

October 2022

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

**Preferred Drug List  
(Formulary)**

MHW Part #1239-2209  
MHW-9/22/2022  
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# Molina Healthcare of Washington Medicaid Preferred Drug List (Formulary)

10/01/2022

## INTRODUCTION

We are pleased to provide the 2022 *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.

## 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®)
- ALN-TTRSCO2 (vutrisiran)
- Alpelisib (Vijoice®)
- AMX0035 (tauroursodeoxycholic acid/sodium phenylbutyrate)
- 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™)
- Burosumab-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™)
- Elivaldogene Autotemcel (Lenti-D™)
- Elosulfase Alfa (Vimizim®)
- Emapalumab (Gamifant™)
- Eteplirsen (Exondys51™)
- Evinacumab (Evkeeza™)
- Filsuvez
- Fosdenopterin (Nulibry™)
- Galsulfase (Naglazyme®)
- Givosiran (Givlari™)
- Glycerol Phenylbutyrate (Ravicti®)
- Golodirsen™ (Vyondys 53)
- Hemophiliac Products – Anti-hemophiliac blood factors VII, VIII, and IX, anti-inhibitor, 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
- 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®)
- 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 (Mylargen®)
- 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®)
- Satralizumab-mwge (Enspryng™)
- Sebelipase Alfa (Kanuma®)
- Sodium Phenylbutyrate (Buphenyl®)
- Sutimlimab (Enjaymo™)
- Tafamidis (Vyndamax®)
- Tafamidis meglumine (Vyndaqel®)
- Teprotumumab-trbw (Teppeza®)
- Tisagenlecleucel-t (Kymriah™)
- Triheptanoin (Dojolvi™)
- Valoctocogene roxaparvovec (Roctavian)
- Viltolarsen (Viltepso®)
- Vestronidase alfa (Mepsevii™)
- Voretigene neparvovec-rzyl (Luxturna™)
- Vosoritide (Voxzogo™)

## **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 Table 1

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/ Zydys	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 table 2:

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 table 3:

Drug	0-4 years of age	5-8 years of age	9-11 years of age	12-17 years of age
Ampethtamine	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
Viloxazine	PA required	PA required	PA required	PA required

### Attention Deficit Hyper-Activity Disorder duplication table 4 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 table 5 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
- Qelbree (viloxazine)

**Insomnia Drugs Requires SON review for under 18 table 6:**

- 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.

**Descovy**® (emtricitabine/tenofovir alafenamide)

85000000006

Continuation of pre-exposure prophylaxis (PrEP) therapy



**HIV combinations**

85000000007 Continuation of antiviral treatment

**Biktarvy**<sup>®</sup> (bictegravir/  
emtricitabine/tenofovir  
alafenamide)**Cimduo**(Lamivudine/tenofovir  
disoproxil)**Descovy**<sup>®</sup> (emtricitabine/  
tenofovir alafenamide)**Dovato** (dolutegravir/lamivudine)  
efavirenz/lamivudine/tenofovir  
disoproxil**Juluca** (dolutegravir/rilpivirine)**Symtuza**<sup>®</sup> (darunavir/cobicistat/  
emtricitabine/tenofovir  
alafenamide)**Temixys**<sup>™</sup> (lamivudine/tenofovir  
disoproxil)**Triumeq** (Dolutegravir/abacavir/  
lamivudine)**Contraceptives** (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:

- The prescriber is unwilling to change dispensed quantity to twelve-month supply
- The patient does not want twelve-month supply
- The pharmacy does not have adequate stock

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

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## Effective 10/01/2022

### 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*

**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 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*
<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*
DESOXYN TAB 5MG	Non-Pref	PA
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*
DYANAVAL XR CHW 5MG	Non-Pref	PA
DYANAVAL XR CHW 10MG	Non-Pref	PA
DYANAVAL XR CHW 15MG	Non-Pref	PA
DYANAVAL XR CHW 20MG	Non-Pref	PA
DYANAVAL 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*

**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>
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*
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*
<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
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### **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*

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	Non-Pref	PA; AGE*
QELBREE CAP 150MG ER	Non-Pref	PA; AGE*
QELBREE CAP 200MG ER	Non-Pref	PA; AGE*
STRATTERA CAP 10MG	Non-Pref	PA; AGE*
STRATTERA CAP 18MG	Non-Pref	PA; AGE*
STRATTERA CAP 25MG	Non-Pref	PA; AGE*
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*

### **DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)**

SUNOSI TAB 75MG	Non-Pref	PA
SUNOSI TAB 150MG	Non-Pref	PA

### **HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS**

WAKIX TAB 4.45MG	Pref	PA
WAKIX TAB 17.8MG	Pref	PA

### **STIMULANTS - MISC.**

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*

**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>
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
AZSTARYS CAP 39.2-7.8	Non-Pref	PA
AZSTARYS CAP 52.3-10.	Non-Pref	PA
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>dexamethylphenidate hcl cap er 24 hr 5 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 10 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 15 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 20 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 25 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 30 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 35 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl cap er 24 hr 40 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl tab 2.5 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl tab 5 mg</i>	Pref	AGE*
<i>dexamethylphenidate hcl tab 10 mg</i>	Pref	AGE*
FOCALIN TAB 2.5MG	Pref	AGE*
FOCALIN TAB 5MG	Pref	AGE*
FOCALIN TAB 10MG	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>
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 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*
<i>methylphenidate hcl cap er 24hr 60 mg (la)</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>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
<i>methylphenidate td patch 15 mg/9hr</i>	Non-Pref	PA
<i>methylphenidate td patch 20 mg/9hr</i>	Non-Pref	PA
<i>methylphenidate td patch 30 mg/9hr</i>	Non-Pref	PA
<i>modafinil tab 100 mg</i>	Pref	PA, QL (1 tab / 1 day); AGE*
<i>modafinil tab 200 mg</i>	Pref	PA, QL (2 tabs / 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*

**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>
PROVIGIL TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day); AGE*
PROVIGIL TAB 200MG	Non-Pref	PA, QL (2 tabs / 1 day); AGE*
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 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
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## **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

**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>neomycin sulfate tab 500 mg</i>	Pref	QL (24 tabs / 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
<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**

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 / 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 / 24 days)
HUMIRA PEN INJ 80/0.8ML	Pref	SP, PA
HUMIRA PEN INJ CD/UC/HS	Pref	SP, PA, QL (2 pens / 24 days)
HUMIRA PEN INJ PS/UV	Pref	SP, PA, QL (2 pens / 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	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

**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>
XELJANZ XR TAB 22MG	Non-Pref	SP, PA
<b>ANTIRHEUMATIC ANTIMETABOLITES</b>		
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
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

**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>
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
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 / 1 day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Pref	QL (3 tabs / 1 day)
<i>diclofenac sodium tab delayed release 75 mg</i>	Pref	QL (2 tabs / 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 / 1 day)
<i>ec-naproxen tab 500mg</i>	Pref	QL (3 tabs / 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

**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>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 / 1 day)
IBUPAK KIT	Non-Pref	PA
<i>ibuprofen chew tab 100 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>ibuprofen susp 40 mg/ml</i>	Pref	QL (160 mL / 1 day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL / 1 day)
<i>ibuprofen susp 100 mg/5ml</i>	Pref	QL (160 mL / 1 day), OTC
<i>ibuprofen tab 100 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 200 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>ibuprofen tab 400 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen tab 600 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen tab 800 mg</i>	Pref	QL (4 tabs / 1 day)
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Non-Pref	PA
INDOCIN SUP 50MG	Pref	
INDOCIN SUS 25MG/5ML	Non-Pref	PA
<i>indomethacin cap 25 mg</i>	Pref	QL (4 caps / 1 day)
<i>indomethacin cap 50 mg</i>	Pref	QL (4 caps / 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 / 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 / 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>nabumetone tab 750 mg</i>	Pref	QL (4 tabs / 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 / 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 / 1 day)
<i>naproxen tab 250 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab 375 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab ec 375 mg</i>	Pref	QL (3 tabs / 1 day)
<i>naproxen tab ec 500 mg</i>	Pref	QL (3 tabs / 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
SPRIX SPR 15.75MG	Non-Pref	PA
<i>sulindac tab 150 mg</i>	Pref	QL (3 tabs / 1 day)
<i>sulindac tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
VIMOVO TAB 375-20MG	Non-Pref	PA
VIMOVO TAB 500-20MG	Non-Pref	PA
ZIPSOR CAP 25MG	Non-Pref	PA
ZORVOLEX CAP 18MG	Non-Pref	PA
ZORVOLEX CAP 35MG	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>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 / 1 day)
ARAVA TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>leflunomide tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>leflunomide tab 20 mg</i>	Pref	QL (1 tab / 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 / 24 days)
ENBREL INJ 25MG	Pref	SP, PA
ENBREL INJ 50MG/ML	Pref	SP, PA, QL (4 syringes / 24 days)
ENBREL MINI INJ 50MG/ML	Non-Pref	SP, PA
ENBREL SRCLK INJ 50MG/ML	Pref	SP, PA, QL (4 pens / 24 days)
<b>ANALGESICS - NONNARCOTIC ANALGESIC COMBINATIONS</b>		
ALLZITAL TAB 25-325MG	Non-Pref	PA
<i>bac tab</i>	Pref	QL (6 tabs / 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 / 1 day)
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Non-Pref	PA
ESGIC TAB	Non-Pref	PA, QL (6 tabs / 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>
FIORICET CAP	Non-Pref	PA
<i>vtol liq sol</i>	Non-Pref	PA

### **ANALGESICS OTHER**

<i>acetaminophen chew tab 80 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>acetaminophen chew tab 160 mg</i>	Pref	QL (6 tabs / 1 day), OTC
<i>acetaminophen disintegrating tab 160 mg</i>	Pref	QL (25 tabs / 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 / 1 day), OTC
<i>acetaminophen suppos 650 mg</i>	Pref	QL (6 supp / 1 day), OTC
<i>acetaminophen susp 160 mg/5ml</i>	Pref	OTC
<i>acetaminophen tab 325 mg</i>	Pref	QL (12 tabs / 1 day), OTC
<i>acetaminophen tab 500 mg</i>	Pref	QL (8 tabs / 1 day), OTC
<i>acetaminophen tab er 650 mg</i>	Pref	QL (6 tabs / 1 day), OTC
FEVERALL INF SUP 80MG	Pref	QL (50 supp / 1 day), OTC
FEVERALL SUP 325MG	Pref	QL (12 supp / 1 day), OTC

### **SALICYLATES**

<i>aspirin chew tab 81 mg</i>	Pref	QL (2 tabs / 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 / 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

**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>
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
<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 / 30 days); EA; MME
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Pref	PA, QL (10 patches / 30 days); EA; MME
<i>fentanyl td patch 72hr 37.5 mcg/hr</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 td patch 72hr 50 mcg/hr</i>	Pref	PA, QL (10 patches / 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 / 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 / 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

**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 2 mg</i>	Pref	QL; EA; MME
<i>hydromorphone hcl tab 4 mg</i>	Pref	QL; EA; MME
<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 / 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 (4 mL / 1 day); EA; MME
<i>methadone hcl soln 10 mg/5ml</i>	Non-Pref	PA, QL (2 mL / 1 day); EA; MME
<i>methadone hcl tab 5 mg</i>	Non-Pref	PA, QL (4 tabs / 1 day); EA; MME
<i>methadone hcl tab 10 mg</i>	Non-Pref	PA, QL (2 tabs / 1 day); EA; MME
<i>methadone hcl tab for oral susp 40 mg</i>	Non-Pref	PA, QL (0.5 tabs / 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 / 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

**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 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
<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 / 1 day); EA; MME
<i>morphine sulfate tab er 60 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
<i>morphine sulfate tab er 100 mg</i>	Pref	PA, QL (3 tabs / 1 day); EA; MME
<i>morphine sulfate tab er 200 mg</i>	Pref	PA, QL (3 tabs / 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

**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>
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
OXAYDO TAB 5MG	Non-Pref	PA; MME
OXAYDO TAB 7.5MG	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
<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 5MG	Non-Pref	PA; MME
ROXICODONE TAB 15MG	Non-Pref	PA; MME
ROXICODONE TAB 30MG	Non-Pref	PA; MME
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	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>
<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 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 / 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 200 mg</i>	Pref	PA, QL (1 tab / 1 day); QL; EA; MME
<i>tramadol hcl tab er 24hr 300 mg</i>	Pref	PA, QL (1 tab / 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
ULTRAM TAB 50MG	Non-Pref	PA; AGE; MME
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

**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>
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
<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

**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>
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
SEGLENTIS TAB 56-44MG	Non-Pref	PA; MME
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Pref	AGE; QL; EA; MME
ULTRACET TAB 37.5-325	Non-Pref	PA; AGE; 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 / 1 day); EA
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Non-Pref	PA, QL (4 tabs / 1 day); EA
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Non-Pref	PA, QL (16 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Non-Pref	PA, QL (8 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Non-Pref	PA, QL (4 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Non-Pref	PA, QL (2 films / 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Pref	QL (16 tabs / 1 day); Max 32 mg / day
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Pref	QL (4 tabs / 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
<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

**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>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 / 24 days)
SUBLOCADE INJ 300/1.5	Pref	QL (1 syringe / 24 days)
SUBOXONE MIS 2-0.5MG	Pref	QL (16 films / 1 day); Max 32 mg / day
SUBOXONE MIS 4-1MG	Pref	QL (8 films / 1 day); Max 32 mg / day
SUBOXONE MIS 8-2MG	Pref	QL (4 films / 1 day); Max 32 mg / day
SUBOXONE MIS 12-3MG	Pref	QL (2 films / 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%(50MG)	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	

**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>
DEPO-TESTOST INJ 100MG/ML	Non-Pref	PA
DEPO-TESTOST INJ 200MG/ML	Non-Pref	PA
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RECTAL COMBINATIONS</b>		
<i>ana-lex kit</i>	Non-Pref	PA
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Pref	QL (30 gm / 25 days)
LIDO-HYDRO GEL 2.8-0.55	Non-Pref	PA
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Pref	
<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
<b>RECTAL STEROIDS</b>		
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
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4%	Pref	PA
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<b>ANTACID COMBINATIONS</b>		
MAG-AL LIQ	Pref	OTC
<b>ANTACIDS - CALCIUM SALTS</b>		
CALCIUM CARB TAB 648MG	Pref	QL (16 tabs / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Pref	QL (500 mL / 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 / 25 days)
<i>albendazole tab 200 mg</i>	Non-Pref	PA, QL (4 tabs / 25 days)
BENZNIDAZOLE TAB 12.5MG	Non-Pref	PA
BENZNIDAZOLE TAB 100MG	Non-Pref	PA
BILTRICIDE TAB 600MG	Non-Pref	PA
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 / 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 / 1 day)
<i>metronidazole tab 500 mg</i>	Pref	QL (4 tabs / 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	
TRIMETHOPRIM TAB 100MG	Pref	QL (6 tabs / 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 / 1 day)
BACTRIM TAB 400-80MG	Non-Pref	PA, QL (4 tabs / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>sulfamethoxazole-trimethoprim tab 400- 80 mg</i>	Pref	QL (4 tabs / 1 day)
<i>sulfamethoxazole-trimethoprim tab 800- 160 mg</i>	Pref	QL (4 tabs / 1 day)
<i>sulfatrim pd sus 200-40/5</i>	Pref	QL (40 mL / 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
UROGESIC- TAB BLUE	Non-Pref	PA
<i>ustell cap</i>	Non-Pref	PA
<i>utira-c tab</i>	Non-Pref	PA

### **ANTIPROTOZOAL AGENTS**

<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

### **GLYCOPEPTIDES**

FIRVANQ SOL 25MG/ML	Pref	
FIRVANQ SOL 50MG/ML	Pref	
VANCOCIN CAP 125MG	Non-Pref	PA
VANCOCIN 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

### **LEPROSTATICS**

<i>dapsone tab 25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>dapsone tab 100 mg</i>	Pref	QL (3 tabs / 1 day)

### **LINCOSAMIDES**

CLEOCIN CAP 75MG	Non-Pref	PA
CLEOCIN CAP 150MG	Non-Pref	PA, QL (8 caps / 1 day)
CLEOCIN CAP 300MG	Non-Pref	PA
CLEOCIN PED SOL 75MG/5ML	Non-Pref	PA
<i>clindamycin hcl cap 75 mg</i>	Pref	

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**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 hcl cap 150 mg</i>	Pref	QL (8 caps / 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
ZYVOX TAB 600MG	Non-Pref	PA
<b>PLEUROMUTILINS</b>		
XENLETA INJ 150/15ML	Pref	PA
XENLETA TAB 600MG	Pref	PA
<b>STREPTOGRAMINS</b>		
SYNERCID INJ 500MG	Pref	PA
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Non-Pref	PA
HIPREX TAB 1GM	Non-Pref	PA, QL (2 tabs / 1 day)
MACROBID CAP 100MG	Non-Pref	PA, QL (2 caps / 1 day)
MACRODANTIN CAP 25MG	Non-Pref	PA
MACRODANTIN CAP 50MG	Non-Pref	PA, QL (2 caps / 1 day)
MACRODANTIN CAP 100MG	Non-Pref	PA, QL (4 caps / 1 day)
<i>methenamine hippurate tab 1 gm</i>	Pref	QL (2 tabs / 1 day)
<i>methenamine mandelate tab 0.5 gm</i>	Pref	QL (8 tabs / 1 day)
<i>methenamine mandelate tab 1 gm</i>	Pref	QL (4 tabs / 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 / 1 day)
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Pref	QL (4 caps / 1 day)
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Pref	QL (2 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
RANEXA TAB 500MG	Non-Pref	PA
RANEXA TAB 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 / 1 day)
ISORDIL TAB 40MG	Non-Pref	PA
<i>isosorbide dinitrate tab 5 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 10 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 20 mg</i>	Pref	QL (6 tabs / 1 day)
<i>isosorbide dinitrate tab 30 mg</i>	Pref	QL (4 tabs / 1 day)
<i>isosorbide dinitrate tab 40 mg</i>	Pref	
<i>isosorbide mononitrate tab 10 mg</i>	Pref	QL (3 tabs / 1 day)
<i>isosorbide mononitrate tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Pref	QL (2 tabs / 1 day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Pref	QL (2 tabs / 1 day)
NITRO-BID OIN 2%	Pref	QL (2 gm / 1 day)
NITRO-DUR DIS 0.1MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.2MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.3MG/HR	Pref	
NITRO-DUR DIS 0.4MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.6MG/HR	Non-Pref	PA, QL (1 patch / 1 day)
NITRO-DUR DIS 0.8MG/HR	Pref	
<i>nitro-time cap 2.5mg cr</i>	Pref	QL (6 caps / 1 day)
<i>nitro-time cap 6.5mg cr</i>	Pref	QL (6 caps / 1 day)
<i>nitro-time cap 9mg cr</i>	Pref	QL (3 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
<i>nitroglycerin sl tab 0.4 mg</i>	Pref	QL (10 tabs / 1 day)
<i>nitroglycerin sl tab 0.6 mg</i>	Pref	QL (10 tabs / 1 day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Pref	QL (1 patch / 1 day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Pref	QL (1 patch / 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 / 1 day)
NITROSTAT SUB 0.4MG	Non-Pref	PA, QL (10 tabs / 1 day)
NITROSTAT SUB 0.6MG	Non-Pref	PA, QL (10 tabs / 1 day)

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

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VISTARIL CAP 50MG	Non-Pref	PA
<b>BENZODIAZEPINES</b>		
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
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
TRANXENE T TAB 7.5MG	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 / 1 day)
NORPACE CAP 100MG	Non-Pref	PA
NORPACE CAP 100MG CR	Non-Pref	PA
NORPACE CAP 150MG	Non-Pref	PA, QL (5 caps / 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 / 1 day)
<i>quinidine sulfate tab 200 mg</i>	Non-Pref	PA
<i>quinidine sulfate tab 300 mg</i>	Non-Pref	PA

### **ANTIARRHYTHMICS TYPE I-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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>mexiletine hcl cap 200 mg</i>	Pref	QL (6 caps / 1 day)
<i>mexiletine hcl cap 250 mg</i>	Pref	QL (6 caps / 1 day)

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

<i>flecainide acetate tab 50 mg</i>	Pref	QL (7 tabs / 1 day)
<i>flecainide acetate tab 100 mg</i>	Pref	QL (6 tabs / 1 day)
<i>flecainide acetate tab 150 mg</i>	Pref	QL (3 tabs / 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 / 1 day)
<i>propafenone hcl tab 225 mg</i>	Pref	QL (3 tabs / 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

### **ANTIARRHYTHMICS TYPE III**

<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 / 1 day)
<i>amiodarone hcl tab 200 mg</i>	Pref	QL (4 tabs / 1 day)
<i>amiodarone hcl tab 400 mg</i>	Pref	QL (4 tabs / 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>pacerone tab 100mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>pacerone tab 200mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
<i>pacerone tab 400mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)
TIKOSYN CAP 125MCG	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>
TIKOSYN CAP 250MCG	Non-Pref	PA
TIKOSYN CAP 500MCG	Non-Pref	PA

**ANTIASTHMATIC 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/ 1 day); DS
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**ANTIASTHMATIC - 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 / 25 days); DS
LONHALA MAGN SOL 25MCG	Non-Pref	PA
SPIRIVA AER 1.25MCG	Non-Pref	PA
SPIRIVA CAP HANDIHLR	Pref	QL (1 cap / 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 / 1 day)
ACCOLATE TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Pref	QL (1 packet / 1 day); DS
<i>montelukast sodium tab 10 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
SINGULAIR CHW 4MG	Non-Pref	PA, QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SINGULAIR CHW 5MG	Non-Pref	PA, QL (1 tab / 1 day)
SINGULAIR GRA 4MG	Non-Pref	PA, QL (1 packet / 1 day)
SINGULAIR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>zafirlukast tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>zafirlukast tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>zileuton tab er 12hr 600 mg</i>	Non-Pref	PA
ZYFLO TAB 600MG	Non-Pref	PA

### **SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS**

DALIRESP TAB 250MCG	Pref	PA
DALIRESP TAB 500MCG	Pref	PA

### **STEROID INHALANTS**

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

### **SYMPATHOMIMETICS**

ADVAIR DISKU AER 100/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 250/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR DISKU AER 500/50	Pref	QL (2 inhalations / 1 day); Max 180 / 77 days; DS
ADVAIR HFA AER 45/21	Pref	QL (3 inhalers / 77 days); DS
ADVAIR HFA AER 115/21	Pref	QL (3 inhalers / 77 days); DS
ADVAIR HFA AER 230/21	Pref	QL (3 inhalers / 77 days); DS
AIRDUO DGHLR INH 55-14	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 25 days); DS
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Pref	QL (540 each / 25 days); DS
<i>albuterol sulfate syrup 2 mg/5ml</i>	Pref	QL (150 mL / 1 day); DS
<i>albuterol sulfate tab 2 mg</i>	Pref	QL (16 tabs / 1 day); DS
<i>albuterol sulfate tab 4 mg</i>	Pref	QL (8 tabs / 1 day); DS
ANORO ELLIPT AER 62.5-25	Non-Pref	PA
<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 / 77 days); DS
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Pref	QL (3 inhalers / 77 days); DS
COMBIVENT AER 20-100	Pref	
DUAKLIR AER 400/12	Non-Pref	PA
DULERA AER 50-5MCG	Pref	QL (3 inhalers / 77 days)
DULERA AER 100-5MCG	Pref	QL (4 inhalers / 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 200-5MCG	Pref	QL (4 inhalers / 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	
<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	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Pref	
<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 / 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 HFA AER	Pref	
PROAIR RESPI AER	Non-Pref	PA
PROVENTIL AER HFA	Non-Pref	PA
SEREVENT DIS AER 50MCG	Pref	QL (2 inhalations / 1 day); DS
STIOLTO AER 2.5-2.5	Pref	
STRIVERDI AER 2.5MCG	Non-Pref	PA
SYMBICORT AER 80-4.5	Pref	QL (3 inhalers / 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>
SYMBICORT AER 160-4.5	Pref	QL (3 inhalers / 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
<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 / 1 day); Max 180 / 77 days
<i>wixela inhub aer 250/50</i>	Non-Pref	PA, QL (2 inhalations / 1 day); Max 180 / 77 days
<i>wixela inhub aer 500/50</i>	Non-Pref	PA, QL (2 inhalations / 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
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 soln 80 mg/15ml</i>	Pref	DS
<i>theophylline tab er 12hr 300 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>theophylline tab er 12hr 450 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>theophylline tab er 24hr 400 mg</i>	Pref	
<i>theophylline tab er 24hr 600 mg</i>	Pref	QL (3 tabs / 1 day)

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

#### **COUMARIN ANTICOAGULANTS**

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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>warfarin sodium tab 5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 6 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 7.5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>warfarin sodium tab 10 mg</i>	Pref	QL (10 tabs / 1 day)

### **DIRECT FACTOR XA INHIBITORS**

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 / 1 day)
XARELTO TAB 15MG	Pref	QL (2 tabs / 1 day)
XARELTO TAB 20MG	Pref	QL (1 tab / 1 day)

### **HEPARINS AND HEPARINOID-LIKE AGENTS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 5000/0.2	Non-Pref	PA
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 100/ML	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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

### **THROMBIN INHIBITORS**

<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Pref	
PRADAXA CAP 75MG	Pref	
PRADAXA CAP 110MG	Pref	
PRADAXA CAP 150MG	Pref	

### **ANTICONSULSANTS - 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

#### **ANTICONSULSANTS - 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	

**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>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	Non-Pref	PA
VALTOCO SPR 10MG	Non-Pref	PA
VALTOCO SPR 15MG	Non-Pref	PA
VALTOCO SPR 20MG	Non-Pref	PA
<b>ANTICONVULSANTS - MISC.</b>		
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
LYRICA CAP 50MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 75MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 100MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 150MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
LYRICA CAP 225MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA CAP 300MG	Non-Pref	PA, QL (2 caps / 1 day)
LYRICA SOL 20MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
MYSOLINE TAB 50MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
<i>pregabalin cap 50 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 75 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 150 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>pregabalin cap 225 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin cap 300 mg</i>	Pref	QL (2 caps / 1 day)
<i>pregabalin soln 20 mg/ml</i>	Pref	QL (30 mL / 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
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 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
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	Pref	
VIMPAT TAB 50MG	Pref	
VIMPAT TAB 100MG	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VIMPAT TAB 150MG	Pref	
VIMPAT TAB 200MG	Pref	
<i>zonisamide cap 25 mg</i>	Pref	
<i>zonisamide cap 50 mg</i>	Pref	
<i>zonisamide cap 100 mg</i>	Pref	
<b>CARBAMATES</b>		
<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
<b>GABA MODULATORS</b>		
GABITRIL TAB 2MG	Pref	PA, QL (28 tabs / 1 day)
GABITRIL TAB 4MG	Pref	PA, QL (14 tabs / 1 day)
GABITRIL TAB 12MG	Pref	PA, QL (10 tabs / 1 day)
GABITRIL TAB 16MG	Pref	PA, QL (10 tabs / 1 day)
SABRIL POW 500MG	Non-Pref	PA, QL (6 packets / 1 day)
SABRIL TAB 500MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>tiagabine hcl tab 2 mg</i>	Pref	PA, QL (28 tabs / 1 day)
<i>tiagabine hcl tab 4 mg</i>	Pref	PA, QL (14 tabs / 1 day)
<i>tiagabine hcl tab 12 mg</i>	Pref	PA, QL (10 tabs / 1 day)
<i>tiagabine hcl tab 16 mg</i>	Pref	PA, QL (10 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vigabatrin powd pack 500 mg</i>	Non-Pref	PA, QL (6 packets / 1 day)
<i>vigabatrin tab 500 mg</i>	Non-Pref	PA, QL (6 tabs / 1 day)
<i>vigadrone pow 500mg</i>	Non-Pref	PA, QL (6 packets / 1 day)

### **HYDANTOINS**

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

### **SUCCINIMIDES**

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

### **VALPROIC ACID**

DEPAKOTE ER TAB 250MG	Non-Pref	PA, QL (10 tabs / 1 day)
DEPAKOTE ER TAB 500MG	Non-Pref	PA
DEPAKOTE SPR CAP 125MG	Pref	QL (10 caps / 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 / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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 / 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

### **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
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<b>MONOAMINE OXIDASE INHIBITORS (MAOIS)</b>		
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
<b>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</b>		
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
<i>fluoxetine hcl solution 20 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>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

**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>sertraline hcl tab 50 mg</i>	Pref	DS
<i>sertraline hcl tab 100 mg</i>	Pref	DS
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
<b>SEROTONIN MODULATORS</b>		
<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
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
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*

**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 20 mg (base eq)</i>	Pref	AGE*; DS
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Pref	AGE*; DS
<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

**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>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Non-Pref	PA
VENLAFAXINE TAB 112.5MG	Non-Pref	PA
<b>TRICYCLIC AGENTS</b>		
<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
<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

**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>
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
<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 / 1 day); DS
<i>acarbose tab 50 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>acarbose tab 100 mg</i>	Pref	QL (4 tabs / 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
PRECOSE TAB 25MG	Non-Pref	PA, QL (3 tabs / 1 day)
PRECOSE TAB 50MG	Non-Pref	PA, QL (3 tabs / 1 day)
PRECOSE TAB 100MG	Non-Pref	PA, QL (4 tabs / 1 day)

### **ANTIDIABETIC - AMYLIN ANALOGS**

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

### **ANTIDIABETIC COMBINATIONS**

ACTOPLUS MET TAB 15-500MG	Non-Pref	PA
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

**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>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 / 1 day); DS
<i>glyburide-metformin tab 2.5-500 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glyburide-metformin tab 5-500 mg</i>	Pref	QL (4 tabs / 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
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 12.5-15	Non-Pref	PA
OSENI TAB 12.5-30	Non-Pref	PA
OSENI TAB 12.5-45	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

**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>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
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
<b>BIGUANIDES</b>		
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 / 1 day); DS
<i>metformin hcl tab 850 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>metformin hcl tab 1000 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>metformin hcl tab er 24hr 500 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metformin hcl tab er 24hr 750 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metformin hcl tab er 24hr modified release 500 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>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	Non-Pref	PA
RIOMET SOL 500/5ML	Non-Pref	PA

### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	Pref	PA, QL (2 sprays / 25 days)
BAQSIMI TWO POW 3MG/DOSE	Pref	PA, QL (2 sprays / 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
GNP GLUCOSE CHW GRAPE	Pref	OTC
GNP GLUCOSE CHW ORANGE	Pref	OTC
GNP GLUCOSE CHW RASPBERR	Pref	OTC
GNP GLUCOSE CHW RASPBERRY	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

**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>DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS</b>		
<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	
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG	Non-Pref	PA
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN INJ 10/20MCG	Non-Pref	PA
ADLYXIN INJ 20MCG	Non-Pref	PA
BYDUREON BC INJ 2/0.85ML	Non-Pref	PA
BYETTA INJ 5MCG	Pref	QL (1 pen / 25 days)
BYETTA INJ 10MCG	Pref	QL (1 pen / 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 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

**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>
VICTOZA INJ 18MG/3ML	Pref	QL (9 mL / month)
<b>INSULIN</b>		
ADMELOG INJ 100U/ML	Non-Pref	PA, QL (30 mL / 25 days)
ADMELOG SOLO INJ 100U/ML	Non-Pref	PA, QL (10 pens / 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 / 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 / 25 days)
HUMALOG INJ 100/ML	Pref	QL (30 mL / 25 days)
HUMALOG JR INJ 100/ML	Pref	QL (10 pens / 25 days)
HUMALOG KWIK INJ 100/ML	Pref	QL (10 pens / 25 days)
HUMALOG KWIK INJ 200/ML	Non-Pref	PA, QL (10 pens / 25 days)
HUMALOG MIX INJ 50/50	Pref	QL (30 mL / 25 days)
HUMALOG MIX INJ 50/50KWP	Pref	QL (10 pens / 25 days)
HUMALOG MIX INJ 75/25KWP	Pref	QL (10 pens / 25 days)
HUMALOG MIX SUS 75/25	Pref	QL (30 mL / 25 days)
HUMULIN INJ 70/30	Pref	QL (30 mL / 25 days), OTC
HUMULIN INJ 70/30KWP	Pref	QL (10 pens / 25 days), OTC
HUMULIN N INJ U-100	Pref	QL (30 mL / 25 days), OTC
HUMULIN N INJ U-100KWP	Pref	QL (10 pens / 25 days), OTC
HUMULIN R INJ U-100	Pref	QL (10 vials / 25 days), OTC
HUMULIN R INJ U-500	Pref	QL (1 vial / 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>
HUMULIN R INJ U-500	Pref	QL (6 pens / 25 days)
INS ASP PROT INJ FLEXPEN	Pref	QL (10 pens / 25 days)
INSULIN ASPA INJ 70/30	Pref	QL (30 mL / 25 days)
INSULIN ASPA INJ 100/ML	Non-Pref	PA, QL (3 vials / 25 days)
INSULIN ASPA INJ FLEXPEN	Non-Pref	PA, QL (10 pens / 25 days)
INSULIN ASPA INJ PENFILL	Non-Pref	PA, QL (10 cartridges / 25 days)
INSULIN GLAR INJ 100U/ML	Pref	QL (10 pens / 25 days)
INSULIN GLAR INJ 100U/ML	Non-Pref	PA
INSULIN GLAR SOL 100U/ML	Pref	QL (3 vials / 25 days)
INSULIN GLAR SOL 100U/ML	Non-Pref	PA
INSULIN LISP INJ 100/ML	Pref	QL (10 pens / 25 days)
INSULIN LISP INJ 100/ML	Pref	QL (30 mL / 25 days)
INSULIN LISP INJ JUNIOR	Pref	QL (10 pens / 25 days)
INSULIN LISP INJ PROTAMIN	Pref	QL (10 pens / 25 days)
LANTUS INJ 100/ML	Pref	QL (3 vials / 25 days)
LANTUS SOLOS INJ 100/ML	Pref	QL (10 pens / 25 days)
LEVEMIR INJ	Pref	QL (3 vials / 25 days)
LEVEMIR INJ FLEXTUOC	Pref	QL (10 pens / 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
NOVOLIN70/30 INJ RELION	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN INJ 70/30	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN INJ 70/30 FP	Non-Pref	PA, QL (10 pens / 25 days), OTC
NOVOLIN N INJ 100 UNIT	Non-Pref	PA, QL (10 pens / 25 days), OTC
NOVOLIN N INJ RELION	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN N INJ U-100	Non-Pref	PA, QL (30 mL / 25 days), OTC
NOVOLIN R INJ RELION	Non-Pref	PA, QL (3 vials / 25 days), OTC
NOVOLIN R INJ U-100	Non-Pref	PA, QL (3 vials / 25 days), OTC
NOVOLOG INJ 100/ML	Pref	QL (30 mL / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLOG INJ FLEX REL	Non-Pref	PA, QL (10 pens / 25 days)
NOVOLOG INJ FLEXPEN	Pref	QL (10 pens / 25 days)
NOVOLOG INJ PENFILL	Pref	QL (10 cartridges / 25 days)
NOVOLOG INJ RELION	Non-Pref	PA, QL (3 vials / 25 days)
NOVOLOG MIX INJ 70/30	Non-Pref	PA, QL (30 mL / 25 days)
NOVOLOG MIX INJ FLEX REL	Pref	QL (10 pens / 25 days)
NOVOLOG MIX INJ FLEXPEN	Pref	QL (10 pens / 25 days)
NOVOLOG RELI INJ 70/30	Pref	QL (30 mL / 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 / 1 day)
ACTOS TAB 30MG	Non-Pref	PA, QL (1 tab / 1 day)
ACTOS TAB 45MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Pref	QL (1 tab / 1 day); DS
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Pref	QL (1 tab / 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 / 1 day); DS
<i>repaglinide tab 1 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>repaglinide tab 2 mg</i>	Pref	QL (6 tabs / 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 / 1 day)
JARDIANCE TAB 25MG	Pref	QL (1 tab / 1 day)
STEGLATRO TAB 5MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STEGLATRO TAB 15MG	Non-Pref	PA
<b>SULFONYLUREAS</b>		
AMARYL TAB 1MG	Non-Pref	PA, QL (3 tabs / 1 day)
AMARYL TAB 2MG	Non-Pref	PA, QL (4 tabs / 1 day)
AMARYL TAB 4MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>glimepiride tab 1 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>glimepiride tab 2 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glimepiride tab 4 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab 5 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>glipizide tab 10 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glipizide tab er 24hr 2.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab er 24hr 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 2.5mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 5mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>glipizide xl tab 10mg</i>	Pref	QL (2 tabs / 1 day); DS
GLUCOTROL XL TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
GLUCOTROL XL TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
GLUCOTROL XL TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>glyburide micronized tab 1.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide micronized tab 3 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide micronized tab 6 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 1.25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 2.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>glyburide tab 5 mg</i>	Pref	QL (4 tabs / 1 day); DS
GLYNASE TAB 1.5MG	Non-Pref	PA, QL (4 tabs / 1 day)
GLYNASE TAB 3MG	Non-Pref	PA, QL (4 tabs / 1 day)
GLYNASE TAB 6MG	Non-Pref	PA, QL (4 tabs / 1 day)

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

### **DIARRHEA**

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

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Non-Pref	PA, QL (8 tabs / 1 day)
LOMOTIL TAB 2.5MG	Non-Pref	PA, QL (8 tabs / 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
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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	Pref	
VIVITROL INJ 380MG	Pref	QL (1 injection / 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 / 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 / 1 day)
<i>ondansetron hcl tab 4 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron hcl tab 8 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron hcl tab 24 mg</i>	Pref	
<i>ondansetron orally disintegrating tab 4 mg</i>	Pref	QL (90 tabs / 25 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	Pref	QL (90 tabs / 25 days)
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Non-Pref	PA
<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 / 1 day), OTC
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine hcl tab 12.5 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>meclizine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>scopolamine td patch 72hr 1 mg/3days</i>	Pref	QL (10 patches / 25 days)
TIGAN INJ 100MG/ML	Non-Pref	PA
TRANSDERM-SC DIS 1MG/3DAY	Non-Pref	PA, QL (10 patches / 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**

<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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CANCIDAS INJ 70MG	Non-Pref	PA
<i>caspofungin acetate for iv soln 50 mg</i>	Pref	PA
<i>caspofungin 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>	Non-Pref	PA, QL (40 mL / 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 / 1 day)
<i>terbinafine hcl tab 250 mg</i>	Pref	QL (1 tab / 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 50MG	Non-Pref	PA, QL (2 tabs / 1 day)
DIFLUCAN TAB 100MG	Non-Pref	PA
DIFLUCAN TAB 150MG	Non-Pref	PA
DIFLUCAN TAB 200MG	Non-Pref	PA
<i>fluconazole for susp 10 mg/ml</i>	Pref	
<i>fluconazole for susp 40 mg/ml</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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 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 CAP PULSEPAK	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
<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
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### **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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diphenhydramine hcl cap 25 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>diphenhydramine hcl cap 50 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Pref	QL (80 mL / 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 / 1 day), OTC
<i>diphenhydramine hcl tab 25 mg</i>	Pref	QL (6 tabs / 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 / 1 day), OTC
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day)
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Pref	QL (10 mL / 1 day), OTC
<i>cetirizine hcl tab 5 mg</i>	Pref	QL (1 tab / 1 day), OTC
<i>cetirizine hcl tab 10 mg</i>	Pref	QL (1 tab / 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 / 1 day), OTC
<i>loratadine tab 10 mg</i>	Pref	QL (1 tab / 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 / 1 day); AGE (Min 2)
<i>promethazine hcl suppos 25 mg</i>	Pref	QL (8 supp / 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 suppos 50 mg</i>	Non-Pref	PA, QL (6 supp / 1 day); AGE (Min 2)
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Pref	QL (100 mL / 1 day); AGE (Min 2)
<i>promethazine hcl tab 12.5 mg</i>	Pref	QL (2 tabs / 1 day); AGE (Min 2)
<i>promethazine hcl tab 25 mg</i>	Pref	QL (6 tabs / 1 day); AGE (Min 2)
<i>promethazine hcl tab 50 mg</i>	Pref	QL (2 tabs / 1 day); AGE (Min 2)

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

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

### **ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS**

NEXLETOL TAB 180MG	Pref	PA
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### **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 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 / 1 day); DS
<i>cholestyramine light powder packets 4 gm</i>	Pref	QL (48 packets / 1 day); DS
<i>cholestyramine powder 4 gm/dose</i>	Pref	QL (48 gm / 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>cholestyramine powder packets 4 gm</i>	Pref	QL (48 packets / 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
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 / 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 / 1 day); DS
<i>prevalite pow 4gm</i>	Pref	QL (24 gm / 1 day); DS
<i>prevalite pow 4gm pk</i>	Pref	QL (48 packets / 1 day); DS
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 gm / 1 day)
QUESTRAN POW 4GM	Non-Pref	PA, QL (48 packets / 1 day)
QUESTRAN POW 4GM LITE	Non-Pref	PA, QL (24 gm / 1 day)
WELCHOL PAK 3.75GM	Non-Pref	PA
WELCHOL TAB 625MG	Non-Pref	PA
<b>FIBRIC ACID DERIVATIVES</b>		
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

**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 48 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fenofibrate tab 54 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fenofibrate tab 120 mg</i>	Pref	DS
<i>fenofibrate tab 145 mg</i>	Pref	DS
<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 / 1 day); DS
LIPOFEN CAP 50MG	Non-Pref	PA
LIPOFEN CAP 150MG	Non-Pref	PA
LOPID TAB 600MG	Non-Pref	PA, QL (4 tabs / 1 day)
TRICOR TAB 48MG	Non-Pref	PA, QL (1 tab / 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 / 1 day); DS
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Pref	QL (1 tab / 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 / 1 day)
CRESTOR TAB 40MG	Non-Pref	PA, QL (1 tab / 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
LESCOL XL TAB 80MG	Non-Pref	PA
LIPITOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
LIPITOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
LIPITOR TAB 40MG	Non-Pref	PA, QL (1 tab / 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 / 1 day); DS
<i>lovastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lovastatin tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>pravastatin sodium tab 80 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>rosuvastatin calcium tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>rosuvastatin calcium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>simvastatin tab 80 mg</i>	Pref	QL (1 tab / 1 day); DS
ZOCOR TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
ZOCOR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
ZOCOR TAB 40MG	Non-Pref	PA, QL (1 tab / 1 day)
ZYPITAMAG TAB 2MG	Non-Pref	PA
ZYPITAMAG TAB 4MG	Non-Pref	PA
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
ZETIA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP 5MG	Pref	PA
JUXTAPID CAP 10MG	Pref	PA

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**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>
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
NIASPAN TAB 1000 ER	Non-Pref	PA

### **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 / 1 day)
ALTACE CAP 2.5MG	Non-Pref	PA, QL (1 cap / 1 day)
ALTACE CAP 5MG	Non-Pref	PA, QL (1 cap / 1 day)
ALTACE CAP 10MG	Non-Pref	PA, QL (1 cap / 1 day)
<i>benazepril hcl tab 5 mg</i>	Pref	DS
<i>benazepril hcl tab 10 mg</i>	Pref	DS
<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 / 1 day); DS
<i>enalapril maleate tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>enalapril maleate tab 20 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>enalaprilat iv inj 1.25 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>
EPANED SOL 1MG/ML	Non-Pref	PA
<i>fosinopril sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fosinopril sodium tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>fosinopril sodium tab 40 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 2.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 10 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>lisinopril tab 30 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>lisinopril tab 40 mg</i>	Pref	QL (2 tabs / 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	
<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 / 1 day); DS
<i>ramipril cap 2.5 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>ramipril cap 5 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>ramipril cap 10 mg</i>	Pref	QL (1 cap / 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 / 1 day)
VASOTEC TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
VASOTEC TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTRIL TAB 2.5MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
ZESTRIL TAB 30MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTRIL TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AGENTS FOR PHEOCHROMOCYTOMA</b>		
DEMSER CAP 250MG	Non-Pref	PA
<i>metirosine 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	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND TAB 4MG	Non-Pref	PA
ATACAND TAB 8MG	Non-Pref	PA
ATACAND TAB 16MG	Non-Pref	PA
ATACAND TAB 32MG	Non-Pref	PA
AVAPRO TAB 75MG	Non-Pref	PA, QL (1 tab / 1 day)
AVAPRO TAB 150MG	Non-Pref	PA, QL (1 tab / 1 day)
AVAPRO TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day)
BENICAR TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
BENICAR TAB 20MG	Non-Pref	PA, QL (1 tab / 1 day)
BENICAR TAB 40MG	Non-Pref	PA, QL (1 tab / 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 / 1 day)
COZAAR TAB 50MG	Non-Pref	PA, QL (1 tab / 1 day)
COZAAR TAB 100MG	Non-Pref	PA, QL (1 tab / 1 day)
DIOVAN TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day)
DIOVAN TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
DIOVAN TAB 160MG	Non-Pref	PA, QL (2 tabs / 1 day)
DIOVAN TAB 320MG	Non-Pref	PA, QL (1 tab / 1 day)
EDARBI TAB 40MG	Non-Pref	PA
EDARBI TAB 80MG	Non-Pref	PA
<i>irbesartan tab 75 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>irbesartan tab 150 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>irbesartan tab 300 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium tab 25 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium tab 50 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium tab 100 mg</i>	Pref	QL (1 tab / 1 day); DS
MICARDIS TAB 20MG	Non-Pref	PA
MICARDIS TAB 40MG	Non-Pref	PA
MICARDIS TAB 80MG	Non-Pref	PA
<i>olmesartan medoxomil tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>olmesartan medoxomil tab 20 mg</i>	Pref	QL (1 tab / 1 day); DS

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olmesartan medoxomil tab 40 mg</i>	Pref	QL (1 tab / 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 / 1 day); DS
<i>valsartan tab 80 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>valsartan tab 160 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>valsartan tab 320 mg</i>	Pref	QL (1 tab / 1 day); DS

### **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 2MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 4MG	Non-Pref	PA, QL (1 tab / 1 day)
CARDURA TAB 8MG	Non-Pref	PA, QL (2 tabs / 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 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 / 1 day); DS
<i>doxazosin mesylate tab 2 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>doxazosin mesylate tab 4 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>doxazosin mesylate tab 8 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>guanfacine hcl tab 1 mg</i>	Pref	AGE*
<i>guanfacine hcl tab 2 mg</i>	Pref	AGE*
<i>methyldopa tab 500 mg</i>	Pref	QL (6 tabs / 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 / 1 day); DS
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Pref	QL (2 caps / 1 day); DS
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Pref	QL (1 cap / 1 day); DS
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Pref	QL (2 caps / 1 day); DS

### **ANTIHYPERTENSIVE COMBINATIONS**

ACCURETIC TAB 10-12.5	Non-Pref	PA
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**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>
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 / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	Pref	PA, QL (2 caps / 1 day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	Pref	PA, QL (2 caps / 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
<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

**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>
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 / 1 day); DS
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i>	Pref	QL (1 tab / 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 / 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 / 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<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 / 1 day)
DIOVAN HCT TAB 160-12.5	Non-Pref	PA, QL (2 tabs / 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

**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>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 / 1 day)
HYZAAR TAB 100-12.5	Non-Pref	PA, QL (1 tab / 1 day)
HYZAAR TAB 100-25	Non-Pref	PA, QL (1 tab / 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 / 1 day); DS
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i>	Pref	QL (1 tab / 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 / 1 day)
LOTREL CAP 5-20MG	Non-Pref	PA, QL (2 caps / 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>
LOTREL CAP 10-20MG	Non-Pref	PA, QL (2 caps / 1 day)
LOTREL CAP 10-40MG	Non-Pref	PA, QL (2 caps / 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
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Non-Pref	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Pref	DS
<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 150-25MG	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

**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>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 / 1 day)
TENORETIC TAB 100	Non-Pref	PA, QL (1 tab / 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 / 1 day); DS
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Pref	QL (2 tabs / 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 / 1 day)
ZESTORETIC TAB 20-12.5	Non-Pref	PA, QL (2 tabs / 1 day)
ZESTORETIC TAB 20-25MG	Non-Pref	PA, QL (2 tabs / 1 day)
ZIAC TAB 2.5/6.25	Non-Pref	PA, QL (3 tabs / 1 day)
ZIAC TAB 5-6.25MG	Non-Pref	PA, QL (3 tabs / 1 day)
ZIAC TAB 10/6.25	Non-Pref	PA, QL (4 tabs / 1 day)
<b>ANTIHYPERTENSIVES - MISC.</b>		
VECAMYL TAB 2.5MG	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><i>DIRECT RENIN INHIBITORS</i></b>		
<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
<b><i>SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)</i></b>		
<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
<b><i>VASODILATORS</i></b>		
<i>hydralazine hcl inj 20 mg/ml</i>	Pref	PA
<i>hydralazine hcl tab 10 mg</i>	Pref	QL (10 tabs / 1 day); DS
<i>hydralazine hcl tab 25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>hydralazine hcl tab 50 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydralazine hcl tab 100 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>minoxidil tab 2.5 mg</i>	Pref	QL (5 tabs / 1 day); DS
<i>minoxidil tab 10 mg</i>	Pref	QL (5 tabs / 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
<b><i>ANTIMALARIALS - DRUGS TO TREAT MALARIA</i></b>		
<b><i>ANTIMALARIAL COMBINATIONS</i></b>		
<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	
MALARONE TAB 62.5-25	Non-Pref	PA
MALARONE TAB 250-100	Non-Pref	PA
<b><i>ANTIMALARIALS - DRUGS TO TREAT MALARIA</i></b>		
<i>chloroquine phosphate tab 250 mg</i>	Pref	QL (10 tabs / 3 days)
<i>chloroquine phosphate tab 500 mg</i>	Pref	QL (5 tabs / 3 days)
DARAPRIM TAB 25MG	Non-Pref	PA
HYDROXYCHLOR TAB 100MG	Pref	
HYDROXYCHLOR TAB 300MG	Pref	
HYDROXYCHLOR TAB 400MG	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>hydroxychloroquine sulfate tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
KRINTAFEL TAB 150MG	Non-Pref	PA
<i>mefloquine hcl tab 250 mg</i>	Pref	QL (4 tabs / 1 day)
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Pref	QL (4 tabs / 1 day)
PRIMAQUINE TAB 26.3MG	Pref	QL (4 tabs / 1 day)
<i>pyrimethamine tab 25 mg</i>	Non-Pref	PA
QUALAQUIN CAP 324MG	Non-Pref	PA, QL (30 caps / 25 days)
<i>quinine sulfate cap 324 mg</i>	Pref	QL (30 caps / 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 / 1 day)
MESTINON TAB TIMESPAN	Non-Pref	PA, QL (6 tabs / 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 / 1 day)
<i>pyridostigmine bromide tab er 180 mg</i>	Pref	QL (6 tabs / 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 / 1 day)
<i>ethambutol hcl tab 400 mg</i>	Pref	QL (5 tabs / 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>isoniazid syrup 50 mg/5ml</i>	Pref	QL (30 mL / 1 day)
<i>isoniazid tab 100 mg</i>	Pref	QL (6 tabs / 1 day)
<i>isoniazid tab 300 mg</i>	Pref	QL (3 tabs / 1 day)
MYAMBUTOL TAB 400MG	Non-Pref	PA, QL (5 tabs / 1 day)
MYCOBUTIN CAP 150MG	Non-Pref	PA
PASER GRA 4GM	Non-Pref	PA
PRETOMANID TAB 200MG	Pref	
PRIFTIN TAB 150MG	Pref	QL (32 tabs / 25 days)
<i>pyrazinamide tab 500 mg</i>	Pref	QL (6 tabs / 1 day)
<i>rifabutin cap 150 mg</i>	Pref	
<i>rifampin cap 150 mg</i>	Pref	QL (8 caps / 1 day)
<i>rifampin cap 300 mg</i>	Pref	QL (4 caps / 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 / 1 day)
<i>cyclophosphamide cap 50 mg</i>	Pref	SP, QL (16 caps / 1 day)
LEUKERAN TAB 2MG	Pref	PA, QL (8 tabs / 1 day)
<i>melphalan tab 2 mg</i>	Pref	
MYLERAN TAB 2MG	Pref	PA
TEMODAR CAP 250MG	Non-Pref	SP, 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

### **ANTIMETABOLITES**

<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 / 1 day)
<i>methotrexate sodium for inj 1 gm</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>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials / 25 days)
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Pref	QL (5 vials / 25 days)
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Pref	QL (1 vial / 25 days)
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Pref	QL (24 tabs / 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 / 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
<b>ANTINEOPLASTIC - BCL-2 INHIBITORS</b>		
VENCLEXTA TAB 10MG	Pref	PA, QL (4 tabs / 1 day)
VENCLEXTA TAB 50MG	Pref	PA, QL (4 tabs / 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>
VENCLEXTA TAB 100MG	Pref	PA, QL (6 tabs / 1 day)
VENCLEXTA TAB START PK	Pref	PA, QL (1.5 tabs / 1 day)

### **ANTINEOPLASTIC - EGFR INHIBITORS**

<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 / 1 day)
TAGRISSE TAB 80MG	Pref	SP, PA, QL (1 tab / 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

### **ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS**

DAURISMO TAB 25MG	Pref	SP, PA, QL (2 tabs / 1 day)
DAURISMO TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
ERIVEDGE CAP 150MG	Pref	SP, PA, QL (1 cap / 1 day)
ODOMZO CAP 200MG	Pref	SP, PA, QL (1 cap / 1 day)

### **ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS**

<i>abiraterone acetate tab 250 mg</i>	Pref	SP, PA, QL (4 tabs / 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
<i>bicalutamide tab 50 mg</i>	Pref	QL (3 tabs / 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>
CAMCEVI INJ 42MG	Pref	PA
CASODEX TAB 50MG	Non-Pref	PA, QL (3 tabs / 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 / 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 / 1 day)
<i>flutamide cap 125 mg</i>	Pref	QL (6 caps / 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 / 1 day)
<i>leuprolide acetate inj kit 5 mg/ml</i>	Pref	PA; EA
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 / 1 day)
<i>megestrol acetate tab 20 mg</i>	Pref	QL (40 tabs / 1 day)
<i>megestrol acetate tab 40 mg</i>	Pref	QL (20 tabs / 1 day)
<i>nilutamide tab 150 mg</i>	Pref	PA
NUBEQA TAB 300MG	Pref	SP, PA, QL (4 tabs / 1 day)
ORGOVYX TAB 120MG	Pref	PA
SOLTAMOX SOL 10MG/5ML	Non-Pref	PA
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Pref	QL (2 tabs / 1 day)
<i>toremifene citrate tab 60 mg (base equivalent)</i>	Non-Pref	PA
TRELSTAR MIX INJ 3.75MG	Pref	PA
TRELSTAR MIX INJ 11.25MG	Pref	PA
TRELSTAR MIX INJ 22.5MG	Pref	PA

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**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>
XTANDI CAP 40MG	Pref	SP, PA, QL (4 caps / 1 day)
XTANDI TAB 40MG	Pref	SP, PA, QL (4 tabs / 1 day)
XTANDI TAB 80MG	Pref	SP, PA, QL (2 tabs / 1 day)
YONSA TAB 125MG	Non-Pref	SP, PA
ZYTIGA TAB 250MG	Non-Pref	SP, PA, QL (4 tabs / 1 day)
ZYTIGA TAB 500MG	Non-Pref	SP, PA
<b>ANTINEOPLASTIC - HYPOXIA-INDUCIBLE FACTOR INHIBITORS</b>		
WELIREG TAB 40MG	Pref	PA
<b>ANTINEOPLASTIC - IMMUNOMODULATORS</b>		
POMALYST CAP 1MG	Pref	SP, PA
POMALYST CAP 2MG	Pref	SP, PA
POMALYST CAP 3MG	Pref	SP, PA
POMALYST CAP 4MG	Pref	SP, PA
<b>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</b>		
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
<b>ANTINEOPLASTIC - XPO1 INHIBITORS</b>		
XPOVIO PAK 40MG	Pref	PA
XPOVIO PAK 50MG	Pref	PA
XPOVIO PAK 60MG	Pref	PA
XPOVIO PAK 80MG	Pref	PA
<b>ANTINEOPLASTIC COMBINATIONS</b>		
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
<b>ANTINEOPLASTIC ENZYME INHIBITORS</b>		
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

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**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 5MG	Non-Pref	SP, PA
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 / 1 day)
BALVERSA TAB 4MG	Pref	PA, QL (2 tabs / 1 day)
BALVERSA TAB 5MG	Pref	PA, QL (1 tab / 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 / 1 day)
BRUKINSA CAP 80MG	Pref	PA
CABOMETYX TAB 20MG	Pref	SP, PA, QL (3 tabs / 1 day)
CABOMETYX TAB 40MG	Pref	SP, PA, QL (1 tab / 1 day)
CABOMETYX TAB 60MG	Pref	SP, PA, QL (1 tab / 1 day)
CALQUENCE CAP 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 / 1 day)
COPIKTRA CAP 25MG	Pref	PA, QL (2 caps / 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
FOTIVDA CAP 1.34MG	Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
IBRANCE CAP 100MG	Pref	SP, PA, QL (1 cap / 1 day)
IBRANCE CAP 125MG	Pref	SP, PA, QL (1 cap / 1 day)
IBRANCE TAB 75MG	Pref	SP, PA, QL (1 tab / 1 day)
IBRANCE TAB 100MG	Pref	SP, PA, QL (1 tab / 1 day)
IBRANCE TAB 125MG	Pref	SP, PA, QL (1 tab / 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 / 1 day)
IDHIFA TAB 100MG	Pref	SP, PA, QL (1 tab / 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 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 / 1 day)
JAKAFI TAB 5MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 10MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 15MG	Pref	SP, PA, QL (2 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JAKAFI TAB 20MG	Pref	SP, PA, QL (2 tabs / 1 day)
JAKAFI TAB 25MG	Pref	SP, PA, QL (2 tabs / 1 day)
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 / 1 day)
KOSELUGO CAP 25MG	Pref	PA, QL (4 caps / 1 day)
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Pref	SP, PA, QL (6 tabs / 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 / 1 day)
LYNPARZA TAB 150MG	Pref	SP, PA, QL (4 tabs / 1 day)
MEKINIST TAB 0.5MG	Pref	SP, PA, QL (3 tabs / 1 day)
MEKINIST TAB 2MG	Pref	SP, PA, QL (1 tab / 1 day)
MEKTOVI TAB 15MG	Pref	PA, QL (6 tabs / 1 day)
NERLYNX TAB 40MG	Pref	SP, PA
NEXAVAR TAB 200MG	Pref	SP, PA, QL (4 tabs / 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 / 1 day)
PIQRAY 250MG TAB DOSE	Pref	SP, PA, QL (2 tabs / 1 day)
PIQRAY 300MG TAB DOSE	Pref	SP, PA, QL (2 tabs / 1 day)
QINLOCK TAB 50MG	Pref	PA
RETEVMO CAP 40MG	Pref	SP, PA
RETEVMO CAP 80MG	Pref	SP, PA

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**SP** - Specialty **ST** - Step Therapy

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUTENT CAP 37.5MG	Pref	SP, PA, QL (1 cap / 1 day)
SUTENT CAP 50MG	Pref	SP, PA, QL (1 cap / 1 day)
TABRECTA TAB 150MG	Pref	SP, PA
TABRECTA TAB 200MG	Pref	SP, PA
TAFINLAR CAP 50MG	Pref	SP, PA, QL (4 caps / 1 day)
TAFINLAR CAP 75MG	Pref	SP, PA, QL (4 caps / 1 day)
TALZENNA CAP 0.5MG	Pref	SP, PA
TALZENNA CAP 0.25MG	Pref	SP, PA, QL (3 caps / 1 day)
TALZENNA CAP 0.75MG	Pref	SP, PA
TALZENNA CAP 1MG	Pref	SP, PA, QL (1 cap / 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 / 1 day)
TIBSOVO TAB 250MG	Pref	PA, QL (2 tabs / 1 day)
TRUSELTIQ CAP 50MG	Pref	PA
TRUSELTIQ CAP 75MG	Pref	PA
TRUSELTIQ CAP 100MG	Pref	PA
TRUSELTIQ CAP 125MG	Pref	PA
TURALIO CAP 200MG	Pref	PA
TYKERB TAB 250MG	Pref	SP, PA, QL (6 tabs / 1 day)
VERZENIO TAB 50MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 100MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 150MG	Pref	SP, PA, QL (2 tabs / 1 day)
VERZENIO TAB 200MG	Pref	SP, PA, QL (2 tabs / 1 day)
VITRAKVI CAP 25MG	Pref	SP, PA, QL (6 caps / 1 day)
VITRAKVI CAP 100MG	Pref	SP, PA, QL (2 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VITRAKVI SOL 20MG/ML	Pref	SP, PA
VONJO CAP 100MG	Pref	PA
VOTRIENT TAB 200MG	Pref	SP, PA
XALKORI CAP 200MG	Pref	SP, PA
XALKORI CAP 250MG	Pref	SP, PA
XOSPATA TAB 40MG	Pref	PA
ZEJULA CAP 100MG	Pref	PA, QL (3 caps / 1 day)
ZELBORAF TAB 240MG	Pref	SP, PA, QL (8 tabs / 1 day)
ZOLINZA CAP 100MG	Pref	SP, PA, QL (4 caps / 1 day)
ZYDELIG TAB 100MG	Pref	SP, PA, QL (2 tabs / 1 day)
ZYDELIG TAB 150MG	Pref	SP, PA, QL (2 tabs / 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 / 1 day)
<i>hydroxyurea cap 500 mg</i>	Pref	QL (24 caps / 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 / 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
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### **TOPOISOMERASE I INHIBITORS**

HYCAMTIN CAP 0.25MG	Pref	SP, PA
HYCAMTIN 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	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LODOSYN TAB 25MG	Non-Pref	PA
NOURIANZ TAB 20MG	Pref	PA
NOURIANZ TAB 40MG	Pref	PA
<b>ANTIPARKINSON ANTICHOLINERGICS</b>		
<i>benztropine mesylate inj 1 mg/ml</i>	Pref	
<i>benztropine mesylate tab 0.5 mg</i>	Pref	
<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	
<b>ANTIPARKINSON COMT INHIBITORS</b>		
COMTAN TAB 200MG	Non-Pref	PA, QL (8 tabs / 1 day)
<i>entacapone tab 200 mg</i>	Pref	QL (8 tabs / 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
<b>ANTIPARKINSON DOPAMINERGICS</b>		
<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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<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	

**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 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
<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
<b>RYTARY CAP 95MG</b>	Non-Pref	PA
<b>RYTARY CAP 145MG</b>	Non-Pref	PA
<b>RYTARY CAP 195MG</b>	Non-Pref	PA
<b>RYTARY CAP 245MG</b>	Non-Pref	PA
<b>SINEMET TAB 10-100MG</b>	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>
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

### **ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS**

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
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*

**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>
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*
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*
<i>ziprasidone hcl cap 40 mg</i>	Pref	AGE*
<i>ziprasidone hcl cap 60 mg</i>	Pref	AGE*
<i>ziprasidone hcl cap 80 mg</i>	Pref	AGE*
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Pref	AGE*

### **BENZISOXAZOLES**

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*

**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>
INVEGA TRINZ INJ 273MG	Pref	QL (1 injection / 70 days); AGE*
INVEGA TRINZ INJ 410MG	Pref	QL (1 injection / 70 days); AGE*
INVEGA TRINZ INJ 546MG	Pref	QL (1 injection / 70 days); AGE*
INVEGA TRINZ INJ 819MG	Pref	QL (1 injection / 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*
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

**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>BUTYROPHENONES</b>		
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*
<i>haloperidol tab 1 mg</i>	Pref	AGE*
<i>haloperidol tab 2 mg</i>	Pref	AGE*
<i>haloperidol tab 5 mg</i>	Pref	AGE*; DS
<i>haloperidol tab 10 mg</i>	Pref	AGE*
<i>haloperidol tab 20 mg</i>	Pref	AGE*
<b>DIBENZAPINES</b>		
<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
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

**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>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*
SEROQUEL XR TAB 50MG	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 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

**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 2 mg</i>	Pref	AGE*; DS
<i>perphenazine tab 4 mg</i>	Pref	AGE*; DS
<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*

**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>
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*
<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 / 25 days); AGE*
ARISTADA INJ 1064MG	Pref	QL (1 injection / 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*
<b>THIOXANTHENES</b>		
<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
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS</b>		
<b>ANTIRETROVIRALS</b>		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Pref	QL (30 mL / 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Pref	QL (1 tab / 1 day)
APRETUDE SUS 600MG ER	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>
APTIVUS CAP 250MG	Pref	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Pref	QL (2 caps / 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Pref	QL (2 caps / 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Pref	QL (1 cap / 1 day)
BIKTARVY TAB	Non-Pref	PA, QL (1 tab / 1 day); EA
CABENUVA SUS 400-600	Pref	PA, QL (1 box / 30 days)
CABENUVA SUS 600-900	Pref	PA, QL (1 box / 30 days)
CIMDUO TAB 300-300	Non-Pref	PA; EA
COMBIVIR TAB 150-300	Non-Pref	PA, QL (2 tabs / 1 day)
COMPLERA TAB	Pref	QL (1 tab / 1 day)
DELSTRIGO TAB	Pref	QL (1 tab / 1 day)
DESCOVY TAB 120-15MG	Non-Pref	PA, QL (1 tab / 1 day); EA
DESCOVY TAB 200/25MG	Non-Pref	PA, QL (1 tab / 1 day); EA
DOVATO TAB 50-300MG	Non-Pref	PA, QL (1 tab / 1 day); EA
EDURANT TAB 25MG	Pref	PA, QL (1 tab / 1 day)
<i>efavirenz cap 50 mg</i>	Pref	QL (12 caps / 1 day)
<i>efavirenz cap 200 mg</i>	Pref	QL (3 caps / 1 day)
<i>efavirenz tab 600 mg</i>	Pref	QL (1 tab / 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Pref	QL (1 tab / 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); EA
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Non-Pref	PA, QL (1 tab / 1 day); EA
<i>emtricitabine caps 200 mg</i>	Pref	QL (1 cap / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Pref	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Pref	QL (1 tab / 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Pref	QL (1 tab / 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>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Pref	QL (1 tab / 1 day)
EMTRIVA CAP 200MG	Pref	QL (1 cap / 1 day)
EMTRIVA SOL 10MG/ML	Pref	QL (24 mL / 1 day)
EPIVIR SOL 10MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
EPIVIR TAB 150MG	Non-Pref	PA, QL (2 tabs / 1 day)
EPIVIR TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day)
EPZICOM TAB 600-300	Non-Pref	PA, QL (1 tab / 1 day)
<i>etravirine tab 100 mg</i>	Pref	QL (4 tabs / 1 day)
<i>etravirine tab 200 mg</i>	Pref	QL (2 tabs / 1 day)
EVOTAZ TAB 300-150	Pref	QL (1 tab / 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Pref	QL (4 tabs / 1 day)
FUZEON INJ 90MG	Pref	
GENVOYA TAB	Pref	QL (1 tab / 1 day)
INTELENCE TAB 25MG	Pref	
INTELENCE TAB 100MG	Pref	QL (4 tabs / 1 day)
INTELENCE TAB 200MG	Pref	QL (2 tabs / 1 day)
ISENTRESS CHW 25MG	Pref	
ISENTRESS CHW 100MG	Pref	QL (12 tabs / 1 day)
ISENTRESS HD TAB 600MG	Pref	
ISENTRESS POW 100MG	Pref	
ISENTRESS TAB 400MG	Pref	QL (2 tabs / 1 day)
JULUCA TAB 50-25MG	Non-Pref	PA, QL (1 tab / 1 day); EA
KALETRA SOL	Pref	QL (16 mL / 1 day)
KALETRA TAB 100-25MG	Pref	QL (12 tabs / 1 day)
KALETRA TAB 200-50MG	Pref	QL (6 tabs / 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	Pref	QL (30 mL / 1 day)
<i>lamivudine tab 150 mg</i>	Pref	QL (2 tabs / 1 day)
<i>lamivudine tab 300 mg</i>	Pref	QL (1 tab / 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Pref	QL (2 tabs / 1 day)
LEXIVA SUS 50MG/ML	Pref	
LEXIVA TAB 700MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Pref	QL (16 mL / 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	Pref	QL (12 tabs / 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Pref	QL (6 tabs / 1 day)
<i>maraviroc tab 150 mg</i>	Pref	QL (2 tabs / 1 day)
<i>maraviroc tab 300 mg</i>	Pref	QL (2 tabs / 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>nevirapine susp 50 mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>nevirapine tab 200 mg</i>	Pref	QL (2 tabs / 1 day)
<i>nevirapine tab er 24hr 100 mg</i>	Pref	
<i>nevirapine tab er 24hr 400 mg</i>	Pref	QL (2 tabs / 1 day)
NORVIR POW 100MG	Non-Pref	PA
NORVIR SOL 80MG/ML	Non-Pref	PA
NORVIR TAB 100MG	Non-Pref	PA, QL (12 tabs / 1 day)
ODEFSEY TAB	Pref	QL (1 tab / 1 day)
PIFELTRO TAB 100MG	Pref	
PREZCOBIX TAB 800-150	Pref	QL (1 tab / 1 day)
PREZISTA SUS 100MG/ML	Pref	QL (8 mL / 1 day)
PREZISTA TAB 75MG	Pref	
PREZISTA TAB 150MG	Pref	
PREZISTA TAB 600MG	Pref	QL (2 tabs / 1 day)
PREZISTA TAB 800MG	Pref	QL (1 tab / 1 day)
RETROVIR CAP 100MG	Non-Pref	PA, QL (6 caps / 1 day)
RETROVIR INJ 10MG/ML	Pref	
RETROVIR SYP 50MG/5ML	Non-Pref	PA, QL (60 mL / 1 day)
REYATAZ CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
REYATAZ CAP 300MG	Non-Pref	PA, QL (1 cap / 1 day)
REYATAZ POW 50MG	Pref	
<i>ritonavir tab 100 mg</i>	Pref	QL (12 tabs / 1 day)
RUKOBIA TAB 600MG ER	Non-Pref	PA
SELZENTRY SOL 20MG/ML	Pref	
SELZENTRY TAB 25MG	Pref	
SELZENTRY TAB 75MG	Pref	
SELZENTRY TAB 150MG	Pref	QL (2 tabs / 1 day)
SELZENTRY TAB 300MG	Pref	QL (2 tabs / 1 day)
<i>stavudine cap 15 mg</i>	Pref	
<i>stavudine cap 20 mg</i>	Pref	QL (2 caps / 1 day)
<i>stavudine cap 30 mg</i>	Pref	QL (2 caps / 1 day)
<i>stavudine cap 40 mg</i>	Pref	QL (2 caps / 1 day)
STRIBILD TAB	Pref	QL (1 tab / 1 day)
SUSTIVA CAP 50MG	Non-Pref	PA, QL (12 caps / 1 day)
SUSTIVA CAP 200MG	Non-Pref	PA, QL (3 caps / 1 day)
SUSTIVA TAB 600MG	Non-Pref	PA, QL (1 tab / 1 day)
SYMFI LO TAB	Non-Pref	PA, QL (1 tab / 1 day)
SYMFI TAB	Non-Pref	PA, QL (1 tab / 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>
SYMTUZA TAB	Non-Pref	PA, QL (1 tab / 1 day); EA
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Pref	QL (1 tab / 1 day)
TIVICAY PD TAB 5MG	Non-Pref	PA
TIVICAY TAB 10MG	Pref	
TIVICAY TAB 25MG	Pref	
TIVICAY TAB 50MG	Pref	QL (2 tabs / 1 day)
TRIUMEQ PD TAB	Non-Pref	PA
TRIUMEQ TAB	Non-Pref	PA, QL (1 tab / 1 day); EA
TRIZIVIR TAB	Pref	QL (2 tabs / 1 day)
TROGARZO INJ 150MG/ML	Pref	PA
TRUVADA TAB 100-150	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 133-200	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 167-250	Non-Pref	PA, QL (1 tab / 1 day)
TRUVADA TAB 200-300	Non-Pref	PA, QL (1 tab / 1 day)
TYBOST TAB 150MG	Pref	QL (1 tab / 1 day)
VIRACEPT TAB 250MG	Pref	QL (10 tabs / 1 day)
VIRACEPT TAB 625MG	Pref	QL (4 tabs / 1 day)
VIREAD POW 40MG/GM	Pref	QL (7.5 gm / 1 day)
VIREAD TAB 150MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 200MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 250MG	Pref	QL (1 tab / 1 day)
VIREAD TAB 300MG	Non-Pref	PA, QL (1 tab / 1 day)
ZIAGEN SOL 20MG/ML	Non-Pref	PA, QL (30 mL / 1 day)
ZIAGEN TAB 300MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>zidovudine cap 100 mg</i>	Pref	QL (6 caps / 1 day)
<i>zidovudine syrup 10 mg/ml</i>	Pref	QL (60 mL / 1 day)
<i>zidovudine tab 300 mg</i>	Pref	QL (2 tabs / 1 day)
<b>ANTIVIRAL COMBINATIONS</b>		
PAXLOVID TAB 300-100	Pref	
<b>CMV AGENTS</b>		
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 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 / 1 day)

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg</i>	Non-Pref	PA, QL (1 tab / 1 day)
BARACLUDE SOL	Non-Pref	PA
BARACLUDE TAB 0.5MG	Non-Pref	PA, QL (1 tab / 1 day)
BARACLUDE TAB 1MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>entecavir tab 0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>entecavir tab 1 mg</i>	Pref	QL (1 tab / 1 day)
EPIVIR HBV SOL 5MG/ML	Non-Pref	PA
EPIVIR HBV TAB 100MG	Pref	QL (3 tabs / 1 day)
HEPSERA TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Pref	QL (3 tabs / 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
VEMLIDY TAB 25MG	Non-Pref	PA

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	Pref	QL (5 caps / 1 day)
<i>acyclovir sodium iv soln 50 mg/ml</i>	Pref	PA
<i>acyclovir susp 200 mg/5ml</i>	Pref	QL (25 mL / 1 day)
<i>acyclovir tab 400 mg</i>	Pref	QL (5 tabs / 1 day)
<i>acyclovir tab 800 mg</i>	Pref	QL (5 tabs / 1 day)
<i>famciclovir tab 125 mg</i>	Pref	QL (3 tabs / 1 day)
<i>famciclovir tab 250 mg</i>	Pref	QL (3 tabs / 1 day)
<i>famciclovir tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
SITAVIG TAB 50MG	Non-Pref	PA
<i>valacyclovir hcl tab 1 gm</i>	Pref	QL (8 tabs / 1 day)
<i>valacyclovir hcl tab 500 mg</i>	Pref	QL (8 tabs / 1 day)
VALTREX TAB 1GM	Non-Pref	PA, QL (8 tabs / 1 day)
VALTREX TAB 500MG	Non-Pref	PA, QL (8 tabs / 1 day)
ZOVIRAX SUS 200/5ML	Non-Pref	PA, QL (25 mL / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>INFLUENZA AGENTS</b>		
<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Pref	QL (2 caps / 1 day); Max Days Supply = 10
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Pref	QL (25 mL / 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 / 1 day)
TAMIFLU CAP 30MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU CAP 45MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU CAP 75MG	Non-Pref	PA, QL (2 caps / 1 day); Max Days Supply = 10
TAMIFLU SUS 6MG/ML	Non-Pref	PA, QL (25 mL / 1 day); Max Days Supply = 10; AGE
XOFLUZA TAB 40MG	Non-Pref	PA
XOFLUZA TAB 80MG	Non-Pref	PA
<b>MISC. ANTIVIRALS</b>		
LAGEVRIO CAP 200MG	Pref	
REMDESIVIR INJ 100MG	Pref	
VEKLURY INJ 100MG	Pref	
VEKLURY SOL 100/20ML	Pref	
<b>RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS</b>		
<i>ribavirin for inhal soln 6 gm</i>	Pref	PA
VIRAZOLE INH 6GM	Non-Pref	PA
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS</b>		
<b>ALPHA-BETA BLOCKERS</b>		
<i>carvedilol phosphate cap er 24hr 10 mg</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Non-Pref	PA, QL (2 caps / 1 day)

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**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>carvedilol phosphate cap er 24hr 40 mg</i>	Non-Pref	PA, QL (2 caps / 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 / 1 day); DS
<i>carvedilol tab 6.25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>carvedilol tab 12.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>carvedilol tab 25 mg</i>	Pref	QL (2 tabs / 1 day)
<i>carvedilol tab 25 mg</i>	Pref	QL (2 tabs / 1 day); DS
COREG CR CAP 10MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 20MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 40MG	Non-Pref	PA, QL (2 caps / 1 day)
COREG CR CAP 80MG	Non-Pref	PA
COREG TAB 3.125MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 6.25MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 12.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
COREG TAB 25MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>labetalol hcl iv soln 5 mg/ml</i>	Pref	PA
<i>labetalol hcl tab 100 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>labetalol hcl tab 200 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>labetalol hcl tab 300 mg</i>	Pref	QL (8 tabs / 1 day); DS
LABETALOL INJ NAACL	Pref	PA

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

<i>acebutolol hcl cap 200 mg</i>	Pref	QL (16 caps / 1 day); DS
<i>acebutolol hcl cap 400 mg</i>	Pref	QL (16 caps / 1 day); DS
ATENOLOL SUS 1MG/ML	Non-Pref	PA
<i>atenolol tab 25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>atenolol tab 50 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>atenolol tab 100 mg</i>	Pref	QL (2 tabs / 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 / 1 day); DS
<i>bisoprolol fumarate tab 10 mg</i>	Pref	QL (2 tabs / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 / 1 day)
LOPRESSOR TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	Pref	QL (4 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	Pref	QL (2 tabs / 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 / 1 day); DS
<i>metoprolol tartrate tab 37.5 mg</i>	Pref	DS
<i>metoprolol tartrate tab 50 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>metoprolol tartrate tab 75 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>metoprolol tartrate tab 100 mg</i>	Pref	QL (3 tabs / 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 / 1 day)
TENORMIN TAB 50MG	Non-Pref	PA, QL (2 tabs / 1 day)
TENORMIN TAB 100MG	Non-Pref	PA, QL (2 tabs / 1 day)
TOPROL XL TAB 25MG	Non-Pref	PA, QL (3 tabs / 1 day)
TOPROL XL TAB 50MG	Non-Pref	PA, QL (4 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOPROL XL TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
TOPROL XL TAB 200MG	Non-Pref	PA, QL (2 tabs / 1 day)
<b>BETA BLOCKERS NON-SELECTIVE</b>		
BETAPACE AF TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE AF TAB 120MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE AF TAB 160MG	Non-Pref	PA
BETAPACE TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE TAB 120MG	Non-Pref	PA, QL (2 tabs / 1 day)
BETAPACE TAB 160MG	Non-Pref	PA, QL (2 tabs / 1 day)
CORGARD TAB 20MG	Non-Pref	PA, QL (3 tabs / 1 day)
CORGARD TAB 40MG	Non-Pref	PA, QL (3 tabs / 1 day)
CORGARD TAB 80MG	Non-Pref	PA, QL (2 tabs / 1 day)
HEMANGEOL SOL 4.28/ML	Non-Pref	PA
INDERAL LA CAP 60MG	Non-Pref	PA, QL (3 caps / 1 day)
INDERAL LA CAP 80MG	Non-Pref	PA, QL (4 caps / 1 day)
INDERAL LA CAP 120MG	Non-Pref	PA, QL (3 caps / 1 day)
INDERAL LA CAP 160MG	Non-Pref	PA, QL (2 caps / 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 / 1 day); DS
<i>nadolol tab 40 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>nadolol tab 80 mg</i>	Pref	QL (2 tabs / 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 / 1 day); DS
<i>propranolol hcl cap er 24hr 80 mg</i>	Pref	QL (4 caps / 1 day); DS
<i>propranolol hcl cap er 24hr 120 mg</i>	Pref	QL (3 caps / 1 day); DS
<i>propranolol hcl cap er 24hr 160 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>propranolol hcl inj 1 mg/ml</i>	Pref	PA
<i>propranolol hcl oral soln 20 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Pref	
<i>propranolol hcl tab 10 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 20 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 40 mg</i>	Pref	QL (6 tabs / 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 tab 60 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>propranolol hcl tab 80 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>sorine tab 80mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 120mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 160mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sorine tab 240mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl (afib/afl) tab 80 mg</i>	Pref	QL (2 tabs / 1 day)
<i>sotalol hcl (afib/afl) tab 120 mg</i>	Pref	QL (2 tabs / 1 day)
<i>sotalol hcl (afib/afl) tab 160 mg</i>	Pref	
<i>sotalol hcl tab 80 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 120 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 160 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>sotalol hcl tab 240 mg</i>	Pref	QL (2 tabs / 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 / 1 day); DS
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Pref	QL (1 tab / 1 day); DS
AMLODIPINE SUS 1MG/ML	Non-Pref	PA
CALAN SR TAB 120MG	Non-Pref	PA, QL (3 tabs / 1 day)
CALAN SR TAB 180MG	Non-Pref	PA, QL (2 tabs / 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 / 1 day)
CARDIZEM CD CAP 180MG/24	Non-Pref	PA, QL (2 caps / 1 day)
CARDIZEM CD CAP 240MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM CD CAP 300MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM CD CAP 360MG/24	Non-Pref	PA, QL (1 cap / 1 day)
CARDIZEM LA TAB 120MG	Non-Pref	PA
CARDIZEM LA TAB 180MG	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
CARDIZEM TAB 60MG	Non-Pref	PA, QL (4 tabs / 1 day)
CARDIZEM TAB 120MG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>cartia xt cap 120/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
<i>cartia xt cap 180/24hr</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>cartia xt cap 240/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
<i>cartia xt cap 300/24hr</i>	Non-Pref	PA, QL (1 cap / 1 day)
CLEVIPREX EMU 0.5MG/ML	Pref	PA
<i>dilt-xr cap 120mg</i>	Pref	QL (2 caps / 1 day); DS
<i>dilt-xr cap 180mg</i>	Pref	QL (2 caps / 1 day); DS
<i>dilt-xr cap 240mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl cap er 12hr 60 mg</i>	Pref	QL (3 caps / 1 day)
<i>diltiazem hcl cap er 12hr 90 mg</i>	Pref	QL (3 caps / 1 day)
<i>diltiazem hcl cap er 12hr 120 mg</i>	Pref	QL (2 caps / 1 day)
<i>diltiazem hcl cap er 24hr 120 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl cap er 24hr 180 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl cap er 24hr 240 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Pref	QL (1 cap / 1 day); DS
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Pref	QL (1 cap / 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

**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 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 / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Pref	QL (2 caps / 1 day); DS
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Pref	QL (1 cap / 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
<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 / 1 day); DS
<i>diltiazem hcl tab 60 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>diltiazem hcl tab 90 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>diltiazem hcl tab 120 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>DILTIAZEM INJ 100MG</i>	Pref	PA
<i>felodipine tab er 24hr 2.5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>felodipine tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>felodipine tab er 24hr 10 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>isradipine cap 2.5 mg</i>	Non-Pref	PA
<i>isradipine cap 5 mg</i>	Non-Pref	PA
<i>KATERZIA SUS 1MG/ML</i>	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

**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>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 / 1 day); DS
<i>nifedipine cap 20 mg</i>	Pref	QL (4 caps / 1 day); DS
<i>nifedipine tab er 24hr 30 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>nifedipine tab er 24hr 60 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>nifedipine tab er 24hr 90 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Pref	QL (1 tab / 1 day); DS
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Pref	QL (2 tabs / 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 / 1 day)
NORVASC TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
NORVASC TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
NYMALIZE SOL	Non-Pref	PA
PROCARDIA XL TAB 30MG CR	Non-Pref	PA, QL (1 tab / 1 day)
PROCARDIA XL TAB 60MG CR	Non-Pref	PA, QL (2 tabs / 1 day)
PROCARDIA XL TAB 90MG CR	Non-Pref	PA, QL (2 tabs / 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 / 1 day)
<i>taztia xt cap 180mg/24</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>taztia xt cap 240mg/24</i>	Non-Pref	PA, QL (2 caps / 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>taztia xt cap 300mg er</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>taztia xt cap 360mg/24</i>	Non-Pref	PA, QL (2 caps / 1 day)
<i>tiadylt cap 120mg/24</i>	Pref	QL (2 caps / 1 day); DS
<i>tiadylt cap 180mg/24</i>	Pref	QL (2 caps / 1 day); DS
<i>tiadylt cap 240mg/24</i>	Pref	QL (2 caps / 1 day); DS
<i>tiadylt cap 300mg/24</i>	Pref	QL (2 caps / 1 day); DS
<i>tiadylt cap 360mg/24</i>	Pref	QL (2 caps / 1 day); DS
<i>tiadylt cap 420mg/24</i>	Pref	QL (1 cap / 1 day); DS
TIAZAC CAP 120MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 180MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 240MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 300MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 360MG/24	Non-Pref	PA, QL (2 caps / 1 day)
TIAZAC CAP 420MG/24	Non-Pref	PA, QL (1 cap / 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 / 1 day); DS
<i>verapamil hcl tab 80 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>verapamil hcl tab 120 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>verapamil hcl tab er 120 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>verapamil hcl tab er 180 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>verapamil hcl tab er 240 mg</i>	Pref	QL (3 tabs / 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

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
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**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 / 1 day)
<i>digoxin tab 250 mcg (0.25 mg)</i>	Pref	QL (1 tab / 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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<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 5-10MG	Non-Pref	PA
CADUET TAB 5-20MG	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
<b>IMPOTENCE AGENTS</b>		
CIALIS TAB 5MG	Non-Pref	PA
<i>tadalafil tab 5 mg</i>	Non-Pref	PA
<b>PROSTAGLANDIN VASODILATORS</b>		
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

**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>
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

**PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS**

<i>ambrisentan tab 5 mg</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>ambrisentan tab 10 mg</i>	Pref	SP, PA, QL (1 tab / 1 day)
<i>bosentan tab 62.5 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
<i>bosentan tab 125 mg</i>	Pref	SP, PA, QL (2 tabs / 1 day)
LETAIRIS TAB 5MG	Non-Pref	SP, PA, QL (1 tab / 1 day)
LETAIRIS TAB 10MG	Non-Pref	SP, PA, QL (1 tab / 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 / 1 day)
TRACLEER TAB 125MG	Pref	SP, PA, QL (2 tabs / 1 day)

**PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS**

ADCIRCA TAB 20MG	Non-Pref	SP, PA, QL (2 tabs / 1 day)
<i>alyq tab 20mg</i>	Pref	SP, PA, QL (2 tabs / 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 / 1 day)

**Drug Name** **Drug Tier Requirements/Limits**  
**PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST**

UPTRAVI INJ 1800MCG	Non-Pref	PA
UPTRAVI 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

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TAB 0.5MG	Pref	SP, PA
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

**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>cefazolin sodium for iv soln 1 gm</i>	Pref	PA
CEFAZOLIN SOL	Pref	PA
<i>cephalexin cap 250 mg</i>	Pref	QL (6 caps / 1 day)
<i>cephalexin cap 500 mg</i>	Pref	QL (8 caps / 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
<b>CEPHALOSPORINS - 2ND GENERATION</b>		
CEFACLOR ER TAB 500MG	Non-Pref	PA
<i>cefaclor for susp 125 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 1 day)
<i>cefaclor for susp 250 mg/5ml</i>	Non-Pref	PA, QL (60 mL / 1 day)
<i>cefaclor for susp 375 mg/5ml</i>	Non-Pref	PA, QL (40 mL / 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
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 / 1 day)
<i>cefprozil tab 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cefuroxime axetil tab 250 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cefuroxime axetil tab 500 mg</i>	Pref	QL (2 tabs / 1 day)
<i>cefuroxime sodium for inj 750 mg</i>	Pref	PA
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Pref	PA
<b>CEPHALOSPORINS - 3RD GENERATION</b>		
<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 / 1 day)
<i>cefpodoxime proxetil tab 100 mg</i>	Non-Pref	PA, QL (2 tabs / 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>cefepime proxetil tab 200 mg</i>	Non-Pref	PA, QL (2 tabs / 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
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
<b>CEPHALOSPORINS - 4TH GENERATION</b>		
<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
<b>CEPHALOSPORINS - SIDEROPHORES</b>		
FETROJA INJ 1GM	Pref	PA

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**Drug Name Drug Tier Requirements/Limits**  
**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
<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>caziant pak</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>emoquette 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>femynor tab 0.25-35</i>	Pref	EA
<i>finzala chw fe 1/20</i>	Pref	EA
<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

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**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>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>larissia tab</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
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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>lutera 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-lynyah 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
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Pref	EA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 0.18-25/0.215-25/0.25-25 mg-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</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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri femynor 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
<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
NUVARING MIS	Pref	EA

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Drug Name	Drug Tier	Requirements/Limits
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**COPPER CONTRACEPTIVES - IUD**

PARAGARD IUD T380A	Pref	
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**EMERGENCY CONTRACEPTIVES**

ELLA TAB 30MG	Pref	
<i>levonorgestrel tab 1.5 mg</i>	Pref	OTC
PLAN B TAB 1.5MG	Pref	OTC

**PROGESTIN CONTRACEPTIVES - IMPLANTS**

NEXPLANON IMP 68MG	Pref	
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**PROGESTIN CONTRACEPTIVES - INJECTABLE**

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	

**PROGESTIN CONTRACEPTIVES - IUD**

KYLEENA IUD 19.5MG	Pref	
LILETTA IUD 52MG	Pref	
MIRENA IUD SYSTEM	Pref	
SKYLA IUD 13.5MG	Pref	

**PROGESTIN CONTRACEPTIVES - ORAL**

<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

**CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

**GLUCOCORTICOSTEROIDS**

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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
CELESTONE INJ SOLUSPAN	Non-Pref	PA
CORTEF TAB 5MG	Non-Pref	PA, QL (24 tabs / 1 day)
CORTEF TAB 10MG	Non-Pref	PA, QL (12 tabs / 1 day)
CORTEF TAB 20MG	Non-Pref	PA, QL (6 tabs / 1 day)
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 / 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 / 1 day)
<i>dexamethasone tab 0.75 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 1 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 1.5 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 4 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dexamethasone tab 6 mg</i>	Pref	QL (10 tabs / 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

**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>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 / 1 day)
<i>hydrocortisone tab 10 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hydrocortisone tab 20 mg</i>	Pref	QL (6 tabs / 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 / 1 day)
MEDROL TAB 8MG	Non-Pref	PA
MEDROL TAB 16MG	Non-Pref	PA, QL (4 tabs / 1 day)
MEDROL TAB 32MG	Non-Pref	PA, QL (12 tabs / 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 / 1 day)
<i>methylprednisolone tab 8 mg</i>	Pref	
<i>methylprednisolone tab 16 mg</i>	Pref	QL (4 tabs / 1 day)
<i>methylprednisolone tab 32 mg</i>	Pref	QL (12 tabs / 1 day)
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	Pref	QL (12 tabs / 1 day)
MILLIPRED TAB 5MG	Non-Pref	PA
ORTIKOS CAP 6MG 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>
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 / 1 day)
<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 / 1 day)
<i>prednisone tab 1 mg</i>	Pref	QL (10 tabs / 1 day)
<i>prednisone tab 2.5 mg</i>	Pref	QL (8 tabs / 1 day)
<i>prednisone tab 5 mg</i>	Pref	QL (16 tabs / 1 day)
<i>prednisone tab 10 mg</i>	Pref	QL (9 tabs / 1 day)
<i>prednisone tab 20 mg</i>	Pref	QL (6 tabs / 1 day)
<i>prednisone tab 50 mg</i>	Pref	QL (3 tabs / 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

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**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>
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 acetate inj susp 40 mg/ml</i>	Pref	
UCERIS TAB 9MG	Pref	QL (1 tab / 1 day)
ZILRETTA INJ 32MG	Non-Pref	PA

### **MINERALOCORTICIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	Pref	QL (5 tabs / 1 day)
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## **COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS**

### **ANTITUSSIVES**

<i>daytme cough liq 15/15ml</i>	Pref	OTC
<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 / 1 day), OTC; AGE
CLARINEX-D TAB 2.5-120	Non-Pref	PA
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Pref	QL (240 mL / 25 days), OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Pref	QL (240 mL / 25 days), OTC
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i>	Pref	QL (1 tab / 1 day), OTC

### **EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	Pref	OTC; AGE
<i>guaifenesin syrup 100 mg/5ml</i>	Pref	OTC; AGE

### **MISC. RESPIRATORY INHALANTS**

<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	

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Drug Name	Drug Tier	Requirements/Limits
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**MUCOLYTICS**

<i>acetylcysteine inhal soln 10%</i>	Pref	
<i>acetylcysteine inhal soln 20%</i>	Pref	QL (4 vials / 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 / 25 days)
<i>adapalene cream 0.1%</i>	Pref	
<i>adapalene gel 0.3%</i>	Pref	QL (45 gm / 25 days)
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Pref	QL (45 gm / 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 / 25 days); AGE
<i>avar cleanse liq 10-5%</i>	Pref	QL (340.2 gm / 25 days)
AVAR LS LIQ 10-2%	Non-Pref	PA, QL (227 gm / 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 / 25 days); AGE (Min 10, Max 35)
<i>avita gel 0.025%</i>	Pref	QL (45 gm / 25 days); AGE (Min 10, Max 35)

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 25 days)
<i>clindacin mis etz 1%</i>	Non-Pref	PA, QL (60 swabs / 25 days)
<i>clindacin-p pad 1%</i>	Non-Pref	PA, QL (60 pads / 25 days)
CLINDAGEL GEL 1%	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Pref	QL (45 gm / 25 days)
<i>clindamycin phosphate foam 1%</i>	Non-Pref	PA
<i>clindamycin phosphate gel 1%</i>	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosphate lotion 1%</i>	Non-Pref	PA, QL (60 mL / 25 days)
<i>clindamycin phosphate soln 1%</i>	Pref	QL (60 mL / 25 days)
<i>clindamycin phosphate swab 1%</i>	Non-Pref	PA, QL (60 swabs / 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Pref	QL (50 gm / 25 days)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Pref	QL (50 gm / 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 / 25 days), OTC
DIFFERIN GEL 0.3%	Pref	QL (45 gm / 25 days)
DIFFERIN LOT 0.1%	Pref	
EPIDUO FORTE GEL 0.3-2.5%	Non-Pref	PA
EPIDUO GEL 0.1-2.5%	Non-Pref	PA, QL (45 gm / 25 days)
<i>ery pad 2%</i>	Non-Pref	PA
ERYGEL GEL 2%	Non-Pref	PA
<i>erythromycin gel 2%</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin soln 2%</i>	Pref	QL (120 mL / 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 / 25 days)
ONEXTON GEL 1.2-3.75	Non-Pref	PA
RETIN-A CRE 0.1%	Non-Pref	PA, QL (45 gm / 25 days); AGE
RETIN-A CRE 0.05%	Non-Pref	PA, QL (45 gm / 25 days); AGE
RETIN-A CRE 0.025%	Non-Pref	PA, QL (45 gm / 25 days); AGE
RETIN-A GEL 0.01%	Pref	QL (45 gm / 25 days); AGE
RETIN-A GEL 0.025%	Pref	QL (45 gm / 25 days); AGE
RETIN-A MICR GEL 0.1%	Non-Pref	PA
RETIN-A MICR GEL 0.1%PUMP	Non-Pref	PA
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 9.8-4.8%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Pref	QL (227 gm / 25 days)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Pref	QL (340.2 gm / 25 days)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non-Pref	PA
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</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 / 25 days); AGE (Min 10, Max 35)
<i>tretinoin cream 0.05%</i>	Pref	QL (45 gm / 25 days); AGE (Min 10, Max 35)
<i>tretinoin cream 0.025%</i>	Pref	QL (45 gm / 25 days); AGE (Min 10, Max 35)
<i>tretinoin gel 0.01%</i>	Pref	QL (45 gm / 25 days); AGE (Min 10, Max 35)
<i>tretinoin gel 0.05%</i>	Pref	QL (45 gm / 25 days); AGE (Min 10, Max 35)
<i>tretinoin gel 0.025%</i>	Pref	QL (45 gm / 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
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### **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%</i>	Pref	QL (32 gm / 1 day)
<i>diclofenac sodium soln 1.5%</i>	Pref	QL (300 mL / 25 days)
<i>diclofenac sodium soln 2%</i>	Non-Pref	PA
DICLOTREX II PAK	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DICLOTREX PAK	Non-Pref	PA
LICART DIS 1.3%	Non-Pref	PA
PENNSAID SOL 2%	Non-Pref	PA
<i>venngel one kit 1%</i>	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 / 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 / 25 days)
<i>gentamicin sulfate cream 0.1%</i>	Pref	
<i>gentamicin sulfate oint 0.1%</i>	Pref	QL (30 gm / 25 days)
<i>mupirocin calcium cream 2%</i>	Non-Pref	PA
<i>mupirocin oint 2%</i>	Pref	QL (44 gm / 25 days)
NEO-SYNALAR CRE	Non-Pref	PA
NEO-SYNALAR KIT	Non-Pref	PA
XEPI CRE 1%	Non-Pref	PA

### **ANTIFUNGALS - TOPICAL**

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

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**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>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 / 25 days)
<i>ketoconazole foam 2%</i>	Non-Pref	PA
<i>ketoconazole shampoo 2%</i>	Pref	QL (120 mL / 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 / 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 / 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
NAFTIN GEL 2%	Non-Pref	PA
<i>nystatin cream 100000 unit/gm</i>	Pref	QL (90 gm / 25 days)
<i>nystatin oint 100000 unit/gm</i>	Pref	QL (90 gm / 25 days)
<i>nystatin topical powder 100000 unit/gm</i>	Pref	QL (30 gm / 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

**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>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 / 25 days)
<i>calcipotriene foam 0.005%</i>	Non-Pref	PA
<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 / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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
TREMFYA INJ 100MG/ML	Non-Pref	SP, PA
VECTICAL OIN 3MCG/GM	Non-Pref	PA
VTAMA CRE 1%	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
XERESE CRE 5-1%	Non-Pref	PA
ZOVIRAX CRE 5%	Non-Pref	PA
ZOVIRAX OIN 5%	Non-Pref	PA

### **BURN PRODUCTS**

<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

### **CORTICOSTEROIDS - TOPICAL**

<i>alclometasone dipropionate cream 0.05%</i>	Non-Pref	PA
<i>alclometasone dipropionate oint 0.05%</i>	Non-Pref	PA
<i>amcinonide cream 0.1%</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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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
<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 LOT 0.05%	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 25 days)
<i>desonide lotion 0.05%</i>	Non-Pref	PA
<i>desonide oint 0.05%</i>	Pref	
DESOWEN CRE 0.05%	Non-Pref	PA, QL (60 gm / 25 days)
<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
<i>flurandrenolide oint 0.05%</i>	Non-Pref	PA
<i>fluticasone propionate cream 0.05%</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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 / 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 / 25 days)
<i>mometasone furoate oint 0.1%</i>	Pref	QL (60 gm / 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

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<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 x 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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIBINQO TAB 100MG	Pref	PA
CIBINQO TAB 200MG	Pref	PA
DUPIXENT INJ 100/0.67	Non-Pref	SP, PA
DUPIXENT INJ 200/1.14	Non-Pref	SP, PA
DUPIXENT INJ 200MG	Non-Pref	SP, PA
DUPIXENT INJ 300/2ML	Non-Pref	SP, PA
OPZELURA CRE 1.5%	Pref	PA
<b>EMOLLIENT/KERATOLYTIC AGENTS</b>		
<i>urea cream 40%</i>	Pref	PA, QL (85 gm / 25 days)
<i>urea lotion 40%</i>	Pref	QL (240 gm / 25 days)
<b>EMOLLIENTS</b>		
<i>lactic acid (ammonium lactate) cream 12%</i>	Pref	PA, QL (280 gm / 25 days)
<i>lactic acid (ammonium lactate) lotion 12%</i>	Pref	PA, QL (225 gm / 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 / 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 / 24 days); AGE
<i>pimecrolimus cream 1%</i>	Non-Pref	PA, QL (30 gm / 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 / 25 days)
<i>salicylic acid foam 6%</i>	Pref	QL (200 gm / 25 days)
<i>salicylic acid gel 6%</i>	Pref	QL (120 gm / 25 days)
<b>LOCAL ANESTHETICS - TOPICAL</b>		
APRIZIO PAK KIT	Non-Pref	PA
DERMACINRX PAK PHN	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DERMACINRX PAK ZRM	Non-Pref	PA
<i>glydo gel 2%</i>	Pref	
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 / 25 days)
<i>lidocaine patch 5%</i>	Pref	QL (3 patches / 1 day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Pref	QL (60 gm / 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Non-Pref	PA
LIDODERM DIS 5%	Non-Pref	PA, QL (3 packets / 1 day)
LIDOPURE KIT 5%	Non-Pref	PA
LIDOTOR KIT 2.5-2.5%	Non-Pref	PA
LIDOTRAL 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
ZILACAINE PAK 5%	Non-Pref	PA
ZTLIDO PAD 1.8%	Non-Pref	PA

### **MISC. TOPICAL**

DRYSOL SOL 20%	Pref	
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### **PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL**

EUCRISA OIN 2%	Non-Pref	PA
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### **ROSACEA AGENTS**

<i>azelaic acid gel 15%</i>	Pref	
<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
METROLOTION LOT 0.75%	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metronidazole cream 0.75%</i>	Pref	
<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>ivermectin lotion 0.5%</i>	Non-Pref	PA
<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 / 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 / 25 days)
ACETONE (URINE) TEST STRIP	Pref	OTC
BD VERITOR KIT SARSCOV2	Pref	QL (12 kits / 25 days)
BINAXNOW COV KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
BINAXNOW KIT COVID-19	Pref	QL (12 kits / 25 days)
CARESTART KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
CLEARDETECT KIT COVID-19	Pref	QL (12 kits / 25 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINITEST KIT SELF-TST	Pref	QL (12 kits / 25 days), OTC
COBAS COV-2 KIT ASSAY	Pref	QL (12 kits / 25 days)
COBAS COV-2 KIT CONTROL	Pref	QL (12 kits / 25 days)
COVID-19 AT- KIT 1-PACK	Pref	QL (12 kits / 25 days), OTC
COVID-19 AT- KIT 4-PACK	Pref	QL (12 kits / 25 days), OTC
COVID-19 KIT	Pref	QL (12 kits / 25 days), OTC
COVID-19 TES KIT SPECIMEN	Pref	QL (12 kits / 25 days), OTC
DIATRUST KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
DXTERITY TES KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
ECOTEST KIT COVID-19	Pref	QL (1 kit / year)
ELLUME COV19 KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
EVERLYWELL KIT HOME	Pref	QL (12 kits / 25 days), OTC
FASTEP KIT COVID-19	Pref	QL (1 kit / year)
FLOWFLEX KIT TEST	Pref	QL (12 kits / 25 days), OTC
ID NOW CONTR KIT COVID-19	Pref	QL (12 kits / 25 days)
ID NOW KIT COVID-19	Pref	QL (12 kits / 25 days)
IHEALTH 2-PK KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
IHEALTH 5-PK KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
IHEALTH 40PK KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
INDICAID KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
INTELISWAB KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
LUCIRA CHECK KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
LUCIRA KIT COVID-19	Pref	QL (12 kits / 25 days)
LYRA DIRECT KIT COV-2	Pref	QL (12 kits / 25 days)
LYRA SARS KIT COV-2	Pref	QL (12 kits / 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>
MYLAB BOX KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
ON/GO COVID KIT ANTIGEN	Pref	QL (12 kits / 25 days), OTC
ON/GO ONE KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
OTC ANTIGENT KIT 1-PACK	Pref	QL (12 kits / 25 days), OTC
OTC ANTIGENT KIT 2-PACK	Pref	QL (12 kits / 25 days), OTC
PIXEL COVID KIT HOME TES	Pref	QL (12 kits / 25 days), OTC
QUICKVUE HOM KIT COVID-19	Pref	QL (12 kits / 25 days), OTC
QUICKVUE KIT SARS ANT	Pref	QL (12 kits / 25 days)
RAPID RESPON KIT COVID-19	Pref	QL (1 kit / 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 / 25 days), OTC
SOFIA 2 SARS KIT ANTIGEN	Pref	QL (12 kits / 25 days)
SOFIA SARS KIT ANTIGEN	Pref	QL (12 kits / 25 days)
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
XPERT XPRESS KIT COV-2	Pref	QL (12 kits / 25 days)

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

### ***DIGESTIVE ENZYMES***

CREON CAP 3000UNIT	Pref	QL (6 caps / 1 day)
CREON CAP 6000UNIT	Pref	QL (6 caps / 1 day)
CREON CAP 12000UNT	Pref	QL (6 caps / 1 day)
CREON CAP 24000UNT	Pref	QL (6 caps / 1 day)
CREON CAP 36000UNT	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 25000	Pref	
ZENPEP CAP 40000	Pref	

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

### **CARBONIC ANHYDRASE INHIBITORS**

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

### **DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 25/25	Non-Pref	PA, QL (3 tabs / 1 day)
ALDACTAZIDE TAB 50/50	Non-Pref	PA
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Pref	QL (2 tabs / 1 day); DS
MAXZIDE TAB 75-50	Non-Pref	PA, QL (4 tabs / 1 day)
MAXZIDE-25 TAB	Non-Pref	PA, QL (4 tabs / 1 day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	Pref	QL (3 tabs / 1 day); DS
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Pref	QL (2 caps / 1 day); DS

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	Pref	QL (4 tabs / 1 day); DS

### **LOOP DIURETICS**

<i>bumetanide inj 0.25 mg/ml</i>	Pref	PA
<i>bumetanide tab 0.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>bumetanide tab 1 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>bumetanide tab 2 mg</i>	Pref	QL (5 tabs / 1 day); DS
BUMEX TAB 0.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
EDECIN 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 / 1 day); DS
<i>furosemide tab 40 mg</i>	Pref	QL (6 tabs / 1 day); DS
<i>furosemide tab 80 mg</i>	Pref	QL (6 tabs / 1 day); DS
LASIX TAB 20MG	Non-Pref	PA, QL (6 tabs / 1 day)
LASIX TAB 40MG	Non-Pref	PA, QL (6 tabs / 1 day)
LASIX TAB 80MG	Non-Pref	PA, QL (6 tabs / 1 day)
SOD EDECIN INJ 50MG	Non-Pref	PA
<i>torsemide tab 5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>torsemide tab 10 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>torsemide tab 20 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>torsemide tab 100 mg</i>	Pref	QL (2 tabs / 1 day); DS

### **POTASSIUM SPARING DIURETICS**

ALDACTONE TAB 25MG	Non-Pref	PA, QL (8 tabs / 1 day)
ALDACTONE TAB 50MG	Non-Pref	PA, QL (4 tabs / 1 day)
ALDACTONE TAB 100MG	Non-Pref	PA, QL (2 tabs / 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 / 1 day); DS
<i>spironolactone tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>spironolactone tab 100 mg</i>	Pref	QL (2 tabs / 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
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>chlorthalidone tab 25 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>chlorthalidone tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
DIURIL SUS 250/5ML	Non-Pref	PA
<i>hydrochlorothiazide cap 12.5 mg</i>	Pref	QL (2 caps / 1 day)
<i>hydrochlorothiazide tab 12.5 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydrochlorothiazide tab 25 mg</i>	Pref	QL (8 tabs / 1 day); DS
<i>hydrochlorothiazide tab 50 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>indapamide tab 1.25 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>indapamide tab 2.5 mg</i>	Pref	QL (2 tabs / 1 day); DS
<i>metolazone tab 2.5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metolazone tab 5 mg</i>	Pref	QL (4 tabs / 1 day); DS
<i>metolazone tab 10 mg</i>	Pref	QL (2 tabs / 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 / 1 day)
<i>alendronate sodium tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>alendronate sodium tab 35 mg</i>	Pref	QL (4 tabs / 30 days)
<i>alendronate sodium tab 70 mg</i>	Pref	QL (4 tabs / 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 / 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 / 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 / 30 days)
MIACALCIN INJ 200/ML	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<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>		
ORILISSA TAB 150MG	Pref	PA
ORILISSA 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZOMACTON INJ 10MG	Non-Pref	SP, PA
ZORBTIVE INJ 8.8MG	Non-Pref	SP, PA
<b>HORMONE RECEPTOR MODULATORS</b>		
EVISTA TAB 60MG	Non-Pref	PA, QL (1 tab / 1 day)
OSPHENA TAB 60MG	Non-Pref	PA
<i>raloxifene hcl tab 60 mg</i>	Pref	QL (1 tab / 1 day)
<b>INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)</b>		
INCRELEX INJ 40MG/4ML	Pref	SP, PA
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
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
SUPPRELIN LA KIT 50MG	Pref	PA; EA
SYNAREL SOL 2MG/ML	Pref	SP, PA, QL (32 mL / 28 days)
TRIPTODUR SUS 22.5MG	Non-Pref	PA; EA
<b>METABOLIC MODIFIERS</b>		
<i>betaine powder for oral solution</i>	Pref	PA
<i>calcitriol cap 0.5 mcg</i>	Pref	QL (4 caps / 1 day)
<i>calcitriol cap 0.25 mcg</i>	Pref	QL (4 caps / 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 / 1 day)
CARNITOR SOL 1GM/10ML	Non-Pref	PA, QL (60 mL / 1 day)
CARNITOR TAB 330MG	Non-Pref	PA, QL (18 tabs / 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 / 1 day)
<i>levocarnitine tab 330 mg</i>	Pref	QL (18 tabs / 1 day)
<i>paricalcitol cap 1 mcg</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
ROCALTROL CAP 0.25MCG	Non-Pref	PA, QL (4 caps / 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
<b>MINERALOCORTICOID RECEPTOR ANTAGONISTS</b>		
KERENDIA TAB 10MG	Pref	PA
KERENDIA TAB 20MG	Pref	PA
<b>POSTERIOR PITUITARY HORMONES</b>		
DDAVP INJ 4MCG/ML	Non-Pref	PA
DDAVP TAB 0.1MG	Non-Pref	PA, QL (4 tabs / 1 day)
DDAVP TAB 0.2MG	Non-Pref	PA, QL (5 tabs / 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 / 1 day)
<i>desmopressin acetate tab 0.2 mg</i>	Pref	QL (5 tabs / 1 day)
NOCDURNA SUB 27.7MCG	Non-Pref	PA
NOCDURNA SUB 55.3MCG	Non-Pref	PA
STIMATE SOL 1.5MG/ML	Non-Pref	SP, 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 / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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
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
<b>VASOPRESSIN RECEPTOR ANTAGONISTS</b>		
JYNARQUE PAK 15MG	Non-Pref	PA; Therapy Pack
JYNARQUE PAK 30-15MG	Non-Pref	PA
JYNARQUE PAK 45-15MG	Non-Pref	PA
JYNARQUE PAK 60-30MG	Non-Pref	PA
JYNARQUE PAK 90-30MG	Non-Pref	PA
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

**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**  
**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>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>fyavolv tab 0.5-2.5</i>	Pref	
<i>fyavolv tab 1-5</i>	Pref	
<i>jinteli tab 1mg-5mcg</i>	Pref	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
<i>estradiol tab 2 mg</i>	Pref	
<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 20 mg/ml</i>	Pref	
<i>estradiol valerate im in oil 40 mg/ml</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
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	
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 / 1 day); AGE
CIPRO (10%) SUS 500MG/5	Pref	QL (12 mL / 1 day)
CIPRO TAB 250MG	Non-Pref	PA, QL (2 tabs / 1 day)
CIPRO TAB 500MG	Non-Pref	PA, QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>levofloxacin oral soln 25 mg/ml</i>	Non-Pref	PA
<i>levofloxacin tab 250 mg</i>	Pref	

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**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>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-HT<sub>4</sub> 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
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### **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

### **BILE ACID SYNTHESIS DISORDER AGENTS**

CHOLBAM CAP 50MG	Non-Pref	PA
CHOLBAM CAP 250MG	Non-Pref	PA

### **FARNESOID X RECEPTOR (FXR) AGONISTS**

OCALIVA TAB 5MG	Non-Pref	SP, PA
OCALIVA TAB 10MG	Non-Pref	SP, PA

### **GALLSTONE SOLUBILIZING AGENTS**

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 / 1 day)
URSO FORTE TAB 500MG	Non-Pref	PA, QL (6 tabs / 1 day)
<i>ursodiol cap 300 mg</i>	Pref	QL (10 caps / 1 day)
URSODIOL SUS 30MG/ML	Non-Pref	PA
<i>ursodiol tab 250 mg</i>	Pref	QL (12 tabs / 1 day)
<i>ursodiol tab 500 mg</i>	Pref	QL (6 tabs / 1 day)

### **GASTROINTESTINAL ANTIALLERGY AGENTS**

<i>cromolyn sodium oral conc 100 mg/5ml</i>	Non-Pref	PA, QL (1200 mL / 25 days)
GASTROCROM CON 100/5ML	Non-Pref	PA, QL (1200 mL / 25 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Pref	QL (6 tabs / 1 day)
REGLAN TAB 5MG	Non-Pref	PA, QL (6 tabs / 1 day)
REGLAN TAB 10MG	Non-Pref	PA, QL (6 tabs / 1 day)
<b>INFLAMMATORY BOWEL AGENTS</b>		
APRISO CAP 0.375GM	Pref	QL (4 caps / 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 / 1 day)
AZULFIDINE TAB 500MG EN	Non-Pref	PA, QL (8 tabs / 1 day)
<i>balsalazide disodium cap 750 mg</i>	Pref	
CANASA SUP 1000MG	Pref	QL (2 supp / 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	SP, 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 / 1 day)

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**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>mesalamine cap er 500 mg</i>	Pref	QL (8 caps / 1 day)
<i>mesalamine enema 4 gm</i>	Non-Pref	PA, QL (60 mL / 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 / 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 / 1 day)
PENTASA CAP 500MG CR	Pref	QL (8 caps / 1 day)
REMICADE INJ 100MG	Non-Pref	SP, PA
RENFLEXIS INJ 100MG	Non-Pref	SP, PA
ROWASA KIT 4GM	Non-Pref	PA
SFROWASA ENE 4GM	Non-Pref	PA
SKYRIZI INJ 150MG/ML	Non-Pref	PA
SKYRIZI SOL 60MG/ML	Non-Pref	PA
STELARA INJ 5MG/ML	Non-Pref	PA
<i>sulfasalazine tab 500 mg</i>	Pref	QL (10 tabs / 1 day)
<i>sulfasalazine tab delayed release 500 mg</i>	Pref	QL (8 tabs / 1 day)

### **INTESTINAL ACIDIFIERS**

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Pref	QL (180 mL / 1 day)
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### **IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

<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

### **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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SYMPROIC TAB 0.2MG	Non-Pref	PA
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**PHOSPHATE BINDER AGENTS**

AURYXIA TAB 210MG	Non-Pref	PA
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<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Pref	
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<i>calcium acetate (phosphate binder) tab 667 mg</i>	Non-Pref	PA
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FOSRENOL CHW 500MG	Non-Pref	PA
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FOSRENOL CHW 750MG	Non-Pref	PA
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FOSRENOL CHW 1000MG	Non-Pref	PA
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FOSRENOL POW 750MG	Non-Pref	PA
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FOSRENOL POW 1000MG	Non-Pref	PA
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<i>lanthanum carbonate chew tab 500 mg (elemental)</i>	Non-Pref	PA
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<i>lanthanum carbonate chew tab 750 mg (elemental)</i>	Non-Pref	PA
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<i>lanthanum carbonate chew tab 1000 mg (elemental)</i>	Non-Pref	PA
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PHOSLYRA SOL	Pref	
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RENAGEL TAB 800MG	Non-Pref	PA
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REVELA POW 0.8GM	Non-Pref	PA
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REVELA POW 2.4GM	Non-Pref	PA
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REVELA TAB 800MG	Non-Pref	PA
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<i>sevelamer carbonate packet 0.8 gm</i>	Non-Pref	PA
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<i>sevelamer carbonate packet 2.4 gm</i>	Non-Pref	PA
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<i>sevelamer carbonate tab 800 mg</i>	Pref	
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<i>sevelamer hcl tab 400 mg</i>	Non-Pref	PA
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<i>sevelamer hcl tab 800 mg</i>	Non-Pref	PA
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VELPHORO CHW 500MG	Non-Pref	PA
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**SHORT BOWEL SYNDROME (SBS) AGENTS**

GATTEX KIT 5MG	Pref	SP, PA
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**GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS**

**ACIDIFIERS**

K-PHOS TAB NO 2	Pref	
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**ALKALINIZERS**

<i>cytra k gra crystals</i>	Pref	QL (4 packets / 1 day)
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ORACIT SOL	Non-Pref	PA
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<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	Pref	QL (4 mL / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Pref	QL (10 tabs / 1 day)
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Pref	QL (6 tabs / 1 day)
<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i>	Pref	QL (120 mL / 1 day)
UROCIT-K 5 TAB	Non-Pref	PA, QL (20 tabs / 1 day)
UROCIT-K 10 TAB	Non-Pref	PA, QL (10 tabs / 1 day)
UROCIT-K 15 TAB	Non-Pref	PA, QL (6 tabs / 1 day)
<b>GENITOURINARY IRRIGANTS</b>		
<i>acetic acid irrigation soln 0.25%</i>	Pref	
<i>sodium chloride irrigation soln 0.9%</i>	Pref	
<b>INTERSTITIAL CYSTITIS AGENTS</b>		
ELMIRON CAP 100MG	Pref	PA
RIMSO-50 SOL 50%	Pref	PA
<b>PROSTATIC HYPERTROPHY AGENTS</b>		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	Pref	QL (1 tab / 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	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Non-Pref	PA
<i>finasteride tab 5 mg</i>	Pref	QL (1 tab / 1 day)
FLOMAX CAP 0.4MG	Non-Pref	PA, QL (2 caps / 1 day)
JALYN CAP	Non-Pref	PA
PROSCAR TAB 5MG	Non-Pref	PA, QL (1 tab / 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 / 1 day)
<b>URINARY ANALGESICS</b>		
<i>phenazo tab 200mg</i>	Pref	QL (3 tabs / 1 day)
<i>phenazopyridine hcl tab 100 mg</i>	Pref	QL (3 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenazopyridine hcl tab 200 mg</i>	Pref	QL (3 tabs / 1 day)
PYRIDIDIUM TAB 100MG	Non-Pref	PA, QL (3 tabs / 1 day)
PYRIDIDIUM TAB 200MG	Non-Pref	PA, QL (3 tabs / 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 / 1 day)
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#### **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 / 1 day)
<i>allopurinol tab 300 mg</i>	Pref	QL (4 tabs / 1 day)
ALOPRIM INJ 500MG	Pref	PA
<i>colchicine cap 0.6 mg</i>	Non-Pref	PA, QL (3 caps / 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
GLOPERBA SOL 0.6/5ML	Non-Pref	PA
KRYSTEXXA INJ 8MG/ML	Non-Pref	PA
MITIGARE CAP 0.6MG	Non-Pref	PA, QL (3 caps / 1 day)
ULORIC TAB 40MG	Non-Pref	PA
ULORIC TAB 80MG	Non-Pref	PA
ZYLOPRIM TAB 100MG	Non-Pref	PA, QL (6 tabs / 1 day)
ZYLOPRIM TAB 300MG	Non-Pref	PA, QL (4 tabs / 1 day)

### **URICOSURICS**

<i>probenecid tab 500 mg</i>	Pref	QL (3 tabs / 1 day)
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### **HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS**

#### **HEMATAOLOGIC - 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 / 1 day)
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#### **HEMIN**

PANHEMATIN INJ 350MG	Pref	PA
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Drug Name	Drug Tier	Requirements/Limits
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**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 / 1 day)
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Pref	QL (2 tabs / 1 day)
<i>dipyridamole tab 25 mg</i>	Pref	QL (10 tabs / 1 day)
<i>dipyridamole tab 50 mg</i>	Pref	QL (8 tabs / 1 day)
<i>dipyridamole tab 75 mg</i>	Pref	QL (4 tabs / 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 / 1 day)
<i>prasugrel hcl tab 5 mg (base equiv)</i>	Pref	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	Pref	
ZONTIVITY TAB 2.08MG	Non-Pref	PA

**PROTAMINE**

<i>protamine sulfate inj 10 mg/ml</i>	Pref	PA
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**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 GAUCHER DISEASE**

CERDELGA CAP 84MG	Non-Pref	SP, PA
CEREZYME INJ 400UNIT	Non-Pref	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ELELYSO INJ 200UNIT	Non-Pref	SP, PA
<i>miglustat cap 100 mg</i>	Pref	SP, PA
VPRIV INJ 400UNIT	Non-Pref	SP, PA
ZAVESCA CAP 100MG	Pref	SP, PA

### **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 / 1 day)
<i>folic acid tab 800 mcg</i>	Pref	QL (5 tabs / 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
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

**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>
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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 / 1 day)
<i>ferottrinsic cap</i>	Pref	QL (2 caps / 1 day)
<i>ferrocite tab plus</i>	Pref	QL (1 tab / 1 day)
<i>foltrin cap</i>	Pref	QL (2 caps / 1 day)
<i>hematinic pl tab vit/min</i>	Pref	QL (1 tab / 1 day)
<i>iron 100 tab plus</i>	Pref	QL (1 tab / 1 day), OTC
<i>iron 100/c tab 100-250</i>	Pref	QL (1 tab / 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 / 1 day)
<i>se-tan plus cap</i>	Pref	QL (1 cap / 1 day)
<i>trigels-f cap forte</i>	Pref	QL (1 cap / 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 / 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 / 1 day), OTC
<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

**Drug Name** **Drug Tier** **Requirements/Limits**  
**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
LYSTEDA TAB 650MG	Non-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 / 1 day)
<i>phenobarbital tab 15 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 16.2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 30 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 32.4 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 60 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 64.8 mg</i>	Pref	QL (3 tabs / 1 day)
<i>phenobarbital tab 97.2 mg</i>	Pref	QL (2 tabs / 1 day)
<i>phenobarbital tab 100 mg</i>	Pref	QL (2 tabs / 1 day)

**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*

**NON-BARBITURATE HYPNOTICS**

AMBIEN CR TAB 6.25MG	Non-Pref	PA
AMBIEN CR TAB 12.5MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMBIEN TAB 5MG	Non-Pref	PA
AMBIEN TAB 10MG	Non-Pref	PA
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*
<i>flurazepam hcl cap 15 mg</i>	Non-Pref	PA; AGE*
<i>flurazepam hcl cap 30 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MIDAZOLAM SUS 1MG/ML	Non-Pref	PA
RESTORIL CAP 7.5MG	Non-Pref	PA; AGE*
RESTORIL CAP 15MG	Non-Pref	PA; AGE*
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 / 1 day); AGE*
ROZEREM TAB 8MG	Non-Pref	PA, QL (1 tab / 1 day); AGE*

## **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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>eq daily fib pow 51.7%</i>	Pref	OTC
<i>psyldex 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
<i>psyllium powder 100%</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-g sol</i>	Pref	QL (4000 mL / 1 day)
GOLYTELY SOL	Non-Pref	PA, QL (4000 mL / 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 / 1 day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Pref	QL (4000 mL / 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 / 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 / 1 day)
<i>polyethylene glycol 3350 oral powder</i>	Pref	OTC

### **LUBRICANT LAXATIVES**

<i>mineral oil- rx</i>	Non-Pref	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SALINE LAXATIVES</b>		
<i>magnesium citrate soln</i>	Pref	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Pref	OTC
OSMOPREP TAB 1.5GM	Non-Pref	PA
<i>pediatric ene enema</i>	Pref	OTC
<i>sodium phosphates - enema</i>	Pref	OTC
<b>STIMULANT LAXATIVES</b>		
<i>bisacodyl suppos 10 mg</i>	Pref	QL (1 supp / 1 day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Pref	QL (3 tabs / 1 day), OTC
<i>laxative reg tab 15mg</i>	Pref	OTC
<i>laxative 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
<b>SURFACTANT LAXATIVES</b>		
BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG	Pref	OTC
<i>docusate calcium cap 240 mg</i>	Pref	QL (2 caps / 1 day), OTC
<i>docusate sodium cap 100 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>docusate sodium cap 250 mg</i>	Pref	QL (6 caps / 1 day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Pref	OTC
<i>docusate sodium tab 100 mg</i>	Pref	OTC
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AZITHROMYCIN</b>		
<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 / 25 days)
<i>azithromycin tab 250 mg</i>	Pref	QL (13 tabs / 25 days)
<i>azithromycin tab 500 mg</i>	Pref	QL (13 tabs / 25 days)
<i>azithromycin tab 600 mg</i>	Pref	QL (2 tabs / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZITHROMAX SUS 100/5ML	Non-Pref	PA
ZITHROMAX SUS 200/5ML	Non-Pref	PA
ZITHROMAX TAB 250MG	Non-Pref	PA, QL (13 tabs / 25 days)
ZITHROMAX TAB 500MG	Non-Pref	PA, QL (13 tabs / 25 days)
ZITHROMAX TAB TRI-PAK	Non-Pref	PA, QL (13 tabs / 25 days)

### **CLARITHROMYCIN**

<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

### **ERYTHROMYCINS**

<i>e.e.s. 400 tab 400mg</i>	Non-Pref	PA, QL (6 tabs / 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 / 1 day)
<i>ery-tab tab 500mg ec</i>	Non-Pref	PA, QL (4 tabs / 1 day)
ERYPED SUS 200/5ML	Non-Pref	PA
ERYPED SUS 400/5ML	Non-Pref	PA, QL (30 mL / 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 / 1 day)
<i>erythromycin ethylsuccinate tab 400 mg</i>	Pref	QL (6 tabs / 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 / 1 day)
<i>erythromycin tab delayed release 250 mg</i>	Non-Pref	PA, QL (8 tabs / 1 day)
<i>erythromycin tab delayed release 333 mg</i>	Pref	QL (6 tabs / 1 day)
<i>erythromycin tab delayed release 333 mg</i>	Non-Pref	PA, QL (6 tabs / 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Pref	QL (4 tabs / 1 day)
<i>erythromycin tab delayed release 500 mg</i>	Non-Pref	PA, QL (4 tabs / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Pref	QL (8 caps / 1 day)

### **FIDAXOMICIN**

DIFICID SUS	Non-Pref	PA
DIFICID TAB 200MG	Non-Pref	PA

## **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 / 310 days)
DEXCOM G6 MIS SENSOR	Pref	PA, QL (3 boxes / 25 days)
DEXCOM G6 MIS TRANSMIT	Pref	PA, QL (1 box / 76 days)
FREESTY LIBR KIT 2 SENSOR	Pref	PA, QL (2 boxes / 25 days)
FREESTY LIBR MIS 2 READER	Pref	PA, QL (1 each / 310 days)
FREESTYLE KIT SENSOR	Pref	PA, QL (2 boxes / 25 days)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FREESTYLE MIS READER	Pref	PA, QL (1 each / 310 days)
LANCETS	Pref	OTC
RELION TRUE KIT MET AIR	Pref	QL (1 box / year), OTC; Pharmacy: see instructions on claim
TRUE METRIX KIT AIR	Pref	QL (1 box / year), OTC; Pharmacy: see instructions on claim
TRUE METRIX KIT METER	Pref	QL (1 box / year), OTC; Pharmacy: see instructions on claim

### **MISC. DEVICES**

ALCOHOL SWABS	Pref	QL (200 pads / 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 SYRG MIS 1ML/27G	Pref	OTC
ALLERGY TRAY KIT 27GX1/2"	Pref	OTC
1ML ALLR SYR MIS 27GX1/2"	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

**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 NEEDLE MIS 23GX1"	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
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 / 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	
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

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
EASYPOINT MIS 25GX5/8"	Pref	
EASYPOINT MIS 25GX5/8"	Pref	OTC
ECLIPSE NDLE MIS 25GX1.5"	Pref	OTC
FILTER ASPIR MIS 18GX3"	Pref	
HUBER NEEDLE MIS 19GX1"	Pref	OTC
HUBER NEEDLE MIS 19GX1.25	Pref	OTC
HUBER NEEDLE MIS 19GX3/4"	Pref	OTC
HUBER NEEDLE MIS 20GX1"	Pref	OTC
HUBER NEEDLE MIS 20GX1.5"	Pref	OTC
HUBER NEEDLE MIS 20GX1.25	Pref	OTC
HUBER NEEDLE MIS 20GX3/4"	Pref	OTC
HUBER NEEDLE MIS 22GX1"	Pref	OTC
HUBER NEEDLE MIS 22GX1.5"	Pref	OTC
HUBER NEEDLE MIS 22GX1.25	Pref	OTC
HUBER NEEDLE MIS 22GX3/4"	Pref	OTC
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYPO NEEDLE MIS 20GX1.5"	Pref	OTC
HYPO NEEDLE MIS 20GX3/4"	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 21GX1.25	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 22GX1.25	Pref	OTC
HYPO NEEDLE MIS 22GX3/4"	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
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 25GX3/4"	Pref	OTC
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
INSULIN SYRG MIS 1ML/31G	Pref	OTC; TRUEPLUS
INTRO NEEDLE MIS 18GX1.25	Pref	
10ML LL SYRG MIS CONTROL	Pref	OTC
12ML 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
12ML 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	
3ML LL SYRNG MIS 20GX1.5"	Pref	OTC
3ML LL SYRNG MIS 20GX3/4"	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
3ML LL SYRNG MIS 21GX1"	Pref	
6ML LL SYRNG MIS 21GX1"	Pref	OTC
3ML LL SYRNG MIS 21GX1.5"	Pref	
6ML LL SYRNG MIS 21GX1.5"	Pref	OTC
3ML LL SYRNG MIS 21GX1.25	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 22GX1.25	Pref	OTC
3ML LL SYRNG MIS 22GX3/4"	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 LL SYRNG MIS 27GX1.25	Pref	OTC
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
6ML LUER LOK MIS 20GX1"	Pref	OTC
6ML LUER LOK MIS 21GX1.25	Pref	OTC
6ML LUER LOK MIS 22GX1"	Pref	OTC
6ML LUER LOK MIS 22GX1.25	Pref	OTC
LUER-LOK MIS SYRG 5ML	Pref	OTC
LUER-LOK SYR MIS 1ML/20G	Pref	OTC
1M ALLR SYR MIS 27GX1/2"	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
MONOJECT S/P MIS 60ML/LL	Pref	OTC
MONOJECT S/P MIS 60ML/REG	Pref	OTC

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MULIT-DRAW MIS 22GX1.5"	Pref	OTC
MULTI-DRAW MIS 20GX1.5	Pref	OTC
MULTI-DRAW MIS 21GX1.5"	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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
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 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
SAFTY NEEDLE MIS 23GX5/8"	Pref	
SAFTY NEEDLE MIS 25GX1"	Pref	
SAFTY NEEDLE MIS 25GX5/8"	Pref	
SECURES SAFE MIS 18GX1"	Pref	OTC
SECURES SAFE MIS 19GX1"	Pref	OTC
SECURES SAFE MIS 19GX1.5"	Pref	OTC
SECURES SAFE MIS 20GX1"	Pref	OTC
SECURES SAFE MIS 20GX1.5"	Pref	OTC
SECURES SAFE MIS 21GX1"	Pref	OTC
SECURES SAFE MIS 21GX1.5"	Pref	OTC
SECURES SAFE MIS 22GX1"	Pref	OTC
SECURES SAFE MIS 22GX1.5"	Pref	OTC
SECURES SAFE MIS 23GX1"	Pref	OTC
SECURES SAFE MIS 23GX1.5"	Pref	OTC
SECURES SAFE MIS 25GX1.5"	Pref	OTC
SECURES SAFE MIS 25GX5/8"	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 SYRING MIS CATH TIP	Pref	
5-6ML SYRING MIS LUER LCK	Pref	OTC
5-6ML SYRING MIS LUER SLP	Pref	OTC
140ML SYRING MIS LUER-LOC	Pref	
140ML SYRING 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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	
12ML SYRINGE MIS 21GX1"	Pref	OTC
12ML SYRINGE MIS 21GX1.5"	Pref	
12ML SYRINGE MIS 21GX1.5"	Pref	OTC
5ML SYRINGE MIS 22GX1"	Pref	OTC
12ML SYRINGE MIS 22GX1.5"	Pref	
12ML 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
10ML SYRINGE MIS 27GX1.5"	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

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**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>
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	
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
30-35ML SYRN MIS CATH TIP	Pref	OTC
50-60ML SYRN MIS CT EC	Pref	OTC
20-25ML SYRN MIS LS EC	Pref	OTC
10-12ML SYRN MIS LUER LCK	Pref	OTC
10-12ML SYRN MIS LUER SLP	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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 LUER SLP	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 / year), OTC
PEAK FLOW METER- RX	Pref	QL (1 box / year)
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Pref	QL (1 box / year), OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Pref	QL (1 box / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Pref	QL (2 spacer / year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Pref	QL (2 spacer / 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
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 / 1 day)
<i>migergot sup 2/100</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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**

CAMBIA POW 50MG	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 / 25 days)
IMITREX INJ 6MG/0.5	Non-Pref	PA, QL (8 injections / 25 days)
IMITREX SPR 5MG/ACT	Pref	QL (12 inhalers / 25 days)
IMITREX SPR 20MG/ACT	Pref	QL (12 inhalers / 25 days)
IMITREX TAB 25MG	Non-Pref	PA, QL (12 tabs / 25 days)
IMITREX TAB 50MG	Non-Pref	PA, QL (12 tabs / 25 days)
IMITREX TAB 100MG	Non-Pref	PA, QL (12 tabs / 25 days)
MAXALT TAB 10MG	Non-Pref	PA, QL (12 tabs / 25 days)
MAXALT-MLT TAB 10MG	Non-Pref	PA, QL (12 tabs / 25 days)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Pref	QL (12 tabs / 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Pref	QL (12 tabs / 1 day)
ONZETRA XSAI MIS 11MG	Non-Pref	PA
RELPAK TAB 20MG	Non-Pref	PA
RELPAK 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 / 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Pref	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Pref	QL (12 tabs / 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Pref	QL (12 inhalations / 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Pref	QL (12 inhalations / 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Pref	QL (8 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Non-Pref	PA, QL (8 injections / 25 days)
<i>sumatriptan succinate tab 25 mg</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 50 mg</i>	Pref	QL (12 tabs / 25 days)
<i>sumatriptan succinate tab 100 mg</i>	Pref	QL (12 tabs / 25 days)
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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 / 1 day)
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	Pref	QL (1 tab / 1 day)
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	Pref	QL (1 tab / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	Pref	QL (50 mL / 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 / 1 day)
K-PHOS TAB NEUTRAL	Non-Pref	PA, QL (8 tabs / 1 day)
<i>phospho-trin tab k500</i>	Pref	QL (8 tabs / 1 day)
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg</i>	Pref	QL (8 tabs / 1 day)

### **POTASSIUM**

EFFER-K TAB 10MEQ	Pref	
EFFER-K TAB 20MEQ	Pref	
K-TAB TAB 10MEQ CR	Non-Pref	PA, QL (4 tabs / 1 day)
K-TAB TAB 20MEQ	Non-Pref	PA
<i>klor-con 8 tab 8meq er</i>	Pref	QL (4 tabs / 1 day)
<i>klor-con 10 tab 10meq er</i>	Pref	QL (4 tabs / 1 day)
<i>klor-con m15 tab 15meq er</i>	Pref	QL (6 tabs / 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 / 1 day)
<i>potassium chloride cap er 8 meq</i>	Pref	QL (4 caps / 1 day)
<i>potassium chloride cap er 10 meq</i>	Pref	QL (4 caps / 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 / 1 day)
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	Pref	QL (5 tabs / 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 / 1 day)
<i>potassium chloride tab er 10 meq</i>	Pref	QL (4 tabs / 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	SP, PA, QL (1 cap / 1 day)
<i>lenalidomide cap 10 mg</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>lenalidomide cap 15 mg</i>	Pref	SP, PA, QL (1 cap / 1 day)
<i>lenalidomide cap 25 mg</i>	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 2.5MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 5MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 10MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 15MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 20MG	Pref	SP, PA, QL (1 cap / 1 day)
REVLIMID CAP 25MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
REZUROCK TAB 200MG	Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALOMID CAP 50MG	Pref	SP, PA
THALOMID CAP 100MG	Pref	SP, PA
THALOMID CAP 150MG	Pref	SP, PA
THALOMID CAP 200MG	Pref	SP, PA
VYVGART INJ 400/20ML	Pref	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 / 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 / 1 day)
CELLCEPT SUS 200MG/ML	Pref	
CELLCEPT TAB 500MG	Non-Pref	PA, QL (8 tabs / 1 day)
<i>cyclosporine cap 25 mg</i>	Pref	QL (16 caps / 1 day)
<i>cyclosporine cap 100 mg</i>	Pref	QL (5 caps / 1 day)
<i>cyclosporine modified cap 25 mg</i>	Pref	QL (15 caps / 1 day)
<i>cyclosporine modified cap 50 mg</i>	Non-Pref	PA
<i>cyclosporine modified cap 100 mg</i>	Pref	QL (10 caps / 1 day)
<i>cyclosporine modified oral soln 100 mg/ml</i>	Pref	QL (10 mL / 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 / 1 day)
<i>gengraf cap 100mg</i>	Pref	QL (10 caps / 1 day)
<i>gengraf sol 100mg/ml</i>	Pref	QL (10 mL / 1 day)
IMURAN TAB 50MG	Non-Pref	PA, QL (8 tabs / 1 day)
LUPKYNIS CAP 7.9MG	Non-Pref	PA
<i>mycophenolate mofetil cap 250 mg</i>	Pref	QL (12 caps / 1 day)
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Pref	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mycophenolate mofetil tab 500 mg</i>	Pref	QL (8 tabs / 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
MYFORTIC TAB 360MG	Non-Pref	PA
NEORAL CAP 25MG	Non-Pref	PA, QL (15 caps / 1 day)
NEORAL CAP 100MG	Non-Pref	PA, QL (10 caps / 1 day)
NEORAL SOL 100MG/ML	Non-Pref	PA, QL (10 mL / 1 day)
PROGRAF CAP 0.5MG	Non-Pref	PA, QL (2 caps / 1 day)
PROGRAF CAP 1MG	Non-Pref	PA, QL (14 caps / 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 / 1 day)
SANDIMMUNE CAP 100MG	Non-Pref	PA, QL (5 caps / 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 / 1 day)
<i>tacrolimus cap 1 mg</i>	Pref	QL (14 caps / 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
<b>IRRIGATION SOLUTIONS</b>		
<i>water for irrigation, sterile irrigation soln</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>POTASSIUM REMOVING AGENTS</b>		
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
VELTASSA POW 25.2GM	Non-Pref	PA
<b>SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS</b>		
BENLYSTA INJ 120MG	Pref	PA
BENLYSTA INJ 200MG/ML	Pref	PA
BENLYSTA INJ 400MG	Pref	PA
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>ANESTHETICS TOPICAL ORAL</b>		
<i>lidocaine hcl viscous soln 2%</i>	Pref	
<b>ANTI-INFECTIVES - THROAT</b>		
<i>clotrimazole troche 10 mg</i>	Pref	QL (5 lozgs / 1 day)
<i>nystatin susp 100000 unit/ml</i>	Pref	QL (120 mL / 1 day)
<b>ANTISEPTICS - MOUTH/THROAT</b>		
<i>chlorhexidine gluconate soln 0.12%</i>	Pref	
<b>DENTAL PRODUCTS</b>		
<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	
<b>STEROIDS - MOUTH/THROAT/DENTAL</b>		
<i>oralone dent pst 0.1%</i>	Pref	
<i>triamcinolone acetonide dental paste 0.1%</i>	Pref	
<b>THROAT PRODUCTS - MISC.</b>		
AQUORAL SPR	Pref	
<i>cevimeline hcl cap 30 mg</i>	Pref	
EVOXAC CAP 30MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 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	

### **PED MULTI VITAMINS W/FL & FE**

<i>multi-vit/fe dro /fl 0.25</i>	Pref	QL (2 mL / 1 day), OTC
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>QUFLORA FE DRO 0.25-9.5</i>	Pref	QL (2 mL / 1 day)

### **PED MULTIPLE VITAMINS W/ MINERALS**

<i>pediatric multiple vitamin w/ minerals &amp; c chew tab</i>	Pref	OTC
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### **PED MV W/ FLUORIDE**

<i>multi vit/fl dro 0.5mg/ml</i>	Pref	QL (2 mL / 1 day), OTC
<i>MULTI-VIT-FL CHW 0.25MG</i>	Pref	QL (1 tab / 1 day)
<i>MULTI-VIT-FL CHW 1MG</i>	Pref	QL (1 tab / 1 day)
<i>multivit/fl dro 0.25mg</i>	Pref	QL (2 mL / 1 day), OTC
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 0.25 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	Pref	QL (1 tab / 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	Pref	QL (2 mL / 1 day)
<i>pediatric vitamins acd w/ fluoride soln 0.25 mg/ml</i>	Pref	QL (2 mL / 1 day)

### **PED MV W/ IRON**

<i>animal shape chw complete</i>	Pref	OTC
<i>cerovite jr chw</i>	Pref	OTC
<i>compl multiv chw childrns</i>	Pref	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Pref	OTC
POLY-VI-SOL SOL IRON	Pref	QL (2 mL / 1 day), OTC
<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
POLY-VI-SOL SOL 50MG/ML	Pref	QL (1 mL / 1 day), OTC
POLY-VI-SOL SOL 50MG/ML	Pref	QL (2 mL / 1 day), OTC

### **PEDIATRIC VITAMINS**

TRI-VI-SOL SOL A/C/D	Pref	OTC
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### **PRENATAL VITAMINS**

CO-NATAL FA TAB 29-1MG	Pref	QL (1 tab / 1 day)
COMPLETE NAT PAK DHA	Pref	QL (1 box / 1 day)
COMPLETENATE CHW	Pref	QL (1 tab / 1 day)
NATALVIT TAB 75-1MG	Pref	QL (1 tab / 1 day)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg- rx</i>	Pref	QL (1 tab / 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Pref	QL (1 tab / 1 day), OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG- RX	Pref	QL (1 tab / 1 day)
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Pref	QL (1 tab / 1 day), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Pref	QL (1 tab / 1 day)
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 / 1 day)
SE-NATAL 19 TAB	Pref	QL (1 tab / 1 day)
THRIVITE RX TAB 29-1MG	Pref	QL (1 tab / 1 day)
TRINATAL RX TAB 1	Pref	QL (1 tab / 1 day)
<i>trinate tab</i>	Pref	QL (1 tab / 1 day)
VINATE ONE TAB	Pref	QL (1 tab / 1 day)

## **MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS**

### **CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	Non-Pref	PA
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
<i>baclofen tab 20 mg</i>	Pref	QL (4 tabs / 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 / 1 day)
<i>cyclobenzaprine hcl tab 7.5 mg</i>	Non-Pref	PA
<i>cyclobenzaprine hcl tab 10 mg</i>	Pref	QL (3 tabs / 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 / 1 day)
<i>methocarbamol tab 750 mg</i>	Pref	QL (10 tabs / 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 / 1 day)
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Pref	QL (9 tabs / 1 day)
ZANAFLEX CAP 2MG	Non-Pref	PA
ZANAFLEX CAP 4MG	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZANAFLEX CAP 6MG	Non-Pref	PA
ZANAFLEX TAB 4MG	Non-Pref	PA, QL (9 tabs / 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
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## **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

### **NASAL AGENTS - MISC.**

<i>saline nasal spray 0.65%</i>	Pref	OTC
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### **NASAL ANTIALLERGY**

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Pref	QL (1 bottle / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Pref	QL (1 bottle / 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**

<i>aller-flo spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>allergy nasa spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>allergy relf spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>allgy relief spr 50mcg</i>	Pref	QL (1 bottle / 25 days), OTC
BECONASE AQ SUS 0.042%	Non-Pref	PA
<i>budesonide sus 32mcg</i>	Pref	QL (1 bottle / 25 days), OTC
<i>clarispray spr 50mcg</i>	Pref	QL (1 bottle / 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 / 25 days)
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Pref	QL (1 bottle / 25 days), OTC
<i>fluticasone sus 50mcg</i>	Pref	QL (0.879 bottles / 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 / 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 / 1 day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Pref	QL (6 tabs / 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

**Drug Name** **Drug Tier** **Requirements/Limits**  
**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
COSOPT SOL 22.3-6.8	Non-Pref	PA, QL (10 mL / 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 / 25 days)
ISTALOL SOL 0.5% OP	Non-Pref	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Pref	QL (15 mL / 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	
TIMOPTIC OCU SOL 0.5% OP	Pref	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 25 days)
<i>atropine sulfate ophth oint 1%</i>	Pref	
<i>atropine sulfate ophth soln 1%</i>	Pref	QL (15 mL / 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	Non-Pref	PA, QL (15 mL / 25 days)
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	
<b>MIOTICS</b>		
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
<b>OPHTHALMIC ADRENERGIC AGENTS</b>		
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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IOPIDINE SOL 1% OP	Non-Pref	PA
SIMBRINZA SUS 1-0.2%	Pref	
<b>OPHTHALMIC ANTI-INFECTIVES</b>		
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
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	
TOBEX OIN 0.3% OP	Non-Pref	PA
<i>trifluridine ophth soln 1%</i>	Pref	QL (8 mL / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cyclosporine (ophth) emulsion 0.05%</i>	Pref	
RESTASIS EMU 0.05% OP	Pref	
RESTASIS MUL EMU 0.05% OP	Pref	
<b>OPHTHALMIC INTEGRIN ANTAGONISTS</b>		
XIIDRA DRO 5%	Non-Pref	PA
<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
BLEPHAMIDE OIN S.O.P.	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 / 25 days)
FML FORTE SUS 0.25% OP	Non-Pref	PA
FML LIQUIFLM SUS 0.1% OP	Non-Pref	PA, QL (15 mL / 25 days)
FML OIN 0.1% OP	Non-Pref	PA
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

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**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>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
PRED-G S.O.P OIN OP	Non-Pref	PA
PRED-G SUS 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

### **OPHTHALMICS - MISC.**

ACULAR LS SOL 0.4%	Non-Pref	PA, QL (2 mL / 1 day)
ACULAR SOL 0.5% OP	Non-Pref	PA, QL (2 mL / 1 day)
ACUVAIL SOL 0.45%	Non-Pref	PA
ALOCRIAL 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	
<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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>ketorolac tromethamine ophth soln 0.5%</i>	Pref	QL (2 mL / 1 day)
<i>ketotifen fumarate ophth soln 0.025%</i> (base equiv)	Pref	OTC
NEVANAC SUS 0.1%	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 / 25 days)
LUMIGAN SOL 0.01%	Non-Pref	PA
TRAVATAN Z DRO 0.004%	Non-Pref	PA, QL (5 mL / 25 days)
<i>travoprost ophth soln 0.004%</i> (benzalkonium free) (bak free)	Non-Pref	PA, QL (5 mL / 25 days)
VYZULTA SOL 0.024%	Non-Pref	PA
XALATAN SOL 0.005%	Non-Pref	PA, QL (5 mL / 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 / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Pref	OTC
<i>isopropyl alcohol-glycerin otic liquid 95-5%</i>	Pref	OTC
<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 / 25 days)

#### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	Pref	
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 acetone (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 / 1 day)
<i>methylergonovine maleate tab 0.2 mg</i>	Pref	QL (4 tabs / 1 day)

### **PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS**

#### **MONOCLONAL ANTIBODIES**

BEBTELOVIMAB SOL 175/2ML	Pref	
EVUSHELD SOL	Pref	
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 / 1 day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Pref	QL (8 caps / 1 day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Pref	QL (6 tabs / 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	

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin (trihydrate) tab 500 mg</i>	Pref	QL (5 tabs / 1 day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Pref	QL (4 tabs / 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 / 1 day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Pref	QL (40 mL / 1 day)
<i>penicillin v potassium tab 250 mg</i>	Pref	QL (8 tabs / 1 day)
<i>penicillin v potassium tab 500 mg</i>	Pref	QL (8 tabs / 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 / 1 day)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Non-Pref	PA, QL (4 tabs / 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	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Pref	QL (3 tabs / 1 day)
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Pref	QL (2 tabs / 1 day)
<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 / 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

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Drug Name	Drug Tier	Requirements/Limits
ZOSYN SOL 4-0.50GM	Pref	PA

### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	Pref	QL (8 caps / 1 day)
<i>dicloxacillin sodium cap 500 mg</i>	Pref	QL (6 caps / 1 day)

### **PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING**

#### **LIQUID VEHICLES**

<i>water for injection</i>	Pref	
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### **PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES**

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

AYGESTIN TAB 5MG	Non-Pref	PA, QL (1 tab / 1 day)
<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 / 1 day)
<i>medroxyprogesterone acetate tab 5 mg</i>	Pref	QL (2 tabs / 1 day)
<i>medroxyprogesterone acetate tab 10 mg</i>	Pref	QL (2 tabs / 1 day)
<i>megestrol acetate susp 625 mg/5ml</i>	Pref	
<i>norethindrone acetate tab 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>progesterone cap 100 mg</i>	Pref	QL (1 cap / 1 day)
<i>progesterone cap 200 mg</i>	Pref	QL (2 caps / 1 day)
<i>progesterone im in oil 50 mg/ml</i>	Pref	
PROMETRIUM CAP 100MG	Non-Pref	PA, QL (1 cap / 1 day)
PROMETRIUM CAP 200MG	Non-Pref	PA, QL (2 caps / 1 day)
PROVERA TAB 2.5MG	Non-Pref	PA, QL (2 tabs / 1 day)
PROVERA TAB 5MG	Non-Pref	PA, QL (2 tabs / 1 day)
PROVERA TAB 10MG	Non-Pref	PA, QL (2 tabs / 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**

XYREM SOL 500MG/ML	Non-Pref	PA
XYWAV SOL 0.5GM/ML	Non-Pref	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIDEMENTIA AGENTS</b>		
ADLARITY DIS 5MG/DAY	Non-Pref	PA
ADLARITY DIS 10MG/DAY	Non-Pref	PA
ARICEPT TAB 5MG	Non-Pref	PA, QL (3 tabs / 1 day)
ARICEPT TAB 10MG	Non-Pref	PA, QL (2 tabs / 1 day)
ARICEPT TAB 23MG	Non-Pref	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Pref	QL (2 tabs / 1 day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Pref	QL (1 tab / 1 day)
<i>donepezil hydrochloride tab 5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>donepezil hydrochloride tab 10 mg</i>	Pref	QL (2 tabs / 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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBYAX CAP 3-25MG	Non-Pref	PA; AGE*
SYMBYAX CAP 6-25MG	Non-Pref	PA; AGE*
<b>FIBROMYALGIA AGENTS</b>		
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
<b>MOVEMENT DISORDER DRUG THERAPY</b>		
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, PA
<i>tetrabenazine tab 25 mg</i>	Pref	SP, PA
XENAZINE TAB 12.5MG	Non-Pref	SP, PA
XENAZINE TAB 25MG	Non-Pref	SP, PA
<b>MULTIPLE SCLEROSIS AGENTS</b>		
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	Pref	SP, QL (1 injection / 25 days)
AVONEX PREFL KIT 30MCG	Pref	SP, QL (1 injection / 25 days)
BAFIERTAM CAP 95MG	Non-Pref	SP, PA
BETASERON INJ 0.3MG	Pref	SP, QL (15 injections / 25 days)
COPAXONE INJ 20MG/ML	Pref	SP, QL (30 injections / 25 days)
COPAXONE INJ 40MG/ML	Pref	SP, QL (12 injections / 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 / 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	Pref	SP, QL (2 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg</i>	Pref	SP, QL (1 kit / 25 days)
EXTAVIA INJ 0.3MG	Non-Pref	SP, PA, QL (15 injections / 25 days)
GILENYA CAP 0.5MG	Non-Pref	SP, PA, QL (1 cap / 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	Non-Pref	SP, PA, QL (30 injections / 25 days)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	Non-Pref	SP, PA, QL (12 injections / 25 days)
<i>glatopa inj 20mg/ml</i>	Non-Pref	SP, PA, QL (30 injections / 25 days)
<i>glatopa inj 40mg/ml</i>	Non-Pref	SP, PA, QL (12 injections / 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
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 / 25 days)
REBIF INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF REBIDO INJ 22/0.5	Non-Pref	SP, PA, QL (12 injections / 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>
REBIF REBIDO INJ 44/0.5	Non-Pref	SP, PA, QL (12 injections / 25 days)
REBIF REBIDO INJ TITRATN	Non-Pref	SP, PA, QL (4.2 mL / 25 days)
REBIF TITRTN INJ PACK	Non-Pref	SP, PA, QL (4.2 mL / 25 days)
TASCENSO ODT TAB 0.25MG	Non-Pref	PA
TECFIDERA CAP 120MG	Non-Pref	SP, PA, QL (2 caps / 1 day)
TECFIDERA CAP 240MG	Non-Pref	SP, PA, QL (2 caps / 1 day)
TECFIDERA MIS STARTER	Non-Pref	SP, PA, QL (1 kit / 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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Pref	QL (8 pieces / 1 day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Pref	QL (8 lozgs / 1 day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Pref	QL (8 lozgs / 1 day), OTC
NICOTINE SYS KIT TRANSDER	Non-Pref	PA, OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Pref	QL (1 patch / 1 day), OTC
NICOTROL INH	Non-Pref	PA
NICOTROL NS SPR 10MG/ML	Non-Pref	PA
VARENICLINE TAB 1MG	Pref	
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Pref	
<i>varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</i>	Pref	
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Pref	
<b>VASOMOTOR SYMPTOM AGENTS</b>		
<i>paroxetine mesylate cap 7.5 mg (base equiv)</i>	Non-Pref	PA
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS</b>		
<b>ALPHA-PROTEINASE INHIBITOR (HUMAN)</b>		
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>CYSTIC FIBROSIS AGENTS</b>		
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 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 / 1 day)
SYMDEKO TAB 50-75MG	Pref	PA
SYMDEKO TAB 100-150	Pref	PA
TRIKAFTA TAB	Pref	PA
<b>PULMONARY FIBROSIS AGENTS</b>		
ESBRIET CAP 267MG	Pref	SP, PA
ESBRIET TAB 267MG	Pref	SP, PA
ESBRIET TAB 801MG	Pref	SP, PA
OFEV CAP 100MG	Pref	SP, PA
OFEV CAP 150MG	Pref	SP, PA
<i>pirfenidone tab 267 mg</i>	Pref	SP, PA
<i>pirfenidone tab 801 mg</i>	Pref	SP, PA
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<i>sulfadiazine tab 500 mg</i>	Pref	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOMETHYLCYCLINES</b>		
NUZYRA INJ 100MG	Pref	PA
NUZYRA TAB 150MG	Non-Pref	PA
<b>FLUOROCYCLINES</b>		
XERAVA INJ 50MG	Pref	PA
XERAVA INJ 100MG	Pref	PA
<b>GLYCYLCYCLINES</b>		
<i>tigecycline for iv soln 50 mg</i>	Pref	PA
TIGECYCLINE INJ 50MG	Pref	PA
TYGACIL INJ 50MG	Non-Pref	PA
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<i>demeclocycline hcl tab 150 mg</i>	Non-Pref	PA

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>demeclocycline hcl tab 300 mg</i>	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 / 1 day)
<i>doxycycline hyclate cap 100 mg</i>	Pref	QL (4 caps / 1 day)
<i>doxycycline hyclate for inj 100 mg</i>	Pref	PA
<i>doxycycline hyclate tab 20 mg</i>	Pref	QL (2 tabs / 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 / 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 / 1 day)
<i>doxycycline monohydrate cap 75 mg</i>	Non-Pref	PA
<i>doxycycline monohydrate cap 100 mg</i>	Pref	QL (3 caps / 1 day)
<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 / 1 day)
<i>doxycycline monohydrate tab 75 mg</i>	Pref	
<i>doxycycline monohydrate tab 100 mg</i>	Pref	QL (3 tabs / 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 / 1 day)
<i>minocycline hcl cap 75 mg</i>	Pref	QL (2 caps / 1 day)
<i>minocycline hcl cap 100 mg</i>	Pref	QL (2 caps / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<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 / 1 day)
<i>tetracycline hcl cap 500 mg</i>	Non-Pref	PA, QL (4 caps / 1 day)
VIBRAMYCIN CAP 100MG	Non-Pref	PA, QL (4 caps / 1 day)
VIBRAMYCIN SUS 25MG/5ML	Non-Pref	PA
VIBRAMYCIN SYP 50MG/5ML	Non-Pref	PA
XIMINO CAP 45MG ER	Non-Pref	PA
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 / 1 day)
<i>methimazole tab 10 mg</i>	Pref	QL (6 tabs / 1 day)
<i>propylthiouracil tab 50 mg</i>	Pref	QL (20 tabs / 1 day)

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	Pref	QL (1 tab / 1 day)
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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARMOUR THYRO TAB 30MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 60MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 90MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 120MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 180MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 240MG	Pref	QL (1 tab / 1 day)
ARMOUR THYRO TAB 300MG	Pref	QL (1 tab / 1 day)
CYTOMEL TAB 5MCG	Non-Pref	PA
CYTOMEL TAB 25MCG	Non-Pref	PA
CYTOMEL TAB 50MCG	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 / 1 day)
<i>levothyroxine sodium tab 50 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 75 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 88 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 100 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 112 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 125 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 137 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 150 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 175 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 200 mcg</i>	Pref	QL (2 tabs / 1 day)
<i>levothyroxine sodium tab 300 mcg</i>	Pref	QL (2 tabs / 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 / 1 day)
<i>np thyroid tab 30mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 60mg</i>	Pref	QL (1 tab / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>np thyroid tab 90mg</i>	Pref	QL (1 tab / 1 day)
<i>np thyroid tab 120mg</i>	Pref	QL (1 tab / 1 day)
SYNTHROID TAB 25MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 50MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 75MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 88MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 100MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 112MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 125MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 137MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 150MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 175MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 200MCG	Non-Pref	PA, QL (2 tabs / 1 day)
SYNTHROID TAB 300MCG	Non-Pref	PA, QL (2 tabs / 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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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 / 1 day)
BELLA/OPIUM SUP 16.2-30	Non-Pref	PA
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 / 1 day)
<i>dicyclomine hcl inj 10 mg/ml</i>	Pref	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Pref	QL (80 mL / 1 day)
<i>dicyclomine hcl tab 20 mg</i>	Pref	QL (8 tabs / 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	
<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 / 1 day)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Pref	QL (60 mL / 1 day)

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hyoscyamine sulfate tab 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Pref	QL (12 tabs / 1 day)
<i>hyoscyamine sulfate tab er 12hr 0.375 mg</i>	Pref	QL (4 tabs / 1 day)
LEVBID TAB 0.375 ER	Non-Pref	PA, QL (4 tabs / 1 day)
LEVSIN INJ 0.5MG/ML	Non-Pref	PA
LEVSIN TAB 0.125MG	Non-Pref	PA, QL (12 tabs / 1 day)
LEVSIN/SL SUB 0.125MG	Non-Pref	PA, QL (12 tabs / 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 / 1 day)
ROBINUL FORT TAB 2MG	Non-Pref	PA
ROBINUL TAB 1MG	Non-Pref	PA

## **H-2 ANTAGONISTS**

<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 / 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 / 1 day), OTC
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs / 1 day)
<i>famotidine tab 20 mg</i>	Pref	QL (2 tabs / 1 day), OTC
<i>famotidine tab 40 mg</i>	Pref	QL (2 tabs / 1 day)
PEPCID TAB 20MG	Non-Pref	PA, QL (2 tabs / 1 day)
PEPCID TAB 40MG	Non-Pref	PA, QL (2 tabs / 1 day)

## **MISC. ANTI-ULCER**

CARAFATE SUS 1GM/10ML	Pref	QL (40 mL / 1 day)
CARAFATE TAB 1GM	Non-Pref	PA, QL (4 tabs / 1 day)
SUCRALFATE SUS 1GM/10ML	Pref	QL (40 mL / 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>sucralfate susp 1 gm/10ml</i>	Pref	QL (40 mL / 1 day)
<i>sucralfate tab 1 gm</i>	Pref	QL (4 tabs / 1 day)
<b>PROTON PUMP INHIBITORS</b>		
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
NEXIUM GRA 20MG 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 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>rabeprazole sodium ec tab 20 mg</i>	Non-Pref	PA
<b>ULCER DRUGS - PROSTAGLANDINS</b>		
CYTOTEC TAB 100MCG	Non-Pref	PA, QL (4 tabs / 1 day)
CYTOTEC TAB 200MCG	Non-Pref	PA, QL (4 tabs / 1 day)
<i>misoprostol tab 100 mcg</i>	Pref	QL (4 tabs / 1 day)
<i>misoprostol tab 200 mcg</i>	Pref	QL (4 tabs / 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>ULCER THERAPY COMBINATIONS</b>		
<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 / 1 day)
DITROPAN XL TAB 10MG	Non-Pref	PA, QL (1 tab / 1 day)
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Pref	QL (1 tab / 1 day)
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Pref	QL (1 tab / 1 day)
GELNIQUE GEL 10%	Non-Pref	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Pref	QL (20 mL / 1 day)
<i>oxybutynin chloride tab 5 mg</i>	Pref	QL (3 tabs / 1 day)
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Pref	QL (1 tab / 1 day)
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Pref	QL (1 tab / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Pref	QL (2 tabs / 1 day)
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 / 1 day)
TOVIAZ TAB 8MG	Pref	QL (1 tab / 1 day)
<i>tropium chloride cap er 24hr 60 mg</i>	Non-Pref	PA
<i>tropium 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 / 1 day)
<i>bethanechol chloride tab 10 mg</i>	Pref	QL (4 tabs / 1 day)
<i>bethanechol chloride tab 25 mg</i>	Pref	QL (4 tabs / 1 day)
<i>bethanechol chloride tab 50 mg</i>	Pref	QL (4 tabs / 1 day)

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

<i>flavoxate hcl tab 100 mg</i>	Non-Pref	PA
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## **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

**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>
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
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

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<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
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
<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 / 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 / 5 days)

### **VAGINAL CONTRACEPTIVE - PH MODULATORS**

PHEXXI GEL	Pref	PA
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### **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

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**Drug Name** **Drug Tier** **Requirements/Limits**  
**VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION**  
**CONDITIONS**

**ANAPHYLAXIS THERAPY AGENTS**

ADRENALIN INJ 1MG/ML	Pref	
ADRENALIN INJ 1MG/ML	Non-Pref	PA
ADRENALIN INJ 30/30ML	Non-Pref	PA
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Non-Pref	PA
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Pref	QL (2 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	Pref	QL (2 pens / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Pref	QL (2 pens / 25 days)
EPIPEN 2-PAK INJ 0.3MG	Pref	QL (2 pens / 25 days)
EPIPEN-JR INJ 0.15MG	Pref	QL (2 pens / 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 / 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 / 1 day), OTC
D-VI-SOL LIQ 400UNIT	Pref	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Pref	QL (6 caps / 1 day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phytonadione tab 5 mg</i>	Pref	QL (5 tabs / 1 day)
<b>WATER SOLUBLE VITAMINS</b>		
<i>niacin tab 500 mg</i>	Pref	OTC
<i>niacin tab er 500 mg</i>	Pref	OTC
<i>niacin tab er 750 mg</i>	Pref	OTC
<i>pyridoxine hcl tab 50 mg</i>	Pref	QL (4 tabs / 1 day), OTC
<i>thiamine hcl inj 100 mg/ml</i>	Pref	PA
<i>thiamine hcl tab 100 mg</i>	Pref	QL (1 tab / 1 day), OTC

**AGE** - Age Limit **AGE\*** - See Table in Preface for Age Limit **DS** - Covered up to 90 days  
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<i>amoxicillin &amp; k clavulanate for susp</i> <i>200-28.5 mg/5ml</i> .....	232
<i>amoxicillin &amp; k clavulanate for susp</i> <i>250-62.5 mg/5ml</i> .....	232

<i>amoxicillin &amp; k clavulanate for susp</i> 400-57 mg/5ml .....	233	<i>amphetamine-dextroamphetamine</i> cap er 24hr 30 mg .....	15
<i>amoxicillin &amp; k clavulanate for susp</i> 600-42.9 mg/5ml .....	233	<i>amphetamine-dextroamphetamine</i> cap er 24hr 5 mg .....	15
<i>amoxicillin &amp; k clavulanate tab</i> 250- 125 mg .....	233	<i>amphetamine-dextroamphetamine</i> tab 10 mg .....	16
<i>amoxicillin &amp; k clavulanate tab</i> 500- 125 mg .....	233	<i>amphetamine-dextroamphetamine</i> tab 12.5 mg.....	16
<i>amoxicillin &amp; k clavulanate tab</i> 875- 125 mg .....	233	<i>amphetamine-dextroamphetamine</i> tab 15 mg .....	16
<i>amoxicillin &amp; k clavulanate tab er</i> 12hr 1000-62.5 mg .....	233	<i>amphetamine-dextroamphetamine</i> tab 20 mg .....	16
<i>amoxicillin (trihydrate) cap</i> 250 mg .....	231	<i>amphetamine-dextroamphetamine</i> tab 30 mg .....	16
<i>amoxicillin (trihydrate) cap</i> 500 mg .....	231	<i>amphetamine-dextroamphetamine</i> tab 5 mg .....	15
<i>amoxicillin (trihydrate) chew tab</i> 125 mg .....	231	<i>amphetamine-dextroamphetamine</i> tab 7.5 mg .....	16
<i>amoxicillin (trihydrate) for susp</i> 125 mg/5ml .....	231	<i>amphotericin b for iv soln</i> 50 mg..	84
<i>amoxicillin (trihydrate) for susp</i> 200 mg/5ml .....	231	<i>amphotericin b liposome iv for susp</i> 50 mg.....	84
<i>amoxicillin (trihydrate) for susp</i> 250 mg/5ml .....	231	<i>ampicillin &amp; sulbactam sodium for</i> inj 1.5 (1-0.5) gm .....	233
<i>amoxicillin (trihydrate) for susp</i> 400 mg/5ml .....	231	<i>ampicillin &amp; sulbactam sodium for</i> inj 3 (2-1) gm .....	233
<i>amoxicillin (trihydrate) tab</i> 500 mg .....	232	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 1.5 (1-0.5) gm .....	233
<i>amoxicillin (trihydrate) tab</i> 875 mg .....	232	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 15 (10-5) gm .....	233
<i>amoxicillin cap-clarithro tab-</i> <i>lansopraz cap dr therapy pack.</i>	250	<i>ampicillin &amp; sulbactam sodium for iv</i> soln 3 (2-1) gm.....	233
<i>amphetamine sulfate tab</i> 10 mg..	15	<i>ampicillin sodium for inj</i> 1 gm....	232
<i>amphetamine sulfate tab</i> 5 mg ...	15	<i>ampicillin sodium for inj</i> 125 mg	232
<i>amphetamine-dextroamphetamine</i> cap er 24hr 10 mg .....	15	<i>ampicillin sodium for inj</i> 2 gm....	232
<i>amphetamine-dextroamphetamine</i> cap er 24hr 15 mg .....	15	<i>ampicillin sodium for inj</i> 250 mg	232
<i>amphetamine-dextroamphetamine</i> cap er 24hr 20 mg .....	15	<i>ampicillin sodium for inj</i> 500 mg	232
<i>amphetamine-dextroamphetamine</i> cap er 24hr 25 mg .....	15	<i>ampicillin sodium for iv soln</i> 1 gm .....	232
		<i>ampicillin sodium for iv soln</i> 10 gm .....	232
		<i>ampicillin sodium for iv soln</i> 2 gm .....	232
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AMRIX CAP 15MG.....	221	APO-VARENICL TAB 1MG .....	240
AMRIX CAP 30MG.....	222	<i>apraclonidine hcl ophth soln 0.5%</i>	
AMYTAL SOD INJ 500MG.....	193	<i>(base equivalent) .....</i>	226
AMZEEQ AER 4% .....	155	<i>aprepitant capsule 125 mg.....</i>	83
ANAFRANIL CAP 25MG.....	71	<i>aprepitant capsule 40 mg.....</i>	83
ANAFRANIL CAP 50MG.....	71	<i>aprepitant capsule 80 mg.....</i>	83
ANAFRANIL CAP 75MG.....	71	<i>aprepitant capsule therapy pack 80</i>	
<i>anagrelide hcl cap 0.5 mg .....</i>	189	<i>&amp; 125 mg .....</i>	83
<i>anagrelide hcl cap 1 mg .....</i>	189	APRETUDE SUS 600MG ER .....	123
<i>ana-lex kit.....</i>	40	<i>apri tab .....</i>	144
ANASPAZ TAB 0.125MG .....	246	APRISO CAP 0.375GM .....	184
<i>anastrozole tab 1 mg.....</i>	104	APRIZIO PAK KIT .....	167
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ANDROGEL GEL 1%(25MG) .....	38	APTENSIO XR CAP 40MG.....	18
ANDROGEL GEL 1%(50MG) .....	38	APTENSIO XR CAP 50MG.....	18
ANDROGEL GEL 1.62% .....	38	APTENSIO XR CAP 60MG.....	19
ANGELIQ TAB 0.25-0.5 .....	180	APTIOM TAB 200MG .....	58
ANGELIQ TAB 0.5-1MG .....	180	APTIOM TAB 400MG .....	58
<i>animal shape chw complete.....</i>	220	APTIOM TAB 600MG .....	58
ANNOVERA MIS .....	149	APTIOM TAB 800MG .....	58
ANORO ELLIPT AER 62.5-25 .....	52	APTIVUS CAP 250MG.....	123
ANTARA CAP 30MG.....	88	AQUORAL SPR .....	219
ANTARA CAP 90MG.....	88	ARALAST NP INJ 1000MG.....	240
ANTI-DIARRHE LIQ 1MG/5ML .....	80	ARALAST NP INJ 500MG.....	240
ANTIVERT TAB 50MG.....	82	<i>aranelle tab.....</i>	144
ANUSOL-HC CRE 2.5% .....	40	ARANESP INJ 100MCG .....	190
ANZEMET TAB 50MG.....	82	ARANESP INJ 10MCG.....	190
APADAZ TAB 4.08-325.....	35	ARANESP INJ 150MCG .....	190
APADAZ TAB 6.12-325.....	35	ARANESP INJ 200MCG .....	190
APADAZ TAB 8.16-325.....	35	ARANESP INJ 25MCG.....	190
APEXICON E CRE 0.05% .....	162	ARANESP INJ 300MCG .....	190
APIDRA INJ SOLOSTAR .....	77	ARANESP INJ 40MCG.....	190
APIDRA INJ U-100.....	77	ARANESP INJ 500MCG .....	190
APLENZIN TAB 174MG .....	66	ARANESP INJ 60MCG.....	190
APLENZIN TAB 348MG .....	66	ARAVA TAB 10MG .....	28
APLENZIN TAB 522MG .....	66	ARAVA TAB 20MG .....	28
APOKYN INJ 10MG/ML .....	113	ARAZLO LOT 0.045% .....	155
<i>apomorphine hcl soln cartridge 30</i>		ARCALYST INJ 220MG .....	24
<i>mg/3ml .....</i>	113	<i>arformoterol tartrate soln nebu 15</i>	
APO-VARENICL TAB 0.5MG.....	240	<i>mcg/2ml (base equiv).....</i>	52

ARICEPT TAB 10MG .....	235	ARNUITY ELPT INH 50MCG .....	50
ARICEPT TAB 23MG .....	235	AROMASIN TAB 25MG .....	104
ARICEPT TAB 5MG.....	235	ARTHROTEC 50 TAB .....	25
ARIKAYCE SUS .....	22	ARTHROTEC 75 TAB .....	25
ARIMIDEX TAB 1MG .....	104	ASACOL HD TAB 800MG .....	184
<i>aripiprazole oral solution 1 mg/ml</i>		<i>ascomp/cod cap 30mg.....</i>	<i>35</i>
.....	123	<i>asenapine maleate sl tab 10 mg</i>	
<i>aripiprazole orally disintegrating tab</i>		<i>(base equiv) .....</i>	<i>119</i>
<i>10 mg .....</i>	<i>123</i>	<i>asenapine maleate sl tab 2.5 mg</i>	
<i>aripiprazole orally disintegrating tab</i>		<i>(base equiv) .....</i>	<i>119</i>
<i>15 mg .....</i>	<i>123</i>	<i>asenapine maleate sl tab 5 mg</i>	
<i>aripiprazole tab 10 mg .....</i>	<i>123</i>	<i>(base equiv) .....</i>	<i>119</i>
<i>aripiprazole tab 15 mg .....</i>	<i>123</i>	<i>ashlyna tab .....</i>	<i>144</i>
<i>aripiprazole tab 2 mg.....</i>	<i>123</i>	ASMANEX 120 AER 220MCG .....	50
<i>aripiprazole tab 20 mg .....</i>	<i>123</i>	ASMANEX 14 AER 220MCG.....	50
<i>aripiprazole tab 30 mg .....</i>	<i>123</i>	ASMANEX 30 AER 110MCG.....	50
<i>aripiprazole tab 5 mg.....</i>	<i>123</i>	ASMANEX 30 AER 220MCG.....	50
ARISTADA INJ 1064MG .....	123	ASMANEX 60 AER 220MCG.....	50
ARISTADA INJ 441MG/1.....	123	ASMANEX HFA AER 100 MCG.....	50
ARISTADA INJ 662MG/2.....	123	ASMANEX HFA AER 200 MCG.....	50
ARISTADA INJ 882MG/3.....	123	ASMANEX HFA AER 50MCG .....	50
ARISTADA INJ INITIO .....	123	<i>aspirin chew tab 81 mg .....</i>	<i>29</i>
ARIXTRA INJ 10/0.8ML .....	55	<i>aspirin tab 325 mg.....</i>	<i>29</i>
ARIXTRA INJ 2.5/0.5 .....	55	<i>aspirin tab delayed release 325 mg</i>	
ARIXTRA INJ 5/0.4ML .....	55	.....	29
ARIXTRA INJ 7.5/0.6 .....	55	<i>aspirin tab delayed release 81 mg</i>	<i>29</i>
<i>armodafinil tab 150 mg.....</i>	<i>19</i>	<i>aspirin-dipyridamole cap er 12hr 25-</i>	
<i>armodafinil tab 200 mg.....</i>	<i>19</i>	<i>200 mg .....</i>	<i>189</i>
<i>armodafinil tab 250 mg.....</i>	<i>19</i>	ASPRUZYO SPR GRA 1000MG .....	44
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ARMONAIR DIG AER 113MCG .....	50	ASTAGRAF XL CAP 0.5MG .....	217
ARMONAIR DIG AER 232MCG .....	50	ASTAGRAF XL CAP 1MG .....	217
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ARMOUR THYRO TAB 15MG .....	243	ATACAND HCT TAB 32-12.5 .....	96
ARMOUR THYRO TAB 180MG .....	244	ATACAND HCT TAB 32-25MG.....	96
ARMOUR THYRO TAB 240MG .....	244	ATACAND TAB 16MG .....	93
ARMOUR THYRO TAB 300MG .....	244	ATACAND TAB 32MG .....	93
ARMOUR THYRO TAB 30MG .....	244	ATACAND TAB 4MG .....	93
ARMOUR THYRO TAB 60MG .....	244	ATACAND TAB 8MG .....	93
ARMOUR THYRO TAB 90MG .....	244	<i>atazanavir sulfate cap 150 mg (base</i>	
ARNUITY ELPT INH 100MCG .....	50	<i>equiv) .....</i>	<i>124</i>
ARNUITY ELPT INH 200MCG .....	50		

<i>atazanavir sulfate cap 200 mg (base equiv)</i> .....	124	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> .....	100
<i>atazanavir sulfate cap 300 mg (base equiv)</i> .....	124	ATRALIN GEL 0.05% .....	155
AELVIA TAB .....	174	ATROPINE SUL SOL 1% OP .....	226
<i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	96	<i>atropine sulfate ophth oint 1%</i> ..	226
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	96	<i>atropine sulfate ophth soln 1%</i> ..	226
ATENOLOL SUS 1MG/ML .....	130	ATROVENT HFA AER 17MCG .....	49
<i>atenolol tab 100 mg</i> .....	130	AUBAGIO TAB 14MG.....	237
<i>atenolol tab 25 mg</i> .....	130	AUBAGIO TAB 7MG .....	237
<i>atenolol tab 50 mg</i> .....	130	<i>abra eq tab 0.1-0.02</i> .....	144
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ATIVAN INJ 4MG/ML.....	46	AUGMENTIN SUS ES-600 .....	233
ATIVAN TAB 0.5MG .....	46	AUGMENTIN TAB 500MG.....	233
ATIVAN TAB 1MG .....	46	<i>aurovela 24 tab fe 1/20</i> .....	144
ATIVAN TAB 2MG .....	46	<i>aurovela fe tab 1.5/30</i> .....	144
<i>atomoxetine hcl cap 10 mg (base equiv)</i> .....	17	<i>aurovela fe tab 1/20</i> .....	144
<i>atomoxetine hcl cap 100 mg (base equiv)</i> .....	17	<i>aurovela tab 1.5/30</i> .....	144
<i>atomoxetine hcl cap 18 mg (base equiv)</i> .....	17	<i>aurovela tab 1/20</i> .....	144
<i>atomoxetine hcl cap 25 mg (base equiv)</i> .....	17	AURYXIA TAB 210MG .....	186
<i>atomoxetine hcl cap 40 mg (base equiv)</i> .....	17	AUSTEDO TAB 12MG .....	237
<i>atomoxetine hcl cap 60 mg (base equiv)</i> .....	17	AUSTEDO TAB 6MG .....	237
<i>atomoxetine hcl cap 80 mg (base equiv)</i> .....	17	AUSTEDO TAB 9MG .....	237
<i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	89	AVALIDE TAB 150-12.5.....	96
<i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	89	AVALIDE TAB 300-12.5.....	96
<i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	89	AVAPRO TAB 150MG.....	93
<i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	89	AVAPRO TAB 300MG.....	93
<i>atovaquone susp 750 mg/5ml</i> .....	42	AVAPRO TAB 75MG .....	93
<i>atovaquone-proguanil hcl tab 250-100 mg</i> .....	100	<i>avar cleanse liq 10-5%</i> .....	155
		AVAR LS LIQ 10-2% .....	155
		<i>avar-e emoll cre 10-5%</i> .....	155
		<i>avar-e green cre 10-5%</i> .....	155
		AVAR-E LS CRE 10-2% .....	155
		AVEED INJ 750/3ML .....	38
		<i>aviane tab</i> .....	144
		<i>avita cre 0.025%</i> .....	155
		<i>avita gel 0.025%</i> .....	155
		AVODART CAP 0.5MG .....	187
		AVONEX PEN KIT 30MCG .....	237
		AVONEX PREFL KIT 30MCG .....	237
		AVSOLA INJ 100MG.....	184
		AYGESTIN TAB 5MG .....	234
		<i>ayuna tab</i> .....	144
		AYVAKIT TAB 100MG.....	106

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AYVAKIT TAB 50MG .....	106
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azathioprine tab 75 mg .....	217
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azelastine hcl nasal spray 0.15% (205.5 mcg/spray) .....	223
azelastine hcl ophth soln 0.05% .....	229
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act .....	223
AZILECT TAB 0.5MG .....	116
AZILECT TAB 1MG .....	116
azithromycin for susp 100 mg/5ml .....	197
azithromycin for susp 200 mg/5ml .....	197
azithromycin powd pack for susp 1 gm .....	197
azithromycin tab 250 mg .....	197
azithromycin tab 500 mg .....	197
azithromycin tab 600 mg .....	197
AZOPT SUS 1% OP .....	229
AZOR TAB 10-20MG .....	96
AZOR TAB 10-40MG .....	96
AZOR TAB 5-20MG .....	96
AZOR TAB 5-40MG .....	96
AZSTARYS CAP 26.1-5.2 .....	19
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<i>bac tab</i> .....	28
<i>bacitracin oint 500 unit/gm</i> .....	159

<i>bacitracin ophth oint 500 unit/gm</i> .....	227
<i>bacitracin zinc oint 500 unit/gm</i> .....	159
<i>bacitracin-polymyxin b oint</i> .....	159
<i>bacitracin-polymyxin b ophth oint</i> .....	227
<i>bacitracin-polymyxin-neomycin-hc</i> <i>ophth oint 1%</i> .....	228
<i>baclofen oral soln 5 mg/5ml</i> .....	222
<i>baclofen tab 10 mg</i> .....	222
<i>baclofen tab 20 mg</i> .....	222
<i>baclofen tab 5 mg</i> .....	222
BACTRIM DS TAB 800-160 .....	41
BACTRIM TAB 400-80MG .....	41
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<i>balsalazide disodium cap 750 mg</i> .....	184
BALVERSA TAB 3MG .....	107
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BALVERSA TAB 5MG .....	107
<i>balziva tab</i> .....	144
BANZEL SUS 40MG/ML .....	58
BANZEL TAB 200MG .....	58
BANZEL TAB 400MG .....	58
BAQSIMI ONE POW 3MG/DOSE ...	75
BAQSIMI TWO POW 3MG/DOSE ...	75
BARACLUDE SOL .....	128
BARACLUDE TAB 0.5MG .....	128
BARACLUDE TAB 1MG .....	128
BASAGLAR INJ 100UNIT .....	77
BAXDELA TAB 450MG .....	182
<i>b-complex w/ c &amp; folic acid cap 1</i> <i>mg- rx</i> .....	220
<i>b-complex w/ c &amp; folic acid tab 1</i> <i>mg- rx</i> .....	220
<i>b-complex w/ c &amp; folic acid tab 5</i> <i>mg- rx</i> .....	220
<i>b-complex w/ c &amp; folic acid tab- rx</i> .....	220
BD ECLIPSE MIS 25GX1 .....	200
BD ECLIPSE MIS 25GX5/8 .....	200
BD FILTR NDL MIS 5 MICRON ...	200

BD HYPO NEED MIS 16GX1 .....	200	<i>benazepril &amp; hydrochlorothiazide tab</i>	
BD HYPO NEED MIS 18GX1 .....	200	10-12.5 mg .....	96
BD HYPO NEED MIS 19GX1 .....	200	<i>benazepril &amp; hydrochlorothiazide tab</i>	
BD HYPO NEED MIS 19GX1.5.....	200	20-12.5 mg .....	96
BD HYPO NEED MIS 21GX1 .....	200	<i>benazepril &amp; hydrochlorothiazide tab</i>	
BD HYPO NEED MIS 21GX2 .....	200	20-25 mg .....	96
BD HYPO NEED MIS 22GX1 .....	200	<i>benazepril &amp; hydrochlorothiazide tab</i>	
BD HYPO NEED MIS 22GX1.5.....	200	5-6.25 mg .....	96
BD HYPO NEED MIS 23GX1 .....	200	<i>benazepril hcl tab 10 mg</i> .....	91
BD HYPO NEED MIS 23GX3/4 ....	200	<i>benazepril hcl tab 20 mg</i> .....	91
BD HYPO NEED MIS 25GX1.5.....	200	<i>benazepril hcl tab 40 mg</i> .....	91
BD HYPO NEED MIS 26GX1/2 ....	200	<i>benazepril hcl tab 5 mg</i> .....	91
BD LUER-LOK MIS SYR 10ML .....	200	BENICAR HCT TAB 20-12.5 .....	96
BD NEEDLE MIS 23GX1.....	201	BENICAR HCT TAB 40-12.5 .....	96
BD NEEDLES MIS 16GX1.5 .....	201	BENICAR HCT TAB 40-25MG.....	96
BD NEEDLES MIS 19GX1.....	201	BENICAR TAB 20MG .....	93
BD NEEDLES MIS 20GX1.....	201	BENICAR TAB 40MG .....	93
BD NEEDLES MIS 20GX1.5 .....	201	BENICAR TAB 5MG .....	93
BD NEEDLES MIS 21GX1.5 .....	201	BENLYSTA INJ 120MG.....	219
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BD NEEDLES MIS 25GX5/8.....	201	BENLYSTA INJ 400MG.....	219
BD NEEDLES MIS 25GX7/8.....	201	BENTYL INJ 10MG/ML.....	246
BD NEEDLES MIS 27GX1/2.....	201	BENZAMYCIN GEL 5-3% .....	155
BD NEEDLES MIS 30GX1/2.....	201	BENZHY/ACETA TAB 4.08-325 .....	35
BD PLASTIPAK MIS 21GX1 .....	201	BENZHY/ACETA TAB 6.12-325 .....	36
BD PRECISION MIS 23GX1.5 ....	201	BENZHY/ACETA TAB 8.16-325 .....	36
BD U-500 MIS 31GX6MM .....	201	BENZNIDAZOLE TAB 100MG.....	41
BD VERITOR KIT SARSCOV2.....	169	BENZNIDAZOLE TAB 12.5MG.....	41
BEBTELOVIMAB SOL 175/2ML....	231	BENZOCAINE-DOCUSATE SODIUM	
BECONASE AQ SUS 0.042% .....	224	RECTAL ENEMA 20-283 MG.....	197
BELBUCA MIS 150MCG .....	37	<i>benzoyl peroxide-erythromycin gel</i>	
BELBUCA MIS 300MCG .....	37	5-3% .....	156
BELBUCA MIS 450MCG .....	37	<i>benztropine mesylate inj 1 mg/ml</i>	
BELBUCA MIS 600MCG .....	37	.....	113
BELBUCA MIS 750MCG .....	37	<i>benztropine mesylate tab 0.5 mg</i>	
BELBUCA MIS 75MCG .....	37	.....	113
BELBUCA MIS 900MCG .....	37	<i>benztropine mesylate tab 1 mg..</i>	113
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BELLA/OPIUM SUP 16.2-60 .....	246	<i>bepotastine besilate ophth soln</i>	
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BELSOMRA TAB 20MG.....	195	BESIVANCE SUS 0.6%.....	227
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<i>augmented gel 0.05%</i> .....162	<i>bicalutamide tab 50 mg</i> .....104
<i>betamethasone dipropionate</i>	BICILLIN C-R INJ 1200000 .....233
<i>augmented lotion 0.05%</i> .....163	BICILLIN C-R INJ 900/300 .....233
<i>betamethasone dipropionate</i>	BICILLIN L-A INJ 1200000 .....232
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<i>0.05%</i> .....163	BIKTARVY TAB.....124
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143	CERDELGA CAP 84MG.....	189
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143	CEREBYX INJ 500/10ML .....	65
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143	<i>cerovite jr chw</i> .....	220
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143	<i>mg/5ml)</i> .....	86
<i>ceftriaxone sodium for inj 10 gm</i>	<i>cetirizine hcl tab 10 mg</i> .....	86
143	<i>cetirizine hcl tab 5 mg</i> .....	86
<i>ceftriaxone sodium for inj 2 gm</i> .	<i>cetirizine-pseudoephedrine tab er</i>	
143	<i>12hr 5-120 mg</i> .....	154
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.....	<i>charlotte 24 chw fe 1/20</i> .....	144
143	<i>chateal eq tab 0.15/30</i> .....	144
<i>ceftriaxone sodium for inj 500 mg</i>	<i>chateal tab 0.15/30</i> .....	144
.....	CHEMET CAP 100MG .....	81
143	CHENODAL TAB 250MG .....	183
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.....	<i>chlordiazepoxide hcl cap 10 mg</i> ...	46
143	<i>chlordiazepoxide hcl cap 25 mg</i> ...	46
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<i>cefuroxime axetil tab 500 mg</i> ....		
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<i>cefuroxime sodium for inj 750 mg</i>		
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<i>gm</i> .....		
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<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> .....	246	<i>cholestyramine powder packets 4 gm</i> .....	88
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i> .....	236	<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> .....	88
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i> .....	236	<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> .....	88
<i>chlorhexidine gluconate soln 0.12%</i> .....	219	CIALIS TAB 5MG .....	139
<i>chloroquine phosphate tab 250 mg</i> .....	100	CIBINQO TAB 100MG .....	167
<i>chloroquine phosphate tab 500 mg</i> .....	100	CIBINQO TAB 200MG .....	167
<i>chlorothiazide sodium for inj 500 mg</i> .....	173	CIBINQO TAB 50MG .....	166
<i>chlorpheniramine tab 4 mg</i> .....	85	<i>ciclodan sol 8%</i> .....	159
<i>chlorpromazine hcl inj 25 mg/ml</i>	121	<i>ciclopirox gel 0.77%</i> .....	159
<i>chlorpromazine hcl inj 50 mg/2ml</i> .....	121	<i>ciclopirox kit 8%</i> .....	159
<i>chlorpromazine hcl tab 10 mg</i> ....	121	<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	159
<i>chlorpromazine hcl tab 100 mg</i> ..	121	<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	159
<i>chlorpromazine hcl tab 200 mg</i> ..	121	<i>ciclopirox shampoo 1%</i> .....	159
<i>chlorpromazine hcl tab 25 mg</i> ....	121	<i>ciclopirox solution 8%</i> .....	159
<i>chlorpromazine hcl tab 50 mg</i> ....	121	<i>cidofovir iv inj 75 mg/ml</i> .....	127
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<i>chlorthalidone tab 50 mg</i> .....	174	<i>cilostazol tab 50 mg</i> .....	189
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<i>chlorzoxazone tab 375 mg</i> .....	222	CIMDUO TAB 300-300 .....	124
<i>chlorzoxazone tab 500 mg</i> .....	222	<i>cimetidine hcl soln 300 mg/5ml</i> .	247
<i>chlorzoxazone tab 750 mg</i> .....	222	<i>cimetidine tab 300 mg</i> .....	247
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<i>cholecalciferol cap 1000 unit</i> .....	254	CIMZIA KIT 200MG .....	184
<i>cholecalciferol cap 10000 unit</i> ....	254	CIMZIA PREFL KIT 200MG/ML....	184
<i>cholecalciferol oral liquid 400 unit/ml</i> .....	254	CIMZIA START KIT 200MG/ML ...	184
<i>cholecalciferol tab 1000 unit</i> .....	254	<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	177
<i>cholestyramine light powder 4 gm/dose</i> .....	87	<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	177
<i>cholestyramine light powder packets 4 gm</i> .....	87	<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	177
<i>cholestyramine powder 4 gm/dose</i> .....	87	CINQAIR INJ .....	49
		CINVANTI INJ 130/18ML .....	83
		CIPRO (10%) SUS 500MG/5.....	182
		CIPRO (5%) SUS 250MG/5.....	182
		CIPRO HC SUS OTIC.....	230
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<i>(base equivalent) .....</i>	230	CLEVIPREX EMU 0.5MG/ML .....	134
<i>ciprofloxacin hcl tab 100 mg (base</i>		CLIMARA DIS 0.025MG.....	180
<i>equiv) .....</i>	182	CLIMARA DIS 0.0375MG .....	181
<i>ciprofloxacin hcl tab 250 mg (base</i>		CLIMARA DIS 0.05MG.....	180
<i>equiv) .....</i>	182	CLIMARA DIS 0.06MG.....	180
<i>ciprofloxacin hcl tab 500 mg (base</i>		CLIMARA DIS 0.075MG.....	180
<i>equiv) .....</i>	182	CLIMARA DIS 0.1MG .....	180
<i>ciprofloxacin hcl tab 750 mg (base</i>		CLIMARA PRO DIS WEEKLY .....	180
<i>equiv) .....</i>	182	<i>clindacin mis etz 1% .....</i>	156
<i>ciprofloxacin-dexamethasone otic</i>		<i>clindacin-p pad 1% .....</i>	156
<i>susp 0.3-0.1% .....</i>	231	CLINDAGEL GEL 1% .....	156
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<i>10 mg/5ml .....</i>	67	<i>mg/5ml (base equiv) .....</i>	43
<i>citalopram hydrobromide tab 10 mg</i>		<i>clindamycin phosphate foam 1% .....</i>	156
<i>(base equiv) .....</i>	67	<i>clindamycin phosphate gel 1% ..</i>	156
<i>citalopram hydrobromide tab 20 mg</i>		<i>clindamycin phosphate lotion 1%</i>	
<i>(base equiv) .....</i>	67	.....	156
<i>citalopram hydrobromide tab 40 mg</i>		<i>clindamycin phosphate soln 1% ..</i>	156
<i>(base equiv) .....</i>	67	<i>clindamycin phosphate swab 1% ..</i>	156
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<i>clarispray spr 50mcg .....</i>	224	<i>clindamycin phosphate-benzoyl</i>	
<i>clarithromycin for susp 125 mg/5ml</i>		<i>peroxide gel 1.2-2.5% .....</i>	156
.....	198	<i>clindamycin phosphate-benzoyl</i>	
<i>clarithromycin for susp 250 mg/5ml</i>		<i>peroxide gel 1-5% .....</i>	156
.....	198	<i>clindamycin phosphate-tretinoin gel</i>	
<i>clarithromycin tab 250 mg .....</i>	198	<i>1.2-0.025% .....</i>	156
<i>clarithromycin tab 500 mg .....</i>	198	<i>clindamycin phosph-benzoyl</i>	
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CLENPIQ SOL.....	196	<i>clobazam suspension 2.5 mg/ml ..</i>	57
CLEOCIN CAP 150MG.....	42	<i>clobazam tab 10 mg .....</i>	57
CLEOCIN CAP 300MG.....	42	<i>clobazam tab 20 mg .....</i>	57

<i>clobetasol propionate cream 0.05%</i> .....	163	<i>clonazepam tab 2 mg</i> .....	58
<i>clobetasol propionate emollient base cream 0.05%</i> .....	163	<i>clonidine hcl tab 0.1 mg</i> .....	94
<i>clobetasol propionate emulsion foam 0.05%</i> .....	163	<i>clonidine hcl tab 0.2 mg</i> .....	94
<i>clobetasol propionate foam 0.05%</i> .....	163	<i>clonidine hcl tab 0.3 mg</i> .....	94
<i>clobetasol propionate gel 0.05%</i>	163	<i>clonidine hcl tab er 12hr 0.1 mg</i> ..	17
<i>clobetasol propionate lotion 0.05%</i> .....	163	<i>clonidine td patch weekly 0.1 mg/24hr</i> .....	94
<i>clobetasol propionate oint 0.05%</i> .....	163	<i>clonidine td patch weekly 0.2 mg/24hr</i> .....	94
<i>clobetasol propionate shampoo 0.05%</i> .....	163	<i>clonidine td patch weekly 0.3 mg/24hr</i> .....	94
<i>clobetasol propionate soln 0.05%</i> .....	163	<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	189
<i>clobetasol propionate spray 0.05%</i> .....	163	<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	189
CLOBETEX PAK .....	85	<i>clorazepate dipotassium tab 15 mg</i> .....	46
CLOBEX LOT 0.05%.....	163	<i>clorazepate dipotassium tab 3.75 mg</i> .....	46
CLOBEX SHA 0.05% .....	163	<i>clorazepate dipotassium tab 7.5 mg</i> .....	46
CLOBEX SPR 0.05% .....	163	<i>clotrimazole cream 1%</i> .....	159
<i>clocortolone pivalate cream 0.1%</i> .....	163	<i>clotrimazole soln 1%</i> .....	159
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<i>clodan sha 0.05%</i> .....	163	<i>clotrimazole vaginal cream 1%</i> ..	253
CLODERM CRE 0.1% .....	164	<i>clotrimazole vaginal cream 2%</i> ..	253
<i>clomipramine hcl cap 25 mg</i> .....	71	<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	159
<i>clomipramine hcl cap 50 mg</i> .....	71	<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	159
<i>clomipramine hcl cap 75 mg</i> .....	71	<i>clozapine orally disintegrating tab 100 mg</i> .....	119
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	57	<i>clozapine orally disintegrating tab 12.5 mg</i> .....	119
<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	57	<i>clozapine orally disintegrating tab 150 mg</i> .....	119
<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	57	<i>clozapine orally disintegrating tab 200 mg</i> .....	119
<i>clonazepam orally disintegrating tab 1 mg</i> .....	57	<i>clozapine orally disintegrating tab 25 mg</i> .....	119
<i>clonazepam orally disintegrating tab 2 mg</i> .....	57	<i>clozapine tab 100 mg</i> .....	119
<i>clonazepam tab 0.5 mg</i> .....	57	<i>clozapine tab 200 mg</i> .....	119
<i>clonazepam tab 1 mg</i> .....	57	<i>clozapine tab 25 mg</i> .....	119

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CLOZARIL TAB 200MG .....	119	CONCERTA TAB 36MG .....	19
CLOZARIL TAB 25MG .....	119	CONCERTA TAB 54MG .....	19
CLOZARIL TAB 50MG .....	119	CONDOMS - FEMALE .....	199
COARTEM TAB 20-120MG .....	100	CONDOMS - MALE .....	199
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CODEINE SULF TAB 15MG .....	30	.....	199
CODEINE SULF TAB 60MG .....	30	<i>constulose sol 10gm/15</i> .....	196
<i>codeine sulfate tab 30 mg</i> .....	30	CONZIP CAP 100MG .....	30
COLAZAL CAP 750MG .....	184	CONZIP CAP 200MG .....	30
<i>colchicine cap 0.6 mg</i> .....	188	CONZIP CAP 300MG .....	30
<i>colchicine tab 0.6 mg</i> .....	188	COPAXONE INJ 20MG/ML .....	237
<i>colchicine w/ probenecid tab 0.5-</i>		COPAXONE INJ 40MG/ML .....	237
<i>500 mg</i> .....	188	COPIKTRA CAP 15MG .....	107
COLCRYS TAB 0.6MG .....	188	COPIKTRA CAP 25MG .....	107
<i>colesevelam hcl packet for susp</i>		COREG CR CAP 10MG .....	130
<i>3.75 gm</i> .....	88	COREG CR CAP 20MG .....	130
<i>colesevelam hcl tab 625 mg</i> .....	88	COREG CR CAP 40MG .....	130
COLESTID FLA GRA 5/7.5GM .....	88	COREG CR CAP 80MG .....	130
COLESTID FLA GRA 5GM .....	88	COREG TAB 12.5MG .....	130
COLESTID GRA 5GM .....	88	COREG TAB 25MG .....	130
COLESTID POW 5GM .....	88	COREG TAB 3.125MG .....	130
COLESTID TAB 1GM .....	88	COREG TAB 6.25MG .....	130
<i>colestipol hcl granule packets 5 gm</i>		CORGARD TAB 20MG .....	132
.....	88	CORGARD TAB 40MG .....	132
<i>colestipol hcl granules 5 gm</i> .....	88	CORGARD TAB 80MG .....	132
<i>colestipol hcl tab 1 gm</i> .....	88	CORLANOR SOL 5MG/5ML .....	141
COMBIGAN SOL 0.2/0.5% .....	225	CORLANOR TAB 5MG .....	141
COMBIPATCH DIS .....	180	CORLANOR TAB 7.5MG .....	141
COMBIVENT AER 20-100 .....	52	CORTEF TAB 10MG .....	151
COMBIVIR TAB 150-300 .....	124	CORTEF TAB 20MG .....	151
COMETRIQ KIT 100MG .....	107	CORTEF TAB 5MG .....	151
COMETRIQ KIT 140MG .....	107	CORTENEMA ENE 100MG .....	39
COMETRIQ KIT 60MG .....	107	CORTIFOAM AER 90MG .....	39
<i>compl multiv chw childrns</i> .....	220	CORTISPORIN SUS -TC OTIC .....	231
COMPLERA TAB .....	124	CORTROPHIN GEL 80UNIT .....	175
COMPLETE NAT PAK DHA .....	221	COSENTYX INJ 150MG/ML .....	161
COMPLETENATE CHW .....	221	COSENTYX INJ 300DOSE .....	161
<i>compro sup 25mg</i> .....	121	COSENTYX INJ 75MG/0.5 .....	161
COMTAN TAB 200MG .....	113	COSENTYX PEN INJ 150MG/ML ..	161
CO-NATAL FA TAB 29-1MG .....	221	COSENTYX PEN INJ 300DOSE ....	161



COSOPT PF SOL 2%-0.5% .....	225	<i>cyclobenzaprine hcl cap er 24hr 30</i>	
COSOPT SOL 22.3-6.8 .....	225	<i>mg</i> .....	222
COTELLIC TAB 20MG .....	107	<i>cyclobenzaprine hcl tab 10 mg</i> ...	222
COTEMPLA TAB 17.3MG .....	19	<i>cyclobenzaprine hcl tab 5 mg</i> ....	222
COTEMPLA TAB 25.9MG .....	19	<i>cyclobenzaprine hcl tab 7.5 mg</i> ..	222
COTEMPLA TAB 8.6MG .....	19	CYCLOGYL SOL 0.5% OP.....	226
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COVID-19 AT- KIT 4-PACK .....	170	CYCLOGYL SOL 2% OP .....	226
COVID-19 KIT.....	170	CYCLOMYDRIL SOL OP.....	226
COVID-19 TES KIT SPECIMEN....	170	<i>cyclopentolate hcl ophth soln 0.5%</i>	
COZAAR TAB 100MG .....	93	.....	226
COZAAR TAB 25MG .....	93	<i>cyclopentolate hcl ophth soln 1%</i>	
COZAAR TAB 50MG .....	93	.....	226
<i>creamies chw 600-400</i> .....	214	<i>cyclopentolate hcl ophth soln 2%</i>	
CREON CAP 12000UNT .....	171	.....	226
CREON CAP 24000UNT .....	171	<i>cyclophosphamide cap 25 mg</i> ....	102
CREON CAP 3000UNIT .....	171	<i>cyclophosphamide cap 50 mg</i> ....	102
CREON CAP 36000UNT .....	171	<i>cycloserine cap 250 mg</i> .....	101
CREON CAP 6000UNIT .....	171	CYCLOSET TAB 0.8MG .....	76
CRESEMBA CAP 186 MG.....	84	<i>cyclosporine (ophth) emulsion</i>	
CRESEMBA INJ 372MG.....	84	<i>0.05%</i> .....	228
CRESTOR TAB 10MG.....	89	<i>cyclosporine cap 100 mg</i> .....	217
CRESTOR TAB 20MG.....	89	<i>cyclosporine cap 25 mg</i> .....	217
CRESTOR TAB 40MG.....	89	<i>cyclosporine modified cap 100 mg</i>	
CRESTOR TAB 5MG .....	89	.....	217
CRINONE GEL 4% VAG .....	253	<i>cyclosporine modified cap 25 mg</i> 217	
CRINONE GEL 8% VAG .....	253	<i>cyclosporine modified cap 50 mg</i> 217	
<i>cromolyn sodium ophth soln 4%</i>	229	<i>cyclosporine modified oral soln 100</i>	
<i>cromolyn sodium oral conc 100</i>		<i>mg/ml</i> .....	217
<i>mg/5ml</i> .....	183	CYKLOKAPRON INJ 100MG/ML... 193	
<i>cromolyn sodium soln nebu 20</i>		CYMBALTA CAP 20MG.....	69
<i>mg/2ml</i> .....	49	CYMBALTA CAP 30MG.....	69
CRONO SYR MIS 10ML.....	201	CYMBALTA CAP 60MG.....	69
CRONO SYR MIS 20ML.....	201	<i>cyproheptadine hcl syrup 2 mg/5ml</i>	
<i>crotan lot 10%</i> .....	169	.....	87
<i>cryselle-28 tab 28 tabs</i> .....	145	<i>cyproheptadine hcl tab 4 mg</i> .....	87
CUPRIMINE CAP 250MG .....	216	<i>cyred eq tab</i> .....	145
CUVPOSA SOL 1MG/5ML .....	246	<i>cyred tab</i> .....	145
CVS GLUCOSE CHW TROPICAL ...	75	CYSTADANE POW.....	177
<i>cyanocobalamin inj 1000 mcg/ml</i>		CYSTADROPS SOL 0.37% .....	229
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<i>mg</i> .....	222	CYTOMEL TAB 50MCG.....	244

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CYTOTEC TAB 100MCG .....	249	DAYVIGO TAB 10MG.....	195
CYTOTEC TAB 200MCG .....	249	DAYVIGO TAB 5MG .....	195
<i>cytra k gra crystals</i> .....	186	DDAVP INJ 4MCG/ML.....	178
<b>D</b>		DDAVP TAB 0.1MG .....	178
<i>dabigatran etexilate mesylate cap</i>		DDAVP TAB 0.2MG .....	178
75 mg (etexilate base eq).....	57	<i>deblitane tab 0.35mg</i> .....	150
<i>daily fib pow 51.7%</i> .....	195	<i>deferasirox granules packet 180 mg</i>	
<i>daily fiber pow</i> .....	195	.....	81
<i>daily fiber pow 43%</i> .....	195	<i>deferasirox granules packet 360 mg</i>	
<i>dalfampridine tab er 12hr 10 mg</i>	237	.....	81
DALIRESP TAB 250MCG .....	50	<i>deferasirox granules packet 90 mg</i>	
DALIRESP TAB 500MCG .....	50	.....	81
<i>danazol cap 100 mg</i> .....	38	<i>deferasirox tab 180 mg</i> .....	81
<i>danazol cap 200 mg</i> .....	38	<i>deferasirox tab 360 mg</i> .....	81
<i>danazol cap 50 mg</i> .....	38	<i>deferasirox tab 90 mg</i> .....	81
DANTRIUM CAP 25MG.....	223	<i>deferasirox tab for oral susp 125 mg</i>	
DANTRIUM IV INJ 20MG.....	223	.....	81
<i>dantrolene sodium cap 100 mg</i> ..	223	<i>deferasirox tab for oral susp 250 mg</i>	
<i>dantrolene sodium cap 25 mg</i> ....	223	.....	81
<i>dantrolene sodium cap 50 mg</i> ....	223	<i>deferasirox tab for oral susp 500 mg</i>	
<i>dantrolene sodium for iv soln 20 mg</i>		.....	81
.....	223	<i>deferiprone tab 1000 mg</i> .....	81
<i>dapsone gel 5%</i> .....	156	<i>deferiprone tab 500 mg</i> .....	81
<i>dapsone gel 7.5%</i> .....	156	DELESTROGEN INJ 10MG/ML.....	181
<i>dapsone tab 100 mg</i> .....	42	DELESTROGEN INJ 20MG/ML.....	181
<i>dapsone tab 25 mg</i> .....	42	DELESTROGEN INJ 40MG/ML.....	181
DARAPRIM TAB 25MG .....	100	DELSTRIGO TAB .....	124
<i>darifenacin hydrobromide tab er</i>		<i>delyla tab 0.1-0.02</i> .....	145
24hr 15 mg (base equiv) .....	250	DELZICOL CAP 400MG .....	184
<i>darifenacin hydrobromide tab er</i>		<i>demeclocycline hcl tab 150 mg</i> ..	241
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DRIZALMA CAP 40MG DR ..... 69	<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> .....70
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DYANAVEL XR CHW 15MG .....	16	<i>efavirenz tab 600 mg</i> .....	124
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EMGALITY INJ 120MG/ML.....	211	<i>enoxaparin sodium inj soln pref syr</i> <i>100 mg/ml</i> .....	55
<i>emoquette tab</i> .....	145	<i>enoxaparin sodium inj soln pref syr</i> <i>120 mg/0.8ml</i> .....	55
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<i>esmolol hcl-sodium chloride iv soln 2000 mg/100ml</i> .....	131	<i>estradiol td patch weekly 0.025 mg/24hr</i> .....	181
<i>esmolol hcl-sodium chloride iv soln 2500 mg/250ml</i> .....	131	<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i> .....	181
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	248	<i>estradiol td patch weekly 0.05 mg/24hr</i> .....	181
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	248	<i>estradiol td patch weekly 0.06 mg/24hr</i> .....	181
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i> .....	248	<i>estradiol td patch weekly 0.075 mg/24hr</i> .....	181
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i> .....	248	<i>estradiol td patch weekly 0.1 mg/24hr</i> .....	181
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i> .....	248	<i>estradiol vaginal cream 0.1 mg/gm</i> .....	253
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i> .....	248	<i>estradiol vaginal tab 10 mcg</i> .....	253
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<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	180	<i>ethambutol hcl tab 100 mg</i> .....	101
<i>estradiol tab 0.5 mg</i> .....	181	<i>ethambutol hcl tab 400 mg</i> .....	101
<i>estradiol tab 1 mg</i> .....	181	<i>ethosuximide cap 250 mg</i> .....	65
<i>estradiol tab 2 mg</i> .....	181	<i>ethosuximide soln 250 mg/5ml</i> ....	65
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> .....	181	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	145
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> .....	181	<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	145
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		<i>etodolac cap 300 mg</i> .....	25
		<i>etodolac tab 400 mg</i> .....	25

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<i>etodolac tab er 24hr 400 mg</i> .....	25	EXFORGE TAB 10-160MG .....	97
<i>etodolac tab er 24hr 500 mg</i> .....	25	EXFORGE TAB 10-320MG .....	97
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<i>everolimus tab 0.5 mg</i> .....	217	EZALLOR SPR CAP 40MG.....	89
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EXELON DIS 4.6MG/24 .....	235	<i>famotidine inj 200 mg/20ml</i> .....	247
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<i>famotidine tab 10 mg</i> .....	247	<i>fenofibrate micronized cap 134 mg</i> .....	88
<i>famotidine tab 20 mg</i> .....	247	<i>fenofibrate micronized cap 200 mg</i> .....	88
<i>famotidine tab 40 mg</i> .....	247	<i>fenofibrate micronized cap 30 mg</i> .....	88
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FANAPT TAB 6MG .....	117	<i>fenofibrate tab 40 mg</i> .....	88
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<i>febuxostat tab 40 mg</i> .....	188	FENSOLVI INJ 45MG .....	177
<i>febuxostat tab 80 mg</i> .....	188	<i>fantanyl citrate buccal tab 100 mcg</i> (base equiv) .....	30
<i>felbamate susp 600 mg/5ml</i> .....	64	<i>fantanyl citrate buccal tab 200 mcg</i> (base equiv) .....	30
<i>felbamate tab 400 mg</i> .....	64	<i>fantanyl citrate buccal tab 400 mcg</i> (base equiv) .....	30
<i>felbamate tab 600 mg</i> .....	64	<i>fantanyl citrate buccal tab 600 mcg</i> (base equiv) .....	30
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FELBATOL TAB 400MG .....	64	<i>fantanyl citrate lozenge on a handle</i> 1200 mcg .....	30
FELBATOL TAB 600MG .....	64	<i>fantanyl citrate lozenge on a handle</i> 1600 mcg .....	30
FELDENE CAP 10MG .....	25	<i>fantanyl citrate lozenge on a handle</i> 200 mcg .....	30
FELDENE CAP 20MG .....	25	<i>fantanyl citrate lozenge on a handle</i> 400 mcg .....	30
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<i>fentanyl td patch 72hr 12 mcg/hr</i>	FETZIMA CAP TITRATIO .....	70
<i>fentanyl td patch 72hr 25 mcg/hr</i>	FEVERALL INF SUP 80MG .....	29
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	FEVERALL SUP 325MG .....	29
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.....	FIASP PENFIL INJ U-100 .....	77
<i>fentanyl td patch 72hr 75 mcg/hr</i>	FILTER ASPIR MIS 18GX3 .....	202
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	FINACEA AER 15%.....	168
.....	FINACEA GEL 15% .....	168
FENTORA TAB 100MCG .....	<i>finasteride tab 5 mg</i> .....	187
FENTORA TAB 200MCG .....	FINTEPLA SOL 2.2MG/ML .....	59
FENTORA TAB 400MCG .....	<i>finzala chw fe 1/20</i> .....	145
FENTORA TAB 600MCG .....	FIORICET CAP .....	29
FENTORA TAB 800MCG .....	FIORICET CAP CODEINE .....	36
<i>ferocon cap</i> .....	FIRDAPSE TAB 10MG.....	101
<i>ferotinsic cap</i> .....	FIRVANQ SOL 25MG/ML.....	42
FERPRX 2-DAY TAB 1000MG.....	FIRVANQ SOL 50MG/ML.....	42
FERRIPROX SOL 100MG/ML.....	<i>flac oil 0.01%</i> .....	231
FERRIPROX TAB 1000MG .....	FLAGYL CAP 375MG.....	41
FERRIPROX TAB 500MG .....	FLAREX SUS 0.1% OP .....	228
<i>ferrocite tab plus</i> .....	<i>flavoxate hcl tab 100 mg</i> .....	251
FERROUS SULF LIQ 44MG/5ML ..	<i>flecainide acetate tab 100 mg</i> .....	48
FERROUS SULF TAB 324MG EC ..	<i>flecainide acetate tab 150 mg</i> .....	48
<i>ferrous sulfate elixir 220 mg/5ml</i>	<i>flecainide acetate tab 50 mg</i> .....	48
(44 mg/5ml elemental fe).....	FLEQSUVY SUS 25MG/5ML.....	222
<i>ferrous sulfate soln 75 mg/ml (15</i>	FLOMAX CAP 0.4MG .....	187
<i>mg/ml elemental fe)</i> .....	FLOVENT DISK AER 100MCG .....	50
<i>ferrous sulfate syrup 300 mg/5ml</i>	FLOVENT DISK AER 250MCG .....	50
(60 mg/5ml elemental fe).....	FLOVENT DISK AER 50MCG .....	50
<i>ferrous sulfate tab 325 mg (65 mg</i>	FLOVENT HFA AER 110MCG.....	51
<i>elemental fe)</i> .....	FLOVENT HFA AER 220MCG.....	51
<i>ferrous sulfate tab ec 325 mg (65</i>	FLOVENT HFA AER 44MCG .....	51
<i>mg fe equivalent)</i> .....	FLOWFLEX KIT TEST.....	170
<i>fesoterodine fumarate tab er 24hr 4</i>	FLUAD QUADRI INJ 2022-23 .....	252
<i>mg</i> .....	FLUARIX QUAD INJ 2022-23.....	252
<i>fesoterodine fumarate tab er 24hr 8</i>	FLUBLOK QUAD INJ 2022-23 .....	252
<i>mg</i> .....	FLUCLVX QUAD INJ 2022-23 .....	252
FETROJA INJ 1GM .....	<i>fluconazole for susp 10 mg/ml</i> .....	84

<i>fluconazole for susp 40 mg/ml ....</i>	84	<i>fluorouracil soln 2% .....</i>	161
<i>fluconazole in nacl 0.9% inj 200</i>		<i>fluorouracil soln 5% .....</i>	161
<i>mg/100ml .....</i>	85	<i>fluoxetine hcl (pmd) tab 10 mg</i>	239
<i>fluconazole in nacl 0.9% inj 400</i>		<i>fluoxetine hcl (pmd) tab 20 mg</i>	239
<i>mg/200ml .....</i>	85	<i>fluoxetine hcl cap 10 mg .....</i>	67
<i>FLUCONAZOLE SOL /NACL .....</i>	85	<i>fluoxetine hcl cap 20 mg .....</i>	67
<i>fluconazole tab 100 mg .....</i>	85	<i>fluoxetine hcl cap 40 mg .....</i>	67
<i>fluconazole tab 150 mg .....</i>	85	<i>fluoxetine hcl cap delayed release</i>	
<i>fluconazole tab 200 mg .....</i>	85	<i>90 mg .....</i>	67
<i>fluconazole tab 50 mg .....</i>	85	<i>fluoxetine hcl solution 20 mg/5ml</i>	67
<i>flucytosine cap 250 mg .....</i>	84	<i>fluoxetine hcl tab 10 mg .....</i>	68
<i>flucytosine cap 500 mg .....</i>	84	<i>fluoxetine hcl tab 20 mg .....</i>	68
<i>fludrocortisone acetate tab 0.1 mg</i>		<i>fluoxetine hcl tab 60 mg .....</i>	68
<i>.....</i>	154	<i>FLUOXETINE TAB 60MG .....</i>	68
<i>FLULAVAL QUA INJ 2022-23 .....</i>	252	<i>fluphenazine decanoate inj 25</i>	
<i>FLUMIST QUAD SUS 2022-23 ....</i>	252	<i>mg/ml.....</i>	121
<i>flunisolide nasal soln 25 mcg/act</i>		<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	
<i>(0.025%) .....</i>	224	<i>.....</i>	121
<i>fluocinolone acetonide (otic) oil</i>		<i>fluphenazine hcl inj 2.5 mg/ml... </i>	121
<i>0.01%.....</i>	231	<i>fluphenazine hcl oral conc 5 mg/ml</i>	
<i>fluocinolone acetonide cream 0.01%</i>		<i>.....</i>	121
<i>.....</i>	164	<i>fluphenazine hcl tab 1 mg .....</i>	121
<i>fluocinolone acetonide cream</i>		<i>fluphenazine hcl tab 10 mg .....</i>	121
<i>0.025% .....</i>	164	<i>fluphenazine hcl tab 2.5 mg .....</i>	121
<i>fluocinolone acetonide oil 0.01%</i>		<i>fluphenazine hcl tab 5 mg .....</i>	121
<i>(body oil) .....</i>	164	<i>flurandrenolide cream 0.05% ....</i>	164
<i>fluocinolone acetonide oil 0.01%</i>		<i>flurandrenolide lotion 0.05% ....</i>	164
<i>(scalp oil) .....</i>	164	<i>flurandrenolide oint 0.05%.....</i>	164
<i>fluocinolone acetonide oint 0.025%</i>		<i>flurazepam hcl cap 15 mg .....</i>	194
<i>.....</i>	164	<i>flurazepam hcl cap 30 mg .....</i>	194
<i>fluocinolone acetonide soln 0.01%</i>		<i>flurbiprofen sodium ophth soln</i>	
<i>.....</i>	164	<i>0.03% .....</i>	230
<i>fluocinonide cream 0.05% .....</i>	164	<i>flurbiprofen tab 100 mg .....</i>	26
<i>fluocinonide cream 0.1%.....</i>	164	<i>flutamide cap 125 mg.....</i>	105
<i>fluocinonide emulsified base cream</i>		<i>FLUTIC/VILAN INH 100-25 .....</i>	53
<i>0.05%.....</i>	164	<i>FLUTIC/VILAN INH 200-25 .....</i>	53
<i>fluocinonide gel 0.05% .....</i>	164	<i>FLUTICAS HFA AER 110MCG.....</i>	51
<i>fluocinonide oint 0.05% .....</i>	164	<i>FLUTICAS HFA AER 220MCG.....</i>	51
<i>fluocinonide soln 0.05% .....</i>	164	<i>FLUTICAS HFA AER 44MCG .....</i>	51
<i>FLUOPAR KIT .....</i>	164	<i>fluticasone propionate cream 0.05%</i>	
<i>fluorometholone ophth susp 0.1%</i>		<i>.....</i>	164
<i>.....</i>	228	<i>fluticasone propionate lotion 0.05%</i>	
<i>fluorouracil cream 5% .....</i>	161	<i>.....</i>	165



<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	224	FOCALIN XR CAP 35MG.....	20
<i>fluticasone propionate oint 0.005%</i> .....	165	FOCALIN XR CAP 40MG.....	20
<i>fluticasone sus 50mcg</i> .....	224	FOCALIN XR CAP 5MG .....	20
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> .....	53	<i>folic acid inj 5 mg/ml</i> .....	190
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i> .....	53	<i>folic acid tab 1 mg</i> .....	190
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i> .....	53	<i>folic acid tab 800 mcg</i> .....	190
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> .....	53	<i>foltrin cap</i> .....	192
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> .....	53	<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i> .....	56
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i> .....	53	<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i> .....	55
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	89	<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i> .....	55
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	90	<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i> .....	56
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	90	FORFIVO XL TAB 450MG .....	67
<i>fluvoxamine maleate cap er 24hr 100 mg</i> .....	68	<i>formoterol fumarate soln nebu 20 mcg/2ml</i> .....	53
<i>fluvoxamine maleate cap er 24hr 150 mg</i> .....	68	FORTEO INJ 600/2.4 .....	174
<i>fluvoxamine maleate tab 100 mg</i> .....	68	FORTESTA GEL 10MG/ACT .....	39
<i>fluvoxamine maleate tab 25 mg</i> ..	68	FOSAMAX + D TAB 70-2800 .....	174
<i>fluvoxamine maleate tab 50 mg</i> ..	68	FOSAMAX + D TAB 70-5600 .....	174
FLUZONE HD INJ 2022-23 .....	252	FOSAMAX TAB 70MG .....	174
FLUZONE QUAD INJ 2022-23 .....	252	<i>fosamprenavir calcium tab 700 mg (base equiv)</i> .....	125
FML FORTE SUS 0.25% OP .....	228	<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i> .....	83
FML LIQUIFLM SUS 0.1% OP .....	228	<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i> .....	127
FML OIN 0.1% OP .....	228	<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> .....	43
FOCALIN TAB 10MG.....	19	<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	97
FOCALIN TAB 2.5MG.....	19	<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	97
FOCALIN TAB 5MG .....	19	<i>fosinopril sodium tab 10 mg</i> .....	92
FOCALIN XR CAP 10MG.....	20	<i>fosinopril sodium tab 20 mg</i> .....	92
FOCALIN XR CAP 15MG.....	20	<i>fosinopril sodium tab 40 mg</i> .....	92
FOCALIN XR CAP 20MG.....	20	<i>fosphenytoin sodium inj 100 mg/2ml (phenytoin equiv)</i> .....	65
FOCALIN XR CAP 25MG.....	20		
FOCALIN XR CAP 30MG.....	20		

<i>fosphenytoin sodium inj 500 mg/10ml (phenytoin equiv)</i> .....	65	<i>gabapentin cap 300 mg</i> .....	59
FOSRENOL CHW 1000MG .....	186	<i>gabapentin cap 400 mg</i> .....	59
FOSRENOL CHW 500MG .....	186	<i>gabapentin oral soln 250 mg/5ml</i> .....	59
FOSRENOL CHW 750MG .....	186	<i>gabapentin tab 600 mg</i> .....	59
FOSRENOL POW 1000MG .....	186	<i>gabapentin tab 800 mg</i> .....	59
FOSRENOL POW 750MG .....	186	GABITRIL TAB 12MG .....	64
FOTIVDA CAP 0.89MG .....	107	GABITRIL TAB 16MG .....	64
FOTIVDA CAP 1.34MG .....	107	GABITRIL TAB 2MG .....	64
FRAGMIN INJ 10000/ML .....	56	GABITRIL TAB 4MG .....	64
FRAGMIN INJ 12500UNT .....	56	<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	235
FRAGMIN INJ 15000UNT .....	56	<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	235
FRAGMIN INJ 18000UNT .....	56	<i>galantamine hydrobromide cap er 24hr 8 mg</i> .....	235
FRAGMIN INJ 2500/0.2 .....	56	<i>galantamine hydrobromide oral soln 4 mg/ml</i> .....	235
FRAGMIN INJ 5000/0.2 .....	56	<i>galantamine hydrobromide tab 12 mg</i> .....	235
FRAGMIN INJ 7500/0.3 .....	56	<i>galantamine hydrobromide tab 4 mg</i> .....	235
FRAGMIN INJ 95000UNT .....	56	<i>galantamine hydrobromide tab 8 mg</i> .....	235
FREESTY LIBR KIT 2 SENSOR ....	199	GANCICLOVIR INJ 500/25 .....	127
FREESTY LIBR MIS 2 READER ....	199	GANCICLOVIR INJ 500MG .....	127
FREESTYLE KIT SENSOR .....	199	<i>ganciclovir sodium for inj 500 mg</i> .....	127
FREESTYLE MIS READER .....	200	GARDASIL 9 INJ .....	252
FROVA TAB 2.5MG .....	212	GASTROCROM CON 100/5ML .....	183
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	212	<i>gatifloxacin ophth soln 0.5%</i> .....	227
FULPHILA INJ 6/0.6ML .....	190	GATTEX KIT 5MG .....	186
<i>furosemide inj 10 mg/ml</i> .....	173	<i>gavilyte-g sol</i> .....	196
<i>furosemide oral soln 10 mg/ml</i> ..	173	GAVRETO CAP 100MG .....	108
<i>furosemide oral soln 8 mg/ml</i> ....	173	GELNIQUE GEL 10% .....	250
<i>furosemide tab 20 mg</i> .....	173	<i>gemfibrozil tab 600 mg</i> .....	89
<i>furosemide tab 40 mg</i> .....	173	<i>gemmily cap 1/20</i> .....	145
<i>furosemide tab 80 mg</i> .....	173	GEMTESA TAB 75MG .....	251
FUZEON INJ 90MG .....	125	GENERESS FE CHW .....	145
<i>fyavolv tab 0.5-2.5</i> .....	180	<i>gengraf cap 100mg</i> .....	217
<i>fyavolv tab 1-5</i> .....	180	<i>gengraf cap 25mg</i> .....	217
FYCOMPA SUS 0.5MG/ML .....	57	<i>gengraf sol 100mg/ml</i> .....	217
FYCOMPA TAB 10MG .....	57	GENOTROPIN INJ 0.2MG .....	175
FYCOMPA TAB 12MG .....	57	GENOTROPIN INJ 0.4MG .....	176
FYCOMPA TAB 2MG .....	57		
FYCOMPA TAB 4MG .....	57		
FYCOMPA TAB 6MG .....	57		
FYCOMPA TAB 8MG .....	57		
<b>G</b>			
<i>gabapentin cap 100 mg</i> .....	59		

GENOTROPIN INJ 0.6MG .....	176	<i>glipizide xl tab 10mg</i> .....	80
GENOTROPIN INJ 0.8MG .....	176	<i>glipizide xl tab 2.5mg</i> .....	80
GENOTROPIN INJ 1.2MG .....	176	<i>glipizide xl tab 5mg</i> .....	80
GENOTROPIN INJ 1.4MG .....	176	<i>glipizide-metformin hcl tab 2.5-250</i>	
GENOTROPIN INJ 1.6MG .....	176	<i>mg</i> .....	73
GENOTROPIN INJ 1.8MG .....	176	<i>glipizide-metformin hcl tab 2.5-500</i>	
GENOTROPIN INJ 12MG .....	176	<i>mg</i> .....	73
GENOTROPIN INJ 1MG .....	176	<i>glipizide-metformin hcl tab 5-500</i>	
GENOTROPIN INJ 2MG .....	176	<i>mg</i> .....	73
GENOTROPIN INJ 5MG .....	176	GLOPERBA SOL 0.6/5ML .....	188
<i>gentak oin 0.3% op</i> .....	227	GLUCAGEN INJ HYPOKIT .....	75
<i>gentamicin sulfate cream 0.1%</i> ..	159	<i>glucagon (rdna) for inj kit 1 mg</i> ..	75
<i>gentamicin sulfate oint 0.1%</i> .....	159	GLUCAGON EMR SOL 1MG .....	75
<i>gentamicin sulfate ophth soln 0.3%</i>		GLUCAGON KIT 1MG .....	75
.....	227	GLUCOSE CHW 4GM .....	75
GENVOYA TAB .....	125	GLUCOSE CHW ORANGE .....	75
GEODON CAP 20MG .....	116	GLUCOSE CHW RASPBERRY .....	75
GEODON CAP 40MG .....	116	GLUCOTROL XL TAB 10MG .....	80
GEODON CAP 60MG .....	116	GLUCOTROL XL TAB 2.5MG .....	80
GEODON CAP 80MG .....	116	GLUCOTROL XL TAB 5MG .....	80
GEODON INJ 20MG .....	117	GLUMETZA TAB 1000MG .....	74
GILENYA CAP 0.5MG.....	238	GLUMETZA TAB 500MG.....	74
GILOTRIF TAB 20MG.....	104	<i>glyburide micronized tab 1.5 mg</i> ..	80
GILOTRIF TAB 30MG.....	104	<i>glyburide micronized tab 3 mg</i> .....	80
GILOTRIF TAB 40MG.....	104	<i>glyburide micronized tab 6 mg</i> .....	80
GIMOTI SPR 15MG .....	184	<i>glyburide tab 1.25 mg</i> .....	80
GLASSIA INJ.....	240	<i>glyburide tab 2.5 mg</i> .....	80
<i>glatiramer acetate soln prefilled</i>		<i>glyburide tab 5 mg</i> .....	80
<i>syringe 20 mg/ml</i> .....	238	<i>glyburide-metformin tab 1.25-250</i>	
<i>glatiramer acetate soln prefilled</i>		<i>mg</i> .....	73
<i>syringe 40 mg/ml</i> .....	238	<i>glyburide-metformin tab 2.5-500</i>	
<i>glatopa inj 20mg/ml</i> .....	238	<i>mg</i> .....	73
<i>glatopa inj 40mg/ml</i> .....	238	<i>glyburide-metformin tab 5-500 mg</i>	
GLEEVEC TAB 100MG .....	108	.....	73
GLEEVEC TAB 400MG .....	108	GLYCATE TAB 1.5MG .....	246
<i>glimepiride tab 1 mg</i> .....	80	GLYCERIN LIQ .....	144
<i>glimepiride tab 2 mg</i> .....	80	<i>glycerin sup 1gm</i> .....	196
<i>glimepiride tab 4 mg</i> .....	80	GLYCERIN SUP 2GM .....	196
<i>glipizide tab 10 mg</i> .....	80	<i>glycerin suppos 1.2 gm</i> .....	196
<i>glipizide tab 5 mg</i> .....	80	<i>glycerin suppos 2 gm</i> .....	196
<i>glipizide tab er 24hr 10 mg</i> .....	80	<i>glycerin suppos 2.1 gm</i> .....	196
<i>glipizide tab er 24hr 2.5 mg</i> .....	80	<i>glycerin suppos 80.7%</i> .....	196
<i>glipizide tab er 24hr 5 mg</i> .....	80	GLYCERINE LIQ .....	144

GLYCEROL LIQ FORMAL .....	144	<i>griseofulvin ultramicrosize tab 125</i>	
<i>glycopyrrolate inj 0.2 mg/ml</i> .....	246	<i>mg</i> .....	84
<i>glycopyrrolate inj 0.4 mg/2ml (0.2</i>		<i>griseofulvin ultramicrosize tab 250</i>	
<i>mg/ml)</i> .....	246	<i>mg</i> .....	84
<i>glycopyrrolate inj 1 mg/5ml (0.2</i>		<i>guaifenesin liquid 100 mg/5ml...</i>	154
<i>mg/ml)</i> .....	246	<i>guaifenesin syrup 100 mg/5ml ..</i>	154
<i>glycopyrrolate inj 4 mg/20ml (0.2</i>		<i>guanfacine hcl tab 1 mg.....</i>	94
<i>mg/ml)</i> .....	246	<i>guanfacine hcl tab 2 mg.....</i>	94
<i>glycopyrrolate oral soln 1 mg/5ml</i>		<i>guanfacine hcl tab er 24hr 1 mg</i>	
.....	246	<i>(base equiv)</i> .....	17
<i>glycopyrrolate tab 1 mg</i> .....	246	<i>guanfacine hcl tab er 24hr 2 mg</i>	
<i>glycopyrrolate tab 2 mg</i> .....	246	<i>(base equiv)</i> .....	18
<i>glydo gel 2%</i> .....	168	<i>guanfacine hcl tab er 24hr 3 mg</i>	
GLYNASE TAB 1.5MG .....	80	<i>(base equiv)</i> .....	18
GLYNASE TAB 3MG.....	80	<i>guanfacine hcl tab er 24hr 4 mg</i>	
GLYNASE TAB 6MG.....	80	<i>(base equiv)</i> .....	18
GLYRX-PF SOL 0.2MG/ML .....	246	GVOKE HYPO 1 INJ .5/.1ML.....	75
GLYRX-PF SOL 0.4/2.....	246	GVOKE HYPO 1 INJ 1MG/.2ML .....	75
GLYXAMBI TAB 10-5 MG .....	73	GVOKE HYPO 2 INJ .5/.1ML.....	75
GLYXAMBI TAB 25-5 MG .....	73	GVOKE HYPO 2 INJ 1MG/.2ML .....	75
GNP GLUCOSE CHW GRAPE .....	75	GVOKE KIT SOL 1MG/0.2M.....	75
GNP GLUCOSE CHW ORANGE .....	75	GVOKE PFS INJ.....	75
GNP GLUCOSE CHW RASPBERR ..	75	GYNAZOLE-1 CRE 2%.....	253
GNP GLUCOSE CHW RASPBERRY...	75	<b>H</b>	
GOCOVRI CAP 137MG.....	114	<i>hailey 24 tab fe</i> .....	145
GOCOVRI CAP 68.5MG.....	114	<i>hailey fe tab 1.5/30.....</i>	145
GOLYTELY SOL.....	196	<i>hailey fe tab 1/20</i> .....	145
GONITRO POW 400MCG.....	44	<i>hailey tab 1.5/30</i> .....	145
<i>goodsense liq lice rin</i> .....	169	<i>halcinonide cream 0.1%</i> .....	165
GRALISE TAB 300MG.....	239	HALCION TAB 0.25MG .....	194
GRALISE TAB 600MG.....	239	HALDOL DECAN INJ 100MG/ML..	119
<i>granisetron hcl inj 1 mg/ml</i> .....	82	HALDOL DECAN INJ 50MG/ML ...	119
<i>granisetron hcl inj 4 mg/4ml (1</i>		HALOBETASOL AER 0.05% .....	165
<i>mg/ml)</i> .....	82	<i>halobetasol propionate cream</i>	
<i>granisetron hcl tab 1 mg</i> .....	82	<i>0.05%</i> .....	165
GRANIX INJ 300/0.5.....	191	<i>halobetasol propionate oint 0.05%</i>	
GRANIX INJ 300/1ML.....	191	.....	165
GRANIX INJ 480/0.8.....	191	HALOG CRE 0.1% .....	165
GRANIX INJ 480/1.6.....	191	HALOG OIN 0.1% .....	165
<i>griseofulvin microsize susp 125</i>		HALOG SOL 0.1% .....	165
<i>mg/5ml</i> .....	84	<i>haloperidol decanoate im soln 100</i>	
<i>griseofulvin microsize tab 500 mg</i>	84	<i>mg/ml.....</i>	119

<i>haloperidol decanoate im soln 50 mg/ml</i> .....	119	<i>heparin sodium (porcine) lock flush iv soln 100 unit/ml</i> .....	56
<i>haloperidol lactate inj 5 mg/ml</i> ..	119	<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i> .....	56
<i>haloperidol lactate oral conc 2 mg/ml</i> .....	119	HEPARIN/NACL INJ 25000UNT .....	56
<i>haloperidol tab 0.5 mg</i> .....	119	HEPLISAV-B INJ 20/0.5ML .....	252
<i>haloperidol tab 1 mg</i> .....	119	HEPMED KIT.....	57
<i>haloperidol tab 10 mg</i> .....	119	HEPSERA TAB 10MG.....	128
<i>haloperidol tab 2 mg</i> .....	119	HETLIOZ CAP 20MG .....	195
<i>haloperidol tab 20 mg</i> .....	119	HETLIOZ LQ SUS 4MG/ML .....	195
<i>haloperidol tab 5 mg</i> .....	119	HIPREX TAB 1GM .....	43
HAVRIX INJ 1440UNIT .....	252	HORIZANT TAB 300MG ER .....	239
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<i>hydrocodone bitartrate cap er 12hr</i>		<i>mg .....</i>	40
<i>40 mg .....</i>	31	<i>hydrocortisone acetate w/</i>	
<i>hydrocodone bitartrate cap er 12hr</i>		<i>pramoxine perianal cream 1-1%</i>	40
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<i>hydrocortisone butyrate soln 0.1%</i>	HYDROXYCHLOR TAB 400MG.....	100
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152	<i>mg</i> .....	246
<i>hydrocortisone tab 5 mg</i> .....	<i>hyoscyamine sulfate soln 0.125</i>	
152	<i>mg/ml</i> .....	246
<i>hydrocortisone valerate cream 0.2%</i>	<i>hyoscyamine sulfate tab 0.125 mg</i>	
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165	<i>hyoscyamine sulfate tab disint</i>	
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<i>mg</i> .....		
32		
<i>hydromorphone hcl tab er 24hr 16</i>		
<i>mg</i> .....		
32		
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<i>mg</i> .....		
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<i>mg</i> .....		
32		
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**J**

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<i>lisinopril tab 40 mg</i> .....	92	LOPROX KIT 0.77% .....	160
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<i>metronidazole lotion 0.75%</i> .....	169	<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i> .....	194
<i>metronidazole tab 250 mg</i> .....	41	<i>midazolam hcl inj 5 mg/ml (base equivalent)</i> .....	194
<i>metronidazole tab 500 mg</i> .....	41	<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i> .....	194
<i>metronidazole vaginal gel 0.75%</i>	253	<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i> .....	194
<i>metyrosine cap 250 mg</i> .....	93	<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i> .....	194
<i>mexiletine hcl cap 150 mg</i> .....	48	<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i> .....	194
<i>mexiletine hcl cap 200 mg</i> .....	48	<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i> .....	194
<i>mexiletine hcl cap 250 mg</i> .....	48		
MIACALCIN INJ 200/ML.....	174		
MIACALCIN INJ 400/2ML.....	175		
MICAFUNGIN INJ 100MG.....	84		
MICAFUNGIN INJ 50MG.....	84		
<i>micafungin sodium for iv soln 100 mg</i> .....	84		
<i>micafungin sodium for iv soln 50 mg .....</i>	84		

<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i> .....	194	<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i> .....	243
MIDAZOLAM SUS 1MG/ML .....	195	<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i> .....	243
<i>midodrine hcl tab 10 mg</i> .....	254	<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i> .....	243
<i>midodrine hcl tab 2.5 mg</i> .....	254	<i>minocycline hcl tab 100 mg</i> .....	243
<i>midodrine hcl tab 5 mg</i> .....	254	<i>minocycline hcl tab 50 mg</i> .....	243
MIFEPREX TAB 200MG .....	178	<i>minocycline hcl tab 75 mg</i> .....	243
<i>mifepristone tab 200 mg</i> .....	178	<i>minocycline hcl tab er 24hr 105 mg</i> .....	243
<i>migergot sup 2/100</i> .....	211	<i>minocycline hcl tab er 24hr 115 mg</i> .....	243
<i>miglitol tab 100 mg</i> .....	72	<i>minocycline hcl tab er 24hr 135 mg</i> .....	243
<i>miglitol tab 25 mg</i> .....	72	<i>minocycline hcl tab er 24hr 45 mg</i> .....	243
<i>miglitol tab 50 mg</i> .....	72	<i>minocycline hcl tab er 24hr 55 mg</i> .....	243
<i>miglustat cap 100 mg</i> .....	190	<i>minocycline hcl tab er 24hr 65 mg</i> .....	243
MIGRANAL SPR 4MG/ML .....	212	<i>minocycline hcl tab er 24hr 80 mg</i> .....	243
MIGRANOW PAK .....	212	<i>minocycline hcl tab er 24hr 90 mg</i> .....	243
<i>mili tab 0.25/35</i> .....	147	MINOLIRA TAB 105MG .....	243
MILLIPRED TAB 5MG .....	152	MINOLIRA TAB 135MG .....	243
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i> .....	138	<i>minoxidil tab 10 mg</i> .....	100
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i> .....	138	<i>minoxidil tab 2.5 mg</i> .....	100
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i> .....	138	MIRAPEX ER TAB 0.375MG .....	114
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i> .....	138	MIRAPEX ER TAB 0.75MG .....	114
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i> .....	138	MIRAPEX ER TAB 1.5MG .....	114
<i>mimvey tab 1-0.5mg</i> .....	180	MIRAPEX ER TAB 2.25MG .....	114
MINASTRIN 24 CHW FE .....	147	MIRAPEX ER TAB 3.75MG .....	114
<i>mineral oil- rx</i> .....	196	MIRAPEX ER TAB 3MG .....	114
MINIPRESS CAP 1MG .....	94	MIRAPEX ER TAB 4.5MG .....	114
MINIPRESS CAP 2MG .....	94	MIRCERA INJ 100MCG .....	191
MINIPRESS CAP 5MG .....	94	MIRCERA INJ 150MCG .....	191
MINIVELLE DIS 0.025MG .....	182	MIRCERA INJ 200MCG .....	191
MINIVELLE DIS 0.0375MG .....	182	MIRCERA INJ 30MCG .....	191
MINIVELLE DIS 0.05MG .....	182	MIRCERA INJ 50MCG .....	191
MINIVELLE DIS 0.075MG .....	182	MIRCERA INJ 75MCG .....	191
MINIVELLE DIS 0.1MG .....	182	MIRCETTE TAB 28 DAY .....	147
MINOCIN INJ 100MG .....	242		
<i>minocycline hcl cap 100 mg</i> .....	242		
<i>minocycline hcl cap 50 mg</i> .....	242		
<i>minocycline hcl cap 75 mg</i> .....	242		



MIRENA IUD SYSTEM.....	150	<i>montelukast sodium oral granules</i>	
<i>mirtazapine orally disintegrating tab</i>		<i>packet 4 mg (base equiv) .....</i>	49
15 mg .....	66	<i>montelukast sodium tab 10 mg</i>	
<i>mirtazapine orally disintegrating tab</i>		<i>(base equiv) .....</i>	49
30 mg .....	66	MONUROL PAK GRANULES .....	43
<i>mirtazapine orally disintegrating tab</i>		<i>morphine sulfate beads cap er 24hr</i>	
45 mg .....	66	120 mg .....	33
<i>mirtazapine tab 15 mg.....</i>	66	<i>morphine sulfate beads cap er 24hr</i>	
<i>mirtazapine tab 30 mg.....</i>	66	30 mg.....	32
<i>mirtazapine tab 45 mg.....</i>	66	<i>morphine sulfate beads cap er 24hr</i>	
<i>mirtazapine tab 7.5 mg.....</i>	66	45 mg.....	32
MIRVASO GEL 0.33% .....	169	<i>morphine sulfate beads cap er 24hr</i>	
<i>misoprostol tab 100 mcg.....</i>	249	60 mg.....	33
<i>misoprostol tab 200 mcg.....</i>	249	<i>morphine sulfate beads cap er 24hr</i>	
MITIGARE CAP 0.6MG.....	188	75 mg.....	33
M-M-R II INJ.....	252	<i>morphine sulfate beads cap er 24hr</i>	
<i>modafinil tab 100 mg .....</i>	21	90 mg.....	33
<i>modafinil tab 200 mg .....</i>	21	<i>morphine sulfate cap er 24hr 10 mg</i>	
MODERNA VAC INJ COVID-19....	252	.....	33
<i>moexipril hcl tab 15 mg .....</i>	92	<i>morphine sulfate cap er 24hr 100</i>	
<i>moexipril hcl tab 7.5 mg .....</i>	92	mg .....	33
<i>molindone hcl tab 10 mg.....</i>	121	<i>morphine sulfate cap er 24hr 20 mg</i>	
<i>molindone hcl tab 25 mg.....</i>	121	.....	33
<i>molindone hcl tab 5 mg .....</i>	121	<i>morphine sulfate cap er 24hr 30 mg</i>	
<i>mometasone furoate cream 0.1%</i>		.....	33
.....	165	<i>morphine sulfate cap er 24hr 50 mg</i>	
<i>mometasone furoate nasal susp 50</i>		.....	33
<i>mcg/act.....</i>	224	<i>morphine sulfate cap er 24hr 60 mg</i>	
<i>mometasone furoate oint 0.1%..</i>	165	.....	33
<i>mometasone furoate solution 0.1%</i>		<i>morphine sulfate cap er 24hr 80 mg</i>	
<i>(lotion).....</i>	165	.....	33
MONOJECT S/P MIS 20ML/LL ....	205	<i>morphine sulfate oral soln 10</i>	
MONOJECT S/P MIS 20ML/LT ....	205	mg/5ml .....	33
MONOJECT S/P MIS 35/CATH ....	205	<i>morphine sulfate oral soln 100</i>	
MONOJECT S/P MIS 35ML/LL ....	205	mg/5ml (20 mg/ml).....	33
MONOJECT S/P MIS 35ML/REG ..	205	<i>morphine sulfate oral soln 20</i>	
MONOJECT S/P MIS 60ML/LL ....	205	mg/5ml .....	33
MONOJECT S/P MIS 60ML/REG ..	205	<i>morphine sulfate suppos 10 mg ...</i>	33
<i>mono-lynyah tab 0.25-35 .....</i>	147	<i>morphine sulfate suppos 20 mg ...</i>	33
<i>montelukast sodium chew tab 4 mg</i>		<i>morphine sulfate suppos 30 mg ...</i>	33
<i>(base equiv) .....</i>	49	<i>morphine sulfate suppos 5 mg.....</i>	33
<i>montelukast sodium chew tab 5 mg</i>		<i>morphine sulfate tab 15 mg .....</i>	33
<i>(base equiv) .....</i>	49	<i>morphine sulfate tab 30 mg .....</i>	33

<i>morphine sulfate tab er 100 mg</i> ..	33	MYCAPSSA CAP 20MG.....	178
<i>morphine sulfate tab er 15 mg</i> ....	33	MYCOBUTIN CAP 150MG.....	102
<i>morphine sulfate tab er 200 mg</i> ..	33	<i>mycophenolate mofetil cap 250 mg</i>	
<i>morphine sulfate tab er 30 mg</i> ....	33	.....	217
<i>morphine sulfate tab er 60 mg</i> ....	33	<i>mycophenolate mofetil for oral susp</i>	
MOTEGRITY TAB 1MG .....	183	<i>200 mg/ml</i> .....	217
MOTEGRITY TAB 2MG .....	183	<i>mycophenolate mofetil tab 500 mg</i>	
MOTOFEN TAB 1-0.025 .....	81	.....	218
MOUNJARO INJ 10MG/0.5 .....	76	<i>mycophenolate sodium tab dr 180</i>	
MOUNJARO INJ 12.5/0.5 .....	76	<i>mg (mycophenolic acid equiv).</i>	218
MOUNJARO INJ 15MG/0.5 .....	76	<i>mycophenolate sodium tab dr 360</i>	
MOUNJARO INJ 2.5/0.5.....	76	<i>mg (mycophenolic acid equiv).</i>	218
MOUNJARO INJ 5MG/0.5 .....	76	MYDAYIS CAP 12.5MG .....	16
MOUNJARO INJ 7.5/0.5.....	76	MYDAYIS CAP 25MG .....	17
MOVANTIK TAB 12.5MG .....	185	MYDAYIS CAP 37.5MG .....	17
MOVANTIK TAB 25MG.....	185	MYDAYIS CAP 50MG .....	17
MOVIPREP SOL .....	196	MYDRIACYL SOL 1% OP.....	226
<i>moxifloxacin hcl ophth soln 0.5%</i>		MYFEMBREE TAB.....	180
<i>(base eq) (2 times daily)</i> .....	227	MYFORTIC TAB 180MG .....	218
<i>moxifloxacin hcl ophth soln 0.5%</i>		MYFORTIC TAB 360MG .....	218
<i>(base equiv)</i> .....	227	MYLAB BOX KIT COVID-19 .....	171
<i>moxifloxacin hcl tab 400 mg (base</i>		MYLERAN TAB 2MG .....	102
<i>equiv)</i> .....	183	MYRBETRIQ SUS 8MG/ML .....	251
MS CONTIN TAB 100MG ER .....	33	MYRBETRIQ TAB 25MG .....	251
MS CONTIN TAB 15MG ER .....	33	MYRBETRIQ TAB 50MG .....	251
MS CONTIN TAB 200MG ER .....	33	MYSOLINE TAB 250MG .....	62
MS CONTIN TAB 30MG ER .....	33	MYSOLINE TAB 50MG .....	61
MS CONTIN TAB 60MG ER .....	33	MYTESI TAB 125MG .....	80
MUCOSAL ATOM MIS DEVICE ....	200	<b>N</b>	
MULIT-DRAW MIS 22GX1.5 .....	206	<i>nabumetone tab 500 mg</i> .....	26
MULPLETA TAB 3MG .....	191	<i>nabumetone tab 750 mg</i> .....	27
MULTAQ TAB 400MG .....	48	<i>nadolol tab 20 mg</i> .....	132
<i>multi vit/fl dro 0.5mg/ml</i> .....	220	<i>nadolol tab 40 mg</i> .....	132
MULTI-DRAW MIS 20GX1.5 .....	206	<i>nadolol tab 80 mg</i> .....	132
MULTI-DRAW MIS 21GX1.5 .....	206	<i>naftifine hcl cream 1%</i> .....	160
<i>multi-vit/fe dro /fl 0.25</i> .....	220	<i>naftifine hcl cream 2%</i> .....	160
<i>multivit/fl dro 0.25mg</i> .....	220	NAFTIN GEL 1%.....	160
MULTI-VIT-FL CHW 0.25MG.....	220	NAFTIN GEL 2%.....	160
MULTI-VIT-FL CHW 1MG .....	220	NALFON CAP 400MG.....	27
<i>mupirocin calcium cream 2%</i> .....	159	NALFON TAB 600MG.....	27
<i>mupirocin oint 2%</i> .....	159	<i>naloxone hcl inj 0.4 mg/ml</i> .....	81
MYAMBUTOL TAB 400MG.....	102	<i>naloxone hcl inj 4 mg/10ml</i> .....	81
MYCAMINE INJ 100MG .....	84		

<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	82	<i>naratriptan hcl tab 2.5 mg (base equiv)</i> .....	213
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	82	NARCAN SPR 4MG .....	82
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	82	NARDIL TAB 15MG .....	67
<i>naltrexone hcl tab 50 mg</i> .....	82	NATACYN SUS 5% OP .....	227
NAMENDA TAB 10MG .....	235	NATALVIT TAB 75-1MG .....	221
NAMENDA TAB 5-10MG .....	235	NATAZIA TAB .....	147
NAMENDA TAB 5MG .....	235	<i>nateglinide tab 120 mg</i> .....	79
NAMENDA XR CAP 14MG .....	235	<i>nateglinide tab 60 mg</i> .....	79
NAMENDA XR CAP 21MG .....	236	NATESTO GEL 5.5MG .....	39
NAMENDA XR CAP 28MG .....	236	NATPARA INJ 100MCG .....	175
NAMENDA XR CAP 7MG .....	235	NATPARA INJ 25MCG .....	175
NAMZARIC CAP .....	236	NATPARA INJ 50MCG .....	175
NAMZARIC CAP 14-10MG .....	236	NATPARA INJ 75MCG .....	175
NAMZARIC CAP 21-10MG .....	236	NATROBA SUS 0.9% .....	169
NAMZARIC CAP 28-10MG .....	236	NAYZILAM SPR 5MG .....	58
NAMZARIC CAP 7-10MG .....	236	<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	131
NAPRELAN TAB 375MG CR .....	27	<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	131
NAPRELAN TAB 500MG CR .....	27	<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	131
NAPRELAN TAB 750MG CR .....	27	<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	131
<i>naproxen sodium tab 220 mg</i> .....	27	NEBULIZER .....	211
<i>naproxen sodium tab 275 mg</i> .....	27	NEBULIZER- RX .....	211
<i>naproxen sodium tab 550 mg</i> .....	27	NEBUPENT INH 300MG .....	41
<i>naproxen sodium tab er 24hr 375 mg (base equiv)</i> .....	27	<i>necon tab 0.5/35</i> .....	147
<i>naproxen sodium tab er 24hr 500 mg (base equiv)</i> .....	27	NEEDLE (DISP) 18 X 1-1/2 .....	206
<i>naproxen sodium tab er 24hr 750 mg (base equiv)</i> .....	27	NEEDLES MIS 18GX1 .....	206
<i>naproxen susp 125 mg/5ml</i> .....	27	NEEDLES MIS 19GX1 .....	206
<i>naproxen tab 250 mg</i> .....	27	NEEDLES MIS 19GX1.5 .....	206
<i>naproxen tab 375 mg</i> .....	27	NEEDLES MIS 20GX1 .....	206
<i>naproxen tab 500 mg</i> .....	27	NEEDLES MIS 20GX1.5 .....	206
<i>naproxen tab ec 375 mg</i> .....	27	NEEDLES MIS 21GX1 .....	206
<i>naproxen tab ec 500 mg</i> .....	27	NEEDLES MIS 21GX1.5 .....	206
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg</i> .....	27	NEEDLES MIS 22GX1 .....	206
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg</i> .....	27	NEEDLES MIS 22GX1.5 .....	206
<i>naratriptan hcl tab 1 mg (base equiv)</i> .....	213	NEEDLES MIS 22GX3/4 .....	206
		NEEDLES MIS 23GX1 .....	206
		NEEDLES MIS 23GX1.5 .....	206
		NEEDLES MIS 23GX5/8 .....	206
		NEEDLES MIS 25GX1 .....	206

NEEDLES MIS 25GX1.5 .....	206	<i>neostigmine methylsulfate iv soln 5</i>	
NEEDLES MIS 25GX5/8.....	206	<i>mg/10 ml (0.5 mg/ml) .....</i>	101
NEEDLES MIS 26X1/2.....	206	<i>neostigmine methylsulfate soln pref</i>	
NEEDLES MIS 27GX1.....	206	<i>syr 3 mg/3ml (1 mg/ml) .....</i>	101
NEEDLES MIS 27GX1/2.....	206	NEO-SYNALAR CRE .....	159
NEEDLES MIS 28GX1/2.....	206	NEO-SYNALAR KIT .....	159
NEEDLES MIS 29GX1/2.....	206	NERLYNX TAB 40MG.....	109
NEEDLES MIS 30GX1/2.....	206	NESINA TAB 12.5MG .....	76
NEEDLES MIS 30GX5/16 .....	206	NESINA TAB 25MG .....	76
NEEDLES MIS 31GX5/16 .....	206	NESINA TAB 6.25MG .....	76
<i>nefazodone hcl tab 200 mg .....</i>	69	<i>neuac gel 1.2-5% .....</i>	157
<i>nefazodone hcl tab 250 mg .....</i>	69	NEULASTA INJ 6MG/0.6M.....	191
<i>nefazodone hcl tab 50 mg .....</i>	69	NEULASTA KIT 6MG/0.6M .....	191
NEMBUTAL SOD INJ 50MG/ML ...	193	NEUPOGEN INJ 300/0.5 .....	191
<i>neomycin sulfate tab 500 mg.....</i>	23	NEUPOGEN INJ 300MCG .....	191
<i>neomycin-bacitrac zn-polymyx</i>		NEUPOGEN INJ 480/0.8 .....	191
<i>5(3.5)mg-400unt-10000unt op oin</i>		NEUPOGEN INJ 480MCG .....	191
.....	227	NEUPRO DIS 1MG/24HR .....	114
<i>neomycin-polymy-gramicid op sol</i>		NEUPRO DIS 2MG/24HR .....	114
<i>1.75-10000-0.025mg-unt-mg/ml</i>		NEUPRO DIS 3MG/24HR .....	114
.....	227	NEUPRO DIS 4MG/24HR .....	114
<i>neomycin-polymyxin-</i>		NEUPRO DIS 6MG/24HR .....	114
<i>dexamethasone ophth oint 0.1%</i>		NEUPRO DIS 8MG/24HR .....	114
.....	229	NEURONTIN CAP 100MG .....	62
<i>neomycin-polymyxin-</i>		NEURONTIN CAP 300MG .....	62
<i>dexamethasone ophth susp 0.1%</i>		NEURONTIN CAP 400MG .....	62
.....	229	NEURONTIN SOL 250/5ML .....	62
<i>neomycin-polymyxin-hc ophth susp</i>		NEURONTIN TAB 600MG .....	62
.....	229	NEURONTIN TAB 800MG .....	62
<i>neomycin-polymyxin-hc otic soln</i>		NEVANAC SUS 0.1% .....	230
<i>1% .....</i>	231	<i>nevirapine susp 50 mg/5ml .....</i>	125
<i>neomycin-polymyxin-hc otic susp</i>		<i>nevirapine tab 200 mg.....</i>	125
<i>3.5 mg/ml-10000 unit/ml-1% .</i>	231	<i>nevirapine tab er 24hr 100 mg ..</i>	126
<i>neo-polycin oin hc 1%op.....</i>	229	<i>nevirapine tab er 24hr 400 mg ..</i>	126
<i>neo-polycin oin op.....</i>	227	NEXAVAR TAB 200MG.....	109
NEORAL CAP 100MG.....	218	NEXIUM 24HR CAP 20MG .....	248
NEORAL CAP 25MG.....	218	NEXIUM CAP 20MG.....	248
NEORAL SOL 100MG/ML.....	218	NEXIUM CAP 40MG.....	248
NEOSTIG METH INJ 10/10ML ....	101	NEXIUM GRA 10MG DR .....	248
NEOSTIG METH INJ 3MG/3ML ....	101	NEXIUM GRA 2.5MG DR .....	248
NEOSTIG METH INJ 5MG/10ML ..	101	NEXIUM GRA 20MG DR .....	248
<i>neostigmine methylsulfate iv soln 10</i>		NEXIUM GRA 40MG DR .....	249
<i>mg/10 ml (1 mg/ml).....</i>	101	NEXIUM GRA 5MG DR.....	248

NEXIUM I.V. INJ 40MG.....	249	<i>nifedipine tab er 24hr osmotic</i>	
NEXLETOL TAB 180MG.....	87	<i>release 90 mg.....</i>	136
NEXLIZET TAB 180/10MG.....	87	<i>nikki tab 3-0.02mg.....</i>	147
NEXPLANON IMP 68MG.....	150	<i>nilutamide tab 150 mg.....</i>	105
NEXTERONE INJ.....	48	<i>nimodipine cap 30 mg.....</i>	136
NEXTSTELLIS TAB 3-14.2MG.....	147	NINLARO CAP 2.3MG.....	109
<i>niacin tab 500 mg.....</i>	255	NINLARO CAP 3MG.....	109
<i>niacin tab er 1000 mg</i>		NINLARO CAP 4MG.....	109
<i>(antihyperlipidemic).....</i>	91	NIPRIDE RTU INJ 20/100ML.....	100
<i>niacin tab er 500 mg.....</i>	255	NIPRIDE RTU INJ 50/100ML.....	100
<i>niacin tab er 500 mg</i>		<i>nisoldipine tab er 24hr 17 mg....</i>	136
<i>(antihyperlipidemic).....</i>	91	<i>nisoldipine tab er 24hr 20 mg....</i>	136
<i>niacin tab er 750 mg.....</i>	255	<i>nisoldipine tab er 24hr 25.5 mg .</i>	136
<i>niacin tab er 750 mg</i>		<i>nisoldipine tab er 24hr 30 mg....</i>	136
<i>(antihyperlipidemic).....</i>	91	<i>nisoldipine tab er 24hr 34 mg....</i>	136
NIASPAN TAB 1000 ER.....	91	<i>nisoldipine tab er 24hr 40 mg....</i>	136
<i>nicardipine hcl cap 20 mg.....</i>	136	<i>nisoldipine tab er 24hr 8.5 mg... </i>	136
<i>nicardipine hcl cap 30 mg.....</i>	136	<i>nitazoxanide tab 500 mg.....</i>	42
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	136	NITRO-BID OIN 2%.....	44
NICARDIPINE SOL 20/200ML.....	136	NITRO-DUR DIS 0.1MG/HR.....	44
NICARDIPINE SOL 40/200ML.....	136	NITRO-DUR DIS 0.2MG/HR.....	44
<i>nicotine polacrilex gum 2 mg.....</i>	240	NITRO-DUR DIS 0.3MG/HR.....	44
<i>nicotine polacrilex gum 4 mg.....</i>	240	NITRO-DUR DIS 0.4MG/HR.....	44
<i>nicotine polacrilex lozenge 2 mg</i>	240	NITRO-DUR DIS 0.6MG/HR.....	44
<i>nicotine polacrilex lozenge 4 mg</i>	240	NITRO-DUR DIS 0.8MG/HR.....	44
NICOTINE SYS KIT TRANSDER...	240	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nicotine td patch 24hr 14 mg/24hr</i>		<i>100 mg.....</i>	43
.....	240	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nicotine td patch 24hr 21 mg/24hr</i>		<i>25 mg.....</i>	43
.....	240	<i>nitrofurantoin macrocrystalline cap</i>	
<i>nicotine td patch 24hr 7 mg/24hr</i>		<i>50 mg.....</i>	43
.....	240	<i>nitrofurantoin monohydrate</i>	
NICOTROL INH.....	240	<i>macrocrystalline cap 100 mg....</i>	43
NICOTROL NS SPR 10MG/ML.....	240	<i>nitrofurantoin susp 25 mg/5ml....</i>	44
<i>nifedipine cap 10 mg.....</i>	136	NITROGLYCER INJ 5MG/ML.....	45
<i>nifedipine cap 20 mg.....</i>	136	<i>nitroglycerin iv soln 100 mcg/ml in</i>	
<i>nifedipine tab er 24hr 30 mg....</i>	136	<i>d5w.....</i>	45
<i>nifedipine tab er 24hr 60 mg....</i>	136	<i>nitroglycerin iv soln 200 mcg/ml in</i>	
<i>nifedipine tab er 24hr 90 mg....</i>	136	<i>d5w.....</i>	45
<i>nifedipine tab er 24hr osmotic</i>		<i>nitroglycerin iv soln 400 mcg/ml in</i>	
<i>release 30 mg.....</i>	136	<i>d5w.....</i>	45
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<i>release 60 mg.....</i>	136	<i>nitroglycerin sl tab 0.4 mg.....</i>	45

<i>nitroglycerin sl tab 0.6 mg</i> .....	45	<i>norethindrone ace &amp; ethinyl</i>	
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<i>np thyroid tab 15mg</i>	244	<i>unit/gm</i>	160
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<i>np thyroid tab 60mg</i>	244	<i>100000-0.1 unit/gm-%</i>	160
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<i>mg/ml)</i> .....	82	ORILISSA TAB 150MG .....	175
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<i>oscimin tab 0.125mg .....</i>	<i>247</i>	<i>oxcarbazepine tab 150 mg .....</i>	<i>62</i>
<i>oseltamivir phosphate cap 30 mg</i>	<i>(base equiv) .....</i>	<i>oxcarbazepine tab 300 mg .....</i>	<i>62</i>
<i>oseltamivir phosphate cap 45 mg</i>	<i>(base equiv) .....</i>	<i>oxcarbazepine tab 600 mg .....</i>	<i>62</i>
<i>oseltamivir phosphate cap 75 mg</i>	<i>(base equiv) .....</i>	<i>oxiconazole nitrate cream 1%....</i>	<i>160</i>
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OTREXUP INJ 10MG.....	24	<i>oxycodone hcl soln 5 mg/5ml .....</i>	<i>34</i>
OTREXUP INJ 12.5/0.4.....	24	<i>oxycodone hcl tab 10 mg .....</i>	<i>34</i>
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OVIDE LOT 0.5% .....	169	<i>.....</i>	<i>34</i>
<i>oxandrolone tab 10 mg .....</i>	<i>38</i>	<i>oxycodone hcl tab er 12hr deter 20</i>	<i>mg .....</i>
<i>oxandrolone tab 2.5 mg .....</i>	<i>38</i>	<i>mg .....</i>	<i>34</i>
<i>oxaprozin tab 600 mg.....</i>	<i>27</i>	<i>oxycodone hcl tab er 12hr deter 40</i>	<i>mg .....</i>
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<i>oxazepam cap 10 mg.....</i>	<i>47</i>	<i>mg .....</i>	<i>34</i>
<i>oxazepam cap 15 mg.....</i>	<i>47</i>	<i>oxycodone w/ acetaminophen soln</i>	<i>5-325 mg/5ml .....</i>
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325 mg .....	36		
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<i>oxymorphone hcl tab er 12hr 20 mg</i>			
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<i>oxymorphone hcl tab er 12hr 30 mg</i>			
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<i>oxymorphone hcl tab er 12hr 40 mg</i>			
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<i>oxymorphone hcl tab er 12hr 5 mg</i>			
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<i>oxymorphone hcl tab er 12hr 7.5</i>			
mg .....	34		
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<i>oyster shell calcium tab 500 mg</i> .....	214		
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<i>palonosetron hcl iv soln pref syr</i>			
0.25 mg/5ml (base equiv) .....	82		
PALONOSETRON INJ 0.25/2ML ....	82		
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PAMELOR CAP 50MG .....	72		
PAMELOR CAP 75MG .....	72		
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mg/ml.....	175		
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(base equiv) .....	249		
<i>pantoprazole sodium for delayed</i>			
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PARLODEL TAB 2.5MG .....	114	<i>fluoride chew tab 0.5 mg.....</i>	220
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<i>paroxetine hcl oral susp 10 mg/5ml</i>		<i>fluoride chew tab 1 mg .....</i>	220
<i>(base equiv) .....</i>	68	<i>pediatric multiple vitamins w/</i>	
<i>paroxetine hcl tab 10 mg .....</i>	68	<i>fluoride soln 0.25 mg/ml .....</i>	220
<i>paroxetine hcl tab 20 mg .....</i>	68	<i>pediatric multiple vitamins w/</i>	
<i>paroxetine hcl tab 30 mg .....</i>	68	<i>fluoride soln 0.5 mg/ml .....</i>	220
<i>paroxetine hcl tab 40 mg .....</i>	68	<i>pediatric multiple vitamins w/ iron</i>	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>		<i>chew tab 15 mg .....</i>	221
<i>.....</i>	68	<i>pediatric vitamins acd w/ fluoride</i>	
<i>paroxetine hcl tab er 24hr 25 mg</i>	68	<i>soln 0.25 mg/ml.....</i>	220
<i>paroxetine hcl tab er 24hr 37.5 mg</i>		<i>pediatric vitamins acd w/ fluoride</i>	
<i>.....</i>	68	<i>soln 0.5 mg/ml .....</i>	220
<i>paroxetine mesylate cap 7.5 mg</i>		<i>peg 3350-kcl-na bicarb-nacl-na</i>	
<i>(base equiv) .....</i>	240	<i>sulfate for soln 236 gm .....</i>	196
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PATANASE SPR 0.6%.....	223	<i>soln 420 gm .....</i>	196
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<i>fluoride chew tab 0.25 mg .....</i>	220	<i>20000000 unit .....</i>	232

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<i>penicillin v potassium for soln 250</i> mg/5ml .....	232	PERSERIS INJ 120MG .....	118
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<i>phenytoin sodium extended cap 100 mg</i> .....	65	<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i> .....	233
<i>phenytoin sodium extended cap 200 mg</i> .....	65	<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i> .....	233
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<i>soln 10000 unit/ml-0.1%.....</i>	227	<i>microencapsulated crys er tab 10</i>	
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<i>0.25 mg .....</i>	114	PRED-G SUS OP.....	229
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<i>0.75 mg .....</i>	115	<i>prednisolone sod phos orally</i>	
<i>pramipexole dihydrochloride tab 1</i>		<i>disintegr tab 10 mg (base eq) .</i>	153
<i>mg .....</i>	115	<i>prednisolone sod phos orally</i>	
<i>pramipexole dihydrochloride tab 1.5</i>		<i>disintegr tab 15 mg (base eq) .</i>	153
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<i>pramipexole dihydrochloride tab er</i>		<i>disintegr tab 30 mg (base eq) .</i>	153
<i>24hr 0.375 mg .....</i>	115	<i>prednisolone sod phosph oral soln</i>	
<i>pramipexole dihydrochloride tab er</i>		<i>6.7 mg/5ml (5 mg/5ml base)..</i>	153
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<i>pravastatin sodium tab 40 mg ....</i>	90	<i>(21).....</i>	153
<i>pravastatin sodium tab 80 mg ....</i>	90	<i>prednisone tab therapy pack 10 mg</i>	
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<i>pregabalin cap 200 mg</i> .....	62	PREVNAR 13 INJ .....	251
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PROMACTA POW 12.5MG.....	191	<i>propranolol hcl tab 20 mg</i> .....	132
PROMACTA TAB 12.5MG.....	191	<i>propranolol hcl tab 40 mg</i> .....	132
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<i>promethazine hcl tab 25 mg</i> .....	87	<i>protriptyline hcl tab 10 mg</i> .....	72
<i>promethazine hcl tab 50 mg</i> .....	87	<i>protriptyline hcl tab 5 mg</i> .....	72
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<i>pseudoephedrine hcl tab 30 mg</i> .....	224	QTERN TAB 5-5MG .....	74
<i>pseudoephedrine hcl tab 60 mg</i> .....	224	QUALAQUIN CAP 324MG .....	101
<i>psylidex pow 30%</i> .....	196	QUARTETTE TAB .....	148
<i>psyllium powder 100%</i> .....	196	QUDEXY XR CAP 100/24HR .....	62
<i>psyllium powder 28.3%</i> .....	196	QUDEXY XR CAP 150/24HR .....	62
<i>psyllium powder 48.57%</i> .....	196	QUDEXY XR CAP 200/24HR .....	62
<i>psyllium powder 58.6%</i> .....	196	QUDEXY XR CAP 25/24HR .....	62
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PULMICORT INH 90MCG .....	51	QUESTRAN POW 4GM .....	88
PULMICORT SUS 0.25MG/2 .....	51	QUESTRAN POW 4GM LITE .....	88
PULMICORT SUS 0.5MG/2 .....	51	<i>quetiapine fumarate tab 100 mg</i> .....	120
PULMICORT SUS 1MG/2ML .....	51	<i>quetiapine fumarate tab 150 mg</i> .....	120
PULMOZYME SOL 1MG/ML .....	241	<i>quetiapine fumarate tab 200 mg</i> .....	120
<i>purevit dual cap fe plus</i> .....	192	<i>quetiapine fumarate tab 25 mg</i> .....	120
PURIXAN SUS 20MG/ML .....	103	<i>quetiapine fumarate tab 300 mg</i> .....	120
PYLERA CAP .....	250	<i>quetiapine fumarate tab 400 mg</i> .....	120
<i>pyrazinamide tab 500 mg</i> .....	102	<i>quetiapine fumarate tab 50 mg</i> .....	120
<i>pyrethrins-piperonyl butoxide</i>		<i>quetiapine fumarate tab er 24hr 150</i>	
<i>shampoo 0.33-4%</i> .....	169	<i>mg</i> .....	120
PYRIDIDIUM TAB 100MG .....	188	<i>quetiapine fumarate tab er 24hr 200</i>	
PYRIDIDIUM TAB 200MG .....	188	<i>mg</i> .....	120
<i>pyridostigmine bromide oral soln 60</i>		<i>quetiapine fumarate tab er 24hr 300</i>	
<i>mg/5ml</i> .....	101	<i>mg</i> .....	120
<i>pyridostigmine bromide tab 30 mg</i>		<i>quetiapine fumarate tab er 24hr 400</i>	
.....	101	<i>mg</i> .....	120
<i>pyridostigmine bromide tab 60 mg</i>		<i>quetiapine fumarate tab er 24hr 50</i>	
.....	101	<i>mg</i> .....	120
<i>pyridostigmine bromide tab er 180</i>		QUFLORA FE DRO 0.25-9.5 .....	220
<i>mg</i> .....	101	QUICK DISSOL CHW GLUCOSE ...	75
<i>pyridoxine hcl tab 50 mg</i> .....	255	QUICKVUE HOM KIT COVID-19 ..	171
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<i>qc childrens chw complete</i> .....	221	QUILLICHEW CHW 40MG ER .....	22
<i>qc clotrimaz cre 1%</i> .....	253	QUILLIVANT SUS 25MG/5ML .....	22
<i>qc natural pow vegetabl</i> .....	196	<i>quinapril hcl tab 10 mg</i> .....	92
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QELBREE CAP 150MG ER .....	18	<i>quinapril hcl tab 40 mg</i> .....	92
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*quinapril-hydrochlorothiazide tab*  
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*quinapril-hydrochlorothiazide tab*  
 20-25 mg ..... 98  
*quinidine gluconate tab er 324 mg*  
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*quinidine sulfate tab 200 mg* ..... 47  
*quinidine sulfate tab 300 mg* ..... 47  
*quinine sulfate cap 324 mg* ..... 101  
 QULIPTA TAB 10MG ..... 211  
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*ramipril cap 10 mg* ..... 92  
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 RASUVO INJ 15MG ..... 24  
 RASUVO INJ 17.5MG ..... 24  
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 REDITREX INJ 20/.8ML ..... 24  
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RELTONE CAP 400MG .....	183	RETIN-A GEL 0.025% .....	157
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<i>ribavirin for inhal soln 6 gm</i> .....	129	3 mg.....	118
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<i>rifampin cap 150 mg</i> .....	102	<i>risperidone tab 0.25 mg</i> .....	118
<i>rifampin cap 300 mg</i> .....	102	<i>risperidone tab 0.5 mg</i> .....	118
RIFAMPIN SUS 25MG/ML.....	102	<i>risperidone tab 1 mg</i> .....	118
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<i>riluzole tab 50 mg</i> .....	224	<i>risperidone tab 3 mg</i> .....	118
<i>rimantadine hydrochloride tab 100</i>		<i>risperidone tab 4 mg</i> .....	118
<i>mg</i> .....	129	RITALIN LA CAP 10MG .....	22
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<i>risedronate sodium tab 35 mg</i> ...	175	<i>(base equivalent)</i> .....	236
<i>risedronate sodium tab 5 mg</i> ....	175	<i>rivastigmine tartrate cap 3 mg (base</i>	
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<i>release 35 mg</i> .....	175	<i>rivastigmine tartrate cap 4.5 mg</i>	
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RISPERDAL TAB 1MG.....	118	<i>mg/24hr</i> .....	236
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<i>risperidone orally disintegrating tab</i>		.....	213
<i>0.5 mg</i> .....	118		

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<i>rizatriptan benzoate tab 5 mg (base</i>	
<i>equivalent)</i>	213
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<i>ropinirole hydrochloride tab 0.5 mg</i>	115
<i>ropinirole hydrochloride tab 1 mg</i>	115
<i>ropinirole hydrochloride tab 2 mg</i>	115
<i>ropinirole hydrochloride tab 3 mg</i>	115
<i>ropinirole hydrochloride tab 4 mg</i>	115
<i>ropinirole hydrochloride tab 5 mg</i>	115
<i>ropinirole hydrochloride tab er 24hr</i>	
<i>12 mg (base equivalent)</i>	115
<i>ropinirole hydrochloride tab er 24hr</i>	
<i>2 mg (base equivalent)</i>	115
<i>ropinirole hydrochloride tab er 24hr</i>	
<i>4 mg (base equivalent)</i>	115
<i>ropinirole hydrochloride tab er 24hr</i>	
<i>6 mg (base equivalent)</i>	115
<i>ropinirole hydrochloride tab er 24hr</i>	
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<i>rosadan cre 0.75%</i>	169
<i>rosadan gel 0.75%</i>	169
ROSDAN KIT 0.75%	169
<i>rosuvastatin calcium tab 10 mg</i>	90
<i>rosuvastatin calcium tab 20 mg</i>	90
<i>rosuvastatin calcium tab 40 mg</i>	90
<i>rosuvastatin calcium tab 5 mg</i>	90
ROWASA KIT 4GM	185
<i>roweepra tab 500mg</i>	62
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ROXICODONE TAB 30MG	34
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ROZEREM TAB 8MG	195
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SAFTY NEEDLE MIS 23GX1 .....	208	SECUADO DIS 5.7MG .....	120
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SAIZEN INJ 8.8MG .....	176	SECURESAFE MIS 20GX1.5 .....	208
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<i>salicylic acid foam 6% .....</i>	167	SECURESAFE MIS 21GX1.5 .....	208
<i>salicylic acid gel 6% .....</i>	167	SECURESAFE MIS 22GX1 .....	208
<i>saline nasal spray 0.65% .....</i>	223	SECURESAFE MIS 22GX1.5 .....	208
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<i>salsalate tab 750 mg .....</i>	29	SECURESAFE MIS 23GX1.5 .....	208
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SANDOSTATIN KIT LAR 20MG....	179	<i>selenium sulfide lotion 2.5% .....</i>	162
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SAVAYSA TAB 15MG.....	55	SELZENTRY TAB 75MG .....	126
SAVAYSA TAB 30MG.....	55	SEMGLEE INJ 100U/ML .....	79
SAVAYSA TAB 60MG.....	55	SEMGLEE SOL 100U/ML .....	79
SAVELLA MIS TITR PAK.....	237	SE-NATAL 19 CHW .....	221
SAVELLA TAB 100MG.....	237	SE-NATAL 19 TAB .....	221
SAVELLA TAB 12.5MG.....	237	<i>senna smooth tab 15mg .....</i>	197
SAVELLA TAB 25MG.....	237	<i>sennosides syrup 8.8 mg/5ml ....</i>	197
SAVELLA TAB 50MG.....	237	<i>sennosides tab 25 mg.....</i>	197
SCEMBLIX TAB 20MG.....	110	<i>sennosides tab 8.6 mg.....</i>	197
SCEMBLIX TAB 40MG.....	110	<i>senokot extr tab 17.2mg.....</i>	197



SENOKOT TAB 8.6MG .....	197	SIGNIFOR INJ 0.6MG/ML .....	179
SENSIPAR TAB 30MG.....	178	SIGNIFOR INJ 0.9MG/ML .....	179
SENSIPAR TAB 60MG.....	178	SIGNIFOR LAR INJ 10MG .....	179
SENSIPAR TAB 90MG.....	178	SIGNIFOR LAR INJ 20MG .....	179
SEREVENT DIS AER 50MCG .....	53	SIGNIFOR LAR INJ 30MG .....	179
SERNIVO SPR .....	166	SIGNIFOR LAR INJ 40MG .....	179
SEROQUEL TAB 100MG.....	120	SIGNIFOR LAR INJ 60MG .....	179
SEROQUEL TAB 200MG.....	120	SIKLOS TAB 1000MG.....	190
SEROQUEL TAB 25MG.....	120	SIKLOS TAB 100MG .....	190
SEROQUEL TAB 300MG.....	120	SILA III PAK.....	166
SEROQUEL TAB 400MG.....	120	<i>sildenafil citrate for suspension 10</i>	
SEROQUEL TAB 50MG.....	120	<i>mg/ml.....</i>	140
SEROQUEL XR TAB 150MG .....	120	<i>sildenafil citrate tab 20 mg.....</i>	140
SEROQUEL XR TAB 200MG .....	121	SILENOR TAB 3MG .....	193
SEROQUEL XR TAB 300MG .....	121	SILENOR TAB 6MG .....	193
SEROQUEL XR TAB 400MG .....	121	SILIQ INJ 210/1.5.....	161
SEROQUEL XR TAB 50MG .....	120	<i>silodosin cap 4 mg .....</i>	187
SEROSTIM INJ 4MG.....	176	<i>silodosin cap 8 mg .....</i>	187
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<i>sertraline hcl oral concentrate for</i>		<i>simethicone chew tab 125 mg ...</i>	183
<i>solution 20 mg/ml .....</i>	68	<i>simethicone chew tab 80 mg .....</i>	183
<i>sertraline hcl tab 100 mg .....</i>	69	<i>simethicone susp 40 mg/0.6ml ..</i>	183
<i>sertraline hcl tab 25 mg .....</i>	68	<i>simliya tab 28 day.....</i>	148
<i>sertraline hcl tab 50 mg .....</i>	69	<i>simpesse tab .....</i>	148
<i>se-tan plus cap .....</i>	192	SIMPLICITY KIT COVID-19 .....	171
<i>setlakin tab .....</i>	148	SIMPONI ARIA SOL 50MG/4ML ....	23
<i>sevelamer carbonate packet 0.8 gm</i>		SIMPONI INJ 100MG/ML .....	23
<i>.....</i>	186	SIMPONI INJ 50/0.5ML .....	23
<i>sevelamer carbonate packet 2.4 gm</i>		<i>simvastatin tab 10 mg.....</i>	90
<i>.....</i>	186	<i>simvastatin tab 20 mg.....</i>	90
<i>sevelamer carbonate tab 800 mg</i>		<i>simvastatin tab 40 mg.....</i>	90
<i>.....</i>	186	<i>simvastatin tab 5 mg.....</i>	90
<i>sevelamer hcl tab 400 mg .....</i>	186	<i>simvastatin tab 80 mg.....</i>	90
<i>sevelamer hcl tab 800 mg .....</i>	186	SINEMET TAB 10-100MG.....	115
<i>sf 5000 plus cre 1.1%.....</i>	219	SINEMET TAB 25-100MG.....	116
<i>sf gel 1.1% .....</i>	219	SINGULAIR CHW 4MG .....	49
SFROWASA ENE 4GM.....	185	SINGULAIR CHW 5MG .....	50
<i>sharobel tab 0.35mg .....</i>	150	SINGULAIR GRA 4MG .....	50
SHINGRIX INJ 50/0.5ML .....	252	SINGULAIR TAB 10MG .....	50
SIGNIFOR INJ 0.3MG/ML.....	179	<i>sirolimus oral soln 1 mg/ml .....</i>	218

<i>sirolimus tab 0.5 mg</i> .....	218	<i>sodium citrate &amp; citric acid soln 500-334 mg/5ml</i> .....	187
<i>sirolimus tab 1 mg</i> .....	218	<i>sodium fluor cre 5000 pls</i> .....	219
<i>sirolimus tab 2 mg</i> .....	218	<i>sodium fluor cre 5000 ppm</i> .....	219
SIRTURO TAB 100MG .....	102	<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i> .....	214
SIRTURO TAB 20MG .....	102	<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i> .....	214
SITAVIG TAB 50MG .....	128	<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i> .....	214
SIVEXTRO TAB 200MG.....	43	<i>sodium fluoride gel 1.1% (0.5% f)</i> .....	219
SKYLA IUD 13.5MG .....	150	<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i> .....	215
SKYRIZI INJ 150DOSE .....	162	<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i> .....	215
SKYRIZI INJ 150MG/ML ....	162, 185	<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i> .....	215
SKYRIZI PEN INJ 150MG/ML.....	162	<i>sodium phosphates - enema</i> .....	197
SKYRIZI SOL 60MG/ML.....	185	<i>sodium polystyrene sulfonate powder</i> .....	219
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SKYTROFA INJ 13.3MG .....	176	SOFIA 2 SARS KIT ANTIGEN.....	171
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SKYTROFA INJ 3MG.....	176	<i>solifenacin succinate tab 10 mg</i> .	251
SKYTROFA INJ 4.3MG .....	176	<i>solifenacin succinate tab 5 mg</i> ...	251
SKYTROFA INJ 5.2MG .....	176	SOLIQUA INJ 100/33.....	74
SKYTROFA INJ 6.3MG .....	176	SOLODYN TAB 105MG .....	243
SKYTROFA INJ 7.6MG .....	176	SOLODYN TAB 115MG .....	243
SKYTROFA INJ 9.1MG .....	176	SOLODYN TAB 55MG .....	243
SLIP TIP 1ML MIS.....	208	SOLODYN TAB 65MG .....	243
SLIP TIP 1ML MIS 26GX5/8 .....	208	SOLODYN TAB 80MG .....	243
SLYND TAB 4MG .....	150	SOLOSEC GRA 2GM.....	22
<i>sm animal sh chw complete</i> .....	221	SOLTAMOX SOL 10MG/5ML .....	105
<i>sm cough rel syp 15mg/5ml</i> .....	154	SOLU-CORTEF INJ 1000MG .....	153
<i>sm fiber pow</i> .....	196	SOLU-CORTEF INJ 100MG .....	153
SM GLUCOSE CHW SOUR APP.....	75	SOLU-CORTEF INJ 250MG .....	153
<i>sm swimmers dro ear</i> .....	230	SOLU-CORTEF INJ 500MG .....	153
SOD DIURIL INJ 500MG .....	174	SOLU-MEDROL INJ 1000MG .....	154
SOD EDECIN INJ 50MG .....	173	SOLU-MEDROL INJ 125MG .....	153
<i>sod fluoride gel 1.1%</i> .....	219	SOLU-MEDROL INJ 1GM.....	153
SOD SUL/SULF EMU 10-5%.....	157	SOLU-MEDROL INJ 2GM.....	153
SOD SUL/SULF SUS 10-5% .....	157	SOLU-MEDROL INJ 40MG .....	153
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i> .....	196		
<i>sodium chloride irrigation soln 0.9%</i> .....	187		
<i>sodium chloride soln nebu 0.9%</i> .....	154		
<i>sodium chloride soln nebu 10%</i> .....	154		
<i>sodium chloride soln nebu 3%</i> ...	154		
<i>sodium chloride soln nebu 7%</i> ...	154		

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SOMA TAB 250MG .....	222	SPRITAM TAB 500MG .....	62
SOMA TAB 350MG .....	222	SPRITAM TAB 750MG .....	62
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SOMAVERT INJ 15MG .....	175	SPRYCEL TAB 100MG.....	110
SOMAVERT INJ 20MG .....	175	SPRYCEL TAB 140MG.....	110
SOMAVERT INJ 25MG .....	175	SPRYCEL TAB 20MG .....	110
SOMAVERT INJ 30MG .....	175	SPRYCEL TAB 50MG .....	110
SOOLANTRA CRE 1%.....	169	SPRYCEL TAB 70MG .....	110
<i>sorafenib tosylate tab 200 mg (base</i>		SPRYCEL TAB 80MG .....	110
<i>equivalent) .....</i>	110	<i>sps sus 15gm/60 .....</i>	219
SORILUX AER 0.005% .....	162	<i>sronyx tab .....</i>	148
<i>sorine tab 120mg .....</i>	133	<i>ssd cre 1%.....</i>	162
<i>sorine tab 160mg .....</i>	133	<i>sss 10-5 aer 10-5% .....</i>	157
<i>sorine tab 240mg .....</i>	133	<i>sss cre 10%-5% .....</i>	157
<i>sorine tab 80mg.....</i>	133	STALEVO 100 TAB.....	116
<i>sotalol hcl (afib/afl) tab 120 mg .</i>	133	STALEVO 125 TAB.....	116
<i>sotalol hcl (afib/afl) tab 160 mg .</i>	133	STALEVO 150 TAB.....	116
<i>sotalol hcl (afib/afl) tab 80 mg... </i>	133	STALEVO 200 TAB.....	116
<i>sotalol hcl tab 120 mg .....</i>	133	STALEVO 50 TAB .....	116
<i>sotalol hcl tab 160 mg .....</i>	133	STALEVO 75 TAB .....	116
<i>sotalol hcl tab 240 mg .....</i>	133	<i>stavudine cap 15 mg .....</i>	126
<i>sotalol hcl tab 80 mg .....</i>	133	<i>stavudine cap 20 mg .....</i>	126
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SPACER/AEROSOL-HOLDING		STEGLATRO TAB 5MG.....	79
CHAMBERS - DEVICE- RX .....	211	STEGLUJAN TAB 15-100MG .....	74
<i>spinosad susp 0.9% .....</i>	169	STEGLUJAN TAB 5-100MG.....	74
SPIRIVA AER 1.25MCG.....	49	STELARA INJ 45MG/0.5 .....	162
SPIRIVA CAP HANDIHLR .....	49	STELARA INJ 5MG/ML.....	185
SPIRIVA SPR 2.5MCG .....	49	STELARA INJ 90MG/ML .....	162
<i>spironolactone &amp;</i>		STIMATE SOL 1.5MG/ML .....	178
<i>hydrochlorothiazide tab 25-25 mg</i>		STIOLTO AER 2.5-2.5 .....	53
<i>.....</i>	172	STIVARGA TAB 40MG .....	110
<i>spironolactone tab 100 mg .....</i>	173	STRATTERA CAP 100MG.....	18
<i>spironolactone tab 25 mg .....</i>	173	STRATTERA CAP 10MG .....	18
<i>spironolactone tab 50 mg .....</i>	173	STRATTERA CAP 18MG .....	18
SPORANOX CAP 100MG .....	85	STRATTERA CAP 25MG .....	18
SPORANOX CAP PULSEPAK.....	85	STRATTERA CAP 40MG .....	18
SPORANOX SOL 10MG/ML .....	85	STRATTERA CAP 60MG .....	18
<i>sprintec 28 tab 28 day .....</i>	148	STRATTERA CAP 80MG .....	18
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STRIVERDI AER 2.5MCG .....	53	<i>sulfacetamide sodium w/ sulfur susp</i>	8-4% .....	158
STROMECTOL TAB 3MG.....	41	<i>sulfacetamide sodium w/ sulfur</i>	<i>wash 9-4% .....</i>	158
SUBLOCADE INJ 100/0.5.....	38	<i>sulfacetamide sodium w/ sulfur</i>	<i>wash 9-4.5% .....</i>	158
SUBLOCADE INJ 300/1.5.....	38	<i>sulfacetamide sodium-prednisolone</i>	<i>ophth soln 10-0.23(0.25)% ....</i>	229
SUBOXONE MIS 12-3MG .....	38	<i>sulfadiazine tab 500 mg .....</i>		241
SUBOXONE MIS 2-0.5MG .....	38	<i>sulfamethoxazole-trimethoprim iv</i>	<i>soln 400-80 mg/5ml .....</i>	41
SUBOXONE MIS 4-1MG.....	38	<i>sulfamethoxazole-trimethoprim susp</i>	<i>200-40 mg/5ml.....</i>	42
SUBOXONE MIS 8-2MG.....	38	<i>sulfamethoxazole-trimethoprim tab</i>	<i>400-80 mg .....</i>	42
<i>subvenite kit start 35.....</i>	62	<i>sulfamethoxazole-trimethoprim tab</i>	<i>800-160 mg .....</i>	42
<i>subvenite kit start 49.....</i>	63	SULFAMYLON CRE 85MG/GM .....		162
<i>subvenite kit start 98.....</i>	63	<i>sulfasalazine tab 500 mg .....</i>		185
<i>subvenite tab 100mg.....</i>	63	<i>sulfasalazine tab delayed release</i>	<i>500 mg .....</i>	185
<i>subvenite tab 150mg.....</i>	63	<i>sulfatrim pd sus 200-40/5 .....</i>		42
<i>subvenite tab 200mg.....</i>	63	<i>sulindac tab 150 mg .....</i>		27
<i>subvenite tab 25mg.....</i>	63	<i>sulindac tab 200 mg .....</i>		27
SUCRALFATE SUS 1GM/10ML.....	247	SUMADAN WASH LIQ 9-4.5% ....		158
<i>sucralfate susp 1 gm/10ml .....</i>	248	<i>sumatriptan nasal spray 20 mg/act</i>	<i>.....</i>	213
<i>sucralfate tab 1 gm .....</i>	248	<i>sumatriptan nasal spray 5 mg/act</i>	<i>.....</i>	213
SULAR TAB 17MG.....	136	<i>sumatriptan succinate inj 6</i>	<i>mg/0.5ml .....</i>	213
SULAR TAB 34MG.....	136	<i>sumatriptan succinate solution auto-</i>	<i>injector 4 mg/0.5ml.....</i>	213
SULAR TAB 8.5MG.....	136	<i>sumatriptan succinate solution auto-</i>	<i>injector 6 mg/0.5ml.....</i>	213
<i>sulconazole nitrate cream 1% ....</i>	160	<i>sumatriptan succinate solution</i>	<i>cartridge 4 mg/0.5ml.....</i>	213
<i>sulconazole nitrate solution 1%..</i>	160	<i>sumatriptan succinate solution</i>	<i>cartridge 6 mg/0.5ml.....</i>	213
<i>sulfacetamide sodium lotion 10%</i>		<i>sumatriptan succinate tab 100 mg</i>	<i>.....</i>	213
<i>(acne).....</i>	157	<i>sumatriptan succinate tab 25 mg</i>	<i>.....</i>	213
<i>sulfacetamide sodium ophth oint</i>				
<i>10% .....</i>	227			
<i>sulfacetamide sodium ophth soln</i>				
<i>10% .....</i>	227			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cleanser 10-2%.....</i>	157			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cleanser 10-5%.....</i>	157			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cleanser 9.8-4.8% .....</i>	157			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cleansing pad 10-4% .....</i>	157			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cream 10-2%.....</i>	158			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>cream 10-5%.....</i>	158			
<i>sulfacetamide sodium w/ sulfur</i>				
<i>lotion 10-5%.....</i>	158			

<i>sumatriptan succinate tab 50 mg</i>	SYMLNPEN 120 INJ 1000MCG .....	72
.....	SYMPAZAN MIS 10MG .....	58
<i>sumatriptan-naproxen sodium tab</i>	SYMPAZAN MIS 20MG .....	58
85-500 mg .....	SYMPAZAN MIS 5MG .....	58
SUMAXIN PAD 10-4% .....	SYMPROIC TAB 0.2MG .....	186
<i>sunitinib malate cap 12.5 mg (base</i>	SYMTUZA TAB .....	126
<i>equivalent)</i> .....	SYNAGIS INJ 100MG/ML .....	231
<i>sunitinib malate cap 25 mg (base</i>	SYNAGIS INJ 50/0.5ML .....	231
<i>equivalent)</i> .....	SYNAGIS INJ 50MG .....	231
<i>sunitinib malate cap 37.5 mg (base</i>	SYNALAR CRE 0.025% .....	166
<i>equivalent)</i> .....	SYNALAR KIT 0.025% .....	166
<i>sunitinib malate cap 50 mg (base</i>	SYNALAR OIN 0.025% .....	166
<i>equivalent)</i> .....	SYNALAR SOL 0.01% .....	166
SUNOSI TAB 150MG .....	SYNALAR TS KIT 0.01% .....	166
SUNOSI TAB 75MG .....	SYNAREL SOL 2MG/ML .....	177
SUPPRELIN LA KIT 50MG .....	SYNERA DIS 70-70MG .....	168
SUPRAX CAP 400MG .....	SYNERCID INJ 500MG .....	43
SUPRAX CHW 100MG .....	SYNJARDY TAB .....	74
SUPRAX CHW 200MG .....	SYNJARDY TAB 12.5-500 .....	74
SUPRAX SUS 200/5ML .....	SYNJARDY TAB 5-1000MG .....	74
SUPRAX SUS 500/5ML .....	SYNJARDY TAB 5-500MG .....	74
SUPREP BOWEL SOL PREP KIT ...	SYNJARDY XR TAB .....	74
196	SYNJARDY XR TAB 10-1000 .....	74
SUSTIVA CAP 200MG .....	SYNJARDY XR TAB 25-1000 .....	74
SUSTIVA CAP 50MG .....	SYNJARDY XR TAB 5-1000MG .....	74
SUSTIVA TAB 600MG .....	SYNTHROID TAB 100MCG .....	245
SUSTOL INJ 10/0.4ML .....	SYNTHROID TAB 112MCG .....	245
82	SYNTHROID TAB 125MCG .....	245
SUTAB TAB .....	SYNTHROID TAB 137MCG .....	245
196	SYNTHROID TAB 150MCG .....	245
SUTENT CAP 12.5MG .....	SYNTHROID TAB 175MCG .....	245
SUTENT CAP 25MG .....	SYNTHROID TAB 200MCG .....	245
SUTENT CAP 37.5MG .....	SYNTHROID TAB 25MCG .....	245
SUTENT CAP 50MG .....	SYNTHROID TAB 300MCG .....	245
<i>syeda tab 3-0.03mg</i> .....	SYNTHROID TAB 50MCG .....	245
148	SYNTHROID TAB 75MCG .....	245
SYMBICORT AER 160-4.5 .....	SYNTHROID TAB 88MCG .....	245
54	SYPRINE CAP 250MG .....	216
SYMBICORT AER 80-4.5 .....	SYRG/NDL 3ML MIS 23GX1 .....	208
53	SYRG/NDL 3ML MIS 25GX5/8 ...	208
SYMBYAX CAP 3-25MG .....	SYRINGE (DISPOSABLE) 3 ML ...	208
237	SYRINGE (DISPOSABLE) 3 ML - RX	208
SYMBYAX CAP 6-25MG .....	.....	208
SYMDEKO TAB 100-150 .....		
241		
SYMDEKO TAB 50-75MG .....		
241		
SYMFI LO TAB .....		
126		
SYMFI TAB .....		
126		
SYMJEPI INJ 0.15MG .....		
254		
SYMJEPI INJ 0.3MG .....		
254		
SYMLINPEN 60 INJ 1000MCG .....		
72		

SYRINGE 5ML MIS LUER SLP .....	208	<i>tamoxifen citrate tab 20 mg (base</i>	
SYRINGE BARR MIS LUER 1ML...	208	<i>equivalent)</i> .....	105
SYRINGE BARR MIS LUER 3ML...	208	<i>tamsulosin hcl cap 0.4 mg</i> .....	187
SYRINGE BARR MIS LUER 5ML...	209	<i>taperdex pak 12-day</i> .....	154
SYRINGE BARR MIS LUER10ML ..	208	<i>taperdex pak 6 day</i> .....	154
SYRINGE BARR MIS UNI 10ML ...	209	<i>taperdex pak 7-day</i> .....	154
SYRINGE BARR MIS UNI 3ML.....	209	TARCEVA TAB 100MG .....	104
SYRINGE BARR MIS UNI 5ML.....	209	TARCEVA TAB 150MG .....	104
SYRINGE LUER MIS -LOK 1ML....	209	TARCEVA TAB 25MG.....	104
SYRINGE/NEEDLE (DISP) 3 ML 22 X		<i>targadox tab 50mg</i> .....	243
1 .....	210	TARGRETIN CAP 75MG .....	112
SYRINGE/NEEDLE (DISP) 3 ML 25 X		TARGRETIN GEL 1%.....	161
1 .....	210	<i>tarina 24 fe tab</i> .....	148
<b>T</b>		<i>tarina fe tab 1/20</i> .....	148
TABLOID TAB 40MG .....	103	<i>tarina fe tab 1/20 eq</i> .....	148
TABRECTA TAB 150MG .....	111	TARPEYO CAP 4MG.....	154
TABRECTA TAB 200MG .....	111	TASCENSO ODT TAB 0.25MG....	239
TACLONEX OIN .....	166	TASIGNA CAP 150MG .....	111
TACLONEX SUS.....	166	TASIGNA CAP 200MG .....	111
<i>tacrolimus cap 0.5 mg</i> .....	218	TASIGNA CAP 50MG .....	111
<i>tacrolimus cap 1 mg</i> .....	218	TASMAR TAB 100MG .....	113
<i>tacrolimus cap 5 mg</i> .....	218	TASOPROL KIT .....	166
<i>tacrolimus oint 0.03%</i> .....	167	<i>tavaborole soln 5%</i> .....	160
<i>tacrolimus oint 0.1%</i> .....	167	TAVALISSE TAB 100MG .....	188
<i>tadalafil tab 20 mg (pah)</i> .....	140	TAVALISSE TAB 150MG .....	188
<i>tadalafil tab 5 mg</i> .....	139	<i>taysofy cap 1/20</i> .....	148
TAFINLAR CAP 50MG .....	111	TAYTULLA CAP 1MG/20MC .....	148
TAFINLAR CAP 75MG .....	111	TAZAROTENE AER 0.1% .....	158
TAGRISSO TAB 40MG .....	104	<i>tazarotene cream 0.1%</i> .....	162
TAGRISSO TAB 80MG .....	104	<i>tazicef inj 1gm</i> .....	143
TALICIA CAP.....	250	TAZICEF INJ 1GM/50ML.....	143
TALTZ INJ 80MG/ML .....	162	<i>tazicef inj 2gm</i> .....	143
TALZENNA CAP 0.25MG .....	111	<i>tazicef inj 6gm</i> .....	143
TALZENNA CAP 0.5MG .....	111	<i>taztia xt cap 120mg/24</i> .....	136
TALZENNA CAP 0.75MG .....	111	<i>taztia xt cap 180mg/24</i> .....	136
TALZENNA CAP 1MG.....	111	<i>taztia xt cap 240mg/24</i> .....	136
TAMIFLU CAP 30MG.....	129	<i>taztia xt cap 300mg er</i> .....	137
TAMIFLU CAP 45MG.....	129	<i>taztia xt cap 360mg/24</i> .....	137
TAMIFLU CAP 75MG.....	129	TAZVERIK TAB 200MG .....	111
TAMIFLU SUS 6MG/ML .....	129	TB SYRINGE MIS 0.5/28G .....	210
<i>tamoxifen citrate tab 10 mg (base</i>		TDVAX INJ 2-2 LF .....	246
<i>equivalent)</i> .....	105	TECFIDERA CAP 120MG .....	239
		TECFIDERA CAP 240MG .....	239

TECFIDERA MIS STARTER .....	239	TENORETIC TAB 100 .....	99
TEGRETOL SUS 100/5ML.....	63	TENORETIC TAB 50 .....	99
TEGRETOL TAB 200MG .....	63	TENORMIN TAB 100MG.....	131
TEGRETOL-XR TAB 100MG .....	63	TENORMIN TAB 25MG.....	131
TEGRETOL-XR TAB 200MG .....	63	TENORMIN TAB 50MG.....	131
TEGRETOL-XR TAB 400MG .....	63	TEPMETKO TAB 225MG .....	111
TEKTURNA HCT TAB 150-12.5 ....	98	<i>terazosin hcl cap 1 mg (base</i>	
TEKTURNA HCT TAB 150-25MG... 98		<i>equivalent) .....</i>	94
TEKTURNA HCT TAB 300-12.5 .... 98		<i>terazosin hcl cap 10 mg (base</i>	
TEKTURNA HCT TAB 300-25MG... 98		<i>equivalent) .....</i>	94
TEKTURNA TAB 150MG .....	100	<i>terazosin hcl cap 2 mg (base</i>	
TEKTURNA TAB 300MG .....	100	<i>equivalent) .....</i>	94
<i>telmisartan tab 20 mg .....</i>	94	<i>terazosin hcl cap 5 mg (base</i>	
<i>telmisartan tab 40 mg .....</i>	94	<i>equivalent) .....</i>	94
<i>telmisartan tab 80 mg .....</i>	94	<i>terbinafine hcl tab 250 mg .....</i>	84
<i>telmisartan-amlodipine tab 40-10</i>		<i>terbutaline sulfate inj 1 mg/ml ....</i>	54
<i>mg .....</i>	98	<i>terbutaline sulfate tab 2.5 mg .....</i>	54
<i>telmisartan-amlodipine tab 40-5 mg</i>		<i>terbutaline sulfate tab 5 mg .....</i>	54
<i>.....</i>	98	<i>terconazole vaginal cream 0.4% 253</i>	
<i>telmisartan-amlodipine tab 80-10</i>		<i>terconazole vaginal cream 0.8% 253</i>	
<i>mg .....</i>	98	<i>terconazole vaginal suppos 80 mg</i>	
<i>telmisartan-amlodipine tab 80-5 mg</i>		<i>.....</i>	253
<i>.....</i>	98	TERIPARATIDE INJ .....	175
<i>telmisartan-hydrochlorothiazide tab</i>		TESTIM GEL 1%(50MG) .....	39
<i>40-12.5 mg .....</i>	99	TESTOPEL MIS PELLETS.....	39
<i>telmisartan-hydrochlorothiazide tab</i>		<i>testosterone cypionate im inj in oil</i>	
<i>80-12.5 mg .....</i>	99	<i>100 mg/ml .....</i>	39
<i>telmisartan-hydrochlorothiazide tab</i>		<i>testosterone cypionate im inj in oil</i>	
<i>80-25 mg .....</i>	99	<i>200 mg/ml .....</i>	39
<i>temazepam cap 15 mg .....</i>	195	<i>testosterone enanthate im inj in oil</i>	
<i>temazepam cap 22.5 mg.....</i>	195	<i>200 mg/ml .....</i>	39
<i>temazepam cap 30 mg .....</i>	195	<i>testosterone td gel 10mg/act (2%)</i>	
<i>temazepam cap 7.5 mg .....</i>	195	<i>.....</i>	39
TEMODAR CAP 250MG .....	102	<i>testosterone td gel 12.5 mg/act</i>	
<i>temozolomide cap 100 mg .....</i>	102	<i>(1%) .....</i>	39
<i>temozolomide cap 140 mg .....</i>	102	<i>testosterone td gel 20.25</i>	
<i>temozolomide cap 180 mg .....</i>	102	<i>mg/1.25gm (1.62%) .....</i>	39
<i>temozolomide cap 20 mg .....</i>	102	<i>testosterone td gel 20.25 mg/act</i>	
<i>temozolomide cap 250 mg .....</i>	102	<i>(1.62%) .....</i>	39
<i>temozolomide cap 5 mg .....</i>	102	<i>testosterone td gel 25 mg/2.5gm</i>	
TENIVAC INJ 5-2LF.....	246	<i>(1%) .....</i>	39
<i>tenofovir disoproxil fumarate tab</i>		<i>testosterone td gel 40.5 mg/2.5gm</i>	
<i>300 mg .....</i>	127	<i>(1.62%) .....</i>	39

<i>testosterone td gel 50 mg/5gm</i>	
(1%).....	39
<i>testosterone td soln 30 mg/act ...</i>	39
TET/DIP TOX INJ 2-2 LF .....	246
<i>tetrabenazine tab 12.5 mg</i> .....	237
<i>tetrabenazine tab 25 mg</i> .....	237
<i>tetracaine hcl ophth soln 0.5%</i> ..	228
<i>tetracycline hcl cap 250 mg</i> .....	243
<i>tetracycline hcl cap 500 mg</i> .....	243
TEXACORT SOL 2.5% .....	166
TEZSPIRE SOL 210MG .....	49
THALITONE TAB 15MG .....	174
THALOMID CAP 100MG .....	217
THALOMID CAP 150MG .....	217
THALOMID CAP 200MG .....	217
THALOMID CAP 50MG .....	217
THEO-24 CAP 100MG CR .....	54
THEO-24 CAP 200MG CR .....	54
THEO-24 CAP 300MG CR .....	54
THEO-24 CAP 400MG ER .....	54
<i>theophylline soln 80 mg/15ml</i> .....	54
<i>theophylline tab er 12hr 300 mg</i> .	54
<i>theophylline tab er 12hr 450 mg</i> .	54
<i>theophylline tab er 24hr 400 mg</i> .	54
<i>theophylline tab er 24hr 600 mg</i> .	54
<i>thiamine hcl inj 100 mg/ml</i> .....	255
<i>thiamine hcl tab 100 mg</i> .....	255
THIOLA EC TAB 100MG .....	188
THIOLA EC TAB 300MG .....	188
THIOLA TAB 100MG .....	188
<i>thioridazine hcl tab 10 mg</i> .....	122
<i>thioridazine hcl tab 100 mg</i> .....	122
<i>thioridazine hcl tab 25 mg</i> .....	122
<i>thioridazine hcl tab 50 mg</i> .....	122
<i>thiothixene cap 1 mg</i> .....	123
<i>thiothixene cap 10 mg</i> .....	123
<i>thiothixene cap 2 mg</i> .....	123
<i>thiothixene cap 5 mg</i> .....	123
THRIVITE RX TAB 29-1MG .....	221
THYQUIDITY SOL 100MCG .....	245
<i>tiadylt cap 120mg/24</i> .....	137
<i>tiadylt cap 180mg/24</i> .....	137
<i>tiadylt cap 240mg/24</i> .....	137
<i>tiadylt cap 300mg/24</i> .....	137
<i>tiadylt cap 360mg/24</i> .....	137
<i>tiadylt cap 420mg/24</i> .....	137
<i>tiagabine hcl tab 12 mg</i> .....	64
<i>tiagabine hcl tab 16 mg</i> .....	64
<i>tiagabine hcl tab 2 mg</i> .....	64
<i>tiagabine hcl tab 4 mg</i> .....	64
TIAZAC CAP 120MG/24 .....	137
TIAZAC CAP 180MG/24 .....	137
TIAZAC CAP 240MG/24 .....	137
TIAZAC CAP 300MG/24 .....	137
TIAZAC CAP 360MG/24 .....	137
TIAZAC CAP 420MG/24 .....	137
TIBSOVO TAB 250MG .....	111
TIGAN INJ 100MG/ML .....	83
<i>tigecycline for iv soln 50 mg</i> .....	241
TIGECYCLINE INJ 50MG .....	241
TIGLUTIK SUS 50/10ML .....	224
TIKOSYN CAP 125MCG .....	48
TIKOSYN CAP 250MCG .....	49
TIKOSYN CAP 500MCG .....	49
<i>tilia fe tab</i> .....	148
<i>timolol maleate ophth gel forming</i>	
<i>soln 0.25%</i> .....	225
<i>timolol maleate ophth gel forming</i>	
<i>soln 0.5%</i> .....	225
<i>timolol maleate ophth soln 0.25%</i>	
.....	225
<i>timolol maleate ophth soln 0.5%</i>	
<i>timolol maleate ophth soln 0.5%</i>	
(once-daily) .....	225
<i>timolol maleate preservative free</i>	
<i>ophth soln 0.5%</i> .....	225
<i>timolol maleate tab 10 mg</i> .....	133
<i>timolol maleate tab 20 mg</i> .....	133
<i>timolol maleate tab 5 mg</i> .....	133
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TIMOPTIC OCU SOL 0.5% OP ....	225
TIMOPTIC SOL 0.25% OP .....	226
TIMOPTIC SOL 0.5% OP .....	226
TIMOPTIC-XE SOL 0.25% OP .....	226
TIMOPTIC-XE SOL 0.5% OP .....	226
<i>tinidazole tab 250 mg</i> .....	41



<i>tinidazole tab 500 mg</i> .....	41	TLANDO CAP 112.5 MG .....	39
<i>tiopronin tab 100 mg</i> .....	188	TNKASE KIT 50MG .....	189
TIROSINT CAP 100MCG .....	245	TOBI NEB 300/5ML .....	23
TIROSINT CAP 112MCG .....	245	TOBI PODHALR CAP 28MG .....	23
TIROSINT CAP 125MCG .....	245	TOBRADEX OIN 0.3-0.1% .....	229
TIROSINT CAP 137MCG .....	245	TOBRADEX ST SUS 0.3-0.05 .....	229
TIROSINT CAP 13MCG .....	245	TOBRADEX SUS 0.3-0.1% .....	229
TIROSINT CAP 150MCG .....	245	<i>tobramycin nebu soln 300 mg/4ml</i>	
TIROSINT CAP 175MCG .....	245	.....	23
TIROSINT CAP 200 .....	245	<i>tobramycin nebu soln 300 mg/5ml</i>	
TIROSINT CAP 25MCG .....	245	.....	23
TIROSINT CAP 50MCG .....	245	<i>tobramycin ophth soln 0.3%</i> .....	227
TIROSINT CAP 75MCG .....	245	<i>tobramycin-dexamethasone ophth</i>	
TIROSINT CAP 88MCG .....	245	<i>susp 0.3-0.1%</i> .....	229
TIROSINT-SOL SOL 100MCG .....	245	TOBREX OIN 0.3% OP .....	227
TIROSINT-SOL SOL 112MCG .....	245	<i>tolcapone tab 100 mg</i> .....	113
TIROSINT-SOL SOL 125MCG .....	245	<i>tolnaftate cream 1%</i> .....	161
TIROSINT-SOL SOL 137MCG .....	245	TOLSURA CAP 65MG .....	85
TIROSINT-SOL SOL 13MCG/ML ..	245	<i>tolterodine tartrate cap er 24hr 2</i>	
TIROSINT-SOL SOL 150MCG .....	245	<i>mg</i> .....	251
TIROSINT-SOL SOL 175MCG .....	246	<i>tolterodine tartrate cap er 24hr 4</i>	
TIROSINT-SOL SOL 200MCG .....	246	<i>mg</i> .....	251
TIROSINT-SOL SOL 25MCG/ML ..	245	<i>tolterodine tartrate tab 1 mg</i> .....	251
TIROSINT-SOL SOL 37.5/ML .....	245	<i>tolterodine tartrate tab 2 mg</i> .....	251
TIROSINT-SOL SOL 44MCG/ML ..	245	<i>tolvaptan tab 15 mg</i> .....	179
TIROSINT-SOL SOL 50MCG/ML ..	245	<i>tolvaptan tab 30 mg</i> .....	179
TIROSINT-SOL SOL 62.5/ML .....	245	TOOMEY SYRIN MIS 70ML .....	211
TIROSINT-SOL SOL 75MCG/ML ..	245	TOPAMAX SPR CAP 15MG .....	63
TIROSINT-SOL SOL 88MCG/ML ..	245	TOPAMAX SPR CAP 25MG .....	63
TIVICAY PD TAB 5MG .....	127	TOPAMAX TAB 100MG .....	63
TIVICAY TAB 10MG .....	127	TOPAMAX TAB 200MG .....	63
TIVICAY TAB 25MG .....	127	TOPAMAX TAB 25MG .....	63
TIVICAY TAB 50MG .....	127	TOPAMAX TAB 50MG .....	63
<i>tizanidine hcl cap 2 mg (base</i>		TOPICORT CRE 0.05% .....	166
<i>equivalent)</i> .....	222	TOPICORT CRE 0.25% .....	166
<i>tizanidine hcl cap 4 mg (base</i>		TOPICORT GEL 0.05% .....	166
<i>equivalent)</i> .....	222	TOPICORT OIN 0.05% .....	166
<i>tizanidine hcl cap 6 mg (base</i>		TOPICORT OIN 0.25% .....	166
<i>equivalent)</i> .....	222	TOPICORT SPR 0.25% .....	166
<i>tizanidine hcl tab 2 mg (base</i>		<i>topiramate cap er 24hr sprinkle 100</i>	
<i>equivalent)</i> .....	222	<i>mg</i> .....	63
<i>tizanidine hcl tab 4 mg (base</i>		<i>topiramate cap er 24hr sprinkle 150</i>	
<i>equivalent)</i> .....	222	<i>mg</i> .....	63

<i>topiramate cap er 24hr sprinkle 200 mg</i> .....	63	<i>tramadol hcl tab er 24hr 300 mg</i> .	35
<i>topiramate cap er 24hr sprinkle 25 mg</i> .....	63	<i>tramadol hcl tab er 24hr biphasic release 100 mg</i> .....	35
<i>topiramate cap er 24hr sprinkle 50 mg</i> .....	63	<i>tramadol hcl tab er 24hr biphasic release 200 mg</i> .....	35
<i>topiramate sprinkle cap 15 mg</i> ....	63	<i>tramadol hcl tab er 24hr biphasic release 300 mg</i> .....	35
<i>topiramate sprinkle cap 25 mg</i> ....	63	TRAMADOL SOL 5MG/ML.....	35
<i>topiramate tab 100 mg</i> .....	63	<i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	37
<i>topiramate tab 200 mg</i> .....	63	<i>trandolapril tab 1 mg</i> .....	92
<i>topiramate tab 25 mg</i> .....	63	<i>trandolapril tab 2 mg</i> .....	92
<i>topiramate tab 50 mg</i> .....	63	<i>trandolapril tab 4 mg</i> .....	92
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TOPROL XL TAB 200MG.....	132	<i>trandolapril-verapamil hcl tab er 2-180 mg</i> .....	99
TOPROL XL TAB 25MG .....	131	<i>trandolapril-verapamil hcl tab er 2-240 mg</i> .....	99
TOPROL XL TAB 50MG .....	131	<i>trandolapril-verapamil hcl tab er 4-240 mg</i> .....	99
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	105	<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i> .....	193
<i>torsemide tab 10 mg</i> .....	173	<i>tranexamic acid tab 650 mg</i> .....	193
<i>torsemide tab 100 mg</i> .....	173	TRANEXAMIC INJ ACID .....	193
<i>torsemide tab 20 mg</i> .....	173	TRANSDERM-SC DIS 1MG/3DAY ..	83
<i>torsemide tab 5 mg</i> .....	173	TRANXENE T TAB 7.5MG .....	47
TOSYMRA SOL 10MG .....	213	<i>tranylcypromine sulfate tab 10 mg</i> .....	67
TOUJEO MAX INJ 300IU/ML .....	79	TRAVATAN Z DRO 0.004% .....	230
TOUJEO SOLO INJ 300IU/ML .....	79	<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	230
<i>tovet aer 0.05%</i> .....	166	<i>trazodone hcl tab 100 mg</i> .....	69
TOVET KIT KIT 0.05% .....	166	<i>trazodone hcl tab 150 mg</i> .....	69
TOVIAZ TAB 4MG .....	251	<i>trazodone hcl tab 300 mg</i> .....	69
TOVIAZ TAB 8MG .....	251	<i>trazodone hcl tab 50 mg</i> .....	69
TRACLEER TAB 125MG.....	140	TRECTOR TAB 250MG .....	102
TRACLEER TAB 32MG.....	140	TRELEGY AER 100MCG .....	54
TRACLEER TAB 62.5MG.....	140	TRELEGY AER 200MCG .....	54
TRADJENTA TAB 5MG .....	76	TRELSTAR MIX INJ 11.25MG .....	105
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i> .....	34	TRELSTAR MIX INJ 22.5MG .....	105
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i> .....	35	TRELSTAR MIX INJ 3.75MG .....	105
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i> .....	35	TREMFYA INJ 100MG/ML.....	162
<i>tramadol hcl tab 100 mg</i> .....	35		
<i>tramadol hcl tab 50 mg</i> .....	35		
<i>tramadol hcl tab er 24hr 100 mg</i> .	35		
<i>tramadol hcl tab er 24hr 200 mg</i> .	35		

TRESIBA FLEX INJ 100UNIT.....	79	<i>triamcinolone acetonide oint 0.5%</i>	166
TRESIBA FLEX INJ 200UNIT.....	79	.....	166
TRESIBA INJ 100UNIT .....	79	<i>triamterene &amp; hydrochlorothiazide</i>	
<i>tretinoin cap 10 mg</i> .....	112	<i>cap 37.5-25 mg</i> .....	172
<i>tretinoin cream 0.025%</i> .....	158	<i>triamterene &amp; hydrochlorothiazide</i>	
<i>tretinoin cream 0.05%</i> .....	158	<i>tab 37.5-25 mg</i> .....	173
<i>tretinoin cream 0.1%</i> .....	158	<i>triamterene &amp; hydrochlorothiazide</i>	
<i>tretinoin gel 0.01%</i> .....	158	<i>tab 75-50 mg</i> .....	173
<i>tretinoin gel 0.025%</i> .....	158	<i>triamterene cap 100 mg</i> .....	173
<i>tretinoin gel 0.05%</i> .....	158	<i>triamterene cap 50 mg</i> .....	173
<i>tretinoin microsphere gel 0.04%</i>	158	<i>trianex oin 0.05%</i> .....	166
<i>tretinoin microsphere gel 0.1%</i> ..	158	<i>triazolam tab 0.125 mg</i> .....	195
TREXALL TAB 10MG.....	103	<i>triazolam tab 0.25 mg</i> .....	195
TREXALL TAB 15MG.....	103	TRIBENZOR20- TAB 5-12.5MG.....	99
TREXALL TAB 5MG .....	103	TRIBENZOR40- TAB 10-12.5 .....	99
TREXALL TAB 7.5MG.....	103	TRIBENZOR40- TAB 10-25MG.....	99
TREXIMET TAB 85-500MG .....	212	TRIBENZOR40- TAB 5-12.5MG.....	99
<i>tri femynor tab</i> .....	149	TRIBENZOR40- TAB 5-25MG .....	99
<i>triamcinolone acetonide aerosol soln</i>		TRICOR TAB 145MG .....	89
<i>0.147 mg/gm</i> .....	166	TRICOR TAB 48MG .....	89
<i>triamcinolone acetonide cream</i>		<i>trientine hcl cap 250 mg</i> .....	216
<i>0.025%</i> .....	166	<i>tri-estaryll tab</i> .....	149
<i>triamcinolone acetonide cream 0.1%</i>		<i>trifluoperazine hcl tab 1 mg (base</i>	
.....	166	<i>equivalent)</i> .....	122
<i>triamcinolone acetonide cream 0.5%</i>		<i>trifluoperazine hcl tab 10 mg (base</i>	
.....	166	<i>equivalent)</i> .....	122
<i>triamcinolone acetonide dental</i>		<i>trifluoperazine hcl tab 2 mg (base</i>	
<i>paste 0.1%</i> .....	219	<i>equivalent)</i> .....	122
<i>triamcinolone acetonide inj susp 40</i>		<i>trifluoperazine hcl tab 5 mg (base</i>	
<i>mg/ml</i> .....	154	<i>equivalent)</i> .....	122
<i>triamcinolone acetonide lotion</i>		<i>trifluridine ophth soln 1%</i> .....	227
<i>0.025%</i> .....	166	<i>trigels-f cap forte</i> .....	192
<i>triamcinolone acetonide lotion 0.1%</i>		<i>trihexyphenidyl hcl oral soln 0.4</i>	
.....	166	<i>mg/ml</i> .....	113
<i>triamcinolone acetonide nasal</i>		<i>trihexyphenidyl hcl tab 2 mg</i> ....	113
<i>aerosol suspension 55 mcg/act</i>	224	<i>trihexyphenidyl hcl tab 5 mg</i> ....	113
<i>triamcinolone acetonide oint</i>		TRIJARDY XR TAB .....	74
<i>0.025%</i> .....	166	TRIKAFTA TAB .....	241
<i>triamcinolone acetonide oint 0.05%</i>		<i>tri-legest tab fe</i> .....	149
.....	166	TRILEPTAL SUS 300MG/5M .....	63
<i>triamcinolone acetonide oint 0.1%</i>		TRILEPTAL TAB 150MG .....	63
.....	166	TRILEPTAL TAB 300MG .....	63
		TRILEPTAL TAB 600MG .....	63

<i>tri-linyah tab</i> .....	149	TRULANCE TAB 3MG.....	183
TRILIPIX CAP 135MG .....	89	TRULICITY INJ 0.75/0.5 .....	76
TRILIPIX CAP 45MG .....	89	TRULICITY INJ 1.5/0.5.....	76
<i>tri-lo tab estaryll</i> .....	149	TRULICITY INJ 3/0.5 .....	76
<i>tri-lo- tab marzia</i> .....	149	TRULICITY INJ 4.5/0.5.....	76
<i>tri-lo- tab sprintec</i> .....	149	TRUSELTIQ CAP 100MG .....	111
<i>tri-lo-mili tab</i> .....	149	TRUSELTIQ CAP 125MG .....	111
<i>trimethobenzamide hcl cap 300 mg</i> .....	83	TRUSELTIQ CAP 50MG .....	111
TRIMETHOPRIM TAB 100MG .....	41	TRUSELTIQ CAP 75MG .....	111
<i>tri-mili tab</i> .....	149	TRUSOPT SOL 2% OP.....	230
<i>trimipramine maleate cap 100 mg</i> 72		TRUVADA TAB 100-150 .....	127
<i>trimipramine maleate cap 25 mg.</i> 72		TRUVADA TAB 133-200 .....	127
<i>trimipramine maleate cap 50 mg.</i> 72		TRUVADA TAB 167-250 .....	127
TRINATAL RX TAB 1 .....	221	TRUVADA TAB 200-300 .....	127
<i>trinate tab</i> .....	221	TUDORZA PRES AER 400/ACT.....	49
TRINTELLIX TAB 10MG .....	69	TUKYSA TAB 150MG.....	103
TRINTELLIX TAB 20MG .....	69	TUKYSA TAB 50MG.....	103
TRINTELLIX TAB 5MG .....	69	TURALIO CAP 200MG.....	111
<i>tri-nymyo tab</i> .....	149	<i>tussin cough syp 15mg/5ml</i> .....	154
TRIPTODUR SUS 22.5MG .....	177	TWINRIX INJ .....	252
<i>tri-sprintec tab</i> .....	149	TWIRLA DIS 120-30 .....	149
TRIUMEQ PD TAB .....	127	TWYNEO CRE 0.1-3% .....	158
TRIUMEQ TAB .....	127	TYBLUME CHW 0.1-0.02 .....	149
TRI-VI-SOL SOL A/C/D .....	221	TYBOST TAB 150MG .....	127
<i>trivora-28 tab</i> .....	149	<i>tydemy tab</i> .....	149
<i>tri-vylibra tab</i> .....	149	TYGACIL INJ 50MG.....	241
<i>tri-vylibra tab lo</i> .....	149	TYKERB TAB 250MG .....	111
TRIZIVIR TAB .....	127	TYMLOS INJ .....	175
TROGARZO INJ 150MG/ML .....	127	TYRVAYA SOL 0.03MG .....	226
TROKENDI XR CAP 100MG .....	63	TYSABRI INJ 300/15ML.....	239
TROKENDI XR CAP 200MG .....	63	TYVASO DPI POW 16-32-48 .....	139
TROKENDI XR CAP 25MG .....	63	TYVASO DPI POW 16-32MCG.....	139
TROKENDI XR CAP 50MG .....	63	TYVASO DPI POW 16MCG .....	139
<i>tropicamide ophth soln 0.5%</i> .....	226	TYVASO DPI POW 32-48MCG.....	139
<i>tropicamide ophth soln 1%</i> .....	226	TYVASO DPI POW 32MCG .....	139
<i>trospium chloride cap er 24hr 60 mg</i> .....	251	TYVASO DPI POW 48MCG .....	140
<i>trospium chloride tab 20 mg</i> .....	251	TYVASO DPI POW 64MCG .....	140
TRUDHESA AER 0.725MG .....	212	TYVASO REFIL SOL 0.6MG/ML ..	140
TRUE METRIX KIT AIR .....	200	TYVASO SOL 0.6MG/ML .....	140
TRUE METRIX KIT METER .....	200	TYVASO START SOL 0.6MG/ML ..	140
TRUE METRIX TES GLUCOSE .....	171	<b>U</b>	
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UCERIS AER 2MG/ACT .....	39	<i>valacyclovir hcl tab 500 mg</i> .....	128
UCERIS TAB 9MG .....	154	VALCHLOR GEL 0.016% .....	161
UDENYCA INJ 6MG/.6ML .....	192	VALCYTE SOL 50MG/ML .....	128
ULORIC TAB 40MG .....	188	VALCYTE TAB 450MG.....	128
ULORIC TAB 80MG .....	188	<i>valganciclovir hcl for soln 50 mg/ml</i>	
<i>ultra choice chw kids</i> .....	221	<i>(base equiv)</i> .....	128
ULTRACET TAB 37.5-325.....	37	<i>valganciclovir hcl tab 450 mg (base</i>	
ULTRAM TAB 50MG.....	35	<i>equivalent)</i> .....	128
ULTRAVATE LOT 0.05% .....	166	<i>valproate sodium inj 100 mg/ml ..</i>	66
UNASYN INJ 1.5GM .....	233	<i>valproate sodium oral soln 250</i>	
UNASYN INJ 15GM .....	233	<i>mg/5ml (base equiv)</i> .....	66
UNASYN INJ 3GM .....	233	<i>valproic acid cap 250 mg</i> .....	66
UPTRAVI INJ 1800MCG .....	141	<i>valsartan tab 160 mg</i> .....	94
UPTRAVI TAB 1000MCG .....	141	<i>valsartan tab 320 mg</i> .....	94
UPTRAVI TAB 1200MCG .....	141	<i>valsartan tab 40 mg</i> .....	94
UPTRAVI TAB 1400MCG .....	141	<i>valsartan tab 80 mg</i> .....	94
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UPTRAVI TAB 200/800 .....	141	<i>160-12.5 mg</i> .....	99
UPTRAVI TAB 200MCG .....	141	<i>valsartan-hydrochlorothiazide tab</i>	
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UPTRAVI TAB 600MCG .....	141	<i>valsartan-hydrochlorothiazide tab</i>	
UPTRAVI TAB 800MCG .....	141	<i>320-12.5 mg</i> .....	99
<i>urea cream 40%</i> .....	167	<i>valsartan-hydrochlorothiazide tab</i>	
<i>urea lotion 40%</i> .....	167	<i>320-25 mg</i> .....	99
<i>uribel cap 118mg</i> .....	42	<i>valsartan-hydrochlorothiazide tab</i>	
<i>urin d/s tab</i> .....	42	<i>80-12.5 mg</i> .....	99
<i>uro-458 tab</i> .....	42	VALTOCO SPR 10MG .....	58
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<i>ursodiol cap 300 mg</i> .....	183	<i>vancomycin hcl cap 125 mg (base</i>	
URSODIOL SUS 30MG/ML .....	183	<i>equivalent)</i> .....	42
<i>ursodiol tab 250 mg</i> .....	183	<i>vancomycin hcl cap 250 mg (base</i>	
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VARENICLINE TAB 1MG.....	240	<i>venlafaxine hcl tab 75 mg (base equivalent)</i> .....	70
<i>varenicline tartrate tab 0.5 mg (base equiv)</i> .....	240	<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent)</i> .....	70
<i>varenicline tartrate tab 0.5 mg x 11 &amp; tab 1 mg x 42 pack</i> .....	240	<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i> .....	71
<i>varenicline tartrate tab 1 mg (base equiv)</i> .....	240	<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)</i> .....	70
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.....		
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.....		
<i>zonisamide cap 25 mg</i> .....		
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.....		
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ZORBTIVE INJ 8.8MG.....		
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