



**April- June 2022**

**Molina Healthcare of Illinois Medicaid**

# **Preferred Drug List (Formulary)**

Molina Healthcare of Illinois (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Molina does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Molina provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need services, contact Civil Rights Coordinator. If you believe that Molina has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator  
200 Oceangate  
Long Beach, CA 90802  
Fax: (630) 203-3993  
Email: Civil.Rights@MolinaHealthcare.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can file a civil rights compliant with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
(800) 368-1019, (800) 537-7697 (TDD)  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



**Non-Discrimination Tag Line—Section 1557  
Molina Healthcare of Illinois, Inc.**

English	<p><b>ATTENTION:</b> If you speak English, language assistance services, free of charge, are available to you. Call 1-855-766-5462 (TTY: 711).</p>
Spanish	<p><b>ATENCIÓN:</b> si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-766-5462 (TTY: 711).</p>
Polish	<p><b>UWAGA:</b> Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-766-5462 (TTY: 711).</p>
Chinese	<p><b>注意：</b>如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-766-5462 (TTY : 711)。</p>
Korean	<p><b>주의：</b> 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-766-5462 (TTY: 711) 번으로 전화해 주십시오.</p>
Tagalog	<p><b>PAUNAWA:</b> Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-766-5462 (TTY: 711).</p>
Arabic	<p><b>ملحوظة:</b> إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية متوافر لك بالمجان. اتصل برقم 1-855-766-5462 (رقم هاتف الصم والبكم: 711).</p>
Russian	<p><b>ВНИМАНИЕ:</b> Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-766-5462 (телефон: 711).</p>
Gujarati	<p><b>સુચના:</b> જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. <b>ફોન કરો</b> 1-855-766-5462 (TTY: 711).</p>
Urdu	<p><b>خبردار:</b> اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں - 855-766-5462 (TTY: 711).</p>
Vietnamese	<p><b>CHÚ Ý:</b> Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-766-5462 (TTY: 711).</p>
Italian	<p><b>ATTENZIONE:</b> In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-766-5462 (TTY: 711).</p>
Hindi	<p><b>ध्यान दें:</b> यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-766-5462 (TTY: 711) पर कॉल करें।</p>
French	<p><b>ATTENTION :</b> Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-766-5462 (TTY : 711).</p>
Greek	<p><b>ΠΡΟΣΟΧΗ:</b> Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-855-766-5462 (TTY: 711).</p>
German	<p><b>ACHTUNG:</b> Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-766-5462 (TTY: 711).</p>

## **Table of Contents**

<b>INTRODUCTION .....</b>	<b>17</b>
<b>PREFACE .....</b>	<b>17</b>
<b>DRUG LIST PRODUCT DESCRIPTIONS.....</b>	<b>17</b>
<b>GENERIC SUBSTITUTION .....</b>	<b>17</b>
<b>PLAN DESIGN .....</b>	<b>18</b>
<b>CATEGORIES OF CONSIDERATION.....</b>	<b>18</b>
<b>NON-COVERED MEDICATIONS .....</b>	<b>18</b>
<b>PRIOR AUTHORIZATION REQUEST PROCEDURE .....</b>	<b>18</b>
<b>PRIOR AUTHORIZATION HELPFUL HINTS .....</b>	<b>18</b>
<b>LEGEND .....</b>	<b>18</b>
<b>URGENT AND AFTER-HOURS MEDICATION POLICY.....</b>	<b>19</b>
<b>NOTICE.....</b>	<b>19</b>
<b>FORMULARY UPDATES.....</b>	<b>20</b>
<b>ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS.....</b>	<b>22</b>
AMPHETAMINES .....	22
ANALEPTICS .....	26
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS.....	27
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS) .....	28
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS .....	28
STIMULANTS - MISC.....	28
<b>ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES.....</b>	<b>35</b>
ALTERNATIVE MEDICINE - M'S .....	35
<b>AMEBICIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>36</b>
AMEBICIDES - DRUGS TO TREAT INFECTIONS .....	36
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS.....</b>	<b>36</b>
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS .....	36
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS .....</b>	<b>36</b>
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES .....	36
ANTIRHEUMATIC - ENZYME INHIBITORS .....	37
ANTIRHEUMATIC ANTIMETABOLITES.....	37
GOLD COMPOUNDS .....	38
INTERLEUKIN-1 BLOCKERS.....	38
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA) .....	38
INTERLEUKIN-1BETA BLOCKERS .....	38
INTERLEUKIN-6 RECEPTOR INHIBITORS.....	38
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS) .....	39
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS.....	42
PYRIMIDINE SYNTHESIS INHIBITORS .....	42
SELECTIVE COSTIMULATION MODULATORS .....	42
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS .....	43
<b>ANALGESICS - NONNARCOTIC .....</b>	<b>43</b>
ANALGESIC COMBINATIONS .....	43
ANALGESICS OTHER .....	43

SALICYLATES.....	44
<b>ANALGESICS - OPIOID - DRUGS TO TREAT PAIN .....</b>	<b>44</b>
OPIOID AGONISTS .....	44
OPIOID COMBINATIONS.....	51
OPIOID PARTIAL AGONISTS.....	53
<b>ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES ..</b>	<b>54</b>
ANDROGENS .....	54
<b>ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS....</b>	<b>54</b>
INTRARECTAL STEROIDS.....	54
RECTAL COMBINATIONS .....	55
RECTAL LOCAL ANESTHETICS .....	55
RECTAL STEROIDS .....	55
VASODILATING AGENTS.....	55
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>56</b>
ANTACID COMBINATIONS .....	56
ANTACIDS - BICARBONATE.....	56
ANTACIDS - CALCIUM SALTS .....	56
ANTACIDS - MAGNESIUM SALTS .....	56
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES....</b>	<b>56</b>
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES .....	56
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS..</b>	<b>57</b>
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	57
ANTI-INFECTIVE MISC. - COMBINATIONS.....	57
ANTIPROTOZOAL AGENTS .....	58
CARBAPENEMS.....	58
GLYCOPEPTIDES .....	58
LEPROSTATICs .....	59
LINCOSAMIDES.....	59
MONOBACTAMS .....	59
OXAZOLIDINONES.....	59
PLEUROMUTILINS.....	59
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS .....	59
<b>ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS....</b>	<b>60</b>
ANTIANGINALS-OTHER .....	60
NITRATES .....	60
<b>ANTIANXIETY AGENTS - DRUGS TO TREAT ANXIETY .....</b>	<b>61</b>
ANTIANXIETY AGENTS - MISC.....	61
BENZODIAZEPINES .....	62
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>64</b>
ANTIARRHYTHMICS TYPE I-A .....	64
ANTIARRHYTHMICS TYPE I-B .....	64
ANTIARRHYTHMICS TYPE I-C .....	64
ANTIARRHYTHMICS TYPE III .....	64
<b>ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....</b>	<b>65</b>
ANTI-INFLAMMATORY AGENTS .....	65

ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	65
BRONCHODILATORS - ANTICHOLINERGICS .....	65
LEUKOTRIENE MODULATORS .....	66
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS .....	66
STEROID INHALANTS.....	66
SYMPATHOMIMETICS .....	67
XANTHINES .....	70
<b>ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS .....</b>	<b>70</b>
COUMARIN ANTICOAGULANTS .....	70
DIRECT FACTOR XA INHIBITORS .....	71
HEPARINS AND HEPARINOID-LIKE AGENTS .....	71
THROMBIN INHIBITORS .....	72
<b>ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....</b>	<b>73</b>
AMPA GLUTAMATE RECEPTOR ANTAGONISTS .....	73
ANTICONVULSANTS - BENZODIAZEPINES.....	73
ANTICONVULSANTS - MISC.....	74
CARBAMATES .....	82
GABA MODULATORS .....	83
HYDANTOINS.....	83
SUCCINIMIDES .....	84
VALPROIC ACID .....	84
<b>ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION .....</b>	<b>84</b>
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS) .....	84
ANTIDEPRESSANTS - MISC.....	85
MONOAMINE OXIDASE INHIBITORS (MAOIS) .....	86
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS.....	86
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS).....	86
SEROTONIN MODULATORS .....	89
SEROTONIN-NOREpinephrine REUPTAKE INHIBITORS (SNRIS).....	89
TRICYCLIC AGENTS .....	91
<b>ANTIDIABETICS - DRUGS TO TREAT DIABETES .....</b>	<b>93</b>
ALPHA-GLUCOSIDASE INHIBITORS.....	93
ANTIDIABETIC - AMYLIN ANALOGS .....	93
ANTIDIABETIC COMBINATIONS .....	93
BIGUANIDES .....	96
DIABETIC OTHER .....	97
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS.....	97
DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC .....	98
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS) .....	98
INSULIN.....	98
INSULIN SENSITIZING AGENTS.....	101
MEGLITINIDE ANALOGUES .....	101
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS .....	101
SULFONYLUREAS.....	102
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA .....</b>	<b>103</b>
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	103

ANTIPERISTALTIC AGENTS .....	103
<b>ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....</b>	<b>103</b>
ANTIDOTES - CHELATING AGENTS .....	103
OPIOID ANTAGONISTS.....	104
<b>ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....</b>	<b>104</b>
5-HT3 RECEPTOR ANTAGONISTS .....	104
ANTIEMETICS - ANTICHOLINERGIC.....	105
ANTIEMETICS - MISCELLANEOUS .....	105
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS.....	105
<b>ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....</b>	<b>106</b>
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS .....	106
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS .....	106
IMIDAZOLE-RELATED ANTIFUNGALS .....	106
<b>ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES .....</b>	<b>107</b>
ANTIHISTAMINES - ALKYLAMINES .....	107
ANTIHISTAMINES - ETHANOLAMINES.....	107
ANTIHISTAMINES - NON-SEDATING.....	108
ANTIHISTAMINES - PHENOTHIAZINES.....	108
ANTIHISTAMINES - PIPERIDINES .....	109
<b>ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL ..</b>	<b>109</b>
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS.....	109
ANTIHYPERLIPIDEMICS - COMBINATIONS.....	109
ANTIHYPERLIPIDEMICS - MISC.....	109
BILE ACID SEQUESTRANTS.....	110
FIBRIC ACID DERIVATIVES .....	110
HMG COA REDUCTASE INHIBITORS .....	112
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS .....	113
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS...	113
NICOTINIC ACID DERIVATIVES .....	114
PROPROTEIN CONVERTASE SUBILISIN/KEXIN TYPE 9 INHIBITORS .....	114
<b>ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE</b>	<b>114</b>
ACE INHIBITORS .....	114
AGENTS FOR PHEOCHROMOCYTOMA.....	116
ANGIOTENSIN II RECEPTOR ANTAGONISTS .....	117
ANTIADRENERGIC ANTIHYPERTENSIVES .....	118
ANTIHYPERTENSIVE COMBINATIONS .....	119
ANTIHYPERTENSIVES - MISC. ....	125
DIRECT RENIN INHIBITORS .....	125
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS).....	125
VASODILATORS .....	125
<b>ANTIMALARIALS - DRUGS TO TREAT MALARIA.....</b>	<b>125</b>
ANTIMALARIAL COMBINATIONS .....	125
ANTIMALARIALS - DRUGS TO TREAT MALARIA .....	126
<b>ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS .....</b>	<b>126</b>

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS.....	126
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS....</b>	<b>127</b>
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS.....	127
<b>ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER .....</b>	<b>127</b>
ALKYLATING AGENTS.....	127
ANTIMETABOLITES .....	128
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS .....	129
ANTINEOPLASTIC - ANTI-HER2 AGENTS .....	129
ANTINEOPLASTIC - BCL-2 INHIBITORS .....	129
ANTINEOPLASTIC - EGFR INHIBITORS .....	129
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS .....	130
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS .....	130
ANTINEOPLASTIC - IMMUNOMODULATORS .....	131
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS .....	132
ANTINEOPLASTIC - XPO1 INHIBITORS .....	132
ANTINEOPLASTIC COMBINATIONS.....	132
ANTINEOPLASTIC ENZYME INHIBITORS.....	132
ANTINEOPLASTICS MISC.....	139
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS.....	139
MITOTIC INHIBITORS .....	139
TOPOISOMERASE I INHIBITORS .....	139
<b>ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE .....</b>	<b>139</b>
ANTIPARKINSON ADJUNCTIVE THERAPY .....	139
ANTIPARKINSON ANTICHOLINERGICS.....	139
ANTIPARKINSON COMT INHIBITORS .....	140
ANTIPARKINSON DOPAMINERGICS .....	140
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS .....	143
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES .....</b>	<b>144</b>
ANTIMANIC AGENTS .....	144
ANTIPSYCHOTICS - MISC. ....	144
BENZISOXAZOLES.....	145
BUTYROPHENONES.....	147
DIBENZAPINES .....	147
DIHYDROINDOLONES .....	151
PHENOTHIAZINES .....	151
QUINOLINONE DERIVATIVES .....	152
THIOXANTHENES .....	153
<b>ANTISEPTICS &amp; DISINFECTANTS - PRODUCTS TO DISINFECT .....</b>	<b>153</b>
CHLORINE ANTISEPTICS .....	153
<b>ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....</b>	<b>153</b>
ANTIRETROVIRALS .....	153
CMV AGENTS .....	157
HEPATITIS AGENTS .....	158

HERPES AGENTS .....	159
INFLUENZA AGENTS .....	160
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS .....	160
<b>BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....</b>	<b>160</b>
ALPHA-BETA BLOCKERS .....	160
BETA BLOCKERS CARDIO-SELECTIVE.....	161
BETA BLOCKERS NON-SELECTIVE.....	163
<b>CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....</b>	<b>164</b>
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS .....	164
<b>CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....</b>	<b>169</b>
CARDIAC GLYCOSIDES .....	169
<b>CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>169</b>
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS .....	169
IMPOTENCE AGENTS.....	170
PROSTAGLANDIN VASODILATORS .....	170
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS .	172
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS .....	172
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST .....	172
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR.	173
SINUS NODE INHIBITORS .....	173
TRANSTHYRETIN STABILIZERS .....	173
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC) .....	173
<b>CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....</b>	<b>173</b>
CEPHALOSPORINS - 1ST GENERATION .....	173
CEPHALOSPORINS - 2ND GENERATION .....	174
CEPHALOSPORINS - 3RD GENERATION .....	174
CEPHALOSPORINS - 4TH GENERATION.....	175
<b>CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING.....</b>	<b>175</b>
LIQUIDS .....	175
<b>CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....</b>	<b>175</b>
COMBINATION CONTRACEPTIVES - ORAL .....	175
COMBINATION CONTRACEPTIVES - TRANSDERMAL.....	187
COMBINATION CONTRACEPTIVES - VAGINAL .....	187
COPPER CONTRACEPTIVES - IUD.....	187
EMERGENCY CONTRACEPTIVES .....	187
PROGESTIN CONTRACEPTIVES - IMPLANTS.....	187
PROGESTIN CONTRACEPTIVES - INJECTABLE.....	187
PROGESTIN CONTRACEPTIVES - IUD .....	188
PROGESTIN CONTRACEPTIVES - ORAL .....	188
<b>CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE .....</b>	<b>188</b>
GLUCOCORTICOSTEROIDS .....	188
MINERALOCORTICOIDS.....	191

<b>COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS .....</b>	<b>191</b>
ANTITUSSIVES .....	191
COUGH/COLD/ALLERGY COMBINATIONS .....	191
EXPECTORANTS .....	193
MISC. RESPIRATORY INHALANTS .....	193
MUCOLYTICS .....	193
<b>DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....</b>	<b>193</b>
ACNE PRODUCTS.....	193
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS .....	200
ANTI-INFLAMMATORY AGENTS - TOPICAL.....	201
ANTIBIOTICS - TOPICAL.....	201
ANTIFUNGALS - TOPICAL .....	202
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL .....	204
ANTIPRURITICS - TOPICAL .....	204
ANTIPSORIATICS .....	204
ANTISEBORRHEIC PRODUCTS .....	205
ANTIVIRALS - TOPICAL .....	206
BURN PRODUCTS .....	206
CAUTERIZING AGENTS.....	206
CORTICOSTEROIDS - TOPICAL.....	206
ECZEMA AGENTS.....	212
EMOLlient/KERATOLYTIC AGENTS.....	212
EMOLLIENTS.....	212
IMMUNOMODULATING AGENTS - TOPICAL.....	212
IMMUNOSUPPRESSIVE AGENTS - TOPICAL.....	212
KERATOLYTIC/ANTIMITOTIC AGENTS.....	213
LOCAL ANESTHETICS - TOPICAL.....	213
MISC. DERMATOLOGICAL PRODUCTS .....	214
MISC. TOPICAL .....	214
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL.....	214
ROSACEA AGENTS.....	214
SCABICIDES & PEDICULICIDES .....	215
<b>DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS.....</b>	<b>216</b>
DIAGNOSTIC TESTS .....	216
<b>DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>223</b>
DIGESTIVE ENZYMEs.....	223
<b>DIURETICS - DRUGS TO TREAT HEART CONDITIONS .....</b>	<b>224</b>
CARBONIC ANHYDRASE INHIBITORS .....	224
DIURETIC COMBINATIONS .....	224
LOOP DIURETICS .....	224
POTASSIUM SPARING DIURETICS.....	225
THIAZIDES AND THIAZIDE-LIKE DIURETICS .....	225
<b>ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES.....</b>	<b>226</b>
ADRENAL STEROID INHIBITORS.....	226

BONE DENSITY REGULATORS.....	226
GNRH/LHRH ANTAGONISTS .....	227
GROWTH HORMONE RELEASING HORMONES (GHRH).....	227
GROWTH HORMONES .....	227
HORMONE RECEPTOR MODULATORS.....	228
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS).....	228
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS .....	229
METABOLIC MODIFIERS .....	229
POSTERIOR PITUITARY HORMONES .....	231
PROGESTERONE RECEPTOR ANTAGONISTS.....	231
PROLACTIN INHIBITORS .....	231
SOMATOSTATIC AGENTS.....	231
VASOPRESSIN RECEPTOR ANTAGONISTS .....	232
<b>ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....</b>	<b>233</b>
ESTROGEN COMBINATIONS .....	233
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES .....	234
<b>FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....</b>	<b>236</b>
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS .....	236
<b>GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS .....</b>	<b>237</b>
5-HT4 RECEPTOR AGONISTS .....	237
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC).....	237
ANTIFLATULENTS .....	237
BILE ACID SYNTHESIS DISORDER AGENTS .....	237
FARNESOID X RECEPTOR (FXR) AGONISTS .....	237
GALLSTONE SOLUBILIZING AGENTS .....	238
GASTROINTESTINAL ANTIALLERGY AGENTS.....	238
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS .....	238
GASTROINTESTINAL STIMULANTS .....	238
INFLAMMATORY BOWEL AGENTS .....	239
INTESTINAL ACIDIFIERS .....	240
IRRITABLE BOWEL SYNDROME (IBS) AGENTS .....	240
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS.....	240
PHOSPHATE BINDER AGENTS .....	241
SHORT BOWEL SYNDROME (SBS) AGENTS.....	242
<b>GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS .....</b>	<b>242</b>
ACIDIFIERS .....	242
ALKALINIZERS .....	242
CYSTINOSIS AGENTS.....	242
INTERSTITIAL CYSTITIS AGENTS.....	243
PROSTATIC HYPERPLASIA AGENTS .....	243
URINARY ANALGESICS .....	243
URINARY STONE AGENTS .....	243
<b>GOUT AGENTS - DRUGS TO TREAT GOUT.....</b>	<b>244</b>
GOUT AGENT COMBINATIONS .....	244
GOUT AGENTS - DRUGS TO TREAT GOUT .....	244

URICOSURICS .....	244
<b>HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS .....</b>	<b>244</b>
ANTIHEMOPHILIC PRODUCTS.....	244
BRADYKININ B2 RECEPTOR ANTAGONISTS .....	248
COMPLEMENT INHIBITORS .....	248
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS.....	248
HEMATORHEOLOGIC AGENTS .....	248
PLASMA KALLIKREIN INHIBITORS.....	248
PLATELET AGGREGATION INHIBITORS .....	248
<b>HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS .</b>	<b>249</b>
COBALAMINS.....	249
FOLIC ACID/FOLATES .....	249
HEMATOPOIETIC GROWTH FACTORS.....	249
IRON .....	252
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....</b>	<b>253</b>
ANTIHISTAMINE HYPNOTICS .....	253
BARBITURATE HYPNOTICS.....	253
HYPNOTICS - TRICYCLIC AGENTS .....	253
NON-BARBITURATE HYPNOTICS .....	253
OREXIN RECEPTOR ANTAGONISTS .....	255
SELECTIVE MELATONIN RECEPTOR AGONISTS .....	255
<b>LAXATIVES - DRUGS TO TREAT CONSTIPATION .....</b>	<b>255</b>
BULK LAXATIVES.....	255
LAXATIVE COMBINATIONS.....	255
LAXATIVES - MISCELLANEOUS .....	256
LUBRICANT LAXATIVES .....	256
SALINE LAXATIVES.....	256
STIMULANT LAXATIVES.....	256
SURFACTANT LAXATIVES .....	256
<b>MACROLIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>256</b>
AZITHROMYCIN.....	256
CLARITHROMYCIN .....	257
ERYTHROMYCINS .....	257
FIDAXOMICIN .....	258
<b>MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING.....</b>	<b>258</b>
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL .....	258
DIABETIC SUPPLIES .....	258
MISC. DEVICES.....	274
PARENTERAL THERAPY SUPPLIES .....	274
RESPIRATORY THERAPY SUPPLIES .....	288
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES ....</b>	<b>289</b>
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG.....	289
MIGRAINE COMBINATIONS .....	289
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES .....	290

MIGRAINE PRODUCTS - NSAIDS.....	290
SEROTONIN AGONISTS .....	290
<b>MINERALS &amp; ELECTROLYTES - DRUGS FOR NUTRITION.....</b>	<b>292</b>
CALCIUM.....	292
ELECTROLYTE MIXTURES.....	293
FLUORIDE .....	293
MAGNESIUM .....	293
PHOSPHATE.....	293
POTASSIUM.....	293
SODIUM .....	294
ZINC .....	294
<b>MISCELLANEOUS THERAPEUTIC CLASSES.....</b>	<b>294</b>
CHELATING AGENTS.....	294
IMMUNOMODULATORS.....	294
IMMUNOSUPPRESSIVE AGENTS.....	295
POTASSIUM REMOVING AGENTS .....	297
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS .....	297
<b>MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT .....</b>	<b>298</b>
ANESTHETICS TOPICAL ORAL .....	298
ANTI-INFECTIVES - THROAT .....	298
ANTISEPTICS - MOUTH/THROAT.....	298
DENTAL PRODUCTS .....	298
STEROIDS - MOUTH/THROAT/DENTAL.....	298
THROAT PRODUCTS - MISC. ....	298
<b>MULTIVITAMINS - DRUGS FOR NUTRITION.....</b>	<b>299</b>
B-COMPLEX W/ FOLIC ACID.....	299
MULTIPLE VITAMINS W/ IRON.....	299
MULTIPLE VITAMINS W/ MINERALS.....	299
MULTIVITAMINS - DRUGS FOR NUTRITION .....	300
PED MULTI VITAMINS W/FL & FE .....	300
PED MULTIPLE VITAMINS W/ MINERALS .....	300
PED MV W/ FLUORIDE.....	300
PED MV W/ IRON.....	300
PEDIATRIC MULTIPLE VITAMINS.....	300
PRENATAL VITAMINS .....	301
<b>MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS .....</b>	<b>306</b>
CENTRAL MUSCLE RELAXANTS .....	306
DIRECT MUSCLE RELAXANTS .....	307
MUSCLE RELAXANT COMBINATIONS .....	307
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>	<b>308</b>
NASAL AGENT COMBINATIONS .....	308
NASAL AGENTS - MISC. .....	308
NASAL ANTIALLERGY .....	308
NASAL ANTICHOLINERGICS .....	308
NASAL STEROIDS.....	308

SYMPATHOMIMETIC DECONGESTANTS .....	309
<b>NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES</b>	<b>309</b>
ALS AGENTS .....	309
<b>NUTRIENTS - DRUGS FOR NUTRITION</b> .....	<b>309</b>
MISC. NUTRITIONAL SUBSTANCES .....	309
<b>OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS</b> .....	<b>309</b>
ARTIFICIAL TEARS AND LUBRICANTS.....	309
BETA-BLOCKERS - OPHTHALMIC .....	310
CYCLOPLEGIC MYDRIATICS .....	311
MIOTICS .....	311
OPHTHALMIC ADRENERGIC AGENTS .....	311
OPHTHALMIC ANTI-INFECTIVES .....	312
OPHTHALMIC IMMUNOMODULATORS .....	313
OPHTHALMIC INTEGRIN ANTAGONISTS.....	313
OPHTHALMIC KINASE INHIBITORS .....	313
OPHTHALMIC LOCAL ANESTHETICS .....	313
OPHTHALMIC NERVE GROWTH FACTORS .....	314
OPHTHALMIC STEROIDS .....	314
OPHTHALMICS - MISC.....	315
PROSTAGLANDINS - OPHTHALMIC.....	316
<b>OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR</b> .....	<b>317</b>
OTIC AGENTS - MISCELLANEOUS .....	317
OTIC ANTI-INFECTIVES.....	317
OTIC COMBINATIONS .....	317
OTIC STEROIDS .....	317
<b>OXYTOCICS - DRUGS FOR PREGNANCY</b> .....	<b>318</b>
OXYTOCICS - DRUGS FOR PREGNANCY .....	318
<b>PENICILLINS - DRUGS TO TREAT INFECTIONS</b> .....	<b>318</b>
AMINOPENICILLINS .....	318
NATURAL PENICILLINS.....	318
PENICILLIN COMBINATIONS .....	318
PENICILLINASE-RESISTANT PENICILLINS .....	319
<b>PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES</b> .....	<b>319</b>
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	319
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</b> .....	<b>319</b>
AGENTS FOR CHEMICAL DEPENDENCY .....	319
ANTI-CATALEPTIC AGENTS .....	320
ANTIDEMENTIA AGENTS.....	320
COMBINATION PSYCHOTHERAPEUTICS .....	322
FIBROMYALGIA AGENTS .....	323
MOVEMENT DISORDER DRUG THERAPY .....	323
MULTIPLE SCLEROSIS AGENTS .....	323
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS .....	325
PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS .....	326
PSEUDOBULBAR AFFECT (PBA) AGENTS .....	326

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS .....	326
RESTLESS LEG SYNDROME (RLS) AGENTS .....	326
SMOKING DETERRENTS .....	326
TRANSTHYRETIN AMYLOIDOSIS AGENTS .....	326
VASOMOTOR SYMPTOM AGENTS .....	326
<b>RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS .....</b>	<b>327</b>
CYSTIC FIBROSIS AGENTS .....	327
PULMONARY FIBROSIS AGENTS .....	327
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS .....</b>	<b>328</b>
SULFONAMIDES - DRUGS TO TREAT INFECTIONS .....	328
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....</b>	<b>328</b>
AMINOMETHYLCYCLINES .....	328
TETRACYCLINES - DRUGS TO TREAT INFECTIONS .....	328
<b>THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS .....</b>	<b>330</b>
ANTITHYROID AGENTS.....	330
THYROID HORMONES .....	330
<b>TOXOIDS - DRUGS TO PREVENT INFECTIONS .....</b>	<b>333</b>
TOXOID COMBINATIONS .....	333
<b>ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID .....</b>	<b>334</b>
ANTISPASMODICS .....	334
H-2 ANTAGONISTS .....	334
MISC. ANTI-ULCER .....	335
PROTON PUMP INHIBITORS .....	335
ULCER DRUGS - PROSTAGLANDINS .....	337
ULCER THERAPY COMBINATIONS .....	337
<b>URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE .....</b>	<b>337</b>
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC) ..	337
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS .....	339
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS .....	339
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS .....	339
<b>VACCINES - DRUGS TO PREVENT INFECTIONS .....</b>	<b>339</b>
BACTERIAL VACCINES .....	339
VIRAL VACCINES.....	339
<b>VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS .....</b>	<b>340</b>
MISCELLANEOUS VAGINAL PRODUCTS .....	340
VAGINAL ANTI-INFECTIVES .....	341
VAGINAL CONTRACEPTIVE - PH MODULATORS .....	341
VAGINAL ESTROGENS.....	341
VAGINAL PROGESTINS.....	342
<b>VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....</b>	<b>342</b>
ANAPHYLAXIS THERAPY AGENTS .....	342
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS .....	342

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS .....	343
<b>VITAMINS - DRUGS FOR NUTRITION .....</b>	<b>343</b>
OIL SOLUBLE VITAMINS .....	343
WATER SOLUBLE VITAMINS .....	343
<b>Index.....</b>	<b>344</b>

# Molina Healthcare of Illinois Preferred Drug List (Formulary)

(04/01/2022)

## INTRODUCTION

We are pleased to provide the 2022 Molina Healthcare of Illinois 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.

This Formulary is up to date through its date of publication, April 1, 2022. Please notify Molina Healthcare of Illinois at [mhilpharmacy@molinahealthcare.com](mailto:mhilpharmacy@molinahealthcare.com) or 1-855-866-5462 with any mistakes in the formulary.

Molina Healthcare of Illinois only covers drugs made by a manufacturer that participates in the Federal Medicaid drug rebate program. Drugs obtained through the Molina Healthcare of Illinois prescription drug benefit are covered at no cost to the member.

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.

## 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 the particular drug.
- If both 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.

## 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 for the brand name product. 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 to the market. However, the document is subject to state specific regulations and rules regarding generic substitution and mandatory generic rules apply where appropriate.

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. 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.

## CATEGORIES OF CONSIDERATION

### OPIOID ANALGESICS, BENZODIAZEPINES, MUSCLE RELAXANTS

- All Opioid Analgesics are subject to a Morphine Equivalent Dose of 90 mg per day, Acute Pain Duration Limits, and ER Opioid Step Therapy.
- Concurrent use of Opioid Analgesics, Benzodiazepines, and/or Muscle Relaxants may be subject to clinical review.

## NON-COVERED MEDICATIONS

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

- Appetite Suppressants / Anorexiants for weight loss
- Drugs for Cosmetic Purposes
- Drugs to treat infertility
- Drugs to treat erectile dysfunction
- Experimental or Investigational Medications
- Convenience Dosage Forms not listed on the Formulary
- 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)

## 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 (855) 365-8112. 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 MHIL Pharmacy Department, please provide clinical documentation with the Prior Authorization request. The following are examples:

Class of Medication/Diagnosis	Requested Clinical Information
Cholesterol Lowering	Lipid Panel, Cardiovascular risk factors
Diabetes	A1c Report
Non-Formulary/Non-Preferred Medication	Medication Log and/or Progress Notes documenting previous use of Formulary medications

## LEGEND

<b>AGE</b>	Age Limit
<b>OTC</b>	Over-the-counter, covered benefit with a prescription
<b>PA</b>	Prior Authorization
<b>PA, QL</b>	Quantity Limit is applied after Prior Authorization approval

<b>QL</b>	Quantity Limit
<b>SP</b>	Specialty Drug; these drugs must be obtained through a specialty pharmacy
<b>ST</b>	Step Therapy
<b>Preferred</b>	Preferred product, may require Prior Authorization
<b>Non-preferred</b>	Non-Preferred product, requires Prior Authorization and documentation of medical necessity

## **URGENT AND AFTER-HOURS MEDICATION POLICY**

To prevent a member's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (e.g., a member is discharged from a hospital after regular business hours with a special antibiotic prescription). Pharmacies are instructed to use their professional judgment. Molina Healthcare will reimburse pharmacies for a 72-hour supply of an acute medication at contracted rates for these prescriptions. Pharmacies may contact CVS Caremark Help Desk at (800) 364-6331 to obtain an override for a 72-hour supply.

Pharmacies may call Molina Healthcare at (855) 866-5462 on the following business day to obtain authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these urgent circumstances.

## **NOTICE**

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2022. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers.

## FORMULARY UPDATES

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

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

Date Effective	Product Name	Change	Notes
4/1/2022	ADVAIR DISKU AER 100/50	Update to preferred	
4/1/2022	ADVAIR DISKU AER 250/50	Update to preferred	
4/1/2022	ADVAIR DISKU AER 500/50	Update to preferred	
4/1/2022	ADVAIR HFA AER 115/21	Update to preferred	
4/1/2022	ADVAIR HFA AER 230/21	Update to preferred	
4/1/2022	ADVAIR HFA AER 45/21	Update to preferred	
4/1/2022	AIRDUO DGHLR INH 113-14	Update to preferred	
4/1/2022	AIRDUO DGHLR INH 232-14	Update to preferred	
4/1/2022	AIRDUO DGHLR INH 55-14	Update to preferred	
4/1/2022	AIRDUO RESPI INH 113-14	Update to preferred	
4/1/2022	AIRDUO RESPI INH 232-14	Update to preferred	
4/1/2022	AIRDUO RESPI INH 55-14	Update to preferred	
4/1/2022	ANORO ELLIPT AER 62.5-25	Update to preferred	
4/1/2022	APO-VARENICLINE TAB 0.5MG	Remove from Formulary	
4/1/2022	APO-VARENICLINE TAB 1MG	Remove from Formulary	
4/1/2022	BEVESPI AER 9-4.8MCG	Update to non-preferred with PA	
4/1/2022	FLUTIC/SALME AER	Update to non-preferred with PA	

Date Effective	Product Name	Change	Notes
	100/50	PA	
4/1/2022	FLUTIC/SALME AER 250/50	Update to non-preferred with PA	
4/1/2022	FLUTIC/SALME AER 500/50	Update to non-preferred with PA	
4/1/2022	INCRUSE ELPT INH 62.5MCG	Update to preferred	
4/1/2022	MYFEMBREE TAB	Update to preferred with PA required	
4/1/2022	QULIPTA TAB 10MG	Update to preferred with PA required	
4/1/2022	QULIPTA TAB 30MG	Update to preferred with PA required	
4/1/2022	QULIPTA TAB 60MG	Update to preferred with PA required	
4/1/2022	SPIRIVA SPR 2.5MCG	Update to preferred	
4/1/2022	WIXELA INHUB AER 100/50	Update to non-preferred with PA	
4/1/2022	WIXELA INHUB AER 250/50	Update to non-preferred with PA	
4/1/2022	WIXELA INHUB AER 500/50	Update to non-preferred with PA	

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

**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS  
TO TREAT NERVOUS SYSTEM DISORDERS**

**AMPHETAMINES**

ADDERALL TAB 5MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 7.5MG	Non Preferred	PA, QL (5 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 10MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 12.5MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 15MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 20MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL TAB 30MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 15MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 20MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 25MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADDERALL XR CAP 30MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 3.1MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADZENYS XR TAB 6.3MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 9.4MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 12.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 15.7 MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADZENYS XR TAB 18.8MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>amphetamine sulfate tab 5 mg (generic of EVEKEO)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>amphetamine sulfate tab 10 mg (generic of EVEKEO)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	Preferred	QL (5 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
DESOXYN TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 5MG CR	Non Preferred	PA, QL (4 ea per day); AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 10MG CR	Non Preferred	PA, QL (4 ea per day); AGE (Min age 6 years and Max age 18 years)
DEXEDRINE CAP 15MG CR	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 5 mg (generic of DEXEDRINE)</i>	Non Preferred	PA, QL (4 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 10 mg (generic of DEXEDRINE)</i>	Non Preferred	PA, QL (4 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate cap er 24hr 15 mg (generic of DEXEDRINE)</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 5 mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 10 mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 15 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dextroamphetamine sulfate tab 20 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dextroamphetamine sulfate tab 30 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DYANAVEL XR SUS 2.5MG/ML	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 15MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO ODT TAB 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO TAB 5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
EVEKEO TAB 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methamphetamine hcl tab 5 mg (generic of DESOXYN)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 12.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 37.5MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
MYDAYIS CAP 50MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>procenutra sol 5mg/5ml</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VYVANSE CAP 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CAP 70MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 50MG	Preferred	AGE (Min age 6 years and Max age 18 years)
VYVANSE CHW 60MG	Preferred	AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 2.5mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 5mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 7.5mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 10mg</i>	Non Preferred	PA, QL (6 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 15mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 20mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>zenzedi tab 30mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<b>ANALEPTICS</b>		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	Preferred	QL (120 mL in lifetime); AGE (Max age 1 year)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS</b>		
atomoxetine hcl cap 10 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 18 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 25 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 40 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 60 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 80 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
atomoxetine hcl cap 100 mg (base equiv) (generic of STRATTERA)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
clonidine hcl tab er 12hr 0.1 mg (generic of KAPVAY)	Preferred	AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 1 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 2 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 3 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
guanfacine hcl tab er 24hr 4 mg (base equiv) (generic of INTUNIV)	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 1MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 2MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 3MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
INTUNIV TAB 4MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
QELBREE CAP 100MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QELBREE CAP 150MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QELBREE CAP 200MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 18MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 25MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 40MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 60MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 80MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
STRATTERA CAP 100MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)

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

SUNOSI TAB 75MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
SUNOSI TAB 150MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

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

WAKIX TAB 4.45MG	Non Preferred	SP, PA; AGE (Min age 18 years)
WAKIX TAB 17.8MG	Non Preferred	SP, PA; AGE (Min age 18 years)

**STIMULANTS - MISC.**

ADHANSIA XR CAP 25MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
----------------------	---------------	------------------------------------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADHANSIA XR CAP 35MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 45MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 55MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 70MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
ADHANSIA XR CAP 85MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 15MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 30MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 40MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 50MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
APTENSIO XR CAP 60MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>armodafinil tab 50 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 150 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 200 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
<i>armodafinil tab 250 mg (generic of NUVIGIL)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
AZSTARYS CAP 26.1-5.2	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZSTARYS CAP 39.2-7.8	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
AZSTARYS CAP 52.3-10.	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 18MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 27MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 36MG	Preferred	AGE (Min age 6 years and Max age 18 years)
CONCERTA TAB 54MG	Preferred	AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 8.6MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 17.3MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
COTEMPLA TAB 25.9MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 10MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 15MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 20MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
DAYTRANA DIS 30MG/9HR	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexamethylphenidate hcl cap er 24 hr 5 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexamethylphenidate hcl cap er 24 hr 10 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexamethylphenidate hcl cap er 24 hr 15 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
dexamethylphenidate hcl cap er 24 hr 20 mg (generic of FOCALIN XR)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexamethylphenidate hcl cap er 24 hr 25 mg (generic of FOCALIN XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl cap er 24 hr 30 mg (generic of FOCALIN XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl cap er 24 hr 35 mg (generic of FOCALIN XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl cap er 24 hr 40 mg (generic of FOCALIN XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl tab 2.5 mg (generic of FOCALIN)</i>	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl tab 5 mg (generic of FOCALIN)</i>	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>dexamethylphenidate hcl tab 10 mg (generic of FOCALIN)</i>	Preferred	QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 2.5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN TAB 10MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 5MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 10MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 15MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 20MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 25MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 30MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 35MG	Preferred	AGE (Min age 6 years and Max age 18 years)
FOCALIN XR CAP 40MG	Preferred	AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JORNAY PM CAP 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 60MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 80MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
JORNAY PM CAP 100MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
METHYLIN SOL 5MG/5ML	Non Preferred	PA, QL (15 mL per day); AGE (Min age 6 years and Max age 18 years)
METHYLIN SOL 10MG/5ML	Non Preferred	PA, QL (30 mL per day); AGE (Min age 6 years and Max age 18 years)
METHYLPHENID TAB 72MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (la) (generic of RITALIN LA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 10 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 15 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (la) (generic of RITALIN LA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 20 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 30 mg (la) (generic of RITALIN LA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>methylphenidate hcl cap er 24hr 30 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (la) (generic of RITALIN LA)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 40 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 50 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 24hr 60 mg (xr) (generic of APTENSIO XR)</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 2.5 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 5 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl chew tab 10 mg</i>	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 5 mg/5ml (generic of METHYLIN)</i>	Non Preferred	PA, QL (15 mL per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl soln 10 mg/5ml (generic of METHYLIN)</i>	Non Preferred	PA, QL (30 mL per day); AGE (Min age 6 years and Max age 18 years)
<i>methylphenidate hcl tab 5 mg (generic of RITALIN)</i>	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
methylphenidate hcl tab 10 mg (generic of RITALIN)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab 20 mg (generic of RITALIN)	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 10 mg	Preferred	QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 20 mg	Preferred	QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 18 mg	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 27 mg	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 36 mg	Non Preferred	PA, QL (2 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er 24hr 54 mg	Non Preferred	PA, QL (1 ea per day); AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 18 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 27 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 36 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
methylphenidate hcl tab er osmotic release (osm) 54 mg (generic of CONCERTA)	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
modafinil tab 100 mg (generic of PROVIGIL)	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
modafinil tab 200 mg (generic of PROVIGIL)	Non Preferred	PA, QL (2 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 50MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 150MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 200MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
NUVIGIL TAB 250MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROVIGIL TAB 100MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 17 years)
PROVIGIL TAB 200MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 17 years)
QUILLICHEW CHW 20MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLICHEW CHW 30MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLICHEW CHW 40MG ER	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
QUILLIVANT SUS 25MG/5ML	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RELEXXII TAB 72MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 10MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 20MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 30MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN LA CAP 40MG	Non Preferred	PA; AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 5MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 10MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)
RITALIN TAB 20MG	Non Preferred	PA, QL (3 ea per day); AGE (Min age 6 years and Max age 18 years)

## **ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES**

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

<i>melatonin tab 3 mg</i>	Preferred	QL (1 ea per day), OTC
<i>melatonin tab 5 mg</i>	Preferred	QL (1 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>AMEBICIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AMEBICIDES - DRUGS TO TREAT INFECTIONS</b>		
SOLOSEC GRA 2GM	Non Preferred	PA
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS</b>		
ARIKAYCE SUS	Non Preferred	PA
BETHKIS NEB 300/4ML	Non Preferred	SP, PA
KITABIS PAK NEB 300/5ML	Preferred	SP
<i>neomycin sulfate tab 500 mg</i>	Preferred	
<i>paromomycin sulfate cap 250 mg (generic of HUMATIN)</i>	Preferred	
TOBI NEB 300/5ML	Non Preferred	SP, PA
TOBI PODHALR CAP 28MG	Non Preferred	SP, PA
<i>tobramycin nebu soln 300 mg/4ml (generic of BETHKIS)</i>	Non Preferred	SP, PA
<i>tobramycin nebu soln 300 mg/5ml (generic of KITABIS PAK)</i>	Non Preferred	SP, PA
<b>ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION CONDITIONS</b>		
<b>ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES</b>		
HUMIRA INJ 10/0.1ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA INJ 20/0.2ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA INJ 40/0.4ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA KIT 40MG/0.8	Preferred	SP, PA
HUMIRA PEDIA INJ CROHNS	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA PEN INJ 40/0.4ML	Preferred	SP, PA, QL (0.072 ea per day)
HUMIRA PEN INJ 40MG/0.8	Preferred	SP, PA
HUMIRA PEN INJ 80/0.8ML	Preferred	SP, PA
HUMIRA PEN INJ CD/UC/HS	Preferred	SP, PA
HUMIRA PEN INJ PS/UV	Preferred	SP, PA
HUMIRA PEN KIT CD/UC/HS	Preferred	SP, PA
HUMIRA PEN KIT PED UC	Preferred	SP, PA
HUMIRA PEN KIT PS/UV	Preferred	SP, PA
SIMPONI ARIA SOL 50MG/4ML	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SIMPONI INJ 50/0.5ML	Non Preferred	SP, PA
SIMPONI INJ 100MG/ML	Non	SP, PA
	Preferred	

#### **ANTIRHEUMATIC - ENZYME INHIBITORS**

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

#### **ANTIRHEUMATIC ANTIMETABOLITES**

OTREXUP INJ 10MG	Non Preferred	PA
OTREXUP INJ 12.5/0.4	Non	PA
	Preferred	
OTREXUP INJ 15MG	Non	PA
	Preferred	
OTREXUP INJ 17.5/0.4	Non	PA
	Preferred	
OTREXUP INJ 20MG	Non	PA
	Preferred	
OTREXUP INJ 22.5/0.4	Non	PA
	Preferred	
OTREXUP INJ 25MG	Non	PA
	Preferred	
RASUVO INJ 7.5MG	Non	PA
	Preferred	
RASUVO INJ 10MG	Non	PA
	Preferred	
RASUVO INJ 12.5MG	Non	PA
	Preferred	
RASUVO INJ 15MG	Non	PA
	Preferred	
RASUVO INJ 17.5MG	Non	PA
	Preferred	
RASUVO INJ 20MG	Non	PA
	Preferred	
RASUVO INJ 22.5MG	Non	PA
	Preferred	

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KEVZARA INJ 200/1.14	Non Preferred	SP, PA
<b>NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)</b>		
ARTHROTEC 50 TAB	Non Preferred	PA
ARTHROTEC 75 TAB	Non Preferred	PA
CELEBREX CAP 50MG	Non Preferred	PA
CELEBREX CAP 100MG	Non Preferred	PA, QL (4 ea per day)
CELEBREX CAP 200MG	Non Preferred	PA, QL (2 ea per day)
CELEBREX CAP 400MG	Non Preferred	PA, QL (4 ea per day)
<i>celecoxib cap 50 mg (generic of CELEBREX)</i>	Preferred	
<i>celecoxib cap 100 mg (generic of CELEBREX)</i>	Preferred	QL (4 ea per day)
<i>celecoxib cap 200 mg (generic of CELEBREX)</i>	Preferred	QL (2 ea per day)
<i>celecoxib cap 400 mg (generic of CELEBREX)</i>	Preferred	QL (4 ea per day)
DAYPRO TAB 600MG	Non Preferred	PA, QL (3 ea per day)
<i>diclofenac potassium tab 50 mg</i>	Preferred	QL (4 ea per day)
<i>diclofenac sodium tab delayed release 25 mg</i>	Preferred	QL (3 ea per day)
<i>diclofenac sodium tab delayed release 50 mg</i>	Preferred	QL (3 ea per day)
<i>diclofenac sodium tab delayed release 75 mg</i>	Preferred	QL (2 ea per day)
<i>diclofenac sodium tab er 24hr 100 mg</i>	Preferred	QL (2 ea per day)
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg (generic of ARTHROTEC 50)</i>	Non Preferred	PA
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg (generic of ARTHROTEC 75)</i>	Non Preferred	PA
DUEXIS TAB 800-26.6	Non Preferred	PA
EC-NAPROXEN TAB 375MG	Preferred	QL (3 ea per day)
EC-NAPROXEN TAB 500MG	Preferred	QL (3 ea per day)
<i>etodolac cap 200 mg</i>	Preferred	
<i>etodolac cap 300 mg</i>	Preferred	
<i>etodolac tab 400 mg (generic of LODINE)</i>	Preferred	QL (3 ea per day)
<i>etodolac tab 500 mg</i>	Preferred	QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>etodolac tab er 24hr 400 mg</i>	Preferred	
<i>etodolac tab er 24hr 500 mg</i>	Preferred	
<i>etodolac tab er 24hr 600 mg</i>	Preferred	
FELDENE CAP 10MG	Non Preferred	PA, QL (4 ea per day)
FELDENE CAP 20MG	Non Preferred	PA, QL (2 ea per day)
<i>fenoprofen calcium cap 400 mg</i>	Non Preferred	PA
<i>fenoprofen calcium tab 600 mg</i>	Non Preferred	PA
<i>flurbiprofen tab 100 mg</i>	Preferred	QL (4 ea per day)
IBUPAK KIT	Non Preferred	PA
<i>ibuprofen cap 200 mg</i>	Preferred	OTC
<i>ibuprofen chew tab 100 mg</i>	Preferred	OTC
<i>ibuprofen susp 40 mg/ml</i>	Preferred	OTC
<i>ibuprofen susp 100 mg/5ml</i>	Preferred	QL (160 mL per day), OTC
<i>ibuprofen susp 100 mg/5ml</i>	Non Preferred	PA, QL (160 mL per day)
<i>ibuprofen tab 100 mg</i>	Preferred	OTC
<i>ibuprofen tab 200 mg</i>	Preferred	OTC
<i>ibuprofen tab 400 mg</i>	Preferred	QL (4 ea per day)
<i>ibuprofen tab 600 mg</i>	Preferred	QL (4 ea per day)
<i>ibuprofen tab 800 mg</i>	Preferred	QL (4 ea per day)
<i>ibuprofen-famotidine tab 800-26.6 mg (generic of DUEXIS)</i>	Non Preferred	PA
INDOCIN SUP 50MG	Non Preferred	PA
INDOCIN SUS 25MG/5ML	Non Preferred	PA
<i>indomethacin cap 25 mg</i>	Preferred	QL (4 ea per day)
<i>indomethacin cap 50 mg</i>	Preferred	QL (4 ea per day)
<i>indomethacin cap er 75 mg</i>	Preferred	
<i>ketoprofen cap 75 mg</i>	Preferred	
<i>ketoprofen cap er 24hr 200 mg</i>	Non Preferred	PA
KETOR TROMET SPR 15.75MG	Non Preferred	PA
<i>ketorolac tromethamine tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>lofena tab 25mg</i>	Preferred	
<i>meclofenamate sodium cap 50 mg</i>	Non Preferred	PA
<i>meclofenamate sodium cap 100 mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mefenamic acid cap 250 mg</i>	Non Preferred	PA
<i>meloxicam cap 5 mg (generic of VIVLODEX)</i>	Non Preferred	PA
<i>meloxicam cap 10 mg (generic of VIVLODEX)</i>	Non Preferred	PA
<i>meloxicam tab 7.5 mg (generic of MOBIC)</i>	Preferred	QL (2 ea per day)
<i>meloxicam tab 15 mg (generic of MOBIC)</i>	Preferred	QL (1 ea per day)
MOBIC TAB 7.5MG	Non Preferred	PA, QL (2 ea per day)
MOBIC TAB 15MG	Non Preferred	PA, QL (1 ea per day)
<i>nabumetone tab 500 mg</i>	Preferred	QL (4 ea per day)
<i>nabumetone tab 750 mg</i>	Preferred	QL (4 ea per day)
NALFON CAP 400MG	Non Preferred	PA
NALFON TAB 600MG	Non Preferred	PA
NAPRELAN TAB 375MG CR	Non Preferred	PA
NAPRELAN TAB 500MG CR	Non Preferred	PA
NAPRELAN TAB 750MG CR	Non Preferred	PA
<i>naproxen sodium tab 220 mg</i>	Preferred	OTC
<i>naproxen sodium tab 275 mg</i>	Preferred	
<i>naproxen sodium tab 550 mg (generic of ANAPROX DS)</i>	Preferred	
<i>naproxen sodium tab er 24hr 375 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen sodium tab er 24hr 500 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen sodium tab er 24hr 750 mg (base equiv) (generic of NAPRELAN)</i>	Non Preferred	PA
<i>naproxen susp 125 mg/5ml (generic of NAPROSYN)</i>	Preferred	QL (100 mL per day)
<i>naproxen tab 250 mg</i>	Preferred	QL (3 ea per day)
<i>naproxen tab 375 mg</i>	Preferred	QL (3 ea per day)
<i>naproxen tab 500 mg (generic of NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen tab ec 375 mg (generic of EC-NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen tab ec 500 mg (generic of EC-NAPROSYN)</i>	Preferred	QL (3 ea per day)
<i>naproxen-esomeprazole magnesium tab dr 375-20 mg (generic of VIMOVO)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>naproxen-esomeprazole magnesium tab dr 500-20 mg (generic of VIMOVO)</i>	Non Preferred	PA
<i>oxaprozin tab 600 mg (generic of DAYPRO)</i>	Non Preferred	PA, QL (3 ea per day)
<i>piroxicam cap 10 mg (generic of FELDENE)</i>	Non Preferred	PA, QL (4 ea per day)
<i>piroxicam cap 20 mg (generic of FELDENE)</i>	Non Preferred	PA, QL (2 ea per day)
RELAFEN DS TAB 1000MG	Non Preferred	PA
SPRIX SPR 15.75MG	Non Preferred	PA
<i>sulindac tab 150 mg</i>	Preferred	QL (3 ea per day)
<i>sulindac tab 200 mg</i>	Preferred	QL (3 ea per day)
VIMOVO TAB 375-20MG	Non Preferred	PA
VIMOVO TAB 500-20MG	Non Preferred	PA
VIVLODEX CAP 5MG	Non Preferred	PA
VIVLODEX CAP 10MG	Non Preferred	PA
ZIPSOR CAP 25MG	Non Preferred	PA
ZORVOLEX CAP 18MG	Non Preferred	PA
ZORVOLEX CAP 35MG	Non Preferred	PA

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

OTEZLA TAB 10/20/30	Non Preferred	SP, PA
OTEZLA TAB 30MG	Non Preferred	SP, PA

#### **PYRIMIDINE SYNTHESIS INHIBITORS**

ARAVA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ARAVA TAB 20MG	Non Preferred	PA, QL (1 ea per day)
<i>leflunomide tab 10 mg (generic of ARAVA)</i>	Preferred	QL (1 ea per day)
<i>leflunomide tab 20 mg (generic of ARAVA)</i>	Preferred	QL (1 ea per day)

#### **SELECTIVE COSTIMULATION MODULATORS**

ORENCIA CLCK INJ 125MG/ML	Non Preferred	SP, PA
ORENCIA INJ 50/0.4ML	Non Preferred	SP, PA
ORENCIA INJ 87.5/0.7	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORENCIA INJ 125MG/ML	Non Preferred	SP, PA
ORENCIA INJ 250MG	Non Preferred	SP, PA
<b>SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS</b>	Preferred	SP, PA
	Preferred	SP, PA

**ANALGESICS - NONNARCOTIC  
ANALGESIC COMBINATIONS**

ALLZITAL TAB 25-325MG	Non Preferred	PA
bac tab (generic of ESGIC)	Preferred	QL (6 ea per day)
bupap tab 50-300mg	Preferred	
butalbital-acetaminophen cap 50-300 mg	Non Preferred	PA
butalbital-acetaminophen tab 50-300 mg	Preferred	
butalbital-acetaminophen tab 50-325 mg	Preferred	QL (10 ea per day)
butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)	Preferred	
butalbital-acetaminophen-caffeine cap 50-325-40 mg	Preferred	QL (2 ea per day)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (generic of ESGIC)	Preferred	QL (6 ea per day)
butalbital-aspirin-caffeine cap 50-325-40 mg	Preferred	
ESGIC TAB	Non Preferred	PA, QL (6 ea per day)
FIORICET CAP	Non Preferred	PA
vtol lq sol	Non Preferred	PA

**ANALGESICS OTHER**

acetaminophen cap 500 mg	Preferred	QL (8 ea per day), OTC
acetaminophen chew tab 80 mg	Preferred	QL (6 ea per day), OTC
acetaminophen chew tab 160 mg	Preferred	QL (6 ea per day), OTC
acetaminophen disintegrating tab 160 mg	Preferred	QL (25 ea per day), OTC
acetaminophen liquid 160 mg/5ml	Preferred	OTC
acetaminophen liquid 167 mg/5ml	Preferred	OTC
acetaminophen soln 160 mg/5ml	Preferred	OTC
acetaminophen suppos 120 mg	Preferred	QL (34 ea per day), OTC
acetaminophen suppos 650 mg	Preferred	QL (6 ea per day), OTC
acetaminophen susp 160 mg/5ml	Preferred	OTC
acetaminophen tab 325 mg	Preferred	QL (12 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetaminophen tab 500 mg</i>	Preferred	QL (8 ea per day), OTC
<i>acetaminophen tab er 650 mg</i>	Preferred	QL (6 ea per day), OTC
FEVERALL INF SUP 80MG	Preferred	QL (50 ea per day), OTC

### **SALICYLATES**

<i>aspirin chew tab 81 mg</i>	Preferred	OTC
<i>aspirin tab 325 mg</i>	Preferred	OTC
<i>aspirin tab delayed release 81 mg</i>	Preferred	OTC
<i>aspirin tab delayed release 325 mg</i>	Preferred	OTC
<i>diflunisal tab 500 mg</i>	Preferred	
<i>salsalate tab 500 mg</i>	Preferred	QL (4 ea per day)
<i>salsalate tab 750 mg</i>	Preferred	QL (4 ea per day)

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

#### **OPIOID AGONISTS**

ACTIQ LOZ 200MCG	Non Preferred	PA
ACTIQ LOZ 400MCG	Non Preferred	PA
ACTIQ LOZ 600MCG	Non Preferred	PA
ACTIQ LOZ 800MCG	Non Preferred	PA
ACTIQ LOZ 1200MCG	Non Preferred	PA
ACTIQ LOZ 1600MCG	Non Preferred	PA
CODEINE SULF TAB 15MG	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CODEINE SULF TAB 60MG	Preferred	QL (8 ea per day); AGE (Min age 18 years)
CODEINE SULFATE TAB 30 MG	Preferred	QL (12 ea per day); AGE (Min age 18 years)
CONZIP CAP 100MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 200MG	Non Preferred	PA; AGE (Min age 18 years)
CONZIP CAP 300MG	Non Preferred	PA; AGE (Min age 18 years)
DILAUDID LIQ 1MG/ML	Non Preferred	PA
DILAUDID TAB 2MG	Non Preferred	PA, QL (12 ea per day)
DILAUDID TAB 4MG	Non Preferred	PA, QL (12 ea per day)
DILAUDID TAB 8MG	Non Preferred	PA, QL (12 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
fentanyl citrate buccal tab 100 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	Non Preferred	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	Non Preferred	PA
fentanyl citrate lozenge on a handle 200 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 400 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 600 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 800 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 1200 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl citrate lozenge on a handle 1600 mcg (generic of ACTIQ)	Non Preferred	PA
fentanyl td patch 72hr 12 mcg/hr	Non Preferred	PA, QL (0.334 ea per day)
fentanyl td patch 72hr 25 mcg/hr	Non Preferred	PA, QL (0.334 ea per day)
fentanyl td patch 72hr 37.5 mcg/hr	Non Preferred	PA
fentanyl td patch 72hr 50 mcg/hr	Non Preferred	PA, QL (0.334 ea per day)
fentanyl td patch 72hr 62.5 mcg/hr	Non Preferred	PA
fentanyl td patch 72hr 75 mcg/hr	Non Preferred	PA, QL (0.334 ea per day)
fentanyl td patch 72hr 87.5 mcg/hr	Non Preferred	PA
fentanyl td patch 72hr 100 mcg/hr	Non Preferred	PA, QL (0.334 ea per day)
FENTORA TAB 100MCG	Non Preferred	PA
FENTORA TAB 200MCG	Non Preferred	PA
FENTORA TAB 400MCG	Non Preferred	PA
FENTORA TAB 600MCG	Non Preferred	PA
FENTORA TAB 800MCG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocodone bitartrate tab er 24hr deter 20 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 30 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 40 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 60 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 80 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 100 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone bitartrate tab er 24hr deter 120 mg (generic of HYSINGLA ER)	Non Preferred	PA
hydrocodone cap 10mg er	Non Preferred	PA
hydrocodone cap 15mg er	Non Preferred	PA
hydrocodone cap 20mg er	Non Preferred	PA
hydrocodone cap 30mg er	Non Preferred	PA
hydrocodone cap 40mg er	Non Preferred	PA
hydrocodone cap 50mg er	Non Preferred	PA
HYDROMORPHON SUP 3MG	Preferred	QL (3 ea per day)
hydromorphone hcl liqd 1 mg/ml (generic of DILAUDID)	Preferred	
hydromorphone hcl tab 2 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab 4 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab 8 mg (generic of DILAUDID)	Preferred	QL (12 ea per day)
hydromorphone hcl tab er 24hr 8 mg	Non Preferred	PA
hydromorphone hcl tab er 24hr 12 mg	Non Preferred	PA
hydromorphone hcl tab er 24hr 16 mg	Non Preferred	PA
hydromorphone hcl tab er 24hr 32 mg	Non Preferred	PA
HYSINGLA ER TAB 20 MG	Non Preferred	PA
HYSINGLA ER TAB 30 MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HYSINGLA ER TAB 40 MG	Non Preferred	PA
HYSINGLA ER TAB 60 MG	Non Preferred	PA
HYSINGLA ER TAB 80 MG	Non Preferred	PA
HYSINGLA ER TAB 100 MG	Non Preferred	PA
HYSINGLA ER TAB 120 MG	Non Preferred	PA
<i>levorphanol tartrate tab 2 mg</i>	Non Preferred	PA
<i>levorphanol tartrate tab 3 mg</i>	Non Preferred	PA
<i>meperidine hcl oral soln 50 mg/5ml</i>	Non Preferred	PA, QL (500 mL / 25 days)
<i>meperidine hcl tab 50 mg</i>	Non Preferred	PA, QL (10 ea per day)
<i>methadone hcl conc 10 mg/ml (generic of METHADOSE)</i>	Non Preferred	PA
<i>methadone hcl soln 5 mg/5ml</i>	Non Preferred	PA
<i>methadone hcl soln 10 mg/5ml</i>	Non Preferred	PA
<i>methadone hcl tab 5 mg</i>	Non Preferred	PA
<i>methadone hcl tab 10 mg</i>	Non Preferred	PA
<i>methadone hcl tab for oral susp 40 mg</i>	Non Preferred	PA
METHADOSE CON 10MG/ML	Non Preferred	PA
METHADOSE SF CON 10MG/ML	Non Preferred	PA
<i>methadose tab 40mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Non Preferred	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>morphine sulfate cap er 24hr 10 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	Non Preferred	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	Non Preferred	PA
<i>morphine sulfate oral soln 10 mg/5ml</i>	Preferred	
<i>morphine sulfate oral soln 20 mg/5ml</i>	Preferred	
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Preferred	
<i>morphine sulfate suppos 5 mg</i>	Preferred	
<i>morphine sulfate suppos 10 mg</i>	Preferred	
<i>morphine sulfate suppos 20 mg</i>	Preferred	
<i>morphine sulfate suppos 30 mg</i>	Preferred	
<i>morphine sulfate tab 15 mg</i>	Preferred	QL (3 ea per day)
<i>morphine sulfate tab 30 mg</i>	Preferred	QL (3 ea per day)
<i>morphine sulfate tab er 15 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 30 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 60 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 100 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>morphine sulfate tab er 200 mg (generic of MS CONTIN)</i>	Preferred	PA, QL (3 ea per day)
<i>MS CONTIN TAB 15MG ER</i>	Non Preferred	PA, QL (3 ea per day)
<i>MS CONTIN TAB 30MG ER</i>	Non Preferred	PA, QL (3 ea per day)
<i>MS CONTIN TAB 60MG ER</i>	Non Preferred	PA, QL (3 ea per day)
<i>MS CONTIN TAB 100MG ER</i>	Non Preferred	PA, QL (3 ea per day)
<i>MS CONTIN TAB 200MG ER</i>	Non Preferred	PA, QL (3 ea per day)
<i>NUCYNTA ER TAB 50MG</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NUCYNTA ER TAB 100MG	Non Preferred	PA
NUCYNTA ER TAB 150MG	Non Preferred	PA
NUCYNTA ER TAB 200MG	Non Preferred	PA
NUCYNTA ER TAB 250MG	Non Preferred	PA
NUCYNTA TAB 50MG	Non Preferred	PA
NUCYNTA TAB 75MG	Non Preferred	PA
NUCYNTA TAB 100MG	Non Preferred	PA
OXAYDO TAB 5MG	Non Preferred	PA
OXAYDO TAB 7.5MG	Non Preferred	PA
<i>oxycodone hcl cap 5 mg</i>	Preferred	QL (6 ea per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Preferred	QL (10 mL per day)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Preferred	PA, QL (10 mL per day)
<i>oxycodone hcl soln 5 mg/5ml</i>	Preferred	
<i>oxycodone hcl tab 5 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab 10 mg</i>	Preferred	
<i>oxycodone hcl tab 15 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab 20 mg</i>	Preferred	
<i>oxycodone hcl tab 30 mg (generic of ROXICODONE)</i>	Preferred	
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Non Preferred	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Non Preferred	PA
OXYCONTIN TAB 10MG CR	Non Preferred	PA
OXYCONTIN TAB 15MG CR	Non Preferred	PA
OXYCONTIN TAB 20MG CR	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXYCONTIN TAB 30MG CR	Non Preferred	PA
OXYCONTIN TAB 40MG CR	Non Preferred	PA
OXYCONTIN TAB 60MG CR	Non Preferred	PA
OXYCONTIN TAB 80MG CR	Non Preferred	PA
<i>oxymorphone hcl tab 5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab 10 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 7.5 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 10 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 15 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 20 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 30 mg</i>	Non Preferred	PA
<i>oxymorphone hcl tab er 12hr 40 mg</i>	Non Preferred	PA
ROXICODONE TAB 5MG	Non Preferred	PA
ROXICODONE TAB 15MG	Non Preferred	PA
ROXICODONE TAB 30MG	Non Preferred	PA
<i>tramadol hcl cap er 24hr biphasic release 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl cap er 24hr biphasic release 200 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl cap er 24hr biphasic release 300 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab 50 mg (generic of ULTRAM)</i>	Preferred	PA, QL (8 ea per day); AGE (Min age 18 years)
<i>tramadol hcl tab 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 200 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr 300 mg</i>	Non Preferred	PA; AGE (Min age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
ULTRAM TAB 50MG	Non Preferred	PA, QL (8 ea per day); AGE (Min age 18 years)
XTAMPZA ER CAP 9MG	Non Preferred	PA
XTAMPZA ER CAP 13.5MG	Non Preferred	PA
XTAMPZA ER CAP 18MG	Non Preferred	PA
XTAMPZA ER CAP 27MG	Non Preferred	PA
XTAMPZA ER CAP 36MG	Non Preferred	PA

### ***OPIOID COMBINATIONS***

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	QL (3750 mL / 25 days); AGE (Min age 18 years)
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	PA, QL (3750 mL / 25 days); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 18 years)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	Non Preferred	PA
APADAZ TAB 4.08-325	Non Preferred	PA
APADAZ TAB 6.12-325	Non Preferred	PA
APADAZ TAB 8.16-325	Non Preferred	PA
<i>ascomp/cod cap 30mg</i>	Preferred	PA; AGE (Min age 18 years)
BENZHY/ACETA TAB 4.08-325	Non Preferred	PA
BENZHY/ACETA TAB 6.12-325	Non Preferred	PA
BENZHY/ACETA TAB 8.16-325	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (generic of FIORICET/CODEINE)</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i>	Non Preferred	PA, QL (8 ea per day); AGE (Min age 18 years)
<i>butalbital-aspirin-caff w/ codeine cap 50- 325-40-30 mg</i>	Preferred	PA; AGE (Min age 18 years)
<i>endocet tab 5-325mg (generic of PERCO CET)</i>	Preferred	QL (8 ea per day)
<i>endocet tab 7.5-325 (generic of PERCO CET)</i>	Preferred	QL (6 ea per day)
<i>endocet tab 10-325mg (generic of PERCO CET)</i>	Preferred	QL (6 ea per day)
<i>FIORICET CAP CODEINE</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred	QL (3750 mL / 25 days)
<i>hydrocodone-acetaminophen tab 5-300 mg (generic of XODOL)</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred	QL (10 ea per day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred	QL (6 ea per day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Preferred	PA
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Preferred	QL (20 ea per day)
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Preferred	
<i>LORTAB ELX 10-300MG</i>	Non Preferred	PA
<i>oxycodone w/ acetaminophen tab 2.5-325 mg (generic of PERCO CET)</i>	Preferred	QL (6 ea per day)
<i>oxycodone w/ acetaminophen tab 5-325 mg (generic of PERCO CET)</i>	Preferred	QL (8 ea per day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (generic of PERCO CET)</i>	Preferred	QL (6 ea per day)
<i>oxycodone w/ acetaminophen tab 10-325 mg (generic of PERCO CET)</i>	Preferred	QL (6 ea per day)
<i>PERCO CET TAB 2.5-325</i>	Non Preferred	PA, QL (6 ea per day)
<i>PERCO CET TAB 5-325MG</i>	Non Preferred	PA, QL (8 ea per day)
<i>PERCO CET TAB 7.5-325</i>	Non Preferred	PA, QL (6 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEROCET TAB 10-325MG	Non Preferred	PA, QL (6 ea per day)
<i>tramadol-acetaminophen tab 37.5-325 mg (generic of ULTRACET)</i>	Non Preferred	PA, QL (5 ea per day); AGE (Min age 18 years)
ULTRACET TAB 37.5-325	Non Preferred	PA, QL (5 ea per day); AGE (Min age 18 years)

### ***OPIOID PARTIAL AGONISTS***

BELBUCA MIS 75MCG	Non Preferred	PA
BELBUCA MIS 150MCG	Non Preferred	PA
BELBUCA MIS 300MCG	Non Preferred	PA
BELBUCA MIS 450MCG	Non Preferred	PA
BELBUCA MIS 600MCG	Non Preferred	PA
BELBUCA MIS 750MCG	Non Preferred	PA
BELBUCA MIS 900MCG	Non Preferred	PA
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv) (generic of SUBOXONE)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred	PA, QL (3 ea per day)
<i>buprenorphine td patch weekly 5 mcg/hr (generic of BUTRANS)</i>	Non Preferred	PA
<i>buprenorphine td patch weekly 7.5 mcg/hr (generic of BUTRANS)</i>	Non Preferred	PA
<i>buprenorphine td patch weekly 10 mcg/hr (generic of BUTRANS)</i>	Non Preferred	PA
<i>buprenorphine td patch weekly 15 mcg/hr (generic of BUTRANS)</i>	Non Preferred	PA
<i>buprenorphine td patch weekly 20 mcg/hr (generic of BUTRANS)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Non Preferred	PA
BUTRANS DIS 5MCG/HR	Non Preferred	PA
BUTRANS DIS 7.5/HR	Non Preferred	PA
BUTRANS DIS 10MCG/HR	Non Preferred	PA
BUTRANS DIS 15MCG/HR	Non Preferred	PA
BUTRANS DIS 20MCG/HR	Non Preferred	PA
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Non Preferred	PA
SUBLOCADE INJ 100/0.5	Preferred	SP, PA
SUBLOCADE INJ 300/1.5	Preferred	SP, PA
SUBOXONE MIS 2-0.5MG	Preferred	PA, QL (3 ea per day)
SUBOXONE MIS 4-1MG	Preferred	PA, QL (3 ea per day)
SUBOXONE MIS 8-2MG	Preferred	PA, QL (3 ea per day)
SUBOXONE MIS 12-3MG	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 0.7-0.18	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 1.4-0.36	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 2.9-0.71	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 5.7-1.4	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 8.6-2.1	Preferred	PA, QL (3 ea per day)
ZUBSOLV SUB 11.4-2.9	Preferred	PA, QL (3 ea per day)

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

### **ANDROGENS**

<i>testosterone cypionate im inj in oil 100 mg/ml (generic of DEPO-TESTOSTERONE)</i>	Preferred
<i>testosterone cypionate im inj in oil 200 mg/ml (generic of DEPO-TESTOSTERONE)</i>	Preferred
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Preferred

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

### **INTRARECTAL STEROIDS**

CORTENEMA ENE 100MG	Non Preferred	PA, QL (60 mL per day)
CORTIFOAM AER 90MG	Non Preferred	PA
<i>hydrocortisone enema 100 mg/60ml (generic of CORTENEMA)</i>	Preferred	QL (60 mL per day)
UCERIS AER 2MG/ACT	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>RECTAL COMBINATIONS</b>		
<i>ana-lex kit</i>	Non Preferred	PA
LIDO-HYDRO GEL 2.8-0.55	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	Non Preferred	PA
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	Non Preferred	PA
<i>lidocort cre 3-0.5%</i>	Non Preferred	PA
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i>	Preferred	OTC
PROCTOFOAM AER HC 1%	Non Preferred	PA
<b>RECTAL LOCAL ANESTHETICS</b>		
<i>dibucaine perianal ointment 1%</i>	Preferred	OTC
<b>RECTAL STEROIDS</b>		
<i>ANUSOL-HC CRE 2.5%</i>	Non Preferred	PA
<i>hydrocortisone acetate suppos 25 mg</i>	Non Preferred	PA
<i>hydrocortisone acetate suppos 30 mg</i>	Non Preferred	PA
<i>hydrocortisone perianal cream 1% (generic of PROCTOCORT)</i>	Preferred	
<i>hydrocortisone perianal cream 2.5% (generic of ANUSOL-HC)</i>	Preferred	
<i>procto-med cre hc 2.5% (generic of ANUSOL-HC)</i>	Preferred	
<i>proctosol hc cre 2.5% (generic of ANUSOL-HC)</i>	Preferred	
<i>protozone cre -hc 2.5% (generic of ANUSOL-HC)</i>	Preferred	
<b>VASODILATING AGENTS</b>		
RECTIV OIN 0.4%	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>
<b>ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID</b>	
<b>ANTACID COMBINATIONS</b>	
<i>alum &amp; mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Preferred OTC
<i>alum &amp; mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Preferred OTC
<i>alum &amp; mag hydroxide-simethicone susp 400-400-40 mg/5ml</i>	Preferred OTC
<i>aluminum hydroxide-magnesium carbonate chew tab 160-105 mg</i>	Preferred OTC
<i>aluminum hydroxide-magnesium carbonate susp 95-358 mg/15ml</i>	Preferred OTC
<b>ANTACIDS - BICARBONATE</b>	
<i>sodium bicarbonate tab 325 mg</i>	Preferred OTC
<i>sodium bicarbonate tab 650 mg</i>	Preferred OTC
<b>ANTACIDS - CALCIUM SALTS</b>	
<i>CALCIUM CARB TAB 648MG</i>	Preferred OTC
<i>calcium carbonate (antacid) chew tab 500 mg</i>	Preferred OTC
<i>calcium carbonate (antacid) chew tab 750 mg</i>	Preferred OTC
<i>calcium carbonate (antacid) chew tab 1000 mg</i>	Preferred OTC
<i>calcium carbonate (antacid) susp 1250 mg/5ml</i>	Preferred OTC
<b>ANTACIDS - MAGNESIUM SALTS</b>	
<i>magnesium oxide tab 400 mg</i>	Preferred OTC
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>	
<b>ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES</b>	
<i>albendazole tab 200 mg (generic of ALBENZA)</i>	Non PA Preferred
<i>ALBENZA TAB 200MG</i>	Non PA Preferred
<i>BENZNIDAZOLE TAB 12.5MG</i>	Non PA Preferred
<i>BENZNIDAZOLE TAB 100MG</i>	Non PA Preferred
<i>BILTRICIDE TAB 600MG</i>	Non PA Preferred
<i>EMVERM CHW 100MG</i>	Non PA Preferred
<i>ivermectin tab 3 mg (generic of STROMECTOL)</i>	Non PA, QL (10 ea per day) Preferred
<i>praziquantel tab 600 mg (generic of BILTRICIDE)</i>	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
STROMECTOL TAB 3MG	Non Preferred	PA, QL (10 ea per day)
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS</b>		
AEMCOLO TAB 194MG	Non Preferred	PA
FLAGYL CAP 375MG	Non Preferred	PA
<i>metronidazole cap 375 mg (generic of FLAGYL)</i>	Non Preferred	PA
<i>metronidazole tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>metronidazole tab 500 mg</i>	Preferred	QL (4 ea per day)
NEBUPENT INH 300MG	Preferred	
<i>pentamidine isethionate for nebulization soln 300 mg (generic of NEBUPENT)</i>	Preferred	
<i>tinidazole tab 250 mg</i>	Non Preferred	PA
<i>tinidazole tab 500 mg</i>	Non Preferred	PA
<i>trimethoprim tab 100mg</i>	Preferred	QL (6 ea per day)
XIFAXAN TAB 200MG	Non Preferred	PA
XIFAXAN TAB 550MG	Non Preferred	PA
<b>ANTI-INFECTIVE MISC. - COMBINATIONS</b>		
BACTRIM DS TAB 800-160	Non Preferred	PA, QL (4 ea per day)
BACTRIM TAB 400-80MG	Non Preferred	PA, QL (4 ea per day)
<i>hyophen tab</i>	Non Preferred	PA
<i>me/naphos(mb tab hyo 1</i>	Non Preferred	PA
<i>phosphasal tab</i>	Non Preferred	PA
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Preferred	QL (4 ea per day)
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Preferred	QL (4 ea per day)
<i>sulfatrim pd sus 200-40/5</i>	Preferred	QL (40 mL per day)
<i>uro-458 tab</i>	Non Preferred	PA
<i>uro-mp cap 118mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UROGESIC- TAB BLUE	Non Preferred	PA
<i>ustell cap</i>	Non Preferred	PA
<b>ANTIPROTOZOAL AGENTS</b>		
<i>atovaquone susp 750 mg/5ml (generic of MEPRON)</i>	Preferred	
LAMPIT TAB 30MG	Non Preferred	PA
LAMPIT TAB 120MG	Non Preferred	PA
MEPRON SUS	Non Preferred	PA
<i>nitazoxanide tab 500 mg (generic of ALINIA)</i>	Non Preferred	PA
<b>CARBAPENEMS</b>		
<i>ertapenem sodium for inj 1 gm (base equivalent) (generic of INVANZ)</i>	Preferred	
<i>meropenem iv for soln 1 gm</i>	Preferred	
<i>meropenem iv for soln 500 mg</i>	Preferred	
<b>GLYCOPEPTIDES</b>		
FIRVANQ SOL 25MG/ML	Non Preferred	PA, QL (40 mL per day)
FIRVANQ SOL 50MG/ML	Non Preferred	PA, QL (40 mL per day)
VANCOCIN CAP 125MG	Non Preferred	PA
VANCOCIN CAP 250MG	Non Preferred	PA
<i>vancomycin hcl cap 125 mg (base equivalent) (generic of VANCOCIN)</i>	Preferred	
<i>vancomycin hcl cap 250 mg (base equivalent) (generic of VANCOCIN)</i>	Preferred	
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Preferred	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Preferred	
VANCOMYCIN INJ 250MG	Preferred	
<i>vancomycin inj 750mg</i>	Preferred	
<i>vancomycin sol 1.5gm</i>	Preferred	
VANCOMYCIN SOL 1.25GM	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VANCOMYCIN SOL 250/5ML	Preferred	QL (40 mL per day)
<b>LEPROSTATICS</b>		
dapsone tab 25 mg	Preferred	QL (4 ea per day)
dapsone tab 100 mg	Preferred	QL (3 ea per day)
<b>LINCOSAMIDES</b>		
CLEOCIN CAP 75MG	Non Preferred	PA
CLEOCIN CAP 150MG	Non Preferred	PA, QL (8 ea per day)
CLEOCIN CAP 300MG	Non Preferred	PA, QL (6 ea per day)
CLEOCIN PED SOL 75MG/5ML	Non Preferred	PA
<i>clindamycin hcl cap 75 mg (generic of CLEOCIN)</i>	Preferred	
<i>clindamycin hcl cap 150 mg (generic of CLEOCIN)</i>	Preferred	QL (8 ea per day)
<i>clindamycin hcl cap 300 mg (generic of CLEOCIN)</i>	Preferred	QL (6 ea per day)
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv) (generic of CLEOCIN PEDIATRIC GRANULE)</i>	Preferred	
<b>MONOBACTAMS</b>		
CAYSTON INH 75MG	Non Preferred	SP, PA
<b>OXAZOLIDINONES</b>		
<i>linezolid for susp 100 mg/5ml (generic of ZYVOX)</i>	Non Preferred	PA
<i>linezolid tab 600 mg (generic of ZYVOX)</i>	Non Preferred	PA
SIVEXTRO TAB 200MG	Non Preferred	PA
ZYVOX SUS 100MG/5M	Non Preferred	PA
ZYVOX TAB 600MG	Non Preferred	PA
<b>PLEUROMUTILINS</b>		
XENLETA TAB 600MG	Non Preferred	PA
<b>URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS</b>		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent) (generic of MONUROL)</i>	Preferred	
MACROBID CAP 100MG	Non Preferred	PA, QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
MACRODANTIN CAP 25MG	Non Preferred	PA	
MACRODANTIN CAP 50MG	Non Preferred	PA, QL (2 ea per day)	
MACRODANTIN CAP 100MG	Non Preferred	PA, QL (4 ea per day)	
<i>methenamine hippurate tab 1 gm</i>	Preferred		
<i>methenamine mandelate tab 0.5 gm</i>	Preferred		
<i>methenamine mandelate tab 1 gm</i>	Preferred		
MONUROL PAK GRANULES	Preferred		
<i>nitrofurantoin macrocrystalline cap 25 mg</i> (generic of MACRODANTIN)	Preferred		
<i>nitrofurantoin macrocrystalline cap 50 mg</i> (generic of MACRODANTIN)	Preferred	QL (2 ea per day)	
<i>nitrofurantoin macrocrystalline cap 100 mg</i> (generic of MACRODANTIN)	Preferred	QL (4 ea per day)	
<i>nitrofurantoin monohydrate</i>	Preferred	QL (2 ea per day)	
<i>macrocrystalline cap 100 mg</i> (generic of MACROBID)			
<i>nitrofurantoin susp 25 mg/5ml</i>	Preferred	QL (40 mL per day)	

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

### **ANTIANGINALS-OTHER**

RANEXA TAB 500MG	Non Preferred	PA, QL (2 ea per day)	
RANEXA TAB 1000MG	Non Preferred	PA, QL (2 ea per day)	
<i>ranolazine tab er 12hr 500 mg</i> (generic of RANEXA)	Non Preferred	PA, QL (2 ea per day)	
<i>ranolazine tab er 12hr 1000 mg</i> (generic of RANEXA)	Non Preferred	PA, QL (2 ea per day)	

### **NITRATES**

GONITRO POW 400MCG	Non Preferred	PA	
ISORDIL TAB 5MG	Non Preferred	PA, QL (4 ea per day)	
ISORDIL TAB 40MG	Non Preferred	PA	
<i>isosorbide dinitrate tab 5 mg</i> (generic of ISORDIL TITRADOSE)	Preferred	QL (4 ea per day)	
<i>isosorbide dinitrate tab 10 mg</i>	Preferred	QL (4 ea per day)	
<i>isosorbide dinitrate tab 20 mg</i>	Preferred	QL (6 ea per day)	
<i>isosorbide dinitrate tab 30 mg</i>	Preferred	QL (4 ea per day)	
<i>isosorbide dinitrate tab 40 mg</i> (generic of ISORDIL TITRADOSE)	Preferred		
<i>isosorbide mononitrate tab 10 mg</i>	Preferred	QL (3 ea per day)	
<i>isosorbide mononitrate tab 20 mg</i>	Preferred	QL (2 ea per day)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Preferred	QL (2 ea per day)
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Preferred	QL (2 ea per day)
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Preferred	QL (2 ea per day)
NITRO-BID OIN 2%	Preferred	
NITRO-DUR DIS 0.1MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.2MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.3MG/HR	Non Preferred	PA
NITRO-DUR DIS 0.4MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.6MG/HR	Non Preferred	PA, QL (1 ea per day)
NITRO-DUR DIS 0.8MG/HR	Non Preferred	PA
<i>nitroglycerin sl tab 0.3 mg (generic of NITROSTAT)</i>	Preferred	QL (10 ea per day)
<i>nitroglycerin sl tab 0.4 mg (generic of NITROSTAT)</i>	Preferred	QL (10 ea per day)
<i>nitroglycerin sl tab 0.6 mg (generic of NITROSTAT)</i>	Preferred	QL (10 ea per day)
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Preferred	QL (1 ea per day)
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray) (generic of NITROLINGUAL PUMPSPRAY)</i>	Non Preferred	PA
NITROLINGUAL SPR PUMPSPRA	Non Preferred	PA
NITROSTAT SUB 0.3MG	Non Preferred	PA, QL (10 ea per day)
NITROSTAT SUB 0.4MG	Non Preferred	PA, QL (10 ea per day)
NITROSTAT SUB 0.6MG	Non Preferred	PA, QL (10 ea per day)

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

### **ANTIANXIETY AGENTS - MISC.**

<i>buspirone hcl tab 5 mg</i>	Preferred	QL (8 ea per day)
<i>buspirone hcl tab 7.5 mg</i>	Preferred	
<i>buspirone hcl tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>buspirone hcl tab 15 mg</i>	Preferred	QL (4 ea per day)
<i>buspirone hcl tab 30 mg</i>	Preferred	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>hydroxyzine hcl tab 10 mg</i>	Preferred	QL (8 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydroxyzine hcl tab 25 mg	Preferred	QL (8 ea per day)
hydroxyzine hcl tab 50 mg	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 25 mg	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 50 mg (generic of VISTARIL)	Preferred	QL (8 ea per day)
hydroxyzine pamoate cap 100 mg	Preferred	QL (4 ea per day)
meprobamate tab 200 mg	Non Preferred	PA
meprobamate tab 400 mg	Non Preferred	PA
VISTARIL CAP 25MG	Non Preferred	PA, QL (8 ea per day)
VISTARIL CAP 50MG	Non Preferred	PA, QL (8 ea per day)

### **BENZODIAZEPINES**

ALPRAZOLAM CON 1 MG/ML	Preferred	
alprazolam orally disintegrating tab 0.5 mg	Non Preferred	PA
alprazolam orally disintegrating tab 0.25 mg	Non Preferred	PA
alprazolam orally disintegrating tab 1 mg	Non Preferred	PA
alprazolam orally disintegrating tab 2 mg	Non Preferred	PA
alprazolam tab 0.5 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 0.5mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 0.25 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 1 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 1mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 2 mg (generic of XANAX)	Preferred	QL (3 ea per day)
alprazolam tab 2mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab 3mg xr (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 0.5 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 1 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 2 mg (generic of XANAX XR)	Non Preferred	PA
alprazolam tab er 24hr 3 mg (generic of XANAX XR)	Non Preferred	PA
ATIVAN TAB 0.5MG	Non Preferred	PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ATIVAN TAB 1MG	Non Preferred	PA, QL (3 ea per day)
ATIVAN TAB 2MG	Non Preferred	PA, QL (3 ea per day)
<i>chlordiazepoxide hcl cap 5 mg</i>	Preferred	QL (3 ea per day)
<i>chlordiazepoxide hcl cap 10 mg</i>	Preferred	QL (3 ea per day)
<i>chlordiazepoxide hcl cap 25 mg</i>	Preferred	QL (3 ea per day)
<i>clorazepate dipotassium tab 3.75 mg</i>	Preferred	QL (3 ea per day)
<i>clorazepate dipotassium tab 7.5 mg</i>	Preferred	QL (4 ea per day)
<i>clorazepate dipotassium tab 15 mg</i>	Preferred	QL (3 ea per day)
<i>diazepam conc 5 mg/ml</i>	Preferred	QL (3 mL per day)
<i>diazepam oral soln 1 mg/ml</i>	Preferred	QL (4 mL per day)
<i>diazepam tab 2 mg (generic of VALIUM)</i>	Preferred	QL (3 ea per day)
<i>diazepam tab 5 mg (generic of VALIUM)</i>	Preferred	QL (3 ea per day)
<i>diazepam tab 10 mg (generic of VALIUM)</i>	Preferred	QL (3 ea per day)
<i>lorazepam conc 2 mg/ml</i>	Preferred	QL (3 mL per day)
<i>lorazepam tab 0.5 mg (generic of ATIVAN)</i>	Preferred	QL (3 ea per day)
<i>lorazepam tab 1 mg (generic of ATIVAN)</i>	Preferred	QL (3 ea per day)
<i>lorazepam tab 2 mg (generic of ATIVAN)</i>	Preferred	QL (3 ea per day)
LOREEV XR CAP 1MG	Non Preferred	PA
LOREEV XR CAP 2MG	Non Preferred	PA
LOREEV XR CAP 3MG	Non Preferred	PA
<i>oxazepam cap 10 mg</i>	Preferred	QL (3 ea per day)
<i>oxazepam cap 15 mg</i>	Preferred	QL (3 ea per day)
<i>oxazepam cap 30 mg</i>	Preferred	QL (4 ea per day)
TRANXENE T TAB 7.5MG	Non Preferred	PA, QL (4 ea per day)
XANAX TAB 0.5MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 0.25MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 1MG	Non Preferred	PA, QL (3 ea per day)
XANAX TAB 2MG	Non Preferred	PA, QL (3 ea per day)
XANAX XR TAB 0.5MG	Non Preferred	PA
XANAX XR TAB 1MG	Non Preferred	PA
XANAX XR TAB 2MG	Non Preferred	PA
XANAX XR TAB 3MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>			
<b>ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS</b>				
<b>ANTIARRHYTHMICS TYPE I-A</b>				
<i>disopyramide phosphate cap 100 mg (generic of NORPACE)</i>	Preferred	QL (8 ea per day)		
<i>disopyramide phosphate cap 150 mg (generic of NORPACE)</i>	Preferred	QL (5 ea per day)		
NORPACE CAP 100MG	Non Preferred	PA, QL (8 ea per day)		
NORPACE CAP 100MG CR	Preferred			
NORPACE CAP 150MG	Non Preferred	PA, QL (5 ea per day)		
NORPACE CAP 150MG CR	Preferred			
<i>quinidine gluconate tab er 324 mg</i>	Preferred			
<i>quinidine sulfate tab 200 mg</i>	Preferred			
<i>quinidine sulfate tab 300 mg</i>	Preferred	QL (8 ea per day)		
<b>ANTIARRHYTHMICS TYPE I-B</b>				
<i>mexiletine hcl cap 150 mg</i>	Preferred	QL (6 ea per day)		
<i>mexiletine hcl cap 200 mg</i>	Preferred	QL (6 ea per day)		
<i>mexiletine hcl cap 250 mg</i>	Preferred	QL (6 ea per day)		
<b>ANTIARRHYTHMICS TYPE I-C</b>				
<i>flecainide acetate tab 50 mg</i>	Preferred	QL (7 ea per day)		
<i>flecainide acetate tab 100 mg</i>	Preferred	QL (6 ea per day)		
<i>flecainide acetate tab 150 mg</i>	Preferred	QL (3 ea per day)		
<i>propafenone hcl cap er 12hr 225 mg (generic of RYTHMOL SR)</i>	Non Preferred	PA		
<i>propafenone hcl cap er 12hr 325 mg (generic of RYTHMOL SR)</i>	Non Preferred	PA		
<i>propafenone hcl cap er 12hr 425 mg (generic of RYTHMOL SR)</i>	Non Preferred	PA		
<i>propafenone hcl tab 150 mg</i>	Preferred	QL (6 ea per day)		
<i>propafenone hcl tab 225 mg</i>	Preferred	QL (3 ea per day)		
<i>propafenone hcl tab 300 mg</i>	Preferred	QL (3 ea per day)		
RYTHMOL SR CAP 225MG	Non Preferred	PA		
RYTHMOL SR CAP 325MG	Non Preferred	PA		
RYTHMOL SR CAP 425MG	Non Preferred	PA		
<b>ANTIARRHYTHMICS TYPE III</b>				
<i>amiodarone hcl tab 100 mg</i>	Preferred			
<i>amiodarone hcl tab 200 mg</i>	Preferred	QL (4 ea per day)		
<i>amiodarone hcl tab 400 mg</i>	Preferred			
<i>dofetilide cap 125 mcg (0.125 mg) (generic of TIKOSYN)</i>	Preferred			
<i>dofetilide cap 250 mcg (0.25 mg) (generic of TIKOSYN)</i>	Preferred			

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dofetilide cap 500 mcg (0.5 mg) (generic of TIKOSYN)</i>	Preferred	
MULTAQ TAB 400MG	Non Preferred	PA
<i>pacerone tab 100mg</i>	Preferred	
<i>pacerone tab 200mg</i>	Preferred	QL (4 ea per day)
<i>pacerone tab 400mg</i>	Preferred	
TIKOSYN CAP 125MCG	Non Preferred	PA
TIKOSYN CAP 250MCG	Non Preferred	PA
TIKOSYN CAP 500MCG	Non Preferred	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>	Preferred	QL (26 mL per day)
--------------------------------------------	-----------	--------------------

### **ANTIASTHMATIC - MONOCLONAL ANTIBODIES**

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

### **BRONCHODILATORS - ANTICHOLINERGICS**

ATROVENT HFA AER 17MCG	Preferred	QL (12.9 gm / 25 days)
INCRUSE ELPT INH 62.5MCG	Preferred	QL (1 ea per day)
<i>ipratropium bromide inhal soln 0.02%</i>	Preferred	QL (10 mL per day)
LONHALA MAGN SOL 25MCG	Non Preferred	PA
SPIRIVA AER 1.25MCG	Preferred	AGE (Min age 6 years and Max age 17 years)
SPIRIVA CAP HANDIHLR	Preferred	
SPIRIVA SPR 2.5MCG	Preferred	
TUDORZA PRES AER 400/ACT	Non Preferred	PA
YUPELRI SOL	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LEUKOTRIENE MODULATORS</b>		
ACCOLATE TAB 10MG	Non Preferred	PA
ACCOLATE TAB 20MG	Non Preferred	PA
<i>montelukast sodium chew tab 4 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
<i>montelukast sodium chew tab 5 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
<i>montelukast sodium oral granules packet 4 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	
<i>montelukast sodium tab 10 mg (base equiv) (generic of SINGULAIR)</i>	Preferred	QL (1 ea per day)
SINGULAIR CHW 4MG	Non Preferred	PA, QL (1 ea per day)
SINGULAIR CHW 5MG	Non Preferred	PA, QL (1 ea per day)
SINGULAIR GRA 4MG	Non Preferred	PA
SINGULAIR TAB 10MG	Non Preferred	PA, QL (1 ea per day)
<i>zafirlukast tab 10 mg (generic of ACCOLATE)</i>	Preferred	
<i>zafirlukast tab 20 mg (generic of ACCOLATE)</i>	Preferred	
<i>zileuton tab er 12hr 600 mg</i>	Non Preferred	PA
ZYFLO TAB 600MG	Non Preferred	PA
<b>SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS</b>		
DALIRESP TAB 250MCG	Non Preferred	PA
DALIRESP TAB 500MCG	Non Preferred	PA
<b>STEROID INHALANTS</b>		
ALVESCO AER 80MCG	Non Preferred	PA
ALVESCO AER 160MCG	Non Preferred	PA
ARMONAIR DIG AER 55MCG	Non Preferred	PA
ARMONAIR DIG AER 113MCG	Non Preferred	PA
ARMONAIR DIG AER 232MCG	Non Preferred	PA
ARNUITY ELPT INH 50MCG	Non Preferred	PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ARNUITY ELPT INH 100MCG	Non Preferred	PA, QL (1 ea per day)	
ARNUITY ELPT INH 200MCG	Non Preferred	PA, QL (1 ea per day)	
ASMANEX 14 AER 220MCG	Preferred		
ASMANEX 30 AER 110MCG	Preferred		
ASMANEX 30 AER 220MCG	Preferred		
ASMANEX 60 AER 220MCG	Preferred		
ASMANEX 120 AER 220MCG	Preferred		
ASMANEX HFA AER 50MCG	Non Preferred	PA	
ASMANEX HFA AER 100 MCG	Non Preferred	PA	
ASMANEX HFA AER 200 MCG	Non Preferred	PA	
<i>budesonide inhalation susp 0.5 mg/2ml (generic of PULMICORT)</i>	Preferred	QL (4 mL per day); AGE (Max age 7 years)	
<i>budesonide inhalation susp 0.25 mg/2ml (generic of PULMICORT)</i>	Preferred	QL (4 mL per day); AGE (Max age 7 years)	
<i>budesonide inhalation susp 1 mg/2ml (generic of PULMICORT)</i>	Preferred	AGE (Max age 7 years)	
FLOVENT DISK AER 50MCG	Preferred		
FLOVENT DISK AER 100MCG	Preferred		
FLOVENT DISK AER 250MCG	Preferred		
FLOVENT HFA AER 44MCG	Preferred	QL (0.354 gm per day)	
FLOVENT HFA AER 110MCG	Preferred	QL (0.4 gm per day)	
FLOVENT HFA AER 220MCG	Preferred		
PULMICORT INH 90MCG	Non Preferred	PA	
PULMICORT INH 180MCG	Non Preferred	PA	
PULMICORT SUS 0.5MG/2	Non Preferred	PA, QL (4 mL per day); AGE (Max age 7 years)	
PULMICORT SUS 0.25MG/2	Non Preferred	PA, QL (4 mL per day); AGE (Max age 7 years)	
PULMICORT SUS 1MG/2ML	Non Preferred	PA; AGE (Max age 7 years)	
QVAR REDIHA AER 80MCG	Non Preferred	PA, QL (0.354 gm per day)	
QVAR REDIHAL AER 40MCG	Non Preferred	PA, QL (0.354 gm per day)	

### **SYMPATHOMIMETICS**

ADVAIR DISKU AER 100/50	Preferred	QL (2 ea per day)
ADVAIR DISKU AER 250/50	Preferred	QL (2 ea per day)
ADVAIR DISKU AER 500/50	Preferred	QL (2 ea per day)
ADVAIR HFA AER 45/21	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ADVAIR HFA AER 115/21	Preferred		
ADVAIR HFA AER 230/21	Preferred		
AIRDUO DGHLR INH 55-14	Preferred		
AIRDUO DGHLR INH 113-14	Preferred		
AIRDUO DGHLR INH 232-14	Preferred		
AIRDUO RESPI INH 55-14	Preferred	QL (0.04 ea per day)	
AIRDUO RESPI INH 113-14	Preferred	QL (0.04 ea per day)	
AIRDUO RESPI INH 232-14	Preferred	QL (0.04 ea per day)	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Preferred		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROAIR HFA)</i>	Preferred		
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (generic of PROVENTIL HFA)</i>	Preferred		
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Preferred	QL (6 ea per day)	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Preferred	QL (12 mL per day)	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Preferred	QL (10 mL per day)	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Preferred	QL (9 mL per day)	
<i>albuterol sulfate syrup 2 mg/5ml</i>	Preferred	QL (150 mL per day)	
<i>albuterol sulfate tab 2 mg</i>	Non Preferred	PA	
<i>albuterol sulfate tab 4 mg</i>	Non Preferred	PA, QL (8 ea per day)	
ANORO ELLIPT AER 62.5-25	Preferred	QL (2 ea per day)	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) (generic of BROVANA)</i>	Non Preferred	PA	
BEVESPI AER 9-4.8MCG	Non Preferred	PA	
BREO ELLIPTA INH 100-25	Non Preferred	PA	
BREO ELLIPTA INH 200-25	Non Preferred	PA	
BREZTRI AERO AER SPHERE	Non Preferred	PA	
BREZTRI AERO AER SPHERE	Non Preferred	PA	
BROVANA NEB 15MCG	Non Preferred	PA	
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Non Preferred	PA, QL (10.2 gm / 25 days)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Non Preferred	PA, QL (10.2 gm / 25 days)
COMBIVENT AER 20-100	Non Preferred	PA
DUAKLIR AER 400/12	Non Preferred	PA
DULERA AER 50-5MCG	Preferred	
DULERA AER 100-5MCG	Preferred	
DULERA AER 200-5MCG	Preferred	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	Non Preferred	PA, QL (0.04 ea per day)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose (generic of ADVAIR DISKUS)</i>	Non Preferred	PA, QL (2 ea per day)
<i>formoterol fumarate soln nebu 20 mcg/2ml (generic of PERFOROMIST)</i>	Non Preferred	PA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	QL (360 mL / 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv) (generic of XOPENEX)</i>	Preferred	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) (generic of XOPENEX CONCENTRATE)</i>	Preferred	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Preferred	
PERFOROMIST NEB 20MCG	Non Preferred	PA
PROAIR DIGIH AER	Non Preferred	PA
PROAIR HFA AER	Preferred	QL (8.5 gm / 25 days)
PROAIR RESPI AER	Non Preferred	PA
PROVENTIL AER HFA	Preferred	
PROVENTIL AER HFA	Preferred	QL (6.7 gm / 25 days)
SEREVENT DIS AER 50MCG	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
STIOLTO AER 2.5-2.5	Non	PA	
	Preferred		
STRIVERDI AER 2.5MCG	Non	PA, QL (2 gm per day)	
	Preferred		
SYMBICORT AER 80-4.5	Preferred	QL (10.2 gm / 25 days)	
SYMBICORT AER 160-4.5	Preferred	QL (10.2 gm / 25 days)	
<i>terbutaline sulfate tab 2.5 mg</i>	Preferred	QL (8 ea per day)	
<i>terbutaline sulfate tab 5 mg</i>	Preferred	QL (6 ea per day)	
TRELEGY AER ELLIPTA	Non	PA	
	Preferred		
TRELEGY AER ELLIPTA	Non	PA	
	Preferred		
VENTOLIN HFA AER	Preferred		
<i>wixela inhbaer 100/50 (generic of ADVAIR DISKUS)</i>	Non	PA, QL (2 ea per day)	
	Preferred		
<i>wixela inhbaer 250/50 (generic of ADVAIR DISKUS)</i>	Non	PA, QL (2 ea per day)	
	Preferred		
<i>wixela inhbaer 500/50 (generic of ADVAIR DISKUS)</i>	Non	PA, QL (2 ea per day)	
	Preferred		
XOPENEX CONC NEB 1.25/0.5	Non	PA	
	Preferred		
XOPENEX HFA AER	Preferred		
XOPENEX NEB 0.31MG	Non	PA	
	Preferred		
XOPENEX NEB 0.63MG	Non	PA	
	Preferred		
XOPENEX NEB 1.25/3ML	Non	PA	
	Preferred		

### **XANTHINES**

THEO-24 CAP 100MG CR	Preferred	
THEO-24 CAP 200MG CR	Preferred	
THEO-24 CAP 300MG CR	Preferred	
THEO-24 CAP 400MG ER	Preferred	
<i>theophylline soln 80 mg/15ml</i>	Preferred	
<i>theophylline tab er 12hr 300 mg</i>	Preferred	QL (4 ea per day)
<i>theophylline tab er 12hr 450 mg</i>	Preferred	QL (2 ea per day)
<i>theophylline tab er 24hr 400 mg</i>	Preferred	QL (3 ea per day)
<i>theophylline tab er 24hr 600 mg</i>	Preferred	QL (3 ea per day)

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

#### **COUMARIN ANTICOAGULANTS**

<i>warfarin sodium tab 1 mg</i>	Preferred	QL (10 ea per day)
<i>warfarin sodium tab 2 mg</i>	Preferred	QL (10 ea per day)
<i>warfarin sodium tab 2.5 mg</i>	Preferred	QL (10 ea per day)
<i>warfarin sodium tab 3 mg</i>	Preferred	QL (10 ea per day)
<i>warfarin sodium tab 4 mg</i>	Preferred	QL (10 ea per day)
<i>warfarin sodium tab 5 mg</i>	Preferred	QL (10 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
warfarin sodium tab 6 mg	Preferred	QL (10 ea per day)
warfarin sodium tab 7.5 mg	Preferred	QL (10 ea per day)
warfarin sodium tab 10 mg	Preferred	QL (10 ea per day)

#### **DIRECT FACTOR XA INHIBITORS**

ELIQUIS ST P TAB 5MG	Preferred	PA
ELIQUIS TAB 2.5MG	Preferred	PA
ELIQUIS TAB 5MG	Preferred	PA
SAVAYSA TAB 15MG	Non Preferred	PA
SAVAYSA TAB 30MG	Non Preferred	PA
SAVAYSA TAB 60MG	Non Preferred	PA
XARELTO STAR TAB 15/20MG	Preferred	PA
XARELTO SUS 1MG/ML	Non Preferred	PA
XARELTO TAB 2.5MG	Preferred	PA
XARELTO TAB 10MG	Preferred	PA, QL (1 ea per day)
XARELTO TAB 15MG	Preferred	PA, QL (2 ea per day)
XARELTO TAB 20MG	Preferred	PA, QL (1 ea per day)

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

ARIXTRA INJ 2.5/0.5	Non Preferred	PA
ARIXTRA INJ 5/0.4ML	Non Preferred	PA
ARIXTRA INJ 7.5/0.6	Non Preferred	PA
ARIXTRA INJ 10/0.8ML	Non Preferred	PA
enoxaparin sodium inj 30 mg/0.3ml (generic of LOVENOX)	Preferred	QL (0.6 mL per day)
enoxaparin sodium inj 40 mg/0.4ml (generic of LOVENOX)	Preferred	QL (0.8 mL per day)
enoxaparin sodium inj 100 mg/ml (generic of LOVENOX)	Preferred	QL (2 mL per day)
enoxaparin sodium inj 120 mg/0.8ml (generic of LOVENOX)	Preferred	QL (1.6 mL per day)
enoxaparin sodium inj 150 mg/ml (generic of LOVENOX)	Preferred	QL (2 mL per day)
enoxaparin sodium inj 300 mg/3ml (generic of LOVENOX)	Preferred	
enoxaparin sodium subcutaneous soln 60 mg/0.6ml (generic of LOVENOX)	Preferred	QL (1.2 mL per day)
enoxaparin sodium subcutaneous soln 80 mg/0.8ml (generic of LOVENOX)	Preferred	QL (1.6 mL per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml (generic of ARIXTRA)</i>	Preferred	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml (generic of ARIXTRA)</i>	Preferred	
FRAGMIN INJ 2500/0.2	Preferred	
FRAGMIN INJ 5000/0.2	Preferred	
FRAGMIN INJ 7500/0.3	Preferred	
FRAGMIN INJ 10000/ML	Preferred	
FRAGMIN INJ 12500UNT	Preferred	
FRAGMIN INJ 15000UNT	Preferred	
FRAGMIN INJ 18000UNT	Preferred	
FRAGMIN INJ 95000UNT	Preferred	
HEPARIN SOD INJ 5000/0.5	Preferred	
HEPARIN SOD INJ 5000/ML	Preferred	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Preferred	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Preferred	
LOVENOX INJ 30/0.3ML	Non Preferred	PA, QL (0.6 mL per day)
LOVENOX INJ 40/0.4ML	Non Preferred	PA, QL (0.8 mL per day)
LOVENOX INJ 60/0.6ML	Non Preferred	PA, QL (1.2 mL per day)
LOVENOX INJ 80/0.8ML	Non Preferred	PA, QL (1.6 mL per day)
LOVENOX INJ 100MG/ML	Non Preferred	PA, QL (2 mL per day)
LOVENOX INJ 120/0.8	Non Preferred	PA, QL (1.6 mL per day)
LOVENOX INJ 150MG/ML	Non Preferred	PA, QL (2 mL per day)
LOVENOX INJ 300/3ML	Non Preferred	PA

### **THROMBIN INHIBITORS**

PRADAXA CAP 75MG	Non Preferred	PA
PRADAXA CAP 110MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRADAXA CAP 150MG	Non Preferred	PA

## **ANTICONVULSANTS - DRUGS TO TREAT SEIZURES**

### **AMPA GLUTAMATE RECEPTOR ANTAGONISTS**

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

### **ANTICONVULSANTS - BENZODIAZEPINES**

clobazam suspension 2.5 mg/ml (generic of ONFI)	Non Preferred	PA
clobazam tab 10 mg (generic of ONFI)	Non Preferred	PA, QL (2 ea per day)
clobazam tab 20 mg (generic of ONFI)	Non Preferred	PA, QL (2 ea per day)
clonazepam orally disintegrating tab 0.5 mg	Non Preferred	PA
clonazepam orally disintegrating tab 0.25 mg	Non Preferred	PA
clonazepam orally disintegrating tab 0.125 mg	Non Preferred	PA
clonazepam orally disintegrating tab 1 mg	Non Preferred	PA
clonazepam orally disintegrating tab 2 mg	Non Preferred	PA
clonazepam tab 0.5 mg (generic of KLONOPI	Preferred	QL (10 ea per day)
clonazepam tab 1 mg (generic of KLONOPI	Preferred	QL (10 ea per day)
clonazepam tab 2 mg (generic of KLONOPI	Preferred	QL (10 ea per day)
DIASTAT ACDL GEL 5-10MG	Preferred	QL (0.2 ea per day)
DIASTAT ACDL GEL 12.5-20	Preferred	QL (0.2 ea per day)
DIASTAT PED GEL 2.5M GEL	Preferred	QL (0.2 ea per day)
diazepam rectal gel delivery system 2.5 mg	Preferred	QL (0.2 ea per day)
diazepam rectal gel delivery system 10 mg	Preferred	QL (0.2 ea per day)

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diazepam rectal gel delivery system 20 mg</i>		Preferred	QL (0.2 ea per day)
KLONOPIN TAB 0.5MG		Non Preferred	PA, QL (10 ea per day)
KLONOPIN TAB 1MG		Non Preferred	PA, QL (10 ea per day)
KLONOPIN TAB 2MG		Non Preferred	PA, QL (10 ea per day)
NAYZILAM SPR 5MG		Non Preferred	PA
ONFI SUS 2.5MG/ML		Non Preferred	PA
ONFI TAB 10MG		Non Preferred	PA, QL (2 ea per day)
ONFI TAB 20MG		Non Preferred	PA, QL (2 ea per day)
SYMPAZAN MIS 5MG		Non Preferred	PA
SYMPAZAN MIS 10MG		Non Preferred	PA
SYMPAZAN MIS 20MG		Non Preferred	PA
VALTOCO SPR 5MG		Non Preferred	PA, QL (10 ea / 25 days)
VALTOCO SPR 10MG		Non Preferred	PA, QL (10 ea / 26 days)
VALTOCO SPR 15MG		Non Preferred	PA, QL (10 ea / 27 days)
VALTOCO SPR 20MG		Non Preferred	PA, QL (10 ea / 28 days)

#### ***ANTICONVULSANTS - MISC.***

APTIOM TAB 200MG		Non Preferred	PA
APTIOM TAB 400MG		Non Preferred	PA
APTIOM TAB 600MG		Non Preferred	PA
APTIOM TAB 800MG		Non Preferred	PA
BANZEL SUS 40MG/ML		Non Preferred	PA, QL (80 mL per day)
BANZEL TAB 200MG		Non Preferred	PA, QL (16 ea per day)
BANZEL TAB 400MG		Non Preferred	PA, QL (8 ea per day)
BRIVIACT SOL 10MG/ML		Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BRIVIACT TAB 10MG	Non Preferred	PA
BRIVIACT TAB 25MG	Non Preferred	PA
BRIVIACT TAB 50MG	Non Preferred	PA
BRIVIACT TAB 75MG	Non Preferred	PA
BRIVIACT TAB 100MG	Non Preferred	PA
<i>carbamazepine cap er 12hr 100 mg (generic of CARBATROL)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbamazepine cap er 12hr 200 mg (generic of CARBATROL)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbamazepine cap er 12hr 300 mg (generic of CARBATROL)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbamazepine chew tab 100 mg</i>	Preferred	QL (8 ea per day)
<i>carbamazepine susp 100 mg/5ml (generic of TEGRETOL)</i>	Preferred	QL (60 mL per day)
<i>carbamazepine tab 200 mg (generic of TEGRETOL)</i>	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 100 mg (generic of TEGRETOL-XR)</i>	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 200 mg (generic of TEGRETOL-XR)</i>	Preferred	QL (8 ea per day)
<i>carbamazepine tab er 12hr 400 mg (generic of TEGRETOL-XR)</i>	Preferred	QL (8 ea per day)
CARBATROL CAP 100MG	Non Preferred	PA, QL (8 ea per day)
CARBATROL CAP 200MG	Non Preferred	PA, QL (8 ea per day)
CARBATROL CAP 300MG	Non Preferred	PA, QL (8 ea per day)
DIACOMIT CAP 250MG	Non Preferred	SP, PA
DIACOMIT CAP 500MG	Non Preferred	SP, PA
DIACOMIT PAK 250MG	Non Preferred	SP, PA
DIACOMIT PAK 500MG	Non Preferred	SP, PA
ELEPSIA XR TAB 1000MG	Non Preferred	PA
ELEPSIA XR TAB 1500MG	Non Preferred	PA
EPIDIOLEX SOL 100MG/ML	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epitol tab 200mg (generic of TEGRETOL)</i>	Preferred	QL (8 ea per day)
EPRONTIA SOL 25MG/ML	Non Preferred	PA
FINTEPLA SOL 2.2MG/ML	Non Preferred	PA
<i>gabapentin cap 100 mg (generic of NEURONTIN)</i>	Preferred	QL (10 ea per day)
<i>gabapentin cap 300 mg (generic of NEURONTIN)</i>	Preferred	QL (10 ea per day)
<i>gabapentin cap 400 mg (generic of NEURONTIN)</i>	Preferred	QL (9 ea per day)
<i>gabapentin oral soln 250 mg/5ml (generic of NEURONTIN)</i>	Preferred	
<i>gabapentin tab 600 mg (generic of NEURONTIN)</i>	Preferred	QL (6 ea per day)
<i>gabapentin tab 800 mg (generic of NEURONTIN)</i>	Preferred	QL (4 ea per day)
KEPPRA SOL 100MG/ML	Non Preferred	PA, QL (30 mL per day)
KEPPRA TAB 250MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA TAB 500MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA TAB 750MG	Non Preferred	PA, QL (4 ea per day)
KEPPRA TAB 1000MG	Non Preferred	PA, QL (3 ea per day)
KEPPRA XR TAB 500MG	Non Preferred	PA, QL (6 ea per day)
KEPPRA XR TAB 750MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL CHW 5MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL CHW 25MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL KIT START 35	Non Preferred	PA
LAMICTAL KIT START 49	Non Preferred	PA
LAMICTAL KIT START 98	Non Preferred	PA
LAMICTAL ODT KIT	Non Preferred	PA
LAMICTAL ODT TAB 25MG	Non Preferred	PA
LAMICTAL ODT TAB 50MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LAMICTAL ODT TAB 100MG	Non Preferred	PA
LAMICTAL ODT TAB 200MG	Non Preferred	PA
LAMICTAL TAB 25MG	Non Preferred	PA, QL (10 ea per day)
LAMICTAL TAB 100MG	Non Preferred	PA, QL (8 ea per day)
LAMICTAL TAB 150MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL TAB 200MG	Non Preferred	PA, QL (4 ea per day)
LAMICTAL XR KIT	Non Preferred	PA
LAMICTAL XR TAB 25MG	Non Preferred	PA
LAMICTAL XR TAB 50MG	Non Preferred	PA
LAMICTAL XR TAB 100MG	Non Preferred	PA
LAMICTAL XR TAB 200MG	Non Preferred	PA
LAMICTAL XR TAB 250MG	Non Preferred	PA
LAMICTAL XR TAB 300MG	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 25 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 50 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 100 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine orally disintegrating tab 200 mg (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine tab 25 mg (generic of LAMICTAL)</i>	Preferred	QL (10 ea per day)
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit (generic of LAMICTAL STARTER/NOT TAKI)</i>	Non Preferred	PA
<i>lamotrigine tab 35 x 25 mg starter kit (generic of LAMICTAL STARTER/TAKING V)</i>	Non Preferred	PA
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit (generic of LAMICTAL STARTER/TAKING C)</i>	Non Preferred	PA
<i>lamotrigine tab 100 mg (generic of LAMICTAL)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab 150 mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lamotrigine tab 200 mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
<i>lamotrigine tab chewable dispersible 5 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab chewable dispersible 25 mg (generic of LAMICTAL CHEWABLE DISPERS)</i>	Preferred	QL (8 ea per day)
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit (generic of LAMICTAL ODT)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 25 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 50 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 100 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 200 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 250 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>lamotrigine tab er 24hr 300 mg (generic of LAMICTAL XR)</i>	Non Preferred	PA
<i>levetiracetam oral soln 100 mg/ml (generic of KEPPTRA)</i>	Preferred	QL (30 mL per day)
<i>levetiracetam tab 250 mg (generic of KEPPTRA)</i>	Preferred	QL (6 ea per day)
<i>levetiracetam tab 500 mg (generic of KEPPTRA)</i>	Preferred	QL (6 ea per day)
<i>levetiracetam tab 750 mg (generic of KEPPTRA)</i>	Preferred	QL (4 ea per day)
<i>levetiracetam tab 1000 mg (generic of KEPPTRA)</i>	Preferred	QL (3 ea per day)
<i>levetiracetam tab er 24hr 500 mg (generic of KEPPTRA XR)</i>	Preferred	QL (6 ea per day)
<i>levetiracetam tab er 24hr 750 mg (generic of KEPPTRA XR)</i>	Preferred	QL (4 ea per day)
<i>LYRICA CAP 25MG</i>	Non Preferred	PA, QL (3 ea per day)
<i>LYRICA CAP 50MG</i>	Non Preferred	PA, QL (6 ea per day)
<i>LYRICA CAP 75MG</i>	Non Preferred	PA
<i>LYRICA CAP 100MG</i>	Non Preferred	PA, QL (3 ea per day)
<i>LYRICA CAP 150MG</i>	Non Preferred	PA, QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CAP 200MG	Non	PA, QL (3 ea per day)
	Preferred	
LYRICA CAP 225MG	Non	PA, QL (2 ea per day)
	Preferred	
LYRICA CAP 300MG	Non	PA, QL (2 ea per day)
	Preferred	
LYRICA SOL 20MG/ML	Non	PA
	Preferred	
MYSOLINE TAB 50MG	Non	PA, QL (4 ea per day)
	Preferred	
MYSOLINE TAB 250MG	Non	PA, QL (4 ea per day)
	Preferred	
NEURONTIN CAP 100MG	Non	PA, QL (10 ea per day)
	Preferred	
NEURONTIN CAP 300MG	Non	PA, QL (10 ea per day)
	Preferred	
NEURONTIN CAP 400MG	Non	PA, QL (9 ea per day)
	Preferred	
NEURONTIN SOL 250/5ML	Non	PA
	Preferred	
NEURONTIN TAB 600MG	Non	PA, QL (6 ea per day)
	Preferred	
NEURONTIN TAB 800MG	Non	PA, QL (4 ea per day)
	Preferred	
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml) (generic of TRILEPTAL)</i>	Preferred	QL (16.667 mL per day)
<i>oxcarbazepine tab 150 mg (generic of TRILEPTAL)</i>	Preferred	QL (16 ea per day)
<i>oxcarbazepine tab 300 mg (generic of TRILEPTAL)</i>	Preferred	QL (8 ea per day)
<i>oxcarbazepine tab 600 mg (generic of TRILEPTAL)</i>	Preferred	QL (4 ea per day)
OXTELLAR XR TAB 150MG	Non	PA
	Preferred	
OXTELLAR XR TAB 300MG	Non	PA
	Preferred	
OXTELLAR XR TAB 600MG	Non	PA
	Preferred	
<i>pregabalin cap 25 mg (generic of LYRICA)</i>	Preferred	QL (3 ea per day)
<i>pregabalin cap 50 mg (generic of LYRICA)</i>	Preferred	QL (6 ea per day)
<i>pregabalin cap 75 mg (generic of LYRICA)</i>	Preferred	
<i>pregabalin cap 100 mg (generic of LYRICA)</i>	Preferred	QL (3 ea per day)
<i>pregabalin cap 150 mg (generic of LYRICA)</i>	Preferred	QL (4 ea per day)
<i>pregabalin cap 200 mg (generic of LYRICA)</i>	Preferred	QL (3 ea per day)
<i>pregabalin cap 225 mg (generic of LYRICA)</i>	Preferred	QL (2 ea per day)
<i>pregabalin cap 300 mg (generic of LYRICA)</i>	Preferred	QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pregabalin soln 20 mg/ml (generic of LYRICA)</i>	Preferred	
<i>primidone tab 50 mg (generic of MYSOLINE)</i>	Preferred	QL (4 ea per day)
<i>primidone tab 250 mg (generic of MYSOLINE)</i>	Preferred	QL (4 ea per day)
QUDEXY XR CAP 25/24HR	Non Preferred	PA
QUDEXY XR CAP 50/24HR	Non Preferred	PA
QUDEXY XR CAP 100/24HR	Non Preferred	PA
QUDEXY XR CAP 150/24HR	Non Preferred	PA
QUDEXY XR CAP 200/24HR	Non Preferred	PA
<i>roweepra tab 500mg (generic of KEPPTRA)</i>	Preferred	QL (6 ea per day)
<i>rufinamide susp 40 mg/ml (generic of BANZEL)</i>	Non Preferred	PA, QL (80 mL per day)
<i>rufinamide tab 200 mg (generic of BANZEL)</i>	Non Preferred	PA, QL (16 ea per day)
<i>rufinamide tab 400 mg (generic of BANZEL)</i>	Non Preferred	PA, QL (8 ea per day)
SPRITAM TAB 250MG	Non Preferred	PA
SPRITAM TAB 500MG	Non Preferred	PA
SPRITAM TAB 750MG	Non Preferred	PA
SPRITAM TAB 1000MG	Non Preferred	PA
<i>subvenite kit start 35 (generic of LAMICTAL STARTER/TAKING V)</i>	Non Preferred	PA
<i>subvenite kit start 49 (generic of LAMICTAL STARTER/NOT TAKI)</i>	Non Preferred	PA
<i>subvenite kit start 98 (generic of LAMICTAL STARTER/TAKING C)</i>	Non Preferred	PA
<i>subvenite tab 25mg (generic of LAMICTAL)</i>	Preferred	QL (10 ea per day)
<i>subvenite tab 100mg (generic of LAMICTAL)</i>	Preferred	QL (8 ea per day)
<i>subvenite tab 150mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
<i>subvenite tab 200mg (generic of LAMICTAL)</i>	Preferred	QL (4 ea per day)
TEGRETOL SUS 100/5ML	Non Preferred	PA, QL (60 mL per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TEGRETOL TAB 200MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 100MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 200MG	Non Preferred	PA, QL (8 ea per day)
TEGRETOL-XR TAB 400MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX SPR CAP 15MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX SPR CAP 25MG	Non Preferred	PA, QL (8 ea per day)
TOPAMAX TAB 25MG	Non Preferred	PA, QL (4 ea per day)
TOPAMAX TAB 50MG	Non Preferred	PA, QL (2 ea per day)
TOPAMAX TAB 100MG	Non Preferred	PA, QL (2 ea per day)
TOPAMAX TAB 200MG	Non Preferred	PA, QL (2 ea per day)
<i>topiramate cap er 24hr sprinkle 25 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 50 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 100 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 150 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate cap er 24hr sprinkle 200 mg (generic of QUDEXY XR)</i>	Non Preferred	PA
<i>topiramate sprinkle cap 15 mg (generic of TOPAMAX SPRINKLE)</i>	Preferred	QL (8 ea per day)
<i>topiramate sprinkle cap 25 mg (generic of TOPAMAX SPRINKLE)</i>	Preferred	QL (8 ea per day)
<i>topiramate tab 25 mg (generic of TOPAMAX)</i>	Preferred	QL (4 ea per day)
<i>topiramate tab 50 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
<i>topiramate tab 100 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
<i>topiramate tab 200 mg (generic of TOPAMAX)</i>	Preferred	QL (2 ea per day)
TRILEPTAL SUS 300MG/5M	Non Preferred	PA, QL (16.667 mL per day)
TRILEPTAL TAB 150MG	Non Preferred	PA, QL (16 ea per day)
TRILEPTAL TAB 300MG	Non Preferred	PA, QL (8 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRILEPTAL TAB 600MG	Non Preferred	PA, QL (4 ea per day)
TROKENDI XR CAP 25MG	Non Preferred	PA
TROKENDI XR CAP 50MG	Non Preferred	PA
TROKENDI XR CAP 100MG	Non Preferred	PA
TROKENDI XR CAP 200MG	Non Preferred	PA
VIMPAT SOL 10MG/ML	Non Preferred	PA, QL (40 mL per day)
VIMPAT TAB 50MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 100MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 150MG	Non Preferred	PA, QL (2 ea per day)
VIMPAT TAB 200MG	Non Preferred	PA, QL (2 ea per day)
<i>zonisamide cap 25 mg (generic of ZONEGRAN)</i>	Preferred	QL (2 ea per day)
<i>zonisamide cap 50 mg</i>	Preferred	QL (2 ea per day)
<i>zonisamide cap 100 mg (generic of ZONEGRAN)</i>	Preferred	QL (6 ea per day)

### **CARBAMATES**

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>GABA MODULATORS</b>		
GABITRIL TAB 2MG	Non Preferred	PA, QL (28 ea per day)
GABITRIL TAB 4MG	Non Preferred	PA, QL (14 ea per day)
GABITRIL TAB 12MG	Non Preferred	PA
GABITRIL TAB 16MG	Non Preferred	PA
SABRIL POW 500MG	Non Preferred	PA, QL (6 ea per day)
SABRIL TAB 500MG	Non Preferred	PA, QL (6 ea per day)
<i>tiagabine hcl tab 2 mg</i> (generic of GABITRIL)	Non Preferred	PA, QL (28 ea per day)
<i>tiagabine hcl tab 4 mg</i> (generic of GABITRIL)	Non Preferred	PA, QL (14 ea per day)
<i>tiagabine hcl tab 12 mg</i> (generic of GABITRIL)	Non Preferred	PA
<i>tiagabine hcl tab 16 mg</i> (generic of GABITRIL)	Non Preferred	PA
<i>vigabatrin powd pack 500 mg</i> (generic of SABRIL)	Non Preferred	PA, QL (6 ea per day)
<i>vigabatrin tab 500 mg</i> (generic of SABRIL)	Non Preferred	PA, QL (6 ea per day)
<i>vigadronate pow 500mg</i> (generic of SABRIL)	Non Preferred	PA, QL (6 ea per day)

### **HYDANTOINS**

DILANTIN CAP 30MG	Non Preferred	PA, QL (6 ea per day)
DILANTIN CAP 100MG	Non Preferred	PA, QL (6 ea per day)
DILANTIN CHW 50MG	Non Preferred	PA, QL (5 ea per day)
DILANTIN-125 SUS 125/5ML	Non Preferred	PA, QL (20 mL per day)
PHENYTEK CAP 200MG	Non Preferred	PA, QL (6 ea per day)
PHENYTEK CAP 300MG	Non Preferred	PA, QL (6 ea per day)
<i>phenytoin chew tab 50 mg</i> (generic of DILANTIN INFATABS)	Preferred	QL (5 ea per day)
<i>phenytoin sodium extended cap 100 mg</i> (generic of DILANTIN)	Preferred	QL (6 ea per day)
<i>phenytoin sodium extended cap 200 mg</i> (generic of PHENYTEK)	Preferred	QL (6 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>phenytoin sodium extended cap 300 mg (generic of PHENYTEK)</i>	Preferred	QL (6 ea per day)
<i>phenytoin susp 125 mg/5ml (generic of DILANTIN-125)</i>	Preferred	QL (20 mL per day)

### **SUCCINIMIDES**

CELONTIN CAP 300MG	Non Preferred	PA
<i>ethosuximide cap 250 mg</i>	Preferred	QL (6 ea per day)
<i>ethosuximide soln 250 mg/5ml (generic of ZARONTIN)</i>	Preferred	QL (30 mL per day)
ZARONTIN CAP 250MG	Non Preferred	PA, QL (6 ea per day)
ZARONTIN SOL 250/5ML	Non Preferred	PA, QL (30 mL per day)

### **VALPROIC ACID**

DEPAKOTE ER TAB 250MG	Non Preferred	PA, QL (10 ea per day)
DEPAKOTE ER TAB 500MG	Non Preferred	PA, QL (10 ea per day)
DEPAKOTE SPR CAP 125MG	Non Preferred	PA, QL (10 ea per day)
DEPAKOTE TAB 125MG DR	Non Preferred	PA, QL (15 ea per day)
DEPAKOTE TAB 250MG DR	Non Preferred	PA, QL (10 ea per day)
DEPAKOTE TAB 500MG DR	Non Preferred	PA, QL (10 ea per day)
<i>divalproex sodium cap delayed release sprinkle 125 mg (generic of DEPAKOTE SPRINKLES)</i>	Preferred	QL (10 ea per day)
<i>divalproex sodium tab delayed release 125 mg (generic of DEPAKOTE)</i>	Preferred	QL (15 ea per day)
<i>divalproex sodium tab delayed release 250 mg (generic of DEPAKOTE)</i>	Preferred	QL (10 ea per day)
<i>divalproex sodium tab delayed release 500 mg (generic of DEPAKOTE)</i>	Preferred	QL (10 ea per day)
<i>divalproex sodium tab er 24 hr 250 mg (generic of DEPAKOTE ER)</i>	Preferred	QL (10 ea per day)
<i>divalproex sodium tab er 24 hr 500 mg (generic of DEPAKOTE ER)</i>	Preferred	QL (10 ea per day)
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Preferred	QL (100 mL per day)
<i>valproic acid cap 250 mg</i>	Preferred	QL (20 ea per day)

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

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

<i>mirtazapine orally disintegrating tab 15 mg (generic of REMERON SOLTAB)</i>	Preferred
------------------------------------------------------------------------------------	-----------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>mirtazapine orally disintegrating tab 30 mg</i>	Preferred	
(generic of REMERON SOLTAB)		
<i>mirtazapine orally disintegrating tab 45 mg</i>	Preferred	
(generic of REMERON SOLTAB)		
<i>mirtazapine tab 7.5 mg</i>	Preferred	
<i>mirtazapine tab 15 mg</i> (generic of REMERON)	Preferred	QL (1 ea per day)
<i>mirtazapine tab 30 mg</i> (generic of REMERON)	Preferred	QL (4 ea per day)
<i>mirtazapine tab 45 mg</i>	Preferred	QL (1 ea per day)
REMERON SLTB TAB 15MG	Non Preferred	PA
REMERON SLTB TAB 30MG	Non Preferred	PA
REMERON SLTB TAB 45MG	Non Preferred	PA
REMERON TAB 15MG	Non Preferred	PA, QL (1 ea per day)
REMERON TAB 30MG	Non Preferred	PA, QL (4 ea per day)

#### **ANTIDEPRESSANTS - MISC.**

APLENZIN TAB 174MG	Non Preferred	PA
APLENZIN TAB 348MG	Non Preferred	PA
APLENZIN TAB 522MG	Non Preferred	PA
<i>bupropion hcl tab 75 mg</i>	Preferred	QL (4 ea per day)
<i>bupropion hcl tab 100 mg</i>	Preferred	QL (4 ea per day)
<i>bupropion hcl tab er 12hr 100 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
<i>bupropion hcl tab er 12hr 150 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (3 ea per day)
<i>bupropion hcl tab er 12hr 200 mg</i> (generic of WELLBUTRIN SR)	Preferred	QL (2 ea per day)
<i>bupropion hcl tab er 24hr 150 mg</i> (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
<i>bupropion hcl tab er 24hr 300 mg</i> (generic of WELLBUTRIN XL)	Preferred	QL (1 ea per day)
<i>bupropion hcl tab er 24hr 450 mg</i>	Preferred	
FORFIVO XL TAB 450MG	Non Preferred	PA
WELLBUTRIN TAB 100MG SR	Non Preferred	PA, QL (2 ea per day)
WELLBUTRIN TAB 150MG SR	Non Preferred	PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
WELLBUTRIN TAB 200MG SR	Non Preferred	PA, QL (2 ea per day)	
WELLBUTRIN TAB XL 150MG		PA, QL (1 ea per day)	
WELLBUTRIN TAB XL 300MG	Non Preferred	PA, QL (1 ea per day)	
<b><i>MONOAMINE OXIDASE INHIBITORS (MAOIS)</i></b>			
EMSAM DIS 6MG/24HR	Non Preferred	PA	
EMSAM DIS 9MG/24HR		PA	
EMSAM DIS 12MG/24H	Non Preferred	PA	
MARPLAN TAB 10MG		PA	
NARDIL TAB 15MG	Non Preferred	PA, QL (6 ea per day)	
<i>phenelzine sulfate tab 15 mg (generic of NARDIL)</i>		QL (6 ea per day)	
<i>tranylcypromine sulfate tab 10 mg (generic of PARNATE)</i>	Preferred	QL (8 ea per day)	
<b><i>N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS</i></b>			
SPRAVATO SOL 56MG DOS	Non Preferred	SP, PA	
SPRAVATO SOL 84MG DOS		SP, PA	
<b><i>SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)</i></b>			
CELEXA TAB 10MG	Non Preferred	PA, QL (1 ea per day)	
CELEXA TAB 20MG		PA, QL (2 ea per day)	
CELEXA TAB 40MG	Non Preferred	PA, QL (2 ea per day)	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>		QL (20 mL per day)	
<i>citalopram hydrobromide tab 10 mg (base equiv) (generic of CELEXA)</i>	Preferred	QL (1 ea per day)	
<i>citalopram hydrobromide tab 20 mg (base equiv) (generic of CELEXA)</i>	Preferred	QL (2 ea per day)	
<i>citalopram hydrobromide tab 40 mg (base equiv) (generic of CELEXA)</i>	Preferred	QL (2 ea per day)	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Preferred		
<i>escitalopram oxalate tab 5 mg (base equiv) (generic of LEXAPRO)</i>	Preferred	QL (1 ea per day)	
<i>escitalopram oxalate tab 10 mg (base equiv) (generic of LEXAPRO)</i>	Preferred	QL (1 ea per day)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>escitalopram oxalate tab 20 mg (base equiv) (generic of LEXAPRO)</i>	Preferred	QL (1 ea per day)
<i>fluoxetine hcl cap 10 mg (generic of PROZAC)</i>	Preferred	QL (3 ea per day)
<i>fluoxetine hcl cap 20 mg (generic of PROZAC)</i>	Preferred	QL (4 ea per day)
<i>fluoxetine hcl cap 40 mg (generic of PROZAC)</i>	Preferred	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Non Preferred	PA
<i>fluoxetine hcl solution 20 mg/5ml</i>	Preferred	
<i>fluoxetine hcl tab 10 mg</i>	Preferred	
<i>fluoxetine hcl tab 20 mg</i>	Preferred	
<i>fluoxetine hcl tab 60 mg (generic of FLUOXETINE HYDROCHLORIDE)</i>	Preferred	
<b>FLUOXETINE TAB 60MG</b>	Preferred	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Non Preferred	PA
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Non Preferred	PA
<i>fluvoxamine maleate tab 25 mg</i>	Preferred	QL (2 ea per day)
<i>fluvoxamine maleate tab 50 mg</i>	Preferred	QL (2 ea per day)
<i>fluvoxamine maleate tab 100 mg</i>	Preferred	QL (3 ea per day)
<b>LEXAPRO TAB 5MG</b>	Non Preferred	PA, QL (1 ea per day)
<b>LEXAPRO TAB 10MG</b>	Non Preferred	PA, QL (1 ea per day)
<b>LEXAPRO TAB 20MG</b>	Non Preferred	PA, QL (1 ea per day)
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv) (generic of PAXIL)</i>	Preferred	
<i>paroxetine hcl tab 10 mg (generic of PAXIL)</i>	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 20 mg (generic of PAXIL)</i>	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 30 mg (generic of PAXIL)</i>	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab 40 mg (generic of PAXIL)</i>	Preferred	QL (2 ea per day)
<i>paroxetine hcl tab er 24hr 12.5 mg (generic of PAXIL CR)</i>	Non Preferred	PA
<i>paroxetine hcl tab er 24hr 25 mg (generic of PAXIL CR)</i>	Non Preferred	PA
<i>paroxetine hcl tab er 24hr 37.5 mg (generic of PAXIL CR)</i>	Non Preferred	PA
<b>PAXIL CR TAB 12.5MG</b>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PAXIL CR TAB 25MG	Non Preferred	PA
PAXIL CR TAB 37.5MG	Non Preferred	PA
PAXIL SUS 10MG/5ML	Non Preferred	PA
PAXIL TAB 10MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 20MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 30MG	Non Preferred	PA, QL (2 ea per day)
PAXIL TAB 40MG	Non Preferred	PA, QL (2 ea per day)
PEXEVA TAB 10MG	Non Preferred	PA
PEXEVA TAB 20MG	Non Preferred	PA
PEXEVA TAB 30MG	Non Preferred	PA
PEXEVA TAB 40MG	Non Preferred	PA
PROZAC CAP 10MG	Non Preferred	PA, QL (3 ea per day)
PROZAC CAP 20MG	Non Preferred	PA, QL (4 ea per day)
PROZAC CAP 40MG	Non Preferred	PA
SERTRALINE CAP 150MG	Non Preferred	PA
SERTRALINE CAP 200MG	Non Preferred	PA
<i>sertraline hcl oral concentrate for solution 20 mg/ml (generic of ZOLOFT)</i>	Preferred	
<i>sertraline hcl tab 25 mg (generic of ZOLOFT)</i>	Preferred	QL (1 ea per day)
<i>sertraline hcl tab 50 mg (generic of ZOLOFT)</i>	Preferred	QL (2 ea per day)
<i>sertraline hcl tab 100 mg (generic of ZOLOFT)</i>	Preferred	QL (2 ea per day)
ZOLOFT CON 20MG/ML	Non Preferred	PA
ZOLOFT TAB 25MG	Non Preferred	PA, QL (1 ea per day)
ZOLOFT TAB 50MG	Non Preferred	PA, QL (2 ea per day)
ZOLOFT TAB 100MG	Non Preferred	PA, QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SEROTONIN MODULATORS</b>		
<i>nefazodone hcl tab 50 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 100 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 150 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 200 mg</i>	Non Preferred	PA
<i>nefazodone hcl tab 250 mg</i>	Non Preferred	PA
<i>trazodone hcl tab 50 mg</i>	Preferred	
<i>trazodone hcl tab 100 mg</i>	Preferred	
<i>trazodone hcl tab 150 mg</i>	Preferred	
<i>trazodone hcl tab 300 mg</i>	Preferred	
TRINTELLIX TAB 5MG	Non Preferred	PA
TRINTELLIX TAB 10MG	Non Preferred	PA
TRINTELLIX TAB 20MG	Non Preferred	PA
VIIBRYD KIT STARTER	Non Preferred	PA
VIIBRYD TAB 10MG	Non Preferred	PA
VIIBRYD TAB 20MG	Non Preferred	PA
VIIBRYD TAB 40MG	Non Preferred	PA
<b>SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)</b>		
CYMBALTA CAP 20MG	Non Preferred	PA, QL (2 ea per day)
CYMBALTA CAP 30MG	Non Preferred	PA, QL (2 ea per day)
CYMBALTA CAP 60MG	Non Preferred	PA, QL (2 ea per day)
DESVENLAFAK TAB 50MG ER	Non Preferred	PA
DESVENLAFAK TAB 100MG ER	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (generic of PRISTIQ)</i>	Non Preferred	PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
DRIZALMA CAP 20MG DR		Non Preferred	PA
DRIZALMA CAP 30MG DR		Non Preferred	PA
DRIZALMA CAP 40MG DR		Non Preferred	PA
DRIZALMA CAP 60MG DR		Non Preferred	PA
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Preferred		
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq) (generic of CYMBALTA)</i>	Preferred	QL (2 ea per day)	
EFFEXOR XR CAP 37.5MG		Non Preferred	PA, QL (1 ea per day)
EFFEXOR XR CAP 75MG		Non Preferred	PA, QL (3 ea per day)
EFFEXOR XR CAP 150MG		Non Preferred	PA, QL (1 ea per day)
FETZIMA CAP 20MG		Non Preferred	PA
FETZIMA CAP 40MG		Non Preferred	PA
FETZIMA CAP 80MG		Non Preferred	PA
FETZIMA CAP 120MG		Non Preferred	PA
FETZIMA CAP TITRATIO		Non Preferred	PA
PRISTIQ TAB 25MG		Non Preferred	PA
PRISTIQ TAB 50MG		Non Preferred	PA
PRISTIQ TAB 100MG		Non Preferred	PA
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (1 ea per day)	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (3 ea per day)	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent) (generic of EFFEXOR XR)</i>	Preferred	QL (1 ea per day)	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Preferred	QL (3 ea per day)	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Preferred	QL (3 ea per day)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
venlafaxine hcl tab 50 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 75 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab 100 mg (base equivalent)	Preferred	QL (3 ea per day)
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 75 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 150 mg (base equivalent)	Non Preferred	PA
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	Non Preferred	PA

### **TRICYCLIC AGENTS**

amitriptyline hcl tab 10 mg	Preferred	QL (6 ea per day)
amitriptyline hcl tab 25 mg	Preferred	QL (6 ea per day)
amitriptyline hcl tab 50 mg	Preferred	QL (4 ea per day)
amitriptyline hcl tab 75 mg	Preferred	QL (4 ea per day)
amitriptyline hcl tab 100 mg	Preferred	QL (3 ea per day)
amitriptyline hcl tab 150 mg	Preferred	QL (3 ea per day)
amoxapine tab 25 mg	Non Preferred	PA
amoxapine tab 50 mg	Non Preferred	PA
amoxapine tab 100 mg	Non Preferred	PA
amoxapine tab 150 mg	Non Preferred	PA
ANAFRANIL CAP 25MG	Non Preferred	PA, QL (6 ea per day)
ANAFRANIL CAP 50MG	Non Preferred	PA, QL (4 ea per day)
ANAFRANIL CAP 75MG	Non Preferred	PA, QL (4 ea per day)
clomipramine hcl cap 25 mg (generic of ANAFRANIL)	Preferred	QL (6 ea per day)
clomipramine hcl cap 50 mg (generic of ANAFRANIL)	Preferred	QL (4 ea per day)
clomipramine hcl cap 75 mg (generic of ANAFRANIL)	Preferred	QL (4 ea per day)
desipramine hcl tab 10 mg (generic of NORPRAMIN)	Preferred	QL (6 ea per day)
desipramine hcl tab 25 mg (generic of NORPRAMIN)	Preferred	QL (4 ea per day)
desipramine hcl tab 50 mg	Preferred	QL (6 ea per day)
desipramine hcl tab 75 mg	Preferred	QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desipramine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>desipramine hcl tab 150 mg</i>	Preferred	QL (2 ea per day)
<i>doxepin hcl cap 10 mg</i>	Preferred	QL (3 ea per day)
<i>doxepin hcl cap 25 mg</i>	Preferred	QL (3 ea per day)
<i>doxepin hcl cap 50 mg</i>	Preferred	QL (3 ea per day)
<i>doxepin hcl cap 75 mg</i>	Preferred	QL (3 ea per day)
<i>doxepin hcl cap 100 mg</i>	Preferred	QL (3 ea per day)
<i>doxepin hcl cap 150 mg</i>	Preferred	QL (2 ea per day)
<i>doxepin hcl conc 10 mg/ml</i>	Preferred	QL (30 mL per day)
<i>imipramine hcl tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>imipramine hcl tab 25 mg</i>	Preferred	QL (6 ea per day)
<i>imipramine hcl tab 50 mg</i>	Preferred	QL (6 ea per day)
<i>imipramine pamoate cap 75 mg</i>	Non Preferred	PA
<i>imipramine pamoate cap 100 mg</i>	Non Preferred	PA
<i>imipramine pamoate cap 125 mg</i>	Non Preferred	PA
<i>imipramine pamoate cap 150 mg</i>	Non Preferred	PA
NORPRAMIN TAB 10MG	Non Preferred	PA, QL (6 ea per day)
NORPRAMIN TAB 25MG	Non Preferred	PA, QL (4 ea per day)
<i>nortriptyline hcl cap 10 mg (generic of PAMELOR)</i>	Preferred	QL (6 ea per day)
<i>nortriptyline hcl cap 25 mg (generic of PAMELOR)</i>	Preferred	QL (6 ea per day)
<i>nortriptyline hcl cap 50 mg (generic of PAMELOR)</i>	Preferred	QL (4 ea per day)
<i>nortriptyline hcl cap 75 mg (generic of PAMELOR)</i>	Preferred	QL (2 ea per day)
<i>nortriptyline hcl soln 10 mg/5ml</i>	Preferred	
PAMELOR CAP 10MG	Non Preferred	PA, QL (6 ea per day)
PAMELOR CAP 25MG	Non Preferred	PA, QL (6 ea per day)
PAMELOR CAP 50MG	Non Preferred	PA, QL (4 ea per day)
PAMELOR CAP 75MG	Non Preferred	PA, QL (2 ea per day)
<i>protriptyline hcl tab 5 mg</i>	Preferred	QL (8 ea per day)
<i>protriptyline hcl tab 10 mg</i>	Preferred	QL (8 ea per day)
<i>trimipramine maleate cap 25 mg</i>	Non Preferred	PA
<i>trimipramine maleate cap 50 mg</i>	Non Preferred	PA

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

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

### **ALPHA-GLUCOSIDASE INHIBITORS**

<i>acarbose tab 25 mg (generic of PRECOSE)</i>	Preferred	QL (3 ea per day)
<i>acarbose tab 50 mg (generic of PRECOSE)</i>	Preferred	QL (3 ea per day)
<i>acarbose tab 100 mg (generic of PRECOSE)</i>	Preferred	QL (4 ea per day)
<i>miglitol tab 25 mg</i>	Preferred	
<i>miglitol tab 50 mg</i>	Preferred	
<i>miglitol tab 100 mg</i>	Preferred	

### **ANTIDIABETIC - AMYLIN ANALOGS**

<i>SYMLINPEN 60 INJ 1000MCG</i>	Non Preferred	PA
<i>SYMLNPEN 120 INJ 1000MCG</i>	Non Preferred	PA

### **ANTIDIABETIC COMBINATIONS**

<i>ACTOPLUS MET TAB 15-500MG</i>	Non Preferred	PA
<i>ACTOPLUS MET TAB 15-850MG</i>	Non Preferred	PA
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Non Preferred	PA, QL (2 ea per day)
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Non Preferred	PA, QL (2 ea per day)
<i>alogliptin-pioglitazone tab 12.5-15 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 12.5-45 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Non Preferred	PA, QL (1 ea per day)
<i>DUETACT TAB 30-2MG</i>	Non Preferred	PA
<i>DUETACT TAB 30-4MG</i>	Non Preferred	PA
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 1.25-250 mg</i>	Preferred	QL (2 ea per day)
<i>glyburide-metformin tab 2.5-500 mg</i>	Preferred	QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
glyburide-metformin tab 5-500 mg	Preferred	QL (4 ea per day)
GLYXAMBI TAB 10-5 MG	Non Preferred	PA
GLYXAMBI TAB 25-5 MG	Non Preferred	PA
INVOKAMET TAB 50-500MG	Non Preferred	PA
INVOKAMET TAB 50-1000	Non Preferred	PA
INVOKAMET TAB 150-500	Non Preferred	PA
INVOKAMET TAB 150-1000	Non Preferred	PA
INVOKAMET XR TAB 50-500MG	Non Preferred	PA
INVOKAMET XR TAB 50-1000	Non Preferred	PA
INVOKAMET XR TAB 150-500	Non Preferred	PA
INVOKAMET XR TAB 150-1000	Non Preferred	PA
JANUMET TAB 50-500MG	Non Preferred	PA
JANUMET TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 50-500MG	Non Preferred	PA
JANUMET XR TAB 50-1000	Non Preferred	PA
JANUMET XR TAB 100-1000	Non Preferred	PA
JENTADUETO TAB 2.5-500	Non Preferred	PA
JENTADUETO TAB 2.5-850	Non Preferred	PA
JENTADUETO TAB 2.5-1000	Non Preferred	PA
JENTADUETO TAB XR	Non Preferred	PA
KAZANO 12.5- TAB 500MG	Non Preferred	PA, QL (2 ea per day)
KAZANO 12.5- TAB 1000MG	Non Preferred	PA, QL (2 ea per day)
KOMBIGLYZ XR TAB 2.5-1000	Non Preferred	PA
KOMBIGLYZ XR TAB 5-500MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KOMBIGLYZ XR TAB 5-1000MG	Non Preferred	PA
OSENI TAB 12.5-15	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 12.5-30	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 12.5-45	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 25-15MG	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 25-30MG	Non Preferred	PA, QL (1 ea per day)
OSENI TAB 25-45MG	Non Preferred	PA, QL (1 ea per day)
<i>pioglitazone hcl-glimepiride tab 30-2 mg (generic of DUETACT)</i>	Non Preferred	PA
<i>pioglitazone hcl-glimepiride tab 30-4 mg (generic of DUETACT)</i>	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tab 15-500 mg (generic of ACTOPLUS MET)</i>	Non Preferred	PA
<i>pioglitazone hcl-metformin hcl tab 15-850 mg (generic of ACTOPLUS MET)</i>	Non Preferred	PA
QTERN TAB 5-5MG	Non Preferred	PA
QTERN TAB 10-5MG	Non Preferred	PA
SEGLUROMET TAB 2.5-500	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 2.5-1000	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 7.5-500	Non Preferred	PA, QL (2 ea per day)
SEGLUROMET TAB 7.5-1000	Non Preferred	PA, QL (2 ea per day)
SOLIQUA INJ 100/33	Non Preferred	PA
STEGLUJAN TAB 5-100MG	Non Preferred	PA
STEGLUJAN TAB 15-100MG	Non Preferred	PA
SYNJARDY TAB	Non Preferred	PA
SYNJARDY TAB 5-500MG	Non Preferred	PA
SYNJARDY TAB 5-1000MG	Non Preferred	PA
SYNJARDY TAB 12.5-500	Non Preferred	PA

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

### **BIGUANIDES**

GLUMETZA TAB 500MG	Non Preferred	PA
GLUMETZA TAB 1000MG	Non Preferred	PA
<i>metformin hcl oral soln 500 mg/5ml (generic of RIOMET)</i>	Non Preferred	PA
<i>metformin hcl tab 500 mg</i>	Preferred	QL (5 ea per day)
<i>metformin hcl tab 850 mg</i>	Preferred	QL (3 ea per day)
<i>metformin hcl tab 1000 mg</i>	Preferred	QL (2 ea per day)
<i>metformin hcl tab er 24hr 500 mg</i>	Preferred	QL (4 ea per day)
<i>metformin hcl tab er 24hr 750 mg</i>	Preferred	QL (4 ea per day)
<i>metformin hcl tab er 24hr modified release 500 mg (generic of GLUMETZA)</i>	Non Preferred	PA
<i>metformin hcl tab er 24hr modified release 500 mg (generic of GLUMETZA)</i>	Non Preferred	PA
<i>metformin hcl tab er 24hr modified release 1000 mg (generic of GLUMETZA)</i>	Non Preferred	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non Preferred	PA
<i>metformin hcl tab er 24hr osmotic 500 mg</i>	Non Preferred	PA
<i>metformin hcl tab er 24hr osmotic 1000 mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIOMET SOL	Non	PA
	Preferred	
RIOMET SOL 500/5ML	Non	PA
	Preferred	

#### **DIABETIC OTHER**

BAQSIMI ONE POW 3MG/DOSE	Preferred	QL (2 ea / 25 days)
BAQSIMI TWO POW 3MG/DOSE	Preferred	QL (2 ea / 25 days)
<i>diazoxide susp 50 mg/ml</i> (generic of PROGLYCEM)	Preferred	
GLUCAGEN INJ HYPOKIT	Non	PA, QL (2 ea / 25 days)
	Preferred	
<i>glucagon (rdna) for inj kit 1 mg</i> (generic of GLUCAGON EMERGENCY KIT)	Non Preferred	PA, QL (2 ea / 25 days)
GLUCAGON EMR SOL 1MG	Non Preferred	PA
GLUCAGON KIT 1MG	Non Preferred	PA, QL (2 ea / 25 days)
GLUCOSE CHEW TABS	Preferred	OTC
GVOKE HYPO 1 INJ 1MG/.2ML	Preferred	
GVOKE HYPO 1 INJ .5/.1ML	Preferred	
GVOKE HYPO 2 INJ 1MG/.2ML	Preferred	
GVOKE HYPO 2 INJ .5/.1ML	Preferred	
GVOKE PFS INJ	Preferred	
KORLYM TAB 300MG	Non Preferred	SP, PA
PROGLYCEM SUS 50MG/ML	Preferred	
ZEGALOGUE INJ 0.6/0.6	Preferred	

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

alogliptin benzoate tab 6.25 mg (base equiv)	Non Preferred	PA, QL (1 ea per day)
alogliptin benzoate tab 12.5 mg (base equiv)	Non Preferred	PA, QL (1 ea per day)
alogliptin benzoate tab 25 mg (base equiv)	Non Preferred	PA, QL (1 ea per day)
JANUVIA TAB 25MG	Preferred	
JANUVIA TAB 50MG	Preferred	
JANUVIA TAB 100MG	Preferred	
NESINA TAB 6.25MG	Non Preferred	PA, QL (1 ea per day)
NESINA TAB 12.5MG	Non Preferred	PA, QL (1 ea per day)
NESINA TAB 25MG	Non Preferred	PA, QL (1 ea per day)
ONGLYZA TAB 2.5MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONGLYZA TAB 5MG	Non Preferred	PA
TRADJENTA TAB 5MG	Preferred	
<b>DOPAMINE RECEPTOR AGONISTS - ANTIDIABETIC</b>		
CYCLOSET TAB 0.8MG	Non Preferred	PA
<b>INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)</b>		
ADLYXIN INJ 10/20MCG	Non Preferred	PA
ADLYXIN INJ 20MCG	Non Preferred	PA
BYDUREON BC INJ 2/0.85ML	Non Preferred	PA
BYETTA INJ 5MCG	Non Preferred	PA
BYETTA INJ 10MCG	Non Preferred	PA
OZEMPIC INJ 2/1.5ML	Non Preferred	PA
OZEMPIC INJ 4MG/3ML	Non Preferred	PA
RYBELSUS TAB 3MG	Preferred	PA
RYBELSUS TAB 7MG	Preferred	PA
RYBELSUS TAB 14MG	Preferred	PA
TRULICITY INJ 0.75/0.5	Preferred	QL (2 mL / 23 days)
TRULICITY INJ 1.5/0.5	Preferred	QL (2 mL / 23 days)
TRULICITY INJ 3/0.5	Preferred	QL (2 mL / 23 days)
TRULICITY INJ 4.5/0.5	Preferred	QL (2 mL / 23 days)
VICTOZA INJ 18MG/3ML	Preferred	
<b>INSULIN</b>		
ADMELOG INJ 100U/ML	Non Preferred	PA
ADMELOG SOLO INJ 100U/ML	Non Preferred	PA
AFREZZA POW 4-8 UNIT	Non Preferred	PA
AFREZZA POW 4-8-12	Non Preferred	PA
AFREZZA POW 4UNIT	Non Preferred	PA
AFREZZA POW 8 UNIT	Non Preferred	PA
AFREZZA POW 8-12UNIT	Non Preferred	PA
AFREZZA POW 12 UNIT	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
APIDRA INJ SOLOSTAR	Non	PA
	Preferred	
APIDRA INJ U-100	Non	PA
	Preferred	
BASAGLAR INJ 100UNIT	Non	PA, QL (1.34 mL per day)
	Preferred	
FIASP FLEX INJ TOUCH	Non	PA
	Preferred	
FIASP INJ 100/ML	Non	PA
	Preferred	
FIASP PENFIL INJ U-100	Non	PA
	Preferred	
HUMALOG INJ 100/ML	Preferred	
HUMALOG JR INJ 100/ML	Preferred	
HUMALOG KWIK INJ 100/ML	Preferred	
HUMALOG KWIK INJ 200/ML	Preferred	
HUMALOG MIX INJ 50/50	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 50/50KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX INJ 75/25KWP	Preferred	QL (1.34 mL per day)
HUMALOG MIX SUS 75/25	Preferred	QL (1.34 mL per day)
HUMULIN INJ 70/30	Preferred	QL (1.34 mL per day), OTC
HUMULIN INJ 70/30KWP	Preferred	QL (1.34 mL per day), OTC
HUMULIN N INJ U-100	Preferred	QL (1.34 mL per day), OTC
HUMULIN N INJ U-100KWP	Preferred	OTC
HUMULIN R INJ U-100	Preferred	QL (1.34 mL per day), OTC
HUMULIN R INJ U-500	Preferred	
HUMULIN R INJ U-500	Preferred	QL (1 mL per day)
INS ASP PROT INJ FLEXPEN	Non	PA, QL (1.34 mL per day)
	Preferred	
INSULIN ASPA INJ 70/30	Non	PA, QL (1.34 mL per day)
	Preferred	
INSULIN ASPA INJ 100/ML	Non	PA
	Preferred	
INSULIN ASPA INJ FLEXPEN	Non	PA
	Preferred	
INSULIN ASPA INJ PENFILL	Non	PA
	Preferred	
INSULIN GLAR INJ 100U/ML	Non	PA
	Preferred	
INSULIN GLAR SOL 100U/ML	Non	PA
	Preferred	
INSULIN LISP INJ 100/ML	Preferred	
INSULIN LISP INJ JUNIOR	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN LISPRO INJ PROTAMIN	Preferred	QL (1.34 mL per day)
LANTUS INJ 100/ML	Preferred	
LANTUS SOLOS INJ 100/ML	Preferred	QL (1.34 mL per day)
LEVEMIR INJ	Preferred	
LEVEMIR INJ FLEXTOUC	Preferred	
LYUMJEV INJ 100UT/ML	Non Preferred	PA
LYUMJEV KWPN INJ 100UT/ML	Non Preferred	PA
LYUMJEV KWPN INJ 200UT/ML	Non Preferred	PA
NOVOLIN70/30 INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN INJ 70/30	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN INJ 70/30 FP	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ 100 UNIT	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN N INJ U-100	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN R INJ 100 UNIT	Non Preferred	PA, OTC
NOVOLIN R INJ RELION	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLIN R INJ U-100	Non Preferred	PA, QL (1.34 mL per day), OTC
NOVOLOG INJ 100/ML	Non Preferred	PA
NOVOLOG INJ FLEXPEN	Non Preferred	PA
NOVOLOG INJ PENFILL	Non Preferred	PA
NOVOLOG INJ RELION	Non Preferred	PA
NOVOLOG MIX INJ 70/30	Non Preferred	PA, QL (1.34 mL per day)
NOVOLOG MIX INJ FLEX REL	Non Preferred	PA, QL (1.34 mL per day)
NOVOLOG MIX INJ FLEXPEN	Non Preferred	PA, QL (1.34 mL per day)
NOVOLOG RELI INJ 70/30	Non Preferred	PA, QL (1.34 mL per day)
SEMGLEE INJ 100U/ML	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEMGLEE INJ 100U/ML	Non Preferred	PA, QL (1.34 mL per day)
SEMGLEE SOL 100U/ML	Non Preferred	PA
TOUJEO MAX INJ 300IU/ML	Non Preferred	PA
TOUJEO SOLO INJ 300IU/ML	Non Preferred	PA
TRESIBA FLEX INJ 100UNIT	Non Preferred	PA
TRESIBA FLEX INJ 200UNIT	Non Preferred	PA
TRESIBA INJ 100UNIT	Non Preferred	PA
<b>INSULIN SENSITIZING AGENTS</b>		
ACTOS TAB 15MG	Non Preferred	PA, QL (1 ea per day)
ACTOS TAB 30MG	Non Preferred	PA, QL (1 ea per day)
ACTOS TAB 45MG	Non Preferred	PA, QL (1 ea per day)
<i>pioglitazone hcl tab 15 mg (base equiv) (generic of ACTOS)</i>	Preferred	QL (1 ea per day)
<i>pioglitazone hcl tab 30 mg (base equiv) (generic of ACTOS)</i>	Preferred	QL (1 ea per day)
<i>pioglitazone hcl tab 45 mg (base equiv) (generic of ACTOS)</i>	Preferred	QL (1 ea per day)
<b>MEGLITINIDE ANALOGUES</b>		
<i>nateglinide tab 60 mg</i>	Preferred	QL (3 ea per day)
<i>nateglinide tab 120 mg</i>	Preferred	QL (3 ea per day)
<i>repaglinide tab 0.5 mg</i>	Non Preferred	PA, QL (6 ea per day)
<i>repaglinide tab 1 mg</i>	Non Preferred	PA, QL (6 ea per day)
<i>repaglinide tab 2 mg</i>	Non Preferred	PA, QL (6 ea per day)
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
FARXIGA TAB 5MG	Preferred	
FARXIGA TAB 10MG	Preferred	
INVOKANA TAB 100MG	Preferred	
INVOKANA TAB 300MG	Preferred	
JARDIANCE TAB 10MG	Preferred	
JARDIANCE TAB 25MG	Preferred	
STEGLATRO TAB 5MG	Non Preferred	PA, QL (1 ea per day)

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

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA</b>		
<b>ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.</b>		

<i>bismuth subsalicylate chew tab 262 mg</i>	Preferred	OTC
<i>bismuth subsalicylate susp 262 mg/15ml</i>	Preferred	OTC
<i>bismuth subsalicylate susp 525 mg/15ml</i>	Preferred	OTC
<i>bismuth subsalicylate tab 262 mg</i>	Preferred	OTC

**ANTIPERISTALTIC AGENTS**

<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg (generic of LOMOTIL)</i>	Preferred	QL (8 ea per day)
<i>loperamide hcl cap 2 mg</i>	Preferred	QL (8 ea per day)
<i>loperamide hcl cap 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>loperamide hcl tab 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>loperamide sus 1mg/7.5</i>	Preferred	OTC

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

**ANTIDOTES - CHELATING AGENTS**

<i>CHEMET CAP 100MG</i>	Preferred	
<i>deferasirox granules packet 90 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	PA
<i>deferasirox granules packet 180 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	PA
<i>deferasirox granules packet 360 mg (generic of JADENU SPRINKLE)</i>	Non Preferred	PA
<i>deferasirox tab 90 mg (generic of JADENU)</i>	Non Preferred	PA
<i>deferasirox tab 180 mg (generic of JADENU)</i>	Non Preferred	PA
<i>deferasirox tab 360 mg (generic of JADENU)</i>	Non Preferred	PA
<i>deferasirox tab for oral susp 125 mg (generic of EXJADE)</i>	Non Preferred	PA
<i>deferasirox tab for oral susp 250 mg (generic of EXJADE)</i>	Non Preferred	PA
<i>deferasirox tab for oral susp 500 mg (generic of EXJADE)</i>	Non Preferred	PA
<i>deferiprone tab 500 mg (generic of FERRIPROX)</i>	Non Preferred	PA
<i>EXJADE TAB 125MG</i>	Non Preferred	PA
<i>EXJADE TAB 250MG</i>	Non Preferred	PA
<i>EXJADE TAB 500MG</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FERPRX 2-DAY TAB 1000MG	Non	PA
	Preferred	
FERRIPROX SOL 100MG/ML	Non	PA
	Preferred	
FERRIPROX TAB 500MG	Non	PA
	Preferred	
FERRIPROX TAB 1000MG	Non	PA
	Preferred	
JADENU SPRKL GRA 90MG	Non	PA
	Preferred	
JADENU SPRKL GRA 180MG	Non	PA
	Preferred	
JADENU SPRKL GRA 360MG	Non	PA
	Preferred	
JADENU TAB 90MG	Non	PA
	Preferred	
JADENU TAB 180MG	Non	PA
	Preferred	
JADENU TAB 360MG	Non	PA
	Preferred	

### **OPIOID ANTAGONISTS**

KLOXXADO SPR 8MG	Preferred	
<i>naloxone hcl inj 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl inj 4 mg/10ml</i>	Preferred	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> (generic of NARCAN)	Preferred	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Preferred	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Preferred	
<i>naltrexone hcl tab 50 mg</i>	Preferred	QL (2 ea per day)
NARCAN SPR	Preferred	
VIVITROL INJ 380MG	Preferred	
ZIMHI SOL	Preferred	

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

#### **5-HT3 RECEPTOR ANTAGONISTS**

gransetron hcl tab 1 mg	Non Preferred	PA, QL (2 ea per day)
ondansetron hcl oral soln 4 mg/5ml	Preferred	
ondansetron hcl tab 4 mg	Preferred	QL (6 ea per day)
ondansetron hcl tab 8 mg	Preferred	QL (3 ea per day)
ondansetron orally disintegrating tab 4 mg	Preferred	QL (6 ea per day)
ondansetron orally disintegrating tab 8 mg	Preferred	QL (3 ea per day)
SANCUSO DIS 3.1MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>ANTIEMETICS - ANTICHOLINERGIC</i></b>		
ANTIVERT CHW 25MG	Non Preferred	PA
ANTIVERT TAB 50MG	Non Preferred	PA
<i>dimenhydrinate tab 50 mg</i>	Preferred	OTC
<i>meclizine hcl chew tab 25 mg</i>	Preferred	OTC
<i>meclizine hcl tab 12.5 mg</i>	Preferred	QL (4 ea per day)
<i>meclizine hcl tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>scopolamine td patch 72hr 1 mg/3days</i> (generic of TRANSDERM-SCOP)	Preferred	
TRANSDERM-SC DIS 1MG/3DAY	Preferred	
<i>trimethobenzamide hcl cap 300 mg</i>	Non Preferred	PA
<b><i>ANTIEMETICS - MISCELLANEOUS</i></b>		
AKYNZEO CAP 300-0.5	Non Preferred	PA
BONJESTA TAB 20-20MG	Non Preferred	PA
DICLEGIS TAB 10-10MG	Non Preferred	PA
<i>doxylamine-pyridoxine tab delayed release</i> 10-10 mg (generic of DICLEGIS)	Non Preferred	PA
<i>dronabinol cap 2.5 mg</i> (generic of MARINOL)	Non Preferred	PA
<i>dronabinol cap 5 mg</i>	Non Preferred	PA
<i>dronabinol cap 10 mg</i>	Non Preferred	PA
MARINOL CAP 2.5MG	Non Preferred	PA
MARINOL CAP 5MG	Non Preferred	PA
MARINOL CAP 10MG	Non Preferred	PA
<b><i>SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS</i></b>		
<i>aprepitant capsule 40 mg</i>	Preferred	
<i>aprepitant capsule 80 mg</i> (generic of EMEND)	Preferred	
<i>aprepitant capsule 125 mg</i>	Preferred	
<i>aprepitant capsule therapy pack 80 &amp; 125</i> <i>mg</i>	Preferred	
EMEND CAP 80MG	Non Preferred	PA
EMEND SUS 125MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMEND TRIPAC PAK 80 & 125	Non Preferred	PA

## **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

### **ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS**

BREXAFEMME TAB 150MG	Non Preferred	PA
----------------------	---------------	----

### **ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS**

ANCOBON CAP 250MG	Non Preferred	PA
ANCOBON CAP 500MG	Non Preferred	PA
<i>flucytosine cap 250 mg (generic of ANCOBON)</i>	Non Preferred	PA
<i>flucytosine cap 500 mg (generic of ANCOBON)</i>	Non Preferred	PA
<i>griseofulvin microsize susp 125 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>griseofulvin microsize tab 500 mg</i>	Preferred	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Preferred	
<i>griseofulvin ultramicrosize tab 250 mg</i>	Preferred	
<i>nystatin tab 500000 unit</i>	Preferred	QL (8 ea per day)
<i>terbinafine hcl tab 250 mg</i>	Preferred	QL (1 ea per day)

### **IMIDAZOLE-RELATED ANTIFUNGALS**

CRESEMBA CAP 186 MG	Non Preferred	PA
DIFLUCAN SUS 10MG/ML	Non Preferred	PA, QL (3 mL per day)
DIFLUCAN SUS 40MG/ML	Non Preferred	PA, QL (5 mL per day)
DIFLUCAN TAB 50MG	Non Preferred	PA, QL (2 ea per day)
DIFLUCAN TAB 100MG	Non Preferred	PA
DIFLUCAN TAB 150MG	Non Preferred	PA
DIFLUCAN TAB 200MG	Non Preferred	PA
<i>fluconazole for susp 10 mg/ml (generic of DIFLUCAN)</i>	Preferred	QL (3 mL per day)
<i>fluconazole for susp 40 mg/ml (generic of DIFLUCAN)</i>	Preferred	QL (5 mL per day)
<i>fluconazole tab 50 mg (generic of DIFLUCAN)</i>	Preferred	QL (2 ea per day)
<i>fluconazole tab 100 mg (generic of DIFLUCAN)</i>	Preferred	
<i>fluconazole tab 150 mg (generic of DIFLUCAN)</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluconazole tab 200 mg (generic of DIFLUCAN)</i>	Preferred	
<i>itraconazole cap 100 mg (generic of SPORANOX)</i>	Non Preferred	PA
<i>itraconazole oral soln 10 mg/ml (generic of SPORANOX)</i>	Non Preferred	PA
<i>ketoconazole tab 200 mg</i>	Preferred	QL (2 ea per day)
NOXAFL SUS 40MG/ML	Non Preferred	PA
NOXAFL TAB 100MG	Non Preferred	PA
<i>posaconazole tab delayed release 100 mg (generic of NOXAFL)</i>	Non Preferred	PA
SPORANOX CAP 100MG	Non Preferred	PA
SPORANOX CAP PULSEPAK	Non Preferred	PA
SPORANOX SOL 10MG/ML	Non Preferred	PA
TOLSURA CAP 65MG	Non Preferred	PA
VFEND SUS 40MG/ML	Non Preferred	PA
VFEND TAB 50MG	Non Preferred	PA
VFEND TAB 200MG	Non Preferred	PA
<i>voriconazole for susp 40 mg/ml (generic of VFEND)</i>	Non Preferred	PA
<i>voriconazole tab 50 mg (generic of VFEND)</i>	Non Preferred	PA
<i>voriconazole tab 200 mg (generic of VFEND)</i>	Non Preferred	PA

## **ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES**

### **ANTIHISTAMINES - ALKYLAMINES**

<i>chlorpheniramine maleate syrup 2 mg/5ml</i>	Preferred	OTC
<i>chlorpheniramine tab 4 mg</i>	Preferred	QL (6 ea per day), OTC
<i>chlorpheniramine tab er 12 mg</i>	Preferred	QL (2 ea per day), OTC

### **ANTIHISTAMINES - ETHANOLAMINES**

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Preferred
<i>carbinoxamine maleate tab 4 mg</i>	Preferred
<i>clemastine fumarate tab 1.34 mg</i>	Preferred
<i>clemastine fumarate tab 2.68 mg</i>	Preferred
<i>diphenhydramine hcl cap 25 mg</i>	Preferred
	QL (6 ea per day), OTC; AGE (Max age 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diphenhydramine hcl cap 50 mg	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)
diphenhydramine hcl chew tab 12.5 mg	Preferred	QL (6 ea per day), OTC; AGE (Max age 12 years)
diphenhydramine hcl elixir 12.5 mg/5ml	Preferred	QL (80 mL per day); AGE (Max age 12 years)
diphenhydramine hcl inj 50 mg/ml	Preferred	AGE (Max age 64 years)
diphenhydramine hcl liquid 12.5 mg/5ml	Preferred	QL (60 mL per day), OTC; AGE (Max age 12 years)
diphenhydramine hcl tab 25 mg	Preferred	QL (6 ea per day), OTC; AGE (Max age 64 years)

#### **ANTIHISTAMINES - NON-SEDATING**

cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Preferred	QL (10 mL per day); AGE (Max age 12 years)
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	Preferred	QL (10 mL per day), OTC; AGE (Max age 12 years)
cetirizine hcl tab 5 mg	Preferred	QL (1 ea per day), OTC
cetirizine hcl tab 10 mg	Preferred	QL (1 ea per day), OTC
loratadine rapidly-disintegrating tab 10 mg	Preferred	QL (1 ea per day), OTC; AGE (Max age 12 years)
loratadine syrup 5 mg/5ml	Preferred	QL (10 mL per day), OTC; AGE (Max age 12 years)
loratadine tab 10 mg	Preferred	QL (1 ea per day), OTC

#### **ANTIHISTAMINES - PHENOTHIAZINES**

promethazine hcl inj 25 mg/ml (generic of PHENERGAN)	Preferred	QL (100 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl inj 50 mg/ml (generic of PHENERGAN)	Preferred	QL (50 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 12.5 mg	Preferred	QL (8 ea per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl suppos 25 mg	Preferred	QL (8 ea per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl syrup 6.25 mg/5ml	Preferred	QL (100 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine hcl tab 12.5 mg	Preferred	QL (2 ea per day); AGE (Min age 2 years and Max age 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine hcl tab 25 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 2 years and Max age 64 years)
<i>promethazine hcl tab 50 mg</i>	Preferred	QL (2 ea per day); AGE (Min age 2 years and Max age 64 years)

#### **ANTIHISTAMINES - PIPERIDINES**

<i>ciproheptadine hcl syrup 2 mg/5ml</i>	Preferred	QL (20 mL per day); AGE (Max age 64 years)
<i>ciproheptadine hcl tab 4 mg</i>	Preferred	QL (6 ea per day); AGE (Max age 64 years)

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

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

<i>NEXLETOL TAB 180MG</i>	Non Preferred	PA
---------------------------	------------------	----

#### **ANTIHYPERLIPIDEMICS - COMBINATIONS**

<i>ezetimibe-simvastatin tab 10-10 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-20 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-40 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>ezetimibe-simvastatin tab 10-80 mg (generic of VYTORIN)</i>	Non Preferred	PA
<i>NEXLIZET TAB 180/10MG</i>	Non Preferred	PA
<i>VYTORIN TAB 10-10MG</i>	Non Preferred	PA
<i>VYTORIN TAB 10-20MG</i>	Non Preferred	PA
<i>VYTORIN TAB 10-40MG</i>	Non Preferred	PA
<i>VYTORIN TAB 10-80MG</i>	Non Preferred	PA

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

<i>icosapent ethyl cap 1 gm</i>	Non Preferred	PA
<i>LOVAZA CAP 1GM</i>	Non Preferred	PA
<i>omega-3-acid ethyl esters cap 1 gm (generic of LOVAZA)</i>	Non Preferred	PA
<i>VASCEPA CAP 0.5GM</i>	Non Preferred	PA
<i>VASCEPA CAP 1GM</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>		
<b>BILE ACID SEQUESTRANTS</b>			
<i>cholestyramine light powder 4 gm/dose (generic of QUESTRAN LIGHT)</i>	Preferred	QL (8 gm per day)	
<i>cholestyramine light powder packets 4 gm</i>	Preferred		
<i>cholestyramine powder 4 gm/dose (generic of QUESTRAN)</i>	Preferred	QL (48 gm per day)	
<i>cholestyramine powder packets 4 gm (generic of QUESTRAN)</i>	Preferred		
<i>colesevelam hcl packet for susp 3.75 gm (generic of WELCHOL)</i>	Non Preferred	PA	
<i>colesevelam hcl tab 625 mg (generic of WELCHOL)</i>	Non Preferred	PA	
COLESTID FLA GRA 5/7.5GM	Non Preferred	PA	
COLESTID FLA GRA 5GM	Non Preferred	PA	
COLESTID GRA 5GM	Non Preferred	PA	
COLESTID POW 5GM	Non Preferred	PA	
COLESTID TAB 1GM	Non Preferred	PA, QL (16 ea per day)	
<i>colestipol hcl granule packets 5 gm (generic of COLESTID)</i>	Non Preferred	PA	
<i>colestipol hcl granules 5 gm (generic of COLESTID)</i>	Non Preferred	PA	
<i>colestipol hcl tab 1 gm (generic of COLESTID)</i>	Non Preferred	PA, QL (16 ea per day)	
<i>prevalite pow 4gm (generic of QUESTRAN LIGHT)</i>	Preferred	QL (8 gm per day)	
<i>prevalite pow 4gm pk</i>	Preferred		
QUESTRAN POW 4GM	Non Preferred	PA	
QUESTRAN POW 4GM	Non Preferred	PA, QL (48 gm per day)	
QUESTRAN POW 4GM LITE	Non Preferred	PA, QL (8 gm per day)	
WELCHOL PAK 3.75GM	Non Preferred	PA	
WELCHOL TAB 625MG	Non Preferred	PA	
<b>FIBRIC ACID DERIVATIVES</b>			
ANTARA CAP 30MG	Non Preferred	PA	
ANTARA CAP 90MG	Non Preferred	PA	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv) (generic of TRILIPIX)</i>	Preferred	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv) (generic of TRILIPIX)</i>	Preferred	
FENOFIB MICR CAP 30MG	Preferred	
FENOFIB MICR CAP 90MG	Preferred	
<i>fenofibrate cap 50 mg</i>	Preferred	
<i>fenofibrate cap 150 mg</i>	Preferred	
<i>fenofibrate micronized cap 43 mg</i>	Preferred	
<i>fenofibrate micronized cap 67 mg</i>	Preferred	
<i>fenofibrate micronized cap 130 mg</i>	Preferred	
<i>fenofibrate micronized cap 134 mg</i>	Preferred	
<i>fenofibrate micronized cap 200 mg</i>	Preferred	
<i>fenofibrate tab 40 mg (generic of FENOGLIDE)</i>	Preferred	
<i>fenofibrate tab 48 mg (generic of TRICOR)</i>	Preferred	QL (1 ea per day)
<i>fenofibrate tab 54 mg</i>	Preferred	QL (1 ea per day)
<i>fenofibrate tab 120 mg (generic of FENOGLIDE)</i>	Preferred	
<i>fenofibrate tab 145 mg (generic of TRICOR)</i>	Preferred	QL (1 ea per day)
<i>fenofibrate tab 160 mg</i>	Preferred	QL (1 ea per day)
<i>fenofibric acid tab 35 mg</i>	Non Preferred	PA
<i>fenofibric acid tab 105 mg</i>	Non Preferred	PA
FENOGLIDE TAB 40MG	Non Preferred	PA
FENOGLIDE TAB 120MG	Non Preferred	PA
<i>gemfibrozil tab 600 mg (generic of LOPID)</i>	Preferred	QL (4 ea per day)
LIPOFEN CAP 50MG	Non Preferred	PA
LIPOFEN CAP 150MG	Non Preferred	PA
LOPID TAB 600MG	Non Preferred	PA, QL (4 ea per day)
TRICOR TAB 48MG	Non Preferred	PA, QL (1 ea per day)
TRICOR TAB 145MG	Non Preferred	PA, QL (1 ea per day)
TRILIPIX CAP 45MG	Non Preferred	PA
TRILIPIX CAP 135MG	Non Preferred	PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>HMG COA REDUCTASE INHIBITORS</b>			
ALTOPREV TAB 20MG ER		Non Preferred	PA
ALTOPREV TAB 40MG ER		Non Preferred	PA
ALTOPREV TAB 60MG ER		Non Preferred	PA
<i>atorvastatin calcium tab 10 mg (base equivalent) (generic of LIPITOR)</i>	Preferred	QL (1 ea per day)	
<i>atorvastatin calcium tab 20 mg (base equivalent) (generic of LIPITOR)</i>	Preferred	QL (1 ea per day)	
<i>atorvastatin calcium tab 40 mg (base equivalent) (generic of LIPITOR)</i>	Preferred	QL (1 ea per day)	
<i>atorvastatin calcium tab 80 mg (base equivalent) (generic of LIPITOR)</i>	Preferred	QL (1 ea per day)	
CRESTOR TAB 5MG	Non Preferred	PA, QL (1 ea per day)	
CRESTOR TAB 10MG	Non Preferred	PA, QL (1 ea per day)	
CRESTOR TAB 20MG	Non Preferred	PA, QL (1 ea per day)	
CRESTOR TAB 40MG	Non Preferred	PA, QL (1 ea per day)	
EZALLOR SPR CAP 5MG	Non Preferred	PA	
EZALLOR SPR CAP 10MG	Non Preferred	PA	
EZALLOR SPR CAP 20MG	Non Preferred	PA	
EZALLOR SPR CAP 40MG	Non Preferred	PA	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Non Preferred	PA	
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Non Preferred	PA	
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (generic of LESCOL XL)</i>	Non Preferred	PA	
LESCOL XL TAB 80MG	Non Preferred	PA	
LIPITOR TAB 10MG	Non Preferred	PA, QL (1 ea per day)	
LIPITOR TAB 20MG	Non Preferred	PA, QL (1 ea per day)	
LIPITOR TAB 40MG	Non Preferred	PA, QL (1 ea per day)	
LIPITOR TAB 80MG	Non Preferred	PA, QL (1 ea per day)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LIVALO TAB 1MG	Non Preferred	PA
LIVALO TAB 2MG	Non Preferred	PA
LIVALO TAB 4MG	Non Preferred	PA
<i>lovastatin tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>lovastatin tab 20 mg</i>	Preferred	QL (1 ea per day)
<i>lovastatin tab 40 mg</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 20 mg</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 40 mg</i>	Preferred	QL (1 ea per day)
<i>pravastatin sodium tab 80 mg</i>	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 5 mg</i> (generic of CRESTOR)	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 10 mg</i> (generic of CRESTOR)	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 20 mg</i> (generic of CRESTOR)	Preferred	QL (1 ea per day)
<i>rosuvastatin calcium tab 40 mg</i> (generic of CRESTOR)	Preferred	QL (1 ea per day)
<i>simvastatin tab 5 mg</i>	Preferred	QL (1 ea per day)
<i>simvastatin tab 10 mg</i> (generic of ZOCOR)	Preferred	QL (1 ea per day)
<i>simvastatin tab 20 mg</i> (generic of ZOCOR)	Preferred	QL (1 ea per day)
<i>simvastatin tab 40 mg</i> (generic of ZOCOR)	Preferred	QL (1 ea per day)
<i>simvastatin tab 80 mg</i> (generic of ZOCOR)	Preferred	
ZOCOR TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 20MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 40MG	Non Preferred	PA, QL (1 ea per day)
ZOCOR TAB 80MG	Non Preferred	PA
ZYPITAMAG TAB 2MG	Non Preferred	PA
ZYPITAMAG TAB 4MG	Non Preferred	PA
<b>INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS</b>		
<i>ezetimibe tab 10 mg</i> (generic of ZETIA)	Preferred	QL (1 ea per day)
ZETIA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
<b>MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITORS</b>		
JUXTAPID CAP 5MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JUXTAPID CAP 10MG	Non Preferred	SP, PA
JUXTAPID CAP 20MG	Non Preferred	SP, PA
JUXTAPID CAP 30MG	Non Preferred	SP, PA

#### **NICOTINIC ACID DERIVATIVES**

niacin tab er 500 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
niacin tab er 750 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
niacin tab er 1000 mg (antihyperlipidemic) (generic of NIASPAN)	Non Preferred	PA
NIASPAN TAB 500MG ER	Non Preferred	PA
NIASPAN TAB 750MG ER	Non Preferred	PA
NIASPAN TAB 1000 ER	Non Preferred	PA

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

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

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

##### **ACE INHIBITORS**

ACCUPRIL TAB 5MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 20MG	Non Preferred	PA, QL (1 ea per day)
ACCUPRIL TAB 40MG	Non Preferred	PA, QL (2 ea per day)
ALTACE CAP 1.25MG	Non Preferred	PA, QL (1 ea per day)
ALTACE CAP 2.5MG	Non Preferred	PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALTACE CAP 5MG	Non Preferred	PA, QL (1 ea per day)
ALTACE CAP 10MG	Non Preferred	PA, QL (1 ea per day)
<i>benazepril hcl tab 5 mg</i>	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 10 mg</i> (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 20 mg</i> (generic of LOTENSIN)	Preferred	QL (1.5 ea per day)
<i>benazepril hcl tab 40 mg</i> (generic of LOTENSIN)	Preferred	QL (2 ea per day)
<i>captopril tab 12.5 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>captopril tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>enalapril maleate oral soln 1 mg/ml</i> (generic of EPANED)	Non Preferred	PA
<i>enalapril maleate tab 2.5 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 5 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 10 mg</i> (generic of VASOTEC)	Preferred	QL (1 ea per day)
<i>enalapril maleate tab 20 mg</i> (generic of VASOTEC)	Preferred	QL (2 ea per day)
EPANED SOL 1MG/ML	Non Preferred	PA
<i>fosinopril sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>fosinopril sodium tab 20 mg</i>	Preferred	QL (1 ea per day)
<i>fosinopril sodium tab 40 mg</i>	Preferred	QL (1 ea per day)
<i>lisinopril tab 2.5 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 5 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 10 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 20 mg</i> (generic of ZESTRIL)	Preferred	QL (1 ea per day)
<i>lisinopril tab 30 mg</i> (generic of ZESTRIL)	Preferred	QL (2 ea per day)
<i>lisinopril tab 40 mg</i> (generic of ZESTRIL)	Preferred	QL (2 ea per day)
LOTENSIN TAB 10MG	Non Preferred	PA, QL (1.5 ea per day)
LOTENSIN TAB 20MG	Non Preferred	PA, QL (1.5 ea per day)
LOTENSIN TAB 40MG	Non Preferred	PA, QL (2 ea per day)
<i>moexipril hcl tab 7.5 mg</i>	Preferred	
<i>moexipril hcl tab 15 mg</i>	Preferred	
<i>perindopril erbumine tab 2 mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>perindopril erbumine tab 4 mg</i>	Non	PA	
	Preferred		
<i>perindopril erbumine tab 8 mg</i>	Non	PA	
	Preferred		
QBRELIS SOL 1MG/ML	Non	PA	
	Preferred		
<i>quinapril hcl tab 5 mg (generic of ACCUPRIL)</i>	Preferred	QL (1 ea per day)	
<i>quinapril hcl tab 10 mg (generic of ACCUPRIL)</i>	Preferred	QL (1 ea per day)	
<i>quinapril hcl tab 20 mg (generic of ACCUPRIL)</i>	Preferred	QL (1 ea per day)	
<i>quinapril hcl tab 40 mg (generic of ACCUPRIL)</i>	Preferred	QL (2 ea per day)	
<i>ramipril cap 1.25 mg (generic of ALTACE)</i>	Preferred	QL (1 ea per day)	
<i>ramipril cap 2.5 mg (generic of ALTACE)</i>	Preferred	QL (1 ea per day)	
<i>ramipril cap 5 mg (generic of ALTACE)</i>	Preferred	QL (1 ea per day)	
<i>ramipril cap 10 mg (generic of ALTACE)</i>	Preferred	QL (1 ea per day)	
<i>trandolapril tab 1 mg</i>	Preferred	QL (1 ea per day)	
<i>trandolapril tab 2 mg</i>	Preferred	QL (1 ea per day)	
<i>trandolapril tab 4 mg (generic of MAVIK)</i>	Preferred	QL (1 ea per day)	
VASOTEC TAB 2.5MG	Non	PA, QL (1 ea per day)	
	Preferred		
VASOTEC TAB 5MG	Non	PA, QL (1 ea per day)	
	Preferred		
VASOTEC TAB 10MG	Non	PA, QL (1 ea per day)	
	Preferred		
VASOTEC TAB 20MG	Non	PA, QL (2 ea per day)	
	Preferred		
ZESTRIL TAB 2.5MG	Non	PA, QL (1 ea per day)	
	Preferred		
ZESTRIL TAB 5MG	Non	PA, QL (1 ea per day)	
	Preferred		
ZESTRIL TAB 10MG	Non	PA, QL (1 ea per day)	
	Preferred		
ZESTRIL TAB 20MG	Non	PA, QL (1 ea per day)	
	Preferred		
ZESTRIL TAB 30MG	Non	PA, QL (2 ea per day)	
	Preferred		
ZESTRIL TAB 40MG	Non	PA, QL (2 ea per day)	
	Preferred		

#### **AGENTS FOR PHEOCHROMOCYTOMA**

<i>DEMSER CAP 250MG</i>	Preferred	
<i>metyrosine cap 250 mg</i>	Preferred	
<i>phenoxybenzamine hcl cap 10 mg (generic of DIBENZYLINE)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>		
ATACAND TAB 4MG	Non Preferred	PA
ATACAND TAB 8MG	Non Preferred	PA
ATACAND TAB 16MG	Non Preferred	PA
ATACAND TAB 32MG	Non Preferred	PA
AVAPRO TAB 75MG	Non Preferred	PA, QL (1 ea per day)
AVAPRO TAB 150MG	Non Preferred	PA, QL (1 ea per day)
AVAPRO TAB 300MG	Non Preferred	PA, QL (1 ea per day)
BENICAR TAB 5MG	Non Preferred	PA
BENICAR TAB 20MG	Non Preferred	PA
BENICAR TAB 40MG	Non Preferred	PA
<i>candesartan cilexetil tab 4 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 8 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 16 mg (generic of ATACAND)</i>	Non Preferred	PA
<i>candesartan cilexetil tab 32 mg (generic of ATACAND)</i>	Non Preferred	PA
COZAAR TAB 25MG	Non Preferred	PA, QL (1 ea per day)
COZAAR TAB 50MG	Non Preferred	PA, QL (1 ea per day)
COZAAR TAB 100MG	Non Preferred	PA, QL (1 ea per day)
DIOVAN TAB 40MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 80MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 160MG	Non Preferred	PA, QL (2 ea per day)
DIOVAN TAB 320MG	Non Preferred	PA, QL (2 ea per day)
EDARBI TAB 40MG	Non Preferred	PA
EDARBI TAB 80MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>irbesartan tab 75 mg (generic of AVAPRO)</i>	Preferred	QL (1 ea per day)
<i>irbesartan tab 150 mg (generic of AVAPRO)</i>	Preferred	QL (1 ea per day)
<i>irbesartan tab 300 mg (generic of AVAPRO)</i>	Preferred	QL (1 ea per day)
<i>losartan potassium tab 25 mg (generic of COZAAR)</i>	Preferred	QL (1 ea per day)
<i>losartan potassium tab 50 mg (generic of COZAAR)</i>	Preferred	QL (1 ea per day)
<i>losartan potassium tab 100 mg (generic of COZAAR)</i>	Preferred	QL (1 ea per day)
MICARDIS TAB 20MG	Non Preferred	PA
MICARDIS TAB 40MG	Non Preferred	PA
MICARDIS TAB 80MG	Non Preferred	PA
<i>olmesartan medoxomil tab 5 mg (generic of BENICAR)</i>	Non Preferred	PA
<i>olmesartan medoxomil tab 20 mg (generic of BENICAR)</i>	Non Preferred	PA
<i>olmesartan medoxomil tab 40 mg (generic of BENICAR)</i>	Non Preferred	PA
<i>telmisartan tab 20 mg (generic of MICARDIS)</i>	Non Preferred	PA
<i>telmisartan tab 40 mg (generic of MICARDIS)</i>	Non Preferred	PA
<i>telmisartan tab 80 mg (generic of MICARDIS)</i>	Non Preferred	PA
<i>valsartan tab 40 mg (generic of DIOVAN)</i>	Preferred	QL (2 ea per day)
<i>valsartan tab 80 mg (generic of DIOVAN)</i>	Preferred	QL (2 ea per day)
<i>valsartan tab 160 mg (generic of DIOVAN)</i>	Preferred	QL (2 ea per day)
<i>valsartan tab 320 mg (generic of DIOVAN)</i>	Preferred	QL (2 ea per day)

#### **ANTIADRENERGIC ANTIHYPERTENSIVES**

CARDURA TAB 1MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 2MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 4MG	Non Preferred	PA, QL (1 ea per day)
CARDURA TAB 8MG	Non Preferred	PA, QL (2 ea per day)
CATAPRES-TTS DIS 0.1/24HR	Non Preferred	PA
CATAPRES-TTS DIS 0.2/24HR	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CATAPRES-TTS DIS 0.3/24HR	Non Preferred	PA QL (6 ea per day)
<i>clonidine hcl tab 0.1 mg</i>	Preferred	QL (6 ea per day)
<i>clonidine hcl tab 0.2 mg</i>	Preferred	QL (6 ea per day)
<i>clonidine hcl tab 0.3 mg</i>	Preferred	QL (4 ea per day)
<i>clonidine td patch weekly 0.1 mg/24hr (generic of CATAPRES-TTS-1)</i>	Preferred	
<i>clonidine td patch weekly 0.2 mg/24hr (generic of CATAPRES-TTS-2)</i>	Preferred	
<i>clonidine td patch weekly 0.3 mg/24hr (generic of CATAPRES-TTS-3)</i>	Preferred	
<i>doxazosin mesylate tab 1 mg</i>	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 2 mg</i>	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 4 mg</i>	Preferred	QL (1 ea per day)
<i>doxazosin mesylate tab 8 mg</i>	Preferred	QL (2 ea per day)
<i>guanfacine hcl tab 1 mg</i>	Preferred	QL (4 ea per day)
<i>guanfacine hcl tab 2 mg</i>	Preferred	QL (2 ea per day)
<i>methyldopa tab 250mg</i>	Preferred	QL (4 ea per day)
<i>methyldopa tab 500mg</i>	Preferred	QL (6 ea per day)
MINIPRESS CAP 1MG	Non Preferred	PA, QL (6 ea per day)
MINIPRESS CAP 2MG	Non Preferred	PA, QL (6 ea per day)
MINIPRESS CAP 5MG	Non Preferred	PA, QL (6 ea per day)
<i>prazosin hcl cap 1 mg (generic of MINIPRESS)</i>	Preferred	QL (6 ea per day)
<i>prazosin hcl cap 2 mg (generic of MINIPRESS)</i>	Preferred	QL (6 ea per day)
<i>prazosin hcl cap 5 mg (generic of MINIPRESS)</i>	Preferred	QL (6 ea per day)
<i>terazosin hcl cap 1 mg (base equivalent)</i>	Preferred	QL (1 ea per day)
<i>terazosin hcl cap 2 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
<i>terazosin hcl cap 5 mg (base equivalent)</i>	Preferred	QL (1 ea per day)
<i>terazosin hcl cap 10 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
<b>ANTIHYPERTENSIVE COMBINATIONS</b>		
ACCURETIC TAB 10-12.5	Non Preferred	PA, QL (1 ea per day)
ACCURETIC TAB 20-12.5	Non Preferred	PA, QL (1 ea per day)
ACCURETIC TAB 20-25MG	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 2.5- 10 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5- 10 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-benazepril hcl cap 5-20 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 10-20 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg (generic of AZOR)</i>	Non Preferred	PA
<i>amlodipine besylate-valsartan tab 5-160 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 5-320 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 10-160 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>amlodipine besylate-valsartan tab 10-320 mg (generic of EXFORGE)</i>	Non Preferred	PA, QL (1 ea per day)
<i>ATACAND HCT TAB 16-12.5</i>	Non Preferred	PA
<i>ATACAND HCT TAB 32-12.5</i>	Non Preferred	PA
<i>ATACAND HCT TAB 32-25MG</i>	Non Preferred	PA
<i>atenolol &amp; chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Preferred	QL (2 ea per day)
<i>atenolol &amp; chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Preferred	QL (1 ea per day)
<i>AVALIDE TAB 150-12.5</i>	Non Preferred	PA, QL (1 ea per day)
<i>AVALIDE TAB 300-12.5</i>	Non Preferred	PA, QL (1 ea per day)
<i>AZOR TAB 5-20MG</i>	Non Preferred	PA
<i>AZOR TAB 5-40MG</i>	Non Preferred	PA
<i>AZOR TAB 10-20MG</i>	Non Preferred	PA
<i>AZOR TAB 10-40MG</i>	Non Preferred	PA
<i>benazep/hctz tab 5-6.25</i>	Preferred	QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	QL (1 ea per day)
BENICAR HCT TAB 20-12.5	Non Preferred	PA
BENICAR HCT TAB 40-12.5	Non Preferred	PA
BENICAR HCT TAB 40-25MG	Non Preferred	PA
<i>bisoprolol &amp; hydrochlorothiazide tab 2.5-6.25 mg (generic of ZIAC)</i>	Preferred	QL (3 ea per day)
<i>bisoprolol &amp; hydrochlorothiazide tab 5-6.25 mg (generic of ZIAC)</i>	Preferred	QL (3 ea per day)
<i>bisoprolol &amp; hydrochlorothiazide tab 10-6.25 mg (generic of ZIAC)</i>	Preferred	QL (4 ea per day)
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (generic of ATACAND HCT)</i>	Non Preferred	PA
DIOVAN HCT TAB 80/12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 160-12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 160-25MG	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 320-12.5	Non Preferred	PA, QL (1 ea per day)
DIOVAN HCT TAB 320-25MG	Non Preferred	PA, QL (1 ea per day)
EDARBYCLO TAB 40-12.5	Non Preferred	PA
EDARBYCLO TAB 40-25MG	Non Preferred	PA
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	QL (2 ea per day)
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	QL (2 ea per day)
EXFORGE TAB 5-160MG	Non Preferred	PA, QL (1 ea per day)
EXFORGE TAB 5-320MG	Non Preferred	PA, QL (1 ea per day)
EXFORGE TAB 10-160MG	Non Preferred	PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>		
EXFORGE TAB 10-320MG	Non Preferred	PA, QL (1 ea per day)		
EXFORGEH/5- TAB 160-12.5		PA		
EXFORGEH/5- TAB 160-25	Non Preferred	PA		
EXFORGEH/10- TAB 160-12.5		PA		
EXFORGEH/10- TAB 160-25	Non Preferred	PA		
EXFORGEH/10- TAB 320-25		PA		
<i>fosinopril sodium &amp; hydrochlorothiazide tab 10-12.5 mg</i>		Preferred	QL (1 ea per day)	
<i>fosinopril sodium &amp; hydrochlorothiazide tab 20-12.5 mg</i>		Preferred	QL (1 ea per day)	
HYZAAR TAB 50-12.5	Non Preferred	PA, QL (1 ea per day)		
HYZAAR TAB 100-12.5		PA, QL (1 ea per day)		
HYZAAR TAB 100-25	Non Preferred	PA, QL (1 ea per day)		
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>		Preferred	QL (1 ea per day)	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>		Preferred	QL (1 ea per day)	
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>		Preferred	QL (2 ea per day)	
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>		Preferred	QL (2 ea per day)	
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>		Preferred	QL (2 ea per day)	
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>		Preferred	QL (1 ea per day)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>		Preferred	QL (1 ea per day)	
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>		Preferred	QL (1 ea per day)	
LOTENSIN HCT TAB 10-12.5	Non Preferred	PA, QL (1 ea per day)		
LOTENSIN HCT TAB 20-12.5		PA, QL (1 ea per day)		
LOTENSIN HCT TAB 20-25MG	Non Preferred	PA, QL (1 ea per day)		
LOTREL CAP 5-10MG		PA, QL (1 ea per day)		
LOTREL CAP 5-20MG	Non Preferred	PA, QL (1 ea per day)		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LOTREL CAP 10-20MG	Non Preferred	PA, QL (1 ea per day)
LOTREL CAP 10-40MG	Non Preferred	PA, QL (1 ea per day)
<i>metoprolol &amp; hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol &amp; hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol &amp; hydrochlorothiazide tab 100-50 mg</i>	Preferred	
MICARDIS HCT TAB 40/12.5	Non Preferred	PA
MICARDIS HCT TAB 80-25MG	Non Preferred	PA
MICARDIS HCT TAB 80/12.5	Non Preferred	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (generic of BENICAR HCT)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (generic of TRIBENZOR)</i>	Non Preferred	PA
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
<i>quinapril-hydrochlorothiazide tab 20-25 mg (generic of ACCURETIC)</i>	Preferred	QL (1 ea per day)
TEKTURN HCT TAB 150-12.5	Non Preferred	PA
TEKTURN HCT TAB 150-25MG	Non Preferred	PA
TEKTURN HCT TAB 300-12.5	Non Preferred	PA
TEKTURN HCT TAB 300-25MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>telmisartanamlodipine tab 40-5 mg</i>	Non Preferred	PA	
<i>telmisartanamlodipine tab 40-10 mg</i>	Non Preferred	PA	
<i>telmisartanamlodipine tab 80-5 mg</i>	Non Preferred	PA	
<i>telmisartanamlodipine tab 80-10 mg</i>	Non Preferred	PA	
<i>telmisartanhydrochlorothiazide tab 40-12.5 mg (generic of MICARDIS HCT)</i>	Non Preferred	PA	
<i>telmisartanhydrochlorothiazide tab 80-12.5 mg (generic of MICARDIS HCT)</i>	Non Preferred	PA	
<i>telmisartanhydrochlorothiazide tab 80-25 mg (generic of MICARDIS HCT)</i>	Non Preferred	PA	
TENORETIC TAB 50	Non Preferred	PA, QL (2 ea per day)	
TENORETIC TAB 100	Non Preferred	PA, QL (1 ea per day)	
<i>trando/verap tab 2-180 er</i>	Preferred		
<i>trando/verap tab 2-240 er</i>	Preferred		
<i>trando/verap tab 4-240 er</i>	Preferred		
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Preferred		
TRIBENZOR20- TAB 5-12.5MG	Non Preferred	PA	
TRIBENZOR40- TAB 5-12.5MG	Non Preferred	PA	
TRIBENZOR40- TAB 5-25MG	Non Preferred	PA	
TRIBENZOR40- TAB 10-12.5	Non Preferred	PA	
TRIBENZOR40- TAB 10-25MG	Non Preferred	PA	
<i>valsartanhydrochlorothiazide tab 80-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	QL (1 ea per day)	
<i>valsartanhydrochlorothiazide tab 160-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	QL (1 ea per day)	
<i>valsartanhydrochlorothiazide tab 160-25 mg (generic of DIOVAN HCT)</i>	Preferred	QL (1 ea per day)	
<i>valsartanhydrochlorothiazide tab 320-12.5 mg (generic of DIOVAN HCT)</i>	Preferred	QL (1 ea per day)	
<i>valsartanhydrochlorothiazide tab 320-25 mg (generic of DIOVAN HCT)</i>	Preferred	QL (1 ea per day)	
VASERETIC TAB 10-25MG	Non Preferred	PA, QL (2 ea per day)	
ZESTORETIC TAB 10-12.5	Non Preferred	PA, QL (2 ea per day)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZESTORETIC TAB 20-12.5	Non Preferred	PA, QL (2 ea per day)
ZESTORETIC TAB 20-25MG	Non Preferred	PA, QL (2 ea per day)
ZIAC TAB 2.5/6.25	Non Preferred	PA, QL (3 ea per day)
ZIAC TAB 5-6.25MG	Non Preferred	PA, QL (3 ea per day)
ZIAC TAB 10/6.25	Non Preferred	PA, QL (4 ea per day)

#### ***ANTIHYPERTENSIVES - MISC.***

VECAMYL TAB 2.5MG	Non Preferred	PA
-------------------	------------------	----

#### ***DIRECT RENIN INHIBITORS***

<i>aliskiren fumarate tab 150 mg (base equivalent) (generic of TEKURNA)</i>	Non Preferred	PA
<i>aliskiren fumarate tab 300 mg (base equivalent) (generic of TEKURNA)</i>	Non Preferred	PA
TEKURNA TAB 150MG	Non Preferred	PA
TEKURNA TAB 300MG	Non Preferred	PA

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

<i>eplerenone tab 25 mg (generic of INSPRA)</i>	Non Preferred	PA
<i>eplerenone tab 50 mg (generic of INSPRA)</i>	Non Preferred	PA
INSPRA TAB 25MG	Non Preferred	PA
INSPRA TAB 50MG	Non Preferred	PA

#### ***VASODILATORS***

<i>hydralazine hcl tab 10 mg</i>	Preferred	QL (10 ea per day)
<i>hydralazine hcl tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>hydralazine hcl tab 50 mg</i>	Preferred	QL (8 ea per day)
<i>hydralazine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>minoxidil tab 2.5 mg</i>	Preferred	QL (5 ea per day)
<i>minoxidil tab 10 mg</i>	Preferred	QL (5 ea per day)

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

##### ***ANTIMALARIAL COMBINATIONS***

<i>atovaquone-proguanil hcl tab 62.5-25 mg (generic of MALARONE)</i>	Preferred
<i>atovaquone-proguanil hcl tab 250-100 mg (generic of MALARONE)</i>	Preferred
COARTEM TAB 20-120MG	Non Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MALARONE TAB 62.5-25	Non Preferred	PA
MALARONE TAB 250-100	Non	PA
	Preferred	

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

<i>chloroquine phosphate tab 250 mg</i>	Preferred	QL (3 ea per day)
<i>chloroquine phosphate tab 500 mg</i>	Preferred	QL (1 ea per day)
DARAPRIM TAB 25MG	Non	PA
	Preferred	
HYDROXYCHLOR TAB 100MG	Preferred	
	Preferred	
HYDROXYCHLOR TAB 300MG	Preferred	
	Preferred	
HYDROXYCHLOR TAB 400MG	Preferred	
	Preferred	
<i>hydroxychloroquine sulfate tab 200 mg</i> (generic of PLAQUENIL)	Preferred	QL (4 ea per day)
KRINTAFEL TAB 150MG	Non	PA
	Preferred	
<i>mefloquine hcl tab 250 mg</i>	Preferred	QL (4 ea per day)
<i>primaquine phosphate tab 26.3 mg (15 mg</i> <i>base) (generic of PRIMAQUINE</i>	Preferred	
<i>PHOSPHATE)</i>		
PRIMAQUINE TAB 26.3MG	Preferred	
<i>pyrimethamine tab 25 mg (generic of</i> <i>DARAPRIM)</i>	Non	PA
	Preferred	
QUALAQUIN CAP 324MG	Non	PA
	Preferred	
<i>quinine sulfate cap 324 mg (generic of</i> <i>QUALAQUIN)</i>	Non	PA
	Preferred	

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

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

FIRDAPSE TAB 10MG	Non Preferred	SP, PA
MESTINON SOL 60MG/5ML	Non	PA
	Preferred	
MESTINON TAB 60MG	Non	PA, QL (6 ea per day)
	Preferred	
MESTINON TAB TIMESPAN	Non	PA
	Preferred	
<i>pyridostigmine bromide oral soln 60</i> <i>mg/5ml (generic of MESTINON)</i>	Preferred	
<i>pyridostigmine bromide tab 30 mg</i>	Preferred	
<i>pyridostigmine bromide tab 60 mg (generic</i> <i>of MESTINON)</i>	Preferred	QL (6 ea per day)
<i>pyridostigmine bromide tab er 180 mg</i> (generic of MESTINON TIMESPAN)	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS</b>		
<b>ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS</b>		
<i>cycloserine cap 250 mg</i>	Preferred	
<i>ethambutol hcl tab 100 mg</i>	Preferred	QL (5 ea per day)
<i>ethambutol hcl tab 400 mg</i> (generic of MYAMBUTOL)	Preferred	QL (5 ea per day)
<i>isoniazid syrup 50 mg/5ml</i>	Preferred	QL (30 mL per day)
<i>isoniazid tab 100 mg</i>	Preferred	QL (6 ea per day)
<i>isoniazid tab 300 mg</i>	Preferred	QL (3 ea per day)
MYAMBUTOL TAB 400MG	Non Preferred	PA, QL (5 ea per day)
MYCOBUTIN CAP 150MG	Non Preferred	PA
PASER GRA 4GM	Non Preferred	PA
PRETOMANID TAB 200MG	Non Preferred	PA
PRIFTIN TAB 150MG	Preferred	QL (1.143 ea per day)
<i>pyrazinamide tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>rifabutin cap 150 mg</i> (generic of MYCOBUTIN)	Preferred	
<i>rifampin cap 150 mg</i>	Preferred	QL (8 ea per day)
<i>rifampin cap 300 mg</i>	Preferred	QL (4 ea per day)
SIRTURO TAB 20MG	Non Preferred	PA
SIRTURO TAB 100MG	Non Preferred	PA
TRECATOR TAB 250MG	Preferred	

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

### **ALKYLATING AGENTS**

ALKERAN TAB 2MG	Non Preferred	PA
CYCLOPHOSPH TAB 25MG	Preferred	
CYCLOPHOSPH TAB 50MG	Preferred	
<i>cyclophosphamide cap 25 mg</i>	Preferred	SP, QL (16 ea per day)
<i>cyclophosphamide cap 50 mg</i>	Preferred	SP, QL (16 ea per day)
LEUKERAN TAB 2MG	Preferred	QL (8 ea per day)
<i>melphalan tab 2 mg</i>	Preferred	
MYLERAN TAB 2MG	Preferred	
TEMODAR CAP 100MG	Non Preferred	SP, PA
TEMODAR CAP 140MG	Non Preferred	SP, PA
TEMODAR CAP 180MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
TEMODAR CAP 250MG	Non Preferred	SP, PA	
<i>temozolomide cap 5 mg</i>	Preferred	SP	
<i>temozolomide cap 20 mg</i>	Preferred	SP	
<i>temozolomide cap 100 mg (generic of TEMODAR)</i>	Preferred	SP	
<i>temozolomide cap 140 mg (generic of TEMODAR)</i>	Preferred	SP	
<i>temozolomide cap 180 mg (generic of TEMODAR)</i>	Preferred	SP	
<i>temozolomide cap 250 mg (generic of TEMODAR)</i>	Preferred	SP	
<b>ANTIMETABOLITES</b>			
<i>capecitabine tab 150 mg (generic of XELODA)</i>	Non Preferred	SP, PA	
<i>capecitabine tab 500 mg (generic of XELODA)</i>	Non Preferred	SP, PA	
<i>mercaptopurine tab 50 mg</i>	Preferred	QL (4 ea per day)	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Preferred	QL (0.4 mL per day)	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Preferred	QL (24 ea per day)	
ONUREG TAB 200MG	Non Preferred	SP, PA	
ONUREG TAB 300MG	Non Preferred	SP, PA	
PURIXAN SUS 20MG/ML	Non Preferred	PA	
TABLOID TAB 40MG	Preferred		
TREXALL TAB 5MG	Preferred		
TREXALL TAB 7.5MG	Preferred		
TREXALL TAB 10MG	Preferred		
TREXALL TAB 15MG	Preferred		
XATMEP SOL 2.5MG/ML	Non Preferred	PA	
XELODA TAB 150MG	Non Preferred	SP, PA	
XELODA TAB 500MG	Non Preferred	SP, PA	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><u>ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS</u></b>		
INLYTA TAB 1MG	Non Preferred	SP, PA, QL (6 ea per day)
INLYTA TAB 5MG	Non Preferred	SP, PA, QL (4 ea per day)
LENVIMA CAP 4MG	Non Preferred	SP, PA, QL (1 ea per day)
LENVIMA CAP 8 MG	Non Preferred	SP, PA, QL (2 ea per day)
LENVIMA CAP 10 MG	Non Preferred	SP, PA, QL (1 ea per day)
LENVIMA CAP 12MG	Non Preferred	SP, PA, QL (3 ea per day)
LENVIMA CAP 14 MG	Non Preferred	SP, PA, QL (2 ea per day)
LENVIMA CAP 18 MG	Non Preferred	SP, PA, QL (3 ea per day)
LENVIMA CAP 20 MG	Non Preferred	SP, PA, QL (2 ea per day)
LENVIMA CAP 24 MG	Non Preferred	SP, PA, QL (3 ea per day)
<b><u>ANTINEOPLASTIC - ANTI-HER2 AGENTS</u></b>		
TUKYSA TAB 50MG	Non Preferred	SP, PA
TUKYSA TAB 150MG	Non Preferred	SP, PA
<b><u>ANTINEOPLASTIC - BCL-2 INHIBITORS</u></b>		
VENCLEXTA TAB 10MG	Non Preferred	SP, PA, QL (4 ea per day)
VENCLEXTA TAB 50MG	Non Preferred	SP, PA, QL (4 ea per day)
VENCLEXTA TAB 100MG	Non Preferred	SP, PA, QL (6 ea per day)
VENCLEXTA TAB START PK	Non Preferred	SP, PA, QL (1.5 ea per day)
<b><u>ANTINEOPLASTIC - EGFR INHIBITORS</u></b>		
<i>erlotinib hcl tab 25 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (3 ea per day)
<i>erlotinib hcl tab 100 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (1 ea per day)
<i>erlotinib hcl tab 150 mg (base equivalent) (generic of TARCEVA)</i>	Preferred	SP, QL (1 ea per day)
EXKIVITY CAP 40MG	Non Preferred	SP, PA
GILOTRIF TAB 20MG	Non Preferred	SP, PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GILOTRIF TAB 30MG	Non Preferred	SP, PA, QL (1 ea per day)
GILOTRIF TAB 40MG	Non Preferred	SP, PA, QL (1 ea per day)
IRESSA TAB 250MG	Preferred	SP, QL (1 ea per day)
TAGRISSO TAB 40MG	Non Preferred	SP, PA, QL (1 ea per day)
TAGRISSO TAB 80MG	Non Preferred	SP, PA, QL (1 ea per day)
TARCEVA TAB 25MG	Non Preferred	SP, PA, QL (3 ea per day)
TARCEVA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
TARCEVA TAB 150MG	Non Preferred	SP, PA, QL (1 ea per day)
VIZIMPRO TAB 15MG	Non Preferred	SP, PA, QL (1 ea per day)
VIZIMPRO TAB 30MG	Non Preferred	SP, PA, QL (1 ea per day)
VIZIMPRO TAB 45MG	Non Preferred	SP, PA, QL (1 ea per day)

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

DAURISMO TAB 25MG	Non Preferred	SP, PA, QL (2 ea per day)
DAURISMO TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
ERIVEDGE CAP 150MG	Preferred	SP, QL (1 ea per day)
ODOMZO CAP 200MG	Non Preferred	SP, PA, QL (1 ea per day)

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

<i>abiraterone acetate tab 250 mg (generic of ZYTIGA)</i>	Preferred	SP, QL (4 ea per day)
<i>abiraterone acetate tab 500 mg (generic of ZYTIGA)</i>	Preferred	SP
<i>anastrozole tab 1 mg (generic of ARIMIDEX)</i>	Preferred	QL (1 ea per day); AGE (Min age 40 years)
ARIMIDEX TAB 1MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 40 years)
AROMASIN TAB 25MG	Non Preferred	PA; AGE (Min age 40 years)
<i>bicalutamide tab 50 mg (generic of CASODEX)</i>	Preferred	QL (3 ea per day)
CASODEX TAB 50MG	Non Preferred	PA, QL (3 ea per day)
EMCYT CAP 140MG	Preferred	
ERLEADA TAB 60MG	Non Preferred	SP, PA, QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>exemestane tab 25 mg (generic of AROMASIN)</i>	Preferred	AGE (Min age 40 years)
FARESTON TAB 60MG	Non Preferred	PA
FEMARA TAB 2.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 40 years)
<i>flutamide cap 125 mg</i>	Preferred	QL (6 ea per day)
<i>letrozole tab 2.5 mg (generic of FEMARA)</i>	Preferred	QL (1 ea per day); AGE (Min age 40 years)
LYSODREN TAB 500MG	Preferred	
<i>megestrol acetate susp 40 mg/ml</i>	Preferred	QL (40 mL per day)
<i>megestrol acetate tab 20 mg</i>	Preferred	QL (40 ea per day)
<i>megestrol acetate tab 40 mg</i>	Preferred	QL (20 ea per day)
<i>nilutamide tab 150 mg (generic of NILANDRON)</i>	Preferred	
NUBEQA TAB 300MG	Non Preferred	SP, PA, QL (4 ea per day)
ORGOVYX TAB 120MG	Non Preferred	SP, PA
SOLTAMOX SOL 10MG/5ML	Preferred	
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	Preferred	QL (2 ea per day)
<i>toremifene citrate tab 60 mg (base equivalent) (generic of FARESTON)</i>	Preferred	
XTANDI CAP 40MG	Non Preferred	SP, PA, QL (4 ea per day)
XTANDI TAB 40MG	Non Preferred	SP, PA
XTANDI TAB 80MG	Non Preferred	PA
YONSA TAB 125MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYTIGA TAB 250MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYTIGA TAB 500MG	Non Preferred	SP, PA, QL (2 ea per day)

#### **ANTINEOPLASTIC - IMMUNOMODULATORS**

POMALYST CAP 1MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 2MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 3MG	Non Preferred	SP, PA, QL (1 ea per day)
POMALYST CAP 4MG	Non Preferred	SP, PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><u>ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS</u></b>		
AYVAKIT TAB 25MG	Non Preferred	PA
AYVAKIT TAB 50MG	Non Preferred	PA
AYVAKIT TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
AYVAKIT TAB 200MG	Non Preferred	SP, PA, QL (1 ea per day)
AYVAKIT TAB 300MG	Non Preferred	SP, PA, QL (1 ea per day)
<b><u>ANTINEOPLASTIC - XPO1 INHIBITORS</u></b>		
XPOVIO PAK 40MG	Non Preferred	PA
XPOVIO PAK 50MG	Non Preferred	PA
XPOVIO PAK 60MG	Non Preferred	PA
XPOVIO PAK 60MG	Non Preferred	SP, PA; Twice Weekly
XPOVIO PAK 80MG	Non Preferred	SP, PA, QL (32 ea / 24 days); Twice Weekly
<b><u>ANTINEOPLASTIC COMBINATIONS</u></b>		
INQOVI TAB 35-100MG	Non Preferred	SP, PA
KISQALI 200 PAK FEMARA	Non Preferred	SP, PA, QL (49 ea / 24 days)
KISQALI 400 PAK FEMARA	Non Preferred	SP, PA, QL (70 ea / 24 days)
KISQALI 600 PAK FEMARA	Non Preferred	SP, PA, QL (91 ea / 24 days)
LONSURF TAB 15-6.14	Non Preferred	SP, PA, QL (100 ea / 24 days)
LONSURF TAB 20-8.19	Non Preferred	SP, PA, QL (100 ea / 24 days)
<b><u>ANTINEOPLASTIC ENZYME INHIBITORS</u></b>		
AFINITOR DIS TAB 2MG	Non Preferred	SP, PA, QL (2 ea per day)
AFINITOR DIS TAB 3MG	Non Preferred	SP, PA, QL (3 ea per day)
AFINITOR DIS TAB 5MG	Non Preferred	SP, PA, QL (2 ea per day)
AFINITOR TAB 2.5MG	Non Preferred	SP, PA, QL (1 ea per day)
AFINITOR TAB 5MG	Non Preferred	SP, PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AFINITOR TAB 7.5MG	Non Preferred	SP, PA, QL (1 ea per day)
AFINITOR TAB 10MG	Non Preferred	SP, PA, QL (1 ea per day)
ALECENSA CAP 150MG	Non Preferred	SP, PA, QL (8 ea per day)
ALUNBRIG PAK	Non Preferred	SP, PA, QL (1 ea per day)
ALUNBRIG TAB 30MG	Non Preferred	PA, QL (4 ea per day)
ALUNBRIG TAB 90MG	Non Preferred	SP, PA, QL (1 ea per day)
ALUNBRIG TAB 180MG	Non Preferred	SP, PA, QL (1 ea per day)
BALVERSA TAB 3MG	Non Preferred	SP, PA, QL (3 ea per day)
BALVERSA TAB 4MG	Non Preferred	SP, PA, QL (2 ea per day)
BALVERSA TAB 5MG	Non Preferred	SP, PA, QL (1 ea per day)
BOSULIF TAB 100MG	Non Preferred	SP, PA, QL (3 ea per day)
BOSULIF TAB 400MG	Non Preferred	SP, PA, QL (1 ea per day)
BOSULIF TAB 500MG	Non Preferred	SP, PA, QL (1 ea per day)
BRAFTOVI CAP 75MG	Non Preferred	PA, QL (6 ea per day)
BRUKINSA CAP 80MG	Non Preferred	SP, PA, QL (4 ea per day)
CABOMETYX TAB 20MG	Non Preferred	SP, PA, QL (1 ea per day)
CABOMETYX TAB 40MG	Non Preferred	SP, PA, QL (1 ea per day)
CABOMETYX TAB 60MG	Non Preferred	SP, PA, QL (1 ea per day)
CALQUENCE CAP 100MG	Non Preferred	SP, PA, QL (2 ea per day)
CAPRELSA TAB 100MG	Preferred	SP, QL (2 ea per day)
CAPRELSA TAB 300MG	Preferred	SP, QL (1 ea per day)
COMETRIQ KIT 60MG	Non Preferred	SP, PA, QL (3 ea per day)
COMETRIQ KIT 100MG	Non Preferred	SP, PA, QL (2 ea per day)
COMETRIQ KIT 140MG	Non Preferred	SP, PA, QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COPIKTRA CAP 15MG	Non Preferred	SP, PA, QL (2 ea per day)
COPIKTRA CAP 25MG	Non Preferred	SP, PA, QL (2 ea per day)
COTELLIC TAB 20MG	Non Preferred	SP, PA, QL (3 ea per day)
<i>everolimus tab 2.5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>everolimus tab 5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>everolimus tab 7.5 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>everolimus tab 10 mg (generic of AFINITOR)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>everolimus tab for oral susp 2 mg (generic of AFINITOR DISPERZ)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>everolimus tab for oral susp 3 mg (generic of AFINITOR DISPERZ)</i>	Non Preferred	SP, PA, QL (3 ea per day)
<i>everolimus tab for oral susp 5 mg (generic of AFINITOR DISPERZ)</i>	Non Preferred	SP, PA, QL (2 ea per day)
FOTIVDA CAP 0.89MG	Non Preferred	SP, PA
FOTIVDA CAP 1.34MG	Non Preferred	SP, PA
GAVRETO CAP 100MG	Non Preferred	PA
GLEEVEC TAB 100MG	Non Preferred	SP, PA, QL (3 ea per day)
GLEEVEC TAB 400MG	Non Preferred	SP, PA, QL (2 ea per day)
IBRANCE CAP 75MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE CAP 100MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE CAP 125MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 75MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
IBRANCE TAB 125MG	Non Preferred	SP, PA, QL (1 ea per day)
ICLUSIG TAB 10MG	Non Preferred	PA
ICLUSIG TAB 15MG	Non Preferred	SP, PA, QL (2 ea per day)
ICLUSIG TAB 30MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ICLUSIG TAB 45MG	Non Preferred	SP, PA, QL (1 ea per day)
IDHIFA TAB 50MG	Non Preferred	SP, PA, QL (1 ea per day)
IDHIFA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
<i>imatinib mesylate tab 100 mg (base equivalent) (generic of GLEEVEC)</i>	Non Preferred	SP, PA, QL (3 ea per day)
<i>imatinib mesylate tab 400 mg (base equivalent) (generic of GLEEVEC)</i>	Non Preferred	SP, PA, QL (2 ea per day)
IMBRUWICA CAP 70MG	Non Preferred	SP, PA, QL (1 ea per day)
IMBRUWICA CAP 140MG	Non Preferred	SP, PA, QL (3 ea per day)
IMBRUWICA TAB 140MG	Non Preferred	SP, PA, QL (1 ea per day)
IMBRUWICA TAB 280MG	Non Preferred	SP, PA, QL (1 ea per day)
IMBRUWICA TAB 420MG	Non Preferred	SP, PA, QL (1 ea per day)
IMBRUWICA TAB 560MG	Non Preferred	SP, PA, QL (1 ea per day)
INREBIC CAP 100MG	Non Preferred	SP, PA, QL (4 ea per day)
JAKAFI TAB 5MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 10MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 15MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 20MG	Preferred	SP, QL (2 ea per day)
JAKAFI TAB 25MG	Preferred	SP, QL (2 ea per day)
KISQALI TAB 200DOSE	Non Preferred	SP, PA, QL (1 ea per day)
KISQALI TAB 400DOSE	Non Preferred	SP, PA, QL (2 ea per day)
KISQALI TAB 600DOSE	Non Preferred	SP, PA, QL (3 ea per day)
KOSELUGO CAP 10MG	Non Preferred	SP, PA
KOSELUGO CAP 25MG	Non Preferred	SP, PA
<i>lapatinib ditosylate tab 250 mg (base equiv) (generic of TYKERB)</i>	Non Preferred	SP, PA, QL (6 ea per day)
LORBRENA TAB 25MG	Non Preferred	SP, PA, QL (3 ea per day)
LORBRENA TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
LUMAKRAS TAB 120MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYNPARZA TAB 100MG	Non Preferred	SP, PA, QL (4 ea per day)
LYNPARZA TAB 150MG	Non Preferred	SP, PA, QL (4 ea per day)
MEKINIST TAB 0.5MG	Non Preferred	SP, PA, QL (3 ea per day)
MEKINIST TAB 2MG	Non Preferred	SP, PA, QL (1 ea per day)
MEKTOVI TAB 15MG	Non Preferred	PA, QL (6 ea per day)
NERLYNX TAB 40MG	Non Preferred	SP, PA, QL (6 ea per day)
NEXAVAR TAB 200MG	Preferred	SP, QL (4 ea per day)
NINLARO CAP 2.3MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
NINLARO CAP 3MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
NINLARO CAP 4MG	Non Preferred	SP, PA, QL (3 ea / 17 days)
PEMAZYRE TAB 4.5MG	Non Preferred	SP, PA
PEMAZYRE TAB 9MG	Non Preferred	SP, PA
PEMAZYRE TAB 13.5MG	Non Preferred	SP, PA
PIQRAY 200MG TAB DOSE	Non Preferred	SP, PA, QL (1 ea per day)
PIQRAY 250MG TAB DOSE	Non Preferred	SP, PA, QL (2 ea per day)
PIQRAY 300MG TAB DOSE	Non Preferred	SP, PA, QL (2 ea per day)
QINLOCK TAB 50MG	Non Preferred	SP, PA
RETEVMO CAP 40MG	Non Preferred	SP, PA
RETEVMO CAP 80MG	Non Preferred	SP, PA
ROZLYTREK CAP 100MG	Non Preferred	SP, PA, QL (1 ea per day)
ROZLYTREK CAP 200MG	Non Preferred	SP, PA, QL (3 ea per day)
RUBRACA TAB 200MG	Non Preferred	SP, PA, QL (4 ea per day)
RUBRACA TAB 250MG	Non Preferred	SP, PA, QL (4 ea per day)
RUBRACA TAB 300MG	Non Preferred	SP, PA, QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RYDAPT CAP 25MG	Non Preferred	SP, PA, QL (8 ea per day)
SCEMBLIX TAB 20MG	Non Preferred	SP, PA
SCEMBLIX TAB 40MG	Non Preferred	SP, PA
SPRYCEL TAB 20MG	Non Preferred	SP, PA, QL (3 ea per day)
SPRYCEL TAB 50MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 70MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 80MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 100MG	Non Preferred	SP, PA, QL (1 ea per day)
SPRYCEL TAB 140MG	Non Preferred	SP, PA, QL (1 ea per day)
STIVARGA TAB 40MG	Non Preferred	SP, PA, QL (3 ea per day)
<i>sunitinib malate cap 12.5 mg (base equivalent) (generic of SUTENT)</i>	Preferred	SP, QL (4 ea per day)
<i>sunitinib malate cap 25 mg (base equivalent) (generic of SUTENT)</i>	Preferred	SP, QL (2 ea per day)
<i>sunitinib malate cap 37.5 mg (base equivalent) (generic of SUTENT)</i>	Preferred	SP, QL (1 ea per day)
<i>sunitinib malate cap 50 mg (base equivalent) (generic of SUTENT)</i>	Preferred	SP, QL (1 ea per day)
SUTENT CAP 12.5MG	Preferred	SP, QL (4 ea per day)
SUTENT CAP 25MG	Preferred	SP, QL (2 ea per day)
SUTENT CAP 37.5MG	Preferred	SP, QL (1 ea per day)
SUTENT CAP 50MG	Preferred	SP, QL (1 ea per day)
TABRECTA TAB 150MG	Non Preferred	SP, PA
TABRECTA TAB 200MG	Non Preferred	SP, PA
TAFINLAR CAP 50MG	Non Preferred	SP, PA, QL (4 ea per day)
TAFINLAR CAP 75MG	Non Preferred	SP, PA, QL (4 ea per day)
TALZENNA CAP 0.25MG	Non Preferred	SP, PA, QL (3 ea per day)
TALZENNA CAP 1MG	Non Preferred	SP, PA, QL (1 ea per day)
TASIGNA CAP 50MG	Non Preferred	SP, PA, QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TASIGNA CAP 150MG	Non Preferred	SP, PA, QL (4 ea per day)
TASIGNA CAP 200MG	Non Preferred	SP, PA, QL (4 ea per day)
TAZVERIK TAB 200MG	Non Preferred	SP, PA, QL (8 ea per day)
TEPMETKO TAB 225MG	Non Preferred	PA
TIBSOVO TAB 250MG	Non Preferred	SP, PA, QL (2 ea per day)
TRUSELTIQ CAP 50MG	Non Preferred	SP, PA
TRUSELTIQ CAP 75MG	Non Preferred	SP, PA
TRUSELTIQ CAP 100MG	Non Preferred	SP, PA
TRUSELTIQ CAP 125MG	Non Preferred	PA
TURALIO CAP 200MG	Non Preferred	SP, PA, QL (4 ea per day)
TYKERB TAB 250MG	Non Preferred	SP, PA, QL (6 ea per day)
UKONIQ TAB 200MG	Non Preferred	PA
VERZENIO TAB 50MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 100MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 150MG	Non Preferred	SP, PA, QL (2 ea per day)
VERZENIO TAB 200MG	Non Preferred	SP, PA, QL (2 ea per day)
VITRAKVI CAP 25MG	Non Preferred	SP, PA, QL (6 ea per day)
VITRAKVI CAP 100MG	Non Preferred	SP, PA, QL (2 ea per day)
VITRAKVI SOL 20MG/ML	Non Preferred	SP, PA, QL (10 mL per day)
VOTRIENT TAB 200MG	Preferred	SP, QL (4 ea per day)
XALKORI CAP 200MG	Non Preferred	SP, PA, QL (2 ea per day)
XALKORI CAP 250MG	Non Preferred	SP, PA, QL (2 ea per day)
XOSPATA TAB 40MG	Non Preferred	SP, PA, QL (3 ea per day)
ZEJULA CAP 100MG	Non Preferred	SP, PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZELBORAF TAB 240MG	Non Preferred	SP, PA, QL (8 ea per day)
ZOLINZA CAP 100MG	Non Preferred	SP, PA, QL (4 ea per day)
ZYDELIG TAB 100MG	Non Preferred	SP, PA, QL (2 ea per day)
ZYDELIG TAB 150MG	Non Preferred	SP, PA, QL (2 ea per day)
ZYKADIA TAB 150MG	Non Preferred	SP, PA, QL (3 ea per day)

#### **ANTINEOPLASTICS MISC.**

<i>bexarotene cap 75 mg (generic of TARGRETIN)</i>	Preferred	SP
HYDREA CAP 500MG	Non Preferred	PA
<i>hydroxyurea cap 500 mg (generic of HYDREA)</i>	Preferred	
MATULANE CAP 50MG	Preferred	SP
TARGRETIN CAP 75MG	Non Preferred	SP, PA
<i>tretinoin cap 10 mg</i>	Preferred	

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

<i>leucovorin calcium tab 5 mg</i>	Preferred
<i>leucovorin calcium tab 10 mg</i>	Preferred
<i>leucovorin calcium tab 15 mg</i>	Preferred
<i>leucovorin calcium tab 25 mg</i>	Preferred
MESNEX TAB 400MG	Preferred

#### **MITOTIC INHIBITORS**

<i>etoposide cap 50 mg</i>	Preferred
----------------------------	-----------

#### **TOPOISOMERASE I INHIBITORS**

HYCAMTIN CAP 0.25MG	Preferred	SP
HYCAMTIN CAP 1MG	Preferred	SP

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

#### **ANTIPARKINSON ADJUNCTIVE THERAPY**

<i>carbidopa tab 25 mg (generic of LODOSYN)</i>	Preferred
LODOSYN TAB 25MG	Non Preferred
NOURIANZ TAB 20MG	Non Preferred
NOURIANZ TAB 40MG	Non Preferred

#### **ANTIPARKINSON ANTICHOLINERGICS**

<i>benztropine mesylate tab 0.5 mg</i>	Preferred	QL (5 ea per day)
<i>benztropine mesylate tab 1 mg</i>	Preferred	QL (6 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>benztropine mesylate tab 2 mg</i>	Preferred	QL (3 ea per day)
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Preferred	
<i>trihexyphenidyl hcl tab 2 mg</i>	Preferred	QL (12 ea per day)
<i>trihexyphenidyl hcl tab 5 mg</i>	Preferred	QL (3 ea per day)

#### **ANTIPARKINSON COMT INHIBITORS**

COMTAN TAB 200MG	Non Preferred	PA, QL (8 ea per day)
<i>entacapone tab 200 mg (generic of COMTAN)</i>	Preferred	QL (8 ea per day)
ONGENTYS CAP 25MG	Non Preferred	PA
ONGENTYS CAP 50MG	Non Preferred	PA
TASMAR TAB 100MG	Non Preferred	PA
<i>tolcapone tab 100 mg (generic of TASMAR)</i>	Non Preferred	PA

#### **ANTIPARKINSON DOPAMINERGICS**

<i>amantadine hcl cap 100 mg</i>	Preferred	QL (4 ea per day)
<i>amantadine hcl soln 50 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>amantadine hcl tab 100 mg</i>	Preferred	
APOKYN INJ 10MG/ML	Non Preferred	SP, PA
<i>bromocriptine mesylate cap 5 mg (base equivalent) (generic of PARLODEL)</i>	Preferred	QL (6 ea per day)
<i>bromocriptine mesylate tab 2.5 mg (base equivalent) (generic of PARLODEL)</i>	Preferred	QL (6 ea per day)
<i>carb/levo tab 10-100mg</i>	Non Preferred	PA
<i>carb/levo tab 25-100mg</i>	Non Preferred	PA
<i>carb/levo tab 25-250mg</i>	Non Preferred	PA
<i>carbidopa &amp; levodopa tab 10-100 mg (generic of SINEMET)</i>	Preferred	QL (8 ea per day)
<i>carbidopa &amp; levodopa tab 25-100 mg (generic of SINEMET)</i>	Preferred	QL (12 ea per day)
<i>carbidopa &amp; levodopa tab 25-250 mg</i>	Preferred	QL (8 ea per day)
<i>carbidopa &amp; levodopa tab er 25-100 mg</i>	Preferred	QL (4 ea per day)
<i>carbidopa &amp; levodopa tab er 50-200 mg</i>	Preferred	QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg (generic of STALEVO 50)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg (generic of STALEVO 75)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg (generic of STALEVO 100)</i>	Non Preferred	PA, QL (8 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg (generic of STALEVO 125)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 37.5- 150-200 mg (generic of STALEVO 150)</i>	Non Preferred	PA, QL (8 ea per day)
<i>carbidopa-levodopa-entacapone tabs 50- 200-200 mg (generic of STALEVO 200)</i>	Non Preferred	PA, QL (6 ea per day)
DHIVY TAB 25-100MG	Non Preferred	PA, QL (12 ea per day)
GOCOVRI CAP 68.5MG	Non Preferred	SP, PA
GOCOVRI CAP 137MG	Non Preferred	SP, PA
INBRIJA CAP 42MG	Non Preferred	SP, PA
KYNMOBI MIS 10MG	Non Preferred	SP, PA
KYNMOBI MIS 15MG	Non Preferred	SP, PA
KYNMOBI MIS 20MG	Non Preferred	SP, PA
KYNMOBI MIS 25MG	Non Preferred	SP, PA
KYNMOBI MIS 30MG	Non Preferred	SP, PA
MIRAPEX ER TAB 0.75MG	Non Preferred	PA
MIRAPEX ER TAB 0.375MG	Non Preferred	PA
MIRAPEX ER TAB 1.5MG	Non Preferred	PA
MIRAPEX ER TAB 2.25MG	Non Preferred	PA
MIRAPEX ER TAB 3.75MG	Non Preferred	PA
MIRAPEX ER TAB 3MG	Non Preferred	PA
MIRAPEX ER TAB 4.5MG	Non Preferred	PA
NEUPRO DIS 1MG/24HR	Non Preferred	PA
NEUPRO DIS 2MG/24HR	Non Preferred	PA
NEUPRO DIS 3MG/24HR	Non Preferred	PA
NEUPRO DIS 4MG/24HR	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
NEUPRO DIS 6MG/24HR	Non	PA	
	Preferred		
NEUPRO DIS 8MG/24HR	Non	PA	
	Preferred		
OSMOLEX ER TAB	Non	PA	
	Preferred		
OSMOLEX ER TAB 129MG	Non	PA	
	Preferred		
OSMOLEX ER TAB 193MG	Non	PA	
	Preferred		
PARLODEL CAP 5MG	Non	PA, QL (6 ea per day)	
	Preferred		
PARLODEL TAB 2.5MG	Non	PA, QL (6 ea per day)	
	Preferred		
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Preferred	QL (3 ea per day)	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Preferred	QL (3 ea per day)	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Preferred	QL (6 ea per day)	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Preferred	QL (3 ea per day)	
<i>pramipexole dihydrochloride tab 1 mg</i>	Preferred	QL (3 ea per day)	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Preferred	QL (3 ea per day)	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 3 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg (generic of MIRAPEX ER)</i>	Non	PA	
	Preferred		
<i>ropinirole hydrochloride tab 0.5 mg</i>	Preferred	QL (6 ea per day)	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab 1 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab 2 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab 3 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab 4 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab 5 mg</i>	Preferred	QL (12 ea per day)	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Non	PA	
	Preferred		
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Non	PA	
	Preferred		
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Non	PA	
	Preferred		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Non Preferred	PA
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Non Preferred	PA
RYTARY CAP 95MG	Non Preferred	PA
RYTARY CAP 145MG	Non Preferred	PA
RYTARY CAP 195MG	Non Preferred	PA
RYTARY CAP 245MG	Non Preferred	PA
SINEMET TAB 10-100MG	Non Preferred	PA, QL (8 ea per day)
SINEMET TAB 25-100MG	Non Preferred	PA, QL (12 ea per day)
STALEVO 50 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 75 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 100 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 125 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 150 TAB	Non Preferred	PA, QL (8 ea per day)
STALEVO 200 TAB	Non Preferred	PA, QL (6 ea per day)

#### ***ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS***

AZILECT TAB 0.5MG	Non Preferred	PA
AZILECT TAB 1MG	Non Preferred	PA
<i>rasagiline mesylate tab 0.5 mg (base equiv) (generic of AZILECT)</i>	Non Preferred	PA
<i>rasagiline mesylate tab 1 mg (base equiv) (generic of AZILECT)</i>	Non Preferred	PA
<i>selegiline hcl cap 5 mg</i>	Preferred	QL (2 ea per day)
<i>selegiline hcl tab 5 mg</i>	Preferred	QL (2 ea per day)
XADAGO TAB 50MG	Non Preferred	PA
XADAGO TAB 100MG	Non Preferred	PA
ZELAPAR TAB 1.25MG	Non Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
<b>ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES</b>		

**ANTIMANIC AGENTS**

<i>lithium carbonate cap 150 mg</i>	Preferred	QL (12 ea per day)
<i>lithium carbonate cap 300 mg</i>	Preferred	QL (6 ea per day)
<i>lithium carbonate cap 600 mg</i>	Preferred	QL (3 ea per day)
<i>lithium carbonate tab 300 mg</i>	Preferred	QL (6 ea per day)
<i>lithium carbonate tab er 300 mg</i> (generic of LITHOBID)	Preferred	QL (6 ea per day)
<i>lithium carbonate tab er 450 mg</i>	Preferred	QL (4 ea per day)
LITHOBID TAB 300MG CR	Non Preferred	PA, QL (6 ea per day)

**ANTIPSYCHOTICS - MISC.**

CAPLYTA CAP 42MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 100MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 200MG	Non Preferred	PA; AGE (Min age 8 years)
EQUETRO CAP 300MG	Non Preferred	PA; AGE (Min age 8 years)
GEODON CAP 20MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 40MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 60MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON CAP 80MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
GEODON INJ 20MG	Non Preferred	PA; AGE (Min age 18 years)
LATUDA TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 40MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 60MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 80MG	Non Preferred	PA; AGE (Min age 8 years)
LATUDA TAB 120MG	Non Preferred	PA; AGE (Min age 8 years)
NUPLAZID CAP 34MG	Non Preferred	SP, PA; AGE (Min age 8 years)
NUPLAZID TAB 10MG	Non Preferred	SP, PA; AGE (Min age 8 years)
VRAYLAR CAP 1.5-3MG	Non Preferred	PA; AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VRAYLAR CAP 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 3MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 4.5MG	Non Preferred	PA; AGE (Min age 8 years)
VRAYLAR CAP 6MG	Non Preferred	PA; AGE (Min age 8 years)
<i>ziprasidone hcl cap 20 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 40 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 60 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone hcl cap 80 mg (generic of GEODON)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>ziprasidone mesylate for inj 20 mg (base equivalent) (generic of GEODON)</i>	Non Preferred	PA; AGE (Min age 18 years)

### **BENZISOXAZOLES**

FANAPT PAK	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 1MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 4MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 8MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
FANAPT TAB 12MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA HAFYE INJ 1092MG	Non Preferred	PA
INVEGA HAFYE INJ 1560MG	Non Preferred	PA
INVEGA SUST INJ 39/0.25	Preferred	PA; AGE (Min age 18 years)
INVEGA SUST INJ 78/0.5ML	Preferred	PA; AGE (Min age 18 years)
INVEGA SUST INJ 117/0.75	Preferred	PA; AGE (Min age 18 years)
INVEGA SUST INJ 156MG/ML	Preferred	PA; AGE (Min age 18 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INVEGA SUST INJ 234/1.5	Preferred	PA; AGE (Min age 18 years)
INVEGA TAB 1.5MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 3MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 6MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TAB 9MG	Non Preferred	PA; AGE (Min age 8 years)
INVEGA TRINZ INJ 273MG	Preferred	PA; AGE (Min age 18 years)
INVEGA TRINZ INJ 410MG	Preferred	PA; AGE (Min age 18 years)
INVEGA TRINZ INJ 546MG	Preferred	PA; AGE (Min age 18 years)
INVEGA TRINZ INJ 819MG	Preferred	PA; AGE (Min age 18 years)
<i>paliperidone tab er 24hr 1.5 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 3 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 6 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>paliperidone tab er 24hr 9 mg (generic of INVEGA)</i>	Non Preferred	PA; AGE (Min age 8 years)
PERSERIS INJ 90MG	Non Preferred	PA; AGE (Min age 18 years)
PERSERIS INJ 120MG	Non Preferred	PA; AGE (Min age 18 years)
RISPERDAL INJ 12.5MG	Non Preferred	PA; AGE (Min age 18 years)
RISPERDAL INJ 25MG	Non Preferred	PA; AGE (Min age 18 years)
RISPERDAL INJ 37.5MG	Non Preferred	PA; AGE (Min age 18 years)
RISPERDAL INJ 50MG	Non Preferred	PA; AGE (Min age 18 years)
RISPERDAL SOL 1MG/ML	Non Preferred	PA, QL (16 mL per day); AGE (Min age 8 years)
RISPERDAL TAB 0.5MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 1MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 2MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
RISPERDAL TAB 3MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL TAB 4MG	Non Preferred	PA, QL (4 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 0.5 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 0.25 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 1 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 2 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 3 mg</i>	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone orally disintegrating tab 4 mg</i>	Non Preferred	PA, QL (4 ea per day); AGE (Min age 8 years)
<i>risperidone soln 1 mg/ml (generic of RISPERDAL)</i>	Preferred	QL (16 mL per day); AGE (Min age 8 years)
<i>risperidone tab 0.5 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 0.25 mg</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 1 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 2 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 3 mg (generic of RISPERDAL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>risperidone tab 4 mg (generic of RISPERDAL)</i>	Preferred	QL (4 ea per day); AGE (Min age 8 years)

### **BUTYROPHENONES**

<i>haloperidol decanoate im soln 50 mg/ml (generic of HALDOL DECANOATE 50)</i>	Preferred	AGE (Min age 6 years)
<i>haloperidol decanoate im soln 100 mg/ml (generic of HALDOL DECANOATE 100)</i>	Preferred	AGE (Min age 6 years)
<i>haloperidol lactate oral conc 2 mg/ml</i>	Preferred	
<i>haloperidol tab 0.5 mg</i>	Preferred	QL (6 ea per day)
<i>haloperidol tab 1 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 2 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 5 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 10 mg</i>	Preferred	QL (5 ea per day)
<i>haloperidol tab 20 mg</i>	Preferred	QL (5 ea per day)

### **DIBENZAPINES**

<i>asenapine maleate sl tab 2.5 mg (base equiv) (generic of SAPHRIS)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>asenapine maleate sl tab 5 mg (base equiv) (generic of SAPHRIS)</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>asenapine maleate sl tab 10 mg (base equiv) (generic of SAPHRIS)</i>	Non Preferred	PA; AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>clozapine orally disintegrating tab 12.5 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 25 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 100 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 150 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine orally disintegrating tab 200 mg</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>clozapine tab 25 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
<i>clozapine tab 50 mg (generic of CLOZARIL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>clozapine tab 100 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
<i>clozapine tab 200 mg (generic of CLOZARIL)</i>	Preferred	AGE (Min age 8 years)
CLOZARIL TAB 25MG	Non Preferred	PA; AGE (Min age 8 years)
CLOZARIL TAB 50MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
CLOZARIL TAB 100MG	Non Preferred	PA; AGE (Min age 8 years)
CLOZARIL TAB 200MG	Non Preferred	PA; AGE (Min age 8 years)
<i>loxapine succinate cap 5 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 10 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 25 mg</i>	Preferred	QL (6 ea per day); AGE (Min age 8 years)
<i>loxapine succinate cap 50 mg</i>	Preferred	QL (15 ea per day); AGE (Min age 8 years)
<i>olanzapine for im inj 10 mg (generic of ZYPREXA)</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>olanzapine orally disintegrating tab 5 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 10 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 15 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine orally disintegrating tab 20 mg (generic of ZYPREXA ZYDIS)</i>	Preferred	AGE (Min age 8 years)
<i>olanzapine tab 2.5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine tab 7.5 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 10 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 15 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>olanzapine tab 20 mg (generic of ZYPREXA)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 25 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 50 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 100 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 200 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 300 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab 400 mg (generic of SEROQUEL)</i>	Preferred	QL (2 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 50 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 150 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 200 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 300 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>quetiapine fumarate tab er 24hr 400 mg (generic of SEROQUEL XR)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
SAPHRIS SUB 2.5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 5MG	Non Preferred	PA; AGE (Min age 8 years)
SAPHRIS SUB 10MG	Non Preferred	PA; AGE (Min age 8 years)
SECUADO DIS 3.8MG	Non Preferred	PA; AGE (Min age 18 years)
SECUADO DIS 5.7MG	Non Preferred	PA; AGE (Min age 18 years)
SECUADO DIS 7.6MG	Non Preferred	PA; AGE (Min age 18 years)
SEROQUEL TAB 25MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 50MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 100MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SEROQUEL TAB 200MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 300MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL TAB 400MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 50MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 150MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 200MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 300MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
SEROQUEL XR TAB 400MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
VERSACLOZ SUS 50MG/ML	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA INJ 10MG	Non Preferred	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 210MG	Non Preferred	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 300MG	Non Preferred	PA; AGE (Min age 18 years)
ZYPREXA RELP INJ 405MG	Non Preferred	PA; AGE (Min age 18 years)
ZYPREXA TAB 2.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 7.5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 15MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA TAB 20MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ZYPREXA ZYDI TAB 5MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 10MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 15MG	Non Preferred	PA; AGE (Min age 8 years)
ZYPREXA ZYDI TAB 20MG	Non Preferred	PA; AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>DIHYDROINDOLONES</b>		
<i>molindone hcl tab 5 mg</i>	Non Preferred	PA
<i>molindone hcl tab 10 mg</i>	Non Preferred	PA
<i>molindone hcl tab 25 mg</i>	Non Preferred	PA
<b>PHENOTHIAZINES</b>		
<i>CHLORPROMAZI CON 30MG/ML</i>	Preferred	
<i>CHLORPROMAZI CON 100MG/ML</i>	Preferred	
<i>chlorpromazine hcl tab 10 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 25 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 50 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 100 mg</i>	Preferred	QL (12 ea per day)
<i>chlorpromazine hcl tab 200 mg</i>	Preferred	QL (12 ea per day)
<i>compro sup 25mg</i>	Preferred	QL (12 ea per day)
<i>fluphenazine decanoate inj 25 mg/ml</i>	Preferred	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Preferred	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Preferred	
<i>fluphenazine hcl tab 1 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 2.5 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 5 mg</i>	Preferred	QL (4 ea per day)
<i>fluphenazine hcl tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>perphenazine tab 2 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 4 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 8 mg</i>	Preferred	QL (3 ea per day)
<i>perphenazine tab 16 mg</i>	Preferred	QL (3 ea per day)
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Preferred	QL (10 ea per day)
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Preferred	QL (8 ea per day)
<i>prochlorperazine suppos 25 mg</i>	Preferred	QL (12 ea per day)
<i>thioridazine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>thioridazine hcl tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Preferred	QL (6 ea per day)
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Preferred	QL (6 ea per day)
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Preferred	QL (6 ea per day)
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Preferred	QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>QUINOLINONE DERIVATIVES</i></b>		
ABILIFY MAIN INJ 300MG	Preferred	PA; AGE (Min age 18 years)
ABILIFY MAIN INJ 400MG	Preferred	PA; AGE (Min age 18 years)
ABILIFY MYCI TAB 2MG MANT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 2MG STRT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 5MG MANT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 5MG STRT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 10MG MNT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 10MG STR	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 15MG MNT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 15MG STR	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 20MG MNT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 20MG STR	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 30MG MNT	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY MYCI TAB 30MG STR	Non Preferred	PA; AGE (Min age 8 years)
ABILIFY TAB 2MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 5MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 10MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 15MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 20MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
ABILIFY TAB 30MG	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole oral solution 1 mg/ml</i>	Non Preferred	PA; AGE (Min age 8 years)
<i>aripiprazole orally disintegrating tab 10 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole orally disintegrating tab 15 mg</i>	Non Preferred	PA, QL (1 ea per day); AGE (Min age 8 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aripiprazole tab 2 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 5 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 10 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 15 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 20 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
<i>aripiprazole tab 30 mg (generic of ABILIFY)</i>	Preferred	QL (1 ea per day); AGE (Min age 8 years)
ARISTADA INJ 441MG/1.	Preferred	PA; AGE (Min age 18 years)
ARISTADA INJ 662MG/2	Preferred	PA; AGE (Min age 18 years)
ARISTADA INJ 882MG/3	Preferred	PA; AGE (Min age 18 years)
ARISTADA INJ 1064MG	Preferred	PA; AGE (Min age 18 years)
ARISTADA INJ INITIO	Preferred	PA; AGE (Min age 18 years)
REXULTI TAB 0.5MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 0.25MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 1MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 2MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 3MG	Non Preferred	PA; AGE (Min age 8 years)
REXULTI TAB 4MG	Non Preferred	PA; AGE (Min age 8 years)

### **THIOXANTHENES**

<i>thiothixene cap 1 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 2 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 5 mg</i>	Preferred	QL (6 ea per day)
<i>thiothixene cap 10 mg</i>	Preferred	QL (6 ea per day)

### **ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT**

#### **CHLORINE ANTISEPTICS**

<i>betasept liq 4%</i>	Preferred	OTC
------------------------	-----------	-----

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

#### **ANTIRETROVIRALS**

<i>abacavir sulfate soln 20 mg/ml (base equiv) (generic of ZIAGEN)</i>	Preferred	QL (30 mL per day)
------------------------------------------------------------------------	-----------	--------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>abacavir sulfate tab 300 mg (base equiv) (generic of ZIAGEN)</i>	Preferred	QL (2 ea per day)
<i>abacavir sulfate-lamivudine tab 600-300 mg (generic of EPZICOM)</i>	Preferred	QL (1 ea per day)
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (generic of TRIZIVIR)</i>	Preferred	QL (2 ea per day)
<b>APTIVUS CAP 250MG</b>	Preferred	
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Preferred	QL (2 ea per day)
<i>atazanavir sulfate cap 200 mg (base equiv) (generic of REYATAZ)</i>	Preferred	QL (2 ea per day)
<i>atazanavir sulfate cap 300 mg (base equiv) (generic of REYATAZ)</i>	Preferred	QL (1 ea per day)
<b>ATRIPLA TAB</b>	Preferred	
<b>BIKTARVY TAB</b>	Preferred	
<b>BIKTARVY TAB</b>	Preferred	QL (1 ea per day)
<b>CABENUVA SUS 400-600</b>	Preferred	PA
<b>CABENUVA SUS 600-900</b>	Preferred	PA
<b>CIMDUO TAB 300-300</b>	Non Preferred	PA, QL (1 ea per day)
<b>COMBIVIR TAB 150-300</b>	Non Preferred	PA, QL (2 ea per day)
<b>COMPLERA TAB</b>	Preferred	QL (1 ea per day)
<b>DELSTRIGO TAB</b>	Preferred	
<b>DESCOVY TAB 200/25MG</b>	Preferred	QL (1 ea per day)
<b>DOVATO TAB 50-300MG</b>	Preferred	QL (1 ea per day)
<b>EDURANT TAB 25MG</b>	Preferred	QL (1 ea per day)
<i>efavirenz cap 50 mg (generic of SUSTIVA)</i>	Preferred	QL (12 ea per day)
<i>efavirenz cap 200 mg (generic of SUSTIVA)</i>	Preferred	QL (3 ea per day)
<i>efavirenz tab 600 mg (generic of SUSTIVA)</i>	Preferred	QL (1 ea per day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (generic of ATRIPLA)</i>	Preferred	
<i>efavirenz-lamivudine-tenofovir df tab 400- 300-300 mg (generic of SYMFI LO)</i>	Non Preferred	PA, QL (1 ea per day)
<i>efavirenz-lamivudine-tenofovir df tab 600- 300-300 mg (generic of SYMFI)</i>	Non Preferred	PA, QL (1 ea per day)
<i>emtricitabine caps 200 mg (generic of EMTRIVA)</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	Preferred	QL (1 ea per day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Preferred	QL (1 ea per day)
<b>EMTRIVA CAP 200MG</b>	Preferred	QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMTRIVA SOL 10MG/ML	Preferred	QL (20 mL per day)
EPIVIR SOL 10MG/ML	Non Preferred	PA, QL (30 mL per day)
EPIVIR TAB 150MG	Non Preferred	PA, QL (2 ea per day)
EPIVIR TAB 300MG	Non Preferred	PA, QL (1 ea per day)
EPZICOM TAB 600-300	Non Preferred	PA, QL (1 ea per day)
<i>etravirine tab 100 mg (generic of INTELENCE)</i>	Preferred	QL (4 ea per day)
<i>etravirine tab 200 mg (generic of INTELENCE)</i>	Preferred	QL (2 ea per day)
EVOTAZ TAB 300-150	Non Preferred	PA, QL (1 ea per day)
<i>fosamprenavir calcium tab 700 mg (base equiv) (generic of LEXIVA)</i>	Preferred	QL (4 ea per day)
FUZEON INJ 90MG	Non Preferred	PA
GENVOYA TAB	Preferred	QL (1 ea per day)
INTELENCE TAB 25MG	Preferred	
INTELENCE TAB 100MG	Preferred	QL (4 ea per day)
INTELENCE TAB 200MG	Preferred	QL (2 ea per day)
INVIRASE TAB 500MG	Preferred	QL (4 ea per day)
ISENTRESS CHW 25MG	Preferred	
ISENTRESS CHW 100MG	Preferred	QL (12 ea per day)
ISENTRESS HD TAB 600MG	Preferred	QL (2 ea per day)
ISENTRESS POW 100MG	Preferred	
ISENTRESS TAB 400MG	Preferred	QL (2 ea per day)
JULUCA TAB 50-25MG	Non Preferred	PA, QL (1 ea per day)
KALETRA SOL	Non Preferred	PA, QL (16 mL per day)
KALETRA TAB 100-25MG	Preferred	QL (8 ea per day)
KALETRA TAB 200-50MG	Preferred	QL (4 ea per day)
<i>lamivudine oral soln 10 mg/ml (generic of EPIVIR)</i>	Preferred	QL (30 mL per day)
<i>lamivudine tab 150 mg (generic of EPIVIR)</i>	Preferred	QL (2 ea per day)
<i>lamivudine tab 300 mg (generic of EPIVIR)</i>	Preferred	QL (1 ea per day)
<i>lamivudine-zidovudine tab 150-300 mg (generic of COMBIVIR)</i>	Preferred	QL (2 ea per day)
LEXIVA SUS 50MG/ML	Preferred	
LEXIVA TAB 700MG	Preferred	QL (4 ea per day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) (generic of KALETRA)</i>	Preferred	QL (16 mL per day)
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	Preferred	QL (8 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	Preferred	QL (4 ea per day)
<i>nevirapine sus 50mg/5ml</i>	Preferred	QL (40 mL per day)
<i>nevirapine tab 200 mg</i>	Preferred	QL (2 ea per day)
<i>nevirapine tab er 24hr 100 mg</i>	Preferred	
<i>nevirapine tab er 24hr 400 mg (generic of VIRAMUNE XR)</i>	Preferred	QL (1 ea per day)
NORVIR POW 100MG	Preferred	
NORVIR SOL 80MG/ML	Preferred	QL (15 mL per day)
NORVIR TAB 100MG	Preferred	QL (12 ea per day)
ODEFSEY TAB	Preferred	QL (1 ea per day)
PIFELTRO TAB 100MG	Non Preferred	PA
PREZCOBIX TAB 800-150	Non Preferred	PA, QL (1 ea per day)
PREZISTA SUS 100MG/ML	Preferred	QL (8 mL per day)
PREZISTA TAB 75MG	Preferred	
PREZISTA TAB 150MG	Preferred	
PREZISTA TAB 600MG	Preferred	QL (2 ea per day)
PREZISTA TAB 800MG	Preferred	QL (1 ea per day)
RETROVIR CAP 100MG	Non Preferred	PA, QL (6 ea per day)
RETROVIR SYP 50MG/5ML	Non Preferred	PA, QL (60 mL per day)
REYATAZ CAP 200MG	Preferred	QL (2 ea per day)
REYATAZ CAP 300MG	Preferred	QL (1 ea per day)
REYATAZ POW 50MG	Preferred	
<i>ritonavir tab 100 mg (generic of NORVIR)</i>	Preferred	QL (12 ea per day)
RUKOBIA TAB 600MG ER	Non Preferred	PA
SELZENTRY SOL 20MG/ML	Non Preferred	PA
SELZENTRY TAB 25MG	Non Preferred	PA
SELZENTRY TAB 75MG	Non Preferred	PA
SELZENTRY TAB 150MG	Non Preferred	PA, QL (2 ea per day)
SELZENTRY TAB 300MG	Non Preferred	PA, QL (2 ea per day)
<i>stavudine cap 15 mg</i>	Preferred	
<i>stavudine cap 20 mg</i>	Preferred	QL (2 ea per day)
<i>stavudine cap 30 mg</i>	Preferred	QL (2 ea per day)
<i>stavudine cap 40 mg</i>	Preferred	QL (2 ea per day)
STRIBILD TAB	Non Preferred	PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUSTIVA CAP 50MG	Preferred	QL (12 ea per day)
SUSTIVA CAP 200MG	Preferred	QL (3 ea per day)
SUSTIVA TAB 600MG	Preferred	QL (1 ea per day)
SYMFI LO TAB	Preferred	QL (1 ea per day)
SYMFI TAB	Preferred	QL (1 ea per day)
SYMTUZA TAB	Preferred	
TEMIXYS TAB 300-300	Non Preferred	PA, QL (1 ea per day)
<i>tenofovir disoproxil fumarate tab 300 mg (generic of VIREAD)</i>	Preferred	QL (1 ea per day)
TIVICAY PD TAB 5MG	Preferred	
TIVICAY TAB 10MG	Preferred	
TIVICAY TAB 25MG	Preferred	
TIVICAY TAB 50MG	Preferred	QL (2 ea per day)
TRIUMEQ TAB	Preferred	QL (1 ea per day)
TRIZIVIR TAB	Non Preferred	PA, QL (2 ea per day)
TROGARZO INJ 150MG/ML	Preferred	PA
TRUVADA TAB 100-150	Preferred	QL (1 ea per day)
TRUVADA TAB 133-200	Preferred	QL (1 ea per day)
TRUVADA TAB 167-250	Preferred	QL (1 ea per day)
TRUVADA TAB 200-300	Preferred	QL (1 ea per day)
TYBOST TAB 150MG	Non Preferred	PA
VIRACEPT TAB 250MG	Preferred	QL (10 ea per day)
VIRACEPT TAB 625MG	Preferred	QL (4 ea per day)
VIRAMUNE XR TAB 400MG	Non Preferred	PA, QL (1 ea per day)
VIREAD POW 40MG/GM	Preferred	QL (7.5 gm per day)
VIREAD TAB 150MG	Preferred	QL (1 ea per day)
VIREAD TAB 200MG	Preferred	QL (1 ea per day)
VIREAD TAB 250MG	Preferred	QL (1 ea per day)
VIREAD TAB 300MG	Preferred	QL (1 ea per day)
ZIAGEN SOL 20MG/ML	Preferred	QL (30 mL per day)
ZIAGEN TAB 300MG	Non Preferred	PA, QL (2 ea per day)
<i>zidovudine cap 100 mg (generic of RETROVIR)</i>	Preferred	QL (6 ea per day)
<i>zidovudine syrup 10 mg/ml (generic of RETROVIR)</i>	Preferred	QL (60 mL per day)
<i>zidovudine tab 300 mg</i>	Preferred	QL (2 ea per day)

### **CMV AGENTS**

LIVTENCITY TAB 200MG	Non Preferred	SP, PA
PREVYMIS TAB 240MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREVYMIS TAB 480MG	Non Preferred	PA
VALCYTE SOL 50MG/ML	Non Preferred	PA
VALCYTE TAB 450MG	Non Preferred	PA
<i>valganciclovir hcl for soln 50 mg/ml (base equiv) (generic of VALCYTE)</i>	Non Preferred	PA
<i>valganciclovir hcl tab 450 mg (base equivalent) (generic of VALCYTE)</i>	Preferred	

### **HEPATITIS AGENTS**

<i>adefovir dipivoxil tab 10 mg (generic of HEP SERA)</i>	Non Preferred	PA, QL (1 ea per day)
BARACLUDE SOL	Non Preferred	PA, QL (30 mL per day)
BARACLUDE TAB 0.5MG	Non Preferred	PA, QL (1 ea per day)
BARACLUDE TAB 1MG	Non Preferred	PA, QL (1 ea per day)
<i>entecavir tab 0.5 mg (generic of BARACLUDE)</i>	Preferred	QL (1 ea per day)
<i>entecavir tab 1 mg (generic of BARACLUDE)</i>	Preferred	QL (1 ea per day)
EPCLUSA PAK 150-37.5	Non Preferred	PA
EPCLUSA PAK 200-50MG	Non Preferred	PA
EPCLUSA TAB 200-50MG	Non Preferred	SP, PA
EPCLUSA TAB 400-100	Non Preferred	SP, PA, QL (1 ea per day)
EPIVIR HBV SOL 5MG/ML	Non Preferred	PA
EPIVIR HBV TAB 100MG	Non Preferred	PA, QL (3 ea per day)
HARVONI PAK	Non Preferred	SP, PA
HARVONI PAK 45-200MG	Non Preferred	SP, PA
HARVONI TAB 45-200MG	Non Preferred	SP, PA
HARVONI TAB 90-400MG	Non Preferred	SP, PA, QL (1 ea per day)
HEPSERA TAB 10MG	Non Preferred	PA, QL (1 ea per day)
<i>lamivudine tab 100 mg (hbv) (generic of EPIVIR HBV)</i>	Non Preferred	PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LEDIP-SOFOSB TAB 90-400MG	Non Preferred	SP, PA, QL (1 ea per day)
MAVYRET PAK 50-20MG	Preferred	PA
MAVYRET TAB 100-40MG	Preferred	SP, PA
PEGASYS INJ	Non Preferred	SP, PA
PEGASYS INJ 180MCG/M	Non Preferred	SP, PA
<i>ribavirin cap 200 mg</i>	Preferred	SP
<i>ribavirin tab 200 mg</i>	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP, PA, QL (1 ea per day)
SOVALDI PAK 150MG	Non Preferred	SP, PA
SOVALDI PAK 200MG	Non Preferred	SP, PA
SOVALDI TAB 200MG	Non Preferred	SP, PA
SOVALDI TAB 400MG	Non Preferred	SP, PA, QL (1 ea per day)
VEMLIDY TAB 25MG	Non Preferred	PA
VIEKIRA PAK TAB	Non Preferred	SP, PA
VOSEVI TAB	Non Preferred	SP, PA, QL (1 ea per day)
ZEPATIER TAB 50-100MG	Non Preferred	SP, PA, QL (1 ea per day)

### **HERPES AGENTS**

<i>acyclovir cap 200 mg</i>	Preferred	QL (5 ea per day)
<i>acyclovir susp 200 mg/5ml</i> (generic of ZOVIRAX)	Preferred	QL (25 mL per day)
<i>acyclovir tab 400 mg</i>	Preferred	QL (5 ea per day)
<i>acyclovir tab 800 mg</i>	Preferred	QL (5 ea per day)
<i>famciclovir tab 125 mg</i>	Non Preferred	PA, QL (3 ea per day)
<i>famciclovir tab 250 mg</i>	Non Preferred	PA, QL (3 ea per day)
<i>famciclovir tab 500 mg</i>	Non Preferred	PA, QL (3 ea per day)
SITAVIG TAB 50MG	Non Preferred	PA
<i>valacyclovir hcl tab 1 gm</i> (generic of VALTREX)	Preferred	QL (8 ea per day)
<i>valacyclovir hcl tab 500 mg</i> (generic of VALTREX)	Preferred	QL (8 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VALTREX TAB 1GM	Non Preferred	PA, QL (8 ea per day)
VALTREX TAB 500MG	Non Preferred	PA, QL (8 ea per day)
ZOVIRAX SUS 200/5ML	Non Preferred	PA, QL (25 mL per day)

### ***INFLUENZA AGENTS***

<i>oseltamivir phosphate cap 30 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
<i>oseltamivir phosphate cap 45 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
<i>oseltamivir phosphate cap 75 mg (base equiv) (generic of TAMIFLU)</i>	Preferred	
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv) (generic of TAMIFLU)</i>	Preferred	
RELENZA MIS DISKHALE	Preferred	
<i>rimantadine hydrochloride tab 100 mg</i>	Non Preferred	PA, QL (2 ea per day)
TAMIFLU CAP 30MG	Non Preferred	PA
TAMIFLU CAP 45MG	Non Preferred	PA
TAMIFLU CAP 75MG	Non Preferred	PA
TAMIFLU SUS 6MG/ML	Non Preferred	PA
XOFLUZA TAB 20MG	Non Preferred	PA
XOFLUZA TAB 40MG	Non Preferred	PA
XOFLUZA TAB 80MG	Non Preferred	PA

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

VIRAZOLE INH 6GM	Non Preferred	PA
------------------	------------------	----

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

### ***ALPHA-BETA BLOCKERS***

<i>carvedilol phosphate cap er 24hr 10 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 20 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 40 mg (generic of COREG CR)</i>	Non Preferred	PA
<i>carvedilol phosphate cap er 24hr 80 mg (generic of COREG CR)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>carvedilol tab 3.125 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 6.25 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 12.5 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
<i>carvedilol tab 25 mg (generic of COREG)</i>	Preferred	QL (2 ea per day)
COREG CR CAP 10MG	Non Preferred	PA
COREG CR CAP 20MG	Non Preferred	PA
COREG CR CAP 40MG	Non Preferred	PA
COREG CR CAP 80MG	Non Preferred	PA
COREG TAB 3.125MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 6.25MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 12.5MG	Non Preferred	PA, QL (2 ea per day)
COREG TAB 25MG	Non Preferred	PA, QL (2 ea per day)
<i>labetalol hcl tab 100 mg</i>	Preferred	QL (4 ea per day)
<i>labetalol hcl tab 200 mg</i>	Preferred	QL (4 ea per day)
<i>labetalol hcl tab 300 mg</i>	Preferred	QL (6 ea per day)
<b>BETA BLOCKERS CARDIO-SELECTIVE</b>		
<i>acebutolol hcl cap 200 mg</i>	Preferred	QL (16 ea per day)
<i>acebutolol hcl cap 400 mg</i>	Preferred	QL (16 ea per day)
<i>atenolol tab 25 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>atenolol tab 50 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>atenolol tab 100 mg (generic of TENORMIN)</i>	Preferred	QL (2 ea per day)
<i>betaxolol hcl tab 10 mg</i>	Preferred	
<i>betaxolol hcl tab 20 mg</i>	Preferred	
<i>bisoprolol fumarate tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>bisoprolol fumarate tab 10 mg</i>	Preferred	QL (2 ea per day)
BYSTOLIC TAB 2.5MG	Non Preferred	PA
BYSTOLIC TAB 5MG	Non Preferred	PA
BYSTOLIC TAB 10MG	Non Preferred	PA
BYSTOLIC TAB 20MG	Non Preferred	PA
KAPSPARGO CAP 25MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
KAPSPARGO CAP 50MG	Non Preferred	PA
KAPSPARGO CAP 100MG	Non Preferred	PA
KAPSPARGO CAP 200MG	Non Preferred	PA
LOPRESSOR TAB 50MG	Non Preferred	PA, QL (3 ea per day)
LOPRESSOR TAB 100MG	Non Preferred	PA, QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (4 ea per day)
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (3 ea per day)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (generic of TOPROL XL)</i>	Preferred	QL (2 ea per day)
<i>metoprolol tartrate tab 25 mg</i>	Preferred	QL (3 ea per day)
<i>metoprolol tartrate tab 37.5 mg</i>	Preferred	
<i>metoprolol tartrate tab 50 mg (generic of LOPRESSOR)</i>	Preferred	QL (3 ea per day)
<i>metoprolol tartrate tab 75 mg</i>	Preferred	
<i>metoprolol tartrate tab 100 mg (generic of LOPRESSOR)</i>	Preferred	QL (3 ea per day)
<i>nebivolol hcl tab 2.5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non Preferred	PA
<i>nebivolol hcl tab 5 mg (base equivalent) (generic of BYSTOLIC)</i>	Non Preferred	PA
<i>nebivolol hcl tab 10 mg (base equivalent) (generic of BYSTOLIC)</i>	Non Preferred	PA
<i>nebivolol hcl tab 20 mg (base equivalent) (generic of BYSTOLIC)</i>	Non Preferred	PA
TENORMIN TAB 25MG	Non Preferred	PA, QL (2 ea per day)
TENORMIN TAB 50MG	Non Preferred	PA, QL (2 ea per day)
TENORMIN TAB 100MG	Non Preferred	PA, QL (2 ea per day)
TOPROL XL TAB 25MG	Non Preferred	PA, QL (3 ea per day)
TOPROL XL TAB 50MG	Non Preferred	PA, QL (4 ea per day)
TOPROL XL TAB 100MG	Non Preferred	PA, QL (3 ea per day)
TOPROL XL TAB 200MG	Non Preferred	PA, QL (2 ea per day)

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

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>propranolol hcl cap er 24hr 120 mg (generic of INDERAL LA)</i>	Preferred	QL (3 ea per day)
<i>propranolol hcl cap er 24hr 160 mg (generic of INDERAL LA)</i>	Preferred	QL (2 ea per day)
<i>propranolol hcl oral soln 20 mg/5ml</i>	Preferred	QL (20 mL per day)
<i>propranolol hcl oral soln 40 mg/5ml</i>	Preferred	
<i>propranolol hcl tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>propranolol hcl tab 20 mg</i>	Preferred	QL (6 ea per day)
<i>propranolol hcl tab 40 mg</i>	Preferred	QL (6 ea per day)
<i>propranolol hcl tab 60 mg</i>	Preferred	QL (6 ea per day)
<i>propranolol hcl tab 80 mg</i>	Preferred	QL (6 ea per day)
<i>sorine tab 80mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sorine tab 120mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sorine tab 160mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sorine tab 240mg</i>	Preferred	QL (2 ea per day)
<i>sotalol hcl (afib/afl) tab 80 mg (generic of BETAPACE AF)</i>	Non Preferred	PA, QL (2 ea per day)
<i>sotalol hcl (afib/afl) tab 120 mg (generic of BETAPACE AF)</i>	Non Preferred	PA, QL (2 ea per day)
<i>sotalol hcl (afib/afl) tab 160 mg (generic of BETAPACE AF)</i>	Non Preferred	PA, QL (2 ea per day)
<i>sotalol hcl tab 80 mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sotalol hcl tab 120 mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sotalol hcl tab 160 mg (generic of BETAPACE)</i>	Preferred	QL (2 ea per day)
<i>sotalol hcl tab 240 mg</i>	Preferred	QL (2 ea per day)
<i>SOTYLIZE SOL 5MG/ML</i>	Non Preferred	PA
<i>TIMOLOL MAL TAB 20MG</i>	Preferred	
<i>timolol maleate tab 5 mg</i>	Preferred	
<i>timolol maleate tab 10 mg</i>	Preferred	

## **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) (generic of NORVASC)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate tab 5 mg (base equivalent) (generic of NORVASC)</i>	Preferred	QL (1 ea per day)
<i>amlodipine besylate tab 10 mg (base equivalent) (generic of NORVASC)</i>	Preferred	QL (1 ea per day)
<i>CALAN SR TAB 120MG</i>	Non Preferred	PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CALAN SR TAB 180MG	Non Preferred	PA, QL (2 ea per day)
CALAN SR TAB 240MG	Non Preferred	PA, QL (3 ea per day)
CARDIZEM CD CAP 120MG/24	Non Preferred	PA, QL (1 ea per day)
CARDIZEM CD CAP 180MG/24	Non Preferred	PA, QL (2 ea per day)
CARDIZEM CD CAP 240MG/24	Non Preferred	PA, QL (1 ea per day)
CARDIZEM CD CAP 300MG/24	Non Preferred	PA, QL (1 ea per day)
CARDIZEM CD CAP 360MG/24	Non Preferred	PA
CARDIZEM LA TAB 120MG	Non Preferred	PA
CARDIZEM LA TAB 180MG	Non Preferred	PA
CARDIZEM LA TAB 240MG	Non Preferred	PA
CARDIZEM LA TAB 300MG/24	Non Preferred	PA
CARDIZEM LA TAB 360MG	Non Preferred	PA
CARDIZEM LA TAB 420MG/24	Non Preferred	PA
CARDIZEM TAB 30MG	Non Preferred	PA, QL (2 ea per day)
CARDIZEM TAB 60MG	Non Preferred	PA, QL (4 ea per day)
CARDIZEM TAB 120MG	Non Preferred	PA, QL (4 ea per day)
<i>cartia xt cap 120/24hr (generic of CARDIZEM CD)</i>	Preferred	QL (1 ea per day)
<i>cartia xt cap 180/24hr (generic of CARDIZEM CD)</i>	Preferred	QL (2 ea per day)
<i>cartia xt cap 240/24hr (generic of CARDIZEM CD)</i>	Preferred	QL (1 ea per day)
<i>cartia xt cap 300/24hr (generic of CARDIZEM CD)</i>	Preferred	QL (1 ea per day)
<i>dilt-xr cap 120mg</i>	Preferred	
<i>dilt-xr cap 180mg</i>	Preferred	
<i>dilt-xr cap 240mg</i>	Preferred	
<i>diltiazem hcl cap er 12hr 60 mg</i>	Preferred	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Preferred	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Preferred	
<i>diltiazem hcl cap er 24hr 120 mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
diltiazem hcl cap er 24hr 180 mg	Preferred	
diltiazem hcl cap er 24hr 240 mg	Preferred	
diltiazem hcl coated beads cap er 24hr 120 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 180 mg (generic of CARDIZEM CD)	Preferred	QL (2 ea per day)
diltiazem hcl coated beads cap er 24hr 240 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 300 mg (generic of CARDIZEM CD)	Preferred	QL (1 ea per day)
diltiazem hcl coated beads cap er 24hr 360 mg (generic of CARDIZEM CD)	Preferred	
diltiazem hcl coated beads tab er 24hr 180 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 240 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 300 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 360 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl coated beads tab er 24hr 420 mg (generic of CARDIZEM LA)	Preferred	
diltiazem hcl extended release beads cap er 24hr 120 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 180 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 240 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 300 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 360 mg (generic of TIAZAC)	Preferred	QL (2 ea per day)
diltiazem hcl extended release beads cap er 24hr 420 mg (generic of TIAZAC)	Preferred	QL (1 ea per day)
diltiazem hcl tab 30 mg (generic of CARDIZEM)	Preferred	QL (2 ea per day)
diltiazem hcl tab 60 mg (generic of CARDIZEM)	Preferred	QL (4 ea per day)
diltiazem hcl tab 90 mg	Preferred	QL (4 ea per day)
diltiazem hcl tab 120 mg (generic of CARDIZEM)	Preferred	QL (4 ea per day)
felodipine tab er 24hr 2.5 mg	Preferred	QL (1 ea per day)
felodipine tab er 24hr 5 mg	Preferred	QL (1 ea per day)
felodipine tab er 24hr 10 mg	Preferred	QL (2 ea per day)
isradipine cap 2.5 mg	Non PA Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>isradipine cap 5 mg</i>	Non Preferred	PA
KATERZIA SUS 1MG/ML	Non Preferred	PA
<i>matzim la tab 180mg/24 (generic of CARDIZEM LA)</i>	Preferred	
<i>matzim la tab 240mg/24 (generic of CARDIZEM LA)</i>	Preferred	
<i>matzim la tab 300mg/24 (generic of CARDIZEM LA)</i>	Preferred	
<i>matzim la tab 360mg/24 (generic of CARDIZEM LA)</i>	Preferred	
<i>matzim la tab 420mg/24 (generic of CARDIZEM LA)</i>	Preferred	
<i>nicardipine hcl cap 20 mg</i>	Non Preferred	PA
<i>nicardipine hcl cap 30 mg</i>	Non Preferred	PA
<i>nifedipine cap 10 mg</i>	Preferred	QL (4 ea per day)
<i>nifedipine cap 20 mg</i>	Preferred	QL (4 ea per day)
<i>nifedipine tab er 24hr 30 mg</i>	Preferred	QL (1 ea per day)
<i>nifedipine tab er 24hr 60 mg</i>	Preferred	QL (1 ea per day)
<i>nifedipine tab er 24hr 90 mg</i>	Preferred	QL (2 ea per day)
<i>nifedipine tab er 24hr osmotic release 30 mg (generic of PROCARDIA XL)</i>	Preferred	QL (1 ea per day)
<i>nifedipine tab er 24hr osmotic release 60 mg (generic of PROCARDIA XL)</i>	Preferred	QL (2 ea per day)
<i>nifedipine tab er 24hr osmotic release 90 mg (generic of PROCARDIA XL)</i>	Preferred	QL (2 ea per day)
<i>nimodipine cap 30 mg</i>	Preferred	
<i>nisoldipine tab er 24hr 8.5 mg (generic of SULAR)</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 17 mg (generic of SULAR)</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 20 mg</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 25.5 mg</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 30 mg</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 34 mg (generic of SULAR)</i>	Non Preferred	PA
<i>nisoldipine tab er 24hr 40 mg</i>	Non Preferred	PA
NORVASC TAB 2.5MG	Non Preferred	PA, QL (1 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORVASC TAB 5MG	Non Preferred	PA, QL (1 ea per day)
NORVASC TAB 10MG	Non Preferred	PA, QL (1 ea per day)
NYMALIZE SOL	Non Preferred	PA
PROCARDIA XL TAB 30MG CR	Non Preferred	PA, QL (1 ea per day)
PROCARDIA XL TAB 60MG CR	Non Preferred	PA, QL (2 ea per day)
PROCARDIA XL TAB 90MG CR	Non Preferred	PA, QL (2 ea per day)
SULAR TAB 8.5MG	Non Preferred	PA
SULAR TAB 17MG	Non Preferred	PA
SULAR TAB 34MG	Non Preferred	PA
<i>taztia xt cap 120mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>taztia xt cap 180mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>taztia xt cap 240mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>taztia xt cap 300mg er (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>taztia xt cap 360mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 120mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 180mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 240mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 300mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 360mg/24 (generic of TIAZAC)</i>	Preferred	QL (2 ea per day)
<i>tiadylt cap 420mg/24 (generic of TIAZAC)</i>	Preferred	QL (1 ea per day)
TIAZAC CAP 120MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 180MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 240MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 300MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 360MG/24	Non Preferred	PA, QL (2 ea per day)
TIAZAC CAP 420MG/24	Non Preferred	PA, QL (1 ea per day)
<i>verapamil hcl cap er 24hr 100 mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
verapamil hcl cap er 24hr 120 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 180 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 200 mg	Preferred	
verapamil hcl cap er 24hr 240 mg (generic of VERELAN)	Preferred	
verapamil hcl cap er 24hr 300 mg	Preferred	
verapamil hcl cap er 24hr 360 mg	Preferred	
verapamil hcl tab 40 mg	Preferred	QL (4 ea per day)
verapamil hcl tab 80 mg	Preferred	QL (4 ea per day)
verapamil hcl tab 120 mg	Preferred	QL (3 ea per day)
verapamil hcl tab er 120 mg (generic of CALAN SR)	Preferred	QL (3 ea per day)
verapamil hcl tab er 180 mg	Preferred	QL (2 ea per day)
verapamil hcl tab er 240 mg (generic of CALAN SR)	Preferred	QL (3 ea per day)
VERELAN CAP 120MG SR	Non Preferred	PA
VERELAN CAP 180MG SR	Non Preferred	PA
VERELAN CAP 240MG SR	Non Preferred	PA
VERELAN CAP 360MG SR	Non Preferred	PA
VERELAN PM CAP 100MG ER	Non Preferred	PA
VERELAN PM CAP 200MG ER	Non Preferred	PA
VERELAN PM CAP 300MG ER	Non Preferred	PA

## CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

### CARDIAC GLYCOSIDES

digoxin oral soln 0.05 mg/ml	Preferred	
digoxin tab 125 mcg (0.125 mg) (generic of DIGOXIN TAB 125 MCG (0.125 MG))	Preferred	QL (1 ea per day)
digoxin tab 250 mcg (0.25 mg) (generic of DIGOXIN TAB 250 MCG (0.25 MG))	Preferred	QL (1 ea per day)

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

### CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	Non Preferred	PA
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg (generic of CADUET)</i>	Non Preferred	PA
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg (generic of CADUET)</i>	Non Preferred	PA
BIDIL TAB	Preferred	
CADUET TAB 5-10MG	Non Preferred	PA
CADUET TAB 5-20MG	Non Preferred	PA
CADUET TAB 5-40MG	Non Preferred	PA
CADUET TAB 5-80MG	Non Preferred	PA
CADUET TAB 10-10MG	Non Preferred	PA
CADUET TAB 10-20MG	Non Preferred	PA
CADUET TAB 10-40MG	Non Preferred	PA
CADUET TAB 10-80MG	Non Preferred	PA
ENTRESTO TAB 24-26MG	Preferred	
ENTRESTO TAB 49-51MG	Preferred	
ENTRESTO TAB 97-103MG	Preferred	
<b>IMPOTENCE AGENTS</b>		
CIALIS TAB 5MG	Non Preferred	PA
tadalafil tab 5 mg	Non Preferred	PA
<b>PROSTAGLANDIN VASODILATORS</b>		
<i>epoprostenol sodium for inj 0.5 mg (generic of FLOLAN)</i>	Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>epoprostenol sodium for inj 1.5 mg (generic of FLOLAN)</i>	Preferred	SP, PA
FLOLAN INJ 0.5MG	Preferred	SP, PA
FLOLAN INJ 1.5MG	Preferred	SP, PA
ORENITRAM TAB 0.25MG	Non Preferred	SP, PA
ORENITRAM TAB 0.125MG	Non Preferred	SP, PA
ORENITRAM TAB 1MG	Non Preferred	SP, PA
ORENITRAM TAB 2.5MG	Non Preferred	SP, PA
ORENITRAM TAB 5MG	Non Preferred	SP, PA
REMODULIN INJ 1MG/ML	Non Preferred	SP, PA
REMODULIN INJ 2.5MG/ML	Non Preferred	SP, PA
REMODULIN INJ 5MG/ML	Non Preferred	SP, PA
REMODULIN INJ 10MG/ML	Non Preferred	SP, PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Non Preferred	SP, PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Non Preferred	SP, PA
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Non Preferred	SP, PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Non Preferred	SP, PA
TYVASO REFIL SOL 0.6MG/ML	Non Preferred	SP, PA
TYVASO SOL 0.6MG/ML	Non Preferred	SP, PA
TYVASO START SOL 0.6MG/ML	Non Preferred	SP, PA
VELETRI INJ 0.5MG	Non Preferred	SP, PA
VELETRI INJ 1.5MG	Non Preferred	SP, PA
VENTAVIS SOL 10MCG/ML	Non Preferred	SP, PA
VENTAVIS SOL 20MCG/ML	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS</b>		

<i>ambrisentan tab 5 mg (generic of LETAIRIS)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>ambrisentan tab 10 mg (generic of LETAIRIS)</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>bosentan tab 62.5 mg (generic of TRACLEER)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>bosentan tab 125 mg (generic of TRACLEER)</i>	Non Preferred	SP, PA, QL (2 ea per day)
LETAIRIS TAB 5MG	Preferred	SP, PA, QL (1 ea per day)
LETAIRIS TAB 10MG	Preferred	SP, PA, QL (1 ea per day)
OPSUMIT TAB 10MG	Non Preferred	SP, PA, QL (1 ea per day)
TRACLEER TAB 32MG	Preferred	SP, PA
TRACLEER TAB 62.5MG	Preferred	SP, PA, QL (2 ea per day)
TRACLEER TAB 125MG	Preferred	SP, PA, QL (2 ea per day)

<b>PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS</b>		
--------------------------------------------------------------	--	--

<i>ADCIRCA TAB 20MG</i>	Preferred	SP, PA
<i>alyq tab 20mg (generic of ADCIRCA)</i>	Preferred	SP, PA
REVATIO INJ	Non Preferred	SP, PA
REVATIO SUS 10MG/ML	Preferred	SP, PA
REVATIO TAB 20MG	Non Preferred	SP, PA, QL (3 ea per day)
<i>sildenafil citrate for suspension 10 mg/ml (generic of REVATIO)</i>	Non Preferred	SP, PA
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent) (generic of REVATIO)</i>	Non Preferred	SP, PA
<i>sildenafil citrate tab 20 mg (generic of REVATIO)</i>	Preferred	SP, PA, QL (3 ea per day)
<i>tadalafil tab 20 mg (pah) (generic of ADCIRCA)</i>	Preferred	SP, PA

<b>PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST</b>		
---------------------------------------------------------------	--	--

UPTRAVI INJ 1800MCG	Non Preferred	PA
UPTRAVI TAB 200/800	Non Preferred	SP, PA
UPTRAVI TAB 200MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 400MCG	Non Preferred	SP, PA, QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UPTRAVI TAB 600MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 800MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 1000MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 1200MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 1400MCG	Non Preferred	SP, PA, QL (2 ea per day)
UPTRAVI TAB 1600MCG	Non Preferred	SP, PA, QL (2 ea per day)

**PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR**

ADEMPAS TAB 0.5MG	Non Preferred	SP, PA
ADEMPAS TAB 1.5MG	Non Preferred	SP, PA
ADEMPAS TAB 1MG	Non Preferred	SP, PA
ADEMPAS TAB 2.5MG	Non Preferred	SP, PA
ADEMPAS TAB 2MG	Non Preferred	SP, PA

**SINUS NODE INHIBITORS**

CORLANOR SOL 5MG/5ML	Non Preferred	PA
CORLANOR TAB 5MG	Non Preferred	PA
CORLANOR TAB 7.5MG	Non Preferred	PA

**TRANSTHYRETIN STABILIZERS**

VYNDAMAX CAP 61MG	Non Preferred	SP, PA
VYNDAQEL CAP 20MG	Non Preferred	SP, PA

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

VERQUVO TAB 2.5MG	Preferred	PA
VERQUVO TAB 5MG	Preferred	PA
VERQUVO TAB 10MG	Preferred	PA

**CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS**

**CEPHALOSPORINS - 1ST GENERATION**

cefadroxil cap 500 mg	Preferred
cefadroxil for susp 250 mg/5ml	Preferred
cefadroxil for susp 500 mg/5ml	Preferred
cefadroxil tab 1 gm	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefazolin sodium for inj 1 gm</i>	Preferred	
<i>cefazolin sodium for inj 10 gm</i>	Preferred	
<i>cephalexin cap 250 mg</i>	Preferred	QL (6 ea per day)
<i>cephalexin cap 500 mg</i>	Preferred	QL (6 ea per day)
<i>cephalexin cap 750 mg</i>	Preferred	
<i>cephalexin for susp 125 mg/5ml</i>	Preferred	
<i>cephalexin for susp 250 mg/5ml</i>	Preferred	
<i>cephalexin tab 250 mg</i>	Preferred	
<i>cephalexin tab 500 mg</i>	Preferred	

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

<i>cefaclor cap 250 mg</i>	Preferred	
<i>cefaclor cap 500 mg</i>	Preferred	
<i>CEFACLOR ER TAB 500MG</i>	Non PA Preferred	
<i>cefaclor for susp 125 mg/5ml</i>	Preferred	
<i>cefaclor for susp 250 mg/5ml</i>	Preferred	
<i>cefaclor for susp 375 mg/5ml</i>	Preferred	
<i>cefprozil for susp 125 mg/5ml</i>	Preferred	
<i>cefprozil for susp 250 mg/5ml</i>	Preferred	
<i>cefprozil tab 250 mg</i>	Non PA Preferred	
<i>cefprozil tab 500 mg</i>	Non PA Preferred	
<i>cefuroxime axetil tab 250 mg</i>	Preferred	QL (2 ea per day)
<i>cefuroxime axetil tab 500 mg</i>	Preferred	QL (2 ea per day)

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

<i>cefdinir cap 300 mg</i>	Preferred	QL (2 ea per day)
<i>cefdinir for susp 125 mg/5ml</i>	Preferred	
<i>cefdinir for susp 250 mg/5ml</i>	Preferred	
<i>cefixime cap 400 mg</i>	Preferred	
<i>cefixime for susp 100 mg/5ml</i>	Non PA Preferred	
<i>cefixime for susp 200 mg/5ml (generic of SUPRAX)</i>	Non PA Preferred	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Non PA Preferred	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Non PA Preferred	
<i>cefpodoxime proxetil tab 100 mg</i>	Non PA Preferred	
<i>cefpodoxime proxetil tab 200 mg</i>	Non PA Preferred	
<i>ceftazidime for iv soln 2 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 1 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 2 gm</i>	Preferred	
<i>ceftriaxone sodium for inj 10 gm</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>ceftriaxone sodium for inj 250 mg</i>	Preferred		
<i>ceftriaxone sodium for inj 500 mg</i>	Preferred		
<i>ceftriaxone sodium for iv soln 1 gm</i>	Preferred		
<i>ceftriaxone sodium for iv soln 2 gm</i>	Preferred		
SUPRAX CHW 100MG	Non Preferred	PA	
SUPRAX CHW 200MG	Non Preferred	PA	
SUPRAX SUS 100/5ML	Non Preferred	PA	
SUPRAX SUS 200/5ML	Non Preferred	PA	
<i>tazicef inj 2gm</i>	Preferred		

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

<i>cefepime hcl for inj 1 gm</i>	Preferred		
<i>cefepime hcl for inj 2 gm</i>	Preferred		

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

##### **LIQUIDS**

BENZYL BENZO LIQ	Preferred	AGE (Min age 16 years and Max age 60 years)
BENZYL BENZO LIQ	Preferred	OTC; AGE (Min age 16 years and Max age 60 years)
SESAME OIL	Preferred	
SESAME OIL	Preferred	OTC

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

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

<i>afirmelle tab 0.1-0.02</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>altavera tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>alyacen tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>alyacen tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>amethia tab (generic of SEASONIQUE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>amethyst tab 90-20mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>apri tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>aranelle tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>ashlyna tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aubra eq tab 0.1-0.02</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aubra tab 0.1-0.02</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aurovela 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>aurovela fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>aurovela fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aurovela tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aurovela tab 1/20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>aviane tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ayuna tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>azurette tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>azurette tab 28 day</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>BALCOLTRA TAB 0.1-20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>balziva tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>BEYAZ TAB</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>blisovi 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>blisovi fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>blisovi fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>briellyn tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>camrese lo tab</i> (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>camrese tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>caziant pak</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>charlotte 24 chw fe 1/20</i> (generic of MINASTRIN 24 FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>chateal eq tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>chateal tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cryselle-28 tab 28 tabs</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyclafem tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyclafem tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>cyred eq tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>cyred tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>dasetta tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>dasetta tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>daysee tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>desogestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>dolishale tab 90-20mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>elinest tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>emoquette tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>enpresse-28 tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>enskyce tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>estarrylla tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ESTROSTEP FE TAB</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>falmina tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>fayosim tab (generic of QUARTETTE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>femynor tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>gemmily cap 1/20 (generic of TAYTULLA)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GENERESS FE CHW	Preferred	AGE (Min age 10 years and Max age 55 years)
hailey 24 tab fe	Preferred	AGE (Min age 10 years and Max age 55 years)
hailey fe tab 1.5/30	Preferred	AGE (Min age 10 years and Max age 55 years)
hailey fe tab 1/20	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
hailey tab 1.5/30	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
iclevia tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
introvale tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
isibloom tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
jaimiess tab (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
jasmiel tab 3-0.02mg (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
jolessa tab	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
juleber tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel 1.5/30 tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel 1/20 tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
junel fe 24 tab 1/20	Preferred	AGE (Min age 10 years and Max age 55 years)
junel fe tab 1.5/30	Preferred	AGE (Min age 10 years and Max age 55 years)
junel fe tab 1/20	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
kaitlib fe chw (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>kalliga tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kariva tab 28 day</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kelnor 1/50 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kelnor tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>kurvelo tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>larin fe tab 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>larin fe tab 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larin tab 1/20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>larissia tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>layolis fe chw</i> (generic of GENERESS FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>leena tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lessina tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonest tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i> (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> (generic of LOSEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7) (generic of SEASONIQUE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>levora-28 tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>lillow tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>LO LOESTRIN TAB 1-10-10</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lo-zumandimi tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>LOESTRIN 21 TAB 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>LOESTRIN FE TAB 1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>LOESTRIN FE TAB 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>LOESTRIN TAB 1/20-21</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>lojaimiess tab (generic of LOSEASONIQUE)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>loryna tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>LOSEASONIQUE TAB</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>low-ogestrel tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>lulera tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>marlissa tab 0.15/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>merzee cap 1/20 (generic of TAYTULLA)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>microgstin 24 tab fe 1/20</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab 1.5/30</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab 1/20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab fe1.5/30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>microgestin tab fe 1/20</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>mili tab 0.25/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>MINASTRIN 24 CHW FE</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>MIRCETTE TAB 28 DAY</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>mono-linyah tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>NATAZIA TAB</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>necon tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>NEXTSTELLIS TAB 3-14.2MG</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nikki tab 3-0.02mg (generic of YAZ)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>norethindrone &amp; ethynodiol-Fe chew tab 0.8 mg-25 mcg (generic of GENERESS FE)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace &amp; ethynodiol tab 1 mg-20 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace &amp; ethynodiol tab 1.5 mg-30 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace &amp; ethynodiol-fe tab 1 mg-20 mcg</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace &amp; ethynodiol-fe tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (generic of MINASTRIN 24 FE)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone ace-ethynodiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norgestimate &amp; ethynodiol tab 0.25 mg-35 mcg</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (generic of ORTHO TRI-CYCLEN LO)</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nortrel tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nylia tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>nylia tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nymyo tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>ocella tab 3-0.03mg (generic of YASMIN 28)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>orsytha tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>philith tab 0.4-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pimtrea tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pirmella tab 1/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pirmella tab 7/7/7</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>portia-28 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>previfem tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
QUARTETTE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>reclipsen tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>rivilsa tab</i> (generic of QUARTETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SAFYRAL TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
SEASONIQUE TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>setlakin tab</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>simliya tab 28 day</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>simpesse tab</i> (generic of SEASONIQUE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>sprintec 28 tab 28 day</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
sronyx tab	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
syeda tab 3-0.03mg (generic of YASMIN 28)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
tarina 24 fe tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tarina fe tab 1/20	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tarina fe tab 1/20 eq	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
taysofy cap 1/20 (generic of TAYTULLA)	Preferred	AGE (Min age 10 years and Max age 55 years)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min age 10 years and Max age 55 years)
tilia fe tab (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
tri femynor tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-estaryll tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-legest tab fe (generic of ESTROSTEP FE)	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-linyah tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-lo tab estaryll (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-lo- tab marzia (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-lo- tab sprintec (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-lo-mili tab (generic of ORTHO TRI-CYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
tri-mili tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-nymyo tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-previfem tab	Preferred	AGE (Min age 10 years and Max age 55 years)
tri-sprintec tab	Preferred	AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-vylibra tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tri-vylibra tab lo</i> (generic of ORTHO TRICYCLEN LO)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>trivora-28 tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>TYBLUME CHW 0.1-0.02</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>tydemy tab</i> (generic of SAFYRAL)	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>velivet pak</i>	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vestura tab 3-0.02mg</i> (generic of YAZ)	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vienna tab 0.1-20</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vioresle tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>volnea tab</i> (generic of MIRCETTE)	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vyfemla tab 0.4-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>vylibra tab 0.25-35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>wera tab 0.5/35</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>wymzya fe chw 0.4mg-35</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>YASMIN 28 TAB 3-0.03MG</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>YAZ TAB 3-0.02MG</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zovia 1/35 tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zovia 1/35e tab</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zumandimine tab 3-0.03mg (generic of YASMIN 28)</i>	Preferred	QL (1.34 ea per day); AGE (Min age 10 years and Max age 55 years)

#### ***COMBINATION CONTRACEPTIVES - TRANSDERMAL***

<i>TWIRLA DIS 120-30</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>xulane dis 150-35</i>	Preferred	QL (0.143 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>zafemy dis 150/35</i>	Preferred	QL (0.143 ea per day); AGE (Min age 10 years and Max age 55 years)

#### ***COMBINATION CONTRACEPTIVES - VAGINAL***

<i>ANNOVERA MIS</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>eluryng mis (generic of NUVARING)</i>	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>etonogestrel-ethynodiol va ring 0.120-0.015 mg/24hr (generic of NUVARING)</i>	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>NUVARING MIS</i>	Preferred	QL (0.05 ea per day); AGE (Min age 10 years and Max age 55 years)

#### ***COPPER CONTRACEPTIVES - IUD***

<i>PARAGARD IUD T380A</i>	Preferred
---------------------------	-----------

#### ***EMERGENCY CONTRACEPTIVES***

<i>ELLA TAB 30MG</i>	Preferred	QL (4 ea / 28 days); AGE (Min age 10 years and Max age 55 years)
<i>levonorgestrel tab 1.5 mg</i>	Preferred	QL (4 ea / 28 days), OTC
<i>PLAN B TAB 1.5MG</i>	Preferred	QL (4 ea / 28 days), OTC

#### ***PROGESTIN CONTRACEPTIVES - IMPLANTS***

<i>NEXPLANON IMP 68MG</i>	Preferred
---------------------------	-----------

#### ***PROGESTIN CONTRACEPTIVES - INJECTABLE***

<i>DEPO-PROVERA INJ 150MG/ML</i>	Preferred	QL (0.012 mL per day); AGE (Min age 10 years and Max age 55 years)
<i>DEPO-PROVERA INJ 150MG/ML</i>	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DEPO-SQ PROV INJ 104	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>medroxyprogesterone acetate im susp 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	Preferred	QL (1 mL / 71 days); AGE (Min age 10 years and Max age 55 years)
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml (generic of DEPO-PROVERA CONTRACEPTIV)</i>	Preferred	QL (0.012 mL per day); AGE (Min age 10 years and Max age 55 years)

### **PROGESTIN CONTRACEPTIVES - IUD**

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

### **PROGESTIN CONTRACEPTIVES - ORAL**

<i>camila tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>deblitane tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>errin tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>heather tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>incassia tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>jencycla tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lyleq tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>lyza tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>nora-be tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norethindrone tab 0.35 mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>norlyda tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>sharobel tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>SLYND TAB 4MG</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
<i>tulana tab 0.35mg</i>	Preferred	AGE (Min age 10 years and Max age 55 years)

### **CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE**

#### **GLUCOCORTICOSTEROIDS**

ALKINDI SPRI CAP 0.5MG	Non Preferred	SP, PA
------------------------	---------------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ALKINDI SPRI CAP 1MG	Non Preferred	SP, PA
ALKINDI SPRI CAP 2MG	Non Preferred	SP, PA
ALKINDI SPRI CAP 5MG	Non Preferred	SP, PA
<i>budesonide delayed release particles cap 3 mg</i>	Non Preferred	PA
<i>budesonide tab er 24hr 9 mg (generic of UCERIS)</i>	Non Preferred	PA
CORTEF TAB 5MG	Non Preferred	PA, QL (24 ea per day)
CORTEF TAB 10MG	Non Preferred	PA, QL (12 ea per day)
CORTEF TAB 20MG	Non Preferred	PA, QL (6 ea per day)
DEXAMETHASON CON 1MG/ML	Preferred	
<i>dexamethasone elixir 0.5 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>dexamethasone soln 0.5 mg/5ml</i>	Preferred	
<i>dexamethasone tab 0.5 mg</i>	Preferred	QL (12 ea per day)
<i>dexamethasone tab 0.75 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 1 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 1.5 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 2 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 4 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab 6 mg</i>	Preferred	QL (10 ea per day)
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	Preferred	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	Preferred	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	Preferred	
EMFLAZA SUS 22.75/ML	Non Preferred	SP, PA
EMFLAZA TAB 6MG	Non Preferred	SP, PA
EMFLAZA TAB 18MG	Non Preferred	SP, PA
EMFLAZA TAB 30MG	Non Preferred	SP, PA
EMFLAZA TAB 36MG	Non Preferred	SP, PA
HEMADY TAB 20MG	Non Preferred	PA
<i>hydrocortisone tab 5 mg (generic of CORTEF)</i>	Preferred	QL (24 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
hydrocortisone tab 10 mg (generic of CORTEF)	Preferred	QL (12 ea per day)
hydrocortisone tab 20 mg (generic of CORTEF)	Preferred	QL (6 ea per day)
MEDROL TAB 2MG	Non Preferred	PA
MEDROL TAB 4MG	Non Preferred	PA, QL (12 ea per day)
MEDROL TAB 8MG	Non Preferred	PA, QL (6 ea per day)
MEDROL TAB 16MG	Non Preferred	PA, QL (4 ea per day)
MEDROL TAB 32MG	Non Preferred	PA, QL (2 ea per day)
methylprednisolone tab 4 mg (generic of MEDROL)	Preferred	QL (12 ea per day)
methylprednisolone tab 8 mg (generic of MEDROL)	Preferred	QL (6 ea per day)
methylprednisolone tab 16 mg (generic of MEDROL)	Preferred	QL (4 ea per day)
methylprednisolone tab 32 mg (generic of MEDROL)	Preferred	QL (2 ea per day)
methylprednisolone tab therapy pack 4 mg (21) (generic of MEDROL DOSEPAK)	Preferred	QL (12 ea per day)
MILLIPRED TAB 5MG	Preferred	
ORTIKOS CAP 6MG ER	Non Preferred	PA
ORTIKOS CAP 9MG ER	Non Preferred	PA
prednisolone sod phos orally disintegr tab 10 mg (base eq)	Non Preferred	PA
prednisolone sod phos orally disintegr tab 15 mg (base eq)	Non Preferred	PA
prednisolone sod phos orally disintegr tab 30 mg (base eq)	Non Preferred	PA
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (generic of PEDIAPRED)	Preferred	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)	Preferred	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Preferred	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)	Preferred	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i>	Preferred	
PREDNISONE CON 5MG/ML	Preferred	
<i>prednisone oral soln 5 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>prednisone tab 1 mg</i>	Preferred	QL (10 ea per day)
<i>prednisone tab 2.5 mg</i>	Preferred	QL (8 ea per day)
<i>prednisone tab 5 mg</i>	Preferred	QL (16 ea per day)
<i>prednisone tab 10 mg</i>	Preferred	QL (9 ea per day)
<i>prednisone tab 20 mg</i>	Preferred	QL (6 ea per day)
<i>prednisone tab 50 mg</i>	Preferred	QL (3 ea per day)
<i>prednisone tab therapy pack 5 mg (21)</i>	Preferred	
<i>prednisone tab therapy pack 5 mg (48)</i>	Preferred	
<i>prednisone tab therapy pack 10 mg (21)</i>	Preferred	
<i>prednisone tab therapy pack 10 mg (48)</i>	Preferred	
RAYOS TAB 1MG	Non Preferred	PA
RAYOS TAB 2MG	Non Preferred	PA
RAYOS TAB 5MG	Non Preferred	PA
<i>taperdex pak 6 day</i>	Non Preferred	PA
<i>taperdex pak 7-day</i>	Non Preferred	PA
<i>taperdex pak 12-day</i>	Non Preferred	PA
UCERIS TAB 9MG	Non Preferred	PA

### **MINERALOCORTICOIDS**

<i>fludrocortisone acetate tab 0.1 mg</i>	Preferred	QL (5 ea per day)
-------------------------------------------	-----------	-------------------

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

#### **ANTITUSSIVES**

<i>benzonatate cap 100 mg (generic of TESSALON PERLES)</i>	Preferred	QL (6 ea per day)
<i>benzonatate cap 200 mg</i>	Preferred	QL (5 ea per day)
<i>cough relief liq 15mg/5ml</i>	Preferred	OTC

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

<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i>	Preferred	QL (480 mL / 25 days), OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<i>chest conges tab 20-400mg</i>	Preferred	OTC
<i>chest conges tab relf dm</i>	Preferred	OTC
<i>delsym cough liq congs dm</i>	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
dextromethorphan-guaifenesin liquid 10-100 mg/5ml	Preferred	QL (240 mL / 25 days), OTC
dextromethorphan-guaifenesin liquid 10-200 mg/5ml	Preferred	QL (240 mL / 25 days), OTC
dextromethorphan-guaifenesin syrup 10-100 mg/5ml	Preferred	QL (180 mL / 25 days), OTC
dextromethorphan-guaifenesin tab er 12hr 30-600 mg	Preferred	QL (2 ea per day), OTC
dextromethorphan-guaifenesin tab er 12hr 60-1200 mg	Preferred	OTC
gnp mucus liq rlf dm	Preferred	OTC
guaifenesin-codeine soln 100-10 mg/5ml	Preferred	QL (60 mL per day), OTC; AGE (Min age 2 years)
hm mucus dm tab 60-1200	Preferred	OTC
hm mucus rel liq cgh chld	Preferred	OTC
intense coug liq reliever	Preferred	OTC
loratadine & pseudoephedrine tab er 12hr 5-120 mg	Preferred	QL (2 ea per day), OTC
loratadine & pseudoephedrine tab er 24hr 10-240 mg	Preferred	QL (1 ea per day), OTC
muc/cgh rlef liq 5-100mg	Preferred	OTC
mucinex cgh liq 5-100mg	Preferred	OTC
mucinex dm liq 20-400	Preferred	OTC
mucinex dm liq max str	Preferred	OTC
mucinex liq freeform	Preferred	OTC
mucus dm tab 60-1200	Preferred	OTC
mucus rel dm liq	Preferred	OTC
mucus rel dm liq 5-100/5	Preferred	OTC
mucus rel dm liq 20-400mg	Preferred	OTC
mucus relief liq 5-100mg	Preferred	OTC
mucus relief tab 60-1200	Preferred	OTC
mucus relief tab dm	Preferred	OTC
mucus rlf dm liq 20-400mg	Preferred	OTC
mucus-dm max tab 60-1200	Preferred	OTC
mucus/cough liq 5-100mg	Preferred	OTC
prometh vc syp 6.25-5/5	Preferred	QL (60 mL per day); AGE (Max age 64 years)
prometh vc/ syp codeine	Preferred	QL (60 mL per day); AGE (Min age 2 years and Max age 64 years)
promethazine & phenylephrine syrup 6.25-5 mg/5ml	Preferred	QL (60 mL per day); AGE (Max age 64 years)
promethazine w/ codeine syrup 6.25-10 mg/5ml	Preferred	QL (240 mL / 25 days); AGE (Min age 2 years and Max age 64 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Preferred	QL (180 mL / 25 days); AGE (Min age 4 years and Max age 64 years)
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	Preferred	QL (60 mL per day); AGE (Min age 2 years and Max age 64 years)
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Preferred	QL (4 ea per day), OTC; AGE (Min age 4 years)
<i>qc medifin tab dm</i>	Preferred	OTC
<i>sm tussin dm liq 5-100/5</i>	Preferred	OTC
<i>tab tussin tab dm</i>	Preferred	OTC
<i>tussin dm liq 5-100mg</i>	Preferred	OTC
<i>tussin dm liq 20-400mg</i>	Preferred	OTC
<i>tussin dm mx liq</i>	Preferred	OTC

### **EXPECTORANTS**

<i>guaifenesin liquid 100 mg/5ml</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin syrup 100 mg/5ml</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 200 mg</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab 400 mg</i>	Preferred	OTC; AGE (Min age 4 years)
<i>guaifenesin tab er 12hr 600 mg</i>	Preferred	QL (2 ea per day), OTC

### **MISC. RESPIRATORY INHALANTS**

<i>sodium chloride soln nebu 0.9%</i>	Preferred
<i>sodium chloride soln nebu 3%</i>	Preferred
<i>sodium chloride soln nebu 7%</i>	Preferred

### **MUCOLYTICS**

<i>acetylcysteine inhal soln 20%</i>	Preferred	QL (120 mL per day)
--------------------------------------	-----------	---------------------

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

### **ACNE PRODUCTS**

<i>ABSORICA CAP 10MG</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>ABSORICA CAP 20MG</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>ABSORICA CAP 25MG</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>ABSORICA CAP 30MG</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>ABSORICA CAP 35MG</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>ABSORICA CAP 40MG</i>	Non Preferred	PA; AGE (Min age 12 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABSORICA LD CAP 8MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 16MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 24MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ABSORICA LD CAP 32MG	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ACANYA GEL 1.2-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>accutane cap 10mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>accutane cap 20mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>accutane cap 30mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>accutane cap 40mg</i>	Non Preferred	PA; AGE (Min age 12 years)
ACZONE GEL 7.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene cream 0.1% (generic of DIFFERIN)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene gel 0.1%</i>	Preferred	QL (1.5 gm per day), OTC; AGE (Min age 10 years)
<i>adapalene gel 0.3% (generic of DIFFERIN)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene-benzoyl peroxide gel 0.1-2.5% (generic of EPIDUO)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>adapalene-benzoyl peroxide gel 0.3-2.5% (generic of EPIDUO FORTE)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
AKLIEF CRE 0.005%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ALTRENO LOT 0.05%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amnesteem cap 10mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>amnesteem cap 20mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>amnesteem cap 40mg</i>	Non Preferred	PA; AGE (Min age 12 years)
AMZEEQ AER 4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ARAZLO LOT 0.045%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ATRALIN GEL 0.05%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>avar cleanse liq 10-5%</i>	Non Preferred	PA
<i>avita cre 0.025% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>avita gel 0.025%</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
BENZAMYCIN GEL 5-3%	Non Preferred	PA, QL (1.6 gm per day); AGE (Min age 10 years)
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Preferred	QL (1.6 gm per day); AGE (Min age 10 years)
<i>bp 10-1 emu</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>bp cleansing emu 10-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>claravis cap 10mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>claravis cap 20mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>claravis cap 30mg</i>	Non Preferred	PA; AGE (Min age 12 years)
<i>claravis cap 40mg</i>	Non Preferred	PA; AGE (Min age 12 years)
CLEOCIN-T LOT 1%	Non Preferred	PA, QL (10 mL per day); AGE (Min age 10 years)
CLINDACIN KIT ETZ 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLINDACIN KIT PAC 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	QL (2 ea per day); AGE (Min age 10 years)
<i>clindacin mis etz 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
<i>clindacin-p pad 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
CLINDAGEL GEL 1%	Non Preferred	PA, QL (2 mL per day); AGE (Min age 10 years)
	Preferred	years and Max age 20 years)
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>clindamycin phosphate foam 1% (generic of EVOCLIN)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>clindamycin phosphate gel 1% (generic of CLINDAGEL)</i>	Preferred	QL (2 mL per day); AGE (Min age 10 years)
<i>clindamycin phosphate lotion 1% (generic of CLEOCIN-T)</i>	Preferred	QL (10 mL per day); AGE (Min age 10 years)
<i>clindamycin phosphate soln 1%</i>	Preferred	QL (60 mL / 25 days); AGE (Min age 10 years)
<i>clindamycin phosphate swab 1%</i>	Preferred	QL (2 ea per day); AGE (Min age 10 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (generic of ACANYA)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>clindamycin phosphate-tretinoin gel 1.2-0.025% (generic of ZIANA)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>dapsone gel 5% (generic of ACZONE)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
<i>dapsone gel 7.5% (generic of ACZONE)</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
DIFFERIN CRE 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
DIFFERIN GEL 0.3%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)
DIFFERIN LOT 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
	Preferred	years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPIDUO FORTE GEL 0.3-2.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ery pad 2%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
ERYGEL GEL 2%	Non Preferred	PA, QL (1 gm per day); AGE (Min age 10 years)
erythromycin gel 2% (generic of ERYGEL)	Preferred	QL (1 gm per day); AGE (Min age 10 years)
erythromycin soln 2%	Preferred	QL (15 mL per day); AGE (Min age 10 years)
EVOCLIN AER 1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
FABIOR AER 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
isotretinoin cap 10 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 20 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 25 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 30 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 35 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
isotretinoin cap 40 mg (generic of ABSORICA)	Non Preferred	PA; AGE (Min age 12 years)
KLARON LOT 10%	Non Preferred	PA, QL (118 mL / 25 days); AGE (Min age 10 years and Max age 20 years)
myorisan cap 10mg	Non Preferred	PA; AGE (Min age 12 years)
myorisan cap 20mg	Non Preferred	PA; AGE (Min age 12 years)
myorisan cap 30mg	Non Preferred	PA; AGE (Min age 12 years)
myorisan cap 40mg	Non Preferred	PA; AGE (Min age 12 years)
neuac gel 1.2-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
NEUAC KIT 1.2-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONEXTON GEL 1.2-3.75	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A CRE 0.1%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.05%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A CRE 0.025%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.01%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A GEL 0.025%	Non Preferred	PA, QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
RETIN-A MICR GEL 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.1%PUMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.04%PMP	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.06%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
RETIN-A MICR GEL 0.08%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SOD SUL/SULF EMU 10-5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sss 10-5 aer 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sss cre 10%-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium lotion 10% (acne) (generic of KLARON)</i>	Non Preferred	PA, QL (118 mL / 25 days); AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cleansing pad 10-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cream 10-2%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>sulfacetamide sodium w/ sulfur wash 9-4.5%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN WASH LIQ 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMADAN XLT KIT 9-4.5%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
SUMAXIN CP KIT	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUMAXIN PAD 10-4%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
TAZAROTENE AER 0.1%	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>tretinoin cream 0.1% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin cream 0.05% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin cream 0.025% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.01% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.05% (generic of ATRALIN)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin gel 0.025% (generic of RETIN-A)</i>	Preferred	QL (1.5 gm per day); AGE (Min age 10 years and Max age 35 years)
<i>tretinoin microsphere gel 0.1%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
<i>tretinoin microsphere gel 0.04%</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)
WINLEVI CRE 1%	Non Preferred	PA
zenatane cap 10mg	Non Preferred	PA; AGE (Min age 12 years)
zenatane cap 20mg	Non Preferred	PA; AGE (Min age 12 years)
zenatane cap 30mg	Non Preferred	PA; AGE (Min age 12 years)
zenatane cap 40mg	Non Preferred	PA; AGE (Min age 12 years)
ZIANA GEL	Non Preferred	PA; AGE (Min age 10 years and Max age 20 years)

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

VEREGEN OIN 15%	Non Preferred	PA
-----------------	---------------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTI-INFLAMMATORY AGENTS - TOPICAL</b>		
<i>arthr pain gel 1%</i>	Preferred Non Preferred	QL (100 gm / 25 days), OTC PA
<i>diclofenac epolamine patch 1.3%</i>	Preferred	PA
<i>diclofenac sodium gel 1%</i>	Preferred	QL (100 gm / 25 days), OTC
<i>diclofenac sodium gel 1%</i>	Non Preferred	PA
<i>diclofenac sodium soln 1.5%</i>	Non Preferred	PA
DICLOTREX PAK	Non Preferred	PA
FLECTOR DIS 1.3%	Non Preferred	PA
<i>goodsense gel art pain</i>	Preferred	QL (100 gm / 25 days), OTC
LICART DIS 1.3%	Non Preferred	PA
PENNSAID SOL 2%	Non Preferred	PA
<i>qc diclofena gel 1%</i>	Preferred	QL (100 gm / 25 days), OTC
VENNGEL ONE KIT 1%	Non Preferred	PA
<b>ANTIBIOTICS - TOPICAL</b>		
<i>bacitracin oint 500 unit/gm</i>	Preferred	OTC
<i>bacitracin zinc oint 500 unit/gm</i>	Preferred	OTC
<i>bacitracin-polymyxin b oint</i>	Preferred	OTC
CENTANY AT KIT 2%	Non Preferred	PA
CENTANY OIN 2%	Non Preferred	PA
<i>gentamicin sulfate cream 0.1%</i>	Preferred	QL (1 gm per day)
<i>gentamicin sulfate oint 0.1%</i>	Preferred	QL (1 gm per day)
<i>mupirocin calcium cream 2%</i>	Non Preferred	PA; AGE (Max age 20 years)
<i>mupirocin oint 2%</i>	Preferred	
NEO-SYNALAR CRE	Non Preferred	PA
NEO-SYNALAR KIT	Non Preferred	PA
<i>neomycin-bacitracin-polymyxin oint</i>	Preferred	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Preferred	OTC
XEPI CRE 1%	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>ANTIFUNGALS - TOPICAL</b>		
ciclodan sol 8%	Non Preferred	PA, QL (6.6 mL / 25 days)
ciclopirox gel 0.77%	Non Preferred	PA
ciclopirox kit 8%	Non Preferred	PA
ciclopirox olamine cream 0.77% (base equiv) (generic of LOPROX)	Non Preferred	PA, QL (180 gm / 30 days)
ciclopirox olamine susp 0.77% (base equiv) (generic of LOPROX)	Non Preferred	PA, QL (60 mL / 25 days)
ciclopirox shampoo 1% (generic of LOPROX SHAMPOO)	Non Preferred	PA
ciclopirox solution 8%	Non Preferred	PA, QL (6.6 mL / 25 days)
clotrimazole cream 1%	Preferred	QL (60 gm / 30 days)
clotrimazole soln 1%	Non Preferred	PA, QL (60 mL / 30 days)
clotrimazole w/ betamethasone cream 1-0.05%	Non Preferred	PA
clotrimazole w/ betamethasone lotion 1-0.05%	Non Preferred	PA
econazole nitrate cream 1%	Preferred	
ERTACZO CRE 2%	Non Preferred	PA
EXTINA AER 2%	Non Preferred	PA
JUBLIA SOL 10%	Non Preferred	PA
KERYDIN SOL 5%	Non Preferred	PA
ketoconazole cream 2%	Preferred	QL (2 gm per day)
ketoconazole foam 2% (generic of EXTINA)	Non Preferred	PA
ketoconazole shampoo 2%	Preferred	QL (4 mL per day)
ketodan aer 2% (generic of EXTINA)	Non Preferred	PA
KETODAN KIT 2%	Non Preferred	PA
LOPROX CRE 0.77%	Non Preferred	PA, QL (180 gm / 30 days)
LOPROX KIT 0.77%	Non Preferred	PA
LOPROX SHA 1%	Non Preferred	PA
LOPROX SUS 0.77%	Non Preferred	PA, QL (60 mL / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>luliconazole cream 1%</i>	Non Preferred	PA
<i>LUZU CRE 1%</i>	Non Preferred	PA
<i>MENTAX CRE 1%</i>	Non Preferred	PA
<i>miconazole nitrate aerosol pow 2%</i>	Preferred	QL (133 gm / 30 days), OTC
<i>miconazole nitrate cream 2%</i>	Preferred	OTC
<i>miconazole nitrate powder 2%</i>	Preferred	QL (90 gm / 30 days), OTC
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	Non Preferred	PA
<i>naftifine hcl cream 1%</i>	Non Preferred	PA
<i>naftifine hcl cream 2%</i>	Non Preferred	PA
<i>naftifine hcl gel 1%</i>	Non Preferred	PA
<i>NAFTIN GEL 1%</i>	Non Preferred	PA
<i>NAFTIN GEL 2%</i>	Non Preferred	PA
<i>nystatin cream 100000 unit/gm</i>	Preferred	
<i>nystatin oint 100000 unit/gm</i>	Preferred	
<i>nystatin oint 100000 unit/gm</i>	Preferred	
<i>nystatin topical powder 100000 unit/gm</i>	Preferred	QL (30 gm / 25 days)
<i>nystatin-triamcinolone cream 100000-0.1 unit/gm-%</i>	Non Preferred	PA
<i>nystatin-triamcinolone oint 100000-0.1 unit/gm-%</i>	Non Preferred	PA
<i>oxiconazole nitrate cream 1% (generic of OXISTAT)</i>	Non Preferred	PA
<i>OXISTAT CRE 1%</i>	Non Preferred	PA
<i>OXISTAT LOT 1%</i>	Non Preferred	PA
<i>sulconazole nitrate cream 1%</i>	Non Preferred	PA
<i>sulconazole nitrate solution 1%</i>	Non Preferred	PA
<i>tavaborole soln 5% (generic of KERYDIN)</i>	Non Preferred	PA
<i>terbinafine hcl cream 1%</i>	Preferred	OTC
<i>tolnaftate aerosol pow 1%</i>	Preferred	QL (133 gm / 30 days), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolnaftate cream 1%</i>	Preferred	QL (60 gm / 30 days), OTC
<i>tolnaftate powder 1%</i>	Preferred	QL (67.5 gm / 30 days), OTC
VUSION OIN	Non Preferred	PA
ZOLPAK KIT	Non Preferred	PA

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

<i>AMELUZ GEL 10%</i>	Non Preferred	PA
<i>CARAC CRE 0.5%</i>	Non Preferred	PA
<i>diclofenac sodium (actinic keratoses) gel 3%</i>	Non Preferred	PA
<i>EFUDEX CRE 5%</i>	Non Preferred	PA
<i>fluorouracil cream 0.5%</i>	Non Preferred	PA
<i>fluorouracil cream 5% (generic of EFUDEX)</i>	Non Preferred	PA
<i>fluorouracil soln 2%</i>	Non Preferred	PA
<i>fluorouracil soln 5%</i>	Non Preferred	PA
<i>LEVULAN KERA SOL 20%</i>	Preferred	
<i>ORMECA KIT</i>	Non Preferred	PA
<i>TARGETIN GEL 1%</i>	Preferred	SP
<i>VALCHLOR GEL 0.016%</i>	Non Preferred	PA

#### ***ANTIPRURITICS - TOPICAL***

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

#### ***ANTIPSORIATICS***

<i>acitretin cap 10 mg</i>	Non Preferred	PA
<i>acitretin cap 17.5 mg</i>	Non Preferred	PA
<i>acitretin cap 25 mg</i>	Non Preferred	PA
<i>calcipotriene cream 0.005% (generic of DOVONEX)</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcipotriene foam 0.005%</i>	Non Preferred	PA
<i>calcipotriene oint 0.005%</i>	Preferred	
<i>calcipotriene soln 0.005% (50 mcg/ml)</i>	Preferred	
<i>calcitriol oint 3 mcg/gm</i>	Non Preferred	PA
COSENTYX INJ 75MG/0.5	Non Preferred	SP, PA
COSENTYX INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX INJ 300DOSE	Non Preferred	SP, PA
COSENTYX PEN INJ 150MG/ML	Non Preferred	SP, PA
COSENTYX PEN INJ 300DOSE	Non Preferred	SP, PA
DOVONEX CRE 0.005%	Non Preferred	PA
ILUMYA SOL 100MG/ML	Non Preferred	SP, PA
<i>methoxsalen rapid cap 10 mg</i>	Non Preferred	PA
SILIQ INJ 210/1.5	Non Preferred	SP, PA
SKYRIZI INJ 150DOSE	Non Preferred	SP, PA
SKYRIZI INJ 150MG/ML	Non Preferred	SP, PA
SKYRIZI PEN INJ 150MG/ML	Non Preferred	SP, PA
SORILUX AER 0.005%	Non Preferred	PA
STELARA INJ 45MG/0.5	Non Preferred	SP, PA
STELARA INJ 90MG/ML	Non Preferred	SP, PA
TALTZ INJ 80MG/ML	Non Preferred	SP, PA
<i>tazarotene cream 0.1% (generic of TAZORAC)</i>	Non Preferred	PA
TREMFYA INJ 100MG/ML	Non Preferred	SP, PA
VECTICAL OIN 3MCG/GM	Non Preferred	PA

### **ANTISEBORRHEIC PRODUCTS**

<i>selenium sulfide lotion 1%</i>	Preferred	OTC
<i>selenium sulfide lotion 2.5%</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selenium sulfide shampoo 2.3%</i>	Non Preferred	PA
<i>selenium sulfide shampoo 2.25%</i>	Non Preferred	PA
<i>sulfacetamide sodium cleansing gel 10%</i>	Non Preferred	PA
<i>sulfacetamide sodium liquid 10%</i>	Non Preferred	PA

#### **ANTIVIRALS - TOPICAL**

<i>acyclovir cream 5% (generic of ZOVIRAX)</i>	Non Preferred	PA
<i>acyclovir oint 5% (generic of ZOVIRAX)</i>	Non Preferred	PA
<i>DENAVIR CRE 1%</i>	Non Preferred	PA
<i>XERESE CRE 5-1%</i>	Non Preferred	PA
<i>ZOVIRAX CRE 5%</i>	Non Preferred	PA
<i>ZOVIRAX OIN 5%</i>	Non Preferred	PA

#### **BURN PRODUCTS**

<i>mafenide acetate packet for topical soln 5% (50 gm) (generic of SULFAMYLYON)</i>	Preferred	
<i>SILVADENE CRE 1%</i>	Non Preferred	PA
<i>silver sulfadiazine cream 1% (generic of SILVADENE)</i>	Preferred	
<i>ssd cre 1% (generic of SILVADENE)</i>	Preferred	
<i>SULFAMYLYON CRE 85MG/GM</i>	Preferred	
<i>SULFAMYLYON PAK 5%</i>	Non Preferred	PA

#### **CAUTERIZING AGENTS**

<i>SILVER NITRA SOL 0.5%</i>	Non Preferred	PA
------------------------------	------------------	----

#### **CORTICOSTEROIDS - TOPICAL**

<i>alclometasone dipropionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>alclometasone dipropionate oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>amcinonide cream 0.1%</i>	Non Preferred	PA
<i>amcinonide lotion 0.1%</i>	Non Preferred	PA
<i>APEXICON E CRE 0.05%</i>	Non Preferred	PA
<i>betamethasone dipropionate augmented cream 0.05%</i>	Non Preferred	PA, QL (2 gm per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>betamethasone dipropionate augmented gel 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Non Preferred	PA, QL (60 mL / 25 days)
<i>betamethasone dipropionate augmented oint 0.05% (generic of DIPROLENE)</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate cream 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone dipropionate lotion 0.05%</i>	Non Preferred	PA, QL (60 mL / 25 days)
<i>betamethasone dipropionate oint 0.05%</i>	Non Preferred	PA, QL (2 gm per day)
<i>betamethasone valerate aerosol foam 0.12% (generic of LUXIQ)</i>	Non Preferred	PA
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Preferred	QL (2 gm per day)
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Preferred	QL (60 mL / 25 days)
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Preferred	QL (2 gm per day)
BRYHALI LOT 0.01%	Non Preferred	PA
<i>calcipotriene-betamethasone dipropionate oint 0.005-0.064% (generic of TACLONEX)</i>	Non Preferred	PA
<i>calcipotriene-betamethasone dipropionate susp 0.005-0.064% (generic of TACLONEX)</i>	Non Preferred	PA
CAPEX SHA 0.01%	Non Preferred	PA
<i>clobetasol propionate cream 0.05% (generic of TEMOVATE)</i>	Preferred	
<i>clobetasol propionate emollient base cream 0.05%</i>	Preferred	
<i>clobetasol propionate emulsion foam 0.05% (generic of OLUX-E)</i>	Non Preferred	PA
<i>clobetasol propionate foam 0.05% (generic of OLUX)</i>	Non Preferred	PA
<i>clobetasol propionate gel 0.05%</i>	Preferred	
<i>clobetasol propionate lotion 0.05% (generic of CLOBEX)</i>	Non Preferred	PA
<i>clobetasol propionate oint 0.05% (generic of TEMOVATE)</i>	Preferred	
<i>clobetasol propionate shampoo 0.05% (generic of CLOBEX)</i>	Non Preferred	PA
<i>clobetasol propionate soln 0.05%</i>	Preferred	QL (50 mL / 25 days)
<i>clobetasol propionate spray 0.05% (generic of CLOBEX)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLOBEX SHA 0.05%	Non Preferred	PA
CLOBEX SPR 0.05%	Non Preferred	PA
<i>clocortolone pivalate cream 0.1% (generic of CLODERM)</i>	Non Preferred	PA
CLODAN KIT 0.05%	Non Preferred	PA
<i>clodan sha 0.05% (generic of CLOBEX)</i>	Non Preferred	PA
CLODERM CRE 0.1%	Non Preferred	PA
DERMA-SMOOTH OIL /FS BODY	Non Preferred	PA, QL (4 mL per day)
DERMA-SMOOTH OIL /FS SCLP	Non Preferred	PA, QL (4 mL per day)
<i>desonide cream 0.05% (generic of DESOWEN)</i>	Preferred	QL (2 gm per day)
<i>desonide lotion 0.05%</i>	Non Preferred	PA
<i>desonide oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>desoximetasone cream 0.05% (generic of TOPICORT)</i>	Non Preferred	PA
<i>desoximetasone cream 0.25% (generic of TOPICORT)</i>	Non Preferred	PA
<i>desoximetasone gel 0.05% (generic of TOPICORT)</i>	Non Preferred	PA
<i>desoximetasone oint 0.05% (generic of TOPICORT)</i>	Non Preferred	PA
<i>desoximetasone oint 0.25% (generic of TOPICORT)</i>	Non Preferred	PA
<i>desoximetasone spray 0.25% (generic of TOPICORT)</i>	Non Preferred	PA
<i>diflorasone diacetate cream 0.05%</i>	Preferred	
<i>diflorasone diacetate oint 0.05%</i>	Preferred	
DIPROLENE OIN 0.05%	Non Preferred	PA, QL (2 gm per day)
DUOBRII LOT	Non Preferred	PA
ENSTILAR AER	Non Preferred	PA
EPIFOAM AER 1%	Non Preferred	PA
<i>fluocinolone acetonide cream 0.01%</i>	Preferred	
<i>fluocinolone acetonide cream 0.025% (generic of SYNALAR)</i>	Preferred	QL (2 gm per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinolone acetonide oil 0.01% (body oil) (generic of DERMA-SMOOTH/FS BODY)</i>	Preferred	QL (4 mL per day)
<i>fluocinolone acetonide oil 0.01% (scalp oil) (generic of DERMA-SMOOTH/FS SCALP)</i>	Preferred	QL (4 mL per day)
<i>fluocinolone acetonide oint 0.025% (generic of SYNALAR)</i>	Preferred	QL (2 gm per day)
<i>fluocinolone acetonide soln 0.01% (generic of SYNALAR)</i>	Preferred	
<i>fluocinonide cream 0.1% (generic of VANOS)</i>	Preferred	
<i>fluocinonide cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide emulsified base cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide gel 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide oint 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluocinonide soln 0.05%</i>	Preferred	QL (60 mL / 25 days)
FLUOPAR KIT	Non Preferred	PA
<i>flurandrenolide cream 0.05% (generic of CORDRAN)</i>	Non Preferred	PA
<i>flurandrenolide lotion 0.05% (generic of CORDRAN)</i>	Non Preferred	PA
<i>flurandrenolide oint 0.05% (generic of CORDRAN)</i>	Non Preferred	PA
<i>fluticasone propionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>fluticasone propionate lotion 0.05% (generic of CUTIVATE)</i>	Non Preferred	PA
<i>fluticasone propionate oint 0.005%</i>	Preferred	QL (2 gm per day)
<i>halcinonide cream 0.1% (generic of HALOG)</i>	Non Preferred	PA
HALOBETASOL AER 0.05%	Non Preferred	PA
<i>halobetasol propionate cream 0.05%</i>	Preferred	QL (2 gm per day)
<i>halobetasol propionate oint 0.05%</i>	Preferred	QL (2 gm per day)
HALOG CRE 0.1%	Non Preferred	PA
HALOG OIN 0.1%	Non Preferred	PA
HALOG SOL 0.1%	Non Preferred	PA
<i>hc/aloe cre 0.5%</i>	Preferred	OTC
<i>hydrocortisone butyrate cream 0.1%</i>	Non Preferred	PA
<i>hydrocortisone butyrate hydrophilic lipo base cream 0.1% (generic of LOCOID LIPOCREAM)</i>	Non Preferred	PA
<i>hydrocortisone butyrate lotion 0.1% (generic of LOCOID)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hydrocortisone butyrate oint 0.1%</i>	Non Preferred	PA
<i>hydrocortisone butyrate soln 0.1%</i>	Non Preferred	PA
<i>hydrocortisone cream 0.5%</i>	Preferred	OTC
<i>hydrocortisone cream 1%- rx</i>	Preferred	
<i>hydrocortisone cream 2.5%</i>	Preferred	
<i>hydrocortisone lotion 1%</i>	Preferred	OTC
<i>hydrocortisone lotion 2.5%</i>	Preferred	QL (60 mL / 25 days)
<i>hydrocortisone oint 0.5%</i>	Preferred	OTC
<i>hydrocortisone oint 1%- rx</i>	Preferred	
<i>hydrocortisone oint 2.5%</i>	Preferred	
<i>hydrocortisone valerate cream 0.2%</i>	Preferred	
<i>hydrocortisone valerate oint 0.2%</i>	Preferred	
<i>hydrocortisone-aloe vera cream 1%</i>	Preferred	OTC
IMPEKLO LOT 0.05%	Non Preferred	PA
KENALOG AER SPRAY	Non Preferred	PA
LEXETTE AER 0.05%	Non Preferred	PA
LOCOID LIPO CRE 0.1%	Non Preferred	PA
LOCOID LOT 0.1%	Non Preferred	PA
LUXIQ AER 0.12%	Non Preferred	PA
<i>mometasone furoate cream 0.1%</i>	Preferred	QL (2 gm per day)
<i>mometasone furoate oint 0.1%</i>	Preferred	QL (2 gm per day)
<i>mometasone furoate solution 0.1% (lotion)</i>	Preferred	QL (60 mL / 25 days)
OLUX AER 0.05%	Non Preferred	PA
OLUX-E AER 0.05%	Non Preferred	PA
PANDEL CRE 0.1%	Non Preferred	PA
<i>prednicarbate oint 0.1%</i>	Non Preferred	PA
PSORCON CRE 0.05%	Non Preferred	PA
RADIAURA CRE 3-0.5%	Non Preferred	PA
SYNALAR CRE 0.025%	Non Preferred	PA, QL (2 gm per day)
SYNALAR KIT 0.025%	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYNALAR OIN 0.025%	Non Preferred	PA, QL (2 gm per day)
SYNALAR SOL 0.01%	Non Preferred	PA
SYNALAR TS KIT 0.01%	Non Preferred	PA
TACLONEX OIN	Non Preferred	PA
TACLONEX SUS	Non Preferred	PA
TASOPROL KIT	Non Preferred	PA
TEMOVATE OIN 0.05%	Non Preferred	PA
TEXACORT SOL 2.5%	Non Preferred	PA
TOPICORT CRE 0.05%	Non Preferred	PA
TOPICORT CRE 0.25%	Non Preferred	PA
TOPICORT GEL 0.05%	Non Preferred	PA
TOPICORT OIN 0.05%	Non Preferred	PA
TOPICORT OIN 0.25%	Non Preferred	PA
TOPICORT SPR 0.25%	Non Preferred	PA
<i>tovet aer 0.05% (generic of OLUX-E)</i>	Non Preferred	PA
TOVET KIT KIT 0.05%	Non Preferred	PA
<i>triamcinolone acetonide aerosol soln 0.147 mg/gm (generic of KENALOG)</i>	Non Preferred	PA
<i>triamcinolone acetonide cream 0.1%</i>	Preferred	
<i>triamcinolone acetonide cream 0.5%</i>	Preferred	
<i>triamcinolone acetonide cream 0.025%</i>	Preferred	
<i>triamcinolone acetonide lotion 0.1%</i>	Preferred	
<i>triamcinolone acetonide lotion 0.025%</i>	Preferred	
<i>triamcinolone acetonide oint 0.1%</i>	Preferred	
<i>triamcinolone acetonide oint 0.5%</i>	Preferred	
<i>triamcinolone acetonide oint 0.05%</i>	Non Preferred	PA
<i>triamcinolone acetonide oint 0.025%</i>	Preferred	
<i>trianex oin 0.05%</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRILOCICLO KIT 0.1-8%	Non	PA
	Preferred	
ULTRAVATE LOT 0.05%	Non	PA
	Preferred	
VANOS CRE 0.1%	Non	PA
	Preferred	

### ***ECZEMA AGENTS***

ADBRY INJ 150MG/ML	Non Preferred	PA
DUPIXENT INJ 100/0.67	Preferred	PA
DUPIXENT INJ 100/0.67	Non	PA
	Preferred	
DUPIXENT INJ 200/1.14	Preferred	SP, PA
	Non Preferred	SP, PA
DUPIXENT INJ 300/2ML	Preferred	SP, PA; Pen-Injector
DUPIXENT INJ 300/2ML	Preferred	SP, PA; Prefilled Syringe
OPZELURA CRE 1.5%	Non	PA
	Preferred	

### ***EMOLLIENT/KERATOLYTIC AGENTS***

urea cream 39%	Preferred
urea cream 40%	Preferred
urea hydrati aer 35%	Non
	PA Preferred
urea lotion 40%	Preferred

### ***EMOLLIENTS***

lactic acid (ammonium lactate) cream 12%	Non Preferred	PA
lactic acid (ammonium lactate) lotion 12%	Preferred	QL (225 gm / 25 days)

### ***IMMUNOMODULATING AGENTS - TOPICAL***

ALDARA CRE 5%	Non Preferred	PA, QL (1 ea per day); AGE (Min age 10 years)
imiquimod cream 3.75% (generic of ZYCLARA)	Non Preferred	PA; AGE (Min age 10 years)
imiquimod cream 5% (generic of ALDARA)	Preferred	QL (1 ea per day); AGE (Min age 10 years)
ZYCLARA CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 2.5%	Non Preferred	PA; AGE (Min age 10 years)
ZYCLARA PUMP CRE 3.75%	Non Preferred	PA; AGE (Min age 10 years)

### ***IMMUNOSUPPRESSIVE AGENTS - TOPICAL***

ELIDEL CRE 1%	Preferred	PA, QL (2 gm per day)
pimecrolimus cream 1% (generic of ELIDEL)	Preferred	PA, QL (2 gm per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PROTOPIC OIN 0.1%	Preferred	PA
PROTOPIC OIN 0.03%	Preferred	PA
<i>tacrolimus oint 0.1% (generic of PROTOPIC)</i>	Preferred	PA
<i>tacrolimus oint 0.03% (generic of PROTOPIC)</i>	Preferred	PA

#### **KERATOLYTIC/ANTIMITOTIC AGENTS**

BENSAL HP OIN	Non Preferred	PA
CONDYLOX GEL 0.5%	Preferred	
PODOCON SOL 25%	Non Preferred	PA
<i>podofilox soln 0.5%</i>	Preferred	QL (7 mL / 180 days)
<i>salicylic ac liq 27.5%</i>	Preferred	
<i>salicylic acid foam 6%</i>	Non Preferred	PA
<i>salicylic acid gel 6%</i>	Preferred	

#### **LOCAL ANESTHETICS - TOPICAL**

APRIZIO PAK KIT II	Non Preferred	PA
ARTH PAIN CRE 0.075%	Preferred	OTC
<i>capsaicin cream 0.1%</i>	Preferred	OTC
<i>capsaicin cream 0.025%</i>	Preferred	OTC
<i>dermacinrx cre penetrat</i>	Preferred	OTC
EMPRICAINE KIT II	Non Preferred	PA
<i>glydo gel 2%</i>	Preferred	
<i>lidocaine cream 4%</i>	Preferred	OTC
<i>lidocaine hcl cream 3%</i>	Preferred	
<i>lidocaine hcl soln 4%</i>	Preferred	
<i>lidocaine hcl urethral/mucosal gel 2%</i>	Preferred	
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Preferred	
<i>lidocaine oint 5%</i>	Preferred	
<i>lidocaine patch 4%</i>	Preferred	OTC
<i>lidocaine patch 5% (generic of LIDODERM)</i>	Preferred	QL (3 ea per day)
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Non Preferred	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Non Preferred	PA
LIDODERM DIS 5%	Non Preferred	PA, QL (3 ea per day)
LIDOGEN GEL 2.8%	Non Preferred	PA
LIDOREX GEL 2.8%	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYDEXA CRE 4.12%	Non Preferred	PA
NUVAKAAN II KIT	Non Preferred	PA
PLIAGLIS CRE 7-7%	Non Preferred	PA
PRILO PATCH KIT II	Non Preferred	PA
PRIZOPAK II KIT 2.5-2.5%	Non Preferred	PA
PRIZOTRAL II KIT	Non Preferred	PA
QUTENZA KIT 8% 1-PCH	Non Preferred	SP, PA
QUTENZA KIT 8% 2-PCH	Non Preferred	SP, PA
QUTENZA KIT 8% 4-PCH	Non Preferred	SP, PA
SYNERA DIS 70-70MG	Non Preferred	PA
ZTLIDO PAD 1.8%	Non Preferred	PA

#### ***MISC. DERMATOLOGICAL PRODUCTS***

HYLATOPIC CRE PLUS	Non Preferred	PA
HYLATOPIC LOT PLUS	Non Preferred	PA
NUVAIL SOL 16%	Non Preferred	PA
TETRIX CRE	Non Preferred	PA

#### ***MISC. TOPICAL***

HYCLODEX SOL 0.012%	Non Preferred	PA
HYPOCYN SPR	Non Preferred	PA
<i>minerin cre</i>	Preferred	OTC
QBREXZA PAD 2.4%	Non Preferred	PA
XERAC-AC SOL 6.25%	Non Preferred	PA

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

EUCRISA OIN 2%	Preferred	PA
----------------	-----------	----

#### ***ROSACEA AGENTS***

azelaic acid gel 15% (generic of FINACEA)	Non Preferred	PA
-------------------------------------------	------------------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline (rosacea) cap delayed release 40 mg</i>	Non Preferred	PA
FINACEA AER 15%	Non Preferred	PA
FINACEA GEL 15%	Non Preferred	PA
<i>ivermectin cream 1% (generic of SOOLANTRA)</i>	Non Preferred	PA
METROCREAM CRE 0.75%	Non Preferred	PA
METROGEL GEL 1%	Non Preferred	PA
<i>metronidazole cream 0.75% (generic of METROCREAM)</i>	Preferred	
<i>metronidazole gel 0.75%</i>	Preferred	
<i>metronidazole gel 1% (generic of METROGEL)</i>	Preferred	
<i>metronidazole lotion 0.75% (generic of METROLOTION)</i>	Preferred	
MIRVASO GEL 0.33%	Non Preferred	PA
NORITATE CRE 1%	Non Preferred	PA
ORACEA CAP 40MG	Non Preferred	PA
RHOFADE CRE 1%	Non Preferred	PA
<i>rosadan cre 0.75% (generic of METROCREAM)</i>	Preferred	
<i>rosadan gel 0.75%</i>	Preferred	
ROSADAN KIT 0.75%	Non Preferred	PA
SOOLANTRA CRE 1%	Non Preferred	PA
ZILXI AER 1.5%	Non Preferred	PA

#### **SCABICIDES & PEDICULICIDES**

<i>crotan lot 10%</i>	Non Preferred	PA
<i>ivermectin lotion 0.5%</i>	Non Preferred	PA
<i>lice treatmt liq 1%</i>	Preferred	OTC
<i>lice trtmnt liq 1%</i>	Preferred	OTC
<i>lindane shampoo 1%</i>	Non Preferred	PA
<i>malathion lotion 0.5%</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATROBA SUS 0.9%	Preferred	QL (8 mL per day)
OVIDE LOT 0.5%	Non Preferred	PA
<i>permethrin aerosol 0.5%</i>	Preferred	OTC
<i>permethrin cream 5%</i>	Preferred	
<i>permethrin lotion 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide liq 0.33-4%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC
<i>spinosad susp 0.9%</i>	Non Preferred	PA, QL (8 mL per day)

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

### **DIAGNOSTIC TESTS**

ACCU-CHEK TES AVIVA PL	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES COMPACT	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES GUIDE	Non Preferred	PA, QL (4 ea per day), OTC
ACCU-CHEK TES SMART	Non Preferred	PA, QL (4 ea per day), OTC
ACCUTREND TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
ACETONE (URINE) TEST STRIP	Preferred	OTC
ADVANCE TES INTUITIO	Non Preferred	PA, QL (4 ea per day), OTC
ADVANCE TES MICRO-DW	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES REDI-COD	Non Preferred	PA, QL (4 ea per day), OTC
ADVOCATE TES REDICODE	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES AMP	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES JAZZ	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES KEYNOTE	Non Preferred	PA, QL (4 ea per day), OTC
AGAMATRIX TES PRESTO	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE 3 TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE 4 TES	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE II TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE II TES CHECK	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE PRISM TES MULTI	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE PRO TES	Non Preferred	PA, QL (4 ea per day), OTC
ASSURE TES PLATINUM	Non Preferred	PA, QL (4 ea per day), OTC
AUTOCODE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
BIOSCANNER TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES LE1	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES PREMIUM	Non Preferred	PA, QL (4 ea per day), OTC
BLOOD GLUCOS TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
BLULINK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
CARESENS N TES	Non Preferred	PA, QL (4 ea per day), OTC
CARETOUCH MIS TST STRP	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES AUTO CD	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES TALK	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHEK TES VOICE	Non Preferred	PA, QL (4 ea per day), OTC
CLEVER CHOIC TES MICRO	Non Preferred	PA, QL (4 ea per day), OTC
CLEVR CHOICE TES AUTO-CD	Non Preferred	PA, QL (4 ea per day), OTC
CLEVR CHOICE TES NOCODE	Non Preferred	PA, QL (4 ea per day), OTC
CONFIRM/MICR TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CONTOUR TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
CONTOUR TES NEXT	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COOL BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CVS ADVANCED TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
CVS GLUCOSE TES TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
D-CARE BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day)
DIATHRIVE MIS TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
DIATHRIVE+ MIS TEST STR	Non Preferred	PA, QL (4 ea per day), OTC
DIATRUE PLUS TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
DUO-CARE TES	Non Preferred	PA, QL (4 ea per day), OTC
EASY PLUS II TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY STEP TES	Non Preferred	PA, QL (4 ea per day), OTC
EASY TALK TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY TALK TES PLUS II	Non Preferred	PA, QL (4 ea per day), OTC
EASY TOUCH TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
EASY TOUCH TES HEALTHPR	Non Preferred	PA, QL (4 ea per day), OTC
EASY TOUCH TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
EASY TRAK II TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASY TRAK TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EASYGLUCO TES	Non Preferred	PA, QL (4 ea per day), OTC
EASymax 15 TES	Non Preferred	PA, QL (4 ea per day), OTC
EASymax TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYPRO PLUS TES	Non Preferred	PA, QL (4 ea per day), OTC
EASYPRO TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
ELEMENT TES	Non Preferred	PA, QL (4 ea per day), OTC
ELEMNT COMPA TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMBRACE EVO TES	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE PRO TES	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE TALK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
EMBRACE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
EVOLUTION TES AUTOCODE	Non Preferred	PA, QL (4 ea per day), OTC
FIFTY50 GLUC TES 2.0	Non Preferred	PA, QL (4 ea per day), OTC
FORA 6 MIS CONNECT	Non Preferred	PA, QL (4 ea per day), OTC
FORA ADVANCE TES PRO	Non Preferred	PA, QL (4 ea per day), OTC
FORA BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
FORA D15G TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA D20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA D40/G31 TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
FORA G20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA G30/V10 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA GD20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA GD50 TES	Non Preferred	PA, QL (4 ea per day), OTC
FORA GTEL TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA TN'G TES TN'G VOI	Non Preferred	PA, QL (4 ea per day), OTC
FORA V10 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V12 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V20 TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORA V30A TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORACARE TES GD40	Non Preferred	PA, QL (4 ea per day), OTC
FORACARE TES PREM V10	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORACARE TES TST N GO	Non Preferred	PA, QL (4 ea per day), OTC
FORTISCARE TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
FORTISCARE TES G1 BLOOD	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES INSULINX	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES LITE	Non Preferred	PA, QL (4 ea per day), OTC
FREESTYLE TES PREC NEO	Non Preferred	PA, QL (4 ea per day), OTC
GE100 BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
GENULTIMATE TES	Non Preferred	PA, QL (4 ea per day), OTC
GHT TEST TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCO PERFEC TES 3	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD 01 TES PLUS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD 01 TES SENSOR	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES EXPRESSI	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES SHINE	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES VITAL	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCARD TES X-SENSOR	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOCOM TES	Non Preferred	PA, QL (4 ea per day), OTC
GLUCONAVII TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GLUCOSE TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GNP TRU METR TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
GNP TRUETRAC TES SMRT SYS	Non Preferred	PA, QL (4 ea per day), OTC
GOJJI BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
GOJJI STRIPS MIS W/LANCET	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
HW EMBRACE TES PRO	Non Preferred	PA, QL (4 ea per day), OTC
HW EMBRACE TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
IGLUCOSE TES	Non Preferred	PA, QL (4 ea per day), OTC
IN TOUCH TES BLOOD	Non Preferred	PA, QL (4 ea per day), OTC
INFINITY TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
INFINITY TES VOICE	Non Preferred	PA, QL (4 ea per day), OTC
KROGER BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
LIBERTY NEXT TES GEN	Non Preferred	PA, QL (4 ea per day), OTC
LIBERTY TES	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER BLOOD TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER TES TRUETEST	Non Preferred	PA, QL (4 ea per day), OTC
MEIJER TES TRUETRAC	Non Preferred	PA, QL (4 ea per day), OTC
MICRODOT TES	Non Preferred	PA, QL (4 ea per day), OTC
MICRODOT TES XTRA	Non Preferred	PA, QL (4 ea per day), OTC
MYGLUCOHEALT TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
NEUTEK 2TEK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
NO CODING TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
NOVA MAX TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
ONE DROP TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
ONETOUCH TES ULTRA	Preferred	QL (4 ea per day), OTC
ONETOUCH TES VERIO	Preferred	QL (4 ea per day), OTC
ONETOUCH TES VERIO	Non Preferred	PA, QL (4 ea per day), OTC
OPTIUMEZ TES	Non Preferred	PA, QL (4 ea per day), OTC
POCKETCHEM TES EZ	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRECISION TES XTRA	Non Preferred	PA, QL (4 ea per day), OTC
PREMIUM BLOO MIS GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
PRO VOICE TES V8/V9	Non Preferred	PA, QL (4 ea per day), OTC
PRODIGY NO TES CODING	Non Preferred	PA, QL (4 ea per day), OTC
PTS PANELS TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
QUICKTEK TES	Non Preferred	PA, QL (4 ea per day), OTC
QUINTET AC TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
QUINTET TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
REFUAH PLUS TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
RELION PREMI TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
RELION PRIME TES	Non Preferred	PA, QL (4 ea per day), OTC
RELION PRIME TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
RELION TES ULTIMA	Non Preferred	PA, QL (4 ea per day), OTC
RELION TRUE TES METRIX	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS100	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS300	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GS550	Non Preferred	PA, QL (4 ea per day), OTC
RIGHTEST TES GT333	Non Preferred	PA, QL (4 ea per day), OTC
SMART SENSE TES TEST	Non Preferred	PA, QL (4 ea per day), OTC
SMARTTEST TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
SOLUS V2 TES AUDIBLE	Non Preferred	PA, QL (4 ea per day), OTC
SUPREME TES	Non Preferred	PA, QL (4 ea per day), OTC
SURE-TEST TES EASYPLUS	Non Preferred	PA, QL (4 ea per day), OTC
TRU METRIX TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE FOCUS MIS BLOOD	Non Preferred	PA, QL (4 ea per day), OTC
TRUE METRIX TES GLUCOSE	Non Preferred	PA, QL (4 ea per day), OTC
TRUETEST TES	Non Preferred	PA, QL (4 ea per day), OTC
TRUETRACK TES	Non Preferred	PA, QL (4 ea per day), OTC
TRUETRACK TES BLD GLUC	Non Preferred	PA, QL (4 ea per day), OTC
TRUETRACK TES STRIPS	Non Preferred	PA, QL (4 ea per day), OTC
UNISTRIP1 TES GENERIC	Non Preferred	PA, QL (4 ea per day), OTC
VERASENS TES	Non Preferred	PA, QL (4 ea per day), OTC
VIVAGUARD TES INO	Non Preferred	PA, QL (4 ea per day), OTC

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

### **DIGESTIVE ENZYMES**

CREON CAP 3000UNIT	Preferred	QL (6 ea per day)
CREON CAP 6000UNIT	Preferred	QL (6 ea per day)
CREON CAP 12000UNT	Preferred	QL (6 ea per day)
CREON CAP 24000UNT	Preferred	QL (6 ea per day)
CREON CAP 36000UNT	Preferred	QL (6 ea per day)
PANCREAZE CAP 2600UNIT	Preferred	
PANCREAZE CAP 4200UNIT	Preferred	
PANCREAZE CAP 10500UNT	Preferred	
PANCREAZE CAP 16800UNT	Preferred	
PANCREAZE CAP 21000UNT	Preferred	
PANCREAZE CAP 37000	Preferred	
PERTZYE CAP 4000UNIT	Non Preferred	PA
PERTZYE CAP 8000UNIT	Non Preferred	PA
PERTZYE CAP 16000U	Non Preferred	PA
PERTZYE CAP 24000U	Non Preferred	PA
VIOKACE TAB 10440	Non Preferred	PA
VIOKACE TAB 20880	Non Preferred	PA
ZENPEP CAP 3000UNIT	Preferred	QL (6 ea per day)
ZENPEP CAP 5000UNIT	Preferred	QL (6 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZENPEP CAP 10000UNT	Preferred	
ZENPEP CAP 15000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 20000UNT	Preferred	QL (6 ea per day)
ZENPEP CAP 25000	Preferred	QL (6 ea per day)
ZENPEP CAP 40000	Preferred	QL (6 ea per day)

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

### **CARBONIC ANHYDRASE INHIBITORS**

<i>acetazolamide cap er 12hr 500 mg</i>	Preferred	QL (4 ea per day)
<i>acetazolamide tab 125 mg</i>	Preferred	QL (4 ea per day)
<i>acetazolamide tab 250 mg</i>	Preferred	QL (4 ea per day)
KEVEYIS TAB 50MG	Non Preferred	SP, PA
<i>methazolamide tab 25 mg</i>	Preferred	
<i>methazolamide tab 50 mg</i>	Preferred	

### **DIURETIC COMBINATIONS**

ALDACTAZIDE TAB 25/25	Non Preferred	PA, QL (4 ea per day)
ALDACTAZIDE TAB 50/50	Non Preferred	PA, QL (2 ea per day)
<i>amiloride &amp; hydrochlorothiazide tab 5-50 mg</i>	Preferred	QL (2 ea per day)
MAXZIDE TAB 75-50	Non Preferred	PA, QL (4 ea per day)
MAXZIDE-25 TAB	Non Preferred	PA, QL (4 ea per day)
<i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg (generic of ALDACTAZIDE)</i>	Preferred	QL (4 ea per day)
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	Preferred	QL (2 ea per day)
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg (generic of MAXZIDE-25)</i>	Preferred	QL (4 ea per day)
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg (generic of MAXZIDE)</i>	Preferred	QL (4 ea per day)

### **LOOP DIURETICS**

<i>bumetanide tab 0.5 mg (generic of BUMEX)</i>	Preferred	QL (2 ea per day)
<i>bumetanide tab 1 mg</i>	Preferred	QL (2 ea per day)
<i>bumetanide tab 2 mg</i>	Preferred	QL (5 ea per day)
BUMEX TAB 0.5MG	Non Preferred	PA, QL (2 ea per day)
EDECRIN TAB 25MG	Non Preferred	PA
<i>ethacrynic acid tab 25 mg (generic of EDECRIN)</i>	Preferred	
<i>furosemide oral soln 8 mg/ml</i>	Preferred	
<i>furosemide oral soln 10 mg/ml</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>furosemide tab 20 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
<i>furosemide tab 40 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
<i>furosemide tab 80 mg (generic of LASIX)</i>	Preferred	QL (6 ea per day)
LASIX TAB 20MG	Non Preferred	PA, QL (6 ea per day)
LASIX TAB 40MG	Non Preferred	PA, QL (6 ea per day)
LASIX TAB 80MG	Non Preferred	PA, QL (6 ea per day)
<i>torsemide tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>torsemide tab 10 mg</i>	Preferred	QL (4 ea per day)
<i>torsemide tab 20 mg</i>	Preferred	QL (4 ea per day)
<i>torsemide tab 100 mg</i>	Preferred	QL (2 ea per day)

### **POTASSIUM SPARING DIURETICS**

ALDACTONE TAB 25MG	Non Preferred	PA, QL (8 ea per day)
ALDACTONE TAB 50MG	Non Preferred	PA, QL (4 ea per day)
ALDACTONE TAB 100MG	Non Preferred	PA, QL (2 ea per day)
<i>amiloride hcl tab 5 mg</i>	Preferred	QL (4 ea per day)
CAROSPIR SUS 25MG/5ML	Non Preferred	PA
<i>spironolactone tab 25 mg (generic of ALDACTONE)</i>	Preferred	QL (8 ea per day)
<i>spironolactone tab 50 mg (generic of ALDACTONE)</i>	Preferred	QL (4 ea per day)
<i>spironolactone tab 100 mg (generic of ALDACTONE)</i>	Preferred	QL (2 ea per day)
<i>triamterene cap 50 mg (generic of DYRENIUM)</i>	Preferred	
<i>triamterene cap 100 mg (generic of DYRENIUM)</i>	Preferred	

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

<i>chlorthalidone tab 25 mg</i>	Preferred	QL (4 ea per day)
<i>chlorthalidone tab 50 mg</i>	Preferred	QL (4 ea per day)
DIURIL SUS 250/5ML	Preferred	
<i>hydrochlorothiazide cap 12.5 mg</i>	Preferred	QL (2 ea per day)
<i>hydrochlorothiazide tab 12.5 mg</i>	Preferred	
<i>hydrochlorothiazide tab 25 mg</i>	Preferred	QL (8 ea per day)
<i>hydrochlorothiazide tab 50 mg</i>	Preferred	QL (4 ea per day)
<i>indapamide tab 1.25 mg</i>	Preferred	QL (2 ea per day)
<i>indapamide tab 2.5 mg</i>	Preferred	QL (2 ea per day)
<i>metolazone tab 2.5 mg</i>	Preferred	QL (4 ea per day)
<i>metolazone tab 5 mg</i>	Preferred	QL (4 ea per day)
<i>metolazone tab 10 mg</i>	Preferred	QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THALITONE TAB 15MG	Non Preferred	PA

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

### **ADRENAL STEROID INHIBITORS**

ISTURISA TAB 1MG	Non Preferred	SP, PA
ISTURISA TAB 5MG	Non Preferred	SP, PA
ISTURISA TAB 10MG	Non Preferred	SP, PA
RECORLEV TAB 150MG	Non Preferred	PA

### **BONE DENSITY REGULATORS**

ACTONEL TAB 35MG	Non Preferred	PA
ACTONEL TAB 150MG	Non Preferred	PA
<i>alendronate sodium oral soln 70 mg/75ml</i>	Preferred	
<i>alendronate sodium tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>alendronate sodium tab 35 mg</i>	Preferred	QL (0.1429 ea per day)
<i>alendronate sodium tab 70 mg (generic of FOSAMAX)</i>	Preferred	QL (0.1429 ea per day)
ATELVIA TAB	Non Preferred	PA
BONIVA TAB 150MG	Non Preferred	PA, QL (0.0358 ea per day)
<i>calcitonin (salmon) nasal soln 200 unit/act (generic of MIACALCIN)</i>	Preferred	QL (1 mL per day)
FOSAMAX + D TAB 70-2800	Non Preferred	PA
FOSAMAX + D TAB 70-5600	Non Preferred	PA
FOSAMAX TAB 70MG	Non Preferred	PA, QL (0.1429 ea per day)
<i>ibandronate sodium tab 150 mg (base equivalent) (generic of BONIVA)</i>	Non Preferred	PA, QL (0.0358 ea per day)
<i>risedronate sodium tab 5 mg</i>	Non Preferred	PA
<i>risedronate sodium tab 30 mg</i>	Non Preferred	PA
<i>risedronate sodium tab 35 mg (generic of ACTONEL)</i>	Non Preferred	PA
<i>risedronate sodium tab 150 mg (generic of ACTONEL)</i>	Non Preferred	PA
<i>risedronate sodium tab delayed release 35 mg (generic of ATELVIA)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier Requirements/Limits</b>	
<b><i>GNRH/LHRH ANTAGONISTS</i></b>		
ORILISSA TAB 150MG	Preferred	PA
ORILISSA TAB 200MG	Preferred	PA
<b><i>GROWTH HORMONE RELEASING HORMONES (GHRH)</i></b>		
EGRIFTA SV INJ 2MG	Non Preferred	SP, PA
<b><i>GROWTH HORMONES</i></b>		
GENOTROPIN INJ 0.2MG	Preferred	SP, PA
GENOTROPIN INJ 0.4MG	Preferred	SP, PA
GENOTROPIN INJ 0.6MG	Preferred	SP, PA
GENOTROPIN INJ 0.8MG	Preferred	SP, PA
GENOTROPIN INJ 1.2MG	Preferred	SP, PA
GENOTROPIN INJ 1.4MG	Preferred	SP, PA
GENOTROPIN INJ 1.6MG	Preferred	SP, PA
GENOTROPIN INJ 1.8MG	Preferred	SP, PA
GENOTROPIN INJ 1MG	Preferred	SP, PA
GENOTROPIN INJ 2MG	Preferred	SP, PA
GENOTROPIN INJ 5MG	Preferred	SP, PA
GENOTROPIN INJ 12MG	Preferred	SP, PA
HUMATROPE INJ 6MG	Non Preferred	SP, PA
HUMATROPE INJ 12MG	Non Preferred	SP, PA
HUMATROPE INJ 24MG	Non Preferred	SP, PA
NORDITROPIN INJ 5/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 10/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 15/1.5ML	Non Preferred	SP, PA
NORDITROPIN INJ 30/3ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 10MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ 20MG/2ML	Non Preferred	SP, PA
NUTROPIN AQ INJ NUSPIN 5	Non Preferred	SP, PA
OMNITROPE INJ 5.8MG	Non Preferred	SP, PA
OMNITROPE INJ 5/1.5ML	Non Preferred	SP, PA
OMNITROPE INJ 10/1.5ML	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SAIZEN INJ 5MG	Non Preferred	SP, PA
SAIZEN INJ 8.8MG	Non Preferred	SP, PA
SAIZENPREP INJ 8.8MG	Non Preferred	SP, PA
SEROSTIM INJ 4MG	Non Preferred	SP, PA
SEROSTIM INJ 5MG	Non Preferred	SP, PA
SEROSTIM INJ 6MG	Non Preferred	SP, PA
SKYTROFA INJ 3.6MG	Non Preferred	SP, PA
SKYTROFA INJ 3MG	Non Preferred	SP, PA
SKYTROFA INJ 4.3MG	Non Preferred	SP, PA
SKYTROFA INJ 5.2MG	Non Preferred	SP, PA
SKYTROFA INJ 6.3MG	Non Preferred	SP, PA
SKYTROFA INJ 7.6MG	Non Preferred	SP, PA
SKYTROFA INJ 9.1MG	Non Preferred	SP, PA
SKYTROFA INJ 11MG	Non Preferred	SP, PA
SKYTROFA INJ 13.3MG	Non Preferred	SP, PA
ZOMACTON INJ 5MG	Non Preferred	SP, PA
ZOMACTON INJ 10MG	Non Preferred	SP, PA
ZORBTIVE INJ 8.8MG	Non Preferred	SP, PA

#### ***HORMONE RECEPTOR MODULATORS***

EVISTA TAB 60MG	Non Preferred	PA, QL (1 ea per day)
OSPHENA TAB 60MG	Non Preferred	PA
raloxifene hcl tab 60 mg (generic of EVISTA)	Non Preferred	PA, QL (1 ea per day)

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

INCRELEX INJ 40MG/4ML	Non Preferred	SP, PA
-----------------------	------------------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS</b>		
SYNAREL SOL 2MG/ML	Non Preferred	SP, PA
<b>METABOLIC MODIFIERS</b>		
BUPHENYL POW	Non Preferred	SP, PA
BUPHENYL TAB 500MG	Non Preferred	SP, PA
<i>calcitriol cap 0.5 mcg (generic of ROCALTROL)</i>	Preferred	QL (4 ea per day)
<i>calcitriol cap 0.25 mcg (generic of ROCALTROL)</i>	Preferred	QL (4 ea per day)
<i>calcitriol oral soln 1 mcg/ml (generic of ROCALTROL)</i>	Preferred	
CARBAGLU TAB 200MG	Non Preferred	SP, PA
<i>carglumic acid tab 200 mg (generic of CARBAGLU)</i>	Non Preferred	SP, PA
CARNITOR SF SOL 1GM/10ML	Non Preferred	PA, QL (60 mL per day)
CARNITOR SOL 1GM/10ML	Non Preferred	PA, QL (60 mL per day)
CARNITOR TAB 330MG	Non Preferred	PA, QL (18 ea per day)
<i>cinacalcet hcl tab 30 mg (base equiv) (generic of SENSIPIAR)</i>	Non Preferred	PA
<i>cinacalcet hcl tab 60 mg (base equiv) (generic of SENSIPIAR)</i>	Non Preferred	PA
<i>cinacalcet hcl tab 90 mg (base equiv) (generic of SENSIPIAR)</i>	Non Preferred	PA
CYSTADANE POW	Non Preferred	SP, PA
<i>doxercalciferol cap 0.5 mcg</i>	Preferred	
<i>doxercalciferol cap 1 mcg</i>	Preferred	
<i>doxercalciferol cap 2.5 mcg</i>	Preferred	
GALAFOLD CAP 123MG	Non Preferred	SP, PA
KUVAN POW 100MG	Non Preferred	SP, PA
KUVAN POW 500MG	Non Preferred	SP, PA
KUVAN TAB 100MG	Non Preferred	SP, PA
<i>levocarnitine oral soln 1 gm/10ml (10%) (generic of CARNITOR)</i>	Non Preferred	PA, QL (60 mL per day)
<i>levocarnitine tab 330 mg (generic of CARNITOR)</i>	Non Preferred	PA, QL (18 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitisinone cap 2 mg (generic of ORFADIN)</i>	Preferred	SP
<i>nitisinone cap 5 mg (generic of ORFADIN)</i>	Preferred	SP
<i>nitisinone cap 10 mg (generic of ORFADIN)</i>	Preferred	SP
NITYR TAB 2MG	Non Preferred	SP, PA
NITYR TAB 5MG	Non Preferred	SP, PA
NITYR TAB 10MG	Non Preferred	SP, PA
ORFADIN CAP 2MG	Preferred	SP
ORFADIN CAP 5MG	Preferred	SP
ORFADIN CAP 10MG	Preferred	SP
ORFADIN CAP 20MG	Preferred	SP
ORFADIN SUS 4MG/ML	Non Preferred	SP, PA
<i>paricalcitol cap 1 mcg (generic of ZEMPLAR)</i>	Non Preferred	PA
<i>paricalcitol cap 2 mcg (generic of ZEMPLAR)</i>	Non Preferred	PA
<i>paricalcitol cap 4 mcg</i>	Non Preferred	PA
RAVICTI LIQ 1.1GM/ML	Non Preferred	SP, PA
RAYALDEE CAP 30MCG	Non Preferred	PA
ROCALTROL CAP 0.5MCG	Non Preferred	PA, QL (4 ea per day)
ROCALTROL CAP 0.25MCG	Non Preferred	PA, QL (4 ea per day)
ROCALTROL SOL 1MCG/ML	Non Preferred	PA
<i>sapropterin dihydrochloride powder packet 100 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
<i>sapropterin dihydrochloride powder packet 500 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
<i>sapropterin dihydrochloride tab 100 mg (generic of KUVAN)</i>	Non Preferred	SP, PA
SENSIPAR TAB 30MG	Non Preferred	PA
SENSIPAR TAB 60MG	Non Preferred	PA
SENSIPAR TAB 90MG	Non Preferred	PA
<i>sodium phenylbutyrate oral powder 3 gm/teaspoonful (generic of BUPHENYL)</i>	Non Preferred	SP, PA
<i>sodium phenylbutyrate tab 500 mg (generic of BUPHENYL)</i>	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZEMPLAR CAP 1MCG	Non Preferred	PA
ZEMPLAR CAP 2MCG	Non	PA
	Preferred	

### **POSTERIOR PITUITARY HORMONES**

DDAVP TAB 0.1MG	Non Preferred	PA, QL (4 ea per day)
DDAVP TAB 0.2MG	Non	PA, QL (5 ea per day)
	Preferred	
<i>desmopressin acetate nasal spray soln 0.01%</i>	Preferred	
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Preferred	
<i>desmopressin acetate tab 0.1 mg (generic of DDAVP)</i>	Preferred	QL (4 ea per day)
<i>desmopressin acetate tab 0.2 mg (generic of DDAVP)</i>	Preferred	QL (5 ea per day)
NOCDURNA SUB 27.7MCG	Non Preferred	PA
NOCDURNA SUB 55.3MCG	Non Preferred	PA
STIMATE SOL 1.5MG/ML	Preferred	SP

### **PROGESTERONE RECEPTOR ANTAGONISTS**

MIFEPREX TAB 200MG	Non Preferred	PA
<i>mifepristone tab 200 mg (generic of MIFEPREX)</i>	Non	PA
	Preferred	

### **PROLACTIN INHIBITORS**

<i>cabergoline tab 0.5 mg</i>	Preferred
-------------------------------	-----------

### **SOMATOSTATIC AGENTS**

LANREOTIDE INJ 120/.5ML	Non Preferred	SP, PA
MYCAPSSA CAP 20MG	Non	SP, PA
	Preferred	
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml) (generic of SANDOSTATIN)</i>	Non	SP, PA
	Preferred	
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml) (generic of SANDOSTATIN)</i>	Non	SP, PA
	Preferred	
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Non	SP, PA
	Preferred	
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml) (generic of SANDOSTATIN)</i>	Non	SP, PA
	Preferred	
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Non	SP, PA
	Preferred	
<i>octreotide inj 50mcg/ml</i>	Non	SP, PA
	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
octreotide inj 100mcg	Non Preferred	SP, PA
octreotide inj 500mcg	Non Preferred	SP, PA
SANDOSTATIN INJ 50MCG/ML	Non Preferred	SP, PA
SANDOSTATIN INJ 100MCG	Non Preferred	SP, PA
SANDOSTATIN INJ 500MCG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 10MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 20MG	Non Preferred	SP, PA
SANDOSTATIN KIT LAR 30MG	Non Preferred	SP, PA
SIGNIFOR INJ 0.3MG/ML	Non Preferred	SP, PA
SIGNIFOR INJ 0.6MG/ML	Non Preferred	SP, PA
SIGNIFOR INJ 0.9MG/ML	Non Preferred	SP, PA
SIGNIFOR LAR INJ 10MG	Non Preferred	SP, PA
SIGNIFOR LAR INJ 20MG	Non Preferred	SP, PA
SIGNIFOR LAR INJ 30MG	Non Preferred	SP, PA
SIGNIFOR LAR INJ 40MG	Non Preferred	SP, PA
SIGNIFOR LAR INJ 60MG	Non Preferred	SP, PA
SOMATULINE INJ 60/0.2ML	Non Preferred	SP, PA
SOMATULINE INJ 90/0.3ML	Non Preferred	SP, PA
SOMATULINE INJ 120/.5ML	Non Preferred	SP, PA

### ***VASOPRESSIN RECEPTOR ANTAGONISTS***

JYNARQUE PAK 15MG	Non Preferred	SP, PA
JYNARQUE PAK 30-15MG	Non Preferred	SP, PA
JYNARQUE PAK 45-15MG	Non Preferred	SP, PA
JYNARQUE PAK 60-30MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
JYNARQUE PAK 90-30MG	Non Preferred	SP, PA
JYNARQUE TAB 15MG	Non Preferred	SP, PA
JYNARQUE TAB 30MG	Non Preferred	SP, PA
SAMSCA TAB 15MG	Non Preferred	SP, PA
SAMSCA TAB 30MG	Non Preferred	SP, PA
<i>tolvaptan tab 30 mg (generic of SAMSCA)</i>	Non Preferred	SP, PA

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

### **ESTROGEN COMBINATIONS**

ACTIVELLA TAB 1-0.5MG	Non Preferred	PA
<i>amabelz tab 0.5-0.1</i>	Preferred	
<i>amabelz tab 1-0.5mg</i>	Preferred	
ANGELIQ TAB 0.5-1MG	Non Preferred	PA
ANGELIQ TAB 0.25-0.5	Non Preferred	PA
BIJUVA CAP 1-100MG	Non Preferred	PA
CLIMARA PRO DIS WEEKLY	Non Preferred	PA
COMBIPATCH DIS	Preferred	
DUAVEE TAB 0.45-20	Non Preferred	PA
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i>	Preferred	
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Preferred	
FEMHRT TAB 0.5-2.5	Non Preferred	PA, QL (1 ea per day)
<i>fyavolv tab 0.5-2.5 (generic of FEMHRT)</i>	Non Preferred	PA, QL (1 ea per day)
<i>fyavolv tab 1-5</i>	Non Preferred	PA
<i>jinteli tab 1mg-5mcg</i>	Non Preferred	PA
<i>mimvey tab 1-0.5mg (generic of ACTIVELLA)</i>	Preferred	
MYFEMBREE TAB	Preferred	PA
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (generic of FEMHRT)</i>	Non Preferred	PA, QL (1 ea per day)

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

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

ALORA DIS 0.1MG	Non Preferred	PA
ALORA DIS 0.05MG	Non Preferred	PA
ALORA DIS 0.025MG	Non Preferred	PA
ALORA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.1MG	Non Preferred	PA
CLIMARA DIS 0.05MG	Non Preferred	PA
CLIMARA DIS 0.06MG	Non Preferred	PA
CLIMARA DIS 0.025MG	Non Preferred	PA
CLIMARA DIS 0.075MG	Non Preferred	PA
CLIMARA DIS 0.0375MG	Non Preferred	PA
DELESTROGEN INJ 10MG/ML	Non Preferred	PA
DELESTROGEN INJ 20MG/ML	Non Preferred	PA
DELESTROGEN INJ 40MG/ML	Non Preferred	PA
DEPO-ESTRADI INJ 5MG/ML	Non Preferred	PA
DIVIGEL GEL 0.5MG	Non Preferred	PA
DIVIGEL GEL 0.25MG	Non Preferred	PA
DIVIGEL GEL 0.75MG	Non Preferred	PA
DIVIGEL GEL 1.25MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIVIGEL GEL 1MG/GM	Non Preferred	PA
<i>dotti dis 0.1mg</i>	Preferred	
<i>dotti dis 0.05mg</i>	Preferred	
<i>dotti dis 0.025mg</i>	Preferred	
<i>dotti dis 0.075mg</i>	Preferred	
<i>dotti dis 0.0375mg</i>	Preferred	
ELESTRIN GEL 0.06%	Non Preferred	PA
ESTRACE TAB 0.5MG	Non Preferred	PA
ESTRACE TAB 1MG	Non Preferred	PA
ESTRACE TAB 2MG	Non Preferred	PA
<i>estradiol tab 0.5 mg (generic of ESTRACE)</i>	Preferred	
<i>estradiol tab 1 mg (generic of ESTRACE)</i>	Preferred	
<i>estradiol tab 2 mg (generic of ESTRACE)</i>	Preferred	
<i>estradiol td patch twice weekly 0.1 mg/24hr (generic of MINIVELLE)</i>	Preferred	
<i>estradiol td patch twice weekly 0.05 mg/24hr (generic of MINIVELLE)</i>	Preferred	
<i>estradiol td patch twice weekly 0.025 mg/24hr (generic of MINIVELLE)</i>	Preferred	
<i>estradiol td patch twice weekly 0.075 mg/24hr (generic of MINIVELLE)</i>	Preferred	
<i>estradiol td patch twice weekly 0.0375 mg/24hr (generic of MINIVELLE)</i>	Preferred	
<i>estradiol td patch weekly 0.1 mg/24hr (generic of CLIMARA)</i>	Preferred	
<i>estradiol td patch weekly 0.05 mg/24hr (generic of CLIMARA)</i>	Preferred	
<i>estradiol td patch weekly 0.06 mg/24hr (generic of CLIMARA)</i>	Preferred	
<i>estradiol td patch weekly 0.025 mg/24hr (generic of CLIMARA)</i>	Preferred	
<i>estradiol td patch weekly 0.075 mg/24hr (generic of CLIMARA)</i>	Preferred	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) (generic of CLIMARA)</i>	Preferred	
<i>estradiol valerate im in oil 20 mg/ml (generic of DElestrogen)</i>	Non Preferred	PA
<i>estradiol valerate im in oil 40 mg/ml (generic of DElestrogen)</i>	Non Preferred	PA
EVAMIST SPR 1.53MG	Non Preferred	PA
<i>lyllana dis 0.1mg (generic of MINIVELLE)</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lyllana dis 0.05mg (generic of MINIVELLE)</i>	Preferred	
<i>lyllana dis 0.025mg (generic of MINIVELLE)</i>	Preferred	
<i>lyllana dis 0.075mg (generic of MINIVELLE)</i>	Preferred	
<i>lyllana dis 0.0375mg (generic of MINIVELLE)</i>	Preferred	
MENEST TAB 0.3MG	Preferred	
MENEST TAB 0.625MG	Preferred	
MENEST TAB 1.25MG	Preferred	
MENOSTAR DIS 14MCG	Non Preferred	PA
MINIVELLE DIS 0.1MG	Non Preferred	PA
MINIVELLE DIS 0.05MG	Non Preferred	PA
MINIVELLE DIS 0.025MG	Non Preferred	PA
MINIVELLE DIS 0.075MG	Non Preferred	PA
MINIVELLE DIS 0.0375MG	Non Preferred	PA
PREMARIN TAB 0.3MG	Preferred	
PREMARIN TAB 0.9MG	Preferred	
PREMARIN TAB 0.45MG	Preferred	
PREMARIN TAB 0.625MG	Preferred	
PREMARIN TAB 1.25MG	Preferred	
VIVELLE-DOT DIS 0.1MG	Non Preferred	PA
VIVELLE-DOT DIS 0.05MG	Non Preferred	PA
VIVELLE-DOT DIS 0.025MG	Non Preferred	PA
VIVELLE-DOT DIS 0.075MG	Non Preferred	PA
VIVELLE-DOT DIS 0.0375MG	Non Preferred	PA

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

### **FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS**

BAXDELA TAB 450MG	Non Preferred	PA; AGE (Min age 16 years)
CIPRO (5%) SUS 250MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO (10%) SUS 500MG/5	Non Preferred	PA; AGE (Min age 16 years)
CIPRO TAB 250MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 16 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CIPRO TAB 500MG	Non Preferred	PA, QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 100 mg (base equiv)</i>	Preferred	AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 250 mg (base equiv) (generic of CIPRO)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 500 mg (base equiv) (generic of CIPRO)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Preferred	QL (2 ea per day); AGE (Min age 16 years)
<i>levofloxacin oral soln 25 mg/ml</i>	Preferred	AGE (Min age 16 years)
<i>levofloxacin tab 250 mg (generic of LEVAQUIN)</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>levofloxacin tab 500 mg</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>levofloxacin tab 750 mg (generic of LEVAQUIN)</i>	Preferred	QL (1 ea per day); AGE (Min age 16 years)
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Preferred	AGE (Min age 16 years)
<i>ofloxacin tab 300 mg</i>	Non Preferred	PA; AGE (Min age 16 years)
<i>ofloxacin tab 400 mg</i>	Non Preferred	PA; AGE (Min age 16 years)

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

### **5-HT4 RECEPTOR AGONISTS**

MOTEGRITY TAB 1MG	Non Preferred	PA
MOTEGRITY TAB 2MG	Non Preferred	PA

### **AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)**

TRULANCE TAB 3MG	Non Preferred	PA
------------------	------------------	----

### **ANTIFLATULENTS**

<i>simethicone cap 125 mg</i>	Preferred	OTC
<i>simethicone cap 180 mg</i>	Preferred	OTC
<i>simethicone chew tab 80 mg</i>	Preferred	OTC
<i>simethicone chew tab 125 mg</i>	Preferred	OTC
<i>simethicone susp 40 mg/0.6ml</i>	Preferred	OTC

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

CHOLBAM CAP 50MG	Non Preferred	SP, PA
CHOLBAM CAP 250MG	Non Preferred	SP, PA

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

OCALIVA TAB 5MG	Non Preferred	SP, PA
-----------------	------------------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCALIVA TAB 10MG	Non Preferred	SP, PA
<b>GALLSTONE SOLUBILIZING AGENTS</b>		
CHENODAL TAB 250MG	Non Preferred	SP, PA
RELTONE CAP 200MG	Non Preferred	PA
RELTONE CAP 400MG	Non Preferred	PA
URSO 250 TAB 250MG	Non Preferred	PA, QL (4 ea per day)
URSO FORTE TAB 500MG	Non Preferred	PA, QL (2 ea per day)
<i>ursodiol cap 300 mg</i>	Preferred	QL (3 ea per day)
<i>ursodiol tab 250 mg</i> (generic of URSO 250)	Non Preferred	PA, QL (4 ea per day)
<i>ursodiol tab 500 mg</i> (generic of URSO FORTE)	Non Preferred	PA, QL (2 ea per day)
<b>GASTROINTESTINAL ANTIALLERGY AGENTS</b>		
<i>cromolyn sodium oral conc 100 mg/5ml</i> (generic of GASTROCROM)	Preferred	
GASTROCROM CON 100/5ML	Non Preferred	PA
<b>GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS</b>		
AMITIZA CAP 8MCG	Non Preferred	PA
AMITIZA CAP 24MCG	Non Preferred	PA
<i>lubiprostone cap 8 mcg</i> (generic of AMITIZA)	Non Preferred	PA
<i>lubiprostone cap 24 mcg</i> (generic of AMITIZA)	Non Preferred	PA
<b>GASTROINTESTINAL STIMULANTS</b>		
METOCLOPRAMI TAB 10MG ODT	Non Preferred	PA
<i>metoclopramide hcl orally disintegrating tab 5 mg</i> (base eq)	Non Preferred	PA
<i>metoclopramide hcl soln 5 mg/5ml</i> (10 mg/10ml) (base equiv)	Preferred	
<i>metoclopramide hcl tab 5 mg</i> (base equivalent) (generic of REGLAN)	Preferred	QL (6 ea per day)
<i>metoclopramide hcl tab 10 mg</i> (base equivalent) (generic of REGLAN)	Preferred	QL (6 ea per day)
REGLAN TAB 5MG	Non Preferred	PA, QL (6 ea per day)
REGLAN TAB 10MG	Non Preferred	PA, QL (6 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>INFLAMMATORY BOWEL AGENTS</i></b>		
APRISO CAP 0.375GM	Non Preferred	PA, QL (4 ea per day)
ASACOL HD TAB 800MG	Non Preferred	PA
AVSOLA INJ 100MG	Non Preferred	SP, PA
AZULFIDINE TAB 500MG	Non Preferred	PA, QL (10 ea per day)
AZULFIDINE TAB 500MG EN	Non Preferred	PA, QL (8 ea per day)
<i>balsalazide disodium cap 750 mg (generic of COLAZAL)</i>	Preferred	
CANASA SUP 1000MG	Non Preferred	PA
CIMZIA KIT 200MG	Non Preferred	SP, PA
CIMZIA PREFL KIT 200MG/ML	Preferred	SP, PA
CIMZIA START KIT 200MG/ML	Preferred	SP, PA
COLAZAL CAP 750MG	Non Preferred	PA
DELZICOL CAP 400MG	Non Preferred	PA
DIPENTUM CAP 250MG	Non Preferred	PA
ENTYVIO INJ 300MG	Non Preferred	SP, PA
INFLECTRA INJ 100MG	Non Preferred	SP, PA
INFLIXIMAB INJ 100MG	Non Preferred	SP, PA
LIALDA TAB 1.2GM	Non Preferred	PA
<i>mesalamine cap dr 400 mg (generic of DELZICOL)</i>	Non Preferred	PA
<i>mesalamine cap er 24hr 0.375 gm (generic of APRISO)</i>	Non Preferred	PA, QL (4 ea per day)
<i>mesalamine enema 4 gm</i>	Preferred	
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit (generic of ROWASA)</i>	Non Preferred	PA
<i>mesalamine suppos 1000 mg (generic of CANASA)</i>	Preferred	
<i>mesalamine tab delayed release 1.2 gm (generic of LIALDA)</i>	Non Preferred	PA
<i>mesalamine tab delayed release 800 mg (generic of ASACOL HD)</i>	Non Preferred	PA
PENTASA CAP 250MG CR	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
PENTASA CAP 500MG CR	Preferred		
REMICADE INJ 100MG	Non Preferred	SP, PA	
RENFLEXIS INJ 100MG	Non Preferred	SP, PA	
ROWASA KIT 4GM	Non Preferred	PA	
SFROWASA ENE 4GM	Preferred		
STELARA INJ 5MG/ML	Non Preferred	SP, PA	
<i>sulfasalazine tab 500 mg (generic of AZULFIDINE)</i>	Preferred	QL (10 ea per day)	
<i>sulfasalazine tab delayed release 500 mg (generic of AZULFIDINE EN-TABS)</i>	Preferred	QL (8 ea per day)	

#### **INTESTINAL ACIDIFIERS**

<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Preferred	QL (180 mL per day)
-------------------------------------------------------	-----------	---------------------

#### **IRRITABLE BOWEL SYNDROME (IBS) AGENTS**

<i>alosetron hcl tab 0.5 mg (base equiv) (generic of LOTRONEX)</i>	Non Preferred	PA
<i>alosetron hcl tab 1 mg (base equiv) (generic of LOTRONEX)</i>	Non Preferred	PA
LINZESS CAP 72MCG	Non Preferred	PA
LINZESS CAP 145MCG	Non Preferred	PA
LINZESS CAP 290MCG	Non Preferred	PA
LOTRONEX TAB 0.5MG	Non Preferred	PA
LOTRONEX TAB 1MG	Non Preferred	PA
VIBERZI TAB 75MG	Non Preferred	PA
VIBERZI TAB 100MG	Non Preferred	PA

#### **PERIPHERAL OPIOID RECEPTOR ANTAGONISTS**

<i>alvimopan cap 12 mg (generic of ENTEREG)</i>	Non Preferred	PA
ENTEREG CAP 12MG	Non Preferred	PA
MOVANTIK TAB 12.5MG	Non Preferred	PA
MOVANTIK TAB 25MG	Non Preferred	PA
RELISTOR INJ 8/0.4ML	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELISTOR INJ 12/0.6ML	Non Preferred	PA
RELISTOR TAB 150MG	Non Preferred	PA
SYMPROIC TAB 0.2MG	Non Preferred	PA
<b>PHOSPHATE BINDER AGENTS</b>		
AURYXIA TAB 210MG	Non Preferred	PA
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (generic of PHOSLO)</i>	Preferred	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Preferred	
FOSRENOL CHW 500MG	Non Preferred	PA
FOSRENOL CHW 750MG	Non Preferred	PA
FOSRENOL CHW 1000MG	Non Preferred	PA
FOSRENOL POW 750MG	Preferred	
FOSRENOL POW 1000MG	Preferred	
<i>lanthanum carbonate chew tab 500 mg (elemental) (generic of FOSRENOL)</i>	Preferred	
<i>lanthanum carbonate chew tab 750 mg (elemental) (generic of FOSRENOL)</i>	Preferred	
<i>lanthanum carbonate chew tab 1000 mg (elemental) (generic of FOSRENOL)</i>	Preferred	
PHOSLYRA SOL	Non Preferred	PA
RENAGEL TAB 800MG	Non Preferred	PA
RENELA POW 0.8GM	Non Preferred	PA
RENELA POW 2.4GM	Non Preferred	PA
RENELA TAB 800MG	Non Preferred	PA
<i>sevelamer carbonate packet 0.8 gm (generic of RENELA)</i>	Non Preferred	PA
<i>sevelamer carbonate packet 2.4 gm (generic of RENELA)</i>	Non Preferred	PA
<i>sevelamer carbonate tab 800 mg (generic of RENELA)</i>	Preferred	
<i>sevelamer hcl tab 400 mg</i>	Preferred	
<i>sevelamer hcl tab 800 mg (generic of RENAGEL)</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VELPHORO CHW 500MG	Non Preferred	PA

### **SHORT BOWEL SYNDROME (SBS) AGENTS**

GATTEX KIT 5MG	Non Preferred	SP, PA
----------------	------------------	--------

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

### **ACIDIFIERS**

K-PHOS TAB NO 2	Non Preferred	PA
-----------------	------------------	----

### **ALKALINIZERS**

cytra k gra crystals	Non Preferred	PA
ORACIT SOL	Preferred	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	Non Preferred	PA
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	Non Preferred	PA
potassium citrate & citric acid soln 1100-334 mg/5ml	Non Preferred	PA
potassium citrate tab er 5 meq (540 mg) (generic of UROCIT-K 5)	Non Preferred	PA, QL (3 ea per day)
potassium citrate tab er 10 meq (1080 mg) (generic of UROCIT-K 10)	Non Preferred	PA, QL (3 ea per day)
potassium citrate tab er 15 meq (1620 mg) (generic of UROCIT-K 15)	Non Preferred	PA, QL (4 ea per day)
sodium citrate & citric acid soln 500-334 mg/5ml	Preferred	
UROCIT-K 5 TAB	Non Preferred	PA, QL (3 ea per day)
UROCIT-K 10 TAB	Non Preferred	PA, QL (3 ea per day)
UROCIT-K 15 TAB	Non Preferred	PA, QL (4 ea per day)

### **CYSTINOSIS AGENTS**

CYSTAGON CAP 50MG	Preferred	SP
CYSTAGON CAP 150MG	Preferred	SP
PROSYSBI CAP 25MG	Non Preferred	SP, PA
PROSYSBI CAP 75MG	Non Preferred	SP, PA
PROSYSBI GRA 75MG	Non Preferred	SP, PA
PROSYSBI GRA 300MG	Non Preferred	SP, PA

<b>Drug Name</b>		<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>INTERSTITIAL CYSTITIS AGENTS</i></b>			
ELMIRON CAP 100MG		Non Preferred	PA
<b><i>PROSTATIC HYPERPLASIA AGENTS</i></b>			
<i>alfuzosin hcl tab er 24hr 10 mg (generic of UROXATRAL)</i>		Preferred	QL (1 ea per day)
AVODART CAP 0.5MG		Non Preferred	PA
CARDURA XL TAB 4MG		Non Preferred	PA
CARDURA XL TAB 8MG		Non Preferred	PA
<i>dutasteride cap 0.5 mg (generic of AVODART)</i>		Non Preferred	PA
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg (generic of JALYN)</i>		Non Preferred	PA
<i>finasteride tab 5 mg (generic of PROSCAR)</i>		Preferred	QL (1 ea per day)
FLOMAX CAP 0.4MG		Non Preferred	PA, QL (2 ea per day)
JALYN CAP		Non Preferred	PA
PROSCAR TAB 5MG		Non Preferred	PA, QL (1 ea per day)
RAPAFLO CAP 4MG		Non Preferred	PA
RAPAFLO CAP 8MG		Non Preferred	PA
<i>silodosin cap 4 mg (generic of RAPAFLO)</i>		Non Preferred	PA
<i>silodosin cap 8 mg (generic of RAPAFLO)</i>		Non Preferred	PA
<i>tamsulosin hcl cap 0.4 mg (generic of FLOMAX)</i>		Preferred	QL (2 ea per day)
<b><i>URINARY ANALGESICS</i></b>			
<i>phenazopyridine hcl tab 100 mg</i>		Preferred	QL (3 ea per day)
<i>phenazopyridine hcl tab 200 mg</i>		Preferred	QL (3 ea per day)
PYRIDIUM TAB 100MG		Non Preferred	PA, QL (3 ea per day)
PYRIDIUM TAB 200MG		Non Preferred	PA, QL (3 ea per day)
<b><i>URINARY STONE AGENTS</i></b>			
LITHOSTAT TAB 250MG		Non Preferred	PA
THIOLA EC TAB 100MG		Non Preferred	PA
THIOLA EC TAB 300MG		Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
THIOLA TAB 100MG	Non Preferred	PA
<i>tiopronin tab 100 mg (generic of THIOLA)</i>	Non Preferred	PA

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

### **GOOUT AGENT COMBINATIONS**

<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Preferred	QL (3 ea per day)
------------------------------------------------	-----------	-------------------

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

<i>allopurinol tab 100 mg (generic of ZYLOPRIM)</i>	Preferred	QL (6 ea per day)
-----------------------------------------------------	-----------	-------------------

<i>allopurinol tab 300 mg (generic of ZYLOPRIM)</i>	Preferred	QL (4 ea per day)
-----------------------------------------------------	-----------	-------------------

<i>colchicine cap 0.6 mg</i>	Non Preferred	PA
------------------------------	------------------	----

<i>colchicine tab 0.6 mg (generic of COLCRYS)</i>	Non Preferred	PA, QL (2 ea per day)
---------------------------------------------------	------------------	-----------------------

<i>COLCRYS TAB 0.6MG</i>	Non Preferred	PA, QL (2 ea per day)
--------------------------	------------------	-----------------------

<i>febuxostat tab 40 mg (generic of ULORIC)</i>	Non Preferred	PA
-------------------------------------------------	------------------	----

<i>febuxostat tab 80 mg (generic of ULORIC)</i>	Non Preferred	PA
-------------------------------------------------	------------------	----

<i>GLOPERBA SOL 0.6/5ML</i>	Non Preferred	PA
-----------------------------	------------------	----

<i>MITIGARE CAP 0.6MG</i>	Non Preferred	PA
---------------------------	------------------	----

<i>ULORIC TAB 40MG</i>	Non Preferred	PA
------------------------	------------------	----

<i>ULORIC TAB 80MG</i>	Non Preferred	PA
------------------------	------------------	----

### **URICOSURICS**

<i>probenecid tab 500 mg</i>	Preferred	QL (3 ea per day)
------------------------------	-----------	-------------------

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

### **DISORDERS**

### **ANTIHEMOPHILIC PRODUCTS**

<i>ADVATE INJ 250UNIT</i>	Preferred	SP, PA
---------------------------	-----------	--------

<i>ADVATE INJ 500UNIT</i>	Preferred	SP, PA
---------------------------	-----------	--------

<i>ADVATE INJ 1000UNIT</i>	Preferred	SP, PA
----------------------------	-----------	--------

<i>ADVATE INJ 1500UNIT</i>	Preferred	SP, PA
----------------------------	-----------	--------

<i>ADVATE INJ 2000UNIT</i>	Preferred	SP, PA
----------------------------	-----------	--------

<i>ADVATE INJ 3000UNIT</i>	Preferred	SP, PA
----------------------------	-----------	--------

<i>ADVATE INJ 4000UNIT</i>	Preferred	SP, PA
----------------------------	-----------	--------

<i>ADYNOVATE INJ 250UNIT</i>	Preferred	SP, PA
------------------------------	-----------	--------

<i>ADYNOVATE INJ 500UNIT</i>	Preferred	SP, PA
------------------------------	-----------	--------

<i>ADYNOVATE INJ 750UNIT</i>	Preferred	SP, PA
------------------------------	-----------	--------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ADYNOVATE INJ 1000UNIT	Preferred	SP, PA
ADYNOVATE INJ 1500UNIT	Preferred	SP, PA
ADYNOVATE INJ 2000UNIT	Preferred	SP, PA
ADYNOVATE INJ 3000UNIT	Preferred	SP, PA
AFSTYLA KIT 250UNIT	Preferred	SP, PA
AFSTYLA KIT 500UNIT	Preferred	SP, PA
AFSTYLA KIT 1000UNIT	Preferred	SP, PA
AFSTYLA KIT 1500UNIT	Preferred	SP, PA
AFSTYLA KIT 2000UNIT	Preferred	SP, PA
AFSTYLA KIT 2500UNIT	Preferred	SP, PA
AFSTYLA KIT 3000UNIT	Preferred	SP, PA
ALPHANATE INJ 250 UNIT	Preferred	SP, PA
ALPHANATE INJ 500 UNIT	Preferred	SP, PA
ALPHANATE INJ 1000UNIT	Preferred	SP, PA
ALPHANATE INJ 1500UNIT	Preferred	SP, PA
ALPHANATE INJ 2000UNIT	Preferred	SP, PA
ALPHANINE SD INJ 500UNIT	Preferred	SP, PA
ALPHANINE SD INJ 1000UNIT	Preferred	SP, PA
ALPHANINE SD INJ 1500UNIT	Preferred	SP, PA
ALPROLIX INJ 250UNIT	Preferred	SP, PA
ALPROLIX INJ 500UNIT	Preferred	SP, PA
ALPROLIX INJ 1000UNIT	Preferred	SP, PA
ALPROLIX INJ 2000UNIT	Preferred	SP, PA
ALPROLIX INJ 3000UNIT	Preferred	SP, PA
ALPROLIX INJ 4000UNIT	Preferred	SP, PA
BENEFIX INJ 250UNIT	Preferred	SP, PA
BENEFIX INJ 500UNIT	Preferred	SP, PA
BENEFIX INJ 1000UNIT	Preferred	SP, PA
BENEFIX INJ 2000UNIT	Preferred	SP, PA
BENEFIX INJ 3000UNIT	Preferred	SP, PA
COAGADEX INJ 250UNIT	Preferred	SP, PA
COAGADEX INJ 500UNIT	Preferred	SP, PA
CORIFACT KIT	Preferred	SP, PA
ELOCTATE INJ 250UNIT	Preferred	SP, PA
ELOCTATE INJ 500UNIT	Preferred	SP, PA
ELOCTATE INJ 750UNIT	Preferred	SP, PA
ELOCTATE INJ 1000UNIT	Preferred	SP, PA
ELOCTATE INJ 1500UNIT	Preferred	SP, PA
ELOCTATE INJ 2000UNIT	Preferred	SP, PA
ELOCTATE INJ 3000UNIT	Preferred	SP, PA
ELOCTATE INJ 4000UNIT	Preferred	SP, PA
ELOCTATE INJ 5000UNIT	Preferred	SP, PA
ELOCTATE INJ 6000UNIT	Preferred	SP, PA
ESPEROCT INJ 500UNIT	Preferred	SP, PA
ESPEROCT INJ 1000UNIT	Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ESPEROCT INJ 1500UNIT	Preferred	SP, PA
ESPEROCT INJ 2000UNIT	Preferred	SP, PA
ESPEROCT INJ 3000UNIT	Preferred	SP, PA
FEIBA INJ	Preferred	SP, PA
HEMLIBRA INJ 30MG/ML	Preferred	SP, PA
HEMLIBRA INJ 60/0.4	Preferred	SP, PA
HEMLIBRA INJ 105/0.7	Preferred	SP, PA
HEMLIBRA INJ 150/ML	Preferred	SP, PA
HEMOFIL M INJ 250UNIT	Preferred	SP, PA
HEMOFIL M INJ 500UNIT	Preferred	SP, PA
HEMOFIL M INJ 1000UNIT	Preferred	SP, PA
HEMOFIL M INJ 1700UNIT	Preferred	SP, PA
HUMATE-P SOL 250-600	Preferred	SP, PA
HUMATE-P SOL 500-1200	Preferred	SP, PA
HUMATE-P SOL 2400UNIT	Preferred	SP, PA
IDEVION SOL 250UNIT	Preferred	SP, PA
IDEVION SOL 500UNIT	Preferred	SP, PA
IDEVION SOL 1000UNIT	Preferred	SP, PA
IDEVION SOL 2000UNIT	Preferred	SP, PA
IDEVION SOL 3500UNIT	Preferred	SP, PA
IXINITY INJ 250UNIT	Preferred	SP, PA
IXINITY INJ 500UNIT	Preferred	SP, PA
IXINITY INJ 1000UNIT	Preferred	SP, PA
IXINITY INJ 1500UNIT	Preferred	SP, PA
IXINITY INJ 2000UNIT	Preferred	SP, PA
IXINITY INJ 3000UNIT	Preferred	SP, PA
JIVI INJ 500 UNIT	Preferred	SP, PA
JIVI INJ 1000UNIT	Preferred	SP, PA
JIVI INJ 2000UNIT	Preferred	SP, PA
JIVI INJ 3000UNIT	Preferred	SP, PA
KOATE INJ 250UNIT	Preferred	SP, PA
KOATE INJ 500 UNIT	Preferred	SP, PA
KOATE INJ 1000UNIT	Preferred	SP, PA
KOATE-DVI INJ 1000UNIT	Preferred	SP, PA
KOGENATE FS INJ 250UNIT	Preferred	SP, PA
KOGENATE FS INJ 500UNIT	Preferred	SP, PA
KOGENATE FS INJ 1000UNIT	Preferred	SP, PA
KOGENATE FS INJ 2000UNIT	Preferred	SP, PA
KOGENATE FS INJ 3000UNIT	Preferred	SP, PA
KOVALTRY INJ 250UNIT	Preferred	SP, PA
KOVALTRY INJ 500UNIT	Preferred	SP, PA
KOVALTRY INJ 1000UNIT	Preferred	SP, PA
KOVALTRY INJ 2000UNIT	Preferred	SP, PA
KOVALTRY INJ 3000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 250UNIT	Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOEIGHT INJ 500UNIT	Preferred	SP, PA
NOVOEIGHT INJ 1000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 1500UNIT	Preferred	SP, PA
NOVOEIGHT INJ 2000UNIT	Preferred	SP, PA
NOVOEIGHT INJ 3000UNIT	Preferred	SP, PA
NOVOSEVEN RT INJ 1MG	Preferred	SP, PA
NOVOSEVEN RT INJ 2MG	Preferred	SP, PA
NOVOSEVEN RT INJ 5MG	Preferred	SP, PA
NOVOSEVEN RT INJ 8MG	Preferred	SP, PA
NUWIQ INJ 250UNIT	Preferred	SP, PA
NUWIQ INJ 500UNIT	Preferred	SP, PA
NUWIQ INJ 1000UNIT	Preferred	SP, PA
NUWIQ INJ 2000UNIT	Preferred	SP, PA
NUWIQ INJ 2500UNIT	Preferred	SP, PA
NUWIQ INJ 3000UNIT	Preferred	SP, PA
NUWIQ INJ 4000UNIT	Preferred	SP, PA
NUWIQ KIT 250UNIT	Preferred	SP, PA
NUWIQ KIT 500UNIT	Preferred	SP, PA
NUWIQ KIT 1000UNIT	Preferred	SP, PA
NUWIQ KIT 2000UNIT	Preferred	SP, PA
NUWIQ KIT 2500UNIT	Preferred	SP, PA
NUWIQ KIT 3000UNIT	Preferred	SP, PA
NUWIQ KIT 4000UNIT	Preferred	SP, PA
OBIZUR INJ 500 UNIT	Preferred	SP, PA
PROFILNINE INJ 500UNIT	Preferred	SP, PA
PROFILNINE INJ 1000UNIT	Preferred	SP, PA
PROFILNINE INJ 1500UNIT	Preferred	SP, PA
REBINYN SOL 500UNIT	Preferred	SP, PA
REBINYN SOL 1000UNIT	Preferred	SP, PA
REBINYN SOL 2000UNIT	Preferred	SP, PA
RECOMBINATE INJ	Preferred	SP, PA
RECOMBINATE INJ 220-400	Preferred	SP, PA
RECOMBINATE INJ 401-800	Preferred	SP, PA
RECOMBINATE INJ 801-1240	Preferred	SP, PA
RIXUBIS INJ 250 UNIT	Preferred	SP, PA
RIXUBIS INJ 500UNIT	Preferred	SP, PA
RIXUBIS INJ 1000UNIT	Preferred	SP, PA
RIXUBIS INJ 2000UNIT	Preferred	SP, PA
RIXUBIS INJ 3000UNIT	Preferred	SP, PA
SEVENFACT INJ 1MG	Preferred	SP, PA
SEVENFACT INJ 5MG	Preferred	SP, PA
TRETEN INJ	Preferred	SP, PA
VONVENDI INJ 650UNIT	Preferred	SP, PA
VONVENDI INJ 1300UNIT	Preferred	SP, PA
WILATE INJ	Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
XYNTHA INJ 250UNIT	Preferred	SP, PA
XYNTHA INJ 500UNIT	Preferred	SP, PA
XYNTHA INJ 1000UNIT	Preferred	SP, PA
XYNTHA INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 500UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 1000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 2000UNIT	Preferred	SP, PA
XYNTHA SOLOF INJ 3000UNIT	Preferred	SP, PA
XYNTHA SOLOF KIT 250UNIT	Preferred	SP, PA

#### ***BRADYKININ B2 RECEPTOR ANTAGONISTS***

FIRAZYR INJ 30MG/3ML	Non Preferred	SP, PA
<i>icatibant acetate inj 30 mg/3ml (base equivalent) (generic of FIRAZYR)</i>	Non Preferred	SP, PA
<i>sajazir inj 30mg/3ml (generic of FIRAZYR)</i>	Non Preferred	SP, PA

#### ***COMPLEMENT INHIBITORS***

EMPAVELI INJ 1080MG	Non Preferred	SP, PA
HAEGARDA INJ 2000UNIT	Non Preferred	SP, PA
HAEGARDA INJ 3000UNIT	Non Preferred	SP, PA

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

TAVALISSE TAB 100MG	Non Preferred	SP, PA
TAVALISSE TAB 150MG	Non Preferred	SP, PA

#### ***HEMATORHEOLOGIC AGENTS***

<i>pentoxifylline tab er 400 mg</i>	Preferred	QL (4 ea per day)
-------------------------------------	-----------	-------------------

#### ***PLASMA KALLIKREIN INHIBITORS***

KALBITOR INJ 10MG/ML	Non Preferred	SP, PA
ORLADEYO CAP 110MG	Non Preferred	SP, PA
ORLADEYO CAP 150MG	Non Preferred	SP, PA
TAKHYRO INJ 300/2ML	Non Preferred	SP, PA

#### ***PLATELET AGGREGATION INHIBITORS***

AGRYLIN CAP 0.5MG	Non Preferred	PA
<i>anagrelide hcl cap 0.5 mg (generic of AGRYLIN)</i>	Preferred	
<i>anagrelide hcl cap 1 mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
aspirin-dipyridamole cap er 12hr 25-200 mg	Preferred	
BRILINTA TAB 60MG	Preferred	
BRILINTA TAB 90MG	Preferred	
cilostazol tab 50 mg	Non Preferred	PA, QL (2 ea per day)
cilostazol tab 100 mg	Non Preferred	PA, QL (2 ea per day)
clopidogrel bisulfate tab 75 mg (base equiv) (generic of PLAVIX)	Preferred	QL (1 ea per day)
clopidogrel bisulfate tab 300 mg (base equiv)	Preferred	
dipyridamole tab 25 mg	Preferred	QL (10 ea per day)
dipyridamole tab 50 mg	Preferred	QL (8 ea per day)
dipyridamole tab 75 mg	Preferred	QL (4 ea per day)
EFFIENT TAB 5MG	Non Preferred	PA
EFFIENT TAB 10MG	Non Preferred	PA
PLAVIX TAB 75MG	Non Preferred	PA, QL (1 ea per day)
prasugrel hcl tab 5 mg (base equiv) (generic of EFFIENT)	Non Preferred	PA
prasugrel hcl tab 10 mg (base equiv) (generic of EFFIENT)	Non Preferred	PA
ZONTIVITY TAB 2.08MG	Non Preferred	PA

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

### **COBALAMINS**

cyanocobalamin sl tab 2500 mcg	Preferred	OTC
cyanocobalamin tab 100 mcg	Preferred	OTC
cyanocobalamin tab 500 mcg	Preferred	OTC
cyanocobalamin tab 1000 mcg	Preferred	OTC
cyanocobalamin tab er 1000 mcg	Preferred	OTC

### **FOLIC ACID/FOLATES**

folic acid tab 1 mg	Preferred	QL (5 ea per day)
folic acid tab 400 mcg	Preferred	OTC
folic acid tab 800 mcg	Preferred	OTC

### **HEMATOPOIETIC GROWTH FACTORS**

ARANESP INJ 10MCG	Non Preferred	PA
ARANESP INJ 25MCG	Non Preferred	PA
ARANESP INJ 40MCG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP INJ 60MCG	Non Preferred	PA
ARANESP INJ 100MCG	Non Preferred	PA
ARANESP INJ 150MCG	Non Preferred	PA
ARANESP INJ 200MCG	Non Preferred	PA
ARANESP INJ 300MCG	Non Preferred	PA
ARANESP INJ 500MCG	Non Preferred	PA
DOPTELET TAB 20MG	Non Preferred	SP, PA
EPOGEN INJ 2000/ML	Preferred	PA
EPOGEN INJ 3000/ML	Preferred	PA
EPOGEN INJ 4000/ML	Preferred	PA
EPOGEN INJ 10000/ML	Preferred	PA
EPOGEN INJ 20000/ML	Preferred	PA
FULPHILA INJ 6/0.6ML	Non Preferred	PA, QL (0.6 mL / 11 days)
GRANIX INJ 300/0.5	Non Preferred	PA
GRANIX INJ 300/1ML	Non Preferred	PA
GRANIX INJ 480/0.8	Non Preferred	PA
GRANIX INJ 480/1.6	Non Preferred	PA
LEUKINE INJ 250MCG	Preferred	
MIRCERA INJ 30MCG	Non Preferred	PA
MIRCERA INJ 50MCG	Non Preferred	PA
MIRCERA INJ 75MCG	Non Preferred	PA
MIRCERA INJ 100MCG	Non Preferred	PA
MIRCERA INJ 150MCG	Non Preferred	PA
MIRCERA INJ 200MCG	Non Preferred	PA
MULPLETA TAB 3MG	Non Preferred	SP, PA
NEULASTA INJ 6MG/0.6M	Non Preferred	PA, QL (0.6 mL / 11 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEULASTA KIT 6MG/0.6M	Non Preferred	PA, QL (0.6 mL / 11 days)
NEUPOGEN INJ 300/0.5	Preferred	
NEUPOGEN INJ 300MCG	Preferred	
NEUPOGEN INJ 480/0.8	Preferred	
NEUPOGEN INJ 480MCG	Preferred	
NIVESTYM INJ 300/0.5	Non Preferred	PA
NIVESTYM INJ 300MCG	Non Preferred	PA
NIVESTYM INJ 480/0.8	Non Preferred	PA
NIVESTYM INJ 480MCG	Non Preferred	PA
NPLATE INJ 125MCG	Non Preferred	SP, PA
NPLATE INJ 250MCG	Non Preferred	SP, PA
NPLATE INJ 500MCG	Non Preferred	SP, PA
NYVEPRIA INJ 6/0.6ML	Non Preferred	PA
PROCERIT INJ 2000/ML	Preferred	PA
PROCERIT INJ 3000/ML	Preferred	PA
PROCERIT INJ 4000/ML	Preferred	PA
PROCERIT INJ 10000/ML	Preferred	PA
PROCERIT INJ 20000/ML	Preferred	PA
PROCERIT INJ 40000/ML	Preferred	PA
PROMACTA PAK 25MG	Non Preferred	SP, PA
PROMACTA POW 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 12.5MG	Non Preferred	SP, PA
PROMACTA TAB 25MG	Non Preferred	SP, PA
PROMACTA TAB 50MG	Non Preferred	SP, PA
PROMACTA TAB 75MG	Non Preferred	SP, PA
REBLOZYL INJ 25MG	Non Preferred	SP, PA
REBLOZYL INJ 75MG	Non Preferred	SP, PA
RETACRIT INJ 2000UNIT	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RETACRIT INJ 3000UNIT	Non	PA
	Preferred	
RETACRIT INJ 4000UNIT	Non	PA
	Preferred	
RETACRIT INJ 10000UNT	Non	PA
	Preferred	
RETACRIT INJ 20000UNI	Non	PA
	Preferred	
RETACRIT INJ 40000UNT	Non	PA
	Preferred	
UDENYCA INJ 6MG/.6ML	Non	PA, QL (0.6 mL / 11 days)
	Preferred	
ZARXIO INJ 300/0.5	Non	PA
	Preferred	
ZARXIO INJ 480/0.8	Non	PA
	Preferred	
ZIEXTENZO INJ 6/0.6ML	Non	PA, QL (0.6 mL / 11 days)
	Preferred	

## **IRON**

<i>ferrex 150 cap 150mg</i>	Preferred	OTC
<i>ferrocite tab 324mg</i>	Preferred	OTC
<i>ferrous fumarate tab 324 mg (106 mg elemental fe)</i>	Preferred	OTC
<i>FERROUS GLUC TAB 324MG</i>	Preferred	OTC
<i>ferrous gluconate tab 240 mg (27 mg elemental fe)</i>	Preferred	OTC
<i>FERROUS SULF TAB 324MG EC</i>	Preferred	OTC
<i>ferrous sulfate dried tab 200 mg (65 mg elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate dried tab er 160 mg (50 mg fe equivalent)</i>	Preferred	OTC
<i>ferrous sulfate elixir 220 mg/5ml (44 mg/5ml elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate soln 75 mg/ml (15 mg/ml elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate tab 325 mg (65 mg elemental fe)</i>	Preferred	OTC
<i>ferrous sulfate tab ec 325 mg (65 mg fe equivalent)</i>	Preferred	OTC
<i>ferrous sulfate tab er 142 mg (45 mg fe equivalent)</i>	Preferred	OTC
<i>ifex 150 cap</i>	Preferred	OTC
<i>nu-iron 150 cap 150mg</i>	Preferred	OTC
<i>poly-iron cap 150mg</i>	Preferred	OTC
<i>polysaccharide iron complex cap 150 mg (iron equivalent)</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<b>HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS</b>		

***ANTIHISTAMINE HYPNOTICS***

<i>diphenhydramine hcl (sleep) tab 25 mg</i>	Preferred	QL (1 ea per day), OTC
<i>doxylamine succinate (sleep) tab 25 mg</i>	Preferred	QL (1 ea per day), OTC

***BARBITURATE HYPNOTICS***

<i>phenobarbital elixir 20 mg/5ml</i>	Preferred	QL (50 mL per day)
<i>phenobarbital tab 15 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 16.2 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 30 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 32.4 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 60 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 64.8 mg</i>	Preferred	QL (3 ea per day)
<i>phenobarbital tab 97.2 mg</i>	Preferred	QL (2 ea per day)
<i>phenobarbital tab 100 mg</i>	Preferred	QL (2 ea per day)

***HYPNOTICS - TRICYCLIC AGENTS***

<i>doxepin hcl (sleep) tab 3 mg (base equiv) (generic of SILENOR)</i>	Non Preferred	PA
<i>doxepin hcl (sleep) tab 6 mg (base equiv) (generic of SILENOR)</i>	Non Preferred	PA
SILENOR TAB 3MG	Non Preferred	PA
SILENOR TAB 6MG	Non Preferred	PA

***NON-BARBITURATE HYPNOTICS***

AMBIEN CR TAB 6.25MG	Non Preferred	PA
AMBIEN CR TAB 12.5MG	Non Preferred	PA
AMBIEN TAB 5MG	Non Preferred	PA, QL (2 ea per day)
AMBIEN TAB 10MG	Non Preferred	PA, QL (1 ea per day)
EDLUAR SUB 5MG	Non Preferred	PA
EDLUAR SUB 10MG	Non Preferred	PA
<i>estazolam tab 1 mg</i>	Preferred	QL (1 ea per day)
<i>estazolam tab 2 mg</i>	Preferred	QL (1 ea per day)
<i>eszopiclone tab 1 mg (generic of LUNESTA)</i>	Non Preferred	PA
<i>eszopiclone tab 2 mg (generic of LUNESTA)</i>	Non Preferred	PA
<i>eszopiclone tab 3 mg (generic of LUNESTA)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>flurazepam hcl cap 15 mg</i>	Non Preferred	PA, QL (1 ea per day)	
<i>flurazepam hcl cap 30 mg</i>	Non Preferred	PA, QL (1 ea per day)	
<i>HALCION TAB 0.25MG</i>	Non Preferred	PA, QL (2 ea per day)	
<i>LUNESTA TAB 1MG</i>	Non Preferred	PA	
<i>LUNESTA TAB 2MG</i>	Non Preferred	PA	
<i>LUNESTA TAB 3MG</i>	Non Preferred	PA	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	Non Preferred	PA	
<i>RESTORIL CAP 7.5MG</i>	Non Preferred	PA	
<i>RESTORIL CAP 15MG</i>	Non Preferred	PA, QL (1 ea per day)	
<i>RESTORIL CAP 22.5MG</i>	Non Preferred	PA	
<i>RESTORIL CAP 30MG</i>	Non Preferred	PA, QL (1 ea per day)	
<i>temazepam cap 7.5 mg (generic of RESTORIL)</i>	Preferred		
<i>temazepam cap 15 mg (generic of RESTORIL)</i>	Preferred	QL (1 ea per day)	
<i>temazepam cap 22.5 mg (generic of RESTORIL)</i>	Preferred		
<i>temazepam cap 30 mg (generic of RESTORIL)</i>	Preferred	QL (1 ea per day)	
<i>triazolam tab 0.25 mg (generic of HALCION)</i>	Preferred	QL (2 ea per day)	
<i>triazolam tab 0.125 mg</i>	Preferred	QL (1 ea per day)	
<i>zaleplon cap 5 mg</i>	Non Preferred	PA	
<i>zaleplon cap 10 mg</i>	Non Preferred	PA	
<i>zolpidem tartrate sl tab 1.75 mg</i>	Non Preferred	PA	
<i>zolpidem tartrate sl tab 3.5 mg</i>	Non Preferred	PA	
<i>zolpidem tartrate tab 5 mg (generic of AMBIEN)</i>	Preferred	QL (2 ea per day)	
<i>zolpidem tartrate tab 10 mg (generic of AMBIEN)</i>	Preferred	QL (1 ea per day)	
<i>zolpidem tartrate tab er 6.25 mg (generic of AMBIEN CR)</i>	Non Preferred	PA	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>zolpidem tartrate tab er 12.5 mg (generic of AMBIEN CR)</i>	Non Preferred	PA

### **OREXIN RECEPTOR ANTAGONISTS**

BELSOMRA TAB 5MG	Non Preferred	PA
BELSOMRA TAB 10MG	Non Preferred	PA
BELSOMRA TAB 15MG	Non Preferred	PA
BELSOMRA TAB 20MG	Non Preferred	PA
DAYVIGO TAB 5MG	Non Preferred	PA
DAYVIGO TAB 10MG	Non Preferred	PA

### **SELECTIVE MELATONIN RECEPTOR AGONISTS**

HETLIOZ CAP 20MG	Non Preferred	SP, PA
HETLIOZ LQ SUS 4MG/ML	Non Preferred	PA
<i>ramelteon tab 8 mg (generic of ROZEREM)</i>	Non Preferred	PA
ROZEREM TAB 8MG	Non Preferred	PA

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

### **BULK LAXATIVES**

<i>calcium polycarbophil tab 625 mg</i>	Preferred	OTC
KONSYL DAILY POW 28.3%	Preferred	OTC
KONSYL DAILY POW 100%	Preferred	OTC
KONSYL ORIG POW 100%	Preferred	OTC
KONSYL-D POW 52.3%	Preferred	OTC
<i>methylcellulose tab 500 mg</i>	Preferred	OTC
<i>psyllium cap 0.52 gm</i>	Preferred	OTC
<i>psyllium powder 28.3%</i>	Preferred	OTC
<i>psyllium powder 48.57%</i>	Preferred	OTC
<i>psyllium powder 58.6%</i>	Preferred	OTC
<i>qc natural pow vegetabl</i>	Preferred	OTC
<i>wheat dextrin oral powder</i>	Preferred	OTC

### **LAXATIVE COMBINATIONS**

<i>gavilyte-c sol</i>	Preferred	QL (4000 mL per day)
<i>gavilyte-g sol (generic of GOLYTELY)</i>	Preferred	QL (4000 mL per day)
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Preferred	QL (4000 mL per day)
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm (generic of PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM)</i>	Preferred	QL (4000 mL per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Preferred	QL (6 ea per day), OTC

#### **LAXATIVES - MISCELLANEOUS**

<i>constulose sol 10gm/15</i>	Preferred	QL (180 mL per day)
<i>glycerin suppos 1.2 gm</i>	Preferred	OTC
<i>glycerin suppos 2 gm</i>	Preferred	OTC
<i>glycerin suppos 2.1 gm</i>	Preferred	OTC
<i>glycerin suppos 80.7%</i>	Preferred	OTC
<i>lactulose solution 10 gm/15ml</i>	Preferred	QL (180 mL per day)
<i>polyethylene glycol 3350 oral powder</i>	Preferred	QL (34 gm per day), OTC

#### **LUBRICANT LAXATIVES**

<i>mineral oil</i>	Preferred	OTC
<i>mineral oil enema</i>	Preferred	OTC

#### **SALINE LAXATIVES**

<i>magnesium citrate soln</i>	Preferred	OTC
<i>magnesium hydroxide susp 400 mg/5ml</i>	Preferred	OTC
<i>milk of magn sus 2400/10</i>	Preferred	OTC
<i>milk of magn sus 2400mg</i>	Preferred	OTC
<i>sodium phosphates - enema</i>	Preferred	OTC

#### **STIMULANT LAXATIVES**

<i>bisacodyl suppos 10 mg</i>	Preferred	QL (1 ea per day), OTC
<i>bisacodyl tab delayed release 5 mg</i>	Preferred	QL (3 ea per day), OTC
<i>sennosides chew tab 15 mg</i>	Preferred	OTC
<i>sennosides syrup 8.8 mg/5ml</i>	Preferred	OTC
<i>sennosides tab 8.6 mg</i>	Preferred	QL (2 ea per day), OTC
<i>sennosides tab 25 mg</i>	Preferred	OTC

#### **SURFACTANT LAXATIVES**

<i>BENZOCAINE-DOCUSATE SODIUM RECTAL ENEMA 20-283 MG</i>	Preferred	OTC
<i>docusate calcium cap 240 mg</i>	Preferred	QL (2 ea per day), OTC
<i>docusate sodium cap 100 mg</i>	Preferred	QL (6 ea per day), OTC
<i>docusate sodium cap 250 mg</i>	Preferred	QL (6 ea per day), OTC
<i>docusate sodium liquid 150 mg/15ml</i>	Preferred	QL (30 mL per day), OTC
<i>docusate sodium syrup 60 mg/15ml</i>	Preferred	QL (30 mL per day), OTC
<i>docusate sodium tab 100 mg</i>	Preferred	QL (6 ea per day), OTC
<i>PEDIA-LAX LIQ 50MG</i>	Preferred	QL (30 mL per day), OTC

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

##### **AZITHROMYCIN**

<i>azithromycin for susp 100 mg/5ml</i> (generic of ZITHROMAX)	Preferred	QL (20 mL per day)
----------------------------------------------------------------	-----------	--------------------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin for susp 200 mg/5ml (generic of ZITHROMAX)</i>	Preferred	QL (30 mL per day)
<i>azithromycin powd pack for susp 1 gm</i>	Preferred	QL (1 ea per day)
<i>azithromycin tab 250 mg (generic of ZITHROMAX)</i>	Preferred	
<i>azithromycin tab 500 mg (generic of ZITHROMAX)</i>	Preferred	
<i>azithromycin tab 600 mg</i>	Preferred	QL (1 ea per day)
ZITHROMAX POW 1GM PAK	Preferred	QL (1 ea per day)
ZITHROMAX SUS 100/5ML	Non Preferred	PA, QL (20 mL per day)
ZITHROMAX SUS 200/5ML	Non Preferred	PA, QL (30 mL per day)
ZITHROMAX TAB 250MG	Non Preferred	PA
ZITHROMAX TAB 500MG	Non Preferred	PA
ZITHROMAX TAB TRI-PAK	Non Preferred	PA
ZITHROMAX TAB Z-PAK	Non Preferred	PA

### **CLARITHROMYCIN**

<i>clarithromycin for susp 125 mg/5ml</i>	Preferred
<i>clarithromycin for susp 250 mg/5ml</i>	Preferred
<i>clarithromycin tab 250 mg</i>	Preferred
<i>clarithromycin tab 500 mg</i>	Preferred
<i>clarithromycin tab er 24hr 500 mg (generic of BIAXIN XL)</i>	Preferred

### **ERYTHROMYCINS**

<i>e.e.s. 400 tab 400mg</i>	Preferred
E.E.S. GRAN SUS 200/5ML	Preferred
<i>ery-tab tab 250mg ec</i>	Preferred
<i>ery-tab tab 333mg ec</i>	Preferred
<i>ery-tab tab 500mg ec</i>	Preferred
ERYPED SUS 200/5ML	Preferred
ERYPED SUS 400/5ML	Preferred
<i>erythrocin tab 250mg</i>	Preferred
<i>erythromycin ethylsuccinate for susp 200 mg/5ml (generic of E.E.S. GRANULES)</i>	Preferred
<i>erythromycin ethylsuccinate for susp 400 mg/5ml (generic of ERYPED 400)</i>	Preferred
<i>erythromycin ethylsuccinate tab 400 mg</i>	Preferred
<i>erythromycin tab 250 mg</i>	Preferred
<i>erythromycin tab 500 mg</i>	Preferred
<i>erythromycin tab delayed release 250 mg</i>	Preferred
<i>erythromycin tab delayed release 333 mg</i>	Preferred

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
erythromycin tab delayed release 500 mg	Preferred		
erythromycin w/ delayed release particles cap 250 mg	Preferred		
<b>FIDAXOMICIN</b>			
DIFICID SUS	Non Preferred	PA	
DIFICID TAB 200MG	Non Preferred	PA	

## **MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING**

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

CONDOMS - FEMALE	Preferred	OTC
CONDOMS - MALE	Preferred	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
CONDOMS LATEX NON-LUBRICATED	Preferred	OTC; QL (max quantity 12 per fill)
FEMCAP MIS 30MM	Preferred	

### **DIABETIC SUPPLIES**

ACCU-CHECK KIT GUIDE ME	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT AVIVA PL	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT FASTCLIX	Preferred	OTC
ACCU-CHEK KIT GUIDE	Non Preferred	PA, QL (1 ea / year), OTC
ACCU-CHEK KIT SOFTCLIX	Preferred	OTC
ACCU-CHEK MIS MLTICLIX	Preferred	OTC
ACTI-LANCE MIS 28G	Preferred	OTC
ACTI-LANCE MIS LITE 28G	Preferred	OTC
ACTI-LANCE MIS SPEC 17G	Preferred	OTC
ACTI-LANCE MIS UNIV 23G	Preferred	OTC
ADVANCE KIT INTUITIO	Non Preferred	PA, QL (1 ea / year), OTC
ADVANCE MIS INTUITIO	Non Preferred	PA, OTC
ADVANCE MIS MICRO-DW	Non Preferred	PA, OTC
ADVOCATE KIT	Non Preferred	PA, QL (1 ea / year), OTC
ADVOCATE KIT REDICODE	Non Preferred	PA, QL (1 ea / year), OTC
ADVOCATE MIS	Non Preferred	PA, OTC
ADVOCATE MIS LANC 30G	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ADVOCATE MIS REDICODE	Non Preferred	PA, OTC	
ADVOCATE RED MIS	Non Preferred	PA, OTC	
ADVOCATE+ MIS REDI-COD	Non Preferred	PA, OTC	
AGAMA JAZZ KIT WRLSS 2	Non Preferred	PA, QL (1 ea / year), OTC	
AGAMATRIX KIT PRESTO	Non Preferred	PA, QL (1 ea / year), OTC	
AGAMATRIX MIS 33G	Preferred	OTC	
AGAMATRIX MIS AMP	Non Preferred	PA, OTC	
AGAMATRIX MIS PRESTO	Non Preferred	PA, OTC	
AIMSCO TWIST MIS 32G	Preferred	OTC	
AIMSCO TWIST MIS 33G	Preferred	OTC	
ASSURE 3 KIT METER	Non Preferred	PA, OTC	
ASSURE 4 MIS	Non Preferred	PA, OTC	
ASSURE LANCE MIS 21G	Preferred	OTC	
ASSURE LANCE MIS 28G	Preferred	OTC	
ASSURE LANCE MIS LOW FLOW	Preferred	OTC	
ASSURE LANCE MIS MICRO	Preferred	OTC	
ASSURE LANCE MIS SAFE 25G	Preferred	OTC	
ASSURE LANCE MIS SAFE 30G	Preferred	OTC	
ASSURE MIS PLATINUM	Non Preferred	PA, OTC	
ASSURE PLUS MIS HIGH 18G	Preferred	OTC	
ASSURE PLUS MIS LOW 25G	Preferred	OTC	
ASSURE PLUS MIS MCRO 28G	Preferred	OTC	
ASSURE PLUS MIS NORM 21G	Preferred	OTC	
ASSURE PLUS MIS PEDIATRI	Preferred	OTC	
ASSURE PRISM MIS MULTI	Non Preferred	PA, OTC	
ASSURE PRO MIS METER	Non Preferred	PA, OTC	
AURORA LANCE MIS 30G	Preferred	OTC	
AURORA LANCE MIS THIN 23G	Preferred	OTC	
AUTOCODE SYS KIT GLUCOSE	Non Preferred	PA, QL (1 ea / year), OTC	
AUTOLET II KIT CLINISAF	Preferred	OTC	
AUTOLET LITE KIT	Preferred	OTC	
AUTOLET LITE KIT CLINISAF	Preferred	OTC	
AUTOLET LITE KIT STARTER	Preferred	OTC	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BD LANCET UF MIS 30G	Preferred	OTC
BD LANCET UF MIS 33G	Preferred	OTC
BD LATITUDE KIT	Non Preferred	PA, QL (1 ea / year), OTC
BD LATITUDE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BD LOGIC KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
BIOTEL CARE KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUC KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUC MIS METER	Non Preferred	PA, OTC
BLOOD GLUCOS KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
BLOOD GLUCOS KIT TRUETEST	Non Preferred	PA, QL (1 ea / year), OTC
BLULINK MIS GLUCOSE	Non Preferred	PA, OTC
CAREONE LANC MIS 30G	Preferred	OTC
CAREONE LANC MIS THIN 23G	Preferred	OTC
CARESENS 30G MIS LANCETS	Preferred	OTC
CARESENS N MIS SYSTEM	Non Preferred	PA, OTC
CARESENS N MIS VOICE	Non Preferred	PA, OTC
CARETOUCH KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
CARETOUCH MIS LANC 26G	Preferred	OTC
CARETOUCH MIS LANC 28G	Preferred	OTC
CARETOUCH MIS LANC 30G	Preferred	OTC
CARETOUCH MIS TWIST 30	Preferred	OTC
CLEANLET 28G MIS LANCETS	Preferred	OTC
CLEVER CHECK MIS	Preferred	OTC
CLEVER CHECK MIS 30G	Preferred	OTC
CLEVER CHEK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
CLEVER CHEK MIS AUTO-CD	Non Preferred	PA, OTC
CLEVER CHEK MIS VOICE	Non Preferred	PA, OTC
CLEVER CHOIC KIT MICRO	Non Preferred	PA, QL (1 ea / year), OTC
CLEVR CHOICE MIS AUTO-CD	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLEVR CHOICE MIS MINI	Non Preferred	PA, OTC
CLEVR CHOICE MIS TALK	Non Preferred	PA, OTC
COAGUCHEK MIS LANCETS	Preferred	OTC
COMFORT ASSU MIS LANC 28G	Preferred	OTC
COMFORT ASSU MIS LANC 33G	Preferred	OTC
COMFORT MIS LANCETS	Preferred	OTC
COMFORT TCH MIS LANC 30G	Preferred	OTC
COMFORT TCH MIS LANC 31G	Preferred	OTC
COMFORTOUCH MIS LANCET	Preferred	OTC
CONTOUR KIT NEXT	Non Preferred	PA, QL (1 ea / year), OTC
CONTOUR KIT NEXT LNK	Non Preferred	PA, QL (1 ea / year), OTC
CONTOUR MIS MONITOR	Non Preferred	PA, OTC
CONTOUR NEXT KIT ONE	Non Preferred	PA, OTC
CONTOUR NEXT MIS ONE	Non Preferred	PA, OTC
COOL MIS MONITOR	Non Preferred	PA, OTC
COOL MONITOR KIT	Non Preferred	PA, QL (1 ea / year), OTC
CVS GLUCOSE KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
CVS LANCETS MIS 21G	Preferred	OTC
CVS LANCETS MIS 30G	Preferred	OTC
CVS LANCETS MIS 33G	Preferred	OTC
CVS LANCETS MIS ORIGINAL	Preferred	OTC
CVS LANCETS MIS THIN 26G	Preferred	OTC
CVS LANCETS MIS THIN 30G	Preferred	OTC
CVS LANCETS MIS THIN 33G	Preferred	OTC
D-CARE GLUCO KIT TEST STR	Non Preferred	PA, QL (1 ea / year)
DEXCOM G5 MOBILE RECEIVER	Non Preferred	PA
DEXCOM G5 MOBILE TRANSMIT	Non Preferred	PA
DEXCOM G6 RECEIVER	Preferred	PA
DEXCOM G6 SENSOR	Preferred	PA
DEXCOM G6 TRANSMITTER	Preferred	PA
DIATHRIVE MIS LANCETS	Preferred	OTC
DIATHRIVE MIS METER	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DIATHRIVE MIS UT 30G	Preferred	OTC
DIATHRIVE+ KIT SYSTEM	Non Preferred	PA, OTC
DIATRUE PLUS MIS MONITOR	Non Preferred	PA, OTC
DROPLET LANC MIS 30G	Preferred	OTC
DROPLET PERS MIS LANC 30G	Preferred	OTC
E-Z JECT MIS 21G	Preferred	OTC
E-Z JECT MIS 21G COLR	Preferred	OTC
E-Z JECT MIS 30G	Preferred	OTC
E-Z JECT MIS 32G COLR	Preferred	OTC
E-Z JECT MIS LANC 21G	Preferred	OTC
E-Z JECT MIS THIN 26G	Preferred	OTC
E-ZJECT LANC MIS 33G	Preferred	OTC
EASY PLUS II MIS SYSTEM	Non Preferred	PA, OTC
EASY STEP MIS MONITOR	Non Preferred	PA, OTC
EASY TALK MIS SYSTEM	Non Preferred	PA, OTC
EASY TOUCH KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
EASY TOUCH KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EASY TOUCH MIS LANC/21G	Preferred	OTC
EASY TOUCH MIS LANC/23G	Preferred	OTC
EASY TOUCH MIS LANC/26G	Preferred	OTC
EASY TOUCH MIS LANC/28G	Preferred	OTC
EASY TOUCH MIS LANC/30G	Preferred	OTC
EASY TOUCH MIS LANC/32G	Preferred	OTC
EASY TOUCH MIS LANC/33G	Preferred	OTC
EASY TOUCH MIS METER	Non Preferred	PA, OTC
EASY TOUNCH MIS GLUCOSE	Non Preferred	PA, OTC
EASY TRAK II MIS SYSTEM	Non Preferred	PA, OTC
EASY TRAK MIS SYSTEM	Non Preferred	PA, OTC
EASYGLUCO KIT	Non Preferred	PA, OTC
EASymax NG KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
EASymax NG MIS SYSTEM	Non Preferred	PA, OTC
EASymax V MIS SYSTEM	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASYPRO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EASYPRO PLUS KIT	Non Preferred	PA, QL (1 ea / year), OTC
ELEMENT AUTO KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
ELEMENT GLUC MIS SYSTEM	Non Preferred	PA, OTC
ELEMENT PLUS MIS METER	Non Preferred	PA, OTC
EMBRACE EVO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
EMBRACE EVO MIS MONITOR	Non Preferred	PA, OTC
EMBRACE LANC MIS 21G	Preferred	OTC
EMBRACE LANC MIS 28G	Preferred	OTC
EMBRACE MIS	Non Preferred	PA, OTC
EMBRACE PRO MIS	Non Preferred	PA, OTC
EMBRACE TALK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
EMBRACE TALK MIS MONITOR	Non Preferred	PA, OTC
ENLITE GLUCO MIS SENSOR	Non Preferred	PA
EQL LANCETS MIS 21G COLR	Preferred	OTC
EQL LANCETS MIS 33G COLR	Preferred	OTC
EQL LANCETS MIS THIN 26G	Preferred	OTC
EQL LANCETS MIS THIN 30G	Preferred	OTC
EVERSENSE MIS SENSOR	Non Preferred	PA
EVERSENSE MIS TRANSMTR	Non Preferred	PA
EVOLUTION MIS AUTOCODE	Non Preferred	PA, OTC
EZ-LETS 21G MIS LANCETS	Preferred	OTC
EZ-LETS 26G MIS LANCETS	Preferred	OTC
EZ-LETS 28G MIS LANCETS	Preferred	OTC
EZ-LETS 30G MIS LANCETS	Preferred	OTC
FASTCLIX MIS LANCETS	Preferred	OTC
FIFTY50 GLUC KIT METR 2.0	Non Preferred	PA, QL (1 ea / year), OTC
FIFTY50 SAFE MIS LANCETS	Preferred	OTC
FINE 30 MIS	Preferred	OTC
FORA G20 KIT	Non Preferred	PA, QL (1 ea / year), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FORA G30A MIS	Non Preferred	PA, OTC
FORA GD20 MIS	Non Preferred	PA, OTC
FORA GD50 MIS MONITOR	Non Preferred	PA, OTC
FORA GTEL MIS MONITOR	Non Preferred	PA, OTC
FORA LANCETS MIS 30G	Preferred	OTC
FORA MIS LANCETS	Preferred	OTC
FORA TEST N' MIS GO	Non Preferred	PA, OTC
FORA TN'G KIT VOICE	Non Preferred	PA, QL (1 ea / year), OTC
FORA V10 MIS	Non Preferred	PA, OTC
FORA V12 MIS	Non Preferred	PA, OTC
FORA V12 MIS NO CODE	Non Preferred	PA, OTC
FORA V20 MIS	Non Preferred	PA, OTC
FORA V30A KIT	Non Preferred	PA, QL (1 ea / year), OTC
FORA V30A MIS	Non Preferred	PA, OTC
FORACARE MIS GD40	Non Preferred	PA, OTC
FORACARE MIS TST N GO	Non Preferred	PA, OTC
FORTISCARE MIS T1	Non Preferred	PA, OTC
FREESTY LIBR KIT 2 SENSOR	Preferred	PA
FREESTY LIBR MIS 2 READER	Preferred	PA
FREESTYLE KIT FREEDOM	Non Preferred	PA, QL (1 ea / year), OTC
FREESTYLE LIBRE READER	Preferred	PA
FREESTYLE LIBRE READER	Non Preferred	PA
FREESTYLE LIBRE SENSOR	Preferred	PA
FREESTYLE MIS LANCETS	Preferred	OTC
FREESTYLE MIS LITE	Non Preferred	PA, OTC
G4 PLAT PED MIS RVC/SHAR	Non Preferred	PA
G4 PLATINUM MIS PEDIATRC	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
G4 PLATINUM MIS RCV/SHAR	Non	PA
	Preferred	
G4 PLATINUM MIS RECEIVER	Non	PA
	Preferred	
G4 PLATINUM MIS TRANSMIT	Non	PA
	Preferred	
G4 SENSOR MIS	Non	PA
	Preferred	
G5/G4 MIS SENSOR	Non	PA
	Preferred	
GE100 BLOOD MIS GLUCOSE	Non	PA, OTC
	Preferred	
GE100 GLUCOS KIT SYSTEM	Non	PA, QL (1 ea / year),
	Preferred	OTC
GENTEEL LANC KIT BLUE	Preferred	OTC
GENTEEL MIS LANCETS	Preferred	OTC
GENTLE-LET MIS 26G	Preferred	OTC
GENTLE-LET MIS 28G	Preferred	OTC
GENTLE-LET MIS LANCETS	Preferred	OTC
GLUCO PERFEC MIS 3 METER	Non	PA, OTC
	Preferred	
GLUCO PERFEC MIS 3/VOICE	Non	PA, OTC
	Preferred	
GLUCOCARD 01 KIT MINI	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD 01 KIT SYSTEM	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD 01 MIS METER	Non	PA, OTC
	Preferred	
GLUCOCARD KIT EXPRESSI	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD KIT SHINE	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD KIT SHNE CON	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD KIT SHNE EXP	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD KIT VITAL	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD KIT X-METER	Non	PA, QL (1 ea / year),
	Preferred	OTC
GLUCOCARD MIS SHINE	Non	PA, OTC
	Preferred	
GLUCOCARD MIS SHINE XL	Non	PA, OTC
	Preferred	
GLUCOCOM KIT MONITOR	Non	PA, QL (1 ea / year),
	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCOCOM MIS 28G	Preferred	OTC
GLUCOCOM MIS 30G	Preferred	OTC
GLUCOCOM MIS 33G	Preferred	OTC
GLUCOCOM MIS MONITOR	Non Preferred	PA, OTC
GLUCONAVII KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
GNP LANCETS MIS 21G	Preferred	OTC
GNP LANCETS MIS 28G	Preferred	OTC
GNP LANCETS MIS 30G	Preferred	OTC
GNP LANCETS MIS 33G	Preferred	OTC
GNP LANCETS MIS THIN 26G	Preferred	OTC
GOJJI LANCET MIS 30G	Preferred	OTC
GOODSENSE MIS LANC 26G	Preferred	OTC
GOODSENSE MIS LANC 30G	Preferred	OTC
GOODSENSE MIS LANC 33G	Preferred	OTC
GUARDIAN MIS LINK 3	Non Preferred	PA
GUARDIAN MIS SENSOR 3	Non Preferred	PA
GUARDIAN RT MIS CHARGER	Non Preferred	PA
GUARDIAN RT MIS REPL PED	Non Preferred	PA
GUARDIAN RT MIS TST PLUG	Non Preferred	PA
HAEMOLANCE MIS HIGH FLO	Preferred	OTC
HAEMOLANCE MIS LOW FLOW	Preferred	OTC
HAEMOLANCE MIS PLUS	Preferred	OTC
HAEMOLANCE MIS PLUS LOW	Preferred	OTC
HAEMOLANCE MIS PLUS MAX	Preferred	OTC
HAEMOLANCE MIS PLUS PED	Preferred	OTC
HAEMOLANCE MIS RETRACT	Preferred	OTC
HLTHY ACCNTS MIS LANC 30G	Preferred	OTC
HM EMBRACE KIT TALK	Non Preferred	PA, QL (1 ea / year), OTC
HW EMBRACE MIS PRO	Non Preferred	PA, OTC
HW EMBRACE MIS TALK	Non Preferred	PA, OTC
HYPOLANCE KIT LANCING	Preferred	OTC
IGLUCOSE KIT	Non Preferred	PA, QL (1 ea / year), OTC
IN TOUCH MIS	Non Preferred	PA, OTC
INCONTROL MIS LANC 28G	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INCONTROL MIS LANC 30G	Preferred	OTC
INCONTROL MIS LANC 33G	Preferred	OTC
INFINITY KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
INFINITY KIT VOICE	Non Preferred	PA, QL (1 ea / year), OTC
KINNEY MIS LANCESTS	Preferred	OTC
KINNEY THIN MIS LANCESTS	Preferred	OTC
KROGER BGM KIT	Non Preferred	PA, QL (1 ea / year), OTC
KROGER BGM KIT PREMIUM	Non Preferred	PA, QL (1 ea / year), OTC
KROGER BGM KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
KROGER LANCE MIS	Preferred	OTC
KROGER LANCE MIS 26G	Preferred	OTC
KROGER LANCE MIS THIN	Preferred	OTC
KROGER LANCE MIS THIN 30G	Preferred	OTC
LANCET MICRO MIS THIN 33G	Preferred	OTC
LANCET STAND MIS 21G	Preferred	OTC
LANCET SUPER MIS THIN 30G	Preferred	OTC
LANCET ULTRA MIS 28G	Preferred	OTC
LANCET ULTRA MIS THIN 30G	Preferred	OTC
LANCETS MICR MIS THIN 33G	Preferred	OTC
LANCETS MIS	Preferred	OTC
LANCETS MIS 21G	Preferred	OTC
LANCETS MIS 21G COLR	Preferred	OTC
LANCETS MIS 26G	Preferred	OTC
LANCETS MIS 28G	Preferred	OTC
LANCETS MIS 30G	Preferred	OTC
LANCETS MIS 33G	Preferred	OTC
LANCETS MIS ORIGINAL	Preferred	OTC
LANCETS MIS THIN	Preferred	OTC
LANCETS MIS THIN 26G	Preferred	OTC
LANCETS MIS THIN 30G	Preferred	OTC
LANCETS SUPR MIS THIN 28G	Preferred	OTC
LANCETS THIN MIS	Preferred	OTC
LANCETS THIN MIS 26G	Preferred	OTC
LANCETS ULTR MIS THIN	Preferred	OTC
LB LANCET MIS 28G	Preferred	OTC
LIBERTY NEXT MIS MONITOR	Non Preferred	PA, OTC
LITE TOUCH MIS LANCESTS	Preferred	OTC
LITETOUCH MIS LANCESTS	Preferred	OTC
LONGS LANCET MIS STANDARD	Preferred	OTC
LONGS LANCET MIS THIN	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LONGS LANCET MIS ULTRA TH	Preferred	OTC
MEDICHOICE MIS LANCET	Preferred	OTC
MEDLANCE MIS 30G PLUS	Preferred	OTC
MEDLANCE MIS EXTR 21G	Preferred	OTC
MEDLANCE MIS LITE 25G	Preferred	OTC
MEDLANCE MIS PLUS	Preferred	OTC
MEDLANCE MIS PLUS 30G	Preferred	OTC
MEDLANCE MIS UNV 21G	Preferred	OTC
MEDLANCE PLS MIS 0.8MM	Preferred	OTC
MEDLANCE PLS MIS EXTR 21G	Preferred	OTC
MEDLANCE PLS MIS LITE 25G	Preferred	OTC
MEDLANCE PLS MIS UNIV 21G	Preferred	OTC
MEIJER BGM KIT ESSENTIA	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER BGM KIT PREMIUM	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER GLUCO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
MEIJER LANCE MIS COLOR	Preferred	OTC
MEIJER LANCE MIS UNIV 21G	Preferred	OTC
MEIJER LANCE MIS UNIV 30G	Preferred	OTC
MEIJER LANCE MIS UNIVERSA	Preferred	OTC
MEIJER MIS LANCETS	Preferred	OTC
MICRO THIN MIS LANC 33G	Preferred	OTC
MICRODOT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
MICROLET MIS LANCETS	Preferred	OTC
MINILINK RT MIS TRANSMIT	Non Preferred	PA
MINIMED 630G MIS TRANSMIT	Non Preferred	PA
MM TWIST MIS LANCETS	Preferred	OTC
MOBILE LANCE MIS 30G	Preferred	OTC
MONOLET MIS LANCETS	Preferred	OTC
MONOLET OPD MIS LANCETS	Preferred	OTC
MPD SFTY LAN MIS 21G	Preferred	OTC
MPD SFTY LAN MIS 23G	Preferred	OTC
MPD SFTY LAN MIS 28G	Preferred	OTC
MPD SFTY LAN MIS 30G	Preferred	OTC
MULTI-LANCET KIT DEVICE	Preferred	OTC
MYGLUCOHEALT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
MYGLUCOHEALT MIS LANC 30G	Preferred	OTC
NOVA MAX KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVA MAX MIS SYSTEM	Non Preferred	PA, OTC
NOVA SURE MIS LANCETS	Preferred	OTC
OMNIPOD KIT STARTER	Preferred	PA
OMNIPOD MIS 5 PACK	Preferred	PA
ONE TOUCH KIT VERIO FL	Preferred	QL (1 ea / year), OTC
ONETOUCH DEL MIS PLUS 30G	Preferred	OTC
ONETOUCH DEL MIS PLUS 33G	Preferred	OTC
ONETOUCH KIT ULT MINI	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT ULT MINI	Non Preferred	PA, QL (1 ea / year), OTC
ONETOUCH KIT ULTRA 2	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT ULTRALNK	Non Preferred	PA, QL (1 ea / year), OTC
ONETOUCH KIT VERIO	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT VERIO FL	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT VERIO IQ	Preferred	QL (1 ea / year), OTC
ONETOUCH KIT VERIO RE	Preferred	QL (1 ea / year), OTC
ONETOUCH MIS 30G	Preferred	OTC
ONETOUCH MIS LANCETS	Preferred	OTC
ONETOUCH US MIS LANCETS	Preferred	OTC
ONETOUCH VER KIT SYNC	Non Preferred	PA, QL (1 ea / year), OTC
OVAL TAPE MIS	Non Preferred	PA, OTC
PARADIGM REA MIS TRANSMIT	Non Preferred	PA
PC LANCETS MIS 30G	Preferred	OTC
PENLET II KIT BLOOD	Preferred	OTC
PERFECT 28G MIS LANCETS	Preferred	OTC
PERFECT 30G MIS LANCETS	Preferred	OTC
PHARM CHOICE MIS MINI	Non Preferred	PA, OTC
PHARMACY COU MIS LANCETS	Preferred	OTC
PIP LANCETS MIS 28G	Preferred	OTC
PIP LANCETS MIS 30G	Preferred	OTC
POCKETCHEM KIT EZ	Non Preferred	PA, QL (1 ea / year), OTC
POGO AUTOMAT MIS MONITOR	Non Preferred	PA, OTC
PREC NEO SYS KIT FREESTYL	Non Preferred	PA, QL (1 ea / year), OTC
PRECISION KIT XTRA	Non Preferred	PA, QL (1 ea / year), OTC
PREM V10 BLE MIS GLUC SYS	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREMIUM V10 MIS METER	Non Preferred	PA, OTC
PRO VOICE V8 MIS SYSTEM	Non Preferred	PA, OTC
PRO VOICE V9 MIS SYSTEM	Non Preferred	PA, OTC
PRODIGY AUTO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY AUTO MIS SYSTEM	Non Preferred	PA, OTC
PRODIGY KIT NO CODIN	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY MIS 26G	Preferred	OTC
PRODIGY MIS 28G	Preferred	OTC
PRODIGY PCKT KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
PRODIGY VOIC KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
PSS SAFE LAN MIS	Preferred	OTC
PSS SEL LANC MIS	Preferred	OTC
PURE COMFORT MIS 30G LAN	Preferred	OTC
PX LANCETS MIS 28G	Preferred	OTC
PX LANCETS MIS 33G	Preferred	OTC
PX LANCETS MIS ULT THIN	Preferred	OTC
QC LANCETS MIS 28G	Preferred	OTC
QC LANCETS MIS 30G	Preferred	OTC
QUICKTEK KIT	Non Preferred	PA, OTC
QUICKTEK KIT	Non Preferred	PA, QL (1 ea / year), OTC
QUINTET AC MIS SYSTEM	Non Preferred	PA, OTC
QUINTET MIS SYSTEM	Non Preferred	PA, OTC
RA E-ZJECT MIS 28G	Preferred	OTC
RA E-ZJECT MIS THIN 26G	Preferred	OTC
RA E-ZJECT MIS THIN 28G	Preferred	OTC
RA E-ZJECT MIS ULT THIN	Preferred	OTC
READYLANCE MIS 21G	Preferred	OTC
READYLANCE MIS 23G	Preferred	OTC
READYLANCE MIS 26G	Preferred	OTC
READYLANCE MIS 28G	Preferred	OTC
READYLANCE MIS 30G	Preferred	OTC
REALITY MIS LANCETS	Preferred	OTC
REALITY TRIG MIS LANCETS	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
REFUAH PLUS KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
RELION ALL- MIS IN-ONE	Non Preferred	PA, OTC
RELION KIT LANCING	Preferred	OTC
RELION KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
RELION LANCE MIS THIN 26G	Preferred	OTC
RELION LANCE MIS THIN 30G	Preferred	OTC
RELION MICRO KIT	Non Preferred	PA, QL (1 ea / year), OTC
RELION MICRO MIS THIN 33G	Preferred	OTC
RELION PREMI KIT COMP SYS	Non Preferred	PA, QL (1 ea / year), OTC
RELION PREMI MIS MONITOR	Non Preferred	PA, OTC
RELION PRIME MIS MONITOR	Non Preferred	PA, OTC
RELION ULTIM KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
RELION ULTRA MIS THIN 30G	Preferred	OTC
RELION ULTRA MIS THIN PLS	Preferred	OTC
RIGHTEST MIS GL300	Preferred	OTC
RIGHTEST SYS KIT GM100	Non Preferred	PA, QL (1 ea / year), OTC
RIGHTEST SYS KIT GM300	Non Preferred	PA, QL (1 ea / year), OTC
RIGHTEST SYS KIT GM550	Non Preferred	PA, QL (1 ea / year), OTC
RIGHTEST SYS MIS GT333	Non Preferred	PA, OTC
SAFE-T-LANCE MIS 21G	Preferred	OTC
SAFE-T-LANCE MIS 25G	Preferred	OTC
SAFE-T-PRO MIS LANCETS	Preferred	OTC
SAFE-T-PRO MIS PLUS	Preferred	OTC
SAFETY 30G MIS LANCETS	Preferred	OTC
SAPS TWIST MIS 30G	Preferred	OTC
SB LANCETS MIS THIN	Preferred	OTC
SB LANCETS MIS ULTR THN	Preferred	OTC
SELECT-LITE KIT DEV/LANC	Preferred	OTC
SM LANCETS MIS 33G	Preferred	OTC
SMART SENSE KIT GLUC SYS	Non Preferred	PA, QL (1 ea / year), OTC
SMART SENSE MIS LANC 21G	Preferred	OTC
SMART SENSE MIS LANC 26G	Preferred	OTC
SMART SENSE MIS LANC 30G	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SMART SENSE MIS LANC 33G	Preferred	OTC
SMARTEST KIT EJECT	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST KIT PERSONA	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST KIT PRONTO	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST KIT PROTEGE	Non Preferred	PA, QL (1 ea / year), OTC
SMARTEST MIS EJECT	Non Preferred	PA, OTC
SMARTEST MIS PROTEGE	Non Preferred	PA, OTC
SOFTCLIX MIS LANCETS	Preferred	OTC
SOLUS V2 KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
SOLUS V2 MIS AUDIBLE	Non Preferred	PA, OTC
SOLUS V2 MIS LANC 30G	Preferred	OTC
STERILANCE MIS TL 28G	Preferred	OTC
STERILANCE MIS TL 30G	Preferred	OTC
STERILANCE MIS TL 32G	Preferred	OTC
SUPER THIN MIS LANC 28G	Preferred	OTC
SUPER THIN MIS LANCETS	Preferred	OTC
SURE COMFORT MIS LANCETS	Preferred	OTC
SURE-LANCE MIS 26G	Preferred	OTC
SURE-LANCE MIS LANCETS	Preferred	OTC
SURE-TEST MIS EASYPLUS	Non Preferred	PA, OTC
SURE-TOUCH MIS UNV LANC	Preferred	OTC
SUREFLEX MIS LANCETS	Preferred	OTC
SURELITE MIS LANCETS	Preferred	OTC
TECHLITE AST MIS LANCETS	Preferred	OTC
TECHLITE MIS LANC 30G	Preferred	OTC
TECHLITE MIS LANCETS	Preferred	OTC
TGT LANCET MIS 26G	Preferred	OTC
TGT LANCET MIS 30G	Preferred	OTC
TGT LANCET MIS 33G	Preferred	OTC
THIN LANCETS MIS 26G	Preferred	OTC
THIN LANCETS MIS 30G	Preferred	OTC
THINLETS GP MIS 26G	Preferred	OTC
TOPCARE MIS LANC 33G	Preferred	OTC
TRUE2GO KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUE COMFORT MIS LANC 30G	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TRUE FOCUS MIS METER	Non Preferred	PA, OTC
TRUE METRIX KIT AIR	Non Preferred	PA, QL (1 ea / year), OTC
TRUE METRIX KIT METER	Non Preferred	PA, QL (1 ea / year), OTC
TRUE METRIX MIS	Non Preferred	PA, OTC
TRUE METRIX MIS AIR	Non Preferred	PA, OTC
TRUERESULT KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUERESULT KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK KIT MONITOR	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK KIT SYSTEM	Non Preferred	PA, QL (1 ea / year), OTC
TRUETRACK MIS BLD GLC	Non Preferred	PA, OTC
TRUPLUS LANC MIS 26G	Preferred	OTC
TRUPLUS LANC MIS 28G	Preferred	OTC
TRUPLUS LANC MIS 30G	Preferred	OTC
TRUPLUS LANC MIS 33G	Preferred	OTC
ULTILET MIS 26G	Preferred	OTC
ULTILET MIS 28G	Preferred	OTC
ULTILET MIS 33G	Preferred	OTC
ULTILET MIS LANCETS	Preferred	OTC
ULTRA THIN MIS 33G	Preferred	OTC
ULTRA THIN MIS LAN 31G	Preferred	OTC
ULTRA THIN MIS LANC 28G	Preferred	OTC
ULTRA THIN MIS LANC 30G	Preferred	OTC
ULTRA THIN MIS LANCETS	Preferred	OTC
UNILET CMFR MIS TCH 28G	Preferred	OTC
UNILET CMFR MIS TCH 30G	Preferred	OTC
UNILET EX II MIS 28G	Preferred	OTC
UNILET EXCEL MIS 23G	Preferred	OTC
UNILET G.P MIS SUPR 23G	Preferred	OTC
UNILET G.P. MIS 21G	Preferred	OTC
UNILET GP 28 MIS ULT THIN	Preferred	OTC
UNILET LANCE MIS 21G	Preferred	OTC
UNILET LANCE MIS 28G	Preferred	OTC
UNILET LANCE MIS 33G	Preferred	OTC
UNILET LANCT MIS 28G	Preferred	OTC
UNILET LANCT MIS 30G	Preferred	OTC
UNILET LANCT MIS 33G	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNILET MICRO MIS 33G	Preferred	OTC
UNILET MIS 21G	Preferred	OTC
UNILET SUPER MIS 23G	Preferred	OTC
UNILET SUPER MIS G.P. 23G	Preferred	OTC
UNIVERSAL 1 MIS 33G	Preferred	OTC
UNIVERSAL 1 MIS LANC 26G	Preferred	OTC
UNIVERSAL 1 MIS LANC 30G	Preferred	OTC
V10/V12/D10/ KIT D20/FORA	Non Preferred	PA, OTC
V-GO 20 KIT	Non Preferred	PA
V-GO 30 KIT	Non Preferred	PA
V-GO 40 KIT	Non Preferred	PA
VERASENS KIT	Non Preferred	PA, QL (1 ea / year), OTC
VERASENS MIS METER	Non Preferred	PA, OTC
VIVAGUARD MIS 30G	Preferred	OTC
VIVAGUARD MIS INO	Non Preferred	PA, OTC
VIVAGUARD MIS INO SMRT	Non Preferred	PA, OTC
WAVENSENSE KIT AMP	Non Preferred	PA, QL (1 ea / year), OTC
ZEVRX TWIST MIS LANC 30G	Preferred	OTC

#### **MISC. DEVICES**

ALCOH-WIPE MIS 12"X12"	Preferred	QL (8 ea per day)
ALCOHOL SWABS	Preferred	QL (8 ea per day), OTC
ESSENTRA MIS 9X9"	Preferred	QL (8 ea per day)

#### **PARENTERAL THERAPY SUPPLIES**

ABOUTTIME MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
ABOUTTIME MIS 31GX3/16	Non Preferred	PA, OTC
ABOUTTIME MIS 31GX5/16	Non Preferred	PA, OTC
ABOUTTIME MIS 32GX5/32	Non Preferred	PA, OTC
ASSURE ID MIS 1ML/31G	Non Preferred	PA, OTC
ASSURE ID MIS 30GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
ASSURE ID MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ASSURE ID MIS 31GX3/16	Non Preferred	PA, OTC
AUM PEN NEED MIS 33GX4MM	Non Preferred	PA, OTC
AUM PEN NEED MIS 33GX5MM	Non Preferred	PA, OTC
AUM PEN NEED MIS 33GX6MM	Non Preferred	PA, OTC
AUTOSHIELD MIS 29X3/16"	Non Preferred	PA, QL (8 ea per day), OTC
AUTOSHIELD MIS 29X5/16"	Non Preferred	PA, QL (8 ea per day), OTC
AUTOSHIELD MIS 30GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
BD PEN NEEDL MIS 29GX12.7	Non Preferred	PA, OTC
BD PEN NEEDL MIS 31GX5MM	Non Preferred	PA, OTC
BD PEN NEEDL MIS 31GX8MM	Non Preferred	PA, OTC
BD PEN NEEDL MIS 32GX4MM	Non Preferred	PA
BD PEN NEEDL MIS 32GX4MM	Non Preferred	PA, OTC
BD PEN NEEDL MIS 32GX5/32	Non Preferred	PA, OTC
BD PEN NEEDL MIS 32GX6MM	Non Preferred	PA, OTC
CAREFINE MIS 31GX8MM	Non Preferred	PA, OTC
CAREFINE MIS 32GX4MM	Non Preferred	PA, OTC
CAREFINE MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
CAREFINE MIS 32GX6MM	Non Preferred	PA, OTC
CARETOUCH MIS 31GX5MM	Non Preferred	PA, OTC
CARETOUCH MIS 31GX6MM	Non Preferred	PA, OTC
CARETOUCH MIS 31GX8MM	Non Preferred	PA, OTC
CARETOUCH MIS 32GX4MM	Non Preferred	PA, OTC
CARETOUCH MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
CLICKFINE MIS 31GX1/4"	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CLICKFINE MIS 31GX3/16	Non Preferred	PA, OTC
CLICKFINE MIS 31GX5/16	Non Preferred	PA, OTC
CLICKFINE MIS 31GX8MM	Non Preferred	PA, OTC
CLICKFINE MIS 32GX5/32	Non Preferred	PA, OTC
COMFORT EZ MIS 29GX12MM	Non Preferred	PA, OTC
COMFORT EZ MIS 31GX5/16	Non Preferred	PA, OTC
COMFORT EZ MIS 31GX5MM	Non Preferred	PA, OTC
COMFORT EZ MIS 31GX6MM	Non Preferred	PA, OTC
COMFORT EZ MIS 31GX8MM	Non Preferred	PA, OTC
COMFORT EZ MIS 32GX4MM	Non Preferred	PA, OTC
COMFORT EZ MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
COMFORT EZ MIS 32GX6MM	Non Preferred	PA, OTC
COMFORT EZ MIS 32GX8MM	Non Preferred	PA, OTC
COMFORT EZ MIS 33GX4MM	Non Preferred	PA, OTC
COMFORT EZ MIS 33GX5MM	Non Preferred	PA, OTC
COMFORT EZ MIS 33GX6MM	Non Preferred	PA, OTC
COMFORT EZ MIS 33GX8MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 31GX4MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 31GX5MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 31GX6MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 31GX8MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 32GX4MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
COMFORT TOUC MIS 32GX6MM	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
COMFORT TOUC MIS 32GX8MM	Non Preferred	PA, OTC
COMFORT TOUC MIS 33GX1/4"	Non Preferred	PA, OTC
COMFORT TOUC MIS 33GX3/16	Non Preferred	PA, OTC
COMFORT TOUC MIS 33GX5/32	Non Preferred	PA, OTC
DIATHRIVE MIS 31GX5MM	Non Preferred	PA, OTC
DIATHRIVE MIS 31GX6MM	Non Preferred	PA, OTC
DIATHRIVE MIS 31GX8MM	Non Preferred	PA, OTC
DIATHRIVE MIS 32GX4MM	Non Preferred	PA, OTC
DROPLET MICR MIS 34GX9/64	Non Preferred	PA, OTC
EASY COMFORT MIS 31GX1/4"	Non Preferred	PA, OTC
EASY COMFORT MIS 31GX3/16	Non Preferred	PA, OTC
EASY COMFORT MIS 31GX5/16	Non Preferred	PA, OTC
EASY COMFORT MIS 32GX5/32	Non Preferred	PA, OTC
EASY TOUCH MIS 29GX1/2"	Non Preferred	PA, OTC
EASY TOUCH MIS 29GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
EASY TOUCH MIS 29GX8MM	Non Preferred	PA, QL (8 ea per day), OTC
EASY TOUCH MIS 30G	Non Preferred	PA, OTC
EASY TOUCH MIS 31GX1/4"	Non Preferred	PA, OTC
EASY TOUCH MIS 31GX3/16	Non Preferred	PA, OTC
EASY TOUCH MIS 31GX5/16	Non Preferred	PA, OTC
EASY TOUCH MIS 32GX1/4"	Non Preferred	PA, OTC
EASY TOUCH MIS 32GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
EASY TOUCH MIS 32GX5/32	Non Preferred	PA, OTC
EASY TOUCH MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EASY TOUCH MIS 32GX6MM	Non Preferred	PA, OTC
FIFTY50 MIS 31GX3/16	Non Preferred	PA, OTC
FIFTY50 MIS 31GX5/16	Non Preferred	PA, OTC
FIFTY50 MIS 31GX5MM	Non Preferred	PA, OTC
FIFTY50 PEN MIS 31GX8MM	Non Preferred	PA, OTC
FIFTY50 PEN MIS 32GX4MM	Non Preferred	PA, OTC
FIFTY50 PEN MIS 32GX6MM	Non Preferred	PA, OTC
GNP ULTICARE MIS 31GX5/16	Non Preferred	PA, OTC
GNP ULTICARE MIS 31GX5MM	Non Preferred	PA, OTC
GNP ULTICARE MIS 32GX1/4"	Non Preferred	PA, OTC
GNP ULTICARE MIS 32GX5/32	Non Preferred	PA, OTC
HM INSULIN S MIS 0.3/31G	Non Preferred	PA, OTC
HM INSULIN S MIS 1ML/30G	Non Preferred	PA, OTC
HM ULTICARE MIS 31GX8MM	Non Preferred	PA, OTC
IN CONTROL MIS 31GX3/16	Non Preferred	PA, OTC
IN CONTROL MIS 31GX5MM	Non Preferred	PA, OTC
IN CONTROL MIS 31GX6MM	Non Preferred	PA, OTC
IN CONTROL MIS 31GX8MM	Non Preferred	PA, OTC
INCONTROL MIS 29GX12MM	Non Preferred	PA, OTC
INS SY 0.3ML MIS 30GX1/2"	Non Preferred	PA, OTC
INS SY 0.3ML MIS 31GX5/16	Non Preferred	PA, OTC
INS SY 0.5ML MIS 30GX1/2"	Non Preferred	PA, OTC
INS SY 0.5ML MIS 30GX5/16	Non Preferred	PA, OTC
INS SY 1/2ML MIS 30GX1/2"	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INS SYR 1ML MIS 30GX1/2"	Non Preferred	PA, OTC
INS SYR 1ML MIS 30GX5/16	Non Preferred	PA, OTC
INS SYR 1ML MIS 31GX5/16	Non Preferred	PA, OTC
INS SYR .3ML MIS 30GX1/2"	Non Preferred	PA, OTC
INSULIN PEN MIS 29GX12MM	Non Preferred	PA, OTC
INSULIN PEN MIS 31GX4MM	Non Preferred	PA, OTC
INSULIN PEN MIS 31GX8MM	Non Preferred	PA, OTC
INSULIN SRYG MIS 1ML/32G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.3/29G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/29G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.3/30G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/30G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.3/31G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.3/31G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.3ML/30	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.3ML/31	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.5/27G	Non Preferred	PA, QL (8 ea per day), OTC
INSULIN SYRG MIS 0.5/28G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/28G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.5/29G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/29G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.5/30G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/30G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.5/31G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 0.5/31G	Non Preferred	PA, OTC
INSULIN SYRG MIS 0.5/32G	Non Preferred	PA, OTC
INSULIN SYRG MIS 1/2ML/30	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
INSULIN SYRG MIS 1/2ML/31	Non Preferred	PA, OTC
INSULIN SYRG MIS 1ML/25G	Non Preferred	PA, QL (8 ea per day), OTC
INSULIN SYRG MIS 1ML/26G	Non Preferred	PA, QL (8 ea per day), OTC
INSULIN SYRG MIS 1ML/27G	Non Preferred	PA, OTC
INSULIN SYRG MIS 1ML/27G	Non Preferred	PA, QL (8 ea per day), OTC
INSULIN SYRG MIS 1ML/28G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/28G	Non Preferred	PA, OTC
INSULIN SYRG MIS 1ML/29G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/29G	Non Preferred	PA, OTC
INSULIN SYRG MIS 1ML/30G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/30G	Non Preferred	PA, OTC
INSULIN SYRG MIS 1ML/31G	Preferred	OTC; TRUEPLUS
INSULIN SYRG MIS 1ML/31G	Non Preferred	PA, OTC
INSULIN SYRG MIS 2/27.5G	Non Preferred	PA, OTC
INSULIN SYRG MIS 27GX1/2"	Non Preferred	PA, OTC
INSULIN SYRG MIS 27GX1/2"	Non Preferred	PA, QL (8 ea per day), OTC
INSULIN SYRG MIS 28GX1/2"	Non Preferred	PA, OTC
INSULIN SYRG MIS 29GX1/2"	Non Preferred	PA, OTC
INSULIN SYRG MIS 30GX1/2"	Non Preferred	PA, OTC
INSULIN SYRG MIS 30GX5/16	Non Preferred	PA, OTC
INSULIN SYRG MIS 31GX5/16	Non Preferred	PA, OTC
INSULIN SYRI MIS 0.3/31G	Non Preferred	PA, OTC
INSULIN SYRINGE (DISP) U-100 1 ML	Non Preferred	PA, QL (5 ea per day), OTC
INSULIN SYRINGE (DISP) U-100 1 ML - RX	Non Preferred	PA, QL (5 ea per day)
INSULIN SYRINGE/NEEDLE- RX	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
INSUPEN MIS 29GX12MM	Non Preferred	PA, OTC	
INSUPEN MIS 31GX5MM	Non Preferred	PA, OTC	
INSUPEN MIS 31GX8MM	Non Preferred	PA, OTC	
INSUPEN MIS 32GX4MM	Non Preferred	PA, OTC	
INSUPEN MIS 33GX4MM	Non Preferred	PA, OTC	
INSUPEN SENS MIS 32GX6MM	Non Preferred	PA, OTC	
INSUPEN SENS MIS 32GX8MM	Non Preferred	PA, OTC	
INSUPEN ULTR MIS 30GX8MM	Non Preferred	PA, QL (8 ea per day), OTC	
INSUPEN ULTR MIS 31GX6MM	Non Preferred	PA, OTC	
INSUPEN ULTR MIS 31GX8MM	Non Preferred	PA, OTC	
LITETOUCH MIS 29GX12.7	Non Preferred	PA, OTC	
LITETOUCH MIS 31GX8MM	Non Preferred	PA, OTC	
10ML LL SYRN MIS 22GX1"	Preferred	OTC	
5ML LL SYRNG MIS 21GX1"	Preferred	OTC	
3ML LL SYRNG MIS 25GX5/8"	Preferred		
3ML LL SYRNG MIS 25GX5/8"	Preferred	OTC	
3ML LUER LOC MIS 25GX5/8"	Preferred	OTC	
LUER-LOK SYR MIS 1ML/20G	Preferred	QL (100 ea / 75 days), OTC	
MAXICOMFORT MIS 27GX1/2	Non Preferred	PA, QL (8 ea per day), OTC	
MAXICOMFORT MIS 27GX1/2"	Non Preferred	PA, OTC	
MAXICOMFORT MIS 31GX1/4"	Non Preferred	PA, OTC	
MM PENTIPS MIS 29GX12MM	Non Preferred	PA	
MM PENTIPS MIS 31GX5MM	Non Preferred	PA	
MM PENTIPS MIS 31GX8MM	Non Preferred	PA	
MM PENTIPS MIS 32GX4MM	Non Preferred	PA	
NEEDLE (DISP) 18 X 1-1/2"	Preferred	OTC	
NEEDLE (DISP) 18 X 1-1/2"- RX	Preferred		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOFINE AUT MIS 30GX8MM	Non Preferred	PA, QL (8 ea per day), OTC
NOVOFINE MIS 32GX6MM	Non Preferred	PA, OTC
NOVOFINE PLS MIS 32GX4MM	Non Preferred	PA, OTC
NOVOTWIST MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLE MIS 29GX1/2"	Non Preferred	PA, OTC
PEN NEEDLE MIS 29GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLE MIS 29GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLE MIS 31GX3/16	Non Preferred	PA, OTC
PEN NEEDLE MIS 31GX5/16	Non Preferred	PA, OTC
PEN NEEDLE MIS 31GX5MM	Non Preferred	PA, OTC
PEN NEEDLE MIS 31GX6MM	Non Preferred	PA, OTC
PEN NEEDLE MIS 31GX8MM	Non Preferred	PA, OTC
PEN NEEDLE MIS 32GX1/4"	Non Preferred	PA, OTC
PEN NEEDLE MIS 32GX4MM	Non Preferred	PA, OTC
PEN NEEDLE MIS 32GX5/32	Non Preferred	PA, OTC
PEN NEEDLE MIS 32GX6MM	Non Preferred	PA, OTC
PEN NEEDLE MIS 33GX4MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 29GX1/2"	Non Preferred	PA, OTC
PEN NEEDLES MIS 29GX12.7	Preferred	OTC; TRUEPLUS
PEN NEEDLES MIS 29GX12.7	Non Preferred	PA, OTC
PEN NEEDLES MIS 29GX12MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 30GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLES MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLES MIS 30GX5MM	Non Preferred	PA, QL (8 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PEN NEEDLES MIS 30GX8MM	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLES MIS 31GX1/4"	Non Preferred	PA, OTC
PEN NEEDLES MIS 31GX3/16	Non Preferred	PA, OTC
PEN NEEDLES MIS 31GX5/16	Non Preferred	PA, OTC
PEN NEEDLES MIS 31GX5MM	Preferred	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX5MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 31GX6MM	Preferred	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX6MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 31GX8MM	Preferred	OTC; TRUEPLUS
PEN NEEDLES MIS 31GX8MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX1/4	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX1/4"	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLES MIS 32GX4MM	Preferred	OTC; TRUEPLUS
PEN NEEDLES MIS 32GX4MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX5/16	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX5/32	Non Preferred	PA, OTC
PEN NEEDLES MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
PEN NEEDLES MIS 32GX6MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 33GX4MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 33GX5/32	Non Preferred	PA, OTC
PEN NEEDLES MIS 33GX5MM	Non Preferred	PA, OTC
PEN NEEDLES MIS 33GX6MM	Non Preferred	PA, OTC
PENTIPS MIS 29GX12MM	Non Preferred	PA
PENTIPS MIS 29GX12MM	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PENTIPS MIS 31GX5MM	Non Preferred	PA
PENTIPS MIS 31GX5MM	Non Preferred	PA, OTC
PENTIPS MIS 31GX6MM	Non Preferred	PA, OTC
PENTIPS MIS 31GX8MM	Non Preferred	PA
PENTIPS MIS 31GX8MM	Non Preferred	PA, OTC
PENTIPS MIS 32GX4MM	Non Preferred	PA
PENTIPS MIS 32GX4MM	Non Preferred	PA, OTC
PREVENT DROP MIS 31GX1/4"	Non Preferred	PA, OTC
PREVENT DROP MIS 31GX5/16	Non Preferred	PA, OTC
PREVENT SAFE MIS 31GX1/4"	Non Preferred	PA, OTC
PREVENT SAFE MIS 31GX5/16	Non Preferred	PA, OTC
PRO COMFORT MIS 0.5/30G	Non Preferred	PA, OTC
PRO COMFORT MIS 0.5/31G	Non Preferred	PA, OTC
PRO COMFORT MIS 1ML/30G	Non Preferred	PA, OTC
PRO COMFORT MIS 1ML/31G	Non Preferred	PA, OTC
PRO COMFORT MIS 31GX8MM	Non Preferred	PA
PRO COMFORT MIS 32GX4MM	Non Preferred	PA
PRO COMFORT MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day)
PRO COMFORT MIS 32GX6MM	Non Preferred	PA, OTC
PURE COMFORT MIS 32GX4MM	Non Preferred	PA, OTC
PURE COMFORT MIS 32GX5MM	Non Preferred	PA, QL (8 ea per day), OTC
PURE COMFORT MIS 32GX6MM	Non Preferred	PA, OTC
PURE COMFORT MIS 32GX8MM	Non Preferred	PA, OTC
RA PEN NEEDL MIS 31GX3/16	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RELION PEN MIS 29GX12MM	Non Preferred	PA, OTC
RELION PEN MIS 31GX1/4"	Non Preferred	PA, OTC
RELION PEN MIS 31GX5/16	Non Preferred	PA, OTC
RELION PEN MIS 31GX6MM	Non Preferred	PA, OTC
RELION PEN MIS 31GX8MM	Non Preferred	PA, OTC
RELION PEN MIS 32GX4MM	Non Preferred	PA, OTC
RELION PEN MIS 32GX5/32	Non Preferred	PA, OTC
SECURESAFE MIS 0.5/29G	Non Preferred	PA, OTC
SECURESAFE MIS 1ML/29G	Non Preferred	PA, OTC
SECURESAFE MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
SHARP CONTAI MIS	Preferred	
SHARPS CONT MIS 14QT	Preferred	
SHARPS CONTAINER - MISC	Preferred	OTC
SURE COMFORT MIS 0.5/31G	Non Preferred	PA, OTC
SURE COMFORT MIS 29GX1/2"	Non Preferred	PA, OTC
SURE COMFORT MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
SURE COMFORT MIS 31GX3/16	Non Preferred	PA, OTC
SURE COMFORT MIS 31GX5/16	Non Preferred	PA, OTC
SURE COMFORT MIS 31GX6MM	Non Preferred	PA, OTC
SURE COMFORT MIS 32GX5/32	Non Preferred	PA, OTC
SURE COMFORT MIS 32GX6MM	Non Preferred	PA, OTC
SURE-FINE MIS 29GX1/2"	Non Preferred	PA, OTC
SURE-FINE MIS 31GX3/16	Non Preferred	PA, OTC
SURE-FINE MIS 31GX5/16	Non Preferred	PA, OTC
SYRINGE (DISPOSABLE) 3 ML	Preferred	OTC
SYRINGE (DISPOSABLE) 3 ML - RX	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYRINGE MIS 0.5/30G	Non Preferred	PA, OTC
5ML SYRINGE MIS 21GX1"	Preferred	OTC
10ML SYRINGE MIS 22GX1"	Preferred	OTC
3ML SYRINGE MIS 25GX5/8"	Preferred	
3ML SYRINGE MIS 25GX5/8"	Preferred	OTC
1ML SYRINGE MIS 29G	Non Preferred	PA, OTC
1ML SYRINGE MIS 30G	Non Preferred	PA, OTC
SYRINGE/NEEDLE (DISP) 3 ML 22 X 1"	Preferred	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1"	Preferred	OTC
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1" - RX	Preferred	
5ML SYRINGES MIS 21GX1"	Preferred	OTC
1.5 ML SYRNG MIS 22X1-1/2	Preferred	OTC
1ST TIER UNI MIS 29GX12MM	Non Preferred	PA, OTC
1ST TIER UNI MIS 31GX5MM	Non Preferred	PA, OTC
1ST TIER UNI MIS 31GX6MM	Non Preferred	PA, OTC
1ST TIER UNI MIS 31GX8MM	Non Preferred	PA, OTC
1ST TIER UNI MIS 32GX4MM	Non Preferred	PA, OTC
TIER UNI PLS MIS 31GX8MM	Non Preferred	PA, OTC
ULTICARE MIC MIS 32GX4MM	Non Preferred	PA, OTC
ULTICARE MIS 30GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
ULTICARE MIS 30GX5/16	Non Preferred	PA, QL (8 ea per day), OTC
ULTICARE PEN MIS 31GX5MM	Non Preferred	PA, OTC
ULTICARE PEN MIS 31GX6MM	Non Preferred	PA, OTC
ULTICARE PEN MIS 31GX8MM	Non Preferred	PA, OTC
ULTIGUARD MIS 31GX5MM	Non Preferred	PA, OTC
ULTIGUARD MIS 31GX6MM	Non Preferred	PA, OTC
ULTIGUARD MIS 31GX8MM	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ULTIGUARD MIS 32GX4MM	Non Preferred	PA, OTC
ULTIGUARD MIS 32GX6MM	Non Preferred	PA, OTC
ULTILET PEN MIS 29GX12.7	Non Preferred	PA, OTC
ULTILET PEN MIS 31GX5MM	Non Preferred	PA, OTC
ULTILET PEN MIS 31GX8MM	Non Preferred	PA, OTC
ULTILET PEN MIS 32GX4MM	Non Preferred	PA, OTC
ULTRA FLO MIS 31GX5MM	Non Preferred	PA, OTC
ULTRA FLO MIS 31GX8MM	Non Preferred	PA, OTC
ULTRA FLO MIS PEN NEED	Non Preferred	PA, OTC
UNFINE PNTP MIS 32GX4MM	Non Preferred	PA, OTC
UNFINE PLUS MIS 31GX1/4"	Non Preferred	PA, OTC
UNFINE PLUS MIS 31GX3/16	Non Preferred	PA, OTC
UNFINE PLUS MIS 31GX5/16	Non Preferred	PA, OTC
UNFINE PLUS MIS 32GX5/32	Non Preferred	PA, OTC
UNFINE PLUS MIS 33GX5/32	Non Preferred	PA, OTC
UNFINE PNTP MIS 29GX1/2"	Non Preferred	PA, OTC
UNFINE PNTP MIS 29GX12MM	Non Preferred	PA, OTC
UNFINE PNTP MIS 30GX3/16	Non Preferred	PA, QL (8 ea per day), OTC
UNFINE PNTP MIS 31GX3/16	Non Preferred	PA, OTC
UNFINE PNTP MIS 31GX5/16	Non Preferred	PA, OTC
UNFINE PNTP MIS 31GX5MM	Non Preferred	PA, OTC
UNFINE PNTP MIS 31GX6MM	Non Preferred	PA, OTC
UNFINE PNTP MIS 31GX8MM	Non Preferred	PA, OTC
UNFINE PNTP MIS 32GX4MM	Non Preferred	PA, OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
UNIFINE PNTP MIS 32GX5/32	Non Preferred	PA, OTC
UNIFINE PNTP MIS 32GX6MM	Non Preferred	PA, OTC
UNIFINE PNTP MIS 33GX4MM	Non Preferred	PA, OTC
UNIFINE ULTR MIS 31GX5MM	Non Preferred	PA, OTC
UNIFINE ULTR MIS 31GX6MM	Non Preferred	PA, OTC
UNIFINE ULTR MIS 31GX8MM	Non Preferred	PA, OTC
UNIFINE ULTR MIS 32GX4MM	Non Preferred	PA, OTC
ZEVRX MIS 31GX5MM	Non Preferred	PA, OTC
ZEVRX MIS 31GX6MM	Non Preferred	PA, OTC
ZEVRX MIS 31GX8MM	Non Preferred	PA, OTC
ZEVRX MIS 32GX4MM	Non Preferred	PA, OTC

#### **RESPIRATORY THERAPY SUPPLIES**

ADULT MASK MIS	Preferred	
AEROBIKA MIS	Preferred	
BREATHERITE MIS MDI CHMB	Preferred	
CO MONITOR MIS	Preferred	
EASY FLOW MIS BLCK/BLU	Preferred	OTC
EASY FLOW MIS BLCK/ORG	Preferred	OTC
EASY FLOW MIS BLCK/RED	Preferred	OTC
EASY FLOW MIS BLCK/WHT	Preferred	OTC
EASY FLOW MIS BLCK/YEL	Preferred	OTC
EASY FLOW MIS WHT/BLUE	Preferred	OTC
EASY FLOW MIS WHT/GREE	Preferred	OTC
EASY FLOW MIS WHT/PINK	Preferred	OTC
EASY FLOW MIS WHT/WHT	Preferred	OTC
EASY FLOW MIS WHT/YELL	Preferred	OTC
IN-CHK DIAL MIS TRAINER	Preferred	
IN-CHK FLOW MIS METER	Preferred	
NEBULIZER MIS CUP/TUBI	Preferred	OTC
OBBRA TABLE MIS COMPRESS	Preferred	
ONE FLOW MIS SPIROMTR	Preferred	
PARI MANUAL MIS INTERRUP	Preferred	
PARI TREK S KIT COMBO	Preferred	
PEAK FLOW METER	Preferred	OTC
PFT FILTER MIS 1000	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PFT FILTER MIS 2000	Preferred	
PFT FILTER MIS 3000	Preferred	
PFT FILTER MIS 4000	Preferred	
PFT FILTER MIS 5000	Preferred	
PFT FILTER MIS 6000	Preferred	
PFT FILTER MIS 7000	Preferred	
PURE COMFORT MIS 3-BALL	Preferred	OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)	Preferred	QL (1 ea / year), OTC
RESPIRATORY THERAPY SUPPLIES - MISC (MASK)- RX	Preferred	QL (1 ea / year)
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE	Preferred	QL (1 ea / year), OTC
SPACER/AEROSOL-HOLDING CHAMBERS - DEVICE- RX	Preferred	QL (1 ea / year)
SPIRO PD MIS	Preferred	
THRESHOLD MIS PEP	Preferred	
VORTEX/MASK MIS CHILDS	Preferred	
VORTEX/MASK MIS TODDLER	Preferred	

### **MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES**

#### **CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG**

AIMOVIG INJ 70MG/ML	Preferred	PA
AIMOVIG INJ 140MG/ML	Preferred	PA
AJOVY INJ 225/1.5	Preferred	PA
AJOVY INJ 225/1.5	Preferred	PA
EMGALITY INJ 100MG/ML	Non Preferred	PA
EMGALITY INJ 120MG/ML	Non Preferred	PA
NURTEC TAB 75MG ODT	Preferred	PA
QULIPTA TAB 10MG	Preferred	PA
QULIPTA TAB 30MG	Preferred	PA
QULIPTA TAB 60MG	Preferred	PA
UBRELVY TAB 50MG	Preferred	PA
UBRELVY TAB 100MG	Preferred	PA
VYEPTI INJ 100MG/ML	Non Preferred	SP, PA

### **MIGRAINE COMBINATIONS**

CAFERGOT TAB 1-100MG	Non Preferred	PA
<i>migergot sup 2/100</i>	Preferred	
SUMANSETRON PAK	Non Preferred	PA
<i>sumatriptan-naproxen sodium tab 85-500 mg (generic of TREXIMET)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TREXIMET TAB 85-500MG	Non Preferred	PA
<b>MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES</b>		
dihydroergotamine mesylate nasal spray 4 mg/ml (generic of MIGRALAN)	Non Preferred	PA
MIGRALAN SPR 4MG/ML	Non Preferred	PA
TRUDHESA AER 0.725MG	Non Preferred	PA
<b>MIGRAINE PRODUCTS - NSAIDS</b>		
CAMBIA POW 50MG	Non Preferred	PA
ELYXYB SOL 120/4.8	Non Preferred	PA
<b>SEROTONIN AGONISTS</b>		
almotriptan malate tab 6.25 mg	Non Preferred	PA
almotriptan malate tab 12.5 mg	Non Preferred	PA
AMERGE TAB 1MG	Non Preferred	PA, QL (9 ea / 25 days)
AMERGE TAB 2.5MG	Non Preferred	PA, QL (9 ea / 25 days)
eletriptan hydrobromide tab 20 mg (base equivalent) (generic of RELPAX)	Non Preferred	PA
eletriptan hydrobromide tab 40 mg (base equivalent) (generic of RELPAX)	Non Preferred	PA
FROVA TAB 2.5MG	Non Preferred	PA
frovatriptan succinate tab 2.5 mg (base equivalent) (generic of FROVA)	Non Preferred	PA
IMITREX INJ 4MG/0.5	Non Preferred	PA
IMITREX INJ 6MG/0.5	Non Preferred	PA
IMITREX SPR 5MG/ACT	Non Preferred	PA, QL (6 ea / 20 days)
IMITREX SPR 20MG/ACT	Non Preferred	PA, QL (6 ea / 20 days)
IMITREX TAB 25MG	Non Preferred	PA, QL (9 ea / 25 days)
IMITREX TAB 50MG	Non Preferred	PA, QL (9 ea / 25 days)
IMITREX TAB 100MG	Non Preferred	PA, QL (9 ea / 25 days)
MAXALT TAB 10MG	Non Preferred	PA, QL (12 ea / 25 days)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
MAXALT-MLT TAB 10MG	Non Preferred	PA, QL (12 ea / 25 days)	
<i>naratriptan hcl tab 1 mg (base equiv) (generic of AMERGE)</i>	Non Preferred	PA, QL (9 ea / 25 days)	
<i>naratriptan hcl tab 2.5 mg (base equiv) (generic of AMERGE)</i>	Non Preferred	PA, QL (9 ea / 25 days)	
ONZETRA XSAI MIS 11MG	Non Preferred	PA	
RELPAX TAB 20MG	Non Preferred	PA	
RELPAX TAB 40MG	Non Preferred	PA	
REYVOW TAB 50MG	Non Preferred	PA	
REYVOW TAB 100MG	Non Preferred	PA	
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Preferred	QL (12 ea / 25 days)	
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq) (generic of MAXALT-MLT)</i>	Preferred	QL (12 ea / 25 days)	
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Preferred	QL (12 ea / 25 days)	
<i>rizatriptan benzoate tab 10 mg (base equivalent) (generic of MAXALT)</i>	Preferred	QL (12 ea / 25 days)	
<i>sumatriptan nasal spray 5 mg/act (generic of IMITREX)</i>	Preferred	QL (6 ea / 20 days)	
<i>sumatriptan nasal spray 20 mg/act (generic of IMITREX)</i>	Preferred	QL (6 ea / 20 days)	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Preferred	QL (4 mL / 25 days)	
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	Preferred		
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml (generic of IMITREX STATDOSE SYSTEM)</i>	Preferred		
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	Preferred		
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml (generic of IMITREX STATDOSE REFILL)</i>	Preferred		
<i>sumatriptan succinate tab 25 mg (generic of IMITREX)</i>	Preferred	QL (9 ea / 25 days)	
<i>sumatriptan succinate tab 50 mg (generic of IMITREX)</i>	Preferred	QL (9 ea / 25 days)	
<i>sumatriptan succinate tab 100 mg (generic of IMITREX)</i>	Preferred	QL (9 ea / 25 days)	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TOSYMRA SOL 10MG	Non Preferred	PA
ZEMBRACE SYM INJ 3/0.5ML	Non Preferred	PA
<i>zolmitriptan nasal spray 2.5 mg/spray unit (generic of ZOMIG)</i>	Non Preferred	PA
<i>zolmitriptan nasal spray 5 mg/spray unit (generic of ZOMIG)</i>	Non Preferred	PA
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Non Preferred	PA
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Non Preferred	PA
<i>zolmitriptan tab 2.5 mg (generic of ZOMIG)</i>	Non Preferred	PA
<i>zolmitriptan tab 5 mg (generic of ZOMIG)</i>	Non Preferred	PA
ZOMIG SPR 2.5MG	Non Preferred	PA
ZOMIG SPR 5MG	Non Preferred	PA
ZOMIG TAB 2.5MG	Non Preferred	PA
ZOMIG TAB 5MG	Non Preferred	PA

## **MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION**

### **CALCIUM**

<i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i>	Preferred	OTC
<i>calcium carbonate-cholecalciferol tab 600 mg-800 unit</i>	Preferred	OTC
<i>calcium citrate-vitamin d tab 200 mg-250 unit (elemental ca)</i>	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
calcium citrate-vitamin d tab 315 mg-200 unit (elemental ca)	Preferred	OTC
calcium citrate-vitamin d tab 315 mg-250 unit (elemental ca)	Preferred	OTC
calcium-magnesium-zinc tab 333-133-5 mg	Preferred	OTC
oys shell+d tab 250-125	Preferred	OTC
oyster shell calcium tab 500 mg	Preferred	OTC
RISACAL-D TAB	Preferred	OTC
<b>ELECTROLYTE MIXTURES</b>		
oral electrolyte solution	Preferred	OTC
<b>FLUORIDE</b>		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride chew tab 1 mg f (from 2.2 mg naf)	Preferred	QL (1 ea per day)
sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)	Preferred	QL (1.67 mL per day)
<b>MAGNESIUM</b>		
magnesium oxide tab 400 mg (240 mg elemental mg)	Preferred	OTC
magnesium oxide tab 400 mg (241.3 mg elemental mg)	Preferred	OTC
magnesium oxide tab 500 mg (mg supplement)	Preferred	OTC
magnesium tab 250 mg	Preferred	OTC
<b>PHOSPHATE</b>		
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Preferred	QL (4 ea per day)
<b>POTASSIUM</b>		
klor-con 8 tab 8meq er	Preferred	QL (4 ea per day)
klor-con 10 tab 10meq er	Preferred	QL (4 ea per day)
potassium bicarbonate effer tab 25 meq	Preferred	QL (2 ea per day)
potassium chloride cap er 8 meq	Preferred	QL (4 ea per day)
potassium chloride cap er 10 meq	Preferred	QL (4 ea per day)
potassium chloride microencapsulated crys er tab 10 meq	Preferred	QL (4 ea per day)
potassium chloride microencapsulated crys er tab 20 meq	Preferred	QL (5 ea per day)
potassium chloride oral soln 10% (20 meq/15ml)	Preferred	
potassium chloride oral soln 20% (40 meq/15ml)	Preferred	
potassium chloride tab er 8 meq (600 mg)	Preferred	QL (4 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>potassium chloride tab er 10 meq</i>	Preferred	QL (4 ea per day)
<i>potassium chloride tab er 20 meq (1500 mg) (generic of K-TAB)</i>	Preferred	QL (5 ea per day)
<b>SODIUM</b>		
<i>sodium chloride tab 1 gm</i>	Preferred	OTC
<b>ZINC</b>		
<i>zinc sulfate cap 220 mg (50 mg elemental zn)</i>	Preferred	OTC
<b>MISCELLANEOUS THERAPEUTIC CLASSES</b>		
<b>CHELATING AGENTS</b>		
<i>CUPRIMINE CAP 250MG</i>	Non Preferred	PA
<i>DEPEN TITRA TAB 250MG</i>	Preferred	
<i>penicillamine cap 250 mg (generic of CUPRIMINE)</i>	Preferred	
<i>penicillamine tab 250 mg (generic of DEPEN TITRATABS)</i>	Preferred	
<i>SYPRINE CAP 250MG</i>	Non Preferred	PA
<i>trientine hcl cap 250 mg (generic of SYPRINE)</i>	Preferred	
<b>IMMUNOMODULATORS</b>		
<i>REVLIMID CAP 2.5MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>REVLIMID CAP 5MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>REVLIMID CAP 10MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>REVLIMID CAP 15MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>REVLIMID CAP 20MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>REVLIMID CAP 25MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>THALOMID CAP 50MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>THALOMID CAP 100MG</i>	Non Preferred	SP, PA, QL (1 ea per day)
<i>THALOMID CAP 150MG</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>THALOMID CAP 200MG</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>VYVGART INJ 400/20ML</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>IMMUNOSUPPRESSIVE AGENTS</b>		
ASTAGRAF XL CAP 0.5MG	Non Preferred	PA
ASTAGRAF XL CAP 1MG	Non Preferred	PA
ASTAGRAF XL CAP 5MG	Non Preferred	PA
AZASAN TAB 75 MG	Non Preferred	PA
AZASAN TAB 100MG	Non Preferred	PA
<i>azathioprine tab 50 mg (generic of IMURAN)</i>	Preferred	QL (8 ea per day)
<i>azathioprine tab 75 mg</i>	Non Preferred	PA
<i>azathioprine tab 100 mg</i>	Non Preferred	PA
CELLCEPT CAP 250MG	Non Preferred	PA, QL (12 ea per day)
CELLCEPT SUS 200MG/ML	Non Preferred	PA
CELLCEPT TAB 500MG	Non Preferred	PA, QL (8 ea per day)
<i>cyclosporine cap 25 mg (generic of SANDIMMUNE)</i>	Preferred	QL (16 ea per day)
<i>cyclosporine cap 100 mg (generic of SANDIMMUNE)</i>	Preferred	QL (5 ea per day)
<i>cyclosporine modified cap 25 mg (generic of NEORAL)</i>	Preferred	QL (15 ea per day)
<i>cyclosporine modified cap 50 mg</i>	Preferred	QL (15 ea per day)
<i>cyclosporine modified cap 100 mg (generic of NEORAL)</i>	Preferred	QL (10 ea per day)
<i>cyclosporine modified oral soln 100 mg/ml (generic of NEORAL)</i>	Preferred	QL (10 mL per day)
ENVARSUS XR TAB 0.75MG	Non Preferred	PA
ENVARSUS XR TAB 1MG	Non Preferred	PA
ENVARSUS XR TAB 4MG	Non Preferred	PA
<i>everolimus tab 0.5 mg (generic of ZORTRESS)</i>	Non Preferred	PA
<i>everolimus tab 0.25 mg (generic of ZORTRESS)</i>	Non Preferred	PA
<i>everolimus tab 0.75 mg (generic of ZORTRESS)</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
everolimus tab 1 mg (generic of ZORTRESS)	Non Preferred	PA
gengraf cap 25mg (generic of NEORAL)	Preferred	QL (15 ea per day)
gengraf cap 100mg (generic of NEORAL)	Preferred	QL (10 ea per day)
gengraf sol 100mg/ml (generic of NEORAL)	Preferred	QL (10 mL per day)
IMURAN TAB 50MG	Non Preferred	PA, QL (8 ea per day)
LUPKYNIS CAP 7.9MG	Non Preferred	PA
mycophenolate mofetil cap 250 mg (generic of CELLCEPT)	Preferred	QL (12 ea per day)
mycophenolate mofetil for oral susp 200 mg/ml (generic of CELLCEPT)	Preferred	
mycophenolate mofetil tab 500 mg (generic of CELLCEPT)	Preferred	QL (8 ea per day)
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv) (generic of MYFORTIC)	Preferred	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) (generic of MYFORTIC)	Preferred	
MYFORTIC TAB 180MG	Non Preferred	PA
MYFORTIC TAB 360MG	Non Preferred	PA
NEORAL CAP 25MG	Non Preferred	PA, QL (15 ea per day)
NEORAL CAP 100MG	Non Preferred	PA, QL (10 ea per day)
NEORAL SOL 100MG/ML	Non Preferred	PA, QL (10 mL per day)
PROGRAF CAP 0.5MG	Non Preferred	PA, QL (2 ea per day)
PROGRAF CAP 1MG	Non Preferred	PA, QL (14 ea per day)
PROGRAF CAP 5MG	Non Preferred	PA
PROGRAF GRA 0.2MG	Non Preferred	PA
PROGRAF GRA 1MG	Non Preferred	PA
RAPAMUNE SOL 1MG/ML	Non Preferred	PA
RAPAMUNE TAB 0.5MG	Non Preferred	PA
RAPAMUNE TAB 1MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
RAPAMUNE TAB 2MG	Non Preferred	PA	
REZUROCK TAB 200MG	Non Preferred	SP, PA	
SANDIMMUNE CAP 25MG	Non Preferred	PA, QL (16 ea per day)	
SANDIMMUNE CAP 100MG	Non Preferred	PA, QL (5 ea per day)	
SANDIMMUNE SOL 100MG/ML	Preferred		
<i>sirolimus oral soln 1 mg/ml</i> (generic of RAPAMUNE)	Preferred		
<i>sirolimus tab 0.5 mg</i> (generic of RAPAMUNE)	Preferred		
<i>sirolimus tab 1 mg</i> (generic of RAPAMUNE)	Preferred		
<i>sirolimus tab 2 mg</i> (generic of RAPAMUNE)	Preferred		
<i>tacrolimus cap 0.5 mg</i> (generic of PROGRAF)	Preferred	QL (2 ea per day)	
<i>tacrolimus cap 1 mg</i> (generic of PROGRAF)	Preferred	QL (14 ea per day)	
<i>tacrolimus cap 5 mg</i> (generic of PROGRAF)	Preferred		
ZORTRESS TAB 0.5MG	Non Preferred	PA	
ZORTRESS TAB 0.25MG	Non Preferred	PA	
ZORTRESS TAB 0.75MG	Non Preferred	PA	
ZORTRESS TAB 1MG	Non Preferred	PA	

### **POTASSIUM REMOVING AGENTS**

LOKELMA PAK 5GM	Non Preferred	PA
LOKELMA PAK 10GM	Non Preferred	PA
<i>sodium polystyrene sulfonate powder</i>	Preferred	
<i>sps sus 15gm/60</i>	Non Preferred	PA
VELTASSA POW 8.4GM	Non Preferred	PA
VELTASSA POW 16.8GM	Non Preferred	PA
VELTASSA POW 25.2GM	Non Preferred	PA

### **SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS**

BENLYSTA INJ 200MG/ML	Non Preferred	SP, PA
-----------------------	------------------	--------

**Drug Name** **Drug Tier Requirements/Limits**  
**MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT**

**ANESTHETICS TOPICAL ORAL**

<i>lidocaine hcl laryngotracheal soln 4%</i>	Preferred
<i>lidocaine hcl viscous soln 2%</i>	Preferred

**ANTI-INFECTIVES - THROAT**

<i>clotrimazole troche 10 mg</i>	Preferred	QL (5 ea per day)
<i>nystatin susp 100000 unit/ml</i>	Preferred	QL (120 mL per day)

**ANTISEPTICS - MOUTH/THROAT**

<i>chlorhexidine gluconate soln 0.12%</i> (generic of CHLORHEXIDINE GLUCONATE SOLN 0.12%)	Preferred
----------------------------------------------------------------------------------------------	-----------

**DENTAL PRODUCTS**

<i>denta 5000 cre plus</i>	Non Preferred	PA
<i>denta 5000 cre plus 2pk</i>	Non Preferred	PA
<i>dentagel gel 1.1%</i>	Non Preferred	PA
<i>sf 5000 plus cre 1.1%</i>	Non Preferred	PA
<i>sf gel 1.1%</i>	Non Preferred	PA
<i>sod fluoride gel 1.1%</i>	Non Preferred	PA
<i>sod fluoride gel 1.1-5%</i>	Non Preferred	PA
<i>sod fluoride pst 1.1%</i>	Non Preferred	PA
<i>sodium fluor cre 5000 pls</i>	Non Preferred	PA
<i>sodium fluor cre 5000 ppm</i>	Non Preferred	PA
<i>sodium fluoride gel 1.1% (0.5% f)</i>	Non Preferred	PA
<i>sodium fluoride rinse 0.2%</i>	Non Preferred	PA

**STEROIDS - MOUTH/THROAT/DENTAL**

<i>oralone dent pst 0.1%</i>	Preferred
<i>triamcinolone acetonide dental paste 0.1%</i>	Preferred

**THROAT PRODUCTS - MISC.**

<i>AQUORAL SPR</i>	Non Preferred	PA
<i>cevimeline hcl cap 30 mg</i> (generic of EVOXAC)	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EVOXAC CAP 30MG	Non Preferred	PA
GELX GEL	Non Preferred	PA
<i>pilocarpine hcl tab 5 mg (generic of SALAGEN)</i>	Preferred	
<i>pilocarpine hcl tab 7.5 mg (generic of SALAGEN)</i>	Preferred	

## **MULTIVITAMINS - DRUGS FOR NUTRITION**

### **B-COMPLEX W/ FOLIC ACID**

<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i>	Preferred	OTC
<i>b-complex w/ c &amp; folic acid tab 1 mg</i>	Preferred	OTC

### **MULTIPLE VITAMINS W/ IRON**

<i>multiple vitamins w/ iron tab</i>	Preferred	QL (1 ea per day), OTC
--------------------------------------	-----------	------------------------

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

ADULT 50+ CAP OCUVITE	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
AQUADEKS CHW	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<i>multiple vitamins w/ minerals cap</i>	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
<i>multiple vitamins w/ minerals cap- rx</i>	Preferred	QL (1 ea per day); AGE (Min age 4 years)
<i>multiple vitamins w/ minerals tab</i>	Preferred	QL (1 ea per day), OTC
<i>multiple vitamins w/ minerals tab- rx</i>	Preferred	QL (1 ea per day)
OCUVITE CAP ADULT	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
<i>ocuvite eye chw health</i>	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
OCUVITE LUTE CAP	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
ONE-DAILY CAP MULTI	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PORENAL+D CAP OMEGA 3	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP AREDS	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP AREDS 2	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CAP LUTEIN	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)
PRESERVISION CHW AREDS 2	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
PRORENAL+D CAP OMEGA-3	Preferred	QL (1 ea per day), OTC; AGE (Min age 4 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYSTANE ICAP CHW AREDS2	Preferred	QL (2 ea per day), OTC; AGE (Min age 4 years)
<b>MULTIVITAMINS - DRUGS FOR NUTRITION</b>		
multiple vitamin tab	Preferred	OTC
THERA TAB	Preferred	OTC
<b>PED MULTI VITAMINS W/FL &amp; FE</b>		
multi-vit/fe dro /fl 0.25	Preferred	QL (1.67 mL per day), OTC
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW W/IRON	Preferred	
POLY-VI-FLOR SUS /IRON	Preferred	
<b>PED MULTIPLE VITAMINS W/ MINERALS</b>		
pediatric multiple vitamin w/ minerals & c chew tab	Preferred	QL (1 ea per day), OTC
<b>PED MV W/ FLUORIDE</b>		
multi vit/fl dro 0.5mg/ml	Preferred	QL (1.67 mL per day), OTC
multivit/fl dro 0.25mg	Preferred	QL (1.67 mL per day), OTC
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg	Preferred	QL (1 ea per day)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg	Preferred	QL (1 ea per day)
pediatric multiple vitamins w/ fluoride chew tab 1 mg	Preferred	QL (2 ea per day)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml	Preferred	QL (1.67 mL per day)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml	Preferred	QL (1.67 mL per day)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml	Preferred	QL (1.67 mL per day)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml	Preferred	QL (1.67 mL per day)
POLY-VI-FLOR CHW 0.5MG	Preferred	
POLY-VI-FLOR CHW 0.25MG	Preferred	
POLY-VI-FLOR CHW 1MG	Preferred	
POLY-VI-FLOR SUS 0.25/ML	Preferred	
<b>PED MV W/ IRON</b>		
pediatric multiple vitamins w/ iron chew tab 15 mg	Preferred	QL (1 ea per day), OTC
<b>PEDIATRIC MULTIPLE VITAMINS</b>		
pediatric multiple vitamin w/ c & fa chew tab	Preferred	QL (1 ea per day), OTC
pediatric multiple vitamin w/ extra c & fa chew tab	Preferred	QL (1 ea per day), OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>PRENATAL VITAMINS</b>		
C-NATE DHA CAP 28-1-200	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL CAP HARMONY	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS 90 DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL MIS B-CALM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK ASSURE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL PAK ESSENCE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB BLOOM	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
CITRANATAL TAB RX	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
COMPLETE NAT PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
COMPLETENATE CHW	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
DERMACINRX TAB PRETRATE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
<i>elite-ob tab</i>	Preferred	AGE (Min age 10 years and Max age 55 years)
ENBRACE HR CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
FOLIVANE-OB CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
M-NATAL PLUS TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
NESTABS DHA PAK	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NESTABS TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
NIVA-PLUS TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP ONE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE CAP PETITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB	Preferred	AGE (Min age 10 years and Max age 55 years)
OB COMPLETE TAB PREMIER	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
OB COMPLETE/ CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV TABS TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
<i>pnv-dha cap</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV-DHA CAP DOCUSATE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PNV-OMEGA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
<i>pnv-select tab</i>	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PREMESSISRX TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PRENAISSANCE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENAISSANCE CAP PLUS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATAL TAB 27-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG	Preferred	OTC
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG	Preferred	OTC
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK	Preferred	OTC
PRENATE AM TAB 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ENHANCE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP ESSENT	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP PIXIE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CAP RESTORE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE CHW 0.6-0.4	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE MINI CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATE TAB ELITE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
PRENATRIX TAB	Non Preferred	PA, QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRENATRYL TAB	Non Preferred	PA, QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PREPLUS TAB 27-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRETAB TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
PRIMACARE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
RELNATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 CHW	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SE-NATAL 19 TAB	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
SELECT-OB CHW	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
SELECT-OB+ PAK DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TARON-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TARON-PREX CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
THRIVITE RX TAB 29-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TRICARE TAB PRENATAL	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TRINATAL RX TAB 1	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
TRISTART CAP FREE	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRISTART DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
TRISTART ONE CAP 35-1-215	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VINATE DHA CAP 27-1.13	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-NATE CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VIRT-PN PLUS CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CAP ULTRA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL CHW GUMMIES	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL FE+ CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL STRP MIS 1MG	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-NANO TAB	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB PAK +DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VITAFOL-OB TAB 65-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
VITAFOL-ONE CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
VP-PNV-DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
WESCAP-C DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
WESCAP-PN CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
WESNATE DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
	Preferred	years and Max age 55 years)
WESTAB PLUS TAB 27-1MG	Preferred	QL (1 ea per day); AGE (Min age 10 years and Max age 55 years)
	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
WESTGEL DHA CAP	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
	Preferred	years and Max age 55 years)
ZATEAN-PN CAP DHA	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
	Preferred	years and Max age 55 years)
ZATEAN-PN CAP PLUS	Non Preferred	PA; AGE (Min age 10 years and Max age 55 years)
	Preferred	years and Max age 55 years)

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

### **CENTRAL MUSCLE RELAXANTS**

AMRIX CAP 15MG	Non Preferred	PA
AMRIX CAP 30MG	Non Preferred	PA
<i>baclofen tab 5 mg</i>	Preferred	
<i>baclofen tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>baclofen tab 20 mg</i>	Preferred	QL (4 ea per day)
<i>carisoprodol tab 250 mg</i> (generic of SOMA)	Non Preferred	PA
<i>carisoprodol tab 350 mg</i> (generic of SOMA)	Non Preferred	PA
CHLORZOXAZONE TAB 250 MG	Preferred	
<i>chlorzoxazone tab 375 mg</i>	Preferred	
<i>chlorzoxazone tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>chlorzoxazone tab 750 mg</i>	Preferred	
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> (generic of AMRIX)	Non Preferred	PA
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> (generic of AMRIX)	Non Preferred	PA
<i>cyclobenzaprine hcl tab 5 mg</i>	Preferred	QL (3 ea per day)
<i>cyclobenzaprine hcl tab 7.5 mg</i> (generic of FEXMID)	Preferred	
<i>cyclobenzaprine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)
<i>fexmid tab 7.5mg</i> (generic of FEXMID)	Non Preferred	PA
<i>lorzone tab 375mg</i>	Preferred	
<i>lorzone tab 750mg</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metaxalone tab 400 mg</i>	Non Preferred	PA
<i>metaxalone tab 800 mg (generic of SKELAXIN)</i>	Non Preferred	PA
<i>methocarbamol tab 500 mg</i>	Preferred	QL (6 ea per day)
<i>methocarbamol tab 750 mg</i>	Preferred	QL (10 ea per day)
<i>orphenadrine citrate tab er 12hr 100 mg SKELAXIN TAB 800MG</i>	Preferred Non Preferred	QL (2 ea per day) PA
<i>SOMA TAB 250MG</i>	Non Preferred	PA
<i>SOMA TAB 350MG</i>	Non Preferred	PA
<i>tizanidine hcl cap 2 mg (base equivalent) (generic of ZANAFLEX)</i>	Non Preferred	PA
<i>tizanidine hcl cap 4 mg (base equivalent) (generic of ZANAFLEX)</i>	Non Preferred	PA
<i>tizanidine hcl cap 6 mg (base equivalent) (generic of ZANAFLEX)</i>	Non Preferred	PA
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Preferred	QL (3 ea per day)
<i>tizanidine hcl tab 4 mg (base equivalent) (generic of ZANAFLEX)</i>	Preferred	QL (9 ea per day)
<i>ZANAFLEX CAP 2MG</i>	Non Preferred	PA
<i>ZANAFLEX CAP 4MG</i>	Non Preferred	PA
<i>ZANAFLEX CAP 6MG</i>	Non Preferred	PA
<i>ZANAFLEX TAB 4MG</i>	Non Preferred	PA, QL (9 ea per day)

#### **DIRECT MUSCLE RELAXANTS**

<i>DANTRIUM CAP 25MG</i>	Non Preferred	PA
<i>DANTRIUM CAP 50MG</i>	Non Preferred	PA
<i>dantrolene sodium cap 25 mg (generic of DANTRIUM)</i>	Preferred	
<i>dantrolene sodium cap 50 mg</i>	Preferred	
<i>dantrolene sodium cap 100 mg</i>	Preferred	

#### **MUSCLE RELAXANT COMBINATIONS**

<i>carisoprodol w/ aspirin &amp; codeine tab 200-325-16 mg</i>	Non Preferred	PA; AGE (Min age 18 years)
<i>NORGESIC TAB FORTE</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE</b>		
<b>NASAL AGENT COMBINATIONS</b>		
<hr/>		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (generic of DYMISTA)</i>	Non Preferred	PA
DYMISTA SPR 137-50	Non Preferred	PA
<hr/>		
<b>NASAL AGENTS - MISC.</b>		
<hr/>		
<i>saline nasal spray 0.65%</i>	Preferred	OTC
<hr/>		
<b>NASAL ANTIALLERGY</b>		
<hr/>		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Preferred	QL (30 mL / 25 days)
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Preferred	
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i>	Preferred	QL (52 mL / 25 days), OTC
<i>olopatadine hcl nasal soln 0.6% (generic of PATANASE)</i>	Preferred	
PATANASE SPR 0.6%	Non Preferred	PA
<hr/>		
<b>NASAL ANTICHOLINERGICS</b>		
<hr/>		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Non Preferred	PA
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Non Preferred	PA
<hr/>		
<b>NASAL STEROIDS</b>		
<hr/>		
<i>BECONASE AQ SUS 0.042%</i>	Non Preferred	PA
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Preferred	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Preferred	QL (16 gm / 25 days)
<i>mometasone furoate nasal susp 50 mcg/act</i>	Non Preferred	PA
OMNARIS SPR	Non Preferred	PA
PROPEL SDS IMP 370MCG	Non Preferred	PA
QNASL AER 80MCG	Non Preferred	PA
QNASL CHILD SPR 40MCG	Non Preferred	PA
SINUVA IMP 1350MCG	Non Preferred	PA
XHANCE MIS 93MCG	Non Preferred	PA
ZETONNA AER 37MCG	Non Preferred	PA
<hr/>		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SYMPATHOMIMETIC DECONGESTANTS</b>		
<i>oxymetazoline hcl nasal soln 0.05%</i>	Preferred	OTC
<i>phenylephrine hcl tab 10 mg</i>	Preferred	OTC
<i>pseudoephedrine hcl tab 30 mg</i>	Preferred	QL (6 ea per day), OTC
<i>pseudoephedrine hcl tab 60 mg</i>	Preferred	QL (6 ea per day), OTC
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	Preferred	QL (2 ea per day), OTC

## **NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES**

### **ALS AGENTS**

<i>EXSERVAN MIS 50MG</i>	Non Preferred	SP, PA
<i>RILUTEK TAB 50MG</i>	Non Preferred	PA
<i>riluzole tab 50 mg (generic of RILUTEK)</i>	Preferred	
<i>TIGLUTIK SUS 50/10ML</i>	Non Preferred	PA

## **NUTRIENTS - DRUGS FOR NUTRITION**

### **MISC. NUTRITIONAL SUBSTANCES**

<i>docosahexaenoic acid cap 200 mg</i>	Preferred	QL (1 ea per day), OTC
<i>omega-3 fatty acids cap 500 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap 1200 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap delayed release 1000 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap delayed release 1200 mg</i>	Preferred	OTC

## **OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS**

### **ARTIFICIAL TEARS AND LUBRICANTS**

<i>artificial tear ophth solution</i>	Preferred	OTC
<i>carboxymethylcellulose sodium (pf) ophth soln 0.5%</i>	Preferred	OTC
<i>carboxymethylcellulose sodium ophth soln 0.5%</i>	Preferred	OTC
<i>dextran 70-hypromellose ophth soln 0.1-0.3%</i>	Preferred	OTC
<i>glycerin-hypromellose-peg 400 ophth soln 0.2-0.2-1%</i>	Preferred	OTC
<i>LACRISERT MIS 5MG OP</i>	Preferred	
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3%</i>	Preferred	OTC
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3%</i>	Preferred	OTC
<i>polyvinyl alcohol ophth soln 1.4%</i>	Preferred	OTC
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%)</i>	Preferred	OTC

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>white petrolatum-mineral oil ophth ointment</i>	Preferred	OTC
<b>BETA-BLOCKERS - OPHTHALMIC</b>		
<i>betaxolol hcl ophth soln 0.5%</i>	Preferred	
BETIMOL SOL 0.5%	Non Preferred	PA
BETIMOL SOL 0.25%	Non Preferred	PA
BETOPTIC-S SUS 0.25% OP	Non Preferred	PA
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Non Preferred	PA
<i>carteolol hcl ophth soln 1%</i>	Preferred	QL (15 mL / 25 days)
COMBIGAN SOL 0.2/0.5%	Non Preferred	PA
COSOPT PF SOL 2%-0.5%	Non Preferred	PA
COSOPT SOL 22.3-6.8	Non Preferred	PA, QL (10 mL / 25 days)
<i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (generic of COSOPT PF)</i>	Non Preferred	PA
<i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml (generic of COSOPT)</i>	Preferred	QL (10 mL / 25 days)
ISTALOL SOL 0.5% OP	Non Preferred	PA
<i>levobunolol hcl ophth soln 0.5%</i>	Preferred	QL (15 mL / 25 days)
<i>timolol maleate ophth gel forming soln 0.5% (generic of TIMOPTIC-XE)</i>	Preferred	
<i>timolol maleate ophth gel forming soln 0.25% (generic of TIMOPTIC-XE)</i>	Preferred	
<i>timolol maleate ophth soln 0.5% (generic of TIMOPTIC)</i>	Preferred	
<i>timolol maleate ophth soln 0.5% (once-daily) (generic of ISTALOL)</i>	Preferred	
<i>timolol maleate ophth soln 0.25% (generic of TIMOPTIC)</i>	Preferred	
<i>timolol maleate preservative free ophth soln 0.5% (generic of TIMOPTIC OCUDOSE)</i>	Non Preferred	PA
TIMOPTIC OCU SOL 0.5% OP	Non Preferred	PA
TIMOPTIC OCU SOL 0.25% OP	Non Preferred	PA
TIMOPTIC SOL 0.5% OP	Non Preferred	PA
TIMOPTIC SOL 0.25% OP	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIMOPTIC-XE SOL 0.5% OP	Non Preferred	PA
TIMOPTIC-XE SOL 0.25% OP	Non	PA
	Preferred	

### **CYCLOPLEGIC MYDRIATICS**

ATROPINE SUL SOL 1% OP	Preferred	QL (15 mL / 25 days)
ATROPINE SULFATE OPHTH OINT 1%	Preferred	
<i>atropine sulfate ophth soln 1% (generic of ATROPINE SULFATE)</i>	Preferred	QL (15 mL / 25 days)
CYCLOGYL SOL 0.5% OP	Non	PA
	Preferred	
CYCLOGYL SOL 1% OP	Non Preferred	PA
CYCLOGYL SOL 2% OP	Non Preferred	PA
CYCLOMYDRIL SOL OP	Preferred	
<i>cyclopentolate hcl ophth soln 0.5% (generic of CYCLOGYL)</i>	Preferred	
<i>cyclopentolate hcl ophth soln 1% (generic of CYCLOGYL)</i>	Preferred	
<i>cyclopentolate hcl ophth soln 2% (generic of CYCLOGYL)</i>	Preferred	
ISOPTO ATROP SOL 1% OP	Non Preferred	PA, QL (15 mL / 25 days)
MYDRIACYL SOL 1% OP	Non Preferred	PA
<i>phenylephrine hcl ophth soln 2.5%</i>	Non Preferred	PA
<i>phenylephrine hcl ophth soln 10%</i>	Non Preferred	PA
<i>tropicamide ophth soln 0.5%</i>	Preferred	
<i>tropicamide ophth soln 1% (generic of MYDRIACYL)</i>	Preferred	

### **MIOTICS**

ISOPTO CARP SOL 1% OP	Non Preferred	PA
ISOPTO CARP SOL 2% OP	Non Preferred	PA
<i>pilocarpine hcl ophth soln 1% (generic of ISOPTO CARPINE)</i>	Preferred	
<i>pilocarpine hcl ophth soln 2% (generic of ISOPTO CARPINE)</i>	Preferred	
<i>pilocarpine hcl ophth soln 4%</i>	Preferred	
VUITY SOL 1.25% OP	Non Preferred	PA

### **OPHTHALMIC ADRENERGIC AGENTS**

ALPHAGAN P SOL 0.1%	Preferred
---------------------	-----------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
ALPHAGAN P SOL 0.15%		Preferred	
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Non Preferred	PA	
<i>brimonidine tartrate ophth soln 0.2%</i>	Preferred		
<i>brimonidine tartrate ophth soln 0.15% (generic of ALPHAGAN P)</i>	Preferred		
IOPIDINE SOL 1% OP	Non Preferred	PA	
SIMBRINZA SUS 1-0.2%	Non Preferred	PA	

#### **OPHTHALMIC ANTI-INFECTIVES**

AZASITE SOL 1%	Non Preferred	PA	
<i>bacitracin ophth oint 500 unit/gm</i>	Preferred		
<i>bacitracin-polymyxin b ophth oint</i>	Preferred		
BESIVANCE SUS 0.6%	Non Preferred	PA	
BETADINE SOL 5% OP	Non Preferred	PA	
BLEPH-10 SOL 10% OP	Non Preferred	PA	
CILOXAN OIN 0.3% OP	Preferred		
CILOXAN SOL 0.3% OP	Non Preferred	PA	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent) (generic of CILOXAN)</i>	Preferred		
<i>erythromycin ophth oint 5 mg/gm</i>	Preferred		
<i>gatifloxacin ophth soln 0.5% (generic of ZYMAXID)</i>	Non Preferred	PA	
<i>gentak oin 0.3% op</i>	Preferred		
<i>gentamicin sulfate ophth soln 0.3%</i>	Preferred	QL (10 mL / 30 days)	
<i>levofloxacin ophth soln 0.5%</i>	Preferred		
MOXEZA SOL 0.5%	Non Preferred	PA	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Non Preferred	PA	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Non Preferred	PA	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv) (generic of VIGAMOX)</i>	Non Preferred	PA	
NATACYN SUS 5% OP	Non Preferred	PA	
<i>neo-polycin oin op</i>	Preferred		
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Preferred		
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Preferred		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OCUFLOX DRO 0.3% OP	Non Preferred	PA
<i>ofloxacin ophth soln 0.3% (generic of OCUFLOX)</i>	Preferred	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% (generic of POLYTRIM)</i>	Preferred	
POLYTRIM SOL OP	Non Preferred	PA
<i>sulfacetamide sodium ophth oint 10%</i>	Preferred	
<i>sulfacetamide sodium ophth soln 10% (generic of BLEPH-10)</i>	Preferred	
<i>tobramycin ophth soln 0.3%</i>	Preferred	
TOBREX OIN 0.3% OP	Preferred	
<i>trifluridine ophth soln 1%</i>	Preferred	QL (7.5 mL / 25 days)
VIGAMOX DRO 0.5%	Non Preferred	PA
ZIRGAN GEL 0.15%	Preferred	
ZYMAXID SOL 0.5%	Non Preferred	PA

#### **OPHTHALMIC IMMUNOMODULATORS**

CEQUA SOL 0.09%	Non Preferred	PA
RESTASIS EMU 0.05%	Non Preferred	PA
RESTASIS MUL EMU 0.05%	Non Preferred	PA

#### **OPHTHALMIC INTEGRIN ANTAGONISTS**

XIIDRA DRO 5%	Non Preferred	PA
---------------	------------------	----

#### **OPHTHALMIC KINASE INHIBITORS**

RHOPRESSA SOL 0.02%	Non Preferred	PA
ROCKLATAN DRO	Non Preferred	PA

#### **OPHTHALMIC LOCAL ANESTHETICS**

AKTEN GEL 3.5%	Non Preferred	PA
ALCAINE SOL 0.5% OP	Non Preferred	PA
<i>proparacaine hcl ophth soln 0.5% (generic of ALCAINE)</i>	Non Preferred	PA
<i>tetracaine hcl ophth soln 0.5%</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>OPHTHALMIC NERVE GROWTH FACTORS</i></b>		
OXERVATE SOL 20MCG/ML	Non Preferred	SP, PA
<b><i>OPHTHALMIC STEROIDS</i></b>		
ALREX SUS 0.2%	Preferred	
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred	
BLEPHAMIDE OIN S.O.P.	Non Preferred	PA
BLEPHAMIDE SUS OP	Non Preferred	PA
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	Preferred	
DEXTENZA MIS 0.4MG	Non Preferred	PA
<i>difluprednate ophth emulsion 0.05% (generic of DUREZOL)</i>	Non Preferred	PA
DUREZOL EMU 0.05%	Non Preferred	PA
EYSUVIS DRO 0.25%	Non Preferred	PA
FLAREX SUS 0.1% OP	Preferred	
<i>fluorometholone ophth susp 0.1%</i>	Preferred	QL (15 mL / 25 days)
FML FORTE SUS 0.25% OP	Preferred	
FML LIQUIFLM SUS 0.1% OP	Non Preferred	PA, QL (15 mL / 25 days)
FML OIN 0.1% OP	Preferred	
INVELTYS SUS 1%	Non Preferred	PA
LOTEMAX GEL 0.5%	Non Preferred	PA
LOTEMAX OIN 0.5%	Non Preferred	PA
LOTEMAX SM GEL 0.38%	Non Preferred	PA
LOTEMAX SUS 0.5%	Non Preferred	PA
<i>loteprednol etabonate ophth gel 0.5% (generic of LOTEMAX)</i>	Non Preferred	PA
<i>loteprednol etabonate ophth susp 0.5% (generic of LOTEMAX)</i>	Preferred	
MAXIDEX SUS 0.1% OP	Preferred	
MAXITROL OIN 0.1% OP	Non Preferred	PA
MAXITROL SUS 0.1% OP	Non Preferred	PA
<i>neo-polycin oin hc 1%op</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-hc ophth susp</i>	Preferred	
PRED FORTE SUS 1% OP	Non PA Preferred	
PRED MILD SUS 0.12% OP	Preferred	
PRED SOD PHO SOL 1% OP	Preferred	
PRED-G S.O.P OIN OP	Non PA Preferred	
PRED-G SUS OP	Non PA Preferred	
<i>prednisolone acetate ophth susp 1% (generic of PRED FORTE)</i>	Preferred	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	Non PA Preferred	
TOBRADEX OIN 0.3-0.1%	Non PA Preferred	
TOBRADEX ST SUS 0.3-0.05	Non PA Preferred	
TOBRADEX SUS 0.3-0.1%	Non PA Preferred	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1% (generic of TOBRADEX)</i>	Preferred	
ZYLET SUS 0.5-0.3%	Non PA Preferred	

#### **OPHTHALMICS - MISC.**

ACULAR LS SOL 0.4%	Non PA Preferred	
ACULAR SOL 0.5% OP	Non PA, QL (10 mL / 25 days) Preferred	
ACUVAIL SOL 0.45%	Non PA Preferred	
ALOCRIL SOL 2%	Non PA Preferred	
ALOMIDE SOL 0.1% OP	Non PA Preferred	
<i>azelastine hcl ophth soln 0.05%</i>	Preferred QL (6 mL / 25 days)	
AZOPT SUS 1% OP	Non PA Preferred	
<i>bepotastine besilate ophth soln 1.5% (generic of BEPREVE)</i>	Non PA Preferred	
BEPREVE DRO 1.5%	Non PA Preferred	
<i>brinzolamide ophth susp 1% (generic of AZOPT)</i>	Non PA Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	Non Preferred	PA	
BROMSITE DRO 0.075%	Non Preferred	PA	
<i>cromolyn sodium ophth soln 4%</i>	Preferred		
CYSTADROPS SOL 0.37%	Non Preferred	SP, PA	
CYSTARAN SOL 0.44%	Non Preferred	SP, PA	
<i>diclofenac sodium ophth soln 0.1%</i>	Preferred		
<i>dorzolamide hcl ophth soln 2% (generic of TRUSOPT)</i>	Preferred		
<i>epinastine hcl ophth soln 0.05%</i>	Non Preferred	PA	
FLUORE/BENOX SOL 0.3-0.4%	Non Preferred	PA	
<i>flurbiprofen sodium ophth soln 0.03%</i>	Preferred		
<i>glostrip mis 1mg op</i>	Non Preferred	PA	
ILEVRO DRO 0.3% OP	Non Preferred	PA	
<i>ketorolac tromethamine ophth soln 0.4% (generic of ACULAR LS)</i>	Preferred		
<i>ketorolac tromethamine ophth soln 0.5% (generic of ACULAR)</i>	Preferred	QL (10 mL / 25 days)	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i>	Preferred	OTC	
NEVANAC SUS 0.1%	Non Preferred	PA	
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i>	Non Preferred	PA, QL (5 mL / 30 days)	
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i>	Non Preferred	PA, QL (2.5 mL / 30 days)	
PAREMYD SOL 1-0.25%	Non Preferred	PA	
PROLENSA SOL 0.07%	Non Preferred	PA	
<i>sodium chloride hypertonic ophth oint 5%</i>	Preferred	OTC	
<i>sodium chloride hypertonic ophth soln 5%</i>	Preferred	OTC	
TRUSOPT SOL 2% OP	Non Preferred	PA	
ZERVIATE DRO 0.24%	Non Preferred	PA	
<b>PROSTAGLANDINS - OPHTHALMIC</b>			
<i>bimatoprost ophth soln 0.03%</i>	Non Preferred	PA	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>latanoprost ophth soln 0.005% (generic of XALATAN)</i>	Preferred	QL (5 mL / 25 days)
LUMIGAN SOL 0.01%	Non Preferred	PA
TRAVATAN Z DRO 0.004%	Non Preferred	PA, QL (5 mL / 25 days)
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free) (generic of TRAVATAN Z)</i>	Non Preferred	PA, QL (5 mL / 25 days)
VYZULTA SOL 0.024%	Non Preferred	PA
XALATAN SOL 0.005%	Non Preferred	PA, QL (5 mL / 25 days)
XELPROS EMU 0.005%	Non Preferred	PA
ZIOPTAN DRO 0.0015%	Non Preferred	PA

## **OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR**

### **OTIC AGENTS - MISCELLANEOUS**

<i>acetic acid otic soln 2%</i>	Preferred	QL (20 mL / 25 days)
<i>carbamide peroxide 6.5% otic soln</i>	Preferred	OTC

### **OTIC ANTI-INFECTIVES**

<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Non Preferred	PA, QL (14 ea / 25 days)
<i>ofloxacin otic soln 0.3%</i>	Preferred	QL (5 mL / 25 days)

### **OTIC COMBINATIONS**

CIPRO HC SUS OTIC	Non Preferred	PA
CIPRO/FLUOC DRO PF	Non Preferred	PA
CIPRODEX SUS 0.3-0.1%	Preferred	QL (7.5 mL / 25 days)
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1% (generic of CIPRODEX)</i>	Preferred	QL (7.5 mL / 25 days)
<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i>	Non Preferred	PA
CORTISPORIN SUS -TC OTIC	Non Preferred	PA
<i>neomycin-polymyxin-hc otic soln 1%</i>	Preferred	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred	
OTOVEL DRO	Non Preferred	PA

### **OTIC STEROIDS**

DERMOTIC OIL 0.01%	Non Preferred	PA
--------------------	---------------	----

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>flac oil 0.01% (generic of DERMOTIC)</i>	Non Preferred	PA
<i>fluocinolone acetonide (otic) oil 0.01% (generic of DERMOTIC)</i>	Non Preferred	PA
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Non Preferred	PA

## **OXYTOCICS - DRUGS FOR PREGNANCY**

### **OXYTOCICS - DRUGS FOR PREGNANCY**

<i>methergine tab 0.2mg</i>	Preferred	QL (7 ea per day)
<i>methylergonovine maleate tab 0.2 mg</i>	Preferred	QL (7 ea per day)

## **PENICILLINS - DRUGS TO TREAT INFECTIONS**

### **AMINOPENICILLINS**

<i>amoxicillin (trihydrate) cap 250 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) cap 500 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Preferred	QL (6 ea per day)
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Preferred	
<i>amoxicillin (trihydrate) tab 500 mg</i>	Preferred	QL (5 ea per day)
<i>amoxicillin (trihydrate) tab 875 mg</i>	Preferred	QL (4 ea per day)
<i>ampicillin cap 500 mg</i>	Preferred	QL (8 ea per day)

### **NATURAL PENICILLINS**

<i>penicillin v potassium for soln 125 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>penicillin v potassium for soln 250 mg/5ml</i>	Preferred	QL (40 mL per day)
<i>penicillin v potassium tab 250 mg</i>	Preferred	QL (8 ea per day)
<i>penicillin v potassium tab 500 mg</i>	Preferred	QL (8 ea per day)

### **PENICILLIN COMBINATIONS**

<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i>	Preferred	QL (3 ea per day)
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i>	Preferred	QL (4 ea per day)
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred	
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i>	Preferred	
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i>	Preferred	
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i>	Preferred	QL (2 ea per day)
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i>	Preferred	QL (2 ea per day)
(generic of AUGMENTIN)		
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i>	Preferred	QL (2 ea per day)
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i>	Non PA Preferred	

#### **PENICILLINASE-RESISTANT PENICILLINS**

<i>dicloxacillin sodium cap 250 mg</i>	Preferred	QL (8 ea per day)
<i>dicloxacillin sodium cap 500 mg</i>	Preferred	QL (6 ea per day)

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

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

<i>AYGESTIN TAB 5MG</i>	Non Preferred	PA, QL (1 ea per day)
<i>hydroxyprogesterone caproate im in oil 250 mg/ml (generic of MAKENA)</i>	Non Preferred	SP, PA
<i>MAKENA INJ 275MG</i>	Preferred	SP, PA
<i>medroxyprogesterone acetate tab 2.5 mg (generic of PROVERA)</i>	Preferred	QL (2 ea per day)
<i>medroxyprogesterone acetate tab 5 mg (generic of PROVERA)</i>	Preferred	QL (2 ea per day)
<i>medroxyprogesterone acetate tab 10 mg (generic of PROVERA)</i>	Preferred	QL (2 ea per day)
<i>megestrol acetate susp 625 mg/5ml</i>	Non Preferred	PA
<i>norethindrone acetate tab 5 mg (generic of AYGESTIN)</i>	Non Preferred	PA, QL (1 ea per day)
<i>progesterone cap 100 mg (generic of PROMETRIUM)</i>	Preferred	QL (1 ea per day)
<i>progesterone cap 200 mg (generic of PROMETRIUM)</i>	Preferred	QL (2 ea per day)
<i>progesterone im in oil 50 mg/ml</i>	Preferred	
<i>PROMETRIUM CAP 100MG</i>	Non Preferred	PA, QL (1 ea per day)
<i>PROMETRIUM CAP 200MG</i>	Non Preferred	PA, QL (2 ea per day)
<i>PROVERA TAB 2.5MG</i>	Non Preferred	PA, QL (2 ea per day)
<i>PROVERA TAB 5MG</i>	Non Preferred	PA, QL (2 ea per day)
<i>PROVERA TAB 10MG</i>	Non Preferred	PA, QL (2 ea per 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>	Preferred
-----------------------------------------------------------	-----------

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disulfiram tab 250 mg</i>	Preferred	QL (1 ea per day)
<i>disulfiram tab 500 mg</i>	Preferred	QL (1 ea per day)
LUCEMYRA TAB 0.18MG	Preferred	
<b>ANTI-CATAPLECTIC AGENTS</b>		
XYREM SOL 500MG/ML	Non Preferred	SP, PA
XYWAV SOL 0.5GM/ML	Non Preferred	SP, PA
<b>ANTIDEMENTIA AGENTS</b>		
ADUHELM INJ 170MG	Non Preferred	PA
ADUHELM INJ 300MG	Non Preferred	PA
ARICEPT TAB 5MG	Non Preferred	PA, QL (1 ea per day)
ARICEPT TAB 10MG	Non Preferred	PA, QL (1 ea per day)
ARICEPT TAB 23MG	Non Preferred	PA
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Preferred	QL (2 ea per day)
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Preferred	QL (1 ea per day)
<i>donepezil hydrochloride tab 5 mg (generic of ARICEPT)</i>	Preferred	QL (1 ea per day)
<i>donepezil hydrochloride tab 10 mg (generic of ARICEPT)</i>	Preferred	QL (1 ea per day)
<i>donepezil hydrochloride tab 23 mg (generic of ARICEPT)</i>	Preferred	
EXELON DIS 4.6MG/24	Non Preferred	PA
EXELON DIS 9.5MG/24	Non Preferred	PA
EXELON DIS 13.3/24	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 8 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 16 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide cap er 24hr 24 mg (generic of RAZADYNE ER)</i>	Non Preferred	PA
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Non Preferred	PA
<i>galantamine hydrobromide tab 4 mg</i>	Non Preferred	PA
<i>galantamine hydrobromide tab 8 mg</i>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
galantamine hydrobromide tab 12 mg	Non Preferred	PA
memantine hcl cap er 24hr 7 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 14 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 21 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl cap er 24hr 28 mg (generic of NAMENDA XR)	Non Preferred	PA
memantine hcl oral solution 2 mg/ml	Non Preferred	PA
memantine hcl tab 5 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 5 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 10 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 10 mg (generic of NAMENDA)	Preferred	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack (generic of NAMENDA TITRATION PAK)	Non Preferred	PA
NAMENDA TAB 5-10MG	Non Preferred	PA
NAMENDA XR CAP 7MG	Non Preferred	PA
NAMENDA XR CAP 14MG	Non Preferred	PA
NAMENDA XR CAP 21MG	Non Preferred	PA
NAMENDA XR CAP 28MG	Non Preferred	PA
NAMZARIC CAP	Non Preferred	PA
NAMZARIC CAP 7-10MG	Non Preferred	PA
NAMZARIC CAP 14-10MG	Non Preferred	PA
NAMZARIC CAP 21-10MG	Non Preferred	PA
NAMZARIC CAP 28-10MG	Non Preferred	PA
RAZADYNE ER CAP 8MG	Non Preferred	PA
RAZADYNE ER CAP 16MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RAZADYNE ER CAP 24MG	Non Preferred	PA
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 4.6 mg/24hr (generic of EXELON)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 9.5 mg/24hr (generic of EXELON)</i>	Non Preferred	PA
<i>rivastigmine td patch 24hr 13.3 mg/24hr (generic of EXELON)</i>	Non Preferred	PA

### **COMBINATION PSYCHOTHERAPEUTICS**

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Preferred	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Preferred	
LYBALVI TAB 5-10MG	Non Preferred	PA
LYBALVI TAB 10-10MG	Non Preferred	PA
LYBALVI TAB 15-10MG	Non Preferred	PA
LYBALVI TAB 20-10MG	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 3-25 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 6-25 mg (generic of SYMBYAX)</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Non Preferred	PA
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Non Preferred	PA
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	
SYMBYAX CAP 3-25MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SYMBYAX CAP 6-25MG	Non Preferred	PA

### ***FIBROMYALGIA AGENTS***

SAVELLA MIS TITR PAK	Non Preferred	PA
SAVELLA TAB 12.5MG	Non Preferred	PA
SAVELLA TAB 25MG	Non Preferred	PA
SAVELLA TAB 50MG	Non Preferred	PA
SAVELLA TAB 100MG	Non Preferred	PA

### ***MOVEMENT DISORDER DRUG THERAPY***

AUSTEDO TAB 6MG	Non Preferred	SP, PA
AUSTEDO TAB 9MG	Non Preferred	SP, PA
AUSTEDO TAB 12MG	Non Preferred	SP, PA
INGREZZA CAP 40-80MG	Non Preferred	SP, PA
INGREZZA CAP 40MG	Non Preferred	SP, PA
INGREZZA CAP 60MG	Non Preferred	PA
INGREZZA CAP 80MG	Non Preferred	SP, PA
<i>tetrabenazine tab 12.5 mg (generic of XENAZINE)</i>	Non Preferred	SP, PA
<i>tetrabenazine tab 25 mg (generic of XENAZINE)</i>	Non Preferred	SP, PA
XENAZINE TAB 12.5MG	Non Preferred	SP, PA
XENAZINE TAB 25MG	Non Preferred	SP, PA

### ***MULTIPLE SCLEROSIS AGENTS***

AMPYRA TAB 10MG	Non Preferred	SP, PA
AUBAGIO TAB 7MG	Non Preferred	SP, PA
AUBAGIO TAB 14MG	Non Preferred	SP, PA
AVONEX PEN KIT 30MCG	Non Preferred	SP, PA
AVONEX PREFL KIT 30MCG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BAFIERTAM CAP 95MG	Non Preferred	SP, PA
BETASERON INJ 0.3MG	Preferred	SP
COPAXONE INJ 20MG/ML	Preferred	SP
COPAXONE INJ 40MG/ML	Preferred	SP
<i>dalfampridine tab er 12hr 10 mg (generic of AMPYRA)</i>	Non Preferred	SP, PA
<i>dimethyl fumarate capsule delayed release 120 mg (generic of TEVFIDERA)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>dimethyl fumarate capsule delayed release 240 mg (generic of TEVFIDERA)</i>	Non Preferred	SP, PA, QL (2 ea per day)
<i>dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg (generic of TEVFIDERA STARTER PACK)</i>	Non Preferred	SP, PA
EXTAVIA INJ 0.3MG	Non Preferred	SP, PA
GILENYA CAP 0.5MG	Preferred	SP, PA
<i>glatiramer acetate soln prefilled syringe 20 mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
<i>glatiramer acetate soln prefilled syringe 40 mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
<i>glatopa inj 20mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
<i>glatopa inj 40mg/ml (generic of COPAXONE)</i>	Non Preferred	SP, PA
KESIMPTA INJ 20/.4ML	Non Preferred	PA
LEMTRADA INJ 12/1.2ML	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(4)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(5)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(6)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(7)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(8)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(9)	Non Preferred	SP, PA
MAVENCLAD PAK 10MG(10)	Non Preferred	SP, PA
MAYZENT PAK STARTER	Non Preferred	SP, PA
MAYZENT TAB 0.25MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
MAYZENT TAB 2MG	Non Preferred	SP, PA
OCREVUS INJ 300/10ML	Non Preferred	SP, PA
PLEGRIDY INJ	Non Preferred	SP, PA
PLEGRIDY INJ	Non Preferred	SP, PA
PLEGRIDY INJ PEN	Non Preferred	SP, PA
PLEGRIDY INJ STARTER	Non Preferred	SP, PA
PLEGRIDY PEN INJ STARTER	Non Preferred	SP, PA
PONVORY TAB 20MG	Non Preferred	SP, PA
PONVORY TAB STARTER	Non Preferred	SP, PA
REBIF INJ 22/0.5	Preferred	SP
REBIF INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ 22/0.5	Preferred	SP
REBIF REBIDO INJ 44/0.5	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CAP 120MG	Preferred	SP, QL (2 ea per day)
TECFIDERA CAP 240MG	Preferred	SP, QL (2 ea per day)
TECFIDERA MIS STARTER	Preferred	SP
TYSABRI INJ 300/15ML	Non Preferred	SP, PA
VUMERTY CAP 231MG	Non Preferred	SP, PA
ZEPOSIA 7DAY CAP STR PACK	Non Preferred	SP, PA
ZEPOSIA CAP .92MG	Non Preferred	SP, PA
ZEPOSIA CAP STR KIT	Non Preferred	SP, PA

#### ***POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS***

GRALISE TAB 300MG	Non Preferred	PA
GRALISE TAB 600MG	Non Preferred	PA
LYRICA CR TAB 82.5MG	Non Preferred	PA
LYRICA CR TAB 165MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CR TAB 330MG	Non Preferred	PA
<i>pregabalin tab er 24hr 82.5 mg (generic of LYRICA CR)</i>	Non Preferred	PA
<i>pregabalin tab er 24hr 165 mg (generic of LYRICA CR)</i>	Non Preferred	PA
<i>pregabalin tab er 24hr 330 mg (generic of LYRICA CR)</i>	Non Preferred	PA
<b><i>PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS</i></b>		
fluoxetine hcl (pmdd) tab 10 mg	Non Preferred	PA
<i>fluoxetine hcl (pmdd) tab 20 mg</i>	Non Preferred	PA
<b><i>PSEUDOLOBULAR AFFECT (PBA) AGENTS</i></b>		
NUEDEXTA CAP 20-10MG	Non Preferred	PA
<b><i>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS</i></b>		
<i>ergoloid mesylates tab 1 mg</i>	Preferred	
<i>pimozide tab 1 mg</i>	Preferred	
<i>pimozide tab 2 mg</i>	Preferred	
<b><i>RESTLESS LEG SYNDROME (RLS) AGENTS</i></b>		
HORIZANT TAB 300MG ER	Non Preferred	PA
HORIZANT TAB 600MG ER	Non Preferred	PA
<b><i>SMOKING DETERRENTS</i></b>		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Preferred	QL (2 ea per day)
<i>nicotine polacrilex gum 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>nicotine polacrilex gum 4 mg</i>	Preferred	QL (8 ea per day), OTC
<i>nicotine polacrilex lozenge 2 mg</i>	Preferred	QL (8 ea per day), OTC
<i>nicotine polacrilex lozenge 4 mg</i>	Preferred	QL (8 ea per day), OTC
NICOTINE SYS KIT TRANSDER	Preferred	OTC
<i>nicotine td patch 24hr 7 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
<i>nicotine td patch 24hr 14 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
<i>nicotine td patch 24hr 21 mg/24hr</i>	Preferred	QL (1 ea per day), OTC
NICOTROL INH	Preferred	
NICOTROL NS SPR 10MG/ML	Preferred	
<b><i>TRANSTHYRETIN AMYLOIDOSIS AGENTS</i></b>		
TEGSEDI INJ 284/1.5	Non Preferred	SP, PA
<b><i>VASOMOTOR SYMPTOM AGENTS</i></b>		
BRISDELLE CAP 7.5MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
paroxetine mesylate cap 7.5 mg (base equiv) (generic of BRISDELLE)	Non Preferred	PA

## **RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS**

### ***CYSTIC FIBROSIS AGENTS***

BRONCHITOL CAP 40MG	Non Preferred	PA
BRONCHITOL CAP TOL TEST	Non Preferred	PA
KALYDECO PAK 25MG	Non Preferred	SP, PA
KALYDECO PAK 50MG	Non Preferred	SP, PA
KALYDECO PAK 75MG	Non Preferred	SP, PA
KALYDECO TAB 150MG	Non Preferred	SP, PA
ORKAMBI GRA 100-125	Non Preferred	SP, PA
ORKAMBI GRA 150-188	Non Preferred	SP, PA
ORKAMBI TAB 100-125	Non Preferred	SP, PA
ORKAMBI TAB 200-125	Non Preferred	SP, PA
PULMOZYME SOL 1MG/ML	Preferred	SP, QL (2.5 mL per day)
SYMDEKO TAB 50-75MG	Non Preferred	SP, PA
SYMDEKO TAB 100-150	Non Preferred	SP, PA
TRIKAFTA TAB	Non Preferred	PA
TRIKAFTA TAB	Non Preferred	SP, PA

### ***PULMONARY FIBROSIS AGENTS***

ESBRIET CAP 267MG	Non Preferred	SP, PA
ESBRIET TAB 267MG	Non Preferred	SP, PA
ESBRIET TAB 801MG	Non Preferred	SP, PA
OFEV CAP 100MG	Non Preferred	SP, PA
OFEV CAP 150MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
<b>SULFONAMIDES - DRUGS TO TREAT INFECTIONS</b>		
SULFADIAZINE TAB 500 MG	Preferred	
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
<b>AMINOMETHYLCYCCLINES</b>		
NUZYRA TAB 150MG	Non Preferred	SP, PA
<b>TETRACYCLINES - DRUGS TO TREAT INFECTIONS</b>		
demeclercycline hcl tab 150 mg	Preferred	
demeclercycline hcl tab 300 mg	Preferred	
DORYX MPC TAB 120MG	Non Preferred	PA
DORYX TAB 50MG	Non Preferred	PA
DORYX TAB 80MG	Non Preferred	PA
DORYX TAB 200MG	Non Preferred	PA
doxycycline hydiate cap 50 mg	Preferred	
doxycycline hydiate cap 100 mg (generic of VIBRAMYCIN)	Preferred	
doxycycline hydiate tab 20 mg	Preferred	
doxycycline hydiate tab 50 mg	Preferred	
doxycycline hydiate tab 75 mg (generic of ACTICLATE)	Preferred	
doxycycline hydiate tab 100 mg	Preferred	
doxycycline hydiate tab 150 mg (generic of ACTICLATE)	Preferred	
doxycycline hydiate tab delayed release 50 mg (generic of DORYX)	Non Preferred	PA
doxycycline hydiate tab delayed release 75 mg	Non Preferred	PA
doxycycline hydiate tab delayed release 80 mg	Non Preferred	PA
doxycycline hydiate tab delayed release 100 mg	Non Preferred	PA
doxycycline hydiate tab delayed release 150 mg	Non Preferred	PA
doxycycline hydiate tab delayed release 200 mg (generic of DORYX)	Non Preferred	PA
doxycycline monohydrate cap 50 mg	Preferred	QL (3 ea per day)
doxycycline monohydrate cap 75 mg	Preferred	
doxycycline monohydrate cap 100 mg	Preferred	QL (3 ea per day)
doxycycline monohydrate cap 150 mg	Preferred	
doxycycline monohydrate for susp 25 mg/5ml (generic of VIBRAMYCIN)	Preferred	

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxycycline monohydrate tab 50 mg</i>	Preferred	
<i>doxycycline monohydrate tab 75 mg</i>	Preferred	
<i>doxycycline monohydrate tab 100 mg</i>	Preferred	QL (3 ea per day)
<i>doxycycline monohydrate tab 150 mg</i>	Preferred	
<i>minocycline hcl cap 50 mg</i>	Preferred	QL (2 ea per day)
<i>minocycline hcl cap 75 mg</i>	Preferred	
<i>minocycline hcl cap 100 mg (generic of MINOCIN)</i>	Preferred	QL (2 ea per day)
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i>	Non Preferred	PA
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i>	Non Preferred	PA
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i>	Non Preferred	PA
<i>minocycline hcl tab 50 mg</i>	Preferred	
<i>minocycline hcl tab 75 mg</i>	Preferred	
<i>minocycline hcl tab 100 mg</i>	Preferred	
<i>minocycline hcl tab er 24hr 45 mg</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 55 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 65 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 80 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 90 mg</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 105 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 115 mg (generic of SOLODYN)</i>	Non Preferred	PA
<i>minocycline hcl tab er 24hr 135 mg</i>	Non Preferred	PA
<b>MINOLIRA TAB 105MG</b>	Non Preferred	PA
<b>MINOLIRA TAB 135MG</b>	Non Preferred	PA
<b>SOLODYN TAB 55MG</b>	Non Preferred	PA
<b>SOLODYN TAB 65MG</b>	Non Preferred	PA
<b>SOLODYN TAB 80MG</b>	Non Preferred	PA
<b>SOLODYN TAB 105MG</b>	Non Preferred	PA
<b>SOLODYN TAB 115MG</b>	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
tetracycline hcl cap 250 mg	Preferred		
tetracycline hcl cap 500 mg	Preferred		
VIBRAMYCIN CAP 100MG	Non Preferred	PA	
VIBRAMYCIN SUS 25MG/5ML	Non Preferred	PA	
VIBRAMYCIN SYP 50MG/5ML	Preferred		
XIMINO CAP 45MG ER	Non Preferred	PA	
XIMINO CAP 90MG ER	Non Preferred	PA	
XIMINO CAP 135MG ER	Non Preferred	PA	

## **THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS**

### **ANTITHYROID AGENTS**

<i>methimazole tab 5 mg</i>	Preferred	QL (6 ea per day)
<i>methimazole tab 10 mg</i>	Preferred	QL (6 ea per day)
<i>propylthiouracil tab 50 mg</i>	Preferred	QL (20 ea per day)

### **THYROID HORMONES**

ARMOUR THYRO TAB 15MG	Preferred	
ARMOUR THYRO TAB 30MG	Preferred	
ARMOUR THYRO TAB 60MG	Preferred	
ARMOUR THYRO TAB 90MG	Preferred	
ARMOUR THYRO TAB 120MG	Preferred	
ARMOUR THYRO TAB 180MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 240MG	Preferred	QL (1 ea per day)
ARMOUR THYRO TAB 300MG	Preferred	QL (1 ea per day)
CYTOMEL TAB 5MCG	Non Preferred	PA
CYTOMEL TAB 25MCG	Non Preferred	PA
CYTOMEL TAB 50MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 13 MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 25 MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 50 MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 75 MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 88 MCG	Non Preferred	PA
LEVOTHYROXINE SODIUM CAP 100 MCG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>	
LEVOTHYROXINE SODIUM CAP 112 MCG	Non Preferred	PA	
LEVOTHYROXINE SODIUM CAP 125 MCG	Non Preferred	PA	
LEVOTHYROXINE SODIUM CAP 137 MCG	Non Preferred	PA	
LEVOTHYROXINE SODIUM CAP 150 MCG	Non Preferred	PA	
LEVOTHYROXINE SODIUM CAP 175 MCG	Non Preferred	PA	
LEVOTHYROXINE SODIUM CAP 200 MCG	Non Preferred	PA	
<i>levothyroxine sodium tab 25 mcg (generic of LEVOTHYROXINE SODIUM TAB 25 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 50 mcg (generic of LEVOTHYROXINE SODIUM TAB 50 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 75 mcg (generic of LEVOTHYROXINE SODIUM TAB 75 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 88 mcg (generic of LEVOTHYROXINE SODIUM TAB 88 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 100 mcg (generic of LEVOTHYROXINE SODIUM TAB 100 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 112 mcg (generic of LEVOTHYROXINE SODIUM TAB 112 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 125 mcg (generic of LEVOTHYROXINE SODIUM TAB 125 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 137 mcg (generic of LEVOTHYROXINE SODIUM TAB 137 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 150 mcg (generic of LEVOTHYROXINE SODIUM TAB 150 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 175 mcg (generic of LEVOTHYROXINE SODIUM TAB 175 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 200 mcg (generic of LEVOTHYROXINE SODIUM TAB 200 MCG)</i>	Preferred	QL (2 ea per day)	
<i>levothyroxine sodium tab 300 mcg (generic of LEVOTHYROXINE SODIUM TAB 300 MCG)</i>	Preferred	QL (2 ea per day)	
<i>liothyronine sodium tab 5 mcg (generic of CYTOMEL)</i>	Preferred		
<i>liothyronine sodium tab 25 mcg (generic of CYTOMEL)</i>	Preferred		

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>liothyronine sodium tab 50 mcg (generic of CYTOMEL)</i>	Preferred	
<i>np thyroid tab 15mg</i>	Preferred	QL (1 ea per day)
<i>np thyroid tab 30mg</i>	Preferred	QL (1 ea per day)
<i>np thyroid tab 60mg</i>	Preferred	QL (1 ea per day)
<i>np thyroid tab 90mg</i>	Preferred	QL (1 ea per day)
<i>np thyroid tab 120mg</i>	Preferred	QL (1 ea per day)
SYNTHROID TAB 25MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 50MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 75MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 88MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 100MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 112MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 125MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 137MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 150MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 175MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 200MCG	Non Preferred	PA, QL (2 ea per day)
SYNTHROID TAB 300MCG	Non Preferred	PA, QL (2 ea per day)
THYQUIDITY SOL 100MCG	Non Preferred	PA
TIROSINT CAP 13MCG	Non Preferred	PA
TIROSINT CAP 25MCG	Non Preferred	PA
TIROSINT CAP 50MCG	Non Preferred	PA
TIROSINT CAP 75MCG	Non Preferred	PA
TIROSINT CAP 88MCG	Non Preferred	PA
TIROSINT CAP 100MCG	Non Preferred	PA
TIROSINT CAP 112MCG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TIROSINT CAP 125MCG	Non Preferred	PA
TIROSINT CAP 137MCG	Non Preferred	PA
TIROSINT CAP 150MCG	Non Preferred	PA
TIROSINT CAP 175MCG	Non Preferred	PA
TIROSINT CAP 200	Non Preferred	PA
TIROSINT-SOL SOL 13MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 25MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 37.5/ML	Non Preferred	PA
TIROSINT-SOL SOL 44MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 50MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 62.5/ML	Non Preferred	PA
TIROSINT-SOL SOL 75MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 88MCG/ML	Non Preferred	PA
TIROSINT-SOL SOL 100MCG	Non Preferred	PA
TIROSINT-SOL SOL 112MCG	Non Preferred	PA
TIROSINT-SOL SOL 125MCG	Non Preferred	PA
TIROSINT-SOL SOL 137MCG	Non Preferred	PA
TIROSINT-SOL SOL 150MCG	Non Preferred	PA
TIROSINT-SOL SOL 175MCG	Non Preferred	PA
TIROSINT-SOL SOL 200MCG	Non Preferred	PA

## **TOXOIDS - DRUGS TO PREVENT INFECTIONS**

### **TOXOID COMBINATIONS**

ADACEL INJ	Preferred	PA; AGE (Min age 19 years)
BOOSTRIX INJ	Preferred	PA; AGE (Min age 19 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
TDVAX INJ 2-2 LF	Preferred	QL (max 1 fill per lifetime); AGE (Min age 19 years)
TENIVAC INJ 5-2LF	Preferred	QL (max 1 fill per lifetime); AGE (Min age 19 years)

## **ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID**

### **ANTISPASMODICS**

ANASPAZ TAB 0.125MG	Non Preferred	PA, QL (12 ea per day)
BELLA/OPIUM SUP 16.2-30	Preferred	
BELLA/OPIUM SUP 16.2-60	Preferred	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (generic of LIBRAX)</i>	Non Preferred	PA
CUVPOSA SOL 1MG/5ML	Non Preferred	PA
<i>dicyclomine hcl cap 10 mg</i>	Preferred	QL (4 ea per day)
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Preferred	QL (80 mL per day)
<i>dicyclomine hcl tab 20 mg</i>	Preferred	QL (8 ea per day)
<i>glycopyrrolate oral soln 1 mg/5ml (generic of CUVPOSA)</i>	Preferred	
<i>glycopyrrolate tab 1 mg (generic of ROBINUL)</i>	Preferred	
<i>glycopyrrolate tab 2 mg (generic of ROBINUL FORTE)</i>	Preferred	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Preferred	QL (60 mL per day)
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Preferred	QL (12 ea per day)
<i>hyoscyamine sulfate tab 0.125 mg</i>	Preferred	QL (12 ea per day)
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Preferred	QL (12 ea per day)
LEVSIN TAB 0.125MG	Non Preferred	PA, QL (12 ea per day)
LEVSIN/SL SUB 0.125MG	Non Preferred	PA, QL (12 ea per day)
LIBRAX CAP 5-2.5MG	Non Preferred	PA
<i>methscopolamine bromide tab 2.5 mg</i>	Non Preferred	PA
<i>methscopolamine bromide tab 5 mg</i>	Non Preferred	PA
<i>oscimin tab 0.125mg</i>	Preferred	QL (12 ea per day)

### **H-2 ANTAGONISTS**

cimetidine hcl soln 300 mg/5ml	Preferred	QL (60 mL per day)
cimetidine tab 200 mg	Preferred	QL (4 ea per day)
cimetidine tab 300 mg	Preferred	QL (2 ea per day)
cimetidine tab 400 mg	Preferred	QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
cimetidine tab 800 mg	Preferred	QL (2 ea per day)
famotidine for susp 40 mg/5ml	Preferred	QL (5 mL per day)
famotidine tab 10 mg	Preferred	OTC
famotidine tab 20 mg (generic of PEPCID)	Preferred	QL (2 ea per day)
famotidine tab 40 mg (generic of PEPCID)	Preferred	QL (2 ea per day)
nizatidine cap 150 mg	Preferred	QL (4 ea per day)
nizatidine cap 300 mg	Preferred	
nizatidine oral soln 15 mg/ml	Preferred	
PEPCID TAB 20MG	Non Preferred	PA, QL (2 ea per day)
PEPCID TAB 40MG	Non Preferred	PA, QL (2 ea per day)
<b>MISC. ANTI-ULCER</b>		
CARAFATE SUS 1GM/10ML	Preferred	QL (40 mL per day)
CARAFATE TAB 1GM	Non Preferred	PA, QL (4 ea per day)
sucralfate susp 1 gm/10ml (generic of CARAFATE)	Preferred	QL (40 mL per day)
sucralfate tab 1 gm (generic of CARAFATE)	Preferred	QL (4 ea per day)
<b>PROTON PUMP INHIBITORS</b>		
ACIPHEX TAB 20MG	Non Preferred	PA
DEXILANT CAP 30MG DR	Non Preferred	PA
DEXILANT CAP 60MG DR	Non Preferred	PA
dexlansoprazole cap delayed release 30 mg	Non Preferred	PA
dexlansoprazole cap delayed release 60 mg (generic of DEXILANT)	Non Preferred	PA
esomeprazole magnesium cap delayed release 20 mg (base eq) (generic of NEXIUM)	Non Preferred	PA, QL (2 ea per day)
esomeprazole magnesium cap delayed release 40 mg (base eq) (generic of NEXIUM)	Non Preferred	PA
esomeprazole magnesium for delayed release susp packet 10 mg (generic of NEXIUM)	Non Preferred	PA
esomeprazole magnesium for delayed release susp packet 20 mg (generic of NEXIUM)	Non Preferred	PA
esomeprazole magnesium for delayed release susp packet 40 mg (generic of NEXIUM)	Non Preferred	PA
lansoprazole cap delayed release 15 mg	Non Preferred	PA, QL (2 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>lansoprazole cap delayed release 30 mg (generic of PREVACID)</i>	Non Preferred	PA
<i>lansoprazole tab delayed release orally disintegrating 15 mg (generic of PREVACID SOLUTAB)</i>	Preferred	AGE (Max age 10 years)
<i>lansoprazole tab delayed release orally disintegrating 30 mg (generic of PREVACID SOLUTAB)</i>	Preferred	AGE (Max age 10 years)
NEXIUM CAP 20MG	Non Preferred	PA, QL (2 ea per day)
NEXIUM CAP 40MG	Non Preferred	PA
NEXIUM GRA 2.5MG DR	Non Preferred	PA
NEXIUM GRA 5MG DR	Non Preferred	PA
NEXIUM GRA 10MG DR	Non Preferred	PA
NEXIUM GRA 20MG DR	Non Preferred	PA
NEXIUM GRA 40MG DR	Non Preferred	PA
<i>omeprazole cap delayed release 10 mg</i>	Preferred	QL (3 ea per day)
<i>omeprazole cap delayed release 20 mg</i>	Preferred	QL (3 ea per day)
<i>omeprazole cap delayed release 40 mg</i>	Preferred	QL (1 ea per day)
<i>pantoprazole sodium ec tab 20 mg (base equiv) (generic of PROTONIX)</i>	Preferred	QL (1 ea per day)
<i>pantoprazole sodium ec tab 40 mg (base equiv) (generic of PROTONIX)</i>	Preferred	QL (3 ea per day)
<i>pantoprazole sodium for delayed release susp packet 40 mg (generic of PROTONIX)</i>	Non Preferred	PA
PREVACID CAP 30MG DR	Non Preferred	PA
PREVACID TAB 15MG STB	Non Preferred	PA; AGE (Max age 10 years)
PREVACID TAB 30MG STB	Non Preferred	PA; AGE (Max age 10 years)
PRILOSEC POW 2.5MG	Non Preferred	PA
PRILOSEC POW 10MG	Non Preferred	PA
PROTONIX PAK 40MG	Non Preferred	PA
PROTONIX TAB 20MG	Non Preferred	PA, QL (1 ea per day)
PROTONIX TAB 40MG	Non Preferred	PA, QL (3 ea per day)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
rabeprazole sodium ec tab 20 mg (generic of ACIPHEX)	Non Preferred	PA

#### ***ULCER DRUGS - PROSTAGLANDINS***

CYTOTEC TAB 100MCG	Non Preferred	PA, QL (4 ea per day)
CYTOTEC TAB 200MCG	Non Preferred	PA, QL (4 ea per day)
<i>misoprostol tab 100 mcg</i>	Preferred	QL (4 ea per day)
<i>misoprostol tab 200 mcg</i>	Preferred	QL (4 ea per day)

#### ***ULCER THERAPY COMBINATIONS***

<i>amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack</i>	Non Preferred	PA
OMECLAMOX- MIS PAK	Non Preferred	PA
<i>omeprazole-sodium bicarbonate cap 20-1100 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate cap 40-1100 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg (generic of ZEGERID)</i>	Non Preferred	PA
<i>omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg (generic of ZEGERID)</i>	Non Preferred	PA
PYLERA CAP	Non Preferred	PA
TALICIA CAP	Non Preferred	PA
ZGERID CAP 20-1100	Non Preferred	PA
ZGERID CAP 40-1100	Non Preferred	PA
ZGERID POW 20-1680	Non Preferred	PA
ZGERID POW 40-1680	Non Preferred	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 Preferred	PA
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (generic of ENABLEX)</i>	Non Preferred	PA
DETROL LA CAP 2MG	Non Preferred	PA
DETROL LA CAP 4MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
DETROL TAB 1MG	Non Preferred	PA, QL (2 ea per day)
DETROL TAB 2MG	Non Preferred	PA, QL (2 ea per day)
DITROPAN XL TAB 5MG	Non Preferred	PA, QL (1 ea per day)
DITROPAN XL TAB 10MG	Non Preferred	PA, QL (1 ea per day)
GELNIQUE GEL 10%	Non Preferred	PA
<i>oxybutynin chloride syrup 5 mg/5ml</i>	Preferred	QL (20 mL per day)
<i>oxybutynin chloride tab 5 mg</i>	Preferred	QL (3 ea per day)
<i>oxybutynin chloride tab er 24hr 5 mg</i> (generic of DITROPAN XL)	Preferred	QL (1 ea per day)
<i>oxybutynin chloride tab er 24hr 10 mg</i> (generic of DITROPAN XL)	Preferred	QL (1 ea per day)
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Preferred	QL (1 ea per day)
OXYTROL DIS 3.9MG/24	Non Preferred	PA
<i>solifenacin succinate tab 5 mg</i> (generic of VESICARE)	Preferred	
<i>solifenacin succinate tab 10 mg</i> (generic of VESICARE)	Preferred	
<i>tolterodine tartrate cap er 24hr 2 mg</i> (generic of DETROL LA)	Non Preferred	PA
<i>tolterodine tartrate cap er 24hr 4 mg</i> (generic of DETROL LA)	Non Preferred	PA
<i>tolterodine tartrate tab 1 mg</i> (generic of DETROL)	Non Preferred	PA, QL (2 ea per day)
<i>tolterodine tartrate tab 2 mg</i> (generic of DETROL)	Non Preferred	PA, QL (2 ea per day)
TOVIAZ TAB 4MG	Non Preferred	PA
TOVIAZ TAB 8MG	Non Preferred	PA
<i>trospium chloride cap er 24hr 60 mg</i>	Non Preferred	PA
<i>trospium chloride tab 20 mg</i>	Non Preferred	PA, QL (2 ea per day)
VESICARE LS SUS 5MG/5ML	Non Preferred	PA
VESICARE TAB 5MG	Non Preferred	PA
VESICARE TAB 10MG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS</b>		
GEMTESA TAB 75MG	Non Preferred	PA
MYRBETRIQ SUS 8MG/ML	Non Preferred	PA
MYRBETRIQ TAB 25MG	Non Preferred	PA
MYRBETRIQ TAB 50MG	Non Preferred	PA
<b>URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS</b>		
bethanechol chloride tab 5 mg	Preferred	QL (4 ea per day)
bethanechol chloride tab 10 mg	Preferred	QL (4 ea per day)
bethanechol chloride tab 25 mg	Preferred	QL (4 ea per day)
bethanechol chloride tab 50 mg	Preferred	QL (4 ea per day)
<b>URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS</b>		
flavoxate hcl tab 100 mg	Non Preferred	PA, QL (4 ea per day)
<b>VACCINES - DRUGS TO PREVENT INFECTIONS</b>		
<b>BACTERIAL VACCINES</b>		
PNEUMOVAX 23 INJ 25/0.5	Preferred	QL (max 2 fills per lifetime); AGE (Min age 19 years)
PREVNAR 13 INJ	Preferred	QL (max 1 fill per lifetime); AGE (Min age 19 years)
PREVNAR 20 INJ	Preferred	AGE (Min age 19 years)
VAXNEUVANCE INJ	Preferred	AGE (Min age 19 years)
<b>VIRAL VACCINES</b>		
AFLURIA QUAD INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)
ENGERIX-B INJ 10/0.5ML	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
ENGERIX-B INJ 20MCG/ML	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
FLUARIX QUAD INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)
FLUBLOK QUAD INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)
FLUCLVX QUAD INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FLULALVAL QUA INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)
FLUMIST QUAD SUS 2021-22	Preferred	QL (max 1 fill per year); AGE (Min age 4 years and Max age 49 years)
FLUZONE QUAD INJ 2021-22	Preferred	QL (max 1 fill per 180 days); AGE (Min age 4 years)
HAVRIX INJ 720UNIT	Preferred	QL (max 2 fills per lifetime); AGE (Min age 19 years)
HAVRIX INJ 1440UNIT	Preferred	QL (max 2 fills per lifetime); AGE (Min age 19 years)
HEPLISAV-B INJ 20/0.5ML	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
JANSSEN VACC INJ COVID-19	Preferred	
MODERNA VAC INJ COVID-19	Preferred	
PFIZER VACC INJ COVID-19	Preferred	
RECOMBIVAX HB INJ 5MCG/0.5	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
RECOMBIVAX HB INJ 10MCG/ML	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
SHINGRIX INJ 50/0.5ML	Preferred	QL (max 2 fills per lifetime); AGE (Min age 50 years)
TWINRIX INJ	Preferred	QL (max 3 fills per lifetime); AGE (Min age 19 years)
VAQTA INJ 25/0.5ML	Preferred	QL (max 2 fills per lifetime); AGE (Min age 19 years)
VAQTA INJ 50UNT/ML	Preferred	QL (max 2 fills per lifetime); AGE (Min age 19 years)

## **VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS**

### **MISCELLANEOUS VAGINAL PRODUCTS**

INTRAROSA SUP 6.5MG	Non Preferred	PA
TRIMO-SAN GEL	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>VAGINAL ANTI-INFECTIVES</b>		
CLEOCIN CRE 2% VAG	Non Preferred	PA
CLEOCIN SUP 100MG	Preferred	
<i>clindamycin phosphate vaginal cream 2%</i> (generic of CLEOCIN)	Preferred	
CLINDESSE CRE 2%	Non Preferred	PA
<i>clotrimazole vaginal cream 1%</i>	Preferred	OTC
<i>clotrimazole vaginal cream 2%</i>	Preferred	OTC
GYNAZOLE-1 CRE 2%	Non Preferred	PA
<i>metronidazole vaginal gel 0.75%</i>	Preferred	QL (70 gm / 5 days)
<i>miconazole 3 sup 200mg</i>	Preferred	
<i>miconazole nitrate vaginal app 200 mg &amp; 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream 2%</i>	Preferred	OTC
<i>miconazole nitrate vaginal cream 4% (200 mg/5gm)</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg &amp; 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal suppos 100 mg</i>	Preferred	OTC
NUVESSA GEL 1.3%	Non Preferred	PA
<i>terconazole vaginal cream 0.4%</i>	Preferred	
<i>terconazole vaginal cream 0.8%</i>	Preferred	
<i>terconazole vaginal suppos 80 mg</i>	Preferred	QL (1 ea per day)
<i>tioconazole vaginal oint 6.5%</i>	Preferred	OTC
<i>vandazole gel 0.75%</i>	Preferred	QL (70 gm / 5 days)
<b>VAGINAL CONTRACEPTIVE - PH MODULATORS</b>		
PHEXXI GEL	Preferred	
<b>VAGINAL ESTROGENS</b>		
ESTRACE VAG CRE 0.01%	Non Preferred	PA, QL (1.42 gm per day)
<i>estradiol vaginal cream 0.1 mg/gm</i> (generic of ESTRACE)	Preferred	QL (1.42 gm per day)
<i>estradiol vaginal tab 10 mcg</i> (generic of ESTRADIOL VAGINAL TAB 10 MCG)	Non Preferred	PA
ESTRING MIS 2MG	Non Preferred	PA
FEMRING MIS 0.1MG/24	Non Preferred	PA
FEMRING MIS 0.05/24H	Non Preferred	PA
IMVEXXY MAIN SUP 4MCG	Non Preferred	PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
IMVEXXY MAIN SUP 10MCG	Non Preferred	PA
IMVEXXY STRT SUP 4MCG	Non Preferred	PA
IMVEXXY STRT SUP 10MCG	Non Preferred	PA
PREMARIN VAG CRE 0.625MG	Preferred	
VAGIFEM TAB 10MCG	Non Preferred	PA

### **VAGINAL PROGESTINS**

CRINONE GEL 4% VAG	Non Preferred	PA
CRINONE GEL 8% VAG	Non Preferred	PA
ENDOMETRIN SUP 100MG	Preferred	

## **VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

### **ANAPHYLAXIS THERAPY AGENTS**

<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) (generic of EPIPEN 2-PAK)</i>	Preferred	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) (generic of EPIPEN-JR 2-PAK)</i>	Preferred	QL (2 ea / 25 days)
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Preferred	
EPIPEN 2-PAK INJ 0.3MG	Non Preferred	PA, QL (2 ea / 25 days)
EPIPEN-JR INJ 0.15MG	Non Preferred	PA, QL (2 ea / 25 days)
SYMJEPI INJ 0.3MG	Non Preferred	PA
SYMJEPI INJ 0.15MG	Non Preferred	PA

### **NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS**

<i>droxidopa cap 100 mg (generic of NORTHERA)</i>	Non Preferred	SP, PA
<i>droxidopa cap 200 mg (generic of NORTHERA)</i>	Non Preferred	SP, PA
<i>droxidopa cap 300 mg (generic of NORTHERA)</i>	Non Preferred	SP, PA
NORTHERA CAP 100MG	Non Preferred	SP, PA
NORTHERA CAP 200MG	Non Preferred	SP, PA

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NORTHERA CAP 300MG	Non Preferred	SP, PA

**VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS**

<i>midodrine hcl tab 2.5 mg</i>	Preferred	QL (3 ea per day)
<i>midodrine hcl tab 5 mg</i>	Preferred	QL (3 ea per day)
<i>midodrine hcl tab 10 mg</i>	Preferred	QL (3 ea per day)

**VITAMINS - DRUGS FOR NUTRITION**

**OIL SOLUBLE VITAMINS**

<i>cholecalciferol cap 1000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 2000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 5000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 10000 unit</i>	Preferred	OTC
<i>cholecalciferol cap 50000 unit</i>	Preferred	OTC
<i>cholecalciferol chew tab 400 unit</i>	Preferred	OTC
<i>cholecalciferol oral liquid 400 unit/ml</i>	Preferred	OTC
<i>cholecalciferol tab 400 unit</i>	Preferred	OTC
<i>cholecalciferol tab 1000 unit</i>	Preferred	OTC
<i>cholecalciferol tab 2000 unit</i>	Preferred	OTC
<i>cholecalciferol tab 5000 unit</i>	Preferred	OTC
<i>ergocalciferol cap 1.25 mg (50000 unit) (generic of DRISDOL)</i>	Preferred	QL (6 ea per day)

**WATER SOLUBLE VITAMINS**

<i>ascorbic acid tab 500 mg</i>	Preferred	OTC
<i>niacin cap er 250 mg</i>	Preferred	OTC
<i>niacin tab 500 mg</i>	Preferred	OTC
<i>niacin tab er 750 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 25 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 50 mg</i>	Preferred	OTC
<i>pyridoxine hcl tab 100 mg</i>	Preferred	OTC
<i>riboflavin tab 100 mg</i>	Preferred	OTC
<i>thiamine mononitrate tab 100 mg</i>	Preferred	OTC

## Index

<b>1</b>	
1.5 ML SYRNG MIS 22X1-1/2.....	286
10ML LL SYRN MIS 22GX1 .....	281
10ML SYRINGE MIS 22GX1 .....	286
1ML SYRINGE MIS 29G .....	286
1ML SYRINGE MIS 30G .....	286
1ST TIER UNI MIS 29GX12MM .....	286
1ST TIER UNI MIS 31GX5MM.....	286
1ST TIER UNI MIS 31GX6MM.....	286
1ST TIER UNI MIS 31GX8MM.....	286
1ST TIER UNI MIS 32GX4MM.....	286
<b>3</b>	
3ML LL SYRNG MIS 25GX5/8 .....	281
3ML LUER LOC MIS 25GX5/8 .....	281
3ML SYRINGE MIS 25GX5/8 .....	286
<b>5</b>	
5ML LL SYRNG MIS 21GX1 .....	281
5ML SYRINGE MIS 21GX1 .....	286
5ML SYRINGES MIS 21GX1 .....	286
<b>A</b>	
<i>abacavir sulfate soln 20 mg/ml (base equiv) .....</i>	153
<i>abacavir sulfate tab 300 mg (base equiv) .....</i>	154
<i>abacavir sulfate-lamivudine tab 600-300 mg .....</i>	154
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg .....</i>	154
<b>ABILIFY</b>	
<i>see aripiprazole tab 10 mg .....</i>	153
<i>see aripiprazole tab 15 mg .....</i>	153
<i>see aripiprazole tab 2 mg .....</i>	153
<i>see aripiprazole tab 20 mg .....</i>	153
<i>see aripiprazole tab 30 mg .....</i>	153
<i>see aripiprazole tab 5 mg .....</i>	153
ABILIFY MAIN INJ 300MG.....	152
ABILIFY MAIN INJ 400MG.....	152
ABILIFY MYCI TAB 10MG MNT.....	152
ABILIFY MYCI TAB 10MG STR .....	152
ABILIFY MYCI TAB 15MG MNT.....	152
ABILIFY MYCI TAB 15MG STR .....	152
ABILIFY MYCI TAB 20MG MNT.....	152
ABILIFY MYCI TAB 20MG STR .....	152
ABILIFY MYCI TAB 2MG MANT .....	152
ABILIFY MYCI TAB 2MG STRT .....	152
ABILIFY MYCI TAB 30MG MNT.....	152
<b>ABILIFY MYCI TAB 30MG STR .....</b>	152
<b>ABILIFY MYCI TAB 5MG MANT .....</b>	152
<b>ABILIFY MYCI TAB 5MG STRT .....</b>	152
<b>ABILIFY TAB 10MG .....</b>	152
<b>ABILIFY TAB 15MG .....</b>	152
<b>ABILIFY TAB 20MG .....</b>	152
<b>ABILIFY TAB 2MG .....</b>	152
<b>ABILIFY TAB 30MG .....</b>	152
<b>ABILIFY TAB 5MG .....</b>	152
<i>abiraterone acetate tab 250 mg .....</i>	130
<i>abiraterone acetate tab 500 mg .....</i>	130
ABOUTTIME MIS 30GX5/16 .....	274
ABOUTTIME MIS 31GX3/16 .....	274
ABOUTTIME MIS 31GX5/16 .....	274
ABOUTTIME MIS 32GX5/32 .....	274
<b>ABSORICA</b>	
<i>see isotretinoin cap 10 mg .....</i>	197
<i>see isotretinoin cap 20 mg .....</i>	197
<i>see isotretinoin cap 25 mg .....</i>	197
<i>see isotretinoin cap 30 mg .....</i>	197
<i>see isotretinoin cap 35 mg .....</i>	197
<i>see isotretinoin cap 40 mg .....</i>	197
ABSORICA CAP 10MG.....	193
ABSORICA CAP 20MG.....	193
ABSORICA CAP 25MG.....	193
ABSORICA CAP 30MG.....	193
ABSORICA CAP 35MG.....	193
ABSORICA CAP 40MG.....	193
ABSORICA LD CAP 16MG .....	194
ABSORICA LD CAP 24MG .....	194
ABSORICA LD CAP 32MG .....	194
ABSORICA LD CAP 8MG .....	194
<i>acamprosate calcium tab delayed release 333 mg .....</i>	319
<b>ACANYA</b>	
<i>see clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% .....</i>	196
ACANYA GEL 1.2-2.5%.....	194
<i>acarbose tab 100 mg .....</i>	93
<i>acarbose tab 25 mg .....</i>	93
<i>acarbose tab 50 mg .....</i>	93
<b>ACCOLATE</b>	
<i>see zafirlukast tab 10 mg .....</i>	66
<i>see zafirlukast tab 20 mg .....</i>	66
ACCOLATE TAB 10MG.....	66
ACCOLATE TAB 20MG.....	66

ACCU-CHECK KIT GUIDE ME.....	258
ACCU-CHEK KIT AVIVA PL.....	258
ACCU-CHEK KIT FASTCLIX .....	258
ACCU-CHEK KIT GUIDE .....	258
ACCU-CHEK KIT SOFTCLIX.....	258
ACCU-CHEK MIS MLTICLIX.....	258
ACCU-CHEK TES AVIVA PL.....	216
ACCU-CHEK TES COMPACT.....	216
ACCU-CHEK TES GUIDE .....	216
ACCU-CHEK TES SMART .....	216
ACCUPRIL	
see <i>quinapril hcl tab 10 mg</i> .....	116
see <i>quinapril hcl tab 20 mg</i> .....	116
see <i>quinapril hcl tab 40 mg</i> .....	116
see <i>quinapril hcl tab 5 mg</i> .....	116
ACCUPRIL TAB 10MG.....	114
ACCUPRIL TAB 20MG.....	114
ACCUPRIL TAB 40MG.....	114
ACCUPRIL TAB 5MG .....	114
ACCURETIC	
see <i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> .....	123
see <i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> .....	123
see <i>quinapril-hydrochlorothiazide tab 20-25 mg</i> .....	123
ACCURETIC TAB 10-12.5 .....	119
ACCURETIC TAB 20-12.5 .....	119
ACCURETIC TAB 20-25MG.....	119
<i>accutane cap 10mg</i> .....	194
<i>accutane cap 20mg</i> .....	194
<i>accutane cap 30mg</i> .....	194
<i>accutane cap 40mg</i> .....	194
ACCUTREND TES GLUCOSE .....	216
<i>acebutolol hcl cap 200 mg</i> .....	161
<i>acebutolol hcl cap 400 mg</i> .....	161
<i>acetaminophen cap 500 mg</i> .....	43
<i>acetaminophen chew tab 160 mg</i> ....	43
<i>acetaminophen chew tab 80 mg</i> .....	43
<i>acetaminophen disintegrating tab 160 mg</i> .....	43
<i>acetaminophen liquid 160 mg/5ml</i> ...	43
<i>acetaminophen liquid 167 mg/5ml</i> ...	43
<i>acetaminophen soln 160 mg/5ml</i> ....	43
<i>acetaminophen suppos 120 mg</i> .....	43
<i>acetaminophen suppos 650 mg</i> .....	43
<i>acetaminophen susp 160 mg/5ml</i> ....	43
<i>acetaminophen tab 325 mg</i> .....	43
<i>acetaminophen tab 500 mg</i> .....	44
<i>acetaminophen tab er 650 mg</i> .....	44
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i> .....	51
<i>acetaminophen w/ codeine tab 300-15 mg</i> .....	51
<i>acetaminophen w/ codeine tab 300-30 mg</i> .....	51
<i>acetaminophen w/ codeine tab 300-60 mg</i> .....	51
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i> .....	51
<i>acetazolamide cap er 12hr 500 mg</i> .....	224
<i>acetazolamide tab 125 mg</i> .....	224
<i>acetazolamide tab 250 mg</i> .....	224
<i>acetic acid otic soln 2%</i> .....	317
ACETONE (URINE) TEST STRIP .....	216
<i>acetylcysteine inhal soln 20%</i> .....	193
ACIPHEX	
see <i>rabeprazole sodium ec tab 20 mg</i> .....	337
ACIPHEX TAB 20MG .....	335
<i>acitretin cap 10 mg</i> .....	204
<i>acitretin cap 17.5 mg</i> .....	204
<i>acitretin cap 25 mg</i> .....	204
ACTEMRA INJ 162/0.9 .....	38
ACTEMRA INJ 200/10ML .....	38
ACTEMRA INJ 400/20ML .....	38
ACTEMRA INJ 80MG/4ML .....	38
ACTEMRA INJ ACTPEN .....	38
ACTICLATE	
see <i>doxycycline hyclate tab 150 mg</i> .....	328
see <i>doxycycline hyclate tab 75 mg</i> .....	328
ACTI-LANCE MIS 28G.....	258
ACTI-LANCE MIS LITE 28G.....	258
ACTI-LANCE MIS SPEC 17G.....	258
ACTI-LANCE MIS UNIV 23G.....	258
ACTIQ	
see <i>fentanyl citrate lozenge on a handle 1200 mcg</i> .....	45
see <i>fentanyl citrate lozenge on a handle 1600 mcg</i> .....	45

see <i>fentanyl citrate lozenge on a handle 200 mcg</i> .....	45
see <i>fentanyl citrate lozenge on a handle 400 mcg</i> .....	45
see <i>fentanyl citrate lozenge on a handle 600 mcg</i> .....	45
see <i>fentanyl citrate lozenge on a handle 800 mcg</i> .....	45
ACTIQ LOZ 1200MCG .....	44
ACTIQ LOZ 1600MCG .....	44
ACTIQ LOZ 200MCG .....	44
ACTIQ LOZ 400MCG .....	44
ACTIQ LOZ 600MCG .....	44
ACTIQ LOZ 800MCG .....	44
ACTIVELLA	
<i>see estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	233
<i>see mimvey tab 1-0.5mg</i> .....	233
ACTIVELLA TAB 1-0.5MG .....	233
ACTONEL	
<i>see risedronate sodium tab 150 mg</i> .....	226
<i>see risedronate sodium tab 35 mg</i> .....	226
ACTONEL TAB 150MG .....	226
ACTONEL TAB 35MG .....	226
ACTOPLUS MET	
<i>see pioglitazone hcl-metformin hcl tab 15-500 mg</i> .....	95
<i>see pioglitazone hcl-metformin hcl tab 15-850 mg</i> .....	95
ACTOPLUS MET TAB 15-500MG .....	93
ACTOPLUS MET TAB 15-850MG .....	93
ACTOS	
<i>see pioglitazone hcl tab 15 mg (base equiv)</i> .....	101
<i>see pioglitazone hcl tab 30 mg (base equiv)</i> .....	101
<i>see pioglitazone hcl tab 45 mg (base equiv)</i> .....	101
ACTOS TAB 15MG .....	101
ACTOS TAB 30MG .....	101
ACTOS TAB 45MG .....	101
ACULAR	
<i>see ketorolac tromethamine ophth soln 0.5%</i> .....	316
ACULAR LS	
<i>see ketorolac tromethamine ophth soln 0.4%</i> .....	316
ACULAR LS SOL 0.4% .....	315
ACULAR SOL 0.5% OP .....	315
ACUVAIL SOL 0.45% .....	315
acyclovir cap 200 mg .....	159
acyclovir cream 5% .....	206
acyclovir oint 5% .....	206
acyclovir susp 200 mg/5ml .....	159
acyclovir tab 400 mg .....	159
acyclovir tab 800 mg .....	159
ACZONE	
<i>see dapson gel 5%</i> .....	196
<i>see dapson gel 7.5%</i> .....	196
ACZONE GEL 7.5% .....	194
ADACEL INJ .....	333
adapalene cream 0.1% .....	194
adapalene gel 0.1% .....	194
adapalene gel 0.3% .....	194
adapalene-benzoyl peroxide gel 0.1-2.5% .....	194
adapalene-benzoyl peroxide gel 0.3-2.5% .....	194
ADBRY INJ 150MG/ML .....	212
ADCIRCA	
<i>see alyq tab 20mg</i> .....	172
<i>see tadalafil tab 20 mg (pah)</i> .....	172
ADCIRCA TAB 20MG .....	172
ADDERALL	
<i>see amphetamine-dextroamphetamine tab 10 mg</i> ..	23
<i>see amphetamine-dextroamphetamine tab 12.5 mg</i> ..	24
<i>see amphetamine-dextroamphetamine tab 15 mg</i> ..	24
<i>see amphetamine-dextroamphetamine tab 20 mg</i> ..	24
<i>see amphetamine-dextroamphetamine tab 30 mg</i> ..	24
<i>see amphetamine-dextroamphetamine tab 5 mg</i> ..	23
<i>see amphetamine-dextroamphetamine tab 7.5 mg</i> ..	23
ADDERALL TAB 10MG .....	22
ADDERALL TAB 12.5MG .....	22
ADDERALL TAB 15MG .....	22
ADDERALL TAB 20MG .....	22

ADDERALL TAB 30MG .....	22
ADDERALL TAB 5MG.....	22
ADDERALL TAB 7.5MG.....	22
ADDERALL XR see <i>amphetamine-</i> <i>dextroamphetamine cap er 24hr 10 mg .....</i>	23
<i>see <i>amphetamine-</i></i> <i>dextroamphetamine cap er 24hr 15 mg .....</i>	23
<i>see <i>amphetamine-</i></i> <i>dextroamphetamine cap er 24hr 20 mg .....</i>	23
<i>see <i>amphetamine-</i></i> <i>dextroamphetamine cap er 24hr 25 mg .....</i>	23
<i>see <i>amphetamine-</i></i> <i>dextroamphetamine cap er 24hr 30 mg .....</i>	23
<i>see <i>amphetamine-</i></i> <i>dextroamphetamine cap er 24hr 5 mg .....</i>	23
ADDERALL XR CAP 10MG .....	22
ADDERALL XR CAP 15MG .....	22
ADDERALL XR CAP 20MG .....	22
ADDERALL XR CAP 25MG .....	22
ADDERALL XR CAP 30MG .....	22
ADDERALL XR CAP 5MG .....	22
<i>adefovir dipivoxil tab 10 mg .....</i>	158
ADEMPAS TAB 0.5MG .....	173
ADEMPAS TAB 1.5MG .....	173
ADEMPAS TAB 1MG.....	173
ADEMPAS TAB 2.5MG .....	173
ADEMPAS TAB 2MG.....	173
ADHANSIA XR CAP 25MG .....	28
ADHANSIA XR CAP 35MG .....	29
ADHANSIA XR CAP 45MG.....	29
ADHANSIA XR CAP 55MG .....	29
ADHANSIA XR CAP 70MG .....	29
ADHANSIA XR CAP 85MG .....	29
ADLYXIN INJ 10/20MCG.....	98
ADLYXIN INJ 20MCG .....	98
ADMELOG INJ 100U/ML .....	98
ADMELOG SOLO INJ 100U/ML.....	98
ADUHELM INJ 170MG .....	320
ADUHELM INJ 300MG .....	320
ADULT 50+ CAP OCUVITE .....	299

ADULT MASK MIS .....	288
ADVAIR DISKU AER 100/50 .....	67
ADVAIR DISKU AER 250/50 .....	67
ADVAIR DISKU AER 500/50 .....	67
ADVAIR DISKUS <i>see fluticasone-salmeterol aer</i> <i>powder ba 100-50 mcg/dose .....</i>	69
<i>see fluticasone-salmeterol aer</i> <i>powder ba 250-50 mcg/dose .....</i>	69
<i>see fluticasone-salmeterol aer</i> <i>powder ba 500-50 mcg/dose .....</i>	69
<i>see wixela inhub aer 100/50.....</i>	70
<i>see wixela inhub aer 250/50.....</i>	70
<i>see wixela inhub aer 500/50.....</i>	70
ADVAIR HFA AER 115/21 .....	68
ADVAIR HFA AER 230/21 .....	68
ADVAIR HFA AER 45/21 .....	67
ADVANCE KIT INTUITIO .....	258
ADVANCE MIS INTUITIO .....	258
ADVANCE MIS MICRO-DW .....	258
ADVANCE TES INTUITIO .....	216
ADVANCE TES MICRO-DW .....	216
ADVATE INJ 1000UNIT .....	244
ADVATE INJ 1500UNIT .....	244
ADVATE INJ 2000UNIT .....	244
ADVATE INJ 250UNIT .....	244
ADVATE INJ 3000UNIT .....	244
ADVATE INJ 4000UNIT .....	244
ADVATE INJ 500UNIT .....	244
ADVOCATE KIT.....	258
ADVOCATE KIT REDICODE .....	258
ADVOCATE MIS .....	258
ADVOCATE MIS LANC 30G .....	258
ADVOCATE MIS REDICODE .....	259
ADVOCATE RED MIS .....	259
ADVOCATE TES .....	216
ADVOCATE TES REDI-COD .....	216
ADVOCATE TES REDICODE .....	216
ADVOCATE+ MIS REDI-COD .....	259
ADYNOVATE INJ 1000UNIT .....	245
ADYNOVATE INJ 1500UNIT .....	245
ADYNOVATE INJ 2000UNIT .....	245
ADYNOVATE INJ 250UNIT .....	244
ADYNOVATE INJ 3000UNIT .....	245
ADYNOVATE INJ 500UNIT .....	244
ADYNOVATE INJ 750UNIT .....	244
ADZENYS XR TAB 12.5MG.....	23

ADZENYS XR TAB 15.7 MG .....	23
ADZENYS XR TAB 18.8MG.....	23
ADZENYS XR TAB 3.1MG.....	22
ADZENYS XR TAB 6.3MG.....	23
ADZENYS XR TAB 9.4MG.....	23
AEMCOLO TAB 194MG .....	57
AEROBIKA MIS .....	288
AFINITOR	
see everolimus tab 10 mg .....	134
see everolimus tab 2.5 mg .....	134
see everolimus tab 5 mg .....	134
see everolimus tab 7.5 mg .....	134
AFINITOR DIS TAB 2MG.....	132
AFINITOR DIS TAB 3MG.....	132
AFINITOR DIS TAB 5MG.....	132
AFINITOR DISPERZ	
see everolimus tab for oral susp 2	
mg .....	134
see everolimus tab for oral susp 3	
mg .....	134
see everolimus tab for oral susp 5	
mg .....	134
AFINITOR TAB 10MG .....	133
AFINITOR TAB 2.5MG .....	132
AFINITOR TAB 5MG.....	132
AFINITOR TAB 7.5MG .....	133
afirmelle tab 0.1-0.02.....	175
AFLURIA QUAD INJ 2021-22.....	339
AFREZZA POW 12 UNIT .....	98
AFREZZA POW 4-8 UNIT .....	98
AFREZZA POW 4-8-12 .....	98
AFREZZA POW 4UNIT .....	98
AFREZZA POW 8 UNIT .....	98
AFREZZA POW 8-12UNIT .....	98
AFSTYLA KIT 1000UNIT .....	245
AFSTYLA KIT 1500UNIT .....	245
AFSTYLA KIT 2000UNIT .....	245
AFSTYLA KIT 2500UNIT .....	245
AFSTYLA KIT 250UNIT .....	245
AFSTYLA KIT 3000UNIT .....	245
AFSTYLA KIT 500UNIT .....	245
AGAMA JAZZ KIT WRLSS 2.....	259
AGAMATRIX KIT PRESTO .....	259
AGAMATRIX MIS 33G .....	259
AGAMATRIX MIS AMP .....	259
AGAMATRIX MIS PRESTO .....	259
AGAMATRIX TES AMP .....	216

AGAMATRIX TES JAZZ .....	216
AGAMATRIX TES KEYNOTE .....	216
AGAMATRIX TES PRESTO .....	216
AGRYLIN	
see anagrelide hcl cap 0.5 mg ....	248
AGRYLIN CAP 0.5MG .....	248
AIMOVIG INJ 140MG/ML.....	289
AIMOVIG INJ 70MG/ML.....	289
AIMSCO TWIST MIS 32G .....	259
AIMSCO TWIST MIS 33G .....	259
AIRDUO DGHLR INH 113-14 .....	68
AIRDUO DGHLR INH 232-14 .....	68
AIRDUO DGHLR INH 55-14 .....	68
AIRDUO RESPI INH 113-14 .....	68
AIRDUO RESPI INH 232-14 .....	68
AIRDUO RESPI INH 55-14.....	68
AJOVY INJ 225/1.5 .....	289
AKLIEF CRE 0.005% .....	194
AKTEN GEL 3.5%.....	313
AKYNZEO CAP 300-0.5 .....	105
albendazole tab 200 mg .....	56
ALBENZA	
see albendazole tab 200 mg .....	56
ALBENZA TAB 200MG.....	56
albuterol sulfate inhal aero 108	
mcg/act (90mcg base equiv) .....	68
albuterol sulfate soln nebu 0.083%	
(2.5 mg/3ml) .....	68
albuterol sulfate soln nebu 0.5% (5	
mg/ml).....	68
albuterol sulfate soln nebu 0.63	
mg/3ml (base equiv).....	68
albuterol sulfate soln nebu 1.25	
mg/3ml (base equiv).....	68
albuterol sulfate syrup 2 mg/5ml .....	68
albuterol sulfate tab 2 mg .....	68
albuterol sulfate tab 4 mg .....	68
ALCAINE	
see proparacaine hcl ophth soln 0.5%	
.....	313
ALCAINE SOL 0.5% OP .....	313
alclometasone dipropionate cream	
0.05%.....	206
alclometasone dipropionate oint 0.05%	
.....	206
ALCOHOL SWABS .....	274
ALCOH-WIPE MIS 12 .....	274

ALDACTAZIDE	
see <i>spironolactone &amp; hydrochlorothiazide tab 25-25 mg</i>	
.....	224
ALDACTAZIDE TAB 25/25 .....	224
ALDACTAZIDE TAB 50/50 .....	224
ALDACTONE	
see <i>spironolactone tab 100 mg</i> ...	225
see <i>spironolactone tab 25 mg</i> .....	225
see <i>spironolactone tab 50 mg</i> .....	225
ALDACTONE TAB 100MG .....	225
ALDACTONE TAB 25MG.....	225
ALDACTONE TAB 50MG.....	225
ALDARA	
see <i>imiquimod cream 5%</i> .....	212
ALDARA CRE 5% .....	212
ALECENSA CAP 150MG .....	133
alendronate sodium oral soln 70 mg/75ml.....	226
alendronate sodium tab 10 mg .....	226
alendronate sodium tab 35 mg .....	226
alendronate sodium tab 70 mg .....	226
alfuzosin hcl tab er 24hr 10 mg.....	243
ALINIA	
see <i>nitazoxanide tab 500 mg</i> .....	58
aliskiren fumarate tab 150 mg (base equivalent).....	125
aliskiren fumarate tab 300 mg (base equivalent).....	125
ALKERAN TAB 2MG .....	127
ALKINDI SPRI CAP 0.5MG .....	188
ALKINDI SPRI CAP 1MG .....	189
ALKINDI SPRI CAP 2MG .....	189
ALKINDI SPRI CAP 5MG .....	189
allopurinol tab 100 mg.....	244
allopurinol tab 300 mg.....	244
ALLZITAL TAB 25-325MG .....	43
almotriptan malate tab 12.5 mg.....	290
almotriptan malate tab 6.25 mg.....	290
ALOCRIL SOL 2%.....	315
alogliptin benzoate tab 12.5 mg (base equiv) .....	97
alogliptin benzoate tab 25 mg (base equiv) .....	97
alogliptin benzoate tab 6.25 mg (base equiv) .....	97

alogliptin-metformin hcl tab 12.5-1000 mg .....	93
alogliptin-metformin hcl tab 12.5-500 mg .....	93
alogliptin-pioglitazone tab 12.5-15 mg .....	93
alogliptin-pioglitazone tab 12.5-30 mg .....	93
alogliptin-pioglitazone tab 12.5-45 mg .....	93
alogliptin-pioglitazone tab 25-15 mg	93
alogliptin-pioglitazone tab 25-30 mg	93
alogliptin-pioglitazone tab 25-45 mg	93
ALOMIDE SOL 0.1% OP .....	315
ALORA DIS 0.025MG.....	234
ALORA DIS 0.05MG .....	234
ALORA DIS 0.075MG.....	234
ALORA DIS 0.1MG .....	234
alosetron hcl tab 0.5 mg (base equiv) .....	240
alosetron hcl tab 1 mg (base equiv)	240
ALPHAGAN P	
see <i>brimonidine tartrate ophth soln   0.15%</i> .....	312
ALPHAGAN P SOL 0.1% .....	311
ALPHAGAN P SOL 0.15% .....	312
ALPHANATE INJ 1000UNIT .....	245
ALPHANATE INJ 1500UNIT .....	245
ALPHANATE INJ 2000UNIT .....	245
ALPHANATE INJ 250 UNIT .....	245
ALPHANATE INJ 500 UNIT .....	245
ALPHANINE SD INJ 1000UNIT .....	245
ALPHANINE SD INJ 1500UNIT .....	245
ALPHANINE SD INJ 500UNIT .....	245
ALPRAZOLAM CON 1 MG/ML.....	62
alprazolam orally disintegrating tab 0.25 mg .....	62
alprazolam orally disintegrating tab 0.5 mg .....	62
alprazolam orally disintegrating tab 1 mg .....	62
alprazolam orally disintegrating tab 2 mg .....	62
alprazolam tab 0.25 mg.....	62
alprazolam tab 0.5 mg .....	62
alprazolam tab 0.5mg xr .....	62
alprazolam tab 1 mg .....	62



see <i>lubiprostone cap 24 mcg</i> .....	238
see <i>lubiprostone cap 8 mcg</i> .....	238
AMITIZA CAP 24MCG.....	238
AMITIZA CAP 8MCG .....	238
<i>amitriptyline hcl tab 10 mg</i> .....	91
<i>amitriptyline hcl tab 100 mg</i> .....	91
<i>amitriptyline hcl tab 150 mg</i> .....	91
<i>amitriptyline hcl tab 25 mg</i> .....	91
<i>amitriptyline hcl tab 50 mg</i> .....	91
<i>amitriptyline hcl tab 75 mg</i> .....	91
<i>amlodipine besylate tab 10 mg (base equivalent)</i> .....	164
<i>amlodipine besylate tab 2.5 mg (base equivalent)</i> .....	164
<i>amlodipine besylate tab 5 mg (base equivalent)</i> .....	164
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i> .....	169
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i> .....	169
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	170
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	170
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	120
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	120
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i> .....	119
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	119

<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	120
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i> .....	120
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i> .....	120
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i> .....	120
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i> .....	120
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i> .....	120
<i>amlodipine besylate-valsartan tab 10-160 mg</i> .....	120
<i>amlodipine besylate-valsartan tab 10-320 mg</i> .....	120
<i>amlodipine besylate-valsartan tab 5-160 mg</i> .....	120
<i>amlodipine besylate-valsartan tab 5-320 mg</i> .....	120
<i>amnesteem cap 10mg</i> .....	195
<i>amnesteem cap 20mg</i> .....	195
<i>amnesteem cap 40mg</i> .....	195
<i>amoxapine tab 100 mg</i> .....	91
<i>amoxapine tab 150 mg</i> .....	91
<i>amoxapine tab 25 mg</i> .....	91
<i>amoxapine tab 50 mg</i> .....	91
<i>amoxicillin &amp; k clavulanate chew tab 200-28.5 mg</i> .....	318
<i>amoxicillin &amp; k clavulanate chew tab 400-57 mg</i> .....	318
<i>amoxicillin &amp; k clavulanate for susp 200-28.5 mg/5ml</i> .....	318
<i>amoxicillin &amp; k clavulanate for susp 250-62.5 mg/5ml</i> .....	318
<i>amoxicillin &amp; k clavulanate for susp 400-57 mg/5ml</i> .....	318
<i>amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i> .....	318
<i>amoxicillin &amp; k clavulanate tab 250-125 mg</i> .....	319
<i>amoxicillin &amp; k clavulanate tab 500-125 mg</i> .....	319
<i>amoxicillin &amp; k clavulanate tab 875-125 mg</i> .....	319
<i>amoxicillin &amp; k clavulanate tab er 12hr 1000-62.5 mg</i> .....	319

*amoxicillin (trihydrate) cap 250 mg* 318  
*amoxicillin (trihydrate) cap 500 mg* 318  
*amoxicillin (trihydrate) chew tab 125 mg* ..... 318  
*amoxicillin (trihydrate) chew tab 250 mg* ..... 318  
*amoxicillin (trihydrate) for susp 125 mg/5ml* ..... 318  
*amoxicillin (trihydrate) for susp 200 mg/5ml* ..... 318  
*amoxicillin (trihydrate) for susp 250 mg/5ml* ..... 318  
*amoxicillin (trihydrate) for susp 400 mg/5ml* ..... 318  
*amoxicillin (trihydrate) tab 500 mg* 318  
*amoxicillin (trihydrate) tab 875 mg* 318  
*amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack* ..... 337  
*amphetamine sulfate tab 10 mg* ..... 23  
*amphetamine sulfate tab 5 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 10 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 15 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 20 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 25 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 30 mg* ..... 23  
*amphetamine-dextroamphetamine cap er 24hr 5 mg* ..... 23  
*amphetamine-dextroamphetamine tab 10 mg* ..... 23  
*amphetamine-dextroamphetamine tab 12.5 mg* ..... 24  
*amphetamine-dextroamphetamine tab 15 mg* ..... 24  
*amphetamine-dextroamphetamine tab 20 mg* ..... 24  
*amphetamine-dextroamphetamine tab 30 mg* ..... 24  
*amphetamine-dextroamphetamine tab 5 mg* ..... 23  
*amphetamine-dextroamphetamine tab 7.5 mg* ..... 23  
*ampicillin cap 500 mg* ..... 318

**AMPYRA**  
*see dalfampridine tab er 12hr 10 mg* ..... 324  
**AMPYRA TAB 10MG** ..... 323  
**AMRIX**  
*see cyclobenzaprine hcl cap er 24hr 15 mg* ..... 306  
*see cyclobenzaprine hcl cap er 24hr 30 mg* ..... 306  
**AMRIX CAP 15MG** ..... 306  
**AMRIX CAP 30MG** ..... 306  
**AMZEEQ AER 4%** ..... 195  
**ANAFRANIL**  
*see clomipramine hcl cap 25 mg* ..... 91  
*see clomipramine hcl cap 50 mg* ..... 91  
*see clomipramine hcl cap 75 mg* ..... 91  
**ANAFRANIL CAP 25MG** ..... 91  
**ANAFRANIL CAP 50MG** ..... 91  
**ANAFRANIL CAP 75MG** ..... 91  
*anagrelide hcl cap 0.5 mg* ..... 248  
*anagrelide hcl cap 1 mg* ..... 248  
*ana-lex kit* ..... 55  
**ANAPROX DS**  
*see naproxen sodium tab 550 mg* ..... 41  
**ANASPAZ TAB 0.125MG** ..... 334  
*anastrozole tab 1 mg* ..... 130  
**ANCOBON**  
*see flucytosine cap 250 mg* ..... 106  
*see flucytosine cap 500 mg* ..... 106  
**ANCOBON CAP 250MG** ..... 106  
**ANCOBON CAP 500MG** ..... 106  
**ANGELIQ TAB 0.25-0.5** ..... 233  
**ANGELIQ TAB 0.5-1MG** ..... 233  
**ANNOVERA MIS** ..... 187  
**ANORO ELLIPT AER 62.5-25** ..... 68  
**ANTARA CAP 30MG** ..... 110  
**ANTARA CAP 90MG** ..... 110  
**ANTIVERT CHW 25MG** ..... 105  
**ANTIVERT TAB 50MG** ..... 105  
**ANUSOL-HC**  
*see hydrocortisone perianal cream 2.5%* ..... 55  
*see procto-med cre hc 2.5%* ..... 55  
*see proctosol hc cre 2.5%* ..... 55  
*see proctozone cre -hc 2.5%* ..... 55  
**ANUSOL-HC CRE 2.5%** ..... 55  
**APADAZ TAB 4.08-325** ..... 51

APADAZ TAB 6.12-325 .....	51
APADAZ TAB 8.16-325 .....	51
APEXICON E CRE 0.05% .....	206
APIDRA INJ SOLOSTAR .....	99
APIDRA INJ U-100 .....	99
APLENZIN TAB 174MG .....	85
APLENZIN TAB 348MG .....	85
APLENZIN TAB 522MG .....	85
APOKYN INJ 10MG/ML .....	140
<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i> .....	312
<i>aprepitant capsule 125 mg</i> .....	105
<i>aprepitant capsule 40 mg</i> .....	105
<i>aprepitant capsule 80 mg</i> .....	105
<i>aprepitant capsule therapy pack 80 &amp; 125 mg</i> .....	105
<i>apri tab</i> .....	175
APRISO	
<i>see mesalamine cap er 24hr 0.375         gm</i> .....	239
APRISO CAP 0.375GM .....	239
APRIZIO PAK KIT II.....	213
APTENSIO XR	
<i>see methylphenidate hcl cap er 24hr         10 mg (xr)</i> .....	32
<i>see methylphenidate hcl cap er 24hr         15 mg (xr)</i> .....	32
<i>see methylphenidate hcl cap er 24hr         20 mg (xr)</i> .....	32
<i>see methylphenidate hcl cap er 24hr         30 mg (xr)</i> .....	33
<i>see methylphenidate hcl cap er 24hr         40 mg (xr)</i> .....	33
<i>see methylphenidate hcl cap er 24hr         50 mg (xr)</i> .....	33
<i>see methylphenidate hcl cap er 24hr         60 mg (xr)</i> .....	33
APTENSIO XR CAP 10MG.....	29
APTENSIO XR CAP 15MG.....	29
APTENSIO XR CAP 20MG.....	29
APTENSIO XR CAP 30MG.....	29
APTENSIO XR CAP 40MG.....	29
APTENSIO XR CAP 50MG.....	29
APTENSIO XR CAP 60MG.....	29
APTIOM TAB 200MG .....	74
APTIOM TAB 400MG .....	74
APTIOM TAB 600MG .....	74

APTIOM TAB 800MG.....	74
APTIVUS CAP 250MG .....	154
AQUADEKS CHW .....	299
AQUORAL SPR.....	298
<i>aranelle tab</i> .....	176
ARANESP INJ 100MCG.....	250
ARANESP INJ 10MCG .....	249
ARANESP INJ 150MCG.....	250
ARANESP INJ 200MCG.....	250
ARANESP INJ 25MCG .....	249
ARANESP INJ 300MCG.....	250
ARANESP INJ 40MCG .....	249
ARANESP INJ 500MCG.....	250
ARANESP INJ 60MCG .....	250
ARAVA	
<i>see leflunomide tab 10 mg</i> .....	42
<i>see leflunomide tab 20 mg</i> .....	42
ARAVA TAB 10MG .....	42
ARAVA TAB 20MG .....	42
ARAZLO LOT 0.045% .....	195
ARCALYST INJ 220MG .....	38
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> .....	68
ARICEPT	
<i>see donepezil hydrochloride tab 10         mg</i> .....	320
<i>see donepezil hydrochloride tab 23         mg</i> .....	320
<i>see donepezil hydrochloride tab 5 mg</i> .....	320
ARICEPT TAB 10MG .....	320
ARICEPT TAB 23MG .....	320
ARICEPT TAB 5MG .....	320
ARIKAYCE SUS.....	36
ARIMIDEX	
<i>see anastrozole tab 1 mg</i> .....	130
ARIMIDEX TAB 1MG .....	130
<i>ariPIPRAZOLE oral solution 1 mg/ml</i> ..	152
<i>ariPIPRAZOLE orally disintegrating tab 10 mg</i> .....	152
<i>ariPIPRAZOLE orally disintegrating tab 15 mg</i> .....	152
<i>ariPIPRAZOLE tab 10 mg</i> .....	153
<i>ariPIPRAZOLE tab 15 mg</i> .....	153
<i>ariPIPRAZOLE tab 2 mg</i> .....	153
<i>ariPIPRAZOLE tab 20 mg</i> .....	153
<i>ariPIPRAZOLE tab 30 mg</i> .....	153

<i>aripiprazole tab 5 mg</i> .....	153
ARISTADA INJ 1064MG.....	153
ARISTADA INJ 441MG/1.....	153
ARISTADA INJ 662MG/2 .....	153
ARISTADA INJ 882MG/3 .....	153
ARISTADA INJ INITIO.....	153
ARIXTRA	
see <i>fondaparinux sodium</i>	
<i>subcutaneous inj 10 mg/0.8ml</i> ...	72
see <i>fondaparinux sodium</i>	
<i>subcutaneous inj 2.5 mg/0.5ml</i> ..	72
see <i>fondaparinux sodium</i>	
<i>subcutaneous inj 5 mg/0.4ml</i> ....	72
see <i>fondaparinux sodium</i>	
<i>subcutaneous inj 7.5 mg/0.6ml</i> ..	72
ARIXTRA INJ 10/0.8ML .....	71
ARIXTRA INJ 2.5/0.5 .....	71
ARIXTRA INJ 5/0.4ML.....	71
ARIXTRA INJ 7.5/0.6 .....	71
<i>armodafinil tab 150 mg</i> .....	29
<i>armodafinil tab 200 mg</i> .....	29
<i>armodafinil tab 250 mg</i> .....	29
<i>armodafinil tab 50 mg</i> .....	29
ARMONAIR DIG AER 113MCG .....	66
ARMONAIR DIG AER 232MCG .....	66
ARMONAIR DIG AER 55MCG .....	66
ARMOUR THYRO TAB 120MG .....	330
ARMOUR THYRO TAB 15MG .....	330
ARMOUR THYRO TAB 180MG .....	330
ARMOUR THYRO TAB 240MG .....	330
ARMOUR THYRO TAB 300MG .....	330
ARMOUR THYRO TAB 30MG .....	330
ARMOUR THYRO TAB 60MG .....	330
ARMOUR THYRO TAB 90MG .....	330
ARNUITY ELPT INH 100MCG .....	67
ARNUITY ELPT INH 200MCG .....	67
ARNUITY ELPT INH 50MCG .....	66
AROMASIN	
see <i>exemestane tab 25 mg</i> .....	131
AROMASIN TAB 25MG .....	130
ARTH PAIN CRE 0.075% .....	213
<i>arthr pain gel 1%</i> .....	201
ARTHROTEC 50	
see <i>diclofenac w/ misoprostol tab</i>	
<i>delayed release 50-0.2 mg</i> .....	39
ARTHROTEC 50 TAB .....	39
ARTHROTEC 75	
see <i>diclofenac w/ misoprostol tab</i>	
<i>delayed release 75-0.2 mg</i> .....	39
ARTHROTEC 75 TAB.....	39
<i>artificial tear ophth solution</i> .....	309
ASACOL HD	
see <i>mesalamine tab delayed release</i>	
<i>800 mg</i> .....	239
ASACOL HD TAB 800MG .....	239
<i>ascomp/cod cap 30mg</i> .....	51
<i>ascorbic acid tab 500 mg</i> .....	343
<i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	147
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	147
<i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	147
<i>ashlyna tab</i> .....	176
ASMANEX 120 AER 220MCG.....	67
ASMANEX 14 AER 220MCG .....	67
ASMANEX 30 AER 110MCG .....	67
ASMANEX 30 AER 220MCG .....	67
ASMANEX 60 AER 220MCG .....	67
ASMANEX HFA AER 100 MCG .....	67
ASMANEX HFA AER 200 MCG .....	67
ASMANEX HFA AER 50MCG .....	67
<i>aspirin chew tab 81 mg</i> .....	44
<i>aspirin tab 325 mg</i> .....	44
<i>aspirin tab delayed release 325 mg</i> ..	44
<i>aspirin tab delayed release 81 mg</i> ....	44
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i> .....	249
ASSURE 3 KIT METER.....	259
ASSURE 3 TES .....	216
ASSURE 4 MIS .....	259
ASSURE 4 TES .....	216
ASSURE ID MIS 1ML/31G .....	274
ASSURE ID MIS 30GX3/16 .....	274
ASSURE ID MIS 30GX5/16 .....	274
ASSURE ID MIS 31GX3/16 .....	275
ASSURE II TES .....	217
ASSURE II TES CHECK .....	217
ASSURE LANCE MIS 21G .....	259
ASSURE LANCE MIS 28G .....	259
ASSURE LANCE MIS LOW FLOW.....	259
ASSURE LANCE MIS MICRO.....	259
ASSURE LANCE MIS SAFE 25G .....	259
ASSURE LANCE MIS SAFE 30G .....	259

ASSURE MIS PLATINUM .....	259
ASSURE PLUS MIS HIGH 18G .....	259
ASSURE PLUS MIS LOW 25G .....	259
ASSURE PLUS MIS MCRO 28G .....	259
ASSURE PLUS MIS NORM 21G .....	259
ASSURE PLUS MIS PEDIATRI .....	259
ASSURE PRISM MIS MULTI .....	259
ASSURE PRISM TES MULTI .....	217
ASSURE PRO MIS METER .....	259
ASSURE PRO TES .....	217
ASSURE TES PLATINUM .....	217
ASTAGRAF XL CAP 0.5MG .....	295
ASTAGRAF XL CAP 1MG .....	295
ASTAGRAF XL CAP 5MG .....	295
ATACAND see <i>candesartan cilexetil tab 16 mg</i> .....	117
see <i>candesartan cilexetil tab 32 mg</i> .....	117
see <i>candesartan cilexetil tab 4 mg</i> .....	117
see <i>candesartan cilexetil tab 8 mg</i> .....	117
ATACAND HCT see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 16-12.5</i> <i>mg</i> .....	121
see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-12.5</i> <i>mg</i> .....	121
see <i>candesartan cilexetil-</i> <i>hydrochlorothiazide tab 32-25 mg</i> .....	121
ATACAND HCT TAB 16-12.5 .....	120
ATACAND HCT TAB 32-12.5 .....	120
ATACAND HCT TAB 32-25MG .....	120
ATACAND TAB 16MG .....	117
ATACAND TAB 32MG .....	117
ATACAND TAB 4MG .....	117
ATACAND TAB 8MG .....	117
atazanavir sulfate cap 150 mg (base equiv) .....	154
atazanavir sulfate cap 200 mg (base equiv) .....	154
atazanavir sulfate cap 300 mg (base equiv) .....	154
ATELVIA	
see <i>risedronate sodium tab delayed release 35 mg</i> .....	226
ATELVIA TAB .....	226
atenolol & chlorthalidone tab 100-25 <i>mg</i> .....	120
<i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	120
<i>atenolol tab 100 mg</i> .....	161
<i>atenolol tab 25 mg</i> .....	161
<i>atenolol tab 50 mg</i> .....	161
ATIVAN see <i>lorazepam tab 0.5 mg</i> .....	63
see <i>lorazepam tab 1 mg</i> .....	63
see <i>lorazepam tab 2 mg</i> .....	63
ATIVAN TAB 0.5MG .....	62
ATIVAN TAB 1MG .....	63
ATIVAN TAB 2MG .....	63
atomoxetine hcl cap 10 mg (base equiv) .....	27
atomoxetine hcl cap 100 mg (base equiv) .....	27
atomoxetine hcl cap 18 mg (base equiv) .....	27
atomoxetine hcl cap 25 mg (base equiv) .....	27
atomoxetine hcl cap 40 mg (base equiv) .....	27
atomoxetine hcl cap 60 mg (base equiv) .....	27
atomoxetine hcl cap 80 mg (base equiv) .....	27
atorvastatin calcium tab 10 mg (base equivalent) .....	112
atorvastatin calcium tab 20 mg (base equivalent) .....	112
atorvastatin calcium tab 40 mg (base equivalent) .....	112
atorvastatin calcium tab 80 mg (base equivalent) .....	112
atovaquone susp 750 mg/5ml .....	58
atovaquone-proguanil hcl tab 250-100 <i>mg</i> .....	125
atovaquone-proguanil hcl tab 62.5-25 <i>mg</i> .....	125
ATRALIN see <i>tretinoin gel 0.05%</i> .....	200
ATRALIN GEL 0.05% .....	195

ATRIPLA	
see <i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	154
ATRIPLA TAB	154
ATROPINE SUL SOL 1% OP	311
ATROPINE SULFATE	
<i>see atropine sulfate ophth soln 1%</i>	
.....	311
ATROPINE SULFATE OPHTH OINT 1%	
.....	311
<i>atropine sulfate ophth soln 1%</i>	311
ATROVENT HFA AER 17MCG	65
AUBAGIO TAB 14MG	323
AUBAGIO TAB 7MG	323
aubra eq tab 0.1-0.02	176
aubra tab 0.1-0.02	176
AUGMENTIN	
<i>see amoxicillin &amp; k clavulanate tab 500-125 mg</i>	319
AUGMENTIN ES-600	
<i>see amoxicillin &amp; k clavulanate for susp 600-42.9 mg/5ml</i>	318
AUM PEN NEED MIS 33GX4MM	275
AUM PEN NEED MIS 33GX5MM	275
AUM PEN NEED MIS 33GX6MM	275
AURORA LANCE MIS 30G	259
AURORA LANCE MIS THIN 23G	259
aurovela 24 tab fe 1/20	176
aurovela fe tab 1.5/30	176
aurovela fe tab 1/20	176
aurovela tab 1.5/30	176
aurovela tab 1/20	176
AURYXIA TAB 210MG	241
AUSTEDO TAB 12MG	323
AUSTEDO TAB 6MG	323
AUSTEDO TAB 9MG	323
AUTOCODE SYS KIT GLUCOSE	259
AUTOCODE TES BLD GLUC	217
AUTOLET II KIT CLINISAF	259
AUTOLET LITE KIT	259
AUTOLET LITE KIT CLINISAF	259
AUTOLET LITE KIT STARTER	259
AUTOSHIELD MIS 29X3/16	275
AUTOSHIELD MIS 29X5/16	275
AUTOSHIELD MIS 30GX5MM	275
AVALIDE	
<i>see irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	122
<i>see irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	122
AVALIDE TAB 150-12.5	120
AVALIDE TAB 300-12.5	120
AVAPRO	
<i>see irbesartan tab 150 mg</i>	118
<i>see irbesartan tab 300 mg</i>	118
<i>see irbesartan tab 75 mg</i>	118
AVAPRO TAB 150MG	117
AVAPRO TAB 300MG	117
AVAPRO TAB 75MG	117
avar cleanse liq 10-5%	195
aviane tab	176
avita cre 0.025%	195
avita gel 0.025%	195
AVODART	
<i>see dutasteride cap 0.5 mg</i>	243
AVODART CAP 0.5MG	243
AVONEX PEN KIT 30MCG	323
AVONEX PREFL KIT 30MCG	323
AVSOLA INJ 100MG	239
AYGESTIN	
<i>see norethindrone acetate tab 5 mg</i>	
.....	319
AYGESTIN TAB 5MG	319
ayuna tab	176
AYVAKIT TAB 100MG	132
AYVAKIT TAB 200MG	132
AYVAKIT TAB 25MG	132
AYVAKIT TAB 300MG	132
AYVAKIT TAB 50MG	132
AZASAN TAB 100MG	295
AZASAN TAB 75 MG	295
AZASITE SOL 1%	312
azathioprine tab 100 mg	295
azathioprine tab 50 mg	295
azathioprine tab 75 mg	295
azelaic acid gel 15%	214
azelastine hcl nasal spray 0.1% (137 mcg/spray)	308
azelastine hcl nasal spray 0.15% (205.5 mcg/spray)	308
azelastine hcl ophth soln 0.05%	315
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	308

AZILECT	
see <i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	143
see <i>rasagiline mesylate tab 1 mg (base equiv)</i>	143
AZILECT TAB 0.5MG	143
AZILECT TAB 1MG	143
<i>azithromycin for susp 100 mg/5ml</i>	256
<i>azithromycin for susp 200 mg/5ml</i>	257
<i>azithromycin powd pack for susp 1 gm</i>	257
<i>azithromycin tab 250 mg</i>	257
<i>azithromycin tab 500 mg</i>	257
<i>azithromycin tab 600 mg</i>	257
AZOPT	
see <i>brinzolamide ophth susp 1%</i>	315
AZOPT SUS 1% OP	315
AZOR	
see <i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	120
see <i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	120
see <i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	120
see <i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	120
AZOR TAB 10-20MG	120
AZOR TAB 10-40MG	120
AZOR TAB 5-20MG	120
AZOR TAB 5-40MG	120
AZSTARYS CAP 26.1-5.2	29
AZSTARYS CAP 39.2-7.8	30
AZSTARYS CAP 52.3-10	30
AZULFIDINE	
see <i>sulfasalazine tab 500 mg</i>	240
AZULFIDINE EN-TABS	
see <i>sulfasalazine tab delayed release 500 mg</i>	240
AZULFIDINE TAB 500MG	239
AZULFIDINE TAB 500MG EN	239
<i>azurette tab</i>	176
<i>azurette tab 28 day</i>	176
<b>B</b>	
<i>bac tab</i>	43
<i>bacitracin oint 500 unit/gm</i>	201
<i>bacitracin ophth oint 500 unit/gm</i>	312
<i>bacitracin zinc oint 500 unit/gm</i>	201
<i>bacitracin-polymyxin b oint</i>	201
<i>bacitracin-polymyxin b ophth oint</i>	312
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	314
<i>baclofen tab 10 mg</i>	306
<i>baclofen tab 20 mg</i>	306
<i>baclofen tab 5 mg</i>	306
BACTRIM	
see <i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	57
BACTRIM DS	
see <i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	57
BACTRIM DS TAB 800-160	57
BACTRIM TAB 400-80MG	57
BAFIERTAM CAP 95MG	324
BALCOLTRA TAB 0.1-20	176
<i>balsalazide disodium cap 750 mg</i>	239
BALVERSA TAB 3MG	133
BALVERSA TAB 4MG	133
BALVERSA TAB 5MG	133
<i>balziva tab</i>	176
BANZEL	
see <i>rufinamide susp 40 mg/ml</i>	80
see <i>rufinamide tab 200 mg</i>	80
see <i>rufinamide tab 400 mg</i>	80
BANZEL SUS 40MG/ML	74
BANZEL TAB 200MG	74
BANZEL TAB 400MG	74
BAQSIMI ONE POW 3MG/DOSE	97
BAQSIMI TWO POW 3MG/DOSE	97
BARACLUDE	
see <i>entecavir tab 0.5 mg</i>	158
see <i>entecavir tab 1 mg</i>	158
BARACLUDE SOL	158
BARACLUDE TAB 0.5MG	158
BARACLUDE TAB 1MG	158
BASAGLAR INJ 100UNIT	99
BAXDELA TAB 450MG	236
<i>b-complex w/ c &amp; folic acid tab 0.8 mg</i>	299
<i>b-complex w/ c &amp; folic acid tab 1 mg</i>	299
BD LANCET UF MIS 30G	260
BD LANCET UF MIS 33G	260
BD LATITUDE KIT	260
BD LATITUDE KIT SYSTEM	260

BD LOGIC KIT MONITOR .....	260
BD PEN NEEDL MIS 29GX12.7 .....	275
BD PEN NEEDL MIS 31GX5MM .....	275
BD PEN NEEDL MIS 31GX8MM .....	275
BD PEN NEEDL MIS 32GX4MM .....	275
BD PEN NEEDL MIS 32GX5/32 .....	275
BD PEN NEEDL MIS 32GX6MM .....	275
BECONASE AQ SUS 0.042% .....	308
BELBUCA MIS 150MCG .....	53
BELBUCA MIS 300MCG .....	53
BELBUCA MIS 450MCG .....	53
BELBUCA MIS 600MCG .....	53
BELBUCA MIS 750MCG .....	53
BELBUCA MIS 75MCG .....	53
BELBUCA MIS 900MCG .....	53
BELLA/OPIUM SUP 16.2-30 .....	334
BELLA/OPIUM SUP 16.2-60 .....	334
BELSOMRA TAB 10MG .....	255
BELSOMRA TAB 15MG .....	255
BELSOMRA TAB 20MG .....	255
BELSOMRA TAB 5MG .....	255
<i>benazep/hctz tab 5-6.25</i> .....	120
<i>benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	121
<i>benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	121
<i>benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	121
<i>benazepril hcl tab 10 mg</i> .....	115
<i>benazepril hcl tab 20 mg</i> .....	115
<i>benazepril hcl tab 40 mg</i> .....	115
<i>benazepril hcl tab 5 mg</i> .....	115
BENEFIX INJ 1000UNIT .....	245
BENEFIX INJ 2000UNIT .....	245
BENEFIX INJ 250UNIT .....	245
BENEFIX INJ 3000UNIT .....	245
BENEFIX INJ 500UNIT .....	245
BENICAR	
<i>see olmesartan medoxomil tab 20 mg</i> .....	118
<i>see olmesartan medoxomil tab 40 mg</i> .....	118
<i>see olmesartan medoxomil tab 5 mg</i> .....	118
BENICAR HCT	
<i>see olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i> .....	123
<i>see olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i> .....	123
<i>see olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	123
<i>see olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i> .....	123
BENICAR HCT TAB 20-12.5 .....	121
BENICAR HCT TAB 40-12.5 .....	121
BENICAR HCT TAB 40-25MG .....	121
BENICAR TAB 20MG .....	117
BENICAR TAB 40MG .....	117
BENICAR TAB 5MG .....	117
BENLYSTA INJ 200MG/ML .....	297
BENSAL HP OIN .....	213
BENZAMYCIN	
<i>see benzoyl peroxide-erythromycin gel 5-3%</i> .....	195
BENZAMYCIN GEL 5-3% .....	195
BENZHY/ACETA TAB 4.08-325 .....	51
BENZHY/ACETA TAB 6.12-325 .....	51
BENZHY/ACETA TAB 8.16-325 .....	51
BENZNIDAZOLE TAB 100MG .....	56
BENZNIDAZOLE TAB 12.5MG .....	56
BENZOCAINE-DOCUSATE SODIUM	
RECTAL ENEMA 20-283 MG .....	256
benzonatate cap 100 mg .....	191
benzonatate cap 200 mg .....	191
<i>benzoyl peroxide-erythromycin gel 5-3%</i> .....	195
<i>benztropine mesylate tab 0.5 mg</i> .....	139
<i>benztropine mesylate tab 1 mg</i> .....	139
<i>benztropine mesylate tab 2 mg</i> .....	140
BENZYL BENZO LIQ .....	175
<i>bepotastine besilate ophth soln 1.5%</i> .....	315
BEPREVE	
<i>see bepotastine besilate ophth soln 1.5%</i> .....	315
BEPREVE DRO 1.5% .....	315
BESIVANCE SUS 0.6% .....	312
BETADINE SOL 5% OP .....	312
betamethasone dipropionate augmented cream 0.05% .....	206

<i>betamethasone dipropionate</i>	
<i>augmented gel 0.05%</i> .....	207
<i>betamethasone dipropionate</i>	
<i>augmented lotion 0.05%</i> .....	207
<i>betamethasone dipropionate</i>	
<i>augmented oint 0.05%</i> .....	207
<i>betamethasone dipropionate cream</i>	
<i>0.05%</i> .....	207
<i>betamethasone dipropionate lotion</i>	
<i>0.05%</i> .....	207
<i>betamethasone dipropionate oint</i>	
<i>0.05%</i> .....	207
<i>betamethasone valerate aerosol foam</i>	
<i>0.12%</i> .....	207
<i>betamethasone valerate cream 0.1%</i>	
<i>(base equivalent)</i> .....	207
<i>betamethasone valerate lotion 0.1%</i>	
<i>(base equivalent)</i> .....	207
<i>betamethasone valerate oint 0.1%</i>	
<i>(base equivalent)</i> .....	207
BETAPACE	
see <i>sorine tab 120mg</i> .....	164
see <i>sorine tab 160mg</i> .....	164
see <i>sorine tab 80mg</i> .....	164
see <i>sotalol hcl tab 120 mg</i> .....	164
see <i>sotalol hcl tab 160 mg</i> .....	164
see <i>sotalol hcl tab 80 mg</i> .....	164
BETAPACE AF	
see <i>sotalol hcl (afib/afl) tab 120 mg</i>	
.....	164
see <i>sotalol hcl (afib/afl) tab 160 mg</i>	
.....	164
see <i>sotalol hcl (afib/afl) tab 80 mg</i>	
.....	164
BETAPACE AF TAB 120MG .....	163
BETAPACE AF TAB 160MG .....	163
BETAPACE AF TAB 80MG.....	163
BETAPACE TAB 120MG .....	163
BETAPACE TAB 160MG .....	163
BETAPACE TAB 80MG .....	163
<i>betasept liq 4%</i> .....	153
BETASERON INJ 0.3MG.....	324
<i>betaxolol hcl ophth soln 0.5%</i> .....	310
<i>betaxolol hcl tab 10 mg</i> .....	161
<i>betaxolol hcl tab 20 mg</i> .....	161
<i>bethanechol chloride tab 10 mg</i> .....	339
<i>bethanechol chloride tab 25 mg</i> .....	339
<i>bethanechol chloride tab 5 mg</i> .....	339
<i>bethanechol chloride tab 50 mg</i> .....	339
BETHKIS	
see <i>tobramycin nebu soln 300</i>	
<i>mg/4ml</i> .....	36
BETHKIS NEB 300/4ML.....	36
BETIMOL SOL 0.25% .....	310
BETIMOL SOL 0.5% .....	310
BETOPTIC-S SUS 0.25% OP .....	310
BEVESPI AER 9-4.8MCG .....	68
<i>bexarotene cap 75 mg</i> .....	139
BEYAZ	
see <i>drosipreronone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.02-0.451 mg</i>	
.....	178
BEYAZ TAB .....	176
BIAXIN XL	
see <i>clarithromycin tab er 24hr 500</i>	
<i>mg</i> .....	257
bicalutamide tab 50 mg .....	130
BIDIL TAB .....	170
BIJUVA CAP 1-100MG .....	233
BIKTARVY TAB .....	154
BILTRICIDE	
see <i>praziquantel tab 600 mg</i> .....	56
BILTRICIDE TAB 600MG .....	56
<i>bimatoprost ophth soln 0.03%</i> .....	316
BIOSCANNER TES GLUCOSE .....	217
BIOTEL CARE KIT SYSTEM .....	260
<i>bisacodyl suppos 10 mg</i> .....	256
<i>bisacodyl tab delayed release 5 mg</i> .....	256
<i>bismuth subsalicylate chew tab 262 mg</i>	
.....	103
<i>bismuth subsalicylate susp 262</i>	
<i>mg/15ml</i> .....	103
<i>bismuth subsalicylate susp 525</i>	
<i>mg/15ml</i> .....	103
<i>bismuth subsalicylate tab 262 mg</i> ..	103
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	
<i>10-6.25 mg</i> .....	121
<i>bisoprolol &amp; hydrochlorothiazide tab</i>	
<i>2.5-6.25 mg</i> .....	121
<i>bisoprolol &amp; hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i> .....	121
<i>bisoprolol fumarate tab 10 mg</i> .....	161
<i>bisoprolol fumarate tab 5 mg</i> .....	161

see <i>sulfacetamide sodium ophth soln</i>	
10% .....	313
BLEPH-10 SOL 10% OP.....	312
BLEPHAMIDE OIN S.O.P.....	314
BLEPHAMIDE SUS OP .....	314
<i>blisovi</i> 24 tab fe 1/20 .....	176
<i>blisovi</i> fe tab 1.5/30 .....	176
<i>blisovi</i> fe tab 1/20.....	177
BLOOD GLUC KIT SYSTEM.....	260
BLOOD GLUC MIS METER.....	260
BLOOD GLUCOS KIT SYSTEM.....	260
BLOOD GLUCOS KIT TRUETEST .....	260
BLOOD GLUCOS TES .....	217
BLOOD GLUCOS TES LE1 .....	217
BLOOD GLUCOS TES PREMIUM .....	217
BLOOD GLUCOS TES STRIPS .....	217
BLULINK MIS GLUCOSE .....	260
BLULINK TES STRIPS .....	217
BONIVA	
see <i>ibandronate sodium tab 150 mg (base equivalent)</i> .....	226
BONIVA TAB 150MG.....	226
BONJESTA TAB 20-20MG .....	105
BOOSTRIX INJ.....	333
<i>bosentan</i> tab 125 mg .....	172
<i>bosentan</i> tab 62.5 mg .....	172
BOSULIF TAB 100MG.....	133
BOSULIF TAB 400MG.....	133
BOSULIF TAB 500MG.....	133
<i>bp</i> 10-1 emu .....	195
<i>bp</i> cleansing emu 10-4% .....	195
BRAFTOVI CAP 75MG .....	133
BREATHERITE MIS MDI CHMB .....	288
BREO ELLIPTA INH 100-25 .....	68
BREO ELLIPTA INH 200-25 .....	68
BREXAFEMME TAB 150MG.....	106
BREZTRI AERO AER SPHERE.....	68
<i>briellyn</i> tab .....	177
BRILINTA TAB 60MG .....	249
BRILINTA TAB 90MG .....	249
<i>brimonidine tartrate ophth soln 0.15%</i> .....	312
<i>brimonidine tartrate ophth soln 0.2%</i> .....	312
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i> .....	310
<i>brinzolamide ophth susp 1%</i> .....	315

BRISDELLE	
see <i>paroxetine mesylate cap 7.5 mg (base equiv)</i> .....	327
BRISDELLE CAP 7.5MG.....	326
BRIVIACT SOL 10MG/ML.....	74
BRIVIACT TAB 100MG .....	75
BRIVIACT TAB 10MG .....	75
BRIVIACT TAB 25MG .....	75
BRIVIACT TAB 50MG .....	75
BRIVIACT TAB 75MG .....	75
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i> .....	316
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i> .....	140
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i> .....	140
<i>brompheniramine &amp; pseudoephedrine elixir 1-15 mg/5ml</i> .....	191
BROMSITE DRO 0.075% .....	316
BRONCHITOL CAP 40MG.....	327
BRONCHITOL CAP TOL TEST .....	327
BROVANA	
see <i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i> .....	68
BROVANA NEB 15MCG .....	68
BRUKINSA CAP 80MG.....	133
BRYHALI LOT 0.01% .....	207
<i>budesonide delayed release particles cap 3 mg</i> .....	189
<i>budesonide inhalation susp 0.25 mg/2ml</i> .....	67
<i>budesonide inhalation susp 0.5 mg/2ml</i> .....	67
<i>budesonide inhalation susp 1 mg/2ml</i> .....	67
<i>budesonide tab er 24hr 9 mg</i> .....	189
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i> .....	69
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i> .....	68
<i>bumetanide tab 0.5 mg</i> .....	224
<i>bumetanide tab 1 mg</i> .....	224
<i>bumetanide tab 2 mg</i> .....	224
BUMEX	
see <i>bumetanide tab 0.5 mg</i> .....	224
BUMEX TAB 0.5MG .....	224
<i>bupap tab 50-300mg</i> .....	43

<b>BUPHENYL</b>	
see <i>sodium phenylbutyrate oral</i>	
<i>powder 3 gm/teaspoonful</i> ..... 230	
see <i>sodium phenylbutyrate tab 500</i>	
<i>mg</i> ..... 230	
<b>BUPHENYL POW</b> ..... 229	
<b>BUPHENYL TAB 500MG</b> ..... 229	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i> ..... 53	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i> ..... 53	
<i>buprenorphine td patch weekly 10 mcg/hr</i> ..... 53	
<i>buprenorphine td patch weekly 15 mcg/hr</i> ..... 53	
<i>buprenorphine td patch weekly 20 mcg/hr</i> ..... 53	
<i>buprenorphine td patch weekly 5 mcg/hr</i> ..... 53	
<i>buprenorphine td patch weekly 7.5 mcg/hr</i> ..... 53	
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i> ..... 326	
<i>bupropion hcl tab 100 mg</i> ..... 85	
<i>bupropion hcl tab 75 mg</i> ..... 85	
<i>bupropion hcl tab er 12hr 100 mg</i> ..... 85	
<i>bupropion hcl tab er 12hr 150 mg</i> ..... 85	
<i>bupropion hcl tab er 12hr 200 mg</i> ..... 85	
<i>bupropion hcl tab er 24hr 150 mg</i> ..... 85	
<i>bupropion hcl tab er 24hr 300 mg</i> ..... 85	
<i>bupropion hcl tab er 24hr 450 mg</i> ..... 85	
<i>buspirone hcl tab 10 mg</i> ..... 61	
<i>buspirone hcl tab 15 mg</i> ..... 61	
<i>buspirone hcl tab 30 mg</i> ..... 61	
<i>buspirone hcl tab 5 mg</i> ..... 61	
<i>buspirone hcl tab 7.5 mg</i> ..... 61	
<i>butalbital-acetaminophen cap 50-300 mg</i> ..... 43	
<i>butalbital-acetaminophen tab 50-300 mg</i> ..... 43	
<i>butalbital-acetaminophen tab 50-325 mg</i> ..... 43	
<i>butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg</i> ..... 52	
<i>butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg</i> ..... 52	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> ..... 43	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i> ..... 43	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> ..... 43	
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i> ..... 52	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i> ..... 43	
<i>butorphanol tartrate nasal soln 10 mg/ml</i> ..... 54	
<b>BUTRANS</b>	
see <i>buprenorphine td patch weekly 10 mcg/hr</i> ..... 53	
see <i>buprenorphine td patch weekly 15 mcg/hr</i> ..... 53	
see <i>buprenorphine td patch weekly 20 mcg/hr</i> ..... 53	
see <i>buprenorphine td patch weekly 5 mcg/hr</i> ..... 53	
see <i>buprenorphine td patch weekly 7.5 mcg/hr</i> ..... 53	
<b>BUTRANS DIS 10MCG/HR</b> ..... 54	
<b>BUTRANS DIS 15MCG/HR</b> ..... 54	
<b>BUTRANS DIS 20MCG/HR</b> ..... 54	
<b>BUTRANS DIS 5MCG/HR</b> ..... 54	
<b>BUTRANS DIS 7.5/HR</b> ..... 54	
<b>BYDUREON BC INJ 2/0.85ML</b> ..... 98	
<b>BYETTA INJ 10MCG</b> ..... 98	
<b>BYETTA INJ 5MCG</b> ..... 98	
<b>BYSTOLIC</b>	
see <i>nebivolol hcl tab 10 mg (base equivalent)</i> ..... 162	
see <i>nebivolol hcl tab 2.5 mg (base equivalent)</i> ..... 162	

see <i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	162
see <i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	162
BYSTOLIC TAB 10MG.....	161
BYSTOLIC TAB 2.5MG.....	161
BYSTOLIC TAB 20MG.....	161
BYSTOLIC TAB 5MG .....	161
<b>C</b>	
CABENUVA SUS 400-600 .....	154
CABENUVA SUS 600-900 .....	154
<i>cabergoline tab 0.5 mg</i> .....	231
CABOMETYX TAB 20MG .....	133
CABOMETYX TAB 40MG .....	133
CABOMETYX TAB 60MG .....	133
CADUET	
see <i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i> .....	170
see <i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i> .....	170
CADUET TAB 10-10MG .....	170
CADUET TAB 10-20MG .....	170
CADUET TAB 10-40MG .....	170
CADUET TAB 10-80MG .....	170
CADUET TAB 5-10MG .....	170
CADUET TAB 5-20MG .....	170
CADUET TAB 5-40MG .....	170
CADUET TAB 5-80MG .....	170
CAFERGOT TAB 1-100MG.....	289
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i> .....	26
CALAN SR	
see <i>verapamil hcl tab er 120 mg</i> ..	169
see <i>verapamil hcl tab er 240 mg</i> ..	169
CALAN SR TAB 120MG.....	164
CALAN SR TAB 180MG.....	165
CALAN SR TAB 240MG.....	165
<i>calcipotriene cream 0.005%</i> .....	204
<i>calcipotriene foam 0.005%</i> .....	205
<i>calcipotriene oint 0.005%</i> .....	205
<i>calcipotriene soln 0.005% (50 mcg/ml)</i> .....	205
<b><i>calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i></b> ..	207
<b><i>calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i></b> ..	207
<b><i>calcitonin (salmon) nasal soln 200 unit/act</i></b> .....	226
<b><i>calcitriol cap 0.25 mcg</i></b> .....	229
<b><i>calcitriol cap 0.5 mcg</i></b> .....	229
<b><i>calcitriol oint 3 mcg/gm</i></b> .....	205
<b><i>calcitriol oral soln 1 mcg/ml</i></b> .....	229
<b><i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i></b> .....	241
<b><i>calcium acetate (phosphate binder) tab 667 mg</i></b> .....	241
CALCIUM CARB TAB 648MG .....	56
<b><i>calcium carbonate (antacid) chew tab 1000 mg</i></b> .....	56
<b><i>calcium carbonate (antacid) chew tab 500 mg</i></b> .....	56
<b><i>calcium carbonate (antacid) chew tab 750 mg</i></b> .....	56
<b><i>calcium carbonate (antacid) susp 1250 mg/5ml</i></b> .....	56
<b><i>calcium carbonate tab 1500 mg (600 mg elemental ca)</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol chew tab 500 mg-400 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol chew tab 500 mg-600 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol tab 250 mg-125 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol tab 500 mg-200 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol tab 500 mg-400 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol tab 600 mg-200 unit</i></b> .....	292
<b><i>calcium carbonate-cholecalciferol tab 600 mg-400 unit</i></b> .....	292

<i>calcium carbonate-cholecalciferol tab</i>		
<i>600 mg-800 unit</i> .....	292	
<i>calcium citrate-vitamin d tab 200 mg-</i>		
<i>250 unit (elemental ca)</i> .....	292	
<i>calcium citrate-vitamin d tab 315 mg-</i>		
<i>200 unit (elemental ca)</i> .....	293	
<i>calcium citrate-vitamin d tab 315 mg-</i>		
<i>250 unit (elemental ca)</i> .....	293	
<i>calcium polycarbophil tab 625 mg ..</i>	255	
<i>calcium-magnesium-zinc tab 333-133-</i>		
<i>5 mg</i> .....	293	
<i>CALQUENCE CAP 100MG .....</i>	133	
<i>CAMBIA POW 50MG .....</i>	290	
<i>camila tab 0.35mg .....</i>	188	
<i>camrese lo tab .....</i>	177	
<i>camrese tab .....</i>	177	
<i>CANASA</i>		
see <i>mesalamine suppos 1000 mg</i>	239	
<i>CANASA SUP 1000MG .....</i>	239	
<i>candesartan cilexetil tab 16 mg .....</i>	117	
<i>candesartan cilexetil tab 32 mg .....</i>	117	
<i>candesartan cilexetil tab 4 mg .....</i>	117	
<i>candesartan cilexetil tab 8 mg .....</i>	117	
<i>candesartan cilexetil-</i>		
<i>hydrochlorothiazide tab 16-12.5 mg</i>		
.....	121	
<i>candesartan cilexetil-</i>		
<i>hydrochlorothiazide tab 32-12.5 mg</i>		
.....	121	
<i>candesartan cilexetil-</i>		
<i>hydrochlorothiazide tab 32-25 mg</i>	121	
<i>capecitabine tab 150 mg .....</i>	128	
<i>capecitabine tab 500 mg .....</i>	128	
<i>CAPEX SHA 0.01%</i> .....	207	
<i>CAPLYTA CAP 42MG .....</i>	144	
<i>CAPRELSA TAB 100MG .....</i>	133	
<i>CAPRELSA TAB 300MG .....</i>	133	
<i>capsaicin cream 0.025%</i> .....	213	
<i>capsaicin cream 0.1%</i> .....	213	
<i>captopril tab 100 mg .....</i>	115	
<i>captopril tab 12.5 mg .....</i>	115	
<i>captopril tab 25 mg .....</i>	115	
<i>captopril tab 50 mg .....</i>	115	
<i>CARAC CRE 0.5%</i> .....	204	
<i>CARAFATE</i>		
see <i>sucralfate susp 1 gm/10ml</i> ...	335	
see <i>sucralfate tab 1 gm</i> .....	335	
<i>CARAFATE SUS 1GM/10ML.....</i>	335	
<i>CARAFATE TAB 1GM.....</i>	335	
<i>carb/levo tab 10-100mg .....</i>	140	
<i>carb/levo tab 25-100mg .....</i>	140	
<i>carb/levo tab 25-250mg .....</i>	140	
<i>CARBAGLU</i>		
see <i>carglumic acid tab 200 mg</i> ...	229	
<i>CARBAGLU TAB 200MG .....</i>	229	
<i>carbamazepine cap er 12hr 100 mg .</i>	75	
<i>carbamazepine cap er 12hr 200 mg .</i>	75	
<i>carbamazepine cap er 12hr 300 mg .</i>	75	
<i>carbamazepine chew tab 100 mg .....</i>	75	
<i>carbamazepine susp 100 mg/5ml....</i>	75	
<i>carbamazepine tab 200 mg .....</i>	75	
<i>carbamazepine tab er 12hr 100 mg..</i>	75	
<i>carbamazepine tab er 12hr 200 mg..</i>	75	
<i>carbamazepine tab er 12hr 400 mg..</i>	75	
<i>carbamide peroxide 6.5% otic soln.</i>	317	
<i>CARBATROL</i>		
see <i>carbamazepine cap er 12hr 100</i>		
<i>mg .....</i>	75	
see <i>carbamazepine cap er 12hr 200</i>		
<i>mg .....</i>	75	
see <i>carbamazepine cap er 12hr 300</i>		
<i>mg .....</i>	75	
<i>CARBATROL CAP 100MG .....</i>	75	
<i>CARBATROL CAP 200MG .....</i>	75	
<i>CARBATROL CAP 300MG .....</i>	75	
<i>carbidopa &amp; levodopa tab 10-100 mg</i>		
.....	140	
<i>carbidopa &amp; levodopa tab 25-100 mg</i>		
.....	140	
<i>carbidopa &amp; levodopa tab 25-250 mg</i>		
.....	140	
<i>carbidopa &amp; levodopa tab er 25-100</i>		
<i>mg .....</i>	140	
<i>carbidopa &amp; levodopa tab er 50-200</i>		
<i>mg .....</i>	140	
<i>carbidopa tab 25 mg .....</i>	139	
<i>carbidopa-levodopa-entacapone tabs</i>		
<i>12.5-50-200 mg .....</i>	140	
<i>carbidopa-levodopa-entacapone tabs</i>		
<i>18.75-75-200 mg .....</i>	140	
<i>carbidopa-levodopa-entacapone tabs</i>		
<i>25-100-200 mg .....</i>	140	
<i>carbidopa-levodopa-entacapone tabs</i>		
<i>31.25-125-200 mg.....</i>	141	

<i>carbidopa-levodopa-entacapone tabs</i>	
37.5-150-200 mg.....	141
<i>carbidopa-levodopa-entacapone tabs</i>	
50-200-200 mg .....	141
<i>carbinoxamine maleate soln 4 mg/5ml</i>	
.....	107
<i>carbinoxamine maleate tab 4 mg ...</i>	107
<i>carboxymethylcellulose sodium (pf)</i>	
<i>ophth soln 0.5% .....</i>	309
<i>carboxymethylcellulose sodium ophth</i>	
<i>soln 0.5% .....</i>	309
<b>CARDIZEM</b>	
see <i>diltiazem hcl tab 120 mg .....</i>	166
see <i>diltiazem hcl tab 30 mg .....</i>	166
see <i>diltiazem hcl tab 60 mg .....</i>	166
<b>CARDIZEM CD</b>	
see <i>cartia xt cap 120/24hr .....</i>	165
see <i>cartia xt cap 180/24hr .....</i>	165
see <i>cartia xt cap 240/24hr .....</i>	165
see <i>cartia xt cap 300/24hr .....</i>	165
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 120 mg .....</i>	166
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 180 mg .....</i>	166
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 240 mg .....</i>	166
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 300 mg .....</i>	166
see <i>diltiazem hcl coated beads cap er</i>	
<i>24hr 360 mg .....</i>	166
<b>CARDIZEM CD CAP 120MG/24</b>	165
<b>CARDIZEM CD CAP 180MG/24</b>	165
<b>CARDIZEM CD CAP 240MG/24</b>	165
<b>CARDIZEM CD CAP 300MG/24</b>	165
<b>CARDIZEM CD CAP 360MG/24</b>	165
<b>CARDIZEM LA</b>	
see <i>diltiazem hcl coated beads tab er</i>	
<i>24hr 180 mg .....</i>	166
see <i>diltiazem hcl coated beads tab er</i>	
<i>24hr 240 mg .....</i>	166
see <i>diltiazem hcl coated beads tab er</i>	
<i>24hr 300 mg .....</i>	166
see <i>diltiazem hcl coated beads tab er</i>	
<i>24hr 360 mg .....</i>	166
see <i>diltiazem hcl coated beads tab er</i>	
<i>24hr 420 mg .....</i>	166
see <i>matzim la tab 180mg/24 .....</i>	167
see <i>matzim la tab 240mg/24 .....</i>	167
see <i>matzim la tab 300mg/24 .....</i>	167
see <i>matzim la tab 360mg/24 .....</i>	167
see <i>matzim la tab 420mg/24 .....</i>	167
<b>CARDIZEM LA TAB 120MG .....</b>	165
<b>CARDIZEM LA TAB 180MG .....</b>	165
<b>CARDIZEM LA TAB 240MG .....</b>	165
<b>CARDIZEM LA TAB 300MG/24.....</b>	165
<b>CARDIZEM LA TAB 360MG .....</b>	165
<b>CARDIZEM LA TAB 420MG/24.....</b>	165
<b>CARDIZEM TAB 120MG.....</b>	165
<b>CARDIZEM TAB 30MG .....</b>	165
<b>CARDIZEM TAB 60MG .....</b>	165
<b>CARDURA TAB 1MG .....</b>	118
<b>CARDURA TAB 2MG .....</b>	118
<b>CARDURA TAB 4MG .....</b>	118
<b>CARDURA TAB 8MG .....</b>	118
<b>CARDURA XL TAB 4MG .....</b>	243
<b>CARDURA XL TAB 8MG .....</b>	243
<b>CAREFINE MIS 31GX8MM .....</b>	275
<b>CAREFINE MIS 32GX4MM .....</b>	275
<b>CAREFINE MIS 32GX5MM .....</b>	275
<b>CAREFINE MIS 32GX6MM .....</b>	275
<b>CAREONE LANC MIS 30G .....</b>	260
<b>CAREONE LANC MIS THIN 23G .....</b>	260
<b>CARESENS 30G MIS LANCETS .....</b>	260
<b>CARESENS N MIS SYSTEM .....</b>	260
<b>CARESENS N MIS VOICE .....</b>	260
<b>CARESENS N TES .....</b>	217
<b>CARETOUCH KIT SYSTEM .....</b>	260
<b>CARETOUCH MIS 31GX5MM .....</b>	275
<b>CARETOUCH MIS 31GX6MM .....</b>	275
<b>CARETOUCH MIS 31GX8MM .....</b>	275
<b>CARETOUCH MIS 32GX4MM .....</b>	275
<b>CARETOUCH MIS 32GX5MM .....</b>	275
<b>CARETOUCH MIS LANC 26G .....</b>	260
<b>CARETOUCH MIS LANC 28G .....</b>	260
<b>CARETOUCH MIS LANC 30G .....</b>	260
<b>CARETOUCH MIS TST STRP.....</b>	217
<b>CARETOUCH MIS TWIST 30 .....</b>	260
<b>carglumic acid tab 200 mg .....</b>	229
<b>carisoprodol tab 250 mg .....</b>	306
<b>carisoprodol tab 350 mg .....</b>	306
<b>carisoprodol w/ aspirin &amp; codeine tab</b>	
<i>200-325-16 mg .....</i>	307
<b>CARNITOR</b>	

see levocarnitine oral soln 1 gm/10ml (10%) .....	229
see levocarnitine tab 330 mg .....	229
CARNITOR SF SOL 1GM/10ML.....	229
CARNITOR SOL 1GM/10ML.....	229
CARNITOR TAB 330MG .....	229
CAROSPIR SUS 25MG/5ML.....	225
carteolol hcl ophth soln 1% .....	310
cartia xt cap 120/24hr .....	165
cartia xt cap 180/24hr .....	165
cartia xt cap 240/24hr .....	165
cartia xt cap 300/24hr .....	165
carvedilol phosphate cap er 24hr 10 mg.....	160
carvedilol phosphate cap er 24hr 20 mg.....	160
carvedilol phosphate cap er 24hr 40 mg.....	160
carvedilol tab 12.5 mg.....	161
carvedilol tab 25 mg .....	161
carvedilol tab 3.125 mg .....	161
carvedilol tab 6.25 mg.....	161
CASODEX	
see bicalutamide tab 50 mg .....	130
CASODEX TAB 50MG .....	130
CATAPRES-TTS DIS 0.1/24HR.....	118
CATAPRES-TTS DIS 0.2/24HR.....	118
CATAPRES-TTS DIS 0.3/24HR.....	119
CATAPRES-TTS-1	
see clonidine td patch weekly 0.1 mg/24hr .....	119
CATAPRES-TTS-2	
see clonidine td patch weekly 0.2 mg/24hr .....	119
CATAPRES-TTS-3	
see clonidine td patch weekly 0.3 mg/24hr .....	119
CAYSTON INH 75MG .....	59
caziant pak .....	177
cefaclor cap 250 mg .....	174
cefaclor cap 500 mg .....	174
CEFACLOR ER TAB 500MG.....	174
cefaclor for susp 125 mg/5ml .....	174
cefaclor for susp 250 mg/5ml .....	174
cefaclor for susp 375 mg/5ml .....	174
cefadroxil cap 500 mg .....	173
cefadroxil for susp 250 mg/5ml .....	173
cefadroxil for susp 500 mg/5ml .....	173
cefadroxil tab 1 gm.....	173
cefazolin sodium for inj 1 gm .....	174
cefazolin sodium for inj 10 gm.....	174
cefdinir cap 300 mg .....	174
cefdinir for susp 125 mg/5ml .....	174
cefdinir for susp 250 mg/5ml .....	174
cefepime hcl for inj 1 gm .....	175
cefepime hcl for inj 2 gm .....	175
cefixime cap 400 mg .....	174
cefixime for susp 100 mg/5ml .....	174
cefixime for susp 200 mg/5ml .....	174
cefpodoxime proxetil for susp 100 mg/5ml .....	174
cefpodoxime proxetil for susp 50 mg/5ml .....	174
cefpodoxime proxetil tab 100 mg ...	174
cefpodoxime proxetil tab 200 mg ...	174
cefprozil for susp 125 mg/5ml .....	174
cefprozil for susp 250 mg/5ml .....	174
cefprozil tab 250 mg .....	174
cefprozil tab 500 mg .....	174
ceftazidime for iv soln 2 gm .....	174
ceftriaxone sodium for inj 1 gm .....	174
ceftriaxone sodium for inj 10 gm ...	174
ceftriaxone sodium for inj 2 gm .....	174
ceftriaxone sodium for inj 250 mg..	175
ceftriaxone sodium for inj 500 mg..	175
ceftriaxone sodium for iv soln 1 gm	175
ceftriaxone sodium for iv soln 2 gm	175
cefuroxime axetil tab 250 mg .....	174
cefuroxime axetil tab 500 mg .....	174
CELEBREX	
see celecoxib cap 100 mg .....	39
see celecoxib cap 200 mg .....	39
see celecoxib cap 400 mg .....	39
see celecoxib cap 50 mg .....	39
CELEBREX CAP 100MG .....	39
CELEBREX CAP 200MG .....	39
CELEBREX CAP 400MG .....	39
CELEBREX CAP 50MG .....	39
celecoxib cap 100 mg .....	39
celecoxib cap 200 mg .....	39
celecoxib cap 400 mg .....	39
celecoxib cap 50 mg .....	39

**CELEXA**

see <i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	86
see <i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	86
see <i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	86
CELEXA TAB 10MG .....	86
CELEXA TAB 20MG .....	86
CELEXA TAB 40MG .....	86
CELLCEPT	
see <i>mycophenolate mofetil cap 250 mg</i> .....	296
see <i>mycophenolate mofetil for oral susp 200 mg/ml</i> .....	296
see <i>mycophenolate mofetil tab 500 mg</i> .....	296
CELLCEPT CAP 250MG .....	295
CELLCEPT SUS 200MG/ML.....	295
CELLCEPT TAB 500MG .....	295
CELONTIN CAP 300MG .....	84
CENTANY AT KIT 2% .....	201
CENTANY OIN 2% .....	201
cephalexin cap 250 mg .....	174
cephalexin cap 500 mg .....	174
cephalexin cap 750 mg .....	174
cephalexin for susp 125 mg/5ml ....	174
cephalexin for susp 250 mg/5ml ....	174
cephalexin tab 250 mg .....	174
cephalexin tab 500 mg .....	174
CEQUA SOL 0.09% .....	313
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i> .....	108
<i>cetirizine hcl tab 10 mg</i> .....	108
<i>cetirizine hcl tab 5 mg</i> .....	108
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i> .....	191
cevimeline hcl cap 30 mg .....	298
charlotte 24 chw fe 1/20 .....	177
chateal eq tab 0.15/30 .....	177
chateal tab 0.15/30.....	177
CHEMET CAP 100MG .....	103
CHENODAL TAB 250MG .....	238
chest conges tab 20-400mg .....	191
chest conges tab relf dm .....	191
chlordiazepoxide hcl cap 10 mg .....	63
chlordiazepoxide hcl cap 25 mg .....	63

chlordiazepoxide hcl cap 5 mg .....	63
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg .....	334
chlordiazepoxide-amitriptyline tab 10-25 mg .....	322
chlordiazepoxide-amitriptyline tab 5-12.5 mg .....	322
chlorhexidine gluconate soln 0.12% .....	298
CHLORHEXIDINE GLUCONATE SOLN 0.12% .....	298
see <i>chlorhexidine gluconate soln 0.12%</i> .....	298
chloroquine phosphate tab 250 mg .....	126
chloroquine phosphate tab 500 mg .....	126
chlorpheniramine maleate syrup 2 mg/5ml .....	107
chlorpheniramine tab 4 mg .....	107
chlorpheniramine tab er 12 mg .....	107
CHLORPROMAZI CON 100MG/ML .....	151
CHLORPROMAZI CON 30MG/ML .....	151
chlorpromazine hcl tab 10 mg .....	151
chlorpromazine hcl tab 100 mg .....	151
chlorpromazine hcl tab 200 mg .....	151
chlorpromazine hcl tab 25 mg .....	151
chlorpromazine hcl tab 50 mg .....	151
chlorthalidone tab 25 mg .....	225
chlorthalidone tab 50 mg .....	225
CHLORZOXAZONE TAB 250 MG .....	306
chlorzoxazone tab 375 mg .....	306
chlorzoxazone tab 500 mg .....	306
chlorzoxazone tab 750 mg .....	306
CHOLBAM CAP 250MG .....	237
CHOLBAM CAP 50MG .....	237
cholecalciferol cap 1000 unit .....	343
cholecalciferol cap 10000 unit .....	343
cholecalciferol cap 2000 unit .....	343
cholecalciferol cap 5000 unit .....	343
cholecalciferol cap 50000 unit .....	343
cholecalciferol chew tab 400 unit ...	343
cholecalciferol oral liquid 400 unit/ml .....	343
cholecalciferol tab 1000 unit .....	343
cholecalciferol tab 2000 unit .....	343
cholecalciferol tab 400 unit .....	343
cholecalciferol tab 5000 unit .....	343
cholestyramine light powder 4 gm/dose .....	110

<i>cholestyramine light powder packets 4 gm</i> .....	110	CIPRO (10%) SUS 500MG/5.....	236
<i>cholestyramine powder 4 gm/dose</i> .....	110	CIPRO (5%) SUS 250MG/5 .....	236
<i>cholestyramine powder packets 4 gm</i> .....	110	CIPRO HC SUS OTIC .....	317
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i> .....	111	CIPRO TAB 250MG.....	236
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i> .....	111	CIPRO TAB 500MG.....	237
CIALIS TAB 5MG .....	170	CIPRO/FLUOC DRO PF .....	317
<i>ciclodan sol 8%</i> .....	202	CIPRODEX	
<i>ciclopirox gel 0.77%</i> .....	202	see <i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	317
<i>ciclopirox kit 8%</i> .....	202	CIPRODEX SUS 0.3-0.1% .....	317
<i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	202	<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	312
<i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	202	<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i> .....	317
<i>ciclopirox shampoo 1%</i> .....	202	<i>ciprofloxacin hcl tab 100 mg (base equiv)</i> .....	237
<i>ciclopirox solution 8%</i> .....	202	<i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	237
<i>cilostazol tab 100 mg</i> .....	249	<i>ciprofloxacin hcl tab 500 mg (base equiv)</i> .....	237
<i>cilostazol tab 50 mg</i> .....	249	<i>ciprofloxacin hcl tab 750 mg (base equiv)</i> .....	237
CILOXAN		<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i> .....	317
see <i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i> .....	312	<i>ciprofloxacin-fluocinolone aceton (pf) otic soln 0.3-0.025%</i> .....	317
CILOXAN OIN 0.3% OP .....	312	<i>citalopram hydrobromide oral soln 10 mg/5ml</i> .....	86
CILOXAN SOL 0.3% OP.....	312	<i>citalopram hydrobromide tab 10 mg (base equiv)</i> .....	86
CIMDUO TAB 300-300 .....	154	<i>citalopram hydrobromide tab 20 mg (base equiv)</i> .....	86
<i>cimetidine hcl soln 300 mg/5ml</i> .....	334	<i>citalopram hydrobromide tab 40 mg (base equiv)</i> .....	86
<i>cimetidine tab 200 mg</i> .....	334	CITRANATAL CAP HARMONY.....	301
<i>cimetidine tab 300 mg</i> .....	334	CITRANATAL MIS.....	301
<i>cimetidine tab 400 mg</i> .....	334	CITRANATAL MIS 90 DHA .....	301
<i>cimetidine tab 800 mg</i> .....	335	CITRANATAL MIS B-CALM .....	301
CIMZIA KIT 200MG .....	239	CITRANATAL PAK ASSURE .....	301
CIMZIA PREFL KIT 200MG/ML.....	239	CITRANATAL PAK DHA.....	301
CIMZIA START KIT 200MG/ML .....	239	CITRANATAL PAK ESSENCE.....	301
<i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	229	CITRANATAL TAB BLOOM.....	301
<i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	229	CITRANATAL TAB RX.....	301
<i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	229	<i>claravis cap 10mg</i> .....	195
CINQAIR INJ .....	65	<i>claravis cap 20mg</i> .....	195
CIPRO		<i>claravis cap 30mg</i> .....	195
see <i>ciprofloxacin hcl tab 250 mg (base equiv)</i> .....	237	<i>claravis cap 40mg</i> .....	195

<i>clarithromycin for susp 125 mg/5ml/257</i>	257
<i>clarithromycin for susp 250 mg/5ml/257</i>	257
<i>clarithromycin tab 250 mg</i> .....	257
<i>clarithromycin tab 500 mg</i> .....	257
<i>clarithromycin tab er 24hr 500 mg</i> .....	257
CLEANLET 28G MIS LANCETS .....	260
<i>clemastine fumarate tab 1.34 mg</i> ...107	107
<i>clemastine fumarate tab 2.68 mg</i> ...107	107
<b>CLEOCIN</b>	
see <i>clindamycin hcl cap 150 mg</i> ....59	59
see <i>clindamycin hcl cap 300 mg</i> ....59	59
see <i>clindamycin hcl cap 75 mg</i> .....59	59
see <i>clindamycin phosphate vaginal         cream 2%</i> .....	341
<b>CLEOCIN CAP 150MG</b> .....	59
<b>CLEOCIN CAP 300MG</b> .....	59
<b>CLEOCIN CAP 75MG</b> .....	59
<b>CLEOCIN CRE 2% VAG</b> .....	341
<b>CLEOCIN PED SOL 75MG/5ML</b> .....59	59
<b>CLEOCIN PEDIATRIC GRANULE</b>	
see <i>clindamycin palmitate hcl for soln         75 mg/5ml (base equiv)</i> .....59	59
<b>CLEOCIN SUP 100MG</b> .....	341
<b>CLEOCIN-T</b>	
see <i>clindamycin phosphate lotion 1%         ...</i> 196	196
<b>CLEOCIN-T LOT 1%</b> .....	195
<b>CLEVER CHECK MIS</b> .....	260
<b>CLEVER CHECK MIS 30G</b> .....260	260
<b>CLEVER CHEK KIT SYSTEM</b> .....260	260
<b>CLEVER CHEK MIS AUTO-CD</b> .....	260
<b>CLEVER CHEK MIS VOICE</b> .....	260
<b>CLEVER CHEK TES</b> .....	217
<b>CLEVER CHEK TES AUTO CD</b> .....217	217
<b>CLEVER CHEK TES TALK</b> .....	217
<b>CLEVER CHEK TES VOICE</b> .....	217
<b>CLEVER CHOIC KIT MICRO</b> .....260	260
<b>CLEVER CHOIC TES MICRO</b> .....	217
<b>CLEVR CHOICE MIS AUTO-CD</b> .....260	260
<b>CLEVR CHOICE MIS MINI</b> .....	261
<b>CLEVR CHOICE MIS TALK</b> .....261	261
<b>CLEVR CHOICE TES AUTO-CD</b> .....217	217
<b>CLEVR CHOICE TES NOCODE</b> .....217	217
<b>CLICKFINE MIS 31GX1/4</b> .....	275
<b>CLICKFINE MIS 31GX3/16.</b> .....276	276
<b>CLICKFINE MIS 31GX5/16.</b> .....276	276
<b>CLICKFINE MIS 31GX8MM</b> .....276	276
<b>CLICKFINE MIS 32GX5/32</b> .....	276
<b>CLIMARA</b>	
see <i>estradiol td patch weekly 0.025         mg/24hr</i> .....	235
see <i>estradiol td patch weekly 0.0375         mg/24hr (37.5 mcg/24hr)</i> .....	235
see <i>estradiol td patch weekly 0.05         mg/24hr</i> .....	235
see <i>estradiol td patch weekly 0.06         mg/24hr</i> .....	235
see <i>estradiol td patch weekly 0.075         mg/24hr</i> .....	235
see <i>estradiol td patch weekly 0.1         mg/24hr</i> .....	235
<b>CLIMARA DIS 0.025MG</b> .....234	234
<b>CLIMARA DIS 0.0375MG</b> .....234	234
<b>CLIMARA DIS 0.05MG</b> .....	234
<b>CLIMARA DIS 0.06MG</b> .....	234
<b>CLIMARA DIS 0.075MG</b> .....234	234
<b>CLIMARA DIS 0.1MG</b> .....	234
<b>CLIMARA PRO DIS WEEKLY</b> .....	233
<b>CLINDACIN KIT ETZ 1%</b> .....	195
<b>CLINDACIN KIT PAC 1%</b> .....	196
<i>clindacin mis etz 1%</i> .....	196
<i>clindacin-p pad 1%</i> .....	196
<b>CLINDAGEL</b>	
see <i>clindamycin phosphate gel 1%         ...</i> 196	196
<b>CLINDAGEL GEL 1%</b> .....196	196
<i>clindamycin hcl cap 150 mg</i> .....	59
<i>clindamycin hcl cap 300 mg</i> .....	59
<i>clindamycin hcl cap 75 mg</i> .....	59
<i>clindamycin palmitate hcl for soln 75         mg/5ml (base equiv)</i> .....59	59
<i>clindamycin phosphate foam 1%</i> ... 196	196
<i>clindamycin phosphate gel 1%</i> ..... 196	196
<i>clindamycin phosphate lotion 1%</i> ... 196	196
<i>clindamycin phosphate soln 1%</i> .... 196	196
<i>clindamycin phosphate swab 1%</i> ... 196	196
<i>clindamycin phosphate vaginal cream         2%</i> .....	341
<i>clindamycin phosphate-benzoyl         peroxide gel 1.2-2.5%</i> .....	196
<i>clindamycin phosphate-benzoyl         peroxide gel 1-5%</i> .....	196
<i>clindamycin phosphate-tretinoin gel         1.2-0.025%</i> .....	196

<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> .....	196
CLINDESSE CRE 2%.....	341
<i>clobazam suspension 2.5 mg/ml</i> .....	73
<i>clobazam tab 10 mg</i> .....	73
<i>clobazam tab 20 mg</i> .....	73
<i>clobetasol propionate cream 0.05%</i> 207	
<i>clobetasol propionate emollient base cream 0.05%</i> .....	207
<i>clobetasol propionate emulsion foam 0.05%</i> .....	207
<i>clobetasol propionate foam 0.05%</i> .207	
<i>clobetasol propionate gel 0.05%</i> ....	207
<i>clobetasol propionate lotion 0.05%</i> .207	
<i>clobetasol propionate oint 0.05%</i> ... 207	
<i>clobetasol propionate shampoo 0.05%</i> .....	207
<i>clobetasol propionate soln 0.05%</i> ... 207	
<i>clobetasol propionate spray 0.05%</i> .. 207	
CLOBEX	
see <i>clobetasol propionate lotion 0.05%</i> .....	207
see <i>clobetasol propionate shampoo 0.05%</i> .....	207
see <i>clobetasol propionate spray 0.05%</i> .....	207
see <i>clodan sha 0.05%</i> .....	208
CLOBEX SHA 0.05%.....	208
CLOBEX SPR 0.05%.....	208
<i>clocortolone pivalate cream 0.1%</i> .. 208	
CLODAN KIT 0.05% .....	208
<i>clodan sha 0.05%</i> .....	208
CLODERM	
see <i>clocortolone pivalate cream 0.1%</i> .....	208
CLODERM CRE 0.1% .....	208
<i>clomipramine hcl cap 25 mg</i> .....	91
<i>clomipramine hcl cap 50 mg</i> .....	91
<i>clomipramine hcl cap 75 mg</i> .....	91
<i>clonazepam orally disintegrating tab 0.125 mg</i> .....	73
<i>clonazepam orally disintegrating tab 0.25 mg</i> .....	73
<i>clonazepam orally disintegrating tab 0.5 mg</i> .....	73
<i>clonazepam orally disintegrating tab 1 mg</i> .....	73

<i>clonazepam orally disintegrating tab 2 mg</i> .....	73
<i>clonazepam tab 0.5 mg</i> .....	73
<i>clonazepam tab 1 mg</i> .....	73
<i>clonazepam tab 2 mg</i> .....	73
<i>clonidine hcl tab 0.1 mg</i> .....	119
<i>clonidine hcl tab 0.2 mg</i> .....	119
<i>clonidine hcl tab 0.3 mg</i> .....	119
<i>clonidine hcl tab er 12hr 0.1 mg</i> .....	27
<i>clonidine td patch weekly 0.1 mg/24hr .....</i>	119
<i>clonidine td patch weekly 0.2 mg/24hr .....</i>	119
<i>clonidine td patch weekly 0.3 mg/24hr .....</i>	119
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i> .....	249
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i> .....	249
<i>clorazepate dipotassium tab 15 mg</i> ..63	
<i>clorazepate dipotassium tab 3.75 mg</i> 63	
<i>clorazepate dipotassium tab 7.5 mg</i> .63	
<i>clotrimazole cream 1%</i> .....	202
<i>clotrimazole soln 1%</i> .....	202
<i>clotrimazole troche 10 mg</i> .....	298
<i>clotrimazole vaginal cream 1%</i> .. 341	
<i>clotrimazole vaginal cream 2%</i> .. 341	
<i>clotrimazole w/ betamethasone cream 1-0.05%</i> .....	202
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i> .....	202
<i>clozapine orally disintegrating tab 100 mg</i> .....	148
<i>clozapine orally disintegrating tab 12.5 mg</i> .....	148
<i>clozapine orally disintegrating tab 150 mg</i> .....	148
<i>clozapine orally disintegrating tab 200 mg</i> .....	148
<i>clozapine orally disintegrating tab 25 mg</i> .....	148
<i>clozapine tab 100 mg</i> .....	148
<i>clozapine tab 200 mg</i> .....	148
<i>clozapine tab 25 mg</i> .....	148
<i>clozapine tab 50 mg</i> .....	148
CLOZARIL	
see <i>clozapine tab 100 mg</i> .....	148

see clozapine tab 200 mg .....	148
see clozapine tab 25 mg .....	148
see clozapine tab 50 mg .....	148
CLOZARIL TAB 100MG .....	148
CLOZARIL TAB 200MG .....	148
CLOZARIL TAB 25MG.....	148
CLOZARIL TAB 50MG.....	148
C-NATE DHA CAP 28-1-200 .....	301
CO MONITOR MIS .....	288
COAGADEX INJ 250UNIT.....	245
COAGADEX INJ 500UNIT.....	245
COAGUCHEK MIS LANCETS .....	261
COARTEM TAB 20-120MG .....	125
CODEINE SULF TAB 15MG.....	44
CODEINE SULF TAB 60MG.....	44
CODEINE SULFATE TAB 30 MG .....	44
COLAZAL	
see <i>balsalazide disodium cap 750 mg</i>	
.....	239
COLAZAL CAP 750MG .....	239
<i>colchicine cap 0.6 mg</i> .....	244
<i>colchicine tab 0.6 mg</i> .....	244
<i>colchicine w/ probenecid tab 0.5-500 mg</i> .....	244
COLCRYS	
see <i>colchicine tab 0.6 mg</i> .....	244
COLCRYS TAB 0.6MG.....	244
<i>colesevelam hcl packet for susp 3.75 gm</i> .....	110
<i>colesevelam hcl tab 625 mg</i> .....	110
COLESTID	
see <i>colestipol hcl granule packets 5 gm</i> .....	110
see <i>colestipol hcl granules 5 gm</i> .....	110
see <i>colestipol hcl tab 1 gm</i> .....	110
COLESTID FLA GRA 5/7.5GM .....	110
COLESTID FLA GRA 5GM.....	110
COLESTID GRA 5GM.....	110
COLESTID POW 5GM .....	110
COLESTID TAB 1GM .....	110
<i>colestipol hcl granule packets 5 gm</i> .....	110
<i>colestipol hcl granules 5 gm</i> .....	110
<i>colestipol hcl tab 1 gm</i> .....	110
COMBIGAN SOL 0.2/0.5%.....	310
COMBIPATCH DIS .....	233
COMBIVENT AER 20-100.....	69
COMBIVIR	
see <i>lamivudine-zidovudine tab 150-300 mg</i> .....	155
COMBIVIR TAB 150-300 .....	154
COMETRIQ KIT 100MG .....	133
COMETRIQ KIT 140MG .....	133
COMETRIQ KIT 60MG .....	133
COMFORT ASSU MIS LANC 28G .....	261
COMFORT ASSU MIS LANC 33G .....	261
COMFORT EZ MIS 29GX12MM .....	276
COMFORT EZ MIS 31GX5/16 .....	276
COMFORT EZ MIS 31GX5MM .....	276
COMFORT EZ MIS 31GX6MM .....	276
COMFORT EZ MIS 31GX8MM .....	276
COMFORT EZ MIS 32GX4MM .....	276
COMFORT EZ MIS 32GX5MM .....	276
COMFORT EZ MIS 32GX6MM .....	276
COMFORT EZ MIS 32GX8MM .....	276
COMFORT EZ MIS 33GX4MM .....	276
COMFORT EZ MIS 33GX5MM .....	276
COMFORT EZ MIS 33GX6MM .....	276
COMFORT EZ MIS 33GX8MM .....	276
COMFORT MIS LANCETS .....	261
COMFORT TCH MIS LANC 30G .....	261
COMFORT TCH MIS LANC 31G .....	261
COMFORT TOUC MIS 31GX4MM .....	276
COMFORT TOUC MIS 31GX5MM .....	276
COMFORT TOUC MIS 31GX6MM .....	276
COMFORT TOUC MIS 31GX8MM .....	276
COMFORT TOUC MIS 32GX4MM .....	276
COMFORT TOUC MIS 32GX5MM .....	276
COMFORT TOUC MIS 32GX6MM .....	276
COMFORT TOUC MIS 32GX8MM .....	277
COMFORT TOUC MIS 33GX1/4.....	277
COMFORT TOUC MIS 33GX3/16.....	277
COMFORT TOUC MIS 33GX5/32 .....	277
COMFORTOUCH MIS LANCET.....	261
COMPLERA TAB .....	154
COMPLETE NAT PAK DHA.....	301
COMPLETENATE CHW .....	301
<i>compro sup 25mg</i> .....	151
COMTAN	
see <i>entacapone tab 200 mg</i> .....	140
COMTAN TAB 200MG.....	140
CONCERTA	
see <i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i> .....	34

see <i>methylphenidate hcl tab er</i>	161
<i>osmotic release (osm) 27 mg</i> .....	34
see <i>methylphenidate hcl tab er</i>	161
<i>osmotic release (osm) 36 mg</i> .....	34
see <i>methylphenidate hcl tab er</i>	161
<i>osmotic release (osm) 54 mg</i> .....	34
CONCERTA TAB 18MG .....	30
CONCERTA TAB 27MG .....	30
CONCERTA TAB 36MG .....	30
CONCERTA TAB 54MG .....	30
CONDOMS - FEMALE .....	258
CONDOMS - MALE.....	258
CONDOMS LATEX LUBRICATED.....	258
CONDOMS LATEX NON-LUBRICATED .....	258
CONDYLOX GEL 0.5%.....	213
CONFIRM/MICR TES GLUCOSE.....	217
<i>constulose sol 10gm/15</i> .....	256
CONTOUR KIT NEXT .....	261
CONTOUR KIT NEXT LNK .....	261
CONTOUR MIS MONITOR .....	261
CONTOUR NEXT KIT ONE .....	261
CONTOUR NEXT MIS ONE .....	261
CONTOUR TES BLD GLUC.....	217
CONTOUR TES NEXT .....	217
CONZIP CAP 100MG .....	44
CONZIP CAP 200MG .....	44
CONZIP CAP 300MG .....	44
COOL BLOOD TES GLUCOSE.....	218
COOL MIS MONITOR .....	261
COOL MONITOR KIT .....	261
COPAXONE	
<i>see glatiramer acetate soln prefilled</i>	
<i>syringe 20 mg/ml</i> .....	324
<i>see glatiramer acetate soln prefilled</i>	
<i>syringe 40 mg/ml</i> .....	324
<i>see glatopa inj 20mg/ml</i> .....	324
<i>see glatopa inj 40mg/ml</i> .....	324
COPAXONE INJ 20MG/ML .....	324
COPAXONE INJ 40MG/ML .....	324
COPIKTRA CAP 15MG .....	134
COPIKTRA CAP 25MG .....	134
CORDRAN	
<i>see flurandrenolide cream 0.05%</i> 209	
<i>see flurandrenolide lotion 0.05%</i> .209	
<i>see flurandrenolide oint 0.05%</i> ... 209	
COREG	
<i>see carvedilol tab 12.5 mg</i> .....	161
<i>see carvedilol tab 25 mg</i> .....	161
<i>see carvedilol tab 3.125 mg</i> .....	161
<i>see carvedilol tab 6.25 mg</i> .....	161
COREG CR	
<i>see carvedilol phosphate cap er 24hr</i>	
<i>10 mg</i> .....	160
<i>see carvedilol phosphate cap er 24hr</i>	
<i>20 mg</i> .....	160
<i>see carvedilol phosphate cap er 24hr</i>	
<i>40 mg</i> .....	160
<i>see carvedilol phosphate cap er 24hr</i>	
<i>80 mg</i> .....	160
COREG CR CAP 10MG.....	161
COREG CR CAP 20MG.....	161
COREG CR CAP 40MG.....	161
COREG CR CAP 80MG.....	161
COREG TAB 12.5MG.....	161
COREG TAB 25MG .....	161
COREG TAB 3.125MG .....	161
COREG TAB 6.25MG.....	161
CORGARD	
<i>see nadolol tab 20 mg</i> .....	163
<i>see nadolol tab 40 mg</i> .....	163
<i>see nadolol tab 80 mg</i> .....	163
CORGARD TAB 20MG .....	163
CORGARD TAB 40MG .....	163
CORGARD TAB 80MG .....	163
CORIFACT KIT.....	245
CORLANOR SOL 5MG/5ML.....	173
CORLANOR TAB 5MG.....	173
CORLANOR TAB 7.5MG.....	173
CORTEF	
<i>see hydrocortisone tab 10 mg</i> ....	190
<i>see hydrocortisone tab 20 mg</i> ....	190
<i>see hydrocortisone tab 5 mg</i> .....	189
CORTEF TAB 10MG .....	189
CORTEF TAB 20MG .....	189
CORTEF TAB 5MG .....	189
CORTENEMA	
<i>see hydrocortisone enema 100</i>	
<i>mg/60ml</i> .....	54
CORTENEMA ENE 100MG .....	54
CORTIFOAM AER 90MG .....	54
CORTISPORIN SUS -TC OTIC.....	317
COSENTYX INJ 150MG/ML .....	205
COSENTYX INJ 300DOSE .....	205

COSENTYX INJ 75MG/0.5.....	205
COSENTYX PEN INJ 150MG/ML .....	205
COSENTYX PEN INJ 300DOSE.....	205
<b>COSOPT</b>	
see <i>dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml</i> .....	310
<b>COSOPT PF</b>	
see <i>dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf</i> ....	310
COSOPT PF SOL 2%-0.5% .....	310
COSOPT SOL 22.3-6.8 .....	310
COTELLIC TAB 20MG .....	134
COTEMPLA TAB 17.3MG .....	30
COTEMPLA TAB 25.9MG .....	30
COTEMPLA TAB 8.6MG.....	30
<i>cough relief liq 15mg/5ml</i> .....	191
<b>COZAAR</b>	
see <i>losartan potassium tab 100 mg</i> .....	118
see <i>losartan potassium tab 25 mg</i> .....	118
see <i>losartan potassium tab 50 mg</i> .....	118
COZAAR TAB 100MG .....	117
COZAAR TAB 25MG .....	117
COZAAR TAB 50MG .....	117
CREON CAP 12000UNT .....	223
CREON CAP 24000UNT .....	223
CREON CAP 3000UNIT.....	223
CREON CAP 36000UNT .....	223
CREON CAP 6000UNIT.....	223
CRESEMBIA CAP 186 MG.....	106
<b>CRESTOR</b>	
see <i>rosuvastatin calcium tab 10 mg</i> .....	113
see <i>rosuvastatin calcium tab 20 mg</i> .....	113
see <i>rosuvastatin calcium tab 40 mg</i> .....	113
see <i>rosuvastatin calcium tab 5 mg</i> .....	113
CRESTOR TAB 10MG .....	112
CRESTOR TAB 20MG .....	112
CRESTOR TAB 40MG .....	112
CRESTOR TAB 5MG .....	112
CRINONE GEL 4% VAG .....	342
CRINONE GEL 8% VAG .....	342
<i>cromolyn sodium nasal aerosol soln 5.2 mg/act (4%)</i> .....	308
<i>cromolyn sodium ophth soln 4%</i> ....	316
<i>cromolyn sodium oral conc 100 mg/5ml</i> .....	238
<i>cromolyn sodium soln nebu 20 mg/2ml</i> .....	65
<i>crotan lot 10%</i> .....	215
<i>cryselle-28 tab 28 tabs</i> .....	177
<b>CUPRIMINE</b>	
see <i>penicillamine cap 250 mg</i> .....	294
CUPRIMINE CAP 250MG.....	294
<b>CUTIVATE</b>	
see <i>fluticasone propionate lotion 0.05%</i> .....	209
<b>CUVPOSA</b>	
see <i>glycopyrrolate oral soln 1 mg/5ml</i> .....	334
CUVPOSA SOL 1MG/5ML.....	334
CVS ADVANCED TES GLUCOSE.....	218
CVS GLUCOSE KIT METER.....	261
CVS GLUCOSE TES TEST STR .....	218
CVS LANCETS MIS 21G .....	261
CVS LANCETS MIS 30G .....	261
CVS LANCETS MIS 33G .....	261
CVS LANCETS MIS ORIGINAL .....	261
CVS LANCETS MIS THIN 26G .....	261
CVS LANCETS MIS THIN 30G .....	261
CVS LANCETS MIS THIN 33G .....	261
<i>cyanocobalamin sl tab 2500 mcg</i> ...	249
<i>cyanocobalamin tab 100 mcg</i> .....	249
<i>cyanocobalamin tab 1000 mcg</i> .....	249
<i>cyanocobalamin tab 500 mcg</i> .....	249
<i>cyanocobalamin tab er 1000 mcg</i> ...	249
<i>cyclafem tab 1/35</i> .....	177
<i>cyclafem tab 7/7/7</i> .....	177
<i>cyclobenzaprine hcl cap er 24hr 15 mg</i> .....	306
<i>cyclobenzaprine hcl cap er 24hr 30 mg</i> .....	306
<i>cyclobenzaprine hcl tab 10 mg</i> .....	306
<i>cyclobenzaprine hcl tab 5 mg</i> .....	306
<i>cyclobenzaprine hcl tab 7.5 mg</i> .....	306
<b>CYCLOGYL</b>	
see <i>cyclopentolate hcl ophth soln 0.5%</i> .....	311
see <i>cyclopentolate hcl ophth soln 1%</i> .....	311

see <i>cyclopentolate hcl ophth soln 2%</i>	311	see <i>liothyronine sodium tab 50 mcg</i>	332
<b>CYCLOGYL SOL 0.5% OP</b> .....	311	<b>CYTOMEL TAB 25MCG</b> .....	330
<b>CYCLOGYL SOL 1% OP</b> .....	311	<b>CYTOMEL TAB 50MCG</b> .....	330
<b>CYCLOGYL SOL 2% OP</b> .....	311	<b>CYTOMEL TAB 5MCG</b> .....	330
<b>CYCLOMYDRIL SOL OP</b> .....	311	<b>CYTOTEC TAB 100MCG</b> .....	337
<i>cyclopentolate hcl ophth soln 0.5%</i> 311		<i>CYTOTEC TAB 200MCG</i> .....	337
<i>cyclopentolate hcl ophth soln 1%</i> ... 311		<i>cytra k gra crystals</i> .....	242
<i>cyclopentolate hcl ophth soln 2%</i> ... 311		<b>D</b>	
<b>CYCLOPHOSPH TAB 25MG</b> .....	127	<i>dalfampridine tab er 12hr 10 mg</i> ... 324	
<b>CYCLOPHOSPH TAB 50MG</b> .....	127	<b>DALIRESP TAB 250MCG</b> .....	66
<i>cyclophosphamide cap 25 mg</i> .....	127	<b>DALIRESP TAB 500MCG</b> .....	66
<i>cyclophosphamide cap 50 mg</i> .....	127	<b>DANTRIUM</b>	
<i>cycloserine cap 250 mg</i> .....	127	see <i>dantrolene sodium cap 25 mg</i> 307	
<b>CYCLOSET TAB 0.8MG</b> .....	98	<b>DANTRIUM CAP 25MG</b> .....	307
<i>cyclosporine cap 100 mg</i> .....	295	<b>DANTRIUM CAP 50MG</b> .....	307
<i>cyclosporine cap 25 mg</i> .....	295	<i>dantrolene sodium cap 100 mg</i> .....	307
<i>cyclosporine modified cap 100 mg</i> ..	295	<i>dantrolene sodium cap 25 mg</i> .....	307
<i>cyclosporine modified cap 25 mg</i> ... 295		<i>dantrolene sodium cap 50 mg</i> .....	307
<i>cyclosporine modified cap 50 mg</i> ... 295		<b>dapsone gel 5%</b> .....	196
<i>cyclosporine modified oral soln 100</i>		<b>dapsone gel 7.5%</b> .....	196
<i>mg/ml</i> .....	295	<b>dapsone tab 100 mg</b> .....	59
<b>CYMBALTA</b>		<b>dapsone tab 25 mg</b> .....	59
see <i>duloxetine hcl enteric coated</i>		<b>DARAPRIM</b>	
<i>pellets cap 20 mg (base eq)</i> .....	90	see <i>pyrimethamine tab 25 mg</i> .... 126	
see <i>duloxetine hcl enteric coated</i>		<b>DARAPRIM TAB 25MG</b> .....	126
<i>pellets cap 30 mg (base eq)</i> .....	90	<i>darifenacin hydrobromide tab er 24hr</i>	
see <i>duloxetine hcl enteric coated</i>		<i>15 mg (base equiv)</i> .....	337
<i>pellets cap 60 mg (base eq)</i> .....	90	<i>darifenacin hydrobromide tab er 24hr</i>	
<b>CYMBALTA CAP 20MG</b> .....	89	<i>7.5 mg (base equiv)</i> .....	337
<b>CYMBALTA CAP 30MG</b> .....	89	<b>dasetta tab 1/35</b> .....	177
<b>CYMBALTA CAP 60MG</b> .....	89	<b>dasetta tab 7/7/7</b> .....	177
<i>cyproheptadine hcl syrup 2 mg/5ml</i> 109		<b>DAURISMO TAB 100MG</b> .....	130
<i>cyproheptadine hcl tab 4 mg</i> .....	109	<b>DAURISMO TAB 25MG</b> .....	130
<i>cyred eq tab</i> .....	177	<b>DAYPRO</b>	
<i>cyred tab</i> .....	177	see <i>oxaprozin tab 600 mg</i> .....	42
<b>CYSTADANE POW</b> .....	229	<b>DAYPRO TAB 600MG</b> .....	39
<b>CYSTADROPS SOL 0.37%</b> .....	316	<i>daysee tab</i> .....	177
<b>CYSTAGON CAP 150MG</b> .....	242	<b>DAYTRANA DIS 10MG/9HR</b> .....	30
<b>CYSTAGON CAP 50MG</b> .....	242	<b>DAYTRANA DIS 15MG/9HR</b> .....	30
<b>CYSTARAN SOL 0.44%</b> .....	316	<b>DAYTRANA DIS 20MG/9HR</b> .....	30
<b>CYTOMEL</b>		<b>DAYTRANA DIS 30MG/9HR</b> .....	30
see <i>liothyronine sodium tab 25 mcg</i>		<b>DAYVIGO TAB 10MG</b> .....	255
.....	331	<b>DAYVIGO TAB 5MG</b> .....	255
see <i>liothyronine sodium tab 5 mcg</i>		<b>D-CARE BLOOD TES GLUCOSE</b> .....	218
.....	331	<b>D-CARE GLUCO KIT TEST STR</b> .....	261
<b>DDAVP</b>			

see *desmopressin acetate tab 0.1 mg* ..... 231  
 see *desmopressin acetate tab 0.2 mg* ..... 231  
**DDAVP TAB 0.1MG** ..... 231  
**DDAVP TAB 0.2MG** ..... 231  
*deblitane tab 0.35mg* ..... 188  
*deferasirox granules packet 180 mg* 103  
*deferasirox granules packet 360 mg* 103  
*deferasirox granules packet 90 mg* . 103  
*deferasirox tab 180 mg* ..... 103  
*deferasirox tab 360 mg* ..... 103  
*deferasirox tab 90 mg* ..... 103  
*deferasirox tab for oral susp 125 mg* ..... 103  
*deferasirox tab for oral susp 250 mg* ..... 103  
*deferasirox tab for oral susp 500 mg* ..... 103  
*deferiprone tab 500 mg* ..... 103  
**DELESTROGEN**  
     see *estradiol valerate im in oil 20 mg/ml* ..... 235  
     see *estradiol valerate im in oil 40 mg/ml* ..... 235  
**DELESTROGEN INJ 10MG/ML** ..... 234  
**DELESTROGEN INJ 20MG/ML** ..... 234  
**DELESTROGEN INJ 40MG/ML** ..... 234  
**DELSTRIGO TAB** ..... 154  
*delsym cough liq congs dm* ..... 191  
**DELZICOL**  
     see *mesalamine cap dr 400 mg* ... 239  
**DELZICOL CAP 400MG** ..... 239  
*demeclacycline hcl tab 150 mg* ..... 328  
*demeclacycline hcl tab 300 mg* ..... 328  
**DEM SER CAP 250MG** ..... 116  
**DENAVIR CRE 1%** ..... 206  
*denta 5000 cre plus* ..... 298  
*denta 5000 cre plus 2pk* ..... 298  
*dentagel gel 1.1%* ..... 298  
**DEPAKOTE**  
     see *divalproex sodium tab delayed release 125 mg* ..... 84  
     see *divalproex sodium tab delayed release 250 mg* ..... 84  
     see *divalproex sodium tab delayed release 500 mg* ..... 84

**DEPAKOTE ER**  
     see *divalproex sodium tab er 24 hr 250 mg* ..... 84  
     see *divalproex sodium tab er 24 hr 500 mg* ..... 84  
**DEPAKOTE ER TAB 250MG** ..... 84  
**DEPAKOTE ER TAB 500MG** ..... 84  
**DEPAKOTE SPR CAP 125MG** ..... 84  
**DEPAKOTE SPRINKLES**  
     see *divalproex sodium cap delayed release sprinkle 125 mg* ..... 84  
**DEPAKOTE TAB 125MG DR** ..... 84  
**DEPAKOTE TAB 250MG DR** ..... 84  
**DEPAKOTE TAB 500MG DR** ..... 84  
**DEPEN TITRA TAB 250MG** ..... 294  
**DEPEN TITRATABS**  
     see *penicillamine tab 250 mg* ..... 294  
**DEPO-ESTRADI INJ 5MG/ML** ..... 234  
**DEPO-PROVERA CONTRACEPTIV**  
     see *medroxyprogesterone acetate im susp 150 mg/ml* ..... 188  
     see *medroxyprogesterone acetate im susp prefilled syr 150 mg/ml* ... 188  
**DEPO-PROVERA INJ 150MG/ML** ..... 187  
**DEPO-SQ PROV INJ 104** ..... 188  
**DEPO-TESTOSTERONE**  
     see *testosterone cypionate im inj in oil 100 mg/ml* ..... 54  
     see *testosterone cypionate im inj in oil 200 mg/ml* ..... 54  
*dermacinrx cre penetrat* ..... 213  
**DERMACINRX TAB PRETRATE** ..... 301  
**DERMA-SMOOTH OIL /FS BODY** ..... 208  
**DERMA-SMOOTH OIL /FS SCLP** ..... 208  
**DERMA-SMOOTH/FS BODY**  
     see *fluocinolone acetonide oil 0.01% (body oil)* ..... 209  
**DERMA-SMOOTH/FS SCALP**  
     see *fluocinolone acetonide oil 0.01% (scalp oil)* ..... 209  
**DERMOTIC**  
     see *flac oil 0.01%* ..... 318  
     see *fluocinolone acetonide (otic) oil 0.01%* ..... 318  
**DERMOTIC OIL 0.01%** ..... 317  
**DESCOVY TAB 200/25MG** ..... 154  
*desipramine hcl tab 10 mg* ..... 91

<i>desipramine hcl tab 100 mg</i> .....	92	DETROL LA CAP 4MG.....	337
<i>desipramine hcl tab 150 mg</i> .....	92	DETROL TAB 1MG .....	338
<i>desipramine hcl tab 25 mg</i> .....	91	DETROL TAB 2MG .....	338
<i>desipramine hcl tab 50 mg</i> .....	91	DEXAMETHASON CON 1MG/ML.....	189
<i>desipramine hcl tab 75 mg</i> .....	91	<i>dexamethasone elixir 0.5 mg/5ml</i> ..	189
<i>desmopressin acetate nasal spray soln 0.01%</i> .....	231	<i>dexamethasone sodium phosphate ophth soln 0.1%</i> .....	314
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i> .....	231	<i>dexamethasone soln 0.5 mg/5ml</i> ...	189
<i>desmopressin acetate tab 0.1 mg</i> ...	231	<i>dexamethasone tab 0.5 mg</i> .....	189
<i>desmopressin acetate tab 0.2 mg</i> ...	231	<i>dexamethasone tab 0.75 mg</i> .....	189
<i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> .....	177	<i>dexamethasone tab 1 mg</i> .....	189
<i>desogestrel &amp; ethynodiol dihydrogesterone tab 0.15 mg-30 mcg</i> .....	178	<i>dexamethasone tab 1.5 mg</i> .....	189
<i>desonide cream 0.05%</i> .....	208	<i>dexamethasone tab 2 mg</i> .....	189
<i>desonide lotion 0.05%</i> .....	208	<i>dexamethasone tab 4 mg</i> .....	189
<i>desonide oint 0.05%</i> .....	208	<i>dexamethasone tab 6 mg</i> .....	189
DESOWEN		<i>dexamethasone tab therapy pack 1.5 mg (21)</i> .....	189
see <i>desonide cream 0.05%</i> .....	208	<i>dexamethasone tab therapy pack 1.5 mg (35)</i> .....	189
<i>desoximetasone cream 0.05%</i> .....	208	<i>dexamethasone tab therapy pack 1.5 mg (51)</i> .....	189
<i>desoximetasone cream 0.25%</i> .....	208	DEXCOM G5 MOBILE RECEIVER .....	261
<i>desoximetasone gel 0.05%</i> .....	208	DEXCOM G5 MOBILE TRANSMIT .....	261
<i>desoximetasone oint 0.05%</i> .....	208	DEXCOM G6 RECEIVER.....	261
<i>desoximetasone oint 0.25%</i> .....	208	DEXCOM G6 SENSOR .....	261
<i>desoximetasone spray 0.25%</i> .....	208	DEXCOM G6 TRANSMITTER.....	261
DESOXYN		DEXEDRINE	
see <i>methamphetamine hcl tab 5 mg</i> .....	25	see <i>dextroamphetamine sulfate cap er 24hr 10 mg</i> .....	24
DESOXYN TAB 5MG .....	24	see <i>dextroamphetamine sulfate cap er 24hr 15 mg</i> .....	24
DESVENLAFAK TAB 100MG ER .....	89	see <i>dextroamphetamine sulfate cap er 24hr 5 mg</i> .....	24
DESVENLAFAK TAB 50MG ER.....	89	DEXEDRINE CAP 10MG CR .....	24
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i> .....	89	DEXEDRINE CAP 15MG CR .....	24
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i> .....	89	DEXEDRINE CAP 5MG CR.....	24
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i> .....	89	DEXILANT	
DETROL		see <i>dexlansoprazole cap delayed release 60 mg</i> .....	335
see <i>tolterodine tartrate tab 1 mg</i> ..	338	DEXILANT CAP 30MG DR .....	335
see <i>tolterodine tartrate tab 2 mg</i> ..	338	DEXILANT CAP 60MG DR .....	335
DETROL LA		<i>dexlansoprazole cap delayed release 30 mg</i> .....	335
see <i>tolterodine tartrate cap er 24hr 2 mg</i> ..	338	<i>dexlansoprazole cap delayed release 60 mg</i> .....	335
see <i>tolterodine tartrate cap er 24hr 4 mg</i> ..	338	<i>dexamphetamine hcl cap er 24 hr 10 mg</i> .....	30
DETROL LA CAP 2MG.....	337		

<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>15 mg</i> .....	30
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>20 mg</i> .....	30
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>25 mg</i> .....	31
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>30 mg</i> .....	31
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>35 mg</i> .....	31
<i>dexmethylphenidate hcl cap er 24 hr</i>	
<i>40 mg</i> .....	31
<i>dextenza mis 0.4mg</i> .....	314
<i>dextran 70-hypromellose ophth soln</i>	
<i>0.1-0.3%</i> .....	309
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>10 mg</i> .....	24
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>15 mg</i> .....	24
<i>dextroamphetamine sulfate cap er 24hr</i>	
<i>5 mg</i> .....	24
<i>dextroamphetamine sulfate oral</i>	
<i>solution 5 mg/5ml</i> .....	24
<i>dextroamphetamine sulfate tab 10 mg</i>	
.....	24
<i>dextroamphetamine sulfate tab 15 mg</i>	
.....	24
<i>dextroamphetamine sulfate tab 20 mg</i>	
.....	24
<i>dextroamphetamine sulfate tab 30 mg</i>	
.....	25
<i>dextroamphetamine sulfate tab 5 mg</i>	24
<i>dextromethorphan-guaifenesin liquid</i>	
<i>10-100 mg/5ml</i> .....	192
<i>dextromethorphan-guaifenesin liquid</i>	
<i>10-200 mg/5ml</i> .....	192
<i>dextromethorphan-guaifenesin syrup</i>	
<i>10-100 mg/5ml</i> .....	192
<i>dextromethorphan-guaifenesin tab er</i>	
<i>12hr 30-600 mg</i> .....	192
<i>dextromethorphan-guaifenesin tab er</i>	
<i>12hr 60-1200 mg</i> .....	192
<i>dhivy tab 25-100mg</i> .....	141
<i>diacomit cap 250mg</i> .....	75
<i>diacomit cap 500mg</i> .....	75
<i>diacomit pak 250mg</i> .....	75
<i>diacomit pak 500mg</i> .....	75
<i>diastat acdl gel 12.5-20</i> .....	73
<i>diastat acdl gel 5-10mg</i> .....	73
<i>diastat ped gel 2.5m gel</i> .....	73
<i>diathrive mis 31gx5mm</i> .....	277
<i>diathrive mis 31gx6mm</i> .....	277
<i>diathrive mis 31gx8mm</i> .....	277
<i>diathrive mis 32gx4mm</i> .....	277
<i>diathrive mis lancets</i> .....	261
<i>diathrive mis meter</i> .....	261
<i>diathrive mis test str</i> .....	218
<i>diathrive mis ut 30g</i> .....	262
<i>diathrive+ kit system</i> .....	262
<i>diathrive+ mis test str</i> .....	218
<i>diatru plus mis monitor</i> .....	262
<i>diatru plus tes strips</i> .....	218
<i>diazepam conc 5 mg/ml</i> .....	63
<i>diazepam oral soln 1 mg/ml</i> .....	63
<i>diazepam rectal gel delivery system 10</i>	
<i>mg</i> .....	73
<i>diazepam rectal gel delivery system 2.5</i>	
<i>mg</i> .....	73
<i>diazepam rectal gel delivery system 20</i>	
<i>mg</i> .....	74
<i>diazepam tab 10 mg</i> .....	63
<i>diazepam tab 2 mg</i> .....	63
<i>diazepam tab 5 mg</i> .....	63
<i>diazoxide susp 50 mg/ml</i> .....	97
<i>dibenzyline</i>	
<i>see phenoxybenzamine hcl cap 10</i>	
<i>mg</i> .....	116
<i>dibucaine perianal ointment 1%</i> .....	55
<i>diclegis</i>	
<i>see doxylamine-pyridoxine tab</i>	
<i>delayed release 10-10 mg</i> .....	105
<i>diclegis tab 10-10mg</i> .....	105
<i>diclofenac epolamine patch 1.3%</i> ... <td>201</td>	201
<i>diclofenac potassium tab 50 mg</i> ..... <td>39</td>	39
<i>diclofenac sodium (actinic keratoses)</i>	
<i>gel 3%</i> .....	204
<i>diclofenac sodium gel 1%</i> .....	201
<i>diclofenac sodium ophth soln 0.1%</i> .. <td>316</td>	316
<i>diclofenac sodium soln 1.5%</i> .....	201

<i>diclofenac sodium tab delayed release</i>	
25 mg .....	39
<i>diclofenac sodium tab delayed release</i>	
50 mg .....	39
<i>diclofenac sodium tab delayed release</i>	
75 mg .....	39
<i>diclofenac sodium tab er 24hr 100 mg</i>	
.....	39
<i>diclofenac w/ misoprostol tab delayed</i>	
release 50-0.2 mg .....	39
<i>diclofenac w/ misoprostol tab delayed</i>	
release 75-0.2 mg .....	39
<i>DICLOTREX PAK</i>	201
<i>dicloxacillin sodium cap 250 mg</i> .....	319
<i>dicloxacillin sodium cap 500 mg</i> .....	319
<i>dicyclomine hcl cap 10 mg</i> .....	334
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	
.....	334
<i>dicyclomine hcl tab 20 mg</i> .....	334
<b>DIFFERIN</b>	
see <i>adapalene cream 0.1%</i> .....	194
see <i>adapalene gel 0.3%</i> .....	194
<b>DIFFERIN CRE 0.1%</b>	196
<b>DIFFERIN GEL 0.3%</b> .....	196
<b>DIFFERIN LOT 0.1%</b> .....	196
<b>DIFCID SUS</b> .....	258
<b>DIFCID TAB 200MG</b> .....	258
<i>diflorasone diacetate cream 0.05%</i> .....	208
<i>diflorasone diacetate oint 0.05%</i> .....	208
<b>DIFLUCAN</b>	
see <i>fluconazole for susp 10 mg/ml</i>	
.....	106
see <i>fluconazole for susp 40 mg/ml</i>	
.....	106
see <i>fluconazole tab 100 mg</i> .....	106
see <i>fluconazole tab 150 mg</i> .....	106
see <i>fluconazole tab 200 mg</i> .....	107
see <i>fluconazole tab 50 mg</i> .....	106
<b>DIFLUCAN SUS 10MG/ML</b> .....	106
<b>DIFLUCAN SUS 40MG/ML</b> .....	106
<b>DIFLUCAN TAB 100MG</b> .....	106
<b>DIFLUCAN TAB 150MG</b> .....	106
<b>DIFLUCAN TAB 200MG</b> .....	106
<b>DIFLUCAN TAB 50MG</b> .....	106
<i>diflunisal tab 500 mg</i> .....	44
<i>diluprednate ophth emulsion 0.05%</i>	
.....	314

<i>digoxin oral soln 0.05 mg/ml</i> .....	169
<i>digoxin tab 125 mcg (0.125 mg)</i> .....	169
<b>DIGOXIN TAB 125 MCG (0.125 MG)</b>	
see <i>digoxin tab 125 mcg (0.125 mg)</i>	
.....	169
<i>digoxin tab 250 mcg (0.25 mg)</i> .....	169
<b>DIGOXIN TAB 250 MCG (0.25 MG)</b>	
see <i>digoxin tab 250 mcg (0.25 mg)</i>	
.....	169
<i>dihydroergotamine mesylate nasal spray 4 mg/ml</i> .....	290
<b>DILANTIN</b>	
see <i>phenytoin sodium extended cap</i>	
100 mg .....	83
<b>DILANTIN CAP 100MG</b> .....	83
<b>DILANTIN CAP 30MG</b> .....	83
<b>DILANTIN CHW 50MG</b> .....	83
<b>DILANTIN INFATABS</b>	
see <i>phenytoin chew tab 50 mg</i> .....	83
<b>DILANTIN-125</b>	
see <i>phenytoin susp 125 mg/5ml</i> .....	84
<b>DILANTIN-125 SUS 125/5ML</b> .....	83
<b>DILAUDID</b>	
see <i>hydromorphone hcl liqd 1 mg/ml</i>	
.....	46
see <i>hydromorphone hcl tab 2 mg</i> .....	46
see <i>hydromorphone hcl tab 4 mg</i> .....	46
see <i>hydromorphone hcl tab 8 mg</i> .....	46
<b>DILAUDID LIQ 1MG/ML</b> .....	44
<b>DILAUDID TAB 2MG</b> .....	44
<b>DILAUDID TAB 4MG</b> .....	44
<b>DILAUDID TAB 8MG</b> .....	44
<i>diltiazem hcl cap er 12hr 120 mg</i> .....	165
<i>diltiazem hcl cap er 12hr 60 mg</i> .....	165
<i>diltiazem hcl cap er 12hr 90 mg</i> .....	165
<i>diltiazem hcl cap er 24hr 120 mg</i> .....	165
<i>diltiazem hcl cap er 24hr 180 mg</i> .....	166
<i>diltiazem hcl cap er 24hr 240 mg</i> .....	166
<i>diltiazem hcl coated beads cap er 24hr</i>	
120 mg .....	166
<i>diltiazem hcl coated beads cap er 24hr</i>	
180 mg .....	166
<i>diltiazem hcl coated beads cap er 24hr</i>	
240 mg .....	166
<i>diltiazem hcl coated beads cap er 24hr</i>	
300 mg .....	166

diltiazem hcl coated beads cap er 24hr	
360 mg .....	166
diltiazem hcl coated beads tab er 24hr	
180 mg .....	166
diltiazem hcl coated beads tab er 24hr	
240 mg .....	166
diltiazem hcl coated beads tab er 24hr	
300 mg .....	166
diltiazem hcl coated beads tab er 24hr	
360 mg .....	166
diltiazem hcl coated beads tab er 24hr	
420 mg .....	166
diltiazem hcl extended release beads	
cap er 24hr 120 mg.....	166
diltiazem hcl extended release beads	
cap er 24hr 180 mg.....	166
diltiazem hcl extended release beads	
cap er 24hr 240 mg.....	166
diltiazem hcl extended release beads	
cap er 24hr 300 mg.....	166
diltiazem hcl extended release beads	
cap er 24hr 360 mg.....	166
diltiazem hcl extended release beads	
cap er 24hr 420 mg.....	166
diltiazem hcl tab 120 mg.....	166
diltiazem hcl tab 30 mg .....	166
diltiazem hcl tab 60 mg .....	166
diltiazem hcl tab 90 mg .....	166
dilt-xr cap 120mg .....	165
dilt-xr cap 180mg .....	165
dilt-xr cap 240mg .....	165
dimenhydrinate tab 50 mg .....	105
dimethyl fumarate capsule delayed	
release 120 mg.....	324
dimethyl fumarate capsule delayed	
release 240 mg.....	324
dimethyl fumarate capsule dr starter	
pack 120 mg & 240 mg.....	324
DIOVAN	
see valsartan tab 160 mg .....	118
see valsartan tab 320 mg .....	118
see valsartan tab 40 mg .....	118
see valsartan tab 80 mg .....	118
DIOVAN HCT	
see valsartan-hydrochlorothiazide tab	
160-12.5 mg .....	124
see valsartan-hydrochlorothiazide tab	
320-12.5 mg .....	124
see valsartan-hydrochlorothiazide tab	
320-25 mg .....	124
see valsartan-hydrochlorothiazide tab	
80-12.5 mg .....	124
DIOVAN HCT TAB 160-12.5.....	121
DIOVAN HCT TAB 160-25MG .....	121
DIOVAN HCT TAB 320-12.5.....	121
DIOVAN HCT TAB 320-25MG .....	121
DIOVAN HCT TAB 80/12.5 .....	121
DIOVAN TAB 160MG .....	117
DIOVAN TAB 320MG .....	117
DIOVAN TAB 40MG .....	117
DIOVAN TAB 80MG .....	117
DIPENTUM CAP 250MG.....	239
diphenhydramine hcl (sleep) tab 25 mg	
.....	253
diphenhydramine hcl cap 25 mg ....	107
diphenhydramine hcl cap 50 mg ....	108
diphenhydramine hcl chew tab 12.5 mg	
.....	108
diphenhydramine hcl elixir 12.5	
mg/5ml .....	108
diphenhydramine hcl inj 50 mg/ml .	108
diphenhydramine hcl liquid 12.5	
mg/5ml .....	108
diphenoxylate w/ atropine liq 2.5-0.025	
mg/5ml .....	103
diphenoxylate w/ atropine tab 2.5-	
0.025 mg .....	103
diphenydramine hcl tab 25 mg .....	108
DIPROLENE	
see betamethasone dipropionate	
augmented oint 0.05% .....	207
DIPROLENE OIN 0.05% .....	208
dipyridamole tab 25 mg.....	249
dipyridamole tab 50 mg.....	249
dipyridamole tab 75 mg.....	249
disopyramide phosphate cap 100 mg	64
disopyramide phosphate cap 150 mg	64
disulfiram tab 250 mg .....	320
disulfiram tab 500 mg .....	320
DITROPAN XL	

see oxybutynin chloride tab er 24hr	
10 mg .....	338
see oxybutynin chloride tab er 24hr	5
mg .....	338
DITROPAN XL TAB 10MG.....	338
DITROPAN XL TAB 5MG .....	338
DIURIL SUS 250/5ML .....	225
divalproex sodium cap delayed release	
sprinkle 125 mg .....	84
divalproex sodium tab delayed release	
125 mg .....	84
divalproex sodium tab delayed release	
250 mg .....	84
divalproex sodium tab delayed release	
500 mg .....	84
divalproex sodium tab er 24 hr 250 mg	
.....	84
divalproex sodium tab er 24 hr 500 mg	
.....	84
DIVIGEL GEL 0.25MG .....	234
DIVIGEL GEL 0.5MG .....	234
DIVIGEL GEL 0.75MG .....	234
DIVIGEL GEL 1.25MG .....	234
DIVIGEL GEL 1MG/GM .....	235
docosahexaenoic acid cap 200 mg..	309
docusate calcium cap 240 mg .....	256
docusate sodium cap 100 mg .....	256
docusate sodium cap 250 mg .....	256
docusate sodium liquid 150 mg/15ml	
.....	256
docusate sodium syrup 60 mg/15ml/256	
docusate sodium tab 100 mg.....	256
dofetilide cap 125 mcg (0.125 mg)...	64
dofetilide cap 250 mcg (0.25 mg) ....	64
dofetilide cap 500 mcg (0.5 mg) .....	65
dolishale tab 90-20mcg .....	178
donepezil hydrochloride orally	
disintegrating tab 10 mg .....	320
donepezil hydrochloride orally	
disintegrating tab 5 mg .....	320
donepezil hydrochloride tab 10 mg .	320
donepezil hydrochloride tab 23 mg .	320
donepezil hydrochloride tab 5 mg... .	320
DOPTELET TAB 20MG .....	250
DORYX	
see doxycycline hyclate tab delayed	
release 200 mg .....	328

see doxycycline hyclate tab delayed	
release 50 mg .....	328
DORYX MPC TAB 120MG .....	328
DORYX TAB 200MG.....	328
DORYX TAB 50MG.....	328
DORYX TAB 80MG.....	328
dorzolamide hcl ophth soln 2%.....	316
dorzolamide hcl-timolol maleate ophth	
sol 22.3-6.8 mg/ml pf .....	310
dorzolamide hcl-timolol maleate ophth	
soln 22.3-6.8 mg/ml .....	310
dotti dis 0.025mg .....	235
dotti dis 0.0375mg .....	235
dotti dis 0.05mg .....	235
dotti dis 0.075mg .....	235
dotti dis 0.1mg.....	235
DOVATO TAB 50-300MG .....	154
DOVONEX	
see calcipotriene cream 0.005% .	204
DOVONEX CRE 0.005% .....	205
doxazosin mesylate tab 1 mg .....	119
doxazosin mesylate tab 2 mg .....	119
doxazosin mesylate tab 4 mg .....	119
doxazosin mesylate tab 8 mg .....	119
doxepin hcl (sleep) tab 3 mg (base	
equiv) .....	253
doxepin hcl (sleep) tab 6 mg (base	
equiv) .....	253
doxepin hcl cap 10 mg .....	92
doxepin hcl cap 100 mg.....	92
doxepin hcl cap 150 mg.....	92
doxepin hcl cap 25 mg .....	92
doxepin hcl cap 50 mg .....	92
doxepin hcl cap 75 mg .....	92
doxepin hcl conc 10 mg/ml .....	92
doxepin hcl cream 5%.....	204
doxercalciferol cap 0.5 mcg.....	229
doxercalciferol cap 1 mcg .....	229
doxercalciferol cap 2.5 mcg.....	229
doxycycline (rosacea) cap delayed	
release 40 mg .....	215
doxycycline hyclate cap 100 mg ....	328
doxycycline hyclate cap 50 mg .....	328
doxycycline hyclate tab 100 mg .....	328
doxycycline hyclate tab 150 mg....	328
doxycycline hyclate tab 20 mg.....	328
doxycycline hyclate tab 50 mg.....	328

<i>doxycycline hyclate tab 75 mg</i> .....	328
<i>doxycycline hyclate tab delayed release 100 mg</i> .....	328
<i>doxycycline hyclate tab delayed release 150 mg</i> .....	328
<i>doxycycline hyclate tab delayed release 200 mg</i> .....	328
<i>doxycycline hyclate tab delayed release 50 mg</i> .....	328
<i>doxycycline hyclate tab delayed release 75 mg</i> .....	328
<i>doxycycline monohydrate cap 100 mg</i> .....	328
<i>doxycycline monohydrate cap 150 mg</i> .....	328
<i>doxycycline monohydrate cap 50 mg</i> .....	328
<i>doxycycline monohydrate cap 75 mg</i> .....	328
<i>doxycycline monohydrate for susp 25 mg/5ml</i> .....	328
<i>doxycycline monohydrate tab 100 mg</i> .....	329
<i>doxycycline monohydrate tab 150 mg</i> .....	329
<i>doxycycline monohydrate tab 50 mg</i> .....	329
<i>doxycycline monohydrate tab 75 mg</i> .....	329
<i>doxylamine succinate (sleep) tab 25 mg</i> .....	253
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i> .....	105
<b>DRISDOL</b>	
<i>see ergocalciferol cap 1.25 mg (50000 unit)</i> .....	343
<b>DRIZALMA CAP 20MG DR</b> .....	90
<b>DRIZALMA CAP 30MG DR</b> .....	90
<b>DRIZALMA CAP 40MG DR</b> .....	90
<b>DRIZALMA CAP 60MG DR</b> .....	90
<i>dronabinol cap 10 mg</i> .....	105
<i>dronabinol cap 2.5 mg</i> .....	105
<i>dronabinol cap 5 mg</i> .....	105
<b>DROPLET LANC MIS 30G</b> .....	262
<b>DROPLET MICR MIS 34GX9/64</b> .....	277
<b>DROPLET PERS MIS LANC 30G</b> .....	262
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> .....	178
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> .....	178
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i> .....	178
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i> .....	178
<i>droxidopa cap 100 mg</i> .....	342
<i>droxidopa cap 200 mg</i> .....	342
<i>droxidopa cap 300 mg</i> .....	342
<b>DUAKLIR AER 400/12</b> .....	69
<b>DUAVEE TAB 0.45-20</b> .....	233
<b>DUETACT</b>	
<i>see pioglitazone hcl-glimepiride tab 30-2 mg</i> .....	95
<i>see pioglitazone hcl-glimepiride tab 30-4 mg</i> .....	95
<b>DUETACT TAB 30-2MG</b> .....	93
<b>DUETACT TAB 30-4MG</b> .....	93
<b>DUEXIS</b>	
<i>see ibuprofen-famotidine tab 800-26.6 mg</i> .....	40
<b>DUEXIS TAB 800-26.6</b> .....	39
<b>DULERA AER 100-5MCG</b> .....	69
<b>DULERA AER 200-5MCG</b> .....	69
<b>DULERA AER 50-5MCG</b> .....	69
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i> .....	90
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i> .....	90
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i> .....	90
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i> .....	90
<b>DUOBRII LOT</b> .....	208
<b>DUO-CARE TES</b> .....	218
<b>DUPIXENT INJ 100/0.67</b> .....	212
<b>DUPIXENT INJ 200/1.14</b> .....	212
<b>DUPIXENT INJ 200MG</b> .....	212
<b>DUPIXENT INJ 300/2ML</b> .....	212
<b>DUREZOL</b>	
<i>see difluprednate ophth emulsion 0.05%</i> .....	314

DUREZOL EMU 0.05% .....	314
<i>dutasteride cap 0.5 mg</i> .....	243
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	243
DYANAVEL XR SUS 2.5MG/ML.....	25
DYMISTA	
<i>see azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i> ....	308
DYMISTA SPR 137-50.....	308
DYRENIUM	
<i>see triamterene cap 100 mg</i> .....	225
<i>see triamterene cap 50 mg</i> .....	225
<b>E</b>	
e.e.s. 400 tab 400mg .....	257
E.E.S. GRAN SUS 200/5ML.....	257
E.E.S. GRANULES	
<i>see erythromycin ethylsuccinate for susp 200 mg/5ml</i> .....	257
EASY COMFORT MIS 31GX1/4 .....	277
EASY COMFORT MIS 31GX3/16.....	277
EASY COMFORT MIS 31GX5/16.....	277
EASY COMFORT MIS 32GX5/32.....	277
EASY FLOW MIS BLCK/BLU.....	288
EASY FLOW MIS BLCK/ORG.....	288
EASY FLOW MIS BLCK/RED .....	288
EASY FLOW MIS BLCK/WHT.....	288
EASY FLOW MIS BLCK/YEL .....	288
EASY FLOW MIS WHT/BBLUE.....	288
EASY FLOW MIS WHT/GREE .....	288
EASY FLOW MIS WHT/PINK .....	288
EASY FLOW MIS WHT/WHT .....	288
EASY FLOW MIS WHT/YELL .....	288
EASY PLUS II MIS SYSTEM .....	262
EASY PLUS II TES BLD GLUC .....	218
EASY STEP MIS MONITOR .....	262
EASY STEP TES .....	218
EASY TALK MIS SYSTEM .....	262
EASY TALK TES BLD GLUC .....	218
EASY TALK TES PLUS II .....	218
EASY TOUCH KIT METER.....	262
EASY TOUCH KIT MONITOR.....	262
EASY TOUCH MIS 29GX1/2 .....	277
EASY TOUCH MIS 29GX5MM.....	277
EASY TOUCH MIS 29GX8MM.....	277
EASY TOUCH MIS 30G .....	277
EASY TOUCH MIS 31GX1/4 .....	277
EASY TOUCH MIS 31GX3/16.....	277
EASY TOUCH MIS 31GX5/16 .....	277
EASY TOUCH MIS 32GX1/4 .....	277
EASY TOUCH MIS 32GX3/16 .....	277
EASY TOUCH MIS 32GX5/32 .....	277
EASY TOUCH MIS 32GX5MM .....	277
EASY TOUCH MIS 32GX6MM .....	278
EASY TOUCH MIS LANC/21G .....	262
EASY TOUCH MIS LANC/23G .....	262
EASY TOUCH MIS LANC/26G .....	262
EASY TOUCH MIS LANC/28G .....	262
EASY TOUCH MIS LANC/30G .....	262
EASY TOUCH MIS LANC/32G .....	262
EASY TOUCH MIS LANC/33G .....	262
EASY TOUCH MIS METER .....	262
EASY TOUCH TES GLUCOSE .....	218
EASY TOUCH TES HEALTHPR .....	218
EASY TOUCH TES STRIPS .....	218
EASY TOUCH MIS GLUCOSE .....	262
EASY TRAK II MIS SYSTEM .....	262
EASY TRAK II TES BLD GLUC .....	218
EASY TRAK MIS SYSTEM.....	262
EASY TRAK TES BLD GLUC.....	218
EASYGLUCO KIT .....	262
EASYGLUCO TES .....	218
EASYMAX 15 TES.....	218
EASYMAX NG KIT SYSTEM .....	262
EASYMAX NG MIS SYSTEM.....	262
EASYMAX TES .....	218
EASYMAX V MIS SYSTEM .....	262
EASYPROMONITOR KIT .....	263
EASYPROMONITOR KIT .....	263
EASYPROMONITOR TES .....	218
EASYPROMONITOR TES BLD GLUC .....	218
<b>EC-NAPROSYN</b>	
<i>see naproxen tab ec 375 mg</i> .....	41
<i>see naproxen tab ec 500 mg</i> .....	41
<b>EC-NAPROXEN TAB 375MG</b> .....	39
<b>EC-NAPROXEN TAB 500MG</b> .....	39
<i>econazole nitrate cream 1%</i> .....	202
EDARBI TAB 40MG.....	117
EDARBI TAB 80MG.....	117
EDARBYCLOR TAB 40-12.5.....	121
EDARBYCLOR TAB 40-25MG.....	121
<b>EDECRIN</b>	
<i>see ethacrynic acid tab 25 mg</i> ....	224
<b>EDECRIN TAB 25MG</b> .....	224
<b>EDLUAR SUB 10MG</b> .....	253

EDLUAR SUB 5MG.....	253
EDURANT TAB 25MG .....	154
<i>efavirenz cap 200 mg .....</i>	154
<i>efavirenz cap 50 mg.....</i>	154
<i>efavirenz tab 600 mg .....</i>	154
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg.....</i>	154
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....</i>	154
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....</i>	154
EFFEXOR XR	
<i>see venlafaxine hcl cap er 24hr 150         mg (base equivalent) .....</i>	90
<i>see venlafaxine hcl cap er 24hr 37.5         mg (base equivalent) .....</i>	90
<i>see venlafaxine hcl cap er 24hr 75         mg (base equivalent) .....</i>	90
EFFEXOR XR CAP 150MG .....	90
EFFEXOR XR CAP 37.5MG .....	90
EFFEXOR XR CAP 75MG .....	90
EFFIENT	
<i>see prasugrel hcl tab 10 mg (base         equiv).....</i>	249
<i>see prasugrel hcl tab 5 mg (base         equiv).....</i>	249
EFFIENT TAB 10MG .....	249
EFFIENT TAB 5MG.....	249
EFUDEX	
<i>see fluorouracil cream 5%.....</i>	204
EFUDEX CRE 5%.....	204
EGRIFTA SV INJ 2MG .....	227
ELEMENT AUTO KIT SYSTEM.....	263
ELEMENT GLUC MIS SYSTEM .....	263
ELEMENT PLUS MIS METER .....	263
ELEMENT TES.....	218
ELEMNT COMPA TES STRIPS.....	218
ELEPSIA XR TAB 1000MG.....	75
ELEPSIA XR TAB 1500MG.....	75
ELESTRIN GEL 0.06%.....	235
<i>eletriptan hydrobromide tab 20 mg (base equivalent) .....</i>	290
<i>eletriptan hydrobromide tab 40 mg (base equivalent) .....</i>	290
ELIDEL	
<i>see pimecrolimus cream 1% .....</i>	212
ELIDEL CRE 1% .....	212
<i>elinest tab .....</i>	178
ELIQUIS ST P TAB 5MG .....	71
ELIQUIS TAB 2.5MG.....	71
ELIQUIS TAB 5MG .....	71
<i>elite-ob tab.....</i>	301
ELLA TAB 30MG.....	187
ELMIRON CAP 100MG.....	243
ELOCTATE INJ 1000UNIT .....	245
ELOCTATE INJ 1500UNIT .....	245
ELOCTATE INJ 2000UNIT .....	245
ELOCTATE INJ 250UNIT .....	245
ELOCTATE INJ 3000UNIT .....	245
ELOCTATE INJ 4000UNIT .....	245
ELOCTATE INJ 5000UNIT .....	245
ELOCTATE INJ 500UNIT .....	245
ELOCTATE INJ 6000UNIT .....	245
ELOCTATE INJ 750UNIT .....	245
<i>eluryng mis .....</i>	187
ELYXYB SOL 120/4.8.....	290
EMBRACE EVO KIT MONITOR .....	263
EMBRACE EVO MIS MONITOR.....	263
EMBRACE EVO TES .....	219
EMBRACE LANC MIS 21G .....	263
EMBRACE LANC MIS 28G .....	263
EMBRACE MIS .....	263
EMBRACE PRO MIS .....	263
EMBRACE PRO TES .....	219
EMBRACE TALK KIT SYSTEM .....	263
EMBRACE TALK MIS MONITOR.....	263
EMBRACE TALK TES STRIPS.....	219
EMBRACE TES BLD GLUC .....	219
EMCYT CAP 140MG .....	130
EMEND	
<i>see aprepitant capsule 80 mg .....</i>	105
EMEND CAP 80MG .....	105
EMEND SUS 125MG .....	105
EMEND TRIPAC PAK 80 & 125 .....	106
EMFLAZA SUS 22.75/ML .....	189
EMFLAZA TAB 18MG .....	189
EMFLAZA TAB 30MG .....	189
EMFLAZA TAB 36MG .....	189
EMFLAZA TAB 6MG .....	189
EMGALITY INJ 100MG/ML .....	289
EMGALITY INJ 120MG/ML .....	289
<i>emoquette tab .....</i>	178
EMPAVELI INJ 1080MG .....	248
EMPRICAINE KIT II .....	213

EMSAM DIS 12MG/24H .....	86
EMSAM DIS 6MG/24HR .....	86
EMSAM DIS 9MG/24HR.....	86
<i>emtricitabine caps 200 mg .....</i>	154
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg .....</i>	154
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg .....</i>	154
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg .....</i>	154
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg .....</i>	154
EMTRIVA	
<i>see emtricitabine caps 200 mg....</i>	154
EMTRIVA CAP 200MG .....	154
EMTRIVA SOL 10MG/ML.....	155
EMVERM CHW 100MG.....	56
ENABLEX	
<i>see darifenacin hydrobromide tab er 24hr 15 mg (base equiv) .....</i>	337
<i>enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg .....</i>	121
<i>enalapril maleate &amp; hydrochlorothiazide tab 5-12.5 mg .....</i>	121
<i>enalapril maleate oral soln 1 mg/ml</i> .....	115
<i>enalapril maleate tab 10 mg .....</i>	115
<i>enalapril maleate tab 2.5 mg .....</i>	115
<i>enalapril maleate tab 20 mg .....</i>	115
<i>enalapril maleate tab 5 mg .....</i>	115
ENBRACE HR CAP .....	301
ENBREL INJ 25/0.5ML.....	43
ENBREL INJ 25MG.....	43
ENBREL INJ 50MG/ML.....	43
ENBREL MINI INJ 50MG/ML.....	43
ENBREL SRCLK INJ 50MG/ML.....	43
<i>endocet tab 10-325mg .....</i>	52
<i>endocet tab 5-325mg .....</i>	52
<i>endocet tab 7.5-325.....</i>	52
ENDOMETRIN SUP 100MG.....	342
ENGERIX-B INJ 10/0.5ML.....	339
ENGERIX-B INJ 20MCG/ML.....	339
ENLITE GLUCO MIS SENSOR .....	263
<i>enoxaparin sodium inj 100 mg/ml ....</i>	71
<i>enoxaparin sodium inj 120 mg/0.8ml</i> .....	71
<i>enoxaparin sodium inj 150 mg/ml ....</i>	71
<i>enoxaparin sodium inj 30 mg/0.3ml .</i>	71
<i>enoxaparin sodium inj 300 mg/3ml ..</i>	71
<i>enoxaparin sodium inj 40 mg/0.4ml .</i>	71
<i>enoxaparin sodium subcutaneous soln 60 mg/0.6ml .....</i>	71
<i>enoxaparin sodium subcutaneous soln 80 mg/0.8ml .....</i>	71
<i>enpresse-28 tab .....</i>	178
<i>enskyce tab .....</i>	178
ENSTILAR AER .....	208
<i>entacapone tab 200 mg .....</i>	140
<i>entecavir tab 0.5 mg.....</i>	158
<i>entecavir tab 1 mg .....</i>	158
ENTEREG	
<i>see alvimopan cap 12 mg .....</i>	240
ENTEREG CAP 12MG .....	240
ENTRESTO TAB 24-26MG.....	170
ENTRESTO TAB 49-51MG.....	170
ENTRESTO TAB 97-103MG .....	170
ENTYVIO INJ 300MG .....	239
ENVARSUS XR TAB 0.75MG.....	295
ENVARSUS XR TAB 1MG .....	295
ENVARSUS XR TAB 4MG .....	295
EPANED	
<i>see enalapril maleate oral soln 1 mg/ml .....</i>	115
EPANED SOL 1MG/ML.....	115
EPCLUSA PAK 150-37.5.....	158
EPCLUSA PAK 200-50MG .....	158
EPCLUSA TAB 200-50MG .....	158
EPCLUSA TAB 400-100 .....	158
EPIDIOLEX SOL 100MG/ML .....	75
EPIDUO	
<i>see adapalene-benzoyl peroxide gel 0.1-2.5% .....</i>	194
EPIDUO FORTE	
<i>see adapalene-benzoyl peroxide gel 0.3-2.5% .....</i>	194
EPIDUO FORTE GEL 0.3-2.5% .....	197
EPIFOAM AER 1% .....	208
<i>epinastine hcl ophth soln 0.05% ....</i>	316
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000) .....</i>	342
<i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000) .....</i>	342
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000) .....</i>	342
EPIPEN 2-PAK	

see <i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	342
EPIPEN 2-PAK INJ 0.3MG .....	342
EPIPEN-JR 2-PAK	
see <i>epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)</i>	
.....	342
EPIPEN-JR INJ 0.15MG .....	342
epitol tab 200mg .....	76
EPIVIR	
see <i>lamivudine oral soln 10 mg/ml</i>	
.....	155
see <i>lamivudine tab 150 mg</i> .....	155
see <i>lamivudine tab 300 mg</i> .....	155
EPIVIR HBV	
see <i>lamivudine tab 100 mg (hbv)</i>	158
EPIVIR HBV SOL 5MG/ML.....	158
EPIVIR HBV TAB 100MG.....	158
EPIVIR SOL 10MG/ML.....	155
EPIVIR TAB 150MG .....	155
EPIVIR TAB 300MG .....	155
eplerenone tab 25 mg .....	125
eplerenone tab 50 mg .....	125
EPOGEN INJ 10000/ML .....	250
EPOGEN INJ 2000/ML.....	250
EPOGEN INJ 20000/ML .....	250
EPOGEN INJ 3000/ML.....	250
EPOGEN INJ 4000/ML.....	250
epoprostenol sodium for inj 0.5 mg	170
epoprostenol sodium for inj 1.5 mg	171
EPRONTIA SOL 25MG/ML .....	76
EPZICOM	
see <i>abacavir sulfate-lamivudine tab 600-300 mg</i>	154
EPZICOM TAB 600-300 .....	155
EQL LANCETS MIS 21G COLR .....	263
EQL LANCETS MIS 33G COLR .....	263
EQL LANCETS MIS THIN 26G .....	263
EQL LANCETS MIS THIN 30G .....	263
EQUETRO CAP 100MG .....	144
EQUETRO CAP 200MG .....	144
EQUETRO CAP 300MG .....	144
ergocalciferol cap 1.25 mg (50000 unit)	
.....	343
ergoloid mesylates tab 1 mg .....	326
ERIVEDGE CAP 150MG .....	130
ERLEADA TAB 60MG .....	130

erlotinib hcl tab 100 mg (base equivalent) .....	129
erlotinib hcl tab 150 mg (base equivalent) .....	129
erlotinib hcl tab 25 mg (base equivalent) .....	129
errin tab 0.35mg .....	188
ERTACZO CRE 2% .....	202
ertapenem sodium for inj 1 gm (base equivalent) .....	58
ery pad 2% .....	197
ERYGEL	
see <i>erythromycin gel 2%</i> .....	197
ERYGEL GEL 2% .....	197
ERYPED 400	
see <i>erythromycin ethylsuccinate for susp 400 mg/5ml</i> .....	257
ERYPED SUS 200/5ML .....	257
ERYPED SUS 400/5ML .....	257
ery-tab tab 250mg ec .....	257
ery-tab tab 333mg ec .....	257
ery-tab tab 500mg ec .....	257
erythrocin tab 250mg .....	257
erythromycin ethylsuccinate for susp 200 mg/5ml .....	257
erythromycin ethylsuccinate for susp 400 mg/5ml .....	257
erythromycin ethylsuccinate tab 400 mg .....	257
erythromycin gel 2% .....	197
erythromycin ophth oint 5 mg/gm..	312
erythromycin soln 2% .....	197
erythromycin tab 250 mg .....	257
erythromycin tab 500 mg .....	257
erythromycin tab delayed release 250 mg .....	257
erythromycin tab delayed release 333 mg .....	257
erythromycin tab delayed release 500 mg .....	258
erythromycin w/ delayed release particles cap 250 mg .....	258
ESBRIET CAP 267MG.....	327
ESBRIET TAB 267MG.....	327
ESBRIET TAB 801MG.....	327
escitalopram oxalate soln 5 mg/5ml (base equiv) .....	86

<i>escitalopram oxalate tab 10 mg (base equiv)</i> .....	86
<i>escitalopram oxalate tab 20 mg (base equiv)</i> .....	87
<i>escitalopram oxalate tab 5 mg (base equiv)</i> .....	86
<b>ESGIC</b>	
<i>see bac tab</i> .....	43
<i>see butalbital-acetaminophen- caffeine tab 50-325-40 mg</i> .....	43
<b>ESGIC TAB</b> .....	43
<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i> .....	335
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i> .....	335
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i> .....	335
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i> .....	335
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i> .....	335
<b>ESPEROCT INJ 1000UNIT</b> .....	245
<b>ESPEROCT INJ 1500UNIT</b> .....	246
<b>ESPEROCT INJ 2000UNIT</b> .....	246
<b>ESPEROCT INJ 3000UNIT</b> .....	246
<b>ESPEROCT INJ 500UNIT</b> .....	245
<b>ESSENTRA MIS 9X9</b> .....	274
<i>estarylla tab 0.25-35</i> .....	178
<i>estazolam tab 1 mg</i> .....	253
<i>estazolam tab 2 mg</i> .....	253
<b>ESTRACE</b>	
<i>see estradiol tab 0.5 mg</i> .....	235
<i>see estradiol tab 1 mg</i> .....	235
<i>see estradiol tab 2 mg</i> .....	235
<i>see estradiol vaginal cream 0.1 mg/gm</i> .....	341
<b>ESTRACE TAB 0.5MG</b> .....	235
<b>ESTRACE TAB 1MG</b> .....	235
<b>ESTRACE TAB 2MG</b> .....	235
<b>ESTRACE VAG CRE 0.01%</b> .....	341
<i>estradiol &amp; norethindrone acetate tab 0.5-0.1 mg</i> .....	233
<i>estradiol &amp; norethindrone acetate tab 1-0.5 mg</i> .....	233
<i>estradiol tab 0.5 mg</i> .....	235
<i>estradiol tab 1 mg</i> .....	235
<i>estradiol tab 2 mg</i> .....	235
<b>estradiol td patch twice weekly 0.025 mg/24hr</b> .....	235
<b>estradiol td patch twice weekly 0.0375 mg/24hr</b> .....	235
<b>estradiol td patch twice weekly 0.05 mg/24hr</b> .....	235
<b>estradiol td patch twice weekly 0.075 mg/24hr</b> .....	235
<b>estradiol td patch twice weekly 0.1 mg/24hr</b> .....	235
<b>estradiol td patch weekly 0.025 mg/24hr</b> .....	235
<b>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</b> .....	235
<b>estradiol td patch weekly 0.05 mg/24hr</b> .....	235
<b>estradiol td patch weekly 0.06 mg/24hr</b> .....	235
<b>estradiol td patch weekly 0.075 mg/24hr</b> .....	235
<b>estradiol td patch weekly 0.1 mg/24hr</b> .....	235
<b>estradiol vaginal cream 0.1 mg/gm</b> .....	341
<b>estradiol vaginal tab 10 mcg</b> .....	341
<b>ESTRADIOL VAGINAL TAB 10 MCG</b>	
<i>see estradiol vaginal tab 10 mcg</i> .....	341
<b>estradiol valerate im in oil 20 mg/ml</b> .....	235
<b>estradiol valerate im in oil 40 mg/ml</b> .....	235
<b>ESTRING MIS 2MG</b> .....	341
<b>ESTROSTEP FE</b>	
<i>see tilia fe tab</i> .....	185
<i>see tri-legest tab fe</i> .....	185
<b>ESTROSTEP FE TAB</b> .....	178
<i>eszopiclone tab 1 mg</i> .....	253
<i>eszopiclone tab 2 mg</i> .....	253
<i>eszopiclone tab 3 mg</i> .....	253
<i>ethacrynic acid tab 25 mg</i> .....	224
<i>ethambutol hcl tab 100 mg</i> .....	127
<i>ethambutol hcl tab 400 mg</i> .....	127
<i>ethosuximide cap 250 mg</i> .....	84
<i>ethosuximide soln 250 mg/5ml</i> .....	84
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-35 mcg</i> .....	178
<i>ethynodiol diacetate &amp; ethinyl estradiol tab 1 mg-50 mcg</i> .....	178

<i>etodolac cap 200 mg</i> .....	39
<i>etodolac cap 300 mg</i> .....	39
<i>etodolac tab 400 mg</i> .....	39
<i>etodolac tab 500 mg</i> .....	39
<i>etodolac tab er 24hr 400 mg</i> .....	40
<i>etodolac tab er 24hr 500 mg</i> .....	40
<i>etodolac tab er 24hr 600 mg</i> .....	40
<i>etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr</i> .....	187
<i>etoposide cap 50 mg</i> .....	139
<i>etravirine tab 100 mg</i> .....	155
<i>etravirine tab 200 mg</i> .....	155
<i>EUCRISA OIN 2%</i> .....	214
<i>EVAMIST SPR 1.53MG</i> .....	235
<b>EVEKEO</b>	
<i>see amphetamine sulfate tab 10 mg</i> .....	23
<i>see amphetamine sulfate tab 5 mg</i> .....	23
<i>EVEKEO ODT TAB 10MG</i> .....	25
<i>EVEKEO ODT TAB 15MG</i> .....	25
<i>EVEKEO ODT TAB 20MG</i> .....	25
<i>EVEKEO ODT TAB 5MG</i> .....	25
<i>EVEKEO TAB 10MG</i> .....	25
<i>EVEKEO TAB 5MG</i> .....	25
<i>everolimus tab 0.25 mg</i> .....	295
<i>everolimus tab 0.5 mg</i> .....	295
<i>everolimus tab 0.75 mg</i> .....	295
<i>everolimus tab 1 mg</i> .....	296
<i>everolimus tab 10 mg</i> .....	134
<i>everolimus tab 2.5 mg</i> .....	134
<i>everolimus tab 5 mg</i> .....	134
<i>everolimus tab 7.5 mg</i> .....	134
<i>everolimus tab for oral susp 2 mg</i> .....	134
<i>everolimus tab for oral susp 3 mg</i> .....	134
<i>everolimus tab for oral susp 5 mg</i> .....	134
<i>EVERSENSE MIS SENSOR</i> .....	263
<i>EVERSENSE MIS TRANSMTR</i> .....	263
<b>EVISTA</b>	
<i>see raloxifene hcl tab 60 mg</i> .....	228
<i>EVISTA TAB 60MG</i> .....	228
<b>EVOCLIN</b>	
<i>see clindamycin phosphate foam 1%</i> .....	196
<i>EVOCLIN AER 1%</i> .....	197
<i>EVOLUTION MIS AUTOCODE</i> .....	263
<i>EVOLUTION TES AUTOCODE</i> .....	219
<i>EVOTAZ TAB 300-150</i> .....	155
<b>EVOXAC</b>	
<i>see cevimeline hcl cap 30 mg</i> .....	298
<i>EVOXAC CAP 30MG</i> .....	299
<b>EXELON</b>	
<i>see rivastigmine td patch 24hr 13.3 mg/24hr</i> .....	322
<i>see rivastigmine td patch 24hr 4.6 mg/24hr</i> .....	322
<i>see rivastigmine td patch 24hr 9.5 mg/24hr</i> .....	322
<i>EXELON DIS 13.3/24</i> .....	320
<i>EXELON DIS 4.6MG/24</i> .....	320
<i>EXELON DIS 9.5MG/24</i> .....	320
<i>exemestane tab 25 mg</i> .....	131
<b>EXFORGE</b>	
<i>see amlodipine besylate-valsartan tab 10-160 mg</i> .....	120
<i>see amlodipine besylate-valsartan tab 10-320 mg</i> .....	120
<i>see amlodipine besylate-valsartan tab 5-160 mg</i> .....	120
<i>see amlodipine besylate-valsartan tab 5-320 mg</i> .....	120
<i>EXFORGE TAB 10-160MG</i> .....	121
<i>EXFORGE TAB 10-320MG</i> .....	122
<i>EXFORGE TAB 5-160MG</i> .....	121
<i>EXFORGE TAB 5-320MG</i> .....	121
<i>EXFORGEH/10- TAB 160-12.5</i> .....	122
<i>EXFORGEH/10- TAB 160-25</i> .....	122
<i>EXFORGEH/10- TAB 320-25</i> .....	122
<i>EXFORGEH/5- TAB 160-12.5</i> .....	122
<i>EXFORGEH/5- TAB 160-25</i> .....	122
<b>EXJADE</b>	
<i>see deferasirox tab for oral susp 125 mg</i> .....	103
<i>see deferasirox tab for oral susp 250 mg</i> .....	103
<i>see deferasirox tab for oral susp 500 mg</i> .....	103
<i>EXJADE TAB 125MG</i> .....	103
<i>EXJADE TAB 250MG</i> .....	103
<i>EXJADE TAB 500MG</i> .....	103
<i>EXKIVITY CAP 40MG</i> .....	129
<i>EXSERVAN MIS 50MG</i> .....	309
<i>EXTAVIA INJ 0.3MG</i> .....	324
<b>EXTINA</b>	
<i>see ketoconazole foam 2%</i> .....	202

see <i>ketodan aer 2%</i>	202
EXTINA AER 2%	202
EYSUVIS DRO 0.25%	314
E-Z JECT MIS 21G	262
E-Z JECT MIS 21G COLR	262
E-Z JECT MIS 30G	262
E-Z JECT MIS 32G COLR	262
E-Z JECT MIS LANC 21G	262
E-Z JECT MIS THIN 26G	262
EZALLOR SPR CAP 10MG	112
EZALLOR SPR CAP 20MG	112
EZALLOR SPR CAP 40MG	112
EZALLOR SPR CAP 5MG	112
<i>ezetimibe tab 10 mg</i>	113
<i>ezetimibe-simvastatin tab 10-10 mg</i>	109
<i>ezetimibe-simvastatin tab 10-20 mg</i>	109
<i>ezetimibe-simvastatin tab 10-40 mg</i>	109
<i>ezetimibe-simvastatin tab 10-80 mg</i>	109
E-ZJECT LANC MIS 33G	262
EZ-LETS 21G MIS LANCETS	263
EZ-LETS 26G MIS LANCETS	263
EZ-LETS 28G MIS LANCETS	263
EZ-LETS 30G MIS LANCETS	263
<b>F</b>	
FABIOR AER 0.1%	197
<i>falmina tab</i>	178
<i>famciclovir tab 125 mg</i>	159
<i>famciclovir tab 250 mg</i>	159
<i>famciclovir tab 500 mg</i>	159
<i>famotidine for susp 40 mg/5ml</i>	335
<i>famotidine tab 10 mg</i>	335
<i>famotidine tab 20 mg</i>	335
<i>famotidine tab 40 mg</i>	335
FANAPT PAK	145
FANAPT TAB 10MG	145
FANAPT TAB 12MG	145
FANAPT TAB 1MG	145
FANAPT TAB 2MG	145
FANAPT TAB 4MG	145
FANAPT TAB 6MG	145
FANAPT TAB 8MG	145
FARESTON	
see <i>toremifene citrate tab 60 mg (base equivalent)</i>	131
FARESTON TAB 60MG	131
FARXIGA TAB 10MG	101
FARXIGA TAB 5MG	101
FASENRA INJ 30MG/ML	65
FASENRA PEN INJ 30MG/ML	65
FASTCLIX MIS LANCETS	263
<i>fayosim tab</i>	178
<i>febuxostat tab 40 mg</i>	244
<i>febuxostat tab 80 mg</i>	244
FEIBA INJ	246
<i>felbamate susp 600 mg/5ml</i>	82
<i>felbamate tab 400 mg</i>	82
<i>felbamate tab 600 mg</i>	82
FELBATOL	
see <i>felbamate susp 600 mg/5ml</i>	82
see <i>felbamate tab 400 mg</i>	82
see <i>felbamate tab 600 mg</i>	82
FELBATOL SUS 600/5ML	82
FELBATOL TAB 400MG	82
FELBATOL TAB 600MG	82
FELDENE	
see <i>piroxicam cap 10 mg</i>	42
see <i>piroxicam cap 20 mg</i>	42
FELDENE CAP 10MG	40
FELDENE CAP 20MG	40
<i>felodipine tab er 24hr 10 mg</i>	166
<i>felodipine tab er 24hr 2.5 mg</i>	166
<i>felodipine tab er 24hr 5 mg</i>	166
FEMARA	
see <i>letrozole tab 2.5 mg</i>	131
FEMARA TAB 2.5MG	131
FEMCAP MIS 30MM	258
FEMHRT	
see <i>fyavolv tab 0.5-2.5</i>	233
see <i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	233
FEMHRT TAB 0.5-2.5	233
FEMRING MIS 0.05/24H	341
FEMRING MIS 0.1MG/24	341
<i>femynor tab 0.25-35</i>	178
FENOFIB MICR CAP 30MG	111
FENOFIB MICR CAP 90MG	111
<i>fenofibrate cap 150 mg</i>	111
<i>fenofibrate cap 50 mg</i>	111
<i>fenofibrate micronized cap 130 mg</i>	111

<i>fenofibrate micronized cap 134 mg</i> .....	111
<i>fenofibrate micronized cap 200 mg</i> .....	111
<i>fenofibrate micronized cap 43 mg</i> .....	111
<i>fenofibrate micronized cap 67 mg</i> .....	111
<i>fenofibrate tab 120 mg</i> .....	111
<i>fenofibrate tab 145 mg</i> .....	111
<i>fenofibrate tab 160 mg</i> .....	111
<i>fenofibrate tab 40 mg</i> .....	111
<i>fenofibrate tab 48 mg</i> .....	111
<i>fenofibrate tab 54 mg</i> .....	111
<i>fenofibric acid tab 105 mg</i> .....	111
<i>fenofibric acid tab 35 mg</i> .....	111
<b>FENOGLIDE</b>	
see <i>fenofibrate tab 120 mg</i> .....	111
see <i>fenofibrate tab 40 mg</i> .....	111
<b>FENOGLIDE TAB 120MG</b> .....	111
<b>FENOGLIDE TAB 40MG</b> .....	111
<i>fenoprofen calcium cap 400 mg</i> .....	40
<i>fenoprofen calcium tab 600 mg</i> .....	40
<i>fentanyl citrate buccal tab 100 mcg</i>	
(base equiv) .....	45
<i>fentanyl citrate buccal tab 200 mcg</i>	
(base equiv) .....	45
<i>fentanyl citrate buccal tab 400 mcg</i>	
(base equiv) .....	45
<i>fentanyl citrate buccal tab 600 mcg</i>	
(base equiv) .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>1200 mcg</i> .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>1600 mcg</i> .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>200 mcg</i> .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>400 mcg</i> .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>600 mcg</i> .....	45
<i>fentanyl citrate lozenge on a handle</i>	
<i>800 mcg</i> .....	45
<i>fentanyl td patch 72hr 100 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 12 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 25 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 37.5 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 50 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 62.5 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 75 mcg/hr</i> .....	45
<i>fentanyl td patch 72hr 87.5 mcg/hr</i> .....	45
<b>FENTORA TAB 100MCG</b> .....	45
<b>FENTORA TAB 200MCG</b> .....	45
<b>FENTORA TAB 400MCG</b> .....	45
<b>FENTORA TAB 600MCG</b> .....	45
<b>FENTORA TAB 800MCG</b> .....	45
<b>FERPRX 2-DAY TAB 1000MG</b> .....	104
<i>ferrex 150 cap 150mg</i> .....	252
<b>FERRIPROX</b>	
see <i>deferiprone tab 500 mg</i> .....	103
<b>FERRIPROX SOL 100MG/ML</b> .....	104
<b>FERRIPROX TAB 1000MG</b> .....	104
<b>FERRIPROX TAB 500MG</b> .....	104
<i>ferrocite tab 324mg</i> .....	252
<i>ferrous fumarate tab 324 mg (106 mg</i>	
<i>elemental fe</i> ) .....	252
<b>FERROUS GLUC TAB 324MG</b> .....	252
<i>ferrous gluconate tab 240 mg (27 mg</i>	
<i>elemental fe</i> ) .....	252
<b>FERROUS SULF TAB 324MG EC</b> .....	252
<i>ferrous sulfate dried tab 200 mg (65</i>	
<i>mg elemental fe</i> ) .....	252
<i>ferrous sulfate dried tab er 160 mg (50</i>	
<i>mg fe equivalent</i> ) .....	252
<i>ferrous sulfate elixir 220 mg/5ml (44</i>	
<i>mg/5ml elemental fe</i> ) .....	252
<i>ferrous sulfate soln 75 mg/ml (15</i>	
<i>mg/ml elemental fe</i> ) .....	252
<i>ferrous sulfate tab 325 mg (65 mg</i>	
<i>elemental fe</i> ) .....	252
<i>ferrous sulfate tab ec 325 mg (65 mg</i>	
<i>fe equivalent</i> ) .....	252
<i>ferrous sulfate tab er 142 mg (45 mg</i>	
<i>fe equivalent</i> ) .....	252
<b>FETZIMA CAP 120MG</b> .....	90
<b>FETZIMA CAP 20MG</b> .....	90
<b>FETZIMA CAP 40MG</b> .....	90
<b>FETZIMA CAP 80MG</b> .....	90
<b>FETZIMA CAP TITRATIO</b> .....	90
<b>FEVERALL INF SUP 80MG</b> .....	44
<b>FEXMID</b>	
see <i>cyclobenzaprine hcl tab 7.5 mg</i>	
.....	306
see <i>fexmid tab 7.5mg</i> .....	306
<i>fexmid tab 7.5mg</i> .....	306
<b>FIASP FLEX INJ TOUCH</b> .....	99

FIASP INJ 100/ML .....	99	see <i>epoprostenol sodium for inj 1.5 mg</i> .....	171
FIASP PENFIL INJ U-100 .....	99	FLOLAN INJ 0.5MG.....	171
FIFTY50 GLUC KIT METR 2.0 .....	263	FLOLAN INJ 1.5MG.....	171
FIFTY50 GLUC TES 2.0 .....	219	FLOMAX	
FIFTY50 MIS 31GX3/16 .....	278	see <i>tamsulosin hcl cap 0.4 mg</i> ....	243
FIFTY50 MIS 31GX5/16 .....	278	FLOMAX CAP 0.4MG .....	243
FIFTY50 MIS 31GX5MM.....	278	FLOVENT DISK AER 100MCG .....	67
FIFTY50 PEN MIS 31GX8MM .....	278	FLOVENT DISK AER 250MCG .....	67
FIFTY50 PEN MIS 32GX4MM .....	278	FLOVENT DISK AER 50MCG.....	67
FIFTY50 PEN MIS 32GX6MM .....	278	FLOVENT HFA AER 110MCG .....	67
FIFTY50 SAFE MIS LANCETS.....	263	FLOVENT HFA AER 220MCG .....	67
FINACEA		FLOVENT HFA AER 44MCG .....	67
see <i>azelaic acid gel 15%</i> .....	214	FLUARIX QUAD INJ 2021-22 .....	339
FINACEA AER 15%.....	215	FLUBLOK QUAD INJ 2021-22.....	339
FINACEA GEL 15% .....	215	FLUCLVX QUAD INJ 2021-22 .....	339
<i>finasteride tab 5 mg</i> .....	243	<i>fluconazole for susp 10 mg/ml</i> .....	106
FINE 30 MIS.....	263	<i>fluconazole for susp 40 mg/ml</i> .....	106
FINTEPLA SOL 2.2MG/ML .....	76	<i>fluconazole tab 100 mg</i> .....	106
FIORICET		<i>fluconazole tab 150 mg</i> .....	106
see <i>butalbital-acetaminophen-caffeine cap 50-300-40 mg</i> .....	43	<i>fluconazole tab 200 mg</i> .....	107
FIORICET CAP .....	43	<i>fluconazole tab 50 mg</i> .....	106
FIORICET CAP CODEINE .....	52	<i>flucytosine cap 250 mg</i> .....	106
FIORICET/CODEINE		<i>flucytosine cap 500 mg</i> .....	106
see <i>butalbital-acetaminophen-caff w/cod cap 50-300-40-30 mg</i> .....	52	<i>fludrocortisone acetate tab 0.1 mg</i> .	191
FIRAZYR		FLULAVAL QUA INJ 2021-22.....	340
see <i>icatibant acetate inj 30 mg/3ml (base equivalent)</i> .....	248	FLUMIST QUAD SUS 2021-22 .....	340
see <i>sajazir inj 30mg/3ml</i> .....	248	<i>flunisolide nasal soln 25 mcg/act (0.025%)</i> .....	308
FIRAZYR INJ 30MG/3ML.....	248	<i>fluocinolone acetonide (otic) oil 0.01%</i> .....	318
FIRDAPSE TAB 10MG.....	126	<i>fluocinolone acetonide cream 0.01%</i> .....	208
FIRVANQ SOL 25MG/ML.....	58	<i>fluocinolone acetonide cream 0.025%</i> .....	208
FIRVANQ SOL 50MG/ML.....	58	<i>fluocinolone acetonide oil 0.01% (body oil)</i> .....	209
<i>flac oil 0.01%</i> .....	318	<i>fluocinolone acetonide oil 0.01% (scalp oil)</i> .....	209
FLAGYL		<i>fluocinolone acetonide oint 0.025%</i> 209	
see <i>metronidazole cap 375 mg</i> .....	57	<i>fluocinolone acetonide soln 0.01%</i> . 209	
FLAGYL CAP 375MG .....	57	<i>fluocinonide cream 0.05%</i> .....	209
FLAREX SUS 0.1% OP .....	314	<i>fluocinonide cream 0.1%</i> .....	209
<i>flavoxate hcl tab 100 mg</i> .....	339	<i>fluocinonide emulsified base cream 0.05%</i> .....	209
<i>flecainide acetate tab 100 mg</i> .....	64	<i>fluocinonide gel 0.05%</i> .....	209
<i>flecainide acetate tab 150 mg</i> .....	64	<i>fluocinonide oint 0.05%</i> .....	209
<i>flecainide acetate tab 50 mg</i> .....	64		
FLECTOR DIS 1.3% .....	201		
FLOLAN			
see <i>epoprostenol sodium for inj 0.5 mg</i> .....	170		

<i>fluocinonide soln 0.05%</i> .....	209
FLUOPAR KIT .....	209
FLUORE/BENOX SOL 0.3-0.4% .....	316
<i>fluorometholone ophth susp 0.1%</i> ..	314
<i>fluorouracil cream 0.5%</i> .....	204
<i>fluorouracil cream 5%</i> .....	204
<i>fluorouracil soln 2%</i> .....	204
<i>fluorouracil soln 5%</i> .....	204
<i>fluoxetine hcl (pmdd) tab 10 mg</i> ....	326
<i>fluoxetine hcl (pmdd) tab 20 mg</i> ....	326
<i>fluoxetine hcl cap 10 mg</i> .....	87
<i>fluoxetine hcl cap 20 mg</i> .....	87
<i>fluoxetine hcl cap 40 mg</i> .....	87
<i>fluoxetine hcl cap delayed release 90 mg</i> .....	87
<i>fluoxetine hcl solution 20 mg/5ml</i> ....	87
<i>fluoxetine hcl tab 10 mg</i> .....	87
<i>fluoxetine hcl tab 20 mg</i> .....	87
<i>fluoxetine hcl tab 60 mg</i> .....	87
FLUOXETINE HYDROCHLORIDE see <i>fluoxetine hcl tab 60 mg</i> .....	87
FLUOXETINE TAB 60MG .....	87
<i>fluphenazine decanoate inj 25 mg/ml</i> .....	151
<i>fluphenazine hcl elixir 2.5 mg/5ml</i> ..	151
<i>fluphenazine hcl oral conc 5 mg/ml</i> 151	
<i>fluphenazine hcl tab 1 mg</i> .....	151
<i>fluphenazine hcl tab 10 mg</i> .....	151
<i>fluphenazine hcl tab 2.5 mg</i> .....	151
<i>fluphenazine hcl tab 5 mg</i> .....	151
<i>flurandrenolide cream 0.05%</i> .....	209
<i>flurandrenolide lotion 0.05%</i> .....	209
<i>flurandrenolide oint 0.05%</i> .....	209
<i>flurazepam hcl cap 15 mg</i> .....	254
<i>flurazepam hcl cap 30 mg</i> .....	254
<i>flurbiprofen sodium ophth soln 0.03%</i> .....	316
<i>flurbiprofen tab 100 mg</i> .....	40
<i>flutamide cap 125 mg</i> .....	131
<i>fluticasone propionate cream 0.05%</i> .....	209
<i>fluticasone propionate lotion 0.05%</i> 209	
<i>fluticasone propionate nasal susp 50 mcg/act</i> .....	308
<i>fluticasone propionate oint 0.005%</i> 209	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/dose</i> .....	69
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i> .....	69
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i> .....	69
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/dose</i> .....	69
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/dose</i> .....	69
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i> .....	69
<i>fluvastatin sodium cap 20 mg (base equivalent)</i> .....	112
<i>fluvastatin sodium cap 40 mg (base equivalent)</i> .....	112
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	112
<i>fluvoxamine maleate cap er 24hr 100 mg</i> .....	87
<i>fluvoxamine maleate cap er 24hr 150 mg</i> .....	87
<i>fluvoxamine maleate tab 100 mg</i> .....	87
<i>fluvoxamine maleate tab 25 mg</i> .....	87
<i>fluvoxamine maleate tab 50 mg</i> .....	87
FLUZONE QUAD INJ 2021-22 .....	340
FML FORTE SUS 0.25% OP .....	314
FML LIQUIFLM SUS 0.1% OP .....	314
FML OIN 0.1% OP.....	314
FOCALIN see <i>dexamethylphenidate hcl tab 10 mg</i> .....	31
see <i>dexamethylphenidate hcl tab 2.5 mg</i> .....	31
see <i>dexamethylphenidate hcl tab 5 mg</i> .....	31
FOCALIN TAB 10MG .....	31
FOCALIN TAB 2.5MG .....	31
FOCALIN TAB 5MG.....	31
FOCALIN XR see <i>dexamethylphenidate hcl cap er 24 hr 10 mg</i> .....	30
see <i>dexamethylphenidate hcl cap er 24 hr 15 mg</i> .....	30
see <i>dexamethylphenidate hcl cap er 24 hr 20 mg</i> .....	30
see <i>dexamethylphenidate hcl cap er 24 hr 25 mg</i> .....	31

see <i>dexamphetamine hcl cap er</i>	264
24 hr 30 mg .....	31
see <i>dexamphetamine hcl cap er</i>	264
24 hr 35 mg .....	31
see <i>dexamphetamine hcl cap er</i>	264
24 hr 40 mg .....	31
see <i>dexamphetamine hcl cap er</i>	264
24 hr 5 mg .....	30
FOCALIN XR CAP 10MG.....	31
FOCALIN XR CAP 15MG.....	31
FOCALIN XR CAP 20MG.....	31
FOCALIN XR CAP 25MG.....	31
FOCALIN XR CAP 30MG.....	31
FOCALIN XR CAP 35MG.....	31
FOCALIN XR CAP 40MG.....	31
FOCALIN XR CAP 5MG .....	31
<i>folic acid tab 1 mg</i> .....	249
<i>folic acid tab 400 mcg</i> .....	249
<i>folic acid tab 800 mcg</i> .....	249
FOLIVANE-OB CAP .....	301
<i>fondaparinux sodium subcutaneous inj</i>	
<i>10 mg/0.8ml</i> .....	72
<i>fondaparinux sodium subcutaneous inj</i>	
<i>2.5 mg/0.5ml</i> .....	72
<i>fondaparinux sodium subcutaneous inj</i>	
<i>5 mg/0.4ml</i> .....	72
<i>fondaparinux sodium subcutaneous inj</i>	
<i>7.5 mg/0.6ml</i> .....	72
FORA 6 MIS CONNECT .....	219
FORA ADVANCE TES PRO .....	219
FORA BLOOD TES GLUCOSE .....	219
FORA D15G TES BLD GLUC .....	219
FORA D20 TES BLD GLUC .....	219
FORA D40/G31 TES GLUCOSE .....	219
FORA G20 KIT .....	263
FORA G20 TES BLD GLUC .....	219
FORA G30/V10 TES BLD GLUC.....	219
FORA G30A MIS.....	264
FORA GD20 MIS .....	264
FORA GD20 TES BLD GLUC .....	219
FORA GD50 MIS MONITOR .....	264
FORA GD50 TES .....	219
FORA GTEL MIS MONITOR.....	264
FORA GTEL TES BLD GLUC .....	219
FORA LANCETS MIS 30G.....	264
FORA MIS LANCETS .....	264
FORA TEST N' MIS GO .....	264
FORA TN'G KIT VOICE .....	264
FORA TN'G TES TN'G VOI .....	219
FORA V10 MIS .....	264
FORA V10 TES BLD GLUC .....	219
FORA V12 MIS .....	264
FORA V12 MIS NO CODE .....	264
FORA V12 TES BLD GLUC .....	219
FORA V20 MIS .....	264
FORA V20 TES BLD GLUC .....	219
FORA V30A KIT .....	264
FORA V30A MIS.....	264
FORA V30A TES BLD GLUC.....	219
FORACARE MIS GD40.....	264
FORACARE MIS TST N GO .....	264
FORACARE TES GD40.....	219
FORACARE TES PREM V10 .....	219
FORACARE TES TST N GO .....	220
FORFIVO XL TAB 450MG.....	85
<i>formoterol fumarate soln nebu 20</i>	
<i>mcg/2ml</i> .....	69
FORTISCARE MIS T1 .....	264
FORTISCARE TES BLD GLUC .....	220
FORTISCARE TES G1 BLOOD .....	220
FOSAMAX	
see <i>alendronate sodium tab 70 mg</i>	
.....	226
FOSAMAX + D TAB 70-2800.....	226
FOSAMAX + D TAB 70-5600.....	226
FOSAMAX TAB 70MG.....	226
<i>fosamprenavir calcium tab 700 mg</i>	
<i>(base equiv)</i> .....	155
<i>fosfomycin tromethamine powd pack 3</i>	
<i>gm (base equivalent)</i> .....	59
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>tab 10-12.5 mg</i> .....	122
<i>fosinopril sodium &amp; hydrochlorothiazide</i>	
<i>tab 20-12.5 mg</i> .....	122
<i>fosinopril sodium tab 10 mg</i> .....	115
<i>fosinopril sodium tab 20 mg</i> .....	115
<i>fosinopril sodium tab 40 mg</i> .....	115
FOSRENOL	
see <i>lanthanum carbonate chew tab</i>	
<i>1000 mg (elemental)</i> .....	241
see <i>lanthanum carbonate chew tab</i>	
<i>500 mg (elemental)</i> .....	241
see <i>lanthanum carbonate chew tab</i>	
<i>750 mg (elemental)</i> .....	241

FOSRENOL CHW 1000MG.....	241
FOSRENOL CHW 500MG.....	241
FOSRENOL CHW 750MG.....	241
FOSRENOL POW 1000MG.....	241
FOSRENOL POW 750MG.....	241
FOTIVDA CAP 0.89MG .....	134
FOTIVDA CAP 1.34MG .....	134
FRAGMIN INJ 10000/ML.....	72
FRAGMIN INJ 12500UNT .....	72
FRAGMIN INJ 15000UNT .....	72
FRAGMIN INJ 18000UNT .....	72
FRAGMIN INJ 2500/0.2.....	72
FRAGMIN INJ 5000/0.2.....	72
FRAGMIN INJ 7500/0.3.....	72
FRAGMIN INJ 95000UNT .....	72
FREESTY LIBR KIT 2 SENSOR .....	264
FREESTY LIBR MIS 2 READER .....	264
FREESTYLE KIT FREEDOM .....	264
FREESTYLE LIBRE READER .....	264
FREESTYLE LIBRE SENSOR .....	264
FREESTYLE MIS LANCETS .....	264
FREESTYLE MIS LITE .....	264
FREESTYLE TES .....	220
FREESTYLE TES INSULINX .....	220
FREESTYLE TES LITE .....	220
FREESTYLE TES PREC NEO .....	220
FROVA see <i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	290
FROVA TAB 2.5MG .....	290
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i> .....	290
FULPHILA INJ 6/0.6ML.....	250
<i>furosemide oral soln 10 mg/ml</i> .....	224
<i>furosemide oral soln 8 mg/ml</i> .....	224
<i>furosemide tab 20 mg</i> .....	225
<i>furosemide tab 40 mg</i> .....	225
<i>furosemide tab 80 mg</i> .....	225
FUZEON INJ 90MG .....	155
<i>fyavolv tab 0.5-2.5</i> .....	233
<i>fyavolv tab 1-5</i> .....	233
FYCOMPA SUS 0.5MG/ML.....	73
FYCOMPA TAB 10MG .....	73
FYCOMPA TAB 12MG .....	73
FYCOMPA TAB 2MG .....	73
FYCOMPA TAB 4MG .....	73
FYCOMPA TAB 6MG .....	73

FYCOMPA TAB 8MG.....	73
<b>G</b>	
G4 PLAT PED MIS RVC/SHAR.....	264
G4 PLATINUM MIS PEDIATRC .....	264
G4 PLATINUM MIS RCV/SHAR.....	265
G4 PLATINUM MIS RECEIVER .....	265
G4 PLATINUM MIS TRANSMIT .....	265
G4 SENSOR MIS.....	265
G5/G4 MIS SENSOR.....	265
<i>gabapentin cap 100 mg</i> .....	76
<i>gabapentin cap 300 mg</i> .....	76
<i>gabapentin cap 400 mg</i> .....	76
<i>gabapentin oral soln 250 mg/5ml</i> ....	76
<i>gabapentin tab 600 mg</i> .....	76
<i>gabapentin tab 800 mg</i> .....	76
<b>GABITRIL</b>	
<i>see tiagabine hcl tab 12 mg</i> .....	83
<i>see tiagabine hcl tab 16 mg</i> .....	83
<i>see tiagabine hcl tab 2 mg</i> .....	83
<i>see tiagabine hcl tab 4 mg</i> .....	83
GABITRIL TAB 12MG .....	83
GABITRIL TAB 16MG .....	83
GABITRIL TAB 2MG.....	83
GABITRIL TAB 4MG.....	83
GALAFOLD CAP 123MG.....	229
<i>galantamine hydrobromide cap er 24hr 16 mg</i> .....	320
<i>galantamine hydrobromide cap er 24hr 24 mg</i> .....	320
<i>galantamine hydrobromide cap er 24hr 8 mg</i> .....	320
<i>galantamine hydrobromide oral soln 4 mg/ml</i> .....	320
<i>galantamine hydrobromide tab 12 mg</i> .....	321
<i>galantamine hydrobromide tab 4 mg</i> .....	320
<i>galantamine hydrobromide tab 8 mg</i> .....	320
<b>GASTROCROM</b>	
<i>see cromolyn sodium oral conc 100 mg/5ml</i> .....	238
GASTROCROM CON 100/5ML.....	238
<i>gatifloxacin ophth soln 0.5%</i> .....	312
GATTEX KIT 5MG.....	242
<i>gavilyte-c sol</i> .....	255
<i>gavilyte-g sol</i> .....	255

GAVRETO CAP 100MG .....	134
GE100 BLOOD MIS GLUCOSE .....	265
GE100 BLOOD TES GLUCOSE .....	220
GE100 GLUCOS KIT SYSTEM .....	265
GELNIQUE GEL 10%.....	338
GELX GEL .....	299
<i>gemfibrozil tab 600 mg.....</i>	111
<i>gemmafly cap 1/20.....</i>	178
GEMTESA TAB 75MG .....	339
GENERESS FE <i>see kaitlib fe chw .....</i>	179
<i>see layolis fe chw .....</i>	180
<i>see norethindrone &amp; ethinyl   estradiol-fe chew tab 0.8 mg-25     mcg.....</i>	183
GENERESS FE CHW .....	179
<i>gengraf cap 100mg .....</i>	296
<i>gengraf cap 25mg.....</i>	296
<i>gengraf sol 100mg/ml .....</i>	296
GENOTROPIN INJ 0.2MG .....	227
GENOTROPIN INJ 0.4MG .....	227
GENOTROPIN INJ 0.6MG .....	227
GENOTROPIN INJ 0.8MG .....	227
GENOTROPIN INJ 1.2MG .....	227
GENOTROPIN INJ 1.4MG .....	227
GENOTROPIN INJ 1.6MG .....	227
GENOTROPIN INJ 1.8MG .....	227
GENOTROPIN INJ 12MG .....	227
GENOTROPIN INJ 1MG.....	227
GENOTROPIN INJ 2MG.....	227
GENOTROPIN INJ 5MG.....	227
<i>gentak oin 0.3% op.....</i>	312
<i>gentamicin sulfate cream 0.1%.....</i>	201
<i>gentamicin sulfate oint 0.1% .....</i>	201
<i>gentamicin sulfate ophth soln 0.3% .....</i>	312
GENTEEL LANC KIT BLUE .....	265
GENTEEL MIS LANCETS .....	265
GENTLE-LET MIS 26G .....	265
GENTLE-LET MIS 28G .....	265
GENTLE-LET MIS LANCETS .....	265
GENULTIMATE TES.....	220
GENVOYA TAB .....	155
GEODON <i>see ziprasidone hcl cap 20 mg ....</i>	145
<i>see ziprasidone hcl cap 40 mg ....</i>	145
<i>see ziprasidone hcl cap 60 mg ....</i>	145
<i>see ziprasidone hcl cap 80 mg ....</i>	145
<i>see ziprasidone mesylate for inj 20     mg (base equivalent).....</i>	145
GEODON CAP 20MG .....	144
GEODON CAP 40MG .....	144
GEODON CAP 60MG .....	144
GEODON CAP 80MG .....	144
GEODON INJ 20MG .....	144
GHT TEST TES STRIPS .....	220
GILENYA CAP 0.5MG .....	324
GILOTRIF TAB 20MG .....	129
GILOTRIF TAB 30MG .....	130
GILOTRIF TAB 40MG .....	130
<i>glatiramer acetate soln prefilled syringe   20 mg/ml .....</i>	324
<i>glatiramer acetate soln prefilled syringe   40 mg/ml .....</i>	324
<i>glatopa inj 20mg/ml .....</i>	324
<i>glatopa inj 40mg/ml .....</i>	324
GLEEVEC <i>see imatinib mesylate tab 100 mg     (base equivalent) .....</i>	135
<i>see imatinib mesylate tab 400 mg     (base equivalent) .....</i>	135
GLEEVEC TAB 100MG .....	134
GLEEVEC TAB 400MG .....	134
<i>glimepiride tab 1 mg .....</i>	102
<i>glimepiride tab 2 mg .....</i>	102
<i>glimepiride tab 4 mg .....</i>	102
<i>glipizide tab 10 mg .....</i>	102
<i>glipizide tab 5 mg .....</i>	102
<i>glipizide tab er 24hr 10 mg .....</i>	102
<i>glipizide tab er 24hr 2.5 mg .....</i>	102
<i>glipizide tab er 24hr 5 mg .....</i>	102
<i>glipizide xl tab 10mg .....</i>	102
<i>glipizide xl tab 2.5mg .....</i>	102
<i>glipizide xl tab 5mg.....</i>	102
<i>glipizide-metformin hcl tab 2.5-250 mg       .....</i>	93
<i>glipizide-metformin hcl tab 2.5-500 mg       .....</i>	93
<i>glipizide-metformin hcl tab 5-500 mg</i>	93
GLOPERBA SOL 0.6/5ML .....	244
<i>glostrips mis 1mg op.....</i>	316
GLUCAGEN INJ HYPOKIT.....	97
<i>glucagon (rdna) for inj kit 1 mg .....</i>	97
GLUCAGON EMERGENCY KIT	

see glucagon (rdna) for inj kit 1 mg	97
GLUCAGON EMR SOL 1MG	97
GLUCAGON KIT 1MG	97
GLUCO PERFEC MIS 3 METER	265
GLUCO PERFEC MIS 3/VOICE	265
GLUCO PERFEC TES 3	220
GLUCOCARD 01 KIT MINI	265
GLUCOCARD 01 KIT SYSTEM	265
GLUCOCARD 01 MIS METER	265
GLUCOCARD 01 TES PLUS	220
GLUCOCARD 01 TES SENSOR	220
GLUCOCARD KIT EXPRESSI	265
GLUCOCARD KIT SHINE	265
GLUCOCARD KIT SHNE CON	265
GLUCOCARD KIT SHNE EXP	265
GLUCOCARD KIT VITAL	265
GLUCOCARD KIT X-METER	265
GLUCOCARD MIS SHINE	265
GLUCOCARD MIS SHINE XL	265
GLUCOCARD TES EXPRESSI	220
GLUCOCARD TES SHINE	220
GLUCOCARD TES VITAL	220
GLUCOCARD TES X-SENSOR	220
GLUCOCOM KIT MONITOR	265
GLUCOCOM MIS 28G	266
GLUCOCOM MIS 30G	266
GLUCOCOM MIS 33G	266
GLUCOCOM MIS MONITOR	266
GLUCOCOM TES	220
GLUCONAVII KIT SYSTEM	266
GLUCONAVII TES STRIPS	220
GLUCOSE CHEW TABS	97
GLUCOSE TES STRIPS	220
GLUCOTROL XL	
see glipizide tab er 24hr 10 mg	102
see glipizide tab er 24hr 2.5 mg	102
see glipizide tab er 24hr 5 mg	102
see glipizide xl tab 10mg	102
see glipizide xl tab 2.5mg	102
see glipizide xl tab 5mg	102
GLUCOTROL XL TAB 10MG	102
GLUCOTROL XL TAB 2.5MG	102
GLUCOTROL XL TAB 5MG	102
GLUMETZA	
see metformin hcl tab er 24hr	
modified release 1000 mg	96
see metformin hcl tab er 24hr	
modified release 500 mg	96
GLUMETZA TAB 1000MG	96
GLUMETZA TAB 500MG	96
glyburide micronized tab 1.5 mg	102
glyburide micronized tab 3 mg	102
glyburide micronized tab 6 mg	102
glyburide tab 1.25 mg	102
glyburide tab 2.5 mg	102
glyburide tab 5 mg	102
glyburide-metformin tab 1.25-250 mg	
.....	93
glyburide-metformin tab 2.5-500 mg	93
glyburide-metformin tab 5-500 mg	94
glycerin suppos 1.2 gm	256
glycerin suppos 2 gm	256
glycerin suppos 2.1 gm	256
glycerin suppos 80.7%	256
glycerin-hypromellose-peg 400 ophth	
soln 0.2-0.2-1%	309
glycopyrrolate oral soln 1 mg/5ml	334
glycopyrrolate tab 1 mg	334
glycopyrrolate tab 2 mg	334
glydo gel 2%	213
GLYNASE	
see glyburide micronized tab 1.5 mg	
.....	102
see glyburide micronized tab 3 mg	
.....	102
see glyburide micronized tab 6 mg	
.....	102
GLYNASE TAB 1.5MG	102
GLYNASE TAB 3MG	102
GLYNASE TAB 6MG	102
GLYXAMBI TAB 10-5 MG	94
GLYXAMBI TAB 25-5 MG	94
GNP LANCETS MIS 21G	266
GNP LANCETS MIS 28G	266
GNP LANCETS MIS 30G	266
GNP LANCETS MIS 33G	266
GNP LANCETS MIS THIN 26G	266
gnp mucus liq rlf dm	192
GNP TRU METR TES STRIPS	220
GNP TRUETRAC TES SMRT SYS	220
GNP ULTICARE MIS 31GX5/16	278
GNP ULTICARE MIS 31GX5MM	278
GNP ULTICARE MIS 32GX1/4	278

GNP ULTICARE MIS 32GX5/32 .....	278
GOCOVR CAP 137MG .....	141
GOCOVR CAP 68.5MG .....	141
GOJJI BLOOD TES GLUCOSE.....	220
GOJJI LANCET MIS 30G .....	266
GOJJI STRIPS MIS W/LANCET.....	220
GOLYTEL <i>see gavilyte-g sol</i> .....	255
<i>see peg 3350-kcl-na bicarb-nacl-na sulfate for soln</i> 236 gm .....	255
GONITRO POW 400MCG.....	60
goodsense gel art pain .....	201
GOODSENSE MIS LANC 26G.....	266
GOODSENSE MIS LANC 30G.....	266
GOODSENSE MIS LANC 33G.....	266
GRALISE TAB 300MG.....	325
GRALISE TAB 600MG.....	325
granisetron hcl tab 1 mg.....	104
GRANIX INJ 300/0.5 .....	250
GRANIX INJ 300/1ML .....	250
GRANIX INJ 480/0.8 .....	250
GRANIX INJ 480/1.6 .....	250
griseofulvin microsize susp 125 mg/5ml .....	106
griseofulvin microsize tab 500 mg ..	106
griseofulvin ultramicrosize tab 125 mg .....	106
griseofulvin ultramicrosize tab 250 mg .....	106
guaifenesin liquid 100 mg/5ml.....	193
guaifenesin syrup 100 mg/5ml.....	193
guaifenesin tab 200 mg .....	193
guaifenesin tab 400 mg .....	193
guaifenesin tab er 12hr 600 mg .....	193
guaifenesin-codeine soln 100-10 mg/5ml .....	192
guanfacine hcl tab 1 mg.....	119
guanfacine hcl tab 2 mg.....	119
guanfacine hcl tab er 24hr 1 mg (base equiv) .....	27
guanfacine hcl tab er 24hr 2 mg (base equiv) .....	27
guanfacine hcl tab er 24hr 3 mg (base equiv) .....	27
guanfacine hcl tab er 24hr 4 mg (base equiv) .....	27
GUARDIAN MIS LINK 3 .....	266
GUARDIAN MIS SENSOR 3 .....	266
GUARDIAN RT MIS CHARGER .....	266
GUARDIAN RT MIS REPL PED .....	266
GUARDIAN RT MIS TST PLUG .....	266
GVOKE HYPO 1 INJ .5/.1ML.....	97
GVOKE HYPO 1 INJ 1MG/.2ML .....	97
GVOKE HYPO 2 INJ .5/.1ML.....	97
GVOKE HYPO 2 INJ 1MG/.2ML .....	97
GVOKE PFS INJ .....	97
GYNAZOLE-1 CRE 2% .....	341
<b>H</b>	
HAEGARDA INJ 2000UNIT .....	248
HAEGARDA INJ 3000UNIT .....	248
HAEMOLANCE MIS HIGH FLO .....	266
HAEMOLANCE MIS LOW FLOW .....	266
HAEMOLANCE MIS PLUS .....	266
HAEMOLANCE MIS PLUS LOW.....	266
HAEMOLANCE MIS PLUS MAX .....	266
HAEMOLANCE MIS PLUS PED.....	266
HAEMOLANCE MIS RETRACT .....	266
hailey 24 tab fe .....	179
hailey fe tab 1.5/30 .....	179
hailey fe tab 1/20 .....	179
hailey tab 1.5/30 .....	179
halcinonide cream 0.1% .....	209
HALCION <i>see triazolam tab 0.25 mg</i> .....	254
HALCION TAB 0.25MG .....	254
HALDOL DECANOATE 100 <i>see haloperidol decanoate im soln 100 mg/ml</i> .....	147
HALDOL DECANOATE 50 <i>see haloperidol decanoate im soln 50 mg/ml</i> .....	147
HALOBETASOL AER 0.05%.....	209
halobetasol propionate cream 0.05% .....	209
halobetasol propionate oint 0.05% ..	209
HALOG <i>see halcinonide cream 0.1%</i> .....	209
HALOG CRE 0.1% .....	209
HALOG OIN 0.1% .....	209
HALOG SOL 0.1% .....	209
haloperidol decanoate im soln 100 mg/ml.....	147
haloperidol decanoate im soln 50 mg/ml .....	147

<i>haloperidol lactate oral conc 2 mg/ml</i>	147
<i>haloperidol tab 0.5 mg</i>	147
<i>haloperidol tab 1 mg</i>	147
<i>haloperidol tab 10 mg</i>	147
<i>haloperidol tab 2 mg</i>	147
<i>haloperidol tab 20 mg</i>	147
<i>haloperidol tab 5 mg</i>	147
HARVONI PAK	158
HARVONI PAK 45-200MG	158
HARVONI TAB 45-200MG	158
HARVONI TAB 90-400MG	158
HAVRIX INJ 1440UNIT	340
HAVRIX INJ 720UNIT	340
<i>hc/aloe cre 0.5%</i>	209
<i>heather tab 0.35mg</i>	188
HEMADY TAB 20MG	189
HEMANGEOL SOL 4.28/ML	163
HEMLIBRA INJ 105/0.7	246
HEMLIBRA INJ 150/ML	246
HEMLIBRA INJ 30MG/ML	246
HEMLIBRA INJ 60/0.4	246
HEMOFIL M INJ 1000UNIT	246
HEMOFIL M INJ 1700UNIT	246
HEMOFIL M INJ 250UNIT	246
HEMOFIL M INJ 500UNIT	246
HEPARIN SOD INJ 5000/0.5	72
HEPARIN SOD INJ 5000/ML	72
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	72
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	72
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	72
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	72
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	72
HEPLISAV-B INJ 20/0.5ML	340
HEPSERA	
see <i>adefovir dipivoxil tab 10 mg</i>	158
HEPSERA TAB 10MG	158
HETLIOZ CAP 20MG	255
HETLIOZ LQ SUS 4MG/ML	255
HLTHY ACCNTS MIS LANC 30G	266
HM EMBRACE KIT TALK	266
HM INSULIN S MIS 0.3/31G	278
HM INSULIN S MIS 1ML/30G	278
<i>hm mucus dm tab 60-1200</i>	192
<i>hm mucus rel liq cgh chld</i>	192
HM ULTICARE MIS 31GX8MM	278
HORIZANT TAB 300MG ER	326
HORIZANT TAB 600MG ER	326
HUMALOG INJ 100/ML	99
HUMALOG JR INJ 100/ML	99
HUMALOG KWIK INJ 100/ML	99
HUMALOG KWIK INJ 200/ML	99
HUMALOG MIX INJ 50/50	99
HUMALOG MIX INJ 50/50KWP	99
HUMALOG MIX INJ 75/25KWP	99
HUMALOG MIX SUS 75/25	99
HUMATE-P SOL 2400UNIT	246
HUMATE-P SOL 250-600	246
HUMATE-P SOL 500-1200	246
HUMATIN	
see <i>paramomycin sulfate cap 250 mg</i>	36
HUMATROPE INJ 12MG	227
HUMATROPE INJ 24MG	227
HUMATROPE INJ 6MG	227
HUMIRA INJ 10/0.1ML	36
HUMIRA INJ 20/0.2ML	36
HUMIRA INJ 40/0.4ML	36
HUMIRA KIT 40MG/0.8	36
HUMIRA PEDIA INJ CROHNS	36
HUMIRA PEN INJ 40/0.4ML	36
HUMIRA PEN INJ 40MG/0.8	36
HUMIRA PEN INJ 80/0.8ML	36
HUMIRA PEN INJ CD/UC/HS	36
HUMIRA PEN INJ PS/UV	36
HUMIRA PEN KIT CD/UC/HS	36
HUMIRA PEN KIT PED UC	36
HUMIRA PEN KIT PS/UV	36
HUMULIN INJ 70/30	99
HUMULIN INJ 70/30KWP	99
HUMULIN N INJ U-100	99
HUMULIN N INJ U-100KWP	99
HUMULIN R INJ U-100	99
HUMULIN R INJ U-500	99
HW EMBRACE MIS PRO	266
HW EMBRACE MIS TALK	266
HW EMBRACE TES PRO	221
HW EMBRACE TES STRIPS	221
HYCAMTIN CAP 0.25MG	139

HYCAMTIN CAP 1MG.....	139
HYCLODEX SOL 0.012% .....	214
hydralazine hcl tab 10 mg .....	125
hydralazine hcl tab 100 mg .....	125
hydralazine hcl tab 25 mg .....	125
hydralazine hcl tab 50 mg .....	125
HYDREA	
see <i>hydroxyurea cap 500 mg</i> .....	139
HYDREA CAP 500MG .....	139
hydrochlorothiazide cap 12.5 mg ...	225
hydrochlorothiazide tab 12.5 mg ....	225
hydrochlorothiazide tab 25 mg.....	225
hydrochlorothiazide tab 50 mg.....	225
hydrocodone bitartrate tab er 24hr	
deter 100 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 120 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 20 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 30 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 40 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 60 mg .....	46
hydrocodone bitartrate tab er 24hr	
deter 80 mg .....	46
hydrocodone cap 10mg er.....	46
hydrocodone cap 15mg er.....	46
hydrocodone cap 20mg er.....	46
hydrocodone cap 30mg er.....	46
hydrocodone cap 40mg er.....	46
hydrocodone cap 50mg er.....	46
hydrocodone-acetaminophen soln 7.5-	
325 mg/15ml .....	52
hydrocodone-acetaminophen tab 10-	
300 mg .....	52
hydrocodone-acetaminophen tab 10-	
325 mg .....	52
hydrocodone-acetaminophen tab 5-300	
mg.....	52
hydrocodone-acetaminophen tab 5-325	
mg.....	52
hydrocodone-acetaminophen tab 7.5-	
300 mg .....	52
hydrocodone-acetaminophen tab 7.5-	
325 mg .....	52

hydrocodone-ibuprofen tab 10-200 mg	
.....	52
hydrocodone-ibuprofen tab 5-200 mg	
.....	52
hydrocodone-ibuprofen tab 7.5-200 mg	
.....	52
hydrocortisone acetate suppos 25 mg	
.....	55
hydrocortisone acetate suppos 30 mg	
.....	55
hydrocortisone butyrate cream 0.1%	
.....	209
hydrocortisone butyrate hydrophilic lipo	
base cream 0.1% .....	209
hydrocortisone butyrate lotion 0.1%	
.....	209
hydrocortisone butyrate oint 0.1% .	210
hydrocortisone butyrate soln 0.1%.	210
hydrocortisone cream 0.5% .....	210
hydrocortisone cream 1%- rx .....	210
hydrocortisone cream 2.5% .....	210
hydrocortisone enema 100 mg/60ml	54
hydrocortisone lotion 1% .....	210
hydrocortisone lotion 2.5% .....	210
hydrocortisone oint 0.5% .....	210
hydrocortisone oint 1%- rx .....	210
hydrocortisone oint 2.5% .....	210
hydrocortisone perianal cream 1% ...	55
hydrocortisone perianal cream 2.5% ..	55
hydrocortisone tab 10 mg .....	190
hydrocortisone tab 20 mg .....	190
hydrocortisone tab 5 mg .....	189
hydrocortisone valerate cream 0.2%	
.....	210
hydrocortisone valerate oint 0.2% .	210
hydrocortisone w/ acetic acid otic soln	
1-2% .....	318
hydrocortisone-aloe vera cream 1%.....	210
HYDROMORPHON SUP 3MG.....	46
hydromorphone hcl liqd 1 mg/ml .....	46
hydromorphone hcl tab 2 mg .....	46
hydromorphone hcl tab 4 mg .....	46
hydromorphone hcl tab 8 mg .....	46
hydromorphone hcl tab er 24hr 12 mg	
.....	46
hydromorphone hcl tab er 24hr 16 mg	
.....	46

hydromorphone hcl tab er 24hr 32 mg	46
.....	46
hydromorphone hcl tab er 24hr 8 mg	46
HYDROXYCHLOR TAB 100MG	126
HYDROXYCHLOR TAB 300MG	126
HYDROXYCHLOR TAB 400MG	126
hydroxychloroquine sulfate tab 200 mg	126
.....	126
hydroxyprogesterone caproate im in oil	
250 mg/ml	319
hydroxyurea cap 500 mg	139
hydroxyzine hcl syrup 10 mg/5ml	61
hydroxyzine hcl tab 10 mg	61
hydroxyzine hcl tab 25 mg	62
hydroxyzine hcl tab 50 mg	62
hydroxyzine pamoate cap 100 mg	62
hydroxyzine pamoate cap 25 mg	62
hydroxyzine pamoate cap 50 mg	62
HYLATOPIC CRE PLUS	214
HYLATOPIC LOT PLUS	214
hyphen tab	57
hyoscyamine sulfate elixir 0.125	
mg/5ml	334
hyoscyamine sulfate sl tab 0.125 mg	334
.....	334
hyoscyamine sulfate tab 0.125 mg	334
hyoscyamine sulfate tab disint 0.125	
mg	334
HYPOCYN SPR	214
HYPOLANCE KIT LANCING	266
HYSINGLA ER	
see hydrocodone bitartrate tab er	
24hr deter 100 mg	46
see hydrocodone bitartrate tab er	
24hr deter 120 mg	46
see hydrocodone bitartrate tab er	
24hr deter 20 mg	46
see hydrocodone bitartrate tab er	
24hr deter 30 mg	46
see hydrocodone bitartrate tab er	
24hr deter 40 mg	46
see hydrocodone bitartrate tab er	
24hr deter 60 mg	46
see hydrocodone bitartrate tab er	
24hr deter 80 mg	46
HYSINGLA ER TAB 100 MG	47
HYSINGLA ER TAB 120 MG	47

HYSINGLA ER TAB 20 MG	46
HYSINGLA ER TAB 30 MG	46
HYSINGLA ER TAB 40 MG	47
HYSINGLA ER TAB 60 MG	47
HYSINGLA ER TAB 80 MG	47
HYZAAR	
see losartan potassium &	
hydrochlorothiazide tab 100-12.5	
mg	122
see losartan potassium &	
hydrochlorothiazide tab 100-25 mg	
.....	122
see losartan potassium &	
hydrochlorothiazide tab 50-12.5	
mg	122
HYZAAR TAB 100-12.5	122
HYZAAR TAB 100-25	122
HYZAAR TAB 50-12.5	122
<b>I</b>	
ibandronate sodium tab 150 mg (base	
equivalent)	226
IBRANCE CAP 100MG	134
IBRANCE CAP 125MG	134
IBRANCE CAP 75MG	134
IBRANCE TAB 100MG	134
IBRANCE TAB 125MG	134
IBRANCE TAB 75MG	134
IBUPAK KIT	40
ibuprofen cap 200 mg	40
ibuprofen chew tab 100 mg	40
ibuprofen susp 100 mg/5ml	40
ibuprofen susp 40 mg/ml	40
ibuprofen tab 100 mg	40
ibuprofen tab 200 mg	40
ibuprofen tab 400 mg	40
ibuprofen tab 600 mg	40
ibuprofen tab 800 mg	40
ibuprofen-famotidine tab 800-26.6 mg	
.....	40
icatibant acetate inj 30 mg/3ml (base	
equivalent)	248
iclevia tab	179
ICLUSIG TAB 10MG	134
ICLUSIG TAB 15MG	134
ICLUSIG TAB 30MG	134
ICLUSIG TAB 45MG	135
icosapent ethyl cap 1 gm	109

IDEVION SOL 1000UNIT.....	246
IDEVION SOL 2000UNIT.....	246
IDEVION SOL 250UNIT .....	246
IDEVION SOL 3500UNIT.....	246
IDEVION SOL 500UNIT .....	246
IDHIFA TAB 100MG.....	135
IDHIFA TAB 50MG.....	135
<i>iferex 150 cap .....</i>	252
IGLUCOSE KIT.....	266
IGLUCOSE TES .....	221
ILARIS INJ 150MG/ML .....	38
ILEVRO DRO 0.3% OP .....	316
ILUMYA SOL 100MG/ML .....	205
<i>imatinib mesylate tab 100 mg (base equivalent).....</i>	135
<i>imatinib mesylate tab 400 mg (base equivalent).....</i>	135
IMBRUVICA CAP 140MG.....	135
IMBRUVICA CAP 70MG .....	135
IMBRUVICA TAB 140MG.....	135
IMBRUVICA TAB 280MG.....	135
IMBRUVICA TAB 420MG.....	135
IMBRUVICA TAB 560MG.....	135
<i>imipramine hcl tab 10 mg .....</i>	92
<i>imipramine hcl tab 25 mg .....</i>	92
<i>imipramine hcl tab 50 mg .....</i>	92
<i>imipramine pamoate cap 100 mg .....</i>	92
<i>imipramine pamoate cap 125 mg .....</i>	92
<i>imipramine pamoate cap 150 mg .....</i>	92
<i>imipramine pamoate cap 75 mg .....</i>	92
<i>imiquimod cream 3.75% .....</i>	212
<i>imiquimod cream 5% .....</i>	212
IMITREX see <i>sumatriptan nasal spray 20 mg/act.....</i>	291
see <i>sumatriptan nasal spray 5 mg/act.....</i>	291
see <i>sumatriptan succinate tab 100 mg .....</i>	291
see <i>sumatriptan succinate tab 25 mg .....</i>	291
see <i>sumatriptan succinate tab 50 mg .....</i>	291
IMITREX INJ 4MG/0.5.....	290
IMITREX INJ 6MG/0.5.....	290
IMITREX SPR 20MG/ACT .....	290
IMITREX SPR 5MG/ACT .....	290
IMITREX STATDOSE REFILL see <i>sumatriptan succinate solution cartridge 4 mg/0.5ml.....</i>	291
see <i>sumatriptan succinate solution cartridge 6 mg/0.5ml.....</i>	291
IMITREX STATDOSE SYSTEM see <i>sumatriptan succinate solution auto-injector 4 mg/0.5ml .....</i>	291
see <i>sumatriptan succinate solution auto-injector 6 mg/0.5ml .....</i>	291
IMITREX TAB 100MG.....	290
IMITREX TAB 25MG .....	290
IMITREX TAB 50MG .....	290
IMPEKLO LOT 0.05%.....	210
IMURAN see <i>azathioprine tab 50 mg .....</i>	295
IMURAN TAB 50MG .....	296
IMVEXXY MAIN SUP 10MCG .....	342
IMVEXXY MAIN SUP 4MCG .....	341
IMVEXXY STRT SUP 10MCG.....	342
IMVEXXY STRT SUP 4MCG .....	342
IN CONTROL MIS 31GX3/16.....	278
IN CONTROL MIS 31GX5MM .....	278
IN CONTROL MIS 31GX6MM .....	278
IN CONTROL MIS 31GX8MM .....	278
IN TOUCH MIS .....	266
IN TOUCH TES BLOOD .....	221
INBRIJA CAP 42MG .....	141
<i>incassia tab 0.35mg .....</i>	188
IN-CHK DIAL MIS TRAINER .....	288
IN-CHK FLOW MIS METER.....	288
INCONTROL MIS 29GX12MM .....	278
INCONTROL MIS LANC 28G.....	266
INCONTROL MIS LANC 30G.....	267
INCONTROL MIS LANC 33G.....	267
INCRELEX INJ 40MG/4ML.....	228
INCRUSE ELPT INH 62.5MCG.....	65
<i>indapamide tab 1.25 mg .....</i>	225
<i>indapamide tab 2.5 mg .....</i>	225
INDERAL LA see <i>propranolol hcl cap er 24hr 120 mg .....</i>	164
see <i>propranolol hcl cap er 24hr 160 mg .....</i>	164
see <i>propranolol hcl cap er 24hr 60 mg .....</i>	163

see <i>propranolol hcl cap er 24hr 80 mg</i> .....	163
INDERAL LA CAP 120MG .....	163
INDERAL LA CAP 160MG .....	163
INDERAL LA CAP 60MG .....	163
INDERAL LA CAP 80MG .....	163
INDERAL XL CAP 120MG .....	163
INDERAL XL CAP 80MG .....	163
INDOCIN SUP 50MG .....	40
INDOCIN SUS 25MG/5ML.....	40
<i>indomethacin cap 25 mg</i> .....	40
<i>indomethacin cap 50 mg</i> .....	40
<i>indomethacin cap er 75 mg</i> .....	40
INFINITY KIT SYSTEM .....	267
INFINITY KIT VOICE.....	267
INFINITY TES BLD GLUC .....	221
INFINITY TES VOICE .....	221
INFLECTRA INJ 100MG .....	239
INFILIXIMAB INJ 100MG .....	239
INGREZZA CAP 40-80MG .....	323
INGREZZA CAP 40MG .....	323
INGREZZA CAP 60MG .....	323
INGREZZA CAP 80MG .....	323
INLYTA TAB 1MG .....	129
INLYTA TAB 5MG .....	129
INNOPRAN XL CAP 120MG.....	163
INNOPRAN XL CAP 80MG .....	163
INQOVI TAB 35-100MG .....	132
INREBIC CAP 100MG .....	135
INS ASP PROT INJ FLEXPEN .....	99
INS SY 0.3ML MIS 30GX1/2 .....	278
INS SY 0.3ML MIS 31GX5/16.....	278
INS SY 0.5ML MIS 30GX1/2 .....	278
INS SY 0.5ML MIS 30GX5/16.....	278
INS SY 1/2ML MIS 30GX1/2 .....	278
INS SYR .3ML MIS 30GX1/2 .....	279
INS SYR 1ML MIS 30GX1/2 .....	279
INS SYR 1ML MIS 30GX5/16.....	279
INS SYR 1ML MIS 31GX5/16.....	279
INSPRA see <i>eplerenone tab 25 mg</i> .....	125
see <i>eplerenone tab 50 mg</i> .....	125
INSPRA TAB 25MG .....	125
INSPRA TAB 50MG .....	125
INSULIN ASPA INJ 100/ML .....	99
INSULIN ASPA INJ 70/30 .....	99
INSULIN ASPA INJ FLEXPEN .....	99
INSULIN ASPA INJ PENFILL .....	99
INSULIN GLAR INJ 100U/ML.....	99
INSULIN GLAR SOL 100U/ML.....	99
INSULIN LISP INJ 100/ML .....	99
INSULIN LISP INJ JUNIOR.....	99
INSULIN LISP INJ PROTAMIN .....	100
INSULIN PEN MIS 29GX12MM .....	279
INSULIN PEN MIS 31GX4MM .....	279
INSULIN PEN MIS 31GX8MM .....	279
INSULIN SRYG MIS 1ML/32G .....	279
INSULIN SYRG MIS 0.3/29G.....	279
INSULIN SYRG MIS 0.3/30G.....	279
INSULIN SYRG MIS 0.3/31G.....	279
INSULIN SYRG MIS 0.3ML/30 .....	279
INSULIN SYRG MIS 0.3ML/31 .....	279
INSULIN SYRG MIS 0.5/27G.....	279
INSULIN SYRG MIS 0.5/28G.....	279
INSULIN SYRG MIS 0.5/29G.....	279
INSULIN SYRG MIS 0.5/30G.....	279
INSULIN SYRG MIS 0.5/31G.....	279
INSULIN SYRG MIS 0.5/32G.....	279
INSULIN SYRG MIS 1/2ML/30.....	279
INSULIN SYRG MIS 1/2ML/31.....	280
INSULIN SYRG MIS 1ML/25G .....	280
INSULIN SYRG MIS 1ML/26G .....	280
INSULIN SYRG MIS 1ML/27G .....	280
INSULIN SYRG MIS 1ML/28G .....	280
INSULIN SYRG MIS 1ML/29G .....	280
INSULIN SYRG MIS 1ML/30G .....	280
INSULIN SYRG MIS 1ML/31G .....	280
INSULIN SYRG MIS 2/27.5G.....	280
INSULIN SYRG MIS 27GX1/2.....	280
INSULIN SYRG MIS 28GX1/2.....	280
INSULIN SYRG MIS 29GX1/2.....	280
INSULIN SYRG MIS 30GX1/2.....	280
INSULIN SYRG MIS 30GX5/16 .....	280
INSULIN SYRG MIS 31GX5/16 .....	280
INSULIN SYRI MIS 0.3/31G.....	280
INSULIN SYRINGE (DISP) U-100 1 ML .....	280
INSULIN SYRINGE (DISP) U-100 1 ML - RX .....	280
INSULIN SYRINGE/NEEDLE- RX .....	280
INSUPEN MIS 29GX12MM .....	281
INSUPEN MIS 31GX5MM .....	281
INSUPEN MIS 31GX8MM .....	281
INSUPEN MIS 32GX4MM .....	281

INSUPEN MIS 33GX4MM .....	281
INSUPEN SENS MIS 32GX6MM.....	281
INSUPEN SENS MIS 32GX8MM.....	281
INSUPEN ULTR MIS 30GX8MM .....	281
INSUPEN ULTR MIS 31GX6MM .....	281
INSUPEN ULTR MIS 31GX8MM .....	281
INTELENCE	
see <i>etravirine tab 100 mg</i> .....	155
see <i>etravirine tab 200 mg</i> .....	155
INTELENCE TAB 100MG .....	155
INTELENCE TAB 200MG .....	155
INTELENCE TAB 25MG .....	155
<i>intense coug liq reliever</i> .....	192
INTRAROSA SUP 6.5MG .....	340
<i>introvale tab</i> .....	179
INTUNIV	
see <i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i> .....	27
see <i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i> .....	27
see <i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i> .....	27
see <i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i> .....	27
INTUNIV TAB 1MG .....	27
INTUNIV TAB 2MG .....	27
INTUNIV TAB 3MG .....	27
INTUNIV TAB 4MG .....	27
INVANZ	
see <i>ertapenem sodium for inj 1 gm (base equivalent)</i> .....	58
INVEGA	
see <i>paliperidone tab er 24hr 1.5 mg</i> .....	146
see <i>paliperidone tab er 24hr 3 mg</i> .....	146
see <i>paliperidone tab er 24hr 6 mg</i> .....	146
see <i>paliperidone tab er 24hr 9 mg</i> .....	146
INVEGA HAFYE INJ 1092MG .....	145
INVEGA HAFYE INJ 1560MG .....	145
INVEGA SUST INJ 117/0.75.....	145
INVEGA SUST INJ 156MG/ML .....	145
INVEGA SUST INJ 234/1.5 .....	146
INVEGA SUST INJ 39/0.25 .....	145
INVEGA SUST INJ 78/0.5ML .....	145
INVEGA TAB 1.5MG.....	146
INVEGA TAB 3MG .....	146
INVEGA TAB 6MG .....	146
INVEGA TAB 9MG .....	146
INVEGA TRINZ INJ 273MG .....	146
INVEGA TRINZ INJ 410MG .....	146
INVEGA TRINZ INJ 546MG .....	146
INVEGA TRINZ INJ 819MG .....	146
INVELTYS SUS 1%.....	314
INVIRASE TAB 500MG .....	155
INVOKAMET TAB 150-1000 .....	94
INVOKAMET TAB 150-500.....	94
INVOKAMET TAB 50-1000.....	94
INVOKAMET TAB 50-500MG .....	94
INVOKAMET XR TAB 150-1000 .....	94
INVOKAMET XR TAB 150-500 .....	94
INVOKAMET XR TAB 50-1000 .....	94
INVOKAMET XR TAB 50-500MG .....	94
INVOKANA TAB 100MG.....	101
INVOKANA TAB 300MG.....	101
IOPIDINE SOL 1% OP .....	312
<i>ipratropium bromide inhal soln 0.02%</i> .....	65
<i>ipratropium bromide nasal soln 0.03%</i> .....	308
<i>ipratropium bromide nasal soln 0.06%</i> .....	308
<i>ipratropium-albuterol nebu soln 0.5- 2.5(3) mg/3ml</i> .....	69
<i>irbesartan tab 150 mg</i> .....	118
<i>irbesartan tab 300 mg</i> .....	118
<i>irbesartan tab 75 mg</i> .....	118
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i> .....	122
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i> .....	122
IRESSA TAB 250MG .....	130
ISENTRESS CHW 100MG .....	155
ISENTRESS CHW 25MG .....	155
ISENTRESS HD TAB 600MG .....	155
ISENTRESS POW 100MG.....	155
ISENTRESS TAB 400MG.....	155
<i>isibloom tab</i> .....	179
<i>isoniazid syrup 50 mg/5ml</i> .....	127
<i>isoniazid tab 100 mg</i> .....	127
<i>isoniazid tab 300 mg</i> .....	127
ISOPTO ATROP SOL 1% OP.....	311
ISOPTO CARP SOL 1% OP.....	311
ISOPTO CARP SOL 2% OP.....	311
ISOPTO CARPINE	

see <i>pilocarpine hcl ophth soln 1%</i>	311
see <i>pilocarpine hcl ophth soln 2%</i>	311
ISORDIL TAB 40MG.....	60
ISORDIL TAB 5MG .....	60
ISORDIL TITRADOSE	
see <i>isosorbide dinitrate tab 40 mg</i>	60
see <i>isosorbide dinitrate tab 5 mg</i> ...	60
<i>isosorbide dinitrate tab 10 mg</i> .....	60
<i>isosorbide dinitrate tab 20 mg</i> .....	60
<i>isosorbide dinitrate tab 30 mg</i> .....	60
<i>isosorbide dinitrate tab 40 mg</i> .....	60
<i>isosorbide dinitrate tab 5 mg</i> .....	60
<i>isosorbide mononitrate tab 10 mg</i> ....	60
<i>isosorbide mononitrate tab 20 mg</i> ....	60
<i>isosorbide mononitrate tab er 24hr 120 mg</i> .....	61
<i>isosorbide mononitrate tab er 24hr 30 mg</i> .....	61
<i>isosorbide mononitrate tab er 24hr 60 mg</i> .....	61
isotretinoin cap 10 mg .....	197
isotretinoin cap 20 mg .....	197
isotretinoin cap 25 mg .....	197
isotretinoin cap 30 mg .....	197
isotretinoin cap 35 mg .....	197
isotretinoin cap 40 mg .....	197
isradipine cap 2.5 mg .....	166
isradipine cap 5 mg .....	167
ISTALOL	
see <i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	310
ISTALOL SOL 0.5% OP .....	310
ISTURISA TAB 10MG .....	226
ISTURISA TAB 1MG .....	226
ISTURISA TAB 5MG .....	226
itraconazole cap 100 mg .....	107
itraconazole oral soln 10 mg/ml ....	107
ivermectin cream 1% .....	215
ivermectin lotion 0.5% .....	215
ivermectin tab 3 mg .....	56
IXINITY INJ 1000UNIT.....	246
IXINITY INJ 1500UNIT.....	246
IXINITY INJ 2000UNIT.....	246
IXINITY INJ 250UNIT.....	246
IXINITY INJ 3000UNIT.....	246
IXINITY INJ 500UNIT.....	246

## J

JADENU	
see <i>deferasirox tab 180 mg</i> .....	103
see <i>deferasirox tab 360 mg</i> .....	103
see <i>deferasirox tab 90 mg</i> .....	103
JADENU SPRINKLE	
see <i>deferasirox granules packet 180 mg</i> .....	103
see <i>deferasirox granules packet 360 mg</i> .....	103
see <i>deferasirox granules packet 90 mg</i> .....	103
JADENU SPRKL GRA 180MG .....	104
JADENU SPRKL GRA 360MG .....	104
JADENU SPRKL GRA 90MG .....	104
JADENU TAB 180MG .....	104
JADENU TAB 360MG .....	104
JADENU TAB 90MG .....	104
jaimiess tab .....	179
JAKAFI TAB 10MG.....	135
JAKAFI TAB 15MG.....	135
JAKAFI TAB 20MG.....	135
JAKAFI TAB 25MG.....	135
JAKAFI TAB 5MG .....	135
JALYN	
see <i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i> .....	243
JALYN CAP.....	243
JANSSEN VACC INJ COVID-19 .....	340
JANUMET TAB 50-1000.....	94
JANUMET TAB 50-500MG .....	94
JANUMET XR TAB 100-1000 .....	94
JANUMET XR TAB 50-1000 .....	94
JANUMET XR TAB 50-500MG .....	94
JANUVIA TAB 100MG .....	97
JANUVIA TAB 25MG .....	97
JANUVIA TAB 50MG .....	97
JARDIANCE TAB 10MG .....	101
JARDIANCE TAB 25MG .....	101
jasmiel tab 3-0.02mg .....	179
jencycla tab 0.35mg .....	188
JENTADUETO TAB 2.5-1000 .....	94
JENTADUETO TAB 2.5-500 .....	94
JENTADUETO TAB 2.5-850 .....	94
JENTADUETO TAB XR .....	94
jinteli tab 1mg-5mcg.....	233
JIVI INJ 1000UNIT.....	246

JIVI INJ 2000UNIT .....	246
JIVI INJ 3000UNIT .....	246
JIVI INJ 500 UNIT .....	246
<i>jolessa tab</i> .....	179
JORNAY PM CAP 100MG ER .....	32
JORNAY PM CAP 20MG ER .....	32
JORNAY PM CAP 40MG ER .....	32
JORNAY PM CAP 60MG ER .....	32
JORNAY PM CAP 80MG ER .....	32
JUBLIA SOL 10% .....	202
<i>juleber tab</i> .....	179
JULUCA TAB 50-25MG .....	155
<i>junel 1.5/30 tab</i> .....	179
<i>junel 1/20 tab</i> .....	179
<i>junel fe 24 tab 1/20</i> .....	179
<i>junel fe tab 1.5/30</i> .....	179
<i>junel fe tab 1/20</i> .....	179
JUXTAPIID CAP 10MG .....	114
JUXTAPIID CAP 20MG .....	114
JUXTAPIID CAP 30MG .....	114
JUXTAPIID CAP 5MG .....	113
JYNARQUE PAK 15MG .....	232
JYNARQUE PAK 30-15MG .....	232
JYNARQUE PAK 45-15MG .....	232
JYNARQUE PAK 60-30MG .....	232
JYNARQUE PAK 90-30MG .....	233
JYNARQUE TAB 15MG .....	233
JYNARQUE TAB 30MG .....	233
<b>K</b>	
<i>kaitlib fe chw</i> .....	179
KALBITOR INJ 10MG/ML .....	248
KALETRA	
see <i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	155
see <i>lopinavir-ritonavir tab 100-25 mg</i> .....	155
see <i>lopinavir-ritonavir tab 200-50 mg</i> .....	156
KALETRA SOL .....	155
KALETRA TAB 100-25MG .....	155
KALETRA TAB 200-50MG .....	155
<i>kalliga tab</i> .....	180
KALYDECO PAK 25MG .....	327
KALYDECO PAK 50MG .....	327
KALYDECO PAK 75MG .....	327
KALYDECO TAB 150MG .....	327
KAPSPARGO CAP 100MG .....	162
KAPSPARGO CAP 200MG .....	162
KAPSPARGO CAP 25MG .....	161
KAPSPARGO CAP 50MG .....	162
<i>KAPVAY</i>	
<i>see clonidine hcl tab er 12hr 0.1 mg</i> .....	27
<i>kariva tab 28 day</i> .....	180
KATERZIA SUS 1MG/ML .....	167
KAZANO 12.5- TAB 1000MG .....	94
KAZANO 12.5- TAB 500MG .....	94
<i>kelnor 1/50 tab</i> .....	180
<i>kelnor tab 1/35</i> .....	180
KENALOG	
<i>see triamcinolone acetonide aerosol soln 0.147 mg/gm</i> .....	211
KENALOG AER SPRAY .....	210
KEPPRA	
<i>see levetiracetam oral soln 100 mg/ml</i> .....	78
<i>see levetiracetam tab 1000 mg</i> .....	78
<i>see levetiracetam tab 250 mg</i> .....	78
<i>see levetiracetam tab 500 mg</i> .....	78
<i>see levetiracetam tab 750 mg</i> .....	78
<i>see roweepra tab 500mg</i> .....	80
KEPPRA SOL 100MG/ML .....	76
KEPPRA TAB 1000MG .....	76
KEPPRA TAB 250MG .....	76
KEPPRA TAB 500MG .....	76
KEPPRA TAB 750MG .....	76
KEPPRA XR	
<i>see levetiracetam tab er 24hr 500 mg</i> .....	78
<i>see levetiracetam tab er 24hr 750 mg</i> .....	78
<i>see levetiracetam tab er 24hr 750 mg</i> .....	78
KEPPRA XR TAB 500MG .....	76
KEPPRA XR TAB 750MG .....	76
KERYDIN	
<i>see tavaborole soln 5%</i> .....	203
KERYDIN SOL 5% .....	202
KESIMPTA INJ 20/.4ML .....	324
<i>ketoconazole cream 2%</i> .....	202
<i>ketoconazole foam 2%</i> .....	202
<i>ketoconazole shampoo 2%</i> .....	202
<i>ketoconazole tab 200 mg</i> .....	107
<i>ketodan aer 2%</i> .....	202
KETODAN KIT 2% .....	202
<i>ketoprofen cap 75 mg</i> .....	40

<i>ketoprofen cap er 24hr 200 mg</i> .....	40
KETOR TROMET SPR 15.75MG .....	40
<i>ketorolac tromethamine ophth soln 0.4%</i> .....	316
<i>ketorolac tromethamine ophth soln 0.5%</i> .....	316
<i>ketorolac tromethamine tab 10 mg</i> ...40	
<i>ketotifen fumarate ophth soln 0.025% (base equiv)</i> .....	316
KEVEYIS TAB 50MG.....	224
KEVZARA INJ 150/1.14.....	38
KEVZARA INJ 200/1.14.....	39
KINERET INJ .....	38
KINNEY MIS LANCETS .....	267
KINNEY THIN MIS LANCETS .....	267
KISQALI 200 PAK FEMARA .....	132
KISQALI 400 PAK FEMARA .....	132
KISQALI 600 PAK FEMARA .....	132
KISQALI TAB 200DOSE.....	135
KISQALI TAB 400DOSE.....	135
KISQALI TAB 600DOSE.....	135
KITABIS PAK <i>see tobramycin nebu soln 300         mg/5ml</i> .....	36
KITABIS PAK NEB 300/5ML .....	36
KLARON <i>see sulfacetamide sodium lotion 10%         (acne)</i> .....	199
KLARON LOT 10%.....	197
KLONOPIN <i>see clonazepam tab 0.5 mg</i> .....	73
<i>see clonazepam tab 1 mg</i> .....	73
<i>see clonazepam tab 2 mg</i> .....	73
KLONOPIN TAB 0.5MG .....	74
KLONOPIN TAB 1MG.....	74
KLONOPIN TAB 2MG.....	74
<i>klor-con 10 tab 10meq er</i> .....	293
<i>klor-con 8 tab 8meq er</i> .....	293
KLOXXADO SPR 8MG.....	104
KOATE INJ 1000UNIT .....	246
KOATE INJ 250UNIT .....	246
KOATE INJ 500 UNIT .....	246
KOATE-DVI INJ 1000UNIT .....	246
KOGENATE FS INJ 1000UNIT .....	246
KOGENATE FS INJ 2000UNIT .....	246
KOGENATE FS INJ 250UNIT .....	246
KOGENATE FS INJ 3000UNIT .....	246
KOGENATE FS INJ 500UNIT .....	246
KOMBIGLYZ XR TAB 2.5-1000 .....	94
KOMBIGLYZ XR TAB 5-1000MG .....	95
KOMBIGLYZ XR TAB 5-500MG .....	94
KONSYL DAILY POW 100% .....	255
KONSYL DAILY POW 28.3% .....	255
KONSYL ORIG POW 100% .....	255
KONSYL-D POW 52.3% .....	255
KORLYM TAB 300MG .....	97
KOSELUGO CAP 10MG.....	135
KOSELUGO CAP 25MG.....	135
KOVALTRY INJ 1000UNIT.....	246
KOVALTRY INJ 2000UNIT.....	246
KOVALTRY INJ 250UNIT .....	246
KOVALTRY INJ 3000UNIT .....	246
KOVALTRY INJ 500UNIT .....	246
K-PHOS TAB NO 2 .....	242
KRINTAFEL TAB 150MG .....	126
KROGER BGM KIT .....	267
KROGER BGM KIT PREMIUM.....	267
KROGER BGM KIT SYSTEM.....	267
KROGER BLOOD TES GLUCOSE .....	221
KROGER LANCE MIS .....	267
KROGER LANCE MIS 26G .....	267
KROGER LANCE MIS THIN.....	267
KROGER LANCE MIS THIN 30G .....	267
K-TAB <i>see potassium chloride tab er 20 meq         (1500 mg)</i> .....	294
kurvelo tab 0.15/30 .....	180
KUVAN <i>see sapropterin dihydrochloride         powder packet 100 mg</i> .....	230
<i>see sapropterin dihydrochloride         powder packet 500 mg</i> .....	230
<i>see sapropterin dihydrochloride tab         100 mg</i> .....	230
KUVAN POW 100MG.....	229
KUVAN POW 500MG.....	229
KUVAN TAB 100MG .....	229
KYLEENA IUD 19.5MG .....	188
KYNMOBI MIS 10MG .....	141
KYNMOBI MIS 15MG .....	141
KYNMOBI MIS 20MG .....	141
KYNMOBI MIS 25MG .....	141
KYNMOBI MIS 30MG .....	141

**L**

<i>labetalol hcl tab 100 mg</i> .....	161
<i>labetalol hcl tab 200 mg</i> .....	161
<i>labetalol hcl tab 300 mg</i> .....	161
<b>LACRISERT MIS 5MG OP</b> .....	309
<i>lactic acid (ammonium lactate) cream 12%</i> .....	212
<i>lactic acid (ammonium lactate) lotion 12%</i> .....	212
<i>lactulose (encephalopathy) solution 10 gm/15ml</i> .....	240
<i>lactulose solution 10 gm/15ml</i> .....	256
<b>LAMICTAL</b>	
see <i>lamotrigine tab 100 mg</i> .....	77
see <i>lamotrigine tab 150 mg</i> .....	77
see <i>lamotrigine tab 200 mg</i> .....	78
see <i>lamotrigine tab 25 mg</i> .....	77
see <i>subvenite tab 100mg</i> .....	80
see <i>subvenite tab 150mg</i> .....	80
see <i>subvenite tab 200mg</i> .....	80
see <i>subvenite tab 25mg</i> .....	80
<b>LAMICTAL CHEWABLE DISPERS</b>	
see <i>lamotrigine tab chewable dispersible 25 mg</i> .....	78
see <i>lamotrigine tab chewable dispersible 5 mg</i> .....	78
<b>LAMICTAL CHW 25MG</b> .....	76
<b>LAMICTAL CHW 5MG</b> .....	76
<b>LAMICTAL KIT START 35</b> .....	76
<b>LAMICTAL KIT START 49</b> .....	76
<b>LAMICTAL KIT START 98</b> .....	76
<b>LAMICTAL ODT</b>	
see <i>lamotrigine orally disintegrating tab 100 mg</i> .....	77
see <i>lamotrigine orally disintegrating tab 200 mg</i> .....	77
see <i>lamotrigine orally disintegrating tab 25 mg</i> .....	77
see <i>lamotrigine orally disintegrating tab 50 mg</i> .....	77
see <i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> .....	78
<b>LAMICTAL ODT KIT</b> .....	76
<b>LAMICTAL ODT TAB 100MG</b> .....	77
<b>LAMICTAL ODT TAB 200MG</b> .....	77
<b>LAMICTAL ODT TAB 25MG</b> .....	76
<b>LAMICTAL ODT TAB 50MG</b> .....	76

**LAMICTAL STARTER/NOT TAKI**

see <i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> .....	77
see <i>subvenite kit start 49</i> .....	80

**LAMICTAL STARTER/TAKING C**

see <i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> .....	77
see <i>subvenite kit start 98</i> .....	80

**LAMICTAL STARTER/TAKING V**

see <i>lamotrigine tab 35 x 25 mg starter kit</i> .....	77
---------------------------------------------------------	----

see <i>subvenite kit start 35</i> .....	80
-----------------------------------------	----

**LAMICTAL TAB 100MG**.....

.....	77
-------	----

**LAMICTAL TAB 150MG**.....

.....	77
-------	----

**LAMICTAL TAB 200MG**.....

.....	77
-------	----

**LAMICTAL TAB 25MG** .....

.....	77
-------	----

**LAMICTAL XR**

see <i>lamotrigine tab er 24hr 100 mg</i> .....	78
-------------------------------------------------	----

see <i>lamotrigine tab er 24hr 200 mg</i> .....	78
-------------------------------------------------	----

see <i>lamotrigine tab er 24hr 25 mg</i> 78	
---------------------------------------------	--

see <i>lamotrigine tab er 24hr 250 mg</i> .....	78
-------------------------------------------------	----

see <i>lamotrigine tab er 24hr 300 mg</i> .....	78
-------------------------------------------------	----

see <i>lamotrigine tab er 24hr 50 mg</i> 78	
---------------------------------------------	--

**LAMICTAL XR KIT** .....

.....	77
-------	----

**LAMICTAL XR TAB 100MG** .....

.....	77
-------	----

**LAMICTAL XR TAB 200MG** .....

.....	77
-------	----

**LAMICTAL XR TAB 250MG** .....

.....	77
-------	----

**LAMICTAL XR TAB 25MG** .....

.....	77
-------	----

**LAMICTAL XR TAB 300MG** .....

.....	77
-------	----

**LAMICTAL XR TAB 50MG** .....

.....	77
-------	----

**lamivudine oral soln 10 mg/ml** .....

.....	155
-------	-----

**lamivudine tab 100 mg (hbv)** .....

.....	158
-------	-----

**lamivudine tab 150 mg** .....

.....	155
-------	-----

**lamivudine tab 300 mg** .....

.....	155
-------	-----

**lamivudine-zidovudine tab 150-300 mg** .....

.....	155
-------	-----

**lamotrigine orally disintegrating tab 100 mg** .....

.....	77
-------	----

**lamotrigine orally disintegrating tab 200 mg** .....

.....	77
-------	----

**lamotrigine orally disintegrating tab 25 mg** .....

.....	77
-------	----

<i>lamotrigine orally disintegrating tab 50 mg</i> .....	77
<i>lamotrigine tab 100 mg</i> .....	77
<i>lamotrigine tab 150 mg</i> .....	77
<i>lamotrigine tab 200 mg</i> .....	78
<i>lamotrigine tab 25 mg</i> .....	77
<i>lamotrigine tab 25 mg (42) &amp; 100 mg (7) starter kit</i> .....	77
<i>lamotrigine tab 35 x 25 mg starter kit</i> .....	77
<i>lamotrigine tab 84 x 25 mg &amp; 14 x 100 mg starter kit</i> .....	77
<i>lamotrigine tab chewable dispersible 25 mg</i> .....	78
<i>lamotrigine tab chewable dispersible 5 mg</i> .....	78
<i>lamotrigine tab disint 25 (14) &amp; 50 mg (14) &amp; 100 mg (7) kit</i> .....	78
<i>lamotrigine tab er 24hr 100 mg</i> .....	78
<i>lamotrigine tab er 24hr 200 mg</i> .....	78
<i>lamotrigine tab er 24hr 25 mg</i> .....	78
<i>lamotrigine tab er 24hr 250 mg</i> .....	78
<i>lamotrigine tab er 24hr 300 mg</i> .....	78
<i>lamotrigine tab er 24hr 50 mg</i> .....	78
LAMPIT TAB 120MG.....	58
LAMPIT TAB 30MG.....	58
LANCET MICRO MIS THIN 33G.....	267
LANCET STAND MIS 21G.....	267
LANCET SUPER MIS THIN 30G.....	267
LANCET ULTRA MIS 28G.....	267
LANCET ULTRA MIS THIN 30G.....	267
LANCETS MICR MIS THIN 33G.....	267
LANCETS MIS.....	267
LANCETS MIS 21G.....	267
LANCETS MIS 21G COLR.....	267
LANCETS MIS 26G.....	267
LANCETS MIS 28G.....	267
LANCETS MIS 30G.....	267
LANCETS MIS 33G.....	267
LANCETS MIS ORIGINAL.....	267
LANCETS MIS THIN.....	267
LANCETS MIS THIN 26G.....	267
LANCETS MIS THIN 30G.....	267
LANCETS SUPR MIS THIN 28G.....	267
LANCETS THIN MIS.....	267
LANCETS THIN MIS 26G.....	267
LANCETS ULTR MIS THIN.....	267
LANREOTIDE INJ 120/.5ML .....	231
<i>lansoprazole cap delayed release 15 mg</i> .....	335
<i>lansoprazole cap delayed release 30 mg</i> .....	336
<i>lansoprazole tab delayed release orally disintegrating 15 mg</i> .....	336
<i>lansoprazole tab delayed release orally disintegrating 30 mg</i> .....	336
<i>lanthanum carbonate chew tab 1000 mg (elemental)</i> .....	241
<i>lanthanum carbonate chew tab 500 mg (elemental)</i> .....	241
<i>lanthanum carbonate chew tab 750 mg (elemental)</i> .....	241
LANTUS INJ 100/ML.....	100
LANTUS SOLOS INJ 100/ML.....	100
<i>lapatinib ditosylate tab 250 mg (base equiv)</i> .....	135
<i>larin 24 tab fe 1/20</i> .....	180
<i>larin fe tab 1.5/30</i> .....	180
<i>larin fe tab 1/20</i> .....	180
<i>larin tab 1.5/30</i> .....	180
<i>larin tab 1/20</i> .....	180
<i>larissia tab</i> .....	180
LASIX	
see <i>furosemide tab 20 mg</i> .....	225
see <i>furosemide tab 40 mg</i> .....	225
see <i>furosemide tab 80 mg</i> .....	225
LASIX TAB 20MG.....	225
LASIX TAB 40MG.....	225
LASIX TAB 80MG.....	225
<i>latanoprost ophth soln 0.005%</i> .....	317
LATUDA TAB 120MG.....	144
LATUDA TAB 20MG.....	144
LATUDA TAB 40MG.....	144
LATUDA TAB 60MG.....	144
LATUDA TAB 80MG.....	144
<i>layolis fe chw</i> .....	180
LB LANCET MIS 28G.....	267
LEDIP-SOFOSB TAB 90-400MG.....	159
<i>leena tab</i> .....	180
<i>leflunomide tab 10 mg</i> .....	42
<i>leflunomide tab 20 mg</i> .....	42
LEMTRADA INJ 12/1.2ML.....	324
LENVIMA CAP 10 MG.....	129
LENVIMA CAP 12MG.....	129

LENVIMA CAP 14 MG .....	129
LENVIMA CAP 18 MG .....	129
LENVIMA CAP 20 MG .....	129
LENVIMA CAP 24 MG .....	129
LENVIMA CAP 4MG.....	129
LENVIMA CAP 8 MG.....	129
LEQVIO SOL.....	114
LESCOL XL	
see <i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i> .....	112
LESCOL XL TAB 80MG .....	112
<i>lessina tab</i> .....	180
LETAIRIS	
<i>see ambrisentan tab 10 mg</i> .....	172
<i>see ambrisentan tab 5 mg</i> .....	172
LETAIRIS TAB 10MG.....	172
LETAIRIS TAB 5MG .....	172
<i>letrozole tab 2.5 mg</i> .....	131
<i>leucovorin calcium tab 10 mg</i> .....	139
<i>leucovorin calcium tab 15 mg</i> .....	139
<i>leucovorin calcium tab 25 mg</i> .....	139
<i>leucovorin calcium tab 5 mg</i> .....	139
LEUKERAN TAB 2MG.....	127
LEUKINE INJ 250MCG.....	250
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i> .....	69
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i> .....	69
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i> .....	69
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i> .....	69
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i> .....	69
LEVAQUIN	
<i>see levofloxacin tab 250 mg</i> .....	237
<i>see levofloxacin tab 750 mg</i> .....	237
LEVEMIR INJ .....	100
LEVEMIR INJ FLEXTOUC.....	100
<i>levetiracetam oral soln 100 mg/ml</i> ...	78
<i>levetiracetam tab 1000 mg</i> .....	78
<i>levetiracetam tab 250 mg</i> .....	78
<i>levetiracetam tab 500 mg</i> .....	78
<i>levetiracetam tab 750 mg</i> .....	78
<i>levetiracetam tab er 24hr 500 mg</i> ....	78
<i>levetiracetam tab er 24hr 750 mg</i> ....	78
<i>levobunolol hcl ophth soln 0.5%</i> ....	310
<i>levocarnitine oral soln 1 gm/10ml (10%)</i> .....	229
<i>levocarnitine tab 330 mg</i> .....	229
<i>levofloxacin ophth soln 0.5%</i> .....	312
<i>levofloxacin oral soln 25 mg/ml</i> .....	237
<i>levofloxacin tab 250 mg</i> .....	237
<i>levofloxacin tab 500 mg</i> .....	237
<i>levofloxacin tab 750 mg</i> .....	237
<i>levonest tab</i> .....	180
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i> .....	180
<i>levonorgestrel &amp; ethinyl estradiol (91-day) tab 0.15-0.03 mg</i> .....	181
<i>levonorgestrel &amp; ethinyl estradiol tab 0.1 mg-20 mcg</i> .....	181
<i>levonorgestrel &amp; ethinyl estradiol tab 0.15 mg-30 mcg</i> .....	181
<i>levonorgestrel tab 1.5 mg</i> .....	187
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i> ...	181
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i> .....	181
<i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	180
<i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	181
<i>levora-28 tab 0.15/30</i> .....	181
<i>levorphanol tartrate tab 2 mg</i> .....	47
<i>levorphanol tartrate tab 3 mg</i> .....	47
LEVOTHYROXINE SODIUM CAP 100 MCG .....	330
LEVOTHYROXINE SODIUM CAP 112 MCG .....	331
LEVOTHYROXINE SODIUM CAP 125 MCG .....	331
LEVOTHYROXINE SODIUM CAP 13 MCG .....	330
LEVOTHYROXINE SODIUM CAP 137 MCG .....	331
LEVOTHYROXINE SODIUM CAP 150 MCG .....	331
LEVOTHYROXINE SODIUM CAP 175 MCG .....	331
LEVOTHYROXINE SODIUM CAP 200 MCG .....	331

LEVOTHYROXINE SODIUM CAP 25 MCG .....	330
LEVOTHYROXINE SODIUM CAP 50 MCG .....	330
LEVOTHYROXINE SODIUM CAP 75 MCG .....	330
LEVOTHYROXINE SODIUM CAP 88 MCG .....	330
<i>levothyroxine sodium tab 100 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 100 MCG see <i>levothyroxine sodium tab 100 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 112 MCG see <i>levothyroxine sodium tab 112 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 125 MCG see <i>levothyroxine sodium tab 125 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 137 MCG MCG see <i>levothyroxine sodium tab 137 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 150 MCG see <i>levothyroxine sodium tab 150 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 175 MCG see <i>levothyroxine sodium tab 175 mcg</i> ..	331
LEVOTHYROXINE SODIUM TAB 200 MCG see <i>levothyroxine sodium tab 200 mcg</i> ..	331
LEVOHYROXINE SODIUM TAB 25 MCG see <i>levothyroxine sodium tab 25 mcg</i> ..	331
<i>levothyroxine sodium tab 300 mcg</i> ..	331
LEVOHYROXINE SODIUM TAB 300 MCG see <i>levothyroxine sodium tab 300 mcg</i> ..	331
<i>levothyroxine sodium tab 50 mcg</i> ..	331
LEVOHYROXINE SODIUM TAB 50 MCG see <i>levothyroxine sodium tab 50 mcg</i> ..	331
<i>levothyroxine sodium tab 75 mcg</i> ..	331
LEVOHYROXINE SODIUM TAB 75 MCG see <i>levothyroxine sodium tab 75 mcg</i> ..	331
<i>levothyroxine sodium tab 88 mcg</i> ..	331
LEVOHYROXINE SODIUM TAB 88 MCG see <i>levothyroxine sodium tab 88 mcg</i> ..	331
LEVSIN TAB 0.125MG.....	334
LEVSIN/SL SUB 0.125MG.....	334
LEVULAN KERA SOL 20%.....	204
LEXAPRO see <i>escitalopram oxalate tab 10 mg (base equiv)</i> ..	86
see <i>escitalopram oxalate tab 20 mg (base equiv)</i> ..	87
see <i>escitalopram oxalate tab 5 mg (base equiv)</i> ..	86
LEXAPRO TAB 10MG.....	87
LEXAPRO TAB 20MG.....	87
LEXAPRO TAB 5MG .....	87
LEXETTE AER 0.05% .....	210
LEXIVA see <i>fosamprenavir calcium tab 700 mg (base equiv)</i> ..	155
LEXIVA SUS 50MG/ML.....	155
LEXIVA TAB 700MG .....	155
LIALDA see <i>mesalamine tab delayed release 1.2 gm</i> ..	239
LIALDA TAB 1.2GM .....	239
LIBERTY NEXT MIS MONITOR .....	267
LIBERTY NEXT TES GEN.....	221
LIBERTY TES .....	221
LIBRAX see <i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i> ..	334
LIBRAX CAP 5-2.5MG .....	334

LICART DIS 1.3% .....	201
<i>lice treatmt liq 1%</i> .....	215
<i>lice trtmnt liq 1%</i> .....	215
<i>lidocaine cream 4%</i> .....	213
<i>lidocaine hcl cream 3%</i> .....	213
<i>lidocaine hcl laryngotracheal soln 4%</i> .....	298
<i>lidocaine hcl soln 4%</i> .....	213
<i>lidocaine hcl urethral/mucosal gel 2%</i> .....	213
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> .....	213
<i>lidocaine hcl viscous soln 2%</i> .....	298
<i>lidocaine oint 5%</i> .....	213
<i>lidocaine patch 4%</i> .....	213
<i>lidocaine patch 5%</i> .....	213
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i> .....	55
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i> .....	55
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i> .....	55
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i> .....	55
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i> .....	55
<i>lidocaine-prilocaine cream 2.5-2.5%</i> .....	213
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> .....	213
<i>lidocort cre 3-0.5%</i> .....	55
LIDODERM	
see <i>lidocaine patch 5%</i> .....	213
LIDODERM DIS 5% .....	213
LIDO GEL 2.8%.....	213
LIDO-HYDRO GEL 2.8-0.55 .....	55
LIDOREX GEL 2.8%.....	213
LILETTA IUD 52MG .....	188
<i>lillow tab 0.15/30</i> .....	181
<i>lindane shampoo 1%</i> .....	215
<i>linezolid for susp 100 mg/5ml</i> .....	59
<i>linezolid tab 600 mg</i> .....	59
LINZESS CAP 145MCG.....	240
LINZESS CAP 290MCG.....	240
LINZESS CAP 72MCG.....	240
<i>liothyronine sodium tab 25 mcg</i> .....	331
<i>liothyronine sodium tab 5 mcg</i> .....	331
<i>liothyronine sodium tab 50 mcg</i> .....	332
LIPITOR	
see <i>atorvastatin calcium tab 10 mg (base equivalent)</i> .....	112
see <i>atorvastatin calcium tab 20 mg (base equivalent)</i> .....	112
see <i>atorvastatin calcium tab 40 mg (base equivalent)</i> .....	112
see <i>atorvastatin calcium tab 80 mg (base equivalent)</i> .....	112
LIPITOR TAB 10MG .....	112
LIPITOR TAB 20MG .....	112
LIPITOR TAB 40MG .....	112
LIPITOR TAB 80MG .....	112
LIPOFEN CAP 150MG.....	111
LIPOFEN CAP 50MG .....	111
<i>lisinopril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	122
<i>lisinopril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	122
<i>lisinopril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	122
<i>lisinopril tab 10 mg</i> .....	115
<i>lisinopril tab 2.5 mg</i> .....	115
<i>lisinopril tab 20 mg</i> .....	115
<i>lisinopril tab 30 mg</i> .....	115
<i>lisinopril tab 40 mg</i> .....	115
<i>lisinopril tab 5 mg</i> .....	115
LITE TOUCH MIS LANCETS.....	267
LITETOUGH MIS 29GX12.7.....	281
LITETOUGH MIS 31GX8MM .....	281
LITETOUGH MIS LANCETS.....	267
<i>lithium carbonate cap 150 mg</i> .....	144
<i>lithium carbonate cap 300 mg</i> .....	144
<i>lithium carbonate cap 600 mg</i> .....	144
<i>lithium carbonate tab 300 mg</i> .....	144
<i>lithium carbonate tab er 300 mg</i> ....	144
<i>lithium carbonate tab er 450 mg</i> ....	144
LITHOBID	
see <i>lithium carbonate tab er 300 mg</i> .....	144
LITHOBID TAB 300MG CR .....	144
LITHOSTAT TAB 250MG.....	243
LIVALO TAB 1MG .....	113
LIVALO TAB 2MG .....	113
LIVALO TAB 4MG .....	113
LIVTENCITY TAB 200MG .....	157

LO LOESTRIN TAB 1-10-10 .....	181
LOCOID	
see <i>hydrocortisone butyrate lotion 0.1%</i> .....	209
LOCOID LIPO CRE 0.1% .....	210
LOCOID LIPOCREAM	
see <i>hydrocortisone butyrate hydrophilic lipo base cream 0.1%</i> .....	209
LOCOID LOT 0.1% .....	210
LODINE	
see <i>etodolac tab 400 mg</i> .....	39
LODOSYN	
see <i>carbidopa tab 25 mg</i> .....	139
LODOSYN TAB 25MG .....	139
LOESTRIN 21 TAB 1.5/30.....	181
LOESTRIN FE TAB 1.5/30.....	181
LOESTRIN FE TAB 1/20.....	181
LOESTRIN TAB 1/20-21 .....	181
<i>lofena tab 25mg</i> .....	40
<i>lojaimiess tab</i> .....	181
LOKELMA PAK 10GM .....	297
LOKELMA PAK 5GM .....	297
LOMOTIL	
see <i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i> .....	103
LONGS LANCET MIS STANDARD.....	267
LONGS LANCET MIS THIN .....	267
LONGS LANCET MIS ULTRA TH .....	268
LONHALA MAGN SOL 25MCG .....	65
LONSURF TAB 15-6.14 .....	132
LONSURF TAB 20-8.19 .....	132
<i>loperamide hcl cap 2 mg</i> .....	103
<i>loperamide hcl tab 2 mg</i> .....	103
<i>loperamide sus 1mg/7.5</i> .....	103
LOPID	
see <i>gemfibrozil tab 600 mg</i> .....	111
LOPID TAB 600MG .....	111
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i> .....	155
<i>lopinavir-ritonavir tab 100-25 mg</i> ...155	
<i>lopinavir-ritonavir tab 200-50 mg</i> ...156	
LOPRESSOR	
see <i>metoprolol tartrate tab 100 mg</i> .....	162
see <i>metoprolol tartrate tab 50 mg</i> 162	
LOPRESSOR TAB 100MG .....	162
LOPRESSOR TAB 50MG .....	162
LOPROX	
see <i>ciclopirox olamine cream 0.77% (base equiv)</i> .....	202
see <i>ciclopirox olamine susp 0.77% (base equiv)</i> .....	202
LOPROX CRE 0.77%.....	202
LOPROX KIT 0.77% .....	202
LOPROX SHA 1% .....	202
LOPROX SHAMPOO	
see <i>ciclopirox shampoo 1%</i> .....	202
LOPROX SUS 0.77% .....	202
<i>loratadine &amp; pseudoephedrine tab er 12hr 5-120 mg</i> .....	192
<i>loratadine &amp; pseudoephedrine tab er 24hr 10-240 mg</i> .....	192
<i>loratadine rapidly-disintegrating tab 10 mg</i> .....	108
<i>loratadine syrup 5 mg/5ml</i> .....	108
<i>loratadine tab 10 mg</i> .....	108
<i>lorazepam conc 2 mg/ml</i> .....	63
<i>lorazepam tab 0.5 mg</i> .....	63
<i>lorazepam tab 1 mg</i> .....	63
<i>lorazepam tab 2 mg</i> .....	63
LORBRENA TAB 100MG .....	135
LORBRENA TAB 25MG .....	135
LOREEV XR CAP 1MG .....	63
LOREEV XR CAP 2MG .....	63
LOREEV XR CAP 3MG .....	63
LORTAB ELX 10-300MG .....	52
<i>loryna tab 3-0.02mg</i> .....	181
<i>lorzone tab 375mg</i> .....	306
<i>lorzone tab 750mg</i> .....	306
<i>losartan potassium &amp; hydrochlorothiazide tab 100-12.5 mg</i> .....	122
<i>losartan potassium &amp; hydrochlorothiazide tab 100-25 mg</i> .....	122
<i>losartan potassium &amp; hydrochlorothiazide tab 50-12.5 mg</i> .....	122
<i>losartan potassium tab 100 mg</i> .....	118
<i>losartan potassium tab 25 mg</i> .....	118
<i>losartan potassium tab 50 mg</i> .....	118
LOSEASONIQUE	
see <i>camrese lo tab</i> .....	177

see <i>levonorg-eth est tab 0.1-0.02mg(84) &amp; eth est tab 0.01mg(7)</i> .....	180
<i>see lojaimiess tab</i> .....	181
<b>LOSEASONIQUE TAB</b> .....	181
<b>LOTEMAX</b>	
<i>see loteprednol etabonate ophth gel 0.5%</i> .....	314
<i>see loteprednol etabonate ophth susp 0.5%</i> .....	314
<b>LOTEMAX GEL 0.5%</b> .....	314
<b>LOTEMAX OIN 0.5%</b> .....	314
<b>LOTEMAX SM GEL 0.38%</b> .....	314
<b>LOTEMAX SUS 0.5%</b> .....	314
<b>LOTENSIN</b>	
<i>see benazepril hcl tab 10 mg</i> .....	115
<i>see benazepril hcl tab 20 mg</i> .....	115
<i>see benazepril hcl tab 40 mg</i> .....	115
<b>LOTENSIN HCT</b>	
<i>see benazepril &amp; hydrochlorothiazide tab 10-12.5 mg</i> .....	121
<i>see benazepril &amp; hydrochlorothiazide tab 20-12.5 mg</i> .....	121
<i>see benazepril &amp; hydrochlorothiazide tab 20-25 mg</i> .....	121
<b>LOTENSIN HCT TAB 10-12.5</b> .....	122
<b>LOTENSIN HCT TAB 20-12.5</b> .....	122
<b>LOTENSIN HCT TAB 20-25MG</b> .....	122
<b>LOTENSIN TAB 10MG</b> .....	115
<b>LOTENSIN TAB 20MG</b> .....	115
<b>LOTENSIN TAB 40MG</b> .....	115
<i>loteprednol etabonate ophth gel 0.5%</i> .....	314
<i>loteprednol etabonate ophth susp 0.5%</i> .....	314
<b>LOTREL</b>	
<i>see amlodipine besylate-benazepril hcl cap 10-20 mg</i> .....	120
<i>see amlodipine besylate-benazepril hcl cap 10-40 mg</i> .....	120
<i>see amlodipine besylate-benazepril hcl cap 5-10 mg</i> .....	119
<i>see amlodipine besylate-benazepril hcl cap 5-20 mg</i> .....	120
<b>LOTREL CAP 10-20MG</b> .....	123
<b>LOTREL CAP 10-40MG</b> .....	123
<b>LOTREL CAP 5-10MG</b> .....	122
<b>LOTREL CAP 5-20MG</b> .....	122
<b>LOTRONEX</b>	
<i>see alosetron hcl tab 0.5 mg (base equiv)</i> .....	240
<i>see alosetron hcl tab 1 mg (base equiv)</i> .....	240
<b>LOTRONEX TAB 0.5MG</b> .....	240
<b>LOTRONEX TAB 1MG</b> .....	240
<i>lovastatin tab 10 mg</i> .....	113
<i>lovastatin tab 20 mg</i> .....	113
<i>lovastatin tab 40 mg</i> .....	113
<b>LOVAZA</b>	
<i>see omega-3-acid ethyl esters cap 1 gm</i> .....	109
<b>LOVAZA CAP 1GM</b> .....	109
<b>LOVENOX</b>	
<i>see enoxaparin sodium inj 100 mg/ml</i> .....	71
<i>see enoxaparin sodium inj 120 mg/ml</i> .....	71
<i>see enoxaparin sodium inj 150 mg/ml</i> .....	71
<i>see enoxaparin sodium inj 30 mg/0.3ml</i> .....	71
<i>see enoxaparin sodium inj 300 mg/3ml</i> .....	71
<i>see enoxaparin sodium inj 40 mg/0.4ml</i> .....	71
<i>see enoxaparin sodium subcutaneous soln 60 mg/0.6ml</i> .....	71
<i>see enoxaparin sodium subcutaneous soln 80 mg/0.8ml</i> .....	71
<b>LOVENOX INJ 100MG/ML</b> .....	72
<b>LOVENOX INJ 120/0.8</b> .....	72
<b>LOVENOX INJ 150MG/ML</b> .....	72
<b>LOVENOX INJ 30/0.3ML</b> .....	72
<b>LOVENOX INJ 300/3ML</b> .....	72
<b>LOVENOX INJ 40/0.4ML</b> .....	72
<b>LOVENOX INJ 60/0.6ML</b> .....	72
<b>LOVENOX INJ 80/0.8ML</b> .....	72
<i>low-ogestrel tab</i> .....	182
<i>loxapine succinate cap 10 mg</i> .....	148
<i>loxapine succinate cap 25 mg</i> .....	148
<i>loxapine succinate cap 5 mg</i> .....	148
<i>loxapine succinate cap 50 mg</i> .....	148
<i>lo-zumandimi tab 3-0.02mg</i> .....	181
<i>lubiprostone cap 24 mcg</i> .....	238

<i>lubiprostone cap 8 mcg</i> .....	238
LUCEMYRA TAB 0.18MG .....	320
LUER-LOK SYR MIS 1ML/20G.....	281
<i>luliconazole cream 1%</i> .....	203
LUMAKRAS TAB 120MG .....	135
LUMIGAN SOL 0.01% .....	317
LUNESTA see <i>eszopiclone tab 1 mg</i> .....	253
see <i>eszopiclone tab 2 mg</i> .....	253
see <i>eszopiclone tab 3 mg</i> .....	253
LUNESTA TAB 1MG .....	254
LUNESTA TAB 2MG .....	254
LUNESTA TAB 3MG .....	254
LUPKYNIS CAP 7.9MG.....	296
<i>lulera tab</i> .....	182
LUXIQ see <i>betamethasone valerate aerosol foam 0.12%</i> .....	207
LUXIQ AER 0.12% .....	210
LUZU CRE 1% .....	203
LYBALVI TAB 10-10MG .....	322
LYBALVI TAB 15-10MG .....	322
LYBALVI TAB 20-10MG .....	322
LYBALVI TAB 5-10MG .....	322
LYDEXA CRE 4.12% .....	214
<i>lyeq tab 0.35mg</i> .....	188
<i>lyllana dis 0.025mg</i> .....	236
<i>lyllana dis 0.0375mg</i> .....	236
<i>lyllana dis 0.05mg</i> .....	236
<i>lyllana dis 0.075mg</i> .....	236
<i>lyllana dis 0.1mg</i> .....	235
LYNPARZA TAB 100MG .....	136
LYNPARZA TAB 150MG .....	136
LYRICA see <i>pregabalin cap 100 mg</i> .....	79
see <i>pregabalin cap 150 mg</i> .....	79
see <i>pregabalin cap 200 mg</i> .....	79
see <i>pregabalin cap 225 mg</i> .....	79
see <i>pregabalin cap 25 mg</i> .....	79
see <i>pregabalin cap 300 mg</i> .....	79
see <i>pregabalin cap 50 mg</i> .....	79
see <i>pregabalin cap 75 mg</i> .....	79
see <i>pregabalin soln 20 mg/ml</i> .....	80
LYRICA CAP 100MG.....	78
LYRICA CAP 150MG.....	78
LYRICA CAP 200MG.....	79
LYRICA CAP 225MG.....	79
LYRICA CAP 25MG .....	78
LYRICA CAP 300MG .....	79
LYRICA CAP 50MG .....	78
LYRICA CAP 75MG .....	78
LYRICA CR see <i>pregabalin tab er 24hr 165 mg</i> .....	326
see <i>pregabalin tab er 24hr 330 mg</i> .....	326
see <i>pregabalin tab er 24hr 82.5 mg</i> .....	326
LYRICA CR TAB 165MG.....	325
LYRICA CR TAB 330MG.....	326
LYRICA CR TAB 82.5MG.....	325
LYRICA SOL 20MG/ML.....	79
LYSODREN TAB 500MG .....	131
LYUMJEV INJ 100UT/ML.....	100
LYUMJEV KWPN INJ 100UT/ML .....	100
LYUMJEV KWPN INJ 200UT/ML .....	100
<i>lyza tab 0.35mg</i> .....	188
<b>M</b>	
MACROBID see <i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	60
MACROBID CAP 100MG .....	59
MACRODANTIN see <i>nitrofurantoin macrocrystalline cap 100 mg</i> .....	60
see <i>nitrofurantoin macrocrystalline cap 25 mg</i> .....	60
see <i>nitrofurantoin macrocrystalline cap 50 mg</i> .....	60
MACRODANTIN CAP 100MG .....	60
MACRODANTIN CAP 25MG .....	60
MACRODANTIN CAP 50MG .....	60
<i>mafénide acetate packet for topical soln 5% (50 gm)</i> .....	206
<i>magnesium citrate soln</i> .....	256
<i>magnesium hydroxide susp 400 mg/5ml</i> .....	256
<i>magnesium oxide tab 400 mg</i> .....	56
<i>magnesium oxide tab 400 mg (240 mg elemental mg)</i> .....	293
<i>magnesium oxide tab 400 mg (241.3 mg elemental mg)</i> .....	293
<i>magnesium oxide tab 500 mg (mg supplement)</i> .....	293

<i>magnesium tab 250 mg</i> .....	293
MAKENA	
<i>see hydroxyprogesterone caproate</i>	
<i>im in oil 250 mg/ml</i> .....	319
MAKENA INJ 275MG .....	319
MALARONE	
<i>see atovaquone-proguanil hcl tab</i>	
<i>250-100 mg</i> .....	125
<i>see atovaquone-proguanil hcl tab</i>	
<i>62.5-25 mg</i> .....	125
MALARONE TAB 250-100 .....	126
MALARONE TAB 62.5-25 .....	126
<i>malathion lotion 0.5%</i> .....	215
MARINOL	
<i>see dronabinol cap 2.5 mg</i> .....	105
MARINOL CAP 10MG.....	105
MARINOL CAP 2.5MG.....	105
MARINOL CAP 5MG .....	105
<i>marlissa tab 0.15/30</i> .....	182
MARPLAN TAB 10MG .....	86
MATULANE CAP 50MG .....	139
<i>matzim la tab 180mg/24</i> .....	167
<i>matzim la tab 240mg/24</i> .....	167
<i>matzim la tab 300mg/24</i> .....	167
<i>matzim la tab 360mg/24</i> .....	167
<i>matzim la tab 420mg/24</i> .....	167
MAVENCLAD PAK 10MG(10) .....	324
MAVENCLAD PAK 10MG(4).....	324
MAVENCLAD PAK 10MG(5).....	324
MAVENCLAD PAK 10MG(6).....	324
MAVENCLAD PAK 10MG(7).....	324
MAVENCLAD PAK 10MG(8).....	324
MAVENCLAD PAK 10MG(9).....	324
MAVIK	
<i>see trandolapril tab 4 mg</i> .....	116
MAVYRET PAK 50-20MG.....	159
MAVYRET TAB 100-40MG .....	159
MAXALT	
<i>see rizatriptan benzoate tab 10 mg</i>	
<i>(base equivalent)</i> .....	291
MAXALT TAB 10MG .....	290
MAXALT-MLT	
<i>see rizatriptan benzoate oral</i>	
<i>disintegrating tab 10 mg (base eq)</i>	
.....	291
MAXALT-MLT TAB 10MG.....	291
MAXICOMFORT MIS 27GX1/2 .....	281
MAXICOMFORT MIS 31GX1/4 .....	281
MAXIDEX SUS 0.1% OP.....	314
MAXITROL	
<i>see neomycin-polymyxin-</i>	
<i>dexamethasone ophth oint 0.1%</i>	
.....	315
<i>see neomycin-polymyxin-</i>	
<i>dexamethasone ophth susp 0.1%</i>	
.....	315
MAXITROL OIN 0.1% OP.....	314
MAXITROL SUS 0.1% OP .....	314
MAXZIDE	
<i>see triamterene &amp;</i>	
<i>hydrochlorothiazide tab 75-50 mg</i>	
.....	224
MAXZIDE TAB 75-50 .....	224
MAXZIDE-25	
<i>see triamterene &amp;</i>	
<i>hydrochlorothiazide tab 37.5-25</i>	
<i>mg</i> .....	224
MAXZIDE-25 TAB .....	224
MAYZENT PAK STARTER .....	324
MAYZENT TAB 0.25MG .....	324
MAYZENT TAB 2MG.....	325
<i>me/naphos(mb tab hyo 1</i> .....	57
<i>meclizine hcl chew tab 25 mg</i> .....	105
<i>meclizine hcl tab 12.5 mg</i> .....	105
<i>meclizine hcl tab 25 mg</i> .....	105
<i>meclofenamate sodium cap 100 mg</i> .40	
<i>meclofenamate sodium cap 50 mg</i> ...40	
MEDICOICE MIS LANCET .....	268
MEDLANCE MIS 30G PLUS .....	268
MEDLANCE MIS EXTR 21G .....	268
MEDLANCE MIS LITE 25G .....	268
MEDLANCE MIS PLUS .....	268
MEDLANCE MIS PLUS 30G .....	268
MEDLANCE MIS UNV 21G.....	268
MEDLANCE PLS MIS 0.8MM .....	268
MEDLANCE PLS MIS EXTR 21G .....	268
MEDLANCE PLS MIS LITE 25G .....	268
MEDLANCE PLS MIS UNIV 21G .....	268
MEDROL	
<i>see methylprednisolone tab 16 mg</i>	
.....	190
<i>see methylprednisolone tab 32 mg</i>	
.....	190
<i>see methylprednisolone tab 4 mg</i> 190	

see <i>methylprednisolone tab 8 mg</i>	190
MEDROL DOSEPAK	
see <i>methylprednisolone tab therapy pack 4 mg (21)</i>	190
MEDROL TAB 16MG	190
MEDROL TAB 2MG	190
MEDROL TAB 32MG	190
MEDROL TAB 4MG	190
MEDROL TAB 8MG	190
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	188
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	188
<i>medroxyprogesterone acetate tab 10 mg</i>	319
<i>medroxyprogesterone acetate tab 2.5 mg</i>	319
<i>medroxyprogesterone acetate tab 5 mg</i>	319
<i>mefenamic acid cap 250 mg</i>	41
<i>mefloquine hcl tab 250 mg</i>	126
<i>megestrol acetate susp 40 mg/ml</i>	131
<i>megestrol acetate susp 625 mg/5ml</i>	319
<i>megestrol acetate tab 20 mg</i>	131
<i>megestrol acetate tab 40 mg</i>	131
MEIJER BGM KIT ESSENTIA	268
MEIJER BGM KIT PREMIUM	268
MEIJER BLOOD TES GLUCOSE	221
MEIJER GLUCO KIT MONITOR	268
MEIJER LANCE MIS COLOR	268
MEIJER LANCE MIS UNIV 21G	268
MEIJER LANCE MIS UNIV 30G	268
MEIJER LANCE MIS UNIVERSA	268
MEIJER MIS LANCETS	268
MEIJER TES TRUETEST	221
MEIJER TES TRUETRAC	221
MEKINIST TAB 0.5MG	136
MEKINIST TAB 2MG	136
MEKTOVI TAB 15MG	136
<i>melatonin tab 3 mg</i>	35
<i>melatonin tab 5 mg</i>	35
<i>meloxicam cap 10 mg</i>	41
<i>meloxicam cap 5 mg</i>	41
<i>meloxicam tab 15 mg</i>	41
<i>meloxicam tab 7.5 mg</i>	41
<i>melphalan tab 2 mg</i>	127
<i>memantine hcl cap er 24hr 14 mg</i>	321
<i>memantine hcl cap er 24hr 21 mg</i>	321
<i>memantine hcl cap er 24hr 28 mg</i>	321
<i>memantine hcl cap er 24hr 7 mg</i>	321
<i>memantine hcl oral solution 2 mg/ml</i>	321
<i>memantine hcl tab 10 mg</i>	321
<i>memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i>	321
<i>memantine hcl tab 5 mg</i>	321
MENEST TAB 0.3MG	236
MENEST TAB 0.625MG	236
MENEST TAB 1.25MG	236
MENOSTAR DIS 14MCG	236
MENTAX CRE 1%	203
<i>meperidine hcl oral soln 50 mg/5ml</i>	47
<i>meperidine hcl tab 50 mg</i>	47
<i>meprobamate tab 200 mg</i>	62
<i>meprobamate tab 400 mg</i>	62
MEPRON	
see <i>atovaquone susp 750 mg/5ml</i>	58
MEPRON SUS	58
<i>mercaptopurine tab 50 mg</i>	128
<i>meropenem iv for soln 1 gm</i>	58
<i>meropenem iv for soln 500 mg</i>	58
<i>merzee cap 1/20</i>	182
<i>mesalamine cap dr 400 mg</i>	239
<i>mesalamine cap er 24hr 0.375 gm</i>	239
<i>mesalamine enema 4 gm</i>	239
<i>mesalamine rectal enema 4 gm &amp; cleanser wipe kit</i>	239
<i>mesalamine suppos 1000 mg</i>	239
<i>mesalamine tab delayed release 1.2 gm</i>	239
<i>mesalamine tab delayed release 800 mg</i>	239
MESNEX TAB 400MG	139
MESTINON	
see <i>pyridostigmine bromide oral soln 60 mg/5ml</i>	126
see <i>pyridostigmine bromide tab 60 mg</i>	126
MESTINON SOL 60MG/5ML	126
MESTINON TAB 60MG	126
MESTINON TAB TIMESPAN	126
MESTINON TIMESPAN	

see <i>pyridostigmine bromide tab er</i>	
180 mg .....	126
<i>metaxalone tab 400 mg</i> .....	307
<i>metaxalone tab 800 mg</i> .....	307
<i>metformin hcl oral soln 500 mg/5ml</i> .....	96
<i>metformin hcl tab 1000 mg</i> .....	96
<i>metformin hcl tab 500 mg</i> .....	96
<i>metformin hcl tab 850 mg</i> .....	96
<i>metformin hcl tab er 24hr 500 mg</i> ....	96
<i>metformin hcl tab er 24hr 750 mg</i> ....	96
<i>metformin hcl tab er 24hr modified release 1000 mg</i> .....	96
<i>metformin hcl tab er 24hr modified release 500 mg</i> .....	96
<i>metformin hcl tab er 24hr osmotic 1000 mg</i> .....	96
<i>metformin hcl tab er 24hr osmotic 500 mg</i> .....	96
<i>methadone hcl conc 10 mg/ml</i> .....	47
<i>methadone hcl soln 10 mg/5ml</i> .....	47
<i>methadone hcl soln 5 mg/5ml</i> .....	47
<i>methadone hcl tab 10 mg</i> .....	47
<i>methadone hcl tab 5 mg</i> .....	47
<i>methadone hcl tab for oral susp 40 mg</i> .....	47
<b>METHADOSE</b>	
see <i>methadone hcl conc 10 mg/ml</i> 47	
<b>METHADOSE CON 10MG/ML</b> .....	47
<b>METHADOSE SF CON 10MG/ML</b> .....	47
<i>methadose tab 40mg</i> .....	47
<i>methamphetamine hcl tab 5 mg</i> .....	25
<i>methazolamide tab 25 mg</i> .....	224
<i>methazolamide tab 50 mg</i> .....	224
<i>methenamine hippurate tab 1 gm</i> ....	60
<i>methenamine mandelate tab 0.5 gm</i> 60	
<i>methenamine mandelate tab 1 gm</i> ...	60
<i>methergine tab 0.2mg</i> .....	318
<i>methimazole tab 10 mg</i> .....	330
<i>methimazole tab 5 mg</i> .....	330
<i>methocarbamol tab 500 mg</i> .....	307
<i>methocarbamol tab 750 mg</i> .....	307
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i> .....	128
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i> .....	128
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i> .....	128

<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i> .....	128
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i> .....	128
<i>methotrexate sodium tab 2.5 mg (base equiv)</i> .....	128
<i>methoxsalen rapid cap 10 mg</i> .....	205
<i>methscopolamine bromide tab 2.5 mg</i> .....	334
<i>methscopolamine bromide tab 5 mg</i> .....	334
<i>methylcellulose tab 500 mg</i> .....	255
<i>methyldopa tab 250mg</i> .....	119
<i>methyldopa tab 500mg</i> .....	119
<i>methylergonovine maleate tab 0.2 mg</i> .....	318
<b>METHYLIN</b>	
see <i>methylphenidate hcl soln 10 mg/5ml</i> .....	33
see <i>methylphenidate hcl soln 5 mg/5ml</i> .....	33
<b>METHYLIN SOL 10MG/5ML</b> .....	32
<b>METHYLIN SOL 5MG/5ML</b> .....	32
<b>METHYLPHENID TAB 72MG ER</b> .....	32
<i>methylphenidate hcl cap er 10 mg (cd)</i> .....	32
<i>methylphenidate hcl cap er 20 mg (cd)</i> .....	32
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i> .....	32
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i> .....	32
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i> .....	32
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i> .....	32
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i> .....	32
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i> .....	32
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i> .....	33
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i> .....	33
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i> .....	33

methylphenidate hcl cap er 24hr 50 mg  
     (xr) ..... 33  
 methylphenidate hcl cap er 24hr 60 mg  
     (la) ..... 33  
 methylphenidate hcl cap er 24hr 60 mg  
     (xr) ..... 33  
 methylphenidate hcl cap er 30 mg (cd)  
     ..... 33  
 methylphenidate hcl cap er 40 mg (cd)  
     ..... 33  
 methylphenidate hcl cap er 50 mg (cd)  
     ..... 33  
 methylphenidate hcl cap er 60 mg (cd)  
     ..... 33  
 methylphenidate hcl chew tab 10 mg 33  
 methylphenidate hcl chew tab 2.5 mg  
     ..... 33  
 methylphenidate hcl chew tab 5 mg .33  
 methylphenidate hcl soln 10 mg/5ml 33  
 methylphenidate hcl soln 5 mg/5ml..33  
 methylphenidate hcl tab 10 mg.....34  
 methylphenidate hcl tab 20 mg.....34  
 methylphenidate hcl tab 5 mg .....33  
 methylphenidate hcl tab er 10 mg ....34  
 methylphenidate hcl tab er 20 mg....34  
 methylphenidate hcl tab er 24hr 18 mg  
     .....34  
 methylphenidate hcl tab er 24hr 27 mg  
     .....34  
 methylphenidate hcl tab er 24hr 36 mg  
     .....34  
 methylphenidate hcl tab er 24hr 54 mg  
     .....34  
 methylphenidate hcl tab er osmotic  
     release (osm) 18 mg .....34  
 methylphenidate hcl tab er osmotic  
     release (osm) 27 mg .....34  
 methylphenidate hcl tab er osmotic  
     release (osm) 36 mg .....34  
 methylphenidate hcl tab er osmotic  
     release (osm) 54 mg .....34  
 methylprednisolone tab 16 mg.....190  
 methylprednisolone tab 32 mg.....190  
 methylprednisolone tab 4 mg .....190  
 methylprednisolone tab 8 mg .....190  
 methylprednisolone tab therapy pack 4  
     mg (21).....190

METOCLOPRAMI TAB 10MG ODT .... 238  
 metoclopramide hcl orally  
     disintegrating tab 5 mg (base eq) 238  
 metoclopramide hcl soln 5 mg/5ml (10  
     mg/10ml) (base equiv) ..... 238  
 metoclopramide hcl tab 10 mg (base  
     equivalent) ..... 238  
 metoclopramide hcl tab 5 mg (base  
     equivalent) ..... 238  
 metolazone tab 10 mg ..... 225  
 metolazone tab 2.5 mg ..... 225  
 metolazone tab 5 mg ..... 225  
 metoprolol & hydrochlorothiazide tab  
     100-25 mg.....123  
 metoprolol & hydrochlorothiazide tab  
     100-50 mg.....123  
 metoprolol & hydrochlorothiazide tab  
     50-25 mg ..... 123  
 metoprolol succinate tab er 24hr 100  
     mg (tartrate equiv) ..... 162  
 metoprolol succinate tab er 24hr 200  
     mg (tartrate equiv) ..... 162  
 metoprolol succinate tab er 24hr 25 mg  
     (tartrate equiv) ..... 162  
 metoprolol succinate tab er 24hr 50 mg  
     (tartrate equiv) ..... 162  
 metoprolol tartrate tab 100 mg ..... 162  
 metoprolol tartrate tab 25 mg ..... 162  
 metoprolol tartrate tab 37.5 mg .... 162  
 metoprolol tartrate tab 50 mg ..... 162  
 metoprolol tartrate tab 75 mg ..... 162  
 METROCREAM  
     see metronidazole cream 0.75% . 215  
     see rosadan cre 0.75% ..... 215  
 METROCREAM CRE 0.75% ..... 215  
 METROGEL  
     see metronidazole gel 1% ..... 215  
 METROGEL GEL 1% ..... 215  
 METROLOTION  
     see metronidazole lotion 0.75% .. 215  
 metronidazole cap 375 mg ..... 57  
 metronidazole cream 0.75% ..... 215  
 metronidazole gel 0.75% ..... 215  
 metronidazole gel 1% ..... 215  
 metronidazole lotion 0.75% ..... 215  
 metronidazole tab 250 mg ..... 57  
 metronidazole tab 500 mg ..... 57

<i>metronidazole vaginal gel 0.75%</i> ...	341
<i>metyrosine cap 250 mg</i> .....	116
<i>mexiletine hcl cap 150 mg</i> .....	64
<i>mexiletine hcl cap 200 mg</i> .....	64
<i>mexiletine hcl cap 250 mg</i> .....	64
<b>MIACALCIN</b>	
<i>see calcitonin (salmon) nasal soln         200 unit/act</i> .....	226
<b>MICARDIS</b>	
<i>see telmisartan tab 20 mg</i> .....	118
<i>see telmisartan tab 40 mg</i> .....	118
<i>see telmisartan tab 80 mg</i> .....	118
<b>MICARDIS HCT</b>	
<i>see telmisartan-hydrochlorothiazide         tab 40-12.5 mg</i> .....	124
<i>see telmisartan-hydrochlorothiazide         tab 80-12.5 mg</i> .....	124
<i>see telmisartan-hydrochlorothiazide         tab 80-25 mg</i> .....	124
<b>MICARDIS HCT TAB 40/12.5</b> .....	123
<b>MICARDIS HCT TAB 80/12.5</b> .....	123
<b>MICARDIS HCT TAB 80-25MG</b> .....	123
<b>MICARDIS TAB 20MG</b> .....	118
<b>MICARDIS TAB 40MG</b> .....	118
<b>MICARDIS TAB 80MG</b> .....	118
<i>miconazole 3 sup 200mg</i> .....	341
<i>miconazole nitrate aerosol pow 2%</i> 203	
<i>miconazole nitrate cream 2%</i> .....	203
<i>miconazole nitrate powder 2%</i> .....	203
<i>miconazole nitrate vaginal app 200 mg     &amp; 2% cream 9 gm kit</i> .....	341
<i>miconazole nitrate vaginal cream 2%</i> .....	341
<i>miconazole nitrate vaginal cream 4%     (200 mg/5gm)</i> .....	341
<i>miconazole nitrate vaginal supp 200     mg &amp; 2% cream 9 gm kit</i> .....	341
<i>miconazole nitrate vaginal suppos 100     mg</i> .....	341
<i>miconazole-zinc oxide-white     petrolatum oint 0.25-15-81.35%</i> . 203	
<i>micrgstin 24 tab fe 1/20</i> .....	182
<b>MICRO THIN MIS LANC 33G</b> .....	268
<b>MICRODOT KIT SYSTEM</b> .....	268
<b>MICRODOT TES</b> .....	221
<b>MICRODOT TES XTRA</b> .....	221
<i>microgestin tab 1.5/30</i> .....	182
<i>microgestin tab 1/20</i> .....	182
<i>microgestin tab fe 1/20</i> .....	182
<i>microgestin tab fe1.5/30</i> .....	182
<b>MICROLET MIS LANCETS</b> .....	268
<i>midazolam hcl syrup 2 mg/ml (base     equivalent)</i> .....	254
<i>midodrine hcl tab 10 mg</i> .....	343
<i>midodrine hcl tab 2.5 mg</i> .....	343
<i>midodrine hcl tab 5 mg</i> .....	343
<b>MIFEPREX</b>	
<i>see mifepristone tab 200 mg</i> .....	231
<b>MIFEPREX TAB 200MG</b> .....	231
<i>mifepristone tab 200 mg</i> .....	231
<i>migergot sup 2/100</i> .....	289
<i> miglitol tab 100 mg</i> .....	93
<i> miglitol tab 25 mg</i> .....	93
<i> miglitol tab 50 mg</i> .....	93
<b>MIGRALAN</b>	
<i>see dihydroergotamine mesylate         nasal spray 4 mg/ml</i> .....	290
<b>MIGRALAN SPR 4MG/ML</b> .....	290
<i> mili tab 0.25/35</i> .....	182
<i> milk of magn sus 2400/10</i> .....	256
<i> milk of magn sus 2400mg</i> .....	256
<b>MILLIPRED TAB 5MG</b> .....	190
<i> mimvey tab 1-0.5mg</i> .....	233
<b>MINASTRIN 24 CHW FE</b> .....	182
<b>MINASTRIN 24 FE</b>	
<i>see charlotte 24 chw fe 1/20</i> .....	177
<i>see norethindrone ace-eth estradiol-         fe chew tab 1 mg-20 mcg (24)</i> . 183	
<i>mineral oil</i> .....	256
<i>mineral oil enema</i> .....	256
<i>minerin cre</i> .....	214
<b>MINILINK RT MIS TRANSMIT</b> .....	268
<b>MINIMED 630G MIS TRANSMIT</b> .....	268
<b>MINIPRESS</b>	
<i>see prazosin hcl cap 1 mg</i> .....	119
<i>see prazosin hcl cap 2 mg</i> .....	119
<i>see prazosin hcl cap 5 mg</i> .....	119
<b>MINIPRESS CAP 1MG</b> .....	119
<b>MINIPRESS CAP 2MG</b> .....	119
<b>MINIPRESS CAP 5MG</b> .....	119
<b>MINIVELLE</b>	
<i>see estradiol td patch twice weekly         0.025 mg/24hr</i> .....	235

see <i>estradiol td patch twice weekly</i>	
<i>0.0375 mg/24hr</i> .....	235
see <i>estradiol td patch twice weekly</i>	
<i>0.05 mg/24hr</i> .....	235
see <i>estradiol td patch twice weekly</i>	
<i>0.075 mg/24hr</i> .....	235
see <i>estradiol td patch twice weekly</i>	
<i>0.1 mg/24hr</i> .....	235
see <i>lyllana dis 0.025mg</i> .....	236
see <i>lyllana dis 0.0375mg</i> .....	236
see <i>lyllana dis 0.05mg</i> .....	236
see <i>lyllana dis 0.075mg</i> .....	236
see <i>lyllana dis 0.1mg</i> .....	235
MINIVELLE DIS 0.025MG .....	236
MINIVELLE DIS 0.0375MG.....	236
MINIVELLE DIS 0.05MG .....	236
MINIVELLE DIS 0.075MG .....	236
MINIVELLE DIS 0.1MG.....	236
MINOCIN	
see <i>minocycline hcl cap 100 mg</i> ..	329
<i>minocycline hcl cap 100 mg</i> .....	329
<i>minocycline hcl cap 50 mg</i> .....	329
<i>minocycline hcl cap 75 mg</i> .....	329
<i>minocycline hcl cap er 24hr 135 mg (base equivalent)</i> .....	329
<i>minocycline hcl cap er 24hr 45 mg (base equivalent)</i> .....	329
<i>minocycline hcl cap er 24hr 90 mg (base equivalent)</i> .....	329
<i>minocycline hcl tab 100 mg</i> .....	329
<i>minocycline hcl tab 50 mg</i> .....	329
<i>minocycline hcl tab 75 mg</i> .....	329
<i>minocycline hcl tab er 24hr 105 mg</i> ..	329
<i>minocycline hcl tab er 24hr 115 mg</i> ..	329
<i>minocycline hcl tab er 24hr 135 mg</i> ..	329
<i>minocycline hcl tab er 24hr 45 mg</i> ..	329
<i>minocycline hcl tab er 24hr 55 mg</i> ..	329
<i>minocycline hcl tab er 24hr 65 mg</i> ..	329
<i>minocycline hcl tab er 24hr 80 mg</i> ..	329
<i>minocycline hcl tab er 24hr 90 mg</i> ..	329
MINOLIRA TAB 105MG.....	329
MINOLIRA TAB 135MG.....	329
minoxidil tab 10 mg .....	125
minoxidil tab 2.5 mg .....	125
MIRAPEX ER	
see <i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 0.75 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 1.5 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 2.25 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 3 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 3.75 mg</i> .....	142
see <i>pramipexole dihydrochloride tab</i>	
<i>er 24hr 4.5 mg</i> .....	142
MIRAPEX ER TAB 0.375MG.....	141
MIRAPEX ER TAB 0.75MG .....	141
MIRAPEX ER TAB 1.5MG .....	141
MIRAPEX ER TAB 2.25MG .....	141
MIRAPEX ER TAB 3.75MG .....	141
MIRAPEX ER TAB 3MG .....	141
MIRAPEX ER TAB 4.5MG .....	141
MIRCERA INJ 100MCG.....	250
MIRCERA INJ 150MCG.....	250
MIRCERA INJ 200MCG.....	250
MIRCERA INJ 30MCG.....	250
MIRCERA INJ 50MCG.....	250
MIRCERA INJ 75MCG.....	250
MIRCETTE	
see <i>azurette tab</i> .....	176
see <i>azurette tab 28 day</i> .....	176
see <i>desogest-eth estrad &amp; eth estrad tab 0.15-0.02/0.01 mg(21/5)</i> ..	177
see <i>kariva tab 28 day</i> .....	180
see <i>pimtrea tab</i> .....	184
see <i>simliya tab 28 day</i> .....	184
see <i>viorele tab</i> .....	186
see <i>volnea tab</i> .....	186
MIRCETTE TAB 28 DAY.....	182
MIRENA IUD SYSTEM .....	188
mirtazapine orally disintegrating tab 15 mg .....	84
mirtazapine orally disintegrating tab 30 mg .....	85
mirtazapine orally disintegrating tab 45 mg .....	85
mirtazapine tab 15 mg .....	85
mirtazapine tab 30 mg .....	85
mirtazapine tab 45 mg .....	85
mirtazapine tab 7.5 mg .....	85

MIRVASO GEL 0.33% .....	215
<i>misoprostol tab 100 mcg</i> .....	337
<i>misoprostol tab 200 mcg</i> .....	337
MITIGARE CAP 0.6MG.....	244
MM PENTIPS MIS 29GX12MM.....	281
MM PENTIPS MIS 31GX5MM .....	281
MM PENTIPS MIS 31GX8MM .....	281
MM PENTIPS MIS 32GX4MM .....	281
MM TWIST MIS LANCETS .....	268
M-NATAL PLUS TAB.....	302
MOBIC	
<i>see me洛xicam tab 15 mg</i> .....	41
<i>see me洛xicam tab 7.5 mg</i> .....	41
MOBIC TAB 15MG .....	41
MOBIC TAB 7.5MG .....	41
MOBILE LANCE MIS 30G .....	268
<i>modafinil tab 100 mg</i> .....	34
<i>modafinil tab 200 mg</i> .....	34
MODERNA VAC INJ COVID-19 .....	340
<i>moexipril hcl tab 15 mg</i> .....	115
<i>moexipril hcl tab 7.5 mg</i> .....	115
<i>molindone hcl tab 10 mg</i> .....	151
<i>molindone hcl tab 25 mg</i> .....	151
<i>molindone hcl tab 5 mg</i> .....	151
<i>mometasone furoate cream 0.1%</i> ..	210
<i>mometasone furoate nasal susp 50 mcg/act</i> .....	308
<i>mometasone furoate oint 0.1%</i> .....	210
<i>mometasone furoate solution 0.1% (lotion)</i> .....	210
MONOLET MIS LANCETS .....	268
MONOLET OPD MIS LANCETS .....	268
<i>mono-linyah tab 0.25-35</i> .....	182
<i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	66
<i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	66
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	66
<i>montelukast sodium tab 10 mg (base equiv)</i> .....	66
MONUROL	
<i>see fosfomycin tromethamine powd pack 3 gm (base equivalent)</i> .....	59
MONUROL PAK GRANULES .....	60
<i>morphine sulfate beads cap er 24hr 120 mg</i> .....	47
<i>morphine sulfate beads cap er 24hr 30 mg</i> .....	47
<i>morphine sulfate beads cap er 24hr 45 mg</i> .....	47
<i>morphine sulfate beads cap er 24hr 60 mg</i> .....	47
<i>morphine sulfate beads cap er 24hr 75 mg</i> .....	47
<i>morphine sulfate beads cap er 24hr 90 mg</i> .....	47
<i>morphine sulfate cap er 24hr 10 mg</i> .48	
<i>morphine sulfate cap er 24hr 100 mg</i> .....	48
<i>morphine sulfate cap er 24hr 20 mg</i> .48	
<i>morphine sulfate cap er 24hr 30 mg</i> .48	
<i>morphine sulfate cap er 24hr 50 mg</i> .48	
<i>morphine sulfate cap er 24hr 60 mg</i> .48	
<i>morphine sulfate cap er 24hr 80 mg</i> .48	
<i>morphine sulfate oral soln 10 mg/5ml</i> .....	48
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i> .....	48
<i>morphine sulfate oral soln 20 mg/5ml</i> .....	48
<i>morphine sulfate suppos 10 mg</i> .....	48
<i>morphine sulfate suppos 20 mg</i> .....	48
<i>morphine sulfate suppos 30 mg</i> .....	48
<i>morphine sulfate suppos 5 mg</i> .....	48
<i>morphine sulfate tab 15 mg</i> .....	48
<i>morphine sulfate tab 30 mg</i> .....	48
<i>morphine sulfate tab er 100 mg</i> .....	48
<i>morphine sulfate tab er 15 mg</i> .....	48
<i>morphine sulfate tab er 200 mg</i> .....	48
<i>morphine sulfate tab er 30 mg</i> .....	48
<i>morphine sulfate tab er 60 mg</i> .....	48
MOTEGRITY TAB 1MG.....	237
MOTEGRITY TAB 2MG.....	237
MOVANTIK TAB 12.5MG.....	240
MOVANTIK TAB 25MG .....	240
MOXEZA SOL 0.5%.....	312
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i> .....	312
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	312
<i>moxifloxacin hcl tab 400 mg (base equiv)</i> .....	237
MPD SFTY LAN MIS 21G .....	268

MPD SFTY LAN MIS 23G.....	268
MPD SFTY LAN MIS 28G.....	268
MPD SFTY LAN MIS 30G.....	268
MS CONTIN	
see <i>morphine sulfate tab er 100 mg</i>	
.....	48
<i>see morphine sulfate tab er 15 mg</i>	48
<i>see morphine sulfate tab er 200 mg</i>	
.....	48
<i>see morphine sulfate tab er 30 mg</i>	48
<i>see morphine sulfate tab er 60 mg</i>	48
MS CONTIN TAB 100MG ER .....	48
MS CONTIN TAB 15MG ER.....	48
MS CONTIN TAB 200MG ER .....	48
MS CONTIN TAB 30MG ER.....	48
MS CONTIN TAB 60MG ER.....	48
<i>muc/cgh rlef liq 5-100mg</i> .....	192
<i>mucinex cgh liq 5-100mg</i> .....	192
<i>mucinex dm liq 20-400</i> .....	192
<i>mucinex dm liq max str</i> .....	192
<i>mucinex liq freeform</i> .....	192
<i>mucus dm tab 60-1200</i> .....	192
<i>mucus rel dm liq</i> .....	192
<i>mucus rel dm liq 20-400mg</i> .....	192
<i>mucus rel dm liq 5-100/5</i> .....	192
<i>mucus relief liq 5-100mg</i> .....	192
<i>mucus relief tab 60-1200</i> .....	192
<i>mucus relief tab dm</i> .....	192
<i>mucus rlf dm liq 20-400mg</i> .....	192
<i>mucus/cough liq 5-100mg</i> .....	192
<i>mucus-dm max tab 60-1200</i> .....	192
MULPLETA TAB 3MG .....	250
MULTAQ TAB 400MG .....	65
<i>multi vit/fl dro 0.5mg/ml</i> .....	300
MULTI-LANCET KIT DEVICE .....	268
<i>multiple vitamin tab</i> .....	300
<i>multiple vitamins w/ iron tab</i> .....	299
<i>multiple vitamins w/ minerals cap</i> ..	299
<i>multiple vitamins w/ minerals cap- rx</i>	
.....	299
<i>multiple vitamins w/ minerals tab</i> ..	299
<i>multiple vitamins w/ minerals tab- rx</i>	
.....	299
<i>multi-vit/fe dro /fl 0.25</i> .....	300
<i>multivit/fl dro 0.25mg</i> .....	300
<i>mupirocin calcium cream 2%</i> .....	201
<i>mupirocin oint 2%</i> .....	201
MYAMBUTOL	
<i>see ethambutol hcl tab 400 mg</i> ...	127
MYAMBUTOL TAB 400MG .....	127
MYCAPSSA CAP 20MG .....	231
MYCOBUTIN	
<i>see rifabutin cap 150 mg</i> .....	127
MYCOBUTIN CAP 150MG.....	127
<i>mycophenolate mofetil cap 250 mg</i>	296
<i>mycophenolate mofetil for oral susp</i>	
<i>200 mg/ml</i> .....	296
<i>mycophenolate mofetil tab 500 mg</i>	296
<i>mycophenolate sodium tab dr 180 mg</i>	
<i>(mycophenolic acid equiv)</i> .....	296
<i>mycophenolate sodium tab dr 360 mg</i>	
<i>(mycophenolic acid equiv)</i> .....	296
MYDAYIS CAP 12.5MG.....	25
MYDAYIS CAP 25MG.....	25
MYDAYIS CAP 37.5MG.....	25
MYDAYIS CAP 50MG.....	25
MYDRIACYL	
<i>see tropicamide ophth soln 1%</i> ...	311
MYDRIACYL SOL 1% OP .....	311
MYFEMBREE TAB .....	233
MYFORTIC	
<i>see mycophenolate sodium tab dr</i>	
<i>180 mg (mycophenolic acid equiv)</i>	
.....	296
<i>see mycophenolate sodium tab dr</i>	
<i>360 mg (mycophenolic acid equiv)</i>	
.....	296
MYFORTIC TAB 180MG .....	296
MYFORTIC TAB 360MG .....	296
MYGLUCOHEALT KIT SYSTEM .....	268
MYGLUCOHEALT MIS LANC 30G....	268
MYGLUCOHEALT TES BLD GLUC....	221
MYLERAN TAB 2MG .....	127
<i>myorisan cap 10mg</i> .....	197
<i>myorisan cap 20mg</i> .....	197
<i>myorisan cap 30mg</i> .....	197
<i>myorisan cap 40mg</i> .....	197
MYRBETRIQ SUS 8MG/ML .....	339
MYRBETRIQ TAB 25MG.....	339
MYRBETRIQ TAB 50MG.....	339
mysoline	
<i>see primidone tab 250 mg</i> .....	80
<i>see primidone tab 50 mg</i> .....	80
mysoline TAB 250MG .....	79

MY SOLINE TAB 50MG .....	79	NAMZARIC CAP 7-10MG .....	321
<b>N</b>		<b>NAPRELAN</b>	
<i>nabumetone tab 500 mg</i> .....	41	<i>see naproxen sodium tab er 24hr</i> 375	
<i>nabumetone tab 750 mg</i> .....	41	<i>mg (base equiv)</i> ..... 41	
<i>nadolol tab 20 mg</i> .....	163	<i>see naproxen sodium tab er 24hr</i> 500	
<i>nadolol tab 40 mg</i> .....	163	<i>mg (base equiv)</i> ..... 41	
<i>nadolol tab 80 mg</i> .....	163	<i>see naproxen sodium tab er 24hr</i> 750	
<i>naftifine hcl cream 1%</i> .....	203	<i>mg (base equiv)</i> ..... 41	
<i>naftifine hcl cream 2%</i> .....	203	NAPRELAN TAB 375MG CR .....	41
<i>naftifine hcl gel 1%</i> .....	203	NAPRELAN TAB 500MG CR .....	41
NAFTIN GEL 1% .....	203	NAPRELAN TAB 750MG CR .....	41
NAFTIN GEL 2% .....	203	<b>NAPROSYN</b>	
NALFON CAP 400MG.....	41	<i>see naproxen susp 125 mg/5ml</i> ... 41	
NALFON TAB 600MG.....	41	<i>see naproxen tab 500 mg</i> ..... 41	
<i>naloxone hcl inj 0.4 mg/ml</i> .....	104	<i>naproxen sodium tab 220 mg</i> ..... 41	
<i>naloxone hcl inj 4 mg/10ml</i> .....	104	<i>naproxen sodium tab 275 mg</i> ..... 41	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i> .....	104	<i>naproxen sodium tab 550 mg</i> ..... 41	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i> .....	104	<i>naproxen sodium tab er 24hr</i> 375 mg	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i> .....	104	<i>(base equiv)</i> ..... 41	
<i>naltrexone hcl tab 50 mg</i> .....	104	<i>naproxen sodium tab er 24hr</i> 500 mg	
<b>NAMENDA</b>		<i>(base equiv)</i> ..... 41	
<i>see memantine hcl tab 10 mg</i> ....	321	<i>naproxen sodium tab er 24hr</i> 750 mg	
<i>see memantine hcl tab 5 mg</i> .....	321	<i>(base equiv)</i> ..... 41	
NAMENDA TAB 5-10MG.....	321	<i>naproxen susp 125 mg/5ml</i> ..... 41	
NAMENDA TITRATION PAK		<i>naproxen tab 250 mg</i> ..... 41	
<i>see memantine hcl tab 28 x 5 mg &amp; 21 x 10 mg titration pack</i> .....	321	<i>naproxen tab 375 mg</i> ..... 41	
<b>NAMENDA XR</b>		<i>naproxen tab 500 mg</i> ..... 41	
<i>see memantine hcl cap er 24hr</i> 14		<i>naproxen tab ec 375 mg</i> ..... 41	
<i>mg</i> .....	321	<i>naproxen tab ec 500 mg</i> ..... 41	
<i>see memantine hcl cap er 24hr</i> 21		<i>naproxen-esomeprazole magnesium</i>	
<i>mg</i> .....	321	<i>tab dr 375-20 mg</i> ..... 41	
<i>see memantine hcl cap er 24hr</i> 28		<i>naproxen-esomeprazole magnesium</i>	
<i>mg</i> .....	321	<i>tab dr 500-20 mg</i> ..... 42	
<i>see memantine hcl cap er 24hr</i> 7		<i>naratriptan hcl tab 1 mg (base equiv)</i>	
<i>mg</i> .....	321	..... 291	
NAMENDA XR CAP 14MG.....	321	<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	
NAMENDA XR CAP 21MG.....	321	..... 291	
NAMENDA XR CAP 28MG.....	321	<b>NARCAN</b>	
NAMENDA XR CAP 7MG .....	321	<i>see naloxone hcl nasal spray 4</i>	
NAMZARIC CAP .....	321	<i>mg/0.1ml</i> ..... 104	
NAMZARIC CAP 14-10MG.....	321	NARCAN SPR .....	104
NAMZARIC CAP 21-10MG.....	321	<b>NARDIL</b>	
NAMZARIC CAP 28-10MG.....	321	<i>see phenelzine sulfate tab 15 mg</i> .. 86	

<i>nateglinide tab 60 mg</i> .....	101
NATROBA SUS 0.9% .....	216
NAYZILAM SPR 5MG .....	74
<i>nebivolol hcl tab 10 mg (base equivalent)</i> .....	162
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i> .....	162
<i>nebivolol hcl tab 20 mg (base equivalent)</i> .....	162
<i>nebivolol hcl tab 5 mg (base equivalent)</i> .....	162
NEBULIZER MIS CUP/TUBI .....	288
NEBUPENT	
<i>see pentamidine isethionate for nebulization soln 300 mg</i> .....	57
NEBUPENT INH 300MG .....	57
necon tab 0.5/35 .....	182
NEEDLE (DISP) 18 X 1-1/2.....	281
<i>nefazodone hcl tab 100 mg</i> .....	89
<i>nefazodone hcl tab 150 mg</i> .....	89
<i>nefazodone hcl tab 200 mg</i> .....	89
<i>nefazodone hcl tab 250 mg</i> .....	89
<i>nefazodone hcl tab 50 mg</i> .....	89
<i>neomycin sulfate tab 500 mg</i> .....	36
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> .....	312
<i>neomycin-bacitracin-polymyxin oint</i> .....	201
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i> .....	201
<i>neomycin-polomy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i> .....	312
<i>neomycin-polomyxin-dexamethasone ophth oint 0.1%</i> .....	315
<i>neomycin-polomyxin-dexamethasone ophth susp 0.1%</i> .....	315
<i>neomycin-polomyxin-hc ophth susp</i> .....	315
<i>neomycin-polomyxin-hc otic soln 1%</i> .....	317
<i>neomycin-polomyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i> .....	317
<i>neo-polycin oin hc 1%op</i> .....	314
<i>neo-polycin oin op</i> .....	312
NEORAL	
<i>see cyclosporine modified cap 100 mg</i> .....	295
see <i>cyclosporine modified cap 25 mg</i> .....	295
see <i>cyclosporine modified oral soln 100 mg/ml</i> .....	295
see <i>gengraf cap 100mg</i> .....	296
see <i>gengraf cap 25mg</i> .....	296
see <i>gengraf sol 100mg/ml</i> .....	296
NEORAL CAP 100MG .....	296
NEORAL CAP 25MG .....	296
NEORAL SOL 100MG/ML .....	296
NEO-SYNALAR CRE .....	201
NEO-SYNALAR KIT .....	201
NERLYNX TAB 40MG .....	136
NESINA TAB 12.5MG.....	97
NESINA TAB 25MG.....	97
NESINA TAB 6.25MG.....	97
NESTABS DHA PAK .....	302
NESTABS ONE CAP .....	302
NESTABS TAB .....	302
<i>neuac gel 1.2-5%</i> .....	197
NEUAC KIT 1.2-5% .....	197
NEULASTA INJ 6MG/0.6M .....	250
NEULASTA KIT 6MG/0.6M .....	251
NEUPOGEN INJ 300/0.5.....	251
NEUPOGEN INJ 300MCG .....	251
NEUPOGEN INJ 480/0.8.....	251
NEUPOGEN INJ 480MCG .....	251
NEUPRO DIS 1MG/24HR .....	141
NEUPRO DIS 2MG/24HR .....	141
NEUPRO DIS 3MG/24HR .....	141
NEUPRO DIS 4MG/24HR .....	141
NEUPRO DIS 6MG/24HR .....	142
NEUPRO DIS 8MG/24HR .....	142
NEURONTIN	
<i>see gabapentin cap 100 mg</i> .....	76
<i>see gabapentin cap 300 mg</i> .....	76
<i>see gabapentin cap 400 mg</i> .....	76
<i>see gabapentin oral soln 250 mg/5ml</i> .....	76
<i>see gabapentin tab 600 mg</i> .....	76
<i>see gabapentin tab 800 mg</i> .....	76
NEURONTIN CAP 100MG .....	79
NEURONTIN CAP 300MG .....	79
NEURONTIN CAP 400MG .....	79
NEURONTIN SOL 250/5ML .....	79
NEURONTIN TAB 600MG .....	79
NEURONTIN TAB 800MG .....	79

NEUTEK 2TEK TES STRIPS .....	221
NEVANAC SUS 0.1% .....	316
nevirapine sus 50mg/5ml.....	156
nevirapine tab 200 mg .....	156
nevirapine tab er 24hr 100 mg .....	156
nevirapine tab er 24hr 400 mg .....	156
NEXAVAR TAB 200MG.....	136
NEXIUM	
see esomeprazole magnesium cap delayed release 20 mg (base eq) .....	335
see esomeprazole magnesium cap delayed release 40 mg (base eq) .....	335
see esomeprazole magnesium for delayed release susp packet 10 mg .....	335
see esomeprazole magnesium for delayed release susp packet 20 mg .....	335
see esomeprazole magnesium for delayed release susp packet 40 mg .....	335
NEXIUM CAP 20MG .....	336
NEXIUM CAP 40MG .....	336
NEXIUM GRA 10MG DR .....	336
NEXIUM GRA 2.5MG DR .....	336
NEXIUM GRA 20MG DR .....	336
NEXIUM GRA 40MG DR .....	336
NEXIUM GRA 5MG DR.....	336
NEXLETOL TAB 180MG .....	109
NEXLIZET TAB 180/10MG .....	109
NEXPLANON IMP 68MG .....	187
NEXTSTELLIS TAB 3-14.2MG .....	182
niacin cap er 250 mg.....	343
niacin tab 500 mg .....	343
niacin tab er 1000 mg (antihyperlipidemic) .....	114
niacin tab er 500 mg (antihyperlipidemic) .....	114
niacin tab er 750 mg .....	343
niacin tab er 750 mg (antihyperlipidemic) .....	114
NIASPAN	
see niacin tab er 1000 mg (antihyperlipidemic).....	114
see niacin tab er 500 mg (antihyperlipidemic) .....	114
see niacin tab er 750 mg (antihyperlipidemic) .....	114
NIASPAN TAB 1000 ER .....	114
NIASPAN TAB 500MG ER .....	114
NIASPAN TAB 750MG ER .....	114
nicardipine hcl cap 20 mg .....	167
nicardipine hcl cap 30 mg .....	167
nicotine polacrilex gum 2 mg.....	326
nicotine polacrilex gum 4 mg.....	326
nicotine polacrilex lozenge 2 mg ....	326
nicotine polacrilex lozenge 4 mg ....	326
NICOTINE SYS KIT TRANSDER .....	326
nicotine td patch 24hr 14 mg/24hr.	326
nicotine td patch 24hr 21 mg/24hr.	326
nicotine td patch 24hr 7 mg/24hr ..	326
NICOTROL INH.....	326
NICOTROL NS SPR 10MG/ML.....	326
nifedipine cap 10 mg.....	167
nifedipine cap 20 mg.....	167
nifedipine tab er 24hr 30 mg .....	167
nifedipine tab er 24hr 60 mg .....	167
nifedipine tab er 24hr 90 mg .....	167
nifedipine tab er 24hr osmotic release 30 mg .....	167
nifedipine tab er 24hr osmotic release 60 mg .....	167
nifedipine tab er 24hr osmotic release 90 mg .....	167
nikki tab 3-0.02mg .....	182
NILANDRON	
see nilutamide tab 150 mg .....	131
nilutamide tab 150 mg .....	131
nimodipine cap 30 mg .....	167
NINLARO CAP 2.3MG.....	136
NINLARO CAP 3MG .....	136
NINLARO CAP 4MG .....	136
nisoldipine tab er 24hr 17 mg.....	167
nisoldipine tab er 24hr 20 mg.....	167
nisoldipine tab er 24hr 25.5 mg .....	167
nisoldipine tab er 24hr 30 mg .....	167
nisoldipine tab er 24hr 34 mg .....	167
nisoldipine tab er 24hr 40 mg .....	167
nisoldipine tab er 24hr 8.5 mg .....	167
nitazoxanide tab 500 mg .....	58
nitisinone cap 10 ma.....	230

<i>nitisinone cap 2 mg</i> .....	230
<i>nitisinone cap 5 mg</i> .....	230
NITRO-BID OIN 2% .....	61
NITRO-DUR DIS 0.1MG/HR .....	61
NITRO-DUR DIS 0.2MG/HR .....	61
NITRO-DUR DIS 0.3MG/HR .....	61
NITRO-DUR DIS 0.4MG/HR .....	61
NITRO-DUR DIS 0.6MG/HR .....	61
NITRO-DUR DIS 0.8MG/HR .....	61
<i>nitrofurantoin macrocrystalline cap 100 mg</i> .....	60
<i>nitrofurantoin macrocrystalline cap 25 mg</i> .....	60
<i>nitrofurantoin macrocrystalline cap 50 mg</i> .....	60
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i> .....	60
<i>nitrofurantoin susp 25 mg/5ml</i> .....	60
<i>nitroglycerin sl tab 0.3 mg</i> .....	61
<i>nitroglycerin sl tab 0.4 mg</i> .....	61
<i>nitroglycerin sl tab 0.6 mg</i> .....	61
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i> .....	61
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i> .....	61
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i> .....	61
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i> .....	61
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> .....	61
NITROLINGUAL PUMPSpray see <i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i> .....	61
NITROLINGUAL SPR PUMPSPRA .....	61
NITROSTAT see <i>nitroglycerin sl tab 0.3 mg</i> .....	61
see <i>nitroglycerin sl tab 0.4 mg</i> .....	61
see <i>nitroglycerin sl tab 0.6 mg</i> .....	61
NITROSTAT SUB 0.3MG .....	61
NITROSTAT SUB 0.4MG .....	61
NITROSTAT SUB 0.6MG .....	61
NITYR TAB 10MG .....	230
NITYR TAB 2MG .....	230
NITYR TAB 5MG .....	230
NIVA-PLUS TAB .....	302
NIVESTYM INJ 300/0.5 .....	251
NIVESTYM INJ 300MCG .....	251
NIVESTYM INJ 480/0.8 .....	251
NIVESTYM INJ 480MCG .....	251
<i>nizatidine cap 150 mg</i> .....	335
<i>nizatidine cap 300 mg</i> .....	335
<i>nizatidine oral soln 15 mg/ml</i> .....	335
NO CODING TES BLD GLUC.....	221
NOCDURNA SUB 27.7MCG .....	231
NOCDURNA SUB 55.3MCG .....	231
<i>nora-be tab 0.35mg</i> .....	188
NORDITROPIN INJ 10/1.5ML .....	227
NORDITROPIN INJ 15/1.5ML .....	227
NORDITROPIN INJ 30/3ML.....	227
NORDITROPIN INJ 5/1.5ML.....	227
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i> .....	182
<i>norethindrone &amp; ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i> .....	183
<i>norethindrone ace &amp; ethinyl estradiol tab 1 mg-20 mcg</i> .....	183
<i>norethindrone ace &amp; ethinyl estradiol tab 1.5 mg-30 mcg</i> .....	183
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1 mg-20 mcg</i> .....	183
<i>norethindrone ace &amp; ethinyl estradiol-fe tab 1.5 mg-30 mcg</i> .....	183
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i> .....	183
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i> .....	183
<i>norethindrone acetate tab 5 mg</i> .....	319
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> .....	233
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> .....	234
<i>norethindrone tab 0.35 mg</i> .....	188
NORGESIC TAB FORTE .....	307
<i>norgestimate &amp; ethinyl estradiol tab 0.25 mg-35 mcg</i> .....	183
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	183
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> .....	183
NORITATE CRE 1% .....	215
<i>norlyda tab 0.35mg</i> .....	188
NORPACE .....	

see <i>disopyramide phosphate</i> cap 100 mg .....	64
see <i>disopyramide phosphate</i> cap 150 mg .....	64
NORPACE CAP 100MG .....	64
NORPACE CAP 100MG CR.....	64
NORPACE CAP 150MG .....	64
NORPACE CAP 150MG CR.....	64
NORPRAMIN	
see <i>desipramine hcl</i> tab 10 mg.....	91
see <i>desipramine hcl</i> tab 25 mg.....	91
NORPRAMIN TAB 10MG .....	92
NORPRAMIN TAB 25MG .....	92
NORTHERA	
see <i>droxidopa</i> cap 100 mg .....	342
see <i>droxidopa</i> cap 200 mg .....	342
see <i>droxidopa</i> cap 300 mg .....	342
NORTHERA CAP 100MG .....	342
NORTHERA CAP 200MG .....	342
NORTHERA CAP 300MG .....	343
nortrel tab 0.5/35 .....	183
nortrel tab 1/35.....	183
nortrel tab 7/7/7.....	183
<i>nortriptyline hcl</i> cap 10 mg.....	92
<i>nortriptyline hcl</i> cap 25 mg.....	92
<i>nortriptyline hcl</i> cap 50 mg.....	92
<i>nortriptyline hcl</i> cap 75 mg.....	92
<i>nortriptyline hcl</i> soln 10 mg/5ml .....	92
NORVASC	
see <i>amlodipine besylate</i> tab 10 mg (base equivalent) .....	164
see <i>amlodipine besylate</i> tab 2.5 mg (base equivalent) .....	164
see <i>amlodipine besylate</i> tab 5 mg (base equivalent) .....	164
NORVASC TAB 10MG .....	168
NORVASC TAB 2.5MG.....	167
NORVASC TAB 5MG.....	168
NORVIR	
see <i>ritonavir</i> tab 100 mg .....	156
NORVIR POW 100MG.....	156
NORVIR SOL 80MG/ML .....	156
NORVIR TAB 100MG.....	156
NOURIANZ TAB 20MG .....	139
NOURIANZ TAB 40MG .....	139
NOVA MAX KIT SYSTEM .....	268
NOVA MAX MIS SYSTEM .....	269

NOVA MAX TES GLUCOSE .....	221
NOVA SURE MIS LANCETS .....	269
NOVOEIGHT INJ 1000UNIT .....	247
NOVOEIGHT INJ 1500UNIT .....	247
NOVOEIGHT INJ 2000UNIT .....	247
NOVOEIGHT INJ 250UNIT .....	246
NOVOEIGHT INJ 3000UNIT .....	247
NOVOEIGHT INJ 500UNIT .....	247
NOVOFINE AUT MIS 30GX8MM .....	282
NOVOFINE MIS 32GX6MM.....	282
NOVOFINE PLS MIS 32GX4MM.....	282
NOVOLIN INJ 70/30 .....	100
NOVOLIN INJ 70/30 FP.....	100
NOVOLIN N INJ 100 UNIT .....	100
NOVOLIN N INJ RELION.....	100
NOVOLIN N INJ U-100.....	100
NOVOLIN R INJ 100 UNIT .....	100
NOVOLIN R INJ RELION.....	100
NOVOLIN R INJ U-100.....	100
NOVOLIN70/30 INJ RELION .....	100
NOVOLOG INJ 100/ML.....	100
NOVOLOG INJ FLEXPEN .....	100
NOVOLOG INJ PENFILL .....	100
NOVOLOG INJ RELION.....	100
NOVOLOG MIX INJ 70/30.....	100
NOVOLOG MIX INJ FLEX REL .....	100
NOVOLOG MIX INJ FLEXPEN.....	100
NOVOLOG RELI INJ 70/30.....	100
NOVOSEVEN RT INJ 1MG .....	247
NOVOSEVEN RT INJ 2MG .....	247
NOVOSEVEN RT INJ 5MG .....	247
NOVOSEVEN RT INJ 8MG .....	247
NOVOTWIST MIS 32GX5MM .....	282
NOXAFIL	
see <i>posaconazole</i> tab delayed release 100 mg .....	107
NOXAFIL SUS 40MG/ML.....	107
NOXAFIL TAB 100MG .....	107
np thyroid tab 120mg .....	332
np thyroid tab 15mg .....	332
np thyroid tab 30mg .....	332
np thyroid tab 60mg .....	332
np thyroid tab 90mg .....	332
NPLATE INJ 125MCG .....	251
NPLATE INJ 250MCG .....	251
NPLATE INJ 500MCG .....	251
NUBEQA TAB 300MG .....	131

NUCALA INJ 100MG.....	65
NUCALA INJ 100MG/ML .....	65
NUCYNTA ER TAB 100MG.....	49
NUCYNTA ER TAB 150MG.....	49
NUCYNTA ER TAB 200MG.....	49
NUCYNTA ER TAB 250MG.....	49
NUCYNTA ER TAB 50MG.....	48
NUCYNTA TAB 100MG .....	49
NUCYNTA TAB 50MG .....	49
NUCYNTA TAB 75MG .....	49
NUEDEXTA CAP 20-10MG.....	326
<i>nu-iron 150 cap 150mg</i> .....	252
NUPLAZID CAP 34MG .....	144
NUPLAZID TAB 10MG .....	144
NURTEC TAB 75MG ODT .....	289
NUTROPIN AQ INJ 10MG/2ML .....	227
NUTROPIN AQ INJ 20MG/2ML .....	227
NUTROPIN AQ INJ NUSPIN 5 .....	227
NUVAIL SOL 16% .....	214
NUVAKAAN II KIT .....	214
<b>NUVARING</b>	
<i>see eluryng mis</i> .....	187
<i>see etonogestrel-ethinyl estradiol va         ring 0.120-0.015 mg/24hr</i> .....	187
NUVARING MIS .....	187
NUVESSA GEL 1.3% .....	341
<b>NUVIGIL</b>	
<i>see armodafinil tab 150 mg</i> .....	29
<i>see armodafinil tab 200 mg</i> .....	29
<i>see armodafinil tab 250 mg</i> .....	29
<i>see armodafinil tab 50 mg</i> .....	29
NUVIGIL TAB 150MG.....	34
NUVIGIL TAB 200MG.....	34
NUVIGIL TAB 250MG.....	34
NUVIGIL TAB 50MG.....	34
NUWIQ INJ 1000UNIT .....	247
NUWIQ INJ 2000UNIT .....	247
NUWIQ INJ 2500UNIT .....	247
NUWIQ INJ 250UNIT .....	247
NUWIQ INJ 3000UNIT .....	247
NUWIQ INJ 4000UNIT .....	247
NUWIQ INJ 500UNIT .....	247
NUWIQ KIT 1000UNIT .....	247
NUWIQ KIT 2000UNIT .....	247
NUWIQ KIT 2500UNIT .....	247
NUWIQ KIT 250UNIT .....	247
NUWIQ KIT 3000UNIT .....	247
NUWIQ KIT 4000UNIT .....	247
NUWIQ KIT 500UNIT .....	247
NUZYRA TAB 150MG .....	328
<i>nylia tab 1/35</i> .....	183
<i>nylia tab 7/7/7</i> .....	183
NYMALIZE SOL.....	168
<i>nymyo tab 0.25-35</i> .....	183
<i>nystatin cream 100000 unit/gm</i> ....	203
<i>nystatin oint 100000 unit/gm</i> .....	203
<i>nystatin susp 100000 unit/ml</i> .....	298
<i>nystatin tab 500000 unit</i> .....	106
<i>nystatin topical powder 100000     unit/gm</i> .....	203
<i>nystatin-triamcinolone cream 100000-     0.1 unit/gm-%</i> .....	203
<i>nystatin-triamcinolone oint 100000-0.1     unit/gm-%</i> .....	203
NYVEPRIA INJ 6/0.6ML.....	251
<b>O</b>	
OB COMPLETE CAP ONE.....	302
OB COMPLETE CAP PETITE.....	302
OB COMPLETE TAB .....	302
OB COMPLETE TAB PREMIER .....	302
OB COMPLETE/ CAP DHA .....	302
OBBRA TABLE MIS COMPRESS.....	288
OBIZUR INJ 500 UNIT .....	247
OCALIVA TAB 10MG .....	238
OCALIVA TAB 5MG.....	237
<i>ocella tab 3-0.03mg</i> .....	183
OCREVUS INJ 300/10ML .....	325
<i>octreotide acetate inj 100 mcg/ml (0.1     mg/ml)</i> .....	231
<i>octreotide acetate inj 1000 mcg/ml (1     mg/ml)</i> .....	231
<i>octreotide acetate inj 200 mcg/ml (0.2     mg/ml)</i> .....	231
<i>octreotide acetate inj 50 mcg/ml (0.05     mg/ml)</i> .....	231
<i>octreotide acetate inj 500 mcg/ml (0.5     mg/ml)</i> .....	231
<i>octreotide inj 100mcg</i> .....	232
<i>octreotide inj 500mcg</i> .....	232
<i>octreotide inj 50mcg/ml</i> .....	231
<b>OCUFLOX</b>	
<i>see ofloxacin ophth soln 0.3%</i> ....	313
OCUFLOX DRO 0.3% OP .....	313
OCUVITE CAP ADULT .....	299

<i>ocuvite eye chw heath</i> .....	299
OCUVITE LUTE CAP .....	299
ODEFSEY TAB.....	156
ODOMZO CAP 200MG .....	130
OFEV CAP 100MG .....	327
OFEV CAP 150MG .....	327
<i>ofloxacin ophth soln 0.3%</i> .....	313
<i>ofloxacin otic soln 0.3%</i> .....	317
<i>ofloxacin tab 300 mg</i> .....	237
<i>ofloxacin tab 400 mg</i> .....	237
<i>olanzapine for im inj 10 mg</i> .....	148
<i>olanzapine orally disintegrating tab 10 mg</i> .....	148
<i>olanzapine orally disintegrating tab 15 mg</i> .....	148
<i>olanzapine orally disintegrating tab 20 mg</i> .....	148
<i>olanzapine orally disintegrating tab 5 mg</i> .....	148
<i>olanzapine tab 10 mg</i> .....	149
<i>olanzapine tab 15 mg</i> .....	149
<i>olanzapine tab 2.5 mg</i> .....	148
<i>olanzapine tab 20 mg</i> .....	149
<i>olanzapine tab 5 mg</i> .....	148
<i>olanzapine tab 7.5 mg</i> .....	149
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i> .....	322
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i> .....	322
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i> .....	322
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i> .....	322
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i> .....	322
<i>olmesartan medoxomil tab 20 mg</i> ..	118
<i>olmesartan medoxomil tab 40 mg</i> ..	118
<i>olmesartan medoxomil tab 5 mg</i> ....	118
<i>olmesartan medoxomil- hydrochlorothiazide tab 20-12.5 mg</i> .....	123
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-12.5 mg</i> .....	123
<i>olmesartan medoxomil- hydrochlorothiazide tab 40-25 mg</i> .....	123
<i>olmesartan-amlodipine- hydrochlorothiazide tab 20-5-12.5 mg</i> .....	123
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-12.5 mg</i> .....	123
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-10-25 mg</i> .....	123
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-12.5 mg</i> .....	123
<i>olmesartan-amlodipine- hydrochlorothiazide tab 40-5-25 mg</i> .....	123
<i>olopatadine hcl nasal soln 0.6%</i> ....	308
<i>olopatadine hcl ophth soln 0.1% (base equivalent)</i> .....	316
<i>olopatadine hcl ophth soln 0.2% (base equivalent)</i> .....	316
OLUMIANT TAB 1MG .....	37
OLUMIANT TAB 2MG .....	37
OLUX	
<i>see clobetasol propionate foam 0.05%</i> .....	207
OLUX AER 0.05% .....	210
OLUX-E	
<i>see clobetasol propionate emulsion foam 0.05%</i> .....	207
<i>see tovet aer 0.05%</i> .....	211
OLUX-E AER 0.05% .....	210
OMECLAMOX- MIS PAK.....	337
<i>omega-3 fatty acids cap 1000 mg</i> ..	309
<i>omega-3 fatty acids cap 1200 mg</i> ..	309
<i>omega-3 fatty acids cap 500 mg</i> ....	309
<i>omega-3 fatty acids cap delayed release 1000 mg</i> .....	309
<i>omega-3 fatty acids cap delayed release 1200 mg</i> .....	309
<i>omega-3-acid ethyl esters cap 1 gm</i> .....	109
<i>omeprazole cap delayed release 10 mg</i> .....	336
<i>omeprazole cap delayed release 20 mg</i> .....	336
<i>omeprazole cap delayed release 40 mg</i> .....	336

<i>omeprazole-sodium bicarbonate cap</i>	
<i>20-1100 mg</i>	337
<i>omeprazole-sodium bicarbonate cap</i>	
<i>40-1100 mg</i>	337
<i>omeprazole-sodium bicarbonate powd</i>	
<i>pack for susp 20-1680 mg</i>	337
<i>omeprazole-sodium bicarbonate powd</i>	
<i>pack for susp 40-1680 mg</i>	337
OMNARIS SPR	308
OMNIPOD KIT STARTER	269
OMNIPOD MIS 5 PACK	269
OMNITROPE INJ 10/1.5ML	227
OMNITROPE INJ 5.8MG	227
OMNITROPE INJ 5/1.5ML	227
<i>ondansetron hcl oral soln 4 mg/5ml</i>	104
<i>ondansetron hcl tab 4 mg</i>	104
<i>ondansetron hcl tab 8 mg</i>	104
<i>ondansetron orally disintegrating tab 4 mg</i>	104
<i>ondansetron orally disintegrating tab 8 mg</i>	104
ONE DROP TES BLD GLUC	221
ONE FLOW MIS SPIROMTR	288
ONE TOUCH KIT VERIO FL	269
ONE-DAILY CAP MULTI	299
ONETOUCH DEL MIS PLUS 30G	269
ONETOUCH DEL MIS PLUS 33G	269
ONETOUCH KIT ULT MINI	269
ONETOUCH KIT ULTRA 2	269
ONETOUCH KIT ULTRALNK	269
ONETOUCH KIT VERIO	269
ONETOUCH KIT VERIO FL	269
ONETOUCH KIT VERIO IQ	269
ONETOUCH KIT VERIO RE	269
ONETOUCH MIS 30G	269
ONETOUCH MIS LANCETS	269
ONETOUCH TES ULTRA	221
ONETOUCH TES VERIO	221
ONETOUCH US MIS LANCETS	269
ONETOUCH VER KIT SYNC	269
ONEXTON GEL 1.2-3.75	198
ONFI	
<i>see clobazam suspension 2.5 mg/ml</i>	
<i>.....</i>	73
<i>see clobazam tab 10 mg</i>	73
<i>see clobazam tab 20 mg</i>	73
ONFI SUS 2.5MG/ML	74
ONFI TAB 10MG	74
ONFI TAB 20MG	74
ONGENTYS CAP 25MG	140
ONGENTYS CAP 50MG	140
ONGLYZA TAB 2.5MG	97
ONGLYZA TAB 5MG	98
ONUREG TAB 200MG	128
ONUREG TAB 300MG	128
ONZETRA XSAI MIS 11MG	291
OPSUMIT TAB 10MG	172
OPTIUMEZ TES	221
OPZELURA CRE 1.5%	212
ORACEA CAP 40MG	215
ORACIT SOL	242
<i>oral electrolyte solution</i>	293
<i>oralone dent pst 0.1%</i>	298
ORENCIA CLCK INJ 125MG/ML	42
ORENCIA INJ 125MG/ML	43
ORENCIA INJ 250MG	43
ORENCIA INJ 50/0.4ML	42
ORENCIA INJ 87.5/0.7	42
ORENITRAM TAB 0.125MG	171
ORENITRAM TAB 0.25MG	171
ORENITRAM TAB 1MG	171
ORENITRAM TAB 2.5MG	171
ORENITRAM TAB 5MG	171
ORFADIN	
<i>see nitisinone cap 10 mg</i>	230
<i>see nitisinone cap 2 mg</i>	230
<i>see nitisinone cap 5 mg</i>	230
ORFADIN CAP 10MG	230
ORFADIN CAP 20MG	230
ORFADIN CAP 2MG	230
ORFADIN CAP 5MG	230
ORFADIN SUS 4MG/ML	230
ORGOVYX TAB 120MG	131
ORIAHNN CAP	234
ORILISSA TAB 150MG	227
ORILISSA TAB 200MG	227
ORKAMBI GRA 100-125	327
ORKAMBI GRA 150-188	327
ORKAMBI TAB 100-125	327
ORKAMBI TAB 200-125	327
ORLADEYO CAP 110MG	248
ORLADEYO CAP 150MG	248
ORMECA KIT	204

<i>orphenadrine citrate tab er 12hr 100 mg</i> .....	307	OXAYDO TAB 7.5MG .....	49
<i>orsythia tab</i> .....	184	<i>oxazepam cap 10 mg</i> .....	63
ORTHO TRI-CYCLEN LO see <i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> .....	183	<i>oxazepam cap 15 mg</i> .....	63
<i>see tri-lo tab estaryll</i> .....	185	<i>oxazepam cap 30 mg</i> .....	63
<i>see tri-lo- tab marzia</i> .....	185	<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i> .....	79
<i>see tri-lo- tab sprintec</i> .....	185	<i>oxcarbazepine tab 150 mg</i> .....	79
<i>see tri-lo-mili tab</i> .....	185	<i>oxcarbazepine tab 300 mg</i> .....	79
<i>see tri-vylibra tab lo</i> .....	186	<i>oxcarbazepine tab 600 mg</i> .....	79
ORTIKOS CAP 6MG ER .....	190	OXERVATE SOL 20MCG/ML .....	314
ORTIKOS CAP 9MG ER .....	190	<i>oxiconazole nitrate cream 1%</i> .....	203
<i>oscimin tab 0.125mg</i> .....	334	OXISTAT <i>see oxiconazole nitrate cream 1%</i> .....	203
<i>oseltamivir phosphate cap 30 mg (base equiv)</i> .....	160	OXISTAT CRE 1% .....	203
<i>oseltamivir phosphate cap 45 mg (base equiv)</i> .....	160	OXISTAT LOT 1% .....	203
<i>oseltamivir phosphate cap 75 mg (base equiv)</i> .....	160	OXTELLAR XR TAB 150MG .....	79
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	160	OXTELLAR XR TAB 300MG .....	79
OSENI TAB 12.5-15 .....	95	OXTELLAR XR TAB 600MG .....	79
OSENI TAB 12.5-30 .....	95	<i>oxybutynin chloride syrup 5 mg/5ml</i> .....	338
OSENI TAB 12.5-45 .....	95	<i>oxybutynin chloride tab 5 mg</i> .....	338
OSENI TAB 25-15MG .....	95	<i>oxybutynin chloride tab er 24hr 10 mg</i> .....	338
OSENI TAB 25-30MG .....	95	<i>oxybutynin chloride tab er 24hr 15 mg</i> .....	338
OSENI TAB 25-45MG .....	95	<i>oxybutynin chloride tab er 24hr 5 mg</i> .....	338
OSMOLEX ER TAB .....	142	<i>oxycodone hcl cap 5 mg</i> .....	49
OSMOLEX ER TAB 129MG.....	142	<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i> .....	49
OSMOLEX ER TAB 193MG.....	142	<i>oxycodone hcl soln 5 mg/5ml</i> .....	49
OSPHENA TAB 60MG .....	228	<i>oxycodone hcl tab 10 mg</i> .....	49
OTEZLA TAB 10/20/30.....	42	<i>oxycodone hcl tab 15 mg</i> .....	49
OTEZLA TAB 30MG.....	42	<i>oxycodone hcl tab 20 mg</i> .....	49
OTOVEL DRO.....	317	<i>oxycodone hcl tab 30 mg</i> .....	49
OTREXUP INJ 10MG .....	37	<i>oxycodone hcl tab 5 mg</i> .....	49
OTREXUP INJ 12.5/0.4 .....	37	<i>oxycodone hcl tab er 12hr deter 10 mg</i> .....	49
OTREXUP INJ 15MG .....	37	<i>oxycodone hcl tab er 12hr deter 20 mg</i> .....	49
OTREXUP INJ 17.5/0.4 .....	37	<i>oxycodone hcl tab er 12hr deter 40 mg</i> .....	49
OTREXUP INJ 20MG .....	37	<i>oxycodone hcl tab er 12hr deter 80 mg</i> .....	49
OTREXUP INJ 22.5/0.4 .....	37	<i>oxycodone w/ acetaminophen tab 10-325 mg</i> .....	52
OTREXUP INJ 25MG .....	37		
OVAL TAPE MIS .....	269		
OVIDE LOT 0.5% .....	216		
<i>oxaprozin tab 600 mg</i> .....	42		
OXAYDO TAB 5MG .....	49		

oxycodone w/ acetaminophen tab 2.5-325 mg .....	52
oxycodone w/ acetaminophen tab 5-325 mg .....	52
oxycodone w/ acetaminophen tab 7.5-325 mg .....	52
OXYCONTIN TAB 10MG CR .....	49
OXYCONTIN TAB 15MG CR .....	49
OXYCONTIN TAB 20MG CR .....	49
OXYCONTIN TAB 30MG CR .....	50
OXYCONTIN TAB 40MG CR .....	50
OXYCONTIN TAB 60MG CR .....	50
OXYCONTIN TAB 80MG CR .....	50
oxymetazoline hcl nasal soln 0.05%.....	309
oxymorphone hcl tab 10 mg .....	50
oxymorphone hcl tab 5 mg.....	50
oxymorphone hcl tab er 12hr 10 mg..	50
oxymorphone hcl tab er 12hr 15 mg.	50
oxymorphone hcl tab er 12hr 20 mg.	50
oxymorphone hcl tab er 12hr 30 mg.	50
oxymorphone hcl tab er 12hr 40 mg.	50
oxymorphone hcl tab er 12hr 5 mg... <td>50</td>	50
oxymorphone hcl tab er 12hr 7.5 mg	50
OXYTROL DIS 3.9MG/24 .....	338
oys shell+d tab 250-125 .....	293
oyster shell calcium tab 500 mg....	293
OZEMPIC INJ 2/1.5ML .....	98
OZEMPIC INJ 4MG/3ML.....	98
<b>P</b>	
pacerone tab 100mg .....	65
pacerone tab 200mg .....	65
pacerone tab 400mg .....	65
paliperidone tab er 24hr 1.5 mg....	146
paliperidone tab er 24hr 3 mg .....	146
paliperidone tab er 24hr 6 mg .....	146
paliperidone tab er 24hr 9 mg .....	146
PAMELOR	
see nortriptyline hcl cap 10 mg .....	92
see nortriptyline hcl cap 25 mg .....	92
see nortriptyline hcl cap 50 mg .....	92
see nortriptyline hcl cap 75 mg .....	92
PAMELOR CAP 10MG .....	92
PAMELOR CAP 25MG .....	92
PAMELOR CAP 50MG .....	92
PAMELOR CAP 75MG .....	92
PANCREAZE CAP 10500UNT .....	223
PANCREAZE CAP 16800UNT .....	223
PANCREAZE CAP 21000UNT .....	223
PANCREAZE CAP 2600UNIT.....	223
PANCREAZE CAP 37000.....	223
PANCREAZE CAP 4200UNIT.....	223
PANDEL CRE 0.1%.....	210
pantoprazole sodium ec tab 20 mg (base equiv) .....	336
pantoprazole sodium ec tab 40 mg (base equiv) .....	336
pantoprazole sodium for delayed release susp packet 40 mg .....	336
PARADIGM REA MIS TRANSMIT .....	269
PARAGARD IUD T380A .....	187
PAREMYD SOL 1-0.25%.....	316
PARI MANUAL MIS INTERRUP .....	288
PARI TREK S KIT COMBO .....	288
paricalcitol cap 1 mcg.....	230
paricalcitol cap 2 mcg.....	230
paricalcitol cap 4 mcg.....	230
PARLODEL	
see bromocriptine mesylate cap 5 mg (base equivalent) .....	140
see bromocriptine mesylate tab 2.5 mg (base equivalent) .....	140
PARLODEL CAP 5MG .....	142
PARLODEL TAB 2.5MG.....	142
PARNATE	
see tranylcypromine sulfate tab 10 mg .....	86
paromomycin sulfate cap 250 mg ....	36
paroxetine hcl oral susp 10 mg/5ml (base equiv) .....	87
paroxetine hcl tab 10 mg .....	87
paroxetine hcl tab 20 mg .....	87
paroxetine hcl tab 30 mg .....	87
paroxetine hcl tab 40 mg .....	87
paroxetine hcl tab er 24hr 12.5 mg ..	87
paroxetine hcl tab er 24hr 25 mg .....	87
paroxetine hcl tab er 24hr 37.5 mg ..	87
paroxetine mesylate cap 7.5 mg (base equiv) .....	327
PASER GRA 4GM .....	127
PATANASE	
see olopatadine hcl nasal soln 0.6% .....	308
PATANASE SPR 0.6% .....	308
PAXIL	

see <i>paroxetine hcl oral susp</i> 10	87
<i>mg/5ml (base equiv)</i> .....	87
see <i>paroxetine hcl tab 10 mg</i> .....	87
see <i>paroxetine hcl tab 20 mg</i> .....	87
see <i>paroxetine hcl tab 30 mg</i> .....	87
see <i>paroxetine hcl tab 40 mg</i> .....	87
PAXIL CR	
<i>see paroxetine hcl tab er 24hr 12.5</i>	
<i>mg</i> .....	87
<i>see paroxetine hcl tab er 24hr 25 mg</i>	
.....	87
<i>see paroxetine hcl tab er 24hr 37.5</i>	
<i>mg</i> .....	87
PAXIL CR TAB 12.5MG .....	87
PAXIL CR TAB 25MG.....	88
PAXIL CR TAB 37.5MG .....	88
PAXIL SUS 10MG/5ML .....	88
PAXIL TAB 10MG .....	88
PAXIL TAB 20MG .....	88
PAXIL TAB 30MG .....	88
PAXIL TAB 40MG .....	88
PC LANCETS MIS 30G.....	269
PEAK FLOW METER .....	288
PEDIA-LAX LIQ 50MG .....	256
PEDIAPRED	
<i>see prednisolone sod phosph oral</i>	
<i>soln 6.7 mg/5ml (5 mg/5ml base)</i>	
.....	190
pediatric multiple vitamin w/ c & fa	
<i>chew tab</i> .....	300
pediatric multiple vitamin w/ extra c &	
<i>fa chew tab</i> .....	300
pediatric multiple vitamin w/ minerals	
& c <i>chew tab</i> .....	300
pediatric multiple vitamins w/ fl-fe	
<i>drops 0.25-10 mg/ml</i> .....	300
pediatric multiple vitamins w/ fluoride	
<i>chew tab 0.25 mg</i> .....	300
pediatric multiple vitamins w/ fluoride	
<i>chew tab 0.5 mg</i> .....	300
pediatric multiple vitamins w/ fluoride	
<i>chew tab 1 mg</i> .....	300
pediatric multiple vitamins w/ fluoride	
<i>soln 0.25 mg/ml</i> .....	300
pediatric multiple vitamins w/ fluoride	
<i>soln 0.5 mg/ml</i> .....	300

<i>pediatric multiple vitamins w/ iron</i>	
<i>chew tab 15 mg</i> .....	300
<i>pediatric vitamins acd w/ fluoride soln</i>	
<i>0.25 mg/ml</i> .....	300
<i>pediatric vitamins acd w/ fluoride soln</i>	
<i>0.5 mg/ml</i> .....	300
<i>peg 3350-kcl-na bicarb-nacl-na sulfate</i>	
<i>for soln 236 gm</i> .....	255
<i>peg 3350-kcl-sod bicarb-nacl for soln</i>	
<i>420 gm</i> .....	255
PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM	
<i>see peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i> .....	255
PEGASYS INJ .....	159
PEGASYS INJ 180MCG/M .....	159
PEMAZYRE TAB 13.5MG .....	136
PEMAZYRE TAB 4.5MG .....	136
PEMAZYRE TAB 9MG .....	136
PEN NEEDLE MIS 29GX1/2 .....	282
PEN NEEDLE MIS 29GX3/16 .....	282
PEN NEEDLE MIS 29GX5/16 .....	282
PEN NEEDLE MIS 31GX3/16 .....	282
PEN NEEDLE MIS 31GX5/16 .....	282
PEN NEEDLE MIS 31GX5MM .....	282
PEN NEEDLE MIS 31GX6MM .....	282
PEN NEEDLE MIS 31GX8MM .....	282
PEN NEEDLE MIS 32GX1/4 .....	282
PEN NEEDLE MIS 32GX4MM .....	282
PEN NEEDLE MIS 32GX5/32 .....	282
PEN NEEDLE MIS 32GX6MM .....	282
PEN NEEDLE MIS 33GX4MM .....	282
PEN NEEDLES MIS 29GX1/2 .....	282
PEN NEEDLES MIS 29GX12.7 .....	282
PEN NEEDLES MIS 29GX12MM.....	282
PEN NEEDLES MIS 30GX3/16 .....	282
PEN NEEDLES MIS 30GX5/16 .....	282
PEN NEEDLES MIS 30GX5MM .....	282
PEN NEEDLES MIS 30GX8MM .....	283
PEN NEEDLES MIS 31GX1/4 .....	283
PEN NEEDLES MIS 31GX3/16 .....	283
PEN NEEDLES MIS 31GX5/16 .....	283
PEN NEEDLES MIS 31GX5MM .....	283
PEN NEEDLES MIS 31GX6MM .....	283
PEN NEEDLES MIS 31GX8MM .....	283
PEN NEEDLES MIS 32GX1/4 .....	283
PEN NEEDLES MIS 32GX3/16 .....	283

PEN NEEDLES MIS 32GX4MM.....	283
PEN NEEDLES MIS 32GX5/16 .....	283
PEN NEEDLES MIS 32GX5/32 .....	283
PEN NEEDLES MIS 32GX5MM.....	283
PEN NEEDLES MIS 32GX6MM.....	283
PEN NEEDLES MIS 33GX4MM.....	283
PEN NEEDLES MIS 33GX5/32 .....	283
PEN NEEDLES MIS 33GX5MM.....	283
PEN NEEDLES MIS 33GX6MM.....	283
<i>penicillamine cap 250 mg.....</i>	294
<i>penicillamine tab 250 mg .....</i>	294
<i>penicillin v potassium for soln 125 mg/5ml .....</i>	318
<i>penicillin v potassium for soln 250 mg/5ml .....</i>	318
<i>penicillin v potassium tab 250 mg ..</i>	318
<i>penicillin v potassium tab 500 mg ..</i>	318
PENLET II KIT BLOOD.....	269
PENNSAID SOL 2% .....	201
<i>pentamidine isethionate for nebulization soln 300 mg .....</i>	57
PENTASA CAP 250MG CR .....	239
PENTASA CAP 500MG CR .....	240
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg.....</i>	54
PENTIPS MIS 29GX12MM .....	283
PENTIPS MIS 31GX5MM .....	284
PENTIPS MIS 31GX6MM .....	284
PENTIPS MIS 31GX8MM .....	284
PENTIPS MIS 32GX4MM.....	284
<i>pentoxifylline tab er 400 mg.....</i>	248
PEPCID	
<i>see famotidine tab 20 mg.....</i>	335
<i>see famotidine tab 40 mg.....</i>	335
PEPCID TAB 20MG .....	335
PEPCID TAB 40MG .....	335
PERCOCET	
<i>see endocet tab 10-325mg .....</i>	52
<i>see endocet tab 5-325mg.....</i>	52
<i>see endocet tab 7.5-325 .....</i>	52
<i>see oxycodone w/ acetaminophen tab 10-325 mg .....</i>	52
<i>see oxycodone w/ acetaminophen tab 2.5-325 mg .....</i>	52
<i>see oxycodone w/ acetaminophen tab 5-325 mg .....</i>	52

<i>see oxycodone w/ acetaminophen tab 7.5-325 mg .....</i>	52
PERCOCET TAB 10-325MG .....	53
PERCOCET TAB 2.5-325.....	52
PERCOCET TAB 5-325MG .....	52
PERCOCET TAB 7.5-325.....	52
PERFECT 28G MIS LANCETS .....	269
PERFECT 30G MIS LANCETS .....	269
PERFOROMIST	
<i>see formoterol fumarate soln nebu 20 mcg/2ml .....</i>	69
PERFOROMIST NEB 20MCG .....	69
<i>perindopril erbumine tab 2 mg .....</i>	115
<i>perindopril erbumine tab 4 mg .....</i>	116
<i>perindopril erbumine tab 8 mg .....</i>	116
<i>permethrin aerosol 0.5% .....</i>	216
<i>permethrin cream 5% .....</i>	216
<i>permethrin lotion 1% .....</i>	216
<i>perphenazine tab 16 mg .....</i>	151
<i>perphenazine tab 2 mg.....</i>	151
<i>perphenazine tab 4 mg.....</i>	151
<i>perphenazine tab 8 mg.....</i>	151
<i>perphenazine-amitriptyline tab 2-10 mg .....</i>	322
<i>perphenazine-amitriptyline tab 2-25 mg .....</i>	322
<i>perphenazine-amitriptyline tab 4-10 mg .....</i>	322
<i>perphenazine-amitriptyline tab 4-25 mg .....</i>	322
<i>perphenazine-amitriptyline tab 4-50 mg .....</i>	322
PERSERIS INJ 120MG.....	146
PERSERIS INJ 90MG .....	146
PERTZYE CAP 16000U .....	223
PERTZYE CAP 24000U .....	223
PERTZYE CAP 4000UNIT .....	223
PERTZYE CAP 8000UNIT .....	223
PEXEVA TAB 10MG .....	88
PEXEVA TAB 20MG .....	88
PEXEVA TAB 30MG .....	88
PEXEVA TAB 40MG .....	88
PFIZER VACC INJ COVID-19.....	340
PFT FILTER MIS 1000.....	288
PFT FILTER MIS 2000.....	289
PFT FILTER MIS 3000.....	289
PFT FILTER MIS 4000.....	289

PFT FILTER MIS 5000 .....	289
PFT FILTER MIS 6000 .....	289
PFT FILTER MIS 7000 .....	289
PHARM CHOICE MIS MINI .....	269
PHARMACY COU MIS LANCETS.....	269
<i>phenazopyridine hcl tab 100 mg</i> ....	243
<i>phenazopyridine hcl tab 200 mg</i> ....	243
<i>phenelzine sulfate tab 15 mg</i> .....	86
PHENERGAN	
<i>see promethazine hcl inj 25 mg/ml</i>	
.....	108
<i>see promethazine hcl inj 50 mg/ml</i>	
.....	108
<i>phenobarbital elixir 20 mg/5ml</i> .....	253
<i>phenobarbital tab 100 mg</i> .....	253
<i>phenobarbital tab 15 mg</i> .....	253
<i>phenobarbital tab 16.2 mg</i> .....	253
<i>phenobarbital tab 30 mg</i> .....	253
<i>phenobarbital tab 32.4 mg</i> .....	253
<i>phenobarbital tab 60 mg</i> .....	253
<i>phenobarbital tab 64.8 mg</i> .....	253
<i>phenobarbital tab 97.2 mg</i> .....	253
<i>phenoxybenzamine hcl cap 10 mg</i> ..	116
<i>phenylephrine hcl ophth soln 10%</i> ..	311
<i>phenylephrine hcl ophth soln 2.5%</i> .	311
<i>phenylephrine hcl tab 10 mg</i> .....	309
PHENYTEK	
<i>see phenytoin sodium extended cap</i>	
<i>200 mg</i> .....	83
<i>see phenytoin sodium extended cap</i>	
<i>300 mg</i> .....	84
PHENYTEK CAP 200MG .....	83
PHENYTEK CAP 300MG .....	83
<i>phenytoin chew tab 50 mg</i> .....	83
<i>phenytoin sodium extended cap 100</i>	
<i>mg</i> .....	83
<i>phenytoin sodium extended cap 200</i>	
<i>mg</i> .....	83
<i>phenytoin sodium extended cap 300</i>	
<i>mg</i> .....	84
<i>phenytoin susp 125 mg/5ml</i> .....	84
PHEXXI GEL .....	341
<i>philith tab 0.4-35</i> .....	184
PHOSLO	
<i>see calcium acetate (phosphate</i>	
<i>binder) cap 667 mg (169 mg ca</i>	
.....	241

PHOSLYRA SOL .....	241
<i>phosphasal tab</i> .....	57
PIFELTRO TAB 100MG .....	156
<i>pilocarpine hcl ophth soln 1%</i> .....	311
<i>pilocarpine hcl ophth soln 2%</i> .....	311
<i>pilocarpine hcl ophth soln 4%</i> .....	311
<i>pilocarpine hcl tab 5 mg</i> .....	299
<i>pilocarpine hcl tab 7.5 mg</i> .....	299
<i>pimecrolimus cream 1%</i> .....	212
<i>pimozide tab 1 mg</i> .....	326
<i>pimozide tab 2 mg</i> .....	326
<i>pimtrea tab</i> .....	184
<i>pindolol tab 10 mg</i> .....	163
<i>pindolol tab 5 mg</i> .....	163
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	
.....	101
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	
.....	101
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	
.....	101
<i>pioglitazone hcl-glimepiride tab 30-2</i>	
<i>mg</i> .....	95
<i>pioglitazone hcl-glimepiride tab 30-4</i>	
<i>mg</i> .....	95
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>500 mg</i> .....	95
<i>pioglitazone hcl-metformin hcl tab 15-</i>	
<i>850 mg</i> .....	95
PIP LANCETS MIS 28G.....	269
PIP LANCETS MIS 30G.....	269
PIQRAY 200MG TAB DOSE .....	136
PIQRAY 250MG TAB DOSE .....	136
PIQRAY 300MG TAB DOSE .....	136
<i>pirmella tab 1/35</i> .....	184
<i>pirmella tab 7/7/7</i> .....	184
<i>piroxicam cap 10 mg</i> .....	42
<i>piroxicam cap 20 mg</i> .....	42
PLAN B TAB 1.5MG .....	187
PLAQUENIL	
<i>see hydroxychloroquine sulfate tab</i>	
<i>200 mg</i> .....	126
PLAVIX	
<i>see clopidogrel bisulfate tab 75 mg</i>	
<i>(base equiv)</i> .....	249
PLAVIX TAB 75MG .....	249
PLEGRIDY INJ .....	325
PLEGRIDY INJ PEN .....	325

PLEGRIDY INJ STARTER.....	325
PLEGRIDY PEN INJ STARTER .....	325
PLIAGLIS CRE 7-7%.....	214
PNEUMOVAX 23 INJ 25/0.5 .....	339
PNV TABS TAB 29-1MG.....	302
<i>pnv-dha cap.....</i>	302
PNV-DHA CAP DOCUSATE .....	302
PNV-OMEGA CAP .....	302
<i>pnv-select tab .....</i>	302
POCKETCHEM KIT EZ .....	269
POCKETCHEM TES EZ .....	221
PODOCON SOL 25%.....	213
<i>podofilox soln 0.5% .....</i>	213
POGO AUTOMAT MIS MONITOR .....	269
<i>polyethylene glycol 3350 oral powder .....</i>	256
<i>polyethylene glycol-propylene glycol ophth soln 0.4-0.3% .....</i>	309
<i>polyethylene glycol-propylene glycol pf op soln 0.4-0.3% .....</i>	309
<i>poly-iron cap 150mg .....</i>	252
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% .....</i>	313
<i>polysaccharide iron complex cap 150 mg (iron equivalent).....</i>	252
POLYTRIM	
<i>see polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% .....</i>	313
POLYTRIM SOL OP .....	313
POLY-VI-FLOR CHW 0.25MG.....	300
POLY-VI-FLOR CHW 0.5MG.....	300
POLY-VI-FLOR CHW 1MG .....	300
POLY-VI-FLOR CHW W/IRON .....	300
POLY-VI-FLOR SUS /IRON .....	300
POLY-VI-FLOR SUS 0.25/ML .....	300
<i>polyvinyl alcohol ophth soln 1.4% ..</i>	309
<i>polyvinyl alcohol-povidone ophth soln 5-6 mg/ml (0.5-0.6%).....</i>	309
POMALYST CAP 1MG .....	131
POMALYST CAP 2MG .....	131
POMALYST CAP 3MG .....	131
POMALYST CAP 4MG .....	131
PONVORY TAB 20MG .....	325
PONVORY TAB STARTER .....	325
PORENAL+D CAP OMEGA 3 .....	299
<i>portia-28 tab.....</i>	184
<i>posaconazole tab delayed release 100 mg .....</i>	107
<i>pot &amp; sod citrates w/ cit ac soln 550-500-334 mg/5ml .....</i>	242
<i>pot phos monobasic w/sod phos di &amp; monobas tab 155-852-130mg .....</i>	293
<i>potassium bicarbonate effer tab 25 meq .....</i>	293
<i>potassium chloride cap er 10 meq..</i>	293
<i>potassium chloride cap er 8 meq ...</i>	293
<i>potassium chloride microencapsulated crys er tab 10 meq.....</i>	293
<i>potassium chloride microencapsulated crys er tab 20 meq.....</i>	293
<i>potassium chloride oral soln 10% (20 meq/15ml) .....</i>	293
<i>potassium chloride oral soln 20% (40 meq/15ml) .....</i>	293
<i>potassium chloride tab er 10 meq ..</i>	294
<i>potassium chloride tab er 20 meq (1500 mg) .....</i>	294
<i>potassium chloride tab er 8 meq (600 mg) .....</i>	293
<i>potassium citrate &amp; citric acid soln 1100-334 mg/5ml.....</i>	242
<i>potassium citrate tab er 10 meq (1080 mg) .....</i>	242
<i>potassium citrate tab er 15 meq (1620 mg) .....</i>	242
<i>potassium citrate tab er 5 meq (540 mg) .....</i>	242
PRADAXA CAP 110MG .....	72
PRADAXA CAP 150MG .....	73
PRADAXA CAP 75MG .....	72
PRALUENT INJ 150MG/ML .....	114
PRALUENT INJ 75MG/ML.....	114
<i>pramipexole dihydrochloride tab 0.125 mg .....</i>	142
<i>pramipexole dihydrochloride tab 0.25 mg .....</i>	142
<i>pramipexole dihydrochloride tab 0.5 mg .....</i>	142
<i>pramipexole dihydrochloride tab 0.75 mg .....</i>	142
<i>pramipexole dihydrochloride tab 1 mg .....</i>	142

<i>pramipexole dihydrochloride tab 1.5 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i> .....	142
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i> .....	142
<i>pramox-pe-glycerin-petrolatum rectal cream 1-0.25-14.4-15%</i> .....	55
<i>prasugrel hcl tab 10 mg (base equiv)</i> .....	249
<i>prasugrel hcl tab 5 mg (base equiv)</i> .....	249
<i>pravastatin sodium tab 10 mg</i> .....	113
<i>pravastatin sodium tab 20 mg</i> .....	113
<i>pravastatin sodium tab 40 mg</i> .....	113
<i>pravastatin sodium tab 80 mg</i> .....	113
<i>praziquantel tab 600 mg</i> .....	56
<i>prazosin hcl cap 1 mg</i> .....	119
<i>prazosin hcl cap 2 mg</i> .....	119
<i>prazosin hcl cap 5 mg</i> .....	119
<i>PREC NEO SYS KIT FREESTYL</i> .....	269
<i>PRECISION KIT XTRA</i> .....	269
<i>PRECISION TES XTRA</i> .....	222
<b>PRECOSE</b>	
see <i>acarbose tab 100 mg</i> .....	93
see <i>acarbose tab 25 mg</i> .....	93
see <i>acarbose tab 50 mg</i> .....	93
<b>PRED FORTE</b>	
see <i>prednisolone acetate ophth susp 1%</i> .....	315
<b>PRED FORTE SUS 1% OP</b> .....	315
<b>PRED MILD SUS 0.12% OP</b> .....	315
<b>PRED SOD PHO SOL 1% OP</b> .....	315
<b>PRED-G S.O.P OIN OP</b> .....	315
<b>PRED-G SUS OP</b> .....	315
<i>prednicarbate oint 0.1%</i> .....	210
<i>prednisolone acetate ophth susp 1%</i> .....	315

<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i> .....	190
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i> .....	190
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i> .....	190
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i> .....	190
<i>prednisolone sod phosphate oral soln 10 mg/5ml (base equiv)</i> .....	190
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i> .....	190
<i>prednisolone sod phosphate oral soln 20 mg/5ml (base equiv)</i> .....	190
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i> .....	190
<i>prednisolone syrup 15 mg/5ml (usp solution equivalent)</i> .....	191
<b>PREDNISONE CON 5MG/ML</b> .....	191
<i>prednisone oral soln 5 mg/5ml</i> .....	191
<i>prednisone tab 1 mg</i> .....	191
<i>prednisone tab 10 mg</i> .....	191
<i>prednisone tab 2.5 mg</i> .....	191
<i>prednisone tab 20 mg</i> .....	191
<i>prednisone tab 5 mg</i> .....	191
<i>prednisone tab 50 mg</i> .....	191
<i>prednisone tab therapy pack 10 mg (21)</i> .....	191
<i>prednisone tab therapy pack 10 mg (48)</i> .....	191
<i>prednisone tab therapy pack 5 mg (21)</i> .....	191
<i>prednisone tab therapy pack 5 mg (48)</i> .....	191
<b>PREFEST TAB</b> .....	234
<i>pregabalin cap 100 mg</i> .....	79
<i>pregabalin cap 150 mg</i> .....	79
<i>pregabalin cap 200 mg</i> .....	79
<i>pregabalin cap 225 mg</i> .....	79
<i>pregabalin cap 25 mg</i> .....	79
<i>pregabalin cap 300 mg</i> .....	79
<i>pregabalin cap 50 mg</i> .....	79
<i>pregabalin cap 75 mg</i> .....	79
<i>pregabalin soln 20 mg/ml</i> .....	80
<i>pregabalin tab er 24hr 165 mg</i> .....	326
<i>pregabalin tab er 24hr 330 mg</i> .....	326
<i>pregabalin tab er 24hr 82.5 mg</i> .....	326

PREM V10 BLE MIS GLUC SYS.....	269
PREMARIN TAB 0.3MG .....	236
PREMARIN TAB 0.45MG .....	236
PREMARIN TAB 0.625MG .....	236
PREMARIN TAB 0.9MG .....	236
PREMARIN TAB 1.25MG .....	236
PREMARIN VAG CRE 0.625MG .....	342
PREMESISRX TAB .....	302
PREMIUM BLOO MIS GLUCOSE .....	222
PREMIUM V10 MIS METER.....	270
PREMPHASE TAB.....	234
PREMPRO TAB .....	234
PREMPRO TAB 0.3-1.5.....	234
PREMPRO TAB 0.45-1.5 .....	234
PREMPRO TAB 0.625-5 .....	234
PRENAISSANCE CAP.....	303
PRENAISSANCE CAP PLUS.....	303
PRENATAL TAB 27-1MG .....	303
PRENATAL VIT W/ FE FUMARATE-FA TAB 27-0.8 MG .....	303
PRENATAL VIT W/ FE FUMARATE-FA TAB 28-0.8 MG .....	303
PRENATAL W/FE FUM-FA TAB 28-0.8 MG & DHA CAP 200 MG PACK .....	303
PRENATE AM TAB 1MG .....	303
PRENATE CAP ENHANCE .....	303
PRENATE CAP ESSENT .....	303
PRENATE CAP PIXIE .....	303
PRENATE CAP RESTORE.....	303
PRENATE CHW 0.6-0.4 .....	303
PRENATE DHA CAP.....	303
PRENATE MINI CAP .....	303
PRENATE TAB ELITE .....	303
PRENATRIX TAB.....	303
PRENATRYL TAB .....	303
PREPLUS TAB 27-1MG .....	304
PRESERVISION CAP AREDS .....	299
PRESERVISION CAP AREDS 2 .....	299
PRESERVISION CAP LUTEIN .....	299
PRESERVISION CHW AREDS 2 .....	299
PRETAB TAB 29-1MG.....	304
PRETOMANID TAB 200MG .....	127
PREVACID see <i>lansoprazole cap delayed release</i> 30 mg .....	336
PREVACID CAP 30MG DR .....	336
PREVACID SOLUTAB	

see <i>lansoprazole tab delayed release</i> orally disintegrating 15 mg .....	336
see <i>lansoprazole tab delayed release</i> orally disintegrating 30 mg .....	336
PREVACID TAB 15MG STB.....	336
PREVACID TAB 30MG STB.....	336
prevalite pow 4gm .....	110
prevalite pow 4gm pk.....	110
PREVENT DROP MIS 31GX1/4 .....	284
PREVENT DROP MIS 31GX5/16 .....	284
PREVENT SAFE MIS 31GX1/4 .....	284
PREVENT SAFE MIS 31GX5/16.....	284
previfem tab .....	184
PREVNAR 13 INJ.....	339
PREVNAR 20 INJ.....	339
PREVYMIS TAB 240MG .....	157
PREVYMIS TAB 480MG .....	158
PREZCOBIX TAB 800-150 .....	156
PREZISTA SUS 100MG/ML .....	156
PREZISTA TAB 150MG.....	156
PREZISTA TAB 600MG.....	156
PREZISTA TAB 75MG .....	156
PREZISTA TAB 800MG.....	156
PRIFTIN TAB 150MG .....	127
PRILO PATCH KIT II .....	214
PRILOSEC POW 10MG .....	336
PRILOSEC POW 2.5MG .....	336
PRIMACARE CAP.....	304
PRIMAQUINE PHOSPHATE see <i>primaquine phosphate tab 26.3</i> <i>mg (15 mg base) .....</i>	126
<i>primaquine phosphate tab 26.3 mg (15</i> <i>mg base) .....</i>	126
PRIMAQUINE TAB 26.3MG.....	126
<i>primidone tab 250 mg .....</i>	80
<i>primidone tab 50 mg.....</i>	80
PRISTIQ see <i>desvenlafaxine succinate tab er</i> 24hr 100 mg (base equiv) .....	89
see <i>desvenlafaxine succinate tab er</i> 24hr 25 mg (base equiv).....	89
see <i>desvenlafaxine succinate tab er</i> 24hr 50 mg (base equiv).....	89
PRISTIQ TAB 100MG .....	90
PRISTIQ TAB 25MG.....	90
PRISTIQ TAB 50MG.....	90
PRIZOPAK II KIT 2.5-2.5% .....	214

PRIZOTRAL II KIT .....	214
PRO COMFORT MIS 0.5/30G .....	284
PRO COMFORT MIS 0.5/31G .....	284
PRO COMFORT MIS 1ML/30G .....	284
PRO COMFORT MIS 1ML/31G .....	284
PRO COMFORT MIS 31GX8MM .....	284
PRO COMFORT MIS 32GX4MM .....	284
PRO COMFORT MIS 32GX5MM .....	284
PRO COMFORT MIS 32GX6MM .....	284
PRO VOICE TES V8/V9.....	222
PRO VOICE V8 MIS SYSTEM .....	270
PRO VOICE V9 MIS SYSTEM .....	270
PROAIR DIGIH AER .....	69
PROAIR HFA see <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i> .....	68
PROAIR HFA AER .....	69
PROAIR RESPI AER .....	69
<i>probenecid tab 500 mg</i> .....	244
PROCARDIA XL see <i>nifedipine tab er 24hr osmotic release 30 mg</i> .....	167
see <i>nifedipine tab er 24hr osmotic release 60 mg</i> .....	167
see <i>nifedipine tab er 24hr osmotic release 90 mg</i> .....	167
PROCARDIA XL TAB 30MG CR .....	168
PROCARDIA XL TAB 60MG CR .....	168
PROCARDIA XL TAB 90MG CR .....	168
<i>procenutra sol 5mg/5ml</i> .....	25
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i> .....	151
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i> .....	151
<i>prochlorperazine suppos 25 mg</i> .....	151
PROCERIT INJ 10000/ML .....	251
PROCERIT INJ 2000/ML .....	251
PROCERIT INJ 20000/ML .....	251
PROCERIT INJ 3000/ML .....	251
PROCERIT INJ 4000/ML .....	251
PROCERIT INJ 40000/ML .....	251
PROCTOCORT see <i>hydrocortisone perianal cream 1%</i> .....	55
PROCTOFOAM AER HC 1% .....	55
<i>procto-med cre hc 2.5%</i> .....	55
<i>proctosol hc cre 2.5%</i> .....	55
<i>proctozone cre -hc 2.5%</i> .....	55
PROCYSB1 CAP 25MG .....	242
PROCYSB1 CAP 75MG .....	242
PROCYSB1 GRA 300MG .....	242
PROCYSB1 GRA 75MG.....	242
PRODIGY AUTO KIT MONITOR .....	270
PRODIGY AUTO MIS SYSTEM.....	270
PRODIGY KIT NO CODIN.....	270
PRODIGY MIS 26G .....	270
PRODIGY MIS 28G .....	270
PRODIGY NO TES CODING .....	222
PRODIGY PCKT KIT METER.....	270
PRODIGY VOIC KIT METER.....	270
PROFILNINE INJ 1000UNIT .....	247
PROFILNINE INJ 1500UNIT .....	247
PROFILNINE INJ 500UNIT .....	247
<i>progesterone cap 100 mg</i> .....	319
<i>progesterone cap 200 mg</i> .....	319
<i>progesterone im in oil 50 mg/ml</i> ....	319
PROGLYCEM see <i>diazoxide susp 50 mg/ml</i> .....	97
PROGLYCEM SUS 50MG/ML.....	97
PROGRAF see <i>tacrolimus cap 0.5 mg</i> .....	297
see <i>tacrolimus cap 1 mg</i> .....	297
see <i>tacrolimus cap 5 mg</i> .....	297
PROGRAF CAP 0.5MG .....	296
PROGRAF CAP 1MG .....	296
PROGRAF CAP 5MG .....	296
PROGRAF GRA 0.2MG.....	296
PROGRAF GRA 1MG .....	296
PROLENSA SOL 0.07% .....	316
PROMACTA PAK 25MG .....	251
PROMACTA POW 12.5MG .....	251
PROMACTA TAB 12.5MG .....	251
PROMACTA TAB 25MG .....	251
PROMACTA TAB 50MG .....	251
PROMACTA TAB 75MG .....	251
<i>prometh vc syp 6.25-5/5</i> .....	192
<i>prometh vc/ syp codeine</i> .....	192
<i>promethazine &amp; phenylephrine syrup 6.25-5 mg/5ml</i> .....	192
<i>promethazine hcl inj 25 mg/ml</i> .....	108
<i>promethazine hcl inj 50 mg/ml</i> .....	108
<i>promethazine hcl suppos 12.5 mg..</i>	108
<i>promethazine hcl suppos 25 mg</i> ....	108

<i>promethazine hcl syrup 6.25 mg/5ml</i>	108
<i>promethazine hcl tab 12.5 mg</i>	108
<i>promethazine hcl tab 25 mg</i>	109
<i>promethazine hcl tab 50 mg</i>	109
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	192
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	193
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml</i>	193
PROMETRIUM	
see <i>progesterone cap 100 mg</i>	319
see <i>progesterone cap 200 mg</i>	319
PROMETRIUM CAP 100MG	319
PROMETRIUM CAP 200MG	319
<i>propafenone hcl cap er 12hr 225 mg</i>	64
<i>propafenone hcl cap er 12hr 325 mg</i>	64
<i>propafenone hcl cap er 12hr 425 mg</i>	64
<i>propafenone hcl tab 150 mg</i>	64
<i>propafenone hcl tab 225 mg</i>	64
<i>propafenone hcl tab 300 mg</i>	64
<i>proparacaine hcl ophth soln 0.5%</i>	313
PROPEL SDS IMP 370MCG	308
<i>propranolol hcl cap er 24hr 120 mg</i>	164
<i>propranolol hcl cap er 24hr 160 mg</i>	164
<i>propranolol hcl cap er 24hr 60 mg</i>	163
<i>propranolol hcl cap er 24hr 80 mg</i>	163
<i>propranolol hcl oral soln 20 mg/5ml</i>	164
<i>propranolol hcl oral soln 40 mg/5ml</i>	164
<i>propranolol hcl tab 10 mg</i>	164
<i>propranolol hcl tab 20 mg</i>	164
<i>propranolol hcl tab 40 mg</i>	164
<i>propranolol hcl tab 60 mg</i>	164
<i>propranolol hcl tab 80 mg</i>	164
<i>propylthiouracil tab 50 mg</i>	330
PRORENAL+D CAP OMEGA-3	299
PROSCAR	
see <i>finasteride tab 5 mg</i>	243
PROSCAR TAB 5MG	243
PROTONIX	
see <i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	336
see <i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	336
see <i>pantoprazole sodium for delayed release susp packet 40 mg</i>	336
PROTONIX PAK 40MG	336
PROTONIX TAB 20MG	336
PROTONIX TAB 40MG	336
PROTOPIC	
see <i>tacrolimus oint 0.03%</i>	213
see <i>tacrolimus oint 0.1%</i>	213
PROTOPIC OIN 0.03%	213
PROTOPIC OIN 0.1%	213
<i>protriptyline hcl tab 10 mg</i>	92
<i>protriptyline hcl tab 5 mg</i>	92
PROVENTIL AER HFA	69
PROVENTIL HFA	
see <i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	68
PROVERA	
see <i>medroxyprogesterone acetate tab 10 mg</i>	319
see <i>medroxyprogesterone acetate tab 2.5 mg</i>	319
see <i>medroxyprogesterone acetate tab 5 mg</i>	319
PROVERA TAB 10MG	319
PROVERA TAB 2.5MG	319
PROVERA TAB 5MG	319
PROVIGIL	
see <i>modafinil tab 100 mg</i>	34
see <i>modafinil tab 200 mg</i>	34
PROVIGIL TAB 100MG	35
PROVIGIL TAB 200MG	35
PROZAC	
see <i>fluoxetine hcl cap 10 mg</i>	87
see <i>fluoxetine hcl cap 20 mg</i>	87
see <i>fluoxetine hcl cap 40 mg</i>	87
PROZAC CAP 10MG	88
PROZAC CAP 20MG	88
PROZAC CAP 40MG	88
PRUDOXIN CRE 5%	204
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	193
<i>pseudoephedrine hcl tab 30 mg</i>	309
<i>pseudoephedrine hcl tab 60 mg</i>	309
<i>pseudoephedrine hcl tab er 12hr 120 mg</i>	309
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	193
PSORCON CRE 0.05%	210
PSS SAFE LAN MIS	270

PSS SEL LANC MIS.....	270
<i>psyllium cap 0.52 gm</i> .....	255
<i>psyllium powder 28.3%</i> .....	255
<i>psyllium powder 48.57%</i> .....	255
<i>psyllium powder 58.6%</i> .....	255
PTS PANELS TES GLUCOSE .....	222
PULMICORT <i>see budesonide inhalation susp 0.25 mg/2ml</i> .....	67
<i>see budesonide inhalation susp 0.5 mg/2ml</i> .....	67
<i>see budesonide inhalation susp 1 mg/2ml</i> .....	67
PULMICORT INH 180MCG.....	67
PULMICORT INH 90MCG .....	67
PULMICORT SUS 0.25MG/2 .....	67
PULMICORT SUS 0.5MG/2 .....	67
PULMICORT SUS 1MG/2ML.....	67
PULMOZYME SOL 1MG/ML.....	327
PURE COMFORT MIS 30G LAN.....	270
PURE COMFORT MIS 32GX4MM.....	284
PURE COMFORT MIS 32GX5MM.....	284
PURE COMFORT MIS 32GX6MM.....	284
PURE COMFORT MIS 32GX8MM.....	284
PURE COMFORT MIS 3-BALL.....	289
PURIXAN SUS 20MG/ML.....	128
PX LANCETS MIS 28G.....	270
PX LANCETS MIS 33G.....	270
PX LANCETS MIS ULT THIN .....	270
PYLERA CAP .....	337
pyrazinamide tab 500 mg .....	127
pyrethrins-piperonyl butoxide liq 0.33-4% .....	216
pyrethrins-piperonyl butoxide shampoo 0.33-4% .....	216
PYRIDIUM TAB 100MG .....	243
PYRIDIUM TAB 200MG.....	243
pyridostigmine bromide oral soln 60 mg/5ml .....	126
pyridostigmine bromide tab 30 mg .....	126
pyridostigmine bromide tab 60 mg .....	126
pyridostigmine bromide tab er 180 mg .....	126
pyridoxine hcl tab 100 mg.....	343
pyridoxine hcl tab 25 mg .....	343
pyridoxine hcl tab 50 mg .....	343
pyrimethamine tab 25 mg .....	126

<b>Q</b>	
QBRELIS SOL 1MG/ML.....	116
QBREXA PAD 2.4% .....	214
qc diclofena gel 1% .....	201
QC LANCETS MIS 28G .....	270
QC LANCETS MIS 30G .....	270
qc medifin tab dm .....	193
qc natural pow vegetabl .....	255
QELBREE CAP 100MG ER .....	28
QELBREE CAP 150MG ER .....	28
QELBREE CAP 200MG ER .....	28
QINLOCK TAB 50MG .....	136
QNASL AER 80MCG.....	308
QNASL CHILD SPR 40MCG .....	308
QTERN TAB 10-5MG.....	95
QTERN TAB 5-5MG .....	95
QUALAQUIN <i>see quinine sulfate cap 324 mg</i> ...	126
QUALAQUIN CAP 324MG.....	126
QUARTETTE <i>see fayosim tab</i> .....	178
<i>see levonor-eth est tab 0.15-0.02/0.025/0.03 mg &amp;eth est 0.01 mg</i> .....	180
<i>see rivelsa tab</i> .....	184
QUARTETTE TAB.....	184
QUDEXY XR <i>see topiramate cap er 24hr sprinkle 100 mg</i> .....	81
<i>see topiramate cap er 24hr sprinkle 150 mg</i> .....	81
<i>see topiramate cap er 24hr sprinkle 200 mg</i> .....	81
<i>see topiramate cap er 24hr sprinkle 25 mg</i> .....	81
<i>see topiramate cap er 24hr sprinkle 50 mg</i> .....	81
QUDEXY XR CAP 100/24HR .....	80
QUDEXY XR CAP 150/24HR .....	80
QUDEXY XR CAP 200/24HR .....	80
QUDEXY XR CAP 25/24HR.....	80
QUDEXY XR CAP 50/24HR.....	80
QUESTRAN <i>see cholestyramine powder 4 gm/dose</i> .....	110
<i>see cholestyramine powder packets 4 gm</i> .....	110

QUESTRAN LIGHT	289
see <i>cholestyramine light powder 4 gm/dose</i>	110
see <i>prevalite pow 4gm</i>	110
QUESTRAN POW 4GM	110
QUESTRAN POW 4GM LITE	110
<i>quetiapine fumarate tab 100 mg</i>	149
<i>quetiapine fumarate tab 200 mg</i>	149
<i>quetiapine fumarate tab 25 mg</i>	149
<i>quetiapine fumarate tab 300 mg</i>	149
<i>quetiapine fumarate tab 400 mg</i>	149
<i>quetiapine fumarate tab 50 mg</i>	149
<i>quetiapine fumarate tab er 24hr 150 mg</i>	149
<i>quetiapine fumarate tab er 24hr 200 mg</i>	149
<i>quetiapine fumarate tab er 24hr 300 mg</i>	149
<i>quetiapine fumarate tab er 24hr 400 mg</i>	149
<i>quetiapine fumarate tab er 24hr 50 mg</i>	149
QUICKTEK KIT	270
QUICKTEK TES	222
QUILLICHEW CHW 20MG ER	35
QUILLICHEW CHW 30MG ER	35
QUILLICHEW CHW 40MG ER	35
QUILLIVANT SUS 25MG/5ML	35
<i>quinapril hcl tab 10 mg</i>	116
<i>quinapril hcl tab 20 mg</i>	116
<i>quinapril hcl tab 40 mg</i>	116
<i>quinapril hcl tab 5 mg</i>	116
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	123
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	123
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	123
<i>quinidine gluconate tab er 324 mg</i>	64
<i>quinidine sulfate tab 200 mg</i>	64
<i>quinidine sulfate tab 300 mg</i>	64
<i>quinine sulfate cap 324 mg</i>	126
<i>QUINTET AC MIS SYSTEM</i>	270
<i>QUINTET AC TES BLD GLUC</i>	222
<i>QUINTET MIS SYSTEM</i>	270
<i>QUINTET TES BLD GLUC</i>	222
<i>QULIPTA TAB 10MG</i>	289
<i>QULIPTA TAB 30MG</i>	289
<i>QULIPTA TAB 60MG</i>	289
<i>QUTENZA KIT 8% 1-PCH</i>	214
<i>QUTENZA KIT 8% 2-PCH</i>	214
<i>QUTENZA KIT 8% 4-PCH</i>	214
<i>QVAR REDIHA AER 80MCG</i>	67
<i>QVAR REDIHAL AER 40MCG</i>	67
<b>R</b>	
<i>RA E-ZJECT MIS 28G</i>	270
<i>RA E-ZJECT MIS THIN 26G</i>	270
<i>RA E-ZJECT MIS THIN 28G</i>	270
<i>RA E-ZJECT MIS ULT THIN</i>	270
<i>RA PEN NEEDL MIS 31GX3/16</i>	284
<i>rabeprazole sodium ec tab 20 mg</i>	337
<i>RADIAURA CRE 3-0.5%</i>	210
<i>raloxifene hcl tab 60 mg</i>	228
<i>ramelteon tab 8 mg</i>	255
<i>ramipril cap 1.25 mg</i>	116
<i>ramipril cap 10 mg</i>	116
<i>ramipril cap 2.5 mg</i>	116
<i>ramipril cap 5 mg</i>	116
<i>RANEXA</i>	
<i>see ranolazine tab er 12hr 1000 mg</i>	
<i>.....</i>	60
<i>see ranolazine tab er 12hr 500 mg</i>	60
<i>RANEXA TAB 1000MG</i>	60
<i>RANEXA TAB 500MG</i>	60
<i>ranolazine tab er 12hr 1000 mg</i>	60
<i>ranolazine tab er 12hr 500 mg</i>	60
<i>RAPAFLO</i>	
<i>see silodosin cap 4 mg</i>	243
<i>see silodosin cap 8 mg</i>	243
<i>RAPAFLO CAP 4MG</i>	243
<i>RAPAFLO CAP 8MG</i>	243
<i>RAPAMUNE</i>	
<i>see sirolimus oral soln 1 mg/ml</i>	297
<i>see sirolimus tab 0.5 mg</i>	297
<i>see sirolimus tab 1 mg</i>	297
<i>see sirolimus tab 2 mg</i>	297
<i>RAPAMUNE SOL 1MG/ML</i>	296
<i>RAPAMUNE TAB 0.5MG</i>	296
<i>RAPAMUNE TAB 1MG</i>	296
<i>RAPAMUNE TAB 2MG</i>	297
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	143
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	143

RASUVO INJ 10MG.....	37
RASUVO INJ 12.5MG .....	37
RASUVO INJ 15MG.....	37
RASUVO INJ 17.5MG .....	37
RASUVO INJ 20MG.....	37
RASUVO INJ 22.5MG .....	37
RASUVO INJ 25MG.....	38
RASUVO INJ 30MG.....	38
RASUVO INJ 7.5MG.....	37
RAVICTI LIQ 1.1GM/ML .....	230
RAYALDEE CAP 30MCG .....	230
RAYOS TAB 1MG.....	191
RAYOS TAB 2MG.....	191
RAYOS TAB 5MG.....	191
RAZADYNE ER <i>see galantamine hydrobromide cap er 24hr 16 mg</i> .....	320
<i>see galantamine hydrobromide cap er 24hr 24 mg</i> .....	320
<i>see galantamine hydrobromide cap er 24hr 8 mg</i> .....	320
RAZADYNE ER CAP 16MG.....	321
RAZADYNE ER CAP 24MG.....	322
RAZADYNE ER CAP 8MG.....	321
READYLANCE MIS 21G.....	270
READYLANCE MIS 23G.....	270
READYLANCE MIS 26G.....	270
READYLANCE MIS 28G.....	270
READYLANCE MIS 30G.....	270
REALITY MIS LANCETS .....	270
REALITY TRIG MIS LANCETS .....	270
REBIF INJ 22/0.5 .....	325
REBIF INJ 44/0.5 .....	325
REBIF REBIDO INJ 22/0.5 .....	325
REBIF REBIDO INJ 44/0.5 .....	325
REBIF REBIDO INJ TITRATN .....	325
REBIF TITRTN INJ PACK.....	325
REBINYN SOL 1000UNIT .....	247
REBINYN SOL 2000UNIT .....	247
REBINYN SOL 500UNIT .....	247
REBLOZYL INJ 25MG .....	251
REBLOZYL INJ 75MG .....	251
<i>reclipsen tab</i> .....	184
RECOMBINATE INJ .....	247
RECOMBINATE INJ 220-400 .....	247
RECOMBINATE INJ 401-800 .....	247
RECOMBINATE INJ 801-1240.....	247
RECOMBIVA HB INJ 10MCG/ML.....	340
RECOMBIVA HB INJ 5MCG/0.5.....	340
RECORLEV TAB 150MG.....	226
RECTIV OIN 0.4%.....	55
REDITREX INJ 10/.4ML.....	38
REDITREX INJ 12.5/0.5 .....	38
REDITREX INJ 15/.6ML.....	38
REDITREX INJ 17.5/0.7 .....	38
REDITREX INJ 20/.8ML.....	38
REDITREX INJ 22.5/0.9 .....	38
REDITREX INJ 25MG/ML .....	38
REDITREX INJ 7.5/.3ML.....	38
REFUAH PLUS KIT SYSTEM.....	271
REFUAH PLUS TES BLD GLUC .....	222
REGLAN <i>see metoclopramide hcl tab 10 mg (base equivalent)</i> .....	238
<i>see metoclopramide hcl tab 5 mg (base equivalent)</i> .....	238
REGLAN TAB 10MG .....	238
REGLAN TAB 5MG .....	238
RELAFEN DS TAB 1000MG .....	42
RELENZA MIS DISKHALE .....	160
RELEXXII TAB 72MG .....	35
RELION ALL- MIS IN-ONE .....	271
RELION KIT LANCING.....	271
RELION KIT MONITOR .....	271
RELION LANCE MIS THIN 26G .....	271
RELION LANCE MIS THIN 30G .....	271
RELION MICRO KIT .....	271
RELION MICRO MIS THIN 33G .....	271
RELION PEN MIS 29GX12MM .....	285
RELION PEN MIS 31GX1/4 .....	285
RELION PEN MIS 31GX5/16 .....	285
RELION PEN MIS 31GX6MM .....	285
RELION PEN MIS 31GX8MM .....	285
RELION PEN MIS 32GX4MM .....	285
RELION PEN MIS 32GX5/32 .....	285
RELION PREMI KIT COMP SYS .....	271
RELION PREMI MIS MONITOR .....	271
RELION PREMI TES GLUCOSE .....	222
RELION PRIME MIS MONITOR .....	271
RELION PRIME TES .....	222
RELION PRIME TES GLUCOSE .....	222
RELION TES ULTIMA .....	222
RELION TRUE TES METRIX .....	222
RELION ULTIM KIT SYSTEM.....	271

RELION ULTRA MIS THIN 30G.....	271
RELION ULTRA MIS THIN PLS .....	271
RELISTOR INJ 12/0.6ML .....	241
RELISTOR INJ 8/0.4ML .....	240
RELISTOR TAB 150MG.....	241
RELNATE DHA CAP .....	304
RELPAX	
<i>see eletriptan hydrobromide tab 20 mg (base equivalent) .....</i>	290
<i>see eletriptan hydrobromide tab 40 mg (base equivalent) .....</i>	290
RELPAX TAB 20MG .....	291
RELPAX TAB 40MG .....	291
RELTONE CAP 200MG .....	238
RELTONE CAP 400MG .....	238
REMERON	
<i>see mirtazapine tab 15 mg .....</i>	85
<i>see mirtazapine tab 30 mg .....</i>	85
REMERON SLTB TAB 15MG .....	85
REMERON SLTB TAB 30MG.....	85
REMERON SLTB TAB 45MG.....	85
REMERON SOLTAB	
<i>see mirtazapine orally disintegrating tab 15 mg .....</i>	84
<i>see mirtazapine orally disintegrating tab 30 mg .....</i>	85
<i>see mirtazapine orally disintegrating tab 45 mg .....</i>	85
REMERON TAB 15MG.....	85
REMERON TAB 30MG.....	85
REMICADE INJ 100MG .....	240
REMODULIN INJ 10MG/ML .....	171
REMODULIN INJ 1MG/ML .....	171
REMODULIN INJ 2.5MG/ML .....	171
REMODULIN INJ 5MG/ML .....	171
RENAGEL	
<i>see sevelamer hcl tab 800 mg ....</i>	241
RENAGEL TAB 800MG.....	241
RENFLEXIS INJ 100MG .....	240
RENVELA	
<i>see sevelamer carbonate packet 0.8 gm .....</i>	241
<i>see sevelamer carbonate packet 2.4 gm .....</i>	241
<i>see sevelamer carbonate tab 800 mg .....</i>	241
RENVELA POW 0.8GM.....	241
RENVELA POW 2.4GM .....	241
RENVELA TAB 800MG .....	241
repaglinide tab 0.5 mg .....	101
repaglinide tab 1 mg .....	101
repaglinide tab 2 mg .....	101
REPATHA INJ 140MG/ML.....	114
REPATHA PUSH INJ 420/3.5.....	114
REPATHA SURE INJ 140MG/ML .....	114
RESPIRATORY THERAPY SUPPLIES -	
MISC (MASK) .....	289
RESPIRATORY THERAPY SUPPLIES -	
MISC (MASK)- RX .....	289
RESTASIS EMU 0.05% .....	313
RESTASIS MUL EMU 0.05%.....	313
RESTORIL	
<i>see temazepam cap 15 mg.....</i>	254
<i>see temazepam cap 22.5 mg .....</i>	254
<i>see temazepam cap 30 mg.....</i>	254
<i>see temazepam cap 7.5 mg.....</i>	254
RESTORIL CAP 15MG .....	254
RESTORIL CAP 22.5MG.....	254
RESTORIL CAP 30MG .....	254
RESTORIL CAP 7.5MG .....	254
RETACRIT INJ 10000UNT .....	252
RETACRIT INJ 20000UNI .....	252
RETACRIT INJ 2000UNIT .....	251
RETACRIT INJ 3000UNIT .....	252
RETACRIT INJ 40000UNT .....	252
RETACRIT INJ 4000UNIT .....	252
RETEVMO CAP 40MG .....	136
RETEVMO CAP 80MG .....	136
RETIN-A	
<i>see avita cre 0.025% .....</i>	195
<i>see tretinoin cream 0.025% .....</i>	200
<i>see tretinoin cream 0.05% .....</i>	200
<i>see tretinoin cream 0.1%.....</i>	200
<i>see tretinoin gel 0.01% .....</i>	200
<i>see tretinoin gel 0.025%.....</i>	200
RETIN-A CRE 0.025% .....	198
RETIN-A CRE 0.05% .....	198
RETIN-A CRE 0.1% .....	198
RETIN-A GEL 0.01% .....	198
RETIN-A GEL 0.025%.....	198
RETIN-A MICR GEL 0.04% .....	198
RETIN-A MICR GEL 0.04%PMP.....	198
RETIN-A MICR GEL 0.06% .....	198
RETIN-A MICR GEL 0.08% .....	198

RETIN-A MICR GEL 0.1% .....	198
RETIN-A MICR GEL 0.1%PUMP.....	198
RETROVIR	
see <i>zidovudine cap 100 mg</i> .....	157
see <i>zidovudine syrup 10 mg/ml</i> ...157	
RETROVIR CAP 100MG .....	156
RETROVIR SYP 50MG/5ML.....	156
REVATIO	
<i>see sildenafil citrate for suspension</i>	
<i>10 mg/ml</i> .....172	
<i>see sildenafil citrate iv soln 10</i>	
<i>mg/12.5ml (base equivalent)</i> ...172	
<i>see sildenafil citrate tab 20 mg</i> ...172	
REVATIO INJ .....	172
REVATIO SUS 10MG/ML.....	172
REVATIO TAB 20MG .....	172
REVLIMID CAP 10MG.....	294
REVLIMID CAP 15MG.....	294
REVLIMID CAP 2.5MG.....	294
REVLIMID CAP 20MG.....	294
REVLIMID CAP 25MG.....	294
REVLIMID CAP 5MG .....	294
REXULTI TAB 0.25MG.....	153
REXULTI TAB 0.5MG.....	153
REXULTI TAB 1MG .....	153
REXULTI TAB 2MG .....	153
REXULTI TAB 3MG .....	153
REXULTI TAB 4MG .....	153
REYATAZ	
<i>see atazanavir sulfate cap 200 mg</i>	
<i>(base equiv)</i> .....154	
<i>see atazanavir sulfate cap 300 mg</i>	
<i>(base equiv)</i> .....154	
REYATAZ CAP 200MG .....	156
REYATAZ CAP 300MG .....	156
REYATAZ POW 50MG.....	156
REYVOW TAB 100MG.....	291
REYVOW TAB 50MG .....	291
REZUROCK TAB 200MG .....	297
RHOFADE CRE 1% .....	215
RHOPRESA SOL 0.02% .....	313
<i>ribavirin cap 200 mg</i> .....	159
<i>ribavirin tab 200 mg</i> .....	159
<i>riboflavin tab 100 mg</i> .....	343
RIDAURA CAP 3MG .....	38
<i>rifabutin cap 150 mg</i> .....	127
<i>rifampin cap 150 mg</i> .....	127
<i>rifampin cap 300 mg</i> .....	127
RIGHTEST MIS GL300 .....	271
RIGHTEST SYS KIT GM100.....	271
RIGHTEST SYS KIT GM300.....	271
RIGHTEST SYS KIT GM550.....	271
RIGHTEST SYS MIS GT333.....	271
RIGHTEST TES GS100 .....	222
RIGHTEST TES GS300 .....	222
RIGHTEST TES GS550 .....	222
RIGHTEST TES GT333 .....	222
RILUTEK	
<i>see riluzole tab 50 mg</i> .....	309
RILUTEK TAB 50MG .....	309
<i>riluzole tab 50 mg</i> .....	309
<i>rimantadine hydrochloride tab 100 mg</i>	
.....160	
RINVOQ TAB 15MG ER .....	37
RINVOQ TAB 30MG .....	37
RIOMET	
<i>see metformin hcl oral soln 500</i>	
<i>mg/5ml</i> .....	96
RIOMET SOL .....	97
RIOMET SOL 500/5ML.....	97
RISACAL-D TAB.....	293
<i>risedronate sodium tab 150 mg</i> ....	226
<i>risedronate sodium tab 30 mg</i> .....	226
<i>risedronate sodium tab 35 mg</i> .....	226
<i>risedronate sodium tab 5 mg</i> .....	226
<i>risedronate sodium tab delayed release</i>	
<i>35 mg</i> .....	226
RISPERDAL	
<i>see risperidone soln 1 mg/ml</i> .....147	
<i>see risperidone tab 0.5 mg</i> .....147	
<i>see risperidone tab 1 mg</i> .....	147
<i>see risperidone tab 2 mg</i> .....	147
<i>see risperidone tab 3 mg</i> .....	147
<i>see risperidone tab 4 mg</i> .....	147
RISPERDAL INJ 12.5MG .....	146
RISPERDAL INJ 25MG .....	146
RISPERDAL INJ 37.5MG .....	146
RISPERDAL INJ 50MG .....	146
RISPERDAL SOL 1MG/ML .....	146
RISPERDAL TAB 0.5MG.....	146
RISPERDAL TAB 1MG .....	146
RISPERDAL TAB 2MG .....	146
RISPERDAL TAB 3MG .....	146
RISPERDAL TAB 4MG .....	147

<i>risperidone orally disintegrating tab</i>	
<i>0.25 mg</i>	147
<i>risperidone orally disintegrating tab 0.5 mg</i>	147
<i>risperidone orally disintegrating tab 1 mg</i>	147
<i>risperidone orally disintegrating tab 2 mg</i>	147
<i>risperidone orally disintegrating tab 3 mg</i>	147
<i>risperidone orally disintegrating tab 4 mg</i>	147
<i>risperidone soln 1 mg/ml</i>	147
<i>risperidone tab 0.25 mg</i>	147
<i>risperidone tab 0.5 mg</i>	147
<i>risperidone tab 1 mg</i>	147
<i>risperidone tab 2 mg</i>	147
<i>risperidone tab 3 mg</i>	147
<i>risperidone tab 4 mg</i>	147
RITALIN	
see <i>methylphenidate hcl tab 10 mg</i>	34
see <i>methylphenidate hcl tab 20 mg</i>	34
see <i>methylphenidate hcl tab 5 mg</i>	.33
RITALIN LA	
see <i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	32
see <i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	32
see <i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	32
see <i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	33
RITALIN LA CAP 10MG	35
RITALIN LA CAP 20MG	35
RITALIN LA CAP 30MG	35
RITALIN LA CAP 40MG	35
RITALIN TAB 10MG	35
RITALIN TAB 20MG	35
RITALIN TAB 5MG	35
<i>ritonavir tab 100 mg</i>	156
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	322
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	322
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	322
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	322
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	322
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	322
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	322
<i>rivelsa tab</i>	184
<i>RIXUBIS INJ 1000UNIT</i>	247
<i>RIXUBIS INJ 2000UNIT</i>	247
<i>RIXUBIS INJ 250 UNIT</i>	247
<i>RIXUBIS INJ 3000UNIT</i>	247
<i>RIXUBIS INJ 500UNIT</i>	247
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	291
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	291
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	291
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	291
ROBINUL	
see <i>glycopyrrolate tab 1 mg</i>	334
ROBINUL FORTE	
see <i>glycopyrrolate tab 2 mg</i>	334
ROCALTROL	
see <i>calcitriol cap 0.25 mcg</i>	229
see <i>calcitriol cap 0.5 mcg</i>	229
see <i>calcitriol oral soln 1 mcg/ml</i>	229
ROCALTROL CAP 0.25MCG	230
ROCALTROL CAP 0.5MCG	230
ROCALTROL SOL 1MCG/ML	230
ROCKLATAN DRO	313
<i>ropinirole hydrochloride tab 0.25 mg</i>	
.....	142
<i>ropinirole hydrochloride tab 0.5 mg</i>	142
<i>ropinirole hydrochloride tab 1 mg ..</i>	142
<i>ropinirole hydrochloride tab 2 mg ..</i>	142
<i>ropinirole hydrochloride tab 3 mg ..</i>	142
<i>ropinirole hydrochloride tab 4 mg ..</i>	142
<i>ropinirole hydrochloride tab 5 mg ..</i>	142
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	143
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	142

*ropinirole hydrochloride tab er 24hr 4*  
*mg (base equivalent).....142*  
*ropinirole hydrochloride tab er 24hr 6*  
*mg (base equivalent).....142*  
*ropinirole hydrochloride tab er 24hr 8*  
*mg (base equivalent).....143*  
*rosadan cre 0.75% .....* 215  
*rosadan gel 0.75%.....215*  
*ROSADAN KIT 0.75% .....* 215  
*rosuvastatin calcium tab 10 mg .....* 113  
*rosuvastatin calcium tab 20 mg .....* 113  
*rosuvastatin calcium tab 40 mg .....* 113  
*rosuvastatin calcium tab 5 mg .....* 113  
**ROWASA**  
*see mesalamine rectal enema 4 gm &*  
*cleanser wipe kit .....* 239  
**ROWASA KIT 4GM.....240**  
*roweepra tab 500mg .....* 80  
**ROXICODONE**  
*see oxycodone hcl tab 15 mg.....49*  
*see oxycodone hcl tab 30 mg.....49*  
*see oxycodone hcl tab 5 mg .....* 49  
**ROXICODONE TAB 15MG ..... 50  
**ROXICODONE TAB 30MG ..... 50  
**ROXICODONE TAB 5MG ..... 50  
**ROZEREM**  
*see ramelteon tab 8 mg .....* 255  
**ROZEREM TAB 8MG.....255**  
**ROZLYTREK CAP 100MG ..... 136  
**ROZLYTREK CAP 200MG ..... 136  
**RUBRACA TAB 200MG ..... 136  
**RUBRACA TAB 250MG ..... 136  
**RUBRACA TAB 300MG ..... 136  
*rufinamide susp 40 mg/ml .....* 80  
*rufinamide tab 200 mg .....* 80  
*rufinamide tab 400 mg .....* 80  
**RUKOBIA TAB 600MG ER ..... 156  
**RYBELSUS TAB 14MG ..... 98  
**RYBELSUS TAB 3MG.....98**  
**RYBELSUS TAB 7MG.....98**  
**RYDAPT CAP 25MG.....137**  
**RYTARY CAP 145MG ..... 143  
**RYTARY CAP 195MG ..... 143  
**RYTARY CAP 245MG ..... 143  
**RYTARY CAP 95MG.....143**  
**RYTHMOL SR****************************

*see propafenone hcl cap er 12hr 225*  
*mg.....64*  
*see propafenone hcl cap er 12hr 325*  
*mg.....64*  
*see propafenone hcl cap er 12hr 425*  
*mg.....64*  
**RYTHMOL SR CAP 225MG ..... 64  
**RYTHMOL SR CAP 325MG ..... 64  
**RYTHMOL SR CAP 425MG ..... 64  
**S**  
**SABRIL**  
*see vigabatrin powd pack 500 mg .83*  
*see vigabatrin tab 500 mg .....* 83  
*see vigadronе pow 500mg .....* 83  
**SABRIL POW 500MG ..... 83  
**SABRIL TAB 500MG ..... 83  
**SAFE-T-LANCE MIS 21G ..... 271  
**SAFE-T-LANCE MIS 25G ..... 271  
**SAFE-T-PRO MIS LANCETS.....271**  
**SAFE-T-PRO MIS PLUS ..... 271  
**SAFETY 30G MIS LANCETS.....271**  
**SAFYRAL**  
*see drospirenone-ethinyl estrad-*  
*levomefolate tab 3-0.03-0.451 mg*  
*.....178*  
*see tydemry tab .....* 186  
**SAFYRAL TAB.....184**  
**SAIZEN INJ 5MG ..... 228  
**SAIZEN INJ 8.8MG.....228**  
**SAIZENPREP INJ 8.8MG.....228**  
*sajazir inj 30mg/3ml .....* 248  
**SALAGEN**  
*see pilocarpine hcl tab 5 mg .....* 299  
*see pilocarpine hcl tab 7.5 mg .....* 299  
*salicylic ac liq 27.5%.....213*  
*salicylic acid foam 6%.....213*  
*salicylic acid gel 6%.....213*  
*saline nasal spray 0.65%.....308*  
*salsalate tab 500 mg.....44*  
*salsalate tab 750 mg.....44*  
**SAMSCA**  
*see tolvaptan tab 30 mg .....* 233  
**SAMSCA TAB 15MG.....233**  
**SAMSCA TAB 30MG.....233**  
**SANCUSO DIS 3.1MG.....104**  
**SANDIMMUNE**  
*see cyclosporine cap 100 mg .....* 295******************

see <i>cyclosporine cap 25 mg</i> .....	295
SANDIMMUNE CAP 100MG .....	297
SANDIMMUNE CAP 25MG .....	297
SANDIMMUNE SOL 100MG/ML .....	297
SANDOSTATIN see <i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i> .....	231
see <i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i> .....	231
see <i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i> .....	231
SANDOSTATIN INJ 100MCG .....	232
SANDOSTATIN INJ 500MCG .....	232
SANDOSTATIN INJ 50MCG/ML .....	232
SANDOSTATIN KIT LAR 10MG.....	232
SANDOSTATIN KIT LAR 20MG.....	232
SANDOSTATIN KIT LAR 30MG.....	232
SAPHRIS see <i>asenapine maleate sl tab 10 mg (base equiv)</i> .....	147
see <i>asenapine maleate sl tab 2.5 mg (base equiv)</i> .....	147
see <i>asenapine maleate sl tab 5 mg (base equiv)</i> .....	147
SAPHRIS SUB 10MG.....	149
SAPHRIS SUB 2.5MG.....	149
SAPHRIS SUB 5MG.....	149
<i>sapropterin dihydrochloride powder packet 100 mg</i> .....	230
<i>sapropterin dihydrochloride powder packet 500 mg</i> .....	230
<i>sapropterin dihydrochloride tab 100 mg</i> .....	230
SAPS TWIST MIS 30G.....	271
SAVAYSA TAB 15MG.....	71
SAVAYSA TAB 30MG.....	71
SAVAYSA TAB 60MG.....	71
SAVELLA MIS TITR PAK .....	323
SAVELLA TAB 100MG .....	323
SAVELLA TAB 12.5MG .....	323
SAVELLA TAB 25MG .....	323
SAVELLA TAB 50MG .....	323
SB LANCETS MIS THIN .....	271
SB LANCETS MIS ULTR THN .....	271
SCEMBLIX TAB 20MG .....	137
SCEMBLIX TAB 40MG .....	137
<i>scopolamine td patch 72hr 1 mg/3days</i> .....	105
SEASONIQUE see <i>amethia tab</i> .....	175
see <i>ashlyna tab</i> .....	176
see <i>camrese tab</i> .....	177
see <i>daysee tab</i> .....	177
see <i>jaimiess tab</i> .....	179
see <i>levonorg-eth est tab 0.15-0.03mg(84) &amp; eth est tab 0.01mg(7)</i> .....	181
see <i>simpesse tab</i> .....	184
SEASONIQUE TAB.....	184
SECUADO DIS 3.8MG .....	149
SECUADO DIS 5.7MG .....	149
SECUADO DIS 7.6MG .....	149
SECURESAFE MIS 0.5/29G.....	285
SECURESAFE MIS 1ML/29G.....	285
SECURESAFE MIS 30GX5/16 .....	285
SEGLUROMET TAB 2.5-1000 .....	95
SEGLUROMET TAB 2.5-500 .....	95
SEGLUROMET TAB 7.5-1000 .....	95
SEGLUROMET TAB 7.5-500 .....	95
SELECT-LITE KIT DEV/LANC.....	271
SELECT-OB CHW .....	304
SELECT-OB+ PAK DHA .....	304
<i>selegiline hcl cap 5 mg</i> .....	143
<i>selegiline hcl tab 5 mg</i> .....	143
<i>selenium sulfide lotion 1%</i> .....	205
<i>selenium sulfide lotion 2.5%</i> .....	205
<i>selenium sulfide shampoo 2.25%</i> ...	206
<i>selenium sulfide shampoo 2.3%</i> ....	206
SELZENTRY SOL 20MG/ML.....	156
SELZENTRY TAB 150MG .....	156
SELZENTRY TAB 25MG .....	156
SELZENTRY TAB 300MG .....	156
SELZENTRY TAB 75MG .....	156
SEMGLEE INJ 100U/ML.....	100, 101
SEMGLEE SOL 100U/ML.....	101
SE-NATAL 19 CHW.....	304
SE-NATAL 19 TAB .....	304
<i>sennosides chew tab 15 mg</i> .....	256
<i>sennosides syrup 8.8 mg/5ml</i> .....	256
<i>sennosides tab 25 mg</i> .....	256
<i>sennosides tab 8.6 mg</i> .....	256
<i>sennosides-docusate sodium tab 8.6-50 mg</i> .....	256

SENSIPAR	
see <i>cinacalcet hcl tab 30 mg (base equiv)</i> .....	229
see <i>cinacalcet hcl tab 60 mg (base equiv)</i> .....	229
see <i>cinacalcet hcl tab 90 mg (base equiv)</i> .....	229
SENSIPAR TAB 30MG .....	230
SENSIPAR TAB 60MG .....	230
SENSIPAR TAB 90MG .....	230
SEREVENT DIS AER 50MCG .....	69
SEROQUEL	
see <i>quetiapine fumarate tab 100 mg</i> .....	149
see <i>quetiapine fumarate tab 200 mg</i> .....	149
see <i>quetiapine fumarate tab 25 mg</i> .....	149
see <i>quetiapine fumarate tab 300 mg</i> .....	149
see <i>quetiapine fumarate tab 400 mg</i> .....	149
see <i>quetiapine fumarate tab 50 mg</i> .....	149
SEROQUEL TAB 100MG.....	149
SEROQUEL TAB 200MG.....	150
SEROQUEL TAB 25MG .....	149
SEROQUEL TAB 300MG.....	150
SEROQUEL TAB 400MG.....	150
SEROQUEL TAB 50MG .....	149
SEROQUEL XR	
see <i>quetiapine fumarate tab er 24hr 150 mg</i> .....	149
see <i>quetiapine fumarate tab er 24hr 200 mg</i> .....	149
see <i>quetiapine fumarate tab er 24hr 300 mg</i> .....	149
see <i>quetiapine fumarate tab er 24hr 400 mg</i> .....	149
see <i>quetiapine fumarate tab er 24hr 50 mg</i> .....	149
SEROQUEL XR TAB 150MG.....	150
SEROQUEL XR TAB 200MG.....	150
SEROQUEL XR TAB 300MG .....	150
SEROQUEL XR TAB 400MG.....	150
SEROQUEL XR TAB 50MG.....	150
SEROSTIM INJ 4MG.....	228
SEROSTIM INJ 5MG .....	228
SEROTRILINE CAP 150MG .....	88
SEROTRILINE CAP 200MG .....	88
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	88
<i>sertraline hcl tab 100 mg</i> .....	88
<i>sertraline hcl tab 25 mg</i> .....	88
<i>sertraline hcl tab 50 mg</i> .....	88
SESAME OIL .....	175
<i>setlakin tab</i> .....	184
<i>sevelamer carbonate packet 0.8 gm</i> .....	241
<i>sevelamer carbonate packet 2.4 gm</i> .....	241
<i>sevelamer carbonate tab 800 mg</i> .....	241
<i>sevelamer hcl tab 400 mg</i> .....	241
<i>sevelamer hcl tab 800 mg</i> .....	241
SEVENFACT INJ 1MG.....	247
SEVENFACT INJ 5MG.....	247
<i>sf 5000 plus cre 1.1%</i> .....	298
<i>sf gel 1.1%</i> .....	298
SFROWASA ENE 4GM .....	240
<i>sharobel tab 0.35mg</i> .....	188
SHARP CONTAI MIS .....	285
SHARPS CONT MIS 14QT .....	285
SHARPS CONTAINER - MISC .....	285
SHINGRIX INJ 50/0.5ML .....	340
SIGNIFOR INJ 0.3MG/ML .....	232
SIGNIFOR INJ 0.6MG/ML .....	232
SIGNIFOR INJ 0.9MG/ML .....	232
SIGNIFOR LAR INJ 10MG .....	232
SIGNIFOR LAR INJ 20MG .....	232
SIGNIFOR LAR INJ 30MG .....	232
SIGNIFOR LAR INJ 40MG .....	232
SIGNIFOR LAR INJ 60MG .....	232
<i>sildenafil citrate for suspension 10 mg/ml</i> .....	172
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i> .....	172
<i>sildenafil citrate tab 20 mg</i> .....	172
SILENOR	
see <i>doxepin hcl (sleep) tab 3 mg (base equiv)</i> .....	253
see <i>doxepin hcl (sleep) tab 6 mg (base equiv)</i> .....	253
SILENOR TAB 3MG.....	253
SILENOR TAB 6MG.....	253
SILIQ INJ 210/1.5 .....	205

<i>silodosin cap 4 mg</i> .....	243
<i>silodosin cap 8 mg</i> .....	243
SILVADENE	
see <i>silver sulfadiazine cream 1%</i> .....	206
see <i>ssd cre 1%</i> .....	206
SILVADENE CRE 1%.....	206
SILVER NITRA SOL 0.5% .....	206
<i>silver sulfadiazine cream 1%</i> .....	206
SIMBRINZA SUS 1-0.2%.....	312
<i>simethicone cap 125 mg</i> .....	237
<i>simethicone cap 180 mg</i> .....	237
<i>simethicone chew tab 125 mg</i> .....	237
<i>simethicone chew tab 80 mg</i> .....	237
<i>simethicone susp 40 mg/0.6ml</i> .....	237
<i>simliya tab 28 day</i> .....	184
<i>simpesse tab</i> .....	184
SIMPONI ARIA SOL 50MG/4ML .....	36
SIMPONI INJ 100MG/ML .....	37
SIMPONI INJ 50/0.5ML .....	37
<i>simvastatin tab 10 mg</i> .....	113
<i>simvastatin tab 20 mg</i> .....	113
<i>simvastatin tab 40 mg</i> .....	113
<i>simvastatin tab 5 mg</i> .....	113
<i>simvastatin tab 80 mg</i> .....	113
SINEMET	
see <i>carbidopa &amp; levodopa tab 10-100 mg</i> .....	140
see <i>carbidopa &amp; levodopa tab 25-100 mg</i> .....	140
SINEMET TAB 10-100MG .....	143
SINEMET TAB 25-100MG .....	143
SINGULAIR	
see <i>montelukast sodium chew tab 4 mg (base equiv)</i> .....	66
see <i>montelukast sodium chew tab 5 mg (base equiv)</i> .....	66
see <i>montelukast sodium oral granules packet 4 mg (base equiv)</i> .....	66
see <i>montelukast sodium tab 10 mg (base equiv)</i> .....	66
SINGULAIR CHW 4MG .....	66
SINGULAIR CHW 5MG .....	66
SINGULAIR GRA 4MG .....	66
SINGULAIR TAB 10MG.....	66
SINUVA IMP 1350MCG.....	308
<i>sirolimus oral soln 1 mg/ml</i> .....	297
<i>sirolimus tab 0.5 mg</i> .....	297
<i>sirolimus tab 1 mg</i> .....	297
<i>sirolimus tab 2 mg</i> .....	297
SIRTURO TAB 100MG.....	127
SIRTURO TAB 20MG.....	127
SITAVIG TAB 50MG.....	159
SIVEXTRO TAB 200MG .....	59
SKELAXIN	
see <i>metaxalone tab 800 mg</i> .....	307
SKELAXIN TAB 800MG.....	307
SKYLA IUD 13.5MG .....	188
SKYRIZI INJ 150DOSE.....	205
SKYRIZI INJ 150MG/ML .....	205
SKYRIZI PEN INJ 150MG/ML .....	205
SKYTROFA INJ 11MG.....	228
SKYTROFA INJ 13.3MG .....	228
SKYTROFA INJ 3.6MG .....	228
SKYTROFA INJ 3MG .....	228
SKYTROFA INJ 4.3MG .....	228
SKYTROFA INJ 5.2MG .....	228
SKYTROFA INJ 6.3MG .....	228
SKYTROFA INJ 7.6MG .....	228
SKYTROFA INJ 9.1MG .....	228
SLYND TAB 4MG .....	188
SM LANCESTS MIS 33G .....	271
<i>sm tussin dm liq 5-100/5</i> .....	193
SMART SENSE KIT GLUC SYS .....	271
SMART SENSE MIS LANC 21G .....	271
SMART SENSE MIS LANC 26G .....	271
SMART SENSE MIS LANC 30G .....	271
SMART SENSE MIS LANC 33G .....	272
SMART SENSE TES TEST .....	222
SMARTEST KIT EJECT .....	272
SMARTEST KIT PERSONA .....	272
SMARTEST KIT PRONTO .....	272
SMARTEST KIT PROTEGE .....	272
SMARTEST MIS EJECT .....	272
SMARTEST MIS PROTEGE .....	272
SMARTEST TES BLD GLUC .....	222
<i>sod fluoride gel 1.1%</i> .....	298
<i>sod fluoride gel 1.1-5%</i> .....	298
<i>sod fluoride pst 1.1%</i> .....	298
SOD SUL/SULF EMU 10-5% .....	198
<i>sodium bicarbonate tab 325 mg</i> .....	56
<i>sodium bicarbonate tab 650 mg</i> .....	56
<i>sodium chloride hypertonic ophth oint 5%</i> .....	316

<i>sodium chloride hypertonic ophth soln</i>	
5% .....	316
<i>sodium chloride soln nebu 0.9%</i> ....	193
<i>sodium chloride soln nebu 3%</i> .....	193
<i>sodium chloride soln nebu 7%</i> .....	193
<i>sodium chloride tab 1 gm</i> .....	294
<i>sodium citrate &amp; citric acid soln 500-</i>	
<i>334 mg/5ml</i> .....	242
<i>sodium fluor cre 5000 pls</i> .....	298
<i>sodium fluor cre 5000 ppm</i> .....	298
<i>sodium fluoride chew tab 0.25 mg f</i>	
( <i>from 0.55 mg naf</i> ) .....	293
<i>sodium fluoride chew tab 0.5 mg f</i>	
( <i>from 1.1 mg naf</i> ) .....	293
<i>sodium fluoride chew tab 1 mg f (from</i>	
<i>2.2 mg naf)</i> .....	293
<i>sodium fluoride gel 1.1% (0.5% f)</i> .	298
<i>sodium fluoride rinse 0.2%</i> .....	298
<i>sodium fluoride soln 0.5 mg/ml f (from</i>	
<i>1.1 mg/ml naf)</i> .....	293
<i>sodium phenylbutyrate oral powder 3</i>	
<i>gm/teaspoonful</i> .....	230
<i>sodium phenylbutyrate tab 500 mg</i>	230
<i>sodium phosphates - enema</i> .....	256
<i>sodium polystyrene sulfonate powder</i>	
.....	297
SOFOS/VELPAT TAB 400-100 .....	159
SOFTCLIX MIS LANCETS .....	272
<i>solifenacin succinate tab 10 mg</i> ....	338
<i>solifenacin succinate tab 5 mg</i> .....	338
SOLIQUA INJ 100/33.....	95
SOLODYN	
see <i>minocycline hcl tab er 24hr 105</i>	
<i>mg</i> .....	329
see <i>minocycline hcl tab er 24hr 115</i>	
<i>mg</i> .....	329
see <i>minocycline hcl tab er 24hr 55</i>	
<i>mg</i> .....	329
see <i>minocycline hcl tab er 24hr 65</i>	
<i>mg</i> .....	329
see <i>minocycline hcl tab er 24hr 80</i>	
<i>mg</i> .....	329
SOLODYN TAB 105MG .....	329
SOLODYN TAB 115MG .....	329
SOLODYN TAB 55MG .....	329
SOLODYN TAB 65MG .....	329
SOLODYN TAB 80MG .....	329
SOLOSEC GRA 2GM .....	36
SOLTAMOX SOL 10MG/5ML.....	131
SOLUS V2 KIT SYSTEM.....	272
SOLUS V2 MIS AUDIBLE .....	272
SOLUS V2 MIS LANC 30G .....	272
SOLUS V2 TES AUDIBLE .....	222
SOMA	
see <i>carisoprodol tab 250 mg</i> .....	306
see <i>carisoprodol tab 350 mg</i> .....	306
SOMA TAB 250MG .....	307
SOMA TAB 350MG .....	307
SOMATULINE INJ 120/.5ML.....	232
SOMATULINE INJ 60/0.2ML.....	232
SOMATULINE INJ 90/0.3ML.....	232
SOOLANTRA	
see <i>ivermectin cream 1%</i> .....	215
SOOLANTRA CRE 1% .....	215
SORILUX AER 0.005%.....	205
<i>sorine tab 120mg</i> .....	164
<i>sorine tab 160mg</i> .....	164
<i>sorine tab 240mg</i> .....	164
<i>sorine tab 80mg</i> .....	164
<i>sotalol hcl (afib/afl) tab 120 mg</i> ....	164
<i>sotalol hcl (afib/afl) tab 160 mg</i> ....	164
<i>sotalol hcl (afib/afl) tab 80 mg</i> .....	164
<i>sotalol hcl tab 120 mg</i> .....	164
<i>sotalol hcl tab 160 mg</i> .....	164
<i>sotalol hcl tab 240 mg</i> .....	164
<i>sotalol hcl tab 80 mg</i> .....	164
SOTYLIZE SOL 5MG/ML .....	164
SOVALDI PAK 150MG .....	159
SOVALDI PAK 200MG .....	159
SOVALDI TAB 200MG .....	159
SOVALDI TAB 400MG .....	159
SPACER/AEROSOL-HOLDING	
CHAMBERS - DEVICE.....	289
SPACER/AEROSOL-HOLDING	
CHAMBERS - DEVICE- RX.....	289
<i>spinosad susp 0.9%</i> .....	216
SPIRIVA AER 1.25MCG .....	65
SPIRIVA CAP HANDHLR .....	65
SPIRIVA SPR 2.5MCG .....	65
SPIRO PD MIS.....	289
<i>spironolactone &amp; hydrochlorothiazide</i>	
<i>tab 25-25 mg</i> .....	224
<i>spironolactone tab 100 mg</i> .....	225
<i>spironolactone tab 25 mg</i> .....	225

<i>spironolactone tab 50 mg</i> .....	225
SPORANOX	
<i>see itraconazole cap 100 mg</i> .....	107
<i>see itraconazole oral soln 10 mg/ml</i>	
.....	107
SPORANOX CAP 100MG .....	107
SPORANOX CAP PULSEPAK.....	107
SPORANOX SOL 10MG/ML.....	107
SPRAVATO SOL 56MG DOS .....	86
SPRAVATO SOL 84MG DOS .....	86
<i>sprintec 28 tab 28 day</i> .....	184
SPRITAM TAB 1000MG.....	80
SPRITAM TAB 250MG .....	80
SPRITAM TAB 500MG .....	80
SPRITAM TAB 750MG .....	80
SPRIX SPR 15.75MG.....	42
SPRYCEL TAB 100MG .....	137
SPRYCEL TAB 140MG .....	137
SPRYCEL TAB 20MG .....	137
SPRYCEL TAB 50MG .....	137
SPRYCEL TAB 70MG .....	137
SPRYCEL TAB 80MG .....	137
<i>sps sus 15gm/60</i> .....	297
<i>sronyx tab</i> .....	185
<i>ssd cre 1%</i> .....	206
<i>sss 10-5 aer 10-5%</i> .....	198
<i>sss cre 10%-5%</i> .....	199
STALEVO 100	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 25-100-200 mg</i> .....	140
STALEVO 100 TAB .....	143
STALEVO 125	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 31.25-125-200 mg</i> .....	141
STALEVO 125 TAB .....	143
STALEVO 150	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 37.5-150-200 mg</i> .....	141
STALEVO 150 TAB .....	143
STALEVO 200	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 50-200-200 mg</i> .....	141
STALEVO 200 TAB .....	143
STALEVO 50	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 12.5-50-200 mg</i> .....	140
STALEVO 50 TAB .....	143

STALEVO 75	
<i>see carbidopa-levodopa-entacapone</i>	
<i>tabs 18.75-75-200 mg</i> .....	140
STALEVO 75 TAB .....	143
stavudine cap 15 mg .....	156
stavudine cap 20 mg .....	156
stavudine cap 30 mg .....	156
stavudine cap 40 mg .....	156
STEGLATRO TAB 15MG .....	102
STEGLATRO TAB 5MG .....	101
STEGLUJAN TAB 15-100MG.....	95
STEGLUJAN TAB 5-100MG .....	95
STELARA INJ 45MG/0.5 .....	205
STELARA INJ 5MG/ML .....	240
STELARA INJ 90MG/ML.....	205
STERILANCE MIS TL 28G .....	272
STERILANCE MIS TL 30G .....	272
STERILANCE MIS TL 32G .....	272
STIMATE SOL 1.5MG/ML.....	231
STIOLTO AER 2.5-2.5.....	70
STIVARGA TAB 40MG .....	137
STRATTERA	
<i>see atomoxetine hcl cap 10 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 100 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 18 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 25 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 40 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 60 mg (base equiv)</i> .....	27
<i>see atomoxetine hcl cap 80 mg (base equiv)</i> .....	27
STRATTERA CAP 100MG .....	28
STRATTERA CAP 10MG .....	28
STRATTERA CAP 18MG .....	28
STRATTERA CAP 25MG .....	28
STRATTERA CAP 40MG .....	28
STRATTERA CAP 60MG .....	28
STRATTERA CAP 80MG .....	28
STRIBILD TAB.....	156
STRIVERDI AER 2.5MCG .....	70
STROMECTOL	
<i>see ivermectin tab 3 mg</i> .....	56

STROMECTOL TAB 3MG .....	57
SUBLOCADE INJ 100/0.5 .....	54
SUBLOCADE INJ 300/1.5 .....	54
SUBOXONE	
see <i>buprenorphine hcl-naloxone hcl</i>	
<i>sl film 12-3 mg (base equiv)</i> .....	53
see <i>buprenorphine hcl-naloxone hcl</i>	
<i>sl film 2-0.5 mg (base equiv)</i> .....	53
see <i>buprenorphine hcl-naloxone hcl</i>	
<i>sl film 4-1 mg (base equiv)</i> .....	53
see <i>buprenorphine hcl-naloxone hcl</i>	
<i>sl film 8-2 mg (base equiv)</i> .....	53
SUBOXONE MIS 12-3MG .....	54
SUBOXONE MIS 2-0.5MG .....	54
SUBOXONE MIS 4-1MG.....	54
SUBOXONE MIS 8-2MG.....	54
<i>subvenite kit start 35</i> .....	80
<i>subvenite kit start 49</i> .....	80
<i>subvenite kit start 98</i> .....	80
<i>subvenite tab 100mg</i> .....	80
<i>subvenite tab 150mg</i> .....	80
<i>subvenite tab 200mg</i> .....	80
<i>subvenite tab 25mg</i> .....	80
<i>sucralfate susp 1 gm/10ml</i> .....	335
<i>sucralfate tab 1 gm</i> .....	335
SULAR	
see <i>nisoldipine tab er 24hr 17 mg</i> 167	
see <i>nisoldipine tab er 24hr 34 mg</i> 167	
see <i>nisoldipine tab er 24hr 8.5 mg</i>	
.....	167
SULAR TAB 17MG .....	168
SULAR TAB 34MG .....	168
SULAR TAB 8.5MG .....	168
<i>sulconazole nitrate cream 1%</i> .....	203
<i>sulconazole nitrate solution 1%</i> .....	203
<i>sulfacetamide sodium cleansing gel</i>	
10%.....	206
<i>sulfacetamide sodium liquid 10%</i> ...	206
<i>sulfacetamide sodium lotion 10%</i>	
( <i>acne</i> ) .....	199
<i>sulfacetamide sodium ophth oint 10%</i>	
.....	313
<i>sulfacetamide sodium ophth soln 10%</i>	
.....	313
<i>sulfacetamide sodium w/ sulfur</i>	
<i>cleanser 10-2%</i> .....	199
<i>sulfacetamide sodium w/ sulfur</i>	
<i>cleanser 10-5%</i> .....	199
<i>sulfacetamide sodium w/ sulfur</i>	
<i>cleanser 9.8-4.8%</i> .....	199
<i>sulfacetamide sodium w/ sulfur</i>	
<i>cleansing pad 10-4%</i> .....	199
<i>sulfacetamide sodium w/ sulfur cream</i>	
10-2% .....	199
<i>sulfacetamide sodium w/ sulfur cream</i>	
10-5% .....	199
<i>sulfacetamide sodium w/ sulfur susp 8-</i>	
<i>4%</i> .....	199
<i>sulfacetamide sodium w/ sulfur wash</i>	
<i>9-4%</i> .....	199
<i>sulfacetamide sodium w/ sulfur wash</i>	
<i>9-4.5%</i> .....	199
<i>sulfacetamide sodium-prednisolone</i>	
<i>ophth soln 10-0.23(0.25)%</i> .....	315
SULFADIAZINE TAB 500 MG.....	328
<i>sulfamethoxazole-trimethoprim susp</i>	
<i>200-40 mg/5ml</i> .....	57
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>400-80 mg</i> .....	57
<i>sulfamethoxazole-trimethoprim tab</i>	
<i>800-160 mg</i> .....	57
SULFAMYLYON	
see <i>mafénide acetate packet for</i>	
<i>topical soln 5% (50 gm)</i> .....	206
SULFAMYLYON CRE 85MG/GM .....	206
SULFAMYLYON PAK 5% .....	206
<i>sulfasalazine tab 500 mg</i> .....	240
<i>sulfasalazine tab delayed release 500</i>	
<i>mg</i> .....	240
<i>sulfatrim pd sus 200-40/5</i> .....	57
<i>sulindac tab 150 mg</i> .....	42
<i>sulindac tab 200 mg</i> .....	42
SUMADAN KIT.....	199
SUMADAN WASH LIQ 9-4.5% .....	199
SUMADAN XLT KIT 9-4.5% .....	199
SUMANSETRON PAK.....	289
<i>sumatriptan nasal spray 20 mg/act</i> 291	
<i>sumatriptan nasal spray 5 mg/act..</i> 291	
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	
.....	291
<i>sumatriptan succinate solution auto-</i>	
<i>injector 4 mg/0.5ml</i> .....	291

<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i> .....	291
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i> .....	291
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i> .....	291
<i>sumatriptan succinate tab 100 mg</i> .	291
<i>sumatriptan succinate tab 25 mg</i> ...	291
<i>sumatriptan succinate tab 50 mg</i> ...	291
<i>sumatriptan-naproxen sodium tab 85-500 mg</i> .....	289
SUMAXIN CP KIT .....	199
SUMAXIN PAD 10-4%.....	200
<i>sunitinib malate cap 12.5 mg (base equivalent)</i> .....	137
<i>sunitinib malate cap 25 mg (base equivalent)</i> .....	137
<i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	137
<i>sunitinib malate cap 50 mg (base equivalent)</i> .....	137
SUNOSI TAB 150MG.....	28
SUNOSI TAB 75MG .....	28
SUPER THIN MIS LANC 28G.....	272
SUPER THIN MIS LANCETS.....	272
SUPRAX see <i>cefixime for susp 200 mg/5ml</i>	174
SUPRAX CHW 100MG .....	175
SUPRAX CHW 200MG .....	175
SUPRAX SUS 100/5ML.....	175
SUPRAX SUS 200/5ML.....	175
SUPREME TES .....	222
SURE COMFORT MIS 0.5/31G .....	285
SURE COMFORT MIS 29GX1/2 .....	285
SURE COMFORT MIS 30GX5/16 .....	285
SURE COMFORT MIS 31GX3/16 .....	285
SURE COMFORT MIS 31GX5/16 .....	285
SURE COMFORT MIS 31GX6MM .....	285
SURE COMFORT MIS 32GX5/32 .....	285
SURE COMFORT MIS 32GX6MM .....	285
SURE COMFORT MIS LANCETS.....	272
SURE-FINE MIS 29GX1/2 .....	285
SURE-FINE MIS 31GX3/16 .....	285
SURE-FINE MIS 31GX5/16 .....	285
SUREFLEX MIS LANCETS.....	272
SURE-LANCE MIS 26G .....	272
SURE-LANCE MIS LANCETS .....	272
SURELITE MIS LANCETS .....	272
SURE-TEST MIS EASYPLUS .....	272
SURE-TEST TES EASYPLUS .....	222
SURE-TOUCH MIS UNV LANC .....	272
SUSTIVA see <i>efavirenz cap 200 mg</i> .....	154
see <i>efavirenz cap 50 mg</i> .....	154
see <i>efavirenz tab 600 mg</i> .....	154
SUSTIVA CAP 200MG .....	157
SUSTIVA CAP 50MG .....	157
SUSTIVA TAB 600MG .....	157
SUTENT see <i>sunitinib malate cap 12.5 mg (base equivalent)</i> .....	137
see <i>sunitinib malate cap 25 mg (base equivalent)</i> .....	137
see <i>sunitinib malate cap 37.5 mg (base equivalent)</i> .....	137
see <i>sunitinib malate cap 50 mg (base equivalent)</i> .....	137
SUTENT CAP 12.5MG .....	137
SUTENT CAP 25MG .....	137
SUTENT CAP 37.5MG .....	137
SUTENT CAP 50MG .....	137
syeda tab 3-0.03mg.....	185
SYMBICORT AER 160-4.5.....	70
SYMBICORT AER 80-4.5 .....	70
SYMBYAX see <i>olanzapine-fluoxetine hcl cap 3-25 mg</i> .....	322
see <i>olanzapine-fluoxetine hcl cap 6-25 mg</i> .....	322
SYMBYAX CAP 3-25MG .....	322
SYMBYAX CAP 6-25MG .....	323
SYMDEKO TAB 100-150.....	327
SYMDEKO TAB 50-75MG.....	327
SYMFI see <i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i> .....	154
SYMFI LO see <i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i> .....	154
SYMFI LO TAB.....	157
SYMFI TAB.....	157
SYMJEPI INJ 0.15MG .....	342
SYMJEPI INJ 0.3MG.....	342
SYMLINPEN 60 INJ 1000MCG .....	93

SYMLNPEN 120 INJ 1000MCG .....	93
SYMPAZAN MIS 10MG .....	74
SYMPAZAN MIS 20MG .....	74
SYMPAZAN MIS 5MG .....	74
SYMPROIC TAB 0.2MG .....	241
SYMTUZA TAB .....	157
SYNALAR	
<i>see fluocinolone acetonide cream</i>	
0.025% .....	208
<i>see fluocinolone acetonide oint</i>	
0.025% .....	209
<i>see fluocinolone acetonide soln</i>	
0.01% .....	209
SYNALAR CRE 0.025%.....	210
SYNALAR KIT 0.025% .....	210
SYNALAR OIN 0.025%.....	211
SYNALAR SOL 0.01% .....	211
SYNALAR TS KIT 0.01%.....	211
SYNAREL SOL 2MG/ML .....	229
SYNERA DIS 70-70MG .....	214
SYNJARDY TAB .....	95
SYNJARDY TAB 12.5-500 .....	95
SYNJARDY TAB 5-1000MG.....	95
SYNJARDY TAB 5-500MG .....	95
SYNJARDY XR TAB .....	96
SYNJARDY XR TAB 10-1000.....	96
SYNJARDY XR TAB 25-1000.....	96
SYNJARDY XR TAB 5-1000MG.....	96
SYNTHROID TAB 100MCG .....	332
SYNTHROID TAB 112MCG .....	332
SYNTHROID TAB 125MCG .....	332
SYNTHROID TAB 137MCG .....	332
SYNTHROID TAB 150MCG .....	332
SYNTHROID TAB 175MCG .....	332
SYNTHROID TAB 200MCG .....	332
SYNTHROID TAB 25MCG .....	332
SYNTHROID TAB 300MCG .....	332
SYNTHROID TAB 50MCG .....	332
SYNTHROID TAB 75MCG .....	332
SYNTHROID TAB 88MCG .....	332
SYPRINE	
<i>see trientine hcl cap 250 mg</i> .....	294
SYPRINE CAP 250MG.....	294
SYRINGE (DISPOSABLE) 3 ML .....	285
SYRINGE (DISPOSABLE) 3 ML - RX.	285
SYRINGE MIS 0.5/30G.....	286

SYRINGE/NEEDLE (DISP) 3 ML 22 X 1 .....	286
SYRINGE/NEEDLE (DISP) 3 ML 25 X 1 .....	286
SYSTANE ICAP CHW AREDS2 .....	300
<b>T</b>	
<i>tab tussin tab dm</i> .....	193
TABLOID TAB 40MG .....	128
TABRECTA TAB 150MG .....	137
TABRECTA TAB 200MG .....	137
TACLONEX	
<i>see calcipotriene-betamethasone dipropionate oint 0.005-0.064%</i> .....	207
<i>see calcipotriene-betamethasone dipropionate susp 0.005-0.064%</i> .....	207
TACLONEX OIN .....	211
TACLONEX SUS .....	211
<i>tacrolimus cap 0.5 mg</i> .....	297
<i>tacrolimus cap 1 mg</i> .....	297
<i>tacrolimus cap 5 mg</i> .....	297
<i>tacrolimus oint 0.03%</i> .....	213
<i>tacrolimus oint 0.1%</i> .....	213
<i>tadalafil tab 20 mg (pah)</i> .....	172
<i>tadalafil tab 5 mg</i> .....	170
TAFINLAR CAP 50MG.....	137
TAFINLAR CAP 75MG.....	137
TAGRISSO TAB 40MG.....	130
TAGRISSO TAB 80MG.....	130
TAKHZYRO INJ 300/2ML .....	248
TALICIA CAP .....	337
TALTZ INJ 80MG/ML.....	205
TALZENNA CAP 0.25MG .....	137
TALZENNA CAP 1MG .....	137
TAMIFLU	
<i>see oseltamivir phosphate cap 30 mg (base equiv)</i> .....	160
<i>see oseltamivir phosphate cap 45 mg (base equiv)</i> .....	160
<i>see oseltamivir phosphate cap 75 mg (base equiv)</i> .....	160
<i>see oseltamivir phosphate for susp 6 mg/ml (base equiv)</i> .....	160
TAMIFLU CAP 30MG .....	160
TAMIFLU CAP 45MG .....	160
TAMIFLU CAP 75MG .....	160

TAMIFLU SUS 6MG/ML.....	160
<i>tamoxifen citrate tab 10 mg (base equivalent).....</i>	131
<i>tamoxifen citrate tab 20 mg (base equivalent).....</i>	131
tamsulosin hcl cap 0.4 mg.....	243
taperdex pak 12-day .....	191
taperdex pak 6 day .....	191
taperdex pak 7-day.....	191
TARCEVA	
<i>see erlotinib hcl tab 100 mg (base equivalent).....</i>	129
<i>see erlotinib hcl tab 150 mg (base equivalent).....</i>	129
<i>see erlotinib hcl tab 25 mg (base equivalent).....</i>	129
TARCEVA TAB 100MG .....	130
TARCEVA TAB 150MG .....	130
TARCEVA TAB 25MG.....	130
TARGRETIN	
<i>see bexarotene cap 75 mg .....</i>	139
TARGRETIN CAP 75MG .....	139
TARGRETIN GEL 1%.....	204
<i>tarina 24 fe tab .....</i>	185
<i>tarina fe tab 1/20 .....</i>	185
<i>tarina fe tab 1/20 eq .....</i>	185
TARON-C DHA CAP.....	304
TARON-PREX CAP .....	304
TASIGNA CAP 150MG .....	138
TASIGNA CAP 200MG .....	138
TASIGNA CAP 50MG .....	137
TASMAR	
<i>see tolcapone tab 100 mg .....</i>	140
TASMAR TAB 100MG .....	140
TASOPROL KIT .....	211
<i>tavaborole soln 5% .....</i>	203
TAVALISSE TAB 100MG .....	248
TAVALISSE TAB 150MG .....	248
<i>taysofy cap 1/20.....</i>	185
TAYTULLA	
<i>see gemmily cap 1/20 .....</i>	178
<i>see merzee cap 1/20 .....</i>	182
<i>see norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) .....</i>	183
<i>see taysofy cap 1/20 .....</i>	185
TAYTULLA CAP 1MG/20MC .....	185
TAZAROTENE AER 0.1% .....	200
<i>tazarotene cream 0.1% .....</i>	205
<i>tazicef inj 2gm .....</i>	175
TAZORAC	
<i>see tazarotene cream 0.1%.....</i>	205
<i>taztia xt cap 120mg/24 .....</i>	168
<i>taztia xt cap 180mg/24 .....</i>	168
<i>taztia xt cap 240mg/24 .....</i>	168
<i>taztia xt cap 300mg er .....</i>	168
<i>taztia xt cap 360mg/24 .....</i>	168
TAZVERIK TAB 200MG .....	138
TDVAX INJ 2-2 LF .....	334
TECFIDERA	
<i>see dimethyl fumarate capsule delayed release 120 mg .....</i>	324
<i>see dimethyl fumarate capsule delayed release 240 mg .....</i>	324
TECFIDERA CAP 120MG .....	325
TECFIDERA CAP 240MG .....	325
TECFIDERA MIS STARTER .....	325
TECFIDERA STARTER PACK	
<i>see dimethyl fumarate capsule dr starter pack 120 mg &amp; 240 mg .....</i>	324
TECHLITE AST MIS LANCETS.....	272
TECHLITE MIS LANC 30G .....	272
TECHLITE MIS LANCETS .....	272
TEGRETOL	
<i>see carbamazepine susp 100 mg/5ml .....</i>	75
<i>see carbamazepine tab 200 mg .....</i>	75
<i>see epitol tab 200mg .....</i>	76
TEGRETOL SUS 100/5ML .....	80
TEGRETOL TAB 200MG .....	81
TEGRETOL-XR	
<i>see carbamazepine tab er 12hr 100 mg .....</i>	75
<i>see carbamazepine tab er 12hr 200 mg .....</i>	75
<i>see carbamazepine tab er 12hr 400 mg .....</i>	75
TEGRETOL-XR TAB 100MG .....	81
TEGRETOL-XR TAB 200MG .....	81
TEGRETOL-XR TAB 400MG .....	81
TEGSEDI INJ 284/1.5.....	326
TEKTURNA	
<i>see aliskiren fumarate tab 150 mg (base equivalent) .....</i>	125

see <i>aliskiren fumarate tab 300 mg (base equivalent)</i> .....	125
TEKTURNA HCT TAB 150-12.5 .....	123
TEKTURNA HCT TAB 150-25MG.....	123
TEKTURNA HCT TAB 300-12.5 .....	123
TEKTURNA HCT TAB 300-25MG.....	123
TEKTURNA TAB 150MG .....	125
TEKTURNA TAB 300MG .....	125
<i>telmisartan tab 20 mg</i> .....	118
<i>telmisartan tab 40 mg</i> .....	118
<i>telmisartan tab 80 mg</i> .....	118
<i>telmisartan-amlodipine tab 40-10 mg</i> .....	124
<i>telmisartan-amlodipine tab 40-5 mg</i> .....	124
<i>telmisartan-amlodipine tab 80-10 mg</i> .....	124
<i>telmisartan-amlodipine tab 80-5 mg</i> .....	124
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i> .....	124
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i> .....	124
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i> .....	124
temazepam cap 15 mg .....	254
temazepam cap 22.5 mg .....	254
temazepam cap 30 mg .....	254
temazepam cap 7.5 mg .....	254
TEMIXYS TAB 300-300 .....	157
TEMODAR	
see <i>temozolomide cap 100 mg</i> ....	128
see <i>temozolomide cap 140 mg</i> ....	128
see <i>temozolomide cap 180 mg</i> ....	128
see <i>temozolomide cap 250 mg</i> ....	128
TEMODAR CAP 100MG .....	127
TEMODAR CAP 140MG .....	127
TEMODAR CAP 180MG .....	127
TEMODAR CAP 250MG .....	128
TEMOVATE	
see <i>clobetasol propionate cream 0.05%</i> .....	207
see <i>clobetasol propionate oint 0.05%</i> .....	207
TEMOVATE OIN 0.05% .....	211
<i>temozolomide cap 100 mg</i> .....	128
<i>temozolomide cap 140 mg</i> .....	128
<i>temozolomide cap 180 mg</i> .....	128
<i>temozolomide cap 20 mg</i> .....	128
<i>temozolomide cap 250 mg</i> .....	128
<i>temozolomide cap 5 mg</i> .....	128
TENIVAC INJ 5-2LF .....	334
<i>tenofovir disoproxil fumarate tab 300 mg</i> .....	157
TENORETIC 100	
see <i>atenolol &amp; chlorthalidone tab 100-25 mg</i> .....	120
TENORETIC 50	
see <i>atenolol &amp; chlorthalidone tab 50-25 mg</i> .....	120
TENORETIC TAB 100 .....	124
TENORETIC TAB 50.....	124
TENORMIN	
see <i>atenolol tab 100 mg</i> .....	161
see <i>atenolol tab 25 mg</i> .....	161
see <i>atenolol tab 50 mg</i> .....	161
TENORMIN TAB 100MG .....	162
TENORMIN TAB 25MG .....	162
TENORMIN TAB 50MG .....	162
TEPMETKO TAB 225MG.....	138
<i>terazosin hcl cap 1 mg (base equivalent)</i> .....	119
<i>terazosin hcl cap 10 mg (base equivalent)</i> .....	119
<i>terazosin hcl cap 2 mg (base equivalent)</i> .....	119
<i>terazosin hcl cap 5 mg (base equivalent)</i> .....	119
terbinafine hcl cream 1%.....	203
terbinafine hcl tab 250 mg .....	106
terbutaline sulfate tab 2.5 mg .....	70
terbutaline sulfate tab 5 mg .....	70
terconazole vaginal cream 0.4% ....	341
terconazole vaginal cream 0.8% ....	341
terconazole vaginal suppos 80 mg .	341
TESSALON PERLES	
see <i>benzonatate cap 100 mg</i> .....	191
<i>testosterone cypionate im inj in oil 100 mg/ml</i> .....	54
<i>testosterone cypionate im inj in oil 200 mg/ml</i> .....	54
<i>testosterone enanthate im inj in oil 200 mg/ml</i> .....	54
tetrabenazine tab 12.5 mg .....	323

tetrabenazine tab 25 mg .....	323
tetracaine hcl ophth soln 0.5% .....	313
tetracycline hcl cap 250 mg .....	330
tetracycline hcl cap 500 mg .....	330
TETRIX CRE .....	214
TEXACORT SOL 2.5% .....	211
TEZSPIRE SOL 210MG .....	65
TGT LANCET MIS 26G.....	272
TGT LANCET MIS 30G.....	272
TGT LANCET MIS 33G.....	272
THALITONE TAB 15MG.....	226
THALOMID CAP 100MG .....	294
THALOMID CAP 150MG .....	294
THALOMID CAP 200MG .....	294
THALOMID CAP 50MG.....	294
THEO-24 CAP 100MG CR.....	70
THEO-24 CAP 200MG CR.....	70
THEO-24 CAP 300MG CR.....	70
THEO-24 CAP 400MG ER.....	70
<i>theophylline soln 80 mg/15ml.....</i>	70
<i>theophylline tab er 12hr 300 mg .....</i>	70
<i>theophylline tab er 12hr 450 mg .....</i>	70
<i>theophylline tab er 24hr 400 mg .....</i>	70
<i>theophylline tab er 24hr 600 mg .....</i>	70
THERA TAB .....	300
<i>thiamine mononitrate tab 100 mg ..</i>	343
THIN LANCETS MIS 26G .....	272
THIN LANCETS MIS 30G .....	272
THINLETS GP MIS 26G .....	272
THIOLA <i>see tiopronin tab 100 mg .....</i>	244
THIOLA EC TAB 100MG.....	243
THIOLA EC TAB 300MG.....	243
THIOLA TAB 100MG .....	244
<i>thioridazine hcl tab 10 mg.....</i>	151
<i>thioridazine hcl tab 100 mg .....</i>	151
<i>thioridazine hcl tab 25 mg.....</i>	151
<i>thioridazine hcl tab 50 mg.....</i>	151
<i>thiothixene cap 1 mg.....</i>	153
<i>thiothixene cap 10 mg .....</i>	153
<i>thiothixene cap 2 mg.....</i>	153
<i>thiothixene cap 5 mg.....</i>	153
THRESHOLD MIS PEP .....	289
THRIVITE RX TAB 29-1MG.....	304
THYQUIDITY SOL 100MCG .....	332
<i>tiadylt cap 120mg/24 .....</i>	168
<i>tiadylt cap 180mg/24 .....</i>	168
tiadylt cap 240mg/24 .....	168
tiadylt cap 300mg/24 .....	168
tiadylt cap 360mg/24 .....	168
tiadylt cap 420mg/24 .....	168
<i>tiagabine hcl tab 12 mg .....</i>	83
<i>tiagabine hcl tab 16 mg .....</i>	83
<i>tiagabine hcl tab 2 mg.....</i>	83
<i>tiagabine hcl tab 4 mg.....</i>	83
TIAZAC <i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 120 mg.....</i>	166
<i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 180 mg.....</i>	166
<i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 240 mg.....</i>	166
<i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 300 mg.....</i>	166
<i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 360 mg.....</i>	166
<i>see diltiazem hcl extended release</i>	
<i>beads cap er 24hr 420 mg.....</i>	166
<i>see tazzia xt cap 120mg/24 .....</i>	168
<i>see tazzia xt cap 180mg/24 .....</i>	168
<i>see tazzia xt cap 240mg/24 .....</i>	168
<i>see tazzia xt cap 300mg er .....</i>	168
<i>see tazzia xt cap 360mg/24 .....</i>	168
<i>see tiadylt cap 120mg/24 .....</i>	168
<i>see tiadylt cap 180mg/24 .....</i>	168
<i>see tiadylt cap 240mg/24 .....</i>	168
<i>see tiadylt cap 300mg/24 .....</i>	168
<i>see tiadylt cap 360mg/24 .....</i>	168
<i>see tiadylt cap 420mg/24 .....</i>	168
TIAZAC CAP 120MG/24 .....	168
TIAZAC CAP 180MG/24 .....	168
TIAZAC CAP 240MG/24 .....	168
TIAZAC CAP 300MG/24 .....	168
TIAZAC CAP 360MG/24 .....	168
TIAZAC CAP 420MG/24 .....	168
TIBSOVO TAB 250MG.....	138
TIER UNI PLS MIS 31GX8MM.....	286
TIGLUTIK SUS 50/10ML.....	309
TIKOSYN <i>see dofetilide cap 125 mcg (0.125</i>	
<i>mg) .....</i>	64
<i>see dofetilide cap 250 mcg (0.25 mg)</i>	
<i>.....</i>	64

see <i>dofetilide cap 500 mcg (0.5 mg)</i>	65
TIKOSYN CAP 125MCG .....	65
TIKOSYN CAP 250MCG .....	65
TIKOSYN CAP 500MCG .....	65
<i>tilia fe tab</i> .....	185
TIMOLOL MAL TAB 20MG .....	164
<i>timolol maleate ophth gel forming soln 0.25%</i> .....	310
<i>timolol maleate ophth gel forming soln 0.5%</i> .....	310
<i>timolol maleate ophth soln 0.25%</i> .....	310
<i>timolol maleate ophth soln 0.5%</i> .....	310
<i>timolol maleate ophth soln 0.5% (once-daily)</i> .....	310
<i>timolol maleate preservative free ophth soln 0.5%</i> .....	310
<i>timolol maleate tab 10 mg</i> .....	164
<i>timolol maleate tab 5 mg</i> .....	164
TIMOPTIC	
see <i>timolol maleate ophth soln 0.25%</i> .....	310
see <i>timolol maleate ophth soln 0.5%</i> .....	310
TIMOPTIC OCU SOL 0.25% OP.....	310
TIMOPTIC OCU SOL 0.5% OP .....	310
TIMOPTIC OCUDOSE	
see <i>timolol maleate preservative free ophth soln 0.5%</i> .....	310
TIMOPTIC SOL 0.25% OP.....	310
TIMOPTIC SOL 0.5% OP .....	310
TIMOPTIC-XE	
see <i>timolol maleate ophth gel forming soln 0.25%</i> .....	310
see <i>timolol maleate ophth gel forming soln 0.5%</i> .....	310
TIMOPTIC-XE SOL 0.25% OP.....	311
TIMOPTIC-XE SOL 0.5% OP.....	311
<i>tinidazole tab 250 mg</i> .....	57
<i>tinidazole tab 500 mg</i> .....	57
<i>tioconazole vaginal oint 6.5%</i> .....	341
<i>tiopronin tab 100 mg</i> .....	244
TIROSINT CAP 100MCG .....	332
TIROSINT CAP 112MCG .....	332
TIROSINT CAP 125MCG .....	333
TIROSINT CAP 137MCG .....	333
TIROSINT CAP 13MCG .....	332
TIROSINT CAP 150MCG .....	333
TIROSINT CAP 175MCG .....	333
TIROSINT CAP 200 .....	333
TIROSINT CAP 25MCG .....	332
TIROSINT CAP 50MCG .....	332
TIROSINT CAP 75MCG .....	332
TIROSINT CAP 88MCG .....	332
TIROSINT-SOL SOL 100MCG .....	333
TIROSINT-SOL SOL 112MCG .....	333
TIROSINT-SOL SOL 125MCG .....	333
TIROSINT-SOL SOL 137MCG .....	333
TIROSINT-SOL SOL 13MCG/ML.....	333
TIROSINT-SOL SOL 150MCG .....	333
TIROSINT-SOL SOL 175MCG .....	333
TIROSINT-SOL SOL 200MCG .....	333
TIROSINT-SOL SOL 25MCG/ML.....	333
TIROSINT-SOL SOL 37.5/ML .....	333
TIROSINT-SOL SOL 44MCG/ML.....	333
TIROSINT-SOL SOL 50MCG/ML.....	333
TIROSINT-SOL SOL 62.5/ML .....	333
TIROSINT-SOL SOL 75MCG/ML.....	333
TIROSINT-SOL SOL 88MCG/ML.....	333
TIVICAY PD TAB 5MG .....	157
TIVICAY TAB 10MG .....	157
TIVICAY TAB 25MG .....	157
TIVICAY TAB 50MG .....	157
<i>tizanidine hcl cap 2 mg (base equivalent)</i> .....	307
<i>tizanidine hcl cap 4 mg (base equivalent)</i> .....	307
<i>tizanidine hcl cap 6 mg (base equivalent)</i> .....	307
<i>tizanidine hcl tab 2 mg (base equivalent)</i> .....	307
<i>tizanidine hcl tab 4 mg (base equivalent)</i> .....	307
TOBI NEB 300/5ML .....	36
TOBI PODHALR CAP 28MG .....	36
TOBRADEX	
see <i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	315
TOBRADEX OIN 0.3-0.1% .....	315
TOBRADEX ST SUS 0.3-0.05 .....	315
TOBRADEX SUS 0.3-0.1% .....	315
<i>tobramycin nebu soln 300 mg/4ml</i> ...36	
<i>tobramycin nebu soln 300 mg/5ml</i> ...36	
<i>tobramycin ophth soln 0.3%</i> .....	313

<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i> .....	315
TOBREX OIN 0.3% OP .....	313
<i>tolcapone tab 100 mg</i> .....	140
<i>tolnaftate aerosol pow 1%</i> .....	203
<i>tolnaftate cream 1%</i> .....	204
<i>tolnaftate powder 1%</i> .....	204
TOLSURA CAP 65MG .....	107
<i>tolterodine tartrate cap er 24hr 2 mg</i> .....	338
<i>tolterodine tartrate cap er 24hr 4 mg</i> .....	338
<i>tolterodine tartrate tab 1 mg</i> .....	338
<i>tolterodine tartrate tab 2 mg</i> .....	338
<i>tolvaptan tab 30 mg</i> .....	233
TOPAMAX	
see <i>topiramate tab 100 mg</i> .....	81
see <i>topiramate tab 200 mg</i> .....	81
see <i>topiramate tab 25 mg</i> .....	81
see <i>topiramate tab 50 mg</i> .....	81
TOPAMAX SPR CAP 15MG.....	81
TOPAMAX SPR CAP 25MG.....	81
TOPAMAX SPRINKLE	
see <i>topiramate sprinkle cap 15 mg</i> 81	
see <i>topiramate sprinkle cap 25 mg</i> 81	
TOPAMAX TAB 100MG .....	81
TOPAMAX TAB 200MG .....	81
TOPAMAX TAB 25MG .....	81
TOPAMAX TAB 50MG .....	81
TOPCARE MIS LANC 33G.....	272
TOPICORT	
see <i>desoximetasone cream 0.05%</i> .....	208
see <i>desoximetasone cream 0.25%</i> .....	208
see <i>desoximetasone gel 0.05%</i> ... 208	
see <i>desoximetasone oint 0.05%</i> .. 208	
see <i>desoximetasone oint 0.25%</i> .. 208	
see <i>desoximetasone spray 0.25%</i> 208	
TOPICORT CRE 0.05% .....	211
TOPICORT CRE 0.25% .....	211
TOPICORT GEL 0.05% .....	211
TOPICORT OIN 0.05% .....	211
TOPICORT OIN 0.25% .....	211
TOPICORT SPR 0.25% .....	211
<i>topiramate cap er 24hr sprinkle 100 mg</i> .....	81
<i>topiramate cap er 24hr sprinkle 150 mg</i> .....	81
<i>topiramate cap er 24hr sprinkle 200 mg</i> .....	81
<i>topiramate cap er 24hr sprinkle 25 mg</i> .....	81
<i>topiramate cap er 24hr sprinkle 50 mg</i> .....	81
<i>topiramate sprinkle cap 15 mg</i> .....	81
<i>topiramate sprinkle cap 25 mg</i> .....	81
<i>topiramate tab 100 mg</i> .....	81
<i>topiramate tab 200 mg</i> .....	81
<i>topiramate tab 25 mg</i> .....	81
<i>topiramate tab 50 mg</i> .....	81
TOPROL XL	
see <i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i> .....	162
see <i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i> .....	162
see <i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i> .....	162
see <i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i> .....	162
TOPROL XL TAB 100MG .....	162
TOPROL XL TAB 200MG .....	162
TOPROL XL TAB 25MG .....	162
TOPROL XL TAB 50MG .....	162
<i>toremifene citrate tab 60 mg (base equivalent)</i> .....	131
<i>torsemide tab 10 mg</i> .....	225
<i>torsemide tab 100 mg</i> .....	225
<i>torsemide tab 20 mg</i> .....	225
<i>torsemide tab 5 mg</i> .....	225
TOSYMRA SOL 10MG.....	292
TOUJEO MAX INJ 300IU/ML.....	101
TOUJEO SOLO INJ 300IU/ML .....	101
<i>tovet aer 0.05%</i> .....	211
TOVET KIT KIT 0.05% .....	211
TOVIAZ TAB 4MG .....	338
TOVIAZ TAB 8MG .....	338
TRACLEER	
see <i>bosentan tab 125 mg</i> .....	172
see <i>bosentan tab 62.5 mg</i> .....	172
TRACLEER TAB 125MG .....	172
TRACLEER TAB 32MG .....	172
TRACLEER TAB 62.5MG .....	172
TRADJENTA TAB 5MG .....	98

<i>tramadol hcl cap er 24hr biphasic</i>	
<i>release 100 mg</i> .....	50
<i>tramadol hcl cap er 24hr biphasic</i>	
<i>release 200 mg</i> .....	50
<i>tramadol hcl cap er 24hr biphasic</i>	
<i>release 300 mg</i> .....	50
<i>tramadol hcl tab 100 mg</i> .....	50
<i>tramadol hcl tab 50 mg</i> .....	50
<i>tramadol hcl tab er 24hr 100 mg</i> .....	50
<i>tramadol hcl tab er 24hr 200 mg</i> .....	50
<i>tramadol hcl tab er 24hr 300 mg</i> .....	50
<i>tramadol hcl tab er 24hr biphasic</i>	
<i>release 100 mg</i> .....	51
<i>tramadol hcl tab er 24hr biphasic</i>	
<i>release 200 mg</i> .....	51
<i>tramadol hcl tab er 24hr biphasic</i>	
<i>release 300 mg</i> .....	51
<i>tramadol-acetaminophen tab 37.5-325</i>	
<i>mg</i> .....	53
<i>trando/verap tab 2-180 er</i> .....	124
<i>trando/verap tab 2-240 er</i> .....	124
<i>trando/verap tab 4-240 er</i> .....	124
<i>trandolapril tab 1 mg</i> .....	116
<i>trandolapril tab 2 mg</i> .....	116
<i>trandolapril tab 4 mg</i> .....	116
<i>trandolapril-verapamil hcl tab er 1-240</i>	
<i>mg</i> .....	124
<i>TRANSDERM-SC DIS 1MG/3DAY</i> ....	105
<i>TRANSDERM-SCOP</i>	
<i>see scopolamine td patch 72hr 1</i>	
<i>mg/3days</i> .....	105
<i>TRANXENE T TAB 7.5MG</i> .....	63
<i>tranylcypromine sulfate tab 10 mg</i> ...	86
<i>TRAVATAN Z</i>	
<i>see travoprost ophth soln 0.004%</i>	
<i>(benzalkonium free) (bak free)</i> ..	317
<i>TRAVATAN Z DRO 0.004%</i> .....	317
<i>travoprost ophth soln 0.004%</i>	
<i>(benzalkonium free) (bak free) ...</i>	317
<i>trazodone hcl tab 100 mg</i> .....	89
<i>trazodone hcl tab 150 mg</i> .....	89
<i>trazodone hcl tab 300 mg</i> .....	89
<i>trazodone hcl tab 50 mg</i> .....	89
<i>TRECATOR TAB 250MG</i> .....	127
<i>TRELEGY AER ELLIPTA</i> .....	70
<i>TREMFYA INJ 100MG/ML</i> .....	205

<i>treprostinil inj soln 100 mg/20ml (5</i>	
<i>mg/ml)</i> .....	171
<i>treprostinil inj soln 20 mg/20ml (1</i>	
<i>mg/ml)</i> .....	171
<i>treprostinil inj soln 200 mg/20ml (10</i>	
<i>mg/ml)</i> .....	171
<i>treprostinil inj soln 50 mg/20ml (2.5</i>	
<i>mg/ml)</i> .....	171
<i>TRESIBA FLEX INJ 100UNIT</i> .....	101
<i>TRESIBA FLEX INJ 200UNIT</i> .....	101
<i>TRESIBA INJ 100UNIT</i> .....	101
<i>tretinoin cap 10 mg</i> .....	139
<i>tretinoin cream 0.025%</i> .....	200
<i>tretinoin cream 0.05%</i> .....	200
<i>tretinoin cream 0.1%</i> .....	200
<i>tretinoin gel 0.01%</i> .....	200
<i>tretinoin gel 0.025%</i> .....	200
<i>tretinoin gel 0.05%</i> .....	200
<i>tretinoin microsphere gel 0.04%</i> ....	200
<i>tretinoin microsphere gel 0.1%</i> ....	200
<i>TRETEN INJ</i> .....	247
<i>TREXALL TAB 10MG</i> .....	128
<i>TREXALL TAB 15MG</i> .....	128
<i>TREXALL TAB 5MG</i> .....	128
<i>TREXALL TAB 7.5MG</i> .....	128
<i>TREXIMET</i>	
<i>see sumatriptan-naproxen sodium</i>	
<i>tab 85-500 mg</i> .....	289
<i>TREXIMET TAB 85-500MG</i> .....	290
<i>tri fentanyl tab</i> .....	185
<i>triamcinolone acetonide aerosol soln</i>	
<i>0.147 mg/gm</i> .....	211
<i>triamcinolone acetonide cream 0.025%</i>	
.....	211
<i>triamcinolone acetonide cream 0.1%</i>	
.....	211
<i>triamcinolone acetonide cream 0.5%</i>	
.....	211
<i>triamcinolone acetonide dental paste</i>	
<i>0.1%</i> .....	298
<i>triamcinolone acetonide lotion 0.025%</i>	
.....	211
<i>triamcinolone acetonide lotion 0.1%</i>	
.....	211
<i>triamcinolone acetonide oint 0.025%</i>	
.....	211
<i>triamcinolone acetonide oint 0.05%</i> 211	

<i>triamcinolone acetonide oint 0.1%</i>	.211
<i>triamcinolone acetonide oint 0.5%</i>	.211
<i>triamterene &amp; hydrochlorothiazide cap 37.5-25 mg</i>	224
<i>triamterene &amp; hydrochlorothiazide tab 37.5-25 mg</i>	224
<i>triamterene &amp; hydrochlorothiazide tab 75-50 mg</i>	224
<i>triamterene cap 100 mg</i>	225
<i>triamterene cap 50 mg</i>	225
<i>trianex oin 0.05%</i>	.211
<i>triazolam tab 0.125 mg</i>	.254
<i>triazolam tab 0.25 mg</i>	.254
<b>TRIBENZOR</b>	
<i>see olmesartanamlodipinehydrochlorothiazide tab 20-5-12.5 mg</i>	123
<i>see olmesartanamlodipinehydrochlorothiazide tab 40-10-12.5 mg</i>	123
<i>see olmesartanamlodipinehydrochlorothiazide tab 40-10-25 mg</i>	123
<i>see olmesartanamlodipinehydrochlorothiazide tab 40-5-12.5 mg</i>	123
<i>see olmesartanamlodipinehydrochlorothiazide tab 40-5-25 mg</i>	123
<b>TRIBENZOR20- TAB 5-12.5MG</b>	124
<b>TRIBENZOR40- TAB 10-12.5</b>	124
<b>TRIBENZOR40- TAB 10-25MG</b>	124
<b>TRIBENZOR40- TAB 5-12.5MG</b>	124
<b>TRIBENZOR40- TAB 5-25MG</b>	124
<b>TRICARE TAB PRENATAL</b>	304
<b>TRICOR</b>	
<i>see fenofibrate tab 145 mg</i>	111
<i>see fenofibrate tab 48 mg</i>	111
<b>TRICOR TAB 145MG</b>	111
<b>TRICOR TAB 48MG</b>	111
<i>trientine hcl cap 250 mg</i>	.294
<i>tri-estaryll tab</i>	185
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	151
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	151

<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	151
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	151
<i>trifluridine ophth soln 1%</i>	.313
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	140
<i>trihexyphenidyl hcl tab 2 mg</i>	140
<i>trihexyphenidyl hcl tab 5 mg</i>	140
<b>TRIJARDY XR TAB</b>	96
<b>TRIKAFTA TAB</b>	327
<i>tri-legest tab fe</i>	185
<b>TRILEPTAL</b>	
<i>see oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	79
<i>see oxcarbazepine tab 150 mg</i>	79
<i>see oxcarbazepine tab 300 mg</i>	79
<i>see oxcarbazepine tab 600 mg</i>	79
<b>TRILEPTAL SUS 300MG/5M</b>	81
<b>TRILEPTAL TAB 150MG</b>	81
<b>TRILEPTAL TAB 300MG</b>	81
<b>TRILEPTAL TAB 600MG</b>	82
<i>tri-linyah tab</i>	185
<b>TRILIPIX</b>	
<i>see choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	111
<i>see choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	111
<b>TRILIPIX CAP 135MG</b>	111
<b>TRILIPIX CAP 45MG</b>	111
<i>tri-lo tab estaryll</i>	185
<i>tri-lo- tab marzia</i>	185
<i>tri-lo- tab sprintec</i>	185
<b>TRILOCICLO KIT 0.1-8%</b>	212
<i>tri-lo-mili tab</i>	185
<i>trimethobenzamide hcl cap 300 mg</i>	105
<i>trimethoprim tab 100mg</i>	57
<i>tri-mili tab</i>	185
<i>trimipramine maleate cap 100 mg</i>	93
<i>trimipramine maleate cap 25 mg</i>	92
<i>trimipramine maleate cap 50 mg</i>	92
<b>TRIMO-SAN GEL</b>	340
<b>TRINATAL RX TAB 1</b>	304
<b>TRINTELLIX TAB 10MG</b>	89
<b>TRINTELLIX TAB 20MG</b>	89
<b>TRINTELLIX TAB 5MG</b>	89
<i>tri-nymyo tab</i>	185

<i>tri-previfem tab</i> .....	185
<i>tri-sprintec tab</i> .....	185
TRISTART CAP FREE.....	304
TRISTART DHA CAP.....	304
TRISTART ONE CAP 35-1-215.....	304
TRIUMEQ TAB .....	157
<i>trivora-28 tab</i> .....	186
<i>tri-vylibra tab</i> .....	186
<i>tri-vylibra tab lo</i> .....	186
TRIZIVIR see <i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
.....	154
TRIZIVIR TAB.....	157
TROGARZO INJ 150MG/ML.....	157
TROKENDI XR CAP 100MG .....	82
TROKENDI XR CAP 200MG .....	82
TROKENDI XR CAP 25MG .....	82
TROKENDI XR CAP 50MG .....	82
<i>tropicamide ophth soln 0.5%</i> .....	311
<i>tropicamide ophth soln 1%</i> .....	311
<i>trospium chloride cap er 24hr 60 mg</i>	
.....	338
<i>trospium chloride tab 20 mg</i> .....	338
TRU METRIX TES STRIPS .....	222
TRUDHESA AER 0.725MG.....	290
TRUE COMFORT MIS LANC 30G.....	272
TRUE FOCUS MIS BLOOD .....	223
TRUE FOCUS MIS METER .....	273
TRUE METRIX KIT AIR .....	273
TRUE METRIX KIT METER.....	273
TRUE METRIX MIS.....	273
TRUE METRIX MIS AIR.....	273
TRUE METRIX TES GLUCOSE .....	223
TRUE2GO KIT MONITOR .....	272
TRUERESULT KIT MONITOR.....	273
TRUERESULT KIT SYSTEM.....	273
TRUETEST TES .....	223
TRUETRACK KIT MONITOR .....	273
TRUETRACK KIT SYSTEM .....	273
TRUETRACK MIS BLD GLC.....	273
TRUETRACK TES .....	223
TRUETRACK TES BLD GLUC .....	223
TRUETRACK TES STRIPS.....	223
TRULANCE TAB 3MG.....	237
TRULICITY INJ 0.75/0.5 .....	98
TRULICITY INJ 1.5/0.5 .....	98
TRULICITY INJ 3/0.5 .....	98
TRULICITY INJ 4.5/0.5 .....	98
TRUPLUS LANC MIS 26G.....	273
TRUPLUS LANC MIS 28G.....	273
TRUPLUS LANC MIS 30G.....	273
TRUPLUS LANC MIS 33G.....	273
TRUSELTIQ CAP 100MG.....	138
TRUSELTIQ CAP 125MG.....	138
TRUSELTIQ CAP 50MG.....	138
TRUSELTIQ CAP 75MG.....	138
TRUSOPT see <i>dorzolamide hcl ophth soln 2%</i>	
.....	316
TRUSOPT SOL 2% OP.....	316
TRUVADA see <i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i> .....	154
see <i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i> .....	154
see <i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i> .....	154
see <i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i> .....	154
TRUVADA TAB 100-150 .....	157
TRUVADA TAB 133-200 .....	157
TRUVADA TAB 167-250 .....	157
TRUVADA TAB 200-300 .....	157
TUDORZA PRES AER 400/ACT .....	65
TUKYSA TAB 150MG .....	129
TUKYSA TAB 50MG .....	129
<i>tulana tab 0.35mg</i> .....	188
TURALIO CAP 200MG .....	138
<i>tussin dm liq 20-400mg</i> .....	193
<i>tussin dm liq 5-100mg</i> .....	193
<i>tussin dm mx liq</i> .....	193
TWINRIX INJ.....	340
TWIRLA DIS 120-30.....	187
TYBLUME CHW 0.1-0.02 .....	186
TYBOST TAB 150MG.....	157
<i>tydemy tab</i> .....	186
TYKERB see <i>lapatinib ditosylate tab 250 mg (base equiv)</i> .....	135
TYKERB TAB 250MG.....	138
TYSABRI INJ 300/15ML .....	325
TYVASO REFIL SOL 0.6MG/ML .....	171
TYVASO SOL 0.6MG/ML .....	171

TYVASO START SOL 0.6MG/ML .....	171
<b>U</b>	
UBRELVY TAB 100MG .....	289
UBRELVY TAB 50MG .....	289
UCERIS	
see <i>budesonide tab er 24hr 9 mg</i>	189
UCERIS AER 2MG/ACT .....	54
UCERIS TAB 9MG.....	191
UDENYCA INJ 6MG/.6ML .....	252
UKONIQ TAB 200MG .....	138
ULORIC	
see <i>febuxostat tab 40 mg</i> .....	244
see <i>febuxostat tab 80 mg</i> .....	244
ULORIC TAB 40MG .....	244
ULORIC TAB 80MG.....	244
ULTICARE MIC MIS 32GX4MM.....	286
ULTICARE MIS 30GX3/16.....	286
ULTICARE MIS 30GX5/16.....	286
ULTICARE PEN MIS 31GX5MM .....	286
ULTICARE PEN MIS 31GX6MM .....	286
ULTICARE PEN MIS 31GX8MM .....	286
ULTIGUARD MIS 31GX5MM .....	286
ULTIGUARD MIS 31GX6MM .....	286
ULTIGUARD MIS 31GX8MM .....	286
ULTIGUARD MIS 32GX4MM .....	287
ULTIGUARD MIS 32GX6MM .....	287
ULTILET MIS 26G.....	273
ULTILET MIS 28G.....	273
ULTILET MIS 33G.....	273
ULTILET MIS LANCETS.....	273
ULTILET PEN MIS 29GX12.7 .....	287
ULTILET PEN MIS 31GX5MM .....	287
ULTILET PEN MIS 31GX8MM .....	287
ULTILET PEN MIS 32GX4MM .....	287
ULTRA FLO MIS 31GX5MM .....	287
ULTRA FLO MIS 31GX8MM .....	287
ULTRA FLO MIS PEN NEED .....	287
ULTRA THIN MIS 33G .....	273
ULTRA THIN MIS LAN 31G.....	273
ULTRA THIN MIS LANC 28G.....	273
ULTRA THIN MIS LANC 30G.....	273
ULTRA THIN MIS LANCETS .....	273
ULTRACET	
see <i>tramadol-acetaminophen tab 37.5-325 mg</i> .....	53
ULTRACET TAB 37.5-325 .....	53
ULTRAM	

see <i>tramadol hcl tab 50 mg</i> .....	50
ULTRAM TAB 50MG .....	51
ULTRAVATE LOT 0.05% .....	212
UNFINE Pntp MIS 32GX4MM.....	287
UNFINE PLUS MIS 31GX1/4 .....	287
UNFINE PLUS MIS 31GX3/16.....	287
UNFINE PLUS MIS 31GX5/16.....	287
UNFINE PLUS MIS 32GX5/32.....	287
UNFINE PLUS MIS 33GX5/32.....	287
UNFINE Pntp MIS 29GX1/2 .....	287
UNFINE Pntp MIS 29GX12MM .....	287
UNFINE Pntp MIS 30GX3/16.....	287
UNFINE Pntp MIS 31GX3/16.....	287
UNFINE Pntp MIS 31GX5/16.....	287
UNFINE Pntp MIS 31GX5MM .....	287
UNFINE Pntp MIS 31GX6MM .....	287
UNFINE Pntp MIS 31GX8MM .....	287
UNFINE Pntp MIS 32GX4MM .....	287
UNFINE Pntp MIS 32GX5/32.....	288
UNFINE Pntp MIS 32GX6MM .....	288
UNFINE Pntp MIS 33GX4MM .....	288
UNFINE ULTR MIS 31GX5MM .....	288
UNFINE ULTR MIS 31GX6MM .....	288
UNFINE ULTR MIS 31GX8MM .....	288
UNILET CMFR MIS TCH 28G .....	273
UNILET CMFR MIS TCH 30G .....	273
UNILET EX II MIS 28G.....	273
UNILET EXCEL MIS 23G.....	273
UNILET G.P MIS SUPR 23G .....	273
UNILET G.P. MIS 21G.....	273
UNILET GP 28 MIS ULT THIN .....	273
UNILET LANCE MIS 21G .....	273
UNILET LANCE MIS 28G .....	273
UNILET LANCE MIS 33G .....	273
UNILET LANCT MIS 28G .....	273
UNILET LANCT MIS 30G .....	273
UNILET LANCT MIS 33G .....	273
UNILET MICRO MIS 33G .....	274
UNILET MIS 21G .....	274
UNILET SUPER MIS 23G .....	274
UNILET SUPER MIS G.P. 23G.....	274
UNISTRIP1 TES GENERIC .....	223
UNIVERSAL 1 MIS 33G .....	274
UNIVERSAL 1 MIS LANC 26G.....	274
UNIVERSAL 1 MIS LANC 30G.....	274
UPTRAVI INJ 1800MCG.....	172

UPTRAVI TAB 1000MCG .....	173
UPTRAVI TAB 1200MCG .....	173
UPTRAVI TAB 1400MCG .....	173
UPTRAVI TAB 1600MCG .....	173
UPTRAVI TAB 200/800.....	172
UPTRAVI TAB 200MCG.....	172
UPTRAVI TAB 400MCG.....	172
UPTRAVI TAB 600MCG.....	173
UPTRAVI TAB 800MCG.....	173
<i>urea cream 39%</i> .....	212
<i>urea cream 40%</i> .....	212
<i>urea hydrati aer 35%</i> .....	212
<i>urea lotion 40%</i> .....	212
<i>uro-458 tab</i> .....	57
UROCIT-K 10 <i>see potassium citrate tab er 10 meq (1080 mg)</i> .....	242
UROCIT-K 10 TAB .....	242
UROCIT-K 15 <i>see potassium citrate tab er 15 meq (1620 mg)</i> .....	242
UROCIT-K 15 TAB .....	242
UROCIT-K 5 <i>see potassium citrate tab er 5 meq (540 mg)</i> .....	242
UROCIT-K 5 TAB.....	242
UROGESIC- TAB BLUE .....	58
<i>uro-mp cap 118mg</i> .....	57
UROXATRAL <i>see alfuzosin hcl tab er 24hr 10 mg</i> .....	243
URSO 250 <i>see ursodiol tab 250 mg</i> .....	238
URSO 250 TAB 250MG.....	238
URSO FORTE <i>see ursodiol tab 500 mg</i> .....	238
URSO FORTE TAB 500MG.....	238
<i>ursodiol cap 300 mg</i> .....	238
<i>ursodiol tab 250 mg</i> .....	238
<i>ursodiol tab 500 mg</i> .....	238
<i>ustell cap</i> .....	58
<b>V</b>	
V10/V12/D10/ KIT D20/FORA.....	274
VAGIFEM TAB 10MCG .....	342
<i>valacyclovir hcl tab 1 gm</i> .....	159
<i>valacyclovir hcl tab 500 mg</i> .....	159
VALCHLOR GEL 0.016%.....	204

VALCYTE <i>see valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	158
<i>see valganciclovir hcl tab 450 mg (base equivalent)</i> .....	158
VALCYTE SOL 50MG/ML.....	158
VALCYTE TAB 450MG .....	158
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i> .....	158
<i>valganciclovir hcl tab 450 mg (base equivalent)</i> .....	158
VALIUM <i>see diazepam tab 10 mg</i> .....	63
<i>see diazepam tab 2 mg</i> .....	63
<i>see diazepam tab 5 mg</i> .....	63
valproate sodium oral soln 250 mg/5ml <i>(base equiv)</i> .....	84
valproic acid cap 250 mg .....	84
valsartan tab 160 mg .....	118
valsartan tab 320 mg .....	118
valsartan tab 40 mg .....	118
valsartan tab 80 mg .....	118
valsartan-hydrochlorothiazide tab 160-12.5 mg .....	124
valsartan-hydrochlorothiazide tab 160-25 mg .....	124
valsartan-hydrochlorothiazide tab 320-12.5 mg .....	124
valsartan-hydrochlorothiazide tab 320-25 mg .....	124
valsartan-hydrochlorothiazide tab 80-12.5 mg .....	124
VALTOCO SPR 10MG .....	74
VALTOCO SPR 15MG .....	74
VALTOCO SPR 20MG .....	74
VALTOCO SPR 5MG .....	74
VALTREX <i>see valacyclovir hcl tab 1 gm</i> .....	159
<i>see valacyclovir hcl tab 500 mg</i> ..	159
VALTREX TAB 1GM.....	160
VALTREX TAB 500MG .....	160
VANCOCIN <i>see vancomycin hcl cap 125 mg (base equivalent)</i> .....	58
<i>see vancomycin hcl cap 250 mg (base equivalent)</i> .....	58
VANCOCIN CAP 125MG.....	58

VANCOCIN CAP 250MG.....	58
<i>vancomycin hcl cap 125 mg (base equivalent).....</i>	58
<i>vancomycin hcl cap 250 mg (base equivalent).....</i>	58
<i>vancomycin hcl for iv soln 1 gm (base equivalent).....</i>	58
<i>vancomycin hcl for iv soln 10 gm (base equivalent).....</i>	58
<i>vancomycin hcl for iv soln 5 gm (base equivalent).....</i>	58
<i>vancomycin hcl for iv soln 500 mg (base equivalent).....</i>	58
<i>vancomycin hcl for iv soln 750 mg (base equivalent).....</i>	58
VANCOMYCIN INJ 250MG.....	58
<i>vancomycin inj 750mg.....</i>	58
VANCOMYCIN SOL 1.25GM.....	58
<i>vancomycin sol 1.5gm.....</i>	58
VANCOMYCIN SOL 250/5ML .....	59
vandazole gel 0.75%.....	341
VANOS	
<i>see fluocinonide cream 0.1% .....</i>	209
VANOS CRE 0.1% .....	212
VAQTA INJ 25/0.5ML.....	340
VAQTA INJ 50UNT/ML.....	340
VASCEPA CAP 0.5GM.....	109
VASCEPA CAP 1GM .....	109
VASERETIC	
<i>see enalapril maleate &amp; hydrochlorothiazide tab 10-25 mg .....</i>	121
VASERETIC TAB 10-25MG .....	124
VASOTEC	
<i>see enalapril maleate tab 10 mg .....</i>	115
<i>see enalapril maleate tab 2.5 mg .....</i>	115
<i>see enalapril maleate tab 20 mg .....</i>	115
<i>see enalapril maleate tab 5 mg .....</i>	115
VASOTEC TAB 10MG .....	116
VASOTEC TAB 2.5MG .....	116
VASOTEC TAB 20MG .....	116
VASOTEC TAB 5MG .....	116
VAXNEUVANCE INJ.....	339
VECAMYL TAB 2.5MG.....	125
VECTICAL OIN 3MCG/GM .....	205
VELETRI INJ 0.5MG .....	171
VELETRI INJ 1.5MG .....	171
velivet pak.....	186
VELPHORO CHW 500MG .....	242
VELTASSA POW 16.8GM .....	297
VELTASSA POW 25.2GM .....	297
VELTASSA POW 8.4GM .....	297
VEMLIDY TAB 25MG.....	159
VENCLEXTA TAB 100MG .....	129
VENCLEXTA TAB 10MG .....	129
VENCLEXTA TAB 50MG .....	129
VENCLEXTA TAB START PK .....	129
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent).....</i>	90
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....</i>	90
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent).....</i>	90
<i>venlafaxine hcl tab 100 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab 25 mg (base equivalent) .....</i>	90
<i>venlafaxine hcl tab 37.5 mg (base equivalent) .....</i>	90
<i>venlafaxine hcl tab 50 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab 75 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab er 24hr 150 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) .....</i>	91
<i>venlafaxine hcl tab er 24hr 75 mg (base equivalent) .....</i>	91
VENNGEL ONE KIT 1% .....	201
VENTAVIS SOL 10MCG/ML .....	171
VENTAVIS SOL 20MCG/ML .....	171
VENTOLIN HFA AER .....	70
<i>verapamil hcl cap er 24hr 100 mg .....</i>	168
<i>verapamil hcl cap er 24hr 120 mg .....</i>	169
<i>verapamil hcl cap er 24hr 180 mg .....</i>	169
<i>verapamil hcl cap er 24hr 200 mg .....</i>	169
<i>verapamil hcl cap er 24hr 240 mg .....</i>	169
<i>verapamil hcl cap er 24hr 300 mg .....</i>	169
<i>verapamil hcl cap er 24hr 360 mg .....</i>	169
<i>verapamil hcl tab 120 mg .....</i>	169
<i>verapamil hcl tab 40 mg .....</i>	169

verapamil hcl tab 80 mg .....	169
verapamil hcl tab er 120 mg.....	169
verapamil hcl tab er 180 mg.....	169
verapamil hcl tab er 240 mg.....	169
VERASENS KIT .....	274
VERASENS MIS METER .....	274
VERASENS TES.....	223
VEREGEN OIN 15% .....	200
VERELAN	
see <i>verapamil hcl cap er 24hr 120 mg</i> .....	169
<i>mg</i> .....	169
<i>see verapamil hcl cap er 24hr 180 mg</i> .....	169
<i>mg</i> .....	169
<i>see verapamil hcl cap er 24hr 240 mg</i> .....	169
VERELAN CAP 120MG SR .....	169
VERELAN CAP 180MG SR .....	169
VERELAN CAP 240MG SR .....	169
VERELAN CAP 360MG SR .....	169
VERELAN PM CAP 100MG ER.....	169
VERELAN PM CAP 200MG ER.....	169
VERELAN PM CAP 300MG ER.....	169
VERQUVO TAB 10MG .....	173
VERQUVO TAB 2.5MG.....	173
VERQUVO TAB 5MG.....	173
VERSACLOZ SUS 50MG/ML .....	150
VERZENIO TAB 100MG .....	138
VERZENIO TAB 150MG .....	138
VERZENIO TAB 200MG .....	138
VERZENIO TAB 50MG .....	138
VESICARE	
<i>see solifenacin succinate tab 10 mg</i> .....	338
<i>.....</i> .....	338
<i>see solifenacin succinate tab 5 mg</i> .....	338
<i>.....</i> .....	338
VESICARE LS SUS 5MG/5ML.....	338
VESICARE TAB 10MG .....	338
VESICARE TAB 5MG .....	338
vestura tab 3-0.02mg.....	186
VFEND	
<i>see voriconazole for susp 40 mg/ml</i> .....	107
<i>.....</i> .....	107
<i>see voriconazole tab 200 mg</i> .....	107
<i>see voriconazole tab 50 mg</i> .....	107
VFEND SUS 40MG/ML.....	107
VFEND TAB 200MG .....	107
VFEND TAB 50MG .....	107
V-GO 20 KIT .....	274
V-GO 30 KIT .....	274
V-GO 40 KIT .....	274
VIBERZI TAB 100MG .....	240
VIBERZI TAB 75MG.....	240
VIBRAMYCIN	
<i>see doxycycline hyclate cap 100 mg</i> .....	328
<i>.....</i> .....	328
<i>see doxycycline monohydrate for susp 25 mg/5ml</i> .....	328
<i>.....</i> .....	328
VIBRAMYCIN CAP 100MG .....	330
VIBRAMYCIN SUS 25MG/5ML .....	330
VIBRAMYCIN SYP 50MG/5ML.....	330
VICTOZA INJ 18MG/3ML.....	98
VIEKIRA PAK TAB .....	159
vienna tab 0.1-20 .....	186
vigabatrin powd pack 500 mg.....	83
vigabatrin tab 500 mg .....	83
vigadrone pow 500mg .....	83
VIGAMOX	
<i>see moxifloxacin hcl ophth soln 0.5% (base equiv)</i> .....	312
VIGAMOX DRO 0.5%.....	313
VIIBRYD KIT STARTER .....	89
VIIBRYD TAB 10MG .....	89
VIIBRYD TAB 20MG .....	89
VIIBRYD TAB 40MG .....	89
VIMOVO	
<i>see naproxen-esomeprazole magnesium tab dr 375-20 mg</i> ....	41
<i>see naproxen-esomeprazole magnesium tab dr 500-20 mg</i> ....	42
VIMOVO TAB 375-20MG .....	42
VIMOVO TAB 500-20MG .....	42
VIMPAT SOL 10MG/ML .....	82
VIMPAT TAB 100MG .....	82
VIMPAT TAB 150MG .....	82
VIMPAT TAB 200MG .....	82
VIMPAT TAB 50MG.....	82
VINATE DHA CAP 27-1.13 .....	305
VIOKACE TAB 10440 .....	223
VIOKACE TAB 20880 .....	223
viorele tab .....	186
VIRACEPT TAB 250MG.....	157
VIRACEPT TAB 625MG.....	157
VIRAMUNE XR	

see <i>nevirapine tab er 24hr 400 mg</i>	156
VIRAMUNE XR TAB 400MG .....	157
VIRAZOLE INH 6GM .....	160
VIREAD	
see <i>tenofovir disoproxil fumarate tab 300 mg</i>	157
VIREAD POW 40MG/GM .....	157
VIREAD TAB 150MG .....	157
VIREAD TAB 200MG .....	157
VIREAD TAB 250MG .....	157
VIREAD TAB 300MG .....	157
VIRT-C DHA CAP.....	305
VIRT-NATE CAP DHA .....	305
VIRT-PN DHA CAP.....	305
VIRT-PN PLUS CAP.....	305
VISTARIL	
see <i>hydroxyzine pamoate cap 50 mg</i>	62
VISTARIL CAP 25MG .....	62
VISTARIL CAP 50MG .....	62
VITAFOL CAP ULTRA.....	305
VITAFOL CHW GUMMIES .....	305
VITAFOL FE+ CAP .....	305
VITAFOL STRP MIS 1MG .....	305
VITAFOL-NANO TAB .....	305
VITAFOL-OB PAK +DHA .....	305
VITAFOL-OB TAB 65-1MG .....	305
VITAFOL-ONE CAP .....	305
VITRAKVI CAP 100MG .....	138
VITRAKVI CAP 25MG .....	138
VITRAKVI SOL 20MG/ML.....	138
VIVAGUARD MIS 30G .....	274
VIVAGUARD MIS INO .....	274
VIVAGUARD MIS INO SMRT .....	274
VIVAGUARD TES INO .....	223
VIVELLE-DOT DIS 0.025MG.....	236
VIVELLE-DOT DIS 0.0375MG .....	236
VIVELLE-DOT DIS 0.05MG .....	236
VIVELLE-DOT DIS 0.075MG.....	236
VIVELLE-DOT DIS 0.1MG .....	236
VIVITROL INJ 380MG .....	104
VIVLODEX	
see <i>meloxicam cap 10 mg</i> .....	41
see <i>meloxicam cap 5 mg</i> .....	41
VIVLODEX CAP 10MG .....	42
VIVLODEX CAP 5MG .....	42
VIZIMPRO TAB 15MG .....	130
VIZIMPRO TAB 30MG .....	130
VIZIMPRO TAB 45MG .....	130
<i>volnea tab</i> .....	186
VONVENDI INJ 1300UNIT .....	247
VONVENDI INJ 650UNIT .....	247
<i>voriconazole for susp 40 mg/ml</i> .....	107
<i>voriconazole tab 200 mg</i> .....	107
<i>voriconazole tab 50 mg</i> .....	107
VORTEX/MASK MIS CHILDS .....	289
VORTEX/MASK MIS TODDLER.....	289
VOSEVI TAB .....	159
VOTRIENT TAB 200MG .....	138
VP-PNV-DHA CAP .....	305
VRAYLAR CAP 1.5-3MG.....	144
VRAYLAR CAP 1.5MG.....	145
VRAYLAR CAP 3MG .....	145
VRAYLAR CAP 4.5MG.....	145
VRAYLAR CAP 6MG .....	145
<i>vtol iq sol</i> .....	43
VURITY SOL 1.25% OP.....	311
VUMERTY CAP 231MG .....	325
VUSION OIN .....	204
VYEPTI INJ 100MG/ML.....	289
<i>vyfemla tab 0.4-35</i> .....	186
<i>vylibra tab 0.25-35</i> .....	186
VYNDAMAX CAP 61MG.....	173
VYNDAQEL CAP 20MG .....	173
VYTORIN	
see <i>ezetimibe-simvastatin tab 10-10 mg</i> .....	109
see <i>ezetimibe-simvastatin tab 10-20 mg</i> .....	109
see <i>ezetimibe-simvastatin tab 10-40 mg</i> .....	109
see <i>ezetimibe-simvastatin tab 10-80 mg</i> .....	109
VYTORIN TAB 10-10MG .....	109
VYTORIN TAB 10-20MG .....	109
VYTORIN TAB 10-40MG .....	109
VYTORIN TAB 10-80MG .....	109
VYVANSE CAP 10MG .....	25
VYVANSE CAP 20MG .....	25
VYVANSE CAP 30MG .....	25
VYVANSE CAP 40MG .....	26
VYVANSE CAP 50MG .....	26
VYVANSE CAP 60MG .....	26

VYVANSE CAP 70MG.....	26
VYVANSE CHW 10MG .....	26
VYVANSE CHW 20MG .....	26
VYVANSE CHW 30MG .....	26
VYVANSE CHW 40MG .....	26
VYVANSE CHW 50MG .....	26
VYVANSE CHW 60MG .....	26
VYVGART INJ 400/20ML.....	294
YZULTA SOL 0.024% .....	317
<b>W</b>	
WAKIX TAB 17.8MG .....	28
WAKIX TAB 4.45MG .....	28
<i>warfarin sodium tab 1 mg .....</i>	70
<i>warfarin sodium tab 10 mg .....</i>	71
<i>warfarin sodium tab 2 mg .....</i>	70
<i>warfarin sodium tab 2.5 mg .....</i>	70
<i>warfarin sodium tab 3 mg .....</i>	70
<i>warfarin sodium tab 4 mg .....</i>	70
<i>warfarin sodium tab 5 mg .....</i>	70
<i>warfarin sodium tab 6 mg .....</i>	71
<i>warfarin sodium tab 7.5 mg .....</i>	71
WAVESENSE KIT AMP.....	274
WELCHOL	
<i>see colesevelam hcl packet for susp         3.75 gm.....</i>	110
<i>see colesevelam hcl tab 625 mg..</i>	110
WELCHOL PAK 3.75GM .....	110
WELCHOL TAB 625MG .....	110
WELLBUTRIN SR	
<i>see bupropion hcl tab er 12hr 100         mg .....</i>	85
<i>see bupropion hcl tab er 12hr 150         mg .....</i>	85
<i>see bupropion hcl tab er 12hr 200         mg .....</i>	85
WELLBUTRIN TAB 100MG SR.....	85
WELLBUTRIN TAB 150MG SR.....	85
WELLBUTRIN TAB 200MG SR.....	86
WELLBUTRIN TAB XL 150MG .....	86
WELLBUTRIN TAB XL 300MG .....	86
WELLBUTRIN XL	
<i>see bupropion hcl tab er 24hr 150         mg .....</i>	85
<i>see bupropion hcl tab er 24hr 300         mg .....</i>	85
WERA tab 0.5/35.....	186
WESCAP-C DHA CAP .....	305
WESCAP-PN CAP DHA .....	305
WESNATE DHA CAP .....	306
WESTAB PLUS TAB 27-1MG .....	306
WESTGEL DHA CAP.....	306
<i>wheat dextrin oral powder .....</i>	255
<i>white petrolatum-mineral oil ophth         ointment .....</i>	310
WILATE INJ .....	247
WINLEVI CRE 1% .....	200
<i>wixela inhub aer 100/50 .....</i>	70
<i>wixela inhub aer 250/50 .....</i>	70
<i>wixela inhub aer 500/50 .....</i>	70
<i>wymzya fe chw 0.4mg-35 .....</i>	186
<b>X</b>	
XADAGO TAB 100MG .....	143
XADAGO TAB 50MG .....	143
XALATAN	
<i>see latanoprost ophth soln 0.005%         .....</i>	317
XALATAN SOL 0.005% .....	317
XALKORI CAP 200MG .....	138
XALKORI CAP 250MG .....	138
XANAX	
<i>see alprazolam tab 0.25 mg .....</i>	62
<i>see alprazolam tab 0.5 mg .....</i>	62
<i>see alprazolam tab 1 mg .....</i>	62
<i>see alprazolam tab 2 mg .....</i>	62
XANAX TAB 0.25MG .....	63
XANAX TAB 0.5MG.....	63
XANAX TAB 1MG .....	63
XANAX TAB 2MG .....	63
XANAX XR	
<i>see alprazolam tab 0.5mg xr .....</i>	62
<i>see alprazolam tab 1mg xr .....</i>	62
<i>see alprazolam tab 2mg xr .....</i>	62
<i>see alprazolam tab 3mg xr .....</i>	62
<i>see alprazolam tab er 24hr 0.5 mg .....</i>	62
<i>see alprazolam tab er 24hr 1 mg .....</i>	62
<i>see alprazolam tab er 24hr 2 mg .....</i>	62
<i>see alprazolam tab er 24hr 3 mg .....</i>	62
XANAX XR TAB 0.5MG .....	63
XANAX XR TAB 1MG.....	63
XANAX XR TAB 2MG.....	63
XANAX XR TAB 3MG.....	63
XARELTO STAR TAB 15/20MG .....	71
XARELTO SUS 1MG/ML.....	71
XARELTO TAB 10MG .....	71

XARELTO TAB 15MG.....	71
XARELTO TAB 2.5MG.....	71
XARELTO TAB 20MG.....	71
XATMEP SOL 2.5MG/ML .....	128
XCOPRI PAK 100-150 .....	82
XCOPRI PAK 12.5-25.....	82
XCOPRI PAK 150-200 .....	82
XCOPRI PAK 50-100MG .....	82
XCOPRI TAB 100MG .....	82
XCOPRI TAB 150MG .....	82
XCOPRI TAB 200MG .....	82
XCOPRI TAB 50MG.....	82
XELJANZ SOL 1MG/ML.....	37
XELJANZ TAB 10MG .....	37
XELJANZ TAB 5MG .....	37
XELJANZ XR TAB 11MG.....	37
XELJANZ XR TAB 22MG.....	37
XELODA	
see <i>capecitabine tab 150 mg</i> .....	128
see <i>capecitabine tab 500 mg</i> .....	128
XELODA TAB 150MG .....	128
XELODA TAB 500MG .....	128
XELPROS EMU 0.005% .....	317
XENAZINE	
see <i>tetrabenazine tab 12.5 mg</i> ....	323
see <i>tetrabenazine tab 25 mg</i> .....	323
XENAZINE TAB 12.5MG .....	323
XENAZINE TAB 25MG .....	323
XENLETA TAB 600MG .....	59
XEPI CRE 1% .....	201
XERAC-AC SOL 6.25%.....	214
XERESE CRE 5-1%.....	206
XHANCE MIS 93MCG .....	308
XIFAXAN TAB 200MG .....	57
XIFAXAN TAB 550MG .....	57
XIGDUO XR TAB 10-1000.....	96
XIGDUO XR TAB 10-500MG.....	96
XIGDUO XR TAB 2.5-1000.....	96
XIGDUO XR TAB 5-1000MG.....	96
XIGDUO XR TAB 5-500MG.....	96
XXIDRA DRO 5% .....	313
XIMINO CAP 135MG ER .....	330
XIMINO CAP 45MG ER .....	330
XIMINO CAP 90MG ER .....	330
XODOL	
see <i>hydrocodone-acetaminophen tab 5-300 mg</i> .....	52

XOFLUZA TAB 20MG .....	160
XOFLUZA TAB 40MG .....	160
XOFLUZA TAB 80MG .....	160
XOLAIR INJ 150MG/ML .....	65
XOLAIR INJ 75/0.5 .....	65
XOLAIR SOL 150MG .....	65
XOPENEX	
<i>see levalbuterol hcl soln nebu 0.31</i>	
<i>mg/3ml (base equiv)</i> .....	69
<i>see levalbuterol hcl soln nebu 0.63</i>	
<i>mg/3ml (base equiv)</i> .....	69
<i>see levalbuterol hcl soln nebu 1.25</i>	
<i>mg/3ml (base equiv)</i> .....	69
XOPENEX CONC NEB 1.25/0.5 .....	70
XOPENEX CONCENTRATE	
<i>see levalbuterol hcl soln nebu conc</i>	
<i>1.25 mg/0.5ml (base equiv)</i> .....	69
XOPENEX HFA AER .....	70
XOPENEX NEB 0.31MG .....	70
XOPENEX NEB 0.63MG .....	70
XOPENEX NEB 1.25/3ML .....	70
XOSPATA TAB 40MG .....	138
XPOVIO PAK 40MG .....	132
XPOVIO PAK 50MG .....	132
XPOVIO PAK 60MG .....	132
XPOVIO PAK 80MG .....	132
XTAMPZA ER CAP 13.5MG .....	51
XTAMPZA ER CAP 18MG .....	51
XTAMPZA ER CAP 27MG .....	51
XTAMPZA ER CAP 36MG .....	51
XTAMPZA ER CAP 9MG .....	51
XTANDI CAP 40MG .....	131
XTANDI TAB 40MG .....	131
XTANDI TAB 80MG .....	131
<i>xulane dis 150-35</i> .....	187
XULTOPHY INJ 100/3.6.....	96
XYNTHA INJ 1000UNIT .....	248
XYNTHA INJ 2000UNIT .....	248
XYNTHA INJ 250UNIT .....	248
XYNTHA INJ 500UNIT .....	248
XYNTHA SOLOF INJ 1000UNIT .....	248
XYNTHA SOLOF INJ 2000UNIT .....	248
XYNTHA SOLOF INJ 3000UNIT .....	248
XYNTHA SOLOF INJ 500UNIT .....	248
XYNTHA SOLOF KIT 250UNIT .....	248
XYREM SOL 500MG/ML.....	320
XYWAV SOL 0.5GM/ML .....	320

**Y**

YASMIN 28

- see *drosipренон-этинил эстрадиол*  
tab 3-0.03 mg ..... 178
- see *ocella* tab 3-0.03mg..... 183
- see *syeda* tab 3-0.03mg ..... 185
- see *zumandimine* tab 3-0.03mg .. 187
- YASMIN 28 TAB 3-0.03MG ..... 186
- YAZ

- see *drosipренон-этинил эстрадиол*  
tab 3-0.02 mg ..... 178
- see *jasmiel* tab 3-0.02mg..... 179
- see *loryna* tab 3-0.02mg ..... 181
- see *lo-zumandimi* tab 3-0.02mg.. 181
- see *nikki* tab 3-0.02mg ..... 182
- see *vestura* tab 3-0.02mg ..... 186
- YAZ TAB 3-0.02MG ..... 186
- YONSA TAB 125MG ..... 131
- YUPELRI SOL..... 65

**Z**

- zafemy dis* 150/35 ..... 187
- zafirlukast* tab 10 mg ..... 66
- zafirlukast* tab 20 mg ..... 66
- zaleplon* cap 10 mg ..... 254
- zaleplon* cap 5 mg..... 254
- ZANAFLEX
  - see *tizanidine hcl* cap 2 mg (*base equivalent*)..... 307
  - see *tizanidine hcl* cap 4 mg (*base equivalent*)..... 307
  - see *tizanidine hcl* cap 6 mg (*base equivalent*)..... 307
  - see *tizanidine hcl* tab 4 mg (*base equivalent*)..... 307
- ZANAFLEX CAP 2MG ..... 307
- ZANAFLEX CAP 4MG ..... 307
- ZANAFLEX CAP 6MG ..... 307
- ZANAFLEX TAB 4MG ..... 307
- ZARONTIN
  - see *ethosuximide soln* 250 mg/5ml/84
- ZARONTIN CAP 250MG ..... 84
- ZARONTIN SOL 250/5ML..... 84
- ZARXIO INJ 300/0.5..... 252
- ZARXIO INJ 480/0.8..... 252
- ZATEAN-PN CAP DHA ..... 306
- ZATEAN-PN CAP PLUS ..... 306
- ZEGALOGUE INJ 0.6/0.6 ..... 97

**ZEGERID**

- see *omeprazole-sodium bicarbonate*  
cap 20-1100 mg ..... 337
- see *omeprazole-sodium bicarbonate*  
cap 40-1100 mg ..... 337
- see *omeprazole-sodium bicarbonate*  
*powd pack for susp* 20-1680 mg  
..... 337
- see *omeprazole-sodium bicarbonate*  
*powd pack for susp* 40-1680 mg  
..... 337
- ZEGERID CAP 20-1100..... 337
- ZEGERID CAP 40-1100..... 337
- ZEGERID POW 20-1680..... 337
- ZEGERID POW 40-1680..... 337
- ZEJULA CAP 100MG ..... 138
- ZELAPAR TAB 1.25MG ..... 143
- ZELBORA TAB 240MG ..... 139
- ZEMBRACE SYM INJ 3/0.5ML..... 292
- ZEMPLAR
  - see *paricalcitol* cap 1 mcg ..... 230
  - see *paricalcitol* cap 2 mcg ..... 230
- ZEMPLAR CAP 1MCG ..... 231
- ZEMPLAR CAP 2MCG ..... 231
- zenatane* cap 10mg ..... 200
- zenatane* cap 20mg ..... 200
- zenatane* cap 30mg ..... 200
- zenatane* cap 40mg ..... 200
- ZENPEP CAP 10000UNT ..... 224
- ZENPEP CAP 15000UNT ..... 224
- ZENPEP CAP 20000UNT ..... 224
- ZENPEP CAP 25000..... 224
- ZENPEP CAP 3000UNIT..... 223
- ZENPEP CAP 40000..... 224
- ZENPEP CAP 5000UNIT..... 223
- zenzedi* tab 10mg ..... 26
- zenzedi* tab 15mg ..... 26
- zenzedi* tab 2.5mg ..... 26
- zenzedi* tab 20mg ..... 26
- zenzedi* tab 30mg ..... 26
- zenzedi* tab 5mg..... 26
- zenzedi* tab 7.5mg ..... 26
- ZEPATIER TAB 50-100MG ..... 159
- ZEPOSIA 7DAY CAP STR PACK..... 325
- ZEPOSIA CAP .92MG ..... 325
- ZEPOSIA CAP STR KIT..... 325
- ZERVIATE DRO 0.24% ..... 316

ZESTORETIC	
see <i>lisinopril &amp; hydrochlorothiazide</i>	
tab 10-12.5 mg.....	122
see <i>lisinopril &amp; hydrochlorothiazide</i>	
tab 20-12.5 mg.....	122
see <i>lisinopril &amp; hydrochlorothiazide</i>	
tab 20-25 mg .....	122
ZESTORETIC TAB 10-12.5.....	124
ZESTORETIC TAB 20-12.5.....	125
ZESTORETIC TAB 20-25MG .....	125
ZESTRIL	
see <i>lisinopril tab 10 mg</i> .....	115
see <i>lisinopril tab 2.5 mg</i> .....	115
see <i>lisinopril tab 20 mg</i> .....	115
see <i>lisinopril tab 30 mg</i> .....	115
see <i>lisinopril tab 40 mg</i> .....	115
see <i>lisinopril tab 5 mg</i> .....	115
ZESTRIL TAB 10MG.....	116
ZESTRIL TAB 2.5MG.....	116
ZESTRIL TAB 20MG.....	116
ZESTRIL TAB 30MG.....	116
ZESTRIL TAB 40MG.....	116
ZESTRIL TAB 5MG .....	116
ZETIA	
see <i>ezetimibe tab 10 mg</i> .....	113
ZETIA TAB 10MG .....	113
ZETONNA AER 37MCG .....	308
ZEVRX MIS 31GX5MM .....	288
ZEVRX MIS 31GX6MM .....	288
ZEVRX MIS 31GX8MM .....	288
ZEVRX MIS 32GX4MM .....	288
ZEVRX TWIST MIS LANC 30G .....	274
ZIAC	
see <i>bisoprolol &amp; hydrochlorothiazide</i>	
tab 10-6.25 mg.....	121
see <i>bisoprolol &amp; hydrochlorothiazide</i>	
tab 2.5-6.25 mg.....	121
see <i>bisoprolol &amp; hydrochlorothiazide</i>	
tab 5-6.25 mg .....	121
ZIAC TAB 10/6.25.....	125
ZIAC TAB 2.5/6.25.....	125
ZIAC TAB 5-6.25MG .....	125
ZIAGEN	
see <i>abacavir sulfate soln 20 mg/ml</i>	
(base equiv) .....	153
see <i>abacavir sulfate tab 300 mg</i>	
(base equiv) .....	154
ZIAGEN SOL 20MG/ML .....	157
ZIAGEN TAB 300MG.....	157
ZIANA	
see <i>clindamycin phosphate-tretinooin</i>	
gel 1.2-0.025% .....	196
ZIANA GEL .....	200
zidovudine cap 100 mg.....	157
zidovudine syrup 10 mg/ml.....	157
zidovudine tab 300 mg .....	157
ZIEXTENZO INJ 6/0.6ML.....	252
zileuton tab er 12hr 600 mg.....	66
ZILXI AER 1.5% .....	215
ZIMHI SOL .....	104
zinc sulfate cap 220 mg (50 mg elemental zn) .....	294
ZIOPTAN DRO 0.0015% .....	317
ziprasidone hcl cap 20 mg .....	145
ziprasidone hcl cap 40 mg .....	145
ziprasidone hcl cap 60 mg .....	145
ziprasidone hcl cap 80 mg .....	145
ziprasidone mesylate for inj 20 mg (base equivalent).....	145
ZIPSOR CAP 25MG.....	42
ZIRGAN GEL 0.15% .....	313
ZITHROMAX	
see <i>azithromycin for susp 100</i>	
mg/5ml .....	256
see <i>azithromycin for susp 200</i>	
mg/5ml .....	257
see <i>azithromycin tab 250 mg</i> .....	257
see <i>azithromycin tab 500 mg</i> .....	257
ZITHROMAX POW 1GM PAK.....	257
ZITHROMAX SUS 100/5ML.....	257
ZITHROMAX SUS 200/5ML.....	257
ZITHROMAX TAB 250MG.....	257
ZITHROMAX TAB 500MG.....	257
ZITHROMAX TAB TRI-PAK.....	257
ZITHROMAX TAB Z-PAK.....	257
ZOCOR	
see <i>simvastatin tab 10 mg</i> .....	113
see <i>simvastatin tab 20 mg</i> .....	113
see <i>simvastatin tab 40 mg</i> .....	113
see <i>simvastatin tab 80 mg</i> .....	113
ZOCOR TAB 10MG .....	113
ZOCOR TAB 20MG .....	113
ZOCOR TAB 40MG .....	113
ZOCOR TAB 80MG .....	113

ZOLINZA CAP 100MG .....	139
<i>zolmitriptan nasal spray 2.5 mg/spray unit</i> .....	292
<i>zolmitriptan nasal spray 5 mg/spray unit</i> .....	292
<i>zolmitriptan orally disintegrating tab 2.5 mg</i> .....	292
<i>zolmitriptan orally disintegrating tab 5 mg</i> .....	292
<i>zolmitriptan tab 2.5 mg</i> .....	292
<i>zolmitriptan tab 5 mg</i> .....	292
ZOLOFT	
<i>see sertraline hcl oral concentrate for solution 20 mg/ml</i> .....	88
<i>see sertraline hcl tab 100 mg</i> .....	88
<i>see sertraline hcl tab 25 mg</i> .....	88
<i>see sertraline hcl tab 50 mg</i> .....	88
ZOLOFT CON 20MG/ML.....	88
ZOLOFT TAB 100MG .....	88
ZOLOFT TAB 25MG.....	88
ZOLOFT TAB 50MG.....	88
ZOLPAK KIT .....	204
<i>zolpidem tartrate sl tab 1.75 mg</i> ...	254
<i>zolpidem tartrate sl tab 3.5 mg</i> .....	254
<i>zolpidem tartrate tab 10 mg</i> .....	254
<i>zolpidem tartrate tab 5 mg</i> .....	254
<i>zolpidem tartrate tab er 12.5 mg</i> ...	255
<i>zolpidem tartrate tab er 6.25 mg</i> ...	254
ZOMACTON INJ 10MG .....	228
ZOMACTON INJ 5MG .....	228
ZOMIG	
<i>see zolmitriptan nasal spray 2.5 mg/spray unit</i> .....	292
<i>see zolmitriptan nasal spray 5 mg/spray unit</i> .....	292
<i>see zolmitriptan tab 2.5 mg</i> .....	292
<i>see zolmitriptan tab 5 mg</i> .....	292
ZOMIG SPR 2.5MG .....	292
ZOMIG SPR 5MG.....	292
ZOMIG TAB 2.5MG .....	292
ZOMIG TAB 5MG.....	292
ZONALON CRE 5% .....	204
ZONEGRAN	
<i>see zonisamide cap 100 mg</i> .....	82
<i>see zonisamide cap 25 mg</i> .....	82
<i>zonisamide cap 100 mg</i> .....	82
<i>zonisamide cap 25 mg</i> .....	82
<i>zonisamide cap 50 mg</i> .....	82
ZONTIVITY TAB 2.08MG .....	249
ZORBTIVE INJ 8.8MG .....	228
ZORTRESS	
<i>see everolimus tab 0.25 mg</i> .....	295
<i>see everolimus tab 0.5 mg</i> .....	295
<i>see everolimus tab 0.75 mg</i> .....	295
<i>see everolimus tab 1 mg</i> .....	296
ZORTRESS TAB 0.25MG .....	297
ZORTRESS TAB 0.5MG .....	297
ZORTRESS TAB 0.75MG .....	297
ZORTRESS TAB 1MG .....	297
ZORVOLEX CAP 18MG .....	42
ZORVOLEX CAP 35MG .....	42
zovia 1/35 tab.....	186
zovia 1/35e tab .....	187
ZOVIRAX	
<i>see acyclovir cream 5%</i> .....	206
<i>see acyclovir oint 5%</i> .....	206
<i>see acyclovir susp 200 mg/5ml</i> ... 159	
ZOVIRAX CRE 5%.....	206
ZOVIRAX OIN 5% .....	206
ZOVIRAX SUS 200/5ML .....	160
ZTLIDO PAD 1.8% .....	214
ZUBSOLV SUB 0.7-0.18.....	54
ZUBSOLV SUB 1.4-0.36.....	54
ZUBSOLV SUB 11.4-2.9.....	54
ZUBSOLV SUB 2.9-0.71.....	54
ZUBSOLV SUB 5.7-1.4 .....	54
ZUBSOLV SUB 8.6-2.1 .....	54
<i>zumandimine tab 3-0.03mg</i> .....	187
ZYCLARA	
<i>see imiquimod cream 3.75%</i> .....	212
ZYCLARA CRE 3.75% .....	212
ZYCLARA PUMP CRE 2.5% .....	212
ZYCLARA PUMP CRE 3.75%.....	212
ZYDELIG TAB 100MG .....	139
ZYDELIG TAB 150MG .....	139
ZYFLO TAB 600MG.....	66
ZYKADIA TAB 150MG .....	139
ZYLET SUS 0.5-0.3% .....	315
ZYLOPRIM	
<i>see allopurinol tab 100 mg</i> .....	244
<i>see allopurinol tab 300 mg</i> .....	244
ZYMAXID	
<i>see gatifloxacin ophth soln 0.5%</i> . 312	
ZYMAXID SOL 0.5%.....	313

ZYPITAMAG TAB 2MG .....	113	ZYPREXA ZYDI TAB 5MG.....	150
ZYPITAMAG TAB 4MG .....	113	ZYPREXA ZYDIS	
ZYPREXA		see <i>olanzapine orally disintegrating</i>	
see <i>olanzapine for im inj 10 mg</i> ..	148	<i>tab 10 mg</i> .....	148
see <i>olanzapine tab 10 mg</i> .....	149	<i>see olanzapine orally disintegrating</i>	
<i>see olanzapine tab 15 mg</i> .....	149	<i>tab 15 mg</i> .....	148
<i>see olanzapine tab 2.5 mg</i> .....	148	<i>see olanzapine orally disintegrating</i>	
<i>see olanzapine tab 20 mg</i> .....	149	<i>tab 20 mg</i> .....	148
<i>see olanzapine tab 5 mg</i> .....	148	<i>see olanzapine orally disintegrating</i>	
<i>see olanzapine tab 7.5 mg</i> .....	149	<i>tab 5 mg</i> .....	148
ZYPREXA INJ 10MG .....	150	ZYTIGA	
ZYPREXA RELP INJ 210MG .....	150	<i>see abiraterone acetate tab 250 mg</i>	
ZYPREXA RELP INJ 300MG .....	150	.....	130
ZYPREXA RELP INJ 405MG .....	150	<i>see abiraterone acetate tab 500 mg</i>	
ZYPREXA TAB 10MG .....	150	.....	130
ZYPREXA TAB 15MG .....	150	ZYTIGA TAB 250MG .....	131
ZYPREXA TAB 2.5MG .....	150	ZYTIGA TAB 500MG .....	131
ZYPREXA TAB 20MG .....	150	ZYVOX	
ZYPREXA TAB 5MG.....	150	<i>see linezolid for susp 100 mg/5ml</i> .	59
ZYPREXA TAB 7.5MG.....	150	<i>see linezolid tab 600 mg</i> .....	59
ZYPREXA ZYDI TAB 10MG .....	150	ZYVOX SUS 100MG/5M .....	59
ZYPREXA ZYDI TAB 15MG .....	150	ZYVOX TAB 600MG .....	59
ZYPREXA ZYDI TAB 20MG .....	150		