CareFirst
Family of health care plans

CareFirst Formulary 3

2025

PLEASE READ: This document contains information about the drugs we cover in this plan.

- **This formulary is for members of an employer group with 51 or more employees. For your specific prescription benefit plan information, log into your account at carefirst.com.**

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rx**.

Last updated 12/01/2025

Introduction

A formulary is a list of covered prescription drugs. Our drug list is reviewed and approved by an independent national committee comprised of physicians, pharmacists and other health care professionals, known as the Pharmacy and Therapeutics Committee. This committee makes sure the drugs on the formulary are safe and clinically effective.

Within the formulary, prescription drugs are divided into tiers as described below. Depending on your plan, prescription drugs fall into one of five drug tiers which determines the price you pay.

Using Your Formulary

The first column of the formulary lists drugs by name. If the drugs are shown in lowercase italics, they are *generic drugs*. If the drugs are bold and capitalized, they are **BRAND-NAME DRUGS**.

You may search the formulary for a drug by pressing "CTRL" and "F" at the same time to prompt a search.

The second column indicates the drug tier for a covered drug.

The third column indicates any prescription guidelines a drug requires such as prior authorization (PA), step therapy (ST) or quantity limits (QL).

- **Prior Authorization** from CareFirst is required before you fill prescriptions for certain drugs. Your doctor may need to provide some of your medical history or laboratory tests to determine if these medications are appropriate. Without prior authorization from CareFirst, your drugs may not be covered.
- **Step Therapy** requires that you try lower-cost, equally effective drugs that treat the same medical condition before trying a higher-cost alternative. Your doctor will need to provide information to CareFirst about your experience with these alternatives prior to dispensing a more expensive drug.
- **Quantity Limits** have been placed on the use of selected drugs for quality or safety reasons. Limits may be placed on the amount of the drug covered per prescription or for a defined period of time. For example, quantity limits apply to specialty drugs. Specialty drugs are medications that may be used to treat complex and/or rare health conditions and require special handling, administration or monitoring. Specialty drugs are typically covered for a one-month supply.

Members can view specific cost-share (copay or coinsurance) information and prescription guidelines by logging in to *My Account* at **carefirst.com/myaccount** and clicking on *Tools* and *Drug Pricing Tool* or by reviewing their annual summary of benefits.

Tier 0: $0 Drugs	■ Preventive drugs (e.g. statins, aspirin, folic acid, fluoride, iron supplements, HIVPrEP, smoking cessation products and FDA-approved contraceptives for women) are available at a zero-dollar cost share if prescribed under certain medical criteria by your doctor. ■ Oral chemotherapy drugs and diabetic supplies (e.g. insulin syringes, pen needles, lancets, test strips, and alcohol swabs) are also available at a zero-dollar cost share.
Tier 1: Generic Drugs $	■ Generic drugs are the same as brand-name drugs in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. ■ Generic drugs generally cost less than brand-name drugs.
Tier 2: Preferred Brand Drugs $$	■ Preferred brand drugs are brand-name drugs that may not be available in generic form, but are chosen for their cost effectiveness compared to alternatives. Your cost-share will be more than generics but less than non-preferred brand drugs. If a generic drug becomes available, the preferred brand drug may be moved to the non-preferred brand category.
Tier 3: Non-preferred Brand Drugs $$$	■ Non-preferred brand drugs often have a generic or preferred brand drug option where your cost-share will be lower.
Tier 4: Preferred Specialty Drugs $$$$	■ Preferred specialty drugs are medications that may be used to treat complex and/or rare health conditions. These drugs may have a lower cost-share than non-preferred specialty drugs.
Tier 5: Non-Preferred Specialty Drugs $$$$	■ Non-preferred specialty drugs often have a specialty drug option where your cost-share will be lower.

CareFirst Formulary 3 5T Effective 12/01/2025

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
AMPHETAMINES		
amphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
amphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
amphetamine tab extended release disintegrating 3.1 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 6.3 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 9.4 mg	1	QL (2 ea every 1 day)
amphetamine tab extended release disintegrating 12.5 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 15.7 mg	1	QL (1 ea every 1 day)
amphetamine tab extended release disintegrating 18.8 mg	1	QL (1 ea every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg	1	
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 5 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 10 mg	1	QL (3 caps every 1 day)
amphetamine-dextroamphetamine cap er 24hr 15 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 20 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 25 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine cap er 24hr 30 mg	1	QL (1 cap every 1 day)
amphetamine-dextroamphetamine tab 5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 7.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 10 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 12.5 mg	1	QL (3 tabs every 1 day)
amphetamine-dextroamphetamine tab 15 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 20 mg	1	QL (2 tabs every 1 day)
amphetamine-dextroamphetamine tab 30 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
DESOXYN TAB 5MG	3	QL (6 tabs every 1 day)
DEXEDRINE CAP 10MG CR	3	QL (4 caps every 1 day)
DEXEDRINE CAP 15MG CR	3	QL (2 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 5 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 10 mg	1	QL (4 caps every 1 day)
dextroamphetamine sulfate cap er 24hr 15 mg	1	QL (2 caps every 1 day)
dextroamphetamine sulfate oral solution 5 mg/5ml	1	QL (48 mL every 1 day)
dextroamphetamine sulfate tab 2.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 7.5 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 10 mg	1	QL (4 tabs every 1 day)
dextroamphetamine sulfate tab 15 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 20 mg	1	QL (2 tabs every 1 day)
dextroamphetamine sulfate tab 30 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate cap 10 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 20 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 30 mg	1	QL (2 caps every 1 day)
lisdexamfetamine dimesylate cap 40 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 50 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 60 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate cap 70 mg	1	QL (1 cap every 1 day)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (2 tabs every 1 day)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (1 tab every 1 day)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (1 tab every 1 day)
methamphetamine hcl tab 5 mg	1	QL (6 tabs every 1 day)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
ADIPEX-P TAB 37.5MG	3	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
benzphetamine hcl tab 50 mg	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
diethylpropion hcl tab 25 mg	1	PA, QL (90 tabs every 28 days); Coverage is subject to your plan/benefits
diethylpropion hcl tab er 24hr 75 mg	1	PA; Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
phendimetrazine tartrate tab 35 mg	1	PA, QL (180 tabs every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 15 mg	1	PA, QL (60 caps every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 30 mg	1	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
phentermine hcl cap 37.5 mg	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
phentermine hcl tab 37.5 mg	1	PA, QL (30 units every 28 days); Coverage is subject to your plan/benefits
phentermine hcl-topiramate cap er 24hr 3.75-23 mg	1	PA
phentermine hcl-topiramate cap er 24hr 7.5-46 mg	1	PA
phentermine hcl-topiramate cap er 24hr 11.25-69 mg	1	PA
phentermine hcl-topiramate cap er 24hr 15-92 mg	1	PA
QSYMIA CAP 3.75-23	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 7.5-46MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 11.25-69	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
QSYMIA CAP 15-92MG	2	PA, QL (30 caps every 28 days); Coverage is subject to your plan/benefits
ANTI-OBESITY AGENTS		
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml)	1	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits
orlistat cap 120 mg	1	PA, QL (90 caps every 28 days); Coverage is subject to your plan/benefits
SAXENDA INJ 18MG/3ML	2	PA, QL (1 package per 28 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
WEGOVY INJ 0.5MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 0.25MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1.7MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 1MG	2	PA, QL (1 package every 28 days); Coverage is subject to your plan/benefits
WEGOVY INJ 2.4MG	2	PA; Coverage is subject to your plan/benefits
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS		
atomoxetine hcl cap 10 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 18 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 25 mg (base equiv)	1	QL (4 caps every 1 day)
atomoxetine hcl cap 40 mg (base equiv)	1	QL (2 caps every 1 day)
atomoxetine hcl cap 60 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 80 mg (base equiv)	1	QL (1 cap every 1 day)
atomoxetine hcl cap 100 mg (base equiv)	1	QL (1 cap every 1 day)
clonidine hcl tab er 12hr 0.1 mg	1	
guanfacine hcl tab er 24hr 1 mg (base equiv)	1	
guanfacine hcl tab er 24hr 2 mg (base equiv)	1	
guanfacine hcl tab er 24hr 3 mg (base equiv)	1	
guanfacine hcl tab er 24hr 4 mg (base equiv)	1	
QELBREE CAP 100MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 150MG ER	2	QL (3 caps every 1 day)
QELBREE CAP 200MG ER	2	QL (3 caps every 1 day)
STRATTERA CAP 10MG	3	QL (4 caps every 1 day)
STRATTERA CAP 18MG	3	QL (4 caps every 1 day)
STRATTERA CAP 25MG	3	QL (4 caps every 1 day)
STRATTERA CAP 40MG	3	QL (2 caps every 1 day)
STRATTERA CAP 60MG	3	QL (1 cap every 1 day)
STRATTERA CAP 80MG	3	QL (1 cap every 1 day)
STRATTERA CAP 100MG	3	QL (1 cap every 1 day)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG	2	
SUNOSI TAB 150MG	2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG	4	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG	4	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
STIMULANTS - MISC.		
armodafinil tab 50 mg	1	PA, QL (60 tabs every 30 days)
armodafinil tab 150 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 200 mg	1	PA, QL (30 tabs every 30 days)
armodafinil tab 250 mg	1	PA, QL (30 tabs every 30 days)
AZSTARYS CAP 26.1-5.2	2	QL (1 cap every 1 day)
AZSTARYS CAP 39.2-7.8	2	QL (1 cap every 1 day)
AZSTARYS CAP 52.3-10.	2	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 5 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 10 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 15 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 20 mg	1	QL (2 caps every 1 day)
dexmethylphenidate hcl cap er 24 hr 25 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 30 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 35 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl cap er 24 hr 40 mg	1	QL (1 cap every 1 day)
dexmethylphenidate hcl tab 2.5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 5 mg	1	QL (4 tabs every 1 day)
dexmethylphenidate hcl tab 10 mg	1	QL (2 tabs every 1 day)
FOCALIN TAB 2.5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 5MG	3	QL (4 tabs every 1 day)
FOCALIN TAB 10MG	3	QL (2 tabs every 1 day)
METHYLIN SOL 5MG/5ML	3	QL (60 mL every 1 day)
METHYLIN SOL 10MG/5ML	3	QL (30 mL every 1 day)
methylphenidate hcl cap er 10 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 20 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 10 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 15 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 20 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (la)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 30 mg (xr)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 24hr 40 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 40 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 50 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (la)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 24hr 60 mg (xr)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 30 mg (cd)	1	QL (2 caps every 1 day)
methylphenidate hcl cap er 40 mg (cd)	1	QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
methylphenidate hcl cap er 50 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl cap er 60 mg (cd)	1	QL (1 cap every 1 day)
methylphenidate hcl chew tab 2.5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl chew tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl soln 5 mg/5ml	1	QL (60 mL every 1 day)
methylphenidate hcl soln 10 mg/5ml	1	QL (30 mL every 1 day)
methylphenidate hcl tab 5 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 10 mg	1	QL (6 tabs every 1 day)
methylphenidate hcl tab 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 10 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 20 mg	1	QL (3 tabs every 1 day)
methylphenidate hcl tab er 24hr 18 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er 24hr 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 18 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 27 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 36 mg	1	QL (2 tabs every 1 day)
methylphenidate hcl tab er osmotic release (osm) 54 mg	1	QL (1 tab every 1 day)
methylphenidate hcl tab er osmotic release (osm) 72 mg	1	QL (1 tab every 1 day)
methylphenidate td patch 10 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 15 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 20 mg/9hr	1	QL (1 ea every 1 day)
methylphenidate td patch 30 mg/9hr	1	QL (1 ea every 1 day)
modafinil tab 100 mg	1	PA, QL (60 tabs every 30 days)
modafinil tab 200 mg	1	PA, QL (60 tabs every 30 days)
RITALIN LA CAP 10MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 20MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 30MG	3	QL (2 caps every 1 day)
RITALIN LA CAP 40MG	3	QL (1 cap every 1 day)
RITALIN TAB 5MG	3	QL (6 tabs every 1 day)
RITALIN TAB 10MG	3	QL (6 tabs every 1 day)
RITALIN TAB 20MG	3	QL (3 tabs every 1 day)

ALLERGENIC EXTRACTS/BIOLOGICALS MISC

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU	2	

Drug Name	Drug Tier	Requirements/Limits
ODACTRA SUB	3	
ORALAIR SUB 300 IR	2	
RAGWITEK SUB	2	
AMINOGLYCOSIDES		
AMINOGLYCOSIDES		
ARIKAYCE SUS	5	PA
neomycin sulfate tab 500 mg	1	
tobramycin nebu soln 300 mg/4ml	1	PA, QL (8 mL every 1 day)
tobramycin nebu soln 300 mg/5ml	1	PA, QL (10 mL every 1 day)
ANALGESICS - ANTI-INFLAMMATORY		
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 10/0.1ML	4	PA, QL (2 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 20/0.2ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-ADAZ INJ 40/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
ADALIMU-ADAZ INJ 80/0.8ML	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 20/0.4ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ADALIMU-FKJP KIT 40/0.8ML	4	PA, QL (4 syringes every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ CD/ INJ UC/HS SP	4	PA, QL (2 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
HYRIMOZ INJ 40/0.8ML	4	PA, QL (4 pen autoinjectors every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ INJ 40/0.8ML	4	PA, QL (5 pens every 28 days); Preferred for all approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ LQ SOL 1MG/ML	4	PA, QL (12 mL every 1 day)
RINVOQ TAB 15MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 30MG ER	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.
RINVOQ TAB 45MG ER	4	PA, QL (84 tablets every 84 days); Preferred agent for Rheumatoid Arthritis, Psoriatic Arthritis, Ankylosing Spondylitis, Ulcerative Colitis and Crohn's Disease; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOL 1MG/ML	4	PA, QL (10 mL every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 5MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ TAB 10MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 11MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
XELJANZ XR TAB 22MG	4	PA, QL (1 tab every 1 day); Preferred agent for Rheumatoid Arthritis and Ulcerative colitis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ANTIRHEUMATIC ANTIMETABOLITES		
OTREXUP INJ 10MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 12.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 15MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 17.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 20MG	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 22.5/0.4	5	PA, QL (4 pens every 28 days)
OTREXUP INJ 25MG	5	PA, QL (4 pens every 28 days)
RASUVO INJ 7.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 10MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 15MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 20MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 25MG	4	PA, QL (4 pens every 28 days)
RASUVO INJ 30MG	4	PA, QL (4 pens every 28 days)
GOLD COMPOUNDS		
RIDAURA CAP 3MG	3	

Drug Name	Drug Tier	Requirements/Limits
INTERLEUKIN-6 RECEPTOR INHIBITORS		
KEVZARA INJ 150/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 150/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 pens every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
KEVZARA INJ 200/1.14	4	PA, QL (2 syringes every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
ANAPROX DS TAB 550MG	3	
celecoxib cap 50 mg	1	
celecoxib cap 100 mg	1	
celecoxib cap 200 mg	1	
celecoxib cap 400 mg	1	
DAYPRO TAB 600MG	3	
diclofenac potassium tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diclofenac sodium tab delayed release 25 mg	1	
diclofenac sodium tab delayed release 50 mg	1	
diclofenac sodium tab delayed release 75 mg	1	
diclofenac sodium tab er 24hr 100 mg	1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg	1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg	1	
DUEXIS TAB 800-26.6	3	
EC-NAPROSYN TAB 375MG	3	
EC-NAPROSYN TAB 500MG	3	
etodolac cap 200 mg	1	
etodolac cap 300 mg	1	
etodolac tab 400 mg	1	
etodolac tab 500 mg	1	
etodolac tab er 24hr 400 mg	1	
etodolac tab er 24hr 500 mg	1	
etodolac tab er 24hr 600 mg	1	
flurbiprofen tab 50 mg	1	
flurbiprofen tab 100 mg	1	
ibuprofen tab 400 mg	1	
ibuprofen tab 600 mg	1	
ibuprofen tab 800 mg	1	
ibuprofen-famotidine tab 800-26.6 mg	1	
indomethacin cap 25 mg	1	
indomethacin cap 50 mg	1	
indomethacin cap er 75 mg	1	
indomethacin suppos 50 mg	1	
indomethacin susp 25 mg/5ml	1	
ketorolac tromethamine tab 10 mg	1	
LURBIPR TAB 100MG	3	
meclofenamate sodium cap 50 mg	1	
meclofenamate sodium cap 100 mg	1	
mefenamic acid cap 250 mg	1	
meloxicam susp 7.5 mg/5ml	1	
meloxicam tab 7.5 mg	1	
meloxicam tab 15 mg	1	
nabumetone tab 500 mg	1	
nabumetone tab 750 mg	1	
NALFON CAP 400MG	3	
NALFON TAB 600MG	3	
NAPROSYN TAB 500MG	3	
naproxen sodium tab 275 mg	1	
naproxen sodium tab 550 mg	1	

Drug Name	Drug Tier	Requirements/Limits
naproxen tab 250 mg	1	
naproxen tab 375 mg	1	
naproxen tab 500 mg	1	
naproxen tab ec 375 mg	1	
naproxen tab ec 500 mg	1	
oxaprozin cap 300 mg	1	
oxaprozin tab 600 mg	1	
piroxicam cap 10 mg	1	
piroxicam cap 20 mg	1	
sulindac tab 150 mg	1	
sulindac tab 200 mg	1	
tolmetin sodium cap 400 mg	1	
tolmetin sodium tab 600 mg	1	
VIMOVO TAB 375-20MG	3	
VIMOVO TAB 500-20MG	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 10/20/30	4	PA, QL (55 tabs every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 20MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA TAB 30MG	4	PA, QL (2 tabs every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
OTEZLA XR TAB 75MG	4	PA, QL (1 tab every 1 day); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
OTEZLA/XR TAB 28 DAY	4	PA, QL (1 pack every 28 days); Preferred agent for Psoriasis, Psoriatic Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG	3	
ARAVA TAB 20MG	3	
leflunomide tab 10 mg	1	
leflunomide tab 20 mg	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML	4	PA, QL (4 SYRINGES every 28 DAYS); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 50/0.4ML	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ORENCIA INJ 87.5/0.7	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ORENCIA INJ 125MG/ML	4	PA, QL (4 pfs every 28 days); Preferred agent for Rheumatoid Arthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML	4	PA, QL (8 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
ENBREL INJ 25MG	4	PA, QL (8 vials every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.

Drug Name	Drug Tier	Requirements/Limits
ENBREL INJ 50MG/ML	4	PA, QL (4 syringes every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL MINI INJ 50MG/ML	4	PA, QL (4 cartridges every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ENBREL SRCLK INJ 50MG/ML	4	PA, QL (4 pens every 28 days); Preferred agent for all FDA approved indications except psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
ANALGESICS - NONNARCOTIC		
ANALGESIC COMBINATIONS		
butalbital-acetaminophen tab 50-325 mg	1	
butalbital-acetaminophen-caffeine tab 50-325-40 mg	1	
butalbital-aspirin-caffeine cap 50-325-40 mg	1	
ESGIC TAB	3	
SALICYLATES		
aspirin chew tab 81 mg	0	OTC; $0 copay-age and gender restrictions apply
aspirin tab delayed release 81 mg	0	OTC
aspirin tab delayed release 81 mg	0	OTC; $0 copay-age and gender restrictions apply
diflunisal tab 500 mg	1	
salsalate tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID		
OPIOID AGONISTS		
CODEINE SULF TAB 15MG	3	PA, QL (42 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
CODEINE SULF TAB 60MG	3	PA, QL (42 tabs every 25 days)
codeine sulfate tab 30 mg	1	PA, QL (42 tabs every 25 days)
CONZIP CAP 100MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 200MG	3	PA, QL (30 caps every 25 days)
CONZIP CAP 300MG	3	PA, QL (30 caps every 25 days)
DILAUDID LIQ 1MG/ML	3	PA, QL (16 mL every day)
DILAUDID TAB 2MG	3	PA, QL (180 tabs every 25 days)
DILAUDID TAB 4MG	3	PA, QL (4 tabs every day)
DILAUDID TAB 8MG	3	PA, QL (60 tabs every 25 days)
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days)

Drug Name	Drug Tier	Requirements/Limits
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 25 days)
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches every 25 days)
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (60 caps every 25 days)
hydrocodone bitartrate cap er 12hr 50 mg	1	PA, QL (60 caps every 30 days)
hydrocodone bitartrate tab er 24hr deter 20 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 30 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 40 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 60 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 80 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 100 mg	1	PA, QL (30 tabs every 25 days)
hydrocodone bitartrate tab er 24hr deter 120 mg	1	PA, QL (30 tabs every 25 days)
HYDROMORPHON SUP 3MG	3	PA
hydromorphone hcl liqd 1 mg/ml	1	PA, QL (16 mL every day)
hydromorphone hcl tab 2 mg	1	PA, QL (180 tabs every 25 days)
hydromorphone hcl tab 4 mg	1	PA, QL (4 tabs every day)
hydromorphone hcl tab 8 mg	1	PA, QL (60 tabs every 25 days)
hydromorphone hcl tab er 24hr 8 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 12 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 16 mg	1	PA, QL (30 tabs every 25 days)
hydromorphone hcl tab er 24hr 32 mg	1	PA

Drug Name	Drug Tier	Requirements/Limits
HYSINGLA ER TAB 20 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 30 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 40 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 60 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 80 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 100 MG	2	PA, QL (30 tabs every 30 days)
HYSINGLA ER TAB 120 MG	2	PA, QL (30 tabs every 30 days)
methadone hcl conc 10 mg/ml	1	PA, QL (60 mL every 25 days)
methadone hcl soln 5 mg/5ml	1	PA, QL (450 mL every 25 days)
methadone hcl soln 10 mg/5ml	1	PA, QL (7.5 mL every day)
methadone hcl tab 5 mg	1	PA, QL (90 tabs every 25 days)
methadone hcl tab 10 mg	1	PA, QL (60 tabs every 25 days)
methadone hcl tab for oral susp 40 mg	1	
METHADOSE CON 10MG/ML	3	QL (60 mL every 25 days)
METHADOSE SF CON 10MG/ML	3	QL (60 mL every 25 days)
morphine sulfate beads cap er 24hr 30 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 45 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 60 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 75 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 90 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate beads cap er 24hr 120 mg	1	PA
morphine sulfate cap er 24hr 10 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 20 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 30 mg	1	PA, QL (60 caps every 25 days)
morphine sulfate cap er 24hr 50 mg	1	PA, QL (30 caps every 25 days)

Drug Name	Drug Tier	Requirements/Limits
morphine sulfate cap er 24hr 60 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate cap er 24hr 80 mg	1	PA, QL (30 caps every 25 days)
morphine sulfate cap er 24hr 100 mg	1	PA
morphine sulfate oral soln 10 mg/5ml	1	PA, QL (900 mL every 25 days)
morphine sulfate oral soln 20 mg/5ml	1	PA, QL (675 mL every 25 days)
morphine sulfate oral soln 100 mg/5ml (20 mg/ml)	1	PA, QL (135 mL every 25 days)
morphine sulfate suppos 5 mg	1	PA
morphine sulfate suppos 10 mg	1	PA
morphine sulfate suppos 20 mg	1	PA
morphine sulfate suppos 30 mg	1	PA
morphine sulfate tab 15 mg	1	PA, QL (180 tabs every 25 days)
morphine sulfate tab 30 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 15 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 30 mg	1	PA, QL (90 tabs every 25 days)
morphine sulfate tab er 60 mg	1	PA, QL (90 tabs every 30 days)
morphine sulfate tab er 100 mg	1	PA, QL (30 tabs every 30 days)
morphine sulfate tab er 200 mg	1	PA, QL (30 tabs every 30 days)
MS CONTIN TAB 15MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 30MG ER	3	PA, QL (90 tabs every 25 days)
MS CONTIN TAB 60MG ER	3	PA
MS CONTIN TAB 100MG ER	3	PA
MS CONTIN TAB 200MG ER	3	PA, QL (30 tabs every 30 days)
oxycodone hcl cap 5 mg	1	PA, QL (180 caps every 25 days)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	1	PA, QL (90 mL every 30 days)
oxycodone hcl soln 5 mg/5ml	1	PA, QL (900 mL every 25 days)
oxycodone hcl tab 5 mg	1	PA, QL (180 tabs every 25 days)

Drug Name	Drug Tier	Requirements/Limits
oxycodone hcl tab 10 mg	1	PA, QL (180 tabs every 25 days)
oxycodone hcl tab 15 mg	1	PA, QL (120 tabs every 25 days)
oxycodone hcl tab 20 mg	1	PA, QL (90 tabs every 25 days)
oxycodone hcl tab 30 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 10 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 20 mg	1	PA, QL (60 tabs every 25 days)
oxycodone hcl tab er 12hr deter 40 mg	1	PA, QL (120 tabs every 30 days)
oxycodone hcl tab er 12hr deter 80 mg	1	PA, QL (60 tabs every 30 days)
oxymorphone hcl tab 5 mg	1	PA, QL (180 tabs every 25 days)
oxymorphone hcl tab 10 mg	1	PA, QL (90 tabs every 25 days)
ROXICODONE TAB 15MG	3	PA, QL (120 tabs every 25 days)
ROXICODONE TAB 30MG	3	PA, QL (60 tabs every 25 days)
tramadol hcl oral soln 5 mg/ml	1	
tramadol hcl tab 50 mg	1	PA, QL (180 tabs every 25 days)
tramadol hcl tab er 24hr 100 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 200 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr 300 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 100 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 200 mg	1	PA, QL (30 tabs every 25 days)
tramadol hcl tab er 24hr biphasic release 300 mg	1	PA, QL (30 tabs every 25 days)
XTAMPZA ER CAP 9MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 13.5MG	2	PA
XTAMPZA ER CAP 18MG	2	PA, QL (60 caps every 30 days)

Drug Name	Drug Tier	Requirements/Limits
XTAMPZA ER CAP 27MG	2	PA, QL (60 caps every 30 days)
XTAMPZA ER CAP 36MG	2	PA, QL (60 caps every 30 days)
OPIOID COMBINATIONS		
acetaminophen w/ codeine soln 120-12 mg/5ml	1	PA, QL (90 mL every 1 day)
acetaminophen w/ codeine tab 300-15 mg	1	PA, QL (390 tabs every 30 days)
acetaminophen w/ codeine tab 300-30 mg	1	PA, QL (12 tabs every 1 day)
acetaminophen w/ codeine tab 300-60 mg	1	PA, QL (6 tabs every 1 day)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	1	PA, QL (10 caps every 1 day)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	
FIORICET CAP CODEINE	3	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen soln 10-300 mg/15ml	1	PA, QL (67.5 mL every 1 day)
hydrocodone-acetaminophen soln 10-325 mg/15ml	1	PA, QL (90 mL every 1 day)
hydrocodone-acetaminophen tab 5-300 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 5-325 mg	1	PA, QL (8 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 7.5-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-300 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
hydrocodone-ibuprofen tab 5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 7.5-200 mg	1	PA, QL (5 tabs every 1 day)
hydrocodone-ibuprofen tab 10-200 mg	1	PA, QL (5 tabs every 1 day)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 5-325 mg	1	PA, QL (12 tabs every 1 day)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	PA, QL (8 tabs every 1 day)
oxycodone w/ acetaminophen tab 10-325 mg	1	PA, QL (6 tabs every 1 day)
tramadol-acetaminophen tab 37.5-325 mg	1	PA, QL (8 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 150MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 300MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 450MCG	2	PA, QL (60 films every 25 days)
BELBUCA MIS 600MCG	2	PA
BELBUCA MIS 750MCG	2	PA
BELBUCA MIS 900MCG	2	PA
buprenorphine hcl sl tab 2 mg (base equiv)	0	
buprenorphine hcl sl tab 8 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	1	
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	0	
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	0	
buprenorphine td patch weekly 5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 7.5 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 10 mcg/hr	1	PA, QL (4 patches every 25 days)
buprenorphine td patch weekly 15 mcg/hr	1	PA
buprenorphine td patch weekly 20 mcg/hr	1	PA
butorphanol tartrate nasal soln 10 mg/ml	1	QL (2.4 bottles every 30 days)
pentazocine w/ naloxone hcl tab 50-0.5 mg	1	PA
ZUBSOLV SUB 0.7-0.18	2	
ZUBSOLV SUB 1.4-0.36	2	
ZUBSOLV SUB 2.9-0.71	2	
ZUBSOLV SUB 5.7-1.4	2	
ZUBSOLV SUB 8.6-2.1	2	
ZUBSOLV SUB 11.4-2.9	2	

Drug Name	Drug Tier	Requirements/Limits
ANDROGENS-ANABOLIC		
ANDROGENS		
danazol cap 50 mg	1	
danazol cap 100 mg	1	
danazol cap 200 mg	1	
methyltestosterone cap 10 mg	1	
methyltestosterone oral tab 10 mg	1	
NATESTO GEL 5.5MG	2	PA
testosterone cypionate im inj in oil 100 mg/ml	1	PA
testosterone cypionate im inj in oil 200 mg/ml	1	PA
testosterone enanthate im inj in oil 200 mg/ml	1	PA
testosterone td gel 10mg/act (2%)	1	PA
testosterone td gel 12.5 mg/act (1%)	1	PA
testosterone td gel 20.25 mg/1.25gm (1.62%)	1	PA
testosterone td gel 20.25 mg/act (1.62%)	1	PA
testosterone td gel 25 mg/2.5gm (1%)	1	PA
testosterone td gel 40.5 mg/2.5gm (1.62%)	1	PA
testosterone td gel 50 mg/5gm (1%)	1	PA
testosterone td soln 30 mg/act	1	PA
ANORECTAL AND RELATED PRODUCTS		
INTRARECTAL STEROIDS		
budesonide rectal foam 2 mg/act	1	
CORTENEMA ENE 100MG	3	
CORTIFOAM AER 90MG	2	
hydrocortisone enema 100 mg/60ml	1	
RECTAL COMBINATIONS		
ANALPRAM HC CRE 1-1%	3	
ANALPRAM HC CRE 2.5-1%	3	
ANALPRAM HC LOT 2.5%	3	
ANALPRAM-HC CRE 1-1%	3	
ANALPRAM-HC LOT 2.5%	3	
ANALPRM SNGL CRE HC 2.5-1	3	
hydrocortisone acetate w/ pramoxine perianal cream 1-1%	1	
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%	1	
PROCTOFOAM AER HC 1%	2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5%	3	
hydrocortisone acetate suppos 25 mg	1	
hydrocortisone acetate suppos 30 mg	1	
hydrocortisone perianal cream 2.5%	1	

Drug Name	Drug Tier	Requirements/Limits
VASODILATING AGENTS		
nitroglycerin oint 0.4%	1	
RECTIV OIN 0.4%	3	
ANTHELMINTICS		
ANTHELMINTICS		
albendazole tab 200 mg	1	QL (336 tabs every year)
BENZNIDAZOLE TAB 12.5MG	3	
BENZNIDAZOLE TAB 100MG	3	
BILTRICIDE TAB 600MG	3	QL (24 tabs every year)
EMVERM CHW 100MG	2	QL (12 ea every year)
ivermectin tab 3 mg	1	PA
praziquantel tab 600 mg	1	QL (24 tabs every year)
STROMECTOL TAB 3MG	3	PA
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE AGENTS - MISC.		
AEMCOLO TAB 194MG	3	
FLAGYL CAP 375MG	3	
IMPAVIDO CAP 50MG	3	
metronidazole cap 375 mg	1	
metronidazole tab 250 mg	1	
metronidazole tab 500 mg	1	
tinidazole tab 250 mg	1	
tinidazole tab 500 mg	1	
trimethoprim tab 100 mg	1	
XIFAXAN TAB 550MG	2	PA
ANTI-INFECTIVE MISC. - COMBINATIONS		
BACTRIM DS TAB 800-160	3	
BACTRIM TAB 400-80MG	3	
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg	1	
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg	1	
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg	1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tab 400-80 mg	1	
sulfamethoxazole-trimethoprim tab 800-160 mg	1	
UROGESIC- TAB BLUE	3	
ANTIPROTOZOAL AGENTS		
ALINIA SUS 100/5ML	3	
ALINIA TAB 500MG	3	

Drug Name	Drug Tier	Requirements/Limits
atovaquone susp 750 mg/5ml	1	
LAMPIT TAB 30MG	3	
LAMPIT TAB 120MG	3	
MEPRON SUS	2	
nitazoxanide tab 500 mg	1	
GLYCOPEPTIDES		
VANCOCIN CAP 125MG	3	QL (80 caps every 10 days)
VANCOCIN CAP 250MG	3	QL (80 caps every 10 days)
vancomycin hcl cap 125 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl cap 250 mg (base equivalent)	1	QL (80 caps every 10 days)
vancomycin hcl for oral soln 25 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
vancomycin hcl for oral soln 50 mg/ml (base equivalent)	1	QL (450 mL every 10 days)
LEPROSTATICS		
dapsone tab 25 mg	1	
dapsone tab 100 mg	1	
LINCOSAMIDES		
CLEOCIN CAP 75MG	3	
CLEOCIN CAP 150MG	3	
CLEOCIN CAP 300MG	3	
CLEOCIN PED SOL 75MG/5ML	3	
clindamycin hcl cap 75 mg	1	
clindamycin hcl cap 150 mg	1	
clindamycin hcl cap 300 mg	1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	1	
OXAZOLIDINONES		
linezolid for susp 100 mg/5ml	1	PA
linezolid tab 600 mg	1	PA
SIVEXTRO TAB 200MG	3	
PENEMS		
ORLYNVAH TAB 500-500	3	
URINARY ANTI-INFECTIVES		
BLUJEPA TAB 750MG	3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	1	
HIPREX TAB 1GM	3	
MACROBID CAP 100MG	3	
methenamine hippurate tab 1 gm	1	
methenamine mandelate tab 0.5 gm	1	
methenamine mandelate tab 1 gm	1	
nitrofurantoin macrocrystalline cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nitrofurantoin macrocrystalline cap 50 mg	1	
nitrofurantoin macrocrystalline cap 100 mg	1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
ANTIANGINAL AGENTS		
ANTIANGINALS-OTHER		
ranolazine tab er 12hr 500 mg	1	
ranolazine tab er 12hr 1000 mg	1	
NITRATES		
ISOSORB MONO TAB 10MG	3	
ISOSORB MONO TAB 20MG	3	
isosorbide dinitrate tab 5 mg	1	
isosorbide dinitrate tab 10 mg	1	
isosorbide dinitrate tab 20 mg	1	
isosorbide dinitrate tab 30 mg	1	
isosorbide mononitrate tab 10 mg	1	
isosorbide mononitrate tab 20 mg	1	
isosorbide mononitrate tab er 24hr 30 mg	1	
isosorbide mononitrate tab er 24hr 60 mg	1	
isosorbide mononitrate tab er 24hr 120 mg	1	
NITRO-BID OIN 2%	3	
NITRO-DUR DIS 0.1MG/HR	3	
NITRO-DUR DIS 0.2MG/HR	3	
NITRO-DUR DIS 0.3MG/HR	3	
NITRO-DUR DIS 0.4MG/HR	3	
NITRO-DUR DIS 0.6MG/HR	3	
NITRO-DUR DIS 0.8MG/HR	3	
nitroglycerin cap er 2.5 mg	1	
nitroglycerin cap er 6.5 mg	1	
nitroglycerin cap er 9 mg	1	
nitroglycerin sl tab 0.3 mg	1	
nitroglycerin sl tab 0.4 mg	1	
nitroglycerin sl tab 0.6 mg	1	
nitroglycerin td patch 24hr 0.1 mg/hr	1	
nitroglycerin td patch 24hr 0.2 mg/hr	1	
nitroglycerin td patch 24hr 0.4 mg/hr	1	
nitroglycerin td patch 24hr 0.6 mg/hr	1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	1	
NITROLINGUAL SPR 400MCG	3	
NITROSTAT SUB 0.3MG	3	
NITROSTAT SUB 0.4MG	3	

Drug Name	Drug Tier	Requirements/Limits
NITROSTAT SUB 0.6MG	3	
ANTIANXIETY AGENTS		
ANTIANXIETY AGENTS - MISC.		
buspirone hcl tab 5 mg	1	
buspirone hcl tab 7.5 mg	1	
buspirone hcl tab 10 mg	1	
buspirone hcl tab 15 mg	1	
buspirone hcl tab 30 mg	1	
hydroxyzine hcl syrup 10 mg/5ml	1	
hydroxyzine hcl tab 10 mg	1	
hydroxyzine hcl tab 25 mg	1	
hydroxyzine hcl tab 50 mg	1	
hydroxyzine pamoate cap 25 mg	1	
hydroxyzine pamoate cap 50 mg	1	
hydroxyzine pamoate cap 100 mg	1	
meprobamate tab 200 mg	1	
meprobamate tab 400 mg	1	
BENZODIAZEPINES		
ALPRAZOLAM CON 1 MG/ML	3	
alprazolam orally disintegrating tab 0.5 mg	1	
alprazolam orally disintegrating tab 0.25 mg	1	
alprazolam orally disintegrating tab 1 mg	1	
alprazolam orally disintegrating tab 2 mg	1	
alprazolam tab 0.5 mg	1	
alprazolam tab 0.25 mg	1	
alprazolam tab 1 mg	1	
alprazolam tab 2 mg	1	
alprazolam tab er 24hr 0.5 mg	1	
alprazolam tab er 24hr 1 mg	1	
alprazolam tab er 24hr 2 mg	1	
alprazolam tab er 24hr 3 mg	1	
chlordiazepoxide hcl cap 5 mg	1	
chlordiazepoxide hcl cap 10 mg	1	
chlordiazepoxide hcl cap 25 mg	1	
clorazepate dipotassium tab 3.75 mg	1	
clorazepate dipotassium tab 7.5 mg	1	
clorazepate dipotassium tab 15 mg	1	
diazepam conc 5 mg/ml	1	
diazepam oral soln 1 mg/ml	1	
diazepam tab 2 mg	1	
diazepam tab 5 mg	1	
diazepam tab 10 mg	1	
lorazepam conc 2 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
lorazepam tab 0.5 mg	1	
lorazepam tab 1 mg	1	
lorazepam tab 2 mg	1	
LOREEV XR CAP 1.5MG	3	
LOREEV XR CAP 1MG	3	
LOREEV XR CAP 2MG	3	
LOREEV XR CAP 3MG	3	
oxazepam cap 10 mg	1	
oxazepam cap 15 mg	1	
oxazepam cap 30 mg	1	
VALIUM TAB 2MG	3	
VALIUM TAB 5MG	3	
VALIUM TAB 10MG	3	
ANTIARRHYTHMICS		
ANTIARRHYTHMICS TYPE I-A		
disopyramide phosphate cap 100 mg	1	
disopyramide phosphate cap 150 mg	1	
NORPACE CAP 100MG CR	3	
NORPACE CAP 150MG CR	3	
quinidine gluconate tab er 324 mg	1	
ANTIARRHYTHMICS TYPE I-B		
mexiletine hcl cap 150 mg	1	
mexiletine hcl cap 200 mg	1	
mexiletine hcl cap 250 mg	1	
ANTIARRHYTHMICS TYPE I-C		
flecainide acetate tab 50 mg	1	
flecainide acetate tab 100 mg	1	
flecainide acetate tab 150 mg	1	
propafenone hcl cap er 12hr 225 mg	1	
propafenone hcl cap er 12hr 325 mg	1	
propafenone hcl cap er 12hr 425 mg	1	
propafenone hcl tab 150 mg	1	
propafenone hcl tab 225 mg	1	
propafenone hcl tab 300 mg	1	
RYTHMOL SR CAP 225MG	3	
RYTHMOL SR CAP 325MG	3	
RYTHMOL SR CAP 425MG	3	
ANTIARRHYTHMICS TYPE III		
amiodarone hcl tab 100 mg	1	
amiodarone hcl tab 200 mg	1	
amiodarone hcl tab 400 mg	1	
dofetilide cap 125 mcg (0.125 mg)	1	
dofetilide cap 250 mcg (0.25 mg)	1	

Drug Name	Drug Tier	Requirements/Limits
dofetilide cap 500 mcg (0.5 mg)	1	
MULTAQ TAB 400MG	2	
TIKOSYN CAP 125MCG	5	
TIKOSYN CAP 250MCG	5	
TIKOSYN CAP 500MCG	5	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS		
ANTI-INFLAMMATORY AGENTS		
cromolyn sodium soln nebu 20 mg/2ml	1	QL (8 mL every 1 day)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 10MG/0.5	4	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML	4	PA, QL (1 pen every 28 days)
NUCALA INJ 40MG/0.4	4	PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 pens every 28 days)
NUCALA INJ 100MG/ML	4	PA, QL (3 syringes every 28 days)
TEZSPIRE INJ 210MG	4	PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 pens every 28 days)
XOLAIR INJ 75/0.5	4	PA, QL (2 syringes every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 pens every 28 days)
XOLAIR INJ 150MG/ML	4	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 pens every 28 days)
XOLAIR INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
ipratropium bromide inhal soln 0.02%	1	QL (120 vials every 30 days)
SPIRIVA CAP HANDIHLR	1	PA, QL (1 package every 25 days); Brand preferred over generic
SPIRIVA RESP AER 1.25MCG	2	QL (1 package every 25 days)
SPIRIVA RESP AER 2.5MCG	2	QL (1 package every 25 days)
YUPELRI SOL	2	QL (3 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LEUKOTRIENE MODULATORS		
ACCOLATE TAB 10MG	3	
ACCOLATE TAB 20MG	3	
montelukast sodium chew tab 4 mg (base equiv)	1	
montelukast sodium chew tab 5 mg (base equiv)	1	
montelukast sodium oral granules packet 4 mg (base equiv)	1	
montelukast sodium tab 10 mg (base equiv)	1	
zafirlukast tab 10 mg	1	
zafirlukast tab 20 mg	1	
ZYFLO TAB 600MG	3	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
roflumilast tab 250 mcg	1	
roflumilast tab 500 mcg	1	
STEROID INHALANTS		
ASMANEX HFA AER 50MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 100 MCG	2	QL (1 package every 25 days)
ASMANEX HFA AER 200 MCG	2	QL (1 package every 25 days)
budesonide inhalation susp 0.5 mg/2ml	1	QL (4 mL every 1 day)
budesonide inhalation susp 0.25 mg/2ml	1	QL (6 mL every 1 day)
budesonide inhalation susp 1 mg/2ml	1	QL (2 mL every 1 day)
fluticasone furoate aerosol powder breath activ 50 mcg/act	1	QL (1 package every 25 days)
fluticasone furoate aerosol powder breath activ 100 mcg/act	1	QL (1 blister every 1 day)
fluticasone furoate aerosol powder breath activ 200 mcg/act	1	QL (1 blister every 1 day)
PULMICORT INH 90MCG	2	QL (3 inhalers every 28 days)
PULMICORT INH 180MCG	2	QL (2 inhalers every 28 days)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG	2	QL (3 packages every 30 days)
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)	1	QL (2 packages every 25 days)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	1	QL (4 ea every 1 day)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	1	QL (360 mL every 30 days)

Drug Name	Drug Tier	Requirements/Limits
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	1	QL (360 mL every 30 days)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	1	QL (360 mL every 30 days)
albuterol sulfate syrup 2 mg/5ml	1	
albuterol sulfate tab 2 mg	1	
albuterol sulfate tab 4 mg	1	
ANORO ELLIPT AER 62.5-25	2	PA, QL (2 blisters every 1 day); brand preferred over generic
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	1	QL (4 mL every 1 day)
BREO ELLIPTA INH 50-25MCG	2	QL (2 blisters every 1 day)
BREO ELLIPTA INH 100-25	2	QL (2 blisters every 1 day); Brand preferred over generic
BREO ELLIPTA INH 200-25	2	QL (2 blisters every 1 day); Brand preferred over generic
BREZTRI AERO AER SPHERE	2	QL (1 inhaler every 25 days)
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	1	QL (3 packages every 25 days)
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	1	QL (3 packages every 25 days)
COMBIVENT AER 20-100	3	QL (2 packages every 25 days)
fluticasone-salmeterol aer powder ba 100-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 250-50 mcg/act	1	QL (2 inhalations every 1 day)
fluticasone-salmeterol aer powder ba 500-50 mcg/act	1	QL (2 inhalations every 1 day)
formoterol fumarate soln nebu 20 mcg/2ml	1	QL (4 mL every 1 day)
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	1	QL (18 mL every 1 day)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	1	QL (10 mL every 1 day)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	1	QL (3 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)	1	QL (2 inhalers every 30 days)
PERFOROMIST NEB 20MCG	3	QL (4 mL every 1 day)
STIOLTO AER 2.5-2.5	2	QL (1 package every 25 days)
STRIVERDI AER 2.5MCG	2	QL (1 package every 25 days)
terbutaline sulfate tab 2.5 mg	1	
terbutaline sulfate tab 5 mg	1	
TRELEGY AER 100MCG	2	QL (1 inhaler every 30 days)
TRELEGY AER 200MCG	2	QL (1 inhaler every 30 days)
XANTHINES		
theophylline elixir 80 mg/15ml	1	
theophylline soln 80 mg/15ml	1	
theophylline tab er 12hr 300 mg	1	
theophylline tab er 12hr 450 mg	1	
theophylline tab er 24hr 400 mg	1	
theophylline tab er 24hr 600 mg	1	
ANTICOAGULANTS		
COUMARIN ANTICOAGULANTS		
warfarin sodium tab 1 mg	1	
warfarin sodium tab 2 mg	1	
warfarin sodium tab 2.5 mg	1	
warfarin sodium tab 3 mg	1	
warfarin sodium tab 4 mg	1	
warfarin sodium tab 5 mg	1	
warfarin sodium tab 6 mg	1	
warfarin sodium tab 7.5 mg	1	
warfarin sodium tab 10 mg	1	
DIRECT FACTOR XA INHIBITORS		
ELIQUIS CAP 0.15MG	2	
ELIQUIS ST P TAB 5MG	2	
ELIQUIS TAB 0.5MG	2	
ELIQUIS TAB 1.5MG	2	
ELIQUIS TAB 2.5MG	2	
ELIQUIS TAB 2MG	2	
ELIQUIS TAB 5MG	2	
rivaroxaban for susp 1 mg/ml	1	
rivaroxaban tab 2.5 mg	1	
XARELTO STAR TAB 15/20MG	2	
XARELTO SUS 1MG/ML	2	

Drug Name	Drug Tier	Requirements/Limits
XARELTO TAB 2.5MG	2	
XARELTO TAB 10MG	2	
XARELTO TAB 15MG	2	
XARELTO TAB 20MG	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
ARIXTRA INJ 2.5/0.5	3	
ARIXTRA INJ 5/0.4ML	3	
ARIXTRA INJ 7.5/0.6	3	
ARIXTRA INJ 10/0.8ML	3	
enoxaparin sodium inj 300 mg/3ml	1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 100 mg/ml	1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	1	
enoxaparin sodium inj soln pref syr 150 mg/ml	1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	1	
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	1	
heparin sodium (porcine) inj 1000 unit/ml	1	PA
heparin sodium (porcine) inj 5000 unit/ml	1	PA
heparin sodium (porcine) inj 10000 unit/ml	1	PA
heparin sodium (porcine) inj 20000 unit/ml	1	PA
heparin sodium (porcine) pf inj 1000 unit/ml	1	PA
heparin sodium (porcine) pf inj 5000 unit/0.5ml	1	PA
LOVENOX INJ 30/0.3ML	3	
LOVENOX INJ 40/0.4ML	3	
LOVENOX INJ 60/0.6ML	3	
LOVENOX INJ 80/0.8ML	3	
LOVENOX INJ 100MG/ML	3	
LOVENOX INJ 120/0.8	3	
LOVENOX INJ 150MG/ML	3	
LOVENOX INJ 300/3ML	3	

Drug Name	Drug Tier	Requirements/Limits
THROMBIN INHIBITORS		
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	1	
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)	1	
ANTICONVULSANTS		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML	2	
FYCOMPA TAB 2MG	2	
FYCOMPA TAB 4MG	2	
FYCOMPA TAB 6MG	2	
FYCOMPA TAB 8MG	2	
FYCOMPA TAB 10MG	2	
FYCOMPA TAB 12MG	2	
perampanel tab 2 mg	1	
perampanel tab 4 mg	1	
perampanel tab 6 mg	1	
perampanel tab 8 mg	1	
perampanel tab 10 mg	1	
perampanel tab 12 mg	1	
ANTICONVULSANTS - BENZODIAZEPINES		
clobazam suspension 2.5 mg/ml	1	
clobazam tab 10 mg	1	
clobazam tab 20 mg	1	
clonazepam orally disintegrating tab 0.5 mg	1	
clonazepam orally disintegrating tab 0.25 mg	1	
clonazepam orally disintegrating tab 0.125 mg	1	
clonazepam orally disintegrating tab 1 mg	1	
clonazepam orally disintegrating tab 2 mg	1	
clonazepam tab 0.5 mg	1	
clonazepam tab 1 mg	1	
clonazepam tab 2 mg	1	
diazepam rectal gel delivery system 2.5 mg	1	
diazepam rectal gel delivery system 10 mg	1	
diazepam rectal gel delivery system 20 mg	1	
KLONOPIN TAB 0.5MG	3	
KLONOPIN TAB 1MG	3	
KLONOPIN TAB 2MG	3	
NAYZILAM SPR 5MG	2	PA, QL (10 bottles every 25 days)

Drug Name	Drug Tier	Requirements/Limits
VALTOCO SPR 5MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 10MG	2	PA, QL (5 sprays every 25 days)
VALTOCO SPR 15MG	2	PA, QL (5 ea every 25 days)
VALTOCO SPR 20MG	2	PA, QL (5 ea every 25 days)
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG	2	
APTIOM TAB 400MG	2	
APTIOM TAB 600MG	2	
APTIOM TAB 800MG	2	
BRIVIACT SOL 10MG/ML	2	
BRIVIACT TAB 10MG	2	
BRIVIACT TAB 25MG	2	
BRIVIACT TAB 50MG	2	
BRIVIACT TAB 75MG	2	
BRIVIACT TAB 100MG	2	
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
CARBATROL CAP 100MG	3	
CARBATROL CAP 200MG	3	
CARBATROL CAP 300MG	3	
EPIDIOLEX SOL 100MG/ML	5	PA, QL (800 mL every 30 days)
eslicarbazepine acetate tab 200 mg	1	
eslicarbazepine acetate tab 400 mg	1	
eslicarbazepine acetate tab 600 mg	1	
eslicarbazepine acetate tab 800 mg	1	
gabapentin cap 100 mg	1	QL (6 caps every 1 day)
gabapentin cap 300 mg	1	QL (6 caps every 1 day)
gabapentin cap 400 mg	1	QL (6 caps every 1 day)
gabapentin oral soln 250 mg/5ml	1	QL (72 mL every 1 day)
gabapentin tab 600 mg	1	QL (6 tabs every 1 day)
gabapentin tab 800 mg	1	QL (4 tabs every 1 day)
lacosamide oral solution 10 mg/ml	1	

Drug Name	Drug Tier	Requirements/Limits
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
lamotrigine tab 35 x 25 mg starter kit	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
lamotrigine tab 100 mg	1	
lamotrigine tab 150 mg	1	
lamotrigine tab 200 mg	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
MYSOLINE TAB 50MG	3	
MYSOLINE TAB 250MG	3	
NEURONTIN CAP 100MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 300MG	3	QL (6 caps every 1 day)
NEURONTIN CAP 400MG	3	QL (6 caps every 1 day)
NEURONTIN SOL 250/5ML	3	QL (72 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
NEURONTIN TAB 600MG	3	QL (6 tabs every 1 day)
NEURONTIN TAB 800MG	3	QL (4 tabs every 1 day)
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
oxcarbazepine tab er 24hr 150 mg	1	
oxcarbazepine tab er 24hr 300 mg	1	
oxcarbazepine tab er 24hr 600 mg	1	
OXTELLAR XR TAB 150MG	2	
OXTELLAR XR TAB 300MG	2	
OXTELLAR XR TAB 600MG	2	
pregabalin cap 25 mg	1	QL (120 caps every 30 days)
pregabalin cap 50 mg	1	QL (120 caps every 30 days)
pregabalin cap 75 mg	1	QL (120 caps every 30 days)
pregabalin cap 100 mg	1	QL (120 caps every 30 days)
pregabalin cap 150 mg	1	QL (120 caps every 30 days)
pregabalin cap 200 mg	1	QL (90 caps every 30 days)
pregabalin cap 225 mg	1	QL (60 caps every 30 days)
pregabalin cap 300 mg	1	QL (60 caps every 30 days)
pregabalin soln 20 mg/ml	1	QL (30 mL every 1 day)
primidone tab 50 mg	1	
primidone tab 250 mg	1	
QUDEXY XR CAP 25/24HR	3	
QUDEXY XR CAP 50/24HR	3	
QUDEXY XR CAP 100/24HR	3	
QUDEXY XR CAP 150/24HR	3	
QUDEXY XR CAP 200/24HR	3	
rufinamide susp 40 mg/ml	1	
rufinamide tab 200 mg	1	
rufinamide tab 400 mg	1	
TOPAMAX SPR CAP 15MG	3	
TOPAMAX SPR CAP 25MG	3	
TOPAMAX TAB 25MG	3	
TOPAMAX TAB 50MG	3	
TOPAMAX TAB 100MG	3	

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TAB 200MG	3	
topiramate cap er 24hr 25 mg	1	
topiramate cap er 24hr 50 mg	1	
topiramate cap er 24hr 100 mg	1	
topiramate cap er 24hr 200 mg	1	
topiramate oral soln 25 mg/ml	1	
topiramate sprinkle cap 15 mg	1	
topiramate sprinkle cap 25 mg	1	
topiramate sprinkle cap 50 mg	1	
topiramate tab 25 mg	1	
topiramate tab 50 mg	1	
topiramate tab 100 mg	1	
topiramate tab 200 mg	1	
TROKENDI XR CAP 25MG	3	
TROKENDI XR CAP 50MG	3	
TROKENDI XR CAP 100MG	3	
TROKENDI XR CAP 200MG	3	
zonisamide cap 25 mg	1	
zonisamide cap 50 mg	1	
zonisamide cap 100 mg	1	
CARBAMATES		
felbamate susp 600 mg/5ml	1	
felbamate tab 400 mg	1	
felbamate tab 600 mg	1	
FELBATOL TAB 400MG	3	
FELBATOL TAB 600MG	3	
XCOPRI PAK 12.5-25	2	
XCOPRI PAK 50-100MG	2	
XCOPRI PAK 100-150	2	
XCOPRI PAK 150-200	2	
XCOPRI TAB 25MG	2	
XCOPRI TAB 50MG	2	
XCOPRI TAB 100MG	2	
XCOPRI TAB 150MG	2	
XCOPRI TAB 200MG	2	
GABA MODULATORS		
tiagabine hcl tab 2 mg	1	
tiagabine hcl tab 4 mg	1	
tiagabine hcl tab 12 mg	1	
tiagabine hcl tab 16 mg	1	
vigabatrin powd pack 500 mg	1	PA, QL (6 packets every 1 day)
vigabatrin tab 500 mg	1	PA, QL (6 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
HYDANTOINS		
phenytoin chew tab 50 mg	1	
phenytoin sodium extended cap 100 mg	1	
phenytoin sodium extended cap 200 mg	1	
phenytoin sodium extended cap 300 mg	1	
phenytoin susp 125 mg/5ml	1	
SUCCINIMIDES		
CELONTIN CAP 300MG	3	
ethosuximide cap 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
methsuximide cap 300 mg	1	
ZARONTIN CAP 250MG	3	
ZARONTIN SOL 250/5ML	3	
VALPROIC ACID		
divalproex sodium cap delayed release sprinkle 125 mg	1	
divalproex sodium tab delayed release 125 mg	1	
divalproex sodium tab delayed release 250 mg	1	
divalproex sodium tab delayed release 500 mg	1	
divalproex sodium tab er 24 hr 250 mg	1	
divalproex sodium tab er 24 hr 500 mg	1	
valproate sodium oral soln 250 mg/5ml (base equiv)	1	
valproic acid cap 250 mg	1	
ANTIDEPRESSANTS		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
mirtazapine orally disintegrating tab 15 mg	1	
mirtazapine orally disintegrating tab 30 mg	1	
mirtazapine orally disintegrating tab 45 mg	1	
mirtazapine tab 7.5 mg	1	
mirtazapine tab 15 mg	1	
mirtazapine tab 30 mg	1	
mirtazapine tab 45 mg	1	
REMERON SLTB TAB 15MG	3	
REMERON SLTB TAB 30MG	3	
REMERON SLTB TAB 45MG	3	
REMERON TAB 15MG	3	
REMERON TAB 30MG	3	
ANTIDEPRESSANTS - MISC.		
bupropion hcl tab 75 mg	1	
bupropion hcl tab 100 mg	1	
bupropion hcl tab er 12hr 100 mg	1	
bupropion hcl tab er 12hr 150 mg	1	

Drug Name	Drug Tier	Requirements/Limits
bupropion hcl tab er 12hr 200 mg	1	
bupropion hcl tab er 24hr 150 mg	1	
bupropion hcl tab er 24hr 300 mg	1	
FORFIVO XL TAB 450MG	3	
WELLBUTRIN TAB 100MG SR	3	
WELLBUTRIN TAB 150MG SR	3	
WELLBUTRIN TAB 200MG SR	3	
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID		
ZURZUVAE CAP 20MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 25MG	4	PA, QL (2 caps every 1 day)
ZURZUVAE CAP 30MG	4	PA, QL (1 cap every 1 day)
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
EMSAM DIS 6MG/24HR	3	
EMSAM DIS 9MG/24HR	3	
EMSAM DIS 12MG/24H	3	
MARPLAN TAB 10MG	3	
NARDIL TAB 15MG	3	
PARNATE TAB 10MG	3	
phenelzine sulfate tab 15 mg	1	
tranylcypromine sulfate tab 10 mg	1	
N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS		
SPRAVATO SOL 56MG DOS	3	PA
SPRAVATO SOL 84MG DOS	3	PA
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
CELEXA TAB 10MG	3	
CELEXA TAB 20MG	3	
CELEXA TAB 40MG	3	
citalopram hydrobromide oral soln 10 mg/5ml	1	
citalopram hydrobromide tab 10 mg (base equiv)	1	
citalopram hydrobromide tab 20 mg (base equiv)	1	
citalopram hydrobromide tab 40 mg (base equiv)	1	
escitalopram oxalate soln 5 mg/5ml (base equiv)	1	
escitalopram oxalate tab 5 mg (base equiv)	1	
escitalopram oxalate tab 10 mg (base equiv)	1	
escitalopram oxalate tab 20 mg (base equiv)	1	
fluoxetine hcl cap 10 mg	1	
fluoxetine hcl cap 20 mg	1	
fluoxetine hcl cap 40 mg	1	
fluoxetine hcl cap delayed release 90 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluoxetine hcl solution 20 mg/5ml	1	
fluoxetine hcl tab 10 mg	1	
fluoxetine hcl tab 20 mg	1	
fluvoxamine maleate cap er 24hr 100 mg	1	
fluvoxamine maleate cap er 24hr 150 mg	1	
fluvoxamine maleate tab 25 mg	1	
fluvoxamine maleate tab 50 mg	1	
fluvoxamine maleate tab 100 mg	1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	1	
paroxetine hcl tab 10 mg	1	
paroxetine hcl tab 20 mg	1	
paroxetine hcl tab 30 mg	1	
paroxetine hcl tab 40 mg	1	
paroxetine hcl tab er 24hr 12.5 mg	1	
paroxetine hcl tab er 24hr 25 mg	1	
paroxetine hcl tab er 24hr 37.5 mg	1	
sertraline hcl cap 150 mg	1	
sertraline hcl cap 200 mg	1	
sertraline hcl oral concentrate for solution 20 mg/ml	1	
sertraline hcl tab 25 mg	1	
sertraline hcl tab 50 mg	1	
sertraline hcl tab 100 mg	1	
SEROTONIN MODULATORS		
nefazodone hcl tab 50 mg	1	
nefazodone hcl tab 100 mg	1	
nefazodone hcl tab 150 mg	1	
nefazodone hcl tab 200 mg	1	
nefazodone hcl tab 250 mg	1	
trazodone hcl tab 50 mg	1	
trazodone hcl tab 100 mg	1	
trazodone hcl tab 150 mg	1	
trazodone hcl tab 300 mg	1	
TRINTELLIX TAB 5MG	2	
TRINTELLIX TAB 10MG	2	
TRINTELLIX TAB 20MG	2	
vilazodone hcl tab 10 mg	1	
vilazodone hcl tab 20 mg	1	
vilazodone hcl tab 40 mg	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
desvenlafaxine succinate tab er 24hr 25 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
desvenlafaxine succinate tab er 24hr 50 mg (base equiv)	1	
desvenlafaxine succinate tab er 24hr 100 mg (base equiv)	1	
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	1	
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	1	
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 75 mg (base equivalent)	1	
venlafaxine hcl cap er 24hr 150 mg (base equivalent)	1	
venlafaxine hcl tab 25 mg (base equivalent)	1	
venlafaxine hcl tab 37.5 mg (base equivalent)	1	
venlafaxine hcl tab 50 mg (base equivalent)	1	
venlafaxine hcl tab 75 mg (base equivalent)	1	
venlafaxine hcl tab 100 mg (base equivalent)	1	
venlafaxine hcl tab er 24hr 225 mg (base equivalent)	1	
TRICYCLIC AGENTS		
amitriptyline hcl tab 10 mg	1	
amitriptyline hcl tab 25 mg	1	
amitriptyline hcl tab 50 mg	1	
amitriptyline hcl tab 75 mg	1	
amitriptyline hcl tab 100 mg	1	
amitriptyline hcl tab 150 mg	1	
amoxapine tab 25 mg	1	
amoxapine tab 50 mg	1	
amoxapine tab 100 mg	1	
amoxapine tab 150 mg	1	
ANAFRANIL CAP 25MG	3	
ANAFRANIL CAP 50MG	3	
ANAFRANIL CAP 75MG	3	
clomipramine hcl cap 25 mg	1	
clomipramine hcl cap 50 mg	1	
clomipramine hcl cap 75 mg	1	
desipramine hcl tab 10 mg	1	
desipramine hcl tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
desipramine hcl tab 50 mg	1	
desipramine hcl tab 75 mg	1	
desipramine hcl tab 100 mg	1	
desipramine hcl tab 150 mg	1	
doxepin hcl cap 10 mg	1	
doxepin hcl cap 25 mg	1	
doxepin hcl cap 50 mg	1	
doxepin hcl cap 75 mg	1	
doxepin hcl cap 100 mg	1	
doxepin hcl cap 150 mg	1	
doxepin hcl conc 10 mg/ml	1	
imipramine hcl tab 10 mg	1	
imipramine hcl tab 25 mg	1	
imipramine hcl tab 50 mg	1	
imipramine pamoate cap 75 mg	1	
imipramine pamoate cap 100 mg	1	
imipramine pamoate cap 125 mg	1	
imipramine pamoate cap 150 mg	1	
NORPRAMIN TAB 10MG	3	
NORPRAMIN TAB 25MG	3	
nortriptyline hcl cap 10 mg	1	
nortriptyline hcl cap 25 mg	1	
nortriptyline hcl cap 50 mg	1	
nortriptyline hcl cap 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
PAMELOR CAP 10MG	3	
PAMELOR CAP 25MG	3	
PAMELOR CAP 50MG	3	
PAMELOR CAP 75MG	3	
protriptyline hcl tab 5 mg	1	
protriptyline hcl tab 10 mg	1	
trimipramine maleate cap 25 mg	1	
trimipramine maleate cap 50 mg	1	
trimipramine maleate cap 100 mg	1	

ANTIDIABETICS

ALPHA-GLUCOSIDASE INHIBITORS

acarbose tab 25 mg	1	
acarbose tab 50 mg	1	
acarbose tab 100 mg	1	
miglitol tab 25 mg	1	
miglitol tab 50 mg	1	
miglitol tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG	2	ST
SYMLNPEN 120 INJ 1000MCG	2	ST
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG	3	
DUETACT TAB 30-2MG	3	
DUETACT TAB 30-4MG	3	
glipizide-metformin hcl tab 2.5-250 mg	1	
glipizide-metformin hcl tab 2.5-500 mg	1	
glipizide-metformin hcl tab 5-500 mg	1	
glyburide-metformin tab 1.25-250 mg	1	
glyburide-metformin tab 2.5-500 mg	1	
glyburide-metformin tab 5-500 mg	1	
GLYXAMBI TAB 10-5 MG	2	ST
GLYXAMBI TAB 25-5 MG	2	ST
pioglitazone hcl-glimepiride tab 30-2 mg	1	
pioglitazone hcl-glimepiride tab 30-4 mg	1	
pioglitazone hcl-metformin hcl tab 15-500 mg	1	
pioglitazone hcl-metformin hcl tab 15-850 mg	1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-500 mg	1	ST
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	1	ST
SOLIQUA INJ 100/33	2	ST, QL (10 pens every 30 days)
SYNJARDY TAB	2	ST
SYNJARDY TAB 5-500MG	2	ST
SYNJARDY TAB 5-1000MG	2	ST
SYNJARDY TAB 12.5-500	2	ST
SYNJARDY XR TAB	2	ST
SYNJARDY XR TAB 5-1000MG	2	ST
SYNJARDY XR TAB 10-1000	2	ST
SYNJARDY XR TAB 25-1000	2	ST
TRIJARDY XR TAB	2	ST
XIGDUO XR TAB 2.5-1000	2	ST
XIGDUO XR TAB 5-500MG	2	ST
XIGDUO XR TAB 5-1000MG	2	ST; Brand preferred over generic
XIGDUO XR TAB 10-500MG	2	ST
XIGDUO XR TAB 10-1000	2	ST; Brand preferred over generic
XULTOPHY INJ 100/3.6	2	ST, QL (5 pens every 28 days)

Drug Name	Drug Tier	Requirements/Limits
ZITUVIMET TAB 50-500MG	2	ST
ZITUVIMET TAB 50-1000	2	ST
ZITUVIMET XR TAB 50-500MG	2	ST
ZITUVIMET XR TAB 50-1000	2	ST
ZITUVIMET XR TAB 100-1000	2	ST
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	1	
metformin hcl tab 500 mg	1	
metformin hcl tab 750 mg	1	
metformin hcl tab 850 mg	1	
metformin hcl tab 1000 mg	1	
metformin hcl tab er 24hr 500 mg	1	
metformin hcl tab er 24hr 750 mg	1	
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE	2	
BAQSIMI TWO POW 3MG/DOSE	2	
diazoxide susp 50 mg/ml	1	
glucagon for inj 1 mg	1	
GVOKE HYPO 1 INJ 0.5/.1ML	2	
GVOKE HYPO 1 INJ 1/0.2ML	2	
GVOKE HYPO 2 INJ 0.5/.1ML	2	
GVOKE HYPO 2 INJ 1/0.2ML	2	
GVOKE KIT SOL 1/0.2ML	2	
GVOKE PFS INJ 0.5/.1ML	2	
GVOKE PFS INJ 1/0.2ML	2	
mifepristone tab 300 mg	1	PA, QL (4 tabs every 1 day)
PROGLYCEM SUS 50MG/ML	3	
ZEGALOGUE INJ 0.6/0.6	2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
saxagliptin hcl tab 2.5 mg (base equiv)	1	ST
saxagliptin hcl tab 5 mg (base equiv)	1	ST
ZITUVIO TAB 25MG	2	ST
ZITUVIO TAB 50MG	2	ST
ZITUVIO TAB 100MG	2	ST
INCRETIN MIMETIC AGENTS		
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml)	1	QL (3 pens every 30 days)
MOUNJARO INJ 2.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 5MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 7.5/0.5	2	PA, QL (4 pens every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MOUNJARO INJ 10MG/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 12.5/0.5	2	PA, QL (4 pens every 30 days)
MOUNJARO INJ 15MG/0.5	2	PA, QL (4 pens every 30 days)
OZEMPIC INJ 2MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 4MG/3ML	2	PA, QL (1 pen every 30 days)
OZEMPIC INJ 8MG/3ML	2	PA, QL (1 pen every 30 days)
RYBELSUS TAB 1.5MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 3MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 4MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 7MG	2	PA, QL (30 tabs every 30 days)
RYBELSUS TAB 9MG	2	PA, QL (1 tab every 1 day)
RYBELSUS TAB 14MG	2	PA, QL (30 tabs every 30 days)
TRULICITY INJ 0.75/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 1.5/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 3/0.5	2	PA, QL (4 pens every 30 days)
TRULICITY INJ 4.5/0.5	2	PA, QL (4 pens every 30 days)
INSULIN		
FIASP FLEX INJ TOUCH	2	
FIASP INJ 100/ML	2	
FIASP PENFIL INJ U-100	2	
GLARGIN YFGN INJ 100U/ML	2	
GLARGIN YFGN SOL 100U/ML	2	
HUMULIN R INJ U-500	2	
LANTUS INJ 100/ML	2	
LANTUS SOLOS INJ 100/ML	2	
NOVOLIN INJ 70/30	2	OTC
NOVOLIN INJ 70/30 FP	2	OTC
NOVOLIN N INJ 100 UNIT	2	OTC
NOVOLIN N INJ U-100	2	OTC
NOVOLIN R INJ 100 UNIT	2	OTC
NOVOLIN R INJ U-100	2	OTC

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG INJ 100/ML	2	
NOVOLOG INJ FLEXPEN	2	
NOVOLOG INJ PENFILL	2	
NOVOLOG MIX INJ 70/30	2	
NOVOLOG MIX INJ FLEXPEN	2	
TOUJEO MAX INJ 300/ML	2	
TOUJEO SOLO INJ 300/ML	2	
TRESIBA FLEX INJ 100UNIT	2	
TRESIBA FLEX INJ 200UNIT	2	
TRESIBA INJ 100UNIT	2	
INSULIN SENSITIZING AGENTS		
pioglitazone hcl tab 15 mg (base equiv)	1	
pioglitazone hcl tab 30 mg (base equiv)	1	
pioglitazone hcl tab 45 mg (base equiv)	1	
MEGLITINIDE ANALOGUES		
nateglinide tab 60 mg	1	
nateglinide tab 120 mg	1	
repaglinide tab 0.5 mg	1	
repaglinide tab 1 mg	1	
repaglinide tab 2 mg	1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG	2	ST; Brand preferred over generic
FARXIGA TAB 10MG	2	ST; Brand preferred over generic
JARDIANCE TAB 10MG	2	ST
JARDIANCE TAB 25MG	2	ST
SULFONYLUREAS		
glimepiride tab 1 mg	1	
glimepiride tab 2 mg	1	
glimepiride tab 4 mg	1	
glipizide tab 5 mg	1	
glipizide tab 10 mg	1	
glipizide tab er 24hr 2.5 mg	1	
glipizide tab er 24hr 5 mg	1	
glipizide tab er 24hr 10 mg	1	
GLUCOTROL XL TAB 2.5MG	3	
GLUCOTROL XL TAB 5MG	3	
GLUCOTROL XL TAB 10MG	3	
glyburide micronized tab 1.5 mg	1	
glyburide micronized tab 3 mg	1	
glyburide micronized tab 6 mg	1	
glyburide tab 1.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
glyburide tab 2.5 mg	1	
glyburide tab 5 mg	1	
ANTIDIARRHEAL/PROBIOTIC AGENTS		
ANTIPERISTALTIC AGENTS		
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	
LOMOTIL TAB 2.5MG	3	
opium tincture 1% (10 mg/ml) (morphine equiv)	1	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
ANTIDOTES - CHELATING AGENTS		
CHEMET CAP 100MG	3	
deferasirox granules packet 90 mg	1	PA
deferasirox granules packet 180 mg	1	PA
deferasirox granules packet 360 mg	1	PA
deferasirox tab 90 mg	1	PA
deferasirox tab 180 mg	1	PA
deferasirox tab 360 mg	1	PA
deferasirox tab for oral susp 125 mg	1	PA
deferasirox tab for oral susp 250 mg	1	PA
deferasirox tab for oral susp 500 mg	1	PA
deferiprone tab 500 mg	1	PA
deferiprone tab 1000 mg	1	PA
ANTIDOTES AND SPECIFIC ANTAGONISTS		
RADIOGARDASE CAP 0.5GM	3	
VISTOGARD PAK 10GM	4	PA, QL (20 packets every 5 days)
OPIOID ANTAGONISTS		
KLOXXADO SPR 8MG	3	QL (2 cartons every 30 days)
naloxone hcl inj 0.4 mg/ml	1	
naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	QL (2 cartons every 30 days)
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	0	
NARCAN SPR 4MG	3	QL (2 cartons every 30 days)
NARCAN SPR 4MG	3	QL (2 cartons every 30 days), OTC

Drug Name	Drug Tier	Requirements/Limits
ANTIEMETICS		
5-HT3 RECEPTOR ANTAGONISTS		
granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	
ondansetron hcl tab 4 mg	1	
ondansetron hcl tab 8 mg	1	
ondansetron hcl tab 24 mg	1	
ondansetron orally disintegrating tab 4 mg	1	
ondansetron orally disintegrating tab 8 mg	1	
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)	1	QL (2 vials every 21 days)
SANCUSO DIS 3.1MG	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
meclizine hcl tab 50 mg	1	
scopolamine td patch 72hr 1 mg/3days	1	
trimethobenzamide hcl cap 300 mg	1	
ANTIEMETICS - MISCELLANEOUS		
BONJESTA TAB 20-20MG	3	
DICLEGIS TAB 10-10MG	3	
doxylamine-pyridoxine tab delayed release 10-10 mg	1	
dronabinol cap 2.5 mg	1	
dronabinol cap 5 mg	1	
dronabinol cap 10 mg	1	
MARINOL CAP 2.5MG	3	
MARINOL CAP 5MG	3	
MARINOL CAP 10MG	3	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
aprepitant capsule 40 mg	1	QL (3 caps every 180 days)
aprepitant capsule 80 mg	1	QL (4 ea every 21 days)
aprepitant capsule 125 mg	1	QL (2 caps every 21 days)
aprepitant capsule therapy pack 80 & 125 mg	1	QL (6 tabs every 21 days)
ANTIFUNGALS		
ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS		
BREXAFEMME TAB 150MG	3	ST, QL (4 tabs every 7 days)
ANTIFUNGALS		
ANCOBON CAP 250MG	3	
ANCOBON CAP 500MG	3	
flucytosine cap 250 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
griseofulvin ultramicrosize tab 125 mg	1	
griseofulvin ultramicrosize tab 165 mg	1	
griseofulvin ultramicrosize tab 250 mg	1	
nystatin tab 500000 unit	1	
terbinafine hcl tab 250 mg	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
DIFLUCAN SUS 40MG/ML	3	
DIFLUCAN TAB 100MG	3	
DIFLUCAN TAB 150MG	3	
DIFLUCAN TAB 200MG	3	
fluconazole for susp 10 mg/ml	1	
fluconazole for susp 40 mg/ml	1	
fluconazole tab 50 mg	1	
fluconazole tab 100 mg	1	
fluconazole tab 150 mg	1	
fluconazole tab 200 mg	1	
itraconazole cap 100 mg	1	
itraconazole oral soln 10 mg/ml	1	
ketoconazole tab 200 mg	1	
posaconazole susp 40 mg/ml	1	PA
VFEND SUS 40MG/ML	3	
VFEND TAB 50MG	3	
VIVJOA CAP 150MG	3	
voriconazole for susp 40 mg/ml	1	
voriconazole tab 50 mg	1	
voriconazole tab 200 mg	1	
ANTIHISTAMINES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate extended release susp 4 mg/5ml	1	
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
carbinoxamine maleate tab 6 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
CLEMASZ TAB 2.68MG	3	
KARBINAL ER SUS 4MG/5ML	3	
ANTIHISTAMINES - NON-SEDATING		
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)	1	
CLARINEX TAB 5MG	3	
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
desloratadine tab orally disintegrating 5 mg	1	
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)	1	
levocetirizine dihydrochloride tab 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl oral soln 6.25 mg/5ml	1	
promethazine hcl suppos 12.5 mg	1	
promethazine hcl suppos 25 mg	1	
promethazine hcl suppos 50 mg	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERLIPIDEMICS		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG	2	ST
ANTIHYPERLIPIDEMICS - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG	2	ST
VYTORIN TAB 10-10MG	3	
VYTORIN TAB 10-20MG	3	
VYTORIN TAB 10-40MG	3	
VYTORIN TAB 10-80MG	3	
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	PA
VASCEPA CAP 0.5GM	1	PA; Brand preferred over generic
VASCEPA CAP 1GM	1	PA; Brand preferred over generic
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
cholestyramine light powder packets 4 gm	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
COLESTID FLA GRA 5/7.5GM	3	
COLESTID FLA GRA 5GM	3	

Drug Name	Drug Tier	Requirements/Limits
COLESTID GRA 5GM	3	
COLESTID TAB 1GM	3	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
QUESTRAN POW 4GM	3	
QUESTRAN POW 4GM LITE	3	
WELCHOL PAK 3.75GM	3	
WELCHOL TAB 625MG	3	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
FENOGLIDE TAB 40MG	3	
FIBRICOR TAB 35MG	3	
FIBRICOR TAB 105MG	3	
gemfibrozil tab 600 mg	1	
LIPOFEN CAP 50MG	3	
LIPOFEN CAP 150MG	3	
LOPID TAB 600MG	3	
TRILIPIX CAP 45MG	3	
TRILIPIX CAP 135MG	3	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
fluvastatin sodium cap 20 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium cap 40 mg (base equivalent)	0	$0 copay for members age 40 through 75
fluvastatin sodium tab er 24 hr 80 mg (base equivalent)	0	$0 copay for members age 40 through 75
lovastatin tab 10 mg	0	$0 copay for members age 40 through 75
lovastatin tab 20 mg	0	$0 copay for members age 40 through 75
lovastatin tab 40 mg	0	$0 copay for members age 40 through 75
pitavastatin calcium tab 1 mg	0	
pitavastatin calcium tab 2 mg	0	
pitavastatin calcium tab 4 mg	0	
pravastatin sodium tab 10 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 20 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 40 mg	0	$0 copay for members age 40 through 75
pravastatin sodium tab 80 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 5 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 10 mg	0	$0 copay for members age 40 through 75
rosuvastatin calcium tab 20 mg	1	
rosuvastatin calcium tab 40 mg	1	
simvastatin tab 5 mg	0	$0 copay for members age 40 through 75
simvastatin tab 10 mg	0	
simvastatin tab 20 mg	0	
simvastatin tab 40 mg	0	
simvastatin tab 80 mg	1	
ZOCOR TAB 10MG	0	
ZOCOR TAB 20MG	0	
ZOCOR TAB 40MG	0	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
ezetimibe tab 10 mg	1	
NICOTINIC ACID DERIVATIVES		
niacin tab er 500 mg (antihyperlipidemic)	1	
niacin tab er 750 mg (antihyperlipidemic)	1	
niacin tab er 1000 mg (antihyperlipidemic)	1	

Drug Name	Drug Tier	Requirements/Limits
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5	2	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML	2	PA, QL (3 pens every 28 days)
ANTIHYPERTENSIVES		
ACE INHIBITORS		
ACCUPRIL TAB 5MG	3	
ACCUPRIL TAB 10MG	3	
ACCUPRIL TAB 20MG	3	
ACCUPRIL TAB 40MG	3	
ALTACE CAP 2.5MG	3	
ALTACE CAP 10MG	3	
benazepril hcl tab 5 mg	1	
benazepril hcl tab 10 mg	1	
benazepril hcl tab 20 mg	1	
benazepril hcl tab 40 mg	1	
captopril tab 12.5 mg	1	
captopril tab 25 mg	1	
captopril tab 50 mg	1	
captopril tab 100 mg	1	
enalapril maleate oral soln 1 mg/ml	1	
enalapril maleate tab 2.5 mg	1	
enalapril maleate tab 5 mg	1	
enalapril maleate tab 10 mg	1	
enalapril maleate tab 20 mg	1	
fosinopril sodium tab 10 mg	1	
fosinopril sodium tab 20 mg	1	
fosinopril sodium tab 40 mg	1	
lisinopril tab 2.5 mg	1	
lisinopril tab 5 mg	1	
lisinopril tab 10 mg	1	
lisinopril tab 20 mg	1	
lisinopril tab 30 mg	1	
lisinopril tab 40 mg	1	
LOTENSIN TAB 10MG	3	
LOTENSIN TAB 20MG	3	
LOTENSIN TAB 40MG	3	
moexipril hcl tab 7.5 mg	1	
moexipril hcl tab 15 mg	1	
perindopril erbumine tab 2 mg	1	

Drug Name	Drug Tier	Requirements/Limits
perindopril erbumine tab 4 mg	1	
perindopril erbumine tab 8 mg	1	
QBRELIS SOL 1MG/ML	3	
quinapril hcl tab 5 mg	1	
quinapril hcl tab 10 mg	1	
quinapril hcl tab 20 mg	1	
quinapril hcl tab 40 mg	1	
ramipril cap 1.25 mg	1	
ramipril cap 2.5 mg	1	
ramipril cap 5 mg	1	
ramipril cap 10 mg	1	
trandolapril tab 1 mg	1	
trandolapril tab 2 mg	1	
trandolapril tab 4 mg	1	
VASOTEC TAB 2.5MG	3	
VASOTEC TAB 5MG	3	
VASOTEC TAB 10MG	3	
VASOTEC TAB 20MG	3	
ZESTRIL TAB 2.5MG	3	
ZESTRIL TAB 5MG	3	
ZESTRIL TAB 10MG	3	
ZESTRIL TAB 20MG	3	
ZESTRIL TAB 30MG	3	
ZESTRIL TAB 40MG	3	
AGENTS FOR PHEOCHROMOCYTOMA		
DEMSER CAP 250MG	5	PA, QL (16 caps every 1 day)
DIBENZYLINE CAP 10MG	3	
metyrosine cap 250 mg	1	PA, QL (16 caps every 1 day)
phenoxybenzamine hcl cap 10 mg	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
AVAPRO TAB 75MG	3	
AVAPRO TAB 150MG	3	
AVAPRO TAB 300MG	3	
candesartan cilexetil tab 4 mg	1	
candesartan cilexetil tab 8 mg	1	
candesartan cilexetil tab 16 mg	1	
candesartan cilexetil tab 32 mg	1	
irbesartan tab 75 mg	1	
irbesartan tab 150 mg	1	
irbesartan tab 300 mg	1	
losartan potassium tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
losartan potassium tab 50 mg	1	
losartan potassium tab 100 mg	1	
olmesartan medoxomil tab 5 mg	1	
olmesartan medoxomil tab 20 mg	1	
olmesartan medoxomil tab 40 mg	1	
telmisartan tab 20 mg	1	
telmisartan tab 40 mg	1	
telmisartan tab 80 mg	1	
valsartan oral soln 4 mg/ml	1	
valsartan tab 40 mg	1	
valsartan tab 80 mg	1	
valsartan tab 160 mg	1	
valsartan tab 320 mg	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
CARDURA TAB 1MG	3	
CARDURA TAB 2MG	3	
CARDURA TAB 4MG	3	
CARDURA TAB 8MG	3	
CATAPRES-TTS DIS 0.1/24HR	3	
CATAPRES-TTS DIS 0.2/24HR	3	
CATAPRES-TTS DIS 0.3/24HR	3	
clonidine hcl tab 0.1 mg	1	
clonidine hcl tab 0.2 mg	1	
clonidine hcl tab 0.3 mg	1	
clonidine tab er 24hr 0.17 mg	1	
clonidine td patch weekly 0.1 mg/24hr	1	
clonidine td patch weekly 0.2 mg/24hr	1	
clonidine td patch weekly 0.3 mg/24hr	1	
doxazosin mesylate tab 1 mg	1	
doxazosin mesylate tab 2 mg	1	
doxazosin mesylate tab 4 mg	1	
doxazosin mesylate tab 8 mg	1	
guanfacine hcl tab 1 mg	1	
guanfacine hcl tab 2 mg	1	
methyldopa tab 250 mg	1	
methyldopa tab 500 mg	1	
MINIPRESS CAP 1MG	3	
MINIPRESS CAP 2MG	3	
MINIPRESS CAP 5MG	3	
prazosin hcl cap 1 mg	1	
prazosin hcl cap 2 mg	1	
prazosin hcl cap 5 mg	1	
terazosin hcl cap 1 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
terazosin hcl cap 2 mg (base equivalent)	1	
terazosin hcl cap 5 mg (base equivalent)	1	
terazosin hcl cap 10 mg (base equivalent)	1	
ANTIHYPERTENSIVE COMBINATIONS		
ACCURETIC TAB 10-12.5	3	
ACCURETIC TAB 20-12.5	3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-10 mg	1	
amlodipine besylate-benazepril hcl cap 5-20 mg	1	
amlodipine besylate-benazepril hcl cap 5-40 mg	1	
amlodipine besylate-benazepril hcl cap 10-20 mg	1	
amlodipine besylate-benazepril hcl cap 10-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	1	
amlodipine besylate-valsartan tab 5-160 mg	1	
amlodipine besylate-valsartan tab 5-320 mg	1	
amlodipine besylate-valsartan tab 10-160 mg	1	
amlodipine besylate-valsartan tab 10-320 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg	1	
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg	1	
atenolol & chlorthalidone tab 50-25 mg	1	
atenolol & chlorthalidone tab 100-25 mg	1	
AVALIDE TAB 150-12.5	3	
AVALIDE TAB 300-12.5	3	
benazepril & hydrochlorothiazide tab 5-6.25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
benazepril & hydrochlorothiazide tab 10-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-12.5 mg	1	
benazepril & hydrochlorothiazide tab 20-25 mg	1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg	1	
bisoprolol & hydrochlorothiazide tab 10-6.25 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg	1	
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
LOTENSIN HCT TAB 10-12.5	3	
LOTENSIN HCT TAB 20-12.5	3	
LOTENSIN HCT TAB 20-25MG	3	
LOTREL CAP 5-10MG	3	
LOTREL CAP 5-20MG	3	

Drug Name	Drug Tier	Requirements/Limits
LOTREL CAP 10-20MG	3	
LOTREL CAP 10-40MG	3	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg	1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	1	
quinapril-hydrochlorothiazide tab 20-25 mg	1	
telmisartan-amlodipine tab 40-5 mg	1	
telmisartan-amlodipine tab 40-10 mg	1	
telmisartan-amlodipine tab 80-5 mg	1	
telmisartan-amlodipine tab 80-10 mg	1	
telmisartan-hydrochlorothiazide tab 40-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-12.5 mg	1	
telmisartan-hydrochlorothiazide tab 80-25 mg	1	
TENORETIC TAB 50	3	
TENORETIC TAB 100	3	
trandolapril-verapamil hcl tab er 1-240 mg	1	
trandolapril-verapamil hcl tab er 2-180 mg	1	
trandolapril-verapamil hcl tab er 2-240 mg	1	
trandolapril-verapamil hcl tab er 4-240 mg	1	
TRIBENZOR TAB	3	
valsartan-hydrochlorothiazide tab 80-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-12.5 mg	1	
valsartan-hydrochlorothiazide tab 160-25 mg	1	
valsartan-hydrochlorothiazide tab 320-12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
valsartan-hydrochlorothiazide tab 320-25 mg	1	
VASERETIC TAB 10-25MG	3	
ANTIHYPERTENSIVES - MISC.		
VECAMYL TAB 2.5MG	3	
DIRECT RENIN INHIBITORS		
aliskiren fumarate tab 150 mg (base equivalent)	1	
aliskiren fumarate tab 300 mg (base equivalent)	1	
TEKTURNA TAB 150MG	3	
TEKTURNA TAB 300MG	3	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
eplerenone tab 25 mg	1	
eplerenone tab 50 mg	1	
INSPRA TAB 25MG	3	
INSPRA TAB 50MG	3	
VASODILATORS		
hydralazine hcl tab 10 mg	1	
hydralazine hcl tab 25 mg	1	
hydralazine hcl tab 50 mg	1	
hydralazine hcl tab 100 mg	1	
minoxidil tab 2.5 mg	1	
minoxidil tab 10 mg	1	
ANTIMALARIALS		
ANTIMALARIAL COMBINATIONS		
atovaquone-proguanil hcl tab 62.5-25 mg	1	
atovaquone-proguanil hcl tab 250-100 mg	1	
COARTEM TAB 20-120MG	3	
MALARONE TAB 62.5-25	3	
MALARONE TAB 250-100	3	
ANTIMALARIALS		
chloroquine phosphate tab 250 mg	1	
chloroquine phosphate tab 500 mg	1	
hydroxychloroquine sulfate tab 100 mg	1	
hydroxychloroquine sulfate tab 200 mg	1	
hydroxychloroquine sulfate tab 300 mg	1	
hydroxychloroquine sulfate tab 400 mg	1	
mefloquine hcl tab 250 mg	1	
PLAQUENIL TAB 200MG	3	
primaquine phosphate tab 26.3 mg (15 mg base)	1	
PRIMAQUINE TAB 26.3MG	3	
pyrimethamine tab 25 mg	1	PA
QUALAQUIN CAP 324MG	3	
quinine sulfate cap 324 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
FIRDAPSE TAB 10MG	5	PA, QL (10 tabs every 1 day)
MESTINON TAB TIMESPAN	3	
pyridostigmine bromide oral soln 60 mg/5ml	1	
pyridostigmine bromide tab 60 mg	1	
pyridostigmine bromide tab er 180 mg	1	
ANTIMYCOBACTERIAL AGENTS		
ANTIMYCOBACTERIAL AGENTS		
cycloserine cap 250 mg	1	
ethambutol hcl tab 100 mg	1	
ethambutol hcl tab 400 mg	1	
isoniazid syrup 50 mg/5ml	1	
isoniazid tab 100 mg	1	
isoniazid tab 300 mg	1	
MYAMBUTOL TAB 400MG	3	
MYCOBUTIN CAP 150MG	3	
PRETOMANID TAB 200MG	3	
PRIFTIN TAB 150MG	3	
pyrazinamide tab 500 mg	1	
rifabutin cap 150 mg	1	
rifampin cap 150 mg	1	
rifampin cap 300 mg	1	
SIRTURO TAB 20MG	3	
SIRTURO TAB 100MG	3	
TRECATOR TAB 250MG	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
CYCLOPHOSPH TAB 25MG	0	
CYCLOPHOSPH TAB 50MG	0	
cyclophosphamide cap 25 mg	0	
cyclophosphamide cap 50 mg	0	
GLEOSTINE CAP 10MG	0	
GLEOSTINE CAP 40MG	0	
GLEOSTINE CAP 100MG	0	
LEUKERAN TAB 2MG	0	
melphalan tab 2 mg	0	
MYLERAN TAB 2MG	0	
temozolomide cap 5 mg	0	PA
temozolomide cap 20 mg	0	PA
temozolomide cap 100 mg	0	PA
temozolomide cap 140 mg	0	PA

Drug Name	Drug Tier	Requirements/Limits
temozolomide cap 180 mg	0	PA
temozolomide cap 250 mg	0	PA
ANTIMETABOLITES		
capecitabine tab 150 mg	0	PA
capecitabine tab 500 mg	0	PA
JYLAMVO SOL 2MG/ML	0	PA
mercaptopurine susp 2000 mg/100ml (20 mg/ml)	0	PA
mercaptopurine tab 50 mg	0	
methotrexate sodium for inj 1 gm	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	PA; $0 copay based on your plan/benefit
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	PA; $0 copay based on your plan/benefit
methotrexate sodium tab 2.5 mg (base equiv)	0	PA; $0 copay based on your plan/benefit
ONUREG TAB 200MG	0	PA, QL (14 tabs every 21 days)
ONUREG TAB 300MG	0	PA, QL (14 tabs every 21 days)
PURIXAN SUS 20MG/ML	0	PA
TABLOID TAB 40MG	0	
TREXALL TAB 5MG	0	PA
TREXALL TAB 7.5MG	0	PA
TREXALL TAB 10MG	0	PA
TREXALL TAB 15MG	0	PA
XATMEP SOL 2.5MG/ML	0	PA
XELODA TAB 150MG	0	PA
XELODA TAB 500MG	0	PA
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
FRUZAQLA CAP 1MG	0	PA, QL (84 caps every 21 days)
FRUZAQLA CAP 5MG	0	PA, QL (21 caps every 21 days)
INLYTA TAB 1MG	0	PA, QL (8 tabs every 1 day)
INLYTA TAB 5MG	0	PA, QL (4 tabs every 1 day)
LENVIMA CAP 4MG	0	PA, QL (1 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
LENVIMA CAP 8 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 10 MG	0	PA, QL (1 ea every 1 day)
LENVIMA CAP 12MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 14 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 18 MG	0	PA, QL (3 ea every 1 day)
LENVIMA CAP 20 MG	0	PA, QL (2 ea every 1 day)
LENVIMA CAP 24 MG	0	PA, QL (3 ea every 1 day)
ANTINEOPLASTIC - ANTI-HER2 AGENTS		
TUKYSA TAB 50MG	0	PA, QL (4 tabs every 1 day)
TUKYSA TAB 150MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - ANTIBODIES		
ZEVALIN KIT Y-90	5	PA
ANTINEOPLASTIC - BCL-2 INHIBITORS		
VENCLEXTA TAB 10MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 50MG	0	PA, QL (4 tabs every 1 day)
VENCLEXTA TAB 100MG	0	PA, QL (6 tabs every 1 day)
VENCLEXTA TAB START PK	0	PA, QL (1 pack every 28 days)
ANTINEOPLASTIC - EGFR INHIBITORS		
erlotinib hcl tab 25 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
erlotinib hcl tab 100 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
erlotinib hcl tab 150 mg (base equivalent)	0	PA, QL (1 tab every 1 day)
gefitinib tab 250 mg	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 20MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 30MG	0	PA, QL (1 tab every 1 day)
GILOTRIF TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 40MG	0	PA, QL (1 tab every 1 day)
TAGRISSO TAB 80MG	0	PA, QL (1 tab every 1 day)
TARCEVA TAB 100MG	0	PA, QL (1 tab every 1 day)
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG	0	PA, QL (1 cap every 1 day)
ODOMZO CAP 200MG	0	PA, QL (1 cap every 1 day)
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	0	PA, QL (4 tabs every 1 day)
abiraterone acetate tab 500 mg	0	PA, QL (2 tabs every 1 day)
anastrozole tab 1 mg	0	
ARIMIDEX TAB 1MG	0	
AROMASIN TAB 25MG	0	
bicalutamide tab 50 mg	0	
CASODEX TAB 50MG	0	
EMCYT CAP 140MG	0	
ERLEADA TAB 60MG	0	PA, QL (4 tabs every 1 day)
ERLEADA TAB 240MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
exemestane tab 25 mg	0	
FARESTON TAB 60MG	0	
FEMARA TAB 2.5MG	0	
letrozole tab 2.5 mg	0	
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	1	PA
LYSODREN TAB 500MG	0	
megestrol acetate susp 40 mg/ml	0	
megestrol acetate tab 20 mg	0	
megestrol acetate tab 40 mg	0	
nilutamide tab 150 mg	0	
NUBEQA TAB 300MG	0	PA, QL (4 tabs every 1 day)
ORGOVYX TAB 120MG	0	PA, QL (1 tab every 1 day)
SOLTAMOX SOL 10MG/5ML	0	
tamoxifen citrate tab 10 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
tamoxifen citrate tab 20 mg (base equivalent)	0	$0 copay for women > 35 years for the primary prevention of breast cancer
toremifene citrate tab 60 mg (base equivalent)	0	
XTANDI CAP 40MG	0	PA, QL (4 caps every 1 day)
XTANDI TAB 40MG	0	PA, QL (4 tabs every 1 day)
XTANDI TAB 80MG	0	PA, QL (2 tabs every 1 day)
YONSA TAB 125MG	0	PA, QL (4 tabs every 1 day)
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 2MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 3MG	0	PA, QL (21 caps every 21 days)
POMALYST CAP 4MG	0	PA, QL (21 caps every 21 days)
ANTINEOPLASTIC - XPO1 INHIBITORS		
XPOVIO PAK 40MG	0	PA, QL (16 tabs every 28 days)
XPOVIO PAK 40MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 40MG	0	PA, QL (8 tabs every 28 days); Therapy Pack
XPOVIO PAK 50MG	0	PA, QL (8 tabs every 28 days); Therapy Pack

Drug Name	Drug Tier	Requirements/Limits
XPOVIO PAK 60MG	0	PA, QL (24 tabs every 28 days); Twice Weekly
XPOVIO PAK 60MG	0	PA, QL (4 tabs every 28 days); Therapy Pack
XPOVIO PAK 80MG	0	PA, QL (32 tabs every 28 days); Twice Weekly
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG	0	PA, QL (5 tabs every 21 days)
KISQALI 200 PAK FEMARA	0	PA, QL (49 tabs every 28 days)
KISQALI 400 PAK FEMARA	0	PA, QL (70 tabs every 28 days)
KISQALI 600 PAK FEMARA	0	PA, QL (91 tabs every 28 days)
LONSURF TAB 15-6.14	0	PA, QL (100 tabs every 28 days)
LONSURF TAB 20-8.19	0	PA, QL (80 tabs every 28 days)
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG	0	PA, QL (8 caps every 1 day)
ALUNBRIG PAK	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 30MG	0	PA, QL (4 tabs every 1 day)
ALUNBRIG TAB 90MG	0	PA, QL (1 tab every 1 day)
ALUNBRIG TAB 180MG	0	PA, QL (1 tab every 1 day)
AUGTYRO CAP 40MG	0	PA, QL (8 caps every 1 day)
AUGTYRO CAP 160MG	0	PA, QL (2 caps every 1 day)
BALVERSA TAB 3MG	0	PA, QL (3 tabs every 1 day)
BALVERSA TAB 4MG	0	PA, QL (2 tabs every 1 day)
BALVERSA TAB 5MG	0	PA, QL (1 tab every 1 day)
BOSULIF CAP 50MG	0	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG	0	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG	0	PA, QL (3 tabs every 1 day)
BOSULIF TAB 400MG	0	PA, QL (1 tab every 1 day)
BOSULIF TAB 500MG	0	PA, QL (1 tab every 1 day)
BRAFTOVI CAP 75MG	0	PA, QL (6 caps every 1 day)
BRUKINSA CAP 80MG	0	PA, QL (4 caps every 1 day)
BRUKINSA TAB 160MG	0	PA
CABOMETYX TAB 20MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 40MG	0	PA, QL (1 tab every 1 day)
CABOMETYX TAB 60MG	0	PA, QL (1 tab every 1 day)
CALQUENCE TAB 100MG	0	PA, QL (2 tabs every 1 day)
CAPRELSA TAB 100MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CAPRELSA TAB 300MG	0	PA, QL (1 tab every 1 day)
COMETRIQ KIT 60MG	0	PA, QL (84 caps every 28 days)
COMETRIQ KIT 100MG	0	PA, QL (56 caps every 28 days)
COMETRIQ KIT 140MG	0	PA, QL (112 caps every 28 days)
COPIKTRA CAP 15MG	0	PA, QL (2 caps every 1 day)
COPIKTRA CAP 25MG	0	PA, QL (2 caps every 1 day)
dasatinib tab 20 mg	0	PA, QL (3 tabs every 1 day)
dasatinib tab 50 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 70 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 80 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 100 mg	0	PA, QL (1 tab every 1 day)
dasatinib tab 140 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 2.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 7.5 mg	0	PA, QL (1 tab every 1 day)
everolimus tab 10 mg	0	PA, QL (1 ea every 1 day)
everolimus tab 10 mg	0	PA, QL (1 tab every 1 day)
everolimus tab for oral susp 2 mg	0	PA, QL (2 ea every 1 day)
everolimus tab for oral susp 3 mg	0	PA, QL (3 ea every 1 day)
everolimus tab for oral susp 5 mg	0	PA, QL (2 ea every 1 day)
GAVRETO CAP 100MG	0	PA, QL (4 caps every 1 day)
GOMEKLI CAP 1MG	0	PA, QL (42 caps every 21 days)
GOMEKLI CAP 2MG	0	PA, QL (84 caps every 21 days)
GOMEKLI TAB 1MG	0	PA, QL (168 tabs every 21 days)
IBRANCE CAP 75MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 100MG	0	PA, QL (21 caps every 21 days)
IBRANCE CAP 125MG	0	PA, QL (21 caps every 21 days)
IBRANCE TAB 75MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 100MG	0	PA, QL (21 tabs every 21 days)
IBRANCE TAB 125MG	0	PA, QL (21 tabs every 21 days)
IBTROZI CAP 200MG	0	PA, QL (3 caps every 1 day)
IDHIFA TAB 50MG	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
IDHIFA TAB 100MG	0	PA, QL (1 tab every 1 day)
imatinib mesylate tab 100 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
imatinib mesylate tab 400 mg (base equivalent)	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 3MG	0	PA, QL (2 tabs every 1 day)
ITOVEBI TAB 9MG	0	PA, QL (1 tab every 1 day)
JAKAFI TAB 5MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 10MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 15MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 20MG	0	PA, QL (2 tabs every 1 day)
JAKAFI TAB 25MG	0	PA, QL (2 tabs every 1 day)
KISQALI TAB 200DOSE	0	PA, QL (21 tabs every 21 days)
KISQALI TAB 400DOSE	0	PA, QL (42 tabs every 21 days)
KISQALI TAB 600DOSE	0	PA, QL (63 tabs every 21 days)
KOSELUGO CAP 10MG	0	PA, QL (8 caps every 1 day)
KOSELUGO CAP 25MG	0	PA, QL (4 caps every 1 day)
KRAZATI TAB 200MG	0	PA, QL (6 tabs every 1 day)
lapatinib ditosylate tab 250 mg (base equiv)	0	PA, QL (6 tabs every 1 day)
LORBRENA TAB 25MG	0	PA, QL (3 tabs every 1 day)
LORBRENA TAB 100MG	0	PA, QL (1 tab every 1 day)
LUMAKRAS TAB 120MG	0	PA, QL (8 tabs every 1 day)
LUMAKRAS TAB 240MG	0	PA, QL (4 tabs every 1 day)
LUMAKRAS TAB 320MG	0	PA, QL (3 tabs every 1 day)
LYNPARZA TAB 100MG	0	PA, QL (4 tabs every 1 day)
LYNPARZA TAB 150MG	0	PA, QL (4 tabs every 1 day)
MEKINIST SOL 0.05/ML	0	PA, QL (12 bottles every 28 days)
MEKINIST TAB 0.5MG	0	PA, QL (3 tabs every 1 day)
MEKINIST TAB 2MG	0	PA, QL (1 tab every 1 day)
MEKTOVI TAB 15MG	0	PA, QL (6 tabs every 1 day)
NERLYNX TAB 40MG	0	PA, QL (6 tabs every 1 day)
nilotinib hcl cap 50 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 150 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
nilotinib hcl cap 200 mg (base equivalent)	0	PA, QL (4 caps every 1 day)
NINLARO CAP 2.3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 3MG	0	PA, QL (3 caps every 21 days)
NINLARO CAP 4MG	0	PA, QL (3 caps every 21 days)
pazopanib hcl tab 200 mg (base equiv)	0	PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE	0	PA, QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PIQRAY 250MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
PIQRAY 300MG TAB DOSE	0	PA, QL (2 tabs every 1 day)
RETEVMO CAP 40MG	0	PA, QL (3 caps every 1 day)
RETEVMO CAP 80MG	0	PA, QL (4 caps every 1 day)
RETEVMO TAB 40MG	0	PA, QL (3 tabs every 1 day)
RETEVMO TAB 80MG	0	PA, QL (4 tabs every 1 day)
RETEVMO TAB 120MG	0	PA, QL (2 tabs every 1 day)
RETEVMO TAB 160MG	0	PA, QL (2 tabs every 1 day)
ROZLYTREK CAP 100MG	0	PA, QL (1 cap every 1 day)
ROZLYTREK CAP 200MG	0	PA, QL (3 caps every 1 day)
ROZLYTREK PAK 50MG	0	PA, QL (12 packets every 1 day)
RYDAPT CAP 25MG	0	PA, QL (8 caps every 1 day)
SCEMBLIX TAB 20MG	0	PA, QL (2 tabs every 1 day)
SCEMBLIX TAB 40MG	0	PA, QL (8 tabs every 1 day)
SCEMBLIX TAB 100MG	0	PA, QL (4 tabs every 1 day)
sorafenib tosylate tab 200 mg (base equivalent)	0	PA, QL (4 tabs every 1 day)
STIVARGA TAB 40MG	0	PA, QL (3 tabs every 1 day)
sunitinib malate cap 12.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 25 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 37.5 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
sunitinib malate cap 50 mg (base equivalent)	0	PA, QL (1 cap every 1 day)
TAFINLAR CAP 50MG	0	PA, QL (4 caps every 1 day)
TAFINLAR CAP 75MG	0	PA, QL (4 caps every 1 day)
TAFINLAR TAB 10MG	0	PA, QL (4 bottles every 28 days)
TIBSOVO TAB 250MG	0	PA, QL (2 tabs every 1 day)
TRUQAP PAK 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP PAK 200MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 160MG	0	PA, QL (64 tabs every 28 days)
TRUQAP TAB 200MG	0	PA, QL (64 tabs every 28 days)
TURALIO CAP 125MG	0	PA, QL (4 caps every 1 day)
TYKERB TAB 250MG	0	PA, QL (6 tabs every 1 day)
VANFLYTA TAB 17.7MG	0	PA, QL (56 tabs every 21 days)
VANFLYTA TAB 26.5MG	0	PA, QL (56 tabs every 21 days)
VERZENIO TAB 50MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 100MG	0	PA, QL (2 tabs every 1 day)
VERZENIO TAB 150MG	0	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
VERZENIO TAB 200MG	0	PA, QL (2 tabs every 1 day)
VITRAKVI CAP 25MG	0	PA, QL (6 caps every 1 day)
VITRAKVI CAP 100MG	0	PA, QL (2 caps every 1 day)
VITRAKVI SOL 20MG/ML	0	PA, QL (10 mL every 1 day)
VONJO CAP 100MG	0	PA, QL (4 caps every 1 day)
VORANIGO TAB 10MG	0	PA, QL (2 tabs every 1 day)
VORANIGO TAB 40MG	0	PA, QL (1 tab every 1 day)
XALKORI CAP 20MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 50MG	0	PA, QL (4 caps every 1 day)
XALKORI CAP 150MG	0	PA, QL (6 caps every 1 day)
XOSPATA TAB 40MG	0	PA, QL (3 tabs every 1 day)
ZEJULA TAB 100MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 200MG	0	PA, QL (1 tab every 1 day)
ZEJULA TAB 300MG	0	PA, QL (1 tab every 1 day)
ZOLINZA CAP 100MG	0	PA, QL (4 caps every 1 day)
ZYDELIG TAB 100MG	0	PA, QL (2 tabs every 1 day)
ZYDELIG TAB 150MG	0	PA, QL (2 tabs every 1 day)
ZYKADIA TAB 150MG	0	PA, QL (3 tabs every 1 day)
ANTINEOPLASTICS MISC.		
ACTIMMUNE INJ 2MU/0.5	5	PA
BESREMI SOL 500MCG	4	PA, QL (2 syringes every 28 days)
bexarotene cap 75 mg	0	PA
HYDREA CAP 500MG	0	
hydroxyurea cap 500 mg	0	
MATULANE CAP 50MG	0	
tretinoin cap 10 mg	0	
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
IWILFIN TAB 192MG	0	PA, QL (8 tabs every 1 day)
leucovorin calcium tab 5 mg	0	
leucovorin calcium tab 10 mg	0	
leucovorin calcium tab 15 mg	0	
leucovorin calcium tab 25 mg	0	
mesna tab 400 mg	0	
MESNEX TAB 400MG	0	
MITOTIC INHIBITORS		
etoposide cap 50 mg	0	
TOPOISOMERASE I INHIBITORS		
HYCAMTIN CAP 0.25MG	0	PA
HYCAMTIN CAP 1MG	0	PA
ANTIPARKINSON AND RELATED THERAPY AGENTS		
ANTIPARKINSON ADJUNCTIVE THERAPY		
carbidopa tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
LODOSYN TAB 25MG	3	
ANTIPARKINSON ANTICHOLINERGICS		
benztropine mesylate tab 0.5 mg	1	
benztropine mesylate tab 1 mg	1	
benztropine mesylate tab 2 mg	1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	1	
trihexyphenidyl hcl tab 2 mg	1	
trihexyphenidyl hcl tab 5 mg	1	
ANTIPARKINSON COMT INHIBITORS		
COMTAN TAB 200MG	3	
entacapone tab 200 mg	1	
TASMAR TAB 100MG	3	
tolcapone tab 100 mg	1	
ANTIPARKINSON DOPAMINERGICS		
amantadine hcl cap 100 mg	1	
amantadine hcl soln 50 mg/5ml	1	
amantadine hcl tab 100 mg	1	
apomorphine hcl soln cartridge 30 mg/3ml	1	PA, QL (20 cartridges every 30 days)
bromocriptine mesylate cap 5 mg (base equivalent)	1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	1	
carbidopa & levodopa cap er 23.75-95 mg	1	
carbidopa & levodopa cap er 36.25-145 mg	1	
carbidopa & levodopa cap er 48.75-195 mg	1	
carbidopa & levodopa cap er 61.25-245 mg	1	
carbidopa & levodopa orally disintegrating tab 10-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-100 mg	1	
carbidopa & levodopa orally disintegrating tab 25-250 mg	1	
carbidopa & levodopa tab 10-100 mg	1	
carbidopa & levodopa tab 25-100 mg	1	
carbidopa & levodopa tab 25-250 mg	1	
carbidopa & levodopa tab er 25-100 mg	1	
carbidopa & levodopa tab er 50-200 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	1	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	1	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	1	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	1	
CREXONT CAP 35-140MG	2	
CREXONT CAP 52.5-210	2	
CREXONT CAP 70-280MG	2	
CREXONT CAP 87.5-350	2	
DHIVY TAB 25-100MG	3	
INBRIJA CAP 42MG	4	PA, QL (10 caps every 1 day)
MIRAPEX ER TAB 0.75MG	3	
MIRAPEX ER TAB 0.375MG	3	
MIRAPEX ER TAB 1.5MG	3	
MIRAPEX ER TAB 2.25MG	3	
MIRAPEX ER TAB 3.75MG	3	
MIRAPEX ER TAB 3MG	3	
MIRAPEX ER TAB 4.5MG	3	
NEUPRO DIS 1MG/24HR	2	
NEUPRO DIS 2MG/24HR	2	
NEUPRO DIS 3MG/24HR	2	
NEUPRO DIS 4MG/24HR	2	
NEUPRO DIS 6MG/24HR	2	
NEUPRO DIS 8MG/24HR	2	
PARLODEL CAP 5MG	3	
PARLODEL TAB 2.5MG	3	
pramipexole dihydrochloride tab 0.5 mg	1	
pramipexole dihydrochloride tab 0.25 mg	1	
pramipexole dihydrochloride tab 0.75 mg	1	
pramipexole dihydrochloride tab 0.125 mg	1	
pramipexole dihydrochloride tab 1 mg	1	
pramipexole dihydrochloride tab 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 0.75 mg	1	
pramipexole dihydrochloride tab er 24hr 0.375 mg	1	
pramipexole dihydrochloride tab er 24hr 1.5 mg	1	
pramipexole dihydrochloride tab er 24hr 2.25 mg	1	
pramipexole dihydrochloride tab er 24hr 3 mg	1	
pramipexole dihydrochloride tab er 24hr 3.75 mg	1	

Drug Name	Drug Tier	Requirements/Limits
pramipexole dihydrochloride tab er 24hr 4.5 mg	1	
ropinirole hydrochloride tab 0.5 mg	1	
ropinirole hydrochloride tab 0.25 mg	1	
ropinirole hydrochloride tab 1 mg	1	
ropinirole hydrochloride tab 2 mg	1	
ropinirole hydrochloride tab 3 mg	1	
ropinirole hydrochloride tab 4 mg	1	
ropinirole hydrochloride tab 5 mg	1	
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)	1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)	1	
RYTARY CAP 95MG	2	
RYTARY CAP 145MG	2	
RYTARY CAP 195MG	2	
RYTARY CAP 245MG	2	
SINEMET TAB 10-100MG	3	
SINEMET TAB 25-100MG	3	
STALEVO 50 TAB	3	
STALEVO 75 TAB	3	
STALEVO 100 TAB	3	
STALEVO 125 TAB	3	
STALEVO 150 TAB	3	
STALEVO 200 TAB	3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
AZILECT TAB 0.5MG	3	
AZILECT TAB 1MG	3	
rasagiline mesylate tab 0.5 mg (base equiv)	1	
rasagiline mesylate tab 1 mg (base equiv)	1	
selegiline hcl cap 5 mg	1	
selegiline hcl tab 5 mg	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS		
ANTIMANIC AGENTS		
lithium carbonate cap 150 mg	1	
lithium carbonate cap 300 mg	1	
lithium carbonate cap 600 mg	1	
lithium carbonate tab 300 mg	1	
lithium carbonate tab er 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
lithium carbonate tab er 450 mg	1	
lithium oral solution 8 meq/5ml	1	
LITHOBID TAB 300MG CR	3	
ANTIPSYCHOTICS - MISC.		
EQUETRO CAP 100MG	3	
EQUETRO CAP 200MG	3	
EQUETRO CAP 300MG	3	
lurasidone hcl tab 20 mg	1	
lurasidone hcl tab 40 mg	1	
lurasidone hcl tab 60 mg	1	
lurasidone hcl tab 80 mg	1	
lurasidone hcl tab 120 mg	1	
NUPLAZID CAP 34MG	5	PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG	5	PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5MG	2	
VRAYLAR CAP 3MG	2	
VRAYLAR CAP 4.5MG	2	
VRAYLAR CAP 6MG	2	
ziprasidone hcl cap 20 mg	1	
ziprasidone hcl cap 40 mg	1	
ziprasidone hcl cap 60 mg	1	
ziprasidone hcl cap 80 mg	1	
ziprasidone mesylate for inj 20 mg (base equivalent)	1	
BENZISOXAZOLES		
INVEGA SUST INJ 39/0.25	3	
INVEGA SUST INJ 78/0.5ML	3	
INVEGA SUST INJ 117/0.75	3	
INVEGA SUST INJ 156MG/ML	3	
INVEGA SUST INJ 234/1.5	3	
INVEGA TAB 3MG	3	
INVEGA TAB 6MG	3	
INVEGA TAB 9MG	3	
paliperidone tab er 24hr 1.5 mg	1	
paliperidone tab er 24hr 3 mg	1	
paliperidone tab er 24hr 6 mg	1	
paliperidone tab er 24hr 9 mg	1	
PERSERIS INJ 90MG	2	
PERSERIS INJ 120MG	2	
RISPERDAL INJ 12.5MG	3	
RISPERDAL INJ 25MG	3	
RISPERDAL INJ 37.5MG	3	
RISPERDAL INJ 50MG	3	

Drug Name	Drug Tier	Requirements/Limits
RISPERDAL SOL 1MG/ML	3	
RISPERDAL TAB 0.5MG	3	
RISPERDAL TAB 1MG	3	
RISPERDAL TAB 2MG	3	
RISPERDAL TAB 3MG	3	
RISPERDAL TAB 4MG	3	
risperidone microspheres for im extended rel susp 12.5 mg	1	
risperidone microspheres for im extended rel susp 25 mg	1	
risperidone microspheres for im extended rel susp 37.5 mg	1	
risperidone microspheres for im extended rel susp 50 mg	1	
risperidone orally disintegrating tab 0.5 mg	1	
risperidone orally disintegrating tab 0.25 mg	1	
risperidone orally disintegrating tab 1 mg	1	
risperidone orally disintegrating tab 2 mg	1	
risperidone orally disintegrating tab 3 mg	1	
risperidone orally disintegrating tab 4 mg	1	
risperidone soln 1 mg/ml	1	
risperidone tab 0.5 mg	1	
risperidone tab 0.25 mg	1	
risperidone tab 1 mg	1	
risperidone tab 2 mg	1	
risperidone tab 3 mg	1	
risperidone tab 4 mg	1	
BUTYROPHENONES		
HALDOL DECAN INJ 50MG/ML	3	
HALDOL DECAN INJ 100MG/ML	3	
haloperidol decanoate im soln 50 mg/ml	1	
haloperidol decanoate im soln 100 mg/ml	1	
haloperidol lactate inj 5 mg/ml	1	
haloperidol lactate oral conc 2 mg/ml	1	
haloperidol tab 0.5 mg	1	
haloperidol tab 1 mg	1	
haloperidol tab 2 mg	1	
haloperidol tab 5 mg	1	
haloperidol tab 10 mg	1	
haloperidol tab 20 mg	1	
DIBENZAPINES		
ADASUVE INH 10MG	3	
asenapine maleate sl tab 2.5 mg (base equiv)	1	
asenapine maleate sl tab 5 mg (base equiv)	1	

Drug Name	Drug Tier	Requirements/Limits
asenapine maleate sl tab 10 mg (base equiv)	1	
clozapine orally disintegrating tab 12.5 mg	1	
clozapine orally disintegrating tab 25 mg	1	
clozapine orally disintegrating tab 100 mg	1	
clozapine orally disintegrating tab 150 mg	1	
clozapine orally disintegrating tab 200 mg	1	
clozapine tab 25 mg	1	
clozapine tab 50 mg	1	
clozapine tab 100 mg	1	
clozapine tab 200 mg	1	
CLOZARIL TAB 25MG	3	
CLOZARIL TAB 50MG	3	
CLOZARIL TAB 100MG	3	
CLOZARIL TAB 200MG	3	
loxapine succinate cap 5 mg	1	
loxapine succinate cap 10 mg	1	
loxapine succinate cap 25 mg	1	
loxapine succinate cap 50 mg	1	
olanzapine for im inj 10 mg	1	
olanzapine orally disintegrating tab 5 mg	1	
olanzapine orally disintegrating tab 10 mg	1	
olanzapine orally disintegrating tab 15 mg	1	
olanzapine orally disintegrating tab 20 mg	1	
olanzapine tab 2.5 mg	1	
olanzapine tab 5 mg	1	
olanzapine tab 7.5 mg	1	
olanzapine tab 10 mg	1	
olanzapine tab 15 mg	1	
olanzapine tab 20 mg	1	
quetiapine fumarate tab 25 mg	1	
quetiapine fumarate tab 50 mg	1	
quetiapine fumarate tab 100 mg	1	
quetiapine fumarate tab 150 mg	1	
quetiapine fumarate tab 200 mg	1	
quetiapine fumarate tab 300 mg	1	
quetiapine fumarate tab 400 mg	1	
quetiapine fumarate tab er 24hr 50 mg	1	
quetiapine fumarate tab er 24hr 150 mg	1	
quetiapine fumarate tab er 24hr 200 mg	1	
quetiapine fumarate tab er 24hr 300 mg	1	
quetiapine fumarate tab er 24hr 400 mg	1	
SAPHRIS SUB 2.5MG	3	
SAPHRIS SUB 5MG	3	
SAPHRIS SUB 10MG	3	

Drug Name	Drug Tier	Requirements/Limits
SEROQUEL TAB 25MG	3	
SEROQUEL TAB 50MG	3	
SEROQUEL TAB 100MG	3	
SEROQUEL TAB 200MG	3	
SEROQUEL TAB 300MG	3	
SEROQUEL TAB 400MG	3	
VERSACLOZ SUS 50MG/ML	3	
ZYPREXA INJ 10MG	3	
ZYPREXA RELP INJ 210MG	3	
ZYPREXA RELP INJ 300MG	3	
ZYPREXA RELP INJ 405MG	3	
ZYPREXA TAB 2.5MG	3	
ZYPREXA TAB 5MG	3	
ZYPREXA TAB 7.5MG	3	
ZYPREXA TAB 10MG	3	
ZYPREXA TAB 15MG	3	
ZYPREXA TAB 20MG	3	
ZYPREXA ZYDI TAB 5MG	3	
ZYPREXA ZYDI TAB 10MG	3	
ZYPREXA ZYDI TAB 15MG	3	
ZYPREXA ZYDI TAB 20MG	3	
DIHYDROINDOLONES		
molindone hcl tab 5 mg	1	
molindone hcl tab 10 mg	1	
molindone hcl tab 25 mg	1	
MUSCARINIC AGENTS		
COBENFY CAP 50-20MG	3	
COBENFY CAP 100-20MG	3	
COBENFY CAP 125-30MG	3	
COBENFY STRT CAP PACK	3	
PHENOTHIAZINES		
chlorpromazine hcl inj 25 mg/ml	1	
chlorpromazine hcl inj 50 mg/2ml	1	
chlorpromazine hcl tab 10 mg	1	
chlorpromazine hcl tab 25 mg	1	
chlorpromazine hcl tab 50 mg	1	
chlorpromazine hcl tab 100 mg	1	
chlorpromazine hcl tab 200 mg	1	
fluphenazine decanoate inj 25 mg/ml	1	
fluphenazine hcl elixir 2.5 mg/5ml	1	
fluphenazine hcl inj 2.5 mg/ml	1	
fluphenazine hcl oral conc 5 mg/ml	1	
fluphenazine hcl tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
fluphenazine hcl tab 2.5 mg	1	
fluphenazine hcl tab 5 mg	1	
fluphenazine hcl tab 10 mg	1	
perphenazine tab 2 mg	1	
perphenazine tab 4 mg	1	
perphenazine tab 8 mg	1	
perphenazine tab 16 mg	1	
prochlorperazine edisylate inj 10 mg/2ml	1	
prochlorperazine maleate tab 5 mg (base equivalent)	1	
prochlorperazine maleate tab 10 mg (base equivalent)	1	
prochlorperazine suppos 25 mg	1	
thioridazine hcl tab 10 mg	1	
thioridazine hcl tab 25 mg	1	
thioridazine hcl tab 50 mg	1	
thioridazine hcl tab 100 mg	1	
trifluoperazine hcl tab 1 mg (base equivalent)	1	
trifluoperazine hcl tab 2 mg (base equivalent)	1	
trifluoperazine hcl tab 5 mg (base equivalent)	1	
trifluoperazine hcl tab 10 mg (base equivalent)	1	
QUINOLINONE DERIVATIVES		
ABILIFY ASIM INJ 720MG	2	
ABILIFY ASIM INJ 960MG	2	
ABILIFY MAIN INJ 300MG	2	
ABILIFY MAIN INJ 400MG	2	
aripiprazole oral solution 1 mg/ml	1	
aripiprazole orally disintegrating tab 10 mg	1	
aripiprazole orally disintegrating tab 15 mg	1	
aripiprazole tab 2 mg	1	
aripiprazole tab 5 mg	1	
aripiprazole tab 10 mg	1	
aripiprazole tab 15 mg	1	
aripiprazole tab 20 mg	1	
aripiprazole tab 30 mg	1	
ARISTADA INJ 441MG/1.	3	
ARISTADA INJ 662MG/2	3	
ARISTADA INJ 882MG/3	3	
ARISTADA INJ 1064MG	3	
ARISTADA INJ INITIO	3	
REXULTI TAB 0.5MG	3	
REXULTI TAB 0.25MG	3	
REXULTI TAB 1MG	3	
REXULTI TAB 2MG	3	

Drug Name	Drug Tier	Requirements/Limits
REXULTI TAB 3MG	3	
REXULTI TAB 4MG	3	
THIOXANTHENES		
thiothixene cap 1 mg	1	
thiothixene cap 2 mg	1	
thiothixene cap 5 mg	1	
thiothixene cap 10 mg	1	
ANTISEPTICS & DISINFECTANTS		
ANTISEPTICS & DISINFECTANTS		
formaldehyde solution 10%	1	
GLUTARALDEHY SOL 25%	3	
hydrogen peroxide soln 30%	1	
CHLORINE ANTISEPTICS		
BENZALKONIUM SOL NF	3	
CHLORHEX GLU SOL 20%	3	
IODINE ANTISEPTICS		
LUGOLS SOL IODINE	3	
ANTIVIRALS		
ANTIRETROVIRALS		
abacavir sulfate soln 20 mg/ml (base equiv)	1	QL (30 mL every 1 day)
abacavir sulfate tab 300 mg (base equiv)	1	QL (2 tabs every 1 day)
abacavir sulfate-lamivudine tab 600-300 mg	1	QL (1 tab every 1 day)
atazanavir sulfate cap 150 mg (base equiv)	1	QL (1 cap every 1 day)
atazanavir sulfate cap 200 mg (base equiv)	1	QL (2 caps every 1 day)
atazanavir sulfate cap 300 mg (base equiv)	1	QL (1 cap every 1 day)
BIKTARVY TAB	2	QL (1 tab every 1 day)
CIMDUO TAB 300-300	2	QL (1 tab every 1 day)
COMBIVIR TAB 150-300	3	QL (2 tabs every 1 day)
darunavir tab 600 mg	1	QL (2 tabs every 1 day)
darunavir tab 800 mg	1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG	2	QL (1 tab every 1 day)
DESCOVY TAB 200/25MG	2	$0 copay for pre exposure prophylaxis
DOVATO TAB 50-300MG	2	QL (1 tab every 1 day)
efavirenz cap 50 mg	1	QL (3 caps every 1 day)
efavirenz cap 200 mg	1	QL (3 caps every 1 day)
efavirenz tab 600 mg	1	QL (1 tab every 1 day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	1	QL (1 tab every 1 day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
emtricitabine caps 200 mg	1	QL (1 cap every 1 day)
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg	1	QL (1 tab every 1 day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg	1	QL (1 tab every 1 day); $0 copay for pre exposure prophylaxis
EMTRIVA CAP 200MG	3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML	3	QL (680 mL every 28 days)
EPIVIR SOL 10MG/ML	3	QL (32 mL every 1 day)
EPIVIR TAB 150MG	3	QL (2 tabs every 1 day)
EPIVIR TAB 300MG	3	QL (1 tab every 1 day)
EPZICOM TAB 600-300	3	QL (1 tab every 1 day)
etravirine tab 100 mg	1	QL (4 tabs every 1 day)
etravirine tab 200 mg	1	QL (2 tabs every 1 day)
EVOTAZ TAB 300-150	3	QL (1 tab every 1 day)
fosamprenavir calcium tab 700 mg (base equiv)	1	QL (4 tabs every 1 day)
FUZEON INJ 90MG	3	PA, QL (2 vials every 1 day)
GENVOYA TAB	2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG	2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG	2	QL (6 tabs every 1 day)
ISENTRESS HD TAB 600MG	2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG	2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG	2	QL (4 tabs every 1 day)
JULUCA TAB 50-25MG	3	QL (1 tab every 1 day)
KALETRA SOL	3	QL (16 mL every 1 day)
lamivudine oral soln 10 mg/ml	1	QL (32 mL every 1 day)
lamivudine tab 150 mg	1	QL (2 tabs every 1 day)
lamivudine tab 300 mg	1	QL (1 tab every 1 day)
lamivudine-zidovudine tab 150-300 mg	1	QL (2 tabs every 1 day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	1	QL (16 mL every 1 day)
lopinavir-ritonavir tab 100-25 mg	1	QL (10 tabs every 1 day)
lopinavir-ritonavir tab 200-50 mg	1	QL (4 tabs every 1 day)
maraviroc tab 150 mg	1	QL (2 tabs every 1 day)
maraviroc tab 300 mg	1	QL (4 tabs every 1 day)
nevirapine susp 50 mg/5ml	1	QL (40 mL every 1 day)
nevirapine tab 200 mg	1	QL (2 tabs every 1 day)
nevirapine tab er 24hr 400 mg	1	QL (1 tab every 1 day)

Drug Name	Drug Tier	Requirements/Limits
ODEFSEY TAB	2	QL (1 tab every 1 day)
PREZCOBIX TAB 675/150	3	QL (1 tab every 1 day)
PREZCOBIX TAB 800-150	3	QL (1 tab every 1 day)
RETROVIR CAP 100MG	3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML	3	QL (64 mL every 1 day)
ritonavir tab 100 mg	1	QL (12 tabs every 1 day)
RUKOBIA TAB 600MG ER	3	PA, QL (2 tabs every 1 day)
SYMFI LO TAB	3	QL (1 tab every 1 day)
SYMFI TAB	3	QL (1 tab every 1 day)
SYMTUZA TAB	2	QL (1 tab every 1 day)
tenofovir disoproxil fumarate tab 300 mg	1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG	2	QL (12 tabs every 1 day)
TIVICAY TAB 10MG	2	QL (8 tabs every 1 day)
TIVICAY TAB 25MG	2	QL (2 tabs every 1 day)
TIVICAY TAB 50MG	2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB	2	QL (6 tabs every 1 day)
TRIUMEQ TAB	2	QL (1 tab every 1 day)
TYBOST TAB 150MG	3	QL (1 tab every 1 day)
VIREAD POW 40MG/GM	3	QL (8 gm every 1 day)
VIREAD TAB 150MG	3	QL (1 tab every 1 day)
VIREAD TAB 200MG	3	QL (1 tab every 1 day)
VIREAD TAB 250MG	3	QL (1 tab every 1 day)
VIREAD TAB 300MG	3	QL (1 tab every 1 day)
ZIAGEN SOL 20MG/ML	3	QL (30 mL every 1 day)
zidovudine cap 100 mg	1	QL (6 caps every 1 day)
zidovudine syrup 10 mg/ml	1	QL (64 mL every 1 day)
zidovudine tab 300 mg	1	QL (2 tabs every 1 day)
ANTIVIRAL COMBINATIONS		
PAXLOVID PAK	2	QL (22 tabs every 30 days)
PAXLOVID TAB 150-100	2	QL (40 tabs every 30 days)
PAXLOVID TAB 300-100	2	QL (60 tabs every 30 days)
CMV AGENTS		
LIVTENCITY TAB 200MG	5	PA, QL (4 tabs every 1 day)
PREVYMIS PAK 20MG	3	
PREVYMIS PAK 120MG	3	
PREVYMIS TAB 240MG	3	PA, QL (1 ea every 1 day); Max 224-day supply per 365 days
PREVYMIS TAB 480MG	3	Max 224-day supply per 365 days
valganciclovir hcl for soln 50 mg/ml (base equiv)	1	QL (1000 mL every 30 days)
valganciclovir hcl tab 450 mg (base equivalent)	1	QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
HEPATITIS AGENTS		
adefovir dipivoxil tab 10 mg	1	
BARACLUDE SOL	3	QL (21 mL every 1 day)
entecavir tab 0.5 mg	1	QL (1 tab every 1 day)
entecavir tab 1 mg	1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5	4	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG	4	PA, QL (1 packet every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100	4	PA, QL (1 tab every 1 day); Genotypes 1, 2, 3, 4, 5, 6
HARVONI PAK	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI PAK 45-200MG	4	PA, QL (1 packet every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 45-200MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
HARVONI TAB 90-400MG	4	PA, QL (1 tab every 1 day); Genotypes 1, 4, 5 ,6
lamivudine tab 100 mg (hbv)	1	
ribavirin cap 200 mg	1	
ribavirin tab 200 mg	1	
SOVALDI PAK 150MG	5	PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG	5	PA, QL (1 packet every 1 day)
SOVALDI TAB 200MG	5	PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG	5	PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG	2	PA, QL (1 tab every 1 day)
VOSEVI TAB	4	PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3)
HERPES AGENTS		
acyclovir cap 200 mg	1	

Drug Name	Drug Tier	Requirements/Limits
acyclovir susp 200 mg/5ml	1	
acyclovir tab 400 mg	1	
acyclovir tab 800 mg	1	
famciclovir tab 125 mg	1	
famciclovir tab 250 mg	1	
famciclovir tab 500 mg	1	
SITAVIG TAB 50MG	3	
valacyclovir hcl tab 1 gm	1	
valacyclovir hcl tab 500 mg	1	
INFLUENZA AGENTS		
oseltamivir phosphate cap 30 mg (base equiv)	1	QL (40 caps every 90 days)
oseltamivir phosphate cap 45 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate cap 75 mg (base equiv)	1	QL (20 caps every 90 days)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE	2	QL (2 inhalers every 90 days)
rimantadine hydrochloride tab 100 mg	1	
TAMIFLU CAP 30MG	3	QL (40 caps every 90 days)
TAMIFLU CAP 45MG	3	QL (20 caps every 90 days)
TAMIFLU CAP 75MG	3	QL (20 caps every 90 days)
TAMIFLU SUS 6MG/ML	3	QL (360 mL every 90 days)
MISC. ANTIVIRALS		
LAGEVRIO CAP 200MG	3	QL (40 caps every 30 days)
TEMBEXA SUS 10MG/ML	3	
TEMBEXA TAB 100MG	3	
TPOXX CAP 200MG	3	
BETA BLOCKERS		
ALPHA-BETA BLOCKERS		
carvedilol phosphate cap er 24hr 10 mg	1	
carvedilol phosphate cap er 24hr 20 mg	1	
carvedilol phosphate cap er 24hr 40 mg	1	
carvedilol phosphate cap er 24hr 80 mg	1	
carvedilol tab 3.125 mg	1	
carvedilol tab 6.25 mg	1	
carvedilol tab 12.5 mg	1	
carvedilol tab 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
COREG TAB 3.125MG	3	
COREG TAB 6.25MG	3	
COREG TAB 12.5MG	3	
COREG TAB 25MG	3	
labetalol hcl tab 100 mg	1	
labetalol hcl tab 200 mg	1	
labetalol hcl tab 300 mg	1	
labetalol hcl tab 400 mg	1	
BETA BLOCKERS CARDIO-SELECTIVE		
acebutolol hcl cap 200 mg	1	
acebutolol hcl cap 400 mg	1	
atenolol tab 25 mg	1	
atenolol tab 50 mg	1	
atenolol tab 100 mg	1	
betaxolol hcl tab 10 mg	1	
betaxolol hcl tab 20 mg	1	
bisoprolol fumarate tab 5 mg	1	
bisoprolol fumarate tab 10 mg	1	
LOPRESSOR SOL 10MG/ML	3	
LOPRESSOR TAB 50MG	3	
LOPRESSOR TAB 100MG	3	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	1	
metoprolol tartrate tab 25 mg	1	
metoprolol tartrate tab 37.5 mg	1	
metoprolol tartrate tab 50 mg	1	
metoprolol tartrate tab 75 mg	1	
metoprolol tartrate tab 100 mg	1	
nebivolol hcl tab 2.5 mg (base equivalent)	1	
nebivolol hcl tab 5 mg (base equivalent)	1	
nebivolol hcl tab 10 mg (base equivalent)	1	
nebivolol hcl tab 20 mg (base equivalent)	1	
TENORMIN TAB 25MG	3	
TENORMIN TAB 50MG	3	
TENORMIN TAB 100MG	3	
BETA BLOCKERS NON-SELECTIVE		
HEMANGEOL SOL 4.28/ML	3	
nadolol tab 20 mg	1	

Drug Name	Drug Tier	Requirements/Limits
nadolol tab 40 mg	1	
nadolol tab 80 mg	1	
pindolol tab 5 mg	1	
pindolol tab 10 mg	1	
propranolol hcl cap er 24hr 60 mg	1	
propranolol hcl cap er 24hr 80 mg	1	
propranolol hcl cap er 24hr 120 mg	1	
propranolol hcl cap er 24hr 160 mg	1	
propranolol hcl oral soln 20 mg/5ml	1	
propranolol hcl oral soln 40 mg/5ml	1	
propranolol hcl tab 10 mg	1	
propranolol hcl tab 20 mg	1	
propranolol hcl tab 40 mg	1	
propranolol hcl tab 60 mg	1	
propranolol hcl tab 80 mg	1	
sotalol hcl (afib/afl) tab 80 mg	1	
sotalol hcl (afib/afl) tab 120 mg	1	
sotalol hcl (afib/afl) tab 160 mg	1	
sotalol hcl tab 80 mg	1	
sotalol hcl tab 120 mg	1	
sotalol hcl tab 160 mg	1	
sotalol hcl tab 240 mg	1	
SOTYLIZE SOL 5MG/ML	3	
timolol maleate tab 5 mg	1	
timolol maleate tab 10 mg	1	
timolol maleate tab 20 mg	1	

CALCIUM CHANNEL BLOCKERS

CALCIUM CHANNEL BLOCKERS

amlodipine besylate tab 2.5 mg (base equivalent)	1	
amlodipine besylate tab 5 mg (base equivalent)	1	
amlodipine besylate tab 10 mg (base equivalent)	1	
diltiazem hcl cap er 12hr 60 mg	1	
diltiazem hcl cap er 12hr 90 mg	1	
diltiazem hcl cap er 12hr 120 mg	1	
diltiazem hcl cap er 24hr 120 mg	1	
diltiazem hcl cap er 24hr 180 mg	1	
diltiazem hcl cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 120 mg	1	
diltiazem hcl coated beads cap er 24hr 180 mg	1	
diltiazem hcl coated beads cap er 24hr 240 mg	1	
diltiazem hcl coated beads cap er 24hr 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
diltiazem hcl coated beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 120 mg	1	
diltiazem hcl extended release beads cap er 24hr 180 mg	1	
diltiazem hcl extended release beads cap er 24hr 240 mg	1	
diltiazem hcl extended release beads cap er 24hr 300 mg	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nimodipine oral soln 60 mg/20ml (3 mg/ml)	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	
NYMALIZE SOL	3	

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA XL TAB 30MG	3	
PROCARDIA XL TAB 60MG	3	
PROCARDIA XL TAB 90MG	3	
SULAR TAB 8.5MG ER	3	
SULAR TAB 17MG ER	3	
SULAR TAB 34MG ER	3	
TIAZAC CAP 120MG/24	3	
TIAZAC CAP 180MG/24	3	
TIAZAC CAP 240MG/24	3	
TIAZAC CAP 300MG/24	3	
TIAZAC CAP 360MG/24	3	
TIAZAC CAP 420MG/24	3	
verapamil hcl cap er 24hr 100 mg	1	
verapamil hcl cap er 24hr 120 mg	1	
verapamil hcl cap er 24hr 180 mg	1	
verapamil hcl cap er 24hr 200 mg	1	
verapamil hcl cap er 24hr 240 mg	1	
verapamil hcl cap er 24hr 300 mg	1	
verapamil hcl cap er 24hr 360 mg	1	
verapamil hcl tab 40 mg	1	
verapamil hcl tab 80 mg	1	
verapamil hcl tab 120 mg	1	
verapamil hcl tab er 120 mg	1	
verapamil hcl tab er 180 mg	1	
verapamil hcl tab er 240 mg	1	
VERELAN CAP 120MG SR	3	
VERELAN CAP 180MG SR	3	
VERELAN CAP 240MG SR	3	
VERELAN CAP 360MG SR	3	
VERELAN PM CAP 100MG ER	3	
VERELAN PM CAP 200MG ER	3	
VERELAN PM CAP 300MG ER	3	

CARDIOTONICS

CARDIAC GLYCOSIDES

digoxin oral soln 0.05 mg/ml	1	
digoxin tab 62.5 mcg (0.0625 mg)	1	
digoxin tab 125 mcg (0.125 mg)	1	
digoxin tab 250 mcg (0.25 mg)	1	
LANOXIN TAB 0.0625MG	3	

CARDIOVASCULAR AGENTS - MISC.

CARDIAC MYOSIN INHIBITORS

CAMZYOS CAP 2.5MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 5MG	5	PA, QL (1 cap every 1 day)

Drug Name	Drug Tier	Requirements/Limits
CAMZYOS CAP 10MG	5	PA, QL (1 cap every 1 day)
CAMZYOS CAP 15MG	5	PA, QL (1 cap every 1 day)
CARDIOVASCULAR AGENTS MISC. - COMBINATIONS		
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 5-80 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
BIDIL TAB	3	
CADUET TAB 5-10MG	3	
CADUET TAB 5-20MG	3	
CADUET TAB 5-40MG	3	
CADUET TAB 5-80MG	3	
CADUET TAB 10-10MG	3	
CADUET TAB 10-20MG	3	
CADUET TAB 10-40MG	3	
CADUET TAB 10-80MG	3	
ENTRESTO CAP 6-6MG	2	
ENTRESTO CAP 15-16MG	2	
ENTRESTO TAB 24-26MG	2	
ENTRESTO TAB 49-51MG	2	
ENTRESTO TAB 97-103MG	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	
OPSYNVI TAB 10-20MG	4	PA, QL (1 ea every 1 day)
OPSYNVI TAB 10-40MG	4	PA, QL (1 ea every 1 day)
sacubitril-valsartan tab 24-26 mg	1	

Drug Name	Drug Tier	Requirements/Limits
sacubitril-valsartan tab 49-51 mg	1	
sacubitril-valsartan tab 97-103 mg	1	
IMPOTENCE AGENTS		
avanafil tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
avanafil tab 200 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
CAVERJECT IM KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 20MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
CAVERJECT INJ 40MCG	3	QL (6 vials every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 10MCG	3	QL (6 each every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 20MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
EDEX KIT 40MCG	3	QL (6 kits every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 250MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 500MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
MUSE SUP 1000MCG	2	QL (6 sup every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 25 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
sildenafil citrate tab 50 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
sildenafil citrate tab 100 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 2.5 mg	1	QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 5 mg	1	QL (1 tab every 1 day); Coverage is subject to your plan/benefits
tadalafil tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
tadalafil tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl orally disintegrating tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 2.5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 5 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 10 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
vardenafil hcl tab 20 mg	1	QL (6 tabs every 30 days); Coverage is subject to your plan/benefits
PROSTAGLANDIN VASODILATORS		
ORENITRAM TAB 0.25MG	4	PA
ORENITRAM TAB 0.125MG	4	PA
ORENITRAM TAB 1MG	4	PA
ORENITRAM TAB 2.5MG	4	PA
ORENITRAM TAB 5MG	4	PA
ORENITRAM TAB MONTH 1	4	PA
ORENITRAM TAB MONTH 2	4	PA
ORENITRAM TAB MONTH 3	4	PA
TYVASO DPI POW 16-32-48	4	PA, QL (9 ea every 1 day)
TYVASO DPI POW 16-32MCG	4	PA, QL (7 ea every 1 day)
TYVASO DPI POW 16MCG	4	PA, QL (4 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TYVASO DPI POW 32MCG	4	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 32MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 48MCG	4	PA, QL (4 ea every 1 day)
TYVASO DPI POW 64MCG	4	PA, QL (112 cartridges every 28 days)
TYVASO DPI POW 64MCG	4	PA, QL (4 ea every 1 day)
TYVASO RF KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
TYVASO ST KT SOL 0.6MG/ML	4	PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML	5	PA, QL (9 mL every 1 day)
VENTAVIS SOL 20MCG/ML	5	PA, QL (9 mL every 1 day)
YUTREPIA CAP 26.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 53MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 79.5MCG	4	PA, QL (5 caps every 1 day)
YUTREPIA CAP 106MCG	4	PA, QL (5 caps every 1 day)
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
ambrisentan tab 5 mg	1	PA, QL (1 tab every 1 day)
ambrisentan tab 10 mg	1	PA, QL (1 tab every 1 day)
bosentan tab 62.5 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab 125 mg	1	PA, QL (2 tabs every 1 day)
bosentan tab for oral susp 32 mg	1	PA, QL (4 tabs every 1 day)
OPSUMIT TAB 10MG	4	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
sildenafil citrate for suspension 10 mg/ml	1	PA, QL (784 mL every 30 days)
sildenafil citrate tab 20 mg	1	PA, QL (12 tabs every 1 day)
tadalafil tab 20 mg (pah)	1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML	5	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI PACK TAB 200/800	4	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG	4	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG	4	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG	4	PA, QL (2 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG	4	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG	4	PA, QL (3 tabs every 1 day)
SINUS NODE INHIBITORS		
CORLANOR SOL 5MG/5ML	3	PA
CORLANOR TAB 5MG	3	PA
CORLANOR TAB 7.5MG	3	PA
ivabradine hcl tab 5 mg (base equiv)	1	PA
ivabradine hcl tab 7.5 mg (base equiv)	1	PA
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG	5	PA, QL (1 ea every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG	2	PA
VERQUVO TAB 5MG	2	PA
VERQUVO TAB 10MG	2	PA
CEPHALOSPORINS		
CEPHALOSPORINS - 1ST GENERATION		
cefadroxil cap 500 mg	1	
cefadroxil for susp 250 mg/5ml	1	
cefadroxil for susp 500 mg/5ml	1	
cefadroxil tab 1 gm	1	
cephalexin cap 250 mg	1	
cephalexin cap 500 mg	1	
cephalexin cap 750 mg	1	
cephalexin for susp 125 mg/5ml	1	
cephalexin for susp 250 mg/5ml	1	
cephalexin tab 250 mg	1	
cephalexin tab 500 mg	1	
CEPHALOSPORINS - 2ND GENERATION		
cefaclor cap 250 mg	1	
cefaclor cap 500 mg	1	
CEFACLOR ER TAB 500MG	3	
cefaclor for susp 250 mg/5ml	1	
cefprozil for susp 125 mg/5ml	1	
cefprozil for susp 250 mg/5ml	1	
cefprozil tab 250 mg	1	
cefprozil tab 500 mg	1	
cefuroxime axetil tab 250 mg	1	
cefuroxime axetil tab 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
CEPHALOSPORINS - 3RD GENERATION		
cefdinir cap 300 mg	1	
cefdinir for susp 125 mg/5ml	1	
cefdinir for susp 250 mg/5ml	1	
cefixime cap 400 mg	1	
cefixime for susp 100 mg/5ml	1	
cefixime for susp 200 mg/5ml	1	
cefpodoxime proxetil for susp 50 mg/5ml	1	
cefpodoxime proxetil for susp 100 mg/5ml	1	
cefpodoxime proxetil tab 100 mg	1	
cefpodoxime proxetil tab 200 mg	1	
CONTRACEPTIVES		
COMBINATION CONTRACEPTIVES - ORAL		
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)	0	
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg	0	
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	0	
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	0	
drospirenone-ethinyl estradiol tab 3-0.02 mg	0	
drospirenone-ethinyl estradiol tab 3-0.03 mg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	0	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg	1	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg	0	
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg	0	
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)	0	
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)	0	
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	

Drug Name	Drug Tier	Requirements/Limits
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	0	
LO LOESTRIN TAB 1-10-10	0	
NATAZIA TAB	0	
NEXTSTELLIS TAB 3-14.2MG	0	
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg	0	
norethindrone & ethinyl estradiol tab 1 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	0	
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	0	
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	0	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	0	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	0	
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24)	0	
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg	0	
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg	0	
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	

Drug Name	Drug Tier	Requirements/Limits
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg	0	
SAFYRAL TAB	0	
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS	0	QL (1 ring every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 ea every 300 days)
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr	0	QL (13 rings every 300 days)
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG	0	
levonorgestrel tab 1.5 mg	0	OTC
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML	0	QL (1 injection every 59 days)
medroxyprogesterone acetate im susp 150 mg/ml	0	QL (4 injections every 300 days)
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml	0	QL (4 injections every 300 days)
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	
OPILL TAB 0.075MG	0	OTC
CORTICOSTEROIDS		
GLUCOCORTICOSTEROIDS		
budesonide delayed release particles cap 3 mg	1	
CORTEF TAB 5MG	3	
CORTEF TAB 10MG	3	
CORTEF TAB 20MG	3	
deflazacort susp 22.75 mg/ml	1	PA, QL (1.8 mL every 1 day)
deflazacort tab 6 mg	1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	1	PA, QL (1 tab every 1 day)
DEXAMETHASON CON 1MG/ML	3	
dexamethasone elixir 0.5 mg/5ml	1	
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tab 0.5 mg	1	
dexamethasone tab 0.75 mg	1	
dexamethasone tab 1 mg	1	
dexamethasone tab 1.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
dexamethasone tab 2 mg	1	
dexamethasone tab 4 mg	1	
dexamethasone tab 6 mg	1	
dexamethasone tab therapy pack 1.5 mg (21)	1	
dexamethasone tab therapy pack 1.5 mg (35)	1	
dexamethasone tab therapy pack 1.5 mg (51)	1	
hydrocortisone sodium succinate pf for inj 100 mg	1	PA
hydrocortisone tab 5 mg	1	
hydrocortisone tab 10 mg	1	
hydrocortisone tab 20 mg	1	
MEDROL TAB 2MG	3	
MEDROL TAB 4MG	3	
MEDROL TAB 8MG	3	
MEDROL TAB 16MG	3	
methylprednisolone tab 4 mg	1	
methylprednisolone tab 8 mg	1	
methylprednisolone tab 16 mg	1	
methylprednisolone tab 32 mg	1	
methylprednisolone tab therapy pack 4 mg (21)	1	
ORAPRED ODT TAB 10MG	3	
ORAPRED ODT TAB 15MG	3	
ORAPRED ODT TAB 30MG	3	
PEDIAPRED SOL 5MG/5ML	3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	1	
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv)	1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	1	
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)	1	
prednisolone soln 15 mg/5ml	1	
prednisolone tab 5 mg	1	
PREDNISOLONE TAB 10MG ODT	3	
PREDNISOLONE TAB 15MG ODT	3	
PREDNISOLONE TAB 30MG ODT	3	
PREDNISONE CON 5MG/ML	3	
prednisone oral soln 5 mg/5ml	1	
prednisone tab 1 mg	1	

Drug Name	Drug Tier	Requirements/Limits
prednisone tab 2.5 mg	1	
prednisone tab 5 mg	1	
prednisone tab 10 mg	1	
prednisone tab 20 mg	1	
prednisone tab 50 mg	1	
prednisone tab therapy pack 5 mg (21)	1	
prednisone tab therapy pack 5 mg (48)	1	
prednisone tab therapy pack 10 mg (21)	1	
prednisone tab therapy pack 10 mg (48)	1	
SOLU-CORTEF INJ 100MG	3	PA
SOLU-CORTEF INJ 250MG	3	PA
SOLU-CORTEF INJ 500MG	3	PA
SOLU-CORTEF INJ 1000MG	3	PA
UCERIS TAB 9MG	1	Brand preferred over generic
MINERALOCORTICOIDS		
fludrocortisone acetate tab 0.1 mg	1	
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate cap 100 mg	1	
benzonatate cap 150 mg	1	
benzonatate cap 200 mg	1	
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml	1	QL (30 mL every 1 day)
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg	1	QL (6 tabs every 1 day)
COUGH/COLD/ALLERGY COMBINATIONS		
CLARINEX-D TAB 2.5-120	3	
guaifenesin-codeine soln 100-10 mg/5ml	1	QL (60 mL every 1 day), OTC
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (10 mL every 1 day)
MAR-COF CG LIQ 225-7.5	3	QL (45 mL every 1 day), OTC
promethazine & phenylephrine syrup 6.25-5 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (30 mL every 1 day)
promethazine-dm syrup 6.25-15 mg/5ml	1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml	1	QL (30 mL every 1 day)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	

Drug Name	Drug Tier	Requirements/Limits
MISC. RESPIRATORY INHALANTS		
HYPERSAL NEB 3.5%	3	
HYPERSAL NEB 7%	3	
NEBUSAL NEB 6%	3	
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
sodium chloride soln nebu 7%	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS		
ACNE PRODUCTS		
ABSORICA CAP 10MG	3	
ABSORICA CAP 20MG	3	
ABSORICA CAP 25MG	3	
ABSORICA CAP 30MG	3	
ABSORICA CAP 35MG	3	
ABSORICA CAP 40MG	3	
adapalene cream 0.1%	1	PA
adapalene gel 0.1%	1	PA
adapalene gel 0.1%	1	PA, OTC
adapalene gel 0.3%	1	PA
adapalene-benzoyl peroxide gel 0.1-2.5%	1	PA
adapalene-benzoyl peroxide gel 0.3-2.5%	1	PA
AKLIEF CRE 0.005%	2	PA
AVAR LS LIQ 10-2%	3	
AVAR-E LS CRE 10-2%	3	
BENZAMYCIN GEL 5-3%	3	QL (47 gm every 25 days)
BENZEPRO LIQ CREAMY	3	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide gel 8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	QL (47 gm every 25 days)
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
CLEOCIN-T LOT 1%	3	QL (2 mL every 1 day)
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	QL (50 gm every 25 days)
clindamycin phosphate foam 1%	1	
clindamycin phosphate gel 1% (twice-daily)	1	QL (60 gm every 30 days)
clindamycin phosphate lotion 1%	1	QL (2 mL every 1 day)
clindamycin phosphate soln 1%	1	QL (2 mL every 1 day)
clindamycin phosphate swab 1%	1	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate-benzoyl peroxide gel 1-5%	1	QL (50 gm every 25 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	1	QL (50 gm every 25 days)
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	1	QL (50 gm every 25 days)
clindamycin phosphate-tretinoin gel 1.2-0.025%	1	PA
dapsone gel 5%	1	
dapsone gel 7.5%	1	
DIFFERIN CRE 0.1%	3	PA
DIFFERIN GEL 0.1%	3	PA, OTC
DIFFERIN GEL 0.3% PMP	3	PA
EPIDUO FORTE GEL 0.3-2.5%	2	PA
EPIDUO GEL 0.1-2.5%	2	PA
ERYGEL GEL 2%	3	QL (2 gm every 1 day)
erythromycin gel 2%	1	QL (2 gm every 1 day)
erythromycin pads 2%	1	
erythromycin soln 2%	1	QL (2 mL every 1 day)
isotretinoin cap 10 mg	1	
isotretinoin cap 20 mg	1	
isotretinoin cap 30 mg	1	
isotretinoin cap 40 mg	1	
KLARON LOT 10%	3	
ONEXTON GEL 1.2-3.75	3	QL (50 gm every 25 days)
PLEXION CLTH PAD 9.8-4.8%	3	
PLEXION CRE 9.8-4.8%	3	
PLEXION LIQ 9.8-4.8%	3	
PLEXION LOT 9.8-4.8%	3	
PR BENZOYL LIQ 7% WASH	3	
RETIN-A CRE 0.1%	3	PA
RETIN-A CRE 0.05%	3	PA
RETIN-A CRE 0.025%	3	PA
RETIN-A GEL 0.01%	3	PA
RETIN-A GEL 0.025%	3	PA
SOD SUL/SULF EMU 10-5%	3	
sulfacetamide sodium lotion 10% (acne)	1	
sulfacetamide sodium w/ sulfur cleanser 9-4%	1	
sulfacetamide sodium w/ sulfur cleanser 9-4.5%	1	
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cleanser 10-2%	1	
sulfacetamide sodium w/ sulfur cleanser 10-5%	1	

Drug Name	Drug Tier	Requirements/Limits
sulfacetamide sodium w/ sulfur cream 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur cream 10-2%	1	
sulfacetamide sodium w/ sulfur cream 10-5%	1	
sulfacetamide sodium w/ sulfur emulsion 10-1%	1	
sulfacetamide sodium w/ sulfur foam 10-5%	1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8%	1	
sulfacetamide sodium w/ sulfur lotion 10-5%	1	
sulfacetamide sodium w/ sulfur susp 8-4%	1	
sulfacetamide sodium w/ sulfur susp 10-5%	1	
SUMADAN WASH LIQ 9-4.5%	3	
SUMAXIN PAD 10-4%	3	
tretinoin cream 0.1%	1	PA
tretinoin cream 0.05%	1	PA
tretinoin cream 0.025%	1	PA
tretinoin gel 0.01%	1	PA
tretinoin gel 0.05%	1	PA
tretinoin gel 0.025%	1	PA
tretinoin microsphere gel 0.1%	1	PA
tretinoin microsphere gel 0.04%	1	PA
tretinoin microsphere gel 0.08%	1	
TWYNEO CRE 0.1-3%	2	PA
WINLEVI CRE 1%	2	PA
ZACLIR LOT 8%	3	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
diclofenac epolamine patch 1.3%	1	
diclofenac sodium soln 1.5%	1	QL (150 mL every 21 days)
ANTIBIOTICS - TOPICAL		
ALTABAX OIN 1%	3	
gentamicin sulfate cream 0.1%	1	
gentamicin sulfate oint 0.1%	1	
mupirocin oint 2%	1	QL (30 gm every 25 days)
XEPI CRE 1%	3	PA
ANTIFUNGALS - TOPICAL		
ciclopirox gel 0.77%	1	QL (120 gm every 25 days)
ciclopirox olamine cream 0.77% (base equiv)	1	QL (120 gm every 25 days)
ciclopirox olamine susp 0.77% (base equiv)	1	QL (120 mL every 25 days)
ciclopirox shampoo 1%	1	QL (120 mL every 25 days)
ciclopirox solution 8%	1	
clotrimazole w/ betamethasone cream 1-0.05%	1	QL (2 gm every 1 day)
clotrimazole w/ betamethasone lotion 1-0.05%	1	QL (2 mL every 1 day)
ECONAZOLE AER 1%	3	
econazole nitrate cream 1%	1	QL (60 gm every 25 days)

Drug Name	Drug Tier	Requirements/Limits
EXELDERM CRE 1%	3	QL (60 gm every 25 days)
EXELDERM SOL 1%	3	QL (60 mL every 25 days)
iodoquinol-hc cream 1-1%	1	
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%	1	
JUBLIA SOL 10%	3	PA
ketoconazole cream 2%	1	QL (120 gm every 25 days)
ketoconazole shampoo 2%	1	QL (120 mL every 25 days)
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	1	QL (100 gm every 25 days)
naftifine hcl cream 1%	1	QL (60 gm every 25 days)
naftifine hcl cream 2%	1	QL (60 gm every 25 days)
naftifine hcl gel 2%	1	QL (60 gm every 25 days)
nystatin cream 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin oint 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin topical powder 100000 unit/gm	1	QL (120 gm every 25 days)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	QL (2 gm every 1 day)
oxiconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate cream 1%	1	QL (60 gm every 25 days)
sulconazole nitrate solution 1%	1	QL (60 mL every 25 days)
VYTONE CRE 1-1.9%	3	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	1	PA
diclofenac sodium (actinic keratoses) gel 3%	1	PA
EFUDEX CRE 5%	3	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
LEVULAN KERA SOL 20%	3	
PANRETIN GEL 0.1%	3	
VALCHLOR GEL 0.016%	5	PA, QL (4 gm every 1 day)
ANTIPRURITICS - TOPICAL		
PRUDOXIN CRE 5%	3	ST, QL (45 gm every 25 days)
ZONALON CRE 5%	3	ST, QL (45 gm every 25 days)
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	

Drug Name	Drug Tier	Requirements/Limits
BIMZELX INJ 160MG/ML	4	PA, QL (2 pens every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 160MG/ML	4	PA, QL (2 syringes every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 320MG/2	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
BIMZELX INJ 320MG/2	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis; Quantity Limits are consistent with maximum FDA approved dosing limits.
calcipotriene oint 0.005%	1	PA
calcipotriene soln 0.005% (50 mcg/ml)	1	PA
COSENTYX INJ 75MG/0.5	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 150MG/ML	4	PA, QL (1 syringe every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX INJ 300DOSE	4	PA, QL (2 syringes every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 150MG/ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
COSENTYX PEN INJ 300DOSE	4	PA, QL (2 pens every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
COSENTYX UNO INJ 300/2ML	4	PA, QL (1 pen every 28 days); Preferred agent for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis and Hidradenitis suppurativa. Quantity Limits are consistent with maximum FDA approved dosing limits.
methoxsalen rapid cap 10 mg	1	
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 pen every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 pen every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
PYZCHIVA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
SKYRIZI INJ 150MG/ML	4	PA, QL (1 syringe every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SKYRIZI PEN INJ 150MG/ML	4	PA, QL (1 pen every 63 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
SOTYKTU TAB 6MG	4	PA, QL (1 tab every 1 day)
SPEVIGO INJ 150/1ML	5	PA, QL (2 syringes every 28 days)
SPEVIGO INJ 300/2ML	5	PA, QL (1 syringe every 28 days)
STELARA INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 45/0.5ML	4	PA, QL (1 vial every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
STELARA INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
tazarotene cream 0.1%	1	PA
tazarotene cream 0.05%	1	
tazarotene gel 0.1%	1	
tazarotene gel 0.05%	1	

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 100MG/ML	4	PA, QL (1 pen every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
TREMFYA INJ 100MG/ML	4	PA, QL (1 syringe every 42 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VTAMA CRE 1%	2	PA
YESINTEK INJ 45/0.5ML	4	PA, QL (1 syringe every 84 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 45/0.5ML	4	PA, QL (4 vials every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
YESINTEK INJ 90MG/ML	4	PA, QL (1 syringe every 56 days); Preferred agent for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits.
ZITHRANOL SHA 1%	3	
ANTISEBORRHEIC PRODUCTS		
OVACE PLUS CRE 10%	3	
OVACE PLUS GEL 10% WASH	3	
OVACE PLUS LIQ 10% WASH	3	
OVACE PLUS LOT 9.8%	3	
OVACE PLUS SHA 10%	3	

Drug Name	Drug Tier	Requirements/Limits
OVACE WASH LIQ 10%	3	
selenium sulfide lotion 2.5%	1	
selenium sulfide shampoo 2.3%	1	
selenium sulfide shampoo 2.25%	1	
sulfacetamide sodium cleansing gel 10%	1	
sulfacetamide sodium liquid 10%	1	
sulfacetamide sodium shampoo 9.8%	1	
sulfacetamide sodium shampoo 10%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
SILVADENE CRE 1%	3	
silver sulfadiazine cream 1%	1	
SULFAMYLON CRE 85MG/GM	3	
CAUTERIZING AGENTS		
ARZOL SILVER MIS NITR APP	3	
SILVER NITRA SOL 0.5%	3	
silver nitrate soln 0.5%	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
alclometasone dipropionate oint 0.05%	1	QL (4 gm every 1 day)
amcinonide lotion 0.1%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented gel 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate augmented lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone dipropionate augmented oint 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate cream 0.05%	1	QL (4 gm every 1 day)
betamethasone dipropionate lotion 0.05%	1	QL (4 mL every 1 day)
betamethasone valerate aerosol foam 0.12%	1	QL (4 gm every 1 day)
betamethasone valerate cream 0.1% (base equivalent)	1	QL (4 gm every 1 day)
betamethasone valerate lotion 0.1% (base equivalent)	1	QL (4 mL every 1 day)
betamethasone valerate oint 0.1% (base equivalent)	1	QL (4 gm every 1 day)
BRYHALI LOT 0.01%	2	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
clobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate cream 0.025%	1	QL (4 gm every 1 day)
clobetasol propionate emollient base cream 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate foam 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate gel 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate lotion 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
clobetasol propionate shampoo 0.05%	1	QL (4 mL every 1 day)
clobetasol propionate soln 0.05%	1	QL (4 mL every 1 day)
CLOBEX LOT 0.05%	3	QL (4 mL every 1 day)
CLOBEX SHA 0.05%	3	QL (4 mL every 1 day)
CLODERM CRE 0.1%	3	QL (4 gm every 1 day)
CORTANE-B LOT	3	
DERMA-SMOOTH OIL /FS BODY	3	QL (4 mL every 1 day)
DERMA-SMOOTH OIL /FS SCLP	3	QL (4 mL every 1 day)
desonide cream 0.05%	1	QL (4 gm every 1 day)
desonide lotion 0.05%	1	QL (4 mL every 1 day)
desonide oint 0.05%	1	QL (4 gm every 1 day)
DESOWEN CRE 0.05%	3	QL (4 gm every 1 day)
desoximetasone cream 0.05%	1	QL (4 gm every 1 day)
desoximetasone cream 0.25%	1	QL (4 gm every 1 day)
desoximetasone gel 0.05%	1	QL (4 gm every 1 day)
desoximetasone oint 0.25%	1	QL (4 gm every 1 day)
desoximetasone spray 0.25%	1	QL (4 mL every 1 day)
DIPROLENE OIN 0.05%	3	QL (4 gm every 1 day)
ENSTILAR AER	2	PA
EPIFOAM AER 1%	3	
fluocinolone acetonide cream 0.01%	1	QL (4 gm every 1 day)
fluocinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide oil 0.01% (body oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oil 0.01% (scalp oil)	1	QL (4 mL every 1 day)
fluocinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
fluocinolone acetonide soln 0.01%	1	QL (4 mL every 1 day)
fluocinonide cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide emulsified base cream 0.05%	1	QL (4 gm every 1 day)
fluocinonide gel 0.05%	1	QL (4 gm every 1 day)
fluocinonide oint 0.05%	1	QL (4 gm every 1 day)
fluocinonide soln 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate cream 0.05%	1	QL (4 gm every 1 day)
fluticasone propionate lotion 0.05%	1	QL (4 mL every 1 day)
fluticasone propionate oint 0.005%	1	QL (4 gm every 1 day)
halcinonide soln 0.1%	1	QL (4 mL every 1 day)
halobetasol propionate cream 0.05%	1	QL (4 gm every 1 day)

Drug Name	Drug Tier	Requirements/Limits
halobetasol propionate oint 0.05%	1	QL (4 gm every 1 day)
hydrocortisone acetate cream 2.5%	1	
hydrocortisone acetate cream 2.5%	1	QL (4 gm every 1 day)
hydrocortisone butyrate cream 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate oint 0.1%	1	QL (4 gm every 1 day)
hydrocortisone butyrate soln 0.1%	1	QL (4 mL every 1 day)
hydrocortisone cream 2.5%	1	QL (4 gm every 1 day)
hydrocortisone lotion 2.5%	1	QL (4 mL every 1 day)
hydrocortisone oint 2.5%	1	QL (4 gm every 1 day)
hydrocortisone soln 2.5%	1	QL (4 mL every 1 day)
hydrocortisone valerate cream 0.2%	1	QL (4 gm every 1 day)
hydrocortisone valerate oint 0.2%	1	QL (4 gm every 1 day)
LOCOID LIPO CRE 0.1%	3	QL (4 gm every 1 day)
LOCOID LOT 0.1%	3	QL (4 mL every 1 day)
mometasone furoate cream 0.1%	1	QL (4 gm every 1 day)
mometasone furoate oint 0.1%	1	QL (4 gm every 1 day)
mometasone furoate solution 0.1% (lotion)	1	QL (4 mL every 1 day)
NUCORT LOT 2%	3	
PANDEL CRE 0.1%	3	QL (4 gm every 1 day)
PRAMOSONE CRE 1-1%	3	
PRAMOSONE CRE 1-2.5%	3	
PRAMOSONE LOT 1%	3	
PRAMOSONE LOT 1-1%	3	
PRAMOSONE LOT 2.5%	3	
PRAMOSONE OIN 1%	3	
PRAMOSONE OIN 2.5%	3	
pramoxine-hc cream 1-2.5%	1	
SERNIVO SPR 0.05%	3	QL (4 mL every 1 day)
SYNALAR CRE 0.025%	3	QL (4 gm every 1 day)
SYNALAR OIN 0.025%	3	QL (4 gm every 1 day)
SYNALAR SOL 0.01%	3	QL (4 mL every 1 day)
TACLONEX OIN	2	PA
TACLONEX SUS	2	PA
TOPICORT CRE 0.05%	3	QL (4 gm every 1 day)
TOPICORT CRE 0.25%	3	QL (4 gm every 1 day)
TOPICORT GEL 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.05%	3	QL (4 gm every 1 day)
TOPICORT OIN 0.25%	3	QL (4 gm every 1 day)
TOPICORT SPR 0.25%	3	QL (4 mL every 1 day)
triamcinolone acetonide cream 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide cream 0.025%	1	QL (4 gm every 1 day)
triamcinolone acetonide lotion 0.1%	1	QL (4 mL every 1 day)
triamcinolone acetonide lotion 0.025%	1	QL (4 mL every 1 day)

Drug Name	Drug Tier	Requirements/Limits
triamcinolone acetonide oint 0.1%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.5%	1	QL (4 gm every 1 day)
triamcinolone acetonide oint 0.025%	1	QL (4 gm every 1 day)
ECZEMA AGENTS		
ADBRY INJ 150MG/ML	4	PA, QL (4 syringes every 28 days)
ADBRY INJ 300/2ML	4	PA, QL (2 pens every 28 days)
CIBINQO TAB 50MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG	4	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG	4	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14	4	PA, QL (2 syringes every 28 days)
DUPIXENT INJ 200MG	4	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 pens every 28 days)
DUPIXENT INJ 300/2ML	4	PA, QL (4 syringes every 28 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 pens every 21 days)
EBGLYSS INJ 250/2ML	4	PA, QL (2 syringes every 21 days)
OPZELURA CRE 1.5%	2	PA
EMOLLIENT/KERATOLYTIC AGENTS		
CEM-UREA SOL 45%	3	
urea cream 39%	1	
urea cream 41%	1	
urea cream 45%	1	
urea cream 47%	1	
EMOLLIENTS		
LACTIC ACID CRE E	3	
ENZYMES - TOPICAL		
SANTYL OIN 250/GM	3	PA, QL (90 grams every 30 days)
HAIR GROWTH AGENTS		
LITFULO CAP 50MG	4	PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - SYSTEMIC		
NEMLUVIO INJ 30MG	4	PA, QL (0.072 ea every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
imiquimod cream 3.75%	1	PA
imiquimod cream 5%	1	QL (21 ea every 25 days)

Drug Name	Drug Tier	Requirements/Limits
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
pimecrolimus cream 1%	1	ST
tacrolimus oint 0.1%	1	ST
tacrolimus oint 0.03%	1	ST
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS		
CONDYLOX GEL 0.5%	3	
GORDOFILM SOL	3	
KERALYT GEL 6%	3	
PODOCON-25 SOL	3	
podofilox gel 0.5%	1	
podofilox soln 0.5%	1	
PYROGALL ACD OIN	3	
salicylic acid er film-forming soln 28.5%	1	
salicylic acid film forming liquid 27.5%	1	
salicylic acid foam 6%	1	
salicylic acid gel 6%	1	
salicylic acid shampoo 6%	1	
salicylic acid soln 26%	1	
SALIMEZ FORT CRE 10%	3	
SALVAX AER 6%	3	
ULTRASAL-ER SOL 28.5%	3	
VIRASAL LIQ 27.5%	3	
LINIMENTS		
TURPENTINE SOL SPIRITS	3	
LOCAL ANESTHETICS - TOPICAL		
CETACAINE AER	3	
ETHYL CHLOR AER FINE PIN	3	
ETHYL CHLOR AER FN STRM	3	
ETHYL CHLOR AER MED JET	3	
ETHYL CHLOR AER MED STRM	3	
ETHYL CHLOR AER MIST	3	
ethyl chloride aerosol spray	1	
lidocaine hcl soln 4%	1	QL (50 mL every 25 days)
lidocaine hcl urethral/mucosal gel 2%	1	QL (60 mL every 25 days)
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	1	QL (60mL every 25 days)
lidocaine oint 5%	1	QL (50 gm every 25 days)
lidocaine patch 5%	1	QL (3 ea every 1 day)
lidocaine patch 5%	1	QL (3 patches every 1 day)
lidocaine-prilocaine cream 2.5-2.5%	1	QL (30 gm every 25 days)
LIDODERM DIS 5% PATCH	3	QL (3 ea every 1 day)
ZTLIDO PAD 1.8%	3	PA, QL (3 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
MISC. TOPICAL		
ARNICA TIN FLOWER	3	
DRYSOL SOL 20%	3	
QBREXZA PAD 2.4%	3	
SOFDRA GEL 12.45%	3	
XERAC-AC SOL 6.25%	3	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2%	2	
ZORYVE CRE 0.3%	2	ST, QL (2 gm every 1 day)
ZORYVE CRE 0.05%	2	
ZORYVE CRE 0.15%	2	
ZORYVE MIS 0.3%	2	ST, QL (2 gm every 1 day)
ROSACEA AGENTS		
azelaic acid gel 15%	1	PA
brimonidine tartrate gel 0.33% (base equivalent)	1	PA
FINACEA AER 15%	2	PA
ivermectin cream 1%	1	PA
METROCREAM CRE 0.75%	3	
METROLOTION LOT 0.75%	3	
metronidazole cream 0.75%	1	
metronidazole gel 0.75%	1	
metronidazole gel 1%	1	
metronidazole lotion 0.75%	1	
ORACEA CAP 40MG	1	Brand preferred over generic
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10%	1	
malathion lotion 0.5%	1	
NATROBA SUS 0.9%	3	
OVIDE LOT 0.5%	3	
permethrin cream 5%	1	
spinosad susp 0.9%	1	
SULF LIME SOL	3	
TAR PRODUCTS		
coal tar soln 20%	1	
WOUND CARE PRODUCTS		
REGRANEX GEL 0.01%	3	PA, QL (60 grams every 30 days)
DIAGNOSTIC PRODUCTS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL	0	QL (5 strips every 1 day), OTC

Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK TES GUIDE	0	QL (5 strips every 1 day), OTC
ACCU-CHEK TES SMART	0	QL (5 strips every 1 day), OTC
CHEMSTRIP 2 TES GP	0	OTC
CHEMSTRIP 5 TES OB	0	OTC
CHEMSTRIP 7 TES	0	OTC
CHEMSTRIP 9 TES STRIPS	0	OTC
CHEMSTRIP 10 TES MD	0	OTC
CHEMSTRIP K TES	0	OTC
CHEMSTRIP TES -10 SG	0	OTC
CHEMSTRIP TES UGK	0	OTC
CVS KETONE TES CARE	0	OTC
DIASTIX TES STRIPS	0	OTC
FORA GTEL TES KETONE	0	OTC
FORA TEST GO TES ADV VOIC	0	OTC
GOJJI BLOOD TES KETONE	0	OTC
hemoglobin a1c (hba1c) test kit	0	
KETONE TES	0	OTC
KETONE TEST TES	0	OTC
MULTISTIX 10 TES SG	0	OTC
NOVA MAX PLS TES KETONE	0	OTC
PRECISN XTRA TES KETONE	0	OTC
RELION TES KETONE	0	OTC
RELION TRUE TES METRIX	0	QL (5 strips every 1 day), OTC
TRUE METRIX TES GLUCOSE	0	QL (5 strips every 1 day), OTC
DIGESTIVE AIDS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT	2	
CREON CAP 6000UNIT	2	
CREON CAP 12000UNT	2	
CREON CAP 24000UNT	2	
CREON CAP 36000UNT	2	
SUCRAID SOL 8500/ML	5	PA
VIOKACE TAB 10440	2	
VIOKACE TAB 20880	2	
ZENPEP CAP 3000UNIT	2	
ZENPEP CAP 5000UNIT	2	
ZENPEP CAP 10000UNT	2	
ZENPEP CAP 15000UNT	2	
ZENPEP CAP 20000UNT	2	
ZENPEP CAP 25000UNT	2	

Drug Name	Drug Tier	Requirements/Limits
ZENPEP CAP 40000UNT	2	
ZENPEP CAP 60000UNT	2	
DIURETICS		
CARBONIC ANHYDRASE INHIBITORS		
acetazolamide cap er 12hr 500 mg	1	
acetazolamide tab 125 mg	1	
acetazolamide tab 250 mg	1	
dichlorphenamide tab 50 mg	1	PA, QL (4 tabs every 1 day)
KEVEYIS TAB 50MG	5	PA, QL (4 tabs every 1 day)
methazolamide tab 25 mg	1	
methazolamide tab 50 mg	1	
DIURETIC COMBINATIONS		
amiloride & hydrochlorothiazide tab 5-50 mg	1	
MAXZIDE TAB 75-50	3	
MAXZIDE-25 TAB	3	
spironolactone & hydrochlorothiazide tab 25-25 mg	1	
triamterene & hydrochlorothiazide cap 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 37.5-25 mg	1	
triamterene & hydrochlorothiazide tab 75-50 mg	1	
LOOP DIURETICS		
bumetanide tab 0.5 mg	1	
bumetanide tab 1 mg	1	
bumetanide tab 2 mg	1	
BUMEX TAB 0.5MG	3	
EDECRIN TAB 25MG	3	
ethacrynic acid tab 25 mg	1	
furosemide oral soln 8 mg/ml	1	
furosemide oral soln 10 mg/ml	1	
furosemide tab 20 mg	1	
furosemide tab 40 mg	1	
furosemide tab 80 mg	1	
LASIX TAB 20MG	3	
LASIX TAB 40MG	3	
LASIX TAB 80MG	3	
torsemide tab 5 mg	1	
torsemide tab 10 mg	1	
torsemide tab 20 mg	1	
torsemide tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM SPARING DIURETICS		
ALDACTONE TAB 25MG	3	
ALDACTONE TAB 50MG	3	
ALDACTONE TAB 100MG	3	
amiloride hcl tab 5 mg	1	
spironolactone susp 25 mg/5ml	1	
spironolactone tab 25 mg	1	
spironolactone tab 50 mg	1	
spironolactone tab 100 mg	1	
triamterene cap 50 mg	1	
triamterene cap 100 mg	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
chlorthalidone tab 25 mg	1	
chlorthalidone tab 50 mg	1	
DIURIL SUS 250/5ML	3	
hydrochlorothiazide cap 12.5 mg	1	
hydrochlorothiazide tab 12.5 mg	1	
hydrochlorothiazide tab 25 mg	1	
hydrochlorothiazide tab 50 mg	1	
indapamide tab 1.25 mg	1	
indapamide tab 2.5 mg	1	
metolazone tab 2.5 mg	1	
metolazone tab 5 mg	1	
metolazone tab 10 mg	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
BONE DENSITY REGULATORS		
ACTONEL TAB 35MG	3	
ACTONEL TAB 150MG	3	
alendronate sodium oral soln 70 mg/75ml	1	
alendronate sodium tab 10 mg	1	
alendronate sodium tab 35 mg	1	
alendronate sodium tab 70 mg	1	
ATELVIA TAB	3	
BINOSTO TAB 70MG	3	
calcitonin (salmon) inj 200 unit/ml	1	
calcitonin (salmon) nasal soln 200 unit/act	1	
FORTEO INJ 560/2.24	5	PA, QL (1 pen every 28 days)
FOSAMAX + D TAB 70-2800	3	
FOSAMAX + D TAB 70-5600	3	
FOSAMAX TAB 70MG	3	
ibandronate sodium tab 150 mg (base equivalent)	1	

Drug Name	Drug Tier	Requirements/Limits
risedronate sodium tab 5 mg	1	
risedronate sodium tab 30 mg	1	
risedronate sodium tab 35 mg	1	
risedronate sodium tab 150 mg	1	
risedronate sodium tab delayed release 35 mg	1	
teriparatide soln pen-inj 560 mcg/2.24ml	1	PA, QL (1 pen every 28 days)
TYMLOS INJ	4	PA, QL (1 pen every 28 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT	5	PA, QL (1.67 mL every 1 day)
ACTHAR INJ GEL	5	PA, QL (1 pen every 1 day)
ACTHAR INJ GEL	5	PA, QL (28 injectors every 28 days)
CORTROPHIN INJ 40/0.5ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1 injection every 1 day)
CORTROPHIN INJ 80UNT/ML	5	PA, QL (1.67 mL every 1 day)
CORTICOTROPIN-RELEASING FACTOR (CRF) RECEPTOR ANTAGONISTS		
CRENESSITY CAP 25MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 50MG	5	PA, QL (2 caps every 1 day)
CRENESSITY CAP 100MG	5	PA, QL (2 caps every 1 day)
CRENESSITY SOL 50MG/ML	5	PA, QL (4 mL every 1 day)
FERTILITY REGULATORS		
clomiphene citrate tab 50 mg	1	Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 300UNIT	4	PA, QL (15 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 600UNIT	4	PA, QL (10 cartridges every 28 days); Coverage is subject to your plan/benefits
FOLLISTIM AQ INJ 900UNIT	4	PA, QL (7 cartridges every 28 days); Coverage is subject to your plan/benefits
MENOPUR INJ 75UNIT	4	PA; Coverage is subject to your plan/benefits

Drug Name	Drug Tier	Requirements/Limits
PREGNYL INJ 10000UNT	4	PA; Coverage is subject to your plan/benefits
GNRH/LHRH ANTAGONISTS		
cetrorelix acetate for inj kit 0.25 mg	1	PA
GANIRELIX AC INJ 250/0.5	1	PA; Brand preferred over generic
ORILISSA TAB 150MG	2	PA
ORILISSA TAB 200MG	2	PA
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG	5	PA, QL (1 vial every 1 day)
EGRIFTA WR KIT 11.6MG	5	PA, QL (4 vials every 28 days)
GROWTH HORMONES		
HUMATROPE INJ 6MG	4	PA
HUMATROPE INJ 12MG	4	PA
HUMATROPE INJ 24MG	4	PA
NORDITROPIN INJ 5/1.5ML	4	PA
NORDITROPIN INJ 10/1.5ML	4	PA
NORDITROPIN INJ 15/1.5ML	4	PA
NORDITROPIN INJ 30/3ML	4	PA
SEROSTIM INJ 4MG	5	PA
SEROSTIM INJ 5MG	5	PA
SEROSTIM INJ 6MG	5	PA
SOGROYA INJ 5MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5	4	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5	4	PA, QL (4 pens every 28 days)
ZORBTIVE INJ 8.8MG	5	
HORMONE RECEPTOR MODULATORS		
EVISTA TAB 60MG	0	
raloxifene hcl tab 60 mg	0	
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML	5	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
SYNAREL SOL 2MG/ML	3	
MENOPAUSAL SYMPTOMS SUPPRESSANTS		
VEOZAH TAB 45MG	3	
METABOLIC MODIFIERS		
betaine powder for oral solution	1	PA
calcitriol cap 0.5 mcg	1	
calcitriol cap 0.25 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
calcitriol oral soln 1 mcg/ml	1	
carglumic acid soluble tab 200 mg	1	PA
cinacalcet hcl tab 30 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 60 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
cinacalcet hcl tab 90 mg (base equiv)	1	PA, QL (4 tabs every 1 day)
doxercalciferol cap 0.5 mcg	1	
doxercalciferol cap 1 mcg	1	
doxercalciferol cap 2.5 mcg	1	
GALAFOLD CAP 123MG	4	PA
glycerol phenylbutyrate liquid 1.1 gm/ml	1	PA
levocarnitine oral soln 1 gm/10ml (10%)	1	
levocarnitine tab 330 mg	1	
MYALEPT INJ 11.3MG	5	PA, QL (1 vial every 1 day)
nitisinone cap 2 mg	1	PA
nitisinone cap 5 mg	1	PA
nitisinone cap 10 mg	1	PA
nitisinone cap 20 mg	1	PA
ORFADIN CAP 2MG	4	PA
ORFADIN CAP 5MG	4	PA
ORFADIN CAP 10MG	4	PA
ORFADIN CAP 20MG	4	PA
ORFADIN SUS 4MG/ML	4	PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM	4	PA, QL (672 gm every 30 days)
REVCOVI INJ 1.6MG/ML	5	PA
ROCALTROL CAP 0.5MCG	3	
ROCALTROL CAP 0.25MCG	3	
ROCALTROL SOL 1MCG/ML	3	
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 100 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride powder packet 500 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
sapropterin dihydrochloride tab 100 mg	1	PA
SENSIPAR TAB 30MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG	5	PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG	5	PA, QL (4 tabs every 1 day)

Drug Name	Drug Tier	Requirements/Limits
sodium phenylbutyrate oral powder 3 gm/teaspoonful	1	PA, QL (798 gm every 30 days)
sodium phenylbutyrate tab 500 mg	1	PA, QL (40 tabs every 1 day)
STRENSIQ INJ 18/0.45	5	PA
STRENSIQ INJ 28/0.7ML	5	PA
STRENSIQ INJ 40MG/ML	5	PA
STRENSIQ INJ 80/0.8ML	5	PA
XURIDEN POW 2GM	5	PA, QL (4 packets every 1 day)
ZEMPLAR CAP 1MCG	3	
ZEMPLAR CAP 2MCG	3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG	2	PA
KERENDIA TAB 20MG	2	PA
KERENDIA TAB 40MG	2	PA
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG	5	PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG	5	PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
DDAVP TAB 0.1MG	3	
DDAVP TAB 0.2MG	3	
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
NOCDURNA SUB 27.7MCG	3	
NOCDURNA SUB 55.3MCG	3	
PROGESTERONE RECEPTOR ANTAGONISTS		
MIFEPREX TAB 200MG	3	PA
mifepristone tab 200 mg	1	PA; $0 copay based on your plan/benefit
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	
SOMATOSTATIC AGENTS		
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	1	PA, QL (3 vials every 1 day)
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	1	PA, QL (45 vials every 30 days)
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	1	PA, QL (3 vials every 1 day)

Drug Name	Drug Tier	Requirements/Limits
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	1	PA, QL (9 vials every 30 days)
octreotide acetate subcutaneous soln pref syr 50 mcg/ml	1	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 100 mcg/ml	1	PA, QL (3 syringes every 1 day)
octreotide acetate subcutaneous soln pref syr 500 mcg/ml	1	PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG	5	PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG	5	PA, QL (3 ampules every 1 day)
SIGNIFOR INJ 0.3MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.6MG/ML	5	PA, QL (2 ampules every 1 day)
SIGNIFOR INJ 0.9MG/ML	5	PA, QL (2 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG	5	PA, QL (2 tabs every 1 day)
SAMSCA TAB 30MG	5	PA, QL (1 tab every 1 day)
tolvaptan tab 15 mg	1	PA
tolvaptan tab 30 mg	1	PA, QL (1 tab every 1 day)
tolvaptan tab therapy pack 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 30 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 45 & 15 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 60 & 30 mg	1	PA, QL (2 tabs every 1 day)
tolvaptan tab therapy pack 90 & 30 mg	1	PA, QL (2 tabs every 1 day)
ESTROGENS		
ESTROGEN COMBINATIONS		
ACTIVELLA TAB 1-0.5MG	3	
BIJUVA CAP 0.5-100	2	
BIJUVA CAP 1-100MG	2	
COMBIPATCH DIS	2	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg	1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg	1	
estradiol & norethindrone acetate tab 0.5-0.1 mg	1	
estradiol & norethindrone acetate tab 1-0.5 mg	1	
MYFEMBREE TAB	2	PA

Drug Name	Drug Tier	Requirements/Limits
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg	1	
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg	1	
ORIAHNN CAP	2	PA
ESTROGENS		
DELESTROGEN INJ 10MG/ML	3	PA
DELESTROGEN INJ 20MG/ML	3	PA
DELESTROGEN INJ 40MG/ML	3	PA
DEPO-ESTRADI INJ 5MG/ML	3	PA
ESTRACE TAB 0.5MG	3	
ESTRACE TAB 1MG	3	
ESTRACE TAB 2MG	3	
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	1	
estradiol tab 0.5 mg	1	
estradiol tab 1 mg	1	
estradiol tab 2 mg	1	
estradiol td gel 0.5 mg/0.5gm (0.1%)	1	
estradiol td gel 0.25 mg/0.25gm (0.1%)	1	
estradiol td gel 0.75 mg/0.75gm (0.1%)	1	
estradiol td gel 1 mg/gm (0.1%)	1	
estradiol td gel 1.25 mg/1.25gm (0.1%)	1	
estradiol td patch twice weekly 0.1 mg/24hr	1	
estradiol td patch twice weekly 0.05 mg/24hr	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	PA
estradiol valerate im in oil 20 mg/ml	1	PA
estradiol valerate im in oil 40 mg/ml	1	PA
estrogens, conjugated tab 0.3 mg	1	
estrogens, conjugated tab 0.9 mg	1	
estrogens, conjugated tab 0.45 mg	1	
estrogens, conjugated tab 0.625 mg	1	
estrogens, conjugated tab 1.25 mg	1	
PREMARIN INJ 25MG	3	

Drug Name	Drug Tier	Requirements/Limits
FLUOROQUINOLONES		
FLUOROQUINOLONES		
BAXDELA TAB 450MG	3	
CIPRO (5%) SUS 250MG/5	3	
CIPRO (10%) SUS 500MG/5	3	
CIPRO TAB 250MG	3	
CIPRO TAB 500MG	3	
ciprofloxacin hcl tab 100 mg (base equiv)	1	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	
ofloxacin tab 300 mg	1	
ofloxacin tab 400 mg	1	
GASTROINTESTINAL AGENTS - MISC.		
5-HT4 RECEPTOR AGONISTS		
prucalopride succinate tab 1 mg (base equivalent)	1	
prucalopride succinate tab 2 mg (base equivalent)	1	
AGENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)		
TRULANCE TAB 3MG	3	
BILE ACID SYNTHESIS DISORDER AGENTS		
CHOLBAM CAP 50MG	5	PA
CHOLBAM CAP 250MG	5	PA
GALLSTONE SOLUBILIZING AGENTS		
chenodiol tab 250 mg	1	PA, QL (7 tabs every 1 day)
URSO 250 TAB 250MG	3	
URSO FORTE TAB 500MG	3	
ursodiol cap 300 mg	1	
ursodiol tab 250 mg	1	
ursodiol tab 500 mg	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
cromolyn sodium oral conc 100 mg/5ml	1	
GASTROCROM CON 100/5ML	3	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
lubiprostone cap 8 mcg	1	
lubiprostone cap 24 mcg	1	

Drug Name	Drug Tier	Requirements/Limits
GASTROINTESTINAL STIMULANTS		
metoclopramide hcl orally disintegrating tab 5 mg (base eq)	1	
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)	1	
metoclopramide hcl tab 5 mg (base equivalent)	1	
metoclopramide hcl tab 10 mg (base equivalent)	1	
REGLAN TAB 5MG	3	
REGLAN TAB 10MG	3	
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS		
LIVMARLI SOL 9.5MG/ML	5	PA, QL (3 mL every 1 day)
LIVMARLI SOL 19MG/ML	5	PA, QL (2 mL every 1 day)
INFLAMMATORY BOWEL AGENTS		
APRISO CAP 0.375GM	3	
AZULFIDINE TAB 500MG	3	
AZULFIDINE TAB 500MG EN	3	
balsalazide disodium cap 750 mg	1	
CIMZIA INJ 200MG/ML	4	PA; Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
CIMZIA PREFL KIT 200MG/ML	4	PA, QL (2 kits every 28 days); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
CIMZIA START KIT 200MG/ML	4	PA, QL (2 kits every 28 days); Preferred agent for Non-radiographic Axial Spondyloarthritis; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
DIPENTUM CAP 250MG	3	

Drug Name	Drug Tier	Requirements/Limits
mesalamine cap dr 400 mg	1	
mesalamine cap er 24hr 0.375 gm	1	
mesalamine cap er 500 mg	1	
mesalamine enema 4 gm	1	
mesalamine rectal enema 4 gm & cleanser wipe kit	1	
mesalamine suppos 1000 mg	1	
mesalamine tab delayed release 1.2 gm	1	
mesalamine tab delayed release 800 mg	1	
SKYRIZI INJ 180/1.2	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
SKYRIZI INJ 360/2.4	4	PA, QL (1 cartridge every 56 days); Preferred for all FDA approved indications; Quantity Limits are consistent with maximum FDA approved dosing limits. Approved quantity may be less than the listed limit.
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days)
TREMFYA INJ 200/2ML	4	PA, QL (1 pen every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.

Drug Name	Drug Tier	Requirements/Limits
TREMFYA INJ 200/2ML	4	PA, QL (1 syringe every 21 days); Preferred agent for Psoriasis, Psoriatic Arthritis, Ulcerative Colitis; Quantity Limits are consistent with maximum FDA approved dosing limits.
VELSIPITY TAB 2MG	4	PA, QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	
alosetron hcl tab 1 mg (base equiv)	1	
LINZESS CAP 72MCG	2	
LINZESS CAP 145MCG	2	
LINZESS CAP 290MCG	2	
LOTRONEX TAB 0.5MG	3	
LOTRONEX TAB 1MG	3	
VIBERZI TAB 75MG	2	
VIBERZI TAB 100MG	2	
LIVE FECAL MICROBIOTA		
VOWST CAP	5	PA, QL (12 caps every 30 days)
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
ENTEREG CAP 12MG	3	
SYMPROIC TAB 0.2MG	2	PA
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR(PPAR) AGONISTS		
IQIRVO TAB 80MG	4	PA, QL (30 tabs every 30 days)
PHOSPHATE BINDER AGENTS		
AURYXIA TAB 210MG	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
ferric citrate tab 1 gm (210 mg ferric iron)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG	5	PA, QL (30 vials every 30 days)
TRYPTOPHAN HYDROXYLASE INHIBITORS		
XERMELO TAB 250MG	5	PA, QL (3 tabs every 1 day)
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
K-PHOS TAB NO 2	3	
ALKALINIZERS		
ORACIT SOL	3	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml	1	
potassium citrate & citric acid powder pack 3300-1002 mg	1	
potassium citrate & citric acid soln 1100-334 mg/5ml	1	
potassium citrate tab er 5 meq (540 mg)	1	
potassium citrate tab er 10 meq (1080 mg)	1	
potassium citrate tab er 15 meq (1620 mg)	1	
sodium citrate & citric acid soln 500-334 mg/5ml	1	
sodium citrate & citric acid soln 500-334 mg/5ml	3	
UROCIT-K 5 TAB	3	
UROCIT-K 10 TAB	3	
UROCIT-K 15 TAB	3	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG	4	PA
CYSTAGON CAP 150MG	4	PA
IGA NEPHROPATHY (IGAN) AGENTS		
VANRAFIA TAB 0.75MG	4	PA, QL (1 tab every 1 day)
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	1	
AVODART CAP 0.5MG	3	
CARDURA XL TAB 4MG	3	
CARDURA XL TAB 8MG	3	
dutasteride cap 0.5 mg	1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	1	
finasteride tab 5 mg	1	
FLOMAX CAP 0.4MG	3	
PROSCAR TAB 5MG	3	
silodosin cap 4 mg	1	
silodosin cap 8 mg	1	

Drug Name	Drug Tier	Requirements/Limits
tamsulosin hcl cap 0.4 mg	1	
URINARY ANALGESICS		
phenazopyridine hcl tab 100 mg	1	
phenazopyridine hcl tab 200 mg	1	
PYRIDIUM TAB 100MG	3	
PYRIDIUM TAB 200MG	3	
URINARY STONE AGENTS		
tiopronin tab 100 mg	1	PA
tiopronin tab delayed release 100 mg	1	PA
tiopronin tab delayed release 300 mg	1	PA
GOUT AGENTS		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	1	
GOUT AGENTS		
allopurinol tab 100 mg	1	
allopurinol tab 200 mg	1	
allopurinol tab 300 mg	1	
colchicine tab 0.6 mg	1	QL (4 tabs every 1 day)
febuxostat tab 40 mg	1	
febuxostat tab 80 mg	1	
MITIGARE CAP 0.6MG	1	QL (2 caps every 1 day); Brand preferred over generic
URICOSURICS		
probenecid tab 500 mg	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
HEMLIBRA INJ 30MG/ML	5	PA
HEMLIBRA INJ 60/0.4	5	PA
HEMLIBRA INJ 105/0.7	5	PA
HEMLIBRA INJ 150/ML	5	PA
HEMLIBRA INJ 300/2ML	5	PA
HEMLIBRA SOL 12/0.4ML	5	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
icatibant acetate subcutaneous soln pref syr 30 mg/3ml	1	PA, QL (45 syringes every 90 days)
COMPLEMENT INHIBITORS		
FABHALTA CAP 200MG	5	PA, QL (2 caps every 1 day)
HAEGARDA INJ 2000UNIT	5	PA, QL (20 vials every 28 days)
HAEGARDA INJ 3000UNIT	5	PA, QL (20 vials every 28 days)

Drug Name	Drug Tier	Requirements/Limits
RUCONEST INJ 2100UNIT	4	PA, QL (60 vials every 90 days)
TAVNEOS CAP 10MG	5	PA, QL (6 caps every 1 day)
HEMATORHEOLOGIC AGENTS		
pentoxifylline tab er 400 mg	1	
PLASMA FACTOR XIIA INHIBITORS		
ANDEMBRY INJ 200/1.2	5	PA, QL (1 syringe per 30 days)
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG	4	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG	4	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML	4	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG	3	
anagrelide hcl cap 0.5 mg	1	
anagrelide hcl cap 1 mg	1	
aspirin-dipyridamole cap er 12hr 25-200 mg	1	
BRILINTA TAB 60MG	2	
BRILINTA TAB 90MG	2	
cilostazol tab 50 mg	1	
cilostazol tab 100 mg	1	
clopidogrel bisulfate tab 75 mg (base equiv)	1	
clopidogrel bisulfate tab 300 mg (base equiv)	1	
dipyridamole tab 25 mg	1	
dipyridamole tab 50 mg	1	
dipyridamole tab 75 mg	1	
EFFIENT TAB 5MG	3	
EFFIENT TAB 10MG	3	
prasugrel hcl tab 5 mg (base equiv)	1	
prasugrel hcl tab 10 mg (base equiv)	1	
ticagrelor tab 60 mg	1	
ticagrelor tab 90 mg	1	
HEMATOPOIETIC AGENTS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG	4	PA, QL (2 caps every 1 day)
miglustat cap 100 mg	1	PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG	5	PA, QL (3 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
AGENTS FOR SICKLE CELL DISEASE		
DROXIA CAP 200MG	3	
DROXIA CAP 300MG	3	
DROXIA CAP 400MG	3	
ENDARI POW 5GM	4	PA, QL (6 packets every 1 day)
glutamine (sickle cell) powd pack 5 gm	1	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG	2	
SIKLOS TAB 1000MG	2	
COBALAMINS		
cyanocobalamin inj 1000 mcg/ml	1	PA
cyanocobalamin nasal spray 500 mcg/0.1ml	1	
NASCOBAL SPR 500MCG	3	
FOLIC ACID/FOLATES		
folic acid cap 0.8 mg	0	OTC; $0 copay for women younger than 55
folic acid tab 1 mg	1	
folic acid tab 400 mcg	0	OTC; $0 copay for women younger than 55
folic acid tab 800 mcg	0	OTC; $0 copay for women younger than 55
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG	4	PA, QL (2 tabs every 1 day)
ALVAIZ TAB 18MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 36MG	4	PA, QL (3 tabs every 1 day)
ALVAIZ TAB 54MG	4	PA, QL (2 tabs every 1 day)
ARANESP INJ 10MCG	4	PA
ARANESP INJ 25MCG	4	PA
ARANESP INJ 40MCG	4	PA
ARANESP INJ 60MCG	4	PA
ARANESP INJ 100MCG	4	PA
ARANESP INJ 150MCG	4	PA
ARANESP INJ 200MCG	4	PA
ARANESP INJ 300MCG	4	PA
ARANESP INJ 500MCG	4	PA
DOPTELET SPR CAP 10MG	4	PA, QL (2 caps every 1 day)
DOPTELET TAB 20MG	4	PA
DOPTELET TAB 20MG	4	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG	4	PA, QL (3 tabs every 1 day)
eltrombopag olamine powder pack for susp 12.5 mg (base eq)	1	PA, QL (4 packets every 1 day)

Drug Name	Drug Tier	Requirements/Limits
eltrombopag olamine powder pack for susp 25 mg (base equiv)	1	PA, QL (6 packets every 1 day)
eltrombopag olamine tab 12.5 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
eltrombopag olamine tab 25 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 50 mg (base equiv)	1	PA, QL (3 tabs every 1 day)
eltrombopag olamine tab 75 mg (base equiv)	1	PA, QL (2 tabs every 1 day)
FYLNETRA INJ 6MG/0.6	4	PA, QL (2 syringes every 28 days)
NIVESTYM INJ 300/0.5	4	PA
NIVESTYM INJ 300MCG	4	PA
NIVESTYM INJ 480/0.8	4	PA
NIVESTYM INJ 480MCG	4	PA
NYVEPRIA INJ 6/0.6ML	4	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML	4	PA
PROCRIT INJ 3000/ML	4	PA
PROCRIT INJ 4000/ML	4	PA
PROCRIT INJ 10000/ML	4	PA
PROCRIT INJ 20000/ML	4	PA
PROCRIT INJ 40000/ML	4	PA
RETACRIT INJ 2000UNIT	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 4000UNIT	4	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 40000UNT	4	PA

HEMOSTATICS

HEMOSTATICS - SYSTEMIC

aminocaproic acid oral soln 0.25 gm/ml	1	
aminocaproic acid tab 500 mg	1	
aminocaproic acid tab 1000 mg	1	
tranexamic acid tab 650 mg	1	

HEMOSTATICS - TOPICAL

ARTISS SOL 2ML	3	
ARTISS SOL 4ML	3	
ARTISS SOL 10ML	3	
TACHOSIL PAD 4.8X4.8	3	
TACHOSIL PAD 9.5X4.8	3	
TISSEEL KIT 2ML	3	
TISSEEL KIT 4ML	3	
TISSEEL KIT 10ML	3	
TISSEEL SOL 2ML	3	
TISSEEL SOL 4ML	3	

Drug Name	Drug Tier	Requirements/Limits
TISSEEL SOL 10ML	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
BARBITURATE HYPNOTICS		
phenobarbital elixir 20 mg/5ml	1	
phenobarbital tab 15 mg	1	
phenobarbital tab 16.2 mg	1	
phenobarbital tab 30 mg	1	
phenobarbital tab 32.4 mg	1	
phenobarbital tab 60 mg	1	
phenobarbital tab 64.8 mg	1	
phenobarbital tab 97.2 mg	1	
phenobarbital tab 100 mg	1	
HYPNOTICS - TRICYCLIC AGENTS		
doxepin hcl (sleep) tab 3 mg (base equiv)	1	
doxepin hcl (sleep) tab 6 mg (base equiv)	1	
NON-BARBITURATE HYPNOTICS		
AMBIEN CR TAB 6.25MG	3	
AMBIEN CR TAB 12.5MG	3	
AMBIEN TAB 5MG	3	
AMBIEN TAB 10MG	3	
DORAL TAB 15MG	3	
estazolam tab 1 mg	1	
estazolam tab 2 mg	1	
eszopiclone tab 1 mg	1	
eszopiclone tab 2 mg	1	
eszopiclone tab 3 mg	1	
HALCION TAB 0.25MG	3	
RESTORIL CAP 7.5MG	3	
RESTORIL CAP 15MG	3	
RESTORIL CAP 22.5MG	3	
RESTORIL CAP 30MG	3	
temazepam cap 7.5 mg	1	
temazepam cap 15 mg	1	
temazepam cap 22.5 mg	1	
temazepam cap 30 mg	1	
triazolam tab 0.25 mg	1	
triazolam tab 0.125 mg	1	
zaleplon cap 5 mg	1	
zaleplon cap 10 mg	1	
zolpidem tartrate tab 5 mg	1	
zolpidem tartrate tab 10 mg	1	
zolpidem tartrate tab er 6.25 mg	1	
zolpidem tartrate tab er 12.5 mg	1	

Drug Name	Drug Tier	Requirements/Limits
SELECTIVE MELATONIN RECEPTOR AGONISTS		
HETLIOZ CAP 20MG	5	PA, QL (1 cap every 1 day)
HETLIOZ LQ SUS 4MG/ML	5	PA, QL (5 mL every 1 day)
ramelteon tab 8 mg	1	
tasimelteon capsule 20 mg	1	PA, QL (1 cap every 1 day)
LAXATIVES		
LAXATIVE COMBINATIONS		
CLENPIQ SOL	0	$0 copay for members age 40 through 75
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT	0	$0 copay for members age 45 through 75
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	0	$0 copay for members age 40 through 75
LAXATIVES - MISCELLANEOUS		
lactulose oral crystal packet 10 gm	1	
lactulose oral crystal packet 20 gm	1	
lactulose solution 10 gm/15ml	1	
MACROLIDES		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
ZITHROMAX POW 1GM PAK	3	
ZITHROMAX SUS 100/5ML	3	
ZITHROMAX SUS 200/5ML	3	
ZITHROMAX TAB 250MG	3	
ZITHROMAX TAB 500MG	3	
ZITHROMAX TAB TRI-PAK	3	
ZITHROMAX TAB Z-PAK	3	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
erythromycin stearate tab 250 mg	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	
erythromycin tab delayed release 250 mg	1	
erythromycin tab delayed release 333 mg	1	
erythromycin tab delayed release 500 mg	1	
erythromycin w/ delayed release particles cap 250 mg	1	
FIDAXOMICIN		
DIFICID SUS	2	
DIFICID TAB 200MG	2	
fidaxomicin tab 200 mg	1	
MEDICAL DEVICES AND SUPPLIES		
CONTRACEPTIVES		
AIMSCO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
CAYA DPR	0	QL (1 each every 300 days)
COLOR CONDOM MIS + LUBE	0	QL (12 condoms every 25 days), OTC
CONDOMS MIS	0	QL (12 condoms every 25 days), OTC
DUREX EXTRA MIS SENSITIV	0	QL (12 condoms every 25 days), OTC
DUREX MIS REALFEEL	0	QL (12 condoms every 25 days), OTC
DUREX MIS TROPICAL	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
FANTASY LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
FANTASY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
FC2 FEMALE MIS CONDOM	0	QL (12 boxes every 25 days), OTC
FEMCAP MIS 22MM	0	QL (1 each every 300 days)

Drug Name	Drug Tier	Requirements/Limits
FEMCAP MIS 26MM	0	QL (1 each every 300 days)
FEMCAP MIS 30MM	0	QL (1 each every 300 days)
KAMELEON LUB MIS COLORS	0	QL (12 condoms every 25 days), OTC
KAMELEON MIS TRI-COLR	0	QL (12 condoms every 25 days), OTC
KIMONO COLOR MIS	0	QL (12 condoms every 25 days), OTC
KIMONO MAXX MIS LG FLARE	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN +	0	QL (12 condoms every 25 days), OTC
KIMONO MICRO MIS THIN PLS	0	QL (12 condoms every 25 days), OTC
KIMONO MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO MIS SENSATIO	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
KIMONO PS MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SENSA MIS PLUS	0	QL (12 condoms every 25 days), OTC
KIMONO SPEC MIS	0	QL (12 condoms every 25 days), OTC
MAXX MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
MAXX PLUS MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
NATURAL COND MIS + LUBE	0	QL (12 condoms every 25 days), OTC
OMNIFLEX DPR	0	QL (1 each every 300 days)
REALITY MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS TEXTURED	0	QL (12 condoms every 25 days), OTC
REALITY ULTR MIS THIN	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TROJAN MAGN MIS	0	QL (12 condoms every 25 days), OTC
TROJAN MIS BARESKIN	0	QL (12 condoms every 25 days), OTC
TROJAN MIS ENZ	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS RIBBED	0	QL (12 condoms every 25 days), OTC
TROJAN ULTRA MIS THIN	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TROJAN-ENZ MIS W/SPERMI	0	QL (12 condoms every 25 days), OTC
TRUE COVER MIS CONDOM	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS ASSORTED	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS BANANA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS CHOC	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS COLORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX LARGE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS EX STR	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS GRAPE	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX LUBR MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS BANANA	0	QL (12 condoms every 25 days), OTC

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX MIS CHOCOLAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS FLAVORS	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS MINT	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS STRWBRY	0	QL (12 condoms every 25 days), OTC
TRUSTEX MIS VANILLA	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS LUBRICAT	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS NON-LUB	0	QL (12 condoms every 25 days), OTC
TRUSTEX/RIA MIS SPERMICI	0	QL (12 condoms every 25 days), OTC
TRUSTX NON-9 MIS RIB/STUD	0	QL (12 condoms every 25 days), OTC
WIDE-SEAL DPR KIT 60	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 65	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 70	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 75	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 80	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 85	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 90	0	QL (1 each every 300 days)
WIDE-SEAL DPR KIT 95	0	QL (1 each every 300 days)
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX	0	OTC
ACCU-CHEK KIT SOFTCLIX	0	OTC
ACCU-CHEK LIQ GUIDE	0	OTC
ACCU-CHEK LIQ SMART	0	OTC
ACCU-CHEK SOL	0	OTC
ACCUTREND SOL GLUCOSE	0	OTC
ACTI-LANCE MIS 28G	0	OTC
ACTI-LANCE MIS LITE 28G	0	OTC
ACTI-LANCE MIS SPEC 17G	0	OTC
ACTI-LANCE MIS UNIV 23G	0	OTC
ADJ LANCING MIS DEVICE	0	OTC
ADV LANCING MIS DEVICE	0	OTC
ADVANCE LIQ CONTROL	0	OTC
ADVANCE LIQ INTUITIO	0	OTC
ADVANCE NORM LIQ CONTROL	0	OTC
ADVCATE SAFE MIS LANC 26G	0	OTC
ADVOCATE LIQ HIGH	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ADVOCATE LIQ LOW	0	OTC
ADVOCATE MIS LANC 30G	0	OTC
ADVOCATE MIS LANC DEV	0	OTC
ADVOCATE MIS LANCETS	0	OTC
ADVOCATE+ SOL REDI-COD	0	OTC
AGAMATRIX MIS 33G	0	OTC
AGAMATRIX SOL HIGH	0	OTC
AGAMATRIX SOL LEVEL 2	0	OTC
AGAMATRIX SOL LEVEL 4	0	OTC
AGAMATRIX SOL NORM/HGH	0	OTC
AGAMATRIX SOL NORMAL	0	OTC
AIMSCO TWIST MIS 32G	0	OTC
AIMSCO TWIST MIS 33G	0	OTC
AMBI-TRAY MIS	0	OTC
AQUALANCE MIS 30G	0	OTC
ASSURE 3 LIQ CONTROL	0	OTC
ASSURE 4 LIQ LEVEL1/2	0	OTC
ASSURE CMFRT MIS 28G	0	OTC
ASSURE DOSE SOL NORM/HGH	0	OTC
ASSURE DOSE SOL NORMAL	0	OTC
ASSURE II LIQ LEVEL1/2	0	OTC
ASSURE II LIQ LEVEL 1	0	OTC
ASSURE LANCE MIS 21G	0	OTC
ASSURE LANCE MIS 28G	0	OTC
ASSURE LANCE MIS LOW FLOW	0	OTC
ASSURE LANCE MIS MICRO	0	OTC
ASSURE LANCE MIS SAFE 25G	0	OTC
ASSURE LANCE MIS SAFE 30G	0	OTC
ASSURE PRISM SOL LEVEL1/2	0	OTC
ASSURE PRO LIQ LEVEL1/2	0	OTC
AURORA LANCE MIS 30G	0	OTC
AURORA LANCE MIS THIN 23G	0	OTC
AUTO LANCET MIS	0	OTC
AUTO-LANCET MIS	0	OTC
AUTO-LANCET MIS MINI	0	OTC
AUTOLET II KIT CLINISAF	0	OTC
AUTOLET LANC MIS DEVICE	0	OTC
AUTOLET LITE KIT	0	OTC
AUTOLET LITE KIT CLINISAF	0	OTC
AUTOLET LITE KIT STARTER	0	OTC
AUTOLET MINI MIS	0	OTC
AUTOLET PLAT MIS 1.8MM	0	OTC
AUTOLET PLAT MIS 2.4MM	0	OTC
AUTOLET PLAT MIS 3.0MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
AUTOLET PLUS MIS	0	OTC
BD MICROTAIN MIS LANCETS	0	
BD MICROTAIN MIS LANCETS	0	OTC
BLULINK LIQ HIGH/LOW	0	OTC
CARDIOCOM MIS LANCING	0	OTC
CAREONE ADV MIS LANCING	0	OTC
CAREONE LANC MIS 30G	0	OTC
CAREONE LANC MIS THIN 23G	0	OTC
CARESENS 30G MIS LANCETS	0	OTC
CARESENS SOL CONTROL	0	OTC
CARETOUCH MIS EJECTOR	0	OTC
CARETOUCH MIS LANC 26G	0	OTC
CARETOUCH MIS LANC 28G	0	OTC
CARETOUCH MIS LANC 30G	0	OTC
CARETOUCH MIS TWIST 28	0	OTC
CARETOUCH MIS TWIST 30	0	OTC
CARETOUCH MIS TWIST 33	0	OTC
CLEANLET 28G MIS LANCETS	0	OTC
CLEVER CHECK MIS	0	OTC
CLEVER CHECK MIS 30G	0	OTC
CLEVR CHOICE LIQ HIGH	0	OTC
CLEVR CHOICE LIQ LOW	0	OTC
COAGUCHEK MIS LANCETS	0	OTC
COMFORT ASSU MIS LANC 28G	0	OTC
COMFORT ASSU MIS LANC 33G	0	OTC
COMFORT EZ MIS 21G	0	OTC
COMFORT EZ MIS 23G	0	OTC
COMFORT EZ MIS 28G	0	OTC
COMFORT TCH MIS LANC 28G	0	OTC
COMFORT TCH MIS LANC 30G	0	OTC
COMFORT TCH MIS LANC 31G	0	OTC
COMFORTOUCH MIS LANCET	0	OTC
CONTOUR HIGH LIQ CONTROL	0	OTC
CONTOUR LOW LIQ CONTROL	0	OTC
CONTOUR NEXT SOL LEVEL 1	0	OTC
CONTOUR NEXT SOL LEVEL 2	0	OTC
CONTOUR NORM LIQ CONTROL	0	OTC
CONTROL HIGH SOL UNISTRIP	0	OTC
CONTROL LOW SOL UNISTRIP	0	OTC
CONTROL NORM SOL EASY STP	0	OTC
CONTROL SOL LIQ HI/MID/L	0	OTC
CONTROL SOL LIQ HIGH/LOW	0	OTC
CONTROL SOL LIQ LEVEL 2	0	OTC
CONTROL SOL NORMAL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
COOL CONTROL SOL A	0	OTC
COOL CONTROL SOL B	0	OTC
COUNT-A-DOSE MIS	0	OTC
CVS LANCETS MIS 21G	0	OTC
CVS LANCETS MIS 30G	0	OTC
CVS LANCETS MIS 33G	0	OTC
CVS LANCETS MIS ORIGINAL	0	OTC
CVS LANCETS MIS THIN 26G	0	OTC
CVS LANCETS MIS THIN 30G	0	OTC
CVS LANCETS MIS THIN 33G	0	OTC
CVS LANCING MIS DEVICE	0	OTC
DEXCOM G6 MIS RECEIVER	0	PA
DEXCOM G6 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DEXCOM G6 MIS TRANSMIT	0	PA
DEXCOM G7 MIS 15 DAY	0	PA, QL (2 sensors every 30 days)
DEXCOM G7 MIS RECEIVER	0	PA
DEXCOM G7 MIS SENSOR	0	PA, QL (3 sensors every 30 days)
DIASCREEN 3 MIS	0	OTC
DIASCREEN 5 MIS	0	OTC
DIASCREEN 6 MIS	0	OTC
DIASCREEN 7 MIS	0	OTC
DIASCREEN 8 MIS	0	OTC
DIASCREEN 9 MIS	0	OTC
DIASCREEN 10 MIS	0	OTC
DIASCREEN MIS 1B	0	OTC
DIASCREEN MIS 1G	0	OTC
DIASCREEN MIS 1K	0	OTC
DIASCREEN MIS 2GK	0	OTC
DIASCREEN MIS 2GP	0	OTC
DIASCREEN MIS 4NL	0	OTC
DIASCREEN MIS 4OBL	0	OTC
DIASCREEN MIS 4PH	0	OTC
DIASCREEN MIS CONTROL	0	OTC
DIATHRIVE LIQ CONTROL	0	OTC
DIATHRIVE MIS LANCETS	0	OTC
DIATHRIVE MIS LANCING	0	OTC
DIATHRIVE MIS UT 30G	0	OTC
DIATRUE CONT SOL LEVEL 1	0	OTC
DIATRUE CONT SOL LEVEL 2	0	OTC
DIATRUE CONT SOL LEVEL 3	0	OTC
DROPLET GENT MIS LANCING	0	OTC

Drug Name	Drug Tier	Requirements/Limits
DROPLET LANC MIS 30G	0	OTC
DROPLET LANC MIS DEVICE	0	OTC
DROPLET PERS MIS LANC 30G	0	OTC
DUO-CARE LIQ LEVEL1/2	0	OTC
E-Z JECT MIS 21G	0	OTC
E-Z JECT MIS 21G COLR	0	OTC
E-Z JECT MIS 30G	0	OTC
E-Z JECT MIS 32G COLR	0	OTC
E-Z JECT MIS LANC 21G	0	OTC
E-Z JECT MIS THIN 26G	0	OTC
E-ZJECT LANC MIS 33G	0	OTC
EASY COMFORT MIS 30G	0	OTC
EASY COMFORT MIS LANC/30G	0	OTC
EASY COMFORT MIS TWIST	0	OTC
EASY MINI MIS	0	OTC
EASY MINI MIS EJECT	0	OTC
EASY PLUS II SOL HIGH	0	OTC
EASY PLUS II SOL LOW	0	OTC
EASY TALK PL SOL HIGH	0	OTC
EASY TALK PL SOL LOW	0	OTC
EASY TALK SOL HIGH	0	OTC
EASY TALK SOL LOW	0	OTC
EASY TALK SOL NORMAL	0	OTC
EASY TOUCH LIQ HIGH/LOW	0	OTC
EASY TOUCH MIS	0	OTC
EASY TOUCH MIS /EJECTOR	0	OTC
EASY TOUCH MIS LANC/21G	0	OTC
EASY TOUCH MIS LANC/23G	0	OTC
EASY TOUCH MIS LANC/26G	0	OTC
EASY TOUCH MIS LANC/28G	0	OTC
EASY TOUCH MIS LANC/30G	0	OTC
EASY TOUCH MIS LANC/32G	0	OTC
EASY TOUCH MIS P-AC/21G	0	OTC
EASY TOUCH MIS P-AC/23G	0	OTC
EASY TOUCH MIS P-AC/26G	0	OTC
EASY TOUCH MIS P-AC/28G	0	OTC
EASY TOUCH MIS P-AC/30G	0	OTC
EASY TOUCH MIS TWST/28G	0	OTC
EASY TOUCH MIS TWST/30G	0	OTC
EASY TOUCH MIS TWST/32G	0	OTC
EASY TOUCH MIS TWST/33G	0	OTC
EASY TOUCH SOL CONTROL	0	OTC
EASY TOUCH SOL HIGH/LOW	0	OTC
EASY TRAK II LIQ NORMAL	0	OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TRAK SOL HIGH	0	OTC
EASY TRAK SOL LOW	0	OTC
EASY TRAK SOL NORMAL	0	OTC
EASYMAX 15 LIQ LEVEL2-3	0	OTC
EASYMAX 15 SOL LEVEL 2	0	OTC
EASYMAX LIQ NORM/HIG	0	OTC
EASYMAX SOL NORMAL	0	OTC
EASYSTEP HGH SOL CONTROL	0	OTC
EASYSTEP LOW SOL CONTROL	0	OTC
ELEMENT CONT LIQ NORMAL	0	OTC
ELEMENT LIQ HIGH	0	OTC
ELEMENT LIQ LOW	0	OTC
ELEMNT COMPA SOL LEVEL 2	0	OTC
ELEMNT COMPA SOL LEVEL 3	0	OTC
EMBRACE CNTR LIQ HIGH	0	OTC
EMBRACE EVO LIQ LEVEL 1	0	OTC
EMBRACE LANC MIS 21G	0	OTC
EMBRACE LANC MIS 28G	0	OTC
EMBRACE LANC MIS /EJECTOR	0	OTC
EMBRACE LANC MIS THIN 30G	0	OTC
EMBRACE PRO LIQ GLUCOSE	0	OTC
EMBRACE SOL LOW	0	OTC
EMBRACE TALK SOL HIGH/L2	0	OTC
EMBRACE TALK SOL LOW/L1	0	OTC
EQL LANCETS MIS 21G COLR	0	OTC
EQL LANCETS MIS 33G COLR	0	OTC
EQL LANCETS MIS THIN 26G	0	OTC
EQL LANCETS MIS THIN 30G	0	OTC
EVOLUTION SOL NORMAL	0	OTC
EZ-LETS 21G MIS LANCETS	0	OTC
EZ-LETS 26G MIS LANCETS	0	OTC
EZ-LETS 28G MIS LANCETS	0	OTC
EZ-LETS 30G MIS LANCETS	0	OTC
FASTCLIX MIS LANCETS	0	OTC
FIFTY50 SAFE MIS LANCETS	0	OTC
FINE 30 MIS	0	OTC
FINGERSTIX MIS LANCETS	0	OTC
FORA CONTROL SOL HIGH	0	OTC
FORA CONTROL SOL LOW	0	OTC
FORA CONTROL SOL NORMAL	0	OTC
FORA LANCETS MIS 30G	0	OTC
FORA MIS LANCETS	0	OTC
FORA MIS LANCING	0	OTC
FORACARE GDH SOL HIGH	0	OTC

Drug Name	Drug Tier	Requirements/Limits
FORACARE GDH SOL LOW	0	OTC
FORACARE GDH SOL NORMAL	0	OTC
FORTISCARE SOL CNTL HI	0	OTC
FORTISCARE SOL CNTL LOW	0	OTC
FORTISCARE SOL CNTL NML	0	OTC
FREESTYLE LIQ CONTROL	0	OTC
FREESTYLE MIS LANCETS	0	OTC
GE100 CONTRL SOL NORMAL	0	OTC
GENTEEL LANC KIT BLUE	0	OTC
GENTEEL MIS LANCETS	0	OTC
GENTEEL MIS NOZZLES	0	OTC
GENTEEL PLUS MIS BLACK	0	OTC
GENTEEL PLUS MIS BLUE	0	OTC
GENTEEL PLUS MIS PINK	0	OTC
GENTEEL PLUS MIS PURPLE	0	OTC
GENTEEL PLUS MIS WHITE	0	OTC
GENTEEL TIPS MIS BLUE	0	OTC
GENTEEL TIPS MIS CLEAR	0	OTC
GENTEEL TIPS MIS GREEN	0	OTC
GENTEEL TIPS MIS ORANGE	0	OTC
GENTEEL TIPS MIS RAINBOW	0	OTC
GENTEEL TIPS MIS VIOLET	0	OTC
GENTEEL TIPS MIS YELLOW	0	OTC
GENTLE-LET MIS 26G	0	OTC
GENTLE-LET MIS 28G	0	OTC
GENTLE-LET MIS LANCETS	0	OTC
GENTLE-LET MIS PLATFORM	0	OTC
GLOBAL 28G MIS LANCETS	0	OTC
GLOBAL 30G MIS LANCETS	0	OTC
GLOBAL LANC MIS DEVICE	0	OTC
GLUC CONTROL LIQ NORMAL	0	OTC
GLUC CONTROL SOL	0	OTC
GLUC CONTROL SOL MID	0	OTC
GLUC CONTROL SOL NORMAL	0	OTC
GLUCOCARD 01 LIQ NORM/HGH	0	OTC
GLUCOCARD 01 SOL NORMAL	0	OTC
GLUCOCARD LIQ LEVEL 1	0	OTC
GLUCOCARD SOL NORMAL	0	OTC
GLUCOCARD SOL SHINE	0	OTC
GLUCOCOM MIS 28G	0	OTC
GLUCOCOM MIS 30G	0	OTC
GLUCOCOM MIS 33G	0	OTC
GLUCOCOM TES HIGH CON	0	OTC
GLUCOCOM TES NORM CON	0	OTC

Drug Name	Drug Tier	Requirements/Limits
GNP LANCETS MIS 21G	0	OTC
GNP LANCETS MIS 28G	0	OTC
GNP LANCETS MIS 30G	0	OTC
GNP LANCETS MIS 33G	0	OTC
GNP LANCETS MIS THIN 26G	0	OTC
GNP LANCING MIS DEVICE	0	OTC
GOJJI CNTRL SOL NORMAL	0	OTC
GOJJI LANCET MIS 30G	0	OTC
GOJJI MIS LANC DEV	0	OTC
GOODSENSE MIS LANC 26G	0	OTC
GOODSENSE MIS LANC 30G	0	OTC
GOODSENSE MIS LANC 33G	0	OTC
GOODSENSE MIS LANC DVC	0	OTC
GUARDIAN RT MIS CHARGER	0	
GUARDIAN RT MIS TST PLUG	0	
HAEMOLANCE MIS HIGH FLO	0	OTC
HAEMOLANCE MIS LOW FLOW	0	OTC
HAEMOLANCE MIS PLUS	0	OTC
HAEMOLANCE MIS PLUS LOW	0	OTC
HAEMOLANCE MIS PLUS MAX	0	OTC
HAEMOLANCE MIS PLUS PED	0	OTC
HAEMOLANCE MIS RETRACT	0	OTC
HC LANCING MIS DEVICE	0	OTC
HYPOLANCE KIT LANCING	0	OTC
IN TOUCH LAN MIS 30G	0	OTC
IN TOUCH LAN MIS DEVICE	0	OTC
IN TOUCH SOL GLUCOSE	0	OTC
INCONTROL MIS LANC 28G	0	OTC
INCONTROL MIS LANC 30G	0	OTC
INCONTROL MIS LANC 33G	0	OTC
INCONTROL MIS LANC DEV	0	OTC
INFINITY SOL NORM CON	0	OTC
INFNTY VOICE LIQ LEVEL 2	0	OTC
INSUL-CAP MIS	0	OTC
INSUL-EZE MIS	0	OTC
KINNEY MIS LANCETS	0	OTC
KINNEY THIN MIS LANCETS	0	OTC
KROGER LANCE MIS	0	OTC
KROGER LANCE MIS 26G	0	OTC
KROGER LANCE MIS THIN	0	OTC
KROGER LANCE MIS THIN 30G	0	OTC
LANCET AUTO MIS INJECTOR	0	OTC
LANCET CARRY MIS CASE	0	OTC
LANCET DEVIC MIS 30G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
LANCET DEVIC MIS ADJUST	0	OTC
LANCET MICRO MIS THIN 33G	0	OTC
LANCET STAND MIS 21G	0	OTC
LANCET SUPER MIS THIN 30G	0	OTC
LANCET ULTRA MIS THIN 30G	0	OTC
LANCET WITH MIS EJECTOR	0	OTC
LANCETS MICR MIS THIN 33G	0	OTC
LANCETS MIS	0	OTC
LANCETS MIS 21G	0	OTC
LANCETS MIS 21G COLR	0	OTC
LANCETS MIS 26G	0	OTC
LANCETS MIS 28G	0	OTC
LANCETS MIS 28G THIN	0	OTC
LANCETS MIS 30G	0	OTC
LANCETS MIS 33G	0	OTC
LANCETS MIS ORIGINAL	0	OTC
LANCETS MIS THIN	0	OTC
LANCETS MIS THIN 26G	0	OTC
LANCETS MIS THIN 30G	0	OTC
LANCETS SUPR MIS THIN 28G	0	OTC
LANCETS THIN MIS	0	OTC
LANCETS THIN MIS 26G	0	OTC
LANCETS ULTR MIS THIN	0	OTC
LANCETS ULTR MIS THIN 31G	0	OTC
LANCING DEVI MIS	0	OTC
LANCING DEVI MIS 25G	0	OTC
LANCING DEVI MIS 30G	0	OTC
LANCING MIS DEVICE	0	OTC
LANZO MIS LANCING	0	OTC
LITE TOUCH MIS LANC PEN	0	OTC
LITE TOUCH MIS LANCETS	0	OTC
LITETOUCH MIS LANCETS	0	OTC
LONGS LANCET MIS STANDARD	0	OTC
LONGS LANCET MIS THIN	0	OTC
LONGS LANCET MIS ULTRA TH	0	OTC
MEDICHOICE MIS LANCET	0	OTC
MEDISENSE LIQ GLUC-KET	0	OTC
MEDLANCE MIS 30G PLUS	0	OTC
MEDLANCE MIS EXTR 21G	0	OTC
MEDLANCE MIS LITE 25G	0	OTC
MEDLANCE MIS PLUS	0	OTC
MEDLANCE MIS PLUS 30G	0	OTC
MEDLANCE MIS UNV 21G	0	OTC
MEDLANCE PLS MIS 0.8MM	0	OTC

Drug Name	Drug Tier	Requirements/Limits
MEDLANCE PLS MIS EXTR 21G	0	OTC
MEDLANCE PLS MIS LITE 25G	0	OTC
MEDLANCE PLS MIS UNIV 21G	0	OTC
MEIJER LANCE MIS COLOR	0	OTC
MEIJER LANCE MIS UNIV 21G	0	OTC
MEIJER LANCE MIS UNIV 30G	0	OTC
MEIJER LANCE MIS UNIVERSA	0	OTC
MEIJER MIS LANCETS	0	OTC
MICRO THIN MIS LANC 33G	0	OTC
MICRODOT CON SOL HIGH/LOW	0	OTC
MICROLET MIS LANCETS	0	OTC
MICROLET MIS NEXT	0	OTC
MINI LANCING MIS DEVICE	0	OTC
MM LANCING MIS DEVICE	0	OTC
MM TWIST MIS LANCETS	0	OTC
MOBILE LANCE MIS 30G	0	OTC
MONOLET MIS LANCETS	0	OTC
MONOLET OPD MIS LANCETS	0	OTC
MONOLETTOR MIS LANCETS	0	OTC
MPD SFTY LAN MIS 21G	0	OTC
MPD SFTY LAN MIS 23G	0	OTC
MPD SFTY LAN MIS 28G	0	OTC
MPD SFTY LAN MIS 30G	0	OTC
MULTI-LANCET KIT DEVICE	0	OTC
MULTI-LANCET MIS DEVICE	0	OTC
MYGLUCOHEALT MIS LANC 30G	0	OTC
MYGLUCOHEALT SOL LO/NL/HI	0	OTC
NEUTEK 2TEK SOL CONTROL	0	OTC
NOVA MAX GLU LIQ /KET CON	0	OTC
NOVA SAFETY MIS LANC 23G	0	OTC
NOVA SAFETY MIS LANC 28G	0	OTC
NOVA SURE MIS LANCETS	0	OTC
NOVA SUREFLX MIS LANC DEV	0	OTC
OMNIPOD 5 DX KIT INT G7G6	0	PA
OMNIPOD 5 DX MIS POD G7G6	0	PA, QL (10 boxes every 30 days)
OMNIPOD 5 G7 KIT INTRO	0	PA
OMNIPOD 5 G7 MIS PODS	0	PA, QL (10 boxes every 30 days)
OMNIPOD 5 L2 KIT INTRO G6	0	PA
OMNIPOD 5 L2 MIS PODS G6	0	PA
OMNIPOD DASH KIT INTRO	0	PA
OMNIPOD DASH KIT PDM	0	PA

Drug Name	Drug Tier	Requirements/Limits
OMNIPOD DASH MIS PODS	0	PA, QL (10 boxes every 30 days)
OMNIPOD MIS CLASSIC	0	PA, QL (10 boxes every 30 days)
ON-THE-GO MIS LANC 30G	0	OTC
ONETOUCH LIQ ULT CONT	0	OTC
ONETOUCH LIQ ULTRA	0	OTC
ONETOUCH LIQ VERIO	0	OTC
ONETOUCH LIQ VERIO 4	0	OTC
OVAL TAPE MIS	0	OTC
PERFECT 28G MIS LANCETS	0	OTC
PERFECT 30G MIS LANCETS	0	OTC
PHARMACY COU MIS LANCETS	0	OTC
PIP CONTROL LIQ	0	OTC
PIP LANCETS MIS 28G	0	OTC
PIP LANCETS MIS 30G	0	OTC
POCKETCHEM SOL EZ	0	OTC
PRECISION LIQ GLUC/KET	0	OTC
PRO COMFORT MIS 31G	0	OTC
PRO COMFORT MIS LANC 30G	0	OTC
PRO COMFORT MIS LANCETS	0	OTC
PRODIGY MIS 26G	0	OTC
PRODIGY MIS 28G	0	OTC
PRODIGY MIS LANC DEV	0	OTC
PRODIGY SOL HIGH	0	OTC
PRODIGY SOL LOW	0	OTC
PSS SAFE LAN MIS	0	OTC
PSS SEL LANC MIS	0	OTC
PSS SEL PLAT MIS	0	OTC
PURE COMFORT MIS 30G LAN	0	OTC
PX LANCETS MIS 28G	0	OTC
PX LANCETS MIS 33G	0	OTC
QC LANCETS MIS 28G	0	OTC
QC LANCETS MIS 30G	0	OTC
QC LANCING MIS DEVICE	0	OTC
QUICKTEK LIQ SOLUTION	0	OTC
QUINTET CONT SOL HGH/NORM	0	OTC
RA E-ZJECT MIS 28G	0	OTC
RA E-ZJECT MIS THIN 26G	0	OTC
RA E-ZJECT MIS THIN 28G	0	OTC
RA E-ZJECT MIS ULT THIN	0	OTC
RAPID-SAFE MIS LANCING	0	OTC
READYLANCE MIS 21G	0	OTC
READYLANCE MIS 23G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
READYLANCE MIS 26G	0	OTC
READYLANCE MIS 28G	0	OTC
READYLANCE MIS 30G	0	OTC
REALITY MIS LANCETS	0	OTC
REALITY TRIG MIS LANCETS	0	OTC
REFUAH PLUS SOL CONTROL	0	OTC
RELION KIT LANCING	0	OTC
RELION LANCE MIS THIN 26G	0	OTC
RELION LANCE MIS THIN 30G	0	OTC
RELION LANCI MIS DEVICE	0	OTC
RELION MICRO MIS THIN 33G	0	OTC
RELION ULTRA MIS THIN 30G	0	OTC
RELION ULTRA MIS THIN PLS	0	OTC
RIGHTEST ALT MIS ADAPTOR	0	OTC
RIGHTEST LIQ HIGH CON	0	OTC
RIGHTEST LIQ NORM CON	0	OTC
RIGHTEST MIS GD500	0	OTC
RIGHTEST MIS GL300	0	OTC
SAFE-T-LANCE MIS 21G	0	OTC
SAFE-T-LANCE MIS 25G	0	OTC
SAFE-T-LANCE MIS HI FLOW	0	OTC
SAFE-T-LANCE MIS LOW FLOW	0	OTC
SAFE-T-LANCE MIS NOR FLOW	0	OTC
SAFE-T-PRO MIS LANCETS	0	OTC
SAFE-T-PRO MIS PLUS	0	OTC
SAFETY 21G MIS LANCETS	0	OTC
SAFETY 23G MIS LANCETS	0	OTC
SAFETY 28G MIS LANCETS	0	OTC
SAFETY 30G MIS LANCETS	0	OTC
SAFETY MIS LANCETS	0	OTC
SAPS HEALTH MIS TWIST	0	OTC
SAPS TWIST MIS 30G	0	OTC
SAPSCARE MIS TWIST	0	OTC
SB LANCETS MIS THIN	0	OTC
SB LANCETS MIS ULTR THN	0	OTC
SELECT-LITE KIT DEV/LANC	0	OTC
SELECT-LITE MIS LANC DEV	0	OTC
SIMPLE DIAG MIS LANCING	0	OTC
SINGLE-LET MIS 23G	0	OTC
SM LANCETS MIS 33G	0	OTC
SMART SENSE MIS LANC 21G	0	OTC
SMART SENSE MIS LANC 26G	0	OTC
SMART SENSE MIS LANC 30G	0	OTC
SMART SENSE MIS LANC 33G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
SMARTEST MIS LANCETS	0	OTC
SMARTEST SOL CONTROL	0	OTC
SOFTCLIX MIS LANCETS	0	OTC
SOLUS V2 MIS LANC 28G	0	OTC
SOLUS V2 MIS LANC 30G	0	OTC
SOLUS V2 MIS LANC DEV	0	OTC
SOLUS V2 SOL HIGH	0	OTC
SOLUS V2 SOL LOW	0	OTC
STERILANCE MIS TL 28G	0	OTC
STERILANCE MIS TL 30G	0	OTC
STERILANCE MIS TL 32G	0	OTC
SUPER THIN MIS LANC 28G	0	OTC
SUPER THIN MIS LANCETS	0	OTC
SUPREME II LIQ HIGH/LOW	0	OTC
SURE COMFORT MIS LANC 18G	0	OTC
SURE COMFORT MIS LANC 21G	0	OTC
SURE COMFORT MIS LANC 23G	0	OTC
SURE COMFORT MIS LANC 30G	0	OTC
SURE COMFORT MIS LANC PEN	0	OTC
SURE COMFORT MIS LANCETS	0	OTC
SUREFLEX MIS LANCETS	0	OTC
SURELITE MIS LANCETS	0	OTC
TAI DOC SOL NORM CON	0	OTC
TECHLITE AST MIS LANCETS	0	OTC
TECHLITE MIS LANC 26G	0	OTC
TECHLITE MIS LANCETS	0	OTC
TGT LANCET MIS 26G	0	OTC
TGT LANCET MIS 30G	0	OTC
TGT LANCET MIS 33G	0	OTC
TGT LANCING MIS DEVICE	0	OTC
THIN LANCETS MIS 26G	0	OTC
THIN LANCETS MIS 30G	0	OTC
THINLETS GP MIS 26G	0	OTC
TOPCARE MIS LANC 33G	0	OTC
TRAVEL LANCE MIS ADV 28G	0	OTC
TRUE COMFORT MIS LANC 30G	0	OTC
TRUE METRIX SOL LEVEL 1	0	OTC
TRUE METRIX SOL LEVEL 2	0	OTC
TRUE METRIX SOL LEVEL 3	0	OTC
TRUEDRAW MIS LANC DEV	0	OTC
TRUPLUS LANC MIS 26G	0	OTC
TRUPLUS LANC MIS 28G	0	OTC
TRUPLUS LANC MIS 30G	0	OTC
TRUPLUS LANC MIS 33G	0	OTC

Drug Name	Drug Tier	Requirements/Limits
TWIIST KIT REFILL	0	PA
TWIIST KIT STARTER	0	PA
TWIIST REFIL KIT INFUSION	0	PA
TWIST LANCET MIS 30G	0	OTC
TWIST LANCET MIS 30G MULT	0	OTC
ULTI-LANCE MIS CLR TIP	0	OTC
ULTILET MIS 26G	0	OTC
ULTILET MIS 28G	0	OTC
ULTILET MIS 30G	0	OTC
ULTILET MIS 33G	0	OTC
ULTILET MIS LANCETS	0	OTC
ULTILET MIS SAFETY	0	OTC
ULTILET SAFE MIS 21G	0	OTC
ULTRA THIN MIS 28G	0	OTC
ULTRA THIN MIS 30G	0	OTC
ULTRA THIN MIS 31G	0	OTC
ULTRA THIN MIS 33G	0	OTC
ULTRA THIN MIS LAN 31G	0	OTC
ULTRA THIN MIS LANC 28G	0	OTC
ULTRA THIN MIS LANC 30G	0	OTC
ULTRA THIN MIS LANCETS	0	OTC
UNILET EX II MIS 28G	0	OTC
UNILET EXCEL MIS 23G	0	OTC
UNILET G.P MIS SUPR 23G	0	OTC
UNILET G.P. MIS 21G	0	OTC
UNILET GP 28 MIS ULT THIN	0	OTC
UNILET LANC MIS 33G	0	OTC
UNILET LANCE MIS 21G	0	OTC
UNILET LANCE MIS 28G	0	OTC
UNILET LANCE MIS 33G	0	OTC
UNILET LANCT MIS 28G	0	OTC
UNILET LANCT MIS 30G	0	OTC
UNILET LANCT MIS 33G	0	OTC
UNILET MICRO MIS 33G	0	OTC
UNILET MIS 21G	0	OTC
UNILET SUPER MIS 23G	0	OTC
UNILET SUPER MIS G.P. 23G	0	OTC
UNISTIK 1 MIS 2.4MM	0	OTC
UNISTIK 1 MIS 3.0MM	0	OTC
UNISTIK 2 MIS	0	OTC
UNISTIK 2 MIS 1.8MM	0	OTC
UNISTIK 2 MIS 2.4MM	0	OTC
UNISTIK 2 MIS COMFORT	0	OTC
UNISTIK 2 MIS EXTRA	0	OTC

Drug Name	Drug Tier	Requirements/Limits
UNISTIK 2 MIS NEONATAL	0	OTC
UNISTIK 2 MIS NORMAL	0	OTC
UNISTIK 2 MIS SUPER	0	OTC
UNISTIK 3 MIS 1.8MM	0	OTC
UNISTIK 3 MIS COMFORT	0	OTC
UNISTIK 3 MIS EXTRA	0	OTC
UNISTIK 3 MIS GENT 30G	0	OTC
UNISTIK 3 MIS NEONATAL	0	OTC
UNISTIK 3 MIS NORMAL	0	OTC
UNISTIK 23G MIS NORMAL	0	OTC
UNISTIK CZT MIS COMFORT	0	OTC
UNISTIK CZT MIS NORMAL	0	OTC
UNISTIK PRO MIS LANC 21G	0	OTC
UNISTIK PRO MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 28G	0	OTC
UNISTIK SAFE MIS LANC 30G	0	OTC
UNISTIK TOUC MIS LANC 21G	0	OTC
UNISTIK TOUC MIS LANC 23G	0	OTC
UNISTIK TOUC MIS LANC 28G	0	OTC
UNISTIK TOUC MIS LANC 30G	0	OTC
UNITSTIK PRO MIS LANC 25G	0	OTC
UNIVERSAL 1 MIS 33G	0	OTC
UNIVERSAL 1 MIS LANC 26G	0	OTC
UNIVERSAL 1 MIS LANC 30G	0	OTC
VANTAGE LANC MIS DEVICE	0	OTC
VERASENS LIQ LEVEL 1	0	OTC
VERIFINE LAN MIS MINI 21G	0	OTC
VERIFINE LAN MIS MINI 23G	0	OTC
VERIFINE LAN MIS MINI 28G	0	OTC
VERIFINE LAN MIS MINI 30G	0	OTC
VERIFINE MIS UNIV 28G	0	OTC
VERIFINE MIS UNIV 30G	0	OTC
VERIFINE MIS UNIV 33G	0	OTC
VIVAGUARD LIQ CONTROL	0	OTC
VIVAGUARD MIS 28G	0	OTC
VIVAGUARD MIS 30G	0	OTC
VIVAGUARD MIS LANCING	0	OTC
VIVI CAP1 MIS	0	OTC
VIVI CAP MIS	0	OTC
ZEVRX TWIST MIS LANC 30G	0	OTC
MISC. DEVICES		
ALCOH-WIPE MIS 12"X12"	3	
ALCOHOL PAD	0	OTC

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PAD 70%	0	OTC
ALCOHOL PAD PREP	0	OTC
ALCOHOL PADS PAD 70%	0	OTC
ALCOHOL PREP PAD	0	OTC
ALCOHOL PREP PAD 70%	0	OTC
ALCOHOL PREP PAD MED 70%	0	OTC
ALCOHOL PREP PAD PADS 70%	0	OTC
ALCOHOL SWAB PAD	0	OTC
ALCOHOL SWAB PAD 70%	0	OTC
ALCOHOL SWAB PAD EX-THICK	0	OTC
AUM ALCOHOL PAD PREP 70%	0	OTC
BD SWAB REG PAD SNGL USE	0	OTC
CARETOUCH PAD ALCOHOL	0	OTC
COMFRT TOUCH PAD ALC PREP	0	OTC
CURITY PREP PAD ALCOHOL	0	OTC
EASY COMFORT PAD ALCOHOL	0	OTC
ESSENTRA MIS 9X9"	3	
FIFTY50 PREP PAD PADS	0	OTC
GLOBAL PREP PAD PADS	0	OTC
GNP ALCOHOL PAD SWABS	0	OTC
INCONTROL PAD ALCOHOL	0	OTC
PREP PADS PAD	0	OTC
PRO COMFORT PAD ALCOHOL	0	OTC
PURE COMFORT PAD	0	OTC
QC ALCOHOL PAD SWABS	0	OTC
RA ALCOHOL PAD SWABS	0	OTC
REALITY SWAB PAD	0	OTC
SAPS CARE PAD ALCOHOL	0	OTC
SAPS HEALTH PAD ALCOHOL	0	OTC
SB ALCOHOL PAD PREP	0	OTC
TRUE COMFORT PAD PRO	0	OTC
ULTICARE PAD ALCOHOL	0	OTC
ULTILET PAD ALCOHOL	0	OTC
WEBCOL PREP PAD LARGE	0	OTC
WEBCOL PREP PAD MEDIUM	0	OTC
ZEVRX STERIL PAD ALCHOL	0	OTC
PARENTERAL THERAPY SUPPLIES		
ADMIX NEEDLE MIS 18GX1.5"	3	OTC
ALLERGIST KIT 0.5/28G	3	
ALLERGIST KIT 1MLX27G	3	
ALLERGIST KIT 1MLX28G	3	
ALLERGIST KIT 27GX1/2"	3	OTC
ALLERGY TRAY KIT 27GX1/2"	3	OTC

Drug Name	Drug Tier	Requirements/Limits
1ML ALLR SYR MIS 27GX1/2"	3	OTC
AUTOJECT 2 MIS	0	OTC
AUTOPEN MIS 1 UNIT	0	OTC
AUTOPEN MIS 1-21UNIT	0	OTC
AUTOPEN MIS 2 UNIT	0	OTC
AUTOPEN MIS 2-42UNIT	0	OTC
AUTOSHIELD MIS 30GX5MM	0	OTC
BD 5ML SYRG MIS LUER-LOK	3	
BD 20ML SYRG MIS LUER-LOK	3	OTC
BD BLNT FILL MIS 18GX1.5	3	OTC
BD ECLIPSE MIS 1ML/27G	3	OTC
BD ECLIPSE MIS 18GX1.5"	3	OTC
BD ECLIPSE MIS 23GX1"	3	
BD ECLIPSE MIS 23GX1"	3	OTC
BD ECLIPSE MIS 25GX5/8"	3	OTC
BD HYPO NEED MIS 16GX1"	3	OTC
BD HYPO NEED MIS 18GX1"	3	OTC
BD HYPO NEED MIS 18GX1.5"	3	OTC
BD HYPO NEED MIS 19GX1"	3	OTC
BD HYPO NEED MIS 19GX1.5"	3	OTC
BD HYPO NEED MIS 21GX1"	3	OTC
BD HYPO NEED MIS 21GX2"	3	OTC
BD HYPO NEED MIS 22GX1"	3	OTC
BD HYPO NEED MIS 22GX1.5"	3	OTC
BD HYPO NEED MIS 23GX1"	3	OTC
BD HYPO NEED MIS 23GX3/4"	3	OTC
BD HYPO NEED MIS 25GX1.5"	3	OTC
BD HYPO NEED MIS 26GX1/2"	3	OTC
BD INTEGRA MIS 25GX1"	3	OTC
BD LUER-LOK MIS SYR 10ML	3	OTC
BD NEEDLE MIS 23GX1"	3	OTC
BD NEEDLE MIS 30GX1/2"	3	OTC
BD NEEDLES MIS 16GX1.5"	3	OTC
BD NEEDLES MIS 18GX1.5"	3	OTC
BD NEEDLES MIS 19GX1"	3	OTC
BD NEEDLES MIS 20GX1"	3	OTC
BD NEEDLES MIS 20GX1.5"	3	OTC
BD NEEDLES MIS 21GX1.5"	3	OTC
BD NEEDLES MIS 22GX1.5"	3	OTC
BD NEEDLES MIS 25GX5/8"	3	OTC
BD NEEDLES MIS 27GX1/2"	3	OTC
BD NEEDLES MIS 30GX1/2"	3	OTC
BD PEN MINI MIS	0	OTC
BD PEN MIS	0	OTC

Drug Name	Drug Tier	Requirements/Limits
BD PHLEBOTOM MIS 1.5QT	0	OTC
BD PLASTIPAK MIS 3ML	3	OTC
BD PLASTIPAK MIS 21GX1"	3	OTC
BD PRECISION MIS 23GX1.5"	3	OTC
BD SAFETY MIS 23GX1.5"	3	OTC
BD SHARPS MIS 1.4QT	0	OTC
BD SHARPS MIS 3.3QT	0	OTC
BD SHARPS MIS 5.1L	0	OTC
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	
BD ULTRAFINE INSULIN SYRINGES/NEEDLES	0	OTC
BD ULTRAFINE PEN NEEDLES	0	OTC
BLUNT CANNUL MIS 20GX1.5"	3	
BLUNT CANNUL MIS 21GX1"	3	
BULB IRR SYR MIS 60ML	3	OTC
CAREPOINT SA MIS 23GX1"	3	
CAREPOINT SA MIS 23GX11/2	3	
CAREPOINT SA MIS 25GX1"	3	
CAREPOINT SA MIS 25GX5/8"	3	
CAREPOINT SA MIS 25GX11/2	3	
CAREPOINT SY MIS 20GX1"	3	
CAREPOINT SY MIS 20GX1.5"	3	
CAREPOINT SY MIS 22G X 1"	3	
CAREPOINT SY MIS 22GX1.5"	3	
CAREPOINT SY MIS 23GX1"	3	
CAREPOINT SY MIS 23GX1.5"	3	
CAREPOINT SY MIS 25GX1"	3	
CAREPOINT SY MIS 60ML	3	
CAREPOINT TU MIS 25GX5/8"	3	OTC
CARETOUCH MIS 27GX1.5"	3	OTC
CATHETER/TIP MIS 60ML COV	3	OTC
CEQUR SIMPL KIT PATCH 2U	0	
CEQUR SIMPL MIS INSERTER	0	
COMPL NEEDLE MIS COLL SYS	0	OTC
DROPSAFE MIS SICURA	3	OTC
EASY COMFORT MIS SHARPS	0	OTC
EASY GLIDE MIS 1ML SYR	3	OTC
EASY GLIDE MIS 3ML SYR	3	OTC
EASY GLIDE MIS 5ML SYR	3	OTC
EASY GLIDE MIS 10ML SYR	3	OTC
EASY GLIDE MIS 20ML SYR	3	OTC
EASY GLIDE MIS 30ML SYR	3	OTC
EASY GLIDE MIS 60ML SYR	3	OTC
EASY TOUCH MIS 20ML SYR	3	OTC
EASY TOUCH MIS 60ML SYR	3	OTC

Drug Name	Drug Tier	Requirements/Limits
EASYPOINT MIS 18GX1"	3	OTC
EASYPOINT MIS 18GX1.5"	3	OTC
EASYPOINT MIS 20GX1"	3	OTC
EASYPOINT MIS 20GX1.5"	3	OTC
EASYPOINT MIS 21G X 1"	3	OTC
EASYPOINT MIS 21GX1.5"	3	OTC
EASYPOINT MIS 22GX1"	3	OTC
EASYPOINT MIS 22GX1.5"	3	OTC
EASYPOINT MIS 23GX1"	3	
EASYPOINT MIS 23GX1"	3	OTC
EASYPOINT MIS 25GX1"	3	
EASYPOINT MIS 25GX1"	3	OTC
EASYPOINT MIS 25GX1.5"	3	OTC
EASYPOINT MIS 25GX5/8"	3	
EASYPOINT MIS 25GX5/8"	3	OTC
ECLIPSE NDL MIS 21GX1"	3	OTC
ECLIPSE NDLE MIS 21GX1.5"	3	OTC
ECLIPSE NDLE MIS 25GX1.5"	3	OTC
EMBECTA AUTO MIS DUO	0	OTC
EMBECTA NANO MIS 32GX4MM	0	OTC
EMBECTA UF MIS 29GX12.7	0	OTC
EMBECTA UF MIS 31GX5MM	0	OTC
EMBECTA UF MIS 31GX8MM	0	OTC
EMBECTA UF MIS 32GX6MM	0	OTC
FILL NEEDLE MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 18GX1.5"	3	
FILTER NEEDL MIS 18GX1.5"	3	OTC
FILTER NEEDL MIS 20GX1.5"	3	
HYPO NEEDLE MIS 14GX1"	3	
HYPO NEEDLE MIS 14GX1.5"	3	
HYPO NEEDLE MIS 14GX2"	3	
HYPO NEEDLE MIS 16GX1"	3	
HYPO NEEDLE MIS 16GX1"	3	OTC
HYPO NEEDLE MIS 16GX1.5"	3	
HYPO NEEDLE MIS 16GX1.5"	3	OTC
HYPO NEEDLE MIS 16GX3/4"	3	
HYPO NEEDLE MIS 16GX5/8"	3	
HYPO NEEDLE MIS 18GX1"	3	
HYPO NEEDLE MIS 18GX1"	3	OTC
HYPO NEEDLE MIS 18GX1.5"	3	
HYPO NEEDLE MIS 18GX1.5"	3	OTC
HYPO NEEDLE MIS 19GX1"	3	
HYPO NEEDLE MIS 19GX1"	3	OTC
HYPO NEEDLE MIS 19GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
HYPO NEEDLE MIS 19GX1.5"	3	OTC
HYPO NEEDLE MIS 20GX1"	3	
HYPO NEEDLE MIS 20GX1"	3	OTC
HYPO NEEDLE MIS 20GX1.5"	3	
HYPO NEEDLE MIS 20GX1.5"	3	OTC
HYPO NEEDLE MIS 21GX1"	3	
HYPO NEEDLE MIS 21GX1"	3	OTC
HYPO NEEDLE MIS 21GX1.5"	3	
HYPO NEEDLE MIS 21GX1.5"	3	OTC
HYPO NEEDLE MIS 21GX2"	3	
HYPO NEEDLE MIS 22GX1"	3	
HYPO NEEDLE MIS 22GX1"	3	OTC
HYPO NEEDLE MIS 22GX1.5"	3	
HYPO NEEDLE MIS 22GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX1"	3	
HYPO NEEDLE MIS 23GX1"	3	OTC
HYPO NEEDLE MIS 23GX1.5"	3	OTC
HYPO NEEDLE MIS 23GX3/4"	3	
HYPO NEEDLE MIS 23GX3/4"	3	OTC
HYPO NEEDLE MIS 25GX1"	3	
HYPO NEEDLE MIS 25GX1"	3	OTC
HYPO NEEDLE MIS 25GX1.5"	3	
HYPO NEEDLE MIS 25GX1.5"	3	OTC
HYPO NEEDLE MIS 25GX1.25	3	
HYPO NEEDLE MIS 25GX2"	3	
HYPO NEEDLE MIS 25GX5/8"	3	
HYPO NEEDLE MIS 25GX5/8"	3	OTC
HYPO NEEDLE MIS 26GX1.5"	3	
HYPO NEEDLE MIS 26GX1/2"	3	
HYPO NEEDLE MIS 26GX1/2"	3	OTC
HYPO NEEDLE MIS 27GX1.5"	3	
HYPO NEEDLE MIS 27GX1.5"	3	OTC
HYPO NEEDLE MIS 27GX1.25	3	
HYPO NEEDLE MIS 27GX1.25	3	OTC
HYPO NEEDLE MIS 27GX1/2"	3	
HYPO NEEDLE MIS 27GX1/2"	3	OTC
HYPO NEEDLE MIS 30GX1/2"	3	OTC
HYPO NEEDLE MIS 30GX3/4"	3	
INJECT-EASE MIS	0	OTC
INPEN 100EL MIS BLUE-HUM	0	
INPEN 100EL MIS GREY-HUM	0	
INPEN 100EL MIS PINK HUM	0	
INPEN 100NN MIS BLUE NOV	0	
INPEN 100NN MIS GREY NOV	0	

Drug Name	Drug Tier	Requirements/Limits
INPEN 100NN MIS PINK NOV	0	
INPEN BLUE MIS HUMALOG	0	
INPEN BLUE MIS NOVO/FIA	0	
INPEN GREY MIS HUMALOG	0	
INPEN GREY MIS NOVO/FIA	0	
INPEN PINK MIS HUMALOG	0	
INPEN PINK MIS NOVO/FIA	0	
INS SYR U500 MIS 0.5/31G	0	
INS SYR U500 MIS 31GX6MM	0	
J-TIP KIT KIT ADAPTERS	0	
10ML LL SYRG MIS CONTROL	3	OTC
10ML LL SYRN MIS 20GX1"	3	OTC
10ML LL SYRN MIS 20GX1.5"	3	OTC
10ML LL SYRN MIS 21GX1.5"	3	OTC
3ML LL SYRNG MIS 18GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX1"	3	
3ML LL SYRNG MIS 20GX1"	3	OTC
3ML LL SYRNG MIS 20GX1.5"	3	
5ML LL SYRNG MIS 20GX1.5"	3	OTC
3ML LL SYRNG MIS 20GX3/4"	3	
3ML LL SYRNG MIS 21GX1"	3	
3ML LL SYRNG MIS 21GX1"	3	OTC
3ML LL SYRNG MIS 21GX1.5"	3	
3ML LL SYRNG MIS 21GX1.5"	3	OTC
5ML LL SYRNG MIS 22GX1"	3	OTC
3ML LL SYRNG MIS 22GX1.5"	3	
3ML LL SYRNG MIS 22GX1.5"	3	OTC
3ML LL SYRNG MIS 23GX1"	3	
3ML LL SYRNG MIS 23GX1"	3	OTC
3ML LL SYRNG MIS 23GX1.5"	3	OTC
3ML LL SYRNG MIS 25GX1"	3	
3ML LL SYRNG MIS 25GX1"	3	OTC
3ML LL SYRNG MIS 25GX5/8"	3	
3ML LL SYRNG MIS 25GX5/8"	3	OTC
3ML LL SYRNG MIS 27GX1.25	3	
3ML LUER LOC MIS 21GX1.5"	3	OTC
3ML LUER LOC MIS 22GX1"	3	OTC
3ML LUER LOC MIS 22GX1.5"	3	OTC
3ML LUER LOC MIS 23GX1"	3	OTC
3ML LUER LOC MIS 23GX1.5"	3	OTC
3ML LUER LOC MIS 25GX1"	3	OTC
3ML LUER LOC MIS 25GX5/8"	3	OTC
LUER-LOCK MIS SYRG 3ML	3	
LUER-LOK MIS SYRG 5ML	3	OTC

Drug Name	Drug Tier	Requirements/Limits
LUER-LOK SYR MIS 1ML/20G	3	OTC
MAGELLAN SYR MIS 23GX1"	3	
MONOJECT S/P MIS 20ML/LL	3	OTC
MONOJECT S/P MIS 20ML/LT	3	OTC
MONOJECT S/P MIS 35/CATH	3	OTC
MONOJECT S/P MIS 35ML/LL	3	OTC
MONOJECT S/P MIS 35ML/REG	3	OTC
MONOJECT S/P MIS 60ML/LL	3	OTC
MONOJECT S/P MIS 60ML/REG	3	OTC
NEEDL COLLEC MIS DISPOSAL	0	OTC
NEEDLE COLLE MIS DISPOSAL	0	OTC
NEEDLES MIS 18GX1"	3	OTC
NEEDLES MIS 18GX1.5"	3	OTC
NEEDLES MIS 19GX1"	3	OTC
NEEDLES MIS 19GX1.5"	3	OTC
NEEDLES MIS 20GX1"	3	OTC
NEEDLES MIS 20GX1.5"	3	OTC
NEEDLES MIS 21GX1"	3	OTC
NEEDLES MIS 21GX1.5"	3	OTC
NEEDLES MIS 22GX1"	3	OTC
NEEDLES MIS 22GX1.5"	3	OTC
NEEDLES MIS 23GX1"	3	OTC
NEEDLES MIS 23GX1.5"	3	OTC
NEEDLES MIS 23GX5/8"	3	OTC
NEEDLES MIS 25GX1"	3	OTC
NEEDLES MIS 25GX1.5"	3	OTC
NEEDLES MIS 25GX5/8"	3	OTC
NEEDLES MIS 26X1/2"	3	OTC
NEEDLES MIS 27GX1/2"	3	OTC
NEEDLES MIS 30GX1/2"	3	OTC
NORM-JECT MIS LUER LOC	3	OTC
NORM-JECT MIS LUER LOK	3	
NOVOPEN ECHO MIS	0	
PERFECT POIN MIS 25GX1"	3	OTC
PHARM SYRNG MIS TRAY 1ML	3	
PHARM TRAY MIS 1ML/REG	3	OTC
PHARM TRAY MIS 3ML/LL	3	
PHARM TRAY MIS 6ML	3	
PHARM TRAY MIS 12ML/LL	3	
PHARM TRAY MIS 20ML/LL	3	
PHARM TRAY MIS 35ML/LL	3	
PHARM TRAY MIS 60ML/LL	3	
PISTON IRRIG MIS 60ML SYR	3	OTC
POLY HUB MIS 18GX1"	3	

Drug Name	Drug Tier	Requirements/Limits
POLY HUB MIS 18GX1"	3	OTC
POLY HUB MIS 18GX1.5"	3	
POLY HUB MIS 18GX1.5"	3	OTC
POLY HUB MIS 20GX1"	3	
POLY HUB MIS 21GX1"	3	
POLY HUB MIS 21GX1"	3	OTC
POLY HUB MIS 21GX1.5"	3	
POLY HUB MIS 21GX1.5"	3	OTC
POLY HUB MIS 22GX1"	3	
POLY HUB MIS 22GX1"	3	OTC
POLY HUB MIS 22GX1.5"	3	
POLY HUB MIS 22GX1.5"	3	OTC
POLY HUB MIS 23GX1"	3	
POLY HUB MIS 23GX1"	3	OTC
POLY HUB MIS 23GX1.5"	3	
POLY HUB MIS 23GX1.5"	3	OTC
POLY HUB MIS 25GX1"	3	
POLY HUB MIS 25GX1"	3	OTC
POLY HUB MIS 25GX1.5"	3	
POLY HUB MIS 25GX1.5"	3	OTC
POLY HUB MIS 25GX5/8"	3	
POLY HUB MIS 25GX5/8"	3	OTC
POLY HUB MIS 27GX1.25	3	OTC
POLY HUB MIS 27GX1/2"	3	
POLY HUB MIS 27GX1/2"	3	OTC
POLY HUB MIS 30GX1/2"	3	
POLY HUB MIS 30GX1/2"	3	OTC
PRECISIONGLI MIS 27GX1.5"	3	OTC
SAFETY NEEDL MIS 22GX1.5"	3	OTC
SAFETYGLIDE MIS 21GX1"	3	OTC
SAFETYGLIDE MIS 21GX1.5"	3	
SAFETYGLIDE MIS 21GX1.5"	3	OTC
SAFETYGLIDE MIS 23GX1"	3	OTC
SAFTY NEEDLE MIS 18GX1"	3	
SAFTY NEEDLE MIS 18GX1.5"	3	
SAFTY NEEDLE MIS 19GX1"	3	
SAFTY NEEDLE MIS 19GX1.5"	3	
SAFTY NEEDLE MIS 20GX1"	3	
SAFTY NEEDLE MIS 20GX1.5"	3	
SAFTY NEEDLE MIS 21GX1"	3	
SAFTY NEEDLE MIS 21GX1.5"	3	
SAFTY NEEDLE MIS 21GX5/8"	3	
SAFTY NEEDLE MIS 22GX1"	3	
SAFTY NEEDLE MIS 22GX1.5"	3	

Drug Name	Drug Tier	Requirements/Limits
SAFTY NEEDLE MIS 23GX1"	3	
SAFTY NEEDLE MIS 23GX5/8"	3	
SAFTY NEEDLE MIS 25GX1"	3	
SAFTY NEEDLE MIS 25GX5/8"	3	
SECURESAFE MIS 19GX1"	3	OTC
SECURESAFE MIS 19GX1.5"	3	OTC
SECURESAFE MIS 21GX1.5"	3	OTC
SECURESAFE MIS 22GX1"	3	OTC
SECURESAFE MIS 25GX1.5"	3	OTC
SECURESAFE MIS 26GX1/2"	3	OTC
SECURESAFE MIS 27GX1/2"	3	OTC
SHARP CONTAI MIS	0	
SHARPS COLL MIS 0.05GAL	0	OTC
SHARPS COLL MIS 5.4QT	0	OTC
SHARPS COLL MIS 6.9QT	0	OTC
SHARPS COLL MIS 8.2QT	0	OTC
SHARPS CONT MIS 1 QT	0	OTC
SHARPS CONT MIS 1QUART	0	OTC
SHARPS CONT MIS 2QUART	0	OTC
SHARPS CONT MIS 5GAL	0	OTC
SHARPS CONT MIS 14QT	0	
SHARPS CONT MIS HOME	0	OTC
SHARPS CONTA MIS 0.05L	0	OTC
SHARPS DISP MIS 1 GALLON	0	OTC
SHARPS DISP MIS 1 QUART	0	OTC
SHARPS DISP MIS 2 GALLON	0	OTC
SHARPS DISP MIS 3 GALLON	0	OTC
SHARPS UNIV MIS CONTAINE	0	OTC
SLIP TIP 1ML MIS	3	OTC
SLIP TIP 3ML MIS	3	
1ML SLIP TIP MIS 25GX5/8"	3	OTC
1ML SLIP TIP MIS 26GX3/8"	3	OTC
SYRG/NDL 3ML MIS 22G X 1"	3	OTC
SYRG/NDL 3ML MIS 23GX1"	3	OTC
SYRG/NDL 3ML MIS 25GX5/8"	3	OTC
140ML SYRING MIS CATH TIP	3	
140ML SYRING MIS LUER-LOC	3	
140ML SYRING MIS REG TIP	3	
SYRINGE 5ML MIS LUER SLP	3	OTC
SYRINGE BARR MIS LUER10ML	3	OTC
SYRINGE BARR MIS LUER 1ML	3	OTC
SYRINGE BARR MIS LUER 3ML	3	OTC
SYRINGE BARR MIS LUER 5ML	3	OTC
SYRINGE BARR MIS UNI 3ML	3	OTC

Drug Name	Drug Tier	Requirements/Limits
SYRINGE BARR MIS UNI 5ML	3	OTC
SYRINGE BARR MIS UNI 10ML	3	OTC
SYRINGE LUER MIS -LOK 1ML	3	OTC
6ML SYRINGE MIS	3	
6ML SYRINGE MIS 18GX1"	3	
12ML SYRINGE MIS 18GX1"	3	OTC
3ML SYRINGE MIS 18GX1.5"	3	
3ML SYRINGE MIS 18GX1.5"	3	OTC
3ML SYRINGE MIS 20GX1"	3	
3ML SYRINGE MIS 20GX1"	3	OTC
12ML SYRINGE MIS 20GX1.5"	3	
12ML SYRINGE MIS 20GX1.5"	3	OTC
12ML SYRINGE MIS 21GX1"	3	
3ML SYRINGE MIS 21GX1"	3	OTC
12ML SYRINGE MIS 21GX1.5"	3	
3ML SYRINGE MIS 21GX1.5"	3	OTC
3ML SYRINGE MIS 22G X 1"	3	OTC
3ML SYRINGE MIS 22GX1"	3	OTC
12ML SYRINGE MIS 22GX1.5"	3	
5ML SYRINGE MIS 22GX1.5"	3	OTC
3 ML SYRINGE MIS 22X1-1/2	3	OTC
3ML SYRINGE MIS 23GX1"	3	
3ML SYRINGE MIS 23GX1"	3	OTC
3ML SYRINGE MIS 23GX1.5"	3	
3ML SYRINGE MIS 23GX1.5"	3	OTC
3ML SYRINGE MIS 25GX1"	3	
1ML SYRINGE MIS 25GX1"	3	OTC
3ML SYRINGE MIS 25GX1.5"	3	
3ML SYRINGE MIS 25GX1.25	3	
1ML SYRINGE MIS 25GX5/8"	3	
1ML SYRINGE MIS 25GX5/8"	3	OTC
1ML SYRINGE MIS 26GX3/8"	3	OTC
3ML SYRINGE MIS 27GX1.25	3	
1ML SYRINGE MIS 27GX1/2"	3	OTC
1ML SYRINGE MIS 28GX1/2"	3	OTC
3ML SYRINGE MIS CANNULA	3	
10ML SYRINGE MIS CANNULA	3	OTC
60ML SYRINGE MIS CATH TIP	3	
60ML SYRINGE MIS CATH TIP	3	OTC
20ML SYRINGE MIS ECC LUER	3	
60ML SYRINGE MIS ECC TIP	3	
10ML SYRINGE MIS ECC TIP	3	OTC
30ML SYRINGE MIS LUER LOC	3	
3ML SYRINGE MIS LUER LOC	3	OTC

Drug Name	Drug Tier	Requirements/Limits
60ML SYRINGE MIS LUER LOK	3	
20ML SYRINGE MIS LUER LOK	3	OTC
1ML SYRINGE MIS LUER SLI	3	OTC
1ML SYRINGE MIS LUER SLP	3	
1ML SYRINGE MIS LUER SLP	3	OTC
12ML SYRINGE MIS LUER-LOC	3	
3ML SYRINGE MIS LUER-LOK	3	
20ML SYRINGE MIS LUER-LOK	3	OTC
6ML SYRINGE MIS REG LUER	3	
12ML SYRINGE MIS REG LUER	3	OTC
3ML SYRINGE MIS REG TIP	3	
20ML SYRINGE MIS SLIP	3	
10ML SYRINGE MIS SLIP TIP	3	OTC
60ML SYRINGE MIS TOOMEY	3	
5ML SYRINGES MIS 21GX1"	3	OTC
TB SYRINGE MIS 0.5/28G	3	
1ML TB SYRNG MIS 25GX5/8"	3	
1ML TB SYRNG MIS 25GX5/8"	3	OTC
1ML TB SYRNG MIS 26GX3/8"	3	
1ML TB SYRNG MIS 26GX3/8"	3	OTC
1ML TB SYRNG MIS 27GX1/2"	3	
1ML TB SYRNG MIS 27GX1/2"	3	OTC
1ML TB SYRNG MIS 28GX1/2"	3	
1ML TB SYRNG MIS 28GX1/2"	3	OTC
1ML TB SYRNG MIS LUER LOK	3	
1ML TB SYRNG MIS REG LUER	3	
1ML TB SYRNG MIS REG LUER	3	OTC
TOOMEY SYRIN MIS 70ML	3	
VENT NEEDLE MIS 18GX1"	3	OTC
VERISAFE MIS 23GX1.5"	3	
VERISAFE MIS 25GX1"	3	
RESPIRATORY THERAPY SUPPLIES		
AERCHMBR PLS MIS FLOW-VU	3	
AERCHMBR PLS MIS INTERMED	3	
AERCHMBR PLS MIS LRG MASK	3	
AERCHMBR PLS MIS MED MASK	3	
AERCHMBR PLS MIS SM MASK	3	
AERCHMBR Z- MIS STAT PLS	3	
AEROCHAMBER KIT ACTION	3	
AEROCHAMBER MIS 2GO	3	
AEROCHAMBER MIS CHAMBER	3	
AEROCHAMBER MIS FLOSIGNA	3	
AEROCHAMBER MIS HOLDING	3	

Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER MIS MTHPIECE	3	
AEROCHAMBER MIS MV	3	
AEROCHAMBER MIS PLUS	3	
AEROVENT MIS PLUS	3	
AIRZONE PEAK MIS FLOW MTR	3	OTC
ASSESS METER MIS FULL	3	OTC
ASSESS METER MIS LOW	3	OTC
BREATHE EASE MIS LG MASK	3	
BREATHE EASE MIS MED MASK	3	
BREATHE EASE MIS METER	3	OTC
BREATHE EASE MIS SM MASK	3	
BREATHERITE MIS MDI CHMB	3	
COMPACT SPAC MIS CHAMBER	3	
COMPACT SPAC MIS LG MASK	3	
COMPACT SPAC MIS MD MASK	3	
COMPACT SPAC MIS SM MASK	3	
EASIVENT MIS	3	
EASIVENT MIS MASK LG	3	
EASIVENT MIS MASK MED	3	
EASIVENT MIS MASK SM	3	
FLEXICHAMBER MIS	3	
FLEXICHAMBER MIS MASK LRG	3	
FLEXICHAMBER MIS MASK SM	3	
HOLD CHAMBER MIS ADLT LG	3	
HOLD CHAMBER MIS ADLT LG	3	OTC
HOLD CHAMBER MIS MEDIUM	3	
HOLD CHAMBER MIS MEDIUM	3	OTC
HOLD CHAMBER MIS SMALL	3	
HOLD CHAMBER MIS SMALL	3	OTC
HOLDING CHAM MIS ADULT	3	OTC
HOLDING CHAM MIS CHILD	3	OTC
INSPIREASE MIS DD SYST	3	
INSPIREASE MIS RES BAG	3	
LUNG PERFM MIS METER	3	OTC
MASK VORTEX/ MIS FROG	3	OTC
MASK VORTEX/ MIS LADY BUG	3	OTC
MICROCHAMBER MIS	3	
MICROLIFE MIS PEAK FLO	3	OTC
MICROSPACER MIS	3	
MINI WRIGHT MIS PFM	3	OTC
MINI WRIGHT MIS PFM LOW	3	OTC
OPTICHAMBER MIS DIA LG	3	
OPTICHAMBER MIS DIA MD	3	
OPTICHAMBER MIS DIA SM	3	

Drug Name	Drug Tier	Requirements/Limits
OPTICHAMBER MIS DIAMOND	3	
PANDA MASK MIS LARGE	3	OTC
PANDA MASK MIS MEDIUM	3	OTC
PANDA MASK MIS PEDIATRI	3	OTC
PANDA MASK MIS SMALL	3	OTC
PARI VORTEX MIS ADL MASK	3	OTC
PEAK A-I-R MIS FLW METR	3	OTC
PEAK AIR FLO MIS ADLT/PED	3	OTC
PEAK FLOW MIS METER	3	OTC
PEAK FLW MTR MIS ADULT	3	OTC
PEAK FLW MTR MIS CHILD	3	OTC
PEAK FLW MTR MIS UNIVERSL	3	OTC
PERSONAL BES MIS FULL RNG	3	OTC
PIKO 1 MIS ELECTRON	3	OTC
POCKET CHAMB MIS	3	
POCKET PEAK MIS METER	3	OTC
POCKET SPACE MIS	3	
POCKETPEAK MIS MTR LOW	3	OTC
PROCARE MIS ADULT	3	OTC
PROCARE MIS CHILD	3	OTC
PURE COMFORT MIS SPACER	3	OTC
RITEFLO MIS	3	
SPACE CHAMBR MIS ANTI-STA	3	
SPACE CHAMBR MIS LARGE	3	
SPACE CHAMBR MIS MEDIUM	3	
SPACE CHAMBR MIS SMALL	3	
SPACER CHAMB MIS ADULT	3	OTC
SPACER CHAMB MIS CHILD	3	OTC
SPACER CHAMB MIS INFANT	3	OTC
TRUZONE PEAK MIS FLOW MTR	3	
VORTEX CHAMB MIS PEDI MAS	3	
VORTEX MASK MIS PEDS MED	3	OTC
VORTEX MASK MIS PEDS SML	3	OTC
VORTEX VALVD MIS CHAMBER	3	
VORTEX VALVE MIS CHAMBER	3	
VORTEX/MASK MIS CHILDS	3	
VORTEX/MASK MIS TODDLER	3	

MIGRAINE PRODUCTS

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5	2	ST, QL (3 auto-injectors every 75 days)
AJOVY INJ 225/1.5	2	ST, QL (3 syringes every 75 days)

Drug Name	Drug Tier	Requirements/Limits
EMGALITY INJ 100MG/ML	2	ST, QL (3 syringes every 25 days)
EMGALITY INJ 120MG/ML	2	PA, QL (2 pens every 25 days)
EMGALITY INJ 120MG/ML	2	PA, QL (2 syringes every 25 days)
NURTEC TAB 75MG ODT	2	ST, QL (16 tabs every 25 days)
QULIPTA TAB 10MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 30MG	2	ST, QL (1 tab every 1 day)
QULIPTA TAB 60MG	2	ST, QL (1 tab every 1 day)
UBRELVY TAB 50MG	2	ST, QL (16 tabs every 28 days)
UBRELVY TAB 100MG	2	ST, QL (16 tabs every 28 days)
MIGRAINE PRODUCTS		
ERGOMAR SUB 2MG	3	
SEROTONIN AGONISTS		
almotriptan malate tab 6.25 mg	1	QL (12 ea every 30 days)
almotriptan malate tab 12.5 mg	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 20 mg (base equivalent)	1	QL (12 tabs every 30 days)
eletriptan hydrobromide tab 40 mg (base equivalent)	1	QL (12 tabs every 30 days)
FROVA TAB 2.5MG	3	QL (30 tabs every 30 days)
frovatriptan succinate tab 2.5 mg (base equivalent)	1	QL (1 tab every 1 day)
IMITREX INJ 4MG/0.5	3	QL (12 injections every 30 days)
IMITREX INJ 4MG/0.5	3	QL (36 injections every 30 days)
IMITREX INJ 6MG/0.5	3	QL (12 injections every 30 days)
IMITREX SPR 5MG/ACT	3	QL (30 inhalers every 30 days)
IMITREX SPR 20MG/ACT	3	QL (12 inhalers every 30 days)
IMITREX TAB 25MG	3	QL (12 tabs every 30 days)
IMITREX TAB 50MG	3	QL (12 tabs every 30 days)
IMITREX TAB 100MG	3	QL (12 tabs every 30 days)
naratriptan hcl tab 1 mg (base equiv)	1	QL (12 tabs every 30 days)
naratriptan hcl tab 2.5 mg (base equiv)	1	QL (12 tabs every 30 days)
ONZETRA XSAI MIS 11MG	3	QL (16 nosepieces every 25 days)

Drug Name	Drug Tier	Requirements/Limits
RELPAX TAB 20MG	3	QL (12 tabs every 30 days)
RELPAX TAB 40MG	3	QL (12 tabs every 30 days)
REYVOW TAB 50MG	3	ST, QL (4 tabs every 30 days)
REYVOW TAB 100MG	3	ST, QL (8 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	1	QL (30 tabs every 30 days)
rizatriptan benzoate tab 5 mg (base equivalent)	1	QL (1 tab every 1 day)
rizatriptan benzoate tab 10 mg (base equivalent)	1	QL (1 tab every 1 day)
sumatriptan nasal spray 5 mg/act	1	QL (1 inhaler every 1 day)
sumatriptan nasal spray 20 mg/act	1	QL (12 inhalers every 30 days)
sumatriptan succinate inj 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	1	QL (12 injections every 30 days)
sumatriptan succinate solution cartridge 4 mg/0.5ml	1	QL (36 injections every 30 days)
sumatriptan succinate solution cartridge 6 mg/0.5ml	1	QL (24 injections every 30 days)
sumatriptan succinate tab 25 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 50 mg	1	QL (12 tabs every 30 days)
sumatriptan succinate tab 100 mg	1	QL (12 tabs every 30 days)
ZEMBRACE SYM INJ 3/0.5ML	3	QL (24 injections every 25 days)
zolmitriptan nasal spray 2.5 mg/spray unit	1	QL (12 inhalers every 30 days)
zolmitriptan nasal spray 5 mg/spray unit	1	QL (12 bottles every 30 days)
zolmitriptan orally disintegrating tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan orally disintegrating tab 5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 2.5 mg	1	QL (12 tabs every 30 days)
zolmitriptan tab 5 mg	1	QL (12 tabs every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 inhalers every 30 days)
ZOMIG SPR 2.5MG	3	QL (12 units every 25 days)
ZOMIG SPR 5MG	3	QL (12 bottles every 30 days)

Drug Name	Drug Tier	Requirements/Limits
MINERALS & ELECTROLYTES		
FLUORIDE		
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)	0	PA
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)	0	PA
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)	0	PA
POTASSIUM		
EFFER-K TAB 10MEQ	3	
EFFER-K TAB 20MEQ	3	
K-TAB TAB 20MEQ	3	
potassium chloride cap er 8 meq	1	
potassium chloride cap er 10 meq	1	
potassium chloride microencapsulated crys er tab 10 meq	1	
potassium chloride microencapsulated crys er tab 15 meq	1	
potassium chloride microencapsulated crys er tab 20 meq	1	
potassium chloride oral soln 10% (20 meq/15ml)	1	
potassium chloride oral soln 20% (40 meq/15ml)	1	
potassium chloride powder packet 20 meq	1	
potassium chloride tab er 8 meq (600 mg)	1	
potassium chloride tab er 10 meq	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS		
DEPEN TITRA TAB 250MG	5	PA
penicillamine cap 250 mg	1	
penicillamine tab 250 mg	1	
trientine hcl cap 250 mg	1	
CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS		
PRISMASOL SOL 0/0/1.2	3	
PRISMASOL SOL 0/2.5	3	
PRISMASOL SOL 2/0	3	
PRISMASOL SOL 2/3.5	3	
PRISMASOL SOL 4/0/1.2	3	
PRISMASOL SOL 4/2.5	3	
PRISMASOL SOL B22GK4/0	3	
REGIOCIT SOL	3	

Drug Name	Drug Tier	Requirements/Limits
IMMUNOMODULATORS		
lenalidomide cap 5 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	0	PA, QL (1 cap every 1 day)
lenalidomide cap 20 mg	0	PA, QL (21 caps every 21 days)
lenalidomide cap 25 mg	0	PA, QL (21 caps every 21 days)
lenalidomide caps 2.5 mg	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG	0	PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG	0	PA, QL (21 caps every 21 days)
REVLIMID CAP 25MG	0	PA, QL (21 caps every 21 days)
THALOMID CAP 50MG	0	PA, QL (1 cap every 1 day)
THALOMID CAP 100MG	0	PA, QL (4 caps every 1 day)
THALOMID CAP 150MG	0	PA, QL (2 caps every 1 day)
THALOMID CAP 200MG	0	PA, QL (2 caps every 1 day)
VYVGART INJ HYTRULO	4	PA, QL (4 syringes per 28 days)
IMMUNOSUPPRESSIVE AGENTS		
ASTAGRAF XL CAP 0.5MG	3	PA
ASTAGRAF XL CAP 1MG	3	PA
ASTAGRAF XL CAP 5MG	3	PA
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
azathioprine tab 100 mg	1	
CELLCEPT CAP 250MG	3	PA
CELLCEPT SUS 200MG/ML	3	PA
CELLCEPT TAB 500MG	3	PA
cyclosporine cap 25 mg	1	
cyclosporine cap 100 mg	1	
cyclosporine modified cap 25 mg	1	
cyclosporine modified cap 50 mg	1	
cyclosporine modified cap 100 mg	1	
cyclosporine modified oral soln 100 mg/ml	1	
ENSPRYNG INJ	4	PA, QL (1 syringe every 28 days)
ENVARSUS XR TAB 0.75MG	3	PA
ENVARSUS XR TAB 1MG	3	PA
ENVARSUS XR TAB 4MG	3	PA

Drug Name	Drug Tier	Requirements/Limits
everolimus tab 0.5 mg	1	
everolimus tab 0.25 mg	1	
everolimus tab 0.75 mg	1	
everolimus tab 1 mg	1	
IMURAN TAB 50MG	3	
mycophenolate mofetil cap 250 mg	1	
mycophenolate mofetil for oral susp 200 mg/ml	1	
mycophenolate mofetil tab 500 mg	1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	
MYFORTIC TAB 180MG	3	PA
MYFORTIC TAB 360MG	3	PA
NEORAL CAP 25MG	3	
NEORAL CAP 100MG	3	
NEORAL SOL 100MG/ML	3	
PROGRAF CAP 0.5MG	3	PA
PROGRAF CAP 1MG	3	PA
PROGRAF CAP 5MG	3	PA
PROGRAF GRA 0.2MG	3	PA
PROGRAF GRA 1MG	3	PA
RAPAMUNE SOL 1MG/ML	3	PA
RAPAMUNE TAB 0.5MG	3	PA
RAPAMUNE TAB 1MG	3	PA
RAPAMUNE TAB 2MG	3	PA
SANDIMMUNE CAP 25MG	3	
SANDIMMUNE CAP 100MG	3	
SANDIMMUNE SOL 100MG/ML	3	
sirolimus oral soln 1 mg/ml	1	
sirolimus tab 0.5 mg	1	
sirolimus tab 1 mg	1	
sirolimus tab 2 mg	1	
tacrolimus cap 0.5 mg	1	
tacrolimus cap 1 mg	1	
tacrolimus cap 5 mg	1	
ZORTRESS TAB 0.5MG	3	PA
ZORTRESS TAB 0.25MG	3	PA
ZORTRESS TAB 0.75MG	3	PA
ZORTRESS TAB 1MG	3	PA
PATIENT ASSESSMENT SERVICES		
EUA PATIENT MIS ASSESS	3	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM REMOVING AGENTS		
sodium polystyrene sulfonate powder	1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
VELTASSA POW 1GM	2	
VELTASSA POW 8.4GM	2	
VELTASSA POW 16.8GM	2	
VELTASSA POW 25.2GM	2	
PROGERIA TREATMENT AGENTS		
ZOKINVY CAP 50MG	5	PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG	5	PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS		
BENLYSTA INJ 200MG/ML	5	PA, QL (4 injections every 28 days)
MOUTH/THROAT/DENTAL AGENTS		
ANESTHETICS TOPICAL ORAL		
lidocaine hcl laryngotracheal soln 4%	1	
lidocaine hcl viscous soln 2%	1	
ANTI-INFECTIVES - THROAT		
clotrimazole troche 10 mg	1	QL (3 ea every 1 day)
nystatin susp 100000 unit/ml	1	
ORAVIG TAB 50MG	3	
ANTISEPTICS - MOUTH/THROAT		
chlorhexidine gluconate soln 0.12%	1	
DEBACTEROL SOL 30-50%	3	
PERIDEX SOL 0.12%	3	
DENTAL PRODUCTS		
NA FL/K NITR GEL 1.1-5%	3	
sodium fluoride cream 1.1%	1	
sodium fluoride gel 1.1% (0.5% f)	1	
sodium fluoride paste 1.1%	1	
sodium fluoride rinse 0.2%	1	
STEROIDS - MOUTH/THROAT/DENTAL		
triamcinolone acetonide dental paste 0.1%	1	
THROAT PRODUCTS - MISC.		
cevimeline hcl cap 30 mg	1	
EVOXAC CAP 30MG	3	
pilocarpine hcl tab 5 mg	1	
pilocarpine hcl tab 7.5 mg	1	
SALAGEN TAB 5MG	3	
SALAGEN TAB 7.5MG	3	

Drug Name	Drug Tier	Requirements/Limits
MULTIVITAMINS		
PRENATAL VITAMINS		
CL PRENATAL TAB 28-0.8MG	3	OTC
EQL PRENATAL TAB FORMULA	3	OTC
FT PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB 28-0.8MG	3	OTC
GNP PRENATAL TAB FOLIC AC	3	OTC
KP PRENATAL TAB MULTIVIT	3	OTC
MASONATAL TAB	3	OTC
OBTREX TAB	3	OTC
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg	1	
PRENATAL TAB	3	OTC
PRENATAL TAB 28-0.8MG	3	OTC
PRENATAL TAB IRON	3	OTC
PRENATAL TAB MULTIVIT	3	OTC
PRENATAL VIT TAB 28-0.8MG	3	OTC
PRENATAL VIT TAB MINERALS	3	OTC
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg	1	
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg	1	
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg	1	
prenatal vit w/ fe fumarate-fa tab 28-1 mg	1	
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg	1	
PX PRENATAL TAB MULTIVIT	3	OTC
QC PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB 28-0.8MG	3	OTC
RA PRENATAL TAB FORMULA	3	OTC
THERANATAL TAB 27-1	3	OTC
VINATE CARE CHW 40-1MG	3	OTC
MUSCULOSKELETAL THERAPY AGENTS		
CENTRAL MUSCLE RELAXANTS		
baclofen oral soln 5 mg/5ml	1	
baclofen oral soln 10 mg/5ml	1	
baclofen tab 5 mg	1	
baclofen tab 10 mg	1	
baclofen tab 15 mg	1	
baclofen tab 20 mg	1	
carisoprodol tab 350 mg	1	QL (84 tabs every 25 days)
chlorzoxazone tab 500 mg	1	
cyclobenzaprine hcl tab 5 mg	1	
cyclobenzaprine hcl tab 10 mg	1	
LYVISPAH GRA 5MG	2	

Drug Name	Drug Tier	Requirements/Limits
LYVISPAH GRA 10MG	2	
LYVISPAH GRA 20MG	2	
metaxalone tab 800 mg	1	
methocarbamol tab 500 mg	1	
methocarbamol tab 750 mg	1	
methocarbamol tab 1000 mg	1	
orphenadrine citrate tab er 12hr 100 mg	1	
SOMA TAB 250MG	3	QL (84 tabs every 25 days)
SOMA TAB 350MG	3	QL (84 tabs every 25 days)
tizanidine hcl cap 2 mg (base equivalent)	1	
tizanidine hcl cap 4 mg (base equivalent)	1	
tizanidine hcl cap 6 mg (base equivalent)	1	
tizanidine hcl tab 2 mg (base equivalent)	1	
tizanidine hcl tab 4 mg (base equivalent)	1	
ZANAFLEX CAP 2MG	3	
ZANAFLEX CAP 4MG	3	
ZANAFLEX CAP 6MG	3	
ZANAFLEX CAP 8MG	3	
ZANAFLEX TAB 4MG	3	
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG	3	
dantrolene sodium cap 25 mg	1	
dantrolene sodium cap 50 mg	1	
dantrolene sodium cap 100 mg	1	
NASAL AGENTS - SYSTEMIC AND TOPICAL		
NASAL AGENT COMBINATIONS		
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act	1	QL (1 package every 25 days)
NASAL AGENTS - MISC.		
NOZIN NASAL KIT SANITIZE	3	OTC
NOZIN NASAL MIS SANITIZE	3	OTC
NASAL ANTIALLERGY		
azelastine hcl nasal spray 0.1% (137 mcg/spray)	1	QL (2 packages every 25 days)
olopatadine hcl nasal soln 0.6%	1	QL (1 package every 25 days)
NASAL ANTICHOLINERGICS		
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	1	
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	1	

Drug Name	Drug Tier	Requirements/Limits
NASAL STEROIDS		
flunisolide nasal soln 25 mcg/act (0.025%)	1	QL (3 packages every 25 days)
fluticasone propionate nasal susp 50 mcg/act	1	QL (1 package every 25 days)
XHANCE MIS 93MCG	2	PA, QL (1.067 mL every 1 day)
SYMPATHOMIMETIC DECONGESTANTS		
ADRENALIN SOL 1:1000	3	
epinephrine hcl nasal soln 0.1%	1	
NEUROMUSCULAR AGENTS		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML	4	PA, QL (50 mL every 28 days)
RADICAVA ORS SUS STARTER	4	PA, QL (70mL every 28 days)
RILUTEK TAB 50MG	3	
riluzole tab 50 mg	1	
FRIEDRICH'S ATAXIA AGENTS		
SKYCLARYS CAP 50MG	5	PA, QL (3 caps every 1 day)
RETT SYNDROME AGENTS		
DAYBUE SOL 200MG/ML	5	PA, QL (120 mL every 1 day)
SPINAL MUSCULAR ATROPHY AGENTS (SMA)		
EVRYSDI SOL	5	PA, QL (2 bottles every 24 days)
EVRYSDI TAB 5MG	5	PA, QL (1 tab every 1 day)
OPHTHALMIC AGENTS		
BETA-BLOCKERS - OPHTHALMIC		
betaxolol hcl ophth soln 0.5%	1	
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%	1	
carteolol hcl ophth soln 1%	1	
COSOPT SOL 2-0.5%OP	3	
dorzolamide hcl-timolol maleate ophth soln 2-0.5%	1	
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%	1	
levobunolol hcl ophth soln 0.5%	1	
timolol maleate ophth gel forming soln 0.5%	1	
timolol maleate ophth gel forming soln 0.25%	1	
timolol maleate ophth soln 0.5%	1	
timolol maleate ophth soln 0.5% (once-daily)	1	

Drug Name	Drug Tier	Requirements/Limits
timolol maleate ophth soln 0.25%	1	
timolol maleate preservative free ophth soln 0.5%	1	
timolol maleate preservative free ophth soln 0.25%	1	
CYCLOPLEGIC MYDRIATICS		
ATROPINE SUL SOL 1% OP	3	
atropine sulfate ophth oint 1%	1	
atropine sulfate ophth soln 1%	1	
CYCLOGYL SOL 0.5% OP	3	
CYCLOGYL SOL 1% OP	3	
CYCLOGYL SOL 2% OP	3	
CYCLOMYDRIL SOL OP	3	
cyclopentolate hcl ophth soln 1%	1	
homatropine hbr ophth soln 5%	1	
phenylephrine hcl ophth soln 2.5%	1	
phenylephrine hcl ophth soln 10%	1	
MIOTICS		
PHOSPHOLINE SOL 0.125%OP	3	
pilocarpine hcl ophth soln 1%	1	
pilocarpine hcl ophth soln 2%	1	
pilocarpine hcl ophth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% OP	2	
ALPHAGAN P SOL 0.15% OP	2	
apraclonidine hcl ophth soln 0.5% (base equivalent)	1	
brimonidine tartrate ophth soln 0.1%	1	
brimonidine tartrate ophth soln 0.2%	1	
brimonidine tartrate ophth soln 0.15%	1	
IOPIDINE SOL 1% OP	3	
SIMBRINZA SUS 1-0.2%	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin ophth oint 500 unit/gm	1	
bacitracin-polymyxin b ophth oint	1	
BETADINE SOL 5% OP	3	
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	1	
ERYTHROMYCIN OIN 5MG/GM	3	
erythromycin ophth oint 5 mg/gm	1	
gatifloxacin ophth soln 0.5%	1	
gentamicin sulfate ophth soln 0.3%	1	
MITOSOL KIT 0.2MG	3	

Drug Name	Drug Tier	Requirements/Limits
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	1	
NATACYN SUS 5% OP	3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
OCUFLOX DRO 0.3% OP	3	
ofloxacin ophth soln 0.3%	1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	1	
POVIDONE IOD SOL 5%	3	
sulfacetamide sodium ophth oint 10%	1	
sulfacetamide sodium ophth soln 10%	1	
tobramycin ophth soln 0.3%	1	
TOBREX OIN 0.3% OP	3	
trifluridine ophth soln 1%	1	
VIGAMOX DRO 0.5%	3	
XDEMVY DRO 0.25%	5	
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP	1	PA; Brand preferred over generic
RESTASIS MUL EMU 0.05% OP	2	PA
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5%	2	PA
OPHTHALMIC LOCAL ANESTHETICS		
AKTEN GEL 3.5% OP	3	
ALCAINE SOL 0.5% OP	3	
proparacaine hcl ophth soln 0.5%	1	
tetracaine hcl ophth soln 0.5%	1	
OPHTHALMIC NERVE GROWTH FACTORS		
OXERVATE SOL 20MCG/ML	5	PA, QL (112 mL every year)
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	1	
dexamethasone sodium phosphate ophth soln 0.1%	1	
difluprednate ophth emulsion 0.05%	1	
DUREZOL EMU 0.05%	3	
EYSUVIS DRO 0.25%	3	PA
fluorometholone ophth susp 0.1%	1	
loteprednol etabonate ophth gel 0.5%	1	

Drug Name	Drug Tier	Requirements/Limits
loteprednol etabonate ophth susp 0.2%	1	
loteprednol etabonate ophth susp 0.5%	1	
MAXITROL OIN 0.1% OP	3	
MAXITROL SUS 0.1% OP	3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	1	
neomycin-polymyxin-hc ophth susp	1	
PRED SOD PHO SOL 1% OP	3	
prednisolone acetate ophth susp 1%	1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	1	
tobramycin-dexamethasone ophth susp 0.3-0.1%	1	
OPHTHALMIC SURGICAL AIDS		
GELFILM MIS OP	3	
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% OP	3	
ACULAR SOL 0.5% OP	3	
ALOCRIL SOL 2%	3	
ALOMIDE SOL 0.1% OP	3	
azelastine hcl ophth soln 0.05%	1	
bepotastine besilate ophth soln 1.5%	1	
brinzolamide ophth susp 1%	1	
bromfenac sodium ophth soln 0.07% (base equivalent)	1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	1	
bromfenac sodium ophth soln 0.075% (base equivalent)	1	
cromolyn sodium ophth soln 4%	1	
CYSTARAN SOL 0.44%	5	PA, QL (4 bottles every 28 days)
diclofenac sodium ophth soln 0.1%	1	
dorzolamide hcl ophth soln 2%	1	
epinastine hcl ophth soln 0.05%	1	
flurbiprofen sodium ophth soln 0.03%	1	
ketorolac tromethamine ophth soln 0.4%	1	
ketorolac tromethamine ophth soln 0.5%	1	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	1	
latanoprost ophth soln 0.005%	1	

Drug Name	Drug Tier	Requirements/Limits
tafluprost preservative free (pf) ophth soln 0.0015%	1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	1	
XALATAN SOL 0.005%	3	
ZIOPTAN DRO 0.0015%	3	
OTIC AGENTS		
OTIC AGENTS - MISCELLANEOUS		
acetic acid otic soln 2%	1	
OTIC ANTI-INFECTIVES		
CETRAXAL SOL 0.2%	3	
ciprofloxacin hcl otic soln 0.2% (base equivalent)	1	
ofloxacin otic soln 0.3%	1	
OTIC COMBINATIONS		
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	1	
CORTISPORIN SUS -TC OTIC	3	
neomycin-polymyxin-hc otic soln 1%	1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIC STEROIDS		
DERMOTIC OIL 0.01%	3	
fluocinolone acetonide (otic) oil 0.01%	1	
hydrocortisone w/ acetic acid otic soln 1-2%	1	
OXYTOCICS		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
CERVIDIL VAG MIS 10MG INS	3	
PREPIDIL GEL 0.5MG/3G	3	
OXYTOCICS		
methylergonovine maleate tab 0.2 mg	1	
PENICILLINS		
AMINOPENICILLINS		
amoxicillin (trihydrate) cap 250 mg	1	
amoxicillin (trihydrate) cap 500 mg	1	
amoxicillin (trihydrate) chew tab 125 mg	1	
amoxicillin (trihydrate) chew tab 250 mg	1	
amoxicillin (trihydrate) for susp 125 mg/5ml	1	
amoxicillin (trihydrate) for susp 200 mg/5ml	1	
amoxicillin (trihydrate) for susp 250 mg/5ml	1	
amoxicillin (trihydrate) for susp 400 mg/5ml	1	
amoxicillin (trihydrate) tab 500 mg	1	
amoxicillin (trihydrate) tab 875 mg	1	

Drug Name	Drug Tier	Requirements/Limits
ampicillin cap 500 mg	1	
NATURAL PENICILLINS		
penicillin v potassium for soln 125 mg/5ml	1	
penicillin v potassium for soln 250 mg/5ml	1	
penicillin v potassium tab 250 mg	1	
penicillin v potassium tab 500 mg	1	
PENICILLIN COMBINATIONS		
amoxicillin & k clavulanate chew tab 200-28.5 mg	1	
amoxicillin & k clavulanate chew tab 400-57 mg	1	
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml	1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml	1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml	1	
amoxicillin & k clavulanate tab 250-125 mg	1	
amoxicillin & k clavulanate tab 500-125 mg	1	
amoxicillin & k clavulanate tab 875-125 mg	1	
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg	1	
AUGMENTIN SUS 125/5ML	3	
AUGMENTIN SUS ES-600	3	
PENICILLINASE-RESISTANT PENICILLINS		
dicloxacillin sodium cap 250 mg	1	
dicloxacillin sodium cap 500 mg	1	
PHARMACEUTICAL ADJUVANTS		
LIQUID VEHICLES		
CORN SYP	3	
PROGESTINS		
PROGESTINS		
medroxyprogesterone acetate tab 2.5 mg	1	
medroxyprogesterone acetate tab 5 mg	1	
medroxyprogesterone acetate tab 10 mg	1	
megestrol acetate susp 625 mg/5ml	1	
norethindrone acetate tab 5 mg	1	
progesterone cap 100 mg	1	
progesterone cap 200 mg	1	
progesterone im in oil 50 mg/ml	1	
PROVERA TAB 2.5MG	3	
PROVERA TAB 5MG	3	

Drug Name	Drug Tier	Requirements/Limits
PROVERA TAB 10MG	3	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
AGENTS FOR CHEMICAL DEPENDENCY		
acamprosate calcium tab delayed release 333 mg	1	
disulfiram tab 250 mg	1	
disulfiram tab 500 mg	1	
lofexidine hcl tab 0.18 mg (base equivalent)	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM	4	PA, QL (1 packet every 1 day)
LUMRYZ PAK STARTER	4	PA, QL (1 ea every 1 day)
LUMRYZ PKG 4.5GM	4	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML	4	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS		
ARICEPT TAB 5MG	3	
ARICEPT TAB 10MG	3	
ARICEPT TAB 23MG	3	
donepezil hydrochloride orally disintegrating tab 5 mg	1	
donepezil hydrochloride orally disintegrating tab 10 mg	1	
donepezil hydrochloride tab 5 mg	1	
donepezil hydrochloride tab 10 mg	1	
donepezil hydrochloride tab 23 mg	1	
EXELON DIS 4.6MG/24	3	
EXELON DIS 9.5MG/24	3	
EXELON DIS 13.3/24	3	
galantamine hydrobromide cap er 24hr 8 mg	1	
galantamine hydrobromide cap er 24hr 16 mg	1	
galantamine hydrobromide cap er 24hr 24 mg	1	
galantamine hydrobromide oral soln 4 mg/ml	1	
galantamine hydrobromide tab 4 mg	1	
galantamine hydrobromide tab 8 mg	1	
galantamine hydrobromide tab 12 mg	1	
memantine hcl cap er 24hr 7 mg	1	
memantine hcl cap er 24hr 14 mg	1	
memantine hcl cap er 24hr 21 mg	1	

Drug Name	Drug Tier	Requirements/Limits
memantine hcl cap er 24hr 28 mg	1	
memantine hcl oral solution 2 mg/ml	1	
memantine hcl tab 5 mg	1	
memantine hcl tab 10 mg	1	
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	1	
memantine hcl-donepezil hcl cap er 24hr 14-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 21-10 mg	1	
memantine hcl-donepezil hcl cap er 24hr 28-10 mg	1	
NAMENDA TAB 5-10MG	3	
NAMENDA TAB 5MG	3	
NAMENDA TAB 10MG	3	
NAMZARIC CAP	2	
NAMZARIC CAP 7-10MG	2	
NAMZARIC CAP 14-10MG	2	
NAMZARIC CAP 21-10MG	2	
NAMZARIC CAP 28-10MG	2	
rivastigmine tartrate cap 1.5 mg (base equivalent)	1	
rivastigmine tartrate cap 3 mg (base equivalent)	1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	1	
rivastigmine tartrate cap 6 mg (base equivalent)	1	
rivastigmine td patch 24hr 4.6 mg/24hr	1	
rivastigmine td patch 24hr 9.5 mg/24hr	1	
rivastigmine td patch 24hr 13.3 mg/24hr	1	
COMBINATION PSYCHOTHERAPEUTICS		
chlordiazepoxide-amitriptyline tab 5-12.5 mg	1	
chlordiazepoxide-amitriptyline tab 10-25 mg	1	
olanzapine-fluoxetine hcl cap 3-25 mg	1	
olanzapine-fluoxetine hcl cap 6-25 mg	1	
olanzapine-fluoxetine hcl cap 6-50 mg	1	
olanzapine-fluoxetine hcl cap 12-25 mg	1	
olanzapine-fluoxetine hcl cap 12-50 mg	1	
perphenazine-amitriptyline tab 2-10 mg	1	
perphenazine-amitriptyline tab 2-25 mg	1	
perphenazine-amitriptyline tab 4-10 mg	1	
perphenazine-amitriptyline tab 4-25 mg	1	
perphenazine-amitriptyline tab 4-50 mg	1	
SYMBYAX CAP 3-25MG	3	
SYMBYAX CAP 6-25MG	3	

Drug Name	Drug Tier	Requirements/Limits
FIBROMYALGIA AGENTS		
SAVELLA MIS TITR PAK	3	
SAVELLA TAB 12.5MG	3	
SAVELLA TAB 25MG	3	
SAVELLA TAB 50MG	3	
SAVELLA TAB 100MG	3	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG	4	PA, QL (3 tabs every 1 day)
AUSTEDO XR TAB 12MG	4	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 18MG	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 24MG	4	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB 30MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 36MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 42MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB 48MG ER	4	PA, QL (1 tab every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (1 ea every 1 day)
AUSTEDO XR TAB TITR KIT	4	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG	4	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG	4	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	1	PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA TAB 10MG	5	PA, QL (2 tabs every 1 day)
AVONEX PEN KIT 30MCG	4	PA, QL (4 pens every 28 days)
AVONEX PREFL KIT 30MCG	4	PA, QL (4 syringes every 28 days)
BAFIERTAM CAP 95MG	4	PA, QL (4 caps every 1 day)
BETASERON INJ 0.3MG	4	PA, QL (14 kits every 28 days)
COPAXONE INJ 40MG/ML	4	PA, QL (12 injections every 28 days)
dalfampridine tab er 12hr 10 mg	1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	1	PA, QL (2 caps every 1 day)

Drug Name	Drug Tier	Requirements/Limits
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	1	PA, QL (2 ea every 1 day)
fingolimod hcl cap 0.5 mg (base equiv)	1	PA, QL (1 cap every 1 day)
glatiramer acetate soln prefilled syringe 20 mg/ml	1	PA, QL (1 syringe every 1 day)
glatiramer acetate soln prefilled syringe 40 mg/ml	1	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML	4	PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9)	5	PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10)	5	PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER	4	PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER	4	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG	4	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG	4	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG	4	PA, QL (1 tab every 1 day)
PLEGRIDY INJ	5	PA, QL (1 carton every 28 days)
PLEGRIDY INJ	5	PA, QL (1 kit every 28 days)
PLEGRIDY INJ PEN	5	PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER	5	PA, QL (1 pack every 28 days)
PLEGRIDY PEN INJ STARTER	5	PA, QL (1 pack every 28 days)
PONVORY TAB 20MG	5	PA, QL (1 tab every 1 day)
PONVORY TAB STARTER	5	PA, QL (1 tab every 1 day)
REBIF INJ 22/0.5	4	PA, QL (12 syringes every 28 days)

Drug Name	Drug Tier	Requirements/Limits
REBIF INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 22/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ 44/0.5	4	PA, QL (12 syringes every 28 days)
REBIF REBIDO INJ TITRATN	4	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK	4	PA, QL (12 injections every 28 days)
teriflunomide tab 7 mg	1	PA, QL (1 tab every 1 day)
teriflunomide tab 14 mg	1	PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG	4	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK	4	PA, QL (1 ea every 1 day)
ZEPOSIA CAP 0.92MG	4	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT	4	PA, QL (1 ea every 1 day)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
gabapentin (once-daily) tab 300 mg	1	QL (5 tabs every 1 day)
gabapentin (once-daily) tab 450 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 600 mg	1	QL (3 tabs every 1 day)
gabapentin (once-daily) tab 750 mg	1	QL (2 tabs every 1 day)
gabapentin (once-daily) tab 900 mg	1	QL (2 tabs every 1 day)
GRALISE TAB 300MG	2	QL (5 tabs every 1 day)
GRALISE TAB 450MG	2	QL (3 tabs every 1 day)
GRALISE TAB 600MG	2	QL (3 tabs every 1 day)
GRALISE TAB 750MG	2	QL (2 tabs every 1 day)
GRALISE TAB 900MG	2	QL (2 tabs every 1 day)
pregabalin tab er 24hr 82.5 mg	1	QL (60 tabs every 30 days)
pregabalin tab er 24hr 165 mg	1	QL (60 tabs every 30 days)
pregabalin tab er 24hr 330 mg	1	QL (2 tabs every 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.		
ergoloid mesylates tab 1 mg	1	
pimozide tab 1 mg	1	
pimozide tab 2 mg	1	
SMOKING DETERRENTS		
bupropion hcl (smoking deterrent) tab er 12hr 150 mg	0	$0 limited to 2 treatment cycles/year
nicotine polacrilex gum 2 mg	0	OTC
nicotine polacrilex gum 2 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex gum 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine polacrilex lozenge 2 mg	0	OTC; $0 limited to 2 treatment cycles/year

Drug Name	Drug Tier	Requirements/Limits
nicotine polacrilex lozenge 4 mg	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 7 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 14 mg/24hr	1	OTC; $0 limited to 2 treatment cycles/year
nicotine td patch 24hr 21 mg/24hr	0	OTC; $0 limited to 2 treatment cycles/year
NICOTROL NS SPR 10MG/ML	0	
varenicline tartrate tab 0.5 mg (base equiv)	0	
varenicline tartrate tab 1 mg (base equiv)	0	
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5	4	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC.		
CYSTIC FIBROSIS AGENTS		
KALYDECO GRA 5.8MG	5	PA, QL (2 packets every 1 day)
KALYDECO GRA 13.4MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 25MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 50MG	5	PA, QL (2 packets every 1 day)
KALYDECO PAK 75MG	5	PA, QL (2 packets every 1 day)
KALYDECO TAB 150MG	5	PA, QL (2 tabs every 1 day)
ORKAMBI GRA 75-94MG	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 100-125	5	PA, QL (2 packets every 1 day)
ORKAMBI GRA 150-188	5	PA, QL (2 packets every 1 day)
ORKAMBI TAB 100-125	5	PA, QL (4 tabs every 1 day)
ORKAMBI TAB 200-125	5	PA, QL (4 tabs every 1 day)
PULMOZYME SOL 1MG/ML	5	PA, QL (5 mL every 1 day)
SYMDEKO TAB 50-75MG	5	PA, QL (2 tabs every 1 day)
SYMDEKO TAB 100-150	5	PA, QL (2 tabs every 1 day)
TRIKAFTA PAK 59.5MG	5	PA, QL (2 ea every 1 day)
TRIKAFTA PAK 75MG	5	PA, QL (2 ea every 1 day)

Drug Name	Drug Tier	Requirements/Limits
TRIKAFTA TAB	5	PA, QL (3 tabs every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG	4	PA, QL (2 caps every 1 day)
OFEV CAP 150MG	4	PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	1	PA, QL (9 caps every 1 day)
pirfenidone tab 267 mg	1	PA, QL (9 tabs every 1 day)
pirfenidone tab 801 mg	1	PA, QL (3 tabs every 1 day)
SULFONAMIDES		
SULFONAMIDES		
sulfadiazine tab 500 mg	1	
TETRACYCLINES		
AMINOMETHYLCYCLINES		
NUZYRA TAB 150MG	3	
TETRACYCLINES		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
doxycycline monohydrate tab 150 mg	1	
minocycline hcl cap 50 mg	1	
minocycline hcl cap 75 mg	1	
minocycline hcl cap 100 mg	1	
minocycline hcl tab 50 mg	1	
minocycline hcl tab 75 mg	1	
minocycline hcl tab 100 mg	1	
tetracycline hcl cap 250 mg	1	QL (4 caps every 1 day)
tetracycline hcl cap 500 mg	1	QL (4 caps every 1 day)
VIBRAMYCIN CAP 100MG	3	
VIBRAMYCIN SUS 25MG/5ML	3	
THYROID AGENTS		
ANTITHYROID AGENTS		
methimazole tab 5 mg	1	
methimazole tab 10 mg	1	
propylthiouracil tab 50 mg	1	

Drug Name	Drug Tier	Requirements/Limits
THYROID HORMONES		
ARMOUR THYRO TAB 15MG	3	
ARMOUR THYRO TAB 30MG	3	
ARMOUR THYRO TAB 60MG	3	
ARMOUR THYRO TAB 90MG	3	
ARMOUR THYRO TAB 120MG	3	
ARMOUR THYRO TAB 180MG	3	
ARMOUR THYRO TAB 240MG	3	
ARMOUR THYRO TAB 300MG	3	
levothyroxine sodium tab 25 mcg	1	
levothyroxine sodium tab 50 mcg	1	
levothyroxine sodium tab 75 mcg	1	
levothyroxine sodium tab 88 mcg	1	
levothyroxine sodium tab 100 mcg	1	
levothyroxine sodium tab 112 mcg	1	
levothyroxine sodium tab 125 mcg	1	
levothyroxine sodium tab 137 mcg	1	
levothyroxine sodium tab 150 mcg	1	
levothyroxine sodium tab 175 mcg	1	
levothyroxine sodium tab 200 mcg	1	
levothyroxine sodium tab 300 mcg	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	
NP THYROID TAB 15MG	3	
NP THYROID TAB 30MG	3	
NP THYROID TAB 60MG	3	
NP THYROID TAB 90MG	3	
NP THYROID TAB 120MG	3	
SYNTHROID TAB 25MCG	3	
SYNTHROID TAB 50MCG	3	
SYNTHROID TAB 75MCG	3	
SYNTHROID TAB 88MCG	3	
SYNTHROID TAB 100MCG	3	
SYNTHROID TAB 112MCG	3	
SYNTHROID TAB 125MCG	3	
SYNTHROID TAB 137MCG	3	
SYNTHROID TAB 150MCG	3	
SYNTHROID TAB 175MCG	3	
SYNTHROID TAB 200MCG	3	
SYNTHROID TAB 300MCG	3	

Drug Name	Drug Tier	Requirements/Limits
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
ANASPAZ TAB 0.125MG	3	
BELLA/OPIUM SUP 16.2-30	3	
BELLA/OPIUM SUP 16.2-60	3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg	1	
CUVPOSA SOL 1MG/5ML	3	
dicyclomine hcl cap 10 mg	1	
dicyclomine hcl oral soln 10 mg/5ml	1	
dicyclomine hcl tab 20 mg	1	
DONNATAL ELX GRAPE	3	
DONNATAL ELX MINT	3	
DONNATAL TAB 16.2MG	3	
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)	1	
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml	1	
glycopyrrolate oral soln 1 mg/5ml	1	
glycopyrrolate tab 1 mg	1	
glycopyrrolate tab 2 mg	1	
hyoscyamine sulfate elixir 0.125 mg/5ml	1	
hyoscyamine sulfate sl tab 0.125 mg	1	
hyoscyamine sulfate soln 0.125 mg/ml	1	
hyoscyamine sulfate tab 0.125 mg	1	
hyoscyamine sulfate tab disint 0.125 mg	1	
LEVBID TAB 0.375 ER	3	
LEVSIN TAB 0.125MG	3	
LEVSIN/SL SUB 0.125MG	3	
methscopolamine bromide tab 2.5 mg	1	
methscopolamine bromide tab 5 mg	1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml	1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg	1	
H-2 ANTAGONISTS		
cimetidine hcl soln 300 mg/5ml	1	
cimetidine tab 300 mg	1	
cimetidine tab 400 mg	1	
cimetidine tab 800 mg	1	
famotidine for susp 40 mg/5ml	1	
famotidine tab 40 mg	1	
nizatidine cap 150 mg	1	
nizatidine cap 300 mg	1	

Drug Name	Drug Tier	Requirements/Limits
PEPCID TAB 40MG	3	
MISC. ANTI-ULCER		
sucralfate tab 1 gm	1	
PROTON PUMP INHIBITORS		
esomeprazole magnesium cap delayed release 20 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium cap delayed release 40 mg (base eq)	1	QL (90 caps every year)
esomeprazole magnesium for delayed release susp pack 2.5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 5 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 10 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 20 mg	1	QL (90 packets every year)
esomeprazole magnesium for delayed release susp packet 40 mg	1	QL (90 packets every year)
lansoprazole cap delayed release 15 mg	1	QL (90 caps every year)
lansoprazole cap delayed release 30 mg	1	QL (90 caps every year)
omeprazole cap delayed release 10 mg	1	QL (90 caps every year)
omeprazole cap delayed release 20 mg	1	QL (90 caps every year)
omeprazole cap delayed release 40 mg	1	QL (90 caps every year)
PANTOPRAZOLE INJ SOD 40MG	3	QL (90 vials every year)
pantoprazole sodium ec tab 20 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium ec tab 40 mg (base equiv)	1	QL (90 tabs every year)
pantoprazole sodium for iv soln 40 mg (base equiv)	1	QL (90 vials every year)
PROTONIX INJ 40MG	3	QL (90 vials every year)
RABEPRAZOLE CAP 10MG DR	3	QL (90 caps every year)
rabeprazole sodium ec tab 20 mg	1	QL (90 tabs every year)
VOQUEZNA TAB 10MG	3	PA
VOQUEZNA TAB 20MG	3	PA
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG	3	PA
CYTOTEC TAB 200MCG	3	PA
misoprostol tab 100 mcg	1	PA; $0 copay based on your plan/benefit
misoprostol tab 200 mcg	1	PA; $0 copay based on your plan/benefit
ULCER THERAPY COMBINATIONS		
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg	1	

Drug Name	Drug Tier	Requirements/Limits
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	1	
OMECLAMOX- MIS PAK	3	
PYLERA CAP	3	
TALICIA CAP	2	
VOQUEZNA PAK DUAL PAK	3	
VOQUEZNA PAK TRIP PK	3	
URINARY ANTISPASMODICS		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)	1	
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)	1	
DETROL TAB 1MG	3	
DETROL TAB 2MG	3	
fesoterodine fumarate tab er 24hr 4 mg	1	
fesoterodine fumarate tab er 24hr 8 mg	1	
oxybutynin chloride solution 5 mg/5ml	1	
oxybutynin chloride tab 5 mg	1	
oxybutynin chloride tab er 24hr 5 mg	1	
oxybutynin chloride tab er 24hr 10 mg	1	
oxybutynin chloride tab er 24hr 15 mg	1	
solifenacin succinate tab 5 mg	1	
solifenacin succinate tab 10 mg	1	
tolterodine tartrate cap er 24hr 2 mg	1	
tolterodine tartrate cap er 24hr 4 mg	1	
tolterodine tartrate tab 1 mg	1	
tolterodine tartrate tab 2 mg	1	
trospium chloride cap er 24hr 60 mg	1	
trospium chloride tab 20 mg	1	
VESICARE LS SUS 5MG/5ML	3	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG	2	ST
mirabegron tab er 24 hr 25 mg	1	
mirabegron tab er 24 hr 50 mg	1	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
bethanechol chloride tab 5 mg	1	
bethanechol chloride tab 10 mg	1	
bethanechol chloride tab 25 mg	1	
bethanechol chloride tab 50 mg	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
flavoxate hcl tab 100 mg	1	

Drug Name	Drug Tier	Requirements/Limits
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
SPERMICIDES		
ENCARE SUP 100MG	0	OTC
GYNOL II GEL 3%	0	OTC
TODAY SPONGE MIS	0	OTC
VCF VAGINAL GEL CONTRACE	0	OTC
VCF VAGINAL MIS CONTRACP	0	OTC
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG	3	
CLEOCIN SUP 100MG	3	
clindamycin phosphate vaginal cream 2%	1	
CLINDESSE CRE 2%	3	
GYNAZOLE-1 CRE 2%	3	
metronidazole vaginal gel 0.75%	1	
miconazole nitrate vaginal suppos 200 mg	1	
terconazole vaginal cream 0.4%	1	
terconazole vaginal cream 0.8%	1	
terconazole vaginal suppos 80 mg	1	
XACIATO GEL 2%	3	
VAGINAL CONTRACEPTIVE - PH MODULATORS		
PHEXXI GEL	0	
VAGINAL ESTROGENS		
ESTRACE VAG CRE 0.01%	3	
estradiol vaginal cream 0.01%	1	
IMVEXXY MAIN SUP 4MCG	2	
IMVEXXY MAIN SUP 10MCG	2	
IMVEXXY STRT SUP 4MCG	2	
IMVEXXY STRT SUP 10MCG	2	
VAGIFEM TAB 10MCG	1	Brand preferred over generic
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG	2	
CRINONE GEL 8% VAG	2	
progesterone vaginal insert 100 mg	1	
VASOPRESSORS		
ANAPHYLAXIS THERAPY AGENTS		
AUVI-Q INJ 0.1MG	2	QL (6 pens every 300 days)
AUVI-Q INJ 0.3MG	2	QL (6 pens every 300 days)

Drug Name	Drug Tier	Requirements/Limits
AUVI-Q INJ 0.15MG	2	QL (6 pens every 300 days)
epinephrine inj 1 mg/ml (1:1000)	1	QL (6 injections every 300 days)
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)	1	QL (6 injections every 300 days)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	1	QL (6 pens every 300 days)
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)	1	QL (6 pens every 300 days)
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
droxidopa cap 100 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 200 mg	1	PA, QL (6 caps every 1 day)
droxidopa cap 300 mg	1	PA, QL (6 caps every 1 day)
VASOPRESSORS		
midodrine hcl tab 2.5 mg	1	
midodrine hcl tab 5 mg	1	
midodrine hcl tab 10 mg	1	
VITAMINS		
OIL SOLUBLE VITAMINS		
phytonadione tab 5 mg	1	

Index

1

10ML LL SYRG MIS CONTROL.....157
10ML LL SYRN MIS 20GX1.....157
10ML LL SYRN MIS 20GX1.5 157
10ML LL SYRN MIS 21GX1.5 157
10ML SYRINGE MIS CANNULA 161
10ML SYRINGE MIS ECC TIP 161
10ML SYRINGE MIS SLIP TIP 162
12ML SYRINGE MIS 18GX1 161
12ML SYRINGE MIS 20GX1.5 161
12ML SYRINGE MIS 21GX1 161
12ML SYRINGE MIS 21GX1.5 161
12ML SYRINGE MIS 22GX1.5.....161
12ML SYRINGE MIS LUER-LOC 162
12ML SYRINGE MIS REG LUER 162
140ML SYRING MIS CATH TIP 160
140ML SYRING MIS LUER-LOC.....160
140ML SYRING MIS REG TIP 160
1ML ALLR SYR MIS 27GX1/2 153
1ML SLIP TIP MIS 25GX5/8.....160
1ML SLIP TIP MIS 26GX3/8.....160
1ML SYRINGE MIS 25GX1.....161
1ML SYRINGE MIS 25GX5/8 161
1ML SYRINGE MIS 26GX3/8 161
1ML SYRINGE MIS 27GX1/2 161
1ML SYRINGE MIS 28GX1/2 161
1ML SYRINGE MIS LUER SLI 162
1ML SYRINGE MIS LUER SLP 162
1ML TB SYRNG MIS 25GX5/8 162
1ML TB SYRNG MIS 26GX3/8 162
1ML TB SYRNG MIS 27GX1/2 162
1ML TB SYRNG MIS 28GX1/2 162
1ML TB SYRNG MIS LUER LOK 162
1ML TB SYRNG MIS REG LUER 162

2

20ML SYRINGE MIS ECC LUER.....161
20ML SYRINGE MIS LUER LOK 162
20ML SYRINGE MIS LUER-LOK.....162
20ML SYRINGE MIS SLIP 162

3

30ML SYRINGE MIS LUER LOC.....161
3ML LL SYRNG MIS 18GX1.5 157
3ML LL SYRNG MIS 20GX1 157
3ML LL SYRNG MIS 20GX1.5 157
3ML LL SYRNG MIS 20GX3/4.....157
3ML LL SYRNG MIS 21GX1 157
3ML LL SYRNG MIS 21GX1.5 157
3ML LL SYRNG MIS 22GX1.5 157
3ML LL SYRNG MIS 23GX1.....157
3ML LL SYRNG MIS 23GX1.5 157
3ML LL SYRNG MIS 25GX1.....157
3ML LL SYRNG MIS 25GX5/8.....157
3ML LL SYRNG MIS 27GX1.25 157
3ML LUER LOC MIS 21GX1.5 157
3ML LUER LOC MIS 22GX1.....157
3ML LUER LOC MIS 22GX1.5 157
3ML LUER LOC MIS 23GX1.....157
3ML LUER LOC MIS 23GX1.5 157
3ML LUER LOC MIS 25GX1.....157
3ML LUER LOC MIS 25GX5/8.....157
3ML SYRINGE MIS 18GX1.5.....161
3ML SYRINGE MIS 20GX1.....161
3ML SYRINGE MIS 21GX1.....161
3ML SYRINGE MIS 21GX1.5.....161
3ML SYRINGE MIS 22GX1 161
3ML SYRINGE MIS 22G X 1 161
3 ML SYRINGE MIS 22X1-1/2 161
3ML SYRINGE MIS 23GX1 161
3ML SYRINGE MIS 23GX1.5 161
3ML SYRINGE MIS 25GX1 161
3ML SYRINGE MIS 25GX1.25.....161
3ML SYRINGE MIS 25GX1.5 161
3ML SYRINGE MIS 27GX1.25.....161
3ML SYRINGE MIS CANNULA.....161
3ML SYRINGE MIS LUER LOC 161
3ML SYRINGE MIS LUER-LOK.....162
3ML SYRINGE MIS REG TIP 162

5

5ML LL SYRNG MIS 20GX1.5 157
5ML LL SYRNG MIS 22GX1.....157
5ML SYRINGE MIS 22GX1.5 161
5ML SYRINGES MIS 21GX1.....162

6

60ML SYRINGE MIS CATH TIP.....161
60ML SYRINGE MIS ECC TIP 161
60ML SYRINGE MIS LUER LOK 162

60ML SYRINGE MIS TOOMEY 162
6ML SYRINGE MIS 161
6ML SYRINGE MIS 18GX1.....161
6ML SYRINGE MIS REG LUER.....162
A
abacavir sulfate-lamivudine tab 600-300 mg 80
abacavir sulfate soln 20 mg/ml (base equiv) 80
abacavir sulfate tab 300 mg (base equiv) 80
ABILIFY ASIM INJ 720MG.....79
ABILIFY ASIM INJ 960MG 79
ABILIFY MAIN INJ 300MG.....79
ABILIFY MAIN INJ 400MG.....79
abiraterone acetate tab 250 mg 65
abiraterone acetate tab 500 mg 65
ABSORICA CAP 10MG.....99
ABSORICA CAP 20MG.....99
ABSORICA CAP 25MG.....99
ABSORICA CAP 30MG.....99
ABSORICA CAP 35MG.....99
ABSORICA CAP 40MG.....99
acamprosate calcium tab delayed release 333 mg 179
acarbose tab 100 mg 45
acarbose tab 25 mg 45
acarbose tab 50 mg.....45
ACCOLATE TAB 10MG 32
ACCOLATE TAB 20MG.....32
ACCU-CHEK KIT FASTCLIX 137
ACCU-CHEK KIT SOFTCLIX.....137
ACCU-CHEK LIQ GUIDE 137
ACCU-CHEK LIQ SMART.....137
ACCU-CHEK SOL.....137
ACCU-CHEK TES AVIVA PL.....113
ACCU-CHEK TES GUIDE 114
ACCU-CHEK TES SMART 114
ACCUPRIL TAB 10MG 56
ACCUPRIL TAB 20MG.....56
ACCUPRIL TAB 40MG.....56
ACCUPRIL TAB 5MG 56
ACCURETIC TAB 10-12.5.....59
ACCURETIC TAB 20-12.5.....59
ACCUTREND SOL GLUCOSE 137
acebutolol hcl cap 200 mg 85
acebutolol hcl cap 400 mg 85
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg.....23
acetaminophen w/ codeine soln 120-12 mg/5ml 23
acetaminophen w/ codeine tab 300-15 mg 23
acetaminophen w/ codeine tab 300-30 mg 23
acetaminophen w/ codeine tab 300-60 mg 23
acetazolamide cap er 12hr 500 mg.....115
acetazolamide tab 125 mg 115
acetazolamide tab 250 mg 115
acetic acid otic soln 2% 177
acetylcysteine inhal soln 10% 99
acetylcysteine inhal soln 20%.....99
acitretin cap 10 mg 102
acitretin cap 17.5 mg 102
acitretin cap 25 mg.....102
ACTHAR INJ 80UNIT 117
ACTHAR INJ GEL.....117
ACTI-LANCE MIS 28G.....137
ACTI-LANCE MIS LITE 28G 137
ACTI-LANCE MIS SPEC 17G.....137
ACTI-LANCE MIS UNIV 23G.....137
ACTIMMUNE INJ 2MU/0.5.....71
ACTIVELLA TAB 1-0.5MG 121
ACTONEL TAB 150MG.....116
ACTONEL TAB 35MG 116
ACTOPLUS MET TAB 15-850MG.....46
ACULAR LS SOL 0.4% OP 176
ACULAR SOL 0.5% OP 176
acyclovir cap 200 mg 83
acyclovir oint 5% 108
acyclovir susp 200 mg/5ml 84
acyclovir tab 400 mg.....84
acyclovir tab 800 mg.....84
ADALIMU-ADAZ INJ 10/0.1ML 7
ADALIMU-ADAZ INJ 20/0.2ML.....7
ADALIMU-ADAZ INJ 40/0.4ML 7
ADALIMU-ADAZ INJ 80/0.8ML 8
ADALIMU-FKJP KIT 20/0.4ML 8

ADALIMU-FKJP KIT 40/0.8ML 8
adapalene-benzoyl peroxide gel 0.1-2.5% 99
adapalene-benzoyl peroxide gel 0.3-2.5% 99
adapalene cream 0.1%.....99
adapalene gel 0.1% 99
adapalene gel 0.3%.....99
ADASUVE INH 10MG 76
ADBRY INJ 150MG/ML 111
ADBRY INJ 300/2ML.....111
adefovir dipivoxil tab 10 mg 83
ADEMPAS TAB 0.5MG 93
ADEMPAS TAB 1.5MG 93
ADEMPAS TAB 1MG 93
ADEMPAS TAB 2.5MG 93
ADEMPAS TAB 2MG.....93
ADIPEX-P TAB 37.5MG 2
ADJ LANCING MIS DEVICE.....137
ADMIX NEEDLE MIS 18GX1.5 152
ADRENALIN SOL 1:1000 173
ADVANCE LIQ CONTROL.....137
ADVANCE LIQ INTUITIO 137
ADVANCE NORM LIQ CONTROL 137
ADVCATE SAFE MIS LANC 26G 137
ADV LANCING MIS DEVICE 137
ADVOCATE+ SOL REDI-COD 138
ADVOCATE LIQ HIGH 137
ADVOCATE LIQ LOW.....138
ADVOCATE MIS LANC 30G 138
ADVOCATE MIS LANC DEV 138
ADVOCATE MIS LANCETS.....138
AEMCOLO TAB 194MG 26
AERCHMBR PLS MIS FLOW-VU.....162
AERCHMBR PLS MIS INTERMED.....162
AERCHMBR PLS MIS LRG MASK.....162
AERCHMBR PLS MIS MED MASK.....162
AERCHMBR PLS MIS SM MASK.....162
AERCHMBR Z- MIS STAT PLS 162
AEROCHAMBER KIT ACTION.....162
AEROCHAMBER MIS 2GO.....162
AEROCHAMBER MIS CHAMBER 162
AEROCHAMBER MIS FLOSIGNA.....162
AEROCHAMBER MIS HOLDING.....162
AEROCHAMBER MIS MTHPIECE.....163
AEROCHAMBER MIS MV 163
AEROCHAMBER MIS PLUS.....163
AEROVENT MIS PLUS.....163
AGAMATRIX MIS 33G.....138
AGAMATRIX SOL HIGH 138
AGAMATRIX SOL LEVEL 2 138
AGAMATRIX SOL LEVEL 4 138
AGAMATRIX SOL NORM/HGH.....138
AGAMATRIX SOL NORMAL 138
AGRYLIN CAP 0.5MG 129
AIMSCO MIS LUBRICAT 134
AIMSCO TWIST MIS 32G.....138
AIMSCO TWIST MIS 33G.....138
AIRSUPRA AER 90-80MCG.....32
AIRZONE PEAK MIS FLOW MTR 163
AJOVY INJ 225/1.5.....164
AKLIEF CRE 0.005%.....99
AKTEN GEL 3.5% OP 175
albendazole tab 200 mg 26
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) 32
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml).....33
albuterol sulfate soln nebu 0.5% (5 mg/ml) 32
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv).....32
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv).....33
albuterol sulfate syrup 2 mg/5ml.....33
albuterol sulfate tab 2 mg 33
albuterol sulfate tab 4 mg 33
ALCAINE SOL 0.5% OP 175
alclometasone dipropionate cream 0.05% 108
alclometasone dipropionate oint 0.05%.108
ALCOHOL PAD 151
ALCOHOL PAD 70% 152
ALCOHOL PAD PREP.....152
ALCOHOL PADS PAD 70% 152
ALCOHOL PREP PAD.....152
ALCOHOL PREP PAD 70%.....152
ALCOHOL PREP PAD MED 70% 152

ALCOHOL PREP PAD PADS 70% 152
ALCOHOL SWAB PAD 152
ALCOHOL SWAB PAD 70% 152
ALCOHOL SWAB PAD EX-THICK 152
ALCOH-WIPE MIS 12 151
ALDACTONE TAB 100MG.....116
ALDACTONE TAB 25MG.....116
ALDACTONE TAB 50MG.....116
ALECENSA CAP 150MG.....67
alendronate sodium oral soln 70 mg/75ml 116
alendronate sodium tab 10 mg 116
alendronate sodium tab 35 mg 116
alendronate sodium tab 70 mg 116
alfuzosin hcl tab er 24hr 10 mg 127
ALINIA SUS 100/5ML 26
ALINIA TAB 500MG.....26
aliskiren fumarate tab 150 mg (base equivalent).....62
aliskiren fumarate tab 300 mg (base equivalent).....62
ALLERGIST KIT 0.5/28G.....152
ALLERGIST KIT 1MLX27G.....152
ALLERGIST KIT 1MLX28G.....152
ALLERGIST KIT 27GX1/2 152
ALLERGY TRAY KIT 27GX1/2.....152
allopurinol tab 100 mg.....128
allopurinol tab 200 mg 128
allopurinol tab 300 mg 128
almotriptan malate tab 12.5 mg 165
almotriptan malate tab 6.25 mg 165
ALOCRIL SOL 2% 176
ALOMIDE SOL 0.1% OP 176
alosetron hcl tab 0.5 mg (base equiv) 126
alosetron hcl tab 1 mg (base equiv).....126
ALPHAGAN P SOL 0.1% OP.....174
ALPHAGAN P SOL 0.15% OP.....174
ALPRAZOLAM CON 1 MG/ML.....29
alprazolam orally disintegrating tab 0.25 mg 29
alprazolam orally disintegrating tab 0.5 mg 29
alprazolam orally disintegrating tab 1 mg .29
alprazolam orally disintegrating tab 2 mg 29
alprazolam tab 0.25 mg.....29
alprazolam tab 0.5 mg.....29
alprazolam tab 1 mg.....29
alprazolam tab 2 mg 29
alprazolam tab er 24hr 0.5 mg 29
alprazolam tab er 24hr 1 mg 29
alprazolam tab er 24hr 2 mg.....29
alprazolam tab er 24hr 3 mg.....29
ALTABAX OIN 1%.....101
ALTACE CAP 10MG 56
ALTACE CAP 2.5MG.....56
ALUNBRIG PAK 67
ALUNBRIG TAB 180MG.....67
ALUNBRIG TAB 30MG.....67
ALUNBRIG TAB 90MG.....67
ALVAIZ TAB 18MG.....130
ALVAIZ TAB 36MG.....130
ALVAIZ TAB 54MG.....130
ALVAIZ TAB 9MG 130
alvimopan cap 12 mg.....126
amantadine hcl cap 100 mg.....72
amantadine hcl soln 50 mg/5ml 72
amantadine hcl tab 100 mg.....72
AMBIEN CR TAB 12.5MG 132
AMBIEN CR TAB 6.25MG 132
AMBIEN TAB 10MG 132
AMBIEN TAB 5MG.....132
AMBI-TRAY MIS.....138
ambrisentan tab 10 mg.....92
ambrisentan tab 5 mg.....92
amcinonide lotion 0.1% 108
amiloride & hydrochlorothiazide tab 5-50 mg.....115
amiloride hcl tab 5 mg 116
aminocaproic acid oral soln 0.25 gm/ml..131
aminocaproic acid tab 1000 mg.....131
aminocaproic acid tab 500 mg.....131
amiodarone hcl tab 100 mg 30
amiodarone hcl tab 200 mg 30
amiodarone hcl tab 400 mg 30
amitriptyline hcl tab 100 mg 44
amitriptyline hcl tab 10 mg.....44
amitriptyline hcl tab 150 mg 44
amitriptyline hcl tab 25 mg 44

amitriptyline hcl tab 50 mg 44
amitriptyline hcl tab 75 mg 44
amlodipine besylate-atorvastatin calcium tab 10-10 mg 89
amlodipine besylate-atorvastatin calcium tab 10-20 mg 89
amlodipine besylate-atorvastatin calcium tab 10-40 mg 89
amlodipine besylate-atorvastatin calcium tab 10-80 mg 89
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg 89
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg 89
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg 89
amlodipine besylate-atorvastatin calcium tab 5-10 mg 89
amlodipine besylate-atorvastatin calcium tab 5-20 mg 89
amlodipine besylate-atorvastatin calcium tab 5-40 mg 89
amlodipine besylate-atorvastatin calcium tab 5-80 mg 89
amlodipine besylate-benazepril hcl cap 10-20 mg 59
amlodipine besylate-benazepril hcl cap 10-40 mg 59
amlodipine besylate-benazepril hcl cap 2.5-10 mg 59
amlodipine besylate-benazepril hcl cap 5-10 mg 59
amlodipine besylate-benazepril hcl cap 5-20 mg 59
amlodipine besylate-benazepril hcl cap 5-40 mg 59
amlodipine besylate-olmesartan medoxomil tab 10-20 mg 59
amlodipine besylate-olmesartan medoxomil tab 10-40 mg 59
amlodipine besylate-olmesartan medoxomil tab 5-20 mg 59
amlodipine besylate-olmesartan medoxomil tab 5-40 mg 59
amlodipine besylate tab 10 mg (base equivalent) 86
amlodipine besylate tab 2.5 mg (base equivalent) 86
amlodipine besylate tab 5 mg (base equivalent) 86
amlodipine besylate-valsartan tab 10-160 mg 59
amlodipine besylate-valsartan tab 10-320 mg 59
amlodipine besylate-valsartan tab 5-160 mg 59
amlodipine besylate-valsartan tab 5-320 mg 59
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg 59
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg 59
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg 59
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg 59
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg 59
amoxapine tab 100 mg 44
amoxapine tab 150 mg 44
amoxapine tab 25 mg 44
amoxapine tab 50 mg 44
amoxicil cap &clarithro tab &lansopraz cap dr 500 &500 &30mg 188
amoxicillin (trihydrate) cap 250 mg 177
amoxicillin (trihydrate) cap 500 mg 177
amoxicillin (trihydrate) chew tab 125 mg 177
amoxicillin (trihydrate) chew tab 250 mg 177
amoxicillin (trihydrate) for susp 125 mg/5ml 177
amoxicillin (trihydrate) for susp 200 mg/5ml 177
amoxicillin (trihydrate) for susp 250 mg/5ml 177
amoxicillin (trihydrate) for susp 400 mg/5ml 177
amoxicillin (trihydrate) tab 500 mg 177
amoxicillin (trihydrate) tab 875 mg 177

amoxicillin & k clavulanate chew tab 200-28.5 mg 178
amoxicillin & k clavulanate chew tab 400-57 mg 178
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml 178
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml 178
amoxicillin & k clavulanate for susp 400-57 mg/5ml 178
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml 178
amoxicillin & k clavulanate tab 250-125 mg 178
amoxicillin & k clavulanate tab 500-125 mg 178
amoxicillin & k clavulanate tab 875-125 mg 178
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg 178
amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg 1
amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg 1
amphetamine-dextroamphetamine cap er 24hr 10 mg 1
amphetamine-dextroamphetamine cap er 24hr 15 mg 1
amphetamine-dextroamphetamine cap er 24hr 20 mg 1
amphetamine-dextroamphetamine cap er 24hr 25 mg 1
amphetamine-dextroamphetamine cap er 24hr 30 mg 1
amphetamine-dextroamphetamine cap er 24hr 5 mg 1
amphetamine-dextroamphetamine tab 10 mg 1
amphetamine-dextroamphetamine tab 12.5 mg 1
amphetamine-dextroamphetamine tab 15 mg 1
amphetamine-dextroamphetamine tab 20 mg 1
amphetamine-dextroamphetamine tab 30 mg 1
amphetamine-dextroamphetamine tab 5 mg 1
amphetamine-dextroamphetamine tab 7.5 mg 1
amphetamine sulfate tab 10 mg 1
amphetamine sulfate tab 5 mg 1
amphetamine tab extended release disintegrating 12.5 mg 1
amphetamine tab extended release disintegrating 15.7 mg 1
amphetamine tab extended release disintegrating 18.8 mg 1
amphetamine tab extended release disintegrating 3.1 mg 1
amphetamine tab extended release disintegrating 6.3 mg 1
amphetamine tab extended release disintegrating 9.4 mg 1
ampicillin cap 500 mg 178
AMPYRA TAB 10MG 181
ANAFRANIL CAP 25MG 44
ANAFRANIL CAP 50MG 44
ANAFRANIL CAP 75MG 44
anagrelide hcl cap 0.5 mg 129
anagrelide hcl cap 1 mg 129
ANALPRAM HC CRE 1-1% 25
ANALPRAM-HC CRE 1-1% 25
ANALPRAM HC CRE 2.5-1% 25
ANALPRAM HC LOT 2.5% 25
ANALPRAM-HC LOT 2.5% 25
ANALPRM SNGL CRE HC 2.5-1 25
ANAPROX DS TAB 550MG 12
ANASPAZ TAB 0.125MG 187
anastrozole tab 1 mg 65
ANCOBON CAP 250MG 51
ANCOBON CAP 500MG 51
ANDEMBRY INJ 200/1.2 129
ANNOVERA MIS 96

ANORO ELLIPT AER 62.5-25 33
ANUSOL-HC CRE 2.5% 25
apomorphine hcl soln cartridge 30 mg/3ml 72
apraclonidine hcl ophth soln 0.5% (base equivalent) 174
aprepitant capsule 125 mg 51
aprepitant capsule 40 mg 51
aprepitant capsule 80 mg 51
aprepitant capsule therapy pack 80 & 125 mg 51
APRISO CAP 0.375GM 124
APTIOM TAB 200MG 37
APTIOM TAB 400MG 37
APTIOM TAB 600MG 37
APTIOM TAB 800MG 37
AQUALANCE MIS 30G 138
ARANESP INJ 100MCG 130
ARANESP INJ 10MCG 130
ARANESP INJ 150MCG 130
ARANESP INJ 200MCG 130
ARANESP INJ 25MCG 130
ARANESP INJ 300MCG 130
ARANESP INJ 40MCG 130
ARANESP INJ 500MCG 130
ARANESP INJ 60MCG 130
ARAVA TAB 10MG 15
ARAVA TAB 20MG 15
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv) 33
ARICEPT TAB 10MG 179
ARICEPT TAB 23MG 179
ARICEPT TAB 5MG 179
ARIKAYCE SUS 7
ARIMIDEX TAB 1MG 65
aripiprazole orally disintegrating tab 10 mg 79
aripiprazole orally disintegrating tab 15 mg 79
aripiprazole oral solution 1 mg/ml 79
aripiprazole tab 10 mg 79
aripiprazole tab 15 mg 79
aripiprazole tab 20 mg 79
aripiprazole tab 2 mg 79
aripiprazole tab 30 mg 79
aripiprazole tab 5 mg 79
ARISTADA INJ 1064MG 79
ARISTADA INJ 441MG/1. 79
ARISTADA INJ 662MG/2 79
ARISTADA INJ 882MG/3 79
ARISTADA INJ INITIO 79
ARIXTRA INJ 10/0.8ML 35
ARIXTRA INJ 2.5/0.5 35
ARIXTRA INJ 5/0.4ML 35
ARIXTRA INJ 7.5/0.6 35
armodafinil tab 150 mg 5
armodafinil tab 200 mg 5
armodafinil tab 250 mg 5
armodafinil tab 50 mg 5
ARMOUR THYRO TAB 120MG 186
ARMOUR THYRO TAB 15MG 186
ARMOUR THYRO TAB 180MG 186
ARMOUR THYRO TAB 240MG 186
ARMOUR THYRO TAB 300MG 186
ARMOUR THYRO TAB 30MG 186
ARMOUR THYRO TAB 60MG 186
ARMOUR THYRO TAB 90MG 186
ARNICA TIN FLOWER 113
AROMASIN TAB 25MG 65
ARTISS SOL 10ML 131
ARTISS SOL 2ML 131
ARTISS SOL 4ML 131
ARZOL SILVER MIS NITR APP 108
asenapine maleate sl tab 10 mg (base equiv) 77
asenapine maleate sl tab 2.5 mg (base equiv) 76
asenapine maleate sl tab 5 mg (base equiv) 76
ASMANEX HFA AER 100 MCG 32
ASMANEX HFA AER 200 MCG 32
ASMANEX HFA AER 50MCG 32
aspirin chew tab 81 mg 17
aspirin-dipyridamole cap er 12hr 25-200 mg 129
aspirin tab delayed release 81 mg 17
ASSESS METER MIS FULL 163
ASSESS METER MIS LOW 163

ASSURE 3 LIQ CONTROL 138
ASSURE 4 LIQ LEVEL1/2.....138
ASSURE CMFRT MIS 28G.....138
ASSURE DOSE SOL NORM/HGH 138
ASSURE DOSE SOL NORMAL.....138
ASSURE II LIQ LEVEL 1 138
ASSURE II LIQ LEVEL1/2 138
ASSURE LANCE MIS 21G 138
ASSURE LANCE MIS 28G 138
ASSURE LANCE MIS LOW FLOW.....138
ASSURE LANCE MIS MICRO.....138
ASSURE LANCE MIS SAFE 25G.....138
ASSURE LANCE MIS SAFE 30G.....138
ASSURE PRISM SOL LEVEL1/2 138
ASSURE PRO LIQ LEVEL1/2 138
ASTAGRAF XL CAP 0.5MG 168
ASTAGRAF XL CAP 1MG 168
ASTAGRAF XL CAP 5MG.....168
atazanavir sulfate cap 150 mg (base equiv) 80
atazanavir sulfate cap 200 mg (base equiv) 80
atazanavir sulfate cap 300 mg (base equiv) 80
ATELVIA TAB 116
atenolol & chlorthalidone tab 100-25 mg .59
atenolol & chlorthalidone tab 50-25 mg ...59
atenolol tab 100 mg 85
atenolol tab 25 mg 85
atenolol tab 50 mg 85
atomoxetine hcl cap 100 mg (base equiv) ..4
atomoxetine hcl cap 10 mg (base equiv) 4
atomoxetine hcl cap 18 mg (base equiv).....4
atomoxetine hcl cap 25 mg (base equiv) 4
atomoxetine hcl cap 40 mg (base equiv)....4
atomoxetine hcl cap 60 mg (base equiv)....4
atomoxetine hcl cap 80 mg (base equiv)....4
atorvastatin calcium tab 10 mg (base equivalent) 54
atorvastatin calcium tab 20 mg (base equivalent) 54
atorvastatin calcium tab 40 mg (base equivalent) 54
atorvastatin calcium tab 80 mg (base equivalent) 54
atovaquone-proguanil hcl tab 250-100 mg 62
atovaquone-proguanil hcl tab 62.5-25 mg 62
atovaquone susp 750 mg/5ml 27
atropine sulfate ophth oint 1% 174
atropine sulfate ophth soln 1% 174
ATROPINE SUL SOL 1% OP.....174
AUGMENTIN SUS 125/5ML.....178
AUGMENTIN SUS ES-600 178
AUGTYRO CAP 160MG.....67
AUGTYRO CAP 40MG 67
AUM ALCOHOL PAD PREP 70% 152
AURORA LANCE MIS 30G.....138
AURORA LANCE MIS THIN 23G 138
AURYXIA TAB 210MG 126
AUSTEDO TAB 12MG 181
AUSTEDO TAB 6MG.....181
AUSTEDO TAB 9MG.....181
AUSTEDO XR TAB 12MG 181
AUSTEDO XR TAB 18MG 181
AUSTEDO XR TAB 24MG 181
AUSTEDO XR TAB 30MG ER.....181
AUSTEDO XR TAB 36MG ER.....181
AUSTEDO XR TAB 42MG ER.....181
AUSTEDO XR TAB 48MG ER.....181
AUSTEDO XR TAB 6MG.....181
AUSTEDO XR TAB TITR KIT 181
AUTOJECT 2 MIS.....153
AUTO LANCET MIS 138
AUTO-LANCET MIS.....138
AUTO-LANCET MIS MINI 138
AUTOLET II KIT CLINISAF.....138
AUTOLET LANC MIS DEVICE.....138
AUTOLET LITE KIT.....138
AUTOLET LITE KIT CLINISAF.....138
AUTOLET LITE KIT STARTER.....138
AUTOLET MINI MIS 138
AUTOLET PLAT MIS 1.8MM 138
AUTOLET PLAT MIS 2.4MM.....138
AUTOLET PLAT MIS 3.0MM.....138
AUTOLET PLUS MIS 139

AUTOPEN MIS 1-21UNIT 153
AUTOPEN MIS 1 UNIT 153
AUTOPEN MIS 2-42UNIT.....153
AUTOPEN MIS 2 UNIT.....153
AUTOSHIELD MIS 30GX5MM.....153
AUVI-Q INJ 0.15MG 191
AUVI-Q INJ 0.1MG.....190
AUVI-Q INJ 0.3MG 190
AVALIDE TAB 150-12.5.....59
AVALIDE TAB 300-12.5 59
avanafil tab 100 mg.....90
avanafil tab 200 mg 90
avanafil tab 50 mg 90
AVAPRO TAB 150MG.....57
AVAPRO TAB 300MG.....57
AVAPRO TAB 75MG 57
AVAR-E LS CRE 10-2%.....99
AVAR LS LIQ 10-2% 99
AVODART CAP 0.5MG.....127
AVONEX PEN KIT 30MCG.....181
AVONEX PREFL KIT 30MCG.....181
azathioprine tab 100 mg 168
azathioprine tab 50 mg.....168
azathioprine tab 75 mg 168
azelaic acid gel 15% 113
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act.....172
azelastine hcl nasal spray 0.1% (137 mcg/spray) 172
azelastine hcl ophth soln 0.05%.....176
AZILECT TAB 0.5MG 74
AZILECT TAB 1MG.....74
azithromycin for susp 100 mg/5ml.....133
azithromycin for susp 200 mg/5ml.....133
azithromycin powd pack for susp 1 gm ...133
azithromycin tab 250 mg.....133
azithromycin tab 500 mg.....133
azithromycin tab 600 mg 133
AZSTARYS CAP 26.1-5.2 5
AZSTARYS CAP 39.2-7.8 5
AZSTARYS CAP 52.3-10. 5
AZULFIDINE TAB 500MG.....124
AZULFIDINE TAB 500MG EN.....124

B

bacitracin ophth oint 500 unit/gm 174
bacitracin-polymyxin b ophth oint 174
bacitracin-polymyxin-neomycin-hc ophth oint 1%.....175
baclofen oral soln 10 mg/5ml 171
baclofen oral soln 5 mg/5ml 171
baclofen tab 10 mg.....171
baclofen tab 15 mg 171
baclofen tab 20 mg 171
baclofen tab 5 mg.....171
BACTRIM DS TAB 800-160 26
BACTRIM TAB 400-80MG.....26
BAFIERTAM CAP 95MG 181
balsalazide disodium cap 750 mg.....124
BALVERSA TAB 3MG.....67
BALVERSA TAB 4MG.....67
BALVERSA TAB 5MG.....67
BAQSIMI ONE POW 3MG/DOSE 47
BAQSIMI TWO POW 3MG/DOSE 47
BARACLUDE SOL.....83
BAXDELA TAB 450MG.....123
BD 20ML SYRG MIS LUER-LOK.....153
BD 5ML SYRG MIS LUER-LOK.....153
BD BLNT FILL MIS 18GX1.5 153
BD ECLIPSE MIS 18GX1.5.....153
BD ECLIPSE MIS 1ML/27G 153
BD ECLIPSE MIS 23GX1 153
BD ECLIPSE MIS 25GX5/8 153
BD HYPO NEED MIS 16GX1 153
BD HYPO NEED MIS 18GX1 153
BD HYPO NEED MIS 18GX1.5 153
BD HYPO NEED MIS 19GX1 153
BD HYPO NEED MIS 19GX1.5 153
BD HYPO NEED MIS 21GX1 153
BD HYPO NEED MIS 21GX2.....153
BD HYPO NEED MIS 22GX1.....153
BD HYPO NEED MIS 22GX1.5 153
BD HYPO NEED MIS 23GX1.....153
BD HYPO NEED MIS 23GX3/4.....153
BD HYPO NEED MIS 25GX1.5 153
BD HYPO NEED MIS 26GX1/2.....153
BD INTEGRA MIS 25GX1.....153
BD LUER-LOK MIS SYR 10ML 153

BD MICROTAIN MIS LANCETS.....139
BD NEEDLE MIS 23GX1.....153
BD NEEDLE MIS 30GX1/2.....153
BD NEEDLES MIS 16GX1.5.....153
BD NEEDLES MIS 18GX1.5.....153
BD NEEDLES MIS 19GX1.....153
BD NEEDLES MIS 20GX1.....153
BD NEEDLES MIS 20GX1.5.....153
BD NEEDLES MIS 21GX1.5.....153
BD NEEDLES MIS 22GX1.5.....153
BD NEEDLES MIS 25GX5/8.....153
BD NEEDLES MIS 27GX1/2.....153
BD NEEDLES MIS 30GX1/2.....153
BD PEN MINI MIS.....153
BD PEN MIS.....153
BD PHLEBOTOM MIS 1.5QT.....154
BD PLASTIPAK MIS 21GX1.....154
BD PLASTIPAK MIS 3ML.....154
BD PRECISION MIS 23GX1.5.....154
BD SAFETY MIS 23GX1.5.....154
BD SHARPS MIS 1.4QT.....154
BD SHARPS MIS 3.3QT.....154
BD SHARPS MIS 5.1L.....154
BD SWAB REG PAD SNGL USE.....152
BD ULTRAFINE INSULIN SYRINGES/NEEDLES.....154
BD ULTRAFINE PEN NEEDLES.....154
BELBUCA MIS 150MCG.....24
BELBUCA MIS 300MCG.....24
BELBUCA MIS 450MCG.....24
BELBUCA MIS 600MCG.....24
BELBUCA MIS 750MCG.....24
BELBUCA MIS 75MCG.....24
BELBUCA MIS 900MCG.....24
BELLA/OPIUM SUP 16.2-30.....187
BELLA/OPIUM SUP 16.2-60.....187
benazepril & hydrochlorothiazide tab 10-12.5 mg.....60
benazepril & hydrochlorothiazide tab 20-12.5 mg.....60
benazepril & hydrochlorothiazide tab 20-25 mg.....60
benazepril & hydrochlorothiazide tab 5-6.25 mg.....59
benazepril hcl tab 10 mg.....56
benazepril hcl tab 20 mg.....56
benazepril hcl tab 40 mg.....56
benazepril hcl tab 5 mg.....56
BENLYSTA INJ 200MG/ML.....170
BENZALKONIUM SOL NF.....80
BENZAMYCIN GEL 5-3%.....99
BENZEPRO LIQ CREAMY.....99
BENZNIDAZOLE TAB 100MG.....26
BENZNIDAZOLE TAB 12.5MG.....26
benzonatate cap 100 mg.....98
benzonatate cap 150 mg.....98
benzonatate cap 200 mg.....98
*benzoyl peroxide-erythromycin gel 5-3%*99
benzoyl peroxide foam 9.8%.....99
benzoyl peroxide gel 8%.....99
benzoyl peroxide-hydrocortisone lotion 5-0.5%.....99
benzphetamine hcl tab 50 mg.....2
benztropine mesylate tab 0.5 mg.....72
benztropine mesylate tab 1 mg.....72
benztropine mesylate tab 2 mg.....72
bepotastine besilate ophth soln 1.5%.....176
BESREMI SOL 500MCG.....71
BETADINE SOL 5% OP.....174
betaine powder for oral solution.....118
betamethasone dipropionate augmented cream 0.05%.....108
betamethasone dipropionate augmented gel 0.05%.....108
betamethasone dipropionate augmented lotion 0.05%.....108
betamethasone dipropionate augmented oint 0.05%.....108
betamethasone dipropionate cream 0.05%.....108
betamethasone dipropionate lotion 0.05%.....108
betamethasone valerate aerosol foam 0.12%.....108
betamethasone valerate cream 0.1% (base equivalent).....108
betamethasone valerate lotion 0.1% (base equivalent).....108

betamethasone valerate oint 0.1% (base equivalent) 108
BETASERON INJ 0.3MG 181
betaxolol hcl ophth soln 0.5% 173
betaxolol hcl tab 10 mg 85
betaxolol hcl tab 20 mg 85
bethanechol chloride tab 10 mg 189
bethanechol chloride tab 25 mg 189
bethanechol chloride tab 50 mg 189
bethanechol chloride tab 5 mg 189
bexarotene cap 75 mg 71
bexarotene gel 1% 102
bicalutamide tab 50 mg 65
BIDIL TAB 89
BIJUVA CAP 0.5-100 121
BIJUVA CAP 1-100MG 121
BIKTARVY TAB 80
BILTRICIDE TAB 600MG 26
bimatoprost ophth soln 0.03% 176
BIMZELX INJ 160MG/ML 103
BIMZELX INJ 320MG/2 103
BINOSTO TAB 70MG 116
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg 189
bisoprolol & hydrochlorothiazide tab 10-6.25 mg 60
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg 60
bisoprolol & hydrochlorothiazide tab 5-6.25 mg 60
bisoprolol fumarate tab 10 mg 85
bisoprolol fumarate tab 5 mg 85
BLUJEPA TAB 750MG 27
BLULINK LIQ HIGH/LOW 139
BLUNT CANNUL MIS 20GX1.5 154
BLUNT CANNUL MIS 21GX1 154
BONJESTA TAB 20-20MG 51
bosentan tab 125 mg 92
bosentan tab 62.5 mg 92
bosentan tab for oral susp 32 mg 92
BOSULIF CAP 100MG 67
BOSULIF CAP 50MG 67
BOSULIF TAB 100MG 67
BOSULIF TAB 400MG 67
BOSULIF TAB 500MG 67
BRAFTOVI CAP 75MG 67
BREATHE EASE MIS LG MASK 163
BREATHE EASE MIS MED MASK 163
BREATHE EASE MIS METER 163
BREATHE EASE MIS SM MASK 163
BREATHERITE MIS MDI CHMB 163
BREO ELLIPTA INH 100-25 33
BREO ELLIPTA INH 200-25 33
BREO ELLIPTA INH 50-25MCG 33
BREXAFEMME TAB 150MG 51
BREZTRI AERO AER SPHERE 33
BRILINTA TAB 60MG 129
BRILINTA TAB 90MG 129
brimonidine tartrate gel 0.33% (base equivalent) 113
brimonidine tartrate ophth soln 0.1% 174
brimonidine tartrate ophth soln 0.15% 174
brimonidine tartrate ophth soln 0.2% 174
brimonidine tartrate-timolol maleate ophth soln 0.2-0.5% 173
brinzolamide ophth susp 1% 176
BRIVIACT SOL 10MG/ML 37
BRIVIACT TAB 100MG 37
BRIVIACT TAB 10MG 37
BRIVIACT TAB 25MG 37
BRIVIACT TAB 50MG 37
BRIVIACT TAB 75MG 37
bromfenac sodium ophth soln 0.07% (base equivalent) 176
bromfenac sodium ophth soln 0.075% (base equivalent) 176
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) 176
bromocriptine mesylate cap 5 mg (base equivalent) 72
bromocriptine mesylate tab 2.5 mg (base equivalent) 72
BRUKINSA CAP 80MG 67
BRUKINSA TAB 160MG 67
BRYHALI LOT 0.01% 108
budesonide delayed release particles cap 3 mg 96

budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act 33
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act.....33
budesonide inhalation susp 0.25 mg/2ml 32
budesonide inhalation susp 0.5 mg/2ml...32
budesonide inhalation susp 1 mg/2ml.....32
budesonide rectal foam 2 mg/act 25
BULB IRR SYR MIS 60ML 154
bumetanide tab 0.5 mg 115
bumetanide tab 1 mg 115
bumetanide tab 2 mg.....115
BUMEX TAB 0.5MG.....115
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv).....24
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv) 24
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv).....24
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv).....24
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv).....24
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv).....24
buprenorphine hcl sl tab 2 mg (base equiv) 24
buprenorphine hcl sl tab 8 mg (base equiv) 24
buprenorphine td patch weekly 10 mcg/hr 24
buprenorphine td patch weekly 15 mcg/hr 24
buprenorphine td patch weekly 20 mcg/hr 24
*buprenorphine td patch weekly 5 mcg/hr*24
buprenorphine td patch weekly 7.5 mcg/hr 24
bupropion hcl (smoking deterrent) tab er 12hr 150 mg.....183
bupropion hcl tab 100 mg.....41
bupropion hcl tab 75 mg.....41
bupropion hcl tab er 12hr 100 mg 41
bupropion hcl tab er 12hr 150 mg 41
bupropion hcl tab er 12hr 200 mg.....42
bupropion hcl tab er 24hr 150 mg.....42
bupropion hcl tab er 24hr 300 mg.....42
buspirone hcl tab 10 mg 29
buspirone hcl tab 15 mg 29
buspirone hcl tab 30 mg 29
buspirone hcl tab 5 mg.....29
buspirone hcl tab 7.5 mg.....29
butalbital-acetaminophen-caffeine tab 50-325-40 mg 17
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg 23
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg 23
butalbital-acetaminophen tab 50-325 mg 17
butalbital-aspirin-caffeine cap 50-325-40 mg 17
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg.....23
butorphanol tartrate nasal soln 10 mg/ml.24
C
cabergoline tab 0.5 mg.....120
CABOMETYX TAB 20MG.....67
CABOMETYX TAB 40MG.....67
CABOMETYX TAB 60MG.....67
CADUET TAB 10-10MG.....89
CADUET TAB 10-20MG.....89
CADUET TAB 10-40MG.....89
CADUET TAB 10-80MG.....89
CADUET TAB 5-10MG 89
CADUET TAB 5-20MG.....89
CADUET TAB 5-40MG 89
CADUET TAB 5-80MG 89
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv) 2
calcipotriene oint 0.005%.....103
calcipotriene soln 0.005% (50 mcg/ml) .103
calcitonin (salmon) inj 200 unit/ml 116
calcitonin (salmon) nasal soln 200 unit/act 116
calcitriol cap 0.25 mcg 118
calcitriol cap 0.5 mcg 118
calcitriol oral soln 1 mcg/ml 119

calcium acetate (phosphate binder) cap 667 mg (169 mg ca)....126
CALQUENCE TAB 100MG....67
CAMZYOS CAP 10MG....89
CAMZYOS CAP 15MG....89
CAMZYOS CAP 2.5MG....88
CAMZYOS CAP 5MG....88
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg....60
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg....60
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg....60
candesartan cilexetil tab 16 mg....57
candesartan cilexetil tab 32 mg....57
candesartan cilexetil tab 4 mg....57
candesartan cilexetil tab 8 mg....57
capecitabine tab 150 mg....64
capecitabine tab 500 mg....64
CAPRELSA TAB 100MG....67
CAPRELSA TAB 300MG....68
captopril & hydrochlorothiazide tab 25-15 mg....60
captopril & hydrochlorothiazide tab 25-25 mg....60
captopril & hydrochlorothiazide tab 50-15 mg....60
captopril & hydrochlorothiazide tab 50-25 mg....60
captopril tab 100 mg....56
captopril tab 12.5 mg....56
captopril tab 25 mg....56
captopril tab 50 mg....56
carbamazepine cap er 12hr 100 mg....37
carbamazepine cap er 12hr 200 mg....37
carbamazepine cap er 12hr 300 mg....37
carbamazepine chew tab 100 mg....37
carbamazepine susp 100 mg/5ml....37
carbamazepine tab 200 mg....37
carbamazepine tab er 12hr 100 mg....37
carbamazepine tab er 12hr 200 mg....37
carbamazepine tab er 12hr 400 mg....37
CARBATROL CAP 100MG....37
CARBATROL CAP 200MG....37
CARBATROL CAP 300MG....37
carbidopa & levodopa cap er 23.75-95 mg....72
carbidopa & levodopa cap er 36.25-145 mg....72
carbidopa & levodopa cap er 48.75-195 mg....72
carbidopa & levodopa cap er 61.25-245 mg....72
carbidopa & levodopa orally disintegrating tab 10-100 mg....72
carbidopa & levodopa orally disintegrating tab 25-100 mg....72
carbidopa & levodopa orally disintegrating tab 25-250 mg....72
carbidopa & levodopa tab 10-100 mg....72
carbidopa & levodopa tab 25-100 mg....72
carbidopa & levodopa tab 25-250 mg....72
carbidopa & levodopa tab er 25-100 mg....72
carbidopa & levodopa tab er 50-200 mg....72
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg....72
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg....72
carbidopa-levodopa-entacapone tabs 25-100-200 mg....72
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg....73
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg....73
carbidopa-levodopa-entacapone tabs 50-200-200 mg....73
carbidopa tab 25 mg....71
carbinoxamine maleate extended release susp 4 mg/5ml....52
carbinoxamine maleate soln 4 mg/5ml....52
carbinoxamine maleate tab 4 mg....52
carbinoxamine maleate tab 6 mg....52
CARDIOCOM MIS LANCING....139
CARDURA TAB 1MG....58
CARDURA TAB 2MG....58
CARDURA TAB 4MG....58
CARDURA TAB 8MG....58
CARDURA XL TAB 4MG....127

CARDURA XL TAB 8MG.....127
CAREONE ADV MIS LANCING.....139
CAREONE LANC MIS 30G.....139
CAREONE LANC MIS THIN 23G.....139
CAREPOINT SA MIS 23GX1.....154
CAREPOINT SA MIS 23GX11/2.....154
CAREPOINT SA MIS 25GX1.....154
CAREPOINT SA MIS 25GX11/2.....154
CAREPOINT SA MIS 25GX5/8.....154
CAREPOINT SY MIS 20GX1.....154
CAREPOINT SY MIS 20GX1.5.....154
CAREPOINT SY MIS 22G X 1.....154
CAREPOINT SY MIS 22GX1.5.....154
CAREPOINT SY MIS 23GX1.....154
CAREPOINT SY MIS 23GX1.5.....154
CAREPOINT SY MIS 25GX1.....154
CAREPOINT SY MIS 60ML.....154
CAREPOINT TU MIS 25GX5/8.....154
CARESENS 30G MIS LANCETS.....139
CARESENS SOL CONTROL.....139
CARETOUCH MIS 27GX1.5.....154
CARETOUCH MIS EJECTOR.....139
CARETOUCH MIS LANC 26G.....139
CARETOUCH MIS LANC 28G.....139
CARETOUCH MIS LANC 30G.....139
CARETOUCH MIS TWIST 28.....139
CARETOUCH MIS TWIST 30.....139
CARETOUCH MIS TWIST 33.....139
CARETOUCH PAD ALCOHOL.....152
carglumic acid soluble tab 200 mg.....119
carisoprodol tab 350 mg.....171
carteolol hcl ophth soln 1%.....173
carvedilol phosphate cap er 24hr 10 mg...84
carvedilol phosphate cap er 24hr 20 mg..84
carvedilol phosphate cap er 24hr 40 mg..84
carvedilol phosphate cap er 24hr 80 mg..84
carvedilol tab 12.5 mg.....84
carvedilol tab 25 mg.....84
carvedilol tab 3.125 mg.....84
carvedilol tab 6.25 mg.....84
CASODEX TAB 50MG.....65
CATAPRES-TTS DIS 0.1/24HR.....58
CATAPRES-TTS DIS 0.2/24HR.....58
CATAPRES-TTS DIS 0.3/24HR.....58
CATHETER/TIP MIS 60ML COV.....154
CAVERJECT IM KIT 10MCG.....90
CAVERJECT IM KIT 20MCG.....90
CAVERJECT INJ 20MCG.....90
CAVERJECT INJ 40MCG.....90
CAYA DPR.....134
cefaclor cap 250 mg.....93
cefaclor cap 500 mg.....93
CEFACLOR ER TAB 500MG.....93
cefaclor for susp 250 mg/5ml.....93
cefadroxil cap 500 mg.....93
cefadroxil for susp 250 mg/5ml.....93
cefadroxil for susp 500 mg/5ml.....93
cefadroxil tab 1 gm.....93
cefdinir cap 300 mg.....94
cefdinir for susp 125 mg/5ml.....94
cefdinir for susp 250 mg/5ml.....94
cefixime cap 400 mg.....94
cefixime for susp 100 mg/5ml.....94
cefixime for susp 200 mg/5ml.....94
cefpodoxime proxetil for susp 100 mg/5ml.....94
cefpodoxime proxetil for susp 50 mg/5ml.....94
cefpodoxime proxetil tab 100 mg.....94
cefpodoxime proxetil tab 200 mg.....94
cefprozil for susp 125 mg/5ml.....93
cefprozil for susp 250 mg/5ml.....93
cefprozil tab 250 mg.....93
cefprozil tab 500 mg.....93
cefuroxime axetil tab 250 mg.....93
cefuroxime axetil tab 500 mg.....93
celecoxib cap 100 mg.....12
celecoxib cap 200 mg.....12
celecoxib cap 400 mg.....12
celecoxib cap 50 mg.....12
CELEXA TAB 10MG.....42
CELEXA TAB 20MG.....42
CELEXA TAB 40MG.....42
CELLCEPT CAP 250MG.....168
CELLCEPT SUS 200MG/ML.....168
CELLCEPT TAB 500MG.....168
CELONTIN CAP 300MG.....41
CEM-UREA SOL 45%.....111

cephalexin cap 250 mg 93
cephalexin cap 500 mg 93
cephalexin cap 750 mg 93
cephalexin for susp 125 mg/5ml 93
cephalexin for susp 250 mg/5ml 93
cephalexin tab 250 mg 93
cephalexin tab 500 mg 93
CEQUR SIMPL KIT PATCH 2U 154
CEQUR SIMPL MIS INSERTER 154
CERDELGA CAP 84MG 129
CERVIDIL VAG MIS 10MG INS 177
CETACAINE AER 112
cetirizine hcl oral soln 1 mg/ml (5 mg/5ml) 52
CETRAXAL SOL 0.2% 177
cetrorelix acetate for inj kit 0.25 mg 118
cevimeline hcl cap 30 mg 170
CHEMET CAP 100MG 50
CHEMSTRIP 10 TES MD 114
CHEMSTRIP 2 TES GP 114
CHEMSTRIP 5 TES OB 114
CHEMSTRIP 7 TES 114
CHEMSTRIP 9 TES STRIPS 114
CHEMSTRIP K TES 114
CHEMSTRIP TES -10 SG 114
CHEMSTRIP TES UGK 114
chenodiol tab 250 mg 123
chlordiazepoxide-amitriptyline tab 10-25 mg 180
chlordiazepoxide-amitriptyline tab 5-12.5 mg 180
chlordiazepoxide hcl cap 10 mg 29
chlordiazepoxide hcl cap 25 mg 29
chlordiazepoxide hcl cap 5 mg 29
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg 187
CHLORHEX GLU SOL 20% 80
chlorhexidine gluconate soln 0.12% 170
chloroquine phosphate tab 250 mg 62
chloroquine phosphate tab 500 mg 62
chlorpromazine hcl inj 25 mg/ml 78
chlorpromazine hcl inj 50 mg/2ml 78
chlorpromazine hcl tab 100 mg 78
chlorpromazine hcl tab 10 mg 78
chlorpromazine hcl tab 200 mg 78
chlorpromazine hcl tab 25 mg 78
chlorpromazine hcl tab 50 mg 78
chlorthalidone tab 25 mg 116
chlorthalidone tab 50 mg 116
chlorzoxazone tab 500 mg 171
CHOLBAM CAP 250MG 123
CHOLBAM CAP 50MG 123
cholestyramine light powder 4 gm/dose ..53
cholestyramine light powder packets 4 gm 53
cholestyramine powder 4 gm/dose 53
cholestyramine powder packets 4 gm 53
choline fenofibrate cap dr 135 mg (fenofibric acid equiv) 54
choline fenofibrate cap dr 45 mg (fenofibric acid equiv) 54
CIBINQO TAB 100MG 111
CIBINQO TAB 200MG 111
CIBINQO TAB 50MG 111
ciclopirox gel 0.77% 101
ciclopirox olamine cream 0.77% (base equiv) 101
ciclopirox olamine susp 0.77% (base equiv) 101
ciclopirox shampoo 1% 101
ciclopirox solution 8% 101
cilostazol tab 100 mg 129
cilostazol tab 50 mg 129
CIMDUO TAB 300-300 80
cimetidine hcl soln 300 mg/5ml 187
cimetidine tab 300 mg 187
cimetidine tab 400 mg 187
cimetidine tab 800 mg 187
CIMZIA INJ 200MG/ML 124
CIMZIA PREFL KIT 200MG/ML 124
CIMZIA START KIT 200MG/ML 124
cinacalcet hcl tab 30 mg (base equiv) 119
cinacalcet hcl tab 60 mg (base equiv) 119
cinacalcet hcl tab 90 mg (base equiv) 119
CIPRO (10%) SUS 500MG/5 123
CIPRO (5%) SUS 250MG/5 123
ciprofloxacin-dexamethasone otic susp 0.3-0.1% 177

ciprofloxacin hcl ophth soln 0.3% (base equivalent) 174
ciprofloxacin hcl otic soln 0.2% (base equivalent) 177
ciprofloxacin hcl tab 100 mg (base equiv) 123
ciprofloxacin hcl tab 250 mg (base equiv) 123
ciprofloxacin hcl tab 500 mg (base equiv) 123
ciprofloxacin hcl tab 750 mg (base equiv) 123
CIPRO TAB 250MG 123
CIPRO TAB 500MG 123
citalopram hydrobromide oral soln 10 mg/5ml 42
citalopram hydrobromide tab 10 mg (base equiv) 42
citalopram hydrobromide tab 20 mg (base equiv) 42
citalopram hydrobromide tab 40 mg (base equiv) 42
CLARINEX-D TAB 2.5-120 98
CLARINEX TAB 5MG 52
clarithromycin for susp 125 mg/5ml 133
clarithromycin for susp 250 mg/5ml 133
clarithromycin tab 250 mg 133
clarithromycin tab 500 mg 133
clarithromycin tab er 24hr 500 mg 133
CLEANLET 28G MIS LANCETS....139
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq) 52
clemastine fumarate tab 2.68 mg....52
CLEMASZ TAB 2.68MG....52
CLENPIQ SOL....133
CLEOCIN CAP 150MG 27
CLEOCIN CAP 300MG 27
CLEOCIN CAP 75MG....27
CLEOCIN CRE 2% VAG 190
CLEOCIN PED SOL 75MG/5ML 27
CLEOCIN SUP 100MG....190
CLEOCIN-T LOT 1%....99
CLEVER CHECK MIS 139
CLEVER CHECK MIS 30G....139
CLEVR CHOICE LIQ HIGH 139
CLEVR CHOICE LIQ LOW....139
clindamycin hcl cap 150 mg 27
clindamycin hcl cap 300 mg....27
clindamycin hcl cap 75 mg 27
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)....27
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%....100
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75% 100
clindamycin phosphate-benzoyl peroxide gel 1-5%....100
clindamycin phosphate foam 1%....99
clindamycin phosphate gel 1% (twice-daily) 99
clindamycin phosphate lotion 1%....99
clindamycin phosphate soln 1% 99
clindamycin phosphate swab 1% 99
clindamycin phosphate-tretinoin gel 1.2-0.025% 100
clindamycin phosphate vaginal cream 2% 190
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% 99
CLINDESSE CRE 2% 190
clobazam suspension 2.5 mg/ml....36
clobazam tab 10 mg....36
clobazam tab 20 mg 36
clobetasol propionate cream 0.025%....109
clobetasol propionate cream 0.05%....109
clobetasol propionate emollient base cream 0.05%....109
clobetasol propionate foam 0.05% 109
clobetasol propionate gel 0.05%....109
clobetasol propionate lotion 0.05% 109
clobetasol propionate oint 0.05%....109
clobetasol propionate shampoo 0.05%..109
clobetasol propionate soln 0.05%....109
CLOBEX LOT 0.05% 109
CLOBEX SHA 0.05%....109
CLODERM CRE 0.1%....109
clomiphene citrate tab 50 mg....117
clomipramine hcl cap 25 mg 44

clomipramine hcl cap 50 mg 44
clomipramine hcl cap 75 mg 44
clonazepam orally disintegrating tab 0.125 mg 36
clonazepam orally disintegrating tab 0.25 mg 36
clonazepam orally disintegrating tab 0.5 mg 36
clonazepam orally disintegrating tab 1 mg 36
clonazepam orally disintegrating tab 2 mg 36
clonazepam tab 0.5 mg 36
clonazepam tab 1 mg 36
clonazepam tab 2 mg 36
clonidine hcl tab 0.1 mg 58
clonidine hcl tab 0.2 mg 58
clonidine hcl tab 0.3 mg 58
clonidine hcl tab er 12hr 0.1 mg 4
clonidine tab er 24hr 0.17 mg 58
clonidine td patch weekly 0.1 mg/24hr 58
clonidine td patch weekly 0.2 mg/24hr 58
clonidine td patch weekly 0.3 mg/24hr 58
clopidogrel bisulfate tab 300 mg (base equiv) 129
clopidogrel bisulfate tab 75 mg (base equiv) 129
clorazepate dipotassium tab 15 mg 29
clorazepate dipotassium tab 3.75 mg 29
clorazepate dipotassium tab 7.5 mg 29
clotrimazole troche 10 mg 170
clotrimazole w/ betamethasone cream 1-0.05% 101
clotrimazole w/ betamethasone lotion 1-0.05% 101
clozapine orally disintegrating tab 100 mg 77
clozapine orally disintegrating tab 12.5 mg 77
clozapine orally disintegrating tab 150 mg 77
clozapine orally disintegrating tab 200 mg 77
clozapine orally disintegrating tab 25 mg 77
clozapine tab 100 mg 77
clozapine tab 200 mg 77
clozapine tab 25 mg 77
clozapine tab 50 mg 77
CLOZARIL TAB 100MG 77
CLOZARIL TAB 200MG 77
CLOZARIL TAB 25MG 77
CLOZARIL TAB 50MG 77
CL PRENATAL TAB 28-0.8MG 171
COAGUCHEK MIS LANCETS 139
coal tar soln 20% 113
COARTEM TAB 20-120MG 62
COBENFY CAP 100-20MG 78
COBENFY CAP 125-30MG 78
COBENFY CAP 50-20MG 78
COBENFY STRT CAP PACK 78
codeine sulfate tab 30 mg 18
CODEINE SULF TAB 15MG 17
CODEINE SULF TAB 60MG 18
colchicine tab 0.6 mg 128
colchicine w/ probenecid tab 0.5-500 mg 128
colesevelam hcl packet for susp 3.75 gm 53
colesevelam hcl tab 625 mg 53
COLESTID FLA GRA 5/7.5GM 53
COLESTID FLA GRA 5GM 53
COLESTID GRA 5GM 54
COLESTID TAB 1GM 54
colestipol hcl granule packets 5 gm 54
colestipol hcl granules 5 gm 54
colestipol hcl tab 1 gm 54
COLOR CONDOM MIS + LUBE 134
COMBIPATCH DIS 121
COMBIVENT AER 20-100 33
COMBIVIR TAB 150-300 80
COMETRIQ KIT 100MG 68
COMETRIQ KIT 140MG 68
COMETRIQ KIT 60MG 68
COMFORT ASSU MIS LANC 28G 139
COMFORT ASSU MIS LANC 33G 139
COMFORT EZ MIS 21G 139
COMFORT EZ MIS 23G 139
COMFORT EZ MIS 28G 139
COMFORTOUCH MIS LANCET 139

COMFORT TCH MIS LANC 28G 139
COMFORT TCH MIS LANC 30G 139
COMFORT TCH MIS LANC 31G 139
COMFRT TOUCH PAD ALC PREP 152
COMPACT SPAC MIS CHAMBER 163
COMPACT SPAC MIS LG MASK 163
COMPACT SPAC MIS MD MASK 163
COMPACT SPAC MIS SM MASK.....163
COMPL NEEDLE MIS COLL SYS 154
COMTAN TAB 200MG.....72
CONDOMS MIS.....134
CONDYLOX GEL 0.5%.....112
CONTOUR HIGH LIQ CONTROL.....139
CONTOUR LOW LIQ CONTROL 139
CONTOUR NEXT SOL LEVEL 1.....139
CONTOUR NEXT SOL LEVEL 2 139
CONTOUR NORM LIQ CONTROL 139
CONTROL HIGH SOL UNISTRIP 139
CONTROL LOW SOL UNISTRIP.....139
CONTROL NORM SOL EASY STP 139
CONTROL SOL LIQ HI/MID/L.....139
CONTROL SOL LIQ HIGH/LOW 139
CONTROL SOL LIQ LEVEL 2 139
CONTROL SOL NORMAL 139
CONZIP CAP 100MG 18
CONZIP CAP 200MG 18
CONZIP CAP 300MG 18
COOL CONTROL SOL A 140
COOL CONTROL SOL B 140
COPAXONE INJ 40MG/ML 181
COPIKTRA CAP 15MG.....68
COPIKTRA CAP 25MG 68
COREG TAB 12.5MG 85
COREG TAB 25MG.....85
COREG TAB 3.125MG 85
COREG TAB 6.25MG 85
CORLANOR SOL 5MG/5ML 93
CORLANOR TAB 5MG.....93
CORLANOR TAB 7.5MG.....93
CORN SYP 178
CORTANE-B LOT.....109
CORTEF TAB 10MG.....96
CORTEF TAB 20MG.....96
CORTEF TAB 5MG 96
CORTENEMA ENE 100MG 25
CORTIFOAM AER 90MG 25
CORTISPORIN SUS -TC OTIC 177
CORTROPHIN INJ 40/0.5ML 117
CORTROPHIN INJ 80UNT/ML 117
COSENTYX INJ 150MG/ML.....104
COSENTYX INJ 300DOSE.....104
COSENTYX INJ 75MG/0.5.....103
COSENTYX PEN INJ 150MG/ML 104
COSENTYX PEN INJ 300DOSE 104
COSENTYX UNO INJ 300/2ML.....105
COSOPT SOL 2-0.5%OP 173
COUNT-A-DOSE MIS.....140
CRENESSITY CAP 100MG.....117
CRENESSITY CAP 25MG.....117
CRENESSITY CAP 50MG 117
CRENESSITY SOL 50MG/ML 117
CREON CAP 12000UNT 114
CREON CAP 24000UNT.....114
CREON CAP 3000UNIT.....114
CREON CAP 36000UNT.....114
CREON CAP 6000UNIT.....114
CREXONT CAP 35-140MG.....73
CREXONT CAP 52.5-210.....73
CREXONT CAP 70-280MG.....73
CREXONT CAP 87.5-350 73
CRINONE GEL 4% VAG 190
CRINONE GEL 8% VAG 190
cromolyn sodium ophth soln 4%.....176
cromolyn sodium oral conc 100 mg/5ml.123
cromolyn sodium soln nebu 20 mg/2ml....31
crotamiton lotion 10%.....113
CURITY PREP PAD ALCOHOL 152
CUVPOSA SOL 1MG/5ML.....187
CVS KETONE TES CARE.....114
CVS LANCETS MIS 21G 140
CVS LANCETS MIS 30G 140
CVS LANCETS MIS 33G 140
CVS LANCETS MIS ORIGINAL.....140
CVS LANCETS MIS THIN 26G 140
CVS LANCETS MIS THIN 30G 140
CVS LANCETS MIS THIN 33G 140
CVS LANCING MIS DEVICE 140
cyanocobalamin inj 1000 mcg/ml.....130

cyanocobalamin nasal spray 500 mcg/0.1ml....130
cyclobenzaprine hcl tab 10 mg....171
cyclobenzaprine hcl tab 5 mg....171
CYCLOGYL SOL 0.5% OP....174
CYCLOGYL SOL 1% OP....174
CYCLOGYL SOL 2% OP....174
CYCLOMYDRIL SOL OP....174
cyclopentolate hcl ophth soln 1%....174
cyclophosphamide cap 25 mg....63
cyclophosphamide cap 50 mg....63
CYCLOPHOSPH TAB 25MG....63
CYCLOPHOSPH TAB 50MG....63
cycloserine cap 250 mg....63
cyclosporine cap 100 mg....168
cyclosporine cap 25 mg....168
cyclosporine modified cap 100 mg....168
cyclosporine modified cap 25 mg....168
cyclosporine modified cap 50 mg....168
cyclosporine modified oral soln 100 mg/ml....168
cyproheptadine hcl syrup 2 mg/5ml....53
cyproheptadine hcl tab 4 mg....53
CYSTAGON CAP 150MG....127
CYSTAGON CAP 50MG....127
CYSTARAN SOL 0.44%....176
CYTOTEC TAB 100MCG....188
CYTOTEC TAB 200MCG....188

D

dabigatran etexilate mesylate cap 110 mg (etexilate base eq)....36
dabigatran etexilate mesylate cap 150 mg (etexilate base eq)....36
dabigatran etexilate mesylate cap 75 mg (etexilate base eq)....36
dalfampridine tab er 12hr 10 mg....181
danazol cap 100 mg....25
danazol cap 200 mg....25
danazol cap 50 mg....25
DANTRIUM CAP 25MG....172
dantrolene sodium cap 100 mg....172
dantrolene sodium cap 25 mg....172
dantrolene sodium cap 50 mg....172
dapsone gel 5%....100
dapsone gel 7.5%....100
dapsone tab 100 mg....27
dapsone tab 25 mg....27
darifenacin hydrobromide tab er 24hr 15 mg (base equiv)....189
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)....189
darunavir tab 600 mg....80
darunavir tab 800 mg....80
dasatinib tab 100 mg....68
dasatinib tab 140 mg....68
dasatinib tab 20 mg....68
dasatinib tab 50 mg....68
dasatinib tab 70 mg....68
dasatinib tab 80 mg....68
DAYBUE SOL 200MG/ML....173
DAYPRO TAB 600MG....12
DDAVP TAB 0.1MG....120
DDAVP TAB 0.2MG....120
DEBACTEROL SOL 30-50%....170
deferasirox granules packet 180 mg....50
deferasirox granules packet 360 mg....50
deferasirox granules packet 90 mg....50
deferasirox tab 180 mg....50
deferasirox tab 360 mg....50
deferasirox tab 90 mg....50
deferasirox tab for oral susp 125 mg....50
deferasirox tab for oral susp 250 mg....50
deferasirox tab for oral susp 500 mg....50
deferiprone tab 1000 mg....50
deferiprone tab 500 mg....50
deflazacort susp 22.75 mg/ml....96
deflazacort tab 18 mg....96
deflazacort tab 30 mg....96
deflazacort tab 36 mg....96
deflazacort tab 6 mg....96
DELESTROGEN INJ 10MG/ML....122
DELESTROGEN INJ 20MG/ML....122
DELESTROGEN INJ 40MG/ML....122
demeclocycline hcl tab 150 mg....185
demeclocycline hcl tab 300 mg....185
DEMSER CAP 250MG....57
DEPEN TITRA TAB 250MG....167
DEPO-ESTRADI INJ 5MG/ML....122

DEPO-PROVERA INJ 150MG/ML 96
DERMA-SMOOTH OIL /FS BODY 109
DERMA-SMOOTH OIL /FS SCLP 109
DERMOTIC OIL 0.01%.....177
DESCOVY TAB 120-15MG.....80
DESCOVY TAB 200/25MG.....80
desipramine hcl tab 100 mg 45
desipramine hcl tab 10 mg.....44
desipramine hcl tab 150 mg 45
desipramine hcl tab 25 mg 44
desipramine hcl tab 50 mg.....45
desipramine hcl tab 75 mg 45
desloratadine tab 5 mg 52
desloratadine tab orally disintegrating 2.5 mg.....52
desloratadine tab orally disintegrating 5 mg 53
desmopressin acetate nasal spray soln 0.01% 120
desmopressin acetate nasal spray soln 0.01% (refrigerated).....120
desmopressin acetate tab 0.1 mg 120
desmopressin acetate tab 0.2 mg.....120
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) 94
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg 94
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg.....94
desonide cream 0.05% 109
desonide lotion 0.05% 109
desonide oint 0.05%.....109
DESOWEN CRE 0.05%.....109
desoximetasone cream 0.05% 109
desoximetasone cream 0.25% 109
desoximetasone gel 0.05% 109
desoximetasone oint 0.25% 109
desoximetasone spray 0.25%.....109
DESOXYN TAB 5MG 2
desvenlafaxine succinate tab er 24hr 100 mg (base equiv).....44
desvenlafaxine succinate tab er 24hr 25 mg (base equiv).....43
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) 44
DETROL TAB 1MG 189
DETROL TAB 2MG.....189
DEXAMETHASON CON 1MG/ML 96
dexamethasone elixir 0.5 mg/5ml.....96
dexamethasone sodium phosphate ophth soln 0.1% 175
dexamethasone soln 0.5 mg/5ml.....96
dexamethasone tab 0.5 mg.....96
dexamethasone tab 0.75 mg 96
dexamethasone tab 1.5 mg.....96
dexamethasone tab 1 mg.....96
dexamethasone tab 2 mg 97
dexamethasone tab 4 mg 97
dexamethasone tab 6 mg 97
dexamethasone tab therapy pack 1.5 mg (21).....97
dexamethasone tab therapy pack 1.5 mg (35) 97
dexamethasone tab therapy pack 1.5 mg (51).....97
DEXCOM G6 MIS RECEIVER.....140
DEXCOM G6 MIS SENSOR.....140
DEXCOM G6 MIS TRANSMIT 140
DEXCOM G7 MIS 15 DAY 140
DEXCOM G7 MIS RECEIVER.....140
DEXCOM G7 MIS SENSOR.....140
DEXEDRINE CAP 10MG CR 2
DEXEDRINE CAP 15MG CR 2
dexmethylphenidate hcl cap er 24 hr 10 mg 5
dexmethylphenidate hcl cap er 24 hr 15 mg 5
dexmethylphenidate hcl cap er 24 hr 20 mg 5
dexmethylphenidate hcl cap er 24 hr 25 mg 5
dexmethylphenidate hcl cap er 24 hr 30 mg 5
dexmethylphenidate hcl cap er 24 hr 35 mg 5
dexmethylphenidate hcl cap er 24 hr 40 mg 5

dexmethylphenidate hcl cap er 24 hr 5 mg 5
dexmethylphenidate hcl tab 10 mg.....5
dexmethylphenidate hcl tab 2.5 mg 5
dexmethylphenidate hcl tab 5 mg 5
dextroamphetamine sulfate cap er 24hr 10 mg.....2
dextroamphetamine sulfate cap er 24hr 15 mg.....2
dextroamphetamine sulfate cap er 24hr 5 mg.....2
dextroamphetamine sulfate oral solution 5 mg/5ml 2
dextroamphetamine sulfate tab 10 mg.....2
dextroamphetamine sulfate tab 15 mg.....2
dextroamphetamine sulfate tab 2.5 mg 2
dextroamphetamine sulfate tab 20 mg.....2
dextroamphetamine sulfate tab 30 mg.....2
dextroamphetamine sulfate tab 5 mg 2
dextroamphetamine sulfate tab 7.5 mg 2
DHIVY TAB 25-100MG 73
DIASCREEN 10 MIS 140
DIASCREEN 3 MIS.....140
DIASCREEN 5 MIS.....140
DIASCREEN 6 MIS.....140
DIASCREEN 7 MIS.....140
DIASCREEN 8 MIS.....140
DIASCREEN 9 MIS.....140
DIASCREEN MIS 1B 140
DIASCREEN MIS 1G.....140
DIASCREEN MIS 1K 140
DIASCREEN MIS 2GK.....140
DIASCREEN MIS 2GP.....140
DIASCREEN MIS 4NL.....140
DIASCREEN MIS 4OBL 140
DIASCREEN MIS 4PH 140
DIASCREEN MIS CONTROL.....140
DIASTIX TES STRIPS.....114
DIATHRIVE LIQ CONTROL.....140
DIATHRIVE MIS LANCETS 140
DIATHRIVE MIS LANCING 140
DIATHRIVE MIS UT 30G 140
DIATRUE CONT SOL LEVEL 1 140
DIATRUE CONT SOL LEVEL 2.....140
DIATRUE CONT SOL LEVEL 3.....140
diazepam conc 5 mg/ml 29
diazepam oral soln 1 mg/ml.....29
diazepam rectal gel delivery system 10 mg 36
diazepam rectal gel delivery system 2.5 mg 36
diazepam rectal gel delivery system 20 mg 36
diazepam tab 10 mg.....29
diazepam tab 2 mg 29
diazepam tab 5 mg 29
diazoxide susp 50 mg/ml.....47
DIBENZYLINE CAP 10MG.....57
dichlorphenamide tab 50 mg 115
DICLEGIS TAB 10-10MG.....51
diclofenac epolamine patch 1.3% 101
diclofenac potassium tab 50 mg 12
diclofenac sodium (actinic keratoses) gel 3%.....102
diclofenac sodium ophth soln 0.1% 176
diclofenac sodium soln 1.5% 101
diclofenac sodium tab delayed release 25 mg 13
diclofenac sodium tab delayed release 50 mg 13
diclofenac sodium tab delayed release 75 mg 13
diclofenac sodium tab er 24hr 100 mg 13
diclofenac w/ misoprostol tab delayed release 50-0.2 mg.....13
diclofenac w/ misoprostol tab delayed release 75-0.2 mg 13
dicloxacillin sodium cap 250 mg 178
dicloxacillin sodium cap 500 mg.....178
dicyclomine hcl cap 10 mg 187
dicyclomine hcl oral soln 10 mg/5ml 187
dicyclomine hcl tab 20 mg 187
diethylpropion hcl tab 25 mg 2
diethylpropion hcl tab er 24hr 75 mg.....2
DIFFERIN CRE 0.1% 100
DIFFERIN GEL 0.1%.....100
DIFFERIN GEL 0.3% PMP.....100
DIFICID SUS.....134
DIFICID TAB 200MG 134

DIFLUCAN SUS 40MG/ML 52
DIFLUCAN TAB 100MG 52
DIFLUCAN TAB 150MG 52
DIFLUCAN TAB 200MG 52
diflunisal tab 500 mg 17
difluprednate ophth emulsion 0.05% 175
digoxin oral soln 0.05 mg/ml 88
digoxin tab 125 mcg (0.125 mg) 88
digoxin tab 250 mcg (0.25 mg) 88
digoxin tab 62.5 mcg (0.0625 mg) 88
DILAUDID LIQ 1MG/ML 18
DILAUDID TAB 2MG 18
DILAUDID TAB 4MG 18
DILAUDID TAB 8MG 18
diltiazem hcl cap er 12hr 120 mg 86
diltiazem hcl cap er 12hr 60 mg 86
diltiazem hcl cap er 12hr 90 mg 86
diltiazem hcl cap er 24hr 120 mg 86
diltiazem hcl cap er 24hr 180 mg 86
diltiazem hcl cap er 24hr 240 mg 86
diltiazem hcl coated beads cap er 24hr 120 mg 86
diltiazem hcl coated beads cap er 24hr 180 mg 86
diltiazem hcl coated beads cap er 24hr 240 mg 86
diltiazem hcl coated beads cap er 24hr 300 mg 86
diltiazem hcl coated beads cap er 24hr 360 mg 87
diltiazem hcl extended release beads cap er 24hr 120 mg 87
diltiazem hcl extended release beads cap er 24hr 180 mg 87
diltiazem hcl extended release beads cap er 24hr 240 mg 87
diltiazem hcl extended release beads cap er 24hr 300 mg 87
diltiazem hcl extended release beads cap er 24hr 360 mg 87
diltiazem hcl extended release beads cap er 24hr 420 mg 87
diltiazem hcl tab 120 mg 87
diltiazem hcl tab 30 mg 87
diltiazem hcl tab 60 mg 87
diltiazem hcl tab 90 mg 87
dimethyl fumarate capsule delayed release 120 mg 181
dimethyl fumarate capsule delayed release 240 mg 181
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg 182
DIPENTUM CAP 250MG 124
diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml 50
diphenoxylate w/ atropine tab 2.5-0.025 mg 50
DIPROLENE OIN 0.05% 109
dipyridamole tab 25 mg 129
dipyridamole tab 50 mg 129
dipyridamole tab 75 mg 129
disopyramide phosphate cap 100 mg 30
disopyramide phosphate cap 150 mg 30
disulfiram tab 250 mg 179
disulfiram tab 500 mg 179
DIURIL SUS 250/5ML 116
divalproex sodium cap delayed release sprinkle 125 mg 41
divalproex sodium tab delayed release 125 mg 41
divalproex sodium tab delayed release 250 mg 41
divalproex sodium tab delayed release 500 mg 41
divalproex sodium tab er 24 hr 250 mg 41
divalproex sodium tab er 24 hr 500 mg 41
dofetilide cap 125 mcg (0.125 mg) 30
dofetilide cap 250 mcg (0.25 mg) 30
dofetilide cap 500 mcg (0.5 mg) 31
donepezil hydrochloride orally disintegrating tab 10 mg 179
donepezil hydrochloride orally disintegrating tab 5 mg 179
donepezil hydrochloride tab 10 mg 179
donepezil hydrochloride tab 23 mg 179
donepezil hydrochloride tab 5 mg 179
DONNATAL ELX GRAPE 187
DONNATAL ELX MINT 187

DONNATAL TAB 16.2MG.....187
DOPTELET SPR CAP 10MG.....130
DOPTELET TAB 20MG.....130
DORAL TAB 15MG.....132
dorzolamide hcl ophth soln 2%.....176
dorzolamide hcl-timolol maleate ophth soln 2-0.5%.....173
dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%.....173
DOVATO TAB 50-300MG.....80
doxazosin mesylate tab 1 mg.....58
doxazosin mesylate tab 2 mg.....58
doxazosin mesylate tab 4 mg.....58
doxazosin mesylate tab 8 mg.....58
doxepin hcl (sleep) tab 3 mg (base equiv).....132
doxepin hcl (sleep) tab 6 mg (base equiv).....132
doxepin hcl cap 100 mg.....45
doxepin hcl cap 10 mg.....45
doxepin hcl cap 150 mg.....45
doxepin hcl cap 25 mg.....45
doxepin hcl cap 50 mg.....45
doxepin hcl cap 75 mg.....45
doxepin hcl conc 10 mg/ml.....45
doxercalciferol cap 0.5 mcg.....119
doxercalciferol cap 1 mcg.....119
doxercalciferol cap 2.5 mcg.....119
doxycycline hyclate cap 100 mg.....185
doxycycline hyclate cap 50 mg.....185
doxycycline hyclate tab 100 mg.....185
doxycycline hyclate tab 20 mg.....185
doxycycline monohydrate cap 100 mg...185
doxycycline monohydrate cap 50 mg.....185
doxycycline monohydrate for susp 25 mg/5ml.....185
doxycycline monohydrate tab 100 mg....185
doxycycline monohydrate tab 150 mg....185
doxycycline monohydrate tab 50 mg.....185
doxycycline monohydrate tab 75 mg.....185
doxylamine-pyridoxine tab delayed release 10-10 mg.....51
dronabinol cap 10 mg.....51
dronabinol cap 2.5 mg.....51
dronabinol cap 5 mg.....51
DROPLET GENT MIS LANCING.....140
DROPLET LANC MIS 30G.....141
DROPLET LANC MIS DEVICE.....141
DROPLET PERS MIS LANC 30G.....141
DROPSAFE MIS SICURA.....154
drospirenone-ethinyl estradiol tab 3-0.02 mg.....94
drospirenone-ethinyl estradiol tab 3-0.03 mg.....94
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg.....94
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg.....94
DROXIA CAP 200MG.....130
DROXIA CAP 300MG.....130
DROXIA CAP 400MG.....130
droxidopa cap 100 mg.....191
droxidopa cap 200 mg.....191
droxidopa cap 300 mg.....191
DRYSOL SOL 20%.....113
DUETACT TAB 30-2MG.....46
DUETACT TAB 30-4MG.....46
DUEXIS TAB 800-26.6.....13
duloxetine hcl enteric coated pellets cap 20 mg (base eq).....44
duloxetine hcl enteric coated pellets cap 30 mg (base eq).....44
duloxetine hcl enteric coated pellets cap 40 mg (base eq).....44
duloxetine hcl enteric coated pellets cap 60 mg (base eq).....44
DUO-CARE LIQ LEVEL1/2.....141
DUPIXENT INJ 200/1.14.....111
DUPIXENT INJ 200MG.....111
DUPIXENT INJ 300/2ML.....111
DUREX EXTRA MIS SENSITIV.....134
DUREX MIS REALFEEL.....134
DUREX MIS TROPICAL.....134
DUREZOL EMU 0.05%.....175
dutasteride cap 0.5 mg.....127
dutasteride-tamsulosin hcl cap 0.5-0.4 mg.....127

E

EASIVENT MIS 163
EASIVENT MIS MASK LG.....163
EASIVENT MIS MASK MED 163
EASIVENT MIS MASK SM.....163
EASY COMFORT MIS 30G 141
EASY COMFORT MIS LANC/30G 141
EASY COMFORT MIS SHARPS.....154
EASY COMFORT MIS TWIST 141
EASY COMFORT PAD ALCOHOL.....152
EASY GLIDE MIS 10ML SYR 154
EASY GLIDE MIS 1ML SYR.....154
EASY GLIDE MIS 20ML SYR.....154
EASY GLIDE MIS 30ML SYR.....154
EASY GLIDE MIS 3ML SYR 154
EASY GLIDE MIS 5ML SYR 154
EASY GLIDE MIS 60ML SYR 154
EASYMAX 15 LIQ LEVEL2-3 142
EASYMAX 15 SOL LEVEL 2 142
EASYMAX LIQ NORM/HIG.....142
EASYMAX SOL NORMAL 142
EASY MINI MIS 141
EASY MINI MIS EJECT.....141
EASY PLUS II SOL HIGH 141
EASY PLUS II SOL LOW 141
EASYPOINT MIS 18GX1.....155
EASYPOINT MIS 18GX1.5.....155
EASYPOINT MIS 20GX1.....155
EASYPOINT MIS 20GX1.5.....155
EASYPOINT MIS 21G X 1 155
EASYPOINT MIS 21GX1.5.....155
EASYPOINT MIS 22GX1 155
EASYPOINT MIS 22GX1.5 155
EASYPOINT MIS 23GX1 155
EASYPOINT MIS 25GX1 155
EASYPOINT MIS 25GX1.5 155
EASYPOINT MIS 25GX5/8 155
EASYSTEP HGH SOL CONTROL 142
EASYSTEP LOW SOL CONTROL.....142
EASY TALK PL SOL HIGH.....141
EASY TALK PL SOL LOW 141
EASY TALK SOL HIGH 141
EASY TALK SOL LOW.....141
EASY TALK SOL NORMAL 141
EASY TOUCH LIQ HIGH/LOW 141
EASY TOUCH MIS 141
EASY TOUCH MIS /EJECTOR.....141
EASY TOUCH MIS 20ML SYR 154
EASY TOUCH MIS 60ML SYR 154
EASY TOUCH MIS LANC/21G.....141
EASY TOUCH MIS LANC/23G 141
EASY TOUCH MIS LANC/26G 141
EASY TOUCH MIS LANC/28G 141
EASY TOUCH MIS LANC/30G.....141
EASY TOUCH MIS LANC/32G 141
EASY TOUCH MIS P-AC/21G.....141
EASY TOUCH MIS P-AC/23G 141
EASY TOUCH MIS P-AC/26G 141
EASY TOUCH MIS P-AC/28G 141
EASY TOUCH MIS P-AC/30G.....141
EASY TOUCH MIS TWST/28G.....141
EASY TOUCH MIS TWST/30G 141
EASY TOUCH MIS TWST/32G.....141
EASY TOUCH MIS TWST/33G.....141
EASY TOUCH SOL CONTROL 141
EASY TOUCH SOL HIGH/LOW.....141
EASY TRAK II LIQ NORMAL 141
EASY TRAK SOL HIGH 142
EASY TRAK SOL LOW.....142
EASY TRAK SOL NORMAL 142
EBGLYSS INJ 250/2ML.....111
ECLIPSE NDLE MIS 21GX1.5.....155
ECLIPSE NDLE MIS 25GX1.5 155
ECLIPSE NDL MIS 21GX1 155
EC-NAPROSYN TAB 375MG.....13
EC-NAPROSYN TAB 500MG 13
ECONAZOLE AER 1%.....101
econazole nitrate cream 1% 101
EDECRIN TAB 25MG.....115
EDEX KIT 10MCG 90
EDEX KIT 20MCG.....90
EDEX KIT 40MCG 90
efavirenz cap 200 mg.....80
efavirenz cap 50 mg 80
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg 80
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg.....80

efavirenz-lamivudine-tenofovir df tab 600-300-300 mg.....80
efavirenz tab 600 mg.....80
EFFER-K TAB 10MEQ.....167
EFFER-K TAB 20MEQ.....167
EFFIENT TAB 10MG.....129
EFFIENT TAB 5MG.....129
EFUDEX CRE 5%.....102
EGRIFTA SV INJ 2MG.....118
EGRIFTA WR KIT 11.6MG.....118
ELEMENT CONT LIQ NORMAL.....142
ELEMENT LIQ HIGH.....142
ELEMENT LIQ LOW.....142
ELEMNT COMPA SOL LEVEL 2.....142
ELEMNT COMPA SOL LEVEL 3.....142
eletriptan hydrobromide tab 20 mg (base equivalent).....165
eletriptan hydrobromide tab 40 mg (base equivalent).....165
ELIQUIS CAP 0.15MG.....34
ELIQUIS ST P TAB 5MG.....34
ELIQUIS TAB 0.5MG.....34
ELIQUIS TAB 1.5MG.....34
ELIQUIS TAB 2.5MG.....34
ELIQUIS TAB 2MG.....34
ELIQUIS TAB 5MG.....34
ELLA TAB 30MG.....96
eltrombopag olamine powder pack for susp 12.5 mg (base eq).....130
eltrombopag olamine powder pack for susp 25 mg (base equiv).....131
eltrombopag olamine tab 12.5 mg (base equiv).....131
eltrombopag olamine tab 25 mg (base equiv).....131
eltrombopag olamine tab 50 mg (base equiv).....131
eltrombopag olamine tab 75 mg (base equiv).....131
EMBECTA AUTO MIS DUO.....155
EMBECTA NANO MIS 32GX4MM.....155
EMBECTA UF MIS 29GX12.7.....155
EMBECTA UF MIS 31GX5MM.....155
EMBECTA UF MIS 31GX8MM.....155
EMBECTA UF MIS 32GX6MM.....155
EMBRACE CNTR LIQ HIGH.....142
EMBRACE EVO LIQ LEVEL 1.....142
EMBRACE LANC MIS /EJECTOR.....142
EMBRACE LANC MIS 21G.....142
EMBRACE LANC MIS 28G.....142
EMBRACE LANC MIS THIN 30G.....142
EMBRACE PRO LIQ GLUCOSE.....142
EMBRACE SOL LOW.....142
EMBRACE TALK SOL HIGH/L2.....142
EMBRACE TALK SOL LOW/L1.....142
EMCYT CAP 140MG.....65
EMGALITY INJ 100MG/ML.....165
EMGALITY INJ 120MG/ML.....165
EMSAM DIS 12MG/24H.....42
EMSAM DIS 6MG/24HR.....42
EMSAM DIS 9MG/24HR.....42
emtricitabine caps 200 mg.....81
emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg.....81
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg.....81
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg.....81
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg.....81
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg.....81
EMTRIVA CAP 200MG.....81
EMTRIVA SOL 10MG/ML.....81
EMVERM CHW 100MG.....26
enalapril maleate & hydrochlorothiazide tab 10-25 mg.....60
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg.....60
enalapril maleate oral soln 1 mg/ml.....56
enalapril maleate tab 10 mg.....56
enalapril maleate tab 2.5 mg.....56
enalapril maleate tab 20 mg.....56
enalapril maleate tab 5 mg.....56
ENBREL INJ 25/0.5ML.....16
ENBREL INJ 25MG.....16
ENBREL INJ 50MG/ML.....17
ENBREL MINI INJ 50MG/ML.....17

ENBREL SRCLK INJ 50MG/ML.....17
ENCARE SUP 100MG.....190
ENDARI POW 5GM.....130
enoxaparin sodium inj 300 mg/3ml.....35
enoxaparin sodium inj soln pref syr 100 mg/ml.....35
enoxaparin sodium inj soln pref syr 120 mg/0.8ml.....35
enoxaparin sodium inj soln pref syr 150 mg/ml.....35
enoxaparin sodium inj soln pref syr 30 mg/0.3ml.....35
enoxaparin sodium inj soln pref syr 40 mg/0.4ml.....35
enoxaparin sodium inj soln pref syr 60 mg/0.6ml.....35
enoxaparin sodium inj soln pref syr 80 mg/0.8ml.....35
ENSPRYNG INJ.....168
ENSTILAR AER.....109
entacapone tab 200 mg.....72
entecavir tab 0.5 mg.....83
entecavir tab 1 mg.....83
ENTEREG CAP 12MG.....126
ENTRESTO CAP 15-16MG.....89
ENTRESTO CAP 6-6MG.....89
ENTRESTO TAB 24-26MG.....89
ENTRESTO TAB 49-51MG.....89
ENTRESTO TAB 97-103MG.....89
ENVARSUS XR TAB 0.75MG.....168
ENVARSUS XR TAB 1MG.....168
ENVARSUS XR TAB 4MG.....168
EPCLUSA PAK 150-37.5.....83
EPCLUSA PAK 200-50MG.....83
EPCLUSA TAB 200-50MG.....83
EPCLUSA TAB 400-100.....83
EPIDIOLEX SOL 100MG/ML.....37
EPIDUO FORTE GEL 0.3-2.5%.....100
EPIDUO GEL 0.1-2.5%.....100
EPIFOAM AER 1%.....109
epinastine hcl ophth soln 0.05%.....176
epinephrine hcl nasal soln 0.1%.....173
epinephrine inj 1 mg/ml (1:1000).....191
epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000).....191
epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000).....191
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000).....191
EPIVIR SOL 10MG/ML.....81
EPIVIR TAB 150MG.....81
EPIVIR TAB 300MG.....81
eplerenone tab 25 mg.....62
eplerenone tab 50 mg.....62
EPZICOM TAB 600-300.....81
EQL LANCETS MIS 21G COLR.....142
EQL LANCETS MIS 33G COLR.....142
EQL LANCETS MIS THIN 26G.....142
EQL LANCETS MIS THIN 30G.....142
EQL PRENATAL TAB FORMULA.....171
EQUETRO CAP 100MG.....75
EQUETRO CAP 200MG.....75
EQUETRO CAP 300MG.....75
ergoloid mesylates tab 1 mg.....183
ERGOMAR SUB 2MG.....165
ERIVEDGE CAP 150MG.....65
ERLEADA TAB 240MG.....65
ERLEADA TAB 60MG.....65
*erlotinib hcl tab 100 mg (base equivalent)*65
*erlotinib hcl tab 150 mg (base equivalent)*65
erlotinib hcl tab 25 mg (base equivalent).65
ERYGEL GEL 2%.....100
erythromycin ethylsuccinate for susp 200 mg/5ml.....134
erythromycin ethylsuccinate for susp 400 mg/5ml.....134
erythromycin ethylsuccinate tab 400 mg.....134
erythromycin gel 2%.....100
ERYTHROMYCIN OIN 5MG/GM.....174
erythromycin ophth oint 5 mg/gm.....174
erythromycin pads 2%.....100
erythromycin soln 2%.....100
erythromycin stearate tab 250 mg.....134
erythromycin tab 250 mg.....134
erythromycin tab 500 mg.....134

erythromycin tab delayed release 250 mg 134
erythromycin tab delayed release 333 mg 134
erythromycin tab delayed release 500 mg 134
erythromycin w/ delayed release particles cap 250 mg.....134
escitalopram oxalate soln 5 mg/5ml (base equiv) 42
escitalopram oxalate tab 10 mg (base equiv) 42
escitalopram oxalate tab 20 mg (base equiv) 42
escitalopram oxalate tab 5 mg (base equiv) 42
ESGIC TAB 17
eslicarbazepine acetate tab 200 mg 37
eslicarbazepine acetate tab 400 mg 37
eslicarbazepine acetate tab 600 mg 37
eslicarbazepine acetate tab 800 mg 37
esomeprazole magnesium cap delayed release 20 mg (base eq) 188
esomeprazole magnesium cap delayed release 40 mg (base eq) 188
esomeprazole magnesium for delayed release susp pack 2.5 mg 188
esomeprazole magnesium for delayed release susp packet 10 mg 188
esomeprazole magnesium for delayed release susp packet 20 mg 188
esomeprazole magnesium for delayed release susp packet 40 mg 188
esomeprazole magnesium for delayed release susp packet 5 mg.....188
ESSENTRA MIS 9X9 152
estazolam tab 1 mg.....132
estazolam tab 2 mg 132
esterified estrogens & methyltestosterone tab 0.625-1.25 mg.....121
esterified estrogens & methyltestosterone tab 1.25-2.5 mg 121
ESTRACE TAB 0.5MG 122
ESTRACE TAB 1MG.....122
ESTRACE TAB 2MG.....122
ESTRACE VAG CRE 0.01% 190
estradiol & norethindrone acetate tab 0.5-0.1 mg 121
estradiol & norethindrone acetate tab 1-0.5 mg.....121
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump) 122
estradiol tab 0.5 mg.....122
estradiol tab 1 mg.....122
estradiol tab 2 mg 122
estradiol td gel 0.25 mg/0.25gm (0.1%) .122
estradiol td gel 0.5 mg/0.5gm (0.1%).....122
estradiol td gel 0.75 mg/0.75gm (0.1%) .122
estradiol td gel 1.25 mg/1.25gm (0.1%) ...122
estradiol td gel 1 mg/gm (0.1%).....122
estradiol td patch twice weekly 0.025 mg/24hr 122
estradiol td patch twice weekly 0.0375 mg/24hr 122
estradiol td patch twice weekly 0.05 mg/24hr 122
estradiol td patch twice weekly 0.075 mg/24hr 122
estradiol td patch twice weekly 0.1 mg/24hr 122
estradiol td patch weekly 0.025 mg/24hr 122
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr) 122
estradiol td patch weekly 0.05 mg/24hr .122
estradiol td patch weekly 0.06 mg/24hr .122
estradiol td patch weekly 0.075 mg/24hr 122
estradiol td patch weekly 0.1 mg/24hr 122
estradiol vaginal cream 0.01% 190
estradiol valerate im in oil 10 mg/ml 122
estradiol valerate im in oil 20 mg/ml.....122
estradiol valerate im in oil 40 mg/ml.....122
estrogens, conjugated tab 0.3 mg 122
estrogens, conjugated tab 0.45 mg 122
estrogens, conjugated tab 0.625 mg.....122
estrogens, conjugated tab 0.9 mg 122
estrogens, conjugated tab 1.25 mg 122

eszopiclone tab 1 mg 132
eszopiclone tab 2 mg 132
eszopiclone tab 3 mg 132
ethacrynic acid tab 25 mg 115
ethambutol hcl tab 100 mg 63
ethambutol hcl tab 400 mg 63
ethosuximide cap 250 mg 41
ethosuximide soln 250 mg/5ml 41
ETHYL CHLOR AER FINE PIN 112
ETHYL CHLOR AER FN STRM 112
ETHYL CHLOR AER MED JET 112
ETHYL CHLOR AER MED STRM 112
ETHYL CHLOR AER MIST 112
ethyl chloride aerosol spray 112
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg 94
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg 94
etodolac cap 200 mg 13
etodolac cap 300 mg 13
etodolac tab 400 mg 13
etodolac tab 500 mg 13
etodolac tab er 24hr 400 mg 13
etodolac tab er 24hr 500 mg 13
etodolac tab er 24hr 600 mg 13
etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr 96
etoposide cap 50 mg 71
etravirine tab 100 mg 81
etravirine tab 200 mg 81
EUA PATIENT MIS ASSESS 169
EUCRISA OIN 2% 113
everolimus tab 0.25 mg 169
everolimus tab 0.5 mg 169
everolimus tab 0.75 mg 169
everolimus tab 10 mg 68
everolimus tab 1 mg 169
everolimus tab 2.5 mg 68
everolimus tab 5 mg 68
everolimus tab 7.5 mg 68
everolimus tab for oral susp 2 mg 68
everolimus tab for oral susp 3 mg 68
everolimus tab for oral susp 5 mg 68
EVISTA TAB 60MG 118
EVOLUTION SOL NORMAL 142
EVOTAZ TAB 300-150 81
EVOXAC CAP 30MG 170
EVRYSDI SOL 173
EVRYSDI TAB 5MG 173
EXELDERM CRE 1% 102
EXELDERM SOL 1% 102
EXELON DIS 13.3/24 179
EXELON DIS 4.6MG/24 179
EXELON DIS 9.5MG/24 179
exemestane tab 25 mg 66
EYSUVIS DRO 0.25% 175
ezetimibe-simvastatin tab 10-10 mg 53
ezetimibe-simvastatin tab 10-20 mg 53
ezetimibe-simvastatin tab 10-40 mg 53
ezetimibe-simvastatin tab 10-80 mg 53
ezetimibe tab 10 mg 55
E-ZJECT LANC MIS 33G 141
E-Z JECT MIS 21G 141
E-Z JECT MIS 21G COLR 141
E-Z JECT MIS 30G 141
E-Z JECT MIS 32G COLR 141
E-Z JECT MIS LANC 21G 141
E-Z JECT MIS THIN 26G 141
EZ-LETS 21G MIS LANCETS 142
EZ-LETS 26G MIS LANCETS 142
EZ-LETS 28G MIS LANCETS 142
EZ-LETS 30G MIS LANCETS 142

F

FABHALTA CAP 200MG 128
famciclovir tab 125 mg 84
famciclovir tab 250 mg 84
famciclovir tab 500 mg 84
famotidine for susp 40 mg/5ml 187
famotidine tab 40 mg 187
FANTASY LUBR MIS 134
FANTASY LUBR MIS COLORS 134
FANTASY LUBR MIS SPERMICI 134
FANTASY MIS LUBRICAT 134
FARESTON TAB 60MG 66
FARXIGA TAB 10MG 49
FARXIGA TAB 5MG 49
FASENRA INJ 10MG/0.5 31
FASENRA PEN INJ 30MG/ML 31

FASTCLIX MIS LANCETS.....142
FC2 FEMALE MIS CONDOM 134
febuxostat tab 40 mg.....128
febuxostat tab 80 mg.....128
felbamate susp 600 mg/5ml.....40
felbamate tab 400 mg.....40
felbamate tab 600 mg.....40
FELBATOL TAB 400MG.....40
FELBATOL TAB 600MG.....40
felodipine tab er 24hr 10 mg 87
felodipine tab er 24hr 2.5 mg.....87
felodipine tab er 24hr 5 mg.....87
FEMARA TAB 2.5MG 66
FEMCAP MIS 22MM.....134
FEMCAP MIS 26MM.....135
FEMCAP MIS 30MM 135
FEM PH GEL 190
fenofibrate cap 150 mg 54
fenofibrate micronized cap 134 mg 54
fenofibrate micronized cap 200 mg 54
fenofibrate micronized cap 43 mg 54
fenofibrate micronized cap 67 mg.....54
fenofibrate tab 145 mg 54
fenofibrate tab 160 mg 54
fenofibrate tab 48 mg.....54
fenofibrate tab 54 mg.....54
fenofibric acid tab 105 mg 54
fenofibric acid tab 35 mg 54
FENOGLIDE TAB 40MG 54
fentanyl citrate buccal tab 100 mcg (base equiv) 18
fentanyl citrate buccal tab 200 mcg (base equiv) 18
fentanyl citrate buccal tab 400 mcg (base equiv) 18
fentanyl citrate buccal tab 600 mcg (base equiv) 18
fentanyl citrate buccal tab 800 mcg (base equiv) 18
fentanyl citrate lozenge on a handle 1200 mcg 18
fentanyl citrate lozenge on a handle 1600 mcg 18
fentanyl citrate lozenge on a handle 200 mcg 18
fentanyl citrate lozenge on a handle 400 mcg 18
fentanyl citrate lozenge on a handle 600 mcg 18
fentanyl citrate lozenge on a handle 800 mcg 18
fentanyl td patch 72hr 100 mcg/hr.....19
fentanyl td patch 72hr 12 mcg/hr.....18
fentanyl td patch 72hr 25 mcg/hr.....18
fentanyl td patch 72hr 37.5 mcg/hr.....18
fentanyl td patch 72hr 50 mcg/hr 18
fentanyl td patch 72hr 62.5 mcg/hr 18
fentanyl td patch 72hr 75 mcg/hr.....18
fentanyl td patch 72hr 87.5 mcg/hr 19
ferric citrate tab 1 gm (210 mg ferric iron) 126
fesoterodine fumarate tab er 24hr 4 mg .189
fesoterodine fumarate tab er 24hr 8 mg .189
FIASP FLEX INJ TOUCH 48
FIASP INJ 100/ML.....48
FIASP PENFIL INJ U-100 48
FIBRICOR TAB 105MG.....54
FIBRICOR TAB 35MG 54
fidaxomicin tab 200 mg.....134
FIFTY50 PREP PAD PADS 152
FIFTY50 SAFE MIS LANCETS 142
FILL NEEDLE MIS 18GX1.5 155
FILTER NEEDL MIS 18GX1.5 155
FILTER NEEDL MIS 20GX1.5 155
FINACEA AER 15% 113
finasteride tab 5 mg.....127
FINE 30 MIS 142
FINGERSTIX MIS LANCETS.....142
fingolimod hcl cap 0.5 mg (base equiv) ..182
FIORICET CAP CODEINE.....23
FIRDAPSE TAB 10MG 63
FLAGYL CAP 375MG 26
flavoxate hcl tab 100 mg.....189
flecainide acetate tab 100 mg 30
flecainide acetate tab 150 mg 30
flecainide acetate tab 50 mg.....30
FLEXICHAMBER MIS.....163

FLEXICHAMBER MIS MASK LRG 163
FLEXICHAMBER MIS MASK SM 163
FLOMAX CAP 0.4MG 127
fluconazole for susp 10 mg/ml 52
fluconazole for susp 40 mg/ml 52
fluconazole tab 100 mg 52
fluconazole tab 150 mg 52
fluconazole tab 200 mg 52
fluconazole tab 50 mg 52
flucytosine cap 250 mg 51
fludrocortisone acetate tab 0.1 mg 98
flunisolide nasal soln 25 mcg/act (0.025%) 173
fluocinolone acetonide (otic) oil 0.01% ...177
fluocinolone acetonide cream 0.01% 109
fluocinolone acetonide cream 0.025% ...109
fluocinolone acetonide oil 0.01% (body oil) 109
fluocinolone acetonide oil 0.01% (scalp oil) 109
fluocinolone acetonide oint 0.025% 109
fluocinolone acetonide soln 0.01% 109
fluocinonide cream 0.05% 109
fluocinonide emulsified base cream 0.05% 109
fluocinonide gel 0.05% 109
fluocinonide oint 0.05% 109
fluocinonide soln 0.05% 109
fluorometholone ophth susp 0.1% 175
fluorouracil cream 5% 102
fluorouracil soln 2% 102
fluorouracil soln 5% 102
fluoxetine hcl cap 10 mg 42
fluoxetine hcl cap 20 mg 42
fluoxetine hcl cap 40 mg 42
fluoxetine hcl cap delayed release 90 mg 42
fluoxetine hcl solution 20 mg/5ml 43
fluoxetine hcl tab 10 mg 43
fluoxetine hcl tab 20 mg 43
fluphenazine decanoate inj 25 mg/ml 78
fluphenazine hcl elixir 2.5 mg/5ml 78
fluphenazine hcl inj 2.5 mg/ml 78
fluphenazine hcl oral conc 5 mg/ml 78
fluphenazine hcl tab 10 mg 79
fluphenazine hcl tab 1 mg 78
fluphenazine hcl tab 2.5 mg 79
fluphenazine hcl tab 5 mg 79
flurbiprofen sodium ophth soln 0.03% 176
flurbiprofen tab 100 mg 13
flurbiprofen tab 50 mg 13
fluticasone furoate aerosol powder breath activ 100 mcg/act 32
fluticasone furoate aerosol powder breath activ 200 mcg/act 32
fluticasone furoate aerosol powder breath activ 50 mcg/act 32
fluticasone propionate cream 0.05% 109
fluticasone propionate lotion 0.05% 109
fluticasone propionate nasal susp 50 mcg/act 173
fluticasone propionate oint 0.005% 109
fluticasone-salmeterol aer powder ba 100-50 mcg/act 33
fluticasone-salmeterol aer powder ba 250-50 mcg/act 33
fluticasone-salmeterol aer powder ba 500-50 mcg/act 33
fluvastatin sodium cap 20 mg (base equivalent) 55
fluvastatin sodium cap 40 mg (base equivalent) 55
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) 55
fluvoxamine maleate cap er 24hr 100 mg 43
fluvoxamine maleate cap er 24hr 150 mg.43
fluvoxamine maleate tab 100 mg 43
fluvoxamine maleate tab 25 mg 43
fluvoxamine maleate tab 50 mg 43
FOCALIN TAB 10MG 5
FOCALIN TAB 2.5MG 5
FOCALIN TAB 5MG 5
folic acid cap 0.8 mg 130
folic acid tab 1 mg 130
folic acid tab 400 mcg 130
folic acid tab 800 mcg 130
FOLLISTIM AQ INJ 300UNIT 117
FOLLISTIM AQ INJ 600UNIT 117
FOLLISTIM AQ INJ 900UNIT 117

fondaparinux sodium subcutaneous inj 10 mg/0.8ml....35
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml....35
fondaparinux sodium subcutaneous inj 5 mg/0.4ml....35
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml....35
FORACARE GDH SOL HIGH....142
FORACARE GDH SOL LOW....143
FORACARE GDH SOL NORMAL....143
FORA CONTROL SOL HIGH....142
FORA CONTROL SOL LOW....142
FORA CONTROL SOL NORMAL....142
FORA GTEL TES KETONE....114
FORA LANCETS MIS 30G....142
FORA MIS LANCETS....142
FORA MIS LANCING....142
FORA TEST GO TES ADV VOIC....114
FORFIVO XL TAB 450MG....42
formaldehyde solution 10%....80
formoterol fumarate soln nebu 20 mcg/2ml....33
FORTEO INJ 560/2.24....116
FORTISCARE SOL CNTL HI....143
FORTISCARE SOL CNTL LOW....143
FORTISCARE SOL CNTL NML....143
FOSAMAX + D TAB 70-2800....116
FOSAMAX + D TAB 70-5600....116
FOSAMAX TAB 70MG....116
fosamprenavir calcium tab 700 mg (base equiv)....81
fosfomycin tromethamine powd pack 3 gm (base equivalent)....27
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg....60
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg....60
fosinopril sodium tab 10 mg....56
fosinopril sodium tab 20 mg....56
fosinopril sodium tab 40 mg....56
FREESTYLE LIQ CONTROL....143
FREESTYLE MIS LANCETS....143
FROVA TAB 2.5MG....165
frovatriptan succinate tab 2.5 mg (base equivalent)....165
FRUZAQLA CAP 1MG....64
FRUZAQLA CAP 5MG....64
FT PRENATAL TAB 28-0.8MG....171
furosemide oral soln 10 mg/ml....115
furosemide oral soln 8 mg/ml....115
furosemide tab 20 mg....115
furosemide tab 40 mg....115
furosemide tab 80 mg....115
FUZEON INJ 90MG....81
FYCOMPA SUS 0.5MG/ML....36
FYCOMPA TAB 10MG....36
FYCOMPA TAB 12MG....36
FYCOMPA TAB 2MG....36
FYCOMPA TAB 4MG....36
FYCOMPA TAB 6MG....36
FYCOMPA TAB 8MG....36
FYLNETRA INJ 6MG/0.6....131

G

gabapentin (once-daily) tab 300 mg....183
gabapentin (once-daily) tab 450 mg....183
gabapentin (once-daily) tab 600 mg....183
gabapentin (once-daily) tab 750 mg....183
gabapentin (once-daily) tab 900 mg....183
gabapentin cap 100 mg....37
gabapentin cap 300 mg....37
gabapentin cap 400 mg....37
gabapentin oral soln 250 mg/5ml....37
gabapentin tab 600 mg....37
gabapentin tab 800 mg....37
GALAFOLD CAP 123MG....119
galantamine hydrobromide cap er 24hr 16 mg....179
galantamine hydrobromide cap er 24hr 24 mg....179
galantamine hydrobromide cap er 24hr 8 mg....179
galantamine hydrobromide oral soln 4 mg/ml....179
galantamine hydrobromide tab 12 mg....179
galantamine hydrobromide tab 4 mg....179
galantamine hydrobromide tab 8 mg....179
GANIRELIX AC INJ 250/0.5....118

GASTROCROM CON 100/5ML.....123
gatifloxacin ophth soln 0.5% 174
GATTEX KIT 5MG.....127
GAVRETO CAP 100MG.....68
GE100 CONTRL SOL NORMAL.....143
gefitinib tab 250 mg.....65
GELFILM MIS OP 176
gemfibrozil tab 600 mg.....54
GEMTESA TAB 75MG 189
gentamicin sulfate cream 0.1%.....101
gentamicin sulfate oint 0.1% 101
gentamicin sulfate ophth soln 0.3% 174
GENTEEL LANC KIT BLUE.....143
GENTEEL MIS LANCETS.....143
GENTEEL MIS NOZZLES.....143
GENTEEL PLUS MIS BLACK.....143
GENTEEL PLUS MIS BLUE.....143
GENTEEL PLUS MIS PINK 143
GENTEEL PLUS MIS PURPLE.....143
GENTEEL PLUS MIS WHITE.....143
GENTEEL TIPS MIS BLUE 143
GENTEEL TIPS MIS CLEAR 143
GENTEEL TIPS MIS GREEN 143
GENTEEL TIPS MIS ORANGE.....143
GENTEEL TIPS MIS RAINBOW 143
GENTEEL TIPS MIS VIOLET.....143
GENTEEL TIPS MIS YELLOW 143
GENTLE-LET MIS 26G.....143
GENTLE-LET MIS 28G.....143
GENTLE-LET MIS LANCETS 143
GENTLE-LET MIS PLATFORM 143
GENVOYA TAB.....81
GILOTRIF TAB 20MG.....65
GILOTRIF TAB 30MG.....65
GILOTRIF TAB 40MG.....65
GLARGIN YFGN INJ 100U/ML 48
GLARGIN YFGN SOL 100U/ML 48
glatiramer acetate soln prefilled syringe 20 mg/ml.....182
glatiramer acetate soln prefilled syringe 40 mg/ml.....182
GLEOSTINE CAP 100MG.....63
GLEOSTINE CAP 10MG 63
GLEOSTINE CAP 40MG 63
glimepiride tab 1 mg 49
glimepiride tab 2 mg.....49
glimepiride tab 4 mg.....49
glipizide-metformin hcl tab 2.5-250 mg ...46
glipizide-metformin hcl tab 2.5-500 mg ...46
glipizide-metformin hcl tab 5-500 mg 46
glipizide tab 10 mg 49
glipizide tab 5 mg.....49
glipizide tab er 24hr 10 mg.....49
glipizide tab er 24hr 2.5 mg 49
glipizide tab er 24hr 5 mg 49
GLOBAL 28G MIS LANCETS 143
GLOBAL 30G MIS LANCETS.....143
GLOBAL LANC MIS DEVICE.....143
GLOBAL PREP PAD PADS.....152
glucagon for inj 1 mg.....47
GLUC CONTROL LIQ NORMAL 143
GLUC CONTROL SOL 143
GLUC CONTROL SOL MID 143
GLUC CONTROL SOL NORMAL.....143
GLUCOCARD 01 LIQ NORM/HGH.....143
GLUCOCARD 01 SOL NORMAL.....143
GLUCOCARD LIQ LEVEL 1.....143
GLUCOCARD SOL NORMAL.....143
GLUCOCARD SOL SHINE.....143
GLUCOCOM MIS 28G 143
GLUCOCOM MIS 30G.....143
GLUCOCOM MIS 33G 143
GLUCOCOM TES HIGH CON 143
GLUCOCOM TES NORM CON 143
GLUCOTROL XL TAB 10MG.....49
GLUCOTROL XL TAB 2.5MG 49
GLUCOTROL XL TAB 5MG 49
glutamine (sickle cell) powd pack 5 gm ..130
GLUTARALDEHY SOL 25% 80
glyburide-metformin tab 1.25-250 mg.....46
glyburide-metformin tab 2.5-500 mg 46
glyburide-metformin tab 5-500 mg 46
glyburide micronized tab 1.5 mg.....49
glyburide micronized tab 3 mg 49
glyburide micronized tab 6 mg 49
glyburide tab 1.25 mg 49
glyburide tab 2.5 mg.....50
glyburide tab 5 mg.....50

glycerol phenylbutyrate liquid 1.1 gm/ml .119
glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml 187
glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml) 187
glycopyrrolate oral soln 1 mg/5ml 187
glycopyrrolate tab 1 mg 187
glycopyrrolate tab 2 mg 187
GLYXAMBI TAB 10-5 MG 46
GLYXAMBI TAB 25-5 MG 46
GNP ALCOHOL PAD SWABS 152
GNP LANCETS MIS 21G 144
GNP LANCETS MIS 28G 144
GNP LANCETS MIS 30G 144
GNP LANCETS MIS 33G 144
GNP LANCETS MIS THIN 26G 144
GNP LANCING MIS DEVICE 144
GNP PRENATAL TAB 28-0.8MG 171
GNP PRENATAL TAB FOLIC AC 171
GOJJI BLOOD TES KETONE 114
GOJJI CNTRL SOL NORMAL 144
GOJJI LANCET MIS 30G 144
GOJJI MIS LANC DEV 144
GOMEKLI CAP 1MG 68
GOMEKLI CAP 2MG 68
GOMEKLI TAB 1MG 68
GOODSENSE MIS LANC 26G 144
GOODSENSE MIS LANC 30G 144
GOODSENSE MIS LANC 33G 144
GOODSENSE MIS LANC DVC 144
GORDOFILM SOL 112
GRALISE TAB 300MG 183
GRALISE TAB 450MG 183
GRALISE TAB 600MG 183
GRALISE TAB 750MG 183
GRALISE TAB 900MG 183
granisetron hcl tab 1 mg 51
GRASTEK SUB 2800BAU 6
griseofulvin microsize susp 125 mg/5ml ...51
griseofulvin microsize tab 500 mg 51
griseofulvin ultramicrosize tab 125 mg 52
griseofulvin ultramicrosize tab 165 mg 52
griseofulvin ultramicrosize tab 250 mg 52
guaifenesin-codeine soln 100-10 mg/5ml 98
guanfacine hcl tab 1 mg 58
guanfacine hcl tab 2 mg 58
guanfacine hcl tab er 24hr 1 mg (base equiv) 4
guanfacine hcl tab er 24hr 2 mg (base equiv) 4
guanfacine hcl tab er 24hr 3 mg (base equiv) 4
guanfacine hcl tab er 24hr 4 mg (base equiv) 4
GUARDIAN RT MIS CHARGER 144
GUARDIAN RT MIS TST PLUG 144
GVOKE HYPO 1 INJ 0.5/.1ML 47
GVOKE HYPO 1 INJ 1/0.2ML 47
GVOKE HYPO 2 INJ 0.5/.1ML 47
GVOKE HYPO 2 INJ 1/0.2ML 47
GVOKE KIT SOL 1/0.2ML 47
GVOKE PFS INJ 0.5/.1ML 47
GVOKE PFS INJ 1/0.2ML 47
GYNAZOLE-1 CRE 2% 190
GYNOL II GEL 3% 190

H

HAEGARDA INJ 2000UNIT 128
HAEGARDA INJ 3000UNIT 128
HAEMOLANCE MIS HIGH FLO 144
HAEMOLANCE MIS LOW FLOW 144
HAEMOLANCE MIS PLUS 144
HAEMOLANCE MIS PLUS LOW 144
HAEMOLANCE MIS PLUS MAX 144
HAEMOLANCE MIS PLUS PED 144
HAEMOLANCE MIS RETRACT 144
halcinonide soln 0.1% 109
HALCION TAB 0.25MG 132
HALDOL DECAN INJ 100MG/ML 76
HALDOL DECAN INJ 50MG/ML 76
halobetasol propionate cream 0.05% 109
halobetasol propionate oint 0.05% 110
haloperidol decanoate im soln 100 mg/ml 76
haloperidol decanoate im soln 50 mg/ml .76
haloperidol lactate inj 5 mg/ml 76
haloperidol lactate oral conc 2 mg/ml 76
haloperidol tab 0.5 mg 76
haloperidol tab 10 mg 76

haloperidol tab 1 mg....76
haloperidol tab 20 mg....76
haloperidol tab 2 mg....76
haloperidol tab 5 mg....76
HARVONI PAK....83
HARVONI PAK 45-200MG....83
HARVONI TAB 45-200MG....83
HARVONI TAB 90-400MG....83
HC LANCING MIS DEVICE....144
HEMANGEOL SOL 4.28/ML....85
HEMLIBRA INJ 105/0.7....128
HEMLIBRA INJ 150/ML....128
HEMLIBRA INJ 300/2ML....128
HEMLIBRA INJ 30MG/ML....128
HEMLIBRA INJ 60/0.4....128
HEMLIBRA SOL 12/0.4ML....128
hemoglobin a1c (hba1c) test kit....114
heparin sodium (porcine) inj 10000 unit/ml....35
*heparin sodium (porcine) inj 1000 unit/ml*35
heparin sodium (porcine) inj 20000 unit/ml....35
heparin sodium (porcine) inj 5000 unit/ml....35
heparin sodium (porcine) pf inj 1000 unit/ml....35
heparin sodium (porcine) pf inj 5000 unit/0.5ml....35
HETLIOZ CAP 20MG....133
HETLIOZ LQ SUS 4MG/ML....133
HIPREX TAB 1GM....27
HOLD CHAMBER MIS ADLT LG....163
HOLD CHAMBER MIS MEDIUM....163
HOLD CHAMBER MIS SMALL....163
HOLDING CHAM MIS ADULT....163
HOLDING CHAM MIS CHILD....163
homatropine hbr ophth soln 5%....174
HUMATROPE INJ 12MG....118
HUMATROPE INJ 24MG....118
HUMATROPE INJ 6MG....118
HUMULIN R INJ U-500....48
HYCAMTIN CAP 0.25MG....71
HYCAMTIN CAP 1MG....71
hydralazine hcl tab 100 mg....62
hydralazine hcl tab 10 mg....62
hydralazine hcl tab 25 mg....62
hydralazine hcl tab 50 mg....62
HYDREA CAP 500MG....71
hydrochlorothiazide cap 12.5 mg....116
hydrochlorothiazide tab 12.5 mg....116
hydrochlorothiazide tab 25 mg....116
hydrochlorothiazide tab 50 mg....116
hydrocodone-acetaminophen soln 10-300 mg/15ml....23
hydrocodone-acetaminophen soln 10-325 mg/15ml....23
hydrocodone-acetaminophen soln 7.5-325 mg/15ml....23
hydrocodone-acetaminophen tab 10-300 mg....23
hydrocodone-acetaminophen tab 10-325 mg....23
hydrocodone-acetaminophen tab 5-300 mg....23
hydrocodone-acetaminophen tab 5-325 mg....23
hydrocodone-acetaminophen tab 7.5-300 mg....23
hydrocodone-acetaminophen tab 7.5-325 mg....23
hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg....98
hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml....98
hydrocodone bitartrate cap er 12hr 10 mg 19
hydrocodone bitartrate cap er 12hr 15 mg 19
*hydrocodone bitartrate cap er 12hr 20 mg*19
*hydrocodone bitartrate cap er 12hr 30 mg*19
*hydrocodone bitartrate cap er 12hr 40 mg*19
*hydrocodone bitartrate cap er 12hr 50 mg*19
hydrocodone bitartrate tab er 24hr deter 100 mg....19
hydrocodone bitartrate tab er 24hr deter 120 mg....19
hydrocodone bitartrate tab er 24hr deter 20 mg....19
hydrocodone bitartrate tab er 24hr deter 30 mg....19

hydrocodone bitartrate tab er 24hr deter 40 mg 19
hydrocodone bitartrate tab er 24hr deter 60 mg 19
hydrocodone bitartrate tab er 24hr deter 80 mg 19
hydrocodone-ibuprofen tab 10-200 mg ...23
hydrocodone-ibuprofen tab 5-200 mg 23
hydrocodone-ibuprofen tab 7.5-200 mg ..23
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml 98
hydrocortisone acetate cream 2.5% 110
hydrocortisone acetate suppos 25 mg 25
hydrocortisone acetate suppos 30 mg 25
hydrocortisone acetate w/ pramoxine perianal cream 1-1% 25
hydrocortisone acetate w/ pramoxine perianal cream 2.5-1% 25
hydrocortisone butyrate cream 0.1% 110
hydrocortisone butyrate oint 0.1% 110
hydrocortisone butyrate soln 0.1% 110
hydrocortisone cream 2.5% 110
hydrocortisone enema 100 mg/60ml 25
hydrocortisone lotion 2.5% 110
hydrocortisone oint 2.5% 110
hydrocortisone perianal cream 2.5% 25
hydrocortisone sodium succinate pf for inj 100 mg 97
hydrocortisone soln 2.5% 110
hydrocortisone tab 10 mg 97
hydrocortisone tab 20 mg 97
hydrocortisone tab 5 mg 97
hydrocortisone valerate cream 0.2% 110
hydrocortisone valerate oint 0.2% 110
hydrocortisone w/ acetic acid otic soln 1-2% 177
hydrogen peroxide soln 30% 80
hydromorphone hcl liqd 1 mg/ml 19
hydromorphone hcl tab 2 mg 19
hydromorphone hcl tab 4 mg 19
hydromorphone hcl tab 8 mg 19
hydromorphone hcl tab er 24hr 12 mg 19
hydromorphone hcl tab er 24hr 16 mg 19
hydromorphone hcl tab er 24hr 32 mg 19
hydromorphone hcl tab er 24hr 8 mg 19
HYDROMORPHON SUP 3MG 19
hydroxychloroquine sulfate tab 100 mg ...62
hydroxychloroquine sulfate tab 200 mg ...62
hydroxychloroquine sulfate tab 300 mg ...62
hydroxychloroquine sulfate tab 400 mg ...62
hydroxyurea cap 500 mg 71
hydroxyzine hcl syrup 10 mg/5ml 29
hydroxyzine hcl tab 10 mg 29
hydroxyzine hcl tab 25 mg 29
hydroxyzine hcl tab 50 mg 29
hydroxyzine pamoate cap 100 mg 29
hydroxyzine pamoate cap 25 mg 29
hydroxyzine pamoate cap 50 mg 29
hyoscyamine sulfate elixir 0.125 mg/5ml 187
hyoscyamine sulfate sl tab 0.125 mg 187
hyoscyamine sulfate soln 0.125 mg/ml ...187
hyoscyamine sulfate tab 0.125 mg 187
hyoscyamine sulfate tab disint 0.125 mg 187
HYPERSAL NEB 3.5% 99
HYPERSAL NEB 7% 99
HYPOLANCE KIT LANCING 144
HYPO NEEDLE MIS 14GX1 155
HYPO NEEDLE MIS 14GX1.5 155
HYPO NEEDLE MIS 14GX2 155
HYPO NEEDLE MIS 16GX1 155
HYPO NEEDLE MIS 16GX1.5 155
HYPO NEEDLE MIS 16GX3/4 155
HYPO NEEDLE MIS 16GX5/8 155
HYPO NEEDLE MIS 18GX1 155
HYPO NEEDLE MIS 18GX1.5 155
HYPO NEEDLE MIS 19GX1 155
HYPO NEEDLE MIS 19GX1.5 ....155, 156
HYPO NEEDLE MIS 20GX1 156
HYPO NEEDLE MIS 20GX1.5 156
HYPO NEEDLE MIS 21GX1 156
HYPO NEEDLE MIS 21GX1.5 156
HYPO NEEDLE MIS 21GX2 156
HYPO NEEDLE MIS 22GX1 156
HYPO NEEDLE MIS 22GX1.5 156
HYPO NEEDLE MIS 23GX1 156
HYPO NEEDLE MIS 23GX1.5 156
HYPO NEEDLE MIS 23GX3/4 156
HYPO NEEDLE MIS 25GX1 156

HYPO NEEDLE MIS 25GX1.25 156
HYPO NEEDLE MIS 25GX1.5 156
HYPO NEEDLE MIS 25GX2 156
HYPO NEEDLE MIS 25GX5/8 156
HYPO NEEDLE MIS 26GX1/2 156
HYPO NEEDLE MIS 26GX1.5 156
HYPO NEEDLE MIS 27GX1/2 156
HYPO NEEDLE MIS 27GX1.25 156
HYPO NEEDLE MIS 27GX1.5 156
HYPO NEEDLE MIS 30GX1/2 156
HYPO NEEDLE MIS 30GX3/4 156
HYRIMOZ CD/ INJ UC/HS SP 8
HYRIMOZ INJ 40/0.8ML 8, 9
HYSINGLA ER TAB 100 MG 20
HYSINGLA ER TAB 120 MG 20
HYSINGLA ER TAB 20 MG 20
HYSINGLA ER TAB 30 MG 20
HYSINGLA ER TAB 40 MG 20
HYSINGLA ER TAB 60 MG 20
HYSINGLA ER TAB 80 MG 20

I

ibandronate sodium tab 150 mg (base equivalent) 116
IBRANCE CAP 100MG 68
IBRANCE CAP 125MG 68
IBRANCE CAP 75MG 68
IBRANCE TAB 100MG 68
IBRANCE TAB 125MG 68
IBRANCE TAB 75MG 68
IBTROZI CAP 200MG 68
ibuprofen-famotidine tab 800-26.6 mg 13
ibuprofen tab 400 mg 13
ibuprofen tab 600 mg 13
ibuprofen tab 800 mg 13
icatibant acetate subcutaneous soln pref syr 30 mg/3ml 128
IDHIFA TAB 100MG 69
IDHIFA TAB 50MG 68
imatinib mesylate tab 100 mg (base equivalent) 69
imatinib mesylate tab 400 mg (base equivalent) 69
imipramine hcl tab 10 mg 45
imipramine hcl tab 25 mg 45
imipramine hcl tab 50 mg 45
imipramine pamoate cap 100 mg 45
imipramine pamoate cap 125 mg 45
imipramine pamoate cap 150 mg 45
imipramine pamoate cap 75 mg 45
imiquimod cream 3.75% 111
imiquimod cream 5% 111
IMITREX INJ 4MG/0.5 165
IMITREX INJ 6MG/0.5 165
IMITREX SPR 20MG/ACT 165
IMITREX SPR 5MG/ACT 165
IMITREX TAB 100MG 165
IMITREX TAB 25MG 165
IMITREX TAB 50MG 165
IMPAVIDO CAP 50MG 26
IMURAN TAB 50MG 169
IMVEXXY MAIN SUP 10MCG 190
IMVEXXY MAIN SUP 4MCG 190
IMVEXXY STRT SUP 10MCG 190
IMVEXXY STRT SUP 4MCG 190
INBRIJA CAP 42MG 73
INCONTROL MIS LANC 28G 144
INCONTROL MIS LANC 30G 144
INCONTROL MIS LANC 33G 144
INCONTROL MIS LANC DEV 144
INCONTROL PAD ALCOHOL 152
INCRELEX INJ 40MG/4ML 118
indapamide tab 1.25 mg 116
indapamide tab 2.5 mg 116
indomethacin cap 25 mg 13
indomethacin cap 50 mg 13
indomethacin cap er 75 mg 13
indomethacin suppos 50 mg 13
indomethacin susp 25 mg/5ml 13
INFINITY SOL NORM CON 144
INFNTY VOICE LIQ LEVEL 2 144
INGREZZA CAP 40-80MG 181
INGREZZA CAP 40MG 181
INGREZZA CAP 60MG 181
INGREZZA CAP 80MG 181
INJECT-EASE MIS 156
INLYTA TAB 1MG 64
INLYTA TAB 5MG 64
INPEN 100EL MIS BLUE-HUM 156

INPEN 100EL MIS GREY-HUM.....156
INPEN 100EL MIS PINK HUM.....156
INPEN 100NN MIS BLUE NOV.....156
INPEN 100NN MIS GREY NOV.....156
INPEN 100NN MIS PINK NOV.....157
INPEN BLUE MIS HUMALOG.....157
INPEN BLUE MIS NOVO/FIA.....157
INPEN GREY MIS HUMALOG.....157
INPEN GREY MIS NOVO/FIA.....157
INPEN PINK MIS HUMALOG.....157
INPEN PINK MIS NOVO/FIA.....157
INQOVI TAB 35-100MG.....67
INSPIREASE MIS DD SYST.....163
INSPIREASE MIS RES BAG.....163
INSPRA TAB 25MG.....62
INSPRA TAB 50MG.....62
INS SYR U500 MIS 0.5/31G.....157
INS SYR U500 MIS 31GX6MM.....157
INSUL-CAP MIS.....144
INSUL-EZE MIS.....144
IN TOUCH LAN MIS 30G.....144
IN TOUCH LAN MIS DEVICE.....144
IN TOUCH SOL GLUCOSE.....144
INVEGA SUST INJ 117/0.75.....75
INVEGA SUST INJ 156MG/ML.....75
INVEGA SUST INJ 234/1.5.....75
INVEGA SUST INJ 39/0.25.....75
INVEGA SUST INJ 78/0.5ML.....75
INVEGA TAB 3MG.....75
INVEGA TAB 6MG.....75
INVEGA TAB 9MG.....75
iodoquinol-hc cream 1-1%.....102
iodoquinol-hydrocortisone in aloe vehicle cream 1-1.9%.....102
IOPIDINE SOL 1% OP.....174
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml.....33
ipratropium bromide inhal soln 0.02%.....31
ipratropium bromide nasal soln 0.03% (21 mcg/spray).....172
ipratropium bromide nasal soln 0.06% (42 mcg/spray).....172
IQIRVO TAB 80MG.....126
irbesartan-hydrochlorothiazide tab 150-12.5 mg.....60
irbesartan-hydrochlorothiazide tab 300-12.5 mg.....60
irbesartan tab 150 mg.....57
irbesartan tab 300 mg.....57
irbesartan tab 75 mg.....57
ISENTRESS CHW 100MG.....81
ISENTRESS CHW 25MG.....81
ISENTRESS HD TAB 600MG.....81
ISENTRESS POW 100MG.....81
ISENTRESS TAB 400MG.....81
isoniazid syrup 50 mg/5ml.....63
isoniazid tab 100 mg.....63
isoniazid tab 300 mg.....63
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg.....89
isosorbide dinitrate tab 10 mg.....28
isosorbide dinitrate tab 20 mg.....28
isosorbide dinitrate tab 30 mg.....28
isosorbide dinitrate tab 5 mg.....28
isosorbide mononitrate tab 10 mg.....28
isosorbide mononitrate tab 20 mg.....28
isosorbide mononitrate tab er 24hr 120 mg.....28
isosorbide mononitrate tab er 24hr 30 mg.....28
isosorbide mononitrate tab er 24hr 60 mg.....28
ISOSORB MONO TAB 10MG.....28
ISOSORB MONO TAB 20MG.....28
isotretinoin cap 10 mg.....100
isotretinoin cap 20 mg.....100
isotretinoin cap 30 mg.....100
isotretinoin cap 40 mg.....100
isradipine cap 2.5 mg.....87
isradipine cap 5 mg.....87
ITOVEBI TAB 3MG.....69
ITOVEBI TAB 9MG.....69
itraconazole cap 100 mg.....52
itraconazole oral soln 10 mg/ml.....52
ivabradine hcl tab 5 mg (base equiv).....93
ivabradine hcl tab 7.5 mg (base equiv).....93
ivermectin cream 1%.....113

ivermectin tab 3 mg 26
IWILFIN TAB 192MG 71
J
JAKAFI TAB 10MG 69
JAKAFI TAB 15MG 69
JAKAFI TAB 20MG.....69
JAKAFI TAB 25MG.....69
JAKAFI TAB 5MG.....69
JARDIANCE TAB 10MG.....49
JARDIANCE TAB 25MG 49
J-TIP KIT KIT ADAPTERS 157
JUBLIA SOL 10%.....102
JULUCA TAB 50-25MG 81
JYLAMVO SOL 2MG/ML 64
K
KALETRA SOL 81
KALYDECO GRA 13.4MG.....184
KALYDECO GRA 5.8MG 184
KALYDECO PAK 25MG.....184
KALYDECO PAK 50MG 184
KALYDECO PAK 75MG.....184
KALYDECO TAB 150MG 184
KAMELEON LUB MIS COLORS.....135
KAMELEON MIS TRI-COLR.....135
KARBINAL ER SUS 4MG/5ML.....52
KERALYT GEL 6% 112
KERENDIA TAB 10MG.....120
KERENDIA TAB 20MG 120
KERENDIA TAB 40MG 120
KESIMPTA INJ 20/.4ML 182
ketoconazole cream 2%.....102
ketoconazole shampoo 2%.....102
ketoconazole tab 200 mg 52
KETONE TES 114
KETONE TEST TES 114
ketorolac tromethamine ophth soln 0.4% 176
ketorolac tromethamine ophth soln 0.5% 176
ketorolac tromethamine tab 10 mg 13
KEVEYIS TAB 50MG.....115
KEVZARA INJ 150/1.14 12
KEVZARA INJ 200/1.14 12
KIMONO COLOR MIS.....135
KIMONO MAXX MIS LG FLARE 135
KIMONO MICRO MIS THIN 135
KIMONO MICRO MIS THIN + ...135
KIMONO MICRO MIS THIN PLS 135
KIMONO MIS LUBRICAT 135
KIMONO MIS SENSATIO 135
KIMONO PLUS MIS LUBRICAT.....135
KIMONO PLUS MIS SPERMICI.....135
KIMONO PS MIS LUBRICAT.....135
KIMONO PS MIS PLUS.....135
KIMONO SENSA MIS PLUS 135
KIMONO SPEC MIS 135
KINNEY MIS LANCETS 144
KINNEY THIN MIS LANCETS 144
KISQALI 200 PAK FEMARA 67
KISQALI 400 PAK FEMARA 67
KISQALI 600 PAK FEMARA 67
KISQALI TAB 200DOSE.....69
KISQALI TAB 400DOSE 69
KISQALI TAB 600DOSE 69
KLARON LOT 10%.....100
KLONOPIN TAB 0.5MG.....36
KLONOPIN TAB 1MG.....36
KLONOPIN TAB 2MG 36
KLOXXADO SPR 8MG.....50
KOSELUGO CAP 10MG 69
KOSELUGO CAP 25MG.....69
K-PHOS TAB NO 2.....127
KP PRENATAL TAB MULTIVIT.....171
KRAZATI TAB 200MG 69
KROGER LANCE MIS 144
KROGER LANCE MIS 26G 144
KROGER LANCE MIS THIN 144
KROGER LANCE MIS THIN 30G.....144
K-TAB TAB 20MEQ 167
L
labetalol hcl tab 100 mg 85
labetalol hcl tab 200 mg.....85
labetalol hcl tab 300 mg.....85
labetalol hcl tab 400 mg 85
lacosamide oral solution 10 mg/ml.....37
lacosamide tab 100 mg 38
lacosamide tab 150 mg 38
lacosamide tab 200 mg.....38

lacosamide tab 50 mg 38
LACTIC ACID CRE E 111
lactulose (encephalopathy) solution 10 gm/15ml 126
lactulose oral crystal packet 10 gm 133
lactulose oral crystal packet 20 gm 133
lactulose solution 10 gm/15ml 133
LAGEVRIO CAP 200MG 84
lamivudine oral soln 10 mg/ml 81
lamivudine tab 100 mg (hbv) 83
lamivudine tab 150 mg 81
lamivudine tab 300 mg 81
lamivudine-zidovudine tab 150-300 mg 81
lamotrigine orally disintegrating tab 100 mg 38
lamotrigine orally disintegrating tab 200 mg 38
lamotrigine orally disintegrating tab 25 mg 38
lamotrigine orally disintegrating tab 50 mg 38
lamotrigine tab 100 mg 38
lamotrigine tab 150 mg 38
lamotrigine tab 200 mg 38
lamotrigine tab 25 mg 38
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit 38
lamotrigine tab 35 x 25 mg starter kit 38
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit 38
lamotrigine tab chewable dispersible 25 mg 38
lamotrigine tab chewable dispersible 5 mg 38
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit 38
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit 38
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit 38
lamotrigine tab er 24hr 100 mg 38
lamotrigine tab er 24hr 200 mg 38
lamotrigine tab er 24hr 250 mg 38
lamotrigine tab er 24hr 25 mg 38
lamotrigine tab er 24hr 300 mg 38
lamotrigine tab er 24hr 50 mg 38
LAMPIT TAB 120MG 27
LAMPIT TAB 30MG 27
LANCET AUTO MIS INJECTOR 144
LANCET CARRY MIS CASE 144
LANCET DEVIC MIS 30G 144
LANCET DEVIC MIS ADJUST 145
LANCET MICRO MIS THIN 33G 145
LANCETS MICR MIS THIN 33G 145
LANCETS MIS 145
LANCETS MIS 21G 145
LANCETS MIS 21G COLR 145
LANCETS MIS 26G 145
LANCETS MIS 28G 145
LANCETS MIS 28G THIN 145
LANCETS MIS 30G 145
LANCETS MIS 33G 145
LANCETS MIS ORIGINAL 145
LANCETS MIS THIN 145
LANCETS MIS THIN 26G 145
LANCETS MIS THIN 30G 145
LANCETS SUPR MIS THIN 28G 145
LANCET STAND MIS 21G 145
LANCETS THIN MIS 145
LANCETS THIN MIS 26G 145
LANCETS ULTR MIS THIN 145
LANCETS ULTR MIS THIN 31G 145
LANCET SUPER MIS THIN 30G 145
LANCET ULTRA MIS THIN 30G 145
LANCET WITH MIS EJECTOR 145
LANCING DEVI MIS 145
LANCING DEVI MIS 25G 145
LANCING DEVI MIS 30G 145
LANCING MIS DEVICE 145
LANOXIN TAB 0.0625MG 88
lansoprazole cap delayed release 15 mg 188
lansoprazole cap delayed release 30 mg 188
LANTUS INJ 100/ML 48
LANTUS SOLOS INJ 100/ML 48
LANZO MIS LANCING 145
lapatinib ditosylate tab 250 mg (base equiv) 69
LASIX TAB 20MG 115

LASIX TAB 40MG 115
LASIX TAB 80MG 115
latanoprost ophth soln 0.005% 176
leflunomide tab 10 mg 15
leflunomide tab 20 mg 15
lenalidomide cap 10 mg 168
lenalidomide cap 15 mg 168
lenalidomide cap 20 mg 168
lenalidomide cap 25 mg 168
lenalidomide cap 5 mg 168
lenalidomide caps 2.5 mg 168
LENVIMA CAP 10 MG 65
LENVIMA CAP 12MG 65
LENVIMA CAP 14 MG 65
LENVIMA CAP 18 MG 65
LENVIMA CAP 20 MG 65
LENVIMA CAP 24 MG.....65
LENVIMA CAP 4MG.....64
LENVIMA CAP 8 MG.....65
letrozole tab 2.5 mg 66
leucovorin calcium tab 10 mg.....71
leucovorin calcium tab 15 mg.....71
leucovorin calcium tab 25 mg 71
leucovorin calcium tab 5 mg 71
LEUKERAN TAB 2MG 63
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml) 66
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv).....33
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv).....33
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv).....33
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv) 33
levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv) 34
levamlodipine maleate tab 2.5 mg.....87
levamlodipine maleate tab 5 mg.....87
LEVBID TAB 0.375 ER 187
levetiracetam oral soln 100 mg/ml 38
levetiracetam tab 1000 mg.....38
levetiracetam tab 250 mg.....38
levetiracetam tab 500 mg.....38
levetiracetam tab 750 mg.....38
levetiracetam tab er 24hr 500 mg 38
levetiracetam tab er 24hr 750 mg 38
levobunolol hcl ophth soln 0.5% 173
levocarnitine oral soln 1 gm/10ml (10%) ..119
levocarnitine tab 330 mg 119
levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml) 53
levocetirizine dihydrochloride tab 5 mg....53
levofloxacin oral soln 25 mg/ml.....123
levofloxacin tab 250 mg.....123
levofloxacin tab 500 mg 123
levofloxacin tab 750 mg.....123
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg.....94
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg 94
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg 94
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg 94
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg 95
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg.....95
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) 95
levonorgestrel tab 1.5 mg.....96
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) 94
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) 94
levothyroxine sodium tab 100 mcg 186
levothyroxine sodium tab 112 mcg 186
levothyroxine sodium tab 125 mcg 186
levothyroxine sodium tab 137 mcg 186
levothyroxine sodium tab 150 mcg 186
levothyroxine sodium tab 175 mcg 186
levothyroxine sodium tab 200 mcg 186
levothyroxine sodium tab 25 mcg.....186
levothyroxine sodium tab 300 mcg 186
levothyroxine sodium tab 50 mcg.....186
levothyroxine sodium tab 75 mcg.....186
levothyroxine sodium tab 88 mcg.....186

LEVSIN/SL SUB 0.125MG 187
LEVSIN TAB 0.125MG 187
LEVULAN KERA SOL 20% 102
lidocaine hcl laryngotracheal soln 4% 170
lidocaine hcl soln 4% 112
lidocaine hcl urethral/mucosal gel 2% 112
lidocaine hcl urethral/mucosal gel prefilled syringe 2% 112
lidocaine hcl viscous soln 2% 170
lidocaine oint 5% 112
lidocaine patch 5% 112
lidocaine-prilocaine cream 2.5-2.5% 112
LIDODERM DIS 5% PATCH 112
linezolid for susp 100 mg/5ml 27
linezolid tab 600 mg 27
LINZESS CAP 145MCG 126
LINZESS CAP 290MCG 126
LINZESS CAP 72MCG 126
liothyronine sodium tab 25 mcg 186
liothyronine sodium tab 50 mcg 186
liothyronine sodium tab 5 mcg 186
LIPOFEN CAP 150MG 54
LIPOFEN CAP 50MG 54
liraglutide (weight mngmt) soln pen-inj 18 mg/3ml (6 mg/ml) 3
liraglutide soln pen-injector 18 mg/3ml (6 mg/ml) 47
lisdexamfetamine dimesylate cap 10 mg 2
lisdexamfetamine dimesylate cap 20 mg 2
lisdexamfetamine dimesylate cap 30 mg 2
lisdexamfetamine dimesylate cap 40 mg 2
lisdexamfetamine dimesylate cap 50 mg 2
lisdexamfetamine dimesylate cap 60 mg 2
lisdexamfetamine dimesylate cap 70 mg 2
lisdexamfetamine dimesylate chew tab 10 mg 2
lisdexamfetamine dimesylate chew tab 20 mg 2
lisdexamfetamine dimesylate chew tab 30 mg 2
lisdexamfetamine dimesylate chew tab 40 mg 2
lisdexamfetamine dimesylate chew tab 50 mg 2
lisdexamfetamine dimesylate chew tab 60 mg 2
lisinopril & hydrochlorothiazide tab 10-12.5 mg 60
lisinopril & hydrochlorothiazide tab 20-12.5 mg 60
lisinopril & hydrochlorothiazide tab 20-25 mg 60
lisinopril tab 10 mg 56
lisinopril tab 2.5 mg 56
lisinopril tab 20 mg 56
lisinopril tab 30 mg 56
lisinopril tab 40 mg 56
lisinopril tab 5 mg 56
LITETOUCH MIS LANCETS 145
LITE TOUCH MIS LANCETS 145
LITE TOUCH MIS LANC PEN 145
LITFULO CAP 50MG 111
lithium carbonate cap 150 mg 74
lithium carbonate cap 300 mg 74
lithium carbonate cap 600 mg 74
lithium carbonate tab 300 mg 74
lithium carbonate tab er 300 mg 74
lithium carbonate tab er 450 mg 75
lithium oral solution 8 meq/5ml 75
LITHOBID TAB 300MG CR 75
LIVMARLI SOL 19MG/ML 124
LIVMARLI SOL 9.5MG/ML 124
LIVTENCITY TAB 200MG 82
LOCOID LIPO CRE 0.1% 110
LOCOID LOT 0.1% 110
LODOSYN TAB 25MG 72
lofexidine hcl tab 0.18 mg (base equivalent) 179
LO LOESTRIN TAB 1-10-10 95
LOMOTIL TAB 2.5MG 50
LONGS LANCET MIS STANDARD 145
LONGS LANCET MIS THIN 145
LONGS LANCET MIS ULTRA TH 145
LONSURF TAB 15-6.14 67
LONSURF TAB 20-8.19 67
LOPID TAB 600MG 54
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml) 81

lopinavir-ritonavir tab 100-25 mg 81
lopinavir-ritonavir tab 200-50 mg 81
LOPRESSOR SOL 10MG/ML.....85
LOPRESSOR TAB 100MG.....85
LOPRESSOR TAB 50MG 85
lorazepam conc 2 mg/ml 29
lorazepam tab 0.5 mg 30
lorazepam tab 1 mg.....30
lorazepam tab 2 mg 30
LORBRENA TAB 100MG.....69
LORBRENA TAB 25MG 69
LOREEV XR CAP 1.5MG.....30
LOREEV XR CAP 1MG.....30
LOREEV XR CAP 2MG 30
LOREEV XR CAP 3MG 30
losartan potassium & hydrochlorothiazide tab 100-12.5 mg.....60
losartan potassium & hydrochlorothiazide tab 100-25 mg 60
losartan potassium & hydrochlorothiazide tab 50-12.5 mg.....60
losartan potassium tab 100 mg 58
losartan potassium tab 25 mg 57
losartan potassium tab 50 mg.....58
LOTENSIN HCT TAB 10-12.5 60
LOTENSIN HCT TAB 20-12.5.....60
LOTENSIN HCT TAB 20-25MG.....60
LOTENSIN TAB 10MG.....56
LOTENSIN TAB 20MG.....56
LOTENSIN TAB 40MG.....56
loteprednol etabonate ophth gel 0.5%....175
loteprednol etabonate ophth susp 0.2%.176
loteprednol etabonate ophth susp 0.5%.176
LOTREL CAP 10-20MG 61
LOTREL CAP 10-40MG 61
LOTREL CAP 5-10MG.....60
LOTREL CAP 5-20MG.....60
LOTRONEX TAB 0.5MG.....126
LOTRONEX TAB 1MG.....126
lovastatin tab 10 mg.....55
lovastatin tab 20 mg 55
lovastatin tab 40 mg 55
LOVENOX INJ 100MG/ML.....35
LOVENOX INJ 120/0.8 35
LOVENOX INJ 150MG/ML.....35
LOVENOX INJ 30/0.3ML 35
LOVENOX INJ 300/3ML 35
LOVENOX INJ 40/0.4ML.....35
LOVENOX INJ 60/0.6ML.....35
LOVENOX INJ 80/0.8ML.....35
loxapine succinate cap 10 mg 77
loxapine succinate cap 25 mg.....77
loxapine succinate cap 50 mg.....77
loxapine succinate cap 5 mg 77
lubiprostone cap 24 mcg.....123
lubiprostone cap 8 mcg 123
LUER-LOCK MIS SYRG 3ML 157
LUER-LOK MIS SYRG 5ML 157
LUER-LOK SYR MIS 1ML/20G 158
LUGOLS SOL IODINE.....80
LUMAKRAS TAB 120MG 69
LUMAKRAS TAB 240MG 69
LUMAKRAS TAB 320MG.....69
LUMRYZ PAK 6GM 179
LUMRYZ PAK 7.5GM.....179
LUMRYZ PAK 9GM 179
LUMRYZ PAK STARTER.....179
LUMRYZ PKG 4.5GM 179
LUNG PERFM MIS METER.....163
lurasidone hcl tab 120 mg 75
lurasidone hcl tab 20 mg.....75
lurasidone hcl tab 40 mg.....75
lurasidone hcl tab 60 mg.....75
lurasidone hcl tab 80 mg.....75
LURBIPR TAB 100MG 13
LYNPARZA TAB 100MG.....69
LYNPARZA TAB 150MG 69
LYSODREN TAB 500MG.....66
LYVISPAH GRA 10MG 172
LYVISPAH GRA 20MG 172
LYVISPAH GRA 5MG 171

M

MACROBID CAP 100MG 27
mafenide acetate packet for topical soln 5% (50 gm) 108
MAGELLAN SYR MIS 23GX1 158
MALARONE TAB 250-100 62
MALARONE TAB 62.5-25 62

malathion lotion 0.5%.....113
maraviroc tab 150 mg.....81
maraviroc tab 300 mg.....81
MAR-COF CG LIQ 225-7.5.....98
MARINOL CAP 10MG.....51
MARINOL CAP 2.5MG.....51
MARINOL CAP 5MG.....51
MARPLAN TAB 10MG.....42
MASK VORTEX/ MIS FROG.....163
MASK VORTEX/ MIS LADY BUG.....163
MASONATAL TAB.....171
MATULANE CAP 50MG.....71
MAVENCLAD PAK 10MG(10).....182
MAVENCLAD PAK 10MG(4).....182
MAVENCLAD PAK 10MG(5).....182
MAVENCLAD PAK 10MG(6).....182
MAVENCLAD PAK 10MG(7).....182
MAVENCLAD PAK 10MG(8).....182
MAVENCLAD PAK 10MG(9).....182
MAXITROL OIN 0.1% OP.....176
MAXITROL SUS 0.1% OP.....176
MAXX MIS LUBRICAT.....135
MAXX PLUS MIS SPERMICI.....135
MAXZIDE-25 TAB.....115
MAXZIDE TAB 75-50.....115
MAYZENT PAK STARTER.....182
MAYZENT TAB 0.25MG.....182
MAYZENT TAB 1MG.....182
MAYZENT TAB 2MG.....182
meclizine hcl tab 50 mg.....51
meclofenamate sodium cap 100 mg.....13
meclofenamate sodium cap 50 mg.....13
MEDICHOICE MIS LANCET.....145
MEDISENSE LIQ GLUC-KET.....145
MEDLANCE MIS 30G PLUS.....145
MEDLANCE MIS EXTR 21G.....145
MEDLANCE MIS LITE 25G.....145
MEDLANCE MIS PLUS.....145
MEDLANCE MIS PLUS 30G.....145
MEDLANCE MIS UNV 21G.....145
MEDLANCE PLS MIS 0.8MM.....145
MEDLANCE PLS MIS EXTR 21G.....146
MEDLANCE PLS MIS LITE 25G.....146
MEDLANCE PLS MIS UNIV 21G.....146
MEDROL TAB 16MG.....97
MEDROL TAB 2MG.....97
MEDROL TAB 4MG.....97
MEDROL TAB 8MG.....97
medroxyprogesterone acetate im susp 150 mg/ml.....96
medroxyprogesterone acetate im susp prefilled syr 150 mg/ml.....96
medroxyprogesterone acetate tab 10 mg.....178
medroxyprogesterone acetate tab 2.5 mg.....178
medroxyprogesterone acetate tab 5 mg 178
mefenamic acid cap 250 mg.....13
mefloquine hcl tab 250 mg.....62
megestrol acetate susp 40 mg/ml.....66
megestrol acetate susp 625 mg/5ml.....178
megestrol acetate tab 20 mg.....66
megestrol acetate tab 40 mg.....66
MEIJER LANCE MIS COLOR.....146
MEIJER LANCE MIS UNIV 21G.....146
MEIJER LANCE MIS UNIV 30G.....146
MEIJER LANCE MIS UNIVERSA.....146
MEIJER MIS LANCETS.....146
MEKINIST SOL 0.05/ML.....69
MEKINIST TAB 0.5MG.....69
MEKINIST TAB 2MG.....69
MEKTOVI TAB 15MG.....69
meloxicam susp 7.5 mg/5ml.....13
meloxicam tab 15 mg.....13
meloxicam tab 7.5 mg.....13
melphalan tab 2 mg.....63
memantine hcl cap er 24hr 14 mg.....179
memantine hcl cap er 24hr 21 mg.....179
memantine hcl cap er 24hr 28 mg.....180
memantine hcl cap er 24hr 7 mg.....179
memantine hcl-donepezil hcl cap er 24hr 14-10 mg.....180
memantine hcl-donepezil hcl cap er 24hr 21-10 mg.....180
memantine hcl-donepezil hcl cap er 24hr 28-10 mg.....180
memantine hcl oral solution 2 mg/ml.....180
memantine hcl tab 10 mg.....180

memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack 180
memantine hcl tab 5 mg.....180
MENOPUR INJ 75UNIT 117
meprobamate tab 200 mg.....29
meprobamate tab 400 mg.....29
MEPRON SUS 27
mercaptopurine susp 2000 mg/100ml (20 mg/ml) 64
mercaptopurine tab 50 mg.....64
mesalamine cap dr 400 mg 125
mesalamine cap er 24hr 0.375 gm.....125
mesalamine cap er 500 mg.....125
mesalamine enema 4 gm 125
mesalamine rectal enema 4 gm & cleanser wipe kit 125
mesalamine suppos 1000 mg 125
mesalamine tab delayed release 1.2 gm..125
mesalamine tab delayed release 800 mg 125
mesna tab 400 mg.....71
MESNEX TAB 400MG 71
MESTINON TAB TIMESPAN 63
metaxalone tab 800 mg.....172
metformin hcl oral soln 500 mg/5ml.....47
metformin hcl tab 1000 mg 47
metformin hcl tab 500 mg 47
metformin hcl tab 750 mg 47
metformin hcl tab 850 mg 47
metformin hcl tab er 24hr 500 mg.....47
metformin hcl tab er 24hr 750 mg 47
methadone hcl conc 10 mg/ml 20
methadone hcl soln 10 mg/5ml.....20
methadone hcl soln 5 mg/5ml 20
methadone hcl tab 10 mg 20
methadone hcl tab 5 mg 20
methadone hcl tab for oral susp 40 mg 20
METHADOSE CON 10MG/ML 20
METHADOSE SF CON 10MG/ML.....20
methamphetamine hcl tab 5 mg 2
methazolamide tab 25 mg 115
methazolamide tab 50 mg 115
methenamine hippurate tab 1 gm 27
methenamine-hyoscamine-meth blue-sod phos tab 81.6 mg 26
methenamine-hyosc-meth blue-sod phos-phen sal cap 118 mg 26
methenamine-hyosc-meth blue-sod phos-phen sal tab 81 mg.....26
methenamine mandelate tab 0.5 gm 27
methenamine mandelate tab 1 gm 27
methimazole tab 10 mg.....185
methimazole tab 5 mg 185
methocarbamol tab 1000 mg.....172
methocarbamol tab 500 mg 172
methocarbamol tab 750 mg.....172
methotrexate sodium for inj 1 gm 64
methotrexate sodium inj 250 mg/10ml (25 mg/ml) 64
methotrexate sodium inj 50 mg/2ml (25 mg/ml) 64
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) 64
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) 64
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) 64
methotrexate sodium tab 2.5 mg (base equiv) 64
methoxsalen rapid cap 10 mg.....105
methscopolamine bromide tab 2.5 mg ...187
methscopolamine bromide tab 5 mg.....187
methsuximide cap 300 mg.....41
methyldopa tab 250 mg.....58
methyldopa tab 500 mg.....58
methylergonovine maleate tab 0.2 mg....177
METHYLIN SOL 10MG/5ML.....5
METHYLIN SOL 5MG/5ML 5
methylphenidate hcl cap er 10 mg (cd).....5
methylphenidate hcl cap er 20 mg (cd) 5
methylphenidate hcl cap er 24hr 10 mg (la) 5
methylphenidate hcl cap er 24hr 10 mg (xr) 5
methylphenidate hcl cap er 24hr 15 mg (xr) 5

methylphenidate hcl cap er 24hr 20 mg (la) 5
methylphenidate hcl cap er 24hr 20 mg (xr) 5
methylphenidate hcl cap er 24hr 30 mg (la) 5
methylphenidate hcl cap er 24hr 30 mg (xr) 5
methylphenidate hcl cap er 24hr 40 mg (la) 5
methylphenidate hcl cap er 24hr 40 mg (xr) 5
methylphenidate hcl cap er 24hr 50 mg (xr) 5
methylphenidate hcl cap er 24hr 60 mg (la) 5
methylphenidate hcl cap er 24hr 60 mg (xr) 5
methylphenidate hcl cap er 30 mg (cd) 5
methylphenidate hcl cap er 40 mg (cd) 5
methylphenidate hcl cap er 50 mg (cd) 6
methylphenidate hcl cap er 60 mg (cd) 6
methylphenidate hcl chew tab 10 mg 6
methylphenidate hcl chew tab 2.5 mg 6
methylphenidate hcl chew tab 5 mg 6
methylphenidate hcl soln 10 mg/5ml 6
methylphenidate hcl soln 5 mg/5ml 6
methylphenidate hcl tab 10 mg 6
methylphenidate hcl tab 20 mg 6
methylphenidate hcl tab 5 mg 6
methylphenidate hcl tab er 10 mg 6
methylphenidate hcl tab er 20 mg 6
methylphenidate hcl tab er 24hr 18 mg 6
methylphenidate hcl tab er 24hr 27 mg 6
methylphenidate hcl tab er 24hr 36 mg 6
methylphenidate hcl tab er 24hr 54 mg 6
methylphenidate hcl tab er osmotic release (osm) 18 mg 6
methylphenidate hcl tab er osmotic release (osm) 27 mg 6
methylphenidate hcl tab er osmotic release (osm) 36 mg 6
methylphenidate hcl tab er osmotic release (osm) 54 mg 6
methylphenidate hcl tab er osmotic release (osm) 72 mg 6
methylphenidate td patch 10 mg/9hr 6
methylphenidate td patch 15 mg/9hr 6
methylphenidate td patch 20 mg/9hr 6
methylphenidate td patch 30 mg/9hr 6
methylprednisolone tab 16 mg 97
methylprednisolone tab 32 mg 97
methylprednisolone tab 4 mg 97
methylprednisolone tab 8 mg 97
methylprednisolone tab therapy pack 4 mg (21) 97
methyltestosterone cap 10 mg 25
methyltestosterone oral tab 10 mg 25
metoclopramide hcl orally disintegrating tab 5 mg (base eq) 124
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) 124
metoclopramide hcl tab 10 mg (base equivalent) 124
metoclopramide hcl tab 5 mg (base equivalent) 124
metolazone tab 10 mg 116
metolazone tab 2.5 mg 116
metolazone tab 5 mg 116
metoprolol & hydrochlorothiazide tab 100-25 mg 61
metoprolol & hydrochlorothiazide tab 100-50 mg 61
metoprolol & hydrochlorothiazide tab 50-25 mg 61
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) 85
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) 85
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) 85
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) 85
metoprolol tartrate tab 100 mg 85
metoprolol tartrate tab 25 mg 85
metoprolol tartrate tab 37.5 mg 85
metoprolol tartrate tab 50 mg 85
metoprolol tartrate tab 75 mg 85

METROCREAM CRE 0.75% 113
METROLOTION LOT 0.75% 113
metronidazole cap 375 mg 26
metronidazole cream 0.75% 113
metronidazole gel 0.75% 113
metronidazole gel 1% 113
metronidazole lotion 0.75% 113
metronidazole tab 250 mg 26
metronidazole tab 500 mg 26
metronidazole vaginal gel 0.75% 190
metyrosine cap 250 mg 57
mexiletine hcl cap 150 mg 30
mexiletine hcl cap 200 mg 30
mexiletine hcl cap 250 mg 30
miconazole nitrate vaginal suppos 200 mg 190
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35% 102
MICROCHAMBER MIS 163
MICRODOT CON SOL HIGH/LOW 146
MICROLET MIS LANCETS 146
MICROLET MIS NEXT 146
MICROLIFE MIS PEAK FLO 163
MICROSPACER MIS 163
MICRO THIN MIS LANC 33G 146
midodrine hcl tab 10 mg 191
midodrine hcl tab 2.5 mg 191
midodrine hcl tab 5 mg 191
MIFEPREX TAB 200MG 120
mifepristone tab 200 mg 120
mifepristone tab 300 mg 47
miglitol tab 100 mg 45
miglitol tab 25 mg 45
miglitol tab 50 mg 45
miglustat cap 100 mg 129
MINI LANCING MIS DEVICE 146
MINIPRESS CAP 1MG 58
MINIPRESS CAP 2MG 58
MINIPRESS CAP 5MG 58
MINI WRIGHT MIS PFM 163
MINI WRIGHT MIS PFM LOW 163
minocycline hcl cap 100 mg 185
minocycline hcl cap 50 mg 185
minocycline hcl cap 75 mg 185
minocycline hcl tab 100 mg 185
minocycline hcl tab 50 mg 185
minocycline hcl tab 75 mg 185
minoxidil tab 10 mg 62
minoxidil tab 2.5 mg 62
mirabegron tab er 24 hr 25 mg 189
mirabegron tab er 24 hr 50 mg 189
MIRAPEX ER TAB 0.375MG 73
MIRAPEX ER TAB 0.75MG 73
MIRAPEX ER TAB 1.5MG 73
MIRAPEX ER TAB 2.25MG 73
MIRAPEX ER TAB 3.75MG 73
MIRAPEX ER TAB 3MG 73
MIRAPEX ER TAB 4.5MG 73
mirtazapine orally disintegrating tab 15 mg 41
mirtazapine orally disintegrating tab 30 mg 41
mirtazapine orally disintegrating tab 45 mg 41
mirtazapine tab 15 mg 41
mirtazapine tab 30 mg 41
mirtazapine tab 45 mg 41
mirtazapine tab 7.5 mg 41
misoprostol tab 100 mcg 188
misoprostol tab 200 mcg 188
MITIGARE CAP 0.6MG 128
MITOSOL KIT 0.2MG 174
MM LANCING MIS DEVICE 146
MM TWIST MIS LANCETS 146
MOBILE LANCE MIS 30G 146
modafinil tab 100 mg 6
modafinil tab 200 mg 6
moexipril hcl tab 15 mg 56
moexipril hcl tab 7.5 mg 56
molindone hcl tab 10 mg 78
molindone hcl tab 25 mg 78
molindone hcl tab 5 mg 78
mometasone furoate cream 0.1% 110
mometasone furoate oint 0.1% 110
mometasone furoate solution 0.1% (lotion) 110
MONOJECT S/P MIS 20ML/LL 158
MONOJECT S/P MIS 20ML/LT 158

MONOJECT S/P MIS 35/CATH.....158
MONOJECT S/P MIS 35ML/LL.....158
MONOJECT S/P MIS 35ML/REG.....158
MONOJECT S/P MIS 60ML/LL.....158
MONOJECT S/P MIS 60ML/REG.....158
MONOLET MIS LANCETS.....146
MONOLET OPD MIS LANCETS.....146
MONOLETTOR MIS LANCETS.....146
montelukast sodium chew tab 4 mg (base equiv).....32
montelukast sodium chew tab 5 mg (base equiv).....32
montelukast sodium oral granules packet 4 mg (base equiv).....32
montelukast sodium tab 10 mg (base equiv).....32
morphine sulfate beads cap er 24hr 120 mg.....20
morphine sulfate beads cap er 24hr 30 mg.....20
morphine sulfate beads cap er 24hr 45 mg.....20
morphine sulfate beads cap er 24hr 60 mg.....20
morphine sulfate beads cap er 24hr 75 mg.....20
morphine sulfate beads cap er 24hr 90 mg.....20
morphine sulfate cap er 24hr 100 mg.....21
morphine sulfate cap er 24hr 10 mg.....20
morphine sulfate cap er 24hr 20 mg.....20
morphine sulfate cap er 24hr 30 mg.....20
morphine sulfate cap er 24hr 50 mg.....20
morphine sulfate cap er 24hr 60 mg.....21
morphine sulfate cap er 24hr 80 mg.....21
morphine sulfate oral soln 100 mg/5ml (20 mg/ml).....21
morphine sulfate oral soln 10 mg/5ml.....21
morphine sulfate oral soln 20 mg/5ml.....21
morphine sulfate suppos 10 mg.....21
morphine sulfate suppos 20 mg.....21
morphine sulfate suppos 30 mg.....21
morphine sulfate suppos 5 mg.....21
morphine sulfate tab 15 mg.....21
morphine sulfate tab 30 mg.....21
morphine sulfate tab er 100 mg.....21
morphine sulfate tab er 15 mg.....21
morphine sulfate tab er 200 mg.....21
morphine sulfate tab er 30 mg.....21
morphine sulfate tab er 60 mg.....21
MOUNJARO INJ 10MG/0.5.....48
MOUNJARO INJ 12.5/0.5.....48
MOUNJARO INJ 15MG/0.5.....48
MOUNJARO INJ 2.5/0.5.....47
MOUNJARO INJ 5MG/0.5.....47
MOUNJARO INJ 7.5/0.5.....47
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily).....175
moxifloxacin hcl ophth soln 0.5% (base equiv).....175
moxifloxacin hcl tab 400 mg (base equiv).....123
MPD SFTY LAN MIS 21G.....146
MPD SFTY LAN MIS 23G.....146
MPD SFTY LAN MIS 28G.....146
MPD SFTY LAN MIS 30G.....146
MS CONTIN TAB 100MG ER.....21
MS CONTIN TAB 15MG ER.....21
MS CONTIN TAB 200MG ER.....21
MS CONTIN TAB 30MG ER.....21
MS CONTIN TAB 60MG ER.....21
MULTAQ TAB 400MG.....31
MULTI-LANCET KIT DEVICE.....146
MULTI-LANCET MIS DEVICE.....146
MULTISTIX 10 TES SG.....114
mupirocin oint 2%.....101
MUSE SUP 1000MCG.....90
MUSE SUP 250MCG.....90
MUSE SUP 500MCG.....90
MYALEPT INJ 11.3MG.....119
MYAMBUTOL TAB 400MG.....63
MYCOBUTIN CAP 150MG.....63
mycophenolate mofetil cap 250 mg.....169
mycophenolate mofetil for oral susp 200 mg/ml.....169
mycophenolate mofetil tab 500 mg.....169
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv).....169

mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv) 169
MYFEMBREE TAB.....121
MYFORTIC TAB 180MG.....169
MYFORTIC TAB 360MG 169
MYGLUCOHEALT MIS LANC 30G 146
MYGLUCOHEALT SOL LO/NL/HI 146
MYLERAN TAB 2MG.....63
MYSOLINE TAB 250MG.....38
MYSOLINE TAB 50MG 38

N

nabumetone tab 500 mg 13
nabumetone tab 750 mg 13
nadolol tab 20 mg 85
nadolol tab 40 mg 86
nadolol tab 80 mg 86
NA FL/K NITR GEL 1.1-5% 170
naftifine hcl cream 1% 102
naftifine hcl cream 2%.....102
naftifine hcl gel 2%.....102
NALFON CAP 400MG.....13
NALFON TAB 600MG 13
naloxone hcl inj 0.4 mg/ml 50
naloxone hcl inj 4 mg/10ml.....50
naloxone hcl nasal spray 4 mg/0.1ml.....50
naloxone hcl soln cartridge 0.4 mg/ml.....50
naloxone hcl soln prefilled syringe 0.4 mg/ml 50
naloxone hcl soln prefilled syringe 2 mg/2ml.....50
naltrexone hcl tab 50 mg 50
NAMENDA TAB 10MG 180
NAMENDA TAB 5-10MG 180
NAMENDA TAB 5MG.....180
NAMZARIC CAP 180
NAMZARIC CAP 14-10MG.....180
NAMZARIC CAP 21-10MG.....180
NAMZARIC CAP 28-10MG 180
NAMZARIC CAP 7-10MG 180
NAPROSYN TAB 500MG.....13
naproxen sodium tab 275 mg 13
naproxen sodium tab 550 mg 13
naproxen tab 250 mg 14
naproxen tab 375 mg 14
naproxen tab 500 mg.....14
naproxen tab ec 375 mg 14
naproxen tab ec 500 mg.....14
naratriptan hcl tab 1 mg (base equiv).....165
naratriptan hcl tab 2.5 mg (base equiv)...165
NARCAN SPR 4MG.....50
NARDIL TAB 15MG.....42
NASCOBAL SPR 500MCG 130
NATACYN SUS 5% OP.....175
NATAZIA TAB 95
nateglinide tab 120 mg 49
nateglinide tab 60 mg 49
NATESTO GEL 5.5MG.....25
NATROBA SUS 0.9% 113
NATURAL COND MIS + LUBE 135
NAYZILAM SPR 5MG.....36
nebivolol hcl tab 10 mg (base equivalent) 85
nebivolol hcl tab 2.5 mg (base equivalent) 85
*nebivolol hcl tab 20 mg (base equivalent)*85
nebivolol hcl tab 5 mg (base equivalent) ..85
NEBUSAL NEB 6% 99
NEEDL COLLEC MIS DISPOSAL.....158
NEEDLE COLLE MIS DISPOSAL 158
NEEDLES MIS 18GX1 158
NEEDLES MIS 18GX1.5 158
NEEDLES MIS 19GX1 158
NEEDLES MIS 19GX1.5 158
NEEDLES MIS 20GX1 158
NEEDLES MIS 20GX1.5 158
NEEDLES MIS 21GX1 158
NEEDLES MIS 21GX1.5 158
NEEDLES MIS 22GX1.....158
NEEDLES MIS 22GX1.5 158
NEEDLES MIS 23GX1.....158
NEEDLES MIS 23GX1.5 158
NEEDLES MIS 23GX5/8.....158
NEEDLES MIS 25GX1.....158
NEEDLES MIS 25GX1.5 158
NEEDLES MIS 25GX5/8.....158
NEEDLES MIS 26X1/2 158
NEEDLES MIS 27GX1/2.....158
NEEDLES MIS 30GX1/2 158
nefazodone hcl tab 100 mg.....43

nefazodone hcl tab 150 mg.....43
nefazodone hcl tab 200 mg.....43
nefazodone hcl tab 250 mg.....43
nefazodone hcl tab 50 mg.....43
NEMLUVIO INJ 30MG.....111
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin.....175
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml.....175
neomycin-polymyxin-dexamethasone ophth oint 0.1%.....176
neomycin-polymyxin-dexamethasone ophth susp 0.1%.....176
neomycin-polymyxin-hc ophth susp.....176
neomycin-polymyxin-hc otic soln 1%.....177
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%.....177
neomycin sulfate tab 500 mg.....7
NEORAL CAP 100MG.....169
NEORAL CAP 25MG.....169
NEORAL SOL 100MG/ML.....169
NERLYNX TAB 40MG.....69
NEUPRO DIS 1MG/24HR.....73
NEUPRO DIS 2MG/24HR.....73
NEUPRO DIS 3MG/24HR.....73
NEUPRO DIS 4MG/24HR.....73
NEUPRO DIS 6MG/24HR.....73
NEUPRO DIS 8MG/24HR.....73
NEURONTIN CAP 100MG.....38
NEURONTIN CAP 300MG.....38
NEURONTIN CAP 400MG.....38
NEURONTIN SOL 250/5ML.....38
NEURONTIN TAB 600MG.....39
NEURONTIN TAB 800MG.....39
NEUTEK 2TEK SOL CONTROL.....146
nevirapine susp 50 mg/5ml.....81
nevirapine tab 200 mg.....81
nevirapine tab er 24hr 400 mg.....81
NEXLETOL TAB 180MG.....53
NEXLIZET TAB 180/10MG.....53
NEXTSTELLIS TAB 3-14.2MG.....95
niacin tab er 1000 mg (antihyperlipidemic).....55
*niacin tab er 500 mg (antihyperlipidemic)*55
*niacin tab er 750 mg (antihyperlipidemic)*55
nicardipine hcl cap 20 mg.....87
nicardipine hcl cap 30 mg.....87
nicotine polacrilex gum 2 mg.....183
nicotine polacrilex gum 4 mg.....183
nicotine polacrilex lozenge 2 mg.....183
nicotine polacrilex lozenge 4 mg.....184
nicotine td patch 24hr 14 mg/24hr.....184
nicotine td patch 24hr 21 mg/24hr.....184
nicotine td patch 24hr 7 mg/24hr.....184
NICOTROL NS SPR 10MG/ML.....184
nifedipine cap 10 mg.....87
nifedipine cap 20 mg.....87
nifedipine tab er 24hr 30 mg.....87
nifedipine tab er 24hr 60 mg.....87
nifedipine tab er 24hr 90 mg.....87
nifedipine tab er 24hr osmotic release 30 mg.....87
nifedipine tab er 24hr osmotic release 60 mg.....87
nifedipine tab er 24hr osmotic release 90 mg.....87
*nilotinib hcl cap 150 mg (base equivalent)*69
nilotinib hcl cap 200 mg (base equivalent).....69
nilotinib hcl cap 50 mg (base equivalent).69
nilutamide tab 150 mg.....66
nimodipine cap 30 mg.....87
nimodipine oral soln 60 mg/20ml (3 mg/ml).....87
NINLARO CAP 2.3MG.....69
NINLARO CAP 3MG.....69
NINLARO CAP 4MG.....69
nisoldipine tab er 24hr 17 mg.....87
nisoldipine tab er 24hr 20 mg.....87
nisoldipine tab er 24hr 25.5 mg.....87
nisoldipine tab er 24hr 30 mg.....87
nisoldipine tab er 24hr 34 mg.....87
nisoldipine tab er 24hr 40 mg.....87
nisoldipine tab er 24hr 8.5 mg.....87
nitazoxanide tab 500 mg.....27
nitisinone cap 10 mg.....119
nitisinone cap 20 mg.....119
nitisinone cap 2 mg.....119

nitisinone cap 5 mg 119
NITRO-BID OIN 2% 28
NITRO-DUR DIS 0.1MG/HR 28
NITRO-DUR DIS 0.2MG/HR.....28
NITRO-DUR DIS 0.3MG/HR.....28
NITRO-DUR DIS 0.4MG/HR.....28
NITRO-DUR DIS 0.6MG/HR.....28
NITRO-DUR DIS 0.8MG/HR.....28
nitrofurantoin macrocrystalline cap 100 mg 28
nitrofurantoin macrocrystalline cap 25 mg 27
nitrofurantoin macrocrystalline cap 50 mg 28
nitrofurantoin monohydrate macrocrystalline cap 100 mg.....28
nitrofurantoin susp 25 mg/5ml.....28
nitroglycerin cap er 2.5 mg 28
nitroglycerin cap er 6.5 mg.....28
nitroglycerin cap er 9 mg 28
nitroglycerin oint 0.4% 26
nitroglycerin sl tab 0.3 mg 28
nitroglycerin sl tab 0.4 mg 28
nitroglycerin sl tab 0.6 mg 28
nitroglycerin td patch 24hr 0.1 mg/hr.....28
nitroglycerin td patch 24hr 0.2 mg/hr.....28
nitroglycerin td patch 24hr 0.4 mg/hr.....28
nitroglycerin td patch 24hr 0.6 mg/hr.....28
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray).....28
NITROLINGUAL SPR 400MCG.....28
NITROSTAT SUB 0.3MG.....28
NITROSTAT SUB 0.4MG 28
NITROSTAT SUB 0.6MG 29
NIVESTYM INJ 300/0.5.....131
NIVESTYM INJ 300MCG.....131
NIVESTYM INJ 480/0.8.....131
NIVESTYM INJ 480MCG.....131
nizatidine cap 150 mg 187
nizatidine cap 300 mg.....187
NOCDURNA SUB 27.7MCG.....120
NOCDURNA SUB 55.3MCG 120
NORDITROPIN INJ 10/1.5ML.....118
NORDITROPIN INJ 15/1.5ML 118
NORDITROPIN INJ 30/3ML.....118
NORDITROPIN INJ 5/1.5ML.....118
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr 96
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg 95
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg 95
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg.....95
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg.....95
norethindrone & ethinyl estradiol tab 1 mg-35 mcg.....95
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg.....95
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg 95
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg 95
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg 95
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) 95
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) 95
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) 95
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg.....122
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg 122
norethindrone acetate tab 5 mg.....178
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg.....95
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg.....95
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg 95
norethindrone tab 0.35 mg.....96
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg.....95
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg 95

norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg 95
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg 96
NORM-JECT MIS LUER LOC....158
NORM-JECT MIS LUER LOK....158
NORPACE CAP 100MG CR....30
NORPACE CAP 150MG CR....30
NORPRAMIN TAB 10MG....45
NORPRAMIN TAB 25MG....45
nortriptyline hcl cap 10 mg....45
nortriptyline hcl cap 25 mg....45
nortriptyline hcl cap 50 mg....45
nortriptyline hcl cap 75 mg....45
nortriptyline hcl soln 10 mg/5ml....45
NOVA MAX GLU LIQ /KET CON....146
NOVA MAX PLS TES KETONE....114
NOVA SAFETY MIS LANC 23G....146
NOVA SAFETY MIS LANC 28G....146
NOVA SUREFLX MIS LANC DEV....146
NOVA SURE MIS LANCETS....146
NOVOLIN INJ 70/30....48
NOVOLIN INJ 70/30 FP....48
NOVOLIN N INJ 100 UNIT....48
NOVOLIN N INJ U-100....48
NOVOLIN R INJ 100 UNIT....48
NOVOLIN R INJ U-100....48
NOVOLOG INJ 100/ML....49
NOVOLOG INJ FLEXPEN....49
NOVOLOG INJ PENFILL....49
NOVOLOG MIX INJ 70/30....49
NOVOLOG MIX INJ FLEXPEN....49
NOVOPEN ECHO MIS....158
NOZIN NASAL KIT SANITIZE....172
NOZIN NASAL MIS SANITIZE....172
NP THYROID TAB 120MG....186
NP THYROID TAB 15MG....186
NP THYROID TAB 30MG....186
NP THYROID TAB 60MG....186
NP THYROID TAB 90MG....186
NUBEQA TAB 300MG....66
NUCALA INJ 100MG/ML....31
NUCALA INJ 40MG/0.4....31
NUCORT LOT 2%....110
NUPLAZID CAP 34MG....75
NUPLAZID TAB 10MG....75
NURTEC TAB 75MG ODT....165
NUZYRA TAB 150MG....185
NYMALIZE SOL....87
nystatin cream 100000 unit/gm....102
nystatin oint 100000 unit/gm....102
nystatin susp 100000 unit/ml....170
nystatin tab 500000 unit....52
*nystatin topical powder 100000 unit/gm*102
nystatin-triamcinolone cream 100000-0.1 unit/gm-%....102
nystatin-triamcinolone oint 100000-0.1 unit/gm-%....102
NYVEPRIA INJ 6/0.6ML....131

O

OBTREX TAB....171
octreotide acetate inj 1000 mcg/ml (1 mg/ml)....121
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)....120
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)....120
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)....120
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)....120
octreotide acetate subcutaneous soln pref syr 100 mcg/ml....121
octreotide acetate subcutaneous soln pref syr 500 mcg/ml....121
octreotide acetate subcutaneous soln pref syr 50 mcg/ml....121
OCUFLOX DRO 0.3% OP....175
ODACTRA SUB....7
ODEFSEY TAB....82
ODOMZO CAP 200MG....65
OFEV CAP 100MG....185
OFEV CAP 150MG....185
ofloxacin ophth soln 0.3%....175
ofloxacin otic soln 0.3%....177
ofloxacin tab 300 mg....123
ofloxacin tab 400 mg....123
olanzapine-fluoxetine hcl cap 12-25 mg..180

olanzapine-fluoxetine hcl cap 12-50 mg .180
olanzapine-fluoxetine hcl cap 3-25 mg ...180
olanzapine-fluoxetine hcl cap 6-25 mg ...180
olanzapine-fluoxetine hcl cap 6-50 mg ...180
olanzapine for im inj 10 mg 77
olanzapine orally disintegrating tab 10 mg 77
*olanzapine orally disintegrating tab 15 mg*77
olanzapine orally disintegrating tab 20 mg 77
olanzapine orally disintegrating tab 5 mg .77
olanzapine tab 10 mg 77
olanzapine tab 15 mg 77
olanzapine tab 2.5 mg.....77
olanzapine tab 20 mg 77
olanzapine tab 5 mg.....77
olanzapine tab 7.5 mg.....77
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg ...61
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg .61
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg ...61
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg...61
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg 61
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg 61
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg 61
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg.....61
olmesartan medoxomil tab 20 mg.....58
olmesartan medoxomil tab 40 mg.....58
olmesartan medoxomil tab 5 mg.....58
olopatadine hcl nasal soln 0.6%.....172
OMECLAMOX- MIS PAK 189
omega-3-acid ethyl esters cap 1 gm 53
omeprazole cap delayed release 10 mg ..188
omeprazole cap delayed release 20 mg .188
omeprazole cap delayed release 40 mg .188
OMNIFLEX DPR 135
OMNIPOD 5 DX KIT INT G7G6.....146
OMNIPOD 5 DX MIS POD G7G6.....146
OMNIPOD 5 G7 KIT INTRO 146
OMNIPOD 5 G7 MIS PODS.....146
OMNIPOD 5 L2 KIT INTRO G6 146
OMNIPOD 5 L2 MIS PODS G6 146
OMNIPOD DASH KIT INTRO.....146
OMNIPOD DASH KIT PDM 146
OMNIPOD DASH MIS PODS 147
OMNIPOD MIS CLASSIC 147
ondansetron hcl oral soln 4 mg/5ml 51
ondansetron hcl tab 24 mg.....51
ondansetron hcl tab 4 mg.....51
ondansetron hcl tab 8 mg.....51
ondansetron orally disintegrating tab 4 mg 51
ondansetron orally disintegrating tab 8 mg 51
ONETOUCH LIQ ULT CONT 147
ONETOUCH LIQ ULTRA.....147
ONETOUCH LIQ VERIO.....147
ONETOUCH LIQ VERIO 4.....147
ONEXTON GEL 1.2-3.75.....100
ON-THE-GO MIS LANC 30G.....147
ONUREG TAB 200MG 64
ONUREG TAB 300MG 64
ONZETRA XSAI MIS 11MG 165
OPILL TAB 0.075MG 96
opium tincture 1% (10 mg/ml) (morphine equiv) 50
OPSUMIT TAB 10MG 92
OPSYNVI TAB 10-20MG.....89
OPSYNVI TAB 10-40MG 89
OPTICHAMBER MIS DIA LG.....163
OPTICHAMBER MIS DIA MD 163
OPTICHAMBER MIS DIAMOND 164
OPTICHAMBER MIS DIA SM.....163
OPZELURA CRE 1.5% 111
ORACEA CAP 40MG.....113
ORACIT SOL 127
ORALAIR SUB 300 IR 7
ORAPRED ODT TAB 10MG.....97
ORAPRED ODT TAB 15MG.....97
ORAPRED ODT TAB 30MG.....97
ORAVIG TAB 50MG.....170

ORENCIA CLCK INJ 125MG/ML 15
ORENCIA INJ 125MG/ML 16
ORENCIA INJ 50/0.4ML 15
ORENCIA INJ 87.5/0.7 16
ORENITRAM TAB 0.125MG 91
ORENITRAM TAB 0.25MG 91
ORENITRAM TAB 1MG 91
ORENITRAM TAB 2.5MG 91
ORENITRAM TAB 5MG 91
ORENITRAM TAB MONTH 1 91
ORENITRAM TAB MONTH 2 91
ORENITRAM TAB MONTH 3 91
ORFADIN CAP 10MG 119
ORFADIN CAP 20MG 119
ORFADIN CAP 2MG 119
ORFADIN CAP 5MG 119
ORFADIN SUS 4MG/ML 119
ORGOVYX TAB 120MG 66
ORIAHNN CAP 122
ORILISSA TAB 150MG 118
ORILISSA TAB 200MG 118
ORKAMBI GRA 100-125 184
ORKAMBI GRA 150-188 184
ORKAMBI GRA 75-94MG 184
ORKAMBI TAB 100-125 184
ORKAMBI TAB 200-125 184
ORLADEYO CAP 110MG 129
ORLADEYO CAP 150MG 129
orlistat cap 120 mg 3
ORLYNVAH TAB 500-500 27
orphenadrine citrate tab er 12hr 100 mg 172
oseltamivir phosphate cap 30 mg (base equiv) 84
oseltamivir phosphate cap 45 mg (base equiv) 84
oseltamivir phosphate cap 75 mg (base equiv) 84
oseltamivir phosphate for susp 6 mg/ml (base equiv) 84
OTEZLA/XR TAB 28 DAY 15
OTEZLA TAB 10/20 14
OTEZLA TAB 10/20/30 14
OTEZLA TAB 20MG 14
OTEZLA TAB 30MG 14
OTEZLA XR TAB 75MG 15
OTREXUP INJ 10MG 11
OTREXUP INJ 12.5/0.4 11
OTREXUP INJ 15MG 11
OTREXUP INJ 17.5/0.4 11
OTREXUP INJ 20MG 11
OTREXUP INJ 22.5/0.4 11
OTREXUP INJ 25MG 11
OVACE PLUS CRE 10% 107
OVACE PLUS GEL 10% WASH 107
OVACE PLUS LIQ 10% WASH 107
OVACE PLUS LOT 9.8% 107
OVACE PLUS SHA 10% 107
OVACE WASH LIQ 10% 108
OVAL TAPE MIS 147
OVIDE LOT 0.5% 113
oxaprozin cap 300 mg 14
oxaprozin tab 600 mg 14
oxazepam cap 10 mg 30
oxazepam cap 15 mg 30
oxazepam cap 30 mg 30
oxcarbazepine susp 300 mg/5ml (60 mg/ml) 39
oxcarbazepine tab 150 mg 39
oxcarbazepine tab 300 mg 39
oxcarbazepine tab 600 mg 39
oxcarbazepine tab er 24hr 150 mg 39
oxcarbazepine tab er 24hr 300 mg 39
oxcarbazepine tab er 24hr 600 mg 39
OXERVATE SOL 20MCG/ML 175
oxiconazole nitrate cream 1% 102
OXTELLAR XR TAB 150MG 39
OXTELLAR XR TAB 300MG 39
OXTELLAR XR TAB 600MG 39
oxybutynin chloride solution 5 mg/5ml 189
oxybutynin chloride tab 5 mg 189
oxybutynin chloride tab er 24hr 10 mg 189
oxybutynin chloride tab er 24hr 15 mg 189
oxybutynin chloride tab er 24hr 5 mg 189
oxycodone hcl cap 5 mg 21
oxycodone hcl conc 100 mg/5ml (20 mg/ml) 21
oxycodone hcl soln 5 mg/5ml 21
oxycodone hcl tab 10 mg 22

oxycodone hcl tab 15 mg 22
oxycodone hcl tab 20 mg.....22
oxycodone hcl tab 30 mg.....22
oxycodone hcl tab 5 mg.....21
oxycodone hcl tab er 12hr deter 10 mg 22
oxycodone hcl tab er 12hr deter 20 mg.....22
oxycodone hcl tab er 12hr deter 40 mg.....22
oxycodone hcl tab er 12hr deter 80 mg.....22
oxycodone w/ acetaminophen tab 10-325 mg.....23
oxycodone w/ acetaminophen tab 2.5-325 mg.....23
oxycodone w/ acetaminophen tab 5-325 mg.....23
oxycodone w/ acetaminophen tab 7.5-325 mg.....23
oxymorphone hcl tab 10 mg 22
oxymorphone hcl tab 5 mg 22
OZEMPIC INJ 2MG/3ML.....48
OZEMPIC INJ 4MG/3ML.....48
OZEMPIC INJ 8MG/3ML.....48
P
paliperidone tab er 24hr 1.5 mg.....75
paliperidone tab er 24hr 3 mg 75
paliperidone tab er 24hr 6 mg 75
paliperidone tab er 24hr 9 mg 75
palonosetron hcl iv soln 0.25 mg/5ml (base equivalent) 51
PAMELOR CAP 10MG.....45
PAMELOR CAP 25MG 45
PAMELOR CAP 50MG.....45
PAMELOR CAP 75MG 45
PANDA MASK MIS LARGE 164
PANDA MASK MIS MEDIUM.....164
PANDA MASK MIS PEDIATRI 164
PANDA MASK MIS SMALL.....164
PANDEL CRE 0.1% 110
PANRETIN GEL 0.1%.....102
PANTOPRAZOLE INJ SOD 40MG 188
pantoprazole sodium ec tab 20 mg (base equiv).....188
pantoprazole sodium ec tab 40 mg (base equiv).....188
pantoprazole sodium for iv soln 40 mg (base equiv) 188
paricalcitol cap 1 mcg 119
paricalcitol cap 2 mcg.....119
paricalcitol cap 4 mcg 119
PARI VORTEX MIS ADL MASK.....164
PARLODEL CAP 5MG 73
PARLODEL TAB 2.5MG 73
PARNATE TAB 10MG.....42
paroxetine hcl oral susp 10 mg/5ml (base equiv) 43
paroxetine hcl tab 10 mg 43
paroxetine hcl tab 20 mg 43
paroxetine hcl tab 30 mg 43
paroxetine hcl tab 40 mg 43
paroxetine hcl tab er 24hr 12.5 mg 43
paroxetine hcl tab er 24hr 25 mg 43
paroxetine hcl tab er 24hr 37.5 mg.....43
PAXLOVID PAK 82
PAXLOVID TAB 150-100.....82
PAXLOVID TAB 300-100.....82
pazopanib hcl tab 200 mg (base equiv)....69
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml 187
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg.....187
PEAK AIR FLO MIS ADLT/PED 164
PEAK A-I-R MIS FLW METR.....164
PEAK FLOW MIS METER.....164
PEAK FLW MTR MIS ADULT 164
PEAK FLW MTR MIS CHILD 164
PEAK FLW MTR MIS UNIVERSL 164
PEDIAPRED SOL 5MG/5ML 97
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm 133
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm 133
peg 3350-kcl-sod bicarb-nacl for soln 420 gm 133
PEG-PREP KIT 133
penciclovir cream 1%.....108
penicillamine cap 250 mg 167
penicillamine tab 250 mg 167

penicillin v potassium for soln 125 mg/5ml 178
penicillin v potassium for soln 250 mg/5ml 178
penicillin v potassium tab 250 mg.....178
penicillin v potassium tab 500 mg.....178
pentazocine w/ naloxone hcl tab 50-0.5 mg 24
pentoxifylline tab er 400 mg 129
PEPCID TAB 40MG 188
perampanel tab 10 mg.....36
perampanel tab 12 mg 36
perampanel tab 2 mg 36
perampanel tab 4 mg 36
perampanel tab 6 mg 36
perampanel tab 8 mg 36
PERFECT 28G MIS LANCETS.....147
PERFECT 30G MIS LANCETS 147
PERFECT POIN MIS 25GX1.....158
PERFOROMIST NEB 20MCG.....34
PERIDEX SOL 0.12%.....170
perindopril erbumine tab 2 mg.....56
perindopril erbumine tab 4 mg.....57
perindopril erbumine tab 8 mg.....57
permethrin cream 5%.....113
perphenazine-amitriptyline tab 2-10 mg .180
perphenazine-amitriptyline tab 2-25 mg 180
perphenazine-amitriptyline tab 4-10 mg .180
perphenazine-amitriptyline tab 4-25 mg 180
perphenazine-amitriptyline tab 4-50 mg 180
perphenazine tab 16 mg 79
perphenazine tab 2 mg.....79
perphenazine tab 4 mg.....79
perphenazine tab 8 mg.....79
PERSERIS INJ 120MG 75
PERSERIS INJ 90MG 75
PERSONAL BES MIS FULL RNG 164
PHARMACY COU MIS LANCETS 147
PHARM SYRNG MIS TRAY 1ML.....158
PHARM TRAY MIS 12ML/LL.....158
PHARM TRAY MIS 1ML/REG 158
PHARM TRAY MIS 20ML/LL.....158
PHARM TRAY MIS 35ML/LL.....158
PHARM TRAY MIS 3ML/LL 158
PHARM TRAY MIS 60ML/LL 158
PHARM TRAY MIS 6ML 158
PHEBURANE MIS 483/GM.....119
phenazopyridine hcl tab 100 mg 128
phenazopyridine hcl tab 200 mg.....128
phendimetrazine tartrate tab 35 mg.....3
phenelzine sulfate tab 15 mg 42
phenobarbital elixir 20 mg/5ml 132
phenobarbital tab 100 mg.....132
phenobarbital tab 15 mg 132
phenobarbital tab 16.2 mg 132
phenobarbital tab 30 mg 132
phenobarbital tab 32.4 mg 132
phenobarbital tab 60 mg 132
phenobarbital tab 64.8 mg 132
phenobarbital tab 97.2 mg 132
phenoxybenzamine hcl cap 10 mg 57
phentermine hcl cap 15 mg.....3
phentermine hcl cap 30 mg 3
phentermine hcl cap 37.5 mg 3
phentermine hcl tab 37.5 mg.....3
phentermine hcl-topiramate cap er 24hr 11.25-69 mg 3
phentermine hcl-topiramate cap er 24hr 15-92 mg 3
phentermine hcl-topiramate cap er 24hr 3.75-23 mg 3
phentermine hcl-topiramate cap er 24hr 7.5-46 mg 3
phenylephrine hcl ophth soln 10% 174
phenylephrine hcl ophth soln 2.5%.....174
phenytoin chew tab 50 mg.....41
phenytoin sodium extended cap 100 mg ..41
phenytoin sodium extended cap 200 mg .41
phenytoin sodium extended cap 300 mg .41
phenytoin susp 125 mg/5ml 41
PHEXXI GEL.....190
PHOSPHOLINE SOL 0.125%OP.....174
phytonadione tab 5 mg.....191
PIKO 1 MIS ELECTRON 164
pilocarpine hcl ophth soln 1% 174
pilocarpine hcl ophth soln 2% 174
pilocarpine hcl ophth soln 4% 174
pilocarpine hcl tab 5 mg 170

pilocarpine hcl tab 7.5 mg 170
pimecrolimus cream 1% 112
pimozide tab 1 mg 183
pimozide tab 2 mg 183
pindolol tab 10 mg 86
pindolol tab 5 mg 86
pioglitazone hcl-glimepiride tab 30-2 mg 46
pioglitazone hcl-glimepiride tab 30-4 mg 46
pioglitazone hcl-metformin hcl tab 15-500 mg 46
pioglitazone hcl-metformin hcl tab 15-850 mg 46
pioglitazone hcl tab 15 mg (base equiv) 49
pioglitazone hcl tab 30 mg (base equiv) ...49
pioglitazone hcl tab 45 mg (base equiv) ...49
PIP CONTROL LIQ 147
PIP LANCETS MIS 28G 147
PIP LANCETS MIS 30G 147
PIQRAY 200MG TAB DOSE 69
PIQRAY 250MG TAB DOSE 70
PIQRAY 300MG TAB DOSE 70
pirfenidone cap 267 mg 185
pirfenidone tab 267 mg 185
pirfenidone tab 801 mg 185
piroxicam cap 10 mg 14
piroxicam cap 20 mg 14
PISTON IRRIG MIS 60ML SYR 158
pitavastatin calcium tab 1 mg 55
pitavastatin calcium tab 2 mg 55
pitavastatin calcium tab 4 mg 55
PLAQUENIL TAB 200MG 62
PLEGRIDY INJ 182
PLEGRIDY INJ PEN 182
PLEGRIDY INJ STARTER 182
PLEGRIDY PEN INJ STARTER 182
PLEXION CLTH PAD 9.8-4.8% 100
PLEXION CRE 9.8-4.8% 100
PLEXION LIQ 9.8-4.8% 100
PLEXION LOT 9.8-4.8% 100
POCKET CHAMB MIS 164
POCKETCHEM SOL EZ 147
POCKET PEAK MIS METER 164
POCKETPEAK MIS MTR LOW 164
POCKET SPACE MIS 164
PODOCON-25 SOL 112
podofilox gel 0.5% 112
podofilox soln 0.5% 112
POLY HUB MIS 18GX1 ....158, 159
POLY HUB MIS 18GX1.5 159
POLY HUB MIS 20GX1 159
POLY HUB MIS 21GX1 159
POLY HUB MIS 21GX1.5 159
POLY HUB MIS 22GX1 159
POLY HUB MIS 22GX1.5 159
POLY HUB MIS 23GX1 159
POLY HUB MIS 23GX1.5 159
POLY HUB MIS 25GX1 159
POLY HUB MIS 25GX1.5 159
POLY HUB MIS 25GX5/8 159
POLY HUB MIS 27GX1/2 159
POLY HUB MIS 27GX1.25 159
POLY HUB MIS 30GX1/2 159
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1% 175
POMALYST CAP 1MG 66
POMALYST CAP 2MG 66
POMALYST CAP 3MG 66
POMALYST CAP 4MG 66
PONVORY TAB 20MG 182
PONVORY TAB STARTER 182
posaconazole susp 40 mg/ml 52
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml 127
potassium chloride cap er 10 meq 167
potassium chloride cap er 8 meq 167
potassium chloride microencapsulated crys er tab 10 meq 167
potassium chloride microencapsulated crys er tab 15 meq 167
potassium chloride microencapsulated crys er tab 20 meq 167
potassium chloride oral soln 10% (20 meq/15ml) 167
potassium chloride oral soln 20% (40 meq/15ml) 167
potassium chloride powder packet 20 meq 167
potassium chloride tab er 10 meq 167

potassium chloride tab er 20 meq (1500 mg).....167
potassium chloride tab er 8 meq (600 mg).....167
potassium citrate & citric acid powder pack 3300-1002 mg.....127
potassium citrate & citric acid soln 1100-334 mg/5ml.....127
potassium citrate tab er 10 meq (1080 mg).....127
potassium citrate tab er 15 meq (1620 mg).....127
*potassium citrate tab er 5 meq (540 mg)*127
POVIDONE IOD SOL 5%.....175
pramipexole dihydrochloride tab 0.125 mg.....73
pramipexole dihydrochloride tab 0.25 mg.....73
pramipexole dihydrochloride tab 0.5 mg .73
pramipexole dihydrochloride tab 0.75 mg.....73
pramipexole dihydrochloride tab 1.5 mg ..73
pramipexole dihydrochloride tab 1 mg.....73
pramipexole dihydrochloride tab er 24hr 0.375 mg.....73
pramipexole dihydrochloride tab er 24hr 0.75 mg.....73
pramipexole dihydrochloride tab er 24hr 1.5 mg.....73
pramipexole dihydrochloride tab er 24hr 2.25 mg.....73
pramipexole dihydrochloride tab er 24hr 3.75 mg.....73
pramipexole dihydrochloride tab er 24hr 3 mg.....73
pramipexole dihydrochloride tab er 24hr 4.5 mg.....74
PRAMOSONE CRE 1-1%.....110
PRAMOSONE CRE 1-2.5%.....110
PRAMOSONE LOT 1%.....110
PRAMOSONE LOT 1-1%.....110
PRAMOSONE LOT 2.5%.....110
PRAMOSONE OIN 1%.....110
PRAMOSONE OIN 2.5%.....110
pramoxine-hc cream 1-2.5%.....110
prasugrel hcl tab 10 mg (base equiv).....129
prasugrel hcl tab 5 mg (base equiv).....129
pravastatin sodium tab 10 mg.....55
pravastatin sodium tab 20 mg.....55
pravastatin sodium tab 40 mg.....55
pravastatin sodium tab 80 mg.....55
praziquantel tab 600 mg.....26
prazosin hcl cap 1 mg.....58
prazosin hcl cap 2 mg.....58
prazosin hcl cap 5 mg.....58
PR BENZOYL LIQ 7% WASH.....100
PRECISIONGLI MIS 27GX1.5.....159
PRECISION LIQ GLUC/KET.....147
PRECISN XTRA TES KETONE.....114
prednisolone acetate ophth susp 1%.....176
prednisolone sodium phosphate oral soln 25 mg/5ml (base eq).....97
prednisolone sod phos orally disintegr tab 10 mg (base eq).....97
prednisolone sod phos orally disintegr tab 15 mg (base eq).....97
prednisolone sod phos orally disintegr tab 30 mg (base eq).....97
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv).....97
prednisolone sod phosphate oral soln 5 mg/5ml (base equiv).....97
prednisolone soln 15 mg/5ml.....97
PREDNISOLONE TAB 10MG ODT.....97
PREDNISOLONE TAB 15MG ODT.....97
PREDNISOLONE TAB 30MG ODT.....97
prednisolone tab 5 mg.....97
PREDNISONE CON 5MG/ML.....97
prednisone oral soln 5 mg/5ml.....97
prednisone tab 10 mg.....98
prednisone tab 1 mg.....97
prednisone tab 2.5 mg.....98
prednisone tab 20 mg.....98
prednisone tab 50 mg.....98
prednisone tab 5 mg.....98
prednisone tab therapy pack 10 mg (21)...98
prednisone tab therapy pack 10 mg (48)..98
prednisone tab therapy pack 5 mg (21)....98

prednisone tab therapy pack 5 mg (48)....98
PRED SOD PHO SOL 1% OP.....176
pregabalin cap 100 mg.....39
pregabalin cap 150 mg.....39
pregabalin cap 200 mg.....39
pregabalin cap 225 mg.....39
pregabalin cap 25 mg.....39
pregabalin cap 300 mg.....39
pregabalin cap 50 mg.....39
pregabalin cap 75 mg.....39
pregabalin soln 20 mg/ml.....39
pregabalin tab er 24hr 165 mg.....183
pregabalin tab er 24hr 330 mg.....183
pregabalin tab er 24hr 82.5 mg.....183
PREGNYL INJ 10000UNT.....118
PREMARIN INJ 25MG.....122
PRENATAL TAB.....171
PRENATAL TAB 28-0.8MG.....171
PRENATAL TAB IRON.....171
PRENATAL TAB MULTIVIT.....171
PRENATAL VIT TAB 28-0.8MG.....171
PRENATAL VIT TAB MINERALS.....171
prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg.....171
prenatal vit w/ fe fumarate-fa chew tab 29-1 mg.....171
prenatal vit w/ fe fumarate-fa tab 28-1 mg.....171
prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg.....171
prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg.....171
prenat w/o a w/fefum-methfol-fa-dha cap 27-0.6-0.4-300 mg.....171
PREPIDIL GEL 0.5MG/3G.....177
PREP PADS PAD.....152
PRETOMANID TAB 200MG.....63
PREVYMIS PAK 120MG.....82
PREVYMIS PAK 20MG.....82
PREVYMIS TAB 240MG.....82
PREVYMIS TAB 480MG.....82
PREZCOBIX TAB 675/150.....82
PREZCOBIX TAB 800-150.....82
PRIFTIN TAB 150MG.....63
primaquine phosphate tab 26.3 mg (15 mg base).....62
PRIMAQUINE TAB 26.3MG.....62
primidone tab 250 mg.....39
primidone tab 50 mg.....39
PRISMASOL SOL 0/0/1.2.....167
PRISMASOL SOL 0/2.5.....167
PRISMASOL SOL 2/0.....167
PRISMASOL SOL 2/3.5.....167
PRISMASOL SOL 4/0/1.2.....167
PRISMASOL SOL 4/2.5.....167
PRISMASOL SOL B22GK4/0.....167
probenecid tab 500 mg.....128
PROCARDIA XL TAB 30MG.....88
PROCARDIA XL TAB 60MG.....88
PROCARDIA XL TAB 90MG.....88
PROCARE MIS ADULT.....164
PROCARE MIS CHILD.....164
prochlorperazine edisylate inj 10 mg/2ml.79
prochlorperazine maleate tab 10 mg (base equivalent).....79
prochlorperazine maleate tab 5 mg (base equivalent).....79
prochlorperazine suppos 25 mg.....79
PRO COMFORT MIS 31G.....147
PRO COMFORT MIS LANC 30G.....147
PRO COMFORT MIS LANCETS.....147
PRO COMFORT PAD ALCOHOL.....152
PROCRIT INJ 10000/ML.....131
PROCRIT INJ 2000/ML.....131
PROCRIT INJ 20000/ML.....131
PROCRIT INJ 3000/ML.....131
PROCRIT INJ 4000/ML.....131
PROCRIT INJ 40000/ML.....131
PROCTOFOAM AER HC 1%.....25
PRODIGY MIS 26G.....147
PRODIGY MIS 28G.....147
PRODIGY MIS LANC DEV.....147
PRODIGY SOL HIGH.....147
PRODIGY SOL LOW.....147
progesterone cap 100 mg.....178
progesterone cap 200 mg.....178
progesterone im in oil 50 mg/ml.....178
progesterone vaginal insert 100 mg.....190

PROGLYCEM SUS 50MG/ML.....47
PROGRAF CAP 0.5MG.....169
PROGRAF CAP 1MG.....169
PROGRAF CAP 5MG.....169
PROGRAF GRA 0.2MG.....169
PROGRAF GRA 1MG.....169
promethazine & phenylephrine syrup 6.25-5 mg/5ml.....98
promethazine-dm syrup 6.25-15 mg/5ml.98
promethazine hcl oral soln 6.25 mg/5ml..53
promethazine hcl suppos 12.5 mg.....53
promethazine hcl suppos 25 mg.....53
promethazine hcl suppos 50 mg.....53
promethazine hcl tab 12.5 mg.....53
promethazine hcl tab 25 mg.....53
promethazine hcl tab 50 mg.....53
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml.....98
promethazine w/ codeine syrup 6.25-10 mg/5ml.....98
propafenone hcl cap er 12hr 225 mg.....30
propafenone hcl cap er 12hr 325 mg.....30
propafenone hcl cap er 12hr 425 mg.....30
propafenone hcl tab 150 mg.....30
propafenone hcl tab 225 mg.....30
propafenone hcl tab 300 mg.....30
proparacaine hcl ophth soln 0.5%.....175
propranolol hcl cap er 24hr 120 mg.....86
propranolol hcl cap er 24hr 160 mg.....86
propranolol hcl cap er 24hr 60 mg.....86
propranolol hcl cap er 24hr 80 mg.....86
propranolol hcl oral soln 20 mg/5ml.....86
propranolol hcl oral soln 40 mg/5ml.....86
propranolol hcl tab 10 mg.....86
propranolol hcl tab 20 mg.....86
propranolol hcl tab 40 mg.....86
propranolol hcl tab 60 mg.....86
propranolol hcl tab 80 mg.....86
propylthiouracil tab 50 mg.....185
PROSCAR TAB 5MG.....127
PROTONIX INJ 40MG.....188
protriptyline hcl tab 10 mg.....45
protriptyline hcl tab 5 mg.....45
PROVERA TAB 10MG.....179
PROVERA TAB 2.5MG.....178
PROVERA TAB 5MG.....178
prucalopride succinate tab 1 mg (base equivalent).....123
prucalopride succinate tab 2 mg (base equivalent).....123
PRUDOXIN CRE 5%.....102
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml.....98
PSS SAFE LAN MIS.....147
PSS SEL LANC MIS.....147
PSS SEL PLAT MIS.....147
PULMICORT INH 180MCG.....32
PULMICORT INH 90MCG.....32
PULMOZYME SOL 1MG/ML.....184
PURE COMFORT MIS 30G LAN.....147
PURE COMFORT MIS SPACER.....164
PURE COMFORT PAD.....152
PURIXAN SUS 20MG/ML.....64
PX LANCETS MIS 28G.....147
PX LANCETS MIS 33G.....147
PX PRENATAL TAB MULTIVIT.....171
PYLERA CAP.....189
pyrazinamide tab 500 mg.....63
PYRIDIUM TAB 100MG.....128
PYRIDIUM TAB 200MG.....128
pyridostigmine bromide oral soln 60 mg/5ml.....63
pyridostigmine bromide tab 60 mg.....63
pyridostigmine bromide tab er 180 mg.....63
pyrimethamine tab 25 mg.....62
PYROGALL ACD OIN.....112
PYZCHIVA INJ 45/0.5ML.....105
PYZCHIVA INJ 90MG/ML.....105

Q

QBRELIS SOL 1MG/ML.....57
QBREXZA PAD 2.4%.....113
QC ALCOHOL PAD SWABS.....152
QC LANCETS MIS 28G.....147
QC LANCETS MIS 30G.....147
QC LANCING MIS DEVICE.....147
QC PRENATAL TAB 28-0.8MG.....171
QELBREE CAP 100MG ER.....4
QELBREE CAP 150MG ER.....4

QELBREE CAP 200MG ER....4
QSYMIA CAP 11.25-69....3
QSYMIA CAP 15-92MG....3
QSYMIA CAP 3.75-23....3
QSYMIA CAP 7.5-46MG....3
QUALAQUIN CAP 324MG....62
QUDEXY XR CAP 100/24HR....39
QUDEXY XR CAP 150/24HR....39
QUDEXY XR CAP 200/24HR....39
QUDEXY XR CAP 25/24HR....39
QUDEXY XR CAP 50/24HR....39
QUESTRAN POW 4GM....54
QUESTRAN POW 4GM LITE....54
quetiapine fumarate tab 100 mg....77
quetiapine fumarate tab 150 mg....77
quetiapine fumarate tab 200 mg....77
quetiapine fumarate tab 25 mg....77
quetiapine fumarate tab 300 mg....77
quetiapine fumarate tab 400 mg....77
quetiapine fumarate tab 50 mg....77
quetiapine fumarate tab er 24hr 150 mg....77
quetiapine fumarate tab er 24hr 200 mg....77
quetiapine fumarate tab er 24hr 300 mg....77
quetiapine fumarate tab er 24hr 400 mg....77
quetiapine fumarate tab er 24hr 50 mg....77
QUICKTEK LIQ SOLUTION....147
quinapril hcl tab 10 mg....57
quinapril hcl tab 20 mg....57
quinapril hcl tab 40 mg....57
quinapril hcl tab 5 mg....57
quinapril-hydrochlorothiazide tab 10-12.5 mg....61
quinapril-hydrochlorothiazide tab 20-12.5 mg....61
quinapril-hydrochlorothiazide tab 20-25 mg....61
quinidine gluconate tab er 324 mg....30
quinine sulfate cap 324 mg....62
QUINTET CONT SOL HGH/NORM....147
QULIPTA TAB 10MG....165
QULIPTA TAB 30MG....165
QULIPTA TAB 60MG....165

R

RA ALCOHOL PAD SWABS....152
RABEPRAZOLE CAP 10MG DR....188
rabeprazole sodium ec tab 20 mg....188
RADICAVA ORS SUS 105/5ML....173
RADICAVA ORS SUS STARTER....173
RADIOGARDASE CAP 0.5GM....50
RA E-ZJECT MIS 28G....147
RA E-ZJECT MIS THIN 26G....147
RA E-ZJECT MIS THIN 28G....147
RA E-ZJECT MIS ULT THIN....147
RAGWITEK SUB....7
raloxifene hcl tab 60 mg....118
ramelteon tab 8 mg....133
ramipril cap 1.25 mg....57
ramipril cap 10 mg....57
ramipril cap 2.5 mg....57
ramipril cap 5 mg....57
ranolazine tab er 12hr 1000 mg....28
ranolazine tab er 12hr 500 mg....28
RAPAMUNE SOL 1MG/ML....169
RAPAMUNE TAB 0.5MG....169
RAPAMUNE TAB 1MG....169
RAPAMUNE TAB 2MG....169
RAPID-SAFE MIS LANCING....147
RA PRENATAL TAB 28-0.8MG....171
RA PRENATAL TAB FORMULA....171
rasagiline mesylate tab 0.5 mg (base equiv)....74
*rasagiline mesylate tab 1 mg (base equiv)*74
RASUVO INJ 10MG....11
RASUVO INJ 12.5MG....11
RASUVO INJ 15MG....11
RASUVO INJ 17.5MG....11
RASUVO INJ 20MG....11
RASUVO INJ 22.5MG....11
RASUVO INJ 25MG....11
RASUVO INJ 30MG....11
RASUVO INJ 7.5MG....11
READYLANCE MIS 21G....147
READYLANCE MIS 23G....147
READYLANCE MIS 26G....148
READYLANCE MIS 28G....148
READYLANCE MIS 30G....148
REALITY MIS LANCETS....148
REALITY MIS LUBRICAT....135

REALITY SWAB PAD 152
REALITY TRIG MIS LANCETS 148
REALITY ULTR MIS TEXTURED 135
REALITY ULTR MIS THIN.....135
REBIF INJ 22/0.5 182
REBIF INJ 44/0.5.....183
REBIF REBIDO INJ 22/0.5 183
REBIF REBIDO INJ 44/0.5 183
REBIF REBIDO INJ TITRATN 183
REBIF TITRTN INJ PACK 183
RECTIV OIN 0.4%.....26
REFUAH PLUS SOL CONTROL 148
REGIOCIT SOL.....167
REGLAN TAB 10MG.....124
REGLAN TAB 5MG 124
REGRANEX GEL 0.01%.....113
RELENZA MIS DISKHALE.....84
RELION KIT LANCING.....148
RELION LANCE MIS THIN 26G.....148
RELION LANCE MIS THIN 30G.....148
RELION LANCI MIS DEVICE.....148
RELION MICRO MIS THIN 33G.....148
RELION TES KETONE.....114
RELION TRUE TES METRIX.....114
RELION ULTRA MIS THIN 30G 148
RELION ULTRA MIS THIN PLS.....148
RELPAX TAB 20MG.....166
RELPAX TAB 40MG.....166
REMERON SLTB TAB 15MG 41
REMERON SLTB TAB 30MG 41
REMERON SLTB TAB 45MG 41
REMERON TAB 15MG 41
REMERON TAB 30MG.....41
repaglinide tab 0.5 mg 49
repaglinide tab 1 mg 49
repaglinide tab 2 mg.....49
REPATHA INJ 140MG/ML 56
REPATHA PUSH INJ 420/3.5.....56
REPATHA SURE INJ 140MG/ML.....56
RESTASIS EMU 0.05% OP.....175
RESTASIS MUL EMU 0.05% OP 175
RESTORIL CAP 15MG.....132
RESTORIL CAP 22.5MG.....132
RESTORIL CAP 30MG.....132
RESTORIL CAP 7.5MG 132
RETACRIT INJ 10000UNT 131
RETACRIT INJ 20000UNI.....131
RETACRIT INJ 2000UNIT.....131
RETACRIT INJ 3000UNIT.....131
RETACRIT INJ 40000UNT 131
RETACRIT INJ 4000UNIT.....131
RETEVMO CAP 40MG.....70
RETEVMO CAP 80MG.....70
RETEVMO TAB 120MG.....70
RETEVMO TAB 160MG.....70
RETEVMO TAB 40MG 70
RETEVMO TAB 80MG 70
RETIN-A CRE 0.025%.....100
RETIN-A CRE 0.05%.....100
RETIN-A CRE 0.1% 100
RETIN-A GEL 0.01%.....100
RETIN-A GEL 0.025% 100
RETROVIR CAP 100MG 82
RETROVIR SYP 50MG/5ML.....82
REVCOVI INJ 1.6MG/ML 119
REVLIMID CAP 10MG.....168
REVLIMID CAP 15MG.....168
REVLIMID CAP 2.5MG 168
REVLIMID CAP 20MG.....168
REVLIMID CAP 25MG 168
REVLIMID CAP 5MG 168
REXULTI TAB 0.25MG 79
REXULTI TAB 0.5MG 79
REXULTI TAB 1MG.....79
REXULTI TAB 2MG.....79
REXULTI TAB 3MG.....80
REXULTI TAB 4MG 80
REYVOW TAB 100MG 166
REYVOW TAB 50MG.....166
ribavirin cap 200 mg.....83
ribavirin tab 200 mg.....83
RIDAURA CAP 3MG.....11
rifabutin cap 150 mg 63
rifampin cap 150 mg 63
rifampin cap 300 mg 63
RIGHTEST ALT MIS ADAPTOR.....148
RIGHTEST LIQ HIGH CON 148
RIGHTEST LIQ NORM CON.....148

RIGHTEST MIS GD500.....148
RIGHTEST MIS GL300 148
RILUTEK TAB 50MG.....173
riluzole tab 50 mg 173
rimantadine hydrochloride tab 100 mg.....84
RINVOQ LQ SOL 1MG/ML.....9
RINVOQ TAB 15MG ER 9
RINVOQ TAB 30MG ER 9
RINVOQ TAB 45MG ER.....9
risedronate sodium tab 150 mg.....117
risedronate sodium tab 30 mg 117
risedronate sodium tab 35 mg.....117
risedronate sodium tab 5 mg.....117
risedronate sodium tab delayed release 35 mg.....117
RISPERDAL INJ 12.5MG 75
RISPERDAL INJ 25MG.....75
RISPERDAL INJ 37.5MG 75
RISPERDAL INJ 50MG 75
RISPERDAL SOL 1MG/ML.....76
RISPERDAL TAB 0.5MG.....76
RISPERDAL TAB 1MG 76
RISPERDAL TAB 2MG.....76
RISPERDAL TAB 3MG.....76
RISPERDAL TAB 4MG 76
risperidone microspheres for im extended rel susp 12.5 mg 76
risperidone microspheres for im extended rel susp 25 mg.....76
risperidone microspheres for im extended rel susp 37.5 mg 76
risperidone microspheres for im extended rel susp 50 mg 76
risperidone orally disintegrating tab 0.25 mg 76
risperidone orally disintegrating tab 0.5 mg 76
risperidone orally disintegrating tab 1 mg.76
*risperidone orally disintegrating tab 2 mg*76
*risperidone orally disintegrating tab 3 mg*76
*risperidone orally disintegrating tab 4 mg*76
risperidone soln 1 mg/ml.....76
risperidone tab 0.25 mg 76
risperidone tab 0.5 mg 76
risperidone tab 1 mg 76
risperidone tab 2 mg.....76
risperidone tab 3 mg.....76
risperidone tab 4 mg.....76
RITALIN LA CAP 10MG 6
RITALIN LA CAP 20MG 6
RITALIN LA CAP 30MG 6
RITALIN LA CAP 40MG 6
RITALIN TAB 10MG 6
RITALIN TAB 20MG 6
RITALIN TAB 5MG.....6
RITEFLO MIS 164
ritonavir tab 100 mg 82
rivaroxaban for susp 1 mg/ml 34
rivaroxaban tab 2.5 mg.....34
rivastigmine tartrate cap 1.5 mg (base equivalent) 180
rivastigmine tartrate cap 3 mg (base equivalent) 180
rivastigmine tartrate cap 4.5 mg (base equivalent) 180
rivastigmine tartrate cap 6 mg (base equivalent) 180
*rivastigmine td patch 24hr 13.3 mg/24hr*180
rivastigmine td patch 24hr 4.6 mg/24hr .180
rivastigmine td patch 24hr 9.5 mg/24hr .180
rizatriptan benzoate oral disintegrating tab 10 mg (base eq).....166
rizatriptan benzoate oral disintegrating tab 5 mg (base eq) 166
rizatriptan benzoate tab 10 mg (base equivalent) 166
rizatriptan benzoate tab 5 mg (base equivalent) 166
ROCALTROL CAP 0.25MCG.....119
ROCALTROL CAP 0.5MCG.....119
ROCALTROL SOL 1MCG/ML 119
roflumilast tab 250 mcg 32
roflumilast tab 500 mcg 32
ropinirole hydrochloride tab 0.25 mg.....74
ropinirole hydrochloride tab 0.5 mg 74
ropinirole hydrochloride tab 1 mg 74
ropinirole hydrochloride tab 2 mg 74
ropinirole hydrochloride tab 3 mg 74

ropinirole hydrochloride tab 4 mg 74
ropinirole hydrochloride tab 5 mg 74
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) 74
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) 74
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) 74
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) 74
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) 74
rosuvastatin calcium tab 10 mg 55
rosuvastatin calcium tab 20 mg 55
rosuvastatin calcium tab 40 mg 55
rosuvastatin calcium tab 5 mg 55
ROXICODONE TAB 15MG 22
ROXICODONE TAB 30MG 22
ROZLYTREK CAP 100MG.....70
ROZLYTREK CAP 200MG.....70
ROZLYTREK PAK 50MG 70
RUCONEST INJ 2100UNIT.....129
rufinamide susp 40 mg/ml 39
rufinamide tab 200 mg 39
rufinamide tab 400 mg 39
RUKOBIA TAB 600MG ER.....82
RYBELSUS TAB 1.5MG 48
RYBELSUS TAB 14MG 48
RYBELSUS TAB 3MG.....48
RYBELSUS TAB 4MG.....48
RYBELSUS TAB 7MG.....48
RYBELSUS TAB 9MG.....48
RYDAPT CAP 25MG 70
RYTARY CAP 145MG 74
RYTARY CAP 195MG 74
RYTARY CAP 245MG 74
RYTARY CAP 95MG.....74
RYTHMOL SR CAP 225MG.....30
RYTHMOL SR CAP 325MG.....30
RYTHMOL SR CAP 425MG.....30

S

sacubitril-valsartan tab 24-26 mg.....89
sacubitril-valsartan tab 49-51 mg 90
sacubitril-valsartan tab 97-103 mg.....90
SAFE-T-LANCE MIS 21G.....148
SAFE-T-LANCE MIS 25G.....148
SAFE-T-LANCE MIS HI FLOW 148
SAFE-T-LANCE MIS LOW FLOW 148
SAFE-T-LANCE MIS NOR FLOW 148
SAFE-T-PRO MIS LANCETS.....148
SAFE-T-PRO MIS PLUS 148
SAFETY 21G MIS LANCETS.....148
SAFETY 23G MIS LANCETS 148
SAFETY 28G MIS LANCETS 148
SAFETY 30G MIS LANCETS.....148
SAFETYGLIDE MIS 21GX1 159
SAFETYGLIDE MIS 21GX1.5.....159
SAFETYGLIDE MIS 23GX1 159
SAFETY MIS LANCETS 148
SAFETY NEEDL MIS 22GX1.5 159
SAFTY NEEDLE MIS 18GX1.....159
SAFTY NEEDLE MIS 18GX1.5.....159
SAFTY NEEDLE MIS 19GX1.....159
SAFTY NEEDLE MIS 19GX1.5 159
SAFTY NEEDLE MIS 20GX1.....159
SAFTY NEEDLE MIS 20GX1.5.....159
SAFTY NEEDLE MIS 21GX1.....159
SAFTY NEEDLE MIS 21GX1.5.....159
SAFTY NEEDLE MIS 21GX5/8 159
SAFTY NEEDLE MIS 22GX1 159
SAFTY NEEDLE MIS 22GX1.5 159
SAFTY NEEDLE MIS 23GX1.....160
SAFTY NEEDLE MIS 23GX5/8 160
SAFTY NEEDLE MIS 25GX1.....160
SAFTY NEEDLE MIS 25GX5/8 160
SAFYRAL TAB.....96
SALAGEN TAB 5MG.....170
SALAGEN TAB 7.5MG.....170
salicylic acid er film-forming soln 28.5% .112
salicylic acid film forming liquid 27.5% 112
salicylic acid foam 6% 112
salicylic acid gel 6%.....112
salicylic acid shampoo 6%.....112
salicylic acid soln 26%.....112
SALIMEZ FORT CRE 10% 112
salsalate tab 500 mg 17
salsalate tab 750 mg 17
SALVAX AER 6% 112

SAMSCA TAB 15MG....121
SAMSCA TAB 30MG....121
SANCUSO DIS 3.1MG....51
SANDIMMUNE CAP 100MG....169
SANDIMMUNE CAP 25MG....169
SANDIMMUNE SOL 100MG/ML....169
SANDOSTATIN INJ 100MCG....121
SANDOSTATIN INJ 500MCG....121
SANDOSTATIN INJ 50MCG/ML....121
SANTYL OIN 250/GM....111
SAPHRIS SUB 10MG....77
SAPHRIS SUB 2.5MG....77
SAPHRIS SUB 5MG....77
sapropterin dihydrochloride powder packet 100 mg....119
sapropterin dihydrochloride powder packet 500 mg....119
sapropterin dihydrochloride tab 100 mg..119
SAPSCARE MIS TWIST....148
SAPS CARE PAD ALCOHOL....152
SAPS HEALTH MIS TWIST....148
SAPS HEALTH PAD ALCOHOL....152
SAPS TWIST MIS 30G....148
SAVELLA MIS TITR PAK....181
SAVELLA TAB 100MG....181
SAVELLA TAB 12.5MG....181
SAVELLA TAB 25MG....181
SAVELLA TAB 50MG....181
saxagliptin hcl tab 2.5 mg (base equiv)....47
saxagliptin hcl tab 5 mg (base equiv)....47
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg....46
saxagliptin-metformin hcl tab er 24hr 5-1000 mg....46
saxagliptin-metformin hcl tab er 24hr 5-500 mg....46
SAXENDA INJ 18MG/3ML....3
SB ALCOHOL PAD PREP....152
SB LANCETS MIS THIN....148
SB LANCETS MIS ULTR THN....148
SCEMBLIX TAB 100MG....70
SCEMBLIX TAB 20MG....70
SCEMBLIX TAB 40MG....70
scopolamine td patch 72hr 1 mg/3days....51
SECURESAFE MIS 19GX1....160
SECURESAFE MIS 19GX1.5....160
SECURESAFE MIS 21GX1.5....160
SECURESAFE MIS 22GX1....160
SECURESAFE MIS 25GX1.5....160
SECURESAFE MIS 26GX1/2....160
SECURESAFE MIS 27GX1/2....160
SELECT-LITE KIT DEV/LANC....148
SELECT-LITE MIS LANC DEV....148
selegiline hcl cap 5 mg....74
selegiline hcl tab 5 mg....74
selenium sulfide lotion 2.5%....108
selenium sulfide shampoo 2.25%....108
selenium sulfide shampoo 2.3%....108
SENSIPAR TAB 30MG....119
SENSIPAR TAB 60MG....119
SENSIPAR TAB 90MG....119
SERNIVO SPR 0.05%....110
SEROQUEL TAB 100MG....78
SEROQUEL TAB 200MG....78
SEROQUEL TAB 25MG....78
SEROQUEL TAB 300MG....78
SEROQUEL TAB 400MG....78
SEROQUEL TAB 50MG....78
SEROSTIM INJ 4MG....118
SEROSTIM INJ 5MG....118
SEROSTIM INJ 6MG....118
sertraline hcl cap 150 mg....43
sertraline hcl cap 200 mg....43
sertraline hcl oral concentrate for solution 20 mg/ml....43
sertraline hcl tab 100 mg....43
sertraline hcl tab 25 mg....43
sertraline hcl tab 50 mg....43
sevelamer carbonate packet 0.8 gm....126
sevelamer carbonate packet 2.4 gm....126
sevelamer carbonate tab 800 mg....126
sevelamer hcl tab 400 mg....126
sevelamer hcl tab 800 mg....126
SHARP CONTAI MIS....160
SHARPS COLL MIS 0.05GAL....160
SHARPS COLL MIS 5.4QT....160
SHARPS COLL MIS 6.9QT....160
SHARPS COLL MIS 8.2QT....160

SHARPS CONTA MIS 0.05L....160
SHARPS CONT MIS 14QT....160
SHARPS CONT MIS 1 QT....160
SHARPS CONT MIS 1QUART....160
SHARPS CONT MIS 2QUART....160
SHARPS CONT MIS 5GAL....160
SHARPS CONT MIS HOME....160
SHARPS DISP MIS 1 GALLON....160
SHARPS DISP MIS 1 QUART....160
SHARPS DISP MIS 2 GALLON....160
SHARPS DISP MIS 3 GALLON....160
SHARPS UNIV MIS CONTAINE....160
SIGNIFOR INJ 0.3MG/ML....121
SIGNIFOR INJ 0.6MG/ML....121
SIGNIFOR INJ 0.9MG/ML....121
SIKLOS TAB 1000MG....130
SIKLOS TAB 100MG....130
*sildenafil citrate for suspension 10 mg/ml*92
sildenafil citrate tab 100 mg....91
sildenafil citrate tab 20 mg....92
sildenafil citrate tab 25 mg....90
sildenafil citrate tab 50 mg....91
silodosin cap 4 mg....127
silodosin cap 8 mg....127
SILVADENE CRE 1%....108
SILVER NITRA SOL 0.5%....108
silver nitrate soln 0.5%....108
silver sulfadiazine cream 1%....108
SIMBRINZA SUS 1-0.2%....174
SIMPLE DIAG MIS LANCING....148
simvastatin tab 10 mg....55
simvastatin tab 20 mg....55
simvastatin tab 40 mg....55
simvastatin tab 5 mg....55
simvastatin tab 80 mg....55
SINEMET TAB 10-100MG....74
SINEMET TAB 25-100MG....74
SINGLE-LET MIS 23G....148
sirolimus oral soln 1 mg/ml....169
sirolimus tab 0.5 mg....169
sirolimus tab 1 mg....169
sirolimus tab 2 mg....169
SIRTURO TAB 100MG....63
SIRTURO TAB 20MG....63
SITAVIG TAB 50MG....84
SIVEXTRO TAB 200MG....27
SKYCLARYS CAP 50MG....173
SKYRIZI INJ 150MG/ML....106
SKYRIZI INJ 180/1.2....125
SKYRIZI INJ 360/2.4....125
SKYRIZI PEN INJ 150MG/ML....106
SLIP TIP 1ML MIS....160
SLIP TIP 3ML MIS....160
SMARTEST MIS LANCETS....149
SMARTEST SOL CONTROL....149
SMART SENSE MIS LANC 21G....148
SMART SENSE MIS LANC 26G....148
SMART SENSE MIS LANC 30G....148
SMART SENSE MIS LANC 33G....148
SM LANCETS MIS 33G....148
sodium chloride soln nebu 0.9%....99
sodium chloride soln nebu 10%....99
sodium chloride soln nebu 3%....99
sodium chloride soln nebu 7%....99
sodium citrate & citric acid soln 500-334 mg/5ml....127
sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)....167
sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)....167
sodium fluoride cream 1.1%....170
sodium fluoride gel 1.1% (0.5% f)....170
sodium fluoride paste 1.1%....170
sodium fluoride rinse 0.2%....170
sodium fluoride tab 0.5 mg f (from 1.1 mg naf)....167
sodium phenylbutyrate oral powder 3 gm/teaspoonful....120
sodium phenylbutyrate tab 500 mg....120
sodium polystyrene sulfonate powder....170
sodium polystyrene sulfonate rectal susp 30 gm/120ml....170
sodium polystyrene sulfonate susp 15 gm/60ml....170
SOD SUL/SULF EMU 10-5%....100
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml....133
SOFDRA GEL 12.45%....113

SOFTCLIX MIS LANCETS 149
SOGROYA INJ 10MG/1.5 118
SOGROYA INJ 15MG/1.5 118
SOGROYA INJ 5MG/1.5.....118
solifenacin succinate tab 10 mg 189
solifenacin succinate tab 5 mg 189
SOLIQUA INJ 100/33.....46
SOLTAMOX SOL 10MG/5ML 66
SOLU-CORTEF INJ 1000MG 98
SOLU-CORTEF INJ 100MG.....98
SOLU-CORTEF INJ 250MG 98
SOLU-CORTEF INJ 500MG 98
SOLUS V2 MIS LANC 28G 149
SOLUS V2 MIS LANC 30G.....149
SOLUS V2 MIS LANC DEV.....149
SOLUS V2 SOL HIGH.....149
SOLUS V2 SOL LOW 149
SOMA TAB 250MG.....172
SOMA TAB 350MG.....172
sorafenib tosylate tab 200 mg (base equivalent) 70
sotalol hcl (afib/afl) tab 120 mg.....86
sotalol hcl (afib/afl) tab 160 mg.....86
sotalol hcl (afib/afl) tab 80 mg 86
sotalol hcl tab 120 mg.....86
sotalol hcl tab 160 mg.....86
sotalol hcl tab 240 mg 86
sotalol hcl tab 80 mg 86
SOTYKTU TAB 6MG.....106
SOTYLIZE SOL 5MG/ML 86
SOVALDI PAK 150MG.....83
SOVALDI PAK 200MG.....83
SOVALDI TAB 200MG 83
SOVALDI TAB 400MG.....83
SPACE CHAMBR MIS ANTI-STA.....164
SPACE CHAMBR MIS LARGE 164
SPACE CHAMBR MIS MEDIUM 164
SPACE CHAMBR MIS SMALL.....164
SPACER CHAMB MIS ADULT 164
SPACER CHAMB MIS CHILD 164
SPACER CHAMB MIS INFANT.....164
SPEVIGO INJ 150/1ML.....106
SPEVIGO INJ 300/2ML 106
spinosad susp 0.9%.....113
SPIRIVA CAP HANDIHLR.....31
SPIRIVA RESP AER 1.25MCG 31
SPIRIVA RESP AER 2.5MCG.....31
spironolactone & hydrochlorothiazide tab 25-25 mg 115
spironolactone susp 25 mg/5ml 116
spironolactone tab 100 mg 116
spironolactone tab 25 mg 116
spironolactone tab 50 mg 116
SPRAVATO SOL 56MG DOS.....42
SPRAVATO SOL 84MG DOS.....42
STALEVO 100 TAB 74
STALEVO 125 TAB.....74
STALEVO 150 TAB 74
STALEVO 200 TAB.....74
STALEVO 50 TAB 74
STALEVO 75 TAB 74
STELARA INJ 45/0.5ML.....106
STELARA INJ 90MG/ML 106
STERILANCE MIS TL 28G.....149
STERILANCE MIS TL 30G.....149
STERILANCE MIS TL 32G 149
STIOLTO AER 2.5-2.5 34
STIVARGA TAB 40MG.....70
STRATTERA CAP 100MG 4
STRATTERA CAP 10MG 4
STRATTERA CAP 18MG.....4
STRATTERA CAP 25MG 4
STRATTERA CAP 40MG.....4
STRATTERA CAP 60MG.....4
STRATTERA CAP 80MG.....4
STRENSIQ INJ 18/0.45 120
STRENSIQ INJ 28/0.7ML 120
STRENSIQ INJ 40MG/ML 120
STRENSIQ INJ 80/0.8ML 120
STRIVERDI AER 2.5MCG.....34
STROMECTOL TAB 3MG 26
SUCRAID SOL 8500/ML 114
sucralfate tab 1 gm 188
SULAR TAB 17MG ER.....88
SULAR TAB 34MG ER.....88
SULAR TAB 8.5MG ER.....88
sulconazole nitrate cream 1%.....102
sulconazole nitrate solution 1% 102

sulfacetamide sodium cleansing gel 10% 108
sulfacetamide sodium liquid 10% 108
*sulfacetamide sodium lotion 10% (acne)*100
sulfacetamide sodium ophth oint 10% 175
sulfacetamide sodium ophth soln 10%....175
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% 176
sulfacetamide sodium shampoo 10% 108
sulfacetamide sodium shampoo 9.8%....108
sulfacetamide sodium w/ sulfur cleanser 10-2% 100
sulfacetamide sodium w/ sulfur cleanser 10-5% 100
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% 100
sulfacetamide sodium w/ sulfur cleanser 9-4.5% 100
sulfacetamide sodium w/ sulfur cleanser 9-4% 100
sulfacetamide sodium w/ sulfur cream 10-2% 101
sulfacetamide sodium w/ sulfur cream 10-5% 101
sulfacetamide sodium w/ sulfur cream 9.8-4.8% 101
sulfacetamide sodium w/ sulfur emulsion 10-1%.....101
sulfacetamide sodium w/ sulfur foam 10-5% 101
sulfacetamide sodium w/ sulfur lotion 10-5% 101
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% 101
sulfacetamide sodium w/ sulfur susp 10-5% 101
sulfacetamide sodium w/ sulfur susp 8-4% 101
sulfadiazine tab 500 mg 185
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml 26
sulfamethoxazole-trimethoprim tab 400-80 mg 26
sulfamethoxazole-trimethoprim tab 800-160 mg 26
SULFAMYLON CRE 85MG/GM 108
sulfasalazine tab 500 mg.....125
sulfasalazine tab delayed release 500 mg 125
SULF LIME SOL.....113
sulindac tab 150 mg.....14
sulindac tab 200 mg.....14
SUMADAN WASH LIQ 9-4.5% 101
sumatriptan nasal spray 20 mg/act 166
sumatriptan nasal spray 5 mg/act 166
sumatriptan succinate inj 6 mg/0.5ml.....166
sumatriptan succinate solution auto-injector 4 mg/0.5ml.....166
sumatriptan succinate solution auto-injector 6 mg/0.5ml.....166
sumatriptan succinate solution cartridge 4 mg/0.5ml 166
sumatriptan succinate solution cartridge 6 mg/0.5ml 166
sumatriptan succinate tab 100 mg.....166
sumatriptan succinate tab 25 mg.....166
sumatriptan succinate tab 50 mg 166
SUMAXIN PAD 10-4% 101
sunitinib malate cap 12.5 mg (base equivalent) 70
sunitinib malate cap 25 mg (base equivalent) 70
sunitinib malate cap 37.5 mg (base equivalent) 70
sunitinib malate cap 50 mg (base equivalent) 70
SUNOSI TAB 150MG 4
SUNOSI TAB 75MG 4
SUPER THIN MIS LANC 28G.....149
SUPER THIN MIS LANCETS 149
SUPREME II LIQ HIGH/LOW 149
SURE COMFORT MIS LANC 18G 149
SURE COMFORT MIS LANC 21G 149
SURE COMFORT MIS LANC 23G 149
SURE COMFORT MIS LANC 30G 149
SURE COMFORT MIS LANCETS.....149
SURE COMFORT MIS LANC PEN 149

SUREFLEX MIS LANCETS.....149
SURELITE MIS LANCETS.....149
SYMBYAX CAP 3-25MG.....180
SYMBYAX CAP 6-25MG.....180
SYMDEKO TAB 100-150 184
SYMDEKO TAB 50-75MG 184
SYMFI LO TAB 82
SYMFI TAB 82
SYMLINPEN 60 INJ 1000MCG 46
SYMLNPEN 120 INJ 1000MCG 46
SYMPROIC TAB 0.2MG 126
SYMTUZA TAB.....82
SYNALAR CRE 0.025% 110
SYNALAR OIN 0.025%.....110
SYNALAR SOL 0.01% 110
SYNAREL SOL 2MG/ML.....118
SYNJARDY TAB 46
SYNJARDY TAB 12.5-500.....46
SYNJARDY TAB 5-1000MG 46
SYNJARDY TAB 5-500MG 46
SYNJARDY XR TAB 46
SYNJARDY XR TAB 10-1000 46
SYNJARDY XR TAB 25-1000.....46
SYNJARDY XR TAB 5-1000MG 46
SYNTHROID TAB 100MCG.....186
SYNTHROID TAB 112MCG.....186
SYNTHROID TAB 125MCG 186
SYNTHROID TAB 137MCG 186
SYNTHROID TAB 150MCG.....186
SYNTHROID TAB 175MCG 186
SYNTHROID TAB 200MCG.....186
SYNTHROID TAB 25MCG.....186
SYNTHROID TAB 300MCG.....186
SYNTHROID TAB 50MCG 186
SYNTHROID TAB 75MCG.....186
SYNTHROID TAB 88MCG 186
SYRG/NDL 3ML MIS 22G X 1 160
SYRG/NDL 3ML MIS 23GX1.....160
SYRG/NDL 3ML MIS 25GX5/8 160
SYRINGE 5ML MIS LUER SLP 160
SYRINGE BARR MIS LUER10ML.....160
SYRINGE BARR MIS LUER 1ML.....160
SYRINGE BARR MIS LUER 3ML.....160
SYRINGE BARR MIS LUER 5ML.....160
SYRINGE BARR MIS UNI 10ML 161
SYRINGE BARR MIS UNI 3ML.....160
SYRINGE BARR MIS UNI 5ML.....161
SYRINGE LUER MIS -LOK 1ML 161

T

TABLOID TAB 40MG 64
TACHOSIL PAD 4.8X4.8.....131
TACHOSIL PAD 9.5X4.8.....131
TACLONEX OIN.....110
TACLONEX SUS 110
tacrolimus cap 0.5 mg 169
tacrolimus cap 1 mg 169
tacrolimus cap 5 mg.....169
tacrolimus oint 0.03% 112
tacrolimus oint 0.1%.....112
tadalafil tab 10 mg.....91
tadalafil tab 2.5 mg 91
tadalafil tab 20 mg 91
tadalafil tab 20 mg (pah) 92
tadalafil tab 5 mg 91
TADLIQ SUS 20MG/5ML 92
TAFINLAR CAP 50MG.....70
TAFINLAR CAP 75MG 70
TAFINLAR TAB 10MG 70
tafluprost preservative free (pf) ophth soln 0.0015% 177
TAGRISSO TAB 40MG.....65
TAGRISSO TAB 80MG.....65
TAI DOC SOL NORM CON.....149
TAKHZYRO INJ 150MG/ML 129
TAKHZYRO INJ 300/2ML 129
TALICIA CAP 189
TAMIFLU CAP 30MG.....84
TAMIFLU CAP 45MG.....84
TAMIFLU CAP 75MG 84
TAMIFLU SUS 6MG/ML 84
tamoxifen citrate tab 10 mg (base equivalent) 66
tamoxifen citrate tab 20 mg (base equivalent) 66
tamsulosin hcl cap 0.4 mg.....128
TARCEVA TAB 100MG 65
tasimelteon capsule 20 mg 133
TASMAR TAB 100MG 72

TAVNEOS CAP 10MG....129
tazarotene cream 0.05% 106
tazarotene cream 0.1%....106
tazarotene gel 0.05% 106
tazarotene gel 0.1% 106
TB SYRINGE MIS 0.5/28G....162
TECHLITE AST MIS LANCETS 149
TECHLITE MIS LANC 26G....149
TECHLITE MIS LANCETS 149
TEGSEDI INJ 284/1.5 184
TEKTURNA TAB 150MG 62
TEKTURNA TAB 300MG 62
telmisartan-amlodipine tab 40-10 mg 61
telmisartan-amlodipine tab 40-5 mg 61
telmisartan-amlodipine tab 80-10 mg 61
telmisartan-amlodipine tab 80-5 mg 61
telmisartan-hydrochlorothiazide tab 40-12.5 mg 61
telmisartan-hydrochlorothiazide tab 80-12.5 mg 61
telmisartan-hydrochlorothiazide tab 80-25 mg 61
telmisartan tab 20 mg 58
telmisartan tab 40 mg 58
telmisartan tab 80 mg 58
temazepam cap 15 mg 132
temazepam cap 22.5 mg 132
temazepam cap 30 mg 132
temazepam cap 7.5 mg 132
TEMBEXA SUS 10MG/ML 84
TEMBEXA TAB 100MG....84
temozolomide cap 100 mg 63
temozolomide cap 140 mg 63
temozolomide cap 180 mg 64
temozolomide cap 20 mg 63
temozolomide cap 250 mg....64
temozolomide cap 5 mg 63
tenofovir disoproxil fumarate tab 300 mg 82
TENORETIC TAB 100....61
TENORETIC TAB 50 61
TENORMIN TAB 100MG....85
TENORMIN TAB 25MG....85
TENORMIN TAB 50MG 85
*terazosin hcl cap 10 mg (base equivalent)*59
terazosin hcl cap 1 mg (base equivalent) ..58
terazosin hcl cap 2 mg (base equivalent) .59
terazosin hcl cap 5 mg (base equivalent) .59
terbinafine hcl tab 250 mg 52
terbutaline sulfate tab 2.5 mg....34
terbutaline sulfate tab 5 mg....34
terconazole vaginal cream 0.4% 190
terconazole vaginal cream 0.8% 190
terconazole vaginal suppos 80 mg 190
teriflunomide tab 14 mg 183
teriflunomide tab 7 mg....183
teriparatide soln pen-inj 560 mcg/2.24ml 117
testosterone cypionate im inj in oil 100 mg/ml 25
testosterone cypionate im inj in oil 200 mg/ml 25
testosterone enanthate im inj in oil 200 mg/ml 25
testosterone td gel 10mg/act (2%)....25
testosterone td gel 12.5 mg/act (1%) 25
testosterone td gel 20.25 mg/1.25gm (1.62%)....25
*testosterone td gel 20.25 mg/act (1.62%)*25
testosterone td gel 25 mg/2.5gm (1%) 25
testosterone td gel 40.5 mg/2.5gm (1.62%) 25
testosterone td gel 50 mg/5gm (1%) 25
testosterone td soln 30 mg/act....25
tetrabenazine tab 12.5 mg 181
tetrabenazine tab 25 mg 181
tetracaine hcl ophth soln 0.5%....175
tetracycline hcl cap 250 mg....185
tetracycline hcl cap 500 mg 185
TEZSPIRE INJ 210MG 31
TGT LANCET MIS 26G 149
TGT LANCET MIS 30G....149
TGT LANCET MIS 33G 149
TGT LANCING MIS DEVICE....149
THALOMID CAP 100MG....168
THALOMID CAP 150MG 168
THALOMID CAP 200MG 168
THALOMID CAP 50MG....168
theophylline elixir 80 mg/15ml 34

theophylline soln 80 mg/15ml 34
theophylline tab er 12hr 300 mg 34
theophylline tab er 12hr 450 mg.....34
theophylline tab er 24hr 400 mg.....34
theophylline tab er 24hr 600 mg.....34
THERANATAL TAB 27-1 171
THIN LANCETS MIS 26G.....149
THIN LANCETS MIS 30G.....149
THINLETS GP MIS 26G.....149
thioridazine hcl tab 100 mg.....79
thioridazine hcl tab 10 mg 79
thioridazine hcl tab 25 mg.....79
thioridazine hcl tab 50 mg 79
thiothixene cap 10 mg 80
thiothixene cap 1 mg.....80
thiothixene cap 2 mg 80
thiothixene cap 5 mg.....80
tiagabine hcl tab 12 mg 40
tiagabine hcl tab 16 mg 40
tiagabine hcl tab 2 mg.....40
tiagabine hcl tab 4 mg.....40
TIAZAC CAP 120MG/24.....88
TIAZAC CAP 180MG/24.....88
TIAZAC CAP 240MG/24 88
TIAZAC CAP 300MG/24.....88
TIAZAC CAP 360MG/24 88
TIAZAC CAP 420MG/24 88
TIBSOVO TAB 250MG.....70
ticagrelor tab 60 mg.....129
ticagrelor tab 90 mg.....129
TIKOSYN CAP 125MCG.....31
TIKOSYN CAP 250MCG.....31
TIKOSYN CAP 500MCG 31
timolol maleate ophth gel forming soln 0.25% 173
timolol maleate ophth gel forming soln 0.5% 173
timolol maleate ophth soln 0.25% 174
timolol maleate ophth soln 0.5%.....173
timolol maleate ophth soln 0.5% (once-daily) 173
timolol maleate preservative free ophth soln 0.25% 174
timolol maleate preservative free ophth soln 0.5% 174
timolol maleate tab 10 mg.....86
timolol maleate tab 20 mg 86
timolol maleate tab 5 mg 86
tinidazole tab 250 mg 26
tinidazole tab 500 mg.....26
tiopronin tab 100 mg 128
tiopronin tab delayed release 100 mg.....128
tiopronin tab delayed release 300 mg.....128
TISSEEL KIT 10ML 131
TISSEEL KIT 2ML 131
TISSEEL KIT 4ML.....131
TISSEEL SOL 10ML 132
TISSEEL SOL 2ML.....131
TISSEEL SOL 4ML 131
TIVICAY PD TAB 5MG 82
TIVICAY TAB 10MG.....82
TIVICAY TAB 25MG 82
TIVICAY TAB 50MG.....82
tizanidine hcl cap 2 mg (base equivalent) 172
tizanidine hcl cap 4 mg (base equivalent) 172
tizanidine hcl cap 6 mg (base equivalent) 172
*tizanidine hcl tab 2 mg (base equivalent)*172
*tizanidine hcl tab 4 mg (base equivalent)*172
tobramycin-dexamethasone ophth susp 0.3-0.1%.....176
tobramycin nebu soln 300 mg/4ml 7
tobramycin nebu soln 300 mg/5ml 7
tobramycin ophth soln 0.3%.....175
TOBREX OIN 0.3% OP 175
TODAY SPONGE MIS.....190
tolcapone tab 100 mg 72
tolmetin sodium cap 400 mg 14
tolmetin sodium tab 600 mg.....14
tolterodine tartrate cap er 24hr 2 mg.....189
tolterodine tartrate cap er 24hr 4 mg 189
tolterodine tartrate tab 1 mg 189
tolterodine tartrate tab 2 mg.....189
tolvaptan tab 15 mg.....121
tolvaptan tab 30 mg 121

tolvaptan tab therapy pack 15 mg 121
tolvaptan tab therapy pack 30 & 15 mg 121
tolvaptan tab therapy pack 45 & 15 mg 121
tolvaptan tab therapy pack 60 & 30 mg ...121
tolvaptan tab therapy pack 90 & 30 mg ...121
TOOMEY SYRIN MIS 70ML 162
TOPAMAX SPR CAP 15MG 39
TOPAMAX SPR CAP 25MG 39
TOPAMAX TAB 100MG 39
TOPAMAX TAB 200MG 40
TOPAMAX TAB 25MG 39
TOPAMAX TAB 50MG 39
TOPCARE MIS LANC 33G 149
TOPICORT CRE 0.05% 110
TOPICORT CRE 0.25% 110
TOPICORT GEL 0.05% 110
TOPICORT OIN 0.05% 110
TOPICORT OIN 0.25% 110
TOPICORT SPR 0.25% 110
topiramate cap er 24hr 100 mg 40
topiramate cap er 24hr 200 mg 40
topiramate cap er 24hr 25 mg 40
topiramate cap er 24hr 50 mg 40
topiramate oral soln 25 mg/ml 40
topiramate sprinkle cap 15 mg 40
topiramate sprinkle cap 25 mg 40
topiramate sprinkle cap 50 mg 40
topiramate tab 100 mg 40
topiramate tab 200 mg 40
topiramate tab 25 mg 40
topiramate tab 50 mg 40
toremifene citrate tab 60 mg (base equivalent) 66
torsemide tab 100 mg 115
torsemide tab 10 mg 115
torsemide tab 20 mg 115
torsemide tab 5 mg 115
TOUJEO MAX INJ 300/ML 49
TOUJEO SOLO INJ 300/ML 49
TPOXX CAP 200MG 84
tramadol-acetaminophen tab 37.5-325 mg 23
tramadol hcl oral soln 5 mg/ml 22
tramadol hcl tab 50 mg 22
tramadol hcl tab er 24hr 100 mg 22
tramadol hcl tab er 24hr 200 mg 22
tramadol hcl tab er 24hr 300 mg 22
tramadol hcl tab er 24hr biphasic release 100 mg 22
tramadol hcl tab er 24hr biphasic release 200 mg 22
tramadol hcl tab er 24hr biphasic release 300 mg 22
trandolapril tab 1 mg 57
trandolapril tab 2 mg 57
trandolapril tab 4 mg 57
trandolapril-verapamil hcl tab er 1-240 mg 61
trandolapril-verapamil hcl tab er 2-180 mg 61
trandolapril-verapamil hcl tab er 2-240 mg 61
trandolapril-verapamil hcl tab er 4-240 mg 61
tranexamic acid tab 650 mg 131
tranylcypromine sulfate tab 10 mg 42
TRAVEL LANCE MIS ADV 28G 149
travoprost ophth soln 0.004% (benzalkonium free) (bak free) 177
trazodone hcl tab 100 mg 43
trazodone hcl tab 150 mg 43
trazodone hcl tab 300 mg 43
trazodone hcl tab 50 mg 43
TRECATOR TAB 250MG 63
TRELEGY AER 100MCG 34
TRELEGY AER 200MCG 34
TREMFYA INJ 100MG/ML 107
TREMFYA INJ 200/2ML 125, 126
TRESIBA FLEX INJ 100UNIT 49
TRESIBA FLEX INJ 200UNIT 49
TRESIBA INJ 100UNIT 49
tretinoin cap 10 mg 71
tretinoin cream 0.025% 101
tretinoin cream 0.05% 101
tretinoin cream 0.1% 101
tretinoin gel 0.01% 101
tretinoin gel 0.025% 101
tretinoin gel 0.05% 101

tretinoin microsphere gel 0.04% 101
tretinoin microsphere gel 0.08% 101
tretinoin microsphere gel 0.1% 101
TREXALL TAB 10MG.....64
TREXALL TAB 15MG.....64
TREXALL TAB 5MG 64
TREXALL TAB 7.5MG 64
triamcinolone acetonide cream 0.025% .110
triamcinolone acetonide cream 0.1%.....110
triamcinolone acetonide cream 0.5%.....110
triamcinolone acetonide dental paste 0.1% 170
triamcinolone acetonide lotion 0.025%...110
triamcinolone acetonide lotion 0.1% 110
triamcinolone acetonide oint 0.025%.....111
triamcinolone acetonide oint 0.1% 111
triamcinolone acetonide oint 0.5% 111
triamterene & hydrochlorothiazide cap 37.5-25 mg 115
triamterene & hydrochlorothiazide tab 37.5-25 mg 115
triamterene & hydrochlorothiazide tab 75-50 mg 115
triamterene cap 100 mg 116
triamterene cap 50 mg.....116
triazolam tab 0.125 mg.....132
triazolam tab 0.25 mg 132
TRIBENZOR TAB 61
trientine hcl cap 250 mg.....167
trifluoperazine hcl tab 10 mg (base equivalent).....79
trifluoperazine hcl tab 1 mg (base equivalent).....79
trifluoperazine hcl tab 2 mg (base equivalent).....79
trifluoperazine hcl tab 5 mg (base equivalent).....79
trifluridine ophth soln 1% 175
trihexyphenidyl hcl oral soln 0.4 mg/ml....72
trihexyphenidyl hcl tab 2 mg 72
trihexyphenidyl hcl tab 5 mg 72
TRIJARDY XR TAB 46
TRIKAFTA PAK 59.5MG.....184
TRIKAFTA PAK 75MG.....184
TRIKAFTA TAB 185
TRILIPIX CAP 135MG.....54
TRILIPIX CAP 45MG 54
trimethobenzamide hcl cap 300 mg.....51
trimethoprim tab 100 mg 26
trimipramine maleate cap 100 mg.....45
trimipramine maleate cap 25 mg.....45
trimipramine maleate cap 50 mg 45
TRINTELLIX TAB 10MG 43
TRINTELLIX TAB 20MG.....43
TRINTELLIX TAB 5MG.....43
TRIUMEQ PD TAB 82
TRIUMEQ TAB.....82
TROJAN-ENZ MIS LUBRICAT 136
TROJAN-ENZ MIS W/SPERMI.....136
TROJAN MAGN MIS.....136
TROJAN MIS BARESKIN.....136
TROJAN MIS ENZ 136
TROJAN ULTRA MIS RIBBED.....136
TROJAN ULTRA MIS THIN 136
TROKENDI XR CAP 100MG 40
TROKENDI XR CAP 200MG 40
TROKENDI XR CAP 25MG 40
TROKENDI XR CAP 50MG.....40
trospium chloride cap er 24hr 60 mg 189
trospium chloride tab 20 mg.....189
TRUE COMFORT MIS LANC 30G 149
TRUE COMFORT PAD PRO 152
TRUE COVER MIS CONDOM 136
TRUEDRAW MIS LANC DEV 149
TRUE METRIX SOL LEVEL 1.....149
TRUE METRIX SOL LEVEL 2 149
TRUE METRIX SOL LEVEL 3 149
TRUE METRIX TES GLUCOSE.....114
TRULANCE TAB 3MG.....123
TRULICITY INJ 0.75/0.5 48
TRULICITY INJ 1.5/0.5.....48
TRULICITY INJ 3/0.5 48
TRULICITY INJ 4.5/0.5.....48
TRUPLUS LANC MIS 26G 149
TRUPLUS LANC MIS 28G 149
TRUPLUS LANC MIS 30G.....149
TRUPLUS LANC MIS 33G 149
TRUQAP PAK 160MG 70

TRUQAP PAK 200MG....70
TRUQAP TAB 160MG....70
TRUQAP TAB 200MG....70
TRUSTEX/RIA MIS LUBRICAT 137
TRUSTEX/RIA MIS NON-LUB 137
TRUSTEX/RIA MIS SPERMICI 137
TRUSTEX LUBR MIS ASSORTED 136
TRUSTEX LUBR MIS BANANA....136
TRUSTEX LUBR MIS CHOC....136
TRUSTEX LUBR MIS COLA....136
TRUSTEX LUBR MIS COLORS....136
TRUSTEX LUBR MIS EX LARGE 136
TRUSTEX LUBR MIS EX STR 136
TRUSTEX LUBR MIS GRAPE 136
TRUSTEX LUBR MIS MINT 136
TRUSTEX LUBR MIS RIB/STUD 136
TRUSTEX LUBR MIS SPERMICI 136
TRUSTEX LUBR MIS STRWBRY....136
TRUSTEX LUBR MIS VANILLA 136
TRUSTEX MIS BANANA....136
TRUSTEX MIS CHOCOLAT....137
TRUSTEX MIS FLAVORS....137
TRUSTEX MIS MINT 137
TRUSTEX MIS STRWBRY....137
TRUSTEX MIS VANILLA 137
TRUSTX NON-9 MIS RIB/STUD 137
TRUZONE PEAK MIS FLOW MTR....164
TUKYSA TAB 150MG 65
TUKYSA TAB 50MG....65
TURALIO CAP 125MG....70
TURPENTINE SOL SPIRITS 112
TWIIST KIT REFILL 150
TWIIST KIT STARTER....150
TWIIST REFIL KIT INFUSION....150
TWIST LANCET MIS 30G 150
TWIST LANCET MIS 30G MULT....150
TWYNEO CRE 0.1-3%....101
TYBOST TAB 150MG 82
TYKERB TAB 250MG....70
TYMLOS INJ....117
TYVASO DPI POW 16-32-48 91
TYVASO DPI POW 16-32MCG 91
TYVASO DPI POW 16MCG 91
TYVASO DPI POW 32MCG 92
TYVASO DPI POW 48MCG 92
TYVASO DPI POW 64MCG 92
TYVASO RF KT SOL 0.6MG/ML....92
TYVASO SOL 0.6MG/ML 92
TYVASO ST KT SOL 0.6MG/ML....92

U

UBRELVY TAB 100MG 165
UBRELVY TAB 50MG 165
UCERIS TAB 9MG....98
ULTICARE PAD ALCOHOL 152
ULTI-LANCE MIS CLR TIP 150
ULTILET MIS 26G 150
ULTILET MIS 28G 150
ULTILET MIS 30G 150
ULTILET MIS 33G....150
ULTILET MIS LANCETS 150
ULTILET MIS SAFETY....150
ULTILET PAD ALCOHOL....152
ULTILET SAFE MIS 21G....150
ULTRASAL-ER SOL 28.5% 112
ULTRA THIN MIS 28G....150
ULTRA THIN MIS 30G....150
ULTRA THIN MIS 31G....150
ULTRA THIN MIS 33G....150
ULTRA THIN MIS LAN 31G 150
ULTRA THIN MIS LANC 28G....150
ULTRA THIN MIS LANC 30G....150
ULTRA THIN MIS LANCETS....150
UNILET EXCEL MIS 23G 150
UNILET EX II MIS 28G 150
UNILET G.P. MIS 21G....150
UNILET G.P MIS SUPR 23G 150
UNILET GP 28 MIS ULT THIN....150
UNILET LANCE MIS 21G 150
UNILET LANCE MIS 28G 150
UNILET LANCE MIS 33G....150
UNILET LANC MIS 33G....150
UNILET LANCT MIS 28G 150
UNILET LANCT MIS 30G 150
UNILET LANCT MIS 33G 150
UNILET MICRO MIS 33G 150
UNILET MIS 21G....150
UNILET SUPER MIS 23G....150
UNILET SUPER MIS G.P. 23G....150

UNISTIK 1 MIS 2.4MM 150
UNISTIK 1 MIS 3.0MM 150
UNISTIK 23G MIS NORMAL 151
UNISTIK 2 MIS 150
UNISTIK 2 MIS 1.8MM 150
UNISTIK 2 MIS 2.4MM 150
UNISTIK 2 MIS COMFORT 150
UNISTIK 2 MIS EXTRA 150
UNISTIK 2 MIS NEONATAL 151
UNISTIK 2 MIS NORMAL 151
UNISTIK 2 MIS SUPER 151
UNISTIK 3 MIS 1.8MM 151
UNISTIK 3 MIS COMFORT 151
UNISTIK 3 MIS EXTRA 151
UNISTIK 3 MIS GENT 30G 151
UNISTIK 3 MIS NEONATAL 151
UNISTIK 3 MIS NORMAL 151
UNISTIK CZT MIS COMFORT 151
UNISTIK CZT MIS NORMAL 151
UNISTIK PRO MIS LANC 21G 151
UNISTIK PRO MIS LANC 28G 151
UNISTIK SAFE MIS LANC 28G 151
UNISTIK SAFE MIS LANC 30G 151
UNISTIK TOUC MIS LANC 21G 151
UNISTIK TOUC MIS LANC 23G 151
UNISTIK TOUC MIS LANC 28G 151
UNISTIK TOUC MIS LANC 30G 151
UNITSTIK PRO MIS LANC 25G 151
UNIVERSAL 1 MIS 33G 151
UNIVERSAL 1 MIS LANC 26G 151
UNIVERSAL 1 MIS LANC 30G 151
UPTRAVI PACK TAB 200/800 92
UPTRAVI TAB 1000MCG 92
UPTRAVI TAB 1200MCG 92
UPTRAVI TAB 1400MCG 92
UPTRAVI TAB 1600MCG 92
UPTRAVI TAB 200MCG 92
UPTRAVI TAB 400MCG 92
UPTRAVI TAB 600MCG 92
UPTRAVI TAB 800MCG 92
urea cream 39% 111
urea cream 41% 111
urea cream 45% 111
urea cream 47% 111
UROCIT-K 10 TAB 127
UROCIT-K 15 TAB 127
UROCIT-K 5 TAB 127
UROGESIC- TAB BLUE 26
URSO 250 TAB 250MG 123
ursodiol cap 300 mg 123
ursodiol tab 250 mg 123
ursodiol tab 500 mg 123
URSO FORTE TAB 500MG 123
V
VAGIFEM TAB 10MCG 190
valacyclovir hcl tab 1 gm 84
valacyclovir hcl tab 500 mg 84
VALCHLOR GEL 0.016% 102
valganciclovir hcl for soln 50 mg/ml (base equiv) 82
valganciclovir hcl tab 450 mg (base equivalent) 82
VALIUM TAB 10MG 30
VALIUM TAB 2MG 30
VALIUM TAB 5MG 30
valproate sodium oral soln 250 mg/5ml (base equiv) 41
valproic acid cap 250 mg 41
valsartan-hydrochlorothiazide tab 160-12.5 mg 61
valsartan-hydrochlorothiazide tab 160-25 mg 61
valsartan-hydrochlorothiazide tab 320-12.5 mg 61
valsartan-hydrochlorothiazide tab 320-25 mg 62
valsartan-hydrochlorothiazide tab 80-12.5 mg 61
valsartan oral soln 4 mg/ml 58
valsartan tab 160 mg 58
valsartan tab 320 mg 58
valsartan tab 40 mg 58
valsartan tab 80 mg 58
VALTOCO SPR 10MG 37
VALTOCO SPR 15MG 37
VALTOCO SPR 20MG 37
VALTOCO SPR 5MG 37
VANCOCIN CAP 125MG 27

VANCOCIN CAP 250MG.....27
vancomycin hcl cap 125 mg (base equivalent).....27
vancomycin hcl cap 250 mg (base equivalent).....27
vancomycin hcl for oral soln 25 mg/ml (base equivalent).....27
vancomycin hcl for oral soln 50 mg/ml (base equivalent).....27
VANFLYTA TAB 17.7MG.....70
VANFLYTA TAB 26.5MG.....70
VANRAFIA TAB 0.75MG.....127
VANTAGE LANC MIS DEVICE.....151
vardenafil hcl orally disintegrating tab 10 mg.....91
vardenafil hcl tab 10 mg.....91
vardenafil hcl tab 2.5 mg.....91
vardenafil hcl tab 20 mg.....91
vardenafil hcl tab 5 mg.....91
varenicline tartrate tab 0.5 mg (base equiv).....184
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack.....184
varenicline tartrate tab 1 mg (base equiv).....184
VASCEPA CAP 0.5GM.....53
VASCEPA CAP 1GM.....53
VASERETIC TAB 10-25MG.....62
VASOTEC TAB 10MG.....57
VASOTEC TAB 2.5MG.....57
VASOTEC TAB 20MG.....57
VASOTEC TAB 5MG.....57
VCF VAGINAL GEL CONTRACE.....190
VCF VAGINAL MIS CONTRACP.....190
VECAMYL TAB 2.5MG.....62
VELSIPITY TAB 2MG.....126
VELTASSA POW 16.8GM.....170
VELTASSA POW 1GM.....170
VELTASSA POW 25.2GM.....170
VELTASSA POW 8.4GM.....170
VEMLIDY TAB 25MG.....83
VENCLEXTA TAB 100MG.....65
VENCLEXTA TAB 10MG.....65
VENCLEXTA TAB 50MG.....65
VENCLEXTA TAB START PK.....65
venlafaxine hcl cap er 24hr 150 mg (base equivalent).....44
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent).....44
venlafaxine hcl cap er 24hr 75 mg (base equivalent).....44
venlafaxine hcl tab 100 mg (base equivalent).....44
venlafaxine hcl tab 25 mg (base equivalent).....44
venlafaxine hcl tab 37.5 mg (base equivalent).....44
venlafaxine hcl tab 50 mg (base equivalent).....44
venlafaxine hcl tab 75 mg (base equivalent).....44
venlafaxine hcl tab er 24hr 225 mg (base equivalent).....44
VENTAVIS SOL 10MCG/ML.....92
VENTAVIS SOL 20MCG/ML.....92
VENT NEEDLE MIS 18GX1.....162
VEOZAH TAB 45MG.....118
verapamil hcl cap er 24hr 100 mg.....88
verapamil hcl cap er 24hr 120 mg.....88
verapamil hcl cap er 24hr 180 mg.....88
verapamil hcl cap er 24hr 200 mg.....88
verapamil hcl cap er 24hr 240 mg.....88
verapamil hcl cap er 24hr 300 mg.....88
verapamil hcl cap er 24hr 360 mg.....88
verapamil hcl tab 120 mg.....88
verapamil hcl tab 40 mg.....88
verapamil hcl tab 80 mg.....88
verapamil hcl tab er 120 mg.....88
verapamil hcl tab er 180 mg.....88
verapamil hcl tab er 240 mg.....88
VERASENS LIQ LEVEL 1.....151
VERELAN CAP 120MG SR.....88
VERELAN CAP 180MG SR.....88
VERELAN CAP 240MG SR.....88
VERELAN CAP 360MG SR.....88
VERELAN PM CAP 100MG ER.....88
VERELAN PM CAP 200MG ER.....88
VERELAN PM CAP 300MG ER.....88

VERIFINE LAN MIS MINI 21G 151
VERIFINE LAN MIS MINI 23G.....151
VERIFINE LAN MIS MINI 28G.....151
VERIFINE LAN MIS MINI 30G 151
VERIFINE MIS UNIV 28G.....151
VERIFINE MIS UNIV 30G 151
VERIFINE MIS UNIV 33G.....151
VERISAFE MIS 23GX1.5.....162
VERISAFE MIS 25GX1.....162
VERQUVO TAB 10MG 93
VERQUVO TAB 2.5MG.....93
VERQUVO TAB 5MG.....93
VERSACLOZ SUS 50MG/ML 78
VERZENIO TAB 100MG 70
VERZENIO TAB 150MG 70
VERZENIO TAB 200MG.....71
VERZENIO TAB 50MG.....70
VESICARE LS SUS 5MG/5ML 189
VFEND SUS 40MG/ML.....52
VFEND TAB 50MG 52
VIBERZI TAB 100MG 126
VIBERZI TAB 75MG 126
VIBRAMYCIN CAP 100MG 185
VIBRAMYCIN SUS 25MG/5ML.....185
vigabatrin powd pack 500 mg 40
vigabatrin tab 500 mg.....40
VIGAMOX DRO 0.5% 175
vilazodone hcl tab 10 mg.....43
vilazodone hcl tab 20 mg 43
vilazodone hcl tab 40 mg.....43
VIMOVO TAB 375-20MG.....14
VIMOVO TAB 500-20MG 14
VINATE CARE CHW 40-1MG 171
VIOKACE TAB 10440 114
VIOKACE TAB 20880.....114
VIRASAL LIQ 27.5% 112
VIREAD POW 40MG/GM 82
VIREAD TAB 150MG.....82
VIREAD TAB 200MG.....82
VIREAD TAB 250MG.....82
VIREAD TAB 300MG.....82
VISTOGARD PAK 10GM 50
VITRAKVI CAP 100MG 71
VITRAKVI CAP 25MG 71
VITRAKVI SOL 20MG/ML 71
VIVAGUARD LIQ CONTROL.....151
VIVAGUARD MIS 28G 151
VIVAGUARD MIS 30G.....151
VIVAGUARD MIS LANCING 151
VIVI CAP1 MIS 151
VIVI CAP MIS.....151
VIVJOA CAP 150MG 52
VONJO CAP 100MG 71
VOQUEZNA PAK DUAL PAK 189
VOQUEZNA PAK TRIP PK.....189
VOQUEZNA TAB 10MG.....188
VOQUEZNA TAB 20MG 188
VORANIGO TAB 10MG 71
VORANIGO TAB 40MG 71
voriconazole for susp 40 mg/ml 52
voriconazole tab 200 mg.....52
voriconazole tab 50 mg 52
VORTEX/MASK MIS CHILDS.....164
VORTEX/MASK MIS TODDLER 164
VORTEX CHAMB MIS PEDI MAS.....164
VORTEX MASK MIS PEDS MED 164
VORTEX MASK MIS PEDS SML.....164
VORTEX VALVD MIS CHAMBER 164
VORTEX VALVE MIS CHAMBER.....164
VOSEVI TAB 83
VOWST CAP.....126
VOXZOGO INJ 0.4MG.....120
VOXZOGO INJ 0.56MG 120
VOXZOGO INJ 1.2MG.....120
VRAYLAR CAP 1.5MG.....75
VRAYLAR CAP 3MG 75
VRAYLAR CAP 4.5MG.....75
VRAYLAR CAP 6MG 75
VTAMA CRE 1% 107
VUMERITY CAP 231MG 183
VYNDAMAX CAP 61MG 93
VYTONE CRE 1-1.9% 102
VYTORIN TAB 10-10MG 53
VYTORIN TAB 10-20MG.....53
VYTORIN TAB 10-40MG 53
VYTORIN TAB 10-80MG.....53
VYVGART INJ HYTRULO.....168

W
WAKIX TAB 17.8MG 4
WAKIX TAB 4.45MG 4
warfarin sodium tab 10 mg 34
warfarin sodium tab 1 mg 34
warfarin sodium tab 2.5 mg 34
warfarin sodium tab 2 mg 34
warfarin sodium tab 3 mg 34
warfarin sodium tab 4 mg 34
warfarin sodium tab 5 mg 34
warfarin sodium tab 6 mg 34
warfarin sodium tab 7.5 mg 34
WEBCOL PREP PAD LARGE 152
WEBCOL PREP PAD MEDIUM 152
WEGOVY INJ 0.25MG 4
WEGOVY INJ 0.5MG 4
WEGOVY INJ 1.7MG 4
WEGOVY INJ 1MG 4
WEGOVY INJ 2.4MG 4
WELCHOL PAK 3.75GM 54
WELCHOL TAB 625MG 54
WELLBUTRIN TAB 100MG SR 42
WELLBUTRIN TAB 150MG SR 42
WELLBUTRIN TAB 200MG SR 42
WIDE-SEAL DPR KIT 60 137
WIDE-SEAL DPR KIT 65 137
WIDE-SEAL DPR KIT 70 137
WIDE-SEAL DPR KIT 75 137
WIDE-SEAL DPR KIT 80 137
WIDE-SEAL DPR KIT 85 137
WIDE-SEAL DPR KIT 90 137
WIDE-SEAL DPR KIT 95 137
WINLEVI CRE 1% 101
X
XACIATO GEL 2% 190
XALATAN SOL 0.005% 177
XALKORI CAP 150MG 71
XALKORI CAP 20MG 71
XALKORI CAP 50MG 71
XARELTO STAR TAB 15/20MG 34
XARELTO SUS 1MG/ML 34
XARELTO TAB 10MG 35
XARELTO TAB 15MG 35
XARELTO TAB 2.5MG 35
XARELTO TAB 20MG 35
XATMEP SOL 2.5MG/ML 64
XCOPRI PAK 100-150 40
XCOPRI PAK 12.5-25 40
XCOPRI PAK 150-200 40
XCOPRI PAK 50-100MG 40
XCOPRI TAB 100MG 40
XCOPRI TAB 150MG 40
XCOPRI TAB 200MG 40
XCOPRI TAB 25MG 40
XCOPRI TAB 50MG 40
XDEMVY DRO 0.25% 175
XELJANZ SOL 1MG/ML 10
XELJANZ TAB 10MG 10
XELJANZ TAB 5MG 10
XELJANZ XR TAB 11MG 10
XELJANZ XR TAB 22MG 10
XELODA TAB 150MG 64
XELODA TAB 500MG 64
XEPI CRE 1% 101
XERAC-AC SOL 6.25% 113
XERMELO TAB 250MG 127
XHANCE MIS 93MCG 173
XIFAXAN TAB 550MG 26
XIGDUO XR TAB 10-1000 46
XIGDUO XR TAB 10-500MG 46
XIGDUO XR TAB 2.5-1000 46
XIGDUO XR TAB 5-1000MG 46
XIGDUO XR TAB 5-500MG 46
XIIDRA DRO 5% 175
XOLAIR INJ 150MG/ML 31
XOLAIR INJ 300/2ML 31
XOLAIR INJ 75/0.5 31
XOSPATA TAB 40MG 71
XPOVIO PAK 40MG 66
XPOVIO PAK 50MG 66
XPOVIO PAK 60MG 67
XPOVIO PAK 80MG 67
XTAMPZA ER CAP 13.5MG 22
XTAMPZA ER CAP 18MG 22
XTAMPZA ER CAP 27MG 23
XTAMPZA ER CAP 36MG 23
XTAMPZA ER CAP 9MG 22
XTANDI CAP 40MG 66

XTANDI TAB 40MG 66
XTANDI TAB 80MG 66
XULTOPHY INJ 100/3.6 46
XURIDEN POW 2GM 120
XYWAV SOL 0.5GM/ML 179
Y
YESINTEK INJ 45/0.5ML 107
YESINTEK INJ 90MG/ML 107
YONSA TAB 125MG 66
YUPELRI SOL 31
YUTREPIA CAP 106MCG 92
YUTREPIA CAP 26.5MCG 92
YUTREPIA CAP 53MCG 92
YUTREPIA CAP 79.5MCG 92
Z
ZACLIR LOT 8% 101
zafirlukast tab 10 mg 32
zafirlukast tab 20 mg 32
zaleplon cap 10 mg 132
zaleplon cap 5 mg 132
ZANAFLEX CAP 2MG 172
ZANAFLEX CAP 4MG 172
ZANAFLEX CAP 6MG 172
ZANAFLEX CAP 8MG 172
ZANAFLEX TAB 4MG 172
ZARONTIN CAP 250MG 41
ZARONTIN SOL 250/5ML 41
ZAVESCA CAP 100MG 129
ZEGALOGUE INJ 0.6/0.6 47
ZEJULA TAB 100MG 71
ZEJULA TAB 200MG 71
ZEJULA TAB 300MG 71
ZEMBRACE SYM INJ 3/0.5ML 166
ZEMPLAR CAP 1MCG 120
ZEMPLAR CAP 2MCG 120
ZENPEP CAP 10000UNT 114
ZENPEP CAP 15000UNT 114
ZENPEP CAP 20000UNT 114
ZENPEP CAP 25000UNT 114
ZENPEP CAP 3000UNIT 114
ZENPEP CAP 40000UNT 115
ZENPEP CAP 5000UNIT 114
ZENPEP CAP 60000UNT 115
ZEPOSIA 7DAY CAP STR PACK 183
ZEPOSIA CAP 0.92MG 183
ZEPOSIA CAP STR KIT 183
ZESTRIL TAB 10MG 57
ZESTRIL TAB 2.5MG 57
ZESTRIL TAB 20MG 57
ZESTRIL TAB 30MG 57
ZESTRIL TAB 40MG 57
ZESTRIL TAB 5MG 57
ZEVALIN KIT Y-90 65
ZEVRX STERIL PAD ALCHOL 152
ZEVRX TWIST MIS LANC 30G 151
ZIAGEN SOL 20MG/ML 82
zidovudine cap 100 mg 82
zidovudine syrup 10 mg/ml 82
zidovudine tab 300 mg 82
ZIOPTAN DRO 0.0015% 177
ziprasidone hcl cap 20 mg 75
ziprasidone hcl cap 40 mg 75
ziprasidone hcl cap 60 mg 75
ziprasidone hcl cap 80 mg 75
ziprasidone mesylate for inj 20 mg (base equivalent) 75
ZITHRANOL SHA 1% 107
ZITHROMAX POW 1GM PAK 133
ZITHROMAX SUS 100/5ML 133
ZITHROMAX SUS 200/5ML 133
ZITHROMAX TAB 250MG 133
ZITHROMAX TAB 500MG 133
ZITHROMAX TAB TRI-PAK 133
ZITHROMAX TAB Z-PAK 133
ZITUVIMET TAB 50-1000 47
ZITUVIMET TAB 50-500MG 47
ZITUVIMET XR TAB 100-1000 47
ZITUVIMET XR TAB 50-1000 47
ZITUVIMET XR TAB 50-500MG 47
ZITUVIO TAB 100MG 47
ZITUVIO TAB 25MG 47
ZITUVIO TAB 50MG 47
ZOCOR TAB 10MG 55
ZOCOR TAB 20MG 55
ZOCOR TAB 40MG 55
ZOKINVY CAP 50MG 170
ZOKINVY CAP 75MG 170
ZOLINZA CAP 100MG 71

zolmitriptan nasal spray 2.5 mg/spray unit 166
zolmitriptan nasal spray 5 mg/spray unit 166
zolmitriptan orally disintegrating tab 2.5 mg 166
zolmitriptan orally disintegrating tab 5 mg 166
zolmitriptan tab 2.5 mg 166
zolmitriptan tab 5 mg 166
zolpidem tartrate tab 10 mg 132
zolpidem tartrate tab 5 mg 132
zolpidem tartrate tab er 12.5 mg 132
zolpidem tartrate tab er 6.25 mg 132
ZOMIG SPR 2.5MG 166
ZOMIG SPR 5MG 166
ZONALON CRE 5% 102
zonisamide cap 100 mg 40
zonisamide cap 25 mg 40
zonisamide cap 50 mg 40
ZORBTIVE INJ 8.8MG 118
ZORTRESS TAB 0.25MG 169
ZORTRESS TAB 0.5MG 169
ZORTRESS TAB 0.75MG 169
ZORTRESS TAB 1MG 169
ZORYVE CRE 0.05% 113
ZORYVE CRE 0.15% 113
ZORYVE CRE 0.3% 113
ZORYVE MIS 0.3% 113
ZTLIDO PAD 1.8% 112
ZUBSOLV SUB 0.7-0.18 24
ZUBSOLV SUB 1.4-0.36 24
ZUBSOLV SUB 11.4-2.9 24
ZUBSOLV SUB 2.9-0.71 24
ZUBSOLV SUB 5.7-1.4 24
ZUBSOLV SUB 8.6-2.1 24
ZURZUVAE CAP 20MG 42
ZURZUVAE CAP 25MG 42
ZURZUVAE CAP 30MG 42
ZYDELIG TAB 100MG 71
ZYDELIG TAB 150MG 71
ZYFLO TAB 600MG 32
ZYKADIA TAB 150MG 71
ZYPREXA INJ 10MG 78
ZYPREXA RELP INJ 210MG 78
ZYPREXA RELP INJ 300MG 78
ZYPREXA RELP INJ 405MG 78
ZYPREXA TAB 10MG 78
ZYPREXA TAB 15MG 78
ZYPREXA TAB 2.5MG 78
ZYPREXA TAB 20MG 78
ZYPREXA TAB 5MG 78
ZYPREXA TAB 7.5MG 78
ZYPREXA ZYDI TAB 10MG 78
ZYPREXA ZYDI TAB 15MG 78
ZYPREXA ZYDI TAB 20MG 78
ZYPREXA ZYDI TAB 5MG 78

For more recent information or other questions, please contact CareFirst Pharmacy Services at **800-241-3371** or visit **carefirst.com/rx**.



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SUM7290-1S (12/25)

Notice of Nondiscrimination and Availability of Language Assistance Services

(UPDATED 4/15/2025)

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc., CareFirst Diversified Benefits and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

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

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address	P.O. Box 14858 Lexington, KY 40512
Email Address	**civilrightscoordinator@carefirst.com**
Telephone Number	410-528-7820
Fax Number	410-505-2011

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

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Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their identification card. All others may call 1-855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

ማሳሰቢያ (Amharic)፦ ይህ ማሳወቂያ ስለ ኢንሹራንስ ሽፋንዎ መረጃ ይዟል። ቁልፍ ቀኖችን ሊይዝ ይችላል እና በተወሰኑ የግዜ ገደቦች እርምጃ መውሰድ ሊኖርብዎ ይችላል። ይህን መረጃ እና እገዛ ያለ ምንም ወጪ በቋንቋዎ የማግኘት መብት አለዎት። አባላት በአባላት መታወቂያ ካርዳቸው ጀርባ ወዳለው ስልክ ቁጥር መደወል አለባቸው። ሌሎች በሙሉ ወደ 855-258-6518 በመደወል 0ን እንዲጫኑ እስኪጠየቁ ድረስ ምልልሱን መጠበቅ ይችላሉ። አንድ ወኪል ሲመልስ፣ የሚፈልጉትን ቋንቋ ይግለጹ እና ከአስተርጓሚ ጋር ይገናኛሉ።

انتبه (Arabic): يحتوي هذا الإشعار على معلومات حول تغطيتك التأمينية. قد يحتوي على تواريخ رئيسية وقد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذه المعلومات والمساعدة بلغتك دون أي تكلفة. يجب على الأعضاء الاتصال برقم الهاتف الموجود على ظهر بطاقة هوية العضوية الخاصة بهم. يمكن للآخرين الاتصال بالرقم 855-258-5618 والانتظار طوال الحوار حتى يُطلب منهم الضغط على الرقم 0. عندما يجيبك أحد الوكلاء، حدد اللغة التي تحتاجها وسيتم توصيلك بمترجم فوري.

মনোযোগ দিন (Bengali): এই বিজ্ঞপ্তিতে আপনার বীমা কভারেজ সম্পর্কে তথ্য রয়েছে। এতে গুরুত্বপূর্ণ তারিখগুলি থাকতে পারে এবং আপনাকে হয়ত নির্দিষ্ট সময়সীমার মধ্যে পদক্ষেপ নিতে হতে পারে। আপনার ভাষায় বিনামূল্যে এই তথ্য এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদের তাদের সদস্য পরিচয়পত্রের পিছনে দেওয়া ফোন নম্বরে কল করা উচিত। অন্যরা 855-258-6518 নম্বরে কল করতে পারেন এবং 0 চাপ দেওয়ার জন্য অনুরোধ না করা পর্যন্ত সংলাপের জন্য অপেক্ষা করতে পারেন। যখন একজন এজেন্ট উত্তর দেবেন, তখন আপনার প্রয়োজনীয় ভাষাটি বলুন এবং আপনাকে একজন দোভাষীর সাথে সংযুক্ত করা হবে।

注意（Chinese）：此通知包含有關您的保險範圍的資訊。它可能包含關鍵日期，您可能需要在特定截止日期之前採取行動。您有權免費以您的語言獲取此資訊和協助。會員應撥打會員證背面的電話號碼。其他所有人可以撥打 855-258-6518 並等待對話框，直到提示按 0。當代理商接聽時，請說明您需要的語言，然後您将會與翻譯人員聯繫。

توجه (Farsi): این اطلاعیه حاوی اطلاعاتی درباره پوشش بیمه‌ای شما است. ممکن است شامل تاریخ‌های مهم باشد و لازم باشد تا مهلت‌های مشخصی اقدام کنید. شما حق دارید این اطلاعات و کمک را به زبان خود و به‌صورت رایگان دریافت کنید. اعضا باید با شماره تلفن درج‌شده در پشت کارت شناسایی عضویت خود تماس بگیرند. سایر افراد می‌توانند با شماره *855-258-6518* تماس بگیرند و منتظر بمانند تا دستور داده شود که عدد 0 را فشار دهند. هنگامی که یک نماینده پاسخ داد، زبان مورد نیاز خود را اعلام کنید تا به یک مترجم متصل شوید.

Attention (French): Le présent avis contient des informations essentielles relatives à votre couverture d’assurance. Il peut inclure des échéances importantes nécessitant une action de votre part dans un délai déterminé. Vous avez le droit d’obtenir ces informations ainsi qu’une assistance dans votre langue, et ce, sans frais. Les assurés sont invités à contacter le numéro figurant au verso de leur carte d’adhérent. Toute autre personne peut appeler le 855-258-6518 et patienter jusqu’à l’invitation à composer le 0. Lorsque votre appel sera pris en charge, indiquez la langue souhaitée afin d’être mis en relation avec un interprète.

Achtung (German): Dieser Hinweis enthält Informationen zu Ihrem Versicherungsschutz. Darin sind möglicherweise wichtige Termine aufgeführt und Sie müssen möglicherweise bis zu bestimmten Fristen Maßnahmen ergreifen. Sie haben das Recht, diese Informationen und Unterstützung kostenlos in Ihrer Sprache zu erhalten. Mitglieder sollten die Telefonnummer auf der Rückseite ihres Mitgliedsausweises anrufen. Alle anderen können 855-258-6518 anrufen und den Dialog abwarten, bis sie aufgefordert werden, die 0 zu drücken. Wenn ein Agent antwortet, geben Sie die gewünschte Sprache an und Sie werden mit einem Dolmetscher verbunden.

ध्यान दें (Hindi): इस नोटिस में आपके बीमा कवरेज के बारे में जानकारी है। इसमें महत्वपूर्ण तिथियां हो सकती हैं और आपको निश्चित समय सीमा तक कार्रवाई करनी पड़ सकती है। आपको यह जानकारी और सहायता अपनी भाषा में निःशुल्क प्राप्त करने का अधिकार है। सदस्यों को अपने सदस्य पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और 0 दबाने का संकेत मिलने तक संवाद की प्रतीक्षा कर सकते हैं। जब कोई एजेंट उत्तर दे, तो वह भाषा बताएं जिसकी आपको आवश्यकता है और आपको दुभाषिया से जोड़ा जाएगा।

Leruoanya (Igbo): ọ́kwà a nwere ozi bànyéré mkpuchi megide ihe mberede gị. Ọ nwere ike inwe ụbọchị ndi dị óké ḿkpà ma o nwekwara ike idị mkpa ka imee ihe tupu oge ụfọdụ agafee. Inwere ikike inweta ozi a ya na enyemaka na asụsụ gị n'akwụghị ụgwọ ọbụla. Ndi òtù ga akpọ ọnụọgụgụ ekwenti dị na àzụ́ ḱáàdị njirimara ndi òtù ha. Ndi ọ̀zọ́ nile nwere íke ịkpọ 855-258-6518 ma chere geruo mkparịta ụka ruo mgbe asi ha pịa 0. Mgbe onye ozi zara,kwuo asụsụ ichọrọ, a ga ejikota gi na onye ntughari asụsụ.

Attenzione (Italian): Questa informativa contiene informazioni sulla copertura assicurativa. Potrebbe contenere date importanti e potrebbe essere necessario intraprendere azioni entro determinate scadenze. È possibile ottenere queste informazioni e assistenza nella propria lingua gratuitamente. I membri sono pregati di chiamare il numero di telefono riportato sul retro del proprio tesserino di riconoscimento. Tutti gli altri possono chiamare il numero 855-258-6518 e rimanere in linea fino a quando non viene richiesto di premere 0. Quando un operatore risponde, è necessario indicare la lingua desiderata per essere messi in contatto con un interprete.

주의 (Korean): 이 고지에는 귀하의 보험 적용 범위에 대한 정보가 포함되어 있습니다. 여기에는 주요 날짜가 포함되어 있을 수 있으며, 특정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 비용 없이 귀하의 언어로 이러한 정보와 지원을 받을 권리가 있습니다. 회원은 회원증 뒷면에 있는 전화번호로 전화하시기 바랍니다. 회원이 아닌 모든 분들은 855-258-6518 로 전화하여 안내 메시지가 끝날 때까지 기다렸다가 0 을 눌러주세요. 상담원이 통화에 응답했을 때, 필요한 언어를 말씀하시면 통역사와 연결됩니다.

Baa'ákonínízin (Navajo): Díí bee ił hane'í béeso nich'ą́ąh naa'nil bee nik'é'asti'í bódahólníihgo bee baa dahane'í biyi'. Dayoołkáłí dóó bee ida'ii'aahí háídíí shíį́ t'áá bich'į'jį' ha'át'íishíį́ ádadiiliiłígíí biyi'. Díí bee baa dahane'í dóó t'áá jiik'eh nizaad bee nika'e'eyeedgo bee ná'ahoot'i'. Bił hada'dít'éhí binaaltsoos nitł'izhí bee béédahóziní bąąh béésh bee hane'í námboo biká'ígíí yee dahalne' dooleeł. Nááná ła' 855-258-6518 yee dahalne' dóó yáłti'í biba' asdáago niléí ó bił adílchíid hodoo'niidjį'. Naalnishí haadzíį'go, saad nínízinígíí bee bił hodíilnih dóó ata' yáłti'í bich'į' ni'doolnih.

ध्यान दिनुहोस् (Nepali): यस सूचनामा तपाईंको बीमा कभरेजका बारेमा जानकारी समावेश छ। यसमा प्रमुख मितिहरू हुन सक्छन् र तपाईंले निश्चित समयसीमा भित्र कारबाही गर्नुपर्ने हुन सक्छ। तपाईंलाई यो जानकारी र सहयोग तपाईंको भाषामा निःशुल्क प्राप्त गर्ने अधिकार छ। सदस्यहरूले आफ्नो सदस्य परिचयपत्रको पछाडि रहेको फोन नम्बरमा कल गर्नुपर्छ। अरू सबैले 855-258-6518 मा कल गर्न सक्छन् र ० पुश गर्न प्रेरित नभएसम्म संवादको प्रतीक्षा गर्न सक्छन्। एजेन्टले जवाफ दिँदा, तपाईंलाई चाहिने भाषा बताउनुहोस् र तपाईंलाई दोभाषेसँग जोडिने छ।

Atenção (Portuguese): Este aviso contém informações sobre a cobertura do seu seguro. Ele pode conter datas importantes e você pode precisar tomar medidas dentro de determinados prazos. Você tem o direito de obter essas informações e assistência em seu idioma, sem nenhum custo. Os associados deverão ligar para o número de telefone indicado no verso do seu cartão de identificação de associado. Todos os outros podem ligar para 855-258-6518 e aguardar a mensagem até que seja solicitado a pressionar 0. Quando um agente atender, indique o idioma que você precisa e você será conectado a um intérprete.

Внимание (Russian): В настоящем уведомлении содержится информация о вашем страховом покрытии. Оно может содержать ключевые даты, и вам может потребоваться предпринять действия к определенным срокам. Вы имеете право получить эту информацию и помощь на своем языке бесплатно. Членам профсоюза следует звонить по номеру телефону, указанному на обратной стороне их удостоверения личности. Все остальные могут звонить по номеру 855-258-6518 и дождаться диалога, пока не появится предложение нажать 0. Когда агент ответит, назовите нужный вам язык, и вас соединят с переводчиком.

Fa'alogo (Samoan): O lenei fa'aaliga o lo'o iai fa'amatalaga i vaega e kava e lau inisiua. E ono aofia ai aso taua ma atonu e te manaʻomia ai le faia o se gaioiga i nisi taimi faʻagata. E iai lau aia tatau e maua ai nei fa'amatalaga ma fesoasoani i lau gagana e aunoa ma se totogi. E tatau i sui auai ona vili le numera o le telefoni i tua o le latou pepa faamaonia. O isi uma e mafai ona vala'au i le 855-258-6518 ma fa'atali i le talanoaga se'ia fa'atonuina e oomi le 0. A tali mai se so'o upu, fa'ailoa atu le gagana e te mana'omia ona fa'afeso'ota'i lea o oe i se tagata fa'aliliu.

Pažnja (Serbian): Ovo obaveštenje sadrži informacije o vašem osiguranju. Može sadržati ključne datume i možda ćete morati da preduzmete akciju do određenih rokova. Imate prava da dobijete ove informacije i pomoć na vašem jeziku besplatno. Trebalo bi da članovi nazovu telefonski broj na poleđini svoje članske legitimacije. Svi ostali mogu pozvati 855-258-6518 i sačekati automat dok ne dobiju obaveštenje da pritisnu taster "0". Kada se agent javi, navedite jezik koji vam je potreban i bićete povezani s prevodiocem

Atención (Spanish): Este aviso contiene información sobre su cobertura de seguro. Puede contener fechas clave y es posible que deba tomar medidas antes de determinadas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin coste alguno. Los afiliados deben llamar al número de teléfono que figura en el reverso de su tarjeta de identificación del afiliado. Todos los demás pueden llamar al 855-258-6518 y esperar el diálogo hasta que se les solicite presionar 0. Cuando un agente responda, indique el idioma que necesita y se conectará con un intérprete.

Atensyon (Tagalog): Ang abisong ito ay naglalaman ng impormasyon tungkol sa saklaw ng iyong insurance. Maaaring naglalaman ito ng mga mahahalagang petsa at maaaring kailanganin mong kumilos ayon sa ilang partikular na mga deadline. May karapatan kang makuha ang impormasyong ito at tulong sa iyong wika nang walang bayad. Ang mga miyembro ay dapat tumawag sa numero ng telepono sa likod ng kanilang member identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa masabihan na pindutin ang 0. Kapag sumagot ang isang ahente, sabihin ang wikang kailangan mo at ikaw ay ikokonek sa isang tagapagsalin.

توجہ (Urdu): اس نوٹس میں آپ کی انشورنس کوریج کے بارے میں معلومات شامل ہیں۔ اس میں کلیدی تاریخیں شامل ہو سکتی ہیں اور آپ کو کچھ آخری تاریخوں تک کارروائی کرنے کی ضرورت پڑ سکتی ہے۔ آپ کو یہ معلومات اور مدد اپنی زبان میں، بغیر کسی قیمت کے حاصل کرنے کا حق ہے۔ ممبران کو اپنے رکنیتی کارڈ کی پشت پر دئے گئے فون نمبر پر کال کرنی چاہیے۔ باقی تمام لوگ *855-258-6518* پر کال کر سکتے ہیں اور 0 دبانے کا اشارہ ملنے تک ڈائیلاگ پر انتظار کرنا چاہئیے۔ جب کوئی ایجنٹ جواب دیتا ہے تو اپنی مطلوبہ زبان بتائیں اور آپ کا رابطہ ایک مترجم سے کر دیا جائے گا۔

Lưu ý (Vietnamese): Thông báo này có chứa thông tin về phạm vi bảo hiểm của bạn. Nó có thể chứa các ngày quan trọng và bạn có thể cần phải hành động theo thời hạn nhất định. Bạn có quyền nhận thông tin và hỗ trợ này bằng ngôn ngữ của mình mà không mất phí. Các thành viên nên gọi đến số điện thoại ở mặt sau thẻ thành viên của mình. Những người khác có thể gọi đến số 855-258-6518 và chờ qua hội thoại cho đến khi được nhắc nhấn số 0. Khi có nhân viên trả lời, hãy nêu ngôn ngữ bạn cần và bạn sẽ được kết nối với phiên dịch viên.