	Armodafinil/Modafinil
Amphetamine/Dextroamphetamine		PA required	PA required	PA required	PA required				PA required	PA required
Armodafinil/Modafinil	PA required	PA required	PA required	PA required	PA required			PA required	PA required	
Atomoxetine	PA required			PA required	PA required			PA required	PA required	PA required
Viloxazine	PA required			PA required	PA required	PA required	PA required	PA required	PA required	PA required
Dexmethylphenidate		PA required	PA required		PA required					
Serdexmethylphenidate-Dexmethylphenidate	PA required	PA required	PA required	PA required				PA required		PA required
Clonidine IR and ER			PA required							
Guanfacine IR and ER			PA required							
Lisdexamfetamine		PA required	PA required	PA required	PA required				PA required	PA required
Methylphenidate	PA required	PA required	PA required					PA required		PA required

## Second Generation Antidepressant Chart for ages 0-17

Class	SSRI	TeCA	NDRI	SNRI	SMM
SSRI (Selective Serotonin Reuptake Inhibitor)	PA			PA	PA
TeCA (Alpha-2 Receptor Antagonists – Tetracyclics)		PA	PA	PA	PA
NDRI (Norepinephrine - Dopamine Reuptake Inhibitor)		PA	PA		

SNRI (Serotonin Norepinephrine Reuptake Inhibitor)	PA	PA	PA	PA
SMM (Serotonin Modulator - Miscellaneous)	PA	PA	PA	PA

SSRI	TeCA	NDRI	SNRI	SMM
Brisdelle (paroxetine)	Ludiomil (maprotiline)	Aplenzin (bupropion)	Cymbalta (duloxetine)	Serzone (nefazodone)
Celexa (citalopram)	Remeron (mirtazapine)	Forfivo (bupropion)	Desvenlafaxine ER	Trintellix (vortioxetine)
Lexapro (escitalopram)		Wellbutrin (bupropion)	Effexor (venlafaxine)	Viibryd (vilazodone)
Luvox (fluvoxamine)			Fetzima (levomilnacipran)	
Paxil (paroxetine)			Pristiq (desvenlafaxine)	
Pexeva (paroxetine mesylate)				
Prozac (fluoxetine)				
Sarafem (fluoxetine)				
Zoloft (sertraline)				

**Other: for ages 0-17**

**Cymbalta (duloxetine): 120mg/day**

**Any dose for client under 18 years:**

- Insomnia medications
- Naltrexone

**Insomnia Drugs Requires SON review for under 18**

- Ambien /CR® (zolpidem tartrate)
- Belsomra® (suvorexant)
- Dayvigo (lemborexant)
- Doral (quazepam)
- Edluar® (zolpidem tartrate) sublingual
- estazolam
- eszopiclone
- flurazepam
- Hetlioz (tasimelteon)
- Intermezzo (zolpidem tartrate SL)

- Lunesta® (*eszopiclone*)
- Rozerem® (*ramelteon*)
- Sonata® (*zaleplon*)
- Silenor (*doxepin*)
- temazepam
- triazolam
- Xywav
- Zolpimist (*zolpidem tartrate*, zolpidem tartrate ER)

### Partnership Access Line (PAL)

The Partnership Access Line is a consultation program provided through Seattle Children’s Hospital for primary care physicians (PCPs). The consultation is free, funded by the Washington State Legislature and the Washington State Health Care Authority. Any primary care doctor, nurse practitioner, or physician assistant throughout Washington State can call this line for assistance with any type of child mental health advice for any child the practitioner sees. Call (866) 599-7257 Monday - Friday, 8:00 a.m. to 5:00 p.m. PST for assistance, or visit [www.seattlechildrens.org/PAL](http://www.seattlechildrens.org/PAL).

For more information on the second opinion program and the pediatric mental health guidelines, see the [HCA Second Opinion Program](https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-second-opinion-program) webpage at <https://www.hca.wa.gov/billers-providers-partners/programs-and-services/apple-health-second-opinion-program>.

### LEGEND

<b>AGE</b>	Age Limit
<b>AGE*</b>	See Table in Preface for Age Limit
<b>DS</b>	Products with day supply indicator are fillable for up to 90 days supply
<b>EA</b>	Expedited Authorization
<b>MME</b>	All opioid containing products have a max morphine milligram equivalent of 120, doses greater than 120 are subject to the opioid policy <a href="https://www.molinahealthcare.com/~/_media/Molina/PublicWebsite/PDF/providers/wa/medicaid/forms/opioid-attestation.pdf">https://www.molinahealthcare.com/~/_media/Molina/PublicWebsite/PDF/providers/wa/medicaid/forms/opioid-attestation.pdf</a>
<b>OTC</b>	Over-the-counter, covered benefit with a prescription (only covered labelers)
<b>PA</b>	Prior Authorization
<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<i>lowercase</i>	Indicates generic availability
UPPERCASE	Indicates brand availability

## What is expedited authorization (EA)?

The EA process is designed to eliminate the need to request authorization. The intent is to establish authorization criteria and associate these criteria with specific codes, enabling pharmacies to create an “EA” number when appropriate.

**Reminder:** EA numbers are only for drugs listed in this table.

**Note:** Use of an EA number does not exempt claims from edits, such as per-calendar-month prescription limits or early refills.

### EA Guidelines:

**Diagnoses** - Diagnostic information may be obtained from the prescriber, client, client’s caregiver, or family member to meet the conditions for EA. Drug claims submitted without an appropriate diagnosis/condition code for the dispensed drug are denied.

**Documentation** - Dispensing pharmacists must write both of the following on the original prescription:

- The full name of the person who provided the diagnostic information
- The diagnosis/condition and/or the criteria code from the attached table

Product	EA code	Criteria
Buprenorphine	85000000077	Buprenorphine monotherapy for pregnant clients
	85000000078	Buprenorphine monotherapy for non-pregnant clients while prior authorization is initiated. Limited to 32mg per day, seven (7) days at a time for up to fourteen (14) days every six (6) months.  NOTE: Providers (prescribers or pharmacies) must initiate a prior authorization for further fills.

Testosterone Products

85000000102

For clients 18 years of age and older:

- Testosterone therapy for the treatment of gender dysphoria.

**Aveed** (*testosterone undecanoate*)

**AndroDerm** (*testosterone transdermal patch*)

**testosterone cypionate IM**

**testosterone transdermal gel 1%, 1.62% and 2%**

**Xyosted** (*testosterone enanthate*)

For clients 17 years of age and under:

- Testosterone therapy for the treatment of gender dysphoria; AND
- A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.

This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

Gonadotropin-releasing Hormone (GnRH) Agonists

85000000103

GnRH therapy for puberty suppression

in adolescents diagnosed with gender dysphoria **AND** a pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.

**Eligard** (*leuprolide*)

**Fensolvi** (*leuprolide*)

**Lupron Depot/Depot-Ped** (*leuprolide*)

**Supprelin LA** (*histrelin*)

**Triptodur** (*triptorelin*)

**Zoladex** (*goserlin*)

This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

85000000104 For clients 18 years of age and older:

- GnRH therapy for the treatment of gender dysphoria.

For clients 17 years of age and under:

- GnRH therapy for the treatment of gender dysphoria; AND
- A pediatric endocrinologist or other clinician experienced in pubertal assessment has determined hormone treatment to be appropriate.

This code will not override prior authorization for brands with generic equivalents or non-preferred products unless client has met tried and failed criteria.

oxandrolone

Before any code is allowed, there must be an absence of all of the following:

- a) Hypercalcemia;
- b) Nephrosis;
- c) Carcinoma of the breast;
- d) Carcinoma of the prostate; and
- e) Pregnancy

85000000110 Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.

85000000111 To compensate for the protein catabolism due to long-term corticosteroid use.

85000000112 Treatment of bone pain due to osteoporosis.



Opioid products containing the following are subject to the opioid policy:

- benzhydrocodone
- buprenorphine (pain indications only)
- butorphanol
- codeine
- dihydrocodeine
- fentanyl
- hydrocodone
- hydromorphone
- levorphanol
- meperidine
- methadone
- morphine
- oxycodone
- oxymorphone
- pentazocine
- tapentadol
- tramadol

85000000540

Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.

85000000541

Prescriber has indicated "EXEMPT" on the prescription. Does not override MME limits (Morphine Milligram Equivalent)

<https://www.molinahealthcare.com/providers/wa/medicaid/forms/PDF/opioid-attestation.pdf>

Methadone products subject to Methadone policy

85000000540

Client is in active cancer treatment, hospice care, palliative care, or other end-of-life care.

Omeprazole Delayed Release Tab 20 mg  
Omeprazole Cap Delayed Release 20 mg  
Omeprazole Cap Delayed Release 40 mg-  
Pantoprazole Sodium EC Tab 20 mg (Base Equiv)  
Pantoprazole Sodium EC Tab 40 mg (Base Equiv)

85000000079

Diagnosis of *H. pylori* with ulcer present. Limited to 30 units for 15 days for initial fill.

<b>Contraceptives</b> (oral, transdermal, and intra-vaginal)	85000000131	Used as a contraceptive, dispensed as a 12-month supply.
	85000000132	Used as a contraceptive, dispensed less than a twelve month supply due to ONE of the following: <ul style="list-style-type: none"> <li>• The prescriber is unwilling to change dispensed quantity to twelve-month supply</li> <li>• The patient does not want twelve-month supply</li> <li>• The pharmacy does not have adequate stock</li> </ul>
	85000000133	Used for other diagnosis, not related to contraception up to a 91 day supply.

## REQUESTING FORMULARY CHANGES

If you are a prescriber and would like to request a formulary change, please submit your request and rationale to Molina’s Pharmacy Department with your contact information.  
Fax: (800) 869-7791

## NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. Copyright 2023. All rights reserved.  
This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

## Table of Contents

<b>FORMULARY UPDATES .....</b>	<b>13</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>14</b>
AMPHETAMINES .....	14
ANALEPTICS .....	16
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS .....	16
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS).....	17
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS .....	17
STIMULANTS - MISC. ....	17
<b>ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES .....</b>	<b>20</b>
ALLERGENIC EXTRACTS.....	20
<b>AMEBICIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>20</b>
AMEBICIDES - DRUGS TO TREAT INFECTIONS .....	20
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>20</b>
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS .....	20
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS .....</b>	<b>21</b>
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES .....	21
ANTIRHEUMATIC - ENZYME INHIBITORS .....	21
ANTIRHEUMATIC ANTIMETABOLITES.....	21
GOLD COMPOUNDS.....	22
INTERLEUKIN-1 BLOCKERS .....	22
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) .....	22
INTERLEUKIN-1BETA BLOCKERS.....	22
INTERLEUKIN-6 RECEPTOR INHIBITORS.....	22
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) .....	22
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	25
PYRIMIDINE SYNTHESIS INHIBITORS .....	25
SELECTIVE COSTIMULATION MODULATORS .....	25
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS.....	25
<b>ANALGESICS - NONNARCOTIC .....</b>	<b>26</b>
ANALGESIC COMBINATIONS .....	26
ANALGESICS OTHER .....	26
SALICYLATES .....	27
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN .....</b>	<b>27</b>
OPIOID AGONISTS.....	27
OPIOID COMBINATIONS .....	32
OPIOID PARTIAL AGONISTS.....	33
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..</b>	<b>34</b>
ANABOLIC STEROIDS.....	34
ANDROGENS .....	34
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS.....</b>	<b>35</b>
INTRARECTAL STEROIDS .....	35
RECTAL COMBINATIONS.....	35
RECTAL STEROIDS.....	36

VASODILATING AGENTS.....	36
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>36</b>
ANTACID COMBINATIONS.....	36
ANTACIDS - CALCIUM SALTS .....	36
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....</b>	<b>36</b>
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES .....	36
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..</b>	<b>37</b>
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS .....	37
ANTI-INFECTIVE MISC. - COMBINATIONS.....	37
ANTIPROTOZOAL AGENTS .....	38
GLYCOPEPTIDES.....	38
LEPROSTATICS.....	38
LINCOSAMIDES .....	38
MONOBACTAMS.....	38
OXAZOLIDINONES .....	38
PLEUROMUTILINS .....	39
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS .....	39
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>39</b>
ANTIANGINALS-OTHER.....	39
NITRATES .....	39
<b>ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY .....</b>	<b>40</b>
ANTIANSXIETY AGENTS - MISC. ....	40
BENZODIAZEPINES.....	41
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>42</b>
ANTIARRHYTHMICS TYPE I-A .....	42
ANTIARRHYTHMICS TYPE I-B .....	43
ANTIARRHYTHMICS TYPE I-C .....	43
ANTIARRHYTHMICS TYPE III .....	43
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....</b>	<b>44</b>
ANTI-INFLAMMATORY AGENTS .....	44
ANTIASTHMATIC - MONOCLONAL ANTIBODIES .....	44
BRONCHODILATORS - ANTICHOLINERGICS .....	44
LEUKOTRIENE MODULATORS .....	44
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	45
STEROID INHALANTS.....	45
SYMPATHOMIMETICS .....	46
XANTHINES .....	49
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>49</b>
COUMARIN ANTICOAGULANTS .....	49
DIRECT FACTOR XA INHIBITORS .....	50
HEPARINS AND HEPARINOID-LIKE AGENTS .....	50
THROMBIN INHIBITORS .....	51
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....</b>	<b>52</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS.....	52
ANTICONVULSANTS - BENZODIAZEPINES.....	52

ANTICONVULSANTS - MISC. ....	53
CARBAMATES .....	58
GABA MODULATORS .....	58
HYDANTOINS .....	59
SUCCINIMIDES.....	59
VALPROIC ACID.....	60
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION .....</b>	<b>60</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) .....	60
ANTIDEPRESSANT COMBINATIONS .....	60
ANTIDEPRESSANTS - MISC. ....	60
MONOAMINE OXIDASE INHIBITORS (MAOIS) .....	61
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS) .....	61
SEROTONIN MODULATORS .....	63
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS) .....	63
TRICYCLIC AGENTS.....	64
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES .....</b>	<b>66</b>
ALPHA-GLUCOSIDASE INHIBITORS .....	66
ANTIDIABETIC - AMYLIN ANALOGS .....	66
ANTIDIABETIC COMBINATIONS .....	66
BIGUANIDES .....	68
DIABETIC OTHER.....	68
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS .....	69
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC .....	69
INCRETIN MIMETIC AGENTS .....	69
INSULIN .....	70
INSULIN SENSITIZING AGENTS.....	73
MEGLITINIDE ANALOGUES.....	73
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS.....	73
SULFONYLUREAS .....	73
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA .....</b>	<b>75</b>
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS .....	75
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	75
ANTIPERISTALTIC AGENTS .....	75
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....</b>	<b>75</b>
ANTIDOTES - CHELATING AGENTS .....	75
OPIOID ANTAGONISTS .....	76
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....</b>	<b>76</b>
5-HT3 RECEPTOR ANTAGONISTS .....	76
ANTIEMETICS - ANTICHOLINERGIC.....	77
ANTIEMETICS - MISCELLANEOUS .....	77
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS .....	77
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>78</b>
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS.....	78
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS .....	78
IMIDAZOLE-RELATED ANTIFUNGALS .....	78

<b>ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES .....</b>	<b>79</b>
ANTI-HISTAMINES - ALKYLAMINES .....	79
ANTI-HISTAMINES - COMBINATIONS .....	79
ANTI-HISTAMINES - ETHANOLAMINES.....	79
ANTI-HISTAMINES - NON-SEDATING.....	80
ANTI-HISTAMINES - PHENOTHIAZINES.....	80
ANTI-HISTAMINES - PIPERIDINES.....	81
<b>ANTI-HYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ....</b>	<b>81</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS .....	81
ANTI-HYPERLIPIDEMICS - COMBINATIONS .....	81
ANTI-HYPERLIPIDEMICS - MISC.....	81
BILE ACID SEQUESTRANTS .....	81
FIBRIC ACID DERIVATIVES .....	82
HMG COA REDUCTASE INHIBITORS .....	83
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS.....	85
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS .....	85
NICOTINIC ACID DERIVATIVES .....	85
PROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS .....	85
<b>ANTI-HYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ..</b>	<b>85</b>
ACE INHIBITORS .....	85
AGENTS FOR PHEOCHROMOCYTOMA.....	87
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	87
ANTIADRENERGIC ANTI-HYPERTENSIVES .....	89
ANTI-HYPERTENSIVE COMBINATIONS .....	90
ANTI-HYPERTENSIVES - MISC. ....	95
DIRECT RENIN INHIBITORS .....	95
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS) .....	95
VASODILATORS.....	95
<b>ANTI-MALARIALS - DRUGS TO TREAT MALARIA.....</b>	<b>95</b>
ANTI-MALARIAL COMBINATIONS .....	95
ANTI-MALARIALS - DRUGS TO TREAT MALARIA .....	96
<b>ANTI-MYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....</b>	<b>96</b>
ANTI-MYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....	96
<b>ANTI-MYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....</b>	<b>97</b>
ANTI-MYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS .....	97
<b>ANTI-NEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>97</b>
ALKYLATING AGENTS .....	97
ANTI-METABOLITES .....	98
ANTI-NEOPLASTIC - ANGIOGENESIS INHIBITORS.....	98
ANTI-NEOPLASTIC - ANTI-HER2 AGENTS .....	98
ANTI-NEOPLASTIC - BCL-2 INHIBITORS .....	99
ANTI-NEOPLASTIC - EGFR INHIBITORS .....	99
ANTI-NEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS.....	99
ANTI-NEOPLASTIC - HORMONAL AND RELATED AGENTS.....	99

ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS .....	101
ANTINEOPLASTIC - IMMUNOMODULATORS .....	101
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS .....	101
ANTINEOPLASTIC - XPO1 INHIBITORS .....	101
ANTINEOPLASTIC COMBINATIONS.....	101
ANTINEOPLASTIC ENZYME INHIBITORS.....	101
ANTINEOPLASTICS MISC. ....	107
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS .....	107
MITOTIC INHIBITORS.....	107
TOPOISOMERASE I INHIBITORS .....	107
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT</b>	
<b>PARKINSONS DISEASE .....</b>	<b>107</b>
ANTIPARKINSON ADJUNCTIVE THERAPY .....	107
ANTIPARKINSON ANTICHOLINERGICS.....	107
ANTIPARKINSON COMT INHIBITORS .....	108
ANTIPARKINSON DOPAMINERGICS .....	108
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....	110
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT</b>	
<b>PSYCHOSES .....</b>	<b>111</b>
ANTIMANIC AGENTS .....	111
ANTIPSYCHOTICS - MISC. ....	111
BENZISOXAZOLES .....	112
BUTYROPHENONES .....	113
DIBENZAPINES.....	113
DIHYDROINDOLONES.....	115
PHENOTHIAZINES.....	115
QUINOLINONE DERIVATIVES .....	116
THIOXANTHENES.....	117
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>117</b>
ANTIRETROVIRALS .....	117
ANTIVIRAL COMBINATIONS .....	121
CMV AGENTS .....	121
HEPATITIS AGENTS.....	121
HERPES AGENTS .....	122
INFLUENZA AGENTS.....	122
MISC. ANTIVIRALS.....	123
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS .....	123
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND</b>	
<b>HEART CONDITIONS.....</b>	<b>123</b>
ALPHA-BETA BLOCKERS .....	123
BETA BLOCKERS CARDIO-SELECTIVE.....	124
BETA BLOCKERS NON-SELECTIVE.....	126
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD</b>	
<b>PRESSURE AND HEART CONDITIONS.....</b>	<b>127</b>
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE	
AND HEART CONDITIONS .....	127
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>133</b>

CARDIAC GLYCOSIDES .....	133
INOTROPES .....	133
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>133</b>
CARDIAC MYOSIN INHIBITORS.....	133
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	133
IMPOTENCE AGENTS .....	134
PROSTAGLANDIN VASODILATORS .....	134
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS .	135
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS .....	135
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....	135
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR .	135
SINUS NODE INHIBITORS.....	136
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC).....	136
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>136</b>
CEPHALOSPORINS - 1ST GENERATION .....	136
CEPHALOSPORINS - 2ND GENERATION .....	136
CEPHALOSPORINS - 3RD GENERATION .....	137
CEPHALOSPORINS - 4TH GENERATION.....	138
CEPHALOSPORINS - SIDEROPHORES .....	138
<b>CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....</b>	<b>138</b>
LIQUIDS .....	138
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....</b>	<b>138</b>
COMBINATION CONTRACEPTIVES - ORAL .....	138
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	143
COMBINATION CONTRACEPTIVES - VAGINAL .....	143
COPPER CONTRACEPTIVES - IUD .....	143
EMERGENCY CONTRACEPTIVES .....	143
PROGESTIN CONTRACEPTIVES - IMPLANTS .....	144
PROGESTIN CONTRACEPTIVES - INJECTABLE .....	144
PROGESTIN CONTRACEPTIVES - IUD .....	144
PROGESTIN CONTRACEPTIVES - ORAL .....	144
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .....</b>	<b>144</b>
GLUCOCORTICOSTEROIDS .....	144
MINERALOCORTICIDS .....	147
<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS .....</b>	<b>147</b>
ANTITUSSIVES .....	147
COUGH/COLD/ALLERGY COMBINATIONS .....	148
EXPECTORANTS.....	148
MISC. RESPIRATORY INHALANTS.....	148
MUCOLYTICS.....	148
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....</b>	<b>148</b>
ACNE PRODUCTS .....	148
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS.....	152
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	152



ANTIBIOTICS - TOPICAL.....	152
ANTIFUNGALS - TOPICAL.....	152
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	154
ANTI-PRURITICS - TOPICAL .....	154
ANTIPSORIATICS.....	154
ANTISEBORRHEIC PRODUCTS .....	155
ANTIVIRALS - TOPICAL.....	155
BURN PRODUCTS.....	156
CORTICOSTEROIDS - TOPICAL .....	156
ECZEMA AGENTS .....	159
EMOLLIENT/KERATOLYTIC AGENTS .....	160
EMOLLIENTS .....	160
IMMUNOMODULATING AGENTS - TOPICAL.....	160
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	160
KERATOLYTIC/ANTIMITOTIC AGENTS.....	160
LOCAL ANESTHETICS - TOPICAL.....	160
MISC. TOPICAL.....	161
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL .....	161
ROSACEA AGENTS .....	161
SCABICIDES & PEDICULICIDES .....	162
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....</b>	<b>162</b>
DIAGNOSTIC TESTS.....	162
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL</b>	
<b>DISORDERS .....</b>	<b>165</b>
DIGESTIVE ENZYMES .....	165
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>165</b>
CARBONIC ANHYDRASE INHIBITORS .....	165
DIURETIC COMBINATIONS.....	166
LOOP DIURETICS.....	166
POTASSIUM SPARING DIURETICS.....	167
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	167
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE</b>	
<b>HORMONES.....</b>	<b>168</b>
BONE DENSITY REGULATORS.....	168
CORTICOTROPIN .....	169
GNRH/LHRH ANTAGONISTS .....	169
GROWTH HORMONE RECEPTOR ANTAGONISTS .....	169
GROWTH HORMONE RELEASING HORMONES (GHRH) .....	169
GROWTH HORMONES.....	169
HORMONE RECEPTOR MODULATORS.....	170
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS) .....	170
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS.....	170
METABOLIC MODIFIERS .....	171
MINERALOCORTICOID RECEPTOR ANTAGONISTS .....	171
POSTERIOR PITUITARY HORMONES .....	172
PROGESTERONE RECEPTOR ANTAGONISTS.....	172
PROLACTIN INHIBITORS.....	172

SOMATOSTATIC AGENTS .....	172
VASOPRESSIN RECEPTOR ANTAGONISTS .....	173
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>173</b>
ESTROGEN COMBINATIONS .....	173
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....	174
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....</b>	<b>176</b>
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	176
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>176</b>
5-HT4 RECEPTOR AGONISTS.....	176
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC) .....	176
ANTIPLATULENTS .....	176
BILE ACID SYNTHESIS DISORDER AGENTS.....	177
FARNESOID X RECEPTOR (FXR) AGONISTS.....	177
GALLSTONE SOLUBILIZING AGENTS .....	177
GASTROINTESTINAL ANTIALLERGY AGENTS .....	177
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS .....	177
GASTROINTESTINAL STIMULANTS .....	177
INFLAMMATORY BOWEL AGENTS .....	178
INTESTINAL ACIDIFIERS .....	179
IRRITABLE BOWEL SYNDROME (IBS) AGENTS.....	179
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	179
PHOSPHATE BINDER AGENTS.....	179
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS .....</b>	<b>180</b>
ACIDIFIERS .....	180
ALKALINIZERS .....	180
GENITOURINARY IRRIGANTS .....	180
INTERSTITIAL CYSTITIS AGENTS.....	180
PROSTATIC HYPERTROPHY AGENTS .....	180
URINARY ANALGESICS .....	181
URINARY STONE AGENTS .....	181
<b>GOUT AGENTS - DRUGS TO TREAT GOUT.....</b>	<b>181</b>
GOUT AGENT COMBINATIONS .....	181
GOUT AGENTS - DRUGS TO TREAT GOUT .....	181
URICOSURICS .....	182
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>182</b>
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS.....	182
HEMATORHEOLOGIC AGENTS.....	182
HEMIN.....	182
HUMAN PROTEIN C .....	182
PLATELET AGGREGATION INHIBITORS .....	182
PROTAMINE .....	183
THROMBOLYTIC ENZYMES .....	183
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .</b>	<b>183</b>
AGENTS FOR SICKLE CELL DISEASE .....	183

COBALAMINS .....	183
FOLIC ACID/FOLATES.....	183
HEMATOPOIETIC GROWTH FACTORS.....	183
HEMATOPOIETIC MIXTURES.....	185
IRON.....	185
<b>HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>186</b>
HEMOSTATICS - SYSTEMIC.....	186
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....</b>	<b>186</b>
BARBITURATE HYPNOTICS.....	186
HYPNOTICS - TRICYCLIC AGENTS.....	186
NON-BARBITURATE HYPNOTICS .....	187
OREXIN RECEPTOR ANTAGONISTS.....	188
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	188
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION.....</b>	<b>188</b>
BULK LAXATIVES .....	188
LAXATIVE COMBINATIONS.....	189
LAXATIVES - MISCELLANEOUS .....	189
LUBRICANT LAXATIVES .....	189
SALINE LAXATIVES .....	189
STIMULANT LAXATIVES .....	190
SURFACTANT LAXATIVES.....	190
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>190</b>
AZITHROMYCIN .....	190
CLARITHROMYCIN .....	191
ERYTHROMYCINS.....	191
FIDAXOMICIN .....	191
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....</b>	<b>192</b>
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....	192
DIABETIC SUPPLIES.....	192
MISC. DEVICES .....	193
PARENTERAL THERAPY SUPPLIES.....	193
RESPIRATORY THERAPY SUPPLIES .....	202
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES .....</b>	<b>202</b>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG .....	202
MIGRAINE COMBINATIONS .....	203
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES .....	203
MIGRAINE PRODUCTS - NSAIDS.....	203
SEROTONIN AGONISTS .....	203
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION .....</b>	<b>205</b>
CALCIUM .....	205
FLUORIDE.....	205
PHOSPHATE .....	206
POTASSIUM .....	206
<b>MISCELLANEOUS THERAPEUTIC CLASSES.....</b>	<b>207</b>
CHELATING AGENTS .....	207

IMMUNOMODULATORS .....	207
IMMUNOSUPPRESSIVE AGENTS .....	208
IRRIGATION SOLUTIONS .....	209
POTASSIUM REMOVING AGENTS .....	209
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS .....	210
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT .....</b>	<b>210</b>
ANESTHETICS TOPICAL ORAL.....	210
ANTI-INFECTIVES - THROAT .....	210
ANTISEPTICS - MOUTH/THROAT .....	210
DENTAL PRODUCTS .....	210
STEROIDS - MOUTH/THROAT/DENTAL.....	210
THROAT PRODUCTS - MISC. ....	210
<b>MULTIVITAMINS - DRUGS FOR NUTRITION .....</b>	<b>210</b>
B-COMPLEX W/ FOLIC ACID .....	210
PED MULTI VITAMINS W/FL & FE .....	211
PED MULTIPLE VITAMINS W/ MINERALS .....	211
PED MV W/ FLUORIDE .....	211
PED MV W/ IRON .....	211
PEDIATRIC MULTIPLE VITAMINS .....	212
PEDIATRIC VITAMINS.....	212
PRENATAL VITAMINS .....	212
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS .....</b>	<b>213</b>
CENTRAL MUSCLE RELAXANTS .....	213
DIRECT MUSCLE RELAXANTS .....	214
MUSCLE RELAXANT COMBINATIONS .....	214
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>	<b>214</b>
NASAL AGENT COMBINATIONS.....	214
NASAL AGENTS - MISC.....	214
NASAL ANTIALLERGY .....	214
NASAL ANTICHOLINERGICS .....	214
NASAL STEROIDS .....	214
SYMPATHOMIMETIC DECONGESTANTS .....	215
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES .....</b>	<b>215</b>
ALS AGENTS .....	215
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS.....</b>	<b>215</b>
ARTIFICIAL TEARS AND LUBRICANTS.....	215
BETA-BLOCKERS - OPHTHALMIC.....	215
CHOLINERGIC AGONISTS .....	216
CYCLOPLEGIC MYDRIATICS.....	216
MIOTICS.....	217
OPHTHALMIC ADRENERGIC AGENTS .....	217
OPHTHALMIC ANTI-INFECTIVES .....	217
OPHTHALMIC IMMUNOMODULATORS .....	218
OPHTHALMIC INTEGRIN ANTAGONISTS.....	218

OPHTHALMIC KINASE INHIBITORS .....	218
OPHTHALMIC LOCAL ANESTHETICS .....	218
OPHTHALMIC STEROIDS.....	218
OPHTHALMICS - MISC. ....	219
PROSTAGLANDINS - OPHTHALMIC.....	220
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR .....</b>	<b>220</b>
OTIC AGENTS - MISCELLANEOUS .....	220
OTIC ANTI-INFECTIVES .....	221
OTIC COMBINATIONS.....	221
OTIC STEROIDS .....	221
<b>OXYTOCICS - DRUGS FOR PREGNANCY .....</b>	<b>221</b>
OXYTOCICS - DRUGS FOR PREGNANCY .....	221
<b>PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS.....</b>	<b>221</b>
MONOCLONAL ANTIBODIES .....	221
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS .....</b>	<b>221</b>
AMINOPENICILLINS .....	221
NATURAL PENICILLINS .....	222
PENICILLIN COMBINATIONS .....	222
PENICILLINASE-RESISTANT PENICILLINS .....	223
<b>PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING .....</b>	<b>223</b>
LIQUID VEHICLES .....	223
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....</b>	<b>223</b>
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES .....	223
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>224</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	224
ANTI-CATAPLECTIC AGENTS .....	224
ANTIDEMENTIA AGENTS.....	224
COMBINATION PSYCHOTHERAPEUTICS .....	226
FIBROMYALGIA AGENTS .....	226
MOVEMENT DISORDER DRUG THERAPY.....	226
MULTIPLE SCLEROSIS AGENTS.....	227
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS.....	228
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS .....	229
PSEUDOBULBAR AFFECT (PBA) AGENTS .....	229
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....	229
RESTLESS LEG SYNDROME (RLS) AGENTS.....	229
SMOKING DETERRENTS.....	229
VASOMOTOR SYMPTOM AGENTS.....	230
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS.....</b>	<b>230</b>
ALPHA-PROTEINASE INHIBITOR (HUMAN) .....	230
CYSTIC FIBROSIS AGENTS .....	230
PULMONARY FIBROSIS AGENTS .....	230
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>230</b>

SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	230
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....</b>	<b>231</b>
AMINOMETHYLCYCLINES .....	231
FLUOROCYCLINES.....	231
GLYCYLCYCLINES .....	231
TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....	231
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>233</b>
ANTITHYROID AGENTS.....	233
THYROID HORMONES.....	233
<b>TOXOIDS - DRUGS TO PREVENT INFECTIONS .....</b>	<b>235</b>
TOXOID COMBINATIONS .....	235
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....</b>	<b>235</b>
ANTISPASMODICS .....	235
H-2 ANTAGONISTS .....	236
MISC. ANTI-ULCER .....	237
PROTON PUMP INHIBITORS .....	237
ULCER DRUGS - PROSTAGLANDINS .....	238
ULCER THERAPY COMBINATIONS.....	239
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE .....</b>	<b>239</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)...	239
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....	240
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS .....	240
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS .....	240
<b>VACCINES - DRUGS TO PREVENT INFECTIONS .....</b>	<b>240</b>
BACTERIAL VACCINES .....	240
VIRAL VACCINES .....	240
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS .....</b>	<b>241</b>
VAGINAL ANTI-INFECTIVES .....	241
VAGINAL CONTRACEPTIVE - PH MODULATORS .....	242
VAGINAL ESTROGENS .....	242
VAGINAL PROGESTINS .....	242
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>242</b>
ANAPHYLAXIS THERAPY AGENTS .....	242
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS.....	243
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	243
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>243</b>
OIL SOLUBLE VITAMINS .....	243
WATER SOLUBLE VITAMINS .....	243
<b>Index.....</b>	<b>244</b>

## FORMULARY UPDATES

### Key

AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
4/1/2023	WAKIX	Update to non-preferred with PA	
4/1/2023	QELBREE	Update to preferred without PA	AGE*
4/1/2023	ANORO ELLIPTA	Update to preferred without PA	
4/1/2023	DUPIXENT	Update to preferred with PA	
4/1/2023	XIIDRA	Update to preferred without PA	
4/1/2023	TETRABENAZINE	Update to preferred without PA	
4/1/2023	EUCRISA	Update to preferred without PA	

**Effective 04/01/2023**

**Drug Name Drug Tier Requirements/Limits  
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO  
TREAT NERVOUS SYSTEM DISORDERS**

**AMPHETAMINES**

ADDERALL TAB 5MG	Non-Pref	PA; AGE*
ADDERALL TAB 7.5MG	Non-Pref	PA; AGE*
ADDERALL TAB 10MG	Non-Pref	PA; AGE*
ADDERALL TAB 12.5MG	Non-Pref	PA; AGE*
ADDERALL TAB 15MG	Non-Pref	PA; AGE*
ADDERALL TAB 20MG	Non-Pref	PA; AGE*
ADDERALL TAB 30MG	Non-Pref	PA; AGE*
ADDERALL XR CAP 5MG	Pref	AGE*
ADDERALL XR CAP 10MG	Pref	AGE*
ADDERALL XR CAP 15MG	Pref	AGE*
ADDERALL XR CAP 20MG	Pref	AGE*
ADDERALL XR CAP 25MG	Pref	AGE*
ADDERALL XR CAP 30MG	Pref	AGE*
ADZENYS XR TAB 3.1MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 6.3MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 9.4MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 12.5MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 15.7 MG	Non-Pref	PA; AGE*
ADZENYS XR TAB 18.8MG	Non-Pref	PA; AGE*
<i>amphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE*
<i>amphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Pref	AGE*
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Pref	AGE*
DEXEDRINE CAP 10MG CR	Non-Pref	PA; AGE*
DEXEDRINE CAP 15MG CR	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Pref	AGE*
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 5 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 10 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 15 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 20 mg</i>	Non-Pref	PA; AGE*
<i>dextroamphetamine sulfate tab 30 mg</i>	Non-Pref	PA; AGE*
DYANAVEL XR CHW 5MG	Non-Pref	PA; AGE*
DYANAVEL XR CHW 10MG	Non-Pref	PA; AGE*
DYANAVEL XR CHW 15MG	Non-Pref	PA; AGE*
DYANAVEL XR CHW 20MG	Non-Pref	PA; AGE*
DYANAVEL XR SUS 2.5MG/ML	Non-Pref	PA; AGE*
EVEKEO ODT TAB 5MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 10MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 15MG	Non-Pref	PA; AGE*
EVEKEO ODT TAB 20MG	Non-Pref	PA; AGE*
EVEKEO TAB 5MG	Non-Pref	PA; AGE*
EVEKEO TAB 10MG	Non-Pref	PA; AGE*
<i>methamphetamine hcl tab 5 mg</i>	Non-Pref	PA
MYDAYIS CAP 12.5MG	Non-Pref	PA; AGE*
MYDAYIS CAP 25MG	Non-Pref	PA; AGE*
MYDAYIS CAP 37.5MG	Non-Pref	PA; AGE*
MYDAYIS CAP 50MG	Non-Pref	PA; AGE*
<i>procentra sol 5mg/5ml</i>	Non-Pref	PA; AGE*
VYVANSE CAP 10MG	Pref	AGE*
VYVANSE CAP 20MG	Pref	AGE*
VYVANSE CAP 30MG	Pref	AGE*
VYVANSE CAP 40MG	Pref	AGE*
VYVANSE CAP 50MG	Pref	AGE*
VYVANSE CAP 60MG	Pref	AGE*
VYVANSE CAP 70MG	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CHW 10MG	Pref	AGE*
VYVANSE CHW 20MG	Pref	AGE*
VYVANSE CHW 30MG	Pref	AGE*
VYVANSE CHW 40MG	Pref	AGE*
VYVANSE CHW 50MG	Pref	AGE*
VYVANSE CHW 60MG	Pref	AGE*
XELSTRYM PAD 4.5MG/9H	Non-Pref	PA
XELSTRYM PAD 9MG/9HR	Non-Pref	PA
XELSTRYM PAD 13.5/9HR	Non-Pref	PA
XELSTRYM PAD 18MG/9HR	Non-Pref	PA
<i>zenzedi tab 2.5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 7.5mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 10mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 15mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 20mg</i>	Non-Pref	PA; AGE*
<i>zenzedi tab 30mg</i>	Non-Pref	PA; AGE*

### **ANALEPTICS**

<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Pref	QL (40 vials in lifetime); AGE
---	------	--------------------------------

### **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS**

<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Pref	AGE*
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Pref	AGE*
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Pref	AGE*
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Pref	AGE*
INTUNIV TAB 1MG	Non-Pref	PA; AGE*
INTUNIV TAB 2MG	Non-Pref	PA; AGE*
INTUNIV TAB 3MG	Non-Pref	PA; AGE*
INTUNIV TAB 4MG	Non-Pref	PA; AGE*
QELBREE CAP 100MG ER	Pref	AGE*
QELBREE CAP 150MG ER	Pref	AGE*
QELBREE CAP 200MG ER	Pref	AGE*
STRATTERA CAP 10MG	Non-Pref	PA; AGE*
STRATTERA CAP 18MG	Non-Pref	PA; AGE*
STRATTERA CAP 25MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STRATTERA CAP 40MG	Non-Pref	PA; AGE*
STRATTERA CAP 60MG	Non-Pref	PA; AGE*
STRATTERA CAP 80MG	Non-Pref	PA; AGE*
STRATTERA CAP 100MG	Non-Pref	PA; AGE*
<b>DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)</b>		
SUNOSI TAB 75MG	Non-Pref	PA
SUNOSI TAB 150MG	Non-Pref	PA
<b>HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS</b>		
WAKIX TAB 4.45MG	Non-Pref	PA
WAKIX TAB 17.8MG	Non-Pref	PA
<b>STIMULANTS - MISC.</b>		
ADHANSIA XR CAP 25MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 35MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 45MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 55MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 70MG	Non-Pref	PA; AGE*
ADHANSIA XR CAP 85MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 10MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 15MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 20MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 30MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 40MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 50MG	Non-Pref	PA; AGE*
APTENSIO XR CAP 60MG	Non-Pref	PA; AGE*
<i>armodafinil tab 50 mg</i>	Pref	PA; AGE*
<i>armodafinil tab 150 mg</i>	Pref	PA; AGE*
<i>armodafinil tab 200 mg</i>	Pref	PA; AGE*
<i>armodafinil tab 250 mg</i>	Pref	PA; AGE*
AZSTARYS CAP 26.1-5.2	Non-Pref	PA; AGE*
AZSTARYS CAP 39.2-7.8	Non-Pref	PA; AGE*
AZSTARYS CAP 52.3-10.	Non-Pref	PA; AGE*
CONCERTA TAB 18MG	Pref	AGE*
CONCERTA TAB 27MG	Pref	AGE*
CONCERTA TAB 36MG	Pref	AGE*
CONCERTA TAB 54MG	Pref	AGE*
COTEMPLA TAB 8.6MG	Non-Pref	PA; AGE*
COTEMPLA TAB 17.3MG	Non-Pref	PA; AGE*
COTEMPLA TAB 25.9MG	Non-Pref	PA; AGE*
DAYTRANA DIS 10MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 15MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 20MG/9HR	Non-Pref	PA; AGE*
DAYTRANA DIS 30MG/9HR	Non-Pref	PA; AGE*
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	Pref	AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 2.5 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 5 mg</i>	Pref	AGE*
<i>dexmethylphenidate hcl tab 10 mg</i>	Pref	AGE*
FOCALIN TAB 2.5MG	Pref	AGE*
FOCALIN TAB 5MG	Pref	AGE*
FOCALIN TAB 10MG	Pref	AGE*
FOCALIN XR CAP 5MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 10MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 15MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 20MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 25MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 30MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 35MG	Non-Pref	PA; AGE*
FOCALIN XR CAP 40MG	Non-Pref	PA; AGE*
JORNAY PM CAP 20MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 40MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 60MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 80MG ER	Non-Pref	PA; AGE*
JORNAY PM CAP 100MG ER	Non-Pref	PA; AGE*
METHYLIN SOL 5MG/5ML	Pref	AGE*
METHYLIN SOL 10MG/5ML	Pref	AGE*
METHYLPHENID TAB 45MG ER	Non-Pref	PA; AGE*
METHYLPHENID TAB 63MG ER	Non-Pref	PA; AGE*
METHYLPHENID TAB 72MG ER	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Pref	AGE*
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl chew tab 5 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl chew tab 10 mg</i>	Non-Pref	PA; AGE*
<i>methylphenidate hcl soln 5 mg/5ml</i>	Pref	AGE*
<i>methylphenidate hcl soln 10 mg/5ml</i>	Pref	AGE*
<i>methylphenidate hcl tab 5 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab 10 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab 20 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 10 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 20 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Pref	AGE*
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Pref	AGE*
<i>methylphenidate td patch 10 mg/9hr</i>	Non-Pref	PA AGE*
<i>methylphenidate td patch 15 mg/9hr</i>	Non-Pref	PA AGE*
<i>methylphenidate td patch 20 mg/9hr</i>	Non-Pref	PA AGE*
<i>methylphenidate td patch 30 mg/9hr</i>	Non-Pref	PA AGE*
<i>modafinil tab 100 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE*
<i>modafinil tab 200 mg</i>	Pref	PA, QL (2 tabs every 1 day); AGE*
NUVIGIL TAB 50MG	Non-Pref	PA; AGE*
NUVIGIL TAB 150MG	Non-Pref	PA; AGE*
NUVIGIL TAB 200MG	Non-Pref	PA; AGE*
NUVIGIL TAB 250MG	Non-Pref	PA; AGE*
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab every 1 day); AGE*
PROVIGIL TAB 200MG	Non-Pref	PA, QL (2 tabs every 1 day); AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QUILLICHEW CHW 20MG ER	Non-Pref	PA; AGE*
QUILLICHEW CHW 30MG ER	Non-Pref	PA; AGE*
QUILLICHEW CHW 40MG ER	Non-Pref	PA; AGE*
QUILLIVANT SUS 25MG/5ML	Non-Pref	PA; AGE*
RELEXXII TAB 45MG ER	Non-Pref	PA; AGE*
RELEXXII TAB 63MG ER	Non-Pref	PA; AGE*
RELEXXII TAB 72MG	Non-Pref	PA; AGE*
RITALIN LA CAP 10MG	Non-Pref	PA; AGE*
RITALIN LA CAP 20MG	Non-Pref	PA; AGE*
RITALIN LA CAP 30MG	Non-Pref	PA; AGE*
RITALIN LA CAP 40MG	Non-Pref	PA; AGE*
RITALIN TAB 5MG	Non-Pref	PA; AGE*
RITALIN TAB 10MG	Non-Pref	PA; AGE*
RITALIN TAB 20MG	Non-Pref	PA; AGE*

## **ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**

### ***ALLERGENIC EXTRACTS***

ORALAIR SUB 300 IR	Pref	PA
PALFORZIA CAP ESCALAT	Pref	PA
PALFORZIA CAP LEVEL 1	Pref	PA
PALFORZIA CAP LEVEL 2	Pref	PA
PALFORZIA CAP LEVEL 3	Pref	PA
PALFORZIA CAP LEVEL 4	Pref	PA
PALFORZIA CAP LEVEL 5	Pref	PA
PALFORZIA CAP LEVEL 6	Pref	PA
PALFORZIA CAP LEVEL 7	Pref	PA
PALFORZIA CAP LEVEL 8	Pref	PA
PALFORZIA CAP LEVEL 9	Pref	PA
PALFORZIA CAP LEVEL 10	Pref	PA
PALFORZIA POW LEVEL 11	Pref	PA

## **AMEBICIDES - DRUGS TO TREAT INFECTIONS**

### ***AMEBICIDES - DRUGS TO TREAT INFECTIONS***

SOLOSEC GRA 2GM	Pref	PA
-----------------	------	----

## **AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

### ***AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS***

ARIKAYCE SUS	Non-Pref	PA
BETHKIS NEB 300/4ML	Pref	SP, PA
KITABIS PAK NEB 300/5ML	Pref	SP, PA
<i>neomycin sulfate tab 500 mg</i>	Pref	QL (24 tabs every 1 day)
<i>paromomycin sulfate cap 250 mg</i>	Pref	
TOBI NEB 300/5ML	Non-Pref	SP, PA
TOBI PODHALR CAP 28MG	Non-Pref	SP, PA
<i>tobramycin nebu soln 300 mg/4ml</i>	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tobramycin nebu soln 300 mg/5ml</i>	Non-Pref	SP, PA

**ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS**

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

AMJEVITA INJ 20/0.4ML	Non-Pref	PA
AMJEVITA INJ 40/0.8ML	Non-Pref	PA
HUMIRA INJ 10/0.1ML	Pref	SP, PA
HUMIRA INJ 20/0.2ML	Pref	SP, PA
HUMIRA INJ 40/0.4ML	Pref	SP, PA
HUMIRA KIT 40MG/0.8	Pref	SP, PA, QL (2 injections every 24 days)
HUMIRA PEDIA INJ CROHNS	Pref	SP, PA
HUMIRA PEN INJ 40/0.4ML	Pref	SP, PA
HUMIRA PEN INJ 40MG/0.8	Pref	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ 80/0.8ML	Pref	SP, PA
HUMIRA PEN INJ CD/UC/HS	Pref	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN INJ PS/UV	Pref	SP, PA, QL (2 pens every 24 days)
HUMIRA PEN KIT CD/UC/HS	Pref	SP, PA
HUMIRA PEN KIT PED UC	Pref	SP, PA
HUMIRA PEN KIT PS/UV	Pref	SP, PA
SIMPONI ARIA SOL 50MG/4ML	Non-Pref	SP, PA
SIMPONI INJ 50/0.5ML	Non-Pref	SP, PA
SIMPONI INJ 100MG/ML	Non-Pref	SP, PA

**ANTIRHEUMATIC - ENZYME INHIBITORS**

OLUMIANT TAB 1MG	Non-Pref	SP, PA
OLUMIANT TAB 2MG	Non-Pref	SP, PA
OLUMIANT TAB 4MG	Non-Pref	SP, PA
RINVOQ TAB 15MG ER	Non-Pref	SP, PA
RINVOQ TAB 30MG ER	Non-Pref	SP, PA
RINVOQ TAB 45MG ER	Non-Pref	SP, PA
XELJANZ SOL 1MG/ML	Non-Pref	SP, PA
XELJANZ TAB 5MG	Non-Pref	SP, PA
XELJANZ TAB 10MG	Non-Pref	SP, PA
XELJANZ XR TAB 11MG	Non-Pref	SP, PA
XELJANZ XR TAB 22MG	Non-Pref	SP, PA

**ANTIRHEUMATIC ANTIMETABOLITES**

OTREXUP INJ 10MG	Non-Pref	PA
OTREXUP INJ 12.5/0.4	Non-Pref	PA
OTREXUP INJ 15MG	Non-Pref	PA
OTREXUP INJ 17.5/0.4	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OTREXUP INJ 20MG	Non-Pref	PA
OTREXUP INJ 22.5/0.4	Non-Pref	PA
OTREXUP INJ 25MG	Non-Pref	PA
RASUVO INJ 7.5MG	Pref	PA
RASUVO INJ 10MG	Pref	PA
RASUVO INJ 12.5MG	Pref	PA
RASUVO INJ 15MG	Pref	PA
RASUVO INJ 17.5MG	Pref	PA
RASUVO INJ 20MG	Pref	PA
RASUVO INJ 22.5MG	Pref	PA
RASUVO INJ 25MG	Pref	PA
RASUVO INJ 30MG	Pref	PA
REDITREX INJ 7.5/.3ML	Non-Pref	PA
REDITREX INJ 10/.4ML	Non-Pref	PA
REDITREX INJ 12.5/0.5	Non-Pref	PA
REDITREX INJ 15/.6ML	Non-Pref	PA
REDITREX INJ 17.5/0.7	Non-Pref	PA
REDITREX INJ 20/.8ML	Non-Pref	PA
REDITREX INJ 22.5/0.9	Non-Pref	PA
REDITREX INJ 25MG/ML	Non-Pref	PA
<b>GOLD COMPOUNDS</b>		
RIDAURA CAP 3MG	Pref	
<b>INTERLEUKIN-1 BLOCKERS</b>		
ARCALYST INJ 220MG	Non-Pref	SP, PA
<b>INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)</b>		
KINERET INJ	Non-Pref	PA
<b>INTERLEUKIN-1BETA BLOCKERS</b>		
ILARIS INJ 150MG/ML	Non-Pref	SP, PA
<b>INTERLEUKIN-6 RECEPTOR INHIBITORS</b>		
ACTEMRA INJ 80MG/4ML	Non-Pref	SP, PA
ACTEMRA INJ 162/0.9	Non-Pref	SP, PA
ACTEMRA INJ 200/10ML	Non-Pref	SP, PA
ACTEMRA INJ 400/20ML	Non-Pref	SP, PA
ACTEMRA INJ ACTPEN	Non-Pref	SP, PA
KEVZARA INJ 150/1.14	Non-Pref	SP, PA
KEVZARA INJ 200/1.14	Non-Pref	SP, PA
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC 50 TAB	Non-Pref	PA
ARTHROTEC 75 TAB	Non-Pref	PA
CELEBREX CAP 50MG	Non-Pref	PA
CELEBREX CAP 100MG	Non-Pref	PA
CELEBREX CAP 200MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CELEBREX CAP 400MG	Non-Pref	PA
<i>celecoxib cap 50 mg</i>	Non-Pref	PA
<i>celecoxib cap 100 mg</i>	Non-Pref	PA
<i>celecoxib cap 200 mg</i>	Non-Pref	PA
<i>celecoxib cap 400 mg</i>	Non-Pref	PA
DAYPRO TAB 600MG	Non-Pref	PA
<i>diclofenac potassium cap 25 mg</i>	Non-Pref	PA
<i>diclofenac potassium tab 25 mg</i>	Pref	
<i>diclofenac potassium tab 50 mg</i>	Pref	QL (4 tabs every 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	QL (3 tabs every 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	QL (2 tabs every 1 day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Pref	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Non-Pref	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Non-Pref	PA
DUEXIS TAB 800-26.6	Non-Pref	PA
<i>ec-naproxen tab 375mg</i>	Pref	QL (3 tabs every 1 day)
<i>ec-naproxen tab 500mg</i>	Pref	QL (3 tabs every 1 day)
<i>etodolac cap 200 mg</i>	Non-Pref	PA
<i>etodolac cap 300 mg</i>	Non-Pref	PA
<i>etodolac tab 400 mg</i>	Non-Pref	PA
<i>etodolac tab 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 400 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 500 mg</i>	Non-Pref	PA
<i>etodolac tab er 24hr 600 mg</i>	Non-Pref	PA
FELDENE CAP 10MG	Non-Pref	PA
FELDENE CAP 20MG	Non-Pref	PA
<i>fenoprofen calcium cap 400 mg</i>	Non-Pref	PA
<i>fenoprofen calcium tab 600 mg</i>	Non-Pref	PA
<i>flurbiprofen tab 100 mg</i>	Pref	QL (4 tabs every 1 day)
IBUPAK KIT	Non-Pref	PA
<i>ibuprofen chew tab 100 mg</i>	Pref	QL (6 tabs every 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	Pref	QL (160 mL every 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL every 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL every 1 day), OTC
<i>ibuprofen tab 100 mg</i>	Pref	QL (4 tabs every 1 day), OTC
<i>ibuprofen tab 200 mg</i>	Pref	QL (4 tabs every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen tab 400 mg</i>	Pref	QL (4 tabs every 1 day)
<i>ibuprofen tab 600 mg</i>	Pref	QL (4 tabs every 1 day)
<i>ibuprofen tab 800 mg</i>	Pref	QL (4 tabs every 1 day)
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	QL (4 caps every 1 day)
<i>indomethacin cap 50 mg</i>	Pref	QL (4 caps every 1 day)
<i>indomethacin cap er 75 mg</i>	Non-Pref	PA
<i>inflammacin mis 75-0.025</i>	Non-Pref	PA
<i>ketoprofen cap er 24hr 200 mg</i>	Non-Pref	PA
KETOR TROMET SPR 15.75MG	Non-Pref	PA
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Pref	PA
<i>ketorolac tromethamine inj 15 mg/ml</i>	Pref	PA
<i>ketorolac tromethamine inj 30 mg/ml</i>	Pref	PA
<i>ketorolac tromethamine tab 10 mg</i>	Pref	QL (4 tabs every 1 day)
<i>lofena tab 25mg</i>	Pref	
<i>meclofenamate sodium cap 50 mg</i>	Non-Pref	PA
<i>meclofenamate sodium cap 100 mg</i>	Non-Pref	PA
<i>mefenamic acid cap 250 mg</i>	Non-Pref	PA
<i>meloxicam cap 5 mg</i>	Non-Pref	PA
<i>meloxicam cap 10 mg</i>	Non-Pref	PA
<i>meloxicam tab 7.5 mg</i>	Pref	
<i>meloxicam tab 15 mg</i>	Pref	
<i>nabumetone tab 500 mg</i>	Pref	QL (4 tabs every 1 day)
<i>nabumetone tab 750 mg</i>	Pref	QL (4 tabs every 1 day)
NALFON CAP 400MG	Non-Pref	PA
NALFON TAB 600MG	Non-Pref	PA
NAPRELAN TAB 375MG CR	Non-Pref	PA
NAPRELAN TAB 500MG CR	Non-Pref	PA
NAPRELAN TAB 750MG CR	Non-Pref	PA
<i>naproxen sodium tab 220 mg</i>	Pref	QL (3 tabs every 1 day), OTC
<i>naproxen sodium tab 275 mg</i>	Non-Pref	PA
<i>naproxen sodium tab 550 mg</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i>	Non-Pref	PA
<i>naproxen susp 125 mg/5ml</i>	Non-Pref	PA, QL (100 mL every 1 day)
<i>naproxen tab 250 mg</i>	Pref	QL (3 tabs every 1 day)
<i>naproxen tab 375 mg</i>	Pref	QL (3 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen tab 500 mg</i>	Pref	QL (3 tabs every 1 day)
<i>naproxen tab ec 375 mg</i>	Pref	QL (3 tabs every 1 day)
<i>naproxen tab ec 500 mg</i>	Pref	QL (3 tabs every 1 day)
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i>	Non-Pref	PA
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i>	Non-Pref	PA
<i>oxaprozin tab 600 mg</i>	Non-Pref	PA
<i>piroxicam cap 10 mg</i>	Non-Pref	PA
<i>piroxicam cap 20 mg</i>	Non-Pref	PA
PREVIDOLRX PAK ANALGESI	Non-Pref	PA
<i>previdolrx pak plus</i>	Non-Pref	PA
RELAFEN DS TAB 1000MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	QL (3 tabs every 1 day)
<i>sulindac tab 200 mg</i>	Pref	QL (3 tabs every 1 day)
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
<b>PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
OTEZLA TAB 10/20/30	Non-Pref	SP, PA
OTEZLA TAB 30MG	Non-Pref	SP, PA
<b>PYRIMIDINE SYNTHESIS INHIBITORS</b>		
ARAVA TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
ARAVA TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>leflunomide tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>leflunomide tab 20 mg</i>	Pref	QL (1 tab every 1 day)
<b>SELECTIVE COSTIMULATION MODULATORS</b>		
ORENCIA CLCK INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 50/0.4ML	Non-Pref	SP, PA
ORENCIA INJ 87.5/0.7	Non-Pref	SP, PA
ORENCIA INJ 125MG/ML	Non-Pref	SP, PA
ORENCIA INJ 250MG	Non-Pref	SP, PA
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>		
ENBREL INJ 25/0.5ML	Pref	SP, PA, QL (8 syringes every 24 days)
ENBREL INJ 25MG	Pref	SP, PA
ENBREL INJ 50MG/ML	Pref	SP, PA, QL (4 syringes every 24 days)
ENBREL MINI INJ 50MG/ML	Non-Pref	SP, PA
ENBREL SRCLK INJ 50MG/ML	Pref	SP, PA, QL (4 pens every 24 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - NONNARCOTIC</b>		
<b>ANALGESIC COMBINATIONS</b>		
ALLZITAL TAB 25-325MG	Non-Pref	PA
<i>bac tab</i>	Pref	QL (6 tabs every 1 day)
<i>bupap tab 50-300mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen cap 50-300 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen tab 50-300 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen tab 50-325 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Non-Pref	PA
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Pref	QL (6 tabs every 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Non-Pref	PA
ESGIC TAB	Non-Pref	PA, QL (6 tabs every 1 day)
FIORICET CAP	Non-Pref	PA
<b>ANALGESICS OTHER</b>		
<i>acetaminophen chew tab 80 mg</i>	Pref	QL (6 tabs every 1 day), OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	QL (6 tabs every 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Pref	QL (25 tabs every 1 day), OTC
<i>acetaminophen liquid 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen soln 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen suppos 120 mg</i>	Pref	QL (34 supp every 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	Pref	QL (6 supp every 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	QL (12 tabs every 1 day), OTC
<i>acetaminophen tab 500 mg</i>	Pref	QL (8 tabs every 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	Pref	QL (6 tabs every 1 day), OTC
FEVERALL INF SUP 80MG	Pref	QL (50 supp every 1 day), OTC
FEVERALL SUP 325MG	Pref	QL (12 supp every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SALICYLATES</b>		
<i>aspirin chew tab 81 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>aspirin tab 325 mg</i>	Pref	OTC
<i>aspirin tab delayed release 81 mg</i>	Pref	OTC
<i>aspirin tab delayed release 325 mg</i>	Pref	QL (12 tabs every 1 day), OTC
<i>diflunisal tab 500 mg</i>	Non-Pref	PA
<i>salsalate tab 500 mg</i>	Non-Pref	PA
<i>salsalate tab 750 mg</i>	Non-Pref	PA

## **ANALGESICS - OPIOID - DRUGS TO TREAT PAIN**

### **OPIOID AGONISTS**

ACTIQ LOZ 200MCG	Non-Pref	PA; MME
ACTIQ LOZ 400MCG	Non-Pref	PA; MME
ACTIQ LOZ 600MCG	Non-Pref	PA; MME
ACTIQ LOZ 800MCG	Non-Pref	PA; MME
ACTIQ LOZ 1200MCG	Non-Pref	PA; MME
ACTIQ LOZ 1600MCG	Non-Pref	PA; MME
CODEINE SULF TAB 15MG	Pref	AGE; QL; EA; MME
CODEINE SULF TAB 60MG	Pref	AGE; QL; EA; MME
<i>codeine sulfate tab 30 mg</i>	Pref	AGE; QL; EA; MME
CONZIP CAP 100MG	Non-Pref	PA; AGE; MME
CONZIP CAP 200MG	Non-Pref	PA; AGE; MME
CONZIP CAP 300MG	Non-Pref	PA; AGE; MME
DILAUDID LIQ 1MG/ML	Non-Pref	PA; MME
DILAUDID TAB 2MG	Non-Pref	PA; MME
DILAUDID TAB 4MG	Non-Pref	PA; MME
DILAUDID TAB 8MG	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Non-Pref	PA; MME
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Non-Pref	PA; MME
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Pref	PA, QL (10 patches every 30 days); EA; MME
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	PA, QL (10 patches every 30 days); EA; MME
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Non-Pref	PA; MME
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Pref	PA, QL (10 patches every 30 days); EA; MME
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Non-Pref	PA; MME
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Pref	PA, QL (10 patches every 30 days); EA; MME
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Non-Pref	PA; MME
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Pref	PA, QL (10 patches every 30 days); EA; MME
FENTORA TAB 100MCG	Non-Pref	PA; MME
FENTORA TAB 200MCG	Non-Pref	PA; MME
FENTORA TAB 400MCG	Non-Pref	PA; MME
FENTORA TAB 600MCG	Non-Pref	PA; MME
FENTORA TAB 800MCG	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Non-Pref	PA; MME
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Non-Pref	PA; MME
HYDROMORPHON SUP 3MG	Pref	QL; EA; MME
<i>hydromorphone hcl liqd 1 mg/ml</i>	Non-Pref	PA; MME
<i>hydromorphone hcl tab 2 mg</i>	Pref	QL; EA; MME
<i>hydromorphone hcl tab 4 mg</i>	Pref	QL; EA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydromorphone hcl tab 8 mg</i>	Pref	QL; EA; MME
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Non-Pref	PA; MME
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Non-Pref	PA; MME
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Non-Pref	PA; MME
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Non-Pref	PA; MME
HYSINGLA ER TAB 20 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 30 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 40 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 60 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 80 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 100 MG	Non-Pref	PA; MME
HYSINGLA ER TAB 120 MG	Non-Pref	PA; MME
<i>levorphanol tartrate tab 2 mg</i>	Non-Pref	PA; MME
<i>levorphanol tartrate tab 3 mg</i>	Non-Pref	PA; MME
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non-Pref	PA; MME
<i>meperidine hcl tab 50 mg</i>	Non-Pref	PA; MME
<i>methadone hcl conc 10 mg/ml</i>	Non-Pref	PA, QL (2 mL every 1 day); EA; MME
<i>methadone hcl inj 10 mg/ml</i>	Non-Pref	PA; EA; MME
<i>methadone hcl soln 5 mg/5ml</i>	Non-Pref	PA, QL (20 mL every 1 day); EA; MME
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA, QL (10 mL every 1 day); EA; MME
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA, QL (4 tabs every 1 day); EA; MME
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day); EA; MME
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA, QL (0.5 tabs every 1 day); EA; MME
METHADONE INJ 10MG/ML	Non-Pref	PA; EA; MME
METHADOSE CON 10MG/ML	Non-Pref	PA; EA; MME
METHADOSE SF CON 10MG/ML	Non-Pref	PA; EA; MME
<i>methadose tab 40mg</i>	Non-Pref	PA, QL (0.5 tabs every 1 day); EA; MME
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 10 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 20 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 30 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 50 mg</i>	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cap er 24hr 60 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 80 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate cap er 24hr 100 mg</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 10 mg/5ml</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 20 mg/5ml</i>	Non-Pref	PA; MME
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MME
<i>morphine sulfate suppos 5 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 10 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 20 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate suppos 30 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab 15 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab 30 mg</i>	Pref	QL; EA; MME
<i>morphine sulfate tab er 15 mg</i>	Pref	PA; EA; MME
<i>morphine sulfate tab er 30 mg</i>	Pref	PA, QL (3 tabs every 1 day); EA; MME
<i>morphine sulfate tab er 60 mg</i>	Pref	PA, QL (3 tabs every 1 day); EA; MME
<i>morphine sulfate tab er 100 mg</i>	Pref	PA, QL (3 tabs every 1 day); EA; MME
<i>morphine sulfate tab er 200 mg</i>	Pref	PA, QL (3 tabs every 1 day); EA; MME
MS CONTIN TAB 15MG ER	Non-Pref	PA; MME
MS CONTIN TAB 30MG ER	Non-Pref	PA; MME
MS CONTIN TAB 60MG ER	Non-Pref	PA; MME
MS CONTIN TAB 100MG ER	Non-Pref	PA; MME
MS CONTIN TAB 200MG ER	Non-Pref	PA; MME
NUCYNTA ER TAB 50MG	Non-Pref	PA; MME
NUCYNTA ER TAB 100MG	Non-Pref	PA; MME
NUCYNTA ER TAB 150MG	Non-Pref	PA; MME
NUCYNTA ER TAB 200MG	Non-Pref	PA; MME
NUCYNTA ER TAB 250MG	Non-Pref	PA; MME
NUCYNTA TAB 50MG	Non-Pref	PA; MME
NUCYNTA TAB 75MG	Non-Pref	PA; MME
NUCYNTA TAB 100MG	Non-Pref	PA; MME
<i>oxycodone hcl cap 5 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Non-Pref	PA; MME
<i>oxycodone hcl soln 5 mg/5ml</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 5 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 10 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 15 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 20 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab 30 mg</i>	Pref	QL; EA; MME
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non-Pref	PA; MME
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non-Pref	PA; MME
OXYCONTIN TAB 10MG ER	Non-Pref	PA; MME
OXYCONTIN TAB 15MG ER	Non-Pref	PA; MME
OXYCONTIN TAB 30MG ER	Non-Pref	PA; MME
OXYCONTIN TAB 60MG ER	Non-Pref	PA; MME
OXYCONTIN TAB 80MG ER	Non-Pref	PA; MME
<i>oxymorphone hcl tab 5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab 10 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non-Pref	PA; MME
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non-Pref	PA; MME
ROXICODONE TAB 15MG	Non-Pref	PA; MME
ROXICODONE TAB 30MG	Non-Pref	PA; MME
ROXYBOND TAB 5MG	Non-Pref	PA; MME
ROXYBOND TAB 15MG	Non-Pref	PA; MME
ROXYBOND TAB 30MG	Non-Pref	PA; MME
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl oral soln 5 mg/ml</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl tab 50 mg</i>	Pref	AGE; QL; EA; MME
<i>tramadol hcl tab 100 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl tab er 24hr 100 mg</i>	Pref	PA, QL (1 tab every 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 200 mg</i>	Pref	PA, QL (1 tab every 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 300 mg</i>	Pref	PA, QL (1 tab every 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non-Pref	PA; AGE; MME
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non-Pref	PA; AGE; MME
TRAMADOL SOL 5MG/ML	Non-Pref	PA; AGE; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XTAMPZA ER CAP 9MG	Non-Pref	PA; MME
XTAMPZA ER CAP 13.5MG	Non-Pref	PA; MME
XTAMPZA ER CAP 18MG	Non-Pref	PA; MME
XTAMPZA ER CAP 27MG	Non-Pref	PA; MME
XTAMPZA ER CAP 36MG	Non-Pref	PA; MME

### **OPIOID COMBINATIONS**

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Pref	AGE; QL; EA; MME
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non-Pref	PA; AGE; MME
APADAZ TAB 4.08-325	Non-Pref	PA; MME
APADAZ TAB 6.12-325	Non-Pref	PA; MME
APADAZ TAB 8.16-325	Non-Pref	PA; MME
<i>ascomp/cod cap 30mg</i>	Pref	AGE; QL; EA; MME
BENZHY/ACETA TAB 4.08-325	Non-Pref	PA; MME
BENZHY/ACETA TAB 6.12-325	Non-Pref	PA; MME
BENZHY/ACETA TAB 8.16-325	Non-Pref	PA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Pref	AGE; QL; EA; MME
<i>endocet tab 2.5-325</i>	Pref	QL; EA; MME
<i>endocet tab 5-325mg</i>	Pref	QL; EA; MME
<i>endocet tab 7.5-325</i>	Pref	QL; EA; MME
<i>endocet tab 10-325mg</i>	Pref	QL; EA; MME
FIORICET CAP CODEINE	Non-Pref	PA; AGE; MME
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Pref	QL; EA; MME
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Pref	QL; EA; MME
LORTAB ELX 10-300MG	Non-Pref	PA; MME
NALOCET TAB 2.5-300	Non-Pref	PA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Non-Pref	PA; MME
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Pref	QL; EA; MME
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Pref	QL; EA; MME
PERCOCET TAB 2.5-325	Non-Pref	PA; MME
PERCOCET TAB 5-325MG	Non-Pref	PA; MME
PERCOCET TAB 7.5-325	Non-Pref	PA; MME
PERCOCET TAB 10-325MG	Non-Pref	PA; MME
PROLATE SOL 10/300MG	Non-Pref	PA
PROLATE TAB 5-300MG	Non-Pref	PA; MME
PROLATE TAB 7.5-300	Non-Pref	PA; MME
PROLATE TAB 10-300MG	Non-Pref	PA; MME
SEGLENTIS TAB 56-44MG	Non-Pref	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	AGE; QL; EA; MME

### **OPIOID PARTIAL AGONISTS**

BELBUCA MIS 75MCG	Non-Pref	PA; MME
BELBUCA MIS 150MCG	Non-Pref	PA; MME
BELBUCA MIS 300MCG	Non-Pref	PA; MME
BELBUCA MIS 450MCG	Non-Pref	PA; MME
BELBUCA MIS 600MCG	Non-Pref	PA; MME
BELBUCA MIS 750MCG	Non-Pref	PA; MME
BELBUCA MIS 900MCG	Non-Pref	PA; MME
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Non-Pref	PA, QL (16 tabs every 1 day); EA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Non-Pref	PA, QL (4 tabs every 1 day); EA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (16 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (8 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (4 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	QL (16 tabs every 1 day); Max 32 mg / day
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	QL (4 tabs every 1 day); Max 32 mg / day
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Pref	PA; QL; EA; MME

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Pref	PA; QL; EA; MME
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non-Pref	PA; MME
BUTRANS DIS 5MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 7.5/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 10MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 15MCG/HR	Pref	PA; QL; EA; MME
BUTRANS DIS 20MCG/HR	Pref	PA; QL; EA; MME
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non-Pref	PA; MME
SUBLOCADE INJ 100/0.5	Pref	QL (1 syringe every 24 days)
SUBLOCADE INJ 300/1.5	Pref	QL (1 syringe every 24 days)
SUBOXONE MIS 2-0.5MG	Pref	QL (16 films every 1 day); Max 32 mg / day
SUBOXONE MIS 4-1MG	Pref	QL (8 films every 1 day); Max 32 mg / day
SUBOXONE MIS 8-2MG	Pref	QL (4 films every 1 day); Max 32 mg / day
SUBOXONE MIS 12-3MG	Pref	QL (2 films every 1 day); Max 32 mg / day
ZUBSOLV SUB 0.7-0.18	Non-Pref	PA
ZUBSOLV SUB 1.4-0.36	Non-Pref	PA
ZUBSOLV SUB 2.9-0.71	Non-Pref	PA
ZUBSOLV SUB 5.7-1.4	Non-Pref	PA
ZUBSOLV SUB 8.6-2.1	Non-Pref	PA
ZUBSOLV SUB 11.4-2.9	Non-Pref	PA

## **ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES**

### **ANABOLIC STEROIDS**

<i>oxandrolone tab 2.5 mg</i>	Pref	PA; EA
<i>oxandrolone tab 10 mg</i>	Pref	PA; EA

### **ANDROGENS**

ANDRODERM DIS 2MG/24HR	Pref	PA; EA
ANDRODERM DIS 4MG/24HR	Pref	PA; EA
ANDROGEL GEL 1%(25MG)	Non-Pref	PA
ANDROGEL GEL 1.62%	Non-Pref	PA
AVEED INJ 750/3ML	Non-Pref	PA; EA
<i>danazol cap 50 mg</i>	Pref	
<i>danazol cap 100 mg</i>	Pref	
<i>danazol cap 200 mg</i>	Pref	
DEPO-TESTOST INJ 100MG/ML	Non-Pref	PA
DEPO-TESTOST INJ 200MG/ML	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORTESTA GEL 10MG/ACT	Non-Pref	PA
JATENZO CAP 158MG	Non-Pref	PA
JATENZO CAP 198MG	Non-Pref	PA
JATENZO CAP 237MG	Non-Pref	PA
METHITEST TAB 10MG	Non-Pref	PA
<i>methyltestosterone cap 10 mg</i>	Non-Pref	PA
NATESTO GEL 5.5MG	Non-Pref	PA
TESTIM GEL 1%(50MG)	Pref	PA
TESTOPEL MIS PELLETS	Non-Pref	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Pref	PA; EA
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Pref	PA; EA
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Non-Pref	PA; EA
<i>testosterone td gel 10mg/act (2%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Pref	PA; EA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Pref	PA; EA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Non-Pref	PA; EA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Pref	PA; EA
<i>testosterone td soln 30 mg/act</i>	Non-Pref	PA
TLANDO CAP 112.5 MG	Non-Pref	PA
VOGELXO GEL 1%(50MG)	Non-Pref	PA
VOGELXO GEL PUMP 1%	Non-Pref	PA
XYOSTED INJ 50/0.5	Non-Pref	PA; EA
XYOSTED INJ 75/0.5	Non-Pref	PA; EA
XYOSTED INJ 100/0.5	Non-Pref	PA; EA

## **ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS**

### **INTRARECTAL STEROIDS**

CORTENEMA ENE 100MG	Non-Pref	PA
CORTIFOAM AER 90MG	Non-Pref	PA
<i>hydrocortisone enema 100 mg/60ml</i>	Pref	
UCERIS AER 2MG/ACT	Non-Pref	PA

### **RECTAL COMBINATIONS**

<i>ana-lex kit</i>	Non-Pref	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Pref	QL (30 gm every 25 days)
LIDO-HYDRO GEL 2.8-0.55	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	Non-Pref	PA
<i>lidocort cre 3-0.5%</i>	Pref	
PROCTOFOAM AER HC 1%	Non-Pref	PA

### **RECTAL STEROIDS**

ANUSOL-HC CRE 2.5%	Non-Pref	PA
<i>hydrocortisone acetate suppos 25 mg</i>	Pref	
<i>hydrocortisone acetate suppos 30 mg</i>	Pref	
<i>hydrocortisone perianal cream 1%</i>	Pref	
<i>hydrocortisone rectal cream 2.5%</i>	Pref	
<i>procto-pak cre 1%</i>	Pref	
PROCTOCORT CRE 1%	Non-Pref	PA

### **VASODILATING AGENTS**

RECTIV OIN 0.4%	Pref	PA
-----------------	------	----

### **ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID**

#### **ANTACID COMBINATIONS**

MAG-AL LIQ	Pref	OTC
------------	------	-----

#### **ANTACIDS - CALCIUM SALTS**

CALCIUM CARB TAB 648MG	Pref	QL (16 tabs every 1 day), OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Pref	OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	QL (500 mL every 25 days), OTC

### **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

#### **ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES**

<i>albendazole tab 200 mg</i>	Pref	QL (4 tabs every 25 days)
<i>albendazole tab 200 mg</i>	Non-Pref	PA, QL (4 tabs every 25 days)
BENZNIDAZOLE TAB 12.5MG	Non-Pref	PA
BENZNIDAZOLE TAB 100MG	Non-Pref	PA
BILTRICIDE TAB 600MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMVERM CHW 100MG	Non-Pref	PA
<i>ivermectin tab 3 mg</i>	Non-Pref	PA
<i>pinworm med sus 144mg/ml</i>	Pref	QL (60 mL every 25 days), OTC
<i>praziquantel tab 600 mg</i>	Non-Pref	PA
STROMECTOL TAB 3MG	Non-Pref	PA

## **ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS**

### **ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS**

AEMCOLO TAB 194MG	Non-Pref	PA
FLAGYL CAP 375MG	Non-Pref	PA
METRONIDAZOL SUS 50MG/ML	Non-Pref	PA
<i>metronidazole cap 375 mg</i>	Non-Pref	PA
<i>metronidazole tab 250 mg</i>	Pref	QL (8 tabs every 1 day)
<i>metronidazole tab 500 mg</i>	Pref	QL (4 tabs every 1 day)
NEBUPENT INH 300MG	Pref	PA
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Pref	PA
<i>tinidazole tab 250 mg</i>	Pref	
<i>tinidazole tab 500 mg</i>	Pref	
<i>trimethoprim tab 100 mg</i>	Pref	QL (6 tabs every 1 day)
TRIMETHOPRIM TAB 100MG	Pref	QL (6 tabs every 1 day)
XIFAXAN TAB 200MG	Pref	PA
XIFAXAN TAB 550MG	Pref	PA

### **ANTI-INFECTIVE MISC. - COMBINATIONS**

BACTRIM DS TAB 800-160	Non-Pref	PA, QL (4 tabs every 1 day)
BACTRIM TAB 400-80MG	Non-Pref	PA, QL (4 tabs every 1 day)
<i>hyophen tab</i>	Non-Pref	PA
<i>me/naphos/mb tab hyo 1</i>	Non-Pref	PA
<i>phosphasal tab</i>	Non-Pref	PA
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Pref	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	QL (40 mL every 1 day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Pref	QL (4 tabs every 1 day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Pref	QL (4 tabs every 1 day)
<i>sulfatrim pd sus 200-40/5</i>	Pref	QL (40 mL every 1 day)
<i>uribel cap 118mg</i>	Non-Pref	PA
<i>urin d/s tab</i>	Non-Pref	PA
<i>uro-458 tab</i>	Non-Pref	PA
<i>uro-mp cap 118mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UROGESIC- TAB BLUE	Non-Pref	PA
<i>ustell cap</i>	Non-Pref	PA
<i>utira-c tab</i>	Non-Pref	PA
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml</i>	Pref	
LAMPIT TAB 30MG	Pref	PA
LAMPIT TAB 120MG	Pref	PA
MEPRON SUS	Non-Pref	PA
<i>nitazoxanide tab 500 mg</i>	Non-Pref	PA
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOGIN CAP 125MG	Non-Pref	PA
VANCOGIN CAP 250MG	Non-Pref	PA
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Pref	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Pref	
VANCOMYCIN SOL 250/5ML	Non-Pref	PA
VANCOMYCIN SUS +SYRSPEN	Non-Pref	PA
<b>LEPROSTATICS</b>		
<i>dapsone tab 25 mg</i>	Pref	QL (4 tabs every 1 day)
<i>dapsone tab 100 mg</i>	Pref	QL (3 tabs every 1 day)
<b>LINCOSAMIDES</b>		
CLEOCIN CAP 75MG	Non-Pref	PA
CLEOCIN CAP 150MG	Non-Pref	PA, QL (8 caps every 1 day)
CLEOCIN CAP 300MG	Non-Pref	PA
CLEOCIN PED SOL 75MG/5ML	Non-Pref	PA
<i>clindamycin hcl cap 75 mg</i>	Pref	
<i>clindamycin hcl cap 150 mg</i>	Pref	QL (8 caps every 1 day)
<i>clindamycin hcl cap 300 mg</i>	Pref	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Pref	
LINCOCIN INJ 300MG/ML	Pref	PA
<i>lincomycin hcl inj 300 mg/ml</i>	Pref	PA
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG	Pref	PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml</i>	Non-Pref	PA
<i>linezolid tab 600 mg</i>	Pref	
SIVEXTRO TAB 200MG	Non-Pref	PA
ZYVOX SUS 100MG/5M	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYVOX TAB 600MG	Non-Pref	PA

### **PLEUROMUTILINS**

XENLETA INJ 150/15ML	Pref	PA
XENLETA TAB 600MG	Pref	PA

### **URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS**

<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Non-Pref	PA
HIPREX TAB 1GM	Non-Pref	PA, QL (2 tabs every 1 day)
MACROBID CAP 100MG	Non-Pref	PA, QL (2 caps every 1 day)
MACRODANTIN CAP 25MG	Non-Pref	PA
MACRODANTIN CAP 50MG	Non-Pref	PA, QL (2 caps every 1 day)
MACRODANTIN CAP 100MG	Non-Pref	PA, QL (4 caps every 1 day)
<i>methenamine hippurate tab 1 gm</i>	Pref	QL (2 tabs every 1 day)
<i>methenamine mandelate tab 0.5 gm</i>	Pref	QL (8 tabs every 1 day)
<i>methenamine mandelate tab 1 gm</i>	Pref	QL (4 tabs every 1 day)
MONUROL PAK GRANULES	Non-Pref	PA
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Non-Pref	PA
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Pref	QL (2 caps every 1 day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	QL (4 caps every 1 day)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Pref	QL (2 caps every 1 day)
<i>nitrofurantoin susp 25 mg/5ml</i>	Non-Pref	PA

### **ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS**

#### **ANTIANGINALS-OTHER**

ASPRUZYO SPR GRA 500MG	Non-Pref	PA
ASPRUZYO SPR GRA 1000MG	Non-Pref	PA
<i>ranolazine tab er 12hr 500 mg</i>	Pref	PA
<i>ranolazine tab er 12hr 1000 mg</i>	Pref	PA

#### **NITRATES**

GONITRO POW 400MCG	Non-Pref	PA
ISORDIL TAB 5MG	Pref	QL (4 tabs every 1 day)
ISORDIL TAB 40MG	Non-Pref	PA
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (6 tabs every 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (4 tabs every 1 day)
<i>isosorbide dinitrate tab 40 mg</i>	Pref	
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (3 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs every 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs every 1 day)
NITRO-BID OIN 2%	Pref	QL (2 gm every 1 day)
NITRO-DUR DIS 0.1MG/HR	Non-Pref	PA, QL (1 patch every 1 day)
NITRO-DUR DIS 0.2MG/HR	Non-Pref	PA, QL (1 patch every 1 day)
NITRO-DUR DIS 0.3MG/HR	Pref	
NITRO-DUR DIS 0.4MG/HR	Non-Pref	PA, QL (1 patch every 1 day)
NITRO-DUR DIS 0.6MG/HR	Non-Pref	PA, QL (1 patch every 1 day)
NITRO-DUR DIS 0.8MG/HR	Pref	
<i>nitro-time cap 2.5mg cr</i>	Pref	QL (6 caps every 1 day)
<i>nitro-time cap 6.5mg cr</i>	Pref	QL (6 caps every 1 day)
<i>nitro-time cap 9mg cr</i>	Pref	QL (3 caps every 1 day)
NITROGLYCER INJ 5MG/ML	Non-Pref	PA
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Pref	PA
<i>nitroglycerin sl tab 0.3 mg</i>	Pref	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (10 tabs every 1 day)
<i>nitroglycerin sl tab 0.6 mg</i>	Pref	QL (10 tabs every 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Pref	QL (1 patch every 1 day)
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Non-Pref	PA
NITROLINGUAL SPR PUMPSRA	Non-Pref	PA
NITROSTAT SUB 0.3MG	Non-Pref	PA, QL (10 tabs every 1 day)
NITROSTAT SUB 0.4MG	Non-Pref	PA, QL (10 tabs every 1 day)
NITROSTAT SUB 0.6MG	Non-Pref	PA, QL (10 tabs every 1 day)

## **ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY**

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

<i>buspirone hcl tab 5 mg</i>	Pref	
<i>buspirone hcl tab 7.5 mg</i>	Pref	
<i>buspirone hcl tab 10 mg</i>	Pref	
<i>buspirone hcl tab 15 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupirone hcl tab 30 mg</i>	Pref	
<i>droperidol inj 2.5 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Pref	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Pref	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Pref	
<i>hydroxyzine hcl tab 10 mg</i>	Pref	
<i>hydroxyzine hcl tab 25 mg</i>	Pref	
<i>hydroxyzine hcl tab 50 mg</i>	Pref	
<i>hydroxyzine pamoate cap 25 mg</i>	Pref	
<i>hydroxyzine pamoate cap 50 mg</i>	Pref	
<i>hydroxyzine pamoate cap 100 mg</i>	Pref	
<i>meprobamate tab 200 mg</i>	Non-Pref	PA
<i>meprobamate tab 400 mg</i>	Non-Pref	PA
VISTARIL CAP 25MG	Non-Pref	PA
VISTARIL CAP 50MG	Non-Pref	PA

### **BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	Non-Pref	PA
<i>alprazolam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 1 mg</i>	Non-Pref	PA
<i>alprazolam orally disintegrating tab 2 mg</i>	Non-Pref	PA
<i>alprazolam tab 0.5 mg</i>	Pref	
<i>alprazolam tab 0.5mg xr</i>	Non-Pref	PA
<i>alprazolam tab 0.25 mg</i>	Pref	
<i>alprazolam tab 1 mg</i>	Pref	
<i>alprazolam tab 1mg xr</i>	Non-Pref	PA
<i>alprazolam tab 2 mg</i>	Pref	
<i>alprazolam tab 2mg xr</i>	Non-Pref	PA
<i>alprazolam tab 3mg xr</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 0.5 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 1 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 2 mg</i>	Non-Pref	PA
<i>alprazolam tab er 24hr 3 mg</i>	Non-Pref	PA
ATIVAN INJ 2MG/ML	Non-Pref	PA
ATIVAN INJ 4MG/ML	Non-Pref	PA
ATIVAN TAB 0.5MG	Non-Pref	PA
ATIVAN TAB 1MG	Non-Pref	PA
ATIVAN TAB 2MG	Non-Pref	PA
<i>chlordiazepoxide hcl cap 5 mg</i>	Pref	
<i>chlordiazepoxide hcl cap 10 mg</i>	Pref	
<i>chlordiazepoxide hcl cap 25 mg</i>	Pref	
<i>clorazepate dipotassium tab 3.75 mg</i>	Non-Pref	PA
<i>clorazepate dipotassium tab 7.5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clorazepate dipotassium tab 15 mg</i>	Non-Pref	PA
<i>diazepam conc 5 mg/ml</i>	Pref	
<i>diazepam inj 5 mg/ml</i>	Pref	
<i>diazepam oral soln 1 mg/ml</i>	Pref	
<i>diazepam tab 2 mg</i>	Pref	
<i>diazepam tab 5 mg</i>	Pref	
<i>diazepam tab 10 mg</i>	Pref	
<i>lorazepam conc 2 mg/ml</i>	Pref	
<i>lorazepam inj 2 mg/ml</i>	Pref	
<i>lorazepam inj 4 mg/ml</i>	Pref	
<i>lorazepam tab 0.5 mg</i>	Pref	
<i>lorazepam tab 1 mg</i>	Pref	
<i>lorazepam tab 2 mg</i>	Pref	
LOREEV XR CAP 1.5MG	Non-Pref	PA
LOREEV XR CAP 1MG	Non-Pref	PA
LOREEV XR CAP 2MG	Non-Pref	PA
LOREEV XR CAP 3MG	Non-Pref	PA
<i>oxazepam cap 10 mg</i>	Non-Pref	PA
<i>oxazepam cap 15 mg</i>	Non-Pref	PA
<i>oxazepam cap 30 mg</i>	Non-Pref	PA
XANAX TAB 0.5MG	Non-Pref	PA
XANAX TAB 0.25MG	Non-Pref	PA
XANAX TAB 1MG	Non-Pref	PA
XANAX TAB 2MG	Non-Pref	PA
XANAX XR TAB 0.5MG	Non-Pref	PA
XANAX XR TAB 1MG	Non-Pref	PA
XANAX XR TAB 2MG	Non-Pref	PA
XANAX XR TAB 3MG	Non-Pref	PA

## **ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS**

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

<i>disopyramide phosphate cap 100 mg</i>	Pref	
<i>disopyramide phosphate cap 150 mg</i>	Pref	QL (5 caps every 1 day)
NORPACE CAP 100MG	Non-Pref	PA
NORPACE CAP 100MG CR	Non-Pref	PA
NORPACE CAP 150MG	Non-Pref	PA, QL (5 caps every 1 day)
NORPACE CAP 150MG CR	Non-Pref	PA
<i>procainamide hcl inj 100 mg/ml</i>	Pref	PA
<i>procainamide hcl inj 500 mg/ml</i>	Pref	PA
<i>quinidine gluconate tab er 324 mg</i>	Pref	QL (6 tabs every 1 day)
<i>quinidine sulfate tab 200 mg</i>	Non-Pref	PA
<i>quinidine sulfate tab 300 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIARRHYTHMICS TYPE I-B</b>		
<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Pref	PA
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	Pref	PA
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Pref	PA
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	Pref	PA
LIDOCAINE INJ 20MG/ML	Pref	PA
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	Pref	PA
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	Pref	PA
<i>mexiletine hcl cap 150 mg</i>	Pref	QL (6 caps every 1 day)
<i>mexiletine hcl cap 200 mg</i>	Pref	QL (6 caps every 1 day)
<i>mexiletine hcl cap 250 mg</i>	Pref	QL (6 caps every 1 day)
<b>ANTIARRHYTHMICS TYPE I-C</b>		
<i>flecainide acetate tab 50 mg</i>	Pref	QL (7 tabs every 1 day)
<i>flecainide acetate tab 100 mg</i>	Pref	QL (6 tabs every 1 day)
<i>flecainide acetate tab 150 mg</i>	Pref	QL (3 tabs every 1 day)
<i>propafenone hcl cap er 12hr 225 mg</i>	Pref	
<i>propafenone hcl cap er 12hr 325 mg</i>	Pref	
<i>propafenone hcl cap er 12hr 425 mg</i>	Pref	
<i>propafenone hcl tab 150 mg</i>	Pref	QL (6 tabs every 1 day)
<i>propafenone hcl tab 225 mg</i>	Pref	QL (3 tabs every 1 day)
<i>propafenone hcl tab 300 mg</i>	Pref	
RYTHMOL SR CAP 225MG	Non-Pref	PA
RYTHMOL SR CAP 325MG	Non-Pref	PA
RYTHMOL SR CAP 425MG	Non-Pref	PA
<b>ANTIARRHYTHMICS TYPE III</b>		
<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Pref	PA
<i>amiodarone hcl tab 100 mg</i>	Pref	QL (4 tabs every 1 day)
<i>amiodarone hcl tab 200 mg</i>	Pref	QL (4 tabs every 1 day)
<i>amiodarone hcl tab 400 mg</i>	Pref	QL (4 tabs every 1 day)
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Pref	
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Pref	
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Pref	
MULTAQ TAB 400MG	Non-Pref	PA
NEXTERONE INJ	Pref	PA
<i>pacерone tab 100mg</i>	Non-Pref	PA, QL (4 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pacerone tab 200mg</i>	Non-Pref	PA, QL (4 tabs every 1 day)
<i>pacerone tab 400mg</i>	Non-Pref	PA, QL (4 tabs every 1 day)
TIKOSYN CAP 125MCG	Non-Pref	PA
TIKOSYN CAP 250MCG	Non-Pref	PA
TIKOSYN CAP 500MCG	Non-Pref	PA

## **ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE**

### **ANTI-INFLAMMATORY AGENTS**

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Pref	QL (26 mL every 1 day); DS
--	------	----------------------------

### **ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES**

CINQAIR INJ	Pref	SP, PA
FASENRA INJ 30MG/ML	Pref	SP, PA
FASENRA PEN INJ 30MG/ML	Pref	SP, PA
NUCALA INJ 40MG/0.4	Non-Pref	PA
NUCALA INJ 100MG	Non-Pref	SP, PA
NUCALA INJ 100MG/ML	Non-Pref	SP, PA
TEZSPIRE SOL 210MG	Non-Pref	PA
XOLAIR INJ 75/0.5	Pref	SP, PA
XOLAIR INJ 150MG/ML	Pref	SP, PA
XOLAIR SOL 150MG	Pref	SP, PA

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	Pref	
INCRUSE ELPT INH 62.5MCG	Non-Pref	PA
<i>ipratropium bromide inhal soln 0.02%</i>	Pref	QL (540 mL every 25 days); DS
LONHALA MAGN SOL 25MCG	Non-Pref	PA
SPIRIVA AER 1.25MCG	Non-Pref	PA
SPIRIVA CAP HANDIHLR	Pref	QL (1 cap every 1 day)
SPIRIVA SPR 2.5MCG	Non-Pref	PA
TUDORZA PRES AER 400/ACT	Non-Pref	PA
YUPELRI SOL	Non-Pref	PA

### **LEUKOTRIENE MODULATORS**

ACCOLATE TAB 10MG	Non-Pref	PA, QL (2 tabs every 1 day)
ACCOLATE TAB 20MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Pref	QL (1 packet every 1 day); DS
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS
SINGULAIR CHW 4MG	Non-Pref	PA, QL (1 tab every 1 day)
SINGULAIR CHW 5MG	Non-Pref	PA, QL (1 tab every 1 day)
SINGULAIR GRA 4MG	Non-Pref	PA, QL (1 packet every 1 day)
SINGULAIR TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>zafirlukast tab 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>zafirlukast tab 20 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG	Pref	PA
DALIRESP TAB 500MCG	Pref	PA
<i>roflumilast tab 250 mcg</i>	Pref	PA
<i>roflumilast tab 500 mcg</i>	Pref	PA
<b>STEROID INHALANTS</b>		
ALVESCO AER 80MCG	Non-Pref	PA
ALVESCO AER 160MCG	Non-Pref	PA
ARMONAIR DIG AER 55MCG	Non-Pref	PA
ARMONAIR DIG AER 113MCG	Non-Pref	PA
ARMONAIR DIG AER 232MCG	Non-Pref	PA
ARNUITY ELPT INH 50MCG	Non-Pref	PA
ARNUITY ELPT INH 100MCG	Non-Pref	PA
ARNUITY ELPT INH 200MCG	Non-Pref	PA
ASMANEX 14 AER 220MCG	Non-Pref	PA
ASMANEX 30 AER 110MCG	Non-Pref	PA
ASMANEX 30 AER 220MCG	Non-Pref	PA
ASMANEX 60 AER 220MCG	Non-Pref	PA
ASMANEX 120 AER 220MCG	Non-Pref	PA
ASMANEX HFA AER 50MCG	Non-Pref	PA
ASMANEX HFA AER 100 MCG	Non-Pref	PA
ASMANEX HFA AER 200 MCG	Non-Pref	PA
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Pref	QL (120 mL every 25 days); DS
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Pref	QL (120 mL every 25 days); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide inhalation susp 1 mg/2ml</i>	Pref	QL (120 mL every 25 days); DS
FLOVENT DISK AER 50MCG	Pref	QL (180 inhalations every 77 days); DS
FLOVENT DISK AER 100MCG	Pref	QL (180 inhalations every 77 days); DS
FLOVENT DISK AER 250MCG	Pref	QL (180 inhalations every 77 days); DS
FLOVENT HFA AER 44MCG	Pref	QL (3 inhalers every 77 days); DS
FLOVENT HFA AER 110MCG	Pref	QL (3 inhalers every 77 days); DS
FLOVENT HFA AER 220MCG	Pref	QL (3 inhalers every 77 days); DS
FLUTICAS HFA AER 44MCG	Pref	QL (3 inhalers every 77 days); DS
FLUTICAS HFA AER 110MCG	Pref	QL (3 inhalers every 77 days); DS
FLUTICAS HFA AER 220MCG	Pref	QL (3 inhalers every 77 days); DS
PULMICORT INH 90MCG	Pref	QL (3 inhalers every 77 days); DS
PULMICORT INH 180MCG	Pref	QL (3 inhalers every 77 days); DS
PULMICORT SUS 0.5MG/2	Non-Pref	PA, QL (120 mL every 25 days)
PULMICORT SUS 0.25MG/2	Non-Pref	PA, QL (120 mL every 25 days)
PULMICORT SUS 1MG/2ML	Non-Pref	PA, QL (120 mL every 25 days)
QVAR REDIIHA AER 80MCG	Non-Pref	PA
QVAR REDIIHAL AER 40MCG	Non-Pref	PA

### **SYMPATHOMIMETICS**

ADVAIR DISKU AER 100/50	Pref	QL (2 inhalations every 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 250/50	Pref	QL (2 inhalations every 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 500/50	Pref	QL (2 inhalations every 1 day); Max 180 / 77 days; DS
ADVAIR HFA AER 45/21	Pref	QL (3 inhalers every 77 days); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADVAIR HFA AER 115/21	Pref	QL (3 inhalers every 77 days); DS
ADVAIR HFA AER 230/21	Pref	QL (3 inhalers every 77 days); DS
AIRDUO DGHLR INH 55-14	Non-Pref	PA
AIRDUO DGHLR INH 113-14	Non-Pref	PA
AIRDUO DGHLR INH 232-14	Non-Pref	PA
AIRDUO RESPI INH 55-14	Non-Pref	PA
AIRDUO RESPI INH 113-14	Non-Pref	PA
AIRDUO RESPI INH 232-14	Non-Pref	PA
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Pref	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Non-Pref	PA
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Pref	QL (150 each every 25 days); DS
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	QL (540 each every 25 days); DS
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	QL (540 each every 25 days); DS
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	QL (540 each every 25 days); DS
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	QL (150 mL every 1 day); DS
<i>albuterol sulfate tab 2 mg</i>	Pref	QL (16 tabs every 1 day); DS
<i>albuterol sulfate tab 4 mg</i>	Pref	QL (8 tabs every 1 day); DS
ANORO ELLIPT AER 62.5-25	Pref	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Non-Pref	PA
BEVESPI AER 9-4.8MCG	Non-Pref	PA
BREO ELLIPTA INH 100-25	Non-Pref	PA
BREO ELLIPTA INH 200-25	Non-Pref	PA
BREZTRI AERO AER SPHERE	Non-Pref	PA
BROVANA NEB 15MCG	Non-Pref	PA
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Pref	QL (3 inhalers every 77 days); DS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Pref	QL (3 inhalers every 77 days); DS
COMBIVENT AER 20-100	Pref	
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	QL (3 inhalers every 77 days); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DULERA AER 100-5MCG	Pref	QL (3 inhalers every 77 days); DS
DULERA AER 200-5MCG	Pref	QL (3 inhalers every 77 days); DS
FLUTIC/VILAN INH 100-25	Non-Pref	PA
FLUTIC/VILAN INH 200-25	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Pref	QL (180 inhalations every 77 days); DS
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non-Pref	PA
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Pref	QL (180 inhalations every 77 days); DS
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Pref	QL (180 inhalations every 77 days); DS
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Non-Pref	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Pref	QL (540 mL every 25 days); DS
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Non-Pref	PA
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Non-Pref	PA
PERFOROMIST NEB 20MCG	Non-Pref	PA
PROAIR DIGIH AER	Non-Pref	PA
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Non-Pref	PA
SEREVENT DIS AER 50MCG	Pref	QL (180 inhalations every 77 days); DS
STIOLTO AER 2.5-2.5	Pref	
STRIVERDI AER 2.5MCG	Non-Pref	PA
SYMBICORT AER 80-4.5	Pref	QL (3 inhalers every 77 days); DS
SYMBICORT AER 160-4.5	Pref	QL (3 inhalers every 77 days); DS
<i>terbutaline sulfate inj 1 mg/ml</i>	Non-Pref	PA
<i>terbutaline sulfate tab 2.5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>terbutaline sulfate tab 5 mg</i>	Non-Pref	PA
TRELEGY AER 100MCG	Non-Pref	PA
TRELEGY AER 200MCG	Non-Pref	PA
VENTOLIN HFA AER	Non-Pref	PA
<i>wixela inhub aer 100/50</i>	Non-Pref	PA, QL (2 inhalations every 1 day); Max 180 / 77 days
<i>wixela inhub aer 250/50</i>	Non-Pref	PA, QL (2 inhalations every 1 day); Max 180 / 77 days
<i>wixela inhub aer 500/50</i>	Non-Pref	PA, QL (2 inhalations every 1 day); Max 180 / 77 days
XOPENEX CONC NEB 1.25/0.5	Non-Pref	PA
XOPENEX HFA AER	Non-Pref	PA
XOPENEX NEB 0.31MG	Non-Pref	PA
XOPENEX NEB 0.63MG	Non-Pref	PA
XOPENEX NEB 1.25/3ML	Non-Pref	PA

### **XANTHINES**

<i>aminophylline inj 25 mg/ml</i>	Pref	PA
THEO-24 CAP 100MG CR	Non-Pref	PA; DS
THEO-24 CAP 200MG CR	Non-Pref	PA
THEO-24 CAP 300MG CR	Non-Pref	PA
THEO-24 CAP 400MG ER	Non-Pref	PA
<i>theophylline elixir 80 mg/15ml</i>	Pref	DS
<i>theophylline soln 80 mg/15ml</i>	Pref	DS
<i>theophylline tab er 12hr 300 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>theophylline tab er 12hr 450 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>theophylline tab er 24hr 400 mg</i>	Pref	
<i>theophylline tab er 24hr 600 mg</i>	Pref	QL (3 tabs every 1 day)

### **ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS**

#### **COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 2.5 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 3 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 4 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 5 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 6 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 7.5 mg</i>	Pref	QL (10 tabs every 1 day)
<i>warfarin sodium tab 10 mg</i>	Pref	QL (10 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>DIRECT FACTOR XA INHIBITORS</b>		
ELIQUIS ST P TAB 5MG	Pref	
ELIQUIS TAB 2.5MG	Pref	
ELIQUIS TAB 5MG	Pref	
SAVAYSA TAB 15MG	Non-Pref	PA
SAVAYSA TAB 30MG	Non-Pref	PA
SAVAYSA TAB 60MG	Non-Pref	PA
XARELTO STAR TAB 15/20MG	Pref	
XARELTO SUS 1MG/ML	Non-Pref	PA
XARELTO TAB 2.5MG	Pref	
XARELTO TAB 10MG	Pref	QL (1 tab every 1 day)
XARELTO TAB 15MG	Pref	QL (2 tabs every 1 day)
XARELTO TAB 20MG	Pref	QL (1 tab every 1 day)
<b>HEPARINS AND HEPARINOID-LIKE AGENTS</b>		
ARIXTRA INJ 2.5/0.5	Non-Pref	PA
ARIXTRA INJ 5/0.4ML	Non-Pref	PA
ARIXTRA INJ 7.5/0.6	Non-Pref	PA
ARIXTRA INJ 10/0.8ML	Non-Pref	PA
<i>enoxaparin sodium inj 300 mg/3ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	Pref	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	Pref	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	Non-Pref	PA
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Non-Pref	PA
FRAGMIN INJ 2500/0.2	Non-Pref	PA
FRAGMIN INJ 2500/ML	Non-Pref	PA
FRAGMIN INJ 5000/0.2	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FRAGMIN INJ 7500/0.3	Non-Pref	PA
FRAGMIN INJ 10000/ML	Non-Pref	PA
FRAGMIN INJ 12500UNT	Non-Pref	PA
FRAGMIN INJ 15000UNT	Non-Pref	PA
FRAGMIN INJ 18000UNT	Non-Pref	PA
FRAGMIN INJ 95000UNT	Non-Pref	PA
HEP SOD/D5W INJ 20000UNT	Pref	PA
HEP SOD/D5W INJ 25000UNT	Pref	PA
HEP SOD/DEXT INJ 25000UNT	Pref	PA
HEP SOD/NACL INJ 12500UNT	Pref	PA
HEP SOD/NACL INJ 25000UNT	Pref	PA
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	Pref	PA
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	Pref	PA
HEPARIN SOD INJ 5000/0.5	Pref	PA
HEPARIN SOD INJ 5000/ML	Pref	PA
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 1 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 10 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i>	Pref	PA
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Pref	PA
HEPARIN/NACL INJ 25000UNT	Pref	PA
HEPMED KIT	Pref	PA
LOVENOX INJ 30/0.3ML	Non-Pref	PA
LOVENOX INJ 40/0.4ML	Non-Pref	PA
LOVENOX INJ 60/0.6ML	Non-Pref	PA
LOVENOX INJ 80/0.8ML	Non-Pref	PA
LOVENOX INJ 100MG/ML	Non-Pref	PA
LOVENOX INJ 120/0.8	Non-Pref	PA
LOVENOX INJ 150MG/ML	Non-Pref	PA
LOVENOX INJ 300/3ML	Non-Pref	PA
<b>THROMBIN INHIBITORS</b>		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Pref	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAP 75MG	Pref	
PRADAXA CAP 110MG	Pref	
PRADAXA CAP 150MG	Pref	

## ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

### AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML	Pref	PA
FYCOMPA TAB 2MG	Pref	PA
FYCOMPA TAB 4MG	Pref	PA
FYCOMPA TAB 6MG	Pref	PA
FYCOMPA TAB 8MG	Pref	PA
FYCOMPA TAB 10MG	Pref	PA
FYCOMPA TAB 12MG	Pref	PA

### ANTICONVULSANTS - BENZODIAZEPINES

<i>clobazam suspension 2.5 mg/ml</i>	Pref	
<i>clobazam tab 10 mg</i>	Pref	
<i>clobazam tab 20 mg</i>	Pref	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 1 mg</i>	Non-Pref	PA
<i>clonazepam orally disintegrating tab 2 mg</i>	Non-Pref	PA
<i>clonazepam tab 0.5 mg</i>	Pref	
<i>clonazepam tab 1 mg</i>	Pref	
<i>clonazepam tab 2 mg</i>	Pref	
DIASTAT ACDL GEL 5-10MG	Pref	
DIASTAT ACDL GEL 12.5-20	Pref	
DIASTAT PED GEL 2.5M GEL	Pref	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Pref	
<i>diazepam rectal gel delivery system 10 mg</i>	Pref	
<i>diazepam rectal gel delivery system 20 mg</i>	Pref	
KLONOPIN TAB 0.5MG	Non-Pref	PA
KLONOPIN TAB 1MG	Non-Pref	PA
KLONOPIN TAB 2MG	Non-Pref	PA
NAYZILAM SPR 5MG	Non-Pref	PA
ONFI SUS 2.5MG/ML	Non-Pref	PA
ONFI TAB 10MG	Non-Pref	PA
ONFI TAB 20MG	Non-Pref	PA
SYMPAZAN MIS 5MG	Non-Pref	PA
SYMPAZAN MIS 10MG	Non-Pref	PA
SYMPAZAN MIS 20MG	Non-Pref	PA
VALTOCO SPR 5MG	Pref	
VALTOCO SPR 10MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 15MG	Pref	
VALTOCO SPR 20MG	Pref	

**ANTICONVULSANTS - MISC.**

APTIOM TAB 200MG	Non-Pref	PA
APTIOM TAB 400MG	Non-Pref	PA
APTIOM TAB 600MG	Non-Pref	PA
APTIOM TAB 800MG	Non-Pref	PA
BANZEL SUS 40MG/ML	Non-Pref	PA
BANZEL TAB 200MG	Non-Pref	PA
BANZEL TAB 400MG	Non-Pref	PA
BRIVIACT INJ 50MG/5ML	Pref	PA
BRIVIACT SOL 10MG/ML	Non-Pref	PA
BRIVIACT TAB 10MG	Non-Pref	PA
BRIVIACT TAB 25MG	Non-Pref	PA
BRIVIACT TAB 50MG	Non-Pref	PA
BRIVIACT TAB 75MG	Non-Pref	PA
BRIVIACT TAB 100MG	Non-Pref	PA
<i>carbamazepine cap er 12hr 100 mg</i>	Pref	
<i>carbamazepine cap er 12hr 200 mg</i>	Pref	
<i>carbamazepine cap er 12hr 300 mg</i>	Pref	
<i>carbamazepine chew tab 100 mg</i>	Pref	
<i>carbamazepine susp 100 mg/5ml</i>	Pref	
<i>carbamazepine tab 200 mg</i>	Pref	
<i>carbamazepine tab er 12hr 100 mg</i>	Pref	
<i>carbamazepine tab er 12hr 200 mg</i>	Pref	
<i>carbamazepine tab er 12hr 400 mg</i>	Pref	
CARBATROL CAP 100MG	Pref	
CARBATROL CAP 200MG	Pref	
CARBATROL CAP 300MG	Pref	
DIACOMIT CAP 250MG	Non-Pref	PA
DIACOMIT CAP 500MG	Non-Pref	PA
DIACOMIT PAK 250MG	Non-Pref	PA
DIACOMIT PAK 500MG	Non-Pref	PA
ELEPSIA XR TAB 1000MG	Non-Pref	PA
ELEPSIA XR TAB 1500MG	Non-Pref	PA
EPIDIOLEX SOL 100MG/ML	Non-Pref	PA
<i>epitol tab 200mg</i>	Pref	
EPRONTIA SOL 25MG/ML	Non-Pref	PA
FINTEPLA SOL 2.2MG/ML	Non-Pref	PA
<i>gabapentin cap 100 mg</i>	Pref	
<i>gabapentin cap 300 mg</i>	Pref	
<i>gabapentin cap 400 mg</i>	Pref	
<i>gabapentin oral soln 250 mg/5ml</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gabapentin tab 600 mg</i>	Pref	
<i>gabapentin tab 800 mg</i>	Pref	
KEPPRA INJ 500/5ML	Non-Pref	PA
KEPPRA SOL 100MG/ML	Non-Pref	PA
KEPPRA TAB 250MG	Non-Pref	PA
KEPPRA TAB 500MG	Non-Pref	PA
KEPPRA TAB 750MG	Non-Pref	PA
KEPPRA TAB 1000MG	Non-Pref	PA
KEPPRA XR TAB 500MG	Non-Pref	PA
KEPPRA XR TAB 750MG	Non-Pref	PA
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Non-Pref	PA
<i>lacosamide oral solution 10 mg/ml</i>	Pref	
LACOSAMIDE SOL 10MG/ML	Pref	
<i>lacosamide tab 50 mg</i>	Pref	
<i>lacosamide tab 100 mg</i>	Pref	
<i>lacosamide tab 150 mg</i>	Pref	
<i>lacosamide tab 200 mg</i>	Pref	
LAMICTAL CHW 5MG	Non-Pref	PA
LAMICTAL CHW 25MG	Non-Pref	PA
LAMICTAL KIT START 35	Non-Pref	PA
LAMICTAL KIT START 49	Non-Pref	PA
LAMICTAL KIT START 98	Non-Pref	PA
LAMICTAL ODT KIT	Non-Pref	PA
LAMICTAL ODT TAB 25MG	Non-Pref	PA
LAMICTAL ODT TAB 50MG	Non-Pref	PA
LAMICTAL ODT TAB 100MG	Non-Pref	PA
LAMICTAL ODT TAB 200MG	Non-Pref	PA
LAMICTAL TAB 25MG	Non-Pref	PA
LAMICTAL TAB 100MG	Non-Pref	PA
LAMICTAL TAB 150MG	Non-Pref	PA
LAMICTAL TAB 200MG	Non-Pref	PA
LAMICTAL XR KIT	Non-Pref	PA
LAMICTAL XR TAB 25MG	Non-Pref	PA
LAMICTAL XR TAB 50MG	Non-Pref	PA
LAMICTAL XR TAB 100MG	Non-Pref	PA
LAMICTAL XR TAB 200MG	Non-Pref	PA
LAMICTAL XR TAB 250MG	Non-Pref	PA
LAMICTAL XR TAB 300MG	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 25 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 50 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 100 mg</i>	Non-Pref	PA
<i>lamotrigine orally disintegrating tab 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab 25 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i>	Non-Pref	PA
<i>lamotrigine tab 100 mg</i>	Pref	
<i>lamotrigine tab 150 mg</i>	Pref	
<i>lamotrigine tab 200 mg</i>	Pref	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Non-Pref	PA
<i>lamotrigine tab chewable dispersible 25 mg</i>	Non-Pref	PA
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 25 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 50 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 100 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 200 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 250 mg</i>	Non-Pref	PA
<i>lamotrigine tab er 24hr 300 mg</i>	Non-Pref	PA
LEVETIR/NAACL SOL 250/50ML	Pref	PA
LEVETIRACETA INJ 5MG/ML	Pref	PA
LEVETIRACETA INJ 10MG/ML	Pref	PA
LEVETIRACETA INJ 15MG/ML	Pref	PA
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Pref	PA
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Pref	PA
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Pref	PA
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Pref	PA
<i>levetiracetam oral soln 100 mg/ml</i>	Pref	
<i>levetiracetam tab 250 mg</i>	Pref	
<i>levetiracetam tab 500 mg</i>	Pref	
<i>levetiracetam tab 750 mg</i>	Pref	
<i>levetiracetam tab 1000 mg</i>	Pref	
<i>levetiracetam tab er 24hr 500 mg</i>	Pref	
<i>levetiracetam tab er 24hr 750 mg</i>	Pref	
LYRICA CAP 25MG	Non-Pref	PA, QL (3 caps every 1 day)
LYRICA CAP 50MG	Non-Pref	PA, QL (3 caps every 1 day)
LYRICA CAP 75MG	Non-Pref	PA, QL (3 caps every 1 day)
LYRICA CAP 100MG	Non-Pref	PA, QL (3 caps every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CAP 150MG	Non-Pref	PA, QL (3 caps every 1 day)
LYRICA CAP 200MG	Non-Pref	PA, QL (3 caps every 1 day)
LYRICA CAP 225MG	Non-Pref	PA, QL (2 caps every 1 day)
LYRICA CAP 300MG	Non-Pref	PA, QL (2 caps every 1 day)
LYRICA SOL 20MG/ML	Non-Pref	PA, QL (30 mL every 1 day)
MYSOLINE TAB 50MG	Non-Pref	PA
MYSOLINE TAB 250MG	Non-Pref	PA
NEURONTIN CAP 100MG	Non-Pref	PA
NEURONTIN CAP 300MG	Non-Pref	PA
NEURONTIN CAP 400MG	Non-Pref	PA
NEURONTIN SOL 250/5ML	Non-Pref	PA
NEURONTIN TAB 600MG	Non-Pref	PA
NEURONTIN TAB 800MG	Non-Pref	PA
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Pref	
<i>oxcarbazepine tab 150 mg</i>	Pref	
<i>oxcarbazepine tab 300 mg</i>	Pref	
<i>oxcarbazepine tab 600 mg</i>	Pref	
OXTELLAR XR TAB 150MG	Non-Pref	PA
OXTELLAR XR TAB 300MG	Non-Pref	PA
OXTELLAR XR TAB 600MG	Non-Pref	PA
<i>pregabalin cap 25 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 50 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 75 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 100 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 150 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 200 mg</i>	Pref	QL (3 caps every 1 day)
<i>pregabalin cap 225 mg</i>	Pref	QL (2 caps every 1 day)
<i>pregabalin cap 300 mg</i>	Pref	QL (2 caps every 1 day)
<i>pregabalin soln 20 mg/ml</i>	Pref	QL (30 mL every 1 day)
<i>primidone tab 50 mg</i>	Pref	
<i>primidone tab 250 mg</i>	Pref	
QUDEXY XR CAP 25/24HR	Non-Pref	PA
QUDEXY XR CAP 50/24HR	Non-Pref	PA
QUDEXY XR CAP 100/24HR	Non-Pref	PA
QUDEXY XR CAP 150/24HR	Non-Pref	PA
QUDEXY XR CAP 200/24HR	Non-Pref	PA
<i>roweepra tab 500mg</i>	Pref	
<i>rufinamide susp 40 mg/ml</i>	Non-Pref	PA
<i>rufinamide tab 200 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rufinamide tab 400 mg</i>	Non-Pref	PA
SPRITAM TAB 250MG	Non-Pref	PA
SPRITAM TAB 500MG	Non-Pref	PA
SPRITAM TAB 750MG	Non-Pref	PA
SPRITAM TAB 1000MG	Non-Pref	PA
<i>subvenite kit start 35</i>	Non-Pref	PA
<i>subvenite kit start 49</i>	Non-Pref	PA
<i>subvenite kit start 98</i>	Non-Pref	PA
<i>subvenite tab 25mg</i>	Pref	
<i>subvenite tab 100mg</i>	Pref	
<i>subvenite tab 150mg</i>	Pref	
<i>subvenite tab 200mg</i>	Pref	
TEGRETOL SUS 100/5ML	Pref	
TEGRETOL TAB 200MG	Pref	
TEGRETOL-XR TAB 100MG	Pref	
TEGRETOL-XR TAB 200MG	Pref	
TEGRETOL-XR TAB 400MG	Pref	
TOPAMAX SPR CAP 15MG	Non-Pref	PA
TOPAMAX SPR CAP 25MG	Non-Pref	PA
TOPAMAX TAB 25MG	Non-Pref	PA
TOPAMAX TAB 50MG	Non-Pref	PA
TOPAMAX TAB 100MG	Non-Pref	PA
TOPAMAX TAB 200MG	Non-Pref	PA
<i>topiramate cap er 24hr 25 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr 50 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 25 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 50 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 100 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 150 mg</i>	Non-Pref	PA
<i>topiramate cap er 24hr sprinkle 200 mg</i>	Non-Pref	PA
<i>topiramate sprinkle cap 15 mg</i>	Pref	
<i>topiramate sprinkle cap 25 mg</i>	Pref	
<i>topiramate tab 25 mg</i>	Pref	
<i>topiramate tab 50 mg</i>	Pref	
<i>topiramate tab 100 mg</i>	Pref	
<i>topiramate tab 200 mg</i>	Pref	
TRILEPTAL SUS 300MG/5M	Pref	
TRILEPTAL TAB 150MG	Non-Pref	PA
TRILEPTAL TAB 300MG	Non-Pref	PA
TRILEPTAL TAB 600MG	Non-Pref	PA
TROKENDI XR CAP 25MG	Non-Pref	PA
TROKENDI XR CAP 50MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TROKENDI XR CAP 100MG	Non-Pref	PA
TROKENDI XR CAP 200MG	Non-Pref	PA
VIMPAT INJ 200MG/20	Non-Pref	PA
VIMPAT SOL 10MG/ML	Non-Pref	PA
VIMPAT TAB 50MG	Non-Pref	PA
VIMPAT TAB 100MG	Non-Pref	PA
VIMPAT TAB 150MG	Non-Pref	PA
VIMPAT TAB 200MG	Non-Pref	PA
ZONISADE SUS 100MG/5	Non-Pref	PA
<i>zonisamide cap 25 mg</i>	Pref	
<i>zonisamide cap 50 mg</i>	Pref	
<i>zonisamide cap 100 mg</i>	Pref	
ZTALMY SUS 50MG/ML	Non-Pref	PA

### **CARBAMATES**

<i>felbamate susp 600 mg/5ml</i>	Pref	PA
<i>felbamate tab 400 mg</i>	Pref	PA
<i>felbamate tab 600 mg</i>	Pref	PA
FELBATOL SUS 600/5ML	Pref	PA
FELBATOL TAB 400MG	Pref	PA
FELBATOL TAB 600MG	Pref	PA
XCOPRI PAK 12.5-25	Non-Pref	PA
XCOPRI PAK 50-100MG	Non-Pref	PA
XCOPRI PAK 100-150	Non-Pref	PA
XCOPRI PAK 150-200	Non-Pref	PA
XCOPRI TAB 50MG	Non-Pref	PA
XCOPRI TAB 100MG	Non-Pref	PA
XCOPRI TAB 150MG	Non-Pref	PA
XCOPRI TAB 200MG	Non-Pref	PA

### **GABA MODULATORS**

GABITRIL TAB 2MG	Pref	PA, QL (28 tabs every 1 day)
GABITRIL TAB 4MG	Pref	PA, QL (14 tabs every 1 day)
GABITRIL TAB 12MG	Pref	PA, QL (10 tabs every 1 day)
GABITRIL TAB 16MG	Pref	PA, QL (10 tabs every 1 day)
SABRIL POW 500MG	Non-Pref	PA, QL (6 packets every 1 day)
SABRIL TAB 500MG	Non-Pref	PA, QL (6 tabs every 1 day)
<i>tiagabine hcl tab 2 mg</i>	Pref	PA, QL (28 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiagabine hcl tab 4 mg</i>	Pref	PA, QL (14 tabs every 1 day)
<i>tiagabine hcl tab 12 mg</i>	Pref	PA, QL (10 tabs every 1 day)
<i>tiagabine hcl tab 16 mg</i>	Pref	PA, QL (10 tabs every 1 day)
<i>vigabatrin powd pack 500 mg</i>	Non-Pref	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	Non-Pref	PA, QL (6 tabs every 1 day)
<i>vigadrone pow 500mg</i>	Non-Pref	PA, QL (6 packets every 1 day)

### **HYDANTOINS**

CEREBYX INJ 100/2ML	Non-Pref	PA
CEREBYX INJ 500/10ML	Non-Pref	PA
DILANTIN CAP 30MG	Pref	QL (6 caps every 1 day)
DILANTIN CAP 100MG	Non-Pref	PA, QL (6 caps every 1 day)
DILANTIN CHW 50MG	Non-Pref	PA, QL (5 tabs every 1 day)
DILANTIN-125 SUS 125/5ML	Non-Pref	PA, QL (20 mL every 1 day)
<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i>	Pref	PA
<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i>	Pref	PA
PHENYTEK CAP 200MG	Non-Pref	PA, QL (6 caps every 1 day)
PHENYTEK CAP 300MG	Non-Pref	PA, QL (6 caps every 1 day)
<i>phenytoin chew tab 50 mg</i>	Pref	QL (5 tabs every 1 day)
<i>phenytoin sodium extended cap 100 mg</i>	Pref	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 200 mg</i>	Pref	QL (6 caps every 1 day)
<i>phenytoin sodium extended cap 300 mg</i>	Pref	QL (6 caps every 1 day)
<i>phenytoin sodium inj 50 mg/ml</i>	Pref	PA
<i>phenytoin susp 125 mg/5ml</i>	Pref	QL (20 mL every 1 day)

### **SUCCINIMIDES**

CELONTIN CAP 300MG	Non-Pref	PA
<i>ethosuximide cap 250 mg</i>	Pref	QL (6 caps every 1 day)
<i>ethosuximide soln 250 mg/5ml</i>	Pref	QL (30 mL every 1 day)
ZARONTIN CAP 250MG	Non-Pref	PA, QL (6 caps every 1 day)
ZARONTIN SOL 250/5ML	Non-Pref	PA, QL (30 mL every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VALPROIC ACID</b>		
DEPAKOTE ER TAB 250MG	Non-Pref	PA, QL (10 tabs every 1 day)
DEPAKOTE ER TAB 500MG	Non-Pref	PA
DEPAKOTE SPR CAP 125MG	Pref	QL (10 caps every 1 day)
DEPAKOTE TAB 125MG DR	Non-Pref	PA
DEPAKOTE TAB 250MG DR	Non-Pref	PA
DEPAKOTE TAB 500MG DR	Non-Pref	PA
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Pref	QL (10 caps every 1 day)
<i>divalproex sodium tab delayed release 125 mg</i>	Pref	
<i>divalproex sodium tab delayed release 250 mg</i>	Pref	
<i>divalproex sodium tab delayed release 500 mg</i>	Pref	
<i>divalproex sodium tab er 24 hr 250 mg</i>	Pref	QL (10 tabs every 1 day)
<i>divalproex sodium tab er 24 hr 500 mg</i>	Pref	
<i>valproate sodium inj 100 mg/ml</i>	Pref	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Pref	QL (100 mL every 1 day)
<i>valproic acid cap 250 mg</i>	Pref	

## **ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION**

### **ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)**

<i>mirtazapine orally disintegrating tab 15 mg</i>	Pref	
<i>mirtazapine orally disintegrating tab 30 mg</i>	Pref	
<i>mirtazapine orally disintegrating tab 45 mg</i>	Pref	
<i>mirtazapine tab 7.5 mg</i>	Pref	DS
<i>mirtazapine tab 15 mg</i>	Pref	DS
<i>mirtazapine tab 30 mg</i>	Pref	DS
<i>mirtazapine tab 45 mg</i>	Pref	DS
REMERON SLTB TAB 15MG	Non-Pref	PA
REMERON SLTB TAB 30MG	Non-Pref	PA
REMERON SLTB TAB 45MG	Non-Pref	PA
REMERON TAB 15MG	Non-Pref	PA
REMERON TAB 30MG	Non-Pref	PA

### **ANTIDEPRESSANT COMBINATIONS**

AUVELITY TAB 45-105MG	Non-Pref	PA
-----------------------	----------	----

### **ANTIDEPRESSANTS - MISC.**

APLENZIN TAB 174MG	Non-Pref	PA
APLENZIN TAB 348MG	Non-Pref	PA
APLENZIN TAB 522MG	Non-Pref	PA
<i>bupropion hcl tab 75 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bupropion hcl tab 100 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 100 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 150 mg</i>	Pref	DS
<i>bupropion hcl tab er 12hr 200 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 150 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 300 mg</i>	Pref	DS
<i>bupropion hcl tab er 24hr 450 mg</i>	Non-Pref	PA
FORFIVO XL TAB 450MG	Non-Pref	PA
WELLBUTRIN TAB 100MG SR	Non-Pref	PA
WELLBUTRIN TAB 150MG SR	Non-Pref	PA
WELLBUTRIN TAB 200MG SR	Non-Pref	PA
WELLBUTRIN TAB XL 150MG	Non-Pref	PA
WELLBUTRIN TAB XL 300MG	Non-Pref	PA

### **MONOAMINE OXIDASE INHIBITORS (MAOIS)**

EMSAM DIS 6MG/24HR	Pref	DS
EMSAM DIS 9MG/24HR	Pref	DS
EMSAM DIS 12MG/24H	Pref	DS
MARPLAN TAB 10MG	Non-Pref	PA
NARDIL TAB 15MG	Non-Pref	PA
<i>phenelzine sulfate tab 15 mg</i>	Pref	DS
<i>tranylcypromine sulfate tab 10 mg</i>	Pref	DS

### **SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)**

CELEXA TAB 10MG	Non-Pref	PA
CELEXA TAB 20MG	Non-Pref	PA
CELEXA TAB 40MG	Non-Pref	PA
CITALOPRAM CAP 30MG	Non-Pref	PA
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Non-Pref	PA
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Pref	DS
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Pref	DS
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Pref	DS
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Pref	DS
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Pref	DS
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Pref	DS
<i>fluoxetine hcl cap 10 mg</i>	Pref	DS
<i>fluoxetine hcl cap 20 mg</i>	Pref	DS
<i>fluoxetine hcl cap 40 mg</i>	Pref	DS
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluoxetine hcl solution 20 mg/5ml</i>	Pref	
<i>fluoxetine hcl tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 20 mg</i>	Non-Pref	PA
<i>fluoxetine hcl tab 60 mg</i>	Non-Pref	PA
FLUOXETINE TAB 60MG	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non-Pref	PA
<i>fluvoxamine maleate tab 25 mg</i>	Pref	DS
<i>fluvoxamine maleate tab 50 mg</i>	Pref	DS
<i>fluvoxamine maleate tab 100 mg</i>	Pref	DS
LEXAPRO TAB 5MG	Non-Pref	PA
LEXAPRO TAB 10MG	Non-Pref	PA
LEXAPRO TAB 20MG	Non-Pref	PA
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Non-Pref	PA
<i>paroxetine hcl tab 10 mg</i>	Pref	DS
<i>paroxetine hcl tab 20 mg</i>	Pref	DS
<i>paroxetine hcl tab 30 mg</i>	Pref	DS
<i>paroxetine hcl tab 40 mg</i>	Pref	DS
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 25 mg</i>	Non-Pref	PA
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Non-Pref	PA
PAXIL CR TAB 12.5MG	Non-Pref	PA
PAXIL CR TAB 25MG	Non-Pref	PA
PAXIL CR TAB 37.5MG	Non-Pref	PA
PAXIL SUS 10MG/5ML	Non-Pref	PA
PAXIL TAB 10MG	Non-Pref	PA
PAXIL TAB 20MG	Non-Pref	PA
PAXIL TAB 30MG	Non-Pref	PA
PAXIL TAB 40MG	Non-Pref	PA
PEXEVA TAB 10MG	Non-Pref	PA
PEXEVA TAB 20MG	Non-Pref	PA
PEXEVA TAB 30MG	Non-Pref	PA
PROZAC CAP 10MG	Non-Pref	PA
PROZAC CAP 20MG	Non-Pref	PA
PROZAC CAP 40MG	Non-Pref	PA
SERTRALINE CAP 150MG	Non-Pref	PA
SERTRALINE CAP 200MG	Non-Pref	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Non-Pref	PA
<i>sertraline hcl tab 25 mg</i>	Pref	DS
<i>sertraline hcl tab 50 mg</i>	Pref	DS
<i>sertraline hcl tab 100 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOLOFT CON 20MG/ML	Non-Pref	PA
ZOLOFT TAB 25MG	Non-Pref	PA
ZOLOFT TAB 50MG	Non-Pref	PA
ZOLOFT TAB 100MG	Non-Pref	PA

### **SEROTONIN MODULATORS**

<i>nefazodone hcl tab 50 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 200 mg</i>	Non-Pref	PA
<i>nefazodone hcl tab 250 mg</i>	Non-Pref	PA
<i>trazodone hcl tab 50 mg</i>	Pref	DS
<i>trazodone hcl tab 100 mg</i>	Pref	DS
<i>trazodone hcl tab 150 mg</i>	Pref	DS
<i>trazodone hcl tab 300 mg</i>	Pref	DS
TRINTELLIX TAB 5MG	Non-Pref	PA
TRINTELLIX TAB 10MG	Non-Pref	PA
TRINTELLIX TAB 20MG	Non-Pref	PA
VIIBRYD KIT STARTER	Non-Pref	PA
VIIBRYD TAB 10MG	Non-Pref	PA
VIIBRYD TAB 20MG	Non-Pref	PA
VIIBRYD TAB 40MG	Non-Pref	PA
<i>vilazodone hcl tab 10 mg</i>	Non-Pref	PA
<i>vilazodone hcl tab 20 mg</i>	Non-Pref	PA
<i>vilazodone hcl tab 40 mg</i>	Non-Pref	PA

### **SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)**

CYMBALTA CAP 20MG	Non-Pref	PA; AGE*
CYMBALTA CAP 30MG	Non-Pref	PA; AGE*
CYMBALTA CAP 60MG	Non-Pref	PA; AGE*
DESVENLAFAX TAB 50MG ER	Non-Pref	PA
DESVENLAFAX TAB 100MG ER	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Non-Pref	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Non-Pref	PA
DRIZALMA CAP 20MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 30MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 40MG DR	Non-Pref	PA; AGE*
DRIZALMA CAP 60MG DR	Non-Pref	PA; AGE*
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Pref	AGE*; DS
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Non-Pref	PA; AGE*
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Pref	AGE*; DS
EFFEXOR XR CAP 37.5MG	Non-Pref	PA
EFFEXOR XR CAP 75MG	Non-Pref	PA
EFFEXOR XR CAP 150MG	Non-Pref	PA
FETZIMA CAP 20MG	Non-Pref	PA
FETZIMA CAP 40MG	Non-Pref	PA
FETZIMA CAP 80MG	Non-Pref	PA
FETZIMA CAP 120MG	Non-Pref	PA
FETZIMA CAP TITRATIO	Non-Pref	PA
PRISTIQ TAB 25MG	Non-Pref	PA
PRISTIQ TAB 50MG	Non-Pref	PA
PRISTIQ TAB 100MG	Non-Pref	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Pref	DS
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i>	Non-Pref	PA
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA
VENLAFAXINE TAB 112.5MG	Non-Pref	PA

### **TRICYCLIC AGENTS**

<i>amitriptyline hcl tab 10 mg</i>	Pref	DS
<i>amitriptyline hcl tab 25 mg</i>	Pref	DS
<i>amitriptyline hcl tab 50 mg</i>	Pref	DS
<i>amitriptyline hcl tab 75 mg</i>	Pref	DS
<i>amitriptyline hcl tab 100 mg</i>	Pref	DS
<i>amitriptyline hcl tab 150 mg</i>	Pref	DS
<i>amoxapine tab 25 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxapine tab 50 mg</i>	Pref	DS
<i>amoxapine tab 100 mg</i>	Pref	DS
<i>amoxapine tab 150 mg</i>	Pref	DS
ANAFRANIL CAP 25MG	Non-Pref	PA
ANAFRANIL CAP 50MG	Non-Pref	PA
ANAFRANIL CAP 75MG	Non-Pref	PA
<i>clomipramine hcl cap 25 mg</i>	Non-Pref	PA
<i>clomipramine hcl cap 50 mg</i>	Non-Pref	PA
<i>clomipramine hcl cap 75 mg</i>	Non-Pref	PA
<i>desipramine hcl tab 10 mg</i>	Pref	DS
<i>desipramine hcl tab 25 mg</i>	Pref	DS
<i>desipramine hcl tab 50 mg</i>	Pref	DS
<i>desipramine hcl tab 75 mg</i>	Pref	DS
<i>desipramine hcl tab 100 mg</i>	Pref	DS
<i>desipramine hcl tab 150 mg</i>	Pref	DS
<i>doxepin hcl cap 10 mg</i>	Pref	DS
<i>doxepin hcl cap 25 mg</i>	Pref	DS
<i>doxepin hcl cap 50 mg</i>	Pref	DS
<i>doxepin hcl cap 75 mg</i>	Pref	DS
<i>doxepin hcl cap 100 mg</i>	Pref	DS
<i>doxepin hcl cap 150 mg</i>	Pref	DS
<i>doxepin hcl conc 10 mg/ml</i>	Pref	
<i>imipramine hcl tab 10 mg</i>	Pref	DS
<i>imipramine hcl tab 25 mg</i>	Pref	DS
<i>imipramine hcl tab 50 mg</i>	Pref	DS
<i>imipramine pamoate cap 75 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 100 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 125 mg</i>	Non-Pref	PA
<i>imipramine pamoate cap 150 mg</i>	Non-Pref	PA
NORPRAMIN TAB 10MG	Non-Pref	PA
NORPRAMIN TAB 25MG	Non-Pref	PA
<i>nortriptyline hcl cap 10 mg</i>	Pref	DS
<i>nortriptyline hcl cap 25 mg</i>	Pref	DS
<i>nortriptyline hcl cap 50 mg</i>	Pref	DS
<i>nortriptyline hcl cap 75 mg</i>	Pref	DS
<i>nortriptyline hcl soln 10 mg/5ml</i>	Non-Pref	PA
PAMELOR CAP 10MG	Non-Pref	PA
PAMELOR CAP 25MG	Non-Pref	PA
PAMELOR CAP 50MG	Non-Pref	PA
PAMELOR CAP 75MG	Non-Pref	PA
<i>protriptyline hcl tab 5 mg</i>	Non-Pref	PA
<i>protriptyline hcl tab 10 mg</i>	Non-Pref	PA
<i>trimipramine maleate cap 25 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>trimipramine maleate cap 50 mg</i>	Non-Pref	PA
<i>trimipramine maleate cap 100 mg</i>	Non-Pref	PA

## **ANTIDIABETICS - DRUGS TO TREAT DIABETES**

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>acarbose tab 50 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>acarbose tab 100 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>miglitol tab 25 mg</i>	Non-Pref	PA
<i>miglitol tab 50 mg</i>	Non-Pref	PA
<i>miglitol tab 100 mg</i>	Non-Pref	PA

### **ANTIDIABETIC - AMYLIN ANALOGS**

SYMLINPEN 60 INJ 1000MCG	Pref	PA
SYMLINPEN 120 INJ 1000MCG	Pref	PA

### **ANTIDIABETIC COMBINATIONS**

ACTOPLUS MET TAB 15-850MG	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non-Pref	PA
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non-Pref	PA
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non-Pref	PA
DUETACT TAB 30-2MG	Non-Pref	PA
DUETACT TAB 30-4MG	Non-Pref	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Pref	DS
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Pref	DS
<i>glipizide-metformin hcl tab 5-500 mg</i>	Pref	DS
<i>glyburide-metformin tab 1.25-250 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs every 1 day); DS
GLYXAMBI TAB 10-5 MG	Non-Pref	PA
GLYXAMBI TAB 25-5 MG	Non-Pref	PA
INVOKAMET TAB 50-500MG	Pref	
INVOKAMET TAB 50-1000	Pref	
INVOKAMET TAB 150-500	Pref	
INVOKAMET TAB 150-1000	Pref	
INVOKAMET XR TAB 50-500MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVOKAMET XR TAB 50-1000	Non-Pref	PA
INVOKAMET XR TAB 150-500	Non-Pref	PA
INVOKAMET XR TAB 150-1000	Non-Pref	PA
JANUMET TAB 50-500MG	Pref	
JANUMET TAB 50-1000	Pref	
JANUMET XR TAB 50-500MG	Pref	
JANUMET XR TAB 50-1000	Pref	
JANUMET XR TAB 100-1000	Pref	
JENTADUETO TAB 2.5-500	Pref	
JENTADUETO TAB 2.5-850	Pref	
JENTADUETO TAB 2.5-1000	Pref	
JENTADUETO TAB XR	Pref	
KAZANO 12.5- TAB 500MG	Non-Pref	PA
KAZANO 12.5- TAB 1000MG	Non-Pref	PA
KOMBIGLYZ XR TAB 2.5-1000	Pref	
KOMBIGLYZ XR TAB 5-500MG	Pref	
KOMBIGLYZ XR TAB 5-1000MG	Pref	
OSENI TAB 12.5-30	Non-Pref	PA
OSENI TAB 25-15MG	Non-Pref	PA
OSENI TAB 25-30MG	Non-Pref	PA
OSENI TAB 25-45MG	Non-Pref	PA
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Non-Pref	PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Non-Pref	PA
QTERN TAB 5-5MG	Non-Pref	PA
QTERN TAB 10-5MG	Non-Pref	PA
SEGLUROMET TAB 2.5-500	Non-Pref	PA
SEGLUROMET TAB 2.5-1000	Non-Pref	PA
SEGLUROMET TAB 7.5-500	Non-Pref	PA
SEGLUROMET TAB 7.5-1000	Non-Pref	PA
SOLIQUA INJ 100/33	Non-Pref	PA
STEGLUJAN TAB 5-100MG	Non-Pref	PA
STEGLUJAN TAB 15-100MG	Non-Pref	PA
SYNJARDY TAB	Pref	
SYNJARDY TAB 5-500MG	Pref	
SYNJARDY TAB 5-1000MG	Pref	
SYNJARDY TAB 12.5-500	Pref	
SYNJARDY XR TAB	Non-Pref	PA
SYNJARDY XR TAB 5-1000MG	Non-Pref	PA
SYNJARDY XR TAB 10-1000	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNJARDY XR TAB 25-1000	Non-Pref	PA
TRIJARDY XR TAB	Non-Pref	PA
XIGDUO XR TAB 2.5-1000	Pref	
XIGDUO XR TAB 5-500MG	Pref	
XIGDUO XR TAB 5-1000MG	Pref	
XIGDUO XR TAB 10-500MG	Pref	
XIGDUO XR TAB 10-1000	Pref	
XULTOPHY INJ 100/3.6	Non-Pref	PA

### **BIGUANIDES**

GLUMETZA TAB 500MG	Non-Pref	PA
GLUMETZA TAB 1000MG	Non-Pref	PA
<i>metformin hcl oral soln 500 mg/5ml</i>	Non-Pref	PA
<i>metformin hcl tab 500 mg</i>	Pref	QL (5 tabs every 1 day); DS
<i>metformin hcl tab 850 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>metformin hcl tab 1000 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>metformin hcl tab er 24hr modified release 500 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr modified release 1000 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non-Pref	PA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non-Pref	PA
RIOMET SOL 500/5ML	Non-Pref	PA

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	Pref	PA, QL (2 sprays every 25 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	PA, QL (2 sprays every 25 days)
CVS GLUCOSE CHW TROPICAL	Pref	OTC
DEX4 GLUCOSE CHW QK DISLV	Pref	OTC
<i>diazoxide susp 50 mg/ml</i>	Pref	
GLUCAGEN INJ HYPOKIT	Pref	
<i>glucagon (rdna) for inj kit 1 mg</i>	Pref	
GLUCAGON EMR SOL 1MG	Non-Pref	PA
GLUCAGON KIT 1MG	Pref	
GLUCOSE CHW 4GM	Pref	OTC
GLUCOSE CHW ORANGE	Pref	OTC
GLUCOSE CHW RASPBERRY	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GNP GLUCOSE CHW GRAPE	Pref	OTC
GNP GLUCOSE CHW ORANGE	Pref	OTC
GNP GLUCOSE CHW RASPBERR	Pref	OTC
GNP GLUCOSE CHW RASPBERY	Pref	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Non-Pref	PA
GVOKE HYPO 1 INJ .5/.1ML	Non-Pref	PA
GVOKE HYPO 2 INJ 1MG/.2ML	Non-Pref	PA
GVOKE HYPO 2 INJ .5/.1ML	Non-Pref	PA
GVOKE KIT SOL 1MG/0.2M	Non-Pref	PA
GVOKE PFS INJ	Non-Pref	PA
KORLYM TAB 300MG	Pref	PA
PROGLYCEM SUS 50MG/ML	Pref	
QUICK DISSOL CHW GLUCOSE	Pref	OTC
SM GLUCOSE CHW SOUR APP	Pref	OTC
ZEGALOGUE INJ 0.6/0.6	Non-Pref	PA

### **DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS**

<i>alogliptin benzoate tab 6.25 mg (base equiv)</i>	Non-Pref	PA
<i>alogliptin benzoate tab 12.5 mg (base equiv)</i>	Non-Pref	PA
<i>alogliptin benzoate tab 25 mg (base equiv)</i>	Non-Pref	PA
JANUVIA TAB 25MG	Pref	
JANUVIA TAB 50MG	Pref	
JANUVIA TAB 100MG	Pref	
NESINA TAB 6.25MG	Non-Pref	PA
NESINA TAB 12.5MG	Non-Pref	PA
NESINA TAB 25MG	Non-Pref	PA
ONGLYZA TAB 2.5MG	Pref	
ONGLYZA TAB 5MG	Pref	
TRADJENTA TAB 5MG	Pref	

### **DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC**

CYCLOSET TAB 0.8MG	Non-Pref	PA
--------------------	----------	----

### **INCRETIN MIMETIC AGENTS**

ADLYXIN INJ 20MCG	Non-Pref	PA
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA
BYETTA INJ 5MCG	Pref	QL (1 pen every 25 days)
BYETTA INJ 10MCG	Pref	QL (1 pen every 25 days)
MOUNJARO INJ 2.5/0.5	Non-Pref	PA
MOUNJARO INJ 5MG/0.5	Non-Pref	PA
MOUNJARO INJ 7.5/0.5	Non-Pref	PA
MOUNJARO INJ 10MG/0.5	Non-Pref	PA
MOUNJARO INJ 12.5/0.5	Non-Pref	PA
MOUNJARO INJ 15MG/0.5	Non-Pref	PA
OZEMPIC INJ 2/1.5ML	Non-Pref	PA
OZEMPIC INJ 2MG/3ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OZEMPIC INJ 4MG/3ML	Non-Pref	PA
OZEMPIC INJ 8MG/3ML	Non-Pref	PA
RYBELSUS TAB 3MG	Non-Pref	PA
RYBELSUS TAB 7MG	Non-Pref	PA
RYBELSUS TAB 14MG	Non-Pref	PA
TRULICITY INJ 0.75/0.5	Non-Pref	PA
TRULICITY INJ 1.5/0.5	Non-Pref	PA
TRULICITY INJ 3/0.5	Non-Pref	PA
TRULICITY INJ 4.5/0.5	Non-Pref	PA
VICTOZA INJ 18MG/3ML	Pref	QL (9 mL every month)

### **INSULIN**

ADMELOG INJ 100U/ML	Non-Pref	PA, QL (30 mL every 25 days)
ADMELOG SOLO INJ 100U/ML	Non-Pref	PA, QL (10 pens every 25 days)
AFREZZA POW 4-8 UNIT	Non-Pref	PA
AFREZZA POW 4-8-12	Non-Pref	PA
AFREZZA POW 4UNIT	Non-Pref	PA
AFREZZA POW 8 UNIT	Non-Pref	PA
AFREZZA POW 8-12UNIT	Non-Pref	PA
AFREZZA POW 12 UNIT	Non-Pref	PA
APIDRA INJ SOLOSTAR	Non-Pref	PA
APIDRA INJ U-100	Non-Pref	PA
BASAGLAR INJ 100UNIT	Non-Pref	PA QL (10 pens every 25 days)
BASAGLAR INJ TEMPO PN	Non-Pref	PA QL (10 pens every 25 days)
FIASP FLEX INJ TOUCH	Non-Pref	PA
FIASP INJ 100/ML	Non-Pref	PA
FIASP PENFIL INJ U-100	Non-Pref	PA
HUMALOG INJ 100/ML	Pref	QL (10 cartridges every 25 days)
HUMALOG INJ 100/ML	Pref	QL (30 mL every 25 days)
HUMALOG JR INJ 100/ML	Pref	QL (10 pens every 25 days)
HUMALOG KWIK INJ 100/ML	Pref	QL (10 pens every 25 days)
HUMALOG KWIK INJ 200/ML	Non-Pref	PA, QL (10 pens every 25 days)
HUMALOG MIX INJ 50/50	Pref	QL (30 mL every 25 days)
HUMALOG MIX INJ 50/50KWP	Pref	QL (10 pens every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMALOG MIX INJ 75/25KWP	Pref	QL (10 pens every 25 days)
HUMALOG MIX SUS 75/25	Pref	QL (30 mL every 25 days)
HUMALOG TMPO INJ 100/ML	Non-Pref	PA
HUMULIN INJ 70/30	Pref	QL (30 mL every 25 days), OTC
HUMULIN INJ 70/30KWP	Pref	QL (10 pens every 25 days), OTC
HUMULIN N INJ U-100	Pref	QL (30 mL every 25 days), OTC
HUMULIN N INJ U-100KWP	Pref	QL (10 pens every 25 days), OTC
HUMULIN R INJ U-100	Pref	QL (30 mL every 25 days), OTC
HUMULIN R INJ U-500	Pref	QL (1 vial every 25 days)
HUMULIN R INJ U-500	Pref	QL (6 pens every 25 days)
INS ASP PROT INJ FLEXPEN	Pref	QL (10 pens every 25 days)
INS DEGL FLX INJ 100UNIT	Non-Pref	PA
INS DEGL FLX INJ 200UNIT	Non-Pref	PA
INSULIN ASPA INJ 70/30	Pref	QL (30 mL every 25 days)
INSULIN ASPA INJ 100/ML	Non-Pref	PA, QL (3 vials every 25 days)
INSULIN ASPA INJ FLEXPEN	Non-Pref	PA, QL (10 pens every 25 days)
INSULIN ASPA INJ PENFILL	Non-Pref	PA, QL (10 cartridges every 25 days)
INSULIN DEGL INJ 100UNIT	Non-Pref	PA
INSULIN GLAR INJ 100U/ML	Pref	QL (10 pens every 25 days)
INSULIN GLAR INJ 100U/ML	Non-Pref	PA; (YFGN)
INSULIN GLAR SOL 100U/ML	Pref	QL (3 vials every 25 days)
INSULIN GLAR SOL 100U/ML	Non-Pref	PA; (YFGN)
INSULIN LISP INJ 100/ML	Pref	QL (10 pens every 25 days)
INSULIN LISP INJ 100/ML	Pref	QL (30 mL every 25 days)
INSULIN LISP INJ JUNIOR	Pref	QL (10 pens every 25 days)
INSULIN LISP INJ PROTAMIN	Pref	QL (10 pens every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LANTUS INJ 100/ML	Non-Pref	PA QL (3 vials every 25 days)
LANTUS SOLOS INJ 100/ML	Non-Pref	PA QL (10 pens every 25 days)
LEVEMIR INJ	Pref	QL (3 vials every 25 days)
LEVEMIR INJ FLEXPEN	Pref	QL (10 pens every 25 days)
LYUMJEV INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 100UT/ML	Non-Pref	PA
LYUMJEV KWPN INJ 200UT/ML	Non-Pref	PA
LYUMJEV TMPO INJ 100UT/ML	Non-Pref	PA
NOVOLIN70/30 INJ RELION	Non-Pref	PA, QL (30 mL every 25 days), OTC
NOVOLIN INJ 70/30	Non-Pref	PA, QL (30 mL every 25 days), OTC
NOVOLIN INJ 70/30 FP	Non-Pref	PA, QL (10 pens every 25 days), OTC
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, QL (10 pens every 25 days), OTC
NOVOLIN N INJ RELION	Non-Pref	PA, QL (30 mL every 25 days), OTC
NOVOLIN N INJ U-100	Non-Pref	PA, QL (30 mL every 25 days), OTC
NOVOLIN R INJ RELION	Non-Pref	PA, QL (3 vials every 25 days), OTC
NOVOLIN R INJ U-100	Non-Pref	PA, QL (3 vials every 25 days), OTC
NOVOLOG INJ 100/ML	Pref	QL (30 mL every 25 days)
NOVOLOG INJ FLEX REL	Non-Pref	PA, QL (10 pens every 25 days)
NOVOLOG INJ FLEXPEN	Pref	QL (10 pens every 25 days)
NOVOLOG INJ PENFILL	Pref	QL (10 cartridges every 25 days)
NOVOLOG INJ RELION	Non-Pref	PA, QL (3 vials every 25 days)
NOVOLOG MIX INJ 70/30	Non-Pref	PA, QL (30 mL every 25 days)
NOVOLOG MIX INJ FLEX REL	Non-Pref	PA, QL (10 pens every 25 days)
NOVOLOG MIX INJ FLEXPEN	Non-Pref	PA, QL (10 pens every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG RELI INJ 70/30	Pref	QL (30 mL every 25 days)
SEMGLEE INJ 100U/ML	Non-Pref	PA
SEMGLEE SOL 100U/ML	Non-Pref	PA
TOUJEO MAX INJ 300IU/ML	Non-Pref	PA
TOUJEO SOLO INJ 300IU/ML	Non-Pref	PA
TRESIBA FLEX INJ 100UNIT	Non-Pref	PA
TRESIBA FLEX INJ 200UNIT	Non-Pref	PA
TRESIBA INJ 100UNIT	Non-Pref	PA

### **INSULIN SENSITIZING AGENTS**

ACTOS TAB 15MG	Non-Pref	PA, QL (1 tab every 1 day)
ACTOS TAB 30MG	Non-Pref	PA, QL (1 tab every 1 day)
ACTOS TAB 45MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	QL (1 tab every 1 day); DS

### **MEGLITINIDE ANALOGUES**

<i>nateglinide tab 60 mg</i>	Pref	DS
<i>nateglinide tab 120 mg</i>	Pref	DS
<i>repaglinide tab 0.5 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>repaglinide tab 1 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>repaglinide tab 2 mg</i>	Pref	QL (6 tabs every 1 day); DS

### **SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS**

FARXIGA TAB 5MG	Pref	
FARXIGA TAB 10MG	Pref	
INVOKANA TAB 100MG	Pref	
INVOKANA TAB 300MG	Pref	
JARDIANCE TAB 10MG	Pref	QL (2 tabs every 1 day)
JARDIANCE TAB 25MG	Pref	QL (1 tab every 1 day)
STEGLATRO TAB 5MG	Non-Pref	PA
STEGLATRO TAB 15MG	Non-Pref	PA

### **SULFONYLUREAS**

AMARYL TAB 1MG	Non-Pref	PA, QL (3 tabs every 1 day)
----------------	----------	-----------------------------

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMARYL TAB 2MG	Non-Pref	PA, QL (4 tabs every 1 day)
AMARYL TAB 4MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>glimepiride tab 1 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>glimepiride tab 2 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glimepiride tab 4 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide tab 5 mg</i>	Pref	QL (8 tabs every 1 day); DS
<i>glipizide tab 10 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide tab er 24hr 5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide tab er 24hr 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide xl tab 2.5mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide xl tab 5mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>glipizide xl tab 10mg</i>	Pref	QL (2 tabs every 1 day); DS
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA, QL (2 tabs every 1 day)
GLUCOTROL XL TAB 5MG	Non-Pref	PA, QL (2 tabs every 1 day)
GLUCOTROL XL TAB 10MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>glyburide micronized tab 1.5 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glyburide micronized tab 3 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glyburide micronized tab 6 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glyburide tab 1.25 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glyburide tab 2.5 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>glyburide tab 5 mg</i>	Pref	QL (4 tabs every 1 day); DS
GLYNASE TAB 1.5MG	Non-Pref	PA, QL (4 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLYNASE TAB 3MG	Non-Pref	PA, QL (4 tabs every 1 day)
GLYNASE TAB 6MG	Non-Pref	PA, QL (4 tabs every 1 day)

## **ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA**

### **ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS**

MYTESI TAB 125MG	Non-Pref	PA
------------------	----------	----

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

<i>bismuth subsalicylate chew tab 262 mg</i>	Pref	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Pref	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Pref	OTC

### **ANTIPERISTALTIC AGENTS**

ANTI-DIARRHE LIQ 1MG/5ML	Pref	OTC
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Non-Pref	PA
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Non-Pref	PA, QL (8 tabs every 1 day)
LOMOTIL TAB 2.5MG	Non-Pref	PA, QL (8 tabs every 1 day)
<i>loperamide hcl cap 2 mg</i>	Non-Pref	PA
<i>loperamide hcl tab 2 mg</i>	Pref	OTC
MOTOFEN TAB 1-0.025	Non-Pref	PA
<i>opium tincture 1% (10 mg/ml) (morphine equiv)</i>	Non-Pref	PA

## **ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING**

### **ANTIDOTES - CHELATING AGENTS**

CHEMET CAP 100MG	Pref	PA
<i>deferasirox granules packet 90 mg</i>	Pref	
<i>deferasirox granules packet 180 mg</i>	Pref	
<i>deferasirox granules packet 360 mg</i>	Pref	
<i>deferasirox tab 90 mg</i>	Pref	
<i>deferasirox tab 180 mg</i>	Pref	
<i>deferasirox tab 360 mg</i>	Pref	
<i>deferasirox tab for oral susp 125 mg</i>	Pref	
<i>deferasirox tab for oral susp 250 mg</i>	Pref	
<i>deferasirox tab for oral susp 500 mg</i>	Pref	
<i>deferiprone tab 500 mg</i>	Non-Pref	PA
<i>deferiprone tab 1000 mg</i>	Non-Pref	PA
EXJADE TAB 125MG	Non-Pref	PA
EXJADE TAB 250MG	Non-Pref	PA
EXJADE TAB 500MG	Non-Pref	PA
FERPRX 2-DAY TAB 1000MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FERRIPROX SOL 100MG/ML	Non-Pref	PA
FERRIPROX TAB 500MG	Non-Pref	PA
FERRIPROX TAB 1000MG	Non-Pref	PA
JADENU SPRKL GRA 90MG	Non-Pref	PA
JADENU SPRKL GRA 180MG	Non-Pref	PA
JADENU SPRKL GRA 360MG	Non-Pref	PA
JADENU TAB 90MG	Non-Pref	PA
JADENU TAB 180MG	Non-Pref	PA
JADENU TAB 360MG	Non-Pref	PA

### **OPIOID ANTAGONISTS**

KLOXXADO SPR 8MG	Pref	
<i>naloxone hcl inj 0.4 mg/ml</i>	Pref	
<i>naloxone hcl inj 4 mg/10ml</i>	Pref	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Pref	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Pref	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Pref	
<i>naltrexone hcl tab 50 mg</i>	Pref	AGE*
NARCAN SPR 4MG	Non-Pref	PA
VIVITROL INJ 380MG	Pref	QL (1 injection every 30 days); AGE*
ZIMHI SOL	Pref	

### **ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING**

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

ANZEMET TAB 50MG	Non-Pref	PA
<i>granisetron hcl inj 1 mg/ml</i>	Non-Pref	PA
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Non-Pref	PA
<i>granisetron hcl tab 1 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day)
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Pref	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Pref	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Pref	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Pref	QL (30 mL every 1 day)
<i>ondansetron hcl tab 4 mg</i>	Pref	QL (90 tabs every 25 days)
<i>ondansetron hcl tab 8 mg</i>	Pref	QL (90 tabs every 25 days)
<i>ondansetron hcl tab 24 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	QL (90 tabs every 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	QL (90 tabs every 25 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Non-Pref	PA
PALONOSETRON INJ 0.25/2ML	Non-Pref	PA
SANCUSO DIS 3.1MG	Non-Pref	PA
SUSTOL INJ 10/0.4ML	Non-Pref	PA

### **ANTIEMETICS - ANTICHOLINERGIC**

ANTIVERT TAB 50MG	Pref	
DIMENHYDRIN INJ 50MG/ML	Non-Pref	PA
<i>meclizine hcl chew tab 25 mg</i>	Pref	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs every 1 day)
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs every 1 day), OTC
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs every 1 day)
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs every 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Pref	QL (10 patches every 25 days)
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA, QL (10 patches every 25 days)
<i>trimethobenzamide hcl cap 300 mg</i>	Pref	

### **ANTIEMETICS - MISCELLANEOUS**

AKYNZEO CAP 300-0.5	Non-Pref	PA
AKYNZEO INJ	Pref	PA
AKYNZEO INJ 235-0.25	Pref	PA
BONJESTA TAB 20-20MG	Non-Pref	PA
DICLEGIS TAB 10-10MG	Pref	PA
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Pref	PA
<i>dronabinol cap 2.5 mg</i>	Non-Pref	PA
<i>dronabinol cap 5 mg</i>	Non-Pref	PA
<i>dronabinol cap 10 mg</i>	Non-Pref	PA
MARINOL CAP 2.5MG	Non-Pref	PA

### **SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS**

APONVIE INJ 32/4.4ML	Non-Pref	PA
<i>aprepitant capsule 40 mg</i>	Pref	
<i>aprepitant capsule 80 mg</i>	Pref	
<i>aprepitant capsule 125 mg</i>	Pref	
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i>	Non-Pref	PA
CINVANTI INJ 130/18ML	Non-Pref	PA
EMEND CAP 80MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
EMEND SOL 150MG	Non-Pref	PA
EMEND SUS 125MG	Non-Pref	PA
EMEND TRIPAC PAK 80 & 125	Non-Pref	PA
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Non-Pref	PA

## ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

### ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

BREXAFEMME TAB 150MG	Non-Pref	PA
CANCIDAS INJ 50MG	Non-Pref	PA
CANCIDAS INJ 70MG	Non-Pref	PA
<i>casprofungin acetate for iv soln 50 mg</i>	Pref	PA
<i>casprofungin acetate for iv soln 70 mg</i>	Pref	PA
CASPOFUNGIN INJ 50MG	Pref	PA
CASPOFUNGIN INJ 70MG	Pref	PA
ERAXIS INJ 50MG	Pref	PA
ERAXIS INJ 100MG	Pref	PA
MICAFUNGIN INJ 50MG	Non-Pref	PA
MICAFUNGIN INJ 100MG	Non-Pref	PA
<i>micafungin sodium for iv soln 50 mg</i>	Pref	PA
<i>micafungin sodium for iv soln 100 mg</i>	Pref	PA
MYCAMINE INJ 100MG	Non-Pref	PA

### ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ABELCET INJ 5MG/ML	Pref	PA
AMBISOME INJ 50MG	Non-Pref	PA
<i>amphotericin b for iv soln 50 mg</i>	Pref	PA
<i>amphotericin b liposome iv for susp 50 mg</i>	Pref	PA
ANCOBON CAP 250MG	Non-Pref	PA
ANCOBON CAP 500MG	Non-Pref	PA
<i>flucytosine cap 250 mg</i>	Non-Pref	PA
<i>flucytosine cap 500 mg</i>	Non-Pref	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Pref	QL (40 mL every 1 day)
<i>griseofulvin microsize tab 500 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 125 mg</i>	Non-Pref	PA
<i>griseofulvin ultramicrosize tab 250 mg</i>	Non-Pref	PA
<i>nystatin tab 500000 unit</i>	Pref	QL (8 tabs every 1 day)
<i>terbinafine hcl tab 250 mg</i>	Pref	QL (1 tab every 1 day)

### IMIDAZOLE-RELATED ANTIFUNGALS

CRESEMBA CAP 186 MG	Non-Pref	PA
CRESEMBA INJ 372MG	Pref	PA
DIFLUCAN SUS 10MG/ML	Non-Pref	PA
DIFLUCAN SUS 40MG/ML	Non-Pref	PA
DIFLUCAN TAB 100MG	Non-Pref	PA
DIFLUCAN TAB 150MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIFLUCAN TAB 200MG	Non-Pref	PA
<i>fluconazole for susp 10 mg/ml</i>	Pref	
<i>fluconazole for susp 40 mg/ml</i>	Pref	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Pref	PA
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Pref	PA
FLUCONAZOLE SOL /NACL	Pref	PA
<i>fluconazole tab 50 mg</i>	Pref	QL (2 tabs every 1 day)
<i>fluconazole tab 100 mg</i>	Pref	
<i>fluconazole tab 150 mg</i>	Pref	
<i>fluconazole tab 200 mg</i>	Pref	
<i>itraconazole cap 100 mg</i>	Non-Pref	PA
<i>itraconazole oral soln 10 mg/ml</i>	Non-Pref	PA
<i>ketoconazole tab 200 mg</i>	Non-Pref	PA
NOXAFIL INJ 300/16.7	Pref	PA
NOXAFIL PAK 300MG	Non-Pref	PA
NOXAFIL SUS 40MG/ML	Non-Pref	PA
NOXAFIL TAB 100MG	Non-Pref	PA
<i>posaconazole tab delayed release 100 mg</i>	Non-Pref	PA
SPORANOX CAP 100MG	Non-Pref	PA
SPORANOX SOL 10MG/ML	Non-Pref	PA
TOLSURA CAP 65MG	Non-Pref	PA
VFEND IV INJ 200MG	Non-Pref	PA
VFEND SUS 40MG/ML	Non-Pref	PA
VFEND TAB 50MG	Non-Pref	PA
VFEND TAB 200MG	Non-Pref	PA
VIVJOA CAP 150MG	Pref	PA
<i>voriconazole for inj 200 mg</i>	Pref	PA
<i>voriconazole for susp 40 mg/ml</i>	Non-Pref	PA
<i>voriconazole tab 50 mg</i>	Non-Pref	PA
<i>voriconazole tab 200 mg</i>	Non-Pref	PA

## **ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTIHIISTAMINES - ALKYLAMINES**

<i>chlorpheniramine tab 4 mg</i>	Pref	OTC
<i>ryclora sol 2mg/5ml</i>	Non-Pref	PA

### **ANTIHIISTAMINES - COMBINATIONS**

CLOBETEX PAK	Pref	PA
--------------	------	----

### **ANTIHIISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Non-Pref	PA
<i>carbinoxamine maleate tab 4 mg</i>	Non-Pref	PA
<i>clemastine fumarate tab 2.68 mg</i>	Non-Pref	PA
<i>diphenhydramine hcl cap 25 mg</i>	Pref	QL (6 caps every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl cap 50 mg</i>	Pref	QL (6 caps every 1 day), OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	QL (80 mL every 1 day)
<i>diphenhydramine hcl inj 50 mg/ml</i>	Pref	PA
<i>diphenhydramine hcl liquid 12.5 mg/5ml</i>	Pref	QL (80 mL every 1 day), OTC
<i>diphenhydramine hcl tab 25 mg</i>	Pref	QL (6 tabs every 1 day), OTC
KARBINAL ER SUS 4MG/5ML	Non-Pref	PA
RYVENT TAB 6MG	Non-Pref	PA

### **ANTI-HISTAMINES - NON-SEDATING**

<i>allergy relf tab 5mg</i>	Pref	QL (1 tab every 1 day), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL every 1 day)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL every 1 day), OTC
<i>cetirizine hcl tab 5 mg</i>	Pref	QL (1 tab every 1 day), OTC
<i>cetirizine hcl tab 10 mg</i>	Pref	QL (1 tab every 1 day), OTC
CLARINEX TAB 5MG	Non-Pref	PA
<i>desloratadine tab 5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Non-Pref	PA
<i>desloratadine tab orally disintegrating 5 mg</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Non-Pref	PA
<i>levocetirizine dihydrochloride tab 5 mg</i>	Non-Pref	PA
<i>loratadine syrup 5 mg/5ml</i>	Pref	QL (10 mL every 1 day), OTC
<i>loratadine tab 10 mg</i>	Pref	QL (1 tab every 1 day), OTC

### **ANTI-HISTAMINES - PHENOTHIAZINES**

PHENERGAN INJ 25MG/ML	Non-Pref	PA
PHENERGAN INJ 50MG/ML	Non-Pref	PA
<i>promethazine hcl inj 25 mg/ml</i>	Non-Pref	PA
<i>promethazine hcl inj 50 mg/ml</i>	Non-Pref	PA
<i>promethazine hcl suppos 12.5 mg</i>	Pref	QL (8 supp every 1 day); AGE (Min 2)
<i>promethazine hcl suppos 25 mg</i>	Pref	QL (8 supp every 1 day); AGE (Min 2)
<i>promethazine hcl suppos 50 mg</i>	Non-Pref	PA, QL (6 supp every 1 day); AGE (Min 2)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	QL (100 mL every 1 day); AGE (Min 2)
<i>promethazine hcl tab 12.5 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 2)
<i>promethazine hcl tab 25 mg</i>	Pref	QL (6 tabs every 1 day); AGE (Min 2)
<i>promethazine hcl tab 50 mg</i>	Pref	QL (2 tabs every 1 day); AGE (Min 2)

### **ANTI-HISTAMINES - PIPERIDINES**

<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Pref	QL (20 mL every 1 day)
<i>cyproheptadine hcl tab 4 mg</i>	Pref	QL (6 tabs every 1 day)

### **ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL**

#### **ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG	Pref	PA
--------------------	------	----

#### **ANTIHYPERLIPIDEMICS - COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Non-Pref	PA
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Non-Pref	PA
NEXLIZET TAB 180/10MG	Non-Pref	PA
VYTORIN TAB 10-10MG	Non-Pref	PA
VYTORIN TAB 10-20MG	Non-Pref	PA
VYTORIN TAB 10-40MG	Non-Pref	PA
VYTORIN TAB 10-80MG	Non-Pref	PA

#### **ANTIHYPERLIPIDEMICS - MISC.**

<i>icosapent ethyl cap 0.5 gm</i>	Non-Pref	PA
<i>icosapent ethyl cap 1 gm</i>	Non-Pref	PA
LOVAZA CAP 1GM	Non-Pref	PA
<i>omega-3-acid ethyl esters cap 1 gm</i>	Non-Pref	PA
VASCEPA CAP 0.5GM	Non-Pref	PA
VASCEPA CAP 1GM	Non-Pref	PA

#### **BILE ACID SEQUESTRANTS**

<i>cholestyramine light powder 4 gm/dose</i>	Pref	QL (24 gm every 1 day); DS
<i>cholestyramine light powder packets 4 gm</i>	Pref	QL (48 packets every 1 day); DS
<i>cholestyramine powder 4 gm/dose</i>	Pref	QL (48 gm every 1 day); DS
<i>cholestyramine powder packets 4 gm</i>	Pref	QL (48 packets every 1 day); DS
<i>colesevelam hcl packet for susp 3.75 gm</i>	Non-Pref	PA
<i>colesevelam hcl tab 625 mg</i>	Non-Pref	PA
COLESTID FLA GRA 5/7.5GM	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COLESTID FLA GRA 5GM	Non-Pref	PA
COLESTID GRA 5GM	Non-Pref	PA
COLESTID POW 5GM	Non-Pref	PA
COLESTID TAB 1GM	Non-Pref	PA, QL (16 tabs every 1 day)
<i>colestipol hcl granule packets 5 gm</i>	Non-Pref	PA
<i>colestipol hcl granules 5 gm</i>	Non-Pref	PA
<i>colestipol hcl tab 1 gm</i>	Pref	QL (16 tabs every 1 day); DS
<i>prevalite pow 4gm</i>	Pref	QL (24 gm every 1 day); DS
<i>prevalite pow 4gm pk</i>	Pref	QL (48 packets every 1 day); DS
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 gm every 1 day)
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 packets every 1 day)
QUESTRAN POW 4GM LITE	Non-Pref	PA, QL (24 gm every 1 day)
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA

### **FIBRIC ACID DERIVATIVES**

ANTARA CAP 30MG	Non-Pref	PA
ANTARA CAP 90MG	Non-Pref	PA
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Non-Pref	PA
<i>fenofibrate cap 50 mg</i>	Non-Pref	PA
<i>fenofibrate cap 150 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 30 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 43 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 67 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 90 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 130 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 134 mg</i>	Non-Pref	PA
<i>fenofibrate micronized cap 200 mg</i>	Non-Pref	PA
<i>fenofibrate tab 40 mg</i>	Pref	DS
<i>fenofibrate tab 48 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>fenofibrate tab 54 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>fenofibrate tab 120 mg</i>	Pref	DS
<i>fenofibrate tab 145 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fenofibrate tab 160 mg</i>	Pref	DS
<i>fenofibric acid tab 35 mg</i>	Non-Pref	PA
<i>fenofibric acid tab 105 mg</i>	Non-Pref	PA
FENOGLIDE TAB 40MG	Non-Pref	PA
FENOGLIDE TAB 120MG	Non-Pref	PA
<i>gemfibrozil tab 600 mg</i>	Pref	QL (4 tabs every 1 day); DS
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA, QL (4 tabs every 1 day)
TRICOR TAB 48MG	Non-Pref	PA, QL (1 tab every 1 day)
TRICOR TAB 145MG	Non-Pref	PA
TRILIPIX CAP 45MG	Non-Pref	PA
TRILIPIX CAP 135MG	Non-Pref	PA

### **HMG COA REDUCTASE INHIBITORS**

ALTOPREV TAB 20MG ER	Non-Pref	PA
ALTOPREV TAB 40MG ER	Non-Pref	PA
ALTOPREV TAB 60MG ER	Non-Pref	PA
<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Pref	DS
CRESTOR TAB 5MG	Non-Pref	PA
CRESTOR TAB 10MG	Non-Pref	PA
CRESTOR TAB 20MG	Non-Pref	PA, QL (2 tabs every 1 day)
CRESTOR TAB 40MG	Non-Pref	PA, QL (1 tab every 1 day)
EZALLOR SPR CAP 5MG	Non-Pref	PA
EZALLOR SPR CAP 10MG	Non-Pref	PA
EZALLOR SPR CAP 20MG	Non-Pref	PA
EZALLOR SPR CAP 40MG	Non-Pref	PA
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non-Pref	PA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LESCOL XL TAB 80MG	Non-Pref	PA
LIPITOR TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
LIPITOR TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day)
LIPITOR TAB 40MG	Non-Pref	PA, QL (1 tab every 1 day)
LIPITOR TAB 80MG	Non-Pref	PA
LIVALO TAB 1MG	Non-Pref	PA
LIVALO TAB 2MG	Non-Pref	PA
LIVALO TAB 4MG	Non-Pref	PA
<i>lovastatin tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lovastatin tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>pravastatin sodium tab 80 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>rosuvastatin calcium tab 5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>rosuvastatin calcium tab 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>rosuvastatin calcium tab 20 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>rosuvastatin calcium tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>simvastatin tab 5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>simvastatin tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>simvastatin tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>simvastatin tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>simvastatin tab 80 mg</i>	Pref	QL (1 tab every 1 day); DS
ZOCOR TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOCOR TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day)
ZOCOR TAB 40MG	Non-Pref	PA, QL (1 tab every 1 day)
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA

### **INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS**

<i>ezetimibe tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
ZETIA TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)

### **MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS**

JUXTAPID CAP 5MG	Pref	PA
JUXTAPID CAP 10MG	Pref	PA
JUXTAPID CAP 20MG	Pref	PA
JUXTAPID CAP 30MG	Pref	PA

### **NICOTINIC ACID DERIVATIVES**

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Pref	DS
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Pref	DS
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Pref	DS

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

LEQVIO SOL	Non-Pref	PA
PRALUENT INJ 75MG/ML	Pref	PA
PRALUENT INJ 150MG/ML	Pref	PA
REPATHA INJ 140MG/ML	Non-Pref	PA
REPATHA PUSH INJ 420/3.5	Non-Pref	PA
REPATHA SURE INJ 140MG/ML	Non-Pref	PA

### **ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE ACE INHIBITORS**

ACCUPRIL TAB 5MG	Non-Pref	PA
ACCUPRIL TAB 10MG	Non-Pref	PA
ACCUPRIL TAB 20MG	Non-Pref	PA
ACCUPRIL TAB 40MG	Non-Pref	PA
ALTACE CAP 1.25MG	Non-Pref	PA, QL (1 cap every 1 day)
ALTACE CAP 2.5MG	Non-Pref	PA, QL (1 cap every 1 day)
ALTACE CAP 5MG	Non-Pref	PA, QL (1 cap every 1 day)
ALTACE CAP 10MG	Non-Pref	PA, QL (1 cap every 1 day)
<i>benazepril hcl tab 5 mg</i>	Pref	DS
<i>benazepril hcl tab 10 mg</i>	Pref	DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril hcl tab 20 mg</i>	Pref	DS
<i>benazepril hcl tab 40 mg</i>	Pref	DS
<i>captopril tab 12.5 mg</i>	Pref	DS
<i>captopril tab 25 mg</i>	Pref	DS
<i>captopril tab 50 mg</i>	Pref	DS
<i>captopril tab 100 mg</i>	Pref	DS
<i>enalapril maleate oral soln 1 mg/ml</i>	Non-Pref	PA
<i>enalapril maleate tab 2.5 mg</i>	Pref	DS
<i>enalapril maleate tab 5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>enalapril maleate tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>enalapril maleate tab 20 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>enalaprilat iv inj 1.25 mg/ml</i>	Pref	
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>fosinopril sodium tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>fosinopril sodium tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lisinopril tab 2.5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lisinopril tab 5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lisinopril tab 10 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lisinopril tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>lisinopril tab 30 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>lisinopril tab 40 mg</i>	Pref	QL (2 tabs every 1 day); DS
LOTENSIN TAB 10MG	Non-Pref	PA
LOTENSIN TAB 20MG	Non-Pref	PA
LOTENSIN TAB 40MG	Non-Pref	PA
<i>moexipril hcl tab 7.5 mg</i>	Non-Pref	PA
<i>moexipril hcl tab 15 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 2 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 4 mg</i>	Non-Pref	PA
<i>perindopril erbumine tab 8 mg</i>	Non-Pref	PA
QBRELIS SOL 1MG/ML	Non-Pref	PA
<i>quinapril hcl tab 5 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril hcl tab 10 mg</i>	Pref	
<i>quinapril hcl tab 20 mg</i>	Pref	
<i>quinapril hcl tab 40 mg</i>	Pref	
<i>ramipril cap 1.25 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>ramipril cap 2.5 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>ramipril cap 5 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>ramipril cap 10 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>trandolapril tab 1 mg</i>	Non-Pref	PA
<i>trandolapril tab 2 mg</i>	Non-Pref	PA
<i>trandolapril tab 4 mg</i>	Non-Pref	PA
VASOTEC TAB 2.5MG	Non-Pref	PA
VASOTEC TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
VASOTEC TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
VASOTEC TAB 20MG	Non-Pref	PA, QL (2 tabs every 1 day)
ZESTRIL TAB 2.5MG	Non-Pref	PA, QL (1 tab every 1 day)
ZESTRIL TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
ZESTRIL TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
ZESTRIL TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day)
ZESTRIL TAB 30MG	Non-Pref	PA, QL (2 tabs every 1 day)
ZESTRIL TAB 40MG	Non-Pref	PA, QL (2 tabs every 1 day)

### **AGENTS FOR PHEOCHROMOCYTOMA**

DEMSER CAP 250MG	Non-Pref	PA
<i>metyrosine cap 250 mg</i>	Non-Pref	PA
<i>phenoxybenzamine hcl cap 10 mg</i>	Pref	DS
<i>phentolamine mesylate for inj 5 mg</i>	Pref	

### **ANGIOTENSIN II RECEPTOR ANTAGONISTS**

ATACAND TAB 4MG	Non-Pref	PA
ATACAND TAB 8MG	Non-Pref	PA
ATACAND TAB 16MG	Non-Pref	PA
ATACAND TAB 32MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AVAPRO TAB 75MG	Non-Pref	PA, QL (1 tab every 1 day)
AVAPRO TAB 150MG	Non-Pref	PA, QL (1 tab every 1 day)
AVAPRO TAB 300MG	Non-Pref	PA, QL (1 tab every 1 day)
BENICAR TAB 5MG	Non-Pref	PA, QL (2 tabs every 1 day)
BENICAR TAB 20MG	Non-Pref	PA, QL (1 tab every 1 day)
BENICAR TAB 40MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>candesartan cilexetil tab 4 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 8 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 16 mg</i>	Non-Pref	PA
<i>candesartan cilexetil tab 32 mg</i>	Non-Pref	PA
COZAAR TAB 25MG	Non-Pref	PA, QL (1 tab every 1 day)
COZAAR TAB 50MG	Non-Pref	PA, QL (1 tab every 1 day)
COZAAR TAB 100MG	Non-Pref	PA, QL (1 tab every 1 day)
DIOVAN TAB 40MG	Non-Pref	PA, QL (2 tabs every 1 day)
DIOVAN TAB 80MG	Non-Pref	PA, QL (2 tabs every 1 day)
DIOVAN TAB 160MG	Non-Pref	PA, QL (2 tabs every 1 day)
DIOVAN TAB 320MG	Non-Pref	PA, QL (1 tab every 1 day)
EDARBI TAB 40MG	Non-Pref	PA
EDARBI TAB 80MG	Non-Pref	PA
<i>irbesartan tab 75 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>irbesartan tab 150 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>irbesartan tab 300 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>losartan potassium tab 25 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>losartan potassium tab 50 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>losartan potassium tab 100 mg</i>	Pref	QL (1 tab every 1 day); DS
MICARDIS TAB 20MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MICARDIS TAB 40MG	Non-Pref	PA
MICARDIS TAB 80MG	Non-Pref	PA
<i>olmesartan medoxomil tab 5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>olmesartan medoxomil tab 20 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>olmesartan medoxomil tab 40 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>telmisartan tab 20 mg</i>	Non-Pref	PA
<i>telmisartan tab 40 mg</i>	Non-Pref	PA
<i>telmisartan tab 80 mg</i>	Non-Pref	PA
<i>valsartan tab 40 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>valsartan tab 80 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>valsartan tab 160 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>valsartan tab 320 mg</i>	Pref	QL (1 tab every 1 day); DS

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA TAB 1MG	Non-Pref	PA, QL (1 tab every 1 day)
CARDURA TAB 2MG	Non-Pref	PA, QL (1 tab every 1 day)
CARDURA TAB 4MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>clonidine hcl tab 0.1 mg</i>	Pref	AGE*; DS
<i>clonidine hcl tab 0.2 mg</i>	Pref	AGE*; DS
<i>clonidine hcl tab 0.3 mg</i>	Pref	AGE*; DS
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	Non-Pref	PA; AGE*
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Pref	AGE*; DS
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Pref	AGE*; DS
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Pref	AGE*; DS
<i>doxazosin mesylate tab 1 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>doxazosin mesylate tab 2 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>doxazosin mesylate tab 4 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>doxazosin mesylate tab 8 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>guanfacine hcl tab 1 mg</i>	Pref	AGE*; DS
<i>guanfacine hcl tab 2 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methyldopa tab 250 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>methyldopa tab 500 mg</i>	Pref	QL (6 tabs every 1 day); DS
MINIPRESS CAP 1MG	Non-Pref	PA
MINIPRESS CAP 2MG	Non-Pref	PA
MINIPRESS CAP 5MG	Non-Pref	PA
<i>prazosin hcl cap 1 mg</i>	Pref	DS
<i>prazosin hcl cap 2 mg</i>	Pref	DS
<i>prazosin hcl cap 5 mg</i>	Pref	DS
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Pref	QL (1 cap every 1 day); DS
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	QL (2 caps every 1 day); DS
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	QL (1 cap every 1 day); DS
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	QL (2 caps every 1 day); DS

### **ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC TAB 10-12.5	Non-Pref	PA
ACCURETIC TAB 20-12.5	Non-Pref	PA
ACCURETIC TAB 20-25MG	Non-Pref	PA
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Pref	PA, QL (3 caps every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	PA, QL (2 caps every 1 day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Pref	PA
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Non-Pref	PA
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Non-Pref	PA
ATACAND HCT TAB 16-12.5	Non-Pref	PA
ATACAND HCT TAB 32-12.5	Non-Pref	PA
ATACAND HCT TAB 32-25MG	Non-Pref	PA
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Pref	QL (1 tab every 1 day); DS
AVALIDE TAB 150-12.5	Non-Pref	PA
AVALIDE TAB 300-12.5	Non-Pref	PA
AZOR TAB 5-20MG	Non-Pref	PA
AZOR TAB 5-40MG	Non-Pref	PA
AZOR TAB 10-20MG	Non-Pref	PA
AZOR TAB 10-40MG	Non-Pref	PA
<i>benazepril &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	DS
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	DS
BENICAR HCT TAB 20-12.5	Non-Pref	PA
BENICAR HCT TAB 40-12.5	Non-Pref	PA
BENICAR HCT TAB 40-25MG	Non-Pref	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Pref	QL (4 tabs every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Non-Pref	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Non-Pref	PA
DIOVAN HCT TAB 80/12.5	Non-Pref	PA, QL (3 tabs every 1 day)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs every 1 day)
DIOVAN HCT TAB 160-25MG	Non-Pref	PA
DIOVAN HCT TAB 320-12.5	Non-Pref	PA
DIOVAN HCT TAB 320-25MG	Non-Pref	PA
EDARBYCLOR TAB 40-12.5	Non-Pref	PA
EDARBYCLOR TAB 40-25MG	Non-Pref	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Pref	DS
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i>	Pref	DS
EXFORGE TAB 5-160MG	Non-Pref	PA
EXFORGE TAB 5-320MG	Non-Pref	PA
EXFORGE TAB 10-160MG	Non-Pref	PA
EXFORGE TAB 10-320MG	Non-Pref	PA
EXFORGEH/5- TAB 160-12.5	Non-Pref	PA
EXFORGEH/5- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 160-12.5	Non-Pref	PA
EXFORGEH/10- TAB 160-25	Non-Pref	PA
EXFORGEH/10- TAB 320-25	Non-Pref	PA
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	DS
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
HYZAAR TAB 50-12.5	Non-Pref	PA, QL (1 tab every 1 day)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab every 1 day)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab every 1 day)
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Pref	DS
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Pref	DS
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i>	Pref	QL (2 tabs every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab every 1 day); DS
LOTENSIN HCT TAB 10-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-12.5	Non-Pref	PA
LOTENSIN HCT TAB 20-25MG	Non-Pref	PA
LOTREL CAP 5-10MG	Non-Pref	PA, QL (2 caps every 1 day)
LOTREL CAP 5-20MG	Non-Pref	PA, QL (2 caps every 1 day)
LOTREL CAP 10-20MG	Non-Pref	PA, QL (2 caps every 1 day)
LOTREL CAP 10-40MG	Non-Pref	PA, QL (2 caps every 1 day)
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Pref	DS
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	DS
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Pref	DS
MICARDIS HCT TAB 40/12.5	Non-Pref	PA
MICARDIS HCT TAB 80-25MG	Non-Pref	PA
MICARDIS HCT TAB 80/12.5	Non-Pref	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Pref	DS
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Pref	DS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Non-Pref	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Pref	DS
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Pref	DS
TEKTURNA HCT TAB 150-12.5	Non-Pref	PA
TEKTURNA HCT TAB 300-12.5	Non-Pref	PA
TEKTURNA HCT TAB 300-25MG	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 40-10 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-5 mg</i>	Non-Pref	PA
<i>telmisartan-amlodipine tab 80-10 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Non-Pref	PA
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Non-Pref	PA
TENORETIC TAB 50	Non-Pref	PA, QL (2 tabs every 1 day)
TENORETIC TAB 100	Non-Pref	PA, QL (1 tab every 1 day)
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Non-Pref	PA
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Non-Pref	PA
TRIBENZOR20- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-12.5MG	Non-Pref	PA
TRIBENZOR40- TAB 5-25MG	Non-Pref	PA
TRIBENZOR40- TAB 10-12.5	Non-Pref	PA
TRIBENZOR40- TAB 10-25MG	Non-Pref	PA
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Pref	DS
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Pref	DS
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Pref	DS
VASERETIC TAB 10-25MG	Non-Pref	PA
ZESTORETIC TAB 10-12.5	Non-Pref	PA, QL (2 tabs every 1 day)
ZESTORETIC TAB 20-12.5	Non-Pref	PA, QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZESTORETIC TAB 20-25MG	Non-Pref	PA, QL (2 tabs every 1 day)
ZIAC TAB 2.5/6.25	Non-Pref	PA, QL (3 tabs every 1 day)
ZIAC TAB 5-6.25MG	Non-Pref	PA, QL (3 tabs every 1 day)
ZIAC TAB 10/6.25	Non-Pref	PA, QL (4 tabs every 1 day)

### **ANTIHYPERTENSIVES - MISC.**

VECAMYL TAB 2.5MG	Non-Pref	PA
-------------------	----------	----

### **DIRECT RENIN INHIBITORS**

<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Non-Pref	PA
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Non-Pref	PA
TEKTURNA TAB 150MG	Non-Pref	PA
TEKTURNA TAB 300MG	Non-Pref	PA

### **SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)**

<i>eplerenone tab 25 mg</i>	Pref	DS
<i>eplerenone tab 50 mg</i>	Pref	DS
INSPIRA TAB 25MG	Non-Pref	PA
INSPIRA TAB 50MG	Non-Pref	PA

### **VASODILATORS**

<i>hydralazine hcl inj 20 mg/ml</i>	Pref	PA
<i>hydralazine hcl tab 10 mg</i>	Pref	QL (10 tabs every 1 day); DS
<i>hydralazine hcl tab 25 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>hydralazine hcl tab 50 mg</i>	Pref	QL (8 tabs every 1 day); DS
<i>hydralazine hcl tab 100 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>minoxidil tab 2.5 mg</i>	Pref	QL (5 tabs every 1 day); DS
<i>minoxidil tab 10 mg</i>	Pref	QL (5 tabs every 1 day); DS
NIPRIDE RTU INJ 20/100ML	Pref	PA
NIPRIDE RTU INJ 50/100ML	Pref	PA
<i>nitroprusside sodium iv soln 25 mg/ml</i>	Pref	PA

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

#### **ANTIMALARIAL COMBINATIONS**

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Pref
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Pref
COARTEM TAB 20-120MG	Pref

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
MALARONE TAB 62.5-25	Non-Pref	PA
MALARONE TAB 250-100	Non-Pref	PA

### **ANTIMALARIALS - DRUGS TO TREAT MALARIA**

<i>chloroquine phosphate tab 250 mg</i>	Pref	QL (10 tabs every 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Pref	QL (5 tabs every 3 days)
<i>hydroxychloroquine sulfate tab 100 mg</i>	Pref	QL (6 tabs every 1 day)
<i>hydroxychloroquine sulfate tab 200 mg</i>	Pref	QL (3 tabs every 1 day)
<i>hydroxychloroquine sulfate tab 300 mg</i>	Pref	QL (2 tabs every 1 day)
<i>hydroxychloroquine sulfate tab 400 mg</i>	Pref	QL (1.5 tabs every 1 day)
KRINTAFEL TAB 150MG	Non-Pref	PA
<i>mefloquine hcl tab 250 mg</i>	Pref	QL (4 tabs every 1 day)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Pref	QL (4 tabs every 1 day)
PRIMAQUINE TAB 26.3MG	Pref	QL (4 tabs every 1 day)
QUALAQUIN CAP 324MG	Non-Pref	PA, QL (30 caps every 25 days)
<i>quinine sulfate cap 324 mg</i>	Pref	QL (30 caps every 25 days)

### **ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

#### **ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS**

BLOXIVERZ INJ 5MG/10ML	Pref	PA
BLOXIVERZ INJ 10/10ML	Pref	PA
FIRDAPSE TAB 10MG	Non-Pref	PA
MESTINON SOL 60MG/5ML	Pref	PA
MESTINON TAB 60MG	Non-Pref	PA, QL (6 tabs every 1 day)
MESTINON TAB TIMESPAN	Non-Pref	PA, QL (6 tabs every 1 day)
NEOSTIG METH INJ 3MG/3ML	Pref	PA
NEOSTIG METH INJ 5MG/10ML	Pref	PA
NEOSTIG METH INJ 10/10ML	Pref	PA
<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	Pref	PA
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	Pref	PA
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	Pref	PA
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Pref	PA
<i>pyridostigmine bromide tab 30 mg</i>	Pref	
<i>pyridostigmine bromide tab 60 mg</i>	Pref	QL (6 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pyridostigmine bromide tab er 180 mg</i>	Pref	QL (6 tabs every 1 day)
REGONOL INJ 5MG/ML	Pref	PA

## **ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

### **ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS**

<i>cycloserine cap 250 mg</i>	Pref	
<i>ethambutol hcl tab 100 mg</i>	Pref	QL (5 tabs every 1 day)
<i>ethambutol hcl tab 400 mg</i>	Pref	QL (5 tabs every 1 day)
<i>isoniazid syrup 50 mg/5ml</i>	Pref	QL (30 mL every 1 day)
<i>isoniazid tab 100 mg</i>	Pref	QL (6 tabs every 1 day)
<i>isoniazid tab 300 mg</i>	Pref	QL (3 tabs every 1 day)
MYAMBUTOL TAB 400MG	Non-Pref	PA, QL (5 tabs every 1 day)
MYCOBUTIN CAP 150MG	Non-Pref	PA
PRETOMANID TAB 200MG	Pref	
PRIFTIN TAB 150MG	Pref	QL (32 tabs every 25 days)
<i>pyrazinamide tab 500 mg</i>	Pref	QL (6 tabs every 1 day)
<i>rifabutin cap 150 mg</i>	Pref	
<i>rifampin cap 150 mg</i>	Pref	QL (8 caps every 1 day)
<i>rifampin cap 300 mg</i>	Pref	QL (4 caps every 1 day)
RIFAMPIN SUS 25MG/ML	Non-Pref	PA
SIRTURO TAB 20MG	Pref	
SIRTURO TAB 100MG	Pref	
TRECTOR TAB 250MG	Pref	

## **ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER**

### **ALKYLATING AGENTS**

ALKERAN TAB 2MG	Non-Pref	PA
<i>cyclophosphamide cap 25 mg</i>	Pref	SP, QL (16 caps every 1 day)
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, QL (16 caps every 1 day)
LEUKERAN TAB 2MG	Pref	PA, QL (8 tabs every 1 day)
<i>melphalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	PA
<i>temozolomide cap 5 mg</i>	Pref	SP, PA
<i>temozolomide cap 20 mg</i>	Pref	SP, PA
<i>temozolomide cap 100 mg</i>	Pref	SP, PA
<i>temozolomide cap 140 mg</i>	Pref	SP, PA
<i>temozolomide cap 180 mg</i>	Pref	SP, PA
<i>temozolomide cap 250 mg</i>	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMETABOLITES</b>		
<i>capecitabine tab 150 mg</i>	Pref	SP, PA
<i>capecitabine tab 500 mg</i>	Pref	SP, PA
<i>mercaptopurine tab 50 mg</i>	Pref	QL (4 tabs every 1 day)
<i>methotrexate sodium for inj 1 gm</i>	Pref	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials every 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials every 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial every 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	QL (1 vial every 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	QL (24 tabs every 1 day)
ONUREG TAB 200MG	Pref	SP, PA
ONUREG TAB 300MG	Pref	SP, PA
PURIXAN SUS 20MG/ML	Pref	PA
TABLOID TAB 40MG	Pref	QL (7 tabs every 1 day)
TREXALL TAB 5MG	Pref	
TREXALL TAB 7.5MG	Pref	
TREXALL TAB 10MG	Pref	
TREXALL TAB 15MG	Pref	
XATMEP SOL 2.5MG/ML	Pref	
XELODA TAB 150MG	Non-Pref	SP, PA
XELODA TAB 500MG	Non-Pref	SP, PA
<b>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</b>		
INLYTA TAB 1MG	Pref	SP, PA
INLYTA TAB 5MG	Pref	SP, PA
LENVIMA CAP 4MG	Pref	SP, PA
LENVIMA CAP 8 MG	Pref	SP, PA
LENVIMA CAP 10 MG	Pref	SP, PA
LENVIMA CAP 12MG	Pref	SP, PA
LENVIMA CAP 14 MG	Pref	SP, PA
LENVIMA CAP 18 MG	Pref	SP, PA
LENVIMA CAP 20 MG	Pref	SP, PA
LENVIMA CAP 24 MG	Pref	SP, PA
<b>ANTINEOPLASTIC - ANTI-HER2 AGENTS</b>		
TUKYSA TAB 50MG	Pref	PA
TUKYSA TAB 150MG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Pref	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	Pref	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	Pref	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	Pref	PA, QL (1.5 tabs every 1 day)
<b>ANTINEOPLASTIC - EGFR INHIBITORS</b>		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Pref	SP, PA
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Pref	SP, PA
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Pref	SP, PA
EXKIVITY CAP 40MG	Pref	PA
GILOTRIF TAB 20MG	Pref	PA
GILOTRIF TAB 30MG	Pref	PA
GILOTRIF TAB 40MG	Pref	PA
IRESSA TAB 250MG	Pref	SP, PA
TAGRISSE TAB 40MG	Pref	SP, PA, QL (2 tabs every 1 day)
TAGRISSE TAB 80MG	Pref	SP, PA, QL (1 tab every 1 day)
TARCEVA TAB 25MG	Non-Pref	SP, PA
TARCEVA TAB 100MG	Non-Pref	SP, PA
TARCEVA TAB 150MG	Non-Pref	SP, PA
VIZIMPRO TAB 15MG	Pref	SP, PA
VIZIMPRO TAB 30MG	Pref	SP, PA
VIZIMPRO TAB 45MG	Pref	SP, PA
<b>ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS</b>		
DAURISMO TAB 25MG	Pref	SP, PA, QL (2 tabs every 1 day)
DAURISMO TAB 100MG	Pref	SP, PA, QL (1 tab every 1 day)
ERIVEDGE CAP 150MG	Pref	SP, PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	Pref	SP, PA, QL (1 cap every 1 day)
<b>ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS</b>		
<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs every 1 day)
<i>abiraterone acetate tab 500 mg</i>	Non-Pref	SP, PA
<i>anastrozole tab 1 mg</i>	Pref	
ARIMIDEX TAB 1MG	Non-Pref	PA
AROMASIN TAB 25MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bicalutamide tab 50 mg</i>	Pref	QL (3 tabs every 1 day)
CAMCEVI INJ 42MG	Pref	PA
CASODEX TAB 50MG	Non-Pref	PA, QL (3 tabs every 1 day)
ELIGARD INJ 7.5MG	Pref	PA; EA
ELIGARD INJ 22.5MG	Pref	PA; EA
ELIGARD INJ 30MG	Pref	PA; EA
ELIGARD INJ 45MG	Pref	PA; EA
EMCYT CAP 140MG	Pref	PA
ERLEADA TAB 60MG	Pref	SP, PA, QL (4 tabs every 1 day)
<i>exemestane tab 25 mg</i>	Pref	
FARESTON TAB 60MG	Non-Pref	PA
FEMARA TAB 2.5MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>hydroxyprogesterone caproate im in oil 1.25 gm/5ml</i>	Pref	PA
<i>letrozole tab 2.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Pref	PA; EA
LEUPROLIDE INJ 22.5MG	Pref	PA
LUPRON DEPOT INJ 3.75MG	Pref	PA; EA
LUPRON DEPOT INJ 7.5MG	Pref	PA; EA
LUPRON DEPOT INJ 11.25MG	Pref	PA; EA
LUPRON DEPOT INJ 22.5MG	Pref	PA; EA
LUPRON DEPOT INJ 30MG	Pref	PA; EA
LUPRON DEPOT INJ 45MG	Pref	PA; EA
LYSODREN TAB 500MG	Pref	PA
<i>megestrol acetate susp 40 mg/ml</i>	Pref	QL (40 mL every 1 day)
<i>megestrol acetate tab 20 mg</i>	Pref	QL (40 tabs every 1 day)
<i>megestrol acetate tab 40 mg</i>	Pref	QL (20 tabs every 1 day)
<i>nilutamide tab 150 mg</i>	Pref	PA
NUBEQA TAB 300MG	Pref	SP, PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	Pref	PA
ORSERDU TAB 86MG	Pref	PA
ORSERDU TAB 345MG	Pref	PA
SOLTAMOX SOL 10MG/5ML	Non-Pref	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	QL (2 tabs every 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	QL (2 tabs every 1 day)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Non-Pref	PA
TRELSTAR MIX INJ 3.75MG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRELSTAR MIX INJ 11.25MG	Pref	PA
TRELSTAR MIX INJ 22.5MG	Pref	PA
XTANDI CAP 40MG	Pref	SP, PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	Pref	SP, PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	Pref	SP, PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	Non-Pref	SP, PA
ZYTIGA TAB 250MG	Non-Pref	SP, PA, QL (4 tabs every 1 day)
ZYTIGA TAB 500MG	Non-Pref	SP, PA

### **ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS**

WELIREG TAB 40MG	Pref	PA
------------------	------	----

### **ANTINEOPLASTIC - IMMUNOMODULATORS**

POMALYST CAP 1MG	Pref	SP, PA
POMALYST CAP 2MG	Pref	SP, PA
POMALYST CAP 3MG	Pref	SP, PA
POMALYST CAP 4MG	Pref	SP, PA

### **ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS**

AYVAKIT TAB 25MG	Pref	PA
AYVAKIT TAB 50MG	Pref	PA
AYVAKIT TAB 100MG	Pref	PA
AYVAKIT TAB 200MG	Pref	PA
AYVAKIT TAB 300MG	Pref	PA

### **ANTINEOPLASTIC - XPO1 INHIBITORS**

XPOVIO PAK 40MG	Pref	PA
XPOVIO PAK 50MG	Pref	PA
XPOVIO PAK 60MG	Pref	PA
XPOVIO PAK 80MG	Pref	PA

### **ANTINEOPLASTIC COMBINATIONS**

INQOVI TAB 35-100MG	Pref	SP, PA
KISQALI 200 PAK FEMARA	Pref	SP, PA
KISQALI 400 PAK FEMARA	Pref	SP, PA
KISQALI 600 PAK FEMARA	Pref	SP, PA
LONSURF TAB 15-6.14	Pref	SP, PA
LONSURF TAB 20-8.19	Pref	SP, PA

### **ANTINEOPLASTIC ENZYME INHIBITORS**

AFINITOR DIS TAB 2MG	Non-Pref	SP, PA
AFINITOR DIS TAB 3MG	Non-Pref	SP, PA
AFINITOR DIS TAB 5MG	Non-Pref	SP, PA
AFINITOR TAB 2.5MG	Non-Pref	SP, PA
AFINITOR TAB 5MG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR TAB 7.5MG	Non-Pref	SP, PA
AFINITOR TAB 10MG	Non-Pref	SP, PA
ALECENSA CAP 150MG	Pref	SP, PA
ALUNBRIG PAK	Pref	PA
ALUNBRIG TAB 30MG	Pref	PA
ALUNBRIG TAB 90MG	Pref	PA
ALUNBRIG TAB 180MG	Pref	PA
BALVERSA TAB 3MG	Pref	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	Pref	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	Pref	PA, QL (1 tab every 1 day)
BOSULIF TAB 100MG	Pref	SP, PA
BOSULIF TAB 400MG	Pref	SP, PA
BOSULIF TAB 500MG	Pref	SP, PA
BRAFTOVI CAP 75MG	Pref	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	Pref	PA
CABOMETYX TAB 20MG	Pref	SP, PA, QL (3 tabs every 1 day)
CABOMETYX TAB 40MG	Pref	SP, PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	Pref	SP, PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	Pref	PA
CAPRELSA TAB 100MG	Pref	PA
CAPRELSA TAB 300MG	Pref	PA
COMETRIQ KIT 60MG	Pref	PA
COMETRIQ KIT 100MG	Pref	PA
COMETRIQ KIT 140MG	Pref	PA
COPIKTRA CAP 15MG	Pref	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	Pref	PA, QL (2 caps every 1 day)
COTELLIC TAB 20MG	Pref	SP, PA
<i>everolimus tab 2.5 mg</i>	Pref	SP, PA
<i>everolimus tab 5 mg</i>	Pref	SP, PA
<i>everolimus tab 7.5 mg</i>	Pref	SP, PA
<i>everolimus tab 10 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 2 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 3 mg</i>	Pref	SP, PA
<i>everolimus tab for oral susp 5 mg</i>	Pref	SP, PA
FOTIVDA CAP 0.89MG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FOTIVDA CAP 1.34MG	Pref	PA
GAVRETO CAP 100MG	Pref	PA
GLEEVEC TAB 100MG	Non-Pref	SP, PA
GLEEVEC TAB 400MG	Non-Pref	SP, PA
IBRANCE CAP 75MG	Pref	SP, PA, QL (1 cap every 1 day)
IBRANCE CAP 100MG	Pref	SP, PA, QL (1 cap every 1 day)
IBRANCE CAP 125MG	Pref	SP, PA, QL (1 cap every 1 day)
IBRANCE TAB 75MG	Pref	SP, PA, QL (1 tab every 1 day)
IBRANCE TAB 100MG	Pref	SP, PA, QL (1 tab every 1 day)
IBRANCE TAB 125MG	Pref	SP, PA, QL (1 tab every 1 day)
ICLUSIG TAB 10MG	Pref	PA
ICLUSIG TAB 15MG	Pref	PA
ICLUSIG TAB 30MG	Pref	PA
ICLUSIG TAB 45MG	Pref	PA
IDHIFA TAB 50MG	Pref	SP, PA, QL (1 tab every 1 day)
IDHIFA TAB 100MG	Pref	SP, PA, QL (1 tab every 1 day)
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Pref	SP, PA
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Pref	SP, PA
IMBRUVICA CAP 70MG	Pref	PA
IMBRUVICA CAP 140MG	Pref	PA
IMBRUVICA SUS 70MG/ML	Non-Pref	PA
IMBRUVICA TAB 140MG	Pref	PA
IMBRUVICA TAB 280MG	Pref	PA
IMBRUVICA TAB 420MG	Pref	PA
IMBRUVICA TAB 560MG	Pref	PA
INREBIC CAP 100MG	Pref	SP, PA, QL (4 caps every 1 day)
JAKAFI TAB 5MG	Pref	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	Pref	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	Pref	SP, PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	Pref	SP, PA, QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 25MG	Pref	SP, PA, QL (2 tabs every 1 day)
JAYPIRCA TAB 50MG	Pref	PA
JAYPIRCA TAB 100MG	Pref	PA
KISQALI TAB 200DOSE	Pref	SP, PA
KISQALI TAB 400DOSE	Pref	SP, PA
KISQALI TAB 600DOSE	Pref	SP, PA
KOSELUGO CAP 10MG	Pref	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	Pref	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	Pref	PA
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Pref	SP, PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	Pref	SP, PA
LORBRENA TAB 100MG	Pref	SP, PA
LUMAKRAS TAB 120MG	Pref	PA
LYNPARZA TAB 100MG	Pref	SP, PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	Pref	SP, PA, QL (4 tabs every 1 day)
MEKINIST TAB 0.5MG	Pref	SP, PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	Pref	SP, PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	Pref	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	Pref	SP, PA
NEXAVAR TAB 200MG	Pref	SP, PA, QL (4 tabs every 1 day)
NINLARO CAP 2.3MG	Pref	SP, PA
NINLARO CAP 3MG	Pref	SP, PA
NINLARO CAP 4MG	Pref	SP, PA
PEMAZYRE TAB 4.5MG	Pref	PA
PEMAZYRE TAB 9MG	Pref	PA
PEMAZYRE TAB 13.5MG	Pref	PA
PIQRAY 200MG TAB DOSE	Pref	SP, PA, QL (1 tab every 1 day)
PIQRAY 250MG TAB DOSE	Pref	SP, PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	Pref	SP, PA, QL (2 tabs every 1 day)
QINLOCK TAB 50MG	Pref	PA
RETEVMO CAP 40MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETEVMO CAP 80MG	Pref	SP, PA
REZLIDHIA CAP 150MG	Pref	PA
ROZLYTREK CAP 100MG	Pref	SP, PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	Pref	SP, PA, QL (3 caps every 1 day)
RUBRACA TAB 200MG	Pref	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 250MG	Pref	SP, PA, QL (4 tabs every 1 day)
RUBRACA TAB 300MG	Pref	SP, PA, QL (4 tabs every 1 day)
RYDAPT CAP 25MG	Pref	SP, PA
SCEMBLIX TAB 20MG	Pref	PA
SCEMBLIX TAB 40MG	Pref	PA
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Pref	SP, PA, QL (4 tabs every 1 day)
SPRYCEL TAB 20MG	Pref	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 50MG	Pref	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 70MG	Pref	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 80MG	Pref	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 100MG	Pref	SP, PA, QL (1 tab every 1 day)
SPRYCEL TAB 140MG	Pref	SP, PA, QL (1 tab every 1 day)
STIVARGA TAB 40MG	Pref	SP, PA
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Pref	SP, PA, QL (1 cap every 1 day)
SUTENT CAP 12.5MG	Pref	SP, PA, QL (1 cap every 1 day)
SUTENT CAP 25MG	Pref	SP, PA, QL (1 cap every 1 day)
SUTENT CAP 37.5MG	Pref	SP, PA, QL (1 cap every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 50MG	Pref	SP, PA, QL (1 cap every 1 day)
TABRECTA TAB 150MG	Pref	SP, PA
TABRECTA TAB 200MG	Pref	SP, PA
TAFINLAR CAP 50MG	Pref	SP, PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	Pref	SP, PA, QL (4 caps every 1 day)
TALZENNA CAP 0.5MG	Pref	SP, PA
TALZENNA CAP 0.25MG	Pref	SP, PA, QL (3 caps every 1 day)
TALZENNA CAP 0.75MG	Pref	SP, PA
TALZENNA CAP 1MG	Pref	SP, PA, QL (1 cap every 1 day)
TASIGNA CAP 50MG	Pref	SP, PA
TASIGNA CAP 150MG	Pref	SP, PA
TASIGNA CAP 200MG	Pref	SP, PA
TAZVERIK TAB 200MG	Pref	PA
TEPMETKO TAB 225MG	Pref	PA, QL (2 tabs every 1 day)
TIBSOVO TAB 250MG	Pref	PA, QL (2 tabs every 1 day)
TRUSELTIQ CAP 50MG	Pref	PA
TRUSELTIQ CAP 75MG	Pref	PA
TRUSELTIQ CAP 100MG	Pref	PA
TRUSELTIQ CAP 125MG	Pref	PA
TURALIO CAP 125MG	Pref	PA
TYKERB TAB 250MG	Pref	SP, PA, QL (6 tabs every 1 day)
VERZENIO TAB 50MG	Pref	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	Pref	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	Pref	SP, PA, QL (2 tabs every 1 day)
VERZENIO TAB 200MG	Pref	SP, PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	Pref	SP, PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	Pref	SP, PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	Pref	SP, PA
VONJO CAP 100MG	Pref	PA
VOTRIENT TAB 200MG	Pref	SP, PA
XALKORI CAP 200MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XALKORI CAP 250MG	Pref	SP, PA
XOSPATA TAB 40MG	Pref	PA
ZEJULA CAP 100MG	Pref	PA, QL (3 caps every 1 day)
ZELBORAF TAB 240MG	Pref	SP, PA, QL (8 tabs every 1 day)
ZOLINZA CAP 100MG	Pref	SP, PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	Pref	SP, PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	Pref	SP, PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	Pref	SP, PA

### **ANTINEOPLASTICS MISC.**

BESREMI SOL 500MCG	Pref	PA
<i>bexarotene cap 75 mg</i>	Pref	SP, PA
HYDREA CAP 500MG	Non-Pref	PA, QL (24 caps every 1 day)
<i>hydroxyurea cap 500 mg</i>	Pref	QL (24 caps every 1 day)
MATULANE CAP 50MG	Non-Pref	PA
TARGRETIN CAP 75MG	Non-Pref	SP, PA
<i>tretinoin cap 10 mg</i>	Pref	PA

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

<i>leucovorin calcium tab 5 mg</i>	Pref	QL (8 tabs every 1 day)
<i>leucovorin calcium tab 10 mg</i>	Pref	
<i>leucovorin calcium tab 15 mg</i>	Pref	
<i>leucovorin calcium tab 25 mg</i>	Pref	
MESNEX TAB 400MG	Pref	

### **MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	Pref	PA
----------------------------	------	----

### **TOPOISOMERASE I INHIBITORS**

HYCANTIN CAP 0.25MG	Pref	SP, PA
HYCANTIN CAP 1MG	Pref	SP, PA

## **ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE**

### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa tab 25 mg</i>	Pref	
LODOSYN TAB 25MG	Non-Pref	PA
NOURIANZ TAB 20MG	Pref	PA
NOURIANZ TAB 40MG	Pref	PA

### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate inj 1 mg/ml</i>	Pref	
<i>benztropine mesylate tab 0.5 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate tab 1 mg</i>	Pref	
<i>benztropine mesylate tab 2 mg</i>	Pref	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Pref	
<i>trihexyphenidyl hcl tab 2 mg</i>	Pref	
<i>trihexyphenidyl hcl tab 5 mg</i>	Pref	

### **ANTIPARKINSON COMT INHIBITORS**

COMTAN TAB 200MG	Non-Pref	PA, QL (8 tabs every 1 day)
<i>entacapone tab 200 mg</i>	Pref	QL (8 tabs every 1 day)
ONGENTYS CAP 25MG	Non-Pref	PA
ONGENTYS CAP 50MG	Non-Pref	PA
TASMAR TAB 100MG	Non-Pref	PA
<i>tolcapone tab 100 mg</i>	Non-Pref	PA

### **ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	Pref	
<i>amantadine hcl soln 50 mg/5ml</i>	Pref	
<i>amantadine hcl tab 100 mg</i>	Non-Pref	PA
APOKYN INJ 10MG/ML	Non-Pref	SP, PA
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Non-Pref	SP, PA
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Non-Pref	PA
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>carbidopa &amp; levodopa orally disintegrating tab 10-100 mg</i>	Non-Pref	PA
<i>carbidopa &amp; levodopa orally disintegrating tab 25-100 mg</i>	Non-Pref	PA
<i>carbidopa &amp; levodopa orally disintegrating tab 25-250 mg</i>	Non-Pref	PA
<i>carbidopa &amp; levodopa tab 10-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Pref	
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Pref	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Non-Pref	PA
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Non-Pref	PA
DUOPA SUS 4.63-20	Non-Pref	SP, PA
GOCOVRI CAP 68.5MG	Non-Pref	PA
GOCOVRI CAP 137MG	Non-Pref	PA
INBRIJA CAP 42MG	Non-Pref	PA
KYNMOBI MIS 10MG	Non-Pref	PA
KYNMOBI MIS 15MG	Non-Pref	PA
KYNMOBI MIS 20MG	Non-Pref	PA
KYNMOBI MIS 25MG	Non-Pref	PA
KYNMOBI MIS 30MG	Non-Pref	PA
MIRAPEX ER TAB 0.75MG	Non-Pref	PA
MIRAPEX ER TAB 0.375MG	Non-Pref	PA
MIRAPEX ER TAB 1.5MG	Non-Pref	PA
MIRAPEX ER TAB 2.25MG	Non-Pref	PA
MIRAPEX ER TAB 3.75MG	Non-Pref	PA
MIRAPEX ER TAB 3MG	Non-Pref	PA
MIRAPEX ER TAB 4.5MG	Non-Pref	PA
NEUPRO DIS 1MG/24HR	Non-Pref	PA
NEUPRO DIS 2MG/24HR	Non-Pref	PA
NEUPRO DIS 3MG/24HR	Non-Pref	PA
NEUPRO DIS 4MG/24HR	Non-Pref	PA
NEUPRO DIS 6MG/24HR	Non-Pref	PA
NEUPRO DIS 8MG/24HR	Non-Pref	PA
OSMOLEX ER TAB	Non-Pref	PA
OSMOLEX ER TAB 129MG	Non-Pref	PA
OSMOLEX ER TAB 193MG	Non-Pref	PA
PARLODEL CAP 5MG	Non-Pref	PA
PARLODEL TAB 2.5MG	Non-Pref	PA
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 1 mg</i>	Pref	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Pref	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Non-Pref	PA
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab 0.5 mg</i>	Pref	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Pref	
<i>ropinirole hydrochloride tab 1 mg</i>	Pref	
<i>ropinirole hydrochloride tab 2 mg</i>	Pref	
<i>ropinirole hydrochloride tab 3 mg</i>	Pref	
<i>ropinirole hydrochloride tab 4 mg</i>	Pref	
<i>ropinirole hydrochloride tab 5 mg</i>	Pref	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non-Pref	PA
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non-Pref	PA
RYTARY CAP 95MG	Non-Pref	PA
RYTARY CAP 145MG	Non-Pref	PA
RYTARY CAP 195MG	Non-Pref	PA
RYTARY CAP 245MG	Non-Pref	PA
SINEMET TAB 10-100MG	Non-Pref	PA
SINEMET TAB 25-100MG	Non-Pref	PA
STALEVO 50 TAB	Non-Pref	PA
STALEVO 75 TAB	Non-Pref	PA
STALEVO 100 TAB	Non-Pref	PA
STALEVO 125 TAB	Non-Pref	PA
STALEVO 150 TAB	Non-Pref	PA
STALEVO 200 TAB	Non-Pref	PA
<b>ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS</b>		
AZILECT TAB 0.5MG	Non-Pref	PA
AZILECT TAB 1MG	Non-Pref	PA
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Non-Pref	PA
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Non-Pref	PA
<i>selegiline hcl cap 5 mg</i>	Pref	
<i>selegiline hcl tab 5 mg</i>	Pref	
XADAGO TAB 50MG	Non-Pref	PA
XADAGO TAB 100MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



Drug Name	Drug Tier	Requirements/Limits
ZELAPAR TAB 1.25MG	Non-Pref	PA

## ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

### ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Pref	
<i>lithium carbonate cap 300 mg</i>	Pref	
<i>lithium carbonate cap 600 mg</i>	Pref	
<i>lithium carbonate tab 300 mg</i>	Pref	
<i>lithium carbonate tab er 300 mg</i>	Pref	
<i>lithium carbonate tab er 450 mg</i>	Pref	
LITHOBID TAB 300MG CR	Non-Pref	PA

### ANTIPSYCHOTICS - MISC.

CAPLYTA CAP 10.5MG	Non-Pref	PA
CAPLYTA CAP 21MG	Non-Pref	PA
CAPLYTA CAP 42MG	Non-Pref	PA; AGE*
EQUETRO CAP 100MG	Pref	PA
EQUETRO CAP 200MG	Pref	PA
EQUETRO CAP 300MG	Pref	PA
GEODON CAP 20MG	Non-Pref	PA; AGE*
GEODON CAP 40MG	Non-Pref	PA; AGE*
GEODON CAP 60MG	Non-Pref	PA; AGE*
GEODON CAP 80MG	Non-Pref	PA; AGE*
GEODON INJ 20MG	Pref	AGE*
LATUDA TAB 20MG	Pref	AGE*
LATUDA TAB 40MG	Pref	AGE*
LATUDA TAB 60MG	Pref	AGE*
LATUDA TAB 80MG	Pref	AGE*
LATUDA TAB 120MG	Pref	AGE*
<i>lurasidone hcl tab 20 mg</i>	Pref	AGE*
<i>lurasidone hcl tab 40 mg</i>	Pref	AGE*
<i>lurasidone hcl tab 60 mg</i>	Pref	AGE*
<i>lurasidone hcl tab 80 mg</i>	Pref	AGE*
<i>lurasidone hcl tab 120 mg</i>	Pref	AGE*
NUPLAZID CAP 34MG	Pref	SP, PA
NUPLAZID TAB 10MG	Pref	SP, PA
VRAYLAR CAP 1.5-3MG	Pref	PA; AGE*
VRAYLAR CAP 1.5MG	Pref	PA; AGE*
VRAYLAR CAP 3MG	Pref	PA; AGE*
VRAYLAR CAP 4.5MG	Pref	PA; AGE*
VRAYLAR CAP 6MG	Pref	PA; AGE*
<i>ziprasidone hcl cap 20 mg</i>	Pref	AGE*; DS
<i>ziprasidone hcl cap 40 mg</i>	Pref	AGE*; DS
<i>ziprasidone hcl cap 60 mg</i>	Pref	AGE*; DS
<i>ziprasidone hcl cap 80 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Pref	AGE*
<b>BENZISOXAZOLES</b>		
FANAPT PAK	Non-Pref	PA; AGE*
FANAPT TAB 1MG	Non-Pref	PA; AGE*
FANAPT TAB 2MG	Non-Pref	PA; AGE*
FANAPT TAB 4MG	Non-Pref	PA; AGE*
FANAPT TAB 6MG	Non-Pref	PA; AGE*
FANAPT TAB 8MG	Non-Pref	PA; AGE*
FANAPT TAB 10MG	Non-Pref	PA; AGE*
FANAPT TAB 12MG	Non-Pref	PA; AGE*
INVEGA HAFYE INJ 1092MG	Pref	PA
INVEGA HAFYE INJ 1560MG	Pref	PA
INVEGA SUST INJ 39/0.25	Pref	AGE*
INVEGA SUST INJ 78/0.5ML	Pref	AGE*
INVEGA SUST INJ 117/0.75	Pref	AGE*
INVEGA SUST INJ 156MG/ML	Pref	AGE*
INVEGA SUST INJ 234/1.5	Pref	AGE*
INVEGA TAB 1.5MG	Non-Pref	PA; AGE*
INVEGA TAB 3MG	Non-Pref	PA; AGE*
INVEGA TAB 6MG	Non-Pref	PA; AGE*
INVEGA TAB 9MG	Non-Pref	PA; AGE*
INVEGA TRINZ INJ 273MG	Pref	QL (0.88 mL every 70 days); AGE*
INVEGA TRINZ INJ 410MG	Pref	QL (1.4 mL every 70 days); AGE*
INVEGA TRINZ INJ 546MG	Pref	QL (1.8 mL every 70 days); AGE*
INVEGA TRINZ INJ 819MG	Pref	QL (2.7 mL every 70 days); AGE*
<i>paliperidone tab er 24hr 1.5 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 3 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 6 mg</i>	Non-Pref	PA; AGE*
<i>paliperidone tab er 24hr 9 mg</i>	Non-Pref	PA; AGE*
PERSERIS INJ 90MG	Non-Pref	PA; AGE*
PERSERIS INJ 120MG	Non-Pref	PA; AGE*
RISPERDAL INJ 12.5MG	Pref	AGE*
RISPERDAL INJ 25MG	Pref	AGE*
RISPERDAL INJ 37.5MG	Pref	AGE*
RISPERDAL INJ 50MG	Pref	AGE*
RISPERDAL SOL 1MG/ML	Non-Pref	PA; AGE*
RISPERDAL TAB 0.5MG	Non-Pref	PA; AGE*
RISPERDAL TAB 1MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL TAB 2MG	Non-Pref	PA; AGE*
RISPERDAL TAB 3MG	Non-Pref	PA; AGE*
RISPERDAL TAB 4MG	Non-Pref	PA; AGE*
<i>risperidone orally disintegrating tab 0.5 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 0.25 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 1 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 2 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 3 mg</i>	Pref	AGE*; DS
<i>risperidone orally disintegrating tab 4 mg</i>	Pref	AGE*; DS
<i>risperidone soln 1 mg/ml</i>	Pref	AGE*; DS
<i>risperidone tab 0.5 mg</i>	Pref	AGE*; DS
<i>risperidone tab 0.25 mg</i>	Pref	AGE*; DS
<i>risperidone tab 1 mg</i>	Pref	AGE*; DS
<i>risperidone tab 2 mg</i>	Pref	AGE*; DS
<i>risperidone tab 3 mg</i>	Pref	AGE*; DS
<i>risperidone tab 4 mg</i>	Pref	AGE*; DS

### **BUTYROPHENONES**

HALDOL DECAN INJ 50MG/ML	Non-Pref	PA; AGE*
HALDOL DECAN INJ 100MG/ML	Non-Pref	PA; AGE*
<i>haloperidol decanoate im soln 50 mg/ml</i>	Pref	AGE*
<i>haloperidol decanoate im soln 100 mg/ml</i>	Pref	AGE*
<i>haloperidol lactate inj 5 mg/ml</i>	Pref	AGE*
<i>haloperidol lactate oral conc 2 mg/ml</i>	Pref	AGE*
<i>haloperidol tab 0.5 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 1 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 2 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 5 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 10 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 20 mg</i>	Pref	AGE*; DS

### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 25 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 100 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 150 mg</i>	Non-Pref	PA; AGE*
<i>clozapine orally disintegrating tab 200 mg</i>	Non-Pref	PA; AGE*
<i>clozapine tab 25 mg</i>	Pref	AGE*; DS
<i>clozapine tab 50 mg</i>	Pref	AGE*; DS
<i>clozapine tab 100 mg</i>	Pref	AGE*; DS
<i>clozapine tab 200 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLOZARIL TAB 25MG	Non-Pref	PA; AGE*
CLOZARIL TAB 50MG	Non-Pref	PA; AGE*
CLOZARIL TAB 100MG	Non-Pref	PA; AGE*
CLOZARIL TAB 200MG	Non-Pref	PA; AGE*
<i>loxapine succinate cap 5 mg</i>	Pref	DS
<i>loxapine succinate cap 10 mg</i>	Pref	DS
<i>loxapine succinate cap 25 mg</i>	Pref	DS
<i>loxapine succinate cap 50 mg</i>	Pref	DS
<i>olanzapine for im inj 10 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 5 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 10 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 15 mg</i>	Pref	AGE*
<i>olanzapine orally disintegrating tab 20 mg</i>	Pref	AGE*
<i>olanzapine tab 2.5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 7.5 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 10 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 15 mg</i>	Pref	AGE*; DS
<i>olanzapine tab 20 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 25 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 50 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 100 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 150 mg</i>	Non-Pref	PA; AGE*; DS
<i>quetiapine fumarate tab 200 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 300 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab 400 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Pref	AGE*; DS
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Pref	AGE*; DS
SAPHRIS SUB 2.5MG	Non-Pref	PA; AGE*
SAPHRIS SUB 5MG	Non-Pref	PA; AGE*
SAPHRIS SUB 10MG	Non-Pref	PA; AGE*
SECUADO DIS 3.8MG	Non-Pref	PA; AGE*
SECUADO DIS 5.7MG	Non-Pref	PA; AGE*
SECUADO DIS 7.6MG	Non-Pref	PA; AGE*
SEROQUEL TAB 25MG	Non-Pref	PA; AGE*
SEROQUEL TAB 50MG	Non-Pref	PA; AGE*
SEROQUEL TAB 100MG	Non-Pref	PA; AGE*
SEROQUEL TAB 200MG	Non-Pref	PA; AGE*
SEROQUEL TAB 300MG	Non-Pref	PA; AGE*
SEROQUEL TAB 400MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROQUEL XR TAB 50MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 150MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 200MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 300MG	Non-Pref	PA; AGE*
SEROQUEL XR TAB 400MG	Non-Pref	PA; AGE*
VERSACLOZ SUS 50MG/ML	Non-Pref	PA; AGE*
ZYPREXA INJ 10MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 210MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 300MG	Non-Pref	PA; AGE*
ZYPREXA RELP INJ 405MG	Non-Pref	PA; AGE*
ZYPREXA TAB 2.5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 7.5MG	Non-Pref	PA; AGE*
ZYPREXA TAB 10MG	Non-Pref	PA; AGE*
ZYPREXA TAB 15MG	Non-Pref	PA; AGE*
ZYPREXA TAB 20MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 5MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 10MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 15MG	Non-Pref	PA; AGE*
ZYPREXA ZYDI TAB 20MG	Non-Pref	PA; AGE*

### **DIHYDROINDOLONES**

<i>molindone hcl tab 5 mg</i>	Pref	DS
<i>molindone hcl tab 10 mg</i>	Pref	DS
<i>molindone hcl tab 25 mg</i>	Pref	DS

### **PHENOTHIAZINES**

<i>chlorpromazine hcl inj 25 mg/ml</i>	Pref	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Pref	
<i>chlorpromazine hcl tab 10 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 25 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 50 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 100 mg</i>	Pref	DS
<i>chlorpromazine hcl tab 200 mg</i>	Pref	DS
<i>compro sup 25mg</i>	Non-Pref	PA
<i>fluphenazine decanoate inj 25 mg/ml</i>	Pref	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Pref	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Pref	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Pref	
<i>fluphenazine hcl tab 1 mg</i>	Pref	DS
<i>fluphenazine hcl tab 2.5 mg</i>	Pref	DS
<i>fluphenazine hcl tab 5 mg</i>	Pref	DS
<i>fluphenazine hcl tab 10 mg</i>	Pref	DS
<i>perphenazine tab 2 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 4 mg</i>	Pref	AGE*; DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>perphenazine tab 8 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 16 mg</i>	Pref	AGE*; DS
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Pref	PA
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Pref	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Pref	
<i>prochlorperazine suppos 25 mg</i>	Non-Pref	PA
<i>thioridazine hcl tab 10 mg</i>	Pref	DS
<i>thioridazine hcl tab 25 mg</i>	Pref	DS
<i>thioridazine hcl tab 50 mg</i>	Pref	DS
<i>thioridazine hcl tab 100 mg</i>	Pref	DS
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Pref	DS
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Pref	DS
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Pref	DS
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Pref	DS

### **QUINOLINONE DERIVATIVES**

ABILIFY MAIN INJ 300MG	Pref	AGE*
ABILIFY MAIN INJ 400MG	Pref	AGE*
ABILIFY MYCI TAB 2MG MANT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 2MG STRT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 5MG MANT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 5MG STRT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 10MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 10MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 15MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 15MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 20MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 20MG STR	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 30MG MNT	Non-Pref	PA; AGE*
ABILIFY MYCI TAB 30MG STR	Non-Pref	PA; AGE*
ABILIFY TAB 2MG	Non-Pref	PA; AGE*
ABILIFY TAB 5MG	Non-Pref	PA; AGE*
ABILIFY TAB 10MG	Non-Pref	PA; AGE*
ABILIFY TAB 15MG	Non-Pref	PA; AGE*
ABILIFY TAB 20MG	Non-Pref	PA; AGE*
ABILIFY TAB 30MG	Non-Pref	PA; AGE*
<i>aripiprazole oral solution 1 mg/ml</i>	Non-Pref	PA; AGE*
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non-Pref	PA; AGE*
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 2 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 5 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 10 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 15 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 20 mg</i>	Pref	AGE*; DS
<i>aripiprazole tab 30 mg</i>	Pref	AGE*; DS
ARISTADA INJ 441MG/1.	Pref	AGE*
ARISTADA INJ 662MG/2	Pref	AGE*
ARISTADA INJ 882MG/3	Pref	QL (1 injection every 25 days); AGE*
ARISTADA INJ 1064MG	Pref	QL (1 injection every 47 days); AGE*
ARISTADA INJ INITIO	Non-Pref	PA; AGE*
REXULTI TAB 0.5MG	Non-Pref	PA; AGE*
REXULTI TAB 0.25MG	Non-Pref	PA; AGE*
REXULTI TAB 1MG	Non-Pref	PA; AGE*
REXULTI TAB 2MG	Non-Pref	PA; AGE*
REXULTI TAB 3MG	Non-Pref	PA; AGE*
REXULTI TAB 4MG	Non-Pref	PA; AGE*

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	Pref	DS
<i>thiothixene cap 2 mg</i>	Pref	DS
<i>thiothixene cap 5 mg</i>	Pref	DS
<i>thiothixene cap 10 mg</i>	Pref	DS

## **ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS**

### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab every 1 day)
APTIVUS CAP 250MG	Pref	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	QL (1 cap every 1 day)
BIKTARVY TAB	Pref	QL (1 tab every 1 day)
CIMDUO TAB 300-300	Pref	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	Non-Pref	PA, QL (2 tabs every 1 day)
COMPLERA TAB	Pref	QL (1 tab every 1 day)
DELSTRIGO TAB	Pref	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	Pref	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	Pref	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	Pref	QL (1 tab every 1 day)
EDURANT TAB 25MG	Pref	QL (1 tab every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>efavirenz cap 50 mg</i>	Pref	QL (12 caps every 1 day)
<i>efavirenz cap 200 mg</i>	Pref	QL (3 caps every 1 day)
<i>efavirenz tab 600 mg</i>	Pref	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Pref	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Pref	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	Pref	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab every 1 day)
EMTRIVA CAP 200MG	Pref	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	Pref	QL (24 mL every 1 day)
EPIVIR SOL 10MG/ML	Non-Pref	PA, QL (30 mL every 1 day)
EPIVIR TAB 150MG	Non-Pref	PA, QL (2 tabs every 1 day)
EPIVIR TAB 300MG	Non-Pref	PA, QL (1 tab every 1 day)
EPZICOM TAB 600-300	Non-Pref	PA, QL (1 tab every 1 day)
<i>etravirine tab 100 mg</i>	Pref	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	Pref	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	Pref	QL (1 tab every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	QL (4 tabs every 1 day)
GENVOYA TAB	Pref	QL (1 tab every 1 day)
INTELENCE TAB 25MG	Pref	
INTELENCE TAB 100MG	Pref	QL (4 tabs every 1 day)
INTELENCE TAB 200MG	Pref	QL (2 tabs every 1 day)
ISENTRESS CHW 25MG	Pref	
ISENTRESS CHW 100MG	Pref	QL (12 tabs every 1 day)
ISENTRESS HD TAB 600MG	Pref	
ISENTRESS POW 100MG	Pref	
ISENTRESS TAB 400MG	Pref	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	Pref	QL (1 tab every 1 day)
KALETRA SOL	Pref	QL (16 mL every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KALETRA TAB 100-25MG	Pref	QL (12 tabs every 1 day)
KALETRA TAB 200-50MG	Pref	QL (6 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	Pref	QL (30 mL every 1 day)
<i>lamivudine tab 150 mg</i>	Pref	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	Pref	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs every 1 day)
LEXIVA SUS 50MG/ML	Pref	
LEXIVA TAB 700MG	Non-Pref	PA, QL (4 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (12 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (6 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	Pref	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	Pref	QL (2 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Pref	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	Pref	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	Pref	
<i>nevirapine tab er 24hr 400 mg</i>	Pref	QL (2 tabs every 1 day)
NORVIR POW 100MG	Pref	
NORVIR TAB 100MG	Non-Pref	PA, QL (12 tabs every 1 day)
ODEFSEY TAB	Pref	QL (1 tab every 1 day)
PIFELTRO TAB 100MG	Pref	
PREZCOBIX TAB 800-150	Pref	QL (1 tab every 1 day)
PREZISTA SUS 100MG/ML	Pref	QL (8 mL every 1 day)
PREZISTA TAB 75MG	Pref	
PREZISTA TAB 150MG	Pref	
PREZISTA TAB 600MG	Pref	QL (2 tabs every 1 day)
PREZISTA TAB 800MG	Pref	QL (1 tab every 1 day)
RETROVIR CAP 100MG	Non-Pref	PA, QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	Non-Pref	PA, QL (60 mL every 1 day)
REYATAZ CAP 200MG	Non-Pref	PA, QL (2 caps every 1 day)
REYATAZ CAP 300MG	Non-Pref	PA, QL (1 cap every 1 day)
REYATAZ POW 50MG	Pref	
<i>ritonavir tab 100 mg</i>	Pref	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	Pref	
SELZENTRY SOL 20MG/ML	Pref	
SELZENTRY TAB 25MG	Pref	
SELZENTRY TAB 75MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SELZENTRY TAB 150MG	Pref	QL (2 tabs every 1 day)
SELZENTRY TAB 300MG	Pref	QL (2 tabs every 1 day)
<i>stavudine cap 15 mg</i>	Pref	
<i>stavudine cap 20 mg</i>	Pref	QL (2 caps every 1 day)
<i>stavudine cap 30 mg</i>	Pref	QL (2 caps every 1 day)
<i>stavudine cap 40 mg</i>	Pref	QL (2 caps every 1 day)
STRIBILD TAB	Pref	QL (1 tab every 1 day)
SUNLENCA TAB 300MG	Pref	
SUSTIVA CAP 50MG	Non-Pref	PA, QL (12 caps every 1 day)
SUSTIVA CAP 200MG	Non-Pref	PA, QL (3 caps every 1 day)
SYMFI LO TAB	Non-Pref	PA, QL (1 tab every 1 day)
SYMFI TAB	Non-Pref	PA, QL (1 tab every 1 day)
SYMTUZA TAB	Pref	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	Pref	
TIVICAY TAB 10MG	Pref	
TIVICAY TAB 25MG	Pref	
TIVICAY TAB 50MG	Pref	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	Pref	QL (6 tabs every 1 day)
TRIUMEQ TAB	Pref	QL (1 tab every 1 day)
TRIZIVIR TAB	Pref	QL (2 tabs every 1 day)
TRUVADA TAB 100-150	Non-Pref	PA, QL (1 tab every 1 day)
TRUVADA TAB 133-200	Non-Pref	PA, QL (1 tab every 1 day)
TRUVADA TAB 167-250	Non-Pref	PA, QL (1 tab every 1 day)
TRUVADA TAB 200-300	Non-Pref	PA, QL (1 tab every 1 day)
TYBOST TAB 150MG	Pref	QL (1 tab every 1 day)
VIRACEPT TAB 250MG	Pref	QL (10 tabs every 1 day)
VIRACEPT TAB 625MG	Pref	QL (4 tabs every 1 day)
VIREAD POW 40MG/GM	Pref	QL (7.5 gm every 1 day)
VIREAD TAB 150MG	Pref	QL (1 tab every 1 day)
VIREAD TAB 200MG	Pref	QL (1 tab every 1 day)
VIREAD TAB 250MG	Pref	QL (1 tab every 1 day)
VIREAD TAB 300MG	Non-Pref	PA, QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	Non-Pref	PA, QL (30 mL every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZIAGEN TAB 300MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>zidovudine cap 100 mg</i>	Pref	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	Pref	QL (60 mL every 1 day)
<i>zidovudine tab 300 mg</i>	Pref	QL (2 tabs every 1 day)

### **ANTIVIRAL COMBINATIONS**

PAXLOVID TAB 300-100	Pref	
----------------------	------	--

### **CMV AGENTS**

<i>cidofovir iv inj 75 mg/ml</i>	Pref	PA
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	Pref	PA
GANCICLOVIR INJ 500/25	Pref	PA
GANCICLOVIR INJ 500MG	Non-Pref	PA
<i>ganciclovir sodium for inj 500 mg</i>	Pref	PA
LIVTENCITY TAB 200MG	Non-Pref	PA
PREVYMIS INJ 240/12	Pref	PA
PREVYMIS INJ 480/24	Pref	PA
PREVYMIS TAB 240MG	Pref	PA
PREVYMIS TAB 480MG	Pref	PA
VALCYTE SOL 50MG/ML	Non-Pref	PA
VALCYTE TAB 450MG	Non-Pref	PA, QL (4 tabs every 1 day)
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Pref	
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Pref	QL (4 tabs every 1 day)

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	Non-Pref	PA, QL (1 tab every 1 day)
BARACLUDE SOL	Non-Pref	PA
BARACLUDE TAB 0.5MG	Non-Pref	PA, QL (1 tab every 1 day)
BARACLUDE TAB 1MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>entecavir tab 0.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab every 1 day)
EPIVIR HBV SOL 5MG/ML	Non-Pref	PA
EPIVIR HBV TAB 100MG	Pref	QL (3 tabs every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	QL (3 tabs every 1 day)
PEGASYS INJ	Non-Pref	SP, PA
PEGASYS INJ 180MCG/M	Non-Pref	SP, PA
<i>ribavirin cap 200 mg</i>	Pref	SP
<i>ribavirin tab 200 mg</i>	Pref	SP

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VEMLIDY TAB 25MG	Non-Pref	PA
<b>HERPES AGENTS</b>		
<i>acyclovir cap 200 mg</i>	Pref	QL (5 caps every 1 day)
<i>acyclovir sodium iv soln 50 mg/ml</i>	Pref	PA
<i>acyclovir susp 200 mg/5ml</i>	Pref	QL (25 mL every 1 day)
<i>acyclovir tab 400 mg</i>	Pref	QL (5 tabs every 1 day)
<i>acyclovir tab 800 mg</i>	Pref	QL (5 tabs every 1 day)
<i>famciclovir tab 125 mg</i>	Pref	QL (3 tabs every 1 day)
<i>famciclovir tab 250 mg</i>	Pref	QL (3 tabs every 1 day)
<i>famciclovir tab 500 mg</i>	Pref	QL (3 tabs every 1 day)
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	QL (8 tabs every 1 day)
<i>valacyclovir hcl tab 500 mg</i>	Pref	QL (8 tabs every 1 day)
VALTREX TAB 1GM	Non-Pref	PA, QL (8 tabs every 1 day)
VALTREX TAB 500MG	Non-Pref	PA, QL (8 tabs every 1 day)
ZOVIRAX SUS 200/5ML	Non-Pref	PA, QL (25 mL every 1 day)
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	QL (2 caps every 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	QL (2 caps every 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	QL (2 caps every 1 day); Max Days Supply = 10
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	QL (25 mL every 1 day); Max Days Supply = 10; AGE
RAPIVAB INJ 200MG/20	Pref	PA
RELENZA MIS DISKHALE	Non-Pref	PA
<i>rimantadine hydrochloride tab 100 mg</i>	Pref	QL (2 tabs every 1 day)
TAMIFLU CAP 30MG	Non-Pref	PA, QL (2 caps every 1 day); Max Days Supply = 10
TAMIFLU CAP 45MG	Non-Pref	PA, QL (2 caps every 1 day); Max Days Supply = 10
TAMIFLU CAP 75MG	Non-Pref	PA, QL (2 caps every 1 day); Max Days Supply = 10
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (25 mL every 1 day); Max Days Supply = 10; AGE

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA

### **MISC. ANTIVIRALS**

LAGEVRIO CAP 200MG	Pref	
REMEDSIVIR INJ 100MG	Pref	
VEKLURY INJ 100MG	Pref	

### **RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS**

<i>ribavirin for inhal soln 6 gm</i>	Pref	PA
VIRAZOLE INH 6GM	Non-Pref	PA

## **BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

### **ALPHA-BETA BLOCKERS**

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Non-Pref	PA
<i>carvedilol tab 3.125 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>carvedilol tab 6.25 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>carvedilol tab 12.5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>carvedilol tab 25 mg</i>	Pref	QL (2 tabs every 1 day); DS
COREG CR CAP 10MG	Non-Pref	PA, QL (2 caps every 1 day)
COREG CR CAP 20MG	Non-Pref	PA, QL (2 caps every 1 day)
COREG CR CAP 40MG	Non-Pref	PA, QL (2 caps every 1 day)
COREG CR CAP 80MG	Non-Pref	PA
COREG TAB 3.125MG	Non-Pref	PA, QL (2 tabs every 1 day)
COREG TAB 6.25MG	Non-Pref	PA, QL (2 tabs every 1 day)
COREG TAB 12.5MG	Non-Pref	PA, QL (2 tabs every 1 day)
COREG TAB 25MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>labetalol hcl iv soln 5 mg/ml</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>labetalol hcl tab 100 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>labetalol hcl tab 200 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>labetalol hcl tab 300 mg</i>	Pref	QL (8 tabs every 1 day); DS
LABETALOL INJ NAACL	Pref	PA

### **BETA BLOCKERS CARDIO-SELECTIVE**

<i>acebutolol hcl cap 200 mg</i>	Pref	QL (16 caps every 1 day); DS
<i>acebutolol hcl cap 400 mg</i>	Pref	QL (16 caps every 1 day); DS
ATENOLOL SUS 1MG/ML	Non-Pref	PA
<i>atenolol tab 25 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>atenolol tab 50 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>atenolol tab 100 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>betaxolol hcl tab 10 mg</i>	Pref	DS
<i>betaxolol hcl tab 20 mg</i>	Pref	DS
<i>bisoprolol fumarate tab 5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>bisoprolol fumarate tab 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
BREVIBLOC DS SOL 2000MG	Non-Pref	PA
BREVIBLOC INJ 10MG/ML	Non-Pref	PA
BREVIBLOC PM SOL 2500MG	Non-Pref	PA
BREVIBLOC SOL	Non-Pref	PA
BREVIBLOC SOL 10MG/ML	Non-Pref	PA
BREVIBLOC SOL 2000MG	Non-Pref	PA
BREVIBLOC SOL 2500MG	Non-Pref	PA
BYSTOLIC TAB 2.5MG	Non-Pref	PA
BYSTOLIC TAB 5MG	Non-Pref	PA
BYSTOLIC TAB 10MG	Non-Pref	PA
BYSTOLIC TAB 20MG	Non-Pref	PA
<i>esmolol hcl inj 100 mg/10ml</i>	Pref	PA
ESMOLOL HCL SOL 2000/100	Pref	PA
ESMOLOL HCL SOL 2500/250	Pref	PA
<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i>	Pref	
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i>	Pref	
KAPSPARGO CAP 25MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPSPARGO CAP 50MG	Non-Pref	PA
KAPSPARGO CAP 100MG	Non-Pref	PA
KAPSPARGO CAP 200MG	Non-Pref	PA
LOPRESSOR TAB 50MG	Non-Pref	PA, QL (3 tabs every 1 day)
LOPRESSOR TAB 100MG	Non-Pref	PA, QL (3 tabs every 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	QL (3 tabs every 1 day); DS
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	QL (4 tabs every 1 day); DS
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	QL (3 tabs every 1 day); DS
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	QL (2 tabs every 1 day); DS
<i>metoprolol tartrate iv soln 5 mg/5ml</i>	Pref	PA
<i>metoprolol tartrate tab 25 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	DS
<i>metoprolol tartrate tab 50 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>metoprolol tartrate tab 75 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>metoprolol tartrate tab 100 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 5 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	Non-Pref	PA
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Non-Pref	PA
TENORMIN TAB 25MG	Non-Pref	PA, QL (2 tabs every 1 day)
TENORMIN TAB 50MG	Non-Pref	PA, QL (2 tabs every 1 day)
TENORMIN TAB 100MG	Non-Pref	PA, QL (2 tabs every 1 day)
TOPROL XL TAB 25MG	Non-Pref	PA, QL (3 tabs every 1 day)
TOPROL XL TAB 50MG	Non-Pref	PA, QL (4 tabs every 1 day)
TOPROL XL TAB 100MG	Non-Pref	PA, QL (3 tabs every 1 day)
TOPROL XL TAB 200MG	Non-Pref	PA, QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE AF TAB 80MG	Non-Pref	PA, QL (2 tabs every 1 day)
BETAPACE AF TAB 120MG	Non-Pref	PA, QL (2 tabs every 1 day)
BETAPACE AF TAB 160MG	Non-Pref	PA
BETAPACE TAB 80MG	Non-Pref	PA, QL (2 tabs every 1 day)
BETAPACE TAB 120MG	Non-Pref	PA, QL (2 tabs every 1 day)
BETAPACE TAB 160MG	Non-Pref	PA, QL (2 tabs every 1 day)
CORGARD TAB 20MG	Non-Pref	PA, QL (3 tabs every 1 day)
CORGARD TAB 40MG	Non-Pref	PA, QL (3 tabs every 1 day)
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA, QL (3 caps every 1 day)
INDERAL LA CAP 80MG	Non-Pref	PA, QL (4 caps every 1 day)
INDERAL LA CAP 120MG	Non-Pref	PA, QL (3 caps every 1 day)
INDERAL LA CAP 160MG	Non-Pref	PA, QL (2 caps every 1 day)
INDERAL XL CAP 80MG	Non-Pref	PA
INDERAL XL CAP 120MG	Non-Pref	PA
INNOPRAN XL CAP 80MG	Non-Pref	PA
INNOPRAN XL CAP 120MG	Non-Pref	PA
<i>nadolol tab 20 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>nadolol tab 40 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>nadolol tab 80 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>pindolol tab 5 mg</i>	Non-Pref	PA
<i>pindolol tab 10 mg</i>	Non-Pref	PA
<i>propranolol hcl cap er 24hr 60 mg</i>	Pref	QL (3 caps every 1 day); DS
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	QL (4 caps every 1 day); DS
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	QL (3 caps every 1 day); DS
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	QL (2 caps every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl inj 1 mg/ml</i>	Pref	PA
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	QL (20 mL every 1 day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	
<i>propranolol hcl tab 10 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>propranolol hcl tab 20 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>propranolol hcl tab 40 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>propranolol hcl tab 60 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>propranolol hcl tab 80 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>sorine tab 80mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sorine tab 120mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sorine tab 160mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sorine tab 240mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sotalol hcl (afib/af) tab 80 mg</i>	Pref	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 120 mg</i>	Pref	QL (2 tabs every 1 day)
<i>sotalol hcl (afib/af) tab 160 mg</i>	Pref	
<i>sotalol hcl tab 80 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sotalol hcl tab 120 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sotalol hcl tab 160 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>sotalol hcl tab 240 mg</i>	Pref	QL (2 tabs every 1 day); DS
SOTYLIZE SOL 5MG/ML	Non-Pref	PA
<i>timolol maleate tab 5 mg</i>	Non-Pref	PA
<i>timolol maleate tab 10 mg</i>	Non-Pref	PA
<i>timolol maleate tab 20 mg</i>	Non-Pref	PA

## **CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

### **CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS**

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	QL (1 tab every 1 day); DS
AMLODIPINE SUS 1MG/ML	Non-Pref	PA
CALAN SR TAB 120MG	Non-Pref	PA, QL (3 tabs every 1 day)
CALAN SR TAB 180MG	Non-Pref	PA, QL (2 tabs every 1 day)
CALAN SR TAB 240MG	Non-Pref	PA
CARDENE IV INJ 40/200ML	Pref	PA
CARDENE IV SOL 20/200ML	Pref	PA
CARDIZEM CD CAP 120MG/24	Non-Pref	PA, QL (1 cap every 1 day)
CARDIZEM CD CAP 180MG/24	Non-Pref	PA, QL (2 caps every 1 day)
CARDIZEM CD CAP 240MG/24	Non-Pref	PA, QL (1 cap every 1 day)
CARDIZEM CD CAP 300MG/24	Non-Pref	PA, QL (1 cap every 1 day)
CARDIZEM CD CAP 360MG/24	Non-Pref	PA, QL (1 cap every 1 day)
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA
CARDIZEM LA TAB 240MG	Non-Pref	PA
CARDIZEM LA TAB 300MG/24	Non-Pref	PA
CARDIZEM LA TAB 360MG	Non-Pref	PA
CARDIZEM LA TAB 420MG/24	Non-Pref	PA
CARDIZEM TAB 30MG	Non-Pref	PA, QL (2 tabs every 1 day)
CARDIZEM TAB 60MG	Non-Pref	PA, QL (4 tabs every 1 day)
CARDIZEM TAB 120MG	Non-Pref	PA, QL (4 tabs every 1 day)
<i>cartia xt cap 120/24hr</i>	Non-Pref	PA, QL (1 cap every 1 day)
<i>cartia xt cap 180/24hr</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>cartia xt cap 240/24hr</i>	Non-Pref	PA, QL (1 cap every 1 day)
<i>cartia xt cap 300/24hr</i>	Non-Pref	PA, QL (1 cap every 1 day)
CLEVIPREX EMU 0.5MG/ML	Pref	PA
<i>dilt-xr cap 120mg</i>	Pref	QL (2 caps every 1 day); DS
<i>dilt-xr cap 180mg</i>	Pref	QL (2 caps every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dilt-xr cap 240mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	QL (3 caps every 1 day)
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	QL (3 caps every 1 day)
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	QL (2 caps every 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>diltiazem hcl coated beads tab er 24hr 180 mg</i>	Non-Pref	PA
<i>diltiazem hcl coated beads tab er 24hr 240 mg</i>	Non-Pref	PA
<i>diltiazem hcl coated beads tab er 24hr 300 mg</i>	Non-Pref	PA
<i>diltiazem hcl coated beads tab er 24hr 360 mg</i>	Non-Pref	PA
<i>diltiazem hcl coated beads tab er 24hr 420 mg</i>	Non-Pref	PA
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	QL (1 cap every 1 day); DS
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Pref	PA
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Pref	PA
<i>diltiazem hcl tab 30 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>diltiazem hcl tab 60 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>diltiazem hcl tab 90 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>diltiazem hcl tab 120 mg</i>	Pref	QL (4 tabs every 1 day); DS
DILTIAZEM INJ 100MG	Pref	PA
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>felodipine tab er 24hr 5 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>felodipine tab er 24hr 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
KATERZIA SUS 1MG/ML	Non-Pref	PA
<i>levamlodipine maleate tab 2.5 mg</i>	Non-Pref	PA
<i>levamlodipine maleate tab 5 mg</i>	Non-Pref	PA
<i>matzim la tab 180mg/24</i>	Non-Pref	PA
<i>matzim la tab 240mg/24</i>	Non-Pref	PA
<i>matzim la tab 300mg/24</i>	Non-Pref	PA
<i>matzim la tab 360mg/24</i>	Non-Pref	PA
<i>matzim la tab 420mg/24</i>	Non-Pref	PA
<i>nicardipine hcl cap 20 mg</i>	Non-Pref	PA
<i>nicardipine hcl cap 30 mg</i>	Non-Pref	PA
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	Pref	PA
NICARDIPINE SOL 20/200ML	Pref	PA
NICARDIPINE SOL 40/200ML	Pref	PA
<i>nifedipine cap 10 mg</i>	Pref	QL (4 caps every 1 day); DS
<i>nifedipine cap 20 mg</i>	Pref	QL (4 caps every 1 day); DS
<i>nifedipine tab er 24hr 30 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>nifedipine tab er 24hr 60 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>nifedipine tab er 24hr 90 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	QL (1 tab every 1 day); DS
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Pref	QL (2 tabs every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>nimodipine cap 30 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 8.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 17 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 20 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 30 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 34 mg</i>	Non-Pref	PA
<i>nisoldipine tab er 24hr 40 mg</i>	Non-Pref	PA
NORLIQVA SOL 1MG/ML	Non-Pref	PA
NORVASC TAB 2.5MG	Non-Pref	PA, QL (1 tab every 1 day)
NORVASC TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
NORVASC TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
NYMALIZE SOL	Non-Pref	PA
PROCARDIA XL TAB 30MG CR	Non-Pref	PA, QL (1 tab every 1 day)
PROCARDIA XL TAB 60MG CR	Non-Pref	PA, QL (2 tabs every 1 day)
PROCARDIA XL TAB 90MG CR	Non-Pref	PA, QL (2 tabs every 1 day)
SULAR TAB 8.5MG	Non-Pref	PA
SULAR TAB 17MG	Non-Pref	PA
SULAR TAB 34MG	Non-Pref	PA
<i>taztia xt cap 120mg/24</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>taztia xt cap 180mg/24</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>taztia xt cap 240mg/24</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>taztia xt cap 300mg er</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>taztia xt cap 360mg/24</i>	Non-Pref	PA, QL (2 caps every 1 day)
<i>tiadylt cap 120mg/24</i>	Pref	QL (2 caps every 1 day); DS
<i>tiadylt cap 180mg/24</i>	Pref	QL (2 caps every 1 day); DS
<i>tiadylt cap 240mg/24</i>	Pref	QL (2 caps every 1 day); DS
<i>tiadylt cap 300mg/24</i>	Pref	QL (2 caps every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tiadylt cap 360mg/24</i>	Pref	QL (2 caps every 1 day); DS
<i>tiadylt cap 420mg/24</i>	Pref	QL (1 cap every 1 day); DS
TIAZAC CAP 120MG/24	Non-Pref	PA, QL (2 caps every 1 day)
TIAZAC CAP 180MG/24	Non-Pref	PA, QL (2 caps every 1 day)
TIAZAC CAP 240MG/24	Non-Pref	PA, QL (2 caps every 1 day)
TIAZAC CAP 300MG/24	Non-Pref	PA, QL (2 caps every 1 day)
TIAZAC CAP 360MG/24	Non-Pref	PA, QL (2 caps every 1 day)
TIAZAC CAP 420MG/24	Non-Pref	PA, QL (1 cap every 1 day)
<i>verapamil hcl cap er 24hr 100 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 120 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 180 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 200 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 240 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 300 mg</i>	Non-Pref	PA
<i>verapamil hcl cap er 24hr 360 mg</i>	Non-Pref	PA
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Pref	PA
<i>verapamil hcl tab 40 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>verapamil hcl tab 80 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>verapamil hcl tab 120 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>verapamil hcl tab er 120 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>verapamil hcl tab er 180 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>verapamil hcl tab er 240 mg</i>	Pref	QL (3 tabs every 1 day); DS
VERELAN CAP 120MG SR	Non-Pref	PA
VERELAN CAP 180MG SR	Non-Pref	PA
VERELAN CAP 240MG SR	Non-Pref	PA
VERELAN CAP 360MG SR	Non-Pref	PA
VERELAN PM CAP 100MG ER	Non-Pref	PA
VERELAN PM CAP 200MG ER	Non-Pref	PA
VERELAN PM CAP 300MG ER	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

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

**CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS**

**CARDIAC GLYCOSIDES**

<i>digoxin inj 0.25 mg/ml</i>	Pref	
<i>digoxin oral soln 0.05 mg/ml</i>	Pref	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Non-Pref	PA
<i>digoxin tab 125 mcg (0.125 mg)</i>	Pref	QL (1 tab every 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	QL (1 tab every 1 day)
LANOXIN INJ 0.5/2ML	Non-Pref	PA
LANOXIN INJ 0.25MG/1	Non-Pref	PA
LANOXIN PED INJ 0.1MG/ML	Non-Pref	PA

**INOTROPES**

<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	Pref	PA
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	Pref	PA
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	Pref	PA
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	Pref	PA
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	Pref	PA

**CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

**CARDIAC MYOSIN INHIBITORS**

CAMZYOS CAP 2.5MG	Pref	PA
CAMZYOS CAP 5MG	Pref	PA
CAMZYOS CAP 10MG	Pref	PA
CAMZYOS CAP 15MG	Pref	PA

**CARDIOVASCULAR AGENTS MISC. - COMBINATIONS**

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Non-Pref	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Non-Pref	PA
BIDIL TAB	Non-Pref	PA
CADUET TAB 5-40MG	Non-Pref	PA
CADUET TAB 5-80MG	Non-Pref	PA
CADUET TAB 10-10MG	Non-Pref	PA
CADUET TAB 10-20MG	Non-Pref	PA
CADUET TAB 10-40MG	Non-Pref	PA
CADUET TAB 10-80MG	Non-Pref	PA
ENTRESTO TAB 24-26MG	Pref	
ENTRESTO TAB 49-51MG	Pref	
ENTRESTO TAB 97-103MG	Pref	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Non-Pref	PA

### **IMPOTENCE AGENTS**

CIALIS TAB 5MG	Non-Pref	PA
<i>tadalafil tab 5 mg</i>	Non-Pref	PA

### **PROSTAGLANDIN VASODILATORS**

ORENITRAM TAB 0.25MG	Non-Pref	SP, PA
ORENITRAM TAB 0.125MG	Non-Pref	SP, PA
ORENITRAM TAB 1MG	Non-Pref	SP, PA
ORENITRAM TAB 2.5MG	Non-Pref	SP, PA
ORENITRAM TAB 5MG	Non-Pref	SP, PA
TYVASO DPI POW 16-32-48	Pref	SP, PA
TYVASO DPI POW 16-32MCG	Pref	SP, PA
TYVASO DPI POW 16MCG	Pref	SP, PA
TYVASO DPI POW 32-48MCG	Pref	SP, PA
TYVASO DPI POW 32MCG	Pref	SP, PA
TYVASO DPI POW 48MCG	Pref	SP, PA
TYVASO DPI POW 64MCG	Pref	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Pref	SP, PA
TYVASO SOL 0.6MG/ML	Pref	SP, PA
TYVASO START SOL 0.6MG/ML	Pref	SP, PA
VENTAVIS SOL 10MCG/ML	Pref	SP, PA
VENTAVIS SOL 20MCG/ML	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		
<i>ambrisentan tab 5 mg</i>	Pref	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	Pref	SP, PA, QL (2 tabs every 1 day)
LETAIRIS TAB 5MG	Non-Pref	SP, PA, QL (1 tab every 1 day)
LETAIRIS TAB 10MG	Non-Pref	SP, PA, QL (1 tab every 1 day)
OPSUMIT TAB 10MG	Non-Pref	SP, PA
TRACLEER TAB 32MG	Pref	SP, PA
TRACLEER TAB 62.5MG	Pref	SP, PA, QL (2 tabs every 1 day)
TRACLEER TAB 125MG	Pref	SP, PA, QL (2 tabs every 1 day)
<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
ADCIRCA TAB 20MG	Non-Pref	SP, PA, QL (2 tabs every 1 day)
<i>alyq tab 20mg</i>	Pref	SP, PA, QL (2 tabs every 1 day)
REVATIO SUS 10MG/ML	Non-Pref	SP, PA
REVATIO TAB 20MG	Non-Pref	SP, PA
<i>sildenafil citrate for suspension 10 mg/ml</i>	Non-Pref	SP, PA
<i>sildenafil citrate tab 20 mg</i>	Pref	SP, PA
<i>tadalafil tab 20 mg (pah)</i>	Pref	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	Non-Pref	SP, PA
<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
UPTRAVI INJ 1800MCG	Non-Pref	SP, PA
UPTRAVI PACK TAB 200/800	Non-Pref	SP, PA
UPTRAVI TAB 200MCG	Non-Pref	SP, PA
UPTRAVI TAB 400MCG	Non-Pref	SP, PA
UPTRAVI TAB 600MCG	Non-Pref	SP, PA
UPTRAVI TAB 800MCG	Non-Pref	SP, PA
UPTRAVI TAB 1000MCG	Non-Pref	SP, PA
UPTRAVI TAB 1200MCG	Non-Pref	SP, PA
UPTRAVI TAB 1400MCG	Non-Pref	SP, PA
UPTRAVI TAB 1600MCG	Non-Pref	SP, PA
<b>PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR</b>		
ADEMPAS TAB 0.5MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADEMPAS TAB 1.5MG	Pref	SP, PA
ADEMPAS TAB 1MG	Pref	SP, PA
ADEMPAS TAB 2.5MG	Pref	SP, PA
ADEMPAS TAB 2MG	Pref	SP, PA

### **SINUS NODE INHIBITORS**

CORLANOR SOL 5MG/5ML	Non-Pref	PA
CORLANOR TAB 5MG	Pref	PA
CORLANOR TAB 7.5MG	Pref	PA

### **VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)**

VERQUVO TAB 2.5MG	Pref	PA
VERQUVO TAB 5MG	Pref	PA
VERQUVO TAB 10MG	Pref	PA

## **CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

### **CEPHALOSPORINS - 1ST GENERATION**

<i>cefadroxil cap 500 mg</i>	Pref	
<i>cefadroxil for susp 250 mg/5ml</i>	Pref	
<i>cefadroxil for susp 500 mg/5ml</i>	Pref	
<i>cefadroxil tab 1 gm</i>	Pref	
CEFAZOL/DEX SOL 1GM	Pref	PA
CEFAZOL/DEX SOL 2GM	Pref	PA
CEFAZOLIN INJ 1GM/50ML	Pref	PA
<i>cefazolin sodium for inj 1 gm</i>	Pref	PA
<i>cefazolin sodium for inj 2 gm</i>	Pref	PA
<i>cefazolin sodium for inj 10 gm</i>	Pref	PA
<i>cefazolin sodium for inj 500 mg</i>	Pref	PA
<i>cefazolin sodium for iv soln 1 gm</i>	Pref	PA
CEFAZOLIN SOL	Pref	PA
<i>cephalexin cap 250 mg</i>	Pref	QL (6 caps every 1 day)
<i>cephalexin cap 500 mg</i>	Pref	QL (8 caps every 1 day)
<i>cephalexin cap 750 mg</i>	Pref	
<i>cephalexin for susp 125 mg/5ml</i>	Pref	
<i>cephalexin for susp 250 mg/5ml</i>	Pref	
<i>cephalexin tab 250 mg</i>	Non-Pref	PA
<i>cephalexin tab 500 mg</i>	Non-Pref	PA

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

CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefaclor for susp 125 mg/5ml</i>	Non-Pref	PA, QL (40 mL every 1 day)
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA, QL (40 mL every 1 day)
<i>cefotetan disodium for inj 1 gm</i>	Pref	PA
<i>cefotetan disodium for inj 2 gm</i>	Pref	PA
CEFOXITIN INJ 1GM	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CEFOXITIN INJ 2GM	Pref	PA
<i>cefoxitin sodium for iv soln 1 gm</i>	Pref	PA
<i>cefoxitin sodium for iv soln 2 gm</i>	Pref	PA
<i>cefoxitin sodium for iv soln 10 gm</i>	Pref	PA
<i>cefprozil for susp 125 mg/5ml</i>	Pref	
<i>cefprozil for susp 250 mg/5ml</i>	Pref	
<i>cefprozil tab 250 mg</i>	Pref	QL (4 tabs every 1 day)
<i>cefprozil tab 500 mg</i>	Pref	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 250 mg</i>	Pref	QL (2 tabs every 1 day)
<i>cefuroxime axetil tab 500 mg</i>	Pref	QL (2 tabs every 1 day)
<i>cefuroxime sodium for inj 750 mg</i>	Pref	PA
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Pref	PA

### **CEPHALOSPORINS - 3RD GENERATION**

<i>cefdinir cap 300 mg</i>	Pref	
<i>cefdinir for susp 125 mg/5ml</i>	Pref	
<i>cefdinir for susp 250 mg/5ml</i>	Pref	
<i>cefixime cap 400 mg</i>	Pref	
<i>cefixime for susp 100 mg/5ml</i>	Non-Pref	PA
<i>cefixime for susp 200 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non-Pref	PA
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non-Pref	PA, QL (40 mL every 1 day)
<i>cefpodoxime proxetil tab 100 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day)
<i>cefpodoxime proxetil tab 200 mg</i>	Non-Pref	PA, QL (2 tabs every 1 day)
<i>ceftazidime for inj 1 gm</i>	Pref	PA
<i>ceftazidime for inj 6 gm</i>	Pref	PA
<i>ceftazidime for iv soln 2 gm</i>	Pref	PA
CEFTAZIDIME/ SOL D5W 1GM	Pref	PA
CEFTAZIDIME/ SOL D5W 2GM	Pref	PA
CEFTRIAX/DEX INJ 1GM	Pref	PA
CEFTRIAX/DEX INJ 2GM	Pref	PA
<i>ceftriaxone sodium for inj 1 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 2 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 10 gm</i>	Pref	PA
<i>ceftriaxone sodium for inj 250 mg</i>	Pref	PA
<i>ceftriaxone sodium for inj 500 mg</i>	Pref	PA
<i>ceftriaxone sodium for iv soln 1 gm</i>	Pref	PA
<i>ceftriaxone sodium for iv soln 2 gm</i>	Pref	PA
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	Pref	PA
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	Pref	PA
SUPRAX CAP 400MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPRAX CHW 100MG	Non-Pref	PA
SUPRAX CHW 200MG	Non-Pref	PA
SUPRAX SUS 200/5ML	Non-Pref	PA
SUPRAX SUS 500/5ML	Non-Pref	PA
<i>tazicef inj 1gm</i>	Pref	PA
TAZICEF INJ 1GM/50ML	Pref	PA
<i>tazicef inj 2gm</i>	Pref	PA
<i>tazicef inj 6gm</i>	Pref	PA

### **CEPHALOSPORINS - 4TH GENERATION**

<i>cefepime hcl for inj 1 gm</i>	Pref	PA
<i>cefepime hcl for inj 2 gm</i>	Pref	PA
<i>cefepime hcl for iv soln 2 gm</i>	Non-Pref	PA
CEFEPIME INJ 1GM	Pref	PA
CEFEPIME INJ 2G/100ML	Pref	PA
CEFEPIME/DEX INJ 1GM	Pref	PA
CEFEPIME/DEX INJ 2GM	Pref	PA

### **CEPHALOSPORINS - SIDEROPHORES**

FETROJA INJ 1GM	Pref	PA
-----------------	------	----

### **CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING**

#### **LIQUIDS**

GLYCERIN LIQ	Pref	
GLYCERIN LIQ	Pref	OTC
GLYCERINE LIQ	Pref	
GLYCEROL LIQ FORMAL	Pref	

### **CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL**

#### **COMBINATION CONTRACEPTIVES - ORAL**

<i>afirmelle tab 0.1-0.02</i>	Pref	EA
<i>altavera tab</i>	Pref	EA
<i>alyacen tab 1/35</i>	Pref	EA
<i>alyacen tab 7/7/7</i>	Pref	EA
<i>amethia tab</i>	Pref	EA
<i>amethyst tab 90-20mcg</i>	Pref	EA
<i>apri tab</i>	Pref	EA
<i>aranelle tab</i>	Pref	EA
<i>ashlyna tab</i>	Pref	EA
<i>aubra eq tab 0.1-0.02</i>	Pref	EA
<i>aubra tab 0.1-0.02</i>	Pref	EA
<i>aurovela 24 tab fe 1/20</i>	Pref	EA
<i>aurovela fe tab 1.5/30</i>	Pref	EA
<i>aurovela fe tab 1/20</i>	Pref	EA
<i>aurovela tab 1.5/30</i>	Pref	EA
<i>aurovela tab 1/20</i>	Pref	EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aviane tab</i>	Pref	EA
<i>ayuna tab</i>	Pref	EA
<i>azurette tab</i>	Pref	EA
BALCOLTRA TAB 0.1-20	Pref	EA
<i>balziva tab</i>	Pref	EA
BEYAZ TAB	Pref	EA
<i>blisovi 24 tab fe 1/20</i>	Pref	EA
<i>blisovi fe tab 1.5/30</i>	Pref	EA
<i>blisovi fe tab 1/20</i>	Pref	EA
<i>briellyn tab</i>	Pref	EA
<i>camrese lo tab</i>	Pref	EA
<i>camrese tab</i>	Pref	EA
<i>charlotte 24 chw fe 1/20</i>	Pref	EA
<i>chateal eq tab 0.15/30</i>	Pref	EA
<i>chateal tab 0.15/30</i>	Pref	EA
<i>cryselle-28 tab 28 tabs</i>	Pref	EA
<i>cyred eq tab</i>	Pref	EA
<i>cyred tab</i>	Pref	EA
<i>dasetta tab 1/35</i>	Pref	EA
<i>dasetta tab 7/7/7</i>	Pref	EA
<i>daysee tab</i>	Pref	EA
<i>delyla tab 0.1-0.02</i>	Pref	EA
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Pref	EA
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	EA
<i>dolishale tab 90-20mcg</i>	Pref	EA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Pref	EA
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Pref	EA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Pref	EA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Pref	EA
<i>elinest tab</i>	Pref	EA
<i>enpresse-28 tab</i>	Pref	EA
<i>enskyce tab</i>	Pref	EA
<i>estarylla tab 0.25-35</i>	Pref	EA
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Pref	EA
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Pref	EA
<i>falmina tab</i>	Pref	EA
<i>fayosim tab</i>	Pref	EA
<i>finzala chw fe 1/20</i>	Pref	EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>gemmily cap 1/20</i>	Pref	EA
GENERESS FE CHW	Pref	EA
<i>hailey 24 tab fe</i>	Pref	EA
<i>hailey fe tab 1.5/30</i>	Pref	EA
<i>hailey fe tab 1/20</i>	Pref	EA
<i>hailey tab 1.5/30</i>	Pref	EA
<i>iclevia tab</i>	Pref	EA
<i>introvale tab</i>	Pref	EA
<i>isibloom tab</i>	Pref	EA
<i>jaimiess tab</i>	Pref	EA
<i>jasmiel tab 3-0.02mg</i>	Pref	EA
<i>jolessa tab</i>	Pref	EA
<i>juleber tab</i>	Pref	EA
<i>junel 1.5/30 tab</i>	Pref	EA
<i>junel 1/20 tab</i>	Pref	EA
<i>junel fe 24 tab 1/20</i>	Pref	EA
<i>junel fe tab 1.5/30</i>	Pref	EA
<i>junel fe tab 1/20</i>	Pref	EA
<i>kaitlib fe chw</i>	Pref	EA
<i>kalliga tab</i>	Pref	EA
<i>kariva tab 28 day</i>	Pref	EA
<i>kelnor 1/50 tab</i>	Pref	EA
<i>kelnor tab 1/35</i>	Pref	EA
<i>kurvelo tab 0.15/30</i>	Pref	EA
<i>larin 24 tab fe 1/20</i>	Pref	EA
<i>larin fe tab 1.5/30</i>	Pref	EA
<i>larin fe tab 1/20</i>	Pref	EA
<i>larin tab 1.5/30</i>	Pref	EA
<i>larin tab 1/20</i>	Pref	EA
<i>layolis fe chw</i>	Pref	EA
<i>leena tab</i>	Pref	EA
<i>lessina tab</i>	Pref	EA
<i>levonest tab</i>	Pref	EA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp; eth est 0.01 mg</i>	Pref	EA
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	EA
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i>	Pref	EA
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Pref	EA
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Pref	EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Pref	EA
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Pref	EA
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Pref	EA
<i>levora-28 tab 0.15/30</i>	Pref	EA
LO LOESTRIN TAB 1-10-10	Pref	EA
<i>lo-zumandimi tab 3-0.02mg</i>	Pref	EA
<i>loestrin 21 tab 1.5/30</i>	Pref	EA
<i>loestrin fe tab 1.5/30</i>	Pref	EA
<i>loestrin fe tab 1/20</i>	Pref	EA
<i>loestrin tab 1/20-21</i>	Pref	EA
<i>lojaimiess tab</i>	Pref	EA
<i>loryna tab 3-0.02mg</i>	Pref	EA
LOSEASONIQUE TAB	Pref	EA
<i>low-ogestrel tab</i>	Pref	EA
<i>lutra tab</i>	Pref	EA
<i>marlissa tab 0.15/30</i>	Pref	EA
<i>merzee cap 1/20</i>	Pref	EA
<i>micrgstin 24 tab fe 1/20</i>	Pref	EA
<i>microgestin tab 1.5/30</i>	Pref	EA
<i>microgestin tab 1/20</i>	Pref	EA
<i>microgestin tab fe1.5/30</i>	Pref	EA
<i>microgestin tab fe 1/20</i>	Pref	EA
<i>mili tab 0.25/35</i>	Pref	EA
MINASTRIN 24 CHW FE	Pref	EA
MIRCETTE TAB 28 DAY	Pref	EA
<i>mono-linyah tab 0.25-35</i>	Pref	EA
NATAZIA TAB	Pref	EA
<i>necon tab 0.5/35</i>	Pref	EA
NEXTSTELLIS TAB 3-14.2MG	Pref	EA
<i>nikki tab 3-0.02mg</i>	Pref	EA
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Pref	EA
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Pref	EA
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Pref	EA
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i>	Pref	EA
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i>	Pref	EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref	EA
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Pref	EA
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Pref	EA
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Pref	EA
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i>	Pref	EA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Pref	EA
<i>nortrel tab 0.5/35</i>	Pref	EA
<i>nortrel tab 1/35</i>	Pref	EA
<i>nortrel tab 7/7/7</i>	Pref	EA
<i>nylia tab 1/35</i>	Pref	EA
<i>nylia tab 7/7/7</i>	Pref	EA
<i>nymyo tab 0.25-35</i>	Pref	EA
<i>ocella tab 3-0.03mg</i>	Pref	EA
<i>philith tab 0.4-35</i>	Pref	EA
<i>pimtrea tab</i>	Pref	EA
<i>pirmella tab 1/35</i>	Pref	EA
<i>pirmella tab 7/7/7</i>	Pref	EA
<i>portia-28 tab</i>	Pref	EA
QUARTETTE TAB	Pref	EA
<i>reclipsen tab</i>	Pref	EA
<i>rivelsa tab</i>	Pref	EA
SAFYRAL TAB	Pref	EA
SEASONIQUE TAB	Pref	EA
<i>setlakin tab</i>	Pref	EA
<i>simliya tab 28 day</i>	Pref	EA
<i>simpesse tab</i>	Pref	EA
<i>sprintec 28 tab 28 day</i>	Pref	EA
<i>sronyx tab</i>	Pref	EA
<i>syeda tab 3-0.03mg</i>	Pref	EA
<i>tarina 24 fe tab</i>	Pref	EA
<i>tarina fe tab 1/20 eq</i>	Pref	EA
<i>taysofy cap 1/20</i>	Pref	EA
TAYTULLA CAP 1MG/20MC	Pref	EA
<i>tilia fe tab</i>	Pref	EA
<i>tri-estaryll tab</i>	Pref	EA
<i>tri-legest tab fe</i>	Pref	EA
<i>tri-linyah tab</i>	Pref	EA
<i>tri-lo tab estaryll</i>	Pref	EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-lo- tab marzia</i>	Pref	EA
<i>tri-lo- tab sprintec</i>	Pref	EA
<i>tri-lo-mili tab</i>	Pref	EA
<i>tri-mili tab</i>	Pref	EA
<i>tri-nymyo tab</i>	Pref	EA
<i>tri-sprintec tab</i>	Pref	EA
<i>tri-vylibra tab</i>	Pref	EA
<i>tri-vylibra tab lo</i>	Pref	EA
<i>trivora-28 tab</i>	Pref	EA
TYBLUME CHW 0.1-0.02	Pref	EA
<i>tydemy tab</i>	Pref	EA
<i>velivet pak</i>	Pref	EA
<i>vestura tab 3-0.02mg</i>	Pref	EA
<i>vienva tab 0.1-20</i>	Pref	EA
<i>viorele tab</i>	Pref	EA
<i>volnea tab</i>	Pref	EA
<i>vyfemla tab 0.4-35</i>	Pref	EA
<i>vylibra tab 0.25-35</i>	Pref	EA
<i>wera tab 0.5/35</i>	Pref	EA
<i>wymzya fe chw 0.4mg-35</i>	Pref	EA
YASMIN 28 TAB 3-0.03MG	Pref	EA
YAZ TAB 3-0.02MG	Pref	EA
<i>zovia 1/35 tab</i>	Pref	EA
<i>zumandimine tab 3-0.03mg</i>	Pref	EA
<b>COMBINATION CONTRACEPTIVES - TRANSDERMAL</b>		
TWIRLA DIS 120-30	Pref	EA
<i>xulane dis 150-35</i>	Pref	EA
<i>zafemy dis 150/35</i>	Pref	EA
<b>COMBINATION CONTRACEPTIVES - VAGINAL</b>		
ANNOVERA MIS	Pref	EA
<i>eluryng mis</i>	Pref	EA
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i>	Pref	EA
<i>haloette mis</i>	Pref	EA
NUVARING MIS	Pref	EA
<b>COPPER CONTRACEPTIVES - IUD</b>		
PARAGARD IUD T380A	Pref	
<b>EMERGENCY CONTRACEPTIVES</b>		
ELLA TAB 30MG	Pref	
<i>levonorgestrel tab 1.5 mg</i>	Pref	OTC
PLAN B TAB 1.5MG	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>PROGESTIN CONTRACEPTIVES - IMPLANTS</b>		
NEXPLANON IMP 68MG	Pref	
<b>PROGESTIN CONTRACEPTIVES - INJECTABLE</b>		
DEPO-PROVERA INJ 150MG/ML	Pref	
DEPO-SQ PROV INJ 104	Pref	
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Pref	
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Pref	
<b>PROGESTIN CONTRACEPTIVES - IUD</b>		
KYLEENA IUD 19.5MG	Pref	
LILETTA IUD 52MG	Pref	
MIRENA IUD SYSTEM	Pref	
SKYLA IUD 13.5MG	Pref	
<b>PROGESTIN CONTRACEPTIVES - ORAL</b>		
<i>camila tab 0.35mg</i>	Pref	EA
<i>deblitane tab 0.35mg</i>	Pref	EA
<i>errin tab 0.35mg</i>	Pref	EA
<i>heather tab 0.35mg</i>	Pref	EA
<i>incassia tab 0.35mg</i>	Pref	EA
<i>jencycla tab 0.35mg</i>	Pref	EA
<i>lyleq tab 0.35mg</i>	Pref	EA
<i>lyza tab 0.35mg</i>	Pref	EA
<i>nora-be tab 0.35mg</i>	Pref	EA
<i>norethindrone tab 0.35 mg</i>	Pref	EA
<i>norlyroc tab 0.35mg</i>	Pref	EA
<i>sharobel tab 0.35mg</i>	Pref	EA
SLYND TAB 4MG	Pref	EA
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE</b>		
<b>GLUCOCORTICOSTEROIDS</b>		
ALKINDI SPRI CAP 0.5MG	Non-Pref	PA
ALKINDI SPRI CAP 1MG	Non-Pref	PA
ALKINDI SPRI CAP 2MG	Non-Pref	PA
ALKINDI SPRI CAP 5MG	Non-Pref	PA
<i>betamethasone sod phosphate &amp; acetate inj susp 6 (3-3) mg/ml</i>	Pref	PA
<i>budesonide delayed release particles cap 3 mg</i>	Pref	
<i>budesonide tab er 24hr 9 mg</i>	Pref	QL (1 tab every 1 day)
CELESTONE INJ SOLUSPAN	Non-Pref	PA
CORTEF TAB 5MG	Non-Pref	PA, QL (24 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CORTEF TAB 10MG	Non-Pref	PA, QL (12 tabs every 1 day)
CORTEF TAB 20MG	Non-Pref	PA, QL (6 tabs every 1 day)
CORTISONE TAB 25MG	Pref	
DEPO-MEDROL INJ 20MG/ML	Pref	PA
DEPO-MEDROL INJ 40MG/ML	Non-Pref	PA
DEPO-MEDROL INJ 80MG/ML	Non-Pref	PA
DEXAMETH PHO INJ 10MG/ML	Pref	PA
DEXAMETHASON CON 1MG/ML	Pref	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Pref	QL (60 mL every 1 day)
<i>dexamethasone sod phosphate preservative free inj 10 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 4 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 10 mg/ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 20 mg/5ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 100 mg/10ml</i>	Pref	PA
<i>dexamethasone sodium phosphate inj 120 mg/30ml</i>	Pref	PA
<i>dexamethasone soln 0.5 mg/5ml</i>	Pref	PA
<i>dexamethasone tab 0.5 mg</i>	Pref	QL (12 tabs every 1 day)
<i>dexamethasone tab 0.75 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dexamethasone tab 1 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dexamethasone tab 1.5 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dexamethasone tab 4 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dexamethasone tab 6 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Non-Pref	PA
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Non-Pref	PA
EMFLAZA SUS 22.75/ML	Non-Pref	PA
EMFLAZA TAB 6MG	Non-Pref	PA
EMFLAZA TAB 18MG	Non-Pref	PA
EMFLAZA TAB 30MG	Non-Pref	PA
EMFLAZA TAB 36MG	Non-Pref	PA
HEMADY TAB 20MG	Non-Pref	PA
<i>hydrocortisone tab 5 mg</i>	Pref	QL (24 tabs every 1 day)
<i>hydrocortisone tab 10 mg</i>	Pref	QL (12 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone tab 20 mg</i>	Pref	QL (6 tabs every 1 day)
KENALOG-10 INJ 10MG/ML	Pref	PA
KENALOG-40 INJ 40MG/ML	Non-Pref	PA
KENALOG-80 INJ	Pref	PA
MEDROL TAB 2MG	Non-Pref	PA
MEDROL TAB 4MG	Non-Pref	PA, QL (12 tabs every 1 day)
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA, QL (4 tabs every 1 day)
<i>methylprednisolone acetate inj susp 40 mg/ml</i>	Pref	PA
<i>methylprednisolone acetate inj susp 80 mg/ml</i>	Pref	PA
<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i>	Pref	
<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i>	Pref	
<i>methylprednisolone tab 4 mg</i>	Pref	QL (12 tabs every 1 day)
<i>methylprednisolone tab 8 mg</i>	Pref	
<i>methylprednisolone tab 16 mg</i>	Pref	QL (4 tabs every 1 day)
<i>methylprednisolone tab 32 mg</i>	Pref	QL (12 tabs every 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	QL (12 tabs every 1 day)
MILLIPRED TAB 5MG	Non-Pref	PA
ORTIKOS CAP 6MG ER	Non-Pref	PA
ORTIKOS CAP 9MG ER	Non-Pref	PA
PEDIAPRED SOL 5MG/5ML	Non-Pref	PA
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	Pref	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	Pref	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	Pref	
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	Pref	QL (50 mL every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i>	Pref	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Pref	
PREDNISON CON 5MG/ML	Pref	
<i>prednisone oral soln 5 mg/5ml</i>	Non-Pref	PA, QL (60 mL every 1 day)
<i>prednisone tab 1 mg</i>	Pref	QL (10 tabs every 1 day)
<i>prednisone tab 2.5 mg</i>	Pref	QL (8 tabs every 1 day)
<i>prednisone tab 5 mg</i>	Pref	QL (16 tabs every 1 day)
<i>prednisone tab 10 mg</i>	Pref	QL (9 tabs every 1 day)
<i>prednisone tab 20 mg</i>	Pref	QL (6 tabs every 1 day)
<i>prednisone tab 50 mg</i>	Pref	QL (3 tabs every 1 day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 5 mg (48)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (21)</i>	Pref	
<i>prednisone tab therapy pack 10 mg (48)</i>	Pref	
RAYOS TAB 1MG	Non-Pref	PA
RAYOS TAB 2MG	Non-Pref	PA
RAYOS TAB 5MG	Non-Pref	PA
SOLU-CORTEF INJ 100MG	Pref	PA
SOLU-CORTEF INJ 250MG	Pref	PA
SOLU-CORTEF INJ 500MG	Pref	PA
SOLU-CORTEF INJ 1000MG	Pref	PA
SOLU-MEDROL INJ 1GM	Non-Pref	PA
SOLU-MEDROL INJ 2GM	Non-Pref	PA
SOLU-MEDROL INJ 40MG	Non-Pref	PA
SOLU-MEDROL INJ 125MG	Non-Pref	PA
SOLU-MEDROL INJ 500MG	Non-Pref	PA
SOLU-MEDROL INJ 1000MG	Non-Pref	PA
<i>taperdex pak 6 day</i>	Non-Pref	PA
<i>taperdex pak 7-day</i>	Non-Pref	PA
<i>taperdex pak 12-day</i>	Non-Pref	PA
TARPEYO CAP 4MG	Pref	PA
<i>triamcinolone acetonide inj susp 40 mg/ml</i>	Pref	
UCERIS TAB 9MG	Pref	QL (1 tab every 1 day)
ZILRETTA INJ 32MG	Non-Pref	PA

### **MINERALOCORTICOIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	Pref	QL (5 tabs every 1 day)
---	------	-------------------------

## **COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

### **ANTITUSSIVES**

<i>daytme cough liq 15/15ml</i>	Pref	OTC
---------------------------------	------	-----

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sm cough rel syp 15mg/5ml</i>	Pref	OTC
<i>tussin cough syp 15mg/5ml</i>	Pref	OTC
<i>wal-tussin syp 15mg/5ml</i>	Pref	OTC

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

<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs every 1 day), OTC
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	QL (240 mL every 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	QL (240 mL every 25 days), OTC
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	Pref	QL (1 tab every 1 day), OTC

### **EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	Pref	OTC; AGE (Min 4)
--------------------------------------	------	------------------

### **MISC. RESPIRATORY INHALANTS**

<i>nebusal neb 3%</i>	Pref	
<i>sodium chloride soln nebu 0.9%</i>	Pref	
<i>sodium chloride soln nebu 3%</i>	Pref	
<i>sodium chloride soln nebu 7%</i>	Pref	
<i>sodium chloride soln nebu 10%</i>	Pref	

### **MUCOLYTICS**

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	QL (4 vials every 1 day)

## **DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS**

### **ACNE PRODUCTS**

ABSORICA CAP 10MG	Non-Pref	PA
ABSORICA CAP 20MG	Non-Pref	PA
ABSORICA CAP 25MG	Non-Pref	PA
ABSORICA CAP 30MG	Non-Pref	PA
ABSORICA CAP 35MG	Non-Pref	PA
ABSORICA CAP 40MG	Non-Pref	PA
ABSORICA LD CAP 8MG	Non-Pref	PA
ABSORICA LD CAP 16MG	Non-Pref	PA
ABSORICA LD CAP 24MG	Non-Pref	PA
ABSORICA LD CAP 32MG	Non-Pref	PA
ACANYA GEL 1.2-2.5%	Non-Pref	PA, QL (50 gm every 25 days)
<i>adapalene cream 0.1%</i>	Pref	
<i>adapalene gel 0.3%</i>	Pref	QL (45 gm every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Pref	QL (45 gm every 25 days)
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Non-Pref	PA
AKLIEF CRE 0.005%	Non-Pref	PA
ALTRENO LOT 0.05%	Non-Pref	PA
AMZEEQ AER 4%	Non-Pref	PA
ARAZLO LOT 0.045%	Non-Pref	PA
ATRALIN GEL 0.05%	Non-Pref	PA, QL (45 gm every 25 days); AGE
<i>avar cleanse liq 10-5%</i>	Pref	QL (340.2 gm every 25 days)
AVAR LS LIQ 10-2%	Non-Pref	PA, QL (227 gm every 25 days)
<i>avar-e emoll cre 10-5%</i>	Non-Pref	PA
<i>avar-e green cre 10-5%</i>	Non-Pref	PA
AVAR-E LS CRE 10-2%	Non-Pref	PA
<i>avita cre 0.025%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>avita gel 0.025%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
BENZAMYCIN GEL 5-3%	Non-Pref	PA
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Pref	
<i>bp 10-1 emu</i>	Non-Pref	PA
<i>bp cleansing emu 10-4%</i>	Non-Pref	PA
CLEOCIN-T LOT 1%	Non-Pref	PA, QL (60 mL every 25 days)
<i>clindacin mis etz 1%</i>	Non-Pref	PA, QL (60 swabs every 25 days)
<i>clindacin-p pad 1%</i>	Non-Pref	PA, QL (60 pads every 25 days)
CLINDAGEL GEL 1%	Non-Pref	PA, QL (60 mL every 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (45 gm every 25 days)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA, QL (60 mL every 25 days)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA, QL (60 mL every 25 days)
<i>clindamycin phosphate soln 1%</i>	Pref	QL (60 mL every 25 days)
<i>clindamycin phosphate swab 1%</i>	Non-Pref	PA, QL (60 swabs every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Pref	QL (50 gm every 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Pref	QL (50 gm every 25 days)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	Non-Pref	PA
<i>dapsone gel 5%</i>	Non-Pref	PA
<i>dapsone gel 7.5%</i>	Non-Pref	PA
DIFFERIN CRE 0.1%	Pref	
DIFFERIN GEL 0.1%	Pref	QL (45 gm every 25 days), OTC
DIFFERIN GEL 0.3%	Pref	QL (45 gm every 25 days)
DIFFERIN LOT 0.1%	Pref	
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA
<i>ery pad 2%</i>	Non-Pref	PA
ERYGEL GEL 2%	Non-Pref	PA
<i>erythromycin gel 2%</i>	Non-Pref	PA
<i>erythromycin soln 2%</i>	Pref	QL (120 mL every 25 days)
EVOCLIN AER 1%	Non-Pref	PA
FABIOR AER 0.1%	Non-Pref	PA
<i>isotretinoin cap 10 mg</i>	Pref	PA
<i>isotretinoin cap 20 mg</i>	Pref	PA
<i>isotretinoin cap 25 mg</i>	Pref	PA
<i>isotretinoin cap 30 mg</i>	Pref	PA
<i>isotretinoin cap 35 mg</i>	Pref	PA
<i>isotretinoin cap 40 mg</i>	Pref	PA
KLARON LOT 10%	Non-Pref	PA
<i>neuac gel 1.2-5%</i>	Pref	QL (45 gm every 25 days)
ONEXTON GEL 1.2-3.75	Non-Pref	PA
RETIN-A CRE 0.1%	Non-Pref	PA, QL (45 gm every 25 days); AGE
RETIN-A CRE 0.05%	Non-Pref	PA, QL (45 gm every 25 days); AGE
RETIN-A CRE 0.025%	Non-Pref	PA, QL (45 gm every 25 days); AGE
RETIN-A GEL 0.01%	Pref	QL (45 gm every 25 days); AGE*
RETIN-A GEL 0.025%	Pref	QL (45 gm every 25 days); AGE*
RETIN-A MICR GEL 0.1%	Non-Pref	PA
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETIN-A MICR GEL 0.04%	Non-Pref	PA
RETIN-A MICR GEL 0.04%PMP	Non-Pref	PA
RETIN-A MICR GEL 0.06%	Non-Pref	PA
RETIN-A MICR GEL 0.08%	Non-Pref	PA
SOD SUL/SULF EMU 10-5%	Non-Pref	PA
SOD SUL/SULF SUS 10-5%	Non-Pref	PA
<i>sss 10-5 aer 10-5%</i>	Non-Pref	PA
<i>sss cre 10%-5%</i>	Non-Pref	PA
<i>sulfacetamide sodium lotion 10% (acne)</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 9-4%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 9-4.5%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Pref	QL (227 gm every 25 days)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Pref	QL (340.2 gm every 25 days)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non-Pref	PA
SUMADAN WASH LIQ 9-4.5%	Non-Pref	PA
SUMAXIN PAD 10-4%	Non-Pref	PA
TAZAROTENE AER 0.1%	Non-Pref	PA
<i>tretinoin cream 0.1%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>tretinoin cream 0.05%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>tretinoin cream 0.025%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>tretinoin gel 0.01%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>tretinoin gel 0.05%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tretinoin gel 0.025%</i>	Pref	QL (45 gm every 25 days); AGE (Min 10, Max 35)
<i>tretinoin microsphere gel 0.1%</i>	Non-Pref	PA
<i>tretinoin microsphere gel 0.04%</i>	Non-Pref	PA
TWYNEO CRE 0.1-3%	Non-Pref	PA
WINLEVI CRE 1%	Non-Pref	PA
ZIANA GEL	Non-Pref	PA

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

VEREGEN OIN 15%	Non-Pref	PA
-----------------	----------	----

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

DERMACINRX PAK LEXITRAL	Non-Pref	PA
<i>diclofenac epolamine patch 1.3%</i>	Non-Pref	PA
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Pref	QL (32 gm every 1 day)
<i>diclofenac sodium soln 1.5%</i>	Pref	QL (300 mL every 25 days)
<i>diclofenac sodium soln 2%</i>	Non-Pref	PA
DICLOTREX II PAK	Non-Pref	PA
DICLOTREX PAK	Non-Pref	PA
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
XRYLIX II PAK	Non-Pref	PA
XRYLIX PAK	Non-Pref	PA

### **ANTIBIOTICS - TOPICAL**

<i>bacitracin oint 500 unit/gm</i>	Pref	QL (10 gm every 1 day), OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Pref	OTC
<i>bacitracin-polymyxin b oint</i>	Pref	OTC
CENTANY AT KIT 2%	Non-Pref	PA
CENTANY OIN 2%	Non-Pref	PA, QL (44 gm every 25 days)
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	QL (30 gm every 25 days)
<i>mupirocin calcium cream 2%</i>	Non-Pref	PA
<i>mupirocin oint 2%</i>	Pref	QL (44 gm every 25 days)
NEO-SYNALAR CRE	Non-Pref	PA
NEO-SYNALAR KIT	Non-Pref	PA
XEPI CRE 1%	Non-Pref	PA

### **ANTIFUNGALS - TOPICAL**

<i>ciclofanol sol 8%</i>	Non-Pref	PA
--------------------------	----------	----

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ciclopirox gel 0.77%</i>	Non-Pref	PA
<i>ciclopirox kit 8%</i>	Non-Pref	PA
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Pref	QL (20 gm every 1 day)
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Pref	
<i>ciclopirox shampoo 1%</i>	Pref	
<i>ciclopirox solution 8%</i>	Non-Pref	PA
<i>clotrimazole cream 1%</i>	Pref	
<i>clotrimazole cream 1%</i>	Pref	OTC
<i>clotrimazole soln 1%</i>	Pref	
<i>clotrimazole soln 1%</i>	Pref	OTC
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	Pref	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	Non-Pref	PA
DERMACINRX PAK THERAZOL	Non-Pref	PA
<i>econazole nitrate cream 1%</i>	Non-Pref	PA
ERTACZO CRE 2%	Non-Pref	PA
EXELDERM CRE 1%	Non-Pref	PA
EXELDERM SOL 1%	Non-Pref	PA
EXTINA AER 2%	Non-Pref	PA
JUBLIA SOL 10%	Non-Pref	PA
KERYDIN SOL 5%	Non-Pref	PA
<i>ketoconazole cream 2%</i>	Pref	QL (60 gm every 25 days)
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	QL (120 mL every 25 days)
<i>ketodan aer 2%</i>	Non-Pref	PA
KETODAN KIT 2%	Non-Pref	PA
LOPROX CRE 0.77%	Non-Pref	PA, QL (20 gm every 1 day)
LOPROX KIT 0.77%	Non-Pref	PA
LOPROX SHA 1%	Non-Pref	PA
LOPROX SUS 0.77%	Non-Pref	PA
<i>luliconazole cream 1%</i>	Non-Pref	PA
LUZU CRE 1%	Non-Pref	PA
MENTAX CRE 1%	Non-Pref	PA
<i>miconazole nitrate cream 2%</i>	Pref	QL (150 gm every 25 days), OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non-Pref	PA
<i>naftifine hcl cream 1%</i>	Non-Pref	PA
<i>naftifine hcl cream 2%</i>	Non-Pref	PA
NAFTIN GEL 1%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NAFTIN GEL 2%	Non-Pref	PA
<i>nystatin cream 100000 unit/gm</i>	Pref	QL (90 gm every 25 days)
<i>nystatin oint 100000 unit/gm</i>	Pref	QL (90 gm every 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Pref	QL (30 gm every 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Pref	
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Pref	
<i>oxiconazole nitrate cream 1%</i>	Non-Pref	PA
OXISTAT CRE 1%	Non-Pref	PA
OXISTAT LOT 1%	Non-Pref	PA
<i>sulconazole nitrate cream 1%</i>	Non-Pref	PA
<i>sulconazole nitrate solution 1%</i>	Non-Pref	PA
<i>tavaborole soln 5%</i>	Non-Pref	PA
<i>tolnaftate cream 1%</i>	Pref	OTC
VUSION OIN	Non-Pref	PA
ZOLPAK KIT	Non-Pref	PA

#### **ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL**

AMELUZ GEL 10%	Pref	PA
<i>bexarotene gel 1%</i>	Pref	SP, PA
CARAC CRE 0.5%	Non-Pref	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Pref	PA
EFUDEX CRE 5%	Non-Pref	PA
<i>fluorouracil cream 5%</i>	Pref	
<i>fluorouracil soln 2%</i>	Pref	PA
<i>fluorouracil soln 5%</i>	Pref	PA
LEVULAN KERA SOL 20%	Pref	PA
TARGRETIN GEL 1%	Non-Pref	SP, PA
VALCHLOR GEL 0.016%	Pref	PA

#### **ANTIPRURITICS - TOPICAL**

<i>doxepin hcl cream 5%</i>	Pref	PA
PRUDOXIN CRE 5%	Non-Pref	PA
ZONALON CRE 5%	Non-Pref	PA

#### **ANTIPSORIATICS**

<i>acitretin cap 10 mg</i>	Pref	
<i>acitretin cap 17.5 mg</i>	Pref	
<i>acitretin cap 25 mg</i>	Pref	
<i>calcipotriene cream 0.005%</i>	Pref	QL (60 gm every 25 days)
<i>calcipotriene foam 0.005%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene oint 0.005%</i>	Pref	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Pref	
<i>calcitrene oin 0.005%</i>	Pref	
<i>calcitriol oint 3 mcg/gm</i>	Non-Pref	PA
COSENTYX INJ 75MG/0.5	Non-Pref	SP, PA
COSENTYX INJ 150MG/ML	Non-Pref	SP, PA
COSENTYX INJ 300DOSE	Non-Pref	SP, PA
COSENTYX PEN INJ 150MG/ML	Non-Pref	PA
COSENTYX PEN INJ 300DOSE	Non-Pref	SP, PA
DOVONEX CRE 0.005%	Non-Pref	PA, QL (60 gm every 25 days)
ILUMYA SOL 100MG/ML	Non-Pref	SP, PA
<i>methoxsalen rapid cap 10 mg</i>	Non-Pref	PA
SILIQ INJ 210/1.5	Non-Pref	SP, PA
SKYRIZI INJ 150DOSE	Non-Pref	SP, PA
SKYRIZI INJ 150MG/ML	Non-Pref	SP, PA
SKYRIZI PEN INJ 150MG/ML	Non-Pref	SP, PA
SORILUX AER 0.005%	Non-Pref	PA
SOTYKTU TAB 6MG	Non-Pref	PA
SPEVIGO INJ 450/7.5	Pref	PA
STELARA INJ 45MG/0.5	Non-Pref	SP, PA
STELARA INJ 90MG/ML	Non-Pref	SP, PA
TALTZ INJ 80MG/ML	Non-Pref	SP, PA
<i>tazarotene cream 0.1%</i>	Non-Pref	PA
<i>tazarotene gel 0.1%</i>	Non-Pref	PA
<i>tazarotene gel 0.05%</i>	Non-Pref	PA
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA
VECTICAL OIN 3MCG/GM	Non-Pref	PA
VTAMA CRE 1%	Non-Pref	PA
ZORYVE CRE 0.3%	Non-Pref	PA

### **ANTISEBORRHEIC PRODUCTS**

<i>selenium sulfide lotion 2.5%</i>	Pref	
<i>sodium sulfa liq 10% wash</i>	Pref	

### **ANTIVIRALS - TOPICAL**

<i>acyclovir cream 5%</i>	Non-Pref	PA
<i>acyclovir oint 5%</i>	Non-Pref	PA
DENAVIR CRE 1%	Non-Pref	PA
<i>penciclovir cream 1%</i>	Non-Pref	PA
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CRE 5%	Non-Pref	PA
ZOVIRAX OIN 5%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BURN PRODUCTS</b>		
<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Pref	PA
SILVADENE CRE 1%	Non-Pref	PA
<i>silver sulfadiazine cream 1%</i>	Pref	
<i>ssd cre 1%</i>	Pref	
SULFAMYLON CRE 85MG/GM	Pref	PA
<b>CORTICOSTEROIDS - TOPICAL</b>		
<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide lotion 0.1%</i>	Non-Pref	PA
AMCINONIDE OIN 0.1%	Non-Pref	PA
APEXICON E CRE 0.05%	Non-Pref	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate augmented oint 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>betamethasone dipropionate lotion 0.05%</i>	Pref	
<i>betamethasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>betamethasone valerate aerosol foam 0.12%</i>	Non-Pref	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Pref	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Pref	QL (60 mL every 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Pref	
BRYHALI LOT 0.01%	Non-Pref	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i>	Pref	
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i>	Non-Pref	PA
CAPEX SHA 0.01%	Non-Pref	PA
<i>clobetasol propionate cream 0.05%</i>	Pref	
<i>clobetasol propionate emollient base cream 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate emulsion foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate foam 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate gel 0.05%</i>	Pref	
<i>clobetasol propionate lotion 0.05%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clobetasol propionate oint 0.05%</i>	Pref	
<i>clobetasol propionate shampoo 0.05%</i>	Non-Pref	PA
<i>clobetasol propionate soln 0.05%</i>	Pref	
<i>clobetasol propionate spray 0.05%</i>	Non-Pref	PA
CLOBEX SHA 0.05%	Non-Pref	PA
CLOBEX SPR 0.05%	Non-Pref	PA
<i>clocortolone pivalate cream 0.1%</i>	Non-Pref	PA
CLODAN KIT 0.05%	Non-Pref	PA
<i>clodan sha 0.05%</i>	Non-Pref	PA
CLODERM CRE 0.1%	Non-Pref	PA
DERMA-SMOOTH OIL /FS BODY	Non-Pref	PA
DERMA-SMOOTH OIL /FS SCLP	Non-Pref	PA
<i>desonide cream 0.05%</i>	Pref	QL (60 gm every 25 days)
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Pref	
<i>desoximetasone cream 0.05%</i>	Non-Pref	PA
<i>desoximetasone cream 0.25%</i>	Non-Pref	PA
<i>desoximetasone gel 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.05%</i>	Non-Pref	PA
<i>desoximetasone oint 0.25%</i>	Non-Pref	PA
<i>desoximetasone spray 0.25%</i>	Non-Pref	PA
<i>diflorasone diacetate cream 0.05%</i>	Non-Pref	PA
<i>diflorasone diacetate oint 0.05%</i>	Non-Pref	PA
DIPROLENE OIN 0.05%	Non-Pref	PA
DUOBRII LOT	Non-Pref	PA
ENSTILAR AER	Non-Pref	PA
EPIFOAM AER 1%	Non-Pref	PA
<i>fluocinolone acetonide cream 0.01%</i>	Non-Pref	PA
<i>fluocinolone acetonide cream 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Non-Pref	PA
<i>fluocinolone acetonide oint 0.025%</i>	Non-Pref	PA
<i>fluocinolone acetonide soln 0.01%</i>	Non-Pref	PA
<i>fluocinonide cream 0.1%</i>	Non-Pref	PA
<i>fluocinonide cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide emulsified base cream 0.05%</i>	Non-Pref	PA
<i>fluocinonide gel 0.05%</i>	Non-Pref	PA
<i>fluocinonide oint 0.05%</i>	Non-Pref	PA
<i>fluocinonide soln 0.05%</i>	Non-Pref	PA
FLUOPAR KIT	Non-Pref	PA
<i>flurandrenolide cream 0.05%</i>	Non-Pref	PA
<i>flurandrenolide lotion 0.05%</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate cream 0.05%</i>	Pref	
<i>fluticasone propionate lotion 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate oint 0.005%</i>	Pref	
<i>halcinonide cream 0.1%</i>	Non-Pref	PA
HALOBETASOL AER 0.05%	Non-Pref	PA
<i>halobetasol propionate cream 0.05%</i>	Pref	
<i>halobetasol propionate oint 0.05%</i>	Pref	
HALOG CRE 0.1%	Non-Pref	PA
HALOG OIN 0.1%	Non-Pref	PA
HALOG SOL 0.1%	Non-Pref	PA
<i>hydrocortisone acetate cream 1%</i>	Pref	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate lotion 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate oint 0.1%</i>	Non-Pref	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non-Pref	PA
<i>hydrocortisone cream 0.5%</i>	Pref	OTC
<i>hydrocortisone cream 1%</i>	Pref	OTC
<i>hydrocortisone cream 1%- rx</i>	Pref	
<i>hydrocortisone cream 2.5%</i>	Pref	QL (60 gm every 25 days)
<i>hydrocortisone lotion 1%</i>	Non-Pref	PA, OTC
<i>hydrocortisone lotion 2.5%</i>	Non-Pref	PA
<i>hydrocortisone oint 0.5%</i>	Pref	OTC
<i>hydrocortisone oint 1%</i>	Pref	OTC
<i>hydrocortisone oint 1%- rx</i>	Pref	
<i>hydrocortisone oint 2.5%</i>	Pref	QL (60 gm every 25 days)
<i>hydrocortisone valerate cream 0.2%</i>	Non-Pref	PA
<i>hydrocortisone valerate oint 0.2%</i>	Non-Pref	PA
IMPEKLO LOT 0.05%	Non-Pref	PA
KENALOG AER SPRAY	Non-Pref	PA
LEXETTE AER 0.05%	Non-Pref	PA
LOCOID LIPO CRE 0.1%	Non-Pref	PA
LOCOID LOT 0.1%	Non-Pref	PA
LUXIQ AER 0.12%	Non-Pref	PA
<i>mometasone furoate cream 0.1%</i>	Pref	QL (60 gm every 25 days)
<i>mometasone furoate oint 0.1%</i>	Pref	QL (60 gm every 25 days)
<i>mometasone furoate solution 0.1% (lotion)</i>	Pref	
OLUX AER 0.05%	Non-Pref	PA
OLUX-E AER 0.05%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PANDEL CRE 0.1%	Non-Pref	PA
<i>prednicarbate oint 0.1%</i>	Non-Pref	PA
RADIAURA CRE 3-0.5%	Non-Pref	PA
<i>sanadermr kit skin rep</i>	Non-Pref	PA
SERNIVO SPR	Non-Pref	PA
SILA III PAK	Non-Pref	PA
SYNALAR CRE 0.025%	Non-Pref	PA
SYNALAR KIT 0.025%	Non-Pref	PA
SYNALAR OIN 0.025%	Non-Pref	PA
SYNALAR SOL 0.01%	Non-Pref	PA
SYNALAR TS KIT 0.01%	Non-Pref	PA
TACLONEX OIN	Non-Pref	PA
TACLONEX SUS	Non-Pref	PA
TASOPROL KIT	Non-Pref	PA
TEXACORT SOL 2.5%	Non-Pref	PA
TOPICORT CRE 0.05%	Non-Pref	PA
TOPICORT CRE 0.25%	Non-Pref	PA
TOPICORT GEL 0.05%	Non-Pref	PA
TOPICORT OIN 0.05%	Non-Pref	PA
TOPICORT OIN 0.25%	Non-Pref	PA
TOPICORT SPR 0.25%	Non-Pref	PA
<i>tovet aer 0.05%</i>	Non-Pref	PA
TOVET KIT KIT 0.05%	Non-Pref	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm</i>	Non-Pref	PA
<i>triamcinolone acetonide cream 0.1%</i>	Pref	
<i>triamcinolone acetonide cream 0.5%</i>	Pref	
<i>triamcinolone acetonide cream 0.025%</i>	Pref	
<i>triamcinolone acetonide lotion 0.1%</i>	Pref	
<i>triamcinolone acetonide lotion 0.025%</i>	Pref	
<i>triamcinolone acetonide oint 0.1%</i>	Pref	
<i>triamcinolone acetonide oint 0.5%</i>	Pref	
<i>triamcinolone acetonide oint 0.05%</i>	Pref	
<i>triamcinolone acetonide oint 0.025%</i>	Pref	
<i>trianex oin 0.05%</i>	Non-Pref	PA
TRIASIL PAK	Non-Pref	PA
ULTRAVATE LOT 0.05%	Non-Pref	PA
VANOS CRE 0.1%	Non-Pref	PA
<b>ECZEMA AGENTS</b>		
ADBRY INJ 150MG/ML	Non-Pref	PA
CIBINQO TAB 50MG	Pref	PA
CIBINQO TAB 100MG	Pref	PA
CIBINQO TAB 200MG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DUPIXENT INJ 100/0.67	Pref	SP, PA
DUPIXENT INJ 200/1.14	Pref	SP, PA
DUPIXENT INJ 200MG	Pref	SP, PA
DUPIXENT INJ 300/2ML	Pref	SP, PA
OPZELURA CRE 1.5%	Pref	PA
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 40%</i>	Pref	PA, QL (85 gm every 25 days)
<i>urea lotion 40%</i>	Pref	QL (240 gm every 25 days)
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	PA, QL (280 gm every 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	PA, QL (225 gm every 25 days)
LACTIC ACID LOT 10%	Pref	PA
<b>IMMUNOMODULATING AGENTS - TOPICAL</b>		
<i>imiquimod cream 3.75%</i>	Non-Pref	PA
<i>imiquimod cream 5%</i>	Pref	QL (24 packets every 25 days)
ZYCLARA CRE 3.75%	Non-Pref	PA
ZYCLARA PUMP CRE 2.5%	Non-Pref	PA
ZYCLARA PUMP CRE 3.75%	Non-Pref	PA
<b>IMMUNOSUPPRESSIVE AGENTS - TOPICAL</b>		
ELIDEL CRE 1%	Non-Pref	PA, QL (30 gm every 24 days); AGE
HYFTOR GEL 0.2%	Pref	PA
<i>pimecrolimus cream 1%</i>	Non-Pref	PA, QL (30 gm every 24 days); AGE
PROTOPIC OIN 0.1%	Non-Pref	PA
PROTOPIC OIN 0.03%	Non-Pref	PA
<i>tacrolimus oint 0.1%</i>	Pref	PA
<i>tacrolimus oint 0.03%</i>	Pref	PA
<b>KERATOLYTIC/ANTIMITOTIC AGENTS</b>		
<i>podofilox soln 0.5%</i>	Pref	QL (3.5 mL every 25 days)
<i>salicylic acid foam 6%</i>	Pref	QL (200 gm every 25 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
APRIZIO PAK KIT	Non-Pref	PA
DERMACINRX PAK PHN	Non-Pref	PA
DERMACINRX PAK ZRM	Non-Pref	PA
<i>glydo gel 2%</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIDOCAINE HC CRE 4.12%	Non-Pref	PA
<i>lidocaine hcl cream 3%</i>	Pref	
<i>lidocaine hcl soln 4%</i>	Pref	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Pref	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Pref	
<i>lidocaine oint 5%</i>	Pref	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	Pref	QL (3 patches every 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	QL (60 gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Non-Pref	PA
LIDODERM DIS 5%	Non-Pref	PA, QL (3 packets every 1 day)
LIDOPURE KIT 5%	Non-Pref	PA
LIDOTOR KIT 2.5-2.5%	Non-Pref	PA
LIDOTRAL CRE 3.88%	Non-Pref	PA
LIDOTRAN CRE 3.88%	Non-Pref	PA
LYDEXA CRE 4.12%	Non-Pref	PA
PLIAGLIS CRE 7-7%	Non-Pref	PA
PRILO PATCH KIT	Non-Pref	PA
QUTENZA KIT 8% 1-PCH	Non-Pref	PA
QUTENZA KIT 8% 2-PCH	Non-Pref	PA
QUTENZA KIT 8% 4-PCH	Non-Pref	PA
SYNERA DIS 70-70MG	Non-Pref	PA
ZTLIDO PAD 1.8%	Non-Pref	PA

### **MISC. TOPICAL**

DRYSOL SOL 20%	Pref	
----------------	------	--

### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2%	Pref	
----------------	------	--

### **ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Pref	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	Non-Pref	PA
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	Non-Pref	PA
FINACEA AER 15%	Pref	
FINACEA GEL 15%	Pref	
<i>ivermectin cream 1%</i>	Non-Pref	PA
METROCREAM CRE 0.75%	Non-Pref	PA
METROGEL GEL 1%	Non-Pref	PA
<i>metronidazole cream 0.75%</i>	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole gel 0.75%</i>	Pref	
<i>metronidazole gel 1%</i>	Pref	
<i>metronidazole lotion 0.75%</i>	Pref	
MIRVASO GEL 0.33%	Non-Pref	PA
NORITATE CRE 1%	Non-Pref	PA
ORACEA CAP 40MG	Non-Pref	PA
RHOFADE CRE 1%	Non-Pref	PA
<i>rosadan cre 0.75%</i>	Pref	
<i>rosadan gel 0.75%</i>	Pref	
ROSADAN KIT 0.75%	Non-Pref	PA
SOOLANTRA CRE 1%	Non-Pref	PA
ZILXI AER 1.5%	Non-Pref	PA

### **SCABICIDES & PEDICULICIDES**

<i>crotan lot 10%</i>	Non-Pref	PA
<i>goodsense liq lice rin</i>	Pref	OTC
<i>lice treatmt liq 1%</i>	Pref	OTC
<i>lice trtmnt liq 1%</i>	Pref	OTC
<i>lindane shampoo 1%</i>	Non-Pref	PA
<i>malathion lotion 0.5%</i>	Non-Pref	PA
NATROBA SUS 0.9%	Pref	
OVIDE LOT 0.5%	Non-Pref	PA
<i>permethrin cream 5%</i>	Pref	QL (120 gm every 25 days)
<i>permethrin lotion 1%</i>	Pref	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Pref	OTC
<i>spinosad susp 0.9%</i>	Pref	

### **DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS**

#### **DIAGNOSTIC TESTS**

ACCUA KIT COV-2	Pref	QL (12 kits every 25 days)
ACETONE (URINE) TEST STRIP	Pref	OTC
BD VERITOR KIT SARSCOV2	Pref	QL (12 kits every 25 days)
BINAXNOW COV KIT HOME TES	Pref	QL (12 kits every 25 days), OTC
BINAXNOW KIT COVID-19	Pref	QL (12 kits every 25 days)
CARESTART KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
CLINITEST KIT SELF-TST	Pref	QL (12 kits every 25 days), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COBAS COV-2 KIT ASSAY	Pref	QL (12 kits every 25 days)
COBAS COV-2 KIT CONTROL	Pref	QL (12 kits every 25 days)
COVID-19 AT- KIT 1-PACK	Pref	QL (12 kits every 25 days), OTC
COVID-19 AT- KIT 2-PACK	Pref	QL (12 kits every 25 days), OTC
COVID-19 KIT	Pref	QL (12 kits every 25 days), OTC
COVID-19 RAP KIT 1-PACK	Pref	QL (12 kits every 25 days), OTC
COVID-19 RAP KIT 2-PACK	Pref	QL (12 kits every 25 days), OTC
COVID-19 TES KIT SPECIMEN	Pref	QL (12 kits every 25 days), OTC
CVS COVID-19 KIT HOME 2PK	Pref	QL (12 kits every 25 days), OTC
DIATRUST KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
DXTERITY TES KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
ELLUME COV19 KIT HOME TES	Pref	QL (12 kits every 25 days), OTC
EVERLYWELL KIT HOME	Pref	QL (12 kits every 25 days), OTC
FLOWFLEX KIT TEST	Pref	QL (12 kits every 25 days), OTC
ID NOW 2.0 KIT SWAB	Pref	QL (12 kits every 25 days), OTC
ID NOW 2.0 KIT TEST	Pref	QL (12 kits every 25 days)
ID NOW CONTR KIT COVID-19	Pref	QL (12 kits every 25 days)
ID NOW KIT COVID-19	Pref	QL (12 kits every 25 days)
IHEALTH 2-PK KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
IHEALTH 5-PK KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
IHEALTH 40PK KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
INDICAID KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (12 kits every 25 days), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LUCIRA CHECK KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
LUCIRA KIT COVID-19	Pref	QL (12 kits every 25 days)
LYRA DIRECT KIT COV-2	Pref	QL (12 kits every 25 days)
LYRA SARS KIT COV-2	Pref	QL (12 kits every 25 days)
ON/GO COVID KIT ANTIGEN	Pref	QL (12 kits every 25 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (12 kits every 25 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (12 kits every 25 days), OTC
PILOT COVID KIT HOME TES	Pref	QL (12 kits every 25 days), OTC
PIXEL COVID KIT HOME TES	Pref	QL (12 kits every 25 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
QUICKVUE KIT SARS ANT	Pref	QL (12 kits every 25 days)
RAPID RESPON KIT COVID-19	Pref	QL (1 kit every year), OTC
RELION TRUE TES METRIX	Pref	PA, OTC; Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins
SIMPLICITY KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
SOFIA 2 SARS KIT ANTIGEN	Pref	QL (12 kits every 25 days)
SOFIA SARS KIT ANTIGEN	Pref	QL (12 kits every 25 days)
SPEEDY SWAB KIT COVID-19	Pref	QL (12 kits every 25 days), OTC
TRUE METRIX TES GLUCOSE	Pref	PA, OTC; Max of #100 / month for non-insulin users; Max of #200 / month for insulin users and pregnant members filling prenatal vitamins

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
XPERT XPRESS KIT COV-2	Pref	QL (12 kits every 25 days)

## DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

### DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Pref	QL (6 caps every 1 day)
CREON CAP 6000UNIT	Pref	QL (6 caps every 1 day)
CREON CAP 12000UNT	Pref	QL (6 caps every 1 day)
CREON CAP 24000UNT	Pref	QL (6 caps every 1 day)
CREON CAP 36000UNT	Pref	
PANCREAZE CAP 2600UNIT	Non-Pref	PA
PANCREAZE CAP 4200UNIT	Non-Pref	PA
PANCREAZE CAP 10500UNT	Non-Pref	PA
PANCREAZE CAP 16800UNT	Non-Pref	PA
PANCREAZE CAP 21000UNT	Non-Pref	PA
PANCREAZE CAP 37000	Non-Pref	PA
PERTZYE CAP 4000UNIT	Non-Pref	PA
PERTZYE CAP 8000UNIT	Non-Pref	PA
PERTZYE CAP 16000U	Non-Pref	PA
PERTZYE CAP 24000U	Non-Pref	PA
VIOKACE TAB 10440	Non-Pref	PA
VIOKACE TAB 20880	Non-Pref	PA
ZENPEP CAP 3000UNIT	Pref	
ZENPEP CAP 5000UNIT	Pref	
ZENPEP CAP 10000UNT	Pref	
ZENPEP CAP 15000UNT	Pref	
ZENPEP CAP 20000UNT	Pref	
ZENPEP CAP 25000UNT	Pref	
ZENPEP CAP 40000UNT	Pref	

## DIURETICS - DRUGS TO TREAT HEART CONDITIONS

### CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Pref	QL (4 caps every 1 day)
<i>acetazolamide sodium for inj 500 mg</i>	Pref	PA
<i>acetazolamide tab 125 mg</i>	Pref	QL (4 tabs every 1 day)
<i>acetazolamide tab 250 mg</i>	Pref	QL (4 tabs every 1 day)
<i>dichlorphenamide tab 50 mg</i>	Non-Pref	PA
KEVEYIS TAB 50MG	Non-Pref	PA
<i>methazolamide tab 25 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>methazolamide tab 50 mg</i>	Pref	QL (6 tabs every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIURETIC COMBINATIONS</b>		
ALDACTAZIDE TAB 25/25	Non-Pref	PA, QL (3 tabs every 1 day)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Pref	QL (2 tabs every 1 day); DS
MAXZIDE TAB 75-50	Non-Pref	PA, QL (4 tabs every 1 day)
MAXZIDE-25 TAB	Non-Pref	PA, QL (4 tabs every 1 day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Pref	QL (3 tabs every 1 day); DS
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Pref	QL (2 caps every 1 day); DS
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Pref	QL (4 tabs every 1 day); DS
<b>LOOP DIURETICS</b>		
<i>bumetanide inj 0.25 mg/ml</i>	Pref	PA
<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs every 1 day); DS
BUMEX TAB 0.5MG	Non-Pref	PA, QL (2 tabs every 1 day)
EDECRIN TAB 25MG	Non-Pref	PA
<i>ethacrynate sodium for inj 50 mg</i>	Pref	PA
<i>ethacrynic acid tab 25 mg</i>	Non-Pref	PA
<i>furosemide inj 10 mg/ml</i>	Pref	PA
<i>furosemide oral soln 8 mg/ml</i>	Pref	DS
<i>furosemide oral soln 10 mg/ml</i>	Pref	DS
<i>furosemide tab 20 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>furosemide tab 40 mg</i>	Pref	QL (6 tabs every 1 day); DS
<i>furosemide tab 80 mg</i>	Pref	QL (6 tabs every 1 day); DS
LASIX TAB 20MG	Non-Pref	PA, QL (6 tabs every 1 day)
LASIX TAB 40MG	Non-Pref	PA, QL (6 tabs every 1 day)
LASIX TAB 80MG	Non-Pref	PA, QL (6 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SOD EDECIN INJ 50MG	Non-Pref	PA
<i>torsemide tab 5 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>torsemide tab 10 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>torsemide tab 20 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>torsemide tab 100 mg</i>	Pref	QL (2 tabs every 1 day); DS

### **POTASSIUM SPARING DIURETICS**

ALDACTONE TAB 25MG	Non-Pref	PA, QL (8 tabs every 1 day)
ALDACTONE TAB 50MG	Non-Pref	PA, QL (4 tabs every 1 day)
ALDACTONE TAB 100MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>amiloride hcl tab 5 mg</i>	Pref	DS
CAROSPIR SUS 25MG/5ML	Non-Pref	PA
<i>spironolactone tab 25 mg</i>	Pref	QL (8 tabs every 1 day); DS
<i>spironolactone tab 50 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>spironolactone tab 100 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>triamterene cap 50 mg</i>	Non-Pref	PA
<i>triamterene cap 100 mg</i>	Non-Pref	PA

### **THIAZIDES AND THIAZIDE-LIKE DIURETICS**

<i>chlorothiazide sodium for inj 500 mg</i>	Pref	PA
<i>chlorthalidone tab 25 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>chlorthalidone tab 50 mg</i>	Pref	QL (4 tabs every 1 day); DS
DIURIL SUS 250/5ML	Non-Pref	PA
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	QL (2 caps every 1 day)
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	QL (8 tabs every 1 day); DS
<i>hydrochlorothiazide tab 25 mg</i>	Pref	QL (8 tabs every 1 day); DS
<i>hydrochlorothiazide tab 50 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>indapamide tab 1.25 mg</i>	Pref	QL (2 tabs every 1 day); DS
<i>indapamide tab 2.5 mg</i>	Pref	QL (2 tabs every 1 day); DS

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 2.5 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>metolazone tab 5 mg</i>	Pref	QL (4 tabs every 1 day); DS
<i>metolazone tab 10 mg</i>	Pref	QL (2 tabs every 1 day); DS
SOD DIURIL INJ 500MG	Non-Pref	PA
THALITONE TAB 15MG	Pref	

## **ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES**

### ***BONE DENSITY REGULATORS***

ACTONEL TAB 35MG	Non-Pref	PA
ACTONEL TAB 150MG	Non-Pref	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Pref	
<i>alendronate sodium tab 5 mg</i>	Pref	QL (8 tabs every 1 day)
<i>alendronate sodium tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>alendronate sodium tab 35 mg</i>	Pref	QL (4 tabs every 30 days)
<i>alendronate sodium tab 70 mg</i>	Pref	QL (4 tabs every 30 days)
AELVIA TAB	Non-Pref	PA
<i>calcitonin (salmon) inj 200 unit/ml</i>	Pref	PA
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Pref	QL (1 mL every 1 day)
EVENITY INJ 105MG	Non-Pref	SP, PA
FORTEO INJ 600/2.4	Pref	SP, PA
FOSAMAX + D TAB 70-2800	Non-Pref	PA
FOSAMAX + D TAB 70-5600	Non-Pref	PA
FOSAMAX TAB 70MG	Non-Pref	PA, QL (4 tabs every 30 days)
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Non-Pref	PA
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Pref	QL (1 tab every 30 days)
MIACALCIN INJ 200/ML	Non-Pref	PA
MIACALCIN INJ 400/2ML	Non-Pref	PA
NATPARA INJ 25MCG	Non-Pref	SP, PA
NATPARA INJ 50MCG	Non-Pref	SP, PA
NATPARA INJ 75MCG	Non-Pref	SP, PA
NATPARA INJ 100MCG	Non-Pref	SP, PA
<i>pamidronate disodium iv soln 3 mg/ml</i>	Non-Pref	PA
<i>pamidronate disodium iv soln 9 mg/ml</i>	Non-Pref	PA
PAMIDRONATE INJ 6MG/ML	Non-Pref	PA
PROLIA INJ 60MG/ML	Pref	SP, PA
RECLAST INJ 5/100ML	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>risedronate sodium tab 5 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 30 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 35 mg</i>	Non-Pref	PA
<i>risedronate sodium tab 150 mg</i>	Non-Pref	PA
<i>risedronate sodium tab delayed release 35 mg</i>	Non-Pref	PA
TERIPARATIDE INJ	Pref	PA
TYMLOS INJ	Non-Pref	SP, PA
XGEVA INJ	Pref	PA
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Pref	PA
<i>zoledronic acid iv soln 4 mg/100ml</i>	Pref	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Pref	PA
ZOLEDRONIC INJ 4/100ML	Pref	PA
<b>CORTICOTROPIN</b>		
ACTHAR INJ 80UNIT	Pref	SP, PA
CORTROPHIN GEL 80UNIT	Pref	SP, PA
<b>GNRH/LHRH ANTAGONISTS</b>		
ORLISSA TAB 150MG	Pref	PA
ORLISSA TAB 200MG	Pref	PA
<b>GROWTH HORMONE RECEPTOR ANTAGONISTS</b>		
SOMAVERT INJ 10MG	Pref	SP, PA
SOMAVERT INJ 15MG	Pref	SP, PA
SOMAVERT INJ 20MG	Pref	SP, PA
SOMAVERT INJ 25MG	Pref	SP, PA
SOMAVERT INJ 30MG	Pref	SP, PA
<b>GROWTH HORMONE RELEASING HORMONES (GHRH)</b>		
EGRIFTA SV INJ 2MG	Pref	PA
<b>GROWTH HORMONES</b>		
GENOTROPIN INJ 0.2MG	Pref	SP, PA
GENOTROPIN INJ 0.4MG	Pref	SP, PA
GENOTROPIN INJ 0.6MG	Pref	SP, PA
GENOTROPIN INJ 0.8MG	Pref	SP, PA
GENOTROPIN INJ 1.2MG	Pref	SP, PA
GENOTROPIN INJ 1.4MG	Pref	SP, PA
GENOTROPIN INJ 1.6MG	Pref	SP, PA
GENOTROPIN INJ 1.8MG	Pref	SP, PA
GENOTROPIN INJ 1MG	Pref	SP, PA
GENOTROPIN INJ 2MG	Pref	SP, PA
GENOTROPIN INJ 5MG	Pref	SP, PA
GENOTROPIN INJ 12MG	Pref	SP, PA
HUMATROPE INJ 6MG	Non-Pref	SP, PA
HUMATROPE INJ 12MG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HUMATROPE INJ 24MG	Non-Pref	SP, PA
NORDITROPIN INJ 5/1.5ML	Pref	SP, PA
NORDITROPIN INJ 10/1.5ML	Pref	SP, PA
NORDITROPIN INJ 15/1.5ML	Pref	SP, PA
NORDITROPIN INJ 30/3ML	Pref	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non-Pref	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non-Pref	SP, PA
OMNITROPE INJ 5.8MG	Non-Pref	SP, PA
OMNITROPE INJ 5/1.5ML	Non-Pref	SP, PA
OMNITROPE INJ 10/1.5ML	Non-Pref	SP, PA
SAIZEN INJ 5MG	Non-Pref	SP, PA
SAIZEN INJ 8.8MG	Non-Pref	SP, PA
SAIZENPREP INJ 8.8MG	Non-Pref	SP, PA
SEROSTIM INJ 4MG	Non-Pref	SP, PA
SEROSTIM INJ 5MG	Non-Pref	SP, PA
SEROSTIM INJ 6MG	Non-Pref	SP, PA
SKYTROFA INJ 3.6MG	Non-Pref	PA
SKYTROFA INJ 3MG	Non-Pref	PA
SKYTROFA INJ 4.3MG	Non-Pref	PA
SKYTROFA INJ 5.2MG	Non-Pref	PA
SKYTROFA INJ 6.3MG	Non-Pref	PA
SKYTROFA INJ 7.6MG	Non-Pref	PA
SKYTROFA INJ 9.1MG	Non-Pref	PA
SKYTROFA INJ 11MG	Non-Pref	PA
SKYTROFA INJ 13.3MG	Non-Pref	PA
ZOMACTON INJ 5MG	Non-Pref	SP, PA
ZOMACTON INJ 10MG	Non-Pref	SP, PA
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA

### **HORMONE RECEPTOR MODULATORS**

EVISTA TAB 60MG	Non-Pref	PA, QL (1 tab every 1 day)
OSPHENA TAB 60MG	Non-Pref	PA
<i>raloxifene hcl tab 60 mg</i>	Pref	QL (1 tab every 1 day)

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

INCRELEX INJ 40MG/4ML	Pref	SP, PA
-----------------------	------	--------

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

FENSOLVI INJ 45MG	Pref	PA; EA
LUPR DEP-PED INJ 3M 30MG	Pref	PA; EA
LUPR DEP-PED INJ 7.5MG	Pref	PA; EA
LUPR DEP-PED INJ 11.25MG	Pref	PA; EA
LUPR DEP-PED INJ 11.25MG	Pref	PA; EA
LUPR DEP-PED INJ 15MG	Pref	PA; EA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUPPRELIN LA KIT 50MG	Pref	PA; EA
SYNAREL SOL 2MG/ML	Pref	SP, PA, QL (32 mL every 28 days)
TRIPTODUR SUS 22.5MG	Non-Pref	PA; EA

### **METABOLIC MODIFIERS**

<i>betaine powder for oral solution</i>	Pref	PA
<i>calcitriol cap 0.5 mcg</i>	Pref	QL (4 caps every 1 day)
<i>calcitriol cap 0.25 mcg</i>	Pref	QL (4 caps every 1 day)
<i>calcitriol oral soln 1 mcg/ml</i>	Pref	
CARBAGLU TAB 200MG	Non-Pref	PA
<i>carglumic acid soluble tab 200 mg</i>	Pref	PA
CARNITOR SF SOL 1GM/10ML	Non-Pref	PA, QL (60 mL every 1 day)
CARNITOR SOL 1GM/10ML	Non-Pref	PA, QL (60 mL every 1 day)
CARNITOR TAB 330MG	Non-Pref	PA, QL (18 tabs every 1 day)
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Pref	
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Pref	
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Pref	
CYSTADANE POW	Non-Pref	PA
<i>doxercalciferol cap 0.5 mcg</i>	Non-Pref	PA
<i>doxercalciferol cap 1 mcg</i>	Non-Pref	PA
<i>doxercalciferol cap 2.5 mcg</i>	Non-Pref	PA
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Pref	QL (60 mL every 1 day)
<i>levocarnitine tab 330 mg</i>	Pref	QL (18 tabs every 1 day)
<i>paricalcitol cap 1 mcg</i>	Non-Pref	PA
<i>paricalcitol cap 2 mcg</i>	Non-Pref	PA
<i>paricalcitol cap 4 mcg</i>	Non-Pref	PA
RAYALDEE CAP 30MCG	Non-Pref	PA
ROCALTROL CAP 0.5MCG	Non-Pref	PA, QL (4 caps every 1 day)
ROCALTROL CAP 0.25MCG	Non-Pref	PA, QL (4 caps every 1 day)
ROCALTROL SOL 1MCG/ML	Non-Pref	PA
SENSIPAR TAB 30MG	Pref	
SENSIPAR TAB 60MG	Pref	
SENSIPAR TAB 90MG	Pref	
ZEMPLAR CAP 1MCG	Non-Pref	PA
ZEMPLAR CAP 2MCG	Non-Pref	PA

### **MINERALOCORTICOID RECEPTOR ANTAGONISTS**

KERENDIA TAB 10MG	Pref	PA
KERENDIA TAB 20MG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP INJ 4MCG/ML	Non-Pref	PA
DDAVP TAB 0.1MG	Non-Pref	PA, QL (4 tabs every 1 day)
DDAVP TAB 0.2MG	Non-Pref	PA, QL (5 tabs every 1 day)
<i>desmopressin acetate inj 4 mcg/ml</i>	Pref	PA
<i>desmopressin acetate nasal spray soln 0.01%</i>	Pref	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Pref	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Pref	PA
<i>desmopressin acetate tab 0.1 mg</i>	Pref	QL (4 tabs every 1 day)
<i>desmopressin acetate tab 0.2 mg</i>	Pref	QL (5 tabs every 1 day)
NOCDURNA SUB 27.7MCG	Non-Pref	PA
NOCDURNA SUB 55.3MCG	Non-Pref	PA
<b>PROGESTERONE RECEPTOR ANTAGONISTS</b>		
MIFEPREX TAB 200MG	Non-Pref	PA
<i>mifepristone tab 200 mg</i>	Pref	
<b>PROLACTIN INHIBITORS</b>		
<i>cabergoline tab 0.5 mg</i>	Pref	QL (0.57 tabs every 1 day)
<b>SOMATOSTATIC AGENTS</b>		
MYCAPSSA CAP 20MG	Pref	PA
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Pref	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Pref	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Pref	SP, PA
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Pref	SP, PA
SANDOSTATIN INJ 50MCG/ML	Non-Pref	SP, PA
SANDOSTATIN INJ 100MCG	Non-Pref	SP, PA
SANDOSTATIN INJ 500MCG	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANDOSTATIN KIT LAR 10MG	Non-Pref	SP, PA
SANDOSTATIN KIT LAR 20MG	Non-Pref	SP, PA
SANDOSTATIN KIT LAR 30MG	Non-Pref	SP, PA
SIGNIFOR INJ 0.3MG/ML	Pref	PA
SIGNIFOR INJ 0.6MG/ML	Pref	PA
SIGNIFOR INJ 0.9MG/ML	Pref	PA
SIGNIFOR LAR INJ 10MG	Non-Pref	PA
SIGNIFOR LAR INJ 20MG	Non-Pref	PA
SIGNIFOR LAR INJ 30MG	Non-Pref	PA
SIGNIFOR LAR INJ 40MG	Non-Pref	PA
SIGNIFOR LAR INJ 60MG	Non-Pref	PA

### **VASOPRESSIN RECEPTOR ANTAGONISTS**

JYNARQUE PAK 15MG	Pref	PA; Therapy Pack
JYNARQUE PAK 30-15MG	Pref	PA; Therapy Pack
JYNARQUE PAK 45-15MG	Pref	PA; Therapy Pack
JYNARQUE PAK 60-30MG	Pref	PA; Therapy Pack
JYNARQUE PAK 90-30MG	Pref	PA; Therapy Pack
JYNARQUE TAB 15MG	Pref	SP, PA
JYNARQUE TAB 30MG	Pref	SP, PA
SAMSCA TAB 15MG	Non-Pref	SP, PA
SAMSCA TAB 30MG	Pref	SP, PA
<i>tolvaptan tab 15 mg</i>	Pref	SP, PA
<i>tolvaptan tab 30 mg</i>	Pref	SP, PA

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

#### **ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	Non-Pref	PA
<i>amabelz tab 0.5-0.1</i>	Pref	
<i>amabelz tab 1-0.5mg</i>	Pref	
ANGELIQ TAB 0.5-1MG	Pref	
ANGELIQ TAB 0.25-0.5	Pref	
BIJUVA CAP 1-100MG	Non-Pref	PA
CLIMARA PRO DIS WEEKLY	Pref	
COMBIPATCH DIS	Pref	
DUAVEE TAB 0.45-20	Pref	PA
<i>est estrogen tab mtest hs</i>	Pref	
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Pref	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i>	Pref	
<i>estrog/mtest tab 1.25-2.5</i>	Pref	
<i>fyavolv tab 0.5-2.5</i>	Pref	
<i>fyavolv tab 1-5</i>	Pref	
<i>jinteli tab 1mg-5mcg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mimvey tab 1-0.5mg</i>	Pref	
MYFEMBREE TAB	Pref	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Pref	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Pref	
ORIAHNN CAP	Pref	PA
PREFEST TAB	Non-Pref	PA
PREMPHASE TAB	Pref	
PREMPRO TAB	Pref	
PREMPRO TAB 0.3-1.5	Pref	
PREMPRO TAB 0.45-1.5	Pref	
PREMPRO TAB 0.625-5	Pref	

### **ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES**

ALORA DIS 0.1MG	Non-Pref	PA
ALORA DIS 0.025MG	Non-Pref	PA
ALORA DIS 0.075MG	Non-Pref	PA
CLIMARA DIS 0.1MG	Non-Pref	PA
CLIMARA DIS 0.05MG	Non-Pref	PA
CLIMARA DIS 0.06MG	Non-Pref	PA
CLIMARA DIS 0.025MG	Non-Pref	PA
CLIMARA DIS 0.075MG	Non-Pref	PA
CLIMARA DIS 0.0375MG	Non-Pref	PA
DELESTROGEN INJ 10MG/ML	Non-Pref	PA
DELESTROGEN INJ 20MG/ML	Non-Pref	PA
DELESTROGEN INJ 40MG/ML	Non-Pref	PA
DEPO-ESTRADI INJ 5MG/ML	Pref	
DIVIGEL GEL 0.5MG	Non-Pref	PA
DIVIGEL GEL 0.25MG	Non-Pref	PA
DIVIGEL GEL 0.75MG	Non-Pref	PA
DIVIGEL GEL 1.25MG	Non-Pref	PA
DIVIGEL GEL 1MG/GM	Non-Pref	PA
<i>dotti dis 0.1mg</i>	Pref	
<i>dotti dis 0.05mg</i>	Pref	
<i>dotti dis 0.025mg</i>	Pref	
<i>dotti dis 0.075mg</i>	Pref	
<i>dotti dis 0.0375mg</i>	Pref	
ELESTRIN GEL 0.06%	Non-Pref	PA
ESTRACE TAB 0.5MG	Non-Pref	PA
ESTRACE TAB 1MG	Non-Pref	PA
ESTRACE TAB 2MG	Non-Pref	PA
<i>estradiol tab 0.5 mg</i>	Pref	
<i>estradiol tab 1 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estradiol tab 2 mg</i>	Pref	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Non-Pref	PA
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Non-Pref	PA
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Non-Pref	PA
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Non-Pref	PA
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Non-Pref	PA
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Pref	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.06 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Pref	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Pref	
<i>estradiol valerate im in oil 10 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 20 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	
EVAMIST SPR 1.53MG	Non-Pref	PA
<i>lyllana dis 0.1mg</i>	Pref	
<i>lyllana dis 0.05mg</i>	Pref	
<i>lyllana dis 0.025mg</i>	Pref	
<i>lyllana dis 0.075mg</i>	Pref	
<i>lyllana dis 0.0375mg</i>	Pref	
MENEST TAB 0.3MG	Pref	
MENEST TAB 0.625MG	Pref	
MENEST TAB 1.25MG	Pref	
MENEST TAB 2.5MG	Pref	
MENOSTAR DIS 14MCG	Non-Pref	PA
MINIVELLE DIS 0.1MG	Non-Pref	PA
MINIVELLE DIS 0.05MG	Non-Pref	PA
MINIVELLE DIS 0.025MG	Non-Pref	PA
MINIVELLE DIS 0.075MG	Non-Pref	PA
MINIVELLE DIS 0.0375MG	Non-Pref	PA
PREMARIN INJ 25MG	Non-Pref	PA
PREMARIN TAB 0.3MG	Pref	
PREMARIN TAB 0.9MG	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
PREMARIN TAB 0.45MG	Pref	
PREMARIN TAB 0.625MG	Pref	
PREMARIN TAB 1.25MG	Pref	
VIVELLE-DOT DIS 0.1MG	Non-Pref	PA
VIVELLE-DOT DIS 0.05MG	Non-Pref	PA
VIVELLE-DOT DIS 0.025MG	Non-Pref	PA
VIVELLE-DOT DIS 0.075MG	Non-Pref	PA
VIVELLE-DOT DIS 0.0375MG	Non-Pref	PA

## FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

### FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA TAB 450MG	Non-Pref	PA
CIPRO (5%) SUS 250MG/5	Pref	QL (20 mL every 1 day); AGE
CIPRO (10%) SUS 500MG/5	Pref	QL (12 mL every 1 day)
CIPRO TAB 250MG	Non-Pref	PA, QL (2 tabs every 1 day)
CIPRO TAB 500MG	Non-Pref	PA, QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA
<i>levofloxacin tab 250 mg</i>	Pref	
<i>levofloxacin tab 500 mg</i>	Pref	
<i>levofloxacin tab 750 mg</i>	Pref	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Non-Pref	PA
<i>ofloxacin tab 300 mg</i>	Non-Pref	PA
<i>ofloxacin tab 400 mg</i>	Non-Pref	PA

## GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

### 5-HT4 RECEPTOR AGONISTS

MOTEGRITY TAB 1MG	Non-Pref	PA
MOTEGRITY TAB 2MG	Non-Pref	PA

### AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

TRULANCE TAB 3MG	Non-Pref	PA
------------------	----------	----

### ANTIFLATULENTS

<i>simethicone cap 125 mg</i>	Pref	OTC
<i>simethicone chew tab 80 mg</i>	Pref	OTC
<i>simethicone chew tab 125 mg</i>	Pref	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Pref	OTC

AGE - Age Limit AGE\* - See Table in Preface for Age Limit DS - Covered up to 90 days  
EA - Expedited Authorization MME - Max Morphine Equivalent of 120 mg Non-Pref - Non-Preferred OTC - Over the counter PA - Prior Authorization Pref - Preferred QL - Quantity Limits SP - Specialty ST - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>BILE ACID SYNTHESIS DISORDER AGENTS</b>		
CHOLBAM CAP 50MG	Non-Pref	PA
CHOLBAM CAP 250MG	Non-Pref	PA
<b>FARNESOID X RECEPTOR (FXR) AGONISTS</b>		
OCALIVA TAB 5MG	Non-Pref	SP, PA
OCALIVA TAB 10MG	Non-Pref	SP, PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TAB 250MG	Non-Pref	PA
RELTONE CAP 200MG	Non-Pref	PA
RELTONE CAP 400MG	Non-Pref	PA
URSO 250 TAB 250MG	Non-Pref	PA, QL (12 tabs every 1 day)
URSO FORTE TAB 500MG	Non-Pref	PA, QL (6 tabs every 1 day)
<i>ursodiol cap 300 mg</i>	Pref	QL (10 caps every 1 day)
URSODIOL SUS 30MG/ML	Non-Pref	PA
<i>ursodiol tab 250 mg</i>	Pref	QL (12 tabs every 1 day)
<i>ursodiol tab 500 mg</i>	Pref	QL (6 tabs every 1 day)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Non-Pref	PA, QL (1200 mL every 25 days)
GASTROCROM CON 100/5ML	Non-Pref	PA, QL (1200 mL every 25 days)
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP 8MCG	Pref	PA
AMITIZA CAP 24MCG	Pref	PA
<i>lubiprostone cap 8 mcg</i>	Pref	PA
<i>lubiprostone cap 24 mcg</i>	Pref	PA
<b>GASTROINTESTINAL STIMULANTS</b>		
GIMOTI SPR 15MG	Non-Pref	PA
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Non-Pref	PA
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Pref	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Pref	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Pref	QL (6 tabs every 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	QL (6 tabs every 1 day)
REGLAN TAB 5MG	Non-Pref	PA, QL (6 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REGLAN TAB 10MG	Non-Pref	PA, QL (6 tabs every 1 day)

### **INFLAMMATORY BOWEL AGENTS**

APRISO CAP 0.375GM	Pref	QL (4 caps every 1 day)
ASACOL HD TAB 800MG	Non-Pref	PA
AVSOLA INJ 100MG	Non-Pref	SP, PA
AZULFIDINE TAB 500MG	Non-Pref	PA, QL (10 tabs every 1 day)
AZULFIDINE TAB 500MG EN	Non-Pref	PA, QL (8 tabs every 1 day)
<i>balsalazide disodium cap 750 mg</i>	Pref	
CANASA SUP 1000MG	Pref	QL (2 supp every 1 day)
CIMZIA KIT 200MG	Non-Pref	SP, PA
CIMZIA PREFL KIT 200MG/ML	Non-Pref	SP, PA
CIMZIA START KIT 200MG/ML	Non-Pref	SP, PA
COLAZAL CAP 750MG	Non-Pref	PA
DELZICOL CAP 400MG	Pref	
DIPENTUM CAP 250MG	Non-Pref	PA
ENTYVIO INJ 300MG	Non-Pref	SP, PA
INFLECTRA INJ 100MG	Non-Pref	SP, PA
INFLIXIMAB INJ 100MG	Non-Pref	PA
LIALDA TAB 1.2GM	Pref	
<i>mesalamine cap dr 400 mg</i>	Pref	
<i>mesalamine cap er 24hr 0.375 gm</i>	Pref	QL (4 caps every 1 day)
<i>mesalamine cap er 500 mg</i>	Pref	QL (8 caps every 1 day)
<i>mesalamine enema 4 gm</i>	Pref	QL (60 mL every 1 day)
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	Non-Pref	PA
<i>mesalamine suppos 1000 mg</i>	Pref	QL (2 supp every 1 day)
<i>mesalamine tab delayed release 1.2 gm</i>	Pref	
<i>mesalamine tab delayed release 800 mg</i>	Non-Pref	PA
PENTASA CAP 250MG CR	Pref	QL (16 caps every 1 day)
PENTASA CAP 500MG CR	Pref	QL (8 caps every 1 day)
REMICADE INJ 100MG	Non-Pref	PA
RENFLEXIS INJ 100MG	Non-Pref	SP, PA
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
SKYRIZI INJ 180/1.2	Non-Pref	PA
SKYRIZI INJ 360/2.4	Non-Pref	SP, PA
SKYRIZI SOL 60MG/ML	Non-Pref	SP, PA
STELARA INJ 5MG/ML	Non-Pref	PA
<i>sulfasalazine tab 500 mg</i>	Pref	QL (10 tabs every 1 day)
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	QL (8 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INTESTINAL ACIDIFIERS</b>		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	QL (180 mL every 1 day)
<b>IRRITABLE BOWEL SYNDROME (IBS) AGENTS</b>		
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	Non-Pref	PA
<i>alose tron hcl tab 1 mg (base equiv)</i>	Non-Pref	PA
IBSRELA TAB 50MG	Non-Pref	PA
LINZESS CAP 72MCG	Pref	PA
LINZESS CAP 145MCG	Pref	PA
LINZESS CAP 290MCG	Pref	PA
LOTRONEX TAB 0.5MG	Non-Pref	PA
LOTRONEX TAB 1MG	Non-Pref	PA
VIBERZI TAB 75MG	Non-Pref	PA
VIBERZI TAB 100MG	Non-Pref	PA
<b>PERIPHERAL OPIOID RECEPTOR ANTAGONISTS</b>		
<i>alvimopan cap 12 mg</i>	Non-Pref	PA
ENTEREG CAP 12MG	Non-Pref	PA
MOVANTIK TAB 12.5MG	Pref	PA
MOVANTIK TAB 25MG	Pref	PA
RELISTOR INJ 8/0.4ML	Non-Pref	PA
RELISTOR INJ 12/0.6ML	Non-Pref	PA
RELISTOR TAB 150MG	Non-Pref	PA
SYMPROIC TAB 0.2MG	Non-Pref	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	Non-Pref	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Non-Pref	PA
FOSRENOL CHW 500MG	Non-Pref	PA
FOSRENOL CHW 750MG	Non-Pref	PA
FOSRENOL CHW 1000MG	Non-Pref	PA
FOSRENOL POW 750MG	Non-Pref	PA
FOSRENOL POW 1000MG	Non-Pref	PA
<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Non-Pref	PA
<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Non-Pref	PA
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Non-Pref	PA
PHOSLYRA SOL	Pref	
RENAGEL TAB 800MG	Non-Pref	PA
RENVELA POW 0.8GM	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RENVELA POW 2.4GM	Non-Pref	PA
RENVELA TAB 800MG	Non-Pref	PA
<i>sevelamer carbonate packet 0.8 gm</i>	Non-Pref	PA
<i>sevelamer carbonate packet 2.4 gm</i>	Non-Pref	PA
<i>sevelamer carbonate tab 800 mg</i>	Pref	
<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA
<i>sevelamer hcl tab 800 mg</i>	Non-Pref	PA
VELPHORO CHW 500MG	Non-Pref	PA

## **GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

### **ACIDIFIERS**

K-PHOS TAB NO 2	Pref	
-----------------	------	--

### **ALKALINIZERS**

<i>cytra k gra crystals</i>	Pref	QL (4 packets every 1 day)
ORACIT SOL	Non-Pref	PA
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	Pref	QL (4 mL every 1 day)
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i>	Pref	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Pref	QL (20 tabs every 1 day)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Pref	QL (10 tabs every 1 day)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Pref	QL (6 tabs every 1 day)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Pref	QL (120 mL every 1 day)
UROCIT-K 5 TAB	Non-Pref	PA, QL (20 tabs every 1 day)
UROCIT-K 10 TAB	Non-Pref	PA, QL (10 tabs every 1 day)
UROCIT-K 15 TAB	Non-Pref	PA, QL (6 tabs every 1 day)

### **GENITOURINARY IRRIGANTS**

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

### **INTERSTITIAL CYSTITIS AGENTS**

ELMIRON CAP 100MG	Pref	PA
RIMSO-50 SOL 50%	Pref	PA

### **PROSTATIC HYPERTROPHY AGENTS**

<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	QL (1 tab every 1 day)
AVODART CAP 0.5MG	Non-Pref	PA
CARDURA XL TAB 4MG	Non-Pref	PA
CARDURA XL TAB 8MG	Non-Pref	PA
<i>dutasteride cap 0.5 mg</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
ENTADFI CAP 5-5MG	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	QL (1 tab every 1 day)
FLOMAX CAP 0.4MG	Non-Pref	PA, QL (2 caps every 1 day)
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
RAPAFLO CAP 4MG	Non-Pref	PA
RAPAFLO CAP 8MG	Non-Pref	PA
<i>silodosin cap 4 mg</i>	Non-Pref	PA
<i>silodosin cap 8 mg</i>	Non-Pref	PA
<i>tamsulosin hcl cap 0.4 mg</i>	Pref	QL (2 caps every 1 day)

### **URINARY ANALGESICS**

<i>phenazo tab 200mg</i>	Pref	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 100 mg</i>	Pref	QL (3 tabs every 1 day)
<i>phenazopyridine hcl tab 200 mg</i>	Pref	QL (3 tabs every 1 day)
PYRIDIDIUM TAB 100MG	Non-Pref	PA, QL (3 tabs every 1 day)
PYRIDIDIUM TAB 200MG	Non-Pref	PA, QL (3 tabs every 1 day)

### **URINARY STONE AGENTS**

LITHOSTAT TAB 250MG	Pref	PA
THIOLA EC TAB 100MG	Pref	PA
THIOLA EC TAB 300MG	Pref	PA
THIOLA TAB 100MG	Non-Pref	PA
<i>tiopronin tab 100 mg</i>	Pref	PA

### **GOUT AGENTS - DRUGS TO TREAT GOUT**

#### **GOUT AGENT COMBINATIONS**

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Pref	QL (3 tabs every 1 day)
--	------	-------------------------

#### **GOUT AGENTS - DRUGS TO TREAT GOUT**

<i>allopurinol sodium for inj 500 mg</i>	Pref	PA
<i>allopurinol tab 100 mg</i>	Pref	QL (6 tabs every 1 day)
ALLOPURINOL TAB 200MG	Non-Pref	PA
<i>allopurinol tab 300 mg</i>	Pref	QL (4 tabs every 1 day)
ALOPRIM INJ 500MG	Pref	PA
<i>colchicine cap 0.6 mg</i>	Non-Pref	PA, QL (3 caps every 1 day)
<i>colchicine tab 0.6 mg</i>	Pref	
COLCRYS TAB 0.6MG	Non-Pref	PA
<i>febuxostat tab 40 mg</i>	Non-Pref	PA
<i>febuxostat tab 80 mg</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MITIGARE CAP 0.6MG	Non-Pref	PA, QL (3 caps every 1 day)
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA, QL (6 tabs every 1 day)
ZYLOPRIM TAB 300MG	Non-Pref	PA, QL (4 tabs every 1 day)

### **URICOSURICS**

<i>probenecid tab 500 mg</i>	Pref	QL (3 tabs every 1 day)
------------------------------	------	-------------------------

## **HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMATOLOGIC - TYROSINE KINASE INHIBITORS**

TAVALISSE TAB 100MG	Non-Pref	PA
TAVALISSE TAB 150MG	Non-Pref	PA

### **HEMATORHEOLOGIC AGENTS**

<i>pentoxifylline tab er 400 mg</i>	Pref	QL (4 tabs every 1 day)
-------------------------------------	------	-------------------------

### **HEMIN**

PANHEMATIN INJ 350MG	Pref	PA
----------------------	------	----

### **HUMAN PROTEIN C**

CEPROTIN INJ 500 UNIT	Pref	SP, PA
CEPROTIN INJ 1000UNIT	Pref	SP, PA

### **PLATELET AGGREGATION INHIBITORS**

AGRYLIN CAP 0.5MG	Non-Pref	PA
<i>anagrelide hcl cap 0.5 mg</i>	Pref	
<i>anagrelide hcl cap 1 mg</i>	Pref	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Pref	
BRILINTA TAB 60MG	Pref	
BRILINTA TAB 90MG	Pref	
<i>cilostazol tab 50 mg</i>	Pref	
<i>cilostazol tab 100 mg</i>	Pref	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Pref	QL (1 tab every 1 day)
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs every 1 day)
<i>dipyridamole tab 25 mg</i>	Pref	QL (10 tabs every 1 day)
<i>dipyridamole tab 50 mg</i>	Pref	QL (8 tabs every 1 day)
<i>dipyridamole tab 75 mg</i>	Pref	QL (4 tabs every 1 day)
EFFIENT TAB 5MG	Non-Pref	PA
EFFIENT TAB 10MG	Non-Pref	PA
KENGREAL SOL 50MG	Non-Pref	PA
PLAVIX TAB 75MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



Drug Name	Drug Tier	Requirements/Limits
ZONTIVITY TAB 2.08MG	Non-Pref	PA

### **PROTAMINE**

<i>protamine sulfate inj 10 mg/ml</i>	Pref	PA
---------------------------------------	------	----

### **THROMBOLYTIC ENZYMES**

ACTIVASE INJ 50MG	Pref	PA
ACTIVASE INJ 100MG	Pref	PA
CATHFLO ACTI INJ 2MG	Pref	PA
RETAVASE INJ FULL KIT	Non-Pref	PA
RETAVASE INJ HALF-KIT	Non-Pref	PA
TNKASE KIT 50MG	Pref	PA

## **HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS**

### **AGENTS FOR SICKLE CELL DISEASE**

DROXIA CAP 200MG	Pref	
DROXIA CAP 300MG	Pref	
DROXIA CAP 400MG	Pref	
ENDARI POW 5GM	Non-Pref	PA
OXBRYTA TAB 300MG	Non-Pref	SP, PA
OXBRYTA TAB 500MG	Non-Pref	SP, PA
SIKLOS TAB 100MG	Non-Pref	PA
SIKLOS TAB 1000MG	Non-Pref	PA

### **COBALAMINS**

<i>cyanocobalamin inj 1000 mcg/ml</i>	Pref	
<i>dodex inj</i>	Pref	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	Pref	PA

### **FOLIC ACID/FOLATES**

<i>folic acid inj 5 mg/ml</i>	Pref	PA
<i>folic acid tab 1 mg</i>	Pref	QL (5 tabs every 1 day)
<i>folic acid tab 1 mg</i>	Pref	QL (5 tabs every 1 day), OTC
<i>folic acid tab 800 mcg</i>	Pref	QL (5 tabs every 1 day), OTC

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 10MCG	Pref	PA
ARANESP INJ 25MCG	Pref	PA
ARANESP INJ 40MCG	Pref	PA
ARANESP INJ 60MCG	Pref	PA
ARANESP INJ 100MCG	Pref	PA
ARANESP INJ 150MCG	Pref	PA
ARANESP INJ 200MCG	Pref	PA
ARANESP INJ 300MCG	Pref	PA
ARANESP INJ 500MCG	Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DOPTELET TAB 20MG	Non-Pref	SP, PA
EPOGEN INJ 2000/ML	Non-Pref	PA
EPOGEN INJ 3000/ML	Non-Pref	PA
EPOGEN INJ 4000/ML	Non-Pref	PA
EPOGEN INJ 10000/ML	Non-Pref	PA
EPOGEN INJ 20000/ML	Non-Pref	PA
FULPHILA INJ 6/0.6ML	Non-Pref	PA
FYLNETRA INJ 6MG/0.6	Non-Pref	PA
GRANIX INJ 300/0.5	Pref	PA
GRANIX INJ 300/1ML	Pref	PA
GRANIX INJ 480/0.8	Pref	PA
GRANIX INJ 480/1.6	Pref	PA
LEUKINE INJ 250MCG	Non-Pref	PA
MIRCERA INJ 30MCG	Non-Pref	PA
MIRCERA INJ 50MCG	Non-Pref	PA
MIRCERA INJ 75MCG	Non-Pref	PA
MIRCERA INJ 100MCG	Non-Pref	PA
MIRCERA INJ 150MCG	Non-Pref	PA
MIRCERA INJ 200MCG	Non-Pref	PA
MULPLETA TAB 3MG	Non-Pref	SP, PA
NEULASTA INJ 6MG/0.6M	Non-Pref	PA
NEULASTA KIT 6MG/0.6M	Non-Pref	PA
NEUPOGEN INJ 300/0.5	Pref	PA
NEUPOGEN INJ 300MCG	Pref	PA
NEUPOGEN INJ 480/0.8	Pref	PA
NEUPOGEN INJ 480MCG	Pref	PA
NIVESTYM INJ 300/0.5	Non-Pref	PA
NIVESTYM INJ 300MCG	Non-Pref	PA
NIVESTYM INJ 480/0.8	Non-Pref	PA
NIVESTYM INJ 480MCG	Non-Pref	PA
NPLATE INJ 125MCG	Non-Pref	SP, PA
NPLATE INJ 250MCG	Non-Pref	SP, PA
NPLATE INJ 500MCG	Non-Pref	SP, PA
NYVEPRIA INJ 6/0.6ML	Non-Pref	PA
PROCRIT INJ 2000/ML	Non-Pref	PA
PROCRIT INJ 3000/ML	Non-Pref	PA
PROCRIT INJ 4000/ML	Non-Pref	PA
PROCRIT INJ 10000/ML	Non-Pref	PA
PROCRIT INJ 20000/ML	Non-Pref	PA
PROCRIT INJ 40000/ML	Non-Pref	PA
PROMACTA PAK 25MG	Non-Pref	SP, PA
PROMACTA POW 12.5MG	Non-Pref	SP, PA
PROMACTA TAB 12.5MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROMACTA TAB 25MG	Pref	SP, PA
PROMACTA TAB 50MG	Pref	SP, PA
PROMACTA TAB 75MG	Pref	SP, PA
RELEUKO INJ 300MCG	Non-Pref	PA
RELEUKO INJ 480MCG	Non-Pref	PA
RETACRIT INJ 2000UNIT	Pref	PA
RETACRIT INJ 3000UNIT	Pref	PA
RETACRIT INJ 4000UNIT	Pref	PA
RETACRIT INJ 10000UNT	Pref	PA
RETACRIT INJ 20000UNI	Pref	PA
RETACRIT INJ 40000UNT	Pref	PA
ROLVEDON INJ 13.2MG	Non-Pref	PA
STIMUFEND INJ 6/0.6ML	Non-Pref	PA
UDENYCA INJ 6MG/.6ML	Non-Pref	PA
ZARXIO INJ 300/0.5	Non-Pref	PA
ZARXIO INJ 480/0.8	Non-Pref	PA
ZIEXTENZO INJ 6/0.6ML	Non-Pref	PA

### **HEMATOPOIETIC MIXTURES**

<i>ferocon cap</i>	Pref	QL (2 caps every 1 day)
<i>ferottrinsic cap</i>	Pref	QL (2 caps every 1 day)
<i>ferrocite tab plus</i>	Pref	QL (1 tab every 1 day)
<i>foltrin cap</i>	Pref	QL (2 caps every 1 day)
<i>hematinic pl tab vit/min</i>	Pref	QL (1 tab every 1 day)
<i>iron 100 tab plus</i>	Pref	QL (1 tab every 1 day), OTC
<i>iron 100/c tab 100-250</i>	Pref	QL (1 tab every 1 day), OTC
<i>poly-iron cap 150 fort</i>	Pref	
<i>polysacchari cap iron</i>	Pref	
<i>purevit dual cap fe plus</i>	Pref	QL (1 cap every 1 day)
<i>se-tan plus cap</i>	Pref	QL (1 cap every 1 day)
<i>trigels-f cap forte</i>	Pref	QL (1 cap every 1 day)

### **IRON**

FERROUS SULF LIQ 44MG/5ML	Pref	OTC
FERROUS SULF TAB 324MG EC	Pref	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Pref	QL (35 mL every 1 day), OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate syrup 300 mg/5ml (60 mg/5ml elemental fe)</i>	Pref	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Pref	QL (3 tabs every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Pref	OTC
INFED INJ 50MG/ML	Pref	PA
INJECTAFER INJ 100/2ML	Pref	PA
INJECTAFER INJ 750/15ML	Pref	PA
VENOFER INJ 20MG/ML	Pref	PA

## **HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS**

### **HEMOSTATICS - SYSTEMIC**

AMICAR SOL 0.25/ML	Non-Pref	PA
AMICAR TAB 500MG	Non-Pref	PA
AMICAR TAB 1000MG	Non-Pref	PA
<i>aminocaproic acid inj 250 mg/ml</i>	Pref	PA
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Pref	
<i>aminocaproic acid tab 500 mg</i>	Pref	
<i>aminocaproic acid tab 1000 mg</i>	Pref	
CYKLOKAPRON INJ 100MG/ML	Pref	PA
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Pref	PA
<i>tranexamic acid tab 650 mg</i>	Pref	
TRANEXAMIC INJ ACID	Pref	PA

## **HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS**

### **BARBITURATE HYPNOTICS**

AMYTAL SOD INJ 500MG	Pref	PA
NEMBUTAL SOD INJ 50MG/ML	Pref	PA
<i>pentobarbital sodium inj 50 mg/ml</i>	Pref	PA
<i>phenobarbital elixir 20 mg/5ml</i>	Pref	QL (50 mL every 1 day)
<i>phenobarbital tab 15 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 16.2 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 30 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 32.4 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 60 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 64.8 mg</i>	Pref	QL (3 tabs every 1 day)
<i>phenobarbital tab 97.2 mg</i>	Pref	QL (2 tabs every 1 day)
<i>phenobarbital tab 100 mg</i>	Pref	QL (2 tabs every 1 day)
SEZABY INJ 100MG	Pref	PA

### **HYPNOTICS - TRICYCLIC AGENTS**

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Non-Pref	PA; AGE*
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Non-Pref	PA; AGE*
SILENOR TAB 3MG	Non-Pref	PA; AGE*
SILENOR TAB 6MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<b>NON-BARBITURATE HYPNOTICS</b>		
AMBIEN CR TAB 6.25MG	Non-Pref	PA; AGE*
AMBIEN CR TAB 12.5MG	Non-Pref	PA; AGE*
AMBIEN TAB 5MG	Non-Pref	PA; AGE*
AMBIEN TAB 10MG	Non-Pref	PA; AGE*
EDLUAR SUB 5MG	Non-Pref	PA; AGE*
EDLUAR SUB 10MG	Non-Pref	PA; AGE*
<i>estazolam tab 1 mg</i>	Non-Pref	PA; AGE*
<i>estazolam tab 2 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 1 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 2 mg</i>	Non-Pref	PA; AGE*
<i>eszopiclone tab 3 mg</i>	Non-Pref	PA; AGE*
HALCION TAB 0.25MG	Non-Pref	PA; AGE*
IGALMI MIS 120MCG	Pref	PA
IGALMI MIS 180MCG	Pref	PA
LUNESTA TAB 1MG	Non-Pref	PA; AGE*
LUNESTA TAB 2MG	Non-Pref	PA; AGE*
LUNESTA TAB 3MG	Non-Pref	PA; AGE*
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Pref	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	Pref	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	Non-Pref	PA
MIDAZOLAM SUS 1MG/ML	Non-Pref	PA
RESTORIL CAP 7.5MG	Non-Pref	PA; AGE*
RESTORIL CAP 15MG	Non-Pref	PA; AGE*

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RESTORIL CAP 22.5MG	Non-Pref	PA; AGE*
RESTORIL CAP 30MG	Non-Pref	PA; AGE*
<i>temazepam cap 7.5 mg</i>	Pref	AGE*
<i>temazepam cap 15 mg</i>	Pref	AGE*
<i>temazepam cap 22.5 mg</i>	Pref	AGE*
<i>temazepam cap 30 mg</i>	Pref	AGE*
<i>triazolam tab 0.25 mg</i>	Pref	AGE*
<i>triazolam tab 0.125 mg</i>	Pref	AGE*
<i>zaleplon cap 5 mg</i>	Non-Pref	PA; AGE*
<i>zaleplon cap 10 mg</i>	Non-Pref	PA; AGE*
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non-Pref	PA; AGE*
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non-Pref	PA; AGE*
<i>zolpidem tartrate tab 5 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab 10 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab er 6.25 mg</i>	Pref	AGE*
<i>zolpidem tartrate tab er 12.5 mg</i>	Pref	AGE*

### **OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG	Non-Pref	PA; AGE*
BELSOMRA TAB 10MG	Non-Pref	PA; AGE*
BELSOMRA TAB 15MG	Non-Pref	PA; AGE*
BELSOMRA TAB 20MG	Non-Pref	PA; AGE*
DAYVIGO TAB 5MG	Non-Pref	PA; AGE*
DAYVIGO TAB 10MG	Non-Pref	PA; AGE*
QUVIVIQ TAB 25MG	Non-Pref	PA
QUVIVIQ TAB 50MG	Non-Pref	PA

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP 20MG	Non-Pref	PA
HETLIOZ LQ SUS 4MG/ML	Non-Pref	PA
<i>ramelteon tab 8 mg</i>	Pref	PA, QL (1 tab every 1 day); AGE*
ROZEREM TAB 8MG	Non-Pref	PA, QL (1 tab every 1 day); AGE*
<i>tasimelteon capsule 20 mg</i>	Non-Pref	PA

## **LAXATIVES - DRUGS TO TREAT CONSTIPATION**

### **BULK LAXATIVES**

<i>daily fib pow 51.7%</i>	Pref	OTC
<i>daily fiber pow</i>	Pref	OTC
<i>daily fiber pow 43%</i>	Pref	OTC
<i>eq daily fib pow 51.7%</i>	Pref	OTC
<i>psyllidex pow 30%</i>	Pref	OTC
<i>psyllium powder 28.3%</i>	Pref	OTC
<i>psyllium powder 48.57%</i>	Pref	OTC
<i>psyllium powder 58.6%</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>psyllium powder 100%</i>	Pref	OTC
<i>qc fiber pow 25%</i>	Pref	OTC
<i>qc fiber the pow 51.7%</i>	Pref	OTC
<i>qc natural pow vegetabl</i>	Pref	OTC
<i>sm fiber pow</i>	Pref	OTC
<i>wal-mucil pow 43%</i>	Pref	OTC
<i>wal-mucil pow 51.7%</i>	Pref	OTC

### **LAXATIVE COMBINATIONS**

CLENPIQ SOL	Non-Pref	PA
<i>gavilyte-c sol</i>	Pref	QL (4000 mL every 1 day)
<i>gavilyte-g sol</i>	Pref	QL (4000 mL every 1 day)
GOLYTELY SOL	Non-Pref	PA, QL (4000 mL every 1 day)
MOVIPREP SOL	Non-Pref	PA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Pref	QL (4000 mL every 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	QL (4000 mL every 1 day)
<i>peg/nasul/c/ sol nacl/pot</i>	Non-Pref	PA
PLENVU SOL	Non-Pref	PA
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Non-Pref	PA
SUPREP BOWEL SOL PREP KIT	Non-Pref	PA
SUTAB TAB	Non-Pref	PA

### **LAXATIVES - MISCELLANEOUS**

<i>constulose sol 10gm/15</i>	Pref	QL (180 mL every 1 day)
<i>glycerin sup 1gm</i>	Pref	OTC
GLYCERIN SUP 2GM	Pref	OTC
<i>glycerin suppos 1.2 gm</i>	Pref	OTC
<i>glycerin suppos 2 gm</i>	Pref	OTC
<i>glycerin suppos 2.1 gm</i>	Pref	OTC
<i>glycerin suppos 80.7%</i>	Pref	OTC
KRISTALOSE PAK 10GM	Non-Pref	PA
KRISTALOSE PAK 20GM	Non-Pref	PA
<i>lactulose solution 10 gm/15ml</i>	Pref	QL (180 mL every 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC

### **LUBRICANT LAXATIVES**

<i>mineral oil- rx</i>	Non-Pref	PA
------------------------	----------	----

### **SALINE LAXATIVES**

<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OSMOPREP TAB 1.5GM	Non-Pref	PA
<i>pediatric ene enema</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC

### **STIMULANT LAXATIVES**

<i>bisacodyl suppos 10 mg</i>	Pref	QL (1 supp every 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	QL (3 tabs every 1 day), OTC
<i>laxative reg tab 15mg</i>	Pref	OTC
<i>perdiem tab 15mg</i>	Pref	OTC
<i>senna smooth tab 15mg</i>	Pref	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Pref	OTC
<i>sennosides tab 8.6 mg</i>	Pref	OTC
<i>sennosides tab 25 mg</i>	Pref	OTC
<i>senokot extr tab 17.2mg</i>	Pref	OTC
SENOKOT TAB 8.6MG	Pref	OTC

### **SURFACTANT LAXATIVES**

BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	QL (2 caps every 1 day), OTC
<i>docusate sodium cap 100 mg</i>	Pref	QL (6 caps every 1 day), OTC
<i>docusate sodium cap 250 mg</i>	Pref	QL (6 caps every 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC

## **MACROLIDES - DRUGS TO TREAT INFECTIONS**

### **AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i>	Pref	
<i>azithromycin for susp 200 mg/5ml</i>	Pref	
<i>azithromycin powd pack for susp 1 gm</i>	Pref	PA, QL (2 packets every 25 days)
<i>azithromycin tab 250 mg</i>	Pref	QL (13 tabs every 25 days)
<i>azithromycin tab 500 mg</i>	Pref	QL (13 tabs every 25 days)
<i>azithromycin tab 600 mg</i>	Pref	QL (2 tabs every 1 day)
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA, QL (13 tabs every 25 days)
ZITHROMAX TAB 500MG	Non-Pref	PA, QL (13 tabs every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZITHROMAX TAB TRI-PAK	Non-Pref	PA, QL (13 tabs every 25 days)
<b>CLARITHROMYCIN</b>		
<i>clarithromycin for susp 125 mg/5ml</i>	Pref	
<i>clarithromycin for susp 250 mg/5ml</i>	Pref	
<i>clarithromycin tab 250 mg</i>	Pref	
<i>clarithromycin tab 500 mg</i>	Pref	
<i>clarithromycin tab er 24hr 500 mg</i>	Non-Pref	PA
<b>ERYTHROMYCINS</b>		
<i>e.e.s. 400 tab 400mg</i>	Non-Pref	PA, QL (6 tabs every 1 day)
E.E.S. GRAN SUS 200/5ML	Non-Pref	PA
<i>ery-tab tab 333mg ec</i>	Non-Pref	PA, QL (6 tabs every 1 day)
<i>ery-tab tab 500mg ec</i>	Non-Pref	PA, QL (4 tabs every 1 day)
ERYPED SUS 200/5ML	Non-Pref	PA
ERYPED SUS 400/5ML	Non-Pref	PA, QL (30 mL every 1 day)
<i>erythrocin tab 250mg</i>	Non-Pref	PA
<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Pref	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Non-Pref	PA, QL (30 mL every 1 day)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Pref	QL (6 tabs every 1 day)
<i>erythromycin tab 250 mg</i>	Non-Pref	PA
<i>erythromycin tab 500 mg</i>	Non-Pref	PA
<i>erythromycin tab delayed release 250 mg</i>	Pref	QL (8 tabs every 1 day)
<i>erythromycin tab delayed release 250 mg</i>	Non-Pref	PA, QL (8 tabs every 1 day)
<i>erythromycin tab delayed release 333 mg</i>	Pref	QL (6 tabs every 1 day)
<i>erythromycin tab delayed release 333 mg</i>	Non-Pref	PA, QL (6 tabs every 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Pref	QL (4 tabs every 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Non-Pref	PA, QL (4 tabs every 1 day)
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Pref	QL (8 caps every 1 day)
<b>FIDAXOMICIN</b>		
DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

**Drug Name Drug Tier Requirements/Limits**  
**MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES**  
**FOR DIAGNOSIS, TREATMENT, OR MONITORING**

***CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL***

CAYA DPR	Pref	
CONDOMS - FEMALE	Pref	OTC
CONDOMS - MALE	Pref	OTC
CONDOMS LATEX LUBRICATED	Pref	OTC
CONDOMS LATEX NON-LUBRICATED	Pref	OTC
DUREX MIS REALFEEL	Pref	OTC
FEMCAP MIS 22MM	Pref	
FEMCAP MIS 26MM	Pref	
FEMCAP MIS 30MM	Pref	
OMNIFLEX DPR	Pref	
WIDE-SEAL DPR KIT 60	Pref	
WIDE-SEAL DPR KIT 65	Pref	
WIDE-SEAL DPR KIT 70	Pref	
WIDE-SEAL DPR KIT 75	Pref	
WIDE-SEAL DPR KIT 80	Pref	
WIDE-SEAL DPR KIT 85	Pref	
WIDE-SEAL DPR KIT 90	Pref	
WIDE-SEAL DPR KIT 95	Pref	

***DIABETIC SUPPLIES***

DEXCOM G6 MIS RECEIVER	Pref	PA, QL (1 each every 310 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes every 25 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box every 76 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes every 25 days)
FREESTY LIBR KIT 3 SENSOR	Pref	PA, QL (2 boxes every 25 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each every 310 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes every 25 days)
FREESTYLE MIS READER	Pref	PA, QL (1 each every 310 days)
LANCETS	Pref	OTC
RELION TRUE KIT MET AIR	Pref	QL (1 box every year), OTC; Pharmacy: see instructions on claim

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE METRIX KIT AIR	Pref	QL (1 box every year), OTC; Pharmacy: see instructions on claim
TRUE METRIX KIT METER	Pref	QL (1 box every year), OTC; Pharmacy: see instructions on claim

### **MISC. DEVICES**

ALCOHOL SWABS	Pref	QL (200 pads every 25 days), OTC
LMA MAD MIS NASAL	Pref	
MUCOSAL ATOM MIS DEVICE	Pref	OTC

### **PARENTERAL THERAPY SUPPLIES**

ALLERGIST KIT 0.5/28G	Pref	
ALLERGIST KIT 1MLX27G	Pref	
ALLERGIST KIT 1MLX28G	Pref	
ALLERGIST KIT 27GX1/2"	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	Pref	OTC
BD ECLIPSE MIS 1ML/27G	Pref	OTC
BD ECLIPSE MIS 1ML/30G	Pref	OTC
BD ECLIPSE MIS 23GX1"	Pref	OTC
BD ECLIPSE MIS 25GX1"	Pref	
BD ECLIPSE MIS 25GX5/8"	Pref	OTC
BD FILTR NDL MIS 5 MICRON	Pref	OTC
BD HYPO NEED MIS 16GX1"	Pref	OTC
BD HYPO NEED MIS 18GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1"	Pref	OTC
BD HYPO NEED MIS 19GX1.5"	Pref	OTC
BD HYPO NEED MIS 21GX1"	Pref	OTC
BD HYPO NEED MIS 21GX2"	Pref	OTC
BD HYPO NEED MIS 22GX1"	Pref	OTC
BD HYPO NEED MIS 22GX1.5"	Pref	OTC
BD HYPO NEED MIS 23GX1"	Pref	OTC
BD HYPO NEED MIS 23GX3/4"	Pref	OTC
BD HYPO NEED MIS 25GX1.5"	Pref	OTC
BD HYPO NEED MIS 26GX1/2"	Pref	OTC
BD LUER-LOK MIS SYR 10ML	Pref	OTC
BD NEEDLE MIS 23GX1"	Pref	OTC
BD NEEDLE MIS 30GX1/2"	Pref	OTC
BD NEEDLES MIS 16GX1.5"	Pref	OTC
BD NEEDLES MIS 19GX1"	Pref	OTC
BD NEEDLES MIS 20GX1"	Pref	OTC
BD NEEDLES MIS 20GX1.5"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD NEEDLES MIS 21GX1.5"	Pref	OTC
BD NEEDLES MIS 22GX1.5"	Pref	OTC
BD NEEDLES MIS 25GX5/8"	Pref	OTC
BD NEEDLES MIS 25GX7/8"	Pref	OTC
BD NEEDLES MIS 27GX1/2"	Pref	OTC
BD NEEDLES MIS 30GX1/2"	Pref	OTC
BD PLASTIPAK MIS 21GX1"	Pref	OTC
BD PRECISION MIS 23GX1.5"	Pref	OTC
BD U-500 MIS 31GX6MM	Pref	QL (5 syringes every 1 day)
BLUNT CANNUL MIS 20GX1.5"	Pref	
BLUNT CANNUL MIS 21GX1"	Pref	
BULB IRR SYR MIS 60ML	Pref	OTC
CAREPOINT SY MIS 1ML	Pref	
CAREPOINT SY MIS 20GX1"	Pref	
CAREPOINT SY MIS 20GX1.5"	Pref	
CAREPOINT SY MIS 22GX1.5"	Pref	
CAREPOINT SY MIS 23GX1"	Pref	
CAREPOINT SY MIS 23GX1.5"	Pref	
CARETOUCH MIS 27GX1.5"	Pref	OTC
CATHETER/TIP MIS 60ML COV	Pref	OTC
CRONO SYR MIS 10ML	Pref	OTC
CRONO SYR MIS 20ML	Pref	OTC
EASY GLIDE MIS 1ML SYR	Pref	OTC
EASY GLIDE MIS 5ML SYR	Pref	OTC
EASY GLIDE MIS 10ML SYR	Pref	OTC
EASY GLIDE MIS 20ML SYR	Pref	OTC
EASY GLIDE MIS 30ML SYR	Pref	OTC
EASY GLIDE MIS 60ML SYR	Pref	OTC
EASY TOUCH MIS 20ML SYR	Pref	OTC
EASY TOUCH MIS 60ML SYR	Pref	OTC
EASYPOINT MIS 18GX1"	Pref	OTC
EASYPOINT MIS 20GX1"	Pref	OTC
EASYPOINT MIS 20GX1.5"	Pref	OTC
EASYPOINT MIS 21G X 1"	Pref	OTC
EASYPOINT MIS 21GX1.5"	Pref	OTC
EASYPOINT MIS 22GX1"	Pref	OTC
EASYPOINT MIS 22GX1.5"	Pref	OTC
EASYPOINT MIS 23GX1"	Pref	
EASYPOINT MIS 23GX1"	Pref	OTC
EASYPOINT MIS 25GX1"	Pref	
EASYPOINT MIS 25GX1"	Pref	OTC
EASYPOINT MIS 25GX1.5"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASYPOINT MIS 25GX5/8"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	OTC
ECLIPSE NDL MIS 21GX1"	Pref	OTC
ECLIPSE NDLE MIS 21GX1.5"	Pref	OTC
ECLIPSE NDLE MIS 25GX1.5"	Pref	OTC
FILTER ASPIR MIS 18GX3"	Pref	
HYPO NEEDLE MIS 14GX1"	Pref	
HYPO NEEDLE MIS 14GX1.5"	Pref	
HYPO NEEDLE MIS 14GX2"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	
HYPO NEEDLE MIS 16GX1"	Pref	OTC
HYPO NEEDLE MIS 16GX1.5"	Pref	
HYPO NEEDLE MIS 16GX1.5"	Pref	OTC
HYPO NEEDLE MIS 16GX3/4"	Pref	
HYPO NEEDLE MIS 16GX5/8"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	
HYPO NEEDLE MIS 18GX1"	Pref	OTC
HYPO NEEDLE MIS 18GX1.25	Pref	OTC
HYPO NEEDLE MIS 19GX1"	Pref	
HYPO NEEDLE MIS 19GX1"	Pref	OTC
HYPO NEEDLE MIS 19GX1.5"	Pref	
HYPO NEEDLE MIS 19GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX1"	Pref	
HYPO NEEDLE MIS 20GX1"	Pref	OTC
HYPO NEEDLE MIS 20GX1.5"	Pref	
HYPO NEEDLE MIS 20GX1.5"	Pref	OTC
HYPO NEEDLE MIS 21GX1"	Pref	
HYPO NEEDLE MIS 21GX1"	Pref	OTC
HYPO NEEDLE MIS 21GX1.5"	Pref	
HYPO NEEDLE MIS 21GX1.5"	Pref	OTC
HYPO NEEDLE MIS 21GX2"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	
HYPO NEEDLE MIS 22GX1"	Pref	OTC
HYPO NEEDLE MIS 22GX1.5"	Pref	
HYPO NEEDLE MIS 22GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1"	Pref	
HYPO NEEDLE MIS 23GX1"	Pref	OTC
HYPO NEEDLE MIS 23GX1.5"	Pref	OTC
HYPO NEEDLE MIS 23GX1.25	Pref	OTC
HYPO NEEDLE MIS 23GX3/4"	Pref	
HYPO NEEDLE MIS 23GX3/4"	Pref	OTC
HYPO NEEDLE MIS 24GX1"	Pref	OTC
HYPO NEEDLE MIS 24GX1.25	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYPO NEEDLE MIS 25GX1"	Pref	
HYPO NEEDLE MIS 25GX1"	Pref	OTC
HYPO NEEDLE MIS 25GX1.5"	Pref	
HYPO NEEDLE MIS 25GX1.5"	Pref	OTC
HYPO NEEDLE MIS 25GX1.25	Pref	
HYPO NEEDLE MIS 25GX2"	Pref	
HYPO NEEDLE MIS 25GX5/8"	Pref	
HYPO NEEDLE MIS 25GX5/8"	Pref	OTC
HYPO NEEDLE MIS 26GX1.5"	Pref	
HYPO NEEDLE MIS 26GX1/2"	Pref	
HYPO NEEDLE MIS 26GX1/2"	Pref	OTC
HYPO NEEDLE MIS 26GX3/8"	Pref	OTC
HYPO NEEDLE MIS 26GX5/8"	Pref	OTC
HYPO NEEDLE MIS 27GX1.5"	Pref	
HYPO NEEDLE MIS 27GX1.5"	Pref	OTC
HYPO NEEDLE MIS 27GX1.25	Pref	
HYPO NEEDLE MIS 27GX1.25	Pref	OTC
HYPO NEEDLE MIS 27GX1/2"	Pref	
HYPO NEEDLE MIS 27GX1/2"	Pref	OTC
HYPO NEEDLE MIS 30G X 1"	Pref	OTC
HYPO NEEDLE MIS 30GX1/2"	Pref	OTC
HYPO NEEDLE MIS 30GX3/4"	Pref	
HYPO NEEDLE MIS 31GX5/16	Pref	OTC
HYPO NEEDLE MIS 32GX5/16	Pref	OTC
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/29G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/30G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.3/31G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/29G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/30G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 0.5/31G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 1ML/29G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TECHLITE
INSULIN SYRG MIS 1ML/30G	Pref	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TECHLITE

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS
INTRO NEEDLE MIS 18GX1.25	Pref	
10ML LL SYRG MIS CONTROL	Pref	OTC
10ML LL SYRN MIS 20GX1"	Pref	OTC
10ML LL SYRN MIS 20GX1.5"	Pref	OTC
10ML LL SYRN MIS 21GX1"	Pref	OTC
10ML LL SYRN MIS 21GX1.5"	Pref	OTC
10ML LL SYRN MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 18GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX1"	Pref	
3ML LL SYRNG MIS 20GX1"	Pref	OTC
3ML LL SYRNG MIS 20GX1.5"	Pref	
5ML LL SYRNG MIS 20GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX3/4"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	
3ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
3ML LL SYRNG MIS 21GX1.5"	Pref	OTC
5ML LL SYRNG MIS 22GX1"	Pref	OTC
3ML LL SYRNG MIS 22GX1.5"	Pref	
3ML LL SYRNG MIS 22GX1.5"	Pref	OTC
3ML LL SYRNG MIS 23GX1"	Pref	
3ML LL SYRNG MIS 23GX1"	Pref	OTC
3ML LL SYRNG MIS 23GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX1.5"	Pref	OTC
3ML LL SYRNG MIS 25GX5/8"	Pref	
3ML LL SYRNG MIS 25GX5/8"	Pref	OTC
3ML LL SYRNG MIS 26GX5/8"	Pref	OTC
3ML LL SYRNG MIS 27GX1.25	Pref	
3ML LUER LOC MIS 21GX1.5"	Pref	OTC
3ML LUER LOC MIS 22GX1.5"	Pref	OTC
3ML LUER LOC MIS 23GX1"	Pref	OTC
3ML LUER LOC MIS 23GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX1.5"	Pref	OTC
3ML LUER LOC MIS 25GX5/8"	Pref	OTC
LUER-LOK MIS SYRG 5ML	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
MAGELLAN SYR MIS 23GX1"	Pref	
MONOJECT S/P MIS 20ML/LL	Pref	OTC
MONOJECT S/P MIS 20ML/LT	Pref	OTC
MONOJECT S/P MIS 35/CATH	Pref	OTC
MONOJECT S/P MIS 35ML/LL	Pref	OTC
MONOJECT S/P MIS 35ML/REG	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MONOJECT S/P MIS 60ML/LL	Pref	OTC
MONOJECT S/P MIS 60ML/REG	Pref	OTC
NEEDLE (DISP) 18 X 1-1/2"	Pref	OTC
NEEDLE (DISP) 18 X 1-1/2"- RX	Pref	
NEEDLES MIS 18GX1"	Pref	OTC
NEEDLES MIS 19GX1"	Pref	OTC
NEEDLES MIS 19GX1.5"	Pref	OTC
NEEDLES MIS 20GX1"	Pref	OTC
NEEDLES MIS 20GX1.5"	Pref	OTC
NEEDLES MIS 21GX1"	Pref	OTC
NEEDLES MIS 21GX1.5"	Pref	OTC
NEEDLES MIS 22GX1"	Pref	OTC
NEEDLES MIS 22GX1.5"	Pref	OTC
NEEDLES MIS 22GX3/4"	Pref	OTC
NEEDLES MIS 23GX1"	Pref	OTC
NEEDLES MIS 23GX1.5"	Pref	OTC
NEEDLES MIS 23GX5/8"	Pref	OTC
NEEDLES MIS 25GX1"	Pref	OTC
NEEDLES MIS 25GX1.5"	Pref	OTC
NEEDLES MIS 25GX5/8"	Pref	OTC
NEEDLES MIS 26X1/2"	Pref	OTC
NEEDLES MIS 27GX1"	Pref	OTC
NEEDLES MIS 27GX1/2"	Pref	OTC
NEEDLES MIS 28GX1/2"	Pref	OTC
NEEDLES MIS 29GX1/2"	Pref	OTC
NEEDLES MIS 30GX1/2"	Pref	OTC
NEEDLES MIS 30GX5/16	Pref	OTC
NEEDLES MIS 31GX5/16	Pref	OTC
NORM-JECT MIS LUER LOC	Pref	OTC
NORM-JECT MIS LUER LOK	Pref	
PATIENT SAFE MIS SYR 10ML	Pref	OTC
PATIENT SAFE MIS SYR 20ML	Pref	OTC
PATIENT SAFE MIS SYR 30ML	Pref	OTC
PATIENT SAFE MIS SYR 60ML	Pref	OTC
PATIENT SAFE MIS SYRG 5ML	Pref	OTC
PEN NEEDLES MIS 29GX10MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 29GX12.7	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX5MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 31GX6MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TECHLITE

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 31GX8MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX4MM	Pref	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX6MM	Pref	OTC; TECHLITE
PEN NEEDLES MIS 32GX8MM	Pref	OTC; TECHLITE
PHARM SYRNG MIS TRAY 1ML	Pref	
PHARM TRAY MIS 1ML/REG	Pref	OTC
PHARM TRAY MIS 6ML	Pref	
PHARM TRAY MIS 12ML/LL	Pref	
PHARM TRAY MIS 20ML/LL	Pref	
PHARM TRAY MIS 35ML/LL	Pref	
PHARM TRAY MIS 60ML/LL	Pref	
PISTON IRRIG MIS 60ML SYR	Pref	OTC
POLY HUB MIS 18GX1"	Pref	OTC
POLY HUB MIS 21GX1"	Pref	OTC
POLY HUB MIS 21GX1.5"	Pref	OTC
POLY HUB MIS 22GX1"	Pref	OTC
POLY HUB MIS 22GX1.5"	Pref	OTC
POLY HUB MIS 23GX1"	Pref	OTC
POLY HUB MIS 23GX1.5"	Pref	OTC
POLY HUB MIS 25GX1"	Pref	OTC
POLY HUB MIS 25GX1.5"	Pref	OTC
POLY HUB MIS 25GX5/8"	Pref	OTC
POLY HUB MIS 27GX1.25	Pref	OTC
POLY HUB MIS 27GX1/2"	Pref	OTC
POLY HUB MIS 30GX1/2"	Pref	OTC
PRECISIONGLI MIS 27GX1.5"	Pref	OTC
SAFETY NEEDL MIS 22GX1.5"	Pref	OTC
SAFETYGLIDE MIS 21GX1"	Pref	OTC
SAFETYGLIDE MIS 21GX1.5"	Pref	
SAFETYGLIDE MIS 23GX1"	Pref	OTC
SAFETYGLIDE MIS 27GX5/8"	Pref	OTC
SAFTY NEEDLE MIS 18GX1"	Pref	
SAFTY NEEDLE MIS 19GX1"	Pref	
SAFTY NEEDLE MIS 19GX1.5"	Pref	
SAFTY NEEDLE MIS 20GX1"	Pref	
SAFTY NEEDLE MIS 20GX1.5"	Pref	
SAFTY NEEDLE MIS 21GX1"	Pref	
SAFTY NEEDLE MIS 21GX1.5"	Pref	
SAFTY NEEDLE MIS 21GX5/8"	Pref	
SAFTY NEEDLE MIS 22GX1"	Pref	
SAFTY NEEDLE MIS 22GX1.5"	Pref	
SAFTY NEEDLE MIS 23GX1"	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAFTY NEEDLE MIS 23GX5/8"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	
SECURES SAFE MIS 19GX1"	Pref	OTC
SECURES SAFE MIS 19GX1.5"	Pref	OTC
SECURES SAFE MIS 21GX1.5"	Pref	OTC
SECURES SAFE MIS 22GX1"	Pref	OTC
SECURES SAFE MIS 25GX1.5"	Pref	OTC
SECURES SAFE MIS 26GX1/2"	Pref	OTC
SECURES SAFE MIS 27GX1/2"	Pref	OTC
SLIP TIP 1ML MIS	Pref	OTC
SLIP TIP 1ML MIS 26GX5/8"	Pref	OTC
1ML SLIP TIP MIS 25GX5/8"	Pref	OTC
1ML SLIP TIP MIS 26GX3/8"	Pref	OTC
SYRG/NDL 3ML MIS 23GX1"	Pref	OTC
SYRG/NDL 3ML MIS 25GX5/8"	Pref	OTC
140ML SYRINGE MIS CATH TIP	Pref	
140ML SYRINGE MIS LUER-LOC	Pref	
140ML SYRINGE MIS REG TIP	Pref	
SYRINGE 5ML MIS LUER SLP	Pref	OTC
SYRINGE (DISPOSABLE) 3 ML	Pref	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Pref	
SYRINGE BARR MIS LUER10ML	Pref	OTC
SYRINGE BARR MIS LUER 1ML	Pref	OTC
SYRINGE BARR MIS LUER 3ML	Pref	OTC
SYRINGE BARR MIS LUER 5ML	Pref	OTC
SYRINGE BARR MIS UNI 3ML	Pref	OTC
SYRINGE BARR MIS UNI 5ML	Pref	OTC
SYRINGE BARR MIS UNI 10ML	Pref	OTC
SYRINGE LUER MIS -LOK 1ML	Pref	OTC
6ML SYRINGE MIS	Pref	
6ML SYRINGE MIS 18GX1"	Pref	
12ML SYRINGE MIS 18GX1"	Pref	OTC
3ML SYRINGE MIS 18GX1.5"	Pref	
3ML SYRINGE MIS 18GX1.5"	Pref	OTC
3ML SYRINGE MIS 19GX1"	Pref	OTC
3ML SYRINGE MIS 19GX1.5"	Pref	OTC
3ML SYRINGE MIS 20GX1"	Pref	
5ML SYRINGE MIS 20GX1"	Pref	OTC
12ML SYRINGE MIS 20GX1.5"	Pref	
12ML SYRINGE MIS 20GX1.5"	Pref	OTC
12ML SYRINGE MIS 21GX1"	Pref	
3ML SYRINGE MIS 21GX1"	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
12ML SYRINGE MIS 21GX1.5"	Pref	
5ML SYRINGE MIS 21GX1.5"	Pref	OTC
10ML SYRINGE MIS 22GX1"	Pref	OTC
12ML SYRINGE MIS 22GX1.5"	Pref	
5ML SYRINGE MIS 22GX1.5"	Pref	OTC
1 ML SYRINGE MIS 22X1-1/2	Pref	OTC
3ML SYRINGE MIS 23GX1"	Pref	
3ML SYRINGE MIS 23GX1"	Pref	OTC
3ML SYRINGE MIS 23GX1.5"	Pref	OTC
1ML SYRINGE MIS 25GX1"	Pref	
1ML SYRINGE MIS 25GX1"	Pref	OTC
3ML SYRINGE MIS 25GX1.5"	Pref	OTC
3ML SYRINGE MIS 25GX1.25	Pref	
1ML SYRINGE MIS 25GX5/8"	Pref	
5ML SYRINGE MIS 25GX5/8"	Pref	OTC
1ML SYRINGE MIS 26GX3/8"	Pref	OTC
3ML SYRINGE MIS 27GX1.25	Pref	
1ML SYRINGE MIS 27GX1/2"	Pref	OTC
1ML SYRINGE MIS 28GX1/2"	Pref	OTC
6ML SYRINGE MIS CANNULA	Pref	
10ML SYRINGE MIS CANNULA	Pref	OTC
60ML SYRINGE MIS CATH TIP	Pref	
60ML SYRINGE MIS CATH TIP	Pref	OTC
20ML SYRINGE MIS ECC LUER	Pref	
60ML SYRINGE MIS ECC TIP	Pref	
10ML SYRINGE MIS ECC TIP	Pref	OTC
30ML SYRINGE MIS LUER LOC	Pref	
1ML SYRINGE MIS LUER LOC	Pref	OTC
60ML SYRINGE MIS LUER LOK	Pref	
10ML SYRINGE MIS LUER LOK	Pref	OTC
1ML SYRINGE MIS LUER SLI	Pref	OTC
1ML SYRINGE MIS LUER SLP	Pref	
1ML SYRINGE MIS LUER SLP	Pref	OTC
12ML SYRINGE MIS LUER-LOC	Pref	
6ML SYRINGE MIS LUER-LOK	Pref	
20ML SYRINGE MIS LUER-LOK	Pref	OTC
6ML SYRINGE MIS REG LUER	Pref	
12ML SYRINGE MIS REG LUER	Pref	OTC
20ML SYRINGE MIS REG TIP	Pref	
10ML SYRINGE MIS SLIP TIP	Pref	OTC
60ML SYRINGE MIS TOOMEY	Pref	
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1" - RX	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Pref	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Pref	
5ML SYRINGES MIS 21GX1"	Pref	OTC
TB SYRINGE MIS 0.5/28G	Pref	
1ML TB SYRNG MIS 25GX1"	Pref	OTC
1ML TB SYRNG MIS 25GX5/8"	Pref	
1ML TB SYRNG MIS 25GX5/8"	Pref	OTC
1ML TB SYRNG MIS 26GX3/8"	Pref	
1ML TB SYRNG MIS 26GX3/8"	Pref	OTC
1ML TB SYRNG MIS 26GX5/8"	Pref	OTC
1ML TB SYRNG MIS 27GX1/2"	Pref	
1ML TB SYRNG MIS 27GX1/2"	Pref	OTC
1ML TB SYRNG MIS 27GX5/8"	Pref	OTC
1ML TB SYRNG MIS 28GX1/2"	Pref	
1ML TB SYRNG MIS 28GX1/2"	Pref	OTC
1ML TB SYRNG MIS LUER LOK	Pref	
1ML TB SYRNG MIS REG LUER	Pref	
1ML TB SYRNG MIS REG LUER	Pref	OTC
TOOMEY SYRIN MIS 70ML	Pref	
YALE NEEDLES MIS 21GX1.25	Pref	OTC

### **RESPIRATORY THERAPY SUPPLIES**

NEBULIZER	Pref	OTC
NEBULIZER- RX	Pref	
PEAK FLOW METER	Pref	QL (1 box every year), OTC
PEAK FLOW METER- RX	Pref	QL (1 box every year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	QL (1 box every year), OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Pref	QL (1 box every year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	QL (2 spacers every year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Pref	QL (2 spacers every year)

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

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

AIMOVIG INJ 70MG/ML	Pref	PA
AIMOVIG INJ 140MG/ML	Pref	PA
AJOVY INJ 225/1.5	Non-Pref	PA
EMGALITY INJ 100MG/ML	Non-Pref	PA
EMGALITY INJ 120MG/ML	Pref	PA
NURTEC TAB 75MG ODT	Non-Pref	PA
QULIPTA TAB 10MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QULIPTA TAB 30MG	Non-Pref	PA
QULIPTA TAB 60MG	Non-Pref	PA
UBRELVY TAB 50MG	Non-Pref	PA
UBRELVY TAB 100MG	Non-Pref	PA
VYEPTI INJ 100MG/ML	Non-Pref	PA

### **MIGRAINE COMBINATIONS**

CAFERGOT TAB 1-100MG	Non-Pref	PA, QL (6 tabs every 1 day)
<i>migergot sup 2/100</i>	Pref	
MIGRANOW PAK	Non-Pref	PA
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	Non-Pref	PA
TREXIMET TAB 85-500MG	Non-Pref	PA

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Pref	PA
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i>	Pref	PA
MIGRANAL SPR 4MG/ML	Non-Pref	PA
TRUDHESA AER 0.725MG	Non-Pref	PA

### **MIGRAINE PRODUCTS - NSAIDS**

<i>diclofenac potassium (migraine) packet 50 mg</i>	Pref	PA
ELYXYB SOL 120/4.8	Pref	PA

### **SEROTONIN AGONISTS**

<i>almotriptan malate tab 6.25 mg</i>	Non-Pref	PA
<i>almotriptan malate tab 12.5 mg</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Non-Pref	PA
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Non-Pref	PA
FROVA TAB 2.5MG	Non-Pref	PA
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Non-Pref	PA
IMITREX INJ 4MG/0.5	Non-Pref	PA, QL (8 injections every 25 days)
IMITREX INJ 6MG/0.5	Non-Pref	PA, QL (8 injections every 25 days)
IMITREX SPR 5MG/ACT	Pref	QL (12 inhalers every 25 days)
IMITREX SPR 20MG/ACT	Pref	QL (12 inhalers every 25 days)
IMITREX TAB 25MG	Non-Pref	PA, QL (12 tabs every 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMITREX TAB 50MG	Non-Pref	PA, QL (12 tabs every 25 days)
IMITREX TAB 100MG	Non-Pref	PA, QL (12 tabs every 25 days)
MAXALT TAB 10MG	Non-Pref	PA, QL (12 tabs every 25 days)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (12 tabs every 25 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Pref	QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Pref	QL (12 tabs every 25 days)
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAX TAB 20MG	Non-Pref	PA
RELPAX TAB 40MG	Non-Pref	PA
REYVOW TAB 50MG	Non-Pref	PA
REYVOW TAB 100MG	Non-Pref	PA
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Pref	QL (12 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (12 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	QL (12 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	QL (12 inhalations every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	QL (12 inhalations every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (8 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	Pref	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	Pref	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	Pref	QL (12 tabs every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOSYMRA SOL 10MG	Non-Pref	PA
ZEMBRACE SYM INJ 3/0.5ML	Non-Pref	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 2.5 mg</i>	Non-Pref	PA
<i>zolmitriptan tab 5 mg</i>	Non-Pref	PA
ZOMIG SPR 2.5MG	Non-Pref	PA
ZOMIG SPR 5MG	Non-Pref	PA
ZOMIG TAB 2.5MG	Non-Pref	PA
ZOMIG TAB 5MG	Non-Pref	PA

## **MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

### **CALCIUM**

CALCIUM 600 TAB +D	Pref	OTC
<i>calcium carb-vit d w/ minerals chew tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate tab 600 mg</i>	Pref	OTC
<i>calcium carbonate tab 1250 mg (500 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Pref	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Pref	OTC
<i>calcium carbonate-vitamin d tab 600 mg-200 unit</i>	Pref	OTC
CALCIUM/D3 TAB 500/200	Pref	OTC
CHEWABLE CHW CALCIUM	Pref	QL (2 tabs every 1 day), OTC
<i>creamies chw 600-400</i>	Pref	PA, OTC
<i>oyster shell calcium tab 500 mg</i>	Pref	OTC

### **FLUORIDE**

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	QL (1 tab every 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	QL (1 tab every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	QL (1 tab every 1 day)
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	QL (50 mL every 25 days)
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	Pref	
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	Pref	

### **PHOSPHATE**

K-PHOS TAB	Pref	QL (8 tabs every 1 day)
K-PHOS TAB NEUTRAL	Non-Pref	PA, QL (8 tabs every 1 day)
<i>phospho-trin tab k500</i>	Pref	QL (8 tabs every 1 day)
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Pref	QL (8 tabs every 1 day)

### **POTASSIUM**

EFFER-K TAB 10MEQ	Pref	
EFFER-K TAB 20MEQ	Pref	
K-TAB TAB 10MEQ CR	Non-Pref	PA, QL (4 tabs every 1 day)
K-TAB TAB 20MEQ	Non-Pref	PA
<i>klor-con 8 tab 8meq er</i>	Pref	QL (4 tabs every 1 day)
<i>klor-con 10 tab 10meq er</i>	Pref	QL (4 tabs every 1 day)
<i>klor-con m15 tab 15meq er</i>	Pref	QL (6 tabs every 1 day)
<i>klor-con pak 20meq</i>	Non-Pref	PA
POT ACETATE INJ 2MEQ/ML	Pref	PA
POT CHLORIDE INJ 10MEQ	Pref	PA
POT CHLORIDE INJ 20MEQ	Pref	PA
POT CHLORIDE INJ 40MEQ	Pref	PA
<i>potassium acetate inj 2 meq/ml</i>	Pref	PA
<i>potassium bicarbonate effer tab 25 meq</i>	Non-Pref	PA, QL (4 tabs every 1 day)
<i>potassium chloride cap er 8 meq</i>	Pref	QL (4 caps every 1 day)
<i>potassium chloride cap er 10 meq</i>	Pref	QL (4 caps every 1 day)
<i>potassium chloride inj 2 meq/ml</i>	Pref	PA
<i>potassium chloride inj 10 meq/50ml</i>	Pref	PA
<i>potassium chloride inj 10 meq/100ml</i>	Pref	PA
<i>potassium chloride inj 20 meq/50ml</i>	Pref	PA
<i>potassium chloride inj 20 meq/100ml</i>	Pref	PA
<i>potassium chloride inj 40 meq/100ml</i>	Pref	PA
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	Pref	QL (4 tabs every 1 day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	QL (5 tabs every 1 day)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Pref	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Pref	PA
<i>potassium chloride powder packet 20 meq</i>	Non-Pref	PA
<i>potassium chloride tab er 8 meq (600 mg)</i>	Pref	QL (4 tabs every 1 day)
<i>potassium chloride tab er 10 meq</i>	Pref	QL (4 tabs every 1 day)
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Non-Pref	PA

## **MISCELLANEOUS THERAPEUTIC CLASSES**

### **CHELATING AGENTS**

CUPRIMINE CAP 250MG	Non-Pref	PA
DEPEN TITRA TAB 250MG	Pref	PA
<i>penicillamine cap 250 mg</i>	Pref	PA
<i>penicillamine tab 250 mg</i>	Pref	PA
SYPRINE CAP 250MG	Non-Pref	PA
<i>trientine hcl cap 250 mg</i>	Pref	PA

### **IMMUNOMODULATORS**

<i>lenalidomide cap 5 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 10 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 15 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 20 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lenalidomide cap 25 mg</i>	Pref	PA, QL (1 cap every 1 day)
<i>lenalidomide caps 2.5 mg</i>	Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	Non-Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	Non-Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	Non-Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	Non-Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	Non-Pref	PA, QL (1 cap every 1 day)
REVLIMID CAP 25MG	Non-Pref	PA, QL (1 cap every 1 day)
REZUROCK TAB 200MG	Pref	PA
THALOMID CAP 50MG	Pref	SP, PA
THALOMID CAP 100MG	Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAP 150MG	Pref	SP, PA
THALOMID CAP 200MG	Pref	SP, PA

### **IMMUNOSUPPRESSIVE AGENTS**

ASTAGRAF XL CAP 0.5MG	Non-Pref	PA
ASTAGRAF XL CAP 1MG	Non-Pref	PA
ASTAGRAF XL CAP 5MG	Non-Pref	PA
<i>azasan tab 75 mg</i>	Non-Pref	PA
<i>azasan tab 100mg</i>	Non-Pref	PA
<i>azathioprine tab 50 mg</i>	Pref	QL (8 tabs every 1 day)
<i>azathioprine tab 75 mg</i>	Non-Pref	PA
<i>azathioprine tab 100 mg</i>	Non-Pref	PA
CELLCEPT CAP 250MG	Non-Pref	PA, QL (12 caps every 1 day)
CELLCEPT SUS 200MG/ML	Pref	
CELLCEPT TAB 500MG	Non-Pref	PA, QL (8 tabs every 1 day)
<i>cyclosporine cap 25 mg</i>	Pref	QL (16 caps every 1 day)
<i>cyclosporine cap 100 mg</i>	Pref	QL (5 caps every 1 day)
<i>cyclosporine modified cap 25 mg</i>	Pref	QL (15 caps every 1 day)
<i>cyclosporine modified cap 50 mg</i>	Non-Pref	PA
<i>cyclosporine modified cap 100 mg</i>	Pref	QL (10 caps every 1 day)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	QL (10 mL every 1 day)
ENVARUSUS XR TAB 0.75MG	Non-Pref	PA
ENVARUSUS XR TAB 1MG	Non-Pref	PA
ENVARUSUS XR TAB 4MG	Non-Pref	PA
<i>everolimus tab 0.5 mg</i>	Non-Pref	PA
<i>everolimus tab 0.25 mg</i>	Non-Pref	PA
<i>everolimus tab 0.75 mg</i>	Non-Pref	PA
<i>everolimus tab 1 mg</i>	Non-Pref	PA
<i>gengraf cap 25mg</i>	Pref	QL (15 caps every 1 day)
<i>gengraf cap 100mg</i>	Pref	QL (10 caps every 1 day)
<i>gengraf sol 100mg/ml</i>	Pref	QL (10 mL every 1 day)
IMURAN TAB 50MG	Non-Pref	PA, QL (8 tabs every 1 day)
LUPKYNIS CAP 7.9MG	Non-Pref	PA
<i>mycophenolate mofetil cap 250 mg</i>	Pref	QL (12 caps every 1 day)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Pref	
<i>mycophenolate mofetil tab 500 mg</i>	Pref	QL (8 tabs every 1 day)
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Non-Pref	PA
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Non-Pref	PA
MYFORTIC TAB 180MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYFORTIC TAB 360MG	Non-Pref	PA
NEORAL CAP 25MG	Non-Pref	PA, QL (15 caps every 1 day)
NEORAL CAP 100MG	Non-Pref	PA, QL (10 caps every 1 day)
NEORAL SOL 100MG/ML	Non-Pref	PA, QL (10 mL every 1 day)
PROGRAF CAP 0.5MG	Non-Pref	PA, QL (2 caps every 1 day)
PROGRAF CAP 1MG	Non-Pref	PA, QL (14 caps every 1 day)
PROGRAF CAP 5MG	Non-Pref	PA
PROGRAF GRA 0.2MG	Non-Pref	PA
PROGRAF GRA 1MG	Non-Pref	PA
PROGRAF INJ 5MG/ML	Pref	PA
RAPAMUNE SOL 1MG/ML	Pref	PA
RAPAMUNE TAB 0.5MG	Pref	
RAPAMUNE TAB 1MG	Pref	
RAPAMUNE TAB 2MG	Pref	
SANDIMMUNE CAP 25MG	Non-Pref	PA, QL (16 caps every 1 day)
SANDIMMUNE CAP 100MG	Non-Pref	PA, QL (5 caps every 1 day)
SANDIMMUNE SOL 100MG/ML	Non-Pref	PA
<i>sirolimus oral soln 1 mg/ml</i>	Pref	PA
<i>sirolimus tab 0.5 mg</i>	Pref	
<i>sirolimus tab 1 mg</i>	Pref	
<i>sirolimus tab 2 mg</i>	Pref	
<i>tacrolimus cap 0.5 mg</i>	Pref	QL (2 caps every 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (14 caps every 1 day)
<i>tacrolimus cap 5 mg</i>	Pref	
ZORTRESS TAB 0.5MG	Non-Pref	PA
ZORTRESS TAB 0.25MG	Non-Pref	PA
ZORTRESS TAB 0.75MG	Non-Pref	PA
ZORTRESS TAB 1MG	Non-Pref	PA

### **IRRIGATION SOLUTIONS**

<i>water for irrigation, sterile irrigation soln</i>	Pref
--	------

### **POTASSIUM REMOVING AGENTS**

LOKELMA PAK 5GM	Pref
LOKELMA PAK 10GM	Pref
<i>sodium polystyrene sulfonate powder</i>	Pref
<i>sps sus 15gm/60</i>	Pref
VELTASSA POW 8.4GM	Non-Pref PA
VELTASSA POW 16.8GM	Non-Pref PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
VELTASSA POW 25.2GM	Non-Pref	PA

### **SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS**

BENLYSTA INJ 120MG	Pref	PA
BENLYSTA INJ 200MG/ML	Pref	PA
BENLYSTA INJ 400MG	Pref	PA

## **MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT**

### **ANESTHETICS TOPICAL ORAL**

<i>lidocaine hcl viscous soln 2%</i>	Pref	
--------------------------------------	------	--

### **ANTI-INFECTIVES - THROAT**

<i>clotrimazole troche 10 mg</i>	Pref	QL (5 lozgs every 1 day)
<i>nystatin susp 100000 unit/ml</i>	Pref	QL (120 mL every 1 day)

### **ANTISEPTICS - MOUTH/THROAT**

<i>chlorhexidine gluconate soln 0.12%</i>	Pref	
---	------	--

### **DENTAL PRODUCTS**

<i>cavarest gel 1.1%</i>	Pref	
<i>denta 5000 cre plus</i>	Pref	
<i>denta 5000 cre plus 2pk</i>	Pref	
<i>dentagel gel 1.1%</i>	Pref	
<i>sf 5000 plus cre 1.1%</i>	Pref	
<i>sf gel 1.1%</i>	Pref	
<i>sod fluoride gel 1.1%</i>	Pref	
<i>sodium fluor cre 5000 pls</i>	Pref	
<i>sodium fluor cre 5000 ppm</i>	Pref	
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Pref	

### **STEROIDS - MOUTH/THROAT/DENTAL**

<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	

### **THROAT PRODUCTS - MISC.**

AQUORAL SPR	Pref	
<i>cevimeline hcl cap 30 mg</i>	Pref	
EVOXAC CAP 30MG	Non-Pref	PA
<i>pilocarpine hcl tab 5 mg</i>	Pref	
<i>pilocarpine hcl tab 7.5 mg</i>	Pref	

## **MULTIVITAMINS - DRUGS FOR NUTRITION**

### **B-COMPLEX W/ FOLIC ACID**

<i>b-complex w/ c &amp; folic acid cap 1 mg- rx</i>	Pref	QL (2 caps every 1 day)
<i>b-complex w/ c &amp; folic acid tab 1 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab 5 mg- rx</i>	Pref	
<i>b-complex w/ c &amp; folic acid tab- rx</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
<i>multi-vit/fe dro /fl 0.25</i>	Pref	QL (2 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Pref	QL (2 mL every 1 day)
QUFLORA FE DRO 0.25-9.5	Pref	QL (2 mL every 1 day)
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
<i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i>	Pref	OTC
<b>PED MV W/ FLUORIDE</b>		
<i>multi vit/fl dro 0.5mg/ml</i>	Pref	QL (2 mL every 1 day), OTC
MULTI-VIT-FL CHW 0.25MG	Pref	QL (1 tab every 1 day)
MULTI-VIT-FL CHW 1MG	Pref	QL (1 tab every 1 day)
<i>multivit/fl dro 0.25mg</i>	Pref	QL (2 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	QL (1 tab every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL every 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL every 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL every 1 day)
POLY-VI-FLOR CHW 0.25MG	Pref	QL (1 tab every 1 day)
POLY-VI-FLOR CHW 1MG	Pref	QL (1 tab every 1 day)
<b>PED MV W/ IRON</b>		
<i>animal shape chw complete</i>	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>compl multiv chw childrns</i>	Pref	OTC
MULTI/IRON/ DRO 11MG/ML	Pref	QL (2 mL every 1 day), OTC
MULTI/IRON/ DRO INF/TODD	Pref	QL (2 mL every 1 day), OTC
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	QL (2 mL every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred  
**OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits  
**SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>qc childrens chw complete</i>	Pref	OTC
<i>sm animal sh chw complete</i>	Pref	OTC
<i>ultra choice chw kids</i>	Pref	OTC

### **PEDIATRIC MULTIPLE VITAMINS**

INFUVITE INJ	Pref	PA
INFUVITE INJ PEDIATRI	Pref	PA
MULTIV INFAN DRO /TODDLER	Pref	QL (2 mL every 1 day), OTC
MULTIVITAMIN DRO INFANT	Pref	QL (2 mL every 1 day), OTC
POLY-VI-SOL SOL 50MG/ML	Pref	QL (1 mL every 1 day), OTC
POLY-VI-SOL SOL 50MG/ML	Pref	QL (2 mL every 1 day), OTC

### **PEDIATRIC VITAMINS**

TRI-VI-SOL SOL A/C/D	Pref	OTC
VITAMI A-C-D DRO INF/TODD	Pref	OTC
VITAMI A-C-D DRO INFANT	Pref	OTC

### **PRENATAL VITAMINS**

CO-NATAL FA TAB 29-1MG	Pref	QL (1 tab every 1 day)
COMPLETE NAT PAK DHA	Pref	QL (2 tabs every 1 day)
COMPLETENATE CHW	Pref	QL (1 tab every 1 day)
NATALVIT TAB 75-1MG	Pref	QL (1 tab every 1 day)
<i>prenatabs rx tab</i>	Pref	QL (1 tab every 1 day), OTC
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Pref	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	QL (1 tab every 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	QL (1 tab every 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	QL (1 tab every 1 day), OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Pref	OTC
SE-NATAL 19 CHW	Pref	QL (1 tab every 1 day)
SE-NATAL 19 TAB	Pref	QL (1 tab every 1 day)
THRIVITE RX TAB 29-1MG	Pref	QL (1 tab every 1 day)
TRINATAL RX TAB 1	Pref	QL (1 tab every 1 day)
<i>trinate tab</i>	Pref	QL (1 tab every 1 day)
VINATE ONE TAB	Pref	QL (1 tab every 1 day)

**Drug Name Drug Tier Requirements/Limits**  
**MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

**CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	Non-Pref	PA
AMRIX CAP 30MG	Non-Pref	PA
<i>baclofen oral soln 5 mg/5ml</i>	Non-Pref	PA
<i>baclofen tab 5 mg</i>	Pref	
<i>baclofen tab 10 mg</i>	Pref	QL (3 tabs every 1 day)
<i>baclofen tab 20 mg</i>	Pref	QL (4 tabs every 1 day)
<i>carisoprodol tab 250 mg</i>	Non-Pref	PA
<i>carisoprodol tab 350 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 250 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 375 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 500 mg</i>	Non-Pref	PA
<i>chlorzoxazone tab 750 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Pref	QL (3 tabs every 1 day)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	QL (3 tabs every 1 day)
<i>fexmid tab 7.5mg</i>	Non-Pref	PA
FLEQSUVY SUS 25MG/5ML	Pref	PA
<i>lorzone tab 375mg</i>	Non-Pref	PA
<i>lorzone tab 750mg</i>	Non-Pref	PA
LYVISPAH GRA 5MG	Non-Pref	PA
LYVISPAH GRA 10MG	Non-Pref	PA
LYVISPAH GRA 20MG	Non-Pref	PA
<i>metaxalone tab 400 mg</i>	Pref	
<i>metaxalone tab 800 mg</i>	Pref	
<i>methocarbamol inj 1000 mg/10ml</i>	Non-Pref	PA
<i>methocarbamol tab 500 mg</i>	Pref	QL (6 tabs every 1 day)
<i>methocarbamol tab 750 mg</i>	Pref	QL (10 tabs every 1 day)
<i>orphenadrine citrate inj 30 mg/ml</i>	Non-Pref	PA
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Non-Pref	PA
ROBAXIN INJ 100MG/ML	Non-Pref	PA
SOMA TAB 250MG	Non-Pref	PA
SOMA TAB 350MG	Non-Pref	PA
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Pref	QL (3 tabs every 1 day)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Pref	QL (9 tabs every 1 day)
ZANAFLEX CAP 2MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAP 4MG	Non-Pref	PA
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA, QL (9 tabs every 1 day)

### **DIRECT MUSCLE RELAXANTS**

DANTRIUM CAP 25MG	Non-Pref	PA
DANTRIUM IV INJ 20MG	Pref	PA
<i>dantrolene sodium cap 25 mg</i>	Non-Pref	PA
<i>dantrolene sodium cap 50 mg</i>	Non-Pref	PA
<i>dantrolene sodium cap 100 mg</i>	Non-Pref	PA
<i>dantrolene sodium for iv soln 20 mg</i>	Pref	PA
<i>revonto inj 20mg</i>	Pref	PA
RYANODEX INJ 250MG	Pref	PA

### **MUSCLE RELAXANT COMBINATIONS**

NORGESIC TAB FORTE	Non-Pref	PA
--------------------	----------	----

## **NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE**

### **NASAL AGENT COMBINATIONS**

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Non-Pref	PA
DYMISTA SPR 137-50	Non-Pref	PA
RYALTRIS SPR 665-25	Non-Pref	PA

### **NASAL AGENTS - MISC.**

<i>saline nasal spray 0.65%</i>	Pref	OTC
---------------------------------	------	-----

### **NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	QL (1 bottle every 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Pref	QL (1 bottle every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	Non-Pref	PA
PATANASE SPR 0.6%	Non-Pref	PA

### **NASAL ANTICHOLINERGICS**

<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Pref	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Pref	

### **NASAL STEROIDS**

BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Pref	QL (1 bottle every 25 days), OTC
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Non-Pref	PA
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (1 bottle every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (1 bottle every 25 days), OTC
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non-Pref	PA
OMNARIS SPR	Non-Pref	PA
QNASL AER 80MCG	Non-Pref	PA
QNASL CHILD SPR 40MCG	Non-Pref	PA
<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act</i>	Pref	QL (1 bottle every 25 days), OTC
XHANCE MIS 93MCG	Non-Pref	PA
ZETONNA AER 37MCG	Non-Pref	PA

### **SYMPATHOMIMETIC DECONGESTANTS**

<i>phenylephrine hcl tab 10 mg</i>	Pref	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Pref	QL (8 tabs every 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	QL (6 tabs every 1 day), OTC

### **NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES**

#### **ALS AGENTS**

EXSERVAN MIS 50MG	Non-Pref	PA
RILUTEK TAB 50MG	Non-Pref	PA
<i>riluzole tab 50 mg</i>	Pref	
TIGLUTIK SUS 50/10ML	Non-Pref	PA

### **OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS**

#### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Pref	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Pref	OTC
LACRISERT MIS 5MG OP	Pref	
<i>polyvinyl alcohol ophth soln 1.4%</i>	Pref	OTC
REFRESH PLUS DRO 0.5% OP	Pref	OTC
REFRESH TEAR DRO 0.5% OP	Pref	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Pref	OTC

#### **BETA-BLOCKERS - OPHTHALMIC**

<i>betaxolol hcl ophth soln 0.5%</i>	Non-Pref	PA
BETIMOL SOL 0.5%	Non-Pref	PA
BETIMOL SOL 0.25%	Non-Pref	PA
BETOPTIC-S SUS 0.25% OP	Non-Pref	PA
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Pref	
<i>carteolol hcl ophth soln 1%</i>	Non-Pref	PA
COMBIGAN SOL 0.2/0.5%	Pref	
COSOPT PF SOL 2%-0.5%	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COSOPT SOL 22.3-6.8	Non-Pref	PA, QL (10 mL every 25 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i>	Pref	
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i>	Pref	QL (10 mL every 25 days)
ISTALOL SOL 0.5% OP	Non-Pref	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Pref	QL (15 mL every 25 days)
<i>timolol maleate ophth gel forming soln 0.5%</i>	Pref	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Pref	
<i>timolol maleate ophth soln 0.5%</i>	Pref	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Non-Pref	PA
<i>timolol maleate ophth soln 0.25%</i>	Pref	
<i>timolol maleate preservative free ophth soln 0.5%</i>	Pref	
<i>timolol maleate preservative free ophth soln 0.25%</i>	Non-Pref	PA
TIMOPTIC OCU SOL 0.5% OP	Pref	
TIMOPTIC OCU SOL 0.25% OP	Non-Pref	PA
TIMOPTIC SOL 0.5% OP	Non-Pref	PA
TIMOPTIC SOL 0.25% OP	Non-Pref	PA
TIMOPTIC-XE SOL 0.5% OP	Non-Pref	PA
TIMOPTIC-XE SOL 0.25% OP	Non-Pref	PA
<b>CHOLINERGIC AGONISTS</b>		
TYRVAYA SOL 0.03MG	Pref	PA
<b>CYCLOPLEGIC MYDRIATICS</b>		
<i>altafrin sol 2.5% op</i>	Pref	
<i>altafrin sol 10% op</i>	Pref	
ATROPINE SUL SOL 1% OP	Pref	QL (15 mL every 25 days)
<i>atropine sulfate ophth oint 1%</i>	Pref	
<i>atropine sulfate ophth soln 1%</i>	Pref	QL (15 mL every 25 days)
CYCLOGYL SOL 0.5% OP	Non-Pref	PA
CYCLOGYL SOL 1% OP	Non-Pref	PA
CYCLOGYL SOL 2% OP	Non-Pref	PA
CYCLOMYDRIL SOL OP	Pref	
<i>cyclopentolate hcl ophth soln 0.5%</i>	Pref	
<i>cyclopentolate hcl ophth soln 1%</i>	Pref	
<i>cyclopentolate hcl ophth soln 2%</i>	Pref	
ISOPTO ATROP SOL 1% OP	Pref	QL (15 mL every 25 days)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MYDRIACYL SOL 1% OP	Non-Pref	PA
<i>phenylephrine hcl ophth soln 2.5%</i>	Pref	
<i>phenylephrine hcl ophth soln 10%</i>	Pref	
<i>tropicamide ophth soln 0.5%</i>	Pref	
<i>tropicamide ophth soln 1%</i>	Pref	

### **MIOTICS**

PHOSPHOLINE SOL 0.125%OP	Pref	
<i>pilocarpine hcl ophth soln 1%</i>	Non-Pref	PA
<i>pilocarpine hcl ophth soln 2%</i>	Non-Pref	PA
<i>pilocarpine hcl ophth soln 4%</i>	Non-Pref	PA
VUITY SOL 1.25% OP	Pref	PA

### **OPHTHALMIC ADRENERGIC AGENTS**

ALPHAGAN P SOL 0.1%	Pref	
ALPHAGAN P SOL 0.15%	Pref	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non-Pref	PA
<i>brimonidine tartrate ophth soln 0.2%</i>	Pref	
<i>brimonidine tartrate ophth soln 0.15%</i>	Pref	
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Pref	

### **OPHTHALMIC ANTI-INFECTIVES**

AZASITE SOL 1%	Non-Pref	PA
<i>bacitracin ophth oint 500 unit/gm</i>	Non-Pref	PA
<i>bacitracin-polymyxin b ophth oint</i>	Non-Pref	PA
BESIVANCE SUS 0.6%	Non-Pref	PA
CILOXAN OIN 0.3% OP	Non-Pref	PA
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Pref	
<i>erythromycin ophth oint 5 mg/gm</i>	Pref	
<i>gatifloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>gentak oin 0.3% op</i>	Non-Pref	PA
<i>gentamicin sulfate ophth soln 0.3%</i>	Pref	
<i>levofloxacin ophth soln 0.5%</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non-Pref	PA
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Pref	
NATACYN SUS 5% OP	Pref	
<i>neo-polycin oin op</i>	Non-Pref	PA
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Non-Pref	PA
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCUFLOX DRO 0.3% OP	Non-Pref	PA
<i>ofloxacin ophth soln 0.3%</i>	Pref	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Pref	
POLYTRIM SOL OP	Non-Pref	PA
<i>sulfacetamide sodium ophth oint 10%</i>	Non-Pref	PA
<i>sulfacetamide sodium ophth soln 10%</i>	Pref	
<i>tobramycin ophth soln 0.3%</i>	Pref	
TOBREX OIN 0.3% OP	Non-Pref	PA
<i>trifluridine ophth soln 1%</i>	Pref	QL (8 mL every 25 days)
VIGAMOX DRO 0.5%	Non-Pref	PA
ZIRGAN GEL 0.15%	Non-Pref	PA
ZYMAXID SOL 0.5%	Non-Pref	PA
<b>OPHTHALMIC IMMUNOMODULATORS</b>		
CEQUA SOL 0.09%	Non-Pref	PA
<i>cyclosporine (ophth) emulsion 0.05%</i>	Pref	
RESTASIS EMU 0.05% OP	Pref	
RESTASIS MUL EMU 0.05% OP	Pref	
VERKAZIA EMU 0.1% OP	Non-Pref	PA
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	Pref	
<b>OPHTHALMIC KINASE INHIBITORS</b>		
RHOPRESSA SOL 0.02%	Pref	
ROCKLATAN DRO	Pref	
<b>OPHTHALMIC LOCAL ANESTHETICS</b>		
AKTEN GEL 3.5%	Non-Pref	PA
ALCAINE SOL 0.5% OP	Non-Pref	PA
<i>altacaine sol 0.5% op</i>	Pref	
<i>proparacaine hcl ophth soln 0.5%</i>	Pref	
<i>tetracaine hcl ophth soln 0.5%</i>	Pref	
<b>OPHTHALMIC STEROIDS</b>		
ALREX SUS 0.2%	Non-Pref	PA
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Non-Pref	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Pref	
<i>difluprednate ophth emulsion 0.05%</i>	Pref	
DUREZOL EMU 0.05%	Non-Pref	PA
EYSUVIS DRO 0.25%	Non-Pref	PA
FLAREX SUS 0.1% OP	Non-Pref	PA
<i>fluorometholone ophth susp 0.1%</i>	Pref	QL (15 mL every 25 days)
FML FORTE SUS 0.25% OP	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA, QL (15 mL every 25 days)
INVELTYS SUS 1%	Non-Pref	PA
LOTEMAX GEL 0.5%	Non-Pref	PA
LOTEMAX OIN 0.5%	Non-Pref	PA
LOTEMAX SM GEL 0.38%	Non-Pref	PA
LOTEMAX SUS 0.5%	Non-Pref	PA
<i>loteprednol etabonate ophth gel 0.5%</i>	Non-Pref	PA
<i>loteprednol etabonate ophth susp 0.5%</i>	Non-Pref	PA
MAXIDEX SUS 0.1% OP	Non-Pref	PA
MAXITROL OIN 0.1% OP	Non-Pref	PA
MAXITROL SUS 0.1% OP	Non-Pref	PA
<i>neo-polycin oin hc 1%op</i>	Non-Pref	PA
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Pref	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Pref	
<i>neomycin-polymyxin-hc ophth susp</i>	Non-Pref	PA
PRED FORTE SUS 1% OP	Non-Pref	PA
PRED MILD SUS 0.12% OP	Non-Pref	PA
PRED SOD PHO SOL 1% OP	Non-Pref	PA
<i>prednisolone acetate ophth susp 1%</i>	Pref	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Pref	
TOBRADEX OIN 0.3-0.1%	Pref	
TOBRADEX ST SUS 0.3-0.05	Non-Pref	PA
TOBRADEX SUS 0.3-0.1%	Pref	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Pref	
ZYLET SUS 0.5-0.3%	Non-Pref	PA
<b>OPHTHALMICS - MISC.</b>		
ACULAR LS SOL 0.4%	Non-Pref	PA, QL (2 mL every 1 day)
ACULAR SOL 0.5% OP	Non-Pref	PA, QL (2 mL every 1 day)
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRI SOL 2%	Non-Pref	PA
ALOMIDE SOL 0.1% OP	Non-Pref	PA
<i>azelastine hcl ophth soln 0.05%</i>	Non-Pref	PA
AZOPT SUS 1% OP	Non-Pref	PA
<i>bepotastine besilate ophth soln 1.5%</i>	Non-Pref	PA
BEPREVE DRO 1.5%	Non-Pref	PA
<i>brinzolamide ophth susp 1%</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non-Pref	PA
BROMSITE DRO 0.075%	Non-Pref	PA
<i>cromolyn sodium ophth soln 4%</i>	Pref	
CYSTADROPS SOL 0.37%	Non-Pref	PA
CYSTARAN SOL 0.44%	Pref	PA
<i>diclofenac sodium ophth soln 0.1%</i>	Pref	
<i>dorzolamide hcl ophth soln 2%</i>	Pref	
<i>epinastine hcl ophth soln 0.05%</i>	Non-Pref	PA
<i>flurbiprofen sodium ophth soln 0.03%</i>	Pref	
ILEVRO DRO 0.3% OP	Pref	
<i>ketorolac tromethamine ophth soln 0.4%</i>	Pref	QL (2 mL every 1 day)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	QL (2 mL every 1 day)
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Pref	OTC
NEVANAC SUS 0.1% OP	Non-Pref	PA
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Non-Pref	PA
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Non-Pref	PA
PROLENSA SOL 0.07%	Non-Pref	PA
TRUSOPT SOL 2% OP	Non-Pref	PA
ZERVIAE DRO 0.24%	Non-Pref	PA

### **PROSTAGLANDINS - OPHTHALMIC**

<i>bimatoprost ophth soln 0.03%</i>	Non-Pref	PA
<i>latanoprost ophth soln 0.005%</i>	Pref	QL (5 mL every 25 days)
LUMIGAN SOL 0.01%	Non-Pref	PA
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Non-Pref	PA, QL (5 mL every 25 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	Non-Pref	PA, QL (5 mL every 25 days)
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA, QL (5 mL every 25 days)
XELPROS EMU 0.005%	Non-Pref	PA
ZIOPTAN DRO 0.0015%	Non-Pref	PA

### **OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR**

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

<i>acetic acid otic soln 2%</i>	Pref	QL (20 mL every 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sm swimmers dro ear</i>	Pref	OTC

### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non-Pref	PA
<i>ofloxacin otic soln 0.3%</i>	Pref	QL (20 mL every 25 days)

### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	Pref	
CIPRODEX SUS 0.3-0.1%	Pref	
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Pref	
<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i>	Non-Pref	PA
CORTISPORIN SUS -TC OTIC	Non-Pref	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Pref	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Pref	

### **OTIC STEROIDS**

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

### **OXYTOCICS - DRUGS FOR PREGNANCY**

#### **OXYTOCICS - DRUGS FOR PREGNANCY**

<i>methergine tab 0.2mg</i>	Pref	QL (4 tabs every 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (4 tabs every 1 day)

### **PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS**

#### **MONOCLONAL ANTIBODIES**

SYNAGIS INJ 50/0.5ML	Pref	SP, PA
SYNAGIS INJ 50MG	Pref	SP, PA
SYNAGIS INJ 100MG/ML	Pref	SP, PA

### **PENICILLINS - DRUGS TO TREAT INFECTIONS**

#### **AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Pref	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	QL (8 caps every 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	QL (6 tabs every 1 day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Pref	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	QL (5 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	QL (4 tabs every 1 day)
<i>ampicillin sodium for inj 1 gm</i>	Pref	
<i>ampicillin sodium for inj 2 gm</i>	Pref	
<i>ampicillin sodium for inj 125 mg</i>	Pref	
<i>ampicillin sodium for inj 250 mg</i>	Pref	
<i>ampicillin sodium for inj 500 mg</i>	Pref	
<i>ampicillin sodium for iv soln 1 gm</i>	Pref	
<i>ampicillin sodium for iv soln 2 gm</i>	Pref	
<i>ampicillin sodium for iv soln 10 gm</i>	Pref	

### **NATURAL PENICILLINS**

<i>BICILLIN L-A INJ 600000</i>	Pref	PA
<i>BICILLIN L-A INJ 1200000</i>	Pref	PA
<i>BICILLIN L-A INJ 2400000</i>	Pref	PA
<i>PEN G PROC INJ 600000</i>	Pref	PA
<i>PEN GK/DEXTR INJ 20000/ML</i>	Pref	PA
<i>PEN GK/DEXTR INJ 40000/ML</i>	Pref	PA
<i>PEN GK/DEXTR INJ 60000/ML</i>	Pref	PA
<i>penicillin g potassium for inj 5000000 unit</i>	Pref	PA
<i>penicillin g potassium for inj 20000000 unit</i>	Pref	PA
<i>penicillin g sodium for inj 5000000 unit</i>	Pref	PA
<i>penicillin v potassium for soln 125 mg/5ml</i>	Pref	QL (40 mL every 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	QL (40 mL every 1 day)
<i>penicillin v potassium tab 250 mg</i>	Pref	QL (8 tabs every 1 day)
<i>penicillin v potassium tab 500 mg</i>	Pref	QL (8 tabs every 1 day)
<i>pfizerpen inj 5mu</i>	Non-Pref	PA
<i>pfizerpen inj 20mu</i>	Non-Pref	PA
<i>pfizerpen inj 20000000</i>	Non-Pref	PA

### **PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Non-Pref	PA, QL (3 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Non-Pref	PA, QL (4 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	Pref	
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Pref	QL (3 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Pref	QL (3 tabs every 1 day)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Pref	QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for inj 3 (2-1) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 3 (2-1) gm</i>	Non-Pref	PA
<i>ampicillin &amp; sulbactam sodium for iv soln 15 (10-5) gm</i>	Non-Pref	PA
AUGMENTIN SUS ES-600	Non-Pref	PA
AUGMENTIN TAB 500MG	Non-Pref	PA, QL (3 tabs every 1 day)
BICILLIN C-R INJ 900/300	Pref	PA
BICILLIN C-R INJ 1200000	Pref	PA
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Pref	PA
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Pref	PA
UNASYN INJ 1.5GM	Non-Pref	PA
UNASYN INJ 3GM	Non-Pref	PA
UNASYN INJ 15GM	Non-Pref	PA
ZOSYN SOL 2-0.25GM	Pref	PA
ZOSYN SOL 3-0.375G	Pref	PA
ZOSYN SOL 4-0.50GM	Pref	PA

### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	Pref	QL (8 caps every 1 day)
<i>dicloxacillin sodium cap 500 mg</i>	Pref	QL (6 caps every 1 day)

### **PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING**

#### **LIQUID VEHICLES**

<i>water for injection</i>	Pref	
----------------------------	------	--

### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

#### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

AYGESTIN TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
------------------	----------	----------------------------

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydroxyprogesterone caproate im in oil 250 mg/ml</i>	Pref	PA
MAKENA INJ 250MG/ML	Pref	PA
MAKENA INJ 275MG	Non-Pref	PA
<i>medroxyprogesterone acetate tab 2.5 mg</i>	Pref	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	QL (2 tabs every 1 day)
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	QL (2 tabs every 1 day)
<i>megestrol acetate susp 625 mg/5ml</i>	Pref	
<i>norethindrone acetate tab 5 mg</i>	Pref	QL (1 tab every 1 day)
<i>progesterone cap 100 mg</i>	Pref	QL (1 cap every 1 day)
<i>progesterone cap 200 mg</i>	Pref	QL (2 caps every 1 day)
<i>progesterone im in oil 50 mg/ml</i>	Pref	
PROMETRIUM CAP 100MG	Non-Pref	PA, QL (1 cap every 1 day)
PROMETRIUM CAP 200MG	Non-Pref	PA, QL (2 caps every 1 day)
PROVERA TAB 2.5MG	Non-Pref	PA, QL (2 tabs every 1 day)
PROVERA TAB 5MG	Non-Pref	PA, QL (2 tabs every 1 day)
PROVERA TAB 10MG	Non-Pref	PA, QL (2 tabs every 1 day)

## **PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS**

### **AGENTS FOR CHEMICAL DEPENDENCY**

<i>acamprosate calcium tab delayed release 333 mg</i>	Pref	
<i>disulfiram tab 250 mg</i>	Pref	
<i>disulfiram tab 500 mg</i>	Pref	
LUCEMYRA TAB 0.18MG	Non-Pref	PA

### **ANTI-CATAPLECTIC AGENTS**

SOD OXYBATE SOL 500MG/ML	Non-Pref	PA
XYREM SOL 500MG/ML	Non-Pref	PA
XYWAV SOL 0.5GM/ML	Non-Pref	PA

### **ANTIDEMENTIA AGENTS**

ADLARITY DIS 5MG/DAY	Non-Pref	PA
ADLARITY DIS 10MG/DAY	Non-Pref	PA
ARICEPT TAB 5MG	Non-Pref	PA, QL (3 tabs every 1 day)
ARICEPT TAB 10MG	Non-Pref	PA, QL (2 tabs every 1 day)
ARICEPT TAB 23MG	Non-Pref	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>donepezil hydrochloride tab 5 mg</i>	Pref	QL (3 tabs every 1 day)
<i>donepezil hydrochloride tab 10 mg</i>	Pref	QL (2 tabs every 1 day)
<i>donepezil hydrochloride tab 23 mg</i>	Non-Pref	PA
EXELON DIS 4.6MG/24	Pref	
EXELON DIS 9.5MG/24	Pref	
EXELON DIS 13.3/24	Pref	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non-Pref	PA
<i>galantamine hydrobromide tab 12 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 7 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 14 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 21 mg</i>	Non-Pref	PA
<i>memantine hcl cap er 24hr 28 mg</i>	Non-Pref	PA
<i>memantine hcl oral solution 2 mg/ml</i>	Non-Pref	PA
<i>memantine hcl tab 5 mg</i>	Pref	
<i>memantine hcl tab 10 mg</i>	Pref	
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	Pref	
NAMENDA TAB 5-10MG	Non-Pref	PA
NAMENDA TAB 5MG	Non-Pref	PA
NAMENDA TAB 10MG	Non-Pref	PA
NAMENDA XR CAP 7MG	Non-Pref	PA
NAMENDA XR CAP 14MG	Non-Pref	PA
NAMENDA XR CAP 21MG	Non-Pref	PA
NAMENDA XR CAP 28MG	Non-Pref	PA
NAMZARIC CAP	Non-Pref	PA
NAMZARIC CAP 7-10MG	Non-Pref	PA
NAMZARIC CAP 14-10MG	Non-Pref	PA
NAMZARIC CAP 21-10MG	Non-Pref	PA
NAMZARIC CAP 28-10MG	Non-Pref	PA
RAZADYNE ER CAP 8MG	Non-Pref	PA
RAZADYNE ER CAP 16MG	Non-Pref	PA
RAZADYNE ER CAP 24MG	Non-Pref	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non-Pref	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Pref	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Pref	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Pref	

### **COMBINATION PSYCHOTHERAPEUTICS**

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Non-Pref	PA
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Non-Pref	PA
LYBALVI TAB 5-10MG	Pref	PA
LYBALVI TAB 10-10MG	Pref	PA
LYBALVI TAB 15-10MG	Pref	PA
LYBALVI TAB 20-10MG	Pref	PA
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non-Pref	PA; AGE*
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non-Pref	PA; AGE*
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Pref	AGE*; DS
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Pref	AGE*; DS
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE*
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE*

### **FIBROMYALGIA AGENTS**

SAVELLA MIS TITR PAK	Non-Pref	PA
SAVELLA TAB 12.5MG	Non-Pref	PA
SAVELLA TAB 25MG	Non-Pref	PA
SAVELLA TAB 50MG	Non-Pref	PA
SAVELLA TAB 100MG	Non-Pref	PA

### **MOVEMENT DISORDER DRUG THERAPY**

AUSTEDO TAB 6MG	Pref	SP, PA
AUSTEDO TAB 9MG	Pref	SP, PA
AUSTEDO TAB 12MG	Pref	SP, PA
INGREZZA CAP 40-80MG	Non-Pref	PA
INGREZZA CAP 40MG	Non-Pref	PA
INGREZZA CAP 60MG	Non-Pref	PA
INGREZZA CAP 80MG	Non-Pref	PA
<i>tetrabenazine tab 12.5 mg</i>	Pref	SP

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tetrabenazine tab 25 mg</i>	Pref	SP
XENAZINE TAB 12.5MG	Non-Pref	SP, PA
XENAZINE TAB 25MG	Non-Pref	SP, PA

### **MULTIPLE SCLEROSIS AGENTS**

AMPYRA TAB 10MG	Non-Pref	SP, PA
AUBAGIO TAB 7MG	Non-Pref	SP, PA
AUBAGIO TAB 14MG	Non-Pref	SP, PA
AVONEX PEN KIT 30MCG	Non-Pref	SP, QL (1 box every 25 days)
AVONEX PREFL KIT 30MCG	Non-Pref	SP, QL (1 box every 25 days)
BAFIERTAM CAP 95MG	Non-Pref	SP, PA
BETASERON INJ 0.3MG	Pref	SP, QL (15 injections every 25 days)
BRIUMVI INJ 150/6ML	Non-Pref	PA
COPAXONE INJ 20MG/ML	Pref	SP, QL (30 injections every 25 days)
COPAXONE INJ 40MG/ML	Pref	SP, QL (12 injections every 25 days)
<i>dalfampridine tab er 12hr 10 mg</i>	Non-Pref	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg</i>	Pref	SP, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Pref	SP, QL (1 kit every 25 days)
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA, QL (15 injections every 25 days)
<i>fingolimod hcl cap 0.5 mg (base equiv)</i>	Non-Pref	PA, QL (1 cap every 1 day)
GILENYA CAP 0.5MG	Non-Pref	PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Non-Pref	SP, PA, QL (30 injections every 25 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA, QL (12 injections every 25 days)
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA, QL (30 injections every 25 days)
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA, QL (12 injections every 25 days)
KESIMPTA INJ 20/.4ML	Pref	PA
LEMTRADA INJ 12/1.2ML	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(4)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(5)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(6)	Non-Pref	SP, PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAVENCLAD PAK 10MG(7)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(8)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(9)	Non-Pref	SP, PA
MAVENCLAD PAK 10MG(10)	Non-Pref	SP, PA
MAYZENT PAK STARTER	Non-Pref	PA
MAYZENT PAK STARTER	Non-Pref	SP, PA
MAYZENT TAB 0.25MG	Non-Pref	SP, PA
MAYZENT TAB 1MG	Non-Pref	PA
MAYZENT TAB 2MG	Non-Pref	SP, PA
OCREVUS INJ 300/10ML	Non-Pref	SP, PA
PLEGRIDY INJ	Non-Pref	SP, PA
PLEGRIDY INJ PEN	Non-Pref	SP, PA
PLEGRIDY INJ STARTER	Non-Pref	SP, PA
PLEGRIDY PEN INJ STARTER	Non-Pref	SP, PA
PONVORY TAB 20MG	Non-Pref	SP, PA
PONVORY TAB STARTER	Non-Pref	SP, PA
REBIF INJ 22/0.5	Non-Pref	SP, PA, QL (12 injections every 25 days)
REBIF INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections every 25 days)
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA, QL (12 injections every 25 days)
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections every 25 days)
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA, QL (4.2 mL every 25 days)
REBIF TITRTN INJ PACK	Non-Pref	SP, PA, QL (4.2 mL every 25 days)
TASCENSO ODT TAB 0.5MG	Non-Pref	PA
TASCENSO ODT TAB 0.25MG	Non-Pref	PA
TECFIDERA CAP 120MG	Non-Pref	SP, PA, QL (2 caps every 1 day)
TECFIDERA CAP 240MG	Non-Pref	SP, PA, QL (2 caps every 1 day)
TECFIDERA MIS STARTER	Non-Pref	SP, PA, QL (1 kit every 25 days)
TYSABRI INJ 300/15ML	Non-Pref	SP, PA
VUMERITY CAP 231MG	Non-Pref	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non-Pref	SP, PA
ZEPOSIA CAP .92MG	Non-Pref	SP, PA
ZEPOSIA CAP STR KIT	Non-Pref	SP, PA
<b>POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS</b>		
GRALISE TAB 300MG	Non-Pref	PA
GRALISE TAB 600MG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CR TAB 82.5MG	Non-Pref	PA
LYRICA CR TAB 165MG	Non-Pref	PA
LYRICA CR TAB 330MG	Non-Pref	PA
<i>pregabalin tab er 24hr 82.5 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 165 mg</i>	Non-Pref	PA
<i>pregabalin tab er 24hr 330 mg</i>	Non-Pref	PA
<b>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</b>		
<i>fluoxetine hcl (pmdd) tab 10 mg</i>	Non-Pref	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non-Pref	PA
<b>PSEUDOBULBAR AFFECT (PBA) AGENTS</b>		
NUEDEXTA CAP 20-10MG	Non-Pref	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b>		
<i>ergoloid mesylates tab 1 mg</i>	Pref	
<i>pimozide tab 1 mg</i>	Pref	
<i>pimozide tab 2 mg</i>	Pref	
<b>RESTLESS LEG SYNDROME (RLS) AGENTS</b>		
HORIZANT TAB 300MG ER	Non-Pref	PA
HORIZANT TAB 600MG ER	Non-Pref	PA
<b>SMOKING DETERRENTS</b>		
APO-VARENICL TAB 0.5MG	Pref	
APO-VARENICL TAB 1MG	Pref	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Pref	
<i>nicotine polacrilex gum 2 mg</i>	Pref	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (8 pieces every 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (8 lozgs every 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (8 lozgs every 1 day), OTC
NICOTINE SYS KIT TRANSDER	Non-Pref	PA, OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	QL (1 patch every 1 day), OTC
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Pref	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>varenicline tartrate tab 11 x 0.5 mg &amp; 42 x 1 mg start pack</i>	Pref	

### **VASOMOTOR SYMPTOM AGENTS**

<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Non-Pref	PA
--	----------	----

### **RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS**

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

ARALAST NP INJ 500MG	Pref	SP, PA
ARALAST NP INJ 1000MG	Pref	SP, PA
GLASSIA INJ	Pref	SP, PA
PROLASTIN-C INJ 1000MG	Pref	PA
PROLASTIN-C INJ 1000MG	Pref	SP, PA
ZEMAIRA INJ 1000MG	Pref	SP, PA

#### **CYSTIC FIBROSIS AGENTS**

BRONCHITOL CAP 40MG	Pref	PA
BRONCHITOL CAP TOL TEST	Pref	PA
KALYDECO PAK 25MG	Pref	PA
KALYDECO PAK 50MG	Pref	PA
KALYDECO PAK 75MG	Pref	PA
KALYDECO TAB 150MG	Pref	PA
ORKAMBI GRA 75-94MG	Pref	PA
ORKAMBI GRA 100-125	Pref	PA
ORKAMBI GRA 150-188	Pref	PA
ORKAMBI TAB 100-125	Pref	PA
ORKAMBI TAB 200-125	Pref	PA
PULMOZYME SOL 1MG/ML	Pref	SP, PA, QL (2.5 mL every 1 day)
SYMDEKO TAB 50-75MG	Pref	PA
SYMDEKO TAB 100-150	Pref	PA
TRIKAFTA TAB	Pref	PA

#### **PULMONARY FIBROSIS AGENTS**

ESBRIET CAP 267MG	Pref	SP, PA
ESBRIET TAB 267MG	Non-Pref	PA
ESBRIET TAB 801MG	Non-Pref	PA
OFEV CAP 100MG	Pref	SP, PA
OFEV CAP 150MG	Pref	SP, PA
<i>pirfenidone cap 267 mg</i>	Pref	SP, PA
<i>pirfenidone tab 267 mg</i>	Pref	PA
<i>pirfenidone tab 534 mg</i>	Pref	PA
<i>pirfenidone tab 801 mg</i>	Pref	PA

### **SULFONAMIDES - DRUGS TO TREAT INFECTIONS**

#### **SULFONAMIDES - DRUGS TO TREAT INFECTIONS**

<i>sulfadiazine tab 500 mg</i>	Pref	
--------------------------------	------	--

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



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

**TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

**AMINOMETHYLCYCLINES**

NUZYRA INJ 100MG	Pref	PA
NUZYRA TAB 150MG	Non-Pref	PA

**FLUOROCYCLINES**

XERAHA INJ 50MG	Pref	PA
XERAHA INJ 100MG	Pref	PA

**GLYCYLCYCLINES**

<i>tigecycline for iv soln 50 mg</i>	Pref	PA
TIGECYCLINE INJ 50MG	Pref	PA
TYGACIL INJ 50MG	Non-Pref	PA

**TETRACYCLINES - DRUGS TO TREAT INFECTIONS**

<i>demeclocycline hcl tab 150 mg</i>	Non-Pref	PA
<i>demeclocycline hcl tab 300 mg</i>	Non-Pref	PA
DORYX MPC TAB 60MG	Non-Pref	PA
DORYX MPC TAB 120MG	Non-Pref	PA
DORYX TAB 50MG	Non-Pref	PA
DORYX TAB 80MG	Non-Pref	PA
DORYX TAB 200MG	Non-Pref	PA
<i>doxy 100 inj 100mg</i>	Pref	PA
<i>doxycycline hyclate cap 50 mg</i>	Pref	QL (4 caps every 1 day)
<i>doxycycline hyclate cap 100 mg</i>	Pref	QL (4 caps every 1 day)
<i>doxycycline hyclate for inj 100 mg</i>	Pref	PA
<i>doxycycline hyclate tab 20 mg</i>	Pref	QL (2 tabs every 1 day)
<i>doxycycline hyclate tab 50 mg</i>	Pref	
<i>doxycycline hyclate tab 75 mg</i>	Pref	
<i>doxycycline hyclate tab 100 mg</i>	Pref	QL (2 tabs every 1 day)
<i>doxycycline hyclate tab 150 mg</i>	Pref	
<i>doxycycline hyclate tab delayed release 50 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 75 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 80 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 100 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 150 mg</i>	Non-Pref	PA
<i>doxycycline hyclate tab delayed release 200 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate cap 50 mg</i>	Pref	QL (3 caps every 1 day)
<i>doxycycline monohydrate cap 75 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate cap 100 mg</i>	Pref	QL (3 caps every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate cap 150 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate for susp 25 mg/5ml</i>	Non-Pref	PA
<i>doxycycline monohydrate tab 50 mg</i>	Pref	QL (3 tabs every 1 day)
<i>doxycycline monohydrate tab 75 mg</i>	Pref	
<i>doxycycline monohydrate tab 100 mg</i>	Pref	QL (3 tabs every 1 day)
<i>doxycycline monohydrate tab 150 mg</i>	Pref	
MINOCIN INJ 100MG	Pref	PA
<i>minocycline hcl cap 50 mg</i>	Pref	QL (2 caps every 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps every 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps every 1 day)
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	Non-Pref	PA
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	Non-Pref	PA
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	Non-Pref	PA
<i>minocycline hcl tab 50 mg</i>	Non-Pref	PA
<i>minocycline hcl tab 75 mg</i>	Non-Pref	PA
<i>minocycline hcl tab 100 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 45 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 55 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 65 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 80 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 105 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 115 mg</i>	Non-Pref	PA
<i>minocycline hcl tab er 24hr 135 mg</i>	Non-Pref	PA
MINOLIRA TAB 105MG	Non-Pref	PA
MINOLIRA TAB 135MG	Non-Pref	PA
SOLODYN TAB 55MG	Non-Pref	PA
SOLODYN TAB 65MG	Non-Pref	PA
SOLODYN TAB 80MG	Non-Pref	PA
SOLODYN TAB 105MG	Non-Pref	PA
SOLODYN TAB 115MG	Non-Pref	PA
<i>targadox tab 50mg</i>	Pref	
<i>tetracycline hcl cap 250 mg</i>	Non-Pref	PA, QL (6 caps every 1 day)
<i>tetracycline hcl cap 500 mg</i>	Non-Pref	PA, QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	Non-Pref	PA, QL (4 caps every 1 day)
VIBRAMYCIN SUS 25MG/5ML	Non-Pref	PA
XIMINO CAP 45MG ER	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XIMINO CAP 90MG ER	Non-Pref	PA
XIMINO CAP 135MG ER	Non-Pref	PA

## **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	Pref	QL (6 tabs every 1 day)
<i>methimazole tab 10 mg</i>	Pref	QL (6 tabs every 1 day)
<i>propylthiouracil tab 50 mg</i>	Pref	QL (20 tabs every 1 day)

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 30MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 60MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 90MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 120MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 180MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 240MG	Pref	QL (1 tab every 1 day)
ARMOUR THYRO TAB 300MG	Pref	QL (1 tab every 1 day)
CYTOMEL TAB 5MCG	Non-Pref	PA
CYTOMEL TAB 25MCG	Non-Pref	PA
CYTOMEL TAB 50MCG	Non-Pref	PA
ERMEZA SOL 150/5ML	Non-Pref	PA
<i>levothyroxine sodium cap 13 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 25 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 50 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 75 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 88 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 100 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 112 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 125 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 137 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 150 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 175 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium cap 200 mcg</i>	Non-Pref	PA
<i>levothyroxine sodium tab 25 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 50 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 75 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 88 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 100 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 112 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 125 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 137 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 150 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 175 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>levothyroxine sodium tab 200 mcg</i>	Pref	QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levothyroxine sodium tab 300 mcg</i>	Pref	QL (2 tabs every 1 day)
<i>liothyronine sodium tab 5 mcg</i>	Pref	
<i>liothyronine sodium tab 25 mcg</i>	Pref	
<i>liothyronine sodium tab 50 mcg</i>	Pref	
<i>np thyroid tab 15mg</i>	Pref	QL (1 tab every 1 day)
<i>np thyroid tab 30mg</i>	Pref	QL (1 tab every 1 day)
<i>np thyroid tab 60mg</i>	Pref	QL (1 tab every 1 day)
<i>np thyroid tab 90mg</i>	Pref	QL (1 tab every 1 day)
<i>np thyroid tab 120mg</i>	Pref	QL (1 tab every 1 day)
SYNTHROID TAB 25MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 50MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 75MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 88MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 100MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 112MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 125MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 137MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 150MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 175MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 200MCG	Non-Pref	PA, QL (2 tabs every 1 day)
SYNTHROID TAB 300MCG	Non-Pref	PA, QL (2 tabs every 1 day)
THYQUIDITY SOL 100MCG	Non-Pref	PA
TIROSINT CAP 13MCG	Non-Pref	PA
TIROSINT CAP 25MCG	Non-Pref	PA
TIROSINT CAP 50MCG	Non-Pref	PA
TIROSINT CAP 75MCG	Non-Pref	PA
TIROSINT CAP 88MCG	Non-Pref	PA
TIROSINT CAP 100MCG	Non-Pref	PA
TIROSINT CAP 112MCG	Non-Pref	PA
TIROSINT CAP 125MCG	Non-Pref	PA
TIROSINT CAP 137MCG	Non-Pref	PA
TIROSINT CAP 150MCG	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
TIROSINT CAP 175MCG	Non-Pref	PA
TIROSINT CAP 200	Non-Pref	PA
TIROSINT-SOL SOL 13MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 25MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 37.5/ML	Non-Pref	PA
TIROSINT-SOL SOL 44MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 50MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 62.5/ML	Non-Pref	PA
TIROSINT-SOL SOL 75MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 88MCG/ML	Non-Pref	PA
TIROSINT-SOL SOL 100MCG	Non-Pref	PA
TIROSINT-SOL SOL 112MCG	Non-Pref	PA
TIROSINT-SOL SOL 125MCG	Non-Pref	PA
TIROSINT-SOL SOL 137MCG	Non-Pref	PA
TIROSINT-SOL SOL 150MCG	Non-Pref	PA
TIROSINT-SOL SOL 175MCG	Non-Pref	PA
TIROSINT-SOL SOL 200MCG	Non-Pref	PA

## TOXOIDS - DRUGS TO PREVENT INFECTIONS

### TOXOID COMBINATIONS

ADACEL INJ	Pref	AGE (Min 19)
BOOSTRIX INJ	Pref	AGE (Min 19)
TDVAX INJ 2-2 LF	Pref	AGE (Min 19)
TENIVAC INJ 5-2LF	Pref	AGE (Min 19)
TET/DIP TOX INJ 2-2 LF	Pref	AGE (Min 19)

## ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

### ANTISPASMODICS

ANASPAZ TAB 0.125MG	Non-Pref	PA, QL (12 tabs every 1 day)
BELLA/OPIUM SUP 16.2-60	Non-Pref	PA
BENTYL INJ 10MG/ML	Non-Pref	PA
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	Non-Pref	PA
CUVPOSA SOL 1MG/5ML	Non-Pref	PA
DARTISLA ODT TAB 1.7MG	Non-Pref	PA
<i>dicyclomine hcl cap 10 mg</i>	Pref	QL (4 caps every 1 day)
<i>dicyclomine hcl inj 10 mg/ml</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	QL (80 mL every 1 day)
<i>dicyclomine hcl tab 20 mg</i>	Pref	QL (8 tabs every 1 day)
GLYCATE TAB 1.5MG	Non-Pref	PA
<i>glycopyrrolate inj 0.2 mg/ml</i>	Pref	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	Pref	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	Pref	

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	Pref	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Pref	PA
<i>glycopyrrolate tab 1 mg</i>	Pref	
<i>glycopyrrolate tab 2 mg</i>	Pref	
GLYRX-PF SOL 0.2MG/ML	Non-Pref	PA
GLYRX-PF SOL 0.4/2	Non-Pref	PA
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Pref	QL (60 mL every 1 day)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Pref	QL (12 tabs every 1 day)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Pref	QL (60 mL every 1 day)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Pref	QL (12 tabs every 1 day)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Pref	QL (12 tabs every 1 day)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Pref	QL (4 tabs every 1 day)
LEVBID TAB 0.375 ER	Non-Pref	PA, QL (4 tabs every 1 day)
LEVSIN INJ 0.5MG/ML	Non-Pref	PA
LEVSIN TAB 0.125MG	Non-Pref	PA, QL (12 tabs every 1 day)
LEVSIN/SL SUB 0.125MG	Non-Pref	PA, QL (12 tabs every 1 day)
LIBRAX CAP 5-2.5MG	Non-Pref	PA
<i>methscopolamine bromide tab 2.5 mg</i>	Pref	
<i>methscopolamine bromide tab 5 mg</i>	Pref	
<i>oscimin tab 0.125mg</i>	Pref	QL (12 tabs every 1 day)
ROBINUL FORT TAB 2MG	Non-Pref	PA
ROBINUL TAB 1MG	Non-Pref	PA
<b>H-2 ANTAGONISTS</b>		
<i>cimetidine hcl soln 300 mg/5ml</i>	Non-Pref	PA
<i>cimetidine tab 300 mg</i>	Non-Pref	PA
<i>cimetidine tab 400 mg</i>	Non-Pref	PA
<i>cimetidine tab 800 mg</i>	Non-Pref	PA
<i>famotidine for susp 40 mg/5ml</i>	Pref	QL (10 mL every 1 day)
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Non-Pref	PA
<i>famotidine inj 40 mg/4ml</i>	Non-Pref	PA
<i>famotidine inj 200 mg/20ml</i>	Non-Pref	PA
<i>famotidine preservative free inj 20 mg/2ml</i>	Non-Pref	PA
<i>famotidine tab 10 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs every 1 day)
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs every 1 day), OTC
<i>famotidine tab 40 mg</i>	Pref	QL (2 tabs every 1 day)
PEPCID TAB 20MG	Non-Pref	PA, QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEPCID TAB 40MG	Non-Pref	PA, QL (2 tabs every 1 day)

### **MISC. ANTI-ULCER**

CARAFATE SUS 1GM/10ML	Pref	QL (40 mL every 1 day)
CARAFATE TAB 1GM	Non-Pref	PA, QL (4 tabs every 1 day)
<i>sucralfate susp 1 gm/10ml</i>	Pref	QL (40 mL every 1 day)
<i>sucralfate tab 1 gm</i>	Pref	QL (4 tabs every 1 day)

### **PROTON PUMP INHIBITORS**

ACIPHEX TAB 20MG	Non-Pref	PA
DEXILANT CAP 30MG DR	Non-Pref	PA
DEXILANT CAP 60MG DR	Non-Pref	PA
<i>dexlansoprazole cap delayed release 30 mg</i>	Non-Pref	PA
<i>dexlansoprazole cap delayed release 60 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	Max 60 DS every 365 days
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Pref	OTC; Max 60 DS every 365 days
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Non-Pref	PA
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Non-Pref	PA
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA
<i>lansoprazole cap delayed release 15 mg</i>	Non-Pref	PA, OTC
<i>lansoprazole cap delayed release 30 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i>	Non-Pref	PA
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i>	Non-Pref	PA
NEXIUM 24HR CAP 20MG	Pref	OTC; EA; Max 60 DS every 365 days
NEXIUM CAP 20MG	Non-Pref	PA
NEXIUM CAP 40MG	Non-Pref	PA
NEXIUM GRA 2.5MG DR	Non-Pref	PA
NEXIUM GRA 5MG DR	Non-Pref	PA
NEXIUM GRA 10MG DR	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEXIUM GRA 20MG DR	Non-Pref	PA
NEXIUM GRA 40MG DR	Non-Pref	PA
NEXIUM I.V. INJ 40MG	Pref	PA
OMEPRAZOLE + SUS SYRSPEND	Non-Pref	PA
<i>omeprazole cap delayed release 10 mg</i>	Non-Pref	PA
<i>omeprazole cap delayed release 20 mg</i>	Pref	Max 60 DS every 365 days
<i>omeprazole cap delayed release 20 mg</i>	Pref	OTC; Max 60 DS every 365 days
<i>omeprazole cap delayed release 40 mg</i>	Pref	Max 60 DS every 365 days
<i>omeprazole delayed release tab 20 mg</i>	Pref	OTC; EA; Max 60 DS every 365 days
<i>omeprazole tab 20mg</i>	Pref	OTC; EA; Max 60 DS every 365 days
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Pref	EA; Max 60 DS every 365 days
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Pref	EA; Max 60 DS every 365 days
<i>pantoprazole sodium for delayed release susp packet 40 mg</i>	Non-Pref	PA
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Pref	PA
PREVACID 24H CAP 15MG DR	Non-Pref	PA, OTC
PREVACID CAP 30MG DR	Non-Pref	PA
PREVACID TAB 15MG STB	Non-Pref	PA
PREVACID TAB 30MG STB	Non-Pref	PA
PRILOSEC POW 2.5MG	Non-Pref	PA
PRILOSEC POW 10MG	Non-Pref	PA
PROTONIX INJ 40MG	Pref	PA
PROTONIX PAK 40MG	Pref	Max 60 DS every 365 days
PROTONIX TAB 20MG	Non-Pref	PA
PROTONIX TAB 40MG	Non-Pref	PA
<i>qc omepraza tab 20mg</i>	Pref	OTC; EA; Max 60 DS every 365 days
<i>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA
<i>sm omepraza tab 20mg</i>	Pref	OTC; EA; Max 60 DS every 365 days
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC TAB 100MCG	Non-Pref	PA, QL (4 tabs every 1 day)
CYTOTEC TAB 200MCG	Non-Pref	PA, QL (4 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>misoprostol tab 100 mcg</i>	Pref	QL (4 tabs every 1 day)
<i>misoprostol tab 200 mcg</i>	Pref	QL (4 tabs every 1 day)

### **ULCER THERAPY COMBINATIONS**

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Non-Pref	PA
HELIDAC MIS THERAPY	Pref	
OMECLAMOX- MIS PAK	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg</i>	Non-Pref	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg</i>	Non-Pref	PA
PYLERA CAP	Pref	
TALICIA CAP	Non-Pref	PA
ZEGERID CAP 20-1100	Non-Pref	PA
ZEGERID CAP 40-1100	Non-Pref	PA
ZEGERID POW 20-1680	Non-Pref	PA
ZEGERID POW 40-1680	Non-Pref	PA

### **URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE**

#### **URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)**

<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Non-Pref	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Non-Pref	PA
DETROL LA CAP 2MG	Non-Pref	PA
DETROL LA CAP 4MG	Non-Pref	PA
DETROL TAB 1MG	Non-Pref	PA
DETROL TAB 2MG	Non-Pref	PA
DITROPAN XL TAB 5MG	Non-Pref	PA, QL (1 tab every 1 day)
DITROPAN XL TAB 10MG	Non-Pref	PA, QL (1 tab every 1 day)
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Pref	QL (1 tab every 1 day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Pref	QL (1 tab every 1 day)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	QL (20 mL every 1 day)
<i>oxybutynin chloride tab 5 mg</i>	Pref	QL (3 tabs every 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	QL (1 tab every 1 day)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	QL (1 tab every 1 day)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	QL (2 tabs every 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXYBUTYNIN SOL 5MG/5ML	Non-Pref	PA
OXYTROL DIS 3.9MG/24	Non-Pref	PA
<i>solifenacin succinate tab 5 mg</i>	Pref	
<i>solifenacin succinate tab 10 mg</i>	Pref	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Non-Pref	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 1 mg</i>	Non-Pref	PA
<i>tolterodine tartrate tab 2 mg</i>	Non-Pref	PA
TOVIAZ TAB 4MG	Pref	QL (1 tab every 1 day)
TOVIAZ TAB 8MG	Pref	QL (1 tab every 1 day)
<i>trospium chloride cap er 24hr 60 mg</i>	Non-Pref	PA
<i>trospium chloride tab 20 mg</i>	Non-Pref	PA
VESICARE LS SUS 5MG/5ML	Non-Pref	PA
VESICARE TAB 5MG	Non-Pref	PA
VESICARE TAB 10MG	Non-Pref	PA

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

GEMTESA TAB 75MG	Non-Pref	PA
MYRBETRIQ SUS 8MG/ML	Non-Pref	PA
MYRBETRIQ TAB 25MG	Non-Pref	PA
MYRBETRIQ TAB 50MG	Non-Pref	PA

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

<i>bethanechol chloride tab 5 mg</i>	Pref	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 10 mg</i>	Pref	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 25 mg</i>	Pref	QL (4 tabs every 1 day)
<i>bethanechol chloride tab 50 mg</i>	Pref	QL (4 tabs every 1 day)

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

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA
---------------------------------	----------	----

## **VACCINES - DRUGS TO PREVENT INFECTIONS**

### **BACTERIAL VACCINES**

PNEUMOVAX 23 INJ 25/0.5	Pref	AGE (Min 19); 2 fills max
PREVNAR 13 INJ	Pref	AGE (Min 19); 1 fill max
VAXNEUVANCE INJ	Pref	AGE (Min 19)

### **VIRAL VACCINES**

AFLURIA QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
ENGERIX-B INJ 10/0.5ML	Pref	AGE (Min 19); 3 fills / lifetime
ENGERIX-B INJ 20MCG/ML	Pref	AGE (Min 19); 3 fills / lifetime
FLUAD QUADRI INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
FLUARIX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLUBLOK QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
FLUCLVX QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
FLULAVAL QUA INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
FLUMIST QUAD SUS 2022-23	Pref	AGE (Min 19, Max 49); 1 fill / 180 days
FLUZONE HD INJ 2022-23	Pref	AGE (Min 65); 1 fill / 180 days
FLUZONE QUAD INJ 2022-23	Pref	AGE (Min 19); 1 fill / 180 days
GARDASIL 9 INJ	Pref	AGE (Min 19, Max 26); 3 fills / lifetime
HAVRIX INJ 720UNIT	Pref	AGE (Min 19); 2 fills / lifetime
HAVRIX INJ 1440UNIT	Pref	AGE (Min 19); 2 fills / lifetime
HEPLISAV-B INJ 20/0.5ML	Pref	AGE (Min 19); 3 fills / lifetime
JANSSEN VACC INJ COVID-19	Pref	
M-M-R II INJ	Pref	AGE (Min 19)
MODERNA VAC INJ COVID-19	Pref	
PFIZER VACC INJ COVID-19	Pref	
RECOMBIVA HB INJ 5MCG/0.5	Pref	AGE (Min 19); 3 fills / lifetime
RECOMBIVA HB INJ 10MCG/ML	Pref	AGE (Min 19); 3 fills / lifetime
SHINGRIX INJ 50/0.5ML	Pref	AGE (Min 50); 2 fills / lifetime
TWINRIX INJ	Pref	AGE (Min 19); 3 fills / lifetime
VAQTA INJ 25/0.5ML	Pref	AGE (Min 19); 2 fills / lifetime
VAQTA INJ 50UNT/ML	Pref	AGE (Min 19); 2 fills / lifetime

## **VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS**

### ***VAGINAL ANTI-INFECTIVES***

CLEOCIN CRE 2% VAG	Non-Pref	PA
CLEOCIN SUP 100MG	Pref	
<i>clindamycin phosphate vaginal cream 2%</i>	Pref	
CLINDESSE CRE 2%	Non-Pref	PA
<i>clotrimazole vaginal cream 1%</i>	Pref	OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clotrimazole vaginal cream 2%</i>	Pref	OTC
GYNAZOLE-1 CRE 2%	Non-Pref	PA
<i>metronidazole vaginal gel 0.75%</i>	Pref	QL (70 gm every 5 days)
<i>miconazole 3 sup 200mg</i>	Pref	
<i>miconazole nitrate vaginal cream 2%</i>	Pref	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Pref	OTC
NUVESSA GEL 1.3%	Pref	
<i>qc clotrimaz cre 1%</i>	Pref	OTC
<i>terconazole vaginal cream 0.4%</i>	Pref	
<i>terconazole vaginal cream 0.8%</i>	Pref	
<i>terconazole vaginal suppos 80 mg</i>	Non-Pref	PA
VANDAZOLE GEL 0.75%	Non-Pref	PA, QL (70 gm every 5 days)
XACIATO GEL 2%	Non-Pref	PA

### **VAGINAL CONTRACEPTIVE - PH MODULATORS**

PHEXXI GEL	Pref	PA
------------	------	----

### **VAGINAL ESTROGENS**

ESTRACE VAG CRE 0.01%	Non-Pref	PA
<i>estradiol vaginal cream 0.1 mg/gm</i>	Pref	
<i>estradiol vaginal tab 10 mcg</i>	Pref	
ESTRING MIS 2MG	Pref	
FEMRING MIS 0.1MG/24	Non-Pref	PA
FEMRING MIS 0.05/24H	Non-Pref	PA
PREMARIN VAG CRE 0.625MG	Pref	
VAGIFEM TAB 10MCG	Non-Pref	PA

### **VAGINAL PROGESTINS**

CRINONE GEL 4% VAG	Non-Pref	PA
CRINONE GEL 8% VAG	Non-Pref	PA

## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ANAPHYLAXIS THERAPY AGENTS**

ADRENALIN INJ 1MG/ML	Non-Pref	PA
ADRENALIN INJ 30/30ML	Non-Pref	PA
AUVI-Q INJ 0.1MG	Non-Pref	PA
AUVI-Q INJ 0.3MG	Non-Pref	PA, QL (2 pens every 25 days)
AUVI-Q INJ 0.15MG	Non-Pref	PA, QL (1 box every 25 days)
<i>epinephrine inj 1 mg/ml (1:1000)</i>	Pref	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Non-Pref	PA

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Pref	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Pref	QL (2 pens every 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Pref	QL (2 pens every 25 days)
EPIPEN 2-PAK INJ 0.3MG	Pref	QL (2 pens every 25 days)
EPIPEN-JR INJ 0.15MG	Pref	QL (2 pens every 25 days)
SYMJEPI INJ 0.3MG	Pref	
SYMJEPI INJ 0.15MG	Pref	

### **NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

<i>droxidopa cap 100 mg</i>	Non-Pref	SP, PA
<i>droxidopa cap 200 mg</i>	Non-Pref	SP, PA
<i>droxidopa cap 300 mg</i>	Non-Pref	SP, PA
NORTHERA CAP 100MG	Non-Pref	SP, PA
NORTHERA CAP 200MG	Non-Pref	SP, PA
NORTHERA CAP 300MG	Non-Pref	SP, PA

### **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

<i>midodrine hcl tab 2.5 mg</i>	Pref	
<i>midodrine hcl tab 5 mg</i>	Pref	
<i>midodrine hcl tab 10 mg</i>	Pref	

### **VITAMINS - DRUGS FOR NUTRITION**

#### **OIL SOLUBLE VITAMINS**

<i>cholecalciferol cap 1000 unit</i>	Pref	QL (5 caps every 1 day), OTC
<i>cholecalciferol cap 10000 unit</i>	Pref	OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Pref	OTC
<i>cholecalciferol tab 1000 unit</i>	Pref	QL (5 tabs every 1 day), OTC
D-VI-SOL LIQ 400UNIT	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	QL (6 caps every 1 day)
<i>phytonadione tab 5 mg</i>	Pref	QL (5 tabs every 1 day)

#### **WATER SOLUBLE VITAMINS**

<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 500 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	QL (4 tabs every 1 day), OTC
<i>thiamine hcl inj 100 mg/ml</i>	Pref	PA
<i>thiamine hcl tab 100 mg</i>	Pref	QL (1 tab every 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
**EA** - Expedited Authorization **MME** - Max Morphine Equivalent of 120 mg **Non-Pref** - Non-Preferred **OTC** - Over the counter **PA** - Prior Authorization **Pref** - Preferred **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

# Index

<b>1</b>	
1 ML SYRINGE MIS 22X1-1/2.....	201
10ML LL SYRG MIS CONTROL.....	197
10ML LL SYRN MIS 20GX1.....	197
10ML LL SYRN MIS 20GX1.5.....	197
10ML LL SYRN MIS 21GX1.....	197
10ML LL SYRN MIS 21GX1.5.....	197
10ML LL SYRN MIS 22GX1.....	197
10ML SYRINGE MIS 22GX1.....	201
10ML SYRINGE MIS CANNULA.....	201
10ML SYRINGE MIS ECC TIP.....	201
10ML SYRINGE MIS LUER LOK.....	201
10ML SYRINGE MIS SLIP TIP.....	201
12ML SYRINGE MIS 18GX1.....	200
12ML SYRINGE MIS 20GX1.5.....	200
12ML SYRINGE MIS 21GX1.....	200
12ML SYRINGE MIS 21GX1.5.....	201
12ML SYRINGE MIS 22GX1.5.....	201
12ML SYRINGE MIS LUER-LOC.....	201
12ML SYRINGE MIS REG LUER.....	201
140ML SYRING MIS CATH TIP.....	200
140ML SYRING MIS LUER-LOC.....	200
140ML SYRING MIS REG TIP.....	200
1ML ALLR SYR MIS 27GX1/2.....	193
1ML SLIP TIP MIS 25GX5/8.....	200
1ML SLIP TIP MIS 26GX3/8.....	200
1ML SYRINGE MIS 25GX1.....	201
1ML SYRINGE MIS 25GX5/8.....	201
1ML SYRINGE MIS 26GX3/8.....	201
1ML SYRINGE MIS 27GX1/2.....	201
1ML SYRINGE MIS 28GX1/2.....	201
1ML SYRINGE MIS LUER LOC.....	201
1ML SYRINGE MIS LUER SLI.....	201
1ML SYRINGE MIS LUER SLP.....	201
1ML TB SYRNG MIS 25GX1.....	202
1ML TB SYRNG MIS 25GX5/8.....	202
1ML TB SYRNG MIS 26GX3/8.....	202
1ML TB SYRNG MIS 26GX5/8.....	202
1ML TB SYRNG MIS 27GX1/2.....	202
1ML TB SYRNG MIS 27GX5/8.....	202
1ML TB SYRNG MIS 28GX1/2.....	202
1ML TB SYRNG MIS LUER LOK.....	202
1ML TB SYRNG MIS REG LUER.....	202
<b>2</b>	
20ML SYRINGE MIS ECC LUER.....	201
20ML SYRINGE MIS LUER-LOK.....	201
20ML SYRINGE MIS REG TIP.....	201
<b>3</b>	
30ML SYRINGE MIS LUER LOC.....	201
3ML LL SYRNG MIS 18GX1.5.....	197
3ML LL SYRNG MIS 20GX1.....	197
3ML LL SYRNG MIS 20GX1.5.....	197
3ML LL SYRNG MIS 20GX3/4.....	197
3ML LL SYRNG MIS 21GX1.....	197
3ML LL SYRNG MIS 21GX1.5.....	197
3ML LL SYRNG MIS 22GX1.5.....	197
3ML LL SYRNG MIS 23GX1.....	197
3ML LL SYRNG MIS 23GX1.5.....	197
3ML LL SYRNG MIS 25GX1.5.....	197
3ML LL SYRNG MIS 25GX5/8.....	197
3ML LL SYRNG MIS 26GX5/8.....	197
3ML LL SYRNG MIS 27GX1.25.....	197
3ML LUER LOC MIS 21GX1.5.....	197
3ML LUER LOC MIS 22GX1.5.....	197
3ML LUER LOC MIS 23GX1.....	197
3ML LUER LOC MIS 23GX1.5.....	197
3ML LUER LOC MIS 25GX1.5.....	197
3ML LUER LOC MIS 25GX5/8.....	197
3ML SYRINGE MIS 18GX1.5.....	200
3ML SYRINGE MIS 19GX1.....	200
3ML SYRINGE MIS 19GX1.5.....	200
3ML SYRINGE MIS 20GX1.....	200
3ML SYRINGE MIS 21GX1.....	200
3ML SYRINGE MIS 23GX1.....	201
3ML SYRINGE MIS 23GX1.5.....	201
3ML SYRINGE MIS 25GX1.25.....	201
3ML SYRINGE MIS 25GX1.5.....	201
3ML SYRINGE MIS 27GX1.25.....	201
<b>5</b>	
5ML LL SYRNG MIS 20GX1.5.....	197
5ML LL SYRNG MIS 22GX1.....	197
5ML SYRINGE MIS 20GX1.....	200
5ML SYRINGE MIS 21GX1.5.....	201
5ML SYRINGE MIS 22GX1.5.....	201
5ML SYRINGE MIS 25GX5/8.....	201
5ML SYRINGES MIS 21GX1.....	202
<b>6</b>	
60ML SYRINGE MIS CATH TIP.....	201
60ML SYRINGE MIS ECC TIP.....	201
60ML SYRINGE MIS LUER LOK.....	201
60ML SYRINGE MIS TOOMEY.....	201
6ML SYRINGE MIS.....	200

6ML SYRINGE MIS 18GX1.....	200
6ML SYRINGE MIS CANNULA .....	201
6ML SYRINGE MIS LUER-LOK.....	201
6ML SYRINGE MIS REG LUER.....	201

**A**

<i>abacavir sulfate soln 20 mg/ml (base equiv)</i> .....	117
<i>abacavir sulfate tab 300 mg (base equiv)</i> .....	117
<i>abacavir sulfate-lamivudine tab 600-300 mg</i> .....	117
ABELCET INJ 5MG/ML .....	78
ABILIFY MAIN INJ 300MG .....	116
ABILIFY MAIN INJ 400MG .....	116
ABILIFY MYCI TAB 10MG MNT .....	116
ABILIFY MYCI TAB 10MG STR .....	116
ABILIFY MYCI TAB 15MG MNT .....	116
ABILIFY MYCI TAB 15MG STR .....	116
ABILIFY MYCI TAB 20MG MNT .....	116
ABILIFY MYCI TAB 20MG STR .....	116
ABILIFY MYCI TAB 2MG MANT.....	116
ABILIFY MYCI TAB 2MG STRT.....	116
ABILIFY MYCI TAB 30MG MNT .....	116
ABILIFY MYCI TAB 30MG STR .....	116
ABILIFY MYCI TAB 5MG MANT.....	116
ABILIFY MYCI TAB 5MG STRT.....	116
ABILIFY TAB 10MG .....	116
ABILIFY TAB 15MG .....	116
ABILIFY TAB 20MG .....	116
ABILIFY TAB 2MG .....	116
ABILIFY TAB 30MG .....	116
ABILIFY TAB 5MG .....	116
<i>abiraterone acetate tab 250 mg</i> .....	99
<i>abiraterone acetate tab 500 mg</i> .....	99
ABSORICA CAP 10MG .....	148
ABSORICA CAP 20MG .....	148
ABSORICA CAP 25MG .....	148
ABSORICA CAP 30MG .....	148
ABSORICA CAP 35MG .....	148
ABSORICA CAP 40MG .....	148
ABSORICA LD CAP 16MG.....	148
ABSORICA LD CAP 24MG.....	148
ABSORICA LD CAP 32MG.....	148
ABSORICA LD CAP 8MG .....	148
<i>acamprosate calcium tab delayed release 333 mg</i> .....	224
ACANYA GEL 1.2-2.5% .....	148

<i>acarbose tab 100 mg</i> .....	66
<i>acarbose tab 25 mg</i> .....	66
<i>acarbose tab 50 mg</i> .....	66
ACCOLATE TAB 10MG .....	44
ACCOLATE TAB 20MG .....	44
ACCULA KIT COV-2 .....	162
ACCUPRIL TAB 10MG .....	85
ACCUPRIL TAB 20MG .....	85
ACCUPRIL TAB 40MG .....	85
ACCUPRIL TAB 5MG.....	85
ACCURETIC TAB 10-12.5.....	90
ACCURETIC TAB 20-12.5.....	90
ACCURETIC TAB 20-25MG .....	90
<i>acebutolol hcl cap 200 mg</i> .....	124
<i>acebutolol hcl cap 400 mg</i> .....	124
<i>acetaminophen chew tab 160 mg</i> ....	26
<i>acetaminophen chew tab 80 mg</i> .....	26
<i>acetaminophen disintegrating tab 160 mg</i> .....	26
<i>acetaminophen liquid 160 mg/5ml</i> ...	26
<i>acetaminophen soln 160 mg/5ml</i> ....	26
<i>acetaminophen suppos 120 mg</i> .....	26
<i>acetaminophen suppos 650 mg</i> .....	26
<i>acetaminophen susp 160 mg/5ml</i> .....	26
<i>acetaminophen tab 325 mg</i> .....	26
<i>acetaminophen tab 500 mg</i> .....	26
<i>acetaminophen tab er 650 mg</i> .....	26
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	32
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	32
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	32
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	32
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> .....	32
<i>acetazolamide cap er 12hr 500 mg</i> .	165
<i>acetazolamide sodium for inj 500 mg</i> .....	165
<i>acetazolamide tab 125 mg</i> .....	165
<i>acetazolamide tab 250 mg</i> .....	165
<i>acetic acid irrigation soln 0.25%</i> ....	180
<i>acetic acid otic soln 2%</i> .....	220
ACETONE (URINE) TEST STRIP .....	162
<i>acetylcysteine inhal soln 10%</i> .....	148

<i>acetylcysteine inhal soln 20%</i> .....	148	ADDERALL TAB 15MG .....	14
ACIPHEX TAB 20MG .....	237	ADDERALL TAB 20MG .....	14
<i>acitretin cap 10 mg</i> .....	154	ADDERALL TAB 30MG .....	14
<i>acitretin cap 17.5 mg</i> .....	154	ADDERALL TAB 5MG .....	14
<i>acitretin cap 25 mg</i> .....	154	ADDERALL TAB 7.5MG .....	14
ACTEMRA INJ 162/0.9 .....	22	ADDERALL XR CAP 10MG .....	14
ACTEMRA INJ 200/10ML .....	22	ADDERALL XR CAP 15MG .....	14
ACTEMRA INJ 400/20ML .....	22	ADDERALL XR CAP 20MG .....	14
ACTEMRA INJ 80MG/4ML .....	22	ADDERALL XR CAP 25MG .....	14
ACTEMRA INJ ACTPEN .....	22	ADDERALL XR CAP 30MG .....	14
ACTHAR INJ 80UNIT .....	169	ADDERALL XR CAP 5MG .....	14
ACTIQ LOZ 1200MCG .....	27	<i>adefovir dipivoxil tab 10 mg</i> .....	121
ACTIQ LOZ 1600MCG .....	27	ADEMPAS TAB 0.5MG .....	135
ACTIQ LOZ 200MCG .....	27	ADEMPAS TAB 1.5MG .....	136
ACTIQ LOZ 400MCG .....	27	ADEMPAS TAB 1MG .....	136
ACTIQ LOZ 600MCG .....	27	ADEMPAS TAB 2.5MG .....	136
ACTIQ LOZ 800MCG .....	27	ADEMPAS TAB 2MG .....	136
ACTIVASE INJ 100MG .....	183	ADHANSIA XR CAP 25MG .....	17
ACTIVASE INJ 50MG .....	183	ADHANSIA XR CAP 35MG .....	17
ACTIVELLA TAB 1-0.5MG .....	173	ADHANSIA XR CAP 45MG .....	17
ACTONEL TAB 150MG .....	168	ADHANSIA XR CAP 55MG .....	17
ACTONEL TAB 35MG .....	168	ADHANSIA XR CAP 70MG .....	17
ACTOPLUS MET TAB 15-850MG .....	66	ADHANSIA XR CAP 85MG .....	17
ACTOS TAB 15MG .....	73	ADLARITY DIS 10MG/DAY .....	224
ACTOS TAB 30MG .....	73	ADLARITY DIS 5MG/DAY .....	224
ACTOS TAB 45MG .....	73	ADLYXIN INJ 20MCG .....	69
ACULAR LS SOL 0.4% .....	219	ADMELOG INJ 100U/ML .....	70
ACULAR SOL 0.5% OP .....	219	ADMELOG SOLO INJ 100U/ML .....	70
ACUVAIL SOL 0.45% .....	219	ADRENALIN INJ 1MG/ML .....	242
<i>acyclovir cap 200 mg</i> .....	122	ADRENALIN INJ 30/30ML .....	242
<i>acyclovir cream 5%</i> .....	155	ADVAIR DISKU AER 100/50 .....	46
<i>acyclovir oint 5%</i> .....	155	ADVAIR DISKU AER 250/50 .....	46
<i>acyclovir sodium iv soln 50 mg/ml</i> ..	122	ADVAIR DISKU AER 500/50 .....	46
<i>acyclovir susp 200 mg/5ml</i> .....	122	ADVAIR HFA AER 115/21 .....	47
<i>acyclovir tab 400 mg</i> .....	122	ADVAIR HFA AER 230/21 .....	47
<i>acyclovir tab 800 mg</i> .....	122	ADVAIR HFA AER 45/21 .....	46
ADACEL INJ .....	235	ADZENYS XR TAB 12.5MG .....	14
<i>adapalene cream 0.1%</i> .....	148	ADZENYS XR TAB 15.7 MG .....	14
<i>adapalene gel 0.3%</i> .....	148	ADZENYS XR TAB 18.8MG .....	14
<i>adapalene-benzoyl peroxide gel 0.1-</i>		ADZENYS XR TAB 3.1MG .....	14
<i>2.5%</i> .....	149	ADZENYS XR TAB 6.3MG .....	14
<i>adapalene-benzoyl peroxide gel 0.3-</i>		ADZENYS XR TAB 9.4MG .....	14
<i>2.5%</i> .....	149	AEMCOLO TAB 194MG .....	37
ADBRY INJ 150MG/ML .....	159	AFINITOR DIS TAB 2MG .....	101
ADCIRCA TAB 20MG .....	135	AFINITOR DIS TAB 3MG .....	101
ADDERALL TAB 10MG .....	14	AFINITOR DIS TAB 5MG .....	101
ADDERALL TAB 12.5MG .....	14	AFINITOR TAB 10MG .....	102



AFINITOR TAB 2.5MG .....	101	ALDACTONE TAB 100MG .....	167
AFINITOR TAB 5MG .....	101	ALDACTONE TAB 25MG .....	167
AFINITOR TAB 7.5MG .....	102	ALDACTONE TAB 50MG .....	167
<i>afirmelle tab 0.1-0.02</i> .....	138	ALECENSA CAP 150MG .....	102
AFLURIA QUAD INJ 2022-23 .....	240	<i>alendronate sodium oral soln 70</i>	
AFREZZA POW 12 UNIT .....	70	<i>mg/75ml</i> .....	168
AFREZZA POW 4-8 UNIT .....	70	<i>alendronate sodium tab 10 mg</i> .....	168
AFREZZA POW 4-8-12.....	70	<i>alendronate sodium tab 35 mg</i> .....	168
AFREZZA POW 4UNIT .....	70	<i>alendronate sodium tab 5 mg</i> .....	168
AFREZZA POW 8 UNIT .....	70	<i>alendronate sodium tab 70 mg</i> .....	168
AFREZZA POW 8-12UNIT.....	70	<i>alfuzosin hcl tab er 24hr 10 mg</i> .....	180
AGRYLIN CAP 0.5MG.....	182	<i>aliskiren fumarate tab 150 mg (base</i>	
AIMOVIG INJ 140MG/ML .....	202	<i>equivalent)</i> .....	95
AIMOVIG INJ 70MG/ML .....	202	<i>aliskiren fumarate tab 300 mg (base</i>	
AIRDUO DGHLR INH 113-14 .....	47	<i>equivalent)</i> .....	95
AIRDUO DGHLR INH 232-14 .....	47	ALKERAN TAB 2MG.....	97
AIRDUO DGHLR INH 55-14.....	47	ALKINDI SPRI CAP 0.5MG .....	144
AIRDUO RESPI INH 113-14 .....	47	ALKINDI SPRI CAP 1MG .....	144
AIRDUO RESPI INH 232-14 .....	47	ALKINDI SPRI CAP 2MG .....	144
AIRDUO RESPI INH 55-14 .....	47	ALKINDI SPRI CAP 5MG .....	144
AJOVY INJ 225/1.5 .....	202	ALLERGIST KIT 0.5/28G.....	193
AKLIEF CRE 0.005% .....	149	ALLERGIST KIT 1MLX27G.....	193
AKTEN GEL 3.5% .....	218	ALLERGIST KIT 1MLX28G.....	193
AKYNZEO CAP 300-0.5.....	77	ALLERGIST KIT 27GX1/2.....	193
AKYNZEO INJ.....	77	<i>allergy reif tab 5mg</i> .....	80
AKYNZEO INJ 235-0.25 .....	77	ALLERGY TRAY KIT 27GX1/2.....	193
<i>albendazole tab 200 mg</i> .....	36	<i>allopurinol sodium for inj 500 mg</i> ...	181
<i>albuterol sulfate inhal aero 108</i>		<i>allopurinol tab 100 mg</i> .....	181
<i>mcg/act (90mcg base equiv)</i> .....	47	ALLOPURINOL TAB 200MG .....	181
<i>albuterol sulfate soln nebu 0.083%</i>		<i>allopurinol tab 300 mg</i> .....	181
<i>(2.5 mg/3ml)</i> .....	47	ALLZITAL TAB 25-325MG .....	26
<i>albuterol sulfate soln nebu 0.5% (5</i>		<i>almotriptan malate tab 12.5 mg</i> .....	203
<i>mg/ml)</i> .....	47	<i>almotriptan malate tab 6.25 mg</i> .....	203
<i>albuterol sulfate soln nebu 0.63</i>		ALOCRIIL SOL 2% .....	219
<i>mg/3ml (base equiv)</i> .....	47	<i>alogliptin benzoate tab 12.5 mg (base</i>	
<i>albuterol sulfate soln nebu 1.25</i>		<i>equiv)</i> .....	69
<i>mg/3ml (base equiv)</i> .....	47	<i>alogliptin benzoate tab 25 mg (base</i>	
<i>albuterol sulfate syrup 2 mg/5ml</i> .....	47	<i>equiv)</i> .....	69
<i>albuterol sulfate tab 2 mg</i> .....	47	<i>alogliptin benzoate tab 6.25 mg (base</i>	
<i>albuterol sulfate tab 4 mg</i> .....	47	<i>equiv)</i> .....	69
ALCAINE SOL 0.5% OP .....	218	<i>alogliptin-metformin hcl tab 12.5-1000</i>	
<i>alclometasone dipropionate cream</i>		<i>mg</i> .....	66
<i>0.05%</i> .....	156	<i>alogliptin-metformin hcl tab 12.5-500</i>	
<i>alclometasone dipropionate oint 0.05%</i>		<i>mg</i> .....	66
.....	156	<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	
ALCOHOL SWABS .....	193	.....	66
ALDACTAZIDE TAB 25/25.....	166		

<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	ALTOPREV TAB 60MG ER.....	83
.....	ALTRENO LOT 0.05%.....	149
<i>alogliptin-pioglitazone tab 25-15 mg</i>	ALUNBRIG PAK .....	102
<i>alogliptin-pioglitazone tab 25-30 mg</i>	ALUNBRIG TAB 180MG.....	102
<i>alogliptin-pioglitazone tab 25-45 mg</i>	ALUNBRIG TAB 30MG .....	102
ALOMIDE SOL 0.1% OP.....	ALUNBRIG TAB 90MG .....	102
ALOPRIM INJ 500MG.....	ALVESCO AER 160MCG .....	45
ALORA DIS 0.025MG .....	ALVESCO AER 80MCG.....	45
ALORA DIS 0.075MG .....	<i>alvimopan cap 12 mg</i> .....	179
ALORA DIS 0.1MG .....	<i>alyacen tab 1/35</i> .....	138
<i>alose tron hcl tab 0.5 mg (base equiv)</i>	<i>alyacen tab 7/7/7</i> .....	138
.....	<i>alyq tab 20mg</i> .....	135
<i>alose tron hcl tab 1 mg (base equiv)</i>	<i>amabelz tab 0.5-0.1</i> .....	173
ALPHAGAN P SOL 0.1%.....	<i>amabelz tab 1-0.5mg</i> .....	173
ALPHAGAN P SOL 0.15%.....	<i>amantadine hcl cap 100 mg</i> .....	108
ALPRAZOLAM CON 1 MG/ML .....	<i>amantadine hcl soln 50 mg/5ml</i> ....	108
<i>alprazolam orally disintegrating tab</i>	<i>amantadine hcl tab 100 mg</i> .....	108
<i>0.25 mg</i> .....	AMARYL TAB 1MG .....	73
<i>alprazolam orally disintegrating tab 0.5</i>	AMARYL TAB 2MG .....	74
<i>mg</i> .....	AMARYL TAB 4MG .....	74
<i>alprazolam orally disintegrating tab 1</i>	AMBIEN CR TAB 12.5MG .....	187
<i>mg</i> .....	AMBIEN CR TAB 6.25MG .....	187
<i>alprazolam orally disintegrating tab 2</i>	AMBIEN TAB 10MG.....	187
<i>mg</i> .....	AMBIEN TAB 5MG.....	187
<i>alprazolam tab 0.25 mg</i> .....	AMBISOME INJ 50MG.....	78
<i>alprazolam tab 0.5 mg</i> .....	<i>ambrisentan tab 10 mg</i> .....	135
<i>alprazolam tab 0.5mg xr</i> .....	<i>ambrisentan tab 5 mg</i> .....	135
<i>alprazolam tab 1 mg</i> .....	<i>amcinonide lotion 0.1%</i> .....	156
<i>alprazolam tab 1mg xr</i> .....	AMCINONIDE OIN 0.1%.....	156
<i>alprazolam tab 2 mg</i> .....	AMELUZ GEL 10% .....	154
<i>alprazolam tab 2mg xr</i> .....	<i>amethia tab</i> .....	138
<i>alprazolam tab 3mg xr</i> .....	<i>amethyst tab 90-20mcg</i> .....	138
<i>alprazolam tab er 24hr 0.5 mg</i> .....	AMICAR SOL 0.25/ML .....	186
<i>alprazolam tab er 24hr 1 mg</i> .....	AMICAR TAB 1000MG .....	186
<i>alprazolam tab er 24hr 2 mg</i> .....	AMICAR TAB 500MG .....	186
<i>alprazolam tab er 24hr 3 mg</i> .....	<i>amiloride &amp; hydrochlorothiazide tab 5-</i>	
ALREX SUS 0.2% .....	<i>50 mg</i> .....	166
<i>altacaine sol 0.5% op</i> .....	<i>amiloride hcl tab 5 mg</i> .....	167
ALTACE CAP 1.25MG.....	<i>aminocaproic acid inj 250 mg/ml</i> ....	186
ALTACE CAP 10MG .....	<i>aminocaproic acid oral soln 0.25 gm/ml</i>	
ALTACE CAP 2.5MG .....	.....	186
ALTACE CAP 5MG .....	<i>aminocaproic acid tab 1000 mg</i> .....	186
<i>altafrin sol 10% op</i> .....	<i>aminocaproic acid tab 500 mg</i> .....	186
<i>altafrin sol 2.5% op</i> .....	<i>aminophylline inj 25 mg/ml</i> .....	49
<i>altavera tab</i> .....	<i>amiodarone hcl inj 150 mg/3ml (50</i>	
ALTOPREV TAB 20MG ER.....	<i>mg/ml)</i> .....	43
ALTOPREV TAB 40MG ER.....		

<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i> .....	43	<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	90
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i> .....	43	<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	90
<i>amiodarone hcl tab 100 mg</i> .....	43	<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	90
<i>amiodarone hcl tab 200 mg</i> .....	43	<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	90
<i>amiodarone hcl tab 400 mg</i> .....	43	<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	90
<i>AMITIZA CAP 24MCG</i> .....	177	<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	90
<i>AMITIZA CAP 8MCG</i> .....	177	<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	90
<i>amitriptyline hcl tab 10 mg</i> .....	64	<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	90
<i>amitriptyline hcl tab 100 mg</i> .....	64	<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	90
<i>amitriptyline hcl tab 150 mg</i> .....	64	<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	91
<i>amitriptyline hcl tab 25 mg</i> .....	64	<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	91
<i>amitriptyline hcl tab 50 mg</i> .....	64	<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	90
<i>amitriptyline hcl tab 75 mg</i> .....	64	<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	90
<i>AMJEVITA INJ 20/0.4ML</i> .....	21	<i>AMLODIPINE SUS 1MG/ML</i> .....	128
<i>AMJEVITA INJ 40/0.8ML</i> .....	21	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i> .....	91
<i>amlodipine besylate tab 10 mg (base equivalent)</i> .....	128	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i> .....	91
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i> .....	127	<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i> .....	91
<i>amlodipine besylate tab 5 mg (base equivalent)</i> .....	127	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i> .....	91
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	134	<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i> .....	91
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	134	<i>amoxapine tab 100 mg</i> .....	65
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	134	<i>amoxapine tab 150 mg</i> .....	65
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	134	<i>amoxapine tab 25 mg</i> .....	64
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	133	<i>amoxapine tab 50 mg</i> .....	65
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	133		
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	133		
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	133		
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	133		
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	133		
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	133		
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	90		

<i>amoxicillin &amp; k clavulanate chew tab</i>			
200-28.5 mg.....	222		
<i>amoxicillin &amp; k clavulanate chew tab</i>			
400-57 mg .....	222		
<i>amoxicillin &amp; k clavulanate for susp</i>			
200-28.5 mg/5ml .....	222		
<i>amoxicillin &amp; k clavulanate for susp</i>			
250-62.5 mg/5ml .....	222		
<i>amoxicillin &amp; k clavulanate for susp</i>			
400-57 mg/5ml.....	222		
<i>amoxicillin &amp; k clavulanate for susp</i>			
600-42.9 mg/5ml .....	222		
<i>amoxicillin &amp; k clavulanate tab</i>			
250-125 mg .....	222		
<i>amoxicillin &amp; k clavulanate tab</i>			
500-125 mg .....	222		
<i>amoxicillin &amp; k clavulanate tab</i>			
875-125 mg .....	222		
<i>amoxicillin &amp; k clavulanate tab er 12hr</i>			
1000-62.5 mg.....	223		
<i>amoxicillin (trihydrate) cap</i>			
250 mg	221		
<i>amoxicillin (trihydrate) cap</i>			
500 mg	221		
<i>amoxicillin (trihydrate) chew tab</i>			
125 mg .....	221		
<i>amoxicillin (trihydrate) for susp</i>			
125 mg/5ml.....	221		
<i>amoxicillin (trihydrate) for susp</i>			
200 mg/5ml.....	221		
<i>amoxicillin (trihydrate) for susp</i>			
250 mg/5ml.....	221		
<i>amoxicillin (trihydrate) for susp</i>			
400 mg/5ml.....	221		
<i>amoxicillin (trihydrate) tab</i>			
500 mg	221		
<i>amoxicillin (trihydrate) tab</i>			
875 mg	222		
<i>amoxicillin cap-clarithro tab-lansopraz</i>			
cap dr therapy pack .....	239		
<i>amphetamine sulfate tab</i>			
10 mg.....	14		
<i>amphetamine sulfate tab</i>			
5 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 10 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 15 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 20 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 25 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 30 mg.....	14		
<i>amphetamine-dextroamphetamine cap</i>			
er 24hr 5 mg .....	14		
<i>amphetamine-dextroamphetamine tab</i>			
10 mg.....	14		
<i>amphetamine-dextroamphetamine tab</i>			
12.5 mg .....	14		
<i>amphetamine-dextroamphetamine tab</i>			
15 mg.....	15		
<i>amphetamine-dextroamphetamine tab</i>			
20 mg.....	15		
<i>amphetamine-dextroamphetamine tab</i>			
30 mg.....	15		
<i>amphetamine-dextroamphetamine tab</i>			
5 mg.....	14		
<i>amphetamine-dextroamphetamine tab</i>			
7.5 mg.....	14		
<i>amphotericin b for iv soln</i>			
50 mg.....	78		
<i>amphotericin b liposome iv for susp</i>			
50 mg .....	78		
<i>ampicillin &amp; sulbactam sodium for inj</i>			
1.5 (1-0.5) gm.....	223		
<i>ampicillin &amp; sulbactam sodium for inj</i>			
3 (2-1) gm .....	223		
<i>ampicillin &amp; sulbactam sodium for iv</i>			
soln 1.5 (1-0.5) gm .....	223		
<i>ampicillin &amp; sulbactam sodium for iv</i>			
soln 15 (10-5) gm .....	223		
<i>ampicillin &amp; sulbactam sodium for iv</i>			
soln 3 (2-1) gm.....	223		
<i>ampicillin sodium for inj</i>			
1 gm.....	222		
<i>ampicillin sodium for inj</i>			
125 mg ....	222		
<i>ampicillin sodium for inj</i>			
2 gm.....	222		
<i>ampicillin sodium for inj</i>			
250 mg ....	222		
<i>ampicillin sodium for inj</i>			
500 mg ....	222		
<i>ampicillin sodium for iv soln</i>			
1 gm ..	222		
<i>ampicillin sodium for iv soln</i>			
10 gm.	222		
<i>ampicillin sodium for iv soln</i>			
2 gm ..	222		
AMPYRA TAB 10MG.....	227		
AMRIX CAP 15MG.....	213		
AMRIX CAP 30MG.....	213		
AMYTAL SOD INJ 500MG .....	186		
AMZEEQ AER 4% .....	149		
ANAFRANIL CAP 25MG .....	65		
ANAFRANIL CAP 50MG .....	65		
ANAFRANIL CAP 75MG .....	65		

<i>anagrelide hcl cap 0.5 mg</i> .....	182	APTENSIO XR CAP 10MG .....	17
<i>anagrelide hcl cap 1 mg</i> .....	182	APTENSIO XR CAP 15MG .....	17
<i>ana-lex kit</i> .....	35	APTENSIO XR CAP 20MG .....	17
ANASPAZ TAB 0.125MG .....	235	APTENSIO XR CAP 30MG .....	17
<i>anastrozole tab 1 mg</i> .....	99	APTENSIO XR CAP 40MG .....	17
ANCOBON CAP 250MG .....	78	APTENSIO XR CAP 50MG .....	17
ANCOBON CAP 500MG .....	78	APTENSIO XR CAP 60MG .....	17
ANDRODERM DIS 2MG/24HR .....	34	APTIOM TAB 200MG .....	53
ANDRODERM DIS 4MG/24HR .....	34	APTIOM TAB 400MG .....	53
ANDROGEL GEL 1%(25MG) .....	34	APTIOM TAB 600MG .....	53
ANDROGEL GEL 1.62% .....	34	APTIOM TAB 800MG .....	53
ANGELIQ TAB 0.25-0.5 .....	173	APTIVUS CAP 250MG .....	117
ANGELIQ TAB 0.5-1MG .....	173	AQUORAL SPR .....	210
<i>animal shape chw complete</i> .....	211	ARALAST NP INJ 1000MG .....	230
ANNOVERA MIS .....	143	ARALAST NP INJ 500MG .....	230
ANORO ELLIPT AER 62.5-25 .....	47	<i>aranelle tab</i> .....	138
ANTARA CAP 30MG .....	82	ARANESP INJ 100MCG .....	183
ANTARA CAP 90MG .....	82	ARANESP INJ 10MCG .....	183
ANTI-DIARRHE LIQ 1MG/5ML .....	75	ARANESP INJ 150MCG .....	183
ANTIVERT TAB 50MG .....	77	ARANESP INJ 200MCG .....	183
ANUSOL-HC CRE 2.5% .....	36	ARANESP INJ 25MCG .....	183
ANZEMET TAB 50MG .....	76	ARANESP INJ 300MCG .....	183
APADAZ TAB 4.08-325 .....	32	ARANESP INJ 40MCG .....	183
APADAZ TAB 6.12-325 .....	32	ARANESP INJ 500MCG .....	183
APADAZ TAB 8.16-325 .....	32	ARANESP INJ 60MCG .....	183
APEXICON E CRE 0.05% .....	156	ARAVA TAB 10MG .....	25
APIDRA INJ SOLOSTAR .....	70	ARAVA TAB 20MG .....	25
APIDRA INJ U-100 .....	70	ARAZLO LOT 0.045% .....	149
APLENZIN TAB 174MG .....	60	ARCALYST INJ 220MG .....	22
APLENZIN TAB 348MG .....	60	<i>arformoterol tartrate soln nebu 15</i> <i>mcg/2ml (base equiv)</i> .....	47
APLENZIN TAB 522MG .....	60	ARICEPT TAB 10MG .....	224
APOKYN INJ 10MG/ML .....	108	ARICEPT TAB 23MG .....	224
<i>apomorphine hcl soln cartridge 30</i> <i>mg/3ml</i> .....	108	ARICEPT TAB 5MG .....	224
APONVIE INJ 32/4.4ML .....	77	ARIKAYCE SUS .....	20
APO-VARENICL TAB 0.5MG .....	229	ARIMIDEX TAB 1MG .....	99
APO-VARENICL TAB 1MG .....	229	<i>aripiprazole oral solution 1 mg/ml</i> ..	116
<i>apraclonidine hcl ophth soln 0.5%</i> <i>(base equivalent)</i> .....	217	<i>aripiprazole orally disintegrating tab 10</i> <i>mg</i> .....	116
<i>aprepitant capsule 125 mg</i> .....	77	<i>aripiprazole orally disintegrating tab 15</i> <i>mg</i> .....	116
<i>aprepitant capsule 40 mg</i> .....	77	<i>aripiprazole tab 10 mg</i> .....	117
<i>aprepitant capsule 80 mg</i> .....	77	<i>aripiprazole tab 15 mg</i> .....	117
<i>aprepitant capsule therapy pack 80 &amp;</i> <i>125 mg</i> .....	77	<i>aripiprazole tab 2 mg</i> .....	117
<i>apri tab</i> .....	138	<i>aripiprazole tab 20 mg</i> .....	117
APRISO CAP 0.375GM .....	178	<i>aripiprazole tab 30 mg</i> .....	117
APRIZIO PAK KIT .....	160	<i>aripiprazole tab 5 mg</i> .....	117

ARISTADA INJ 1064MG .....	117	<i>aspirin chew tab 81 mg</i> .....	27
ARISTADA INJ 441MG/1.....	117	<i>aspirin tab 325 mg</i> .....	27
ARISTADA INJ 662MG/2.....	117	<i>aspirin tab delayed release 325 mg</i> ..	27
ARISTADA INJ 882MG/3.....	117	<i>aspirin tab delayed release 81 mg</i> ....	27
ARISTADA INJ INITIO .....	117	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
ARIXTRA INJ 10/0.8ML .....	50	<i>200 mg</i> .....	182
ARIXTRA INJ 2.5/0.5 .....	50	ASPRUZYO SPR GRA 1000MG .....	39
ARIXTRA INJ 5/0.4ML .....	50	ASPRUZYO SPR GRA 500MG .....	39
ARIXTRA INJ 7.5/0.6 .....	50	ASTAGRAF XL CAP 0.5MG.....	208
<i>armodafinil tab 150 mg</i> .....	17	ASTAGRAF XL CAP 1MG .....	208
<i>armodafinil tab 200 mg</i> .....	17	ASTAGRAF XL CAP 5MG .....	208
<i>armodafinil tab 250 mg</i> .....	17	ATACAND HCT TAB 16-12.5.....	91
<i>armodafinil tab 50 mg</i> .....	17	ATACAND HCT TAB 32-12.5.....	91
ARMONAIR DIG AER 113MCG .....	45	ATACAND HCT TAB 32-25MG.....	91
ARMONAIR DIG AER 232MCG .....	45	ATACAND TAB 16MG .....	87
ARMONAIR DIG AER 55MCG .....	45	ATACAND TAB 32MG .....	87
ARMOUR THYRO TAB 120MG .....	233	ATACAND TAB 4MG .....	87
ARMOUR THYRO TAB 15MG .....	233	ATACAND TAB 8MG .....	87
ARMOUR THYRO TAB 180MG .....	233	<i>atazanavir sulfate cap 150 mg (base</i>	
ARMOUR THYRO TAB 240MG .....	233	<i>equiv)</i> .....	117
ARMOUR THYRO TAB 300MG .....	233	<i>atazanavir sulfate cap 200 mg (base</i>	
ARMOUR THYRO TAB 30MG .....	233	<i>equiv)</i> .....	117
ARMOUR THYRO TAB 60MG .....	233	<i>atazanavir sulfate cap 300 mg (base</i>	
ARMOUR THYRO TAB 90MG .....	233	<i>equiv)</i> .....	117
ARNUITY ELPT INH 100MCG .....	45	AELVIA TAB .....	168
ARNUITY ELPT INH 200MCG .....	45	<i>atenolol &amp; chlorthalidone tab 100-25</i>	
ARNUITY ELPT INH 50MCG .....	45	<i>mg</i> .....	91
AROMASIN TAB 25MG.....	99	<i>atenolol &amp; chlorthalidone tab 50-25 mg</i>	
ARTHROTEC 50 TAB .....	22	.....	91
ARTHROTEC 75 TAB .....	22	ATENOLOL SUS 1MG/ML .....	124
ASACOL HD TAB 800MG.....	178	<i>atenolol tab 100 mg</i> .....	124
<i>ascomp/cod cap 30mg</i> .....	32	<i>atenolol tab 25 mg</i> .....	124
<i>asenapine maleate sl tab 10 mg (base</i>		<i>atenolol tab 50 mg</i> .....	124
<i>equiv)</i> .....	113	ATIVAN INJ 2MG/ML .....	41
<i>asenapine maleate sl tab 2.5 mg (base</i>		ATIVAN INJ 4MG/ML .....	41
<i>equiv)</i> .....	113	ATIVAN TAB 0.5MG .....	41
<i>asenapine maleate sl tab 5 mg (base</i>		ATIVAN TAB 1MG .....	41
<i>equiv)</i> .....	113	ATIVAN TAB 2MG .....	41
<i>ashlyna tab</i> .....	138	<i>atomoxetine hcl cap 10 mg (base</i>	
ASMANEX 120 AER 220MCG .....	45	<i>equiv)</i> .....	16
ASMANEX 14 AER 220MCG .....	45	<i>atomoxetine hcl cap 100 mg (base</i>	
ASMANEX 30 AER 110MCG .....	45	<i>equiv)</i> .....	16
ASMANEX 30 AER 220MCG .....	45	<i>atomoxetine hcl cap 18 mg (base</i>	
ASMANEX 60 AER 220MCG .....	45	<i>equiv)</i> .....	16
ASMANEX HFA AER 100 MCG .....	45	<i>atomoxetine hcl cap 25 mg (base</i>	
ASMANEX HFA AER 200 MCG .....	45	<i>equiv)</i> .....	16
ASMANEX HFA AER 50MCG.....	45		

<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	16	AVAPRO TAB 75MG.....	88
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	16	<i>avar cleanse liq 10-5%</i> .....	149
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	16	AVAR LS LIQ 10-2% .....	149
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	83	<i>avar-e emoll cre 10-5%</i> .....	149
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	83	<i>avar-e green cre 10-5%</i> .....	149
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	83	AVAR-E LS CRE 10-2% .....	149
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	83	AVEED INJ 750/3ML .....	34
<i>atovaquone susp 750 mg/5ml</i> .....	38	<i>aviane tab</i> .....	139
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	95	<i>avita cre 0.025%</i> .....	149
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	95	<i>avita gel 0.025%</i> .....	149
ATRALIN GEL 0.05%.....	149	AVODART CAP 0.5MG .....	180
ATROPINE SUL SOL 1% OP.....	216	AVONEX PEN KIT 30MCG.....	227
<i>atropine sulfate ophth oint 1%</i> .....	216	AVONEX PREFL KIT 30MCG.....	227
<i>atropine sulfate ophth soln 1%</i> .....	216	AVSOLA INJ 100MG.....	178
ATROVENT HFA AER 17MCG .....	44	AYGESTIN TAB 5MG .....	223
AUBAGIO TAB 14MG .....	227	<i>ayuna tab</i> .....	139
AUBAGIO TAB 7MG.....	227	AYVAKIT TAB 100MG .....	101
<i>aubra eq tab 0.1-0.02</i> .....	138	AYVAKIT TAB 200MG .....	101
<i>aubra tab 0.1-0.02</i> .....	138	AYVAKIT TAB 25MG.....	101
AUGMENTIN SUS ES-600 .....	223	AYVAKIT TAB 300MG .....	101
AUGMENTIN TAB 500MG .....	223	AYVAKIT TAB 50MG.....	101
<i>aurovela 24 tab fe 1/20</i> .....	138	<i>azasan tab 100mg</i> .....	208
<i>aurovela fe tab 1.5/30</i> .....	138	<i>azasan tab 75 mg</i> .....	208
<i>aurovela fe tab 1/20</i> .....	138	AZASITE SOL 1%.....	217
<i>aurovela tab 1.5/30</i> .....	138	<i>azathioprine tab 100 mg</i> .....	208
<i>aurovela tab 1/20</i> .....	138	<i>azathioprine tab 50 mg</i> .....	208
AURYXIA TAB 210MG.....	179	<i>azathioprine tab 75 mg</i> .....	208
AUSTEDO TAB 12MG .....	226	<i>azelaic acid gel 15%</i> .....	161
AUSTEDO TAB 6MG .....	226	<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i> .....	214
AUSTEDO TAB 9MG .....	226	<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i> .....	214
AUVELITY TAB 45-105MG.....	60	<i>azelastine hcl ophth soln 0.05%</i> .....	219
AUVI-Q INJ 0.15MG.....	242	<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> .....	214
AUVI-Q INJ 0.1MG.....	242	AZILECT TAB 0.5MG .....	110
AUVI-Q INJ 0.3MG.....	242	AZILECT TAB 1MG .....	110
AVALIDE TAB 150-12.5 .....	91	<i>azithromycin for susp 100 mg/5ml</i> .	190
AVALIDE TAB 300-12.5 .....	91	<i>azithromycin for susp 200 mg/5ml</i> .	190
AVAPRO TAB 150MG .....	88	<i>azithromycin powd pack for susp 1 gm</i> .....	190
AVAPRO TAB 300MG.....	88	<i>azithromycin tab 250 mg</i> .....	190
		<i>azithromycin tab 500 mg</i> .....	190
		<i>azithromycin tab 600 mg</i> .....	190
		AZOPT SUS 1% OP.....	219
		AZOR TAB 10-20MG .....	91
		AZOR TAB 10-40MG .....	91

AZOR TAB 5-20MG .....	91	<i>b-complex w/ c &amp; folic acid tab- rx</i> .	210
AZOR TAB 5-40MG .....	91	BD ECLIPSE MIS 1ML/27G .....	193
AZSTARYS CAP 26.1-5.2 .....	17	BD ECLIPSE MIS 1ML/30G .....	193
AZSTARYS CAP 39.2-7.8 .....	17	BD ECLIPSE MIS 23GX1 .....	193
AZSTARYS CAP 52.3-10. ....	17	BD ECLIPSE MIS 25GX1 .....	193
AZULFIDINE TAB 500MG .....	178	BD ECLIPSE MIS 25GX5/8 .....	193
AZULFIDINE TAB 500MG EN .....	178	BD FILTR NDL MIS 5 MICRON .....	193
<i>azurette tab</i> .....	139	BD HYPO NEED MIS 16GX1 .....	193
<b>B</b>		BD HYPO NEED MIS 18GX1 .....	193
<i>bac tab</i> .....	26	BD HYPO NEED MIS 19GX1 .....	193
<i>bacitracin oint 500 unit/gm</i> .....	152	BD HYPO NEED MIS 19GX1.5.....	193
<i>bacitracin ophth oint 500 unit/gm</i> ..	217	BD HYPO NEED MIS 21GX1 .....	193
<i>bacitracin zinc oint 500 unit/gm</i> ....	152	BD HYPO NEED MIS 21GX2 .....	193
<i>bacitracin-polymyxin b oint</i> .....	152	BD HYPO NEED MIS 22GX1 .....	193
<i>bacitracin-polymyxin b ophth oint</i> ...	217	BD HYPO NEED MIS 22GX1.5.....	193
<i>bacitracin-polymyxin-neomycin-hc</i>		BD HYPO NEED MIS 23GX1 .....	193
<i>ophth oint 1%</i> .....	218	BD HYPO NEED MIS 23GX3/4 .....	193
<i>baclofen oral soln 5 mg/5ml</i> .....	213	BD HYPO NEED MIS 25GX1.5.....	193
<i>baclofen tab 10 mg</i> .....	213	BD HYPO NEED MIS 26GX1/2 .....	193
<i>baclofen tab 20 mg</i> .....	213	BD LUER-LOK MIS SYR 10ML .....	193
<i>baclofen tab 5 mg</i> .....	213	BD NEEDLE MIS 23GX1 .....	193
BACTRIM DS TAB 800-160 .....	37	BD NEEDLE MIS 30GX1/2.....	193
BACTRIM TAB 400-80MG.....	37	BD NEEDLES MIS 16GX1.5 .....	193
BAFIERTAM CAP 95MG .....	227	BD NEEDLES MIS 19GX1 .....	193
BALCOLTRA TAB 0.1-20 .....	139	BD NEEDLES MIS 20GX1 .....	193
<i>balsalazide disodium cap 750 mg</i> ...	178	BD NEEDLES MIS 20GX1.5 .....	193
BALVERSA TAB 3MG .....	102	BD NEEDLES MIS 21GX1.5 .....	194
BALVERSA TAB 4MG .....	102	BD NEEDLES MIS 22GX1.5 .....	194
BALVERSA TAB 5MG .....	102	BD NEEDLES MIS 25GX5/8.....	194
<i>balziva tab</i> .....	139	BD NEEDLES MIS 25GX7/8.....	194
BANZEL SUS 40MG/ML.....	53	BD NEEDLES MIS 27GX1/2.....	194
BANZEL TAB 200MG .....	53	BD NEEDLES MIS 30GX1/2.....	194
BANZEL TAB 400MG .....	53	BD PLASTIPAK MIS 21GX1 .....	194
BAQSIMI ONE POW 3MG/DOSE .....	68	BD PRECISION MIS 23GX1.5 .....	194
BAQSIMI TWO POW 3MG/DOSE .....	68	BD U-500 MIS 31GX6MM .....	194
BARACLUDE SOL .....	121	BD VERITOR KIT SARSCOV2.....	162
BARACLUDE TAB 0.5MG .....	121	BECONASE AQ SUS 0.042% .....	214
BARACLUDE TAB 1MG.....	121	BELBUCA MIS 150MCG .....	33
BASAGLAR INJ 100UNIT.....	70	BELBUCA MIS 300MCG .....	33
BASAGLAR INJ TEMPO PN.....	70	BELBUCA MIS 450MCG .....	33
BAXDELA TAB 450MG .....	176	BELBUCA MIS 600MCG .....	33
<i>b-complex w/ c &amp; folic acid cap 1 mg-</i>		BELBUCA MIS 750MCG .....	33
<i>rx</i> .....	210	BELBUCA MIS 75MCG .....	33
<i>b-complex w/ c &amp; folic acid tab 1 mg-</i>		BELBUCA MIS 900MCG .....	33
<i>rx</i> .....	210	BELLA/OPIUM SUP 16.2-60.....	235
<i>b-complex w/ c &amp; folic acid tab 5 mg-</i>		BELSOMRA TAB 10MG.....	188
<i>rx</i> .....	210	BELSOMRA TAB 15MG.....	188



BELSOMRA TAB 20MG.....	188	<i>betamethasone dipropionate</i>	
BELSOMRA TAB 5MG .....	188	<i>augmented gel 0.05%</i> .....	156
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>betamethasone dipropionate</i>	
10-12.5 mg .....	91	<i>augmented lotion 0.05%</i> .....	156
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>betamethasone dipropionate</i>	
20-12.5 mg .....	91	<i>augmented oint 0.05%</i> .....	156
<i>benazepril &amp; hydrochlorothiazide tab</i>		<i>betamethasone dipropionate cream</i>	
20-25 mg .....	91	0.05% .....	156
<i>benazepril &amp; hydrochlorothiazide tab 5-</i>		<i>betamethasone dipropionate lotion</i>	
6.25 mg .....	91	0.05% .....	156
<i>benazepril hcl tab 10 mg</i> .....	85	<i>betamethasone dipropionate oint</i>	
<i>benazepril hcl tab 20 mg</i> .....	86	0.05% .....	156
<i>benazepril hcl tab 40 mg</i> .....	86	<i>betamethasone sod phosphate &amp;</i>	
<i>benazepril hcl tab 5 mg</i> .....	85	<i>acetate inj susp 6 (3-3) mg/ml ...</i>	144
BENICAR HCT TAB 20-12.5.....	91	<i>betamethasone valerate aerosol foam</i>	
BENICAR HCT TAB 40-12.5.....	91	0.12% .....	156
BENICAR HCT TAB 40-25MG .....	91	<i>betamethasone valerate cream 0.1%</i>	
BENICAR TAB 20MG .....	88	<i>(base equivalent)</i> .....	156
BENICAR TAB 40MG .....	88	<i>betamethasone valerate lotion 0.1%</i>	
BENICAR TAB 5MG .....	88	<i>(base equivalent)</i> .....	156
BENLYSTA INJ 120MG.....	210	<i>betamethasone valerate oint 0.1%</i>	
BENLYSTA INJ 200MG/ML.....	210	<i>(base equivalent)</i> .....	156
BENLYSTA INJ 400MG.....	210	BETAPACE AF TAB 120MG .....	126
BENTYL INJ 10MG/ML .....	235	BETAPACE AF TAB 160MG .....	126
BENZAMYCIN GEL 5-3%.....	149	BETAPACE AF TAB 80MG .....	126
BENZHY/ACETA TAB 4.08-325 .....	32	BETAPACE TAB 120MG.....	126
BENZHY/ACETA TAB 6.12-325 .....	32	BETAPACE TAB 160MG.....	126
BENZHY/ACETA TAB 8.16-325 .....	32	BETAPACE TAB 80MG .....	126
BENZNIDAZOLE TAB 100MG .....	36	BETASERON INJ 0.3MG .....	227
BENZNIDAZOLE TAB 12.5MG .....	36	<i>betaxolol hcl ophth soln 0.5%</i> .....	215
BENZOCAINE-DOCUSATE SODIUM		<i>betaxolol hcl tab 10 mg</i> .....	124
RECTAL ENEMA 20-283 MG.....	190	<i>betaxolol hcl tab 20 mg</i> .....	124
<i>benzoyl peroxide-erythromycin gel 5-</i>		<i>bethanechol chloride tab 10 mg</i> .....	240
3% .....	149	<i>bethanechol chloride tab 25 mg</i> .....	240
<i>benztropine mesylate inj 1 mg/ml ..</i>	107	<i>bethanechol chloride tab 5 mg</i> .....	240
<i>benztropine mesylate tab 0.5 mg ...</i>	107	<i>bethanechol chloride tab 50 mg</i> .....	240
<i>benztropine mesylate tab 1 mg</i> .....	108	BETHKIS NEB 300/4ML .....	20
<i>benztropine mesylate tab 2 mg</i> .....	108	BETIMOL SOL 0.25% .....	215
<i>bepotastine besilate ophth soln 1.5%</i>		BETIMOL SOL 0.5%.....	215
.....	219	BETOPTIC-S SUS 0.25% OP .....	215
BEPREVE DRO 1.5% .....	219	BEVESPI AER 9-4.8MCG .....	47
BESIVANCE SUS 0.6% .....	217	<i>bexarotene cap 75 mg</i> .....	107
BESREMI SOL 500MCG.....	107	<i>bexarotene gel 1%</i> .....	154
<i>betaine powder for oral solution</i> .....	171	BEYAZ TAB.....	139
<i>betamethasone dipropionate</i>		<i>bicalutamide tab 50 mg</i> .....	100
<i>augmented cream 0.05%</i> .....	156	BICILLIN C-R INJ 1200000 .....	223
		BICILLIN C-R INJ 900/300.....	223

BICILLIN L-A INJ 1200000.....	222	BREVIBLOC SOL.....	124
BICILLIN L-A INJ 2400000.....	222	BREVIBLOC SOL 10MG/ML.....	124
BICILLIN L-A INJ 600000 .....	222	BREVIBLOC SOL 2000MG .....	124
BIDIL TAB .....	134	BREVIBLOC SOL 2500MG .....	124
BIJUVA CAP 1-100MG .....	173	BREXAFEMME TAB 150MG .....	78
BIKTARVY TAB.....	117	BREZTRI AERO AER SPHERE .....	47
BILTRICIDE TAB 600MG .....	36	<i>briellyn tab</i> .....	139
<i>bimatoprost ophth soln 0.03%</i> .....	220	BRILINTA TAB 60MG.....	182
BINAXNOW COV KIT HOME TES .....	162	BRILINTA TAB 90MG.....	182
BINAXNOW KIT COVID-19.....	162	<i>brimonidine tartrate gel 0.33% (base</i>	
<i>bisacodyl suppos 10 mg</i> .....	190	<i>equivalent)</i> .....	161
<i>bisacodyl tab delayed release 5 mg</i>	190	<i>brimonidine tartrate ophth soln 0.15%</i>	
<i>bismuth subsalicylate chew tab 262 mg</i>		.....	217
.....	75	<i>brimonidine tartrate ophth soln 0.2%</i>	
<i>bismuth subsalicylate susp 262</i>		.....	217
<i>mg/15ml</i> .....	75	<i>brimonidine tartrate-timolol maleate</i>	
<i>bismuth subsalicylate tab 262 mg</i> ....	75	<i>ophth soln 0.2-0.5%</i> .....	215
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		<i>brinzolamide ophth susp 1%</i> .....	219
<i>10-6.25 mg</i> .....	91	BRIUMVI INJ 150/6ML .....	227
<i>bisoprolol &amp; hydrochlorothiazide tab</i>		BRIVIACT INJ 50MG/5ML .....	53
<i>2.5-6.25 mg</i> .....	91	BRIVIACT SOL 10MG/ML .....	53
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>		BRIVIACT TAB 100MG.....	53
<i>6.25 mg</i> .....	91	BRIVIACT TAB 10MG .....	53
<i>bisoprolol fumarate tab 10 mg</i> .....	124	BRIVIACT TAB 25MG .....	53
<i>bisoprolol fumarate tab 5 mg</i> .....	124	BRIVIACT TAB 50MG .....	53
<i>blisovi 24 tab fe 1/20</i> .....	139	BRIVIACT TAB 75MG .....	53
<i>blisovi fe tab 1.5/30</i> .....	139	<i>bromfenac sodium ophth soln 0.09%</i>	
<i>blisovi fe tab 1/20</i> .....	139	<i>(base equiv) (once-daily)</i> .....	220
BLOXIVERZ INJ 10/10ML.....	96	<i>bromocriptine mesylate cap 5 mg (base</i>	
BLOXIVERZ INJ 5MG/10ML .....	96	<i>equivalent)</i> .....	108
BLUNT CANNUL MIS 20GX1.5 .....	194	<i>bromocriptine mesylate tab 2.5 mg</i>	
BLUNT CANNUL MIS 21GX1 .....	194	<i>(base equivalent)</i> .....	108
BONJESTA TAB 20-20MG.....	77	BROMSITE DRO 0.075% .....	220
BOOSTRIX INJ .....	235	BRONCHITOL CAP 40MG .....	230
<i>bosentan tab 125 mg</i> .....	135	BRONCHITOL CAP TOL TEST.....	230
<i>bosentan tab 62.5 mg</i> .....	135	BROVANA NEB 15MCG .....	47
BOSULIF TAB 100MG .....	102	BRUKINSA CAP 80MG .....	102
BOSULIF TAB 400MG .....	102	BRYHALI LOT 0.01%.....	156
BOSULIF TAB 500MG .....	102	<i>budesonide delayed release particles</i>	
<i>bp 10-1 emu</i> .....	149	<i>cap 3 mg</i> .....	144
<i>bp cleansing emu 10-4%</i> .....	149	<i>budesonide inhalation susp 0.25</i>	
BRAFTOVI CAP 75MG.....	102	<i>mg/2ml</i> .....	45
BREO ELLIPTA INH 100-25 .....	47	<i>budesonide inhalation susp 0.5 mg/2ml</i>	
BREO ELLIPTA INH 200-25 .....	47	.....	45
BREVIBLOC DS SOL 2000MG .....	124	<i>budesonide inhalation susp 1 mg/2ml</i>	
BREVIBLOC INJ 10MG/ML.....	124	.....	46
BREVIBLOC PM SOL 2500MG .....	124	<i>budesonide sus 32mcg</i> .....	214

<i>budesonide tab er 24hr 9 mg</i> .....	144	<i>bupropion hcl tab er 24hr 450 mg</i> ....	61
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	47	<i>buspirone hcl tab 10 mg</i> .....	40
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	47	<i>buspirone hcl tab 15 mg</i> .....	40
<i>BULB IRR SYR MIS 60ML</i> .....	194	<i>buspirone hcl tab 30 mg</i> .....	41
<i>bumetanide inj 0.25 mg/ml</i> .....	166	<i>buspirone hcl tab 5 mg</i> .....	40
<i>bumetanide tab 0.5 mg</i> .....	166	<i>buspirone hcl tab 7.5 mg</i> .....	40
<i>bumetanide tab 1 mg</i> .....	166	<i>butalbital-acetaminophen cap 50-300 mg</i> .....	26
<i>bumetanide tab 2 mg</i> .....	166	<i>butalbital-acetaminophen tab 50-300 mg</i> .....	26
<i>BUMEX TAB 0.5MG</i> .....	166	<i>butalbital-acetaminophen tab 50-325 mg</i> .....	26
<i>bupap tab 50-300mg</i> .....	26	<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> .....	32
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> .....	33	<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> .....	32
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> .....	33	<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> .....	26
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> .....	33	<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> .....	26
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> .....	33	<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> .....	26
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> .....	33	<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> .....	32
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> .....	33	<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> .....	26
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> .....	33	<i>butorphanol tartrate nasal soln 10 mg/ml</i> .....	34
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> .....	33	<i>BUTRANS DIS 10MCG/HR</i> .....	34
<i>buprenorphine td patch weekly 10 mcg/hr</i> .....	34	<i>BUTRANS DIS 15MCG/HR</i> .....	34
<i>buprenorphine td patch weekly 15 mcg/hr</i> .....	34	<i>BUTRANS DIS 20MCG/HR</i> .....	34
<i>buprenorphine td patch weekly 20 mcg/hr</i> .....	34	<i>BUTRANS DIS 5MCG/HR</i> .....	34
<i>buprenorphine td patch weekly 5 mcg/hr</i> .....	33	<i>BUTRANS DIS 7.5/HR</i> .....	34
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> .....	33	<i>BYDUREON BC INJ 2/0.85ML</i> .....	69
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> .....	229	<i>BYETTA INJ 10MCG</i> .....	69
<i>bupropion hcl tab 100 mg</i> .....	61	<i>BYETTA INJ 5MCG</i> .....	69
<i>bupropion hcl tab 75 mg</i> .....	60	<i>BYSTOLIC TAB 10MG</i> .....	124
<i>bupropion hcl tab er 12hr 100 mg</i> ....	61	<i>BYSTOLIC TAB 2.5MG</i> .....	124
<i>bupropion hcl tab er 12hr 150 mg</i> ....	61	<i>BYSTOLIC TAB 20MG</i> .....	124
<i>bupropion hcl tab er 12hr 200 mg</i> ....	61	<i>BYSTOLIC TAB 5MG</i> .....	124
<i>bupropion hcl tab er 24hr 150 mg</i> ....	61	<b>C</b>	
<i>bupropion hcl tab er 24hr 300 mg</i> ....	61	<i>cabergoline tab 0.5 mg</i> .....	172
		<i>CABOMETYX TAB 20MG</i> .....	102
		<i>CABOMETYX TAB 40MG</i> .....	102
		<i>CABOMETYX TAB 60MG</i> .....	102
		<i>CADUET TAB 10-10MG</i> .....	134
		<i>CADUET TAB 10-20MG</i> .....	134

CADUET TAB 10-40MG .....	134	<i>calcium carbonate-cholecalciferol chew</i>	
CADUET TAB 10-80MG .....	134	<i>tab 500 mg-400 unit.....</i>	205
CADUET TAB 5-40MG.....	134	<i>calcium carbonate-cholecalciferol tab</i>	
CADUET TAB 5-80MG.....	134	<i>500 mg-200 unit .....</i>	205
CAFERGOT TAB 1-100MG .....	203	<i>calcium carbonate-cholecalciferol tab</i>	
<i>caffeine citrate oral soln 60 mg/3ml</i>		<i>500 mg-400 unit .....</i>	205
<i>(10 mg/ml base equiv).....</i>	16	<i>calcium carbonate-cholecalciferol tab</i>	
CALAN SR TAB 120MG .....	128	<i>600 mg-200 unit .....</i>	205
CALAN SR TAB 180MG .....	128	<i>calcium carbonate-cholecalciferol tab</i>	
CALAN SR TAB 240MG .....	128	<i>600 mg-400 unit .....</i>	205
<i>calcipotriene cream 0.005% .....</i>	154	<i>calcium carbonate-vitamin d tab 600</i>	
<i>calcipotriene foam 0.005% .....</i>	154	<i>mg-200 unit .....</i>	205
<i>calcipotriene oint 0.005%.....</i>	155	<i>calcium carb-vit d w/ minerals chew</i>	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>		<i>tab 600 mg-400 unit.....</i>	205
<i>.....</i>	155	CALCIUM/D3 TAB 500/200 .....	205
<i>calcipotriene-betamethasone</i>		CALQUENCE TAB 100MG .....	102
<i>dipropionate oint 0.005-0.064%..</i>	156	CAMCEVI INJ 42MG .....	100
<i>calcipotriene-betamethasone</i>		<i>camila tab 0.35mg .....</i>	144
<i>dipropionate susp 0.005-0.064%.</i>	156	<i>camrese lo tab .....</i>	139
<i>calcitonin (salmon) inj 200 unit/ml .</i>	168	<i>camrese tab .....</i>	139
<i>calcitonin (salmon) nasal soln 200</i>		CAMZYOS CAP 10MG .....	133
<i>unit/act .....</i>	168	CAMZYOS CAP 15MG .....	133
<i>calcitrene oin 0.005% .....</i>	155	CAMZYOS CAP 2.5MG .....	133
<i>calcitriol cap 0.25 mcg .....</i>	171	CAMZYOS CAP 5MG .....	133
<i>calcitriol cap 0.5 mcg .....</i>	171	CANASA SUP 1000MG.....	178
<i>calcitriol oint 3 mcg/gm .....</i>	155	CANCIDAS INJ 50MG .....	78
<i>calcitriol oral soln 1 mcg/ml.....</i>	171	CANCIDAS INJ 70MG .....	78
CALCIUM 600 TAB +D.....	205	<i>candesartan cilexetil tab 16 mg.....</i>	88
<i>calcium acetate (phosphate binder) cap</i>		<i>candesartan cilexetil tab 32 mg.....</i>	88
<i>667 mg (169 mg ca).....</i>	179	<i>candesartan cilexetil tab 4 mg .....</i>	88
<i>calcium acetate (phosphate binder) tab</i>		<i>candesartan cilexetil tab 8 mg .....</i>	88
<i>667 mg .....</i>	179	<i>candesartan cilexetil-</i>	
CALCIUM CARB TAB 648MG.....	36	<i>hydrochlorothiazide tab 16-12.5 mg</i>	
<i>calcium carbonate (antacid) chew tab</i>		<i>.....</i>	92
<i>1000 mg .....</i>	36	<i>candesartan cilexetil-</i>	
<i>calcium carbonate (antacid) chew tab</i>		<i>hydrochlorothiazide tab 32-12.5 mg</i>	
<i>500 mg .....</i>	36	<i>.....</i>	92
<i>calcium carbonate (antacid) chew tab</i>		<i>candesartan cilexetil-</i>	
<i>750 mg .....</i>	36	<i>hydrochlorothiazide tab 32-25 mg .</i>	92
<i>calcium carbonate (antacid) susp 1250</i>		<i>capecitabine tab 150 mg .....</i>	98
<i>mg/5ml .....</i>	36	<i>capecitabine tab 500 mg .....</i>	98
<i>calcium carbonate tab 1250 mg (500</i>		CAPEX SHA 0.01% .....	156
<i>mg elemental ca) .....</i>	205	CAPLYTA CAP 10.5MG.....	111
<i>calcium carbonate tab 1500 mg (600</i>		CAPLYTA CAP 21MG.....	111
<i>mg elemental ca) .....</i>	205	CAPLYTA CAP 42MG.....	111
<i>calcium carbonate tab 600 mg .....</i>	205	CAPRELSA TAB 100MG.....	102
		CAPRELSA TAB 300MG.....	102

<i>captopril tab 100 mg</i> .....	86	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>captopril tab 12.5 mg</i> .....	86	37.5-150-200 mg .....	108
<i>captopril tab 25 mg</i> .....	86	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>captopril tab 50 mg</i> .....	86	50-200-200 mg .....	109
CARAC CRE 0.5% .....	154	<i>carbinoxamine maleate soln 4 mg/5ml</i>	
CARAFATE SUS 1GM/10ML .....	237	.....	79
CARAFATE TAB 1GM .....	237	<i>carbinoxamine maleate tab 4 mg</i> .....	79
CARBAGLU TAB 200MG .....	171	<i>carboxymethylcellulose sodium (pf)</i>	
<i>carbamazepine cap er 12hr 100 mg</i> ..	53	<i>ophth soln 0.5%</i> .....	215
<i>carbamazepine cap er 12hr 200 mg</i> ..	53	<i>carboxymethylcellulose sodium ophth</i>	
<i>carbamazepine cap er 12hr 300 mg</i> ..	53	<i>soln 0.5%</i> .....	215
<i>carbamazepine chew tab 100 mg</i> .....	53	CARDENE IV INJ 40/200ML .....	128
<i>carbamazepine susp 100 mg/5ml</i> .....	53	CARDENE IV SOL 20/200ML .....	128
<i>carbamazepine tab 200 mg</i> .....	53	CARDIZEM CD CAP 120MG/24 .....	128
<i>carbamazepine tab er 12hr 100 mg</i> ..	53	CARDIZEM CD CAP 180MG/24 .....	128
<i>carbamazepine tab er 12hr 200 mg</i> ..	53	CARDIZEM CD CAP 240MG/24 .....	128
<i>carbamazepine tab er 12hr 400 mg</i> ..	53	CARDIZEM CD CAP 300MG/24 .....	128
<i>carbamide peroxide 6.5% otic soln</i> ..	220	CARDIZEM CD CAP 360MG/24 .....	128
CARBATROL CAP 100MG .....	53	CARDIZEM LA TAB 120MG .....	128
CARBATROL CAP 200MG .....	53	CARDIZEM LA TAB 180MG .....	128
CARBATROL CAP 300MG .....	53	CARDIZEM LA TAB 240MG .....	128
<i>carbidopa &amp; levodopa orally</i>		CARDIZEM LA TAB 300MG/24 .....	128
<i>disintegrating tab 10-100 mg</i> .....	108	CARDIZEM LA TAB 360MG .....	128
<i>carbidopa &amp; levodopa orally</i>		CARDIZEM LA TAB 420MG/24 .....	128
<i>disintegrating tab 25-100 mg</i> .....	108	CARDIZEM TAB 120MG .....	128
<i>carbidopa &amp; levodopa orally</i>		CARDIZEM TAB 30MG .....	128
<i>disintegrating tab 25-250 mg</i> .....	108	CARDIZEM TAB 60MG .....	128
<i>carbidopa &amp; levodopa tab 10-100 mg</i>		CARDURA TAB 1MG .....	89
.....	108	CARDURA TAB 2MG .....	89
<i>carbidopa &amp; levodopa tab 25-100 mg</i>		CARDURA TAB 4MG .....	89
.....	108	CARDURA XL TAB 4MG .....	180
<i>carbidopa &amp; levodopa tab 25-250 mg</i>		CARDURA XL TAB 8MG .....	180
.....	108	CAREPOINT SY MIS 1ML .....	194
<i>carbidopa &amp; levodopa tab er 25-100</i>		CAREPOINT SY MIS 20GX1 .....	194
<i>mg</i> .....	108	CAREPOINT SY MIS 20GX1.5 .....	194
<i>carbidopa &amp; levodopa tab er 50-200</i>		CAREPOINT SY MIS 22GX1.5 .....	194
<i>mg</i> .....	108	CAREPOINT SY MIS 23GX1 .....	194
<i>carbidopa tab 25 mg</i> .....	107	CAREPOINT SY MIS 23GX1.5 .....	194
<i>carbidopa-levodopa-entacapone tabs</i>		CARESTART KIT COVID-19 .....	162
12.5-50-200 mg .....	108	CARETOUCH MIS 27GX1.5 .....	194
<i>carbidopa-levodopa-entacapone tabs</i>		<i>carglumic acid soluble tab 200 mg</i> ..	171
18.75-75-200 mg .....	108	<i>carisoprodol tab 250 mg</i> .....	213
<i>carbidopa-levodopa-entacapone tabs</i>		<i>carisoprodol tab 350 mg</i> .....	213
25-100-200 mg .....	108	CARNITOR SF SOL 1GM/10ML .....	171
<i>carbidopa-levodopa-entacapone tabs</i>		CARNITOR SOL 1GM/10ML .....	171
31.25-125-200 mg .....	108	CARNITOR TAB 330MG .....	171
		CAROSPIR SUS 25MG/5ML .....	167

<i>carteolol hcl ophth soln 1%</i> .....	215	<i>cefdinir for susp 250 mg/5ml</i> .....	137
<i>cartia xt cap 120/24hr</i> .....	128	<i>cefepime hcl for inj 1 gm</i> .....	138
<i>cartia xt cap 180/24hr</i> .....	128	<i>cefepime hcl for inj 2 gm</i> .....	138
<i>cartia xt cap 240/24hr</i> .....	128	<i>cefepime hcl for iv soln 2 gm</i> .....	138
<i>cartia xt cap 300/24hr</i> .....	128	CEFEPIME INJ 1GM .....	138
<i>carvedilol phosphate cap er 24hr 10 mg</i> .....	123	CEFEPIME INJ 2G/100ML.....	138
<i>carvedilol phosphate cap er 24hr 20 mg</i> .....	123	CEFEPIME/DEX INJ 1GM.....	138
<i>carvedilol phosphate cap er 24hr 40 mg</i> .....	123	CEFEPIME/DEX INJ 2GM.....	138
<i>carvedilol phosphate cap er 24hr 80 mg</i> .....	123	<i>cefixime cap 400 mg</i> .....	137
<i>carvedilol tab 12.5 mg</i> .....	123	<i>cefixime for susp 100 mg/5ml</i> .....	137
<i>carvedilol tab 25 mg</i> .....	123	<i>cefixime for susp 200 mg/5ml</i> .....	137
<i>carvedilol tab 3.125 mg</i> .....	123	<i>cefotetan disodium for inj 1 gm</i> ....	136
<i>carvedilol tab 6.25 mg</i> .....	123	<i>cefotetan disodium for inj 2 gm</i> ....	136
CASODEX TAB 50MG .....	100	CEFOXITIN INJ 1GM .....	136
<i>caspofungin acetate for iv soln 50 mg</i> .....	78	CEFOXITIN INJ 2GM .....	137
<i>caspofungin acetate for iv soln 70 mg</i> .....	78	<i>cefoxitin sodium for iv soln 1 gm</i> ....	137
CASPOFUNGIN INJ 50MG .....	78	<i>cefoxitin sodium for iv soln 10 gm</i> ..	137
CASPOFUNGIN INJ 70MG .....	78	<i>cefoxitin sodium for iv soln 2 gm</i> ....	137
CATHETER/TIP MIS 60ML COV .....	194	<i>cefpodoxime proxetil for susp 100 mg/5ml</i> .....	137
CATHFLO ACTI INJ 2MG .....	183	<i>cefpodoxime proxetil for susp 50 mg/5ml</i> .....	137
<i>cavarest gel 1.1%</i> .....	210	<i>cefpodoxime proxetil tab 100 mg</i> ...	137
CAYA DPR .....	192	<i>cefpodoxime proxetil tab 200 mg</i> ...	137
CAYSTON INH 75MG .....	38	<i>cefprozil for susp 125 mg/5ml</i> .....	137
CEFACLOR ER TAB 500MG .....	136	<i>cefprozil for susp 250 mg/5ml</i> .....	137
<i>cefaclor for susp 125 mg/5ml</i> .....	136	<i>cefprozil tab 250 mg</i> .....	137
<i>cefaclor for susp 375 mg/5ml</i> .....	136	<i>cefprozil tab 500 mg</i> .....	137
<i>cefadroxil cap 500 mg</i> .....	136	<i>ceftazidime for inj 1 gm</i> .....	137
<i>cefadroxil for susp 250 mg/5ml</i> .....	136	<i>ceftazidime for inj 6 gm</i> .....	137
<i>cefadroxil for susp 500 mg/5ml</i> .....	136	<i>ceftazidime for iv soln 2 gm</i> .....	137
<i>cefadroxil tab 1 gm</i> .....	136	CEFTAZIDIME/ SOL D5W 1GM .....	137
CEFAZOL/DEX SOL 1GM .....	136	CEFTAZIDIME/ SOL D5W 2GM .....	137
CEFAZOL/DEX SOL 2GM .....	136	CEFTRIAX/DEX INJ 1GM.....	137
CEFAZOLIN INJ 1GM/50ML .....	136	CEFTRIAX/DEX INJ 2GM.....	137
<i>cefazolin sodium for inj 1 gm</i> .....	136	<i>ceftriaxone sodium for inj 1 gm</i> ....	137
<i>cefazolin sodium for inj 10 gm</i> .....	136	<i>ceftriaxone sodium for inj 10 gm</i> ....	137
<i>cefazolin sodium for inj 2 gm</i> .....	136	<i>ceftriaxone sodium for inj 2 gm</i> ....	137
<i>cefazolin sodium for inj 500 mg</i> ....	136	<i>ceftriaxone sodium for inj 250 mg</i> ..	137
<i>cefazolin sodium for iv soln 1 gm</i> ...	136	<i>ceftriaxone sodium for inj 500 mg</i> ..	137
CEFAZOLIN SOL .....	136	<i>ceftriaxone sodium for iv soln 1 gm</i>	137
<i>cefdinir cap 300 mg</i> .....	137	<i>ceftriaxone sodium for iv soln 2 gm</i>	137
<i>cefdinir for susp 125 mg/5ml</i> .....	137	<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i> .....	137
		<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i> .....	137
		<i>cefuroxime axetil tab 250 mg</i> .....	137

<i>cefuroxime axetil tab 500 mg</i> .....	137	CHEWABLE CHW CALCIUM .....	205
<i>cefuroxime sodium for inj 750 mg</i> ..	137	<i>chlordiazepoxide hcl cap 10 mg</i> .....	41
<i>cefuroxime sodium for iv soln 1.5 gm</i> .....	137	<i>chlordiazepoxide hcl cap 25 mg</i> .....	41
CELEBREX CAP 100MG .....	22	<i>chlordiazepoxide hcl cap 5 mg</i> .....	41
CELEBREX CAP 200MG .....	22	<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i> .....	235
CELEBREX CAP 400MG .....	23	<i>chlordiazepoxide-amitriptyline tab 10-</i> <i>25 mg</i> .....	226
CELEBREX CAP 50MG .....	22	<i>chlordiazepoxide-amitriptyline tab 5-</i> <i>12.5 mg</i> .....	226
<i>celecoxib cap 100 mg</i> .....	23	<i>chlorhexidine gluconate soln 0.12%</i>	210
<i>celecoxib cap 200 mg</i> .....	23	<i>chloroquine phosphate tab 250 mg</i> ...	96
<i>celecoxib cap 400 mg</i> .....	23	<i>chloroquine phosphate tab 500 mg</i> ...	96
<i>celecoxib cap 50 mg</i> .....	23	<i>chlorothiazide sodium for inj 500 mg</i> .....	167
CELESTONE INJ SOLUSPAN .....	144	<i>chlorpheniramine tab 4 mg</i> .....	79
CELEXA TAB 10MG .....	61	<i>chlorpromazine hcl inj 25 mg/ml</i> ....	115
CELEXA TAB 20MG .....	61	<i>chlorpromazine hcl inj 50 mg/2ml</i> ..	115
CELEXA TAB 40MG .....	61	<i>chlorpromazine hcl tab 10 mg</i> .....	115
CELLCEPT CAP 250MG .....	208	<i>chlorpromazine hcl tab 100 mg</i> .....	115
CELLCEPT SUS 200MG/ML .....	208	<i>chlorpromazine hcl tab 200 mg</i> .....	115
CELLCEPT TAB 500MG .....	208	<i>chlorpromazine hcl tab 25 mg</i> .....	115
CELONTIN CAP 300MG .....	59	<i>chlorpromazine hcl tab 50 mg</i> .....	115
CENTANY AT KIT 2% .....	152	<i>chlorthalidone tab 25 mg</i> .....	167
CENTANY OIN 2% .....	152	<i>chlorthalidone tab 50 mg</i> .....	167
<i>cephalexin cap 250 mg</i> .....	136	<i>chlorzoxazone tab 250 mg</i> .....	213
<i>cephalexin cap 500 mg</i> .....	136	<i>chlorzoxazone tab 375 mg</i> .....	213
<i>cephalexin cap 750 mg</i> .....	136	<i>chlorzoxazone tab 500 mg</i> .....	213
<i>cephalexin for susp 125 mg/5ml</i> ....	136	<i>chlorzoxazone tab 750 mg</i> .....	213
<i>cephalexin for susp 250 mg/5ml</i> ....	136	CHOLBAM CAP 250MG .....	177
<i>cephalexin tab 250 mg</i> .....	136	CHOLBAM CAP 50MG .....	177
<i>cephalexin tab 500 mg</i> .....	136	<i>cholecalciferol cap 1000 unit</i> .....	243
CEPROTIN INJ 1000UNIT.....	182	<i>cholecalciferol cap 10000 unit</i> .....	243
CEPROTIN INJ 500 UNIT .....	182	<i>cholecalciferol oral liquid 400 unit/ml</i> .....	243
CEQUA SOL 0.09% .....	218	<i>cholecalciferol tab 1000 unit</i> .....	243
CEREBYX INJ 100/2ML .....	59	<i>cholestyramine light powder 4 gm/dose</i> .....	81
CEREBYX INJ 500/10ML .....	59	<i>cholestyramine light powder packets 4</i> <i>gm</i> .....	81
<i>cerovite jr chw</i> .....	211	<i>cholestyramine powder 4 gm/dose</i> ...	81
<i>cetirizine hcl oral soln 1 mg/ml (5</i> <i>mg/5ml)</i> .....	80	<i>cholestyramine powder packets 4 gm</i>	81
<i>cetirizine hcl tab 10 mg</i> .....	80	<i>choline fenofibrate cap dr 135 mg</i> <i>(fenofibric acid equiv)</i> .....	82
<i>cetirizine hcl tab 5 mg</i> .....	80	<i>choline fenofibrate cap dr 45 mg</i> <i>(fenofibric acid equiv)</i> .....	82
<i>cetirizine-pseudoephedrine tab er 12hr</i> <i>5-120 mg</i> .....	148	CIALIS TAB 5MG .....	134
<i>cevimeline hcl cap 30 mg</i> .....	210		
<i>charlotte 24 chw fe 1/20</i> .....	139		
<i>chateal eq tab 0.15/30</i> .....	139		
<i>chateal tab 0.15/30</i> .....	139		
CHEMET CAP 100MG .....	75		
CHENODAL TAB 250MG .....	177		

CIBINQO TAB 100MG.....	159	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	176
CIBINQO TAB 200MG.....	159	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	176
CIBINQO TAB 50MG .....	159	<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	221
<i>ciclodan sol 8%</i> .....	152	<i>ciprofloxacin-fluocinolone acetone (pf) otic soln 0.3-0.025%</i> .....	221
<i>ciclopirox gel 0.77%</i> .....	153	CITALOPRAM CAP 30MG.....	61
<i>ciclopirox kit 8%</i> .....	153	<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	61
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	153	<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	61
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	153	<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	61
<i>ciclopirox shampoo 1%</i> .....	153	<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	61
<i>ciclopirox solution 8%</i> .....	153	CLARINEX TAB 5MG.....	80
<i>cidofovir iv inj 75 mg/ml</i> .....	121	CLARINEX-D TAB 2.5-120 .....	148
<i>cilostazol tab 100 mg</i> .....	182	<i>clarithromycin for susp 125 mg/5ml</i> .....	191
<i>cilostazol tab 50 mg</i> .....	182	<i>clarithromycin for susp 250 mg/5ml</i> .....	191
CILOXAN OIN 0.3% OP .....	217	<i>clarithromycin tab 250 mg</i> .....	191
CIMDUO TAB 300-300 .....	117	<i>clarithromycin tab 500 mg</i> .....	191
<i>cimetidine hcl soln 300 mg/5ml</i> .....	236	<i>clarithromycin tab er 24hr 500 mg</i> .....	191
<i>cimetidine tab 300 mg</i> .....	236	CLEARDETECT KIT COVID-19.....	162
<i>cimetidine tab 400 mg</i> .....	236	<i>clemastine fumarate tab 2.68 mg</i> .....	79
<i>cimetidine tab 800 mg</i> .....	236	CLENPIQ SOL.....	189
CIMZIA KIT 200MG.....	178	CLEOCIN CAP 150MG.....	38
CIMZIA PREFL KIT 200MG/ML .....	178	CLEOCIN CAP 300MG.....	38
CIMZIA START KIT 200MG/ML .....	178	CLEOCIN CAP 75MG .....	38
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	171	CLEOCIN CRE 2% VAG.....	241
.....	171	CLEOCIN PED SOL 75MG/5ML.....	38
<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	171	CLEOCIN SUP 100MG.....	241
.....	171	CLEOCIN-T LOT 1%.....	149
<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	171	CLEVIPREX EMU 0.5MG/ML.....	128
.....	171	CLIMARA DIS 0.025MG .....	174
CINQAIR INJ.....	44	CLIMARA DIS 0.0375MG .....	174
CINVANTI INJ 130/18ML .....	77	CLIMARA DIS 0.05MG.....	174
CIPRO (10%) SUS 500MG/5 .....	176	CLIMARA DIS 0.06MG.....	174
CIPRO (5%) SUS 250MG/5 .....	176	CLIMARA DIS 0.075MG .....	174
CIPRO HC SUS OTIC .....	221	CLIMARA DIS 0.1MG.....	174
CIPRO TAB 250MG .....	176	CLIMARA PRO DIS WEEKLY .....	173
CIPRO TAB 500MG .....	176	<i>clindacin mis etz 1%</i> .....	149
CIPRODEX SUS 0.3-0.1%.....	221	<i>clindacin-p pad 1%</i> .....	149
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	217	CLINDAGEL GEL 1% .....	149
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....	221	<i>clindamycin hcl cap 150 mg</i> .....	38
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	176	<i>clindamycin hcl cap 300 mg</i> .....	38
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	176		



<i>clindamycin hcl cap 75 mg</i> .....	38	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin palmitate hcl for soln 75</i>		<i>0.125 mg</i> .....	52
<i>mg/5ml (base equiv)</i> .....	38	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate foam 1%</i> ....	149	<i>0.25 mg</i> .....	52
<i>clindamycin phosphate gel 1%</i> .....	149	<i>clonazepam orally disintegrating tab</i>	
<i>clindamycin phosphate lotion 1%</i> ...	149	<i>0.5 mg</i> .....	52
<i>clindamycin phosphate soln 1%</i> ....	149	<i>clonazepam orally disintegrating tab 1</i>	
<i>clindamycin phosphate swab 1%</i> ....	149	<i>mg</i> .....	52
<i>clindamycin phosphate vaginal cream</i>		<i>clonazepam orally disintegrating tab 2</i>	
<i>2%</i> .....	241	<i>mg</i> .....	52
<i>clindamycin phosphate-benzoyl</i>		<i>clonazepam tab 0.5 mg</i> .....	52
<i>peroxide gel 1.2-2.5%</i> .....	150	<i>clonazepam tab 1 mg</i> .....	52
<i>clindamycin phosphate-benzoyl</i>		<i>clonazepam tab 2 mg</i> .....	52
<i>peroxide gel 1-5%</i> .....	150	<i>clonidine hcl tab 0.1 mg</i> .....	89
<i>clindamycin phosphate-tretinoin gel</i>		<i>clonidine hcl tab 0.2 mg</i> .....	89
<i>1.2-0.025%</i> .....	150	<i>clonidine hcl tab 0.3 mg</i> .....	89
<i>clindamycin phosph-benzoyl peroxide</i>		<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	16
<i>(refrig) gel 1.2 (1)-5%</i> .....	149	<i>clonidine hcl tab er 24hr 0.17 mg (base</i>	
<i>CLINDESSE CRE 2%</i> .....	241	<i>equivalent)</i> .....	89
<i>CLINITEST KIT SELF-TST</i> .....	162	<i>clonidine td patch weekly 0.1 mg/24hr</i>	
<i>clobazam suspension 2.5 mg/ml</i> .....	52	.....	89
<i>clobazam tab 10 mg</i> .....	52	<i>clonidine td patch weekly 0.2 mg/24hr</i>	
<i>clobazam tab 20 mg</i> .....	52	.....	89
<i>clobetasol propionate cream 0.05%</i>	156	<i>clonidine td patch weekly 0.3 mg/24hr</i>	
<i>clobetasol propionate emollient base</i>		.....	89
<i>cream 0.05%</i> .....	156	<i>clopidogrel bisulfate tab 300 mg (base</i>	
<i>clobetasol propionate emulsion foam</i>		<i>equiv)</i> .....	182
<i>0.05%</i> .....	156	<i>clopidogrel bisulfate tab 75 mg (base</i>	
<i>clobetasol propionate foam 0.05%</i> .	156	<i>equiv)</i> .....	182
<i>clobetasol propionate gel 0.05%</i> ....	156	<i>clorazepate dipotassium tab 15 mg</i> ..	42
<i>clobetasol propionate lotion 0.05%</i> .	156	<i>clorazepate dipotassium tab 3.75 mg</i>	41
<i>clobetasol propionate oint 0.05%</i> ...	157	<i>clorazepate dipotassium tab 7.5 mg</i> .	41
<i>clobetasol propionate shampoo 0.05%</i>		<i>clotrimazole cream 1%</i> .....	153
.....	157	<i>clotrimazole soln 1%</i> .....	153
<i>clobetasol propionate soln 0.05%</i> ...	157	<i>clotrimazole troche 10 mg</i> .....	210
<i>clobetasol propionate spray 0.05%</i> .	157	<i>clotrimazole vaginal cream 1%</i> .....	241
<i>CLOBETEX PAK</i> .....	79	<i>clotrimazole vaginal cream 2%</i> .....	242
<i>CLOBEX SHA 0.05%</i> .....	157	<i>clotrimazole w/ betamethasone cream</i>	
<i>CLOBEX SPR 0.05%</i> .....	157	<i>1-0.05%</i> .....	153
<i>clocortolone pivalate cream 0.1%</i> ...	157	<i>clotrimazole w/ betamethasone lotion</i>	
<i>CLODAN KIT 0.05%</i> .....	157	<i>1-0.05%</i> .....	153
<i>clodan sha 0.05%</i> .....	157	<i>clozapine orally disintegrating tab 100</i>	
<i>CLODERM CRE 0.1%</i> .....	157	<i>mg</i> .....	113
<i>clomipramine hcl cap 25 mg</i> .....	65	<i>clozapine orally disintegrating tab 12.5</i>	
<i>clomipramine hcl cap 50 mg</i> .....	65	<i>mg</i> .....	113
<i>clomipramine hcl cap 75 mg</i> .....	65	<i>clozapine orally disintegrating tab 150</i>	
		<i>mg</i> .....	113

<i>clozapine orally disintegrating tab 200 mg</i> .....	113	COMTAN TAB 200MG .....	108
<i>clozapine orally disintegrating tab 25 mg</i> .....	113	CO-NATAL FA TAB 29-1MG .....	212
<i>clozapine tab 100 mg</i> .....	113	CONCERTA TAB 18MG.....	17
<i>clozapine tab 200 mg</i> .....	113	CONCERTA TAB 27MG.....	17
<i>clozapine tab 25 mg</i> .....	113	CONCERTA TAB 36MG.....	17
<i>clozapine tab 50 mg</i> .....	113	CONCERTA TAB 54MG.....	17
CLOZARIL TAB 100MG .....	114	CONDOMS - FEMALE.....	192
CLOZARIL TAB 200MG .....	114	CONDOMS - MALE .....	192
CLOZARIL TAB 25MG .....	114	CONDOMS LATEX LUBRICATED .....	192
CLOZARIL TAB 50MG .....	114	CONDOMS LATEX NON-LUBRICATED .....	192
COARTEM TAB 20-120MG.....	95	<i>constulose sol 10gm/15</i> .....	189
COBAS COV-2 KIT ASSAY.....	163	CONZIP CAP 100MG .....	27
COBAS COV-2 KIT CONTROL .....	163	CONZIP CAP 200MG .....	27
CODEINE SULF TAB 15MG .....	27	CONZIP CAP 300MG .....	27
CODEINE SULF TAB 60MG .....	27	COPAXONE INJ 20MG/ML .....	227
<i>codeine sulfate tab 30 mg</i> .....	27	COPAXONE INJ 40MG/ML .....	227
COLAZAL CAP 750MG .....	178	COPIKTRA CAP 15MG.....	102
<i>colchicine cap 0.6 mg</i> .....	181	COPIKTRA CAP 25MG.....	102
<i>colchicine tab 0.6 mg</i> .....	181	COREG CR CAP 10MG .....	123
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	181	COREG CR CAP 20MG .....	123
COLCRYS TAB 0.6MG .....	181	COREG CR CAP 40MG .....	123
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	81	COREG CR CAP 80MG .....	123
<i>colesevelam hcl tab 625 mg</i> .....	81	COREG TAB 12.5MG .....	123
COLESTID FLA GRA 5/7.5GM .....	81	COREG TAB 25MG .....	123
COLESTID FLA GRA 5GM .....	82	COREG TAB 3.125MG .....	123
COLESTID GRA 5GM .....	82	COREG TAB 6.25MG .....	123
COLESTID POW 5GM .....	82	CORGARD TAB 20MG.....	126
COLESTID TAB 1GM.....	82	CORGARD TAB 40MG.....	126
<i>colestipol hcl granule packets 5 gm</i> ..	82	CORLANOR SOL 5MG/5ML .....	136
<i>colestipol hcl granules 5 gm</i> .....	82	CORLANOR TAB 5MG .....	136
<i>colestipol hcl tab 1 gm</i> .....	82	CORLANOR TAB 7.5MG .....	136
COMBIGAN SOL 0.2/0.5% .....	215	CORTEF TAB 10MG.....	145
COMBIPATCH DIS.....	173	CORTEF TAB 20MG.....	145
COMBIVENT AER 20-100 .....	47	CORTEF TAB 5MG.....	144
COMBIVIR TAB 150-300.....	117	CORTENEMA ENE 100MG.....	35
COMETRIQ KIT 100MG.....	102	CORTIFOAM AER 90MG .....	35
COMETRIQ KIT 140MG.....	102	CORTISONE TAB 25MG .....	145
COMETRIQ KIT 60MG.....	102	CORTISPORIN SUS -TC OTIC.....	221
<i>compl multiv chw childrns</i> .....	211	CORTROPHIN GEL 80UNIT.....	169
COMPLERA TAB .....	117	COSENTYX INJ 150MG/ML .....	155
COMPLETE NAT PAK DHA .....	212	COSENTYX INJ 300DOSE.....	155
COMPLETENATE CHW.....	212	COSENTYX INJ 75MG/0.5 .....	155
<i>compro sup 25mg</i> .....	115	COSENTYX PEN INJ 150MG/ML .....	155
		COSENTYX PEN INJ 300DOSE .....	155
		COSOPT PF SOL 2%-0.5%.....	215
		COSOPT SOL 22.3-6.8 .....	216

COTELLIC TAB 20MG .....	102	<i>cyclobenzaprine hcl tab 7.5 mg</i> .....	213
COTEMPLA TAB 17.3MG .....	17	CYCLOGYL SOL 0.5% OP .....	216
COTEMPLA TAB 25.9MG .....	17	CYCLOGYL SOL 1% OP .....	216
COTEMPLA TAB 8.6MG .....	17	CYCLOGYL SOL 2% OP .....	216
COVID-19 AT- KIT 1-PACK .....	163	CYCLOMYDRIL SOL OP .....	216
COVID-19 AT- KIT 2-PACK .....	163	<i>cyclopentolate hcl ophth soln 0.5%</i>	216
COVID-19 KIT .....	163	<i>cyclopentolate hcl ophth soln 1% ..</i>	216
COVID-19 RAP KIT 1-PACK .....	163	<i>cyclopentolate hcl ophth soln 2% ..</i>	216
COVID-19 RAP KIT 2-PACK .....	163	<i>cyclophosphamide cap 25 mg</i> .....	97
COVID-19 TES KIT SPECIMEN .....	163	<i>cyclophosphamide cap 50 mg</i> .....	97
COZAAR TAB 100MG .....	88	<i>cycloserine cap 250 mg</i> .....	97
COZAAR TAB 25MG .....	88	CYCLOSET TAB 0.8MG .....	69
COZAAR TAB 50MG .....	88	<i>cyclosporine (ophth) emulsion 0.05%</i>	
<i>creamies chw 600-400</i> .....	205	.....	218
CREON CAP 12000UNT .....	165	<i>cyclosporine cap 100 mg</i> .....	208
CREON CAP 24000UNT .....	165	<i>cyclosporine cap 25 mg</i> .....	208
CREON CAP 3000UNIT .....	165	<i>cyclosporine modified cap 100 mg..</i>	208
CREON CAP 36000UNT .....	165	<i>cyclosporine modified cap 25 mg....</i>	208
CREON CAP 6000UNIT .....	165	<i>cyclosporine modified cap 50 mg....</i>	208
CRESEMBA CAP 186 MG .....	78	<i>cyclosporine modified oral soln 100</i>	
CRESEMBA INJ 372MG .....	78	<i>mg/ml</i> .....	208
CRESTOR TAB 10MG .....	83	CYKLOKAPRON INJ 100MG/ML .....	186
CRESTOR TAB 20MG .....	83	CYMBALTA CAP 20MG .....	63
CRESTOR TAB 40MG .....	83	CYMBALTA CAP 30MG .....	63
CRESTOR TAB 5MG .....	83	CYMBALTA CAP 60MG .....	63
CRINONE GEL 4% VAG .....	242	<i>cyproheptadine hcl syrup 2 mg/5ml..</i>	81
CRINONE GEL 8% VAG .....	242	<i>cyproheptadine hcl tab 4 mg</i> .....	81
<i>cromolyn sodium ophth soln 4% ...</i>	220	<i>cyred eq tab</i> .....	139
<i>cromolyn sodium oral conc 100 mg/5ml</i>		<i>cyred tab</i> .....	139
.....	177	CYSTADANE POW .....	171
<i>cromolyn sodium soln nebu 20 mg/2ml</i>		CYSTADROPS SOL 0.37% .....	220
.....	44	CYSTARAN SOL 0.44% .....	220
CRONO SYR MIS 10ML .....	194	CYTOMEL TAB 25MCG .....	233
CRONO SYR MIS 20ML .....	194	CYTOMEL TAB 50MCG .....	233
<i>crotran lot 10%</i> .....	162	CYTOMEL TAB 5MCG .....	233
<i>cryselle-28 tab 28 tabs</i> .....	139	CYTOTEC TAB 100MCG .....	238
CUPRIMINE CAP 250MG .....	207	CYTOTEC TAB 200MCG .....	238
CUVPOSA SOL 1MG/5ML .....	235	<i>cytra k gra crystals</i> .....	180
CVS COVID-19 KIT HOME 2PK .....	163	<b>D</b>	
CVS GLUCOSE CHW TROPICAL .....	68	<i>dabigatran etexilate mesylate cap 150</i>	
<i>cyanocobalamin inj 1000 mcg/ml ...</i>	183	<i>mg (etexilate base eq)</i> .....	51
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i>		<i>dabigatran etexilate mesylate cap 75</i>	
.....	213	<i>mg (etexilate base eq)</i> .....	51
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i>		<i>daily fib pow 51.7%</i> .....	188
.....	213	<i>daily fiber pow</i> .....	188
<i>cyclobenzaprine hcl tab 10 mg</i> .....	213	<i>daily fiber pow 43%</i> .....	188
<i>cyclobenzaprine hcl tab 5 mg</i> .....	213	<i>dalfampridine tab er 12hr 10 mg....</i>	227

DALIRESP TAB 250MCG .....	45	<i>deferiprone tab 1000 mg</i> .....	75
DALIRESP TAB 500MCG .....	45	<i>deferiprone tab 500 mg</i> .....	75
<i>danazol cap 100 mg</i> .....	34	DELESTROGEN INJ 10MG/ML.....	174
<i>danazol cap 200 mg</i> .....	34	DELESTROGEN INJ 20MG/ML.....	174
<i>danazol cap 50 mg</i> .....	34	DELESTROGEN INJ 40MG/ML.....	174
DANTRIUM CAP 25MG.....	214	DELSTRIGO TAB.....	117
DANTRIUM IV INJ 20MG.....	214	<i>delyla tab 0.1-0.02</i> .....	139
<i>dantrolene sodium cap 100 mg</i> .....	214	DELZICOL CAP 400MG .....	178
<i>dantrolene sodium cap 25 mg</i> .....	214	<i>demeclocycline hcl tab 150 mg</i> .....	231
<i>dantrolene sodium cap 50 mg</i> .....	214	<i>demeclocycline hcl tab 300 mg</i> .....	231
<i>dantrolene sodium for iv soln 20 mg</i> .....	214	DEMSER CAP 250MG .....	87
<i>dapsone gel 5%</i> .....	150	DENAVIR CRE 1% .....	155
<i>dapsone gel 7.5%</i> .....	150	<i>denta 5000 cre plus</i> .....	210
<i>dapsone tab 100 mg</i> .....	38	<i>denta 5000 cre plus 2pk</i> .....	210
<i>dapsone tab 25 mg</i> .....	38	<i>dentagel gel 1.1%</i> .....	210
<i>darifenacin hydrobromide tab er 24hr</i> <i>15 mg (base equiv)</i> .....	239	DEPAKOTE ER TAB 250MG.....	60
<i>darifenacin hydrobromide tab er 24hr</i> <i>7.5 mg (base equiv)</i> .....	239	DEPAKOTE ER TAB 500MG.....	60
DARTISLA ODT TAB 1.7MG.....	235	DEPAKOTE SPR CAP 125MG.....	60
<i>dasetta tab 1/35</i> .....	139	DEPAKOTE TAB 125MG DR .....	60
<i>dasetta tab 7/7/7</i> .....	139	DEPAKOTE TAB 250MG DR .....	60
DAURISMO TAB 100MG.....	99	DEPAKOTE TAB 500MG DR .....	60
DAURISMO TAB 25MG.....	99	DEPEN TITRA TAB 250MG .....	207
DAYPRO TAB 600MG.....	23	DEPO-ESTRADI INJ 5MG/ML .....	174
<i>daysee tab</i> .....	139	DEPO-MEDROL INJ 20MG/ML.....	145
<i>daytme cough liq 15/15ml</i> .....	147	DEPO-MEDROL INJ 40MG/ML.....	145
DAYTRANA DIS 10MG/9HR .....	17	DEPO-MEDROL INJ 80MG/ML.....	145
DAYTRANA DIS 15MG/9HR .....	17	DEPO-PROVERA INJ 150MG/ML.....	144
DAYTRANA DIS 20MG/9HR .....	17	DEPO-SQ PROV INJ 104 .....	144
DAYTRANA DIS 30MG/9HR .....	17	DEPO-TESTOST INJ 100MG/ML .....	34
DAYVIGO TAB 10MG .....	188	DEPO-TESTOST INJ 200MG/ML .....	34
DAYVIGO TAB 5MG.....	188	DERMACINRX PAK LEXITRAL.....	152
DDAVP INJ 4MCG/ML .....	172	DERMACINRX PAK PHN .....	160
DDAVP TAB 0.1MG .....	172	DERMACINRX PAK THERAZOL.....	153
DDAVP TAB 0.2MG .....	172	DERMACINRX PAK ZRM.....	160
<i>deblitane tab 0.35mg</i> .....	144	DERMA-SMOOTH OIL /FS BODY .....	157
<i>deferasirox granules packet 180 mg</i> .75		DERMA-SMOOTH OIL /FS SCLP .....	157
<i>deferasirox granules packet 360 mg</i> .75		DERMOTIC OIL 0.01% .....	221
<i>deferasirox granules packet 90 mg</i> ...75		DESCOVY TAB 120-15MG.....	117
<i>deferasirox tab 180 mg</i> .....	75	DESCOVY TAB 200/25MG.....	117
<i>deferasirox tab 360 mg</i> .....	75	<i>desipramine hcl tab 10 mg</i> .....	65
<i>deferasirox tab 90 mg</i> .....	75	<i>desipramine hcl tab 100 mg</i> .....	65
<i>deferasirox tab for oral susp 125 mg</i> 75		<i>desipramine hcl tab 150 mg</i> .....	65
<i>deferasirox tab for oral susp 250 mg</i> 75		<i>desipramine hcl tab 25 mg</i> .....	65
<i>deferasirox tab for oral susp 500 mg</i> 75		<i>desipramine hcl tab 50 mg</i> .....	65
		<i>desipramine hcl tab 75 mg</i> .....	65
		<i>desloratadine tab 5 mg</i> .....	80

<i>desloratadine tab orally disintegrating</i>	
2.5 mg .....	80
<i>desloratadine tab orally disintegrating</i>	
5 mg .....	80
<i>desmopressin acetate inj 4 mcg/ml</i>	172
<i>desmopressin acetate nasal spray soln</i>	
0.01% .....	172
<i>desmopressin acetate nasal spray soln</i>	
0.01% (refrigerated) .....	172
<i>desmopressin acetate preservative free</i>	
(pf) inj 4 mcg/ml .....	172
<i>desmopressin acetate tab 0.1 mg ...</i>	172
<i>desmopressin acetate tab 0.2 mg ...</i>	172
<i>desogest-eth estrad &amp; eth estrad tab</i>	
0.15-0.02/0.01 mg(21/5) .....	139
<i>desogestrel &amp; ethinyl estradiol tab 0.15</i>	
mg-30 mcg .....	139
<i>desonide cream 0.05% .....</i>	157
<i>desonide lotion 0.05% .....</i>	157
<i>desonide oint 0.05% .....</i>	157
<i>desoximetasone cream 0.05% .....</i>	157
<i>desoximetasone cream 0.25% .....</i>	157
<i>desoximetasone gel 0.05% .....</i>	157
<i>desoximetasone oint 0.05% .....</i>	157
<i>desoximetasone oint 0.25% .....</i>	157
<i>desoximetasone spray 0.25% .....</i>	157
DESVENLAFAX TAB 100MG ER .....	63
DESVENLAFAX TAB 50MG ER .....	63
<i>desvenlafaxine succinate tab er 24hr</i>	
100 mg (base equiv) .....	63
<i>desvenlafaxine succinate tab er 24hr</i>	
25 mg (base equiv) .....	63
<i>desvenlafaxine succinate tab er 24hr</i>	
50 mg (base equiv) .....	63
DETROL LA CAP 2MG .....	239
DETROL LA CAP 4MG .....	239
DETROL TAB 1MG .....	239
DETROL TAB 2MG .....	239
DEX4 GLUCOSE CHW QK DISLV .....	68
DEXAMETH PHO INJ 10MG/ML .....	145
DEXAMETHASON CON 1MG/ML .....	145
<i>dexamethasone elixir 0.5 mg/5ml ..</i>	145
<i>dexamethasone sod phosphate</i>	
preservative free inj 10 mg/ml ....	145
<i>dexamethasone sodium phosphate inj</i>	
10 mg/ml .....	145
<i>dexamethasone sodium phosphate inj</i>	
100 mg/10ml .....	145
<i>dexamethasone sodium phosphate inj</i>	
120 mg/30ml .....	145
<i>dexamethasone sodium phosphate inj</i>	
20 mg/5ml .....	145
<i>dexamethasone sodium phosphate inj</i>	
4 mg/ml .....	145
<i>dexamethasone sodium phosphate</i>	
ophth soln 0.1% .....	218
<i>dexamethasone soln 0.5 mg/5ml ...</i>	145
<i>dexamethasone tab 0.5 mg .....</i>	145
<i>dexamethasone tab 0.75 mg .....</i>	145
<i>dexamethasone tab 1 mg .....</i>	145
<i>dexamethasone tab 1.5 mg .....</i>	145
<i>dexamethasone tab 4 mg .....</i>	145
<i>dexamethasone tab 6 mg .....</i>	145
<i>dexamethasone tab therapy pack 1.5</i>	
mg (21) .....	145
<i>dexamethasone tab therapy pack 1.5</i>	
mg (35) .....	145
<i>dexamethasone tab therapy pack 1.5</i>	
mg (51) .....	145
DEXCOM G6 MIS RECEIVER .....	192
DEXCOM G6 MIS SENSOR .....	192
DEXCOM G6 MIS TRANSMIT .....	192
DEXEDRINE CAP 10MG CR .....	15
DEXEDRINE CAP 15MG CR .....	15
DEXILANT CAP 30MG DR .....	237
DEXILANT CAP 60MG DR .....	237
<i>dexlansoprazole cap delayed release 30</i>	
mg .....	237
<i>dexlansoprazole cap delayed release 60</i>	
mg .....	237
<i>dexmethylphenidate hcl cap er 24 hr</i>	
10 mg .....	18
<i>dexmethylphenidate hcl cap er 24 hr</i>	
15 mg .....	18
<i>dexmethylphenidate hcl cap er 24 hr</i>	
20 mg .....	18
<i>dexmethylphenidate hcl cap er 24 hr</i>	
25 mg .....	18
<i>dexmethylphenidate hcl cap er 24 hr</i>	
30 mg .....	18
<i>dexmethylphenidate hcl cap er 24 hr</i>	
35 mg .....	18

<i>dexmethylphenidate hcl cap er 24 hr</i>		<i>diazepam tab 5 mg</i> .....	42
40 mg .....	18	<i>diazoxide susp 50 mg/ml</i> .....	68
<i>dexmethylphenidate hcl cap er 24 hr 5</i>		<i>dichlorphenamide tab 50 mg</i> .....	165
mg .....	17	DICLEGIS TAB 10-10MG .....	77
<i>dexmethylphenidate hcl tab 10 mg</i> ...	18	<i>diclofenac epolamine patch 1.3%</i> ...	152
<i>dexmethylphenidate hcl tab 2.5 mg</i> ..	18	<i>diclofenac potassium (migraine) packet</i>	
<i>dexmethylphenidate hcl tab 5 mg</i> .....	18	50 mg .....	203
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>diclofenac potassium cap 25 mg</i> .....	23
10 mg .....	15	<i>diclofenac potassium tab 25 mg</i> .....	23
<i>dextroamphetamine sulfate cap er 24hr</i>		<i>diclofenac potassium tab 50 mg</i> .....	23
15 mg .....	15	<i>diclofenac sodium (actinic keratoses)</i>	
<i>dextroamphetamine sulfate cap er 24hr</i>		gel 3% .....	154
5 mg .....	15	<i>diclofenac sodium gel 1% (1.16%</i>	
<i>dextroamphetamine sulfate oral</i>		<i>diethylamine equiv)</i> .....	152
<i>solution 5 mg/5ml</i> .....	15	<i>diclofenac sodium ophth soln 0.1%</i>	220
<i>dextroamphetamine sulfate tab 10 mg</i>		<i>diclofenac sodium soln 1.5%</i> .....	152
.....	15	<i>diclofenac sodium soln 2%</i> .....	152
<i>dextroamphetamine sulfate tab 15 mg</i>		<i>diclofenac sodium tab delayed release</i>	
.....	15	25 mg .....	23
<i>dextroamphetamine sulfate tab 20 mg</i>		<i>diclofenac sodium tab delayed release</i>	
.....	15	50 mg .....	23
<i>dextroamphetamine sulfate tab 30 mg</i>		<i>diclofenac sodium tab delayed release</i>	
.....	15	75 mg .....	23
<i>dextroamphetamine sulfate tab 5 mg</i>	15	<i>diclofenac sodium tab er 24hr 100 mg</i>	
<i>dextromethorphan-guaifenesin liquid</i>		.....	23
10-100 mg/5ml .....	148	<i>diclofenac w/ misoprostol tab delayed</i>	
<i>dextromethorphan-guaifenesin syrup</i>		<i>release 50-0.2 mg</i> .....	23
10-100 mg/5ml .....	148	<i>diclofenac w/ misoprostol tab delayed</i>	
DIACOMIT CAP 250MG .....	53	<i>release 75-0.2 mg</i> .....	23
DIACOMIT CAP 500MG .....	53	DICLOTREX II PAK .....	152
DIACOMIT PAK 250MG .....	53	DICLOTREX PAK .....	152
DIACOMIT PAK 500MG .....	53	<i>dicloxacillin sodium cap 250 mg</i> ....	223
DIASTAT ACDL GEL 12.5-20 .....	52	<i>dicloxacillin sodium cap 500 mg</i> ....	223
DIASTAT ACDL GEL 5-10MG .....	52	<i>dicyclomine hcl cap 10 mg</i> .....	235
DIASTAT PED GEL 2.5M GEL .....	52	<i>dicyclomine hcl inj 10 mg/ml</i> .....	235
DIATRUST KIT COVID-19 .....	163	<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
<i>diazepam conc 5 mg/ml</i> .....	42	.....	235
<i>diazepam inj 5 mg/ml</i> .....	42	<i>dicyclomine hcl tab 20 mg</i> .....	235
<i>diazepam oral soln 1 mg/ml</i> .....	42	DIFFERIN CRE 0.1% .....	150
<i>diazepam rectal gel delivery system 10</i>		DIFFERIN GEL 0.1% .....	150
mg .....	52	DIFFERIN GEL 0.3% .....	150
<i>diazepam rectal gel delivery system 2.5</i>		DIFFERIN LOT 0.1% .....	150
mg .....	52	DIFICID SUS .....	191
<i>diazepam rectal gel delivery system 20</i>		DIFICID TAB 200MG .....	191
mg .....	52	<i>diflorasone diacetate cream 0.05%</i>	157
<i>diazepam tab 10 mg</i> .....	42	<i>diflorasone diacetate oint 0.05%</i> ....	157
<i>diazepam tab 2 mg</i> .....	42	DIFLUCAN SUS 10MG/ML .....	78

DIFLUCAN SUS 40MG/ML .....	78	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFLUCAN TAB 100MG .....	78	360 mg .....	129
DIFLUCAN TAB 150MG .....	78	<i>diltiazem hcl coated beads tab er 24hr</i>	
DIFLUCAN TAB 200MG .....	79	420 mg .....	129
<i>diflunisal tab 500 mg .....</i>	27	<i>diltiazem hcl extended release beads</i>	
<i>difluprednate ophth emulsion 0.05%</i>		<i>cap er 24hr 120 mg .....</i>	129
.....	218	<i>diltiazem hcl extended release beads</i>	
<i>digoxin inj 0.25 mg/ml.....</i>	133	<i>cap er 24hr 180 mg .....</i>	129
<i>digoxin oral soln 0.05 mg/ml .....</i>	133	<i>diltiazem hcl extended release beads</i>	
<i>digoxin tab 125 mcg (0.125 mg) ....</i>	133	<i>cap er 24hr 240 mg .....</i>	129
<i>digoxin tab 250 mcg (0.25 mg).....</i>	133	<i>diltiazem hcl extended release beads</i>	
<i>digoxin tab 62.5 mcg (0.0625 mg) .</i>	133	<i>cap er 24hr 300 mg .....</i>	129
<i>dihydroergotamine mesylate inj 1</i>		<i>diltiazem hcl extended release beads</i>	
<i>mg/ml.....</i>	203	<i>cap er 24hr 360 mg .....</i>	129
<i>dihydroergotamine mesylate nasal</i>		<i>diltiazem hcl extended release beads</i>	
<i>spray 4 mg/ml .....</i>	203	<i>cap er 24hr 420 mg .....</i>	129
DILANTIN CAP 100MG.....	59	<i>diltiazem hcl iv soln 125 mg/25ml (5</i>	
DILANTIN CAP 30MG .....	59	<i>mg/ml) .....</i>	130
DILANTIN CHW 50MG .....	59	<i>diltiazem hcl iv soln 25 mg/5ml (5</i>	
DILANTIN-125 SUS 125/5ML .....	59	<i>mg/ml) .....</i>	129
DILAUDID LIQ 1MG/ML .....	27	<i>diltiazem hcl iv soln 50 mg/10ml (5</i>	
DILAUDID TAB 2MG.....	27	<i>mg/ml) .....</i>	129
DILAUDID TAB 4MG.....	27	<i>diltiazem hcl tab 120 mg.....</i>	130
DILAUDID TAB 8MG.....	27	<i>diltiazem hcl tab 30 mg.....</i>	130
<i>diltiazem hcl cap er 12hr 120 mg ...</i>	129	<i>diltiazem hcl tab 60 mg.....</i>	130
<i>diltiazem hcl cap er 12hr 60 mg ....</i>	129	<i>diltiazem hcl tab 90 mg.....</i>	130
<i>diltiazem hcl cap er 12hr 90 mg ....</i>	129	DILTIAZEM INJ 100MG.....	130
<i>diltiazem hcl cap er 24hr 120 mg ...</i>	129	<i>dilt-xr cap 120mg.....</i>	128
<i>diltiazem hcl cap er 24hr 180 mg ..</i>	129	<i>dilt-xr cap 180mg.....</i>	128
<i>diltiazem hcl cap er 24hr 240 mg ...</i>	129	<i>dilt-xr cap 240mg.....</i>	129
<i>diltiazem hcl coated beads cap er 24hr</i>		DIMENHYDRIN INJ 50MG/ML .....	77
120 mg .....	129	<i>dimethyl fumarate capsule delayed</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>release 120 mg .....</i>	227
180 mg .....	129	<i>dimethyl fumarate capsule delayed</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>release 240 mg .....</i>	227
240 mg .....	129	<i>dimethyl fumarate capsule dr starter</i>	
<i>diltiazem hcl coated beads cap er 24hr</i>		<i>pack 120 mg &amp; 240 mg .....</i>	227
300 mg .....	129	DIOVAN HCT TAB 160-12.5 .....	92
<i>diltiazem hcl coated beads cap er 24hr</i>		DIOVAN HCT TAB 160-25MG .....	92
360 mg .....	129	DIOVAN HCT TAB 320-12.5 .....	92
<i>diltiazem hcl coated beads tab er 24hr</i>		DIOVAN HCT TAB 320-25MG .....	92
180 mg .....	129	DIOVAN HCT TAB 80/12.5 .....	92
<i>diltiazem hcl coated beads tab er 24hr</i>		DIOVAN TAB 160MG.....	88
240 mg .....	129	DIOVAN TAB 320MG.....	88
<i>diltiazem hcl coated beads tab er 24hr</i>		DIOVAN TAB 40MG.....	88
300 mg .....	129	DIOVAN TAB 80MG.....	88
		DIPENTUM CAP 250MG .....	178

<i>diphenhydramine hcl cap 25 mg</i> .....	79	<i>dofetilide cap 125 mcg (0.125 mg)</i> ...	43
<i>diphenhydramine hcl cap 50 mg</i> .....	80	<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	43
<i>diphenhydramine hcl elixir 12.5</i>		<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	43
<i>mg/5ml</i> .....	80	<i>dolishale tab 90-20mcg</i> .....	139
<i>diphenhydramine hcl inj 50 mg/ml</i> ...	80	<i>donepezil hydrochloride orally</i>	
<i>diphenhydramine hcl liquid 12.5</i>		<i>disintegrating tab 10 mg</i> .....	225
<i>mg/5ml</i> .....	80	<i>donepezil hydrochloride orally</i>	
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>disintegrating tab 5 mg</i> .....	224
<i>mg/5ml</i> .....	75	<i>donepezil hydrochloride tab 10 mg</i> .	225
<i>diphenoxylate w/ atropine tab 2.5-</i>		<i>donepezil hydrochloride tab 23 mg</i> .	225
<i>0.025 mg</i> .....	75	<i>donepezil hydrochloride tab 5 mg</i> ...	225
<i>diphenhydramine hcl tab 25 mg</i> .....	80	DOPTELET TAB 20MG.....	184
DIPROLENE OIN 0.05%.....	157	DORYX MPC TAB 120MG .....	231
<i>dipyridamole tab 25 mg</i> .....	182	DORYX MPC TAB 60MG .....	231
<i>dipyridamole tab 50 mg</i> .....	182	DORYX TAB 200MG .....	231
<i>dipyridamole tab 75 mg</i> .....	182	DORYX TAB 50MG .....	231
<i>disopyramide phosphate cap 100 mg</i>	42	DORYX TAB 80MG .....	231
<i>disopyramide phosphate cap 150 mg</i>	42	<i>dorzolamide hcl ophth soln 2%</i> .....	220
<i>disulfiram tab 250 mg</i> .....	224	<i>dorzolamide hcl-timolol maleate ophth</i>	
<i>disulfiram tab 500 mg</i> .....	224	<i>sol 22.3-6.8 mg/ml pf</i> .....	216
DITROPAN XL TAB 10MG.....	239	<i>dorzolamide hcl-timolol maleate ophth</i>	
DITROPAN XL TAB 5MG.....	239	<i>soln 22.3-6.8 mg/ml</i> .....	216
DIURIL SUS 250/5ML.....	167	<i>dotti dis 0.025mg</i> .....	174
<i>divalproex sodium cap delayed release</i>		<i>dotti dis 0.0375mg</i> .....	174
<i>sprinkle 125 mg</i> .....	60	<i>dotti dis 0.05mg</i> .....	174
<i>divalproex sodium tab delayed release</i>		<i>dotti dis 0.075mg</i> .....	174
<i>125 mg</i> .....	60	<i>dotti dis 0.1mg</i> .....	174
<i>divalproex sodium tab delayed release</i>		DOVATO TAB 50-300MG .....	117
<i>250 mg</i> .....	60	DOVONEX CRE 0.005%.....	155
<i>divalproex sodium tab delayed release</i>		<i>doxazosin mesylate tab 1 mg</i> .....	89
<i>500 mg</i> .....	60	<i>doxazosin mesylate tab 2 mg</i> .....	89
<i>divalproex sodium tab er 24 hr 250 mg</i>		<i>doxazosin mesylate tab 4 mg</i> .....	89
.....	60	<i>doxazosin mesylate tab 8 mg</i> .....	89
<i>divalproex sodium tab er 24 hr 500 mg</i>		<i>doxepin hcl (sleep) tab 3 mg (base</i>	
.....	60	<i>equiv)</i> .....	186
DIVIGEL GEL 0.25MG.....	174	<i>doxepin hcl (sleep) tab 6 mg (base</i>	
DIVIGEL GEL 0.5MG .....	174	<i>equiv)</i> .....	186
DIVIGEL GEL 0.75MG.....	174	<i>doxepin hcl cap 10 mg</i> .....	65
DIVIGEL GEL 1.25MG.....	174	<i>doxepin hcl cap 100 mg</i> .....	65
DIVIGEL GEL 1MG/GM .....	174	<i>doxepin hcl cap 150 mg</i> .....	65
<i>docusate calcium cap 240 mg</i> .....	190	<i>doxepin hcl cap 25 mg</i> .....	65
<i>docusate sodium cap 100 mg</i> .....	190	<i>doxepin hcl cap 50 mg</i> .....	65
<i>docusate sodium cap 250 mg</i> .....	190	<i>doxepin hcl cap 75 mg</i> .....	65
<i>docusate sodium liquid 150 mg/15ml</i>		<i>doxepin hcl conc 10 mg/ml</i> .....	65
.....	190	<i>doxepin hcl cream 5%</i> .....	154
<i>docusate sodium tab 100 mg</i> .....	190	<i>doxercalciferol cap 0.5 mcg</i> .....	171
<i>dodex inj</i> .....	183	<i>doxercalciferol cap 1 mcg</i> .....	171



<i>doxercalciferol cap 2.5 mcg</i> .....	171	DRIZALMA CAP 60MG DR .....	63
<i>doxy 100 inj 100mg</i> .....	231	<i>dronabinol cap 10 mg</i> .....	77
<i>doxycycline (rosacea) cap delayed</i>		<i>dronabinol cap 2.5 mg</i> .....	77
<i>release 40 mg</i> .....	161	<i>dronabinol cap 5 mg</i> .....	77
<i>doxycycline hyclate cap 100 mg</i> .....	231	<i>droperidol inj 2.5 mg/ml</i> .....	41
<i>doxycycline hyclate cap 50 mg</i> .....	231	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>doxycycline hyclate for inj 100 mg</i> .	231	<i>0.02 mg</i> .....	139
<i>doxycycline hyclate tab 100 mg</i> .....	231	<i>drospirenone-ethinyl estradiol tab 3-</i>	
<i>doxycycline hyclate tab 150 mg</i> .....	231	<i>0.03 mg</i> .....	139
<i>doxycycline hyclate tab 20 mg</i> .....	231	<i>drospirenone-ethinyl estrad-</i>	
<i>doxycycline hyclate tab 50 mg</i> .....	231	<i>levomefolate tab 3-0.02-0.451 mg</i>	
<i>doxycycline hyclate tab 75 mg</i> .....	231	.....	139
<i>doxycycline hyclate tab delayed release</i>		<i>drospirenone-ethinyl estrad-</i>	
<i>100 mg</i> .....	231	<i>levomefolate tab 3-0.03-0.451 mg</i>	
<i>doxycycline hyclate tab delayed release</i>		.....	139
<i>150 mg</i> .....	231	DROXIA CAP 200MG .....	183
<i>doxycycline hyclate tab delayed release</i>		DROXIA CAP 300MG .....	183
<i>200 mg</i> .....	231	DROXIA CAP 400MG .....	183
<i>doxycycline hyclate tab delayed release</i>		<i>droxidopa cap 100 mg</i> .....	243
<i>50 mg</i> .....	231	<i>droxidopa cap 200 mg</i> .....	243
<i>doxycycline hyclate tab delayed release</i>		<i>droxidopa cap 300 mg</i> .....	243
<i>75 mg</i> .....	231	DRYSOL SOL 20% .....	161
<i>doxycycline hyclate tab delayed release</i>		DUAKLIR AER 400/12 .....	47
<i>80 mg</i> .....	231	DUAVEE TAB 0.45-20 .....	173
<i>doxycycline monohydrate cap 100 mg</i>		DUETACT TAB 30-2MG .....	66
.....	231	DUETACT TAB 30-4MG .....	66
<i>doxycycline monohydrate cap 150 mg</i>		DUEXIS TAB 800-26.6 .....	23
.....	232	DULERA AER 100-5MCG .....	48
<i>doxycycline monohydrate cap 50 mg</i>		DULERA AER 200-5MCG .....	48
.....	231	DULERA AER 50-5MCG .....	47
<i>doxycycline monohydrate cap 75 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	231	<i>cap 20 mg (base eq)</i> .....	63
<i>doxycycline monohydrate for susp 25</i>		<i>duloxetine hcl enteric coated pellets</i>	
<i>mg/5ml</i> .....	232	<i>cap 30 mg (base eq)</i> .....	63
<i>doxycycline monohydrate tab 100 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	232	<i>cap 40 mg (base eq)</i> .....	64
<i>doxycycline monohydrate tab 150 mg</i>		<i>duloxetine hcl enteric coated pellets</i>	
.....	232	<i>cap 60 mg (base eq)</i> .....	64
<i>doxycycline monohydrate tab 50 mg</i>		DUOBRII LOT .....	157
.....	232	DUOPA SUS 4.63-20 .....	109
<i>doxycycline monohydrate tab 75 mg</i>		DUPIXENT INJ 100/0.67 .....	160
.....	232	DUPIXENT INJ 200/1.14 .....	160
<i>doxylamine-pyridoxine tab delayed</i>		DUPIXENT INJ 200MG .....	160
<i>release 10-10 mg</i> .....	77	DUPIXENT INJ 300/2ML .....	160
DRIZALMA CAP 20MG DR .....	63	DUREX MIS REALFEEL .....	192
DRIZALMA CAP 30MG DR .....	63	DUREZOL EMU 0.05% .....	218
DRIZALMA CAP 40MG DR .....	63	<i>dutasteride cap 0.5 mg</i> .....	180

*dutasteride-tamsulosin hcl cap 0.5-0.4 mg* ..... 181  
D-VI-SOL LIQ 400UNIT ..... 243  
DXTERITY TES KIT COVID-19 ..... 163  
DYANAVEL XR CHW 10MG ..... 15  
DYANAVEL XR CHW 15MG ..... 15  
DYANAVEL XR CHW 20MG ..... 15  
DYANAVEL XR CHW 5MG ..... 15  
DYANAVEL XR SUS 2.5MG/ML ..... 15  
DYMISTA SPR 137-50 ..... 214

**E**

*e.e.s. 400 tab 400mg* ..... 191  
E.E.S. GRAN SUS 200/5ML ..... 191  
EASY GLIDE MIS 10ML SYR ..... 194  
EASY GLIDE MIS 1ML SYR ..... 194  
EASY GLIDE MIS 20ML SYR ..... 194  
EASY GLIDE MIS 30ML SYR ..... 194  
EASY GLIDE MIS 5ML SYR ..... 194  
EASY GLIDE MIS 60ML SYR ..... 194  
EASY TOUCH MIS 20ML SYR ..... 194  
EASY TOUCH MIS 60ML SYR ..... 194  
EASYPOINT MIS 18GX1 ..... 194  
EASYPOINT MIS 20GX1 ..... 194  
EASYPOINT MIS 20GX1.5 ..... 194  
EASYPOINT MIS 21G X 1 ..... 194  
EASYPOINT MIS 21GX1.5 ..... 194  
EASYPOINT MIS 22GX1 ..... 194  
EASYPOINT MIS 22GX1.5 ..... 194  
EASYPOINT MIS 23GX1 ..... 194  
EASYPOINT MIS 25GX1 ..... 194  
EASYPOINT MIS 25GX1.5 ..... 194  
EASYPOINT MIS 25GX5/8 ..... 195  
ECLIPSE NDL MIS 21GX1 ..... 195  
ECLIPSE NDLE MIS 21GX1.5 ..... 195  
ECLIPSE NDLE MIS 25GX1.5 ..... 195  
*ec-naproxen tab 375mg* ..... 23  
*ec-naproxen tab 500mg* ..... 23  
*econazole nitrate cream 1%* ..... 153  
EDARBI TAB 40MG ..... 88  
EDARBI TAB 80MG ..... 88  
EDARBYCLOR TAB 40-12.5 ..... 92  
EDARBYCLOR TAB 40-25MG ..... 92  
EDECRIN TAB 25MG ..... 166  
EDLUAR SUB 10MG ..... 187  
EDLUAR SUB 5MG ..... 187  
EDURANT TAB 25MG ..... 117  
*efavirenz cap 200 mg* ..... 118

*efavirenz cap 50 mg* ..... 118  
*efavirenz tab 600 mg* ..... 118  
*efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg* ..... 118  
*efavirenz-lamivudine-tenofovir df tab 400-300-300 mg* ..... 118  
*efavirenz-lamivudine-tenofovir df tab 600-300-300 mg* ..... 118  
EFFER-K TAB 10MEQ ..... 206  
EFFER-K TAB 20MEQ ..... 206  
EFFEXOR XR CAP 150MG ..... 64  
EFFEXOR XR CAP 37.5MG ..... 64  
EFFEXOR XR CAP 75MG ..... 64  
EFFIENT TAB 10MG ..... 182  
EFFIENT TAB 5MG ..... 182  
EFUDEX CRE 5% ..... 154  
EGRIFTA SV INJ 2MG ..... 169  
ELEPSIA XR TAB 1000MG ..... 53  
ELEPSIA XR TAB 1500MG ..... 53  
ELESTRIN GEL 0.06% ..... 174  
*eletriptan hydrobromide tab 20 mg (base equivalent)* ..... 203  
*eletriptan hydrobromide tab 40 mg (base equivalent)* ..... 203  
ELIDEL CRE 1% ..... 160  
ELIGARD INJ 22.5MG ..... 100  
ELIGARD INJ 30MG ..... 100  
ELIGARD INJ 45MG ..... 100  
ELIGARD INJ 7.5MG ..... 100  
*elinest tab* ..... 139  
ELIQUIS ST P TAB 5MG ..... 50  
ELIQUIS TAB 2.5MG ..... 50  
ELIQUIS TAB 5MG ..... 50  
ELLA TAB 30MG ..... 143  
ELLUME COV19 KIT HOME TES ..... 163  
ELMIRON CAP 100MG ..... 180  
*eluryng mis* ..... 143  
ELYXYB SOL 120/4.8 ..... 203  
EMCYT CAP 140MG ..... 100  
EMEND CAP 80MG ..... 77  
EMEND SOL 150MG ..... 78  
EMEND SUS 125MG ..... 78  
EMEND TRIPAC PAK 80 & 125 ..... 78  
EMFLAZA SUS 22.75/ML ..... 145  
EMFLAZA TAB 18MG ..... 145  
EMFLAZA TAB 30MG ..... 145  
EMFLAZA TAB 36MG ..... 145

EMFLAZA TAB 6MG .....	145	<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i> .....	50
EMGALITY INJ 100MG/ML .....	202	<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i> .....	50
EMGALITY INJ 120MG/ML .....	202	<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i> .....	50
EMSAM DIS 12MG/24H .....	61	<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i> .....	50
EMSAM DIS 6MG/24HR .....	61	<i>enpresse-28 tab</i> .....	139
EMSAM DIS 9MG/24HR .....	61	<i>enskyce tab</i> .....	139
<i>emtricitabine caps 200 mg</i> .....	118	ENSTILAR AER.....	157
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	118	<i>entacapone tab 200 mg</i> .....	108
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	118	ENTADFI CAP 5-5MG .....	181
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	118	<i>entecavir tab 0.5 mg</i> .....	121
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	118	<i>entecavir tab 1 mg</i> .....	121
EMTRIVA CAP 200MG.....	118	ENTEREG CAP 12MG .....	179
EMTRIVA SOL 10MG/ML .....	118	ENTRESTO TAB 24-26MG .....	134
EMVERM CHW 100MG .....	37	ENTRESTO TAB 49-51MG .....	134
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg</i> .....	92	ENTRESTO TAB 97-103MG .....	134
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i> .....	92	ENTYVIO INJ 300MG.....	178
<i>enalapril maleate oral soln 1 mg/ml</i> ..	86	ENVARUSUS XR TAB 0.75MG .....	208
<i>enalapril maleate tab 10 mg</i> .....	86	ENVARUSUS XR TAB 1MG.....	208
<i>enalapril maleate tab 2.5 mg</i> .....	86	ENVARUSUS XR TAB 4MG.....	208
<i>enalapril maleate tab 20 mg</i> .....	86	EPANED SOL 1MG/ML .....	86
<i>enalapril maleate tab 5 mg</i> .....	86	EPIDIOLEX SOL 100MG/ML.....	53
<i>enalaprilat iv inj 1.25 mg/ml</i> .....	86	EPIDUO FORTE GEL 0.3-2.5%.....	150
ENBREL INJ 25/0.5ML .....	25	EPIFOAM AER 1%.....	157
ENBREL INJ 25MG .....	25	<i>epinastine hcl ophth soln 0.05%</i> ....	220
ENBREL INJ 50MG/ML .....	25	<i>epinephrine inj 1 mg/ml (1:1000)</i> ..	242
ENBREL MINI INJ 50MG/ML .....	25	<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i> .....	242
ENBREL SRCLK INJ 50MG/ML.....	25	<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i> .....	243
ENDARI POW 5GM.....	183	<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i> .....	243
<i>endocet tab 10-325mg</i> .....	32	<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i> .....	243
<i>endocet tab 2.5-325</i> .....	32	EPIPEN 2-PAK INJ 0.3MG .....	243
<i>endocet tab 5-325mg</i> .....	32	EPIPEN-JR INJ 0.15MG.....	243
<i>endocet tab 7.5-325</i> .....	32	<i>epitol tab 200mg</i> .....	53
ENGERIX-B INJ 10/0.5ML .....	240	EPIVIR HBV SOL 5MG/ML .....	121
ENGERIX-B INJ 20MCG/ML .....	240	EPIVIR HBV TAB 100MG.....	121
<i>enoxaparin sodium inj 300 mg/3ml</i> ..	50	EPIVIR SOL 10MG/ML .....	118
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i> .....	50	EPIVIR TAB 150MG.....	118
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i> .....	50	EPIVIR TAB 300MG.....	118
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i> .....	50	<i>eplerenone tab 25 mg</i> .....	95
		<i>eplerenone tab 50 mg</i> .....	95

EPOGEN INJ 10000/ML.....	184	<i>erythromycin tab delayed release 333</i>	333
EPOGEN INJ 2000/ML .....	184	<i>mg .....</i>	191
EPOGEN INJ 20000/ML.....	184	<i>erythromycin tab delayed release 500</i>	500
EPOGEN INJ 3000/ML .....	184	<i>mg .....</i>	191
EPOGEN INJ 4000/ML .....	184	<i>erythromycin w/ delayed release</i>	
EPRONTIA SOL 25MG/ML .....	53	<i>particles cap 250 mg .....</i>	191
EPZICOM TAB 600-300 .....	118	ESBRIET CAP 267MG .....	230
<i>eq daily fib pow 51.7% .....</i>	188	ESBRIET TAB 267MG .....	230
EQUETRO CAP 100MG.....	111	ESBRIET TAB 801MG .....	230
EQUETRO CAP 200MG.....	111	<i>escitalopram oxalate soln 5 mg/5ml</i>	
EQUETRO CAP 300MG.....	111	<i>(base equiv) .....</i>	61
ERAXIS INJ 100MG.....	78	<i>escitalopram oxalate tab 10 mg (base</i>	
ERAXIS INJ 50MG.....	78	<i>equiv) .....</i>	61
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>		<i>escitalopram oxalate tab 20 mg (base</i>	
<i>.....</i>	243	<i>equiv) .....</i>	61
<i>ergoloid mesylates tab 1 mg .....</i>	229	<i>escitalopram oxalate tab 5 mg (base</i>	
ERIVEDGE CAP 150MG.....	99	<i>equiv) .....</i>	61
ERLEADA TAB 60MG .....	100	ESGIC TAB .....	26
<i>erlotinib hcl tab 100 mg (base</i>		<i>esmolol hcl inj 100 mg/10ml .....</i>	124
<i>equivalent) .....</i>	99	ESMOLOL HCL SOL 2000/100 .....	124
<i>erlotinib hcl tab 150 mg (base</i>		ESMOLOL HCL SOL 2500/250 .....	124
<i>equivalent) .....</i>	99	<i>esmolol hcl-sodium chloride iv soln</i>	
<i>erlotinib hcl tab 25 mg (base</i>		<i>2000 mg/100ml .....</i>	124
<i>equivalent) .....</i>	99	<i>esmolol hcl-sodium chloride iv soln</i>	
ERMEZA SOL 150/5ML .....	233	<i>2500 mg/250ml .....</i>	124
<i>errin tab 0.35mg .....</i>	144	<i>esomeprazole magnesium cap delayed</i>	
ERTACZO CRE 2% .....	153	<i>release 20 mg (base eq) .....</i>	237
<i>ery pad 2% .....</i>	150	<i>esomeprazole magnesium cap delayed</i>	
ERYGEL GEL 2%.....	150	<i>release 40 mg (base eq) .....</i>	237
ERYPED SUS 200/5ML.....	191	<i>esomeprazole magnesium for delayed</i>	
ERYPED SUS 400/5ML.....	191	<i>release susp packet 10 mg .....</i>	237
<i>ery-tab tab 333mg ec .....</i>	191	<i>esomeprazole magnesium for delayed</i>	
<i>ery-tab tab 500mg ec .....</i>	191	<i>release susp packet 20 mg .....</i>	237
<i>erythrocin tab 250mg .....</i>	191	<i>esomeprazole magnesium for delayed</i>	
<i>erythromycin ethylsuccinate for susp</i>		<i>release susp packet 40 mg .....</i>	237
<i>200 mg/5ml.....</i>	191	<i>esomeprazole sodium for intravenous</i>	
<i>erythromycin ethylsuccinate for susp</i>		<i>soln 40 mg (base equiv).....</i>	237
<i>400 mg/5ml.....</i>	191	<i>est estrogen tab mtest hs .....</i>	173
<i>erythromycin ethylsuccinate tab 400</i>		<i>estarylla tab 0.25-35 .....</i>	139
<i>mg .....</i>	191	<i>estazolam tab 1 mg.....</i>	187
<i>erythromycin gel 2% .....</i>	150	<i>estazolam tab 2 mg.....</i>	187
<i>erythromycin ophth oint 5 mg/gm ..</i>	217	ESTRACE TAB 0.5MG .....	174
<i>erythromycin soln 2%.....</i>	150	ESTRACE TAB 1MG.....	174
<i>erythromycin tab 250 mg .....</i>	191	ESTRACE TAB 2MG.....	174
<i>erythromycin tab 500 mg .....</i>	191	ESTRACE VAG CRE 0.01%.....	242
<i>erythromycin tab delayed release 250</i>		<i>estradiol &amp; norethindrone acetate tab</i>	
<i>mg .....</i>	191	<i>0.5-0.1 mg .....</i>	173

<i>estradiol &amp; norethindrone acetate tab</i>		<i>eszopiclone tab 2 mg</i> .....	187
1-0.5 mg .....	173	<i>eszopiclone tab 3 mg</i> .....	187
<i>estradiol tab 0.5 mg</i> .....	174	<i>ethacrynate sodium for inj 50 mg</i> ...	166
<i>estradiol tab 1 mg</i> .....	174	<i>ethacrynic acid tab 25 mg</i> .....	166
<i>estradiol tab 2 mg</i> .....	175	<i>ethambutol hcl tab 100 mg</i> .....	97
<i>estradiol td gel 0.25 mg/0.25gm</i>		<i>ethambutol hcl tab 400 mg</i> .....	97
(0.1%) .....	175	<i>ethosuximide cap 250 mg</i> .....	59
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>		<i>ethosuximide soln 250 mg/5ml</i> .....	59
.....	175	<i>ethynodiol diacetate &amp; ethinyl estradiol</i>	
<i>estradiol td gel 0.75 mg/0.75gm</i>		<i>tab 1 mg-35 mcg</i> .....	139
(0.1%) .....	175	<i>ethynodiol diacetate &amp; ethinyl estradiol</i>	
<i>estradiol td gel 1 mg/gm (0.1%)</i> ....	175	<i>tab 1 mg-50 mcg</i> .....	139
<i>estradiol td gel 1.25 mg/1.25gm</i>		<i>etodolac cap 200 mg</i> .....	23
(0.1%) .....	175	<i>etodolac cap 300 mg</i> .....	23
<i>estradiol td patch twice weekly 0.025</i>		<i>etodolac tab 400 mg</i> .....	23
<i>mg/24hr</i> .....	175	<i>etodolac tab 500 mg</i> .....	23
<i>estradiol td patch twice weekly 0.0375</i>		<i>etodolac tab er 24hr 400 mg</i> .....	23
<i>mg/24hr</i> .....	175	<i>etodolac tab er 24hr 500 mg</i> .....	23
<i>estradiol td patch twice weekly 0.05</i>		<i>etodolac tab er 24hr 600 mg</i> .....	23
<i>mg/24hr</i> .....	175	<i>etonogestrel-ethinyl estradiol va ring</i>	
<i>estradiol td patch twice weekly 0.075</i>		<i>0.120-0.015 mg/24hr</i> .....	143
<i>mg/24hr</i> .....	175	<i>etoposide cap 50 mg</i> .....	107
<i>estradiol td patch twice weekly 0.1</i>		<i>etravirine tab 100 mg</i> .....	118
<i>mg/24hr</i> .....	175	<i>etravirine tab 200 mg</i> .....	118
<i>estradiol td patch weekly 0.025</i>		EUCRISA OIN 2%.....	161
<i>mg/24hr</i> .....	175	EVAMIST SPR 1.53MG.....	175
<i>estradiol td patch weekly 0.0375</i>		EVEKEO ODT TAB 10MG.....	15
<i>mg/24hr (37.5 mcg/24hr)</i> .....	175	EVEKEO ODT TAB 15MG.....	15
<i>estradiol td patch weekly 0.05 mg/24hr</i>		EVEKEO ODT TAB 20MG.....	15
.....	175	EVEKEO ODT TAB 5MG .....	15
<i>estradiol td patch weekly 0.06 mg/24hr</i>		EVEKEO TAB 10MG.....	15
.....	175	EVEKEO TAB 5MG.....	15
<i>estradiol td patch weekly 0.075</i>		EVENTY INJ 105MG .....	168
<i>mg/24hr</i> .....	175	EVERLYWELL KIT HOME .....	163
<i>estradiol td patch weekly 0.1 mg/24hr</i>		<i>everolimus tab 0.25 mg</i> .....	208
.....	175	<i>everolimus tab 0.5 mg</i> .....	208
<i>estradiol vaginal cream 0.1 mg/gm</i>	242	<i>everolimus tab 0.75 mg</i> .....	208
<i>estradiol vaginal tab 10 mcg</i> .....	242	<i>everolimus tab 1 mg</i> .....	208
<i>estradiol valerate im in oil 10 mg/ml</i>		<i>everolimus tab 10 mg</i> .....	102
.....	175	<i>everolimus tab 2.5 mg</i> .....	102
<i>estradiol valerate im in oil 20 mg/ml</i>		<i>everolimus tab 5 mg</i> .....	102
.....	175	<i>everolimus tab 7.5 mg</i> .....	102
<i>estradiol valerate im in oil 40 mg/ml</i>		<i>everolimus tab for oral susp 2 mg</i> ..	102
.....	175	<i>everolimus tab for oral susp 3 mg</i> ..	102
ESTRING MIS 2MG .....	242	<i>everolimus tab for oral susp 5 mg</i> ..	102
<i>estrog/mtest tab 1.25-2.5</i> .....	173	EVISTA TAB 60MG.....	170
<i>eszopiclone tab 1 mg</i> .....	187	EVOCLIN AER 1%.....	150

EVOTAZ TAB 300-150 .....	118	<i>famotidine tab 10 mg</i> .....	236
EVOXAC CAP 30MG.....	210	<i>famotidine tab 20 mg</i> .....	236
EXELDERM CRE 1% .....	153	<i>famotidine tab 40 mg</i> .....	236
EXELDERM SOL 1% .....	153	FANAPT PAK .....	112
EXELON DIS 13.3/24 .....	225	FANAPT TAB 10MG .....	112
EXELON DIS 4.6MG/24 .....	225	FANAPT TAB 12MG .....	112
EXELON DIS 9.5MG/24 .....	225	FANAPT TAB 1MG.....	112
<i>exemestane tab 25 mg</i> .....	100	FANAPT TAB 2MG.....	112
EXFORGE TAB 10-160MG .....	92	FANAPT TAB 4MG.....	112
EXFORGE TAB 10-320MG .....	92	FANAPT TAB 6MG.....	112
EXFORGE TAB 5-160MG .....	92	FANAPT TAB 8MG.....	112
EXFORGE TAB 5-320MG .....	92	FARESTON TAB 60MG .....	100
EXFORGEH/10- TAB 160-12.5.....	92	FARXIGA TAB 10MG .....	73
EXFORGEH/10- TAB 160-25.....	92	FARXIGA TAB 5MG .....	73
EXFORGEH/10- TAB 320-25.....	92	FASENRA INJ 30MG/ML.....	44
EXFORGEH/5- TAB 160-12.5.....	92	FASENRA PEN INJ 30MG/ML .....	44
EXFORGEH/5- TAB 160-25 .....	92	<i>fayosim tab</i> .....	139
EXJADE TAB 125MG.....	75	<i>febuxostat tab 40 mg</i> .....	181
EXJADE TAB 250MG.....	75	<i>febuxostat tab 80 mg</i> .....	181
EXJADE TAB 500MG.....	75	<i>felbamate susp 600 mg/5ml</i> .....	58
EXKIVITY CAP 40MG .....	99	<i>felbamate tab 400 mg</i> .....	58
EXSERVAN MIS 50MG .....	215	<i>felbamate tab 600 mg</i> .....	58
EXTAVIA INJ 0.3MG.....	227	FELBATOL SUS 600/5ML .....	58
EXTINA AER 2%.....	153	FELBATOL TAB 400MG .....	58
EYSUVIS DRO 0.25%.....	218	FELBATOL TAB 600MG .....	58
EZALLOR SPR CAP 10MG.....	83	FELDENE CAP 10MG .....	23
EZALLOR SPR CAP 20MG.....	83	FELDENE CAP 20MG .....	23
EZALLOR SPR CAP 40MG.....	83	<i>felodipine tab er 24hr 10 mg</i> .....	130
EZALLOR SPR CAP 5MG.....	83	<i>felodipine tab er 24hr 2.5 mg</i> .....	130
<i>ezetimibe tab 10 mg</i> .....	85	<i>felodipine tab er 24hr 5 mg</i> .....	130
<i>ezetimibe-simvastatin tab 10-10 mg</i> .....	81	FEMARA TAB 2.5MG.....	100
<i>ezetimibe-simvastatin tab 10-20 mg</i> .....	81	FEMCAP MIS 22MM.....	192
<i>ezetimibe-simvastatin tab 10-40 mg</i> .....	81	FEMCAP MIS 26MM.....	192
<i>ezetimibe-simvastatin tab 10-80 mg</i> .....	81	FEMCAP MIS 30MM.....	192
<b>F</b>		FEMRING MIS 0.05/24H .....	242
FABIOR AER 0.1% .....	150	FEMRING MIS 0.1MG/24 .....	242
<i>falmina tab</i> .....	139	<i>fenofibrate cap 150 mg</i> .....	82
<i>famciclovir tab 125 mg</i> .....	122	<i>fenofibrate cap 50 mg</i> .....	82
<i>famciclovir tab 250 mg</i> .....	122	<i>fenofibrate micronized cap 130 mg</i> ...82	
<i>famciclovir tab 500 mg</i> .....	122	<i>fenofibrate micronized cap 134 mg</i> ...82	
<i>famotidine for susp 40 mg/5ml</i> .....	236	<i>fenofibrate micronized cap 200 mg</i> ...82	
<i>famotidine in nacl 0.9% iv soln 20</i>		<i>fenofibrate micronized cap 30 mg</i> .....82	
<i>mg/50ml</i> .....	236	<i>fenofibrate micronized cap 43 mg</i> .....82	
<i>famotidine inj 200 mg/20ml</i> .....	236	<i>fenofibrate micronized cap 67 mg</i> .....82	
<i>famotidine inj 40 mg/4ml</i> .....	236	<i>fenofibrate micronized cap 90 mg</i> .....82	
<i>famotidine preservative free inj 20</i>		<i>fenofibrate tab 120 mg</i> .....	82
<i>mg/2ml</i> .....	236	<i>fenofibrate tab 145 mg</i> .....	82

<i>fenofibrate tab 160 mg</i> .....	83	<i>ferottrinsic cap</i> .....	185
<i>fenofibrate tab 40 mg</i> .....	82	FERPRX 2-DAY TAB 1000MG .....	75
<i>fenofibrate tab 48 mg</i> .....	82	FERRIPROX SOL 100MG/ML.....	76
<i>fenofibrate tab 54 mg</i> .....	82	FERRIPROX TAB 1000MG .....	76
<i>fenofibric acid tab 105 mg</i> .....	83	FERRIPROX TAB 500MG .....	76
<i>fenofibric acid tab 35 mg</i> .....	83	<i>ferrocite tab plus</i> .....	185
FENOGLIDE TAB 120MG .....	83	FERROUS SULF LIQ 44MG/5ML .....	185
FENOGLIDE TAB 40MG.....	83	FERROUS SULF TAB 324MG EC .....	185
<i>fenopropfen calcium cap 400 mg</i> .....	23	<i>ferrous sulfate elixir 220 mg/5ml (44</i> <i>mg/5ml elemental fe)</i> .....	185
<i>fenopropfen calcium tab 600 mg</i> .....	23	<i>ferrous sulfate soln 75 mg/ml (15</i> <i>mg/ml elemental fe)</i> .....	185
FENSOLVI INJ 45MG .....	170	<i>ferrous sulfate syrup 300 mg/5ml (60</i> <i>mg/5ml elemental fe)</i> .....	185
<i>fantanyl citrate buccal tab 100 mcg</i> <i>(base equiv)</i> .....	27	<i>ferrous sulfate tab 325 mg (65 mg</i> <i>elemental fe)</i> .....	185
<i>fantanyl citrate buccal tab 200 mcg</i> <i>(base equiv)</i> .....	27	<i>ferrous sulfate tab ec 325 mg (65 mg</i> <i>fe equivalent)</i> .....	186
<i>fantanyl citrate buccal tab 400 mcg</i> <i>(base equiv)</i> .....	27	<i>fesoterodine fumarate tab er 24hr 4</i> <i>mg</i> .....	239
<i>fantanyl citrate buccal tab 600 mcg</i> <i>(base equiv)</i> .....	27	<i>fesoterodine fumarate tab er 24hr 8</i> <i>mg</i> .....	239
<i>fantanyl citrate buccal tab 800 mcg</i> <i>(base equiv)</i> .....	27	FETROJA INJ 1GM .....	138
<i>fantanyl citrate lozenge on a handle</i> <i>1200 mcg</i> .....	27	FETZIMA CAP 120MG .....	64
<i>fantanyl citrate lozenge on a handle</i> <i>1600 mcg</i> .....	28	FETZIMA CAP 20MG.....	64
<i>fantanyl citrate lozenge on a handle</i> <i>200 mcg</i> .....	27	FETZIMA CAP 40MG.....	64
<i>fantanyl citrate lozenge on a handle</i> <i>400 mcg</i> .....	27	FETZIMA CAP 80MG.....	64
<i>fantanyl citrate lozenge on a handle</i> <i>600 mcg</i> .....	27	FETZIMA CAP TITRATIO .....	64
<i>fantanyl citrate lozenge on a handle</i> <i>800 mcg</i> .....	27	FEVERALL INF SUP 80MG .....	26
<i>fantanyl td patch 72hr 100 mcg/hr</i> ...	28	FEVERALL SUP 325MG .....	26
<i>fantanyl td patch 72hr 12 mcg/hr</i> ....	28	<i>fexmid tab 7.5mg</i> .....	213
<i>fantanyl td patch 72hr 25 mcg/hr</i> ....	28	FIASP FLEX INJ TOUCH .....	70
<i>fantanyl td patch 72hr 37.5 mcg/hr</i> ..	28	FIASP INJ 100/ML .....	70
<i>fantanyl td patch 72hr 50 mcg/hr</i> ....	28	FIASP PENFIL INJ U-100 .....	70
<i>fantanyl td patch 72hr 62.5 mcg/hr</i> ..	28	FILTER ASPIR MIS 18GX3.....	195
<i>fantanyl td patch 72hr 75 mcg/hr</i> ....	28	FINACEA AER 15% .....	161
<i>fantanyl td patch 72hr 87.5 mcg/hr</i> ..	28	FINACEA GEL 15% .....	161
FENTORA TAB 100MCG .....	28	<i>finasteride tab 5 mg</i> .....	181
FENTORA TAB 200MCG .....	28	<i>fangolimod hcl cap 0.5 mg (base equiv)</i> .....	227
FENTORA TAB 400MCG .....	28	FINTEPLA SOL 2.2MG/ML .....	53
FENTORA TAB 600MCG .....	28	<i>finzala chw fe 1/20</i> .....	139
FENTORA TAB 800MCG .....	28	FIORICET CAP.....	26
<i>ferocon cap</i> .....	185	FIORICET CAP CODEINE.....	32
		FIRDAPSE TAB 10MG .....	96
		FIRVANQ SOL 25MG/ML .....	38
		FIRVANQ SOL 50MG/ML .....	38

<i>flac oil 0.01%</i> .....	221	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	157
FLAGYL CAP 375MG .....	37	<i>fluocinolone acetonide oint 0.025%</i>	157
FLAREX SUS 0.1% OP .....	218	<i>fluocinolone acetonide soln 0.01%</i>	157
<i>flavoxate hcl tab 100 mg</i> .....	240	<i>fluocinonide cream 0.05%</i> .....	157
<i>flecainide acetate tab 100 mg</i> .....	43	<i>fluocinonide cream 0.1%</i> .....	157
<i>flecainide acetate tab 150 mg</i> .....	43	<i>fluocinonide emulsified base cream 0.05%</i> .....	157
<i>flecainide acetate tab 50 mg</i> .....	43	<i>fluocinonide gel 0.05%</i> .....	157
FLEQSUVY SUS 25MG/5ML .....	213	<i>fluocinonide oint 0.05%</i> .....	157
FLOMAX CAP 0.4MG .....	181	<i>fluocinonide soln 0.05%</i> .....	157
FLOVENT DISK AER 100MCG .....	46	FLUOPAR KIT .....	157
FLOVENT DISK AER 250MCG .....	46	<i>fluorometholone ophth susp 0.1%</i> ..	218
FLOVENT DISK AER 50MCG .....	46	<i>fluorouracil cream 5%</i> .....	154
FLOVENT HFA AER 110MCG .....	46	<i>fluorouracil soln 2%</i> .....	154
FLOVENT HFA AER 220MCG .....	46	<i>fluorouracil soln 5%</i> .....	154
FLOVENT HFA AER 44MCG .....	46	<i>fluoxetine hcl (pmd) tab 10 mg</i> ....	229
FLOWFLEX KIT TEST .....	163	<i>fluoxetine hcl (pmd) tab 20 mg</i> ....	229
FLUAD QUADRI INJ 2022-23 .....	240	<i>fluoxetine hcl cap 10 mg</i> .....	61
FLUARIX QUAD INJ 2022-23 .....	240	<i>fluoxetine hcl cap 20 mg</i> .....	61
FLUBLOK QUAD INJ 2022-23 .....	241	<i>fluoxetine hcl cap 40 mg</i> .....	61
FLUCLVX QUAD INJ 2022-23 .....	241	<i>fluoxetine hcl cap delayed release 90 mg</i> .....	61
<i>fluconazole for susp 10 mg/ml</i> .....	79	<i>fluoxetine hcl solution 20 mg/5ml</i> ....	62
<i>fluconazole for susp 40 mg/ml</i> .....	79	<i>fluoxetine hcl tab 10 mg</i> .....	62
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i> .....	79	<i>fluoxetine hcl tab 20 mg</i> .....	62
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i> .....	79	<i>fluoxetine hcl tab 60 mg</i> .....	62
FLUCONAZOLE SOL /NACL .....	79	FLUOXETINE TAB 60MG .....	62
<i>fluconazole tab 100 mg</i> .....	79	<i>fluphenazine decanoate inj 25 mg/ml</i> .....	115
<i>fluconazole tab 150 mg</i> .....	79	<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	115
<i>fluconazole tab 200 mg</i> .....	79	<i>fluphenazine hcl inj 2.5 mg/ml</i> .....	115
<i>fluconazole tab 50 mg</i> .....	79	<i>fluphenazine hcl oral conc 5 mg/ml</i>	115
<i>flucytosine cap 250 mg</i> .....	78	<i>fluphenazine hcl tab 1 mg</i> .....	115
<i>flucytosine cap 500 mg</i> .....	78	<i>fluphenazine hcl tab 10 mg</i> .....	115
<i>fludrocortisone acetate tab 0.1 mg</i> .	147	<i>fluphenazine hcl tab 2.5 mg</i> .....	115
FLULAVAL QUA INJ 2022-23 .....	241	<i>fluphenazine hcl tab 5 mg</i> .....	115
FLUMIST QUAD SUS 2022-23 .....	241	<i>flurandrenolide cream 0.05%</i> .....	157
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	214	<i>flurandrenolide lotion 0.05%</i> .....	157
<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	221	<i>flurbiprofen sodium ophth soln 0.03%</i> .....	220
<i>fluocinolone acetonide cream 0.01%</i> .....	157	<i>flurbiprofen tab 100 mg</i> .....	23
<i>fluocinolone acetonide cream 0.025%</i> .....	157	FLUTIC/VILAN INH 100-25 .....	48
<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....	157	FLUTIC/VILAN INH 200-25 .....	48
		FLUTICAS HFA AER 110MCG .....	46
		FLUTICAS HFA AER 220MCG .....	46
		FLUTICAS HFA AER 44MCG .....	46



<i>fluticasone propionate cream 0.05%</i>	158	<i>folic acid tab 1 mg</i> .....	183
.....	158	<i>folic acid tab 800 mcg</i> .....	183
<i>fluticasone propionate lotion 0.05%</i>	158	<i>foltrin cap</i> .....	185
<i>fluticasone propionate nasal susp 50</i>	214, 215	<i>fondaparinux sodium subcutaneous inj</i>	
<i>mcg/act</i> .....	214, 215	<i>10 mg/0.8ml</i> .....	50
<i>fluticasone propionate oint 0.005%</i>	158	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone-salmeterol aer powder ba</i>	48	<i>2.5 mg/0.5ml</i> .....	50
<i>100-50 mcg/act</i> .....	48	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone-salmeterol aer powder ba</i>	48	<i>5 mg/0.4ml</i> .....	50
<i>113-14 mcg/act</i> .....	48	<i>fondaparinux sodium subcutaneous inj</i>	
<i>fluticasone-salmeterol aer powder ba</i>	48	<i>7.5 mg/0.6ml</i> .....	50
<i>232-14 mcg/act</i> .....	48	FORFIVO XL TAB 450MG .....	61
<i>fluticasone-salmeterol aer powder ba</i>	48	<i>formoterol fumarate soln nebu 20</i>	
<i>250-50 mcg/act</i> .....	48	<i>mcg/2ml</i> .....	48
<i>fluticasone-salmeterol aer powder ba</i>	48	FORTEO INJ 600/2.4.....	168
<i>500-50 mcg/act</i> .....	48	FORTESTA GEL 10MG/ACT.....	35
<i>fluticasone-salmeterol aer powder ba</i>	48	FOSAMAX + D TAB 70-2800 .....	168
<i>55-14 mcg/act</i> .....	48	FOSAMAX + D TAB 70-5600 .....	168
<i>fluvastatin sodium cap 20 mg (base</i>	83	FOSAMAX TAB 70MG .....	168
<i>equivalent)</i> .....	83	<i>fosamprenavir calcium tab 700 mg</i>	
<i>fluvastatin sodium cap 40 mg (base</i>	83	<i>(base equiv)</i> .....	118
<i>equivalent)</i> .....	83	<i>fosaprepitant dimeglumine for iv</i>	
<i>fluvastatin sodium tab er 24 hr 80 mg</i>	83	<i>infusion 150 mg (base eq)</i> .....	78
<i>(base equivalent)</i> .....	83	<i>foscarnet sodium inj 6000 mg/250ml</i>	
<i>fluvoxamine maleate cap er 24hr 100</i>	62	<i>(24 mg/ml)</i> .....	121
<i>mg</i> .....	62	<i>fosfomycin tromethamine powd pack 3</i>	
<i>fluvoxamine maleate cap er 24hr 150</i>	62	<i>gm (base equivalent)</i> .....	39
<i>mg</i> .....	62	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluvoxamine maleate tab 100 mg</i> .....	62	<i>tab 10-12.5 mg</i> .....	92
<i>fluvoxamine maleate tab 25 mg</i> .....	62	<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>fluvoxamine maleate tab 50 mg</i> .....	62	<i>tab 20-12.5 mg</i> .....	92
FLUZONE HD INJ 2022-23 .....	241	<i>fosinopril sodium tab 10 mg</i> .....	86
FLUZONE QUAD INJ 2022-23 .....	241	<i>fosinopril sodium tab 20 mg</i> .....	86
FML FORTE SUS 0.25% OP .....	218	<i>fosinopril sodium tab 40 mg</i> .....	86
FML LIQUIFLM SUS 0.1% OP .....	219	<i>fosphenytoin sodium inj 100 mg/2ml</i>	
FOCALIN TAB 10MG.....	18	<i>(phenytoin equiv)</i> .....	59
FOCALIN TAB 2.5MG.....	18	<i>fosphenytoin sodium inj 500 mg/10ml</i>	
FOCALIN TAB 5MG .....	18	<i>(phenytoin equiv)</i> .....	59
FOCALIN XR CAP 10MG .....	18	FOSRENOL CHW 1000MG .....	179
FOCALIN XR CAP 15MG .....	18	FOSRENOL CHW 500MG.....	179
FOCALIN XR CAP 20MG .....	18	FOSRENOL CHW 750MG.....	179
FOCALIN XR CAP 25MG .....	18	FOSRENOL POW 1000MG .....	179
FOCALIN XR CAP 30MG .....	18	FOSRENOL POW 750MG.....	179
FOCALIN XR CAP 35MG .....	18	FOTIVDA CAP 0.89MG.....	102
FOCALIN XR CAP 40MG .....	18	FOTIVDA CAP 1.34MG.....	103
FOCALIN XR CAP 5MG.....	18	FRAGMIN INJ 10000/ML.....	51
<i>folic acid inj 5 mg/ml</i> .....	183	FRAGMIN INJ 12500UNT .....	51

FRAGMIN INJ 15000UNT .....	51	<i>galantamine hydrobromide cap er 24hr</i>	
FRAGMIN INJ 18000UNT .....	51	<i>8 mg</i> .....	225
FRAGMIN INJ 2500/0.2 .....	50	<i>galantamine hydrobromide oral soln 4</i>	
FRAGMIN INJ 2500/ML.....	50	<i>mg/ml</i> .....	225
FRAGMIN INJ 5000/0.2 .....	50	<i>galantamine hydrobromide tab 12 mg</i>	
FRAGMIN INJ 7500/0.3 .....	51	.....	225
FRAGMIN INJ 95000UNT .....	51	<i>galantamine hydrobromide tab 4 mg</i>	
FREESTY LIBR KIT 2 SENSOR .....	192	.....	225
FREESTY LIBR KIT 3 SENSOR .....	192	<i>galantamine hydrobromide tab 8 mg</i>	
FREESTY LIBR MIS 2 READER .....	192	.....	225
FREESTYLE KIT SENSOR .....	192	GANCICLOVIR INJ 500/25 .....	121
FREESTYLE MIS READER .....	192	GANCICLOVIR INJ 500MG .....	121
FROVA TAB 2.5MG.....	203	<i>ganciclovir sodium for inj 500 mg</i> ...	121
<i>frovatriptan succinate tab 2.5 mg (base</i>		GARDASIL 9 INJ.....	241
<i>equivalent)</i> .....	203	GASTROCROM CON 100/5ML.....	177
FULPHILA INJ 6/0.6ML .....	184	<i>gatifloxacin ophth soln 0.5%</i> .....	217
<i>furosemide inj 10 mg/ml</i> .....	166	<i>gavilyte-c sol</i> .....	189
<i>furosemide oral soln 10 mg/ml</i> .....	166	<i>gavilyte-g sol</i> .....	189
<i>furosemide oral soln 8 mg/ml</i> .....	166	GAVRETO CAP 100MG.....	103
<i>furosemide tab 20 mg</i> .....	166	GELNIQUE GEL 10% .....	239
<i>furosemide tab 40 mg</i> .....	166	<i>gemfibrozil tab 600 mg</i> .....	83
<i>furosemide tab 80 mg</i> .....	166	<i>gemmily cap 1/20</i> .....	140
<i>fyavolv tab 0.5-2.5</i> .....	173	GEMTESA TAB 75MG .....	240
<i>fyavolv tab 1-5</i> .....	173	GENERESS FE CHW .....	140
FYCOMPA SUS 0.5MG/ML .....	52	<i>gengraf cap 100mg</i> .....	208
FYCOMPA TAB 10MG.....	52	<i>gengraf cap 25mg</i> .....	208
FYCOMPA TAB 12MG.....	52	<i>gengraf sol 100mg/ml</i> .....	208
FYCOMPA TAB 2MG.....	52	GENOTROPIN INJ 0.2MG .....	169
FYCOMPA TAB 4MG.....	52	GENOTROPIN INJ 0.4MG .....	169
FYCOMPA TAB 6MG.....	52	GENOTROPIN INJ 0.6MG .....	169
FYCOMPA TAB 8MG.....	52	GENOTROPIN INJ 0.8MG .....	169
FYLNETRA INJ 6MG/0.6 .....	184	GENOTROPIN INJ 1.2MG .....	169
<b>G</b>		GENOTROPIN INJ 1.4MG .....	169
<i>gabapentin cap 100 mg</i> .....	53	GENOTROPIN INJ 1.6MG .....	169
<i>gabapentin cap 300 mg</i> .....	53	GENOTROPIN INJ 1.8MG .....	169
<i>gabapentin cap 400 mg</i> .....	53	GENOTROPIN INJ 12MG .....	169
<i>gabapentin oral soln 250 mg/5ml</i> .....	53	GENOTROPIN INJ 1MG.....	169
<i>gabapentin tab 600 mg</i> .....	54	GENOTROPIN INJ 2MG.....	169
<i>gabapentin tab 800 mg</i> .....	54	GENOTROPIN INJ 5MG.....	169
GABITRIL TAB 12MG.....	58	<i>gentak oin 0.3% op</i> .....	217
GABITRIL TAB 16MG.....	58	<i>gentamicin sulfate cream 0.1%</i> .....	152
GABITRIL TAB 2MG .....	58	<i>gentamicin sulfate oint 0.1%</i> .....	152
GABITRIL TAB 4MG .....	58	<i>gentamicin sulfate ophth soln 0.3%</i>	217
<i>galantamine hydrobromide cap er 24hr</i>		GENVOYA TAB .....	118
<i>16 mg</i> .....	225	GEODON CAP 20MG.....	111
<i>galantamine hydrobromide cap er 24hr</i>		GEODON CAP 40MG.....	111
<i>24 mg</i> .....	225	GEODON CAP 60MG.....	111

GEODON CAP 80MG.....	111	<i>glyburide tab 1.25 mg</i> .....	74
GEODON INJ 20MG.....	111	<i>glyburide tab 2.5 mg</i> .....	74
GILENYA CAP 0.5MG.....	227	<i>glyburide tab 5 mg</i> .....	74
GILOTRIF TAB 20MG.....	99	<i>glyburide-metformin tab 1.25-250 mg</i>	
GILOTRIF TAB 30MG.....	99	.....	66
GILOTRIF TAB 40MG.....	99	<i>glyburide-metformin tab 2.5-500 mg</i>	66
GIMOTI SPR 15MG .....	177	<i>glyburide-metformin tab 5-500 mg</i> ...	66
GLASSIA INJ.....	230	GLYCATE TAB 1.5MG .....	235
<i>glatiramer acetate soln prefilled syringe</i>		GLYCERIN LIQ .....	138
<i>20 mg/ml</i> .....	227	<i>glycerin sup 1gm</i> .....	189
<i>glatiramer acetate soln prefilled syringe</i>		GLYCERIN SUP 2GM .....	189
<i>40 mg/ml</i> .....	227	<i>glycerin suppos 1.2 gm</i> .....	189
<i>glatopa inj 20mg/ml</i> .....	227	<i>glycerin suppos 2 gm</i> .....	189
<i>glatopa inj 40mg/ml</i> .....	227	<i>glycerin suppos 2.1 gm</i> .....	189
GLEEVEC TAB 100MG.....	103	<i>glycerin suppos 80.7%</i> .....	189
GLEEVEC TAB 400MG.....	103	GLYCERINE LIQ.....	138
<i>glimepiride tab 1 mg</i> .....	74	GLYCEROL LIQ FORMAL .....	138
<i>glimepiride tab 2 mg</i> .....	74	<i>glycopyrrolate inj 0.2 mg/ml</i> .....	235
<i>glimepiride tab 4 mg</i> .....	74	<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>	
<i>glipizide tab 10 mg</i> .....	74	<i>mg/ml)</i> .....	235
<i>glipizide tab 5 mg</i> .....	74	<i>glycopyrrolate inj 1 mg/5ml (0.2</i>	
<i>glipizide tab er 24hr 10 mg</i> .....	74	<i>mg/ml)</i> .....	235
<i>glipizide tab er 24hr 2.5 mg</i> .....	74	<i>glycopyrrolate inj 4 mg/20ml (0.2</i>	
<i>glipizide tab er 24hr 5 mg</i> .....	74	<i>mg/ml)</i> .....	236
<i>glipizide xl tab 10mg</i> .....	74	<i>glycopyrrolate oral soln 1 mg/5ml</i> ..	236
<i>glipizide xl tab 2.5mg</i> .....	74	<i>glycopyrrolate tab 1 mg</i> .....	236
<i>glipizide xl tab 5mg</i> .....	74	<i>glycopyrrolate tab 2 mg</i> .....	236
<i>glipizide-metformin hcl tab 2.5-250 mg</i>		<i>glydo gel 2%</i> .....	160
.....	66	GLYNASE TAB 1.5MG .....	74
<i>glipizide-metformin hcl tab 2.5-500 mg</i>		GLYNASE TAB 3MG.....	75
.....	66	GLYNASE TAB 6MG.....	75
<i>glipizide-metformin hcl tab 5-500 mg</i>	66	GLYRX-PF SOL 0.2MG/ML.....	236
GLUCAGEN INJ HYPOKIT .....	68	GLYRX-PF SOL 0.4/2.....	236
<i>glucagon (rdna) for inj kit 1 mg</i> .....	68	GLYXAMBI TAB 10-5 MG .....	66
GLUCAGON EMR SOL 1MG.....	68	GLYXAMBI TAB 25-5 MG .....	66
GLUCAGON KIT 1MG.....	68	GNP GLUCOSE CHW GRAPE .....	69
GLUCOSE CHW 4GM .....	68	GNP GLUCOSE CHW ORANGE .....	69
GLUCOSE CHW ORANGE .....	68	GNP GLUCOSE CHW RASPBERR .....	69
GLUCOSE CHW RASPBERRY.....	68	GNP GLUCOSE CHW RASPBERRY.....	69
GLUCOTROL XL TAB 10MG .....	74	GOCOVRI CAP 137MG.....	109
GLUCOTROL XL TAB 2.5MG .....	74	GOCOVRI CAP 68.5MG.....	109
GLUCOTROL XL TAB 5MG .....	74	GOLYTELY SOL.....	189
GLUMETZA TAB 1000MG .....	68	GONITRO POW 400MCG.....	39
GLUMETZA TAB 500MG .....	68	<i>goodsense liq lice rin</i> .....	162
<i>glyburide micronized tab 1.5 mg</i> .....	74	GRALISE TAB 300MG .....	228
<i>glyburide micronized tab 3 mg</i> .....	74	GRALISE TAB 600MG .....	228
<i>glyburide micronized tab 6 mg</i> .....	74	<i>granisetron hcl inj 1 mg/ml</i> .....	76

<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	HALOG OIN 0.1%.....	158
.....	HALOG SOL 0.1%.....	158
<i>granisetron hcl tab 1 mg</i> .....	<i>haloperidol decanoate im soln 100</i>	
GRANIX INJ 300/0.5 .....	<i>mg/ml</i> .....	113
GRANIX INJ 300/1ML.....	<i>haloperidol decanoate im soln 50</i>	
GRANIX INJ 480/0.8 .....	<i>mg/ml</i> .....	113
GRANIX INJ 480/1.6 .....	<i>haloperidol lactate inj 5 mg/ml</i> .....	113
<i>griseofulvin microsize susp 125 mg/5ml</i>	<i>haloperidol lactate oral conc 2 mg/ml</i>	
.....	.....	113
<i>griseofulvin microsize tab 500 mg</i> ....	<i>haloperidol tab 0.5 mg</i> .....	113
<i>griseofulvin ultramicrosize tab 125 mg</i>	<i>haloperidol tab 1 mg</i> .....	113
.....	<i>haloperidol tab 10 mg</i> .....	113
<i>griseofulvin ultramicrosize tab 250 mg</i>	<i>haloperidol tab 2 mg</i> .....	113
.....	<i>haloperidol tab 20 mg</i> .....	113
<i>guaifenesin liquid 100 mg/5ml</i> .....	<i>haloperidol tab 5 mg</i> .....	113
<i>guanfacine hcl tab 1 mg</i> .....	HAVRIX INJ 1440UNIT .....	241
<i>guanfacine hcl tab 2 mg</i> .....	HAVRIX INJ 720UNIT .....	241
<i>guanfacine hcl tab er 24hr 1 mg (base</i>	<i>heather tab 0.35mg</i> .....	144
<i>equiv)</i> .....	HELIDAC MIS THERAPY .....	239
<i>guanfacine hcl tab er 24hr 2 mg (base</i>	HEMADY TAB 20MG .....	145
<i>equiv)</i> .....	HEMANGEOL SOL 4.28/ML.....	126
<i>guanfacine hcl tab er 24hr 3 mg (base</i>	<i>hematinic pl tab vit/min</i> .....	185
<i>equiv)</i> .....	HEP SOD/D5W INJ 20000UNT.....	51
<i>guanfacine hcl tab er 24hr 4 mg (base</i>	HEP SOD/D5W INJ 25000UNT.....	51
<i>equiv)</i> .....	HEP SOD/DEXT INJ 25000UNT .....	51
GVOKE HYPO 1 INJ .5/.1ML .....	HEP SOD/NACL INJ 12500UNT .....	51
GVOKE HYPO 1 INJ 1MG/.2ML.....	HEP SOD/NACL INJ 25000UNT .....	51
GVOKE HYPO 2 INJ .5/.1ML .....	<i>heparin sod (porcine)-nacl iv soln 1000</i>	
GVOKE HYPO 2 INJ 1MG/.2ML.....	<i>unit/500ml-0.9%</i> .....	51
GVOKE KIT SOL 1MG/0.2M .....	<i>heparin sod (porcine)-nacl iv soln 2000</i>	
GVOKE PFS INJ .....	<i>unit/l-0.9%</i> .....	51
GYNAZOLE-1 CRE 2% .....	HEPARIN SOD INJ 5000/0.5 .....	51
<b>H</b>	HEPARIN SOD INJ 5000/ML.....	51
<i>hailey 24 tab fe</i> .....	<i>heparin sodium (porcine) inj 1000</i>	
<i>hailey fe tab 1.5/30</i> .....	<i>unit/ml</i> .....	51
<i>hailey fe tab 1/20</i> .....	<i>heparin sodium (porcine) inj 10000</i>	
<i>hailey tab 1.5/30</i> .....	<i>unit/ml</i> .....	51
<i>halcinonide cream 0.1%</i> .....	<i>heparin sodium (porcine) inj 20000</i>	
HALCION TAB 0.25MG .....	<i>unit/ml</i> .....	51
HALDOL DECAN INJ 100MG/ML .....	<i>heparin sodium (porcine) inj 5000</i>	
HALDOL DECAN INJ 50MG/ML.....	<i>unit/ml</i> .....	51
HALOBETASOL AER 0.05% .....	<i>heparin sodium (porcine) lock flush iv</i>	
<i>halobetasol propionate cream 0.05%</i>	<i>soln 1 unit/ml</i> .....	51
.....	<i>heparin sodium (porcine) lock flush iv</i>	
<i>halobetasol propionate oint 0.05%</i> .	<i>soln 10 unit/ml</i> .....	51
<i>haloette mis</i> .....	<i>heparin sodium (porcine) lock flush iv</i>	
HALOG CRE 0.1%.....	<i>soln 100 unit/ml</i> .....	51

<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> .....	51	<i>hydralazine hcl tab 50 mg</i> .....	95
HEPARIN/NACL INJ 25000UNT .....	51	HYDREA CAP 500MG .....	107
HEPLISAV-B INJ 20/0.5ML .....	241	<i>hydrochlorothiazide cap 12.5 mg</i> ....	167
HEPMED KIT .....	51	<i>hydrochlorothiazide tab 12.5 mg</i> ....	167
HETLIOZ CAP 20MG .....	188	<i>hydrochlorothiazide tab 25 mg</i> .....	167
HETLIOZ LQ SUS 4MG/ML .....	188	<i>hydrochlorothiazide tab 50 mg</i> .....	167
HIPREX TAB 1GM .....	39	<i>hydrocodone bitartrate cap er 12hr 10 mg</i> .....	28
HORIZANT TAB 300MG ER.....	229	<i>hydrocodone bitartrate cap er 12hr 15 mg</i> .....	28
HORIZANT TAB 600MG ER.....	229	<i>hydrocodone bitartrate cap er 12hr 20 mg</i> .....	28
HUMALOG INJ 100/ML .....	70	<i>hydrocodone bitartrate cap er 12hr 30 mg</i> .....	28
HUMALOG JR INJ 100/ML .....	70	<i>hydrocodone bitartrate cap er 12hr 40 mg</i> .....	28
HUMALOG KWIK INJ 100/ML.....	70	<i>hydrocodone bitartrate cap er 12hr 50 mg</i> .....	28
HUMALOG KWIK INJ 200/ML.....	70	<i>hydrocodone bitartrate cap er 12hr 100 mg</i> .....	28
HUMALOG MIX INJ 50/50 .....	70	<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i> .....	28
HUMALOG MIX INJ 50/50KWP.....	70	<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i> .....	28
HUMALOG MIX INJ 75/25KWP.....	71	<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i> .....	28
HUMALOG MIX SUS 75/25.....	71	<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i> .....	28
HUMALOG TMPO INJ 100/ML.....	71	<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i> .....	28
HUMATROPE INJ 12MG.....	169	<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i> .....	28
HUMATROPE INJ 24MG.....	170	<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i> .....	32
HUMATROPE INJ 6MG .....	169	<i>hydrocodone-acetaminophen tab 10-300 mg</i> .....	32
HUMIRA INJ 10/0.1ML .....	21	<i>hydrocodone-acetaminophen tab 10-325 mg</i> .....	32
HUMIRA INJ 20/0.2ML .....	21	<i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	32
HUMIRA INJ 40/0.4ML .....	21	<i>hydrocodone-acetaminophen tab 5-325 mg</i> .....	32
HUMIRA KIT 40MG/0.8.....	21	<i>hydrocodone-acetaminophen tab 7.5-300 mg</i> .....	32
HUMIRA PEDIA INJ CROHNS .....	21	<i>hydrocodone-acetaminophen tab 7.5-325 mg</i> .....	32
HUMIRA PEN INJ 40/0.4ML.....	21		
HUMIRA PEN INJ 40MG/0.8 .....	21		
HUMIRA PEN INJ 80/0.8ML.....	21		
HUMIRA PEN INJ CD/UC/HS.....	21		
HUMIRA PEN INJ PS/UV .....	21		
HUMIRA PEN KIT CD/UC/HS .....	21		
HUMIRA PEN KIT PED UC .....	21		
HUMIRA PEN KIT PS/UV .....	21		
HUMULIN INJ 70/30.....	71		
HUMULIN INJ 70/30KWP .....	71		
HUMULIN N INJ U-100 .....	71		
HUMULIN N INJ U-100KWP.....	71		
HUMULIN R INJ U-100 .....	71		
HUMULIN R INJ U-500 .....	71		
HYCAMTIN CAP 0.25MG .....	107		
HYCAMTIN CAP 1MG .....	107		
<i>hydralazine hcl inj 20 mg/ml</i> .....	95		
<i>hydralazine hcl tab 10 mg</i> .....	95		
<i>hydralazine hcl tab 100 mg</i> .....	95		
<i>hydralazine hcl tab 25 mg</i> .....	95		

<i>hydrocodone-ibuprofen tab 10-200 mg</i>	<i>hydromorphone hcl tab er 24hr 12 mg</i>
.....32	.....29
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	<i>hydromorphone hcl tab er 24hr 16 mg</i>
.....32	.....29
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	<i>hydromorphone hcl tab er 24hr 32 mg</i>
.....32	.....29
<i>hydrocortisone acetate cream 1% ..</i>	<i>hydromorphone hcl tab er 24hr 8 mg</i>
158	29
<i>hydrocortisone acetate suppos 25 mg</i>	<i>hydroxocobalamin acetate inj 1000</i>
.....36	<i>mcg/ml (base equivalent).....</i>
<i>hydrocortisone acetate suppos 30 mg</i>	183
.....36	<i>hydroxychloroquine sulfate tab 100 mg</i>
<i>hydrocortisone acetate w/ pramoxine</i>	.....96
<i>perianal cream 1-1% .....</i>	<i>hydroxychloroquine sulfate tab 200 mg</i>
35	.....96
<i>hydrocortisone butyrate cream 0.1%</i>	<i>hydroxychloroquine sulfate tab 300 mg</i>
.....158	.....96
<i>hydrocortisone butyrate hydrophilic lipo</i>	<i>hydroxychloroquine sulfate tab 400 mg</i>
<i>base cream 0.1% .....</i>	.....96
158	<i>hydroxyprogesterone caproate im in oil</i>
<i>hydrocortisone butyrate lotion 0.1%</i>	<i>1.25 gm/5ml.....</i>
.....158	100
<i>hydrocortisone butyrate oint 0.1% ..</i>	<i>hydroxyprogesterone caproate im in oil</i>
158	<i>250 mg/ml .....</i>
<i>hydrocortisone butyrate soln 0.1% ..</i>	224
158	<i>hydroxyurea cap 500 mg .....</i>
<i>hydrocortisone cream 0.5%.....</i>	107
158	<i>hydroxyzine hcl im soln 25 mg/ml ...</i>
<i>hydrocortisone cream 1%.....</i>	41
158	<i>hydroxyzine hcl im soln 50 mg/ml ...</i>
<i>hydrocortisone cream 1%- rx .....</i>	41
158	<i>hydroxyzine hcl syrup 10 mg/5ml....</i>
<i>hydrocortisone cream 2.5%.....</i>	41
158	<i>hydroxyzine hcl tab 10 mg .....</i>
<i>hydrocortisone enema 100 mg/60ml.</i>	41
35	<i>hydroxyzine hcl tab 25 mg .....</i>
<i>hydrocortisone lotion 1% .....</i>	41
158	<i>hydroxyzine hcl tab 50 mg .....</i>
<i>hydrocortisone lotion 2.5%.....</i>	41
158	<i>hydroxyzine pamoate cap 100 mg ...</i>
<i>hydrocortisone oint 0.5% .....</i>	41
158	<i>hydroxyzine pamoate cap 25 mg.....</i>
<i>hydrocortisone oint 1% .....</i>	41
158	<i>hydroxyzine pamoate cap 50 mg.....</i>
<i>hydrocortisone oint 1%- rx.....</i>	41
158	<i>HYFTOR GEL 0.2% .....</i>
<i>hydrocortisone oint 2.5% .....</i>	160
158	<i>hyophen tab .....</i>
<i>hydrocortisone perianal cream 1% ...</i>	37
36	<i>hyoscyamine sulfate elixir 0.125</i>
<i>hydrocortisone rectal cream 2.5% ....</i>	<i>mg/5ml.....</i>
36	236
<i>hydrocortisone tab 10 mg.....</i>	<i>hyoscyamine sulfate sl tab 0.125 mg</i>
145	.....236
<i>hydrocortisone tab 20 mg.....</i>	<i>hyoscyamine sulfate soln 0.125 mg/ml</i>
146	.....236
<i>hydrocortisone tab 5 mg .....</i>	<i>hyoscyamine sulfate tab 0.125 mg .</i>
145	236
<i>hydrocortisone valerate cream 0.2%</i>	<i>hyoscyamine sulfate tab disint 0.125</i>
.....158	<i>mg .....</i>
<i>hydrocortisone valerate oint 0.2% ..</i>	236
158	<i>hyoscyamine sulfate tab er 12hr 0.375</i>
<i>hydrocortisone w/ acetic acid otic soln</i>	<i>mg .....</i>
<i>1-2% .....</i>	236
221	<i>HYPO NEEDLE MIS 14GX1 .....</i>
<i>HYDROMORPHON SUP 3MG .....</i>	195
28	<i>HYPO NEEDLE MIS 14GX1.5 .....</i>
<i>hydromorphone hcl liqd 1 mg/ml.....</i>	195
28	<i>HYPO NEEDLE MIS 14GX2 .....</i>
<i>hydromorphone hcl tab 2 mg .....</i>	195
28	
<i>hydromorphone hcl tab 4 mg .....</i>	
28	
<i>hydromorphone hcl tab 8 mg .....</i>	
29	

HYPO NEEDLE MIS 16GX1 .....	195	HYZAAR TAB 50-12.5.....	92
HYPO NEEDLE MIS 16GX1.5 .....	195	<b>I</b>	
HYPO NEEDLE MIS 16GX3/4 .....	195	<i>ibandronate sodium iv soln 3 mg/3ml</i>	
HYPO NEEDLE MIS 16GX5/8 .....	195	<i>(base equivalent)</i> .....	168
HYPO NEEDLE MIS 18GX1 .....	195	<i>ibandronate sodium tab 150 mg (base</i>	
HYPO NEEDLE MIS 18GX1.25.....	195	<i>equivalent)</i> .....	168
HYPO NEEDLE MIS 19GX1 .....	195	IBRANCE CAP 100MG.....	103
HYPO NEEDLE MIS 19GX1.5 .....	195	IBRANCE CAP 125MG.....	103
HYPO NEEDLE MIS 20GX1 .....	195	IBRANCE CAP 75MG .....	103
HYPO NEEDLE MIS 20GX1.5 .....	195	IBRANCE TAB 100MG.....	103
HYPO NEEDLE MIS 21GX1 .....	195	IBRANCE TAB 125MG.....	103
HYPO NEEDLE MIS 21GX1.5 .....	195	IBRANCE TAB 75MG .....	103
HYPO NEEDLE MIS 21GX2 .....	195	IBSRELA TAB 50MG.....	179
HYPO NEEDLE MIS 22GX1 .....	195	IBUPAK KIT .....	23
HYPO NEEDLE MIS 22GX1.5 .....	195	<i>ibuprofen chew tab 100 mg</i> .....	23
HYPO NEEDLE MIS 23GX1 .....	195	<i>ibuprofen susp 100 mg/5ml</i> .....	23
HYPO NEEDLE MIS 23GX1.25.....	195	<i>ibuprofen susp 40 mg/ml</i> .....	23
HYPO NEEDLE MIS 23GX1.5 .....	195	<i>ibuprofen tab 100 mg</i> .....	23
HYPO NEEDLE MIS 23GX3/4 .....	195	<i>ibuprofen tab 200 mg</i> .....	23
HYPO NEEDLE MIS 24GX1 .....	195	<i>ibuprofen tab 400 mg</i> .....	24
HYPO NEEDLE MIS 24GX1.25.....	195	<i>ibuprofen tab 600 mg</i> .....	24
HYPO NEEDLE MIS 25GX1 .....	196	<i>ibuprofen tab 800 mg</i> .....	24
HYPO NEEDLE MIS 25GX1.25.....	196	<i>ibuprofen-famotidine tab 800-26.6 mg</i>	
HYPO NEEDLE MIS 25GX1.5 .....	196	.....	24
HYPO NEEDLE MIS 25GX2 .....	196	<i>iclevia tab</i> .....	140
HYPO NEEDLE MIS 25GX5/8 .....	196	ICLUSIG TAB 10MG .....	103
HYPO NEEDLE MIS 26GX1.5 .....	196	ICLUSIG TAB 15MG .....	103
HYPO NEEDLE MIS 26GX1/2 .....	196	ICLUSIG TAB 30MG .....	103
HYPO NEEDLE MIS 26GX3/8 .....	196	ICLUSIG TAB 45MG .....	103
HYPO NEEDLE MIS 26GX5/8 .....	196	<i>icosapent ethyl cap 0.5 gm</i> .....	81
HYPO NEEDLE MIS 27GX1.25.....	196	<i>icosapent ethyl cap 1 gm</i> .....	81
HYPO NEEDLE MIS 27GX1.5 .....	196	ID NOW 2.0 KIT SWAB .....	163
HYPO NEEDLE MIS 27GX1/2 .....	196	ID NOW 2.0 KIT TEST.....	163
HYPO NEEDLE MIS 30G X 1 .....	196	ID NOW CONTR KIT COVID-19 .....	163
HYPO NEEDLE MIS 30GX1/2 .....	196	ID NOW KIT COVID-19 .....	163
HYPO NEEDLE MIS 30GX3/4 .....	196	IDHIFA TAB 100MG .....	103
HYPO NEEDLE MIS 31GX5/16 .....	196	IDHIFA TAB 50MG .....	103
HYPO NEEDLE MIS 32GX5/16 .....	196	IGALMI MIS 120MCG .....	187
HYSINGLA ER TAB 100 MG .....	29	IGALMI MIS 180MCG .....	187
HYSINGLA ER TAB 120 MG .....	29	IHEALTH 2-PK KIT COVID-19.....	163
HYSINGLA ER TAB 20 MG .....	29	IHEALTH 40PK KIT COVID-19 .....	163
HYSINGLA ER TAB 30 MG .....	29	IHEALTH 5-PK KIT COVID-19.....	163
HYSINGLA ER TAB 40 MG .....	29	ILARIS INJ 150MG/ML .....	22
HYSINGLA ER TAB 60 MG .....	29	ILEVRO DRO 0.3% OP .....	220
HYSINGLA ER TAB 80 MG .....	29	ILUMYA SOL 100MG/ML .....	155
HYZAAR TAB 100-12.5.....	92	<i>imatinib mesylate tab 100 mg (base</i>	
HYZAAR TAB 100-25.....	92	<i>equivalent)</i> .....	103

<i>imatinib mesylate tab 400 mg (base equivalent)</i> .....	103	INFUVITE INJ.....	212
IMBRUVICA CAP 140MG .....	103	INFUVITE INJ PEDIATRI .....	212
IMBRUVICA CAP 70MG .....	103	INGREZZA CAP 40-80MG .....	226
IMBRUVICA SUS 70MG/ML .....	103	INGREZZA CAP 40MG .....	226
IMBRUVICA TAB 140MG .....	103	INGREZZA CAP 60MG .....	226
IMBRUVICA TAB 280MG .....	103	INGREZZA CAP 80MG .....	226
IMBRUVICA TAB 420MG .....	103	INJECTAFER INJ 100/2ML.....	186
IMBRUVICA TAB 560MG .....	103	INJECTAFER INJ 750/15ML.....	186
<i>imipramine hcl tab 10 mg</i> .....	65	INLYTA TAB 1MG.....	98
<i>imipramine hcl tab 25 mg</i> .....	65	INLYTA TAB 5MG.....	98
<i>imipramine hcl tab 50 mg</i> .....	65	INNOPRAN XL CAP 120MG.....	126
<i>imipramine pamoate cap 100 mg</i> .....	65	INNOPRAN XL CAP 80MG .....	126
<i>imipramine pamoate cap 125 mg</i> .....	65	INQOVI TAB 35-100MG .....	101
<i>imipramine pamoate cap 150 mg</i> .....	65	INREBIC CAP 100MG .....	103
<i>imipramine pamoate cap 75 mg</i> .....	65	INS ASP PROT INJ FLEXPEN.....	71
<i>imiquimod cream 3.75%</i> .....	160	INS DEGL FLX INJ 100UNIT .....	71
<i>imiquimod cream 5%</i> .....	160	INS DEGL FLX INJ 200UNIT .....	71
IMITREX INJ 4MG/0.5 .....	203	INSPIRA TAB 25MG .....	95
IMITREX INJ 6MG/0.5 .....	203	INSPIRA TAB 50MG .....	95
IMITREX SPR 20MG/ACT .....	203	INSULIN ASPA INJ 100/ML .....	71
IMITREX SPR 5MG/ACT .....	203	INSULIN ASPA INJ 70/30 .....	71
IMITREX TAB 100MG .....	204	INSULIN ASPA INJ FLEXPEN .....	71
IMITREX TAB 25MG .....	203	INSULIN ASPA INJ PENFILL .....	71
IMITREX TAB 50MG .....	204	INSULIN DEGL INJ 100UNIT .....	71
IMPEKLO LOT 0.05% .....	158	INSULIN GLAR INJ 100U/ML .....	71
IMURAN TAB 50MG.....	208	INSULIN GLAR SOL 100U/ML.....	71
INBRIJA CAP 42MG.....	109	INSULIN LISP INJ 100/ML .....	71
<i>incassia tab 0.35mg</i> .....	144	INSULIN LISP INJ JUNIOR .....	71
INCRELEX INJ 40MG/4ML .....	170	INSULIN LISP INJ PROTAMIN.....	71
INCRUSE ELPT INH 62.5MCG .....	44	INSULIN SYRG MIS 0.3/29G .....	196
<i>indapamide tab 1.25 mg</i> .....	167	INSULIN SYRG MIS 0.3/30G .....	196
<i>indapamide tab 2.5 mg</i> .....	167	INSULIN SYRG MIS 0.3/31G .....	196
INDERAL LA CAP 120MG .....	126	INSULIN SYRG MIS 0.5/28G .....	196
INDERAL LA CAP 160MG .....	126	INSULIN SYRG MIS 0.5/29G .....	196
INDERAL LA CAP 60MG .....	126	INSULIN SYRG MIS 0.5/30G .....	196
INDERAL LA CAP 80MG .....	126	INSULIN SYRG MIS 0.5/31G .....	196
INDERAL XL CAP 120MG .....	126	INSULIN SYRG MIS 1ML/28G.....	196
INDERAL XL CAP 80MG .....	126	INSULIN SYRG MIS 1ML/29G.....	196
INDICAID KIT COVID-19 .....	163	INSULIN SYRG MIS 1ML/30G.....	196
<i>indomethacin cap 25 mg</i> .....	24	INSULIN SYRG MIS 1ML/31G..	196, 197
<i>indomethacin cap 50 mg</i> .....	24	INTELENCE TAB 100MG .....	118
<i>indomethacin cap er 75 mg</i> .....	24	INTELENCE TAB 200MG .....	118
INFED INJ 50MG/ML .....	186	INTELENCE TAB 25MG .....	118
<i>inflammacin mis 75-0.025</i> .....	24	INTELISWAB KIT COVID-19.....	163
INFLECTRA INJ 100MG.....	178	INTRO NEEDLE MIS 18GX1.25 .....	197
INFLIXIMAB INJ 100MG.....	178	<i>introvale tab</i> .....	140
		INTUNIV TAB 1MG.....	16



INTUNIV TAB 2MG.....	16	<i>iron 100/c tab 100-250</i> .....	185
INTUNIV TAB 3MG.....	16	ISENTRESS CHW 100MG.....	118
INTUNIV TAB 4MG.....	16	ISENTRESS CHW 25MG.....	118
INVEGA HAFYE INJ 1092MG.....	112	ISENTRESS HD TAB 600MG.....	118
INVEGA HAFYE INJ 1560MG.....	112	ISENTRESS POW 100MG.....	118
INVEGA SUST INJ 117/0.75.....	112	ISENTRESS TAB 400MG.....	118
INVEGA SUST INJ 156MG/ML.....	112	<i>isibloom tab</i> .....	140
INVEGA SUST INJ 234/1.5.....	112	<i>isoniazid syrup 50 mg/5ml</i> .....	97
INVEGA SUST INJ 39/0.25.....	112	<i>isoniazid tab 100 mg</i> .....	97
INVEGA SUST INJ 78/0.5ML.....	112	<i>isoniazid tab 300 mg</i> .....	97
INVEGA TAB 1.5MG.....	112	<i>isopropyl alcohol-glycerin otic liquid 95-5%</i> .....	220
INVEGA TAB 3MG.....	112	ISOPTO ATROP SOL 1% OP.....	216
INVEGA TAB 6MG.....	112	ISORDIL TAB 40MG.....	39
INVEGA TAB 9MG.....	112	ISORDIL TAB 5MG.....	39
INVEGA TRINZ INJ 273MG.....	112	<i>isosorbide dinitrate tab 10 mg</i> .....	39
INVEGA TRINZ INJ 410MG.....	112	<i>isosorbide dinitrate tab 20 mg</i> .....	39
INVEGA TRINZ INJ 546MG.....	112	<i>isosorbide dinitrate tab 30 mg</i> .....	39
INVEGA TRINZ INJ 819MG.....	112	<i>isosorbide dinitrate tab 40 mg</i> .....	39
INVELTYS SUS 1%.....	219	<i>isosorbide dinitrate tab 5 mg</i> .....	39
INVOKAMET TAB 150-1000.....	66	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i> .....	134
INVOKAMET TAB 150-500.....	66	<i>isosorbide mononitrate tab 10 mg</i> ....	39
INVOKAMET TAB 50-1000.....	66	<i>isosorbide mononitrate tab 20 mg</i> ....	40
INVOKAMET TAB 50-500MG.....	66	<i>isosorbide mononitrate tab er 24hr 120 mg</i> .....	40
INVOKAMET XR TAB 150-1000.....	67	<i>isosorbide mononitrate tab er 24hr 30 mg</i> .....	40
INVOKAMET XR TAB 150-500.....	67	<i>isosorbide mononitrate tab er 24hr 60 mg</i> .....	40
INVOKAMET XR TAB 50-1000.....	67	<i>isotretinoin cap 10 mg</i> .....	150
INVOKAMET XR TAB 50-500MG.....	66	<i>isotretinoin cap 20 mg</i> .....	150
INVOKANA TAB 100MG.....	73	<i>isotretinoin cap 25 mg</i> .....	150
INVOKANA TAB 300MG.....	73	<i>isotretinoin cap 30 mg</i> .....	150
IOPIDINE SOL 1% OP.....	217	<i>isotretinoin cap 35 mg</i> .....	150
<i>ipratropium bromide inhal soln 0.02%</i> .....	44	<i>isotretinoin cap 40 mg</i> .....	150
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i> .....	214	<i>isradipine cap 2.5 mg</i> .....	130
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i> .....	214	<i>isradipine cap 5 mg</i> .....	130
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i> .....	48	ISTALOL SOL 0.5% OP.....	216
<i>irbesartan tab 150 mg</i> .....	88	<i>itraconazole cap 100 mg</i> .....	79
<i>irbesartan tab 300 mg</i> .....	88	<i>itraconazole oral soln 10 mg/ml</i> .....	79
<i>irbesartan tab 75 mg</i> .....	88	<i>ivermectin cream 1%</i> .....	161
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	92	<i>ivermectin tab 3 mg</i> .....	37
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	92	<b>J</b>	
IRESSA TAB 250MG.....	99	JADENU SPRKL GRA 180MG.....	76
<i>iron 100 tab plus</i> .....	185	JADENU SPRKL GRA 360MG.....	76
		JADENU SPRKL GRA 90MG.....	76

JADENU TAB 180MG .....	76	JUXTAPID CAP 10MG .....	85
JADENU TAB 360MG .....	76	JUXTAPID CAP 20MG .....	85
JADENU TAB 90MG .....	76	JUXTAPID CAP 30MG .....	85
<i>jaimiess tab</i> .....	140	JUXTAPID CAP 5MG .....	85
JAKAFI TAB 10MG .....	103	JYNARQUE PAK 15MG .....	173
JAKAFI TAB 15MG .....	103	JYNARQUE PAK 30-15MG .....	173
JAKAFI TAB 20MG .....	103	JYNARQUE PAK 45-15MG .....	173
JAKAFI TAB 25MG .....	104	JYNARQUE PAK 60-30MG .....	173
JAKAFI TAB 5MG .....	103	JYNARQUE PAK 90-30MG .....	173
JALYN CAP.....	181	JYNARQUE TAB 15MG .....	173
JANSSEN VACC INJ COVID-19 .....	241	JYNARQUE TAB 30MG .....	173
JANUMET TAB 50-1000 .....	67	<b>K</b>	
JANUMET TAB 50-500MG .....	67	<i>kaitlib fe chw</i> .....	140
JANUMET XR TAB 100-1000.....	67	KALETRA SOL .....	118
JANUMET XR TAB 50-1000 .....	67	KALETRA TAB 100-25MG.....	119
JANUMET XR TAB 50-500MG.....	67	KALETRA TAB 200-50MG.....	119
JANUVIA TAB 100MG .....	69	<i>kalliga tab</i> .....	140
JANUVIA TAB 25MG.....	69	KALYDECO PAK 25MG .....	230
JANUVIA TAB 50MG.....	69	KALYDECO PAK 50MG .....	230
JARDIANCE TAB 10MG .....	73	KALYDECO PAK 75MG .....	230
JARDIANCE TAB 25MG .....	73	KALYDECO TAB 150MG .....	230
<i>jasmiel tab 3-0.02mg</i> .....	140	KAPSPARGO CAP 100MG .....	125
JATENZO CAP 158MG.....	35	KAPSPARGO CAP 200MG .....	125
JATENZO CAP 198MG.....	35	KAPSPARGO CAP 25MG.....	124
JATENZO CAP 237MG.....	35	KAPSPARGO CAP 50MG .....	125
JAYPIRCA TAB 100MG .....	104	KARBINAL ER SUS 4MG/5ML.....	80
JAYPIRCA TAB 50MG.....	104	<i>kariva tab 28 day</i> .....	140
<i>jencycla tab 0.35mg</i> .....	144	KATERZIA SUS 1MG/ML .....	130
JENTADUETO TAB 2.5-1000.....	67	KAZANO 12.5- TAB 1000MG .....	67
JENTADUETO TAB 2.5-500.....	67	KAZANO 12.5- TAB 500MG.....	67
JENTADUETO TAB 2.5-850.....	67	<i>kelnor 1/50 tab</i> .....	140
JENTADUETO TAB XR.....	67	<i>kelnor tab 1/35</i> .....	140
<i>jinteli tab 1mg-5mcg</i> .....	173	KENALOG AER SPRAY .....	158
<i>jolessa tab</i> .....	140	KENALOG-10 INJ 10MG/ML.....	146
JORNAY PM CAP 100MG ER.....	18	KENALOG-40 INJ 40MG/ML.....	146
JORNAY PM CAP 20MG ER .....	18	KENALOG-80 INJ.....	146
JORNAY PM CAP 40MG ER .....	18	KENGREAL SOL 50MG .....	182
JORNAY PM CAP 60MG ER .....	18	KEPPRA INJ 500/5ML .....	54
JORNAY PM CAP 80MG ER .....	18	KEPPRA SOL 100MG/ML .....	54
JUBLIA SOL 10%.....	153	KEPPRA TAB 1000MG.....	54
<i>juleber tab</i> .....	140	KEPPRA TAB 250MG .....	54
JULUCA TAB 50-25MG.....	118	KEPPRA TAB 500MG .....	54
<i>junel 1.5/30 tab</i> .....	140	KEPPRA TAB 750MG .....	54
<i>junel 1/20 tab</i> .....	140	KEPPRA XR TAB 500MG.....	54
<i>junel fe 24 tab 1/20</i> .....	140	KEPPRA XR TAB 750MG.....	54
<i>junel fe tab 1.5/30</i> .....	140	KERENDIA TAB 10MG .....	171
<i>junel fe tab 1/20</i> .....	140	KERENDIA TAB 20MG .....	171

KERYDIN SOL 5%.....	153	KOSELUGO CAP 10MG .....	104
KESIMPTA INJ 20/.4ML .....	227	KOSELUGO CAP 25MG .....	104
<i>ketoconazole cream 2%</i> .....	153	K-PHOS TAB .....	206
<i>ketoconazole foam 2%</i> .....	153	K-PHOS TAB NEUTRAL .....	206
<i>ketoconazole shampoo 2%</i> .....	153	K-PHOS TAB NO 2 .....	180
<i>ketoconazole tab 200 mg</i> .....	79	KRAZATI TAB 200MG.....	104
<i>ketodan aer 2%</i> .....	153	KRINTAFEL TAB 150MG.....	96
KETODAN KIT 2% .....	153	KRISTALOSE PAK 10GM .....	189
<i>ketoprofen cap er 24hr 200 mg</i> .....	24	KRISTALOSE PAK 20GM .....	189
KETOR TROMET SPR 15.75MG .....	24	K-TAB TAB 10MEQ CR.....	206
<i>ketorolac tromethamine im inj 60</i> <i>mg/2ml (30 mg/ml)</i> .....	24	K-TAB TAB 20MEQ.....	206
<i>ketorolac tromethamine inj 15 mg/ml</i> .....	24	<i>kurvelo tab 0.15/30</i> .....	140
<i>ketorolac tromethamine inj 30 mg/ml</i> .....	24	KYLEENA IUD 19.5MG.....	144
<i>ketorolac tromethamine ophth soln</i> <i>0.4%</i> .....	220	KYNMOBI MIS 10MG.....	109
<i>ketorolac tromethamine ophth soln</i> <i>0.5%</i> .....	220	KYNMOBI MIS 15MG.....	109
<i>ketorolac tromethamine tab 10 mg</i> ...24		KYNMOBI MIS 20MG.....	109
<i>ketotifen fumarate ophth soln 0.025%</i> <i>(base equiv)</i> .....	220	KYNMOBI MIS 25MG.....	109
KEVEYIS TAB 50MG .....	165	KYNMOBI MIS 30MG.....	109
KEVZARA INJ 150/1.14 .....	22	<b>L</b>	
KEVZARA INJ 200/1.14 .....	22	<i>labetalol hcl iv soln 5 mg/ml</i> .....	123
KINERET INJ.....	22	<i>labetalol hcl tab 100 mg</i> .....	124
KISQALI 200 PAK FEMARA.....	101	<i>labetalol hcl tab 200 mg</i> .....	124
KISQALI 400 PAK FEMARA.....	101	<i>labetalol hcl tab 300 mg</i> .....	124
KISQALI 600 PAK FEMARA.....	101	LABETALOL INJ NACL.....	124
KISQALI TAB 200DOSE .....	104	<i>lacosamide iv inj 200 mg/20ml (10</i> <i>mg/ml)</i> .....	54
KISQALI TAB 400DOSE .....	104	<i>lacosamide oral solution 10 mg/ml</i> ...	54
KISQALI TAB 600DOSE .....	104	LACOSAMIDE SOL 10MG/ML .....	54
KITABIS PAK NEB 300/5ML.....	20	<i>lacosamide tab 100 mg</i> .....	54
KLARON LOT 10% .....	150	<i>lacosamide tab 150 mg</i> .....	54
KLONOPIN TAB 0.5MG .....	52	<i>lacosamide tab 200 mg</i> .....	54
KLONOPIN TAB 1MG .....	52	<i>lacosamide tab 50 mg</i> .....	54
KLONOPIN TAB 2MG .....	52	LACRISERT MIS 5MG OP .....	215
<i>klor-con 10 tab 10meq er</i> .....	206	<i>lactic acid (ammonium lactate) cream</i> <i>12%</i> .....	160
<i>klor-con 8 tab 8meq er</i> .....	206	<i>lactic acid (ammonium lactate) lotion</i> <i>12%</i> .....	160
<i>klor-con m15 tab 15meq er</i> .....	206	LACTIC ACID LOT 10% .....	160
<i>klor-con pak 20meq</i> .....	206	<i>lactulose (encephalopathy) solution 10</i> <i>gm/15ml</i> .....	179
KLOXXADO SPR 8MG .....	76	<i>lactulose solution 10 gm/15ml</i> .....	189
KOMBIGLYZ XR TAB 2.5-1000.....	67	LAGEVRIO CAP 200MG.....	123
KOMBIGLYZ XR TAB 5-1000MG .....	67	LAMICTAL CHW 25MG.....	54
KOMBIGLYZ XR TAB 5-500MG.....	67	LAMICTAL CHW 5MG .....	54
KORLYM TAB 300MG.....	69	LAMICTAL KIT START 35 .....	54
		LAMICTAL KIT START 49 .....	54
		LAMICTAL KIT START 98 .....	54

LAMICTAL ODT KIT.....	54	<i>lamotrigine tab er 24hr 200 mg</i> .....	55
LAMICTAL ODT TAB 100MG .....	54	<i>lamotrigine tab er 24hr 25 mg</i> .....	55
LAMICTAL ODT TAB 200MG .....	54	<i>lamotrigine tab er 24hr 250 mg</i> .....	55
LAMICTAL ODT TAB 25MG .....	54	<i>lamotrigine tab er 24hr 300 mg</i> .....	55
LAMICTAL ODT TAB 50MG .....	54	<i>lamotrigine tab er 24hr 50 mg</i> .....	55
LAMICTAL TAB 100MG .....	54	LAMPIT TAB 120MG.....	38
LAMICTAL TAB 150MG .....	54	LAMPIT TAB 30MG.....	38
LAMICTAL TAB 200MG .....	54	LANCETS.....	192
LAMICTAL TAB 25MG .....	54	LANOXIN INJ 0.25MG/1 .....	133
LAMICTAL XR KIT.....	54	LANOXIN INJ 0.5/2ML.....	133
LAMICTAL XR TAB 100MG .....	54	LANOXIN PED INJ 0.1MG/ML .....	133
LAMICTAL XR TAB 200MG .....	54	<i>lansoprazole cap delayed release 15</i>	
LAMICTAL XR TAB 250MG .....	54	<i>mg</i> .....	237
LAMICTAL XR TAB 25MG .....	54	<i>lansoprazole cap delayed release 30</i>	
LAMICTAL XR TAB 300MG .....	54	<i>mg</i> .....	237
LAMICTAL XR TAB 50MG .....	54	<i>lansoprazole tab delayed release orally</i>	
<i>lamivudine oral soln 10 mg/ml</i> .....	119	<i>disintegrating 15 mg</i> .....	237
<i>lamivudine tab 100 mg (hbv)</i> .....	121	<i>lansoprazole tab delayed release orally</i>	
<i>lamivudine tab 150 mg</i> .....	119	<i>disintegrating 30 mg</i> .....	237
<i>lamivudine tab 300 mg</i> .....	119	<i>lanthanum carbonate chew tab 1000</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i>		<i>mg (elemental)</i> .....	179
.....	119	<i>lanthanum carbonate chew tab 500 mg</i>	
<i>lamotrigine orally disintegrating tab</i>		<i>(elemental)</i> .....	179
<i>100 mg</i> .....	54	<i>lanthanum carbonate chew tab 750 mg</i>	
<i>lamotrigine orally disintegrating tab</i>		<i>(elemental)</i> .....	179
<i>200 mg</i> .....	54	LANTUS INJ 100/ML .....	72
<i>lamotrigine orally disintegrating tab 25</i>		LANTUS SOLOS INJ 100/ML.....	72
<i>mg</i> .....	54	<i>lapatinib ditosylate tab 250 mg (base</i>	
<i>lamotrigine orally disintegrating tab 50</i>		<i>equiv)</i> .....	104
<i>mg</i> .....	54	<i>larin 24 tab fe 1/20</i> .....	140
<i>lamotrigine tab 100 mg</i> .....	55	<i>larin fe tab 1.5/30</i> .....	140
<i>lamotrigine tab 150 mg</i> .....	55	<i>larin fe tab 1/20</i> .....	140
<i>lamotrigine tab 200 mg</i> .....	55	<i>larin tab 1.5/30</i> .....	140
<i>lamotrigine tab 25 mg</i> .....	54	<i>larin tab 1/20</i> .....	140
<i>lamotrigine tab 25 mg (42) &amp; 100 mg</i>		LASIX TAB 20MG.....	166
<i>(7) starter kit</i> .....	55	LASIX TAB 40MG.....	166
<i>lamotrigine tab 35 x 25 mg starter kit</i>		LASIX TAB 80MG.....	166
.....	55	<i>latanoprost ophth soln 0.005%</i> .....	220
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100</i>		LATUDA TAB 120MG .....	111
<i>mg starter kit</i> .....	55	LATUDA TAB 20MG.....	111
<i>lamotrigine tab chewable dispersible 25</i>		LATUDA TAB 40MG.....	111
<i>mg</i> .....	55	LATUDA TAB 60MG.....	111
<i>lamotrigine tab chewable dispersible 5</i>		LATUDA TAB 80MG.....	111
<i>mg</i> .....	55	<i>laxative reg tab 15mg</i> .....	190
<i>lamotrigine tab disint 25 (14) &amp; 50 mg</i>		<i>layolis fe chw</i> .....	140
<i>(14) &amp; 100 mg (7) kit</i> .....	55	<i>leena tab</i> .....	140
<i>lamotrigine tab er 24hr 100 mg</i> .....	55	<i>leflunomide tab 10 mg</i> .....	25

<i>leflunomide tab 20 mg</i> .....	25	LEVETIRACETA INJ 15MG/ML.....	55
LEMTRADA INJ 12/1.2ML.....	227	LEVETIRACETA INJ 5MG/ML.....	55
<i>lenalidomide cap 10 mg</i> .....	207	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lenalidomide cap 15 mg</i> .....	207	1000 mg/100ml .....	55
<i>lenalidomide cap 20 mg</i> .....	207	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lenalidomide cap 25 mg</i> .....	207	1500 mg/100ml .....	55
<i>lenalidomide cap 5 mg</i> .....	207	<i>levetiracetam in sodium chloride iv soln</i>	
<i>lenalidomide caps 2.5 mg</i> .....	207	500 mg/100ml .....	55
LENVIMA CAP 10 MG .....	98	<i>levetiracetam inj 500 mg/5ml (100</i>	
LENVIMA CAP 12MG .....	98	mg/ml) .....	55
LENVIMA CAP 14 MG .....	98	<i>levetiracetam oral soln 100 mg/ml</i> ...	55
LENVIMA CAP 18 MG .....	98	<i>levetiracetam tab 1000 mg</i> .....	55
LENVIMA CAP 20 MG .....	98	<i>levetiracetam tab 250 mg</i> .....	55
LENVIMA CAP 24 MG .....	98	<i>levetiracetam tab 500 mg</i> .....	55
LENVIMA CAP 4MG .....	98	<i>levetiracetam tab 750 mg</i> .....	55
LENVIMA CAP 8 MG .....	98	<i>levetiracetam tab er 24hr 500 mg</i> ....	55
LEQVIO SOL .....	85	<i>levetiracetam tab er 24hr 750 mg</i> ....	55
LESCOL XL TAB 80MG.....	84	<i>levobunolol hcl ophth soln 0.5%</i> .....	216
<i>lessina tab</i> .....	140	<i>levocarnitine oral soln 1 gm/10ml</i>	
LETAIRIS TAB 10MG .....	135	(10%).....	171
LETAIRIS TAB 5MG.....	135	<i>levocarnitine tab 330 mg</i> .....	171
<i>letrozole tab 2.5 mg</i> .....	100	<i>levocetirizine dihydrochloride soln 2.5</i>	
<i>leucovorin calcium tab 10 mg</i> .....	107	mg/5ml (0.5 mg/ml).....	80
<i>leucovorin calcium tab 15 mg</i> .....	107	<i>levocetirizine dihydrochloride tab 5 mg</i>	
<i>leucovorin calcium tab 25 mg</i> .....	107	.....	80
<i>leucovorin calcium tab 5 mg</i> .....	107	<i>levofloxacin ophth soln 0.5%</i> .....	217
LEUKERAN TAB 2MG .....	97	<i>levofloxacin oral soln 25 mg/ml</i> .....	176
LEUKINE INJ 250MCG .....	184	<i>levofloxacin tab 250 mg</i> .....	176
<i>leuprolide acetate inj kit 5 mg/ml</i> ...	100	<i>levofloxacin tab 500 mg</i> .....	176
LEUPROLIDE INJ 22.5MG.....	100	<i>levofloxacin tab 750 mg</i> .....	176
<i>levabuterol hcl soln nebu 0.31 mg/3ml</i>		<i>levonest tab</i> .....	140
(base equiv) .....	48	<i>levonor-eth est tab 0.15-</i>	
<i>levabuterol hcl soln nebu 0.63 mg/3ml</i>		0.02/0.025/0.03 mg &eth est 0.01	
(base equiv) .....	48	mg .....	140
<i>levabuterol hcl soln nebu 1.25 mg/3ml</i>		<i>levonorgestrel &amp; ethinyl estradiol (91-</i>	
(base equiv) .....	48	day) tab 0.15-0.03 mg.....	140
<i>levabuterol hcl soln nebu conc 1.25</i>		<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
mg/0.5ml (base equiv).....	48	0.1 mg-20 mcg .....	140
<i>levabuterol tartrate inhal aerosol 45</i>		<i>levonorgestrel &amp; ethinyl estradiol tab</i>	
mcg/act (base equiv) .....	48	0.15 mg-30 mcg .....	141
<i>levamlodipine maleate tab 2.5 mg</i> ..	130	<i>levonorgestrel tab 1.5 mg</i> .....	143
<i>levamlodipine maleate tab 5 mg</i> .....	130	<i>levonorgestrel-eth estra tab 0.05-</i>	
LEVBID TAB 0.375 ER .....	236	30/0.075-40/0.125-30mg-mcg ...	141
LEVEMIR INJ.....	72	<i>levonorgestrel-ethinyl estradiol</i>	
LEVEMIR INJ FLEXPEN .....	72	(continuous) tab 90-20 mcg .....	141
LEVETIR/NACL SOL 250/50ML.....	55	<i>levonorg-eth est tab 0.1-0.02mg(84) &amp;</i>	
LEVETIRACETA INJ 10MG/ML .....	55	eth est tab 0.01mg(7).....	140

<i>levonorg-eth est tab 0.15-0.03mg(84)</i>	<i>lidocaine hcl (cardiac) iv soln pref syr</i>
<i>&amp; eth est tab 0.01mg(7).....</i>	<i>100 mg/5ml (2%) .....</i>
<i>140</i>	<i>43</i>
<i>levora-28 tab 0.15/30.....</i>	<i>lidocaine hcl (cardiac) iv soln pref syr</i>
<i>141</i>	<i>50 mg/5ml (1%) .....</i>
<i>levorphanol tartrate tab 2 mg .....</i>	<i>43</i>
<i>29</i>	<i>lidocaine hcl cream 3% .....</i>
<i>levorphanol tartrate tab 3 mg .....</i>	<i>161</i>
<i>29</i>	<i>lidocaine hcl soln 4% .....</i>
<i>levothyroxine sodium cap 100 mcg .233</i>	<i>161</i>
<i>levothyroxine sodium cap 112 mcg .233</i>	<i>lidocaine hcl urethral/mucosal gel 2%</i>
<i>levothyroxine sodium cap 125 mcg .233</i>	<i>.....</i>
<i>levothyroxine sodium cap 13 mcg ..233</i>	<i>161</i>
<i>levothyroxine sodium cap 137 mcg .233</i>	<i>lidocaine hcl urethral/mucosal gel</i>
<i>levothyroxine sodium cap 150 mcg .233</i>	<i>prefilled syringe 2%.....</i>
<i>levothyroxine sodium cap 175 mcg .233</i>	<i>161</i>
<i>levothyroxine sodium cap 200 mcg .233</i>	<i>lidocaine hcl viscous soln 2% .....</i>
<i>levothyroxine sodium cap 25 mcg ..233</i>	<i>210</i>
<i>levothyroxine sodium cap 50 mcg ..233</i>	<i>lidocaine hcl(cardiac) iv pf soln pref syr</i>
<i>levothyroxine sodium cap 75 mcg ..233</i>	<i>100 mg/5ml (2%) .....</i>
<i>levothyroxine sodium cap 88 mcg ..233</i>	<i>43</i>
<i>levothyroxine sodium tab 100 mcg .233</i>	<i>LIDOCAINE INJ 20MG/ML .....</i>
<i>levothyroxine sodium tab 112 mcg .233</i>	<i>43</i>
<i>levothyroxine sodium tab 125 mcg .233</i>	<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>
<i>levothyroxine sodium tab 137 mcg .233</i>	<i>.....</i>
<i>levothyroxine sodium tab 150 mcg .233</i>	<i>43</i>
<i>levothyroxine sodium tab 175 mcg .233</i>	<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>
<i>levothyroxine sodium tab 200 mcg .233</i>	<i>.....</i>
<i>levothyroxine sodium tab 25 mcg ...233</i>	<i>43</i>
<i>levothyroxine sodium tab 300 mcg .234</i>	<i>lidocaine oint 5% .....</i>
<i>levothyroxine sodium tab 50 mcg ...233</i>	<i>161</i>
<i>levothyroxine sodium tab 75 mcg ...233</i>	<i>lidocaine patch 5% .....</i>
<i>levothyroxine sodium tab 88 mcg ...233</i>	<i>161</i>
<i>LEVSIN INJ 0.5MG/ML.....</i>	<i>lidocaine-hydrocortisone acetate</i>
<i>236</i>	<i>perianal cream 3-0.5% .....</i>
<i>LEVSIN TAB 0.125MG .....</i>	<i>35</i>
<i>236</i>	<i>lidocaine-hydrocortisone acetate rectal</i>
<i>LEVSIN/SL SUB 0.125MG .....</i>	<i>cream kit 2-2% .....</i>
<i>236</i>	<i>36</i>
<i>LEVULAN KERA SOL 20% .....</i>	<i>lidocaine-hydrocortisone acetate rectal</i>
<i>154</i>	<i>cream kit 3-0.5% .....</i>
<i>LEXAPRO TAB 10MG .....</i>	<i>36</i>
<i>62</i>	<i>lidocaine-hydrocortisone acetate rectal</i>
<i>LEXAPRO TAB 20MG .....</i>	<i>cream kit 3-1% .....</i>
<i>62</i>	<i>36</i>
<i>LEXAPRO TAB 5MG .....</i>	<i>lidocaine-hydrocortisone acetate rectal</i>
<i>62</i>	<i>gel kit 3-2.5% .....</i>
<i>LEXETTE AER 0.05% .....</i>	<i>36</i>
<i>158</i>	<i>lidocaine-prilocaine cream 2.5-2.5%</i>
<i>LEXIVA SUS 50MG/ML .....</i>	<i>.....</i>
<i>119</i>	<i>161</i>
<i>LEXIVA TAB 700MG .....</i>	<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>
<i>119</i>	<i>.....</i>
<i>LIALDA TAB 1.2GM .....</i>	<i>161</i>
<i>178</i>	<i>lidocort cre 3-0.5% .....</i>
<i>LIBRAX CAP 5-2.5MG .....</i>	<i>36</i>
<i>236</i>	<i>LIDODERM DIS 5% .....</i>
<i>LICART DIS 1.3% .....</i>	<i>161</i>
<i>152</i>	<i>LIDO-HYDRO GEL 2.8-0.55.....</i>
<i>lice treatmt liq 1% .....</i>	<i>35</i>
<i>162</i>	<i>LIDOPURE KIT 5% .....</i>
<i>lice trtmnt liq 1% .....</i>	<i>161</i>
<i>162</i>	<i>LIDOTOR KIT 2.5-2.5% .....</i>
<i>LIDOCAINE HC CRE 4.12% .....</i>	<i>161</i>
<i>161</i>	<i>LIDOTRAL CRE 3.88% .....</i>
<i>lidocaine hcl (cardiac) iv pf soln pref</i>	<i>161</i>
<i>syr 50 mg/5ml(1%) .....</i>	<i>LIDOTRAN CRE 3.88% .....</i>
<i>43</i>	<i>161</i>
	<i>LILETTA IUD 52MG .....</i>
	<i>144</i>
	<i>LINCOCIN INJ 300MG/ML .....</i>
	<i>38</i>
	<i>lincomycin hcl inj 300 mg/ml .....</i>
	<i>38</i>
	<i>lindane shampoo 1% .....</i>
	<i>162</i>
	<i>linezolid for susp 100 mg/5ml .....</i>
	<i>38</i>
	<i>linezolid tab 600 mg .....</i>
	<i>38</i>

LINZESS CAP 145MCG .....	179	LOKELMA PAK 10GM.....	209
LINZESS CAP 290MCG .....	179	LOKELMA PAK 5GM.....	209
LINZESS CAP 72MCG .....	179	LOMOTIL TAB 2.5MG .....	75
<i>liothyronine sodium tab 25 mcg</i> .....	234	LONHALA MAGN SOL 25MCG .....	44
<i>liothyronine sodium tab 5 mcg</i> .....	234	LONSURF TAB 15-6.14.....	101
<i>liothyronine sodium tab 50 mcg</i> .....	234	LONSURF TAB 20-8.19.....	101
LIPITOR TAB 10MG.....	84	<i>loperamide hcl cap 2 mg</i> .....	75
LIPITOR TAB 20MG.....	84	<i>loperamide hcl tab 2 mg</i> .....	75
LIPITOR TAB 40MG.....	84	LOPID TAB 600MG.....	83
LIPITOR TAB 80MG.....	84	<i>lopinavir-ritonavir soln 400-100</i>	
LIPOFEN CAP 150MG .....	83	<i>mg/5ml (80-20 mg/ml)</i> .....	119
LIPOFEN CAP 50MG .....	83	<i>lopinavir-ritonavir tab 100-25 mg</i> ...	119
<i>lisinopril &amp; hydrochlorothiazide tab 10-</i>		<i>lopinavir-ritonavir tab 200-50 mg</i> ...	119
<i>12.5 mg</i> .....	92	LOPRESSOR TAB 100MG .....	125
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LOPRESSOR TAB 50MG .....	125
<i>12.5 mg</i> .....	93	LOPROX CRE 0.77% .....	153
<i>lisinopril &amp; hydrochlorothiazide tab 20-</i>		LOPROX KIT 0.77% .....	153
<i>25 mg</i> .....	93	LOPROX SHA 1% .....	153
<i>lisinopril tab 10 mg</i> .....	86	LOPROX SUS 0.77% .....	153
<i>lisinopril tab 2.5 mg</i> .....	86	<i>loratadine &amp; pseudoephedrine tab er</i>	
<i>lisinopril tab 20 mg</i> .....	86	<i>12hr 5-120 mg</i> .....	148
<i>lisinopril tab 30 mg</i> .....	86	<i>loratadine &amp; pseudoephedrine tab er</i>	
<i>lisinopril tab 40 mg</i> .....	86	<i>24hr 10-240 mg</i> .....	148
<i>lisinopril tab 5 mg</i> .....	86	<i>loratadine syrup 5 mg/5ml</i> .....	80
<i>lithium carbonate cap 150 mg</i> .....	111	<i>loratadine tab 10 mg</i> .....	80
<i>lithium carbonate cap 300 mg</i> .....	111	<i>lorazepam conc 2 mg/ml</i> .....	42
<i>lithium carbonate cap 600 mg</i> .....	111	<i>lorazepam inj 2 mg/ml</i> .....	42
<i>lithium carbonate tab 300 mg</i> .....	111	<i>lorazepam inj 4 mg/ml</i> .....	42
<i>lithium carbonate tab er 300 mg</i> ....	111	<i>lorazepam tab 0.5 mg</i> .....	42
<i>lithium carbonate tab er 450 mg</i> ....	111	<i>lorazepam tab 1 mg</i> .....	42
LITHOBID TAB 300MG CR.....	111	<i>lorazepam tab 2 mg</i> .....	42
LITHOSTAT TAB 250MG .....	181	LORBRENA TAB 100MG .....	104
LIVALO TAB 1MG.....	84	LORBRENA TAB 25MG.....	104
LIVALO TAB 2MG.....	84	LOREEV XR CAP 1.5MG .....	42
LIVALO TAB 4MG.....	84	LOREEV XR CAP 1MG .....	42
LIVTENCITY TAB 200MG.....	121	LOREEV XR CAP 2MG .....	42
LMA MAD MIS NASAL.....	193	LOREEV XR CAP 3MG .....	42
LO LOESTRIN TAB 1-10-10 .....	141	LORTAB ELX 10-300MG.....	32
LOCOID LIPO CRE 0.1%.....	158	<i>loryna tab 3-0.02mg</i> .....	141
LOCOID LOT 0.1%.....	158	<i>lorzone tab 375mg</i> .....	213
LODOSYN TAB 25MG .....	107	<i>lorzone tab 750mg</i> .....	213
<i>loestrin 21 tab 1.5/30</i> .....	141	<i>losartan potassium &amp;</i>	
<i>loestrin fe tab 1.5/30</i> .....	141	<i>hydrochlorothiazide tab 100-12.5 mg</i>	
<i>loestrin fe tab 1/20</i> .....	141	.....	93
<i>loestrin tab 1/20-21</i> .....	141	<i>losartan potassium &amp;</i>	
<i>lofena tab 25mg</i> .....	24	<i>hydrochlorothiazide tab 100-25 mg</i> 93	
<i>lojaimiess tab</i> .....	141		

<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	93	LUCEMYRA TAB 0.18MG	224
<i>losartan potassium tab 100 mg</i>	88	LUCIRA CHECK KIT COVID-19	164
<i>losartan potassium tab 25 mg</i>	88	LUCIRA KIT COVID-19	164
<i>losartan potassium tab 50 mg</i>	88	LUER-LOK MIS SYRG 5ML	197
LOSEASONIQUE TAB	141	LUER-LOK SYR MIS 1ML/20G	197
LOTEMAX GEL 0.5%	219	<i>luliconazole cream 1%</i>	153
LOTEMAX OIN 0.5%	219	LUMAKRAS TAB 120MG	104
LOTEMAX SM GEL 0.38%	219	LUMIGAN SOL 0.01%	220
LOTEMAX SUS 0.5%	219	LUNESTA TAB 1MG	187
LOTENSIN HCT TAB 10-12.5	93	LUNESTA TAB 2MG	187
LOTENSIN HCT TAB 20-12.5	93	LUNESTA TAB 3MG	187
LOTENSIN HCT TAB 20-25MG	93	LUPKYNIS CAP 7.9MG	208
LOTENSIN TAB 10MG	86	LUPR DEP-PED INJ 11.25MG	170
LOTENSIN TAB 20MG	86	LUPR DEP-PED INJ 15MG	170
LOTENSIN TAB 40MG	86	LUPR DEP-PED INJ 3M 30MG	170
<i>loteprednol etabonate ophth gel 0.5%</i>	219	LUPR DEP-PED INJ 7.5MG	170
<i>loteprednol etabonate ophth susp 0.5%</i>	219	LUPRON DEPOT INJ 11.25MG	100
LOTREL CAP 10-20MG	93	LUPRON DEPOT INJ 22.5MG	100
LOTREL CAP 10-40MG	93	LUPRON DEPOT INJ 3.75MG	100
LOTREL CAP 5-10MG	93	LUPRON DEPOT INJ 30MG	100
LOTREL CAP 5-20MG	93	LUPRON DEPOT INJ 45MG	100
LOTRONEX TAB 0.5MG	179	LUPRON DEPOT INJ 7.5MG	100
LOTRONEX TAB 1MG	179	<i>lurasidone hcl tab 120 mg</i>	111
<i>lovastatin tab 10 mg</i>	84	<i>lurasidone hcl tab 20 mg</i>	111
<i>lovastatin tab 20 mg</i>	84	<i>lurasidone hcl tab 40 mg</i>	111
<i>lovastatin tab 40 mg</i>	84	<i>lurasidone hcl tab 60 mg</i>	111
LOVAZA CAP 1GM	81	<i>lurasidone hcl tab 80 mg</i>	111
LOVENOX INJ 100MG/ML	51	<i>lutera tab</i>	141
LOVENOX INJ 120/0.8	51	LUXIQ AER 0.12%	158
LOVENOX INJ 150MG/ML	51	LUZU CRE 1%	153
LOVENOX INJ 30/0.3ML	51	LYBALVI TAB 10-10MG	226
LOVENOX INJ 300/3ML	51	LYBALVI TAB 15-10MG	226
LOVENOX INJ 40/0.4ML	51	LYBALVI TAB 20-10MG	226
LOVENOX INJ 60/0.6ML	51	LYBALVI TAB 5-10MG	226
LOVENOX INJ 80/0.8ML	51	LYDEXA CRE 4.12%	161
<i>low-ogestrel tab</i>	141	<i>lyleq tab 0.35mg</i>	144
<i>loxapine succinate cap 10 mg</i>	114	<i>lyllana dis 0.025mg</i>	175
<i>loxapine succinate cap 25 mg</i>	114	<i>lyllana dis 0.0375mg</i>	175
<i>loxapine succinate cap 5 mg</i>	114	<i>lyllana dis 0.05mg</i>	175
<i>loxapine succinate cap 50 mg</i>	114	<i>lyllana dis 0.075mg</i>	175
<i>lo-zumandimi tab 3-0.02mg</i>	141	<i>lyllana dis 0.1mg</i>	175
<i>lubiprostone cap 24 mcg</i>	177	LYNPARZA TAB 100MG	104
<i>lubiprostone cap 8 mcg</i>	177	LYNPARZA TAB 150MG	104
		LYRA DIRECT KIT COV-2	164
		LYRA SARS KIT COV-2	164
		LYRICA CAP 100MG	55
		LYRICA CAP 150MG	56



LYRICA CAP 200MG .....	56	MAVENCLAD PAK 10MG(10) .....	228
LYRICA CAP 225MG .....	56	MAVENCLAD PAK 10MG(4) .....	227
LYRICA CAP 25MG .....	55	MAVENCLAD PAK 10MG(5) .....	227
LYRICA CAP 300MG .....	56	MAVENCLAD PAK 10MG(6) .....	227
LYRICA CAP 50MG .....	55	MAVENCLAD PAK 10MG(7) .....	228
LYRICA CAP 75MG .....	55	MAVENCLAD PAK 10MG(8) .....	228
LYRICA CR TAB 165MG .....	229	MAVENCLAD PAK 10MG(9) .....	228
LYRICA CR TAB 330MG .....	229	MAXALT TAB 10MG.....	204
LYRICA CR TAB 82.5MG .....	229	MAXALT-MLT TAB 10MG.....	204
LYRICA SOL 20MG/ML.....	56	MAXIDEX SUS 0.1% OP .....	219
LYSODREN TAB 500MG .....	100	MAXITROL OIN 0.1% OP .....	219
LYUMJEV INJ 100UT/ML .....	72	MAXITROL SUS 0.1% OP.....	219
LYUMJEV KWPN INJ 100UT/ML.....	72	MAXZIDE TAB 75-50.....	166
LYUMJEV KWPN INJ 200UT/ML.....	72	MAXZIDE-25 TAB .....	166
LYUMJEV TMPO INJ 100UT/ML.....	72	MAYZENT PAK STARTER.....	228
LYVISPAAH GRA 10MG.....	213	MAYZENT TAB 0.25MG.....	228
LYVISPAAH GRA 20MG.....	213	MAYZENT TAB 1MG .....	228
LYVISPAAH GRA 5MG.....	213	MAYZENT TAB 2MG .....	228
<i>lyza tab 0.35mg .....</i>	<i>144</i>	<i>me/naphos/mb tab hyo 1 .....</i>	<i>37</i>
<b>M</b>		<i>meclizine hcl chew tab 25 mg .....</i>	<i>77</i>
MACROBID CAP 100MG .....	39	<i>meclizine hcl tab 12.5 mg .....</i>	<i>77</i>
MACRODANTIN CAP 100MG .....	39	<i>meclizine hcl tab 25 mg .....</i>	<i>77</i>
MACRODANTIN CAP 25MG.....	39	<i>meclofenamate sodium cap 100 mg..</i>	<i>24</i>
MACRODANTIN CAP 50MG.....	39	<i>meclofenamate sodium cap 50 mg ...</i>	<i>24</i>
<i>mafenide acetate packet for topical</i>		MEDROL TAB 16MG .....	146
<i>soln 5% (50 gm) .....</i>	<i>156</i>	MEDROL TAB 2MG .....	146
MAG-AL LIQ.....	36	MEDROL TAB 4MG .....	146
MAGELLAN SYR MIS 23GX1 .....	197	MEDROL TAB 8MG .....	146
<i>magnesium citrate soln .....</i>	<i>189</i>	<i>medroxyprogesterone acetate im susp</i>	
<i>magnesium hydroxide susp 400</i>		<i>150 mg/ml .....</i>	<i>144</i>
<i>mg/5ml .....</i>	<i>189</i>	<i>medroxyprogesterone acetate im susp</i>	
MAKENA INJ 250MG/ML .....	224	<i>prefilled syr 150 mg/ml .....</i>	<i>144</i>
MAKENA INJ 275MG .....	224	<i>medroxyprogesterone acetate tab 10</i>	
MALARONE TAB 250-100.....	96	<i>mg .....</i>	<i>224</i>
MALARONE TAB 62.5-25 .....	96	<i>medroxyprogesterone acetate tab 2.5</i>	
<i>malathion lotion 0.5%.....</i>	<i>162</i>	<i>mg .....</i>	<i>224</i>
<i>maraviroc tab 150 mg.....</i>	<i>119</i>	<i>medroxyprogesterone acetate tab 5 mg</i>	
<i>maraviroc tab 300 mg.....</i>	<i>119</i>	<i>.....</i>	<i>224</i>
MARINOL CAP 2.5MG .....	77	<i>mefenamic acid cap 250 mg .....</i>	<i>24</i>
<i>marlissa tab 0.15/30 .....</i>	<i>141</i>	<i>mefloquine hcl tab 250 mg .....</i>	<i>96</i>
MARPLAN TAB 10MG .....	61	<i>megestrol acetate susp 40 mg/ml ..</i>	<i>100</i>
MATULANE CAP 50MG.....	107	<i>megestrol acetate susp 625 mg/5ml</i>	
<i>matzim la tab 180mg/24 .....</i>	<i>130</i>	<i>.....</i>	<i>224</i>
<i>matzim la tab 240mg/24 .....</i>	<i>130</i>	<i>megestrol acetate tab 20 mg .....</i>	<i>100</i>
<i>matzim la tab 300mg/24 .....</i>	<i>130</i>	<i>megestrol acetate tab 40 mg .....</i>	<i>100</i>
<i>matzim la tab 360mg/24 .....</i>	<i>130</i>	MEKINIST TAB 0.5MG .....	104
<i>matzim la tab 420mg/24 .....</i>	<i>130</i>	MEKINIST TAB 2MG.....	104

MEKTOVI TAB 15MG .....	104	<i>metformin hcl tab 1000 mg .....</i>	68
<i>meloxicam cap 10 mg .....</i>	24	<i>metformin hcl tab 500 mg .....</i>	68
<i>meloxicam cap 5 mg .....</i>	24	<i>metformin hcl tab 850 mg .....</i>	68
<i>meloxicam tab 15 mg .....</i>	24	<i>metformin hcl tab er 24hr 500 mg....</i>	68
<i>meloxicam tab 7.5 mg .....</i>	24	<i>metformin hcl tab er 24hr 750 mg....</i>	68
<i>melphalan tab 2 mg.....</i>	97	<i>metformin hcl tab er 24hr modified</i>	
<i>memantine hcl cap er 24hr 14 mg ..</i>	225	<i>release 1000 mg .....</i>	68
<i>memantine hcl cap er 24hr 21 mg ..</i>	225	<i>metformin hcl tab er 24hr modified</i>	
<i>memantine hcl cap er 24hr 28 mg ..</i>	225	<i>release 500 mg .....</i>	68
<i>memantine hcl cap er 24hr 7 mg....</i>	225	<i>metformin hcl tab er 24hr osmotic</i>	
<i>memantine hcl oral solution 2 mg/ml</i>		<i>1000 mg .....</i>	68
.....	225	<i>metformin hcl tab er 24hr osmotic 500</i>	
<i>memantine hcl tab 10 mg.....</i>	225	<i>mg .....</i>	68
<i>memantine hcl tab 28 x 5 mg &amp; 21 x</i>		<i>methadone hcl conc 10 mg/ml .....</i>	29
<i>10 mg titration pack .....</i>	225	<i>methadone hcl inj 10 mg/ml .....</i>	29
<i>memantine hcl tab 5 mg .....</i>	225	<i>methadone hcl soln 10 mg/5ml .....</i>	29
MENEST TAB 0.3MG.....	175	<i>methadone hcl soln 5 mg/5ml.....</i>	29
MENEST TAB 0.625MG .....	175	<i>methadone hcl tab 10 mg .....</i>	29
MENEST TAB 1.25MG.....	175	<i>methadone hcl tab 5 mg .....</i>	29
MENEST TAB 2.5MG.....	175	<i>methadone hcl tab for oral susp 40 mg</i>	
MENOSTAR DIS 14MCG.....	175	.....	29
MENTAX CRE 1%.....	153	METHADONE INJ 10MG/ML.....	29
<i>meperidine hcl oral soln 50 mg/5ml ..</i>	29	METHADOSE CON 10MG/ML .....	29
<i>meperidine hcl tab 50 mg.....</i>	29	METHADOSE SF CON 10MG/ML.....	29
<i>meprobamate tab 200 mg .....</i>	41	<i>methadose tab 40mg.....</i>	29
<i>meprobamate tab 400 mg .....</i>	41	<i>methamphetamine hcl tab 5 mg.....</i>	15
MEPRON SUS.....	38	<i>methazolamide tab 25 mg .....</i>	165
<i>mercaptapurine tab 50 mg .....</i>	98	<i>methazolamide tab 50 mg.....</i>	165
<i>merzee cap 1/20 .....</i>	141	<i>methenamine hippurate tab 1 gm ...</i>	39
<i>mesalamine cap dr 400 mg .....</i>	178	<i>methenamine mandelate tab 0.5 gm</i>	39
<i>mesalamine cap er 24hr 0.375 gm .</i>	178	<i>methenamine mandelate tab 1 gm ...</i>	39
<i>mesalamine cap er 500 mg.....</i>	178	<i>methergine tab 0.2mg .....</i>	221
<i>mesalamine enema 4 gm .....</i>	178	<i>methimazole tab 10 mg .....</i>	233
<i>mesalamine rectal enema 4 gm &amp;</i>		<i>methimazole tab 5 mg .....</i>	233
<i>cleanser wipe kit .....</i>	178	METHITEST TAB 10MG.....	35
<i>mesalamine suppos 1000 mg.....</i>	178	<i>methocarbamol inj 1000 mg/10ml..</i>	213
<i>mesalamine tab delayed release 1.2</i>		<i>methocarbamol tab 500 mg.....</i>	213
<i>gm .....</i>	178	<i>methocarbamol tab 750 mg.....</i>	213
<i>mesalamine tab delayed release 800</i>		<i>methotrexate sodium for inj 1 gm ...</i>	98
<i>mg .....</i>	178	<i>methotrexate sodium inj 250 mg/10ml</i>	
MESNEX TAB 400MG.....	107	<i>(25 mg/ml).....</i>	98
MESTINON SOL 60MG/5ML.....	96	<i>methotrexate sodium inj 50 mg/2ml</i>	
MESTINON TAB 60MG.....	96	<i>(25 mg/ml).....</i>	98
MESTINON TAB TIMESPAN .....	96	<i>methotrexate sodium inj pf 1000</i>	
<i>metaxalone tab 400 mg .....</i>	213	<i>mg/40ml (25 mg/ml) .....</i>	98
<i>metaxalone tab 800 mg .....</i>	213	<i>methotrexate sodium inj pf 250</i>	
<i>metformin hcl oral soln 500 mg/5ml .</i>	68	<i>mg/10ml (25 mg/ml) .....</i>	98

<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	98	<i>methylphenidate hcl cap er 30 mg (cd)</i>	19
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	98	<i>methylphenidate hcl cap er 40 mg (cd)</i>	19
<i>methoxsalen rapid cap 10 mg</i> .....	155	<i>methylphenidate hcl cap er 50 mg (cd)</i>	19
<i>methscopolamine bromide tab 2.5 mg</i>	236	<i>methylphenidate hcl cap er 60 mg (cd)</i>	19
<i>methscopolamine bromide tab 5 mg</i>	236	<i>methylphenidate hcl chew tab 10 mg</i>	19
<i>methyldopa tab 250 mg</i> .....	90	<i>methylphenidate hcl chew tab 2.5 mg</i>	19
<i>methyldopa tab 500 mg</i> .....	90	<i>methylphenidate hcl chew tab 5 mg</i> .	19
<i>methylergonovine maleate tab 0.2 mg</i>	221	<i>methylphenidate hcl soln 10 mg/5ml</i>	19
METHYLIN SOL 10MG/5ML.....	18	<i>methylphenidate hcl soln 5 mg/5ml</i> ..	19
METHYLIN SOL 5MG/5ML .....	18	<i>methylphenidate hcl tab 10 mg</i> .....	19
METHYLPHENID TAB 45MG ER .....	18	<i>methylphenidate hcl tab 20 mg</i> .....	19
METHYLPHENID TAB 63MG ER .....	18	<i>methylphenidate hcl tab 5 mg</i> .....	19
METHYLPHENID TAB 72MG ER .....	18	<i>methylphenidate hcl tab er 10 mg</i> ....	19
<i>methylphenidate hcl cap er 10 mg (cd)</i>	18	<i>methylphenidate hcl tab er 20 mg</i> ....	19
<i>methylphenidate hcl cap er 20 mg (cd)</i>	18	<i>methylphenidate hcl tab er 24hr 18 mg</i>	19
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> .....	18	<i>methylphenidate hcl tab er 24hr 27 mg</i>	19
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> .....	18	<i>methylphenidate hcl tab er 24hr 36 mg</i>	19
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> .....	18	<i>methylphenidate hcl tab er 24hr 54 mg</i>	19
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .....	18	<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> .....	19
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> .....	18	<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i> .....	19
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .....	18	<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i> .....	19
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> .....	18	<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i> .....	19
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .....	18	<i>methylphenidate td patch 10 mg/9hr</i>	19
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> .....	18	<i>methylphenidate td patch 15 mg/9hr</i>	19
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i> .....	18	<i>methylphenidate td patch 20 mg/9hr</i>	19
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i> .....	19	<i>methylphenidate td patch 30 mg/9hr</i>	19
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i> .....	19	<i>methylprednisolone acetate inj susp 40 mg/ml</i> .....	146
		<i>methylprednisolone acetate inj susp 80 mg/ml</i> .....	146
		<i>methylprednisolone sod succ for inj 1000 mg (base equiv)</i> .....	146
		<i>methylprednisolone sod succ for inj 125 mg (base equiv)</i> .....	146

<i>methylprednisolone sod succ for inj 40 mg (base equiv)</i> .....	146	METRONIDAZOL SUS 50MG/ML.....	37
<i>methylprednisolone sod succ for inj 500 mg (base equiv)</i> .....	146	<i>metronidazole cap 375 mg</i> .....	37
<i>methylprednisolone tab 16 mg</i> .....	146	<i>metronidazole cream 0.75%</i> .....	161
<i>methylprednisolone tab 32 mg</i> .....	146	<i>metronidazole gel 0.75%</i> .....	162
<i>methylprednisolone tab 4 mg</i> .....	146	<i>metronidazole gel 1%</i> .....	162
<i>methylprednisolone tab 8 mg</i> .....	146	<i>metronidazole lotion 0.75%</i> .....	162
<i>methylprednisolone tab therapy pack 4 mg (21)</i> .....	146	<i>metronidazole tab 250 mg</i> .....	37
<i>methyltestosterone cap 10 mg</i> .....	35	<i>metronidazole tab 500 mg</i> .....	37
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i> .....	177	<i>metronidazole vaginal gel 0.75%</i> ...	242
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	177	<i>metyrosine cap 250 mg</i> .....	87
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i> .....	177	<i>mexiletine hcl cap 150 mg</i> .....	43
<i>metoclopramide hcl tab 10 mg (base equivalent)</i> .....	177	<i>mexiletine hcl cap 200 mg</i> .....	43
<i>metoclopramide hcl tab 5 mg (base equivalent)</i> .....	177	<i>mexiletine hcl cap 250 mg</i> .....	43
<i>metolazone tab 10 mg</i> .....	168	MIACALCIN INJ 200/ML.....	168
<i>metolazone tab 2.5 mg</i> .....	168	MIACALCIN INJ 400/2ML.....	168
<i>metolazone tab 5 mg</i> .....	168	MICAFUNGIN INJ 100MG.....	78
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i> .....	93	MICAFUNGIN INJ 50MG.....	78
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i> .....	93	<i>micafungin sodium for iv soln 100 mg</i> .....	78
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i> .....	93	<i>micafungin sodium for iv soln 50 mg</i>	78
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	125	MICARDIS HCT TAB 40/12.5.....	93
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	125	MICARDIS HCT TAB 80/12.5.....	93
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	125	MICARDIS HCT TAB 80-25MG .....	93
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	125	MICARDIS TAB 20MG.....	88
<i>metoprolol tartrate iv soln 5 mg/5ml</i> .....	125	MICARDIS TAB 40MG.....	89
<i>metoprolol tartrate tab 100 mg</i> .....	125	MICARDIS TAB 80MG.....	89
<i>metoprolol tartrate tab 25 mg</i> .....	125	<i>miconazole 3 sup 200mg</i> .....	242
<i>metoprolol tartrate tab 37.5 mg</i> .....	125	<i>miconazole nitrate cream 2%</i> .....	153
<i>metoprolol tartrate tab 50 mg</i> .....	125	<i>miconazole nitrate vaginal cream 2%</i> .....	242
<i>metoprolol tartrate tab 75 mg</i> .....	125	<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i> .....	242
METROCREAM CRE 0.75% .....	161	<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	153
METROGEL GEL 1% .....	161	<i>micrgstin 24 tab fe 1/20</i> .....	141
		<i>microgestin tab 1.5/30</i> .....	141
		<i>microgestin tab 1/20</i> .....	141
		<i>microgestin tab fe 1/20</i> .....	141
		<i>microgestin tab fe1.5/30</i> .....	141
		<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i> .....	187
		<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i> .....	187
		<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i> .....	187
		<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i> .....	187

<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i> .....	187	MINIVELLE DIS 0.0375MG .....	175
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i> .....	187	MINIVELLE DIS 0.05MG .....	175
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i> .....	187	MINIVELLE DIS 0.075MG.....	175
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i> .....	187	MINIVELLE DIS 0.1MG .....	175
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i> .....	187	MINOCIN INJ 100MG .....	232
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i> .....	187	<i>minocycline hcl cap 100 mg</i> .....	232
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i> .....	187	<i>minocycline hcl cap 50 mg</i> .....	232
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> .....	187	<i>minocycline hcl cap 75 mg</i> .....	232
MIDAZOLAM SUS 1MG/ML .....	187	<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i> .....	232
<i>midodrine hcl tab 10 mg</i> .....	243	<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i> .....	232
<i>midodrine hcl tab 2.5 mg</i> .....	243	<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i> .....	232
<i>midodrine hcl tab 5 mg</i> .....	243	<i>minocycline hcl tab 100 mg</i> .....	232
MIFEPREX TAB 200MG .....	172	<i>minocycline hcl tab 50 mg</i> .....	232
<i>mifepristone tab 200 mg</i> .....	172	<i>minocycline hcl tab 75 mg</i> .....	232
<i>migergot sup 2/100</i> .....	203	<i>minocycline hcl tab er 24hr 105 mg</i> 232	
<i>miglitol tab 100 mg</i> .....	66	<i>minocycline hcl tab er 24hr 115 mg</i> 232	
<i>miglitol tab 25 mg</i> .....	66	<i>minocycline hcl tab er 24hr 135 mg</i> 232	
<i>miglitol tab 50 mg</i> .....	66	<i>minocycline hcl tab er 24hr 45 mg..</i> 232	
MIGRANAL SPR 4MG/ML.....	203	<i>minocycline hcl tab er 24hr 55 mg..</i> 232	
MIGRANOW PAK.....	203	<i>minocycline hcl tab er 24hr 65 mg..</i> 232	
<i>mili tab 0.25/35</i> .....	141	<i>minocycline hcl tab er 24hr 80 mg..</i> 232	
MILLIPRED TAB 5MG.....	146	<i>minocycline hcl tab er 24hr 90 mg..</i> 232	
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i> .....	133	MINOLIRA TAB 105MG.....	232
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i> .....	133	MINOLIRA TAB 135MG.....	232
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i> .....	133	<i>minoxidil tab 10 mg</i> .....	95
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i> .....	133	<i>minoxidil tab 2.5 mg</i> .....	95
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i> .....	133	MIRAPEX ER TAB 0.375MG .....	109
<i>mimvey tab 1-0.5mg</i> .....	174	MIRAPEX ER TAB 0.75MG .....	109
MINASTRIN 24 CHW FE .....	141	MIRAPEX ER TAB 1.5MG.....	109
<i>mineral oil- rx</i> .....	189	MIRAPEX ER TAB 2.25MG.....	109
MINIPRESS CAP 1MG .....	90	MIRAPEX ER TAB 3.75MG .....	109
MINIPRESS CAP 2MG .....	90	MIRAPEX ER TAB 3MG .....	109
MINIPRESS CAP 5MG .....	90	MIRAPEX ER TAB 4.5MG.....	109
MINIVELLE DIS 0.025MG.....	175	MIRCERA INJ 100MCG .....	184
		MIRCERA INJ 150MCG .....	184
		MIRCERA INJ 200MCG .....	184
		MIRCERA INJ 30MCG .....	184
		MIRCERA INJ 50MCG .....	184
		MIRCERA INJ 75MCG .....	184
		MIRCETTE TAB 28 DAY .....	141
		MIRENA IUD SYSTEM.....	144
		<i>mirtazapine orally disintegrating tab 15 mg</i> .....	60

<i>mirtazapine orally disintegrating tab 30 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 30 mg</i> .....	29
<i>mirtazapine orally disintegrating tab 45 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 45 mg</i> .....	29
<i>mirtazapine tab 15 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 60 mg</i> .....	29
<i>mirtazapine tab 30 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 75 mg</i> .....	29
<i>mirtazapine tab 45 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 90 mg</i> .....	29
<i>mirtazapine tab 7.5 mg</i> .....	60	<i>morphine sulfate beads cap er 24hr 10 mg</i> .29	
MIRVASO GEL 0.33% .....	162	<i>morphine sulfate cap er 24hr 100 mg</i> .....	30
<i>misoprostol tab 100 mcg</i> .....	239	<i>morphine sulfate cap er 24hr 20 mg</i> .29	
<i>misoprostol tab 200 mcg</i> .....	239	<i>morphine sulfate cap er 24hr 30 mg</i> .29	
MITIGARE CAP 0.6MG .....	182	<i>morphine sulfate cap er 24hr 50 mg</i> .29	
M-M-R II INJ .....	241	<i>morphine sulfate cap er 24hr 60 mg</i> .30	
<i>modafinil tab 100 mg</i> .....	19	<i>morphine sulfate cap er 24hr 80 mg</i> .30	
<i>modafinil tab 200 mg</i> .....	19	<i>morphine sulfate oral soln 10 mg/5ml</i> .....	30
MODERNA VAC INJ COVID-19 .....	241	<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	30
<i>moexipril hcl tab 15 mg</i> .....	86	<i>morphine sulfate oral soln 20 mg/5ml</i> .....	30
<i>moexipril hcl tab 7.5 mg</i> .....	86	<i>morphine sulfate suppos 10 mg</i> .....	30
<i>molindone hcl tab 10 mg</i> .....	115	<i>morphine sulfate suppos 20 mg</i> .....	30
<i>molindone hcl tab 25 mg</i> .....	115	<i>morphine sulfate suppos 30 mg</i> .....	30
<i>molindone hcl tab 5 mg</i> .....	115	<i>morphine sulfate suppos 5 mg</i> .....	30
<i>mometasone furoate cream 0.1%</i> ..	158	<i>morphine sulfate tab 15 mg</i> .....	30
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	215	<i>morphine sulfate tab 30 mg</i> .....	30
<i>mometasone furoate oint 0.1%</i> .....	158	<i>morphine sulfate tab er 100 mg</i> .....	30
<i>mometasone furoate solution 0.1% (lotion)</i> .....	158	<i>morphine sulfate tab er 15 mg</i> .....	30
MONOJECT S/P MIS 20ML/LL .....	197	<i>morphine sulfate tab er 200 mg</i> .....	30
MONOJECT S/P MIS 20ML/LT .....	197	<i>morphine sulfate tab er 30 mg</i> .....	30
MONOJECT S/P MIS 35/CATH .....	197	<i>morphine sulfate tab er 60 mg</i> .....	30
MONOJECT S/P MIS 35ML/LL .....	197	MOTEGRITY TAB 1MG .....	176
MONOJECT S/P MIS 35ML/REG .....	197	MOTEGRITY TAB 2MG .....	176
MONOJECT S/P MIS 60ML/LL .....	198	MOTOFEN TAB 1-0.025 .....	75
MONOJECT S/P MIS 60ML/REG .....	198	MOUNJARO INJ 10MG/0.5 .....	69
<i>mono-lynyah tab 0.25-35</i> .....	141	MOUNJARO INJ 12.5/0.5 .....	69
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	44	MOUNJARO INJ 15MG/0.5 .....	69
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	44	MOUNJARO INJ 2.5/0.5 .....	69
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	45	MOUNJARO INJ 5MG/0.5 .....	69
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	45	MOUNJARO INJ 7.5/0.5 .....	69
MONUROL PAK GRANULES .....	39	MOVANTIK TAB 12.5MG .....	179
<i>morphine sulfate beads cap er 24hr 120 mg</i> .....	29	MOVANTIK TAB 25MG .....	179
		MOVIPREP SOL .....	189

*moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)* .....217  
*moxifloxacin hcl ophth soln 0.5% (base equiv)* .....217  
*moxifloxacin hcl tab 400 mg (base equiv)* .....176  
 MS CONTIN TAB 100MG ER .....30  
 MS CONTIN TAB 15MG ER .....30  
 MS CONTIN TAB 200MG ER .....30  
 MS CONTIN TAB 30MG ER .....30  
 MS CONTIN TAB 60MG ER .....30  
 MUCOSAL ATOM MIS DEVICE.....193  
 MULPLETA TAB 3MG .....184  
 MULTAQ TAB 400MG.....43  
*multi vit/fl dro 0.5mg/ml* .....211  
 MULTI/IRON/ DRO 11MG/ML.....211  
 MULTI/IRON/ DRO INF/TODD .....211  
 MULTIV INFAN DRO /TODDLER .....212  
*multi-vit/fe dro /fl 0.25* .....211  
*multivit/fl dro 0.25mg* .....211  
 MULTIVITAMIN DRO INFANT.....212  
 MULTI-VIT-FL CHW 0.25MG.....211  
 MULTI-VIT-FL CHW 1MG .....211  
*mupirocin calcium cream 2%* .....152  
*mupirocin oint 2%* .....152  
 MYAMBUTOL TAB 400MG.....97  
 MYCAMINE INJ 100MG .....78  
 MYCAPSSA CAP 20MG .....172  
 MYCOBUTIN CAP 150MG .....97  
*mycophenolate mofetil cap 250 mg* 208  
*mycophenolate mofetil for oral susp 200 mg/ml* .....208  
*mycophenolate mofetil tab 500 mg*.208  
*mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)* .....208  
*mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)* .....208  
 MYDAYIS CAP 12.5MG .....15  
 MYDAYIS CAP 25MG .....15  
 MYDAYIS CAP 37.5MG .....15  
 MYDAYIS CAP 50MG .....15  
 MYDRIACYL SOL 1% OP .....217  
 MYFEMBREE TAB .....174  
 MYFORTIC TAB 180MG.....208  
 MYFORTIC TAB 360MG.....209  
 MYLERAN TAB 2MG.....97  
 MYRBETRIQ SUS 8MG/ML.....240

MYRBETRIQ TAB 25MG .....240  
 MYRBETRIQ TAB 50MG .....240  
 MYSOLINE TAB 250MG.....56  
 MYSOLINE TAB 50MG .....56  
 MYTESI TAB 125MG.....75

**N**

*nabumetone tab 500 mg* .....24  
*nabumetone tab 750 mg* .....24  
*nadolol tab 20 mg* .....126  
*nadolol tab 40 mg* .....126  
*nadolol tab 80 mg* .....126  
*naftifine hcl cream 1%*.....153  
*naftifine hcl cream 2%*.....153  
 NAFTIN GEL 1%.....153  
 NAFTIN GEL 2%.....154  
 NALFON CAP 400MG .....24  
 NALFON TAB 600MG .....24  
 NALOCET TAB 2.5-300.....32  
*naloxone hcl inj 0.4 mg/ml* .....76  
*naloxone hcl inj 4 mg/10ml* .....76  
*naloxone hcl nasal spray 4 mg/0.1ml*76  
*naloxone hcl soln cartridge 0.4 mg/ml* .....76  
*naloxone hcl soln prefilled syringe 2 mg/2ml*.....76  
*naltrexone hcl tab 50 mg* .....76  
 NAMENDA TAB 10MG .....225  
 NAMENDA TAB 5-10MG .....225  
 NAMENDA TAB 5MG.....225  
 NAMENDA XR CAP 14MG .....225  
 NAMENDA XR CAP 21MG .....225  
 NAMENDA XR CAP 28MG .....225  
 NAMENDA XR CAP 7MG.....225  
 NAMZARIC CAP .....225  
 NAMZARIC CAP 14-10MG .....225  
 NAMZARIC CAP 21-10MG .....225  
 NAMZARIC CAP 28-10MG .....225  
 NAMZARIC CAP 7-10MG.....225  
 NAPRELAN TAB 375MG CR.....24  
 NAPRELAN TAB 500MG CR.....24  
 NAPRELAN TAB 750MG CR.....24  
*naproxen sodium tab 220 mg* .....24  
*naproxen sodium tab 275 mg* .....24  
*naproxen sodium tab 550 mg* .....24  
*naproxen sodium tab er 24hr 375 mg (base equiv)* .....24

<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> .....	24	NEEDLES MIS 19GX1 .....	198
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> .....	24	NEEDLES MIS 19GX1.5 .....	198
<i>naproxen susp 125 mg/5ml</i> .....	24	NEEDLES MIS 20GX1 .....	198
<i>naproxen tab 250 mg</i> .....	24	NEEDLES MIS 20GX1.5 .....	198
<i>naproxen tab 375 mg</i> .....	24	NEEDLES MIS 21GX1 .....	198
<i>naproxen tab 500 mg</i> .....	25	NEEDLES MIS 21GX1.5 .....	198
<i>naproxen tab ec 375 mg</i> .....	25	NEEDLES MIS 22GX1 .....	198
<i>naproxen tab ec 500 mg</i> .....	25	NEEDLES MIS 22GX1.5 .....	198
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> .....	25	NEEDLES MIS 22GX3/4 .....	198
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> .....	25	NEEDLES MIS 23GX1 .....	198
<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	204	NEEDLES MIS 23GX1.5 .....	198
<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	204	NEEDLES MIS 23GX5/8 .....	198
NARCAN SPR 4MG .....	76	NEEDLES MIS 25GX1 .....	198
NARDIL TAB 15MG .....	61	NEEDLES MIS 25GX1.5 .....	198
NATACYN SUS 5% OP .....	217	NEEDLES MIS 25GX5/8 .....	198
NATALVIT TAB 75-1MG .....	212	NEEDLES MIS 26X1/2 .....	198
NATAZIA TAB.....	141	NEEDLES MIS 27GX1 .....	198
<i>nateglinide tab 120 mg</i> .....	73	NEEDLES MIS 27GX1/2 .....	198
<i>nateglinide tab 60 mg</i> .....	73	NEEDLES MIS 28GX1/2 .....	198
NATESTO GEL 5.5MG .....	35	NEEDLES MIS 29GX1/2 .....	198
NATPARA INJ 100MCG .....	168	NEEDLES MIS 30GX1/2 .....	198
NATPARA INJ 25MCG .....	168	NEEDLES MIS 30GX5/16 .....	198
NATPARA INJ 50MCG .....	168	NEEDLES MIS 31GX5/16 .....	198
NATPARA INJ 75MCG .....	168	<i>nefazodone hcl tab 200 mg</i> .....	63
NATROBA SUS 0.9% .....	162	<i>nefazodone hcl tab 250 mg</i> .....	63
NAYZILAM SPR 5MG .....	52	<i>nefazodone hcl tab 50 mg</i> .....	63
<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	125	NEMBUTAL SOD INJ 50MG/ML .....	186
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	125	<i>neomycin sulfate tab 500 mg</i> .....	20
<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	125	<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	217
<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	125	<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> 217	
NEBULIZER.....	202	<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i> .....	219
NEBULIZER- RX .....	202	<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i> .....	219
NEBUPENT INH 300MG.....	37	<i>neomycin-polymyxin-hc ophth susp</i> 219	
<i>nebusal neb 3%</i> .....	148	<i>neomycin-polymyxin-hc otic soln 1%</i> .....	221
<i>necon tab 0.5/35</i> .....	141	<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	221
NEEDLE (DISP) 18 X 1-1/2 .....	198	<i>neo-polycin oin hc 1%op</i> .....	219
NEEDLES MIS 18GX1 .....	198	<i>neo-polycin oin op</i> .....	217
		NEORAL CAP 100MG .....	209
		NEORAL CAP 25MG.....	209
		NEORAL SOL 100MG/ML.....	209



NEOSTIG METH INJ 10/10ML .....	96	NEXIUM GRA 5MG DR .....	237
NEOSTIG METH INJ 3MG/3ML .....	96	NEXIUM I.V. INJ 40MG .....	238
NEOSTIG METH INJ 5MG/10ML .....	96	NEXLETOL TAB 180MG .....	81
<i>neostigmine methylsulfate iv soln 10</i>		NEXLIZET TAB 180/10MG .....	81
<i>mg/10 ml (1 mg/ml) .....</i>	<i>96</i>	NEXPLANON IMP 68MG .....	144
<i>neostigmine methylsulfate iv soln 5</i>		NEXTERONE INJ .....	43
<i>mg/10 ml (0.5 mg/ml) .....</i>	<i>96</i>	NEXTSTELLIS TAB 3-14.2MG .....	141
<i>neostigmine methylsulfate soln pref syr</i>		<i>niacin tab 500 mg .....</i>	<i>243</i>
<i>3 mg/3ml (1 mg/ml) .....</i>	<i>96</i>	<i>niacin tab er 1000 mg</i>	
NEO-SYNALAR CRE .....	152	<i>(antihyperlipidemic) .....</i>	<i>85</i>
NEO-SYNALAR KIT .....	152	<i>niacin tab er 500 mg .....</i>	<i>243</i>
NERLYNX TAB 40MG .....	104	<i>niacin tab er 500 mg</i>	
NESINA TAB 12.5MG .....	69	<i>(antihyperlipidemic) .....</i>	<i>85</i>
NESINA TAB 25MG .....	69	<i>niacin tab er 750 mg</i>	
NESINA TAB 6.25MG .....	69	<i>(antihyperlipidemic) .....</i>	<i>85</i>
<i>neuac gel 1.2-5% .....</i>	<i>150</i>	<i>nicardipine hcl cap 20 mg .....</i>	<i>130</i>
NEULASTA INJ 6MG/0.6M .....	184	<i>nicardipine hcl cap 30 mg .....</i>	<i>130</i>
NEULASTA KIT 6MG/0.6M .....	184	<i>nicardipine hcl iv soln 2.5 mg/ml ...</i>	<i>130</i>
NEUPOGEN INJ 300/0.5 .....	184	NICARDIPINE SOL 20/200ML .....	130
NEUPOGEN INJ 300MCG .....	184	NICARDIPINE SOL 40/200ML .....	130
NEUPOGEN INJ 480/0.8 .....	184	<i>nicotine polacrilex gum 2 mg .....</i>	<i>229</i>
NEUPOGEN INJ 480MCG .....	184	<i>nicotine polacrilex gum 4 mg .....</i>	<i>229</i>
NEUPRO DIS 1MG/24HR .....	109	<i>nicotine polacrilex lozenge 2 mg ...</i>	<i>229</i>
NEUPRO DIS 2MG/24HR .....	109	<i>nicotine polacrilex lozenge 4 mg ...</i>	<i>229</i>
NEUPRO DIS 3MG/24HR .....	109	NICOTINE SYS KIT TRANSDER .....	229
NEUPRO DIS 4MG/24HR .....	109	<i>nicotine td patch 24hr 14 mg/24hr .</i>	<i>229</i>
NEUPRO DIS 6MG/24HR .....	109	<i>nicotine td patch 24hr 21 mg/24hr .</i>	<i>229</i>
NEUPRO DIS 8MG/24HR .....	109	<i>nicotine td patch 24hr 7 mg/24hr ...</i>	<i>229</i>
NEURONTIN CAP 100MG .....	56	NICOTROL INH .....	229
NEURONTIN CAP 300MG .....	56	NICOTROL NS SPR 10MG/ML .....	229
NEURONTIN CAP 400MG .....	56	<i>nifedipine cap 10 mg .....</i>	<i>130</i>
NEURONTIN SOL 250/5ML .....	56	<i>nifedipine cap 20 mg .....</i>	<i>130</i>
NEURONTIN TAB 600MG .....	56	<i>nifedipine tab er 24hr 30 mg .....</i>	<i>130</i>
NEURONTIN TAB 800MG .....	56	<i>nifedipine tab er 24hr 60 mg .....</i>	<i>130</i>
NEVANAC SUS 0.1% OP .....	220	<i>nifedipine tab er 24hr 90 mg .....</i>	<i>130</i>
<i>nevirapine susp 50 mg/5ml .....</i>	<i>119</i>	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nevirapine tab 200 mg .....</i>	<i>119</i>	<i>30 mg .....</i>	<i>130</i>
<i>nevirapine tab er 24hr 100 mg .....</i>	<i>119</i>	<i>nifedipine tab er 24hr osmotic release</i>	
<i>nevirapine tab er 24hr 400 mg .....</i>	<i>119</i>	<i>60 mg .....</i>	<i>130</i>
NEXAVAR TAB 200MG .....	104	<i>nifedipine tab er 24hr osmotic release</i>	
NEXIUM 24HR CAP 20MG .....	237	<i>90 mg .....</i>	<i>131</i>
NEXIUM CAP 20MG .....	237	<i>nikki tab 3-0.02mg .....</i>	<i>141</i>
NEXIUM CAP 40MG .....	237	<i>nilutamide tab 150 mg .....</i>	<i>100</i>
NEXIUM GRA 10MG DR .....	237	<i>nimodipine cap 30 mg .....</i>	<i>131</i>
NEXIUM GRA 2.5MG DR .....	237	NINLARO CAP 2.3MG .....	104
NEXIUM GRA 20MG DR .....	238	NINLARO CAP 3MG .....	104
NEXIUM GRA 40MG DR .....	238	NINLARO CAP 4MG .....	104

NIPRIDE RTU INJ 20/100ML.....	95	<i>nitroprusside sodium iv soln 25 mg/ml</i>	95
NIPRIDE RTU INJ 50/100ML.....	95	NITROSTAT SUB 0.3MG .....	40
<i>nisoldipine tab er 24hr 17 mg</i> .....	131	NITROSTAT SUB 0.4MG .....	40
<i>nisoldipine tab er 24hr 20 mg</i> .....	131	NITROSTAT SUB 0.6MG .....	40
<i>nisoldipine tab er 24hr 25.5 mg</i> .....	131	<i>nitro-time cap 2.5mg cr</i> .....	40
<i>nisoldipine tab er 24hr 30 mg</i> .....	131	<i>nitro-time cap 6.5mg cr</i> .....	40
<i>nisoldipine tab er 24hr 34 mg</i> .....	131	<i>nitro-time cap 9mg cr</i> .....	40
<i>nisoldipine tab er 24hr 40 mg</i> .....	131	NIVESTYM INJ 300/0.5 .....	184
<i>nisoldipine tab er 24hr 8.5 mg</i> .....	131	NIVESTYM INJ 300MCG.....	184
<i>nitazoxanide tab 500 mg</i> .....	38	NIVESTYM INJ 480/0.8 .....	184
NITRO-BID OIN 2% .....	40	NIVESTYM INJ 480MCG.....	184
NITRO-DUR DIS 0.1MG/HR.....	40	NOCDURNA SUB 27.7MCG.....	172
NITRO-DUR DIS 0.2MG/HR.....	40	NOCDURNA SUB 55.3MCG.....	172
NITRO-DUR DIS 0.3MG/HR.....	40	<i>nora-be tab 0.35mg</i> .....	144
NITRO-DUR DIS 0.4MG/HR.....	40	NORDITROPIN INJ 10/1.5ML.....	170
NITRO-DUR DIS 0.6MG/HR.....	40	NORDITROPIN INJ 15/1.5ML.....	170
NITRO-DUR DIS 0.8MG/HR.....	40	NORDITROPIN INJ 30/3ML .....	170
<i>nitrofurantoin macrocrystalline cap 100</i>		NORDITROPIN INJ 5/1.5ML .....	170
<i>mg</i> .....	39	<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>nitrofurantoin macrocrystalline cap 25</i>		<i>chew tab 0.4 mg-35 mcg</i> .....	141
<i>mg</i> .....	39	<i>norethindrone &amp; ethinyl estradiol-fe</i>	
<i>nitrofurantoin macrocrystalline cap 50</i>		<i>chew tab 0.8 mg-25 mcg</i> .....	141
<i>mg</i> .....	39	<i>norethindrone ace &amp; ethinyl estradiol</i>	
<i>nitrofurantoin monohydrate</i>		<i>tab 1 mg-20 mcg</i> .....	141
<i>macrocrystalline cap 100 mg</i> .....	39	<i>norethindrone ace &amp; ethinyl estradiol</i>	
<i>nitrofurantoin susp 25 mg/5ml</i> .....	39	<i>tab 1.5 mg-30 mcg</i> .....	141
NITROGLYCER INJ 5MG/ML.....	40	<i>norethindrone ace &amp; ethinyl estradiol-fe</i>	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>		<i>tab 1 mg-20 mcg</i> .....	142
.....	40	<i>norethindrone ace &amp; ethinyl estradiol-fe</i>	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>		<i>tab 1.5 mg-30 mcg</i> .....	142
.....	40	<i>norethindrone ace-eth estradiol-fe</i>	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>		<i>chew tab 1 mg-20 mcg (24)</i> .....	142
.....	40	<i>norethindrone ace-ethinyl estradiol-fe</i>	
<i>nitroglycerin sl tab 0.3 mg</i> .....	40	<i>cap 1 mg-20 mcg (24)</i> .....	142
<i>nitroglycerin sl tab 0.4 mg</i> .....	40	<i>norethindrone acetate tab 5 mg</i> .....	224
<i>nitroglycerin sl tab 0.6 mg</i> .....	40	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>		<i>tab 0.5 mg-2.5 mcg</i> .....	174
.....	40	<i>norethindrone acetate-ethinyl estradiol</i>	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>		<i>tab 1 mg-5 mcg</i> .....	174
.....	40	<i>norethindrone ac-ethinyl estrad-fe tab</i>	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>		<i>1-20/1-30/1-35 mg-mcg</i> .....	141
.....	40	<i>norethindrone tab 0.35 mg</i> .....	144
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>		NORGESIC TAB FORTE.....	214
.....	40	<i>norgestimate &amp; ethinyl estradiol tab</i>	
<i>nitroglycerin tl soln 0.4 mg/spray (400</i>		<i>0.25 mg-35 mcg</i> .....	142
<i>mcg/spray)</i> .....	40		
NITROLINGUAL SPR PUMPSPRA.....	40		

<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> ....	142	NOVOLOG RELI INJ 70/30 .....	73
NORITATE CRE 1% .....	162	NOXAFIL INJ 300/16.7 .....	79
NORLIQVA SOL 1MG/ML .....	131	NOXAFIL PAK 300MG .....	79
<i>norlyroc tab 0.35mg</i> .....	144	NOXAFIL SUS 40MG/ML .....	79
NORM-JECT MIS LUER LOC .....	198	NOXAFIL TAB 100MG .....	79
NORM-JECT MIS LUER LOK .....	198	<i>np thyroid tab 120mg</i> .....	234
NORPACE CAP 100MG .....	42	<i>np thyroid tab 15mg</i> .....	234
NORPACE CAP 100MG CR .....	42	<i>np thyroid tab 30mg</i> .....	234
NORPACE CAP 150MG .....	42	<i>np thyroid tab 60mg</i> .....	234
NORPACE CAP 150MG CR .....	42	<i>np thyroid tab 90mg</i> .....	234
NORPRAMIN TAB 10MG .....	65	NPLATE INJ 125MCG .....	184
NORPRAMIN TAB 25MG .....	65	NPLATE INJ 250MCG .....	184
NORTHERA CAP 100MG .....	243	NPLATE INJ 500MCG .....	184
NORTHERA CAP 200MG .....	243	NUBEQA TAB 300MG .....	100
NORTHERA CAP 300MG .....	243	NUCALA INJ 100MG .....	44
<i>nortrel tab 0.5/35</i> .....	142	NUCALA INJ 100MG/ML .....	44
<i>nortrel tab 1/35</i> .....	142	NUCALA INJ 40MG/0.4 .....	44
<i>nortrel tab 7/7/7</i> .....	142	NUCYNTA ER TAB 100MG .....	30
<i>nortriptyline hcl cap 10 mg</i> .....	65	NUCYNTA ER TAB 150MG .....	30
<i>nortriptyline hcl cap 25 mg</i> .....	65	NUCYNTA ER TAB 200MG .....	30
<i>nortriptyline hcl cap 50 mg</i> .....	65	NUCYNTA ER TAB 250MG .....	30
<i>nortriptyline hcl cap 75 mg</i> .....	65	NUCYNTA ER TAB 50MG .....	30
<i>nortriptyline hcl soln 10 mg/5ml</i> .....	65	NUCYNTA TAB 100MG .....	30
NORVASC TAB 10MG .....	131	NUCYNTA TAB 50MG .....	30
NORVASC TAB 2.5MG .....	131	NUCYNTA TAB 75MG .....	30
NORVASC TAB 5MG .....	131	NUEDEXTA CAP 20-10MG .....	229
NORVIR POW 100MG .....	119	NUPLAZID CAP 34MG .....	111
NORVIR TAB 100MG .....	119	NUPLAZID TAB 10MG .....	111
NOURIANZ TAB 20MG .....	107	NURTEC TAB 75MG ODT .....	202
NOURIANZ TAB 40MG .....	107	NUTROPIN AQ INJ 10MG/2ML .....	170
NOVOLIN INJ 70/30 .....	72	NUTROPIN AQ INJ 20MG/2ML .....	170
NOVOLIN INJ 70/30 FP .....	72	NUTROPIN AQ INJ NUSPIN 5 .....	170
NOVOLIN N INJ 100 UNIT .....	72	NUVARING MIS .....	143
NOVOLIN N INJ RELION .....	72	NUVESSA GEL 1.3% .....	242
NOVOLIN N INJ U-100 .....	72	NUVIGIL TAB 150MG .....	19
NOVOLIN R INJ RELION .....	72	NUVIGIL TAB 200MG .....	19
NOVOLIN R INJ U-100 .....	72	NUVIGIL TAB 250MG .....	19
NOVOLIN70/30 INJ RELION .....	72	NUVIGIL TAB 50MG .....	19
NOVOLOG INJ 100/ML .....	72	NUZYRA INJ 100MG .....	231
NOVOLOG INJ FLEX REL .....	72	NUZYRA TAB 150MG .....	231
NOVOLOG INJ FLEXPEN .....	72	<i>nylia tab 1/35</i> .....	142
NOVOLOG INJ PENFILL .....	72	<i>nylia tab 7/7/7</i> .....	142
NOVOLOG INJ RELION .....	72	NYMALIZE SOL .....	131
NOVOLOG MIX INJ 70/30 .....	72	<i>nymyo tab 0.25-35</i> .....	142
NOVOLOG MIX INJ FLEX REL .....	72	<i>nystatin cream 100000 unit/gm</i> ....	154
NOVOLOG MIX INJ FLEXPEN .....	72	<i>nystatin oint 100000 unit/gm</i> .....	154
		<i>nystatin susp 100000 unit/ml</i> .....	210

<i>nystatin tab 500000 unit</i> .....	78	<i>olanzapine tab 10 mg</i> .....	114
<i>nystatin topical powder 100000</i>		<i>olanzapine tab 15 mg</i> .....	114
<i>unit/gm</i> .....	154	<i>olanzapine tab 2.5 mg</i> .....	114
<i>nystatin-triamcinolone cream 100000-</i>		<i>olanzapine tab 20 mg</i> .....	114
<i>0.1 unit/gm-%</i> .....	154	<i>olanzapine tab 5 mg</i> .....	114
<i>nystatin-triamcinolone oint 100000-0.1</i>		<i>olanzapine tab 7.5 mg</i> .....	114
<i>unit/gm-%</i> .....	154	<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	
NYVEPRIA INJ 6/0.6ML.....	184	.....	226
●		<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	
OCALIVA TAB 10MG.....	177	.....	226
OCALIVA TAB 5MG .....	177	<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	
<i>ocella tab 3-0.03mg</i> .....	142	.....	226
OCREVUS INJ 300/10ML.....	228	<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	
<i>octreotide acetate inj 100 mcg/ml (0.1</i>		.....	226
<i>mg/ml)</i> .....	172	<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	
<i>octreotide acetate inj 1000 mcg/ml (1</i>		.....	226
<i>mg/ml)</i> .....	172	<i>olmesartan medoxomil tab 20 mg</i> ....	89
<i>octreotide acetate inj 200 mcg/ml (0.2</i>		<i>olmesartan medoxomil tab 40 mg</i> ....	89
<i>mg/ml)</i> .....	172	<i>olmesartan medoxomil tab 5 mg</i> .....	89
<i>octreotide acetate inj 50 mcg/ml (0.05</i>		<i>olmesartan medoxomil-</i>	
<i>mg/ml)</i> .....	172	<i>hydrochlorothiazide tab 20-12.5 mg</i>	
<i>octreotide acetate inj 500 mcg/ml (0.5</i>		.....	93
<i>mg/ml)</i> .....	172	<i>olmesartan medoxomil-</i>	
<i>octreotide acetate subcutaneous soln</i>		<i>hydrochlorothiazide tab 40-12.5 mg</i>	
<i>pref syr 100 mcg/ml</i> .....	172	.....	93
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan medoxomil-</i>	
<i>pref syr 50 mcg/ml</i> .....	172	<i>hydrochlorothiazide tab 40-25 mg</i> .93	
<i>octreotide acetate subcutaneous soln</i>		<i>olmesartan-amlodipine-</i>	
<i>pref syr 500 mcg/ml</i> .....	172	<i>hydrochlorothiazide tab 20-5-12.5</i>	
OCUFLOX DRO 0.3% OP.....	218	<i>mg</i> .....	93
ODEFSEY TAB .....	119	<i>olmesartan-amlodipine-</i>	
ODOMZO CAP 200MG .....	99	<i>hydrochlorothiazide tab 40-10-12.5</i>	
OFEV CAP 100MG.....	230	<i>mg</i> .....	93
OFEV CAP 150MG.....	230	<i>olmesartan-amlodipine-</i>	
<i>ofloxacin ophth soln 0.3%</i> .....	218	<i>hydrochlorothiazide tab 40-10-25 mg</i>	
<i>ofloxacin otic soln 0.3%</i> .....	221	.....	94
<i>ofloxacin tab 300 mg</i> .....	176	<i>olmesartan-amlodipine-</i>	
<i>ofloxacin tab 400 mg</i> .....	176	<i>hydrochlorothiazide tab 40-5-12.5</i>	
<i>olanzapine for im inj 10 mg</i> .....	114	<i>mg</i> .....	93
<i>olanzapine orally disintegrating tab 10</i>		<i>olmesartan-amlodipine-</i>	
<i>mg</i> .....	114	<i>hydrochlorothiazide tab 40-5-25 mg</i>	
<i>olanzapine orally disintegrating tab 15</i>		.....	93
<i>mg</i> .....	114	<i>olopatadine hcl nasal soln 0.6%</i> ....	214
<i>olanzapine orally disintegrating tab 20</i>		<i>olopatadine hcl ophth soln 0.1% (base</i>	
<i>mg</i> .....	114	<i>equivalent)</i> .....	220
<i>olanzapine orally disintegrating tab 5</i>		<i>olopatadine hcl ophth soln 0.2% (base</i>	
<i>mg</i> .....	114	<i>equivalent)</i> .....	220

OLUMIANT TAB 1MG .....	21	ONFI SUS 2.5MG/ML.....	52
OLUMIANT TAB 2MG .....	21	ONFI TAB 10MG .....	52
OLUMIANT TAB 4MG .....	21	ONFI TAB 20MG .....	52
OLUX AER 0.05% .....	158	ONGENTYS CAP 25MG .....	108
OLUX-E AER 0.05% .....	158	ONGENTYS CAP 50MG .....	108
OMECLAMOX- MIS PAK .....	239	ONGLYZA TAB 2.5MG.....	69
<i>omega-3-acid ethyl esters cap 1 gm</i> .81		ONGLYZA TAB 5MG .....	69
OMEPRAZOLE + SUS SYRSPEND ...	238	ONUREG TAB 200MG .....	98
<i>omeprazole cap delayed release 10 mg</i>		ONUREG TAB 300MG .....	98
.....	238	ONZETRA XSAI MIS 11MG.....	204
<i>omeprazole cap delayed release 20 mg</i>		<i>opium tincture 1% (10 mg/ml)</i>	
.....	238	<i>(morphine equiv)</i> .....	75
<i>omeprazole cap delayed release 40 mg</i>		OPSUMIT TAB 10MG .....	135
.....	238	OPZELURA CRE 1.5% .....	160
<i>omeprazole delayed release tab 20 mg</i>		ORACEA CAP 40MG .....	162
.....	238	ORACIT SOL .....	180
<i>omeprazole tab 20mg</i> .....	238	ORALAIR SUB 300 IR.....	20
<i>omeprazole-sodium bicarbonate cap</i>		<i>oralone dent pst 0.1%</i> .....	210
20-1100 mg.....	239	ORENCIA CLCK INJ 125MG/ML.....	25
<i>omeprazole-sodium bicarbonate cap</i>		ORENCIA INJ 125MG/ML .....	25
40-1100 mg.....	239	ORENCIA INJ 250MG .....	25
<i>omeprazole-sodium bicarbonate powd</i>		ORENCIA INJ 50/0.4ML.....	25
<i>pack for susp 20-1680 mg</i> .....	239	ORENCIA INJ 87.5/0.7 .....	25
<i>omeprazole-sodium bicarbonate powd</i>		ORENITRAM TAB 0.125MG .....	134
<i>pack for susp 40-1680 mg</i> .....	239	ORENITRAM TAB 0.25MG .....	134
OMNARIS SPR.....	215	ORENITRAM TAB 1MG.....	134
OMNIFLEX DPR .....	192	ORENITRAM TAB 2.5MG .....	134
OMNITROPE INJ 10/1.5ML.....	170	ORENITRAM TAB 5MG.....	134
OMNITROPE INJ 5.8MG .....	170	ORGOVYX TAB 120MG .....	100
OMNITROPE INJ 5/1.5ML.....	170	ORIAHNN CAP.....	174
ON/GO COVID KIT ANTIGEN .....	164	ORILISSA TAB 150MG.....	169
ON/GO ONE KIT COVID-19 .....	164	ORILISSA TAB 200MG.....	169
<i>ondansetron hcl inj 4 mg/2ml (2</i>		ORKAMBI GRA 100-125 .....	230
<i>mg/ml)</i> .....	76	ORKAMBI GRA 150-188 .....	230
<i>ondansetron hcl inj 40 mg/20ml (2</i>		ORKAMBI GRA 75-94MG .....	230
<i>mg/ml)</i> .....	76	ORKAMBI TAB 100-125.....	230
<i>ondansetron hcl inj soln pref syr 4</i>		ORKAMBI TAB 200-125.....	230
<i>mg/2ml</i> .....	76	<i>orphenadrine citrate inj 30 mg/ml</i> ..	213
<i>ondansetron hcl oral soln 4 mg/5ml</i> ..	76	<i>orphenadrine citrate tab er 12hr 100</i>	
<i>ondansetron hcl tab 24 mg</i> .....	76	<i>mg</i> .....	213
<i>ondansetron hcl tab 4 mg</i> .....	76	ORSERDU TAB 345MG .....	100
<i>ondansetron hcl tab 8 mg</i> .....	76	ORSERDU TAB 86MG .....	100
<i>ondansetron orally disintegrating tab 4</i>		ORTIKOS CAP 6MG ER .....	146
<i>mg</i> .....	76	ORTIKOS CAP 9MG ER .....	146
<i>ondansetron orally disintegrating tab 8</i>		<i>oscimin tab 0.125mg</i> .....	236
<i>mg</i> .....	76	<i>oseltamivir phosphate cap 30 mg (base</i>	
ONEXTON GEL 1.2-3.75 .....	150	<i>equiv)</i> .....	122

<i>oseltamivir phosphate cap 45 mg (base equiv)</i> .....	122	<i>oxybutynin chloride syrup 5 mg/5ml</i> .....	239
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> .....	122	<i>oxybutynin chloride tab 5 mg</i> .....	239
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	122	<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	239
OSENI TAB 12.5-30 .....	67	<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	239
OSENI TAB 25-15MG .....	67	<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	239
OSENI TAB 25-30MG .....	67	OXYBUTYNIN SOL 5MG/5ML .....	240
OSENI TAB 25-45MG .....	67	<i>oxycodone hcl cap 5 mg</i> .....	30
OSMOLEX ER TAB.....	109	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .....	30
OSMOLEX ER TAB 129MG .....	109	<i>oxycodone hcl soln 5 mg/5ml</i> .....	30
OSMOLEX ER TAB 193MG .....	109	<i>oxycodone hcl tab 10 mg</i> .....	30
OSMOPREP TAB 1.5GM .....	190	<i>oxycodone hcl tab 15 mg</i> .....	30
OSPHENA TAB 60MG.....	170	<i>oxycodone hcl tab 20 mg</i> .....	30
OTC ANTIGENT KIT 1-PACK .....	164	<i>oxycodone hcl tab 30 mg</i> .....	30
OTC ANTIGENT KIT 2-PACK .....	164	<i>oxycodone hcl tab 5 mg</i> .....	30
OTEZLA TAB 10/20/30 .....	25	<i>oxycodone hcl tab er 12hr deter 10 mg</i> .....	30
OTEZLA TAB 30MG .....	25	<i>oxycodone hcl tab er 12hr deter 20 mg</i> .....	31
OTREXUP INJ 10MG.....	21	<i>oxycodone hcl tab er 12hr deter 40 mg</i> .....	31
OTREXUP INJ 12.5/0.4.....	21	<i>oxycodone hcl tab er 12hr deter 80 mg</i> .....	31
OTREXUP INJ 15MG.....	21	<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i> .....	33
OTREXUP INJ 17.5/0.4.....	21	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	33
OTREXUP INJ 20MG.....	22	<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> .....	33
OTREXUP INJ 22.5/0.4.....	22	<i>oxycodone w/ acetaminophen tab 5-325 mg</i> .....	33
OTREXUP INJ 25MG.....	22	<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> .....	33
OVIDE LOT 0.5%.....	162	OXYCONTIN TAB 10MG ER .....	31
<i>oxandrolone tab 10 mg</i> .....	34	OXYCONTIN TAB 15MG ER .....	31
<i>oxandrolone tab 2.5 mg</i> .....	34	OXYCONTIN TAB 30MG ER .....	31
<i>oxaprozin tab 600 mg</i> .....	25	OXYCONTIN TAB 60MG ER .....	31
<i>oxazepam cap 10 mg</i> .....	42	OXYCONTIN TAB 80MG ER .....	31
<i>oxazepam cap 15 mg</i> .....	42	<i>oxymorphone hcl tab 10 mg</i> .....	31
<i>oxazepam cap 30 mg</i> .....	42	<i>oxymorphone hcl tab 5 mg</i> .....	31
OXBRYTA TAB 300MG .....	183	<i>oxymorphone hcl tab er 12hr 10 mg</i> .	31
OXBRYTA TAB 500MG .....	183	<i>oxymorphone hcl tab er 12hr 15 mg</i> .	31
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	56	<i>oxymorphone hcl tab er 12hr 20 mg</i> .	31
<i>oxcarbazepine tab 150 mg</i> .....	56		
<i>oxcarbazepine tab 300 mg</i> .....	56		
<i>oxcarbazepine tab 600 mg</i> .....	56		
<i>oxiconazole nitrate cream 1%</i> .....	154		
OXISTAT CRE 1%.....	154		
OXISTAT LOT 1% .....	154		
OXTELLAR XR TAB 150MG .....	56		
OXTELLAR XR TAB 300MG .....	56		
OXTELLAR XR TAB 600MG .....	56		

<i>oxymorphone hcl tab er 12hr 30 mg</i> .31	PANCREAZE CAP 2600UNIT ..... 165
<i>oxymorphone hcl tab er 12hr 40 mg</i> .31	PANCREAZE CAP 37000 ..... 165
<i>oxymorphone hcl tab er 12hr 5 mg</i> ...31	PANCREAZE CAP 4200UNIT ..... 165
<i>oxymorphone hcl tab er 12hr 7.5 mg</i> 31	PANDEL CRE 0.1% ..... 159
OXYTROL DIS 3.9MG/24 ..... 240	PANHEMATIN INJ 350MG..... 182
<i>oyster shell calcium tab 500 mg</i> ..... 205	<i>pantoprazole sodium ec tab 20 mg</i>
OZEMPIC INJ 2/1.5ML.....69	<i>(base equiv)</i> ..... 238
OZEMPIC INJ 2MG/3ML .....69	<i>pantoprazole sodium ec tab 40 mg</i>
OZEMPIC INJ 4MG/3ML .....70	<i>(base equiv)</i> ..... 238
OZEMPIC INJ 8MG/3ML .....70	<i>pantoprazole sodium for delayed</i>
<b>P</b>	<i>release susp packet 40 mg</i> ..... 238
<i>pacerone tab 100mg</i> .....43	<i>pantoprazole sodium for iv soln 40 mg</i>
<i>pacerone tab 200mg</i> .....44	<i>(base equiv)</i> ..... 238
<i>pacerone tab 400mg</i> .....44	PARAGARD IUD T380A..... 143
PALFORZIA CAP ESCALAT .....20	<i>paricalcitol cap 1 mcg</i> ..... 171
PALFORZIA CAP LEVEL 1 .....20	<i>paricalcitol cap 2 mcg</i> ..... 171
PALFORZIA CAP LEVEL 10 .....20	<i>paricalcitol cap 4 mcg</i> ..... 171
PALFORZIA CAP LEVEL 2 .....20	PARLODEL CAP 5MG ..... 109
PALFORZIA CAP LEVEL 3 .....20	PARLODEL TAB 2.5MG ..... 109
PALFORZIA CAP LEVEL 4 .....20	<i>paromomycin sulfate cap 250 mg</i> .....20
PALFORZIA CAP LEVEL 5 .....20	<i>paroxetine hcl oral susp 10 mg/5ml</i>
PALFORZIA CAP LEVEL 6 .....20	<i>(base equiv)</i> ..... 62
PALFORZIA CAP LEVEL 7 .....20	<i>paroxetine hcl tab 10 mg</i> ..... 62
PALFORZIA CAP LEVEL 8 .....20	<i>paroxetine hcl tab 20 mg</i> ..... 62
PALFORZIA CAP LEVEL 9 .....20	<i>paroxetine hcl tab 30 mg</i> ..... 62
PALFORZIA POW LEVEL 11 .....20	<i>paroxetine hcl tab 40 mg</i> ..... 62
<i>paliperidone tab er 24hr 1.5 mg</i> ..... 112	<i>paroxetine hcl tab er 24hr 12.5 mg</i> ..62
<i>paliperidone tab er 24hr 3 mg</i> ..... 112	<i>paroxetine hcl tab er 24hr 25 mg</i> ..... 62
<i>paliperidone tab er 24hr 6 mg</i> ..... 112	<i>paroxetine hcl tab er 24hr 37.5 mg</i> ..62
<i>paliperidone tab er 24hr 9 mg</i> ..... 112	<i>paroxetine mesylate cap 7.5 mg (base</i>
<i>palonosetron hcl iv soln 0.25 mg/5ml</i>	<i>equiv)</i> ..... 230
<i>(base equivalent)</i> ..... 76	PATANASE SPR 0.6%..... 214
<i>palonosetron hcl iv soln pref syr 0.25</i>	PATIENT SAFE MIS SYR 10ML ..... 198
<i>mg/5ml (base equiv)</i> ..... 77	PATIENT SAFE MIS SYR 20ML ..... 198
PALONOSETRON INJ 0.25/2ML..... 77	PATIENT SAFE MIS SYR 30ML ..... 198
PAMELOR CAP 10MG .....65	PATIENT SAFE MIS SYR 60ML ..... 198
PAMELOR CAP 25MG .....65	PATIENT SAFE MIS SYRG 5ML..... 198
PAMELOR CAP 50MG .....65	PAXIL CR TAB 12.5MG .....62
PAMELOR CAP 75MG .....65	PAXIL CR TAB 25MG .....62
<i>pamidronate disodium iv soln 3 mg/ml</i>	PAXIL CR TAB 37.5MG .....62
..... 168	PAXIL SUS 10MG/5ML..... 62
<i>pamidronate disodium iv soln 9 mg/ml</i>	PAXIL TAB 10MG .....62
..... 168	PAXIL TAB 20MG .....62
PAMIDRONATE INJ 6MG/ML ..... 168	PAXIL TAB 30MG .....62
PANCREAZE CAP 10500UNT..... 165	PAXIL TAB 40MG .....62
PANCREAZE CAP 16800UNT..... 165	PAXLOVID TAB 300-100..... 121
PANCREAZE CAP 21000UNT..... 165	PEAK FLOW METER..... 202

PEAK FLOW METER- RX.....	202	<i>penicillamine cap 250 mg</i> .....	207
PEDIAPRED SOL 5MG/5ML.....	146	<i>penicillamine tab 250 mg</i> .....	207
<i>pediatric ene enema</i> .....	190	<i>penicillin g potassium for inj 20000000</i> <i>unit</i> .....	222
<i>pediatric multiple vitamin w/ minerals</i> <i>&amp; c chew tab</i> .....	211	<i>penicillin g potassium for inj 5000000</i> <i>unit</i> .....	222
<i>pediatric multiple vitamins w/ fl-fe</i> <i>drops 0.25-10 mg/ml</i> .....	211	<i>penicillin g sodium for inj 5000000 unit</i> .....	222
<i>pediatric multiple vitamins w/ fluoride</i> <i>chew tab 0.25 mg</i> .....	211	<i>penicillin v potassium for soln 125</i> <i>mg/5ml</i> .....	222
<i>pediatric multiple vitamins w/ fluoride</i> <i>chew tab 0.5 mg</i> .....	211	<i>penicillin v potassium for soln 250</i> <i>mg/5ml</i> .....	222
<i>pediatric multiple vitamins w/ fluoride</i> <i>chew tab 1 mg</i> .....	211	<i>penicillin v potassium tab 250 mg</i> ..	222
<i>pediatric multiple vitamins w/ fluoride</i> <i>soln 0.25 mg/ml</i> .....	211	<i>penicillin v potassium tab 500 mg</i> ..	222
<i>pediatric multiple vitamins w/ fluoride</i> <i>soln 0.5 mg/ml</i> .....	211	PENNSAID SOL 2% .....	152
<i>pediatric multiple vitamins w/ iron</i> <i>chew tab 15 mg</i> .....	211	<i>pentamidine isethionate for</i> <i>nebulization soln 300 mg</i> .....	37
<i>pediatric vitamins acd w/ fluoride soln</i> <i>0.25 mg/ml</i> .....	211	PENTASA CAP 250MG CR .....	178
<i>pediatric vitamins acd w/ fluoride soln</i> <i>0.5 mg/ml</i> .....	211	PENTASA CAP 500MG CR .....	178
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i> <i>for soln 236 gm</i> .....	189	<i>pentazocine w/ naloxone hcl tab 50-0.5</i> <i>mg</i> .....	34
<i>peg 3350-kcl-sod bicarb-nacl for soln</i> <i>420 gm</i> .....	189	<i>pentobarbital sodium inj 50 mg/ml</i> .	186
<i>peg/nasul/c/ sol nacl/pot</i> .....	189	<i>pentoxifylline tab er 400 mg</i> .....	182
PEGASYS INJ .....	121	PEPCID TAB 20MG.....	236
PEGASYS INJ 180MCG/M.....	121	PEPCID TAB 40MG.....	237
PEMAZYRE TAB 13.5MG .....	104	PERCOCET TAB 10-325MG.....	33
PEMAZYRE TAB 4.5MG .....	104	PERCOCET TAB 2.5-325 .....	33
PEMAZYRE TAB 9MG .....	104	PERCOCET TAB 5-325MG .....	33
PEN G PROC INJ 600000 .....	222	PERCOCET TAB 7.5-325 .....	33
PEN GK/DEXTR INJ 20000/ML.....	222	<i>perdiem tab 15mg</i> .....	190
PEN GK/DEXTR INJ 40000/ML.....	222	PERFOROMIST NEB 20MCG .....	48
PEN GK/DEXTR INJ 60000/ML.....	222	<i>perindopril erbumine tab 2 mg</i> .....	86
PEN NEEDLES MIS 29GX10MM .....	198	<i>perindopril erbumine tab 4 mg</i> .....	86
PEN NEEDLES MIS 29GX12.7 .....	198	<i>perindopril erbumine tab 8 mg</i> .....	86
PEN NEEDLES MIS 29GX12MM .....	198	<i>permethrin cream 5%</i> .....	162
PEN NEEDLES MIS 31GX5MM.....	198	<i>permethrin lotion 1%</i> .....	162
PEN NEEDLES MIS 31GX6MM.....	198	<i>perphenazine tab 16 mg</i> .....	116
PEN NEEDLES MIS 31GX8MM..198, 199	199	<i>perphenazine tab 2 mg</i> .....	115
PEN NEEDLES MIS 32GX4MM.....	199	<i>perphenazine tab 4 mg</i> .....	115
PEN NEEDLES MIS 32GX6MM.....	199	<i>perphenazine tab 8 mg</i> .....	116
PEN NEEDLES MIS 32GX8MM.....	199	<i>perphenazine-amitriptyline tab 2-10</i> <i>mg</i> .....	226
<i>penciclovir cream 1%</i> .....	155	<i>perphenazine-amitriptyline tab 2-25</i> <i>mg</i> .....	226
		<i>perphenazine-amitriptyline tab 4-10</i> <i>mg</i> .....	226



<i>perphenazine-amitriptyline tab 4-25</i>		<i>phenytoin sodium extended cap 100</i>	
<i>mg</i> .....	226	<i>mg</i> .....	59
<i>perphenazine-amitriptyline tab 4-50</i>		<i>phenytoin sodium extended cap 200</i>	
<i>mg</i> .....	226	<i>mg</i> .....	59
PERSERIS INJ 120MG .....	112	<i>phenytoin sodium extended cap 300</i>	
PERSERIS INJ 90MG .....	112	<i>mg</i> .....	59
PERTZYE CAP 16000U .....	165	<i>phenytoin sodium inj 50 mg/ml</i> .....	59
PERTZYE CAP 24000U .....	165	<i>phenytoin susp 125 mg/5ml</i> .....	59
PERTZYE CAP 4000UNIT .....	165	PHEXXI GEL .....	242
PERTZYE CAP 8000UNIT .....	165	<i>philith tab 0.4-35</i> .....	142
PEXEVA TAB 10MG .....	62	PHOSLYRA SOL .....	179
PEXEVA TAB 20MG .....	62	<i>phosphasal tab</i> .....	37
PEXEVA TAB 30MG .....	62	PHOSPHOLINE SOL 0.125%OP .....	217
PFIZER VACC INJ COVID-19 .....	241	<i>phospho-trin tab k500</i> .....	206
<i>pfizerpen inj 20000000</i> .....	222	<i>phytonadione tab 5 mg</i> .....	243
<i>pfizerpen inj 20mu</i> .....	222	PIFELTRO TAB 100MG .....	119
<i>pfizerpen inj 5mu</i> .....	222	<i>pilocarpine hcl ophth soln 1%</i> .....	217
PHARM SYRNG MIS TRAY 1ML .....	199	<i>pilocarpine hcl ophth soln 2%</i> .....	217
PHARM TRAY MIS 12ML/LL .....	199	<i>pilocarpine hcl ophth soln 4%</i> .....	217
PHARM TRAY MIS 1ML/REG .....	199	<i>pilocarpine hcl tab 5 mg</i> .....	210
PHARM TRAY MIS 20ML/LL .....	199	<i>pilocarpine hcl tab 7.5 mg</i> .....	210
PHARM TRAY MIS 35ML/LL .....	199	PILOT COVID KIT HOME TES .....	164
PHARM TRAY MIS 60ML/LL .....	199	<i>pimecrolimus cream 1%</i> .....	160
PHARM TRAY MIS 6ML .....	199	<i>pimozide tab 1 mg</i> .....	229
<i>phenazo tab 200mg</i> .....	181	<i>pimozide tab 2 mg</i> .....	229
<i>phenazopyridine hcl tab 100 mg</i> .....	181	<i>pimtrea tab</i> .....	142
<i>phenazopyridine hcl tab 200 mg</i> .....	181	<i>pindolol tab 10 mg</i> .....	126
<i>phenelzine sulfate tab 15 mg</i> .....	61	<i>pindolol tab 5 mg</i> .....	126
PHENERGAN INJ 25MG/ML .....	80	<i>pinworm med sus 144mg/ml</i> .....	37
PHENERGAN INJ 50MG/ML .....	80	<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
<i>phenobarbital elixir 20 mg/5ml</i> .....	186	.....	73
<i>phenobarbital tab 100 mg</i> .....	186	<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
<i>phenobarbital tab 15 mg</i> .....	186	.....	73
<i>phenobarbital tab 16.2 mg</i> .....	186	<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
<i>phenobarbital tab 30 mg</i> .....	186	.....	73
<i>phenobarbital tab 32.4 mg</i> .....	186	<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>phenobarbital tab 60 mg</i> .....	186	<i>mg</i> .....	67
<i>phenobarbital tab 64.8 mg</i> .....	186	<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>phenobarbital tab 97.2 mg</i> .....	186	<i>mg</i> .....	67
<i>phenoxybenzamine hcl cap 10 mg</i> .....	87	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phentolamine mesylate for inj 5 mg</i> .....	87	<i>500 mg</i> .....	67
<i>phenylephrine hcl ophth soln 10%</i> .....	217	<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>phenylephrine hcl ophth soln 2.5%</i> .....	217	<i>850 mg</i> .....	67
<i>phenylephrine hcl tab 10 mg</i> .....	215	<i>piperacillin sod-tazobactam na for inj</i>	
PHENYTEK CAP 200MG .....	59	<i>3.375 gm (3-0.375 gm)</i> .....	223
PHENYTEK CAP 300MG .....	59	<i>piperacillin sod-tazobactam sod for inj</i>	
<i>phenytoin chew tab 50 mg</i> .....	59	<i>13.5 gm (12-1.5 gm)</i> .....	223

<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm) .....	223	<i>polysacchari cap iron</i> .....	185
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm) .....	223	POLYTRIM SOL OP .....	218
<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm) .....	223	POLY-VI-FLOR CHW 0.25MG .....	211
PIQRAY 200MG TAB DOSE .....	104	POLY-VI-FLOR CHW 1MG.....	211
PIQRAY 250MG TAB DOSE.....	104	<i>polyvinyl alcohol ophth soln 1.4%</i> ..	215
PIQRAY 300MG TAB DOSE.....	104	POLY-VI-SOL SOL 50MG/ML .....	212
<i>pirfenidone cap 267 mg</i> .....	230	POLY-VI-SOL SOL IRON .....	211
<i>pirfenidone tab 267 mg</i> .....	230	POMALYST CAP 1MG.....	101
<i>pirfenidone tab 534 mg</i> .....	230	POMALYST CAP 2MG.....	101
<i>pirfenidone tab 801 mg</i> .....	230	POMALYST CAP 3MG.....	101
<i>pirmella tab 1/35</i> .....	142	POMALYST CAP 4MG.....	101
<i>pirmella tab 7/7/7</i> .....	142	PONVORY TAB 20MG .....	228
<i>piroxicam cap 10 mg</i> .....	25	PONVORY TAB STARTER.....	228
<i>piroxicam cap 20 mg</i> .....	25	<i>portia-28 tab</i> .....	142
PISTON IRRIG MIS 60ML SYR .....	199	<i>posaconazole tab delayed release 100</i> <i>mg</i> .....	79
PIXEL COVID KIT HOME TES.....	164	<i>pot &amp; sod citrates w/ cit ac soln 550-</i> <i>500-334 mg/5ml</i> .....	180
PLAN B TAB 1.5MG .....	143	POT ACETATE INJ 2MEQ/ML.....	206
PLAVIX TAB 75MG .....	182	POT CHLORIDE INJ 10MEQ.....	206
PLEGRIDY INJ .....	228	POT CHLORIDE INJ 20MEQ.....	206
PLEGRIDY INJ PEN.....	228	POT CHLORIDE INJ 40MEQ.....	206
PLEGRIDY INJ STARTER .....	228	<i>pot phos monobasic w/sod phos di &amp;</i> <i>monobas tab 155-852-130mg</i> .....	206
PLEGRIDY PEN INJ STARTER.....	228	<i>potassium acetate inj 2 meq/ml</i> ....	206
PLENVU SOL .....	189	<i>potassium bicarbonate effer tab 25</i> <i>meq</i> .....	206
PLIAGLIS CRE 7-7% .....	161	<i>potassium chloride cap er 10 meq</i> ..	206
PNEUMOVAX 23 INJ 25/0.5.....	240	<i>potassium chloride cap er 8 meq</i> ....	206
<i>podofilox soln 0.5%</i> .....	160	<i>potassium chloride inj 10 meq/100ml</i> .....	206
POLY HUB MIS 18GX1 .....	199	<i>potassium chloride inj 10 meq/50ml</i> .....	206
POLY HUB MIS 21GX1 .....	199	<i>potassium chloride inj 2 meq/ml</i> ....	206
POLY HUB MIS 21GX1.5 .....	199	<i>potassium chloride inj 20 meq/100ml</i> .....	206
POLY HUB MIS 22GX1.....	199	<i>potassium chloride inj 20 meq/50ml</i> .....	206
POLY HUB MIS 22GX1.5 .....	199	<i>potassium chloride inj 40 meq/100ml</i> .....	206
POLY HUB MIS 23GX1.....	199	<i>potassium chloride microencapsulated</i> <i>crys er tab 10 meq</i> .....	206
POLY HUB MIS 23GX1.5 .....	199	<i>potassium chloride microencapsulated</i> <i>crys er tab 20 meq</i> .....	206
POLY HUB MIS 25GX1.....	199	<i>potassium chloride oral soln 10% (20</i> <i>meq/15ml)</i> .....	207
POLY HUB MIS 25GX1.5 .....	199		
POLY HUB MIS 25GX5/8.....	199		
POLY HUB MIS 27GX1.25 .....	199		
POLY HUB MIS 27GX1/2.....	199		
POLY HUB MIS 30GX1/2.....	199		
<i>polyethylene glycol 3350 oral powder</i> .....	189		
<i>poly-iron cap 150 fort</i> .....	185		
<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i> .....	218		

<i>potassium chloride oral soln 20% (40 meq/15ml)</i> .....	207	<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	110
<i>potassium chloride powder packet 20 meq</i> .....	207	<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	182
<i>potassium chloride tab er 10 meq...</i>	207	<i>prasugrel hcl tab 5 mg (base equiv)</i>	182
<i>potassium chloride tab er 20 meq (1500 mg)</i> .....	207	<i>pravastatin sodium tab 10 mg</i> .....	84
<i>potassium chloride tab er 8 meq (600 mg)</i> .....	207	<i>pravastatin sodium tab 20 mg</i> .....	84
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml</i> .....	180	<i>pravastatin sodium tab 40 mg</i> .....	84
<i>potassium citrate tab er 10 meq (1080 mg)</i> .....	180	<i>pravastatin sodium tab 80 mg</i> .....	84
<i>potassium citrate tab er 15 meq (1620 mg)</i> .....	180	<i>praziquantel tab 600 mg</i> .....	37
<i>potassium citrate tab er 5 meq (540 mg)</i> .....	180	<i>prazosin hcl cap 1 mg</i> .....	90
<i>PRADAXA CAP 110MG</i> .....	52	<i>prazosin hcl cap 2 mg</i> .....	90
<i>PRADAXA CAP 150MG</i> .....	52	<i>prazosin hcl cap 5 mg</i> .....	90
<i>PRADAXA CAP 75MG</i> .....	52	<i>PRECISIONGLI MIS 27GX1.5</i> .....	199
<i>PRALUENT INJ 150MG/ML</i> .....	85	<i>PRED FORTE SUS 1% OP</i> .....	219
<i>PRALUENT INJ 75MG/ML</i> .....	85	<i>PRED MILD SUS 0.12% OP</i> .....	219
<i>pramipexole dihydrochloride tab 0.125 mg</i> .....	109	<i>PRED SOD PHO SOL 1% OP</i> .....	219
<i>pramipexole dihydrochloride tab 0.25 mg</i> .....	109	<i>prednicarbate oint 0.1%</i> .....	159
<i>pramipexole dihydrochloride tab 0.5 mg</i> .....	109	<i>prednisolone acetate ophth susp 1%</i> .....	219
<i>pramipexole dihydrochloride tab 0.75 mg</i> .....	109	<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> .....	146
<i>pramipexole dihydrochloride tab 1 mg</i> .....	109	<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> .....	146
<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	109	<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> .....	146
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	109	<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	146
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	109	<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> .....	146
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	109	<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	146
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	109	<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> .....	147
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	110	<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	147
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	110	<i>PREDNISON CON 5MG/ML</i> .....	147
		<i>prednisone oral soln 5 mg/5ml</i> .....	147
		<i>prednisone tab 1 mg</i> .....	147
		<i>prednisone tab 10 mg</i> .....	147
		<i>prednisone tab 2.5 mg</i> .....	147
		<i>prednisone tab 20 mg</i> .....	147
		<i>prednisone tab 5 mg</i> .....	147
		<i>prednisone tab 50 mg</i> .....	147
		<i>prednisone tab therapy pack 10 mg (21)</i> .....	147

<i>prednisone tab therapy pack 10 mg (48)</i> .....	147	<i>prevalite pow 4gm</i> .....	82
<i>prednisone tab therapy pack 5 mg (21)</i> .....	147	<i>prevalite pow 4gm pk</i> .....	82
<i>prednisone tab therapy pack 5 mg (48)</i> .....	147	PREVIDOLRX PAK ANALGESI.....	25
PREFEST TAB.....	174	<i>previdolrx pak plus</i> .....	25
<i>pregabalin cap 100 mg</i> .....	56	PREVNAR 13 INJ.....	240
<i>pregabalin cap 150 mg</i> .....	56	PREVYMIS INJ 240/12.....	121
<i>pregabalin cap 200 mg</i> .....	56	PREVYMIS INJ 480/24.....	121
<i>pregabalin cap 225 mg</i> .....	56	PREVYMIS TAB 240MG.....	121
<i>pregabalin cap 25 mg</i> .....	56	PREVYMIS TAB 480MG.....	121
<i>pregabalin cap 300 mg</i> .....	56	PREZCOBIX TAB 800-150.....	119
<i>pregabalin cap 50 mg</i> .....	56	PREZISTA SUS 100MG/ML.....	119
<i>pregabalin cap 75 mg</i> .....	56	PREZISTA TAB 150MG.....	119
<i>pregabalin soln 20 mg/ml</i> .....	56	PREZISTA TAB 600MG.....	119
<i>pregabalin tab er 24hr 165 mg</i> .....	229	PREZISTA TAB 75MG.....	119
<i>pregabalin tab er 24hr 330 mg</i> .....	229	PREZISTA TAB 800MG.....	119
<i>pregabalin tab er 24hr 82.5 mg</i> .....	229	PRIFTIN TAB 150MG.....	97
PREMARIN INJ 25MG.....	175	PRILO PATCH KIT.....	161
PREMARIN TAB 0.3MG.....	175	PRILOSEC POW 10MG.....	238
PREMARIN TAB 0.45MG.....	176	PRILOSEC POW 2.5MG.....	238
PREMARIN TAB 0.625MG.....	176	<i>primaquine phosphate tab 26.3 mg (15 mg base)</i> .....	96
PREMARIN TAB 0.9MG.....	175	PRIMAQUINE TAB 26.3MG.....	96
PREMARIN TAB 1.25MG.....	176	<i>primidone tab 250 mg</i> .....	56
PREMARIN VAG CRE 0.625MG.....	242	<i>primidone tab 50 mg</i> .....	56
PREMPHASE TAB.....	174	PRISTIQ TAB 100MG.....	64
PREMPRO TAB.....	174	PRISTIQ TAB 25MG.....	64
PREMPRO TAB 0.3-1.5.....	174	PRISTIQ TAB 50MG.....	64
PREMPRO TAB 0.45-1.5.....	174	PROAIR DIGIH AER.....	48
PREMPRO TAB 0.625-5.....	174	PROAIR RESPI AER.....	48
<i>prenatabs rx tab</i> .....	212	<i>probenecid tab 500 mg</i> .....	182
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i> .....	212	<i>procainamide hcl inj 100 mg/ml</i> .....	42
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG.....	212	<i>procainamide hcl inj 500 mg/ml</i> .....	42
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX.....	212	PROCARDIA XL TAB 30MG CR.....	131
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG.....	212	PROCARDIA XL TAB 60MG CR.....	131
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK.....	212	PROCARDIA XL TAB 90MG CR.....	131
PRETOMANID TAB 200MG.....	97	<i>procentra sol 5mg/5ml</i> .....	15
PREVACID 24H CAP 15MG DR.....	238	<i>prochlorperazine edisylate inj 10 mg/2ml</i> .....	116
PREVACID CAP 30MG DR.....	238	<i>prochlorperazine maleate tab 10 mg (base equivalent)</i> .....	116
PREVACID TAB 15MG STB.....	238	<i>prochlorperazine maleate tab 5 mg (base equivalent)</i> .....	116
PREVACID TAB 30MG STB.....	238	<i>prochlorperazine suppos 25 mg</i> .....	116
		PROCRIT INJ 10000/ML.....	184
		PROCRIT INJ 2000/ML.....	184
		PROCRIT INJ 20000/ML.....	184
		PROCRIT INJ 3000/ML.....	184

PROCRIT INJ 4000/ML .....	184	<i>propranolol hcl cap er 24hr 160 mg</i>	126
PROCRIT INJ 40000/ML.....	184	<i>propranolol hcl cap er 24hr 60 mg..</i>	126
PROCTOCORT CRE 1%.....	36	<i>propranolol hcl cap er 24hr 80 mg..</i>	126
PROCTOFOAM AER HC 1%.....	36	<i>propranolol hcl inj 1 mg/ml .....</i>	127
<i>procto-pak cre 1%.....</i>	<i>36</i>	<i>propranolol hcl oral soln 20 mg/5ml</i>	<i>127</i>
<i>progesterone cap 100 mg.....</i>	<i>224</i>	<i>propranolol hcl oral soln 40 mg/5ml</i>	<i>127</i>
<i>progesterone cap 200 mg.....</i>	<i>224</i>	<i>propranolol hcl tab 10 mg .....</i>	<i>127</i>
<i>progesterone im in oil 50 mg/ml ....</i>	<i>224</i>	<i>propranolol hcl tab 20 mg .....</i>	<i>127</i>
PROGLYCEM SUS 50MG/ML .....	69	<i>propranolol hcl tab 40 mg .....</i>	<i>127</i>
PROGRAF CAP 0.5MG.....	209	<i>propranolol hcl tab 60 mg .....</i>	<i>127</i>
PROGRAF CAP 1MG.....	209	<i>propranolol hcl tab 80 mg .....</i>	<i>127</i>
PROGRAF CAP 5MG.....	209	<i>propylthiouracil tab 50 mg.....</i>	<i>233</i>
PROGRAF GRA 0.2MG .....	209	PROSCAR TAB 5MG .....	181
PROGRAF GRA 1MG .....	209	<i>protamine sulfate inj 10 mg/ml .....</i>	<i>183</i>
PROGRAF INJ 5MG/ML .....	209	PROTONIX INJ 40MG .....	238
PROLASTIN-C INJ 1000MG .....	230	PROTONIX PAK 40MG .....	238
PROLATE SOL 10/300MG.....	33	PROTONIX TAB 20MG .....	238
PROLATE TAB 10-300MG.....	33	PROTONIX TAB 40MG .....	238
PROLATE TAB 5-300MG.....	33	PROTOPIC OIN 0.03% .....	160
PROLATE TAB 7.5-300 .....	33	PROTOPIC OIN 0.1% .....	160
PROLENSA SOL 0.07%.....	220	<i>protriptyline hcl tab 10 mg .....</i>	<i>65</i>
PROLIA INJ 60MG/ML.....	168	<i>protriptyline hcl tab 5 mg.....</i>	<i>65</i>
PROMACTA PAK 25MG.....	184	PROVENTIL AER HFA .....	48
PROMACTA POW 12.5MG.....	184	PROVERA TAB 10MG.....	224
PROMACTA TAB 12.5MG.....	184	PROVERA TAB 2.5MG.....	224
PROMACTA TAB 25MG.....	185	PROVERA TAB 5MG.....	224
PROMACTA TAB 50MG.....	185	PROVIGIL TAB 100MG.....	19
PROMACTA TAB 75MG.....	185	PROVIGIL TAB 200MG.....	19
<i>promethazine hcl inj 25 mg/ml .....</i>	<i>80</i>	PROZAC CAP 10MG .....	62
<i>promethazine hcl inj 50 mg/ml .....</i>	<i>80</i>	PROZAC CAP 20MG .....	62
<i>promethazine hcl suppos 12.5 mg ....</i>	<i>80</i>	PROZAC CAP 40MG .....	62
<i>promethazine hcl suppos 25 mg .....</i>	<i>80</i>	PRUDOXIN CRE 5% .....	154
<i>promethazine hcl suppos 50 mg .....</i>	<i>80</i>	<i>pseudoephedrine hcl tab 30 mg ....</i>	<i>215</i>
<i>promethazine hcl syrup 6.25 mg/5ml</i>	<i>81</i>	<i>pseudoephedrine hcl tab 60 mg ....</i>	<i>215</i>
<i>promethazine hcl tab 12.5 mg .....</i>	<i>81</i>	<i>psyllidex pow 30%.....</i>	<i>188</i>
<i>promethazine hcl tab 25 mg .....</i>	<i>81</i>	<i>psyllium powder 100% .....</i>	<i>189</i>
<i>promethazine hcl tab 50 mg .....</i>	<i>81</i>	<i>psyllium powder 28.3% .....</i>	<i>188</i>
PROMETRIUM CAP 100MG .....	224	<i>psyllium powder 48.57%.....</i>	<i>188</i>
PROMETRIUM CAP 200MG .....	224	<i>psyllium powder 58.6% .....</i>	<i>188</i>
<i>propafenone hcl cap er 12hr 225 mg</i>	<i>43</i>	PULMICORT INH 180MCG .....	46
<i>propafenone hcl cap er 12hr 325 mg</i>	<i>43</i>	PULMICORT INH 90MCG.....	46
<i>propafenone hcl cap er 12hr 425 mg</i>	<i>43</i>	PULMICORT SUS 0.25MG/2 .....	46
<i>propafenone hcl tab 150 mg .....</i>	<i>43</i>	PULMICORT SUS 0.5MG/2 .....	46
<i>propafenone hcl tab 225 mg .....</i>	<i>43</i>	PULMICORT SUS 1MG/2ML .....	46
<i>propafenone hcl tab 300 mg .....</i>	<i>43</i>	PULMOZYME SOL 1MG/ML .....	230
<i>proparacaine hcl ophth soln 0.5% ..</i>	<i>218</i>	<i>purevit dual cap fe plus.....</i>	<i>185</i>
<i>propranolol hcl cap er 24hr 120 mg</i>	<i>126</i>	PURIXAN SUS 20MG/ML.....	98

PYLERA CAP.....239  
*pyrazinamide tab 500 mg*.....97  
*pyrethrins-piperonyl butoxide shampoo 0.33-4%*.....162  
 PYRIDIDIUM TAB 100MG .....181  
 PYRIDIDIUM TAB 200MG .....181  
*pyridostigmine bromide oral soln 60 mg/5ml*.....96  
*pyridostigmine bromide tab 30 mg*...96  
*pyridostigmine bromide tab 60 mg*...96  
*pyridostigmine bromide tab er 180 mg*.....97  
*pyridoxine hcl tab 50 mg*.....243  
**Q**  
 QBRELIS SOL 1MG/ML .....86  
*qc childrens chw complete*.....212  
*qc clotrimaz cre 1%*.....242  
*qc fiber pow 25%*.....189  
*qc fiber the pow 51.7%*.....189  
*qc natural pow vegetabl*.....189  
*qc omepraza tab 20mg*.....238  
 QELBREE CAP 100MG ER.....16  
 QELBREE CAP 150MG ER.....16  
 QELBREE CAP 200MG ER.....16  
 QINLOCK TAB 50MG .....104  
 QNASL AER 80MCG.....215  
 QNASL CHILD SPR 40MCG.....215  
 QTERN TAB 10-5MG .....67  
 QTERN TAB 5-5MG .....67  
 QUALAQUIN CAP 324MG .....96  
 QUARTETTE TAB .....142  
 QUDEXY XR CAP 100/24HR.....56  
 QUDEXY XR CAP 150/24HR.....56  
 QUDEXY XR CAP 200/24HR.....56  
 QUDEXY XR CAP 25/24HR .....56  
 QUDEXY XR CAP 50/24HR .....56  
 QUESTRAN POW 4GM .....82  
 QUESTRAN POW 4GM LITE .....82  
*quetiapine fumarate tab 100 mg* ...114  
*quetiapine fumarate tab 150 mg* ...114  
*quetiapine fumarate tab 200 mg* ...114  
*quetiapine fumarate tab 25 mg* .....114  
*quetiapine fumarate tab 300 mg* ...114  
*quetiapine fumarate tab 400 mg* ...114  
*quetiapine fumarate tab 50 mg* .....114  
*quetiapine fumarate tab er 24hr 150 mg* .....114

*quetiapine fumarate tab er 24hr 200 mg* .....114  
*quetiapine fumarate tab er 24hr 300 mg* .....114  
*quetiapine fumarate tab er 24hr 400 mg* .....114  
*quetiapine fumarate tab er 24hr 50 mg* .....114  
 QUFLORA FE DRO 0.25-9.5 .....211  
 QUICK DISSOL CHW GLUCOSE .....69  
 QUICKVUE HOM KIT COVID-19 .....164  
 QUICKVUE KIT SARS ANT.....164  
 QUILLICHEW CHW 20MG ER .....20  
 QUILLICHEW CHW 30MG ER .....20  
 QUILLICHEW CHW 40MG ER .....20  
 QUILLIVANT SUS 25MG/5ML.....20  
*quinapril hcl tab 10 mg* .....87  
*quinapril hcl tab 20 mg* .....87  
*quinapril hcl tab 40 mg* .....87  
*quinapril hcl tab 5 mg* .....86  
*quinapril-hydrochlorothiazide tab 20-12.5 mg* .....94  
*quinapril-hydrochlorothiazide tab 20-25 mg* .....94  
*quinidine gluconate tab er 324 mg* ...42  
*quinidine sulfate tab 200 mg* .....42  
*quinidine sulfate tab 300 mg* .....42  
*quinine sulfate cap 324 mg* .....96  
 QULIPTA TAB 10MG.....202  
 QULIPTA TAB 30MG.....203  
 QULIPTA TAB 60MG.....203  
 QUTENZA KIT 8% 1-PCH.....161  
 QUTENZA KIT 8% 2-PCH.....161  
 QUTENZA KIT 8% 4-PCH.....161  
 QUVIVIQ TAB 25MG .....188  
 QUVIVIQ TAB 50MG .....188  
 QVAR REDIHA AER 80MCG .....46  
 QVAR REDIHAL AER 40MCG.....46  
**R**  
*rabeprazole sodium ec tab 20 mg*...238  
 RADIAURA CRE 3-0.5% .....159  
*raloxifene hcl tab 60 mg* .....170  
*ramelteon tab 8 mg*.....188  
*ramipril cap 1.25 mg* .....87  
*ramipril cap 10 mg* .....87  
*ramipril cap 2.5 mg* .....87  
*ramipril cap 5 mg*.....87

<i>ranolazine tab er 12hr 1000 mg</i> .....	39	REDITREX INJ 25MG/ML.....	22
<i>ranolazine tab er 12hr 500 mg</i> .....	39	REDITREX INJ 7.5/.3ML .....	22
RAPAFLO CAP 4MG .....	181	REFRESH PLUS DRO 0.5% OP .....	215
RAPAFLO CAP 8MG .....	181	REFRESH TEAR DRO 0.5% OP .....	215
RAPAMUNE SOL 1MG/ML .....	209	REGLAN TAB 10MG.....	178
RAPAMUNE TAB 0.5MG .....	209	REGLAN TAB 5MG .....	177
RAPAMUNE TAB 1MG .....	209	REGONOL INJ 5MG/ML.....	97
RAPAMUNE TAB 2MG .....	209	RELAFEN DS TAB 1000MG.....	25
RAPID RESPON KIT COVID-19 .....	164	RELENZA MIS DISKHALE.....	122
RAPIVAB INJ 200MG/20 .....	122	RELEUKO INJ 300MCG .....	185
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i> .....	110	RELEUKO INJ 480MCG .....	185
<i>rasagiline mesylate tab 1 mg (base equiv)</i> .....	110	RELEXXII TAB 45MG ER .....	20
RASUVO INJ 10MG .....	22	RELEXXII TAB 63MG ER .....	20
RASUVO INJ 12.5MG .....	22	RELEXXII TAB 72MG .....	20
RASUVO INJ 15MG .....	22	RELION TRUE KIT MET AIR.....	192
RASUVO INJ 17.5MG .....	22	RELION TRUE TES METRIX .....	164
RASUVO INJ 20MG .....	22	RELISTOR INJ 12/0.6ML.....	179
RASUVO INJ 22.5MG .....	22	RELISTOR INJ 8/0.4ML .....	179
RASUVO INJ 25MG .....	22	RELISTOR TAB 150MG .....	179
RASUVO INJ 30MG .....	22	RELPAK TAB 20MG .....	204
RASUVO INJ 7.5MG .....	22	RELPAK TAB 40MG .....	204
RAYALDEE CAP 30MCG.....	171	RELTONE CAP 200MG .....	177
RAYOS TAB 1MG .....	147	RELTONE CAP 400MG .....	177
RAYOS TAB 2MG .....	147	REMDESIVIR INJ 100MG .....	123
RAYOS TAB 5MG .....	147	REMERON SLTB TAB 15MG .....	60
RAZADYNE ER CAP 16MG .....	225	REMERON SLTB TAB 30MG .....	60
RAZADYNE ER CAP 24MG .....	225	REMERON SLTB TAB 45MG .....	60
RAZADYNE ER CAP 8MG .....	225	REMERON TAB 15MG .....	60
REBIF INJ 22/0.5 .....	228	REMERON TAB 30MG .....	60
REBIF INJ 44/0.5 .....	228	REMICADE INJ 100MG .....	178
REBIF REBIDO INJ 22/0.5 .....	228	RENAGEL TAB 800MG .....	179
REBIF REBIDO INJ 44/0.5 .....	228	RENFLEXIS INJ 100MG.....	178
REBIF REBIDO INJ TITRATN.....	228	RENVELA POW 0.8GM .....	179
REBIF TITRTN INJ PACK .....	228	RENVELA POW 2.4GM .....	180
RECLAST INJ 5/100ML .....	168	RENVELA TAB 800MG .....	180
<i>reclipsen tab</i> .....	142	<i>repaglinide tab 0.5 mg</i> .....	73
RECOMBIVA HB INJ 10MCG/ML .....	241	<i>repaglinide tab 1 mg</i> .....	73
RECOMBIVA HB INJ 5MCG/0.5 .....	241	<i>repaglinide tab 2 mg</i> .....	73
RECTIV OIN 0.4% .....	36	REPATHA INJ 140MG/ML .....	85
REDITREX INJ 10/.4ML .....	22	REPATHA PUSH INJ 420/3.5 .....	85
REDITREX INJ 12.5/0.5.....	22	REPATHA SURE INJ 140MG/ML.....	85
REDITREX INJ 15/.6ML .....	22	RESPIRATORY THERAPY SUPPLIES -	
REDITREX INJ 17.5/0.7 .....	22	MISC (MASK).....	202
REDITREX INJ 20/.8ML .....	22	RESPIRATORY THERAPY SUPPLIES -	
REDITREX INJ 22.5/0.9.....	22	MISC (MASK)- RX.....	202
		RESTASIS EMU 0.05% OP .....	218
		RESTASIS MUL EMU 0.05% OP .....	218

RESTORIL CAP 15MG .....	187	REZLIDHIA CAP 150MG .....	105
RESTORIL CAP 22.5MG .....	188	REZUROCK TAB 200MG .....	207
RESTORIL CAP 30MG .....	188	RHOFADE CRE 1%.....	162
RESTORIL CAP 7.5MG .....	187	RHOPRESSA SOL 0.02% .....	218
RETACRIT INJ 10000UNT .....	185	<i>ribavirin cap 200 mg</i> .....	121
RETACRIT INJ 20000UNI .....	185	<i>ribavirin for inhal soln 6 gm</i> .....	123
RETACRIT INJ 2000UNIT .....	185	<i>ribavirin tab 200 mg</i> .....	121
RETACRIT INJ 3000UNIT .....	185	RIDAURA CAP 3MG.....	22
RETACRIT INJ 40000UNT .....	185	<i>rifabutin cap 150 mg</i> .....	97
RETACRIT INJ 4000UNIT .....	185	<i>rifampin cap 150 mg</i> .....	97
RETAVASE INJ FULL KIT .....	183	<i>rifampin cap 300 mg</i> .....	97
RETAVASE INJ HALF-KIT .....	183	RIFAMPIN SUS 25MG/ML.....	97
RETEVMO CAP 40MG.....	104	RILUTEK TAB 50MG .....	215
RETEVMO CAP 80MG.....	105	<i>riluzole tab 50 mg</i> .....	215
RETIN-A CRE 0.025% .....	150	<i>rimantadine hydrochloride tab 100 mg</i> .....	122
RETIN-A CRE 0.05% .....	150	RIMSO-50 SOL 50% .....	180
RETIN-A CRE 0.1%.....	150	RINVOQ TAB 15MG ER.....	21
RETIN-A GEL 0.01% .....	150	RINVOQ TAB 30MG ER.....	21
RETIN-A GEL 0.025% .....	150	RINVOQ TAB 45MG ER.....	21
RETIN-A MICR GEL 0.04%.....	151	RIOMET SOL 500/5ML.....	68
RETIN-A MICR GEL 0.04%PMP .....	151	<i>risedronate sodium tab 150 mg</i> .....	169
RETIN-A MICR GEL 0.06%.....	151	<i>risedronate sodium tab 30 mg</i> .....	169
RETIN-A MICR GEL 0.08%.....	151	<i>risedronate sodium tab 35 mg</i> .....	169
RETIN-A MICR GEL 0.1%.....	150	<i>risedronate sodium tab 5 mg</i> .....	169
RETIN-A MICR GEL 0.1%PUMP .....	150	<i>risedronate sodium tab delayed release</i> <i>35 mg</i> .....	169
RETROVIR CAP 100MG.....	119	RISPERDAL INJ 12.5MG .....	112
RETROVIR SYP 50MG/5ML.....	119	RISPERDAL INJ 25MG .....	112
REVATIO SUS 10MG/ML .....	135	RISPERDAL INJ 37.5MG .....	112
REVATIO TAB 20MG.....	135	RISPERDAL INJ 50MG .....	112
REVLIMID CAP 10MG .....	207	RISPERDAL SOL 1MG/ML.....	112
REVLIMID CAP 15MG .....	207	RISPERDAL TAB 0.5MG .....	112
REVLIMID CAP 2.5MG .....	207	RISPERDAL TAB 1MG.....	112
REVLIMID CAP 20MG .....	207	RISPERDAL TAB 2MG.....	113
REVLIMID CAP 25MG .....	207	RISPERDAL TAB 3MG.....	113
REVLIMID CAP 5MG.....	207	RISPERDAL TAB 4MG.....	113
<i>revonto inj 20mg</i> .....	214	<i>risperidone orally disintegrating tab</i> <i>0.25 mg</i> .....	113
REXULTI TAB 0.25MG .....	117	<i>risperidone orally disintegrating tab 0.5</i> <i>mg</i> .....	113
REXULTI TAB 0.5MG .....	117	<i>risperidone orally disintegrating tab 1</i> <i>mg</i> .....	113
REXULTI TAB 1MG .....	117	<i>risperidone orally disintegrating tab 2</i> <i>mg</i> .....	113
REXULTI TAB 2MG.....	117	<i>risperidone orally disintegrating tab 3</i> <i>mg</i> .....	113
REXULTI TAB 3MG.....	117		
REXULTI TAB 4MG.....	117		
REYATAZ CAP 200MG.....	119		
REYATAZ CAP 300MG.....	119		
REYATAZ POW 50MG .....	119		
REYVOW TAB 100MG .....	204		
REYVOW TAB 50MG.....	204		



<i>risperidone orally disintegrating tab 4 mg</i> .....	113	<i>roflumilast tab 250 mcg</i> .....	45
<i>risperidone soln 1 mg/ml</i> .....	113	<i>roflumilast tab 500 mcg</i> .....	45
<i>risperidone tab 0.25 mg</i> .....	113	ROLVEDON INJ 13.2MG.....	185
<i>risperidone tab 0.5 mg</i> .....	113	<i>ropinirole hydrochloride tab 0.25 mg</i> .....	110
<i>risperidone tab 1 mg</i> .....	113	<i>ropinirole hydrochloride tab 0.5 mg</i>	110
<i>risperidone tab 2 mg</i> .....	113	<i>ropinirole hydrochloride tab 1 mg</i> ...	110
<i>risperidone tab 3 mg</i> .....	113	<i>ropinirole hydrochloride tab 2 mg</i> ...	110
<i>risperidone tab 4 mg</i> .....	113	<i>ropinirole hydrochloride tab 3 mg</i> ...	110
RITALIN LA CAP 10MG .....	20	<i>ropinirole hydrochloride tab 4 mg</i> ...	110
RITALIN LA CAP 20MG .....	20	<i>ropinirole hydrochloride tab 5 mg</i> ...	110
RITALIN LA CAP 30MG .....	20	<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i> .....	110
RITALIN LA CAP 40MG .....	20	<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i> .....	110
RITALIN TAB 10MG.....	20	<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i> .....	110
RITALIN TAB 20MG.....	20	<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i> .....	110
RITALIN TAB 5MG .....	20	<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i> .....	110
<i>ritonavir tab 100 mg</i> .....	119	<i>rosadan cre 0.75%</i> .....	162
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i> .....	225	<i>rosadan gel 0.75%</i> .....	162
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i> .....	226	ROSADAN KIT 0.75% .....	162
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i> .....	226	<i>rosuvastatin calcium tab 10 mg</i> .....	84
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i> .....	226	<i>rosuvastatin calcium tab 20 mg</i> .....	84
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	226	<i>rosuvastatin calcium tab 40 mg</i> .....	84
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	226	<i>rosuvastatin calcium tab 5 mg</i> .....	84
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	226	ROWASA KIT 4GM .....	178
<i>rivelsa tab</i> .....	142	<i>roweepra tab 500mg</i> .....	56
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i> .....	204	ROXICODONE TAB 15MG.....	31
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i> .....	204	ROXICODONE TAB 30MG.....	31
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i> .....	204	ROXYBOND TAB 15MG .....	31
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i> .....	204	ROXYBOND TAB 30MG .....	31
ROBAXIN INJ 100MG/ML .....	213	ROXYBOND TAB 5MG.....	31
ROBINUL FORT TAB 2MG.....	236	ROZEREM TAB 8MG .....	188
ROBINUL TAB 1MG .....	236	ROZLYTREK CAP 100MG.....	105
ROCALTROL CAP 0.25MCG.....	171	ROZLYTREK CAP 200MG.....	105
ROCALTROL CAP 0.5MCG .....	171	RUBRACA TAB 200MG.....	105
ROCALTROL SOL 1MCG/ML.....	171	RUBRACA TAB 250MG.....	105
ROCKLATAN DRO .....	218	RUBRACA TAB 300MG.....	105
		<i>rufinamide susp 40 mg/ml</i> .....	56
		<i>rufinamide tab 200 mg</i> .....	56
		<i>rufinamide tab 400 mg</i> .....	57
		RUKOBIA TAB 600MG ER.....	119
		RYALTRIS SPR 665-25 .....	214
		RYANODEX INJ 250MG.....	214

RYBELSUS TAB 14MG .....	70	SANDIMMUNE CAP 100MG.....	209
RYBELSUS TAB 3MG .....	70	SANDIMMUNE CAP 25MG .....	209
RYBELSUS TAB 7MG .....	70	SANDIMMUNE SOL 100MG/ML .....	209
<i>ryclora sol 2mg/5ml.....</i>	<i>79</i>	SANDOSTATIN INJ 100MCG.....	172
RYDAPT CAP 25MG .....	105	SANDOSTATIN INJ 500MCG.....	172
RYTARY CAP 145MG .....	110	SANDOSTATIN INJ 50MCG/ML .....	172
RYTARY CAP 195MG .....	110	SANDOSTATIN KIT LAR 10MG.....	173
RYTARY CAP 245MG .....	110	SANDOSTATIN KIT LAR 20MG.....	173
RYTARY CAP 95MG .....	110	SANDOSTATIN KIT LAR 30MG.....	173
RYTHMOL SR CAP 225MG .....	43	SAPHRIS SUB 10MG .....	114
RYTHMOL SR CAP 325MG .....	43	SAPHRIS SUB 2.5MG .....	114
RYTHMOL SR CAP 425MG .....	43	SAPHRIS SUB 5MG .....	114
RYVENT TAB 6MG.....	80	SAVAYSA TAB 15MG .....	50
<b>S</b>		SAVAYSA TAB 30MG .....	50
SABRIL POW 500MG .....	58	SAVAYSA TAB 60MG .....	50
SABRIL TAB 500MG .....	58	SAVELLA MIS TITR PAK.....	226
SAFETY NEEDL MIS 22GX1.5 .....	199	SAVELLA TAB 100MG.....	226
SAFETYGLIDE MIS 21GX1.....	199	SAVELLA TAB 12.5MG.....	226
SAFETYGLIDE MIS 21GX1.5.....	199	SAVELLA TAB 25MG.....	226
SAFETYGLIDE MIS 23GX1.....	199	SAVELLA TAB 50MG.....	226
SAFETYGLIDE MIS 27GX5/8.....	199	SCEMBLIX TAB 20MG.....	105
SAFTY NEEDLE MIS 18GX1 .....	199	SCEMBLIX TAB 40MG.....	105
SAFTY NEEDLE MIS 19GX1 .....	199	<i>scopolamine td patch 72hr 1 mg/3days</i>	
SAFTY NEEDLE MIS 19GX1.5 .....	199	.....	77
SAFTY NEEDLE MIS 20GX1 .....	199	SEASONIQUE TAB .....	142
SAFTY NEEDLE MIS 20GX1.5 .....	199	SECUADO DIS 3.8MG .....	114
SAFTY NEEDLE MIS 21GX1 .....	199	SECUADO DIS 5.7MG .....	114
SAFTY NEEDLE MIS 21GX1.5 .....	199	SECUADO DIS 7.6MG .....	114
SAFTY NEEDLE MIS 21GX5/8 .....	199	SECURESAFE MIS 19GX1 .....	200
SAFTY NEEDLE MIS 22GX1 .....	199	SECURESAFE MIS 19GX1.5.....	200
SAFTY NEEDLE MIS 22GX1.5 .....	199	SECURESAFE MIS 21GX1.5.....	200
SAFTY NEEDLE MIS 23GX1 .....	199	SECURESAFE MIS 22GX1 .....	200
SAFTY NEEDLE MIS 23GX5/8 .....	200	SECURESAFE MIS 25GX1.5.....	200
SAFTY NEEDLE MIS 25GX1 .....	200	SECURESAFE MIS 26GX1/2 .....	200
SAFTY NEEDLE MIS 25GX5/8 .....	200	SECURESAFE MIS 27GX1/2 .....	200
SAFYRAL TAB.....	142	SEGLENTIS TAB 56-44MG .....	33
SAIZEN INJ 5MG .....	170	SEGLUROMET TAB 2.5-1000 .....	67
SAIZEN INJ 8.8MG .....	170	SEGLUROMET TAB 2.5-500.....	67
SAIZENPREP INJ 8.8MG .....	170	SEGLUROMET TAB 7.5-1000 .....	67
<i>salicylic acid foam 6%.....</i>	<i>160</i>	SEGLUROMET TAB 7.5-500.....	67
<i>saline nasal spray 0.65% .....</i>	<i>214</i>	<i>selegiline hcl cap 5 mg.....</i>	<i>110</i>
<i>salsalate tab 500 mg .....</i>	<i>27</i>	<i>selegiline hcl tab 5 mg .....</i>	<i>110</i>
<i>salsalate tab 750 mg .....</i>	<i>27</i>	<i>selenium sulfide lotion 2.5%.....</i>	<i>155</i>
SAMSCA TAB 15MG .....	173	SELZENTRY SOL 20MG/ML .....	119
SAMSCA TAB 30MG .....	173	SELZENTRY TAB 150MG .....	120
<i>sanadermr kit skin rep .....</i>	<i>159</i>	SELZENTRY TAB 25MG.....	119
SANCUSO DIS 3.1MG .....	77	SELZENTRY TAB 300MG .....	120

SELZENTRY TAB 75MG.....	119	SFROWASA ENE 4GM.....	178
SEMGLEE INJ 100U/ML .....	73	<i>sharobel tab 0.35mg</i> .....	144
SEMGLEE SOL 100U/ML .....	73	SHINGRIX INJ 50/0.5ML .....	241
SE-NATAL 19 CHW .....	212	SIGNIFOR INJ 0.3MG/ML.....	173
SE-NATAL 19 TAB.....	212	SIGNIFOR INJ 0.6MG/ML.....	173
<i>senna smooth tab 15mg</i> .....	190	SIGNIFOR INJ 0.9MG/ML.....	173
<i>sennosides syrup 8.8 mg/5ml</i> .....	190	SIGNIFOR LAR INJ 10MG .....	173
<i>sennosides tab 25 mg</i> .....	190	SIGNIFOR LAR INJ 20MG .....	173
<i>sennosides tab 8.6 mg</i> .....	190	SIGNIFOR LAR INJ 30MG .....	173
<i>senokot extr tab 17.2mg</i> .....	190	SIGNIFOR LAR INJ 40MG .....	173
SENOKOT TAB 8.6MG .....	190	SIGNIFOR LAR INJ 60MG .....	173
SENSIPAR TAB 30MG.....	171	SIKLOS TAB 1000MG.....	183
SENSIPAR TAB 60MG.....	171	SIKLOS TAB 100MG.....	183
SENSIPAR TAB 90MG.....	171	SILA III PAK .....	159
SEREVENT DIS AER 50MCG .....	48	<i>sildenafil citrate for suspension 10</i>	
SERNIVO SPR .....	159	<i>mg/ml</i> .....	135
SEROQUEL TAB 100MG .....	114	<i>sildenafil citrate tab 20 mg</i> .....	135
SEROQUEL TAB 200MG .....	114	SILENOR TAB 3MG .....	186
SEROQUEL TAB 25MG.....	114	SILENOR TAB 6MG .....	186
SEROQUEL TAB 300MG .....	114	SILIQ INJ 210/1.5 .....	155
SEROQUEL TAB 400MG .....	114	<i>silodosin cap 4 mg</i> .....	181
SEROQUEL TAB 50MG.....	114	<i>silodosin cap 8 mg</i> .....	181
SEROQUEL XR TAB 150MG .....	115	SILVADENE CRE 1% .....	156
SEROQUEL XR TAB 200MG .....	115	<i>silver sulfadiazine cream 1%</i> .....	156
SEROQUEL XR TAB 300MG .....	115	SIMBRINZA SUS 1-0.2%.....	217
SEROQUEL XR TAB 400MG .....	115	<i>simethicone cap 125 mg</i> .....	176
SEROQUEL XR TAB 50MG .....	115	<i>simethicone chew tab 125 mg</i> .....	176
SEROSTIM INJ 4MG .....	170	<i>simethicone chew tab 80 mg</i> .....	176
SEROSTIM INJ 5MG .....	170	<i>simethicone susp 40 mg/0.6ml</i> .....	176
SEROSTIM INJ 6MG .....	170	<i>simliya tab 28 day</i> .....	142
SERTRALINE CAP 150MG.....	62	<i>simpesse tab</i> .....	142
SERTRALINE CAP 200MG.....	62	SIMPLICITY KIT COVID-19 .....	164
<i>sertraline hcl oral concentrate for</i>		SIMPONI ARIA SOL 50MG/4ML.....	21
<i>solution 20 mg/ml</i> .....	62	SIMPONI INJ 100MG/ML.....	21
<i>sertraline hcl tab 100 mg</i> .....	62	SIMPONI INJ 50/0.5ML .....	21
<i>sertraline hcl tab 25 mg</i> .....	62	<i>simvastatin tab 10 mg</i> .....	84
<i>sertraline hcl tab 50 mg</i> .....	62	<i>simvastatin tab 20 mg</i> .....	84
<i>se-tan plus cap</i> .....	185	<i>simvastatin tab 40 mg</i> .....	84
<i>setlakin tab</i> .....	142	<i>simvastatin tab 5 mg</i> .....	84
<i>sevelamer carbonate packet 0.8 gm</i>	180	<i>simvastatin tab 80 mg</i> .....	84
<i>sevelamer carbonate packet 2.4 gm</i>	180	SINEMET TAB 10-100MG.....	110
<i>sevelamer carbonate tab 800 mg</i> ...	180	SINEMET TAB 25-100MG.....	110
<i>sevelamer hcl tab 400 mg</i> .....	180	SINGULAIR CHW 4MG.....	45
<i>sevelamer hcl tab 800 mg</i> .....	180	SINGULAIR CHW 5MG.....	45
SEZABY INJ 100MG .....	186	SINGULAIR GRA 4MG .....	45
<i>sf 5000 plus cre 1.1%</i> .....	210	SINGULAIR TAB 10MG .....	45
<i>sf gel 1.1%</i> .....	210	<i>sirolimus oral soln 1 mg/ml</i> .....	209

<i>sirolimus tab 0.5 mg</i> .....	209	<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> .....	180
<i>sirolimus tab 1 mg</i> .....	209	<i>sodium fluor cre 5000 pls</i> .....	210
<i>sirolimus tab 2 mg</i> .....	209	<i>sodium fluor cre 5000 ppm</i> .....	210
SIRTURO TAB 100MG .....	97	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> .....	205
SIRTURO TAB 20MG .....	97	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i> .....	205
SITAVIG TAB 50MG .....	122	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i> .....	206
SIVEXTRO TAB 200MG.....	38	<i>sodium fluoride gel 1.1% (0.5% f)</i> .	210
SKYLA IUD 13.5MG.....	144	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> .....	206
SKYRIZI INJ 150DOSE .....	155	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> .....	206
SKYRIZI INJ 150MG/ML.....	155	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> .....	206
SKYRIZI INJ 180/1.2 .....	178	<i>sodium phosphates - enema</i> .....	190
SKYRIZI INJ 360/2.4 .....	178	<i>sodium polystyrene sulfonate powder</i> .....	209
SKYRIZI PEN INJ 150MG/ML .....	155	<i>sodium sulfa liq 10% wash</i> .....	155
SKYRIZI SOL 60MG/ML .....	178	SOFIA 2 SARS KIT ANTIGEN .....	164
SKYTROFA INJ 11MG .....	170	SOFIA SARS KIT ANTIGEN.....	164
SKYTROFA INJ 13.3MG .....	170	<i>solifenacin succinate tab 10 mg</i> .....	240
SKYTROFA INJ 3.6MG .....	170	<i>solifenacin succinate tab 5 mg</i> .....	240
SKYTROFA INJ 3MG .....	170	SOLLIQUA INJ 100/33 .....	67
SKYTROFA INJ 4.3MG .....	170	SOLODYN TAB 105MG.....	232
SKYTROFA INJ 5.2MG .....	170	SOLODYN TAB 115MG.....	232
SKYTROFA INJ 6.3MG .....	170	SOLODYN TAB 55MG .....	232
SKYTROFA INJ 7.6MG .....	170	SOLODYN TAB 65MG .....	232
SKYTROFA INJ 9.1MG .....	170	SOLODYN TAB 80MG .....	232
SLIP TIP 1ML MIS.....	200	SOLOSEC GRA 2GM.....	20
SLIP TIP 1ML MIS 26GX5/8 .....	200	SOLTAMOX SOL 10MG/5ML .....	100
SLYND TAB 4MG.....	144	SOLU-CORTEF INJ 1000MG .....	147
<i>sm animal sh chw complete</i> .....	212	SOLU-CORTEF INJ 100MG .....	147
<i>sm cough rel syp 15mg/5ml</i> .....	148	SOLU-CORTEF INJ 250MG .....	147
<i>sm fiber pow</i> .....	189	SOLU-CORTEF INJ 500MG .....	147
SM GLUCOSE CHW SOUR APP.....	69	SOLU-MEDROL INJ 1000MG.....	147
<i>sm omepraza tab 20mg</i> .....	238	SOLU-MEDROL INJ 125MG .....	147
<i>sm swimmers dro ear</i> .....	221	SOLU-MEDROL INJ 1GM .....	147
SOD DIURIL INJ 500MG .....	168	SOLU-MEDROL INJ 2GM .....	147
SOD EDECRIN INJ 50MG .....	167	SOLU-MEDROL INJ 40MG .....	147
<i>sod fluoride gel 1.1%</i> .....	210	SOLU-MEDROL INJ 500MG .....	147
SOD OXYBATE SOL 500MG/ML.....	224	SOMA TAB 250MG .....	213
SOD SUL/SULF EMU 10-5% .....	151	SOMA TAB 350MG .....	213
SOD SUL/SULF SUS 10-5% .....	151	SOMAVERT INJ 10MG .....	169
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	189	SOMAVERT INJ 15MG .....	169
<i>sodium chloride irrigation soln 0.9%</i> .....	180		
<i>sodium chloride soln nebu 0.9%</i> .....	148		
<i>sodium chloride soln nebu 10%</i> .....	148		
<i>sodium chloride soln nebu 3%</i> .....	148		
<i>sodium chloride soln nebu 7%</i> .....	148		

SOMAVERT INJ 20MG .....	169	SPRYCEL TAB 80MG.....	105
SOMAVERT INJ 25MG .....	169	<i>sps sus 15gm/60</i> .....	209
SOMAVERT INJ 30MG .....	169	<i>sronyx tab</i> .....	142
SOOLANTRA CRE 1% .....	162	<i>ssd cre 1%</i> .....	156
<i>sorafenib tosylate tab 200 mg (base</i>		<i>sss 10-5 aer 10-5%</i> .....	151
<i>equivalent)</i> .....	105	<i>sss cre 10%-5%</i> .....	151
SORILUX AER 0.005% .....	155	STALEVO 100 TAB .....	110
<i>sorine tab 120mg</i> .....	127	STALEVO 125 TAB .....	110
<i>sorine tab 160mg</i> .....	127	STALEVO 150 TAB .....	110
<i>sorine tab 240mg</i> .....	127	STALEVO 200 TAB.....	110
<i>sorine tab 80mg</i> .....	127	STALEVO 50 TAB.....	110
<i>sotalol hcl (afib/afI) tab 120 mg</i> .....	127	STALEVO 75 TAB.....	110
<i>sotalol hcl (afib/afI) tab 160 mg</i> .....	127	<i>stavudine cap 15 mg</i> .....	120
<i>sotalol hcl (afib/afI) tab 80 mg</i> .....	127	<i>stavudine cap 20 mg</i> .....	120
<i>sotalol hcl tab 120 mg</i> .....	127	<i>stavudine cap 30 mg</i> .....	120
<i>sotalol hcl tab 160 mg</i> .....	127	<i>stavudine cap 40 mg</i> .....	120
<i>sotalol hcl tab 240 mg</i> .....	127	STEGLATRO TAB 15MG .....	73
<i>sotalol hcl tab 80 mg</i> .....	127	STEGLATRO TAB 5MG .....	73
SOTYKTU TAB 6MG.....	155	STEGLUJAN TAB 15-100MG .....	67
SOTYLIZE SOL 5MG/ML.....	127	STEGLUJAN TAB 5-100MG .....	67
SPACER/AEROSOL-HOLDING		STELARA INJ 45MG/0.5.....	155
CHAMBERS - DEVICE .....	202	STELARA INJ 5MG/ML .....	178
SPACER/AEROSOL-HOLDING		STELARA INJ 90MG/ML .....	155
CHAMBERS - DEVICE- RX .....	202	STIMUFEND INJ 6/0.6ML.....	185
SPEEDY SWAB KIT COVID-19 .....	164	STIOLTO AER 2.5-2.5 .....	48
SPEVIGO INJ 450/7.5 .....	155	STIVARGA TAB 40MG .....	105
<i>spinosad susp 0.9%</i> .....	162	STRATTERA CAP 100MG.....	17
SPIRIVA AER 1.25MCG.....	44	STRATTERA CAP 10MG.....	16
SPIRIVA CAP HANDIHLR.....	44	STRATTERA CAP 18MG.....	16
SPIRIVA SPR 2.5MCG.....	44	STRATTERA CAP 25MG.....	16
<i>spironolactone &amp; hydrochlorothiazide</i>		STRATTERA CAP 40MG.....	17
<i>tab 25-25 mg</i> .....	166	STRATTERA CAP 60MG.....	17
<i>spironolactone tab 100 mg</i> .....	167	STRATTERA CAP 80MG.....	17
<i>spironolactone tab 25 mg</i> .....	167	STRIBILD TAB.....	120
<i>spironolactone tab 50 mg</i> .....	167	STRIVERDI AER 2.5MCG .....	48
SPORANOX CAP 100MG.....	79	STROMECTOL TAB 3MG.....	37
SPORANOX SOL 10MG/ML .....	79	SUBLOCADE INJ 100/0.5.....	34
<i>sprintec 28 tab 28 day</i> .....	142	SUBLOCADE INJ 300/1.5.....	34
SPRITAM TAB 1000MG .....	57	SUBOXONE MIS 12-3MG .....	34
SPRITAM TAB 250MG.....	57	SUBOXONE MIS 2-0.5MG .....	34
SPRITAM TAB 500MG.....	57	SUBOXONE MIS 4-1MG .....	34
SPRITAM TAB 750MG.....	57	SUBOXONE MIS 8-2MG .....	34
SPRYCEL TAB 100MG .....	105	<i>subvenite kit start 35</i> .....	57
SPRYCEL TAB 140MG .....	105	<i>subvenite kit start 49</i> .....	57
SPRYCEL TAB 20MG.....	105	<i>subvenite kit start 98</i> .....	57
SPRYCEL TAB 50MG.....	105	<i>subvenite tab 100mg</i> .....	57
SPRYCEL TAB 70MG.....	105	<i>subvenite tab 150mg</i> .....	57

<i>subvenite tab 200mg</i> .....	57	<i>sulfasalazine tab 500 mg</i> .....	178
<i>subvenite tab 25mg</i> .....	57	<i>sulfasalazine tab delayed release 500</i>	
<i>sucralfate susp 1 gm/10ml</i> .....	237	<i>mg</i> .....	178
<i>sucralfate tab 1 gm</i> .....	237	<i>sulfatrim pd sus 200-40/5</i> .....	37
SULAR TAB 17MG.....	131	<i>sulindac tab 150 mg</i> .....	25
SULAR TAB 34MG.....	131	<i>sulindac tab 200 mg</i> .....	25
SULAR TAB 8.5MG.....	131	SUMADAN WASH LIQ 9-4.5% .....	151
<i>sulconazole nitrate cream 1%</i> .....	154	<i>sumatriptan nasal spray 20 mg/act</i>	204
<i>sulconazole nitrate solution 1%</i> .....	154	<i>sumatriptan nasal spray 5 mg/act</i> ..	204
<i>sulfacetamide sodium lotion 10%</i>		<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
<i>(acne)</i> .....	151	.....	204
<i>sulfacetamide sodium ophth oint 10%</i>		<i>sumatriptan succinate solution auto-</i>	
.....	218	<i>injector 4 mg/0.5ml</i> .....	204
<i>sulfacetamide sodium ophth soln 10%</i>		<i>sumatriptan succinate solution auto-</i>	
.....	218	<i>injector 6 mg/0.5ml</i> .....	204
<i>sulfacetamide sodium w/ sulfur</i>		<i>sumatriptan succinate solution</i>	
<i>cleanser 10-2%</i> .....	151	<i>cartridge 4 mg/0.5ml</i> .....	204
<i>sulfacetamide sodium w/ sulfur</i>		<i>sumatriptan succinate solution</i>	
<i>cleanser 10-5%</i> .....	151	<i>cartridge 6 mg/0.5ml</i> .....	204
<i>sulfacetamide sodium w/ sulfur</i>		<i>sumatriptan succinate tab 100 mg</i> .	204
<i>cleanser 9.8-4.8%</i> .....	151	<i>sumatriptan succinate tab 25 mg</i> ..	204
<i>sulfacetamide sodium w/ sulfur</i>		<i>sumatriptan succinate tab 50 mg</i> ..	204
<i>cleanser 9-4%</i> .....	151	<i>sumatriptan-naproxen sodium tab 85-</i>	
<i>sulfacetamide sodium w/ sulfur</i>		<i>500 mg</i> .....	203
<i>cleanser 9-4.5%</i> .....	151	SUMAXIN PAD 10-4% .....	151
<i>sulfacetamide sodium w/ sulfur</i>		<i>sunitinib malate cap 12.5 mg (base</i>	
<i>cleansing pad 10-4%</i> .....	151	<i>equivalent)</i> .....	105
<i>sulfacetamide sodium w/ sulfur cream</i>		<i>sunitinib malate cap 25 mg (base</i>	
<i>10-2%</i> .....	151	<i>equivalent)</i> .....	105
<i>sulfacetamide sodium w/ sulfur cream</i>		<i>sunitinib malate cap 37.5 mg (base</i>	
<i>10-5%</i> .....	151	<i>equivalent)</i> .....	105
<i>sulfacetamide sodium w/ sulfur lotion</i>		<i>sunitinib malate cap 50 mg (base</i>	
<i>10-5%</i> .....	151	<i>equivalent)</i> .....	105
<i>sulfacetamide sodium w/ sulfur susp 8-</i>		SUNLENCA TAB 300MG .....	120
<i>4%</i> .....	151	SUNOSI TAB 150MG .....	17
<i>sulfacetamide sodium-prednisolone</i>		SUNOSI TAB 75MG.....	17
<i>ophth soln 10-0.23(0.25)%</i> .....	219	SUPPRELIN LA KIT 50MG.....	171
<i>sulfadiazine tab 500 mg</i> .....	230	SUPRAX CAP 400MG .....	137
<i>sulfamethoxazole-trimethoprim iv soln</i>		SUPRAX CHW 100MG.....	138
<i>400-80 mg/5ml</i> .....	37	SUPRAX CHW 200MG.....	138
<i>sulfamethoxazole-trimethoprim susp</i>		SUPRAX SUS 200/5ML .....	138
<i>200-40 mg/5ml</i> .....	37	SUPRAX SUS 500/5ML .....	138
<i>sulfamethoxazole-trimethoprim tab</i>		SUPREP BOWEL SOL PREP KIT .....	189
<i>400-80 mg</i> .....	37	SUSTIVA CAP 200MG.....	120
<i>sulfamethoxazole-trimethoprim tab</i>		SUSTIVA CAP 50MG.....	120
<i>800-160 mg</i> .....	37	SUSTOL INJ 10/0.4ML.....	77
SULFAMYLON CRE 85MG/GM .....	156	SUTAB TAB.....	189

SUTENT CAP 12.5MG .....	105	SYNTHROID TAB 25MCG .....	234
SUTENT CAP 25MG .....	105	SYNTHROID TAB 300MCG .....	234
SUTENT CAP 37.5MG .....	105	SYNTHROID TAB 50MCG .....	234
SUTENT CAP 50MG .....	106	SYNTHROID TAB 75MCG .....	234
<i>syeda tab 3-0.03mg</i> .....	142	SYNTHROID TAB 88MCG .....	234
SYMBICORT AER 160-4.5 .....	48	SYPRINE CAP 250MG .....	207
SYMBICORT AER 80-4.5 .....	48	SYRG/NDL 3ML MIS 23GX1 .....	200
SYMBYAX CAP 3-25MG.....	226	SYRG/NDL 3ML MIS 25GX5/8 .....	200
SYMBYAX CAP 6-25MG.....	226	SYRINGE (DISPOSABLE) 3 ML.....	200
SYMDEKO TAB 100-150 .....	230	SYRINGE (DISPOSABLE) 3 ML - RX.....	200
SYMDEKO TAB 50-75MG .....	230	SYRINGE 5ML MIS LUER SLP .....	200
SYMFI LO TAB.....	120	SYRINGE BARR MIS LUER 1ML.....	200
SYMFI TAB .....	120	SYRINGE BARR MIS LUER 3ML.....	200
SYMJEPI INJ 0.15MG.....	243	SYRINGE BARR MIS LUER 5ML.....	200
SYMJEPI INJ 0.3MG .....	243	SYRINGE BARR MIS LUER10ML .....	200
SYMLINPEN 60 INJ 1000MCG .....	66	SYRINGE BARR MIS UNI 10ML .....	200
SYMLNPEN 120 INJ 1000MCG .....	66	SYRINGE BARR MIS UNI 3ML.....	200
SYMPAZAN MIS 10MG.....	52	SYRINGE BARR MIS UNI 5ML.....	200
SYMPAZAN MIS 20MG.....	52	SYRINGE LUER MIS -LOK 1ML.....	200
SYMPAZAN MIS 5MG.....	52	SYRINGE/NEEDLE (DISP) 3 ML 22 X 1	
SYMPROIC TAB 0.2MG .....	179	.....	201
SYMTUZA TAB.....	120	SYRINGE/NEEDLE (DISP) 3 ML 25 X 1	
SYNAGIS INJ 100MG/ML .....	221	.....	202
SYNAGIS INJ 50/0.5ML .....	221	<b>T</b>	
SYNAGIS INJ 50MG .....	221	TABLOID TAB 40MG .....	98
SYNALAR CRE 0.025% .....	159	TABRECTA TAB 150MG .....	106
SYNALAR KIT 0.025%.....	159	TABRECTA TAB 200MG .....	106
SYNALAR OIN 0.025% .....	159	TACLONEX OIN .....	159
SYNALAR SOL 0.01%.....	159	TACLONEX SUS.....	159
SYNALAR TS KIT 0.01% .....	159	<i>tacrolimus cap 0.5 mg</i> .....	209
SYNAREL SOL 2MG/ML.....	171	<i>tacrolimus cap 1 mg</i> .....	209
SYNERA DIS 70-70MG .....	161	<i>tacrolimus cap 5 mg</i> .....	209
SYNJARDY TAB.....	67	<i>tacrolimus oint 0.03%</i> .....	160
SYNJARDY TAB 12.5-500.....	67	<i>tacrolimus oint 0.1%</i> .....	160
SYNJARDY TAB 5-1000MG.....	67	<i>tadalafil tab 20 mg (pah)</i> .....	135
SYNJARDY TAB 5-500MG.....	67	<i>tadalafil tab 5 mg</i> .....	134
SYNJARDY XR TAB.....	67	TADLIQ SUS 20MG/5ML .....	135
SYNJARDY XR TAB 10-1000.....	67	TAFINLAR CAP 50MG .....	106
SYNJARDY XR TAB 25-1000.....	68	TAFINLAR CAP 75MG .....	106
SYNJARDY XR TAB 5-1000MG .....	67	<i>tafluprost preservative free (pf) ophth</i>	
SYNTHROID TAB 100MCG.....	234	<i>soln 0.0015%</i> .....	220
SYNTHROID TAB 112MCG.....	234	TAGRISSE TAB 40MG .....	99
SYNTHROID TAB 125MCG.....	234	TAGRISSE TAB 80MG .....	99
SYNTHROID TAB 137MCG.....	234	TALICIA CAP.....	239
SYNTHROID TAB 150MCG.....	234	TALTZ INJ 80MG/ML .....	155
SYNTHROID TAB 175MCG.....	234	TALZENNA CAP 0.25MG .....	106
SYNTHROID TAB 200MCG.....	234	TALZENNA CAP 0.5MG .....	106

TALZENNA CAP 0.75MG .....	106	<i>taztia xt cap 300mg er</i> .....	131
TALZENNA CAP 1MG .....	106	<i>taztia xt cap 360mg/24</i> .....	131
TAMIFLU CAP 30MG.....	122	TAZVERIK TAB 200MG .....	106
TAMIFLU CAP 45MG.....	122	TB SYRINGE MIS 0.5/28G .....	202
TAMIFLU CAP 75MG.....	122	TDVAX INJ 2-2 LF.....	235
TAMIFLU SUS 6MG/ML .....	122	TECFIDERA CAP 120MG .....	228
<i>tamoxifen citrate tab 10 mg (base</i>		TECFIDERA CAP 240MG .....	228
<i>equivalent)</i> .....	100	TECFIDERA MIS STARTER .....	228
<i>tamoxifen citrate tab 20 mg (base</i>		TEGRETOL SUS 100/5ML.....	57
<i>equivalent)</i> .....	100	TEGRETOL TAB 200MG .....	57
<i>tamsulosin hcl cap 0.4 mg</i> .....	181	TEGRETOL-XR TAB 100MG .....	57
<i>taperdex pak 12-day</i> .....	147	TEGRETOL-XR TAB 200MG .....	57
<i>taperdex pak 6 day</i> .....	147	TEGRETOL-XR TAB 400MG .....	57
<i>taperdex pak 7-day</i> .....	147	TEKTURNA HCT TAB 150-12.5 .....	94
TARCEVA TAB 100MG .....	99	TEKTURNA HCT TAB 300-12.5 .....	94
TARCEVA TAB 150MG .....	99	TEKTURNA HCT TAB 300-25MG .....	94
TARCEVA TAB 25MG .....	99	TEKTURNA TAB 150MG .....	95
<i>targadox tab 50mg</i> .....	232	TEKTURNA TAB 300MG .....	95
TARGRETIN CAP 75MG.....	107	<i>telmisartan tab 20 mg</i> .....	89
TARGRETIN GEL 1% .....	154	<i>telmisartan tab 40 mg</i> .....	89
<i>tarina 24 fe tab</i> .....	142	<i>telmisartan tab 80 mg</i> .....	89
<i>tarina fe tab 1/20 eq</i> .....	142	<i>telmisartan-amlodipine tab 40-10 mg</i>	
TARPEYO CAP 4MG .....	147	.....	94
TASCENSO ODT TAB 0.25MG .....	228	<i>telmisartan-amlodipine tab 40-5 mg</i> .	94
TASCENSO ODT TAB 0.5MG.....	228	<i>telmisartan-amlodipine tab 80-10 mg</i>	
TASIGNA CAP 150MG.....	106	.....	94
TASIGNA CAP 200MG.....	106	<i>telmisartan-amlodipine tab 80-5 mg</i> .	94
TASIGNA CAP 50MG .....	106	<i>telmisartan-hydrochlorothiazide tab 40-</i>	
<i>tasimelteon capsule 20 mg</i> .....	188	<i>12.5 mg</i> .....	94
TASMAR TAB 100MG.....	108	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
TASOPROL KIT.....	159	<i>12.5 mg</i> .....	94
<i>tavaborole soln 5%</i> .....	154	<i>telmisartan-hydrochlorothiazide tab 80-</i>	
TAVALISSE TAB 100MG.....	182	<i>25 mg</i> .....	94
TAVALISSE TAB 150MG.....	182	<i>temazepam cap 15 mg</i> .....	188
<i>taysofy cap 1/20</i> .....	142	<i>temazepam cap 22.5 mg</i> .....	188
TAYTULLA CAP 1MG/20MC.....	142	<i>temazepam cap 30 mg</i> .....	188
TAZAROTENE AER 0.1%.....	151	<i>temazepam cap 7.5 mg</i> .....	188
<i>tazarotene cream 0.1%</i> .....	155	<i>temozolomide cap 100 mg</i> .....	97
<i>tazarotene gel 0.05%</i> .....	155	<i>temozolomide cap 140 mg</i> .....	97
<i>tazarotene gel 0.1%</i> .....	155	<i>temozolomide cap 180 mg</i> .....	97
<i>tazicef inj 1gm</i> .....	138	<i>temozolomide cap 20 mg</i> .....	97
TAZICEF INJ 1GM/50ML .....	138	<i>temozolomide cap 250 mg</i> .....	97
<i>tazicef inj 2gm</i> .....	138	<i>temozolomide cap 5 mg</i> .....	97
<i>tazicef inj 6gm</i> .....	138	TENIVAC INJ 5-2LF.....	235
<i>taztia xt cap 120mg/24</i> .....	131	<i>tenofovir disoproxil fumarate tab 300</i>	
<i>taztia xt cap 180mg/24</i> .....	131	<i>mg</i> .....	120
<i>taztia xt cap 240mg/24</i> .....	131	TENORETIC TAB 100 .....	94



TENORETIC TAB 50 .....	94	tetracycline hcl cap 500 mg .....	232
TENORMIN TAB 100MG .....	125	TEXACORT SOL 2.5% .....	159
TENORMIN TAB 25MG .....	125	TEZSPIRE SOL 210MG .....	44
TENORMIN TAB 50MG .....	125	THALITONE TAB 15MG .....	168
TEPMETKO TAB 225MG .....	106	THALOMID CAP 100MG .....	207
terazosin hcl cap 1 mg (base equivalent) .....	90	THALOMID CAP 150MG .....	208
terazosin hcl cap 10 mg (base equivalent) .....	90	THALOMID CAP 200MG .....	208
terazosin hcl cap 2 mg (base equivalent) .....	90	THALOMID CAP 50MG .....	207
terazosin hcl cap 5 mg (base equivalent) .....	90	THEO-24 CAP 100MG CR .....	49
terbinafine hcl tab 250 mg .....	78	THEO-24 CAP 200MG CR .....	49
terbutaline sulfate inj 1 mg/ml .....	48	THEO-24 CAP 300MG CR .....	49
terbutaline sulfate tab 2.5 mg .....	48	THEO-24 CAP 400MG ER .....	49
terbutaline sulfate tab 5 mg .....	49	theophylline elixir 80 mg/15ml .....	49
terconazole vaginal cream 0.4% ....	242	theophylline soln 80 mg/15ml .....	49
terconazole vaginal cream 0.8% ....	242	theophylline tab er 12hr 300 mg .....	49
terconazole vaginal suppos 80 mg ..	242	theophylline tab er 12hr 450 mg .....	49
TERIPARATIDE INJ .....	169	theophylline tab er 24hr 400 mg .....	49
TESTIM GEL 1%(50MG) .....	35	theophylline tab er 24hr 600 mg .....	49
TESTOPEL MIS PELLETS .....	35	thiamine hcl inj 100 mg/ml .....	243
testosterone cypionate im inj in oil 100 mg/ml .....	35	thiamine hcl tab 100 mg .....	243
testosterone cypionate im inj in oil 200 mg/ml .....	35	THIOLA EC TAB 100MG .....	181
testosterone enanthate im inj in oil 200 mg/ml .....	35	THIOLA EC TAB 300MG .....	181
testosterone td gel 10mg/act (2%) ...	35	THIOLA TAB 100MG .....	181
testosterone td gel 12.5 mg/act (1%) .....	35	thioridazine hcl tab 10 mg .....	116
testosterone td gel 20.25 mg/1.25gm (1.62%) .....	35	thioridazine hcl tab 100 mg .....	116
testosterone td gel 20.25 mg/act (1.62%) .....	35	thioridazine hcl tab 25 mg .....	116
testosterone td gel 25 mg/2.5gm (1%) .....	35	thioridazine hcl tab 50 mg .....	116
testosterone td gel 40.5 mg/2.5gm (1.62%) .....	35	thiothixene cap 1 mg .....	117
testosterone td gel 50 mg/5gm (1%)	35	thiothixene cap 10 mg .....	117
testosterone td soln 30 mg/act .....	35	thiothixene cap 2 mg .....	117
TET/DIP TOX INJ 2-2 LF .....	235	thiothixene cap 5 mg .....	117
tetrabenazine tab 12.5 mg .....	226	THRIVITE RX TAB 29-1MG .....	212
tetrabenazine tab 25 mg .....	227	THYQUIDITY SOL 100MCG .....	234
tetracaine hcl ophth soln 0.5% .....	218	tiadylt cap 120mg/24 .....	131
tetracycline hcl cap 250 mg .....	232	tiadylt cap 180mg/24 .....	131
		tiadylt cap 240mg/24 .....	131
		tiadylt cap 300mg/24 .....	131
		tiadylt cap 360mg/24 .....	132
		tiadylt cap 420mg/24 .....	132
		tiagabine hcl tab 12 mg .....	59
		tiagabine hcl tab 16 mg .....	59
		tiagabine hcl tab 2 mg .....	58
		tiagabine hcl tab 4 mg .....	59
		TIAZAC CAP 120MG/24 .....	132
		TIAZAC CAP 180MG/24 .....	132
		TIAZAC CAP 240MG/24 .....	132
		TIAZAC CAP 300MG/24 .....	132

TIAZAC CAP 360MG/24 .....	132	TIROSINT-SOL SOL 100MCG .....	235
TIAZAC CAP 420MG/24 .....	132	TIROSINT-SOL SOL 112MCG .....	235
TIBSOVO TAB 250MG .....	106	TIROSINT-SOL SOL 125MCG .....	235
TIGAN INJ 100MG/ML .....	77	TIROSINT-SOL SOL 137MCG .....	235
<i>tigecycline for iv soln 50 mg</i> .....	231	TIROSINT-SOL SOL 13MCG/ML .....	235
TIGECYCLINE INJ 50MG .....	231	TIROSINT-SOL SOL 150MCG .....	235
TIGLUTIK SUS 50/10ML .....	215	TIROSINT-SOL SOL 175MCG .....	235
TIKOSYN CAP 125MCG.....	44	TIROSINT-SOL SOL 200MCG .....	235
TIKOSYN CAP 250MCG.....	44	TIROSINT-SOL SOL 25MCG/ML .....	235
TIKOSYN CAP 500MCG.....	44	TIROSINT-SOL SOL 37.5/ML.....	235
<i>tilia fe tab</i> .....	142	TIROSINT-SOL SOL 44MCG/ML .....	235
<i>timolol maleate ophth gel forming soln</i> <i>0.25%</i> .....	216	TIROSINT-SOL SOL 50MCG/ML .....	235
<i>timolol maleate ophth gel forming soln</i> <i>0.5%</i> .....	216	TIROSINT-SOL SOL 62.5/ML.....	235
<i>timolol maleate ophth soln 0.25%</i> ..	216	TIROSINT-SOL SOL 75MCG/ML .....	235
<i>timolol maleate ophth soln 0.5%</i> ....	216	TIROSINT-SOL SOL 88MCG/ML .....	235
<i>timolol maleate ophth soln 0.5%</i> <i>(once-daily)</i> .....	216	TIVICAY PD TAB 5MG .....	120
<i>timolol maleate preservative free ophth</i> <i>soln 0.25%</i> .....	216	TIVICAY TAB 10MG.....	120
<i>timolol maleate preservative free ophth</i> <i>soln 0.5%</i> .....	216	TIVICAY TAB 25MG.....	120
<i>timolol maleate tab 10 mg</i> .....	127	TIVICAY TAB 50MG.....	120
<i>timolol maleate tab 20 mg</i> .....	127	<i>tizanidine hcl cap 2 mg (base</i> <i>equivalent)</i> .....	213
<i>timolol maleate tab 5 mg</i> .....	127	<i>tizanidine hcl cap 4 mg (base</i> <i>equivalent)</i> .....	213
TIMOPTIC OCU SOL 0.25% OP .....	216	<i>tizanidine hcl cap 6 mg (base</i> <i>equivalent)</i> .....	213
TIMOPTIC OCU SOL 0.5% OP.....	216	<i>tizanidine hcl tab 2 mg (base</i> <i>equivalent)</i> .....	213
TIMOPTIC SOL 0.25% OP .....	216	<i>tizanidine hcl tab 4 mg (base</i> <i>equivalent)</i> .....	213
TIMOPTIC SOL 0.5% OP.....	216	TLANDO CAP 112.5 MG .....	35
TIMOPTIC-XE SOL 0.25% OP .....	216	TNKASE KIT 50MG .....	183
TIMOPTIC-XE SOL 0.5% OP.....	216	TOBI NEB 300/5ML.....	20
<i>tinidazole tab 250 mg</i> .....	37	TOBI PODHALR CAP 28MG.....	20
<i>tinidazole tab 500 mg</i> .....	37	TOBRADEX OIN 0.3-0.1% .....	219
<i>tiopronin tab 100 mg</i> .....	181	TOBRADEX ST SUS 0.3-0.05.....	219
TIROSINT CAP 100MCG.....	234	TOBRADEX SUS 0.3-0.1% .....	219
TIROSINT CAP 112MCG.....	234	<i>tobramycin nebu soln 300 mg/4ml</i> ...	20
TIROSINT CAP 125MCG.....	234	<i>tobramycin nebu soln 300 mg/5ml</i> ...	21
TIROSINT CAP 137MCG.....	234	<i>tobramycin ophth soln 0.3%</i> .....	218
TIROSINT CAP 13MCG .....	234	<i>tobramycin-dexamethasone ophth susp</i> <i>0.3-0.1%</i> .....	219
TIROSINT CAP 150MCG.....	234	TOBREX OIN 0.3% OP .....	218
TIROSINT CAP 175MCG.....	235	<i>tolcapone tab 100 mg</i> .....	108
TIROSINT CAP 200 .....	235	<i>tolnaftate cream 1%</i> .....	154
TIROSINT CAP 25MCG .....	234	TOLSURA CAP 65MG.....	79
TIROSINT CAP 50MCG .....	234	<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	240
TIROSINT CAP 75MCG .....	234		
TIROSINT CAP 88MCG .....	234		

<i>tolterodine tartrate cap er 24hr 4 mg</i>	
.....	240
<i>tolterodine tartrate tab 1 mg</i>	240
<i>tolterodine tartrate tab 2 mg</i>	240
<i>tolvaptan tab 15 mg</i>	173
<i>tolvaptan tab 30 mg</i>	173
TOOMEY SYRIN MIS 70ML	202
TOPAMAX SPR CAP 15MG	57
TOPAMAX SPR CAP 25MG	57
TOPAMAX TAB 100MG	57
TOPAMAX TAB 200MG	57
TOPAMAX TAB 25MG	57
TOPAMAX TAB 50MG	57
TOPICORT CRE 0.05%	159
TOPICORT CRE 0.25%	159
TOPICORT GEL 0.05%	159
TOPICORT OIN 0.05%	159
TOPICORT OIN 0.25%	159
TOPICORT SPR 0.25%	159
<i>topiramate cap er 24hr 100 mg</i>	57
<i>topiramate cap er 24hr 25 mg</i>	57
<i>topiramate cap er 24hr 50 mg</i>	57
<i>topiramate cap er 24hr sprinkle 100 mg</i>	57
<i>topiramate cap er 24hr sprinkle 150 mg</i>	57
<i>topiramate cap er 24hr sprinkle 200 mg</i>	57
<i>topiramate cap er 24hr sprinkle 25 mg</i>	57
<i>topiramate cap er 24hr sprinkle 50 mg</i>	57
<i>topiramate sprinkle cap 15 mg</i>	57
<i>topiramate sprinkle cap 25 mg</i>	57
<i>topiramate tab 100 mg</i>	57
<i>topiramate tab 200 mg</i>	57
<i>topiramate tab 25 mg</i>	57
<i>topiramate tab 50 mg</i>	57
TOPROL XL TAB 100MG	125
TOPROL XL TAB 200MG	125
TOPROL XL TAB 25MG	125
TOPROL XL TAB 50MG	125
<i>toremifene citrate tab 60 mg (base equivalent)</i>	100
<i>torseamide tab 10 mg</i>	167
<i>torseamide tab 100 mg</i>	167
<i>torseamide tab 20 mg</i>	167
<i>torseamide tab 5 mg</i>	167
TOSYMRA SOL 10MG	205
TOUJEO MAX INJ 300IU/ML	73
TOUJEO SOLO INJ 300IU/ML	73
<i>tovet aer 0.05%</i>	159
TOVET KIT KIT 0.05%	159
TOVIAZ TAB 4MG	240
TOVIAZ TAB 8MG	240
TRACLEER TAB 125MG	135
TRACLEER TAB 32MG	135
TRACLEER TAB 62.5MG	135
TRADJENTA TAB 5MG	69
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	31
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	31
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	31
<i>tramadol hcl oral soln 5 mg/ml</i>	31
<i>tramadol hcl tab 100 mg</i>	31
<i>tramadol hcl tab 50 mg</i>	31
<i>tramadol hcl tab er 24hr 100 mg</i>	31
<i>tramadol hcl tab er 24hr 200 mg</i>	31
<i>tramadol hcl tab er 24hr 300 mg</i>	31
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	31
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	31
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	31
TRAMADOL SOL 5MG/ML	31
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	33
<i>trandolapril tab 1 mg</i>	87
<i>trandolapril tab 2 mg</i>	87
<i>trandolapril tab 4 mg</i>	87
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	94
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	94
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	94
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	94
<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	186
<i>tranexamic acid tab 650 mg</i>	186

TRANEXAMIC INJ ACID .....	186	<i>triamcinolone acetonide lotion 0.025%</i>	159
TRANSDERM-SC DIS 1MG/3DAY.....	77	<i>triamcinolone acetonide lotion 0.1%</i>	159
<i>tranylcypramine sulfate tab 10 mg ...</i>	61	<i>triamcinolone acetonide nasal aerosol suspension 55 mcg/act .....</i>	215
TRAVATAN Z DRO 0.004% .....	220	<i>triamcinolone acetonide oint 0.025%</i>	159
<i>travoprost ophth soln 0.004%</i>		<i>triamcinolone acetonide oint 0.05%</i>	159
<i>(benzalkonium free) (bak free)....</i>	220	<i>triamcinolone acetonide oint 0.1% .</i>	159
<i>trazodone hcl tab 100 mg.....</i>	63	<i>triamcinolone acetonide oint 0.5% .</i>	159
<i>trazodone hcl tab 150 mg.....</i>	63	<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg .....</i>	166
<i>trazodone hcl tab 300 mg.....</i>	63	<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg .....</i>	166
<i>trazodone hcl tab 50 mg .....</i>	63	<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg .....</i>	166
TRECTOR TAB 250MG .....	97	<i>triamterene cap 100 mg.....</i>	167
TRELEGY AER 100MCG.....	49	<i>triamterene cap 50 mg .....</i>	167
TRELEGY AER 200MCG.....	49	<i>trianex oin 0.05% .....</i>	159
TRELSTAR MIX INJ 11.25MG.....	101	TRIASIL PAK.....	159
TRELSTAR MIX INJ 22.5MG.....	101	<i>triazolam tab 0.125 mg.....</i>	188
TRELSTAR MIX INJ 3.75MG.....	100	<i>triazolam tab 0.25 mg .....</i>	188
TREMFYA INJ 100MG/ML .....	155	TRIBENZOR20- TAB 5-12.5MG.....	94
TRESIBA FLEX INJ 100UNIT.....	73	TRIBENZOR40- TAB 10-12.5.....	94
TRESIBA FLEX INJ 200UNIT.....	73	TRIBENZOR40- TAB 10-25MG.....	94
TRESIBA INJ 100UNIT.....	73	TRIBENZOR40- TAB 5-12.5MG.....	94
<i>tretinoin cap 10 mg .....</i>	107	TRIBENZOR40- TAB 5-25MG.....	94
<i>tretinoin cream 0.025% .....</i>	151	TRICOR TAB 145MG .....	83
<i>tretinoin cream 0.05% .....</i>	151	TRICOR TAB 48MG .....	83
<i>tretinoin cream 0.1%.....</i>	151	<i>trientine hcl cap 250 mg .....</i>	207
<i>tretinoin gel 0.01% .....</i>	151	<i>tri-estaryl tab.....</i>	142
<i>tretinoin gel 0.025%.....</i>	152	<i>trifluoperazine hcl tab 1 mg (base equivalent) .....</i>	116
<i>tretinoin gel 0.05% .....</i>	151	<i>trifluoperazine hcl tab 10 mg (base equivalent) .....</i>	116
<i>tretinoin microsphere gel 0.04% ....</i>	152	<i>trifluoperazine hcl tab 2 mg (base equivalent) .....</i>	116
<i>tretinoin microsphere gel 0.1% .....</i>	152	<i>trifluoperazine hcl tab 5 mg (base equivalent) .....</i>	116
TREXALL TAB 10MG.....	98	<i>trifluridine ophth soln 1%.....</i>	218
TREXALL TAB 15MG.....	98	<i>trigels-f cap forte .....</i>	185
TREXALL TAB 5MG.....	98	<i>trihexyphenidyl hcl oral soln 0.4 mg/ml .....</i>	108
TREXALL TAB 7.5MG.....	98	<i>trihexyphenidyl hcl tab 2 mg .....</i>	108
TREXIMET TAB 85-500MG .....	203	<i>trihexyphenidyl hcl tab 5 mg .....</i>	108
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm.....</i>	159	TRIJARDY XR TAB .....	68
<i>triamcinolone acetonide cream 0.025%</i>	159		
<i>triamcinolone acetonide cream 0.1%</i>	159		
<i>triamcinolone acetonide cream 0.5%</i>	159		
<i>triamcinolone acetonide dental paste 0.1% .....</i>	210		
<i>triamcinolone acetonide inj susp 40 mg/ml.....</i>	147		

TRIKAFTA TAB .....	230	TRUE METRIX TES GLUCOSE .....	164
<i>tri-legest tab fe</i> .....	142	TRULANCE TAB 3MG .....	176
TRILEPTAL SUS 300MG/5M.....	57	TRULICITY INJ 0.75/0.5 .....	70
TRILEPTAL TAB 150MG .....	57	TRULICITY INJ 1.5/0.5.....	70
TRILEPTAL TAB 300MG .....	57	TRULICITY INJ 3/0.5.....	70
TRILEPTAL TAB 600MG .....	57	TRULICITY INJ 4.5/0.5.....	70
<i>tri-linyah tab</i> .....	142	TRUSELTIQ CAP 100MG .....	106
TRILIPIX CAP 135MG .....	83	TRUSELTIQ CAP 125MG .....	106
TRILIPIX CAP 45MG.....	83	TRUSELTIQ CAP 50MG .....	106
<i>tri-lo tab estaryll</i> .....	142	TRUSELTIQ CAP 75MG .....	106
<i>tri-lo- tab marzia</i> .....	143	TRUSOPT SOL 2% OP .....	220
<i>tri-lo- tab sprintec</i> .....	143	TRUVADA TAB 100-150.....	120
<i>tri-lo-mili tab</i> .....	143	TRUVADA TAB 133-200.....	120
<i>trimethobenzamide hcl cap 300 mg</i> ..	77	TRUVADA TAB 167-250.....	120
<i>trimethoprim tab 100 mg</i> .....	37	TRUVADA TAB 200-300.....	120
TRIMETHOPRIM TAB 100MG .....	37	TUDORZA PRES AER 400/ACT.....	44
<i>tri-mili tab</i> .....	143	TUKYSA TAB 150MG .....	98
<i>trimipramine maleate cap 100 mg</i> ....	66	TUKYSA TAB 50MG.....	98
<i>trimipramine maleate cap 25 mg</i> .....	65	TURALIO CAP 125MG.....	106
<i>trimipramine maleate cap 50 mg</i> .....	66	<i>tussin cough syp 15mg/5ml</i> .....	148
TRINATAL RX TAB 1.....	212	TWINRIX INJ .....	241
<i>trinate tab</i> .....	212	TWIRLA DIS 120-30 .....	143
TRINTELLIX TAB 10MG.....	63	TWYNEO CRE 0.1-3% .....	152
TRINTELLIX TAB 20MG.....	63	TYBLUME CHW 0.1-0.02.....	143
TRINTELLIX TAB 5MG .....	63	TYBOST TAB 150MG .....	120
<i>tri-nymyo tab</i> .....	143	<i>tydemy tab</i> .....	143
TRIPTODUR SUS 22.5MG.....	171	TYGACIL INJ 50MG .....	231
<i>tri-sprintec tab</i> .....	143	TYKERB TAB 250MG .....	106
TRIUMEQ PD TAB .....	120	TYMLOS INJ.....	169
TRIUMEQ TAB .....	120	TYRVAYA SOL 0.03MG .....	216
TRI-VI-SOL SOL A/C/D.....	212	TYSABRI INJ 300/15ML.....	228
<i>trivora-28 tab</i> .....	143	TYVASO DPI POW 16-32-48.....	134
<i>tri-vylibra tab</i> .....	143	TYVASO DPI POW 16-32MCG.....	134
<i>tri-vylibra tab lo</i> .....	143	TYVASO DPI POW 16MCG.....	134
TRIZIVIR TAB .....	120	TYVASO DPI POW 32-48MCG.....	134
TROKENDI XR CAP 100MG.....	58	TYVASO DPI POW 32MCG.....	134
TROKENDI XR CAP 200MG.....	58	TYVASO DPI POW 48MCG.....	134
TROKENDI XR CAP 25MG .....	57	TYVASO DPI POW 64MCG.....	134
TROKENDI XR CAP 50MG .....	57	TYVASO REFIL SOL 0.6MG/ML .....	134
<i>tropicamide ophth soln 0.5%</i> .....	217	TYVASO SOL 0.6MG/ML .....	134
<i>tropicamide ophth soln 1%</i> .....	217	TYVASO START SOL 0.6MG/ML .....	134
<i>trospium chloride cap er 24hr 60 mg</i> .....	240	<b>U</b>	
<i>trospium chloride tab 20 mg</i> .....	240	UBRELVY TAB 100MG .....	203
TRUDHESA AER 0.725MG .....	203	UBRELVY TAB 50MG .....	203
TRUE METRIX KIT AIR.....	193	UCERIS AER 2MG/ACT .....	35
TRUE METRIX KIT METER .....	193	UCERIS TAB 9MG .....	147
		UDENYCA INJ 6MG/.6ML .....	185

ULORIC TAB 40MG .....	182	<i>valproate sodium oral soln 250 mg/5ml</i>	
ULORIC TAB 80MG .....	182	<i>(base equiv)</i> .....	60
<i>ultra choice chw kids</i> .....	212	<i>valproic acid cap 250 mg</i> .....	60
ULTRAVATE LOT 0.05%.....	159	<i>valsartan tab 160 mg</i> .....	89
UNASYN INJ 1.5GM .....	223	<i>valsartan tab 320 mg</i> .....	89
UNASYN INJ 15GM .....	223	<i>valsartan tab 40 mg</i> .....	89
UNASYN INJ 3GM .....	223	<i>valsartan tab 80 mg</i> .....	89
UPTRAVI INJ 1800MCG .....	135	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UPTRAVI PACK TAB 200/800.....	135	<i>12.5 mg</i> .....	94
UPTRAVI TAB 1000MCG .....	135	<i>valsartan-hydrochlorothiazide tab 160-</i>	
UPTRAVI TAB 1200MCG .....	135	<i>25 mg</i> .....	94
UPTRAVI TAB 1400MCG .....	135	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UPTRAVI TAB 1600MCG .....	135	<i>12.5 mg</i> .....	94
UPTRAVI TAB 200MCG .....	135	<i>valsartan-hydrochlorothiazide tab 320-</i>	
UPTRAVI TAB 400MCG .....	135	<i>25 mg</i> .....	94
UPTRAVI TAB 600MCG .....	135	<i>valsartan-hydrochlorothiazide tab 80-</i>	
UPTRAVI TAB 800MCG .....	135	<i>12.5 mg</i> .....	94
<i>urea cream 40%</i> .....	160	VALTOCO SPR 10MG.....	52
<i>urea lotion 40%</i> .....	160	VALTOCO SPR 15MG.....	53
<i>uribel cap 118mg</i> .....	37	VALTOCO SPR 20MG.....	53
<i>urin d/s tab</i> .....	37	VALTOCO SPR 5MG .....	52
<i>uro-458 tab</i> .....	37	VALTRESX TAB 1GM .....	122
UROCIT-K 10 TAB .....	180	VALTRESX TAB 500MG.....	122
UROCIT-K 15 TAB .....	180	VANCOGIN CAP 125MG .....	38
UROCIT-K 5 TAB .....	180	VANCOGIN CAP 250MG .....	38
UROGESIC- TAB BLUE.....	38	<i>vancomycin hcl cap 125 mg (base</i>	
<i>uro-mp cap 118mg</i> .....	37	<i>equivalent)</i> .....	38
URSO 250 TAB 250MG .....	177	<i>vancomycin hcl cap 250 mg (base</i>	
URSO FORTE TAB 500MG .....	177	<i>equivalent)</i> .....	38
<i>ursodiol cap 300 mg</i> .....	177	VANCOMYCIN SOL 250/5ML .....	38
URSODIOL SUS 30MG/ML.....	177	VANCOMYCIN SUS +SYRSPEN .....	38
<i>ursodiol tab 250 mg</i> .....	177	VANDAZOLE GEL 0.75% .....	242
<i>ursodiol tab 500 mg</i> .....	177	VANOS CRE 0.1% .....	159
<i>ustell cap</i> .....	38	VAQTA INJ 25/0.5ML .....	241
<i>utira-c tab</i> .....	38	VAQTA INJ 50UNT/ML.....	241
<b>V</b>		<i>varenicline tartrate tab 0.5 mg (base</i>	
VAGIFEM TAB 10MCG .....	242	<i>equiv)</i> .....	229
<i>valacyclovir hcl tab 1 gm</i> .....	122	<i>varenicline tartrate tab 1 mg (base</i>	
<i>valacyclovir hcl tab 500 mg</i> .....	122	<i>equiv)</i> .....	229
VALCHLOR GEL 0.016% .....	154	<i>varenicline tartrate tab 11 x 0.5 mg &amp;</i>	
VALCYTE SOL 50MG/ML .....	121	<i>42 x 1 mg start pack</i> .....	230
VALCYTE TAB 450MG.....	121	VASCEPA CAP 0.5GM .....	81
<i>valganciclovir hcl for soln 50 mg/ml</i>		VASCEPA CAP 1GM.....	81
<i>(base equiv)</i> .....	121	VASERETIC TAB 10-25MG .....	94
<i>valganciclovir hcl tab 450 mg (base</i>		VASOTEC TAB 10MG.....	87
<i>equivalent)</i> .....	121	VASOTEC TAB 2.5MG.....	87
<i>valproate sodium inj 100 mg/ml</i> .....	60	VASOTEC TAB 20MG.....	87

VASOTEC TAB 5MG.....	87	<i>verapamil hcl cap er 24hr 200 mg</i> ..	132
VAXNEUVANCE INJ .....	240	<i>verapamil hcl cap er 24hr 240 mg</i> ..	132
VECAMYL TAB 2.5MG .....	95	<i>verapamil hcl cap er 24hr 300 mg</i> ..	132
VECTICAL OIN 3MCG/GM .....	155	<i>verapamil hcl cap er 24hr 360 mg</i> ..	132
VEKLURY INJ 100MG.....	123	<i>verapamil hcl iv soln 2.5 mg/ml</i> .....	132
<i>velivet pak</i> .....	143	<i>verapamil hcl tab 120 mg</i> .....	132
VELPHORO CHW 500MG.....	180	<i>verapamil hcl tab 40 mg</i> .....	132
VELTASSA POW 16.8GM.....	209	<i>verapamil hcl tab 80 mg</i> .....	132
VELTASSA POW 25.2GM.....	210	<i>verapamil hcl tab er 120 mg</i> .....	132
VELTASSA POW 8.4GM.....	209	<i>verapamil hcl tab er 180 mg</i> .....	132
VEMLIDY TAB 25MG.....	122	<i>verapamil hcl tab er 240 mg</i> .....	132
VENCLEXTA TAB 100MG .....	99	VEREGEN OIN 15% .....	152
VENCLEXTA TAB 10MG.....	99	VERELAN CAP 120MG SR.....	132
VENCLEXTA TAB 50MG.....	99	VERELAN CAP 180MG SR.....	132
VENCLEXTA TAB START PK.....	99	VERELAN CAP 240MG SR.....	132
<i>venlafaxine hcl cap er 24hr 150 mg</i> <i>(base equivalent)</i> .....	64	VERELAN CAP 360MG SR.....	132
<i>venlafaxine hcl cap er 24hr 37.5 mg</i> <i>(base equivalent)</i> .....	64	VERELAN PM CAP 100MG ER.....	132
<i>venlafaxine hcl cap er 24hr 75 mg</i> <i>(base equivalent)</i> .....	64	VERELAN PM CAP 200MG ER.....	132
<i>venlafaxine hcl tab 100 mg (base</i> <i>equivalent)</i> .....	64	VERELAN PM CAP 300MG ER.....	132
<i>venlafaxine hcl tab 25 mg (base</i> <i>equivalent)</i> .....	64	VERKAZIA EMU 0.1% OP.....	218
<i>venlafaxine hcl tab 37.5 mg (base</i> <i>equivalent)</i> .....	64	VERQUOVO TAB 10MG .....	136
<i>venlafaxine hcl tab 50 mg (base</i> <i>equivalent)</i> .....	64	VERQUOVO TAB 2.5MG .....	136
<i>venlafaxine hcl tab 75 mg (base</i> <i>equivalent)</i> .....	64	VERQUOVO TAB 5MG.....	136
<i>venlafaxine hcl tab er 24hr 150 mg</i> <i>(base equivalent)</i> .....	64	VERSACLOZ SUS 50MG/ML.....	115
<i>venlafaxine hcl tab er 24hr 225 mg</i> <i>(base equivalent)</i> .....	64	VERZENIO TAB 100MG.....	106
<i>venlafaxine hcl tab er 24hr 37.5 mg</i> <i>(base equivalent)</i> .....	64	VERZENIO TAB 150MG.....	106
<i>venlafaxine hcl tab er 24hr 75 mg</i> <i>(base equivalent)</i> .....	64	VERZENIO TAB 200MG.....	106
VENLAFAXINE TAB 112.5MG .....	64	VERZENIO TAB 50MG .....	106
VENOFER INJ 20MG/ML.....	186	VESICARE LS SUS 5MG/5ML.....	240
VENTAVIS SOL 10MCG/ML.....	134	VESICARE TAB 10MG.....	240
VENTAVIS SOL 20MCG/ML.....	134	VESICARE TAB 5MG.....	240
VENTOLIN HFA AER .....	49	<i>vestura tab 3-0.02mg</i> .....	143
<i>verapamil hcl cap er 24hr 100 mg</i> ..	132	VFEND IV INJ 200MG.....	79
<i>verapamil hcl cap er 24hr 120 mg</i> ..	132	VFEND SUS 40MG/ML .....	79
<i>verapamil hcl cap er 24hr 180 mg</i> ..	132	VFEND TAB 200MG.....	79
		VFEND TAB 50MG.....	79
		VIBERZI TAB 100MG.....	179
		VIBERZI TAB 75MG .....	179
		VIBRAMYCIN CAP 100MG .....	232
		VIBRAMYCIN SUS 25MG/5ML.....	232
		VICTOZA INJ 18MG/3ML .....	70
		<i>vienva tab 0.1-20</i> .....	143
		<i>vigabatrin powd pack 500 mg</i> .....	59
		<i>vigabatrin tab 500 mg</i> .....	59
		<i>vigadrone pow 500mg</i> .....	59
		VIGAMOX DRO 0.5% .....	218
		VIIBRYD KIT STARTER.....	63

VIIBRYD TAB 10MG .....	63	<i>voriconazole for inj 200 mg</i> .....	79
VIIBRYD TAB 20MG .....	63	<i>voriconazole for susp 40 mg/ml</i> .....	79
VIIBRYD TAB 40MG .....	63	<i>voriconazole tab 200 mg</i> .....	79
<i>vilazodone hcl tab 10 mg</i> .....	63	<i>voriconazole tab 50 mg</i> .....	79
<i>vilazodone hcl tab 20 mg</i> .....	63	VOTRIENT TAB 200MG.....	106
<i>vilazodone hcl tab 40 mg</i> .....	63	VRAYLAR CAP 1.5-3MG .....	111
VIMOVO TAB 375-20MG .....	25	VRAYLAR CAP 1.5MG .....	111
VIMOVO TAB 500-20MG .....	25	VRAYLAR CAP 3MG .....	111
VIMPAT INJ 200MG/20 .....	58	VRAYLAR CAP 4.5MG .....	111
VIMPAT SOL 10MG/ML .....	58	VRAYLAR CAP 6MG .....	111
VIMPAT TAB 100MG.....	58	VTAMA CRE 1% .....	155
VIMPAT TAB 150MG.....	58	VUITY SOL 1.25% OP .....	217
VIMPAT TAB 200MG.....	58	VUMERITY CAP 231MG.....	228
VIMPAT TAB 50MG .....	58	VUSION OIN.....	154
VINATE ONE TAB.....	212	VYEPTI INJ 100MG/ML .....	203
VIOKACE TAB 10440.....	165	<i>vyfemla tab 0.4-35</i> .....	143
VIOKACE TAB 20880.....	165	<i>vylibra tab 0.25-35</i> .....	143
<i>viorele tab</i> .....	143	VYTORIN TAB 10-10MG.....	81
VIRACEPT TAB 250MG .....	120	VYTORIN TAB 10-20MG.....	81
VIRACEPT TAB 625MG .....	120	VYTORIN TAB 10-40MG.....	81
VIRAZOLE INH 6GM.....	123	VYTORIN TAB 10-80MG.....	81
VIREAD POW 40MG/GM .....	120	VYVANSE CAP 10MG .....	15
VIREAD TAB 150MG.....	120	VYVANSE CAP 20MG .....	15
VIREAD TAB 200MG.....	120	VYVANSE CAP 30MG .....	15
VIREAD TAB 250MG.....	120	VYVANSE CAP 40MG .....	15
VIREAD TAB 300MG.....	120	VYVANSE CAP 50MG .....	15
VISTARIL CAP 25MG .....	41	VYVANSE CAP 60MG .....	15
VISTARIL CAP 50MG .....	41	VYVANSE CAP 70MG .....	15
VITAMI A-C-D DRO INF/TODD .....	212	VYVANSE CHW 10MG.....	16
VITAMI A-C-D DRO INFANT .....	212	VYVANSE CHW 20MG.....	16
VITRAKVI CAP 100MG.....	106	VYVANSE CHW 30MG.....	16
VITRAKVI CAP 25MG.....	106	VYVANSE CHW 40MG.....	16
VITRAKVI SOL 20MG/ML .....	106	VYVANSE CHW 50MG.....	16
VIVELLE-DOT DIS 0.025MG .....	176	VYVANSE CHW 60MG.....	16
VIVELLE-DOT DIS 0.0375MG .....	176	VYZULTA SOL 0.024% .....	220
VIVELLE-DOT DIS 0.05MG.....	176	<b>W</b>	
VIVELLE-DOT DIS 0.075MG .....	176	WAKIX TAB 17.8MG.....	17
VIVELLE-DOT DIS 0.1MG.....	176	WAKIX TAB 4.45MG.....	17
VIVITROL INJ 380MG .....	76	<i>wal-mucil pow 43%</i> .....	189
VIVJOA CAP 150MG .....	79	<i>wal-mucil pow 51.7%</i> .....	189
VIZIMPRO TAB 15MG .....	99	<i>wal-tussin syp 15mg/5ml</i> .....	148
VIZIMPRO TAB 30MG .....	99	<i>warfarin sodium tab 1 mg</i> .....	49
VIZIMPRO TAB 45MG .....	99	<i>warfarin sodium tab 10 mg</i> .....	49
VOGELXO GEL 1%(50MG) .....	35	<i>warfarin sodium tab 2 mg</i> .....	49
VOGELXO GEL PUMP 1% .....	35	<i>warfarin sodium tab 2.5 mg</i> .....	49
<i>volnea tab</i> .....	143	<i>warfarin sodium tab 3 mg</i> .....	49
VONJO CAP 100MG.....	106	<i>warfarin sodium tab 4 mg</i> .....	49



<i>warfarin sodium tab 5 mg</i> .....	49	XARELTO TAB 10MG .....	50
<i>warfarin sodium tab 6 mg</i> .....	49	XARELTO TAB 15MG .....	50
<i>warfarin sodium tab 7.5 mg</i> .....	49	XARELTO TAB 2.5MG .....	50
<i>water for injection</i> .....	223	XARELTO TAB 20MG .....	50
<i>water for irrigation, sterile irrigation</i>		XATMEP SOL 2.5MG/ML .....	98
<i>soln</i> .....	209	XCOPRI PAK 100-150 .....	58
WELCHOL PAK 3.75GM.....	82	XCOPRI PAK 12.5-25 .....	58
WELCHOL TAB 625MG.....	82	XCOPRI PAK 150-200 .....	58
WELIREG TAB 40MG .....	101	XCOPRI PAK 50-100MG.....	58
WELLBUTRIN TAB 100MG SR .....	61	XCOPRI TAB 100MG .....	58
WELLBUTRIN TAB 150MG SR .....	61	XCOPRI TAB 150MG .....	58
WELLBUTRIN TAB 200MG SR .....	61	XCOPRI TAB 200MG .....	58
WELLBUTRIN TAB XL 150MG.....	61	XCOPRI TAB 50MG .....	58
WELLBUTRIN TAB XL 300MG.....	61	XELJANZ SOL 1MG/ML .....	21
<i>wera tab 0.5/35</i> .....	143	XELJANZ TAB 10MG.....	21
<i>white petrolatum-mineral oil ophth</i>		XELJANZ TAB 5MG .....	21
<i>ointment</i> .....	215	XELJANZ XR TAB 11MG.....	21
WIDE-SEAL DPR KIT 60 .....	192	XELJANZ XR TAB 22MG .....	21
WIDE-SEAL DPR KIT 65 .....	192	XELODA TAB 150MG.....	98
WIDE-SEAL DPR KIT 70 .....	192	XELODA TAB 500MG.....	98
WIDE-SEAL DPR KIT 75 .....	192	XELPROS EMU 0.005% .....	220
WIDE-SEAL DPR KIT 80 .....	192	XELSTRYM PAD 13.5/9HR.....	16
WIDE-SEAL DPR KIT 85 .....	192	XELSTRYM PAD 18MG/9HR .....	16
WIDE-SEAL DPR KIT 90 .....	192	XELSTRYM PAD 4.5MG/9H.....	16
WIDE-SEAL DPR KIT 95 .....	192	XELSTRYM PAD 9MG/9HR.....	16
WINLEVI CRE 1%.....	152	XENAZINE TAB 12.5MG.....	227
<i>wixela inhub aer 100/50</i> .....	49	XENAZINE TAB 25MG .....	227
<i>wixela inhub aer 250/50</i> .....	49	XENLETA INJ 150/15ML .....	39
<i>wixela inhub aer 500/50</i> .....	49	XENLETA TAB 600MG.....	39
<i>wymzya fe chw 0.4mg-35</i> .....	143	XEPI CRE 1%.....	152
<b>X</b>		XERAVA INJ 100MG .....	231
XACIATO GEL 2%.....	242	XERAVA INJ 50MG .....	231
XADAGO TAB 100MG .....	110	XERESE CRE 5-1% .....	155
XADAGO TAB 50MG.....	110	XGEVA INJ .....	169
XALATAN SOL 0.005% .....	220	XHANCE MIS 93MCG.....	215
XALKORI CAP 200MG.....	106	XIFAXAN TAB 200MG.....	37
XALKORI CAP 250MG.....	107	XIFAXAN TAB 550MG.....	37
XANAX TAB 0.25MG.....	42	XIGDUO XR TAB 10-1000.....	68
XANAX TAB 0.5MG .....	42	XIGDUO XR TAB 10-500MG .....	68
XANAX TAB 1MG .....	42	XIGDUO XR TAB 2.5-1000.....	68
XANAX TAB 2MG .....	42	XIGDUO XR TAB 5-1000MG .....	68
XANAX XR TAB 0.5MG.....	42	XIGDUO XR TAB 5-500MG .....	68
XANAX XR TAB 1MG .....	42	XIIDRA DRO 5% .....	218
XANAX XR TAB 2MG .....	42	XIMINO CAP 135MG ER.....	233
XANAX XR TAB 3MG .....	42	XIMINO CAP 45MG ER.....	232
XARELTO STAR TAB 15/20MG .....	50	XIMINO CAP 90MG ER.....	233
XARELTO SUS 1MG/ML .....	50	XOFLUZA TAB 40MG .....	123

XOFLUZA TAB 80MG .....	123	ZANAFLEX TAB 4MG .....	214
XOLAIR INJ 150MG/ML.....	44	ZARONTIN CAP 250MG .....	59
XOLAIR INJ 75/0.5 .....	44	ZARONTIN SOL 250/5ML.....	59
XOLAIR SOL 150MG.....	44	ZARXIO INJ 300/0.5 .....	185
XOPENEX CONC NEB 1.25/0.5 .....	49	ZARXIO INJ 480/0.8.....	185
XOPENEX HFA AER .....	49	ZEGALOGUE INJ 0.6/0.6 .....	69
XOPENEX NEB 0.31MG.....	49	ZEGERID CAP 20-1100 .....	239
XOPENEX NEB 0.63MG.....	49	ZEGERID CAP 40-1100 .....	239
XOPENEX NEB 1.25/3ML .....	49	ZEGERID POW 20-1680 .....	239
XOSPATA TAB 40MG .....	107	ZEGERID POW 40-1680 .....	239
XPRT XPRSS KIT COV-2.....	165	ZEJULA CAP 100MG.....	107
XPOVIO PAK 40MG .....	101	ZELAPAR TAB 1.25MG.....	111
XPOVIO PAK 50MG .....	101	ZELBORAF TAB 240MG.....	107
XPOVIO PAK 60MG .....	101	ZEMAIRA INJ 1000MG.....	230
XPOVIO PAK 80MG .....	101	ZEMBRACE SYM INJ 3/0.5ML .....	205
XRYLIX II PAK.....	152	ZEMPLAR CAP 1MCG .....	171
XRYLIX PAK.....	152	ZEMPLAR CAP 2MCG.....	171
XTAMPZA ER CAP 13.5MG .....	32	ZENPEP CAP 10000UNT.....	165
XTAMPZA ER CAP 18MG .....	32	ZENPEP CAP 15000UNT.....	165
XTAMPZA ER CAP 27MG .....	32	ZENPEP CAP 20000UNT.....	165
XTAMPZA ER CAP 36MG .....	32	ZENPEP CAP 25000UNT.....	165
XTAMPZA ER CAP 9MG.....	32	ZENPEP CAP 3000UNIT .....	165
XTANDI CAP 40MG .....	101	ZENPEP CAP 40000UNT.....	165
XTANDI TAB 40MG .....	101	ZENPEP CAP 5000UNIT .....	165
XTANDI TAB 80MG .....	101	<i>zenzedi tab 10mg</i> .....	16
<i>xulane dis 150-35 .....</i>	143	<i>zenzedi tab 15mg</i> .....	16
XULTOPHY INJ 100/3.6 .....	68	<i>zenzedi tab 2.5mg</i> .....	16
XYOSTED INJ 100/0.5.....	35	<i>zenzedi tab 20mg</i> .....	16
XYOSTED INJ 50/0.5.....	35	<i>zenzedi tab 30mg</i> .....	16
XYOSTED INJ 75/0.5.....	35	<i>zenzedi tab 5mg</i> .....	16
XYREM SOL 500MG/ML .....	224	<i>zenzedi tab 7.5mg</i> .....	16
XYWAV SOL 0.5GM/ML.....	224	ZEPOSIA 7DAY CAP STR PACK .....	228
<b>Y</b>		ZEPOSIA CAP .92MG.....	228
YALE NEEDLES MIS 21GX1.25.....	202	ZEPOSIA CAP STR KIT .....	228
YASMIN 28 TAB 3-0.03MG.....	143	ZERVIA TE DRO 0.24% .....	220
YAZ TAB 3-0.02MG.....	143	ZESTORETIC TAB 10-12.5 .....	94
YONSA TAB 125MG.....	101	ZESTORETIC TAB 20-12.5 .....	94
YUPELRI SOL .....	44	ZESTORETIC TAB 20-25MG .....	95
<b>Z</b>		ZESTRIL TAB 10MG .....	87
<i>zafemy dis 150/35.....</i>	143	ZESTRIL TAB 2.5MG .....	87
<i>zafirlukast tab 10 mg</i> .....	45	ZESTRIL TAB 20MG .....	87
<i>zafirlukast tab 20 mg</i> .....	45	ZESTRIL TAB 30MG .....	87
<i>zaleplon cap 10 mg</i> .....	188	ZESTRIL TAB 40MG .....	87
<i>zaleplon cap 5 mg</i> .....	188	ZESTRIL TAB 5MG .....	87
ZANAFLEX CAP 2MG .....	213	ZETIA TAB 10MG.....	85
ZANAFLEX CAP 4MG .....	214	ZETONNA AER 37MCG .....	215
ZANAFLEX CAP 6MG .....	214	ZIAC TAB 10/6.25 .....	95

ZIAC TAB 2.5/6.25 .....	95	ZOLOFT TAB 25MG .....	63
ZIAC TAB 5-6.25MG .....	95	ZOLOFT TAB 50MG .....	63
ZIAGEN SOL 20MG/ML .....	120	ZOLPAK KIT .....	154
ZIAGEN TAB 300MG .....	121	<i>zolpidem tartrate sl tab 1.75 mg</i> ....	188
ZIANA GEL .....	152	<i>zolpidem tartrate sl tab 3.5 mg</i> .....	188
<i>zidovudine cap 100 mg</i> .....	121	<i>zolpidem tartrate tab 10 mg</i> .....	188
<i>zidovudine syrup 10 mg/ml</i> .....	121	<i>zolpidem tartrate tab 5 mg</i> .....	188
<i>zidovudine tab 300 mg</i> .....	121	<i>zolpidem tartrate tab er 12.5 mg</i> ..	188
ZIEXTENZO INJ 6/0.6ML .....	185	<i>zolpidem tartrate tab er 6.25 mg</i> ..	188
<i>zileuton tab er 12hr 600 mg</i> .....	45	ZOMACTON INJ 10MG .....	170
ZILRETTA INJ 32MG .....	147	ZOMACTON INJ 5MG .....	170
ZILXI AER 1.5% .....	162	ZOMIG SPR 2.5MG .....	205
ZIMHI SOL .....	76	ZOMIG SPR 5MG .....	205
ZIOPTAN DRO 0.0015% .....	220	ZOMIG TAB 2.5MG .....	205
<i>ziprasidone hcl cap 20 mg</i> .....	111	ZOMIG TAB 5MG .....	205
<i>ziprasidone hcl cap 40 mg</i> .....	111	ZONALON CRE 5% .....	154
<i>ziprasidone hcl cap 60 mg</i> .....	111	ZONISADE SUS 100MG/5 .....	58
<i>ziprasidone hcl cap 80 mg</i> .....	111	<i>zonisamide cap 100 mg</i> .....	58
<i>ziprasidone mesylate for inj 20 mg</i> <i>(base equivalent)</i> .....	112	<i>zonisamide cap 25 mg</i> .....	58
ZIRGAN GEL 0.15% .....	218	<i>zonisamide cap 50 mg</i> .....	58
ZITHROMAX SUS 100/5ML .....	190	ZONTIVITY TAB 2.08MG .....	183
ZITHROMAX SUS 200/5ML .....	190	ZORBTIVE INJ 8.8MG .....	170
ZITHROMAX TAB 250MG .....	190	ZORTRESS TAB 0.25MG .....	209
ZITHROMAX TAB 500MG .....	190	ZORTRESS TAB 0.5MG .....	209
ZITHROMAX TAB TRI-PAK .....	191	ZORTRESS TAB 0.75MG .....	209
ZOCOR TAB 10MG .....	84	ZORTRESS TAB 1MG .....	209
ZOCOR TAB 20MG .....	85	ZORYVE CRE 0.3% .....	155
ZOCOR TAB 40MG .....	85	ZOSYN SOL 2-0.25GM .....	223
<i>zoledronic acid inj conc for iv infusion 4</i> <i>mg/5ml</i> .....	169	ZOSYN SOL 3-0.375G .....	223
<i>zoledronic acid iv soln 4 mg/100ml</i> ..	169	ZOSYN SOL 4-0.50GM .....	223
<i>zoledronic acid iv soln 5 mg/100ml</i> ..	169	<i>zovia 1/35 tab</i> .....	143
ZOLEDRONIC INJ 4/100ML .....	169	ZOVIRAX CRE 5% .....	155
ZOLINZA CAP 100MG .....	107	ZOVIRAX OIN 5% .....	155
<i>zolmitriptan nasal spray 2.5 mg/spray</i> <i>unit</i> .....	205	ZOVIRAX SUS 200/5ML .....	122
<i>zolmitriptan nasal spray 5 mg/spray</i> <i>unit</i> .....	205	ZTALMY SUS 50MG/ML .....	58
<i>zolmitriptan orally disintegrating tab</i> <i>2.5 mg</i> .....	205	ZTLIDO PAD 1.8% .....	161
<i>zolmitriptan orally disintegrating tab 5</i> <i>mg</i> .....	205	ZUBSOLV SUB 0.7-0.18 .....	34
<i>zolmitriptan tab 2.5 mg</i> .....	205	ZUBSOLV SUB 1.4-0.36 .....	34
<i>zolmitriptan tab 5 mg</i> .....	205	ZUBSOLV SUB 11.4-2.9 .....	34
ZOLOFT CON 20MG/ML .....	63	ZUBSOLV SUB 2.9-0.71 .....	34
ZOLOFT TAB 100MG .....	63	ZUBSOLV SUB 5.7-1.4 .....	34
		ZUBSOLV SUB 8.6-2.1 .....	34
		<i>zumandimine tab 3-0.03mg</i> .....	143
		ZYCLARA CRE 3.75% .....	160
		ZYCLARA PUMP CRE 2.5% .....	160
		ZYCLARA PUMP CRE 3.75% .....	160
		ZYDELIG TAB 100MG .....	107

ZYDELIG TAB 150MG .....	107	ZYPREXA TAB 15MG .....	115
ZYFLO TAB 600MG .....	45	ZYPREXA TAB 2.5MG .....	115
ZYKADIA TAB 150MG.....	107	ZYPREXA TAB 20MG .....	115
ZYLET SUS 0.5-0.3% .....	219	ZYPREXA TAB 5MG .....	115
ZYLOPRIM TAB 100MG.....	182	ZYPREXA TAB 7.5MG .....	115
ZYLOPRIM TAB 300MG.....	182	ZYPREXA ZYDI TAB 10MG .....	115
ZYMAXID SOL 0.5% .....	218	ZYPREXA ZYDI TAB 15MG .....	115
ZYPITAMAG TAB 2MG .....	85	ZYPREXA ZYDI TAB 20MG .....	115
ZYPITAMAG TAB 4MG .....	85	ZYPREXA ZYDI TAB 5MG .....	115
ZYPREXA INJ 10MG .....	115	ZYTIGA TAB 250MG.....	101
ZYPREXA RELP INJ 210MG.....	115	ZYTIGA TAB 500MG.....	101
ZYPREXA RELP INJ 300MG.....	115	ZYVOX SUS 100MG/5M .....	38
ZYPREXA RELP INJ 405MG.....	115	ZYVOX TAB 600MG.....	39
ZYPREXA TAB 10MG .....	115		