

2016

# Formulary/ Formulario

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

## Michigan

[Molinamarketplace.com](http://Molinamarketplace.com)



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>dexmethylph tab 5mg</i>	Tier 1	AGE
<i>dexmethylph tab 10mg</i>	Tier 1	AGE
<i>metadate tab 20mg er</i>	Tier 1	AGE
<i>methylphenid cap 10mg</i>	Tier 1	AGE
<i>methylphenid cap 20mg</i>	Tier 1	AGE
<i>methylphenid cap 20mg er</i>	Tier 1	AGE
<i>methylphenid cap 30mg</i>	Tier 1	AGE
<i>methylphenid cap 30mg er</i>	Tier 1	AGE
<i>methylphenid cap 40mg</i>	Tier 1	AGE
<i>methylphenid cap 40mg er</i>	Tier 1	AGE
<i>methylphenid cap 50mg</i>	Tier 1	AGE
<i>methylphenid cap 60mg</i>	Tier 1	AGE
<i>methylphenid sol 5mg/5ml</i>	Tier 1	AGE
<i>methylphenid sol 10mg/5ml</i>	Tier 1	AGE
<i>methylphenid tab 5mg</i>	Tier 1	AGE
<i>methylphenid tab 10mg</i>	Tier 1	AGE
<i>methylphenid tab 10mg er</i>	Tier 1	AGE
<i>methylphenid tab 18mg er</i> TBCR	Tier 1	AGE
<i>methylphenid tab 20mg</i>	Tier 1	AGE
<i>methylphenid tab 20mg er</i>	Tier 1	AGE
<i>methylphenid tab 27mg er</i> TBCR	Tier 1	AGE
<i>methylphenid tab 36mg er</i> TBCR	Tier 1	AGE
<i>methylphenid tab 54mg er</i> TBCR	Tier 1	AGE
<i>modafinil tab 100mg</i>	Tier 1	QL (30 tabs / 30 days), PA
<i>modafinil tab 200mg</i>	Tier 1	QL (60 tabs / 30 days), PA
NUVIGIL TAB 50MG	Tier 2	PA
NUVIGIL TAB 150MG	Tier 2	PA
NUVIGIL TAB 200MG	Tier 2	PA
NUVIGIL TAB 250MG	Tier 2	PA
RITALIN LA CAP 10MG	Tier 2	PA; AGE

## **ALTERNATIVE MEDICINES**

### **Alternative Medicine - M's**

<i>melatonin cap 3mg</i>	Tier 1	MAIL
<i>melatonin cap 5mg</i>	Tier 1	MAIL
MELATONIN LIQ 1MG/4ML	Tier 2	MAIL
<i>melatonin tab 1mg</i>	Tier 1	MAIL
<i>melatonin tab 3mg</i> TABS	Tier 1	MAIL
<i>melatonin tab 5mg</i>	Tier 1	MAIL
<i>melatonin tab 10mg cr</i>	Tier 1	MAIL
<i>melatonin tab 300mcg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Alternative Medicine Combinations</b>		
<i>melatin tab 3-1mg</i>	Tier 1	MAIL
<i>melatonin tab 3-2mg</i>	Tier 1	MAIL
<i>melatonin tr tab /vit-b6</i>	Tier 1	MAIL

## **AMINOGLYCOSIDES**

### **Aminoglycosides**

<i>neomycin tab 500mg</i>	Tier 1	
<i>paromomycin cap 250mg</i>	Tier 1	
<i>tobramycin neb 300/5ml</i>	Tier 4	PA

## **ANALGESICS - ANTI-INFLAMMATORY**

### **Anti-TNF-alpha - Monoclonal Antibodies**

HUMIRA KIT 20MG/0.4	Tier 4	PA
HUMIRA KIT 40MG/0.8	Tier 4	PA
HUMIRA PEN KIT 40MG/0.8	Tier 4	PA
SIMPONI INJ 50MG	Tier 4	PA, ST
SIMPONI INJ 100MG/ML SOSY	Tier 4	PA, ST

### **Gold Compounds**

RIDAURA CAP 3MG	Tier 3	MAIL
-----------------	--------	------

### **Interleukin-1 Receptor Antagonist (IL-1Ra)**

KINERET INJ	Tier 4	PA
-------------	--------	----

### **Interleukin-6 Receptor Inhibitors**

ACTEMRA INJ 80MG/4ML	Tier 4	PA, ST
ACTEMRA INJ 162/0.9	Tier 4	PA, ST
ACTEMRA INJ 200/10ML	Tier 4	PA, ST
ACTEMRA INJ 400/20ML	Tier 4	PA, ST

### **Nonsteroidal Anti-inflammatory Agents (NSAIDs)**

<i>celecoxib cap 50mg</i>	Tier 1	PA; MAIL
<i>celecoxib cap 100mg</i>	Tier 1	PA; MAIL
<i>celecoxib cap 200mg</i>	Tier 1	PA; MAIL
<i>celecoxib cap 400mg</i>	Tier 1	PA; MAIL
<i>diclofen pot tab 50mg</i>	Tier 1	MAIL
<i>diclofenac tab 25mg dr</i>	Tier 1	MAIL
<i>diclofenac tab 50mg dr</i>	Tier 1	MAIL
<i>diclofenac tab 75mg dr</i>	Tier 1	MAIL
<i>diclofenac tab 100mg er</i>	Tier 1	MAIL
<i>etodolac tab 400mg</i>	Tier 1	MAIL
<i>etodolac tab 500mg</i>	Tier 1	MAIL
<i>fenoprofen tab 600mg</i>	Tier 1	MAIL
<i>flurbiprofen tab 50mg</i>	Tier 1	MAIL
<i>flurbiprofen tab 100mg</i>	Tier 1	MAIL
<i>ibu-drops dro 40mg/ml</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ibuprofen cap 200mg</i>	Tier 1	MAIL
<i>ibuprofen jr chw 100mg</i>	Tier 1	MAIL
<i>ibuprofen sus 100/5ml</i>	Tier 1	MAIL
<i>ibuprofen tab 200mg</i>	Tier 1	MAIL
<i>ibuprofen tab 400mg</i>	Tier 1	MAIL
<i>ibuprofen tab 600mg</i>	Tier 1	MAIL
<i>ibuprofen tab 800mg</i>	Tier 1	MAIL
<i>indomethacin cap 25mg</i>	Tier 1	MAIL
<i>indomethacin cap 50mg</i>	Tier 1	MAIL
<i>ketoprofen cap 50mg</i>	Tier 1	MAIL
<i>ketoprofen cap 75mg</i>	Tier 1	MAIL
<i>ketorolac tab 10mg</i>	Tier 1	MAIL
<i>meloxicam tab 7.5mg</i>	Tier 1	MAIL
<i>meloxicam tab 15mg</i>	Tier 1	MAIL
<i>nabumetone tab 500mg</i>	Tier 1	MAIL
<i>nabumetone tab 750mg</i>	Tier 1	MAIL
<i>naproxen dr tab 375mg</i>	Tier 1	MAIL
<i>naproxen dr tab 500mg</i>	Tier 1	MAIL
<i>naproxen sod tab 220mg</i>	Tier 1	MAIL
<i>naproxen sod tab 275mg</i>	Tier 1	MAIL
<i>naproxen sod tab 550mg</i>	Tier 1	MAIL
<i>naproxen sus 125/5ml</i>	Tier 1	MAIL
<i>naproxen tab 250mg</i>	Tier 1	MAIL
<i>naproxen tab 375mg</i>	Tier 1	MAIL
<i>naproxen tab 500mg</i>	Tier 1	MAIL
<i>oxaprozin tab 600mg</i>	Tier 1	PA; MAIL
<i>piroxicam cap 10mg</i>	Tier 1	PA; MAIL
<i>piroxicam cap 20mg</i>	Tier 1	PA; MAIL
<i>sm ibuprofen tab 100mg jr</i>	Tier 1	MAIL
<i>sulindac tab 150mg</i>	Tier 1	MAIL
<i>sulindac tab 200mg</i>	Tier 1	MAIL
<i>tolmetin sod cap 400mg</i>	Tier 1	MAIL
<i>tolmetin sod tab 200mg</i>	Tier 1	MAIL
<i>tolmetin sod tab 600mg</i>	Tier 1	MAIL
<b>Pyrimidine Synthesis Inhibitors</b>		
<i>leflunomide tab 10mg</i>	Tier 1	MAIL
<i>leflunomide tab 20mg</i>	Tier 1	MAIL
<b>Soluble Tumor Necrosis Factor Receptor Agents</b>		
ENBREL INJ 25/0.5ML	Tier 4	PA
ENBREL INJ 25MG	Tier 4	PA
ENBREL INJ 50MG/ML	Tier 4	PA
ENBREL SRCLK INJ 50MG/ML	Tier 4	PA

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<b>ANALGESICS - NonNarcotic</b>		
<b>Analgesic Combinations</b>		
<i>but/apap/caf cap 50-325-40 mg</i>	Tier 1	MAIL
<i>but/apap/caf tab 50-325-40 mg</i>	Tier 1	MAIL
<i>but/asa/caff cap 50-325-40 mg</i>	Tier 1	
<i>but/asa/caff tab 50-325-40 mg</i>	Tier 1	
<i>butal/apap tab 50-325mg</i>	Tier 1	MAIL
<b>Analgesics Other</b>		
<i>acetam melts tab 80mg</i>	Tier 1	MAIL
<i>acetamin cap 500mg</i>	Tier 1	MAIL
<i>acetamin jr tab 160mg rt</i>	Tier 1	MAIL
<i>acetamin liq 500/15ml</i>	Tier 1	MAIL
<i>acetamin sol 160/5ml</i>	Tier 1	MAIL
<i>acetamin sup 120mg</i>	Tier 1	MAIL
<i>acetamin sup 325mg</i>	Tier 1	MAIL
<i>acetamin sup 650mg</i>	Tier 1	MAIL
<i>acetamin tab 325mg</i>	Tier 1	MAIL
<i>acetamin tab 650mg</i>	Tier 1	MAIL
<i>acetaminophn sus 160/5ml</i>	Tier 1	MAIL
<i>acetaminophn tab 500mg</i>	Tier 1	MAIL
APAP 500 LIQ 500/5ML	Tier 2	MAIL
<i>apap chw 80mg</i>	Tier 1	MAIL
<i>apap dro 80/0.8ml</i>	Tier 1	MAIL
<i>apap infants dro 80/0.8ml</i>	Tier 1	MAIL
<i>apra elx 160/5ml</i>	Tier 1	MAIL
<i>asa free chw 160mg jr</i>	Tier 1	MAIL
<i>chld asafree elx 80/2.5ml</i>	Tier 1	MAIL
FEVERALL INF SUP 80MG	Tier 2	MAIL
<i>medi-tabs elx 80/2.5ml</i>	Tier 1	MAIL
<i>q-pap liq 160/5ml</i>	Tier 1	MAIL
<b>Salicylates</b>		
<i>aspirin 81 tab 81mg ec</i>	PREV	MAIL
<i>aspirin adlt tab 81mg</i>	PREV	MAIL
<i>aspirin chw 81mg</i>	PREV	MAIL
ASPIRIN TAB 81MG	PREV	MAIL
<i>aspirin tab 325mg</i>	PREV	MAIL
<i>aspirin tab 325mg ec</i>	PREV	MAIL
<i>diflunisal tab 500mg</i>	Tier 1	MAIL
<i>salsalate tab 500mg</i>	Tier 1	MAIL
<i>salsalate tab 750mg</i>	Tier 1	MAIL

## ANALGESICS - OPIOID

### Opioid Agonists

PA - Prior Authorization ST - Step Therapy

Age - Special Age Limit may apply MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay; DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>codeine sulf tab 15mg</i>	Tier 1	
<i>codeine sulf tab 30mg</i>	Tier 1	
<i>codeine sulf tab 60mg</i>	Tier 1	
<i>fentanyl dis 12mcg/hr</i>	Tier 1	PA
<i>fentanyl dis 25mcg/hr</i>	Tier 1	PA
<i>fentanyl dis 50mcg/hr</i>	Tier 1	PA
<i>fentanyl dis 75mcg/hr</i>	Tier 1	PA
<i>fentanyl dis 100mcg/h</i>	Tier 1	PA
<i>hydromorphon tab 2mg</i>	Tier 1	
<i>hydromorphon tab 4mg</i>	Tier 1	
<i>levorphanol tab 2mg</i>	Tier 1	PA
<i>meperidine sol 50mg/5ml</i>	Tier 1	
<i>meperidine tab 50mg</i>	Tier 1	
<i>meperidine tab 100mg</i>	Tier 1	
<i>methadone sol 5mg/5ml</i>	Tier 1	
<i>methadone sol 10mg/5ml</i>	Tier 1	
<i>methadone tab 5mg</i>	Tier 1	
<i>methadone tab 10mg</i>	Tier 1	
<i>morphine sul sol 10mg/5ml</i>	Tier 1	PA
<i>morphine sul sol 20mg/5ml</i>	Tier 1	PA
<i>morphine sul sol 20mg/ml</i>	Tier 1	PA
<i>morphine sul tab 15mg</i>	Tier 1	
<i>morphine sul tab 15mg er</i>	Tier 1	
<i>morphine sul tab 30mg</i>	Tier 1	
<i>morphine sul tab 30mg er</i>	Tier 1	
<i>morphine sul tab 60mg er</i>	Tier 1	
<i>morphine sul tab 100mg er</i>	Tier 1	
NUCYNTA ER TAB 50MG	Tier 3	PA
NUCYNTA ER TAB 100MG	Tier 3	PA
NUCYNTA ER TAB 150MG	Tier 3	PA
NUCYNTA ER TAB 200MG	Tier 3	PA
NUCYNTA ER TAB 250MG	Tier 3	PA
NUCYNTA TAB 50MG	Tier 3	PA
NUCYNTA TAB 75MG	Tier 3	PA
NUCYNTA TAB 100MG	Tier 3	PA
<i>oxycodone sol 5mg/5ml</i>	Tier 1	QL (240 ml per 90 days)
<i>oxycodone tab 5mg</i>	Tier 1	
<i>oxycodone tab 10mg</i>	Tier 1	
<i>oxycodone tab 10mg er</i>	Tier 1	PA
<i>oxycodone tab 15mg</i>	Tier 1	
<i>oxycodone tab 20mg</i>	Tier 1	
<i>oxycodone tab 20mg er</i>	Tier 1	PA

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycodone tab 30mg</i>	Tier 1	
<i>oxycodone tab 40mg er</i>	Tier 1	PA
<i>oxycodone tab 80mg er</i>	Tier 1	PA
OXYCONTIN TAB 10MG CR	Tier 3	PA
OXYCONTIN TAB 15MG CR	Tier 3	PA
OXYCONTIN TAB 20MG CR	Tier 3	PA
OXYCONTIN TAB 30MG CR	Tier 3	PA
OXYCONTIN TAB 40MG CR	Tier 3	PA
OXYCONTIN TAB 60MG CR	Tier 3	PA
OXYCONTIN TAB 80MG CR	Tier 3	PA
<i>oxymorphone tab 5mg er</i>	Tier 1	PA
<i>oxymorphone tab 7.5mg er</i>	Tier 1	PA
<i>oxymorphone tab 10mg er</i>	Tier 1	PA
<i>oxymorphone tab 15mg er</i>	Tier 1	PA
<i>oxymorphone tab 20mg er</i>	Tier 1	PA
<i>oxymorphone tab 30mg er</i>	Tier 1	PA
<i>oxymorphone tab 40mg er</i>	Tier 1	PA
<i>oxymorphone tab hcl 5mg</i>	Tier 1	PA
<i>oxymorphone tab hcl 10mg</i>	Tier 1	PA
<i>tramadol hcl tab 50mg</i>	Tier 1	
<i>tramadol hcl tab 100mg er</i>	Tier 1	PA
<i>tramadol hcl tab 200mg er</i>	Tier 1	PA
<i>tramadol hcl tab 300mg er</i>	Tier 1	PA

### **Opioid Combinations**

<i>apap/codeine sol 120-12/5</i>	Tier 1	
<i>apap/codeine tab 300-15mg</i>	Tier 1	
<i>apap/codeine tab 300-30mg</i>	Tier 1	
<i>apap/codeine tab 300-60mg</i>	Tier 1	
<i>but/apap/caf cap 50-325-40 mg</i>	Tier 1	
<i>hydroco/apap sol 7.5-325</i>	Tier 1	
<i>hydroco/apap tab 2.5-500</i>	Tier 1	
<i>hydroco/apap tab 5-325mg</i>	Tier 1	
<i>hydroco/apap tab 5-500mg</i>	Tier 1	
<i>hydroco/apap tab 7.5-325</i>	Tier 1	
<i>hydroco/apap tab 7.5-500</i>	Tier 1	
<i>hydroco/apap tab 7.5-650</i>	Tier 1	
<i>hydroco/apap tab 7.5-750</i>	Tier 1	
<i>hydroco/apap tab 10-325mg</i>	Tier 1	
<i>hydroco/apap tab 10-500mg</i>	Tier 1	
<i>hydroco/apap tab 10-650mg</i>	Tier 1	
<i>hydrogesic cap 5-500mg</i>	Tier 1	
<i>oxycod/apap tab 5-325mg</i>	Tier 1	

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxycod/apap tab 7.5-325</i>	Tier 1	
<i>oxycod/apap tab 10-325mg</i>	Tier 1	

### **Opioid Partial Agonists**

<i>buprenorphin sub 2mg</i>	Tier 1	PA
<i>buprenorphin sub 8mg</i>	Tier 1	PA
BUTRANS DIS 5MCG/HR	Tier 3	PA
BUTRANS DIS 10MCG/HR	Tier 3	PA
BUTRANS DIS 20MCG/HR	Tier 3	PA

### **ANDROGENS-ANABOLIC**

#### **Anabolic Steroids**

<i>oxandrolone tab 2.5mg</i>	Tier 1	PA
<i>oxandrolone tab 10mg</i>	Tier 1	PA

#### **Androgens**

<i>danazol cap 50mg</i>	Tier 1	MAIL
<i>danazol cap 100mg</i>	Tier 1	MAIL
<i>danazol cap 200mg</i>	Tier 1	MAIL
METHITEST TAB 10MG	Tier 2	
<i>testost cyp inj 100mg/ml</i>	Tier 1	
<i>testost cyp inj 200mg/ml</i>	Tier 1	
<i>testost enan inj 200mg/ml</i>	Tier 1	

### **ANORECTAL AGENTS**

#### **Rectal Combinations**

<i>pramox-pe-glycerin-petrolatum cream 1-0.25-14.4-15%</i>	Tier 1	MAIL
--	--------	------

#### **Rectal Local Anesthetics**

<i>dibucaine oin 1%</i>	Tier 1	MAIL
-------------------------	--------	------

#### **Rectal Steroids**

<i>proctosol hc cre 2.5%</i>	Tier 1	MAIL
------------------------------	--------	------

#### **Vasodilating Agents**

RECTIV OIN 0.4%	Tier 3	MAIL
-----------------	--------	------

### **ANTACIDS**

#### **Antacid Combinations**

<i>acid gone chw 80-20mg</i>	Tier 1	MAIL
<i>acid gone sus</i>	Tier 1	MAIL
<i>alamag-plus chw</i>	Tier 1	MAIL
<i>almacone chw</i>	Tier 1	MAIL
<i>antacid chw dbl st</i>	Tier 1	MAIL
<i>antacid extr chw 675-135</i>	Tier 1	MAIL
<i>antacid sus ultra st</i>	Tier 1	MAIL
<i>calcium rich sus antacid</i>	Tier 1	MAIL
<i>foam antacid chw 80-20mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>foam antacid sus</i>	Tier 1	MAIL
<i>heartbrn ant chw 160-105</i>	Tier 1	MAIL
<i>heartburn chw ex st</i>	Tier 1	MAIL
<i>maalox multi sus symp max</i>	Tier 1	MAIL
<i>maalox sus advanced</i>	Tier 1	MAIL
<i>maalox sus reg st</i>	Tier 1	MAIL
<i>mag-al plus liq</i>	Tier 1	MAIL
<i>mag-al plus liq xs</i>	Tier 1	MAIL
<i>mi-acid chw</i>	Tier 1	MAIL
<i>mintox plus chw</i>	Tier 1	MAIL

### **Antacids - Bicarbonate**

<i>sodium bicar tab 10gr</i>	Tier 1	MAIL
<i>sodium bicar tab 325mg</i>	Tier 1	MAIL
<i>sodium bicar tab 650mg</i>	Tier 1	MAIL

### **Antacids - Calcium Salts**

<i>calc antacid chw 750mg</i>	Tier 1	MAIL
<i>calc antacid chw 1000mg</i>	Tier 1	MAIL
<i>calcium carb chw 500mg</i>	Tier 1	MAIL
CALCIUM CARB TAB 648MG	Tier 2	MAIL
<i>stomach rlf chw 400mg</i>	Tier 1	MAIL

### **Antacids - Magnesium Salts**

<i>mag oxide tab 250mg</i>	Tier 1	MAIL
<i>mag oxide tab 400mg</i>	Tier 1	MAIL
<i>mag oxide tab 420mg</i>	Tier 1	MAIL
<i>magnesium tab 250mg 250mg</i>	Tier 1	MAIL

## **ANTHELMINTICS**

### **Anthelmintics**

ALBENZA TAB 200MG	Tier 2	
<i>ivermectin tab 3mg</i>	Tier 1	
<i>pamix sus 50mg/ml</i>	Tier 1	
PIN-X CHW 250MG	Tier 2	
<i>pin-x sus 50mg/ml</i>	Tier 1	
<i>reeses med sus pinworm</i>	Tier 1	

## **ANTI-INFECTIVE AGENTS - MISC.**

### **Anti-infective Agents - Misc.**

CAYSTON INH 75MG	Tier 4	PA
<i>metronidazol tab 250mg</i>	Tier 1	
<i>metronidazol tab 500mg</i>	Tier 1	
NEBUPENT INH 300MG	Tier 3	
<i>trimethoprim tab 100mg</i>	Tier 1	
<i>vancomycin cap 125mg</i>	Tier 1	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>vancomycin cap 250mg</i>	Tier 1	PA
<b>Anti-infective Misc. - Combinations</b>		
<i>e.s.p. sus 200-600</i>	Tier 1	
<i>ees/sulfisox sus 200-600</i>	Tier 1	
<i>smz-tmp sus 200-40/5</i>	Tier 1	
<i>smz-tmp tab 400-80mg</i>	Tier 1	
<i>smz/tmp ds tab 800-160</i>	Tier 1	
<i>sulfatrim pd sus 200-40/5</i>	Tier 1	
<b>Antiprotozoal Agents</b>		
<i>atovaquone sus 750/5ml</i>	Tier 1	PA
<b>Ketolides</b>		
KETEK PAK TAB 400MG	Tier 3	PA
KETEK TAB 300MG	Tier 3	PA
KETEK TAB 400MG	Tier 3	PA
<b>Leprostatics</b>		
<i>dapsone tab 25mg</i>	Tier 1	
<i>dapsone tab 100mg</i>	Tier 1	
<b>Lincosamides</b>		
<i>clindamycin cap 150mg</i>	Tier 1	
<i>clindamycin cap 300mg</i>	Tier 1	
<i>clindamycin sol 75mg/5ml</i>	Tier 1	
<b>Oxazolidinones</b>		
<i>linezolid sus 100/5ml</i>	Tier 1	PA
<i>linezolid tab 600mg</i>	Tier 1	PA
<b>ANTIANGINAL AGENTS</b>		
<b>Antianginals-Other</b>		
RANEXA TAB 500MG	Tier 2	ST; MAIL
RANEXA TAB 1000MG	Tier 2	ST; MAIL
<b>Nitrates</b>		
<i>isosorb din sub 2.5mg</i>	Tier 1	MAIL
<i>isosorb din tab 5mg</i>	Tier 1	MAIL
<i>isosorb din tab 10mg</i>	Tier 1	MAIL
<i>isosorb din tab 20mg</i>	Tier 1	MAIL
<i>isosorb din tab 30mg</i>	Tier 1	MAIL
<i>isosorb mono tab 10mg</i>	Tier 1	MAIL
<i>isosorb mono tab 20mg</i>	Tier 1	MAIL
<i>isosorb mono tab 30mg er</i>	Tier 1	MAIL
<i>isosorb mono tab 60mg er</i>	Tier 1	MAIL
<i>isosorb mono tab 120mg er</i>	Tier 1	MAIL
<i>nitroglycer cap 9mg er</i>	Tier 1	MAIL
<i>nitroglycer dis 0.2mg/hr</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nitroglycer dis 0.4mg/hr</i>	Tier 1	MAIL
<i>nitroglycer dis 0.6mg/hr</i>	Tier 1	MAIL
NITROSTAT SUB 0.3MG	Tier 2	MAIL
NITROSTAT SUB 0.4MG	Tier 2	MAIL
NITROSTAT SUB 0.6MG	Tier 2	MAIL

## **ANTI-ANXIETY AGENTS**

### **Antianxiety Agents - Misc.**

<i>bupirone tab 5mg</i>	Tier 1	MAIL
<i>bupirone tab 7.5mg</i>	Tier 1	MAIL
<i>bupirone tab 10mg</i>	Tier 1	MAIL
<i>bupirone tab 15mg</i>	Tier 1	MAIL
<i>hydroxyz hcl syp 10mg/5ml</i>	Tier 1	MAIL
<i>hydroxyz hcl tab 10mg</i>	Tier 1	MAIL
<i>hydroxyz hcl tab 25mg</i>	Tier 1	MAIL
<i>hydroxyz hcl tab 50mg</i>	Tier 1	MAIL
<i>hydroxyz pam cap 25mg</i>	Tier 1	MAIL
<i>hydroxyz pam cap 50mg</i>	Tier 1	MAIL
<i>hydroxyz pam cap 100mg</i>	Tier 1	MAIL
<i>meprobamate tab 200mg</i>	Tier 1	
<i>meprobamate tab 400mg</i>	Tier 1	

### **Benzodiazepines**

<i>alprazolam tab 0.5mg</i>	Tier 1	
<i>alprazolam tab 0.25mg</i>	Tier 1	
<i>alprazolam tab 1mg</i>	Tier 1	
<i>alprazolam tab 2mg</i>	Tier 1	
<i>chlordiazep cap 5mg</i>	Tier 1	
<i>chlordiazep cap 10mg</i>	Tier 1	
<i>chlordiazep cap 25mg</i>	Tier 1	
<i>cloraz dipot tab 3.75mg</i>	Tier 1	
<i>cloraz dipot tab 7.5mg</i>	Tier 1	
<i>cloraz dipot tab 15mg</i>	Tier 1	
DIAZEPAM CON 5MG/ML	Tier 1	PA
<i>diazepam sol 1mg/ml</i>	Tier 1	
<i>diazepam tab 2mg</i>	Tier 1	
<i>diazepam tab 5mg</i>	Tier 1	
<i>diazepam tab 10mg</i>	Tier 1	
<i>lorazepam con 2mg/ml</i>	Tier 1	
<i>lorazepam tab 0.5mg</i>	Tier 1	
<i>lorazepam tab 1mg</i>	Tier 1	
<i>lorazepam tab 2mg</i>	Tier 1	
<i>oxazepam cap 10mg</i>	Tier 1	
<i>oxazepam cap 15mg</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>oxazepam cap 30mg</i>	Tier 1	

## **ANTIARRHYTHMICS**

### **Antiarrhythmics Type I-A**

<i>disopyramide cap 100mg</i>	Tier 1	MAIL
<i>disopyramide cap 150mg</i>	Tier 1	MAIL
<i>quinidine su tab 300mg</i>	Tier 1	MAIL

### **Antiarrhythmics Type I-B**

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

### **Antiarrhythmics Type I-C**

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

### **Antiarrhythmics Type III**

<i>amiodarone tab 200mg</i>	Tier 1	MAIL
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	MAIL
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	MAIL
MULTAQ TAB 400MG	Tier 3	MAIL
TIKOSYN CAP 125MCG	Tier 3	MAIL
TIKOSYN CAP 250MCG	Tier 3	MAIL
TIKOSYN CAP 500MCG	Tier 3	MAIL

## **ANTIASTHMATIC AND BRONCHODILATOR AGENTS**

### **Anti-Inflammatory Agents**

<i>cromolyn sod neb 20mg/2ml</i>	Tier 1	MAIL
----------------------------------	--------	------

### **Antiasthmatic - Monoclonal Antibodies**

XOLAIR SOL 150MG	Tier 4	PA
------------------	--------	----

### **Bronchodilators - Anticholinergics**

ATROVENT HFA AER 17MCG	Tier 2	MAIL
<i>ipratropium sol 0.02%inh</i>	Tier 1	MAIL
TUDORZA PRES AER 400/ACT	Tier 2	MAIL

### **Leukotriene Modulators**

<i>montelukast chw 4mg</i>	Tier 1	MAIL
<i>montelukast chw 5mg</i>	Tier 1	MAIL
<i>montelukast tab 10mg</i>	Tier 1	MAIL
<i>zafirlukast tab 10mg</i>	Tier 1	MAIL
<i>zafirlukast tab 20mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ZYFLO CR TAB 600MG	Tier 3	PA; MAIL
<b>Selective Phosphodiesterase 4 (PDE4) Inhibitors</b>		
DALIRES P TAB 500MCG	Tier 3	PA; MAIL
<b>Steroid Inhalants</b>		
AEROSPAN AER 80MCG	Tier 2	MAIL
ASMANEX 7 AER 110MCG	Tier 2	MAIL
ASMANEX 14 AER 220MCG	Tier 2	MAIL
ASMANEX 30 AER 110MCG	Tier 2	MAIL
ASMANEX 30 AER 220MCG	Tier 2	MAIL
ASMANEX 60 AER 220MCG	Tier 2	MAIL
ASMANEX 120 AER 220MCG	Tier 2	MAIL
<i>budesonide sus 0.5mg/2</i>	Tier 1	MAIL
<i>budesonide sus 0.25mg/2</i>	Tier 1	MAIL
PULMICORT INH 90MCG	Tier 2	MAIL
PULMICORT INH 180MCG	Tier 2	MAIL
QVAR AER 40MCG	Tier 2	MAIL
QVAR AER 80MCG	Tier 2	MAIL
<b>Sympathomimetics</b>		
ADVAIR DISKU AER 100/50	Tier 2	ST; AGE, MAIL
<i>albuterol neb 0.5%</i>	Tier 1	MAIL
<i>albuterol neb 0.63mg/3</i>	Tier 1	MAIL
<i>albuterol neb 0.083%</i>	Tier 1	MAIL
<i>albuterol neb 1.25mg/3</i>	Tier 1	MAIL
<i>albuterol syp 2mg/5ml</i>	Tier 1	MAIL
<i>albuterol tab 4mg</i>	Tier 1	MAIL
ARCAPTA CAP 75MCG	Tier 3	MAIL
BROVANA NEB 15MCG	Tier 3	MAIL
DULERA AER 100-5MCG	Tier 2	ST; MAIL
DULERA AER 200-5MCG	Tier 2	ST; MAIL
FORADIL CAP AEROLIZE	Tier 2	MAIL
<i>levalbuterol neb 0.63mg</i>	Tier 1	PA; MAIL
<i>levalbuterol neb 1.25mg</i>	Tier 1	PA; MAIL
<i>metaproteren syp 10mg/5ml</i>	Tier 1	MAIL
<i>metaproteren tab 10mg</i>	Tier 1	MAIL
<i>metaproteren tab 20mg</i>	Tier 1	MAIL
PROAIR HFA AER	Tier 2	MAIL
SEREVENT DIS AER 50MCG	Tier 2	MAIL
STRIVERDI AER RESPIMAT	Tier 3	PA; MAIL
SYMBICORT AER 80-4.5	Tier 2	MAIL
SYMBICORT AER 160-4.5	Tier 2	MAIL
<i>terbutaline tab 2.5mg</i>	Tier 1	MAIL
<i>terbutaline tab 5mg</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
VENTOLIN HFA AER	Tier 3	ST; MAIL

### **Xanthines**

<i>theophylline sol 80/15ml</i>	Tier 1	MAIL
<i>theophylline tab 100mg er</i>	Tier 1	MAIL
<i>theophylline tab 200mg er</i>	Tier 1	MAIL
<i>theophylline tab 300mg er</i>	Tier 1	MAIL
<i>theophylline tab 400mg er</i>	Tier 1	MAIL
<i>theophylline tab 450mg er</i>	Tier 1	MAIL
<i>theophylline tab 600mg er</i>	Tier 1	MAIL

## **ANTICOAGULANTS**

### **Coumarin Anticoagulants**

COUMADIN TAB 1MG	Tier 2	MAIL
COUMADIN TAB 2.5MG	Tier 2	MAIL
COUMADIN TAB 2MG	Tier 2	MAIL
COUMADIN TAB 3MG	Tier 2	MAIL
COUMADIN TAB 4MG	Tier 2	MAIL
COUMADIN TAB 5MG	Tier 2	MAIL
COUMADIN TAB 6MG	Tier 2	MAIL
COUMADIN TAB 7.5MG	Tier 2	MAIL
COUMADIN TAB 10MG	Tier 2	MAIL
<i>jantoven tab 1mg</i>	Tier 1	MAIL
<i>jantoven tab 2.5mg</i>	Tier 1	MAIL
<i>jantoven tab 2mg</i>	Tier 1	MAIL
<i>jantoven tab 3mg</i>	Tier 1	MAIL
<i>jantoven tab 4mg</i>	Tier 1	MAIL
<i>jantoven tab 5mg</i>	Tier 1	MAIL
<i>jantoven tab 6mg</i>	Tier 1	MAIL
<i>jantoven tab 7.5mg</i>	Tier 1	MAIL
<i>jantoven tab 10mg</i>	Tier 1	MAIL
<i>warfarin tab 1mg</i>	Tier 1	MAIL
<i>warfarin tab 2.5mg</i>	Tier 1	MAIL
<i>warfarin tab 2mg</i>	Tier 1	MAIL
<i>warfarin tab 3mg</i>	Tier 1	MAIL
<i>warfarin tab 4mg</i>	Tier 1	MAIL
<i>warfarin tab 5mg</i>	Tier 1	MAIL
<i>warfarin tab 6mg</i>	Tier 1	MAIL
<i>warfarin tab 7.5mg</i>	Tier 1	MAIL
<i>warfarin tab 10mg</i>	Tier 1	MAIL

### **Direct Factor Xa Inhibitors**

XARELTO TAB 10MG	Tier 3	MAIL
XARELTO TAB 15MG	Tier 3	MAIL
XARELTO TAB 20MG	Tier 3	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Heparins And Heparinoid-Like Agents</b>		
<i>enoxaparin inj 30/0.3ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 40/0.4ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 60/0.6ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 80/0.8ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 100mg/ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 120/0.8</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 150mg/ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>enoxaparin inj 300/3ml</i>	Tier 4	QL (Max 7 days supply without PA)
<i>fondaparinux sol 2.5/0.5</i>	Tier 4	PA
<i>fondaparinux sol 5.0/0.4</i>	Tier 4	PA
<i>fondaparinux sol 7.5/0.6</i>	Tier 4	PA
<i>fondaparinux sol 10/0.8</i>	Tier 4	PA
FRAGMIN INJ 2500/0.2	Tier 4	PA
FRAGMIN INJ 5000/0.2	Tier 4	PA
FRAGMIN INJ 7500/0.3	Tier 4	PA
FRAGMIN INJ 10000/ML	Tier 4	PA
FRAGMIN INJ 12500UNT	Tier 4	PA
FRAGMIN INJ 15000UNT	Tier 4	PA
FRAGMIN INJ 18000UNT	Tier 4	PA
<i>heparin sod inj 1000/ml</i>	Tier 1	PA; MAIL
<i>heparin sod inj 5000/0.5</i>	Tier 1	PA; MAIL
<i>heparin sod inj 10000/ml</i>	Tier 1	PA; MAIL

### **Thrombin Inhibitors**

PRADAXA CAP 75MG	Tier 3	MAIL
PRADAXA CAP 150MG	Tier 3	MAIL

## **ANTICONVULSANTS**

### **Anticonvulsants - Benzodiazepines**

<i>clonazepam tab 0.5mg</i>	Tier 1	
<i>clonazepam tab 1mg</i>	Tier 1	
<i>clonazepam tab 2mg</i>	Tier 1	
<i>diazepam gel 2.5mg</i>	Tier 1	QL (2 kits / month)
<i>diazepam gel 10mg</i>	Tier 1	QL (2 kits / month)
<i>diazepam gel 20mg</i>	Tier 1	QL (2 kits / month)
ONFI TAB 5MG	Tier 2	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ONFI TAB 10MG	Tier 2	PA
ONFI TAB 20MG	Tier 2	PA
<b>Anticonvulsants - Misc.</b>		
BANZEL SUS 40MG/ML	Tier 2	PA; MAIL
BANZEL TAB 200MG	Tier 2	PA; MAIL
BANZEL TAB 400MG	Tier 2	PA; MAIL
<i>carbamazepin cap 100mg er</i>	Tier 1	MAIL
<i>carbamazepin cap 200mg er</i>	Tier 1	MAIL
<i>carbamazepin cap 300mg er</i>	Tier 1	MAIL
<i>carbamazepin chw 100mg</i>	Tier 1	MAIL
<i>carbamazepin sus 100/5ml</i>	Tier 1	MAIL
<i>carbamazepin tab 100mger</i>	Tier 1	MAIL
<i>carbamazepin tab 200mg</i>	Tier 1	MAIL
<i>carbamazepin tab 200mg er</i>	Tier 1	MAIL
<i>carbamazepin tab 400mg er</i>	Tier 1	MAIL
<i>gabapentin cap 100mg</i>	Tier 1	MAIL
<i>gabapentin cap 300mg</i>	Tier 1	MAIL
<i>gabapentin cap 400mg</i>	Tier 1	MAIL
<i>gabapentin sol 250/5ml</i>	Tier 1	MAIL
<i>gabapentin tab 100mg</i>	Tier 1	MAIL
<i>gabapentin tab 600mg</i>	Tier 1	MAIL
<i>gabapentin tab 800mg</i>	Tier 1	MAIL
<i>lamotrigine chw 5mg</i>	Tier 1	MAIL
<i>lamotrigine chw 25mg</i>	Tier 1	MAIL
<i>lamotrigine tab 25mg</i>	Tier 1	MAIL
<i>lamotrigine tab 100mg</i> TABS	Tier 1	MAIL
<i>lamotrigine tab 150mg</i>	Tier 1	MAIL
<i>lamotrigine tab 200mg</i> TABS	Tier 1	MAIL
<i>levetiraceta sol 100mg/ml</i>	Tier 1	MAIL
<i>levetiraceta tab 250mg</i>	Tier 1	MAIL
<i>levetiraceta tab 500mg</i>	Tier 1	MAIL
<i>levetiraceta tab 500mg er</i>	Tier 1	MAIL
<i>levetiraceta tab 750mg</i>	Tier 1	MAIL
<i>levetiraceta tab 750mg er</i>	Tier 1	MAIL
<i>levetiraceta tab 1000mg</i>	Tier 1	MAIL
LYRICA CAP 25MG	Tier 2	PA
LYRICA CAP 50MG	Tier 2	PA
LYRICA CAP 75MG	Tier 2	PA
LYRICA CAP 100MG	Tier 2	PA
LYRICA CAP 150MG	Tier 2	PA
LYRICA CAP 200MG	Tier 2	PA
LYRICA CAP 225MG	Tier 2	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
LYRICA CAP 300MG	Tier 2	PA
<i>oxcarbazepin sus 300mg/5m</i>	Tier 1	MAIL
<i>oxcarbazepin tab 150mg</i>	Tier 1	MAIL
<i>oxcarbazepin tab 300mg</i>	Tier 1	MAIL
<i>oxcarbazepin tab 600mg</i>	Tier 1	MAIL
POTIGA TAB 50MG	Tier 2	PA
POTIGA TAB 200MG	Tier 2	PA
POTIGA TAB 400MG	Tier 2	PA
<i>primidone tab 50mg</i>	Tier 1	MAIL
<i>primidone tab 250mg</i>	Tier 1	MAIL
TEGRETOL-XR TAB 100MG	Tier 2	MAIL
<i>topiramate cap 15mg</i>	Tier 1	MAIL
<i>topiramate cap 25mg</i>	Tier 1	MAIL
<i>topiramate tab 25mg</i>	Tier 1	MAIL
<i>topiramate tab 50mg</i>	Tier 1	MAIL
<i>topiramate tab 100mg</i>	Tier 1	MAIL
<i>topiramate tab 200mg</i>	Tier 1	MAIL
VIMPAT SOL 10MG/ML	Tier 2	PA
VIMPAT TAB 50MG	Tier 2	PA
VIMPAT TAB 100MG	Tier 2	PA
VIMPAT TAB 150MG	Tier 2	PA
VIMPAT TAB 200MG	Tier 2	PA
<i>zonisamide cap 25mg</i>	Tier 1	MAIL
<i>zonisamide cap 50mg</i>	Tier 1	MAIL
<i>zonisamide cap 100mg</i>	Tier 1	MAIL
<b>Carbamates</b>		
<i>felbamate sus 600/5ml</i>	Tier 1	MAIL
<i>felbamate tab 400mg</i>	Tier 1	MAIL
<i>felbamate tab 600mg</i>	Tier 1	MAIL
<b>GABA Modulators</b>		
SABRIL POW 500MG	Tier 4	PA
SABRIL TAB 500MG	Tier 4	PA
<i>tiagabine tab 2mg</i>	Tier 1	PA; MAIL
<i>tiagabine tab 4mg</i>	Tier 1	PA; MAIL
<b>Hydantoins</b>		
DILANTIN CAP 30MG	Tier 2	MAIL
<i>phenytoin chw 50mg</i>	Tier 1	MAIL
<i>phenytoin ex cap 100mg</i>	Tier 1	MAIL
<i>phenytoin ex cap 200mg</i>	Tier 1	MAIL
<i>phenytoin ex cap 300mg</i>	Tier 1	MAIL
<i>phenytoin sus 125/5ml</i>	Tier 1	MAIL
<b>Succinimides</b>		

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ethosuximide cap 250mg</i>	Tier 1	MAIL
<i>ethosuximide sol 250/5ml</i>	Tier 1	MAIL

### **Valproic Acid**

<i>divalproex cap 125mg</i>	Tier 1	MAIL
<i>divalproex tab 125mg dr</i>	Tier 1	MAIL
<i>divalproex tab 250mg dr</i>	Tier 1	MAIL
<i>divalproex tab 250mg er</i>	Tier 1	MAIL
<i>divalproex tab 500mg dr</i>	Tier 1	MAIL
<i>divalproex tab 500mg er</i>	Tier 1	MAIL
<i>valproic acd cap 250mg</i>	Tier 1	MAIL
<i>valproic acd sol 250/5ml</i>	Tier 1	MAIL

## **ANTIDEPRESSANTS**

### **Alpha-2 Receptor Antagonists (Tetracyclics)**

<i>mirtazapine tab 15mg</i>	Tier 1	MAIL
<i>mirtazapine tab 30mg</i>	Tier 1	MAIL
<i>mirtazapine tab 45mg</i>	Tier 1	MAIL

### **Antidepressants - Misc.**

<i>bupropion tab 75mg</i>	Tier 1	MAIL
<i>bupropion tab 100mg</i>	Tier 1	MAIL
<i>bupropion tab 100mg er</i>	Tier 1	MAIL
<i>bupropion tab 150mg er</i>	Tier 1	MAIL
<i>bupropion tab 200mg er</i>	Tier 1	MAIL
<i>buproprn hcl tab 150mg xl</i>	Tier 1	MAIL
<i>buproprn hcl tab 300mg xl</i>	Tier 1	MAIL
<i>maprotiline tab 25mg</i>	Tier 1	MAIL
<i>maprotiline tab 50mg</i>	Tier 1	MAIL
<i>maprotiline tab 75mg</i>	Tier 1	MAIL

### **Modified Cyclics**

<i>nefazodone tab 50mg</i>	Tier 1	MAIL
<i>nefazodone tab 100mg</i>	Tier 1	MAIL
<i>nefazodone tab 150mg</i>	Tier 1	MAIL
<i>nefazodone tab 200mg</i>	Tier 1	MAIL
<i>nefazodone tab 250mg</i>	Tier 1	MAIL
<i>trazodone tab 50mg</i>	Tier 1	MAIL
<i>trazodone tab 100mg</i>	Tier 1	MAIL
<i>trazodone tab 150mg</i>	Tier 1	MAIL
<i>trazodone tab 300mg</i>	Tier 1	MAIL
VIIBRYD KIT	Tier 3	PA; MAIL
VIIBRYD TAB 10MG	Tier 3	PA; MAIL
VIIBRYD TAB 20MG	Tier 3	PA; MAIL
VIIBRYD TAB 40MG	Tier 3	PA; MAIL

### **Monoamine Oxidase Inhibitors (MAOIs)**

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EMSAM DIS 6MG/24HR	Tier 3	PA; MAIL
EMSAM DIS 9MG/24HR	Tier 3	PA; MAIL
EMSAM DIS 12MG/24H	Tier 3	PA; MAIL
MARPLAN TAB 10MG	Tier 3	MAIL
<i>phenelzine tab 15mg</i>	Tier 1	MAIL
<i>tranylcyprom tab 10mg</i>	Tier 1	MAIL

### **Selective Serotonin Reuptake Inhibitors (SSRIs)**

<i>citalopram sol 10mg/5ml</i>	Tier 1	MAIL
<i>citalopram tab 10mg</i>	Tier 1	MAIL
<i>citalopram tab 20mg</i>	Tier 1	MAIL
<i>citalopram tab 40mg</i>	Tier 1	MAIL
<i>escitalopram sol 5mg/5ml</i>	Tier 1	PA; MAIL
<i>escitalopram tab 5mg</i>	Tier 1	PA; MAIL
<i>escitalopram tab 10mg</i>	Tier 1	PA; MAIL
<i>escitalopram tab 20mg</i>	Tier 1	PA; MAIL
<i>fluoxetine cap 10mg</i>	Tier 1	MAIL
<i>fluoxetine cap 20mg</i>	Tier 1	MAIL
<i>fluoxetine sol 20mg/5ml</i>	Tier 1	MAIL
<i>fluoxetine tab 10mg</i>	Tier 1	MAIL
<i>fluoxetine tab 20mg</i>	Tier 1	MAIL
<i>fluvoxamine tab 25mg</i>	Tier 1	MAIL
<i>fluvoxamine tab 50mg</i>	Tier 1	MAIL
<i>fluvoxamine tab 100mg</i>	Tier 1	MAIL
<i>paroxetine tab 10mg</i>	Tier 1	MAIL
<i>paroxetine tab 20mg</i>	Tier 1	MAIL
<i>paroxetine tab 30mg</i>	Tier 1	MAIL
<i>paroxetine tab 40mg</i>	Tier 1	MAIL
<i>sertraline con 20mg/ml</i>	Tier 1	MAIL
<i>sertraline tab 25mg</i>	Tier 1	MAIL
<i>sertraline tab 50mg</i>	Tier 1	MAIL
<i>sertraline tab 100mg</i>	Tier 1	MAIL

### **Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)**

<i>duloxetine cap 20mg</i>	Tier 1	ST; MAIL
<i>duloxetine cap 30mg</i>	Tier 1	ST; MAIL
<i>duloxetine cap 60mg</i>	Tier 1	ST; MAIL
PRISTIQ TAB 50MG	Tier 3	PA; MAIL
PRISTIQ TAB 100MG	Tier 3	PA; MAIL
<i>venlafaxine cap 37.5 er</i>	Tier 1	MAIL
<i>venlafaxine cap 75mg er</i>	Tier 1	MAIL
<i>venlafaxine cap 150mg er</i>	Tier 1	MAIL
<i>venlafaxine tab 25mg</i>	Tier 1	MAIL
<i>venlafaxine tab 37.5mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>venlafaxine tab 50mg</i>	Tier 1	MAIL
<i>venlafaxine tab 75mg</i>	Tier 1	MAIL
<i>venlafaxine tab 100mg</i>	Tier 1	MAIL

### **Tricyclic Agents**

<i>amitriptylin tab 10mg</i>	Tier 1	MAIL
<i>amitriptylin tab 25mg</i>	Tier 1	MAIL
<i>amitriptylin tab 50mg</i>	Tier 1	MAIL
<i>amitriptylin tab 75mg</i>	Tier 1	MAIL
<i>amitriptylin tab 100mg</i>	Tier 1	MAIL
<i>amitriptylin tab 150mg</i>	Tier 1	MAIL
<i>amoxapine tab 25mg</i>	Tier 1	MAIL
<i>amoxapine tab 50mg</i>	Tier 1	MAIL
<i>amoxapine tab 100mg</i>	Tier 1	MAIL
<i>amoxapine tab 150mg</i>	Tier 1	MAIL
<i>clomipramine cap 25mg</i>	Tier 1	MAIL
<i>clomipramine cap 50mg</i>	Tier 1	MAIL
<i>clomipramine cap 75mg</i>	Tier 1	MAIL
<i>desipramine tab 10mg</i>	Tier 1	MAIL
<i>desipramine tab 25mg</i>	Tier 1	MAIL
<i>desipramine tab 50mg</i>	Tier 1	MAIL
<i>desipramine tab 75mg</i>	Tier 1	MAIL
<i>desipramine tab 100mg</i>	Tier 1	MAIL
<i>desipramine tab 150mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 10mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 25mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 50mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 75mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 100mg</i>	Tier 1	MAIL
<i>doxepin hcl cap 150mg</i>	Tier 1	MAIL
<i>doxepin hcl con 10mg/ml</i>	Tier 1	MAIL
<i>imipram hcl tab 10mg</i>	Tier 1	MAIL
<i>imipram hcl tab 25mg</i>	Tier 1	MAIL
<i>imipram hcl tab 50mg</i>	Tier 1	MAIL
<i>nortriptylin cap 10mg</i>	Tier 1	MAIL
<i>nortriptylin cap 25mg</i>	Tier 1	MAIL
<i>nortriptylin cap 50mg</i>	Tier 1	MAIL
<i>nortriptylin cap 75mg</i>	Tier 1	MAIL
<i>protriptylin tab 5mg</i>	Tier 1	MAIL
<i>protriptylin tab 10mg</i>	Tier 1	MAIL

### **ANTIDIABETICS**

#### **Alpha-Glucosidase Inhibitors**

<i>acarbose tab 25mg</i>	Tier 1	MAIL
--------------------------	--------	------

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acarbose tab 50mg</i>	Tier 1	MAIL
<i>acarbose tab 100mg</i>	Tier 1	MAIL
GLYSET TAB 25MG	Tier 2	MAIL
GLYSET TAB 50MG	Tier 2	MAIL
GLYSET TAB 100MG	Tier 2	MAIL
<i>miglitol tab 25 mg</i>	Tier 1	MAIL
<i>miglitol tab 50 mg</i>	Tier 1	MAIL
<i>miglitol tab 100 mg</i>	Tier 1	MAIL

### **Antidiabetic - Amylin Analogs**

SYMLINPEN 60 INJ 1000MCG	Tier 3	PA; MAIL
SYMLINPEN 120 INJ 1000MCG	Tier 3	PA; MAIL

### **Antidiabetic Combinations**

<i>alog/pioglip tab 12.5-15</i>	Tier 1	ST; MAIL
<i>alog/pioglip tab 12.5-30</i>	Tier 1	ST; MAIL
<i>alog/pioglit tab 12.5-45</i>	Tier 1	ST; MAIL
<i>alog/pioglit tab 25-15mg</i>	Tier 1	ST; MAIL
<i>alog/pioglit tab 25-30mg</i>	Tier 1	ST; MAIL
<i>alog/pioglit tab 25-45mg</i>	Tier 1	ST; MAIL
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Tier 1	ST; MAIL
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Tier 1	ST; MAIL
<i>glyb/metform tab 1.25-250</i>	Tier 1	MAIL
<i>glyb/metform tab 2.5-500</i>	Tier 1	MAIL
<i>glyb/metform tab 5-500mg</i>	Tier 1	MAIL
JANUMET TAB 50-500MG	Tier 2	ST; MAIL
JANUMET TAB 50-1000	Tier 2	ST; MAIL
JANUMET XR TAB 50-500MG	Tier 2	ST; MAIL
JANUMET XR TAB 50-1000	Tier 2	ST; MAIL
JANUMET XR TAB 100-1000	Tier 2	ST; MAIL
JENTADUETO TAB 2.5-500	Tier 2	ST; MAIL
JENTADUETO TAB 2.5-850	Tier 2	ST; MAIL
JENTADUETO TAB 2.5-1000	Tier 2	ST; MAIL
KOMBIGLYZE TAB 2.5-1000	Tier 3	PA; MAIL
KOMBIGLYZE TAB 5-500MG	Tier 3	PA; MAIL
KOMBIGLYZE TAB 5-1000MG	Tier 3	PA; MAIL

### **Biguanides**

<i>metformin tab 500mg</i>	Tier 1	MAIL
<i>metformin tab 500mg er</i>	Tier 1	MAIL
<i>metformin tab 750mg er</i>	Tier 1	MAIL
<i>metformin tab 850mg</i>	Tier 1	MAIL
<i>metformin tab 1000mg TABS</i>	Tier 1	MAIL

### **Diabetic Other**

GLUCAGON KIT 1MG	Tier 2	MAIL
------------------	--------	------

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLUCOSE-VITAMIN C CHEW TAB 4-0.006 GM	Tier 2	MAIL
GNP GLUCOSE CHW RASPBERRY	Tier 2	MAIL

### ***Dipeptidyl Peptidase-4 (DPP-4) Inhibitors***

<i>alogliptin tab 6.25mg</i>	Tier 1	ST; MAIL
<i>alogliptin tab 12.5mg</i>	Tier 1	ST; MAIL
<i>alogliptin tab 25mg</i>	Tier 1	ST; MAIL
JANUVIA TAB 25MG	Tier 2	ST; MAIL
JANUVIA TAB 50MG	Tier 2	ST; MAIL
JANUVIA TAB 100MG	Tier 2	ST; MAIL
ONGLYZA TAB 2.5MG	Tier 3	PA; MAIL
ONGLYZA TAB 5MG	Tier 3	PA; MAIL
TRADJENTA TAB 5MG	Tier 2	ST; MAIL

### ***Dopamine Receptor Agonists - Antidiabetic***

CYCLOSET TAB 0.8MG	Tier 2	MAIL
--------------------	--------	------

### ***Incretin Mimetic Agents (GLP-1 Receptor Agonists)***

BYETTA INJ 5MCG	Tier 2	PA; MAIL
BYETTA INJ 10MCG	Tier 2	PA; MAIL
VICTOZA INJ 18MG/3ML	Tier 3	PA; MAIL

### ***Insulin***

APIDRA INJ SOLOSTAR	Tier 3	ST; MAIL
APIDRA INJ U-100	Tier 3	ST; MAIL
HUMALOG INJ 100/ML	Tier 3	ST; MAIL
HUMALOG KWIK INJ 100/ML	Tier 3	ST; MAIL
HUMALOG MIX INJ 50/50	Tier 3	ST; MAIL
HUMALOG MIX INJ 50/50KWP	Tier 3	ST; MAIL
HUMALOG MIX INJ 75/25KWP	Tier 3	ST; MAIL
HUMALOG MIX SUS 75/25	Tier 3	ST; MAIL
HUMULIN INJ 70/30	Tier 3	ST; MAIL
HUMULIN INJ 70/30KWP	Tier 3	ST; MAIL
HUMULIN N INJ U-100	Tier 3	ST; MAIL
HUMULIN N INJ U-100KWP	Tier 3	ST; MAIL
HUMULIN N PN INJ U-100	Tier 3	ST; MAIL
HUMULIN PEN INJ 70/30	Tier 3	ST; MAIL
HUMULIN R INJ U-100	Tier 3	ST; MAIL
HUMULIN R INJ U-500 SOLN	Tier 3	ST; MAIL
LANTUS INJ 100/ML	Tier 2	MAIL
LANTUS INJ SOLOSTAR	Tier 2	MAIL
LEVEMIR INJ	Tier 2	MAIL
LEVEMIR INJ FLEXPEN	Tier 2	MAIL
NOVOLIN INJ 70/30	Tier 2	MAIL
NOVOLIN N INJ U-100	Tier 2	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NOVOLIN R INJ PENFILL	Tier 2	MAIL
NOVOLIN R INJ U-100	Tier 2	MAIL
NOVOLOG INJ 100/ML	Tier 2	MAIL
NOVOLOG INJ FLEXPEN	Tier 2	MAIL
NOVOLOG INJ PENFILL	Tier 2	MAIL
NOVOLOG MIX INJ 70/30	Tier 2	MAIL
NOVOLOG MIX INJ FLEXPEN	Tier 2	MAIL

### **Insulin Sensitizing Agents**

AVANDIA TAB 2MG	Tier 3	PA; MAIL
AVANDIA TAB 4MG	Tier 3	PA; MAIL
AVANDIA TAB 8MG	Tier 3	PA; MAIL
<i>pioglitazone tab 15mg</i>	Tier 1	MAIL
<i>pioglitazone tab 30mg</i>	Tier 1	MAIL
<i>pioglitazone tab 45mg</i>	Tier 1	MAIL

### **Meglitinide Analogues**

<i>nateglinide tab 60mg</i>	Tier 1	MAIL
<i>nateglinide tab 120mg</i>	Tier 1	MAIL
<i>repaglinide tab 0.5mg</i>	Tier 1	MAIL
<i>repaglinide tab 1mg</i>	Tier 1	MAIL
<i>repaglinide tab 2mg</i>	Tier 1	MAIL

### **Sulfonylureas**

<i>chlorpropam tab 100mg</i>	Tier 1	MAIL
<i>chlorpropam tab 250mg</i>	Tier 1	MAIL
<i>glimepiride tab 1mg</i>	Tier 1	MAIL
<i>glimepiride tab 2mg</i>	Tier 1	MAIL
<i>glimepiride tab 4mg</i>	Tier 1	MAIL
<i>glipizide er tab 2.5mg</i>	Tier 1	MAIL
<i>glipizide er tab 5mg</i>	Tier 1	MAIL
<i>glipizide er tab 10mg</i>	Tier 1	MAIL
<i>glipizide tab 5mg</i>	Tier 1	MAIL
<i>glipizide tab 10mg</i>	Tier 1	MAIL
<i>glipizide xl tab 2.5mg</i>	Tier 1	MAIL
<i>glipizide xl tab 5mg</i>	Tier 1	MAIL
<i>glipizide xl tab 10mg</i>	Tier 1	MAIL
<i>glyburid mcr tab 1.5mg</i>	Tier 1	MAIL
<i>glyburid mcr tab 3mg</i>	Tier 1	MAIL
<i>glyburid mcr tab 6mg</i>	Tier 1	MAIL
<i>glyburide tab 1.25mg</i>	Tier 1	MAIL
<i>glyburide tab 2.5mg</i>	Tier 1	MAIL
<i>glyburide tab 5mg</i>	Tier 1	MAIL
<i>tolazamide tab 250mg</i>	Tier 1	MAIL
<i>tolazamide tab 500mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tolbutamide tab 500mg</i>	Tier 1	MAIL

## **ANTIDIARRHEALS**

### **Antidiarrheal Agents - Misc.**

<i>bismatrol sus 262/15ml</i>	Tier 1	MAIL
<i>bismuth chw 262mg</i>	Tier 1	MAIL
<i>bismuth ms sus 525/15ml</i>	Tier 1	MAIL
<i>kaopectate sus 262/15ml</i>	Tier 1	MAIL
<i>pink bismuth tab 262mg</i>	Tier 1	MAIL

### **Antiperistaltic Agents**

<i>diphen/atrop liq 2.5/5</i>	Tier 1	
<i>diphen/atrop tab 2.5mg</i>	Tier 1	
<i>loperamide cap 2mg</i>	Tier 1	MAIL
<i>loperamide liq 1mg/5ml</i>	Tier 1	MAIL
<i>loperamide sus 1mg/7.5</i>	Tier 1	MAIL
<i>loperamide tab 2mg</i>	Tier 1	MAIL
MOTOFEN TAB	Tier 3	

## **ANTIDOTES**

### **Antidotes - Chelating Agents**

CHEMET CAP 100MG	Tier 3	MAIL
EXJADE TAB 125MG	Tier 4	PA
EXJADE TAB 250MG	Tier 4	PA
EXJADE TAB 500MG	Tier 4	PA
FERRIPROX TAB 500MG	Tier 4	PA

### **Opioid Antagonists**

<i>naloxone inj 1mg/ml</i>	Tier 1	QL (1 Kit / year)
<i>naltrexone tab 50mg</i>	Tier 1	MAIL
NARCAN SPR	Tier 2	QL (1 Kit / year)

## **ANTIEMETICS**

### **5-HT3 Receptor Antagonists**

ALOXI INJ 0.25MG/5	Tier 3	PA; MAIL
ANZEMET TAB 50MG	Tier 3	PA; MAIL
ANZEMET TAB 100MG	Tier 3	PA; MAIL
<i>granisetron tab 1mg</i>	Tier 1	MAIL
<i>ondansetron sol 4mg/5ml</i>	Tier 1	PA; MAIL
<i>ondansetron tab 4mg</i>	Tier 1	MAIL
<i>ondansetron tab 4mg odt</i>	Tier 1	MAIL
<i>ondansetron tab 8mg</i>	Tier 1	MAIL
<i>ondansetron tab 8mg odt</i>	Tier 1	MAIL

### **Antiemetics - Anticholinergic**

<i>dimenhydrin tab 50mg</i>	Tier 1	MAIL
<i>meclizine chw 25mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>meclizine tab 12.5mg</i>	Tier 1	MAIL
<i>meclizine tab 25mg</i>	Tier 1	MAIL
TRANSDERM-SC DIS 1.5MG	Tier 2	PA; MAIL

### **Antiemetics - Miscellaneous**

<i>anti-nausea liq</i>	Tier 1	MAIL
<i>dronabinol cap 2.5mg</i>	Tier 1	PA
<i>dronabinol cap 5mg</i>	Tier 1	PA
<i>dronabinol cap 10mg</i>	Tier 1	PA

### **Substance P/Neurokinin 1 (NK1) Receptor Antagonists**

EMEND CAP 40MG	Tier 3	PA; MAIL
EMEND CAP 80MG	Tier 3	PA; MAIL
EMEND CAP 125MG	Tier 3	PA; MAIL
EMEND PAK 80 & 125	Tier 3	PA; MAIL

## **ANTIFUNGALS**

### **Antifungals**

<i>flucytosine cap 250mg</i>	Tier 1	PA
<i>flucytosine cap 500mg</i>	Tier 1	PA
<i>griseofulvin sus 125/5ml</i>	Tier 1	
<i>nystatin tab 500000</i>	Tier 1	
<i>terbinafine tab 250mg</i>	Tier 1	

### **Imidazole-Related Antifungals**

<i>fluconazole sus 10mg/ml</i>	Tier 1	QL (35mL per month); AGE
<i>fluconazole sus 40mg/ml</i>	Tier 1	QL (35mL per month); AGE
<i>fluconazole tab 50mg</i>	Tier 1	
<i>fluconazole tab 100mg</i>	Tier 1	
<i>fluconazole tab 150mg</i>	Tier 1	
<i>fluconazole tab 200mg</i>	Tier 1	
<i>itraconazole cap 100mg</i>	Tier 1	
<i>ketoconazole tab 200mg</i>	Tier 1	

## **ANTI-HISTAMINES**

### **Antihistamines - Alkylamines**

<i>aller-chlor syp 2mg/5ml</i>	Tier 1	MAIL
<i>chlorphenir tab 4mg</i>	Tier 1	MAIL
<i>chlorphenir tab 12mg cr</i>	Tier 1	MAIL

### **Antihistamines - Ethanolamines**

ALER-DRYL TAB 50MG	Tier 2	MAIL
<i>allrgy melts tab 12.5mg</i>	Tier 1	MAIL
<i>allrgy relf tab 12.5mg</i>	Tier 1	MAIL
<i>carbinoxamin sol 4mg/5ml</i>	Tier 1	MAIL
<i>carbinoxamin tab 4mg</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>child comple chw allergy</i>	Tier 1	MAIL
<i>clemastine syp 0.5/5ml</i>	Tier 1	MAIL
<i>clemastine tab 1.34mg</i>	Tier 1	MAIL
<i>clemastine tab 2.68mg</i>	Tier 1	MAIL
<i>cvs allergy chw 12.5mg</i>	Tier 1	MAIL
<i>diphedryl liq 12.5/5ml</i>	Tier 1	MAIL
<i>diphenhydram cap 25mg</i>	Tier 1	MAIL
<i>diphenhydram cap 50mg</i>	Tier 1	MAIL
<i>diphenhydram elx 12.5/5ml</i>	Tier 1	MAIL
<i>diphenhydram inj 50mg/ml</i>	Tier 1	MAIL
<i>diphenhydram tab 25mg</i>	Tier 1	MAIL
<i>dytuss syp 12.5/5ml</i>	Tier 1	MAIL
<i>wal-dryl alr tab 12.5mg</i>	Tier 1	MAIL

### **Antihistamines - Non-Sedating**

ALLEGRA ALRG TAB 30MG TABS	Tier 2	PA; MAIL
<i>cetirizine chw 5mg</i>	Tier 1	MAIL
<i>cetirizine chw 10mg</i>	Tier 1	MAIL
<i>cetirizine sol 1mg/ml</i>	Tier 1	MAIL
<i>cetirizine sol 5mg/5ml</i>	Tier 1	MAIL
<i>cetirizine syp 1mg/ml</i>	Tier 1	MAIL
<i>cetirizine syp 5mg/5ml</i>	Tier 1	MAIL
<i>cetirizine tab 5mg</i>	Tier 1	MAIL
<i>cetirizine tab 10mg</i>	Tier 1	MAIL
<i>fexofenadine tab 60mg</i>	Tier 1	PA; MAIL
<i>fexofenadine tab 180mg</i>	Tier 1	MAIL
<i>loratadine sol 5mg/5ml</i>	Tier 1	MAIL
<i>loratadine syp 5mg/5ml</i>	Tier 1	MAIL
<i>loratadine tab 10mg</i>	Tier 1	MAIL

### **Antihistamines - Phenothiazines**

<i>promethazine inj 25mg/ml</i>	Tier 1	MAIL
<i>promethazine sol 6.25/5ml</i>	Tier 1	MAIL
<i>promethazine sup 12.5mg</i>	Tier 1	MAIL
<i>promethazine sup 25mg</i>	Tier 1	MAIL
<i>promethazine syp 6.25/5ml</i>	Tier 1	MAIL
<i>promethazine tab 12.5mg</i>	Tier 1	MAIL
<i>promethazine tab 25mg</i>	Tier 1	MAIL
<i>promethazine tab 50mg</i>	Tier 1	MAIL
<i>promethegan sup 50mg</i>	Tier 1	PA; MAIL

### **Antihistamines - Piperidines**

<i>cyproheptad syp 2mg/5ml</i>	Tier 1	MAIL
<i>cyproheptad tab 4mg</i>	Tier 1	MAIL

## **ANTIHYPERLIPIDEMICS**

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Antihyperlipidemics - Misc.</b>		
<i>omega-3-acid cap 1gm</i>	Tier 1	PA; MAIL
<b>Bile Acid Sequestrants</b>		
<i>cholestyramine</i>	Tier 1	USE BULK POWDER, MAIL
<i>cholestyramine light</i>	Tier 1	USE BULK POWDER, MAIL
<i>colestipol tab 1gm</i>	Tier 1	MAIL
<i>prevalite</i>	Tier 1	USE BULK POWDER, MAIL
WELCHOL PAK 3.75GM	Tier 3	MAIL
WELCHOL TAB 625MG	Tier 3	MAIL
<b>Fibric Acid Derivatives</b>		
<i>fenofibrate cap 43mg</i>	Tier 1	MAIL
<i>fenofibrate cap 67mg</i>	Tier 1	MAIL
<i>fenofibrate cap 134mg</i>	Tier 1	MAIL
<i>fenofibrate cap 200mg</i>	Tier 1	MAIL
<i>fenofibrate tab 48mg</i>	Tier 1	MAIL
<i>fenofibrate tab 54mg</i>	Tier 1	MAIL
<i>fenofibrate tab 160mg</i>	Tier 1	MAIL
<i>fenofibric tab 35mg</i>	Tier 1	MAIL
<i>gemfibrozil tab 600mg</i>	Tier 1	MAIL
<b>HMG CoA Reductase Inhibitors</b>		
<i>atorvastatin tab 10mg</i>	Tier 1	MAIL
<i>atorvastatin tab 20mg</i>	Tier 1	MAIL
<i>atorvastatin tab 40mg</i>	Tier 1	MAIL
<i>atorvastatin tab 80mg</i>	Tier 1	MAIL
CRESTOR TAB 5MG	Tier 3	ST; MAIL
CRESTOR TAB 10MG	Tier 3	ST; MAIL
CRESTOR TAB 20MG	Tier 3	ST; MAIL
CRESTOR TAB 40MG	Tier 3	ST; MAIL
<i>fluvastatin cap 20mg</i>	Tier 1	ST; MAIL
<i>fluvastatin cap 40mg</i>	Tier 1	ST; MAIL
<i>lescol xl tab 80mg</i>	Tier 1	ST; MAIL
LIVALO TAB 1MG	Tier 3	ST; MAIL
LIVALO TAB 2MG	Tier 3	ST; MAIL
LIVALO TAB 4MG	Tier 3	ST; MAIL
<i>lovastatin tab 10mg</i>	Tier 1	MAIL
<i>lovastatin tab 20mg</i>	Tier 1	MAIL
<i>lovastatin tab 40mg</i>	Tier 1	MAIL
<i>pravastatin tab 10mg</i>	Tier 1	MAIL
<i>pravastatin tab 20mg</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>pravastatin tab 40mg</i>	Tier 1	MAIL
<i>pravastatin tab 80mg</i>	Tier 1	MAIL
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	ST; MAIL
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	ST; MAIL
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	ST; MAIL
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	ST; MAIL
<i>simvastatin tab 5mg</i>	Tier 1	MAIL
<i>simvastatin tab 10mg</i>	Tier 1	MAIL
<i>simvastatin tab 20mg</i>	Tier 1	MAIL
<i>simvastatin tab 40mg</i>	Tier 1	MAIL

### **Intestinal Cholesterol Absorption Inhibitors**

ZETIA TAB 10MG	Tier 3	ST; MAIL
----------------	--------	----------

### **Nicotinic Acid Derivatives**

<i>niacor tab 500mg</i>	Tier 1	MAIL
-------------------------	--------	------

## **ANTIHYPERTENSIVES**

### **ACE Inhibitors**

<i>benazepril tab 5mg</i>	Tier 1	MAIL
<i>benazepril tab 10mg</i>	Tier 1	MAIL
<i>benazepril tab 20mg</i>	Tier 1	MAIL
<i>benazepril tab 40mg</i>	Tier 1	MAIL
<i>captopril tab 12.5mg</i>	Tier 1	MAIL
<i>captopril tab 25mg</i>	Tier 1	MAIL
<i>captopril tab 50mg</i>	Tier 1	MAIL
<i>captopril tab 100mg</i>	Tier 1	MAIL
<i>enalapril tab 2.5mg</i>	Tier 1	MAIL
<i>enalapril tab 5mg</i>	Tier 1	MAIL
<i>enalapril tab 10mg</i>	Tier 1	MAIL
<i>enalapril tab 20mg</i>	Tier 1	MAIL
<i>fosinopril tab 10mg</i>	Tier 1	MAIL
<i>fosinopril tab 20mg</i>	Tier 1	MAIL
<i>fosinopril tab 40mg</i>	Tier 1	MAIL
<i>lisinopril tab 2.5mg</i>	Tier 1	MAIL
<i>lisinopril tab 5mg</i>	Tier 1	MAIL
<i>lisinopril tab 10mg</i>	Tier 1	MAIL
<i>lisinopril tab 20mg</i>	Tier 1	MAIL
<i>lisinopril tab 30mg</i>	Tier 1	MAIL
<i>lisinopril tab 40mg</i>	Tier 1	MAIL
<i>moexipril tab 7.5mg</i>	Tier 1	MAIL
<i>moexipril tab 15mg</i>	Tier 1	MAIL
<i>perindopril tab 2mg</i>	Tier 1	MAIL
<i>perindopril tab 4mg</i>	Tier 1	MAIL
<i>perindopril tab 8mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>quinapril tab 5mg</i>	Tier 1	MAIL
<i>quinapril tab 10mg</i>	Tier 1	MAIL
<i>quinapril tab 20mg</i>	Tier 1	MAIL
<i>quinapril tab 40mg</i>	Tier 1	MAIL
<i>ramipril cap 1.25mg</i>	Tier 1	MAIL
<i>ramipril cap 2.5mg</i>	Tier 1	MAIL
<i>ramipril cap 5mg</i>	Tier 1	MAIL
<i>ramipril cap 10mg</i>	Tier 1	MAIL
<i>trandolapril tab 1mg</i>	Tier 1	MAIL
<i>trandolapril tab 2mg</i>	Tier 1	MAIL
<i>trandolapril tab 4mg</i>	Tier 1	MAIL

### **Agents for Pheochromocytoma**

<i>phenoxybenza cap 10mg</i>	Tier 1	MAIL
------------------------------	--------	------

### **Angiotensin II Receptor Antagonists**

BENICAR TAB 5MG	Tier 3	ST; MAIL
BENICAR TAB 20MG	Tier 3	ST; MAIL
BENICAR TAB 40MG	Tier 3	ST; MAIL
<i>candesartan tab 4mg</i>	Tier 1	ST; MAIL
<i>candesartan tab 8mg</i>	Tier 1	ST; MAIL
<i>candesartan tab 16mg</i>	Tier 1	ST; MAIL
<i>candesartan tab 32mg</i>	Tier 1	ST; MAIL
EDARBI TAB 40MG	Tier 3	ST; MAIL
EDARBI TAB 80MG	Tier 3	ST; MAIL
<i>eprosart mes tab 600mg</i>	Tier 1	ST; MAIL
<i>irbesartan tab 75mg</i>	Tier 1	ST; MAIL
<i>irbesartan tab 150mg</i>	Tier 1	ST; MAIL
<i>irbesartan tab 300mg</i>	Tier 1	ST; MAIL
<i>losartan pot tab 25mg</i>	Tier 1	MAIL
<i>losartan pot tab 50mg</i>	Tier 1	MAIL
<i>losartan pot tab 100mg</i>	Tier 1	MAIL
<i>telmisartan tab 20mg</i>	Tier 1	ST; MAIL
<i>telmisartan tab 40mg</i>	Tier 1	ST; MAIL
<i>telmisartan tab 80mg</i>	Tier 1	ST; MAIL
TEVETEN TAB 400MG	Tier 3	ST; MAIL
<i>valsartan tab 40mg</i>	Tier 1	ST; MAIL
<i>valsartan tab 80mg</i>	Tier 1	ST; MAIL
<i>valsartan tab 160mg</i>	Tier 1	ST; MAIL
<i>valsartan tab 320mg</i>	Tier 1	ST; MAIL

### **Antiadrenergic Antihypertensives**

<i>clonidine tab 0.1mg</i>	Tier 1	MAIL
<i>clonidine tab 0.2mg</i>	Tier 1	MAIL
<i>clonidine tab 0.3mg</i>	Tier 1	MAIL

**PA** - Prior Authorization      **ST** - Step Therapy

**Age** - Special Age Limit may apply      **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;      **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;      **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>doxazosin tab 1mg</i>	Tier 1	MAIL
<i>doxazosin tab 2mg</i>	Tier 1	MAIL
<i>doxazosin tab 4mg</i>	Tier 1	MAIL
<i>doxazosin tab 8mg</i>	Tier 1	MAIL
<i>guanfacine tab 1mg</i>	Tier 1	MAIL
<i>guanfacine tab 2mg</i>	Tier 1	MAIL
<i>methyldopa tab 250mg</i>	Tier 1	MAIL
<i>methyldopa tab 500mg</i>	Tier 1	MAIL
<i>prazosin hcl cap 1mg</i>	Tier 1	MAIL
<i>prazosin hcl cap 2mg</i>	Tier 1	MAIL
<i>prazosin hcl cap 5mg</i>	Tier 1	MAIL
<i>terazosin cap 1mg</i>	Tier 1	MAIL
<i>terazosin cap 2mg</i>	Tier 1	MAIL
<i>terazosin cap 5mg</i>	Tier 1	MAIL
<i>terazosin cap 10mg</i>	Tier 1	MAIL

### **Antihypertensive Combinations**

<i>atenol/chlor tab 50-25mg</i>	Tier 1	MAIL
<i>atenol/chlor tab 100-25mg</i>	Tier 1	MAIL
<i>benazepr/hctz tab 10-12.5</i>	Tier 1	MAIL
<i>benazepr/hctz tab 20-12.5</i>	Tier 1	MAIL
<i>benazepr/hctz tab 20-25mg</i>	Tier 1	MAIL
<i>bisoprol/hctz tab 2.5/6.25</i>	Tier 1	MAIL
<i>bisoprol/hctz tab 5-6.25mg</i>	Tier 1	MAIL
<i>bisoprol/hctz tab 10/6.25</i>	Tier 1	MAIL
<i>captopril/hctz tab 25-15mg</i>	Tier 1	MAIL
<i>captopril/hctz tab 25-25mg</i>	Tier 1	MAIL
<i>captopril/hctz tab 50-15mg</i>	Tier 1	MAIL
<i>captopril/hctz tab 50-25mg</i>	Tier 1	MAIL
<i>enalapril/hctz tab 5-12.5mg</i>	Tier 1	MAIL
<i>enalapril/hctz tab 10-25mg</i>	Tier 1	MAIL
<i>fosinopril/hctz tab 10/12.5</i>	Tier 1	MAIL
<i>irbesartan/hctz tab 150-12.5</i>	Tier 1	ST; MAIL
<i>irbesartan/hctz tab 300-12.5</i>	Tier 1	ST; MAIL
<i>lisinopril/hctz tab 10-12.5</i>	Tier 1	MAIL
<i>lisinopril/hctz tab 20-12.5</i>	Tier 1	MAIL
<i>lisinopril/hctz tab 20-25mg</i>	Tier 1	MAIL
<i>losartan/hct tab 50-12.5</i>	Tier 1	MAIL
<i>losartan/hct tab 100-12.5</i>	Tier 1	MAIL
<i>losartan/hct tab 100-25</i>	Tier 1	MAIL
<i>quinapril/hctz tab 10-12.5</i>	Tier 1	MAIL
<i>quinapril/hctz tab 20-12.5</i>	Tier 1	MAIL
<i>quinapril/hctz tab 20-25mg</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>valsart/hctz tab 80-12.5mg</i>	Tier 1	ST; MAIL
<i>valsart/hctz tab 160-12.5mg</i>	Tier 1	ST; MAIL
<i>valsart/hctz tab 160-25mg</i>	Tier 1	ST; MAIL
<i>valsart/hctz tab 320-12.5mg</i>	Tier 1	ST; MAIL
<i>valsart/hctz tab 320-25mg</i>	Tier 1	ST; MAIL

### **Direct Renin Inhibitors**

TEKTURNA TAB 150MG	Tier 3	MAIL
TEKTURNA TAB 300MG	Tier 3	MAIL

### **Selective Aldosterone Receptor Antagonists (SARAs)**

<i>eplerenone tab 25mg</i>	Tier 1	MAIL
<i>eplerenone tab 50mg</i>	Tier 1	MAIL

### **Vasodilators**

<i>hydralazine tab 10mg</i>	Tier 1	MAIL
<i>hydralazine tab 25mg</i>	Tier 1	MAIL
<i>hydralazine tab 50mg</i>	Tier 1	MAIL
<i>hydralazine tab 100mg</i>	Tier 1	MAIL
<i>minoxidil tab 2.5mg</i>	Tier 1	MAIL
<i>minoxidil tab 10mg</i>	Tier 1	MAIL

## **ANTIMALARIALS**

### **Antimalarial Combinations**

<i>atovaq/progu tab 62.5-25</i>	Tier 1	
<i>atovaq/progu tab 250-100</i>	Tier 1	
COARTEM TAB 20-120MG	Tier 3	

### **Antimalarials**

<i>chloroquine tab 250mg</i>	Tier 1	
<i>chloroquine tab 500mg</i>	Tier 1	
DARAPRIM TAB 25MG	Tier 3	PA
<i>hydroxychlor tab 200mg</i>	Tier 1	
<i>mefloquine tab 250mg</i>	Tier 1	
PRIMAQUINE TAB 26.3MG	Tier 2	PA
<i>quinine sulf cap 324mg</i>	Tier 1	

## **ANTIMETABOLITES**

### **ANTIMETABOLITES**

<i>methotrexate inj 1gm/40ml</i>	Tier 1	MAIL
<i>methotrexate inj 25mg/ml</i>	Tier 1	MAIL
<i>methotrexate inj 50mg/2ml</i>	Tier 1	MAIL
<i>methotrexate inj 100/4ml</i>	Tier 1	MAIL
<i>methotrexate inj 250/10ml</i>	Tier 1	MAIL

## **ANTIMYASTHENIC AGENTS**

### **Antimyasthenic Agents**

<i>pyridostigm tab 60mg</i>	Tier 1	MAIL
-----------------------------	--------	------

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply



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

**ANTIMYCOBACTERIAL AGENTS**

**Anti TB Combinations**

<i>isonarif cap</i>	Tier 1	
---------------------	--------	--

**Antimycobacterial Agents**

<i>cycloserine cap 250mg</i>	Tier 1	
<i>ethambutol tab 100mg</i>	Tier 1	
<i>ethambutol tab 400mg</i>	Tier 1	
<i>isoniazid syp 50mg/5ml</i>	Tier 1	
<i>isoniazid tab 100mg</i>	Tier 1	
<i>isoniazid tab 300mg</i>	Tier 1	
PRIFTIN TAB 150MG	Tier 2	QL (32 tabs / 30 days)
<i>pyrazinamide tab 500mg</i>	Tier 1	
<i>rifabutin cap 150mg</i>	Tier 1	
<i>rifampin cap 150mg</i>	Tier 1	
<i>rifampin cap 300mg</i>	Tier 1	

**ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES**

**Alkylating Agents**

ALKERAN TAB 2MG	Tier 2	MAIL
CYCLOPHOSPH CAP 25MG	Tier 2	MAIL
CYCLOPHOSPH CAP 50MG	Tier 2	MAIL
<i>cyclophosph tab 25mg</i>	Tier 1	MAIL
<i>cyclophosph tab 50mg</i>	Tier 1	MAIL
GLEOSTINE CAP 5MG	Tier 4	
GLEOSTINE CAP 10MG	Tier 4	
GLEOSTINE CAP 40MG	Tier 4	
GLEOSTINE CAP 100MG	Tier 4	
LEUKERAN TAB 2MG	Tier 2	MAIL
<i>lomustine cap 10mg</i>	Tier 1	
<i>lomustine cap 40mg</i>	Tier 1	
<i>lomustine cap 100mg</i>	Tier 1	
<i>temozolomide cap 5mg</i>	Tier 4	PA
<i>temozolomide cap 20mg</i>	Tier 4	PA
<i>temozolomide cap 100mg</i>	Tier 4	PA
<i>temozolomide cap 140mg</i>	Tier 4	PA
<i>temozolomide cap 180mg</i>	Tier 4	PA
<i>temozolomide cap 250mg</i>	Tier 4	PA

**Antimetabolites**

<i>capecitabine tab 150mg</i>	Tier 4	PA
<i>capecitabine tab 500mg</i>	Tier 4	PA
<i>mercaptopur tab 50mg</i>	Tier 1	MAIL
<i>methotrexate tab 2.5mg</i>	Tier 1	MAIL
THIOGUANINE TAB 40MG	Tier 3	MAIL

PA - Prior Authorization      ST - Step Therapy

Age - Special Age Limit may apply      MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;      Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;      DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b><i>Antineoplastic - Antibodies</i></b>		
RITUXAN INJ 100MG	Tier 4	PA
RITUXAN INJ 500MG	Tier 4	PA
<b><i>Antineoplastic - Hedgehog Pathway Inhibitors</i></b>		
ERIVEDGE CAP 150MG	Tier 4	PA
<b><i>Antineoplastic - Hormonal and Related Agents</i></b>		
<i>anastrozole tab 1mg</i>	Tier 1	MAIL
<i>bicalutamide tab 50mg</i>	Tier 1	MAIL
EMCYT CAP 140MG	Tier 3	MAIL
<i>exemestane tab 25mg</i>	Tier 1	MAIL
FARESTON TAB 60MG	Tier 3	MAIL
FIRMAGON INJ 80MG	Tier 4	PA
FIRMAGON INJ 120MG	Tier 4	PA
<i>flutamide cap 125mg</i>	Tier 1	MAIL
<i>letrozole tab 2.5mg</i>	Tier 1	MAIL
<i>leuprolide inj 1mg/0.2</i>	Tier 4	PA
LYSODREN TAB 500MG	Tier 2	MAIL
<i>megestrol ac sus 40mg/ml</i>	Tier 1	MAIL
<i>megestrol ac tab 20mg</i>	Tier 1	MAIL
<i>megestrol ac tab 40mg</i>	Tier 1	MAIL
<i>tamoxifen tab 10mg</i>	Tier 1	\$0 Copay for Breast Cancer Prevention for Women age 35+, MAIL
<i>tamoxifen tab 20mg</i>	Tier 1	\$0 Copay for Breast Cancer Prevention for Women age 35+, MAIL
TRELSTAR DEP INJ 3.75MG	Tier 4	PA
TRELSTAR LA INJ 11.25MG	Tier 4	PA
TRELSTAR MIX INJ 22.5MG	Tier 4	PA
ZOLADEX IMP 3.6MG	Tier 4	PA
ZOLADEX IMP 10.8MG	Tier 4	PA
<b><i>Antineoplastic Enzyme Inhibitors</i></b>		
AFINITOR DIS TAB 2MG	Tier 4	PA
AFINITOR DIS TAB 3MG	Tier 4	PA
AFINITOR DIS TAB 5MG	Tier 4	PA
AFINITOR TAB 2.5MG	Tier 4	PA
AFINITOR TAB 5MG	Tier 4	PA
AFINITOR TAB 7.5MG	Tier 4	PA
AFINITOR TAB 10MG	Tier 4	PA
CAPRELSA TAB 100MG	Tier 4	PA
CAPRELSA TAB 300MG	Tier 4	PA
GLEEVEC TAB 100MG	Tier 4	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
GLEEVEC TAB 400MG	Tier 4	PA
<i>imatinib mesylate tab 100 mg</i>	Tier 4	PA
<i>imatinib mesylate tab 400 mg</i>	Tier 4	PA
JAKAFI TAB 5MG	Tier 4	PA
JAKAFI TAB 10MG	Tier 4	PA
JAKAFI TAB 15MG	Tier 4	PA
JAKAFI TAB 20MG	Tier 4	PA
JAKAFI TAB 25MG	Tier 4	PA
NEXAVAR TAB 200MG	Tier 4	PA
SPRYCEL TAB 20MG	Tier 4	PA
SPRYCEL TAB 50MG	Tier 4	PA
SPRYCEL TAB 70MG	Tier 4	PA
SPRYCEL TAB 100MG	Tier 4	PA
SPRYCEL TAB 140MG	Tier 4	PA
STIVARGA TAB 40MG	Tier 4	PA
SUTENT CAP 12.5MG	Tier 4	PA
SUTENT CAP 25MG	Tier 4	PA
SUTENT CAP 37.5MG	Tier 4	PA
SUTENT CAP 50MG	Tier 4	PA
TARCEVA TAB 25MG	Tier 4	PA
TARCEVA TAB 100MG	Tier 4	PA
TARCEVA TAB 150MG	Tier 4	PA
TASIGNA CAP 150MG	Tier 4	PA
TASIGNA CAP 200MG	Tier 4	PA
TYKERB TAB 250MG	Tier 4	PA
VOTRIENT TAB 200MG	Tier 4	PA
XALKORI CAP 200MG	Tier 4	PA
XALKORI CAP 250MG	Tier 4	PA

**Antineoplastics Misc.**

ACTIMMUNE INJ 2MU/0.5	Tier 4	PA
<i>hydroxyurea cap 500mg</i>	Tier 1	MAIL
INTRON-A INJ 10MU	Tier 4	PA
INTRON-A INJ 25MU	Tier 4	PA
MATULANE CAP 50MG	Tier 2	PA; MAIL
<i>tretinoin cap 10mg</i>	Tier 1	PA; MAIL

**Chemotherapy Adjuncts**

KEPIVANCE INJ 6.25MG	Tier 4	PA
----------------------	--------	----

**Chemotherapy Rescue/Antidote Agents**

<i>leucovor ca tab 5mg</i>	Tier 1	MAIL
<i>leucovor ca tab 10mg</i>	Tier 1	MAIL
<i>leucovor ca tab 15mg</i>	Tier 1	MAIL
<i>leucovor ca tab 25mg</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Mitotic Inhibitors</b>		
<i>etoposide cap 50mg</i>	Tier 1	PA; MAIL
<i>etoposide inj 20mg/ml 20mg/ml, 100mg/5ml</i>	Tier 4	PA

## **ANTIPARKINSON AGENTS**

### **Antiparkinson Anticholinergics**

<i>benztropine tab 0.5mg</i>	Tier 1	MAIL
<i>benztropine tab 1mg</i>	Tier 1	MAIL
<i>benztropine tab 2mg</i>	Tier 1	MAIL
<i>trihexyphen elx 0.4mg/ml</i>	Tier 1	PA; MAIL
<i>trihexyphen tab 2mg</i>	Tier 1	MAIL
<i>trihexyphen tab 5mg</i>	Tier 1	MAIL

### **Antiparkinson COMT Inhibitors**

<i>entacapone tab 200mg</i>	Tier 1	MAIL
<i>tolcapone tab 100mg</i>	Tier 1	MAIL

### **Antiparkinson Dopaminergics**

<i>amantadine cap 100mg</i>	Tier 1	MAIL
<i>amantadine syp 50mg/5ml</i>	Tier 1	MAIL
<i>bromocriptin cap 5mg</i>	Tier 1	MAIL
<i>bromocriptin tab 2.5mg</i>	Tier 1	MAIL
<i>carb/levo er tab 25-100mg</i>	Tier 1	MAIL
<i>carb/levo er tab 50-200mg</i>	Tier 1	MAIL
<i>carb/levo tab 10-100mg TABS</i>	Tier 1	MAIL
<i>carb/levo tab 25-100mg TABS</i>	Tier 1	MAIL
<i>carb/levo tab 25-250mg TABS</i>	Tier 1	MAIL
<i>pramipexole tab 0.5mg</i>	Tier 1	MAIL
<i>pramipexole tab 0.25mg</i>	Tier 1	MAIL
<i>pramipexole tab 0.75mg</i>	Tier 1	MAIL
<i>pramipexole tab 0.125mg</i>	Tier 1	MAIL
<i>pramipexole tab 1.5mg</i>	Tier 1	MAIL
<i>pramipexole tab 1mg</i>	Tier 1	MAIL
<i>ropinirole tab 0.5mg</i>	Tier 1	MAIL
<i>ropinirole tab 0.25mg</i>	Tier 1	MAIL
<i>ropinirole tab 1mg</i>	Tier 1	MAIL
<i>ropinirole tab 2mg</i>	Tier 1	MAIL
<i>ropinirole tab 3mg</i>	Tier 1	MAIL
<i>ropinirole tab 4mg</i>	Tier 1	MAIL
<i>ropinirole tab 5mg</i>	Tier 1	MAIL

### **Antiparkinson Monoamine Oxidase Inhibitors**

<i>AZILECT TAB 0.5MG</i>	Tier 2	MAIL
<i>AZILECT TAB 1MG</i>	Tier 2	MAIL
<i>selegiline cap 5mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>selegiline tab 5mg</i>	Tier 1	MAIL

## **ANTIPSYCHOTICS/ANTIMANIC AGENTS**

### **Antimanic Agents**

<i>lithium carb cap 150mg</i>	Tier 1	MAIL
<i>lithium carb cap 300mg</i>	Tier 1	MAIL
<i>lithium carb cap 600mg</i>	Tier 1	MAIL
<i>lithium carb tab 300mg</i>	Tier 1	MAIL
<i>lithium carb tab 300mg er</i>	Tier 1	MAIL
<i>lithium carb tab 450mg er</i>	Tier 1	MAIL
LITHIUM CITR SOL 8MEQ/5ML	Tier 2	MAIL

### **Antipsychotics - Misc.**

LATUDA TAB 20MG	Tier 2	PA; MAIL
LATUDA TAB 40MG	Tier 2	PA; MAIL
LATUDA TAB 60MG	Tier 2	PA; MAIL
LATUDA TAB 80MG	Tier 2	PA; MAIL
LATUDA TAB 120MG	Tier 2	PA; MAIL
<i>ziprasidone cap 20mg</i>	Tier 1	ST; MAIL
<i>ziprasidone cap 40mg</i>	Tier 1	ST; MAIL
<i>ziprasidone cap 60mg</i>	Tier 1	ST; MAIL
<i>ziprasidone cap 80mg</i>	Tier 1	ST; MAIL

### **Benzisoxazoles**

FANAPT PAK	Tier 2	PA; MAIL
FANAPT TAB 1MG	Tier 2	PA; MAIL
FANAPT TAB 2MG	Tier 2	PA; MAIL
FANAPT TAB 4MG	Tier 2	PA; MAIL
FANAPT TAB 6MG	Tier 2	PA; MAIL
FANAPT TAB 8MG	Tier 2	PA; MAIL
FANAPT TAB 10MG	Tier 2	PA; MAIL
FANAPT TAB 12MG	Tier 2	PA; MAIL
INVEGA SUST INJ 39/0.25	Tier 2	PA; MAIL
INVEGA SUST INJ 78/0.5ML	Tier 2	PA; MAIL
INVEGA SUST INJ 117/0.75	Tier 2	PA; MAIL
INVEGA SUST INJ 156MG/ML	Tier 2	PA; MAIL
INVEGA SUST INJ 234/1.5	Tier 2	PA; MAIL
<i>invega tab 1.5mg</i>	Tier 1	PA; MAIL
<i>invega tab 3mg</i>	Tier 1	PA; MAIL
<i>invega tab 6mg</i>	Tier 1	PA; MAIL
<i>invega tab 9mg</i>	Tier 1	PA; MAIL
INVEGA TRINZ INJ 273MG	Tier 2	PA
INVEGA TRINZ INJ 410MG	Tier 2	PA
INVEGA TRINZ INJ 546MG	Tier 2	PA
INVEGA TRINZ INJ 819MG	Tier 2	PA

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RISPERDAL INJ 12.5MG	Tier 2	PA; MAIL
RISPERDAL INJ 25MG	Tier 2	PA; MAIL
RISPERDAL INJ 37.5MG	Tier 2	PA; MAIL
RISPERDAL INJ 50MG	Tier 2	PA; MAIL
<i>risperidone sol 1mg/ml</i>	Tier 1	MAIL
<i>risperidone tab 0.5mg</i>	Tier 1	MAIL
<i>risperidone tab 0.5mg od</i>	Tier 1	MAIL
<i>risperidone tab 0.25 odt</i>	Tier 1	MAIL
<i>risperidone tab 0.25mg</i>	Tier 1	MAIL
<i>risperidone tab 1mg</i>	Tier 1	MAIL
<i>risperidone tab 1mg odt</i>	Tier 1	MAIL
<i>risperidone tab 2mg</i>	Tier 1	MAIL
<i>risperidone tab 2mg odt</i>	Tier 1	MAIL
<i>risperidone tab 3mg</i>	Tier 1	MAIL
<i>risperidone tab 3mg odt</i>	Tier 1	MAIL
<i>risperidone tab 4mg</i>	Tier 1	MAIL
<i>risperidone tab 4mg odt</i>	Tier 1	MAIL

### **Butyrophenones**

<i>haloper dec inj 50mg/ml</i>	Tier 1	MAIL
<i>haloper dec inj 100mg/ml</i>	Tier 1	MAIL
<i>haloper lac inj 5mg/ml</i>	Tier 1	MAIL
<i>haloperidol con 2mg/ml</i>	Tier 1	MAIL
<i>haloperidol tab 0.5mg</i>	Tier 1	MAIL
<i>haloperidol tab 1mg</i>	Tier 1	MAIL
<i>haloperidol tab 2mg</i>	Tier 1	MAIL
<i>haloperidol tab 5mg</i>	Tier 1	MAIL
<i>haloperidol tab 10mg</i>	Tier 1	MAIL
<i>haloperidol tab 20mg</i>	Tier 1	MAIL

### **Dibenzapines**

<i>clozapine tab 25mg</i>	Tier 1	MAIL
<i>clozapine tab 50mg</i>	Tier 1	MAIL
<i>clozapine tab 100mg</i>	Tier 1	MAIL
<i>clozapine tab 200mg</i>	Tier 1	MAIL
<i>loxapine cap 5mg</i>	Tier 1	MAIL
<i>loxapine cap 10mg</i>	Tier 1	MAIL
<i>loxapine cap 25mg</i>	Tier 1	MAIL
<i>loxapine cap 50mg</i>	Tier 1	MAIL
<i>olanzapine tab 2.5mg</i>	Tier 1	ST; MAIL
<i>olanzapine tab 5mg</i>	Tier 1	ST; MAIL
<i>olanzapine tab 7.5mg</i>	Tier 1	ST; MAIL
<i>olanzapine tab 10mg</i>	Tier 1	ST; MAIL
<i>olanzapine tab 15mg</i>	Tier 1	ST; MAIL

**PA** - Prior Authorization      **ST** - Step Therapy

**Age** - Special Age Limit may apply      **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;      **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;      **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>olanzapine tab 20mg</i>	Tier 1	ST; MAIL
<i>quetiapine tab 25mg</i>	Tier 1	PA; MAIL
<i>quetiapine tab 50mg</i>	Tier 1	MAIL
<i>quetiapine tab 100mg</i>	Tier 1	MAIL
<i>quetiapine tab 200mg</i>	Tier 1	MAIL
<i>quetiapine tab 300mg</i>	Tier 1	MAIL
<i>quetiapine tab 400mg</i>	Tier 1	MAIL
SAPHRIS SUB 5MG	Tier 2	PA; MAIL
SAPHRIS SUB 10MG	Tier 2	PA; MAIL
SEROQUEL XR TAB 50MG	Tier 2	PA; MAIL
SEROQUEL XR TAB 150MG	Tier 2	PA; MAIL
SEROQUEL XR TAB 200MG	Tier 2	PA; MAIL
SEROQUEL XR TAB 300MG	Tier 2	PA; MAIL
SEROQUEL XR TAB 400MG	Tier 2	PA; MAIL

### **Phenothiazines**

<i>chlorpromaz tab 10mg</i>	Tier 1	MAIL
<i>chlorpromaz tab 25mg</i>	Tier 1	MAIL
<i>chlorpromaz tab 50mg</i>	Tier 1	MAIL
<i>chlorpromaz tab 100mg</i>	Tier 1	MAIL
<i>chlorpromaz tab 200mg</i>	Tier 1	MAIL
<i>fluphenaz de inj 25mg/ml</i>	Tier 1	MAIL
<i>fluphenazine inj 2.5mg/ml</i>	Tier 1	MAIL
<i>fluphenazine tab 1mg</i>	Tier 1	MAIL
<i>fluphenazine tab 2.5mg</i>	Tier 1	MAIL
<i>fluphenazine tab 5mg</i>	Tier 1	MAIL
<i>fluphenazine tab 10mg</i>	Tier 1	MAIL
<i>perphenazine tab 2mg</i>	Tier 1	MAIL
<i>perphenazine tab 4mg</i>	Tier 1	MAIL
<i>perphenazine tab 8mg</i>	Tier 1	MAIL
<i>perphenazine tab 16mg</i>	Tier 1	MAIL
<i>prochlorper sup 25mg</i>	Tier 1	MAIL
<i>prochlorper tab 5mg</i>	Tier 1	MAIL
<i>prochlorper tab 10mg</i>	Tier 1	MAIL
<i>thioridazine tab 10mg</i>	Tier 1	MAIL
<i>thioridazine tab 25mg</i>	Tier 1	MAIL
<i>thioridazine tab 50mg</i>	Tier 1	MAIL
<i>thioridazine tab 100mg</i>	Tier 1	MAIL
<i>trifluoperaz tab 1mg</i>	Tier 1	MAIL
<i>trifluoperaz tab 2mg</i>	Tier 1	MAIL
<i>trifluoperaz tab 5mg</i>	Tier 1	MAIL
<i>trifluoperaz tab 10mg</i>	Tier 1	MAIL

### **Quinolinone Derivatives**

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ABILIFY DISC TAB 10MG	Tier 2	PA; MAIL
ABILIFY DISC TAB 15MG	Tier 2	PA; MAIL
ABILIFY MAIN INJ 300MG	Tier 2	PA; MAIL
ABILIFY MAIN INJ 400MG	Tier 2	PA; MAIL
<i>abilify sol 1mg/ml</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 2mg</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 5mg</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 10mg</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 10mg odt</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 15mg</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 15mg odt</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 20mg</i>	Tier 1	PA; MAIL
<i>aripiprazole tab 30mg</i>	Tier 1	PA; MAIL
ARISTADA INJ 441MG/1.	Tier 2	PA
ARISTADA INJ 662MG/2	Tier 2	PA
ARISTADA INJ 882MG/3	Tier 2	PA

### **Thioxanthenes**

<i>thiothixene cap 1mg</i>	Tier 1	MAIL
<i>thiothixene cap 2mg</i>	Tier 1	MAIL
<i>thiothixene cap 5mg</i>	Tier 1	MAIL
<i>thiothixene cap 10mg</i>	Tier 1	MAIL

## **ANTISEPTICS DISINFECTANTS**

### **Chlorine Antiseptics**

<i>betasept liq 4%</i>	Tier 1	MAIL
PHISOHEX LIQ 3%	Tier 2	MAIL

## **ANTIVIRALS**

### **Antiretrovirals**

<i>abacav/lamiv tab /zidovud</i>	Tier 1	MAIL
<i>abacavir tab 300mg</i>	Tier 1	MAIL
APTIVUS CAP 250MG	Tier 2	MAIL
APTIVUS SOL	Tier 2	MAIL
ATRIPLA TAB	Tier 2	MAIL
COMPLERA TAB	Tier 2	MAIL
CRIXIVAN CAP 200MG	Tier 2	MAIL
CRIXIVAN CAP 400MG	Tier 2	MAIL
<i>didanosine cap 125mg</i>	Tier 1	MAIL
<i>didanosine cap 250mg</i>	Tier 1	MAIL
<i>didanosine cap 400mg</i>	Tier 1	MAIL
EDURANT TAB 25MG	Tier 2	MAIL
EMTRIVA CAP 200MG	Tier 2	MAIL
EMTRIVA SOL 10MG/ML	Tier 2	MAIL
EPIVIR HBV SOL 5MG/ML	Tier 3	

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EPZICOM TAB 600-300	Tier 2	MAIL
EVOTAZ TAB 300-150	Tier 2	MAIL
FUZEON INJ 90MG	Tier 4	PA
GENVOYA TAB	Tier 2	MAIL
INTELENCE TAB 25MG	Tier 4	PA
INTELENCE TAB 100MG	Tier 4	PA
INTELENCE TAB 200MG	Tier 4	PA
INVIRASE TAB 500MG	Tier 2	MAIL
ISENTRESS CHW 100MG	Tier 2	MAIL
ISENTRESS TAB 400MG	Tier 2	MAIL
KALETRA SOL	Tier 2	MAIL
KALETRA TAB 100-25MG	Tier 2	MAIL
KALETRA TAB 200-50MG	Tier 2	MAIL
<i>lamivud/zido tab 150-300</i>	Tier 1	MAIL
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	MAIL
<i>lamivudine tab 100mg</i>	Tier 1	
<i>lamivudine tab 150mg</i>	Tier 1	MAIL
<i>lamivudine tab 300mg</i>	Tier 1	MAIL
LEXIVA TAB 700MG	Tier 2	MAIL
<i>nevirapine sus 50mg/5ml</i>	Tier 1	MAIL
<i>nevirapine tab 200mg</i>	Tier 1	MAIL
<i>nevirapine tab 400mg er</i>	Tier 1	MAIL
NORVIR CAP 100MG	Tier 2	MAIL
NORVIR SOL 80MG/ML	Tier 2	MAIL
NORVIR TAB 100MG	Tier 2	MAIL
PREZCOBIX TAB 800-150	Tier 2	MAIL
PREZISTA SUS 100MG/ML	Tier 2	MAIL
PREZISTA TAB 400MG	Tier 2	MAIL
PREZISTA TAB 600MG	Tier 2	MAIL
PREZISTA TAB 800MG	Tier 2	MAIL
RESCRIPTOR TAB 100 MG	Tier 2	MAIL
RESCRIPTOR TAB 100MG	Tier 2	MAIL
RESCRIPTOR TAB 200MG	Tier 2	MAIL
REYATAZ CAP 150MG	Tier 2	MAIL
REYATAZ CAP 200MG	Tier 2	MAIL
REYATAZ CAP 300MG	Tier 2	MAIL
SELZENTRY TAB 150MG	Tier 2	MAIL
SELZENTRY TAB 300MG	Tier 2	MAIL
<i>stavudine cap 20mg</i>	Tier 1	MAIL
<i>stavudine cap 30mg</i>	Tier 1	MAIL
<i>stavudine cap 40mg</i>	Tier 1	MAIL
STRIBILD TAB	Tier 2	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SUSTIVA CAP 50MG	Tier 2	MAIL
SUSTIVA CAP 200MG	Tier 2	MAIL
SUSTIVA TAB 600MG	Tier 2	MAIL
TIVICAY TAB 50MG	Tier 2	MAIL
TRIUMEQ	Tier 2	MAIL
TRUVADA TAB 200-300	Tier 2	MAIL
TYBOST TAB 150MG	Tier 2	PA; MAIL
VIRACEPT TAB 250MG	Tier 2	MAIL
VIRACEPT TAB 625MG	Tier 2	MAIL
VIREAD TAB 150MG	Tier 2	MAIL
VIREAD TAB 300MG	Tier 2	MAIL
VITEKTA TAB 150MG	Tier 2	MAIL
ZIAGEN SOL 20MG/ML	Tier 2	MAIL
<i>zidovudine cap 100mg</i>	Tier 1	MAIL
<i>zidovudine syp 50mg/5ml</i>	Tier 1	MAIL
<i>zidovudine tab 300mg</i>	Tier 1	MAIL

### **CMV Agents**

VALCYTE SOL 50MG/ML	Tier 2	PA
<i>valganciclovir hcl</i>	Tier 1	PA

### **Hepatitis Agents**

<i>adefov dipiv tab 10mg</i>	Tier 1	
BARACLUDE SOL .05MG/ML	Tier 2	
<i>entecavir tab 0.5mg</i>	Tier 1	
<i>entecavir tab 1mg</i>	Tier 1	
HARVONI TAB 90-400MG	Tier 4	PA
INFERGEN INJ 15MCG	Tier 4	PA
PEG-INTRON KIT 150MCG	Tier 4	PA
PEGASYS INJ	Tier 4	PA
PEGASYS INJ 180MCG/M	Tier 4	PA
<i>ribavirin cap 200mg</i>	Tier 4	PA
<i>ribavirin tab 200mg</i>	Tier 4	PA
SOVALDI TAB 400MG	Tier 4	PA
TYZEKA TAB 600MG	Tier 3	
ZEPATIER TAB 50-100MG	Tier 4	PA; Preferred for Genotypes 1 and 4

### **Herpes Agents**

<i>acyclovir cap 200mg</i>	Tier 1	
<i>acyclovir sus 200/5ml</i>	Tier 1	
<i>acyclovir tab 400mg</i>	Tier 1	
<i>acyclovir tab 800mg</i>	Tier 1	
<i>famciclovir tab 125mg</i>	Tier 1	
<i>famciclovir tab 250mg</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>famciclovir tab 500mg</i>	Tier 1	
<i>valacyclovir tab 1gm</i>	Tier 1	
<i>valacyclovir tab 500mg</i>	Tier 1	

### **Influenza Agents**

RELENZA MIS DISKHALE	Tier 2	QL (60 per 30 Days)
<i>rimantadine tab 100mg</i>	Tier 1	QL (60 per 30 Days)
TAMIFLU CAP 30MG	Tier 2	QL (1 Treatment per year)
TAMIFLU CAP 45MG	Tier 2	QL (1 Treatment per year)
TAMIFLU CAP 75MG	Tier 2	QL (1 Treatment per year)
TAMIFLU SUS 6MG/ML	Tier 2	QL (1 Treatment per year)

### **ASSORTED CLASSES**

#### **Chelating Agents**

CUPRIMINE CAP 250MG	Tier 2	MAIL
DEPEN TITRA TAB 250MG	Tier 2	MAIL
SYPRINE CAP 250MG	Tier 3	MAIL

#### **Immunomodulators**

REVLIMID CAP 5MG	Tier 4	PA
REVLIMID CAP 10MG	Tier 4	PA
REVLIMID CAP 15MG	Tier 4	PA
REVLIMID CAP 25MG	Tier 4	PA
THALOMID CAP 100MG	Tier 4	PA

#### **Immunosuppressive Agents**

<i>azathioprine tab 50mg</i>	Tier 1	MAIL
<i>cyclosporine cap 25mg</i>	Tier 1	MAIL
<i>cyclosporine cap 25mg mod</i>	Tier 1	MAIL
<i>cyclosporine cap 50mg mod</i>	Tier 1	MAIL
<i>cyclosporine cap 100mg</i>	Tier 1	MAIL
<i>cyclosporine cap 100mg md</i>	Tier 1	MAIL
<i>cyclosporine sol modified</i>	Tier 1	MAIL
<i>gengraf cap 25mg</i>	Tier 1	MAIL
<i>gengraf cap 100mg</i>	Tier 1	MAIL
<i>gengraf sol 100mg/ml</i>	Tier 1	MAIL
<i>hecoria cap 0.5mg</i>	Tier 1	MAIL
<i>hecoria cap 1mg</i>	Tier 1	MAIL
<i>mycophenolat cap 250mg</i>	Tier 1	MAIL
<i>mycophenolat tab 500mg</i>	Tier 1	MAIL
<i>mycophenolic tab 180mg dr</i>	Tier 1	MAIL
<i>mycophenolic tab 360mg dr</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NEORAL CAP 25MG	Tier 2	MAIL
NEORAL CAP 100MG	Tier 2	MAIL
NEORAL SOL 100MG/ML	Tier 2	MAIL
NULOJIX INJ 250MG	Tier 3	PA; MAIL
RAPAMUNE SOL 1MG/ML	Tier 3	MAIL
SANDIMMUNE CAP 25MG	Tier 2	MAIL
SANDIMMUNE CAP 100MG	Tier 2	MAIL
<i>sirolimus tab 0.5mg</i>	Tier 1	MAIL
<i>sirolimus tab 1mg</i>	Tier 1	MAIL
<i>sirolimus tab 2mg</i>	Tier 1	MAIL
<i>tacrolimus cap 0.5mg</i>	Tier 1	MAIL
<i>tacrolimus cap 1mg</i>	Tier 1	MAIL
<i>tacrolimus cap 5mg</i>	Tier 1	MAIL
ZORTRESS TAB 0.5MG	Tier 4	PA
ZORTRESS TAB 0.25MG	Tier 4	PA
ZORTRESS TAB 0.75MG	Tier 4	PA

### **Irrigation Solutions**

<i>steril water sol irrig</i>	Tier 1	MAIL
-------------------------------	--------	------

### **Potassium Removing Resins**

<i>kionex sus 15gm/60</i>	Tier 1	MAIL
<i>sod poly sul pow</i>	Tier 1	MAIL

## **BETA BLOCKERS**

### **Alpha-Beta Blockers**

<i>carvedilol tab 3.125mg</i>	Tier 1	MAIL
<i>carvedilol tab 6.25mg</i>	Tier 1	MAIL
<i>carvedilol tab 12.5mg</i>	Tier 1	MAIL
<i>carvedilol tab 25mg</i>	Tier 1	MAIL
<i>labetalol tab 100mg</i>	Tier 1	MAIL
<i>labetalol tab 200mg</i>	Tier 1	MAIL
<i>labetalol tab 300mg</i>	Tier 1	MAIL

### **Beta Blockers Cardio-Selective**

<i>acebutolol cap 200mg</i>	Tier 1	MAIL
<i>acebutolol cap 400mg</i>	Tier 1	MAIL
<i>atenolol tab 25mg</i>	Tier 1	MAIL
<i>atenolol tab 50mg</i>	Tier 1	MAIL
<i>atenolol tab 100mg</i>	Tier 1	MAIL
<i>betaxolol tab 10mg</i>	Tier 1	MAIL
<i>betaxolol tab 20mg</i>	Tier 1	MAIL
<i>bisoprol fum tab 5mg</i>	Tier 1	MAIL
<i>bisoprol fum tab 10mg</i>	Tier 1	MAIL
BYSTOLIC TAB 2.5MG	Tier 3	MAIL
BYSTOLIC TAB 5MG	Tier 3	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BYSTOLIC TAB 10MG	Tier 3	MAIL
BYSTOLIC TAB 20MG	Tier 3	MAIL
<i>metoprol tar tab 25mg</i>	Tier 1	MAIL
<i>metoprol tar tab 50mg</i>	Tier 1	MAIL
<i>metoprol tar tab 100mg</i>	Tier 1	MAIL
<i>metoprolol tab 25mg er</i>	Tier 1	MAIL
<i>metoprolol tab 50mg er</i>	Tier 1	MAIL
<i>metoprolol tab 100mg er</i>	Tier 1	MAIL
<i>metoprolol tab 200mg er</i>	Tier 1	MAIL

### **Beta Blockers Non-Selective**

LEVATOL TAB 20MG	Tier 3	MAIL
<i>nadolol tab 20mg</i>	Tier 1	MAIL
<i>nadolol tab 40mg</i>	Tier 1	MAIL
<i>nadolol tab 80mg</i>	Tier 1	MAIL
<i>pindolol tab 5mg</i>	Tier 1	MAIL
<i>pindolol tab 10mg</i>	Tier 1	MAIL
<i>propranolol cap 60mg er</i>	Tier 1	MAIL
<i>propranolol cap 80mg er</i>	Tier 1	MAIL
<i>propranolol cap 120mg er</i>	Tier 1	MAIL
<i>propranolol cap 160mg er</i>	Tier 1	MAIL
<i>propranolol sol 20mg/5ml</i>	Tier 1	MAIL
<i>propranolol sol 40mg/5ml</i>	Tier 1	MAIL
<i>propranolol tab 10mg</i>	Tier 1	MAIL
<i>propranolol tab 20mg</i>	Tier 1	MAIL
<i>propranolol tab 40mg</i>	Tier 1	MAIL
<i>propranolol tab 60mg</i>	Tier 1	MAIL
<i>propranolol tab 80mg</i>	Tier 1	MAIL
<i>sotalol af tab 80mg</i>	Tier 1	MAIL
<i>sotalol af tab 120mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 80mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 120mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 160mg</i>	Tier 1	MAIL
<i>sotalol hcl tab 240mg</i>	Tier 1	MAIL
<i>timolol mal tab 5mg</i>	Tier 1	MAIL
<i>timolol mal tab 10mg</i>	Tier 1	MAIL
<i>timolol mal tab 20mg</i>	Tier 1	MAIL

### **CALCIUM CHANNEL BLOCKERS**

#### **Calcium Channel Blockers**

<i>amlodipine tab 2.5mg</i>	Tier 1	MAIL
<i>amlodipine tab 5mg</i>	Tier 1	MAIL
<i>amlodipine tab 10mg</i>	Tier 1	MAIL
<i>diltiazem cap 120mg er</i> CP24	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>diltiazem cap 120mg/24</i>	Tier 1	MAIL
<i>diltiazem cap 180mg er</i>	Tier 1	MAIL
<i>diltiazem cap 180mg/24</i>	Tier 1	MAIL
<i>diltiazem cap 240mg er</i>	Tier 1	MAIL
<i>diltiazem cap 240mg/24</i>	Tier 1	MAIL
<i>diltiazem cap 300mg er</i>	Tier 1	MAIL
<i>diltiazem cap 300mg/24</i>	Tier 1	MAIL
<i>diltiazem cap 360mg/24</i>	Tier 1	MAIL
<i>diltiazem cap 420mg/24</i>	Tier 1	MAIL
<i>diltiazem tab 30mg</i>	Tier 1	MAIL
<i>diltiazem tab 60mg</i>	Tier 1	MAIL
<i>diltiazem tab 90mg</i>	Tier 1	MAIL
<i>diltiazem tab 120mg</i>	Tier 1	MAIL
<i>felodipine tab 2.5mg er</i>	Tier 1	MAIL
<i>felodipine tab 5mg er</i>	Tier 1	MAIL
<i>felodipine tab 10mg er</i>	Tier 1	MAIL
<i>isradipine cap 2.5mg</i>	Tier 1	MAIL
<i>isradipine cap 5mg</i>	Tier 1	MAIL
<i>nicardipine cap 20mg</i>	Tier 1	MAIL
<i>nicardipine cap 30mg</i>	Tier 1	MAIL
<i>nifedipine cap 20mg</i>	Tier 1	MAIL
<i>nifedipine tab 30mg er</i>	Tier 1	MAIL
<i>nifedipine tab 60mg er</i>	Tier 1	MAIL
<i>nifedipine tab 90mg er</i>	Tier 1	MAIL
<i>nimodipine cap 30mg</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 8.5mg er</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 17mg er</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 20mg</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 25.5mg</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 30mg</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 34mg er</i>	Tier 1	PA; MAIL
<i>nisoldipine tab 40mg</i>	Tier 1	PA; MAIL
<i>verapamil cap 100mg er</i>	Tier 1	MAIL
<i>verapamil cap 120mg er</i>	Tier 1	MAIL
<i>verapamil cap 180mg er</i>	Tier 1	MAIL
<i>verapamil cap 240mg er</i>	Tier 1	MAIL
<i>verapamil cap 300mg er</i>	Tier 1	MAIL
<i>verapamil cap 360mg sr</i>	Tier 1	MAIL
<i>verapamil tab 40mg</i>	Tier 1	MAIL
<i>verapamil tab 80mg</i>	Tier 1	MAIL
<i>verapamil tab 120mg</i>	Tier 1	MAIL
<i>verapamil tab 120mg er</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>verapamil tab 180mg er</i>	Tier 1	MAIL
<i>verapamil tab 240mg er</i>	Tier 1	MAIL

## **CARDIOTONICS**

### **Cardiac Glycosides**

<i>digoxin sol 50mcg/ml</i>	Tier 1	MAIL
<i>digoxin tab 0.25mg</i>	Tier 1	MAIL
<i>digoxin tab 0.125mg</i>	Tier 1	MAIL
LANOXIN TAB 0.25MG	Tier 2	MAIL
LANOXIN TAB 0.125MG	Tier 2	MAIL

## **CARDIOVASCULAR AGENTS - MISC.**

### **Peripheral Vasodilators**

<i>niacin cap 500mg</i>	Tier 1	MAIL
-------------------------	--------	------

### **Prostaglandin Vasodilators**

REMODULIN INJ 1MG/ML	Tier 4	PA
REMODULIN INJ 2.5MG/ML	Tier 4	PA
REMODULIN INJ 5MG/ML	Tier 4	PA

### **Pulmonary Hypertension - Endothelin Receptor Antagonists**

LETAIRIS TAB 5MG	Tier 4	PA
LETAIRIS TAB 10MG	Tier 4	PA
TRACLEER TAB 62.5MG	Tier 4	PA
TRACLEER TAB 125MG	Tier 4	PA

### **Pulmonary Hypertension - Phosphodiesterase Inhibitors**

ADCIRCA TAB 20MG	Tier 4	PA
<i>sildenafil tab 20mg</i>	Tier 4	PA

## **CEPHALOSPORINS**

### **Cephalosporins - 1st Generation**

<i>cefadroxil sus 250/5ml</i>	Tier 1	
<i>cefadroxil sus 500/5ml</i>	Tier 1	
<i>cefazolin inj 1gm</i>	Tier 1	PA
<i>cefazolin inj 20gm</i>	Tier 1	PA
<i>cefazolin inj 500mg</i>	Tier 1	PA
<i>cephalexin cap 250mg</i>	Tier 1	
<i>cephalexin cap 500mg</i>	Tier 1	
<i>cephalexin sus 125/5ml</i>	Tier 1	
<i>cephalexin sus 250/5ml</i>	Tier 1	

### **Cephalosporins - 2nd Generation**

<i>cefaclor cap 250mg</i>	Tier 1	
<i>cefaclor sus 125/5ml</i>	Tier 1	
<i>cefaclor sus 250/5ml</i>	Tier 1	
<i>cefprozil sus 125/5ml</i>	Tier 1	
<i>cefprozil sus 250/5ml</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>cefuroxime tab 250mg</i>	Tier 1	
<i>cefuroxime tab 500mg</i>	Tier 1	

### **Cephalosporins - 3rd Generation**

<i>cefdinir cap 300mg</i>	Tier 1	
<i>cefdinir sus 125/5ml</i>	Tier 1	
<i>cefdinir sus 250/5ml</i>	Tier 1	
<i>cefditoren tab 200mg</i>	Tier 1	PA
<i>cefditoren tab 400mg</i>	Tier 1	PA
<i>cefixime sus 100/5ml</i>	Tier 1	
<i>cefixime sus 200/5ml</i>	Tier 1	
<i>cefpodo prox sus 50mg/5ml</i>	Tier 1	
<i>cefpodo prox sus 100/5ml</i>	Tier 1	
<i>cefpodoxime tab 100mg</i>	Tier 1	
<i>cefpodoxime tab 200mg</i>	Tier 1	
<b>SUPRAX TAB 400MG</b>	Tier 3	

### **CONTRACEPTIVES**

#### **Combination Contraceptives - Oral**

<i>altavera tab</i>	PREV	MAIL
<i>alyacen tab 1/35</i>	PREV	MAIL
<i>alyacen tab 7/7/7</i>	PREV	MAIL
<i>amethyst tab 90-20mcg</i>	PREV	MAIL
<i>apri tab</i>	PREV	MAIL
<i>aranelle tab</i>	PREV	MAIL
<i>aubra tab 0.1-0.02</i>	PREV	MAIL
<i>aviane tab</i>	PREV	MAIL
<i>azurette tab 28 day</i>	PREV	MAIL
<i>balziva tab</i>	PREV	MAIL
<i>briellyn tab</i>	PREV	MAIL
<i>caziant pak</i>	PREV	MAIL
<i>cesia pak</i>	PREV	MAIL
<i>chateal tab 0.15/30</i>	PREV	MAIL
<i>cryselle-28 tab 28 tabs</i>	PREV	MAIL
<i>cyclafem tab 1/35</i>	PREV	MAIL
<i>cyclafem tab 7/7/7</i>	PREV	MAIL
<i>dasetta tab 1/35</i>	PREV	MAIL
<i>dasetta tab 7/7/7</i>	PREV	MAIL
<i>deso/ethinyl tab estradio</i>	PREV	MAIL
<i>drospir/ethi tab 3-0.03mg</i>	PREV	MAIL
<i>elinest tab</i>	PREV	MAIL
<i>emoquette tab</i>	PREV	MAIL
<i>enpresse-28 tab</i>	PREV	MAIL
<i>enskyce tab</i>	PREV	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>estarylla tab 0.25-35</i>	PREV	MAIL
<i>falmina tab</i>	PREV	MAIL
<i>gianvi tab 3-0.02mg</i>	PREV	MAIL
<i>gildagia tab 0.4-35</i>	PREV	MAIL
<i>gildess fe tab 1.5/30</i>	PREV	MAIL
<i>gildess fe tab 1/20</i>	PREV	MAIL
<i>gildess tab 1.5/30</i>	PREV	MAIL
<i>gildess tab 1/20</i>	PREV	MAIL
<i>junel 1.5/30 tab</i>	PREV	MAIL
<i>junel 1/20 tab</i>	PREV	MAIL
<i>junel fe tab 1.5/30</i>	PREV	MAIL
<i>junel fe tab 1/20</i>	PREV	MAIL
<i>kariva tab 28 day</i>	PREV	MAIL
<i>kelnor tab 1/35</i>	PREV	MAIL
<i>kurvelo tab 0.15/30</i>	PREV	MAIL
<i>larin fe tab 1.5/30</i>	PREV	MAIL
<i>larin fe tab 1/20</i>	PREV	MAIL
<i>leena tab</i>	PREV	MAIL
<i>lessina tab</i>	PREV	MAIL
<i>levonest tab</i>	PREV	MAIL
<i>levonor/ethi tab 0.1-0.02</i>	PREV	MAIL
<i>levonor/ethi tab estradio</i>	PREV	MAIL
<i>levora-28 tab 0.15/30</i>	PREV	MAIL
<i>loryna tab 3-0.02mg</i>	PREV	MAIL
<i>low-ogestrel tab</i>	PREV	MAIL
<i>lutra tab</i>	PREV	MAIL
<i>marlissa tab 0.15/30</i>	PREV	MAIL
<i>microgestin tab 1.5/30</i>	PREV	MAIL
<i>microgestin tab 1/20</i>	PREV	MAIL
<i>microgestin tab fe1.5/30</i>	PREV	MAIL
<i>microgestin tab fe 1/20</i>	PREV	MAIL
<i>mono-linyah tab 0.25-35</i>	PREV	MAIL
<i>mononessa tab</i>	PREV	MAIL
<i>myzilra tab</i>	PREV	MAIL
<i>necon tab 0.5/35</i>	PREV	MAIL
<i>necon tab 1/35</i>	PREV	MAIL
<i>necon tab 1/50-28</i>	PREV	MAIL
<i>necon tab 7/7/7</i>	PREV	MAIL
<i>norgest/eth tab estrad</i>	PREV	MAIL
<i>norgest/ethi tab 0.25/35</i>	PREV	MAIL
<i>norgest/ethi tab estradio</i>	PREV	MAIL
<i>nortrel tab 0.5/35</i>	PREV	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>nortrel tab 1/35</i>	PREV	MAIL
<i>nortrel tab 7/7/7</i>	PREV	MAIL
<i>ocella tab 3-0.03mg</i>	PREV	MAIL
<i>ogestrel tab</i>	PREV	MAIL
<i>orsythia tab</i>	PREV	MAIL
<i>philith tab 0.4-35</i>	PREV	MAIL
<i>pimtrea tab</i>	PREV	MAIL
<i>pirmella tab 1/35</i>	PREV	MAIL
<i>pirmella tab 7/7/7</i>	PREV	MAIL
<i>portia-28 tab</i>	PREV	MAIL
<i>previfem tab</i>	PREV	MAIL
<i>reclipsen tab</i>	PREV	MAIL
<i>solia tab</i>	PREV	MAIL
<i>sprintec 28 tab 28 day</i>	PREV	MAIL
<i>sronyx tab</i>	PREV	MAIL
<i>syeda tab 3-0.03mg</i>	PREV	MAIL
<i>tilia fe tab</i>	PREV	MAIL
<i>tri-estaryll tab</i>	PREV	MAIL
<i>tri-legest tab fe</i>	PREV	MAIL
<i>tri-linyah tab</i>	PREV	MAIL
<i>tri-previfem tab</i>	PREV	MAIL
<i>tri-sprintec tab</i>	PREV	MAIL
<i>trinessa tab</i>	PREV	MAIL
<i>trivora-28 tab</i>	PREV	MAIL
<i>velivet pak</i>	PREV	MAIL
<i>vestura tab 3-0.02mg</i>	PREV	MAIL
<i>viorele tab</i>	PREV	MAIL
<i>vyfemla tab 0.4-35</i>	PREV	MAIL
<i>wera tab 0.5/35</i>	PREV	MAIL
<i>wymzya fe chw 0.4mg-35</i>	PREV	MAIL
<i>zarah tab 3-0.03mg</i>	PREV	MAIL
<i>zenchent fe chw 0.4mg-35</i>	PREV	MAIL
<i>zenchent tab</i>	PREV	MAIL
<i>zeosa chw</i>	PREV	MAIL
<i>zovia 1/35e tab</i>	PREV	MAIL
<i>zovia 1/50e tab</i>	PREV	MAIL
<b>Combination Contraceptives - Transdermal</b>		
<i>xulane dis 150-35</i>	PREV	MAIL
<b>Combination Contraceptives - Vaginal</b>		
NUVARING MIS	PREV	MAIL
<b>Emergency Contraceptives</b>		
ELLA TAB 30MG	PREV	QL (4 tabs / year)

PA - Prior Authorization      ST - Step Therapy

Age - Special Age Limit may apply      MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;      Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;      DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>levonorgestr tab 1.5mg</i>	PREV	QL (4 / year)
<i>my way tab 1.5mg</i>	PREV	QL (4 / year)
<i>next choice tab 1.5mg</i>	PREV	QL (4 / year)

### **Progestin Contraceptives - IUD**

LILETTA IUD 52MG	PREV	
MIRENA IUD SYSTEM	PREV	
SKYLA IUD 13.5MG	PREV	

### **Progestin Contraceptives - Injectable**

<i>medroxypr ac inj 150mg/ml</i>	PREV	MAIL
----------------------------------	------	------

### **Progestin Contraceptives - Oral**

<i>camila tab 0.35mg</i>	PREV	MAIL
<i>errin tab 0.35mg</i>	PREV	MAIL
<i>heather tab 0.35mg</i>	PREV	MAIL
<i>jencycla tab 0.35mg</i>	PREV	MAIL
<i>jolivette tab 0.35mg</i>	PREV	MAIL
<i>lyza tab 0.35mg</i>	PREV	MAIL
<i>nora-be tab 0.35mg</i>	PREV	MAIL
<i>norethindron tab 0.35mg</i>	PREV	MAIL

## **CORTICOSTEROIDS**

### **Glucocorticosteroids**

<i>budesonide cap 3mg/24hr</i>	Tier 1	PA; MAIL
<i>cortisone ac tab 25mg</i>	Tier 1	MAIL
<i>dexamethason elx 0.5/5ml</i>	Tier 1	MAIL
<i>dexamethason sol 0.5/5ml</i>	Tier 1	MAIL
<i>dexamethason tab 0.5mg</i>	Tier 1	MAIL
<i>dexamethason tab 0.75mg</i>	Tier 1	MAIL
<i>dexamethason tab 1.5mg</i>	Tier 1	MAIL
<i>dexamethason tab 1mg</i>	Tier 1	MAIL
<i>dexamethason tab 2mg</i>	Tier 1	MAIL
<i>dexamethason tab 4mg</i>	Tier 1	MAIL
<i>dexamethason tab 6mg</i>	Tier 1	MAIL
<i>hydrocort tab 5mg</i>	Tier 1	MAIL
<i>hydrocort tab 10mg</i>	Tier 1	MAIL
<i>hydrocort tab 20mg</i>	Tier 1	MAIL
<i>methylpred pak 4mg</i>	Tier 1	MAIL
<i>methylpred tab 4mg</i>	Tier 1	MAIL
<i>methylpred tab 8mg</i>	Tier 1	MAIL
<i>methylpred tab 16mg</i>	Tier 1	MAIL
<i>methylpred tab 32mg</i>	Tier 1	MAIL
<i>pred sod pho sol 5mg/5ml</i>	Tier 1	MAIL
<i>pred sod pho sol 6.7/5ml</i>	Tier 1	MAIL
<i>prednisolone sol 15mg/5ml</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>prednisolone sol 25mg/5ml</i>	Tier 1	MAIL
<i>prednisolone syp 15mg/5ml</i>	Tier 1	MAIL
<i>prednisone pak 5mg</i>	Tier 1	MAIL
<i>prednisone pak 10mg</i>	Tier 1	MAIL
<i>prednisone sol 5mg/5ml</i>	Tier 1	MAIL
<i>prednisone tab 1mg</i>	Tier 1	MAIL
<i>prednisone tab 2.5mg</i>	Tier 1	MAIL
<i>prednisone tab 5mg</i>	Tier 1	MAIL
<i>prednisone tab 10mg</i>	Tier 1	MAIL
<i>prednisone tab 20mg</i>	Tier 1	MAIL
<i>prednisone tab 50mg</i>	Tier 1	MAIL

### **Mineralocorticoids**

<i>fludrocort tab 0.1mg</i>	Tier 1	MAIL
-----------------------------	--------	------

## **COUGH/COLD/ALLERGY**

### **Antitussives**

<i>benzonatate cap 100mg</i>	Tier 1	MAIL
<i>benzonatate cap 200mg</i>	Tier 1	MAIL
<i>hydrocod/hom syp 5-1.5/5</i>	Tier 1	
<i>robitussin syp 7.5/5ml</i>	Tier 1	MAIL
<i>st joseph co syp 7.5/5ml</i>	Tier 1	MAIL
<i>triaminic syp cough</i>	Tier 1	MAIL

### **Cough/Cold/Allergy Combinations**

<i>allergy-d tab 25-10mg</i>	Tier 1	MAIL
<i>brom/pse/dm syp</i>	Tier 1	MAIL
<i>bromfed dm syp</i>	Tier 1	MAIL
<i>brotapp dm liq 15-1-5/5</i>	Tier 1	MAIL
<i>brotapp liq</i>	Tier 1	MAIL
CAPMIST DM TAB	Tier 2	MAIL
<i>cetiriz/pse tab 5-120mg</i>	Tier 1	MAIL
<i>cgh dm max liq 10-200</i>	Tier 1	MAIL
<i>cold &amp; cough liq 6.25-2.5</i>	Tier 1	MAIL
<i>cold/allergy elx children</i>	Tier 1	MAIL
<i>cold/cough elx children</i>	Tier 1	MAIL
<i>cold/cough elx dm</i>	Tier 1	MAIL
<i>cold/cough liq 6.25-2.5</i>	Tier 1	MAIL
<i>cough dm syp 100-10/5</i>	Tier 1	MAIL
<i>delsym night liq cgh/cold</i>	Tier 1	MAIL
<i>dimetane dx syp</i>	Tier 1	MAIL
<i>dimetapp liq nighttim</i>	Tier 1	MAIL
<i>dm/gg sol 10-100/5</i>	Tier 1	MAIL
<i>eql triactin elx cld/cgh</i>	Tier 1	MAIL
<i>guaiaatussin syp ac</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>guaifenesin syp dm</i>	Tier 1	MAIL
<i>loratadine d tab 5-120mg</i>	Tier 1	MAIL
<i>loratadine-d tab 10-240mg</i>	Tier 1	MAIL
MUCINEX D TAB 60-600MG	Tier 2	MAIL
<i>mucus relf d tab 60-600mg</i>	Tier 1	MAIL
<i>mucus-dm tab 30-600mg</i>	Tier 1	MAIL
<i>night time liq cgh/cold</i>	Tier 1	MAIL
PRO-CLEAR AC SYP	Tier 2	
<i>prometh vc syp 6.25-5/5</i>	Tier 1	MAIL
<i>prometh vc/ syp codeine</i>	Tier 1	
<i>prometh/cod syp 6.25-10</i>	Tier 1	
<i>promethazine syp dm</i>	Tier 1	MAIL
<i>q-tapp dm elx</i>	Tier 1	MAIL
<i>q-tapp elx 1-15/5ml</i>	Tier 1	MAIL
<i>q-tussin dm syp 100-10/5</i>	Tier 1	MAIL
<i>ra allergy tab sinus</i>	Tier 1	MAIL
<i>robitussin liq cgh/cong</i>	Tier 1	MAIL
<i>robitussin liq nighttim</i>	Tier 1	MAIL
<i>robitussin liq to go dm</i>	Tier 1	MAIL
<i>rynex pse liq</i>	Tier 1	MAIL
<i>triaacting nt liq cold/cgh</i>	Tier 1	MAIL
<i>tussin dm liq 10-200/5</i>	Tier 1	MAIL
<i>tussin dm liq 100-10/5</i>	Tier 1	MAIL
<i>tussin dm syp 100-10/5</i>	Tier 1	MAIL
<i>wal-dryl-d tab alrg/sin</i>	Tier 1	MAIL
<i>wal-tap dm elx cold/cgh</i>	Tier 1	MAIL
<i>wal-tap elx cld/alle</i>	Tier 1	MAIL

### **Expectorants**

<i>guaifenesin sol 100/5ml</i>	Tier 1	MAIL
<i>guaifenesin syp 100/5ml</i>	Tier 1	MAIL
<i>guaifenesin tab 200mg</i>	Tier 1	MAIL
<i>guaifenesin tab 400mg</i>	Tier 1	MAIL
<i>guaifenesin tab 600mg er</i>	Tier 1	MAIL

### **Misc. Respiratory Inhalants**

<i>sod chloride neb 0.9%</i>	Tier 1	MAIL
<i>sodium chlor neb 3%</i>	Tier 1	MAIL
<i>sodium chlor neb 7%</i>	Tier 1	MAIL

### **Mucolytics**

<i>acetylcyst sol 20%</i>	Tier 1	MAIL
---------------------------	--------	------

## **DERMATOLOGICALS**

### **Acne Products**

<i>adapalene cre 0.1%</i>	Tier 1	MAIL
---------------------------	--------	------

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>adapalene gel 0.1%</i>	Tier 1	MAIL
<i>adapalene gel 0.3%</i>	Tier 1	MAIL
<i>adapalene lot 0.1%</i>	Tier 1	MAIL
<i>amnesteem cap 10mg</i>	Tier 1	PA; MAIL
<i>amnesteem cap 20mg</i>	Tier 1	PA; MAIL
<i>amnesteem cap 40mg</i>	Tier 1	PA; MAIL
<i>benzoyl per gel 5%</i>	Tier 1	AGE, MAIL
<i>benzoyl per gel 10%</i>	Tier 1	AGE, MAIL
BENZOYL PEROXIDE LOTION 5%	Tier 2	AGE, MAIL
BENZOYL PEROXIDE LOTION 10%	Tier 2	AGE, MAIL
<i>bpo-5 wash liq 5%</i>	Tier 1	AGE, MAIL
<i>bpo-10 wash liq 10%</i>	Tier 1	AGE, MAIL
<i>claravis cap 10mg</i>	Tier 1	PA; MAIL
<i>claravis cap 20mg</i>	Tier 1	PA; MAIL
<i>claravis cap 30mg</i>	Tier 1	PA; MAIL
<i>claravis cap 40mg</i>	Tier 1	PA; MAIL
<i>clindamy/ben gel 1.2-5%</i>	Tier 1	PA; MAIL
<i>clindamycin gel 1%</i>	Tier 1	AGE, MAIL
<i>clindamycin gel tretinoi</i>	Tier 1	PA; AGE, MAIL
<i>clindamycin lot 1%</i>	Tier 1	AGE, MAIL
<i>clindamycin sol 1%</i>	Tier 1	MAIL
EPIDUO GEL 0.1-2.5%	Tier 3	PA; MAIL
<i>erythromycin gel 2%</i>	Tier 1	AGE, MAIL
<i>erythromycin gel /benzoyl</i>	Tier 1	MAIL
<i>erythromycin sol 2%</i>	Tier 1	AGE, MAIL
<i>myorisan cap 10mg</i>	Tier 1	PA; MAIL
<i>myorisan cap 20mg</i>	Tier 1	PA; MAIL
<i>myorisan cap 40mg</i>	Tier 1	PA; MAIL
<i>tretinoin cre 0.1%</i>	Tier 1	QL (45 gms per month); AGE, MAIL
<i>tretinoin cre 0.05%</i>	Tier 1	QL (45 gms per month); AGE, MAIL
<i>tretinoin cre 0.025%</i>	Tier 1	QL (45 gms per month); AGE, MAIL
<i>tretinoin gel 0.01%</i>	Tier 1	QL (45 gms per month); AGE, MAIL
<i>tretinoin gel 0.025%</i>	Tier 1	QL (45 gms per month); AGE, MAIL
VELTIN GEL	Tier 3	PA; AGE, MAIL
<i>zenatane cap 10mg</i>	Tier 1	PA; MAIL
<i>zenatane cap 20mg</i>	Tier 1	PA; MAIL
<i>zenatane cap 40mg</i>	Tier 1	PA; MAIL
ZIANA GEL	Tier 3	PA; AGE, MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Agents for External Genital and Perianal Warts</b>		
VEREGEN OIN 15%	Tier 3	PA; MAIL
<b>Anti-inflammatory Agents - Topical</b>		
<i>diclofenac gel 1%</i>	Tier 1	PA; MAIL
VOLTAREN GEL 1%	Tier 2	PA; MAIL
<b>Antibiotics - Topical</b>		
ALTABAX OIN 1%	Tier 3	PA; MAIL
<i>bacitracin oin 500/gm</i>	Tier 1	MAIL
CORTISPORIN OIN	Tier 3	MAIL
<i>gentamicin cre 0.1%</i>	Tier 1	MAIL
<i>gentamicin oin 0.1%</i>	Tier 1	MAIL
<i>mupirocin oin 2%</i>	Tier 1	MAIL
<i>poly bacitra oin</i>	Tier 1	MAIL
<i>triple antib oin</i>	Tier 1	MAIL
<i>triple antib oin plus</i>	Tier 1	MAIL
<b>Antifungals - Topical</b>		
<i>ciclodan cre 0.77%</i>	Tier 1	MAIL
<i>clotrim/beta cre diprop</i>	Tier 1	MAIL
<i>clotrim/beta lot diprop</i>	Tier 1	MAIL
<i>clotrimazole cre 1% 1%</i>	Tier 1	MAIL
<i>clotrimazole sol 1%</i>	Tier 1	MAIL
<i>dermafungal oin 2%</i>	Tier 1	MAIL
<i>econazole cre 1%</i>	Tier 1	PA; MAIL
EXELDERM CRE 1%	Tier 2	MAIL
EXELDERM SOL 1%	Tier 2	MAIL
<i>ketoconazole cre 2%</i>	Tier 1	MAIL
<i>ketoconazole sha 2%</i>	Tier 1	MAIL
MENTAX CRE 1%	Tier 2	MAIL
<i>miconazole aer 2%</i>	Tier 1	MAIL
<i>miconazole cre 2% 2%</i>	Tier 1	MAIL
<i>miconazorb pow af 2%</i>	Tier 1	MAIL
<i>naftifine cre hcl 1%</i>	Tier 1	MAIL
<i>naftifine hcl cream 2%</i>	Tier 1	MAIL
NAFTIN CRE 1%	Tier 3	MAIL
NAFTIN CRE 2%	Tier 3	MAIL
NAFTIN GEL 1%	Tier 3	MAIL
<i>nystat/triam cre</i>	Tier 1	MAIL
<i>nystat/triam oin</i>	Tier 1	MAIL
<i>nystatin cre 100000</i>	Tier 1	MAIL
<i>nystatin oin 100000</i>	Tier 1	MAIL
<i>nystatin pow 100000</i>	Tier 1	MAIL
<i>oxiconazole cre nitrate</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
OXISTAT CRE 1%	Tier 3	MAIL
OXISTAT LOT 1%	Tier 3	MAIL
<i>terbinafine cre 1%</i>	Tier 1	MAIL
<i>tolnaftate aer 1% AERP</i>	Tier 1	MAIL
<i>tolnaftate cre 1% 1%</i>	Tier 1	MAIL
<i>tolnaftate pow 1%</i>	Tier 1	MAIL
<i>tolnaftate sol 1%</i>	Tier 1	MAIL
<b>Antihistamines-Topical</b>		
<i>allergy cre 2-0.1%</i>	Tier 1	MAIL
<b>Antineoplastic or Premalignant Lesion Agents - Topical</b>		
<i>fluorouracil cre 5%</i>	Tier 1	MAIL
PANRETIN GEL 0.1%	Tier 4	PA
PICATO GEL 0.05%	Tier 3	PA; MAIL
PICATO GEL 0.015%	Tier 3	PA; MAIL
<b>Antipsoriatics</b>		
<i>acitretin cap 10mg</i>	Tier 1	PA; MAIL
<i>acitretin cap 17.5mg</i>	Tier 1	PA; MAIL
<i>acitretin cap 25mg</i>	Tier 1	PA; MAIL
<i>calcipotrien oin 0.005%</i>	Tier 1	PA; MAIL
<i>calcipotrien sol 0.005%</i>	Tier 1	PA; MAIL
DRITHO-CREME CRE HP 1%	Tier 2	MAIL
STELARA INJ 45MG/0.5	Tier 4	PA
STELARA INJ 90MG/ML	Tier 4	PA
TAZORAC CRE 0.1%	Tier 3	PA; MAIL
TAZORAC CRE 0.05%	Tier 3	PA; MAIL
TAZORAC GEL 0.1%	Tier 3	PA; MAIL
TAZORAC GEL 0.05%	Tier 3	PA; MAIL
<b>Antiseborrheic Products</b>		
<i>dandruff sha 1%</i>	Tier 1	MAIL
<i>selenium sul lot 2.5%</i>	Tier 1	MAIL
<i>selenium sul sha 2.5%</i>	Tier 1	MAIL
<b>Antivirals - Topical</b>		
ABREVA CRE 10%	Tier 2	MAIL
<i>acyclovir oin 5%</i>	Tier 1	PA; AGE, MAIL
DENAVIR CRE 1%	Tier 2	MAIL
ZOVIRAX CRE 5%	Tier 2	PA; AGE, MAIL
<b>Burn Products</b>		
<i>silver sulfa cre 1%</i>	Tier 1	MAIL
<b>Corticosteroids - Topical</b>		
<i>alclometason cre 0.05%</i>	Tier 1	MAIL
<i>alclometason oin 0.05%</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>amcinonide cre 0.1%</i>	Tier 1	MAIL
<i>amcinonide lot 0.1%</i>	Tier 1	MAIL
AMCINONIDE OIN 0.1%	Tier 3	MAIL
APEXICON E CRE 0.05%	Tier 3	MAIL
<i>aug betamet cre 0.05%</i>	Tier 1	MAIL
<i>aug betamet gel 0.05%</i>	Tier 1	MAIL
<i>aug betamet lot 0.05%</i>	Tier 1	MAIL
<i>aug betamet oin 0.05%</i>	Tier 1	MAIL
<i>betameth dip cre 0.05%</i>	Tier 1	MAIL
<i>betameth dip lot 0.05%</i>	Tier 1	MAIL
<i>betameth dip oin 0.05%</i>	Tier 1	MAIL
<i>betameth val cre 0.1%</i>	Tier 1	MAIL
<i>betameth val oin 0.1%</i>	Tier 1	MAIL
<i>calcipotrien oin betameth</i>	Tier 1	PA; MAIL
<i>clobetasol cre 0.05%</i>	Tier 1	MAIL
<i>clobetasol gel 0.05%</i>	Tier 1	MAIL
<i>clobetasol oin 0.05%</i>	Tier 1	MAIL
<i>clobetasol sol 0.05%</i>	Tier 1	MAIL
<i>clocortolone cre piv 0.1%</i>	Tier 1	MAIL
CORDRAN 24X3 TAP 4MCG/CM	Tier 3	MAIL
CORDRAN 24X3 TAP SMALL	Tier 3	MAIL
CORDRAN 24X3 TAP SML 24IN	Tier 3	MAIL
CORDRAN 80X3 TAP 4MCG/CM	Tier 3	MAIL
CORDRAN 80X3 TAP LARGE	Tier 3	MAIL
CORDRAN LOT 0.05%	Tier 3	MAIL
CORDRAN SP CRE 0.05%	Tier 3	MAIL
CORDRAN TAPE TAP LRG 80IN	Tier 3	MAIL
<i>cortizone-10 gel 1%</i>	Tier 1	MAIL
<i>desonide cre 0.05%</i>	Tier 1	MAIL
<i>desonide oin 0.05%</i>	Tier 1	MAIL
<i>desoximetas cre 0.05%</i>	Tier 1	MAIL
<i>desoximetas cre 0.25%</i>	Tier 1	MAIL
<i>desoximetas gel 0.05%</i>	Tier 1	MAIL
<i>desoximetas oin 0.05%</i>	Tier 1	MAIL
<i>desoximetas oin 0.25%</i>	Tier 1	MAIL
<i>diflorasone cre 0.05%</i>	Tier 1	MAIL
<i>diflorasone oin 0.05%</i>	Tier 1	MAIL
<i>fluocin acet cre 0.025%</i>	Tier 1	MAIL
<i>fluocin acet oil 0.01% sc</i>	Tier 1	MAIL
<i>fluocin acet oin 0.025%</i>	Tier 1	MAIL
<i>fluocinonide cre 0.05%</i>	Tier 1	MAIL
<i>fluocinonide gel 0.05%</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fluocinonide oin 0.05%</i>	Tier 1	MAIL
<i>fluocinonide sol 0.05%</i>	Tier 1	MAIL
<i>flurandrenol cre 0.05%</i>	Tier 1	MAIL
<i>fluticasone cre 0.05%</i>	Tier 1	MAIL
<i>fluticasone oin 0.005%</i>	Tier 1	MAIL
<i>halobetasol cre 0.05%</i>	Tier 1	MAIL
<i>halobetasol oin 0.05%</i>	Tier 1	MAIL
HALOG CRE 0.1%	Tier 3	MAIL
HALOG OIN 0.1%	Tier 3	MAIL
<i>hc valerate cre 0.2%</i>	Tier 1	MAIL
<i>hc-1% hemorr oin 1%</i>	Tier 1	MAIL
<i>hc/aloe cre 0.5%</i>	Tier 1	MAIL
<i>hydrocort ac cre 0.5%</i>	Tier 1	MAIL
<i>hydrocort ac cre 1%</i>	Tier 1	MAIL
<i>hydrocort cre 0.5%</i>	Tier 1	MAIL
<i>hydrocort cre 1%</i>	Tier 1	MAIL
<i>hydrocort cre 2.5%</i>	Tier 1	MAIL
<i>hydrocort lot 1%</i>	Tier 1	MAIL
<i>hydrocort lot 2.5%</i>	Tier 1	MAIL
<i>hydrocort oin 0.5%</i>	Tier 1	MAIL
<i>hydrocort oin 1%</i>	Tier 1	MAIL
<i>hydrocort oin 2.5%</i>	Tier 1	MAIL
<i>hydrocort/ cre aloe 1%</i>	Tier 1	MAIL
<i>mometasone cre 0.1%</i>	Tier 1	MAIL
<i>mometasone oin 0.1%</i>	Tier 1	MAIL
<i>mometasone sol 0.1%</i>	Tier 1	MAIL
<i>prednicarbat cre 0.1%</i>	Tier 1	MAIL
<i>prednicarbat oin 0.1%</i>	Tier 1	MAIL
TACLONEX SUS	Tier 3	PA; MAIL
<i>triamcinolon cre 0.1%</i>	Tier 1	MAIL
<i>triamcinolon cre 0.5%</i>	Tier 1	MAIL
<i>triamcinolon cre 0.025%</i>	Tier 1	MAIL
<i>triamcinolon lot 0.1%</i>	Tier 1	MAIL
<i>triamcinolon lot 0.025%</i>	Tier 1	MAIL
<i>triamcinolon oin 0.1%</i>	Tier 1	MAIL
<i>triamcinolon oin 0.5%</i>	Tier 1	MAIL
<i>triamcinolon oin 0.025%</i>	Tier 1	MAIL
<b>Emollients</b>		
<i>ammonium lac cre 12%</i>	Tier 1	MAIL
<i>ammonium lac lot 12%</i>	Tier 1	MAIL
<i>hydrophor oin</i>	Tier 1	MAIL
<b>Enzymes - Topical</b>		

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
SANTYL OIN 250/GM	Tier 3	PA; MAIL
<b>Immunomodulating Agents - Topical</b>		
<i>imiquimod cre 5%</i>	Tier 1	PA; MAIL
<b>Immunosuppressive Agents - Topical</b>		
ELIDEL CRE 1%	Tier 2	PA; MAIL
<i>tacrolimus (topical)</i>	Tier 1	PA; MAIL
<b>Keratolytic/Antimitotic Agents</b>		
<i>podofilox sol 0.5%</i>	Tier 1	MAIL
<b>Local Anesthetics - Topical</b>		
<i>lido/prilocn cre 2.5-2.5%</i>	Tier 1	MAIL
<i>lidocaine gel 2%</i>	Tier 1	MAIL
<i>lidocaine oin 5%</i>	Tier 1	MAIL
<i>lidocaine pad 5%</i>	Tier 1	PA; MAIL
<i>lidocaine sol 4%</i>	Tier 1	MAIL
<i>lidocream cre 4%</i>	Tier 1	MAIL
<b>Misc. Topical</b>		
DRYSOL SOL 20%	Tier 2	MAIL
<i>minerin cre</i>	Tier 1	MAIL
ZINC-OXYDE OIN 0.44-20%	Tier 1	MAIL
<b>Pigmenting-Depigmenting Agents</b>		
OXSORALEN LOT 1%	Tier 3	PA; MAIL
<b>Rosacea Agents</b>		
FINACEA GEL 15%	Tier 3	MAIL
<i>metronidazol cre 0.75%</i>	Tier 1	MAIL
<i>metronidazol gel 0.75%</i>	Tier 1	MAIL
<i>metronidazol lot 0.75%</i>	Tier 1	MAIL
<b>Scabicides Pediculicides</b>		
<i>eql lice kit solution</i>	Tier 1	MAIL
EURAX CRE 10%	Tier 2	ST; MAIL
<i>lice bedding aer 0.5%</i>	Tier 1	MAIL
<i>lice control aer 0.5%</i>	Tier 1	MAIL
<i>lice killing sha</i>	Tier 1	MAIL
<i>lice soln kit</i>	Tier 1	MAIL
<i>lice treatmt sha 0.33-4%</i>	Tier 1	MAIL
<i>lice trtmnt liq 1%</i>	Tier 1	MAIL
<i>licide aer 0.5%</i>	Tier 1	MAIL
<i>lindane lot 1%</i>	Tier 1	MAIL
<i>lindane sha 1%</i>	Tier 1	MAIL
<i>malathion lot 0.5%</i>	Tier 1	ST; MAIL
<i>permethrin cre 5%</i>	Tier 1	MAIL
<i>permethrin lot 1%</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ra lice kit solution</i>	Tier 1	MAIL
<i>spinosad sus 0.9%</i>	Tier 1	ST; MAIL
<i>tolnaftate cre 1% 1%</i>	Tier 1	MAIL
ULESFIA LOT 5%	Tier 2	ST; MAIL

### **Wound Care Products**

REGRANEX GEL 0.01%	Tier 3	PA; MAIL
--------------------	--------	----------

## **DIAGNOSTIC PRODUCTS**

### **Diagnostic Drugs**

THYROGEN INJ 1.1MG	Tier 4	PA
--------------------	--------	----

### **Diagnostic Tests**

TRUE METRIX BLOOD GLUCOSE STRP	Tier 2	QL (50/30 for non-insulin, 200/30 for insulin/pregnant); MAIL
TRUETEST TES	Tier 2	QL (50/30 for non-insulin, 200/30 for insulin/pregnant); MAIL

## **DIAGNOSTIC TESTS**

### **DIAGNOSTIC TESTS**

ACETONE (URINE) TEST STRIP	Tier 2	MAIL
----------------------------	--------	------

## **DIBENZAPINES**

### **THIENBENZODIAZEPINES**

ZYPREXA RELP INJ 210MG	Tier 2	PA
ZYPREXA RELP INJ 300MG	Tier 2	PA
ZYPREXA RELP INJ 405MG	Tier 2	PA

## **DIGESTIVE AIDS**

### **Digestive Enzymes**

CREON CAP 3000UNIT	Tier 2	MAIL
CREON CAP 6000UNIT	Tier 2	MAIL
CREON CAP 12000UNT	Tier 2	MAIL
CREON CAP 24000UNT	Tier 2	MAIL
<i>pancrelipase cap 5000unit</i>	Tier 1	MAIL
ZENPEP CAP 3000UNIT	Tier 2	MAIL
ZENPEP CAP 10000UNT	Tier 2	MAIL
ZENPEP CAP 15000UNT	Tier 2	MAIL
ZENPEP CAP 20000UNT	Tier 2	MAIL
ZENPEP CAP 25000UNT	Tier 2	MAIL
ZENPEP CAP 40000UNT	Tier 2	MAIL

## **DIURETICS**

### **Carbonic Anhydrase Inhibitors**

<i>acetazolamid cap 500mg er</i>	Tier 1	MAIL
<i>acetazolamid tab 125mg</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>acetazolamid tab 250mg</i>	Tier 1	MAIL
<b>Diuretic Combinations</b>		
ALDACTAZIDE TAB 50/50	Tier 2	MAIL
<i>amilor/hctz tab 5-50</i>	Tier 1	MAIL
<i>spirono/hctz tab 25/25</i>	Tier 1	MAIL
<i>triamt/hctz cap 37.5-25</i>	Tier 1	MAIL
<i>triamt/hctz tab 37.5-25</i>	Tier 1	MAIL
<i>triamt/hctz tab 75-50mg</i>	Tier 1	MAIL
<b>Loop Diuretics</b>		
<i>bumetanide tab 0.5mg</i>	Tier 1	MAIL
<i>bumetanide tab 1mg</i>	Tier 1	MAIL
<i>bumetanide tab 2mg</i>	Tier 1	MAIL
EDECIN TAB 25MG	Tier 1	MAIL
FUROSEMIDE SOL 8MG/ML	Tier 2	MAIL
<i>furosemide sol 10mg/ml</i>	Tier 1	MAIL
<i>furosemide tab 20mg</i>	Tier 1	MAIL
<i>furosemide tab 40mg</i>	Tier 1	MAIL
<i>furosemide tab 80mg</i>	Tier 1	MAIL
<i>torsemide tab 5mg</i>	Tier 1	MAIL
<i>torsemide tab 10mg</i>	Tier 1	MAIL
<i>torsemide tab 20mg</i>	Tier 1	MAIL
<i>torsemide tab 100mg</i>	Tier 1	MAIL
<b>Potassium Sparing Diuretics</b>		
<i>amiloride tab 5mg</i>	Tier 1	MAIL
DYRENIUM CAP 50MG	Tier 2	MAIL
DYRENIUM CAP 100MG	Tier 2	MAIL
<i>spironolact tab 25mg</i>	Tier 1	MAIL
<i>spironolact tab 50mg</i>	Tier 1	MAIL
<i>spironolact tab 100mg</i>	Tier 1	MAIL
<b>Thiazides and Thiazide-Like Diuretics</b>		
<i>chlorothiaz tab 250mg</i>	Tier 1	MAIL
<i>chlorothiaz tab 500mg</i>	Tier 1	MAIL
<i>chlorthalid tab 25mg</i>	Tier 1	MAIL
<i>chlorthalid tab 50mg</i>	Tier 1	MAIL
<i>chlorthalid tab 100mg</i>	Tier 1	MAIL
<i>hydrochlorot cap 12.5mg</i>	Tier 1	MAIL
<i>hydrochlorot tab 12.5mg</i>	Tier 1	MAIL
<i>hydrochlorot tab 25mg</i>	Tier 1	MAIL
<i>hydrochlorot tab 50mg</i>	Tier 1	MAIL
<i>indapamide tab 1.25mg</i>	Tier 1	MAIL
<i>indapamide tab 2.5mg</i>	Tier 1	MAIL
<i>methyclothia tab 5mg</i>	Tier 1	MAIL

PA - Prior Authorization      ST - Step Therapy

Age - Special Age Limit may apply      MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;      Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;      DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>metolazone tab 2.5mg</i>	Tier 1	MAIL
<i>metolazone tab 5mg</i>	Tier 1	MAIL
<i>metolazone tab 10mg</i>	Tier 1	MAIL

## **ENDOCRINE AND METABOLIC AGENTS - MISC.**

### ***Bone Density Regulators***

<i>alendronate tab 5mg</i>	Tier 1	MAIL
<i>alendronate tab 10mg</i>	Tier 1	MAIL
<i>alendronate tab 35mg</i>	Tier 1	MAIL
<i>alendronate tab 40mg</i>	Tier 1	MAIL
<i>alendronate tab 70mg</i>	Tier 1	MAIL
<i>calcitonin spr 200/act</i>	Tier 1	MAIL
<i>etidron disd tab 200mg</i>	Tier 1	MAIL
<i>etidron disd tab 400mg</i>	Tier 1	MAIL
FORTEO SOL 600/2.4	Tier 4	PA
FOSAMAX + D TAB 70-2800	Tier 2	MAIL
FOSAMAX + D TAB 70-5600	Tier 2	MAIL
<i>ibandronate tab 150mg</i>	Tier 1	MAIL
<i>risedronate tab 5mg</i>	Tier 1	MAIL
<i>risedronate tab 30mg</i>	Tier 1	MAIL
<i>risedronate tab 35mg</i>	Tier 1	MAIL
<i>risedronate tab 150mg</i>	Tier 1	MAIL
SKELID TAB 200MG	Tier 4	PA

### ***Fertility Regulators***

<i>chor gonadot inj 10000unt</i>	Tier 4	PA
----------------------------------	--------	----

### ***Growth Hormones***

OMNITROPE INJ 5.8MG	Tier 4	PA
---------------------	--------	----

### ***Hormone Receptor Modulators***

<i>raloxifene tab 60mg</i>	Tier 1	\$0 Copay for Breast Cancer Prevention for Women age 35+, MAIL
----------------------------	--------	--

### ***Insulin-Like Growth Factors (Somatomedins)***

INCRELEX INJ 40MG/4ML	Tier 4	PA
-----------------------	--------	----

### ***LHRH/GnRH Agonist Analog Pituitary Suppressants***

LUPR DEP-PED INJ 7.5MG	Tier 4	PA
LUPR DEP-PED INJ 11.25MG	Tier 4	PA
LUPR DEP-PED INJ 15MG	Tier 4	PA
LUPR DEP-PED INJ 30MG	Tier 4	PA
SYNAREL SOL 2MG/ML	Tier 4	PA

### ***Metabolic Modifiers***

BUPHENYL TAB 500MG	Tier 4	PA
<i>calcitriol cap 0.5mcg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcitriol cap 0.25mcg</i>	Tier 1	MAIL
CYSTADANE POW	Tier 3	PA; MAIL
<i>doxercalcif cap 0.5mcg</i>	Tier 1	MAIL
<i>doxercalcif cap 1mcg</i>	Tier 1	MAIL
<i>doxercalcif cap 2.5mcg</i>	Tier 1	MAIL
ELAPRASE INJ 6MG/3ML	Tier 4	PA
<i>hectorol inj 2mcg/ml 4mcg/2ml</i>	Tier 1	MAIL
<i>levocarnitin sol 1gm/10ml</i>	Tier 1	MAIL
<i>levocarnitin tab 330mg</i>	Tier 1	MAIL
<i>paricalcitol cap 1 mcg</i>	Tier 1	PA; MAIL
<i>paricalcitol cap 2 mcg</i>	Tier 1	PA; MAIL
<i>paricalcitol cap 4 mcg</i>	Tier 1	PA; MAIL
<i>phenylbutyra pow sodium</i>	Tier 4	PA
SENSIPAR TAB 30MG	Tier 4	PA
SENSIPAR TAB 60MG	Tier 4	PA
SENSIPAR TAB 90MG	Tier 4	PA
<i>zemplar inj 2mcg/ml</i>	Tier 1	PA; MAIL
<i>zemplar inj 5mcg/ml</i>	Tier 1	PA; MAIL

### **Posterior Pituitary Hormones**

<i>desmopressin spr 0.01% .1mg/ml</i>	Tier 1	PA; MAIL
<i>desmopressin tab 0.1mg</i>	Tier 1	MAIL
<i>desmopressin tab 0.2mg</i>	Tier 1	MAIL
STIMATE SOL 1.5MG/ML	Tier 4	PA

### **Prolactin Inhibitors**

<i>cabergoline tab 0.5mg</i>	Tier 1	MAIL
------------------------------	--------	------

### **Somatostatic Agents**

<i>octreotide inj 100mcg</i>	Tier 4	PA
SANDOSTATIN KIT LAR 20MG	Tier 4	PA
SANDOSTATIN KIT LAR 30MG	Tier 4	PA

## **ESTROGENS**

### **Estrogen Combinations**

<i>noreth/ethin tab 0.5-2.5</i>	Tier 1	MAIL
PREMPHASE TAB	Tier 2	MAIL
PREMPRO TAB 0.3-1.5	Tier 2	MAIL
PREMPRO TAB 0.45-1.5	Tier 2	MAIL
PREMPRO TAB 0.625-5	Tier 2	MAIL
PREMPRO TAB .625-2.5	Tier 2	MAIL

### **Estrogens**

CENESTIN TAB 0.3MG	Tier 2	MAIL
CENESTIN TAB 0.9MG	Tier 2	MAIL
CENESTIN TAB 0.45MG	Tier 2	MAIL
CENESTIN TAB 0.625MG	Tier 2	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
CENESTIN TAB 1.25MG	Tier 2	MAIL
ENJUVIA TAB 0.3MG	Tier 2	MAIL
ENJUVIA TAB 0.9MG	Tier 2	MAIL
ENJUVIA TAB 0.45MG	Tier 2	MAIL
ENJUVIA TAB 0.625MG	Tier 2	MAIL
ENJUVIA TAB 1.25MG	Tier 2	MAIL
<i>estradiol tab 0.5mg</i>	Tier 1	MAIL
<i>estradiol tab 1mg</i>	Tier 1	MAIL
<i>estradiol tab 2mg</i>	Tier 1	MAIL
<i>estropipate tab 0.75mg</i>	Tier 1	MAIL
<i>estropipate tab 1.5mg</i>	Tier 1	MAIL
<i>estropipate tab 3mg</i>	Tier 1	MAIL
MENEST TAB 0.3MG	Tier 2	MAIL
MENEST TAB 0.625MG	Tier 2	MAIL
MENEST TAB 1.25MG	Tier 2	MAIL
MENEST TAB 2.5MG	Tier 2	MAIL
<i>ortho-est tab 0.625</i>	Tier 1	MAIL
<i>ortho-est tab 1.25</i>	Tier 1	MAIL
PREMARIN TAB 0.3MG	Tier 2	MAIL
PREMARIN TAB 0.9MG	Tier 2	MAIL
PREMARIN TAB 0.45MG	Tier 2	MAIL
PREMARIN TAB 0.625MG	Tier 2	MAIL
PREMARIN TAB 1.25MG	Tier 2	MAIL

## **FLUOROQUINOLONES**

### ***Fluoroquinolones***

<i>ciprofloxacin tab 250mg</i>	Tier 1	
<i>ciprofloxacin tab 500mg</i>	Tier 1	
<i>ciprofloxacin tab 750mg</i>	Tier 1	
FACTIVE TAB 320MG	Tier 3	PA
<i>levofloxacin sol 25mg/ml</i>	Tier 1	PA
<i>levofloxacin tab 250mg</i>	Tier 1	QL (10 per 10 days)
<i>levofloxacin tab 500mg</i>	Tier 1	QL (10 per 10 days)
<i>levofloxacin tab 750mg</i>	Tier 1	QL (10 per 10 days)
NOROXIN TAB 400MG	Tier 3	

## **GASTROINTESTINAL AGENTS - MISC.**

### ***Antiflatulents***

<i>gas relief cap 125mg</i>	Tier 1	MAIL
<i>gas relief cap 180mg</i>	Tier 1	MAIL
<i>gas relief dro infants</i>	Tier 1	MAIL
LITTLE TUMMY DRO 20/0.3ML	Tier 1	MAIL
<i>simethicone chw 80mg</i>	Tier 1	MAIL
<i>simethicone chw 125mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>simethicone dro 40/0.6ml</i>	Tier 1	MAIL
<b>Gallstone Solubilizing Agents</b>		
<i>ursodiol cap 300mg</i>	Tier 1	MAIL
<i>ursodiol tab 250mg</i>	Tier 1	QL (30 per 30 days); MAIL
<i>ursodiol tab 500mg</i>	Tier 1	QL (60 per 30 days); MAIL
<b>Gastrointestinal Chloride Channel Activators</b>		
AMITIZA CAP 8MCG	Tier 3	PA; MAIL
AMITIZA CAP 24MCG	Tier 3	PA; MAIL
<b>Gastrointestinal Stimulants</b>		
<i>metoclopram sol 5mg/5ml</i>	Tier 1	MAIL
<i>metoclopram tab 5mg</i>	Tier 1	MAIL
<i>metoclopram tab 10mg</i>	Tier 1	MAIL
<b>Inflammatory Bowel Agents</b>		
APRISO CAP 0.375GM	Tier 2	MAIL
ASACOL HD TAB 800MG	Tier 3	MAIL
<i>balsalazide cap 750mg</i>	Tier 1	MAIL
CIMZIA KIT	Tier 4	PA, ST
CIMZIA KIT STARTER	Tier 4	PA, ST
CIMZIA PREFL KIT 200MG/ML	Tier 4	PA, ST
DIPENTUM CAP 250MG	Tier 3	MAIL
<i>sulfasalazin tab 500mg</i>	Tier 1	MAIL
<i>sulfasalazin tab 500mg dr</i>	Tier 1	MAIL
<b>Intestinal Acidifiers</b>		
<i>lactulose sol 10gm/15 10gm/15ml</i>	Tier 1	MAIL
<b>Irritable Bowel Syndrome (IBS) Agents</b>		
LINZESS CAP 145MCG	Tier 3	PA; MAIL
LINZESS CAP 290MCG	Tier 3	PA; MAIL
<b>Phosphate Binder Agents</b>		
<i>calc acetate cap 667mg</i>	Tier 1	MAIL
FOSRENOL CHW 500MG	Tier 3	ST; MAIL
FOSRENOL CHW 750MG	Tier 3	ST; MAIL
FOSRENOL CHW 1000MG	Tier 3	ST; MAIL
REVELA PAK 0.8GM	Tier 3	ST; MAIL
REVELA PAK 2.4GM	Tier 3	ST; MAIL
REVELA TAB 800MG	Tier 3	ST; MAIL
<b>GENITOURINARY</b>		
<b>Miscellaneous</b>		
<i>bethanechol tab 5mg</i>	Tier 1	MAIL
<i>bethanechol tab 10mg</i>	Tier 1	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>bethanechol tab 25mg</i>	Tier 1	MAIL
<i>bethanechol tab 50mg</i>	Tier 1	MAIL

### **Urinary Antispasmodics**

ENABLEX TAB 7.5MG	Tier 3	ST; MAIL
ENABLEX TAB 15MG	Tier 3	ST; MAIL
<i>oxybutynin syp 5mg/5ml</i>	Tier 1	MAIL
<i>oxybutynin tab 5mg</i>	Tier 1	MAIL
<i>oxybutynin tab 5mg er</i>	Tier 1	ST; MAIL
<i>oxybutynin tab 10mg er</i>	Tier 1	ST; MAIL
<i>oxybutynin tab 15mg er</i>	Tier 1	ST; MAIL
<i>tolterodine tab 1mg</i>	Tier 1	ST; MAIL
<i>tolterodine tab 2mg</i>	Tier 1	ST; MAIL
TOVIAZ TAB 4MG	Tier 3	ST; MAIL
TOVIAZ TAB 8MG	Tier 3	ST; MAIL
<i>trospium chl cap 60mg er</i>	Tier 1	ST; MAIL
<i>trospium cl tab 20mg</i>	Tier 1	ST; MAIL
VESICARE TAB 5MG	Tier 3	ST; MAIL
VESICARE TAB 10MG	Tier 3	ST; MAIL

## **GENITOURINARY AGENTS - MISCELLANEOUS**

### **Alkalinizers**

<i>citric acid/ sol sod citr</i>	Tier 1	MAIL
<i>cytra-2 sol</i>	Tier 1	MAIL
<i>cytra-k sol</i>	Tier 1	MAIL
<i>k citrate sol citr acd</i>	Tier 1	MAIL
<i>pot citrate tab 540mg</i>	Tier 1	MAIL
<i>pot citrate tab 1080mg</i>	Tier 1	MAIL

### **Cystinosis Agents**

CYSTAGON CAP 50MG	Tier 3	PA; MAIL
CYSTAGON CAP 150MG	Tier 3	PA; MAIL

### **Genitourinary Irrigants**

<i>acetic acid sol 0.25%irr</i>	Tier 1	MAIL
<i>sodium chlor sol 0.9% irr</i>	Tier 1	MAIL

### **Interstitial Cystitis Agents**

ELMIRON CAP 100MG	Tier 2	MAIL
-------------------	--------	------

### **Prostatic Hypertrophy Agents**

<i>alfuzosin tab 10mg</i>	Tier 1	MAIL
CIALIS TAB 5MG	Tier 3	PA; MAIL
<i>dutasteride cap 0.5mg</i>	Tier 1	MAIL
<i>finasteride tab 5mg</i>	Tier 1	MAIL
RAPAFLO CAP 4MG	Tier 3	MAIL
RAPAFLO CAP 8MG	Tier 3	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tamsulosin cap 0.4mg</i>	Tier 1	MAIL
<b>Urinary Analgesics</b>		
<i>phenazopyrid tab 100mg</i>	Tier 1	MAIL
<i>phenazopyrid tab 200mg</i>	Tier 1	MAIL
<b>GOUT AGENTS</b>		
<b>Gout Agent Combinations</b>		
<i>proben/colch tab 500-0.5</i>	Tier 1	MAIL
<b>Gout Agents</b>		
<i>allopurinol tab 100mg</i>	Tier 1	MAIL
<i>allopurinol tab 300mg</i>	Tier 1	MAIL
<i>colchicine tab 0.6mg</i>	Tier 1	QL (30 tabs / 90 days); MAIL
<b>Uricosurics</b>		
<i>probenecid tab 500mg</i>	Tier 1	MAIL
<b>HEMATOLOGICAL AGENTS - MISC.</b>		
<b>Antihemophilic Products</b>		
ADVATE INJ 250UNIT	Tier 4	PA
ADVATE INJ 500UNIT	Tier 4	PA
ADVATE INJ 1000UNIT	Tier 4	PA
ADVATE INJ 1500UNIT	Tier 4	PA
ADVATE INJ 2000UNIT	Tier 4	PA
ADVATE INJ 3000UNIT	Tier 4	PA
ADVATE INJ 4000UNIT	Tier 4	PA
BENEFIX INJ 250UNIT	Tier 4	PA
BENEFIX INJ 500UNIT	Tier 4	PA
BENEFIX INJ 1000UNIT	Tier 4	PA
BENEFIX INJ 2000UNIT	Tier 4	PA
BENEFIX INJ 3000UNIT	Tier 4	PA
HELIXATE FS INJ 250UNIT	Tier 4	PA
HELIXATE FS INJ 500UNIT	Tier 4	PA
HELIXATE FS INJ 1000UNIT	Tier 4	PA
HELIXATE FS SOL 250UNIT	Tier 4	PA
HELIXATE FS SOL 500UNIT	Tier 4	PA
HELIXATE FS SOL 1000UNIT	Tier 4	PA
HUMATE-P SOL 1200UNIT	Tier 4	PA
HUMATE-P SOL 2400UNIT	Tier 4	PA
KOGENATE FS INJ 250/BS	Tier 4	PA
KOGENATE FS INJ 250UNIT	Tier 4	PA
KOGENATE FS INJ 500/BS	Tier 4	PA
KOGENATE FS INJ 500UNIT	Tier 4	PA
KOGENATE FS INJ 1000/BS	Tier 4	PA
KOGENATE FS INJ 1000UNIT	Tier 4	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
RIXUBIS INJ 250 UNIT	Tier 4	PA
RIXUBIS INJ 500UNIT	Tier 4	PA
RIXUBIS INJ 1000UNIT	Tier 4	PA
RIXUBIS INJ 2000UNIT	Tier 4	PA
RIXUBIS INJ 3000UNIT	Tier 4	PA

### **Hematorheologic Agents**

<i>pentoxifylli tab 400mg er</i>	Tier 1	MAIL
----------------------------------	--------	------

### **Platelet Aggregation Inhibitors**

<i>anagrelide cap 0.5mg</i>	Tier 1	MAIL
<i>anagrelide cap 1mg</i>	Tier 1	MAIL
<i>asa/dipyrida cap 25-200mg</i>	Tier 1	PA; MAIL
BRILINTA TAB 90MG	Tier 3	PA; MAIL
<i>cilostazol tab 50mg</i>	Tier 1	MAIL
<i>cilostazol tab 100mg</i>	Tier 1	MAIL
<i>clopidogrel tab 75mg</i>	Tier 1	MAIL
<i>dipyridamole tab 25mg</i>	Tier 1	MAIL
<i>dipyridamole tab 50mg</i>	Tier 1	MAIL
<i>dipyridamole tab 75mg</i>	Tier 1	MAIL
EFFIENT TAB 5MG	Tier 3	PA; MAIL
EFFIENT TAB 10MG	Tier 3	PA; MAIL
<i>ticlopidine tab 250mg</i>	Tier 1	MAIL

## **HEMATOPOIETIC AGENTS**

### **Cobalamins**

<i>vitamin b12 tab 1000 cr</i>	Tier 1	MAIL
<i>vitamin b-12 sub 500mcg</i>	Tier 1	MAIL
<i>vitamin b-12 sub 1000mcg</i>	Tier 1	MAIL
<i>vitamin b-12 sub 2500mcg</i>	Tier 1	MAIL
<i>vitamin b-12 tab 100mcg</i>	Tier 1	MAIL
<i>vitamin b-12 tab 250mcg</i>	Tier 1	MAIL
<i>vitamin b-12 tab 500mcg</i>	Tier 1	MAIL
<i>vitamin b-12 tab 1000mcg</i>	Tier 1	MAIL

### **Folic Acid/Folates**

<i>folic acid tab 1mg</i>	Tier 1	MAIL
<i>folic acid tab 400mcg</i>	PREV	MAIL
<i>folic acid tab 800mcg</i>	PREV	MAIL

### **Hematopoietic Growth Factors**

ARANESP INJ 25MCG	Tier 4	PA
ARANESP INJ 40MCG SOSY	Tier 4	PA
ARANESP INJ 60MCG	Tier 4	PA
ARANESP INJ 100MCG	Tier 4	PA
ARANESP INJ 150MCG SOLN	Tier 4	PA
ARANESP INJ 200MCG SOSY	Tier 4	PA

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ARANESP INJ 300MCG SOSY	Tier 4	PA
ARANESP INJ 500MCG	Tier 4	PA
EPOGEN INJ 2000/ML	Tier 4	PA
EPOGEN INJ 4000/ML	Tier 4	PA
EPOGEN INJ 10000/ML	Tier 4	PA
EPOGEN INJ 20000/ML	Tier 4	PA
LEUKINE INJ 250MCG	Tier 4	PA
NEULASTA INJ 6MG/0.6M	Tier 4	PA
NEUPOGEN INJ 300/0.5	Tier 4	PA
NEUPOGEN INJ 300MCG	Tier 4	PA
NEUPOGEN INJ 480/0.8	Tier 4	PA
NEUPOGEN INJ 480MCG	Tier 4	PA
OMONTYS INJ 10MG/ML	Tier 4	PA
PROCRIT INJ 2000/ML	Tier 4	PA
PROCRIT INJ 4000/ML	Tier 4	PA
PROCRIT INJ 10000/ML	Tier 4	PA
PROCRIT INJ 20000/ML	Tier 4	PA
PROCRIT INJ 40000/ML	Tier 4	PA

### **Hematopoietic Mixtures**

<i>ferocon cap</i>	Tier 1	MAIL
<i>ferotrin cap</i>	Tier 1	MAIL
<i>ferottrinsic cap</i>	Tier 1	MAIL
<i>foltrin cap</i>	Tier 1	MAIL
<i>iron complex cap</i>	Tier 1	MAIL
<i>martinic cap</i>	Tier 1	MAIL
<i>polysacchari cap iron</i>	Tier 1	MAIL
<i>tl icon cap</i>	Tier 1	MAIL
<i>tricon cap</i>	Tier 1	MAIL

### **Iron**

<i>ferrous fum tab 324mg</i>	Tier 1	MAIL
<i>ferrous gluc tab 240mg</i>	Tier 1	MAIL
<i>ferrous gluc tab 324mg 324mg</i>	Tier 1	MAIL
FERROUS GLUC TAB 324MG 324mg	Tier 2	MAIL
<i>ferrous gluc tab 325mg</i>	Tier 1	MAIL
FERROUS SUL LIQ 220/5ML	Tier 2	MAIL
<i>ferrous sulf dro 15mg/ml</i>	PREV	MAIL
<i>ferrous sulf elx 220/5ml</i>	PREV	MAIL
FERROUS SULF TAB 324MG EC	Tier 2	MAIL
<i>ferrous sulf tab 325mg</i>	Tier 1	MAIL
<i>ferrous sulf tab 325mg ec</i>	Tier 1	MAIL
<i>ferus cap 150mg</i>	Tier 1	MAIL
<i>gnp iron tab 45mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>hm iron tab 45mg</i>	Tier 1	MAIL
<i>iron chews chw pediatri</i>	Tier 1	MAIL
<i>iron slow tab 45mg</i>	Tier 1	MAIL
<i>iron tab 160mg cr</i>	Tier 1	MAIL
<i>iron therapy tab 200mg</i>	Tier 1	MAIL
<i>slow iron tab 50mg</i>	Tier 1	MAIL
<i>slow release tab 47.5mg</i>	Tier 1	MAIL
<i>sm iron tab 45mg</i>	Tier 1	MAIL
<i>wee care sus 15/1.25</i>	PREV	MAIL

## **HEMOSTATICS**

### **Hemostatics - Systemic**

<i>tranex acid inj 100mg/ml</i>	Tier 1	PA; MAIL
---------------------------------	--------	----------

## **HEPATITIS AGENTS**

### **HEPATITIS C AGENT - COMBINATIONS**

VIEKIRA PAK TAB	Tier 4	PA
-----------------	--------	----

## **HYPNOTICS**

### **Antihistamine Hypnotics**

<i>calcium rich sus antacid</i>	Tier 1	MAIL
<i>sleep aid tab 25mg</i>	Tier 1	MAIL
<i>sleep aid tab 50mg</i>	Tier 1	MAIL
<i>sleep tab 25mg</i>	Tier 1	MAIL

### **Barbiturate Hypnotics**

<i>phenobarb sol 20mg/5ml</i>	Tier 1	
<i>phenobarb tab 15mg</i>	Tier 1	
<i>phenobarb tab 16.2mg</i>	Tier 1	
<i>phenobarb tab 30mg</i>	Tier 1	
<i>phenobarb tab 32.4mg</i>	Tier 1	
<i>phenobarb tab 60mg</i>	Tier 1	
<i>phenobarb tab 64.8mg</i>	Tier 1	
<i>phenobarb tab 97.2mg</i>	Tier 1	
<i>phenobarb tab 100mg</i>	Tier 1	

### **Non-Barbiturate Hypnotics**

<i>chloral hydr syp 500/5ml</i>	Tier 1	
<i>estazolam tab 1mg</i>	Tier 1	
<i>estazolam tab 2mg</i>	Tier 1	
<i>eszopiclone tab 2mg</i>	Tier 1	
<i>eszopiclone tab 3mg</i>	Tier 1	
<i>flurazepam cap 15mg</i>	Tier 1	
<i>flurazepam cap 30mg</i>	Tier 1	
<i>temazepam cap 15mg</i>	Tier 1	
<i>temazepam cap 30mg</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>triazolam tab 0.25mg</i>	Tier 1	
<i>triazolam tab 0.125mg</i>	Tier 1	
<i>zaleplon cap 5mg</i>	Tier 1	QL (30 / 30 days)
<i>zaleplon cap 10mg</i>	Tier 1	QL (30 / 30 days)
<i>zolpidem tab 5mg</i>	Tier 1	
<i>zolpidem tab 10mg</i>	Tier 1	

### **Selective Melatonin Receptor Agonists**

ROZEREM TAB 8MG	Tier 3	PA; MAIL
-----------------	--------	----------

## **LAXATIVES**

### **Bulk Laxatives**

<i>best fiber pow</i>	Tier 1	MAIL
<i>clr soluble pow fiber</i>	Tier 1	MAIL
<i>eq fiber pow</i>	Tier 1	MAIL
<i>fiber cap 0.52gm</i>	Tier 1	MAIL
<i>fiber laxativ tab 625mg</i>	Tier 1	MAIL
<i>fiber laxtiv cap 0.52gm</i>	Tier 1	MAIL
<i>fiber powder pow</i>	Tier 1	MAIL
<i>fiber tab 625mg</i>	Tier 1	MAIL
<i>fiber therap cap 0.52gm</i>	Tier 1	MAIL
<i>fiber therap pow 28.3%</i>	Tier 1	MAIL
<i>fiber therap pow 48.57%</i>	Tier 1	MAIL
<i>fiber therap pow 58.6%</i>	Tier 1	MAIL
<i>fiber therap tab 500mg</i>	Tier 1	MAIL
<i>fiber therap tab 625mg</i>	Tier 1	MAIL
<i>fiber-caps tab 625mg</i>	Tier 1	MAIL
<i>fiber-lax tab 625mg</i>	Tier 1	MAIL
<i>fibergen tab 625mg</i>	Tier 1	MAIL
<i>fibertab tab 625mg</i>	Tier 1	MAIL
<i>gnp best pow fiber</i>	Tier 1	MAIL
<i>hm fiber tab 500mg</i>	Tier 1	MAIL
KONSYL POW 28.3%	Tier 2	MAIL
KONSYL POW 100% PACK	Tier 2	MAIL
KONSYL-D POW 52.3%	Tier 2	MAIL
<i>metafiber pow 30.9%</i>	Tier 1	MAIL
<i>metafiber pow 48.57%</i>	Tier 1	MAIL
<i>metafiber pow 58.6%</i>	Tier 1	MAIL
METAMUCIL POW 28%	Tier 2	MAIL
<i>metamucil pow 30.9%</i>	Tier 1	MAIL
METAMUCIL POW 55.46%	Tier 2	MAIL
<i>metamucil pow 58.6%</i>	Tier 1	MAIL
METAMUCIL POW 58.12%	Tier 2	MAIL
METAMUCIL POW CLEAR	Tier 2	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
METAMUCIL WAF	Tier 2	MAIL
NAT FIBER POW 58.6%	Tier 2	MAIL
<i>psyllium pow 100%</i>	Tier 1	MAIL
<i>qc natural pow vegetabl</i>	Tier 1	MAIL
<i>ra fiber tab 500mg</i>	Tier 1	MAIL
<i>sb fib lax pow 33%</i>	Tier 1	MAIL
<i>sm fiber lax tab 500mg</i>	Tier 1	MAIL
<i>soluble fib tab therapy</i>	Tier 1	MAIL
<i>total fiber pow</i>	Tier 1	MAIL
UNIFIBER POW	Tier 2	MAIL
<i>veg fiber pow 63%</i>	Tier 1	MAIL

### **Laxative Combinations**

<i>gavilyte-c sol</i>	Tier 1	MAIL
<i>gavilyte-g sol</i>	Tier 1	MAIL
GOLYTELY SOL	Tier 2	MAIL
HALFLYTELY KIT FLAV PKS	Tier 2	MAIL, \$0 Copay for Bowel Preparation for age +50
MOVIPREP SOL	Tier 2	MAIL, \$0 Copay for Bowel Preparation for age +50
<i>peg 3350 sol electrol</i>	Tier 1	MAIL
<i>peg-3350 sol electrol</i>	Tier 1	MAIL
<i>peg-3350/kcl sol /sodium</i>	Tier 1	MAIL
PREPOPIK PAK	Tier 2	MAIL, \$0 Copay for Bowel Preparation for age +50
<i>senna-s tab 8.6-50mg</i>	Tier 1	MAIL

### **Laxatives - Miscellaneous**

<i>glycerin sup 1.2gm</i>	Tier 1	MAIL
<i>glycerin sup 2.1gm</i>	Tier 1	MAIL
<i>glycerin sup 2gm</i>	Tier 1	MAIL
<i>glycerin sup 80.7%</i>	Tier 1	MAIL
<i>lactulose sol 10gm/15 10gm/15ml</i>	Tier 1	MAIL
<i>lactulose sol 20gm/30</i>	Tier 1	MAIL
<i>polyeth glyc pow 3350 nf</i>	Tier 1	MAIL

### **Lubricant Laxatives**

MINERAL OIL	Tier 2	MAIL
<i>mineral oil ene</i>	Tier 1	MAIL

### **Saline Laxatives**

<i>disposable ene</i>	Tier 1	MAIL
<i>disposable ene single</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>disposable ene twin pk</i>	Tier 1	MAIL
<i>enema ene double</i>	Tier 1	MAIL
<i>enema ene single</i>	Tier 1	MAIL
<i>enema ready- ene -to-use</i>	Tier 1	MAIL
<i>eq enema ene double</i>	Tier 1	MAIL
<i>mag citrate sol cherry</i>	Tier 1	MAIL
<i>mag citrate sol grape</i>	Tier 1	MAIL
<i>mag citrate sol lemon</i>	Tier 1	MAIL
<i>milk of magn sus</i>	Tier 1	MAIL
MILK OF MAGN SUS 2400MG	Tier 2	MAIL
<i>oral saline sol laxative</i>	Tier 1	MAIL
OSMOPREP TAB 1.5GM	Tier 3	MAIL
<i>phosphate sol laxative</i>	Tier 1	MAIL
<i>saline ene laxative</i>	Tier 1	MAIL
VISICOL TAB 1.5GM	Tier 3	MAIL

### **Stimulant Laxatives**

<i>bisacodyl sup 10mg</i>	Tier 1	MAIL
<i>bisacodyl tab 5mg ec</i>	Tier 1	MAIL
<i>laxative chw 15mg</i>	Tier 1	MAIL
<i>senna syp 8.8mg/5</i>	Tier 1	MAIL
<i>senna tab 8.6mg</i>	Tier 1	MAIL
<i>senna tab 25mg</i>	Tier 1	MAIL
SENNABAL TAB 187MG	Tier 1	MAIL
VERACOLATE TAB	Tier 1	MAIL

### **Surfactant Laxatives**

<i>docu soft cap 100mg</i>	Tier 1	MAIL
<i>docusate cal cap 240mg</i>	Tier 1	MAIL
<i>docusate sod cap 250mg</i>	Tier 1	MAIL
<i>docusate sod liq 50mg/5ml</i>	Tier 1	MAIL
<i>docusate sod syp 20mg/5ml</i>	Tier 1	MAIL
<i>docusate sod tab 100mg</i>	Tier 1	MAIL
<i>docusol plus ene 20-283</i>	Tier 1	MAIL
<i>enemeez plus ene 20-283</i>	Tier 1	MAIL
PEDIA-LAX LIQ 50MG	Tier 2	MAIL
<i>stool softnr cap 50mg</i>	Tier 1	MAIL
<i>vacuant plus ene 20-283</i>	Tier 1	MAIL

## **MACROLIDES**

### **Azithromycin**

<i>azithromycin pow 1gm pak</i>	Tier 1	
<i>azithromycin sus 100/5ml</i>	Tier 1	
<i>azithromycin sus 200/5ml</i>	Tier 1	
<i>azithromycin tab 250mg</i>	Tier 1	

**PA** - Prior Authorization      **ST** - Step Therapy

**Age** - Special Age Limit may apply      **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;      **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;      **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>azithromycin tab 500mg</i>	Tier 1	
<i>azithromycin tab 600mg</i>	Tier 1	
<b>Clarithromycin</b>		
<i>clarithromyc sus 125/5ml</i>	Tier 1	
<i>clarithromyc sus 250/5ml</i>	Tier 1	
<i>clarithromyc tab 250mg</i>	Tier 1	
<i>clarithromyc tab 500mg</i>	Tier 1	
<i>clarithromyc tab 500mg er</i>	Tier 1	
<b>Erythromycins</b>		
<i>e.e.s. 400 tab 400mg</i>	Tier 1	
E.E.S. GRAN SUS 200/5ML	Tier 2	
ERY-TAB TAB 250MG EC	Tier 1	
ERY-TAB TAB 333MG EC	Tier 1	
ERY-TAB TAB 500MG EC	Tier 1	
ERYPED SUS 200/5ML	Tier 2	
<i>erythrocin tab 250mg</i>	Tier 1	
<i>erythrom eth tab 400mg</i>	Tier 1	
<i>erythromycin tab 250mg bs</i>	Tier 1	
<i>erythromycin tab 500mg bs</i>	Tier 1	
<b>Fidaxomicin</b>		
DIFICID TAB 200MG	Tier 4	PA

## **MEDICAL DEVICES**

### **Contraceptives**

FEMALE CONDOMS	PREV	MAIL
FEMCAP MIS 22MM	PREV	MAIL
FEMCAP MIS 26MM	PREV	MAIL
FEMCAP MIS 30MM	PREV	MAIL
OMNIFLEX DPR	PREV	MAIL
ORTHO COIL DPR KIT 50	PREV	MAIL
ORTHO COIL DPR KIT 100	PREV	MAIL
ORTHO COIL DPR KIT 105	PREV	MAIL
ORTHO FLAT DPR KIT 55	PREV	MAIL
ORTHO FLAT DPR KIT 60	PREV	MAIL
ORTHO FLAT DPR KIT 65	PREV	MAIL
ORTHO FLAT DPR KIT 70	PREV	MAIL
ORTHO FLAT DPR KIT 75	PREV	MAIL
ORTHO FLAT DPR KIT 80	PREV	MAIL
ORTHO FLAT DPR KIT 85	PREV	MAIL
ORTHO FLAT DPR KIT 90	PREV	MAIL
ORTHO FLAT DPR KIT 95	PREV	MAIL
ORTHO FLEX DPR 65MM	PREV	MAIL
ORTHO FLEX DPR 70MM	PREV	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
ORTHO FLEX DPR 75MM	PREV	MAIL
ORTHO FLEX DPR 80MM	PREV	MAIL
PRENTIF MIS 22MM	PREV	MAIL
PRENTIF MIS 25MM	PREV	MAIL
PRENTIF MIS 28MM	PREV	MAIL
PRENTIF MIS 31MM	PREV	MAIL
PRENTIF MIS FITTING	PREV	MAIL
TODAY SPONGE MIS	PREV	MAIL
WIDE-SEAL DPR KIT 60	PREV	MAIL
WIDE-SEAL DPR KIT 65	PREV	MAIL
WIDE-SEAL DPR KIT 70	PREV	MAIL
WIDE-SEAL DPR KIT 75	PREV	MAIL
WIDE-SEAL DPR KIT 80	PREV	MAIL
WIDE-SEAL DPR KIT 85	PREV	MAIL
WIDE-SEAL DPR KIT 90	PREV	MAIL
WIDE-SEAL DPR KIT 95	PREV	MAIL

### **Diabetic Supplies**

LANCETS	DME	MAIL
TRUE METRIX BLOOD GLUCOSE KIT	DME	QL (1 per 365 Days); MAIL
TRUE METRIX KIT AIR	DME	QL (1 per 365 days); MAIL

### **Misc. Devices**

ALCOHOL SWABS	Tier 2	MAIL
---------------	--------	------

### **Parenteral Therapy Supplies**

INSULIN PEN NEEDLES	DME	MAIL
INSULIN SYRINGES	DME	MAIL
NEEDLE (DISP) 18 X 1-1/2"	DME	MAIL
SYRINGE (DISPOSABLE) 3 ML	DME	MAIL

### **Respiratory Therapy Supplies**

NEBULIZERS	Tier 2	MAIL
RESPIRATORY MASKS	Tier 2	MAIL
SPACERS	Tier 2	QL (1 per 365 Days); MAIL

## **MIGRAINE PRODUCTS**

### **Migraine Products**

ERGOMAR SUB 2MG	Tier 3	MAIL
-----------------	--------	------

### **Serotonin Agonists**

<i>almotrip mal tab 6.25mg</i>	Tier 1	QL (6 per 30 days), ST; MAIL
<i>almotrip mal tab 12.5mg</i>	Tier 1	QL (12 per 50 days), ST; MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
FROVA TAB 2.5MG	Tier 3	QL (9 per 45 Days), ST; MAIL
<i>frovatriptan tab 2.5mg</i>	Tier 1	QL (9 per 45 Days), ST; MAIL
<i>naratriptan tab 1mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>naratriptan tab 2.5mg</i>	Tier 1	QL (9 per 30 Days); MAIL
RELPAK TAB 20MG	Tier 3	QL (6 per 30 Days), ST; MAIL
RELPAK TAB 40MG	Tier 3	QL (6 per 30 Days), ST; MAIL
<i>rizatriptan tab 5mg</i>	Tier 1	QL (12 / 30 days), ST; MAIL
<i>rizatriptan tab 10mg</i>	Tier 1	QL (12 / 30 days), ST; MAIL
<i>sumatriptan tab 25mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>sumatriptan tab 50mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>sumatriptan tab 100mg</i>	Tier 1	QL (9 per 30 Days); MAIL
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL
<i>zolmitriptan tab 2.5mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL
<i>zolmitriptan tab 5mg</i>	Tier 1	QL (6 per 30 Days), ST; MAIL
ZOMIG NASAL SPR 5MG	Tier 3	QL (6 per 30 Days), ST; MAIL
ZOMIG ZMT ODT 2.5 MG	Tier 3	QL (6 per 30 Days), ST; MAIL
ZOMIG ZMT ODT 5MG	Tier 3	QL (6 per 30 Days), ST; MAIL

## **MINERALS ELECTROLYTES**

### **Calcium**

<i>ca cit/vit d tab 315/200</i>	Tier 1	MAIL
<i>ca cit/vit d tab 315/250</i>	Tier 1	MAIL
<i>ca/mg/zn tab</i>	Tier 1	MAIL
<i>calc 600+d tab 600-800</i>	Tier 1	MAIL
<i>calc cit+d3 tab 250-200</i>	Tier 1	MAIL
<i>calc citr/d3 tab 200-250</i>	Tier 1	MAIL
<i>calcitrate tab 950mg</i>	Tier 1	MAIL
<i>calcium 500 tab +d</i>	Tier 1	MAIL
CALCIUM 600 CHW +D/MINER	Tier 1	MAIL
<i>calcium 600 chw +d/mnrsl</i>	Tier 1	MAIL
<i>calcium 600 chw w/vit d</i>	Tier 1	MAIL
<i>calcium + d3 tab 600mg</i>	Tier 1	MAIL
<i>calcium carb sus 1250/5ml</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>calcium carb tab 600mg</i>	Tier 1	MAIL
<i>calcium carb tab 1250mg</i>	Tier 1	MAIL
<i>calcium chw 500mg</i>	Tier 1	MAIL
<i>calcium tab 600mg 1500mg</i>	Tier 1	MAIL
<i>calcium+d tab 600-400</i>	Tier 1	MAIL
<i>calcium/d3 tab 500-400</i>	Tier 1	MAIL
<i>calcium/d cap 600mg</i>	Tier 1	MAIL
<i>calcium/d chw 500-400</i>	Tier 1	MAIL
<i>calcium/d tab 250mg</i>	Tier 1	MAIL
<i>calcium/d tab 500-200</i>	Tier 1	MAIL
<i>calcium/d tab 500/200</i>	Tier 1	MAIL
<i>calcium/d tab 500mg</i>	Tier 1	MAIL
<i>calcium/d tab 600-200</i>	Tier 1	MAIL
<i>calcium/d tab 600-400</i>	Tier 1	MAIL
<i>calcium/d tab 600mg</i>	Tier 1	MAIL
<i>calcium/vitd tab 500-400</i>	Tier 1	MAIL
<i>calcium/vt d tab 600-125</i>	Tier 1	MAIL
<i>calvite p&amp;d tab</i>	Tier 1	MAIL
<i>os-cal 500 chw</i>	Tier 1	MAIL
<i>oys shell+d tab 250-125</i>	Tier 1	MAIL
<i>oysco 500+d chw</i>	Tier 1	MAIL
<i>oyst shell/d tab 500mg</i>	Tier 1	MAIL
<i>oyster shell tab 500mg</i>	Tier 1	MAIL
<i>ra calcium+d tab 600mg</i>	Tier 1	MAIL
<b>Electrolyte Mixtures</b>		
<i>ped elctrylt sol</i>	Tier 1	MAIL
<b>Fluoride</b>		
<i>fluoride chw 0.5mg f</i>	PREV	MAIL
<i>fluoride chw 0.25mg f</i>	PREV	MAIL
<i>fluoride chw 1mg f</i>	PREV	MAIL
<i>fluoritab dro 0.125mg</i>	PREV	MAIL
<i>flura-drops dro 0.25mg f</i>	PREV	MAIL
<i>sod fluoride dro 0.5mg/ml</i>	PREV	MAIL
<i>sod fluoride tab 0.5mg f</i>	PREV	MAIL
<b>Magnesium</b>		
<i>mag-sr tab 535mg</i>	Tier 1	MAIL
<i>magnesium cap 500mg</i>	Tier 1	MAIL
<i>magnesium gl tab 500mg</i>	Tier 1	MAIL
<i>magnesium tab 200mg</i>	Tier 1	MAIL
<i>magnesium tab 250mg 250mg</i>	Tier 1	MAIL
<i>magnesium tab 500mg</i>	Tier 1	MAIL
<i>magnesium-ox tab 400mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Phosphate</b>		
<i>phospha 250 tab neutral</i>	Tier 1	MAIL
<b>Potassium</b>		
<i>pot chloride cap 8meq er</i>	Tier 1	MAIL
<i>pot chloride cap 10meq er</i>	Tier 1	MAIL
<i>pot chloride liq 10%</i>	Tier 1	MAIL
<i>pot chloride liq 20%</i>	Tier 1	MAIL
<i>pot chloride tab 8meq er</i>	Tier 1	MAIL
<i>pot chloride tab 10meq er</i>	Tier 1	MAIL
<i>pot cl micro tab 10meq er</i>	Tier 1	MAIL
<i>pot cl micro tab 20meq er</i>	Tier 1	MAIL
<i>potassium tab 25meq ef</i>	Tier 1	MAIL
<b>Sodium</b>		
<i>sod chloride tab 1000mg</i>	Tier 1	MAIL
<b>Zinc</b>		
<i>zinc sulfate cap 220mg</i>	Tier 1	MAIL
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<b>MISC. NUTRITIONAL SUBSTANCES</b>		
<i>prenatal dha cap 200mg</i>	Tier 1	MAIL
<b>MOUTH/THROAT/DENTAL AGENTS</b>		
<b>Anesthetics Topical Oral</b>		
<i>lidocaine sol 2% visc</i>	Tier 1	MAIL
<b>Anti-infectives - Throat</b>		
<i>clotrimazole tro 10mg</i>	Tier 1	MAIL
<i>nystatin sus 100000</i>	Tier 1	MAIL
ORAVIG TAB 50MG	Tier 3	MAIL
<b>Antiseptics - Mouth/Throat</b>		
<i>paroex sol 0.12%</i>	Tier 1	MAIL
<i>periogard sol 0.12%</i>	Tier 1	MAIL
<b>Dental Products</b>		
<i>denta 5000 cre plus</i>	Tier 1	MAIL
<i>fluoridex gel 1.1%</i>	Tier 1	MAIL
<b>Steroids - Mouth/Throat</b>		
<i>triamcinolon pst 0.1%</i>	Tier 1	MAIL
<b>Throat Products - Misc.</b>		
<i>cevimeline cap 30mg</i>	Tier 1	PA; MAIL
<i>pilocarpine tab 5mg</i>	Tier 1	MAIL
<i>pilocarpine tab 7.5mg</i>	Tier 1	MAIL
<b>MULTIVITAMINS</b>		
<b>B-Complex w/ Folic Acid</b>		

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>b complex tab vit c</i>	Tier 1	MAIL
<i>folbee plus tab</i>	Tier 1	MAIL
<i>rena-vite rx tab</i>	Tier 1	MAIL
<i>renal tab multivit</i>	Tier 1	MAIL
<i>reno cap</i>	Tier 1	MAIL
<i>virt-vite tab plus</i>	Tier 1	MAIL
<b>Multiple Vitamins w/ Iron</b>		
<i>multi-day tab /iron</i>	Tier 1	MAIL
<b>Multiple Vitamins w/ Minerals</b>		
<i>multi cap complete</i>	Tier 1	MAIL
<i>multi vitamn tab minerals</i>	Tier 1	MAIL
<i>multivitamin liq mineral</i>	Tier 1	MAIL
<b>Multivitamins</b>		
<i>mult vitamin tab daily</i>	Tier 1	MAIL
<i>multivitamin cap</i>	Tier 1	MAIL
<b>Ped MV w/ Fluoride</b>		
<i>mult-vit/fl chw 0.5mg</i>	Tier 1	MAIL
<i>multi-vit/fl chw 0.25mg</i>	Tier 1	MAIL
<i>multi-vit/fl chw 1mg</i>	Tier 1	MAIL
<i>multi-vit/fl dro 0.5mg/ml</i>	Tier 1	MAIL
<i>multi-vit/fl dro 0.25mg</i>	Tier 1	MAIL
QUFLORA PED CHW 0.5MG	Tier 1	MAIL
QUFLORA PED CHW 0.25MG	Tier 1	MAIL
QUFLORA PED CHW 1MG	Tier 1	MAIL
<i>tri-vit/flu dro 0.5mg</i>	Tier 1	MAIL
<i>tri-vit/flu dro 0.25mg</i>	Tier 1	MAIL
<b>Ped MV w/ Iron</b>		
<i>childrens chw /iron</i>	Tier 1	MAIL
<i>polyvitamin dro /iron</i>	Tier 1	MAIL
<b>Ped Multi Vitamins w/Fl FE</b>		
<i>multi-vit/fl dro /fe 0.25</i>	Tier 1	MAIL
<i>tri-vit/fe dro /fl 0.25</i>	Tier 1	MAIL
<b>Ped Multiple Vitamins w/ Minerals</b>		
<i>childrens chw gummies</i>	Tier 1	MAIL
<i>multivitamin dro pediatr</i>	Tier 1	MAIL
<i>polyvitamin chw /iron</i>	Tier 1	MAIL
<b>Pediatric Multiple Vitamins</b>		
<i>kids vitamin chw extra c</i>	Tier 1	MAIL
<i>poly vitamin chw</i>	Tier 1	MAIL
<i>polyvitamin dro</i>	Tier 1	MAIL
<b>Pediatric Vitamins</b>		

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tri-vitamin dro</i>	Tier 1	MAIL
<b>Prenatal Vitamins</b>		
CL PRENATAL TAB 28-0.8MG	Tier 2	MAIL
CO-NATAL FA TAB 29-1MG	Tier 2	MAIL
COMPLETENATE CHW	Tier 2	MAIL
CVS PRENATAL TAB	Tier 2	MAIL
CVS PRENATAL TAB 28-0.8MG	Tier 2	MAIL
EQL PRENATAL TAB FORMULA	Tier 2	MAIL
GNP PRENATAL TAB 28-0.8MG	Tier 2	MAIL
HM PRENATAL TAB	Tier 2	MAIL
<i>inatal adv tab</i>	Tier 1	MAIL
<i>inatal gt tab</i>	Tier 1	MAIL
<i>inatal ultra tab</i>	Tier 1	MAIL
KP PRENATAL TAB MULTIVIT	Tier 2	MAIL
M-VIT TAB 27-1MG	Tier 2	MAIL
MISSION PREN TAB /FA	Tier 2	MAIL
MISSION PREN TAB HP	Tier 2	MAIL
MULTI PRENAT TAB	Tier 2	MAIL
NATAL-V RX TAB 29-1MG	Tier 2	MAIL
PNV FOLIC AC TAB + IRON	Tier 2	MAIL
PRE-NATAL TAB FORMULA	Tier 2	MAIL
<i>prenaplus tab</i>	Tier 1	MAIL
<i>prenatabs fa tab</i>	Tier 1	MAIL
<i>prenatabs rx tab</i>	Tier 1	MAIL
<i>prenatal 19 chw tab</i>	Tier 1	MAIL
<i>prenatal 19 tab</i>	Tier 1	MAIL
<i>prenatal ad tab</i>	Tier 1	MAIL
PRENATAL ONE TAB DAILY	Tier 2	MAIL
PRENATAL TAB	Tier 2	MAIL
PRENATAL TAB 27-0.8MG	Tier 2	MAIL
PRENATAL TAB 27-1MG	Tier 2	MAIL
PRENATAL TAB 28-0.8MG	Tier 2	MAIL
PRENATAL TAB COMPLETE	Tier 2	MAIL
PRENATAL TAB FORMULA	Tier 2	MAIL
PRENATAL TAB FORTE	Tier 2	MAIL
PRENATAL TAB LOW IRON	Tier 2	MAIL
<i>prenatal tab plus</i>	Tier 1	MAIL
PRENATAL TAB PLUS	Tier 2	MAIL
<i>prenatal tab plus fe</i>	Tier 1	MAIL
PRENATAL TAB VITAMINS	Tier 2	MAIL
PRENATAL VIT TAB PLUS	Tier 2	MAIL
PRENATAL/FE TAB	Tier 2	MAIL

**PA** - Prior Authorization      **ST** - Step Therapy

**Age** - Special Age Limit may apply      **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;      **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;      **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
PX PRENATAL TAB MULTIVIT	Tier 2	MAIL
QC PRENATAL TAB 28-0.8MG	Tier 2	MAIL
RA PRENATAL TAB 28-0.8MG	Tier 2	MAIL
RA PRENATAL TAB FORMULA	Tier 2	MAIL
RIGHT STEP TAB PRENATAL	Tier 2	MAIL
SE-NATAL 19 CHW	Tier 2	MAIL
SE-NATAL ONE TAB	Tier 2	MAIL
SM PRENATAL TAB VITAMINS	Tier 2	MAIL
STUART PREN TAB	Tier 2	MAIL
TH PRENATAL TAB VITAMINS	Tier 2	MAIL
THERANATAL TAB 27-1	Tier 2	MAIL
<i>triadvance tab</i>	Tier 1	MAIL
<i>trinate tab</i>	Tier 1	MAIL
<i>ultra tabs tab</i>	Tier 1	MAIL
VINATE ONE TAB	Tier 2	MAIL
VOL-PLUS TAB	Tier 2	MAIL
VOL-TAB RX TAB	Tier 2	MAIL

## **MUSCULOSKELETAL THERAPY AGENTS**

### **Central Muscle Relaxants**

<i>baclofen tab 10mg</i>	Tier 1	MAIL
<i>baclofen tab 20mg</i>	Tier 1	MAIL
<i>carisoprodol tab 350mg</i>	Tier 1	
<i>chlorzoxazon tab 500mg</i>	Tier 1	MAIL
<i>cyclobenzapr tab 5mg</i>	Tier 1	MAIL
<i>cyclobenzapr tab 10mg</i>	Tier 1	MAIL
<i>metaxalone tab 800mg</i>	Tier 1	PA; MAIL
<i>methocarbam tab 500mg</i>	Tier 1	MAIL
<i>methocarbam tab 750mg</i>	Tier 1	MAIL
<i>orphenadrine tab 100mg er</i>	Tier 1	MAIL
<i>tizanidine tab 2mg</i>	Tier 1	MAIL
<i>tizanidine tab 4mg</i>	Tier 1	MAIL

### **Direct Muscle Relaxants**

<i>dantrolene cap 25mg</i>	Tier 1	MAIL
<i>dantrolene cap 50mg</i>	Tier 1	MAIL
<i>dantrolene cap 100mg</i>	Tier 1	MAIL

### **Viscosupplements**

EUFLEXXA INJ 10MG/ML	Tier 4	PA
----------------------	--------	----

## **NASAL AGENTS - SYSTEMIC AND TOPICAL**

### **Nasal Agents - Misc.**

<i>saline nasal spr 0.65%</i>	Tier 1	MAIL
-------------------------------	--------	------

### **Nasal Anti-infectives**

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
BACTROBAN OIN NASAL 2%	Tier 2	PA; MAIL

### **Nasal Antiallergy**

<i>azelastine spr 0.1%</i>	Tier 1	MAIL
<i>cromolyn sod spr 5.2/act</i>	Tier 1	MAIL

### **Nasal Anticholinergics**

<i>ipratropium spr 0.03%</i>	Tier 1	MAIL
<i>ipratropium spr 0.06%</i>	Tier 1	MAIL

### **Nasal Steroids**

<i>flunisolide spr 0.025%</i>	Tier 1	MAIL
<i>flunisolide spr 29mcg</i>	Tier 1	MAIL
<i>fluticasone spr 50mcg</i>	Tier 1	MAIL
NASACORT ALR SPR 55MCG/AC	Tier 3	MAIL
<i>triamcinolon aer 55mcg/ac</i>	Tier 1	MAIL

### **Sympathomimetic Decongestants**

<i>child silfed liq 15mg/5ml</i>	Tier 1	MAIL
<i>chld decongs liq 15mg/5ml</i>	Tier 1	MAIL
<i>nasal decon liq 15mg/5ml</i>	Tier 1	MAIL
<i>nasal decong liq 30mg/5ml</i>	Tier 1	MAIL
<i>nasal decong tab 10mg</i>	Tier 1	MAIL
<i>non-pseudo tab 10mg</i>	Tier 1	MAIL
<i>oxymetazolin spr 0.05%</i>	Tier 1	MAIL
<i>pseudoephedr syp 30mg/5ml</i>	Tier 1	MAIL
<i>pseudoephedr tab 30mg</i>	Tier 1	MAIL
<i>pseudoephedr tab 60mg</i>	Tier 1	MAIL
<i>pseudoephedr tab 120mg er</i>	Tier 1	MAIL
<i>sinus/conges tab 10mg</i>	Tier 1	MAIL
SUDAFED PE SOL CHILDREN	Tier 2	MAIL
<i>sudogest pe tab 10mg</i>	Tier 1	MAIL
<i>suphedrine tab 10mg</i>	Tier 1	MAIL
<i>suphedrine tab pe 10mg</i>	Tier 1	MAIL
TYZINE PED DRO 0.05%	Tier 3	MAIL
TYZINE SOL 0.1%	Tier 3	MAIL
<i>unifed liq 30mg/5ml</i>	Tier 1	MAIL

## **NEUROMUSCULAR AGENTS**

### **ALS Agents**

<i>riluzole tab 50mg</i>	Tier 1	PA; MAIL
--------------------------	--------	----------

## **NON-BARBITURATE HYPNOTICS**

### **NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS**

<i>eszopiclone tab 1mg</i>	Tier 1	
----------------------------	--------	--

## **NUTRIENTS**

### **Misc. Nutritional Substances**

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>fish oil cap 1000mg CPDR</i>	Tier 1	MAIL
<i>fish oil cap 1200mg CPDR</i>	Tier 1	MAIL

## **OPHTHALMIC AGENTS**

### **Artificial Tears and Lubricants**

<i>artifi tears dro 1-0.3%</i>	Tier 1	MAIL
<i>artifi tears oin op</i>	Tier 1	MAIL
<i>artifi tears sol op</i>	Tier 1	MAIL
<i>artificial dro tears</i>	Tier 1	MAIL
<i>artificial sol tears</i>	Tier 1	MAIL
<i>artificial sol tears op</i>	Tier 1	MAIL
LACRISERT MIS 5MG OP	Tier 3	PA; MAIL
<i>lubricant dro 1.4%</i>	Tier 1	MAIL
<i>lubricating sol 0.5%</i>	Tier 1	MAIL
<i>lubricnt eye dro 0.4-0.3%</i>	Tier 1	MAIL
<i>lubricnt eye dro 0.5% op</i>	Tier 1	MAIL
<i>pure &amp; gentl dro 0.3%</i>	Tier 1	MAIL

### **Beta-blockers - Ophthalmic**

<i>betaxolol sol 0.5% op</i>	Tier 1	MAIL
<i>carteolol sol 1% op</i>	Tier 1	MAIL
COMBIGAN SOL 0.2/0.5%	Tier 2	MAIL
<i>dorzol/timol sol 2-0.5%op</i>	Tier 1	MAIL
<i>levobunolol sol 0.5% op</i>	Tier 1	MAIL
<i>levobunolol sol 0.25% op</i>	Tier 1	MAIL
<i>metipranolol sol 0.3% oph</i>	Tier 1	MAIL
<i>timolol gel sol 0.5% op</i>	Tier 1	MAIL
<i>timolol gel sol 0.25% op</i>	Tier 1	MAIL
<i>timolol mal sol 0.5% op</i>	Tier 1	MAIL
<i>timolol mal sol 0.25% op</i>	Tier 1	MAIL

### **Cycloplegic Mydriatics**

<i>atropine sul sol 1% op</i>	Tier 1	MAIL
<i>tropicamide sol 0.5% op</i>	Tier 1	MAIL
<i>tropicamide sol 1% op</i>	Tier 1	MAIL

### **Miotics**

PHOSPHOLINE SOL 0.125%OP	Tier 2	MAIL
<i>pilocarpine sol 1% op</i>	Tier 1	MAIL
<i>pilocarpine sol 2% op</i>	Tier 1	MAIL
<i>pilocarpine sol 4% op</i>	Tier 1	MAIL

### **Ophthalmic Adrenergic Agents**

<i>apraclonidin sol 0.5% op</i>	Tier 1	MAIL
<i>brimonidine sol 0.2% op</i>	Tier 1	MAIL
<i>brimonidine sol 0.15%</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Ophthalmic Anti-infectives</b>		
<i>bacit/polymy oin op</i>	Tier 1	MAIL
<i>bacitracin oin op</i>	Tier 1	MAIL
BESIVANCE SUS 0.6%	Tier 3	MAIL
<i>ciprofloxacin sol 0.3% op</i>	Tier 1	MAIL
<i>erythromycin oin 5mg/gm</i>	Tier 1	MAIL
<i>gatifloxacin sol 0.5%</i>	Tier 1	MAIL
<i>gentamicin oin 0.3% op</i>	Tier 1	MAIL
<i>gentamicin sol 0.3% op</i>	Tier 1	MAIL
<i>levofloxacin sol 0.5%</i>	Tier 1	MAIL
<i>neo/bac/poly oin op</i>	Tier 1	MAIL
<i>neo/poly/gra sol op</i>	Tier 1	MAIL
<i>ofloxacin dro 0.3% op</i>	Tier 1	MAIL
<i>sulfacet sod sol 10% op</i>	Tier 1	MAIL
<i>tobramycin sol 0.3% op</i>	Tier 1	MAIL
<i>trifluridine sol 1% op</i>	Tier 1	MAIL
<i>trimethoprim sol polymyxn</i>	Tier 1	MAIL
VIGAMOX DRO 0.5%	Tier 3	PA; MAIL
ZIRGAN GEL 0.15%	Tier 3	PA; MAIL
<b>Ophthalmic Decongestants</b>		
<i>naphazoline sol 0.1% op</i>	Tier 1	MAIL
<b>Ophthalmic Local Anesthetics</b>		
<i>proparacaine sol 0.5% op</i>	Tier 1	MAIL
<b>Ophthalmic Steroids</b>		
ALREX SUS 0.2%	Tier 3	MAIL
<i>dexameth pho sol 0.1% op</i>	Tier 1	MAIL
DUREZOL EMU 0.05%	Tier 3	MAIL
<i>fluoromethol sus 0.1% op</i>	Tier 1	MAIL
LOTEMAX GEL 0.5%	Tier 3	MAIL
LOTEMAX OIN 0.5%	Tier 3	MAIL
LOTEMAX SUS 0.5%	Tier 3	MAIL
<i>neo/poly/bac oin /hc 1%op</i>	Tier 1	MAIL
<i>neo/poly/dex oin 0.1% op</i>	Tier 1	MAIL
<i>neo/poly/dex sus 0.1% op</i>	Tier 1	MAIL
<i>prednisolone sus 1% op</i>	Tier 1	MAIL
<i>sulf/pred na sol op</i>	Tier 1	MAIL
<i>tobra/dexame sus 0.3-0.1%</i>	Tier 1	MAIL
VEXOL SUS 1% OP	Tier 2	MAIL
<b>Ophthalmics - Misc.</b>		
ALOCRI SOL 2%	Tier 3	MAIL
ALOMIDE SOL 0.1% OP	Tier 3	MAIL
<i>azelastine dro 0.05%</i>	Tier 1	PA; MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AZOPT SUS 1% OP	Tier 2	MAIL
BEPREVE DRO 1.5%	Tier 3	MAIL
<i>bromfenac sol 0.09%</i>	Tier 1	MAIL
<i>cromolyn sod sol 4% op</i>	Tier 1	MAIL
<i>diclofenac sol 0.1% op</i>	Tier 1	MAIL
<i>dorzolamide sol 2% op</i>	Tier 1	MAIL
EMADINE SOL 0.05% OP	Tier 3	MAIL
<i>epinastine dro 0.05%</i>	Tier 1	MAIL
<i>flurbiprofen sol 0.03% op</i>	Tier 1	MAIL
<i>ketorolac sol 0.4%</i>	Tier 1	MAIL
<i>ketorolac sol 0.5%</i>	Tier 1	MAIL
<i>ketotif fum dro 0.025%op</i>	Tier 1	MAIL
LASTACFT SOL 0.25%	Tier 3	MAIL
<i>olopatadine hcl ophth soln 0.1%</i>	Tier 1	MAIL
PATADAY SOL 0.2%	Tier 3	MAIL
PATANOL SOL 0.1% OP	Tier 3	MAIL
<i>sod chloride oin 5% op</i>	Tier 1	MAIL
<i>sod chloride sol 5% op</i>	Tier 1	MAIL

### **Prostaglandins - Ophthalmic**

<i>latanoprost sol 0.005%</i>	Tier 1	MAIL
LUMIGAN SOL 0.01%	Tier 3	ST; MAIL
LUMIGAN SOL 0.03%	Tier 3	ST; MAIL
TRAVATAN Z DRO 0.004%	Tier 2	ST; MAIL
<i>travoprost dro 0.004%</i>	Tier 1	ST; MAIL
ZIOPTAN DRO 0.0015%	Tier 2	ST; MAIL

## **OTIC AGENTS**

### **Otic Agents - Miscellaneous**

<i>acetic acid sol 2% otic</i>	Tier 1	MAIL
<i>ear drying dro 95-5%</i>	Tier 1	MAIL
<i>ear wax remv sol 6.5% ot</i>	Tier 1	MAIL

### **Otic Anti-infectives**

<i>ciprofloxacin sol 0.2%</i>	Tier 1	
<i>ofloxacin dro 0.3%otic</i>	Tier 1	MAIL

### **Otic Combinations**

<i>antipy/benzo sol otic</i>	Tier 1	MAIL
CORTISPORIN SUS -TC OTIC	Tier 3	MAIL
<i>neo/poly/hc sol 1% otic</i>	Tier 1	MAIL
<i>neo/poly/hc sus 1% otic</i>	Tier 1	MAIL

### **Otic Steroids**

<i>hc/acet acid sol otic</i>	Tier 1	MAIL
------------------------------	--------	------

## **OXYTOCICS**

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<b>Oxytocics</b>		
<i>methylergon tab 0.2mg</i>	Tier 1	MAIL

## PASSIVE IMMUNIZING AGENTS

### **Immune Serums**

CARIMUNE INJ 12GM	Tier 4	PA
CARIMUNE NF INJ 12GM	Tier 4	PA
FLEBOGAMMA INJ 5%	Tier 4	PA
FLEBOGAMMA INJ 10%	Tier 4	PA
FLEBOGAMMA INJ DIF 5% .5gm/10ml, 5gm/100ml	Tier 4	PA
GAMASTAN S/D INJ	Tier 4	PA
GAMMAGARD INJ 1GM/10ML	Tier 4	PA
GAMMAGARD SD INJ 10GM HU	Tier 4	PA
GAMMAKED INJ 1GM/10ML	Tier 4	PA
GAMMAPLEX INJ 5GM	Tier 4	PA
GAMUNEX INJ 10%	Tier 4	PA
GAMUNEX-C INJ 1GM/10ML	Tier 4	PA
HIZENTRA INJ 2GM/10ML	Tier 4	PA
IMMUNE GLOBU INJ HUMAN	Tier 4	PA
OCTAGAM INJ 5GM	Tier 4	PA
PANGLOBULIN INJ 12GM	Tier 4	PA
PANGLOBULIN SOL 12GM	Tier 4	PA
POLYGAM S/D SOL 10GM	Tier 4	PA
PRIVIGEN INJ 20GRAMS	Tier 4	PA
RHOGAM PLUS INJ 300MCG	Tier 4	PA
SANDOGLOBULI INJ IV 12GM	Tier 4	PA
VENOGLOBUL-S INJ 10%	Tier 4	PA

### **Monoclonal Antibodies**

SYNAGIS INJ 50MG	Tier 4	PA
SYNAGIS INJ 100MG/ML	Tier 4	PA

## PENICILLINS

### **Aminopenicillins**

<i>amoxicillin cap 250mg</i>	Tier 1	
<i>amoxicillin cap 500mg</i>	Tier 1	
<i>amoxicillin chw 125mg</i>	Tier 1	
<i>amoxicillin chw 250mg</i>	Tier 1	
<i>amoxicillin sus 125/5ml</i>	Tier 1	
<i>amoxicillin sus 200/5ml</i>	Tier 1	
<i>amoxicillin sus 250/5ml</i>	Tier 1	
<i>amoxicillin sus 400/5ml</i>	Tier 1	
<i>amoxicillin tab 500mg</i>	Tier 1	
<i>amoxicillin tab 875mg</i>	Tier 1	

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>ampicillin cap 250mg</i>	Tier 1	
<i>ampicillin cap 500mg</i>	Tier 1	
<i>ampicillin sus 125/5ml</i>	Tier 1	
<i>ampicillin sus 250/5ml</i>	Tier 1	
<b>Natural Penicillins</b>		
<i>penicillin vk sol 125/5ml</i>	Tier 1	
<i>penicillin vk sol 250/5ml</i>	Tier 1	
<i>penicillin vk tab 250mg</i>	Tier 1	
<i>penicillin vk tab 500mg</i>	Tier 1	
<b>Penicillin Combinations</b>		
<i>amox/k clav chw 200mg</i>	Tier 1	AGE
<i>amox/k clav chw 400mg</i>	Tier 1	AGE
<i>amox/k clav sus 200/5ml</i>	Tier 1	AGE
<i>amox/k clav sus 250/5ml</i>	Tier 1	AGE
<i>amox/k clav sus 400/5ml</i>	Tier 1	AGE
<i>amox/k clav sus 600/5ml</i>	Tier 1	AGE
<i>amox/k clav tab 250mg</i>	Tier 1	
<i>amox/k clav tab 500mg</i>	Tier 1	
<i>amox/k clav tab 875mg</i>	Tier 1	
AUGMENTIN SUS 125/5ML	Tier 2	AGE
<b>Penicillinase-Resistant Penicillins</b>		
<i>dicloxacillin cap 250mg</i>	Tier 1	
<i>dicloxacillin cap 500mg</i>	Tier 1	
<b>PRENATAL VITAMINS</b>		
<b>PRENATAL MV MIN W/FE-FA</b>		
PRENATAL MUL CAP +DHA	Tier 2	MAIL
<b>PRENATAL MV MIN W/FE-FA-DHA</b>		
PRENATAL MV MIS + DHA	Tier 2	MAIL
<b>PROGESTINS</b>		
<b>Progestins</b>		
<i>medroxyprogesterone acetate tab 2.5mg</i>	Tier 1	MAIL
<i>medroxyprogesterone acetate tab 5mg</i>	Tier 1	MAIL
<i>medroxyprogesterone acetate tab 10mg</i>	Tier 1	MAIL
<i>norethindrone acetate tab 5mg</i>	Tier 1	MAIL
<i>progesterone cap 100mg</i>	Tier 1	MAIL
<i>progesterone cap 200mg</i>	Tier 1	MAIL
<b>PROTEIN CONVERTASE SUBSTITUTES/INHIBITORS TYPE 9 INHIBITORS</b>		
<b>PCSK9 INHIBITORS</b>		
REPATHA INJ 140MG/ML	Tier 4	PA
REPATHA SURE INJ 140MG/ML	Tier 4	PA
<b>PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.</b>		

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<b>Agents for Chemical Dependency</b>		
<i>acamprosate calcium tab 333 mg</i>	Tier 1	PA; MAIL
<i>disulfiram tab 250mg</i>	Tier 1	MAIL
<i>disulfiram tab 500mg</i>	Tier 1	MAIL
<b>Anti-Cataleptic Agents</b>		
XYREM SOL 500MG/ML	Tier 2	PA
<b>Antidementia Agents</b>		
<i>donepezil tab 5mg</i>	Tier 1	MAIL
<i>donepezil tab 5mg odt</i>	Tier 1	MAIL
<i>donepezil tab 10mg</i>	Tier 1	MAIL
<i>donepezil tab 10mg odt</i>	Tier 1	MAIL
<i>exelon dis 4.6mg/24</i>	Tier 1	PA; MAIL
<i>exelon dis 9.5mg/24</i>	Tier 1	PA; MAIL
<i>galantamine cap 8mg er</i>	Tier 1	MAIL
<i>galantamine cap 24mg er</i>	Tier 1	MAIL
<i>galantamine tab 4mg</i>	Tier 1	MAIL
<i>galantamine tab 8mg</i>	Tier 1	MAIL
<i>galantamine tab 12mg</i>	Tier 1	MAIL
<i>memant titra pak 5-10mg</i>	Tier 1	MAIL
<i>memantine hcl tab 5 mg</i>	Tier 1	MAIL
<i>memantine hcl tab 10 mg</i>	Tier 1	MAIL
<i>namenda sol 10mg/5ml 2mg/ml</i>	Tier 1	MAIL
NAMENDA XR CAP 7MG	Tier 3	MAIL
NAMENDA XR CAP 14MG	Tier 3	MAIL
NAMENDA XR CAP 21MG	Tier 3	MAIL
NAMENDA XR CAP 28MG	Tier 3	MAIL
NAMENDA XR TITRATION PACK	Tier 3	MAIL
<i>rivastigmine cap 1.5mg</i>	Tier 1	MAIL
<i>rivastigmine cap 3mg</i>	Tier 1	MAIL
<i>rivastigmine cap 4.5mg</i>	Tier 1	MAIL
<i>rivastigmine cap 6mg</i>	Tier 1	MAIL
<i>rivastigmine dis 13.3/24</i>	Tier 1	PA; MAIL
<b>Fibromyalgia Agents</b>		
SAVELLA MIS TITR PAK	Tier 3	PA; MAIL
SAVELLA TAB 12.5MG	Tier 3	PA; MAIL
SAVELLA TAB 25MG	Tier 3	PA; MAIL
SAVELLA TAB 50MG	Tier 3	PA; MAIL
SAVELLA TAB 100MG	Tier 3	PA; MAIL
<b>Movement Disorder Drug Therapy</b>		
<i>tetrabenazine tab 12.5 mg</i>	Tier 4	PA
<i>tetrabenazine tab 25 mg</i>	Tier 4	PA
<b>Multiple Sclerosis Agents</b>		

PA - Prior Authorization ST - Step Therapy

Age - Special Age Limit may apply MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs; Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay; DME = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
AMPYRA TAB 10MG	Tier 4	PA
AVONEX KIT 30MCG	Tier 4	PA
AVONEX PEN KIT 30MCG	Tier 4	PA
AVONEX PREFL KIT 30MCG KIT	Tier 4	PA
EXTAVIA INJ 0.3MG	Tier 4	PA
GILENYA CAP 0.5MG	Tier 4	PA
<i>glatiramer acetate 20mg/ml</i>	Tier 4	PA
TYSABRI INJ 300/15ML	Tier 4	PA, ST

### **Pseudobulbar Affect (PBA) Agents**

NUDEXTA CAP 20-10MG	Tier 3	PA; MAIL
---------------------	--------	----------

### **Psychotherapeutic and Neurological Agents - Misc.**

<i>ergoloid mes tab 1mg oral</i>	Tier 1	MAIL
----------------------------------	--------	------

### **Restless Leg Syndrome (RLS) Agents**

HORIZANT TAB 600MG	Tier 3	PA; MAIL
--------------------	--------	----------

### **Smoking Deterrents**

<i>bupropion tab 150mg</i>	PREV	QL (60 per 30 Days); MAIL
CHANTIX PAK 0.5& 1MG	PREV	QL (1 Treatment per year); MAIL
CHANTIX PAK 1MG	PREV	QL (1 Treatment per year); MAIL
CHANTIX TAB 0.5MG	PREV	QL (1 Treatment per year); MAIL
CHANTIX TAB 1MG	PREV	QL (1 Treatment per year); MAIL
<i>nicotine dis 7mg/24hr</i>	PREV	QL (30 per 30 Days); MAIL
<i>nicotine dis 14mg/24h</i>	PREV	QL (30 per 30 Days); MAIL
<i>nicotine dis 21mg/24h</i>	PREV	QL (30 per 30 Days); MAIL
<i>nicotine lozenge 2 mg</i>	PREV	QL (1726 per Year); MAIL
<i>nicotine lozenge 4 mg</i>	PREV	QL (1726 per Year); MAIL
<i>nicotine pol gum 2mg</i>	PREV	QL (240 per 30 Days); MAIL
<i>nicotine pol gum 4mg</i>	PREV	QL (240 per 30 Days); MAIL
NICOTROL INH	PREV	QL (480 per 30 Days); MAIL
NICOTROL NS SPR 10MG/ML	PREV	QL (30 per 30 Days); MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

Drug Name	Drug Tier	Requirements/Limits
<b>RESPIRATORY AGENTS - MISC.</b>		
<b><i>Cystic Fibrosis Agents</i></b>		
PULMOZYME SOL 1MG/ML	Tier 4	PA
<b>RESPIRATORY THERAPY SUPPLIES</b>		
<b><i>PEAK FLOW METERS</i></b>		
PEAK FLOW METER	DME	QL (1 per year); MAIL
<b>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</b>		
<b><i>SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS</i></b>		
JARDIANCE TAB 10MG	Tier 3	MAIL
JARDIANCE TAB 25MG	Tier 3	MAIL
<b>SYMPATHOMIMETICS</b>		
<b><i>ADRENERGIC COMBINATIONS</i></b>		
COMBIVENT RESPIMAT	Tier 2	MAIL
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	QL (360 ml / 30 days); MAIL
<b>TETRACYCLINES</b>		
<b><i>Tetracyclines</i></b>		
<i>demecloycl tab 150mg</i>	Tier 1	
<i>demecloycl tab 300mg</i>	Tier 1	
<i>doxycyc mono cap 50mg</i>	Tier 1	
<i>doxycyc mono cap 100mg</i>	Tier 1	
<i>doxycyc mono tab 100mg</i>	Tier 1	
<i>minocycline cap 50mg</i>	Tier 1	
<i>minocycline cap 100mg</i>	Tier 1	
<i>tetracycline cap 250mg</i>	Tier 1	
<i>tetracycline cap 500mg</i>	Tier 1	
<b>THYROID AGENTS</b>		
<b><i>Antithyroid Agents</i></b>		
<i>methimazole tab 5mg</i>	Tier 1	MAIL
<i>methimazole tab 10mg</i>	Tier 1	MAIL
<i>propylthiour tab 50mg</i>	Tier 1	MAIL
<b><i>Thyroid Hormones</i></b>		
ARMOUR THYRO TAB 15MG	Tier 2	MAIL
ARMOUR THYRO TAB 30MG	Tier 2	MAIL
ARMOUR THYRO TAB 60MG	Tier 2	MAIL
ARMOUR THYRO TAB 90MG	Tier 2	MAIL
ARMOUR THYRO TAB 120MG	Tier 2	MAIL
ARMOUR THYRO TAB 180MG	Tier 2	MAIL
ARMOUR THYRO TAB 240MG	Tier 2	MAIL
ARMOUR THYRO TAB 300MG	Tier 2	MAIL
EUTHROID TAB 120MG	Tier 2	MAIL

PA - Prior Authorization    ST - Step Therapy

Age - Special Age Limit may apply    MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;    Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;    DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
EUTHROID-1 TAB 60MG	Tier 2	MAIL
EUTHROID-2 TAB 120MG	Tier 2	MAIL
EUTHROID-3 TAB 180MG	Tier 2	MAIL
<i>levothroid tab 25mcg</i>	Tier 1	MAIL
<i>levothroid tab 50mcg</i>	Tier 1	MAIL
<i>levothroid tab 75mcg</i>	Tier 1	MAIL
<i>levothroid tab 88mcg</i>	Tier 1	MAIL
<i>levothroid tab 100mcg</i>	Tier 1	MAIL
<i>levothroid tab 112mcg</i>	Tier 1	MAIL
<i>levothroid tab 125mcg</i>	Tier 1	MAIL
<i>levothroid tab 137mcg</i>	Tier 1	MAIL
<i>levothroid tab 150mcg</i>	Tier 1	MAIL
<i>levothroid tab 175mcg</i>	Tier 1	MAIL
<i>levothroid tab 200mcg</i>	Tier 1	MAIL
<i>levothroid tab 300mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 25mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 50mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 75mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 88mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 100mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 112mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 125mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 137mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 150mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 175mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 200mcg</i>	Tier 1	MAIL
<i>levothyroxin tab 300mcg</i>	Tier 1	MAIL
<i>levoxyl tab 25mcg</i>	Tier 1	MAIL
<i>levoxyl tab 50mcg</i>	Tier 1	MAIL
<i>levoxyl tab 75mcg</i>	Tier 1	MAIL
<i>levoxyl tab 88mcg</i>	Tier 1	MAIL
<i>levoxyl tab 100mcg</i>	Tier 1	MAIL
<i>levoxyl tab 112mcg</i>	Tier 1	MAIL
<i>levoxyl tab 125mcg</i>	Tier 1	MAIL
<i>levoxyl tab 137mcg</i>	Tier 1	MAIL
<i>levoxyl tab 150mcg</i>	Tier 1	MAIL
<i>levoxyl tab 175mcg</i>	Tier 1	MAIL
<i>levoxyl tab 200mcg</i>	Tier 1	MAIL
<i>liothyronine inj 10mcg/ml</i>	Tier 1	MAIL
<i>liothyronine tab 5mcg</i>	Tier 1	MAIL
<i>liothyronine tab 25mcg</i>	Tier 1	MAIL
<i>liothyronine tab 50mcg</i>	Tier 1	MAIL

**PA** - Prior Authorization      **ST** - Step Therapy

**Age** - Special Age Limit may apply      **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;      **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;      **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
NATURE THROID TAB 162.5MG	Tier 2	MAIL
NATURE-THROI TAB 16.25MG	Tier 2	MAIL
NATURE-THROI TAB 32.5MG	Tier 2	MAIL
NATURE-THROI TAB 48.75MG	Tier 2	MAIL
NATURE-THROI TAB 65MG	Tier 2	MAIL
NATURE-THROI TAB 97.5MG	Tier 2	MAIL
NATURE-THROI TAB 130MG	Tier 2	MAIL
NATURE-THROI TAB 195MG	Tier 2	MAIL
NATURE-THROID TAB 113.75MG	Tier 2	MAIL
NATURE-THROID TAB 146.25MG	Tier 2	MAIL
NATURE-THROID TAB 260MG	Tier 2	MAIL
NATURE-THROID TAB 325MG	Tier 2	MAIL
<i>np thyroid tab 30mg</i>	Tier 1	MAIL
<i>np thyroid tab 60mg</i>	Tier 1	MAIL
<i>np thyroid tab 90mg</i>	Tier 1	MAIL
SYNTHROID TAB 25MCG	Tier 2	MAIL
SYNTHROID TAB 50MCG	Tier 2	MAIL
SYNTHROID TAB 75MCG	Tier 2	MAIL
SYNTHROID TAB 88MCG	Tier 2	MAIL
SYNTHROID TAB 100MCG	Tier 2	MAIL
SYNTHROID TAB 112MCG	Tier 2	MAIL
SYNTHROID TAB 125MCG	Tier 2	MAIL
SYNTHROID TAB 137MCG	Tier 2	MAIL
SYNTHROID TAB 150MCG	Tier 2	MAIL
SYNTHROID TAB 175MCG	Tier 2	MAIL
SYNTHROID TAB 200MCG	Tier 2	MAIL
SYNTHROID TAB 300MCG	Tier 2	MAIL
THYROLAR-1 TAB 60MG	Tier 2	MAIL
THYROLAR-1/2 TAB 30MG	Tier 2	MAIL
THYROLAR-1/4 TAB 15MG	Tier 2	MAIL
THYROLAR-2 TAB 120MG	Tier 2	MAIL
THYROLAR-3 TAB 180MG	Tier 2	MAIL
<i>unith direct tab 25mcg</i>	Tier 1	MAIL
<i>unith direct tab 50mcg</i>	Tier 1	MAIL
<i>unith direct tab 75mcg</i>	Tier 1	MAIL
<i>unith direct tab 88mcg</i>	Tier 1	MAIL
<i>unith direct tab 100mcg</i>	Tier 1	MAIL
<i>unith direct tab 112mcg</i>	Tier 1	MAIL
<i>unith direct tab 125mcg</i>	Tier 1	MAIL
<i>unith direct tab 150mcg</i>	Tier 1	MAIL
<i>unith direct tab 175mcg</i>	Tier 1	MAIL
<i>unith direct tab 200mcg</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>unith direct tab 300mcg</i>	Tier 1	MAIL
<i>unithroid tab 25mcg</i>	Tier 1	MAIL
<i>unithroid tab 50mcg</i>	Tier 1	MAIL
<i>unithroid tab 75mcg</i>	Tier 1	MAIL
<i>unithroid tab 88mcg</i>	Tier 1	MAIL
<i>unithroid tab 100mcg</i>	Tier 1	MAIL
<i>unithroid tab 112mcg</i>	Tier 1	MAIL
<i>unithroid tab 125mcg</i>	Tier 1	MAIL
<i>unithroid tab 137mcg</i>	Tier 1	MAIL
<i>unithroid tab 150mcg</i>	Tier 1	MAIL
<i>unithroid tab 175mcg</i>	Tier 1	MAIL
<i>unithroid tab 200mcg</i>	Tier 1	MAIL
<i>unithroid tab 300mcg</i>	Tier 1	MAIL
WESTHROID TAB 16.25MG	Tier 2	MAIL
WESTHROID TAB 32.5MG	Tier 2	MAIL
WESTHROID TAB 48.75MG	Tier 2	MAIL
WESTHROID TAB 65MG	Tier 2	MAIL
WESTHROID TAB 97.5MG	Tier 2	MAIL
WESTHROID TAB 130MG	Tier 2	MAIL
WESTHROID TAB 195MG	Tier 2	MAIL
WESTHROID-P TAB 16.25MG	Tier 2	MAIL
WESTHROID-P TAB 32.5MG	Tier 2	MAIL
WESTHROID-P TAB 48.75MG	Tier 2	MAIL
WESTHROID-P TAB 65MG	Tier 2	MAIL
WESTHROID-P TAB 97.5MG	Tier 2	MAIL
WESTHROID-P TAB 130MG	Tier 2	MAIL
WP THYROID TAB 16.25MG	Tier 2	MAIL
WP THYROID TAB 32.5MG	Tier 2	MAIL
WP THYROID TAB 48.75MG	Tier 2	MAIL
WP THYROID TAB 65MG	Tier 2	MAIL
WP THYROID TAB 81.25MG	Tier 2	MAIL
WP THYROID TAB 97.5MG	Tier 2	MAIL
WP THYROID TAB 130MG	Tier 2	MAIL

## **ULCER DRUGS**

### ***Antispasmodics***

<i>atropine sul inj 0.1mg/ml</i>	Tier 1	MAIL
<i>atropine sul inj 0.05mg/1</i>	Tier 1	MAIL
CUVPOSA SOL 1MG/5ML	Tier 2	PA; MAIL
<i>dicyclomine cap 10mg</i>	Tier 1	MAIL
<i>dicyclomine sol 10mg/5ml</i>	Tier 1	MAIL
<i>dicyclomine tab 20mg</i>	Tier 1	MAIL
<i>glycopyrrol tab 1mg</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>glycopyrrol tab 2mg</i>	Tier 1	MAIL
<i>hyoscyamine dro 0.125/ml</i>	Tier 1	MAIL
<i>hyoscyamine sub 0.125mg</i>	Tier 1	MAIL
<i>hyoscyamine tab 0.125mg</i>	Tier 1	MAIL
<i>hyoscyamine tab 0.375 er</i>	Tier 1	MAIL
<i>hyosyne elx 0.125/5</i>	Tier 1	MAIL

### **H-2 Antagonists**

<i>cimetidine sol 300/5ml</i>	Tier 1	MAIL
<i>cimetidine tab 200mg</i>	Tier 1	MAIL
<i>cimetidine tab 300mg</i>	Tier 1	MAIL
<i>cimetidine tab 400mg</i>	Tier 1	MAIL
<i>cimetidine tab 800mg</i>	Tier 1	MAIL
<i>famotidine tab 10mg</i>	Tier 1	MAIL
<i>famotidine tab 20mg</i>	Tier 1	MAIL
<i>famotidine tab 40mg</i>	Tier 1	MAIL
<i>nizatidine cap 150mg</i>	Tier 1	ST; MAIL
<i>nizatidine sol 15mg/ml</i>	Tier 1	ST; MAIL
<i>ranitidine syp 15mg/ml</i>	Tier 1	MAIL
<i>ranitidine tab 75mg</i>	Tier 1	MAIL
<i>ranitidine tab 150mg</i>	Tier 1	MAIL
<i>ranitidine tab 300mg</i>	Tier 1	MAIL

### **Misc. Anti-Ulcer**

CARAFATE SUS 1GM/10ML	Tier 2	PA; MAIL
<i>sucralfate tab 1gm</i>	Tier 1	MAIL

### **Proton Pump Inhibitors**

FIRST-OMEPRASUS 2MG/ML	Tier 2	PA; MAIL
<i>lansoprazole cap 15mg dr</i>	Tier 1	PA; MAIL
<i>lansoprazole cap 15mg dr otc</i>	Tier 1	QL (60 per 30 days); MAIL
<i>lansoprazole cap 30mg dr</i>	Tier 1	PA; MAIL
NEXIUM 24HR CAP 20MG OTC	Tier 1	MAIL
OMEPRASOLE + SUS SYRSPEND	Tier 2	PA; MAIL
<i>omeprazole cap 10mg</i>	Tier 1	MAIL
<i>omeprazole cap 20.6mgdr</i>	Tier 1	MAIL
<i>omeprazole cap 20mg</i>	Tier 1	MAIL
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	MAIL
<i>omeprazole tab 20mg</i>	Tier 1	MAIL, Specific NDCs may not be reimbursable
<i>pantoprazole tab 20mg</i>	Tier 1	MAIL
<i>pantoprazole tab 40mg</i>	Tier 1	MAIL
PRILOSEC OTC TAB 20MG	Tier 1	MAIL

### **Ulcer Drugs - Prostaglandins**

PA - Prior Authorization      ST - Step Therapy

Age - Special Age Limit may apply      MAIL – Mail Order Available

Tier 1 = Most generics and low cost preferred brands

Tier 2 = Non-preferred generic drugs and Preferred brand name drugs

Tier 3 = Non-preferred brand name drugs;      Tier 4 = Specialty Drugs

PREV = Preventative Services at \$0 copay;      DME = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>misoprostol tab 100mcg</i>	Tier 1	MAIL
<i>misoprostol tab 200mcg</i>	Tier 1	MAIL

## **URINARY ANTI-INFECTIVES**

### **Urinary Anti-infectives**

<i>methenam hip tab 1gm</i>	Tier 1	MAIL
MONUROL PAK GRANULES	Tier 3	MAIL
<i>nitrofur mac cap 50mg</i>	Tier 1	MAIL
<i>nitrofur mac cap 100mg</i>	Tier 1	MAIL
<i>nitrofurantn cap 100mg</i>	Tier 1	MAIL
<i>nitrofurantn sus 25mg/5ml</i>	Tier 1	MAX AGE 12 YEARS, MAX 10 DAY SUPPLY

## **URINARY ANTISPASMODICS**

### **Urinary Antispasmodics**

<i>flavoxate tab 100mg</i>	Tier 1	MAIL
----------------------------	--------	------

## **VACCINES**

### **Viral Vaccines**

AFLURIA INJ	PREV	MAIL
AFLURIA INJ PF	PREV	MAIL
FLUARIX QUAD INJ	PREV	MAIL
FLUCLVX QUAD INJ	PREV	
FLULAVAL QUAD	PREV	MAIL
FLUVIRIN INJ	PREV	MAIL
FLUVIRIN INJ PF	PREV	MAIL
FLUZONE QUAD INJ	PREV	MAIL
ZOSTAVAX INJ	PREV	

## **VAGINAL PRODUCTS**

### **Spermicides**

<i>nonoxynol-9 gel 4%</i>	PREV	MAIL
---------------------------	------	------

### **Vaginal Anti-infectives**

<i>clindamycin cre 2% vag</i>	Tier 1	MAIL
<i>clotrimazole cre 1% 1%</i>	Tier 1	MAIL
<i>clotrimazole cre 2%</i>	Tier 1	MAIL
GYNAZOLE-1 CRE 2%	Tier 2	MAIL
<i>metronidazol gel 0.75%vag</i>	Tier 1	MAIL
<i>miconazole 3 cre 4%</i>	Tier 1	MAIL
<i>miconazole 3 kit combo pk</i>	Tier 1	MAIL
<i>miconazole cre 2% 2%</i>	Tier 1	MAIL
<i>miconazole sup 100mg</i>	Tier 1	MAIL
<i>terconazole cre 0.4%</i>	Tier 1	MAIL
<i>terconazole cre 0.8%</i>	Tier 1	MAIL
<i>terconazole sup 80mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply

<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>tioconazole oin 6.5% vag</i>	Tier 1	MAIL

### **Vaginal Estrogens**

ESTRACE VAG CRE 0.1MG/GM	Tier 2	MAIL
PREMARIN VAG CRE 0.625MG	Tier 2	MAIL
VAGIFEM TAB 10MCG	Tier 2	MAIL

### **VASOPRESSORS**

#### **Anaphylaxis Therapy Agents**

<i>epinephrine inj 0.15mg</i>	Tier 1	MAIL
EPIPEN 2-PAK INJ 0.3MG	Tier 2	MAIL
EPIPEN-JR INJ 2-PAK	Tier 2	MAIL

#### **Vasopressors**

<i>midodrine tab 2.5mg</i>	Tier 1	MAIL
<i>midodrine tab 5mg</i>	Tier 1	MAIL
<i>midodrine tab 10mg</i>	Tier 1	MAIL

### **VITAMINS**

#### **Oil Soluble Vitamins**

<i>bio-d-mulsio liq 400unit</i>	PREV	MAIL
<i>ergocalcifer cap 50000unt</i>	Tier 1	MAIL
MEPHYTON TAB 5MG	Tier 2	MAIL
<i>vitamin d3 cap 2000unit</i>	Tier 1	MAIL
<i>vitamin d3 cap 5000unit</i>	Tier 1	MAIL
<i>vitamin d3 cap 10000unt</i>	Tier 1	MAIL
<i>vitamin d3 cap 50000unt</i>	Tier 1	MAIL
<i>vitamin d3 chw 400unit</i>	PREV	MAIL
<i>vitamin d3 chw 1000unit</i>	Tier 1	MAIL
<i>vitamin d3 dro 5000unit</i>	Tier 1	MAIL
<i>vitamin d3 tab 400unit</i>	PREV	MAIL
<i>vitamin d3 tab 1000unit</i> 1000unit	Tier 1	MAIL
<i>vitamin d cap 1000unit</i>	Tier 1	MAIL
<i>vitamin d dro 400unit</i>	PREV	MAIL
<i>vitamin d-3 tab 2000unit</i>	Tier 1	MAIL
<i>vitamin d-3 tab 5000unit</i>	Tier 1	MAIL

#### **Water Soluble Vitamins**

<i>ascorbic acd tab 500mg</i>	Tier 1	MAIL
<i>niacin cap 250mg er</i>	Tier 1	MAIL
<i>niacin cap 500mg sr</i>	Tier 1	MAIL
<i>niacin tab 50mg</i>	Tier 1	MAIL
<i>niacin tab 100mg</i>	Tier 1	MAIL
<i>niacin tab 250mg</i>	Tier 1	MAIL
<i>niacin tab 250mg sr</i>	Tier 1	MAIL
<i>niacin tab 500mg</i>	Tier 1	MAIL

**PA** - Prior Authorization    **ST** - Step Therapy

**Age** - Special Age Limit may apply    **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;    **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;    **DME** = Coinsurance may apply



<b>Drug Name</b>	<b>Drug Tier</b>	<b>Requirements/Limits</b>
<i>niacin tab 500mg er</i>	Tier 1	MAIL
<i>niacin tab 750mg tr</i>	Tier 1	MAIL
<i>niacinamide tab 500mg</i>	Tier 1	MAIL
<i>pyridoxine tab 25mg</i>	Tier 1	MAIL
<i>pyridoxine tab 50mg</i>	Tier 1	MAIL
<i>pyridoxine tab 100mg</i>	Tier 1	MAIL
<i>thiamine hcl tab 100mg</i>	Tier 1	MAIL
<i>vitamin b-1 tab 50mg</i>	Tier 1	MAIL
<i>vitamin b-2 tab 100mg</i>	Tier 1	MAIL
<i>vitamin b-6 tab 200mg cr</i>	Tier 1	MAIL

**PA** - Prior Authorization     **ST** - Step Therapy

**Age** - Special Age Limit may apply     **MAIL** – Mail Order Available

**Tier 1** = Most generics and low cost preferred brands

**Tier 2** = Non-preferred generic drugs and Preferred brand name drugs

**Tier 3** = Non-preferred brand name drugs;     **Tier 4** = Specialty Drugs

**PREV** = Preventative Services at \$0 copay;     **DME** = Coinsurance may apply

# Index

## A

<i>abacav/lamiv tab /zidovud</i> .....	39	<i>acyclovir tab 400mg</i> .....	41
<i>abacavir tab 300mg</i> .....	39	<i>acyclovir tab 800mg</i> .....	41
ABILIFY DISC TAB 10MG.....	39	<i>adapalene cre 0.1%</i> .....	52
ABILIFY DISC TAB 15MG.....	39	<i>adapalene gel 0.1%</i> .....	53
ABILIFY MAIN INJ 300MG .....	39	<i>adapalene gel 0.3%</i> .....	53
ABILIFY MAIN INJ 400MG .....	39	<i>adapalene lot 0.1%</i> .....	53
<i>abilify sol 1mg/ml</i> .....	39	ADCIRCA TAB 20MG .....	46
ABREVA CRE 10%.....	55	<i>adefov dipiv tab 10mg</i> .....	41
<i>acamprosate calcium tab 333 mg</i> .....	87	ADVAIR DISKU AER 100/50.....	13
<i>acarbose tab 100mg</i> .....	21	ADVATE INJ 1000UNIT.....	66
<i>acarbose tab 25mg</i> .....	20	ADVATE INJ 1500UNIT.....	66
<i>acarbose tab 50mg</i> .....	21	ADVATE INJ 2000UNIT.....	66
<i>acebutolol cap 200mg</i> .....	43	ADVATE INJ 250UNIT .....	66
<i>acebutolol cap 400mg</i> .....	43	ADVATE INJ 3000UNIT.....	66
<i>acetam melts tab 80mg</i> .....	5	ADVATE INJ 4000UNIT.....	66
<i>acetamin cap 500mg</i> .....	5	ADVATE INJ 500UNIT .....	66
<i>acetamin jr tab 160mg rt</i> .....	5	AEROSPAN AER 80MCG.....	13
<i>acetamin liq 500/15ml</i> .....	5	AFINITOR DIS TAB 2MG.....	33
<i>acetamin sol 160/5ml</i> .....	5	AFINITOR DIS TAB 3MG.....	33
<i>acetamin sup 120mg</i> .....	5	AFINITOR DIS TAB 5MG.....	33
<i>acetamin sup 325mg</i> .....	5	AFINITOR TAB 10MG .....	33
<i>acetamin sup 650mg</i> .....	5	AFINITOR TAB 2.5MG .....	33
<i>acetamin tab 325mg</i> .....	5	AFINITOR TAB 5MG.....	33
<i>acetamin tab 650mg</i> .....	5	AFINITOR TAB 7.5MG .....	33
<i>acetaminophn sus 160/5ml</i> .....	5	AFLURIA INJ .....	94
<i>acetaminophn tab 500mg</i> .....	5	AFLURIA INJ PF.....	94
<i>acetazolamid cap 500mg er</i> .....	59	<i>alamag-plus chw</i> .....	8
<i>acetazolamid tab 125mg</i> .....	59	ALBENZA TAB 200MG .....	9
<i>acetazolamid tab 250mg</i> .....	60	<i>albuterol neb 0.083%</i> .....	13
<i>acetic acid sol 0.25%irr</i> .....	65	<i>albuterol neb 0.5%</i> .....	13
<i>acetic acid sol 2% otic</i> .....	84	<i>albuterol neb 0.63mg/3</i> .....	13
ACETONE (URINE) TEST STRIP .....	59	<i>albuterol neb 1.25mg/3</i> .....	13
<i>acetylcyst sol 20%</i> .....	52	<i>albuterol syp 2mg/5ml</i> .....	13
<i>acid gone chw 80-20mg</i> .....	8	<i>albuterol tab 4mg</i> .....	13
<i>acid gone sus</i> .....	8	<i>alclometason cre 0.05%</i> .....	55
<i>acitretin cap 10mg</i> .....	55	<i>alclometason oin 0.05%</i> .....	55
<i>acitretin cap 17.5mg</i> .....	55	ALCOHOL SWABS.....	74
<i>acitretin cap 25mg</i> .....	55	ALDACTAZIDE TAB 50/50.....	60
ACTEMRA INJ 162/0.9 .....	3	<i>alendronate tab 10mg</i> .....	61
ACTEMRA INJ 200/10ML .....	3	<i>alendronate tab 35mg</i> .....	61
ACTEMRA INJ 400/20ML .....	3	<i>alendronate tab 40mg</i> .....	61
ACTEMRA INJ 80MG/4ML .....	3	<i>alendronate tab 5mg</i> .....	61
ACTIMMUNE INJ 2MU/0.5.....	34	<i>alendronate tab 70mg</i> .....	61
<i>acyclovir cap 200mg</i> .....	41	ALER-DRYL TAB 50MG .....	25
<i>acyclovir oin 5%</i> .....	55	<i>alfuzosin tab 10mg</i> .....	65
<i>acyclovir sus 200/5ml</i> .....	41	ALKERAN TAB 2MG.....	32
		ALLEGRA ALRG TAB 30MG .....	26

<i>aller-chlor syp 2mg/5ml</i> .....	25	<i>amitriptylin tab 150mg</i> .....	20
<i>allergy cre 2-0.1%</i> .....	55	<i>amitriptylin tab 25mg</i> .....	20
<i>allergy-d tab 25-10mg</i> .....	51	<i>amitriptylin tab 50mg</i> .....	20
<i>allopurinol tab 100mg</i> .....	66	<i>amitriptylin tab 75mg</i> .....	20
<i>allopurinol tab 300mg</i> .....	66	<i>amlodipine tab 10mg</i> .....	44
<i>allrgy melts tab 12.5mg</i> .....	25	<i>amlodipine tab 2.5mg</i> .....	44
<i>allrgy relf tab 12.5mg</i> .....	25	<i>amlodipine tab 5mg</i> .....	44
<i>almacone chw</i> .....	8	<i>ammonium lac cre 12%</i> .....	57
<i>almotrip mal tab 12.5mg</i> .....	74	<i>ammonium lac lot 12%</i> .....	57
<i>almotrip mal tab 6.25mg</i> .....	74	<i>amnesteem cap 10mg</i> .....	53
<i>ALOCRI SOL 2%</i> .....	83	<i>amnesteem cap 20mg</i> .....	53
<i>alog/pioglip tab 12.5-15</i> .....	21	<i>amnesteem cap 40mg</i> .....	53
<i>alog/pioglip tab 12.5-30</i> .....	21	<i>amox/k clav chw 200mg</i> .....	86
<i>alog/pioglit tab 12.5-45</i> .....	21	<i>amox/k clav chw 400mg</i> .....	86
<i>alog/pioglit tab 25-15mg</i> .....	21	<i>amox/k clav sus 200/5ml</i> .....	86
<i>alog/pioglit tab 25-30mg</i> .....	21	<i>amox/k clav sus 250/5ml</i> .....	86
<i>alog/pioglit tab 25-45mg</i> .....	21	<i>amox/k clav sus 400/5ml</i> .....	86
<i>alogliptin tab 12.5mg</i> .....	22	<i>amox/k clav sus 600/5ml</i> .....	86
<i>alogliptin tab 25mg</i> .....	22	<i>amox/k clav tab 250mg</i> .....	86
<i>alogliptin tab 6.25mg</i> .....	22	<i>amox/k clav tab 500mg</i> .....	86
<i>alogliptin-metformin hcl tab 12.5-1000</i> <i>mg</i> .....	21	<i>amox/k clav tab 875mg</i> .....	86
<i>alogliptin-metformin hcl tab 12.5-500 mg</i> .....	21	<i>amoxapine tab 100mg</i> .....	20
<i>ALOMIDE SOL 0.1% OP</i> .....	83	<i>amoxapine tab 150mg</i> .....	20
<i>ALOXI INJ 0.25MG/5</i> .....	24	<i>amoxapine tab 25mg</i> .....	20
<i>alprazolam tab 0.25mg</i> .....	11	<i>amoxapine tab 50mg</i> .....	20
<i>alprazolam tab 0.5mg</i> .....	11	<i>amoxicillin cap 250mg</i> .....	85
<i>alprazolam tab 1mg</i> .....	11	<i>amoxicillin cap 500mg</i> .....	85
<i>alprazolam tab 2mg</i> .....	11	<i>amoxicillin chw 125mg</i> .....	85
<i>ALREX SUS 0.2%</i> .....	83	<i>amoxicillin chw 250mg</i> .....	85
<i>ALTABAX OIN 1%</i> .....	54	<i>amoxicillin sus 125/5ml</i> .....	85
<i>altavera tab</i> .....	47	<i>amoxicillin sus 200/5ml</i> .....	85
<i>alyacen tab 1/35</i> .....	47	<i>amoxicillin sus 250/5ml</i> .....	85
<i>alyacen tab 7/7/7</i> .....	47	<i>amoxicillin sus 400/5ml</i> .....	85
<i>amantadine cap 100mg</i> .....	35	<i>amoxicillin tab 500mg</i> .....	85
<i>amantadine syp 50mg/5ml</i> .....	35	<i>amoxicillin tab 875mg</i> .....	85
<i>amcinonide cre 0.1%</i> .....	56	<i>amphetamine cap 10mg er</i> .....	1
<i>amcinonide lot 0.1%</i> .....	56	<i>amphetamine cap 15mg er</i> .....	1
<i>AMCINONIDE OIN 0.1%</i> .....	56	<i>amphetamine cap 20mg er</i> .....	1
<i>amethyst tab 90-20mcg</i> .....	47	<i>amphetamine cap 25mg er</i> .....	1
<i>amilor/hctz tab 5-50</i> .....	60	<i>amphetamine cap 30mg er</i> .....	1
<i>amiloride tab 5mg</i> .....	60	<i>amphetamine cap 5mg er</i> .....	1
<i>amiodarone tab 200mg</i> .....	12	<i>amphetamine tab 10mg</i> .....	1
<i>AMITIZA CAP 24MCG</i> .....	64	<i>amphetamine tab 12.5mg</i> .....	1
<i>AMITIZA CAP 8MCG</i> .....	64	<i>amphetamine tab 15mg</i> .....	1
<i>amitriptylin tab 100mg</i> .....	20	<i>amphetamine tab 20mg</i> .....	1
<i>amitriptylin tab 10mg</i> .....	20	<i>amphetamine tab 30mg</i> .....	1
		<i>amphetamine tab 5mg</i> .....	1
		<i>amphetamine tab 7.5mg</i> .....	1

<i>ampicillin cap 250mg</i> .....	86	<i>aripiprazole tab 30mg</i> .....	39
<i>ampicillin cap 500mg</i> .....	86	<i>aripiprazole tab 5mg</i> .....	39
<i>ampicillin sus 125/5ml</i> .....	86	ARISTADA INJ 441MG/1.....	39
<i>ampicillin sus 250/5ml</i> .....	86	ARISTADA INJ 662MG/2.....	39
AMPYRA TAB 10MG .....	88	ARISTADA INJ 882MG/3.....	39
<i>anagrelide cap 0.5mg</i> .....	67	<i>armodafinil tab 150mg</i> .....	1
<i>anagrelide cap 1mg</i> .....	67	<i>armodafinil tab 250mg</i> .....	1
<i>anastrozole tab 1mg</i> .....	33	<i>armodafinil tab 50mg</i> .....	1
<i>antacid chw dbl st</i> .....	8	ARMOUR THYRO TAB 120MG .....	89
<i>antacid extr chw 675-135</i> .....	8	ARMOUR THYRO TAB 15MG .....	89
<i>antacid sus ultra st</i> .....	8	ARMOUR THYRO TAB 180MG .....	89
<i>anti-nausea liq</i> .....	25	ARMOUR THYRO TAB 240MG .....	89
<i>antipy/benzo sol otic</i> .....	84	ARMOUR THYRO TAB 300MG .....	89
ANZEMET TAB 100MG .....	24	ARMOUR THYRO TAB 30MG .....	89
ANZEMET TAB 50MG .....	24	ARMOUR THYRO TAB 60MG .....	89
APAP 500 LIQ 500/5ML.....	5	ARMOUR THYRO TAB 90MG .....	89
<i>apap chw 80mg</i> .....	5	<i>artifi tears dro 1-0.3%</i> .....	82
<i>apap dro 80/0.8ml</i> .....	5	<i>artifi tears oin op</i> .....	82
<i>apap infants dro 80/0.8ml</i> .....	5	<i>artifi tears sol op</i> .....	82
<i>apap/codeine sol 120-12/5</i> .....	7	<i>artificial dro tears</i> .....	82
<i>apap/codeine tab 300-15mg</i> .....	7	<i>artificial sol tears</i> .....	82
<i>apap/codeine tab 300-30mg</i> .....	7	<i>artificial sol tears op</i> .....	82
<i>apap/codeine tab 300-60mg</i> .....	7	<i>asa free chw 160mg jr</i> .....	5
APEXICON E CRE 0.05% .....	56	<i>asa/dipyrida cap 25-200mg</i> .....	67
APIDRA INJ SOLOSTAR.....	22	ASACOL HD TAB 800MG.....	64
APIDRA INJ U-100 .....	22	<i>ascorbic acd tab 500mg</i> .....	95
<i>apra elx 160/5ml</i> .....	5	ASMANEX 120 AER 220MCG .....	13
<i>apraclonidin sol 0.5% op</i> .....	82	ASMANEX 14 AER 220MCG .....	13
<i>apri tab</i> .....	47	ASMANEX 30 AER 110MCG .....	13
APRISO CAP 0.375GM .....	64	ASMANEX 30 AER 220MCG .....	13
APTIVUS CAP 250MG.....	39	ASMANEX 60 AER 220MCG .....	13
APTIVUS SOL .....	39	ASMANEX 7 AER 110MCG.....	13
<i>aranelle tab</i> .....	47	<i>aspirin 81 tab 81mg ec</i> .....	5
ARANESP INJ 100MCG .....	67	<i>aspirin adlt tab 81mg</i> .....	5
ARANESP INJ 150MCG .....	67	<i>aspirin chw 81mg</i> .....	5
ARANESP INJ 200MCG .....	67	<i>aspirin tab 325mg</i> .....	5
ARANESP INJ 25MCG.....	67	<i>aspirin tab 325mg ec</i> .....	5
ARANESP INJ 300MCG .....	68	ASPIRIN TAB 81MG .....	5
ARANESP INJ 40MCG.....	67	<i>atenol/chlor tab 100-25mg</i> .....	30
ARANESP INJ 500MCG .....	68	<i>atenol/chlor tab 50-25mg</i> .....	30
ARANESP INJ 60MCG.....	67	<i>atenolol tab 100mg</i> .....	43
ARCAPTA CAP 75MCG.....	13	<i>atenolol tab 25mg</i> .....	43
<i>aripiprazole tab 10mg</i> .....	39	<i>atenolol tab 50mg</i> .....	43
<i>aripiprazole tab 10mg odt</i> .....	39	<i>atorvastatin tab 10mg</i> .....	27
<i>aripiprazole tab 15mg</i> .....	39	<i>atorvastatin tab 20mg</i> .....	27
<i>aripiprazole tab 15mg odt</i> .....	39	<i>atorvastatin tab 40mg</i> .....	27
<i>aripiprazole tab 20mg</i> .....	39	<i>atorvastatin tab 80mg</i> .....	27
<i>aripiprazole tab 2mg</i> .....	39	<i>atovaq/progu tab 250-100</i> .....	31

<i>atovaq/progu tab 62.5-25</i> .....	31	<i>benazep/hctz tab 20-12.5</i> .....	30
<i>atovaquone sus 750/5ml</i> .....	10	<i>benazep/hctz tab 20-25mg</i> .....	30
ATRIPLA TAB.....	39	<i>benazepril tab 10mg</i> .....	28
<i>atropine sul inj 0.05mg/1</i> .....	92	<i>benazepril tab 20mg</i> .....	28
<i>atropine sul inj 0.1mg/ml</i> .....	92	<i>benazepril tab 40mg</i> .....	28
<i>atropine sul sol 1% op</i> .....	82	<i>benazepril tab 5mg</i> .....	28
ATROVENT HFA AER 17MCG .....	12	BENEFIX INJ 1000UNIT .....	66
<i>abra tab 0.1-0.02</i> .....	47	BENEFIX INJ 2000UNIT .....	66
<i>aug betamet cre 0.05%</i> .....	56	BENEFIX INJ 250UNIT.....	66
<i>aug betamet gel 0.05%</i> .....	56	BENEFIX INJ 3000UNIT .....	66
<i>aug betamet lot 0.05%</i> .....	56	BENEFIX INJ 500UNIT.....	66
<i>aug betamet oin 0.05%</i> .....	56	BENICAR TAB 20MG .....	29
AUGMENTIN SUS 125/5ML.....	86	BENICAR TAB 40MG .....	29
AVANDIA TAB 2MG .....	23	BENICAR TAB 5MG .....	29
AVANDIA TAB 4MG .....	23	<i>benzonatate cap 100mg</i> .....	51
AVANDIA TAB 8MG .....	23	<i>benzonatate cap 200mg</i> .....	51
<i>aviane tab</i> .....	47	<i>benzoyl per gel 10%</i> .....	53
AVONEX KIT 30MCG.....	88	<i>benzoyl per gel 5%</i> .....	53
AVONEX PEN KIT 30MCG .....	88	BENZOYL PEROXIDE LOTION 10%.....	53
AVONEX PREFL KIT 30MCG .....	88	BENZOYL PEROXIDE LOTION 5% .....	53
<i>azathioprine tab 50mg</i> .....	42	<i>benztropine tab 0.5mg</i> .....	35
<i>azelastine dro 0.05%</i> .....	83	<i>benztropine tab 1mg</i> .....	35
<i>azelastine spr 0.1%</i> .....	81	<i>benztropine tab 2mg</i> .....	35
AZILECT TAB 0.5MG.....	35	BEPREVE DRO 1.5% .....	84
AZILECT TAB 1MG.....	35	BESIVANCE SUS 0.6% .....	83
<i>azithromycin pow 1gm pak</i> .....	72	<i>best fiber pow</i> .....	70
<i>azithromycin sus 100/5ml</i> .....	72	<i>betameth dip cre 0.05%</i> .....	56
<i>azithromycin sus 200/5ml</i> .....	72	<i>betameth dip lot 0.05%</i> .....	56
<i>azithromycin tab 250mg</i> .....	72	<i>betameth dip oin 0.05%</i> .....	56
<i>azithromycin tab 500mg</i> .....	73	<i>betameth val cre 0.1%</i> .....	56
<i>azithromycin tab 600mg</i> .....	73	<i>betameth val oin 0.1%</i> .....	56
AZOPT SUS 1% OP .....	84	<i>betasept liq 4%</i> .....	39
<i>azurette tab 28 day</i> .....	47	<i>betaxolol sol 0.5% op</i> .....	82
<b>B</b>		<i>betaxolol tab 10mg</i> .....	43
<i>b complex tab vit c</i> .....	78	<i>betaxolol tab 20mg</i> .....	43
<i>bacit/polymy oin op</i> .....	83	<i>bethanechol tab 10mg</i> .....	64
<i>bacitracin oin 500/gm</i> .....	54	<i>bethanechol tab 25mg</i> .....	65
<i>bacitracin oin op</i> .....	83	<i>bethanechol tab 50mg</i> .....	65
<i>baclofen tab 10mg</i> .....	80	<i>bethanechol tab 5mg</i> .....	64
<i>baclofen tab 20mg</i> .....	80	<i>bicalutamide tab 50mg</i> .....	33
BACTROBAN OIN NASAL 2% .....	81	<i>bio-d-mulsio liq 400unit</i> .....	95
<i>balsalazide cap 750mg</i> .....	64	<i>bisacodyl sup 10mg</i> .....	72
<i>balziva tab</i> .....	47	<i>bisacodyl tab 5mg ec</i> .....	72
BANZEL SUS 40MG/ML .....	16	<i>bismatrol sus 262/15ml</i> .....	24
BANZEL TAB 200MG.....	16	<i>bismuth chw 262mg</i> .....	24
BANZEL TAB 400MG.....	16	<i>bismuth ms sus 525/15ml</i> .....	24
BARACLUDGE SOL .05MG/ML .....	41	<i>bisoprl/hctz tab 10/6.25</i> .....	30
<i>benazep/hctz tab 10-12.5</i> .....	30	<i>bisoprl/hctz tab 2.5/6.25</i> .....	30

<i>bisoprl/hctz tab 5-6.25mg</i> .....	30	BYSTOLIC TAB 10MG.....	44
<i>bisoprol fum tab 10mg</i> .....	43	BYSTOLIC TAB 2.5MG.....	43
<i>bisoprol fum tab 5mg</i> .....	43	BYSTOLIC TAB 20MG.....	44
<i>bpo-10 wash liq 10%</i> .....	53	BYSTOLIC TAB 5MG.....	43
<i>bpo-5 wash liq 5%</i> .....	53	<b>C</b>	
<i>briellyn tab</i> .....	47	<i>ca cit/vit d tab 315/200</i> .....	75
BRILINTA TAB 90MG .....	67	<i>ca cit/vit d tab 315/250</i> .....	75
<i>brimonidine sol 0.15%</i> .....	82	<i>ca/mg/zn tab</i> .....	75
<i>brimonidine sol 0.2% op</i> .....	82	<i>cabergoline tab 0.5mg</i> .....	62
<i>brom/pse/dm syp</i> .....	51	<i>calc 600+d tab 600-800</i> .....	75
<i>bromfed dm syp</i> .....	51	<i>calc acetate cap 667mg</i> .....	64
<i>bromfenac sol 0.09%</i> .....	84	<i>calc antacid chw 1000mg</i> .....	9
<i>bromocriptin cap 5mg</i> .....	35	<i>calc antacid chw 750mg</i> .....	9
<i>bromocriptin tab 2.5mg</i> .....	35	<i>calc cit+d3 tab 250-200</i> .....	75
<i>brotapp dm liq 15-1-5/5</i> .....	51	<i>calc citr/d3 tab 200-250</i> .....	75
<i>brotapp liq</i> .....	51	<i>calcipotrien oin 0.005%</i> .....	55
BROVANA NEB 15MCG.....	13	<i>calcipotrien oin betameth</i> .....	56
<i>budesonide cap 3mg/24hr</i> .....	50	<i>calcipotrien sol 0.005%</i> .....	55
<i>budesonide sus 0.25mg/2</i> .....	13	<i>calcitonin spr 200/act</i> .....	61
<i>budesonide sus 0.5mg/2</i> .....	13	<i>calcitrate tab 950mg</i> .....	75
<i>bumetanide tab 0.5mg</i> .....	60	<i>calcitriol cap 0.25mcg</i> .....	62
<i>bumetanide tab 1mg</i> .....	60	<i>calcitriol cap 0.5mcg</i> .....	61
<i>bumetanide tab 2mg</i> .....	60	<i>calcium + d3 tab 600mg</i> .....	75
BUPHENYL TAB 500MG .....	61	<i>calcium 500 tab +d</i> .....	75
<i>buprenorphin sub 2mg</i> .....	8	CALCIUM 600 CHW +D/MINER.....	75
<i>buprenorphin sub 8mg</i> .....	8	<i>calcium 600 chw +d/mnrsls</i> .....	75
<i>bupropion tab 100mg</i> .....	18	<i>calcium 600 chw w/vit d</i> .....	75
<i>bupropion tab 100mg er</i> .....	18	<i>calcium carb chw 500mg</i> .....	9
<i>bupropion tab 150mg</i> .....	88	<i>calcium carb sus 1250/5ml</i> .....	75
<i>bupropion tab 150mg er</i> .....	18	<i>calcium carb tab 1250mg</i> .....	76
<i>bupropion tab 200mg er</i> .....	18	<i>calcium carb tab 600mg</i> .....	76
<i>bupropion tab 75mg</i> .....	18	CALCIUM CARB TAB 648MG.....	9
<i>bupropn hcl tab 150mg xl</i> .....	18	<i>calcium chw 500mg</i> .....	76
<i>bupropn hcl tab 300mg xl</i> .....	18	<i>calcium rich sus antacid</i> .....	8, 69
<i>buspirone tab 10mg</i> .....	11	<i>calcium tab 600mg</i> .....	76
<i>buspirone tab 15mg</i> .....	11	<i>calcium/d cap 600mg</i> .....	76
<i>buspirone tab 5mg</i> .....	11	<i>calcium/d chw 500-400</i> .....	76
<i>buspirone tab 7.5mg</i> .....	11	<i>calcium/d tab 250mg</i> .....	76
<i>but/apap/caf cap 50-325-40 mg</i> .....	5, 7	<i>calcium/d tab 500/200</i> .....	76
<i>but/apap/caf tab 50-325-40 mg</i> .....	5	<i>calcium/d tab 500-200</i> .....	76
<i>but/asa/caff cap 50-325-40 mg</i> .....	5	<i>calcium/d tab 500mg</i> .....	76
<i>but/asa/caff tab 50-325-40 mg</i> .....	5	<i>calcium/d tab 600-200</i> .....	76
<i>butal/apap tab 50-325mg</i> .....	5	<i>calcium/d tab 600-400</i> .....	76
BUTRANS DIS 10MCG/HR .....	8	<i>calcium/d tab 600mg</i> .....	76
BUTRANS DIS 20MCG/HR .....	8	<i>calcium/d3 tab 500-400</i> .....	76
BUTRANS DIS 5MCG/HR .....	8	<i>calcium/vitd tab 500-400</i> .....	76
BYETTA INJ 10MCG .....	22	<i>calcium/vt d tab 600-125</i> .....	76
BYETTA INJ 5MCG.....	22	<i>calcium+d tab 600-400</i> .....	76

<i>calvite p&amp;d tab</i> .....	76	<i>cefaclor sus 250/5ml</i> .....	46
<i>camila tab 0.35mg</i> .....	50	<i>cefadroxil sus 250/5ml</i> .....	46
<i>candesartan tab 16mg</i> .....	29	<i>cefadroxil sus 500/5ml</i> .....	46
<i>candesartan tab 32mg</i> .....	29	<i>cefazolin inj 1gm</i> .....	46
<i>candesartan tab 4mg</i> .....	29	<i>cefazolin inj 20gm</i> .....	46
<i>candesartan tab 8mg</i> .....	29	<i>cefazolin inj 500mg</i> .....	46
<i>capecitabine tab 150mg</i> .....	32	<i>cefdinir cap 300mg</i> .....	47
<i>capecitabine tab 500mg</i> .....	32	<i>cefdinir sus 125/5ml</i> .....	47
CAPMIST DM TAB.....	51	<i>cefdinir sus 250/5ml</i> .....	47
CAPRELSA TAB 100MG .....	33	<i>cefditoren tab 200mg</i> .....	47
CAPRELSA TAB 300MG .....	33	<i>cefditoren tab 400mg</i> .....	47
<i>captopr/hctz tab 25-15mg</i> .....	30	<i>cefixime sus 100/5ml</i> .....	47
<i>captopr/hctz tab 25-25mg</i> .....	30	<i>cefixime sus 200/5ml</i> .....	47
<i>captopr/hctz tab 50-15mg</i> .....	30	<i>cefpodo prox sus 100/5ml</i> .....	47
<i>captopr/hctz tab 50-25mg</i> .....	30	<i>cefpodo prox sus 50mg/5ml</i> .....	47
<i>captopril tab 100mg</i> .....	28	<i>cefpodoxime tab 100mg</i> .....	47
<i>captopril tab 12.5mg</i> .....	28	<i>cefpodoxime tab 200mg</i> .....	47
<i>captopril tab 25mg</i> .....	28	<i>cefprozil sus 125/5ml</i> .....	46
<i>captopril tab 50mg</i> .....	28	<i>cefprozil sus 250/5ml</i> .....	46
CARAFATE SUS 1GM/10ML.....	93	<i>cefuroxime tab 250mg</i> .....	47
<i>carb/levo er tab 25-100mg</i> .....	35	<i>cefuroxime tab 500mg</i> .....	47
<i>carb/levo er tab 50-200mg</i> .....	35	<i>celecoxib cap 100mg</i> .....	3
<i>carb/levo tab 10-100mg</i> .....	35	<i>celecoxib cap 200mg</i> .....	3
<i>carb/levo tab 25-100mg</i> .....	35	<i>celecoxib cap 400mg</i> .....	3
<i>carb/levo tab 25-250mg</i> .....	35	<i>celecoxib cap 50mg</i> .....	3
<i>carbamazepin cap 100mg er</i> .....	16	CENESTIN TAB 0.3MG.....	62
<i>carbamazepin cap 200mg er</i> .....	16	CENESTIN TAB 0.45MG .....	62
<i>carbamazepin cap 300mg er</i> .....	16	CENESTIN TAB 0.625MG .....	62
<i>carbamazepin chw 100mg</i> .....	16	CENESTIN TAB 0.9MG.....	62
<i>carbamazepin sus 100/5ml</i> .....	16	CENESTIN TAB 1.25MG .....	63
<i>carbamazepin tab 100mger</i> .....	16	<i>cephalexin cap 250mg</i> .....	46
<i>carbamazepin tab 200mg</i> .....	16	<i>cephalexin cap 500mg</i> .....	46
<i>carbamazepin tab 200mg er</i> .....	16	<i>cephalexin sus 125/5ml</i> .....	46
<i>carbamazepin tab 400mg er</i> .....	16	<i>cephalexin sus 250/5ml</i> .....	46
<i>carbinoxamin sol 4mg/5ml</i> .....	25	<i>cesia pak</i> .....	47
<i>carbinoxamin tab 4mg</i> .....	25	<i>cetiriz/pse tab 5-120mg</i> .....	51
CARIMUNE INJ 12GM.....	85	<i>cetirizine chw 10mg</i> .....	26
CARIMUNE NF INJ 12GM.....	85	<i>cetirizine chw 5mg</i> .....	26
<i>carisoprodol tab 350mg</i> .....	80	<i>cetirizine sol 1mg/ml</i> .....	26
<i>carteolol sol 1% op</i> .....	82	<i>cetirizine sol 5mg/5ml</i> .....	26
<i>carvedilol tab 12.5mg</i> .....	43	<i>cetirizine syp 1mg/ml</i> .....	26
<i>carvedilol tab 25mg</i> .....	43	<i>cetirizine syp 5mg/5ml</i> .....	26
<i>carvedilol tab 3.125mg</i> .....	43	<i>cetirizine tab 10mg</i> .....	26
<i>carvedilol tab 6.25mg</i> .....	43	<i>cetirizine tab 5mg</i> .....	26
CAYSTON INH 75MG .....	9	<i>cevimeline cap 30mg</i> .....	77
<i>caziant pak</i> .....	47	<i>cgh dm max liq 10-200</i> .....	51
<i>cefaclor cap 250mg</i> .....	46	CHANTIX PAK 0.5& 1MG .....	88
<i>cefaclor sus 125/5ml</i> .....	46	CHANTIX PAK 1MG .....	88

CHANTIX TAB 0.5MG .....	88	<i>ciprofloxacn tab 250mg</i> .....	63
CHANTIX TAB 1MG .....	88	<i>ciprofloxacn tab 500mg</i> .....	63
<i>chateal tab 0.15/30</i> .....	47	<i>ciprofloxacn tab 750mg</i> .....	63
CHEMET CAP 100MG .....	24	<i>citalopram sol 10mg/5ml</i> .....	19
<i>child comple chw allergy</i> .....	26	<i>citalopram tab 10mg</i> .....	19
<i>child silfed liq 15mg/5ml</i> .....	81	<i>citalopram tab 20mg</i> .....	19
<i>childrens chw /iron</i> .....	78	<i>citalopram tab 40mg</i> .....	19
<i>childrens chw gummies</i> .....	78	<i>citric acid/ sol sod citr</i> .....	65
<i>chld asafree elx 80/2.5ml</i> .....	5	CL PRENATAL TAB 28-0.8MG .....	79
<i>chld decongs liq 15mg/5ml</i> .....	81	<i>claravis cap 10mg</i> .....	53
<i>chloral hydr syp 500/5ml</i> .....	69	<i>claravis cap 20mg</i> .....	53
<i>chlordiazep cap 10mg</i> .....	11	<i>claravis cap 30mg</i> .....	53
<i>chlordiazep cap 25mg</i> .....	11	<i>claravis cap 40mg</i> .....	53
<i>chlordiazep cap 5mg</i> .....	11	<i>clarithromyc sus 125/5ml</i> .....	73
<i>chloroquine tab 250mg</i> .....	31	<i>clarithromyc sus 250/5ml</i> .....	73
<i>chloroquine tab 500mg</i> .....	31	<i>clarithromyc tab 250mg</i> .....	73
<i>chlorothiaz tab 250mg</i> .....	60	<i>clarithromyc tab 500mg</i> .....	73
<i>chlorothiaz tab 500mg</i> .....	60	<i>clarithromyc tab 500mg er</i> .....	73
<i>chlorphenir tab 12mg cr</i> .....	25	<i>clemastine syp 0.5/5ml</i> .....	26
<i>chlorphenir tab 4mg</i> .....	25	<i>clemastine tab 1.34mg</i> .....	26
<i>chlorpromaz tab 100mg</i> .....	38	<i>clemastine tab 2.68mg</i> .....	26
<i>chlorpromaz tab 10mg</i> .....	38	<i>clindamy/ben gel 1.2-5%</i> .....	53
<i>chlorpromaz tab 200mg</i> .....	38	<i>clindamycin cap 150mg</i> .....	10
<i>chlorpromaz tab 25mg</i> .....	38	<i>clindamycin cap 300mg</i> .....	10
<i>chlorpromaz tab 50mg</i> .....	38	<i>clindamycin cre 2% vag</i> .....	94
<i>chlorpropam tab 100mg</i> .....	23	<i>clindamycin gel 1%</i> .....	53
<i>chlorpropam tab 250mg</i> .....	23	<i>clindamycin gel tretinoi</i> .....	53
<i>chlorthalid tab 100mg</i> .....	60	<i>clindamycin lot 1%</i> .....	53
<i>chlorthalid tab 25mg</i> .....	60	<i>clindamycin sol 1%</i> .....	53
<i>chlorthalid tab 50mg</i> .....	60	<i>clindamycin sol 75mg/5ml</i> .....	10
<i>chlorzoxazon tab 500mg</i> .....	80	<i>clobetasol cre 0.05%</i> .....	56
<i>cholestyramine</i> .....	27	<i>clobetasol gel 0.05%</i> .....	56
<i>cholestyramine light</i> .....	27	<i>clobetasol oin 0.05%</i> .....	56
<i>chor gonadot inj 10000unt</i> .....	61	<i>clobetasol sol 0.05%</i> .....	56
CIALIS TAB 5MG .....	65	<i>clocortolone cre piv 0.1%</i> .....	56
<i>ciclodan cre 0.77%</i> .....	54	<i>clomipramine cap 25mg</i> .....	20
<i>cilostazol tab 100mg</i> .....	67	<i>clomipramine cap 50mg</i> .....	20
<i>cilostazol tab 50mg</i> .....	67	<i>clomipramine cap 75mg</i> .....	20
<i>cimetidine sol 300/5ml</i> .....	93	<i>clonazepam tab 0.5mg</i> .....	15
<i>cimetidine tab 200mg</i> .....	93	<i>clonazepam tab 1mg</i> .....	15
<i>cimetidine tab 300mg</i> .....	93	<i>clonazepam tab 2mg</i> .....	15
<i>cimetidine tab 400mg</i> .....	93	<i>clonidine tab 0.1mg</i> .....	29
<i>cimetidine tab 800mg</i> .....	93	<i>clonidine tab 0.2mg</i> .....	29
CIMZIA KIT .....	64	<i>clonidine tab 0.3mg</i> .....	29
CIMZIA KIT STARTER .....	64	<i>clopidogrel tab 75mg</i> .....	67
CIMZIA PREFL KIT 200MG/ML .....	64	<i>cloraz dipot tab 15mg</i> .....	11
<i>ciprofloxacn sol 0.2%</i> .....	84	<i>cloraz dipot tab 3.75mg</i> .....	11
<i>ciprofloxacn sol 0.3% op</i> .....	83	<i>cloraz dipot tab 7.5mg</i> .....	11



<i>clotrim/beta cre diprop</i> .....	54	COUMADIN TAB 7.5MG .....	14
<i>clotrim/beta lot diprop</i> .....	54	CREON CAP 12000UNT.....	59
<i>clotrimazole cre 1%</i> .....	54, 94	CREON CAP 24000UNT.....	59
<i>clotrimazole cre 2%</i> .....	94	CREON CAP 3000UNIT .....	59
<i>clotrimazole sol 1%</i> .....	54	CREON CAP 6000UNIT .....	59
<i>clotrimazole tro 10mg</i> .....	77	CRESTOR TAB 10MG.....	27
<i>clozapine tab 100mg</i> .....	37	CRESTOR TAB 20MG.....	27
<i>clozapine tab 200mg</i> .....	37	CRESTOR TAB 40MG.....	27
<i>clozapine tab 25mg</i> .....	37	CRESTOR TAB 5MG .....	27
<i>clozapine tab 50mg</i> .....	37	CRIXIVAN CAP 200MG .....	39
<i>clr soluble pow fiber</i> .....	70	CRIXIVAN CAP 400MG .....	39
COARTEM TAB 20-120MG .....	31	<i>cromolyn sod neb 20mg/2ml</i> .....	12
<i>codeine sulf tab 15mg</i> .....	6	<i>cromolyn sod sol 4% op</i> .....	84
<i>codeine sulf tab 30mg</i> .....	6	<i>cromolyn sod spr 5.2/act</i> .....	81
<i>codeine sulf tab 60mg</i> .....	6	<i>cryselle-28 tab 28 tabs</i> .....	47
<i>colchicine tab 0.6mg</i> .....	66	CUPRIMINE CAP 250MG .....	42
<i>cold &amp; cough liq 6.25-2.5</i> .....	51	CUVPOSA SOL 1MG/5ML .....	92
<i>cold/allergy elx children</i> .....	51	<i>cvs allergy chw 12.5mg</i> .....	26
<i>cold/cough elx children</i> .....	51	CVS PRENATAL TAB.....	79
<i>cold/cough elx dm</i> .....	51	CVS PRENATAL TAB 28-0.8MG .....	79
<i>cold/cough liq 6.25-2.5</i> .....	51	<i>cyclafem tab 1/35</i> .....	47
<i>colestipol tab 1gm</i> .....	27	<i>cyclafem tab 7/7/7</i> .....	47
COMBIGAN SOL 0.2/0.5%.....	82	<i>cyclobenzapr tab 10mg</i> .....	80
COMBIVENT RESPIMAT .....	89	<i>cyclobenzapr tab 5mg</i> .....	80
COMPLERA TAB .....	39	CYCLOPHOSPH CAP 25MG .....	32
COMPLETENATE CHW .....	79	CYCLOPHOSPH CAP 50MG .....	32
CO-NATAL FA TAB 29-1MG.....	79	<i>cyclophosph tab 25mg</i> .....	32
CORDRAN 24X3 TAP 4MCG/CM .....	56	<i>cyclophosph tab 50mg</i> .....	32
CORDRAN 24X3 TAP SMALL .....	56	<i>cycloserine cap 250mg</i> .....	32
CORDRAN 24X3 TAP SML 24IN .....	56	CYCLOSET TAB 0.8MG .....	22
CORDRAN 80X3 TAP 4MCG/CM .....	56	<i>cyclosporine cap 100mg</i> .....	42
CORDRAN 80X3 TAP LARGE .....	56	<i>cyclosporine cap 100mg md</i> .....	42
CORDRAN LOT 0.05% .....	56	<i>cyclosporine cap 25mg</i> .....	42
CORDRAN SP CRE 0.05%.....	56	<i>cyclosporine cap 25mg mod</i> .....	42
CORDRAN TAPE TAP LRG 80IN .....	56	<i>cyclosporine cap 50mg mod</i> .....	42
<i>cortisone ac tab 25mg</i> .....	50	<i>cyclosporine sol modified</i> .....	42
CORTISPORIN OIN .....	54	<i>cyproheptad syp 2mg/5ml</i> .....	26
CORTISPORIN SUS -TC OTIC.....	84	<i>cyproheptad tab 4mg</i> .....	26
<i>cortizone-10 gel 1%</i> .....	56	CYSTADANE POW .....	62
<i>cough dm syp 100-10/5</i> .....	51	CYSTAGON CAP 150MG.....	65
COUMADIN TAB 10MG .....	14	CYSTAGON CAP 50MG .....	65
COUMADIN TAB 1MG.....	14	<i>cytra-2 sol</i> .....	65
COUMADIN TAB 2.5MG .....	14	<i>cytra-k sol</i> .....	65
COUMADIN TAB 2MG.....	14	<b>D</b>	
COUMADIN TAB 3MG.....	14	DALIRESPI TAB 500MCG .....	13
COUMADIN TAB 4MG.....	14	<i>danazol cap 100mg</i> .....	8
COUMADIN TAB 5MG.....	14	<i>danazol cap 200mg</i> .....	8
COUMADIN TAB 6MG.....	14	<i>danazol cap 50mg</i> .....	8

<i>dandruff sha 1%</i> .....	55	<i>dextroamphet cap 5mg er</i> .....	1
<i>dantrolene cap 100mg</i> .....	80	<i>dextroamphet tab 10mg</i> .....	1
<i>dantrolene cap 25mg</i> .....	80	<i>dextroamphet tab 5mg</i> .....	1
<i>dantrolene cap 50mg</i> .....	80	DIAZEPAM CON 5MG/ML .....	11
<i>dapsone tab 100mg</i> .....	10	<i>diazepam gel 10mg</i> .....	15
<i>dapsone tab 25mg</i> .....	10	<i>diazepam gel 2.5mg</i> .....	15
DARAPRIM TAB 25MG.....	31	<i>diazepam gel 20mg</i> .....	15
<i>dasetta tab 1/35</i> .....	47	<i>diazepam sol 1mg/ml</i> .....	11
<i>dasetta tab 7/7/7</i> .....	47	<i>diazepam tab 10mg</i> .....	11
<i>delsym night liq cgh/cold</i> .....	51	<i>diazepam tab 2mg</i> .....	11
<i>demeclocycl tab 150mg</i> .....	89	<i>diazepam tab 5mg</i> .....	11
<i>demeclocycl tab 300mg</i> .....	89	<i>dibucaine oin 1%</i> .....	8
DENAVIR CRE 1% .....	55	<i>diclofen pot tab 50mg</i> .....	3
<i>denta 5000 cre plus</i> .....	77	<i>diclofenac gel 1%</i> .....	54
DEPEN TITRA TAB 250MG .....	42	<i>diclofenac sol 0.1% op</i> .....	84
<i>dermafungal oin 2%</i> .....	54	<i>diclofenac tab 100mg er</i> .....	3
<i>desipramine tab 100mg</i> .....	20	<i>diclofenac tab 25mg dr</i> .....	3
<i>desipramine tab 10mg</i> .....	20	<i>diclofenac tab 50mg dr</i> .....	3
<i>desipramine tab 150mg</i> .....	20	<i>diclofenac tab 75mg dr</i> .....	3
<i>desipramine tab 25mg</i> .....	20	<i>dicloxacill cap 250mg</i> .....	86
<i>desipramine tab 50mg</i> .....	20	<i>dicloxacill cap 500mg</i> .....	86
<i>desipramine tab 75mg</i> .....	20	<i>dicyclomine cap 10mg</i> .....	92
<i>desmopressin spr 0.01%</i> .....	62	<i>dicyclomine sol 10mg/5ml</i> .....	92
<i>desmopressin tab 0.1mg</i> .....	62	<i>dicyclomine tab 20mg</i> .....	92
<i>desmopressin tab 0.2mg</i> .....	62	<i>didanosine cap 125mg</i> .....	39
<i>deso/ethinyl tab estradio</i> .....	47	<i>didanosine cap 250mg</i> .....	39
<i>desonide cre 0.05%</i> .....	56	<i>didanosine cap 400mg</i> .....	39
<i>desonide oin 0.05%</i> .....	56	DIFICID TAB 200MG .....	73
<i>desoximetas cre 0.05%</i> .....	56	<i>diflorasone cre 0.05%</i> .....	56
<i>desoximetas cre 0.25%</i> .....	56	<i>diflorasone oin 0.05%</i> .....	56
<i>desoximetas gel 0.05%</i> .....	56	<i>diflunisal tab 500mg</i> .....	5
<i>desoximetas oin 0.05%</i> .....	56	<i>digoxin sol 50mcg/ml</i> .....	46
<i>desoximetas oin 0.25%</i> .....	56	<i>digoxin tab 0.125mg</i> .....	46
<i>dexameth pho sol 0.1% op</i> .....	83	<i>digoxin tab 0.25mg</i> .....	46
<i>dexamethason elx 0.5/5ml</i> .....	50	DILANTIN CAP 30MG .....	17
<i>dexamethason sol 0.5/5ml</i> .....	50	<i>diltiazem cap 120mg er</i> .....	44
<i>dexamethason tab 0.5mg</i> .....	50	<i>diltiazem cap 120mg/24</i> .....	45
<i>dexamethason tab 0.75mg</i> .....	50	<i>diltiazem cap 180mg er</i> .....	45
<i>dexamethason tab 1.5mg</i> .....	50	<i>diltiazem cap 180mg/24</i> .....	45
<i>dexamethason tab 1mg</i> .....	50	<i>diltiazem cap 240mg er</i> .....	45
<i>dexamethason tab 2mg</i> .....	50	<i>diltiazem cap 240mg/24</i> .....	45
<i>dexamethason tab 4mg</i> .....	50	<i>diltiazem cap 300mg er</i> .....	45
<i>dexamethason tab 6mg</i> .....	50	<i>diltiazem cap 300mg/24</i> .....	45
<i>dexmethylph tab 10mg</i> .....	2	<i>diltiazem cap 360mg/24</i> .....	45
<i>dexmethylph tab 2.5mg</i> .....	1	<i>diltiazem cap 420mg/24</i> .....	45
<i>dexmethylph tab 5mg</i> .....	2	<i>diltiazem tab 120mg</i> .....	45
<i>dextroamphet cap 10mg er</i> .....	1	<i>diltiazem tab 30mg</i> .....	45
<i>dextroamphet cap 15mg er</i> .....	1	<i>diltiazem tab 60mg</i> .....	45

<i>diltiazem tab 90mg</i> .....	45	<i>doxazosin tab 4mg</i> .....	30
<i>dimenhydrin tab 50mg</i> .....	24	<i>doxazosin tab 8mg</i> .....	30
<i>dimetane dx syp</i> .....	51	<i>doxepin hcl cap 100mg</i> .....	20
<i>dimetapp liq nighttim</i> .....	51	<i>doxepin hcl cap 10mg</i> .....	20
DIPENTUM CAP 250MG .....	64	<i>doxepin hcl cap 150mg</i> .....	20
<i>diphedryl liq 12.5/5ml</i> .....	26	<i>doxepin hcl cap 25mg</i> .....	20
<i>diphen/atrop liq 2.5/5</i> .....	24	<i>doxepin hcl cap 50mg</i> .....	20
<i>diphen/atrop tab 2.5mg</i> .....	24	<i>doxepin hcl cap 75mg</i> .....	20
<i>diphenhydram cap 25mg</i> .....	26	<i>doxepin hcl con 10mg/ml</i> .....	20
<i>diphenhydram cap 50mg</i> .....	26	<i>doxercalcif cap 0.5mcg</i> .....	62
<i>diphenhydram elx 12.5/5ml</i> .....	26	<i>doxercalcif cap 1mcg</i> .....	62
<i>diphenhydram inj 50mg/ml</i> .....	26	<i>doxercalcif cap 2.5mcg</i> .....	62
<i>diphenhydram tab 25mg</i> .....	26	<i>doxycyc mono cap 100mg</i> .....	89
<i>dipyridamole tab 25mg</i> .....	67	<i>doxycyc mono cap 50mg</i> .....	89
<i>dipyridamole tab 50mg</i> .....	67	<i>doxycyc mono tab 100mg</i> .....	89
<i>dipyridamole tab 75mg</i> .....	67	DRITHO-CREME CRE HP 1% .....	55
<i>disopyramide cap 100mg</i> .....	12	<i>dronabinol cap 10mg</i> .....	25
<i>disopyramide cap 150mg</i> .....	12	<i>dronabinol cap 2.5mg</i> .....	25
<i>disposable ene</i> .....	71	<i>dronabinol cap 5mg</i> .....	25
<i>disposable ene single</i> .....	71	<i>drospir/ethi tab 3-0.03mg</i> .....	47
<i>disposable ene twin pk</i> .....	72	DRYSOL SOL 20% .....	58
<i>disulfiram tab 250mg</i> .....	87	DULERA AER 100-5MCG .....	13
<i>disulfiram tab 500mg</i> .....	87	DULERA AER 200-5MCG .....	13
<i>divalproex cap 125mg</i> .....	18	<i>duloxetine cap 20mg</i> .....	19
<i>divalproex tab 125mg dr</i> .....	18	<i>duloxetine cap 30mg</i> .....	19
<i>divalproex tab 250mg dr</i> .....	18	<i>duloxetine cap 60mg</i> .....	19
<i>divalproex tab 250mg er</i> .....	18	DUREZOL EMU 0.05% .....	83
<i>divalproex tab 500mg dr</i> .....	18	<i>dutasteride cap 0.5mg</i> .....	65
<i>divalproex tab 500mg er</i> .....	18	DYRENIUM CAP 100MG .....	60
<i>dm/gg sol 10-100/5</i> .....	51	DYRENIUM CAP 50MG .....	60
<i>docu soft cap 100mg</i> .....	72	<i>dytuss syp 12.5/5ml</i> .....	26
<i>docusate cal cap 240mg</i> .....	72	<b>E</b>	
<i>docusate sod cap 250mg</i> .....	72	<i>e.e.s. 400 tab 400mg</i> .....	73
<i>docusate sod liq 50mg/5ml</i> .....	72	E.E.S. GRAN SUS 200/5ML .....	73
<i>docusate sod syp 20mg/5ml</i> .....	72	<i>e.s.p. sus 200-600</i> .....	10
<i>docusate sod tab 100mg</i> .....	72	<i>ear drying dro 95-5%</i> .....	84
<i>docusol plus ene 20-283</i> .....	72	<i>ear wax remv sol 6.5% ot</i> .....	84
<i>dofetilide cap 125 mcg (0.125 mg)</i> .....	12	<i>econazole cre 1%</i> .....	54
<i>dofetilide cap 250 mcg (0.25 mg)</i> .....	12	EDARBI TAB 40MG .....	29
<i>dofetilide cap 500 mcg (0.5 mg)</i> .....	12	EDARBI TAB 80MG .....	29
<i>donepezil tab 10mg</i> .....	87	EDECIN TAB 25MG .....	60
<i>donepezil tab 10mg odt</i> .....	87	EDURANT TAB 25MG .....	39
<i>donepezil tab 5mg</i> .....	87	<i>ees/sulfisox sus 200-600</i> .....	10
<i>donepezil tab 5mg odt</i> .....	87	EFFIENT TAB 10MG .....	67
<i>dorzol/timol sol 2-0.5%op</i> .....	82	EFFIENT TAB 5MG .....	67
<i>dorzolamide sol 2% op</i> .....	84	ELAPRASE INJ 6MG/3ML .....	62
<i>doxazosin tab 1mg</i> .....	30	ELIDEL CRE 1% .....	58
<i>doxazosin tab 2mg</i> .....	30	<i>elinest tab</i> .....	47

ELLA TAB 30MG .....	49	EPIDUO GEL 0.1-2.5%.....	53
ELMIRON CAP 100MG.....	65	<i>epinastine dro 0.05%</i> .....	84
EMADINE SOL 0.05% OP .....	84	<i>epinephrine inj 0.15mg</i> .....	95
EMCYT CAP 140MG .....	33	EPIPEN 2-PAK INJ 0.3MG .....	95
EMEND CAP 125MG.....	25	EPIPEN-JR INJ 2-PAK.....	95
EMEND CAP 40MG.....	25	EPIVIR HBV SOL 5MG/ML.....	39
EMEND CAP 80MG.....	25	<i>eplerenone tab 25mg</i> .....	31
EMEND PAK 80 & 125.....	25	<i>eplerenone tab 50mg</i> .....	31
<i>emoquette tab</i> .....	47	EPOGEN INJ 10000/ML .....	68
EMSAM DIS 12MG/24H.....	19	EPOGEN INJ 2000/ML .....	68
EMSAM DIS 6MG/24HR.....	19	EPOGEN INJ 20000/ML .....	68
EMSAM DIS 9MG/24HR.....	19	EPOGEN INJ 4000/ML .....	68
EMTRIVA CAP 200MG .....	39	<i>eprosart mes tab 600mg</i> .....	29
EMTRIVA SOL 10MG/ML.....	39	EPZICOM TAB 600-300 .....	40
ENABLEX TAB 15MG.....	65	<i>eq enema ene double</i> .....	72
ENABLEX TAB 7.5MG.....	65	<i>eq fiber pow</i> .....	70
<i>enalapr/hctz tab 10-25mg</i> .....	30	<i>eq lice kit solution</i> .....	58
<i>enalapr/hctz tab 5-12.5mg</i> .....	30	EQL PRENATAL TAB FORMULA.....	79
<i>enalapril tab 10mg</i> .....	28	<i>eq triactin elx cld/cgh</i> .....	51
<i>enalapril tab 2.5mg</i> .....	28	<i>ergocalcifer cap 50000unt</i> .....	95
<i>enalapril tab 20mg</i> .....	28	<i>ergoloid mes tab 1mg oral</i> .....	88
<i>enalapril tab 5mg</i> .....	28	ERGOMAR SUB 2MG .....	74
ENBREL INJ 25/0.5ML.....	4	ERIVEDGE CAP 150MG.....	33
ENBREL INJ 25MG.....	4	<i>errin tab 0.35mg</i> .....	50
ENBREL INJ 50MG/ML.....	4	ERYPED SUS 200/5ML.....	73
ENBREL SRCLK INJ 50MG/ML .....	4	ERY-TAB TAB 250MG EC .....	73
<i>enema ene double</i> .....	72	ERY-TAB TAB 333MG EC .....	73
<i>enema ene single</i> .....	72	ERY-TAB TAB 500MG EC .....	73
<i>enema ready- ene -to-use</i> .....	72	<i>erythrocin tab 250mg</i> .....	73
<i>enemeez plus ene 20-283</i> .....	72	<i>erythrom eth tab 400mg</i> .....	73
ENJUVIA TAB 0.3MG.....	63	<i>erythromycin gel /benzoyl</i> .....	53
ENJUVIA TAB 0.45MG.....	63	<i>erythromycin gel 2%</i> .....	53
ENJUVIA TAB 0.625MG .....	63	<i>erythromycin oin 5mg/gm</i> .....	83
ENJUVIA TAB 0.9MG.....	63	<i>erythromycin sol 2%</i> .....	53
ENJUVIA TAB 1.25MG.....	63	<i>erythromycin tab 250mg bs</i> .....	73
<i>enoxaparin inj 100mg/ml</i> .....	15	<i>erythromycin tab 500mg bs</i> .....	73
<i>enoxaparin inj 120/0.8</i> .....	15	<i>escitalopram sol 5mg/5ml</i> .....	19
<i>enoxaparin inj 150mg/ml</i> .....	15	<i>escitalopram tab 10mg</i> .....	19
<i>enoxaparin inj 30/0.3ml</i> .....	15	<i>escitalopram tab 20mg</i> .....	19
<i>enoxaparin inj 300/3ml</i> .....	15	<i>escitalopram tab 5mg</i> .....	19
<i>enoxaparin inj 40/0.4ml</i> .....	15	<i>estarylla tab 0.25-35</i> .....	48
<i>enoxaparin inj 60/0.6ml</i> .....	15	<i>estazolam tab 1mg</i> .....	69
<i>enoxaparin inj 80/0.8ml</i> .....	15	<i>estazolam tab 2mg</i> .....	69
<i>enpresse-28 tab</i> .....	47	ESTRACE VAG CRE 0.1MG/GM .....	95
<i>enskyce tab</i> .....	47	<i>estradiol tab 0.5mg</i> .....	63
<i>entacapone tab 200mg</i> .....	35	<i>estradiol tab 1mg</i> .....	63
<i>entecavir tab 0.5mg</i> .....	41	<i>estradiol tab 2mg</i> .....	63
<i>entecavir tab 1mg</i> .....	41	<i>estropipate tab 0.75mg</i> .....	63

<i>estropipate tab 1.5mg</i> .....	63	FARESTON TAB 60MG .....	33
<i>estropipate tab 3mg</i> .....	63	<i>felbamate sus 600/5ml</i> .....	17
<i>eszopiclone tab 1mg</i> .....	81	<i>felbamate tab 400mg</i> .....	17
<i>eszopiclone tab 2mg</i> .....	69	<i>felbamate tab 600mg</i> .....	17
<i>eszopiclone tab 3mg</i> .....	69	<i>felodipine tab 10mg er</i> .....	45
<i>ethambutol tab 100mg</i> .....	32	<i>felodipine tab 2.5mg er</i> .....	45
<i>ethambutol tab 400mg</i> .....	32	<i>felodipine tab 5mg er</i> .....	45
<i>ethosuximide cap 250mg</i> .....	18	FEMALE CONDOMS .....	73
<i>ethosuximide sol 250/5ml</i> .....	18	FEMCAP MIS 22MM.....	73
<i>etidron disd tab 200mg</i> .....	61	FEMCAP MIS 26MM.....	73
<i>etidron disd tab 400mg</i> .....	61	FEMCAP MIS 30MM.....	73
<i>etodolac tab 400mg</i> .....	3	<i>fenofibrate cap 134mg</i> .....	27
<i>etodolac tab 500mg</i> .....	3	<i>fenofibrate cap 200mg</i> .....	27
<i>etoposide cap 50mg</i> .....	35	<i>fenofibrate cap 43mg</i> .....	27
<i>etoposide inj 20mg/ml</i> .....	35	<i>fenofibrate cap 67mg</i> .....	27
EUFLEXXA INJ 10MG/ML .....	80	<i>fenofibrate tab 160mg</i> .....	27
EURAX CRE 10%.....	58	<i>fenofibrate tab 48mg</i> .....	27
EUTHROID TAB 120MG.....	89	<i>fenofibrate tab 54mg</i> .....	27
EUTHROID-1 TAB 60MG.....	90	<i>fenofibric tab 35mg</i> .....	27
EUTHROID-2 TAB 120MG.....	90	<i>fenoprofen tab 600mg</i> .....	3
EUTHROID-3 TAB 180MG .....	90	<i>fentanyl dis 100mcg/h</i> .....	6
EVOTAZ TAB 300-150.....	40	<i>fentanyl dis 12mcg/hr</i> .....	6
EXELDERM CRE 1%.....	54	<i>fentanyl dis 25mcg/hr</i> .....	6
EXELDERM SOL 1%.....	54	<i>fentanyl dis 50mcg/hr</i> .....	6
<i>exelon dis 4.6mg/24</i> .....	87	<i>fentanyl dis 75mcg/hr</i> .....	6
<i>exelon dis 9.5mg/24</i> .....	87	<i>ferocon cap</i> .....	68
<i>exemestane tab 25mg</i> .....	33	<i>ferotrin cap</i> .....	68
EXJADE TAB 125MG .....	24	<i>ferotrinic cap</i> .....	68
EXJADE TAB 250MG .....	24	FERRIPROX TAB 500MG .....	24
EXJADE TAB 500MG .....	24	<i>ferrous fum tab 324mg</i> .....	68
EXTAVIA INJ 0.3MG .....	88	<i>ferrous gluc tab 240mg</i> .....	68
<b>F</b>		<i>ferrous gluc tab 324mg</i> .....	68
FACTIVE TAB 320MG .....	63	FERROUS GLUC TAB 324MG .....	68
<i>falmina tab</i> .....	48	<i>ferrous gluc tab 325mg</i> .....	68
<i>famciclovir tab 125mg</i> .....	41	FERROUS SUL LIQ 220/5ML.....	68
<i>famciclovir tab 250mg</i> .....	41	<i>ferrous sulf dro 15mg/ml</i> .....	68
<i>famciclovir tab 500mg</i> .....	42	<i>ferrous sulf elx 220/5ml</i> .....	68
<i>famotidine tab 10mg</i> .....	93	FERROUS SULF TAB 324MG EC .....	68
<i>famotidine tab 20mg</i> .....	93	<i>ferrous sulf tab 325mg</i> .....	68
<i>famotidine tab 40mg</i> .....	93	<i>ferrous sulf tab 325mg ec</i> .....	68
FANAPT PAK .....	36	<i>ferus cap 150mg</i> .....	68
FANAPT TAB 10MG.....	36	FEVERALL INF SUP 80MG .....	5
FANAPT TAB 12MG.....	36	<i>fexofenadine tab 180mg</i> .....	26
FANAPT TAB 1MG.....	36	<i>fexofenadine tab 60mg</i> .....	26
FANAPT TAB 2MG.....	36	<i>fiber cap 0.52gm</i> .....	70
FANAPT TAB 4MG.....	36	<i>fiber laxatv tab 625mg</i> .....	70
FANAPT TAB 6MG.....	36	<i>fiber laxtiv cap 0.52gm</i> .....	70
FANAPT TAB 8MG.....	36	<i>fiber powder pow</i> .....	70

<i>fiber tab 625mg</i> .....	70	<i>fluoride chw 1mg f</i> .....	76
<i>fiber therap cap 0.52gm</i> .....	70	<i>fluoridex gel 1.1%</i> .....	77
<i>fiber therap pow 28.3%</i> .....	70	<i>fluoritab dro 0.125mg</i> .....	76
<i>fiber therap pow 48.57%</i> .....	70	<i>fluoromethol sus 0.1% op</i> .....	83
<i>fiber therap pow 58.6%</i> .....	70	<i>fluorouracil cre 5%</i> .....	55
<i>fiber therap tab 500mg</i> .....	70	<i>fluoxetine cap 10mg</i> .....	19
<i>fiber therap tab 625mg</i> .....	70	<i>fluoxetine cap 20mg</i> .....	19
<i>fiber-caps tab 625mg</i> .....	70	<i>fluoxetine sol 20mg/5ml</i> .....	19
<i>fibergen tab 625mg</i> .....	70	<i>fluoxetine tab 10mg</i> .....	19
<i>fiber-lax tab 625mg</i> .....	70	<i>fluoxetine tab 20mg</i> .....	19
<i>fibertab tab 625mg</i> .....	70	<i>fluphenaz de inj 25mg/ml</i> .....	38
FINACEA GEL 15%.....	58	<i>fluphenazine inj 2.5mg/ml</i> .....	38
<i>finasteride tab 5mg</i> .....	65	<i>fluphenazine tab 10mg</i> .....	38
FIRMAGON INJ 120MG.....	33	<i>fluphenazine tab 1mg</i> .....	38
FIRMAGON INJ 80MG .....	33	<i>fluphenazine tab 2.5mg</i> .....	38
FIRST-OMEPRASUS 2MG/ML.....	93	<i>fluphenazine tab 5mg</i> .....	38
<i>fish oil cap 1000mg</i> .....	82	<i>flura-drops dro 0.25mg f</i> .....	76
<i>fish oil cap 1200mg</i> .....	82	<i>flurandrenol cre 0.05%</i> .....	57
<i>flavoxate tab 100mg</i> .....	94	<i>flurazepam cap 15mg</i> .....	69
FLEBOGAMMA INJ 10%.....	85	<i>flurazepam cap 30mg</i> .....	69
FLEBOGAMMA INJ 5% .....	85	<i>flurbiprofen sol 0.03% op</i> .....	84
FLEBOGAMMA INJ DIF 5% .....	85	<i>flurbiprofen tab 100mg</i> .....	3
<i>flecainide tab 100mg</i> .....	12	<i>flurbiprofen tab 50mg</i> .....	3
<i>flecainide tab 150mg</i> .....	12	<i>flutamide cap 125mg</i> .....	33
<i>flecainide tab 50mg</i> .....	12	<i>fluticasone cre 0.05%</i> .....	57
FLUARIX QUAD INJ .....	94	<i>fluticasone oin 0.005%</i> .....	57
FLUCLVX QUAD INJ .....	94	<i>fluticasone spr 50mcg</i> .....	81
<i>fluconazole sus 10mg/ml</i> .....	25	<i>fluvastatin cap 20mg</i> .....	27
<i>fluconazole sus 40mg/ml</i> .....	25	<i>fluvastatin cap 40mg</i> .....	27
<i>fluconazole tab 100mg</i> .....	25	FLUVIRIN INJ.....	94
<i>fluconazole tab 150mg</i> .....	25	FLUVIRIN INJ PF .....	94
<i>fluconazole tab 200mg</i> .....	25	<i>fluvoxamine tab 100mg</i> .....	19
<i>fluconazole tab 50mg</i> .....	25	<i>fluvoxamine tab 25mg</i> .....	19
<i>flucytosine cap 250mg</i> .....	25	<i>fluvoxamine tab 50mg</i> .....	19
<i>flucytosine cap 500mg</i> .....	25	FLUZONE QUAD INJ.....	94
<i>fludrocort tab 0.1mg</i> .....	51	<i>foam antacid chw 80-20mg</i> .....	8
FLULAVAL QUAD .....	94	<i>foam antacid sus</i> .....	9
<i>flunisolide spr 0.025%</i> .....	81	<i>folbee plus tab</i> .....	78
<i>flunisolide spr 29mcg</i> .....	81	<i>folic acid tab 1mg</i> .....	67
<i>fluocin acet cre 0.025%</i> .....	56	<i>folic acid tab 400mcg</i> .....	67
<i>fluocin acet oil 0.01% sc</i> .....	56	<i>folic acid tab 800mcg</i> .....	67
<i>fluocin acet oin 0.025%</i> .....	56	<i>foltrin cap</i> .....	68
<i>fluocinonide cre 0.05%</i> .....	56	<i>fondaparinux sol 10/0.8</i> .....	15
<i>fluocinonide gel 0.05%</i> .....	56	<i>fondaparinux sol 2.5/0.5</i> .....	15
<i>fluocinonide oin 0.05%</i> .....	57	<i>fondaparinux sol 5.0/0.4</i> .....	15
<i>fluocinonide sol 0.05%</i> .....	57	<i>fondaparinux sol 7.5/0.6</i> .....	15
<i>fluoride chw 0.25mg f</i> .....	76	FORADIL CAP AEROLIZE .....	13
<i>fluoride chw 0.5mg f</i> .....	76	FORTEO SOL 600/2.4 .....	61

FOSAMAX + D TAB 70-2800.....	61
FOSAMAX + D TAB 70-5600.....	61
<i>fosinop/hctz tab 10/12.5.....</i>	30
<i>fosinopril tab 10mg .....</i>	28
<i>fosinopril tab 20mg .....</i>	28
<i>fosinopril tab 40mg .....</i>	28
FOSRENOL CHW 1000MG.....	64
FOSRENOL CHW 500MG .....	64
FOSRENOL CHW 750MG .....	64
FRAGMIN INJ 10000/ML.....	15
FRAGMIN INJ 12500UNT .....	15
FRAGMIN INJ 15000UNT .....	15
FRAGMIN INJ 18000UNT.....	15
FRAGMIN INJ 2500/0.2.....	15
FRAGMIN INJ 5000/0.2.....	15
FRAGMIN INJ 7500/0.3.....	15
FROVA TAB 2.5MG .....	75
<i>frovatriptan tab 2.5mg .....</i>	75
<i>furosemide sol 10mg/ml .....</i>	60
FUROSEMIDE SOL 8MG/ML .....	60
<i>furosemide tab 20mg .....</i>	60
<i>furosemide tab 40mg .....</i>	60
<i>furosemide tab 80mg .....</i>	60
FUZEON INJ 90MG .....	40

**G**

<i>gabapentin cap 100mg .....</i>	16
<i>gabapentin cap 300mg .....</i>	16
<i>gabapentin cap 400mg .....</i>	16
<i>gabapentin sol 250/5ml .....</i>	16
<i>gabapentin tab 100mg .....</i>	16
<i>gabapentin tab 600mg .....</i>	16
<i>gabapentin tab 800mg .....</i>	16
<i>galantamine cap 24mg er .....</i>	87
<i>galantamine cap 8mg er .....</i>	87
<i>galantamine tab 12mg.....</i>	87
<i>galantamine tab 4mg .....</i>	87
<i>galantamine tab 8mg .....</i>	87
GAMASTAN S/D INJ.....	85
GAMMAGARD INJ 1GM/10ML.....	85
GAMMAGARD SD INJ 10GM HU.....	85
GAMMAKED INJ 1GM/10ML .....	85
GAMMAPLEX INJ 5GM.....	85
GAMUNEX INJ 10%.....	85
GAMUNEX-C INJ 1GM/10ML .....	85
<i>gas relief cap 125mg .....</i>	63
<i>gas relief cap 180mg .....</i>	63
<i>gas relief dro infants .....</i>	63
<i>gatifloxacin sol 0.5%.....</i>	83

<i>gavilyte-c sol .....</i>	71
<i>gavilyte-g sol.....</i>	71
<i>gemfibrozil tab 600mg .....</i>	27
<i>gengraf cap 100mg .....</i>	42
<i>gengraf cap 25mg .....</i>	42
<i>gengraf sol 100mg/ml.....</i>	42
<i>gentamicin cre 0.1% .....</i>	54
<i>gentamicin oin 0.1% .....</i>	54
<i>gentamicin oin 0.3% op .....</i>	83
<i>gentamicin sol 0.3% op .....</i>	83
GENVOYA TAB .....	40
<i>gianvi tab 3-0.02mg .....</i>	48
<i>gildagia tab 0.4-35.....</i>	48
<i>gildess fe tab 1.5/30.....</i>	48
<i>gildess fe tab 1/20 .....</i>	48
<i>gildess tab 1.5/30 .....</i>	48
<i>gildess tab 1/20 .....</i>	48
GILENYA CAP 0.5MG.....	88
<i>glatiramer acetate 20mg/ml .....</i>	88
GLEEVEC TAB 100MG .....	33
GLEEVEC TAB 400MG .....	34
GLEOSTINE CAP 100MG .....	32
GLEOSTINE CAP 10MG.....	32
GLEOSTINE CAP 40MG.....	32
GLEOSTINE CAP 5MG.....	32
<i>glimepiride tab 1mg .....</i>	23
<i>glimepiride tab 2mg .....</i>	23
<i>glimepiride tab 4mg .....</i>	23
<i>glipizide er tab 10mg .....</i>	23
<i>glipizide er tab 2.5mg .....</i>	23
<i>glipizide er tab 5mg.....</i>	23
<i>glipizide tab 10mg .....</i>	23
<i>glipizide tab 5mg.....</i>	23
<i>glipizide xl tab 10mg .....</i>	23
<i>glipizide xl tab 2.5mg .....</i>	23
<i>glipizide xl tab 5mg .....</i>	23
GLUCAGON KIT 1MG .....	21
GLUCOSE-VITAMIN C CHEW TAB 4-0.006	
GM .....	22
<i>glyb/metform tab 1.25-250 .....</i>	21
<i>glyb/metform tab 2.5-500.....</i>	21
<i>glyb/metform tab 5-500mg .....</i>	21
<i>glyburid mcr tab 1.5mg .....</i>	23
<i>glyburid mcr tab 3mg .....</i>	23
<i>glyburid mcr tab 6mg .....</i>	23
<i>glyburide tab 1.25mg .....</i>	23
<i>glyburide tab 2.5mg .....</i>	23
<i>glyburide tab 5mg .....</i>	23

<i>glycerin sup 1.2gm</i> .....	71	<i>hc/acet acid sol otic</i> .....	84
<i>glycerin sup 2.1gm</i> .....	71	<i>hc/aloe cre 0.5%</i> .....	57
<i>glycerin sup 2gm</i> .....	71	<i>hc-1% hemorr oin 1%</i> .....	57
<i>glycerin sup 80.7%</i> .....	71	<i>heartbrn ant chw 160-105</i> .....	9
<i>glycopyrrol tab 1mg</i> .....	92	<i>heartburn chw ex st</i> .....	9
<i>glycopyrrol tab 2mg</i> .....	93	<i>heather tab 0.35mg</i> .....	50
GLYSET TAB 100MG .....	21	<i>hecoria cap 0.5mg</i> .....	42
GLYSET TAB 25MG .....	21	<i>hecoria cap 1mg</i> .....	42
GLYSET TAB 50MG .....	21	<i>hectorol inj 2mcg/ml</i> .....	62
<i>gnp best pow fiber</i> .....	70	HELIXATE FS INJ 1000UNIT.....	66
GNP GLUCOSE CHW RASPBERRY .....	22	HELIXATE FS INJ 250UNIT .....	66
<i>gnp iron tab 45mg</i> .....	68	HELIXATE FS INJ 500UNIT .....	66
GNP PRENATAL TAB 28-0.8MG.....	79	HELIXATE FS SOL 1000UNIT.....	66
GOLYTELY SOL .....	71	HELIXATE FS SOL 250UNIT .....	66
<i>granisetron tab 1mg</i> .....	24	HELIXATE FS SOL 500UNIT .....	66
<i>griseofulvin sus 125/5ml</i> .....	25	<i>heparin sod inj 1000/ml</i> .....	15
<i>guaiaatussin syp ac</i> .....	51	<i>heparin sod inj 10000/ml</i> .....	15
<i>guaifenesin sol 100/5ml</i> .....	52	<i>heparin sod inj 5000/0.5</i> .....	15
<i>guaifenesin syp 100/5ml</i> .....	52	HIZENTRA INJ 2GM/10ML.....	85
<i>guaifenesin syp dm</i> .....	52	<i>hm fiber tab 500mg</i> .....	70
<i>guaifenesin tab 200mg</i> .....	52	<i>hm iron tab 45mg</i> .....	69
<i>guaifenesin tab 400mg</i> .....	52	HM PRENATAL TAB .....	79
<i>guaifenesin tab 600mg er</i> .....	52	HORIZANT TAB 600MG .....	88
<i>guanfacine tab 1mg</i> .....	30	HUMALOG INJ 100/ML .....	22
<i>guanfacine tab 1mg er</i> .....	1	HUMALOG KWIK INJ 100/ML.....	22
<i>guanfacine tab 2mg</i> .....	30	HUMALOG MIX INJ 50/50 .....	22
<i>guanfacine tab 2mg er</i> .....	1	HUMALOG MIX INJ 50/50KWP.....	22
<i>guanfacine tab 3mg er</i> .....	1	HUMALOG MIX INJ 75/25KWP.....	22
<i>guanfacine tab 4mg er</i> .....	1	HUMALOG MIX SUS 75/25 .....	22
GYNAZOLE-1 CRE 2%.....	94	HUMATE-P SOL 1200UNIT .....	66
<b>H</b>		HUMATE-P SOL 2400UNIT .....	66
HALFLYTELY KIT FLAV PKS .....	71	HUMIRA KIT 20MG/0.4 .....	3
<i>halobetasol cre 0.05%</i> .....	57	HUMIRA KIT 40MG/0.8 .....	3
<i>halobetasol oin 0.05%</i> .....	57	HUMIRA PEN KIT 40MG/0.8 .....	3
HALOG CRE 0.1% .....	57	HUMULIN INJ 70/30 .....	22
HALOG OIN 0.1% .....	57	HUMULIN INJ 70/30KWP .....	22
<i>haloper dec inj 100mg/ml</i> .....	37	HUMULIN N INJ U-100 .....	22
<i>haloper dec inj 50mg/ml</i> .....	37	HUMULIN N INJ U-100KWP.....	22
<i>haloper lac inj 5mg/ml</i> .....	37	HUMULIN N PN INJ U-100 .....	22
<i>haloperidol con 2mg/ml</i> .....	37	HUMULIN PEN INJ 70/30 .....	22
<i>haloperidol tab 0.5mg</i> .....	37	HUMULIN R INJ U-100 .....	22
<i>haloperidol tab 10mg</i> .....	37	HUMULIN R INJ U-500 .....	22
<i>haloperidol tab 1mg</i> .....	37	<i>hydralazine tab 100mg</i> .....	31
<i>haloperidol tab 20mg</i> .....	37	<i>hydralazine tab 10mg</i> .....	31
<i>haloperidol tab 2mg</i> .....	37	<i>hydralazine tab 25mg</i> .....	31
<i>haloperidol tab 5mg</i> .....	37	<i>hydralazine tab 50mg</i> .....	31
HARVONI TAB 90-400MG .....	41	<i>hydrochlorot cap 12.5mg</i> .....	60
<i>hc valerate cre 0.2%</i> .....	57	<i>hydrochlorot tab 12.5mg</i> .....	60



<i>hydrochlorot tab 25mg</i> .....	60	<i>ibu-drops dro 40mg/ml</i> .....	3
<i>hydrochlorot tab 50mg</i> .....	60	<i>ibuprofen cap 200mg</i> .....	4
<i>hydroco/apap sol 7.5-325</i> .....	7	<i>ibuprofen jr chw 100mg</i> .....	4
<i>hydroco/apap tab 10-325mg</i> .....	7	<i>ibuprofen sus 100/5ml</i> .....	4
<i>hydroco/apap tab 10-500mg</i> .....	7	<i>ibuprofen tab 200mg</i> .....	4
<i>hydroco/apap tab 10-650mg</i> .....	7	<i>ibuprofen tab 400mg</i> .....	4
<i>hydroco/apap tab 2.5-500</i> .....	7	<i>ibuprofen tab 600mg</i> .....	4
<i>hydroco/apap tab 5-325mg</i> .....	7	<i>ibuprofen tab 800mg</i> .....	4
<i>hydroco/apap tab 5-500mg</i> .....	7	<i>imatinib mesylate tab 100 mg</i> .....	34
<i>hydroco/apap tab 7.5-325</i> .....	7	<i>imatinib mesylate tab 400 mg</i> .....	34
<i>hydroco/apap tab 7.5-500</i> .....	7	<i>imipram hcl tab 10mg</i> .....	20
<i>hydroco/apap tab 7.5-650</i> .....	7	<i>imipram hcl tab 25mg</i> .....	20
<i>hydroco/apap tab 7.5-750</i> .....	7	<i>imipram hcl tab 50mg</i> .....	20
<i>hydrocod/hom syp 5-1.5/5</i> .....	51	<i>imiquimod cre 5%</i> .....	58
<i>hydrocort ac cre 0.5%</i> .....	57	IMMUNE GLOBU INJ HUMAN .....	85
<i>hydrocort ac cre 1%</i> .....	57	<i>inatal adv tab</i> .....	79
<i>hydrocort cre 0.5%</i> .....	57	<i>inatal gt tab</i> .....	79
<i>hydrocort cre 1%</i> .....	57	<i>inatal ultra tab</i> .....	79
<i>hydrocort cre 2.5%</i> .....	57	INCRELEX INJ 40MG/4ML .....	61
<i>hydrocort lot 1%</i> .....	57	<i>indapamide tab 1.25mg</i> .....	60
<i>hydrocort lot 2.5%</i> .....	57	<i>indapamide tab 2.5mg</i> .....	60
<i>hydrocort oin 0.5%</i> .....	57	<i>indomethacin cap 25mg</i> .....	4
<i>hydrocort oin 1%</i> .....	57	<i>indomethacin cap 50mg</i> .....	4
<i>hydrocort oin 2.5%</i> .....	57	INFERGEN INJ 15MCG.....	41
<i>hydrocort tab 10mg</i> .....	50	INSULIN PEN NEEDLES .....	74
<i>hydrocort tab 20mg</i> .....	50	INSULIN SYRINGES .....	74
<i>hydrocort tab 5mg</i> .....	50	INTELENCE TAB 100MG .....	40
<i>hydrocort/ cre aloe 1%</i> .....	57	INTELENCE TAB 200MG .....	40
<i>hydrogesic cap 5-500mg</i> .....	7	INTELENCE TAB 25MG .....	40
<i>hydromorphon tab 2mg</i> .....	6	INTRON-A INJ 10MU .....	34
<i>hydromorphon tab 4mg</i> .....	6	INTRON-A INJ 25MU .....	34
<i>hydrophor oin</i> .....	57	INVEGA SUST INJ 117/0.75.....	36
<i>hydroxychlor tab 200mg</i> .....	31	INVEGA SUST INJ 156MG/ML.....	36
<i>hydroxyurea cap 500mg</i> .....	34	INVEGA SUST INJ 234/1.5 .....	36
<i>hydroxyz hcl syp 10mg/5ml</i> .....	11	INVEGA SUST INJ 39/0.25 .....	36
<i>hydroxyz hcl tab 10mg</i> .....	11	INVEGA SUST INJ 78/0.5ML .....	36
<i>hydroxyz hcl tab 25mg</i> .....	11	<i>invega tab 1.5mg</i> .....	36
<i>hydroxyz hcl tab 50mg</i> .....	11	<i>invega tab 3mg</i> .....	36
<i>hydroxyz pam cap 100mg</i> .....	11	<i>invega tab 6mg</i> .....	36
<i>hydroxyz pam cap 25mg</i> .....	11	<i>invega tab 9mg</i> .....	36
<i>hydroxyz pam cap 50mg</i> .....	11	INVEGA TRINZ INJ 273MG.....	36
<i>hyoscyamine dro 0.125/ml</i> .....	93	INVEGA TRINZ INJ 410MG.....	36
<i>hyoscyamine sub 0.125mg</i> .....	93	INVEGA TRINZ INJ 546MG.....	36
<i>hyoscyamine tab 0.125mg</i> .....	93	INVEGA TRINZ INJ 819MG.....	36
<i>hyoscyamine tab 0.375 er</i> .....	93	INVIRASE TAB 500MG .....	40
<i>hyosyne elx 0.125/5</i> .....	93	<i>ipratropium sol 0.02%inh</i> .....	12
<b>I</b>		<i>ipratropium spr 0.03%</i> .....	81
<i>ibandronate tab 150mg</i> .....	61	<i>ipratropium spr 0.06%</i> .....	81

<i>ipratropium-albuterol nebu soln</i>		JANUMET TAB 50-500MG .....	21
<i>0.5-2.5(3) mg/3ml</i> .....	89	JANUMET XR TAB 100-1000.....	21
<i>irbesar/hctz tab 150-12.5</i> .....	30	JANUMET XR TAB 50-1000 .....	21
<i>irbesar/hctz tab 300-12.5</i> .....	30	JANUMET XR TAB 50-500MG.....	21
<i>irbesartan tab 150mg</i> .....	29	JANUVIA TAB 100MG .....	22
<i>irbesartan tab 300mg</i> .....	29	JANUVIA TAB 25MG.....	22
<i>irbesartan tab 75mg</i> .....	29	JANUVIA TAB 50MG.....	22
<i>iron chews chw pediatri</i> .....	69	JARDIANCE TAB 10MG.....	89
<i>iron complex cap</i> .....	68	JARDIANCE TAB 25MG.....	89
<i>iron slow tab 45mg</i> .....	69	<i>jencycla tab 0.35mg</i> .....	50
<i>iron tab 160mg cr</i> .....	69	JENTADUETO TAB 2.5-1000.....	21
<i>iron therapy tab 200mg</i> .....	69	JENTADUETO TAB 2.5-500 .....	21
ISENTRESS CHW 100MG.....	40	JENTADUETO TAB 2.5-850 .....	21
ISENTRESS TAB 400MG.....	40	<i>jolivette tab 0.35mg</i> .....	50
<i>isonarif cap</i> .....	32	<i>junel 1.5/30 tab</i> .....	48
<i>isoniazid syp 50mg/5ml</i> .....	32	<i>junel 1/20 tab</i> .....	48
<i>isoniazid tab 100mg</i> .....	32	<i>junel fe tab 1.5/30</i> .....	48
<i>isoniazid tab 300mg</i> .....	32	<i>junel fe tab 1/20</i> .....	48
<i>isosorb din sub 2.5mg</i> .....	10	<b>K</b>	
<i>isosorb din tab 10mg</i> .....	10	<i>k citrate sol citr acid</i> .....	65
<i>isosorb din tab 20mg</i> .....	10	KALETRA SOL .....	40
<i>isosorb din tab 30mg</i> .....	10	KALETRA TAB 100-25MG.....	40
<i>isosorb din tab 5mg</i> .....	10	KALETRA TAB 200-50MG.....	40
<i>isosorb mono tab 10mg</i> .....	10	<i>kaopectate sus 262/15ml</i> .....	24
<i>isosorb mono tab 120mg er</i> .....	10	<i>kariva tab 28 day</i> .....	48
<i>isosorb mono tab 20mg</i> .....	10	<i>kelnor tab 1/35</i> .....	48
<i>isosorb mono tab 30mg er</i> .....	10	KEPIVANCE INJ 6.25MG .....	34
<i>isosorb mono tab 60mg er</i> .....	10	KETEK PAK TAB 400MG .....	10
<i>isradipine cap 2.5mg</i> .....	45	KETEK TAB 300MG .....	10
<i>isradipine cap 5mg</i> .....	45	KETEK TAB 400MG .....	10
<i>itraconazole cap 100mg</i> .....	25	<i>ketoconazole cre 2%</i> .....	54
<i>ivermectin tab 3mg</i> .....	9	<i>ketoconazole sha 2%</i> .....	54
<b>J</b>		<i>ketoconazole tab 200mg</i> .....	25
JAKAFI TAB 10MG .....	34	<i>ketoprofen cap 50mg</i> .....	4
JAKAFI TAB 15MG .....	34	<i>ketoprofen cap 75mg</i> .....	4
JAKAFI TAB 20MG .....	34	<i>ketorolac sol 0.4%</i> .....	84
JAKAFI TAB 25MG .....	34	<i>ketorolac sol 0.5%</i> .....	84
JAKAFI TAB 5MG.....	34	<i>ketorolac tab 10mg</i> .....	4
<i>jantoven tab 10mg</i> .....	14	<i>ketotif fum dro 0.025%op</i> .....	84
<i>jantoven tab 1mg</i> .....	14	<i>kids vitamin chw extra c</i> .....	78
<i>jantoven tab 2.5mg</i> .....	14	KINERET INJ.....	3
<i>jantoven tab 2mg</i> .....	14	<i>kionex sus 15gm/60</i> .....	43
<i>jantoven tab 3mg</i> .....	14	KOGENATE FS INJ 1000/BS.....	66
<i>jantoven tab 4mg</i> .....	14	KOGENATE FS INJ 1000UNIT .....	66
<i>jantoven tab 5mg</i> .....	14	KOGENATE FS INJ 250/BS.....	66
<i>jantoven tab 6mg</i> .....	14	KOGENATE FS INJ 250UNIT.....	66
<i>jantoven tab 7.5mg</i> .....	14	KOGENATE FS INJ 500/BS.....	66
JANUMET TAB 50-1000.....	21	KOGENATE FS INJ 500UNIT.....	66

KOMBIGLYZE TAB 2.5-1000 .....	21	<i>lessina tab</i> .....	48
KOMBIGLYZE TAB 5-1000MG.....	21	LETAIRIS TAB 10MG .....	46
KOMBIGLYZE TAB 5-500MG .....	21	LETAIRIS TAB 5MG.....	46
KONSYL POW 100% .....	70	<i>letrozole tab 2.5mg</i> .....	33
KONSYL POW 28.3% .....	70	<i>leucovor ca tab 10mg</i> .....	34
KONSYL-D POW 52.3%.....	70	<i>leucovor ca tab 15mg</i> .....	34
KP PRENATAL TAB MULTIVIT .....	79	<i>leucovor ca tab 25mg</i> .....	34
<i>kurvelo tab 0.15/30</i> .....	48	<i>leucovor ca tab 5mg</i> .....	34
<b>L</b>		LEUKERAN TAB 2MG .....	32
<i>labetalol tab 100mg</i> .....	43	LEUKINE INJ 250MCG .....	68
<i>labetalol tab 200mg</i> .....	43	<i>leuprolide inj 1mg/0.2</i> .....	33
<i>labetalol tab 300mg</i> .....	43	<i>levabuterol neb 0.63mg</i> .....	13
LACRISERT MIS 5MG OP.....	82	<i>levabuterol neb 1.25mg</i> .....	13
<i>lactulose sol 10gm/15</i> .....	64, 71	LEVATOL TAB 20MG .....	44
<i>lactulose sol 20gm/30</i> .....	71	LEVEMIR INJ.....	22
<i>lamivud/zido tab 150-300</i> .....	40	LEVEMIR INJ FLEXPEN .....	22
<i>lamivudine oral soln 10 mg/ml</i> .....	40	<i>levetiraceta sol 100mg/ml</i> .....	16
<i>lamivudine tab 100mg</i> .....	40	<i>levetiraceta tab 1000mg</i> .....	16
<i>lamivudine tab 150mg</i> .....	40	<i>levetiraceta tab 250mg</i> .....	16
<i>lamivudine tab 300mg</i> .....	40	<i>levetiraceta tab 500mg</i> .....	16
<i>lamotrigine chw 25mg</i> .....	16	<i>levetiraceta tab 500mg er</i> .....	16
<i>lamotrigine chw 5mg</i> .....	16	<i>levetiraceta tab 750mg</i> .....	16
<i>lamotrigine tab 100mg</i> .....	16	<i>levetiraceta tab 750mg er</i> .....	16
<i>lamotrigine tab 150mg</i> .....	16	<i>levobunolol sol 0.25% op</i> .....	82
<i>lamotrigine tab 200mg</i> .....	16	<i>levobunolol sol 0.5% op</i> .....	82
<i>lamotrigine tab 25mg</i> .....	16	<i>levocarnitin sol 1gm/10ml</i> .....	62
LANCETS .....	74	<i>levocarnitin tab 330mg</i> .....	62
LANOXIN TAB 0.125MG .....	46	<i>levofloxacin sol 0.5%</i> .....	83
LANOXIN TAB 0.25MG .....	46	<i>levofloxacin sol 25mg/ml</i> .....	63
<i>lansoprazole cap 15mg dr</i> .....	93	<i>levofloxacin tab 250mg</i> .....	63
<i>lansoprazole cap 15mg dr otc</i> .....	93	<i>levofloxacin tab 500mg</i> .....	63
<i>lansoprazole cap 30mg dr</i> .....	93	<i>levofloxacin tab 750mg</i> .....	63
LANTUS INJ 100/ML .....	22	<i>levonest tab</i> .....	48
LANTUS INJ SOLOSTAR .....	22	<i>levonor/ethi tab 0.1-0.02</i> .....	48
<i>larin fe tab 1.5/30</i> .....	48	<i>levonor/ethi tab estradio</i> .....	48
<i>larin fe tab 1/20</i> .....	48	<i>levonorgestr tab 1.5mg</i> .....	50
LASTACRAFT SOL 0.25% .....	84	<i>levora-28 tab 0.15/30</i> .....	48
<i>latanoprost sol 0.005%</i> .....	84	<i>levorphanol tab 2mg</i> .....	6
LATUDA TAB 120MG.....	36	<i>levothroid tab 100mcg</i> .....	90
LATUDA TAB 20MG .....	36	<i>levothroid tab 112mcg</i> .....	90
LATUDA TAB 40MG .....	36	<i>levothroid tab 125mcg</i> .....	90
LATUDA TAB 60MG .....	36	<i>levothroid tab 137mcg</i> .....	90
LATUDA TAB 80MG .....	36	<i>levothroid tab 150mcg</i> .....	90
<i>laxative chw 15mg</i> .....	72	<i>levothroid tab 175mcg</i> .....	90
<i>leena tab</i> .....	48	<i>levothroid tab 200mcg</i> .....	90
<i>leflunomide tab 10mg</i> .....	4	<i>levothroid tab 25mcg</i> .....	90
<i>leflunomide tab 20mg</i> .....	4	<i>levothroid tab 300mcg</i> .....	90
<i>lescol xl tab 80mg</i> .....	27	<i>levothroid tab 50mcg</i> .....	90

<i>levothroid tab 75mcg</i> .....	90	<i>liothyronine tab 25mcg</i> .....	90
<i>levothroid tab 88mcg</i> .....	90	<i>liothyronine tab 50mcg</i> .....	90
<i>levothyroxin tab 100mcg</i> .....	90	<i>liothyronine tab 5mcg</i> .....	90
<i>levothyroxin tab 112mcg</i> .....	90	<i>lisinop/hctz tab 10-12.5</i> .....	30
<i>levothyroxin tab 125mcg</i> .....	90	<i>lisinop/hctz tab 20-12.5</i> .....	30
<i>levothyroxin tab 137mcg</i> .....	90	<i>lisinop/hctz tab 20-25mg</i> .....	30
<i>levothyroxin tab 150mcg</i> .....	90	<i>lisinopril tab 10mg</i> .....	28
<i>levothyroxin tab 175mcg</i> .....	90	<i>lisinopril tab 2.5mg</i> .....	28
<i>levothyroxin tab 200mcg</i> .....	90	<i>lisinopril tab 20mg</i> .....	28
<i>levothyroxin tab 25mcg</i> .....	90	<i>lisinopril tab 30mg</i> .....	28
<i>levothyroxin tab 300mcg</i> .....	90	<i>lisinopril tab 40mg</i> .....	28
<i>levothyroxin tab 50mcg</i> .....	90	<i>lisinopril tab 5mg</i> .....	28
<i>levothyroxin tab 75mcg</i> .....	90	<i>lithium carb cap 150mg</i> .....	36
<i>levothyroxin tab 88mcg</i> .....	90	<i>lithium carb cap 300mg</i> .....	36
<i>levoxyl tab 100mcg</i> .....	90	<i>lithium carb cap 600mg</i> .....	36
<i>levoxyl tab 112mcg</i> .....	90	<i>lithium carb tab 300mg</i> .....	36
<i>levoxyl tab 125mcg</i> .....	90	<i>lithium carb tab 300mg er</i> .....	36
<i>levoxyl tab 137mcg</i> .....	90	<i>lithium carb tab 450mg er</i> .....	36
<i>levoxyl tab 150mcg</i> .....	90	LITHIUM CITR SOL 8MEQ/5ML .....	36
<i>levoxyl tab 175mcg</i> .....	90	LITTLE TUMMY DRO 20/0.3ML.....	63
<i>levoxyl tab 200mcg</i> .....	90	LIVALO TAB 1MG.....	27
<i>levoxyl tab 25mcg</i> .....	90	LIVALO TAB 2MG.....	27
<i>levoxyl tab 50mcg</i> .....	90	LIVALO TAB 4MG.....	27
<i>levoxyl tab 75mcg</i> .....	90	<i>lomustine cap 100mg</i> .....	32
<i>levoxyl tab 88mcg</i> .....	90	<i>lomustine cap 10mg</i> .....	32
LEXIVA TAB 700MG.....	40	<i>lomustine cap 40mg</i> .....	32
<i>lice bedding aer 0.5%</i> .....	58	<i>loperamide cap 2mg</i> .....	24
<i>lice control aer 0.5%</i> .....	58	<i>loperamide liq 1mg/5ml</i> .....	24
<i>lice killing sha</i> .....	58	<i>loperamide sus 1mg/7.5</i> .....	24
<i>lice soln kit</i> .....	58	<i>loperamide tab 2mg</i> .....	24
<i>lice treatmt sha 0.33-4%</i> .....	58	<i>loratadine d tab 5-120mg</i> .....	52
<i>lice trtmnt liq 1%</i> .....	58	<i>loratadine sol 5mg/5ml</i> .....	26
<i>licide aer 0.5%</i> .....	58	<i>loratadine syp 5mg/5ml</i> .....	26
<i>lido/prilocn cre 2.5-2.5%</i> .....	58	<i>loratadine tab 10mg</i> .....	26
<i>lidocaine gel 2%</i> .....	58	<i>loratadine-d tab 10-240mg</i> .....	52
<i>lidocaine oin 5%</i> .....	58	<i>lorazepam con 2mg/ml</i> .....	11
<i>lidocaine pad 5%</i> .....	58	<i>lorazepam tab 0.5mg</i> .....	11
<i>lidocaine sol 2% visc</i> .....	77	<i>lorazepam tab 1mg</i> .....	11
<i>lidocaine sol 4%</i> .....	58	<i>lorazepam tab 2mg</i> .....	11
<i>lidocream cre 4%</i> .....	58	<i>loryna tab 3-0.02mg</i> .....	48
LILETTA IUD 52MG.....	50	<i>losartan pot tab 100mg</i> .....	29
<i>lindane lot 1%</i> .....	58	<i>losartan pot tab 25mg</i> .....	29
<i>lindane sha 1%</i> .....	58	<i>losartan pot tab 50mg</i> .....	29
<i>linezolid sus 100/5ml</i> .....	10	<i>losartan/hct tab 100-12.5</i> .....	30
<i>linezolid tab 600mg</i> .....	10	<i>losartan/hct tab 100-25</i> .....	30
LINZESS CAP 145MCG.....	64	<i>losartan/hct tab 50-12.5</i> .....	30
LINZESS CAP 290MCG.....	64	LOTEMAX GEL 0.5% .....	83
<i>liothyronine inj 10mcg/ml</i> .....	90	LOTEMAX OIN 0.5% .....	83

LOTEMAX SUS 0.5%.....	83	<i>mag-sr tab 535mg</i> .....	76
<i>lovastatin tab 10mg</i> .....	27	<i>malathion lot 0.5%</i> .....	58
<i>lovastatin tab 20mg</i> .....	27	<i>maprotiline tab 25mg</i> .....	18
<i>lovastatin tab 40mg</i> .....	27	<i>maprotiline tab 50mg</i> .....	18
<i>low-ogestrel tab</i> .....	48	<i>maprotiline tab 75mg</i> .....	18
<i>loxapine cap 10mg</i> .....	37	<i>marlissa tab 0.15/30</i> .....	48
<i>loxapine cap 25mg</i> .....	37	MARPLAN TAB 10MG.....	19
<i>loxapine cap 50mg</i> .....	37	<i>martinic cap</i> .....	68
<i>loxapine cap 5mg</i> .....	37	MATULANE CAP 50MG.....	34
<i>lubricant dro 1.4%</i> .....	82	<i>meclizine chw 25mg</i> .....	24
<i>lubricating sol 0.5%</i> .....	82	<i>meclizine tab 12.5mg</i> .....	25
<i>lubricnt eye dro 0.4-0.3%</i> .....	82	<i>meclizine tab 25mg</i> .....	25
<i>lubricnt eye dro 0.5% op</i> .....	82	<i>medi-tabs elx 80/2.5ml</i> .....	5
LUMIGAN SOL 0.01% .....	84	<i>medroxypr ac inj 150mg/ml</i> .....	50
LUMIGAN SOL 0.03% .....	84	<i>medroxypr ac tab 10mg</i> .....	86
LUPR DEP-PED INJ 11.25MG.....	61	<i>medroxypr ac tab 2.5mg</i> .....	86
LUPR DEP-PED INJ 15MG .....	61	<i>medroxypr ac tab 5mg</i> .....	86
LUPR DEP-PED INJ 30MG .....	61	<i>mefloquine tab 250mg</i> .....	31
LUPR DEP-PED INJ 7.5MG .....	61	<i>megestrol ac sus 40mg/ml</i> .....	33
<i>lutra tab</i> .....	48	<i>megestrol ac tab 20mg</i> .....	33
LYRICA CAP 100MG.....	16	<i>megestrol ac tab 40mg</i> .....	33
LYRICA CAP 150MG.....	16	<i>melatin tab 3-1mg</i> .....	3
LYRICA CAP 200MG.....	16	<i>melatonin cap 3mg</i> .....	2
LYRICA CAP 225MG.....	16	<i>melatonin cap 5mg</i> .....	2
LYRICA CAP 25MG .....	16	MELATONIN LIQ 1MG/4ML.....	2
LYRICA CAP 300MG.....	17	<i>melatonin tab 10mg cr</i> .....	2
LYRICA CAP 50MG .....	16	<i>melatonin tab 1mg</i> .....	2
LYRICA CAP 75MG .....	16	<i>melatonin tab 300mcg</i> .....	2
LYSODREN TAB 500MG.....	33	<i>melatonin tab 3-2mg</i> .....	3
<i>lyza tab 0.35mg</i> .....	50	<i>melatonin tab 3mg</i> .....	2
<b>M</b>		<i>melatonin tab 5mg</i> .....	2
<i>maalox multi sus symp max</i> .....	9	<i>melatonin tr tab /vit-b6</i> .....	3
<i>maalox sus advanced</i> .....	9	<i>meloxicam tab 15mg</i> .....	4
<i>maalox sus reg st</i> .....	9	<i>meloxicam tab 7.5mg</i> .....	4
<i>mag citrate sol cherry</i> .....	72	<i>memant titra pak 5-10mg</i> .....	87
<i>mag citrate sol grape</i> .....	72	<i>memantine hcl tab 10 mg</i> .....	87
<i>mag citrate sol lemon</i> .....	72	<i>memantine hcl tab 5 mg</i> .....	87
<i>mag oxide tab 250mg</i> .....	9	MENEST TAB 0.3MG .....	63
<i>mag oxide tab 400mg</i> .....	9	MENEST TAB 0.625MG.....	63
<i>mag oxide tab 420mg</i> .....	9	MENEST TAB 1.25MG.....	63
<i>mag-al plus liq</i> .....	9	MENEST TAB 2.5MG .....	63
<i>mag-al plus liq xs</i> .....	9	MENTAX CRE 1% .....	54
<i>magnesium cap 500mg</i> .....	76	<i>meperidine sol 50mg/5ml</i> .....	6
<i>magnesium gl tab 500mg</i> .....	76	<i>meperidine tab 100mg</i> .....	6
<i>magnesium tab 200mg</i> .....	76	<i>meperidine tab 50mg</i> .....	6
<i>magnesium tab 250mg</i> .....	9, 76	MEPHYTON TAB 5MG .....	95
<i>magnesium tab 500mg</i> .....	76	<i>meprobamate tab 200mg</i> .....	11
<i>magnesium-ox tab 400mg</i> .....	76	<i>meprobamate tab 400mg</i> .....	11

<i>mercaptapur tab 50mg</i> .....	32	<i>methylphenid cap 40mg er</i> .....	2
<i>metadate tab 20mg er</i> .....	2	<i>methylphenid cap 50mg</i> .....	2
<i>metafiber pow 30.9%</i> .....	70	<i>methylphenid cap 60mg</i> .....	2
<i>metafiber pow 48.57%</i> .....	70	<i>methylphenid sol 10mg/5ml</i> .....	2
<i>metafiber pow 58.6%</i> .....	70	<i>methylphenid sol 5mg/5ml</i> .....	2
<i>METAMUCIL POW 28%</i> .....	70	<i>methylphenid tab 10mg</i> .....	2
<i>metamucil pow 30.9%</i> .....	70	<i>methylphenid tab 10mg er</i> .....	2
<i>METAMUCIL POW 55.46%</i> .....	70	<i>methylphenid tab 18mg er</i> .....	2
<i>METAMUCIL POW 58.12%</i> .....	70	<i>methylphenid tab 20mg</i> .....	2
<i>metamucil pow 58.6%</i> .....	70	<i>methylphenid tab 20mg er</i> .....	2
<i>METAMUCIL POW CLEAR</i> .....	70	<i>methylphenid tab 27mg er</i> .....	2
<i>METAMUCIL WAF</i> .....	71	<i>methylphenid tab 36mg er</i> .....	2
<i>metaproteren syp 10mg/5ml</i> .....	13	<i>methylphenid tab 54mg er</i> .....	2
<i>metaproteren tab 10mg</i> .....	13	<i>methylphenid tab 5mg</i> .....	2
<i>metaproteren tab 20mg</i> .....	13	<i>methylpred pak 4mg</i> .....	50
<i>metaxalone tab 800mg</i> .....	80	<i>methylpred tab 16mg</i> .....	50
<i>metformin tab 1000mg</i> .....	21	<i>methylpred tab 32mg</i> .....	50
<i>metformin tab 500mg</i> .....	21	<i>methylpred tab 4mg</i> .....	50
<i>metformin tab 500mg er</i> .....	21	<i>methylpred tab 8mg</i> .....	50
<i>metformin tab 750mg er</i> .....	21	<i>metipranolol sol 0.3% oph</i> .....	82
<i>metformin tab 850mg</i> .....	21	<i>metoclopram sol 5mg/5ml</i> .....	64
<i>methadone sol 10mg/5ml</i> .....	6	<i>metoclopram tab 10mg</i> .....	64
<i>methadone sol 5mg/5ml</i> .....	6	<i>metoclopram tab 5mg</i> .....	64
<i>methadone tab 10mg</i> .....	6	<i>metolazone tab 10mg</i> .....	61
<i>methadone tab 5mg</i> .....	6	<i>metolazone tab 2.5mg</i> .....	61
<i>methamphetamine tab 5mg</i> .....	1	<i>metolazone tab 5mg</i> .....	61
<i>methenam hip tab 1gm</i> .....	94	<i>metoprol tar tab 100mg</i> .....	44
<i>methimazole tab 10mg</i> .....	89	<i>metoprol tar tab 25mg</i> .....	44
<i>methimazole tab 5mg</i> .....	89	<i>metoprol tar tab 50mg</i> .....	44
<i>METHITEST TAB 10MG</i> .....	8	<i>metoprolol tab 100mg er</i> .....	44
<i>methocarbam tab 500mg</i> .....	80	<i>metoprolol tab 200mg er</i> .....	44
<i>methocarbam tab 750mg</i> .....	80	<i>metoprolol tab 25mg er</i> .....	44
<i>methotrexate inj 100/4ml</i> .....	31	<i>metoprolol tab 50mg er</i> .....	44
<i>methotrexate inj 1gm/40ml</i> .....	31	<i>metronidazol cre 0.75%</i> .....	58
<i>methotrexate inj 250/10ml</i> .....	31	<i>metronidazol gel 0.75%</i> .....	58
<i>methotrexate inj 25mg/ml</i> .....	31	<i>metronidazol gel 0.75%vag</i> .....	94
<i>methotrexate inj 50mg/2ml</i> .....	31	<i>metronidazol lot 0.75%</i> .....	58
<i>methotrexate tab 2.5mg</i> .....	32	<i>metronidazol tab 250mg</i> .....	9
<i>methyclothia tab 5mg</i> .....	60	<i>metronidazol tab 500mg</i> .....	9
<i>methyl dopa tab 250mg</i> .....	30	<i>mexiletine cap 150mg</i> .....	12
<i>methyl dopa tab 500mg</i> .....	30	<i>mexiletine cap 200mg</i> .....	12
<i>methyl ergon tab 0.2mg</i> .....	85	<i>mexiletine cap 250mg</i> .....	12
<i>methylphenid cap 10mg</i> .....	2	<i>mi-acid chw</i> .....	9
<i>methylphenid cap 20mg</i> .....	2	<i>miconazole 3 cre 4%</i> .....	94
<i>methylphenid cap 20mg er</i> .....	2	<i>miconazole 3 kit combo pk</i> .....	94
<i>methylphenid cap 30mg</i> .....	2	<i>miconazole aer 2%</i> .....	54
<i>methylphenid cap 30mg er</i> .....	2	<i>miconazole cre 2%</i> .....	54, 94
<i>methylphenid cap 40mg</i> .....	2	<i>miconazole sup 100mg</i> .....	94

<i>miconazorb pow af 2%</i> .....	54	<i>morphine sul tab 30mg</i> .....	6
<i>microgestin tab 1.5/30</i> .....	48	<i>morphine sul tab 30mg er</i> .....	6
<i>microgestin tab 1/20</i> .....	48	<i>morphine sul tab 60mg er</i> .....	6
<i>microgestin tab fe 1/20</i> .....	48	MOTOFEN TAB .....	24
<i>microgestin tab fe1.5/30</i> .....	48	MOVIPREP SOL .....	71
<i>midodrine tab 10mg</i> .....	95	MUCINEX D TAB 60-600MG .....	52
<i>midodrine tab 2.5mg</i> .....	95	<i>mucus relf d tab 60-600mg</i> .....	52
<i>midodrine tab 5mg</i> .....	95	<i>mucus-dm tab 30-600mg</i> .....	52
<i>miglitol tab 100 mg</i> .....	21	<i>mult vitamin tab daily</i> .....	78
<i>miglitol tab 25 mg</i> .....	21	MULTAQ TAB 400MG.....	12
<i>miglitol tab 50 mg</i> .....	21	<i>multi cap complete</i> .....	78
<i>milk of magn sus</i> .....	72	MULTI PRENAT TAB .....	79
MILK OF MAGN SUS 2400MG.....	72	<i>multi vitamn tab minerals</i> .....	78
MINERAL OIL.....	71	<i>multi-day tab /iron</i> .....	78
<i>mineral oil ene</i> .....	71	<i>multi-vit/fl chw 0.25mg</i> .....	78
<i>minerin cre</i> .....	58	<i>multi-vit/fl chw 1mg</i> .....	78
<i>minocycline cap 100mg</i> .....	89	<i>multi-vit/fl dro /fe 0.25</i> .....	78
<i>minocycline cap 50mg</i> .....	89	<i>multi-vit/fl dro 0.25mg</i> .....	78
<i>minoxidil tab 10mg</i> .....	31	<i>multi-vit/fl dro 0.5mg/ml</i> .....	78
<i>minoxidil tab 2.5mg</i> .....	31	<i>multivitamin cap</i> .....	78
<i>mintox plus chw</i> .....	9	<i>multivitamin dro pediatic</i> .....	78
MIRENA IUD SYSTEM .....	50	<i>multivitamin liq mineral</i> .....	78
<i>mirtazapine tab 15mg</i> .....	18	<i>mult-vit/fl chw 0.5mg</i> .....	78
<i>mirtazapine tab 30mg</i> .....	18	<i>mupirocin oin 2%</i> .....	54
<i>mirtazapine tab 45mg</i> .....	18	M-VIT TAB 27-1MG.....	79
<i>misoprostol tab 100mcg</i> .....	94	<i>my way tab 1.5mg</i> .....	50
<i>misoprostol tab 200mcg</i> .....	94	<i>mycophenolat cap 250mg</i> .....	42
MISSION PREN TAB /FA.....	79	<i>mycophenolat tab 500mg</i> .....	42
MISSION PREN TAB HP.....	79	<i>mycophenolic tab 180mg dr</i> .....	42
<i>modafinil tab 100mg</i> .....	2	<i>mycophenolic tab 360mg dr</i> .....	42
<i>modafinil tab 200mg</i> .....	2	<i>myorisan cap 10mg</i> .....	53
<i>moexipril tab 15mg</i> .....	28	<i>myorisan cap 20mg</i> .....	53
<i>moexipril tab 7.5mg</i> .....	28	<i>myorisan cap 40mg</i> .....	53
<i>mometasone cre 0.1%</i> .....	57	<i>myzilra tab</i> .....	48
<i>mometasone oin 0.1%</i> .....	57	<b>N</b>	
<i>mometasone sol 0.1%</i> .....	57	<i>nabumetone tab 500mg</i> .....	4
<i>mono-linyah tab 0.25-35</i> .....	48	<i>nabumetone tab 750mg</i> .....	4
<i>mononessa tab</i> .....	48	<i>nadolol tab 20mg</i> .....	44
<i>montelukast chw 4mg</i> .....	12	<i>nadolol tab 40mg</i> .....	44
<i>montelukast chw 5mg</i> .....	12	<i>nadolol tab 80mg</i> .....	44
<i>montelukast tab 10mg</i> .....	12	<i>naftifine cre hcl 1%</i> .....	54
MONUROL PAK GRANULES .....	94	<i>naftifine hcl cream 2%</i> .....	54
<i>morphine sul sol 10mg/5ml</i> .....	6	NAFTIN CRE 1%.....	54
<i>morphine sul sol 20mg/5ml</i> .....	6	NAFTIN CRE 2%.....	54
<i>morphine sul sol 20mg/ml</i> .....	6	NAFTIN GEL 1%.....	54
<i>morphine sul tab 100mg er</i> .....	6	<i>naloxone inj 1mg/ml</i> .....	24
<i>morphine sul tab 15mg</i> .....	6	<i>naltrexone tab 50mg</i> .....	24
<i>morphine sul tab 15mg er</i> .....	6	<i>namenda sol 10mg/5ml</i> .....	87

NAMENDA XR CAP 14MG.....	87	<i>nefazodone tab 250mg</i> .....	18
NAMENDA XR CAP 21MG.....	87	<i>nefazodone tab 50mg</i> .....	18
NAMENDA XR CAP 28MG.....	87	<i>neo/bac/poly oin op</i> .....	83
NAMENDA XR CAP 7MG .....	87	<i>neo/poly/bac oin /hc 1%op</i> .....	83
NAMENDA XR TITRATION PACK .....	87	<i>neo/poly/dex oin 0.1% op</i> .....	83
<i>naphazoline sol 0.1% op</i> .....	83	<i>neo/poly/dex sus 0.1% op</i> .....	83
<i>naproxen dr tab 375mg</i> .....	4	<i>neo/poly/gra sol op</i> .....	83
<i>naproxen dr tab 500mg</i> .....	4	<i>neo/poly/hc sol 1% otic</i> .....	84
<i>naproxen sod tab 220mg</i> .....	4	<i>neo/poly/hc sus 1% otic</i> .....	84
<i>naproxen sod tab 275mg</i> .....	4	<i>neomycin tab 500mg</i> .....	3
<i>naproxen sod tab 550mg</i> .....	4	NEORAL CAP 100MG.....	43
<i>naproxen sus 125/5ml</i> .....	4	NEORAL CAP 25MG.....	43
<i>naproxen tab 250mg</i> .....	4	NEORAL SOL 100MG/ML.....	43
<i>naproxen tab 375mg</i> .....	4	NEULASTA INJ 6MG/0.6M.....	68
<i>naproxen tab 500mg</i> .....	4	NEUPOGEN INJ 300/0.5 .....	68
<i>naratriptan tab 1mg</i> .....	75	NEUPOGEN INJ 300MCG.....	68
<i>naratriptan tab 2.5mg</i> .....	75	NEUPOGEN INJ 480/0.8 .....	68
NARCAN SPR.....	24	NEUPOGEN INJ 480MCG.....	68
NASACORT ALR SPR 55MCG/AC.....	81	<i>nevirapine sus 50mg/5ml</i> .....	40
<i>nasal decon liq 15mg/5ml</i> .....	81	<i>nevirapine tab 200mg</i> .....	40
<i>nasal decong liq 30mg/5ml</i> .....	81	<i>nevirapine tab 400mg er</i> .....	40
<i>nasal decong tab 10mg</i> .....	81	NEXAVAR TAB 200MG.....	34
NAT FIBER POW 58.6% .....	71	NEXIUM 24HR CAP 20MG OTC .....	93
NATAL-V RX TAB 29-1MG.....	79	<i>next choice tab 1.5mg</i> .....	50
<i>nateglinide tab 120mg</i> .....	23	<i>niacin cap 250mg er</i> .....	95
<i>nateglinide tab 60mg</i> .....	23	<i>niacin cap 500mg</i> .....	46
NATURE THROID TAB 162.5MG.....	91	<i>niacin cap 500mg sr</i> .....	95
NATURE-THROI TAB 130MG .....	91	<i>niacin tab 100mg</i> .....	95
NATURE-THROI TAB 16.25MG .....	91	<i>niacin tab 250mg</i> .....	95
NATURE-THROI TAB 195MG .....	91	<i>niacin tab 250mg sr</i> .....	95
NATURE-THROI TAB 32.5MG .....	91	<i>niacin tab 500mg</i> .....	95
NATURE-THROI TAB 48.75MG .....	91	<i>niacin tab 500mg er</i> .....	96
NATURE-THROI TAB 65MG.....	91	<i>niacin tab 50mg</i> .....	95
NATURE-THROI TAB 97.5MG .....	91	<i>niacin tab 750mg tr</i> .....	96
NATURE-THROID TAB 113.75MG .....	91	<i>niacinamide tab 500mg</i> .....	96
NATURE-THROID TAB 146.25MG .....	91	<i>niacor tab 500mg</i> .....	28
NATURE-THROID TAB 260MG .....	91	<i>nicardipine cap 20mg</i> .....	45
NATURE-THROID TAB 325MG .....	91	<i>nicardipine cap 30mg</i> .....	45
NEBULIZERS .....	74	<i>nicotine dis 14mg/24h</i> .....	88
NEBUPENT INH 300MG .....	9	<i>nicotine dis 21mg/24h</i> .....	88
<i>necon tab 0.5/35</i> .....	48	<i>nicotine dis 7mg/24hr</i> .....	88
<i>necon tab 1/35</i> .....	48	<i>nicotine lozenge 2 mg</i> .....	88
<i>necon tab 1/50-28</i> .....	48	<i>nicotine lozenge 4 mg</i> .....	88
<i>necon tab 7/7/7</i> .....	48	<i>nicotine pol gum 2mg</i> .....	88
NEEDLE (DISP) 18 X 1-1/2" .....	74	<i>nicotine pol gum 4mg</i> .....	88
<i>nefazodone tab 100mg</i> .....	18	NICOTROL INH .....	88
<i>nefazodone tab 150mg</i> .....	18	NICOTROL NS SPR 10MG/ML .....	88
<i>nefazodone tab 200mg</i> .....	18	<i>nifedipine cap 20mg</i> .....	45



<i>nifedipine tab 30mg er</i> .....	45	NOVOLIN R INJ U-100 .....	23
<i>nifedipine tab 60mg er</i> .....	45	NOVOLOG INJ 100/ML .....	23
<i>nifedipine tab 90mg er</i> .....	45	NOVOLOG INJ FLEXPEN.....	23
<i>night time liq cgh/cold</i> .....	52	NOVOLOG INJ PENFILL .....	23
<i>nimodipine cap 30mg</i> .....	45	NOVOLOG MIX INJ 70/30 .....	23
<i>nisoldipine tab 17mg er</i> .....	45	NOVOLOG MIX INJ FLEXPEN .....	23
<i>nisoldipine tab 20mg</i> .....	45	<i>np thyroid tab 30mg</i> .....	91
<i>nisoldipine tab 25.5mg</i> .....	45	<i>np thyroid tab 60mg</i> .....	91
<i>nisoldipine tab 30mg</i> .....	45	<i>np thyroid tab 90mg</i> .....	91
<i>nisoldipine tab 34mg er</i> .....	45	NUCYNTA ER TAB 100MG .....	6
<i>nisoldipine tab 40mg</i> .....	45	NUCYNTA ER TAB 150MG .....	6
<i>nisoldipine tab 8.5mg er</i> .....	45	NUCYNTA ER TAB 200MG .....	6
<i>nitrofur mac cap 100mg</i> .....	94	NUCYNTA ER TAB 250MG .....	6
<i>nitrofur mac cap 50mg</i> .....	94	NUCYNTA ER TAB 50MG .....	6
<i>nitrofurantn cap 100mg</i> .....	94	NUCYNTA TAB 100MG.....	6
<i>nitrofurantn sus 25mg/5ml</i> .....	94	NUCYNTA TAB 50MG.....	6
<i>nitroglycer cap 9mg er</i> .....	10	NUCYNTA TAB 75MG.....	6
<i>nitroglycer dis 0.2mg/hr</i> .....	10	NUDEXTA CAP 20-10MG .....	88
<i>nitroglycer dis 0.4mg/hr</i> .....	11	NULOJIX INJ 250MG .....	43
<i>nitroglycer dis 0.6mg/hr</i> .....	11	NUVARING MIS.....	49
NITROSTAT SUB 0.3MG .....	11	NUVIGIL TAB 150MG .....	2
NITROSTAT SUB 0.4MG .....	11	NUVIGIL TAB 200MG .....	2
NITROSTAT SUB 0.6MG .....	11	NUVIGIL TAB 250MG .....	2
<i>nizatidine cap 150mg</i> .....	93	NUVIGIL TAB 50MG.....	2
<i>nizatidine sol 15mg/ml</i> .....	93	<i>nystat/triam cre</i> .....	54
<i>nonoxynol-9 gel 4%</i> .....	94	<i>nystat/triam oin</i> .....	54
<i>non-pseudo tab 10mg</i> .....	81	<i>nystatin cre 100000</i> .....	54
<i>nora-be tab 0.35mg</i> .....	50	<i>nystatin oin 100000</i> .....	54
<i>noreth/ethin tab 0.5-2.5</i> .....	62	<i>nystatin pow 100000</i> .....	54
<i>norethin ace tab 5mg</i> .....	86	<i>nystatin sus 100000</i> .....	77
<i>norethindron tab 0.35mg</i> .....	50	<i>nystatin tab 500000</i> .....	25
<i>norgest/eth tab estrad</i> .....	48	<b>o</b>	
<i>norgest/ethi tab 0.25/35</i> .....	48	<i>ocella tab 3-0.03mg</i> .....	49
<i>norgest/ethi tab estradio</i> .....	48	OCTAGAM INJ 5GM.....	85
NOROXIN TAB 400MG .....	63	<i>octreotide inj 100mcg</i> .....	62
<i>nortrel tab 0.5/35</i> .....	48	<i>ofloxacin dro 0.3% op</i> .....	83
<i>nortrel tab 1/35</i> .....	49	<i>ofloxacin dro 0.3%otic</i> .....	84
<i>nortrel tab 7/7/7</i> .....	49	<i>ogestrel tab</i> .....	49
<i>nortriptylin cap 10mg</i> .....	20	<i>olanzapine tab 10mg</i> .....	37
<i>nortriptylin cap 25mg</i> .....	20	<i>olanzapine tab 15mg</i> .....	37
<i>nortriptylin cap 50mg</i> .....	20	<i>olanzapine tab 2.5mg</i> .....	37
<i>nortriptylin cap 75mg</i> .....	20	<i>olanzapine tab 20mg</i> .....	38
NORVIR CAP 100MG.....	40	<i>olanzapine tab 5mg</i> .....	37
NORVIR SOL 80MG/ML .....	40	<i>olanzapine tab 7.5mg</i> .....	37
NORVIR TAB 100MG.....	40	<i>olopatadine hcl ophth soln 0.1%</i> .....	84
NOVOLIN INJ 70/30 .....	22	<i>omega-3-acid cap 1gm</i> .....	27
NOVOLIN N INJ U-100 .....	22	OMEPRAZOLE + SUS SYRSPEND .....	93
NOVOLIN R INJ PENFILL .....	23	<i>omeprazole cap 10mg</i> .....	93

<i>omeprazole cap 20.6mgdr</i> .....	93	<i>oxcarbazepin tab 150mg</i> .....	17
<i>omeprazole cap 20mg</i> .....	93	<i>oxcarbazepin tab 300mg</i> .....	17
<i>omeprazole cap delayed release 40 mg</i>	93	<i>oxcarbazepin tab 600mg</i> .....	17
<i>omeprazole tab 20mg</i> .....	93	<i>oxiconazole cre nitrate</i> .....	54
OMNIFLEX DPR .....	73	OXISTAT CRE 1%.....	55
OMNITROPE INJ 5.8MG.....	61	OXISTAT LOT 1%.....	55
OMONTYS INJ 10MG/ML .....	68	OXSORALEN LOT 1% .....	58
<i>ondansetron sol 4mg/5ml</i> .....	24	<i>oxybutynin syp 5mg/5ml</i> .....	65
<i>ondansetron tab 4mg</i> .....	24	<i>oxybutynin tab 10mg er</i> .....	65
<i>ondansetron tab 4mg odt</i> .....	24	<i>oxybutynin tab 15mg er</i> .....	65
<i>ondansetron tab 8mg</i> .....	24	<i>oxybutynin tab 5mg</i> .....	65
<i>ondansetron tab 8mg odt</i> .....	24	<i>oxybutynin tab 5mg er</i> .....	65
ONFI TAB 10MG.....	16	<i>oxycod/apap tab 10-325mg</i> .....	8
ONFI TAB 20MG.....	16	<i>oxycod/apap tab 5-325mg</i> .....	7
ONFI TAB 5MG .....	15	<i>oxycod/apap tab 7.5-325</i> .....	8
ONGLYZA TAB 2.5MG .....	22	<i>oxycodone sol 5mg/5ml</i> .....	6
ONGLYZA TAB 5MG .....	22	<i>oxycodone tab 10mg</i> .....	6
<i>oral saline sol laxative</i> .....	72	<i>oxycodone tab 10mg er</i> .....	6
ORAVIG TAB 50MG .....	77	<i>oxycodone tab 15mg</i> .....	6
<i>orphenadrine tab 100mg er</i> .....	80	<i>oxycodone tab 20mg</i> .....	6
<i>orsythia tab</i> .....	49	<i>oxycodone tab 20mg er</i> .....	6
ORTHO COIL DPR KIT 100 .....	73	<i>oxycodone tab 30mg</i> .....	7
ORTHO COIL DPR KIT 105 .....	73	<i>oxycodone tab 40mg er</i> .....	7
ORTHO COIL DPR KIT 50 .....	73	<i>oxycodone tab 5mg</i> .....	6
ORTHO FLAT DPR KIT 55 .....	73	<i>oxycodone tab 80mg er</i> .....	7
ORTHO FLAT DPR KIT 60 .....	73	OXYCONTIN TAB 10MG CR .....	7
ORTHO FLAT DPR KIT 65 .....	73	OXYCONTIN TAB 15MG CR .....	7
ORTHO FLAT DPR KIT 70 .....	73	OXYCONTIN TAB 20MG CR .....	7
ORTHO FLAT DPR KIT 75 .....	73	OXYCONTIN TAB 30MG CR .....	7
ORTHO FLAT DPR KIT 80 .....	73	OXYCONTIN TAB 40MG CR .....	7
ORTHO FLAT DPR KIT 85 .....	73	OXYCONTIN TAB 60MG CR .....	7
ORTHO FLAT DPR KIT 90 .....	73	OXYCONTIN TAB 80MG CR .....	7
ORTHO FLAT DPR KIT 95 .....	73	<i>oxymetazolin spr 0.05%</i> .....	81
ORTHO FLEX DPR 65MM .....	73	<i>oxymorphone tab 10mg er</i> .....	7
ORTHO FLEX DPR 70MM .....	73	<i>oxymorphone tab 15mg er</i> .....	7
ORTHO FLEX DPR 75MM .....	74	<i>oxymorphone tab 20mg er</i> .....	7
ORTHO FLEX DPR 80MM .....	74	<i>oxymorphone tab 30mg er</i> .....	7
<i>ortho-est tab 0.625</i> .....	63	<i>oxymorphone tab 40mg er</i> .....	7
<i>ortho-est tab 1.25</i> .....	63	<i>oxymorphone tab 5mg er</i> .....	7
<i>os-cal 500 chw</i> .....	76	<i>oxymorphone tab 7.5mg er</i> .....	7
OSMOPREP TAB 1.5GM .....	72	<i>oxymorphone tab hcl 10mg</i> .....	7
<i>oxandrolone tab 10mg</i> .....	8	<i>oxymorphone tab hcl 5mg</i> .....	7
<i>oxandrolone tab 2.5mg</i> .....	8	<i>oys shell+d tab 250-125</i> .....	76
<i>oxaprozin tab 600mg</i> .....	4	<i>oysco 500+d chw</i> .....	76
<i>oxazepam cap 10mg</i> .....	11	<i>oyst shell/d tab 500mg</i> .....	76
<i>oxazepam cap 15mg</i> .....	11	<i>oyster shell tab 500mg</i> .....	76
<i>oxazepam cap 30mg</i> .....	12	<b>P</b>	
<i>oxcarbazepin sus 300mg/5m</i> .....	17	<i>pamix sus 50mg/ml</i> .....	9

<i>pancrelipase cap 5000unit</i> .....	59	<i>phenobarb tab 30mg</i> .....	69
PANGLOBULIN INJ 12GM .....	85	<i>phenobarb tab 32.4mg</i> .....	69
PANGLOBULIN SOL 12GM .....	85	<i>phenobarb tab 60mg</i> .....	69
PANRETIN GEL 0.1% .....	55	<i>phenobarb tab 64.8mg</i> .....	69
<i>pantoprazole tab 20mg</i> .....	93	<i>phenobarb tab 97.2mg</i> .....	69
<i>pantoprazole tab 40mg</i> .....	93	<i>phenoxybenza cap 10mg</i> .....	29
<i>paricalcitol cap 1 mcg</i> .....	62	<i>phenylbutyra pow sodium</i> .....	62
<i>paricalcitol cap 2 mcg</i> .....	62	<i>phenytoin chw 50mg</i> .....	17
<i>paricalcitol cap 4 mcg</i> .....	62	<i>phenytoin ex cap 100mg</i> .....	17
<i>paroex sol 0.12%</i> .....	77	<i>phenytoin ex cap 200mg</i> .....	17
<i>paromomycin cap 250mg</i> .....	3	<i>phenytoin ex cap 300mg</i> .....	17
<i>paroxetine tab 10mg</i> .....	19	<i>phenytoin sus 125/5ml</i> .....	17
<i>paroxetine tab 20mg</i> .....	19	<i>philith tab 0.4-35</i> .....	49
<i>paroxetine tab 30mg</i> .....	19	PHISOHEX LIQ 3% .....	39
<i>paroxetine tab 40mg</i> .....	19	<i>phospha 250 tab neutral</i> .....	77
PATADAY SOL 0.2% .....	84	<i>phosphate sol laxative</i> .....	72
PATANOL SOL 0.1% OP .....	84	PHOSPHOLINE SOL 0.125%OP .....	82
PEAK FLOW METER .....	89	PICATO GEL 0.015% .....	55
<i>ped elctrlyt sol</i> .....	76	PICATO GEL 0.05% .....	55
PEDIA-LAX LIQ 50MG .....	72	<i>pilocarpine sol 1% op</i> .....	82
<i>peg 3350 sol electrol</i> .....	71	<i>pilocarpine sol 2% op</i> .....	82
<i>peg-3350 sol electrol</i> .....	71	<i>pilocarpine sol 4% op</i> .....	82
<i>peg-3350/kcl sol /sodium</i> .....	71	<i>pilocarpine tab 5mg</i> .....	77
PEGASYS INJ .....	41	<i>pilocarpine tab 7.5mg</i> .....	77
PEGASYS INJ 180MCG/M .....	41	<i>pimtrea tab</i> .....	49
PEG-INTRON KIT 150MCG .....	41	<i>pindolol tab 10mg</i> .....	44
<i>penicilln vk sol 125/5ml</i> .....	86	<i>pindolol tab 5mg</i> .....	44
<i>penicilln vk sol 250/5ml</i> .....	86	<i>pink bismuth tab 262mg</i> .....	24
<i>penicilln vk tab 250mg</i> .....	86	PIN-X CHW 250MG .....	9
<i>penicilln vk tab 500mg</i> .....	86	<i>pin-x sus 50mg/ml</i> .....	9
<i>pentoxifylli tab 400mg er</i> .....	67	<i>pioglitazone tab 15mg</i> .....	23
<i>perindopril tab 2mg</i> .....	28	<i>pioglitazone tab 30mg</i> .....	23
<i>perindopril tab 4mg</i> .....	28	<i>pioglitazone tab 45mg</i> .....	23
<i>perindopril tab 8mg</i> .....	28	<i>pirmella tab 1/35</i> .....	49
<i>periogard sol 0.12%</i> .....	77	<i>pirmella tab 7/7/7</i> .....	49
<i>permethrin cre 5%</i> .....	58	<i>piroxicam cap 10mg</i> .....	4
<i>permethrin lot 1%</i> .....	58	<i>piroxicam cap 20mg</i> .....	4
<i>perphenazine tab 16mg</i> .....	38	PNV FOLIC AC TAB + IRON .....	79
<i>perphenazine tab 2mg</i> .....	38	<i>podofilox sol 0.5%</i> .....	58
<i>perphenazine tab 4mg</i> .....	38	<i>poly bacitra oin</i> .....	54
<i>perphenazine tab 8mg</i> .....	38	<i>poly vitamin chw</i> .....	78
<i>phenazopyrid tab 100mg</i> .....	66	<i>polyeth glyc pow 3350 nf</i> .....	71
<i>phenazopyrid tab 200mg</i> .....	66	POLYGAM S/D SOL 10GM .....	85
<i>phenelzine tab 15mg</i> .....	19	<i>polysacchari cap iron</i> .....	68
<i>phenobarb sol 20mg/5ml</i> .....	69	<i>polyvitamin chw /iron</i> .....	78
<i>phenobarb tab 100mg</i> .....	69	<i>polyvitamin dro</i> .....	78
<i>phenobarb tab 15mg</i> .....	69	<i>polyvitamin dro /iron</i> .....	78
<i>phenobarb tab 16.2mg</i> .....	69	<i>portia-28 tab</i> .....	49

<i>pot chloride cap 10meq er</i> .....	77	PREMARIN TAB 0.3MG .....	63
<i>pot chloride cap 8meq er</i> .....	77	PREMARIN TAB 0.45MG .....	63
<i>pot chloride liq 10%</i> .....	77	PREMARIN TAB 0.625MG.....	63
<i>pot chloride liq 20%</i> .....	77	PREMARIN TAB 0.9MG .....	63
<i>pot chloride tab 10meq er</i> .....	77	PREMARIN TAB 1.25MG .....	63
<i>pot chloride tab 8meq er</i> .....	77	PREMARIN VAG CRE 0.625MG.....	95
<i>pot citrate tab 1080mg</i> .....	65	PREMPHASE TAB .....	62
<i>pot citrate tab 540mg</i> .....	65	PREMPRO TAB .625-2.5 .....	62
<i>pot cl micro tab 10meq er</i> .....	77	PREMPRO TAB 0.3-1.5 .....	62
<i>pot cl micro tab 20meq er</i> .....	77	PREMPRO TAB 0.45-1.5 .....	62
<i>potassium tab 25meq ef</i> .....	77	PREMPRO TAB 0.625-5 .....	62
POTIGA TAB 200MG .....	17	<i>prenaplus tab</i> .....	79
POTIGA TAB 400MG .....	17	<i>prenatabs fa tab</i> .....	79
POTIGA TAB 50MG .....	17	<i>prenatabs rx tab</i> .....	79
PRADAXA CAP 150MG.....	15	<i>prenatal 19 chw tab</i> .....	79
PRADAXA CAP 75MG .....	15	<i>prenatal 19 tab</i> .....	79
<i>pramipexole tab 0.125mg</i> .....	35	<i>prenatal ad tab</i> .....	79
<i>pramipexole tab 0.25mg</i> .....	35	<i>prenatal dha cap 200mg</i> .....	77
<i>pramipexole tab 0.5mg</i> .....	35	PRENATAL MUL CAP +DHA .....	86
<i>pramipexole tab 0.75mg</i> .....	35	PRENATAL MV MIS + DHA .....	86
<i>pramipexole tab 1.5mg</i> .....	35	PRENATAL ONE TAB DAILY .....	79
<i>pramipexole tab 1mg</i> .....	35	PRENATAL TAB.....	79
<i>pramox-pe-glycerin-petrolatum cream</i> <i>1-0.25-14.4-15%</i> .....	8	PRENATAL TAB 27-0.8MG.....	79
<i>pravastatin tab 10mg</i> .....	27	PRENATAL TAB 27-1MG.....	79
<i>pravastatin tab 20mg</i> .....	27	PRENATAL TAB 28-0.8MG.....	79
<i>pravastatin tab 40mg</i> .....	28	PRENATAL TAB COMPLETE.....	79
<i>pravastatin tab 80mg</i> .....	28	PRENATAL TAB FORMULA .....	79
<i>prazosin hcl cap 1mg</i> .....	30	PRE-NATAL TAB FORMULA .....	79
<i>prazosin hcl cap 2mg</i> .....	30	PRENATAL TAB FORTE .....	79
<i>prazosin hcl cap 5mg</i> .....	30	PRENATAL TAB LOW IRON .....	79
<i>pred sod pho sol 5mg/5ml</i> .....	50	<i>prenatal tab plus</i> .....	79
<i>pred sod pho sol 6.7/5ml</i> .....	50	PRENATAL TAB PLUS .....	79
<i>prednicarbat cre 0.1%</i> .....	57	<i>prenatal tab plus fe</i> .....	79
<i>prednicarbat oin 0.1%</i> .....	57	PRENATAL TAB VITAMINS .....	79
<i>prednisolone sol 15mg/5ml</i> .....	50	PRENATAL VIT TAB PLUS.....	79
<i>prednisolone sol 25mg/5ml</i> .....	51	PRENATAL/FE TAB .....	79
<i>prednisolone sus 1% op</i> .....	83	PRENTIF MIS 22MM .....	74
<i>prednisolone syp 15mg/5ml</i> .....	51	PRENTIF MIS 25MM .....	74
<i>prednisone pak 10mg</i> .....	51	PRENTIF MIS 28MM .....	74
<i>prednisone pak 5mg</i> .....	51	PRENTIF MIS 31MM .....	74
<i>prednisone sol 5mg/5ml</i> .....	51	PRENTIF MIS FITTING.....	74
<i>prednisone tab 10mg</i> .....	51	PREPOPIK PAK .....	71
<i>prednisone tab 1mg</i> .....	51	<i>prevalite</i> .....	27
<i>prednisone tab 2.5mg</i> .....	51	<i>previfem tab</i> .....	49
<i>prednisone tab 20mg</i> .....	51	PREZCOBIX TAB 800-150.....	40
<i>prednisone tab 50mg</i> .....	51	PREZISTA SUS 100MG/ML.....	40
<i>prednisone tab 5mg</i> .....	51	PREZISTA TAB 400MG .....	40
		PREZISTA TAB 600MG .....	40

PREZISTA TAB 800MG .....	40	<i>propranolol tab 20mg</i> .....	44
PRIFTIN TAB 150MG.....	32	<i>propranolol tab 40mg</i> .....	44
PRILOSEC OTC TAB 20MG.....	93	<i>propranolol tab 60mg</i> .....	44
PRIMAQUINE TAB 26.3MG.....	31	<i>propranolol tab 80mg</i> .....	44
<i>primidone tab 250mg</i> .....	17	<i>propylthiour tab 50mg</i> .....	89
<i>primidone tab 50mg</i> .....	17	<i>protriptylin tab 10mg</i> .....	20
PRISTIQ TAB 100MG .....	19	<i>protriptylin tab 5mg</i> .....	20
PRISTIQ TAB 50MG.....	19	<i>pseudoephedr syp 30mg/5ml</i> .....	81
PRIVIGEN INJ 20GRAMS .....	85	<i>pseudoephedr tab 120mg er</i> .....	81
PROAIR HFA AER .....	13	<i>pseudoephedr tab 30mg</i> .....	81
<i>proben/colch tab 500-0.5</i> .....	66	<i>pseudoephedr tab 60mg</i> .....	81
<i>probenecid tab 500mg</i> .....	66	<i>psyllium pow 100%</i> .....	71
<i>prochlorper sup 25mg</i> .....	38	PULMICORT INH 180MCG.....	13
<i>prochlorper tab 10mg</i> .....	38	PULMICORT INH 90MCG.....	13
<i>prochlorper tab 5mg</i> .....	38	PULMOZYME SOL 1MG/ML.....	89
PRO-CLEAR AC SYP .....	52	<i>pure &amp; gentl dro 0.3%</i> .....	82
PROCRIT INJ 10000/ML .....	68	PX PRENATAL TAB MULTIVIT .....	80
PROCRIT INJ 2000/ML.....	68	<i>pyrazinamide tab 500mg</i> .....	32
PROCRIT INJ 20000/ML .....	68	<i>pyridostigm tab 60mg</i> .....	31
PROCRIT INJ 4000/ML.....	68	<i>pyridoxine tab 100mg</i> .....	96
PROCRIT INJ 40000/ML .....	68	<i>pyridoxine tab 25mg</i> .....	96
<i>proctosol hc cre 2.5%</i> .....	8	<i>pyridoxine tab 50mg</i> .....	96
<i>progesterone cap 100mg</i> .....	86	<b>Q</b>	
<i>progesterone cap 200mg</i> .....	86	<i>qc natural pow vegetabl</i> .....	71
<i>prometh vc syp 6.25-5/5</i> .....	52	QC PRENATAL TAB 28-0.8MG.....	80
<i>prometh vc/ syp codeine</i> .....	52	<i>qnapril/hctz tab 10-12.5</i> .....	30
<i>prometh/cod syp 6.25-10</i> .....	52	<i>qnapril/hctz tab 20-12.5</i> .....	30
<i>promethazine inj 25mg/ml</i> .....	26	<i>qnapril/hctz tab 20-25mg</i> .....	30
<i>promethazine sol 6.25/5ml</i> .....	26	<i>q-pap liq 160/5ml</i> .....	5
<i>promethazine sup 12.5mg</i> .....	26	<i>q-tapp dm elx</i> .....	52
<i>promethazine sup 25mg</i> .....	26	<i>q-tapp elx 1-15/5ml</i> .....	52
<i>promethazine syp 6.25/5ml</i> .....	26	<i>q-tussin dm syp 100-10/5</i> .....	52
<i>promethazine syp dm</i> .....	52	<i>quetiapine tab 100mg</i> .....	38
<i>promethazine tab 12.5mg</i> .....	26	<i>quetiapine tab 200mg</i> .....	38
<i>promethazine tab 25mg</i> .....	26	<i>quetiapine tab 25mg</i> .....	38
<i>promethazine tab 50mg</i> .....	26	<i>quetiapine tab 300mg</i> .....	38
<i>promethegan sup 50mg</i> .....	26	<i>quetiapine tab 400mg</i> .....	38
<i>propafenone tab 150mg</i> .....	12	<i>quetiapine tab 50mg</i> .....	38
<i>propafenone tab 225mg</i> .....	12	QUFLORA PED CHW 0.25MG .....	78
<i>propafenone tab 300mg</i> .....	12	QUFLORA PED CHW 0.5MG.....	78
<i>proparacaine sol 0.5% op</i> .....	83	QUFLORA PED CHW 1MG.....	78
<i>propranolol cap 120mg er</i> .....	44	<i>quinapril tab 10mg</i> .....	29
<i>propranolol cap 160mg er</i> .....	44	<i>quinapril tab 20mg</i> .....	29
<i>propranolol cap 60mg er</i> .....	44	<i>quinapril tab 40mg</i> .....	29
<i>propranolol cap 80mg er</i> .....	44	<i>quinapril tab 5mg</i> .....	29
<i>propranolol sol 20mg/5ml</i> .....	44	<i>quinidine su tab 300mg</i> .....	12
<i>propranolol sol 40mg/5ml</i> .....	44	<i>quinine sulf cap 324mg</i> .....	31
<i>propranolol tab 10mg</i> .....	44	QVAR AER 40MCG .....	13

QVAR AER 80MCG.....	13	REVLIMID CAP 15MG .....	42
<b>R</b>		REVLIMID CAP 25MG .....	42
<i>ra allergy tab sinus</i> .....	52	REVLIMID CAP 5MG.....	42
<i>ra calcium+d tab 600mg</i> .....	76	REYATAZ CAP 150MG .....	40
<i>ra fiber tab 500mg</i> .....	71	REYATAZ CAP 200MG .....	40
<i>ra lice kit solution</i> .....	59	REYATAZ CAP 300MG .....	40
RA PRENATAL TAB 28-0.8MG.....	80	RHOGAM PLUS INJ 300MCG.....	85
RA PRENATAL TAB FORMULA.....	80	<i>ribavirin cap 200mg</i> .....	41
<i>raloxifene tab 60mg</i> .....	61	<i>ribavirin tab 200mg</i> .....	41
<i>ramipril cap 1.25mg</i> .....	29	RIDAURA CAP 3MG.....	3
<i>ramipril cap 10mg</i> .....	29	<i>rifabutin cap 150mg</i> .....	32
<i>ramipril cap 2.5mg</i> .....	29	<i>rifampin cap 150mg</i> .....	32
<i>ramipril cap 5mg</i> .....	29	<i>rifampin cap 300mg</i> .....	32
RANEXA TAB 1000MG.....	10	RIGHT STEP TAB PRENATAL .....	80
RANEXA TAB 500MG .....	10	<i>riluzole tab 50mg</i> .....	81
<i>ranitidine syp 15mg/ml</i> .....	93	<i>rimantadine tab 100mg</i> .....	42
<i>ranitidine tab 150mg</i> .....	93	<i>risedronate tab 150mg</i> .....	61
<i>ranitidine tab 300mg</i> .....	93	<i>risedronate tab 30mg</i> .....	61
<i>ranitidine tab 75mg</i> .....	93	<i>risedronate tab 35mg</i> .....	61
RAPAFLO CAP 4MG.....	65	<i>risedronate tab 5mg</i> .....	61
RAPAFLO CAP 8MG.....	65	RISPERDAL INJ 12.5MG .....	37
RAPAMUNE SOL 1MG/ML.....	43	RISPERDAL INJ 25MG .....	37
<i>reclipsen tab</i> .....	49	RISPERDAL INJ 37.5MG .....	37
RECTIV OIN 0.4% .....	8	RISPERDAL INJ 50MG .....	37
<i>reeses med sus pinworm</i> .....	9	<i>risperidone sol 1mg/ml</i> .....	37
REGRANEX GEL 0.01% .....	59	<i>risperidone tab 0.25 odt</i> .....	37
RELENZA MIS DISKHALE.....	42	<i>risperidone tab 0.25mg</i> .....	37
RELPAK TAB 20MG .....	75	<i>risperidone tab 0.5mg</i> .....	37
RELPAK TAB 40MG .....	75	<i>risperidone tab 0.5mg od</i> .....	37
REMODULIN INJ 1MG/ML .....	46	<i>risperidone tab 1mg</i> .....	37
REMODULIN INJ 2.5MG/ML .....	46	<i>risperidone tab 1mg odt</i> .....	37
REMODULIN INJ 5MG/ML .....	46	<i>risperidone tab 2mg</i> .....	37
<i>renal tab multivit</i> .....	78	<i>risperidone tab 2mg odt</i> .....	37
<i>rena-vite rx tab</i> .....	78	<i>risperidone tab 3mg</i> .....	37
<i>reno cap</i> .....	78	<i>risperidone tab 3mg odt</i> .....	37
REVELA PAK 0.8GM.....	64	<i>risperidone tab 4mg</i> .....	37
REVELA PAK 2.4GM.....	64	<i>risperidone tab 4mg odt</i> .....	37
REVELA TAB 800MG .....	64	RITALIN LA CAP 10MG .....	2
<i>repaglinide tab 0.5mg</i> .....	23	RITUXAN INJ 100MG.....	33
<i>repaglinide tab 1mg</i> .....	23	RITUXAN INJ 500MG.....	33
<i>repaglinide tab 2mg</i> .....	23	<i>rivastigmine cap 1.5mg</i> .....	87
REPATHA INJ 140MG/ML.....	86	<i>rivastigmine cap 3mg</i> .....	87
REPATHA SURE INJ 140MG/ML .....	86	<i>rivastigmine cap 4.5mg</i> .....	87
RESCRIPTOR TAB 100 MG.....	40	<i>rivastigmine cap 6mg</i> .....	87
RESCRIPTOR TAB 100MG.....	40	<i>rivastigmine dis 13.3/24</i> .....	87
RESCRIPTOR TAB 200MG.....	40	RIXUBIS INJ 1000UNIT .....	67
RESPIRATORY MASKS .....	74	RIXUBIS INJ 2000UNIT .....	67
REVLIMID CAP 10MG.....	42	RIXUBIS INJ 250 UNIT.....	67

RIXUBIS INJ 3000UNIT.....	67	SE-NATAL 19 CHW .....	80
RIXUBIS INJ 500UNIT .....	67	SE-NATAL ONE TAB .....	80
<i>rizatriptan tab 10mg</i> .....	75	<i>senna syp 8.8mg/5</i> .....	72
<i>rizatriptan tab 5mg</i> .....	75	SENNA TAB 187MG.....	72
<i>robitussin liq cgh/cong</i> .....	52	<i>senna tab 25mg</i> .....	72
<i>robitussin liq nighttim</i> .....	52	<i>senna tab 8.6mg</i> .....	72
<i>robitussin liq to go dm</i> .....	52	<i>senna-s tab 8.6-50mg</i> .....	71
<i>robitussin syp 7.5/5ml</i> .....	51	SENSIPAR TAB 30MG.....	62
<i>ropinirole tab 0.25mg</i> .....	35	SENSIPAR TAB 60MG.....	62
<i>ropinirole tab 0.5mg</i> .....	35	SENSIPAR TAB 90MG.....	62
<i>ropinirole tab 1mg</i> .....	35	SEREVENT DIS AER 50MCG .....	13
<i>ropinirole tab 2mg</i> .....	35	SEROQUEL XR TAB 150MG .....	38
<i>ropinirole tab 3mg</i> .....	35	SEROQUEL XR TAB 200MG .....	38
<i>ropinirole tab 4mg</i> .....	35	SEROQUEL XR TAB 300MG .....	38
<i>ropinirole tab 5mg</i> .....	35	SEROQUEL XR TAB 400MG .....	38
<i>rosuvastatin calcium tab 10 mg</i> .....	28	SEROQUEL XR TAB 50MG .....	38
<i>rosuvastatin calcium tab 20 mg</i> .....	28	<i>sertraline con 20mg/ml</i> .....	19
<i>rosuvastatin calcium tab 40 mg</i> .....	28	<i>sertraline tab 100mg</i> .....	19
<i>rosuvastatin calcium tab 5 mg</i> .....	28	<i>sertraline tab 25mg</i> .....	19
ROZEREM TAB 8MG.....	70	<i>sertraline tab 50mg</i> .....	19
<i>rynex pse liq</i> .....	52	<i>sildenafil tab 20mg</i> .....	46
<b>S</b>		<i>silver sulfa cre 1%</i> .....	55
SABRIL POW 500MG .....	17	<i>simethicone chw 125mg</i> .....	63
SABRIL TAB 500MG.....	17	<i>simethicone chw 80mg</i> .....	63
<i>saline ene laxative</i> .....	72	<i>simethicone dro 40/0.6ml</i> .....	64
<i>saline nasal spr 0.65%</i> .....	80	SIMPONI INJ 100MG/ML.....	3
<i>salsalate tab 500mg</i> .....	5	SIMPONI INJ 50MG.....	3
<i>salsalate tab 750mg</i> .....	5	<i>simvastatin tab 10mg</i> .....	28
SANDIMMUNE CAP 100MG .....	43	<i>simvastatin tab 20mg</i> .....	28
SANDIMMUNE CAP 25MG .....	43	<i>simvastatin tab 40mg</i> .....	28
SANDOGLOBULI INJ IV 12GM.....	85	<i>simvastatin tab 5mg</i> .....	28
SANDOSTATIN KIT LAR 20MG .....	62	<i>sinus/conges tab 10mg</i> .....	81
SANDOSTATIN KIT LAR 30MG .....	62	<i>sirolimus tab 0.5mg</i> .....	43
SANTYL OIN 250/GM.....	58	<i>sirolimus tab 1mg</i> .....	43
SAPHRIS SUB 10MG .....	38	<i>sirolimus tab 2mg</i> .....	43
SAPHRIS SUB 5MG.....	38	SKELID TAB 200MG.....	61
SAVELLA MIS TITR PAK .....	87	SKYLA IUD 13.5MG .....	50
SAVELLA TAB 100MG .....	87	<i>sleep aid tab 25mg</i> .....	69
SAVELLA TAB 12.5MG .....	87	<i>sleep aid tab 50mg</i> .....	69
SAVELLA TAB 25MG .....	87	<i>sleep tab 25mg</i> .....	69
SAVELLA TAB 50MG .....	87	<i>slow iron tab 50mg</i> .....	69
<i>sb fib lax pow 33%</i> .....	71	<i>slow release tab 47.5mg</i> .....	69
<i>selegiline cap 5mg</i> .....	35	<i>sm fiber lax tab 500mg</i> .....	71
<i>selegiline tab 5mg</i> .....	36	<i>sm ibuprofen tab 100mg jr</i> .....	4
<i>selenium sul lot 2.5%</i> .....	55	<i>sm iron tab 45mg</i> .....	69
<i>selenium sul sha 2.5%</i> .....	55	SM PRENATAL TAB VITAMINS .....	80
SELZENTRY TAB 150MG.....	40	<i>smz/tmp ds tab 800-160</i> .....	10
SELZENTRY TAB 300MG.....	40	<i>smz-tmp sus 200-40/5</i> .....	10

<i>smz-tmp tab 400-80mg</i> .....	10	STRATTERA CAP 10MG.....	1
<i>sod chloride neb 0.9%</i> .....	52	STRATTERA CAP 18MG.....	1
<i>sod chloride oin 5% op</i> .....	84	STRATTERA CAP 25MG.....	1
<i>sod chloride sol 5% op</i> .....	84	STRATTERA CAP 40MG.....	1
<i>sod chloride tab 1000mg</i> .....	77	STRATTERA CAP 60MG.....	1
<i>sod fluoride dro 0.5mg/ml</i> .....	76	STRATTERA CAP 80MG.....	1
<i>sod fluoride tab 0.5mg f</i> .....	76	STRIBILD TAB.....	40
<i>sod poly sul pow</i> .....	43	STRIVERDI AER RESPIMAT.....	13
<i>sodium bicar tab 10gr</i> .....	9	STUART PREN TAB.....	80
<i>sodium bicar tab 325mg</i> .....	9	<i>sucralfate tab 1gm</i> .....	93
<i>sodium bicar tab 650mg</i> .....	9	SUDAFED PE SOL CHILDREN.....	81
<i>sodium chlor neb 3%</i> .....	52	<i>sudogest pe tab 10mg</i> .....	81
<i>sodium chlor neb 7%</i> .....	52	<i>sulf/pred na sol op</i> .....	83
<i>sodium chlor sol 0.9% irr</i> .....	65	<i>sulfacet sod sol 10% op</i> .....	83
<i>solia tab</i> .....	49	<i>sulfasalazin tab 500mg</i> .....	64
<i>soluble fib tab therapy</i> .....	71	<i>sulfasalazin tab 500mg dr</i> .....	64
<i>sotalol af tab 120mg</i> .....	44	<i>sulfatrim pd sus 200-40/5</i> .....	10
<i>sotalol af tab 80mg</i> .....	44	<i>sulindac tab 150mg</i> .....	4
<i>sotalol hcl tab 120mg</i> .....	44	<i>sulindac tab 200mg</i> .....	4
<i>sotalol hcl tab 160mg</i> .....	44	<i>sumatriptan tab 100mg</i> .....	75
<i>sotalol hcl tab 240mg</i> .....	44	<i>sumatriptan tab 25mg</i> .....	75
<i>sotalol hcl tab 80mg</i> .....	44	<i>sumatriptan tab 50mg</i> .....	75
SOVALDI TAB 400MG.....	41	<i>suphedrine tab 10mg</i> .....	81
SPACERS.....	74	<i>suphedrine tab pe 10mg</i> .....	81
<i>spinosad sus 0.9%</i> .....	59	SUPRAX TAB 400MG.....	47
<i>spirono/hctz tab 25/25</i> .....	60	SUSTIVA CAP 200MG.....	41
<i>spironolact tab 100mg</i> .....	60	SUSTIVA CAP 50MG.....	41
<i>spironolact tab 25mg</i> .....	60	SUSTIVA TAB 600MG.....	41
<i>spironolact tab 50mg</i> .....	60	SUTENT CAP 12.5MG.....	34
<i>sprintec 28 tab 28 day</i> .....	49	SUTENT CAP 25MG.....	34
SPRYCEL TAB 100MG.....	34	SUTENT CAP 37.5MG.....	34
SPRYCEL TAB 140MG.....	34	SUTENT CAP 50MG.....	34
SPRYCEL TAB 20MG.....	34	<i>syeda tab 3-0.03mg</i> .....	49
SPRYCEL TAB 50MG.....	34	SYMBICORT AER 160-4.5.....	13
SPRYCEL TAB 70MG.....	34	SYMBICORT AER 80-4.5.....	13
<i>sronyx tab</i> .....	49	SYMLINPEN 60 INJ 1000MCG.....	21
<i>st joseph co syp 7.5/5ml</i> .....	51	SYMLNPEN 120 INJ 1000MCG.....	21
<i>stavudine cap 20mg</i> .....	40	SYNAGIS INJ 100MG/ML.....	85
<i>stavudine cap 30mg</i> .....	40	SYNAGIS INJ 50MG.....	85
<i>stavudine cap 40mg</i> .....	40	SYNAREL SOL 2MG/ML.....	61
STELARA INJ 45MG/0.5.....	55	SYNTHROID TAB 100MCG.....	91
STELARA INJ 90MG/ML.....	55	SYNTHROID TAB 112MCG.....	91
<i>steril water sol irrig</i> .....	43	SYNTHROID TAB 125MCG.....	91
STIMATE SOL 1.5MG/ML.....	62	SYNTHROID TAB 137MCG.....	91
STIVARGA TAB 40MG.....	34	SYNTHROID TAB 150MCG.....	91
<i>stomach rlf chw 400mg</i> .....	9	SYNTHROID TAB 175MCG.....	91
<i>stool softnr cap 50mg</i> .....	72	SYNTHROID TAB 200MCG.....	91
STRATTERA CAP 100MG.....	1	SYNTHROID TAB 25MCG.....	91



SYNTHROID TAB 300MCG .....	91	<i>terbutaline tab 2.5mg</i> .....	13
SYNTHROID TAB 50MCG .....	91	<i>terbutaline tab 5mg</i> .....	13
SYNTHROID TAB 75MCG .....	91	<i>terconazole cre 0.4%</i> .....	94
SYNTHROID TAB 88MCG .....	91	<i>terconazole cre 0.8%</i> .....	94
SYPRINE CAP 250MG .....	42	<i>terconazole sup 80mg</i> .....	94
SYRINGE (DISPOSABLE) 3 ML .....	74	<i>testost cyp inj 100mg/ml</i> .....	8
<b>T</b>		<i>testost cyp inj 200mg/ml</i> .....	8
TACLONEX SUS .....	57	<i>testost enan inj 200mg/ml</i> .....	8
<i>tacrolimus (topical)</i> .....	58	<i>tetrabenazine tab 12.5 mg</i> .....	87
<i>tacrolimus cap 0.5mg</i> .....	43	<i>tetrabenazine tab 25 mg</i> .....	87
<i>tacrolimus cap 1mg</i> .....	43	<i>tetracycline cap 250mg</i> .....	89
<i>tacrolimus cap 5mg</i> .....	43	<i>tetracycline cap 500mg</i> .....	89
TAMIFLU CAP 30MG .....	42	TEVETEN TAB 400MG .....	29
TAMIFLU CAP 45MG .....	42	TH PRENATAL TAB VITAMINS .....	80
TAMIFLU CAP 75MG .....	42	THALOMID CAP 100MG .....	42
TAMIFLU SUS 6MG/ML .....	42	<i>theophylline sol 80/15ml</i> .....	14
<i>tamoxifen tab 10mg</i> .....	33	<i>theophylline tab 100mg er</i> .....	14
<i>tamoxifen tab 20mg</i> .....	33	<i>theophylline tab 200mg er</i> .....	14
<i>tamsulosin cap 0.4mg</i> .....	66	<i>theophylline tab 300mg er</i> .....	14
TARCEVA TAB 100MG .....	34	<i>theophylline tab 400mg er</i> .....	14
TARCEVA TAB 150MG .....	34	<i>theophylline tab 450mg er</i> .....	14
TARCEVA TAB 25MG .....	34	<i>theophylline tab 600mg er</i> .....	14
TASIGNA CAP 150MG .....	34	THERANATAL TAB 27-1 .....	80
TASIGNA CAP 200MG .....	34	<i>thiamine hcl tab 100mg</i> .....	96
TAZORAC CRE 0.05% .....	55	THIOGUANINE TAB 40MG .....	32
TAZORAC CRE 0.1% .....	55	<i>thioridazine tab 100mg</i> .....	38
TAZORAC GEL 0.05% .....	55	<i>thioridazine tab 10mg</i> .....	38
TAZORAC GEL 0.1% .....	55	<i>thioridazine tab 25mg</i> .....	38
TEGRETOL-XR TAB 100MG .....	17	<i>thioridazine tab 50mg</i> .....	38
TEKTURNA TAB 150MG .....	31	<i>thiothixene cap 10mg</i> .....	39
TEKTURNA TAB 300MG .....	31	<i>thiothixene cap 1mg</i> .....	39
<i>telmisartan tab 20mg</i> .....	29	<i>thiothixene cap 2mg</i> .....	39
<i>telmisartan tab 40mg</i> .....	29	<i>thiothixene cap 5mg</i> .....	39
<i>telmisartan tab 80mg</i> .....	29	THYROGEN INJ 1.1MG .....	59
<i>temazepam cap 15mg</i> .....	69	THYROLAR-1 TAB 60MG .....	91
<i>temazepam cap 30mg</i> .....	69	THYROLAR-1/2 TAB 30MG .....	91
<i>temozolomide cap 100mg</i> .....	32	THYROLAR-1/4 TAB 15MG .....	91
<i>temozolomide cap 140mg</i> .....	32	THYROLAR-2 TAB 120MG .....	91
<i>temozolomide cap 180mg</i> .....	32	THYROLAR-3 TAB 180MG .....	91
<i>temozolomide cap 20mg</i> .....	32	<i>tiagabine tab 2mg</i> .....	17
<i>temozolomide cap 250mg</i> .....	32	<i>tiagabine tab 4mg</i> .....	17
<i>temozolomide cap 5mg</i> .....	32	<i>ticlopidine tab 250mg</i> .....	67
<i>terazosin cap 10mg</i> .....	30	TIKOSYN CAP 125MCG .....	12
<i>terazosin cap 1mg</i> .....	30	TIKOSYN CAP 250MCG .....	12
<i>terazosin cap 2mg</i> .....	30	TIKOSYN CAP 500MCG .....	12
<i>terazosin cap 5mg</i> .....	30	<i>tilia fe tab</i> .....	49
<i>terbinafine cre 1%</i> .....	55	<i>timolol gel sol 0.25% op</i> .....	82
<i>terbinafine tab 250mg</i> .....	25	<i>timolol gel sol 0.5% op</i> .....	82

<i>timolol mal sol 0.25% op</i> .....	82	<i>trandolapril tab 2mg</i> .....	29
<i>timolol mal sol 0.5% op</i> .....	82	<i>trandolapril tab 4mg</i> .....	29
<i>timolol mal tab 10mg</i> .....	44	<i>tranex acid inj 100mg/ml</i> .....	69
<i>timolol mal tab 20mg</i> .....	44	TRANSDERM-SC DIS 1.5MG.....	25
<i>timolol mal tab 5mg</i> .....	44	<i>tranylcyprom tab 10mg</i> .....	19
<i>tioconazole oin 6.5% vag</i> .....	95	TRAVATAN Z DRO 0.004% .....	84
TIVICAY TAB 50MG .....	41	<i>travoprost dro 0.004%</i> .....	84
<i>tizanidine tab 2mg</i> .....	80	<i>trazodone tab 100mg</i> .....	18
<i>tizanidine tab 4mg</i> .....	80	<i>trazodone tab 150mg</i> .....	18
<i>tl icon cap</i> .....	68	<i>trazodone tab 300mg</i> .....	18
<i>tobra/dexame sus 0.3-0.1%</i> .....	83	<i>trazodone tab 50mg</i> .....	18
<i>tobramycin neb 300/5ml</i> .....	3	TRELSTAR DEP INJ 3.75MG .....	33
<i>tobramycin sol 0.3% op</i> .....	83	TRELSTAR LA INJ 11.25MG.....	33
TODAY SPONGE MIS .....	74	TRELSTAR MIX INJ 22.5MG .....	33
<i>tolazamide tab 250mg</i> .....	23	<i>tretinoin cap 10mg</i> .....	34
<i>tolazamide tab 500mg</i> .....	23	<i>tretinoin cre 0.025%</i> .....	53
<i>tolbutamide tab 500mg</i> .....	24	<i>tretinoin cre 0.05%</i> .....	53
<i>tolcapone tab 100mg</i> .....	35	<i>tretinoin cre 0.1%</i> .....	53
<i>tolmetin sod cap 400mg</i> .....	4	<i>tretinoin gel 0.01%</i> .....	53
<i>tolmetin sod tab 200mg</i> .....	4	<i>tretinoin gel 0.025%</i> .....	53
<i>tolmetin sod tab 600mg</i> .....	4	<i>triaacting nt liq cold/cgh</i> .....	52
<i>tolnaftate aer 1%</i> .....	55	<i>triadvance tab</i> .....	80
<i>tolnaftate cre 1%</i> .....	55, 59	<i>triamcinolon aer 55mcg/ac</i> .....	81
<i>tolnaftate pow 1%</i> .....	55	<i>triamcinolon cre 0.025%</i> .....	57
<i>tolnaftate sol 1%</i> .....	55	<i>triamcinolon cre 0.1%</i> .....	57
<i>tolterodine tab 1mg</i> .....	65	<i>triamcinolon cre 0.5%</i> .....	57
<i>tolterodine tab 2mg</i> .....	65	<i>triamcinolon lot 0.025%</i> .....	57
<i>topiramate cap 15mg</i> .....	17	<i>triamcinolon lot 0.1%</i> .....	57
<i>topiramate cap 25mg</i> .....	17	<i>triamcinolon oin 0.025%</i> .....	57
<i>topiramate tab 100mg</i> .....	17	<i>triamcinolon oin 0.1%</i> .....	57
<i>topiramate tab 200mg</i> .....	17	<i>triamcinolon oin 0.5%</i> .....	57
<i>topiramate tab 25mg</i> .....	17	<i>triamcinolon pst 0.1%</i> .....	77
<i>topiramate tab 50mg</i> .....	17	<i>triaminic syp cough</i> .....	51
<i>torseamide tab 100mg</i> .....	60	<i>triamt/hctz cap 37.5-25</i> .....	60
<i>torseamide tab 10mg</i> .....	60	<i>triamt/hctz tab 37.5-25</i> .....	60
<i>torseamide tab 20mg</i> .....	60	<i>triamt/hctz tab 75-50mg</i> .....	60
<i>torseamide tab 5mg</i> .....	60	<i>triazolam tab 0.125mg</i> .....	70
<i>total fiber pow</i> .....	71	<i>triazolam tab 0.25mg</i> .....	70
TOVIAZ TAB 4MG .....	65	<i>tricon cap</i> .....	68
TOVIAZ TAB 8MG .....	65	<i>tri-estaryll tab</i> .....	49
TRACLEER TAB 125MG .....	46	<i>trifluoperaz tab 10mg</i> .....	38
TRACLEER TAB 62.5MG .....	46	<i>trifluoperaz tab 1mg</i> .....	38
TRADJENTA TAB 5MG .....	22	<i>trifluoperaz tab 2mg</i> .....	38
<i>tramadol hcl tab 100mg er</i> .....	7	<i>trifluoperaz tab 5mg</i> .....	38
<i>tramadol hcl tab 200mg er</i> .....	7	<i>trifluridine sol 1% op</i> .....	83
<i>tramadol hcl tab 300mg er</i> .....	7	<i>trihexyphen elx 0.4mg/ml</i> .....	35
<i>tramadol hcl tab 50mg</i> .....	7	<i>trihexyphen tab 2mg</i> .....	35
<i>trandolapril tab 1mg</i> .....	29	<i>trihexyphen tab 5mg</i> .....	35

<i>tri-legest tab fe</i> .....	49	<i>unith direct tab 75mcg</i> .....	91
<i>tri-linyah tab</i> .....	49	<i>unith direct tab 88mcg</i> .....	91
<i>trimethoprim sol polymyxn</i> .....	83	<i>unithroid tab 100mcg</i> .....	92
<i>trimethoprim tab 100mg</i> .....	9	<i>unithroid tab 112mcg</i> .....	92
<i>trinate tab</i> .....	80	<i>unithroid tab 125mcg</i> .....	92
<i>trinessa tab</i> .....	49	<i>unithroid tab 137mcg</i> .....	92
<i>triple antib oin</i> .....	54	<i>unithroid tab 150mcg</i> .....	92
<i>triple antib oin plus</i> .....	54	<i>unithroid tab 175mcg</i> .....	92
<i>tri-previfem tab</i> .....	49	<i>unithroid tab 200mcg</i> .....	92
<i>tri-sprintec tab</i> .....	49	<i>unithroid tab 25mcg</i> .....	92
TRIUMEQ .....	41	<i>unithroid tab 300mcg</i> .....	92
<i>tri-vit/fe dro /fl 0.25</i> .....	78	<i>unithroid tab 50mcg</i> .....	92
<i>tri-vit/fluo dro 0.25mg</i> .....	78	<i>unithroid tab 75mcg</i> .....	92
<i>tri-vit/fluo dro 0.5mg</i> .....	78	<i>unithroid tab 88mcg</i> .....	92
<i>tri-vitamin dro</i> .....	79	<i>ursodiol cap 300mg</i> .....	64
<i>trivora-28 tab</i> .....	49	<i>ursodiol tab 250mg</i> .....	64
<i>tropicamide sol 0.5% op</i> .....	82	<i>ursodiol tab 500mg</i> .....	64
<i>tropicamide sol 1% op</i> .....	82	<b>V</b>	
<i>trospium chl cap 60mg er</i> .....	65	<i>vacuant plus ene 20-283</i> .....	72
<i>trospium cl tab 20mg</i> .....	65	VAGIFEM TAB 10MCG .....	95
TRUE METRIX BLOOD GLUCOSE....	59, 74	<i>valacyclovir tab 1gm</i> .....	42
TRUE METRIX KIT AIR .....	74	<i>valacyclovir tab 500mg</i> .....	42
TRUETEST TES .....	59	VALCYTE SOL 50MG/ML .....	41
TRUVADA TAB 200-300 .....	41	<i>valganciclovir hcl</i> .....	41
TUDORZA PRES AER 400/ACT .....	12	<i>valproic acd cap 250mg</i> .....	18
<i>tussin dm liq 100-10/5</i> .....	52	<i>valproic acd sol 250/5ml</i> .....	18
<i>tussin dm liq 10-200/5</i> .....	52	<i>valsart/hctz tab 160-12.5mg</i> .....	31
<i>tussin dm syp 100-10/5</i> .....	52	<i>valsart/hctz tab 160-25mg</i> .....	31
TYBOST TAB 150MG .....	41	<i>valsart/hctz tab 320-12.5mg</i> .....	31
TYKERB TAB 250MG .....	34	<i>valsart/hctz tab 320-25mg</i> .....	31
TYSABRI INJ 300/15ML.....	88	<i>valsart/hctz tab 80-12.5mg</i> .....	31
TYZEKA TAB 600MG .....	41	<i>valsartan tab 160mg</i> .....	29
TYZINE PED DRO 0.05%.....	81	<i>valsartan tab 320mg</i> .....	29
TYZINE SOL 0.1%.....	81	<i>valsartan tab 40mg</i> .....	29
<b>U</b>		<i>valsartan tab 80mg</i> .....	29
ULESFIA LOT 5% .....	59	<i>vancomycin cap 125mg</i> .....	9
<i>ultra tabs tab</i> .....	80	<i>vancomycin cap 250mg</i> .....	10
<i>unifed liq 30mg/5ml</i> .....	81	<i>veg fiber pow 63%</i> .....	71
UNIFIBER POW .....	71	<i>velivet pak</i> .....	49
<i>unith direct tab 100mcg</i> .....	91	VELTIN GEL.....	53
<i>unith direct tab 112mcg</i> .....	91	<i>venlafaxine cap 150mg er</i> .....	19
<i>unith direct tab 125mcg</i> .....	91	<i>venlafaxine cap 37.5 er</i> .....	19
<i>unith direct tab 150mcg</i> .....	91	<i>venlafaxine cap 75mg er</i> .....	19
<i>unith direct tab 175mcg</i> .....	91	<i>venlafaxine tab 100mg</i> .....	20
<i>unith direct tab 200mcg</i> .....	91	<i>venlafaxine tab 25mg</i> .....	19
<i>unith direct tab 25mcg</i> .....	91	<i>venlafaxine tab 37.5mg</i> .....	19
<i>unith direct tab 300mcg</i> .....	92	<i>venlafaxine tab 50mg</i> .....	20
<i>unith direct tab 50mcg</i> .....	91	<i>venlafaxine tab 75mg</i> .....	20

VENOGLOBUL-S INJ 10%.....	85	<i>vitamin b-12 tab 500mcg</i> .....	67
VENTOLIN HFA AER.....	14	<i>vitamin b-2 tab 100mg</i> .....	96
VERACOLATE TAB .....	72	<i>vitamin b-6 tab 200mg cr</i> .....	96
<i>verapamil cap 100mg er</i> .....	45	<i>vitamin d cap 1000unit</i> .....	95
<i>verapamil cap 120mg er</i> .....	45	<i>vitamin d dro 400unit</i> .....	95
<i>verapamil cap 180mg er</i> .....	45	<i>vitamin d3 cap 10000unt</i> .....	95
<i>verapamil cap 240mg er</i> .....	45	<i>vitamin d3 cap 2000unit</i> .....	95
<i>verapamil cap 300mg er</i> .....	45	<i>vitamin d3 cap 50000unt</i> .....	95
<i>verapamil cap 360mg sr</i> .....	45	<i>vitamin d3 cap 5000unit</i> .....	95
<i>verapamil tab 120mg</i> .....	45	<i>vitamin d3 chw 1000unit</i> .....	95
<i>verapamil tab 120mg er</i> .....	45	<i>vitamin d3 chw 400unit</i> .....	95
<i>verapamil tab 180mg er</i> .....	46	<i>vitamin d3 dro 5000unit</i> .....	95
<i>verapamil tab 240mg er</i> .....	46	<i>vitamin d3 tab 1000unit</i> .....	95
<i>verapamil tab 40mg</i> .....	45	<i>vitamin d-3 tab 2000unit</i> .....	95
<i>verapamil tab 80mg</i> .....	45	<i>vitamin d3 tab 400unit</i> .....	95
VEREGEN OIN 15% .....	54	<i>vitamin d-3 tab 5000unit</i> .....	95
VESICARE TAB 10MG .....	65	VITEKTA TAB 150MG .....	41
VESICARE TAB 5MG .....	65	VOL-PLUS TAB.....	80
<i>vestura tab 3-0.02mg</i> .....	49	VOL-TAB RX TAB.....	80
VEXOL SUS 1% OP.....	83	VOLTAREN GEL 1% .....	54
VICTOZA INJ 18MG/3ML .....	22	VOTRIENT TAB 200MG.....	34
VIEKIRA PAK TAB .....	69	<i>vyfemla tab 0.4-35</i> .....	49
VIGAMOX DRO 0.5% .....	83	<b>W</b>	
VIIBRYD KIT .....	18	<i>wal-dryl alr tab 12.5mg</i> .....	26
VIIBRYD TAB 10MG.....	18	<i>wal-dryl-d tab alrg/sin</i> .....	52
VIIBRYD TAB 20MG.....	18	<i>wal-tap dm elx cold/cgh</i> .....	52
VIIBRYD TAB 40MG.....	18	<i>wal-tap elx cld/alle</i> .....	52
VIMPAT SOL 10MG/ML.....	17	<i>warfarin tab 10mg</i> .....	14
VIMPAT TAB 100MG .....	17	<i>warfarin tab 1mg</i> .....	14
VIMPAT TAB 150MG .....	17	<i>warfarin tab 2.5mg</i> .....	14
VIMPAT TAB 200MG .....	17	<i>warfarin tab 2mg</i> .....	14
VIMPAT TAB 50MG.....	17	<i>warfarin tab 3mg</i> .....	14
VINATE ONE TAB .....	80	<i>warfarin tab 4mg</i> .....	14
<i>viorele tab</i> .....	49	<i>warfarin tab 5mg</i> .....	14
VIRACEPT TAB 250MG .....	41	<i>warfarin tab 6mg</i> .....	14
VIRACEPT TAB 625MG .....	41	<i>warfarin tab 7.5mg</i> .....	14
VIREAD TAB 150MG .....	41	<i>wee care sus 15/1.25</i> .....	69
VIREAD TAB 300MG .....	41	WELCHOL PAK 3.75GM .....	27
<i>virt-vite tab plus</i> .....	78	WELCHOL TAB 625MG .....	27
VISICOL TAB 1.5GM.....	72	<i>wera tab 0.5/35</i> .....	49
<i>vitamin b-1 tab 50mg</i> .....	96	WESTHROID TAB 130MG.....	92
<i>vitamin b-12 sub 1000mcg</i> .....	67	WESTHROID TAB 16.25MG.....	92
<i>vitamin b-12 sub 2500mcg</i> .....	67	WESTHROID TAB 195MG.....	92
<i>vitamin b-12 sub 500mcg</i> .....	67	WESTHROID TAB 32.5MG.....	92
<i>vitamin b12 tab 1000 cr</i> .....	67	WESTHROID TAB 48.75MG.....	92
<i>vitamin b-12 tab 1000mcg</i> .....	67	WESTHROID TAB 65MG .....	92
<i>vitamin b-12 tab 100mcg</i> .....	67	WESTHROID TAB 97.5MG.....	92
<i>vitamin b-12 tab 250mcg</i> .....	67	WESTHROID-P TAB 130MG.....	92

WESTHROID-P TAB 16.25MG.....	92	ZENPEP CAP 25000UNT.....	59
WESTHROID-P TAB 32.5MG .....	92	ZENPEP CAP 3000UNIT .....	59
WESTHROID-P TAB 48.75MG.....	92	ZENPEP CAP 40000UNT.....	59
WESTHROID-P TAB 65MG .....	92	<i>zenzedi tab 10mg</i> .....	1
WESTHROID-P TAB 97.5MG .....	92	<i>zenzedi tab 5mg</i> .....	1
WIDE-SEAL DPR KIT 60 .....	74	<i>zeosa chw</i> .....	49
WIDE-SEAL DPR KIT 65 .....	74	ZEPATIER TAB 50-100MG.....	41
WIDE-SEAL DPR KIT 70 .....	74	ZETIA TAB 10MG.....	28
WIDE-SEAL DPR KIT 75 .....	74	ZIAGEN SOL 20MG/ML.....	41
WIDE-SEAL DPR KIT 80 .....	74	ZIANA GEL .....	53
WIDE-SEAL DPR KIT 85 .....	74	<i>zidovudine cap 100mg</i> .....	41
WIDE-SEAL DPR KIT 90 .....	74	<i>zidovudine syp 50mg/5ml</i> .....	41
WIDE-SEAL DPR KIT 95 .....	74	<i>zidovudine tab 300mg</i> .....	41
WP THYROID TAB 130MG.....	92	<i>zinc sulfate cap 220mg</i> .....	77
WP THYROID TAB 16.25MG.....	92	ZINC-OXYDE OIN 0.44-20% .....	58
WP THYROID TAB 32.5MG.....	92	ZIOPTAN DRO 0.0015%.....	84
WP THYROID TAB 48.75MG.....	92	<i>ziprasidone cap 20mg</i> .....	36
WP THYROID TAB 65MG .....	92	<i>ziprasidone cap 40mg</i> .....	36
WP THYROID TAB 81.25MG.....	92	<i>ziprasidone cap 60mg</i> .....	36
WP THYROID TAB 97.5MG.....	92	<i>ziprasidone cap 80mg</i> .....	36
<i>wymzya fe chw 0.4mg-35</i> .....	49	ZIRGAN GEL 0.15%.....	83
<b>X</b>		ZOLADEX IMP 10.8MG .....	33
XALKORI CAP 200MG .....	34	ZOLADEX IMP 3.6MG .....	33
XALKORI CAP 250MG .....	34	<i>zolmitriptan tab 2.5 mg</i> .....	75
XARELTO TAB 10MG.....	14	<i>zolmitriptan tab 2.5mg</i> .....	75
XARELTO TAB 15MG.....	14	<i>zolmitriptan tab 5mg</i> .....	75
XARELTO TAB 20MG.....	14	<i>zolpidem tab 10mg</i> .....	70
XOLAIR SOL 150MG .....	12	<i>zolpidem tab 5mg</i> .....	70
<i>xulane dis 150-35</i> .....	49	ZOMIG NASAL SPR 5MG.....	75
XYREM SOL 500MG/ML .....	87	ZOMIG ZMT ODT 2.5 MG.....	75
<b>Z</b>		ZOMIG ZMT ODT 5MG.....	75
<i>zafirlukast tab 10mg</i> .....	12	<i>zonisamide cap 100mg</i> .....	17
<i>zafirlukast tab 20mg</i> .....	12	<i>zonisamide cap 25mg</i> .....	17
<i>zaleplon cap 10mg</i> .....	70	<i>zonisamide cap 50mg</i> .....	17
<i>zaleplon cap 5mg</i> .....	70	ZORTRESS TAB 0.25MG .....	43
<i>zarah tab 3-0.03mg</i> .....	49	ZORTRESS TAB 0.5MG.....	43
<i>zemplar inj 2mcg/ml</i> .....	62	ZORTRESS TAB 0.75MG .....	43
<i>zemplar inj 5mcg/ml</i> .....	62	ZOSTAVAX INJ.....	94
<i>zenatane cap 10mg</i> .....	53	<i>zovia 1/35e tab</i> .....	49
<i>zenatane cap 20mg</i> .....	53	<i>zovia 1/50e tab</i> .....	49
<i>zenatane cap 40mg</i> .....	53	ZOVIRAX CRE 5% .....	55
<i>zenchent fe chw 0.4mg-35</i> .....	49	ZYFLO CR TAB 600MG .....	13
<i>zenchent tab</i> .....	49	ZYPREXA RELP INJ 210MG.....	59
ZENPEP CAP 10000UNT .....	59	ZYPREXA RELP INJ 300MG.....	59
ZENPEP CAP 15000UNT .....	59	ZYPREXA RELP INJ 405MG.....	59
ZENPEP CAP 20000UNT .....	59		



880 West Long Lake Road  
Troy, MI 48098

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

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