



CountyCare Health Plan Medicaid Formulary

The Formulary is up to date through its effective date of May 1, 2025.

Please notify CountyCare Health Plan at:

CountyCarePharmacy@cookcountyhealth.org

or 312.864.8200 with any mistakes in the formulary.

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Table of Contents

INTRODUCTION	13
PREFACE	13
FORMULARY (PHARMACEUTICAL) MANAGEMENT PROCEDURES	14
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	14
GENERIC SUBSTITUTION	14
PLAN DESIGN	16
LEGEND	17
NOTICE	17
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS	18
AMPHETAMINES	18
ANALEPTICS	18
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER	18
STIMULANTS - MISC.....	19
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES	19
ALLERGENIC EXTRACTS	19
ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES	20
ALTERNATIVE MEDICINE - M'S.....	20
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	20
AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS	20
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION	20
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES	20
ANTIRHEUMATIC - ENZYME INHIBITORS.....	20
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)	20
PYRIMIDINE SYNTHESIS INHIBITORS	21
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS	21
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER	21
ANALGESIC COMBINATIONS	21
ANALGESICS OTHER	21
SALICYLATES	21
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN	22
OPIOID AGONISTS	22
OPIOID COMBINATIONS	22
OPIOID PARTIAL AGONISTS	23
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS	24
INTRARECTAL STEROIDS	24
RECTAL COMBINATIONS	24
RECTAL LOCAL ANESTHETICS.....	24
RECTAL STEROIDS	24
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID	24

ANTACID COMBINATIONS.....	24
ANTACIDS - ALUMINUM SALTS	24
ANTACIDS - BICARBONATE.....	24
ANTACIDS - CALCIUM SALTS.....	24
ANTACIDS - MAGNESIUM SALTS.....	24
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES.....	24
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES	24
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS.....	25
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS	25
ANTI-INFECTIVE MISC. - COMBINATIONS	25
ANTIPROTOZOAL AGENTS	25
CARBAPENEMS.....	25
CHLORAMPHENICOLS	25
CYCLIC LIPOPEPTIDES.....	25
GLYCOPEPTIDES.....	25
LEPROSTATICS.....	26
LINCOSAMIDES	26
MONOBACTAMS.....	26
OXAZOLIDINONES	26
POLYMYXINS.....	27
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS...	27
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS	27
NITRATES	27
ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY	27
ANTIANSXIETY AGENTS - MISC.	27
BENZODIAZEPINES	27
ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS.....	28
ANTIARRHYTHMICS TYPE I-A	28
ANTIARRHYTHMICS TYPE I-B	28
ANTIARRHYTHMICS TYPE I-C	28
ANTIARRHYTHMICS TYPE III	28
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE	28
ANTI-INFLAMMATORY AGENTS	28
ANTIASTHMATIC - MONOCLONAL ANTIBODIES.....	28
BRONCHODILATORS - ANTICHOLINERGICS.....	29
LEUKOTRIENE MODULATORS	29
STEROID INHALANTS	29
SYMPATHOMIMETICS.....	29
XANTHINES.....	30
ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS	30
COUMARIN ANTICOAGULANTS	30
DIRECT FACTOR XA INHIBITORS	30
HEPARINS AND HEPARINOID-LIKE AGENTS	30

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES.....	31
ANTICONVULSANTS - BENZODIAZEPINES	31
ANTICONVULSANTS - MISC.	31
CARBAMATES	32
HYDANTOINS	32
SUCCINIMIDES	33
VALPROIC ACID.....	33
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION	33
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	33
ANTIDEPRESSANTS - MISC.	33
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID	33
MONOAMINE OXIDASE INHIBITORS (MAOIS)	33
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)	33
SEROTONIN MODULATORS.....	34
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)	34
TRICYCLIC AGENTS	34
ANTIDIABETICS - DRUGS TO TREAT DIABETES	35
ALPHA-GLUCOSIDASE INHIBITORS.....	35
ANTIDIABETIC COMBINATIONS.....	35
BIGUANIDES.....	35
DIABETIC OTHER.....	35
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	35
INCRETIN MIMETIC AGENTS	35
INSULIN	35
INSULIN SENSITIZING AGENTS	36
MEGLITINIDE ANALOGUES	36
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS	36
SULFONYLUREAS.....	36
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA	37
ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.....	37
ANTIPERISTALTIC AGENTS.....	37
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING.....	37
ANTIDOTES - CHELATING AGENTS	37
OPIOID ANTAGONISTS.....	37
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING.....	38
5-HT3 RECEPTOR ANTAGONISTS.....	38
ANTIEMETICS - ANTICHOLINERGIC	38
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	38
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	38
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS.....	38
IMIDAZOLE-RELATED ANTIFUNGALS.....	38
ANTI HISTAMINES - DRUGS TO TREAT ALLERGIES	38
ANTI HISTAMINES - ALKYLAMINES.....	38

ANTI-HISTAMINES - ETHANOLAMINES	38
ANTI-HISTAMINES - NON-SEDATING	38
ANTI-HISTAMINES - PHENOTHIAZINES	39
ANTI-HISTAMINES - PIPERIDINES	39
ANTIHYPERLIPIDEMICS - DRUGS TO TREAT HIGH CHOLESTEROL	39
BILE ACID SEQUESTRANTS	39
FIBRIC ACID DERIVATIVES	39
HMG COA REDUCTASE INHIBITORS	39
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS	39
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE	39
ACE INHIBITORS	39
AGENTS FOR PHEOCHROMOCYTOMA	40
ANGIOTENSIN II RECEPTOR ANTAGONISTS	40
ANTIADRENERGIC ANTIHYPERTENSIVES	40
ANTIHYPERTENSIVE COMBINATIONS	40
VASODILATORS	42
ANTIMALARIALS - DRUGS TO TREAT MALARIA	42
ANTIMALARIAL COMBINATIONS	42
ANTIMALARIALS - DRUGS TO TREAT MALARIA	42
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE	
DISORDERS	43
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE	
DISORDERS	43
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	43
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS	43
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER	
.....	43
ALKYLATING AGENTS	43
ANTIMETABOLITES	43
ANTINEOPLASTIC - ANTIBODIES	43
ANTINEOPLASTIC - EGFR INHIBITORS	43
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS	43
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS	44
ANTINEOPLASTIC ENZYME INHIBITORS	44
ANTINEOPLASTICS MISC.	44
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS	44
MITOTIC INHIBITORS	45
TOPOISOMERASE I INHIBITORS	45
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT	
PARKINSONS DISEASE	45
ANTIPARKINSON ADJUNCTIVE THERAPY	45
ANTIPARKINSON ANTICHOLINERGICS	45
ANTIPARKINSON COMT INHIBITORS	45
ANTIPARKINSON DOPAMINERGICS	45

ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS.....	45
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES	45
ANTIMANIC AGENTS	45
ANTIPSYCHOTICS - MISC.	45
BENZISOXAZOLES.....	46
BUTYROPHENONES.....	46
DIBENZAPINES	46
PHENOTHIAZINES	47
QUINOLINONE DERIVATIVES.....	47
THIOXANTHENES.....	48
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT	48
CHLORINE ANTISEPTICS.....	48
IODINE ANTISEPTICS.....	48
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS.....	48
ANTIRETROVIRALS	48
ANTIVIRAL COMBINATIONS	50
CMV AGENTS.....	51
HEPATITIS AGENTS	51
HERPES AGENTS.....	51
INFLUENZA AGENTS	51
MISC. ANTIVIRALS	51
BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS	51
ALPHA-BETA BLOCKERS	51
BETA BLOCKERS CARDIO-SELECTIVE	51
BETA BLOCKERS NON-SELECTIVE	52
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	52
CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS.....	52
CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS.....	53
CARDIAC GLYCOSIDES	53
CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS.....	53
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS	53
PROSTAGLANDIN VASODILATORS	53
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	53
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS	53
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC).....	53
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS.....	53
CEPHALOSPORIN COMBINATIONS	53
CEPHALOSPORINS - 1ST GENERATION.....	53
CEPHALOSPORINS - 2ND GENERATION	54
CEPHALOSPORINS - 3RD GENERATION	54

CEPHALOSPORINS - 4TH GENERATION	54
CEPHALOSPORINS - 5TH GENERATION	54
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	54
COMBINATION CONTRACEPTIVES - ORAL	54
COMBINATION CONTRACEPTIVES - TRANSDERMAL	56
COMBINATION CONTRACEPTIVES - VAGINAL	56
COPPER CONTRACEPTIVES - IUD.....	57
EMERGENCY CONTRACEPTIVES	57
PROGESTIN CONTRACEPTIVES - IMPLANTS	57
PROGESTIN CONTRACEPTIVES - INJECTABLE	57
PROGESTIN CONTRACEPTIVES - IUD.....	57
PROGESTIN CONTRACEPTIVES - ORAL	57
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE.....	57
GLUCOCORTICOSTEROIDS	57
MINERALOCORTICIDS	58
COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY	
SYMPTOMS	58
ANTITUSSIVES - DRUGS TO TREAT COUGH	58
COUGH/COLD/ALLERGY COMBINATIONS.....	58
EXPECTORANTS - DRUGS TO TREAT COUGH	59
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS..	59
MUCOLYTICS - DRUGS TO TREAT COUGH	59
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS.....	59
ACNE PRODUCTS.....	59
ANTIBIOTICS - TOPICAL.....	60
ANTIFUNGALS - TOPICAL	60
ANTIHISTAMINES-TOPICAL	60
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL.....	60
ANTIPRURITICS - TOPICAL	60
ANTIPSORIATICS	60
ANTISEBORRHEIC PRODUCTS	60
BURN PRODUCTS.....	61
CORTICOSTEROIDS - TOPICAL	61
ECZEMA AGENTS	62
EMOLLIENT/KERATOLYTIC AGENTS.....	62
EMOLLIENTS.....	62
IMMUNOMODULATING AGENTS - TOPICAL.....	62
IMMUNOSUPPRESSIVE AGENTS - TOPICAL	62
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS.....	62
LINIMENTS	62
LOCAL ANESTHETICS - TOPICAL.....	62
MISC. TOPICAL.....	62
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL	63
ROSACEA AGENTS.....	63

SCABICIDES & PEDICULICIDES	63
TAR PRODUCTS.....	63
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS	63
DIAGNOSTIC TESTS	63
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS ..	63
DIGESTIVE ENZYMES.....	63
DIURETICS - DRUGS TO TREAT HEART CONDITIONS	64
CARBONIC ANHYDRASE INHIBITORS	64
DIURETIC COMBINATIONS	64
LOOP DIURETICS.....	64
POTASSIUM SPARING DIURETICS	64
THIAZIDES AND THIAZIDE-LIKE DIURETICS	64
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE	
HORMONES	64
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS	64
CORTICOTROPIN	65
GNRH/LHRH ANTAGONISTS	65
GROWTH HORMONES.....	65
METABOLIC MODIFIERS.....	65
MINERALOCORTICOID RECEPTOR ANTAGONISTS	65
POSTERIOR PITUITARY HORMONES	65
PROGESTERONE RECEPTOR ANTAGONISTS	65
PROLACTIN INHIBITORS	65
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	65
ESTROGEN COMBINATIONS.....	65
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES.....	66
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS.....	66
FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS	66
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND	
INTESTINAL DISORDERS.....	66
ANTIPLATULENTS	66
GALLSTONE SOLUBILIZING AGENTS.....	66
GASTROINTESTINAL ANTIALLERGY AGENTS	67
GASTROINTESTINAL STIMULANTS	67
HEPATOTROPICS	67
INFLAMMATORY BOWEL AGENTS	67
INTESTINAL ACIDIFIERS	67
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND	
PHOSPHORUS LEVELS	67
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND	
URINARY TRACT CONDITIONS.....	67
ALKALINIZERS	67
CYSTINOSIS AGENTS	67
GENITOURINARY IRRIGANTS	67

PROSTATIC HYPERTROPHY AGENTS.....	68
URINARY ANALGESICS.....	68
GOUT AGENTS - DRUGS TO TREAT GOUT	68
GOUT AGENT COMBINATIONS.....	68
GOUT AGENTS - DRUGS TO TREAT GOUT	68
URICOSURICS	68
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS	68
ANTIHEMOPHILIC PRODUCTS	68
COMPLEMENT INHIBITORS.....	70
HEMATORHEOLOGIC AGENTS.....	70
PLATELET AGGREGATION INHIBITORS.....	70
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS	70
AGENTS FOR SICKLE CELL DISEASE	70
COBALAMINS	70
FOLIC ACID/FOLATES	70
HEMATOPOIETIC GROWTH FACTORS	70
HEMATOPOIETIC MIXTURES	70
IRON.....	70
STEM CELL MOBILIZERS	71
HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS.....	71
HEMOSTATICS - SYSTEMIC.....	71
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS.....	71
ANTI-HISTAMINE HYPNOTICS.....	71
BARBITURATE HYPNOTICS.....	71
NON-BARBITURATE HYPNOTICS.....	71
LAXATIVES - DRUGS TO TREAT CONSTIPATION.....	71
BULK LAXATIVES.....	71
LAXATIVE COMBINATIONS.....	71
LAXATIVES - MISCELLANEOUS	72
SALINE LAXATIVES	72
STIMULANT LAXATIVES	72
SURFACTANT LAXATIVES.....	72
MACROLIDES - DRUGS TO TREAT INFECTIONS.....	72
AZITHROMYCIN.....	72
CLARITHROMYCIN	72
ERYTHROMYCINS	72
FIDAXOMICIN	73
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING	73
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL	73
DIABETIC SUPPLIES	73
MISC. DEVICES	74
PARENTERAL THERAPY SUPPLIES	74

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES	74
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	74
MIGRAINE COMBINATIONS	74
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES.....	74
SEROTONIN AGONISTS	74
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION.....	75
CALCIUM.....	75
FLUORIDE	75
MAGNESIUM	75
MINERAL COMBINATIONS.....	75
PHOSPHATE	75
POTASSIUM	75
SODIUM	75
MISCELLANEOUS THERAPEUTIC CLASSES.....	75
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING	75
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT	76
IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE	76
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM	76
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT ...	76
ANESTHETICS TOPICAL ORAL	76
ANTI-INFECTIVES - THROAT.....	76
ANTISEPTICS - MOUTH/THROAT	76
STEROIDS - MOUTH/THROAT/DENTAL	76
THROAT PRODUCTS - MISC.	76
MULTIVITAMINS - DRUGS FOR NUTRITION.....	76
B-COMPLEX VITAMINS	76
B-COMPLEX W/ FOLIC ACID	77
B-COMPLEX W/ MINERALS	77
BIOFLAVONOID PRODUCTS	77
IRON W/ VITAMINS.....	77
PED MULTI VITAMINS W/FL & FE.....	77
PED MV W/ IRON.....	77
PRENATAL VITAMINS	77
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS. 77	77
CENTRAL MUSCLE RELAXANTS	77
DIRECT MUSCLE RELAXANTS	78
MUSCLE RELAXANT COMBINATIONS	78
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE.....	78
NASAL AGENTS - MISC.	78
NASAL ANTIALLERGY.....	78
NASAL STEROIDS	78
SYMPATHOMIMETIC DECONGESTANTS	78
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES.....	78
ALS AGENTS	78

NUTRIENTS - DRUGS FOR NUTRITION.....	78
MISC. NUTRITIONAL SUBSTANCES	78
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS	79
PROTEINS.....	79
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS	79
ARTIFICIAL TEARS AND LUBRICANTS	79
BETA-BLOCKERS - OPHTHALMIC.....	79
CYCLOPLEGIC MYDRIATICS.....	79
MIOTICS	79
OPHTHALMIC ADRENERGIC AGENTS	79
OPHTHALMIC ANTI-INFECTIVES	79
OPHTHALMIC DECONGESTANTS	80
OPHTHALMIC STEROIDS	80
OPHTHALMICS - MISC.	80
PROSTAGLANDINS - OPHTHALMIC	81
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR	81
OTIC AGENTS - MISCELLANEOUS	81
OTIC ANTI-INFECTIVES	81
OTIC COMBINATIONS	81
OXYTOCICS - DRUGS FOR PREGNANCY	81
OXYTOCICS - DRUGS FOR PREGNANCY.....	81
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE	
SYSTEM CONDITIONS	81
ANTITOXINS-ANTIVENINS	81
IMMUNE SERUMS.....	81
MONOCLONAL ANTIBODIES	81
PENICILLINS - DRUGS TO TREAT INFECTIONS	82
AMINOPENICILLINS.....	82
NATURAL PENICILLINS	82
PENICILLIN COMBINATIONS	82
PENICILLINASE-RESISTANT PENICILLINS	83
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES	83
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES.....	83
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO	
TREAT NERVOUS SYSTEM DISORDERS	83
AGENTS FOR CHEMICAL DEPENDENCY	83
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS	83
COMBINATION PSYCHOTHERAPEUTICS.....	83
MOVEMENT DISORDER DRUG THERAPY	84
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS.....	84
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT	
NERVOUS SYSTEM DISORDERS	84
SMOKING DETERRENTS.....	84
TRANSTHYRETIN AMYLOIDOSIS AGENTS	85

RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS.....	85
CYSTIC FIBROSIS AGENTS.....	85
SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	85
SULFONAMIDES - DRUGS TO TREAT INFECTIONS.....	85
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	85
AMINOMETHYLCYCLINES.....	85
FLUOROCYCLINES.....	85
GLYCYLCYCLINES.....	85
TETRACYCLINES - DRUGS TO TREAT INFECTIONS.....	85
THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS.....	85
ANTITHYROID AGENTS.....	85
THYROID HORMONES.....	86
TOXOIDS - DRUGS TO PREVENT INFECTIONS.....	86
TOXOID COMBINATIONS.....	86
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID.....	86
ANTISPASMODICS - DRUGS FOR STOMACH SPASMS.....	86
H-2 ANTAGONISTS.....	87
MISC. ANTI-ULCER.....	87
PROTON PUMP INHIBITORS.....	87
ULCER DRUGS - PROSTAGLANDINS.....	87
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE.....	87
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC).....	87
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS.....	87
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS.....	87
VACCINES - DRUGS TO PREVENT INFECTIONS.....	87
BACTERIAL VACCINES.....	87
VIRAL VACCINES.....	88
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS.....	89
VAGINAL ANTI-INFECTIVES.....	89
VAGINAL CONTRACEPTIVE - PH MODULATORS.....	89
VAGINAL ESTROGENS.....	89
VAGINAL PROGESTINS.....	89
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS..	90
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION ...	90
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS ...	90
VITAMINS - DRUGS FOR NUTRITION.....	90
OIL SOLUBLE VITAMINS.....	90
Index.....	91

INTRODUCTION

We are pleased to provide the CountyCare Health Plan Medicaid Formulary as a useful reference and information tool. This document can help medical providers and members understand which drugs are covered. The Formulary can be found on our website at www.countycare.com. Also located on the website is a Preferred Drug List Search Tool, which can be utilized to look-up drug information including formulary status and utilization management tools applied to the drug.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The document is reflective of current medical practice as of the date of review. The information contained in this document and its appendices are provided solely for the convenience of understanding which drugs are covered. We do not warrant or assure accuracy of such information, nor is it intended to be comprehensive in nature. This document is not intended to be a substitute for the knowledge, expertise, skill, and judgement of the medical provider in his or her choice of prescription drugs. All the information in the document is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

The document is subject to state-specific regulations and rules, including but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable. We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

PREFACE

The document is organized by sections. Each section is divided by therapeutic class primarily defined by mechanism of action. Products are listed by generic name and brand name. The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

Unless the cited drug is available as an injectable or an exception is specifically noted, generally, all applicable dosage forms and strengths of the drug cited are included in the document.

FORMULARY (PHARMACEUTICAL) MANAGEMENT PROCEDURES

The Health Plan Pharmacy Department annually and after updates, communicates changes to members, prescribing practitioners, and pharmacies. Updates include lists of pharmaceutical restrictions and preferences, as well as explanations of limits and quotas.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee (“P&T Committee”) are utilized to approve safe and clinically effective drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

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

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

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

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

AGE LIMIT (AGE)

Age limits are used to make certain that medications are used according to the FDA's recommendation for the use of the medication dependent on the age of the patient.

BRAND MEDICATION (CAPITALIZED LETTERS)

A drug sold by a drug company under a specific name or trademark and is protected by a patent.

GENERIC MEDICATION (*lower case italicized letters*)

A generic drug is a medication created to be the same as an already marketed brand- name drug in dosage form, safety, strength, route of administration, quality, performance characteristics, and intended use. Generally, generic medications often cost less. You may be required to use a generic version of a drug if one is available.

OVER THE COUNTER MEDICATIONS (OTC)

Over-the-Counter medications can be purchased without a prescription. CountyCare covers some over-the-counter medications on our Formulary at no cost to you. You will need a prescription from your provider to have the over-the-counter medication covered.

PRIOR AUTHORIZATION (PA)

Requires the approval of certain medications to ensure appropriateness, based on clinical evidence. This additional step guarantees that the prescription is medically necessary when a clinically effective less expensive option is available. The PA will be approved if the patient's condition meets the necessary requirements.

QUANTITY LIMIT (QL)

Quantity limits are designed to limit the use of selected drugs for quality and safety reasons. The quantity limit for FDA supports each drug recommended dosing guidelines. An exception request is required to exceed quantity limits.

SPECIALTY DRUG (SP)

Specialty drugs are often high-cost and/or require special handling to treat complex conditions.

STEP THERAPY (ST)

Step Therapy is the practice of beginning drug therapy for a medical condition with drugs considered first-line for safety and cost effectiveness, then progressing to other drugs that may have more side effects or are more costly.

SPECIALTY PLAN DESIGN

Specialty Pharmacy Management is our utilization program that helps ensure appropriate utilization of specialty medications based on currently accepted evidence-based medicine guidelines. The utilization management program is available for all therapeutic areas dispensed by our specialty pharmacies. Specialty Pharmacy Management is designed to help ensure safety and efficacy while preventing off-guideline utilization.

PLAN DESIGN

The document represents a closed formulary plan design. The medications listed on the document are covered by the plan as represented at no cost to you. Certain medications on the list are covered if utilization management criteria are met (i.e., Step Therapy, Prior authorization, Quantity Limits, etc.); requests for use of such medication outside of their listed criteria will be reviewed for medical necessity. If a medication is not listed on the document, a formulary exception may be requested for coverage. Additional information and directions can be found on our website at www.countycare.com. Medical necessity or formulary exception requests will be reviewed based on drug specific prior authorization criteria or standard non-formulary prescription request criteria.

LEGEND

Term	Definition
AGE	Age Limit
BRAND DRUGS	Listed in CAPITALIZED LETTERS
GENERIC DRUGS	Listed in lower case italicized letters
OTC	Over the Counter Medication
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Drug
ST	Step Therapy

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission. ©2025. All rights reserved. This document contains references to brand name prescriptions that are trademarks or registered trademarks of pharmaceutical manufacturers. Plan member privacy is important to us. Our employees are trained regarding the appropriate way to handle members' private health information.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg (generic of ADDERALL XR)</i>	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg (generic of ADDERALL XR)</i>	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 7.5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 10 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 12.5 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 15 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 20 mg (generic of ADDERALL)</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 6, Max 18)
<i>amphetamine-dextroamphetamine tab 30 mg (generic of ADDERALL)</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
DYANAVEL XR SUER 2.5MG/ML	Preferred-PA	PA, QL (8 mL every 1 day), AGE (Min 6, Max 18)
VYVANSE CAPS 10MG, 20MG, 30MG, 40MG, 50MG, 60MG, 70MG; CHEW 10MG, 20MG, 30MG, 40MG, 50MG, 60MG	Preferred	AGE (Min 6, Max 18)
ANALEPTICS		
<i>caffeine citrate soln 20mg/ml, 60mg/3ml</i>	Preferred	
CAFFEINE CITRATE SOLN 60MG/3ML	Preferred	
<i>caffeine citrate (generic of CAFFEINE CITRATE) soln 60mg/3ml</i>	Preferred	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>clonidine hcl (adhd) tb12 .1mg</i>	Preferred	QL (4 tabs every 1 day), AGE (Min 6, Max 18)

Drug Name	Drug Tier	Requirements/Limits
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 1mg, 2mg, 4mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 6, Max 18)
<i>guanfacine hcl (adhd) (generic of INTUNIV) tb24 3mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
STRATTERA CAPS 10MG, 18MG, 25MG	Preferred	QL (4 caps every 1 day), AGE (Min 6, Max 18)
STRATTERA CAPS 40MG	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
STRATTERA CAPS 60MG, 80MG, 100MG	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)

STIMULANTS - MISC.

CONCERTA TBCR 18MG, 27MG, 36MG	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
CONCERTA TBCR 54MG	Preferred	QL (1 tab every 1 day), AGE (Min 6, Max 18)
DAYTRANA PTCH 10MG/9HR, 15MG/9HR, 20MG/9HR, 30MG/9HR	Preferred-PA	PA, QL (1 patch every 1 day), AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl (generic of FOCALIN) tabs 2.5mg, 5mg</i>	Preferred	QL (4 tabs every 1 day), AGE (Min 6, Max 18)
<i>dexmethylphenidate hcl (generic of FOCALIN) tabs 10mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 6, Max 18)
FOCALIN XR CP24 5MG, 10MG, 15MG, 20MG	Preferred	QL (2 caps every 1 day), AGE (Min 6, Max 18)
FOCALIN XR CP24 25MG, 30MG, 35MG, 40MG	Preferred	QL (1 cap every 1 day), AGE (Min 6, Max 18)
JORNAY PM CP24 20MG, 40MG	Preferred-PA	ST, PA, QL (2 caps every 1 day), AGE (Min 6, Max 18)
JORNAY PM CP24 60MG, 80MG, 100MG	Preferred-PA	ST, PA, QL (1 cap every 1 day), AGE (Min 6, Max 18)
<i>methylphenidate hcl (generic of RITALIN) tabs 5mg, 10mg</i>	Preferred	QL (6 tabs every 1 day), AGE (Min 6, Max 18)
<i>methylphenidate hcl (generic of RITALIN) tabs 20mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 6, Max 18)
<i>methylphenidate hcl tbc 10mg, 20mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 6, Max 18)
<i>modafinil (generic of PROVIGIL) tabs 100mg, 200mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 17)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUBL 2800BAU	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred

Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINES - COMPLEMENTARY AND ALTERNATIVE MEDICINES		
ALTERNATIVE MEDICINE - M'S		
<i>melatonin tabs 3mg</i>	Preferred	OTC

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>amikacin sulfate soln 1gm/4ml, 500mg/2ml</i>	Preferred	
<i>gentamicin in saline inj 1.2 mg/ml</i>	Preferred	
<i>gentamicin sulfate soln 10mg/ml, 40mg/ml, 80mg/2ml</i>	Preferred	
KITABIS PAK NEBU 300MG/5ML	Preferred	SP
<i>neomycin sulfate tabs 500mg</i>	Preferred	
<i>streptomycin sulfate solr 1gm</i>	Preferred	
<i>tobramycin sulfate soln 1.2gm/30ml, 10mg/ml, 40mg/ml, 80mg/2ml; solr 1.2gm</i>	Preferred	
ZEMDRI SOLN 500MG/10ML	Preferred	

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

ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES

ADALIMUMAB-ADBM AJKT 40MG/0.4ML; PSKT 10MG/0.2ML, 20MG/0.4ML, 40MG/0.4ML	Preferred-PA	SP, PA
ADALIMUMAB-ADBM STARTER P AJKT 40MG/0.4ML	Preferred-PA	SP, PA
SIMLANDI PSKT 20MG/0.2ML, 40MG/0.4ML, 80MG/0.8ML	Preferred-PA	SP, PA
SIMLANDI 1-PEN KIT AJKT 40MG/0.4ML, 80MG/0.8ML	Preferred-PA	SP, PA
SIMLANDI 2-PEN KIT AJKT 40MG/0.4ML	Preferred-PA	SP, PA

ANTIRHEUMATIC - ENZYME INHIBITORS

XELJANZ SOLN 1MG/ML; TABS 5MG, 10MG	Preferred-PA	SP, PA
XELJANZ XR TB24 11MG, 22MG	Preferred-PA	SP, PA

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib (generic of CELEBREX) caps 50mg, 100mg, 200mg, 400mg</i>	Preferred	
<i>diclofenac potassium tabs 50mg</i>	Preferred	
<i>diclofenac sodium tb24 100mg; tbec 25mg, 50mg, 75mg</i>	Preferred	
<i>etodolac caps 200mg, 300mg; tabs 500mg; tb24 400mg, 500mg, 600mg</i>	Preferred	
<i>etodolac (generic of LODINE) tabs 400mg</i>	Preferred	
<i>flurbiprofen tabs 100mg</i>	Preferred	
<i>ibuprofen caps 200mg; chew 100mg; susp 50mg/1.25ml; tabs 200mg</i>	Preferred	OTC
<i>ibuprofen tabs 400mg, 600mg, 800mg</i>	Preferred	
<i>indomethacin caps 25mg, 50mg; cpcr 75mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>indomethacin supp 50mg</i>	Preferred	
<i>indomethacin (generic of INDOCIN) susp 25mg/5ml</i>	Preferred	
<i>ketorolac tromethamine soln 30mg/ml, 60mg/2ml</i>	Preferred	
<i>ketorolac tromethamine tabs 10mg</i>	Preferred	QL (4 tabs every 1 day)
<i>meloxicam tabs 7.5mg, 15mg</i>	Preferred	
<i>nabumetone tabs 500mg, 750mg</i>	Preferred	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg</i>	Preferred	
<i>naproxen (generic of NAPROSYN) tabs 500mg</i>	Preferred	
<i>naproxen (generic of EC-NAPROSYN) tbec 375mg, 500mg</i>	Preferred	
<i>naproxen sodium caps 220mg; tabs 220mg</i>	Preferred	OTC
<i>naproxen sodium tabs 275mg</i>	Preferred	
<i>naproxen sodium (generic of ANAPROX DS) tabs 550mg</i>	Preferred	
<i>sulindac tabs 150mg, 200mg</i>	Preferred	

PYRIMIDINE SYNTHESIS INHIBITORS

<i>leflunomide (generic of ARAVA) tabs 10mg, 20mg</i>	Preferred	
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SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL SOLN 25MG/0.5ML; SOSY 25MG/0.5ML, 50MG/ML	Preferred-PA SP, PA	
ENBREL MINI SOCT 50MG/ML	Preferred-PA SP, PA	
ENBREL SURECLICK SOAJ 50MG/ML	Preferred-PA SP, PA	

ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-300 mg</i>	Preferred	QL (6 tabs every 1 day)
<i>butalbital-acetaminophen tab 50-325 mg</i>	Preferred	
<i>butalbital-acetaminophen-caffeine cap 50-300-40 mg (generic of FIORICET)</i>	Preferred	
<i>butalbital-acetaminophen-caffeine cap 50-325-40 mg</i>	Preferred	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Preferred	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Preferred	

ANALGESICS OTHER

<i>acetaminophen caps 500mg; chew 80mg, 160mg; liqd 160mg/5ml; soln 160mg/5ml, 325mg/10.15ml, 650mg/20.3ml; supp 120mg, 650mg; susp 160mg/5ml; tabs 325mg, 500mg</i>	Preferred	OTC
FEVERALL JUNIOR STRENGTH SUPP 325MG	Preferred	OTC

SALICYLATES

<i>aspirin chew 81mg; tabs 325mg; tbec 81mg, 325mg</i>	Preferred	OTC
ASPIRIN SUPP 300MG	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	Preferred	OTC
<i>diflunisal tabs 500mg</i>	Preferred	
<i>salsalate tabs 500mg, 750mg</i>	Preferred	

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

CODEINE SULFATE TABS 15MG	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
<i>codeine sulfate tabs 30mg</i>	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
CODEINE SULFATE TABS 60MG	Preferred	PA, QL (6 tabs every 1 day), AGE (Min 18)
<i>hydromorphone hcl (generic of DILAUDID) liqd 1mg/ml; tabs 2mg, 4mg, 8mg</i>	Preferred	PA
HYDROMORPHONE HCL SUPP 3MG	Preferred	PA
<i>morphine sulfate soln 10mg/5ml, 20mg/5ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg</i>	Preferred	PA
<i>morphine sulfate (generic of MS CONTIN) tbcr 15mg, 30mg, 60mg</i>	Preferred-PA	PA, QL (3 tabs every 1 day)
<i>morphine sulfate tbcr 100mg, 200mg</i>	Preferred-PA	PA, QL (3 tabs every 1 day)
<i>oxycodone hcl caps 5mg; conc 20mg/ml; soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred	PA
<i>oxycodone hcl (generic of ROXICODONE) tabs 15mg, 30mg</i>	Preferred	PA
<i>tramadol hcl tabs 50mg</i>	Preferred	PA, QL (8 tabs every 1 day), AGE (Min 18)

OPIOID COMBINATIONS

<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred	PA, QL (150 mL every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred	PA, QL (12 tabs every 1 day), AGE (Min 18)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred	PA, QL (6 tabs every 1 day), AGE (Min 18)
<i>butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg</i>	Preferred	PA, QL (6 caps every 1 day), AGE (Min 18)
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred	PA, QL (184 mL every 1 day)
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Preferred	PA
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred	PA, QL (13 tabs every 1 day)
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred	PA, QL (12 tabs every 1 day)
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	Preferred	PA
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i>	Preferred	PA
<i>hydrocodone-ibuprofen tab 10-200 mg</i>	Preferred	PA
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Preferred	PA, QL (61 mL every 1 day)
<i>oxycodone w/ acetaminophen tab 2.5-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 5-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i> (generic of PERCOCET)	Preferred	PA, QL (12 tabs every 1 day)

OPIOID PARTIAL AGONISTS

BRIXADI SOSY 8MG/0.16ML, 16MG/0.32ML, 24MG/0.48ML, 32MG/0.64ML, 64MG/0.18ML, 96MG/0.27ML, 128MG/0.36ML	Preferred	
<i>buprenorphine hcl soln .3mg/ml</i>	Preferred	PA
<i>buprenorphine hcl subl 2mg, 8mg</i>	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg</i> (base equiv) (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i> (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg</i> (base equiv) (generic of SUBOXONE)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg</i> (base equiv)	Preferred	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred	
<i>butorphanol tartrate soln 1mg/ml, 2mg/ml</i>	Preferred	PA
<i>nalbuphine hcl soln 10mg/ml, 20mg/ml</i>	Preferred	PA
SUBLOCADE SOSY 100MG/0.5ML, 300MG/1.5ML	Preferred	
SUBOXONE MIS 2-0.5MG	Preferred	
SUBOXONE MIS 4-1MG	Preferred	
SUBOXONE MIS 8-2MG	Preferred	
SUBOXONE MIS 12-3MG	Preferred	
ZUBSOLV SUB 0.7-0.18	Preferred	
ZUBSOLV SUB 1.4-0.36	Preferred	
ZUBSOLV SUB 2.9-0.71	Preferred	
ZUBSOLV SUB 5.7-1.4	Preferred	
ZUBSOLV SUB 8.6-2.1	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ZUBSOLV SUB 11.4-2.9	Preferred	
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
<i>hydrocortisone (intrarectal) (generic of CORTENEMA) enem 100mg/60ml</i>	Preferred	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Preferred	
<i>phenylephrine-cocoa butter suppos 0.25-88.44%</i>	Preferred	OTC
<i>phenylephrine-mineral oil-petrolatum oint 0.25-14-74.9%</i>	Preferred	OTC
<i>pramox-pe-glycerin-petrolatum perianal cream 1-0.25-14.4-15%</i>	Preferred	OTC
RECTAL LOCAL ANESTHETICS		
<i>dibucaine (rectal) oint 1%</i>	Preferred	OTC
<i>pramoxine hcl (rectal) foam 1%</i>	Preferred	OTC
PROCTOFOAM FOAM 1%	Preferred	OTC
RECTAL STEROIDS		
<i>hydrocortisone (rectal) crea 1%</i>	Preferred	
<i>hydrocortisone (rectal) (generic of ANUSOL-HC) crea 2.5%</i>	Preferred	
<i>hydrocortisone acetate (rectal) supp 25mg</i>	Preferred	
ANTACIDS - DRUGS FOR ULCERS AND STOMACH ACID		
ANTACID COMBINATIONS		
<i>alum & mag hydroxide-simethicone chew tab 200-200-25 mg</i>	Preferred	OTC
<i>alum & mag hydroxide-simethicone susp 200-200-20 mg/5ml</i>	Preferred	OTC
ANTACIDS - ALUMINUM SALTS		
ALUMINUM HYDROXIDE SUSP 320MG/5ML	Preferred	OTC
ANTACIDS - BICARBONATE		
<i>sodium bicarbonate (antacid) tabs 325mg, 650mg</i>	Preferred	OTC
ANTACIDS - CALCIUM SALTS		
CALCIUM CARBONATE SUSP 1250MG/5ML	Preferred	OTC
<i>calcium carbonate (antacid) chew 500mg</i>	Preferred	OTC
ANTACIDS - MAGNESIUM SALTS		
<i>magnesium oxide tabs 400mg</i>	Preferred	OTC
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>praziquantel tabs 600mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole tabs 125mg, 250mg, 500mg</i>	Preferred	
NEBUPENT SOLR 300MG	Preferred	
<i>pentamidine isethionate (generic of NEBUPENT) solr 300mg</i>	Preferred	
<i>trimethoprim tabs 100mg</i>	Preferred	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg (generic of BACTRIM)</i>	Preferred	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg (generic of BACTRIM DS)</i>	Preferred	
ANTIPROTOZOAL AGENTS		
<i>atovaquone (generic of MEPRON) susp 750mg/5ml</i>	Preferred	
CARBAPENEMS		
<i>ertapenem sodium solr 1gm</i>	Preferred	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Preferred	
<i>imipenem-cilastatin intravenous for soln 500 mg (generic of PRIMAXIN IV)</i>	Preferred	
MEROP/NAACL INJ 1GM/50ML	Preferred	
MEROP/NAACL INJ 500/50ML	Preferred	
<i>meropenem solr 1gm, 500mg</i>	Preferred	
PRIMAXIN IV INJ 500MG	Preferred	
VABOMERE INJ 2GM(1-1)	Preferred	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate solr 1gm</i>	Preferred	
CYCLIC LIPOPEPTIDES		
<i>daptomycin (generic of DAPTOMYCIN) solr 350mg</i>	Preferred	
DAPTOMYCIN SOLR 350MG, 500MG	Preferred	
<i>daptomycin solr 500mg</i>	Preferred	
GLYCOPEPTIDES		
DALVANCE SOLR 500MG	Preferred	
ORBACTIV SOLR 400MG	Preferred	
VANCOMYC/D5W INJ 1.25/250	Preferred	
VANCOMYC/D5W INJ 1GM	Preferred	
VANCOMYC/D5W INJ 500MG	Preferred	
VANCOMYC/D5W INJ 750MG	Preferred	
VANCOMYCIN SOLN 2000MG/400ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>vancomycin hcl</i> (generic of VANCOCIN) caps 125mg	Preferred	QL (80 caps every 135 days)
<i>vancomycin hcl</i> (generic of VANCOCIN) caps 250mg	Preferred	QL (160 caps every 135 days)
<i>vancomycin hcl</i> (generic of VANCOMYCIN HYDROCHLORIDE) solr 1.25gm, 1.5gm, 750mg	Preferred	
<i>vancomycin hcl</i> solr 1gm, 1.5gm, 5gm, 10gm, 500mg	Preferred	
<i>vancomycin hcl</i> (generic of FIRVANQ) solr 25mg/ml, 50mg/ml, 250mg/5ml	Preferred	QL (1800 mL every 135 days)
VANCOMYCIN HYDROCHLORIDE SOLN 500MG/100ML, 750MG/150ML, 1000MG/200ML, 1250MG/250ML, 1500MG/300ML, 1750MG/350ML; SOLR 1GM, 1.25GM, 1.5GM, 5GM, 10GM, 500MG, 750MG	Preferred	
VANCOMYCIN INJ 1 GM	Preferred	
VANCOMYCIN INJ 500MG	Preferred	
VANCOMYCIN INJ 750MG	Preferred	
VIBATIV SOLR 750MG	Preferred	

LEPROSTATICS

<i>dapsone tabs</i> 25mg, 100mg	Preferred	
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LINCOSAMIDES

CLEOCIN PHOSPHATE SOLN 9GM/60ML, 300MG/2ML, 600MG/4ML, 900MG/6ML	Preferred	
<i>clindamycin hcl</i> (generic of CLEOCIN) caps 75mg	Preferred	
<i>clindamycin hcl</i> caps 150mg, 300mg	Preferred	
<i>clindamycin palmitate hydrochloride</i> (generic of CLEOCIN PEDIATRIC GRANULE) solr 75mg/5ml	Preferred	
<i>clindamycin phosphate</i> (generic of CLEOCIN PHOSPHATE) soln 300mg/2ml, 600mg/4ml, 900mg/6ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 300 mg/50ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 600 mg/50ml	Preferred	
<i>clindamycin phosphate in d5w iv soln</i> 900 mg/50ml	Preferred	
CLINDMYC/NAC INJ 300/50ML	Preferred	
CLINDMYC/NAC INJ 600/50ML	Preferred	
CLINDMYC/NAC INJ 900/50ML	Preferred	
LINCOCIN SOLN 300MG/ML	Preferred	
<i>lincomycin hcl</i> (generic of LINCOCIN) soln 300mg/ml	Preferred	

MONOBACTAMS

AZACTAM SOLR 1GM, 2GM	Preferred	
<i>aztreonam</i> (generic of AZACTAM) solr 1gm, 2gm	Preferred	

OXAZOLIDINONES

<i>linezolid</i> (generic of ZYVOX) soln 600mg/300ml	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
LINEZOLID INJ 2MG/ML	Preferred	
SIVEXTRO SOLR 200MG	Preferred	
ZYVOX SOLN 200MG/100ML, 600MG/300ML	Preferred	

POLYMYXINS

<i>colistimethate sodium</i> (generic of COLY-MYCIN M) <i>solr 150mg</i>	Preferred	
COLY-MYCIN M SOLR 150MG	Preferred	
<i>polymyxin b sulfate solr 500000unit</i>	Preferred	

URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS

<i>fosfomycin tromethamine pack 3gm</i>	Preferred	
<i>methenamine hippurate</i> (generic of HIPREX) <i>tabs 1gm</i>	Preferred	
<i>methenamine mandelate tabs .5gm, 1gm</i>	Preferred	
<i>nitrofurantoin susp 25mg/5ml, 50mg/10ml</i>	Preferred	
NITROFURANTOIN SUSP 50MG/5ML	Preferred	
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) <i>caps 25mg</i>	Preferred	QL (4 caps every 1 day)
<i>nitrofurantoin macrocrystal</i> (generic of MACRODANTIN) <i>caps 50mg, 100mg</i>	Preferred	
<i>nitrofurantoin monohyd macro</i> (generic of MACROBID) <i>caps 100mg</i>	Preferred	

ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS

NITRATES

<i>isosorbide dinitrate</i> (generic of ISORDIL TITRADOSE) <i>tabs 5mg, 40mg</i>	Preferred	
<i>isosorbide dinitrate tabs 10mg, 20mg, 30mg</i>	Preferred	
ISOSORBIDE MONONITRATE TABS 10MG, 20MG	Preferred	
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	Preferred	
NITRO-BID OINT 2%	Preferred	
<i>nitroglycerin cpcr 2.5mg, 6.5mg, 9mg; pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	Preferred	
<i>nitroglycerin</i> (generic of NITROSTAT) <i>subl .3mg, .4mg, .6mg</i>	Preferred	

ANTIANSXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTIANSXIETY AGENTS - MISC.

<i>bupirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg</i>	Preferred	
<i>hydroxyzine hcl syrps 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	Preferred	
<i>hydroxyzine pamoate caps 25mg, 50mg, 100mg</i>	Preferred	

BENZODIAZEPINES

<i>alprazolam</i> (generic of XANAX) <i>tabs .25mg, .5mg, 1mg, 2mg</i>	Preferred	PA
ALPRAZOLAM INTENSOL CONC 1MG/ML	Preferred	PA

Drug Name	Drug Tier	Requirements/Limits
ATIVAN SOLN 2MG/ML	Preferred	PA
<i>chlordiazepoxide hcl caps 5mg, 10mg, 25mg</i>	Preferred	PA
<i>clorazepate dipotassium tabs 3.75mg, 7.5mg, 15mg</i>	Preferred	PA
<i>diazepam conc 5mg/ml; soln 5mg/5ml</i>	Preferred	PA
<i>diazepam (generic of VALIUM) tabs 2mg, 5mg, 10mg</i>	Preferred	PA
<i>lorazepam conc 2mg/ml</i>	Preferred	PA
<i>lorazepam (generic of ATIVAN) soln 2mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred	PA
<i>oxazepam caps 10mg, 15mg, 30mg</i>	Preferred	PA

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate (generic of NORPACE) caps 100mg, 150mg</i>	Preferred	
NORPACE CR CP12 100MG, 150MG	Preferred	
<i>quinidine gluconate tbcr 324mg</i>	Preferred	
<i>quinidine sulfate tabs 200mg, 300mg</i>	Preferred	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl caps 150mg, 200mg, 250mg</i>	Preferred	
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ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	Preferred	
<i>propafenone hcl tabs 150mg, 225mg, 300mg</i>	Preferred	

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl tabs 100mg, 200mg, 400mg</i>	Preferred	
<i>dofetilide (generic of TIKOSYN) caps 125mcg, 250mcg, 500mcg</i>	Preferred	SP

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium nebu 20mg/2ml</i>	Preferred	
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ANTIASTHMATIC - MONOCLONAL ANTIBODIES

CINQAIR SOLN 100MG/10ML	Preferred-PA SP, PA
FASENRA SOSY 10MG/0.5ML, 30MG/ML	Preferred-PA SP, PA
FASENRA PEN SOAJ 30MG/ML	Preferred-PA SP, PA
NUCALA SOAJ 100MG/ML; SOLR 100MG; SOSY 40MG/0.4ML, 100MG/ML	Preferred-PA SP, PA
TEZSPIRE SOAJ 210MG/1.91ML	Preferred-PA SP, PA
TEZSPIRE SOSY 210MG/1.91ML	Preferred-PA SP, PA, QL (1 syringe every 28 days)
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred-PA SP, PA

Drug Name	Drug Tier	Requirements/Limits
BRONCHODILATORS - ANTICHOLINERGICS		
ATROVENT HFA AERS 17MCG/ACT	Preferred	QL (26 gm every 30 days)
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Preferred	QL (1 blister every 1 day)
<i>ipratropium bromide soln .02%</i>	Preferred	
SPIRIVA HANDIHALER CAPS 18MCG	Preferred	QL (1 cap every 1 day)
SPIRIVA RESPIMAT AERS 1.25MCG/ACT	Preferred	QL (4 gm every 30 days), AGE (Min 6, Max 17)
SPIRIVA RESPIMAT AERS 2.5MCG/ACT	Preferred	QL (4 gm every 30 days)
<i>tiotropium bromide monohydrate</i> (generic of SPIRIVA HANDIHALER) caps 18mcg	Preferred	QL (1 cap every 1 day)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium</i> (generic of SINGULAIR) chew 4mg, 5mg; pack 4mg; tabs 10mg	Preferred	
<i>zafirlukast</i> (generic of ACCOLATE) tabs 10mg, 20mg	Preferred	
STEROID INHALANTS		
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 14 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 30 MET AEPB 110MCG/INH, 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 60 MET AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
ASMANEX TWISTHALER 120 ME AEPB 220MCG/INH	Preferred	QL (1 inhaler every 30 days)
<i>budesonide (inhalation)</i> (generic of PULMICORT) susp 1mg/2ml	Preferred	QL (2 mL every 1 day), AGE (Max 7)
<i>budesonide (inhalation)</i> (generic of PULMICORT) susp .25mg/2ml, .5mg/2ml	Preferred	QL (4 mL every 1 day), AGE (Max 7)
<i>fluticasone propionate (inhalation)</i> aepb 50mcg/act	Preferred	QL (3 inhalers every 30 days); Diskus
<i>fluticasone propionate (inhalation)</i> aepb 100mcg/act, 250mcg/act	Preferred	QL (4 inhalers every 30 days); Diskus
<i>fluticasone propionate hfa aero</i> 44mcg/act, 110mcg/act, 220mcg/act	Preferred	QL (2 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 90MCG/ACT	Preferred	QL (3 inhalers every 30 days)
PULMICORT FLEXHALER AEPB 180MCG/ACT	Preferred	QL (2 inhalers every 30 day)
SYMPATHOMIMETICS		
ADVAIR DISKU AER 100/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 250/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR DISKU AER 500/50	Preferred	QL (2 inhalations every 1 day)
ADVAIR HFA AER 45/21	Preferred	QL (12 gm every 30 days)
ADVAIR HFA AER 115/21	Preferred	QL (12 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ADVAIR HFA AER 230/21	Preferred	QL (12 gm every 30 days)
AIRDUO RESPI INH 55-14	Preferred	QL (1 inhaler every 30 days)
AIRDUO RESPI INH 113-14	Preferred	QL (1 inhaler every 30 days)
AIRDUO RESPI INH 232-14	Preferred	QL (1 inhaler every 30 days)
AIRSUPRA AER 90-80MCG	Preferred	
<i>albuterol sulfate aers 108mcg/act</i>	Preferred	QL (2 inhalers every 30 days)
<i>albuterol sulfate nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred	
ANORO ELLIPT AER 62.5-25	Preferred	QL (2 blisters every 1 day)
DULERA AER 50-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 100-5MCG	Preferred	QL (39 gm every 30 days)
DULERA AER 200-5MCG	Preferred	QL (13 gm every 30 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred	
SEREVENT DISKUS AEPB 50MCG/DOSE	Preferred	QL (2 inhalations every 1 day)
SYMBICORT AER 80-4.5	Preferred	QL (31 gm every 30 days)
SYMBICORT AER 160-4.5	Preferred	QL (31 gm every 30 days)
<i>terbutaline sulfate tabs 2.5mg, 5mg</i>	Preferred	

XANTHINES

THEO-24 CP24 100MG, 200MG, 300MG, 400MG	Preferred	
<i>theophylline elix 80mg/15ml; soln 80mg/15ml; tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	Preferred	

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred	
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DIRECT FACTOR XA INHIBITORS

ELIQUIS TABS 2.5MG	Preferred-PA PA, QL (2 tabs every 1 day)
ELIQUIS TABS 5MG	Preferred-PA PA, QL (74 tabs every 30 days)
ELIQUIS STARTER PACK TBPK 5MG	Preferred-PA PA, QL (74 tabs every 30 days)
XARELTO TABS 2.5MG, 15MG	Preferred-PA PA, QL (2 tabs every 1 day)
XARELTO TABS 10MG, 20MG	Preferred-PA PA, QL (1 tab every 1 day)
XARELTO STAR TAB 15/20MG	Preferred-PA PA, QL (51 tabs every 30 days)

HEPARINS AND HEPARINOID-LIKE AGENTS

<i>enoxaparin sodium (generic of LOVENOX) soln 300mg/3ml</i>	Preferred	QL (30 mL every 30 days)
<i>enoxaparin sodium (generic of LOVENOX) sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred	
<i>fondaparinux sodium (generic of ARIXTRA) soln 2.5mg/0.5ml</i>	Preferred	QL (15 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>fondaparinux sodium</i> (generic of ARIXTRA) <i>soln</i> 5mg/0.4ml	Preferred	QL (12 mL every 30 days)
<i>fondaparinux sodium</i> (generic of ARIXTRA) <i>soln</i> 7.5mg/0.6ml	Preferred	QL (18 mL every 30 days)
<i>fondaparinux sodium</i> (generic of ARIXTRA) <i>soln</i> 10mg/0.8ml	Preferred	QL (24 mL every 30 days)
FRAGMIN SOLN 10000UNIT/4ML, 95000UNIT/3.8ML	Preferred	
FRAGMIN SOSY 2500UNIT/0.2ML, 5000UNIT/0.2ML	Preferred	QL (12 mL every 30 days)
FRAGMIN SOSY 7500UNIT/0.3ML	Preferred	QL (18 mL every 30 days)
FRAGMIN SOSY 10000UNIT/ML, 12500UNIT/0.5ML, 15000UNIT/0.6ML	Preferred	QL (2 syringes every 1 day)
FRAGMIN SOSY 18000UNIT/0.72ML	Preferred	QL (43 mL every 30 days)
HEPARIN SODIUM SOLN 5000UNIT/ML; SOSY 5000UNIT/0.5ML	Preferred	
<i>heparin sodium</i> (<i>porcine</i>) <i>soln</i> 1000unit/ml, 5000unit/0.5ml, 5000unit/ml, 10000unit/ml, 20000unit/ml	Preferred	

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

ANTICONVULSANTS - BENZODIAZEPINES

<i>clonazepam</i> (generic of KLONOPIN) <i>tabs</i> .5mg, 1mg, 2mg	Preferred	PA
<i>diazepam</i> (<i>anticonvulsant</i>) <i>gel</i> 2.5mg, 10mg, 20mg	Preferred	

ANTICONVULSANTS - MISC.

BRIVIACT SOLN 50MG/5ML	Preferred	
<i>carbamazepine</i> <i>chew</i> 100mg, 200mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL) <i>susp</i> 100mg/5ml, 200mg/10ml; <i>tabs</i> 200mg	Preferred	
<i>carbamazepine</i> (generic of TEGRETOL-XR) <i>tb12</i> 100mg, 200mg, 400mg	Preferred	
<i>gabapentin</i> (generic of NEURONTIN) <i>caps</i> 100mg, 300mg, 400mg; <i>soln</i> 250mg/5ml, 300mg/6ml; <i>tabs</i> 600mg, 800mg	Preferred	
KEPPRA SOLN 500MG/5ML	Preferred	
<i>lacosamide</i> (generic of VIMPAT) <i>soln</i> 200mg/20ml	Preferred	
<i>lamotrigine</i> (generic of LAMICTAL CHEWABLE DISPERS) <i>chew</i> 5mg, 25mg	Preferred	
<i>lamotrigine</i> (generic of LAMICTAL) <i>tabs</i> 25mg, 100mg, 150mg, 200mg	Preferred	
LEVETIRACETA INJ 5MG/ML	Preferred	
LEVETIRACETA INJ 10MG/ML	Preferred	
LEVETIRACETA INJ 15MG/ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam</i> (generic of KEPPRA) <i>soln 100mg/ml; tabs 250mg, 500mg, 750mg, 1000mg</i>	Preferred	
<i>levetiracetam</i> (generic of KEPPRA) <i>soln 500mg/5ml</i>	Preferred	
<i>levetiracetam</i> (generic of KEPPRA XR) <i>tb24 500mg, 750mg</i>	Preferred	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i> (generic of LEVETIRACETAM)	Preferred	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i> (generic of LEVETIRACETAM)	Preferred	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i> (generic of LEVETIRACETAM)	Preferred	
<i>oxcarbazepine</i> (generic of TRILEPTAL) <i>susp 300mg/5ml; tabs 150mg, 300mg, 600mg</i>	Preferred	
<i>oxcarbazepine</i> (generic of OXTELLAR XR) <i>tb24 150mg, 300mg, 600mg</i>	Preferred	
<i>pregabalin</i> (generic of LYRICA) <i>caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred	
<i>primidone</i> (generic of MYSOLINE) <i>tabs 50mg, 250mg</i>	Preferred	
<i>primidone tabs 125mg</i>	Preferred	
<i>topiramate</i> (generic of TOPAMAX SPRINKLE) <i>cpsp 15mg, 25mg</i>	Preferred	
<i>topiramate cpsp 50mg</i>	Preferred	
<i>topiramate</i> (generic of TOPAMAX) <i>tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred	
VIMPAT SOLN 200MG/20ML	Preferred	
<i>zonisamide</i> (generic of ZONEGRAN) <i>caps 25mg, 100mg</i>	Preferred	
<i>zonisamide caps 50mg</i>	Preferred	
CARBAMATES		
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	Preferred	
XCOPRI PAK 12.5-25	Preferred	
XCOPRI PAK 50-100MG	Preferred	
XCOPRI PAK 100-150	Preferred	
XCOPRI PAK 150-200	Preferred	
HYDANTOINS		
CEREBYX SOLN 100MGPE/2ML, 500MGPE/10ML	Preferred	
<i>fosphenytoin sodium</i> (generic of CEREBYX) <i>soln 100mgpe/2ml, 500mgpe/10ml</i>	Preferred	
<i>phenytoin</i> (generic of DILANTIN INFATABS) <i>chew 50mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin</i> (generic of DILANTIN-125) <i>susp</i> <i>125mg/5ml</i>	Preferred	
<i>phenytoin sodium soln</i> <i>50mg/ml</i>	Preferred	
<i>phenytoin sodium extended</i> (generic of DILANTIN) <i>caps 100mg</i>	Preferred	
<i>phenytoin sodium extended caps</i> <i>200mg, 300mg</i>	Preferred	

SUCCINIMIDES

<i>ethosuximide</i> (generic of ZARONTIN) <i>caps 250mg;</i> <i>soln 250mg/5ml</i>	Preferred	
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VALPROIC ACID

<i>divalproex sodium</i> (generic of DEPAKOTE SPRINKLES) <i>csdr 125mg</i>	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE ER) <i>tb24</i> <i>250mg, 500mg</i>	Preferred	
<i>divalproex sodium</i> (generic of DEPAKOTE) <i>tbec</i> <i>125mg, 250mg, 500mg</i>	Preferred	
<i>valproate sodium soln</i> <i>100mg/ml, 500mg/5ml</i>	Preferred	
<i>valproate sodium soln</i> <i>250mg/5ml, 500mg/10ml</i>	Preferred	
<i>valproic acid caps</i> <i>250mg</i>	Preferred	

ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine tabs</i> <i>7.5mg, 45mg</i>	Preferred	
<i>mirtazapine</i> (generic of REMERON) <i>tabs 15mg,</i> <i>30mg</i>	Preferred	
<i>mirtazapine</i> (generic of REMERON SOLTAB) <i>tbdp</i> <i>15mg, 30mg, 45mg</i>	Preferred	

ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tabs</i> <i>75mg, 100mg</i>	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN SR) <i>tb12</i> <i>100mg, 150mg, 200mg</i>	Preferred	
<i>bupropion hcl</i> (generic of WELLBUTRIN XL) <i>tb24</i> <i>150mg, 300mg</i>	Preferred	
<i>bupropion hcl tb24</i> <i>450mg</i>	Preferred	QL (1 tab every 1 day)

GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID

ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred	SP
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MONOAMINE OXIDASE INHIBITORS (MAOIS)

<i>phenelzine sulfate</i> (generic of NARDIL) <i>tabs 15mg</i>	Preferred	
<i>tranylcypromine sulfate</i> (generic of PARNATE) <i>tabs</i> <i>10mg</i>	Preferred	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

<i>citalopram hydrobromide soln</i> <i>10mg/5ml</i>	Preferred	
<i>citalopram hydrobromide</i> (generic of CELEXA) <i>tabs</i> <i>10mg, 20mg, 40mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate soln 5mg/5ml</i>	Preferred	
<i>escitalopram oxalate (generic of LEXAPRO) tabs 5mg, 10mg, 20mg</i>	Preferred	
<i>fluoxetine hcl (generic of PROZAC) caps 10mg, 20mg, 40mg</i>	Preferred	
<i>fluoxetine hcl soln 20mg/5ml; tabs 10mg, 20mg</i>	Preferred	
<i>fluoxetine hcl (generic of FLUOXETINE HYDROCHLORIDE) tabs 60mg</i>	Preferred	
FLUOXETINE HYDROCHLORIDE TABS 60MG	Preferred	
<i>fluvoxamine maleate tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>paroxetine hcl susp 10mg/5ml</i>	Preferred	
<i>paroxetine hcl (generic of PAXIL) tabs 10mg, 20mg, 30mg, 40mg</i>	Preferred	
<i>sertraline hcl (generic of ZOLOFT) conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Preferred	
SEROTONIN MODULATORS		
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	Preferred	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>duloxetine hcl (generic of CYMBALTA) cpep 20mg, 30mg, 60mg</i>	Preferred	
<i>duloxetine hcl cpep 40mg</i>	Preferred	QL (2 caps every 1 day)
VENLAFAXINE BESYLATE ER TB24 112.5MG	Preferred	QL (1 tab every 1 day)
<i>venlafaxine hcl (generic of EFFEXOR XR) cp24 37.5mg, 75mg, 150mg</i>	Preferred	
<i>venlafaxine hcl tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred	
TRICYCLIC AGENTS		
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	Preferred	
<i>clomipramine hcl (generic of ANAFRANIL) caps 25mg, 50mg, 75mg</i>	Preferred	
<i>desipramine hcl (generic of NORPRAMIN) tabs 10mg, 25mg</i>	Preferred	
<i>desipramine hcl tabs 50mg, 75mg, 100mg, 150mg</i>	Preferred	
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	Preferred	
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	Preferred	
<i>nortriptyline hcl (generic of PAMELOR) caps 10mg, 25mg, 50mg, 75mg</i>	Preferred	
<i>nortriptyline hcl soln 10mg/5ml</i>	Preferred	
<i>protriptyline hcl tabs 5mg, 10mg</i>	Preferred	
<i>trimipramine maleate caps 25mg, 50mg, 100mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>miglitol tabs 25mg, 50mg, 100mg</i>	Preferred	
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred	
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 1.25-250 mg</i>	Preferred	
<i>glyburide-metformin tab 2.5-500 mg</i>	Preferred	
<i>glyburide-metformin tab 5-500 mg</i>	Preferred	
SITAG/METFOR TAB 50-500MG	Preferred	
SITAG/METFOR TAB 50-1000	Preferred	
BIGUANIDES		
<i>metformin hcl tabs 500mg, 850mg, 1000mg; tb24 500mg, 750mg</i>	Preferred	
DIABETIC OTHER		
BAQSIMI ONE PACK POWD 3MG/DOSE	Preferred	
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred	
<i>diazoxide (generic of PROGLYCEM) susp 50mg/ml</i>	Preferred	
<i>glucagon (rdna) kit 1mg</i>	Preferred	
GLUCAGON EMERGENCY KIT FO SOLR 1MG/ML	Preferred	
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred	
GVOKE KIT SOLN 1MG/0.2ML	Preferred	
GVOKE PFS SOSY 1MG/0.2ML	Preferred	
PROGLYCEM SUSP 50MG/ML	Preferred	
SM GLUCOSE CHW ORANGE	Preferred	OTC
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TABS 25MG, 50MG, 100MG	Preferred	QL (1 tab every 1 day)
TRADJENTA TABS 5MG	Preferred	QL (1 tab every 1 day)
INCRETIN MIMETIC AGENTS		
<i>liraglutide (generic of VICTOZA) sopn 6mg/ml</i>	Preferred	PA
RYBELSUS TABS 3MG, 7MG, 14MG	Preferred-PA	PA, QL (1 tab every 1 day)
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred	PA, QL (2 pens every 28 days)
VICTOZA SOPN 18MG/3ML	Preferred	PA
INSULIN		
HUMALOG SOCT 100UNIT/ML	Preferred	QL (30 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
HUMALOG KWIKPEN SOPN 200UNIT/ML	Preferred	QL (12 mL every 28 days)
HUMALOG MIX INJ 50/50KWP	Preferred	QL (30 mL every 28 days)
HUMALOG MIX INJ 75/25KWP	Preferred	QL (30 mL every 28 days)
HUMALOG MIX SUS 75/25	Preferred	QL (40 mL every 28 days)
HUMULIN INJ 70/30	Preferred	QL (40 mL every 28 days), OTC
HUMULIN INJ 70/30KWP	Preferred	QL (30 mL every 28 days), OTC
HUMULIN N SUSP 100UNIT/ML	Preferred	QL (40 mL every 28 days), OTC
HUMULIN N KWIKPEN SUPN 100UNIT/ML	Preferred	QL (30 mL every 28 days), OTC
HUMULIN R SOLN 100UNIT/ML	Preferred	QL (40 mL every 28 days), OTC
HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	Preferred	QL (40 mL every 28 days)
HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	Preferred	QL (24 mL every 28 days)
INSULIN ASPART SOLN 100UNIT/ML	Preferred	
INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	Preferred	
INSULIN ASPART PENFILL SOCT 100UNIT/ML	Preferred	
INSULIN DEGLUDEC SOLN 100UNIT/ML	Preferred	
INSULIN DEGLUDEC FLEXTUOC SOPN 100UNIT/ML, 200UNIT/ML	Preferred	
INSULIN LISP INJ PROTAMIN	Preferred	QL (30 pens every 28 days)
INSULIN LISPRO SOLN 100UNIT/ML	Preferred	QL (40 mL every 28 days)
INSULIN LISPRO JUNIOR KWI SOPN 100UNIT/ML	Preferred	QL (30 mL every 28 days)
INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML	Preferred	QL (30 mL every 28 days)
LANTUS SOLN 100UNIT/ML	Preferred	QL (30 mL every 28 days)
LANTUS SOLOSTAR SOPN 100UNIT/ML	Preferred	QL (30 mL every 28 days)
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl (generic of ACTOS) tabs 15mg, 30mg, 45mg</i>	Preferred	
MEGLITINIDE ANALOGUES		
<i>nateglinide tabs 60mg, 120mg</i>	Preferred	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TABS 5MG, 10MG	Preferred	QL (1 tab every 1 day)
INVOKANA TABS 100MG	Preferred	QL (2 tabs every 1 day)
INVOKANA TABS 300MG	Preferred	QL (1 tab every 1 day)
JARDIANCE TABS 10MG	Preferred	QL (2 tabs every 1 day)
JARDIANCE TABS 25MG	Preferred	QL (1 tab every 1 day)
SULFONYLUREAS		
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Preferred	
<i>glipizide tabs 2.5mg, 5mg, 10mg; tb24 2.5mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>glipizide</i> (generic of GLUCOTROL XL) <i>tb24</i> 5mg, 10mg	Preferred	
<i>glyburide</i> <i>tabs</i> 1.25mg, 2.5mg, 5mg	Preferred	
<i>glyburide</i> <i>micronized tabs</i> 1.5mg, 3mg, 6mg	Preferred	

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.

<i>bismuth subsalicylate</i> <i>chew</i> 262mg; <i>susp</i> 262mg/15ml, 525mg/30ml; <i>tabs</i> 262mg	Preferred	OTC
DERMACINRX CAP PROBISOL	Preferred	
DERMACINRX CAP PROBITRA	Preferred	
ENVIVE CAP 115MG	Preferred	OTC
LACTEROL CAP	Preferred	
MICROFLOR CAP	Preferred	OTC
PROBINATE CAP	Preferred	
PROBITROL CAP	Preferred	OTC
PROMEROL CAP	Preferred	OTC
QUAD-PROBIOT CAP	Preferred	OTC
RISAQUAD CAP	Preferred	OTC
RISAQUAD-2 CAP	Preferred	OTC

ANTIPERISTALTIC AGENTS

<i>diphenoxylate w/ atropine liq</i> 2.5-0.025 mg/5ml	Preferred	
<i>diphenoxylate w/ atropine tab</i> 2.5-0.025 mg (generic of LOMOTIL)	Preferred	
LOMOTIL TAB 2.5MG	Preferred	
<i>loperamide hcl caps</i> 2mg	Preferred	
<i>loperamide hcl caps</i> 2mg; <i>tabs</i> 2mg	Preferred	OTC

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

CHEMET CAPS 100MG	Preferred	
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OPIOID ANTAGONISTS

KLOXXADO LIQD 8MG/0.1ML	Preferred	QL (2 bottles every 30 days)
NALMEFENE HYDROCHLORIDE SOLN 1MG/ML	Preferred	
<i>naloxone hcl liqd</i> 4mg/0.1ml	Preferred	OTC
<i>naloxone hcl liqd</i> 4mg/0.1ml; <i>soct</i> .4mg/ml; <i>soln</i> .4mg/ml, 4mg/10ml; <i>sosy</i> .4mg/ml, 2mg/2ml	Preferred	
<i>naltrexone hcl tabs</i> 50mg	Preferred	
NARCAN LIQD 4MG/0.1ML	Preferred	
NARCAN LIQD 4MG/0.1ML	Preferred	OTC
OPVEE SOLN 2.7MG/0.1ML	Preferred	
REXTOVY LIQD 4MG/0.25ML	Preferred	
VIVITROL SUSR 380MG	Preferred	
ZIMHI SOSY 5MG/0.5ML	Preferred	QL (2 syringes every 30 days)

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING		
5-HT3 RECEPTOR ANTAGONISTS		
<i>ondansetron tbdp 4mg, 8mg, 16mg</i>	Preferred	
<i>ondansetron hcl soln 4mg/5ml</i>	Preferred	QL (50 mL every 15 days)
<i>ondansetron hcl tabs 4mg, 8mg, 24mg</i>	Preferred	
ANTIEMETICS - ANTICHOLINERGIC		
<i>dimenhydrinate tabs 50mg</i>	Preferred	OTC
<i>meclizine hcl chew 25mg</i>	Preferred	OTC
<i>meclizine hcl tabs 12.5mg, 25mg, 50mg</i>	Preferred	
<i>scopolamine pt72 1mg/3days</i>	Preferred	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant caps 40mg</i>	Preferred	QL (1 cap every 21 days)
<i>aprepitant (generic of EMEND BIPACK) caps 80mg</i>	Preferred	QL (2 caps every 14 days)
<i>aprepitant caps 125mg</i>	Preferred	QL (1 cap every 14 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred	QL (3 tabs every 14 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>griseofulvin microsize susp 125mg/5ml; tabs 500mg</i>	Preferred	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	Preferred	
<i>nystatin tabs 500000unit</i>	Preferred	
<i>terbinafine hcl tabs 250mg</i>	Preferred	QL (90 tabs every year)
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole susr 10mg/ml; tabs 50mg, 200mg</i>	Preferred	
<i>fluconazole (generic of DIFLUCAN) susr 40mg/ml; tabs 100mg, 150mg</i>	Preferred	
<i>itraconazole (generic of SPORANOX) caps 100mg</i>	Preferred	
<i>ketoconazole tabs 200mg</i>	Preferred	
ANTIHIISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHIISTAMINES - ALKYLAMINES		
<i>chlorpheniramine maleate syrp 2mg/5ml; tabs 4mg</i>	Preferred	OTC
ANTIHIISTAMINES - ETHANOLAMINES		
<i>DAYHIST ALLERGY 12 HOUR R TABS 1.34MG</i>	Preferred	OTC
<i>diphenhydramine hcl caps 25mg, 50mg; liqd 12.5mg/5ml, 25mg/10ml; tabs 25mg</i>	Preferred	OTC
<i>diphenhydramine hcl elix 12.5mg/5ml</i>	Preferred	
ANTIHIISTAMINES - NON-SEDATING		
<i>cetirizine hcl caps 10mg; chew 5mg, 10mg; soln 1mg/ml, 5mg/5ml; syrp 1mg/ml; tabs 5mg, 10mg</i>	Preferred	OTC
<i>cetirizine hcl soln 1mg/ml</i>	Preferred	
<i>fexofenadine hcl tabs 60mg, 180mg</i>	Preferred	OTC
<i>levocetirizine dihydrochloride tabs 5mg</i>	Preferred	
<i>levocetirizine dihydrochloride tabs 5mg</i>	Preferred	OTC
<i>loratadine soln 5mg/5ml; tabs 10mg; tbdp 10mg</i>	Preferred	OTC

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl soln 6.25mg/5ml, 12.5mg/10ml; supp 12.5mg, 25mg, 50mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	Preferred	
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL		
BILE ACID SEQUESTRANTS		
<i>cholestyramine (generic of QUESTRAN) pack 4gm; powd 4gm/dose</i>	Preferred	
<i>cholestyramine light pack 4gm</i>	Preferred	
<i>cholestyramine light (generic of QUESTRAN LIGHT) powd 4gm/dose</i>	Preferred	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cpdr 45mg, 135mg</i>	Preferred	
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 54mg, 120mg, 160mg</i>	Preferred	
<i>fenofibrate (generic of TRICOR) tabs 48mg, 145mg</i>	Preferred	
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	Preferred	
<i>gemfibrozil (generic of LOPID) tabs 600mg</i>	Preferred	
HMG COA REDUCTASE INHIBITORS		
<i>atorvastatin calcium (generic of LIPITOR) tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred	QL (2 tabs every 1 day)
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>rosuvastatin calcium (generic of CRESTOR) tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin tabs 5mg, 80mg</i>	Preferred	QL (1 tab every 1 day)
<i>simvastatin (generic of ZOCOR) tabs 10mg, 20mg, 40mg</i>	Preferred	QL (1 tab every 1 day)
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe (generic of ZETIA) tabs 10mg</i>	Preferred	QL (1 tab every 1 day)
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
<i>benazepril hcl tabs 5mg</i>	Preferred	
<i>benazepril hcl (generic of LOTENSIN) tabs 10mg, 20mg, 40mg</i>	Preferred	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>enalapril maleate (generic of VASOTEC) tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril</i> (generic of ZESTRIL) <i>tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred	
<i>moexipril hcl tabs 7.5mg, 15mg</i>	Preferred	
<i>quinapril hcl</i> (generic of ACCUPRIL) <i>tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred	
<i>ramipril caps 1.25mg, 5mg</i>	Preferred	
<i>ramipril</i> (generic of ALTACE) <i>caps 2.5mg, 10mg</i>	Preferred	
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	Preferred	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSEER CAPS 250MG	Preferred	SP
<i>metyrosine</i> (generic of DEMSEER) <i>caps 250mg</i>	Preferred	SP
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>irbesartan tabs 75mg</i>	Preferred	
<i>irbesartan</i> (generic of AVAPRO) <i>tabs 150mg, 300mg</i>	Preferred	
<i>losartan potassium</i> (generic of COZAAR) <i>tabs 25mg, 50mg, 100mg</i>	Preferred	
<i>valsartan soln 4mg/ml</i>	Preferred	
<i>valsartan</i> (generic of DIOVAN) <i>tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine</i> (generic of CATAPRES-TTS-1) <i>ptwk .1mg/24hr</i>	Preferred	
<i>clonidine</i> (generic of CATAPRES-TTS-2) <i>ptwk .2mg/24hr</i>	Preferred	
<i>clonidine</i> (generic of CATAPRES-TTS-3) <i>ptwk .3mg/24hr</i>	Preferred	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	Preferred	
<i>doxazosin mesylate</i> (generic of CARDURA) <i>tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred	
<i>guanfacine hcl tabs 1mg, 2mg</i>	Preferred	
<i>methyldopa tabs 250mg, 500mg</i>	Preferred	
<i>prazosin hcl caps 1mg, 2mg, 5mg</i>	Preferred	
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Preferred	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i> (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i> (generic of LOTREL)	Preferred	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	Preferred	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i> (generic of LOTREL)	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-benazepril hcl cap 10-40 mg (generic of LOTREL)</i>	Preferred	
<i>atenolol & chlorthalidone tab 50-25 mg (generic of TENORETIC 50)</i>	Preferred	
<i>atenolol & chlorthalidone tab 100-25 mg (generic of TENORETIC 100)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>benazepril & hydrochlorothiazide tab 20-25 mg (generic of LOTENSIN HCT)</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Preferred	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Preferred	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Preferred	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg (generic of VASERETIC)</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred	
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg (generic of AVALIDE)</i>	Preferred	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg (generic of AVALIDE)</i>	Preferred	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg (generic of ZESTORETIC)</i>	Preferred	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg (generic of ZESTORETIC)</i>	Preferred	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg (generic of ZESTORETIC)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg (generic of HYZAAR)</i>	Preferred	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg (generic of HYZAAR)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Preferred	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Preferred	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i> (generic of ACCURETIC)	Preferred	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i> (generic of ACCURETIC)	Preferred	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Preferred	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Preferred	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i> (generic of DIOVAN HCT)	Preferred	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i> (generic of DIOVAN HCT)	Preferred	

VASODILATORS

<i>hydralazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>minoxidil tabs 2.5mg, 10mg</i>	Preferred	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

ANTIMALARIAL COMBINATIONS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i> (generic of MALARONE)	Preferred	
<i>atovaquone-proguanil hcl tab 250-100 mg</i> (generic of MALARONE)	Preferred	

ANTIMALARIALS - DRUGS TO TREAT MALARIA

<i>chloroquine phosphate tabs 250mg</i>	Preferred	QL (36 tabs every 16 days)
<i>chloroquine phosphate tabs 500mg</i>	Preferred	QL (18 tabs every 16 days)
<i>hydroxychloroquine sulfate tabs 100mg</i>	Preferred	QL (6 tabs every 1 day)
<i>hydroxychloroquine sulfate</i> (generic of PLAQUENIL) <i>tabs 200mg</i>	Preferred	QL (100 tabs every 30 days)
<i>hydroxychloroquine sulfate tabs 300mg, 400mg</i>	Preferred	QL (2 tabs every 1 day)
<i>mefloquine hcl tabs 250mg</i>	Preferred	
PRIMAQUINE PHOSPHATE TABS 26.3MG	Preferred	
<i>primaquine phosphate</i> (generic of PRIMAQUINE PHOSPHATE) <i>tabs 26.3mg</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
<i>pyridostigmine bromide</i> (generic of MESTINON) <i>soln 60mg/5ml; tabs 60mg</i>	Preferred	
<i>pyridostigmine bromide tabs 30mg</i>	Preferred	
<i>pyridostigmine bromide</i> (generic of MESTINON TIMESPAN) <i>tblcr 180mg</i>	Preferred	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine caps 250mg</i>	Preferred	
<i>ethambutol hcl tabs 100mg, 400mg</i>	Preferred	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	Preferred	
PRIFTIN TABS 150MG	Preferred	
<i>pyrazinamide tabs 500mg</i>	Preferred	
<i>rifabutin caps 150mg</i>	Preferred	
RIFADIN SOLR 600MG	Preferred	
<i>rifampin caps 150mg, 300mg</i>	Preferred	
<i>rifampin</i> (generic of RIFADIN) <i>solr 600mg</i>	Preferred	
TRECTOR TABS 250MG	Preferred	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide caps 25mg, 50mg</i>	Preferred	
CYCLOPHOSPHAMIDE TABS 50MG	Preferred	
<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred	SP
ANTIMETABOLITES		
<i>mercaptopurine tabs 50mg</i>	Preferred	
<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml, 1000mg/40ml</i>	Preferred	SP
<i>methotrexate sodium tabs 2.5mg</i>	Preferred	
TREXALL TABS 5MG, 7.5MG, 10MG, 15MG	Preferred	
ANTINEOPLASTIC - ANTIBODIES		
POTELIGEO SOLN 20MG/5ML	Preferred	SP
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tabs 25mg, 150mg</i>	Preferred	SP
<i>erlotinib hcl</i> (generic of TARCEVA) <i>tabs 100mg</i>	Preferred	SP
<i>gefitinib</i> (generic of IRESSA) <i>tabs 250mg</i>	Preferred	SP
IRESSA TABS 250MG	Preferred	SP
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAPS 150MG	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate</i> (generic of ZYTIGA) <i>tabs 250mg, 500mg</i>	Preferred	SP
<i>anastrozole</i> (generic of ARIMIDEX) <i>tabs 1mg</i>	Preferred	AGE (Min 40)
<i>bicalutamide</i> (generic of CASODEX) <i>tabs 50mg</i>	Preferred	
<i>exemestane</i> (generic of AROMASIN) <i>tabs 25mg</i>	Preferred	AGE (Min 40)
<i>letrozole</i> (generic of FEMARA) <i>tabs 2.5mg</i>	Preferred	AGE (Min 40)
LUPRON DEPOT (1-MONTH) KIT 3.75MG, 7.5MG	Preferred	SP
LUPRON DEPOT (3-MONTH) KIT 11.25MG, 22.5MG	Preferred	SP
LUPRON DEPOT (4-MONTH) KIT 30MG	Preferred	SP
LUPRON DEPOT (6-MONTH) KIT 45MG	Preferred	SP
LYSODREN TABS 500MG	Preferred	SP
<i>megestrol acetate susp 40mg/ml, 400mg/10ml, 800mg/20ml; tabs 20mg, 40mg</i>	Preferred	
<i>nilutamide</i> (generic of NILANDRON) <i>tabs 150mg</i>	Preferred	PA, QL (2 tabs every 1 day)
ORSERDU TABS 86MG, 345MG	Preferred	SP
SOLTAMOX SOLN 10MG/5ML	Preferred	
<i>tamoxifen citrate tabs 10mg, 20mg</i>	Preferred	
<i>toremifene citrate</i> (generic of FARESTON) <i>tabs 60mg</i>	Preferred	
ANTINEOPLASTIC ENZYME INHIBITORS		
CAPRELSA TABS 100MG	Preferred	SP, PA, QL (2 tabs every 1 day)
CAPRELSA TABS 300MG	Preferred	SP, PA, QL (1 tab every 1 day)
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred	SP
NEXAVAR TABS 200MG	Preferred	SP
<i>pazopanib hcl</i> (generic of VOTRIENT) <i>tabs 200mg</i>	Preferred	SP
<i>sorafenib tosylate</i> (generic of NEXAVAR) <i>tabs 200mg</i>	Preferred	SP
<i>sunitinib malate</i> (generic of SUTENT) <i>caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred	SP
SUTENT CAPS 12.5MG, 25MG, 37.5MG, 50MG	Preferred	SP
VOTRIENT TABS 200MG	Preferred	SP
ANTINEOPLASTICS MISC.		
<i>bexarotene</i> (generic of TARGRETIN) <i>caps 75mg</i>	Preferred	SP
<i>hydroxyurea</i> (generic of HYDREA) <i>caps 500mg</i>	Preferred	
MATULANE CAPS 50MG	Preferred	SP
<i>tretinoin (chemotherapy) caps 10mg</i>	Preferred	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>leucovorin calcium tabs 5mg, 10mg, 15mg, 25mg</i>	Preferred	
<i>mesna</i> (generic of MESNEX) <i>tabs 400mg</i>	Preferred	
MESNEX TABS 400MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
MITOTIC INHIBITORS		
<i>etoposide caps 50mg</i>	Preferred	
<i>paclitaxel conc 6mg/ml, 150mg/25ml</i>	Preferred	SP
TOPOISOMERASE I INHIBITORS		
<i>HYCAMTIN CAPS .25MG, 1MG</i>	Preferred	SP
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa (generic of LODOSYN) tabs 25mg</i>	Preferred	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tabs .5mg, 1mg, 2mg</i>	Preferred	
<i>trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg</i>	Preferred	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tabs 200mg</i>	Preferred	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred	
<i>bromocriptine mesylate (generic of PARLODEL) caps 5mg; tabs 2.5mg</i>	Preferred	
<i>carbidopa & levodopa tab 10-100 mg (generic of SINEMET)</i>	Preferred	
<i>carbidopa & levodopa tab 25-100 mg (generic of SINEMET)</i>	Preferred	
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Preferred	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Preferred	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg</i>	Preferred	
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg</i>	Preferred	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>selegiline hcl caps 5mg; tabs 5mg</i>	Preferred	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium soln 8meq/5ml</i>	Preferred	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbc 450mg</i>	Preferred	
<i>lithium carbonate (generic of LITHOBID) tbc 300mg</i>	Preferred	
ANTIPSYCHOTICS - MISC.		
<i>CAPLYTA CAPS 10.5MG, 21MG, 42MG</i>	Preferred	AGE (Min 8)
<i>lurasidone hcl (generic of LATUDA) tabs 20mg, 40mg, 60mg, 80mg, 120mg</i>	Preferred	AGE (Min 8)

Drug Name	Drug Tier	Requirements/Limits
VRAYLAR CAPS 1.5MG, 3MG, 4.5MG, 6MG	Preferred	AGE (Min 8)
<i>ziprasidone hcl</i> (generic of GEODON) <i>caps 20mg, 40mg, 60mg, 80mg</i>	Preferred	QL (2 caps every 1 day), AGE (Min 8)
BENZISOXAZOLES		
INVEGA HAFYERA SUSY 1092MG/3.5ML	Preferred-PA	ST, PA, QL (3.5 mL every 166 days), AGE (Min 18)
INVEGA HAFYERA SUSY 1560MG/5ML	Preferred-PA	ST, PA, QL (5 mL every 166 days), AGE (Min 18)
INVEGA SUSTENNA SUSY 39MG/0.25ML	Preferred-PA	PA, QL (0.25 mL every 21 days), AGE (Min 18)
INVEGA SUSTENNA SUSY 78MG/0.5ML, 117MG/0.75ML, 156MG/ML	Preferred-PA	PA, QL (0.75 mL every 21 days), AGE (Min 18)
INVEGA SUSTENNA SUSY 234MG/1.5ML	Preferred-PA	PA, QL (1.5 mL every 21 days), AGE (Min 18)
INVEGA TRINZA SUSY 273MG/0.88ML	Preferred-PA	ST, PA, QL (0.875 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 410MG/1.32ML	Preferred-PA	ST, PA, QL (1.32 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 546MG/1.75ML	Preferred-PA	ST, PA, QL (1.75 mL every 70 days), AGE (Min 18)
INVEGA TRINZA SUSY 819MG/2.63ML	Preferred-PA	ST, PA, QL (2.625 mL every 70 days), AGE (Min 18)
PERSERIS PRSY 90MG, 120MG	Preferred-PA	PA, AGE (Min 18)
<i>risperidone</i> (generic of RISPERDAL) <i>soln 1mg/ml</i>	Preferred	QL (8 mL every 1 day), AGE (Min 8)
<i>risperidone</i> (generic of RISPERDAL) <i>tabs .5mg, 1mg, 2mg, 3mg, 4mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>risperidone tabs .25mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
UZEDY SUSY 50MG/0.14ML, 75MG/0.21ML, 100MG/0.28ML, 125MG/0.35ML, 150MG/0.42ML, 200MG/0.56ML, 250MG/0.7ML	Preferred-PA	PA, AGE (Min 18)
BUTYROPHENONES		
HALDOL DECANOATE 50 SOLN 50MG/ML	Preferred	
HALDOL DECANOATE 100 SOLN 100MG/ML	Preferred	
<i>haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg</i>	Preferred	
<i>haloperidol decanoate soln 50mg/ml</i>	Preferred	
<i>haloperidol decanoate</i> (generic of HALDOL DECANOATE 100) <i>soln 100mg/ml</i>	Preferred	
<i>haloperidol lactate conc 2mg/ml</i>	Preferred	
<i>haloperidol lactate soln 5mg/ml</i>	Preferred	
DIBENZAPINES		
<i>clozapine</i> (generic of CLOZARIL) <i>tabs 25mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)

Drug Name	Drug Tier	Requirements/Limits
<i>clozapine tabs 50mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
<i>clozapine (generic of CLOZARIL) tabs 100mg</i>	Preferred	QL (9 tabs every 1 day), AGE (Min 8)
<i>clozapine tabs 200mg</i>	Preferred	QL (4 tabs every 1 day), AGE (Min 8)
<i>loxapine succinate caps 5mg, 10mg, 25mg, 50mg</i>	Preferred	AGE (Min 8)
<i>olanzapine (generic of ZYPREXA) tabs 2.5mg, 5mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>olanzapine tabs 7.5mg, 15mg; tbdp 5mg, 15mg, 20mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>olanzapine tabs 10mg; tbdp 10mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>olanzapine (generic of ZYPREXA) tabs 20mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL) tabs 25mg, 50mg, 100mg, 200mg, 300mg, 400mg</i>	Preferred	QL (3 tabs every 1 day), AGE (Min 8)
<i>quetiapine fumarate tabs 150mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL XR) tb24 50mg, 300mg, 400mg</i>	Preferred	QL (2 tabs every 1 day), AGE (Min 8)
<i>quetiapine fumarate (generic of SEROQUEL XR) tb24 150mg, 200mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)

PHENOTHIAZINES

<i>chlorpromazine hcl conc 30mg/ml, 100mg/ml; tabs 10mg, 25mg, 50mg, 100mg, 200mg</i>	Preferred	
<i>chlorpromazine hcl soln 25mg/ml, 50mg/2ml</i>	Preferred	
<i>fluphenazine decanoate soln 25mg/ml</i>	Preferred	
<i>fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg</i>	Preferred	
<i>perphenazine tabs 2mg, 4mg, 8mg, 16mg</i>	Preferred	
<i>prochlorperazine supp 25mg</i>	Preferred	
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Preferred	
<i>thioridazine hcl tabs 10mg, 25mg, 50mg, 100mg</i>	Preferred	
<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	Preferred	

QUINOLINONE DERIVATIVES

ABILIFY ASIMTUFII PRSY 720MG/2.4ML, 960MG/3.2ML	Preferred-PA	PA, AGE (Min 18)
ABILIFY MAINTENA PRSY 300MG, 400MG; SRER 300MG, 400MG	Preferred-PA	PA, QL (1 injection every 26 days), AGE (Min 18)
<i>aripiprazole (generic of ABILIFY) tabs 2mg, 5mg, 10mg, 15mg, 20mg, 30mg</i>	Preferred	QL (1 tab every 1 day), AGE (Min 8)
ARISTADA PRSY 441MG/1.6ML	Preferred-PA	PA, QL (1.6 mL every 14 days), AGE (Min 18)

Drug Name	Drug Tier	Requirements/Limits
ARISTADA PRSY 662MG/2.4ML	Preferred-PA	PA, QL (2.4 mL every 14 days), AGE (Min 18)
ARISTADA PRSY 882MG/3.2ML	Preferred-PA	PA, QL (3.2 mL every 14 days), AGE (Min 18)
ARISTADA PRSY 1064MG/3.9ML	Preferred-PA	PA, QL (3.9 mL every 14 days), AGE (Min 18)
ARISTADA INITIO PRSY 675MG/2.4ML	Preferred-PA	PA, AGE (Min 18)
REXULTI TABS .25MG, .5MG, 1MG, 2MG, 3MG, 4MG	Preferred	AGE (Min 8)

THIOXANTHENES

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	Preferred
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ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT

CHLORINE ANTISEPTICS

<i>chlorhexidine gluconate soln 4%</i>	Preferred	OTC
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IODINE ANTISEPTICS

BETADINE SOLN 10%	Preferred	OTC
DECOLORIZED IODINE TINC 48%	Preferred	OTC
GNP IODIDES TIN	Preferred	OTC
GNP IODINE TIN 2% MILD	Preferred	OTC
IODINE TIN 2% MILD	Preferred	OTC
LUGOLS SOL IODINE	Preferred	
<i>povidone-iodine soln 10%</i>	Preferred	OTC
QC IODIDES TIN	Preferred	OTC
QC IODINE TIN	Preferred	OTC
SM IODIDES TIN	Preferred	OTC

ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS

ANTIRETROVIRALS

<i>abacavir sulfate (generic of ZIAGEN) soln 20mg/ml</i>	Preferred	QL (32 mL every 1 day)
<i>abacavir sulfate tabs 300mg</i>	Preferred	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Preferred	QL (1 tab every 1 day)
APRETUDE SUER 600MG/3ML	Preferred	QL (21 mL every year)
APTIVUS CAPS 250MG	Preferred	QL (4 caps every 1 day)
<i>atazanavir sulfate caps 150mg</i>	Preferred	QL (2 caps every 1 day)
<i>atazanavir sulfate (generic of REYATAZ) caps 200mg</i>	Preferred	QL (2 caps every 1 day)
<i>atazanavir sulfate (generic of REYATAZ) caps 300mg</i>	Preferred	QL (1 cap every 1 day)
BIKTARVY TAB	Preferred	QL (1 tab every 1 day)
CABENUVA SUS 400-600	Preferred	QL (4 mL every 28 days)
CABENUVA SUS 600-900	Preferred	QL (6 mL every 28 days)
COMPLERA TAB	Preferred	QL (1 tab every 1 day)
<i>darunavir (generic of PREZISTA) tabs 600mg</i>	Preferred	QL (2 tabs every 1 day)
<i>darunavir (generic of PREZISTA) tabs 800mg</i>	Preferred	QL (1 tab every 1 day)
DELSTRIGO TAB	Preferred	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DESCOVY TAB 120-15MG	Preferred	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	Preferred	QL (1 tab every 1 day)
DOVATO TAB 50-300MG	Preferred	QL (1 tab every 1 day)
EDURANT TABS 25MG	Preferred	QL (1 tab every 1 day)
<i>efavirenz tabs 600mg</i>	Preferred	
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Preferred	QL (1 tab every 1 day)
<i>emtricitabine (generic of EMTRIVA) caps 200mg</i>	Preferred	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (generic of TRUVADA)</i>	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (generic of TRUVADA)</i>	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (generic of TRUVADA)</i>	Preferred	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (generic of TRUVADA)</i>	Preferred	QL (1 tab every 1 day)
EMTRIVA CAPS 200MG	Preferred	QL (1 cap every 1 day)
EMTRIVA SOLN 10MG/ML	Preferred	QL (850 mL every 30 days)
<i>etravirine (generic of INTELENCE) tabs 100mg</i>	Preferred	QL (4 tabs every 1 day)
<i>etravirine (generic of INTELENCE) tabs 200mg</i>	Preferred	QL (2 tabs every 1 day)
<i>fosamprenavir calcium tabs 700mg</i>	Preferred	QL (4 tabs every 1 day)
GENVOYA TAB	Preferred	QL (1 tab every 1 day)
INTELENCE TABS 25MG, 100MG	Preferred	QL (4 tabs every 1 day)
INTELENCE TABS 200MG	Preferred	QL (2 tabs every 1 day)
ISENTRESS CHEW 25MG, 100MG	Preferred	QL (6 tabs every 1 day)
ISENTRESS PACK 100MG	Preferred	QL (2 packets every 1 day)
ISENTRESS TABS 400MG	Preferred	QL (2 tabs every 1 day)
ISENTRESS HD TABS 600MG	Preferred	QL (2 tabs every 1 day)
JULUCA TAB 50-25MG	Preferred	
KALETRA TAB 100-25MG	Preferred	QL (10 tabs every 1 day)
KALETRA TAB 200-50MG	Preferred	QL (4 tabs every 1 day)
<i>lamivudine (generic of EPIVIR) soln 10mg/ml</i>	Preferred	QL (32 mL every 1 day)
<i>lamivudine (generic of EPIVIR) tabs 150mg</i>	Preferred	QL (2 tabs every 1 day)
<i>lamivudine (generic of EPIVIR) tabs 300mg</i>	Preferred	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Preferred	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg (generic of KALETRA)</i>	Preferred	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg (generic of KALETRA)</i>	Preferred	QL (4 tabs every 1 day)
<i>maraviroc (generic of SELZENTRY) tabs 150mg, 300mg</i>	Preferred	
<i>nevirapine susp 50mg/5ml</i>	Preferred	QL (40 mL every 1 day)
<i>nevirapine tabs 200mg</i>	Preferred	QL (2 tabs every 1 day)
<i>nevirapine tb24 400mg</i>	Preferred	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NORVIR PACK 100MG	Preferred	QL (12 packets every 1 day)
NORVIR TABS 100MG	Preferred	QL (12 tabs every 1 day)
ODEFSEY TAB	Preferred	QL (1 tab every 1 day)
PIFELTRO TABS 100MG	Preferred	
PREZCOBIX TAB 800-150	Preferred	
PREZISTA SUSP 100MG/ML	Preferred	QL (400 mL every 30 days)
PREZISTA TABS 75MG	Preferred	QL (16 tabs every 1 day)
PREZISTA TABS 150MG	Preferred	QL (8 tabs every 1 day)
PREZISTA TABS 600MG	Preferred	QL (2 tabs every 1 day)
PREZISTA TABS 800MG	Preferred	QL (1 tab every 1 day)
REYATAZ CAPS 200MG	Preferred	QL (2 caps every 1 day)
REYATAZ CAPS 300MG	Preferred	QL (1 cap every 1 day)
REYATAZ PACK 50MG	Preferred	QL (5 packets every 1 day)
<i>ritonavir</i> (generic of NORVIR) <i>tabs 100mg</i>	Preferred	QL (12 tabs every 1 day)
RUKOBIA TB12 600MG	Preferred	
SELZENTRY SOLN 20MG/ML	Preferred	
SUNLENCA SOLN 463.5MG/1.5ML; TBPK 300MG	Preferred-PA	PA
SYMFI LO TAB	Preferred	QL (1 tab every 1 day)
SYMFI TAB	Preferred	QL (1 tab every 1 day)
SYMTUZA TAB	Preferred	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate</i> (generic of VIREAD) <i>tabs 300mg</i>	Preferred	QL (1 tab every 1 day)
TIVICAY TABS 50MG	Preferred	QL (2 tabs every 1 day)
TIVICAY PD TBSO 5MG	Preferred	QL (6 tabs every 1 day)
TRIUMEQ PD TAB	Preferred	QL (6 tabs every 1 day)
TRIUMEQ TAB	Preferred	QL (1 tab every 1 day)
TROGARZO SOLN 200MG/1.33ML	Preferred-PA	PA
TRUVADA TAB 100-150	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 133-200	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 167-250	Preferred	QL (1 tab every 1 day)
TRUVADA TAB 200-300	Preferred	QL (1 tab every 1 day)
VIRACEPT TABS 250MG, 625MG	Preferred	
VIREAD POWD 40MG/GM	Preferred	QL (8 gm every 1 day)
VIREAD TABS 150MG, 200MG, 250MG, 300MG	Preferred	QL (1 tab every 1 day)
ZIAGEN SOLN 20MG/ML	Preferred	QL (32 mL every 1 day)
<i>zidovudine</i> (generic of RETROVIR) <i>caps 100mg</i>	Preferred	QL (6 caps every 1 day)
<i>zidovudine</i> (generic of RETROVIR) <i>syrp 50mg/5ml</i>	Preferred	QL (64 mL every 1 day)
<i>zidovudine tabs 300mg</i>	Preferred	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID TAB 150-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)
PAXLOVID TAB 300-100	Preferred	QL (30 tabs every 28 days), AGE (Min 12)

Drug Name	Drug Tier	Requirements/Limits
CMV AGENTS		
LIVTENCITY TABS 200MG	Preferred-PA	PA, QL (4 tabs every 1 day)
PREVYMIS TABS 240MG, 480MG	Preferred-PA	PA, QL (1 tab every 1 day)
valganciclovir hcl (generic of VALCYTE) tabs 450mg	Preferred	

HEPATITIS AGENTS		
entecavir (generic of BARACLUDE) tabs .5mg, 1mg	Preferred	QL (1 tab every 1 day)
MAVYRET PAK 50-20MG	Preferred	SP
MAVYRET TAB 100-40MG	Preferred	SP
ribavirin (hepatitis c) caps 200mg; tabs 200mg	Preferred	SP
SOFOS/VELPAT TAB 400-100	Preferred	SP

HERPES AGENTS		
acyclovir caps 200mg; susp 200mg/5ml, 800mg/20ml; tabs 400mg, 800mg	Preferred	
valacyclovir hcl (generic of VALTREX) tabs 1gm, 500mg	Preferred	

INFLUENZA AGENTS		
oseltamivir phosphate (generic of TAMIFLU) caps 30mg	Preferred	QL (168 caps every year)
oseltamivir phosphate (generic of TAMIFLU) caps 45mg, 75mg	Preferred	QL (84 caps every year)
oseltamivir phosphate (generic of TAMIFLU) susr 6mg/ml	Preferred	QL (1080 mL every year)
RELENZA DISKHALER AEPB 5MG/BLISTER	Preferred	QL (40 caps every 180 days)

MISC. ANTIVIRALS		
LAGEVRIO CAPS 200MG	Preferred	QL (40 caps every 29 days), AGE (Min 18)

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

ALPHA-BETA BLOCKERS		
carvedilol (generic of COREG) tabs 3.125mg, 6.25mg, 12.5mg, 25mg	Preferred	
labetalol hcl tabs 100mg, 200mg, 300mg, 400mg	Preferred	

BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl caps 200mg, 400mg	Preferred	
atenolol (generic of TENORMIN) tabs 25mg, 50mg, 100mg	Preferred	
betaxolol hcl tabs 10mg, 20mg	Preferred	
bisoprolol fumarate tabs 5mg, 10mg	Preferred	
metoprolol succinate (generic of TOPROL XL) tb24 25mg, 50mg, 100mg, 200mg	Preferred	
metoprolol tartrate tabs 25mg, 37.5mg, 75mg	Preferred	
metoprolol tartrate (generic of LOPRESSOR) tabs 50mg, 100mg	Preferred	

Drug Name	Drug Tier	Requirements/Limits
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOLN 4.28MG/ML	Preferred-PA	PA, QL (12 mL every 1 day), AGE (Max 1)
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred	
<i>pindolol tabs 5mg, 10mg</i>	Preferred	
<i>propranolol hcl (generic of INDERAL LA) cp24 60mg, 80mg, 120mg, 160mg</i>	Preferred	
<i>propranolol hcl soln 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred	
<i>sotalol hcl (generic of BETAPACE) tabs 80mg, 120mg, 160mg</i>	Preferred	
<i>sotalol hcl tabs 240mg</i>	Preferred	
<i>timolol maleate tabs 5mg, 10mg, 20mg</i>	Preferred	

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

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

<i>amlodipine besylate (generic of NORVASC) tabs 2.5mg, 5mg, 10mg</i>	Preferred	
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tabs 90mg</i>	Preferred	
<i>diltiazem hcl (generic of CARDIZEM) tabs 30mg, 60mg, 120mg</i>	Preferred	
<i>diltiazem hcl (generic of CARDIZEM LA) tb24 120mg, 180mg, 180mg/24hr, 240mg, 240mg/24hr, 300mg, 300mg/24hr, 360mg, 420mg</i>	Preferred	
<i>diltiazem hcl coated beads (generic of CARDIZEM CD) cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Preferred	
<i>diltiazem hcl extended release beads (generic of TIAZAC) cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred	
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	Preferred	
<i>nifedipine caps 10mg, 20mg; tb24 30mg, 60mg, 90mg</i>	Preferred	
<i>nifedipine (generic of PROCARDIA XL) tb24 30mg, 60mg, 90mg</i>	Preferred	
<i>nimodipine caps 30mg</i>	Preferred	
<i>verapamil hcl cp24 100mg, 200mg, 300mg, 360mg; tabs 40mg, 80mg, 120mg; tbc 120mg, 180mg, 240mg</i>	Preferred	
<i>verapamil hcl (generic of VERELAN) cp24 120mg, 180mg, 240mg</i>	Preferred	
VERAPAMIL HYDROCHLORIDE E CP24 100MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
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CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin soln .05mg/ml</i>	Preferred	
<i>digoxin (generic of LANOXIN) soln .25mg/ml</i>	Preferred	
<i>digoxin (generic of LANOXIN) tabs 125mcg, 250mcg</i>	Preferred	
LANOXIN SOLN .25MG/ML	Preferred	
LANOXIN PEDIATRIC SOLN .1MG/ML	Preferred	

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

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

BIDIL TAB	Preferred	
ENTRESTO CAP 6-6MG	Preferred	
ENTRESTO CAP 15-16MG	Preferred	
ENTRESTO TAB 24-26MG	Preferred	QL (2 tabs every 1 day)
ENTRESTO TAB 49-51MG	Preferred	QL (2 tabs every 1 day)
ENTRESTO TAB 97-103MG	Preferred	QL (2 tabs every 1 day)
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg (generic of BIDIL)</i>	Preferred	

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium (generic of VELETRI) solr .5mg, 1.5mg</i>	Preferred-PA SP, PA	
FLOLAN SOLR .5MG, 1.5MG	Preferred-PA SP, PA	

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

LETAIRIS TABS 5MG, 10MG	Preferred-PA SP, PA	
TRACLEER TABS 62.5MG, 125MG; TBSO 32MG	Preferred-PA SP, PA	

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

ADCIRCA TABS 20MG	Preferred-PA SP, PA	
<i>sildenafil citrate (pulmonary hypertension) (generic of REVATIO) tabs 20mg</i>	Preferred-PA SP, PA	
<i>tadalafil (pulmonary hypertension) (generic of ADCIRCA) tabs 20mg</i>	Preferred-PA SP, PA	

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred-PA PA	
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CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORIN COMBINATIONS

AVYCAZ INJ 2-0.5GM	Preferred	
ZERBAXA INJ 1.5GM	Preferred	

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	Preferred	
CEFAZOL/DEX SOL 1GM	Preferred	
CEFAZOL/DEX SOL 2GM	Preferred	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN INJ 1GM/50ML	Preferred	
<i>cefazolin sodium solr 1gm, 2gm, 10gm, 500mg</i>	Preferred	
CEFAZOLIN SODIUM SOLR 2GM, 3GM	Preferred	
CEFAZOLIN SOL	Preferred	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor caps 250mg, 500mg</i>	Preferred	
CEFOTAN SOLR 1GM, 2GM	Preferred	
<i>cefotetan disodium (generic of CEFOTAN) solr 1gm, 2gm</i>	Preferred	
CEFOXITIN INJ 1GM	Preferred	
CEFOXITIN INJ 2GM	Preferred	
<i>cefoxitin sodium solr 1gm, 2gm, 10gm</i>	Preferred	
<i>cefprozil susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred	
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	Preferred	

CEPHALOSPORINS - 3RD GENERATION

<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred	
<i>cefixime caps 400mg</i>	Preferred	
<i>ceftazidime solr 1gm, 2gm, 6gm</i>	Preferred	
CEFTRIAX/DEX INJ 1GM	Preferred	
CEFTRIAX/DEX INJ 2GM	Preferred	
<i>ceftriaxone sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	Preferred	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	Preferred	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	Preferred	
TAZICEF INJ 1GM/50ML	Preferred	

CEPHALOSPORINS - 4TH GENERATION

CEFEPIME SOLN 1GM/50ML, 2GM/100ML	Preferred	
<i>cefepime hcl solr 1gm, 2gm</i>	Preferred	
CEFEPIME/DEX INJ 1GM	Preferred	
CEFEPIME/DEX INJ 2GM	Preferred	

CEPHALOSPORINS - 5TH GENERATION

TEFLARO SOLR 400MG, 600MG	Preferred	
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CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

COMBINATION CONTRACEPTIVES - ORAL

BALCOLTRA TAB 0.1-20	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
BEYAZ TAB	Preferred	AGE (Min 10, Max 55)
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
<i>desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg</i>	Preferred	AGE (Min 10, Max 55)
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (generic of BEYAZ)</i>	Preferred	AGE (Min 10, Max 55)
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (generic of SAFYRAL)</i>	Preferred	AGE (Min 10, Max 55)
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg (generic of YAZ)</i>	Preferred	AGE (Min 10, Max 55)
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg (generic of YASMIN 28)</i>	Preferred	AGE (Min 10, Max 55)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Preferred	AGE (Min 10, Max 55)
FEMLYV TAB 1/0.02MG	Preferred	AGE (Min 10, Max 55)
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred	QL (91 tabs every 84 days), AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (generic of BALCOLTRA)</i>	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
LO LOESTRIN TAB 1-10-10	Preferred	AGE (Min 10, Max 55)
NATAZIA TAB	Preferred	AGE (Min 10, Max 55)
NEXTSTELLIS TAB 3-14.2MG	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol tab 1 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Preferred	AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (generic of TAYTULLA)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred	AGE (Min 10, Max 55)
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	Preferred	AGE (Min 10, Max 55)
SAFYRAL TAB	Preferred	AGE (Min 10, Max 55)
TAYTULLA CAP 1MG/20MC	Preferred	AGE (Min 10, Max 55)
TYBLUME CHW 0.1-0.02	Preferred	AGE (Min 10, Max 55)
YASMIN 28 TAB 3-0.03MG	Preferred	AGE (Min 10, Max 55)
YAZ TAB 3-0.02MG	Preferred	AGE (Min 10, Max 55)

COMBINATION CONTRACEPTIVES - TRANSDERMAL

<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)
TWIRLA DIS 120-30	Preferred	QL (3 patches every 28 days), AGE (Min 10, Max 55)

COMBINATION CONTRACEPTIVES - VAGINAL

ANNOVERA MIS	Preferred	QL (1 ring every 274 days), AGE (Min 10, Max 55)
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr (generic of NUVARING)</i>	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)
NUVARING MIS	Preferred	QL (1 ring every 21 days), AGE (Min 10, Max 55)

Drug Name	Drug Tier	Requirements/Limits
COPPER CONTRACEPTIVES - IUD		
PARAGARD IUD T380A	Preferred	AGE (Min 10, Max 55)
EMERGENCY CONTRACEPTIVES		
ELLA TABS 30MG	Preferred	AGE (Min 10, Max 55)
<i>levonorgestrel (emergency oc) tabs 1.5mg</i>	Preferred	AGE (Min 10, Max 55), OTC
PROGESTIN CONTRACEPTIVES - IMPLANTS		
NEXPLANON IMPL 68MG	Preferred	AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA CONTRACEPTIV SUSP 150MG/ML; SUSY 150MG/ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
DEPO-SUBQ PROVERA 104 SUSY 104MG/0.65ML	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
<i>medroxyprogesterone acetate (contraceptive) (generic of DEPO-PROVERA CONTRACEPTIV) susp 150mg/ml; susy 150mg/ml</i>	Preferred	QL (1 injection every 84 days), AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG	Preferred	AGE (Min 10, Max 55)
LILETTA IUD 20.1MCG/DAY	Preferred	AGE (Min 10, Max 55)
MIRENA IUD 20MCG/DAY	Preferred	AGE (Min 10, Max 55)
SKYLA IUD 13.5MG	Preferred	AGE (Min 10, Max 55)
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone (contraceptive) tabs .35mg</i>	Preferred	AGE (Min 10, Max 55)
OPILL TABS .075MG	Preferred	OTC
SLYND TABS 4MG	Preferred	QL (1 tab every 1 day), AGE (Min 10, Max 55)
CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE		
GLUCOCORTICOSTEROIDS		
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred	
DEXAMETHASONE INTENSOL CONC 1MG/ML	Preferred	
<i>dexamethasone sodium phosphate soln 4mg/ml, 20mg/5ml, 120mg/30ml; sosy 4mg/ml</i>	Preferred	
<i>hydrocortisone (generic of CORTEF) tabs 5mg, 10mg, 20mg</i>	Preferred	
<i>methylprednisolone (generic of MEDROL) tabs 4mg, 8mg, 16mg</i>	Preferred	
<i>methylprednisolone tabs 32mg</i>	Preferred	
<i>methylprednisolone (generic of MEDROL DOSEPAK) tbpk 4mg</i>	Preferred	
<i>prednisolone soln 15mg/5ml; tabs 5mg</i>	Preferred	
<i>prednisolone sodium phosphate (generic of PEDIAPRED) soln 5mg/5ml</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln 10mg/5ml, 15mg/5ml, 20mg/5ml, 25mg/5ml</i>	Preferred	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred	
PREDNISON INTENSOL CONC 5MG/ML	Preferred	

MINERALOCORTICIDS

<i>fludrocortisone acetate tabs .1mg</i>	Preferred	
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES - DRUGS TO TREAT COUGH

<i>benzonatate caps 100mg, 200mg</i>	Preferred	
<i>dextromethorphan hbr liqd 15mg/5ml</i>	Preferred	OTC
<i>dextromethorphan polistirex suer 30mg/5ml</i>	Preferred	OTC
HYCODAN SYP 5-1.5/5	Preferred	QL (30 mL every 1 day), AGE (Min 18)
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (generic of HYCODAN)</i>	Preferred	QL (30 mL every 1 day), AGE (Min 18)

COUGH/COLD/ALLERGY COMBINATIONS

<i>brompheniramine & phenylephrine elixir 1-2.5 mg/5ml</i>	Preferred	OTC
<i>brompheniramine & pseudoephedrine elixir 1-15 mg/5ml</i>	Preferred	OTC
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC
COLD & ALLER LIQ CHILDREN	Preferred	OTC
<i>dextromethorphan-doxylamine-apap cap 15-6.25-325 mg</i>	Preferred	OTC
<i>dextromethorphan-doxylamine-apap liquid 30-12.5-1000 mg/30ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 5-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin liquid 10-100 mg/5ml</i>	Preferred	OTC
<i>dextromethorphan-guaifenesin syrup 10-100 mg/5ml</i>	Preferred	AGE (Min 12), OTC
<i>dextromethorphan-guaifenesin tab er 12hr 30-600 mg</i>	Preferred	OTC
<i>dextromethorphan-phenylephrine-apap cap 10-5-325 mg</i>	Preferred	OTC
ED BRON GP LIQ	Preferred	OTC
<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	Preferred	AGE (Min 12), OTC
LOHIST-D LIQ	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 12hr 5-120 mg</i>	Preferred	OTC
<i>loratadine & pseudoephedrine tab er 24hr 10-240 mg</i>	Preferred	OTC
<i>phenylephrine-brompheniramine-dm liquid 2.5-1-5 mg/5ml</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>phenylephrine-dm soln 2.5-5 mg/5ml</i>	Preferred	OTC
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml</i>	Preferred	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Preferred	QL (30 mL every 1 day)
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Preferred	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Preferred	
<i>pseudoephedrine-guaifenesin tab er 12hr 60-600 mg</i>	Preferred	OTC
<i>pseudoephedrine-ibuprofen tab 30-200 mg</i>	Preferred	OTC
QC DIBROMM LIQ COLD/ALL	Preferred	OTC

EXPECTORANTS - DRUGS TO TREAT COUGH

<i>guaifenesin liqd 100mg/5ml, 200mg/10ml, 300mg/15ml; tb12 600mg, 1200mg</i>	Preferred	AGE (Min 12), OTC
<i>potassium iodide (expectorant) soln 1gm/ml</i>	Preferred	

MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS

<i>sodium chloride (inhalant) nebu .9%, 3%, 10%</i>	Preferred	
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MUCOLYTICS - DRUGS TO TREAT COUGH

<i>acetylcysteine soln 10%, 20%</i>	Preferred	
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DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS

ACNE PRODUCTS

<i>benzoyl peroxide foam 10%; gel 2.5%, 5%, 10%; liqd 10%; lotn 5%, 10%</i>	Preferred	OTC
<i>benzoyl peroxide liqd 5%</i>	Preferred	AGE (Min 10, Max 20), OTC
<i>benzoyl peroxide-erythromycin gel 5-3% (generic of BENZAMYCIN)</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) (generic of CLINDAGEL) gel 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) gel 1%; swab 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) (generic of CLEOCIN-T) lotn 1%</i>	Preferred	AGE (Min 10, Max 20)
<i>clindamycin phosphate (topical) soln 1%</i>	Preferred	QL (2 mL every 1 day), AGE (Min 10, Max 20)
DIFFERIN DAILY DEEP CLEAN LIQD 5%	Preferred	AGE (Min 10, Max 20), OTC
<i>erythromycin (acne aid) (generic of ERYGEL) gel 2%</i>	Preferred	AGE (Min 10, Max 20)
<i>erythromycin (acne aid) soln 2%</i>	Preferred	QL (2 mL every 1 day), AGE (Min 10, Max 20)
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	Preferred	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	Preferred	
<i>tretinoin (generic of RETIN-A) crea .025%, .05%, .1%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin (generic of RETIN-A) gel .01%, .025%</i>	Preferred	AGE (Min 10, Max 20)
<i>tretinoin (generic of ATRALIN) gel .05%</i>	Preferred	AGE (Min 10, Max 20)

Drug Name	Drug Tier	Requirements/Limits
ANTIBIOTICS - TOPICAL		
<i>bacitracin (topical) oint 500unit/gm</i>	Preferred	OTC
<i>bacitracin zinc oint 500unit/gm</i>	Preferred	OTC
<i>gentamicin sulfate (topical) crea .1%; oint .1%</i>	Preferred	QL (1 gm every 1 day)
<i>mupirocin oint 2%</i>	Preferred	QL (90 gm every 1 fill), AGE (Max 20)
<i>neomycin-bacitracin-polymyxin oint</i>	Preferred	OTC
<i>neomycin-bacitracin-polymyxin-pramoxine oint 1%</i>	Preferred	OTC
<i>neomycin-polymyxin w/ pramoxine cream 1%</i>	Preferred	OTC
ANTIFUNGALS - TOPICAL		
<i>clotrimazole (topical) crea 1%</i>	Preferred	
<i>econazole nitrate crea 1%</i>	Preferred	QL (170 gm every 1 fill)
<i>ketoconazole (topical) crea 2%</i>	Preferred	QL (2 gm every 1 day)
<i>ketoconazole (topical) sham 2%</i>	Preferred	QL (4 mL every 1 day)
<i>miconazole nitrate (topical) aerp 2%; crea 2%; powd 2%</i>	Preferred	OTC
<i>nystatin (topical) crea 100000unit/gm</i>	Preferred	
<i>nystatin (topical) oint 100000unit/gm</i>	Preferred	QL (1 gm every 1 day)
<i>nystatin (topical) powd 100000unit/gm</i>	Preferred	
<i>terbinafine hcl (topical) crea 1%</i>	Preferred	OTC
<i>tolnaftate aero 1%; aerp 1%; crea 1%; powd 1%; soln 1%</i>	Preferred	OTC
ANTI-HISTAMINES-TOPICAL		
<i>diphenhydramine-zinc acetate cream 2-0.1%</i>	Preferred	OTC
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
LEVULAN KERASTICK SOLR 20%	Preferred	
TARGRETIN GEL 1%	Preferred	SP, PA, QL (2 gm every 1 day)
ANTIPRURITICS - TOPICAL		
<i>camphor & menthol lotion 0.5-0.5%</i>	Preferred	OTC
ANTIPSORIATICS		
<i>calcipotriene crea .005%; oint .005%</i>	Preferred	
<i>calcipotriene soln .005%</i>	Preferred	
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred-PA	SP, PA
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred-PA	SP, PA
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred-PA	SP, PA
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS WASH LIQD 10%	Preferred	
OVACE WASH LIQD 10%	Preferred	
<i>pyrithione zinc sham 1%</i>	Preferred	OTC
<i>selenium sulfide lotn 1%; sham 1%</i>	Preferred	OTC
<i>selenium sulfide lotn 2.5%</i>	Preferred	
<i>sulfacetamide sodium liqd 10%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
BURN PRODUCTS		
<i>mafenide acetate pack 5%</i>	Preferred	QL (5 packets every 30 days)
<i>silver sulfadiazine (generic of SILVADENE) crea 1%</i>	Preferred	
SULFAMYLON CREA 85MG/GM	Preferred	QL (56 gm every 30 days)
CORTICOSTEROIDS - TOPICAL		
<i>alclometasone dipropionate crea .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>betamethasone valerate crea .1%; oint .1%</i>	Preferred	QL (4 gm every 1 day)
<i>betamethasone valerate lotn .1%</i>	Preferred	QL (4 mL every 1 day)
<i>clobetasol propionate crea .05%; gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>clobetasol propionate soln .05%</i>	Preferred	QL (51 mL every 30 days)
<i>clobetasol propionate emollient base crea .05%</i>	Preferred	QL (2 gm every 1 day)
<i>desonide (generic of DESOWEN) crea .05%</i>	Preferred	QL (2 gm every 1 day)
<i>desonide oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>diflorasone diacetate crea .05%; oint .05%</i>	Preferred	QL (6 gm every 1 day)
<i>fluocinolone acetonide crea .01%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinolone acetonide (generic of SYNALAR) crea .025%; oint .025%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS BODY) oil .01%</i>	Preferred	QL (3.95 mL every 1 day)
<i>fluocinolone acetonide (generic of DERMA-SMOOTH/FS SCALP) oil .01%</i>	Preferred	QL (118.5 mL every 30 days)
<i>fluocinolone acetonide soln .01%</i>	Preferred	QL (3 mL every 1 day)
<i>fluocinonide (generic of VANOS) crea .1%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinonide crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluocinonide gel .05%; oint .05%</i>	Preferred	QL (2 gm every 1 day)
<i>fluocinonide soln .05%</i>	Preferred	QL (2 mL every 1 day)
<i>fluocinonide emulsified base crea .05%</i>	Preferred	QL (4 gm every 1 day)
<i>fluticasone propionate crea .05%; oint .005%</i>	Preferred	
<i>halobetasol propionate crea .05%; oint .05%</i>	Preferred	QL (50.1 gm every 30 days)
HYDROCORTISONE CREA 1%	Preferred	OTC
<i>hydrocortisone (topical) crea 1%, 2.5%; oint 2.5%</i>	Preferred	
<i>hydrocortisone (topical) crea .5%, 1%; lotn 1%; oint .5%</i>	Preferred	OTC
<i>hydrocortisone (topical) lotn 2.5%; soln 2.5%</i>	Preferred	
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day)
<i>hydrocortisone (topical) oint 1%</i>	Preferred	QL (1 gm every 1 day), OTC
<i>hydrocortisone acetate (topical) oint 1%</i>	Preferred	OTC
<i>hydrocortisone valerate crea .2%; oint .2%</i>	Preferred	QL (2 gm every 1 day)
<i>mometasone furoate crea .1%; oint .1%</i>	Preferred	
<i>mometasone furoate soln .1%</i>	Preferred	
<i>triamcinolone acetonide (topical) crea .1%</i>	Preferred	QL (456 gm every 30 days)
<i>triamcinolone acetonide (topical) crea .5%</i>	Preferred	QL (454 gm every 30 days)

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) crea .025%; oint .025%, .1%, .5%</i>	Preferred	
<i>triamcinolone acetonide (topical) lotn .025%, .1%</i>	Preferred	
ECZEMA AGENTS		
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 200MG/1.14ML, 300MG/2ML	Preferred-PA	SP, PA
EMOLLIENT/KERATOLYTIC AGENTS		
<i>urea crea 20%, 39%, 40%, 41%</i>	Preferred	
UREA CREA 39.5%	Preferred	
EMOLLIENTS		
<i>lactic acid (ammonium lactate) lotn 12%</i>	Preferred	
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod crea 5%</i>	Preferred	QL (2 packets every 1 day), AGE (Min 10)
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
ELIDEL CREA 1%	Preferred-PA	PA, QL (102 gm every 30 days)
<i>pimecrolimus (generic of ELIDEL) crea 1%</i>	Preferred-PA	PA, QL (102 gm every 30 days)
<i>tacrolimus (topical) oint .03%, .1%</i>	Preferred-PA	PA, QL (100.2 gm every 30 days)
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL .5%	Preferred	QL (7.5 gm every 30 days)
<i>podofilox (generic of CONDYLOX) gel .5%</i>	Preferred	QL (7.5 gm every 30 days)
<i>podofilox soln .5%</i>	Preferred	QL (0.25 mL every 1 day)
<i>salicylic acid gel 6%; liqd 27.5%</i>	Preferred	
SALICYLIC ACID OINT 3%	Preferred	
LINIMENTS		
<i>menthol-methyl salicylate cream</i>	Preferred	OTC
LOCAL ANESTHETICS - TOPICAL		
<i>capsaicin crea .025%, .075%, .1%</i>	Preferred	OTC
<i>dibucaine oint 1%</i>	Preferred	OTC
<i>lidocaine oint 5%</i>	Preferred	QL (8 gm every 1 day)
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	Preferred	QL (3 packets every 1 day)
<i>lidocaine (generic of LIDODERM) ptch 5%</i>	Preferred	QL (3 patches every 1 day)
<i>lidocaine hcl crea 3%</i>	Preferred	
<i>lidocaine hcl gel 2%</i>	Preferred	QL (1 mL every 1 day)
<i>lidocaine hcl prsy 2%</i>	Preferred	QL (30 injections every 30 days)
<i>lidocaine hcl soln 4%</i>	Preferred	QL (51 mL every 30 days)
MISC. TOPICAL		
BALNEOL LOT	Preferred	OTC
<i>isopropyl alcohol (skin cleanser) misc 70%</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
<i>skin protectants misc - cream</i>	Preferred	OTC
<i>witch hazel (hamamelis virginiana) pads 50%</i>	Preferred	OTC
<i>zinc oxide (topical) oint 20%</i>	Preferred	OTC

PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL

EUCRISA OINT 2%	Preferred-PA	ST, PA
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ROSACEA AGENTS

<i>metronidazole (topical) crea .75%</i>	Preferred	
<i>metronidazole (topical) (generic of METROGEL) gel 1%</i>	Preferred	
<i>metronidazole (topical) gel .75%</i>	Preferred	
<i>metronidazole (topical) (generic of METROLOTION) lotn .75%</i>	Preferred	

SCABICIDES & PEDICULICIDES

NATROBA SUSP .9%	Preferred	
<i>permethrin liqd 1%</i>	Preferred	OTC
<i>pyrethrins-piperonyl butoxide shampoo 0.33-4%</i>	Preferred	OTC

TAR PRODUCTS

<i>coal tar extract sham .5%</i>	Preferred	OTC
DHS TAR SHAM .5%	Preferred	OTC
DHS TAR GEL SHAM .5%	Preferred	OTC

DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS

DIAGNOSTIC TESTS

CONTOUR PLUS TES BLD GLUC	Preferred	QL (200 strips every 30 days), OTC
IHEALTH 2-PK KIT COVID-19	Preferred	PA, QL (8 kits every 23 days), OTC
PREGNANCY TES ONE STEP	Preferred	OTC

DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

DIGESTIVE ENZYMES

CREON CAP 3000UNIT	Preferred	
CREON CAP 6000UNIT	Preferred	
CREON CAP 12000UNT	Preferred	
CREON CAP 24000UNT	Preferred	
CREON CAP 36000UNT	Preferred	
ZENPEP CAP 3000UNIT	Preferred	
ZENPEP CAP 5000UNIT	Preferred	
ZENPEP CAP 10000UNT	Preferred	
ZENPEP CAP 15000UNT	Preferred	
ZENPEP CAP 20000UNT	Preferred	
ZENPEP CAP 25000UNT	Preferred	
ZENPEP CAP 40000UNT	Preferred	
ZENPEP CAP 60000UNT	Preferred	

Drug Name	Drug Tier	Requirements/Limits
DIURETICS - DRUGS TO TREAT HEART CONDITIONS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cp12 500mg; tabs 125mg, 250mg	Preferred	
methazolamide tabs 25mg, 50mg	Preferred	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	Preferred	
spironolactone & hydrochlorothiazide tab 25-25 mg	Preferred	
triamterene & hydrochlorothiazide cap 37.5-25 mg	Preferred	
triamterene & hydrochlorothiazide tab 37.5-25 mg	Preferred	
triamterene & hydrochlorothiazide tab 75-50 mg	Preferred	
LOOP DIURETICS		
bumetanide tabs 1mg, 2mg	Preferred	
bumetanide (generic of BUMEX) tabs .5mg	Preferred	
ethacrynic acid (generic of EDECRIN) tabs 25mg	Preferred	
furosemide soln 10mg/ml	Preferred	
furosemide soln 10mg/ml, 40mg/5ml	Preferred	
furosemide (generic of LASIX) tabs 20mg, 40mg	Preferred	
furosemide tab 80 mg (generic of LASIX)	Preferred	
torseamide tabs 5mg, 10mg, 20mg, 100mg	Preferred	
POTASSIUM SPARING DIURETICS		
amiloride hcl tabs 5mg	Preferred	
spironolactone (generic of ALDACTONE) tabs 25mg, 50mg, 100mg	Preferred	
triamterene (generic of DYRENIUM) caps 50mg, 100mg	Preferred	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tabs 25mg, 50mg	Preferred	
DIURIL SUSP 250MG/5ML	Preferred	
hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg	Preferred	
indapamide tabs 1.25mg, 2.5mg	Preferred	
metolazone tabs 2.5mg, 5mg, 10mg	Preferred	
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
alendronate sodium soln 70mg/75ml	Preferred	QL (75 mL every 7 days)
alendronate sodium tabs 10mg, 35mg	Preferred	
alendronate sodium (generic of FOSAMAX) tabs 70mg	Preferred	
calcitonin (salmon) soln 200unit/act	Preferred	
calcitonin (salmon) (generic of MIACALCIN) soln 200unit/ml	Preferred	
MIACALCIN SOLN 200UNIT/ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
CORTICOTROPIN		
ACTHAR GEL 80UNIT/ML	Preferred	SP
CORTROPHIN GEL 80UNIT/ML	Preferred	SP
GNRH/LHRH ANTAGONISTS		
ORLISSA TABS 150MG, 200MG	Preferred-PA	ST, PA
GROWTH HORMONES		
GENOTROPIN CART 5MG, 12MG	Preferred-PA	SP, PA
GENOTROPIN MINIQUICK PRSY .2MG, .4MG, .6MG, .8MG, 1MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 2MG	Preferred-PA	SP, PA
METABOLIC MODIFIERS		
<i>calcitriol (generic of ROCALTROL) caps .25mcg, .5mcg; soln 1mcg/ml</i>	Preferred	
CARBAGLU TBSO 200MG	Preferred-PA	SP, PA
<i>carglumic acid (generic of CARBAGLU) tbs 200mg</i>	Preferred-PA	SP, PA
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg</i>	Preferred	
<i>nitisinone (generic of ORFADIN) caps 2mg, 5mg, 10mg, 20mg</i>	Preferred	SP
ORFADIN CAPS 2MG, 5MG, 10MG, 20MG	Preferred	SP
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TABS 10MG, 20MG	Preferred-PA	PA
POSTERIOR PITUITARY HORMONES		
<i>desmopressin acetate (generic of DDAVP) tabs .1mg, .2mg</i>	Preferred	
<i>desmopressin acetate spray soln .01%</i>	Preferred	
<i>desmopressin acetate spray refrigerated soln .1mg/ml</i>	Preferred	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TABS 200MG	Preferred	
<i>mifepristone (generic of MIFEPREX) tabs 200mg</i>	Preferred	
PROLACTIN INHIBITORS		
<i>cabergoline tabs .5mg</i>	Preferred	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
COMBIPATCH DIS	Preferred	QL (2 patches every 7 days)
<i>esterified estrogens & methyltestosterone tab 0.625-1.25 mg</i>	Preferred	
<i>esterified estrogens & methyltestosterone tab 1.25-2.5 mg</i>	Preferred	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Preferred	
<i>estradiol & norethindrone acetate tab 1-0.5 mg (generic of ACTIVELLA)</i>	Preferred	
MYFEMBREE TAB	Preferred-PA	PA
ORIAHNN CAP	Preferred-PA	ST, PA

Drug Name	Drug Tier	Requirements/Limits
PREMPHASE TAB	Preferred	
PREMPRO TAB	Preferred	
PREMPRO TAB 0.3-1.5	Preferred	
PREMPRO TAB 0.45-1.5	Preferred	
PREMPRO TAB 0.625-5	Preferred	

ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES

estradiol (generic of MINIVELLE) <i>pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
estradiol (generic of VIVELLE-DOT) <i>pttw</i> .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr	Preferred	QL (8 patches every 28 days)
estradiol (generic of CLIMARA) <i>ptwk</i> .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr	Preferred	QL (1 patch every 7 days)
estradiol (generic of ESTRACE) <i>tabs</i> .5mg, 1mg, 2mg	Preferred	
MENEST TABS .3MG, .625MG, 1.25MG, 2.5MG	Preferred	
PREMARIN TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

BAXDELA SOLR 300MG	Preferred	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Preferred	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Preferred	
<i>ciprofloxacin hcl</i> (generic of CIPRO) <i>tabs</i> 250mg, 500mg	Preferred	AGE (Min 16)
<i>ciprofloxacin hcl tabs</i> 750mg	Preferred	AGE (Min 16)
<i>levofloxacin soln</i> 25mg/ml	Preferred	
<i>levofloxacin soln</i> 25mg/ml; <i>tabs</i> 250mg, 500mg, 750mg	Preferred	AGE (Min 16)
<i>levofloxacin in d5w iv soln</i> 250 mg/50ml	Preferred	
<i>levofloxacin in d5w iv soln</i> 500 mg/100ml	Preferred	
<i>levofloxacin in d5w iv soln</i> 750 mg/150ml	Preferred	
<i>moxifloxacin hcl tabs</i> 400mg	Preferred	AGE (Min 16)
MOXIFLOXACIN HYDROCHLORID SOLN 400MG/250ML	Preferred	

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

ANTIFLATULENTS

<i>simethicone chew</i> 80mg; <i>susp</i> 20mg/0.3ml, 40mg/0.6ml	Preferred	OTC
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GALLSTONE SOLUBILIZING AGENTS

<i>ursodiol caps</i> 300mg	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium (mastocytosis) (generic of GASTROCROM) conc 100mg/5ml</i>	Preferred	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl soln 5mg/5ml, 10mg/10ml</i>	Preferred	
<i>metoclopramide hcl (generic of REGLAN) tabs 5mg, 10mg</i>	Preferred	
HEPATOTROPICS		
REZDIFFRA TABS 60MG, 80MG, 100MG	Preferred-PA	PA
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium (generic of COLAZAL) caps 750mg</i>	Preferred	
CIMZIA PSKT 200MG/ML	Preferred-PA	SP, PA
CIMZIA STARTER KIT PSKT 200MG/ML	Preferred-PA	SP, PA
<i>mesalamine enem 4gm</i>	Preferred	
<i>mesalamine (generic of CANASA) supp 1000mg</i>	Preferred	
PENTASA CPCR 250MG, 500MG	Preferred	
SFROWASA ENEM 4GM/60ML	Preferred	
<i>sulfasalazine (generic of AZULFIDINE) tabs 500mg</i>	Preferred	
<i>sulfasalazine (generic of AZULFIDINE EN-TABS) tbec 500mg</i>	Preferred	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	Preferred	AGE (Max 20)
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred	
FOSRENOL PACK 750MG, 1000MG	Preferred	
<i>lanthanum carbonate (generic of FOSRENOL) chew 500mg, 750mg, 1000mg</i>	Preferred	
<i>sevelamer carbonate (generic of RENVELA) tabs 800mg</i>	Preferred	
<i>sevelamer hcl tabs 400mg, 800mg</i>	Preferred	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
ORACIT SOL	Preferred	
ORAL CITRATE SOL	Preferred	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Preferred	
CYSTINOSIS AGENTS		
CYSTAGON CAPS 50MG, 150MG	Preferred	SP
GENITOURINARY IRRIGANTS		
<i>glycine (gu irrigant) soln 1.5%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (gu irrigant) soln .9%</i>	Preferred	
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl (generic of UROXATRAL) tb24 10mg</i>	Preferred	
<i>finasteride (generic of PROSCAR) tabs 5mg</i>	Preferred	
<i>tamsulosin hcl caps .4mg</i>	Preferred	
URINARY ANALGESICS		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	Preferred	
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	Preferred	
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol tabs 100mg, 200mg, 300mg</i>	Preferred	
URICOSURICS		
<i>probenecid tabs 500mg</i>	Preferred	
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
ANTIHEMOPHILIC PRODUCTS		
ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred-PA	SP, PA
ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred-PA	SP, PA
ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT	Preferred-PA	SP, PA
ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT	Preferred-PA	SP, PA
ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred-PA	SP, PA
BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
COAGADEX SOLR 250UNIT, 500UNIT	Preferred-PA	SP, PA
CORIFACT KIT 1000-1600UNIT	Preferred-PA	SP, PA
ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	Preferred-PA	SP, PA
ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred-PA	SP, PA
FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT	Preferred-PA	SP, PA
FIBRYGA INJ 1GM	Preferred	SP
HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML	Preferred-PA	SP, PA

Drug Name	Drug Tier	Requirements/Limits
HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT	Preferred-PA	SP, PA
HUMATE-P SOL 250-600	Preferred-PA	SP, PA
HUMATE-P SOL 500-1200	Preferred-PA	SP, PA
HUMATE-P SOL 2400UNIT	Preferred-PA	SP, PA
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3500UNIT	Preferred-PA	SP, PA
IXINITY SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred-PA	SP, PA
KCENTRA KIT 500UNIT	Preferred	
KCENTRA KIT 1000UNIT	Preferred	
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	Preferred-PA	SP, PA
KOATE-DVI SOLR 1000UNIT	Preferred-PA	SP, PA
KOGENATE FS KIT 250UNIT, 500UNIT, 3000UNIT	Preferred-PA	SP, PA
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	Preferred-PA	SP, PA
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	Preferred-PA	SP, PA
OBIZUR SOLR 500UNIT	Preferred-PA	SP, PA
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	Preferred-PA	SP, PA
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	Preferred-PA	SP, PA
RIASTAP SOL 1GM	Preferred	SP
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA
SEVENFACT SOLR 1MG, 2MG, 5MG	Preferred-PA	SP, PA
TRETTEN SOLR 2500UNIT	Preferred-PA	SP, PA
VONVENDI SOLR 650UNIT, 1300UNIT	Preferred-PA	SP, PA
WILATE INJ	Preferred-PA	SP, PA
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	Preferred-PA	SP, PA
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred-PA	SP, PA

Drug Name	Drug Tier	Requirements/Limits
COMPLEMENT INHIBITORS		
BERINERT KIT 500UNIT	Preferred-PA	SP, PA
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tbc</i> 400mg	Preferred	
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl caps</i> 1mg	Preferred	
<i>anagrelide hcl</i> (generic of AGRYLIN) <i>caps</i> .5mg	Preferred	
<i>aspirin-dipyridamole cap er</i> 12hr 25-200 mg	Preferred	
BRILINTA TABS 60MG, 90MG	Preferred	QL (2 tabs every 1 day)
<i>clopidogrel bisulfate</i> (generic of PLAVIX) <i>tabs</i> 75mg	Preferred	
<i>clopidogrel bisulfate tabs</i> 300mg	Preferred	QL (4 tabs every 30 days)
<i>dipyridamole tabs</i> 25mg, 50mg, 75mg	Preferred	
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAPS 200MG, 300MG, 400MG	Preferred	
ENDARI PACK 5GM	Preferred	SP
SIKLOS TABS 100MG, 1000MG	Preferred	AGE (Min 2, Max 17)
COBALAMINS		
<i>cyanocobalamin soln</i> 1000mcg/ml	Preferred	
<i>cyanocobalamin tabs</i> 1000mcg	Preferred	OTC
FOLIC ACID/FOLATES		
<i>folic acid tabs</i> 1mg	Preferred	
<i>folic acid tabs</i> 1mg, 400mcg	Preferred	OTC
HEMATOPOIETIC GROWTH FACTORS		
EPOGEN SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML	Preferred-PA	SP, PA
LEUKINE SOLR 250MCG	Preferred	SP
NEUPOGEN SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	Preferred	SP
PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred-PA	SP, PA
HEMATOPOIETIC MIXTURES		
CENTRATEX CAP	Preferred	
IRON		
FEOSOL TABS 200MG	Preferred	OTC
<i>ferrous gluconate tabs</i> 27mg	Preferred	OTC
FERROUS GLUCONATE TABS 324MG	Preferred	OTC
<i>ferrous sulfate soln</i> 15mg/ml, 220mg/5ml; <i>tabs</i> 325mg; <i>tbec</i> 324mg, 325mg	Preferred	OTC
FERROUS SULFATE TBEC 324MG	Preferred	OTC
<i>ferrous sulfate dried tabs</i> 200mg	Preferred	OTC
IRON CHEWS PEDIATRIC CHEW 15MG	Preferred	OTC

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>polysaccharide iron complex caps 150mg</i>	Preferred	OTC

STEM CELL MOBILIZERS

MOZOBIL SOLN 24MG/1.2ML	Preferred	SP
<i>plerixafor (generic of MOZOBIL) soln 24mg/1.2ml</i>	Preferred	SP

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid tabs 500mg</i>	Preferred	
<i>tranexamic acid tabs 650mg</i>	Preferred	

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

ANTIHISTAMINE HYPNOTICS

<i>diphenhydramine hcl (sleep) caps 25mg, 50mg; tabs 25mg</i>	Preferred	OTC
<i>diphenhydramine-acetaminophen tab 25-500 mg (sleep)</i>	Preferred	OTC
<i>diphenhydramine-acetaminophen tab 38-500 mg (sleep)</i>	Preferred	OTC
<i>doxylamine succinate (sleep) tabs 25mg</i>	Preferred	OTC

BARBITURATE HYPNOTICS

<i>phenobarbital elix 20mg/5ml, 30mg/7.5ml, 60mg/15ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred	
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NON-BARBITURATE HYPNOTICS

<i>estazolam tabs 1mg, 2mg</i>	Preferred	PA
<i>quazepam tabs 15mg</i>	Preferred	PA
<i>temazepam (generic of RESTORIL) caps 7.5mg, 15mg, 22.5mg, 30mg</i>	Preferred	PA
<i>triazolam (generic of HALCION) tabs .25mg</i>	Preferred	PA
<i>triazolam tabs .125mg</i>	Preferred	PA
<i>zolpidem tartrate (generic of AMBIEN) tabs 5mg, 10mg</i>	Preferred	QL (1 tab every 1 day)

LAXATIVES - DRUGS TO TREAT CONSTIPATION

BULK LAXATIVES

<i>calcium polycarbophil tabs 625mg</i>	Preferred	OTC
<i>psyllium caps .52gm; powd 25%, 28.3%, 43%, 51.7%, 95%</i>	Preferred	OTC

LAXATIVE COMBINATIONS

GOLYTELY SOL	Preferred	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (generic of GOLYTELY)</i>	Preferred	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i>	Preferred	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Preferred	OTC
SENOKOT S TAB 8.6-50MG	Preferred	OTC

LAXATIVES - MISCELLANEOUS

<i>glycerin (laxative) supp 2gm, 2.1gm</i>	Preferred	OTC
GLYCERIN ADULT SUPP 2GM	Preferred	OTC
<i>lactulose soln 10gm/15ml, 20gm/30ml</i>	Preferred	AGE (Max 20)
<i>polyethylene glycol 3350 pack 17gm; powd 17gm/scoop</i>	Preferred	OTC

SALINE LAXATIVES

FLEET ENE	Preferred	OTC
FLEET ENE PED	Preferred	OTC
FLEET SALINE ENE ENEMA	Preferred	OTC
<i>magnesium citrate soln 1.745gm/30ml</i>	Preferred	OTC
<i>magnesium hydroxide susp 400mg/5ml, 1200mg/15ml, 2400mg/30ml</i>	Preferred	OTC
<i>sodium phosphates - enema</i>	Preferred	OTC

STIMULANT LAXATIVES

<i>bisacodyl supp 10mg; tbec 5mg</i>	Preferred	OTC
DULCOLAX SUPP 10MG; TBEC 5MG	Preferred	OTC
<i>sennosides caps 8.6mg; tabs 8.6mg, 25mg</i>	Preferred	OTC
SENOKOT TABS 8.6MG	Preferred	OTC

SURFACTANT LAXATIVES

COLACE CAPS 100MG	Preferred	OTC
<i>docusate sodium caps 100mg, 250mg; liqd 50mg/5ml, 100mg/10ml; tabs 100mg</i>	Preferred	OTC

MACROLIDES - DRUGS TO TREAT INFECTIONS

AZITHROMYCIN

<i>azithromycin (generic of ZITHROMAX) solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>azithromycin tabs 600mg</i>	Preferred
ZITHROMAX PACK 1GM; SOLR 500MG	Preferred

CLARITHROMYCIN

<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>clarithromycin (generic of BIAXIN XL) tb24 500mg</i>	Preferred

ERYTHROMYCINS

ERYTHROCIN LACTOBIONATE SOLR 500MG	Preferred
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
<i>erythromycin ethylsuccinate (generic of E.E.S. GRANULES) susr 200mg/5ml</i>	Preferred
<i>erythromycin ethylsuccinate (generic of ERYPED 400) susr 400mg/5ml</i>	Preferred

Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin lactobionate</i> (generic of ERYTHROCIN LACTOBIONATE) <i>solr</i> 500mg	Preferred	

FIDAXOMICIN

DIFICID SUSR 40MG/ML; TABS 200MG	Preferred	
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MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL

CAYA DPR	Preferred	
CONDOMS MIS	Preferred	OTC
FC2 FEMALE MIS CONDOM	Preferred	OTC
FEMCAP MIS 22MM	Preferred	
FEMCAP MIS 26MM	Preferred	
FEMCAP MIS 30MM	Preferred	
OMNIFLEX DPR	Preferred	
WIDE-SEAL SILICONE DIAPHR DPRH 2%	Preferred	

DIABETIC SUPPLIES

DEXCOM G6 MIS RECEIVER	Preferred-PA	PA, QL (1 receiver every year)
DEXCOM G6 MIS SENSOR	Preferred-PA	PA, QL (3 boxes every 25 days)
DEXCOM G6 MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
DEXCOM G7 MIS RECEIVER	Preferred-PA	PA, QL (1 receiver every year)
DEXCOM G7 MIS SENSOR	Preferred-PA	PA, QL (3 boxes every 25 days)
FREE LIBRE2 KIT PLUS/SEN	Preferred-PA	PA
FREE LIBRE3 KIT PLUS/SEN	Preferred-PA	PA, QL (2 boxes every 25 days)
FREESTY LIBR KIT 2 SENSOR	Preferred-PA	PA, QL (2 boxes every 21 days)
FREESTY LIBR KIT 3 SENSOR	Preferred-PA	PA, QL (2 boxes every 21 days)
FREESTY LIBR KIT SENSOR	Preferred-PA	PA, QL (2 boxes every 28 days); 14 Day Sensor
FREESTY LIBR MIS 2 READER	Preferred-PA	PA, QL (1 reader every year)
FREESTY LIBR MIS 3 READER	Preferred-PA	PA, QL (1 reader every year)
FREESTY LIBR MIS READER	Preferred-PA	PA, QL (1 reader every year); 14 Day Reader
GUARDIAN 4 MIS SENSOR	Preferred-PA	PA, QL (5 boxes every 21 days)
GUARDIAN 4 MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN CON MIS TRANSMIT	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN MIS LINK 3	Preferred-PA	PA, QL (1 box every 90 days)
GUARDIAN MIS SENSOR 3	Preferred-PA	PA, QL (5 boxes every 21 days)
LANCETS MIS	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD 5 DX KIT INT G7G6	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD 5 DX MIS POD G7G6	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD 5 LB KIT INTRO G6	Preferred-PA	PA, QL (1 kit every year)
OMNIPOD 5 LB MIS PODS G6	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD DASH MIS PODS	Preferred-PA	PA, QL (15 boxes every 30 days)
OMNIPOD MIS POD PALS	Preferred	OTC

MISC. DEVICES

ALCOHOL PREP PAD	Preferred	OTC
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PARENTERAL THERAPY SUPPLIES

INSULIN SYRG MIS 0.3/29G	Preferred	OTC
PEN NEEDLES MIS 29GX12.7	Preferred	OTC

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred-PA	PA
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred-PA	PA
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred-PA	PA
NURTEC TDBP 75MG	Preferred-PA	ST, PA
QULIPTA TABS 10MG, 30MG, 60MG	Preferred-PA	ST, PA
UBRELVY TABS 50MG, 100MG	Preferred-PA	ST, PA

MIGRAINE COMBINATIONS

<i>ergotamine w/ caffeine suppos 2-100 mg</i>	Preferred	QL (5 supp every 7 days)
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MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

<i>dihydroergotamine mesylate soln 1mg/ml</i>	Preferred	QL (10 ampules every 30 days)
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SEROTONIN AGONISTS

<i>rizatriptan benzoate tabs 5mg; tbdp 5mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT) tabs 10mg</i>	Preferred	QL (18 tabs every 30 days)
<i>rizatriptan benzoate (generic of MAXALT-MLT) tbdp 10mg</i>	Preferred	QL (18 tabs every 30 days)
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Preferred	QL (6 mL every 15 days)
<i>sumatriptan succinate soaj 4mg/0.5ml; soct 4mg/0.5ml</i>	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE SYSTEM) soaj 6mg/0.5ml</i>	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate (generic of IMITREX STATDOSE REFILL) soct 6mg/0.5ml</i>	Preferred	QL (1 mL every 14 days)
<i>sumatriptan succinate soln 6mg/0.5ml</i>	Preferred	QL (6 mL every 28 days)

Drug Name	Drug Tier	Requirements/Limits
sumatriptan succinate (generic of IMITREX) tabs 25mg, 50mg	Preferred	QL (3 mL every 5 days)
sumatriptan succinate (generic of IMITREX) tabs 100mg	Preferred	QL (9 tabs every 30 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

CALCIUM

calcium carb-cholecalciferol tab 600 mg-10 mcg (400 unit)	Preferred	OTC
calcium carb-cholecalciferol tab 600 mg-20 mcg (800 unit)	Preferred	OTC
calcium carb-vit d w/ minerals tabs 600 mg-400 unit	Preferred	OTC
calcium carbonate tabs 600mg, 1250mg	Preferred	OTC
calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)	Preferred	OTC
oyster shell tabs 500mg	Preferred	OTC

FLUORIDE

sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml	Preferred	
SOLUVITA SOLN .5MG/ML	Preferred	OTC

MAGNESIUM

magnesium oxide (mg supplement) tabs 400mg	Preferred	OTC
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MINERAL COMBINATIONS

CAL-MAG-ZINC TAB +D3	Preferred	OTC
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PHOSPHATE

K-PHOS TAB NEUTRAL	Preferred	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	Preferred	

POTASSIUM

potassium bicarbonate tbcf 25meq	Preferred	
potassium chloride cpcr 8meq, 10meq; pack 20meq; soln 10%; tbcr 8meq, 10meq, 20meq	Preferred	
potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq	Preferred	

SODIUM

sodium chloride soln .9%, 3%	Preferred	
sodium chloride flush soln .9%	Preferred	

MISCELLANEOUS THERAPEUTIC CLASSES

CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING

DEPEN TITRATABS TABS 250MG	Preferred	SP
penicillamine (generic of CUPRIMINE) caps 250mg	Preferred	SP
penicillamine (generic of DEPEN TITRATABS) tabs 250mg	Preferred	SP

Drug Name	Drug Tier	Requirements/Limits
<i>trientine hcl</i> (generic of SYPRINE) caps 250mg	Preferred	SP
<i>trientine hcl</i> caps 500mg	Preferred	SP

IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT

<i>azathioprine</i> (generic of IMURAN) tabs 50mg	Preferred	
<i>cyclosporine</i> (generic of SANDIMMUNE) caps 25mg, 100mg	Preferred	
<i>cyclosporine modified (for microemulsion)</i> (generic of NEORAL) caps 25mg, 100mg; soln 100mg/ml	Preferred	
<i>cyclosporine modified (for microemulsion)</i> caps 50mg	Preferred	
<i>mycophenolate mofetil</i> (generic of CELLCEPT) caps 250mg; susr 200mg/ml; tabs 500mg	Preferred	
<i>mycophenolate sodium</i> (generic of MYFORTIC) tabs 180mg, 360mg	Preferred	
<i>sirolimus</i> soln 1mg/ml; tabs .5mg, 1mg, 2mg	Preferred	
<i>tacrolimus</i> caps .5mg, 1mg, 5mg	Preferred	
<i>tacrolimus</i> (generic of PROGRAF) caps .5mg, 1mg, 5mg	Preferred	

IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE

<i>water for irrigation, sterile irrigation soln</i>	Preferred	
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POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM

<i>sodium polystyrene sulfonate</i> susp 15gm/60ml	Preferred	
<i>sodium polystyrene sulfonate</i> powder	Preferred	

MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT

ANESTHETICS TOPICAL ORAL

<i>lidocaine hcl</i> (mouth-throat) soln 2%, 4%	Preferred	
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ANTI-INFECTIVES - THROAT

<i>clotrimazole</i> troc 10mg	Preferred	
NYSTATIN SUSP 100000UNIT/ML	Preferred	
<i>nystatin</i> (mouth-throat) (generic of NYSTATIN) susp 100000unit/ml	Preferred	

ANTISEPTICS - MOUTH/THROAT

<i>chlorhexidine gluconate</i> (mouth-throat) (generic of PERIDEX) soln .12%	Preferred	
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STEROIDS - MOUTH/THROAT/DENTAL

<i>triamcinolone acetonide</i> (mouth) pste .1%	Preferred	
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THROAT PRODUCTS - MISC.

<i>pilocarpine hcl</i> (oral) (generic of SALAGEN) tabs 5mg, 7.5mg	Preferred	
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MULTIVITAMINS - DRUGS FOR NUTRITION

B-COMPLEX VITAMINS

<i>b-complex vitamin</i> cap	Preferred	OTC
<i>b-complex vitamin</i> tab	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
B-COMPLEX W/ FOLIC ACID		
<i>b-complex w/ c & folic acid tab 0.8 mg</i>	Preferred	OTC
<i>b-complex w/ c & folic acid tab 1 mg</i>	Preferred	OTC
B-COMPLEX W/ MINERALS		
<i>b-complex w/ minerals liq</i>	Preferred	OTC
BIOFLAVONOID PRODUCTS		
<i>bioflavonoid products tab</i>	Preferred	OTC
IRON W/ VITAMINS		
<i>iron w/ vitamin tab</i>	Preferred	OTC
PED MULTI VITAMINS W/FL & FE		
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	Preferred	OTC
PED MV W/ IRON		
<i>pediatric multiple vitamins w/ iron chew tab 15 mg</i>	Preferred	OTC
<i>pediatric multiple vitamins w/ iron chew tab 18 mg</i>	Preferred	OTC
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	Preferred	AGE (Min 10, Max 55), OTC
COMPLETENATE CHW	Preferred	AGE (Min 10, Max 55)
GNP PRENATAL TAB 28-0.8MG	Preferred	AGE (Min 10, Max 55), OTC
M-NATAL PLUS TAB	Preferred	AGE (Min 10, Max 55)
NIVA-PLUS TAB	Preferred	AGE (Min 10, Max 55)
OB COMPLETE TAB	Preferred	AGE (Min 10, Max 55)
PRENATABS FA TAB 29-1MG	Preferred	OTC
PRENATAL TAB 27-0.8MG	Preferred	AGE (Min 10, Max 55), OTC
PRENATAL TAB 27-1MG	Preferred	AGE (Min 10, Max 55)
PRENATAL TAB 28-0.8MG	Preferred	AGE (Min 10, Max 55), OTC
PRENATAL TAB PLUS	Preferred	AGE (Min 10, Max 55)
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i>	Preferred	AGE (Min 10, Max 55)
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>	Preferred	AGE (Min 10, Max 55)
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>	Preferred	AGE (Min 10, Max 55), OTC
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i>	Preferred	AGE (Min 10, Max 55)
QC PRENATAL TAB 28-0.8MG	Preferred	AGE (Min 10, Max 55), OTC
SE-NATAL 19 CHW	Preferred	AGE (Min 10, Max 55)
SE-NATAL 19 TAB	Preferred	AGE (Min 10, Max 55)
THRIVITE RX TAB 29-1MG	Preferred	AGE (Min 10, Max 55)
TRINATAL RX TAB 1	Preferred	AGE (Min 10, Max 55)
VITAFOL-OB TAB 65-1MG	Preferred	AGE (Min 10, Max 55)
WESTAB PLUS TAB 27-1MG	Preferred	AGE (Min 10, Max 55)
MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS		
CENTRAL MUSCLE RELAXANTS		
<i>baclofen (generic of FLEQSUVY) susp 25mg/5ml</i>	Preferred	
<i>baclofen tabs 5mg</i>	Preferred	QL (16 tabs every 1 day)
<i>baclofen tabs 10mg</i>	Preferred	QL (8 tabs every 1 day)

AGE - Age Limit **OTC** - Over the counter **PA** - Prior Authorization **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

Drug Name	Drug Tier	Requirements/Limits
<i>baclofen tabs 15mg</i>	Preferred	
<i>baclofen tabs 20mg</i>	Preferred	QL (4 tabs every 1 day)
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	Preferred	QL (4 tabs every 1 day)
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Preferred	QL (3 tabs every 1 day)
<i>methocarbamol tabs 500mg</i>	Preferred	QL (8 tabs every 1 day)
<i>methocarbamol tabs 750mg</i>	Preferred	QL (6 tabs every 1 day)
<i>orphenadrine citrate tb12 100mg</i>	Preferred	QL (2 tabs every 1 day)
<i>tizanidine hcl tabs 2mg</i>	Preferred	QL (18 tabs every 1 day)
<i>tizanidine hcl (generic of ZANAFLEX) tabs 4mg</i>	Preferred	QL (9 tabs every 1 day)

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium (generic of DANTRIUM) caps 25mg</i>	Preferred	
<i>dantrolene sodium caps 50mg, 100mg</i>	Preferred	

MUSCLE RELAXANT COMBINATIONS

<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	Preferred	
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NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENTS - MISC.

<i>OCEAN NASAL SPRAY SOLN .65% saline soln .65%</i>	Preferred	OTC
	Preferred	OTC

NASAL ANTIALLERGY

<i>azelastine hcl soln 137mcg/spray</i>	Preferred	QL (60 mL every 30 days)
<i>cromolyn sodium (nasal) aers 5.2mg/act</i>	Preferred	OTC
<i>olopatadine hcl (nasal) soln .6%</i>	Preferred	QL (31 gm every 30 days)

NASAL STEROIDS

<i>flunisolide (nasal) soln .025%</i>	Preferred	QL (25 gm every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred	QL (16 gm every 30 days)
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred	QL (16 gm every 30 days), OTC
<i>triamcinolone acetonide (nasal) aero 55mcg/act</i>	Preferred	OTC

SYMPATHOMIMETIC DECONGESTANTS

<i>oxymetazoline hcl soln .05%</i>	Preferred	OTC
<i>phenylephrine hcl (oral) tabs 10mg</i>	Preferred	OTC
<i>pseudoephedrine hcl tabs 30mg, 60mg; tb12 120mg</i>	Preferred	OTC

NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES

ALS AGENTS

<i>riluzole tabs 50mg</i>	Preferred	
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NUTRIENTS - DRUGS FOR NUTRITION

MISC. NUTRITIONAL SUBSTANCES

<i>omega-3 fatty acids cap 500 mg</i>	Preferred	OTC
<i>omega-3 fatty acids cap 1000 mg</i>	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
PROTEIN-CARBOHYDRATE-LIPID COMBINATIONS		
PERIKABIVEN EMU	Preferred	
PROTEINS		
<i>amino acid infusion 15%</i>	Preferred	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
ARTIFICIAL TEARS AND LUBRICANTS		
<i>artificial tear ophth solution</i>	Preferred	OTC
BION TEARS SOL 0.1-0.3%	Preferred	OTC
GENTEAL TEAR SOL MOD PF	Preferred	OTC
GENTEAL TEAR SOL PF	Preferred	OTC
<i>polyvinyl alcohol soln 1.4%</i>	Preferred	OTC
<i>white petrolatum-mineral oil ophth ointment</i>	Preferred	OTC
BETA-BLOCKERS - OPHTHALMIC		
<i>betaxolol hcl (ophth) soln .5%</i>	Preferred	
<i>carteolol hcl (ophth) soln 1%</i>	Preferred	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i> (generic of COSOPT)	Preferred	
<i>levobunolol hcl soln .5%</i>	Preferred	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Preferred	
<i>timolol maleate (ophth) (generic of ISTALOL) soln .5%</i>	Preferred	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SULFATE SOLN 1%	Preferred	
<i>atropine sulfate (ophthalmic) soln 1%</i>	Preferred	
CYCLOMYDRIL SOL OP	Preferred	
<i>cyclopentolate hcl (generic of CYCLOGYL) soln 1%</i>	Preferred	
<i>tropicamide (generic of MYDRIACYL) soln 1%</i>	Preferred	
<i>tropicamide soln .5%</i>	Preferred	
MIOTICS		
<i>pilocarpine hcl soln 1%, 2%, 4%</i>	Preferred	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOLN .1%, .15%	Preferred	
<i>brimonidine tartrate (generic of ALPHAGAN P) soln .1%, .15%</i>	Preferred	
<i>brimonidine tartrate soln .2%</i>	Preferred	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin (ophthalmic) oint 500unit/gm</i>	Preferred	
<i>bacitracin-polymyxin b ophth oint</i>	Preferred	
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Preferred	
ERYTHROMYCIN OINT 5MG/GM	Preferred	
<i>erythromycin (ophth) oint 5mg/gm</i>	Preferred	
<i>gentamicin sulfate (ophth) soln .3%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Preferred	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Preferred	
<i>ofloxacin (ophth) (generic of OCUFLOX) soln .3%</i>	Preferred	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Preferred	
<i>sulfacetamide sodium (ophth) oint 10%</i>	Preferred	
<i>sulfacetamide sodium (ophth) soln 10%</i>	Preferred	
<i>tobramycin (ophth) soln .3%</i>	Preferred	
TOBEX OINT .3%	Preferred	
<i>trifluridine soln 1%</i>	Preferred	
ZIRGAN GEL .15%	Preferred	

OPHTHALMIC DECONGESTANTS

NAPHCN-A SOL OP	Preferred	OTC
<i>tetrahydrozoline hcl (ophth) soln .05%</i>	Preferred	OTC

OPHTHALMIC STEROIDS

ALREX SUSP .2%	Preferred	QL (10 mL every 14 days)
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred	
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Preferred	QL (15 mL every 14 days)
FLAREX SUSP .1%	Preferred	QL (15 mL every 14 days)
<i>fluorometholone (ophth) (generic of FML LIQUIFILM) susp .1%</i>	Preferred	
FML FORTE SUSP .25%	Preferred	QL (10 mL every 14 days)
<i>loteprednol etabonate (generic of ALREX) susp .2%</i>	Preferred	QL (10 mL every 14 days)
<i>loteprednol etabonate (generic of LOTEMAX) susp .5%</i>	Preferred	QL (20 mL every 14 days)
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1% (generic of MAXITROL)</i>	Preferred	
<i>neomycin-polymyxin-hc ophth susp</i>	Preferred	
PRED MILD SUSP .12%	Preferred	QL (20 mL every 14 days)
<i>prednisolone acetate (ophth) (generic of PRED FORTE) susp 1%</i>	Preferred	QL (20 mL every 14 days)
PREDNISOLONE SODIUM PHOSP SOLN 1%	Preferred	QL (20 mL every 30 days)
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred	

OPHTHALMICS - MISC.

<i>azelastine hcl (ophth) soln .05%</i>	Preferred	QL (12 mL every 30 days)
<i>cromolyn sodium (ophth) soln 4%</i>	Preferred	QL (50 mL every 30 days)
<i>diclofenac sodium (ophth) soln .1%</i>	Preferred	QL (10 mL every 14 days)
<i>dorzolamide hcl soln 2%</i>	Preferred	
<i>flurbiprofen sodium soln .03%</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine (ophth) (generic of ACULAR LS) soln .4%	Preferred	
ketorolac tromethamine (ophth) (generic of ACULAR) soln .5%	Preferred	QL (20 mL every 30 days)
ketotifen fumarate (ophth) soln .035%	Preferred	OTC
ophthalmic irrigation solution soln 99.05%	Preferred	OTC
ZADITOR SOLN .035%	Preferred	OTC

PROSTAGLANDINS - OPHTHALMIC

latanoprost (generic of XALATAN) soln .005%	Preferred	
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OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR

OTIC AGENTS - MISCELLANEOUS

acetic acid (otic) soln 2%	Preferred	
carbamide peroxide (otic) soln 6.5%	Preferred	OTC

OTIC ANTI-INFECTIVES

ofloxacin (otic) soln .3%	Preferred	
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OTIC COMBINATIONS

ciprofloxacin-dexamethasone otic susp 0.3-0.1%	Preferred	
neomycin-polymyxin-hc otic soln 1%	Preferred	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	Preferred	

OXYTOCICS - DRUGS FOR PREGNANCY

OXYTOCICS - DRUGS FOR PREGNANCY

methylergonovine maleate tabs .2mg	Preferred	QL (0.933 tabs every 1 day)
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PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS

ANTITOXINS-ANTIVENINS

ANTIVENIN KIT LAT MACT	Preferred	
ANTIVENIN NA INJ CORAL SN	Preferred	

IMMUNE SERUMS

CUVITRU SOLN 10GM/50ML	Preferred	SP
HEPAGAM B SOLN 312UNIT/ML	Preferred	SP
HIZENTRA SOLN 10GM/50ML; SOSY 10GM/50ML	Preferred	SP
HYPERRAB SOLN 300UNIT/ML, 900UNIT/3ML, 1500UNIT/5ML	Preferred	
HYPERRHO S/D SOSY 1500UNIT	Preferred	SP
KEDRAB SOLN 300UNIT/2ML, 1500UNIT/10ML	Preferred	
RHOGAM ULTRA-FILTERED PLU SOSY 1500UNIT	Preferred	SP
VARIZIG SOLN 125UNIT/1.2ML	Preferred	SP
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	Preferred	SP

MONOCLONAL ANTIBODIES

SYNAGIS SOLN 50MG/0.5ML, 100MG/ML	Preferred	SP
ZINPLAVA SOLN 1000MG/40ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml; tabs 500mg, 875mg</i>	Preferred	
AMOXICILLIN SUSR 400MG/5ML	Preferred	
<i>amoxicillin (generic of AMOXICILLIN) susr 400mg/5ml</i>	Preferred	
<i>ampicillin caps 500mg</i>	Preferred	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 250mg, 500mg</i>	Preferred	
NATURAL PENICILLINS		
BICILLIN L-A SUSY 600000UNIT/ML, 1200000UNIT/2ML, 2400000UNIT/4ML	Preferred	
PEN GK/DEXTR INJ 40000/ML	Preferred	
PEN GK/DEXTR INJ 60000/ML	Preferred	
<i>penicillin g potassium solr 5000000unit, 20000000unit</i>	Preferred	
<i>penicillin g sodium solr 5000000unit</i>	Preferred	
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Preferred	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (generic of AUGMENTIN ES-600)</i>	Preferred	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Preferred	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Preferred	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Preferred	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm (generic of UNASYN)</i>	Preferred	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm (generic of UNASYN)</i>	Preferred	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm (generic of UNASYN BULK PACK)</i>	Preferred	
AUGMENTIN SUS 125/5ML	Preferred	QL (5 mL every 1 day)
BICILLIN C-R INJ 900/300	Preferred	
BICILLIN C-R INJ 1200000	Preferred	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Preferred	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Preferred	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Preferred	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Preferred	
UNASYN INJ 1.5GM	Preferred	
UNASYN INJ 3GM	Preferred	
UNASYN INJ 15GM	Preferred	
ZOSYN SOL 2-0.25GM	Preferred	
ZOSYN SOL 3-0.375G	Preferred	
ZOSYN SOL 4-0.5GM	Preferred	

PENICILLINASE-RESISTANT PENICILLINS

<i>dicloxacillin sodium caps 250mg, 500mg</i>	Preferred	
NAFCILLIN INJ 2GM/100	Preferred	
<i>nafcillin sodium solr 1gm, 2gm, 10gm</i>	Preferred	
OXACILLIN INJ 2GM	Preferred	
<i>oxacillin sodium solr 1gm, 2gm, 10gm</i>	Preferred	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate (generic of PROVERA) tabs 2.5mg, 5mg, 10mg</i>	Preferred	
<i>progesterone (generic of PROMETRIUM) caps 100mg, 200mg</i>	Preferred	
<i>progesterone oil 50mg/ml</i>	Preferred	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tbec 333mg</i>	Preferred	
<i>disulfiram tabs 250mg, 500mg</i>	Preferred	
<i>lofexidine hcl (generic of LUCEMYRA) tabs .18mg</i>	Preferred	
LUCEMYRA TABS .18MG	Preferred	

ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS

<i>donepezil hydrochloride (generic of ARICEPT) tabs 5mg, 10mg, 23mg</i>	Preferred	
<i>donepezil hydrochloride tbdp 5mg, 10mg</i>	Preferred	
<i>memantine hcl tabs 5mg, 10mg</i>	Preferred	QL (2 tabs every 1 day)

COMBINATION PSYCHOTHERAPEUTICS

<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Preferred	PA
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Preferred	PA
LYBALVI TAB 5-10MG	Preferred	

Drug Name	Drug Tier	Requirements/Limits
LYBALVI TAB 10-10MG	Preferred	
LYBALVI TAB 15-10MG	Preferred	
LYBALVI TAB 20-10MG	Preferred	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Preferred	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Preferred	

MOVEMENT DISORDER DRUG THERAPY

AUSTEDO TABS 6MG, 9MG, 12MG	Preferred-PA	SP, PA
AUSTEDO XR TB24 6MG, 12MG, 18MG, 24MG, 30MG, 36MG, 42MG, 48MG	Preferred-PA	SP, PA
AUSTEDO XR TAB TITR KIT	Preferred-PA	SP, PA
INGREZZA CAPS 40MG, 60MG, 80MG; CPSP 40MG, 60MG, 80MG	Preferred-PA	SP, PA
INGREZZA CAP 40-80MG	Preferred-PA	SP, PA

MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS

BETASERON KIT .3MG	Preferred	SP
COPAXONE SOSY 20MG/ML, 40MG/ML	Preferred	SP
<i>dimethyl fumarate (generic of TECFIDERA) cpdr 120mg, 240mg</i>	Preferred	SP
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (generic of TECFIDERA STARTER PACK)</i>	Preferred	SP
GILENYA CAPS .5MG	Preferred-PA	SP, PA
<i>glatiramer acetate (generic of COPAXONE) sosal 20mg/ml, 40mg/ml</i>	Preferred	SP, PA
<i>glatiramer acetate (generic of COPAXONE) sosal 20mg/ml, 40mg/ml</i>	Preferred	SP; Glatopa
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred	SP
REBIF REBIDO INJ TITRATN	Preferred	SP
REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	Preferred	SP
REBIF TITRTN INJ PACK	Preferred	SP
TECFIDERA CPDR 120MG, 240MG	Preferred	SP
TECFIDERA CAP STARTER	Preferred	SP

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>pimozide tabs 1mg, 2mg</i>	Preferred	
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SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	Preferred	
<i>nicotine pt24 7mg/24hr, 14mg/24hr, 21mg/24hr</i>	Preferred	OTC
<i>nicotine polacrilex gum 2mg, 4mg; lozg 2mg, 4mg</i>	Preferred	OTC
NICOTINE SYS KIT TRANSDER	Preferred	OTC

Drug Name	Drug Tier	Requirements/Limits
NICOTROL INHALER INHA 10MG	Preferred	QL (168 inhalations every 30 days)
NICOTROL NS SOLN 10MG/ML	Preferred	QL (10 mL every 2 days)
<i>varenicline tartrate tabs .5mg, 1mg</i>	Preferred	QL (2 tabs every 1 day)
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Preferred	QL (2 tabs every 1 day)

TRANSTHYRETIN AMYLOIDOSIS AGENTS

ONPATTRO SOLN 10MG/5ML	Preferred	SP
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RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS

CYSTIC FIBROSIS AGENTS

PULMOZYME SOLN 2.5MG/2.5ML	Preferred	SP
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SULFONAMIDES - DRUGS TO TREAT INFECTIONS

SULFONAMIDES - DRUGS TO TREAT INFECTIONS

<i>sulfadiazine tabs 500mg</i>	Preferred	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

AMINOMETHYLCYCLINES

NUZYRA SOLR 100MG	Preferred	
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FLUOROCYCLINES

XERAVA SOLR 50MG	Preferred	
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GLYCYLCYCLINES

TIGECYCLINE SOLR 50MG	Preferred	
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<i>tigecycline (generic of TYGACIL) solr 50mg</i>	Preferred	
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TYGACIL SOLR 50MG	Preferred	
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TETRACYCLINES - DRUGS TO TREAT INFECTIONS

<i>demeclocycline hcl tabs 150mg, 300mg</i>	Preferred	
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<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 caps every 1 day)
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<i>doxycycline (monohydrate) susr 25mg/5ml</i>	Preferred	
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<i>doxycycline (monohydrate) tabs 50mg, 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
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<i>doxycycline hyclate caps 50mg, 100mg</i>	Preferred	QL (2 caps every 1 day)
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<i>doxycycline hyclate solr 100mg; tabs 20mg</i>	Preferred	
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<i>doxycycline hyclate tabs 50mg</i>	Preferred	QL (4 tabs every 1 day)
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<i>doxycycline hyclate tabs 75mg, 100mg, 150mg</i>	Preferred	QL (2 tabs every 1 day)
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MINOCIN SOLR 100MG	Preferred	
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<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred	
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<i>tetracycline hcl caps 250mg, 500mg</i>	Preferred	
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TETRACYCLINE HYDROCHLORID TABS 250MG, 500MG	Preferred	
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THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tabs 5mg, 10mg</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
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<i>propylthiouracil tabs 50mg</i>	Preferred	
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THYROID HORMONES

ADTHYZA TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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ADTHYZA TABS 16.25MG, 32.5MG, 65MG, 97.5MG, 130MG	Preferred	
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ARMOUR THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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ARMOUR THYROID TABS 180MG, 240MG, 300MG	Preferred	
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<i>levothyroxine sodium</i> (generic of SYNTHROID) <i>tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred	QL (2 tabs every 1 day)
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<i>liothyronine sodium</i> (generic of CYTOMEL) <i>tabs 5mcg, 25mcg, 50mcg</i>	Preferred	
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NIVA THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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NP THYROID 15 TABS 15MG	Preferred	
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NP THYROID 30 TABS 30MG	Preferred	
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NP THYROID 60 TABS 60MG	Preferred	
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NP THYROID 90 TABS 90MG	Preferred	
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NP THYROID 120 TABS 120MG	Preferred	
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THYROID TABS 15MG, 30MG, 60MG, 90MG, 120MG	Preferred	
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TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ	Preferred	
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BOOSTRIX INJ	Preferred	
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DAPTACEL INJ	Preferred	
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INFANRIX INJ	Preferred	
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KINRIX INJ	Preferred	
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PEDIARIX INJ 0.5ML	Preferred	
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PENTACEL INJ	Preferred	
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QUADRACEL INJ 0.5ML	Preferred	
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TENIVAC INJ 5-2LF	Preferred	
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VAXELIS INJ	Preferred	
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ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

BELLA/OPIUM SUP 16.2-30	Preferred	
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BELLA/OPIUM SUP 16.2-60	Preferred	
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<i>dicyclomine hcl caps 10mg; soln 10mg/5ml; tabs 20mg</i>	Preferred	
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<i>glycopyrrolate</i> (generic of CUVPOSA) <i>soln 1mg/5ml</i>	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
<i>glycopyrrolate tabs 1mg, 2mg</i>	Preferred	
<i>hyoscyamine sulfate elix .125mg/5ml; soln .125mg/ml; subl .125mg; tabs .125mg; tb12 .375mg; tbdp .125mg</i>	Preferred	

H-2 ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	Preferred	
<i>cimetidine hcl soln 300mg/5ml</i>	Preferred	
<i>famotidine susr 40mg/5ml</i>	Preferred	
<i>famotidine tabs 10mg</i>	Preferred	OTC
<i>famotidine (generic of PEPCID) tabs 20mg, 40mg</i>	Preferred	
<i>nizatidine caps 150mg, 300mg</i>	Preferred	

MISC. ANTI-ULCER

<i>CARAFATE SUSP 1GM/10ML</i>	Preferred	
<i>sucralfate (generic of CARAFATE) susp 1gm/10ml; tabs 1gm</i>	Preferred	

PROTON PUMP INHIBITORS

<i>lansoprazole (generic of PREVACID SOLUTAB) tbdd 15mg, 30mg</i>	Preferred	AGE (Max 10)
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Preferred	AGE (Max 20)
<i>omeprazole tbec 20mg</i>	Preferred	AGE (Max 20), OTC
<i>omeprazole magnesium tbec 20mg</i>	Preferred	AGE (Max 20), OTC
<i>pantoprazole sodium (generic of PROTONIX) tbec 20mg, 40mg</i>	Preferred	AGE (Max 20)

ULCER DRUGS - PROSTAGLANDINS

<i>misoprostol (generic of CYTOTEC) tabs 100mcg, 200mcg</i>	Preferred	
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URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE

URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)

<i>oxybutynin chloride soln 5mg/5ml; tabs 2.5mg, 5mg; tb24 5mg, 10mg, 15mg</i>	Preferred	
<i>solifenacin succinate (generic of VESICARE) tabs 5mg, 10mg</i>	Preferred	

URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS

<i>GEMTESA TABS 75MG</i>	Preferred	
<i>mirabegron (generic of MYRBETRIQ) tb24 25mg, 50mg</i>	Preferred	
<i>MYRBETRIQ SRER 8MG/ML; TB24 25MG, 50MG</i>	Preferred	

URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	Preferred	
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VACCINES - DRUGS TO PREVENT INFECTIONS

BACTERIAL VACCINES

<i>ACTHIB INJ</i>	Preferred	
<i>BEXSERO SUSY .5ML</i>	Preferred	

Drug Name	Drug Tier	Requirements/Limits
BIOTHRAX INJ	Preferred	
CAPVAXIVE SOSY .5ML	Preferred	
HIBERIX SOLR 10MCG	Preferred	
MENQUADFI SOLN .5ML	Preferred	
MENVEO INJ	Preferred	
MENVEO SOL	Preferred	
PEDVAX HIB SUSP 7.5MCG/0.5ML	Preferred	
PENBRAYA INJ	Preferred	
PNEUMOVAX 23 SOSY 25MCG/0.5ML	Preferred	
PREVNAR 20 INJ	Preferred	
TRUMENBA SUSY .5ML	Preferred	
TYPHIM VI SOLN 25MCG/0.5ML; SOSY 25MCG/0.5ML	Preferred	
VAXCHORA SUS	Preferred	
VAXNEUVANCE INJ	Preferred	
VIVOTIF CAP EC	Preferred	

VIRAL VACCINES

ABRYSVO SOLR 120MCG/0.5ML	Preferred	
AFLURIA INJ 2024-25	Preferred	
AREXVY SUSR 120MCG/0.5ML	Preferred	
COMIRNATY 2024-25 SUSY 30MCG/0.3ML	Preferred	
DENGVAXIA SUS	Preferred	
ENGERIX-B SUSP 20MCG/ML; SUSY 10MCG/0.5ML, 20MCG/ML	Preferred	
FLUAD INJ 2024-25	Preferred	
FLUARIX INJ 2024-25	Preferred	
FLUBLOK INJ 2024-25	Preferred	
FLUCELVAX INJ 2024-25	Preferred	
FLULAVAL INJ 2024-25	Preferred	
FLUMIST NASA LIQ 2024-25	Preferred	
FLUZONE HD INJ 2024-25	Preferred	
FLUZONE INJ 2024-25	Preferred	
GARDASIL 9 SUSP .5ML; SUSY .5ML	Preferred	
HAVRIX SUSP 1440ELU/ML; SUSY 720ELU/0.5ML	Preferred	
HEPLISAV-B SOSY 20MCG/0.5ML	Preferred	
IMOVAX RABIES (H.D.C.V.) SUSR 2.5UNIT/ML	Preferred	
IPOL INJ INACTIVE	Preferred	
IXCHIQ INJ	Preferred	
IXIARO INJ	Preferred	
M-M-R II INJ	Preferred	
MODERNA COVID-19 VACCINE SUSY 25MCG/0.25ML	Preferred	
NOVAVAX COVID-19 VACCINE/ SUSY 5MCG/0.5ML	Preferred	

Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19 SUSP 3MCG/0.3ML, 10MCG/0.3ML	Preferred	
PRIORIX INJ	Preferred	
PROQUAD INJ	Preferred	
RABAVERT INJ	Preferred	
RECOMBIVAX HB SUSP 5MCG/0.5ML, 10MCG/ML, 40MCG/ML; SUSY 5MCG/0.5ML, 10MCG/ML	Preferred	
ROTARIX SUS	Preferred	
ROTATEQ SOL	Preferred	
SHINGRIX SUSR 50MCG/0.5ML	Preferred	QL (2 injections in lifetime)
SPIKEVAX COVID-19 VACCINE SUSY 50MCG/0.5ML	Preferred	
STAMARIL INJ	Preferred	
TWINRIX INJ	Preferred	
VAQTA SUSP 25UNIT/0.5ML, 50UNIT/ML	Preferred	
VARIVAX SUSR 1350PFU/0.5ML	Preferred	
VIMKUNYA SUSY 40MCG/0.8ML	Preferred	
YF-VAX INJ	Preferred	

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

VAGINAL ANTI-INFECTIVES

CLEOCIN SUPP 100MG	Preferred	QL (3 supp every 30 days)
<i>clindamycin phosphate vaginal (generic of CLEOCIN) crea 2%</i>	Preferred	
<i>clotrimazole vaginal crea 1%, 2%</i>	Preferred	OTC
<i>metronidazole vaginal gel .75%</i>	Preferred	
<i>miconazole nitrate vaginal crea 2%</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200mg</i>	Preferred	
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	Preferred	OTC
<i>terconazole vaginal crea .4%, .8%</i>	Preferred	
<i>terconazole vaginal supp 80mg</i>	Preferred	
<i>tioconazole vaginal oint 6.5%</i>	Preferred	OTC

VAGINAL CONTRACEPTIVE - PH MODULATORS

PHEXXI GEL	Preferred	
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VAGINAL ESTROGENS

<i>estradiol vaginal (generic of ESTRACE) crea .1mg/gm</i>	Preferred	
PREMARIN CREA .625MG/GM	Preferred	

VAGINAL PROGESTINS

ENDOMETRIN INST 100MG	Preferred	
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Drug Name	Drug Tier	Requirements/Limits
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
AUVI-Q SOAJ .1MG/0.1ML	Preferred	
AUVI-Q SOAJ .3MG/0.3ML	Preferred	QL (4 pens every 365 days)
AUVI-Q SOAJ .15MG/0.15ML	Preferred	QL (2 pens every 365 days)
<i>epinephrine (anaphylaxis) soaj .3mg/0.3ml</i>	Preferred	QL (4 pens every 365 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN 2-PAK) soaj .3mg/0.3ml</i>	Preferred	QL (4 pens every 365 days)
<i>epinephrine (anaphylaxis) (generic of EPIPEN-JR 2-PAK) soaj .15mg/0.3ml</i>	Preferred	
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml</i>	Preferred	QL (2 pens every 365 days)
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	Preferred	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
DRISDOL CAPS 50000UNIT	Preferred	
<i>ergocalciferol (generic of DRISDOL) caps 1.25mg, 50000unit</i>	Preferred	
<i>phytonadione tabs 5mg</i>	Preferred	

Index

- A**
- abacavir sulfate* 48
- abacavir sulfate-lamivudine tab 600-300 mg*..... 48
- ABILIFY
 see *aripiprazole* 47
- ABILIFY ASIMTUFII..... 47
- ABILIFY MAINTENA 47
- abiraterone acetate*.....44
- ABRYSVO 88
- acamprosate calcium* 83
- acarbose* 35
- ACCOLATE
 see *zafirlukast* 29
- ACCUPRIL
 see *quinapril hcl*.....40
- ACCURETIC
 see *quinapril-hydrochlorothiazide tab 10-12.5 mg* 42
 see *quinapril-hydrochlorothiazide tab 20-12.5 mg* 42
- acebutolol hcl*51
- acetaminophen*21
- acetaminophen w/ codeine soln 120-12 mg/5ml*..... 22
- acetaminophen w/ codeine tab 300-15 mg* 22
- acetaminophen w/ codeine tab 300-30 mg* 22
- acetaminophen w/ codeine tab 300-60 mg* 22
- acetazolamide* 64
- acetic acid (otic)*.....81
- acetylcysteine* 59
- ACTHAR..... 65
- ACTHIB INJ..... 87
- ACTIVELLA
 see *estradiol & norethindrone acetate tab 1-0.5 mg*..... 65
- ACTOS
 see *pioglitazone hcl*..... 36
- ACULAR
 see *ketorolac tromethamine (ophth)*81
- ACULAR LS
 see *ketorolac tromethamine (ophth)*..... 81
- acyclovir* 51
- ADACEL INJ 86
- ADALIMUMAB-ADB..... 20
- ADALIMUMAB-ADB STARTER P..... 20
- ADCIRCA 53
 see *tadalafil (pulmonary hypertension)* 53
- ADDERALL
 see *amphetamine-dextroamphetamine tab 10 mg*..... 18
 see *amphetamine-dextroamphetamine tab 12.5 mg*..... 18
 see *amphetamine-dextroamphetamine tab 15 mg*..... 18
 see *amphetamine-dextroamphetamine tab 20 mg* 18
 see *amphetamine-dextroamphetamine tab 30 mg*..... 18
 see *amphetamine-dextroamphetamine tab 5 mg* 18
 see *amphetamine-dextroamphetamine tab 7.5 mg* 18
- ADDERALL XR
 see *amphetamine-dextroamphetamine cap er 24hr 10 mg*..... 18
 see *amphetamine-dextroamphetamine cap er 24hr 15 mg* 18
 see *amphetamine-dextroamphetamine cap er 24hr 20 mg* 18
 see *amphetamine-dextroamphetamine cap er 24hr 25 mg* 18
 see *amphetamine-dextroamphetamine cap er 24hr 30 mg* 18
 see *amphetamine-dextroamphetamine cap er 24hr 5 mg* 18
- ADTHYZA 86
- ADVAIR DISKU AER 100/50 29
- ADVAIR DISKU AER 250/50 29
- ADVAIR DISKU AER 500/50 29
- ADVAIR HFA AER 115/21 29
- ADVAIR HFA AER 230/21 30
- ADVAIR HFA AER 45/21 29

ADVATE	68	<i>aminocaproic acid</i>	71
ADYNOVATE	68	<i>amiodarone hcl</i>	28
AFLURIA INJ 2024-25.....	88	<i>amitriptyline hcl</i>	34
AFSTYLA	68	<i>amlodipine besylate</i>	52
AGRYLIN		<i>amlodipine besylate-benazepril hcl cap 10-</i>	
<i>see anagrelide hcl</i>	70	20 mg	40
AIMOVIG	74	<i>amlodipine besylate-benazepril hcl cap 10-</i>	
AIRDUO RESPI INH 113-14	30	40 mg	41
AIRDUO RESPI INH 232-14	30	<i>amlodipine besylate-benazepril hcl cap 2.5-</i>	
AIRDUO RESPI INH 55-14	30	10 mg	40
AIRSUPRA AER 90-80MCG.....	30	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
AJOVY	74	10 mg	40
<i>albuterol sulfate</i>	30	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
<i>alclometasone dipropionate</i>	61	20 mg	40
ALCOHOL PREP PAD.....	74	<i>amlodipine besylate-benazepril hcl cap 5-</i>	
ALDACTONE		40 mg	40
<i>see spironolactone</i>	64	<i>amoxicillin</i>	82
<i>alendronate sodium</i>	64	AMOXICILLIN.....	82
<i>alfuzosin hcl</i>	68	<i>see amoxicillin</i>	82
<i>allopurinol</i>	68	<i>amoxicillin & k clavulanate chew tab 400-</i>	
ALPHAGAN P	79	57 mg	82
<i>see brimonidine tartrate</i>	79	<i>amoxicillin & k clavulanate for susp 200-</i>	
ALPHANATE.....	68	28.5 mg/5ml	82
ALPHANINE SD	68	<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>alprazolam</i>	27	62.5 mg/5ml	82
ALPRAZOLAM INTENSOL	27	<i>amoxicillin & k clavulanate for susp 400-57</i>	
ALPROLIX	68	mg/5ml	82
ALREX	80	<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>see loteprednol etabonate</i>	80	42.9 mg/5ml.....	82
ALTACE		<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>see ramipril</i>	40	82
<i>alum & mag hydroxide-simethicone chew</i>		<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>tab 200-200-25 mg</i>	24	82
<i>alum & mag hydroxide-simethicone susp</i>		<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>200-200-20 mg/5ml</i>	24	82
ALUMINUM HYDROXIDE.....	24	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amantadine hcl</i>	45	24hr 10 mg	18
AMBIEN		<i>amphetamine-dextroamphetamine cap er</i>	
<i>see zolpidem tartrate</i>	71	24hr 15 mg	18
<i>amikacin sulfate</i>	20	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amiloride & hydrochlorothiazide tab 5-50</i>		24hr 20 mg	18
mg.....	64	<i>amphetamine-dextroamphetamine cap er</i>	
<i>amiloride hcl</i>	64	24hr 25 mg.....	18
<i>amino acid infusion 15%</i>	79		

<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	18	<i>see leflunomide</i>	21
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	18	AREXVY	88
<i>amphetamine-dextroamphetamine tab 10 mg</i>	18	ARICEPT	
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	18	<i>see donepezil hydrochloride</i>	83
<i>amphetamine-dextroamphetamine tab 15 mg</i>	18	ARIMIDEX	
<i>amphetamine-dextroamphetamine tab 20 mg</i>	18	<i>see anastrozole</i>	44
<i>amphetamine-dextroamphetamine tab 30 mg</i>	18	<i>aripiprazole</i>	47
<i>amphetamine-dextroamphetamine tab 5 mg</i>	18	ARISTADA	47, 48
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	18	ARISTADA INITIO.....	48
<i>ampicillin</i>	82	ARIXTRA	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	82	<i>see fondaparinux sodium</i>	30, 31
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	82	ARMOUR THYROID	86
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	82	ARNUITY ELLIPTA	29
<i>ampicillin sodium</i>	82	AROMASIN	
ANAFRANIL		<i>see exemestane</i>	44
<i>see clomipramine hcl</i>	34	<i>artificial tear ophth solution</i>	79
<i>anagrelide hcl</i>	70	ASMANEX TWISTHALER 120 ME	29
ANAPROX DS		ASMANEX TWISTHALER 14 MET	29
<i>see naproxen sodium</i>	21	ASMANEX TWISTHALER 30 MET	29
<i>anastrozole</i>	44	ASMANEX TWISTHALER 60 MET	29
ANNOVERA MIS	56	<i>aspirin</i>	21
ANORO ELLIPT AER 62.5-25.....	30	ASPIRIN	21
ANTIVENIN KIT LAT MACT	81	<i>aspirin buffered (ca carb-mg carb-mg ox) tab 325 mg</i>	22
ANTIVENIN NA INJ CORAL SN	81	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	70
ANUSOL-HC		<i>atazanavir sulfate</i>	48
<i>see hydrocortisone (rectal)</i>	24	<i>atenolol</i>	51
<i>aprepitant</i>	38	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	41
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	38	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	41
APRETUDE	48	ATIVAN	28
APTIVUS.....	48	<i>see lorazepam</i>	28
ARAVA		<i>atorvastatin calcium</i>	39
		<i>atovaquone</i>	25
		<i>atovaquone-proguanil hcl tab 250-100 mg</i>	42
		<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	42
		ATRALIN	
		<i>see tretinoin</i>	59
		ATROPINE SULFATE	79
		<i>atropine sulfate (ophthalmic)</i>	79
		ATROVENT HFA.....	29
		AUGMENTIN ES-600	

see <i>amoxicillin & k clavulanate for susp</i>	
600-42.9 mg/5ml	82
AUGMENTIN SUS 125/5ML	82
AUSTEDO	84
AUSTEDO XR	84
AUSTEDO XR TAB TITR KIT	84
AUVI-Q	90
AVALIDE	
see <i>irbesartan-hydrochlorothiazide tab</i>	
150-12.5 mg	41
see <i>irbesartan-hydrochlorothiazide tab</i>	
300-12.5 mg	41
AVAPRO	
see <i>irbesartan</i>	40
AVYCAZ INJ 2-0.5GM	53
AZACTAM	26
see <i>aztreonam</i>	26
azathioprine	76
azelastine hcl	78
azelastine hcl (ophth)	80
azithromycin	72
aztreonam	26
AZULFIDINE	
see <i>sulfasalazine</i>	67
AZULFIDINE EN-TABS	
see <i>sulfasalazine</i>	67
B	
<i>bacitracin (ophthalmic)</i>	79
<i>bacitracin (topical)</i>	60
<i>bacitracin zinc</i>	60
<i>bacitracin-polymyxin b ophth oint</i>	79
<i>bacitracin-polymyxin-neomycin-hc ophth</i>	
<i>oint 1%</i>	80
<i>baclofen</i>	77, 78
BACTRIM	
see <i>sulfamethoxazole-trimethoprim tab</i>	
400-80 mg	25
BACTRIM DS	
see <i>sulfamethoxazole-trimethoprim tab</i>	
800-160 mg	25
BALCOLTRA	
see <i>levonorgestrel-ethinyl estradiol-fe</i>	
<i>tab 0.1 mg-20 mcg (21)</i>	55
BALCOLTRA TAB 0.1-20	54

BALNEOL LOT	62
<i>balsalazide disodium</i>	67
BAQSIMI ONE PACK	35
BAQSIMI TWO PACK	35
BARACLUDE	
see <i>entecavir</i>	51
BAXDELA	66
<i>b-complex vitamin cap</i>	76
<i>b-complex vitamin tab</i>	76
<i>b-complex w/ c & folic acid tab 0.8 mg</i> ...	77
<i>b-complex w/ c & folic acid tab 1 mg</i>	77
<i>b-complex w/ minerals liq</i>	77
BELLA/OPIUM SUP 16.2-30	86
BELLA/OPIUM SUP 16.2-60	86
<i>benazepril & hydrochlorothiazide tab 10-</i>	
<i>12.5 mg</i>	41
<i>benazepril & hydrochlorothiazide tab 20-</i>	
<i>12.5 mg</i>	41
<i>benazepril & hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	41
<i>benazepril & hydrochlorothiazide tab 5-</i>	
<i>6.25 mg</i>	41
<i>benazepril hcl</i>	39
BENEFIX	68
BENZAMYCIN	
see <i>benzoyl peroxide-erythromycin gel</i>	
5-3%	59
<i>benzonatate</i>	58
<i>benzoyl peroxide</i>	59
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	59
<i>benztropine mesylate</i>	45
BERINERT	70
BETADINE	48
<i>betamethasone valerate</i>	61
BETAPACE	
see <i>sotalol hcl</i>	52
BETASERON	84
<i>betaxolol hcl</i>	51
<i>betaxolol hcl (ophth)</i>	79
<i>bethanechol chloride</i>	87
<i>bexarotene</i>	44
BEXSERO	87
BEYAZ	

see <i>drospirenone-ethinyl estrad-</i> <i>levomefolate tab 3-0.02-0.451 mg</i>	55
BEYAZ TAB	54
BIAXIN XL	
see <i>clarithromycin</i>	72
<i>bicalutamide</i>	44
BICILLIN C-R INJ 1200000.....	82
BICILLIN C-R INJ 900/300	82
BICILLIN L-A.....	82
BIDIL	
see <i>isosorbide dinitrate-hydralazine hcl</i> <i>tab 20-37.5 mg</i>	53
BIDIL TAB.....	53
BIKTARVY TAB.....	48
<i>bioflavonoid products tab</i>	77
BION TEARS SOL 0.1-0.3%	79
BIOTHRAX INJ.....	88
<i>bisacodyl</i>	72
<i>bismuth subsalicylate</i>	37
<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	41
<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	41
<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	41
<i>bisoprolol fumarate</i>	51
BOOSTRIX INJ	86
BRILINTA	70
<i>brimonidine tartrate</i>	79
BRIVIACT	31
BRIXADI	23
<i>bromocriptine mesylate</i>	45
<i>brompheniramine & phenylephrine elixir 1-</i> <i>2.5 mg/5ml</i>	58
<i>brompheniramine & pseudoephedrine elixir</i> <i>1-15 mg/5ml</i>	58
<i>budesonide (inhalation)</i>	29
<i>bumetanide</i>	64
BUMEX	
see <i>bumetanide</i>	64
<i>buprenorphine hcl</i>	23
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i> <i>mg (base equiv)</i>	23

<i>buprenorphine hcl-naloxone hcl sl film 2-</i> <i>0.5 mg (base equiv)</i>	23
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i> <i>mg (base equiv)</i>	23
<i>buprenorphine hcl-naloxone hcl sl film 8-2</i> <i>mg (base equiv)</i>	23
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i> <i>mg (base equiv)</i>	23
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i> <i>mg (base equiv)</i>	23
<i>bupropion hcl</i>	33
<i>bupropion hcl (smoking deterrent)</i>	84
<i>buspirone hcl</i>	27
<i>butalbital-acetaminophen tab 50-300 mg</i>	21
<i>butalbital-acetaminophen tab 50-325 mg</i>	21
<i>butalbital-acetaminophen-caffeine cap 50-</i> <i>300-40 mg</i>	21
<i>butalbital-acetaminophen-caffeine cap 50-</i> <i>325-40 mg</i>	21
<i>butalbital-acetaminophen-caffeine tab 50-</i> <i>325-40 mg</i>	21
<i>butalbital-aspirin-caff w/ codeine cap 50-</i> <i>325-40-30 mg</i>	22
<i>butalbital-aspirin-caffeine cap 50-325-40</i> <i>mg</i>	21
<i>butorphanol tartrate</i>	23
C	
CABENUVA SUS 400-600	48
CABENUVA SUS 600-900	48
<i>cabergoline</i>	65
<i>caffeine citrate</i>	18
CAFFEINE CITRATE	18
see <i>caffeine citrate</i>	18
<i>calcipotriene</i>	60
<i>calcitonin (salmon)</i>	64
<i>calcitriol</i>	65
<i>calcium acetate (phosphate binder)</i>	67
<i>calcium carb-cholecalciferol tab 600 mg-10</i> <i>mcg (400 unit)</i>	75
<i>calcium carb-cholecalciferol tab 600 mg-</i> <i>20 mcg (800 unit)</i>	75
<i>calcium carbonate</i>	75
CALCIUM CARBONATE	24
<i>calcium carbonate (antacid)</i>	24

<i>calcium carbonate-cholecalciferol tab 500 mg-5 mcg(200 unit)</i>	75	<i>carvedilol</i>	51
<i>calcium carb-vit d w/ minerals tabs 600 mg-400 unit</i>	75	CASODEX	
<i>calcium polycarbophil</i>	71	<i>see bicalutamide</i>	44
CAL-MAG-ZINC TAB +D3	75	CATAPRES-TTS-1	
<i>camphor & menthol lotion 0.5-0.5%</i>	60	<i>see clonidine</i>	40
CANASA		CATAPRES-TTS-2	
<i>see mesalamine</i>	67	<i>see clonidine</i>	40
CAPLYTA	45	CATAPRES-TTS-3	
CAPRELSA	44	<i>see clonidine</i>	40
<i>capsaicin</i>	62	CAYA DPR	73
<i>captopril</i>	39	<i>cefaclor</i>	54
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	41	<i>cefadroxil</i>	53
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	41	CEFAZOL/DEX SOL 1GM.....	53
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	41	CEFAZOL/DEX SOL 2GM	53
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	41	CEFAZOLIN INJ 1GM/50ML	54
CAPVAXIVE	88	<i>cefazolin sodium</i>	54
CARAFATE.....	87	CEFAZOLIN SODIUM	54
<i>see sucralfate</i>	87	CEFAZOLIN SOL	54
CARBAGLU	65	<i>cefdinir</i>	54
<i>see carglumic acid</i>	65	CEFEPIME.....	54
<i>carbamazepine</i>	31	<i>cefepime hcl</i>	54
<i>carbamide peroxide (otic)</i>	81	CEFEPIME/DEX INJ 1GM	54
<i>carbidopa</i>	45	CEFEPIME/DEX INJ 2GM	54
<i>carbidopa & levodopa tab 10-100 mg</i>	45	<i>cefixime</i>	54
<i>carbidopa & levodopa tab 25-100 mg</i>	45	CEFOTAN	54
<i>carbidopa & levodopa tab 25-250 mg</i>	45	<i>see cefotetan disodium</i>	54
<i>carbidopa & levodopa tab er 25-100 mg</i> ..	45	<i>cefotetan disodium</i>	54
<i>carbidopa & levodopa tab er 50-200 mg</i> .	45	CEFOXITIN INJ 1GM	54
CARDIZEM		CEFOXITIN INJ 2GM.....	54
<i>see diltiazem hcl</i>	52	<i>cefoxitin sodium</i>	54
CARDIZEM CD		<i>cefprozil</i>	54
<i>see diltiazem hcl coated beads</i>	52	<i>ceftazidime</i>	54
CARDIZEM LA		CEFTRIAX/DEX INJ 1GM	54
<i>see diltiazem hcl</i>	52	CEFTRIAX/DEX INJ 2GM	54
CARDURA		<i>ceftriaxone sodium</i>	54
<i>see doxazosin mesylate</i>	40	<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	54
<i>carglumic acid</i>	65	<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	54
<i>carteolol hcl (ophth)</i>	79	<i>cefuroxime axetil</i>	54
		<i>cefuroxime sodium</i>	54
		CELEBREX	
		<i>see celecoxib</i>	20
		<i>celecoxib</i>	20

CELEXA	
see <i>citalopram hydrobromide</i>	33
CELLCEPT	
see <i>mycophenolate mofetil</i>	76
CENTRATEX CAP	70
<i>cephalexin</i>	54
CEREBYX	32
see <i>fosphenytoin sodium</i>	32
<i>cetirizine hcl</i>	38
<i>cetirizine-pseudoephedrine tab er 12hr 5-120 mg</i>	58
CHEMET	37
<i>chloramphenicol sodium succinate</i>	25
<i>chlordiazepoxide hcl</i>	28
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	83
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	83
<i>chlorhexidine gluconate</i>	48
<i>chlorhexidine gluconate (mouth-throat)</i> ..	76
<i>chloroquine phosphate</i>	42
<i>chlorpheniramine maleate</i>	38
<i>chlorpromazine hcl</i>	47
<i>chlorthalidone</i>	64
<i>chlorzoxazone</i>	78
<i>cholestyramine</i>	39
<i>cholestyramine light</i>	39
<i>choline fenofibrate</i>	39
<i>cimetidine</i>	87
<i>cimetidine hcl</i>	87
CIMZIA	67
CIMZIA STARTER KIT	67
CINQAIR.....	28
CIPRO	
see <i>ciprofloxacin hcl</i>	66
<i>ciprofloxacin 200 mg/100ml in d5w</i>	66
<i>ciprofloxacin 400 mg/200ml in d5w</i>	66
<i>ciprofloxacin hcl</i>	66
<i>ciprofloxacin hcl (ophth)</i>	79
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	81
<i>citalopram hydrobromide</i>	33
CL PRENATAL TAB 28-0.8MG.....	77
<i>clarithromycin</i>	72
CLEOCIN	89
see <i>clindamycin hcl</i>	26
see <i>clindamycin phosphate vaginal</i>	89
CLEOCIN PEDIATRIC GRANULE	
see <i>clindamycin palmitate hydrochloride</i>	26
CLEOCIN PHOSPHATE	26
see <i>clindamycin phosphate</i>	26
CLEOCIN-T	
see <i>clindamycin phosphate (topical)</i>	59
CLIMARA	
see <i>estradiol</i>	66
CLINDAGEL	
see <i>clindamycin phosphate (topical)</i>	59
<i>clindamycin hcl</i>	26
<i>clindamycin palmitate hydrochloride</i>	26
<i>clindamycin phosphate</i>	26
<i>clindamycin phosphate (topical)</i>	59
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	26
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	26
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	26
<i>clindamycin phosphate vaginal</i>	89
CLINDMYC/NAC INJ 300/50ML	26
CLINDMYC/NAC INJ 600/50ML	26
CLINDMYC/NAC INJ 900/50ML	26
<i>clobetasol propionate</i>	61
<i>clobetasol propionate emollient base</i>	61
<i>clomipramine hcl</i>	34
<i>clonazepam</i>	31
<i>clonidine</i>	40
<i>clonidine hcl</i>	40
<i>clonidine hcl (adhd)</i>	18
<i>clopidogrel bisulfate</i>	70
<i>clorazepate dipotassium</i>	28
<i>clotrimazole</i>	76
<i>clotrimazole (topical)</i>	60
<i>clotrimazole vaginal</i>	89
<i>clozapine</i>	46, 47
CLOZARIL	
see <i>clozapine</i>	46, 47
COAGADEX	68

<i>coal tar extract</i>	63	CRESTOR	
<i>codeine sulfate</i>	22	<i>see rosuvastatin calcium</i>	39
CODEINE SULFATE	22	<i>cromolyn sodium</i>	28
COLACE	72	<i>cromolyn sodium (mastocytosis)</i>	67
COLAZAL		<i>cromolyn sodium (nasal)</i>	78
<i>see balsalazide disodium</i>	67	<i>cromolyn sodium (ophth)</i>	80
<i>colchicine w/ probenecid tab 0.5-500 mg</i>		CUPRIMINE	
.....	68	<i>see penicillamine</i>	75
COLD & ALLER LIQ CHILDREN	58	CUVITRU	81
<i>colistimethate sodium</i>	27	CUVPOSA	
COLY-MYCIN M	27	<i>see glycopyrrolate</i>	86
<i>see colistimethate sodium</i>	27	<i>cyanocobalamin</i>	70
COMBIPATCH DIS	65	<i>cyclobenzaprine hcl</i>	78
COMIRNATY 2024-25	88	CYCLOGYL	
COMPLERA TAB	48	<i>see cyclopentolate hcl</i>	79
COMPLETENATE CHW	77	CYCLOMYDRIL SOL OP	79
CONCERTA	19	<i>cyclopentolate hcl</i>	79
CONDOMS MIS	73	<i>cyclophosphamide</i>	43
CONDYLOX	62	CYCLOPHOSPHAMIDE	43
<i>see podofilox</i>	62	<i>cycloserine</i>	43
CONTOUR PLUS TES BLD GLUC	63	<i>cyclosporine</i>	76
COPAXONE	84	<i>cyclosporine modified (for microemulsion)</i>	
<i>see glatiramer acetate</i>	84	76
COREG		CYMBALTA	
<i>see carvedilol</i>	51	<i>see duloxetine hcl</i>	34
CORIFACT	68	<i>cyproheptadine hcl</i>	39
CORTEF		CYSTAGON	67
<i>see hydrocortisone</i>	57	CYTOMEL	
CORTENEMA		<i>see liothyronine sodium</i>	86
<i>see hydrocortisone (intrarectal)</i>	24	CYTOTEC	
CORTROPHIN	65	<i>see misoprostol</i>	87
COSENTYX	60	D	
COSENTYX SENSOREADY PEN	60	DALVANCE	25
COSENTYX UNOREADY	60	DANTRIUM	
COSOPT		<i>see dantrolene sodium</i>	78
<i>see dorzolamide hcl-timolol maleate</i>		<i>dantrolene sodium</i>	78
<i>ophth soln 2-0.5%</i>	79	<i>dapsone</i>	26
COZAAR		DAPTACEL INJ	86
<i>see losartan potassium</i>	40	<i>daptomycin</i>	25
CREON CAP 12000UNT	63	DAPTOMYCIN	25
CREON CAP 24000UNT	63	<i>see daptomycin</i>	25
CREON CAP 3000UNIT	63	<i>darunavir</i>	48
CREON CAP 36000UNT	63	DAYHIST ALLERGY 12 HOUR R	38
CREON CAP 6000UNIT	63	DAYTRANA	19

DDAVP	
see <i>desmopressin acetate</i>	65
DECOLORIZED IODINE	48
DELSTRIGO TAB.....	48
<i>demeclocycline hcl</i>	85
DEMSER.....	40
see <i>metyrosine</i>	40
DENG VAXIA SUS.....	88
DEPAKOTE	
see <i>divalproex sodium</i>	33
DEPAKOTE ER	
see <i>divalproex sodium</i>	33
DEPAKOTE SPRINKLES	
see <i>divalproex sodium</i>	33
DEPEN TITRATABS	75
see <i>penicillamine</i>	75
DEPO-PROVERA CONTRACEPTIV	57
see <i>medroxyprogesterone acetate</i> (<i>contraceptive</i>).....	57
DEPO-SUBQ PROVERA 104	57
DERMACINRX CAP PROBISOL.....	37
DERMACINRX CAP PROBITRA.....	37
DERMA-SMOOTH/FS BODY	
see <i>fluocinolone acetonide</i>	61
DERMA-SMOOTH/FS SCALP	
see <i>fluocinolone acetonide</i>	61
DESCOVY TAB 120-15MG.....	49
DESCOVY TAB 200/25MG.....	49
<i>desipramine hcl</i>	34
<i>desmopressin acetate</i>	65
<i>desmopressin acetate spray</i>	65
<i>desmopressin acetate spray refrigerated</i>	65
<i>desogest-eth estrad & eth estrad tab 0.15-</i> <i>0.02/0.01 mg(21/5)</i>	54
<i>desogest-ethin est tab 0.1-0.025/0.125-</i> <i>0.025/0.15-0.025mg-mg</i>	55
<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i> <i>30 mcg</i>	55
<i>desonide</i>	61
DESOWEN	
see <i>desonide</i>	61
<i>dexamethasone</i>	57
DEXAMETHASONE INTENSOL	57
<i>dexamethasone sodium phosphate</i>	57
<i>dexamethasone sodium phosphate (ophth)</i>	80
DEXCOM G6 MIS RECEIVER	73
DEXCOM G6 MIS SENSOR.....	73
DEXCOM G6 MIS TRANSMIT	73
DEXCOM G7 MIS RECEIVER	73
DEXCOM G7 MIS SENSOR.....	73
<i>dexmethylphenidate hcl</i>	19
<i>dextromethorphan hbr</i>	58
<i>dextromethorphan polistirex</i>	58
<i>dextromethorphan-doxylamine-apap cap</i> <i>15-6.25-325 mg</i>	58
<i>dextromethorphan-doxylamine-apap liquid</i> <i>30-12.5-1000 mg/30ml</i>	58
<i>dextromethorphan-guaifenesin liquid 10-</i> <i>100 mg/5ml</i>	58
<i>dextromethorphan-guaifenesin liquid 5-100</i> <i>mg/5ml</i>	58
<i>dextromethorphan-guaifenesin syrup 10-</i> <i>100 mg/5ml</i>	58
<i>dextromethorphan-guaifenesin tab er 12hr</i> <i>30-600 mg</i>	58
<i>dextromethorphan-phenylephrine-apap</i> <i>cap 10-5-325 mg</i>	58
DHS TAR.....	63
DHS TAR GEL	63
<i>diazepam</i>	28
<i>diazepam (anticonvulsant)</i>	31
<i>diazoxide</i>	35
<i>dibucaine</i>	62
<i>dibucaine (rectal)</i>	24
<i>diclofenac potassium</i>	20
<i>diclofenac sodium</i>	20
<i>diclofenac sodium (ophth)</i>	80
<i>dicloxacillin sodium</i>	83
<i>dicyclomine hcl</i>	86
DIFFERIN DAILY DEEP CLEAN	59
DIFICID	73
<i>diflorasone diacetate</i>	61
DIFLUCAN	
see <i>fluconazole</i>	38
<i>diflunisal</i>	22
<i>digoxin</i>	53
<i>dihydroergotamine mesylate</i>	74

DILANTIN	
see <i>phenytoin sodium extended</i>	33
DILANTIN INFATABS	
see <i>phenytoin</i>	32
DILANTIN-125	
see <i>phenytoin</i>	33
DILAUDID	
see <i>hydromorphone hcl</i>	22
<i>diltiazem hcl</i>	52
<i>diltiazem hcl coated beads</i>	52
<i>diltiazem hcl extended release beads</i>	52
<i>dimenhydrinate</i>	38
<i>dimethyl fumarate</i>	84
<i>dimethyl fumarate capsule dr starter pack</i> 120 mg & 240 mg.....	84
DIOVAN	
see <i>valsartan</i>	40
DIOVAN HCT	
see <i>valsartan-hydrochlorothiazide tab</i> 160-12.5 mg	42
see <i>valsartan-hydrochlorothiazide tab</i> 160-25 mg	42
see <i>valsartan-hydrochlorothiazide tab</i> 320-12.5 mg	42
see <i>valsartan-hydrochlorothiazide tab</i> 320-25 mg	42
see <i>valsartan-hydrochlorothiazide tab</i> 80-12.5 mg	42
<i>diphenhydramine hcl</i>	38
<i>diphenhydramine hcl (sleep)</i>	71
<i>diphenhydramine-acetaminophen tab 25-</i> 500 mg (sleep).....	71
<i>diphenhydramine-acetaminophen tab 38-</i> 500 mg (sleep).....	71
<i>diphenhydramine-zinc acetate cream 2-</i> 0.1%.....	60
<i>diphenoxylate w/ atropine liq 2.5-0.025</i> mg/5ml.....	37
<i>diphenoxylate w/ atropine tab 2.5-0.025</i> mg.....	37
<i>dipyridamole</i>	70
<i>disopyramide phosphate</i>	28
<i>disulfiram</i>	83
DIURIL	64
<i>divalproex sodium</i>	33
<i>docusate sodium</i>	72
<i>dofetilide</i>	28
<i>donepezil hydrochloride</i>	83
<i>dorzolamide hcl</i>	80
<i>dorzolamide hcl-timolol maleate ophth soln</i> 2-0.5%	79
DOVATO TAB 50-300MG	49
<i>doxazosin mesylate</i>	40
<i>doxepin hcl</i>	34
<i>doxercalciferol</i>	65
<i>doxycycline (monohydrate)</i>	85
<i>doxycycline hyclate</i>	85
<i>doxylamine succinate (sleep)</i>	71
DRISDOL.....	90
see <i>ergocalciferol</i>	90
<i>drospirenone-ethinyl estradiol tab 3-0.02</i> mg	55
<i>drospirenone-ethinyl estradiol tab 3-0.03</i> mg	55
<i>drospirenone-ethinyl estrad-levomefolate</i> tab 3-0.02-0.451 mg	55
<i>drospirenone-ethinyl estrad-levomefolate</i> tab 3-0.03-0.451 mg	55
DROXIA.....	70
DULCOLAX.....	72
DULERA AER 100-5MCG.....	30
DULERA AER 200-5MCG	30
DULERA AER 50-5MCG	30
<i>duloxetine hcl</i>	34
DUPIXENT	62
DYANAVEL XR	18
DYRENIUM	
see <i>triamterene</i>	64
E	
E.E.S. GRANULES	
see <i>erythromycin ethylsuccinate</i>	72
EC-NAPROSYN	
see <i>naproxen</i>	21
<i>econazole nitrate</i>	60
ED BRON GP LIQ	58
EDECRIN	
see <i>ethacrynic acid</i>	64
EDURANT	49

<i>efavirenz</i>	49	ENVIVE CAP 115MG	37
<i>efavirenz-emtricitabine-tenofovir df tab</i>		<i>epinephrine (anaphylaxis)</i>	90
600-200-300 mg	49	EPIPEN 2-PAK	
EFFEXOR XR		see <i>epinephrine (anaphylaxis)</i>	90
see <i>venlafaxine hcl</i>	34	EPIPEN-JR 2-PAK	
ELIDEL	62	see <i>epinephrine (anaphylaxis)</i>	90
see <i>pimecrolimus</i>	62	EPIVIR	
ELIQUIS	30	see <i>lamivudine</i>	49
ELIQUIS STARTER PACK	30	EPOGEN	70
ELLA	57	<i>epoprostenol sodium</i>	53
ELOCTATE	68	<i>ergocalciferol</i>	90
EMEND BIPACK		<i>ergotamine w/ caffeine suppos 2-100 mg</i>	74
see <i>aprepitant</i>	38	ERIVEDGE	43
EMGALITY	74	<i>erlotinib hcl</i>	43
<i>emtricitabine</i>	49	<i>ertapenem sodium</i>	25
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERYGEL	
<i>tab 100-150 mg</i>	49	see <i>erythromycin (acne aid)</i>	59
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERYPED 400	
<i>tab 133-200 mg</i>	49	see <i>erythromycin ethylsuccinate</i>	72
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERYTHROCIN LACTOBIONATE	72
<i>tab 167-250 mg</i>	49	see <i>erythromycin lactobionate</i>	73
<i>emtricitabine-tenofovir disoproxil fumarate</i>		ERYTHROMYCIN	79
<i>tab 200-300 mg</i>	49	<i>erythromycin (acne aid)</i>	59
EMTRIVA	49	<i>erythromycin (ophth)</i>	79
see <i>emtricitabine</i>	49	<i>erythromycin base</i>	72
<i>enalapril maleate</i>	39	<i>erythromycin ethylsuccinate</i>	72
<i>enalapril maleate & hydrochlorothiazide tab</i>		<i>erythromycin lactobionate</i>	73
10-25 mg	41	<i>escitalopram oxalate</i>	34
<i>enalapril maleate & hydrochlorothiazide tab</i>		ESPEROCT	68
5-12.5 mg	41	<i>estazolam</i>	71
ENBREL	21	<i>esterified estrogens & methyltestosterone</i>	
ENBREL MINI	21	<i>tab 0.625-1.25 mg</i>	65
ENBREL SURECLICK	21	<i>esterified estrogens & methyltestosterone</i>	
ENDARI	70	<i>tab 1.25-2.5 mg</i>	65
ENDOMETRIN	89	ESTRACE	
ENGERIX-B	88	see <i>estradiol</i>	66
<i>enoxaparin sodium</i>	30	see <i>estradiol vaginal</i>	89
<i>entacapone</i>	45	<i>estradiol</i>	66
<i>entecavir</i>	51	<i>estradiol & norethindrone acetate tab 0.5-</i>	
ENTRESTO CAP 15-16MG	53	0.1 mg	65
ENTRESTO CAP 6-6MG	53	<i>estradiol & norethindrone acetate tab 1-0.5</i>	
ENTRESTO TAB 24-26MG	53	mg	65
ENTRESTO TAB 49-51MG	53	<i>estradiol vaginal</i>	89
ENTRESTO TAB 97-103MG	53	<i>ethacrynic acid</i>	64

<i>ethambutol hcl</i>	43	<i>see butalbital-acetaminophen-caffeine</i>	
<i>ethosuximide</i>	33	<i>cap 50-300-40 mg</i>	21
<i>ethynodiol diacetate & ethinyl estradiol tab</i>		FIRVANQ	
<i>1 mg-35 mcg</i>	55	<i>see vancomycin hcl</i>	26
<i>ethynodiol diacetate & ethinyl estradiol tab</i>		FLAREX.....	80
<i>1 mg-50 mcg</i>	55	<i>flecainide acetate</i>	28
<i>etodolac</i>	20	FLEET ENE.....	72
<i>etonogestrel-ethinyl estradiol va ring 0.12-</i>		FLEET ENE PED.....	72
<i>0.015 mg/24hr</i>	56	FLEET SALINE ENE ENEMA	72
<i>etoposide</i>	45	FLEQSUVY	
<i>etravirine</i>	49	<i>see baclofen</i>	77
EUCRISA	63	FLOLAN	53
<i>exemestane</i>	44	FLUAD INJ 2024-25	88
<i>ezetimibe</i>	39	FLUARIX INJ 2024-25	88
F		FLUBLOK INJ 2024-25.....	88
<i>famotidine</i>	87	FLUCELVAX INJ 2024-25	88
FARESTON		<i>fluconazole</i>	38
<i>see toremifene citrate</i>	44	<i>fludrocortisone acetate</i>	58
FARXIGA	36	FLULAVAL INJ 2024-25.....	88
FASENRA	28	FLUMIST NASA LIQ 2024-25.....	88
FASENRA PEN	28	<i>flunisolide (nasal)</i>	78
FC2 FEMALE MIS CONDOM	73	<i>fluocinolone acetonide</i>	61
FEIBA.....	68	<i>fluocinonide</i>	61
<i>felodipine</i>	52	<i>fluocinonide emulsified base</i>	61
FEMARA		<i>fluorometholone (ophth)</i>	80
<i>see letrozole</i>	44	<i>fluoxetine hcl</i>	34
FEMCAP MIS 22MM.....	73	FLUOXETINE HYDROCHLORIDE.....	34
FEMCAP MIS 26MM	73	<i>see fluoxetine hcl</i>	34
FEMCAP MIS 30MM	73	<i>fluphenazine decanoate</i>	47
FEMLYV TAB 1/0.02MG.....	55	<i>fluphenazine hcl</i>	47
<i>fenofibrate</i>	39	<i>flurbiprofen</i>	20
<i>fenofibrate micronized</i>	39	<i>flurbiprofen sodium</i>	80
FEOSOL.....	70	<i>fluticasone propionate</i>	61
<i>ferrous gluconate</i>	70	<i>fluticasone propionate (inhalation)</i>	29
FERROUS GLUCONATE.....	70	<i>fluticasone propionate (nasal)</i>	78
<i>ferrous sulfate</i>	70	<i>fluticasone propionate hfa</i>	29
FERROUS SULFATE.....	70	<i>fluvoxamine maleate</i>	34
<i>ferrous sulfate dried</i>	70	FLUZONE HD INJ 2024-25	88
FEVERALL JUNIOR STRENGTH	21	FLUZONE INJ 2024-25.....	88
<i>fexofenadine hcl</i>	38	FML FORTE	80
FIBRYGA INJ 1GM	68	FML LIQUIFILM	
<i>finasteride</i>	68	<i>see fluorometholone (ophth)</i>	80
FIORICET		FOCALIN	
		<i>see dexmethylphenidate hcl</i>	19

FOCALIN XR	19	see ziprasidone hcl	46
<i>folic acid</i>	70	GILENYA	84
<i>fondaparinux sodium</i>	30, 31	<i>glatiramer acetate</i>	84
FOSAMAX		<i>glimepiride</i>	36
see <i>alendronate sodium</i>	64	<i>glipizide</i>	36, 37
<i>fosamprenavir calcium</i>	49	<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	35
<i>fosfomycin tromethamine</i>	27	<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	35
<i>fosinopril sodium</i>	39	<i>glipizide-metformin hcl tab 5-500 mg</i>	35
<i>fosinopril sodium & hydrochlorothiazide tab</i>		<i>glucagon (rdna)</i>	35
10-12.5 mg	41	GLUCAGON EMERGENCY KIT FO	35
<i>fosinopril sodium & hydrochlorothiazide tab</i>		GLUCOTROL XL	
20-12.5 mg	41	see <i>glipizide</i>	37
<i>fosphenytoin sodium</i>	32	<i>glyburide</i>	37
FOSRENOL.....	67	<i>glyburide micronized</i>	37
see <i>lanthanum carbonate</i>	67	<i>glyburide-metformin tab 1.25-250 mg</i>	35
FRAGMIN	31	<i>glyburide-metformin tab 2.5-500 mg</i>	35
FREE LIBRE2 KIT PLUS/SEN	73	<i>glyburide-metformin tab 5-500 mg</i>	35
FREE LIBRE3 KIT PLUS/SEN	73	<i>glycerin (laxative)</i>	72
FREESTY LIBR KIT 2 SENSOR	73	GLYCERIN ADULT	72
FREESTY LIBR KIT 3 SENSOR	73	<i>glycine (gu irrigant)</i>	67
FREESTY LIBR KIT SENSOR	73	<i>glycopyrrolate</i>	86, 87
FREESTY LIBR MIS 2 READER.....	73	GNP IODIDES TIN	48
FREESTY LIBR MIS 3 READER.....	73	GNP IODINE TIN 2% MILD	48
FREESTY LIBR MIS READER.....	73	GNP PRENATAL TAB 28-0.8MG	77
<i>furosemide</i>	64	GOLYTELY	
<i>furosemide tab 80 mg</i>	64	see <i>peg 3350-kcl-na bicarb-nacl-na</i>	
G		<i>sulfate for soln 236 gm</i>	71
<i>gabapentin</i>	31	GOLYTELY SOL.....	71
GARDASIL 9.....	88	GRASTEK.....	19
GASTROCROM		<i>griseofulvin microsize</i>	38
see <i>cromolyn sodium (mastocytosis)</i> ...	67	<i>griseofulvin ultramicrosize</i>	38
<i>gefitinib</i>	43	<i>guaifenesin</i>	59
<i>gemfibrozil</i>	39	<i>guaifenesin-codeine soln 100-10 mg/5ml</i>	58
GEMTESA.....	87	<i>guanfacine hcl</i>	40
GENOTROPIN	65	<i>guanfacine hcl (adhd)</i>	19
GENOTROPIN MINIQUICK	65	GUARDIAN 4 MIS SENSOR	73
<i>gentamicin in saline inj 1.2 mg/ml</i>	20	GUARDIAN 4 MIS TRANSMIT	73
<i>gentamicin sulfate</i>	20	GUARDIAN CON MIS TRANSMIT	73
<i>gentamicin sulfate (ophth)</i>	79	GUARDIAN MIS LINK 3.....	73
<i>gentamicin sulfate (topical)</i>	60	GUARDIAN MIS SENSOR 3	73
GENTEAL TEAR SOL MOD PF	79	GVOKE HYPOPEN 1-PACK	35
GENTEAL TEAR SOL PF.....	79	GVOKE HYPOPEN 2-PACK	35
GENVOYA TAB	49	GVOKE KIT	35
GEODON		GVOKE PFS	35

H	
HALCION	
<i>see triazolam</i>	71
HALDOL DECANOATE 100.....	46
<i>see haloperidol decanoate</i>	46
HALDOL DECANOATE 50	46
<i>halobetasol propionate</i>	61
<i>haloperidol</i>	46
<i>haloperidol decanoate</i>	46
<i>haloperidol lactate</i>	46
HAVRIX	88
HEMANGEOL.....	52
HEMLIBRA	68
HEMOFIL M.....	69
HEPAGAM B	81
HEPARIN SODIUM	31
<i>heparin sodium (porcine)</i>	31
HEPLISAV-B	88
HIBERIX.....	88
HIPREX	
<i>see methenamine hippurate</i>	27
HIZENTRA	81
HUMALOG	35
HUMALOG KWIKPEN	36
HUMALOG MIX INJ 50/50KWP.....	36
HUMALOG MIX INJ 75/25KWP	36
HUMALOG MIX SUS 75/25	36
HUMATE-P SOL 2400UNIT	69
HUMATE-P SOL 250-600.....	69
HUMATE-P SOL 500-1200	69
HUMULIN INJ 70/30.....	36
HUMULIN INJ 70/30KWP	36
HUMULIN N	36
HUMULIN N KWIKPEN	36
HUMULIN R.....	36
HUMULIN R U-500 (CONCENTR	36
HUMULIN R U-500 KWIKPEN	36
HYCAMTIN	45
HYCODAN	
<i>see hydrocodone bitart-homatropine</i>	
<i>methylbrom soln 5-1.5 mg/5ml</i>	58
HYCODAN SYP 5-1.5/5	58
<i>hydralazine hcl</i>	42
HYDREA	
<i>see hydroxyurea</i>	44
<i>hydrochlorothiazide</i>	64
<i>hydrocodone bitart-homatropine</i>	
<i>methylbrom soln 5-1.5 mg/5ml</i>	58
<i>hydrocodone-acetaminophen soln 10-325</i>	
<i>mg/15ml</i>	22
<i>hydrocodone-acetaminophen soln 7.5-325</i>	
<i>mg/15ml</i>	22
<i>hydrocodone-acetaminophen tab 10-300</i>	
<i>mg</i>	23
<i>hydrocodone-acetaminophen tab 10-325</i>	
<i>mg</i>	23
<i>hydrocodone-acetaminophen tab 5-300</i>	
<i>mg</i>	22
<i>hydrocodone-acetaminophen tab 5-325</i>	
<i>mg</i>	22
<i>hydrocodone-acetaminophen tab 7.5-300</i>	
<i>mg</i>	22
<i>hydrocodone-acetaminophen tab 7.5-325</i>	
<i>mg</i>	22
<i>hydrocodone-ibuprofen tab 10-200 mg</i> ...	23
<i>hydrocodone-ibuprofen tab 5-200 mg</i>	23
<i>hydrocodone-ibuprofen tab 7.5-200 mg</i> ..	23
<i>hydrocortisone</i>	57
HYDROCORTISONE	61
<i>hydrocortisone (intrarectal)</i>	24
<i>hydrocortisone (rectal)</i>	24
<i>hydrocortisone (topical)</i>	61
<i>hydrocortisone acetate (rectal)</i>	24
<i>hydrocortisone acetate (topical)</i>	61
<i>hydrocortisone acetate w/ pramoxine</i>	
<i>perianal cream 1-1%</i>	24
<i>hydrocortisone valerate</i>	61
<i>hydromorphone hcl</i>	22
HYDROMORPHONE HCL.....	22
<i>hydroxychloroquine sulfate</i>	42
<i>hydroxyurea</i>	44
<i>hydroxyzine hcl</i>	27
<i>hydroxyzine pamoate</i>	27
<i>hyoscyamine sulfate</i>	87
HYPERRAB	81
HYPERRHO S/D.....	81
HYZAAR	

see losartan potassium & hydrochlorothiazide tab 100-12.5 mg.41	INSULIN SYRG MIS 0.3/29G 74
see losartan potassium & hydrochlorothiazide tab 100-25 mg ...41	INTELENCE 49
see losartan potassium & hydrochlorothiazide tab 50-12.5 mg ..41	see etravirine 49
I	INTUNIV
<i>ibuprofen</i>20	see guanfacine hcl (adhd) 19
IDELVION69	INVEGA HAFYERA 46
IHEALTH 2-PK KIT COVID-19..... 63	INVEGA SUSTENNA 46
<i>imipenem-cilastatin intravenous for soln</i>	INVEGA TRINZA 46
250 mg 25	INVOKANA 36
<i>imipenem-cilastatin intravenous for soln</i>	IODINE TIN 2% MILD 48
500 mg 25	IPOL INJ INACTIVE 88
<i>imipramine hcl</i> 34	<i>ipratropium bromide</i> 29
<i>imiquimod</i> 62	<i>ipratropium-albuterol nebu soln 0.5-2.5(3)</i>
IMITREX	mg/3ml 30
see sumatriptan succinate 75	<i>irbesartan</i> 40
IMITREX STATDOSE REFILL	<i>irbesartan-hydrochlorothiazide tab 150-12.5</i>
see sumatriptan succinate 74	mg 41
IMITREX STATDOSE SYSTEM	<i>irbesartan-hydrochlorothiazide tab 300-</i>
see sumatriptan succinate 74	12.5 mg 41
IMOVAX RABIES (H.D.C.V.) 88	IRESSA 43
IMURAN	see gefitinib 43
see azathioprine 76	IRON CHEWS PEDIATRIC 70
INCRUSE ELLIPTA 29	<i>iron w/ vitamin tab</i>77
<i>indapamide</i> 64	ISENTRESS 49
INDERAL LA	ISENTRESS HD 49
see propranolol hcl 52	<i>isoniazid</i> 43
INDOCIN	<i>isopropyl alcohol (skin cleanser)</i> 62
see indomethacin 21	ISORDIL TITRADOSE
<i>indomethacin</i>20, 21	see isosorbide dinitrate27
INFANRIX INJ 86	<i>isosorbide dinitrate</i>27
INGREZZA 84	<i>isosorbide dinitrate-hydralazine hcl tab 20-</i>
INGREZZA CAP 40-80MG 84	37.5 mg 53
INSULIN ASPART 36	<i>isosorbide mononitrate</i>27
INSULIN ASPART FLEXPEN 36	ISOSORBIDE MONONITRATE27
INSULIN ASPART PENFILL 36	ISTALOL
INSULIN DEGLUDEC 36	see timolol maleate (ophth) 79
INSULIN DEGLUDEC FLEXTOUC 36	<i>itraconazole</i> 38
INSULIN LISP INJ PROTAMIN 36	IXCHIQ INJ 88
INSULIN LISPRO 36	IXIARO INJ 88
INSULIN LISPRO JUNIOR KWI 36	IXINITY 69
INSULIN LISPRO KWIKPEN 36	J
	JAKAFI 44
	JANUVIA 35
	JARDIANCE 36

JIVI	69	see lamotrigine.....	31
JORNAY PM	19	lamivudine	49
JULUCA TAB 50-25MG	49	lamivudine-zidovudine tab 150-300 mg ..	49
K		lamotrigine	31
KALETRA		LANCETS MIS	73
see lopinavir-ritonavir tab 100-25 mg ...	49	LANOXIN	53
see lopinavir-ritonavir tab 200-50 mg ..	49	see digoxin.....	53
KALETRA TAB 100-25MG.....	49	LANOXIN PEDIATRIC	53
KALETRA TAB 200-50MG.....	49	lansoprazole	87
KCENTRA KIT 1000UNIT	69	lanthanum carbonate	67
KCENTRA KIT 500UNIT	69	LANTUS	36
KEDRAB	81	LANTUS SOLOSTAR.....	36
KEPPRA.....	31	LASIX	
see levetiracetam	32	see furosemide.....	64
KEPPRA XR		see furosemide tab 80 mg	64
see levetiracetam	32	latanoprost	81
KERENDIA.....	65	LATUDA	
ketconazole	38	see lurasidone hcl	45
ketconazole (topical)	60	leflunomide	21
ketorolac tromethamine	21	LETAIRIS.....	53
ketorolac tromethamine (ophth).....	81	letrozole	44
ketotifen fumarate (ophth)	81	leucovorin calcium.....	44
KINRIX INJ	86	LEUKINE	70
KITABIS PAK.....	20	LEVETIRACETA INJ 10MG/ML	31
KLONOPIN		LEVETIRACETA INJ 15MG/ML	31
see clonazepam.....	31	LEVETIRACETA INJ 5MG/ML.....	31
KLOXXADO.....	37	levetiracetam	32
KOATE.....	69	LEVETIRACETAM	
KOATE-DVI	69	see levetiracetam in sodium chloride iv	
KOGENATE FS.....	69	soln 1000 mg/100ml	32
KOVALTRY.....	69	see levetiracetam in sodium chloride iv	
K-PHOS TAB NEUTRAL	75	soln 1500 mg/100ml.....	32
KYLEENA	57	see levetiracetam in sodium chloride iv	
L		soln 500 mg/100ml	32
labetalol hcl.....	51	levetiracetam in sodium chloride iv soln	
lacosamide	31	1000 mg/100ml	32
LACTEROL CAP.....	37	levetiracetam in sodium chloride iv soln	
lactic acid (ammonium lactate)	62	1500 mg/100ml	32
lactulose.....	72	levetiracetam in sodium chloride iv soln	
lactulose (encephalopathy)	67	500 mg/100ml.....	32
LAGEVRIO	51	levobunolol hcl	79
LAMICTAL		levocetirizine dihydrochloride	38
see lamotrigine	31	levofloxacin	66
LAMICTAL CHEWABLE DISPERS		levofloxacin in d5w iv soln 250 mg/50ml	66

<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	
.....	66
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	66
<i>levonor-eth est tab 0.15-0.02/0.025/0.03</i>	
<i>mg & eth est 0.01 mg</i>	55
<i>levonorgestrel & ethinyl estradiol (91-day)</i>	
<i>tab 0.15-0.03 mg</i>	55
<i>levonorgestrel & ethinyl estradiol tab 0.1</i>	
<i>mg-20 mcg</i>	55
<i>levonorgestrel & ethinyl estradiol tab 0.15</i>	
<i>mg-30 mcg</i>	55
<i>levonorgestrel (emergency oc)</i>	57
<i>levonorgestrel-eth estra tab 0.05-</i>	
<i>30/0.075-40/0.125-30mg-mcg</i>	55
<i>levonorgestrel-ethinyl estradiol</i>	
<i>(continuous) tab 90-20 mcg</i>	55
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1</i>	
<i>mg-20 mcg (21)</i>	55
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth</i>	
<i>est tab 0.01mg(7)</i>	55
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth</i>	
<i>est tab 0.01mg(7)</i>	55
<i>levothyroxine sodium</i>	86
LEVULAN KERASTICK	60
LEXAPRO	
<i>see escitalopram oxalate</i>	34
<i>lidocaine</i>	62
<i>lidocaine hcl</i>	62
<i>lidocaine hcl (mouth-throat)</i>	76
LIDODERM	
<i>see lidocaine</i>	62
LILETTA	57
LINCOCIN	26
<i>see lincomycin hcl</i>	26
<i>lincomycin hcl</i>	26
<i>linezolid</i>	26
LINEZOLID INJ 2MG/ML	27
<i>liothyronine sodium</i>	86
LIPITOR	
<i>see atorvastatin calcium</i>	39
<i>liraglutide</i>	35
<i>lisinopril</i>	40
<i>lisinopril & hydrochlorothiazide tab 10-12.5</i>	
<i>mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-12.5</i>	
<i>mg</i>	41
<i>lisinopril & hydrochlorothiazide tab 20-25</i>	
<i>mg</i>	41
<i>lithium</i>	45
<i>lithium carbonate</i>	45
LITHOBID	
<i>see lithium carbonate</i>	45
LIVTENCITY	51
LO LOESTRIN TAB 1-10-10	55
LODINE	
<i>see etodolac</i>	20
LODOSYN	
<i>see carbidopa</i>	45
<i>lofexidine hcl</i>	83
LOHIST-D LIQ	58
LOMOTIL	
<i>see diphenoxylate w/ atropine tab 2.5-</i>	
<i>0.025 mg</i>	37
LOMOTIL TAB 2.5MG	37
<i>loperamide hcl</i>	37
LOPID	
<i>see gemfibrozil</i>	39
<i>lopinavir-ritonavir tab 100-25 mg</i>	49
<i>lopinavir-ritonavir tab 200-50 mg</i>	49
LOPRESSOR	
<i>see metoprolol tartrate</i>	51
<i>loratadine</i>	38
<i>loratadine & pseudoephedrine tab er 12hr</i>	
<i>5-120 mg</i>	58
<i>loratadine & pseudoephedrine tab er 24hr</i>	
<i>10-240 mg</i>	58
<i>lorazepam</i>	28
<i>losartan potassium</i>	40
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-12.5 mg</i>	41
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 100-25 mg</i>	41
<i>losartan potassium & hydrochlorothiazide</i>	
<i>tab 50-12.5 mg</i>	41
LOTEMAX	
<i>see loteprednol etabonate</i>	80
LOTENSIN	
<i>see benazepril hcl</i>	39

LOTENSIN HCT	
see <i>benazepril & hydrochlorothiazide tab</i>	
10-12.5 mg	41
see <i>benazepril & hydrochlorothiazide tab</i>	
20-12.5 mg	41
see <i>benazepril & hydrochlorothiazide tab</i>	
20-25 mg	41
loteprednol etabonate	80
LOTREL	
see <i>amlodipine besylate-benazepril hcl</i>	
cap 10-20 mg	40
see <i>amlodipine besylate-benazepril hcl</i>	
cap 10-40 mg	41
see <i>amlodipine besylate-benazepril hcl</i>	
cap 5-10 mg	40
see <i>amlodipine besylate-benazepril hcl</i>	
cap 5-20 mg	40
lovastatin	39
LOVENOX	
see <i>enoxaparin sodium</i>	30
loxapine succinate	47
LUCEMYRA	83
see <i>lofexidine hcl</i>	83
LUGOLS SOL IODINE	48
LUPRON DEPOT (1-MONTH)	44
LUPRON DEPOT (3-MONTH)	44
LUPRON DEPOT (4-MONTH)	44
LUPRON DEPOT (6-MONTH)	44
<i>lurasidone hcl</i>	45
LYBALVI TAB 10-10MG	84
LYBALVI TAB 15-10MG	84
LYBALVI TAB 20-10MG	84
LYBALVI TAB 5-10MG	83
LYRICA	
see <i>pregabalin</i>	32
LYSODREN	44
M	
MACROBID	
see <i>nitrofurantoin monohyd macro</i>	27
MACRODANTIN	
see <i>nitrofurantoin macrocrystal</i>	27
<i>mafenide acetate</i>	61
<i>magnesium citrate</i>	72
<i>magnesium hydroxide</i>	72
<i>magnesium oxide</i>	24
<i>magnesium oxide (mg supplement)</i>	75
MALARONE	
see <i>atovaquone-proguanil hcl tab 250-</i>	
100 mg	42
see <i>atovaquone-proguanil hcl tab 62.5-</i>	
25 mg	42
maraviroc	49
MATULANE	44
MAVYRET PAK 50-20MG	51
MAVYRET TAB 100-40MG	51
MAXALT	
see <i>rizatriptan benzoate</i>	74
MAXALT-MLT	
see <i>rizatriptan benzoate</i>	74
MAXITROL	
see <i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth oint 0.1%</i>	80
see <i>neomycin-polymyxin-</i>	
<i>dexamethasone ophth susp 0.1%</i>	80
meclizine hcl	38
MEDROL	
see <i>methylprednisolone</i>	57
MEDROL DOSEPAK	
see <i>methylprednisolone</i>	57
<i>medroxyprogesterone acetate</i>	83
<i>medroxyprogesterone acetate</i>	
<i>(contraceptive)</i>	57
<i>mefloquine hcl</i>	42
<i>megestrol acetate</i>	44
<i>melatonin</i>	20
<i>meloxicam</i>	21
<i>memantine hcl</i>	83
MENEST	66
MENQUADFI	88
<i>menthol-methyl salicylate cream</i>	62
MENVEO INJ	88
MENVEO SOL	88
MEPRON	
see <i>atovaquone</i>	25
<i>mercaptapurine</i>	43
MEROP/NAACL INJ 1GM/50ML	25
MEROP/NAACL INJ 500/50ML	25
<i>meropenem</i>	25

<i>mesalamine</i>	67	<i>miconazole nitrate vaginal supp 200 mg & 2% cream 9 gm kit</i>	89
<i>mesna</i>	44	MICROFLOR CAP	37
MESNEX.....	44	<i>midodrine hcl</i>	90
<i>see mesna</i>	44	MIFEPREX.....	65
MESTINON		<i>see mifepristone</i>	65
<i>see pyridostigmine bromide</i>	43	<i>mifepristone</i>	65
MESTINON TIMESPAN		<i>miglitol</i>	35
<i>see pyridostigmine bromide</i>	43	MINIVELLE	
<i>metformin hcl</i>	35	<i>see estradiol</i>	66
<i>methazolamide</i>	64	MINOCIN	85
<i>methenamine hippurate</i>	27	<i>minocycline hcl</i>	85
<i>methenamine mandelate</i>	27	<i>minoxidil</i>	42
<i>methimazole</i>	85	<i>mirabegron</i>	87
<i>methocarbamol</i>	78	MIRENA	57
<i>methotrexate sodium</i>	43	<i>mirtazapine</i>	33
<i>methyldopa</i>	40	<i>misoprostol</i>	87
<i>methylergonovine maleate</i>	81	M-M-R II INJ.....	88
<i>methylphenidate hcl</i>	19	M-NATAL PLUS TAB	77
<i>methylprednisolone</i>	57	<i>modafinil</i>	19
<i>metoclopramide hcl</i>	67	MODERNA COVID-19 VACCINE	88
<i>metolazone</i>	64	<i>moexipril hcl</i>	40
<i>metoprolol & hydrochlorothiazide tab 100- 25 mg</i>	42	<i>mometasone furoate</i>	61
<i>metoprolol & hydrochlorothiazide tab 100- 50 mg</i>	42	<i>montelukast sodium</i>	29
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	42	<i>morphine sulfate</i>	22
<i>metoprolol succinate</i>	51	<i>moxifloxacin hcl</i>	66
<i>metoprolol tartrate</i>	51	MOXIFLOXACIN HYDROCHLORID	66
METROGEL		MOZOBIL	71
<i>see metronidazole (topical)</i>	63	<i>see plerixafor</i>	71
METROLOTION		MS CONTIN	
<i>see metronidazole (topical)</i>	63	<i>see morphine sulfate</i>	22
<i>metronidazole</i>	25	<i>mupirocin</i>	60
<i>metronidazole (topical)</i>	63	<i>mycophenolate mofetil</i>	76
<i>metronidazole vaginal</i>	89	<i>mycophenolate sodium</i>	76
<i>metyrosine</i>	40	MYDRIACYL	
<i>mexiletine hcl</i>	28	<i>see tropicamide</i>	79
MIACALCIN	64	MYFEMBREE TAB	65
<i>see calcitonin (salmon)</i>	64	MYFORTIC	
<i>miconazole nitrate (topical)</i>	60	<i>see mycophenolate sodium</i>	76
<i>miconazole nitrate vaginal</i>	89	MYRBETRIQ	87
<i>miconazole nitrate vaginal app 200 mg & 2% cream 9 gm kit</i>	89	<i>see mirabegron</i>	87
		MYSOLINE	
		<i>see primidone</i>	32

N		NEURONTIN	
<i>nabumetone</i>	21	<i>see gabapentin</i>	31
<i>nadolol</i>	52	<i>nevirapine</i>	49
NAFCILLIN INJ 2GM/100	83	NEXAVAR	44
<i>nafcillin sodium</i>	83	<i>see sorafenib tosylate</i>	44
<i>nalbuphine hcl</i>	23	NEXPLANON	57
NALMEFENE HYDROCHLORIDE	37	NEXTSTELLIS TAB 3-14.2MG	55
<i>naloxone hcl</i>	37	<i>nicotine</i>	84
<i>naltrexone hcl</i>	37	<i>nicotine polacrilex</i>	84
NAPHCAN-A SOL OP	80	NICOTINE SYS KIT TRANSDER	84
NAPROSYN		NICOTROL INHALER	85
<i>see naproxen</i>	21	NICOTROL NS	85
<i>naproxen</i>	21	<i>nifedipine</i>	52
<i>naproxen sodium</i>	21	NILANDRON	
NARCAN	37	<i>see nilutamide</i>	44
NARDIL		<i>nilutamide</i>	44
<i>see phenelzine sulfate</i>	33	<i>nimodipine</i>	52
NATAZIA TAB	55	<i>nitisinone</i>	65
<i>nateglinide</i>	36	NITRO-BID	27
NATROBA	63	<i>nitrofurantoin</i>	27
NEBUPENT	25	NITROFURANTOIN	27
<i>see pentamidine isethionate</i>	25	<i>nitrofurantoin macrocrystal</i>	27
<i>neomycin sulfate</i>	20	<i>nitrofurantoin monohyd macro</i>	27
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-</i> <i>400unt-10000unt op oin</i>	80	<i>nitroglycerin</i>	27
<i>neomycin-bacitracin-polymyxin oint</i>	60	NITROSTAT	
<i>neomycin-bacitracin-polymyxin-pramoxine</i> <i>oint 1%</i>	60	<i>see nitroglycerin</i>	27
<i>neomycin-polymy-gramicid op sol 1.75-</i> <i>10000-0.025mg-unt-mg/ml</i>	80	NIVA THYROID	86
<i>neomycin-polymyxin w/ pramoxine cream</i> <i>1%</i>	60	NIVA-PLUS TAB	77
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth oint 0.1%</i>	80	<i>nizatidine</i>	87
<i>neomycin-polymyxin-dexamethasone</i> <i>ophth susp 0.1%</i>	80	<i>norelgestromin-ethinyl estradiol td ptwk</i> <i>150-35 mcg/24hr</i>	56
<i>neomycin-polymyxin-hc ophth susp</i>	80	<i>norethindrone & ethinyl estradiol tab 0.4</i> <i>mg-35 mcg</i>	55
<i>neomycin-polymyxin-hc otic soln 1%</i>	81	<i>norethindrone & ethinyl estradiol tab 0.5</i> <i>mg-35 mcg</i>	55
<i>neomycin-polymyxin-hc otic susp 3.5</i> <i>mg/ml-10000 unit/ml-1%</i>	81	<i>norethindrone & ethinyl estradiol tab 1 mg-</i> <i>35 mcg</i>	55
NEORAL		<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.4 mg-35 mcg</i>	55
<i>see cyclosporine modified (for</i> <i>microemulsion)</i>	76	<i>norethindrone & ethinyl estradiol-fe chew</i> <i>tab 0.8 mg-25 mcg</i>	55
NEUPOGEN	70	<i>norethindrone (contraceptive)</i>	57
		<i>norethindrone ace & ethinyl estradiol tab 1</i> <i>mg-20 mcg</i>	56

<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	56	NUCALA	28
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	56	NURTEC.....	74
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	56	NUVARING	
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	56	<i>see etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	56
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	56	NUVARING MIS.....	56
<i>norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)</i>	56	NUWIQ.....	69
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	56	NUZYRA.....	85
<i>norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg</i>	56	<i>nystatin</i>	38
<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i>	56	NYSTATIN	76
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	56	<i>see nystatin (mouth-throat)</i>	76
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	56	<i>nystatin (mouth-throat)</i>	76
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	56	<i>nystatin (topical)</i>	60
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i>	56	●	
NORPACE		OB COMPLETE TAB.....	77
<i>see disopyramide phosphate</i>	28	OBIZUR	69
NORPACE CR	28	OCEAN NASAL SPRAY.....	78
NORPRAMIN		OCUFLOX	
<i>see desipramine hcl</i>	34	<i>see ofloxacin (ophth)</i>	80
<i>nortriptyline hcl</i>	34	ODEFSEY TAB	50
NORVASC		<i>ofloxacin (ophth)</i>	80
<i>see amlodipine besylate</i>	52	<i>ofloxacin (otic)</i>	81
NORVIR	50	<i>olanzapine</i>	47
<i>see ritonavir</i>	50	<i>olopatadine hcl (nasal)</i>	78
NOVAVAX COVID-19 VACCINE/.....	88	<i>omega-3 fatty acids cap 1000 mg</i>	78
NOVOEIGHT	69	<i>omega-3 fatty acids cap 500 mg</i>	78
NOVOSEVEN RT	69	<i>omeprazole</i>	87
NP THYROID 120	86	<i>omeprazole magnesium</i>	87
NP THYROID 15	86	OMNIFLEX DPR	73
NP THYROID 30	86	OMNIPOD 5 DX KIT INT G7G6.....	74
NP THYROID 60	86	OMNIPOD 5 DX MIS POD G7G6.....	74
NP THYROID 90	86	OMNIPOD 5 LB KIT INTRO G6.....	74
		OMNIPOD 5 LB MIS PODS G6	74
		OMNIPOD DASH MIS PODS	74
		OMNIPOD MIS POD PALS	74
		<i>ondansetron</i>	38
		<i>ondansetron hcl</i>	38
		ONPATTRO	85
		<i>ophthalmic irrigation solution</i>	81
		OPILL	57
		OPVEE.....	37
		ORACIT SOL.....	67
		ORAL CITRATE SOL	67
		ORALAIR SUB 300 IR.....	19

ORBACTIV	25	see <i>paroxetine hcl</i>	34
ORFADIN	65	PAXLOVID TAB 150-100.....	50
see <i>nitisinone</i>	65	PAXLOVID TAB 300-100.....	50
ORIAHNN CAP	65	<i>pazopanib hcl</i>	44
ORLISSA.....	65	PEDIAPRED	
<i>orphenadrine citrate</i>	78	see <i>prednisolone sodium phosphate</i> ...	57
<i>orphenadrine w/ aspirin & caffeine tab 25-</i>		PEDIARIX INJ 0.5ML	86
<i>385-30 mg</i>	78	<i>pediatric multiple vitamins w/ fl-fe drops</i>	
ORSERDU	44	<i>0.25-10 mg/ml</i>	77
<i>oseltamivir phosphate</i>	51	<i>pediatric multiple vitamins w/ iron chew tab</i>	
OVACE PLUS WASH	60	<i>15 mg</i>	77
OVACE WASH	60	<i>pediatric multiple vitamins w/ iron chew tab</i>	
OXACILLIN INJ 2GM.....	83	<i>18 mg</i>	77
<i>oxacillin sodium</i>	83	PEDVAX HIB.....	88
<i>oxazepam</i>	28	<i>peg 3350-kcl-na bicarb-nacl-na sulfat</i> <i>for</i>	
<i>oxcarbazepine</i>	32	<i>soln 236 gm</i>	71
OXTELLAR XR		<i>peg 3350-kcl-na bicarb-nacl-na sulfat</i> <i>for</i>	
see <i>oxcarbazepine</i>	32	<i>soln 240 gm</i>	71
<i>oxybutynin chloride</i>	87	<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i>	
<i>oxycodone hcl</i>	22	<i>gm</i>	71
<i>oxycodone w/ acetaminophen soln 5-325</i>		PEN GK/DEXTR INJ 40000/ML	82
<i>mg/5ml</i>	23	PEN GK/DEXTR INJ 60000/ML	82
<i>oxycodone w/ acetaminophen tab 10-325</i>		PEN NEEDLES MIS 29GX12.7	74
<i>mg</i>	23	PENBRAYA INJ	88
<i>oxycodone w/ acetaminophen tab 2.5-325</i>		<i>penicillamine</i>	75
<i>mg</i>	23	<i>penicillin g potassium</i>	82
<i>oxycodone w/ acetaminophen tab 5-325</i>		<i>penicillin g sodium</i>	82
<i>mg</i>	23	<i>penicillin v potassium</i>	82
<i>oxycodone w/ acetaminophen tab 7.5-325</i>		PENTACEL INJ.....	86
<i>mg</i>	23	<i>pentamidine isethionate</i>	25
<i>oxymetazoline hcl</i>	78	PENTASA.....	67
<i>oyster shell</i>	75	<i>pentoxifylline</i>	70
P		PEPCID	
<i>paclitaxel</i>	45	see <i>famotidine</i>	87
PAMELOR		PERCOCET	
see <i>nortriptyline hcl</i>	34	see <i>oxycodone w/ acetaminophen tab</i>	
<i>pantoprazole sodium</i>	87	<i>10-325 mg</i>	23
PARAGARD IUD T380A	57	see <i>oxycodone w/ acetaminophen tab</i>	
PARLODEL		<i>2.5-325 mg</i>	23
see <i>bromocriptine mesylate</i>	45	see <i>oxycodone w/ acetaminophen tab 5-</i>	
PARNATE		<i>325 mg</i>	23
see <i>tranylcypromine sulfate</i>	33	see <i>oxycodone w/ acetaminophen tab</i>	
<i>paroxetine hcl</i>	34	<i>7.5-325 mg</i>	23
PAXIL		PERIDEX	

see chlorhexidine gluconate (mouth-throat)	76	<i>piperacillin sod-tazobactam sod for inj</i> 40.5 gm (36-4.5 gm)	83
PERIKABIVEN EMU	79	PLAQUENIL	
<i>permethrin</i>	63	see <i>hydroxychloroquine sulfate</i>	42
<i>perphenazine</i>	47	PLAVIX	
<i>perphenazine-amitriptyline tab</i> 2-10 mg ..	84	see <i>clopidogrel bisulfate</i>	70
<i>perphenazine-amitriptyline tab</i> 2-25 mg ..	84	<i>plerixafor</i>	71
<i>perphenazine-amitriptyline tab</i> 4-10 mg ..	84	PNEUMOVAX 23	88
<i>perphenazine-amitriptyline tab</i> 4-25 mg ..	84	<i>podofilox</i>	62
<i>perphenazine-amitriptyline tab</i> 4-50 mg .	84	<i>polyethylene glycol</i> 3350	72
PERSERIS	46	<i>polymyxin b sulfate</i>	27
PFIZER-BIONTECH COVID-19.....	89	<i>polymyxin b-trimethoprim ophth soln</i>	
<i>phenazopyridine hcl</i>	68	10000 unit/ml-0.1%	80
<i>phenelzine sulfate</i>	33	<i>polysaccharide iron complex</i>	71
<i>phenobarbital</i>	71	<i>polyvinyl alcohol</i>	79
<i>phenylephrine hcl (oral)</i>	78	<i>pot phos monobasic w/sod phos di & monobas tab</i> 155-852-130mg	75
<i>phenylephrine-brompheniramine-dm liquid</i>		<i>potassium bicarbonate</i>	75
2.5-1-5 mg/5ml	58	<i>potassium chloride</i>	75
<i>phenylephrine-cocoa butter suppos</i> 0.25-88.44%.....	24	<i>potassium chloride microencapsulated crystals er</i>	75
<i>phenylephrine-dm soln</i> 2.5-5 mg/5ml.....	59	<i>potassium iodide (expectorant)</i>	59
<i>phenylephrine-mineral oil-petrolatum oint</i>		POTELIGEO	43
0.25-14-74.9%	24	<i>povidone-iodine</i>	48
<i>phenytoin</i>	32, 33	<i>pramipexole dihydrochloride</i>	45
<i>phenytoin sodium</i>	33	<i>pramoxine hcl (rectal)</i>	24
<i>phenytoin sodium extended</i>	33	<i>pramox-pe-glycerin-petrolatum perianal cream</i> 1-0.25-14.4-15%.....	24
PHEXXI GEL	89	<i>pravastatin sodium</i>	39
<i>phytonadione</i>	90	<i>praziquantel</i>	24
PIFELTRO	50	<i>prazosin hcl</i>	40
<i>pilocarpine hcl</i>	79	PRED FORTE	
<i>pilocarpine hcl (oral)</i>	76	see <i>prednisolone acetate (ophth)</i>	80
<i>pimecrolimus</i>	62	PRED MILD	80
<i>pimozide</i>	84	<i>prednisolone</i>	57
<i>pindolol</i>	52	<i>prednisolone acetate (ophth)</i>	80
<i>pioglitazone hcl</i>	36	PREDNISOLONE SODIUM PHOSP	80
<i>piperacillin sod-tazobactam na for inj</i> 3.375 gm (3-0.375 gm).....	82	<i>prednisolone sodium phosphate</i>	57, 58
<i>piperacillin sod-tazobactam sod for inj</i> 13.5 gm (12-1.5 gm)	83	<i>prednisone</i>	58
<i>piperacillin sod-tazobactam sod for inj</i> 2.25 gm (2-0.25 gm).....	83	PREDNISON INTENSOL	58
<i>piperacillin sod-tazobactam sod for inj</i> 4.5 gm (4-0.5 gm).....	83	<i>pregabalin</i>	32
		PREGNANCY TES ONE STEP	63
		PREMARIN	66, 89
		PREMPHASE TAB	66

PREMPRO TAB.....	66	<i>progesterone</i>	83
PREMPRO TAB 0.3-1.5.....	66	PROGLYCEM.....	35
PREMPRO TAB 0.45-1.5.....	66	<i>see diazoxide</i>	35
PREMPRO TAB 0.625-5.....	66	PROGRAF	
PRENATABS FA TAB 29-1MG.....	77	<i>see tacrolimus</i>	76
PRENATAL TAB 27-0.8MG.....	77	PROMEROL CAP.....	37
PRENATAL TAB 27-1MG.....	77	<i>promethazine & phenylephrine syrup</i> 6.25-	
PRENATAL TAB 28-0.8MG.....	77	5 mg/5ml.....	59
PRENATAL TAB PLUS.....	77	<i>promethazine hcl</i>	39
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1</i>		<i>promethazine w/ codeine syrup</i> 6.25-10	
<i>mg</i>	77	mg/5ml.....	59
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i>		<i>promethazine-dm syrup</i> 6.25-15 mg/5ml	59
.....	77	PROMETRIUM	
<i>prenatal vit w/ iron carbonyl-fa tab 29-1 mg</i>		<i>see progesterone</i>	83
.....	77	<i>propafenone hcl</i>	28
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25</i>		<i>propranolol hcl</i>	52
<i>mg</i>	77	<i>propylthiouracil</i>	86
PREVACID SOLUTAB		PROQUAD INJ.....	89
<i>see lansoprazole</i>	87	PROSCAR	
PREVNAR 20 INJ.....	88	<i>see finasteride</i>	68
PREVYMIS.....	51	PROTONIX	
PREZCOBIX TAB 800-150.....	50	<i>see pantoprazole sodium</i>	87
PREZISTA.....	50	<i>protriptyline hcl</i>	34
<i>see darunavir</i>	48	PROVERA	
PRIFTIN.....	43	<i>see medroxyprogesterone acetate</i>	83
<i>primaquine phosphate</i>	42	PROVIGIL	
PRIMAQUINE PHOSPHATE.....	42	<i>see modafinil</i>	19
<i>see primaquine phosphate</i>	42	PROZAC	
PRIMAXIN IV		<i>see fluoxetine hcl</i>	34
<i>see imipenem-cilastatin intravenous for</i>		<i>pseudoephed-bromphen-dm syrup</i> 30-2-10	
<i>soln 500 mg</i>	25	mg/5ml.....	59
PRIMAXIN IV INJ 500MG.....	25	<i>pseudoephedrine hcl</i>	78
<i>primidone</i>	32	<i>pseudoephedrine-guaifenesin tab er 12hr</i>	
PRIORIX INJ.....	89	60-600 mg.....	59
<i>probenecid</i>	68	<i>pseudoephedrine-ibuprofen tab</i> 30-200 mg	
PROBINATE CAP.....	37	59
PROBITROL CAP.....	37	<i>psyllium</i>	71
PROCARDIA XL		PULMICORT	
<i>see nifedipine</i>	52	<i>see budesonide (inhalation)</i>	29
<i>prochlorperazine</i>	47	PULMICORT FLEXHALER.....	29
<i>prochlorperazine maleate</i>	47	PULMOZYME.....	85
PROCRIT.....	70	<i>pyrazinamide</i>	43
PROCTOFOAM.....	24	<i>pyrethrins-piperonyl butoxide shampoo</i>	
PROFILNINE.....	69	0.33-4%.....	63

<i>pyridostigmine bromide</i>	43	<i>see sevelamer carbonate</i>	67
<i>pyrithione zinc</i>	60	RESTORIL	
Q		<i>see temazepam</i>	71
QC DIBROMM LIQ COLD/ALL	59	RETIN-A	
QC IODIDES TIN	48	<i>see tretinoin</i>	59
QC IODINE TIN	48	RETROVIR	
QC PRENATAL TAB 28-0.8MG	77	<i>see zidovudine</i>	50
QUAD-PROBIOT CAP	37	REVATIO	
QUADRACEL INJ 0.5ML	86	<i>see sildenafil citrate (pulmonary</i>	
<i>quazepam</i>	71	<i>hypertension)</i>	53
QUESTRAN		REXTOVY	37
<i>see cholestyramine</i>	39	REXULTI	48
QUESTRAN LIGHT		REYATAZ	50
<i>see cholestyramine light</i>	39	<i>see atazanavir sulfate</i>	48
<i>quetiapine fumarate</i>	47	REZDIFFRA	67
<i>quinapril hcl</i>	40	RHOGAM ULTRA-FILTERED PLU	81
<i>quinapril-hydrochlorothiazide tab 10-12.5</i>		RIASTAP SOL 1GM	69
<i>mg</i>	42	<i>ribavirin (hepatitis c)</i>	51
<i>quinapril-hydrochlorothiazide tab 20-12.5</i>		<i>rifabutin</i>	43
<i>mg</i>	42	RIFADIN	43
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>		<i>see rifampin</i>	43
.....	42	<i>rifampin</i>	43
<i>quinidine gluconate</i>	28	<i>riluzole</i>	78
<i>quinidine sulfate</i>	28	RISAQUAD CAP	37
QULIPTA	74	RISAQUAD-2 CAP	37
R		RISPERDAL	
RABAVERT INJ	89	<i>see risperidone</i>	46
RAGWITEK	19	<i>risperidone</i>	46
<i>ramipril</i>	40	RITALIN	
REBIF	84	<i>see methylphenidate hcl</i>	19
REBIF REBIDO INJ TITRATN	84	<i>ritonavir</i>	50
REBIF REBIDOSE	84	RIXUBIS	69
REBIF TITRTN INJ PACK	84	<i>rizatriptan benzoate</i>	74
REBINYN	69	ROCALTROL	
RECOMBINATE	69	<i>see calcitriol</i>	65
RECOMBIVAX HB	89	<i>ropinirole hydrochloride</i>	45
REGLAN		<i>rosuvastatin calcium</i>	39
<i>see metoclopramide hcl</i>	67	ROTARIX SUS	89
RELENZA DISKHALER	51	ROTATEQ SOL	89
REMERON		ROXICODONE	
<i>see mirtazapine</i>	33	<i>see oxycodone hcl</i>	22
REMERON SOLTAB		RUKOBIA	50
<i>see mirtazapine</i>	33	RYBELSUS	35
REVELA			

S	
SAFYRAL	
<i>see drospirenone-ethinyl estrad-</i>	
<i>levomefolate tab 3-0.03-0.451 mg</i>	55
SAFYRAL TAB.....	56
SALAGEN	
<i>see pilocarpine hcl (oral)</i>	76
<i>salicylic acid</i>	62
SALICYLIC ACID.....	62
<i>saline</i>	78
<i>salsalate</i>	22
SANDIMMUNE	
<i>see cyclosporine</i>	76
<i>scopolamine</i>	38
<i>selegiline hcl</i>	45
<i>selenium sulfide</i>	60
SELZENTRY	50
<i>see maraviroc</i>	49
SE-NATAL 19 CHW	77
SE-NATAL 19 TAB	77
<i>sennosides</i>	72
<i>sennosides-docusate sodium tab 8.6-50</i>	
<i>mg</i>	72
SEKOT	72
SEKOT S TAB 8.6-50MG.....	72
SEREVENT DISKUS	30
SEROQUEL	
<i>see quetiapine fumarate</i>	47
SEROQUEL XR	
<i>see quetiapine fumarate</i>	47
<i>sertraline hcl</i>	34
<i>sevelamer carbonate</i>	67
<i>sevelamer hcl</i>	67
SEVENFACT.....	69
SFROWASA	67
SHINGRIX.....	89
SIKLOS	70
<i>sildenafil citrate (pulmonary hypertension)</i>	
.....	53
SILVADENE	
<i>see silver sulfadiazine</i>	61
<i>silver sulfadiazine</i>	61
<i>simethicone</i>	66
SIMLANDI	20
SIMLANDI 1-PEN KIT	20
SIMLANDI 2-PEN KIT	20
<i>simvastatin</i>	39
SINEMET	
<i>see carbidopa & levodopa tab 10-100 mg</i>	
.....	45
<i>see carbidopa & levodopa tab 25-100 mg</i>	
.....	45
SINGULAIR	
<i>see montelukast sodium</i>	29
<i>sirolimus</i>	76
SITAG/METFOR TAB 50-1000	35
SITAG/METFOR TAB 50-500MG.....	35
SIVEXTRO.....	27
<i>skin protectants misc - cream</i>	63
SKYLA.....	57
SLYND	57
SM GLUCOSE CHW ORANGE.....	35
SM IODIDES TIN.....	48
<i>sodium bicarbonate (antacid)</i>	24
<i>sodium chloride</i>	75
<i>sodium chloride (gu irrigant)</i>	68
<i>sodium chloride (inhalant)</i>	59
<i>sodium chloride flush</i>	75
<i>sodium citrate & citric acid soln 500-334</i>	
<i>mg/5ml</i>	67
<i>sodium fluoride</i>	75
<i>sodium phosphates - enema</i>	72
<i>sodium polystyrene sulfonate</i>	76
<i>sodium polystyrene sulfonate powder</i>	76
SOFOS/VELPAT TAB 400-100	51
<i>solifenacin succinate</i>	87
SOLTAMOX	44
SOLUVITA.....	75
<i>sorafenib tosylate</i>	44
<i>sotalol hcl</i>	52
SPIKEVAX COVID-19 VACCINE	89
SPIRIVA HANDIHALER.....	29
<i>see tiotropium bromide monohydrate</i> .	29
SPIRIVA RESPIMAT	29
<i>spironolactone</i>	64
<i>spironolactone & hydrochlorothiazide tab</i>	
<i>25-25 mg</i>	64
SPORANOX	

see <i>itraconazole</i>	38	SYMBICORT AER 80-4.5.....	30
STAMARIL INJ.....	89	SYMFI LO TAB.....	50
STRATTERA.....	19	SYMFI TAB.....	50
<i>streptomycin sulfate</i>	20	SYMTUZA TAB.....	50
SUBLOCADE.....	23	SYNAGIS.....	81
SUBOXONE		SYNALAR	
see <i>buprenorphine hcl-naloxone hcl sl</i>		see <i>fluocinolone acetonide</i>	61
<i>film 12-3 mg (base equiv)</i>	23	SYNTHROID	
see <i>buprenorphine hcl-naloxone hcl sl</i>		see <i>levothyroxine sodium</i>	86
<i>film 2-0.5 mg (base equiv)</i>	23	SYPRINE	
see <i>buprenorphine hcl-naloxone hcl sl</i>		see <i>trientine hcl</i>	76
<i>film 4-1 mg (base equiv)</i>	23	T	
see <i>buprenorphine hcl-naloxone hcl sl</i>		<i>tacrolimus</i>	76
<i>film 8-2 mg (base equiv)</i>	23	<i>tacrolimus (topical)</i>	62
SUBOXONE MIS 12-3MG.....	23	<i>tadalafil (pulmonary hypertension)</i>	53
SUBOXONE MIS 2-0.5MG.....	23	TAMIFLU	
SUBOXONE MIS 4-1MG.....	23	see <i>oseltamivir phosphate</i>	51
SUBOXONE MIS 8-2MG.....	23	<i>tamoxifen citrate</i>	44
<i>sucralfate</i>	87	<i>tamsulosin hcl</i>	68
<i>sulfacetamide sodium</i>	60	TARCEVA	
<i>sulfacetamide sodium (ophth)</i>	80	see <i>erlotinib hcl</i>	43
<i>sulfacetamide sodium w/ sulfur lotion 10-</i>		TARGRETIN.....	60
5%.....	59	see <i>bexarotene</i>	44
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>		TAYTULLA	
.....	59	see <i>norethindrone ace-ethinyl estradiol-</i>	
<i>sulfadiazine</i>	85	<i>fe cap 1 mg-20 mcg (24)</i>	56
<i>sulfamethoxazole-trimethoprim iv soln</i>		TAYTULLA CAP 1MG/20MC.....	56
400-80 mg/5ml.....	25	TAZICEF INJ 1GM/50ML.....	54
<i>sulfamethoxazole-trimethoprim susp 200-</i>		TECFIDERA.....	84
40 mg/5ml.....	25	see <i>dimethyl fumarate</i>	84
<i>sulfamethoxazole-trimethoprim tab 400-80</i>		TECFIDERA CAP STARTER.....	84
mg.....	25	TECFIDERA STARTER PACK	
<i>sulfamethoxazole-trimethoprim tab 800-</i>		see <i>dimethyl fumarate capsule dr starter</i>	
160 mg.....	25	<i>pack 120 mg & 240 mg</i>	84
SULFAMYLON.....	61	TEFLARO.....	54
<i>sulfasalazine</i>	67	TEGRETOL	
<i>sulindac</i>	21	see <i>carbamazepine</i>	31
<i>sumatriptan</i>	74	TEGRETOL-XR	
<i>sumatriptan succinate</i>	74, 75	see <i>carbamazepine</i>	31
<i>sunitinib malate</i>	44	<i>temazepam</i>	71
SUNLENCA.....	50	<i>temozolomide</i>	43
SUTENT.....	44	TENIVAC INJ 5-2LF.....	86
see <i>sunitinib malate</i>	44	<i>tenofovir disoproxil fumarate</i>	50
SYMBICORT AER 160-4.5.....	30	TENORETIC 100	

see <i>atenolol & chlorthalidone tab 100-25 mg</i>	41
TENORETIC 50	
see <i>atenolol & chlorthalidone tab 50-25 mg</i>	41
TENORMIN	
see <i>atenolol</i>	51
<i>terazosin hcl</i>	40
<i>terbinafine hcl</i>	38
<i>terbinafine hcl (topical)</i>	60
<i>terbutaline sulfate</i>	30
<i>terconazole vaginal</i>	89
<i>tetracycline hcl</i>	85
TETRACYCLINE HYDROCHLORID	85
<i>tetrahydrozoline hcl (ophth)</i>	80
TEZSPIRE	28
THEO-24	30
<i>theophylline</i>	30
<i>thioridazine hcl</i>	47
<i>thiothixene</i>	48
THRIVITE RX TAB 29-1MG	77
THYROID	86
TIAZAC	
see <i>diltiazem hcl extended release beads</i>	52
<i>tigecycline</i>	85
TIGECYCLINE	85
TIKOSYN	
see <i>dofetilide</i>	28
<i>timolol maleate</i>	52
<i>timolol maleate (ophth)</i>	79
<i>tioconazole vaginal</i>	89
<i>tiotropium bromide monohydrate</i>	29
TIVICAY	50
TIVICAY PD	50
<i>tizanidine hcl</i>	78
<i>tobramycin (ophth)</i>	80
<i>tobramycin sulfate</i>	20
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	80
TOBREX	80
<i>tolnaftate</i>	60
TOPAMAX	
see <i>topiramate</i>	32

TOPAMAX SPRINKLE	
see <i>topiramate</i>	32
<i>topiramate</i>	32
TOPROL XL	
see <i>metoprolol succinate</i>	51
<i>toremifene citrate</i>	44
<i>toremide</i>	64
TRACLEER	53
TRADJENTA	35
<i>tramadol hcl</i>	22
<i>trandolapril</i>	40
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	42
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	42
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	42
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	42
<i>tranexamic acid</i>	71
<i>tranylcypromine sulfate</i>	33
<i>trazodone hcl</i>	34
TRECTOR	43
<i>tretinoin</i>	59
<i>tretinoin (chemotherapy)</i>	44
TRETEN	69
TREXALL	43
<i>triamcinolone acetonide (mouth)</i>	76
<i>triamcinolone acetonide (nasal)</i>	78
<i>triamcinolone acetonide (topical)</i>	61, 62
<i>triamterene</i>	64
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	64
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	64
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	64
<i>triazolam</i>	71
TRICOR	
see <i>fenofibrate</i>	39
<i>trientine hcl</i>	76
<i>trifluoperazine hcl</i>	47
<i>trifluridine</i>	80
<i>trihexyphenidyl hcl</i>	45

TRILEPTAL	
<i>see oxcarbazepine</i>	32
<i>trimethoprim</i>	25
<i>trimipramine maleate</i>	34
TRINATAL RX TAB 1	77
TRIUMEQ PD TAB	50
TRIUMEQ TAB	50
TROGARZO	50
<i>tropicamide</i>	79
TRULICITY	35
TRUMENBA	88
TRUVADA	
<i>see emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	49
<i>see emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	49
<i>see emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	49
<i>see emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	49
TRUVADA TAB 100-150	50
TRUVADA TAB 133-200	50
TRUVADA TAB 167-250	50
TRUVADA TAB 200-300	50
TWINRIX INJ	89
TWIRLA DIS 120-30	56
TYBLUME CHW 0.1-0.02	56
TYGACIL	85
<i>see tigecycline</i>	85
TYPHIM VI	88
U	
UBRELVY	74
UNASYN	
<i>see ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	82
<i>see ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	82
UNASYN BULK PACK	
<i>see ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	82
UNASYN INJ 1.5GM	83
UNASYN INJ 15GM	83
UNASYN INJ 3GM	83
<i>urea</i>	62
UREA	62
UROXATRAL	
<i>see alfuzosin hcl</i>	68
<i>ursodiol</i>	66
UZEDY	46
V	
VABOMERE INJ 2GM(1-1)	25
<i>valacyclovir hcl</i>	51
VALCYTE	
<i>see valganciclovir hcl</i>	51
<i>valganciclovir hcl</i>	51
VALIUM	
<i>see diazepam</i>	28
<i>valproate sodium</i>	33
<i>valproic acid</i>	33
<i>valsartan</i>	40
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	42
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	42
VALTRESX	
<i>see valacyclovir hcl</i>	51
VANCOCIN	
<i>see vancomycin hcl</i>	26
VANCOMYC/D5W INJ 1.25/250	25
VANCOMYC/D5W INJ 1GM	25
VANCOMYC/D5W INJ 500MG	25
VANCOMYC/D5W INJ 750MG	25
VANCOMYCIN	25
<i>vancomycin hcl</i>	26
VANCOMYCIN HYDROCHLORIDE	26
<i>see vancomycin hcl</i>	26
VANCOMYCIN INJ 1 GM	26
VANCOMYCIN INJ 500MG	26
VANCOMYCIN INJ 750MG	26
VANOS	
<i>see fluocinonide</i>	61
VAQTA	89

<i>varenicline tartrate</i>	85
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	85
VARIVAX	89
VARIZIG.....	81
VASERETIC	
<i>see enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	41
VASOTEC	
<i>see enalapril maleate</i>	39
VAXCHORA SUS	88
VAXELIS INJ	86
VAXNEUVANCE INJ.....	88
VELETRI	
<i>see epoprostenol sodium</i>	53
VENLAFAXINE BESYLATE ER	34
<i>venlafaxine hcl</i>	34
<i>verapamil hcl</i>	52
VERAPAMIL HYDROCHLORIDE E	52
VERELAN	
<i>see verapamil hcl</i>	52
VERQUVO	53
VESICARE	
<i>see solifenacin succinate</i>	87
VIBATIV	26
VICTOZA	35
<i>see liraglutide</i>	35
VIMKUNYA	89
VIMPAT	32
<i>see lacosamide</i>	31
VIRACEPT	50
VIREAD.....	50
<i>see tenofovir disoproxil fumarate</i>	50
VITAFOL-OB TAB 65-1MG.....	77
VIVELLE-DOT	
<i>see estradiol</i>	66
VIVITROL.....	37
VIVOTIF CAP EC.....	88
VONVENDI	69
VOTRIENT	44
<i>see pazopanib hcl</i>	44
VRAYLAR	46
VYVANSE.....	18

W

<i>warfarin sodium</i>	30
<i>water for irrigation, sterile irrigation soln</i> .	76
WELLBUTRIN SR	
<i>see bupropion hcl</i>	33
WELLBUTRIN XL	
<i>see bupropion hcl</i>	33
WESTAB PLUS TAB 27-1MG.....	77
<i>white petrolatum-mineral oil ophth ointment</i>	79
WIDE-SEAL SILICONE DIAPHR	73
WILATE INJ	69
<i>witch hazel (hamamelis virginiana)</i>	63

X

XALATAN	
<i>see latanoprost</i>	81
XANAX	
<i>see alprazolam</i>	27
XARELTO.....	30
XARELTO STAR TAB 15/20MG.....	30
XCOPRI.....	32
XCOPRI PAK 100-150	32
XCOPRI PAK 12.5-25	32
XCOPRI PAK 150-200	32
XCOPRI PAK 50-100MG	32
XELJANZ	20
XELJANZ XR.....	20
XEMBIFY	81
XERAVA	85
XOLAIR	28
XYNTHA	69
XYNTHA SOLOFUSE.....	69

Y

YASMIN 28	
<i>see drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	55
YASMIN 28 TAB 3-0.03MG.....	56
YAZ	
<i>see drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	55
YAZ TAB 3-0.02MG	56
YF-VAX INJ	89

Z

ZADITOR.....	81
--------------	----

<i>zafirlukast</i>	29	<i>zinc oxide (topical)</i>	63
ZANAFLEX		ZINPLAVA.....	81
<i>see tizanidine hcl</i>	78	<i>ziprasidone hcl</i>	46
ZARONTIN		ZIRGAN	80
<i>see ethosuximide</i>	33	ZITHROMAX.....	72
ZEGALOGUE	35	<i>see azithromycin</i>	72
ZEMDRI	20	ZOCOR	
ZENPEP CAP 10000UNT	63	<i>see simvastatin</i>	39
ZENPEP CAP 15000UNT	63	ZOLOFT	
ZENPEP CAP 20000UNT	63	<i>see sertraline hcl</i>	34
ZENPEP CAP 25000UNT	63	<i>zolpidem tartrate</i>	71
ZENPEP CAP 3000UNIT	63	ZONEGRAN	
ZENPEP CAP 40000UNT	63	<i>see zonisamide</i>	32
ZENPEP CAP 5000UNIT	63	<i>zonisamide</i>	32
ZENPEP CAP 60000UNT	63	ZOSYN SOL 2-0.25GM.....	83
ZERBAXA INJ 1.5GM	53	ZOSYN SOL 3-0.375G	83
ZESTORETIC		ZOSYN SOL 4-0.5GM.....	83
<i>see lisinopril & hydrochlorothiazide tab</i>		ZUBSOLV SUB 0.7-0.18.....	23
10-12.5 mg	41	ZUBSOLV SUB 1.4-0.36.....	23
<i>see lisinopril & hydrochlorothiazide tab</i>		ZUBSOLV SUB 11.4-2.9.....	24
20-12.5 mg.....	41	ZUBSOLV SUB 2.9-0.71	23
<i>see lisinopril & hydrochlorothiazide tab</i>		ZUBSOLV SUB 5.7-1.4	23
20-25 mg	41	ZUBSOLV SUB 8.6-2.1.....	23
ZESTRIL		ZURZUVAE.....	33
<i>see lisinopril</i>	40	ZYPREXA	
ZETIA		<i>see olanzapine</i>	47
<i>see ezetimibe</i>	39	ZYTIGA	
ZIAGEN.....	50	<i>see abiraterone acetate</i>	44
<i>see abacavir sulfate</i>	48	ZYVOX	27
<i>zidovudine</i>	50	<i>see linezolid</i>	26
ZIMHI.....	37		